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Locally Acquired Dengue — Key West, Florida, 2009–2010

Dengue is the most common vector-borne viral disease in the world, causing an estimated 50–100 million infections and 25,000 deaths each year (*1*). During 1946–1980, no cases of dengue acquired in the continental United States were reported. Since 1980, a few locally acquired U.S. cases have been confirmed along the Texas-Mexico border, temporally associated with large outbreaks in neighboring Mexican cities (*2–4*). On September 1, 2009, a New York physician notified the Monroe County (Florida) Health Department (MCHD) and the Florida Department of Health (FDOH) of a suspected dengue case in a New York state resident whose only recent travel was to Key West, Florida. CDC confirmed the diagnosis, and a press release was issued to notify the public and Key West physicians of the potential risk for locally acquired dengue infections. In the next 2 weeks, two dengue infections in Key West residents without recent travel were reported and confirmed. Subsequently, enhanced and active surveillance identified 24 more Key West cases during 2009. On April 13, 2010, another Key West dengue case was reported to FDOH, bringing the total to 28. This report describes the first three dengue cases reported in 2009, briefly summarizes the 2010 case, highlights preliminary findings from the ongoing investigation, and outlines measures used to mitigate and control the outbreak. Clinicians should include dengue in the differential diagnosis of acute febrile illnesses in patients who live in or have recently traveled to subtropical areas of the United States or to the tropics.

Case Reports

Case 1. On August 11, 2009, a previously healthy woman aged 34 years from Rochester, New York, went to her primary-care provider after 1 day of fever, headache, malaise, and chills. A urine analysis revealed bacteruria and hematuria, and she was treated for a presumptive urinary tract infection. Two days later, on August 13, she returned to her primary-care provider with a worsening headache, retro-orbital pain exacerbated by eye movement, and complaints of feeling light-headed, although her fever had resolved. Physical examination determined that she was alert and oriented but had substantial discomfort from her headache; further neurologic evaluation determined that the patient had the Romberg sign. She was referred to a local emergency department for further evaluation and management. At the emergency department, she had a temperature of 98.8°F (37.1°C), heart rate of 85 beats per minute, blood pressure of 117/96 mmHg, and respiratory rate of 16 breaths per minute. A complete blood cell (CBC) count revealed a low white blood cell count of 3,900/μL (normal: 4,500–10,500/μL), a normal hematocrit of 43%, and a low platelet count of 115,000/μL (normal: >150,000/μL). Her evaluation included an unremarkable computed tomography scan of the head and lumbar puncture. The patient's light-headedness resolved, and she was discharged to home after a 7.5-hour stay in the emergency department.

On August 17, the woman returned to her primary-care provider, saying, "I don't feel right." On examination she had a temperature of 98.8°F (37.1°C), heart rate of 76 beats per minute, blood pressure of 122/60 mmHg, trace pedal edema bilaterally, and petechiae on her lower extremities. During this third visit, a consulting infectious-disease specialist raised the possibility of dengue infection, despite no recent travel by the patient to a known dengue-endemic area. However, on the day of illness onset, she had returned from a 1-week trip to Key West, where she had received multiple mosquito bites. Testing

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of a serum specimen at a private laboratory revealed dengue immunoglobulin M (IgM) antibodies. After her physician notified MCHD of the test result, the patient's serum specimen from August 17, a cerebral spinal fluid (CSF) specimen from August 13, and a repeat serum specimen from September 3 were sent to CDC for confirmatory testing. Both serum specimens were positive for dengue IgM antibodies by IgM-capture enzyme-linked immunosorbent assay (MAC ELISA). Dengue virus serotype 1 (DENV-1) was detected by reverse transcription–polymerase chain reaction (RT-PCR) from the CSF specimen. The patient had improved when she returned to her primary-care provider on August 19, and she had completely recovered when interviewed by MCHD on September 1.

Case 2. On August 31, 2009, a man aged 48 years from Key West who reported no recent travel outside Florida went to a clinic with a febrile illness that began August 25. The fever was accompanied by headache, myalgia, arthralgia, vomiting, and a truncal maculopapular rash. Laboratory results on that visit included a white blood cell count of 4,900/μL (normal: 4,500–10,500/μL), an elevated hematocrit of 51.1% (normal: 39%–50%), a low platelet count of 82,000/μL (normal: >150,000/μL), aspartate aminotransaminase (AST) of 59 U/dL (normal: 15–41 U/dL), and alanine aminotransaminase (ALT) of 78 U/dL (normal: 15–41 U/dL). The patient was diagnosed with a viral syndrome and instructed to return to the clinic in 2 days. He returned on September 2, at which time he requested diagnostic testing for dengue because he had learned of possible dengue transmission in the area. Testing of a serum specimen at a private laboratory identified dengue IgM antibody. Serum from this specimen and a repeat specimen obtained on September 23 were positive at CDC for dengue IgM by MAC ELISA. All of the man's symptoms, except for minor fatigue, resolved and his hemoglobin and platelet counts normalized by September 15.

Case 3. While following up on the second case, a nurse at MCHD learned that the patient's wife, aged 46 years, had a similar febrile illness beginning on September 9. Her symptoms included headache, eye pain, pruritic truncal rash, nausea and vomiting, chills, and abdominal pain. A diagnosis of dengue sub-

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sequently was confirmed by CDC with detection of dengue IgM in a serum specimen by MAC ELISA.

Latest reported case. On April 9, 2010, a man aged 41 years from Key West was hospitalized with hematuria, leukopenia, and thrombocytopenia. His symptoms had begun April 5 with onset of myalgia, arthralgia, and fever, followed by development of a petechial rash and gingival bleeding on April 7. The patient previously had traveled to dengue-endemic regions but reported no travel outside the United States in 18 months. Initial testing at FDOH laboratories of a serum specimen collected April 13 detected IgM antibodies against both dengue and West Nile virus. Subsequent testing at CDC confirmed the serologic results and additionally confirmed the diagnosis of a recent dengue infection by detecting the presence of dengue-specific nonstructural protein 1 (NS-1) in the serum specimen.

Control Measures and Investigation

In response to the three cases of locally acquired dengue, the Florida Keys Mosquito Control District (FKMCD) increased the frequency of truck and aerial spraying to control adult mosquito populations and initiated an intense door-to-door campaign to find and eliminate mosquito breeding sites. Larvicide and handheld adulticide foggers were used when mosquitoes and larvae were found, and ovitrapping and collection of adult mosquitoes was enhanced. During September–December 2009, a total of 407 pools of adult female *Aedes aegypti* mosquitoes from throughout Key West were collected and tested for dengue by PCR at FDOH. Two mosquito pools collected in mid-October tested positive for DENV-1. Testing of mosquito pools in Key West for the presence of dengue is ongoing, and FKMCD and CDC also are testing *Ae. aegypti* mosquitoes in Key West for evidence of insecticide resistance. A public education campaign was conducted by MCHD and FKMCD to emphasize the importance of eliminating mosquito breeding sites and to encourage personal prevention measures against mosquito bites. In addition, FDOH and CDC are providing physician education in south Florida regarding the early identification, prevention, and treatment of dengue.

To determine the extent of dengue infection in the Key West community, a serosurvey was conducted by FDOH and CDC, using randomly selected households, during September 23–27, 2009. Of 240 participants tested, 13 (5.4%) had evidence of recent dengue infection. In addition, Key West physicians were contacted by MCHD and asked to send serum specimens to CDC from all patients with signs and symptoms consistent with dengue. Of 21 specimens submitted during September 23–November 27, nine (42.9%) were positive by either dengue RT-PCR (three), NS-1 assay (one), or IgM ELISA (five). For additional case finding, medical records from three acute health-care facilities in Key West were reviewed for patients treated during July 15–September 15 who had symptoms consistent with dengue infection. Of six persons considered to have dengue-like illnesses and contacted for testing, four were positive for recent dengue infection. Because two of the four cases also had been counted in the serosurvey, the total number of dengue cases acquired in Key West in 2009 was 27, including the index case in the traveler from New York and the 26 cases in Key West residents.

Onset dates in the 27 Key West residents ranged from July 22, 2009, to April 5, 2010 (Figure), indicating that transmission began occurring before the August 10, 2009, onset of symptoms in the New York resident and continued for months afterward. The 28 patients ranged in age from 15 to 73 years (median: 47 years). Fever was reported by all 28; headache, myalgia, arthralgia, eye pain, and rash also were commonly reported (Table). Six patients reported some type of bleeding; four had blood in their urine, two reported gingival bleeding, one reported excessive vaginal bleeding, and one reported epistaxis.

What is already known on this topic?

Dengue is a worldwide vector-borne disease with the potential to cause outbreaks in the United States.

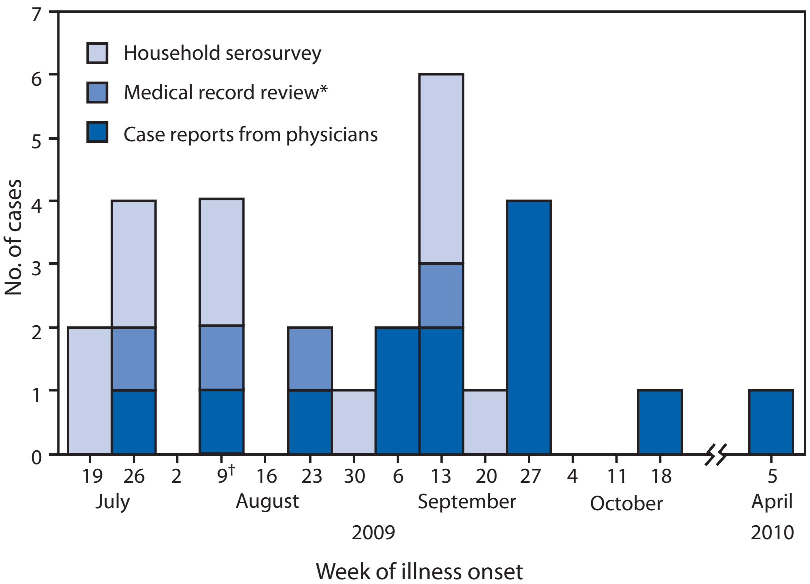
What is added by this report?

Twenty-eight cases acquired in Key West, Florida, represent the first outbreak of dengue in the continental United States outside of the Texas-Mexico border since 1945 and demonstrate the benefit of timely notification of suspected dengue for initiation of appropriate investigation and control measures.

What are the implications for public health practice?

Further education of the public and U.S. health-care providers regarding the possible risk for acquiring dengue is needed; clinicians should include dengue in the differential diagnosis of acute febrile illness in patients who live in or have recently traveled to subtropical areas of the United States or to the tropics.

FIGURE. Number of locally acquired dengue cases (N = 28), by week of illness onset and method of identification — Key West, Florida, 2009–2010



* Two cases identified in both household serosurvey and medical record review are shown as record review cases.
† Week of illness onset in index patient.

TABLE. Characteristics of patients (N = 28) with locally acquired dengue — Key West, Florida, 2009–2010

Characteristic	No.	(%)*
Sex		
Male	19	(68)
Female	9	(32)
Age group (yrs)		
<20	1	(4)
21–40	11	(39)
41–60	11	(39)
>60	5	(18)
Race		
White	24	(86)
Black	3	(11)
Asian/Pacific Islander	1	(4)
Ethnicity		
Non-Hispanic	25	(89)
Hispanic	3	(11)
Symptoms		
Fever	28	(100)
Headache	22	(79)
Myalgia	23	(82)
Arthralgia	18	(64)
Eye pain	14	(50)
Rash	15	(54)
Bleeding	6	(21)

* Percentages might not add to 100% because of rounding.

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Editorial Note

The outbreak described in this report represents the first dengue cases acquired in the continental United States outside of the Texas-Mexico border since 1945 and the first locally acquired cases in Florida since 1934. Concern about the potential for emergence of dengue in the continental United States has increased in recent years (*5*). Reported dengue cases in South America, Central America, Mexico, and the Caribbean increased fourfold, from 1,033,417 during 1980–1989 to 4,759,007 during 2000–2007 (*6*). Rapid urbanization with a proliferation of man-made containers able to serve as mosquito-breeding sites, increased international travel, and lack of effective vector-control measures likely have been major factors in the spread of dengue. Since 1980, seven localized outbreaks have occurred along the Texas-Mexico border (*2–4*). The most efficient mosquito vector, *Ae. aegypti*, is found in the southern and southeastern United States. A secondary vector, *Ae. albopictus*, has spread throughout the southeastern United States since its introduction in 1985 and was responsible for a dengue outbreak in Hawaii in 2001, likely after the virus was introduced by a Hawaii resident returning from Tahiti (*7*).

Cases of dengue in returning U.S. travelers have increased steadily during the past 20 years (*8*). Dengue is now the leading cause of acute febrile illness in U.S. travelers returning from the Caribbean, South America, and Asia (*9*). Many of these travelers are still viremic upon return to the United States and potentially capable of introducing dengue virus into a community with competent mosquito vectors. Because of concerns over the increasing number of travel-associated dengue infections, the risk for local transmission upon introduction of the virus, and the risk for potential transmission of the virus by blood transfusion (*10*), the Council of State and Territorial Epidemiologists (CSTE) made dengue a nationally notifiable disease in 2009.

Many dengue infections, particularly in children, cause no symptoms or a nonspecific febrile illness, but dengue infection also can cause classic dengue fever or severe life-threatening disease (e.g., dengue hemorrhagic fever or dengue shock syndrome). Laboratory confirmation of dengue infection can be obtained by viral isolation or identification of dengue virus by dengue-specific PCR in a specimen collected within the first 5 days of illness (an acute phase specimen), or seroconversion demonstrated between a paired acute phase specimen and a convalescent phase specimen (collected within 6–30 days of illness onset). Dengue NS-1 also can be detected within the first 10 days after symptom onset by an assay that is currently not approved by the Food and Drug Administration. Probable recent dengue cases are defined by identification of dengue IgM antibodies in a single specimen. The dengue case definition and additional information regarding dengue diagnosis and reporting are available at http://www.cste.org/ps2009/09-id-19.pdf.

Why dengue has reemerged in Florida at this time is unknown. Dengue might have been present in the community earlier and is only now being detected. The environmental and social conditions for dengue transmission have long been present in south Florida: the potential for introduction of virus from returning travelers and visitors, the abundant presence of a competent mosquito vector, a largely nonimmune population, and sufficient opportunity for mosquitoes to bite humans. The increased volume of international travel has been implicated in the spread of dengue globally, and the popularity of south Florida as a tourist destination enhances the likelihood of virus introduction and subsequent local transmission. The volume of domestic visitors to the area also might increase the risk for localized transmission in other parts of the United States with competent mosquito vectors. The reemergence of dengue in Florida as well as the threat posed to the United States from other emerging mosquito-borne arboviruses (e.g., chikungunya) emphasizes the necessity for strong vector-borne surveillance and mosquito control infrastructure to rapidly identify and control outbreaks of dengue or other mosquito-borne diseases.

The timely reporting of dengue in the index patient from New York illustrates that, despite an absence of compatible travel history, clinicians throughout the United States should consider appropriate laboratory testing based upon clinical presentation. Had the index patient not been evaluated promptly and reported, the cases in Key West residents likely would not have been diagnosed. Dengue should be included in the differential diagnosis of acute febrile illnesses for patients who live in or have recently traveled to subtropical areas in the United States or to the tropics. This is particularly important when signs and symptoms such as thrombocytopenia, leukopenia, hemoconcentration, rash, or eye pain are present. Prompt reporting of suspected dengue cases to public health authorities can facilitate a coordinated response resulting in detection of locally acquired cases or helping to define new areas of transmission. Additional information regarding dengue prevention, diagnosis, and management is available at http://www.cdc.gov/dengue.

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Violations Identified from Routine Swimming Pool Inspections — Selected States and Counties, United States, 2008

Swimming is the third most popular U.S. sport or exercise activity, with approximately 314 million visits to recreational water venues, including treated venues (e.g., pools), each year (*1*). The most frequently reported type of recreational water illness (RWI) outbreak is gastroenteritis, the incidence of which is increasing (*2*). During 1997–2006, chlorine- and bromine-susceptible pathogens (e.g., *Shigella* and norovirus) caused 24 (23%) of 104 treated venue–associated RWI outbreaks of gastroenteritis, indicating lapses in proper operation of pools (2). Pool inspectors help minimize the risk for RWIs and injuries by enforcing regulations that govern public treated recreational water venues. To assess pool code compliance, CDC analyzed 2008 data from 121,020 routine pool inspections conducted by a convenience sample of 15 state and local agencies. Because pool codes and, therefore, inspection items differed across jurisdictions, reported denominators varied. Of 111,487 inspections, 13,532 (12.1%) resulted in immediate closure because of serious violations (e.g., lack of disinfectant in the water). Of 120,975 inspections, 12,917 (10.7%) identified disinfectant level violations. Although these results likely are not representative of all pools in the United States, they suggest the need for increased public health scrutiny and improved pool operation. The results also demonstrate that pool inspection data can be used as a potential source for surveillance to guide resource allocation and regulatory decision-making. Collecting pool inspection data in a standardized, electronic format can facilitate routine analysis to support efforts to reduce health and safety risks for swimmers.

Prevention of RWIs at treated venues requires pool operators to 1) maintain appropriate disinfectant and pH levels to maximize disinfectant effectiveness and 2) ensure optimal water circulation and filtration. Pool codes, promulgated by individual state or local public health agencies, govern pool operation.

CDC selected a convenience sample of 15 health agencies in four states and 11 counties or cities* to participate in an analysis of pool inspection data. For inclusion, data from inspections had to be in an electronic format and the agency had to provide ≥1,000 pool and spa inspection records† for 2008. Each agency's pool inspection data were standardized for analysis and included information on water chemistry, circulation and filtration system, policy and management, and pool setting and type. A violation was defined as an inspection item that did not meet standards set by the jurisdiction's pool code. CDC developed an algorithm based on facility name to classify pool setting (e.g., "hotel A" was coded as "hotel/motel"). Facility-identifying data then were deleted, and data from individual agencies were aggregated. Denominators in this report vary because pool codes, and therefore inspection items, differed across jurisdictions.

During 2008, inspectors in the 15 jurisdictions conducted a total of 121,020 routine pool inspections. Among the 121,020 inspections, the number of code violations identified ranged from 0 to 28 (median: 1), and 73,953 (61.1%) inspections identified one or more violations. A total of 13,532 (12.1%) of 111,487 inspections identified serious violations that threatened the public's health and resulted in immediate pool closure. Of 120,975 inspections, 12,917 (10.7%) identified disinfectant level violations; of

* The 15 participating agencies and their total number of routine pool inspections conducted in 2008: Florida Department of Health (52,752), Nebraska Department of Health and Human Services (1,132), New York State Department of Health (7,384), South Carolina Department of Health and Environmental Control (22,111), Columbus (Ohio) Public Health (2,117), DeKalb County (Georgia) Board of Health (2,755), Jefferson County (Alabama) Department of Health (982), King County (Washington) Public Health (2,300), Los Angeles County (California) Environmental Health (7,890), Maricopa County (Arizona) Environmental Services Department (15,075), Mecklenburg County (North Carolina) Health Department (1,248), Oklahoma City-County (Oklahoma) Health Department (1,802), Sacramento County (California) Environmental Management Department (1,016), Taney County (Missouri) Health Department (549), Tulsa (Oklahoma) Health Department (1,907).

† Although data from the agencies included hot tub inspection records, this report focused only on pool inspection data.

113,597 inspections, 10,148 (8.9%) identified pH level violations. Other water chemistry violations[§] were documented during 12,328 (12.5%) of 98,907 inspections, with the number identified per inspection ranging from zero to four. Circulation and filtration violations[¶] were documented during 35,327 (35.9%) of 98,361 inspections, with the number identified per inspection ranging from zero to nine. The following violations also were identified: improperly maintained pool log (12,656 [10.9%] of 115,874 inspections), unapproved water test kit used (2,995 [3.3%] of 90,088 inspections), valid pool license not provided and/or posted (741 [2.7%] of 28,007 inspections), and operator training documentation not provided and/or posted (1,542 [18.3%] of 8,439 inspections).

Of the 121,020 inspection records, 59,890 (49.5%) included pool setting data. Among venues with known pool settings, child-care pool inspections had the highest percentage of immediate closures (17.2%), followed by hotel/motel and apartment/condominium pool inspections (15.3% and 12.4% respectively) (Table 1). Apartment/condominium and hotel/motel pool inspections had the highest percentage of disinfectant level violations (13.1% and 12.8%, respectively). Child-care and apartment/condominium pool inspections had the highest percentage of pH level violations (11.8% and 10.0%, respectively). Approximately 35% of inspections of apartment/condominium pools, hotel/motel pools, and water parks identified circulation and filtration violations.

Of the 121,020 inspection records, 113,632 (93.9%) included pool type data. Interactive fountain inspections had the highest percentage of immediate closures (17.0%) (Table 2). Kiddie/wading pool inspections had the highest percentage of disinfectant level violations (13.5%), followed by interactive fountain inspections (12.6%). Therapy pool inspections had the lowest percentage of disinfectant and pH level violations but the highest percentage of other water chemistry violations (43.9%). Interactive fountain inspections identified the lowest percentage of circulation and filtration violations (12.8%).

[§] Aggregated, dichotomous variable indicating whether at least one of the following inspection items was found to be in violation: cyanurate levels, algae, bacterial quality, disinfectant/pH chemical feeders, total alkalinity, calcium hardness, total dissolved solids, saturation index, and oxidation reduction potential.

[¶] Aggregated, dichotomous variable indicating whether at least one of the following inspection items was found to be in violation: turbidity, cross connections, flow meter, water level, turnover, skimmer/gutter, weirs, filter, gauges, and pipe labeling.

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Editorial Note

This report is the second to examine pool code compliance in multiple U.S. jurisdictions. The first report analyzed aggregated pool inspection data collected during May 1–September 1, 2002, from six jurisdictions (*3*). This report examined data from more jurisdictions and for an entire year, resulting in a sample more than five times larger than reported previously. The conclusions from the two reports are similar: pool operation violations and immediate closures appear to be common in the United States. Although the sampled jurisdictions are not necessarily representative of the United States, the results underscore the public health importance of pool inspections. The results also underscore the potential for inspection data to better inform and direct public health decision-making regarding swimmer health and safety, particularly if these data are standardized.

Pool inspections are a key part of ensuring pool code compliance (*4*). This report indicates that routine pool inspections resulted in a high percentage (12.1%) of immediate closures because of serious

TABLE 1. Number of routine pool inspections (N = 121,020) and percentage of those inspections with identified violations of state and/or local pool codes, by pool setting and violation type — selected states and counties,* United States, 2008

	Apartment/ condo-minium[†]		Camp-ground[§]		Camp[¶]		Child care**		Hospital[††]		Hotel/ motel[§§]		Membership club[¶¶]		Municipal***		School/ university[†††]		Water park[§§§]		Unknown[¶¶¶]		Overall	
Type of violation	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**
Serious (pools closed immediately)	32,818	(12.4)	322	(8.7)	199	(10.6)	58	(17.2)	180	(6.7)	15,245	(15.3)	3,666	(9.9)	843	(9.6)	900	(9.0)	326	(6.4)	56,930	(11.4)	111,487	(12.1)
Water chemistry																								
Disinfectant level	34,492	(13.1)	466	(6.0)	706	(6.1)	91	(9.9)	207	(6.3)	16,561	(12.8)	4,401	(9.5)	1,020	(11.5)	1,577	(6.6)	343	(10.8)	61,111	(9.0)	120,975	(10.7)
pH level	33,476	(10.0)	322	(3.7)	199	(5.5)	68	(11.8)	199	(4.0)	15,597	(9.0)	3,806	(7.9)	844	(5.8)	913	(6.2)	326	(5.5)	57,847	(8.5)	113,597	(8.9)
Other water chemistry****	32,205	(13.5)	278	(11.2)	683	(8.2)	82	(12.2)	161	(19.9)	11,318	(13.6)	3,467	(11.2)	907	(7.4)	1,504	(10.4)	226	(8.0)	48,076	(11.8)	98,907	(12.5)
Circulation and filtration system[††††]	32,095	(38.4)	278	(25.9)	681	(24.2)	82	(26.8)	153	(26.1)	11,143	(36.2)	3,407	(28.6)	907	(23.5)	1,504	(21.0)	216	(35.2)	47,895	(35.6)	98,361	(35.9)
Policy and mangement																								
Pool log improperly maintained	32,234	(12.0)	465	(2.6)	698	(5.7)	84	(2.4)	195	(7.7)	15,559	(10.1)	4,070	(8.4)	1,013	(6.9)	1,541	(6.8)	320	(1.6)	59,695	(11.1)	115,874	(10.9)
Unapproved water test kit used	28,657	(3.5)	276	(2.9)	675	(4.7)	74	(6.8)	96	NA[§§§§]	9,729	(2.8)	2,938	(2.7)	893	(2.4)	1,390	(2.4)	184	(1.1)	45,176	(3.4)	90,088	(3.3)
Pool license	7,980	(3.8)	167	(1.8)	543	(0.6)	38	(2.6)	35	NA	2,963	(0.9)	1,318	(1.1)	457	(1.5)	844	(0.8)	21	NA	13,641	(2.8)	28,007	(2.7)
Operator training documentation not provided and/or posted	6,553	(21.9)	0	—	0	—	0	—	26	(7.7)	893	(4.0)	299	(11.4)	227	(0.9)	128	(7.0)	95	NA	218	(12.4)	8,439	(18.3)

* Florida, Nebraska, New York, South Carolina, Columbus (Ohio), DeKalb County (Georgia), Jefferson County (Alabama), King County (Washington), Los Angeles County (California), Maricopa County (Arizona), Mecklenburg County (North Carolina), Oklahoma City-County (Oklahoma), Sacramento County (California), Taney County (Missouri), and Tulsa (Oklahoma).
† Apartment/condominium inspections (n = 34,504) include venue titles containing: apartment, apt, condo, home owners association, property owners association, residents association, townhome, and townhouse.
§ Campground inspections (n = 466) include venue titles containing: campground, camping, campsite, and campground chain names.
¶ Camp inspections (n = 706) include venue titles containing: camp, day camp, overnight camp, summer program, and summer camp.
** Child care inspections (n = 92) include venue titles containing: daycare, preschool, and nursery school.
†† Hospital inspections (n = 207) include venue titles containing: hospital, medical, physical therapy, and rehabilitation.
§§ Hotel/motel inspections (n = 16,569) include venue titles containing: motel, hotel, resort, and hotel and motel chain names.
¶¶ Membership club inspections (n = 4,405) include venue titles containing: athletic club, fitness, gym, sports club, country club, and certain national clubs and health associations.
*** Municipal inspections (n = 1,020) include venue titles containing: city of, city pool, county, municipal, parks and recreation, public bath, public pool, town of, and civic association.
††† School/university inspections (n = 1,578) include venue titles containing: public school, college, university of, univ., and elementary, middle, and high schools.
§§§ Water park inspections (n = 343) include venue titles containing: adventure, amusement park, water park, and waterslide.
¶¶¶ Unknown inspections (n = 61,130) include venues where setting algorithim could not identify setting based on facility name.
**** Aggregated, dichotomous variable indicating whether at least one of the following inspection items was found to be in violation: cyanurate levels, algae, bacterial quality, disinfectant/pH chemical feeders, total alkalinity, calcium hardness, total dissolved solids, saturation index, and oxidation reduction potential.
†††† Aggregated, dichotomous variable indicating whether at least one of the following inspection items was found to be in violation: turbidity, cross connections, flow meter, water level, turnover, skimmer/gutter, weirs, filter, gauges, and pipe labeling.
§§§§ Not applicable; no violations found.

code violations. Moreover, disinfectant and pH level violations were identified during 10.7% and 8.9% of pool inspections, respectively. Such violations are particularly important because improper disinfectant and pH levels can result in transmission of chlorine- and bromine-susceptible pathogens. Reduced chlorine levels and lower inspection scores have been associated with positive microbiologic water testing results (*5*). In this report, 18.3% of inspections noted that operator training documentation was not provided and/or posted as required. Pool operator training has been associated with decreased water quality violations (*6*).

This analysis suggests that efforts to prevent RWIs should focus on certain pool settings (i.e., apartment/condominium, hotel/motel, and child care) or types (i.e., kiddie/wading pools and interactive fountains). In pool settings where swimming is not the primary activity, the person responsible for pool operation likely has other competing responsibilities (e.g., heating and air conditioning maintenance). Requiring operator training for staff responsible for pool operation might improve water quality, and should be considered for these and other pool settings. Among pool types, maintaining adequate disinfectant levels at kiddie/wading pools and interactive fountains is challenging because shallow depth, aeration, sunlight, and organic material (e.g., feces, urine, sweat, and dirt) from young children deplete disinfectant. Disinfectant and pH levels should be measured and adjusted more frequently at these pool types, particularly when bather load is high.

TABLE 2. Number of routine pool inspections (N = 121,020) and percentage of those inspections with identified violations of state and/or local pool codes, by pool type and violation type — selected states and counties,* United States, 2008

	Interactive fountain†		Kiddie/ Wading§		Other pool type¶		Pool**		Therapy††		Unknown§§		Overall	
Type of violation	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Serious (pools closed immediately)	94	(17.0)	5,898	(15.8)	2,043	(8.1)	103,349	(12.0)	99	(8.1)	4	(50.0)	111,487	(12.1)
Water chemistry														
Disinfectant level	95	(12.6)	5,897	(13.5)	2,041	(9.6)	105,455	(10.7)	99	(8.1)	7,388	(7.8)	120,975	(10.7)
pH level	95	(8.4)	5,898	(9.9)	2,041	(9.5)	105,460	(8.9)	99	(2.0)	4	(25.0)	113,597	(8.9)
Other water chemistry¶¶	47	(8.5)	2,728	(11.4)	1,584	(8.5)	87,094	(12.8)	66	(43.9)	7,388	(9.5)	98,907	(12.5)
Circulation and filtration system***	47	(12.8)	2,682	(28.2)	1,581	(22.3)	86,606	(38.0)	57	(36.8)	7,388	(16.9)	98,361	(35.9)
Policy and mangement														
Pool log improperly maintained	79	(7.6)	5,477	(4.0)	2,022	(3.0)	100,818	(11.9)	90	(16.7)	7,388	(5.3)	115,874	(10.9)
Unapproved water test kit used	19	NA†††	2,080	(1.6)	1,500	(1.1)	79,094	(3.4)	7	NA	7,388	(3.9)	90,088	(3.3)
Pool license	15	NA	405	(0.5)	467	(0.2)	19,732	(3.1)	0	—	7,388	(1.8)	28,007	(2.7)
Operator training documentation not provided and/or posted	4	NA	174	(8.6)	145	(2.1)	8,116	(18.8)	0	—	0	—	8,439	(18.3)

* Florida, Nebraska, New York, South Carolina, Columbus (Ohio), DeKalb County (Georgia), Jefferson County (Alabama), King County (Washington), Los Angeles County (California), Maricopa County (Arizona), Mecklenburg County (North Carolina), Oklahoma City-County (Oklahoma), Sacramento County (California), Taney County (Missouri), and Tulsa (Oklahoma).
† Interactive fountain inspections (n = 95) include splash parks, spray pads, and wet decks.
§ Kiddie/wading inspections (n = 5,900).
¶ Other pool type inspections (n = 2,043) include special purpose pools, water attractions, water activity, water slides, and lazy rivers.
** Pool inspections (n = 105,495) include traditional swimming pools and exclude interactive fountains, kiddie/wading pools, other pool types, or therapy pools.
†† Therapy inspections (n = 99) include therapy pools.
§§ Unknown inspections (n = 7,388) include pools where type was not recorded at inspection.
¶¶ Aggregated, dichotomous variable indicating whether at least one of the following inspection items was found to be in violation: cyanurate levels, algae, bacterial quality, disinfectant/pH chemical feeders, total alkalinity, calcium hardness, total dissolved solids, saturation index, and oxidation reduction potential.
*** Aggregated, dichotomous variable indicating whether at least one of the following inspection items was found to be in violation: turbidity, cross connections, flow meter, water level, turnover, skimmer/gutter, weirs, filter, gauges, and pipe labeling.
††† Not applicable; no violations found.

The findings in this report are subject to at least three limitations. First, the results of these inspections might not be representative of inspections conducted by agencies nationwide. Second, some jurisdictions combined multiple inspection items into a single variable (to increase efficiency of data entry), which could lead to an underestimate of the actual total number of violations. Finally, pool setting was specified for <50% of inspections, limiting interpretation of these stratified results.

If pool inspection data were available in a standardized electronic format within a jurisdiction, routine analysis would be facilitated, which could better inform and direct public health decision-making at the state and local level, especially in an era of budget cuts and furloughs (*7*). For example, inspection programs might boost their effectiveness by targeting educational and regulatory enforcement activities at venues where inspection data indicate violations are disproportionately high. State and local agencies also could use inspection data for program evaluation (e.g., assessing closure and violation trends or differences in results by inspector), as demonstrated with other inspection data (*8*).

In 2005, federal, state, and local public health officials and aquatic sector representatives met to identify factors contributing to the increasing incidence of reported RWI outbreaks in the United States (*2*). They identified the variability of pool codes across jurisdictions as a key barrier to RWI prevention. Since 2007, CDC has sponsored a national, state, and local public health and aquatic sector effort to create a Model Aquatic Health Code (MAHC). MAHC will include national standards for pool design, construction, operation, and maintenance and guidance for inspections that are based on scientific evidence or best practices to reduce the risk for RWI and injury at public treated venues (*9*). Voluntary state and local adoption of MAHC could promote standardization of pool codes nationally and, in turn, could result in standardized pool inspection data by defining how and which elements are collected (Box). Standardized, electronic pool inspection data across jurisdictions would supply needed baseline data and enable future monitoring and evaluation

BOX. Recommendations for pool inspection data collection and database creation with supporting rationale*

Recommendation	Analysis outcome or rationale
Provide a unique identifier for each venue (e.g., permit number or facility title).	Generates a violation history for each venue.
Provide a unique identifier for each body of treated recreational water at a venue.	Generates a violation history for each body of treated recreational water at the venue. This allows tracking of specific high-risk areas at larger venues (e.g., kiddie pools).
Provide a unique identifier for each inspection of each individual body of treated recreational water at an aquatic venue (i.e., do not include multiple bodies in one inspection record).	Allows analysis of inspection data by body of treated water over time.
Specify pool setting (e.g., hotel/motel or apartment/condominium).	Allows identification of differences in risk for recreational water illnesses and injuries by pool setting.
Specify pool type (e.g., pool, wading pool, therapy pool, or interactive fountain).	Allows identification of differences in risk for recreational water illnesses and injuries by pool type.
Specify water location (i.e., indoor or outdoor).	Allows identification of differences in maintaining water and air quality by location.
Specify type of inspection conducted (e.g., routine inspection or inspection in response to public complaint).	Directs program planning and evaluation and provides census of mandatory inspections.
Identify inspector who conducted inspection.	Allows identification of differences among inspectors and helps ensure uniformity of program inspections.
Limit each data field to one inspection item (e.g., do not combine multiple violations into one field).	Facilitates data interpretation and analysis.
Set value limits for data entry for each inspection item.	Reduces data entry errors and facilitates data analysis.
Differentiate among inspected items found to be in compliance, out of compliance, corrected on the spot, not observed, or not applicable.	Allows determination of the number of inspections in the denominator of the proportion of inspections with identified violations. Proportions can be used to track trends over time.
Standardize inspector notes (e.g., provide a pick list).	Facilitates data entry and analysis. Inspector's notes (e.g., "pH is too low and needs to be raised") provide detailed information.
Specify disinfectant type.	Differentiates among disinfectants, which have different required minimum and/or maximum levels.
Include actual numeric values measured for total and free disinfectant, cyanurate, and pH or note that no reading was taken. (Limit this field to numeric data only. Including characters such as "<" or ">" increases the need for data cleaning.)	Allows analysis of critical variables, particularly those with upper and lower limits, to determine which limits were violated. Total and free disinfectant levels can be used to calculate combined disinfectant levels.
If data entry is too resource intensive, prioritize by order of importance (e.g., inspection items that if found to be in violation would result in closure).	Facilitates data entry and analysis.
Specify inspection outcome (e.g., pool closed due to serious violations, pool passed inspection, or reinspection needed).	Directs program planning and evaluation.
Log time required for inspection.	Assesses resource requirements and guides resource allocation.
Design database that is flexible and allows data fields to change over time.	Allows database to be altered with changes in pool code and program needs. (Changes to data collection or entry can preclude analysis of trends over time.)

* CDC recommends that before creating a pool inspection database, agencies should establish the objectives of data collection, entry, analysis, interpretation, and dissemination. The objectives will determine how and which data are collected and entered. Electronic data facilitate 1) data analysis and 2) use of these data for public health decision-making. Entering electronic data at point of observation (e.g., via a handheld computer) is ideal but not always possible. Another option is to scan data collection forms to reduce resource burdens. Electronic data also can facilitate public access if inspection reports are uploaded to the Internet. (Adapted from http://www.cdc.gov/healthywater/swimming/pools/regulation/recommendations-pool-inspection-data-collection.html.)

What is already known on this topic?

Pool inspection programs are important in assessing and enforcing compliance with pool codes aimed at minimizing the risk for recreational water illness and injury.

What is added by this report?

Analysis of routine pool inspection data from a convenience sample of 15 jurisdictions with 121,020 inspections found that almost one out of eight inspections conducted in 2008 resulted in immediate closure because of serious code violations (e.g., lack of disinfectant in the water).

What are the implications for public health practice?

Pool inspection data can be used as a potential source for surveillance to guide resource allocation and regulatory decision-making to reduce health and safety risks for swimmers; the Model Aquatic Health Code can facilitate systematic collection of pool inspection data.

of MAHC as a public health resource for state and local jurisdictions in their efforts to promote swimmer health and safety.

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Eye-Care Utilization Among Women Aged ≥40 Years with Eye Diseases — 19 States, 2006–2008

Diabetic retinopathy (DR), glaucoma, and age-related macular degeneration (ARMD) are major causes of vision loss and blindness (*1*). Women have been found to have a higher prevalence of vision loss than men (*2,3*). Early detection and timely treatment by eye-care providers are necessary to delay disease progression and prevent vision loss. To assess the use of professional eye care among women aged ≥40 years, CDC analyzed data from the Behavioral Risk Factor Surveillance System (BRFSS) for 19 U.S. states for the period 2006–2008. This report summarizes the results of that analysis, which indicated that 21% of women with self-reported DR, 12% of women with self-reported glaucoma, and 8% of women with self-reported ARMD did not visit an eye-care provider in the recommended follow-up period. Women who did not have insurance coverage for eye care or who did not receive routine medical check-ups were more likely to report not having the recommended follow-up eye care. The two most commonly cited reasons for not having an eye-care visit were cost or not having insurance (range across diseases: 40%–46%) and having no reason to go for follow-up (range: 20%–29%). Compliance with obtaining eye examinations at recommended intervals among women aged ≥40 years with eye diseases might be enhanced by improving access to health care and implementing and expanding existing educational programs to raise awareness regarding the importance of routine follow-up eye examinations.

BRFSS is a state-based, random-digit–dialed telephone survey of the noninstitutionalized U.S. civilian population aged ≥18 years. With approximately 350,000 adults participating in the interview each year, BRFSS provides local, state, and national estimates of important information on sociodemographics, chronic illness, health behaviors, and access to health care. CDC analyzed data from the pooled respondents of 7,377 women aged ≥40 years with self-reported DR (322), glaucoma (356), or ARMD (244) by using results from the BRFSS Visual Impairment and Access to Eye Care Module for the period 2006–2008. Nineteen states* included the vision module in at least 1 year of their regular BRFSS survey during these years. Among the 19 states, the median Council of American Survey Research Organizations (CASRO) response rate (cooperation rate)† was 49.0% (73.5%) for 2006, 48.2% (69.0%) for 2007, and 52.8% (73.3%) for 2008. Respondents were classified as having an eye disease if they answered "yes" to any one of the relevant questions regarding presence of DR, glaucoma, and/or ARMD.§

For this study, the recommended follow-up period for visiting an eye-care provider was defined as the maximum recommended follow-up period stated in disease-specific guidelines in effect during the reporting period from the American Academy of Ophthalmology (for all three diseases), the American Optometric Association (for all three diseases), and the American Diabetes Association (for DR only). For DR and glaucoma, this period is within 12 months of the most recent eye examination; for ARMD, the period is within 24 months of the most recent eye examination. The BRFSS vision module also incorporated questions related to use of eye-care services. Women were classified as not having visited an eye-care professional in the recommended follow-up period if they answered other than "within the past month" or "within the past year" (for the 12-month period) or "within the past month," "within the past year," or "within the past 2 years (for the 24-month period) to the question, "When was the last time you

* The 19 states using the BRFSS vision module at least once during the years 2006–2008 include Alabama, Arizona, Colorado, Connecticut, Florida, Georgia, Indiana , Iowa, Kansas, Missouri, Nebraska, New Mexico, New York, North Carolina, Ohio, Tennessee, Texas, West Virginia, and Wyoming.

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

§ "Have you ever been told by an eye doctor or other health-care professional that you had glaucoma?" "Have you ever been told by an eye doctor or other health-care professional that you had macular degeneration?" DR was identified (from the BRFSS diabetes module) if respondents with diabetes answered "yes" to the question, "Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?"

had your eyes examined by any doctor or eye-care provider?" In addition, respondents were asked to select the one main reason they had not visited an eye-care professional in the previous year.¶

Statistical software was used to account for the complex sampling design. All analyses were weighted to make estimates representative of the age, race, and sex of the civilian, noninstitutionalized population in the 19 states. In instances where a state had more than 1 year of data available, average weights for the number of years available were used. CDC used predictive margin probabilities and corresponding 95% confidence intervals to make comparisons among the levels of each factor while adjusting for differences in the distributions of all other factors. The crude rate represents the weighted proportion of persons who did not report receiving recommended follow-up eye care. Adjusted percentages were estimated using logistic regression models predicting eye-care utilization as a function of the following factors: age, race/ethnicity, marital status, education, income, diabetes status, eye-care insurance coverage, and general health care (Table 1).

The weighted BRFSS data indicated that 21% of women with DR, 12% of women with glaucoma, and 8% of women with ARMD did not visit an eye-care provider in the recommended follow-up period (Table 1). Women without eye-care insurance were more likely than those with insurance to report not having obtained recommended eye-care visits for DR, glaucoma, and ARMD (predictive margin probabilities: 34% versus 14%, 18% versus 10%, and 12% versus 6%, respectively). Women who did not have a routine medical check-up in the preceding 12 months were more likely than those who did so to report not having made the recommended eye-care visits (36% versus 20%, 21% versus 12%, and 16% versus 7%, respectively). Additionally, women aged 40–64 years with glaucoma or ARMD were more likely to report not having obtained recommended eye care than those aged ≥65 years (25% versus 5% and 18% versus 4%, respectively). Cost and not having eye-care insurance (range: 40%–46% for the three eye diseases) and having no reason to go (range: 20%–29%) were the two most commonly cited reasons women with eye diseases reported for not having visited an eye-care provider (Table 2).

¶ Responses for this question for persons with ARMD did not include persons who had received care within 12–23 months of their most recent eye examination. The specific question was stated, "What is the main reason you have not visited an eye-care professional in the past 12 months?" Respondents were presented a list of options from which they chose the one best answer. The "other" option was coded in the same manner as all other possible selections; it was not analyzed as an open-ended question.

What is already known on this topic?

Early detection and timely treatment of diabetic retinopathy, glaucoma, and age-related macular degeneration by eye-care providers are necessary to delay disease progression and prevent vision loss.

What is added by this report?

During 2006–2008, an estimated 8%–21% of women aged ≥40 years did not receive recommended follow-up eye care despite self-reported diagnoses of diabetic retinopathy, glaucoma, or age-related macular degeneration; most attributed this to cost/lack of insurance or having no reason to go.

What are the implications for public health practice?

Compliance with obtaining eye examinations at recommended intervals among women aged ≥40 years with eye diseases might be enhanced by improving access to health care and implementing and expanding existing educational programs (e.g., to raise awareness regarding the importance of routine follow-up eye examinations).

Reported by

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Editorial Note

These findings from 19 states implementing the BRFSS vision module during 2006–2008 demonstrated that 8%–21% of women aged ≥40 years with serious, generally progressive eye diseases did not report receiving eye-care follow-up as recommended by national professional organizations. Eye care is especially important for maintaining current vision and preventing further vision loss from each of these eye diseases. For example, a study of Medicare beneficiaries found that the predicted probability of low vision/blindness among persons with diabetes was reduced by nearly 11 percentage points over 3 years among persons who received recommended levels of eye care compared with those who did not (*4*).

In this analysis, 20%–29% of women who did not seek eye-care follow-up reported having no reason to go. These findings point to the critical role

TABLE 1. Crude rate* and predictive margin for women aged ≥40 years not receiving recommended follow-up care† for three major eye-related diseases,§ by selected characteristics — 19 states, Behavioral Risk Factor Surveillance System (BRFSS), 2006–2008¶

	Diabetic retinopathy				Glaucoma				Age-related macular degeneration			
	Crude rate		Predictive margin		Crude rate		Predictive margin		Crude rate		Predictive margin	
Characteristic	Rate (%)	(95% CI**)	Rate (%)	(95% CI)	Rate (%)	(95% CI)	Rate (%)	(95% CI)	Rate (%)	(95% CI)	Rate (%)	(95% CI)
Age group (yrs)												
40–64	24.3	(20.1–29.2)	24.3	(19.6–29.0)	24.3	(20.2–28.9)	25.1	(20.2–30.0)	14.6	(11.5–18.4)	17.8	(12.1–23.5)
≥65	17.8	(14.2–22.0)	18.3	(13.2–23.4)	5.4	(4.3–6.9)	4.9	(3.5–6.3)	4.0	(3.0–5.4)	4.0	(2.4–5.6)
Race/Ethnicity												
White, non-Hispanic	22.4	(19.2–26.2)	23.8	(19.7–27.9)	11.6	(9.7–13.9)	13.8	(11.1–16.5)	7.6	(6.2–9.4)	9.6	(7.2–12.0)
Black, non-Hispanic	21.0	(15.8–27.3)	18.8	(12.9–24.7)	13.2	(9.6–18.0)	12.7	(8.4–17.0)	11.9	(7.2–19.1)	10.2	(4.5–15.9)
Hispanic	19.5	(10.7–33.1)	18.3	(8.1–28.5)	12.6	(6.8–22.3)	9.4	(2.0–16.8)	8.0	(3.4–17.8)	4.9	(0.8–9.0)
Other	22.2	(11.3–39.1)	22.3	(6.0–38.6)	19.1	(8.5–37.5)	14.9	(3.9–25.9)	12.5	(6.7–22.0)	6.9	(1.6–12.2)
Marital status												
Married	21.1	(16.5–26.6)	22.2	(16.3–28.1)	11.5	(9.2–14.2)	11.0	(8.5–13.5)	8.1	(6.2–10.5)	9.0	(6.5–11.5)
Not married	21.7	(18.3–25.6)	21.4	(17.3–25.5)	13.0	(10.6–15.9)	15.4	(12.1–18.7)	7.7	(5.9–10.0)	9.0	(6.3–11.7)
Educational attainment												
<High school diploma	23.7	(17.3–31.6)	24.2	(17.3–31.1)	16.2	(12.1–21.5)	17.0	(11.7–22.3)	10.6	(6.8–16.1)	10.6	(5.9–15.3)
High school diploma	22.0	(17.8–26.9)	19.0	(14.5–23.5)	11.3	(9.0–14.0)	12.0	(8.9–15.1)	8.3	(5.9–11.6)	9.5	(6.0–13.0)
More than a high school diploma	19.3	(15.3–24.2)	22.6	(16.9–28.3)	11.3	(8.6–14.7)	12.5	(9.0–16.0)	6.9	(5.4–8.7)	8.2	(6.0–10.4)
Annual household income												
<$35,000	24.1	(20.1–28.7)	23.4	(19.1–27.7)	15.3	(12.6–18.6)	14.7	(11.6–17.8)	10.6	(8.3–13.5)	12.4	(8.9–15.9)
≥$35,000	15.8	(11.1–22.0)	17.1	(10.6–23.6)	10.4	(7.6–14.1)	10.6	(7.3–13.9)	6.2	(4.4–8.5)	5.2	(3.2–7.2)
Diabetes status												
Yes	21.5	(18.6–24.6)	21.8	(18.3–25.3)	12.2	(8.4–17.5)	12.1	(7.4–16.5)	5.9	(3.9–9.0)	6.7	(3.4–10.0)
No	0.0	—	0.0	—	12.3	(10.4–14.4)	13.6	(11.2–16.0)	8.2	(6.7–10.1)	9.4	(7.2–11.6)
Eye-care insurance coverage												
Coverage	14.1	(11.2–17.7)	14.4	(10.7–18.1)	8.1	(6.4–10.1)	9.9	(7.5–12.3)	5.1	(3.7–7.1)	6.4	(4.0–8.8)
No coverage	33.7	(28.5–39.4)	33.5	(27.2–39.8)	18.9	(15.4–23.0)	18.4	(14.3–22.5)	11.6	(9.2–14.5)	12.1	(9.2–15.0)
General health care												
Check up in the past year	18.9	(16.1–22.1)	19.7	(16.2–23.2)	9.8	(8.0–11.8)	11.6	(9.1–14.1)	6.2	(4.9–7.9)	7.3	(5.3–9.3)
No check up in the past year	42.2	(31.3–53.9)	36.2	(24.4–48.0)	29.3	(23.3–36.0)	20.7	(14.4–27.0)	17.0	(12.5–22.6)	16.0	(11.3–20.7)
Total	**21.5**	**(18.6–24.6)**			**12.3**	**(10.6–14.2)**			**7.9**	**(6.5–9.5)**		

* The crude rate represents the weighted proportion of persons who did not report receiving recommended follow-up eye care.

† The recommended follow-up period for visiting an eye-care provider was defined as the maximum recommended follow-up period stated in disease-specific guidelines in effect during the reporting period from the American Academy of Ophthalmology (for all three diseases), the American Optometric Association (for all three diseases), and the American Diabetes Association (for diabetic retinopathy only). For diabetic retinopathy and glaucoma, this period is within 12 months of the most recent eye examination; for age-related macular degeneration, the period is within 24 months of the most recent eye examination.

§ Respondents were classified as having an eye disease if they answered "yes" to any one of the relevant questions regarding presence diabetic retinopathy, glaucoma, and/or age-related macular degeneration. Respondents were classified as not having visited an eye-care professional in the recommended follow-up period if they answered other than "within the past month" or "within the past year" (for the 12-month period) or "within the past month," "within the past year," or "within the past 2 years (for the 24-month period) to the question, "When was the last time you had your eyes examined by any doctor or eye-care provider?"

¶ The 19 states using the BRFSS vision module at least once in the years 2006–2008 include Alabama, Arizona, Colorado, Connecticut, Florida, Georgia, Indiana , Iowa, Kansas, Missouri, Nebraska, New Mexico, New York, North Carolina, Ohio, Tennessee, Texas, West Virginia, and Wyoming.

** Confidence interval.

of strengthening patient education through health-care providers and public health efforts to inform women with eye diseases about the importance of routine follow-up once an eye condition is diagnosed. Public health interventions that increase patient awareness of diabetic retinopathy can substantially increase its screening (*5*); Project DIRECT (Diabetes Intervention Reaching and Educating Communities Together) found that providing eye-care education was independently associated with receipt of dilated eye examinations (*6*). To preserve the vision of women who are not receiving the recommended follow-up care, the public health community, including CDC, state health departments, and federally funded programs, should increase awareness of the importance of regular follow-up eye care. The Diabetes Prevention and Control Program reports to CDC the number of dilated eye examinations received in states. Additionally, the finding that 40%–46% of these women reported that cost and/or insurance concerns hindered their follow-up care underscores the need for public health to play a role in addressing eye-care cost and insurance needs, and to implement policy changes more directly related to the clinical-care system. One study found that even among persons with insurance, the cost of copayments might still be a factor limiting access of eye care (*7*). Cost-reducing interventions, such as providing services at reduced rates or eliminating the cost entirely, have been effective at increasing use of cataract surgery (*8*).

The findings in this report are subject to at least four limitations. First, all data gathered by BRFSS are self-reported and might be subject to reporting errors. Self-reported responses for both presence of disease and obtaining an eye examination might differ from objective clinical data. Second, several groups of persons might be unrepresented or underrepresented in these population estimates, including persons without telephones (because the data are collected by telephone survey); institutionalized populations, who are not included in BRFSS; and persons with severe disabilities, including vision loss, who might be less likely to respond to a telephone survey. BRFSS questions also might not reflect respondents who are following their own doctor's recommendations regarding follow-up care, which might differ from the national guidelines. Third, although data were adjusted to be representative of surveyed states, they are not nationally representative because only 19 states used the BRFSS vision module in this study. Finally, the response rates for these survey years were low, increasing the risk for nonresponse bias.

CDC continues to provide resources and technical assistance to state health departments to increase surveillance of visual impairment and eye diseases. The findings in this report can be used to help public health agencies plan, implement, and evaluate programs on vision-loss prevention and eye-health promotion at national, state, and local levels and can help allocate scarce resources and target effective intervention activities to similar populations.

TABLE 2. Reasons given by women aged ≥40 years for not receiving recommended follow-up care* for three major eye-related diseases† — 19 states, Behavioral Risk Factor Surveillance System (BRFSS), 2006–2008§

Reason	Diabetic retinopathy (N = 322) (%)	Glaucoma (N = 356) (%)	Age-related macular degeneration (N = 244) (%)¶
Cost/Insurance	43	46	40
No reason to go	20	23	29
Do not have/know an eye doctor	2	1	2
Too far/No transportation	4	1	1
Could not get an appointment	5	3	3
Have not thought of it	5	7	3
Other**	21	19	23

* The recommended follow-up period for visiting an eye-care provider was defined as the maximum recommended follow-up period stated in disease-specific guidelines in effect during the reporting period from the American Academy of Ophthalmology (for all three diseases), the American Optometric Association (for all three diseases), and the American Diabetes Association (for diabetic retinopathy only). For diabetic retinopathy and glaucoma, this period is within 12 months of the most recent eye examination; for age-related macular degeneration, the period is within 24 months of the most recent eye examination.

† Respondents were classified as having an eye disease if they answered "yes" to any one of the relevant questions regarding presence diabetic retinopathy, glaucoma, and/or age-related macular degeneration. Respondents were classified as not having visited an eye-care professional in the recommended follow-up period if they answered other than "within the past month" or "within the past year" (for the 12-month period) or "within the past month," "within the past year," or "within the past 2 years (for the 24-month period) to the question, "When was the last time you had your eyes examined by any doctor or eye-care provider?" In addition, respondents were asked to select the one main reason they had not visited an eye-care professional in the previous year. Responses for this latter question for persons with age-related macular degeneration did not include persons who had received care within 12–23 months of their most recent eye examination. The specific question asked was stated, "What is the main reason you have not visited an eye-care professional in the past 12 months?" The question presented a list of options from which respondents chose the one best answer.

§ The 19 states using the BRFSS vision module at least once in the years 2006–2008 include Alabama, Arizona, Colorado, Connecticut, Florida, Georgia, Indiana , Iowa, Kansas, Missouri, Nebraska, New Mexico, New York, North Carolina, Ohio, Tennessee, Texas, West Virginia, and Wyoming.

¶ Percentages do not sum to 100% because of rounding.

** The "other" option was coded in the same manner as all other possible selections; it was not analyzed as an open-ended question.

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Notice to Readers

Examining the Effect of Previously Missing Blood Lead Surveillance Data on Results Reported in *MMWR*

During 2000–2003, the District of Columbia (DC) experienced very high concentrations of lead in drinking water. In February 2004, the DC Department of Health requested assistance from CDC to assess health effects of elevated lead levels in residential tap water. CDC reviewed available blood lead surveillance data for the period 1998–2003 and reported the findings of a longitudinal analysis and cross-sectional study in *MMWR* on April 2, 2004 (*1*).

A substantial number of blood lead test results from blood specimens collected in 2003 were unavailable for the analysis published in the 2004 *MMWR* report. In 2009, CDC acquired all known 2003 blood lead test results for DC residents and completed a reanalysis to determine whether the addition of the previously missing tests altered the previously reported results. The complete reanalysis is available at http://www.cdc.gov/nceh/lead/leadinwater.

The reanalysis included the 9,765 tests used in the original analysis, plus 1,753 tests reported in surveillance data after the *MMWR* report was published, and 12,168 tests that had not been included in the surveillance files. The reanalysis showed that addition of the missing test data led to a decrease in the percentage of tests with elevated blood lead levels ≥5 μg/dL or ≥10 μg/dL in 2003, regardless of the type of service line supplying water to the home (Table). These results do not change CDC's original conclusions that "the percentage of test results ≥10 μg/dL and the percentage of test results ≥5 μg/dL at addresses with lead service pipes were higher than at addresses without lead service pipes."

In the 2004 *MMWR* report, the first sentence of the Editorial Note referred to a cross-sectional study of homes with very high lead levels in drinking water and stated that "no children were identified with blood lead ≥10 μg/dL, even in homes with the highest water lead levels." This sentence was misleading because it referred only to data from the cross-sectional study and did not reflect findings of concern from the separate longitudinal study that showed that children living in homes serviced by a lead water pipe were more than twice as likely as other DC children to have had a blood lead level ≥10 μg/dL. CDC reiterates here a key message from the 2004 report: "because no threshold for adverse health effects in young children has been demonstrated," no safe blood level has been identified, and all sources of lead exposure for children should be controlled or eliminated. "Lead concentrations in drinking water should be below the U.S. Environmental Protection Agency's action level of 15 ppb."

Reference

1. CDC. Blood lead levels in residents of homes with elevated lead in tap water—District of Columbia, 2004. MMWR 2004;53:268–70.

TABLE. Percentage of tests with elevated blood lead levels, by type of water service line* and data set — District of Columbia, 2003

Water service line type	Surveillance data set used in 2004 *MMWR* report† % ≥10 μg/dL	All known blood lead tests§ % ≥10 μg/dL	Surveillance data set used in 2004 *MMWR* report† % ≥5 μg/dL	All known blood lead tests§ % ≥5 μg/dL
Lead service line	7.6	6.8	31.2	30.2
No lead service line	2.8	2.3	15.6	14.9

* Water service line type was unknown for 2,670 tests.
† **Source:** CDC. Blood lead levels in residents of homes with elevated lead in tap water—District of Columbia, 2004. MMWR 2004;53:268–70; n = 9,683.
§ n = 21,016.

Announcements

Recreational Water Illness Prevention Week — May 24–30, 2010

Although swimming is a physical activity that offers numerous health benefits (*1*), recreational water (e.g., water in pools) can also transmit pathogens that cause illness. May 24–30 marks the sixth annual National Recreational Water Illness Prevention Week. The goal of this observance is to highlight simple steps that swimmers and pool operators can take to reduce health and safety risks to swimmers.

Recreational water illnesses are transmitted by ingesting, breathing in the mists or aerosols of, or having contact with contaminated water in pools, water parks, interactive fountains, water play areas, hot tubs, lakes, rivers, springs, ponds, streams, and oceans. During 2005–2006, recreational water illness outbreaks affected 4,412 persons, resulting in 116 hospitalizations and five deaths (*2*). This year, Recreational Water Illness Prevention Week focuses on the importance of pool inspections and encourages swimmers to follow the Triple A's of Healthy Swimming (awareness, action, and advocacy).*

* Available at http://www.cdc.gov/healthywater/swimming/pools/triple-a-healthy-swimming.html.

References

1. Chase NL, Sui X, Blair SN. Swimming and all-cause mortality risk compared with running, walking, and sedentary habits in men. International Journal of Aquatic Research and Education 2008;2:213–23.
2. CDC. Surveillance for waterborne disease and outbreaks associated with recreational water use and other aquatic facility-associated health events—United States 2005–2006. MMWR 2008;57(No. SS-9):1–33.

Click It or Ticket Campaign — May 24–June 6, 2010

In 2008, motor-vehicle crashes resulted in 26,689 deaths to motor-vehicle occupants (excluding motorcyclists), and approximately 2.5 million occupants were treated for injuries in emergency departments in the United States (*1,2*). Using a seat belt is one of the most effective means of preventing serious injury and death in the event of a crash. Although seat belt use in the United States is now estimated at nearly 84% and has prevented approximately 13,000 deaths in 2008, millions of persons still continue to travel unrestrained (*1,3*). Some groups, including men and young adults (i.e., persons aged 18–34 years), are less likely to use seat belts than others (*4*). Consequently, young adult males have high rates of crash fatalities (*2*). If every person had worn a seat belt in 2008, an additional 4,152 lives could have been saved (*1*).

Click It or Ticket (observed May 24–June 6, 2010) is an annual, national campaign coordinated by the National Highway Traffic Safety Administration (NHTSA) to increase the proper use of seat belts. Law enforcement agencies across the nation participate by conducting intensive, high-visibility enforcement of seat belt laws. This year, the campaign continues its focus on young adult males and includes daytime and nighttime enforcement activities. Additional information about Click It or Ticket activities is available from NHTSA at http://www.nhtsa.gov. Additional information about preventing motor-vehicle crash injuries is available from CDC at http://www.cdc.gov/motorvehiclesafety.

References

1. National Highway Traffic Safety Administration. Traffic safety facts 2008. Washington, DC: US Department of Transportation; 2009. Available at http://www-nrd.nhtsa.dot.gov/Pubs/811170.pdf. Accessed May 11, 2010.
2. CDC. WISQARS (Web-based Injury Statistics Query and Reporting System). Atlanta, GA: US Department of Health and Human Services, CDC; 2010. Available at http://www.cdc.gov/injury/wisqars. Accessed May 11, 2010.
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Errata

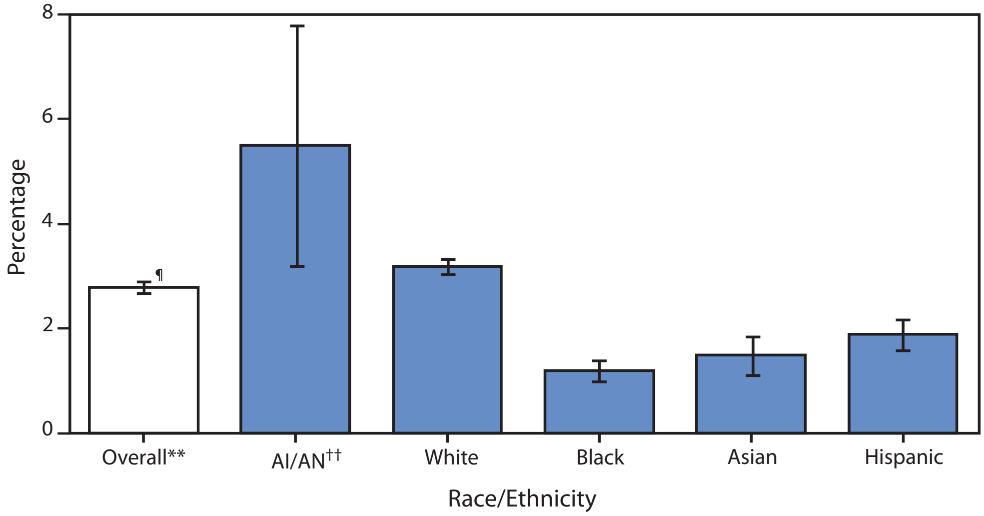
Vol. 59, No. 5

In the report, "Update: Mumps Outbreak — New York and New Jersey, June 2009–January 2010," an error occurred in the second footnote on page 125. The footnote should read as follows: §ACIP recommends 2 doses of mumps-containing vaccine for all school-aged children (i.e., grades K–12) and for adults at high risk for disease (i.e., persons who work in health-care facilities, international travelers, and students at post–high school educational institutions). Health-care **personnel** born in or after 1957 without **presumptive** evidence of immunity **(documentation of 2 doses of mumps-containing vaccine or** laboratory evidence of immunity **or history of laboratory-confirmed disease)** should receive 2 doses of mumps-containing vaccine, and those born before 1957 without **presumptive** evidence of immunity should consider receiving **2 doses**. **During mumps outbreaks, a second dose of mumps-containing vaccine should be considered for children aged 1–4 years and adults who have received 1 dose, and 2 doses should be recommended for all health-care personnel** (*8*; **http://www.cdc.gov/vaccines/recs/provisional/downloads/mmr-evidence-immunity-aug2009-508.pdf**).

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults Aged ≥18 Years Who Had A Lot of Trouble Hearing or Who Were Deaf,* by Race/Ethnicity† — National Health Interview Survey, United States, 2004–2008§



* Respondents were asked, "Without the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?" "A lot of trouble" and "deaf" were combined into one category. Unknowns were not included in the denominators when calculating percentages.

† Race refers only to persons who indicated a single race group. The four racial groups only include persons who are non-Hispanic. Hispanics might be of any race.

§ Estimates were age adjusted using the projected 2000 U.S. population as the standard population and using four age groups: 18–24 years, 25–44 years, 45–64 years, and ≥65 years. Estimates were based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.

¶ 95% confidence interval.

** Includes other races not shown separately and multiple race.

†† American Indian/Alaska Native.

During 2004–2008, 2.8% of adults aged ≥18 years had a lot of trouble hearing or were deaf. American Indians/Alaska Natives (5.5%) were more likely than whites (3.2%) and more than twice as likely as Hispanics (1.9%), Asians (1.5%), and blacks (1.2%) to have a lot of trouble hearing or to be deaf.

Source: Barnes PM, Adams PF, Powell-Griner E. Health characteristics of the American Indian and Alaska Native adult population, United States, 2004–2008. Natl Health Stat Rep 2010(20).

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 May 15, 2010 (19th week)*

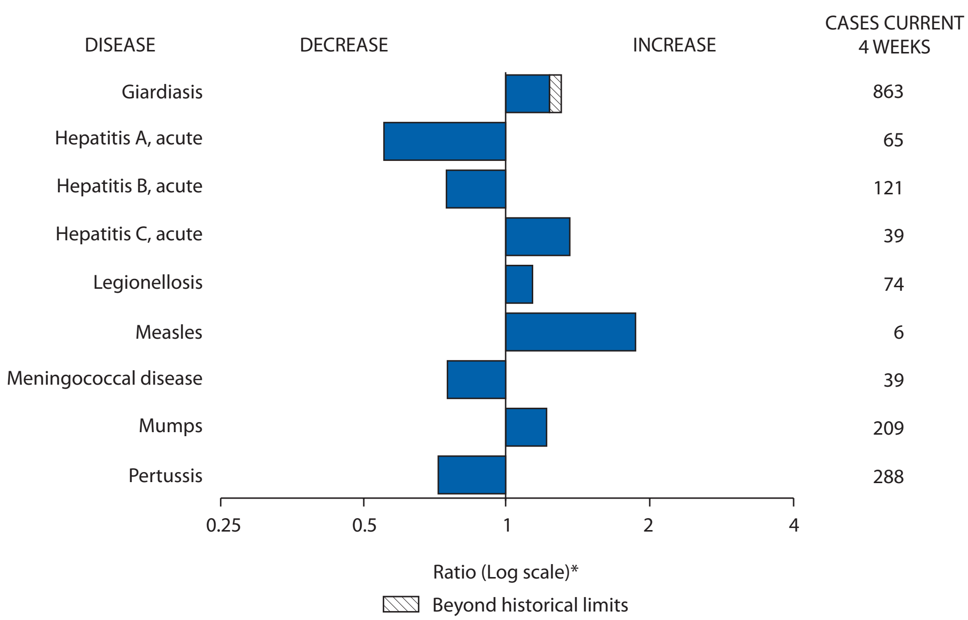
Disease	Current week	Cum 2010	5-year weekly average[†]	Total cases reported for previous years 2009	2008	2007	2006	2005	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	1	1	—	
Botulism, total	1	22	2	116	145	144	165	135	
foodborne	—	3	0	11	17	32	20	19	
infant	—	17	1	80	109	85	97	85	
other (wound and unspecified)	1	2	1	25	19	27	48	31	CA (1)
Brucellosis	3	31	3	115	80	131	121	120	CA (3)
Chancroid	—	22	0	33	25	23	33	17	
Cholera	—	2	0	10	5	7	9	8	
Cyclosporiasis[§]	1	23	16	141	139	93	137	543	FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases[§,¶]:									
California serogroup virus disease	—	—	0	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	—	—	4	4	4	8	21	
Powassan virus disease	—	—	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	—	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,[**] invasive disease (age <5 yrs):									
serotype b	—	7	0	27	30	22	29	9	
nonserotype b	2	65	4	225	244	199	175	135	VA (1), FL (1)
unknown serotype	2	89	4	200	163	180	179	217	NE (1), TN (1)
Hansen disease[§]	—	15	1	79	80	101	66	87	
Hantavirus pulmonary syndrome[§]	—	2	1	14	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal[§]	1	39	4	239	330	292	288	221	NY (1)
HIV infection, pediatric (age <13 yrs)[††]	—	—	2	—	—	—	—	380	
Influenza-associated pediatric mortality[§,§§]	—	48	2	360	90	77	43	45	
Listeriosis	4	174	10	856	759	808	884	896	NY (1), MO (2), FL (1)
Measles[¶¶]	3	19	2	67	140	43	55	66	OH (1), MO (1), NE (1)
Meningococcal disease, invasive***:									
A, C, Y, and W-135	4	96	6	288	330	325	318	297	GA (1), WA (3)
serogroup B	1	42	3	156	188	167	193	156	TX (1)
other serogroup	1	5	1	23	38	35	32	27	FL (1)
unknown serogroup	8	160	13	513	616	550	651	765	ME (1), OH (1), NE (1), FL (1), TN (1), WA (1), CA (2)
Mumps	154	1,239	104	2,068	454	800	6,584	314	NY (6), NYC (141), NE (2), TX (3), AZ (1), CA (1)
Novel influenza A virus infections[†††]	—	—	0	43,771	2	4	NN	NN	
Plague	—	—	0	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	—	—	—	—	1	
Polio virus Infection, nonparalytic[§]	—	—	—	—	—	—	NN	NN	
Psittacosis[§]	—	4	0	9	8	12	21	16	
Q fever, total[§,§§§]	—	21	3	101	120	171	169	136	
acute	—	14	2	81	106	—	—	—	
chronic	—	7	0	20	14	—	—	—	
Rabies, human	—	—	—	3	2	1	3	2	
Rubella[¶¶¶]	—	1	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	0	1	—	—	1	1	
SARS-CoV[§,****]	—	—	—	—	—	—	—	—	
Smallpox[§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome[§]	4	61	3	160	157	132	125	129	MN (2), KY (1), NV (1)
Syphilis, congenital (age <1 yr)[††††]	—	56	7	419	431	430	349	329	
Tetanus	—	—	0	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal)[§]	—	30	1	78	71	92	101	90	
Trichinellosis	—	1	0	12	39	5	15	16	
Tularemia	—	6	2	95	123	137	95	154	
Typhoid fever	1	121	7	401	449	434	353	324	CA (1)
Vancomycin-intermediate *Staphylococcus aureus*[§]	2	21	1	78	63	37	6	2	OH (2)
Vancomycin-resistant *Staphylococcus aureus*[§]	—	1	—	—	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)[§]	7	64	4	795	588	549	NN	NN	MN (1), MD (1), FL (3), CA (2)
Viral hemorrhagic fever[§§§§]	—	1	—	NN	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending May 15, 2010 (19th week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.
* Incidence data for reporting years 2009 and 2010 are provisional, whereas data for 2005 through 2008 are finalized.
† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/ncphi/disss/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 domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/ncphi/disss/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 monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.
§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since April 26, 2009, a total of 282 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 273 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 134 influenza-associated pediatric deaths occurring during the 2008-09 influenza season have been reported.
¶¶ The three measles cases reported for the current week were imported.
*** Data for meningococcal disease (all serogroups) are available in Table II.
††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. CDC will report the total number of 2009 pandemic influenza A (H1N1) hospitalizations and deaths weekly on the CDC H1N1 influenza website (http://www.cdc.gov/h1n1flu). In addition, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC during 2009.
§§§ In 2009, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
¶¶¶ No rubella cases were reported for the current week.
**** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.
†††† 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. 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 May 15, 2010, with historical data



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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending May 15, 2010, and May 16, 2009 (19th week)*

Reporting area	*Chlamydia trachomatis* infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	9,924	23,409	27,343	352,421	461,555	75	122	287	1,679	1,772
New England	833	735	1,396	13,181	14,536	2	5	28	85	133
Connecticut	112	215	736	3,155	4,281	—	0	24	24	38
Maine†	57	49	75	917	948	1	1	4	19	10
Massachusetts	579	376	767	7,175	6,778	—	1	15	—	39
New Hampshire	13	35	60	250	774	1	1	6	18	20
Rhode Island†	72	67	130	1,279	1,308	—	0	8	8	2
Vermont†	—	23	63	405	447	—	1	9	16	24
Mid. Atlantic	3,094	3,097	4,619	60,738	59,164	9	14	38	202	213
New Jersey	445	441	628	7,996	9,513	—	0	5	—	11
New York (Upstate)	687	629	2,530	11,984	10,930	4	3	16	46	48
New York City	1,432	1,179	2,286	24,210	22,391	—	1	5	17	35
Pennsylvania	530	841	1,055	16,548	16,330	5	9	19	139	119
E.N. Central	723	3,526	4,413	37,922	76,463	8	29	73	355	425
Illinois	—	1,068	1,322	146	23,467	—	3	8	53	42
Indiana	—	336	602	4,247	8,679	—	4	11	40	94
Michigan	603	884	1,405	18,253	17,863	1	6	11	100	78
Ohio	120	920	1,039	12,482	18,337	7	7	16	120	110
Wisconsin	—	377	466	2,794	8,117	—	8	39	42	101
W.N. Central	31	1,311	1,713	21,496	26,759	25	20	62	260	247
Iowa	15	178	252	3,636	3,726	4	4	13	62	57
Kansas	15	175	573	2,745	3,942	1	2	6	26	23
Minnesota	1	263	337	4,412	5,525	16	5	31	90	45
Missouri	—	498	638	8,613	9,799	2	3	12	41	44
Nebraska†	—	92	237	1,685	1,996	2	2	9	32	25
North Dakota	—	30	93	405	632	—	0	5	3	1
South Dakota	—	49	82	—	1,139	—	2	13	6	52
S. Atlantic	2,473	4,473	6,098	60,189	94,014	13	20	50	318	300
Delaware	94	87	145	1,589	1,782	—	0	2	1	—
District of Columbia	—	114	178	1,610	2,672	—	0	1	2	3
Florida	715	1,397	1,669	25,661	27,674	5	8	24	128	96
Georgia	1	564	1,323	1,501	15,689	5	6	31	126	119
Maryland†	322	444	1,031	7,387	8,018	1	1	5	10	16
North Carolina	—	719	1,291	—	15,698	—	2	11	11	27
South Carolina†	516	523	1,331	10,007	10,132	—	1	7	13	17
Virginia†	749	600	924	11,084	10,844	2	1	7	22	17
West Virginia	76	65	137	1,350	1,505	—	0	2	5	5
E.S. Central	—	1,664	2,264	26,115	33,825	3	4	13	65	58
Alabama†	—	455	606	7,822	9,642	—	1	5	21	16
Kentucky	—	290	642	5,032	3,936	—	2	4	22	14
Mississippi	—	430	640	4,813	9,099	—	0	6	4	9
Tennessee†	—	561	734	8,448	11,148	3	1	5	18	19
W.S. Central	587	2,953	5,784	52,387	59,013	1	9	40	89	85
Arkansas†	314	271	416	5,473	5,614	—	1	5	12	10
Louisiana	—	400	1,055	2,922	11,150	—	1	6	11	9
Oklahoma	273	240	2,727	5,640	2,706	1	2	9	14	23
Texas†	—	2,041	3,229	38,352	39,543	—	6	30	52	43
Mountain	675	1,492	2,118	21,615	25,420	7	10	25	148	126
Arizona	156	469	713	4,686	9,250	1	0	3	10	11
Colorado	247	435	709	6,699	3,539	3	2	10	47	30
Idaho†	18	61	185	931	1,358	1	2	7	27	15
Montana†	33	56	72	1,085	1,239	2	1	4	18	13
Nevada†	210	169	478	3,464	3,925	—	0	2	5	7
New Mexico†	—	176	453	2,213	2,926	—	2	8	23	34
Utah	—	113	171	1,847	2,434	—	1	4	13	5
Wyoming†	11	35	70	690	749	—	0	2	5	11
Pacific	1,508	3,451	5,314	58,778	72,361	7	13	27	157	185
Alaska	—	102	137	2,085	2,037	—	0	1	1	2
California	1,258	2,677	4,406	45,782	55,534	5	9	20	92	96
Hawaii	—	115	143	1,779	2,285	—	0	0	—	1
Oregon	—	184	468	1,367	4,035	2	2	10	42	66
Washington	250	397	638	7,765	8,470	—	2	8	22	20
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	1	27	51	—	—	0	0	—	—
Puerto Rico	83	118	331	2,125	2,747	N	0	0	N	N
U.S. Virgin Islands	—	9	21	52	180	—	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.
* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, 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 May 15, 2010, and May 16, 2009 (19th week)*

	Dengue Virus Infection									
	Dengue Fever					Dengue Hemorrhagic Fever†				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2010	2009	week	Med	Max	2010	2009
United States	—	0	1	3	NN	—	0	0	—	NN
New England	—	0	1	2	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine§	—	0	1	2	NN	—	0	0	—	NN
Massachusetts	—	0	0	—	NN	—	0	0	—	NN
New Hampshire	—	0	0	—	NN	—	0	0	—	NN
Rhode Island§	—	0	0	—	NN	—	0	0	—	NN
Vermont§	—	0	0	—	NN	—	0	0	—	NN
Mid. Atlantic	—	0	1	1	NN	—	0	0	—	NN
New Jersey	—	0	0	—	NN	—	0	0	—	NN
New York (Upstate)	—	0	0	—	NN	—	0	0	—	NN
New York City	—	0	0	—	NN	—	0	0	—	NN
Pennsylvania	—	0	1	1	NN	—	0	0	—	NN
E.N. Central	—	0	0	—	NN	—	0	0	—	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	0	—	NN	—	0	0	—	NN
Michigan	—	0	0	—	NN	—	0	0	—	NN
Ohio	—	0	0	—	NN	—	0	0	—	NN
Wisconsin	—	0	0	—	NN	—	0	0	—	NN
W.N. Central	—	0	0	—	NN	—	0	0	—	NN
Iowa	—	0	0	—	NN	—	0	0	—	NN
Kansas	—	0	0	—	NN	—	0	0	—	NN
Minnesota	—	0	0	—	NN	—	0	0	—	NN
Missouri	—	0	0	—	NN	—	0	0	—	NN
Nebraska§	—	0	0	—	NN	—	0	0	—	NN
North Dakota	—	0	0	—	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	0	0	—	NN	—	0	0	—	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	0	0	—	NN	—	0	0	—	NN
Georgia	—	0	0	—	NN	—	0	0	—	NN
Maryland§	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	0	—	NN	—	0	0	—	NN
South Carolina§	—	0	0	—	NN	—	0	0	—	NN
Virginia§	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	0	—	NN	—	0	0	—	NN
E.S. Central	—	0	0	—	NN	—	0	0	—	NN
Alabama§	—	0	0	—	NN	—	0	0	—	NN
Kentucky	—	0	0	—	NN	—	0	0	—	NN
Mississippi	—	0	0	—	NN	—	0	0	—	NN
Tennessee§	—	0	0	—	NN	—	0	0	—	NN
W.S. Central	—	0	0	—	NN	—	0	0	—	NN
Arkansas§	—	0	0	—	NN	—	0	0	—	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	0	—	NN	—	0	0	—	NN
Texas§	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	0	—	NN	—	0	0	—	NN
Arizona	—	0	0	—	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho§	—	0	0	—	NN	—	0	0	—	NN
Montana§	—	0	0	—	NN	—	0	0	—	NN
Nevada§	—	0	0	—	NN	—	0	0	—	NN
New Mexico§	—	0	0	—	NN	—	0	0	—	NN
Utah	—	0	0	—	NN	—	0	0	—	NN
Wyoming§	—	0	0	—	NN	—	0	0	—	NN
Pacific	—	0	0	—	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	0	—	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	0	—	NN	—	0	0	—	NN
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	0	0	—	NN	—	0	0	—	NN
U.S. Virgin Islands	—	0	0	—	NN	—	0	0	—	NN

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† 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 May 15, 2010, and May 16, 2009 (19th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	4	12	132	39	81	1	14	300	13	69	—	2	37	5	29
New England	—	0	4	1	4	—	2	21	5	19	—	0	1	—	—
Connecticut	—	0	0	—	—	—	0	13	—	—	—	0	0	—	—
Maine§	—	0	1	1	—	—	0	3	2	2	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	3	1	5	—	0	1	—	—
Rhode Island§	—	0	4	—	4	—	0	20	2	12	—	0	1	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	3	15	8	22	1	3	27	2	24	—	0	4	1	10
New Jersey	—	1	8	—	13	—	0	7	—	8	—	0	0	—	—
New York (Upstate)	—	1	15	4	5	1	2	20	2	15	—	0	2	1	1
New York City	—	0	2	3	1	—	0	1	—	1	—	0	1	—	—
Pennsylvania	—	0	5	1	3	—	0	1	—	—	—	0	3	—	9
E.N. Central	—	0	8	—	17	—	3	23	1	23	—	1	7	1	8
Illinois	—	0	4	—	8	—	0	1	—	1	—	0	1	—	1
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	6	1	4
Michigan	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	2	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	3	—	7	—	3	22	1	22	—	0	4	—	3
W.N. Central	2	2	23	4	6	—	0	261	—	—	—	0	30	2	3
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	6	—	—	—	0	261	—	—	—	0	30	—	2
Missouri	2	1	22	4	6	—	0	2	—	—	—	0	4	2	1
Nebraska§	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	3	14	19	21	—	0	2	5	2	—	0	2	—	—
Delaware	—	0	2	3	3	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	2	2	—	0	1	—	—	—	0	0	—	—
Georgia	—	0	2	3	5	—	0	1	1	—	—	0	0	—	—
Maryland§	—	1	4	4	7	—	0	1	1	2	—	0	0	—	—
North Carolina	—	0	3	7	—	—	0	1	1	—	—	0	0	—	—
South Carolina§	—	0	1	—	2	—	0	0	—	—	—	0	0	—	—
Virginia§	—	0	13	—	2	—	0	1	1	—	—	0	2	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	2	1	11	6	8	—	0	1	—	1	—	0	5	1	8
Alabama§	—	0	3	1	—	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Mississippi	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
Tennessee§	2	1	10	5	8	—	0	1	—	1	—	0	5	1	8
W.S. Central	—	0	97	1	1	—	0	16	—	—	—	0	3	—	—
Arkansas§	—	0	11	—	—	—	0	0	—	—	—	0	3	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	84	—	1	—	0	15	—	—	—	0	0	—	—
Texas§	—	0	2	1	—	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	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	—	2	—	0	0	—	—	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	2	—	0	0	—	—	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
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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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Cumulative total *E. ewingii* cases reported as of this week = 0.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 15, 2010, and May 16, 2009 (19th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	206	332	651	5,299	5,710	2,165	5,505	6,930	78,973	110,420	27	56	168	1,034	1,192
New England	4	27	65	275	464	79	92	197	1,783	1,748	—	3	21	23	78
Connecticut	—	6	15	94	89	27	45	170	859	810	—	0	15	9	23
Maine§	2	4	13	67	70	1	3	11	77	56	—	0	2	2	11
Massachusetts	—	10	36	—	195	48	39	81	686	700	—	1	8	—	37
New Hampshire	1	3	11	40	39	—	2	7	54	40	—	0	2	6	4
Rhode Island§	—	1	6	19	21	3	6	19	98	119	—	0	2	4	1
Vermont§	1	4	14	55	50	—	0	5	9	23	—	0	1	2	2
Mid. Atlantic	34	62	112	879	1,101	655	621	941	11,794	11,317	4	12	34	231	210
New Jersey	—	6	15	1	161	93	89	132	1,628	1,744	—	2	7	30	34
New York (Upstate)	20	24	84	368	381	111	97	422	1,875	1,994	2	3	20	62	52
New York City	7	16	25	271	319	280	215	396	4,336	4,020	—	2	6	47	26
Pennsylvania	7	15	37	239	240	171	205	277	3,955	3,559	2	4	10	92	98
E.N. Central	17	44	80	730	829	238	1,088	1,536	10,649	24,019	7	8	18	145	178
Illinois	—	12	22	162	193	—	354	441	48	7,660	—	3	9	41	66
Indiana	N	0	7	N	N	—	100	183	1,214	2,838	—	1	5	27	34
Michigan	3	13	25	215	223	205	248	502	5,110	5,867	1	0	4	14	11
Ohio	14	16	28	304	278	33	307	357	3,704	5,636	6	2	6	50	37
Wisconsin	—	8	23	49	135	—	93	115	573	2,018	—	1	5	13	30
W.N. Central	14	27	158	500	530	9	269	369	4,307	5,588	5	2	22	67	68
Iowa	2	6	15	85	87	2	31	46	562	634	—	0	1	1	—
Kansas	4	3	14	73	48	7	40	85	537	951	—	0	2	7	10
Minnesota	—	0	135	136	137	—	42	64	674	855	4	0	17	21	15
Missouri	6	8	27	120	161	—	123	172	2,138	2,445	—	1	6	29	29
Nebraska§	2	4	9	71	51	—	22	55	372	518	1	0	3	4	11
North Dakota	—	0	8	9	4	—	2	11	24	44	—	0	2	5	3
South Dakota	—	1	10	6	42	—	4	16	—	141	—	0	0	—	—
S. Atlantic	58	73	144	1,328	1,254	637	1,341	1,774	16,638	27,334	5	14	27	263	340
Delaware	1	0	3	10	11	23	19	37	369	298	—	0	1	3	3
District of Columbia	—	1	4	10	23	—	44	86	616	1,044	—	0	1	—	1
Florida	36	37	87	643	656	215	383	482	6,823	7,877	4	3	10	82	110
Georgia	3	14	52	337	266	—	193	494	584	5,206	—	3	9	67	67
Maryland§	9	5	12	111	96	64	126	237	2,027	2,117	—	1	6	18	41
North Carolina	N	0	0	N	N	—	230	386	—	5,217	—	1	6	20	42
South Carolina§	1	2	7	36	37	146	160	394	2,908	2,938	—	2	7	38	32
Virginia§	8	9	37	168	149	181	161	271	3,133	2,415	1	2	5	27	29
West Virginia	—	1	5	13	16	8	8	19	178	222	—	0	5	8	15
E.S. Central	1	7	22	91	128	—	472	649	7,262	9,647	3	3	12	68	78
Alabama§	—	4	13	49	62	—	135	187	2,445	2,721	—	0	2	7	22
Kentucky	N	0	0	N	N	—	84	156	1,279	1,155	—	0	5	11	7
Mississippi	N	0	0	N	N	—	129	198	1,356	2,763	—	0	2	6	9
Tennessee§	1	3	18	42	66	—	144	206	2,182	3,008	3	2	10	44	40
W.S. Central	2	9	18	109	130	154	879	1,554	13,908	16,968	2	2	20	53	55
Arkansas§	—	2	9	32	41	93	87	139	1,549	1,650	—	0	3	7	10
Louisiana	—	3	10	39	65	—	132	343	910	3,595	—	0	2	11	10
Oklahoma	2	3	10	38	24	61	69	616	1,459	963	2	1	15	31	33
Texas§	N	0	0	N	N	—	565	964	9,990	10,760	—	0	2	4	2
Mountain	27	31	64	516	452	80	168	266	2,498	3,216	—	5	14	140	116
Arizona	—	4	7	49	69	18	57	109	568	1,010	—	2	10	54	37
Colorado	22	12	26	258	131	23	51	127	888	932	—	1	6	37	35
Idaho§	3	4	10	75	43	—	1	8	24	38	—	0	2	6	2
Montana§	—	3	11	43	37	1	2	6	43	35	—	0	1	1	1
Nevada§	2	2	11	20	30	38	26	94	651	717	—	0	2	5	10
New Mexico§	—	1	8	23	39	—	19	41	238	344	—	1	5	20	17
Utah	—	5	13	33	84	—	6	14	75	120	—	1	4	12	14
Wyoming§	—	1	5	15	19	—	1	7	11	20	—	0	2	5	—
Pacific	49	53	132	871	822	313	539	651	10,134	10,583	1	2	9	44	69
Alaska	—	2	7	32	22	—	21	36	495	332	—	0	3	11	3
California	29	34	61	543	579	274	446	544	8,399	8,639	—	0	4	1	25
Hawaii	—	0	2	—	7	—	10	24	207	252	—	0	3	—	17
Oregon	7	9	17	177	120	—	15	43	106	428	1	1	5	29	21
Washington	13	8	75	119	94	39	43	84	927	932	—	0	4	3	3
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	—	—	0	3	4	—	—	0	0	—	—
Puerto Rico	—	1	10	9	55	5	4	24	97	75	—	0	1	1	1
U.S. Virgin Islands	—	0	0	—	—	—	1	7	8	58	N	0	0	N	N

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) **Provisional cases of selected notifiable diseases, United States, weeks ending May 15, 2010, and May 16, 2009 (19th week)***

Reporting area	Hepatitis (viral, acute), by type: A					B					C				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	19	33	66	469	715	23	57	201	919	1,264	14	15	41	255	286
New England	1	1	5	16	41	—	1	4	19	24	—	1	5	9	21
Connecticut	—	0	2	9	9	—	0	3	5	5	—	1	4	9	17
Maine†	1	0	1	3	1	—	0	2	9	5	—	0	1	—	—
Massachusetts	—	1	4	—	23	—	0	2	—	11	—	0	1	—	3
New Hampshire	—	0	1	—	4	—	0	2	4	3	—	0	0	—	—
Rhode Island†	—	0	4	4	3	—	0	0	—	—	—	0	0	—	—
Vermont†	—	0	1	—	1	—	0	1	1	—	—	0	0	—	1
Mid. Atlantic	2	4	10	67	89	3	5	10	100	154	3	2	4	31	33
New Jersey	—	1	5	8	28	—	1	4	21	52	—	0	2	2	5
New York (Upstate)	1	1	3	18	16	2	1	6	18	25	2	1	3	19	17
New York City	1	2	5	23	20	—	1	4	31	28	—	0	1	—	1
Pennsylvania	—	1	6	18	25	1	1	5	30	49	1	0	4	10	10
E.N. Central	—	4	19	56	111	1	7	14	122	181	—	2	5	45	37
Illinois	—	1	13	12	44	—	2	6	22	39	—	0	1	—	3
Indiana	—	0	4	5	8	—	1	5	18	31	—	0	3	8	5
Michigan	—	1	4	22	28	—	2	6	40	52	—	1	4	35	11
Ohio	—	0	4	12	20	1	2	4	42	50	—	0	3	2	16
Wisconsin	—	0	2	5	11	—	0	3	—	9	—	0	1	—	2
W.N. Central	—	1	9	20	45	1	3	15	49	47	—	0	10	10	4
Iowa	—	0	3	4	13	—	1	3	8	10	—	0	4	1	2
Kansas	—	0	2	6	4	—	0	2	2	4	—	0	0	—	1
Minnesota	—	0	8	1	11	—	0	13	2	10	—	0	9	3	—
Missouri	—	0	3	8	8	1	1	5	29	14	—	0	1	5	—
Nebraska†	—	0	3	1	8	—	0	2	8	8	—	0	1	—	1
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	1	—	0	1	—	1	—	0	1	1	—
S. Atlantic	7	7	14	112	166	12	15	39	279	340	4	3	8	53	82
Delaware	—	0	1	4	2	U	1	2	U	U	U	0	0	U	U
District of Columbia	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Florida	3	3	8	41	79	9	5	11	112	120	3	1	4	19	10
Georgia	3	1	3	16	13	—	3	7	54	53	—	0	2	4	18
Maryland†	1	0	4	9	17	—	1	6	22	41	1	0	3	9	17
North Carolina	—	0	3	11	29	—	1	4	4	49	—	0	4	9	17
South Carolina†	—	1	4	18	14	—	1	4	13	15	—	0	1	—	1
Virginia†	—	1	3	12	12	1	2	14	38	29	—	0	2	6	6
West Virginia	—	0	2	1	—	2	0	19	25	21	—	0	3	6	13
E.S. Central	—	1	3	15	19	—	7	13	98	148	2	2	6	47	42
Alabama†	—	0	2	4	2	—	1	5	22	42	—	0	2	1	5
Kentucky	—	0	2	8	1	—	2	6	33	33	1	1	5	35	23
Mississippi	—	0	2	—	11	—	0	5	8	20	—	0	0	—	—
Tennessee†	—	0	2	3	5	—	2	6	35	53	1	0	3	11	14
W.S. Central	2	3	19	49	67	4	10	108	121	198	4	1	13	20	18
Arkansas†	—	0	3	—	4	—	0	4	3	21	—	0	1	—	1
Louisiana	—	0	1	3	1	—	1	5	13	22	—	0	1	2	4
Oklahoma	—	0	3	—	1	1	2	18	21	40	2	0	11	9	2
Texas†	2	3	18	46	61	3	6	87	84	115	2	0	4	9	11
Mountain	2	3	8	54	52	1	2	6	32	53	1	1	4	16	20
Arizona	1	1	5	30	18	—	0	3	11	23	—	0	0	—	—
Colorado	1	1	4	9	16	—	0	2	1	11	—	0	3	2	12
Idaho†	—	0	1	2	—	—	0	2	3	2	1	0	2	6	1
Montana†	—	0	1	3	3	—	0	1	—	—	—	0	1	—	—
Nevada†	—	0	2	6	7	1	0	3	13	7	—	0	1	1	1
New Mexico†	—	0	1	3	5	—	0	1	2	4	—	0	2	5	4
Utah	—	0	2	1	3	—	0	1	2	4	—	0	1	2	2
Wyoming†	—	0	1	—	—	—	0	2	—	2	—	0	0	—	—
Pacific	5	5	16	80	125	1	6	20	99	119	—	1	6	24	29
Alaska	—	0	0	—	3	—	0	1	1	2	—	0	2	—	—
California	5	4	15	66	93	—	4	16	72	85	—	1	4	7	13
Hawaii	—	0	1	—	6	—	0	1	—	3	—	0	0	—	—
Oregon	—	0	2	8	5	—	1	4	15	15	—	0	3	10	8
Washington	—	0	4	6	18	1	0	4	11	14	—	0	6	7	8
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	7	—	—	1	6	20	—	—	1	4	12	—
Puerto Rico	—	0	2	2	13	—	0	5	7	11	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 15, 2010, and May 16, 2009 (19th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	26	58	174	574	601	107	440	2,335	3,092	4,697	13	27	87	343	386
New England	—	3	18	16	24	14	123	853	345	1,687	—	1	4	4	15
Connecticut	—	1	5	8	6	—	38	295	6	737	—	0	3	—	1
Maine†	—	0	3	1	—	11	14	76	113	60	—	0	1	1	—
Massachusetts	—	1	9	—	16	—	37	397	—	607	—	0	3	—	11
New Hampshire	—	0	3	1	—	—	20	95	184	233	—	0	1	1	1
Rhode Island†	—	0	4	5	1	—	2	29	10	11	—	0	1	1	1
Vermont†	—	0	1	1	1	3	5	45	32	39	—	0	1	1	1
Mid. Atlantic	11	18	73	131	159	56	199	999	1,868	1,786	3	7	17	92	109
New Jersey	—	3	14	—	28	3	42	429	427	690	—	1	5	—	30
New York (Upstate)	4	5	29	44	53	38	53	577	404	466	2	1	4	23	17
New York City	—	3	19	30	19	—	13	58	2	161	—	3	12	49	49
Pennsylvania	7	6	25	57	59	15	65	475	1,035	469	1	1	4	20	13
E.N. Central	1	11	41	101	122	—	23	258	62	266	—	2	12	31	48
Illinois	—	1	11	7	14	—	1	12	4	11	—	1	4	14	21
Indiana	—	1	5	8	15	—	1	6	9	10	—	0	4	2	7
Michigan	—	3	13	27	20	—	1	9	3	4	—	0	3	4	6
Ohio	1	5	17	57	54	—	1	5	5	4	—	0	6	11	12
Wisconsin	—	1	6	2	19	—	18	239	41	237	—	0	2	—	2
W.N. Central	—	2	18	23	21	2	4	1,380	9	41	—	1	11	21	17
Iowa	—	0	3	2	8	—	0	15	2	7	—	0	1	6	4
Kansas	—	0	1	2	3	1	0	2	3	6	—	0	1	3	1
Minnesota	—	0	16	9	—	—	0	1,380	—	26	—	0	11	3	8
Missouri	—	1	5	6	5	—	0	1	1	1	—	0	1	3	3
Nebraska†	—	0	2	2	4	1	0	3	3	—	—	0	2	6	—
North Dakota	—	0	1	2	1	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	0	—	1	—	0	0	—	1
S. Atlantic	6	11	24	128	126	27	69	255	691	845	3	6	15	97	122
Delaware	—	0	5	5	1	2	12	65	182	186	—	0	1	2	1
District of Columbia	—	0	5	1	5	—	0	7	3	6	—	0	3	5	5
Florida	2	4	10	57	47	3	2	11	25	11	3	2	7	44	32
Georgia	—	1	4	16	17	—	0	6	3	9	—	0	6	2	24
Maryland†	3	2	12	27	25	15	29	134	301	449	—	1	13	20	32
North Carolina	—	1	5	2	17	—	1	7	12	27	—	0	3	5	14
South Carolina†	—	0	2	1	2	—	1	3	10	9	—	0	1	1	1
Virginia†	1	1	6	17	12	7	13	79	141	115	—	1	5	18	12
West Virginia	—	0	2	2	—	—	0	33	14	33	—	0	2	—	1
E.S. Central	—	2	12	23	27	—	1	4	12	7	1	0	4	6	12
Alabama†	—	0	2	3	5	—	0	1	—	1	—	0	3	1	2
Kentucky	—	1	3	8	11	—	0	1	1	1	—	0	3	2	3
Mississippi	—	0	4	2	—	—	0	0	—	—	—	0	2	—	—
Tennessee†	—	1	9	10	11	—	1	4	11	5	1	0	1	3	7
W.S. Central	2	2	14	24	32	2	4	44	18	18	2	1	31	40	10
Arkansas†	—	0	1	1	2	—	0	0	—	—	—	0	1	1	—
Louisiana	—	0	3	1	3	—	0	0	—	—	—	0	1	—	3
Oklahoma	—	0	4	—	1	—	0	2	—	—	—	0	1	2	—
Texas†	2	1	10	22	26	2	4	42	18	18	2	1	30	37	7
Mountain	—	3	8	32	36	—	1	4	4	9	1	1	6	14	11
Arizona	—	1	4	13	14	—	0	1	—	—	1	0	2	7	1
Colorado	—	0	4	2	4	—	0	1	1	—	—	0	3	1	8
Idaho†	—	0	2	—	1	—	0	3	1	3	—	0	1	—	—
Montana†	—	0	1	1	4	—	0	1	—	1	—	0	3	1	—
Nevada†	—	0	2	10	6	—	0	2	1	3	—	0	1	2	—
New Mexico†	—	0	2	2	—	—	0	1	—	—	—	0	0	—	—
Utah	—	0	4	3	6	—	0	1	1	2	—	0	1	3	2
Wyoming†	—	0	2	1	1	—	0	1	—	—	—	0	0	—	—
Pacific	6	4	19	96	54	6	4	10	83	38	3	2	19	38	42
Alaska	—	0	0	—	1	—	0	1	1	2	—	0	1	2	1
California	6	3	19	88	46	5	3	9	55	22	3	2	13	27	30
Hawaii	—	0	0	—	1	N	0	0	N	N	—	0	0	—	1
Oregon	—	0	3	1	3	—	1	4	26	13	—	0	1	3	6
Washington	—	0	4	7	3	1	0	3	1	1	—	0	5	6	4
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	N	0	0	N	N	—	0	2	1	1
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 15, 2010, and May 16, 2009 (19th week)*

Reporting area	Meningococcal disease, invasive† All groups					Pertussis					Rabies, animal				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	14	16	42	303	439	116	271	1,746	3,256	4,754	21	63	114	859	1,354
New England	1	0	2	4	16	—	7	24	29	240	1	5	24	79	117
Connecticut	—	0	2	—	2	—	1	4	14	13	—	1	22	36	44
Maine§	1	0	1	1	2	—	0	10	5	31	—	1	4	19	18
Massachusetts	—	0	1	—	9	—	4	12	—	158	—	0	0	—	—
New Hampshire	—	0	1	—	1	—	1	7	3	24	—	0	3	3	16
Rhode Island§	—	0	1	—	1	—	0	8	4	8	—	0	5	3	13
Vermont§	—	0	1	3	1	—	0	1	3	6	1	1	5	18	26
Mid. Atlantic	—	2	4	30	48	10	20	42	225	421	9	10	23	220	211
New Jersey	—	0	2	8	6	—	4	10	28	96	—	0	0	—	—
New York (Upstate)	—	0	3	6	9	7	5	27	92	65	9	9	22	160	109
New York City	—	0	2	7	10	—	0	11	3	35	—	0	11	60	2
Pennsylvania	—	1	2	9	23	3	9	22	102	225	—	0	0	—	100
E.N. Central	1	3	7	45	78	55	54	105	809	964	3	2	19	17	28
Illinois	—	0	4	7	19	—	9	29	104	247	—	1	9	5	13
Indiana	—	0	3	11	17	—	6	16	60	116	—	0	7	—	4
Michigan	—	0	5	7	11	9	16	41	255	204	2	1	6	7	11
Ohio	1	1	2	17	19	46	19	49	385	346	1	0	5	5	—
Wisconsin	—	0	1	3	12	—	2	12	5	51	N	0	0	N	N
W.N. Central	1	1	6	19	33	7	26	626	241	866	3	6	14	74	119
Iowa	—	0	2	3	3	—	4	12	62	70	—	0	4	—	9
Kansas	—	0	2	1	6	—	3	12	40	83	—	1	4	22	37
Minnesota	—	0	2	2	8	6	0	601	6	168	1	0	9	13	18
Missouri	—	0	3	8	10	—	12	35	102	452	1	1	5	15	13
Nebraska§	1	0	2	5	3	1	2	5	28	81	1	1	6	21	34
North Dakota	—	0	1	—	—	—	0	12	—	2	—	0	7	3	4
South Dakota	—	0	2	—	3	—	1	6	3	10	—	0	1	—	4
S. Atlantic	3	2	7	63	87	9	22	63	311	508	2	25	43	350	687
Delaware	—	0	1	1	2	—	0	2	—	5	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	2	3	—	0	0	—	—
Florida	2	1	5	34	28	6	6	29	78	164	—	0	30	51	161
Georgia	1	0	2	6	14	—	4	8	64	101	—	5	16	—	164
Maryland§	—	0	1	2	3	—	3	8	41	46	—	8	15	130	131
North Carolina	—	0	2	5	23	—	1	9	—	76	N	0	4	N	N
South Carolina§	—	0	1	4	5	1	4	18	77	55	—	0	0	—	—
Virginia§	—	0	2	10	8	2	4	15	42	53	—	10	26	141	195
West Virginia	—	0	2	1	4	—	0	6	7	5	2	2	6	28	36
E.S. Central	1	0	4	15	19	—	16	31	255	281	2	1	7	42	58
Alabama§	—	0	2	3	4	—	5	19	66	83	2	0	4	13	—
Kentucky	—	0	2	5	3	—	4	15	93	90	—	0	2	—	22
Mississippi	—	0	2	2	4	—	2	12	18	49	—	0	2	—	2
Tennessee§	1	0	2	5	8	—	4	10	78	59	—	0	6	29	34
W.S. Central	1	1	9	35	35	11	70	754	932	744	—	0	17	10	15
Arkansas§	—	0	2	3	5	—	5	30	30	97	—	0	10	6	11
Louisiana	—	0	3	7	9	—	1	10	8	65	—	0	0	—	—
Oklahoma	—	0	7	12	2	—	0	41	5	9	—	0	15	4	4
Texas§	1	1	7	13	19	11	62	681	889	573	—	0	0	—	—
Mountain	—	1	4	24	35	8	17	41	267	392	—	2	8	15	39
Arizona	—	0	2	7	7	—	6	12	108	71	N	0	5	N	N
Colorado	—	0	3	6	11	4	3	13	42	101	—	0	0	—	—
Idaho§	—	0	1	3	3	2	1	19	54	37	—	0	2	1	—
Montana§	—	0	2	1	3	1	1	6	6	10	—	0	4	—	11
Nevada§	—	0	1	4	3	1	0	6	2	6	—	0	1	—	—
New Mexico§	—	0	1	2	3	—	1	6	27	30	—	0	3	4	14
Utah	—	0	1	1	1	—	2	6	27	123	—	0	2	—	1
Wyoming§	—	0	1	—	4	—	0	3	1	14	—	0	3	10	13
Pacific	6	3	16	68	88	16	26	186	187	338	1	4	12	52	80
Alaska	—	0	2	—	3	—	0	4	11	26	—	0	2	11	14
California	2	2	13	48	54	5	12	162	27	121	1	3	11	37	66
Hawaii	—	0	1	—	3	—	0	3	—	11	—	0	0	—	—
Oregon	—	0	5	12	19	4	5	12	98	81	—	0	2	4	—
Washington	4	0	7	8	9	7	5	24	51	99	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	0	—	1	—	1	3	19	18
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N

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.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 15, 2010, and May 16, 2009 (19th week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	488	973	1,515	8,949	12,392	49	88	173	757	1,126	173	280	500	4,032	5,675
New England	1	25	125	237	1,033	—	2	30	24	113	—	3	28	25	110
Connecticut	—	0	120	120	430	—	0	10	10	67	—	0	14	14	43
Maine§	—	2	7	22	38	—	0	3	3	5	—	0	2	3	2
Massachusetts	—	17	47	—	350	—	1	6	—	24	—	2	27	—	53
New Hampshire	—	3	9	47	149	—	1	3	9	12	—	0	5	3	2
Rhode Island§	—	2	11	33	47	—	0	26	—	—	—	0	7	4	7
Vermont§	1	1	5	15	19	—	0	3	2	5	—	0	1	1	3
Mid. Atlantic	58	91	208	1,206	1,418	1	7	24	95	124	9	41	90	554	1,122
New Jersey	—	18	47	155	293	—	1	5	5	40	—	6	23	78	304
New York (Upstate)	36	24	78	320	317	—	3	17	43	29	1	4	19	59	61
New York City	6	22	46	308	327	—	1	4	9	24	—	7	15	96	177
Pennsylvania	16	29	67	423	481	1	2	8	38	31	8	23	63	321	580
E.N. Central	45	78	167	950	1,581	2	10	30	88	199	12	30	233	668	1,158
Illinois	—	25	52	311	460	—	2	6	9	68	—	9	227	496	274
Indiana	—	10	30	36	144	—	1	10	9	22	—	1	5	7	31
Michigan	2	15	34	205	328	1	2	7	32	31	2	3	10	62	103
Ohio	43	23	52	364	439	1	3	11	32	32	10	9	46	91	581
Wisconsin	—	11	30	34	210	—	2	11	6	46	—	4	23	12	169
W.N. Central	59	45	87	614	890	33	10	40	137	133	57	42	88	965	232
Iowa	3	7	16	88	129	—	2	14	19	32	—	0	5	15	38
Kansas	5	7	20	95	99	—	1	5	10	16	5	4	14	77	74
Minnesota	32	10	31	177	201	7	2	17	31	31	—	1	6	14	23
Missouri	18	13	29	188	152	26	2	10	63	30	49	34	75	849	84
Nebraska§	1	4	12	51	166	—	1	6	13	20	3	0	3	10	10
North Dakota	—	0	21	8	12	—	0	3	—	1	—	0	2	—	1
South Dakota	—	1	10	7	131	—	0	13	1	3	—	0	2	—	2
S. Atlantic	148	286	503	2,568	2,744	3	13	22	143	199	23	40	73	576	840
Delaware	—	3	9	27	19	—	0	2	1	5	—	3	10	30	18
District of Columbia	—	2	6	19	33	—	0	1	2	1	—	0	3	9	11
Florida	100	132	277	1,249	1,173	2	3	7	58	58	13	10	18	222	154
Georgia	16	42	105	383	458	—	1	4	16	18	6	12	23	203	219
Maryland§	16	14	32	214	227	—	1	6	19	26	1	4	17	34	143
North Carolina	—	34	90	230	346	—	1	5	4	45	—	3	26	15	161
South Carolina§	5	16	66	171	205	—	0	3	2	8	—	1	6	25	61
Virginia§	11	20	68	217	233	1	3	13	38	31	3	3	15	37	68
West Virginia	—	4	23	58	50	—	0	5	3	7	—	0	2	1	5
E.S. Central	16	61	153	463	832	3	4	10	43	68	14	12	47	175	339
Alabama§	—	14	40	139	216	—	1	4	11	10	—	2	10	17	70
Kentucky	7	7	18	103	137	2	1	4	4	19	13	3	25	77	72
Mississippi	—	25	87	61	302	—	0	1	6	12	—	1	8	9	22
Tennessee§	9	14	33	160	177	1	1	8	22	27	1	5	16	72	175
W.S. Central	42	110	520	804	1,193	1	5	53	36	73	32	48	165	626	1,094
Arkansas§	—	10	25	54	131	—	0	4	5	8	—	4	15	12	108
Louisiana	—	22	46	160	234	—	0	3	4	11	—	2	7	36	87
Oklahoma	16	10	30	105	154	—	0	12	1	6	10	6	19	111	68
Texas§	26	59	477	485	674	1	3	41	26	48	22	35	144	467	831
Mountain	25	51	133	659	905	1	8	26	84	116	6	15	48	171	368
Arizona	—	18	50	224	318	—	1	4	18	13	1	11	42	90	250
Colorado	18	11	33	193	188	—	2	11	16	58	2	2	6	28	31
Idaho§	1	3	10	40	55	1	1	7	12	8	1	0	1	5	1
Montana§	1	2	7	31	45	—	1	7	15	5	—	0	2	4	11
Nevada§	5	4	13	60	87	—	0	4	7	6	2	1	7	11	28
New Mexico§	—	5	26	70	88	—	1	3	10	13	—	1	9	29	37
Utah	—	5	14	27	102	—	1	11	6	12	—	0	4	4	10
Wyoming§	—	1	9	14	22	—	0	2	—	1	—	0	2	—	—
Pacific	94	122	300	1,448	1,796	5	9	46	107	101	20	21	64	272	412
Alaska	—	1	7	25	19	—	0	0	—	—	—	0	2	—	1
California	71	92	227	1,054	1,363	2	5	35	57	64	13	16	51	226	320
Hawaii	—	4	61	—	83	—	0	2	—	3	—	0	4	—	9
Oregon	1	9	43	205	138	—	1	11	10	9	—	1	5	22	22
Washington	22	14	61	164	193	3	3	19	40	25	7	2	9	24	60
American Samoa	—	1	1	1	—	—	0	0	—	—	—	1	1	1	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	8	39	67	182	—	0	0	—	—	—	0	1	—	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 15, 2010, and May 16, 2009 (19th week)*

	Spotted Fever Rickettsiosis (including RMSF)†									
	Confirmed					Probable				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2010	2009	week	Med	Max	2010	2009
United States	1	2	12	15	26	9	11	317	104	272
New England	—	0	1	—	—	—	0	1	1	4
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	1	1	3
Massachusetts	—	0	1	—	—	—	0	1	—	1
New Hampshire	—	0	0	—	—	—	0	1	—	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	0	2	3	—	1	1	7	11	24
New Jersey	—	0	1	—	—	—	0	4	—	18
New York (Upstate)	—	0	1	—	—	1	0	3	2	1
New York City	—	0	1	—	—	—	0	2	7	2
Pennsylvania	—	0	2	3	—	—	0	2	2	3
E.N. Central	—	0	2	—	3	—	0	7	—	16
Illinois	—	0	1	—	—	—	0	6	—	9
Indiana	—	0	2	—	2	—	0	2	—	1
Michigan	—	0	1	—	1	—	0	1	—	—
Ohio	—	0	0	—	—	—	0	4	—	6
Wisconsin	—	0	1	—	—	—	0	1	—	—
W.N. Central	—	0	3	1	2	5	2	23	19	29
Iowa	—	0	1	—	—	—	0	1	—	1
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	—	0	1	1	—	5	2	22	19	28
Nebraska§	—	0	2	—	2	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	1	1	7	8	16	2	4	31	46	119
Delaware	—	0	1	1	—	—	0	3	4	3
District of Columbia	—	0	0	—	—	—	0	1	—	—
Florida	1	0	1	1	—	—	0	1	2	1
Georgia	—	0	6	5	14	—	0	0	—	—
Maryland§	—	0	1	—	—	—	0	3	3	17
North Carolina	—	0	2	1	1	—	2	23	27	69
South Carolina§	—	0	1	—	1	—	0	1	2	12
Virginia§	—	0	1	—	—	2	0	5	8	17
West Virginia	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	0	2	2	1	1	3	16	21	58
Alabama§	—	0	1	—	—	—	1	7	3	9
Kentucky	—	0	1	1	—	—	0	0	—	—
Mississippi	—	0	0	—	1	—	0	4	1	2
Tennessee§	—	0	2	1	—	1	2	14	17	47
W.S. Central	—	0	3	1	—	—	1	309	6	15
Arkansas§	—	0	0	—	—	—	0	48	—	2
Louisiana	—	0	0	—	—	—	0	1	—	1
Oklahoma	—	0	3	—	—	—	0	250	2	2
Texas§	—	0	1	1	—	—	0	11	4	10
Mountain	—	0	2	—	3	—	0	3	—	7
Arizona	—	0	2	—	1	—	0	2	—	2
Colorado	—	0	1	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	1	—	—
Montana§	—	0	1	—	2	—	0	2	—	3
Nevada§	—	0	0	—	—	—	0	1	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	1
Utah	—	0	0	—	—	—	0	0	—	1
Wyoming§	—	0	1	—	—	—	0	1	—	—
Pacific	—	0	1	—	1	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	1	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2009 and 2010 are provisional.
† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 15, 2010, and May 16, 2009 (19th week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease — All ages: Current week	All ages: Previous 52 weeks Med	All ages: Previous 52 weeks Max	All ages: Cum 2010	All ages: Cum 2009	Age <5: Current week	Age <5: Previous 52 weeks Med	Age <5: Previous 52 weeks Max	Age <5: Cum 2010	Age <5: Cum 2009	Syphilis, primary and secondary: Current week	Syphilis: Previous 52 weeks Med	Syphilis: Previous 52 weeks Max	Syphilis: Cum 2010	Syphilis: Cum 2009
United States	195	60	424	6,226	1,558	24	48	158	1,001	1,126	63	238	414	3,535	5,089
New England	3	2	97	321	27	—	1	23	25	34	5	6	22	149	125
Connecticut	—	0	94	139	—	—	0	22	14	—	—	1	10	27	26
Maine§	3	1	6	51	7	—	0	2	5	—	1	0	3	14	1
Massachusetts	—	0	1	—	1	—	0	5	—	26	3	4	12	90	85
New Hampshire	—	0	7	54	—	—	0	2	3	5	—	0	1	5	9
Rhode Island§	—	0	7	40	11	—	0	1	2	1	1	0	5	11	4
Vermont§	—	0	6	37	8	—	0	1	1	2	—	0	2	2	—
Mid. Atlantic	19	5	44	438	89	6	6	52	125	134	26	33	47	613	692
New Jersey	—	0	5	40	—	—	1	4	23	24	3	4	12	83	95
New York (Upstate)	7	2	12	84	37	5	2	19	60	65	5	2	11	35	39
New York City	4	0	15	92	3	—	1	28	17	38	16	18	39	368	428
Pennsylvania	8	2	21	222	49	1	0	5	25	7	2	7	14	127	130
E.N. Central	9	13	75	873	349	2	8	18	157	184	1	26	43	230	510
Illinois	—	0	7	43	—	—	1	5	37	29	—	13	20	7	249
Indiana	—	5	20	227	142	—	1	6	26	36	—	3	9	36	63
Michigan	2	1	26	306	16	—	1	6	39	32	—	3	13	73	88
Ohio	7	8	19	206	191	2	2	6	46	68	1	7	13	114	87
Wisconsin	—	0	20	91	—	—	0	2	9	19	—	0	2	—	23
W.N. Central	54	4	182	449	99	8	3	12	84	88	—	5	12	71	117
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	2	10
Kansas	1	1	7	53	40	—	0	2	10	13	—	0	3	4	7
Minnesota	46	0	179	257	18	6	1	10	41	29	—	1	4	13	32
Missouri	5	1	8	58	33	2	0	3	24	31	—	3	8	49	61
Nebraska§	2	0	7	61	—	—	0	2	8	3	—	0	2	3	5
North Dakota	—	0	10	16	6	—	0	1	—	4	—	0	1	—	2
South Dakota	—	0	2	4	2	—	0	2	1	8	—	0	0	—	—
S. Atlantic	47	28	142	1,671	695	2	12	27	273	283	16	59	218	921	1,166
Delaware	2	0	3	17	10	—	0	2	—	—	—	0	3	3	14
District of Columbia	—	0	3	15	—	—	0	1	4	—	—	3	8	41	68
Florida	29	16	89	806	420	1	4	18	102	106	1	18	31	319	427
Georgia	5	8	28	259	201	—	4	12	75	69	6	13	167	135	208
Maryland§	8	0	25	229	4	1	1	7	30	44	1	6	12	95	103
North Carolina	—	0	0	—	—	—	0	0	—	—	4	9	31	171	185
South Carolina§	3	0	25	265	—	—	1	4	28	26	—	2	6	48	44
Virginia§	—	0	4	26	—	—	1	4	24	27	4	5	22	109	113
West Virginia	—	1	21	54	60	—	0	4	10	11	—	0	2	—	4
E.S. Central	11	5	50	583	168	1	3	9	55	74	—	19	40	262	444
Alabama§	—	0	0	—	—	—	0	0	—	—	—	6	18	88	181
Kentucky	—	1	15	70	46	—	0	2	5	7	—	1	13	29	22
Mississippi	—	1	6	28	27	—	0	4	5	15	—	3	17	36	74
Tennessee§	11	2	44	485	95	1	2	7	45	52	—	7	15	109	167
W.S. Central	23	4	88	842	61	1	6	39	136	152	8	45	75	561	1,028
Arkansas§	—	1	8	63	30	—	0	4	9	19	8	6	16	91	58
Louisiana	—	1	8	38	31	—	0	3	12	15	—	8	27	64	328
Oklahoma	—	0	5	29	—	—	1	5	29	26	—	1	6	19	36
Texas§	23	0	81	712	—	1	4	34	86	92	—	29	46	387	606
Mountain	26	3	82	922	68	4	5	12	129	161	3	9	18	101	199
Arizona	10	0	51	446	—	1	2	7	57	72	—	3	10	20	97
Colorado	14	0	20	270	—	2	1	4	36	25	—	2	5	41	36
Idaho§	1	0	1	6	—	1	0	2	3	4	—	0	1	2	2
Montana§	—	0	1	8	—	—	0	0	—	—	—	0	1	—	—
Nevada§	—	1	4	34	27	—	0	1	4	6	3	1	10	30	37
New Mexico§	1	0	8	79	—	—	0	4	12	19	—	1	4	7	19
Utah	—	1	9	71	34	—	1	4	15	34	—	0	2	1	8
Wyoming§	—	0	2	8	7	—	0	1	2	1	—	0	1	—	—
Pacific	3	0	14	127	2	—	0	7	17	16	4	40	59	627	808
Alaska	—	0	9	54	—	—	0	5	14	9	—	0	0	—	—
California	3	0	12	73	—	—	0	2	3	—	3	35	54	545	717
Hawaii	—	0	1	—	2	—	0	1	—	7	—	0	3	11	16
Oregon	—	0	0	—	—	—	0	0	—	—	—	1	5	6	16
Washington	—	0	0	—	—	—	0	0	—	—	1	3	7	65	59
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	—	—	6	3	17	73	66
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† 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 May 15, 2010, and May 16, 2009 (19th week)*

Reporting area	Varicella (chickenpox)§					West Nile virus disease† Neuroinvasive					West Nile virus disease† Nonneuroinvasive¶				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	181	311	747	5,854	10,846	—	1	46	2	3	—	0	49	—	2
New England	5	17	39	260	449	—	0	0	—	—	—	0	0	—	—
Connecticut	—	7	23	95	204	—	0	0	—	—	—	0	0	—	—
Maine§	4	4	15	96	70	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	0	—	2	—	0	0	—	—	—	0	0	—	—
New Hampshire	1	3	10	49	89	—	0	0	—	—	—	0	0	—	—
Rhode Island§	—	0	3	8	4	—	0	0	—	—	—	0	0	—	—
Vermont§	—	1	10	12	80	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	14	23	56	411	807	—	0	2	—	—	—	0	1	—	—
New Jersey	N	7	7	N	N	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Pennsylvania	14	23	56	411	807	—	0	0	—	—	—	0	0	—	—
E.N. Central	70	108	206	2,248	3,519	—	0	4	—	—	—	0	3	—	—
Illinois	10	27	56	597	896	—	0	3	—	—	—	0	0	—	—
Indiana§	4	5	35	215	247	—	0	1	—	—	—	0	1	—	—
Michigan	23	35	84	735	983	—	0	1	—	—	—	0	0	—	—
Ohio	33	28	69	632	1,133	—	0	0	—	—	—	0	2	—	—
Wisconsin	—	7	57	69	260	—	0	1	—	—	—	0	0	—	—
W.N. Central	6	12	40	235	787	—	0	5	—	—	—	0	11	—	—
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Kansas§	3	5	18	82	350	—	0	1	—	—	—	0	2	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	3	6	24	128	360	—	0	2	—	—	—	0	1	—	—
Nebraska§	N	0	0	N	N	—	0	2	—	—	—	0	6	—	—
North Dakota	—	0	26	23	38	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	7	2	39	—	0	3	—	—	—	0	2	—	—
S. Atlantic	54	33	123	892	1,393	—	0	4	—	—	—	0	2	—	—
Delaware§	—	0	3	10	2	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	4	6	20	—	0	1	—	—	—	0	0	—	—
Florida§	30	15	54	476	699	—	0	1	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Maryland§	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina§	2	0	34	65	154	—	0	2	—	—	—	0	0	—	—
Virginia§	14	9	65	147	309	—	0	2	—	—	—	0	0	—	—
West Virginia	8	8	26	188	209	—	0	0	—	—	—	0	0	—	—
E.S. Central	5	6	30	113	318	—	0	6	2	—	—	0	4	—	—
Alabama§	5	6	27	112	312	—	0	0	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	3	1	6	—	0	5	2	—	—	0	4	—	—
Tennessee§	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
W.S. Central	24	75	285	1,198	2,391	—	0	19	—	2	—	0	6	—	—
Arkansas§	—	5	50	69	251	—	0	1	—	1	—	0	0	—	—
Louisiana	—	2	8	20	54	—	0	2	—	—	—	0	4	—	—
Oklahoma	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Texas§	24	65	272	1,109	2,086	—	0	16	—	1	—	0	4	—	—
Mountain	3	26	69	482	1,121	—	0	12	—	—	—	0	17	—	2
Arizona	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Colorado§	—	11	41	193	585	—	0	7	—	—	—	0	14	—	—
Idaho§	N	0	0	N	N	—	0	3	—	—	—	0	5	—	—
Montana§	1	2	19	87	120	—	0	1	—	—	—	0	1	—	—
Nevada§	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New Mexico§	2	1	7	45	78	—	0	2	—	—	—	0	1	—	—
Utah	—	6	22	148	338	—	0	1	—	—	—	0	0	—	1
Wyoming§	—	0	3	9	—	—	0	1	—	—	—	0	2	—	1
Pacific	—	1	5	15	61	—	0	12	—	1	—	0	12	—	—
Alaska	—	0	4	15	34	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	—	1	—	0	6	—	—
Hawaii	—	0	1	—	27	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	6	—	—	—	0	3	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	4	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	6	30	101	238	—	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.
* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).
¶ 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/ncphi/disss/nndss/phs/infdis.htm.

TABLE III. Deaths in 122 U.S. cities,* week ending May 15, 2010 (19th week)

	All causes, by age (years)						
Reporting area	All Ages	≥65	45–64	25–44	1–24	<1	P&I† Total
New England	515	364	101	37	4	9	59
Boston, MA	110	74	24	7	2	3	14
Bridgeport, CT	24	17	4	3	—	—	3
Cambridge, MA	10	9	1	—	—	—	2
Fall River, MA	19	16	3	—	—	—	5
Hartford, CT	54	32	12	7	—	3	10
Lowell, MA	18	16	1	1	—	—	2
Lynn, MA	20	16	4	—	—	—	1
New Bedford, MA	27	21	4	2	—	—	3
New Haven, CT	27	20	5	1	—	1	—
Providence, RI	65	48	10	6	1	—	3
Somerville, MA	1	1	—	—	—	—	—
Springfield, MA	52	31	15	5	—	1	5
Waterbury, CT	27	19	5	2	1	—	2
Worcester, MA	61	44	13	3	—	1	9
Mid. Atlantic	1,836	1,247	421	107	37	23	87
Albany, NY	39	33	4	—	1	1	4
Allentown, PA	30	20	8	2	—	—	1
Buffalo, NY	73	46	21	2	3	1	3
Camden, NJ	17	12	4	—	1	—	—
Elizabeth, NJ	11	7	3	1	—	—	1
Erie, PA	41	29	8	—	3	1	2
Jersey City, NJ	19	13	4	2	—	—	2
New York City, NY	986	690	220	53	11	11	39
Newark, NJ	26	12	10	2	2	—	—
Paterson, NJ	26	13	6	5	2	—	1
Philadelphia, PA	247	135	76	21	11	4	10
Pittsburgh, PA§	26	12	9	4	1	—	2
Reading, PA	28	23	3	2	—	—	3
Rochester, NY	84	62	16	2	1	3	8
Schenectady, NY	21	16	4	1	—	—	1
Scranton, PA	22	14	5	3	—	—	—
Syracuse, NY	82	64	11	5	1	1	7
Trenton, NJ	28	18	7	2	—	1	—
Utica, NY	11	10	1	—	—	—	2
Yonkers, NY	19	18	1	—	—	—	1
E.N. Central	1,886	1,279	432	100	45	30	134
Akron, OH	53	34	13	1	2	3	4
Canton, OH	37	30	7	—	—	—	3
Chicago, IL	282	176	71	28	6	1	9
Cincinnati, OH	77	46	21	3	3	4	9
Cleveland, OH	256	184	55	13	2	2	15
Columbus, OH	194	140	36	8	6	4	18
Dayton, OH	126	89	29	3	4	1	12
Detroit, MI	U	U	U	U	U	U	U
Evansville, IN	51	38	10	3	—	—	3
Fort Wayne, IN	77	47	19	7	3	1	6
Gary, IN	21	6	11	3	—	1	2
Grand Rapids, MI	63	49	8	2	2	2	4
Indianapolis, IN	239	139	66	16	15	3	20
Lansing, MI	37	29	7	1	—	—	3
Milwaukee, WI	77	51	18	3	1	4	9
Peoria, IL	47	34	11	1	—	1	5
Rockford, IL	57	42	11	4	—	—	4
South Bend, IN	55	39	15	1	—	—	6
Toledo, OH	89	67	16	3	1	2	—
Youngstown, OH	48	39	8	—	—	1	2
W.N. Central	409	261	97	26	16	9	17
Des Moines, IA	—	—	—	—	—	—	—
Duluth, MN	34	29	5	—	—	—	4
Kansas City, KS	16	7	6	2	1	—	2
Kansas City, MO	84	53	17	9	4	1	3
Lincoln, NE	38	26	10	1	1	—	—
Minneapolis, MN	53	25	20	3	3	2	1
Omaha, NE	80	57	14	4	3	2	4
St. Louis, MO	7	2	4	—	1	—	1
St. Paul, MN	45	30	9	5	1	—	1
Wichita, KS	52	32	12	2	2	4	1
S. Atlantic	1,262	830	294	81	33	24	106
Atlanta, GA	165	110	37	12	5	1	11
Baltimore, MD	146	80	46	13	4	3	21
Charlotte, NC	116	71	25	15	4	1	10
Jacksonville, FL	191	140	36	9	5	1	13
Miami, FL	94	71	18	4	1	—	5
Norfolk, VA	58	31	18	3	2	4	1
Richmond, VA	57	37	13	4	1	2	1
Savannah, GA	70	52	14	4	—	—	5
St. Petersburg, FL	60	40	12	3	3	2	7
Tampa, FL	214	146	52	11	2	3	19
Washington, D.C.	82	45	22	3	5	7	10
Wilmington, DE	9	7	1	—	1	—	3
E.S. Central	773	479	216	55	15	8	53
Birmingham, AL	151	98	43	4	4	2	12
Chattanooga, TN	58	38	16	3	1	—	5
Knoxville, TN	99	69	25	5	—	—	10
Lexington, KY	59	32	23	2	1	1	1
Memphis, TN	155	92	40	18	3	2	12
Mobile, AL	73	42	19	10	2	—	2
Montgomery, AL	49	29	14	5	—	1	5
Nashville, TN	129	79	36	8	4	2	6
W.S. Central	1,177	754	291	72	31	29	68
Austin, TX	90	62	18	8	1	1	8
Baton Rouge, LA	63	48	9	5	1	—	—
Corpus Christi, TX	59	38	12	5	3	1	5
Dallas, TX	173	97	50	10	7	9	9
El Paso, TX	120	89	20	5	2	4	4
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	172	105	45	12	4	6	14
Little Rock, AR	70	39	24	3	1	3	3
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	234	142	66	18	5	3	13
Shreveport, LA	73	49	20	1	3	—	3
Tulsa, OK	123	85	27	5	4	2	9
Mountain	1,041	696	230	77	19	18	70
Albuquerque, NM	108	69	27	8	3	1	8
Boise, ID	44	38	4	2	—	—	4
Colorado Springs, CO	77	56	13	5	2	1	1
Denver, CO	82	49	23	6	2	2	8
Las Vegas, NV	254	170	60	18	4	2	19
Ogden, UT	30	22	5	2	—	1	1
Phoenix, AZ	154	85	44	17	2	5	14
Pueblo, CO	39	27	8	4	—	—	1
Salt Lake City, UT	140	98	22	12	4	4	10
Tucson, AZ	113	82	24	3	2	2	4
Pacific	1,644	1,134	354	94	34	27	152
Berkeley, CA	3	3	—	—	—	—	1
Fresno, CA	140	95	32	9	—	4	17
Glendale, CA	35	32	2	1	—	—	5
Honolulu, HI	70	51	14	4	1	—	8
Long Beach, CA	59	35	16	4	3	1	6
Los Angeles, CA	238	143	57	20	12	6	29
Pasadena, CA	14	12	2	—	—	—	2
Portland, OR	134	94	29	8	3	—	9
Sacramento, CA	205	155	39	8	2	1	25
San Diego, CA	151	107	29	9	2	4	6
San Francisco, CA	117	73	27	10	3	3	14
San Jose, CA	153	114	30	4	1	4	12
Santa Cruz, CA	24	22	2	—	—	—	2
Seattle, WA	129	67	43	12	5	2	7
Spokane, WA	67	59	5	2	—	1	4
Tacoma, WA	105	72	27	3	2	1	5
Total¶	**10,543**	**7,044**	**2,436**	**649**	**234**	**177**	**746**

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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