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Great American Smokeout — November 17, 2011

The Great American Smokeout, sponsored by the American Cancer Society, is an annual event that encourages smokers to quit for at least 1 day in the hope they will be encouraged to stop permanently (*1*). The 36th annual event will be held on November 17, 2011.

Approximately two out of three smokers want to quit, and 52.4% of current adult smokers tried to quit within the past year (*2*). Health-care providers should routinely identify smokers and other tobacco users, advise them to quit, and assist those trying to quit (*3*). Getting help (e.g., through counseling or medication) can double or triple the chances for quitting (*3*).

Since 2002, the number of former smokers in the United States has exceeded the number of current smokers (*3*). But 19.3% of U.S. adults (about 45.3 million) still smoke. Additional information and free support for quitting is available online (http://www.smokefree.gov) or by telephone (800-QUIT-NOW [800-784-8669]; TTY: 800-332-8615).

Earlier this year, the U.S. Department of Health and Human Services launched the Million Hearts initiative, aimed at preventing 1 million heart attacks and strokes over the next 5 years. An estimated 26% of heart attacks and 12%–19% of strokes are attributable to smoking. Additional information is available at http://millionhearts.hhs.gov.

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Quitting Smoking Among Adults — United States, 2001–2010

Quitting smoking is beneficial to health at any age, and cigarette smokers who quit before age 35 years have mortality rates similar to those who never smoked (*1,2*). From 1965 to 2010, the prevalence of cigarette smoking among adults in the United States decreased from 42.4% to 19.3%, in part because of an increase in the number who quit smoking (*3*). Since 2002, the number of former U.S. smokers has exceeded the number of current smokers (*4*). Mass media campaigns, increases in the prices of tobacco products, and smoke-free policies have been shown to increase smoking cessation (*5,6*). In addition, brief cessation advice by health-care providers; individual, group, and telephone counseling; and cessation medications are effective cessation treatments (*5*). To determine the prevalence of 1) current interest in quitting smoking, 2) successful recent smoking cessation, 3) recent use of cessation treatments, and 4) trends in quit attempts over a 10-year period, CDC analyzed data from the 2001–2010 National Health Interview Surveys (NHIS). This report summarizes the results of that analysis, which found that, in 2010, 68.8% of adult smokers wanted to stop smoking, 52.4% had made a quit attempt in the past year, 6.2% had recently quit, 48.3% had been advised by a health professional to quit, and 31.7% had used counseling and/or medications when they tried to quit. The prevalence of quit attempts increased during 2001–2010 among smokers aged 25–64 years, but not among other age groups. Health-care

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providers should identify smokers and offer them brief cessation advice at each visit; counseling and medication should be offered to patients willing to make a quit attempt.

The 2010 NHIS, which used household-based sampling, interviewed 27,157 persons aged ≥18 years from the noninstitutionalized, U.S. civilian population; 190 persons were excluded from the analysis for this report because of unknown smoking status. The overall response rate for the 2010 NHIS adult core questionnaire, which included questions on cigarette smoking and cessation, was 60.8%; response rates for the 2001–2009 NHIS survey years have been reported previously.* To determine smoking status, respondents were asked, "Have you smoked at least 100 cigarettes in your entire life?" Those who answered "yes" were asked, "Do you now smoke cigarettes every day, some days, or not at all?" Current smokers were those who had smoked at least 100 cigarettes during their lifetime and, at the time of the interview, reported smoking every day or some days. Former smokers were those who reported smoking at least 100 cigarettes during their lifetime but currently did not smoke. Definitions for attempts to quit smoking and recent smoking cessation were consistent with *Healthy People 2020* objectives.† Those attempting to quit included 1) current smokers who reported stopping smoking for >1 day during the 12 months before the interview because they were trying to quit smoking and 2) former smokers who had quit in the past year. Persons with recent smoking cessation included former smokers who quit in the past year and who had not smoked for ≥6 months before the interview; the denominator used for prevalences was current smokers who smoked for at least 2 years and former smokers who quit in the past year.

In 2010, NHIS respondents also were administered a supplemental questionnaire that focused on cancer and its risk factors and contained questions on interest in quitting smoking, receipt of a health professional's advice to quit, and use of cessation counseling and medication. Interest among current smokers in quitting smoking was determined by a "yes" response to the question, "Would you like to completely stop smoking cigarettes?" Current smokers and those who had quit in the past year were asked whether they had received medical advice to quit smoking (or quit using other tobacco products) if they had seen a health professional in the past year. Separate questions were asked to assess use of cessation counseling (i.e., one-on-one counseling; a stop smoking clinic, class, or support group; or a telephone help line or quitline) and cessation medications (i.e., nicotine patch, nicotine gum or lozenge, nicotine-containing nasal spray or inhaler, varenicline [U.S. trade name Chantix] or bupropion [including trade names Zyban and Wellbutrin]). Responses to these questions were used to assess treatments used in the past 12 months by current

* Additional information available at http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm.

† Available at http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=41.

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smokers who had tried to quit in the past year and treatments used when they stopped smoking by former smokers who had quit in the past 2 years. All data were adjusted for nonresponse and weighted to provide national estimates; 95% confidence intervals were calculated using statistical analysis software to account for the survey's multistage probability sample design. Logistic regression was used to analyze temporal changes in quit attempts by age group during 2001–2010. These 10-year linear trend analyses were constructed using 2001 prevalences as the baseline, adjusted for sex and race/ethnicity. The Wald test was used to determine statistical significance (defined as $p<0.05$). Data also were tested for quadratic trends, which indicated a statistically significant but nonlinear trend in the data over time.

Overall, 68.8% of current smokers indicated they wanted to stop smoking completely (Table 1). Interest in quitting smoking was lower among those aged ≥65 years (53.8%) than among those aged <65 years (70.2%). By race/ethnicity, interest in quitting was highest among non-Hispanic black smokers (75.6%), followed by non-Hispanic whites (69.1%), persons of other race/ethnicities (62.5%), and Hispanics (61.0%). A lower proportion of those with education ending at high school graduation reported an interest in quitting (65.9%) than those with some college (73.4%). In addition, those with Medicare

TABLE 1. Prevalence of interest in quitting,* past year quit attempt,† and recent smoking cessation§ among adult smokers aged ≥18 years, by selected characteristics — National Health Interview Survey, United States, 2010

	Interested in quitting		Past year quit attempt		Recent smoking cessation¶	
Characteristic	**%**	**(95% CI)**	**%**	**(95% CI)**	**%**	**(95% CI)**
Overall	**68.8**	**(67.2–70.5)**	**52.4**	**(50.7–54.0)**	**6.2**	**(5.4–7.0)**
Sex						
Men	67.3	(65.0–69.6)	51.1	(48.8–53.4)	6.2	(5.1–7.2)
Women	70.7	(68.5–72.8)	53.8	(51.6–56.0)	6.3	(5.1–7.4)
Age group (yrs)						
18–24	66.7	(61.8–71.7)	62.4	(58.0–66.8)	8.2	(5.9–10.5)
25–44	72.5	(70.3–74.8)	56.9	(54.7–59.1)	7.1	(5.8–8.5)
45–64	69.0	(66.6–71.5)	45.5	(43.0–47.9)	4.7	(3.7–5.8)
≥65	53.8	(48.4–59.2)	43.5	(38.2–48.8)	5.3	(3.4–7.3)
Race/Ethnicity**						
White, non-Hispanic	69.1	(67.1–71.1)	50.7	(48.6–52.7)	6.0	(5.0–7.0)
Black, non-Hispanic	75.6	(72.0–79.2)	59.1	(54.8–63.3)	3.3	(2.0–4.6)
Hispanic	61.0	(56.5–65.5)	56.5	(52.3–60.6)	9.5	(6.6–12.5)
Other races, non-Hispanic††	62.5	(55.9–69.0)	53.8	(47.0–60.5)	10.2	(6.0–14.5)
Education§§						
≤12 yrs (no diploma)	69.3	(66.0–72.7)	46.2	(42.6–49.9)	3.2	(1.9–4.5)
GED certificate	73.9	(67.9–79.9)	51.4	(45.1–57.7)	4.4	(2.0–6.8)
High school diploma	65.9	(62.6–69.2)	46.9	(43.6–50.3)	4.6	(3.2–6.0)
Some college (no degree)	73.4	(70.1–76.7)	55.9	(52.3–59.5)	6.0	(4.1–7.9)
Associate degree	67.8	(62.9–72.7)	51.8	(46.7–56.9)	8.1	(5.7–10.4)
Undergraduate degree	68.4	(63.2–73.6)	56.0	(51.1–60.8)	11.4	(7.9–14.8)
Graduate degree	70.1	(62.6–77.6)	52.8	(44.4–61.1)	8.9	(4.2–13.6)
Poverty status¶¶						
At or above poverty level	69.2	(67.4–71.0)	51.7	(49.9–53.6)	6.5	(5.5–7.4)
Below poverty level	67.5	(64.2–70.8)	55.0	(51.6–58.4)	5.1	(3.7–6.5)
Health plan						
Private	70.4	(68.2–72.7)	53.1	(50.8–55.3)	7.8	(6.6–9.1)
Medicaid	71.2	(67.0–75.3)	57.0	(52.8–61.3)	4.6	(2.7–6.5)
Medicare	60.7	(54.7–66.8)	47.0	(40.2–53.8)	5.5	(2.9–8.1)
Military	55.3	(47.0–63.5)	54.6	(46.4–62.9)	9.3	(4.9–13.8)
Other public plan	69.5	(58.0–81.0)	49.8	(39.9–59.8)	4.9	(2.5–7.3)
Uninsured	68.8	(65.7–71.8)	50.2	(47.3–53.1)	3.6	(2.6–4.6)

Abbreviations: CI = confidence interval; GED = General Education Development.

* Current smokers who reported that they wanted to stop smoking completely. Excludes 190 respondents whose smoking status was unknown.

† Current smokers who reported that they stopped smoking for >1 day in the past 12 months because they were trying to quit smoking and former smokers who quit in the past year. Excludes 190 respondents whose smoking status was unknown.

§ Former smokers who quit smoking in the past year for ≥6 months. Excludes 190 respondents whose smoking status was unknown.

¶ Among current smokers who smoked for at least 2 years and former smokers who quit in the past year.

** Excludes 36 respondents of unknown race.

†† Does not include Native Hawaiians or Other Pacific Islanders.

§§ Among persons aged ≥25 years. Excludes 119 persons whose education level was unknown.

¶¶ Family income was reported by the family respondent who might or might not be the same as the sample adult respondent from whom smoking information was collected. Estimates for 2010 were based on reported family income and 2009 poverty thresholds published by the U.S. Census Bureau.

(60.7%) or a military health plan (55.3%) were less likely to say they were interested in quitting than those with private insurance (70.4%) or Medicaid (71.2%).

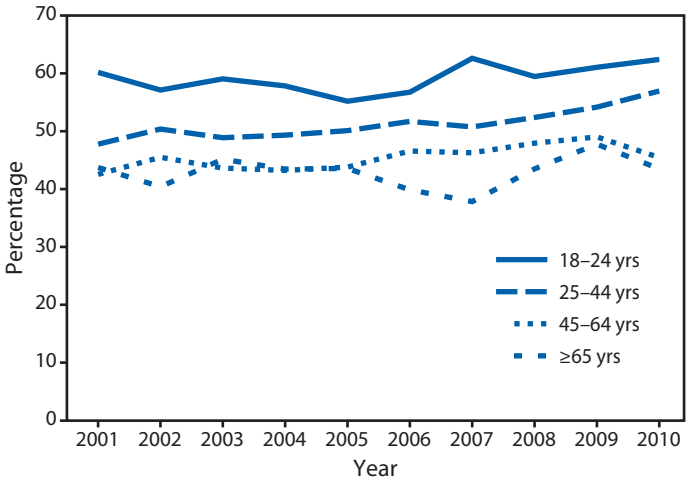
Among current and former smokers, 52.4% had made a quit attempt for >1 day in the year before the interview (Table 1). Quit attempts decreased with increasing age; 62.4% of those aged 18–24 years reported a quit attempt, compared with 43.5% of those aged ≥65 years. Among smokers aged 45–64 years, a significant linear increase in quit attempts was observed from 2001 to 2010 ($p<0.05$ for linear trend) (Figure). During that period, the prevalence of quit attempts remained stable among smokers aged 18–24 years and ≥65 years. A quadratic relationship was observed for quit attempts among those aged 25–44 years, with the peak prevalence of attempts observed in 2010 (56.9%) ($p<0.05$ for quadratic trend). Quit attempts were more prevalent among non-Hispanic blacks (59.1%) than non-Hispanic whites (50.7%) (Table 1). Persons with ≤12 years of education (no high school diploma) (46.2%) or those with a high school diploma (46.9%) were less likely to make a quit attempt than those with some college (55.9%) or an undergraduate degree (56.0%).

The overall prevalence of recent cessation was 6.2% (Table 1). Cessation was more likely among non-Hispanic whites (6.0%) than among non-Hispanic blacks (3.3%). Cessation increased with level of education; 3.2% of those with ≤12 years of education quit smoking, compared with 11.4% of those with an undergraduate degree and 8.1% of those with an associate degree. Those with private health plans (7.8%) were more likely to have quit smoking than those with Medicaid (4.6%) or no health plan (3.6%).

Less than half of smokers (48.3%) who saw a health professional in the past year reported receiving advice to quit (Table 2). Among those who had visited a health-care provider, women (51.7%) and persons aged ≥65 years (57.1%) were more likely to have received cessation advice. Hispanic smokers were less likely (34.7%) to have received advice to quit than other racial/ethnic populations. Those without a health plan (35.3%) were least likely to have received cessation advice, whereas Medicare enrollees (59.0.%) were the most likely to receive advice.

Overall, among current smokers who tried to quit in the past year and former smokers who successfully quit in the past 2 years, use of counseling and/or cessation medications was 31.7% (Table 2); 4.3% had used both. Among those who had used counseling and/or cessation medications, 30.0% had used medications (nicotine patch: 14.6%, varenicline: 11.2%, nicotine gum or lozenge: 8.9%, bupropion: 3.2%, and nicotine spray/inhaler: 1.0%), and 5.9% had used counseling (telephone quitline: 3.1%, one-on-one counseling: 2.6%, and stop smoking clinic, class, or support group: 2.4%). Use of counseling and/or medication was higher among women (35.1%) than men (28.8%) and tended to increase with age (18–24 years: 15.8%, 25–44 years: 29.4%, 45–64 years: 42.3%, and ≥65 years: 35.9%). Non-Hispanic whites (36.1%) were more likely to use counseling and/or medications than non-Hispanic blacks (21.6%) or Hispanics (15.9%). Persons without a health plan (21.5%) were less likely to use counseling and/or medications than those with a health plan (35.6%).

FIGURE. Percentage of cigarette smokers aged ≥18 years who made a quit attempt* in the past year, by age group — National Health Interview Survey, United States, 2001–2010



* Current smokers who reported that they stopped smoking for >1 day in the past 12 months because they were trying to quit smoking and former smokers who quit in the past year. Excludes 190 respondents whose smoking status was unknown.

Reported by

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Editorial Note

The findings in this report indicate that, in 2010, 68.8% of current cigarette smokers said they would like to completely stop smoking, and 52.4% had tried to quit smoking in the past year. However, 68.3% of the smokers who tried to quit did so without using evidence-based cessation counseling or medications, and only 48.3% of those who had visited a health-care provider in the past year reported receiving advice to quit smoking. Little overall change has been observed in these measures in the past decade (*7,8*). However, the prevalence of quit attempts did increase from 2001 to 2010 among those aged 25–64 years. The prevalence of receiving advice

TABLE 2. Prevalence of receiving a health professional's advice to quit smoking* and use of counseling† and medications§ for cessation among adult smokers aged ≥18 years, by selected characteristics — National Health Interview Survey, United States, 2010

Characteristic	Received health professional's advice to quit		Used counseling		Used medication		Used counseling and/or medication	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Overall	**48.3**	**(46.5–50.0)**	**5.9**	**(4.8– 7.1)**	**30.0**	**(28.2–31.9)**	**31.7**	**(29.9–33.6)**
Sex								
Men	44.8	(42.2–47.3)	5.3	(3.9– 6.8)	27.3	(24.5–30.0)	28.8	(26.1–31.6)
Women	51.7	(49.4–54.1)	6.7	(5.0– 8.4)	33.2	(30.4–36.1)	35.1	(32.0–38.1)
Age group (yrs)								
18–24	31.1	(26.3–35.8)	—¶	—	12.7	(8.9–16.5)	15.8	(11.8–19.8)
25–44	44.0	(41.1–46.8)	4.8	(3.3– 6.3)	28.3	(25.7–30.8)	29.4	(26.9–32.0)
45–64	56.7	(54.1–59.3)	8.9	(6.7–11.1)	40.4	(37.4–43.4)	42.3	(39.3–45.4)
≥65	57.1	(52.2–62.0)	—	—	35.5	(28.8–42.1)	35.9	(29.2–42.6)
Race/Ethnicity**								
White, non-Hispanic	50.2	(48.0–52.3)	6.4	(5.0– 7.7)	34.7	(32.3–37.0)	36.1	(33.8–38.5)
Black, non-Hispanic	46.3	(41.9–50.6)	5.5	(3.2– 7.8)	19.2	(15.3–23.2)	21.6	(17.2–25.9)
Hispanic	34.7	(30.2–39.1)	4.2	(2.2– 6.1)	13.9	(10.2–17.6)	15.9	(12.0–19.8)
Other races, non-Hispanic††	47.8	(40.1–55.5)	—	—	23.7	(16.1–31.4)	26.2	(18.3–34.1)
Education§§								
≤12 yrs (no diploma)	54.4	(50.2–58.6)	5.3	(2.9– 7.7)	28.8	(23.9–33.6)	30.4	(25.4–35.4)
GED certificate	52.1	(44.7–59.6)	—	—	40.5	(31.4–49.5)	40.5	(31.4–49.5)
High school diploma	50.2	(46.5–54.0)	4.1	(2.3– 5.8)	30.6	(26.7–34.5)	31.5	(27.5–35.5)
Some college (no degree)	52.4	(48.7–56.2)	6.3	(4.0– 8.6)	35.8	(31.8–39.9)	37.0	(32.9–41.1)
Associate degree	51.0	(45.7–56.2)	6.1	(3.1– 9.1)	39.6	(33.3–45.8)	40.6	(34.4–46.9)
Undergraduate degree	46.8	(41.2–52.3)	8.2	(3.6–12.9)	33.0	(26.9–39.2)	36.1	(29.7–42.5)
Graduate degree	45.5	(36.9–54.1)	14.1	(8.4–19.8)	34.8	(25.4–44.1)	37.7	(28.4–46.9)
Poverty status¶¶								
At or above poverty level	48.9	(46.9–50.9)	5.9	(4.6– 7.1)	31.1	(29.0–33.2)	32.7	(30.6–34.8)
Below poverty level	45.3	(41.2–49.4)	6.3	(3.9– 8.7)	25.7	(21.6–29.8)	27.7	(23.5–31.9)
Health plan								
Private	50.7	(48.2–53.1)	6.6	(5.0– 8.3)	35.4	(32.6–38.2)	37.1	(34.4–39.9)
Medicaid	54.3	(50.0–58.6)	6.3	(3.8– 8.9)	28.0	(22.9–33.0)	29.9	(24.8–35.0)
Medicare	59.0	(51.6–66.4)	—	—	30.0	(20.6–39.4)	31.8	(22.3–41.2)
Military	57.4	(48.9–65.9)	11.8	(5.5–18.1)	38.9	(29.1–48.8)	38.9	(29.1–48.8)
Other public plan	47.5	(36.0–59.0)	—	—	32.0	(18.3–45.6)	33.5	(19.7–47.4)
Uninsured	35.3	(31.6–39.1)	4.0	(2.2–5.8)	19.9	(16.6–23.2)	21.5	(18.2–24.8)

Abbreviations: CI = confidence interval; GED = General Education Development.

* Received advice from a medical doctor, dentist, or other health professional to quit smoking or quit using other kinds of tobacco among current smokers and those who quit in the last year who saw a doctor or other health professional in the past year. Excludes 190 respondents whose smoking status was unknown.

† Used one-on-one counseling; a stop smoking clinic, class, or support group; and/or a telephone help line or quitline in the past year among current smokers who tried to quit in the past year or used when stopped smoking among former smokers who quit in the past 2 years.

§ Used nicotine patch, nicotine gum or lozenge, nicotine-containing nasal spray or inhaler, varenicline (U.S. trade name Chantix), and/or bupropion (including trade names Zyban and Wellbutrin) in the past year among current smokers who tried to quit in the past year or used when stopped smoking among former smokers who quit in the past 2 years.

¶ Data not reported because relative standard error ≥30%.

** Excludes 36 respondents of unknown race.

†† Does not include Native Hawaiians or Other Pacific Islanders.

§§ Among persons aged ≥25 years. Excludes 119 persons whose education level was unknown.

¶¶ Family income was reported by the family respondent who might or might not be the same as the sample adult respondent from whom smoking information was collected. Estimates for 2010 were based on reported family income and 2009 poverty thresholds published by the U.S. Census Bureau.

from a health professional to quit was lower in 2010 than in 2005, which might have resulted from a change in the NHIS cancer control supplement questionnaire (i.e., a preceding question about whether a health professional asked the participant about tobacco use was removed) (*8*). Advice from a health professional increases quit attempts and increases use of effective medications which can nearly double to triple rates of successful cessation (*5*).

Cigarette smoking and exposure to secondhand smoke result in approximately 443,000 premature deaths and $193 billion in health-care costs and productivity losses in the United States each year (*9*). Most smokers establish a regular pattern of smoking and find quitting difficult because they are addicted to nicotine (*10*). Tobacco dependence is a chronic condition, with many smokers making repeated quit attempts before they achieve long-term success (*5*). Health-care providers

What is already known on this topic?

Quitting smoking is the most important behavioral change a smoker can make to improve his or her health. Cessation counseling and medications improve a smoker's chances of quitting, but these treatments remain underutilized.

What is added by this report?

In 2010, 68.8% of cigarette smokers said they would like to quit smoking, and 52.4% had recently tried to quit. However, 68.3% of the smokers who tried to quit did so without using evidence-based cessation counseling or medications, and only 48.3% of those who had visited a health-care provider in the past year received advice to quit smoking. Only 31.7% had used counseling and/or medications when they tried to quit; 30.0% had used medications, and 5.9% had used counseling.

What are the implications for public health practice?

Health-care providers should consistently and routinely identify tobacco users, advise them to quit, and provide assistance to those engaged in a quit attempt. Population-based interventions that effectively increase cessation also should be implemented, including expanding tobacco cessation quitlines and health-care coverage for cessation treatments.

can draw on a number of evidence-based treatment options to assist smokers in quitting. The 2008 update to the *Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence* concludes that counseling and medication are each effective alone in increasing the prevalence of smoking cessation and are even more effective when used together (*5*). Individual, group, and telephone counseling are effective in helping smokers quit, and the seven Food and Drug Administration (FDA)–approved first-line cessation medications reliably increase long-term smoking abstinence rates (*5*). This analysis found that use of medications for cessation was approximately five times more common than use of counseling, which might be influenced, in part, by the widespread availability of over-the-counter cessation medications (e.g., nicotine patch, gum, and lozenge).

The findings in this analysis also observed that, whereas non-Hispanic blacks had higher prevalences of interest in quitting and past-year quit attempts than non-Hispanic whites, they had a lower prevalence of recent smoking cessation. Possible contributors to this disparity include non-Hispanic blacks' lower utilization of evidence-based cessation treatments and their high rates of menthol cigarette use (76.7%, compared with 23.6% for non-Hispanic whites [CDC, unpublished data, 2010]). The Tobacco Product Scientific Advisory Committee to FDA[§] recently concluded that it is more likely than not that the availability of menthol cigarettes results in lower likelihood of smoking cessation success among blacks, compared with smoking nonmenthol cigarettes.

To help smokers and other tobacco users quit, all states now have a cessation quitline that can be accessed through a national toll-free number (1-800-QUIT NOW). Quitlines also can be a referral source for health-care providers who might not have the time or staff to provide all of the steps in the recommended "5A" cessation counseling model: ask about tobacco use, advise to quit, assess willingness to make a quit attempt, assist in quit attempt, and arrange follow-up (*5*). Quitlines are an effective cessation tool with diverse populations (*5*). Reports have shown that certain minority populations attempt to quit as often as or more often than white smokers, but use counseling and medications less often and have lower success rates (*5*). E-health, Internet, and text-messaging cessation interventions could offer additional potential channels for delivering cessation assistance, considering their accessibility, potential reach, and low cost (*5,6*). Although more research is needed to establish the effectiveness of these strategies, they likely would appeal especially to young adults, who in this report were the most likely of all age groups to make quit attempts but the least likely to use cessation counseling and medications.

Evidence-based cessation treatments, reducing client out-of-pocket costs for cessation treatments, and implementing provider-reminder systems to prompt health-care providers to deliver evidence-based treatments are effective in increasing cessation (*5,6*). Tobacco dependence treatments have been found to be both clinically effective and highly cost-effective (*5*). Health-care administrators and health plans can support these clinical interventions and increase successful cessation by providing comprehensive coverage for cessation treatments with no deductibles or copayments, integrating smoker identification and treatment measures into quality assurance and improvement efforts, and implementing tobacco-free campus policies in health-care settings and workplaces (*5,6*).

The findings in this report are subject to at least six limitations. First, questionnaires were administered only in English and Spanish, which might have decreased response rates for populations unable to respond to the survey because of language barriers. Second, small sample sizes for certain populations resulted in less precise estimates. Third, institutionalized populations and persons in the military were not included in the survey, and data on those with military health coverage only reflects dependents of persons on active duty, retirees, those with Veteran's Administration coverage and their dependents with CHAMPVA, which reduces the generalizability of the results to the U.S. population. Fourth, the 2010 NHIS response rate was 60.8%, and lower response rates increase the potential for bias. Fifth, questions regarding counseling only assessed use of each type of counseling and did not assess the

[§] Additional information available at http://www.fda.gov/downloads/advisorycommittees/committeesmeetingmaterials/tobaccoproductsscientificadvisorycommittee/ucm269697.pdf.

content or quality of the counseling (i.e., number and length of sessions, use of problem solving, skills training, and social support). Therefore, determining whether the counseling followed the *Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence* was not possible (*5*). Finally, the extent of misclassification of cigarette smoking and cessation-related measures could not be determined because all smoking information was self-reported and not validated by biochemical tests or other means.

Several recent national initiatives have created unprecedented opportunities to increase the number of persons in the United States who quit smoking. The 2010 Patient Protection and Affordable Care Act will expand coverage of smoking cessation treatments substantially.¶ For example, effective October 1, 2010, the Act required state Medicaid programs to provide cessation coverage to pregnant Medicaid enrollees with no cost sharing. The legislation also bars state Medicaid programs from excluding FDA-approved cessation medications, including over-the-counter medications, from Medicaid drug coverage, effective January 1, 2014, and requires non-grandfathered private health plans to offer cessation coverage without cost sharing, effective September 23, 2010. In addition, the Joint Commission, an independent, not-for-profit organization responsible for accreditation of health-care organizations and programs in the United States, has developed new voluntary performance measures for hospitals for assessing and treating tobacco dependence in all hospitalized patients.**

Identification and treatment of tobacco use also are likely to increase among health-care providers who become "meaningful users" of certified electronic health record (EHR) technology. Under the Centers for Medicare and Medicaid Services EHR Incentive Program, participating physicians and hospitals must identify a patient's smoking status, and health-care providers also must implement clinical quality measures on tobacco use assessment and intervention. The Million Hearts initiative†† of the U.S. Department of Health and Human Services will continue to support these and other efforts directed at smoking prevention and cessation in communities and health-care systems.

¶ Additional information available at http://docs.house.gov/energycommerce/ppacacon.pdf.

** Additional information available at http://www.jointcommission.org/tobacco_and_alcohol_measures.

†† Additional information available at http://millionhearts.hhs.gov.

Acknowledgments

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Global Routine Vaccination Coverage, 2010

The Expanded Program on Immunization was established by the World Health Organization (WHO) in 1974 to ensure universal access to routinely recommended childhood vaccines. Six vaccine-preventable diseases initially were targeted: tuberculosis, poliomyelitis, diphtheria, tetanus, pertussis, and measles. In 1974, fewer than 5% of the world's infants were fully immunized (*1*); by 2005, global coverage with the third dose of diphtheria-tetanus-pertussis (DTP) vaccine (DTP3) was 79%, but many children, especially those living in poorer countries, still were not being reached. That year, WHO and the United Nations Children's Fund (UNICEF) developed the Global Immunization Vision and Strategy (GIVS), with the aim of decreasing vaccine-preventable disease–related morbidity and mortality by improving national immunization programs (*2*). One goal of GIVS was for all countries to achieve 90% national DTP3 coverage by 2010. This report summarizes the status of vaccination coverage globally and regionally in 2010 and progress toward meeting the GIVS goal. In 2010, 130 (67%) countries had achieved 90% DTP3 coverage, and an estimated 85% of infants worldwide had received at least 3 doses of DTP vaccine. However, 19.3 million children were not fully vaccinated and remained at risk for diphtheria, tetanus, and pertussis and other vaccine-preventable causes of morbidity and mortality; approximately 50% of these children live in India, Nigeria, and the Democratic Republic of Congo. Despite the overall improvement in vaccination coverage during the past 37 years, routine vaccination programs need to be strengthened globally, especially in countries with the greatest numbers of unvaccinated children.

Coverage with routinely administered vaccines is used as a measure of program performance and population immunity, and is assessed as the percentage of children who have received the appropriate number of doses of a recommended vaccine during the first year of life. Administrative coverage estimates, derived by dividing the number of vaccine doses reported administered to the target population by the estimated number of persons in the target population, are reported annually to WHO and UNICEF by WHO member states, and can be supplemented by special coverage surveys and other published and unpublished data (*3*). WHO and UNICEF derive national estimates of vaccination coverage through a country-by-country review of the best available data (*4*). These estimates are published annually on the WHO website* and are updated after publication if additional data become available. DTP3 coverage by age 12 months serves as the primary indicator of immunization program performance; however, coverage with other recommended vaccines, including the third dose of polio vaccine and the first dose of measles-containing vaccine (MCV1), are additional indicators of program strength.

In 2010, estimated global DTP3 coverage among children aged <12 months was 85%, representing 109.4 million immunized children (Table), slightly higher than the estimated coverage in 2009 (82%) (*3*). DTP3 coverage in 2010 ranged from 77% in the African and South-East Asian WHO regions to 96% in the Western Pacific and European regions. Of 193 WHO member states, 130 (67%) met the 2010 GIVS target of ≥90% national DTP3 coverage. Fifty-nine (30%) member states reported achieving a second GIVS target of ≥80% DTP3 coverage in every district. Estimated DTP3 coverage was 80%–89% in 30 (16%) countries, 70%–79% in 15 (8%) countries, and <70% in 18 (9%) countries. Of the 19.3 million children who had not received DTP3 during the first year of life, three countries accounted for approximately half of undervaccinated children: India (37%), Nigeria (9%), and the Democratic Republic of Congo (5%) (Figure). Ten countries accounted for 69% of undervaccinated children.

Estimated global coverage was 90% for Bacille Calmette-Guérin vaccine,† 86% for the third dose of polio vaccine, and 85% for MCV1 (Table). Coverage varied by WHO region, and was highest in the European (96%), Western Pacific (96%), and American (93%) regions. By the end of 2010, a total of 179 countries (including parts of India and Sudan) had introduced hepatitis B (HepB) vaccine in routine vaccination programs; 93 (52%) of these countries had a recommendation to administer the first dose of vaccine within 24 hours of birth to prevent

* Additional information available at http://www.who.int/entity/immunization_monitoring/data/coverage_estimates_series.xls.

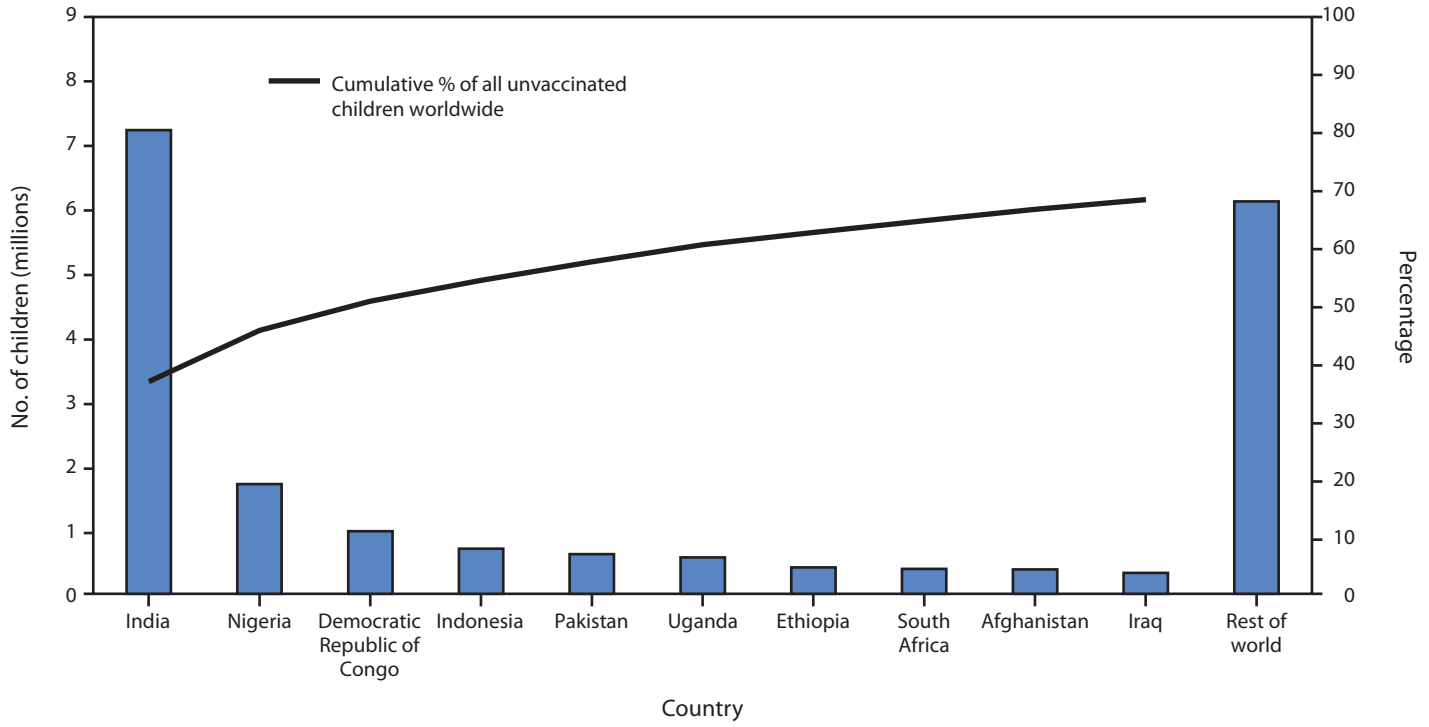
† Among 156 (81%) member states that routinely administer Bacille Calmette-Guérin vaccine for tuberculosis.

TABLE. Vaccination coverage, by vaccine and World Health Organization (WHO) region* — worldwide, 2010

WHO region	Vaccine coverage (%)					
	BCG	DTP3	Polio3	MCV1	HepB3	Hib3
Total (worldwide)	**90**	**85**	**86**	**85**	**75**	**42**
African	85	77	79	76	76	62
American	96	93	93	93	89	92
Eastern Mediterranean	88	87	87	85	84	58
European	94	96	96	95	78	75
South-East Asian	89	77	77	79	52	9
Western Pacific	97	96	96	97	91	10

Abbreviations: BCG = Bacille Calmette-Guérin; DTP3 = 3 doses of diphtheria-tetanus-pertussis vaccine; Polio3 = 3 doses of polio vaccine; MCV1 = 1 dose of measles-containing vaccine; HepB3 = 3 doses of hepatitis B vaccine; Hib3 = 3 doses of *Haemophilus influenzae* type b vaccine.
* Weighted regional average.

FIGURE. Estimated number of children who had not received 3 doses of diphtheria-tetanus-pertussis vaccine during the first year of life among 10 countries with the largest number of undervaccinated children, by country, and cumulative percentage of all undervaccinated children worldwide, 2010



perinatal hepatitis B virus transmission. Coverage with 3 doses of HepB vaccine (HepB3) was 75% globally and ranged from 52% to 91% by region (Table). Coverage with *Haemophilus influenzae* type b (Hib) vaccine, which had been introduced in 169 countries (including parts of Sudan, Philippines, and Belarus) by 2010, was 42% globally and ranged from 9% to 92% by region. Rotavirus vaccine and pneumococcal conjugate vaccine (PCV) had been introduced in 28 and 55 countries, respectively; however, too few countries reported data to permit robust estimates of global or regional coverage. Among the 38 countries with reported coverage for the third dose of PCV by 2010, a total of 24 (63%) had estimated coverage of ≥80%, including 17 (45%) with coverage of ≥90%.

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Editorial Note

In 2010, an estimated 109.4 million infants worldwide had received at least 3 doses of DTP vaccine, a slight increase compared with the 108.5 million estimated by WHO and UNICEF in 2009. However, approximately 19.3 million children worldwide did not receive some or all routinely recommended childhood vaccines, leaving them susceptible to vaccine-preventable causes of disease and death. Approximately half of these undervaccinated children live in one of only three countries, and nearly two thirds live in 10 countries, underscoring the need to prioritize efforts in those countries with the highest numbers of unvaccinated children.

Among the 130 countries that met the 2010 GIVS target of ≥90% national DTP3 coverage, 111 (58%) of 193 countries sustained ≥90% coverage during 2008–2010.[§] The number of countries achieving ≥80% DTP3 coverage in every district increased from 48 (25%) in 2009 to 59 (31%) in 2010 (5) but falls far short of the GIVS target for all countries to achieve this target by 2010. High national vaccination coverage, however, might obscure subpopulations with low coverage;

[§] Additional information available at http://www.who.int/entity/immunization_monitoring/data/coverage_estimates_series.xls.

What is already known about this topic?

Since the Expanded Programme on Immunization commenced in 1974, the widespread use of vaccines has substantially reduced vaccine-preventable disease morbidity and mortality worldwide; however, large numbers of children, particularly in less developed countries, are not being fully vaccinated.

What is added by this report?

During 2010, estimated global coverage with the third dose of diphtheria-tetanus-pertussis vaccine (DTP3) was the highest ever reported (85%). Three countries (India, Nigeria, and the Democratic Republic of Congo) accounted for approximately half of the 19.3 million children who had not received DTP3 during the first year of life. Coverage with the other routinely recommended childhood vaccines was 90% for Bacille Calmette-Guérin vaccine, 86% for the third dose of poliovirus vaccine, 85% for measles-containing vaccine, 75% for the third dose of hepatitis B vaccine, and 42% for the third dose of *Haemophilus influenzae* type b vaccine.

What are the implications for public health practice?

Despite improvements in global routine vaccination coverage, many children have not received all recommended childhood immunizations. This highlights the need to address issues of limited resources, competing health priorities, poor health system management, and inadequate monitoring and supervision.

these groups are susceptible to sustained disease transmission after an importation. During 2010, for example, a substantial increase in reported measles cases occurred in several European countries with reported MCV1 coverage levels of 90%–97% (*6*). In Africa, measles outbreaks of 100 or more cases were reported in 28 (61%) of 46 countries during 2009 and 2010, accounting for approximately 166,000 measles cases (*7*). Estimated MCV1 coverage in 2010 ranged from 46% to 94% in these countries and was 90% or higher in seven countries.

By 2010, the majority of countries had introduced HepB and Hib vaccines. As would be expected, in those countries that introduced combination vaccines containing DTP, HepB, and Hib antigens, coverage with HepB3 and Hib3 was similar to that for DTP3 within the first few years of introduction. However, for the newer monovalent vaccines, such as rotavirus vaccine and PCV, coverage will need to be closely monitored.

Administrative vaccination coverage data are more timely and easier to collect than other types of coverage data; however, the reporting of vaccine doses administered and census data are not always accurate, which can overestimate or underestimate coverage (*8*). WHO recommends that countries conduct regular vaccination coverage surveys to validate reported administrative coverage (*4*). Although surveys more closely reflect actual coverage, they are costly and difficult to conduct, and because data are collected retrospectively, surveys cannot be used for immediate assessment of immunization programs and decision-making. A WHO advisory committee is evaluating methods to improve the validity of the WHO/UNICEF coverage estimates (*9*). Despite improvements in global routine vaccination coverage during the past decade (*3*), there continue to be regional and local disparities in vaccination coverage resulting from limited resources, competing health priorities, poor health system management, and inadequate monitoring and supervision. Recognizing that vaccination is one of the most cost-effective means of preventing disease, the Decade of Vaccines Collaboration, a partnership among WHO, UNICEF, the Bill and Melinda Gates Foundation, and other global immunization partners, was launched in December 2010.¶ This collaboration will develop a global vaccination action plan focusing on increasing delivery of and expanding global access to vaccines, enhancing public and political support for vaccines and vaccination programs, and promoting vaccine-related research and development. In addition to ensuring that all children are fully vaccinated, strengthening routine vaccination programs will provide the infrastructure and platform for the sustained success of the global polio eradication and measles elimination initiatives, the global introduction of new and underutilized vaccines, and the implementation of other priority child health interventions.

¶ Additional information available at http://www.dovcollaboration.org.

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Progress Toward Poliomyelitis Eradication — Afghanistan and Pakistan, January 2010–September 2011

Indigenous transmission of wild poliovirus (WPV) has never been interrupted in Afghanistan, Pakistan, India, and Nigeria (*1–3*). Among those countries, Afghanistan and Pakistan represent a common epidemiologic reservoir (*1*). This report updates previous reports (*1,4*) and describes polio eradication activities and progress in Afghanistan and Pakistan during January 2010–September 2011, as of October 31, 2011, and planned activities during 2011–2012 to address challenges to polio eradication. In Afghanistan, WPV transmission during 2010–2011 predominantly occurred in the conflict-affected South Region and the adjacent Farah Province of the West Region. During 2010, 25 WPV cases were confirmed in Afghanistan, compared with 38 in 2009; 42 WPV cases were confirmed during January–September 2011, compared with 19 for the same period in 2010. In Pakistan, WPV transmission during 2010–2011occurred both in conflict-affected, inaccessible areas along the common border with Afghanistan and in accessible areas; 144 WPV cases were confirmed in 2010, compared with 89 in 2009, and 120 WPV cases were confirmed during January–September 2011, compared with 93 during the same period in 2010. In Pakistan, the president launched a National Emergency Action Plan for polio eradication in January 2011, emphasizing the key role and responsibility of political and health-care leaders at the district and subdistrict (union council) levels. Enhanced commitment, management, and oversight by provincial and district authorities will be needed to achieve further progress toward interruption of WPV transmission in Pakistan. Continued efforts also will be needed to enhance the safety of vaccination teams within insecure areas of both countries.

Immunization Activities

Estimated national routine immunization coverage of infants with 3 doses of oral polio vaccine (OPV3) in 2010 was 66% in Afghanistan and 88% in Pakistan (*5*). However, 2010 surveillance data for acute flaccid paralysis (AFP)* indicated lower national coverage in Pakistan and wide subnational variation in both countries. Based on parental recall and immunization cards, routine OPV3 coverage among children aged 6–23 months with nonpolio AFP (NPAFP) was 64% nationally in Afghanistan (26% combined in the conflict-affected South Region and Farah Province; 71% in the West Region, excluding Farah Province; and 80% in the rest of the country), and 63% nationally in Pakistan (58% combined in the conflict-affected Khyber Pakhtunkhwa [KP] Province and the Federally Administered Tribal Areas [FATA] and 72%, 59%, and 29% in the more secure provinces of Punjab, Sindh, and Balochistan, respectively).

During January 2010–September 2011, house-to-house supplementary immunization activities (SIAs)† targeting children were conducted using different OPV formulations, including trivalent (tOPV), monovalent type 1 (mOPV1) and type 3 (mOPV3), or bivalent with types 1 and 3 (bOPV). During this period, Afghanistan conducted seven national immunization days (NIDs); seven subnational immunization days (SNIDs) in the East, Southeast, and South regions, and in Farah Province of the West Region (which targeted about 50% of the national population of children); and several smaller-scale, mop-up or short-interval additional dose (SIAD)§ SIAs after a preceding larger SIA, targeting children around confirmed cases or in high-risk districts. Pakistan conducted nine NIDs; seven SNIDs in the main WPV transmission areas of KP, FATA, southern Punjab, Balochistan, and Sindh, during which high-risk districts were targeted; and several smaller SIAs, targeting children around confirmed cases or migratory and other high-risk populations.

During 2010–2011, as in past years, SIAs were unable to reach children living in areas inaccessible¶ because of security problems. In Afghanistan, the estimated percentage of targeted children who were living in inaccessible areas in the South Region was 6%–10% during SIAs conducted in 2010 and 5%–21% during SIAs in January–September 2011, affecting 72,000–274,000 children during each campaign. In Pakistan, the percentage of targeted children who were living in SIA-inaccessible areas of KP during SIAs decreased from 1%–2% in January-March 2010 to <1% during April 2010–July 2011, a decline from 30,000–100,000 children to <6,000 children missed per campaign. In FATA, however, the estimated percentage of targeted children living in SIA-inaccessible areas was 20%–31% during 2010 and 20%–24% during

* Vaccination histories of children aged 6–23 months with AFP who do not test as WPV positive are used to estimate OPV coverage of the overall target population and to verify national reported routine vaccination coverage estimates.

† Mass campaigns conducted for a brief period (days to weeks) in which 1 dose of oral poliovirus vaccine is administered to all children aged <5 years, regardless of vaccination history. Campaigns can be conducted nationally or in sections of the country.

§ SIADs are used during negotiated periods of security to vaccinate children in otherwise inaccessible areas in which a mOPV or bOPV dose is administered within 1–2 weeks of the previous dose.

¶ Areas considered too dangerous by the World Health Organization (WHO) and the local government to conduct an SIA.

What is already known on this topic?

Afghanistan and Pakistan are two of the four remaining countries (including India and Nigeria) in which indigenous wild poliovirus (WPV) transmission has never been interrupted.

What is added by this report?

Increased numbers of WPV cases were reported in Pakistan during 2010, compared with 2009, and in Afghanistan and Pakistan during January–September 2011, compared with a similar period in 2010. WPV serotype 1 (WPV1) transmission in Afghanistan primarily occurred in conflict-affected areas in the South Region, but was widespread and uncontrolled throughout Pakistan. WPV serotype 3 transmission has been reduced greatly in both countries and has been identified only in the Federally Administered Tribal Areas of Pakistan during 2011.

What are the implications for public health practice?

Ongoing uncontrolled WPV1 transmission in Pakistan and, to a lesser extent, in parts of Afghanistan, remains as a substantial threat to the Global Polio Eradication Initiative goal of a polio-free world. Enhanced commitment, management, and oversight by provincial and district authorities will be needed to further interrupt WPV transmission in Pakistan, and continued efforts will be needed to enhance the safety of vaccination teams in insecure areas of both countries.

January–July 2011, affecting approximately 225,000–350,000 children during each SIA. In addition, although large parts of the South Region in Afghanistan, and KP and FATA in Pakistan, remained accessible to local vaccination teams during SIAs, security problems often prevented external monitors and supervisors from entering and assessing the quality and coverage of SIAs.

AFP Surveillance

AFP surveillance performance is monitored by standard performance indicators.** In 2010, the annual national nonpolio AFP rate (per 100,000 population aged <15 years) was 9.2 in Afghanistan (range among the eight regions: 6.2–12.8), and 6.9 in Pakistan (range among the six provinces/territories: 2.8–10.3). The percentage of AFP cases for which adequate specimens were collected was 93% in Afghanistan (range: 83%–97%) and 89% in Pakistan (range: 81%–91%) (Table).

The polio laboratory at the National Institute of Health (NIH) in Islamabad provides laboratory support for AFP surveillance in both countries, including genomic sequencing of poliovirus isolates. During January 2010–September 2011, the NIH laboratory processed 2,894 stool specimens from Afghanistan and 9,352 from Pakistan. During 2010–2011, to supplement AFP surveillance in Pakistan, weekly sewage sample collection to test for polioviruses was conducted at 18 sites in six cities: Karachi in Sindh; Lahore, Rawalpindi, and Multan in Punjab; Peshawar in KP; and Quetta in Balochistan.

WPV Incidence

In Afghanistan, 25 WPV cases (17 WPV type 1 [WPV1], eight WPV type 3 [WPV3]) were reported during 2010, compared with 38 WPV cases (15 WPV1, 23 WPV3) in 2009; 42 WPV cases (all WPV1) were reported during January–September 2011, compared with 19 for the same period in 2010, including 30 cases (71%) reported during August–September 2011 (Table, Figures 1 and 2). During January 2010–September 2011, 48 (72%) of 67 WPV cases were among children aged <36 months. Among the 67 children, 17 (25%) received no OPV doses, 20 (30%) received 1–3 OPV doses, and 30 (45%) received ≥4 OPV doses. During 2010, WPV cases were reported in 15 (5%) of 325 districts, including 11 high-risk districts†† of the South Region and Farah Province, the West Region, and four other districts (three in the East Region and one in the Northeast Region). During January–September 2011, WPV cases were reported from 19 (6%) districts, including 16 high-risk districts of the South Region and Farah Province.

In Pakistan, 144 WPV cases (120 WPV1, 24 WPV3) were reported in 2010, compared with 89 WPV cases (60 WPV1, 28 WPV3, one WPV1/WPV3 coinfection) during 2009; 120 WPV cases (118 WPV1, two WPV3) were reported during January–September 2011, compared with 93 cases for the same period in 2010 (Table, Figures 1 and 2). During January 2010–September 2011, 227 (86%) of 264 WPV cases were among children aged <36 months. Among the 264 children, 75 (28%) received no OPV doses, 63 (24%) received 1–3 OPV doses, and 126 (48%) received ≥4 OPV doses. WPV cases were reported in 40 (30%) of 135 districts in Pakistan during 2010, compared with 34 (25%) districts during 2009, and from 36 (27%) districts during January–September 2011, including 18 districts not affected during 2010. During 2010, 98 (68%) of 144 cases were from KP and FATA and 39 (27%) from Balochistan and Sindh; during January–September 2011, 44 (37%) of 120 cases were from KP and FATA and 73 (61%) from Balochistan and Sindh (Table, Figure 2).

** The quality of AFP surveillance is monitored by performance indicators that include 1) the detection rate of NPAFP cases and 2) the proportion of AFP cases with adequate stool specimens. World Health Organization (WHO) operational targets for countries with endemic polio transmission are a NPAFP detection rate of at least two cases per 100,000 population aged <15 years and adequate stool-specimen collection from >80% of AFP cases, in which two specimens are collected at least 24 hours apart, both within 14 days of paralysis onset, and shipped on ice or frozen packs to a WHO-accredited laboratory, arriving in good condition.

†† High-risk districts include those persistently affected by WPV transmission and those near persistently affected districts.

TABLE. Acute flaccid paralysis (AFP) surveillance indicators and reported wild poliovirus (WPV) cases, by country and area, period, and WPV type — Afghanistan and Pakistan, January 1, 2010–September 30, 2011*

Country/Area	AFP surveillance indicators (2010)			Reported WPV cases				
				Period			Type	
				2010		2011		
	No. of AFP cases	Nonpolio AFP rate†	% with adequate specimens§	Jan–Jun	Jul-Dec	Jan–Sep	WPV1	WPV3
Afghanistan	**1,572**	**9.2**	**(93)**	**12**	**13**	**42**	**59**	**8**
Badakhshan	55	11.1	(95)	—	—	—	—	—
Northeast	189	9.6	(93)	—	1	—	1	—
North	254	10.6	(92)	—	—	—	—	—
Central	290	9.0	(97)	—	—	1	1	—
East	193	12.8	(95)	2	1	1	3	1
Southeast	108	6.2	(94)	—	—	—	—	—
South	251	8.5	(83)	8	11	36	48	7
West	232	8.3	(95)	2	—	4	6	—
Pakistan	**5,382**	**6.9**	**(89)**	**31**	**113**	**120**	**238**	**26**
AJK, GB, ICT	82	2.8	(87)	—	—	1	1	—
KP	1,069	10.3	(87)	7	17	11	30	5
FATA	227	9.5	(83)	14	60	33	94	13
Punjab	2,296	5.7	(91)	2	5	2	8	1
Balochistan	265	7.0	(81)	7	5	52	58	6
Sindh	1,443	8.3	(88)	1	26	21	47	1

Abbreviations: AJK = Azad Jammu and Kashmir; GB = Gilgit-Baltistan; ICT = Islamabad Capital Territory; KP = Khyber Pakhtunkhwa (formerly Northwest Frontier Province); FATA = Federally Administered Tribal Areas.
* Data as of October 31, 2011.
† Per 100,000 children aged <15 years.
§ Two stool specimens collected at an interval of ≥24 hours within 14 days of paralysis onset and properly shipped to the laboratory.

WPVs have been isolated frequently from sewage samples collected in all major cities in Pakistan since mid-July 2010. WPVs have been isolated not only from sewage samples in cities such as Quetta in Balochistan, where confirmed polio cases have been reported, but also from Lahore, Multan, and Rawalpindi in Punjab, where only two confirmed WPV cases have been reported from rural districts since November 2010.

In both countries, WPV3 transmission has declined, from 32 cases in 2010 to two cases in 2011. The most recent WPV3 case in Afghanistan occurred in the South Region in April 2010. The most recent WPV3 cases in Pakistan were reported from FATA in June and September 2011, and the most recently detected WPV3 in sewage was in October 2010 from a sample collected in Karachi.

WPV genomic sequencing data for 2010–2011 indicate that transmission of several genetic clusters of WPV1 continued in and among the South and West regions of Afghanistan and in KP, FATA, Sindh, and Balochistan in Pakistan during 2010–2011. Sequence data indicate missed detection of WPV cases in Pakistan and suggest that performance indicators are not revealing surveillance weaknesses in some subnational areas. The genetic diversity of WPV3 decreased during this period, coincident with the decreased number of cases; >95% of the WPV3 in 2010–2011 were from one genetic cluster.

Reported by

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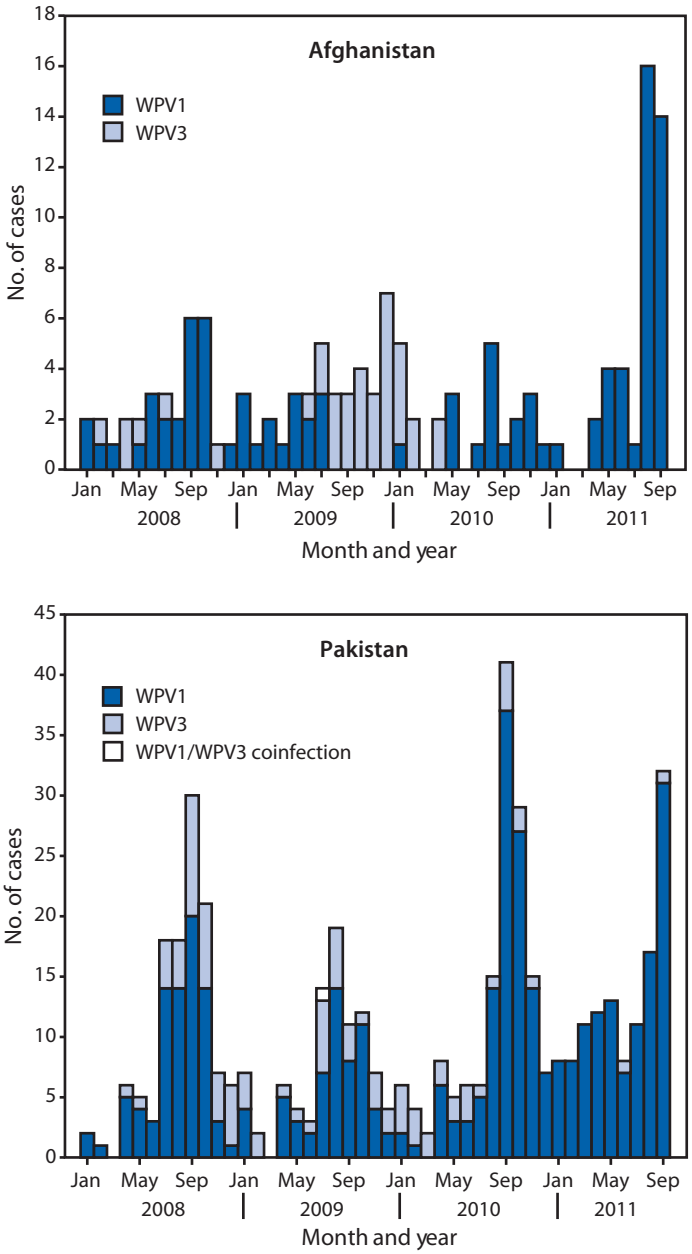
Editorial Note

In Afghanistan, WPV transmission was lower in 2010, compared with 2009 (25 cases versus 38 cases, respectively), but it increased during January–September 2011 (42 cases), compared with January–September 2010 (19 cases); nearly 75% (30) of the 2011 cases were reported during August and September. During January 2010–September 2011, as in previous years, the majority of WPV cases were reported from insecure districts in the South Region and the adjacent Farah Province in the lower West Region, where children living in inaccessible areas were not reached during SIAs. Since 2008, multiple strategies have been implemented to immunize unreached children, including systematic engagement of local leaders, increased engagement of nongovernmental organizations delivering basic health services, negotiations with parties

FIGURE 1. Number of cases of wild poliovirus types 1 (WPV1) and 3 (WPV3), by month — Afghanistan and Pakistan, 2008–2011



in conflict, and use of SIAD SIAs to administer a dose of OPV within 1–2 weeks of a prior dose during negotiated periods of security; these strategies have had varying success.[§§] During 2010–2011, approximately 100,000 children in the South Region were unimmunized in each of the SIAs.

[§§] The success of these strategies has been measured programmatically (e.g., whether a district is "open" during an SIA and the target population of children aged <5 years is accessible, whether the numbers and percentages of unreached children were reduced, whether the vaccination coverage of children with nonpolio AFP improved, or whether WPV circulation decreased).

WPV transmission in Pakistan increased during 2010, compared with 2009 (144 versus 89 cases, respectively), and during January–September 2011, compared with a similar period in 2010 (120 cases versus 93 cases, respectively), affecting high-risk districts in KP and FATA, as well as districts in Balochistan and Sindh. Sewage sampling provided evidence of WPV transmission in areas with few WPV cases, such as Punjab. In the northwest, WPV transmission continued because of limited access to children during SIAs in insecure areas of KP and FATA. In Balochistan and Sindh, WPV circulation continued because of weak routine immunization programs and managerial and operational gaps during SIAs, compounded by large-scale population movements from insecure areas along the common border and from flood-affected districts in Sindh and other areas.

In Pakistan, devolution of health authority from federal to provincial governments occurred during 2011, and might adversely affect polio eradication activities. The National Emergency Action Plan for polio eradication, launched in early 2011, has the essential elements for making progress, but has not been implemented effectively in key districts and union councils. A key gap to fill will be the designation of a medical officer in each high-risk union council to oversee the preparation and implementation of polio campaign activities within the jurisdiction. Political involvement has been enhanced at the federal and provincial levels, but effective monitoring of the activities of provincial, district, and union council authorities is urgently needed, and specific mechanisms need to be established to hold officials accountable for program performance. In September 2011, the Global Polio Eradication Initiative (GPEI) Independent Monitoring Board assessed the situation in Pakistan, noted that the country has made little tangible advance over the last 18 months, and recommended that a fundamental review of strategy and implementation be undertaken.

The GPEI Strategic Plan for 2010–2012 has aimed for complete interruption of WPV transmission in two of the four remaining endemic countries by the end of 2011 and in all countries by the end of 2012 (*1,6*). In Afghanistan and Pakistan, with predominant use of tOPV and bOPV in SIAs, a marked decline of WPV3 cases occurred during 2010–2011. However, ongoing uncontrolled WPV1 transmission in Pakistan and, to a lesser extent, transmission in parts of Afghanistan, remain as substantial challenges to the 2012 GPEI target and as threats to the achieving the GPEI goal.

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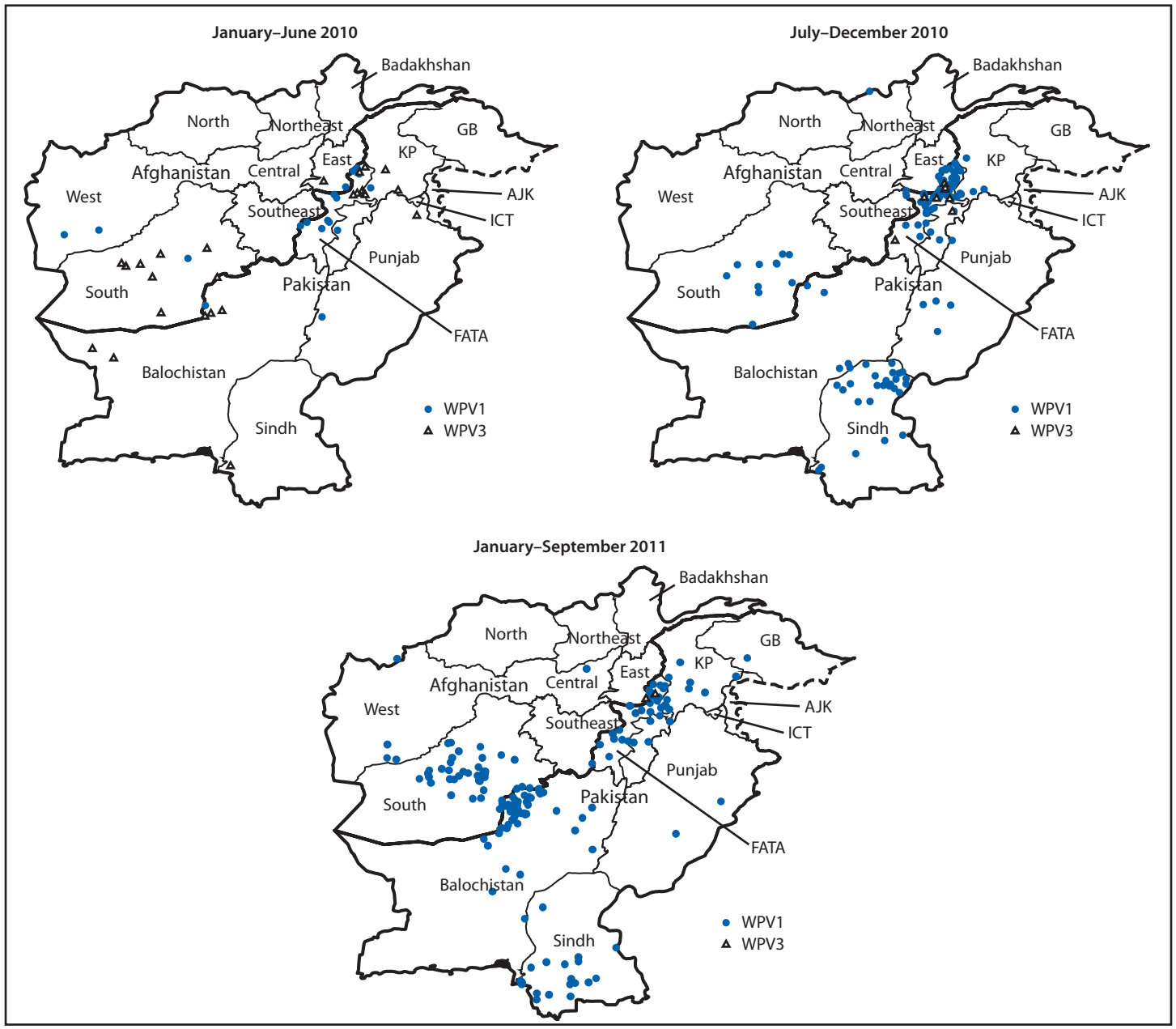
FIGURE 2. Cases of wild poliovirus types 1 (WPV1) and 3 (WPV3) — Afghanistan and Pakistan, January 2010–September 30, 2011



Abbreviations: AJK = Azad Jammu and Kashmir; FATA = Federally Administered Tribal Areas; GB = Gilgit-Baltistan; ICT = Islamabad Capital Territory; KP = Khyber Pakhtunkhwa (formerly Northwest Frontier Province).

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Update on Herpes Zoster Vaccine: Licensure for Persons Aged 50 Through 59 Years

Herpes zoster vaccine (Zostavax, Merck & Co., Inc.) was licensed and recommended in 2006 for prevention of herpes zoster among adults aged 60 years and older (*1*). In March 2011, the Food and Drug Administration (FDA) approved the use of Zostavax in adults aged 50 through 59 years (*2*). In June 2011, the Advisory Committee on Immunization Practices (ACIP) declined to recommend the vaccine for adults aged 50 through 59 years and reaffirmed its current recommendation that herpes zoster vaccine be routinely recommended for adults aged 60 years and older.

FDA approved the expanded indication for Zostavax in March 2011, based on a study of approximately 22,000 adults aged 50 through 59 years in the United States and four other countries. Half the study subjects received Zostavax, and half received a placebo. Study participants were then monitored for at least 1 year for the development of herpes zoster. Compared with placebo, Zostavax reduced the risk for developing herpes zoster by 69.8% (95% confidence interval = 54.1–80.6) (*3*).

At the February and June 2011 ACIP meetings, published and unpublished data were presented relating to the epidemiology of herpes zoster and its complications, and regarding herpes zoster vaccine safety, effectiveness, long-term protection, cost-effectiveness, and supply. Limited data are available on long-term protection afforded by herpes zoster vaccine administered to adults aged 60 years and older and those aged 50 through 59 years.

Merck is the only U.S. supplier of varicella zoster virus (VZV)-containing vaccines (Zostavax, varicella vaccine [Varivax], and combined measles, mumps, rubella and varicella vaccine [MMR-V, ProQuad]). Beginning in 2007, Merck has experienced production shortfalls of the bulk product used to manufacture VZV-based vaccines (*4,5*), leading to prioritized production of Varivax over Zostavax since 2008. As a result, filling of Zostavax orders has been delayed intermittently.

Considering all available evidence and the supply issues, ACIP declined to recommend the use of herpes zoster vaccine among adults aged 50 through 59 years and reaffirmed its existing recommendation that herpes zoster vaccine be routinely recommended for adults aged 60 years and older (*1*). ACIP will continue to monitor supply issues and might update recommendations regarding vaccination of adults aged 50 through 59 years when an adequate and stable supply of the vaccine is assured. Planned improvements by Merck in its production processes and the addition of new manufacturing facilities are expected to increase the supply of the vaccine during the next several years.

With the FDA approval, Zostavax is available in the United States for indicated use among adults aged 50 years and older. Contraindications to the use of Zostavax remain unchanged. Zostavax should not be given to pregnant women, persons with a primary or acquired immunodeficiency, or to persons with a history of anaphylactic reaction to gelatin, neomycin, or any other component of the vaccine. Herpes zoster vaccine can be administered simultaneously with other indicated vaccines (*1,6*).

For vaccination providers who choose to use Zostavax among certain patients aged 50 through 59 years despite the absence of an ACIP recommendation, factors that might be considered include particularly poor anticipated tolerance of herpes zoster or postherpetic neuralgia symptoms (e.g., attributable to preexisting chronic pain, severe depression, or other comorbid conditions; inability to tolerate treatment medications because of hypersensitivity or interactions with other chronic medications; and occupational considerations). No data are available regarding the effectiveness of herpes zoster vaccine in adults who become immunosuppressed subsequent to vaccination. Questions regarding the supply of these Merck products should be addressed to Merck's Vaccine Customer Center by telephone (877-829-6372).

Reported by

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Announcements

Get Smart About Antibiotics Week — November 14–20, 2011

During November 14–20, 2011, CDC and its public health and professional partners will observe Get Smart About Antibiotics Week. This year's observance will celebrate the significant reduction achieved in inappropriate antibiotic use for certain acute respiratory infections among children aged ≤14 years from 1993 to 2008 (*1*). Infections with resistant bacteria have become more common in health-care and community settings, and many bacteria have become resistant to multiple antibiotics. Appropriate antibiotic use is a key strategy to prevent antibiotic resistance and preserve the effectiveness of antibiotics.

CDC is assisting partners in continuing to promote appropriate antibiotic use in inpatient and outpatient settings. Improving antibiotic selection and use has many important benefits, including better infection cure rates, fewer side effects, and reduced antibiotic resistance. CDC also is announcing a new antibiotic-use tracking system that is part of the National Healthcare Safety Network. The system allows health-care facilities to report antibiotic use electronically, make better decisions about how to improve use, and compare themselves with other health-care facilities. Additionally, CDC and the Institute for Healthcare Improvement are pilot testing a stewardship driver diagram and change package in eight U.S. hospitals. These tools will help hospitals implement interventions to improve antibiotic use.

Efforts to promote appropriate antibiotic use by persons, community groups, and organizations are imperative (*2*). Consumers, health-care providers, hospital administrators, and policy makers must work together to use effective strategies for improving antibiotic use. Implementation of effective strategies will save money, improve health, and ultimately save lives. CDC's Get Smart: Know When Antibiotics Work (http://www.cdc.gov/getsmart) and Get Smart for Healthcare (http://www.cdc.gov/getsmart/healthcare) programs are designed to educate consumers and health-care providers about appropriate use of antibiotics. Information regarding Get Smart About Antibiotics Week and how to participate is available at http://www.cdc.gov/getsmart.

References

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Drowsy Driving Prevention Week — November 6–12, 2011

Drowsy Driving Prevention Week will be observed November 6–12, 2011. The consequences of drowsy driving can be deadly. A report recently released by the AAA Foundation for Traffic Safety, based on a nationally representative sample of crashes during 1999–2008, indicated that drowsy driving was involved in an estimated 16.5% of fatal crashes and 13.1% of crashes resulting in hospital admission (*1*).

In the 2009 Sleep in America Poll, conducted by the National Sleep Foundation, 28% of respondents said they had dozed off or fallen asleep while driving in the past year (*2*). In addition, 1% of those surveyed reported they either had an accident or a near accident in the past year because of drowsiness (*2*). According to the 2009 Behavioral Risk Factor Surveillance System survey, 4.7% of those surveyed in 12 states reported nodding off or falling asleep while driving in the preceding 30 days (*3*).

These findings suggest the need for increased awareness of the importance of adequate sleep, which can be achieved through improved sleep practices such as establishing a regular sleep schedule, maintaining an environment conducive to sleep, and avoiding strenuous physical activity or a heavy meal immediately before bedtime. Additional information regarding drowsy driving is available online from the National Sleep Foundation (http://drowsydriving.org) and CDC (http://www.cdc.gov/sleep).

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Errata

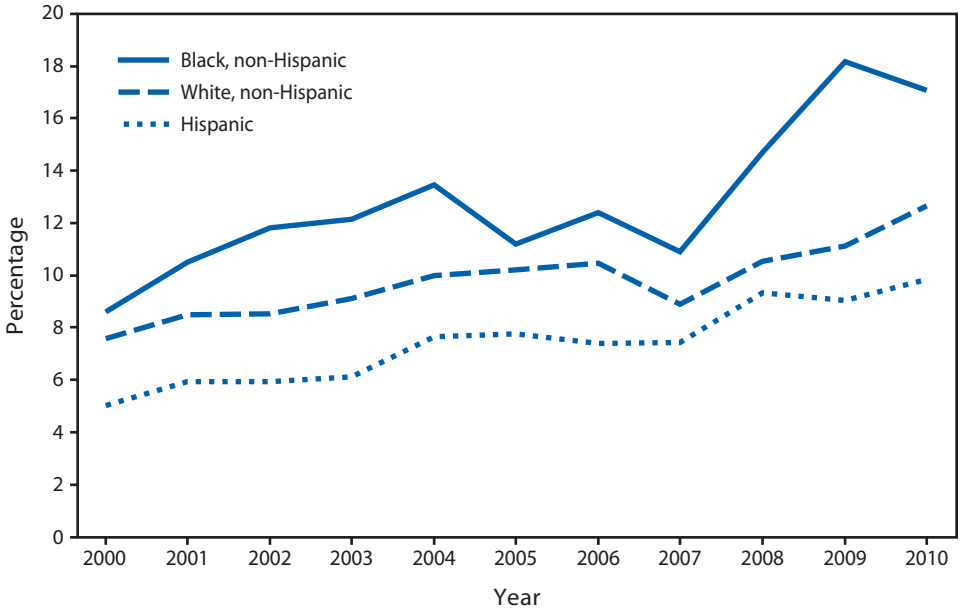
Vol. 60, No. 43

In the report, "Invasive Pneumococcal Disease and 13-Valent Pneumococcal Conjugate Vaccine (PCV13) Coverage Among Children Aged ≤59 Months — Selected U.S. Regions, 2010–2011," errors appeared in the text and in Figure 1. In the text, the last sentence beginning on page 1478 should read as follows: "Of the 63 remaining cases, 43 (68%) involved children aged 24–**59** months." In Figure 1, on page 1479, the first bullet in the last box, titled "Case information," should read as follows: "43 (68%) were among children aged 24–**59** mos."

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Children Aged ≤17 Years with Eczema or Any Kind of Skin Allergy,* by Selected Races/Ethnicities† — National Health Interview Survey, United States, 2000–2010



* Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population. One child aged ≤17 years was randomly selected per family. A parent or other knowledgeable adult provided information for the child. Prevalence of eczema or skin allergy was based on responses to the following question: "During the past 12 months, has [child] had eczema or any kind of skin allergy?" Unknowns with respect to eczema or skin allergy were excluded from the denominators.

† White, non-Hispanic and black, non-Hispanic categories are limited to children categorized as of a single race. Hispanics might be of any race.

From 2000 to 2010, the prevalence of eczema or any kind of skin allergy increased among non-Hispanic black, non-Hispanic white, and Hispanic children in the United States. The prevalence of eczema or skin allergy increased from 8.6% to 17.1% among non-Hispanic black children, from 5.0% to 9.9% among Hispanic children, and from 7.6% to 12.6% among non-Hispanic white children.

Source: National Health Interview Survey, 2000–2010. Available at http://www.cdc.gov/nchs/nhis.htm.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 5, 2011 (44th week)*

Disease	Current week	Cum 2011	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2010	2009	2008	2007	2006	
Anthrax	—	—	—	—	1	—	1	1	
Arboviral diseases§,¶:									
California serogroup virus disease	—	109	1	75	55	62	55	67	
Eastern equine encephalitis virus disease	—	3	—	10	4	4	4	8	
Powassan virus disease	—	14	0	8	6	2	7	1	
St. Louis encephalitis virus disease	—	3	0	10	12	13	9	10	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	9	610	0	NN	NN	NN	NN	NN	NY (8), MD (1)
Botulism, total	—	101	2	112	118	145	144	165	
foodborne	—	8	0	7	10	17	32	20	
infant	—	65	1	80	83	109	85	97	
other (wound and unspecified)	—	28	0	25	25	19	27	48	
Brucellosis	—	64	2	115	115	80	131	121	
Chancroid	—	27	1	24	28	25	23	33	
Cholera	—	29	0	13	10	5	7	9	
Cyclosporiasis§	—	140	2	179	141	139	93	137	
Diphtheria	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	6	0	23	35	30	22	29	
nonserotype b	—	89	3	200	236	244	199	175	
unknown serotype	1	197	4	223	178	163	180	179	CO (1)
Hansen disease§	1	40	2	98	103	80	101	66	CA (1)
Hantavirus pulmonary syndrome§	—	19	0	20	20	18	32	40	
Hemolytic uremic syndrome, postdiarrheal§	2	153	6	266	242	330	292	288	MO (1), CA (1)
Influenza-associated pediatric mortality§,††	—	112	5	61	358	90	77	43	
Listeriosis	9	633	17	821	851	759	808	884	NY (3), OH (2), OR (1), CA (3)
Measles§§	1	204	0	63	71	140	43	55	PA (1)
Meningococcal disease, invasive¶¶:									
A, C, Y, and W-135	—	158	5	280	301	330	325	318	
serogroup B	1	84	3	135	174	188	167	193	TX (1)
other serogroup	—	10	1	12	23	38	35	32	
unknown serogroup	2	325	8	406	482	616	550	651	NY (1), MO (1)
Novel influenza A virus infections***	1	8	0	4	43,774	2	4	NN	ME (1)
Plague	—	2	0	2	8	3	7	17	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	—	NN	
Psittacosis§	—	2	0	4	9	8	12	21	
Q fever, total§	2	92	3	131	113	120	171	169	
acute	2	69	1	106	93	106	—	—	MI (1), TX (1)
chronic	—	23	0	25	20	14	—	—	
Rabies, human	—	1	0	2	4	2	1	3	
Rubella†††	2	5	0	5	3	16	12	11	MA (1), PA (1)
Rubella, congenital syndrome	—	—	—	—	2	—	—	1	
SARS-CoV§	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	3	95	2	142	161	157	132	125	VT (1), OH (2)
Syphilis, congenital (age <1 yr)§§§	—	183	7	377	423	431	430	349	
Tetanus	—	7	0	26	18	19	28	41	
Toxic-shock syndrome (staphylococcal)§	1	65	2	82	74	71	92	101	NE (1)
Trichinellosis	—	9	0	7	13	39	5	15	
Tularemia	2	125	1	124	93	123	137	95	VA (1), CO (1)
Typhoid fever	2	303	6	467	397	449	434	353	MD (1), NV (1)
Vancomycin-intermediate *Staphylococcus aureus*§	1	55	1	91	78	63	37	6	NY (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	2	1	—	2	1	
Vibriosis (noncholera *Vibrio* species infections)§	2	607	11	846	789	588	549	NN	FL (1), CA (1)
Viral hemorrhagic fever¶¶¶	—	—	—	1	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table 1 footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 5, 2011 (44th week)*

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

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

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

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

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

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

†† Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since October 2, 2010, no influenza-associated pediatric deaths occurring during the 2011-12 influenza season have been reported.

§§ The one measles case reported for the current week was imported.

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

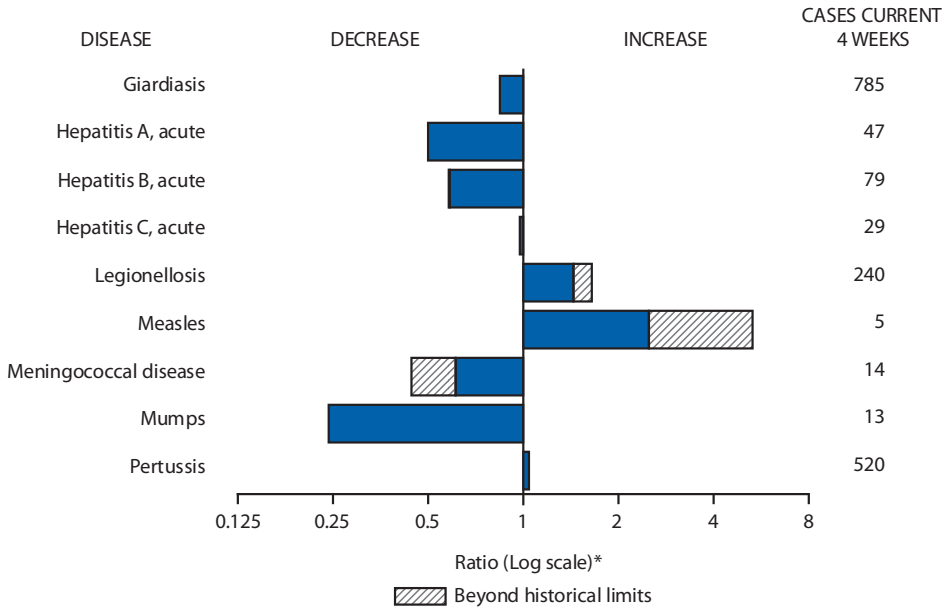
*** CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC.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

††† The two rubella cases reported for the current week were unknown.

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

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

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals November 5, 2011, 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.

Notifiable Disease Data Team and 122 Cities Mortality Data Team

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 5, 2011, and November 6, 2010 (44th week)*

Reporting area	*Chlamydia trachomatis* infection					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	11,034	26,539	31,142	1,129,901	1,098,852	71	371	568	16,200	NN	84	131	361	7,170	8,019
New England	713	857	2,043	37,605	35,286	—	0	1	1	NN	1	7	22	348	450
Connecticut	—	216	1,557	8,842	9,704	—	0	0	—	NN	—	1	9	63	77
Maine†	98	58	100	2,670	2,161	—	0	0	—	NN	—	1	4	42	91
Massachusetts	481	428	860	19,132	17,387	—	0	0	—	NN	1	3	7	147	149
New Hampshire	—	55	87	2,306	2,050	—	0	1	1	NN	—	1	5	55	52
Rhode Island†	91	77	154	3,415	2,906	—	0	0	—	NN	—	0	1	1	15
Vermont†	43	26	84	1,240	1,078	—	0	0	—	NN	—	1	5	40	66
Mid. Atlantic	1,813	3,403	5,069	145,723	144,818	—	0	1	4	NN	12	16	40	766	758
New Jersey	169	542	1,070	25,559	22,350	—	0	0	—	NN	—	0	3	22	46
New York (Upstate)	758	716	2,099	30,691	28,817	—	0	0	—	NN	7	4	15	197	188
New York City	162	1,137	2,468	45,634	53,366	—	0	0	—	NN	—	2	6	72	86
Pennsylvania	724	979	1,239	43,839	40,285	—	0	1	4	NN	5	9	26	475	438
E.N. Central	1,037	4,041	7,039	168,188	174,005	1	0	5	43	NN	22	31	141	2,198	2,228
Illinois	21	1,079	1,320	43,492	51,437	—	0	0	—	NN	—	3	26	175	308
Indiana	282	496	3,376	22,901	17,151	—	0	0	—	NN	—	4	14	180	255
Michigan	383	922	1,429	40,778	42,037	—	0	3	26	NN	2	6	13	287	301
Ohio	177	1,002	1,134	42,116	43,641	1	0	3	17	NN	19	10	95	1,017	427
Wisconsin	174	457	560	18,901	19,739	—	0	0	—	NN	1	8	58	539	937
W.N. Central	313	1,464	1,714	62,100	61,712	—	0	2	6	NN	5	18	86	1,160	1,746
Iowa	6	211	253	9,002	9,021	—	0	0	—	NN	—	6	18	318	367
Kansas	38	202	288	8,800	8,248	—	0	0	—	NN	—	0	10	38	98
Minnesota	—	280	368	11,156	13,177	—	0	0	—	NN	—	0	4	—	378
Missouri	87	538	759	23,330	22,270	—	0	0	—	NN	4	4	63	476	529
Nebraska†	161	112	216	5,301	4,294	—	0	2	6	NN	1	4	12	167	243
North Dakota	—	42	77	1,739	2,005	—	0	0	—	NN	—	0	12	28	29
South Dakota	21	63	93	2,772	2,697	—	0	0	—	NN	—	2	13	133	102
S. Atlantic	4,472	5,296	6,685	236,740	220,250	—	0	2	4	NN	11	21	37	968	935
Delaware	116	85	128	3,706	3,750	—	0	0	—	NN	—	0	1	7	7
District of Columbia	94	109	191	4,777	4,752	—	0	0	—	NN	—	0	1	5	7
Florida	717	1,490	1,698	64,637	64,485	—	0	0	—	NN	8	8	17	388	348
Georgia	184	988	2,384	42,364	37,352	—	0	0	—	NN	—	5	11	238	240
Maryland†	515	475	1,125	20,887	20,771	—	0	2	4	NN	1	1	6	57	33
North Carolina	1,114	881	1,688	43,643	36,640	—	0	0	—	NN	—	0	13	36	82
South Carolina†	511	522	946	24,337	22,626	—	0	0	—	NN	1	2	8	113	107
Virginia†	1,144	654	965	28,798	26,609	—	0	0	—	NN	1	2	8	108	94
West Virginia	77	79	121	3,591	3,265	—	0	0	—	NN	—	0	5	16	17
E.S. Central	542	1,895	3,314	81,313	78,069	—	0	0	—	NN	1	6	13	267	314
Alabama†	—	536	1,566	24,268	22,792	—	0	0	—	NN	—	2	7	117	161
Kentucky	470	290	2,352	13,798	12,547	—	0	0	—	NN	—	1	4	30	79
Mississippi	23	407	696	17,740	18,300	—	0	0	—	NN	—	0	4	41	24
Tennessee†	49	595	795	25,507	24,430	—	0	0	—	NN	1	1	6	79	50
W.S. Central	651	3,610	4,572	154,499	150,390	—	0	1	5	NN	23	7	62	468	457
Arkansas†	262	305	440	13,597	13,347	—	0	0	—	NN	—	0	2	23	32
Louisiana	335	472	1,052	18,800	23,280	—	0	1	5	NN	—	0	9	41	63
Oklahoma	53	349	1,324	16,305	12,116	—	0	0	—	NN	1	1	34	74	79
Texas†	1	2,449	3,107	105,797	101,647	—	0	0	—	NN	22	5	37	330	283
Mountain	750	1,737	2,155	75,869	71,181	62	292	458	12,776	NN	6	11	30	524	545
Arizona	422	539	725	24,599	23,081	58	288	455	12,633	NN	—	1	4	37	36
Colorado	—	412	848	19,685	16,827	—	0	0	—	NN	1	3	12	139	125
Idaho†	—	81	235	3,512	3,392	—	0	0	—	NN	—	2	9	97	93
Montana†	64	62	88	2,879	2,633	—	0	2	4	NN	5	1	6	70	45
Nevada†	200	201	380	9,108	8,518	4	1	5	83	NN	—	0	2	9	37
New Mexico†	47	200	1,183	8,886	9,315	—	0	4	43	NN	—	2	8	111	121
Utah	17	129	181	5,629	5,671	—	0	2	10	NN	—	1	5	38	65
Wyoming†	—	38	90	1,571	1,744	—	0	2	3	NN	—	0	5	23	23
Pacific	743	3,950	6,559	167,864	163,141	8	70	143	3,361	NN	3	11	29	471	586
Alaska	—	116	157	4,924	5,195	—	0	0	—	NN	—	0	3	13	5
California	448	2,971	5,763	128,022	125,185	8	70	143	3,354	NN	1	7	19	281	307
Hawaii	—	104	135	4,075	5,174	—	0	0	—	NN	—	0	0	—	1
Oregon	—	279	524	11,611	9,484	—	0	1	7	NN	1	2	8	110	198
Washington	295	437	672	19,232	18,103	—	0	0	—	NN	1	1	9	67	75
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	NN	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	NN	—	—	—	—	—
Guam	—	12	81	189	762	—	0	0	—	NN	—	0	0	—	—
Puerto Rico	63	104	349	4,532	5,301	—	0	0	—	NN	N	0	0	N	N
U.S. Virgin Islands	—	16	27	642	483	—	0	0	—	NN	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 5, 2011, and November 6, 2010 (44th week)*

Reporting area	Dengue Virus Infection†									
	Dengue Fever§					Dengue Hemorrhagic Fever¶				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max		
United States	—	3	16	173	653	—	0	1	1	9
New England	—	0	1	2	9	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine**	—	0	1	—	5	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island**	—	0	0	—	1	—	0	0	—	—
Vermont**	—	0	1	2	3	—	0	0	—	—
Mid. Atlantic	—	1	6	55	216	—	0	0	—	5
New Jersey	—	0	1	—	28	—	0	0	—	—
New York (Upstate)	—	0	1	—	30	—	0	0	—	2
New York City	—	1	4	40	137	—	0	0	—	3
Pennsylvania	—	0	2	15	21	—	0	0	—	—
E.N. Central	—	0	2	12	66	—	0	0	—	1
Illinois	—	0	2	2	21	—	0	0	—	—
Indiana	—	0	1	2	14	—	0	0	—	—
Michigan	—	0	1	2	9	—	0	0	—	—
Ohio	—	0	1	2	16	—	0	0	—	—
Wisconsin	—	0	2	4	6	—	0	0	—	1
W.N. Central	—	0	2	6	31	—	0	1	—	—
Iowa	—	0	1	3	2	—	0	0	—	—
Kansas	—	0	1	1	4	—	0	0	—	—
Minnesota	—	0	1	—	13	—	0	0	—	—
Missouri	—	0	1	1	4	—	0	0	—	—
Nebraska**	—	0	0	—	7	—	0	0	—	—
North Dakota	—	0	1	1	1	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	1	—	—
S. Atlantic	—	1	8	69	226	—	0	1	1	2
Delaware	—	0	2	2	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	1	7	50	178	—	0	0	—	2
Georgia	—	0	1	3	11	—	0	0	—	—
Maryland**	—	0	2	4	—	—	0	0	—	—
North Carolina	—	0	1	2	8	—	0	0	—	—
South Carolina**	—	0	1	1	13	—	0	0	—	—
Virginia**	—	0	1	7	14	—	0	1	1	—
West Virginia	—	0	0	—	2	—	0	0	—	—
E.S. Central	—	0	3	4	7	—	0	0	—	—
Alabama**	—	0	1	2	4	—	0	0	—	—
Kentucky	—	0	0	—	2	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee**	—	0	2	2	1	—	0	0	—	—
W.S. Central	—	0	2	6	26	—	0	0	—	1
Arkansas**	—	0	0	—	—	—	0	0	—	1
Louisiana	—	0	1	3	4	—	0	0	—	—
Oklahoma	—	0	1	—	4	—	0	0	—	—
Texas**	—	0	1	3	18	—	0	0	—	—
Mountain	—	0	2	4	22	—	0	0	—	—
Arizona	—	0	2	2	10	—	0	0	—	—
Colorado	—	0	0	—	—	—	0	0	—	—
Idaho**	—	0	1	—	3	—	0	0	—	—
Montana**	—	0	1	—	4	—	0	0	—	—
Nevada**	—	0	1	1	4	—	0	0	—	—
New Mexico**	—	0	0	—	1	—	0	0	—	—
Utah	—	0	1	1	—	—	0	0	—	—
Wyoming**	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	4	15	50	—	0	0	—	—
Alaska	—	0	0	—	1	—	0	0	—	—
California	—	0	2	5	34	—	0	0	—	—
Hawaii	—	0	4	5	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	1	5	15	—	0	0	—	—
Territories										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	29	163	1,107	10,192	—	0	3	17	229
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance).
§ Dengue Fever includes cases that meet criteria for Dengue Fever with hemorrhage, other clinical and unknown case classifications.
¶ DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.
** Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 5, 2011, and November 6, 2010 (44th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	1	6	109	629	595	15	16	54	643	1,599	1	1	13	97	84
New England	—	0	2	4	5	—	2	26	223	96	—	0	1	1	2
Connecticut	—	0	0	—	—	—	0	5	—	32	—	0	0	—	—
Maine§	—	0	1	1	3	—	0	2	15	17	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	1	17	150	—	—	0	0	—	—
New Hampshire	—	0	1	2	2	—	0	4	14	16	—	0	1	1	2
Rhode Island§	—	0	1	1	—	—	0	15	40	29	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	1	4	2	—	0	0	—	—
Mid. Atlantic	—	1	7	55	81	15	5	29	292	237	—	0	2	11	12
New Jersey	—	0	1	—	48	—	0	3	—	65	—	0	0	—	1
New York (Upstate)	—	0	7	46	26	15	3	25	248	160	—	0	2	11	8
New York City	—	0	1	9	5	—	0	5	40	11	—	0	0	—	—
Pennsylvania	—	0	0	—	2	—	0	1	4	1	—	0	0	—	3
E.N. Central	—	0	3	26	41	—	0	8	16	487	—	1	5	41	43
Illinois	—	0	2	16	15	—	0	2	7	8	—	0	1	2	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	32	15
Michigan	—	0	2	4	2	—	0	0	—	4	—	0	2	5	—
Ohio	—	0	1	6	6	—	0	1	6	2	—	0	1	1	—
Wisconsin	—	0	1	—	18	—	0	7	3	473	—	0	1	1	25
W.N. Central	—	1	19	152	119	—	0	20	33	700	—	0	11	15	10
Iowa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Kansas	—	0	1	3	6	—	0	1	2	1	—	0	0	—	—
Minnesota	—	0	12	—	—	—	0	20	1	687	—	0	11	—	—
Missouri	—	1	19	147	111	—	0	7	27	12	—	0	7	14	10
Nebraska§	—	0	1	1	2	—	0	1	1	—	—	0	1	1	—
North Dakota	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
South Dakota	—	0	1	1	—	—	0	1	2	—	—	0	0	—	—
S. Atlantic	1	2	33	220	239	—	1	8	54	57	1	0	1	9	6
Delaware	—	0	2	15	17	—	0	1	1	4	—	0	0	—	—
District of Columbia	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Florida	—	0	3	14	8	—	0	3	9	3	—	0	0	—	—
Georgia	—	0	3	17	20	—	0	2	7	1	—	0	1	1	1
Maryland§	—	0	3	27	21	—	0	2	6	14	—	0	0	—	2
North Carolina	1	0	17	58	94	—	0	6	17	23	—	0	0	—	—
South Carolina§	—	0	1	1	4	—	0	0	—	1	—	0	1	1	—
Virginia§	—	1	13	88	72	—	0	3	14	11	1	0	1	6	3
West Virginia	—	0	1	—	3	—	0	0	—	—	—	0	1	1	—
E.S. Central	—	0	8	69	87	—	0	2	15	19	—	0	3	14	8
Alabama§	—	0	2	4	11	—	0	1	4	7	N	0	0	N	N
Kentucky	—	0	3	12	16	—	0	0	—	—	—	0	0	—	1
Mississippi	—	0	1	3	3	—	0	1	1	2	—	0	0	—	1
Tennessee§	—	0	5	50	57	—	0	2	10	10	—	0	3	14	6
W.S. Central	—	0	87	103	22	—	0	9	7	3	—	0	0	—	1
Arkansas§	—	0	13	45	4	—	0	2	5	—	—	0	0	—	—
Louisiana	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	82	57	14	—	0	7	2	2	—	0	0	—	—
Texas§	—	0	1	1	3	—	0	1	—	1	—	0	0	—	1
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	4	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	3	—
Colorado	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Idaho§	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Montana§	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Nevada§	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
New Mexico§	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Utah	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	1	—	0	1	3	—	—	0	1	2	2
Alaska	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
California	—	0	1	—	1	—	0	0	—	—	—	0	1	2	2
Hawaii	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	1	3	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Puerto Rico	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Cumulative total *E. ewingii* cases reported for year 2011 = 13.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 5, 2011, and November 6, 2010 (44th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	195	290	445	12,857	17,088	2,668	6,043	7,484	257,826	259,730	27	65	141	2,639	2,529
New England	7	28	62	1,319	1,468	86	105	206	4,577	4,704	1	4	12	186	154
Connecticut	1	4	9	186	254	—	45	150	1,918	2,101	—	1	6	48	34
Maine§	2	3	10	160	190	13	4	17	211	141	—	0	2	21	11
Massachusetts	3	13	27	622	637	68	48	80	2,008	2,026	1	2	6	89	80
New Hampshire	—	2	8	104	145	2	2	7	109	132	—	0	2	13	10
Rhode Island§	—	1	10	57	71	3	6	16	288	256	—	0	2	9	11
Vermont§	1	3	19	190	171	—	0	8	43	48	—	0	3	6	8
Mid. Atlantic	48	57	103	2,531	2,882	415	773	1,074	33,646	30,701	7	14	32	601	474
New Jersey	—	3	14	134	425	56	150	258	6,943	4,921	—	2	7	87	89
New York (Upstate)	31	22	72	994	989	133	114	271	4,918	4,780	3	3	18	155	126
New York City	7	16	29	726	799	59	249	469	10,444	10,256	—	3	7	144	78
Pennsylvania	10	16	27	677	669	167	257	365	11,341	10,744	4	5	11	215	181
E.N. Central	20	47	69	2,024	2,876	318	1,025	2,091	44,228	48,001	6	11	22	461	417
Illinois	—	9	19	381	617	5	271	362	11,104	13,305	—	3	10	132	148
Indiana	—	5	11	189	354	63	119	1,018	5,551	4,844	—	2	7	81	87
Michigan	6	10	18	427	617	149	239	499	10,495	11,541	1	1	4	59	26
Ohio	14	16	30	687	734	63	312	395	13,317	14,056	5	2	7	134	101
Wisconsin	—	8	17	340	554	38	92	121	3,761	4,255	—	1	5	55	55
W.N. Central	14	23	50	979	1,880	97	303	363	12,995	12,596	3	3	10	132	187
Iowa	1	4	15	237	258	—	37	53	1,591	1,512	—	0	1	1	1
Kansas	—	2	7	84	193	2	42	57	1,749	1,739	—	0	2	18	19
Minnesota	—	0	16	—	753	1	36	53	1,512	1,846	—	0	5	—	67
Missouri	12	8	23	376	373	42	150	186	6,429	5,965	3	1	5	75	71
Nebraska§	1	4	11	160	188	50	25	45	1,088	975	—	0	3	26	19
North Dakota	—	0	12	36	26	—	4	8	174	166	—	0	6	11	10
South Dakota	—	1	8	86	89	2	10	20	452	393	—	0	1	1	—
S. Atlantic	42	51	98	2,320	3,445	1,194	1,474	1,862	63,682	65,285	5	15	31	626	644
Delaware	1	0	3	29	30	12	16	31	679	852	—	0	2	4	5
District of Columbia	—	1	3	29	51	36	38	68	1,708	1,792	—	0	1	—	5
Florida	29	23	50	1,046	1,841	211	377	465	16,738	17,395	1	5	12	200	157
Georgia	5	13	51	630	706	50	313	874	12,823	12,978	—	3	7	114	143
Maryland§	4	4	13	243	228	110	120	246	4,943	6,082	3	2	5	82	58
North Carolina	N	0	0	N	N	329	312	548	14,063	12,308	1	1	7	64	109
South Carolina§	—	2	8	99	128	186	145	257	6,966	6,868	—	1	5	63	72
Virginia§	3	5	32	222	422	237	111	190	5,073	6,544	—	2	8	82	73
West Virginia	—	0	8	22	39	23	16	29	689	466	—	0	9	17	22
E.S. Central	2	3	11	148	186	156	515	1,007	22,224	21,187	1	3	11	159	149
Alabama§	2	3	11	148	186	—	162	409	7,418	6,596	—	1	4	45	23
Kentucky	N	0	0	N	N	141	76	712	3,785	3,287	—	0	4	22	32
Mississippi	N	0	0	N	N	2	120	197	4,857	5,192	—	0	3	14	11
Tennessee§	N	0	0	N	N	13	143	224	6,164	6,112	1	2	5	78	83
W.S. Central	5	5	15	228	356	152	939	1,319	40,359	41,671	1	2	26	112	117
Arkansas§	5	2	9	113	118	70	89	138	4,037	4,054	1	0	3	29	16
Louisiana	—	2	10	115	176	70	133	372	5,496	7,102	—	0	4	40	27
Oklahoma	—	0	0	—	62	11	100	375	4,701	3,676	—	1	19	42	66
Texas§	N	0	0	N	N	1	601	821	26,125	26,839	—	0	4	1	8
Mountain	19	26	47	1,138	1,547	104	205	273	9,174	8,105	2	5	12	215	262
Arizona	—	3	6	110	141	66	77	131	3,735	2,715	—	1	6	75	97
Colorado	9	12	25	550	618	—	43	89	1,854	2,363	1	1	5	52	71
Idaho§	5	3	9	126	188	—	3	15	120	98	—	0	2	17	16
Montana§	3	2	5	70	95	—	1	4	68	89	—	0	1	3	2
Nevada§	2	1	7	63	91	33	38	103	1,722	1,532	—	0	2	15	7
New Mexico§	—	1	6	76	94	3	29	98	1,422	994	1	1	4	35	36
Utah	—	3	9	122	274	2	4	10	217	283	—	0	3	17	27
Wyoming§	—	0	5	21	46	—	1	3	36	31	—	0	1	1	6
Pacific	38	49	128	2,170	2,448	146	622	791	26,941	27,480	1	3	8	147	125
Alaska	—	2	7	88	89	—	20	34	848	1,111	—	0	3	23	22
California	26	32	67	1,448	1,489	123	504	695	22,103	22,400	—	0	4	35	22
Hawaii	—	0	4	29	53	—	13	24	530	645	—	0	3	22	19
Oregon	2	7	20	296	428	—	27	52	1,177	889	1	1	6	64	55
Washington	10	7	57	309	389	23	51	79	2,283	2,435	—	0	2	3	7
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	3	—	0	10	6	81	—	0	0	—	—
Puerto Rico	—	1	4	37	84	11	6	14	278	275	—	0	0	—	1
U.S. Virgin Islands	—	0	0	—	—	—	2	10	113	120	—	0	0	—	—

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† Data for H. influenzae (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 5, 2011, and November 6, 2010 (44th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	16	22	74	982	1,397	22	47	167	2,053	2,788	8	18	39	833	693
New England	—	1	5	59	88	—	1	8	66	49	—	1	5	44	49
Connecticut	—	0	3	17	26	—	0	4	10	20	—	0	3	25	33
Maine†	—	0	2	6	7	—	0	2	8	13	—	0	2	4	2
Massachusetts	—	0	3	27	45	—	1	6	46	9	—	0	2	11	13
New Hampshire	—	0	1	—	1	—	0	1	2	5	N	0	0	N	N
Rhode Island†	—	0	1	3	9	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	2	6	—	—	0	0	—	2	—	0	1	4	1
Mid. Atlantic	2	4	10	181	242	3	5	12	234	245	1	1	6	74	87
New Jersey	—	1	3	29	69	—	1	4	53	70	—	0	4	1	21
New York (Upstate)	—	1	4	42	51	1	1	9	42	39	1	1	4	42	40
New York City	1	1	6	60	74	—	1	5	68	73	—	0	2	2	3
Pennsylvania	1	1	3	50	48	2	2	4	71	63	—	0	4	29	23
E.N. Central	1	4	8	162	183	2	6	37	287	425	—	3	12	160	78
Illinois	—	1	4	49	45	—	1	6	56	111	—	0	2	6	1
Indiana	—	0	3	12	11	—	1	3	48	66	—	1	5	53	24
Michigan	—	1	6	60	67	—	1	6	70	111	—	2	7	95	37
Ohio	1	1	3	35	42	2	1	30	87	88	—	0	1	5	8
Wisconsin	—	0	2	6	18	—	0	3	26	49	—	0	1	1	8
W.N. Central	—	1	25	36	68	—	2	16	113	100	—	0	6	8	15
Iowa	—	0	1	7	11	—	0	1	10	13	—	0	0	—	—
Kansas	—	0	2	3	10	—	0	2	11	8	—	0	1	3	2
Minnesota	—	0	22	9	14	—	0	15	9	7	—	0	6	2	6
Missouri	—	0	1	10	18	—	2	5	70	59	—	0	1	—	5
Nebraska†	—	0	1	5	14	—	0	3	12	11	—	0	1	3	2
North Dakota	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	2	2	1	—	0	1	1	2	—	0	0	—	—
S. Atlantic	7	5	13	199	296	8	12	56	557	764	3	4	11	202	160
Delaware	—	0	1	2	7	—	0	2	11	24	U	0	0	U	U
District of Columbia	—	0	0	—	1	—	0	0	—	3	—	0	0	—	2
Florida	1	1	7	68	120	1	4	8	173	254	1	1	3	50	49
Georgia	1	1	4	39	35	3	2	8	84	143	—	1	3	32	25
Maryland†	1	0	4	24	18	—	1	4	45	58	—	0	3	29	20
North Carolina	1	0	3	24	43	1	2	12	95	89	1	1	7	49	35
South Carolina†	—	0	2	9	23	—	1	3	28	53	—	0	1	1	1
Virginia†	3	0	3	25	42	1	1	6	53	80	—	0	3	16	11
West Virginia	—	0	5	8	7	2	0	43	68	60	1	0	6	25	17
E.S. Central	—	1	6	43	33	4	9	14	366	316	—	4	8	151	133
Alabama†	—	0	2	7	6	1	2	6	97	59	—	0	3	16	6
Kentucky	—	0	6	9	13	—	2	6	85	114	—	1	7	65	90
Mississippi	—	0	1	7	2	—	1	3	39	30	U	0	0	U	U
Tennessee†	—	0	5	20	12	3	4	8	145	113	—	1	5	70	37
W.S. Central	5	3	15	113	125	2	7	67	258	494	3	2	11	78	61
Arkansas†	—	0	0	—	2	—	1	4	42	54	—	0	0	—	1
Louisiana	—	0	1	2	10	—	1	4	27	46	—	0	2	5	3
Oklahoma	—	0	4	3	2	2	1	16	71	84	3	1	10	43	26
Texas†	5	2	11	108	111	—	3	45	118	310	—	0	3	30	31
Mountain	—	1	5	53	132	1	1	4	62	121	1	1	4	50	55
Arizona	—	0	2	15	57	—	0	3	13	23	U	0	0	U	U
Colorado	—	0	2	17	34	—	0	2	15	41	1	0	3	16	15
Idaho†	—	0	1	6	6	—	0	1	2	6	—	0	2	8	9
Montana†	—	0	1	2	4	—	0	0	—	—	—	0	1	2	2
Nevada†	—	0	3	5	14	1	0	3	21	36	—	0	2	9	6
New Mexico†	—	0	1	5	4	—	0	2	6	5	—	0	1	12	13
Utah	—	0	2	1	9	—	0	1	5	8	—	0	1	1	10
Wyoming†	—	0	1	2	4	—	0	1	—	2	—	0	1	2	—
Pacific	1	3	13	136	230	2	3	25	110	274	—	1	12	66	55
Alaska	—	0	1	2	1	—	0	1	4	3	U	0	0	U	U
California	1	2	12	98	189	—	1	22	50	190	—	0	4	28	23
Hawaii	—	0	2	7	7	—	0	1	6	6	U	0	0	U	U
Oregon	—	0	2	8	16	—	0	4	28	35	—	0	3	11	14
Washington	—	0	4	21	17	2	0	4	22	40	—	0	5	27	18
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	5	8	7	—	2	8	28	68	—	0	4	10	56
Puerto Rico	—	0	2	6	16	—	0	2	8	24	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 5, 2011, and November 6, 2010 (44th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	64	54	167	3,214	2,892	315	380	1,919	27,493	27,879	13	27	114	1,156	1,475
New England	5	4	41	339	239	8	73	456	5,753	8,347	—	2	20	79	96
Connecticut	2	1	10	67	43	—	29	224	2,312	2,847	—	0	20	10	2
Maine†	1	0	2	16	11	—	14	66	818	637	—	0	2	6	5
Massachusetts	1	3	26	211	116	1	22	94	1,222	3,141	—	1	5	52	67
New Hampshire	1	0	3	20	22	—	10	69	740	1,223	—	0	1	2	4
Rhode Island†	—	0	2	14	38	6	1	31	122	173	—	0	3	3	15
Vermont†	—	0	2	11	9	1	5	66	539	326	—	0	1	6	3
Mid. Atlantic	15	15	80	1,086	817	269	161	1,202	17,144	9,976	4	8	17	273	455
New Jersey	—	2	14	155	132	69	65	585	7,292	3,432	—	0	6	8	91
New York (Upstate)	9	5	27	327	252	95	37	214	3,279	2,341	3	1	4	46	69
New York City	—	3	14	175	146	—	1	16	102	663	1	3	10	169	241
Pennsylvania	6	5	37	429	287	105	66	502	6,471	3,540	—	1	5	50	54
E.N. Central	17	10	51	681	618	—	16	108	1,268	3,697	—	3	10	134	146
Illinois	—	1	11	100	140	—	1	18	152	134	—	1	5	53	54
Indiana	3	1	6	90	55	—	0	15	92	78	—	0	2	9	13
Michigan	—	3	15	167	161	—	1	12	97	92	—	0	4	29	29
Ohio	14	4	34	323	204	—	1	9	43	27	—	1	4	37	38
Wisconsin	—	0	2	1	58	—	13	78	884	3,366	—	0	2	6	12
W.N. Central	—	1	9	72	105	—	2	15	121	2,039	1	1	45	30	63
Iowa	—	0	2	10	14	—	0	11	77	84	—	0	3	18	12
Kansas	—	0	2	10	11	—	0	2	12	10	—	0	2	7	11
Minnesota	—	0	8	—	27	—	0	15	—	1,914	—	0	45	—	3
Missouri	—	1	5	43	32	—	0	0	—	4	—	0	1	—	19
Nebraska†	—	0	1	5	9	—	0	2	8	8	1	0	1	4	15
North Dakota	—	0	1	2	4	—	0	10	21	18	—	0	1	—	—
South Dakota	—	0	1	2	8	—	0	1	3	1	—	0	1	1	3
S. Atlantic	21	9	29	473	469	37	53	171	2,988	3,483	4	9	23	383	388
Delaware	—	0	4	20	15	—	12	48	735	590	—	0	3	7	2
District of Columbia	—	0	3	9	16	—	0	2	13	39	—	0	1	5	11
Florida	13	3	9	157	141	2	2	7	100	75	2	2	7	90	112
Georgia	—	1	3	31	56	1	0	5	24	10	—	1	5	68	62
Maryland†	5	1	14	109	100	7	18	111	1,107	1,511	—	2	13	107	87
North Carolina	—	1	7	57	54	12	0	8	66	71	—	0	6	34	47
South Carolina†	—	0	5	17	13	—	0	6	31	28	—	0	1	5	5
Virginia†	3	1	9	67	61	14	16	76	838	1,045	2	1	8	67	59
West Virginia	—	0	2	6	13	1	0	14	74	114	—	0	0	—	3
E.S. Central	—	2	10	136	122	1	1	5	50	42	1	0	4	30	29
Alabama†	—	0	2	22	18	—	0	2	15	2	—	0	3	6	9
Kentucky	—	0	3	31	26	—	0	1	2	5	—	0	1	7	6
Mississippi	—	0	3	13	12	—	0	1	3	—	—	0	1	1	2
Tennessee†	—	1	8	70	66	1	0	3	30	35	1	0	3	16	12
W.S. Central	—	2	13	111	150	—	1	29	43	101	—	1	18	28	88
Arkansas†	—	0	2	13	16	—	0	0	—	—	—	0	1	5	4
Louisiana	—	0	3	14	10	—	0	1	1	3	—	0	1	1	5
Oklahoma	—	0	3	9	13	—	0	0	—	—	—	0	1	5	5
Texas†	—	2	11	75	111	—	1	29	42	98	—	0	17	17	74
Mountain	—	2	5	84	154	—	0	4	36	26	1	1	4	56	58
Arizona	—	1	3	29	58	—	0	2	11	2	—	0	4	22	23
Colorado	—	0	1	5	29	—	0	1	1	3	1	0	3	19	20
Idaho†	—	0	1	6	6	—	0	2	4	8	—	0	1	2	3
Montana†	—	0	1	1	4	—	0	3	9	4	—	0	1	2	2
Nevada†	—	0	2	13	19	—	0	1	4	1	—	0	2	7	6
New Mexico†	—	0	2	11	8	—	0	2	5	5	—	0	1	3	1
Utah	—	0	2	15	23	—	0	1	1	3	—	0	1	1	3
Wyoming†	—	0	2	4	7	—	0	1	1	—	—	0	0	—	—
Pacific	6	5	21	232	218	—	2	11	90	168	2	4	11	143	152
Alaska	—	0	0	—	2	—	0	2	8	6	—	0	2	5	3
California	6	4	15	195	179	—	1	9	59	111	2	2	8	99	102
Hawaii	—	0	1	2	1	N	0	0	N	N	—	0	1	6	3
Oregon	—	0	3	16	12	—	0	2	11	38	—	0	4	14	13
Washington	—	0	6	19	24	—	0	6	12	13	—	0	3	19	31
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	1	1	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	1	N	0	0	N	N	—	0	0	—	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 5, 2011, and November 6, 2010 (44th week)*

Reporting area	Meningococcal disease, invasive† All serogroups					Mumps					Pertussis				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	3	13	53	577	667	4	8	47	287	2,477	184	278	2,925	11,808	19,788
New England	—	0	3	26	16	—	0	2	11	24	3	11	28	535	444
Connecticut	—	0	1	3	2	—	0	0	—	11	—	1	5	48	100
Maine§	—	0	1	4	3	—	0	2	2	1	2	2	19	153	40
Massachusetts	—	0	2	13	6	—	0	1	4	9	1	4	10	192	239
New Hampshire	—	0	1	1	—	—	0	0	—	3	—	2	9	97	16
Rhode Island§	—	0	1	—	—	—	0	2	4	—	—	0	4	23	36
Vermont§	—	0	3	5	5	—	0	1	1	—	—	0	4	22	13
Mid. Atlantic	1	1	6	66	67	1	1	23	33	2,091	28	31	125	1,348	1,329
New Jersey	—	0	1	5	19	—	0	2	10	347	—	3	7	130	149
New York (Upstate)	1	0	4	20	11	1	0	3	10	662	22	13	81	595	445
New York City	—	0	3	25	17	—	0	22	10	1,038	—	0	36	74	75
Pennsylvania	—	0	2	16	20	—	0	16	3	44	6	13	70	549	660
E.N. Central	—	2	6	83	113	1	2	7	79	60	24	61	198	2,482	4,523
Illinois	—	0	3	24	20	—	1	5	53	22	—	17	50	694	804
Indiana	—	0	2	16	24	—	0	0	—	4	—	4	26	167	617
Michigan	—	0	2	11	21	—	0	2	10	17	1	13	53	573	1,257
Ohio	—	0	2	22	29	1	0	5	13	14	22	13	80	637	1,416
Wisconsin	—	0	2	10	19	—	0	1	3	3	1	10	25	411	429
W.N. Central	1	1	4	41	46	—	0	4	31	81	8	21	501	984	2,030
Iowa	—	0	1	9	9	—	0	1	5	38	—	4	36	160	559
Kansas	—	0	1	2	6	—	0	1	4	4	—	2	10	99	152
Minnesota	—	0	2	—	5	—	0	4	1	4	—	0	469	326	648
Missouri	1	0	3	17	19	—	0	3	12	10	7	7	37	283	410
Nebraska§	—	0	2	10	5	—	0	1	5	23	1	1	11	47	184
North Dakota	—	0	1	1	2	—	0	3	4	—	—	0	10	41	50
South Dakota	—	0	1	2	—	—	0	0	—	2	—	0	7	28	27
S. Atlantic	—	2	8	117	118	1	0	4	30	51	26	27	106	1,159	1,514
Delaware	—	0	1	1	1	—	0	0	—	—	—	0	5	21	12
District of Columbia	—	0	1	1	1	—	0	0	—	3	—	0	2	3	8
Florida	—	1	5	45	53	—	0	2	7	8	9	6	17	283	269
Georgia	—	0	1	14	10	—	0	2	5	2	5	3	13	149	216
Maryland§	—	0	1	11	9	—	0	1	1	11	—	1	7	77	119
North Carolina	—	0	3	13	12	1	0	2	8	9	3	3	35	155	287
South Carolina§	—	0	1	9	11	—	0	0	—	4	1	3	25	124	309
Virginia§	—	0	2	16	19	—	0	4	9	12	6	6	41	287	209
West Virginia	—	0	3	7	2	—	0	0	—	2	2	0	41	60	85
E.S. Central	—	0	2	22	39	—	0	1	4	10	1	7	28	301	688
Alabama§	—	0	2	9	6	—	0	1	1	6	1	2	11	117	178
Kentucky	—	0	2	3	17	—	0	0	—	1	—	1	16	65	236
Mississippi	—	0	1	3	5	—	0	1	3	—	—	1	10	30	79
Tennessee§	—	0	2	7	11	—	0	1	—	3	—	2	10	89	195
W.S. Central	1	1	12	51	74	1	1	15	60	104	8	21	297	794	2,550
Arkansas§	—	0	2	10	5	—	0	2	3	5	—	1	16	53	184
Louisiana	—	0	2	10	12	—	0	2	—	6	—	0	3	17	39
Oklahoma	—	0	2	10	15	—	0	2	4	—	—	0	92	41	55
Texas§	1	0	10	21	42	1	1	14	53	93	8	19	187	683	2,272
Mountain	—	1	4	41	49	—	0	2	8	18	49	37	100	1,612	1,351
Arizona	—	0	1	10	13	—	0	1	1	5	1	14	29	609	402
Colorado	—	0	1	9	18	—	0	1	3	7	12	9	63	352	240
Idaho§	—	0	1	5	5	—	0	1	1	1	8	2	11	120	176
Montana§	—	0	2	4	1	—	0	0	—	—	27	2	16	116	73
Nevada§	—	0	1	3	8	—	0	0	—	1	—	0	5	28	31
New Mexico§	—	0	1	2	3	—	0	2	2	—	1	2	15	167	127
Utah	—	0	2	8	1	—	0	0	—	3	—	5	16	211	290
Wyoming§	—	0	1	—	—	—	0	1	1	1	—	0	1	9	12
Pacific	—	3	26	130	145	—	0	9	31	38	37	62	1,710	2,593	5,359
Alaska	—	0	1	2	1	—	0	1	1	1	—	0	4	24	37
California	—	2	17	92	93	—	0	9	23	24	1	45	1,569	1,737	4,637
Hawaii	—	0	1	4	1	—	0	1	2	4	—	1	9	75	62
Oregon	—	0	3	19	29	—	0	1	4	3	3	5	18	255	248
Washington	—	0	8	13	21	—	0	1	1	6	33	9	131	502	375
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	4	12	474	—	0	14	31	3
Puerto Rico	—	0	0	—	2	—	0	1	1	1	—	0	1	2	3
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† 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 November 5, 2011, and November 6, 2010 (44th week)*

Reporting area	Rabies, animal					Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	39	60	119	2,592	3,844	587	910	1,839	40,126	46,570	48	92	264	4,328	4,548
New England	7	4	16	216	269	8	34	107	1,805	2,135	1	3	12	186	193
Connecticut	—	2	10	100	120	—	8	30	405	491	—	0	4	47	60
Maine§	—	1	6	57	56	—	2	8	114	114	1	0	3	28	18
Massachusetts	—	0	0	—	—	8	19	45	937	1,158	—	1	9	69	75
New Hampshire	—	0	3	17	16	—	3	8	145	157	—	0	3	23	20
Rhode Island§	6	0	4	21	28	—	0	62	135	146	—	0	2	4	3
Vermont§	1	0	2	21	49	—	1	8	69	69	—	0	3	15	17
Mid. Atlantic	7	16	35	738	946	38	90	205	4,659	5,212	3	11	36	523	501
New Jersey	—	0	0	—	—	—	16	48	797	1,073	—	2	6	96	110
New York (Upstate)	7	7	20	328	450	25	25	67	1,234	1,271	2	3	12	184	174
New York City	—	0	3	9	142	—	19	42	991	1,185	—	2	6	79	65
Pennsylvania	—	8	21	401	354	13	31	111	1,637	1,683	1	3	18	164	152
E.N. Central	2	2	17	167	224	25	86	150	3,822	5,205	2	12	48	752	730
Illinois	—	0	6	46	113	—	29	75	1,344	1,755	—	3	13	169	139
Indiana	—	0	7	26	—	—	9	19	350	672	—	2	8	86	125
Michigan	—	1	6	52	66	2	14	42	727	846	1	2	19	149	137
Ohio	2	0	5	43	45	23	21	46	1,081	1,169	1	3	10	166	124
Wisconsin	N	0	0	N	N	—	7	45	320	763	—	2	20	182	205
W.N. Central	—	2	40	73	229	26	43	103	2,063	2,659	12	12	39	673	813
Iowa	—	0	1	—	26	—	9	19	397	484	—	2	15	172	162
Kansas	—	0	4	29	58	7	7	26	403	397	1	2	8	94	66
Minnesota	—	0	34	—	25	—	0	16	—	657	—	0	7	—	257
Missouri	—	0	1	—	61	17	16	46	863	718	11	5	30	258	210
Nebraska§	—	0	3	31	45	2	4	13	224	221	—	1	7	91	69
North Dakota	—	0	6	13	14	—	0	15	37	47	—	0	4	12	17
South Dakota	—	0	0	—	—	—	3	17	139	135	—	1	4	46	32
S. Atlantic	20	18	93	952	1,015	265	278	721	12,359	13,311	6	13	27	551	611
Delaware	—	0	0	—	—	—	3	11	157	160	—	0	2	14	6
District of Columbia	—	0	0	—	—	—	1	5	47	83	—	0	1	3	9
Florida	—	0	84	99	121	158	107	203	4,920	5,396	—	3	15	126	191
Georgia	—	0	0	—	—	46	41	127	2,155	2,539	—	2	8	102	95
Maryland§	—	5	13	247	336	7	19	42	839	944	3	1	8	43	87
North Carolina	—	0	0	—	—	14	31	251	1,855	1,608	—	2	11	99	65
South Carolina§	N	0	0	N	N	24	30	70	1,345	1,423	—	0	4	15	20
Virginia§	19	11	27	530	489	16	21	68	996	1,000	3	3	9	146	119
West Virginia	1	0	30	76	69	—	0	14	45	158	—	0	4	3	19
E.S. Central	1	3	11	157	158	17	58	187	3,480	3,524	3	4	22	226	231
Alabama§	1	1	7	74	66	11	19	70	1,043	923	—	1	15	70	45
Kentucky	—	0	2	14	19	—	9	20	370	514	—	1	5	41	62
Mississippi	—	0	1	1	—	—	20	66	1,180	1,117	1	0	12	20	17
Tennessee§	—	1	6	68	73	6	16	51	887	970	2	1	11	95	107
W.S. Central	—	1	31	80	751	127	131	515	5,407	6,260	4	8	151	339	296
Arkansas§	—	0	10	49	26	14	14	53	766	702	—	1	6	48	46
Louisiana	—	0	0	—	—	3	17	44	817	1,210	—	0	1	9	19
Oklahoma	—	0	20	31	41	30	11	95	614	576	1	1	55	61	32
Texas§	—	0	17	—	684	80	81	381	3,210	3,772	3	5	95	221	199
Mountain	—	0	4	36	66	12	44	91	2,100	2,557	7	11	26	500	597
Arizona	N	0	0	N	N	2	14	33	633	881	—	2	14	79	84
Colorado	—	0	0	—	—	7	10	24	478	501	3	2	7	98	207
Idaho§	—	0	1	6	11	—	3	8	131	142	2	2	7	109	87
Montana§	N	0	0	N	N	—	2	10	117	85	1	0	5	36	38
Nevada§	—	0	2	13	8	3	3	8	141	275	1	0	7	33	31
New Mexico§	—	0	2	10	13	—	6	22	279	303	—	1	3	40	45
Utah	—	0	2	7	10	—	6	15	268	316	—	1	7	80	86
Wyoming§	—	0	0	—	24	—	1	9	53	54	—	0	7	25	19
Pacific	2	3	15	173	186	69	99	288	4,431	5,707	10	14	46	578	576
Alaska	—	0	2	11	12	—	1	6	46	74	—	0	1	3	2
California	2	3	11	149	159	42	73	232	3,389	4,227	4	8	36	352	254
Hawaii	—	0	0	—	—	8	6	14	295	294	—	0	1	6	28
Oregon	—	0	2	13	15	1	6	12	226	466	—	1	11	87	102
Washington	—	0	14	—	—	18	12	42	475	646	6	2	13	130	190
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	2	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	3	6	11	—	0	0	—	—
Puerto Rico	2	0	6	32	38	—	5	17	188	532	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Includes E. coli O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 5, 2011, and November 6, 2010 (44th week)*

Reporting area	Shigellosis					Spotted Fever Rickettsiosis (including RMSF)†									
						Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	183	245	742	9,579	12,057	3	3	14	181	133	59	25	245	1,745	1,432
New England	8	4	19	228	303	—	0	1	1	—	—	0	1	6	5
Connecticut	—	0	4	36	69	—	0	0	—	—	—	0	0	—	—
Maine§	8	0	4	29	6	—	0	0	—	—	—	0	0	—	2
Massachusetts	—	3	18	150	202	—	0	0	—	—	—	0	1	4	—
New Hampshire	—	0	1	3	14	—	0	1	1	—	—	0	1	1	1
Rhode Island§	—	0	4	6	11	—	0	0	—	—	—	0	1	1	2
Vermont§	—	0	1	4	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	6	15	74	801	1,475	—	0	2	15	2	—	1	4	46	95
New Jersey	—	3	16	172	345	—	0	0	—	1	—	0	1	—	57
New York (Upstate)	5	3	20	252	206	—	0	1	3	1	—	0	1	7	15
New York City	1	5	20	269	278	—	0	0	—	—	—	0	3	23	11
Pennsylvania	—	3	56	108	646	—	0	2	12	—	—	0	3	16	12
E.N. Central	11	16	40	656	1,396	—	0	2	9	3	1	1	8	102	75
Illinois	—	5	16	193	779	—	0	1	2	2	—	0	4	40	34
Indiana§	—	1	4	43	57	—	0	1	2	1	—	0	4	44	20
Michigan	2	3	10	144	224	—	0	1	2	—	—	0	1	1	1
Ohio	9	5	27	276	270	—	0	2	3	—	1	0	2	17	14
Wisconsin	—	0	4	—	66	—	0	0	—	—	—	0	1	—	6
W.N. Central	4	6	27	262	1,936	—	0	5	26	13	—	4	29	334	268
Iowa	—	0	5	19	47	—	0	0	—	—	—	0	2	5	5
Kansas§	1	1	12	53	253	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	4	—	59	—	0	0	—	—	—	0	2	—	—
Missouri	3	4	17	172	1,516	—	0	3	19	10	—	3	29	323	260
Nebraska§	—	0	2	14	54	—	0	3	5	3	—	0	1	5	2
North Dakota	—	0	0	—	—	—	0	1	2	—	—	0	0	—	1
South Dakota	—	0	2	4	7	—	0	0	—	—	—	0	1	1	—
S. Atlantic	72	69	134	3,170	2,193	3	1	8	96	80	54	6	54	497	445
Delaware§	—	0	2	6	38	—	0	1	1	1	—	0	4	18	19
District of Columbia	—	0	2	12	27	—	0	1	1	1	—	0	1	1	—
Florida§	48	44	98	2,237	943	—	0	1	3	3	—	0	2	11	8
Georgia	15	11	24	504	689	1	0	6	60	57	—	0	0	—	—
Maryland§	3	2	7	90	115	—	0	1	3	—	1	0	3	29	48
North Carolina	1	3	36	180	162	2	0	4	14	13	47	0	49	249	226
South Carolina§	1	1	4	50	62	—	0	2	11	1	—	0	2	20	18
Virginia§	4	2	8	87	121	—	0	1	3	4	6	2	14	165	126
West Virginia	—	0	66	4	36	—	0	0	—	—	—	0	1	4	—
E.S. Central	10	15	27	563	665	—	0	2	10	20	4	4	24	311	388
Alabama§	7	5	14	206	176	—	0	1	4	5	3	1	8	66	76
Kentucky	1	1	6	39	206	—	0	1	1	6	—	0	0	—	—
Mississippi	—	3	10	161	46	—	0	0	—	1	—	0	2	12	21
Tennessee§	2	4	11	157	237	—	0	2	5	8	1	4	18	233	291
W.S. Central	48	55	503	2,276	2,343	—	0	8	10	6	—	2	235	413	142
Arkansas§	2	2	7	69	61	—	0	2	5	2	—	1	51	352	94
Louisiana	—	5	21	227	252	—	0	0	—	—	—	0	2	7	2
Oklahoma	7	2	161	138	238	—	0	5	3	3	—	0	202	42	22
Texas§	39	42	338	1,842	1,792	—	0	1	2	1	—	0	5	12	24
Mountain	9	15	42	707	726	—	0	5	13	3	—	0	6	36	13
Arizona	8	6	27	318	399	—	0	4	12	1	—	0	6	21	1
Colorado§	1	1	8	83	86	—	0	1	—	—	—	0	1	2	1
Idaho§	—	0	3	16	23	—	0	1	1	—	—	0	1	1	5
Montana§	—	1	15	121	7	—	0	0	—	2	—	0	1	1	1
Nevada§	—	0	4	30	46	—	0	0	—	—	—	0	1	1	—
New Mexico§	—	2	9	93	124	—	0	0	—	—	—	0	1	1	1
Utah	—	1	4	44	41	—	0	0	—	—	—	0	1	1	3
Wyoming§	—	0	1	2	—	—	0	0	—	—	—	0	2	8	1
Pacific	15	21	63	916	1,020	—	0	2	1	6	—	0	0	—	1
Alaska	—	0	2	5	2	N	0	0	N	N	N	0	0	N	N
California	13	16	59	756	821	—	0	1	1	6	—	0	0	—	—
Hawaii	—	1	3	42	41	N	0	0	N	N	N	0	0	N	N
Oregon	—	1	4	38	56	—	0	0	—	—	—	0	0	—	1
Washington	2	1	6	75	100	—	0	1	—	—	—	0	0	—	—
Territories															
American Samoa	—	0	1	1	4	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	5	N	0	0	N	N	N	0	0	N	N
Puerto Rico	—	0	1	—	4	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† 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 November 5, 2011, and November 6, 2010 (44th week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	142	298	937	11,206	12,763	22	26	118	1,017	1,788	74	260	363	10,872	11,701
New England	2	17	79	637	710	—	1	5	42	91	4	7	16	309	413
Connecticut	—	6	49	278	286	—	0	3	10	26	—	1	5	39	82
Maine§	1	2	13	108	102	—	0	1	4	8	1	0	2	12	27
Massachusetts	—	0	4	31	59	—	0	2	15	41	1	4	9	195	253
New Hampshire	—	2	8	86	101	—	0	1	5	5	—	0	3	17	21
Rhode Island§	—	2	8	73	94	—	0	1	2	6	2	0	7	38	28
Vermont§	1	1	6	61	68	—	0	2	6	5	—	0	2	8	2
Mid. Atlantic	5	27	81	1,110	1,350	2	2	27	92	201	5	29	53	1,299	1,457
New Jersey	—	13	35	511	601	—	0	4	30	51	—	4	13	186	206
New York (Upstate)	4	1	10	70	127	2	1	9	38	95	1	3	20	153	111
New York City	1	12	42	529	622	—	0	14	24	55	—	15	31	662	825
Pennsylvania	N	0	0	N	N	N	0	0	N	N	4	6	14	298	315
E.N. Central	38	65	114	2,471	2,624	3	5	13	202	320	2	30	48	1,281	1,656
Illinois	N	0	0	N	N	—	1	6	65	80	—	12	24	519	794
Indiana	—	16	33	560	603	—	0	4	25	49	1	3	8	134	153
Michigan	1	14	29	539	603	—	1	3	28	74	—	5	12	220	208
Ohio	33	26	45	1,022	994	3	2	7	70	86	1	8	21	359	456
Wisconsin	4	8	24	350	424	—	0	3	14	31	—	1	5	49	45
W.N. Central	—	3	33	140	723	2	1	6	55	138	1	6	13	242	309
Iowa	N	0	0	N	N	N	0	0	N	N	—	0	2	14	18
Kansas	N	0	0	N	N	N	0	0	N	N	—	0	3	20	18
Minnesota	—	0	17	—	556	—	0	3	—	78	—	2	8	99	125
Missouri	N	0	0	N	N	2	0	4	32	34	1	2	6	103	134
Nebraska§	—	2	9	96	110	—	0	2	10	14	—	0	2	5	9
North Dakota	—	0	25	44	57	—	0	1	1	2	—	0	1	1	1
South Dakota	N	0	0	N	N	—	0	2	12	10	—	0	0	—	4
S. Atlantic	53	72	170	3,097	3,406	8	6	25	267	477	39	68	178	2,862	2,709
Delaware	—	1	6	40	33	—	0	1	—	—	—	0	4	17	4
District of Columbia	—	1	3	29	64	—	0	1	4	8	3	3	8	132	116
Florida	30	21	68	1,134	1,230	6	2	13	108	168	1	24	36	994	997
Georgia	11	21	54	824	1,115	2	2	7	61	136	15	14	130	633	589
Maryland§	9	9	32	447	440	—	1	4	31	47	5	8	20	382	268
North Carolina	N	0	0	N	N	N	0	0	N	N	2	8	19	321	347
South Carolina§	3	8	25	368	423	—	0	3	23	50	6	4	11	196	128
Virginia§	N	0	0	N	N	—	0	3	26	49	7	4	16	185	254
West Virginia	—	0	48	255	101	—	0	6	14	19	—	0	1	2	6
E.S. Central	13	18	36	746	864	2	1	4	59	98	7	16	34	650	773
Alabama§	N	0	0	N	N	N	0	0	N	N	—	4	11	187	218
Kentucky	N	0	0	N	N	N	0	0	N	N	7	2	16	105	116
Mississippi	N	0	0	N	N	—	0	2	9	14	—	3	14	163	190
Tennessee§	13	18	36	746	864	2	1	4	50	84	—	5	11	195	249
W.S. Central	24	31	368	1,494	1,547	5	4	38	173	252	5	36	50	1,537	1,811
Arkansas§	4	3	26	187	147	—	0	3	11	16	4	3	10	164	188
Louisiana	—	3	11	131	102	—	0	2	12	24	—	6	25	324	485
Oklahoma	N	0	0	N	N	1	1	8	31	40	1	2	8	85	82
Texas§	20	25	333	1,176	1,298	4	2	27	119	172	—	23	31	964	1,056
Mountain	7	30	72	1,375	1,444	—	3	8	113	195	4	12	20	473	527
Arizona	1	12	45	641	667	—	1	5	52	85	—	4	10	196	193
Colorado	4	9	23	438	450	—	0	4	30	57	—	2	6	88	124
Idaho§	N	0	0	N	N	—	0	1	4	7	—	0	4	11	2
Montana§	N	0	0	N	N	N	0	0	N	N	—	0	1	4	3
Nevada§	N	0	0	N	N	N	0	0	N	N	4	2	9	115	102
New Mexico§	2	4	13	202	132	—	0	2	15	16	—	1	4	50	45
Utah	—	1	8	74	182	—	0	3	12	27	—	0	2	9	58
Wyoming§	—	0	15	20	13	—	0	1	—	3	—	0	0	—	—
Pacific	—	3	11	136	95	—	0	2	14	16	7	53	71	2,219	2,046
Alaska	—	2	11	131	95	—	0	1	11	16	—	0	1	1	3
California	N	0	0	N	N	N	0	0	N	N	5	43	58	1,799	1,739
Hawaii	—	0	3	5	—	—	0	1	3	—	—	0	5	10	29
Oregon	N	0	0	N	N	N	0	0	N	N	1	3	13	155	56
Washington	N	0	0	N	N	N	0	0	N	N	1	5	11	254	219
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	4	14	200	196
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Case counts for reporting year 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† Includes drug resistant and susceptible cases of invasive Streptococcus pneumoniae disease among children <5 years and among all ages. Case definition: Isolation of S. pneumoniae from a normally sterile body site (e.g., blood or cerebrospinal fluid).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 5, 2011, and November 6, 2010 (44th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010	Current week	Previous 52 weeks		Cum 2011	Cum 2010
		Med	Max				Med	Max				Med	Max		
United States	149	269	367	10,828	13,127	—	0	54	416	623	—	0	25	190	392
New England	4	21	50	1,012	1,010	—	0	3	14	14	—	0	1	2	5
Connecticut	1	5	16	229	295	—	0	2	8	7	—	0	1	1	4
Maine¶	—	4	10	170	206	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	7	18	389	233	—	0	2	4	6	—	0	1	1	1
New Hampshire	—	2	9	102	140	—	0	0	—	1	—	0	0	—	—
Rhode Island¶	—	0	6	33	41	—	0	1	1	—	—	0	0	—	—
Vermont¶	3	1	10	89	95	—	0	1	1	—	—	0	0	—	—
Mid. Atlantic	31	44	78	2,075	1,465	—	0	11	33	123	—	0	6	21	63
New Jersey	12	15	68	1,230	505	—	0	1	2	15	—	0	2	4	15
New York (Upstate)	N	0	0	N	N	—	0	5	18	56	—	0	4	14	30
New York City	—	0	0	—	—	—	0	4	9	33	—	0	1	2	9
Pennsylvania	19	19	41	845	960	—	0	1	4	19	—	0	1	1	9
E.N. Central	48	66	118	2,481	4,210	—	0	13	71	80	—	0	5	25	30
Illinois	1	16	31	643	1,068	—	0	6	21	45	—	0	4	10	16
Indiana¶	3	5	18	217	312	—	0	2	7	6	—	0	1	2	7
Michigan	20	19	38	782	1,237	—	0	7	32	25	—	0	1	1	4
Ohio	24	21	58	838	1,162	—	0	3	10	4	—	0	3	11	1
Wisconsin	—	0	22	1	431	—	0	1	1	—	—	0	1	1	2
W.N. Central	2	7	42	341	813	—	0	8	28	32	—	0	6	27	75
Iowa	N	0	0	N	N	—	0	2	5	5	—	0	2	4	4
Kansas¶	—	2	15	93	321	—	0	1	4	4	—	0	0	—	15
Minnesota	—	0	0	—	—	—	0	1	1	4	—	0	1	1	4
Missouri	—	4	24	170	383	—	0	1	4	3	—	0	1	3	—
Nebraska¶	2	0	4	7	21	—	0	4	13	10	—	0	3	14	29
North Dakota	—	0	10	36	39	—	0	1	1	2	—	0	1	3	7
South Dakota	—	1	4	35	49	—	0	0	—	4	—	0	1	2	16
S. Atlantic	15	30	64	1,439	1,875	—	0	9	49	38	—	0	4	17	22
Delaware¶	—	0	3	6	33	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	2	12	18	—	0	1	1	3	—	0	0	—	3
Florida¶	7	16	38	728	866	—	0	5	19	9	—	0	2	2	3
Georgia	N	0	0	N	N	—	0	2	7	4	—	0	1	5	9
Maryland¶	N	0	0	N	N	—	0	5	10	17	—	0	3	10	6
North Carolina	N	0	0	N	N	—	0	1	2	—	—	0	0	—	—
South Carolina¶	—	0	9	12	75	—	0	0	—	1	—	0	0	—	—
Virginia¶	8	7	25	369	488	—	0	2	8	4	—	0	0	—	1
West Virginia	—	5	32	312	395	—	0	1	1	—	—	0	0	—	—
E.S. Central	4	5	15	226	263	—	0	8	46	8	—	0	5	25	10
Alabama¶	4	4	14	214	255	—	0	1	3	1	—	0	0	—	2
Kentucky	N	0	0	N	N	—	0	1	2	2	—	0	1	1	1
Mississippi	—	0	3	12	8	—	0	4	26	3	—	0	4	22	5
Tennessee¶	N	0	0	N	N	—	0	3	15	2	—	0	1	2	2
W.S. Central	33	45	258	2,187	2,471	—	0	4	21	101	—	0	2	7	20
Arkansas¶	2	4	20	252	165	—	0	1	1	6	—	0	0	—	1
Louisiana	—	1	6	68	76	—	0	2	6	18	—	0	2	4	7
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Texas¶	31	41	247	1,867	2,230	—	0	3	14	77	—	0	1	3	12
Mountain	12	18	65	969	919	—	0	9	55	156	—	0	4	25	127
Arizona	—	4	50	407	—	—	0	6	33	106	—	0	2	11	60
Colorado¶	12	4	31	223	353	—	0	2	2	26	—	0	2	5	55
Idaho¶	N	0	0	N	N	—	0	1	1	—	—	0	1	1	1
Montana¶	—	2	28	123	176	—	0	1	1	—	—	0	0	—	—
Nevada¶	N	0	0	N	N	—	0	4	12	—	—	0	2	4	2
New Mexico¶	—	1	4	38	90	—	0	1	4	21	—	0	0	—	4
Utah	—	3	26	170	284	—	0	1	1	1	—	0	1	2	1
Wyoming¶	—	0	3	8	16	—	0	1	1	2	—	0	1	2	4
Pacific	—	2	6	98	101	—	0	16	99	71	—	0	7	41	40
Alaska	—	1	4	50	38	—	0	0	—	—	—	0	0	—	—
California	—	0	2	9	31	—	0	16	99	70	—	0	7	41	39
Hawaii	—	1	4	39	32	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Washington	N	0	0	N	N	—	0	0	—	1	—	0	0	—	1
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	1	4	16	25	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	4	14	166	558	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Case counts for reporting year 2011 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending November 5, 2011 (44th week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	601	421	125	24	16	5	62
Boston, MA	147	102	33	6	5	1	12
Bridgeport, CT	47	27	7	2	1	—	6
Cambridge, MA	18	14	3	—	1	—	4
Fall River, MA	19	14	3	1	1	—	1
Hartford, CT	54	37	14	3	—	—	8
Lowell, MA	33	23	6	3	1	—	2
Lynn, MA	8	5	3	—	—	—	1
New Bedford, MA	31	25	6	—	—	—	4
New Haven, CT	27	14	9	3	1	—	2
Providence, RI	52	37	9	2	1	3	3
Somerville, MA	5	2	3	—	—	—	—
Springfield, MA	66	48	13	2	2	1	3
Waterbury, CT	33	25	5	1	2	—	4
Worcester, MA	61	48	11	1	1	—	12
Mid. Atlantic	1,706	1,215	348	80	36	27	88
Albany, NY	48	35	11	2	—	—	2
Allentown, PA	30	27	3	—	—	—	3
Buffalo, NY	71	51	17	2	—	1	5
Camden, NJ	24	8	8	4	1	3	1
Elizabeth, NJ	13	6	6	1	—	—	—
Erie, PA	42	33	7	2	—	—	5
Jersey City, NJ	11	8	2	1	—	—	—
New York City, NY	937	679	192	35	23	8	50
Newark, NJ	15	6	7	2	—	—	—
Paterson, NJ	18	8	5	3	1	1	—
Philadelphia, PA	144	89	34	15	4	2	3
Pittsburgh, PA§	37	22	5	2	2	6	2
Reading, PA	31	27	2	2	—	—	4
Rochester, NY	79	52	19	2	2	4	2
Schenectady, NY	21	16	4	—	1	—	5
Scranton, PA	22	18	4	—	—	—	1
Syracuse, NY	96	80	11	3	1	1	5
Trenton, NJ	23	13	5	3	1	1	—
Utica, NY	18	14	3	1	—	—	—
Yonkers, NY	26	23	3	—	—	—	—
E.N. Central	1,973	1,307	495	97	43	31	144
Akron, OH	42	22	10	4	2	4	7
Canton, OH	34	30	4	—	—	—	3
Chicago, IL	250	166	59	12	12	1	17
Cincinnati, OH	95	62	25	4	1	3	7
Cleveland, OH	196	124	58	10	1	3	10
Columbus, OH	219	158	47	11	2	1	20
Dayton, OH	128	87	33	5	—	3	16
Detroit, MI	167	90	58	13	5	1	5
Evansville, IN	52	41	7	3	1	—	—
Fort Wayne, IN	73	52	15	2	3	1	8
Gary, IN	16	8	7	—	—	1	—
Grand Rapids, MI	48	40	6	1	1	—	12
Indianapolis, IN	200	127	53	12	4	4	15
Lansing, MI	59	37	13	4	4	1	4
Milwaukee, WI	77	42	29	2	3	1	9
Peoria, IL	53	35	14	2	—	2	4
Rockford, IL	65	39	19	6	—	1	3
South Bend, IN	49	38	8	—	1	2	3
Toledo, OH	106	70	27	5	2	2	1
Youngstown, OH	44	39	3	1	1	—	—
W.N. Central	718	430	211	43	17	16	41
Des Moines, IA	84	64	16	3	1	—	4
Duluth, MN	29	18	8	2	1	—	5
Kansas City, KS	27	15	11	—	1	—	1
Kansas City, MO	63	37	21	4	1	—	2
Lincoln, NE	54	46	7	—	—	1	—
Minneapolis, MN	72	46	17	5	1	3	10
Omaha, NE	82	51	21	4	2	4	9
St. Louis, MO	190	82	78	19	6	4	4
St. Paul, MN	49	33	10	3	2	1	5
Wichita, KS	68	38	22	3	2	3	1
S. Atlantic	1,213	786	286	68	37	20	51
Atlanta, GA	167	113	40	7	3	4	3
Baltimore, MD	173	103	46	9	12	3	11
Charlotte, NC	125	87	28	7	2	1	4
Jacksonville, FL	68	48	1	—	1	2	3
Miami, FL	112	82	20	4	4	2	4
Norfolk, VA	42	28	10	3	1	—	2
Richmond, VA	68	35	22	7	3	1	4
Savannah, GA	53	33	16	4	—	—	4
St. Petersburg, FL	45	24	12	6	—	3	2
Tampa, FL	247	170	58	12	4	3	9
Washington, D.C.	103	57	30	9	6	1	5
Wilmington, DE	10	6	3	—	1	—	—
E.S. Central	881	565	231	55	9	20	68
Birmingham, AL	132	81	40	6	4	—	13
Chattanooga, TN	91	64	18	5	—	4	10
Knoxville, TN	91	60	21	5	2	3	5
Lexington, KY	73	50	14	7	—	2	4
Memphis, TN	189	123	51	12	1	2	16
Mobile, AL	97	60	24	9	1	3	5
Montgomery, AL	38	29	7	1	—	1	5
Nashville, TN	170	98	56	10	1	5	10
W.S. Central	1,141	734	256	95	36	19	49
Austin, TX	90	56	26	5	1	1	5
Baton Rouge, LA	67	37	10	15	5	—	—
Corpus Christi, TX	53	40	10	2	1	—	6
Dallas, TX	217	136	58	15	4	4	9
El Paso, TX	117	80	22	10	3	2	4
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	125	77	15	12	15	6	6
Little Rock, AR	75	46	20	7	1	1	—
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	252	162	63	18	6	3	13
Shreveport, LA	30	19	7	3	—	1	3
Tulsa, OK	115	81	25	8	—	1	3
Mountain	1,026	686	228	71	23	18	52
Albuquerque, NM	112	73	25	12	1	1	8
Boise, ID	49	33	11	3	1	1	5
Colorado Springs, CO	80	52	18	7	1	2	—
Denver, CO	83	49	28	3	1	2	3
Las Vegas, NV	244	168	54	15	5	2	14
Ogden, UT	29	23	4	1	—	1	2
Phoenix, AZ	118	61	34	13	8	2	6
Pueblo, CO	26	21	5	—	—	—	2
Salt Lake City, UT	130	92	17	11	6	4	6
Tucson, AZ	155	114	32	6	—	3	6
Pacific	1,654	1,129	392	76	29	27	135
Berkeley, CA	11	7	2	1	—	1	—
Fresno, CA	120	86	22	9	—	3	13
Glendale, CA	40	28	9	2	—	1	5
Honolulu, HI	74	53	14	5	2	—	3
Long Beach, CA	58	27	24	4	1	2	6
Los Angeles, CA	246	150	71	14	4	7	32
Pasadena, CA	20	14	3	1	2	—	1
Portland, OR	123	84	31	5	—	3	10
Sacramento, CA	198	130	51	7	7	3	18
San Diego, CA	157	107	39	3	4	3	10
San Francisco, CA	98	65	25	6	2	—	7
San Jose, CA	186	138	39	7	2	—	12
Santa Cruz, CA	31	27	3	—	1	—	5
Seattle, WA	108	81	18	5	1	3	5
Spokane, WA	63	49	11	1	2	—	5
Tacoma, WA	121	83	30	6	1	1	3
Total¶	**10,913**	**7,273**	**2,572**	**609**	**246**	**183**	**690**

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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