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Influenza Vaccination Coverage Among Pregnant Women — 29 States and New York City, 2009–10 Season

Because influenza can be especially severe during pregnancy, the American College of Obstetricians and Gynecologists (ACOG) and the Advisory Committee on Immunization Practices (ACIP) recommend influenza vaccination for women who will be pregnant during the influenza season, regardless of trimester (*1,2*). During the 2009–10 influenza season, pregnant women were at increased risk for severe disease and mortality from influenza A (H1N1)pdm09 (pH1N1) pandemic virus infection (*3*). Anticipating this risk, both the inactivated trivalent seasonal and monovalent pH1N1 vaccinations were recommended for pregnant women (*2,4*). To estimate state-specific seasonal and pH1N1 influenza vaccination coverage among pregnant women, CDC analyzed data from the Pregnancy Risk Assessment Monitoring System (PRAMS). This report provides estimates from 29 states and New York City (NYC) for women who had live births during September 2009–May 2010. Median state coverage was 47.1% for seasonal and 40.4% for pH1N1 influenza vaccination. Overall, women who reported that a health-care provider offered them influenza vaccination or told them to get it during their pregnancy were more likely to be vaccinated than those without an offer or recommendation (prevalence ratio [PR] = 5.2 for seasonal, and PR = 14.4 for pH1N1). Substantial variation across areas was observed for prevalence of a provider offer or recommendation during pregnancy and for influenza vaccination. These findings highlight the need for state-specific strategies that optimize provider involvement to increase influenza vaccination of pregnant women.

CDC analyzed data from PRAMS,* an ongoing, population-based survey that collects data on a range of maternal behaviors and experiences before, during, and after pregnancy among women who recently delivered a live-born infant. PRAMS surveys currently are administered by 40 states and NYC. The monthly surveys take stratified random samples of 100–300 women with recent live births from each state birth certificate registry. The selected mothers are mailed a questionnaire after delivery; those who do not respond by mail within 2 months are contacted by telephone, and 15 attempts are made with viable telephone numbers to reach the respondents. During the 2009–10 influenza season, 29 states and NYC agreed to add a supplemental vaccination question module to their PRAMS survey. For this report, CDC analyzed data from women who had a live birth from September 1, 2009, through May 31, 2010 (27,153 women for seasonal vaccination and 27,372 women for pH1N1 vaccination). The state median response rate was 69.1% (range: 53.7%–85.0%).

CDC estimated† state-specific seasonal and pH1N1 vaccination coverage,§ overall and stratified by self-reported receipt of a health-care provider offer or recommendation for influenza vaccination during pregnancy. CDC also estimated the overall PR of vaccination coverage for women with and without a provider offer or recommendation and the population attributable

* Additional information is available at http://www.cdc.gov/prams.

† Questions on the PRAMS supplement included the following: "At any time during your most recent pregnancy, did a doctor, nurse, or other health-care worker offer you a seasonal flu shot or tell you to get one?" and "At any time during your most recent pregnancy, did a doctor, nurse, or other health-care worker offer you an H1N1 flu shot or tell you to get one?"

§ Questions on the PRAMS supplement included the following: "During your most recent pregnancy, did you get an H1N1 flu shot?" and "Since September 2009, did you get a seasonal flu shot? This is different than the H1N1 flu shot."

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risk[¶] associated with provider offer or recommendation. To examine the context of observed variation in vaccination coverage among women with live births, CDC analyzed correlations between estimates for pregnant women using PRAMS data and estimates for women aged 18–49 years and adults aged ≥18 years from the same 29 states using data from the Behavioral Risk Factor Surveillance System (BRFSS).[**] The data were weighted to adjust for complex survey design and nonresponse. To account for the PRAMS sampling design, analyses were performed using statistical software.

Seasonal and pH1N1 influenza vaccination coverage among women with live births varied among the participating states (Figure). Among the 29 states and NYC, the estimated median percentage of women with live births reporting receipt of both seasonal and pH1N1 vaccinations was 28.5% (range: 15.0%–49.9%). The median percentage of women with live births reporting receipt of seasonal or pH1N1 vaccinations was 59.3% (range: 38.9%–80.2%). Overall correlation between PRAMS data and state coverage among adult women aged 18–49 years was high (r = 0.88 for seasonal and r = 0.80 for pH1N1); for all adults, the correlation also was high (r = 0.80 for seasonal and r = 0.88 for pH1N1).

The estimated median seasonal vaccination coverage among women with a live birth was 47.1% (range: 26.1% in Florida to 67.9% in Minnesota) (Table 1). Variation in coverage was observed for pH1N1 (Figure). Median prevalence of provider offer or recommendation for seasonal vaccination was 70.7% (range: 54.0% in Mississippi to 86.2% in Minnesota). Median pH1N1 coverage was 40.4% (range: 21.9% in Mississippi to 63.3% in Vermont) (Figure, Table 2). Median prevalence of provider offer or recommendation for pH1N1 vaccination was 73.3% (range: 53.6% in Mississippi to 88.7% in Vermont).

Vaccination coverage was higher in each state for those with a provider offer or recommendation (median: 62.1% for seasonal [Table 1] and 53.1% for pH1N1 [Table 2]), compared with those without an offer or recommendation (median: 14.3% for seasonal [Table 1] and 4.9% for pH1N1 [Table 2]). Overall, PRs of vaccination coverage for those with versus those without a provider offer or recommendation were 5.2 (95% confidence interval [CI] = 4.7–5.7) for seasonal and 14.4 (CI = 12.1–17.2) for pH1N1. The proportion of vaccination coverage that could be attributed to provider offer or recommendation was 74% for seasonal and 89% for pH1N1.

[¶] Population attributable risk is a measure to assess the potential contribution of provider offer or recommendation to the observed vaccination level and was calculated using the formula: P (PR-1) / [P (PR-1)+1], where P was the prevalence of receiving a provider offer or recommendation for influenza vaccination and PR was the prevalence ratio of vaccination by provider offer or recommendation.

[**] Information on the data sources and analytic methods used for women aged 18–49 years and adults aged ≥18 years is available at http://www.cdc.gov/flu/professionals/vaccination/coverage_1011estimates.htm.

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Editorial Note

Results from PRAMS for the 2009–10 influenza season indicate that trivalent seasonal and monovalent pH1N1 vaccination coverage levels among women pregnant during the season were higher than previous seasonal rates (*1*–*5*), were highly associated with a health-care provider offer or recommendation for vaccination during pregnancy, and varied substantially among states (*2,5,6*). Influenza vaccination of pregnant women was a focus of public health efforts during the 2009–10 season, with extensive collaborations and mobilization of resources among local, state, federal, and private sector entities. These efforts might have contributed to higher coverage for seasonal vaccine than was observed for previous seasons.

The strong association of report of vaccination with a provider offer or recommendation for seasonal and pH1N1 vaccination reinforces findings that providers are key in vaccination acceptance (*5,7*). Overall, the data indicate that a high proportion of vaccination coverage can be attributed to provider offer or recommendation for both seasonal influenza and pH1N1. Health-care providers play an important role in increasing influenza vaccination coverage levels among pregnant women through their advice to be vaccinated during pregnancy. In the case of a novel strain of influenza, the role of providers in reassuring pregnant women perhaps was even more important. Sustained outreach to providers, widespread recognition of pregnant women as a group at high risk for severe influenza illness and having high priority for vaccination, extensive outreach to public and private entities to implement the pH1N1 vaccination campaign, and availability of pH1N1 vaccination without cost to patients or providers might have contributed to higher rates.

The ACOG recommendations for influenza vaccination of pregnant women and the updated ACIP guidelines, which recommend vaccinations for anyone aged ≥6 months, might

FIGURE. Prevalence of seasonal influenza and influenza A (H1N1)pdm09 (pH1N1) and vaccination coverage among women with a live birth — Pregnancy Risk Assessment Monitoring System (PRAMS), 29 states and New York City, 2009–10 influenza season

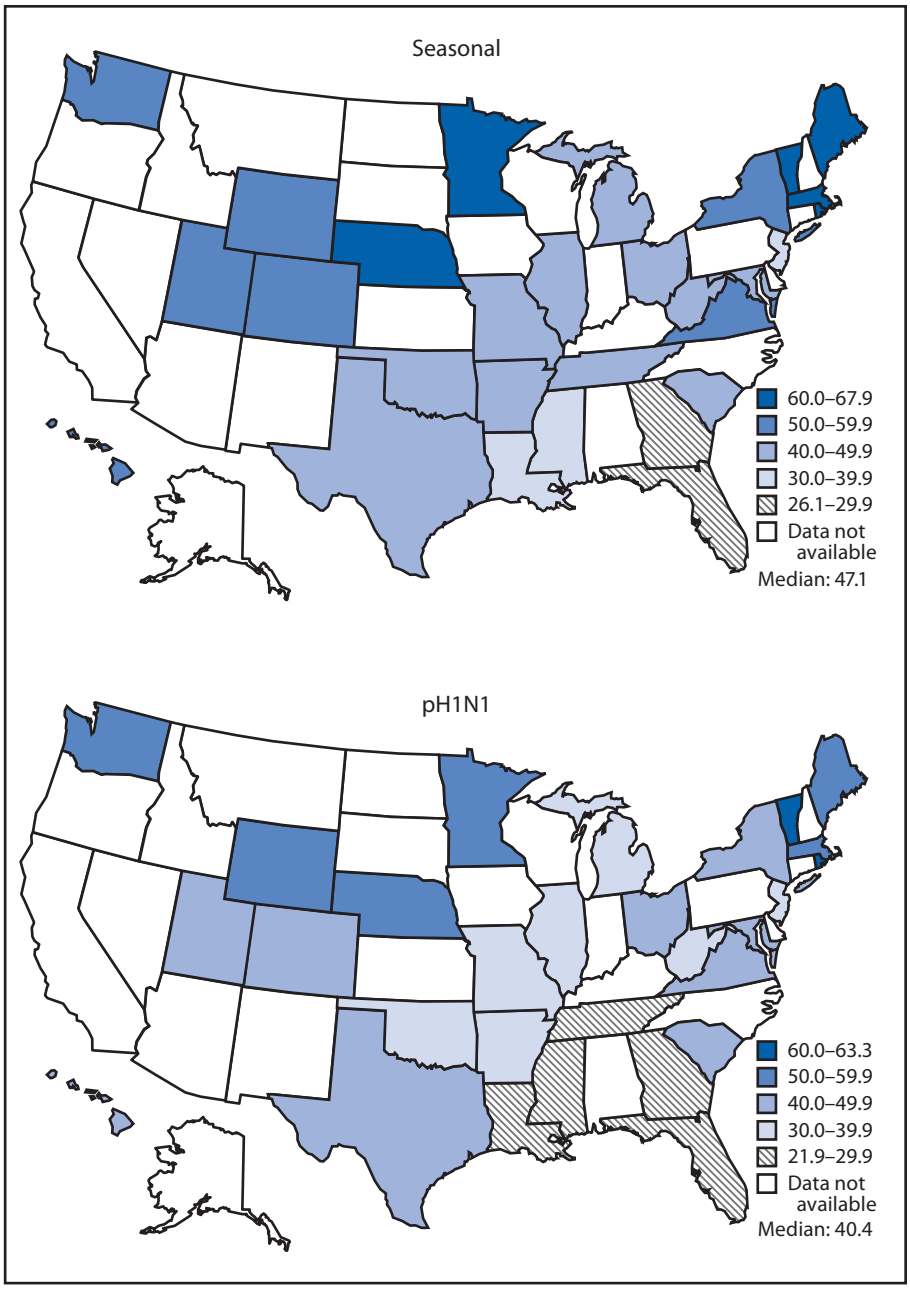

TABLE 1. Seasonal influenza vaccination coverage among women with a live birth, overall and stratified by receipt of a health-care provider offer or recommendation for seasonal vaccination — Pregnancy Risk Assessment Monitoring System (PRAMS), 29 states and New York City (NYC), 2009–10 influenza season

	Overall seasonal vaccination coverage			Prevalence of provider offer*		Seasonal vaccination coverage by provider offer			
						Offered		Not offered	
State	No.	%†	95% CI	%	95% CI	%	95% CI	%	95% CI
Arkansas	1,055	46.7	±4.1	69.5	±3.8	59.1	±4.7	19.4	±6.2
Colorado	1,317	52.8	±3.8	72.1	±3.5	66.7	±4.2	17.5	±5.7
Florida	927	26.1	±3.3	55.2	±3.8	40.3	±5.0	9.1	±3.4
Georgia	614	29.9	±5.6	56.3	±6.1	49.4	±8.2	4.8	±3.6
Hawaii	974	50.3	±4.0	74.5	±3.4	63.8	±4.6	11.3	±4.8
Illinois	1,071	47.1	±3.2	70.2	±3.0	61.6	±3.8	12.8	±3.8
Louisiana	540	39.6	±5.2	66.4	±5.1	56.8	±6.5	6.1	±4.6
Maine	709	64.0	±4.0	82.3	±3.2	73.9	±4.1	17.7	±7.4
Maryland	1,080	46.1	±4.5	67.0	±4.4	61.5	±5.4	15.3	±5.5
Massachusetts	996	67.5	±4.0	81.0	±3.3	75.8	±4.1	32.4	±9.3
Michigan	1,000	44.7	±3.6	70.7	±3.2	57.4	±4.2	14.3	±4.6
Minnesota	917	67.9	±3.3	86.2	±2.4	73.5	±3.3	32.8	±9.0
Mississippi	862	37.2	±4.0	54.0	±4.1	60.8	±5.4	9.5	±3.6
Missouri	973	42.8	±3.7	68.7	±3.6	57.1	±4.5	11.6	±4.3
Nebraska	1,198	65.4	±3.2	81.3	±2.5	75.8	±3.2	20.8	±6.1
New Jersey	1,053	36.8	±3.2	60.4	±3.2	54.2	±4.2	10.2	±3.2
New York	1,587	50.5	±3.1	70.8	±2.9	67.4	±3.5	9.8	±3.5
Including NYC	894	45.9	±4.1	65.2	±4.0	66.2	±4.8	7.5	±3.8
Excluding NYC	693	54.7	±4.7	75.9	±4.2	68.4	±5.1	12.8	±6.6
Ohio	829	42.7	±4.5	74.1	±4.0	54.2	±5.2	10.3	±5.5
Oklahoma	1,432	49.1	±4.4	66.9	±4.2	64.4	±5.2	17.9	±5.9
Rhode Island	821	63.7	±3.9	84.9	±3.0	70.3	±4.0	27.8	± 10
South Carolina	676	45.3	±6.5	69.4	±6.1	62.1	±7.4	7.2	±6.1
Tennessee	650	41.2	±5.1	66.7	±4.9	56.5	±6.2	10.1	±5.7
Texas	898	44.9	±4.1	65.5	±3.9	65.4	±4.8	6.6	±3.5
Utah	1,124	57.8	±3.2	73.2	±2.8	70.0	±3.5	24.5	±5.4
Vermont	742	66.3	±3.4	83.6	±2.7	74.5	±3.5	24.3	±7.7
Virginia	318	51.2	±7.3	73.0	±6.7	62.0	±8.2	22.0	± 12
Washington	1,052	53.3	±4.0	78.2	±3.4	62.5	±4.4	20.2	±7.2
West Virginia	1,121	44.2	±3.6	65.9	±3.4	60.9	±4.4	12.2	±4.1
Wyoming	617	55.6	±4.6	78.6	±3.8	64.0	±5.1	25.2	±8.7
Median	*973*	*47.1*		*70.7*		*62.1*		*14.3*	
Minimum	*318*	*26.1*		*54.0*		*40.3*		*4.8*	
Maximum	*1,587*	*67.9*		*86.2*		*75.8*		*32.8*	

Abbreviation: CI = confidence interval.

* Based on response to the question, "At any time during your most recent pregnancy, did a doctor, nurse, or other health-care worker offer you a seasonal flu shot or tell you to get one?"

† Weighted to adjust for complex survey design and nonresponse.

lead to further increases. However, continued efforts are needed to encourage providers to recommend and offer influenza vaccination to pregnant women to sustain and improve on the gains in influenza vaccine coverage made during the 2009–10 and 2010–11 seasons (*6,7*).

The prevalence of a provider offer or recommendation for influenza vaccination for 2009–10 varied substantially across states. This variation might relate to state-specific approaches to implementing the pH1N1 vaccination campaign (e.g., extent that obstetricians and gynecologists were involved in administration of pH1N1 vaccination and extent and effectiveness of media campaigns) or variation in the proportion of pregnant women proactively seeking vaccination. State-specific coverage among women with live births correlated highly with coverage among adult women aged 18–49 years and among all adults. These findings suggest that other factors, such as differences in medical-care delivery infrastructure, population norms, and effectiveness of state and local influenza vaccination programs, contributed to state variation in vaccination of pregnant women during the 2009–10 season and other seasons.

The findings in this report are subject to at least three limitations. First, PRAMS data were available from 29 states and NYC and might not be generalizable to all women with live births in the United States. Second, influenza vaccination status and information on provider recommendations were reported by the mother and not verified by medical record and might be subject to recall bias because 1) those who received the vaccination might recall having received an offer or recommendation

TABLE 2. Influenza A (H1N1)pdm09 (pH1N1) vaccination coverage among women with a live birth, overall and stratified by receipt of a health-care provider offer/recommendation for pH1N1 vaccination — Pregnancy Risk Assessment Monitoring System (PRAMS), 29 states and New York City (NYC), 2009–10 influenza season

						pH1N1 vaccination coverage by provider offer			
	Overall pH1N1 vaccination coverage			Prevalence of provider offer*		Offered		Not offered	
State	No.	%†	95% CI	%	95% CI	%	95% CI	%	95% CI
Arkansas	1,063	39.2	±3.9	69.7	±3.8	54.2	±4.8	5.6	±3.8
Colorado	1,316	44.2	±3.8	75.0	±3.3	57.3	±4.4	6.3	±3.6
Florida	924	28.7	±3.5	63.8	±3.7	43.2	±4.7	3.3	±2.3
Georgia	617	28.4	±5.6	61.1	±6.0	45.7	±8.0	1.4	±2.1
Hawaii	987	44.9	±4.0	80.9	±3.0	54.2	±4.5	5.8	±3.8
Illinois	1,079	37.7	±3.1	69.4	±3.0	51.5	±3.9	6.9	±3.0
Louisiana	546	28.8	±4.8	63.3	±5.1	41.6	±6.5	6.8	±4.7
Maine	709	58.5	±4.1	82.6	±3.2	69.8	±4.3	4.9	±4.2
Maryland	1,086	41.0	±4.5	74.1	±4.0	54.1	±5.3	3.5	±3.3
Massachusetts	996	57.6	±4.2	82.8	±3.3	68.0	±4.4	8.6	±6.3
Michigan	1,009	37.6	±3.5	73.3	±3.1	49.2	±4.2	5.8	±3.3
Minnesota	919	52.5	±3.5	82.4	±2.7	63.3	±3.7	2.7	±2.8
Mississippi	866	21.9	±3.4	53.6	±4.1	38.4	±5.4	2.9	±2.0
Missouri	983	38.2	±3.6	72.7	±3.4	51.8	±4.5	2.2	±2.4
Nebraska	1,207	56.5	±3.3	81.6	±2.5	68.3	±3.5	4.3	±3.2
New Jersey	1,073	32.2	±3.0	63.6	±3.1	49.5	±4.1	2.0	±1.3
New York	1,617	38.4	±3.0	71.9	±2.8	53.1	±3.7	0.5	±0.6
Including NYC	917	35.0	±3.9	69.3	±3.8	50.1	±4.9	0.9	±1.2
Excluding NYC	700	41.5	±4.6	74.5	±4.2	55.8	±5.4	0.0	±0.0
Ohio	833	40.4	±4.5	77.3	±3.7	50.2	±5.2	8.6	±4.9
Oklahoma	1,453	33.0	±4.2	69.1	±4.0	45.6	±5.3	4.7	±3.3
Rhode Island	823	62.9	±3.9	86.1	±2.9	72.3	±3.9	4.7	±4.6
South Carolina	684	40.3	±6.4	76.3	±5.5	51.9	±7.4	2.7	±3.1
Tennessee	659	29.9	±4.4	65.6	±4.8	44.9	±6.0	1.1	±1.4
Texas	909	40.4	±4.0	71.2	±3.6	56.1	±4.8	1.9	±1.8
Utah	1,139	47.2	±3.2	72.7	±2.9	62.9	±3.7	5.7	±3.0
Vermont	744	63.3	±3.5	88.7	±2.3	70.6	±3.5	7.5	±5.7
Virginia	320	41.3	±7.1	81.9	±5.5	49.7	±8.1	5.4	±7.4
Washington	1,054	51.4	±4.0	82.7	±3.0	60.9	±4.4	5.9	±4.1
West Virginia	1,129	36.4	±3.5	67.2	±3.4	51.4	±4.4	5.8	±2.9
Wyoming	628	52.4	±4.6	80.9	±3.6	61.0	±5.0	16.1	±8.0
Median	*983*	*40.4*		*73.3*		*53.1*		*4.9*	
Minimum	*320*	*21.9*		*53.6*		*38.4*		*0.0*	
Maximum	*1,617*	*63.3*		*88.7*		*72.3*		*16.1*	

Abbreviation: CI = confidence interval.

* Based on response to the question, "At any time during your most recent pregnancy, did a doctor, nurse, or other health-care worker offer you an H1N1 flu shot or tell you to get one?"

† Weighted to adjust for complex survey design and nonresponse.

from a provider more often than those who did not, or 2) those who actively seek advice from their provider might misclassify the confirmation from their provider as "received an offer/recommendation." Finally, the cohort of women available for this analysis, with live births during September 2009–May 2010, might not represent all women who were pregnant during the 2009–10 influenza season.

Based on the findings in this report, influenza vaccination coverage among pregnant women was higher during the 2009–10 influenza season than in past influenza seasons (*2,5–7*). Although data from the 2010–11 season indicate continuation of these gains, continued education of physicians and pregnant women regarding the risk for severe illness and pregnancy-related complications from influenza illness and the benefits and safety of influenza vaccination is needed to improve vaccination coverage and reduce the burden of influenza among pregnant women and their infants (*8*). Partnerships between various stakeholders at the state, federal, and local levels will be necessary to promote increased implementation of evidence-based strategies (*9*) and ensure that the *Healthy People 2020* objective (ID-12.10) of having 80% of pregnant women vaccinated annually for influenza is achieved.††

†† Additional information available at http://www.healthypeople.gov/2020/topicsobjectives2020.

What is already known on this topic?

Since 2004, the American College of Obstetricians and Gynecologists (ACOG) and the Advisory Committee on Immunization Practices (ACIP) have recommended that all pregnant women be given seasonal influenza vaccine during any trimester of pregnancy. Before the 2009–10 influenza season, the prevalence of pregnant women who were vaccinated against seasonal influenza was low.

What is added by this report?

Among recently pregnant women from 29 states and New York City participating in the Pregnancy Risk Assessment Monitoring System (PRAMS), median state vaccination coverage was 47.1% for seasonal influenza and 40.4% for influenza A (H1N1)pdm09. Overall, women who reported that a health-care provider offered them influenza vaccination or told them to get it during their pregnancy were more likely to be vaccinated than those without an offer or recommendation. Substantial variation among states was observed for prevalence of a provider offer or recommendation during pregnancy and for influenza vaccination coverage.

What are the implications for public health practice?

Influenza vaccination of pregnant women was a focus of public health efforts during the 2009–10 influenza season, with extensive collaborations with obstetricians and gynecologists and mobilization of resources among local, state, federal, and private sector entities. These efforts likely resulted in increased vaccination coverage during the 2009–10 season but did not reach the *Healthy People 2020* target of 80% vaccination. Further efforts are needed that recognize the substantial differences in vaccination rates among states and the importance of health-care providers recommending and offering vaccination.

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References

1. ACOG Committee on Obstetric Practice. ACOG committee opinion number 468, October 2011. Influenza vaccination during pregnancy. Obstet Gynecol 2011;116:1006–7.
2. CDC. Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. MMWR 2010;59(No. RR-8).
3. Jamieson DJ, Honein MA, Rasmussen SA, et al. H1N1 2009 influenza virus infection during pregnancy in the USA. Lancet 2009;374:451–8.
4. CDC. Use of influenza A (H1N1) 2009 monovalent vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. MMWR 2009;58(No. RR-10).
5. Ahluwalia IB, Jamieson DJ, Rasmussen SA, et al. Correlates of seasonal influenza vaccine among pregnant women in Georgia and Rhode Island. Obstet Gynecol 2010;116:949–55.
6. CDC. Seasonal influenza and 2009 H1N1 vaccination coverage among pregnant women—10 states, 2009–10 season. MMWR 2010;59:1541–5.
7. CDC. Influenza vaccination coverage among pregnant women—United States, 2010–11 influenza season. MMWR 2011;60:1078–82.
8. Moro PL, Broder K, Zheteyeva Y, et al. Adverse events in pregnant women following administration of trivalent inactivated influenza vaccine and live attenuated influenza vaccine in the vaccine adverse event reporting system, 1990–2009. Am J Obstet Gynecol 2011;204:146.e1–7.
9. CDC. Vaccinations to prevent diseases: universally recommended vaccinations. Community Guide systematic reviews. Atlanta, GA: US Department of Health and Human Services, CDC; 2011. Available at http://www.thecommunityguide.org/vaccines/universally/index.html. Accessed February 16, 2012.

Fatal Exposure to Methylene Chloride Among Bathtub Refinishers — United States, 2000–2011

In 2010, the Michigan Fatality Assessment and Control Evaluation program conducted an investigation into the death of a bathtub refinisher who used a methylene chloride–based paint stripping product marketed for use in aircraft maintenance. The program identified two earlier, similar deaths in Michigan. Program staff members notified CDC's National Institute for Occupational Safety and Health (NIOSH), which in turn notified the Occupational Safety and Health Administration (OSHA). In addition to the three deaths, OSHA identified 10 other bathtub refinisher fatalities associated with methylene chloride stripping agents that had been investigated in nine states during 2000–2011. Each death occurred in a residential bathroom with inadequate ventilation. Protective equipment, including a respirator, either was not used or was inadequate to protect against methylene chloride vapor, which has been recognized as potentially fatal to furniture strippers and factory workers (*1,2*) but has not been reported previously as a cause of death among bathtub refinishers. Worker safety agencies, public health agencies, methylene chloride–based stripper manufacturers, and trade organizations should communicate the extreme hazards of using methylene chloride–based stripping products in bathtub refinishing to employers, workers, and consumers. Employers should strongly consider alternative methods of bathtub stripping and always ensure worker safety protections that reduce the risk for health hazards to acceptable levels. Employers choosing to use methylene chloride–based stripping products must comply with OSHA's standard to limit methylene chloride exposures to safe levels.

The Michigan program is one of nine state Fatality Assessment and Control Evaluation programs funded by NIOSH to identify work-related injury deaths, conduct investigations to identify contributory factors, and develop recommendations for preventing deaths in similar situations. The findings of these investigations and subsequent recommendations are summarized in narrative reports broadly disseminated to employer and worker groups and posted at the NIOSH Fatality Assessment and Control Evaluation website.*

OSHA Investigation

OSHA and OSHA-approved State Occupational Safety and Health Plans† conduct investigations of worker deaths and enforce compliance with worker safety and health regulations. A review of the Integrated Management Information System (IMIS), a database for federal and state OSHA investigations, identified 12 methylene chloride–related deaths associated with professional bathtub refinishing operations during 2000–2011. One of the three deaths identified by the Michigan program was not in IMIS because the decedent was self-employed and therefore outside OSHA's enforcement jurisdiction. The ages of the 13 decedents ranged from 23 to 57 years (median = 39 years) (Table). Twelve were male.

Ten different products were associated with the 13 deaths. Six of the products were marketed for use in the aircraft industry, the rest for use on wood, metal, glass, and masonry. None of the product labels mentioned bathtub refinishing. The percentage of methylene chloride in the products ranged from 60% to 100%.

Toxicology tests from specimens collected at autopsy indicated methylene chloride blood levels ranging from 18 to 223 mg/L in the six decedents for whom values were recorded; a level of <2 mg/L is expected in a person working within the OSHA allowable air standard for exposure to methylene chloride fumes (*3*). Among the five decedents whose carboxyhemoglobin (COHb) levels were tested, levels ranged from absent to mildly elevated (range: zero to 5%) (Table), indicating that carbon monoxide was unlikely to have been the primary cause of death (although the durations of exposure to methylene chloride and receipt of oxygen during resuscitation efforts, two factors that can affect COHb levels, were not known).

Analysis of IMIS data regarding deaths from methylene chloride showed an increase in cases involving bathtub refinishing since 2000. During 1976–1999, only two (8%) of all methylene chloride deaths investigated by OSHA were linked to bathtub refinishing. Since 2000, 13 (75%) of the methylene chloride deaths investigated by OSHA occurred during bathtub refinishing. Following is an illustrative case report.

Case Report

In March 2010, the co-owner of a Michigan-based bathtub refinishing company, aged 52 years, was refinishing a bathtub in an apartment bathroom that was approximately 5 feet by 8 feet (1.5 meters by 2.4 meters) with an 8-foot (2.4-meter) ceiling. He was using an aircraft paint stripper product that contained 60%–100% methylene chloride. The bathroom ceiling had a 50 cubic feet per minute (1.4 cubic meters per

* Additional information available at http://www.cdc.gov/niosh/face.
† Additional information available at http://www.osha.gov/dcsp/osp/index.html.

TABLE. Deaths (N = 13) from methylene chloride among bathtub refinishers — United States, 2000–2011

Date	State	Age (yrs)	Sex	Location	Stripping agent used	Coronary artery disease	Other cardiovascular disease	Carboxyhemoglobin blood levels (%)	Methylene chloride blood levels (mg/L)*
April 2000	New York	39	Male	Apartment	Not recorded	—†	—	—	—
April 2001	Texas	29	Male	Single-family home	Eldorado Paint Remover-4028	No	No	Test not performed	Positive
January 2002	Illinois	52	Male	Townhouse	Dayco Marine-Strip Heavy Duty Paint Remover	Yes	Yes	Negative	Test not performed
March 2004	Massachusetts	43	Male	Apartment	5F5 Paint and Varnish Remover	Yes	No	Test not performed	Not recorded
January 2006	Florida	36	Male	Single-family home	Klean-Strip Premium Stripper	No	No	3	223
November 2006	Maryland	23	Male	Apartment	Benco #B4 Industrial Paint Remover	No	Yes	—	Positive
May 2007	Michigan	57	Male	Apartment	Klean-Strip Premium Stripper	Yes	Yes	Negative	100
May 2008	Indiana	27	Female	Apartment	SEM XXX Finish Stripper	No	No	Test not performed	99
March 2010	Michigan	52	Male	Apartment	Tal-Strip II Aircraft Coating Remover	Yes	No	Negative	50
June 2010	New York	31	Male	Single-family home	Recochem Paint and Varnish Remover	No	Yes	<5	100
August 2010	Michigan	41	Male	Single-family home	Tal-Strip II Aircraft Coating Remover	Yes	No	Test not performed	Test not performed
February 2011	Georgia	49	Male	Apartment	Klean-Strip Aircraft Remover	Yes	Yes	Test not performed	18
September 2011	Ohio	30	Male	Apartment	Rust-Oleum Aircraft Remover	—	—	—	—

* A level <2 mg/L is expected in persons working within the Occupational Safety and Health Administration standard.
† Information could not be obtained.

minute) ventilation fan; however, the fan was off. The man wore latex gloves and did not wear respiratory protection or use engineering controls (e.g., a local exhaust ventilation system) to vent the methylene chloride vapor.

Approximately 90 minutes after the man began working on the tub, he did not answer a call to his cellular telephone. An apartment maintenance man entered the apartment to look for the man and found him behind the closed bathroom door, unresponsive, and slumped over the tub. The maintenance man telephoned 911 and then a second maintenance man. The two maintenance men pulled the man off of the tub. The second maintenance man, a certified emergency medical technician, began cardiopulmonary resuscitation. When emergency responders arrived an estimated 2 minutes later, they moved the victim to another part of the apartment and continued resuscitation before transporting him to a local hospital. The man was declared dead at the hospital.

The decedent had a history of hyperlipidemia, and his autopsy revealed mild coronary atherosclerosis and mucus plugging of bronchi and bronchioles. His blood methylene chloride level at autopsy was 50 mg/L. All other toxicology test results from the autopsy, including COHb, were reported as negative. The death certificate listed the cause of death as "sudden cardiorespiratory arrest due to or as a consequence of inhalation of toxic fumes."

Based on the size of the bathroom, size of the tub, and an estimate that 6 fluid ounces (177 mL) of methylene chloride-based stripper was used during a typical job, exposure levels were estimated for both the tub and bathroom environments. The concentration of methylene chloride vapor was estimated at 92,949 to 154,916 parts per million (ppm) in the bathtub and 5,099 to 8,499 in the bathroom. The man's estimated time-weighted average exposure to methylene chloride, based on 1 hour of exposure, was 637 to 1,062 ppm in the bathroom and 11,618 to 19,364 ppm in the tub, many times greater than OSHA's short-term exposure limit of 125 ppm, 8-hour permissible exposure limit of 25 ppm, and the NIOSH immediately dangerous to life and health level of 2,300 ppm (*4,5*).§

§ Additional information available at http://www.oem.msu.edu/miface/10mi013report.pdf.

What is already known on this topic?

Methylene chloride is a volatile, toxic, organic solvent used in cleaning and paint stripping and shown to be potentially fatal to furniture strippers and factory workers unless used in strict compliance with safety precautions.

What is added by this report?

Methylene chloride–based paint stripping agents used in bathtub refinishing have caused at least 13 deaths in the United States since 2000 among professional bathtub refinishers. Because of inadequate ventilation, safe use of a methylene chloride stripping agent in a small bathroom is unlikely.

What are the implications for public health practice?

Worker safety agencies, public health agencies, manufacturers of methylene chloride containing products, and trade organizations should clearly communicate to employers, workers, and the general public the extreme hazards of using methylene chloride–based stripping products in bathtub refinishing. Safer methods of bathtub stripping should be recommended.

Reported by

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Editorial Note

Methylene chloride is a highly volatile, colorless, toxic chemical that is widely used as a degreaser, process catalyst, and paint remover (*6*). Because methylene chloride vapors are heavier than air, in the case described in this report they likely remained in the bathtub after application. To use products containing methylene chloride safely, work areas must be well-ventilated, and when levels of methylene chloride exceed exposure limits even after implementation of engineering and work practice controls, workers must use respiratory protective equipment, such as tight-fitting, full-face, supplied-air respirators (*4*). OSHA's standard for methylene chloride, which was promulgated in 1997, covers all occupational exposures to the chemical (e.g., general industry, shipyard employment, and construction). The standard mandates that air monitoring, medical surveillance, hazard communication, and personal protective equipment be in place where methylene chloride is used.

Methylene chloride primarily is absorbed via inhalation, although it also is absorbed effectively by intact skin. To protect against skin absorption, butyl rubber or polyvinyl alcohol gloves must be worn; latex gloves like those used in the case described in this report will not protect against skin absorption. Methylene chloride is metabolized to formaldehyde and carbon monoxide (*6,7*) and is categorized as a carcinogen (*8*).

COHb levels in the blood as great as 10%–12% can result from methylene chloride exposure (*2,6*). COHb levels in this range can cause headache, nausea, or dizziness. Arrhythmias have been reported at COHb levels as low as 4%–6%, angina at levels as low as 3.9%, and electrocardiographic changes at levels as low as 2.0% (*6,9*). In the 13 deaths analyzed in this report, the data indicate that carbon monoxide was not likely the cause of death. Because methylene chloride, like many solvents, acts as a central nervous system depressant causing narcosis at high concentrations, the decedents likely lost consciousness and died from respiratory depression. Consistent with this conclusion were the high methylene chloride blood levels at the time of autopsy found in the six persons whose methylene chloride blood levels were quantified (Table). However, because eight of the 13 decedents had cardiac disease (six with coronary artery disease and five with a cardiomyopathy or valvular disease), the arrhythmogenic effect of the methylene chloride itself or of its metabolite, carbon monoxide, might have been a contributing factor in their deaths.

Methylene chloride–based stripping products usually are applied with a paint brush or aerosol can. The products cause the bathtub coating to pucker, allowing it to be easily scraped away so that a new finish can be applied. In a small, enclosed bathroom, it is unlikely that a methylene chloride stripping agent can be used safely. Alternative methods of bathtub stripping, such as sanding, should be used. Alternative chemicals that could be used include petroleum distillates, acetate, mineral spirits, caustic paste, and acid-based formulas. However, these other methods and chemicals have their own hazards, and all employers and employees should be well aware of their risks (*10*). Potential worker exposures should be evaluated to determine whether the work process is safe and to ensure that workers are protected.

The findings in this report are subject to at least three limitations. First, the number of deaths identified by OSHA likely is an underestimate because the IMIS database does not include all occupational deaths and injuries (e.g., those of self-employed workers). Second, the data examined in this report are limited to workers and do not address potential risks to consumers who have access to some of these products. Finally, additional deaths

among bathtub refinishers might have been ascribed to heart disease when they were actually caused by methylene chloride.

Both OSHA and NIOSH are issuing communications regarding the risk for death from bathtub refinishing using methylene chloride strippers and the availability of safer products. The Michigan program distributed an investigation report and a hazard alert (*10*) after identifying bathtub refinishers in Michigan through Internet directories.

Methylene chloride also presents a risk to persons among the general public who seek to do their own bathtub refinishing. A review of the OSHA IMIS system, the Internet, and hardware stores, found 42 stripping products, 26 (62%) of which are readily available on the Internet or at local hardware stores. Many of these stripping products contain 60%–90% methylene chloride. Many Internet sites promote do-it-yourself bathtub stripping, and no state or federal restrictions exist on the use of methylene chloride stripping agents. The widespread availability of these products and their effectiveness puts both professional bathtub refinishers and do-it-yourselfers at risk. Public health agencies, worker safety agencies, manufacturers, and trade organizations should clearly communicate the extreme hazard posed by using methylene chloride–based stripping products in bathtub refinishing.

References

1. Hall AH, Rumack BH. Methylene chloride exposure in furniture-stripping shops: ventilation and respirator practices. J Occup Med 1990;32:33–7.
2. Mahmud M, Kales SN. Methylene chloride poisoning in a cabinet worker. Environ Health Perspect 1999;107:769–72.
3. Agency for Toxic Substances and Disease Registry. Case studies in environmental medicine: methylene chloride. Atlanta, GA: US Department of Health and Human Services, Public Health Service, Agency for Toxic Substances and Disease Registry; 1990.
4. Occupational Safety and Health Administration. Occupational safety and health standards: methylene chloride. Washington, DC: US Department of Labor, Occupational Safety and Health Administration. Available at http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10094. Accessed February 17, 2012.
5. National Institute for Occupational Safety and Health. Pocket guide to chemical hazards. Cincinnati, OH: US Department of Health and Human Services, CDC, National Institute for Occupational Safety and Health; 1997.
6. Agency for Toxic Substances and Disease Registry. Toxicological profile for methylene chloride (update): draft for public comment. Atlanta, GA: US Department of Health and Human Services, Public Health Service, Agency for Toxic Substances and Disease Registry; 1998.
7. DiVincenzo GD, Kaplan CJ. Uptake, metabolism and elimination of methylene chloride vapor by humans. Toxicol AppI Pharmacol 1981;59:130–40.
8. National Toxicology Program. Report on carcinogens. 12th ed. Research Triangle Park, NC: US Department of Health and Human Services, Public Health Service, National Toxicology Program; 2011. Available at http://ntp.niehs.nih.gov/ntp/roc/twelfth/roc12.pdf. Accessed February 17, 2012.
9. Rosenman KD. Cardiovascular disorders. In: Levy BS, Wegman DH, Baron SL, Sokas RK, eds. Occupational and environmental health. 6th ed. New York, NY: Oxford University Press; 2011:492–504.
10. Michigan Fatality Assessment and Control Evaluation. Methylene chloride causes death of 3 MI bathtub refinishers. East Lansing, MI: Michigan State University; 2011. Available at http://www.oem.msu.edu/userfiles/bathtubrefinishingha14.pdf. Accessed February 17, 2012.

Update: Influenza Activity — United States, October 2, 2011–February 11, 2012

This report summarizes U.S. influenza activity* since the beginning of the 2011–12 influenza season (October 2, 2011) and updates the previous report (*1*). From October through early January, influenza activity remained low throughout the United States. Activity increased slightly in early February 2012, but remains low. Influenza A (H1N1)pdm09 (pH1N1), influenza A (H3N2), and influenza B viruses all have been identified thus far this influenza season, and the majority of viruses in circulation are antigenically similar to strains included in the 2011–12 vaccine.

Viral Surveillance

During October 2, 2011–February 11, 2012, approximately 140 World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories in the United States tested 78,783 respiratory specimens for influenza viruses; 3,120 (4%) were positive for influenza (Figure 1). Of these, 2,807 (90%) were influenza A viruses, and 313 (10%) were influenza B viruses. A total of 1,934 (69%) of the influenza A viruses were subtyped; 1,624 (84%) were influenza A (H3N2) viruses, and 310 (16%) were pH1N1 viruses.

Influenza virus-positive test results have been reported from all 50 states. Influenza activity slowly began to increase in December 2011. Although influenza activity is monitored in many ways, influenza season is considered to have begun when >10% of respiratory specimens tested by participating laboratories are positive for influenza. The weekly percentage of specimens testing positive for influenza did not exceed 10% until the week ending February 4, 2012. During the week ending February 11, 2012, 15% of specimens tested positive for influenza.

Influenza A (H3N2) viruses have predominated this season, although pH1N1 and influenza B viruses also have been detected. The relative proportion of each type or subtype has varied by date and U.S. Department of Health and Human Services (HHS) region.† Although influenza A (H3N2) viruses have been reported more frequently throughout the season, pH1N1 viruses have been increasing in recent weeks, especially in Regions 4, 6, and 9 (southern regions).

Outpatient Illness Surveillance

Since October 2, 2011, the weekly percentage of outpatient visits for influenza-like illness (ILI)§ reported by approximately 1,800 U.S. Outpatient ILI Surveillance Network (ILINet) providers in 50 states, New York City, Chicago, and the District of Columbia that comprise ILINet, has ranged from 1.1% to 2.1%. The percentage has not exceeded the national baseline of 2.4% (Figure 2). Peak weekly percentages of outpatient visits for ILI ranged from 3.1% to 7.6% from the 1997–98 through 2010–11 seasons, excluding the 2009–10 pandemic. On a regional level,¶ the percentage of outpatient visits for ILI ranged from 0.7% to 3.0% during the week ending February 11, 2012. As of the week ending February 11, 2012, Region 7 (Midwest) was the only HHS region with sustained increases in ILI activity above region-specific baseline levels for ≥2 consecutive weeks since October 2, 2011. Data collected in ILINet are used to produce a measure of ILI activity** by

* The CDC influenza surveillance system collects five categories of information from eight data sources: 1) viral surveillance (World Health Organization collaborating U.S. laboratories, the National Respiratory and Enteric Virus Surveillance System, and novel influenza A virus case reporting), 2) outpatient illness surveillance (U.S. Outpatient ILI Surveillance Network), 3) mortality (122 Cities Mortality Reporting System and influenza-associated pediatric mortality reports), 4) hospitalizations (FluSurv-NET), and 5) summary of geographic spread of influenza (state and territorial epidemiologist reports).

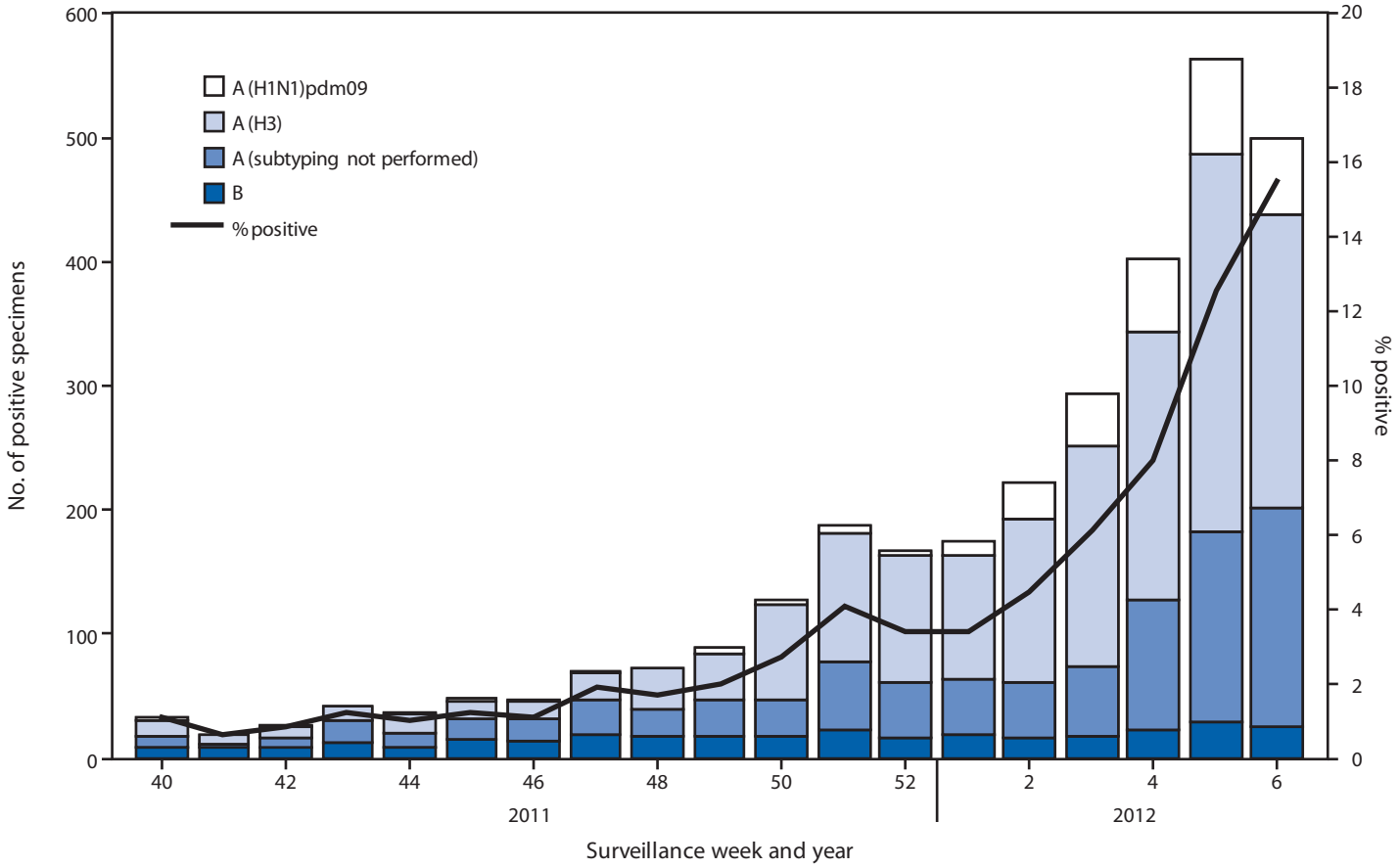
† The 10 regions include the following states and territories: Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; Region 2: New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands; Region 3: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia; Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee; Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin; Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas; Region 7: Iowa, Kansas, Missouri, and Nebraska; Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming; Region 9: Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau; Region 10: Alaska, Idaho, Oregon, and Washington.

§ Defined as a temperature of ≥100.0°F (≥37.8°C), oral or equivalent, and cough or sore throat, in the absence of a known cause other than influenza.

¶ The national and regional baselines are the mean percentage of visits for ILI during noninfluenza weeks for the previous three seasons plus two standard deviations. A noninfluenza week is a week during which <10% of specimens tested positive for influenza. National and regional percentages of patient visits for ILI are weighted on the basis of state population. Use of the national baseline for regional data is not appropriate.

** Activity levels are based on the percentage of outpatient visits in a state attributed to ILI and are compared with the average percentage of ILI visits that occur during spring and fall weeks with little or no influenza virus circulation. Activity levels range from minimal, which would correspond to ILI activity from outpatient clinics being at or below the average, to high, which would correspond to ILI activity from outpatient clinics being much higher than the average. Because the clinical definition of ILI is general, not all ILI is caused by influenza; however, when combined with laboratory data, the information on ILI activity provides a clearer picture of influenza activity in the United States.

FIGURE 1. Number and percentage of respiratory specimens testing positive for influenza, by type, surveillance week, and year— World Health Organization and National Respiratory and Enteric Virus Surveillance System collaborating laboratories, United States, October 2, 2011–February 11, 2012



state. During the week ending February 11, 2012, one state (Missouri) experienced high ILI activity, six states (Alabama, Illinois, Mississippi, Nevada, South Dakota, and Utah) experienced low ILI activity, and minimal ILI activity was seen in the remaining 43 states and New York City; data from the District of Columbia were insufficient to calculate an ILI activity level.

State-Specific Spread of Influenza Activity

For the week ending February 11, 2012, the geographic spread of influenza[††] was reported as widespread in one state (California), regional in 12 states, local in 17 states, and sporadic in 20 states, Guam, and the District of Columbia. The U.S. Virgin Islands reported having no influenza activity, and Puerto Rico did not report. Widespread activity was first reported to CDC for the 2011–12 season for the week ending February 4, 2012.

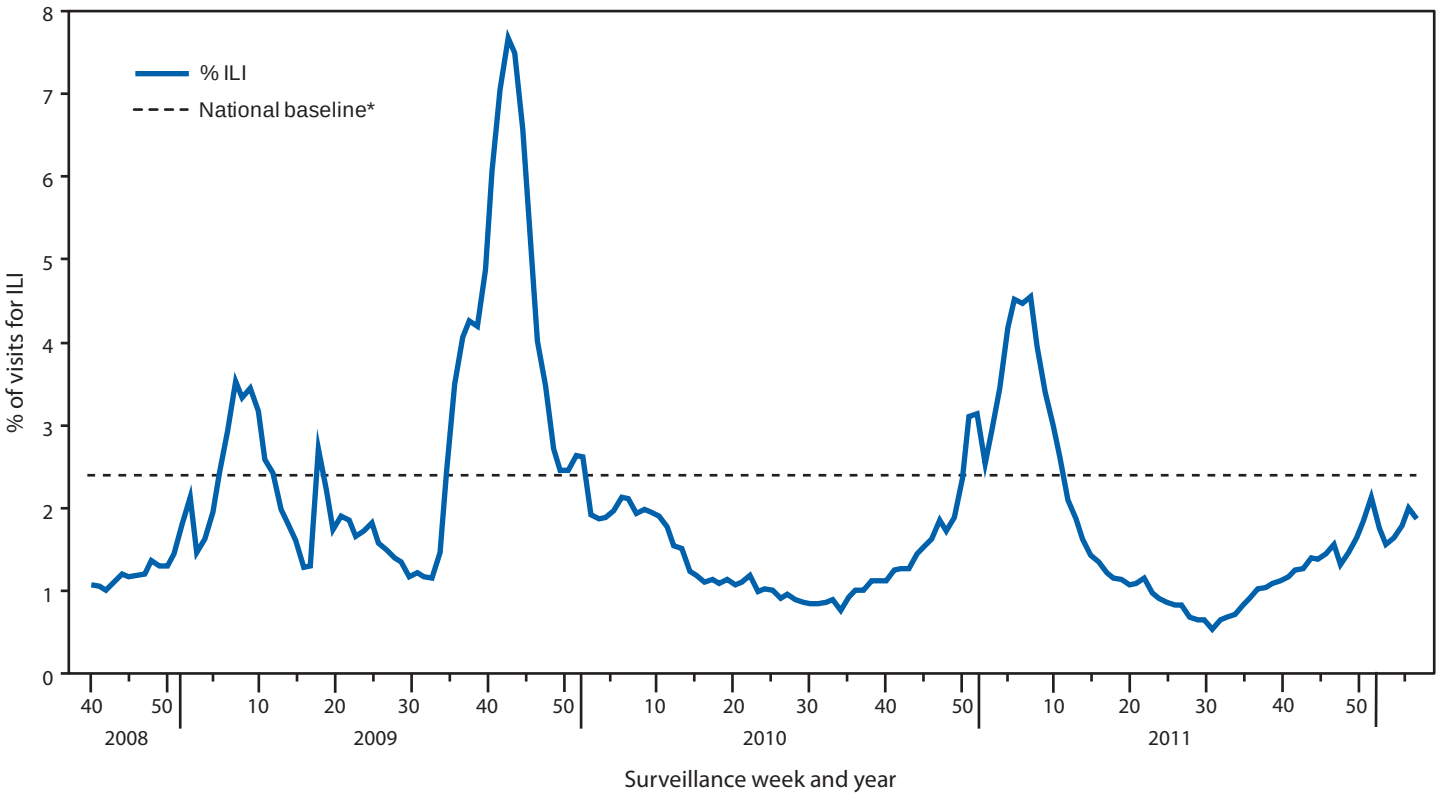
Influenza-Associated Hospitalizations

CDC monitors hospitalizations associated with laboratory-confirmed influenza infections using the FluSurv-NET surveillance system. FluSurv-NET[§§] is a population-based surveillance network that for the 2011–12 season includes sites in the 10 Emerging Infections Program (EIP) states and four additional sites. Based on FluSurv-NET data, the cumulative hospitalization rate per 100,000 from October 2, 2011, through February 11, 2012, was 2.2 among children aged 0–4 years, 0.4 among children aged 5–17 years, 0.4 among adults

[††] Levels of activity are 1) no activity; 2) sporadic: isolated laboratory-confirmed influenza cases or a laboratory-confirmed outbreak in one institution, with no increase in activity; 3) local: increased ILI, or at least two institutional outbreaks (ILI or laboratory-confirmed influenza) in one region of the state, with recent laboratory evidence of influenza in that region; virus activity no greater than sporadic in other regions; 4) regional: increased ILI activity or institutional outbreaks (ILI or laboratory-confirmed influenza) in at least two but less than half of the regions in the state with recent laboratory evidence of influenza in those regions; and 5) widespread: increased ILI activity or institutional outbreaks (ILI or laboratory-confirmed influenza) in at least half the regions in the state, with recent laboratory evidence of influenza in the state.

[§§] FluSurv-NET conducts population-based surveillance at sites in 10 Emerging Infections Program states (California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New Mexico, New York, Oregon, and Tennessee), and at sites in Michigan, Ohio, Rhode Island, and Utah.

FIGURE 2. Percentage of visits for influenza-like illness (ILI) reported by surveillance week and year — U.S. Outpatient Influenza-Like Illness Surveillance Network (ILINet), United States, September 28, 2008–February 11, 2012



aged 18–49 years, 1.0 among adults aged 50–64 years, and 3.2 among adults aged ≥65 years. The cumulative incidence for all age groups since October 2, 2011, was 1.0 per 100,000. The end of season cumulative hospitalization rate for the 2010–11 season was 21.6 per 100,000 population.

As of February 11, 2012, among the 68 FluSurv-NET adult patients for whom data were available for analysis, the most commonly reported underlying medical conditions were chronic lung diseases (40%), metabolic disorders (34%), and obesity (32%). The most common underlying medical conditions among the 30 children for whom data were available were chronic lung diseases (33%), asthma (27%), neurologic disorders (20%), and obesity (17%); 37% of children did not have any underlying conditions.

Pneumonia and Influenza-Related Mortality

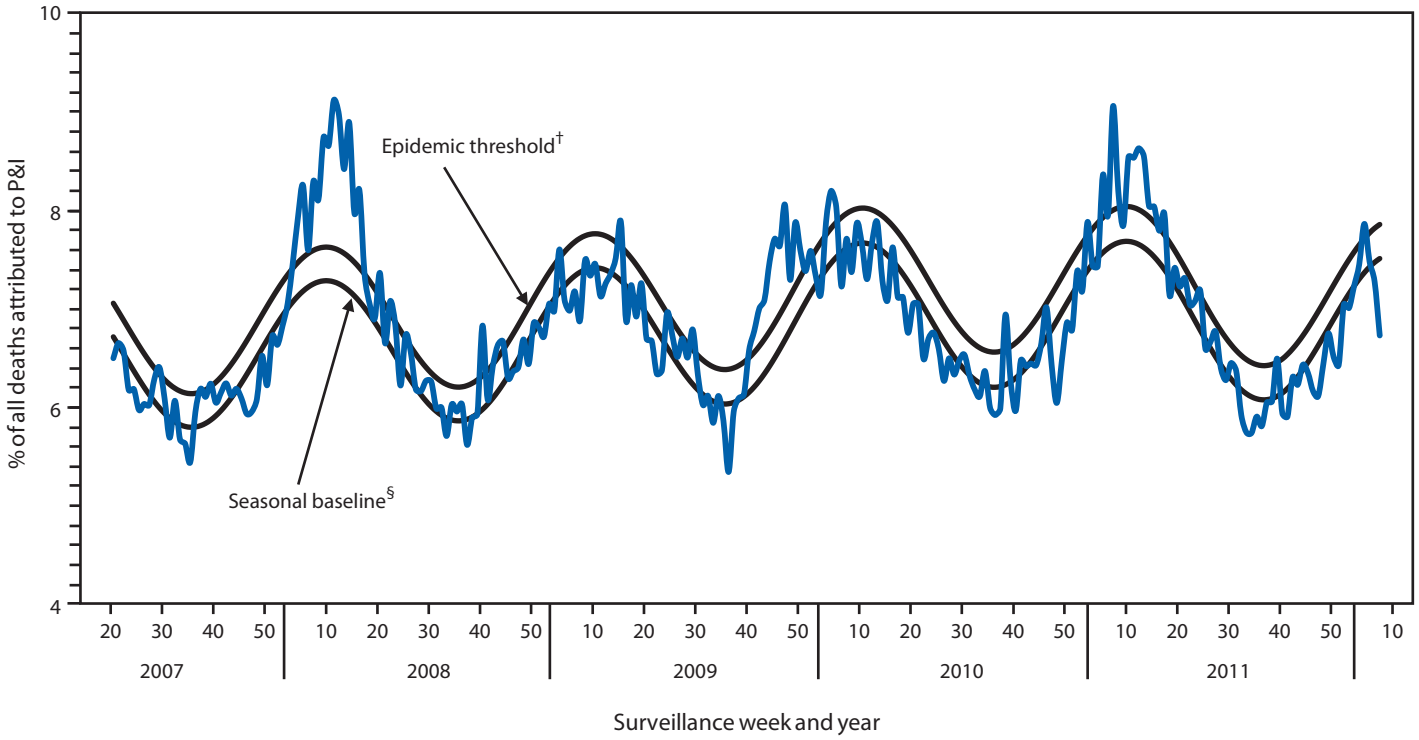
For the week ending February 11, 2012, pneumonia and influenza (P&I) was reported as an underlying or contributing cause of death for 6.7% of all deaths reported to the 122 Cities Mortality Reporting System. This percentage is below the epidemic threshold of 7.9% for that week.¶¶ Since October 2, 2011, the weekly percentage of deaths attributed to P&I ranged from 5.9% to 7.9%, and has not exceeded the epidemic threshold for more than 1 week this season (Figure 3). Peak weekly percentages of deaths attributed to P&I in previous seasons were 9.1% for the week ending February 12, 2011, during the 2010–11 season; 8.2% for the week ending January 23, 2010, during the 2009–10 season; 7.9% for the week ending April 11, 2009, during the 2008–09 season; 9.1% for the week ending March 15, 2008, during the 2007–08 season; and 7.7% for the week ending February 24, 2007, during the 2006–07 season.

Influenza-Related Pediatric Mortality

As of February 11, 2012, three influenza-related pediatric deaths had been reported to CDC for the 2011–12 season; two were associated with influenza B viruses, and one was associated with an influenza A virus that was not subtyped. During the 2010–11 season, a total of 122 influenza-related pediatric deaths were reported to CDC. During the 2009 pandemic, 348 pediatric deaths were reported from April 15, 2009, through October 2, 2010. Before the 2009 pandemic, 67 influenza-related pediatric deaths were reported for the 2008–09 season (through April 14,

¶¶ The seasonal baseline proportion of P&I deaths is projected using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I that were reported by the 122 Cities Mortality Reporting System during the preceding 5 years. The epidemic threshold is set at 1.645 standard deviations above the seasonal baseline.

FIGURE 3. Percentage of all deaths attributable to pneumonia and influenza (P&I), by surveillance week and year — 122 U.S. Cities Mortality Reporting System, United States, 2007–2012*



* For the reporting week ending February 11, 2012.
† The epidemic threshold is 1.645 standard deviations above the seasonal baseline.
§ The seasonal baseline is projected using a robust regression procedure that applies a periodic regression model to the observed percentage of deaths from P&I during the preceding 5 years.

2009), 88 pediatric deaths were reported for the 2007–08 season, and 77 pediatric deaths were reported for the 2006–07 season.

Antigenic Characterization

WHO collaborating laboratories in the United States are requested to submit a subset of their influenza-positive respiratory specimens to CDC for further antigenic characterization. Since October 1, 2011, CDC has antigenically characterized 369 influenza viruses submitted by U.S. laboratories: 58 pH1N1, 263 influenza A (H3N2), and 48 influenza B viruses. Of the 58 pH1N1 viruses, 56 (97%) were characterized as A/California/7/2009-like, the influenza A (H1N1) component of the 2011–12 influenza vaccine for the Northern Hemisphere. Two viruses (3%) tested showed reduced titers with antiserum produced against A/California/7/2009. Of the 263 influenza A (H3N2) viruses, 257 (98%) were characterized as A/Perth/16/2009-like, the influenza A (H3N2) component of the 2011–12 influenza vaccine for the Northern Hemisphere. Six viruses (2%) tested showed reduced titers with antiserum produced against A/Perth/16/2009. Of the 48 influenza B viruses tested, 22 (46%) belonged to the B/Victoria lineage of viruses and were characterized as B/Brisbane/60/2008-like, the influenza B component of the 2011–12 Northern Hemisphere influenza vaccine. The other 26 (54%) influenza B viruses tested belong to the B/Yamagata lineage of viruses. The proportion of influenza B viruses belonging to the B/Yamagata lineage has been increasing since the beginning of the season, but the total amount of circulating influenza B viruses remains low.

Novel Influenza A Viruses

Since the last influenza activity update, four cases of human infection with a novel influenza A virus have been reported (*1*). Two cases of infection with an influenza A (H3N2)v virus were reported in West Virginia, one case of infection with an influenza A (H1N2)v virus was reported in Minnesota, and one case of infection with an influenza A (H1N1)v virus was reported in Wisconsin; all four patients have recovered.

Antiviral Resistance of Influenza Virus Specimens

Since October 1, 2011, a total of 426 influenza virus specimens have been tested for antiviral resistance. Of the 309 influenza A (H3N2), 71 pH1N1, and 46 influenza B virus specimens tested, 100% were sensitive to both oseltamivir and zanamivir. High levels of resistance to the adamantanes

(amantadine and rimantadine) persist among pH1N1 and influenza A (H3N2) viruses currently circulating.

Reported by

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Editorial Note

Influenza activity, as measured across all CDC influenza surveillance systems in the United States, has remained low this season, but began to increase in early February 2012. Although the timing of influenza activity is not predictable, peak activity in the United States most commonly occurs in February; however, substantial activity can occur as late as May (*2*). Vaccination remains the most effective method to prevent influenza and its complications. Health-care providers should continue to offer vaccine to all unvaccinated persons aged ≥6 months throughout the influenza season.

Influenza A (H3N2), pH1N1, and influenza B viruses have cocirculated this influenza season, but influenza A (H3N2) has predominated overall. Thus far this season, the majority of pH1N1 and influenza A (H3N2) viruses in circulation that were tested are closely related to components included in the 2011–12 Northern Hemisphere influenza vaccine. Although the proportion of influenza B viruses in the Yamagata lineage characterized by CDC, which is not included in the 2011–12 influenza vaccine, is increasing, it makes up a small proportion of circulating viruses. It is too early in the influenza season to determine how well the circulating influenza viruses will match the influenza vaccine.

Since August 2011, CDC has received reports of 14 U.S. cases of human infection with novel influenza A viruses from seven states, including 12 cases of influenza A (H3N2)v infection. Although limited human-to-human transmission was identified among some cases of influenza A (H3N2)v, no cases of novel influenza A have been identified in the United States since November 2011 (*3,4*).

One notable aspect of this influenza season to date has been the late increase in influenza activity. Influenza season is considered to have begun when >10% of respiratory specimens test positive for influenza. In the past 29 years, the 1987–88 season, in which influenza A (H3N2) was also predominant, is the only other season in which the percentage of respiratory specimens testing positive for influenza first exceeded the 10% threshold as late as February.

What is already known on this topic?

Percentages of outpatient visits for influenza-like illness and rates of influenza-associated hospitalizations have remained low this season. Influenza A (H3N2), influenza A (H1N1)pdm09, and influenza B viruses have cocirculated this season. Most circulating influenza viruses are closely related to components included in the 2011–12 influenza vaccine.

What is added by this report?

The percentage of respiratory specimens reported by CDC that have tested positive for influenza started to increase in February 2012. Rates of influenza-associated hospitalization this season have been highest in children aged 0–4 years and adults aged ≥65 years, as observed in the 2010–11 season.

What are the implications for public health practice?

Health-care providers should continue to offer vaccine to all unvaccinated persons aged ≥6 months throughout the influenza season and provide timely empiric antiviral treatment for patients with severe, complicated, or progressive influenza illness, or at higher risk for influenza complications.

Efforts to vaccinate should be ongoing while activity is still low. According to 2011 recommendations of the Advisory Committee on Immunization Practices (ACIP), health-care providers should offer influenza vaccination to all persons aged ≥6 months throughout the influenza season (*5*). Although influenza vaccine strains for the 2011–12 season are the same as those in the 2010–11 vaccine, annual vaccination is recommended, even for those who were vaccinated last season. All children aged 6 months–8 years who receive a seasonal influenza vaccine for the first time should receive 2 doses. In the past, ACIP recommended that children who received only 1 dose of a seasonal influenza vaccine in the first influenza season that they were vaccinated should receive 2 doses in the following influenza season. However, because the 2011–12 vaccine strains are the same as the 2010–11 vaccine, children in this age group who received at least 1 dose of the 2010–11 seasonal vaccine will require only 1 dose of the 2011–12 vaccine (*5*).

Higher overall and age-specific rates of hospitalization often are observed during influenza A (H3N2)–predominant seasons (*6*). Based on FluSurv-NET surveillance data thus far, rates of hospitalization among patients with laboratory-confirmed influenza are low compared with previous seasons, but increasing.

Antiviral medications continue to be an important adjunct to vaccination for reducing the health impact of influenza. On January 21, 2011, new ACIP recommendations on use of antiviral agents for treatment and chemoprophylaxis of influenza were released (*7*). Antiviral treatment is recommended as soon as possible for patients with confirmed or suspected

influenza who have severe, complicated, or progressive illness; who require hospitalization; or who are at higher risk for influenza complications (*7–10*). Antiviral treatment also may be considered for outpatients with confirmed or suspected influenza who do not have known risk factors for severe illness, if treatment can be initiated within 48 hours of illness onset. Recommended antiviral medications include oseltamivir and zanamivir. All samples tested for the 2011–12 season since October 1, 2011, have been susceptible to these medications. Amantadine and rimantadine should not be used because of the high levels of resistance to these drugs among circulating influenza A viruses (*7*). Influenza B viruses are not susceptible to amantadine or rimantadine.

Influenza surveillance reports for the United States are posted online weekly during October–May and are available at http://www.cdc.gov/flu/weekly/fluactivitysurv.htm. Additional information regarding influenza viruses, influenza surveillance, influenza vaccine, influenza antiviral medications, and novel influenza A infections in humans is available at http://www.cdc.gov/flu.

Acknowledgments

Participating state and territorial health departments and state public health laboratories; World Health Organization collaborating laboratories; National Respiratory and Enteric Virus Surveillance System collaborating laboratories; US Outpatient ILI Surveillance Network; FluSurv-NET; Influenza Associated Pediatric Mortality Surveillance System; 122 Cities Mortality Reporting System.

References

1. CDC. Update: influenza activity—United States, October 2–November 26, 2011.MMWR 2011;60:1646–9.
2. CDC. Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2010;59(No. RR-8).
3. CDC. Limited human-to-human transmission of novel influenza A (H3N2) virus—Iowa, November 2011. MMWR 2011;60:1615–7.
4. CDC. Update: influenza A (H3N2)v transmission and guidelines—five states, 2011. MMWR 2011;60:1741–4.
5. CDC. Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2011. MMWR 2011;60:1128–32.
6. Dao CN, Kamimoto L, Nowell M, et al. Adult hospitalizations for laboratory-positive influenza during the 2005–2006 through 2007–2008 seasons in the United States. J Infect Dis 2010;202:881–8.
7. CDC. Antiviral agents for the treatment and chemoprophylaxis of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011;60(No. RR-1).
8. CDC. Deaths related to 2009 pandemic influenza A (H1N1) among American Indian/Alaska Natives—12 states, 2009. MMWR 2009; 58:1341–4.
9. Jain S, Kamimoto L, Bramley AM, et al. Hospitalized patients with 2009 H1N1 influenza in the United States, April–June 2009. N Engl J Med 2009;361:1935–44.
10. Morgan OW, Bramley A, Fowlkes A, et al. Morbid obesity as a risk factor for hospitalization and death due to 2009 pandemic influenza A(H1N1) disease. PLoS ONE 2010;5:e9694.

Announcement

Release of Online U.S. and State Trend Data for Health-Related Quality of Life

CDC has released 1993–2010 overall U.S. and state trend data for Health-Related Quality of Life (HRQOL).* CDC's HRQOL questions ask about recent perceived physical and mental health and activity limitations (*1*). Overall U.S. and state estimates are available by sex, age group, and race/ethnicity. *Healthy People 2000*, *2010*, and *2020* identified quality of life improvement as a central public health goal (*2*). HRQOL enables health agencies to address broader areas of health-related public policy around a common theme, in collaboration with a wider circle of health partners, including social service agencies, health-care systems, community planners, and business groups. Measuring HRQOL will help monitor progress in achieving the nation's health objectives.

* Available at http://apps.nccd.cdc.gov/hrqol.

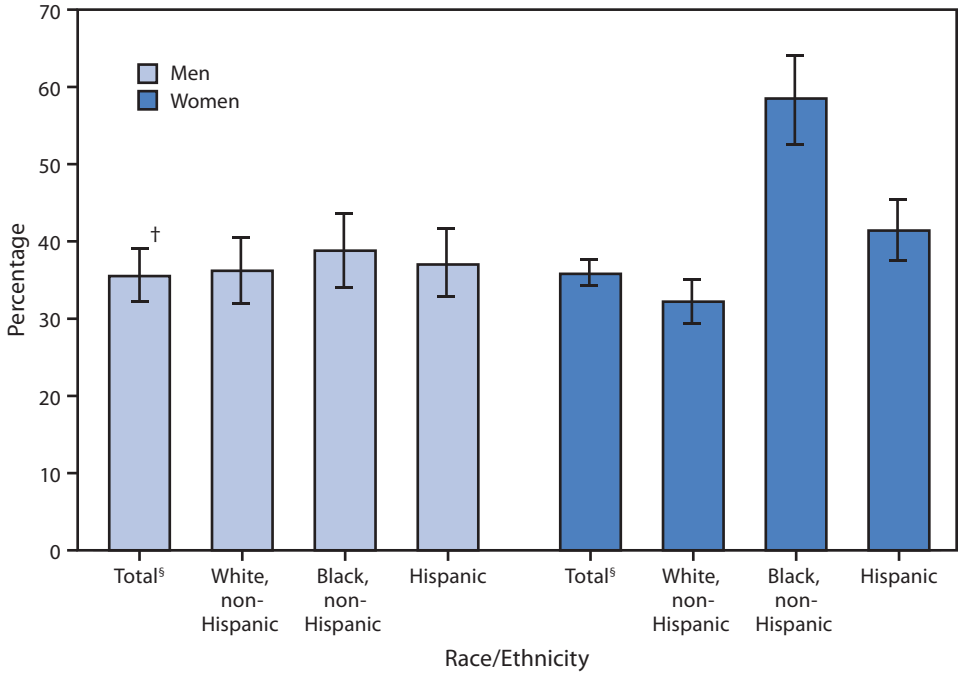
References

1. CDC. Measuring healthy days. Atlanta, GA: US Department of Health and Human Services, CDC; 2000. Available at http://www.cdc.gov/hrqol/pdfs/mhd.pdf. Accessed February 16, 2012.
2. US Department of Health and Human Services. Healthy people 2020. Washington, DC: US Department of Health and Human Services; 2011. Available at http://healthypeople.gov/2020/about/genhealthabout.aspx. Accessed February 16, 2012.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Prevalence of Obesity* Among Adults Aged ≥20 Years, by Race/Ethnicity and Sex — National Health and Nutrition Examination Survey, United States, 2009–2010



* Defined as a body mass index (weight [kg] / height [m]^2) ≥30.
† 95% confidence interval.
§ Includes other races (i.e., Asians and American Indians/Alaska Natives) not shown separately because of small sample sizes, which affect reliability of estimates.

Among adults aged ≥20 years during 2009–2010, 35.5% of men and 35.8% of women were obese. Among men, 38.8% of non-Hispanic blacks, 37.0% of Hispanics, and 36.2% of non-Hispanic whites were obese. Among women, 58.5% of non-Hispanic blacks, 41.4% of Hispanics, and 32.2% of non-Hispanic whites were obese.

Sources: Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of obesity in the United States, 2009–2010. NCHS data brief no. 82. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2012.

Flegal KM, Carroll MD, Kit BK, Ogden CL. Prevalence of obesity and trends in body mass index among US adults, 1999–2010. JAMA 2012;307:491–7.

National Health and Nutrition Examination Survey, 2009–2010. Available at http://www.cdc.gov/nchs/nhanes.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 February 18, 2012 (7th week)*

Disease	Current week	Cum 2012	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2011	2010	2009	2008	2007	
Anthrax	—	—	—	1	—	1	—	1	
Arboviral diseases§,¶:									
California serogroup virus disease	—	—	0	131	75	55	62	55	
Eastern equine encephalitis virus disease	—	—	—	4	10	4	4	4	
Powassan virus disease	—	—	—	16	8	6	2	7	
St. Louis encephalitis virus disease	—	—	0	5	10	12	13	9	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	1	9	—	639	NN	NN	NN	NN	NY (1)
Botulism, total	—	7	2	123	112	118	145	144	
foodborne	—	—	0	11	7	10	17	32	
infant	—	6	2	80	80	83	109	85	
other (wound and unspecified)	—	1	0	32	25	25	19	27	
Brucellosis	—	8	1	80	115	115	80	131	
Chancroid	1	2	1	27	24	28	25	23	CA (1)
Cholera	—	—	0	32	13	10	5	7	
Cyclosporiasis§	—	4	2	145	179	141	139	93	
Diphtheria	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	3	1	10	23	35	30	22	
nonserotype b	—	16	5	115	200	236	244	199	
unknown serotype	3	28	4	250	223	178	163	180	MD (1), FL (1), TN (1)
Hansen disease§	—	5	2	57	98	103	80	101	
Hantavirus pulmonary syndrome§	—	1	0	20	20	20	18	32	
Hemolytic uremic syndrome, postdiarrheal§	—	2	2	211	266	242	330	292	
Influenza-associated pediatric mortality§,††	—	3	5	118	61	358	90	77	
Listeriosis	5	44	9	809	821	851	759	808	NY (1), PA (1), FL (1), CA (2)
Measles§§	—	13	2	217	63	71	140	43	
Meningococcal disease, invasive¶¶:									
A, C, Y, and W-135	1	12	7	197	280	301	330	325	NV (1)
serogroup B	—	3	4	119	135	174	188	167	
other serogroup	—	1	1	17	12	23	38	35	
unknown serogroup	2	49	11	378	406	482	616	550	NYC (1), KS (1)
Novel influenza A virus infections***	—	—	0	8	4	43,774	2	4	
Plague	—	—	—	2	2	8	3	7	
Poliomyelitis, paralytic	—	—	—	—	—	1	—	—	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	—	—	
Psittacosis§	—	—	0	2	4	9	8	12	
Q fever, total§	1	6	2	113	131	113	120	171	
acute	1	3	1	90	106	93	106	—	CA (1)
chronic	—	3	0	23	25	20	14	—	
Rabies, human	—	—	—	2	2	4	2	1	
Rubella†††	—	1	0	4	5	3	16	12	
Rubella, congenital syndrome	—	—	0	—	—	2	—	—	
SARS-CoV§	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	10	4	127	142	161	157	132	NE (1)
Syphilis, congenital (age <1 yr)§§§	—	3	8	276	377	423	431	430	
Tetanus	—	—	0	12	26	18	19	28	
Toxic-shock syndrome (staphylococcal)§	1	5	1	82	82	74	71	92	TN (1)
Trichinellosis	—	1	0	9	7	13	39	5	
Tularemia	—	—	0	138	124	93	123	137	
Typhoid fever	3	30	9	337	467	397	449	434	NYC (1), GA (2)
Vancomycin-intermediate *Staphylococcus aureus*§	1	3	1	67	91	78	63	37	MO (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	—	2	1	—	2	
Vibriosis (noncholera *Vibrio* species infections)§	1	25	3	749	846	789	588	549	FL (1)
Viral hemorrhagic fever¶¶¶	—	—	—	—	1	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 February 18, 2012 (7th week)*

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

* Case counts for reporting year 2011 and 2012 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, 2011, three influenza-associated pediatric deaths occurring during the 2011-12 influenza season have been reported.

§§ No measles cases were reported for the current week.

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

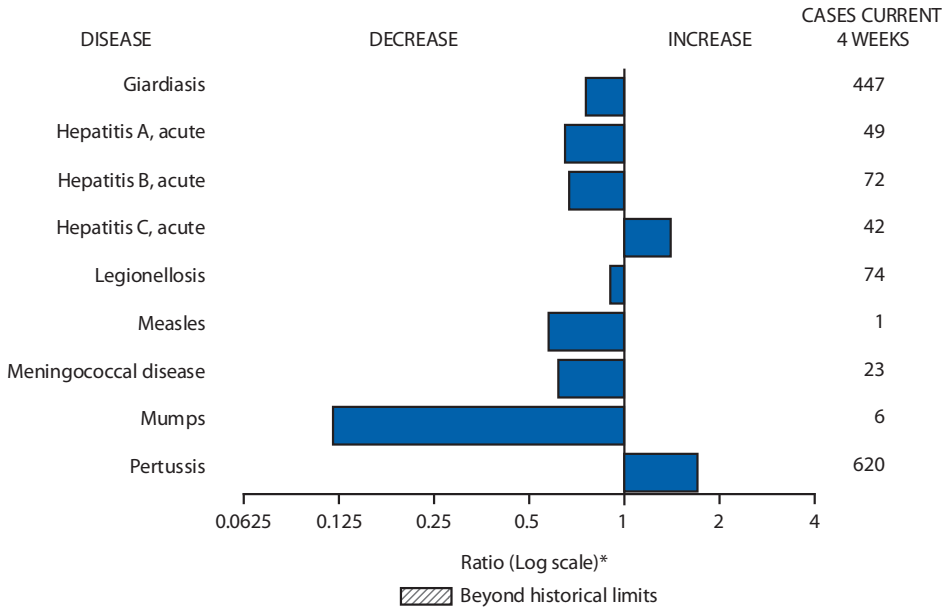
*** CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC. 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).

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

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

¶¶¶ There were no cases of viral hemorrhagic fever reported during the current week. See Table II for dengue hemorrhagic fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals February 18, 2012, with historical data



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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending February 18, 2012, and February 19, 2011 (7th week)*

Reporting area	*Chlamydia trachomatis* infection					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	11,262	26,810	30,738	129,430	180,676	102	400	587	1,849	3,052	48	132	398	517	656
New England	605	892	1,593	4,005	4,719	—	0	1	—	—	—	6	22	30	35
Connecticut	—	240	869	—	206	N	0	0	N	N	—	1	9	5	9
Maine	66	59	100	447	410	N	0	0	N	N	—	1	4	2	4
Massachusetts	397	433	860	2,509	2,870	N	0	0	N	N	—	3	8	15	15
New Hampshire	2	58	90	167	417	—	0	1	—	—	—	1	5	3	3
Rhode Island	121	80	187	769	598	—	0	0	—	—	—	0	1	—	1
Vermont	19	27	84	113	218	N	0	0	N	N	—	1	5	5	3
Mid. Atlantic	1,717	3,176	3,954	18,672	21,714	—	0	0	—	—	2	15	43	59	78
New Jersey	150	540	1,004	2,835	3,121	N	0	0	N	N	—	0	1	1	—
New York (Upstate)	505	718	1,834	3,905	4,137	N	0	0	N	N	1	4	16	15	18
New York City	267	1,031	1,315	4,718	7,661	N	0	0	N	N	—	1	6	11	8
Pennsylvania	795	1,031	1,599	7,214	6,795	N	0	0	N	N	1	8	27	32	52
E.N. Central	953	4,130	4,621	19,147	30,601	1	1	5	6	5	5	32	148	117	145
Illinois	27	1,164	1,409	3,618	8,346	N	0	0	N	N	—	3	26	3	16
Indiana	135	552	728	2,731	4,215	N	0	0	N	N	—	3	14	—	21
Michigan	427	919	1,185	5,411	7,471	1	0	3	3	1	2	6	14	26	32
Ohio	244	1,022	1,185	4,901	7,307	—	0	2	3	4	3	11	95	62	49
Wisconsin	120	464	551	2,486	3,262	N	0	0	N	N	—	8	65	26	27
W.N. Central	17	1,501	1,818	2,303	10,164	—	0	2	—	—	9	16	85	44	77
Iowa	—	212	431	1,261	1,486	N	0	0	N	N	—	6	19	12	27
Kansas	—	208	281	112	1,341	N	0	0	N	N	—	0	11	3	—
Minnesota	—	316	401	—	2,333	—	0	0	—	—	—	0	0	—	—
Missouri	—	533	759	—	3,426	—	0	0	—	—	6	5	61	16	22
Nebraska	—	126	215	546	769	—	0	2	—	—	3	2	12	6	22
North Dakota	—	46	76	5	297	N	0	0	N	N	—	0	12	—	—
South Dakota	17	62	89	379	512	N	0	0	N	N	—	2	13	7	6
S. Atlantic	3,767	5,427	7,444	31,277	37,954	—	0	2	—	—	17	21	60	119	139
Delaware	67	86	182	503	516	—	0	0	—	—	—	0	1	1	2
District of Columbia	138	110	217	869	762	—	0	0	—	—	—	0	1	—	1
Florida	895	1,496	1,683	9,460	10,246	N	0	0	N	N	13	8	17	54	58
Georgia	825	1,083	1,563	6,650	5,778	N	0	0	N	N	4	5	12	26	36
Maryland	415	481	790	1,520	3,067	—	0	2	—	—	—	1	7	16	7
North Carolina	673	1,000	1,688	6,553	6,348	N	0	0	N	N	—	0	45	—	9
South Carolina	7	522	1,344	44	5,019	N	0	0	N	N	—	2	6	11	16
Virginia	683	659	1,779	5,002	5,617	N	0	0	N	N	—	2	8	10	10
West Virginia	64	81	146	676	601	N	0	0	N	N	—	0	5	1	—
E.S. Central	1,208	1,913	2,804	12,407	12,287	—	0	0	—	—	3	8	25	34	19
Alabama	—	533	1,566	2,362	3,744	N	0	0	N	N	1	3	7	15	10
Kentucky	320	303	557	1,963	1,304	N	0	0	N	N	1	2	17	4	6
Mississippi	664	424	792	4,211	3,088	N	0	0	N	N	—	1	4	4	2
Tennessee	224	600	797	3,871	4,151	N	0	0	N	N	1	2	6	11	1
W.S. Central	1,559	3,323	4,312	16,014	22,943	—	0	1	—	1	6	9	44	43	38
Arkansas	273	309	440	273	2,451	N	0	0	N	N	—	0	2	2	—
Louisiana	—	362	1,071	1,566	2,727	—	0	1	—	1	—	1	9	8	4
Oklahoma	87	128	675	630	1,514	N	0	0	N	N	2	2	6	8	6
Texas	1,199	2,393	3,108	13,545	16,251	N	0	0	N	N	4	5	40	25	28
Mountain	169	1,728	2,418	8,862	12,494	84	307	459	1,626	2,318	2	10	29	30	72
Arizona	74	559	812	3,341	3,792	83	304	456	1,611	2,284	—	1	4	1	4
Colorado	—	415	847	2,096	3,022	N	0	0	N	N	—	2	11	2	20
Idaho	—	85	274	439	552	N	0	0	N	N	—	1	9	11	8
Montana	71	68	88	520	446	N	0	0	N	N	2	1	6	9	5
Nevada	24	201	549	566	1,893	1	2	5	11	14	—	0	2	2	2
New Mexico	—	209	336	1,082	1,578	—	1	4	—	13	—	2	9	4	20
Utah	—	133	190	710	932	—	0	4	2	5	—	1	5	—	7
Wyoming	—	32	67	108	279	—	0	2	2	2	—	0	3	1	6
Pacific	1,267	4,015	5,438	16,743	27,800	17	94	168	217	728	4	10	20	41	53
Alaska	53	108	152	707	889	N	0	0	N	N	—	0	3	—	3
California	582	3,017	4,509	11,887	21,084	17	94	168	217	728	4	6	16	38	24
Hawaii	—	114	142	—	874	N	0	0	N	N	—	0	1	2	—
Oregon	272	276	412	1,839	1,757	N	0	0	N	N	—	2	8	1	20
Washington	360	436	611	2,310	3,196	N	0	0	N	N	—	1	15	—	6
Territories															
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	16	44	—	71	—	0	0	—	—	—	0	0	—	—
Puerto Rico	197	105	348	833	797	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	16	27	—	106	—	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 and 2012 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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 18, 2012, and February 19, 2011 (7th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever†					Dengue Hemorrhagic Fever§				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max		
United States	—	3	16	—	31	—	0	1	—	—
New England	—	0	1	—	1	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	0	—	—	—	0	0	—	—
Vermont	—	0	1	—	1	—	0	0	—	—
Mid. Atlantic	—	1	6	—	9	—	0	0	—	—
New Jersey	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	2	—	1	—	0	0	—	—
New York City	—	0	4	—	4	—	0	0	—	—
Pennsylvania	—	0	2	—	4	—	0	0	—	—
E.N. Central	—	0	2	—	5	—	0	1	—	—
Illinois	—	0	1	—	1	—	0	1	—	—
Indiana	—	0	1	—	1	—	0	0	—	—
Michigan	—	0	1	—	1	—	0	0	—	—
Ohio	—	0	1	—	—	—	0	0	—	—
Wisconsin	—	0	1	—	2	—	0	0	—	—
W.N. Central	—	0	2	—	1	—	0	0	—	—
Iowa	—	0	1	—	—	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	1	—	0	0	—	—
Missouri	—	0	0	—	—	—	0	0	—	—
Nebraska	—	0	0	—	—	—	0	0	—	—
North Dakota	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	8	—	8	—	0	1	—	—
Delaware	—	0	2	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	1	7	—	5	—	0	0	—	—
Georgia	—	0	1	—	1	—	0	0	—	—
Maryland	—	0	2	—	—	—	0	0	—	—
North Carolina	—	0	1	—	1	—	0	0	—	—
South Carolina	—	0	1	—	—	—	0	0	—	—
Virginia	—	0	1	—	1	—	0	1	—	—
West Virginia	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	0	3	—	—	—	0	0	—	—
Alabama	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee	—	0	2	—	—	—	0	0	—	—
W.S. Central	—	0	2	—	—	—	0	0	—	—
Arkansas	—	0	0	—	—	—	0	0	—	—
Louisiana	—	0	1	—	—	—	0	0	—	—
Oklahoma	—	0	0	—	—	—	0	0	—	—
Texas	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	1	—	2	—	0	0	—	—
Arizona	—	0	1	—	1	—	0	0	—	—
Colorado	—	0	0	—	—	—	0	0	—	—
Idaho	—	0	0	—	—	—	0	0	—	—
Montana	—	0	0	—	—	—	0	0	—	—
Nevada	—	0	1	—	—	—	0	0	—	—
New Mexico	—	0	1	—	1	—	0	0	—	—
Utah	—	0	1	—	—	—	0	0	—	—
Wyoming	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	4	—	5	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	2	—	3	—	0	0	—	—
Hawaii	—	0	4	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	1	—	2	—	0	0	—	—
Territories										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	13	83	—	140	—	0	3	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Case counts for reporting year 2011 and 2012 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.
† 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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 18, 2012, and February 19, 2011 (7th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	—	9	90	8	10	1	16	58	10	14	—	2	8	2	2
New England	—	0	1	—	—	—	3	28	1	7	—	0	1	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Maine	—	0	1	—	—	—	0	3	1	1	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	1	18	—	—	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	4	—	—	—	0	1	—	—
Rhode Island	—	0	1	—	—	—	0	15	—	6	—	0	1	—	—
Vermont	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	1	5	—	1	1	6	36	8	3	—	0	2	—	—
New Jersey	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	4	—	—	1	3	36	6	2	—	0	2	—	—
New York City	—	0	2	—	1	—	1	5	2	1	—	0	0	—	—
Pennsylvania	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
E.N. Central	—	0	5	—	1	—	0	2	—	1	—	0	6	—	2
Illinois	—	0	4	—	—	—	0	2	—	—	—	0	1	—	1
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	4	—	1
Michigan	—	0	2	—	—	—	0	0	—	—	—	0	2	—	—
Ohio	—	0	1	—	1	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	0	—	—	—	0	1	—	1	—	0	1	—	—
W.N. Central	—	1	16	1	—	—	0	6	—	—	—	0	6	—	—
Iowa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Kansas	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Missouri	—	1	16	1	—	—	0	5	—	—	—	0	6	—	—
Nebraska	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
North Dakota	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
South Dakota	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
S. Atlantic	—	3	33	7	8	—	1	8	1	2	—	0	2	2	—
Delaware	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
District of Columbia	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Florida	—	0	3	—	1	—	0	3	—	—	—	0	0	—	—
Georgia	—	0	3	4	1	—	0	2	1	—	—	0	1	1	—
Maryland	—	0	3	—	3	—	0	2	—	—	—	0	1	1	—
North Carolina	—	0	17	1	2	—	0	6	—	2	—	0	0	—	—
South Carolina	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Virginia	—	1	13	2	—	—	0	3	—	—	—	0	1	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	1	8	—	—	—	0	2	—	1	—	0	3	—	—
Alabama	—	0	2	—	—	—	0	1	—	1	N	0	0	N	N
Kentucky	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Tennessee	—	0	5	—	—	—	0	1	—	—	—	0	3	—	—
W.S. Central	—	0	30	—	—	—	0	3	—	—	—	0	0	—	—
Arkansas	—	0	13	—	—	—	0	3	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	25	—	—	—	0	1	—	—	—	0	0	—	—
Texas	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
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	—	—
Wyoming	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	0	—	—	—	0	1	—	—	—	0	2	—	—
Alaska	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
California	—	0	0	—	—	—	0	0	—	—	—	0	2	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	1	—	—	—	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, and 0 case reports for 2012.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 18, 2012, and February 19, 2011 (7th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	120	281	451	1,263	1,723	2,627	6,026	6,796	30,985	41,531	35	65	103	410	484
New England	2	27	64	86	166	67	109	178	426	633	—	4	9	33	30
Connecticut	—	4	10	15	35	—	45	101	—	260	—	1	5	10	8
Maine	1	3	10	9	14	5	5	18	52	19	—	0	2	4	5
Massachusetts	—	12	29	47	86	50	47	80	284	296	—	2	7	16	13
New Hampshire	—	2	8	6	9	1	2	8	15	14	—	0	2	2	1
Rhode Island	—	0	10	2	8	11	7	35	71	39	—	0	2	1	2
Vermont	1	3	19	7	14	—	0	6	4	5	—	0	2	—	1
Mid. Atlantic	29	54	90	225	332	393	744	916	4,571	4,961	8	15	28	103	91
New Jersey	—	0	0	—	—	30	151	232	793	859	—	1	6	3	15
New York (Upstate)	13	20	50	74	103	92	116	351	684	633	5	3	14	26	18
New York City	4	16	29	91	130	55	240	315	1,083	1,718	1	4	10	31	17
Pennsylvania	12	15	30	60	99	216	267	492	2,011	1,751	2	5	15	43	41
E.N. Central	19	50	91	224	309	239	1,057	1,275	4,951	8,046	2	11	22	43	89
Illinois	—	11	20	40	69	8	295	396	875	2,081	—	3	11	1	25
Indiana	—	6	13	11	42	33	132	172	660	1,118	—	2	6	2	11
Michigan	10	10	21	60	63	110	234	371	1,444	1,971	—	1	4	10	13
Ohio	7	15	30	81	85	59	313	403	1,416	2,275	2	4	7	25	28
Wisconsin	2	8	21	32	50	29	92	118	556	601	—	1	4	5	12
W.N. Central	3	18	50	97	123	—	313	382	430	1,995	4	2	9	15	12
Iowa	—	4	15	22	29	—	37	108	244	247	—	0	1	—	—
Kansas	—	2	9	10	14	—	42	65	34	253	—	0	2	2	—
Minnesota	—	0	0	—	—	—	44	61	—	282	—	0	0	—	—
Missouri	1	6	17	39	45	—	149	204	—	943	4	1	5	10	7
Nebraska	2	3	11	20	23	—	27	52	124	153	—	0	2	3	5
North Dakota	—	0	12	—	—	—	5	14	—	30	—	0	6	—	—
South Dakota	—	1	8	6	12	—	11	20	28	87	—	0	1	—	—
S. Atlantic	23	53	105	299	322	948	1,499	1,946	8,274	10,151	13	14	31	112	119
Delaware	—	0	3	1	4	11	15	35	108	121	—	0	2	—	1
District of Columbia	—	1	5	2	7	60	38	105	338	300	—	0	1	—	—
Florida	12	23	69	122	171	223	374	472	2,363	2,659	6	4	12	29	38
Georgia	5	12	51	105	52	209	322	456	1,869	1,799	—	2	6	19	30
Maryland	5	6	14	39	37	100	115	176	445	799	3	2	6	19	15
North Carolina	N	0	0	N	N	219	331	548	2,006	2,159	1	1	7	10	9
South Carolina	1	2	8	14	10	2	148	421	13	1,370	1	1	5	16	7
Virginia	—	5	12	16	41	115	123	353	1,040	826	1	2	8	12	19
West Virginia	—	0	8	—	—	9	14	29	92	118	1	0	5	7	—
E.S. Central	—	3	9	19	12	296	522	789	3,338	3,309	4	4	12	31	27
Alabama	—	3	9	19	12	—	167	408	673	1,138	—	1	3	5	9
Kentucky	N	0	0	N	N	69	79	151	491	337	2	1	4	8	6
Mississippi	N	0	0	N	N	174	116	242	1,167	838	—	0	3	5	2
Tennessee	N	0	0	N	N	53	148	224	1,007	996	2	2	8	13	10
W.S. Central	—	5	15	30	31	407	871	1,173	4,182	6,173	1	2	10	21	33
Arkansas	—	3	8	12	11	72	86	138	72	706	—	0	3	2	6
Louisiana	—	2	10	18	20	—	113	255	453	811	—	0	4	7	16
Oklahoma	—	0	0	—	—	21	32	196	157	507	1	1	9	12	11
Texas	N	0	0	N	N	314	589	828	3,500	4,149	—	0	1	—	—
Mountain	8	22	41	59	139	34	208	325	1,133	1,557	1	5	10	29	54
Arizona	1	2	6	9	14	29	89	137	643	514	—	1	6	9	21
Colorado	—	7	23	23	38	—	39	77	229	364	—	1	4	1	16
Idaho	2	3	9	8	22	—	2	15	3	17	1	0	2	4	2
Montana	4	2	5	7	3	2	1	4	12	14	—	0	1	2	2
Nevada	1	1	4	7	15	3	38	136	80	375	—	0	2	3	2
New Mexico	—	1	6	2	11	—	33	73	134	226	—	1	3	7	8
Utah	—	2	9	2	29	—	5	10	28	34	—	0	3	2	3
Wyoming	—	0	2	1	7	—	0	3	4	13	—	0	1	1	—
Pacific	36	47	170	224	289	243	633	758	3,680	4,706	2	4	9	23	29
Alaska	1	2	7	7	9	4	18	31	91	131	—	0	3	1	5
California	20	32	51	161	197	184	522	610	3,164	3,915	1	1	5	8	8
Hawaii	—	0	4	2	4	—	12	24	—	101	—	0	3	3	4
Oregon	9	6	20	33	60	19	26	60	146	175	1	1	6	11	12
Washington	6	6	136	21	19	36	50	79	279	384	—	0	1	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	5	—	1	—	0	0	—	—
Puerto Rico	—	0	4	—	8	12	6	14	31	45	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	2	10	—	20	—	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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 18, 2012, and February 19, 2011 (7th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	20	22	41	107	165	19	47	97	236	358	14	19	38	109	103
New England	1	1	5	3	13	1	1	8	1	20	—	1	5	2	9
Connecticut	—	0	3	2	5	—	0	4	—	5	—	0	4	2	8
Maine	1	0	2	1	—	1	0	2	1	1	—	0	3	—	—
Massachusetts	—	0	3	—	4	—	0	6	—	13	—	0	2	—	1
New Hampshire	—	0	0	—	—	—	0	1	—	1	N	0	0	N	N
Rhode Island	—	0	1	—	2	U	0	0	U	U	U	0	0	U	U
Vermont	—	0	2	—	2	—	0	0	—	—	—	0	1	—	—
Mid. Atlantic	5	3	7	21	25	2	4	8	18	30	1	2	5	12	7
New Jersey	—	0	0	—	—	—	0	2	3	—	—	0	1	1	—
New York (Upstate)	3	1	4	8	4	2	1	4	4	8	1	1	4	4	5
New York City	1	1	4	5	12	—	1	5	7	10	—	0	1	—	—
Pennsylvania	1	1	5	8	9	—	1	4	4	12	—	1	3	7	2
E.N. Central	—	3	7	8	34	3	5	37	29	68	3	2	8	12	22
Illinois	—	1	5	2	6	—	1	3	1	17	—	0	2	—	1
Indiana	—	0	1	—	5	—	1	4	3	8	—	0	5	2	14
Michigan	—	1	6	5	10	—	1	6	3	18	3	1	4	10	6
Ohio	—	0	2	1	11	3	1	30	21	20	—	0	1	—	—
Wisconsin	—	0	1	—	2	—	0	3	1	5	—	0	1	—	1
W.N. Central	2	1	7	7	8	1	2	9	10	15	—	0	4	1	—
Iowa	—	0	1	—	1	—	0	1	—	1	—	0	0	—	—
Kansas	—	0	1	—	1	—	0	2	—	3	—	0	1	1	—
Minnesota	—	0	7	—	—	—	0	7	—	—	—	0	2	—	—
Missouri	2	0	1	4	3	1	1	4	9	6	—	0	0	—	—
Nebraska	—	0	1	3	1	—	0	2	1	4	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	2	—	0	0	—	1	—	0	0	—	—
S. Atlantic	4	4	11	20	33	7	12	57	71	77	6	5	14	38	22
Delaware	—	0	1	1	1	—	0	2	2	—	U	0	0	U	U
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	3	1	8	9	9	4	4	7	23	28	4	1	5	17	6
Georgia	—	1	5	2	9	1	2	7	12	18	—	1	3	1	6
Maryland	1	0	4	2	4	—	1	4	13	8	—	1	3	3	2
North Carolina	—	0	3	3	3	1	1	9	7	11	—	1	7	4	5
South Carolina	—	0	2	—	2	1	1	3	4	5	—	0	1	—	—
Virginia	—	0	3	2	5	—	2	5	10	7	—	0	3	3	3
West Virginia	—	0	2	1	—	—	0	43	—	—	2	0	7	10	—
E.S. Central	1	1	6	4	5	2	10	20	63	65	2	5	10	25	18
Alabama	—	0	2	2	—	—	2	6	10	10	—	0	3	2	—
Kentucky	—	0	2	—	2	—	3	10	22	24	—	2	8	11	11
Mississippi	—	0	1	—	1	—	1	4	2	4	U	0	0	U	U
Tennessee	1	0	5	2	2	2	4	9	29	27	2	1	5	12	7
W.S. Central	2	3	7	18	7	3	6	14	24	32	—	1	5	5	10
Arkansas	—	0	2	1	—	—	1	4	3	4	—	0	0	—	—
Louisiana	—	0	2	—	1	—	0	2	3	10	—	0	1	—	4
Oklahoma	—	0	2	—	—	—	1	9	2	3	—	1	4	—	3
Texas	2	3	7	17	6	3	3	11	16	15	—	0	3	5	3
Mountain	2	1	5	10	11	—	1	4	8	19	—	1	5	2	9
Arizona	1	0	2	3	4	—	0	3	1	2	U	0	0	U	U
Colorado	—	0	2	3	5	—	0	2	—	3	—	0	2	—	2
Idaho	—	0	1	2	—	—	0	0	—	2	—	0	2	—	5
Montana	—	0	1	—	1	—	0	0	—	—	—	0	2	—	—
Nevada	1	0	3	2	—	—	0	3	7	7	—	0	2	2	—
New Mexico	—	0	1	—	1	—	0	2	—	2	—	0	2	—	—
Utah	—	0	1	—	—	—	0	1	—	3	—	0	2	—	2
Wyoming	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Pacific	3	3	12	16	29	—	3	8	12	32	2	2	10	12	6
Alaska	—	0	1	—	—	—	0	1	—	1	U	0	0	U	U
California	—	3	7	10	25	—	2	7	7	23	—	1	5	5	2
Hawaii	2	0	2	2	1	—	0	1	1	2	U	0	0	U	U
Oregon	—	0	2	1	1	—	0	4	3	5	—	0	2	4	3
Washington	1	0	4	3	2	—	0	3	1	1	2	0	8	3	1
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	5	—	1	—	2	8	—	7	—	0	3	—	3
Puerto Rico	—	0	1	—	—	—	0	2	—	—	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 18, 2012, and February 19, 2011 (7th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	19	68	168	210	250	72	417	1,646	1,294	1,120	1	25	49	102	167
New England	1	4	40	10	23	1	85	503	77	376	—	1	7	6	11
Connecticut	—	1	11	3	4	—	38	236	10	155	—	0	2	—	1
Maine	—	0	3	—	1	—	13	67	25	26	—	0	2	—	—
Massachusetts	—	3	24	4	14	—	17	106	16	121	—	0	6	5	8
New Hampshire	—	0	3	—	1	—	10	90	8	52	—	0	1	—	—
Rhode Island	1	0	9	3	2	—	1	31	1	3	—	0	2	—	—
Vermont	—	0	2	—	1	1	6	70	17	19	—	0	1	1	2
Mid. Atlantic	8	15	77	52	56	55	202	770	1,002	441	—	6	13	14	43
New Jersey	—	0	1	1	—	30	2	142	599	1	—	0	0	—	—
New York (Upstate)	4	6	27	17	18	10	56	211	89	58	—	1	4	2	5
New York City	—	3	14	8	18	—	2	20	—	20	—	4	11	10	30
Pennsylvania	4	5	42	26	20	15	112	539	314	362	—	1	5	2	8
E.N. Central	2	13	51	38	45	—	23	301	13	94	—	3	10	10	19
Illinois	—	2	11	3	7	—	1	21	—	4	—	1	5	2	7
Indiana	—	2	8	7	7	—	1	12	—	—	—	0	2	1	2
Michigan	—	2	15	—	10	—	1	12	7	—	—	0	4	2	2
Ohio	2	7	34	28	21	—	1	6	5	3	—	0	4	4	7
Wisconsin	—	0	1	—	—	—	20	259	1	87	—	0	2	1	1
W.N. Central	1	1	8	5	4	—	1	16	3	2	—	1	5	6	3
Iowa	—	0	2	—	—	—	0	13	1	1	—	0	3	1	—
Kansas	—	0	2	—	—	—	0	2	—	—	—	0	2	2	1
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	1	1	5	5	3	—	0	2	—	1	—	0	2	3	1
Nebraska	—	0	2	—	—	—	0	2	2	—	—	0	1	—	1
North Dakota	—	0	1	—	—	—	0	9	—	—	—	0	0	—	—
South Dakota	—	0	1	—	1	—	0	2	—	—	—	0	1	—	—
S. Atlantic	4	11	30	56	35	14	65	180	179	199	—	8	26	39	61
Delaware	—	0	4	3	—	3	13	48	47	57	—	0	3	1	—
District of Columbia	—	0	3	1	—	—	0	3	1	3	—	0	2	—	3
Florida	1	4	13	27	17	3	3	8	15	4	—	2	6	13	12
Georgia	—	1	4	5	3	—	0	5	5	1	—	1	6	5	10
Maryland	2	2	15	7	5	1	20	115	57	78	—	2	16	12	18
North Carolina	—	1	7	4	5	—	0	12	1	6	—	0	7	1	7
South Carolina	1	0	5	3	—	—	0	6	3	1	—	0	1	2	—
Virginia	—	1	7	6	5	7	17	75	44	46	—	1	8	5	11
West Virginia	—	0	5	—	—	—	0	13	6	3	—	0	1	—	—
E.S. Central	—	2	11	4	9	—	1	5	1	—	—	1	4	—	2
Alabama	—	0	2	1	1	—	0	2	—	—	—	0	3	—	1
Kentucky	—	1	4	—	4	—	0	1	1	—	—	0	2	—	—
Mississippi	—	0	3	—	1	—	0	1	—	—	—	0	1	—	—
Tennessee	—	1	8	3	3	—	0	4	—	—	—	0	3	—	1
W.S. Central	1	2	8	4	9	—	1	4	2	2	—	1	5	6	5
Arkansas	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Louisiana	—	0	2	—	5	—	0	1	1	—	—	0	1	—	—
Oklahoma	—	0	3	—	1	—	0	0	—	—	—	0	3	4	1
Texas	1	2	7	4	3	—	1	4	1	2	—	0	5	2	4
Mountain	—	2	9	9	17	—	1	5	5	1	—	1	5	4	9
Arizona	—	1	4	3	5	—	0	4	1	—	—	0	4	—	3
Colorado	—	0	4	—	6	—	0	1	—	—	—	0	3	—	3
Idaho	—	0	1	1	1	—	0	2	2	—	—	0	1	—	—
Montana	—	0	1	—	—	—	0	3	—	—	—	0	1	—	—
Nevada	—	0	2	3	1	—	0	1	—	—	—	0	2	4	2
New Mexico	—	0	2	—	—	—	0	2	—	1	—	0	1	—	1
Utah	—	0	2	1	4	—	0	1	1	—	—	0	1	—	—
Wyoming	—	0	2	1	—	—	0	1	1	—	—	0	0	—	—
Pacific	2	6	17	32	52	2	2	8	12	5	1	3	11	17	14
Alaska	—	0	0	—	—	1	0	3	1	—	—	0	1	1	2
California	2	4	11	27	45	1	1	8	11	3	1	3	7	15	8
Hawaii	—	0	2	—	1	N	0	0	N	N	—	0	1	—	—
Oregon	—	0	3	5	1	—	0	2	—	2	—	0	4	1	3
Washington	—	0	13	—	5	—	0	5	—	—	—	0	2	—	1
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	1	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 18, 2012, and February 19, 2011 (7th week)*

Reporting area	Meningococcal disease, invasive† All serogroups					Mumps					Pertussis				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	3	12	26	65	128	1	7	20	22	59	179	308	793	1,984	2,441
New England	—	0	3	1	3	—	0	2	—	1	6	17	33	137	65
Connecticut	—	0	1	—	1	—	0	0	—	—	—	1	7	4	12
Maine	—	0	1	—	—	—	0	2	—	—	2	3	19	20	12
Massachusetts	—	0	2	1	2	—	0	1	—	1	—	4	10	24	26
New Hampshire	—	0	1	—	—	—	0	0	—	—	—	2	13	4	8
Rhode Island	—	0	1	—	—	—	0	2	—	—	—	0	10	15	6
Vermont	—	0	3	—	—	—	0	1	—	—	4	1	17	70	1
Mid. Atlantic	1	1	4	10	15	—	0	7	—	5	56	41	175	464	211
New Jersey	—	0	0	—	—	—	0	1	—	5	—	4	10	16	19
New York (Upstate)	—	0	4	1	2	—	0	3	—	—	41	14	138	247	60
New York City	1	0	2	4	7	—	0	6	—	—	—	4	42	41	—
Pennsylvania	—	0	2	5	6	—	0	1	—	—	15	13	30	160	132
E.N. Central	—	2	6	6	17	—	2	12	4	13	20	67	217	540	601
Illinois	—	0	3	—	6	—	1	10	—	5	—	21	123	119	113
Indiana	—	0	2	—	2	—	0	2	1	—	—	4	21	10	59
Michigan	—	0	1	—	3	—	0	2	2	2	8	10	38	71	154
Ohio	—	0	2	5	4	—	0	2	1	5	9	13	22	91	202
Wisconsin	—	0	2	1	2	—	0	1	—	1	3	14	67	249	73
W.N. Central	1	1	3	4	10	—	0	3	2	5	5	22	119	125	141
Iowa	—	0	1	—	1	—	0	2	—	—	—	4	9	16	39
Kansas	1	0	1	1	1	—	0	1	—	1	—	2	6	12	20
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	110	—	—
Missouri	—	0	2	3	4	—	0	2	2	3	4	8	33	91	62
Nebraska	—	0	2	—	3	—	0	1	—	1	1	1	5	4	15
North Dakota	—	0	1	—	—	—	0	3	—	—	—	0	10	—	3
South Dakota	—	0	1	—	1	—	0	0	—	—	—	0	7	2	2
S. Atlantic	—	2	8	9	17	—	1	4	4	2	12	27	52	170	260
Delaware	—	0	1	—	—	—	0	0	—	—	—	0	5	6	4
District of Columbia	—	0	1	—	—	—	0	1	—	—	—	0	2	1	1
Florida	—	1	5	7	6	—	0	2	2	—	5	6	17	57	38
Georgia	—	0	1	—	2	—	0	2	—	—	—	3	7	10	40
Maryland	—	0	2	2	1	—	0	1	1	—	1	2	10	23	22
North Carolina	—	0	3	—	4	—	0	2	—	—	—	3	13	8	63
South Carolina	—	0	1	—	2	—	0	1	—	—	1	2	9	8	29
Virginia	—	0	2	—	2	—	0	4	—	2	3	6	25	35	63
West Virginia	—	0	3	—	—	—	0	1	1	—	2	0	15	22	—
E.S. Central	—	0	3	—	8	—	0	1	—	3	2	9	18	76	85
Alabama	—	0	2	—	5	—	0	1	—	1	2	2	11	11	22
Kentucky	—	0	2	—	—	—	0	0	—	—	—	3	10	38	38
Mississippi	—	0	1	—	1	—	0	1	—	2	—	0	4	5	4
Tennessee	—	0	2	—	2	—	0	1	—	—	—	2	7	22	21
W.S. Central	—	1	5	3	10	1	1	13	6	24	13	19	107	69	94
Arkansas	—	0	2	—	2	—	0	2	—	—	—	1	5	1	6
Louisiana	—	0	2	1	3	—	0	0	—	—	—	0	3	2	8
Oklahoma	—	0	2	1	1	—	0	2	—	—	—	0	11	—	2
Texas	—	0	2	1	4	1	1	13	6	24	13	17	104	66	78
Mountain	1	1	4	6	10	—	0	2	2	1	4	39	82	201	354
Arizona	—	0	1	1	3	—	0	0	—	—	—	12	56	120	137
Colorado	—	0	1	—	2	—	0	1	1	—	—	7	25	28	79
Idaho	—	0	1	1	2	—	0	2	—	—	4	3	12	16	18
Montana	—	0	2	1	—	—	0	1	1	—	—	1	32	11	34
Nevada	1	0	1	2	—	—	0	0	—	—	—	0	5	10	7
New Mexico	—	0	1	1	—	—	0	1	—	1	—	4	24	11	16
Utah	—	0	2	—	3	—	0	0	—	—	—	6	15	2	61
Wyoming	—	0	0	—	—	—	0	1	—	—	—	0	3	3	2
Pacific	—	2	11	26	38	—	0	11	4	5	61	60	254	202	630
Alaska	—	0	1	—	1	—	0	1	—	—	—	0	3	10	13
California	—	2	7	17	30	—	0	11	3	—	—	35	78	21	559
Hawaii	—	0	1	1	1	—	0	1	—	2	3	2	10	32	6
Oregon	—	0	4	8	4	—	0	1	—	3	1	5	23	17	26
Washington	—	0	3	—	2	—	0	1	1	—	57	12	202	122	26
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	3	—	4	—	2	14	—	4
Puerto Rico	—	0	0	—	—	—	0	1	1	—	—	0	1	—	1
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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 18, 2012, and February 19, 2011 (7th week)*

Reporting area	Rabies, animal					Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	33	60	105	255	341	247	870	1,860	2,561	3,315	20	90	206	240	259
New England	2	5	16	44	16	2	36	107	97	163	—	4	13	10	11
Connecticut	—	3	10	19	4	—	8	30	25	45	—	1	4	5	7
Maine	1	1	6	15	4	2	2	7	9	17	—	0	3	—	—
Massachusetts	—	0	0	—	—	—	19	44	46	74	—	1	9	5	2
New Hampshire	—	0	3	3	1	—	3	8	5	16	—	0	3	—	2
Rhode Island	1	0	6	5	2	—	1	62	2	6	—	0	2	—	—
Vermont	—	0	2	2	5	—	1	8	10	5	—	0	3	—	—
Mid. Atlantic	1	16	36	23	89	16	75	173	255	282	—	8	28	32	38
New Jersey	—	0	0	—	—	1	0	6	24	—	—	0	1	1	—
New York (Upstate)	1	7	20	23	30	13	25	67	68	61	—	3	13	6	10
New York City	—	0	3	—	1	1	19	42	74	94	—	2	6	9	9
Pennsylvania	—	8	21	—	58	1	31	114	89	127	—	3	16	16	19
E.N. Central	—	2	17	3	5	11	88	184	186	396	4	16	54	36	59
Illinois	—	0	6	—	3	—	27	80	37	132	—	4	14	5	9
Indiana	—	0	7	—	—	—	8	27	10	39	—	2	10	1	10
Michigan	—	1	6	2	2	3	14	42	51	72	2	3	19	23	14
Ohio	—	1	5	1	—	8	20	46	81	101	2	3	9	7	11
Wisconsin	N	0	0	N	N	—	11	46	7	52	—	3	21	—	15
W.N. Central	—	1	8	13	3	16	39	99	144	150	1	11	40	34	21
Iowa	—	0	0	—	—	—	8	19	16	37	—	2	15	5	5
Kansas	—	1	4	7	1	5	8	27	43	26	—	2	8	4	4
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	0	4	2	—	10	15	42	64	63	—	5	32	16	6
Nebraska	—	0	3	—	2	1	4	13	15	14	1	1	8	6	6
North Dakota	—	0	4	4	—	—	0	15	—	—	—	0	4	—	—
South Dakota	—	0	0	—	—	—	3	10	6	10	—	1	4	3	—
S. Atlantic	13	17	48	94	203	134	276	739	1,021	1,015	11	12	31	61	48
Delaware	—	0	0	—	—	—	3	12	8	16	—	0	2	1	1
District of Columbia	—	0	0	—	—	—	1	6	—	5	—	0	1	1	1
Florida	13	0	2	15	120	60	107	203	440	382	4	3	9	27	6
Georgia	—	0	0	—	—	11	45	138	133	201	—	2	8	4	7
Maryland	—	6	13	25	21	7	19	46	78	79	—	1	4	2	9
North Carolina	—	0	0	—	—	52	32	251	210	147	6	2	26	14	16
South Carolina	N	0	0	N	N	1	27	71	74	87	1	0	4	3	—
Virginia	—	11	27	47	62	3	19	54	70	98	—	2	8	9	8
West Virginia	—	0	30	7	—	—	0	18	8	—	—	0	2	—	—
E.S. Central	1	3	11	9	15	16	64	190	202	244	1	4	18	16	13
Alabama	1	2	7	8	9	2	18	70	57	82	—	1	15	4	2
Kentucky	—	0	2	1	1	7	11	30	40	38	—	1	5	5	4
Mississippi	—	0	1	—	—	—	22	66	51	46	—	0	4	4	1
Tennessee	—	1	4	—	5	7	15	51	54	78	1	1	11	3	6
W.S. Central	16	1	21	54	—	9	132	250	169	287	1	10	56	16	18
Arkansas	8	0	10	9	—	1	13	52	27	43	—	1	6	3	1
Louisiana	—	0	0	—	—	—	14	44	48	52	—	0	1	—	—
Oklahoma	3	0	21	7	—	8	14	31	45	26	—	1	10	5	4
Texas	5	0	8	38	—	—	93	158	49	166	1	7	56	8	13
Mountain	—	1	4	14	—	7	45	93	137	273	1	11	27	18	26
Arizona	N	0	0	N	N	3	15	35	63	90	—	2	7	3	2
Colorado	—	0	0	—	—	—	9	23	18	60	—	3	9	2	12
Idaho	—	0	1	—	—	1	2	8	8	27	—	1	8	3	4
Montana	N	0	0	N	N	1	2	10	8	7	1	1	4	1	—
Nevada	—	0	3	—	—	2	3	7	10	22	—	1	7	1	2
New Mexico	—	0	4	14	—	—	5	22	13	35	—	1	3	3	3
Utah	—	0	2	—	—	—	6	15	15	29	—	1	7	2	3
Wyoming	—	0	0	—	—	—	1	9	2	3	—	0	7	3	—
Pacific	—	4	15	1	10	36	92	173	350	505	1	9	28	17	25
Alaska	—	0	2	1	4	—	1	6	7	9	—	0	1	—	—
California	—	3	13	—	3	28	73	141	273	384	—	4	14	6	15
Hawaii	—	0	0	—	—	—	7	14	12	47	—	0	2	—	—
Oregon	—	0	2	—	3	—	5	12	21	44	—	1	11	5	5
Washington	—	0	0	—	—	8	9	40	37	21	1	2	20	6	5
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	3	—	0	0	—	—
Puerto Rico	—	0	6	6	4	—	3	12	4	20	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 18, 2012, and February 19, 2011 (7th week)*

Reporting area	Shigellosis					Spotted Fever Rickettsiosis (including RMSF)†									
						Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	141	246	355	1,137	1,058	—	3	15	11	8	1	29	138	51	35
New England	—	4	21	12	23	—	0	1	—	—	—	0	1	—	—
Connecticut	—	1	4	4	4	—	0	0	—	—	—	0	0	—	—
Maine	—	0	8	—	1	—	0	0	—	—	—	0	1	—	—
Massachusetts	—	3	20	8	17	—	0	0	—	—	—	0	1	—	—
New Hampshire	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Rhode Island	—	0	3	—	—	—	0	0	—	—	—	0	1	—	—
Vermont	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	5	19	54	173	56	—	0	2	3	—	—	1	7	7	2
New Jersey	—	0	24	49	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	1	6	40	47	16	—	0	1	—	—	—	0	2	—	—
New York City	3	8	28	65	29	—	0	0	—	—	—	0	3	2	2
Pennsylvania	1	2	13	12	11	—	0	2	3	—	—	0	3	5	—
E.N. Central	14	14	40	152	97	—	0	2	1	—	—	2	10	3	3
Illinois	—	4	16	10	35	—	0	1	—	—	—	1	4	1	2
Indiana	—	1	6	—	9	—	0	1	1	—	—	1	5	1	—
Michigan	1	3	11	25	20	—	0	1	—	—	—	0	1	—	—
Ohio	13	6	27	117	33	—	0	2	—	—	—	0	2	1	1
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
W.N. Central	5	5	18	46	64	—	0	4	—	—	—	4	24	3	5
Iowa	—	0	3	2	4	—	0	0	—	—	—	0	2	—	1
Kansas	2	1	6	26	13	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	2	3	14	15	45	—	0	2	—	—	—	4	22	3	4
Nebraska	1	0	2	3	1	—	0	3	—	—	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
S. Atlantic	43	75	134	268	358	—	1	9	6	4	—	7	58	22	15
Delaware	—	0	2	—	—	—	0	1	—	—	—	0	4	2	—
District of Columbia	—	0	5	1	5	—	0	1	—	—	—	0	1	—	—
Florida	27	50	98	153	210	—	0	1	—	1	—	0	2	4	—
Georgia	8	13	26	69	68	—	1	8	6	1	—	0	0	—	—
Maryland	3	2	10	20	15	—	0	1	—	1	—	0	3	2	1
North Carolina	4	3	19	14	41	—	0	4	—	1	—	0	49	5	9
South Carolina	—	1	54	2	8	—	0	2	—	—	—	0	2	—	1
Virginia	1	2	7	9	11	—	0	1	—	—	—	3	14	9	4
West Virginia	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	26	19	51	185	64	—	0	2	—	—	1	4	25	7	5
Alabama	1	6	21	47	29	—	0	1	—	—	—	1	8	2	3
Kentucky	21	5	22	93	5	—	0	1	—	—	—	0	2	—	—
Mississippi	—	4	24	27	11	—	0	0	—	—	—	0	2	—	1
Tennessee	4	4	11	18	19	—	0	2	—	—	1	4	20	5	1
W.S. Central	31	54	131	184	140	—	0	3	—	—	—	2	52	4	1
Arkansas	—	2	7	10	4	—	0	3	—	—	—	1	52	3	—
Louisiana	—	4	21	12	21	—	0	0	—	—	—	0	2	1	—
Oklahoma	6	4	28	38	9	—	0	1	—	—	—	0	25	—	—
Texas	25	43	101	124	106	—	0	1	—	—	—	0	4	—	1
Mountain	1	13	41	36	100	—	0	3	—	4	—	1	7	4	4
Arizona	1	6	27	25	39	—	0	3	—	4	—	0	6	1	4
Colorado	—	1	8	2	15	—	0	0	—	—	—	0	1	—	—
Idaho	—	0	3	1	4	—	0	0	—	—	—	0	2	2	—
Montana	—	1	15	3	7	—	0	0	—	—	—	0	1	—	—
Nevada	—	0	4	1	6	—	0	0	—	—	—	0	1	—	—
New Mexico	—	2	6	3	23	—	0	0	—	—	—	0	0	—	—
Utah	—	1	4	1	6	—	0	0	—	—	—	0	1	1	—
Wyoming	—	0	1	—	—	—	0	0	—	—	—	0	2	—	—
Pacific	16	19	44	81	156	—	0	2	1	—	—	0	1	1	—
Alaska	—	0	2	2	1	N	0	0	N	N	N	0	0	N	N
California	15	14	41	68	132	—	0	2	1	—	—	0	1	1	—
Hawaii	—	1	3	1	12	N	0	0	N	N	N	0	0	N	N
Oregon	—	1	4	7	7	—	0	0	—	—	—	0	0	—	—
Washington	1	1	9	3	4	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	—	0	0	—	1	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	—	N	0	0	N	N	N	0	0	N	N
Puerto Rico	—	0	0	—	—	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.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 18, 2012, and February 19, 2011 (7th week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	196	252	464	1,903	2,566	15	20	41	134	149	82	263	312	1,069	1,739
New England	4	13	31	77	158	—	1	4	6	5	4	7	23	31	48
Connecticut	—	6	20	40	72	—	0	3	2	1	—	0	12	—	5
Maine	2	2	8	16	25	—	0	1	1	1	—	0	2	—	2
Massachusetts	—	0	3	5	6	—	0	2	2	2	2	5	10	24	29
New Hampshire	—	1	8	8	23	—	0	1	1	—	—	0	3	2	3
Rhode Island	—	1	6	—	28	—	0	1	—	1	2	0	7	5	8
Vermont	2	1	6	8	4	—	0	2	—	—	—	0	2	—	1
Mid. Atlantic	22	16	55	287	165	1	2	10	15	8	5	29	53	117	224
New Jersey	—	0	16	55	—	—	0	2	4	—	—	3	13	4	28
New York (Upstate)	15	2	33	146	15	1	1	10	8	8	2	4	9	14	18
New York City	7	12	24	86	150	—	0	9	3	—	—	14	24	44	128
Pennsylvania	N	0	0	N	N	N	0	0	N	N	3	7	17	55	50
E.N. Central	37	63	122	402	536	2	3	10	19	26	2	30	48	74	218
Illinois	N	0	0	N	N	—	0	0	—	—	—	11	24	25	83
Indiana	—	12	36	42	128	—	1	4	1	3	1	3	8	17	25
Michigan	7	13	26	96	104	1	0	2	6	7	1	4	12	8	35
Ohio	24	27	43	201	225	—	1	7	7	12	—	7	17	22	64
Wisconsin	6	8	23	63	79	1	0	2	5	4	—	1	6	2	11
W.N. Central	4	3	28	29	27	—	0	2	1	1	—	6	13	3	55
Iowa	N	0	0	N	N	N	0	0	N	N	—	0	3	2	1
Kansas	N	0	0	N	N	N	0	0	N	N	—	0	4	—	1
Minnesota	—	0	0	—	—	—	0	0	—	—	—	2	8	—	27
Missouri	N	0	0	N	N	—	0	0	—	—	—	2	8	—	24
Nebraska	4	2	9	29	27	—	0	2	1	1	—	0	2	1	2
North Dakota	—	0	25	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
S. Atlantic	70	65	143	533	788	7	6	15	45	49	40	66	92	314	412
Delaware	—	1	5	6	16	—	0	0	—	—	—	0	4	7	3
District of Columbia	—	1	5	1	12	—	0	1	1	1	3	3	8	29	27
Florida	32	21	55	200	329	1	2	8	15	23	2	24	36	112	167
Georgia	24	19	38	157	218	6	1	5	16	17	8	12	40	56	39
Maryland	5	9	29	53	111	—	1	3	3	5	2	8	20	26	46
North Carolina	N	0	0	N	N	N	0	0	N	N	21	8	21	55	57
South Carolina	8	8	22	78	102	—	0	3	4	3	—	4	11	1	44
Virginia	N	0	0	N	N	—	0	0	—	—	4	4	13	28	29
West Virginia	1	1	48	38	—	—	0	4	6	—	—	0	2	—	—
E.S. Central	19	23	45	170	231	1	2	4	9	19	1	15	31	56	92
Alabama	N	0	0	N	N	N	0	0	N	N	—	4	10	12	33
Kentucky	3	4	12	34	40	—	0	3	—	5	—	2	8	10	16
Mississippi	N	0	0	N	N	—	0	0	—	—	1	3	22	19	13
Tennessee	16	19	42	136	191	1	1	4	9	14	—	5	11	15	30
W.S. Central	23	31	137	208	277	3	3	10	19	16	20	36	51	201	206
Arkansas	7	4	14	32	44	—	0	3	2	3	5	3	10	5	27
Louisiana	—	2	13	26	53	—	0	2	2	3	—	7	25	17	28
Oklahoma	N	0	0	N	N	—	0	0	—	—	1	1	6	6	7
Texas	16	24	123	150	180	3	3	10	15	10	14	23	39	173	144
Mountain	15	26	72	180	350	1	2	8	13	23	—	12	20	26	79
Arizona	15	12	45	132	176	1	1	5	9	9	—	5	11	9	25
Colorado	—	8	23	18	78	—	0	4	1	4	—	2	6	7	16
Idaho	N	0	0	N	N	—	0	0	—	—	—	0	4	2	3
Montana	N	0	0	N	N	N	0	0	N	N	—	0	1	—	3
Nevada	N	0	0	N	N	N	0	0	N	N	—	2	9	2	21
New Mexico	—	4	12	26	54	—	0	2	3	3	—	1	4	3	7
Utah	—	1	8	—	37	—	0	3	—	7	—	0	2	3	4
Wyoming	—	0	3	4	5	—	0	0	—	—	—	0	0	—	—
Pacific	2	2	11	17	34	—	0	2	7	2	10	56	74	247	405
Alaska	2	2	11	17	34	—	0	2	7	2	—	0	2	2	—
California	N	0	0	N	N	N	0	0	N	N	9	45	62	203	327
Hawaii	—	0	1	—	—	—	0	1	—	—	—	0	3	—	—
Oregon	N	0	0	N	N	N	0	0	N	N	—	4	14	20	25
Washington	N	0	0	N	N	N	0	0	N	N	1	5	11	22	53
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	—	—	3	5	15	28	24
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† 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).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending February 18, 2012, and February 19, 2011 (7th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	164	262	353	1,414	1,806	—	0	60	—	1	—	0	31	—	—
New England	5	23	54	134	177	—	0	3	—	—	—	0	1	—	—
Connecticut	1	6	20	30	35	—	0	2	—	—	—	0	1	—	—
Maine	1	4	11	35	33	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	9	18	47	61	—	0	2	—	—	—	0	1	—	—
New Hampshire	—	2	10	—	17	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	6	1	8	—	0	1	—	—	—	0	0	—	—
Vermont	3	1	9	21	23	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	51	22	55	303	125	—	0	11	—	—	—	0	6	—	—
New Jersey	22	0	44	186	—	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	4	—	—
New York City	—	0	0	—	—	—	0	4	—	—	—	0	1	—	—
Pennsylvania	29	19	42	117	125	—	0	2	—	—	—	0	1	—	—
E.N. Central	27	64	114	395	518	—	0	13	—	—	—	0	6	—	—
Illinois	1	18	38	100	106	—	0	6	—	—	—	0	5	—	—
Indiana	—	5	20	38	40	—	0	2	—	—	—	0	1	—	—
Michigan	9	18	44	115	180	—	0	7	—	—	—	0	1	—	—
Ohio	17	21	47	142	191	—	0	3	—	—	—	0	3	—	—
Wisconsin	—	0	1	—	1	—	0	1	—	—	—	0	1	—	—
W.N. Central	—	11	32	53	107	—	0	9	—	1	—	0	7	—	—
Iowa	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Kansas	—	7	21	28	55	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	—	3	18	19	46	—	0	2	—	1	—	0	2	—	—
Nebraska	—	0	2	3	1	—	0	4	—	—	—	0	3	—	—
North Dakota	—	0	7	—	1	—	0	1	—	—	—	0	1	—	—
South Dakota	—	1	6	3	4	—	0	0	—	—	—	0	1	—	—
S. Atlantic	4	36	66	156	248	—	0	9	—	—	—	0	5	—	—
Delaware	—	0	2	—	2	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	2	—	4	—	0	3	—	—	—	0	3	—	—
Florida	—	16	38	95	126	—	0	4	—	—	—	0	2	—	—
Georgia	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Maryland	N	0	0	N	N	—	0	5	—	—	—	0	3	—	—
North Carolina	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
South Carolina	—	0	9	—	—	—	0	0	—	—	—	0	0	—	—
Virginia	4	9	27	32	52	—	0	2	—	—	—	0	0	—	—
West Virginia	—	6	32	29	64	—	0	1	—	—	—	0	0	—	—
E.S. Central	1	5	15	28	40	—	0	11	—	—	—	0	5	—	—
Alabama	1	5	14	25	36	—	0	2	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	—	0	2	3	4	—	0	5	—	—	—	0	4	—	—
Tennessee	N	0	0	N	N	—	0	3	—	—	—	0	1	—	—
W.S. Central	72	56	154	263	245	—	0	4	—	—	—	0	3	—	—
Arkansas	1	5	26	9	27	—	0	1	—	—	—	0	0	—	—
Louisiana	—	2	6	7	12	—	0	1	—	—	—	0	2	—	—
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Texas	71	48	149	247	206	—	0	3	—	—	—	0	3	—	—
Mountain	1	20	68	71	310	—	0	11	—	—	—	0	5	—	—
Arizona	1	4	50	14	95	—	0	7	—	—	—	0	4	—	—
Colorado	—	7	32	22	87	—	0	2	—	—	—	0	2	—	—
Idaho	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Montana	—	1	7	3	68	—	0	1	—	—	—	0	0	—	—
Nevada	N	0	0	N	N	—	0	4	—	—	—	0	2	—	—
New Mexico	—	1	8	14	9	—	0	1	—	—	—	0	0	—	—
Utah	—	3	26	16	49	—	0	1	—	—	—	0	1	—	—
Wyoming	—	0	1	2	2	—	0	1	—	—	—	0	1	—	—
Pacific	3	2	9	11	36	—	0	18	—	—	—	0	7	—	—
Alaska	1	1	4	5	14	—	0	0	—	—	—	0	0	—	—
California	—	0	4	3	13	—	0	18	—	—	—	0	7	—	—
Hawaii	2	0	4	3	9	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Washington	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	4	—	1	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	2	10	12	33	—	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 and 2012 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/ncphi/disss/nndss/phs/infdis.htm.

TABLE III. Deaths in 122 U.S. cities,* week ending February 18, 2012 (7th week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	629	430	136	33	13	17	65
Boston, MA	156	98	40	8	4	6	17
Bridgeport, CT	44	28	13	3	—	—	2
Cambridge, MA	16	11	5	—	—	—	1
Fall River, MA	33	25	8	—	—	—	4
Hartford, CT	70	49	16	2	3	—	9
Lowell, MA	24	18	5	1	—	—	1
Lynn, MA	9	4	4	1	—	—	—
New Bedford, MA	23	17	3	1	1	1	1
New Haven, CT	49	31	10	4	2	2	7
Providence, RI	73	49	17	3	2	2	2
Somerville, MA	1	1	—	—	—	—	—
Springfield, MA	43	33	2	4	—	4	8
Waterbury, CT	27	23	3	—	1	—	2
Worcester, MA	61	43	10	6	—	2	11
Mid. Atlantic	1,943	1,351	437	95	38	22	105
Albany, NY	60	43	9	2	5	1	2
Allentown, PA	35	29	5	—	—	1	2
Buffalo, NY	85	58	20	3	4	—	6
Camden, NJ	16	8	7	1	—	—	—
Elizabeth, NJ	15	10	3	1	1	—	—
Erie, PA	57	40	14	1	2	—	4
Jersey City, NJ	15	13	1	—	1	—	2
New York City, NY	1,089	755	249	54	18	13	63
Newark, NJ	37	17	16	2	2	—	—
Paterson, NJ	15	10	3	2	—	—	1
Philadelphia, PA	172	110	37	19	2	4	10
Pittsburgh, PA§	47	36	9	2	—	—	2
Reading, PA	47	39	5	2	1	—	1
Rochester, NY	82	53	24	2	1	2	2
Schenectady, NY	31	23	7	—	—	1	1
Scranton, PA	25	18	7	—	—	—	2
Syracuse, NY	57	43	13	1	—	—	5
Trenton, NJ	32	23	5	3	1	—	—
Utica, NY	6	6	—	—	—	—	1
Yonkers, NY	20	17	3	—	—	—	1
E.N. Central	2,254	1,491	552	118	39	54	149
Akron, OH	54	35	16	1	—	2	2
Canton, OH	20	13	7	—	—	—	4
Chicago, IL	259	158	76	15	7	3	16
Cincinnati, OH	92	44	27	8	3	10	3
Cleveland, OH	307	210	77	8	3	9	14
Columbus, OH	386	260	91	18	8	9	32
Dayton, OH	158	113	30	12	2	1	14
Detroit, MI	160	85	50	15	5	5	3
Evansville, IN	47	34	12	—	—	1	5
Fort Wayne, IN	65	48	11	4	2	—	4
Gary, IN	8	4	4	—	—	—	1
Grand Rapids, MI	59	42	10	4	—	3	6
Indianapolis, IN	189	116	51	14	4	4	18
Lansing, MI	43	32	8	2	1	—	5
Milwaukee, WI	78	55	19	3	—	1	3
Peoria, IL	54	45	6	1	—	2	7
Rockford, IL	69	51	11	5	1	1	5
South Bend, IN	40	29	9	2	—	—	3
Toledo, OH	102	73	21	5	1	2	2
Youngstown, OH	64	44	16	1	2	1	2
W.N. Central	679	455	144	47	13	20	39
Des Moines, IA	64	53	10	—	—	1	4
Duluth, MN	31	23	6	2	—	—	2
Kansas City, KS	27	17	7	3	—	—	1
Kansas City, MO	113	76	15	13	9	—	2
Lincoln, NE	51	39	9	2	1	—	3
Minneapolis, MN	64	42	17	3	—	2	7
Omaha, NE	87	50	25	7	—	5	9
St. Louis, MO	97	56	25	7	2	7	3
St. Paul, MN	55	36	14	4	—	1	3
Wichita, KS	90	63	16	6	1	4	5
S. Atlantic	1,093	706	274	66	23	24	77
Atlanta, GA	146	87	40	11	4	4	17
Baltimore, MD	132	74	46	10	2	—	11
Charlotte, NC	143	96	35	7	3	2	7
Jacksonville, FL	7	5	2	—	—	—	4
Miami, FL	105	74	18	7	3	3	2
Norfolk, VA	59	37	12	6	3	1	3
Richmond, VA	67	44	14	7	2	—	1
Savannah, GA	57	36	15	2	1	3	5
St. Petersburg, FL	61	45	11	1	1	3	6
Tampa, FL	188	132	42	9	3	2	13
Washington, D.C.	116	66	38	6	1	5	8
Wilmington, DE	12	10	1	—	—	1	—
E.S. Central	891	582	233	42	18	16	71
Birmingham, AL	216	130	67	12	4	3	16
Chattanooga, TN	105	78	21	3	2	1	6
Knoxville, TN	107	72	26	7	2	—	10
Lexington, KY	63	39	15	3	3	3	4
Memphis, TN	174	109	51	7	2	5	17
Mobile, AL	36	28	7	—	—	1	3
Montgomery, AL	28	21	3	3	1	—	2
Nashville, TN	162	105	43	7	4	3	13
W.S. Central	1,191	798	256	84	28	25	87
Austin, TX	112	74	32	3	2	1	10
Baton Rouge, LA	61	41	9	8	3	—	—
Corpus Christi, TX	61	50	8	3	—	—	7
Dallas, TX	213	128	59	14	7	5	15
El Paso, TX	106	76	19	6	2	3	3
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	109	71	6	20	7	5	7
Little Rock, AR	82	50	25	3	1	3	4
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	253	179	57	12	3	2	26
Shreveport, LA	31	16	7	1	2	5	2
Tulsa, OK	163	113	34	14	1	1	13
Mountain	1,289	893	291	66	25	14	83
Albuquerque, NM	133	94	26	11	1	1	16
Boise, ID	71	54	11	4	—	2	7
Colorado Springs, CO	73	50	15	5	1	2	1
Denver, CO	97	68	22	4	1	2	2
Las Vegas, NV	306	208	70	20	6	2	19
Ogden, UT	43	28	11	2	1	1	3
Phoenix, AZ	191	125	51	8	4	3	9
Pueblo, CO	35	23	8	2	2	—	3
Salt Lake City, UT	138	97	29	4	7	1	8
Tucson, AZ	202	146	48	6	2	—	15
Pacific	1,830	1,287	389	94	36	24	181
Berkeley, CA	12	9	2	—	—	1	1
Fresno, CA	170	111	42	13	2	2	15
Glendale, CA	30	21	9	—	—	—	4
Honolulu, HI	72	53	13	5	—	1	13
Long Beach, CA	59	40	15	1	2	1	8
Los Angeles, CA	275	186	63	14	8	4	37
Pasadena, CA	20	18	2	—	—	—	2
Portland, OR	124	90	22	7	3	2	6
Sacramento, CA	216	151	46	15	4	—	30
San Diego, CA	164	112	42	7	3	—	8
San Francisco, CA	123	81	28	10	2	2	19
San Jose, CA	218	171	38	4	1	4	14
Santa Cruz, CA	38	28	9	—	1	—	5
Seattle, WA	110	75	21	6	2	6	6
Spokane, WA	82	54	18	5	4	1	6
Tacoma, WA	117	87	19	7	4	—	7
Total¶	**11,799**	**7,993**	**2,712**	**645**	**233**	**216**	**857**

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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