

Community-Based Opioid Overdose Prevention Programs Providing Naloxone — United States, 2010

Drug overdose death rates have increased steadily in the United States since 1979. In 2008, a total of 36,450 drug overdose deaths (i.e., unintentional, intentional [suicide or homicide], or undetermined intent) were reported, with prescription opioid analgesics (e.g., oxycodone, hydrocodone, and methadone), cocaine, and heroin the drugs most commonly involved (1). Since the mid-1990s, community-based programs have offered opioid overdose prevention services to persons who use drugs, their families and friends, and service providers. Since 1996, an increasing number of these programs have provided the opioid antagonist naloxone hydrochloride, the treatment of choice to reverse the potentially fatal respiratory depression caused by overdose of heroin and other opioids (2). Naloxone has no effect on non-opioid overdoses (e.g., cocaine, benzodiazepines, or alcohol) (3). In October 2010, the Harm Reduction Coalition, a national advocacy and capacity-building organization, surveyed 50 programs known to distribute naloxone in the United States, to collect data on local program locations, naloxone distribution, and overdose reversals. This report summarizes the findings for the 48 programs that completed the survey and the 188 local programs represented by the responses. Since the first opioid overdose prevention program began distributing naloxone in 1996, the respondent programs reported training and distributing naloxone to 53,032 persons and receiving reports of 10,171 overdose reversals. Providing opioid overdose education and naloxone to persons who use drugs and to persons who might be present at an opioid overdose can help reduce opioid overdose mortality, a rapidly growing public health concern.

Overdose is common among persons who use opioids, including heroin users. In a 2002–2004 study of 329 drug users, 82% said they had used heroin, 64.6% had witnessed a drug overdose, and 34.6% had experienced an unintentional drug overdose (4). In 1996, community-based programs began offering naloxone and other opioid overdose prevention services to persons who use drugs, their families and friends, and service providers (e.g., health-care providers, homeless

shelters, and substance abuse treatment programs). These services include education regarding overdose risk factors, recognition of signs of opioid overdose, appropriate responses to an overdose, and administration of naloxone.

To identify local program locations and assess the extent of naloxone distribution, in October 2010 the Harm Reduction Coalition e-mailed an online survey to staff members at the 50 programs then known to distribute naloxone. Follow-up e-mails and telephone calls were used to encourage participation, clarify responses, and obtain information on local, community-based programs. The survey included questions about the year the program began distributing naloxone, the number of persons trained in overdose prevention and naloxone administration, the number of overdose reversals reported, and whether the totals were estimates or based on program data. The survey also asked questions regarding the naloxone formulations currently distributed, any recent difficulties in obtaining naloxone, and the program's experience with naloxone distribution.

Staff members at 48 (96%) of the 50 programs completed the online survey. Since the first program began distributing naloxone in 1996, through June 2010, the 48 responding programs reported providing training and distributing naloxone to an estimated 53,032 persons (program range: zero to 16,220; median: 102.5; mean: 1,104.8).^{*} From the first naloxone distribution in 1996 through June 2010, the programs

^{*}The number of participants to whom naloxone was distributed was estimated by 29 responding programs (26.5% of total) and based on program data for 19 respondents (73.5%).

INSIDE

- 106 Ectopic Pregnancy Mortality — Florida, 2009–2010
- 110 Notes from the Field: Norovirus Infections Associated with Frozen Raw Oysters — Washington, 2011
- 111 QuickStats



received reports of 10,171 overdose reversals using naloxone (range: zero to 2,385; median: 32; mean: 211.9).[†] During a recent 12-month period, respondents distributed an estimated 38,860 naloxone vials (Table).[§] Using data from the survey, the number of programs beginning naloxone distribution each year during 1996–2010 was compared with the annual crude rates of unintentional drug overdose deaths per 100,000 population from 1979 to 2008 (Figure 1) (1).

The 48 responding programs were located in 15 states and the District of Columbia. Four responding programs provided consolidated data for multiple local, community-based programs. Three state health departments, in New York, New Mexico, and Massachusetts, provided data for 129 local programs (65, 56, and eight, respectively); a nongovernmental organization in Wisconsin provided data on a statewide operation with 16 local programs. In all, the 48 responding programs provided data for 188 local opioid overdose prevention programs that distributed naloxone (Figure 2). Nineteen (76.0%) of the 25 states with 2008 drug overdose death rates higher than the median and nine (69.2%) of the 13 states in the highest quartile (1) did not have a community-based

opioid overdose prevention program that distributed naloxone (Figure 2).

For a recent 12-month period, the 48 responding programs reported distributing 38,860 naloxone vials, including refills (range: zero to 12,070; median: 97; mean: 809.6).[¶] Overdose prevention programs were characterized as small, medium, large, or very large, based on the number of naloxone vials distributed during that period. The six responding programs in the large and very large categories distributed 32,812 (84.4%) of the naloxone vials (Table).

Twenty-one (43.7%) responding programs reported problems obtaining naloxone in the “past few months” before the survey. The most frequently reported reasons for difficulties obtaining naloxone were the cost of naloxone relative to available funding and the inability of suppliers to fill orders.**

[¶] Responding programs provide naloxone for injection in multidose (10 mL) and single-dose (1 mL) vials with concentrations of 0.4 mg/mL. Vials that are adapted for intranasal use (using a mucosal atomization device) are single-dose 2 mL vials with concentration of 1 mg/mL. Typically, respondents provide 1 multidose or 2 single-dose vials in an overdose rescue kit. Forty-two (87.5%) of 48 reported providing only injectable naloxone (63.0% of total vials), four (8.3%) provided only intranasal naloxone (33.1%), and four (8.3%) provided both injectable and intranasal naloxone (3.9%).

** The two most commonly reported reasons for difficulties obtaining naloxone were the cost of naloxone relative to available funding (seven responding programs) and inability of suppliers to fill orders (13 respondents). Four respondents reported interruptions because they did not have a qualified medical provider to either order naloxone from suppliers or prescribe naloxone to users. Five reported two of the three reasons for interruptions.

[†] The number of opioid overdose reversals was estimated by 26 responding programs (25.4% of total) and based on program data for 22 respondents (74.6%).

[§] The number of vials distributed to participants during 2009 or July 2009–June 2010 was estimated by 21 program respondents (6.5% of total) and based on program data for 27 respondents (93.5%).

The *MMWR* series of publications is published by the Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

Suggested citation: Centers for Disease Control and Prevention. [Article title]. *MMWR* 2012;61:[inclusive page numbers].

Centers for Disease Control and Prevention

Thomas R. Frieden, MD, MPH, *Director*
Harold W. Jaffe, MD, MA, *Associate Director for Science*
James W. Stephens, PhD, *Director, Office of Science Quality*
Stephen B. Thacker, MD, MSc, *Deputy Director for Surveillance, Epidemiology, and Laboratory Services*
Stephanie Zaza, MD, MPH, *Director, Epidemiology and Analysis Program Office*

MMWR Editorial and Production Staff

Ronald L. Moolenaar, MD, MPH, *Editor, MMWR Series*
John S. Moran, MD, MPH, *Deputy Editor, MMWR Series*
Teresa F. Rutledge, *Managing Editor, MMWR Series*
Douglas W. Weatherwax, *Lead Technical Writer-Editor*
Donald G. Meadows, MA, Jude C. Rutledge, *Writer-Editors*
Martha F. Boyd, *Lead Visual Information Specialist*
Maureen A. Leahy, Julia C. Martinroe,
Stephen R. Spriggs, Terraye M. Starr
Visual Information Specialists
Quang M. Doan, MBA, Phyllis H. King
Information Technology Specialists

MMWR Editorial Board

William L. Roper, MD, MPH, Chapel Hill, NC, *Chairman*
Matthew L. Boulton, MD, MPH, Ann Arbor, MI
Virginia A. Caine, MD, Indianapolis, IN
Jonathan E. Fielding, MD, MPH, MBA, Los Angeles, CA
David W. Fleming, MD, Seattle, WA
William E. Halperin, MD, DrPH, MPH, Newark, NJ
King K. Holmes, MD, PhD, Seattle, WA
Deborah Holtzman, PhD, Atlanta, GA
Timothy F. Jones, MD, Nashville, TN
Dennis G. Maki, MD, Madison, WI
Patricia Quinlisk, MD, MPH, Des Moines, IA
Patrick L. Remington, MD, MPH, Madison, WI
John V. Rullan, MD, MPH, San Juan, PR
William Schaffner, MD, Nashville, TN
Dixie E. Snider, MD, MPH, Atlanta, GA
John W. Ward, MD, Atlanta, GA

TABLE. Number of opioid overdose programs/local programs, naloxone vials provided in a recent 12-month period, program participants overall, and overdose reversals, by program size — United States, 1996–2010

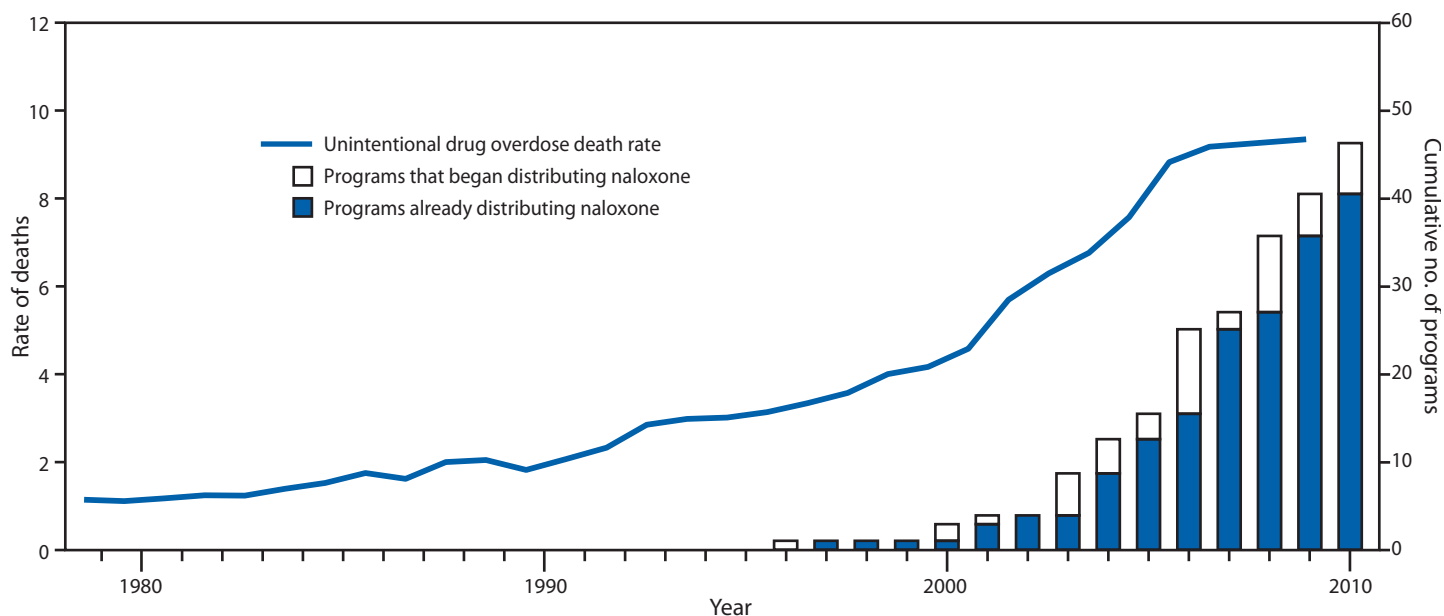
Program size (by no. of vials of naloxone provided during a recent 12-month period)	No. of program respondents	No. of local programs	No. of naloxone vials provided to participants during a recent 12-month period*		No. of program participants from beginning of program through June 2010†		Reported opioid overdose reversals from beginning of program through June 2010‡	
			No.	(%)	No.	(%)	No.	(%)
Small <100	24	24	754	(1.9)	1,646	(3.1)	371	(3.6)
Medium 101–1,000	18	18	5,294	(13.6)	13,214	(24.9)	3,241	(31.9)
Large 1,001–10,000	4	74	9,792	(25.3)	26,213	(49.4)	5,648	(55.5)
Very large >10,000	2	72	23,020	(59.2)	11,959	(22.6)	1,091	(10.7)
Total	48	188	38,860	(100.0)	53,032	(100.0)	10,171	(100.0)

* Units of naloxone (including number of vials or intranasal doses and refills) distributed to participants during 2009 or July 2009–June 2010. Estimated by 21 program respondents (2,524 units, 6.5% of total) and based on program data for 27 respondents (36,336 units, 93.5%).

† Number of participants to whom naloxone was distributed from the start of program through June 2010. Estimated by 29 respondents (14,066 participants, 26.5% of total) and based on program data for 19 respondents (38,966 participants, 73.5%).

‡ Number of opioid overdose reversals reported using the naloxone provided by the program from the start of the program through June 2010. Estimated by 26 respondents (2,582 reversals, 25.4% of total) and based on program data for 22 respondents (7,589 reversals, 74.6%).

FIGURE 1. Annual crude rates* of unintentional drug overdose deaths and number of overdose prevention programs distributing naloxone — United States, 1979–2010



* Per 100,000 population.

Reported by

Eliza Wheeler, MPA, Drug Overdose Prevention and Education (DOPE) Project, Harm Reduction Coalition, Oakland; Peter J. Davidson, PhD, Univ of California, San Diego, California. T. Stephen Jones, MD, T. Stephen Jones Public Health Consulting, Florence; Kevin S. Irwin, MA, Tufts Univ, Medford, Massachusetts.
Corresponding contributor: Eliza Wheeler, wheeler@harmreduction.org, 510-444-6969.

Editorial Note

The findings in this report suggest that distribution of naloxone and training in its administration might have prevented numerous deaths from opioid overdoses. Syringe exchange and harm reduction programs for injection-drug users were early adopters of opioid overdose prevention interventions, including providing naloxone (5,6). More noninjection opioid users might be reached by opioid overdose prevention training and (where feasible) provision of naloxone in jails and prisons, substance abuse treatment programs, parent support groups,

and physician offices (Maya Doe-Simkins, MPH, Boston Medical Center, personal communication, 2011). Reaching users of prescription opioid analgesics is important because a large proportion of drug overdose deaths have been associated with these drugs (1,7).

Widespread concern about the substantial increases in opioid drug overdose deaths has prompted adoption of various other prevention measures, including 1) education of patients, clinicians, pharmacists, and emergency department staff members; 2) issuing opioid prescribing guidelines; 3) prescription drug monitoring programs; 4) legal and administrative efforts to reduce illegal prescribing; 5) prescription drug take-back programs; and 6) improved access to substance abuse treatment (8,9). Programs such as Project Lazarus and Operation OpioidSAFE in North Carolina include clinicians prescribing naloxone to patients receiving opioid analgesic prescriptions who meet criteria for higher overdose risk (8) (Anthony Dragovich, MD, Womack Army Medical Center, Fort Bragg, North Carolina, personal communication, 2011).

In the United States, naloxone is provided to participants in different ways, including through onsite medical professionals and the use of standing orders. Recognizing the potential value of providing naloxone to laypersons, some states (e.g., California, Illinois, New Mexico, New York, and Washington) have passed laws and changed regulations to provide limited liability for prescribers who work with programs providing naloxone to laypersons. In addition, Washington, Connecticut, New Mexico, and New York have enacted Good Samaritan laws providing protection from arrest in an effort to encourage bystanders at a drug overdose to call 911 and use naloxone when available (9). Because of high overdose mortality among persons who use drugs, the Global Fund to Fight AIDS, Tuberculosis, and Malaria recommends naloxone distribution as a component of comprehensive services for drug users (10).

In this analysis, the majority (76.0%) of the 25 states with 2008 age-adjusted drug overdose death rates higher than the median did not have a community-based opioid overdose prevention program that distributed naloxone. High death rates provide one measure of the extent of drug overdoses; however, the number of deaths also should be considered. For example, in 2008, West Virginia had the highest drug overdose death rate (25.8) in the United States, and Texas (8.6) had one of the lowest. However, the West Virginia rate was based on 459 deaths, whereas the Texas rate was based on 2,053 deaths. States might consider both death rates and number of deaths in their intervention planning.

The findings in this report are subject to at least three limitations. First, other naloxone distribution programs might exist that were unknown to the Harm Reduction Coalition. Second,

What is already known on this topic?

From 1990 to 2008, drug overdose death rates increased threefold in the United States, and the number of annual deaths increased to 36,450. Opioids (including prescription opioid medications and heroin) are major causes of drug overdose deaths. Naloxone is the standard of care for treatment of potentially fatal respiratory depression caused by opioid overdose.

What is added by this report?

In October 2010, at least 188 local opioid overdose prevention programs that distributed naloxone existed. During 1996–2010, these programs in 15 states and the District of Columbia reported training and providing naloxone to 53,032 persons, resulting in 10,171 drug overdose reversals using naloxone. However, many states with high drug overdose death rates have no opioid overdose prevention programs that distribute naloxone.

What are the implications for public health practice?

To address the high rates of opioid drug overdose deaths, public health agencies could, as part of a comprehensive prevention program, implement community-based opioid drug overdose prevention programs, including training and providing naloxone to potential overdose witnesses, and systematically assess the impact of these programs.

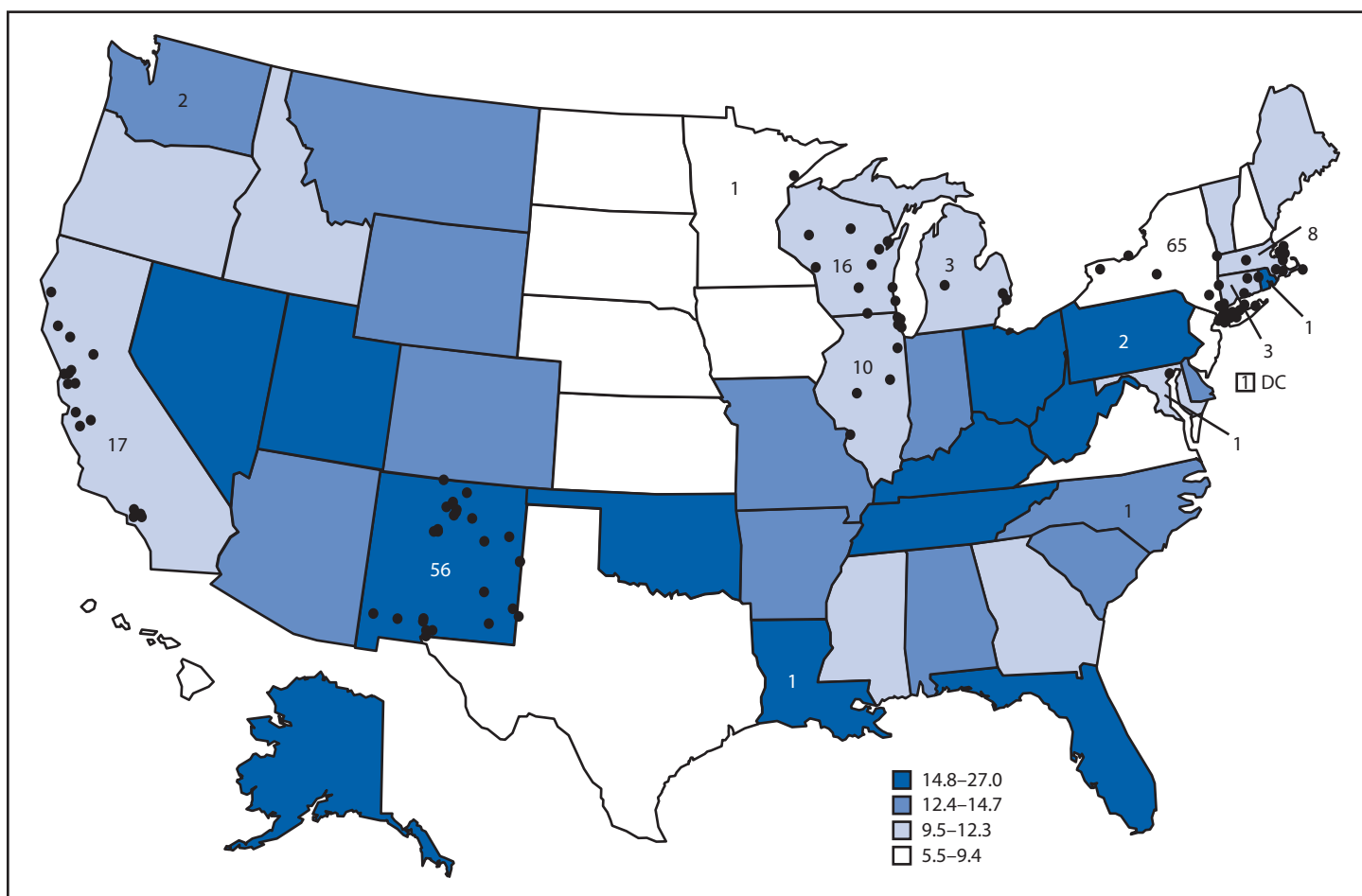
all data are based on unconfirmed self-reports from the 48 responding programs. Finally, the numbers of persons trained in naloxone administration and the number of overdose reversals involving naloxone likely were underreported because of incomplete data collection and unreported overdose reversals. However, because not all untreated opioid overdoses are fatal, some of the persons with reported overdose reversals likely would have survived without naloxone administration (2).

In this report, nearly half (43.7%) of the responding opioid overdose programs reported problems obtaining naloxone related to cost and the supply chain. Price increases of some formulations of naloxone appear to restrict current program activities and the possibility of new programs. Economic pressures on state and local budgets could decrease funding of opioid overdose prevention activities (Daniel Bigg, Chicago Recovery Alliance, personal communication, 2011). To address the substantial increases in opioid-related drug overdose deaths, public health agencies could consider comprehensive measures that include teaching laypersons how to respond to overdoses and administer naloxone to those in need.

Acknowledgments

Participating opioid overdose programs. Naloxone Overdose Prevention Education Working Group.

FIGURE 2. Number (N = 188) and location* of local drug overdose prevention programs providing naloxone in 2010 and age-adjusted rates† of drug overdose deaths§ in 2008 — United States



* Not shown in states with fewer than three local programs.

† Per 100,000 population.

§ Source: National Vital Statistics System. Available at <http://www.cdc.gov/nchs/nvss.htm>. Includes intentional, unintentional, and undetermined.

References

1. CDC. WONDER [Database]. Atlanta, GA: US Department of Health and Human Services, CDC; 2012. Available at <http://wonder.cdc.gov>. Accessed February 13, 2012.
2. Hardman JG, Limbird LE, eds. Goodman and Gilman's the pharmacologic basis of therapeutics. 11th ed. New York, NY: McGraw-Hill; 2006:576–8.
3. Wermeling DP. Opioid harm reduction strategies: focus on expanded access to intranasal naloxone [Editorial]. *Pharmacotherapy* 2010; 30:627–31.
4. Lagu T, Anderson BJ, Stein M. Overdoses among friends: drug users are willing to administer naloxone to others. *J Subst Abuse Treat* 2006; 30:129–33.
5. Doe-Simkins M, Walley AY, Epstein A, Moyer P. Saved by the nose: bystander-administered intranasal naloxone hydrochloride for opioid overdose. *Am J Public Health* 2009;99:788–91.
6. Enteen L, Bauer J, McLean R, et al. Overdose prevention and naloxone prescription for opioid users in San Francisco. *J Urban Health* 2010; 8:931–41.
7. Young AM, Havens JR, Leukefeld CG. Route of administration for illicit prescription opioids: a comparison of rural and urban drug users. *Harm Reduct J* 2010;7:24.
8. Albert S, Brason FW, Sanford CK, Dasgupta N, Graham J, Lovette B. Project Lazarus: community-based overdose prevention in rural North Carolina. *Pain Med* 2011;12(Suppl 2):S77–85.
9. Burris S, Beletsky L, Castagna C, Coyle C, Crowe C, McLaughlin J. Stopping an invisible epidemic: legal issues in the provision of naloxone to prevent opioid overdose. *Drexel L Rev* 2009;1:273–340.
10. The Global Fund to Fight AIDS, Tuberculosis and Malaria. Harm reduction for people who use drugs: information note. June 2011. Available at http://www.theglobalfund.org/documents/rounds/11/r11_harmreduction_infonote_en. Accessed on February 13, 2012.

Ectopic Pregnancy Mortality — Florida, 2009–2010

Ectopic pregnancy occurs when a fertilized ovum implants on any tissue other than the endometrial lining of the uterus. Approximately 1%–2% of pregnancies in the United States are ectopic (1,2); however, these pregnancies account for 3%–4% of pregnancy-related deaths (3). The ectopic pregnancy mortality ratio in the United States decreased from 1.15 deaths per 100,000 live births in 1980–1984 to 0.50 in 2003–2007 (4). During 1999–2008, the ectopic pregnancy mortality ratio in Florida was similar to the national rate, 0.6 deaths per 100,000 live births, but increased abruptly to 2.5 during 2009–2010. Florida's Pregnancy-Associated Mortality Review (PAMR) identified ectopic pregnancy deaths during 1999–2010 through its routine process of identifying all pregnancy-related deaths. A multidisciplinary investigation committee reviewed the ectopic pregnancy deaths for cause of death, risk factors, and prevention opportunities. This report summarizes the investigation results, which identified 11 ectopic pregnancy deaths from 2009–2010 and 13 deaths from the 10-year period 1999–2008. The increase in ectopic mortality appears to be associated with illicit drug use and delays in seeking health care. The findings underscore the importance of ongoing, state-based identification and review of pregnancy-related deaths. Such reviews have the potential to identify emerging causes of deaths and associated risk factors, such as ectopic pregnancy deaths among women who use illicit drugs. Efforts to prevent ectopic pregnancy deaths need to ensure early access to care, promote awareness about early pregnancy testing and ectopic pregnancy risk, and raise public awareness about substance abuse health risks, especially during pregnancy.

In 1996, the Florida Department of Health initiated PAMR to improve surveillance of pregnancy-related deaths in Florida. PAMR was formed to highlight gaps in health care, identify systematic service delivery problems, and make recommendations to facilitate improvements in the overall systems of care. The PAMR process begins by identifying pregnancy-associated deaths. A pregnancy-associated death is defined as occurring during or within 1 year after the end of pregnancy; the association is purely temporal. Pregnancy-associated deaths occurring within the previous year are identified through a quarterly review, using a computer algorithm examining linked data files from 1) death certificates of females aged 8–61 years, 2) statewide prenatal risk screenings for high-risk pregnancies, 3) certificates of live birth, and 4) fetal death certificates. The pregnancy-associated death certificates identified through this computer algorithm are reviewed by a PAMR subcommittee to determine if the death is pregnancy-related and to assign an

underlying cause of death. A pregnancy-related death is defined as a pregnancy-associated death resulting from 1) complications of the pregnancy itself, 2) a chain of events initiated by the pregnancy that led to the death, or 3) aggravation of an unrelated condition by the physiologic or pharmacologic effects of the pregnancy that resulted in death. The PAMR subcommittee identified 470 pregnancy-related deaths that occurred during 1999–2010.

In late 2010, the PAMR subcommittee identified a potential increase in ectopic pregnancy deaths in 2009. A retrospective review of the identified pregnancy-related deaths from 1999–2009 confirmed this increase. Ectopic pregnancy deaths in 2010 were identified by a prospective review of the pregnancy-associated deaths for 2010. The PAMR subcommittee found that 24 ectopic pregnancy-related deaths had occurred during 1999–2010.

PAMR staff members abstracted physician, hospital, medical examiner, health department, prenatal screening, and other records of all ectopic pregnancy deaths in Florida. Characteristics of the ectopic pregnancy deaths (e.g., sociodemographics, health history, and events surrounding death) were identified from available data sources. A multidisciplinary investigation committee systematically reviewed the de-identified abstracted records for causes of death, risk factors, and prevention opportunities. For deaths that occurred during 2009–2010, copies of original health records were obtained to ensure completeness. Statewide hospital discharge, ambulatory care, outpatient surgery, and emergency department databases also were searched to find evidence of other health-care encounters. Ectopic pregnancy mortality ratios were calculated as numbers of deaths per 100,000 live births using natality files for the denominator. Poisson distribution was used to calculate 95% confidence intervals. Significance was assessed using the mid-p exact test ($p < 0.05$).

The PAMR subcommittee identified 368 pregnancy-related deaths from 1999–2008 and 102 pregnancy-related deaths from 2009–2010. For the period 1999–2008, 13 ectopic pregnancy-related deaths were identified in Florida, comprising 3.5% of all pregnancy-related deaths. For the period 2009–2010, 11 ectopic pregnancy-related deaths were identified, comprising 10.8% of all pregnancy-related deaths. All 24 deaths were confirmed ectopic pregnancy diagnoses and were related to pregnancy in an oviduct. In comparison with the earlier period, the ectopic pregnancy mortality ratios for 2009–2010 were significantly higher among women who were non-Hispanic white (2.0 versus 0.3 deaths per 100,000

live births in 1999–2008), Hispanic (3.3 versus 0.0), unmarried (4.8 versus 0.7), without insurance or a health plan (17.6 versus 1.8), and had less than a high school education (6.4 versus 0.8) (Table).

During 2009–2010, the women who died were more likely to have collapsed, presumably from hemorrhage associated with acute tubal rupture, before seeking health care, compared with women who died during 1999–2008 (1.8 versus 0.3 deaths per 100,000 live births during 1999–2008). Of the eight women who collapsed during 2009–2010, six tested positive at autopsy for illicit drug use; exposure for one death was unknown. Four women tested positive for cocaine. No comparison could be made between the frequencies of illicit drug use among women who died from ectopic pregnancy during 1999–2008 and 2009–2010 because testing for illicit drug use was performed substantially less often in the earlier period. During 2009–2010, among the three women who sought care before collapse, two experienced a delay in medical diagnosis. Five of six women experienced similar delays in medical diagnosis during 1999–2008.

What is already known on this topic?

Only 1%–2% of pregnancies in the United States are ectopic, yet these pregnancies account for 3%–4% of pregnancy-related deaths. The ectopic pregnancy mortality ratio in the United States decreased from 1.15 deaths per 100,000 live births during 1980–1984 to 0.50 during 2003–2007.

What is added by this report?

Florida's ectopic pregnancy mortality ratio abruptly increased from 0.6 deaths per 100,000 live births during 1999–2008 to 2.5 during 2009–2010. The increase in ectopic mortality appears to be associated with illicit drug use and delays in seeking health care.

What are the implications for public health practice?

State-based pregnancy-related mortality surveillance is needed to guide public health actions to prevent future deaths. Efforts to prevent ectopic pregnancy deaths need to ensure early access to care, promote awareness about early pregnancy testing and ectopic pregnancy risk, and raise public attention about substance abuse health risks, especially during pregnancy.

TABLE. Ectopic pregnancy mortality incidence and ratios, by selected characteristics — Florida, 1999–2008 and 2009–2010

Characteristic	Deaths: 1999–2008				Deaths: 2009–2010			
	No.	(%)	Mortality ratio*	(95% CI [†])	No.	(%)	Mortality ratio*	(95% CI [†])
Total[§]	13	(100.0)	0.6	(0.32–1.03)	11	(100.0)	2.5	(1.25–4.47)
Age group (yrs)								
20–24 [§]	2	(15.4)	0.4	(0.05–1.44)	4	(36.4)	3.7	(1.01–9.47)
25–29	3	(23.1)	0.5	(0.10–1.46)	3	(27.3)	2.5	(0.52–7.31)
30–34	4	(30.8)	0.8	(0.22–2.05)	0	(0)	0.0	
35–39 [¶]	2	(15.4)	0.8	(0.10–2.89)	4	(36.4)	7.8	(2.13–19.97)
≥40	2	(15.4)	3.4	(0.41–12.28)	0	—	0.0	
Race/Ethnicity								
White, non-Hispanic [¶]	3	(23.1)	0.3	(0.06–0.88)	4	(36.4)	2.0	(0.54–5.12)
Black, non-Hispanic	8	(61.5)	1.7	(0.73–3.35)	3	(27.3)	3.1	(0.64–9.06)
Hispanic [§]	0	—	0.0		4	(36.4)	3.3	(0.90–8.45)
Other	2	(15.4)	2.3	(0.28–8.31)	0	—	0.0	
Education								
Less than high school diploma [¶]	3	(23.1)	0.8	(0.16–2.34)	5	(45.5)	6.4	(2.08–14.94)
High school graduate	7	(53.9)	1.1	(0.44–2.27)	3	(27.3)	2.2	(0.45–6.43)
Some college	1	(7.7)	0.3	(0.01–1.67)	2	(18.2)	1.7	(0.21–6.14)
College graduate	2	(15.4)	0.8	(0.10–2.89)	1	(9.1)	1.0	(0.03–5.57)
Marital status								
Married	7	(53.8)	0.5	(0.20–1.03)	1	(9.1)	0.4	(0.01–2.23)
Not married [§]	6	(46.2)	0.7	(0.26–1.52)	10	(90.9)	4.8	(2.30–8.83)
Health plan**								
Insurance	3	(33.3)	0.6	(0.12–1.75)	0	—	0.0	
Medicaid	2	(22.2)	0.4	(0.05–1.44)	1	(9.1)	0.5	(0.01–2.79)
No insurance or plan [§]	2	(22.2)	1.8	(0.22–6.50)	7	(63.6)	17.6	(7.08–36.26)
Prison	0	—			1	(9.1)		
Unknown	2	(22.2)	22.9	(2.77–82.72)	2	(18.2)	96.0	(11.63–346.78)
Physical collapse								
Yes [§]	7	(53.8)	0.3	(0.12–0.62)	8	(72.7)	1.8	(0.78–3.55)
No	6	(46.2)	0.3	(0.11–0.65)	3	(27.3)	0.7	(0.14–2.05)

* Deaths per 100,000 live births.

† Confidence interval; calculated using the Poisson distribution.

§ P-value <0.01 calculated by mid-p exact test.

¶ P-value <0.05 calculated by mid-p exact test.

** Mortality ratio calculated using deaths and births from March 2004 through December 2008.

Reported by

Dani Noell, Isaac Delke, MD, Washington C. Hill, MD, Robert W. Yelverton, MD, Donna L. Carden, MD, Margaret H. Neal, MD, Florida Pregnancy Associated Mortality Review Team; Lindsay S. Womack, MPH, William M. Sappenfield, MD, Deborah L. Burch, Leticia E. Hernandez, PhD, Florida Dept of Health. William M. Callaghan, MD, Div of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. **Corresponding contributor:** Lindsay S. Womack, lindsay_womack@doh.state.fl.us, 850-245-4444, ext. 2991.

Editorial Note

Ectopic pregnancy mortality rates in the United States steadily declined during the late 20th century, through 2007 (4). The decline in these deaths has been attributed to improvements in the sensitivity, accuracy, and use of pregnancy testing, ultrasound for diagnosis, and improvements in therapeutic modalities, including laparoscopic surgery and medical management of ectopic pregnancy. This success relies heavily on access to early care so that women who have signs and symptoms of ectopic pregnancy can be identified, diagnosed, and treated. The contribution of any change in the incidence of ectopic pregnancy to the decline in mortality is unknown. Obtaining a reliable incidence rate for ectopic pregnancy in the United States is difficult. The latest estimate of 19.7 ectopic pregnancies per 1,000 pregnancies in the United States for 1990–1992 was reported using inpatient National Hospital Discharge Survey and outpatient National Hospital Ambulatory Medical Care Survey data (5). However, hospital discharge data are no longer considered an accurate surveillance data source for all ectopic pregnancies because more of these pregnancies are managed on an outpatient basis and with nonsurgical interventions. Other surveillance approaches suggest that the frequency of ectopic pregnancy in the United States has not changed substantially in the United States since the early 1990s (6,7).

The 11 ectopic pregnancy deaths in Florida during 2009–2010 contrast with a total of 14 deaths in the entire United States attributable to ectopic pregnancy identified in national vital statistics for 2007, the most recent year for which national data are available (8). Compared with the earlier period, this series of ectopic pregnancy deaths in Florida during 2009–2010 is associated with a higher proportion of women who collapsed, which is generally associated with acute tubal rupture and hemorrhage. Based on limited evidence from household and family members and from electronic hospital, outpatient surgery, and emergency department records, these women

had not received any health care before collapse. These findings suggest that delays in obtaining care contributed to the deaths of these women. More often, these women were from disadvantaged groups of women who might have experienced difficulties accessing health care, such as women not covered by insurance or a health plan. The high prevalence of illicit drug users among deaths in Florida during 2009–2010 might have been associated with delays in seeking care, receiving care, or both; this presents a challenge for prevention. The lack of drug testing in the earlier period limits the ability to ascertain whether the recent increase was predominantly related to illicit drug use.

This is the first report of an abrupt increase in ectopic pregnancy deaths identified in the United States in recent times. Pregnancy-related mortality surveillance systems previously have identified various clusters, including a cluster of maternal deaths associated with barbiturate anesthetics in New York City (9) and excessive maternal mortality among members of a religious group in Indiana (10).

The findings in this report are subject to at least four limitations. First, the total number of ectopic pregnancy deaths in Florida was small. Second, complete medical histories were not obtainable for every woman who died, limiting available information on risk factors and services. Third, rates of ectopic pregnancy deaths could not be calculated based on ectopic pregnancies because an accurate system for surveillance for cases of ectopic pregnancy at the population level is not available. Finally, women who nearly died from ectopic pregnancy were not studied.

This report reinforces the need for pregnancy-related mortality surveillance and its potential for guiding public health actions to prevent future deaths. Based on the findings from its review, Florida's PAMR team recommended promoting awareness among women and health-care providers, especially emergency-care providers, about ensuring early access to care and the importance of early suspicion and testing for pregnancy. The high prevalence of illicit drug use among the women who died highlights the need to raise public awareness about health risks associated with drug exposure during pregnancy.

References

1. CDC. Pregnancy-related mortality surveillance—United States, 1991–1999. *MMWR* 2003;52(No. SS-2).
2. Saraiya M, Berg CJ, Shulman H, Green CA, Atrash HK. Estimates of the annual number of clinically recognized pregnancies in the United States, 1981–1991. *Am J Epidemiol* 1999;149:1025–9.
3. Berg CJ, Callaghan WM, Syverson C, Henderson Z. Pregnancy-related mortality in the United States, 1998 to 2005. *Obstet Gynecol* 2010;116:1302–9.
4. Creanga AA, Shapiro-Mendoza CK, Bish CL, Zane S, Berg CJ, Callaghan WM. Trends in ectopic pregnancy mortality in the United States 1980–2007. *Obstet Gynecol* 2011;117:837–43.

5. CDC. Ectopic pregnancy—United States, 1990–1992. *MMWR* 1995;44:46–8.
6. Hoover KW, Tao G, Kent CK. Trends in the diagnosis and treatment of ectopic pregnancy in the United States. *Obstet Gynecol* 2010; 115:495–502.
7. Van Den Eeden SK, Shan J, Bruce C, Glasser M. Ectopic pregnancy rate and treatment utilization in a large managed care organization. *Obstet Gynecol* 2005;105:1052–7.
8. Xu J, Kockanek KD, Murphy SL, et al. Deaths: final data for 2007. *Natl Vital Stat Rep* 2010;58:1–73. Available at www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf. Accessed February 9, 2012.
9. CDC. Maternal deaths associated with barbiturate anesthetics—New York City. *MMWR* 1986;35:579–82, 587.
10. Kaunitz AM, Spence C, Danielson TS, RoCHAT RW, Grimes DA. Perinatal and maternal mortality in a religious group avoiding obstetric care. *Am J Obstet Gynecol* 1984;150:826–31.

Notes from the Field

Norovirus Infections Associated with Frozen Raw Oysters — Washington, 2011

On October 19, 2011, Public Health – Seattle & King County was contacted regarding a woman who had experienced acute gastroenteritis after dining at a local restaurant with friends. Staff members interviewed the diners and confirmed that three of the seven in the party had consumed a raw oyster dish. Within 18–36 hours after consumption, the three had onsets of aches, nausea, and nonbloody diarrhea lasting 24–48 hours. One ill diner also reported vomiting. The four diners who had not eaten the raw oysters did not become ill.

An inspection of a walk-in freezer at the restaurant revealed eight 3-pound bags of frozen raw oysters, which the restaurant indicated had been an ingredient of the dish consumed by the ill diners. The oysters had been imported from South Korea by company A and shipped to a local vendor, which sold them to the restaurant. All eight bags were sent to the Food and Drug Administration's Gulf Coast Seafood Laboratory for norovirus testing and characterization by real-time reverse transcription–polymerase chain reaction (rRT-PCR).

A stool specimen from one of two ill diners collected 17 days after symptom onset tested positive for norovirus; sequence analysis identified GI.1 and GII.17 strains. Sequence analysis of the oysters identified a GII.3 strain. Because oysters can harbor multiple norovirus strains that are unequally amplified by rRT-PCR, discordance between stool specimens and food samples in shellfish-associated norovirus outbreaks is common and does not rule out an association. On November 4, 2011, company A recalled its frozen raw oysters.*

*Additional information available at <http://www.fda.gov/food/foodsafety/corenetwork/ucm279170.htm>.

The frozen oysters implicated in this outbreak were distributed internationally and had a 2-year shelf-life. Contamination of similar products has been implicated previously in international norovirus transmissions (1). Such contamination has potential for exposing persons widely dispersed in space and time, making cases difficult to identify or link through traditional complaint-based surveillance. To facilitate investigation of foodborne norovirus outbreaks, CDC recently implemented CaliciNet, the national electronic norovirus outbreak surveillance network (2). During suspected norovirus outbreaks, CDC recommends collection of stool specimens to confirm the diagnosis, characterize norovirus strains, and upload sequence results into CaliciNet. Additionally, all suspected and confirmed norovirus outbreaks should be reported to CDC by state and local health departments through the National Outbreak Reporting System (3).

Reported by

Rachel Brucker, MPH, Tony Bui, Tao Kwan-Gett, MD, Laurie Stewart, MS, Public Health – Seattle & King County, Washington. Aron J. Hall, DVM, Div of Viral Diseases, National Center for Immunization and Respiratory Diseases. Michael H. Kinzer, MD, EIS Officer, CDC. **Corresponding contributor:** Michael H. Kinzer, mkinzer@cdc.gov, 206-263-8169.

References

1. Webby RJ, Carville KS, Kirk MD, et al. Internationally distributed frozen oyster meat causing multiple outbreaks of norovirus infection in Australia. *Clin Infect Dis* 2007;44:1026–31.
2. Vega E, Barclay L, Gregoricus N, Williams K, Lee D, Vinjé J. Novel surveillance network for norovirus gastroenteritis outbreaks, United States. *Emerg Infect Dis* 2011;17:1389–95.
3. CDC. Updated norovirus outbreak management and disease prevention guidelines. *MMWR* 2011;60(No. RR-3).

Errata

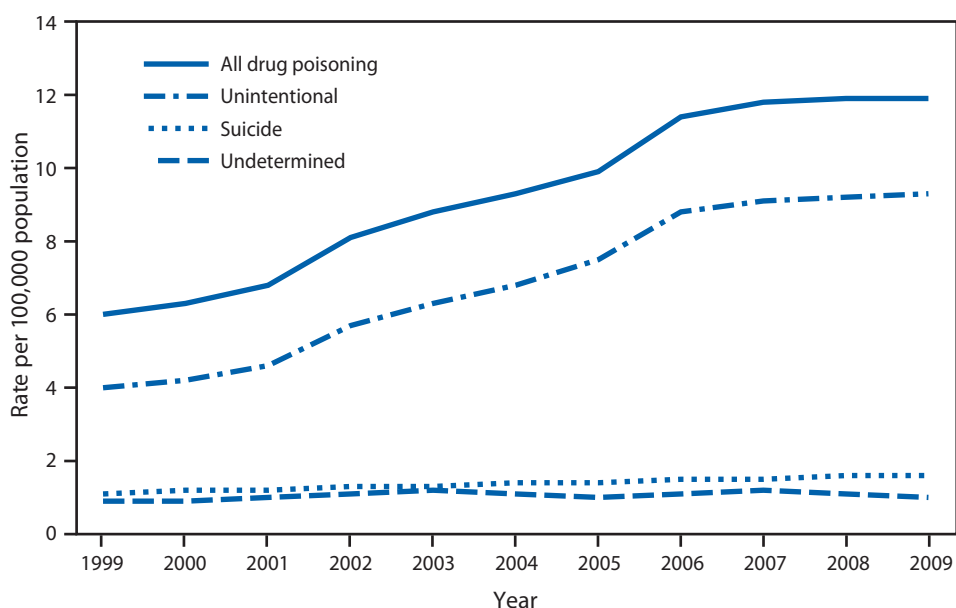
Vol. 61, No. 4

In the report, “Progress in Global Measles Control, 2000–2010,” errors occurred. On page 74, in Table 1, the heading over the second column of data under both 2000 and 2010 should read, “No. of member states in region reporting measles surveillance data.” On page 76, in Table 2, in the row India*, in the seventh column, the “Yes” should be deleted.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Drug Poisoning Death Rates,* by Intent — United States, 1999–2009



* Age-adjusted to the 2000 U.S. standard population. Drug poisoning deaths were defined as those having *International Classification of Diseases, 10th Revision* codes X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), or Y10–Y14 (undetermined intent). Age-adjusted drug poisoning rates for homicides, legal interventions, and operations of war are <0.1 per 100,000 population each year and are not shown.

During 1999–2009, the age-adjusted drug poisoning death rate nearly doubled, from 6.1 per 100,000 population in 1999 to 12.0 in 2009. The age-adjusted unintentional drug poisoning death rate more than doubled during that period, from 4.0 per 100,000 population in 1999 to 9.3 in 2009. Drug poisoning suicide rates also increased, from 1.1 per 100,000 population in 1999 to 1.6 in 2009. Rates of drug poisoning deaths from undetermined intent remained stable, with a rate of 0.9 per 100,000 population in 1999 and 1.0 in 2009.

Sources: National Vital Statistics System mortality data (1999–2009). Available at <http://www.cdc.gov/nchs/deaths.htm>.

Warner M, Chen LH, Makuc DM, Anderson RA, Minino AM. Drug poisonings deaths in the United States, 1980–2008. NCHS data brief no. 81. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2011. Available at <http://www.cdc.gov/nchs/data/databriefs/db81.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 11, 2012 (6th week)*

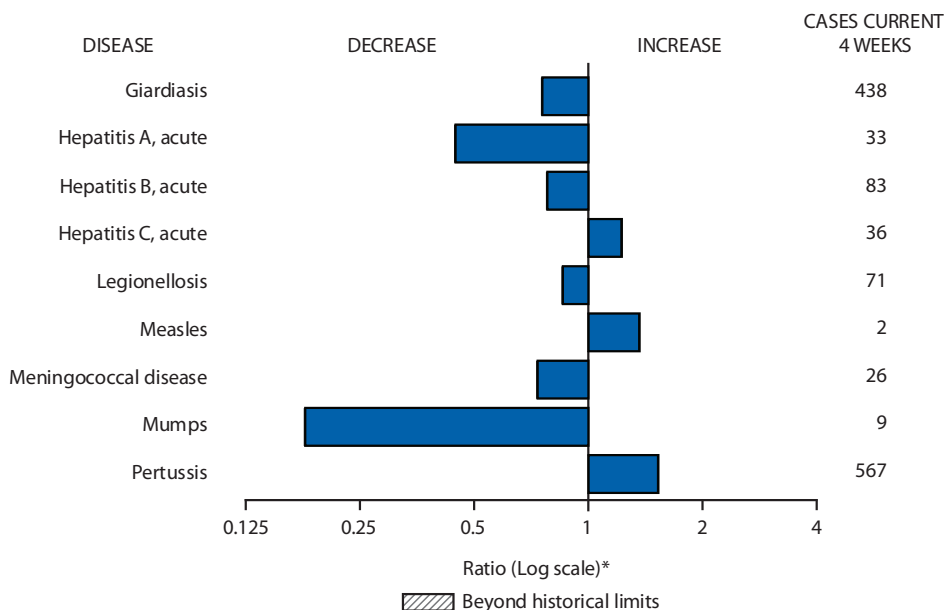
Disease	Current week	Cum 2012	5-year weekly average [†]	Total cases reported for previous years					States reporting cases during current week (No.)
				2011	2010	2009	2008	2007	
Anthrax	—	—	—	1	—	1	—	1	
Arboviral diseases ^{§, ¶} :									
California serogroup virus disease	—	—	0	131	75	55	62	55	
Eastern equine encephalitis virus disease	—	—	—	4	10	4	4	4	
Powassan virus disease	—	—	—	16	8	6	2	7	
St. Louis encephalitis virus disease	—	—	—	5	10	12	13	9	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	1	8	—	639	NN	NN	NN	NN	NY (1)
Botulism, total	2	7	2	123	112	118	145	144	
foodborne	—	—	0	11	7	10	17	32	
infant	2	6	1	80	80	83	109	85	PA (1), OH (1)
other (wound and unspecified)	—	1	0	32	25	25	19	27	
Brucellosis	3	6	1	80	115	115	80	131	MD (1), FL (2)
Chancroid	—	1	1	27	24	28	25	23	
Cholera	—	—	0	31	13	10	5	7	
Cyclosporiasis [§]	—	4	2	145	179	141	139	93	
Diphtheria	—	—	—	—	—	—	—	—	
<i>Haemophilus influenzae</i> ,** invasive disease (age <5 yrs):									
serotype b	—	2	1	9	23	35	30	22	
nonsertotype b	—	12	5	115	200	236	244	199	
unknown serotype	2	23	4	249	223	178	163	180	NY (1), OH (1)
Hansen disease [§]	1	5	2	57	98	103	80	101	MS (1)
Hantavirus pulmonary syndrome [§]	—	—	0	20	20	20	18	32	
Hemolytic uremic syndrome, postdiarrheal [§]	—	2	2	211	266	242	330	292	
Influenza-associated pediatric mortality ^{§, ††}	1	3	4	118	61	358	90	77	NV (1)
Listeriosis	2	34	9	803	821	851	759	808	NE (1), NV (1)
Measles ^{§§}	—	12	1	216	63	71	140	43	
Meningococcal disease, invasive ^{¶¶} :									
A, C, Y, and W-135	—	10	7	195	280	301	330	325	
serogroup B	1	3	4	118	135	174	188	167	OK (1)
other serogroup	—	1	1	17	12	23	38	35	
unknown serogroup	8	44	12	381	406	482	616	550	MA (1), OH (1), FL (3), ID (1), NV (1), OR (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	4	2	113	131	113	120	171	
acute	—	1	1	90	106	93	106	—	
chronic	1	3	0	23	25	20	14	—	MO (1)
Rabies, human	—	—	—	2	2	4	2	1	
Rubella ^{†††}	—	—	0	4	5	3	16	12	
Rubella, congenital syndrome	—	—	0	—	—	2	—	—	
SARS-CoV [§]	—	—	—	—	—	—	—	—	
Smallpox [§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome [§]	—	9	3	126	142	161	157	132	
Syphilis, congenital (age <1 yr) ^{§§§}	—	3	9	274	377	423	431	430	
Tetanus	—	—	0	12	26	18	19	28	
Toxic-shock syndrome (staphylococcal) [§]	1	3	2	74	82	74	71	92	CA (1)
Trichinellosis	—	1	0	9	7	13	39	5	
Tularemia	—	—	0	138	124	93	123	137	
Typhoid fever	4	25	8	332	467	397	449	434	NY (3), CA (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> [§]	2	2	1	67	91	78	63	37	NY (1), FL (1)
Vancomycin-resistant <i>Staphylococcus aureus</i> [§]	—	—	—	—	2	1	—	2	
Vibriosis (noncholera <i>Vibrio</i> species infections) [§]	4	23	3	748	846	789	588	549	GA (1), FL (2), AL (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 11, 2012 (6th 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, 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 11, 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.

Notifiable Disease Data Team and 122 Cities Mortality Data Team	
Jennifer Ward	Deborah A. Adams
Willie J. Anderson	Lenee Blanton
Rosaline Dhara	Diana Harris Onweh
Pearl C. Sharp	Michael S. Wodajo

Morbidity and Mortality Weekly Report

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	<i>Chlamydia trachomatis</i> 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	11,081	26,829	30,720	102,555	152,529	70	400	586	1,402	2,658	43	132	398	441	538
New England	679	892	1,594	3,316	3,871	—	0	1	—	—	1	6	22	27	30
Connecticut	—	240	869	—	150	N	0	0	N	N	—	1	9	4	8
Maine	73	59	100	378	340	N	0	0	N	N	—	1	4	2	4
Massachusetts	452	433	860	2,104	2,381	N	0	0	N	N	1	3	8	15	15
New Hampshire	5	58	90	92	363	—	0	1	—	—	—	1	5	2	1
Rhode Island	99	80	187	648	503	—	0	0	—	—	—	0	1	—	—
Vermont	50	27	84	94	134	N	0	0	N	N	—	1	5	4	2
Mid. Atlantic	1,880	3,203	3,954	15,670	18,417	—	0	0	—	—	2	15	43	50	61
New Jersey	—	540	1,004	2,160	2,599	N	0	0	N	N	—	0	1	1	—
New York (Upstate)	746	715	1,758	3,404	3,351	N	0	0	N	N	1	4	16	14	9
New York City	273	1,046	1,315	3,985	6,607	N	0	0	N	N	—	1	6	9	7
Pennsylvania	861	1,030	1,602	6,121	5,860	N	0	0	N	N	1	9	27	26	45
E.N. Central	1,246	4,131	4,603	15,809	26,466	—	1	5	5	4	8	32	148	103	127
Illinois	36	1,157	1,396	2,850	7,073	N	0	0	N	N	1	3	26	3	13
Indiana	273	550	726	2,413	3,784	N	0	0	N	N	—	3	14	—	20
Michigan	520	922	1,229	4,573	6,486	—	0	3	2	1	—	6	14	17	30
Ohio	238	1,020	1,182	3,892	6,333	—	0	2	3	3	5	11	95	59	41
Wisconsin	179	464	548	2,081	2,790	N	0	0	N	N	2	8	65	24	23
W.N. Central	10	1,501	1,817	2,228	8,720	—	0	2	—	—	2	16	85	34	61
Iowa	1	212	431	1,261	1,290	N	0	0	N	N	—	6	19	12	19
Kansas	—	208	281	104	1,159	N	0	0	N	N	—	0	11	2	—
Minnesota	—	316	401	—	2,042	—	0	0	—	—	—	0	0	—	—
Missouri	—	533	759	—	2,839	—	0	0	—	—	—	5	61	10	18
Nebraska	—	127	215	546	682	—	0	2	—	—	1	2	12	3	18
North Dakota	—	46	76	5	261	N	0	0	N	N	—	0	12	—	—
South Dakota	9	62	89	312	447	N	0	0	N	N	1	2	13	7	6
S. Atlantic	3,554	5,448	7,444	25,900	31,207	—	0	2	—	—	12	22	59	99	118
Delaware	92	86	182	436	456	—	0	0	—	—	—	0	1	1	2
District of Columbia	92	111	219	725	635	—	0	0	—	—	—	0	1	—	1
Florida	1,038	1,501	1,684	8,073	8,816	N	0	0	N	N	7	8	17	41	45
Georgia	742	1,069	1,563	5,179	4,783	N	0	0	N	N	3	5	12	20	30
Maryland	134	481	790	1,101	2,276	—	0	2	—	—	2	1	7	16	6
North Carolina	722	1,000	1,688	5,587	4,932	N	0	0	N	N	—	0	44	—	9
South Carolina	—	528	1,539	—	3,887	N	0	0	N	N	—	2	6	10	16
Virginia	734	659	1,778	4,319	4,878	N	0	0	N	N	—	2	8	10	9
West Virginia	—	81	144	480	544	N	0	0	N	N	—	0	5	1	—
E.S. Central	1,241	1,883	2,804	7,281	10,558	—	0	0	—	—	2	8	25	28	15
Alabama	527	533	1,566	2,362	3,184	N	0	0	N	N	1	2	7	12	8
Kentucky	386	301	557	1,643	1,096	N	0	0	N	N	—	2	17	3	4
Mississippi	—	398	696	—	2,682	N	0	0	N	N	—	1	4	4	2
Tennessee	328	601	782	3,276	3,596	N	0	0	N	N	1	2	6	9	1
W.S. Central	324	3,346	4,313	10,749	19,324	—	0	1	—	—	7	8	44	34	20
Arkansas	—	309	511	—	2,089	N	0	0	N	N	—	0	2	1	—
Louisiana	270	364	1,071	1,566	2,284	—	0	1	—	—	2	1	9	8	3
Oklahoma	54	143	675	543	1,224	N	0	0	N	N	2	2	6	6	4
Texas	—	2,408	3,113	8,640	13,727	N	0	0	N	N	3	5	40	19	13
Mountain	898	1,740	2,409	8,041	10,234	58	306	458	1,232	2,031	3	10	29	28	64
Arizona	109	549	802	2,935	3,112	55	303	455	1,218	2,001	—	1	4	1	3
Colorado	440	415	847	2,096	2,479	N	0	0	N	N	—	2	11	2	18
Idaho	104	85	274	439	508	N	0	0	N	N	1	1	9	11	7
Montana	74	68	88	438	391	N	0	0	N	N	2	1	6	7	4
Nevada	45	203	380	233	1,344	3	2	5	10	12	—	0	2	2	1
New Mexico	125	218	483	1,082	1,378	—	1	4	—	11	—	2	9	4	19
Utah	1	133	190	710	781	—	0	4	2	5	—	1	5	—	6
Wyoming	—	32	67	108	241	—	0	2	2	2	—	0	3	1	6
Pacific	1,249	3,977	5,428	13,561	23,732	12	92	163	165	623	6	10	20	38	42
Alaska	40	109	157	601	767	N	0	0	N	N	—	0	3	—	—
California	805	2,988	4,499	9,915	18,069	12	92	163	165	623	4	6	16	33	18
Hawaii	—	114	142	—	663	N	0	0	N	N	—	0	1	2	—
Oregon	—	273	412	1,095	1,472	N	0	0	N	N	2	2	8	3	18
Washington	404	436	611	1,950	2,761	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	—	17	44	—	50	—	0	0	—	—	—	0	0	—	—
Puerto Rico	66	105	348	636	627	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	16	27	—	80	—	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/ndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th 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	—	28	—	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	—	8	—	0	0	—	—
New Jersey	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	2	—	—	—	0	0	—	—
New York City	—	0	4	—	4	—	0	0	—	—
Pennsylvania	—	0	2	—	4	—	0	0	—	—
E.N. Central	—	0	2	—	4	—	0	1	—	—
Illinois	—	0	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	—	—	—	0	0	—	—
Iowa	—	0	1	—	—	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	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	—	16	83	—	125	—	0	3	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

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

* 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/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.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.

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	<i>Ehrlichia chaffeensis</i>					<i>Anaplasma phagocytophilum</i>					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	1	9	90	8	9	2	16	57	9	11	—	2	8	2	2
New England	—	0	1	—	—	—	3	28	1	4	—	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	—	3	—	0	1	—	—
Vermont	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	1	5	—	1	2	6	35	7	3	—	0	2	—	—
New Jersey	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	4	—	—	2	3	35	5	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	1	3	33	7	7	—	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	1	0	3	4	1	—	0	2	1	—	—	0	1	1	—
Maryland	—	0	3	—	2	—	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	—	—

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.

† Cumulative total *E. ewingii* cases reported for year 2011 = 13, and 0 case reports for 2012.

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th 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	118	279	449	1,033	1,471	2,384	6,025	6,790	24,476	35,392	31	66	102	342	425
New England	3	27	64	75	135	77	108	178	357	480	1	4	9	29	27
Connecticut	—	4	10	7	26	—	44	101	—	181	—	1	4	7	7
Maine	1	3	10	8	9	7	5	18	47	15	1	0	2	3	5
Massachusetts	2	12	29	47	78	50	47	80	235	242	—	2	7	16	12
New Hampshire	—	2	8	6	7	6	2	7	11	9	—	0	2	2	1
Rhode Island	—	0	10	2	6	10	7	35	60	28	—	0	2	1	1
Vermont	—	3	19	5	9	4	0	6	4	5	—	0	2	—	1
Mid. Atlantic	24	54	90	182	282	393	744	916	3,824	4,203	6	15	28	87	80
New Jersey	—	0	0	—	—	—	150	232	602	724	—	1	6	1	15
New York (Upstate)	9	20	50	61	90	116	116	325	592	520	6	3	14	21	15
New York City	6	16	29	78	111	53	241	315	926	1,478	—	4	10	26	14
Pennsylvania	9	15	30	43	81	224	267	492	1,704	1,481	—	5	14	39	36
E.N. Central	18	47	84	157	264	304	1,063	1,275	4,190	7,078	3	11	22	38	78
Illinois	—	10	19	3	53	7	293	395	704	1,793	—	3	11	1	22
Indiana	1	6	13	8	35	49	132	170	594	1,015	—	2	6	2	10
Michigan	4	10	21	45	55	147	235	371	1,263	1,769	1	1	4	8	10
Ohio	13	15	30	74	75	65	314	403	1,154	1,991	2	4	7	23	24
Wisconsin	—	8	19	27	46	36	91	118	475	510	—	1	4	4	12
W.N. Central	4	18	50	92	113	1	313	382	428	1,710	1	2	9	10	10
Iowa	—	4	15	22	27	1	37	108	244	212	—	0	1	—	—
Kansas	1	2	9	9	14	—	42	65	31	220	—	0	2	2	—
Minnesota	—	0	0	—	—	—	44	61	—	243	—	0	0	—	—
Missouri	2	6	17	38	39	—	149	204	—	802	—	1	5	5	6
Nebraska	1	3	11	18	22	—	28	52	124	136	1	0	2	3	4
North Dakota	—	0	12	—	—	—	5	14	—	25	—	0	6	—	—
South Dakota	—	1	8	5	11	—	11	20	29	72	—	0	1	—	—
S. Atlantic	41	51	105	258	272	883	1,503	1,946	6,948	8,445	10	14	31	88	107
Delaware	—	0	3	1	2	18	15	35	97	111	—	0	2	—	—
District of Columbia	1	1	5	2	6	30	38	105	279	260	—	0	1	—	—
Florida	24	23	69	110	150	251	374	472	2,035	2,307	4	4	12	23	36
Georgia	5	11	51	87	45	216	322	456	1,532	1,507	2	2	6	17	24
Maryland	8	6	14	34	26	31	119	176	336	634	2	2	6	16	15
North Carolina	N	0	0	N	N	191	334	548	1,685	1,691	—	1	7	6	8
South Carolina	—	2	8	10	9	—	152	421	—	1,080	1	1	5	13	6
Virginia	3	5	12	14	34	146	122	353	925	742	—	2	8	7	18
West Virginia	—	0	8	—	—	—	14	29	59	113	1	0	5	6	—
E.S. Central	1	3	9	18	11	297	505	789	1,942	2,909	1	4	12	27	25
Alabama	1	3	9	18	11	148	167	408	673	993	—	1	3	5	8
Kentucky	N	0	0	N	N	91	77	151	422	285	1	1	4	6	6
Mississippi	N	0	0	N	N	—	102	196	—	755	—	0	3	5	2
Tennessee	N	0	0	N	N	58	149	222	847	876	—	2	8	11	9
W.S. Central	—	5	15	29	26	100	877	1,175	2,822	5,238	6	2	10	20	27
Arkansas	—	3	8	11	7	—	87	138	—	601	—	0	3	2	4
Louisiana	—	2	10	18	19	83	120	255	453	670	—	1	4	7	14
Oklahoma	—	0	0	—	—	17	33	196	136	421	6	1	9	11	9
Texas	N	0	0	N	N	—	589	832	2,233	3,546	—	0	1	—	—
Mountain	5	22	41	51	124	77	205	323	986	1,270	2	5	10	25	46
Arizona	1	2	6	8	13	34	87	136	556	434	—	1	6	7	20
Colorado	—	7	23	23	32	38	40	77	229	332	—	1	4	1	12
Idaho	1	3	9	6	18	—	3	15	3	14	1	0	2	2	2
Montana	1	2	5	3	2	3	1	4	9	13	—	0	1	2	1
Nevada	1	1	7	6	14	1	39	103	23	239	1	0	2	3	2
New Mexico	1	1	6	2	10	1	34	73	134	198	—	1	3	7	8
Utah	—	2	9	2	28	—	5	10	28	30	—	0	3	2	1
Wyoming	—	0	5	1	7	—	0	3	4	10	—	0	1	1	—
Pacific	22	47	163	171	244	252	631	758	2,979	4,059	1	4	9	18	25
Alaska	—	2	7	5	7	11	19	31	86	121	—	0	3	1	4
California	14	33	51	129	174	203	517	610	2,574	3,366	—	1	5	6	8
Hawaii	—	0	4	1	2	—	12	24	—	79	—	0	3	2	3
Oregon	2	6	20	21	47	—	26	60	76	156	1	1	6	9	10
Washington	6	6	132	15	14	38	50	79	243	337	—	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	—	7	—	6	14	19	36	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	2	10	—	17	—	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.

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

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th 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	13	22	41	71	141	17	47	97	189	315	10	19	38	84	91
New England	—	1	5	2	11	—	1	8	—	15	—	1	5	2	8
Connecticut	—	0	3	2	5	—	0	4	—	1	—	0	4	2	7
Maine	—	0	2	—	—	—	0	2	—	1	—	0	3	—	—
Massachusetts	—	0	3	—	3	—	0	6	—	12	—	0	2	—	1
New Hampshire	—	0	0	—	—	—	0	1	—	1	N	0	0	N	N
Rhode Island	—	0	1	—	1	U	0	0	U	U	U	0	0	U	U
Vermont	—	0	2	—	2	—	0	0	—	—	—	0	1	—	—
Mid. Atlantic	3	3	7	12	20	1	5	8	12	28	3	2	5	11	6
New Jersey	—	0	0	—	—	—	0	1	2	—	—	0	1	1	—
New York (Upstate)	1	1	4	5	3	1	1	4	2	7	2	1	4	3	4
New York City	—	1	4	3	10	—	1	5	4	9	—	0	1	—	—
Pennsylvania	2	1	4	4	7	—	2	4	4	12	1	1	3	7	2
E.N. Central	1	3	7	7	29	4	6	37	24	63	—	2	8	8	22
Illinois	—	1	5	1	6	—	1	3	1	16	—	0	2	—	1
Indiana	—	0	1	—	4	—	1	4	3	8	—	0	5	2	14
Michigan	—	1	6	5	8	—	1	6	3	16	—	1	4	6	6
Ohio	1	0	2	1	9	4	1	30	17	20	—	0	1	—	—
Wisconsin	—	0	1	—	2	—	0	3	—	3	—	0	1	—	1
W.N. Central	1	1	7	5	6	—	2	9	6	15	—	0	4	1	—
Iowa	—	0	1	—	1	—	0	1	—	1	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	2	—	3	—	0	1	1	—
Minnesota	—	0	7	—	—	—	0	7	—	—	—	0	2	—	—
Missouri	—	0	1	2	3	—	1	4	5	6	—	0	0	—	—
Nebraska	1	0	1	3	—	—	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	3	4	11	14	30	5	12	57	55	72	5	5	14	26	17
Delaware	1	0	1	1	1	—	0	2	2	—	U	0	0	U	U
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	2	1	8	6	9	4	4	7	18	25	4	1	3	11	5
Georgia	—	1	5	1	8	—	2	7	7	18	—	1	3	1	4
Maryland	—	0	4	1	4	—	1	4	12	8	—	1	3	2	2
North Carolina	—	0	3	2	2	—	1	9	5	10	—	1	7	3	4
South Carolina	—	0	2	—	2	—	1	3	2	5	—	0	1	—	—
Virginia	—	0	3	2	4	1	1	4	9	6	1	0	3	2	2
West Virginia	—	0	2	1	—	—	0	43	—	—	—	0	7	7	—
E.S. Central	—	1	6	1	3	3	10	18	55	54	2	5	10	20	16
Alabama	—	0	2	—	—	—	2	6	9	7	—	0	3	2	—
Kentucky	—	0	2	—	2	2	3	10	22	21	1	2	8	10	9
Mississippi	—	0	1	—	1	—	1	4	2	3	U	0	0	U	U
Tennessee	—	0	5	1	—	1	4	8	22	23	1	1	5	8	7
W.S. Central	5	3	7	14	5	4	6	14	17	25	—	1	5	5	9
Arkansas	—	0	2	—	—	—	1	4	—	3	—	0	0	—	—
Louisiana	—	0	2	—	1	—	0	2	3	9	—	0	1	—	4
Oklahoma	—	0	2	—	—	—	1	9	2	3	—	1	4	—	3
Texas	5	3	7	14	4	4	3	11	12	10	—	0	3	5	2
Mountain	—	1	5	7	11	—	1	4	8	15	—	1	5	2	7
Arizona	—	0	2	2	4	—	0	3	1	2	U	0	0	U	U
Colorado	—	0	2	3	5	—	0	2	—	2	—	0	2	—	2
Idaho	—	0	1	1	—	—	0	1	—	2	—	0	2	—	3
Montana	—	0	1	—	1	—	0	0	—	—	—	0	2	—	—
Nevada	—	0	3	1	—	—	0	3	7	6	—	0	2	2	—
New Mexico	—	0	1	—	1	—	0	2	—	—	—	0	2	—	—
Utah	—	0	1	—	—	—	0	1	—	3	—	0	2	—	2
Wyoming	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Pacific	—	3	11	9	26	—	3	8	12	28	—	2	10	9	6
Alaska	—	0	1	—	—	—	0	1	—	1	U	0	0	U	U
California	—	3	7	6	23	—	2	7	7	21	—	1	4	4	2
Hawaii	—	0	2	—	1	—	0	1	1	2	U	0	0	U	U
Oregon	—	0	2	1	1	—	0	4	3	4	—	0	2	3	3
Washington	—	0	4	2	1	—	0	3	1	—	—	0	8	2	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	—	—

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.

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th 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	176	218	55	410	1,618	1,091	937	8	25	48	96	148
New England	1	4	40	7	20	—	81	504	64	300	—	1	7	6	11
Connecticut	—	1	11	2	3	—	36	234	3	125	—	0	2	—	1
Maine	—	0	3	—	—	—	13	67	23	20	—	0	2	—	—
Massachusetts	1	3	24	4	13	—	17	106	16	99	—	1	6	5	8
New Hampshire	—	0	3	—	1	—	10	90	6	43	—	0	1	—	—
Rhode Island	—	0	9	1	2	—	1	31	1	1	—	0	2	—	—
Vermont	—	0	2	—	1	—	6	70	15	12	—	0	1	1	2
Mid. Atlantic	5	15	77	37	51	41	200	765	851	375	—	6	13	13	39
New Jersey	—	0	0	—	—	—	2	144	511	1	—	0	0	—	—
New York (Upstate)	1	6	27	13	14	29	56	211	79	41	—	1	4	2	4
New York City	—	3	14	6	18	—	1	16	—	14	—	4	11	9	28
Pennsylvania	4	5	42	18	19	12	111	538	261	319	—	1	5	2	7
E.N. Central	2	13	51	35	36	—	23	284	12	83	2	3	10	7	16
Illinois	—	2	11	2	5	—	1	21	—	4	—	1	5	—	6
Indiana	1	2	8	7	6	—	1	12	—	—	—	0	2	1	1
Michigan	—	2	15	—	7	—	1	12	6	—	—	0	4	1	1
Ohio	1	7	34	26	18	—	1	6	5	3	2	0	4	4	7
Wisconsin	—	0	1	—	—	—	20	242	1	76	—	0	2	1	1
W.N. Central	—	1	8	4	4	1	1	16	3	2	1	1	5	6	2
Iowa	—	0	2	—	—	—	0	13	1	1	—	0	3	1	—
Kansas	—	0	2	—	—	—	0	2	—	—	1	0	2	2	—
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	1	5	4	3	—	0	2	—	1	—	0	2	3	1
Nebraska	—	0	2	—	—	1	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	3	11	30	51	30	12	64	180	143	170	2	8	25	38	50
Delaware	—	0	4	3	—	—	13	48	34	52	1	0	3	1	—
District of Columbia	—	0	3	1	—	—	0	3	1	2	—	0	2	—	3
Florida	2	4	13	26	15	2	3	8	12	3	—	2	6	14	9
Georgia	—	1	4	4	3	—	0	5	5	1	1	1	6	5	10
Maryland	1	2	15	5	3	3	20	116	50	61	—	2	15	10	12
North Carolina	—	1	7	4	4	—	0	12	1	6	—	0	7	1	5
South Carolina	—	0	5	2	—	—	0	6	1	1	—	0	1	2	—
Virginia	—	1	7	6	5	4	16	75	33	41	—	1	8	5	11
West Virginia	—	0	5	—	—	—	0	13	6	3	—	0	1	—	—
E.S. Central	—	2	11	4	8	—	1	5	1	—	—	1	4	—	2
Alabama	—	0	2	1	1	—	0	2	—	—	—	0	3	—	1
Kentucky	—	1	4	—	3	—	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	—	3	8	2	8	1	1	4	2	1	1	1	5	6	5
Arkansas	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Louisiana	—	0	3	—	4	—	0	1	1	—	—	0	1	—	—
Oklahoma	—	0	3	—	1	—	0	0	—	—	1	0	3	4	1
Texas	—	2	7	2	3	1	1	4	1	1	—	0	5	2	4
Mountain	1	2	9	8	15	—	1	5	5	1	2	1	5	4	9
Arizona	—	1	4	3	4	—	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	1	0	2	2	1	—	0	1	—	—	2	0	2	4	2
New Mexico	—	0	2	—	—	—	0	2	—	1	—	0	1	—	1
Utah	—	0	2	1	3	—	0	1	1	—	—	0	1	—	—
Wyoming	—	0	2	1	—	—	0	1	1	—	—	0	0	—	—
Pacific	7	6	17	28	46	—	2	8	10	5	—	3	11	16	14
Alaska	—	0	0	—	—	—	0	3	—	—	—	0	2	1	2
California	7	4	11	24	40	—	1	8	10	3	—	3	7	14	8
Hawaii	—	0	2	—	1	N	0	0	N	N	—	0	1	—	—
Oregon	—	0	3	4	1	—	0	2	—	2	—	0	4	1	3
Washington	—	0	13	—	4	—	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	—	—

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.

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Meningococcal disease, invasive†					Mumps					Pertussis				
	All serogroups														
	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	12	26	58	105	2	7	19	18	42	147	308	760	1,562	2,132
New England	1	0	3	1	3	—	0	2	—	1	10	17	32	111	57
Connecticut	—	0	1	—	1	—	0	0	—	—	—	1	5	2	10
Maine	—	0	1	—	—	—	0	2	—	—	—	3	19	16	10
Massachusetts	1	0	2	1	2	—	0	1	—	1	1	4	10	24	23
New Hampshire	—	0	1	—	—	—	0	0	—	—	—	2	13	3	8
Rhode Island	—	0	1	—	—	—	0	2	—	—	—	0	8	12	6
Vermont	—	0	3	—	—	—	0	1	—	—	9	1	16	54	—
Mid. Atlantic	—	1	4	8	11	1	0	7	1	5	65	40	167	371	183
New Jersey	—	0	0	—	—	—	0	1	—	5	—	4	10	6	15
New York (Upstate)	—	0	4	1	1	—	0	3	—	—	46	13	135	207	53
New York City	—	0	2	3	6	—	0	6	—	—	—	4	42	29	—
Pennsylvania	—	0	2	4	4	1	0	1	1	—	19	13	30	129	115
E.N. Central	1	2	6	6	15	—	2	12	4	12	14	67	214	442	536
Illinois	—	0	3	—	4	—	1	10	—	4	—	21	122	98	102
Indiana	—	0	2	—	2	—	0	2	1	—	—	4	21	10	48
Michigan	—	0	1	—	3	—	0	2	2	2	3	10	38	49	136
Ohio	1	0	2	5	4	—	0	2	1	5	8	13	25	82	185
Wisconsin	—	0	2	1	2	—	0	1	—	1	3	13	64	203	65
W.N. Central	—	1	3	3	8	—	0	3	1	5	7	22	119	112	119
Iowa	—	0	1	—	1	—	0	2	—	—	—	4	9	16	35
Kansas	—	0	1	—	1	—	0	1	—	1	—	2	6	11	17
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	110	—	—
Missouri	—	0	2	3	3	—	0	2	1	3	5	8	33	80	47
Nebraska	—	0	2	—	3	—	0	1	—	1	2	1	5	3	15
North Dakota	—	0	1	—	—	—	0	3	—	—	—	0	10	—	3
South Dakota	—	0	1	—	—	—	0	0	—	—	—	0	7	2	2
S. Atlantic	3	2	8	9	13	—	1	4	4	1	19	26	51	138	233
Delaware	—	0	1	—	—	—	0	0	—	—	1	0	5	5	3
District of Columbia	—	0	1	—	—	—	0	1	—	—	—	0	2	1	1
Florida	3	1	5	7	4	—	0	2	2	—	13	6	17	52	34
Georgia	—	0	1	—	1	—	0	2	—	—	—	3	7	9	37
Maryland	—	0	2	2	1	—	0	1	1	—	3	2	10	20	20
North Carolina	—	0	3	—	3	—	0	2	—	—	—	3	10	5	59
South Carolina	—	0	1	—	2	—	0	1	—	—	—	2	9	6	26
Virginia	—	0	2	—	2	—	0	4	—	1	2	6	25	25	53
West Virginia	—	0	3	—	—	—	0	1	1	—	—	0	15	15	—
E.S. Central	—	0	3	—	6	—	0	1	—	2	1	9	17	54	78
Alabama	—	0	2	—	5	—	0	1	—	1	—	2	11	2	21
Kentucky	—	0	2	—	—	—	0	0	—	—	—	3	9	27	34
Mississippi	—	0	1	—	1	—	0	1	—	1	—	0	4	5	4
Tennessee	—	0	2	—	—	—	0	1	—	—	1	2	7	20	19
W.S. Central	1	1	5	2	9	—	1	13	2	11	8	19	97	47	73
Arkansas	—	0	2	—	2	—	0	2	—	—	—	1	5	1	7
Louisiana	—	0	2	1	3	—	0	0	—	—	—	0	3	2	7
Oklahoma	1	0	2	1	1	—	0	2	—	—	—	0	11	—	2
Texas	—	0	2	—	3	—	1	13	2	11	8	18	94	44	57
Mountain	2	1	4	5	6	—	0	2	2	1	4	39	82	169	301
Arizona	—	0	1	1	2	—	0	0	—	—	1	12	48	93	117
Colorado	—	0	1	—	1	—	0	1	1	—	—	7	25	28	69
Idaho	1	0	1	1	2	—	0	2	—	—	2	3	12	12	17
Montana	—	0	2	1	—	—	0	1	1	—	—	1	32	10	22
Nevada	1	0	1	1	—	—	0	0	—	—	1	0	5	10	7
New Mexico	—	0	1	1	—	—	0	1	—	1	—	4	24	11	11
Utah	—	0	2	—	1	—	0	0	—	—	—	6	15	2	56
Wyoming	—	0	0	—	—	—	0	1	—	—	—	0	3	3	2
Pacific	1	3	11	24	34	1	0	11	4	4	19	60	251	118	552
Alaska	—	0	1	—	1	—	0	1	—	—	1	0	3	10	12
California	—	2	7	16	26	—	0	11	3	—	—	35	78	19	490
Hawaii	—	0	1	—	1	—	0	1	—	1	—	1	9	9	6
Oregon	1	0	4	8	4	—	0	1	—	3	2	5	23	14	24
Washington	—	0	3	—	2	1	0	1	1	—	16	11	199	66	20
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	—	—

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.
 † 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.

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Rabies, animal					Salmonellosis					Shiga toxin-producing <i>E. coli</i> (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	36	60	104	164	304	230	870	1,859	2,163	2,824	15	84	206	196	229
New England	5	5	16	36	10	1	36	107	83	139	—	3	13	7	11
Connecticut	—	2	10	13	2	—	8	30	18	38	—	1	4	2	7
Maine	3	1	6	14	2	—	2	7	7	12	—	0	3	—	—
Massachusetts	—	0	0	—	—	1	19	44	46	68	—	1	9	5	2
New Hampshire	—	0	3	3	1	—	3	8	5	12	—	0	3	—	2
Rhode Island	2	0	6	4	—	—	1	62	—	4	—	0	2	—	—
Vermont	—	0	2	2	5	—	1	8	7	5	—	0	3	—	—
Mid. Atlantic	4	16	36	22	79	25	74	172	194	238	2	9	28	29	34
New Jersey	—	0	0	—	—	—	0	3	3	—	—	0	1	1	—
New York (Upstate)	4	7	20	22	27	16	25	67	55	51	1	3	13	6	10
New York City	—	0	3	—	1	3	19	42	63	77	—	2	6	7	6
Pennsylvania	—	8	21	—	51	6	31	113	73	110	1	3	16	15	18
E.N. Central	1	2	17	3	4	14	88	184	157	354	—	15	52	29	53
Illinois	—	0	6	—	3	—	27	80	26	122	—	4	14	5	9
Indiana	—	0	7	—	—	—	8	27	10	33	—	1	10	—	9
Michigan	1	1	6	2	1	3	14	42	41	61	—	3	19	19	13
Ohio	—	1	5	1	—	11	20	46	73	92	—	3	10	5	10
Wisconsin	N	0	0	N	N	—	12	46	7	46	—	3	21	—	12
W.N. Central	5	1	8	11	1	14	39	99	124	127	2	11	40	33	17
Iowa	—	0	0	—	—	—	8	19	16	33	—	2	15	5	4
Kansas	1	0	4	5	1	1	8	27	36	20	—	2	8	4	3
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	0	4	2	—	9	15	42	53	53	1	5	32	16	5
Nebraska	—	0	3	—	—	4	4	13	13	12	1	1	8	5	5
North Dakota	4	0	3	4	—	—	0	15	—	—	—	0	4	—	—
South Dakota	—	0	0	—	—	—	3	10	6	9	—	1	4	3	—
S. Atlantic	12	17	48	37	190	76	276	739	840	840	5	12	25	45	43
Delaware	—	0	0	—	—	1	3	12	8	12	—	0	2	1	—
District of Columbia	—	0	0	—	—	—	1	6	—	5	1	0	1	1	1
Florida	11	0	2	13	120	47	107	203	378	324	3	3	9	23	6
Georgia	—	0	0	—	—	17	45	138	113	142	—	2	8	4	7
Maryland	—	6	13	17	18	4	19	46	71	68	1	1	4	2	8
North Carolina	—	0	0	—	—	—	32	251	127	126	—	2	11	4	13
South Carolina	N	0	0	N	N	1	26	71	70	78	—	0	4	2	—
Virginia	—	11	27	—	52	6	19	54	65	85	—	2	8	8	8
West Virginia	1	0	30	7	—	—	0	18	8	—	—	0	2	—	—
E.S. Central	—	3	11	7	11	16	64	190	182	220	—	4	18	13	13
Alabama	—	2	7	6	6	5	19	70	52	78	—	1	15	4	2
Kentucky	—	0	2	1	1	4	11	30	32	32	—	1	5	3	4
Mississippi	—	0	1	—	—	2	22	66	51	39	—	0	4	4	1
Tennessee	—	1	4	—	4	5	15	51	47	71	—	1	11	2	6
W.S. Central	8	1	21	36	—	18	132	250	163	251	2	10	49	13	15
Arkansas	—	0	10	1	—	—	13	52	28	36	—	1	6	3	1
Louisiana	—	0	0	—	—	1	14	44	48	52	—	0	1	—	—
Oklahoma	—	0	21	4	—	15	13	31	38	23	2	1	10	5	4
Texas	8	0	7	31	—	2	92	158	49	140	—	7	49	5	10
Mountain	1	1	4	11	—	8	45	93	121	240	—	11	27	15	25
Arizona	N	0	0	N	N	4	15	35	51	84	—	2	7	2	2
Colorado	—	0	0	—	—	—	9	23	18	50	—	3	9	2	12
Idaho	—	0	1	—	—	3	2	8	7	23	—	1	8	2	4
Montana	N	0	0	N	N	—	2	10	7	5	—	1	4	—	—
Nevada	—	0	2	—	—	1	3	7	8	19	—	1	7	1	1
New Mexico	1	0	4	11	—	—	5	22	13	33	—	1	3	3	3
Utah	—	0	2	—	—	—	6	15	15	23	—	1	7	2	3
Wyoming	—	0	0	—	—	—	1	9	2	3	—	0	7	3	—
Pacific	—	4	13	1	9	58	92	173	299	415	4	9	28	12	18
Alaska	—	0	2	1	4	—	1	6	7	8	—	0	1	—	—
California	—	3	12	—	3	36	72	141	235	310	—	4	14	3	13
Hawaii	—	0	0	—	—	—	7	14	10	40	—	0	2	—	—
Oregon	—	0	2	—	2	—	6	12	16	42	1	1	11	4	4
Washington	—	0	0	—	—	22	9	40	31	15	3	2	19	5	1
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	—	2	—	3	12	3	14	—	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/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Shigellosis					Spotted Fever Rickettsiosis (including RMSF) [†]									
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Confirmed					Probable				
		Med	Max			Current week	Med	Max	Cum 2012	Cum 2011	Current week	Med	Max	Cum 2012	Cum 2011
United States	107	245	355	933	926	3	3	15	11	8	3	29	138	38	32
New England	1	4	21	10	22	—	0	1	—	—	—	0	1	—	—
Connecticut	—	1	4	2	4	—	0	0	—	—	—	0	0	—	—
Maine	—	0	8	—	1	—	0	0	—	—	—	0	1	—	—
Massachusetts	1	3	20	8	16	—	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	8	19	49	157	51	2	0	2	3	—	—	1	7	4	2
New Jersey	—	0	24	49	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	6	6	35	46	15	—	0	1	—	—	—	0	2	—	—
New York City	1	8	28	54	26	—	0	0	—	—	—	0	3	2	2
Pennsylvania	1	2	13	8	10	2	0	2	3	—	—	0	3	2	—
E.N. Central	10	14	40	124	90	—	0	2	1	—	—	2	10	2	3
Illinois	—	4	16	—	34	—	0	1	—	—	—	1	4	1	2
Indiana	—	1	6	—	9	—	0	1	1	—	—	1	5	1	—
Michigan	1	3	11	20	17	—	0	1	—	—	—	0	1	—	—
Ohio	9	6	27	104	30	—	0	2	—	—	—	0	2	—	1
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
W.N. Central	1	5	18	34	57	—	0	4	—	—	—	4	24	3	4
Iowa	—	0	3	2	4	—	0	0	—	—	—	0	2	—	—
Kansas	1	1	6	17	13	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	3	14	13	38	—	0	2	—	—	—	4	22	3	4
Nebraska	—	0	2	2	1	—	0	3	—	—	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
S. Atlantic	41	75	134	216	301	1	1	9	6	4	1	6	57	18	13
Delaware	—	0	2	—	—	—	0	1	—	—	—	0	4	1	—
District of Columbia	—	0	5	1	5	—	0	1	—	—	—	0	1	—	—
Florida	22	50	98	126	181	—	0	1	—	1	—	0	2	4	—
Georgia	9	13	26	57	52	1	1	8	6	1	—	0	0	—	—
Maryland	10	2	7	17	13	—	0	1	—	—	—	0	3	2	1
North Carolina	—	3	19	7	32	—	0	4	—	1	—	0	49	3	8
South Carolina	—	1	54	2	7	—	0	2	—	—	—	0	2	—	1
Virginia	—	2	7	6	11	—	0	1	—	—	1	3	14	8	3
West Virginia	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	12	19	51	151	49	—	0	2	—	—	2	4	25	6	5
Alabama	2	6	21	43	22	—	0	1	—	—	1	1	8	2	3
Kentucky	6	4	22	70	4	—	0	1	—	—	—	0	2	—	—
Mississippi	2	4	24	27	6	—	0	0	—	—	—	0	2	—	1
Tennessee	2	4	11	11	17	—	0	2	—	—	1	4	20	4	1
W.S. Central	20	54	129	144	123	—	0	3	—	—	—	2	52	1	1
Arkansas	—	2	7	8	3	—	0	3	—	—	—	1	52	—	—
Louisiana	—	4	21	12	18	—	0	0	—	—	—	0	2	1	—
Oklahoma	6	4	28	32	7	—	0	1	—	—	—	0	25	—	—
Texas	14	43	99	92	95	—	0	1	—	—	—	0	4	—	1
Mountain	—	14	41	34	90	—	0	3	—	4	—	1	7	3	4
Arizona	—	6	27	23	38	—	0	3	—	4	—	0	6	—	4
Colorado	—	1	8	2	13	—	0	0	—	—	—	0	1	—	—
Idaho	—	0	3	1	3	—	0	0	—	—	—	0	2	2	—
Montana	—	1	15	3	5	—	0	0	—	—	—	0	1	—	—
Nevada	—	0	4	1	6	—	0	0	—	—	—	0	1	—	—
New Mexico	—	2	7	3	20	—	0	0	—	—	—	0	0	—	—
Utah	—	1	4	1	5	—	0	0	—	—	—	0	1	1	—
Wyoming	—	0	1	—	—	—	0	0	—	—	—	0	2	—	—
Pacific	14	19	44	63	143	—	0	2	1	—	—	0	1	1	—
Alaska	—	0	2	2	—	N	0	0	N	N	N	0	0	N	N
California	11	15	41	53	125	—	0	2	1	—	—	0	1	1	—
Hawaii	—	1	3	—	9	N	0	0	N	N	N	0	0	N	N
Oregon	—	1	4	5	6	—	0	0	—	—	—	0	0	—	—
Washington	3	1	9	3	3	—	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	—	—

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/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

[†] 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.

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	<i>Streptococcus pneumoniae</i> , [†] 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	190	252	464	1,596	2,174	15	21	41	110	124	77	265	308	792	1,410
New England	2	13	31	60	130	1	1	4	3	3	3	7	23	23	39
Connecticut	—	6	20	27	64	—	0	3	—	—	—	0	12	—	4
Maine	—	2	8	13	21	—	0	1	—	—	—	0	2	—	2
Massachusetts	2	0	3	5	4	1	0	2	2	2	1	5	10	19	24
New Hampshire	—	1	8	7	15	—	0	1	1	—	—	0	3	1	3
Rhode Island	—	1	6	—	22	—	0	1	—	1	2	0	7	3	6
Vermont	—	1	6	8	4	—	0	2	—	—	—	0	2	—	—
Mid. Atlantic	41	16	53	242	137	3	1	10	12	5	9	29	53	90	191
New Jersey	—	0	16	42	—	—	0	2	4	—	—	4	13	—	23
New York (Upstate)	33	1	28	131	12	3	1	10	7	5	2	4	9	12	14
New York City	8	12	24	69	125	—	0	9	1	—	—	14	24	32	114
Pennsylvania	N	0	0	N	N	N	0	0	N	N	7	7	17	46	40
E.N. Central	29	64	122	345	460	1	3	10	16	22	2	29	48	48	177
Illinois	N	0	0	N	N	—	0	0	—	—	—	11	24	25	67
Indiana	2	13	36	42	106	—	1	4	1	2	2	3	8	10	21
Michigan	8	13	26	77	91	1	0	2	5	7	—	4	12	1	31
Ohio	19	28	43	177	199	—	1	7	7	10	—	8	17	10	51
Wisconsin	—	8	23	49	64	—	0	2	3	3	—	1	6	2	7
W.N. Central	3	2	28	24	18	—	0	2	1	1	—	6	13	3	45
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	—	23
Missouri	N	0	0	N	N	—	0	0	—	—	—	2	8	—	19
Nebraska	3	2	9	24	18	—	0	2	1	1	—	0	2	1	1
North Dakota	—	0	25	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
S. Atlantic	62	65	143	443	690	7	6	15	37	42	45	66	90	259	306
Delaware	—	1	5	6	13	—	0	0	—	—	—	0	4	7	3
District of Columbia	—	1	5	1	9	—	0	1	1	1	2	3	8	26	22
Florida	29	21	55	168	285	2	2	8	14	18	2	24	36	96	143
Georgia	14	19	38	126	189	2	1	5	10	15	15	12	37	48	22
Maryland	10	9	29	46	102	1	1	3	3	5	6	8	20	23	34
North Carolina	N	0	0	N	N	N	0	0	N	N	7	8	21	35	29
South Carolina	7	8	22	64	92	1	0	3	3	3	—	4	14	—	34
Virginia	N	0	0	N	N	—	0	0	—	—	13	4	12	24	19
West Virginia	2	1	48	32	—	1	0	4	6	—	—	0	2	—	—
E.S. Central	12	23	45	139	196	—	2	4	8	18	5	15	31	34	73
Alabama	N	0	0	N	N	N	0	0	N	N	2	4	11	12	29
Kentucky	3	4	12	28	35	—	0	3	—	5	3	2	8	10	11
Mississippi	N	0	0	N	N	—	0	0	—	—	—	3	22	—	9
Tennessee	9	19	42	111	161	—	1	4	8	13	—	5	11	12	24
W.S. Central	27	31	126	171	215	3	3	10	16	12	1	36	50	122	166
Arkansas	—	4	14	20	36	—	0	4	2	2	—	4	10	—	22
Louisiana	—	2	13	26	44	—	0	2	2	2	—	8	25	17	22
Oklahoma	N	0	0	N	N	—	0	0	—	—	1	1	6	5	6
Texas	27	24	112	125	135	3	3	9	12	8	—	23	38	100	116
Mountain	12	26	72	159	305	—	2	8	11	20	1	12	20	24	65
Arizona	11	12	45	112	163	—	1	5	7	9	—	4	10	9	21
Colorado	—	9	23	18	66	—	0	4	1	4	—	2	6	7	13
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	—	16
New Mexico	1	4	12	26	42	—	0	2	3	3	1	1	4	3	5
Utah	—	1	8	—	29	—	0	3	—	4	—	0	2	3	4
Wyoming	—	0	3	3	5	—	0	0	—	—	—	0	0	—	—
Pacific	2	2	11	13	23	—	0	2	6	1	11	57	74	189	348
Alaska	2	2	11	13	23	—	0	2	6	1	—	0	2	2	—
California	N	0	0	N	N	N	0	0	N	N	5	44	62	157	284
Hawaii	—	0	1	—	—	—	0	1	—	—	—	0	3	—	—
Oregon	N	0	0	N	N	N	0	0	N	N	1	4	14	9	21
Washington	N	0	0	N	N	N	0	0	N	N	5	5	11	21	43
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	—	—	6	5	15	25	21
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/pbs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

[†] Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).

Morbidity and Mortality Weekly Report

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 11, 2012, and February 12, 2011 (6th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease [†]									
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Neuroinvasive				Nonneuroinvasive [§]					
		Med	Max			Current week	Previous 52 weeks	Cum 2012	Cum 2011	Current week	Previous 52 weeks	Cum 2012	Cum 2011		
United States	84	261	350	1,177	1,540	—	0	60	—	1	—	0	31	—	—
New England	13	23	50	124	157	—	0	3	—	—	—	0	1	—	—
Connecticut	—	5	16	27	30	—	0	2	—	—	—	0	1	—	—
Maine	7	4	11	31	28	—	0	0	—	—	—	0	0	—	—
Massachusetts	2	9	18	47	57	—	0	2	—	—	—	0	1	—	—
New Hampshire	—	2	10	—	13	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	6	1	6	—	0	1	—	—	—	0	0	—	—
Vermont	4	1	9	18	23	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	11	22	54	227	109	—	0	11	—	—	—	0	6	—	—
New Jersey	—	0	44	142	—	—	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	11	19	42	85	109	—	0	2	—	—	—	0	1	—	—
E.N. Central	26	63	114	340	449	—	0	13	—	—	—	0	6	—	—
Illinois	1	18	38	89	92	—	0	6	—	—	—	0	5	—	—
Indiana	—	5	20	38	33	—	0	2	—	—	—	0	1	—	—
Michigan	7	18	44	88	152	—	0	7	—	—	—	0	1	—	—
Ohio	18	21	47	125	172	—	0	3	—	—	—	0	3	—	—
Wisconsin	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
W.N. Central	2	11	32	48	93	—	0	9	—	1	—	0	7	—	—
Iowa	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Kansas	—	7	21	28	45	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	—	3	14	14	43	—	0	2	—	1	—	0	2	—	—
Nebraska	2	0	2	3	1	—	0	4	—	—	—	0	3	—	—
North Dakota	—	0	7	—	1	—	0	1	—	—	—	0	1	—	—
South Dakota	—	1	6	3	3	—	0	0	—	—	—	0	1	—	—
S. Atlantic	2	36	66	149	200	—	0	10	—	—	—	0	5	—	—
Delaware	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	2	—	3	—	0	3	—	—	—	0	3	—	—
Florida	—	17	38	95	111	—	0	5	—	—	—	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	2	10	27	25	38	—	0	2	—	—	—	0	0	—	—
West Virginia	—	6	32	29	47	—	0	1	—	—	—	0	0	—	—
E.S. Central	4	5	15	27	30	—	0	11	—	—	—	0	5	—	—
Alabama	3	5	14	24	26	—	0	2	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	1	0	2	3	4	—	0	5	—	—	—	0	4	—	—
Tennessee	N	0	0	N	N	—	0	3	—	—	—	0	1	—	—
W.S. Central	22	56	149	190	189	—	0	4	—	—	—	0	3	—	—
Arkansas	—	5	26	7	17	—	0	1	—	—	—	0	0	—	—
Louisiana	—	2	6	7	8	—	0	1	—	—	—	0	2	—	—
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Texas	22	48	144	176	164	—	0	3	—	—	—	0	3	—	—
Mountain	1	21	68	66	284	—	0	11	—	—	—	0	5	—	—
Arizona	—	4	50	13	84	—	0	7	—	—	—	0	4	—	—
Colorado	—	7	32	22	80	—	0	2	—	—	—	0	2	—	—
Idaho	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Montana	—	1	15	—	65	—	0	1	—	—	—	0	0	—	—
Nevada	N	0	0	N	N	—	0	4	—	—	—	0	2	—	—
New Mexico	1	1	8	13	9	—	0	1	—	—	—	0	0	—	—
Utah	—	3	26	16	44	—	0	1	—	—	—	0	1	—	—
Wyoming	—	0	1	2	2	—	0	1	—	—	—	0	1	—	—
Pacific	3	2	9	6	29	—	0	18	—	—	—	0	7	—	—
Alaska	1	1	4	3	10	—	0	0	—	—	—	0	0	—	—
California	2	0	4	2	10	—	0	18	—	—	—	0	7	—	—
Hawaii	—	0	4	1	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	9	26	—	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/diss/nndss/phs/infdis.htm>.

Morbidity and Mortality Weekly Report

TABLE III. Deaths in 122 U.S. cities,* week ending February 11, 2012 (6th week)

Reporting area	All causes, by age (years)						P&I†	Reporting area (Continued)	All causes, by age (years)						P&I†
	All Ages	≥65	45-64	25-44	1-24	<1			Total	All Ages	≥65	45-64	25-44	1-24	
New England	574	423	102	31	5	12	46	S. Atlantic	1,049	660	281	58	22	28	52
Boston, MA	143	100	28	9	2	3	17	Atlanta, GA	161	88	54	11	2	6	10
Bridgeport, CT	37	23	10	2	1	1	2	Baltimore, MD	133	73	40	11	5	4	7
Cambridge, MA	22	16	5	1	—	—	2	Charlotte, NC	108	77	22	4	3	2	5
Fall River, MA	19	15	3	1	—	—	—	Jacksonville, FL	9	5	1	3	—	—	—
Hartford, CT	49	35	9	3	2	—	1	Miami, FL	108	81	23	3	1	—	6
Lowell, MA	22	13	4	5	—	—	1	Norfolk, VA	41	24	11	3	—	3	4
Lynn, MA	9	7	2	—	—	—	1	Richmond, VA	66	40	19	5	2	—	2
New Bedford, MA	27	24	2	1	—	—	3	Savannah, GA	74	50	16	5	2	1	4
New Haven, CT	38	24	7	3	—	4	2	St. Petersburg, FL	62	43	16	2	1	—	2
Providence, RI	59	51	5	—	—	3	2	Tampa, FL	161	113	35	7	3	3	6
Somerville, MA	4	3	1	—	—	—	—	Washington, D.C.	117	60	42	3	3	9	6
Springfield, MA	44	35	8	1	—	—	2	Wilmington, DE	9	6	2	1	—	—	—
Waterbury, CT	33	27	5	1	—	—	1	E.S. Central	930	589	246	61	20	14	85
Worcester, MA	68	50	13	4	—	1	12	Birmingham, AL	167	101	48	14	1	3	16
Mid. Atlantic	1,854	1,319	396	89	29	21	95	Chattanooga, TN	119	89	22	6	2	—	13
Albany, NY	54	39	10	3	—	2	7	Knoxville, TN	111	71	28	9	3	—	14
Allentown, PA	31	23	7	—	1	—	3	Lexington, KY	65	47	10	4	2	2	2
Buffalo, NY	72	43	22	6	—	1	7	Memphis, TN	182	108	46	16	4	8	23
Camden, NJ	27	16	6	1	1	3	3	Mobile, AL	122	76	37	7	2	—	7
Elizabeth, NJ	27	19	5	2	—	1	—	Montgomery, AL	21	15	4	1	1	—	2
Erie, PA	48	34	9	4	1	—	—	Nashville, TN	143	82	51	4	5	1	8
Jersey City, NJ	18	11	6	—	1	—	—	W.S. Central	1,083	679	251	78	45	30	76
New York City, NY	1,017	739	211	47	13	7	48	Austin, TX	96	65	22	3	2	4	11
Newark, NJ	32	14	15	3	—	—	1	Baton Rouge, LA	59	39	13	6	1	—	—
Paterson, NJ	21	14	5	1	1	—	—	Corpus Christi, TX	72	45	19	4	3	1	4
Philadelphia, PA	138	93	30	9	5	1	5	Dallas, TX	208	124	60	18	4	2	17
Pittsburgh, PA [§]	45	40	4	—	—	1	2	El Paso, TX	66	47	11	4	1	3	4
Reading, PA	38	31	5	1	1	—	2	Fort Worth, TX	U	U	U	U	U	U	U
Rochester, NY	93	64	23	1	3	2	2	Houston, TX	124	56	11	17	25	15	4
Schenectady, NY	28	21	5	2	—	—	1	Little Rock, AR	74	50	17	6	—	1	8
Scranton, PA	30	20	7	3	—	—	3	New Orleans, LA	U	U	U	U	U	U	U
Syracuse, NY	81	64	9	5	—	3	7	San Antonio, TX	208	132	53	12	7	4	16
Trenton, NJ	22	13	7	1	1	—	—	Shreveport, LA	61	43	14	4	—	—	5
Utica, NY	17	10	6	—	1	—	1	Tulsa, OK	115	78	31	4	2	—	7
Yonkers, NY	15	11	4	—	—	—	3	Mountain	1,227	819	287	73	30	18	68
E.N. Central	2,024	1,378	484	106	24	32	129	Albuquerque, NM	130	81	35	6	7	1	11
Akron, OH	59	41	14	1	2	1	5	Boise, ID	64	46	17	1	—	—	4
Canton, OH	42	32	8	2	—	—	2	Colorado Springs, CO	66	49	10	4	3	—	1
Chicago, IL	237	153	63	15	1	5	19	Denver, CO	95	66	21	4	1	3	5
Cincinnati, OH	100	60	26	8	2	4	8	Las Vegas, NV	324	221	79	17	5	2	21
Cleveland, OH	273	203	57	6	2	5	16	Ogden, UT	27	20	5	—	—	2	1
Columbus, OH	209	139	56	11	—	3	14	Phoenix, AZ	206	113	60	21	7	5	10
Dayton, OH	120	92	24	3	1	—	13	Pueblo, CO	34	22	8	3	1	—	1
Detroit, MI	137	72	49	10	3	3	4	Salt Lake City, UT	126	91	23	8	3	1	10
Evansville, IN	60	41	15	3	1	—	8	Tucson, AZ	155	110	29	9	3	4	4
Fort Wayne, IN	84	57	23	2	2	—	2	Pacific	1,865	1,302	415	80	40	28	167
Gary, IN	8	6	1	1	—	—	—	Berkeley, CA	15	9	5	1	—	—	2
Grand Rapids, MI	42	37	5	—	—	—	1	Fresno, CA	120	81	28	7	4	—	7
Indianapolis, IN	213	133	54	21	3	2	12	Glendale, CA	32	27	4	1	—	—	6
Lansing, MI	46	30	11	2	1	2	2	Honolulu, HI	88	66	17	3	—	2	12
Milwaukee, WI	94	61	24	7	1	1	5	Long Beach, CA	64	45	15	1	—	3	9
Peoria, IL	61	42	14	4	—	1	7	Los Angeles, CA	284	187	65	14	11	7	32
Rockford, IL	52	36	12	2	1	1	2	Pasadena, CA	21	17	3	1	—	—	2
South Bend, IN	45	34	6	2	3	—	4	Portland, OR	175	121	35	12	5	2	7
Toledo, OH	83	59	14	6	1	3	3	Sacramento, CA	222	148	61	7	3	3	18
Youngstown, OH	59	50	8	—	—	1	2	San Diego, CA	196	135	49	7	5	—	20
W.N. Central	601	404	142	36	10	9	36	San Francisco, CA	120	83	25	6	2	4	11
Des Moines, IA	119	76	29	11	1	2	7	San Jose, CA	241	182	48	4	4	3	25
Duluth, MN	31	18	6	1	2	4	2	Santa Cruz, CA	29	17	7	3	—	2	4
Kansas City, KS	17	11	6	—	—	—	2	Seattle, WA	101	63	24	8	4	2	2
Kansas City, MO	81	54	23	3	1	—	5	Spokane, WA	46	33	11	2	—	—	3
Lincoln, NE	51	44	7	—	—	—	2	Tacoma, WA	111	88	18	3	2	—	7
Minneapolis, MN	61	35	20	5	1	—	7	Total¶	11,207	7,573	2,604	612	225	192	754
Omaha, NE	83	65	14	2	1	1	7								
St. Louis, MO	32	19	6	5	2	—	1								
St. Paul, MN	44	26	13	3	1	1	1								
Wichita, KS	82	56	18	6	1	1	2								

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.

Morbidity and Mortality Weekly Report

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format. To receive an electronic copy each week, visit *MMWR*'s free subscription page at <http://www.cdc.gov/mmwr/mmwrsubscribe.html>. Paper copy subscriptions are available through the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data presented by the Notifiable Disease Data Team and 122 Cities Mortality Data Team in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. Address all inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333 or to mmwrq@cdc.gov.

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in *MMWR* were current as of the date of publication.

U.S. Government Printing Office: 2012-523-043/21104 Region IV ISSN: 0149-2195