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National Black HIV/AIDS Awareness Day — February 7, 2010

February 7 is National Black HIV/AIDS Awareness Day. Human immunodeficiency virus (HIV) infection disproportionately affects blacks living in the United States. In 2006, blacks made up 12% of the population aged ≥13 years but accounted for 46% of the number of persons estimated to be living with HIV (*1*). Both the estimated HIV prevalence and incidence rates for black men and women were higher than those for any other racial/ethnic population (*1,2*). Among black males, male-to-male sexual contact accounted for 63% of new infections; among black females, high-risk heterosexual contact accounted for 83% of new infections (*3*).

To address these racial disparities in the prevalence and incidence of HIV infection, CDC conducts research and supports programs for HIV prevention among blacks in the United States. These efforts include increasing HIV testing opportunities nationwide, particularly in areas with the highest number of acquired immunodeficiency syndrome (AIDS) cases among blacks (*4*).

Information regarding National Black HIV/AIDS Awareness Day is available at http://www.blackaidsday.org/nbhaad.html. Information regarding blacks and HIV/AIDS is available at http://www.cdc.gov/hiv/topics/aa/index.htm.

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Racial/Ethnic Disparities Among Children with Diagnoses of Perinatal HIV Infection — 34 States, 2004–2007

Early in the epidemic of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in the United States, racial/ethnic disparities were observed in the diagnoses of AIDS among adults and children (*1*). Since the early 1990s, the annual number of diagnoses of perinatally acquired AIDS and HIV infection has declined by approximately 90% in the United States as a result of routine HIV screening of pregnant women and the availability of effective interventions to prevent transmission (*2,3*). To characterize the most recent trends in diagnoses of perinatal HIV infection by race/ethnicity, CDC analyzed national HIV surveillance data for the period 2004–2007 from 34 states. This report summarizes the results of those analyses, which indicated that, during 2004–2007, 85% of diagnoses of perinatal HIV infection were in blacks or African Americans (69%) or Hispanics or Latinos (16%). The average annual rate of diagnoses of perinatal HIV infection during 2004–2007 was 12.3 per 100,000 among blacks, 2.1 per 100,000 among Hispanics, and 0.5 per 100,000 among whites. However, from 2004 to 2007, the racial/ethnic disparity narrowed, as the annual rate of diagnoses of perinatal HIV infection for black children decreased from 14.8 to 10.2 per 100,000, and the rate for Hispanic children decreased from 2.9 to 1.7 per 100,000. To further reduce perinatal HIV transmission and racial/ethnic disparities, HIV-infected pregnant women,

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and particularly black and Hispanic women, should receive timely prenatal care, early antiretroviral treatment, and other recommended interventions.

HIV infection and AIDS are notifiable in all 50 states, the District of Columbia, and five U.S. territories. States have implemented HIV infection reporting over time, and national HIV surveillance with uniform reporting was not implemented fully until 2008.* CDC regards data from states with confidential, name-based HIV surveillance systems to be adequate for monitoring trends only if they have been reported for at least 4 years (*2*). For this analysis, HIV and AIDS diagnosis data for the period 2004–2007 (the latest data available) were obtained from the 34 states† that have had name-based reporting since at least December 2003. A diagnosis of perinatal HIV infection (definitive or presumptive) was defined in a child who 1) was born to a woman with HIV infection, 2) was aged <13 years, and 3) had met CDC's 2008 revised surveillance case definition for HIV infection in children (*4*). The number and percentage of diagnoses of perinatal HIV infection during 2004–2007 were calculated by year of diagnosis and stratified by race/ethnicity. To calculate rates of HIV diagnoses per 100,000 infants aged ≤1 year in each racial/ethnic group, yearly population estimates were obtained for the 34 states from the U.S. Census Bureau. Population data for infants were used as a proxy for live births because race/ethnicity data were not available for live births in the 34 states in the same manner that race and ethnicity are reported in HIV surveillance. Trends in the annual rates of diagnosis of perinatal HIV infection were analyzed by the two-sided Cochran-Armitage test, with statistical significance at $p<0.05$. Rate ratios were calculated to compare rates for blacks, Hispanics, and children of other or multiple races with rates for whites.

During 2004–2007, the average annual overall rate of diagnoses of perinatal HIV infection was 2.7

* Additional information available at http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/technicalnotes.htm.

† Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

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per 100,000 infants aged ≤1 year in the 34 states (Table). The highest rates were among children who were black (12.3 per 100,000), followed by children who were Hispanic (2.0), of other or multiple races (1.6), and white (0.5). Using the rate among white children as the referent, the rate ratios for black and Hispanic children and children of other or multiple races were 23.1, 3.8, and 3.1, respectively. From 2004 to 2007, the annual rate of diagnoses of perinatal HIV infection for black children decreased from 14.8 to 10.2 per 100,000 (p = 0.003), and the rate for Hispanic children decreased from 2.9 to 1.7 per 100,000 (p = 0.04). The rates for white children and for children of other or multiple races did not change significantly (Figure 1).

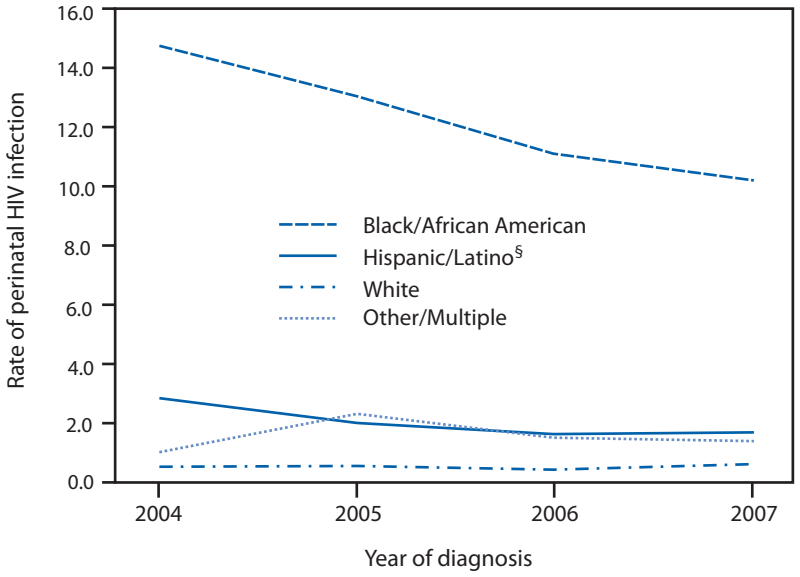
During 2004–2007, among all children with diagnoses of perinatal HIV infection in the 34 states, 69% were black, 16% were Hispanic, 11% were white, and 4% were of other or multiple races. In contrast, 15% of infants in the 34 states aged ≤1 year were black, 22% were Hispanic, 56% were white, and 7% were of other or multiple races. The percentages of black and Hispanic females aged ≥13 years with HIV infection were similar to those for children with diagnoses of perinatal HIV infection; 67% were black, and 14% were Hispanic (Figure 2).

TABLE. Number and rate of diagnoses of perinatal HIV* infections per 100,000 infants aged ≤1 year, by race/ethnicity — 34 states, 2004–2007†

Race/Ethnicity	No.	(%)	Rate§	(95% CI§¶)	Rate ratio§	(95% CI§)
Black/African American	422	(69)	12.3	(11.3–13.5)	23.1	(17.9–30.0)
Hispanic/Latino**	98	(16)	2.0	(1.7–2.5)	3.8	(2.8–5.2)
Other/Multiple	26	(4)	1.6	(1.0–2.4)	3.1	(2.8–4.9)
White	66	(11)	0.5	(0.4–0.7)	referent	—
Total	612	(100)	2.7	(2.5–3.0)	—	—

* Human immunodeficiency virus.
† Data adjusted for reporting delays.
§ Values rounded after calculations performed in hundredths.
¶ Confidence interval.
** Hispanics/Latinos might be of any race.

FIGURE 1. Annual rate of diagnoses of perinatal HIV* infection per 100,000 infants aged ≤1 year, by race/ethnicity — 34 states, 2004–2007†



* Human immunodeficiency virus.
† Data adjusted for reporting delays.
§ Hispanics/Latinos might be of any race.

Reported by

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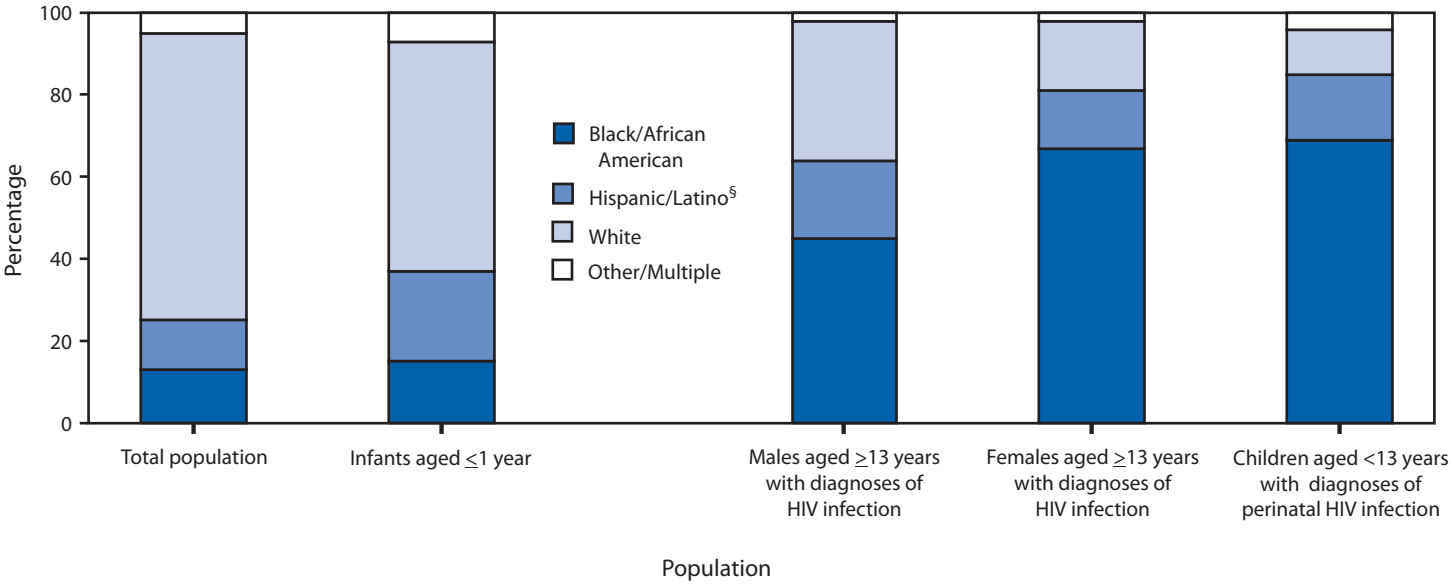
Editorial Note

Racial/ethnic disparities in the incidence of HIV/AIDS among children have been documented since 1981–1986, when 78% of children with AIDS were black or Hispanic (*1*). These racial/ethnic disparities have been reflected in rates of perinatal HIV infection. Although the total number of annual perinatal HIV infections in the United States has decreased approximately 90% since 1991 (*3*) and the findings in this report indicate a continued decrease during 2004–2007, racial/ethnic disparities persist. Of all reported diagnoses of perinatal HIV infection during 2004–2007, 85% were in children who were black or Hispanic, and rates were several-fold higher among black and Hispanic children than among white children. To eliminate perinatal transmission and racial/ethnic disparities, continued measures are needed, including primary HIV prevention for women, reproductive health and family planning for women with HIV infection, and prenatal care and early treatment with antiretroviral medications for pregnant women and their infants.

These disparities are directly related to the racial/ethnic distribution of women diagnosed with HIV infection (Figure 2). High-risk heterosexual transmission remains the principal source of exposure for HIV-infected women of all races/ethnicities, accounting for 80% of new infections among women (*5*). Recent studies also have suggested that the higher rates of HIV infection among blacks in the United States are related to a number of social factors, such as tight social networks, assortative mixing, and poverty (*6*). In addition, in a study of women enrolled in Medicaid

FIGURE 2. Racial/ethnic distribution in total population and among infants aged ≤1 year, persons aged ≥13 years with diagnosed HIV* infection, and children aged <13 years with diagnosed perinatal HIV infection — 34 states, 2004–2007†



* Human immunodeficiency virus.
† Data adjusted for reporting delays.
§ Hispanics/Latinos might be of any race.

during 1995–1997, black (71%) and Hispanic women (74%) were significantly less likely than non-Hispanic white women (81%) to initiate prenatal care in the first trimester and less likely (62% and 69% versus 72%, respectively) to make an adequate number of prenatal care visits (*7*), indicating that black women would have less opportunity for timely HIV testing and early initiation of antiretroviral prophylaxis to prevent perinatal transmission.

In the Pediatric Spectrum of Disease Study, black HIV-infected mothers of HIV-exposed infants were twice as likely as white HIV-infected mothers not to engage in prenatal care (odds ratio = 2.1 [95% confidence interval = 1.0–4.5]) (*7*). In a large clinical trial conducted during 1997–2000 to study methods to reduce perinatal HIV transmission, black (44%) and Hispanic (47%) women were less likely than white women (49%) (p = 0.02) to have antiretroviral therapy before pregnancy, and black (12%) and Hispanic (15%) women were more likely than white women (10%) (p = 0.007) to have entered the study with lower CD4 cell counts. In addition, white women were more likely to have viral suppression (<1,000 copies/mL) at delivery, the primary factor associated with prevention of perinatal HIV transmission (*9*). In that study, white race was predictive of successful viral suppression at delivery in a multivariate model incorporating type of antiretroviral regimen, time of antiretroviral initiation and therapy, and time of prenatal care initiation (*9*).

The findings in this report are subject to at least two limitations. First, the data were reported only from the 34 states with confidential, name-based HIV surveillance systems, and these states might not be representative of all persons in the United States who receive a diagnosis of perinatal HIV infection. Diagnoses of HIV infection from areas with high AIDS morbidity (e.g., California, Illinois, and the District of Columbia) that did not conduct confidential, name-based surveillance during 2004–2007 were not included. However, the racial/ethnic disparities described in this report are consistent with disparities observed among persons with AIDS from all 50 states (*2*). Second, because diagnoses of HIV infection are assigned to the year of diagnosis, they might not represent new infections, except among those aged ≤1 year with diagnoses of perinatal HIV infection.

Further reductions in perinatal HIV transmission are achievable, toward an elimination goal of <1% among infants born to HIV-infected women (*10*) and <1 transmission per 100,000 live births. Primary HIV prevention in women is the best way to prevent HIV infection in children. All women with HIV infection should have reliable access to comprehensive HIV treatment and

What is already known on this topic?

Racial/ethnic disparities in the rates of perinatal AIDS and HIV infection have been noted since the HIV epidemic began.

What is added by this report?

During 2004–2007, compared with white children, the rates of diagnoses of perinatal HIV infection were approximately 23 times higher among black children and four times higher among Hispanic children, although the rates for black and Hispanic children were decreasing.

What are the implications for public health practice?

To further reduce perinatal HIV transmission and the associated racial/ethnic disparities, public health practitioners should ensure that effective primary HIV prevention programs are available for women and urge all HIV-infected pregnant women, particularly those who are black or Hispanic, to adhere to the full range of proven interventions, including early treatment with antiretroviral medications.

primary women's health care to optimize their health before pregnancy and receive effective contraception to avoid unintended pregnancy. To eliminate perinatal HIV transmission, all HIV-infected pregnant women must 1) receive a diagnosis of HIV infection before or early in pregnancy, 2) receive prenatal care, 3) adhere to an antiretroviral medication regimen during pregnancy, 4) have a scheduled cesarean delivery at 38 weeks' gestation if viral suppression has not been achieved, and 5) receive antiretroviral medication during labor and delivery.[§] Antiretroviral medication also should be provided to HIV-exposed newborns within the first hours after birth and for the first 6 weeks of life.

[§] Perinatal HIV Guidelines Working Group. Public Health Service Task Force recommendations for use of antiretroviral drugs in pregnant HIV-infected women for maternal health and interventions to reduce perinatal HIV transmission in the United States. April 29, 2009. Available at http://aidsinfo.nih.gov/contentfiles/perinatalgl.pdf.

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Jimsonweed Poisoning Associated with a Homemade Stew — Maryland, 2008

In the early morning hours of July 9, 2008, six adult family members were admitted to a hospital emergency department in Maryland with hallucinations, confusion, mydriasis, and tachycardia of approximately 3–4 hours duration. Approximately 4–5 hours earlier, all six family members had shared a meal of homemade stew and bread. Subsequent investigation by the Montgomery County Department of Health and Human Services (MCDHHS) and the Maryland Department of Health and Mental Hygiene (MDHMH) determined that the stew contained jimsonweed (*Datura stramonium*), a plant in the nightshade family that contains atropine and scopolamine (*1*) and has been associated with anticholinergic-type poisoning (*1*). This report describes the poisoning incident, which resulted in six hospitalizations, and the subsequent multidisciplinary investigation. Health-care providers and public health officials should be aware that jimsonweed poisoning can occur among many age groups, including younger persons, who typically consume the plant material for recreational purposes, or persons of any age group who might unknowingly ingest the plant. A prompt diagnosis of jimsonweed poisoning is complicated by the difficulties in eliciting exposure histories in persons with altered mental status and the variable presentations of affected persons. Consultation with horticulturalists, poison control centers, and specialized laboratories might be necessary to investigate cases and outbreaks.

The six affected persons came from one family and included three men and three women ranging in age from 38 to 80 years (median age: 42 years). All six shared a meal of homemade stew and bread at approximately 9:00 p.m. on July 8, 2008. No one else was at the home when the meal was eaten. Approximately 1 hour later, another relative arrived at the home and discovered the six affected family members laughing, confused, and complaining of hallucinations, dizziness, and thirst. One of the family members vomited. The unaffected relative called emergency medical services, and all six were transported to the hospital by ambulance.

On admission to the emergency department, two of the six patients were unconscious. The other four were awake and had altered mental status; complete history of meal preparation and food exposures could not be obtained. Physical examinations revealed tachycardia and dilated, sluggishly reactive pupils in five of the six patients. Temperatures ranged from 98.0ºF (36.7ºC) to 99.4ºF (37.4ºC). Respirations ranged from 17 to 22 breaths per minute.

During the next 6 hours in the emergency department, the six patients continued to experience tachycardia, mydriasis, and altered mental status. One remained unconscious. The others demonstrated confusion, aggression, agitation, disorganized speech, incoherence, and hallucinations. All six were admitted to the hospital, five to the intensive-care unit. The unaffected relative reported to providers that pesticides had been sprayed on mint leaves that might have been incorporated into the stew. However, a treating physician consulted the poison control center hotline and established that the illnesses were not consistent with cholinergic poisoning, as would be expected with ingestion of organophosphate pesticides, but were consistent with anticholinergic poisoning.

Complete blood counts, basic metabolic panels, comprehensive metabolic panels, and urinalysis generally were within normal limits. Urine screenings for amphetamines, barbiturates, benzodiazipines, tetrahydrocannabinol, opiates, phencyclidine, and cocaine were negative among four patients tested.

Over the course of their hospitalizations, the patients' signs and symptoms of anticholinergic toxicity fluctuated. In addition to tachycardia, mydriasis, and altered mental status, two patients experienced urinary retention, and one had a small pleural effusion identified by computed tomography scan (Table). The patients received supportive care, including cardiac monitoring and intravenous fluids. Four of six patients were administered lorazepam to control agitation. None were administered physostigmine. Their neurologic statuses improved during hospitalization and were normal by the time of discharge. Four were discharged on the third hospital day, one on the fourth hospital day, and one on the fifth hospital day, each with a final diagnosis of altered mental status secondary to food poisoning. The patient reported to have

TABLE. Clinical characteristics, laboratory and imaging findings, and clinical interventions for six hospitalized patients who ingested jimsonweed inadvertently included in a homemade stew — Maryland, July 2008

Characteristic	No. of patients affected
Signs and symptoms	
Confusion to person, place, time, or situation	6
Tachycardia (heart rate >100 beats per minute)	5
Mydriasis	5
Attempting to get out of bed	3
Incoherent or illogical speech or making odd sounds	3
Loss of consciousness	2
Signs of hallucinations	2
Aggression	2
Urinary retention	2
Respirations >20 breaths per minute	2
Diaphoresis	1
Dizziness	1
Anxiety	1
Fever >100.0°F (>37.8°C)	0
Laboratory and imaging findings	
Elevated creatine phosphokinase	2
Elevated blood urea nitrogen	1
Abnormal computed tomography scan result	1*
Intervention	
Intensive-care unit admission	5
Cardiac monitoring	6
Restraints	2
Supplemental oxygen	3
Lorazepam	4
Bedside sitter	2

* Small pleural effusion.

eaten the most stew was the slowest to recover and had the longest stay. All patients fully recovered.

On July 9, 2008, MCDHHS and MDHMH began an investigation. At that time, the patients were still too disoriented to provide reliable information. Investigators interviewed unaffected family members about meal preparation and asked them to collect samples of the plants they thought had been used in the stew. One plant was identified as mint. Interviews with the patients on July 10 confirmed that all patients had consumed the stew and no one else had eaten the stew. The preparer of the stew recalled that it consisted mainly of potatoes but also included garlic, onion, tomato, curry powder, and leaves from two plants growing in the yard. One plant was confirmed to be mint. The meal preparer did not know what the other plant was, only that it grew wild in the yard.

On July 10, the public health investigators and a horticulture expert visited the home, located in a suburban Maryland neighborhood, to verify the stew ingredients and identify any ingredients that could cause anticholinergic poisoning. They found leftover stew, which was green in color with cooked leaves visible in the bottom of the pot. They also discovered plant material in the kitchen trash, identified by the horticulture expert as jimsonweed. In the outdoor location described by the stew preparer, the horticulture expert identified jimsonweed plants with recent cutting marks. They collected plant samples and leftover stew from the home for testing at the Maryland Department of Agriculture Laboratory. Atropine and scopolamine were detected in leftover stew by liquid chromatography-tandem mass spectrometry. Chaconine and solanine, glycoalkaloids normally present in potatoes, also were detected.

Reported by

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Editorial Note

Jimsonweed grows wild and is used as an ornamental plant in much of the United States. It contains alkaloids such as atropine and scopolamine, which can cause anticholinergic toxicity. The concentration of anticholinergics can vary over time and in different parts of a plant, with the seeds having the highest concentration, containing approximately 0.1 mg of atropine per seed (*1*). A dosage of ≥10 mg of atropine can be fatal (*1*). Among the patients described in this report, those who ate more of the stew had more severe illness; however, the quantity of jimsonweed ingested could not be estimated. Cooking does not substantially affect the potency of the leaves, and atropine and scopolamine remain intact during baking (*2*). In this incident, chaconine and solanine, glycoalkaloids normally present in potatoes, were detected in the stew along with atropine and scopolamine. Green or sprouting potatoes can contain levels of glycoalkaloids high enough to cause toxicity in humans (*3*). However, only qualitative testing was performed, and no indication that the potatoes used in the stew were green or sprouting was noted.

Jimsonweed poisoning causes dry mucous membranes and skin, thirst, flushing, fever, blurred vision, altered mental status, mydriasis, urinary retention, tachycardia, coma, and, in rare cases, death (*1,4*). Treatment with physostigmine is indicated only in severe cases to reverse anticholinergic toxicity (*1*). Jimsonweed is sometimes consumed intentionally

What is already known on this topic?

Jimsonweed can cause anticholinergic toxicity because of the belladonna alkaloids it contains; most previous reports of toxicity have involved adolescents and young adults using jimsonweed for recreational purposes to experience its hallucinogenic effects, and unintentional foodborne exposure is uncommon.

What is added by this report?

Six persons were admitted to the hospital with anticholinergic toxicity; investigation identified jimsonweed, used in a homemade stew, as the cause.

What are the implications for public health practice?

Health-care providers and public health officials should be aware of the signs of anticholinergic toxicity and should consider jimsonweed poisoning as a cause of any food-related outbreak of anticholinergic toxicity; consultation with horticulturalists, poison control centers, and specialized laboratories can facilitate the timely diagnosis of affected patients.

by persons seeking to experience its hallucinogenic effects (*1,4*), often in a jimsonweed tea (*1*).* Because previous reports of toxicity have involved adolescents and young adults using jimsonweed to experience its hallucinogenic effects (*1,4*), health-care providers might be less likely to suspect ingestion of jimsonweed in older adults with signs and symptoms of anticholinergic toxicity.

The diagnosis of jimsonweed poisoning can be difficult because of the wide range of signs and symptoms associated with anticholinergic toxicity and the inability to obtain an accurate history of exposures (*1,6,7*). No clinical laboratory tests are routinely available to detect anticholinergic toxicity. The diagnosis generally is based on history, physical findings, and symptoms. The signs and symptoms among the patients described in this report varied over time. All patients reported thirst, hallucinations, and dizziness when first examined by emergency medical technicians; however, after arrival at the hospital, the clinical course for the six patients diverged. Clinicians might not suspect jimsonweed poisoning in a lone patient with coma or altered mental status, tachycardia, and mydriasis (*6*), especially if no specific exposure history is available. However, in this incident, health-care providers quickly suspected toxicity associated with the shared meal. Although the initial history of pesticide application to the mint caused providers to briefly consider organophosphate poisoning as the cause of the illnesses, consultation with the poison control center assisted quickly in determining that the illnesses instead were consistent with anticholinergic toxicity.

Health-care providers and public health officials should be aware of the signs of anticholinergic toxicity and should consider jimsonweed poisoning as a cause of any compatible food-related outbreak of anticholinergic toxicity. A thorough history of food consumption and drug exposures should be obtained, if possible, for all persons with anticholinergic toxicity. Health departments might have limited experience investigating the types of noninfectious foodborne illnesses, as described in this report. Consultation with horticulturalists, poison control centers, and specialized laboratories can be an important component of such investigations.

* Jimsonweed historically was used by American Indians for medicinal and religious purposes. It is also known as thorn apple, angel's trumpet, and Jamestown weed (because the first record of physical symptoms after ingestion occurred in Jamestown, Virginia, in 1676) (*5*).

Acknowledgments

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State Preemption of Local Smoke-Free Laws in Government Work Sites, Private Work Sites, and Restaurants — United States, 2005–2009

Smoke-free policies (i.e., policies that completely eliminate smoking in indoor workplaces and public places) result in health benefits, including preventing heart attacks (*1*–*3*). Preemptive legislation at the state level prohibits localities from enacting laws that vary from state law or are more stringent. A *Healthy People 2010* objective (27-19) is to eliminate state laws that preempt stronger local tobacco control laws (*4*). A 2005 CDC review found that little progress was being made toward reducing the number of state laws preempting local smoking restrictions in three indoor settings: government work sites, private-sector work sites, and restaurants (*5*). These three settings were selected for analysis because they are settings that often are addressed by state and local smoking restrictions and because they are major settings where nonsmoking workers and patrons are exposed to secondhand smoke (*1*). This report updates the previous analysis and summarizes changes that occurred from December 31, 2004, to December 31, 2009, in state laws that preempt local smoke-free laws for the same three settings. During that period, the number of states preempting local smoking restrictions in at least one of these three settings decreased from 19 to 12. In contrast with the 2005 findings, this decrease indicates progress toward achieving the goal of eliminating state laws preempting local smoking restrictions. Further progress could result in additional reductions in secondhand smoke exposure.

For this analysis, preemption was defined as a statute or judicial opinion that prevents local jurisdictions from enacting smoking restrictions that would be more stringent than, or different from, state law. CDC monitors state laws that preempt local smoking restrictions (Table) using the CDC State Tobacco Activities Tracking and Evaluation (STATE) system, an online electronic database that includes information on state tobacco-related legislation.* The system tracks state statutes and court rulings for preemption provisions affecting local smoking restrictions in government work sites, private work sites, and restaurants. Changes in states' smoke-free preemptive status that took effect after December 31, 2009, were excluded for this report.

As of December 31, 2009, a total of 12 states had preemptive provisions in place for at least one of the three settings, an improvement from 19 states reported to have preemption in place as of December 31, 2004 (*5*). The number of states with preemption in all three settings decreased from 15 to eight during the 5-year period. The number of states with preemptive provisions covering government work sites, private work sites, and restaurants decreased from 16 to nine, from 15 to nine, and from 18 to 12, respectively. During the study period, six states (Illinois, Iowa, Nevada, New Jersey, Oregon, and South Carolina) removed preemption in all three settings. Three other states (North Carolina, Louisiana, and Mississippi) rescinded preemption in one setting only (government work sites, restaurants, and government work sites, respectively). For Louisiana and Mississippi, this was the only setting where preemption was in place. In contrast, as the result of a state supreme court ruling, Washington went from having no preemption in any setting to having preemption in two settings (government work sites and restaurants).

States that rescinded preemptive provisions during 2005–2009 did so through three different mechanisms: legislation, ballot measure, and court rulings. Provisions preempting local smoking restrictions in at least one of the three settings were rescinded by legislative action in seven states. Six of these states (Iowa, Louisiana, Mississippi, New Jersey, North Carolina, and Oregon) rescinded preemption in conjunction with enactment of statewide legislation restricting smoking in some settings; Illinois rescinded preemption as a stand-alone action.

During the study period, two states had preemptive provisions take effect that included "sunset" clauses under which these provisions also expired during the study period. Preemption established as a part of Rhode Island's 2004 smoke-free law expired on October 1, 2006. In Montana, preemption for all three settings was enacted in 2005 in conjunction with an exemption in a state smoke-free law for bars

* Available at http://www.cdc.gov/tobacco/statesystem.

TABLE. States with provisions preempting local smoking restrictions in government worksites, private worksites, and restaurants — United States,* December 31, 2004 and December 31, 2009

	Any preemption		Government work sites		Private work sites		Restaurants	
State	12/31/04	12/31/09	12/31/04	12/31/09	12/31/04	12/31/09	12/31/04	12/31/09
Connecticut†	x	x	x	x	x	x	x	x
Florida	x	x	x	x	x	x	x	x
Illinois	x		x		x		x	
Iowa	x		x		x		x	
Louisiana	x						x	
Michigan	x	x					x	x
Mississippi	x		x					
Nevada	x		x		x		x	
New Hampshire	x	x					x	x
New Jersey	x		x		x		x	
North Carolina	x	x	x		x	x	x	x
Oklahoma	x	x	x	x	x	x	x	x
Oregon	x		x		x		x	
Pennsylvania	x	x	x	x	x	x	x	x
South Carolina	x		x		x		x	
South Dakota	x	x	x	x	x	x	x	x
Tennessee	x	x	x	x	x	x	x	x
Utah	x	x	x	x	x	x	x	x
Virginia	x	x	x	x	x	x	x	x
Washington		x		x				x
Total	19	12	16	9	15	9	18	12

* The District of Columbia and 28 states (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, Georgia, Hawaii, Idaho, Indiana, Kansas, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, Nebraska, New Mexico, New York, North Dakota, Ohio, Texas, Vermont, West Virginia, Wisconsin, and Wyoming) had no provisions preempting local smoking restrictions during this reporting period. Montana and Rhode Island had preemptive provisions take effect and then expire during the period.
† Corrected from previous reports.

and casinos. Both the exemption and the preemptive provision expired on October 1, 2009.

State smoke-free laws enacted in 2006 in New Jersey and Louisiana included explicit nonpreemptive language that expressly enables communities to enact local smoke-free ordinances. In contrast, state smoke-free laws enacted in Oregon in 2007 and Iowa in 2008 removed preemptive language from previous statutes, thus rescinding preemption even in the absence of explicit enabling language (i.e., interpretation of the new laws indicated that they had the effect of removing preemption without stating this explicitly). In Nevada, a 2006 ballot measure rescinded a preemption provision in conjunction with establishing state smoking restrictions, again without explicit enabling language.

Court rulings also played a role in determining the preemptive status of two states during the study period. The Washington State Supreme Court ruled in 2005 that state law preempted local smoking restrictions,† and the South Carolina Supreme Court ruled in 2008 that state law did not preempt such restrictions.§

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Editorial Note

The reduction in state preemption laws described in this report means that, in contrast with previous trends (*5*), states made substantial progress toward achieving the *Healthy People 2010* objective of eliminating state laws preempting such restrictions, and localities in the affected states can now adopt and enforce local ordinances that are stricter than state law. This progress is important because the most comprehensive smoking restrictions often originate at the local level (*1,6*); many states have enacted comprehensive statewide smoke-free laws only after numerous communities have adopted such laws (*1*).

† Entertainment Industry Coalition v. Tacoma-Pierce County Health Department and the Tacoma-Pierce County Board of Health, 105 P.3d 985 (2005).

§ Foothills Brewing Concern, Inc. v. City of Greenville. 660 S.E.2d 264 (2008).

Statewide laws provide broader population coverage than do local laws. As long as state laws do not contain preemptive provisions, they set a minimum standard and allow the continued passage and enforcement of more protective local ordinances (*1,6–8*). However, state legislation that preempts lower-level action can impede local efforts to enact more stringent protections or to tailor laws to address local circumstances (*1,6–9*). State preemptive laws also tend to eliminate the public debate and news media coverage that typically accompany local consideration of smoke-free ordinances, which perform an important educational function and contribute to changes in social norms about smoking (*1,6–8*).

Two factors contributed to the reduction in the number of states with laws preempting local smoking restrictions during the study period. First, fewer states enacted new laws containing preemptive provisions; only two states, Rhode Island and Montana, had such provisions take effect during this period (the Rhode Island law had been enacted in 2004). However, in both cases, the statutes called for preemption to expire on a specified date in conjunction with phasing out exemptions in state smoke-free laws. Instead of preempting local action, recently enacted smoke-free laws often include antipreemption language explicitly enabling local jurisdictions to enact more comprehensive smoking restrictions. Second, several states rescinded preemptive provisions. In 2002, Delaware became the first state to rescind preemption of local smoking restrictions through the legislative process,[¶] and other states subsequently took similar action.

Rulings in state courts also have affected state preemption of local smoke-free policy activity (*10*). In 2005, the Washington State Supreme Court ruled that state law preempted local smoking restrictions that are more stringent than state law. In 2005, Washington voters approved a state ballot measure that prohibited smoking in most public places and workplaces.[**] However, the measure was silent on preemption, leaving the court's ruling in force. In contrast, in 2008, the South Carolina Supreme Court ruled that state law did not preempt local smoking restrictions. Since this ruling, numerous other local jurisdictions in South Carolina have enacted smoke-free laws.

What is already known on this topic?

State legislation that preempts local smoking restrictions impedes community efforts to protect residents from the health effects of secondhand smoke.

What is added by this report?

From December 31, 2004, to December 31, 2009, the number of states preempting local smoking restrictions in at least one of three settings (government work sites, private-sector work sites, and restaurants) decreased sharply, from 19 to 12.

What are the implications for public health practice?

Elimination of state laws preempting local smoking restrictions can result in greater protection from the adverse health effects of secondhand smoke exposure.

The findings in this report are subject to at least one limitation. The language of preemption provisions in state statutes can be ambiguous, and interpretation can be difficult. Ultimately, courts interpret preemption language in statutes, but many provisions are never contested in court. Although the STATE system takes into account court rulings and attempts to make the best interpretation of statutes possible using consultation from attorneys and state attorneys general, a risk for misclassification remains.

Less progress has been made in rescinding state preemptive provisions in other tobacco control policy areas; the STATE system classifies 18 states and 22 states as preempting local restrictions on tobacco advertising and youth access to tobacco products, respectively. The 2009 Family Smoking Prevention and Tobacco Control Act, which gave the Food and Drug Administration authority to regulate tobacco products, partially repeals a preexisting federal provision preempting state and local ability to restrict cigarette advertising and promotion, creating an opportunity for additional local tobacco control policy activity in this area (for example, restrictions on tobacco marketing at the point of sale).[††] State laws preempting local advertising restrictions could emerge as an obstacle to such local action.

Despite the progress reported in this analysis, the remaining state provisions preempting local smoking restrictions can impede community efforts to protect residents from secondhand smoke, especially

¶ Clean Indoor Air Act. Del. Code Ann. Tit. 16 §§ 2901 et seq. (2002). Available at http://delcode.delaware.gov/title16/c029/index.shtml.

** Smoking in Public Places. Revised Code of Washington, Sect. 70.160.020 and 70.160.030 (2005). Available at http://apps.leg.wa.gov/rcw/default.aspx?cite=70.160.

†† Family Smoking Prevention and Tobacco Control Act. Pub. L. No. 111-31 (June 22, 2009). Available at http://www.gpo.gov/fdsys/pkg/PLAW-111publ31/content-detail.html.

in the 10 states with preemption that do not currently have comprehensive state smoke-free laws in effect (all 12 states, with the exception of Utah and Washington). Continued tracking of these preemptive provisions and their impact is needed.

Acknowledgments

This report is based, in part, on contributions by R Patrick, JD, SS Eidson, JD, and L Lineberger, MayaTech Corporation, Silver Spring, Maryland; N Blair, MPH, Div of Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, and JC O'Connor, JD, DrPH, Office of Public Health Preparedness and Response, CDC.

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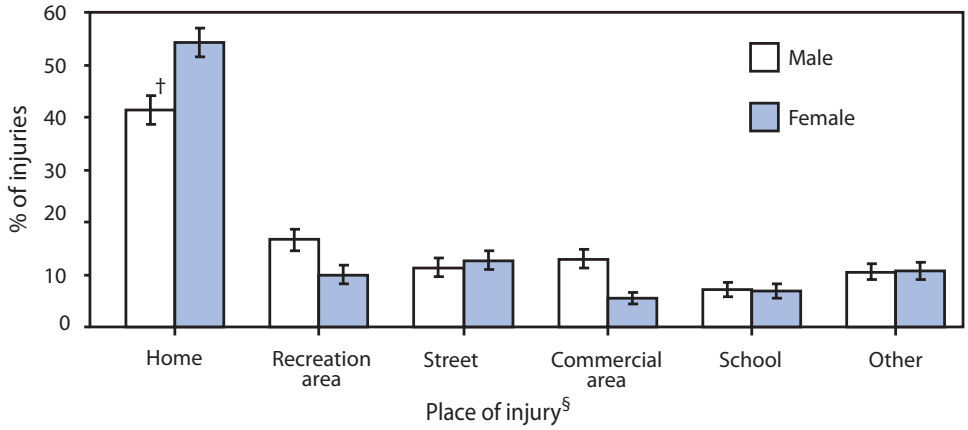
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage Distribution of Injuries,* by Place of Occurrence, Among Males and Females — National Health Interview Survey, United States, 2004–2007



* An injury refers to physical damage to the body from an external cause resulting from a traumatic event or poisoning. Estimates are based on responses to a series of questions asked during a household interview of a sample of the civilian, noninstitutionalized U.S. population and are for nonfatal, medically attended injuries occurring during the 5 weeks preceding the interview.

† 95% confidence interval.

§ Among places of injury, home includes both inside and outside the home; recreation area includes recreation or sports facility, recreation area, lake, river, or pool; street includes highway, sidewalk, or parking lot; commercial area includes industrial, construction, farm, trade, or service area; school includes school, child care center, or preschool; other includes hospital or residential institution, other public building, or other place not specified.

During 2004–2007, an average of 33.5 million injuries were reported each year. Among females, 54% of injuries occurred inside or outside of the home, compared with 42% of injuries among males. Injuries among males were more likely to occur in recreation areas (17%) and commercial areas (13%) than injuries among females.

SOURCE: Chen LH, Warner M, Fingerhut L, Makuc D. Injury episodes and circumstances: National Health Interview Survey, 1997–2007. Vital Health Stat 2009;10(241). Available at http://www.cdc.gov/nchs/data/series/sr_10/sr10_241.pdf.

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 January 30, 2010 (4th week)*

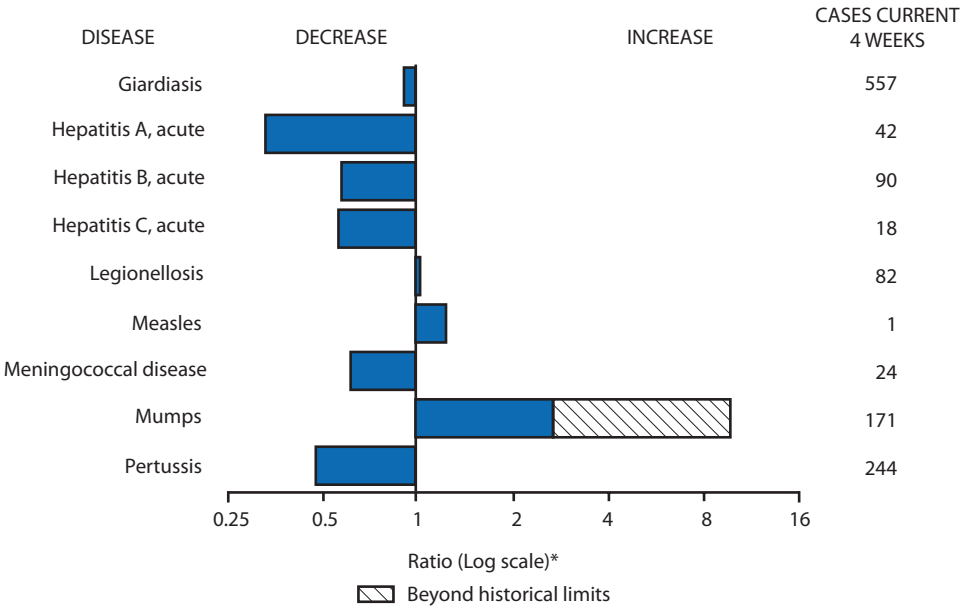
Disease	Current week	Cum 2010	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2009	2008	2007	2006	2005	
Anthrax	—	—	—	—	—	1	1	—	
Botulism, total	—	4	2	98	145	144	165	135	
foodborne	—	—	0	11	17	32	20	19	
infant	—	4	1	64	109	85	97	85	
other (wound and unspecified)	—	—	1	23	19	27	48	31	
Brucellosis	1	2	1	108	80	131	121	120	FL (1)
Chancroid	—	1	1	39	25	23	33	17	
Cholera	—	—	0	8	5	7	9	8	
Cyclosporiasis§	1	2	2	127	139	93	137	543	FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup virus disease	—	—	0	43	62	55	67	80	
Eastern equine encephalitis virus disease	—	—	—	4	4	4	8	21	
Powassan virus disease	—	—	—	1	2	7	1	1	
St. Louis encephalitis virus disease	—	—	0	10	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	—	1	26	30	22	29	9	
nonserotype b	3	9	4	212	244	199	175	135	CO (1), WA (2)
unknown serotype	5	21	4	228	163	180	179	217	PA (1), OH (2), CO (2)
Hansen disease§	3	4	2	59	80	101	66	87	CA (3)
Hantavirus pulmonary syndrome§	—	—	0	13	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal§	—	4	1	225	330	292	288	221	
HIV infection, pediatric (age <13 yrs)††	—	—	2	—	—	—	—	380	
Influenza-associated pediatric mortality§,§§	9	30	2	360	90	77	43	45	MS (1), TX (1), CO (1), CA (6)
Listeriosis	5	23	10	777	759	808	884	896	VT (1), FL (2), OK (1), WA (1)
Measles¶¶	1	1	1	63	140	43	55	66	NY (1)
Meningococcal disease, invasive***:									
A, C, Y, and W-135	—	5	6	281	330	325	318	297	
serogroup B	2	4	3	148	188	167	193	156	OH (1), TX (1)
other serogroup	—	—	1	23	38	35	32	27	
unknown serogroup	8	29	13	474	616	550	651	765	NY (1), SC (1), FL (1), KY (1), OR (1), CA (3)
Mumps	100	183	11	1,285	454	800	6,584	314	NY (99), VA (1)
Novel influenza A virus infections†††	—	—	0	43,771	2	4	NN	NN	
Plague	—	—	0	7	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	—	—	—	—	1	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	NN	NN	
Psittacosis§	—	1	0	9	8	12	21	16	
Q fever, total§,§§§	—	—	1	98	120	171	169	136	
acute	—	—	0	82	106	—	—	—	
chronic	—	—	0	16	14	—	—	—	
Rabies, human	—	—	0	4	2	1	3	2	
Rubella¶¶¶	—	—	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	0	1	—	—	1	1	
SARS-CoV§,****	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	2	2	3	131	157	132	125	129	NY (1), OH (1)
Syphilis, congenital (age <1 yr)	—	—	8	264	431	430	349	329	
Tetanus	—	—	0	16	19	28	41	27	
Toxic-shock syndrome (staphylococcal)§	—	2	1	75	71	92	101	90	
Trichinellosis	—	—	0	12	39	5	15	16	
Tularemia	—	—	0	86	123	137	95	154	
Typhoid fever	4	14	6	339	449	434	353	324	CT (2), VA (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	1	2	0	71	63	37	6	2	VA (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	—	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)§	2	5	2	657	588	549	NN	NN	FL (2)
Viral Hemorrhagic Fever††††	—	—	—	NN	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending January 30, 2010 (4th week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.
* Incidence data for reporting years 2009 and 2010 are provisional, whereas data for 2005 through 2008 are finalized.
† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.
§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.
†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.
§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since April 26, 2009, a total of 272 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 257 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 132 influenza-associated pediatric deaths occurring during the 2008-09 influenza season have been reported.
¶¶ The one measles case reported for the current week was imported.
*** Data for meningococcal disease (all serogroups) are available in Table II.
††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. CDC will report the total number of 2009 pandemic influenza A (H1N1) hospitalizations and deaths weekly on the CDC H1N1 influenza website (http://www.cdc.gov/h1n1flu). In addition, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC during 2009.
§§§ In 2009, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
¶¶¶ No rubella cases were reported for the current week.
**** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.
†††† There were no cases of Viral Hemorrhagic Fever during week one. See Table II for Dengue Hemorrhagic Fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals January 30, 2010, with historical data



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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending January 30, 2010, and January 31, 2009 (4th week)*

Reporting area	*Chlamydia trachomatis* infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	10,965	23,333	27,452	50,953	93,766	47	113	261	243	332
New England	559	760	1,482	2,032	2,177	—	6	23	15	53
Connecticut	—	225	531	81	282	—	0	3	3	38
Maine†	52	47	75	184	242	—	1	4	6	1
Massachusetts	416	377	944	1,432	1,165	—	2	16	—	9
New Hampshire	—	33	58	12	193	—	1	5	2	5
Rhode Island†	62	63	244	232	219	—	0	8	—	—
Vermont†	29	22	63	91	76	—	1	9	4	—
Mid. Atlantic	2,766	3,006	4,299	10,888	11,517	6	14	37	31	36
New Jersey	255	416	838	938	2,114	—	0	5	—	3
New York (Upstate)	606	607	1,735	1,754	1,519	1	3	17	4	11
New York City	1,379	1,171	1,956	5,351	4,714	—	1	5	—	10
Pennsylvania	526	816	988	2,845	3,170	5	9	19	27	12
E.N. Central	1,131	3,370	4,282	6,497	15,915	11	26	54	59	75
Illinois	—	1,044	1,381	98	5,313	—	2	8	2	6
Indiana	—	399	695	685	1,581	—	4	9	—	14
Michigan	767	870	1,332	3,395	3,642	2	5	11	17	18
Ohio	151	498	1,025	1,274	3,881	6	7	16	23	18
Wisconsin	213	389	480	1,045	1,498	3	8	24	17	19
W.N. Central	500	1,327	1,699	2,868	5,160	4	18	61	19	27
Iowa	11	174	256	205	793	1	3	14	4	6
Kansas	12	181	561	406	587	1	2	6	5	4
Minnesota	—	256	338	111	1,171	—	4	34	—	5
Missouri	373	508	638	1,697	1,891	1	3	12	6	5
Nebraska†	104	107	236	436	366	1	2	9	4	3
North Dakota	—	32	92	13	97	—	0	5	—	—
South Dakota	—	52	80	—	255	—	1	10	—	4
S. Atlantic	2,501	4,678	6,208	10,446	16,939	9	18	45	41	76
Delaware	87	87	180	331	390	—	0	2	1	—
District of Columbia	176	123	225	375	497	—	0	1	—	1
Florida	561	1,421	1,671	3,826	5,390	5	8	24	20	24
Georgia	5	699	1,150	20	2,040	3	5	23	16	28
Maryland†	444	438	958	1,081	1,174	—	0	5	—	4
North Carolina	—	716	1,265	—	3,368	—	0	9	—	14
South Carolina†	556	523	1,421	2,056	1,863	1	1	7	2	1
Virginia†	588	602	926	2,519	1,914	—	1	7	1	3
West Virginia	84	69	136	238	303	—	0	2	1	1
E.S. Central	752	1,734	2,221	4,612	6,993	2	4	10	9	7
Alabama†	24	469	629	807	1,764	—	1	5	—	2
Kentucky	171	241	642	736	1,084	2	1	4	5	—
Mississippi	—	431	840	971	1,887	—	0	3	—	2
Tennessee†	557	580	810	2,098	2,258	—	1	5	4	3
W.S. Central	624	2,934	5,803	4,269	12,899	2	8	36	7	8
Arkansas†	245	269	416	818	1,192	1	1	5	1	1
Louisiana	365	532	1,129	1,697	2,676	—	0	6	—	—
Oklahoma	14	179	2,714	1,754	614	1	2	9	1	1
Texas†	—	1,994	2,519	—	8,417	—	5	21	5	6
Mountain	473	1,419	2,093	1,651	5,454	4	9	26	33	23
Arizona	121	497	755	423	1,547	—	1	3	2	4
Colorado	—	266	689	—	1,698	2	2	10	12	5
Idaho†	55	67	184	127	274	2	1	7	8	2
Montana†	25	55	86	172	262	—	1	4	4	2
Nevada†	272	170	477	716	767	—	0	2	1	—
New Mexico†	—	175	344	42	261	—	2	8	3	8
Utah	—	110	160	171	503	—	0	3	2	—
Wyoming†	—	34	69	—	142	—	0	2	1	2
Pacific	1,659	3,563	4,706	7,690	16,712	9	14	26	29	27
Alaska	—	98	137	246	470	—	0	1	1	1
California	1,109	2,692	3,609	5,460	13,222	7	8	20	16	14
Hawaii	—	119	147	135	466	—	0	1	—	—
Oregon	249	217	468	731	672	1	3	9	8	10
Washington	301	395	571	1,118	1,882	1	1	7	4	2
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	133	331	260	557	N	0	0	N	N
U.S. Virgin Islands	—	10	17	—	8	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 30, 2010, and January 31, 2009 (4th week)*

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

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 30, 2010, and January 31, 2009 (4th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	2	11	64	5	8	—	13	52	2	1	—	2	12	—	1
New England	—	0	4	—	—	—	1	21	1	—	—	0	2	—	—
Connecticut	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Maine§	—	0	1	—	—	—	0	3	1	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	3	—	—	—	0	1	—	—
Rhode Island§	—	0	4	—	—	—	0	20	—	—	—	0	1	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	2	11	—	—	—	3	21	—	—	—	0	2	—	—
New Jersey	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	1	11	—	—	—	3	20	—	—	—	0	1	—	—
New York City	—	0	3	—	—	—	0	1	—	—	—	0	2	—	—
Pennsylvania	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
E.N. Central	—	1	8	—	—	—	3	22	—	—	—	1	8	—	—
Illinois	—	0	4	—	—	—	0	1	—	—	—	0	1	—	—
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	7	—	—
Michigan	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	5	—	—	—	3	22	—	—	—	0	3	—	—
W.N. Central	—	2	24	—	—	—	0	28	—	—	—	0	5	—	—
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	3	—	—	—	0	28	—	—	—	0	5	—	—
Missouri	—	1	22	—	—	—	0	1	—	—	—	0	3	—	—
Nebraska§	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	2	3	24	5	6	—	0	2	1	1	—	0	2	—	—
Delaware	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	1	1	—	0	1	—	—	—	0	0	—	—
Georgia	—	0	2	—	—	—	0	1	1	—	—	0	0	—	—
Maryland§	2	1	4	4	2	—	0	1	—	1	—	0	1	—	—
North Carolina	—	0	4	—	3	—	0	1	—	—	—	0	0	—	—
South Carolina§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Virginia§	—	0	14	—	—	—	0	1	—	—	—	0	2	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	1	11	—	2	—	0	1	—	—	—	0	6	—	1
Alabama§	—	0	3	—	—	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Tennessee§	—	1	11	—	2	—	0	1	—	—	—	0	6	—	1
W.S. Central	—	0	9	—	—	—	0	1	—	—	—	0	0	—	—
Arkansas§	—	0	5	—	—	—	0	0	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	8	—	—	—	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	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Cumulative total *E. ewingii* cases reported as of this week = 0.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 30, 2010, and January 31, 2009 (4th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	182	331	509	723	1,077	2,613	5,564	6,891	12,697	23,914	28	56	102	159	276
New England	7	30	64	32	83	73	97	210	270	258	2	3	12	3	13
Connecticut	—	5	15	6	19	—	48	106	48	76	—	0	9	—	—
Maine§	4	4	13	13	12	11	3	9	25	8	—	0	2	—	2
Massachusetts	—	13	36	—	32	54	38	112	156	144	—	2	8	—	9
New Hampshire	—	3	11	3	7	2	2	6	14	9	2	0	1	3	2
Rhode Island§	—	1	6	—	3	6	6	19	23	19	—	0	2	—	—
Vermont§	3	3	14	10	10	—	1	5	4	2	—	0	1	—	—
Mid. Atlantic	25	61	100	119	211	520	588	840	2,357	2,368	8	12	25	41	43
New Jersey	—	3	12	—	38	54	89	124	275	382	—	2	7	3	6
New York (Upstate)	19	25	54	55	60	85	106	266	284	344	4	3	15	13	10
New York City	—	15	26	19	68	279	212	371	1,075	872	—	2	11	4	3
Pennsylvania	6	15	35	45	45	102	193	274	723	770	4	4	10	21	24
E.N. Central	26	45	74	109	177	398	1,046	1,342	1,894	5,038	4	11	29	19	82
Illinois	—	10	21	7	43	—	335	390	35	1,668	—	3	8	3	19
Indiana	N	0	0	N	N	—	130	206	227	571	—	1	5	—	8
Michigan	1	11	24	23	38	288	261	501	1,134	1,262	—	0	3	—	2
Ohio	18	15	28	60	61	40	169	333	267	1,131	4	2	6	15	15
Wisconsin	7	8	19	19	35	70	94	146	231	406	—	4	21	1	38
W.N. Central	16	24	145	71	95	110	274	356	653	1,225	1	3	12	10	14
Iowa	3	6	15	15	25	2	32	47	35	120	—	0	0	—	—
Kansas	2	3	14	15	12	3	43	84	53	162	1	0	2	2	1
Minnesota	—	0	124	—	—	—	40	65	17	210	—	0	9	—	3
Missouri	10	9	27	26	32	83	124	172	451	594	—	1	6	7	6
Nebraska§	1	3	9	13	17	22	23	55	96	88	—	0	4	1	3
North Dakota	—	0	8	—	—	—	2	14	1	5	—	0	2	—	1
South Dakota	—	0	5	2	9	—	5	14	—	46	—	0	0	—	—
S. Atlantic	44	71	109	176	240	784	1,380	1,784	3,160	5,357	4	13	31	38	63
Delaware	—	0	3	2	3	27	18	37	64	65	—	0	1	—	—
District of Columbia	—	0	5	—	5	63	48	88	147	242	—	0	1	—	—
Florida	28	37	59	122	129	176	410	476	1,226	1,683	2	4	10	12	19
Georgia	—	10	67	—	53	3	228	465	11	727	—	3	7	13	16
Maryland§	3	5	13	18	20	117	119	225	329	341	1	1	6	2	7
North Carolina	N	0	0	N	N	—	240	377	—	1,190	—	0	17	—	9
South Carolina§	3	2	8	9	5	172	159	412	640	577	1	1	7	11	1
Virginia§	10	8	20	22	24	216	150	272	707	467	—	1	5	—	7
West Virginia	—	1	5	3	1	10	9	21	36	65	—	0	3	—	4
E.S. Central	6	8	22	11	22	198	483	649	1,384	2,276	—	3	12	10	15
Alabama§	3	4	13	6	13	13	134	186	294	583	—	1	4	—	3
Kentucky	N	0	0	N	N	48	60	156	208	346	—	0	5	1	1
Mississippi	N	0	0	N	N	—	134	252	299	618	—	0	1	—	1
Tennessee§	3	4	18	5	9	137	154	220	583	729	—	2	10	9	10
W.S. Central	5	7	19	15	21	160	862	1,556	1,242	3,977	2	2	7	3	9
Arkansas§	3	2	9	7	3	53	86	139	231	348	—	0	3	—	1
Louisiana	—	1	7	—	14	103	167	418	544	941	—	0	1	—	3
Oklahoma	2	3	10	8	4	4	61	613	467	203	2	1	5	3	5
Texas§	N	0	0	N	N	—	548	695	—	2,485	—	0	2	—	—
Mountain	18	27	61	73	103	94	174	236	216	674	5	5	11	28	28
Arizona	1	4	7	9	16	20	58	91	57	203	—	1	8	9	16
Colorado	9	8	26	33	25	—	39	106	—	234	4	1	6	9	6
Idaho§	6	3	10	12	9	1	2	8	5	11	1	0	1	2	1
Montana§	1	2	11	3	13	1	1	5	4	6	—	0	1	—	—
Nevada§	—	1	10	3	1	72	28	93	146	113	—	0	2	2	—
New Mexico§	—	1	8	—	8	—	21	34	4	67	—	0	4	5	2
Utah	—	5	13	6	25	—	6	12	—	33	—	1	2	—	3
Wyoming§	1	1	5	7	6	—	1	7	—	7	—	0	1	1	—
Pacific	35	51	102	117	125	276	541	693	1,521	2,741	2	2	8	7	9
Alaska	—	2	7	5	3	—	18	32	43	75	—	0	3	2	2
California	28	35	61	73	92	218	444	567	1,251	2,325	—	0	4	—	2
Hawaii	—	0	2	—	1	—	12	24	29	40	—	0	3	—	3
Oregon	2	7	18	26	21	19	20	44	65	89	—	1	4	3	2
Washington	5	7	54	13	8	39	42	71	133	212	2	0	4	2	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	2	10	1	7	—	4	24	6	16	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	2	7	—	3	N	0	0	N	N

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 30, 2010, and January 31, 2009 (4th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	16	37	57	61	135	31	62	89	117	270	6	17	36	30	66
New England	1	2	5	3	6	—	1	3	3	4	1	1	5	4	8
Connecticut	1	0	2	3	—	—	0	3	3	2	1	1	4	4	5
Maine†	—	0	1	—	—	—	0	2	—	—	—	0	2	—	—
Massachusetts	—	1	4	—	5	—	0	2	—	2	—	0	2	—	2
New Hampshire	—	0	1	—	1	—	0	1	—	—	—	0	0	—	—
Rhode Island†	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Vermont†	—	0	1	—	—	—	0	0	—	—	—	0	0	—	1
Mid. Atlantic	1	5	10	8	18	3	5	16	8	26	—	2	7	2	10
New Jersey	—	1	5	1	6	—	1	6	—	5	—	0	1	—	1
New York (Upstate)	1	1	3	1	4	2	1	5	3	9	—	1	4	2	1
New York City	—	2	5	3	4	—	1	5	1	3	—	0	0	—	—
Pennsylvania	—	1	6	3	4	1	2	8	4	9	—	0	4	—	8
E.N. Central	5	4	19	13	27	4	7	15	12	55	1	3	14	6	18
Illinois	—	2	13	—	13	—	1	7	—	9	—	0	1	—	2
Indiana	—	0	4	—	2	—	1	5	—	7	—	0	4	—	1
Michigan	1	1	4	5	6	2	2	6	4	11	1	3	12	6	10
Ohio	4	0	3	6	5	2	1	5	8	24	—	0	5	—	4
Wisconsin	—	0	4	2	1	—	0	4	—	4	—	0	2	—	1
W.N. Central	—	2	7	1	5	—	3	8	4	16	2	0	4	2	—
Iowa	—	0	3	—	—	—	0	3	—	5	—	0	4	—	—
Kansas	—	0	2	—	—	—	0	2	—	—	—	0	1	—	—
Minnesota	—	0	4	—	1	—	0	7	—	1	—	0	2	—	—
Missouri	—	0	3	1	4	—	1	5	3	7	2	0	1	2	—
Nebraska†	—	0	3	—	—	—	0	2	1	3	—	0	1	—	—
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
S. Atlantic	3	9	14	13	32	15	16	32	48	74	1	3	12	3	6
Delaware	—	0	1	—	—	U	0	0	U	U	U	0	0	U	U
District of Columbia	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Florida	1	3	9	4	18	7	6	13	26	23	1	1	4	1	1
Georgia	1	1	3	2	6	2	3	7	13	21	—	0	3	—	1
Maryland†	—	1	3	1	6	1	1	5	1	7	—	0	3	2	2
North Carolina	—	0	7	—	2	—	0	19	—	15	—	0	10	—	—
South Carolina†	—	1	4	5	—	—	1	4	—	—	—	0	1	—	—
Virginia†	1	1	3	1	—	3	1	6	6	6	—	0	2	—	1
West Virginia	—	0	2	—	—	2	0	19	2	2	—	0	2	—	1
E.S. Central	1	1	3	3	5	2	7	11	21	33	—	2	5	5	14
Alabama†	1	0	2	2	1	—	1	7	5	12	—	0	2	—	—
Kentucky	—	0	2	—	—	1	2	6	9	8	—	1	5	5	9
Mississippi	—	0	1	—	3	—	1	2	—	2	—	0	0	—	—
Tennessee†	—	0	2	1	1	1	2	5	7	11	—	0	3	—	5
W.S. Central	3	3	12	5	7	—	10	18	7	27	—	1	6	2	1
Arkansas†	—	0	1	—	1	—	1	4	—	2	—	0	1	—	—
Louisiana	—	0	1	—	1	—	0	4	—	6	—	0	1	—	—
Oklahoma	—	0	3	—	—	—	2	8	1	4	—	0	4	—	—
Texas†	3	3	12	5	5	—	6	12	6	15	—	0	4	2	1
Mountain	1	3	8	10	9	—	2	6	4	13	—	1	4	1	4
Arizona	1	1	5	7	6	—	0	3	—	6	—	0	0	—	—
Colorado	—	1	5	2	2	—	0	2	—	3	—	0	3	—	2
Idaho†	—	0	1	1	—	—	0	2	—	—	—	0	1	—	—
Montana†	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Nevada†	—	0	2	—	—	—	0	3	4	—	—	0	1	—	—
New Mexico†	—	0	1	—	—	—	0	2	—	3	—	0	2	—	2
Utah	—	0	2	—	1	—	0	1	—	1	—	0	2	1	—
Wyoming†	—	0	1	—	—	—	0	2	—	—	—	0	0	—	—
Pacific	1	5	17	5	26	7	5	17	10	22	1	1	4	5	5
Alaska	—	0	1	—	—	—	0	1	1	—	—	0	2	—	—
California	1	5	16	4	24	6	4	10	8	20	1	1	4	3	2
Hawaii	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
Oregon	—	0	2	1	1	1	1	4	1	2	—	0	3	2	2
Washington	—	1	3	—	—	—	0	7	—	—	—	0	3	—	1
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	2	—	2	—	0	5	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 30, 2010, and January 31, 2009 (4th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	24	55	163	121	146	83	345	1,978	326	532	14	22	48	52	79
New England	—	3	18	3	4	1	66	486	6	92	—	1	4	—	6
Connecticut	—	1	5	2	2	—	0	0	—	—	—	0	3	—	—
Maine†	—	0	3	—	—	1	11	76	2	—	—	0	1	—	—
Massachusetts	—	1	9	—	2	—	29	327	—	58	—	0	3	—	5
New Hampshire	—	0	2	1	—	—	14	89	—	21	—	0	1	—	—
Rhode Island†	—	0	4	—	—	—	1	28	—	—	—	0	1	—	—
Vermont†	—	0	1	—	—	—	5	42	4	13	—	0	1	—	1
Mid. Atlantic	6	15	69	20	39	32	182	1,096	166	238	1	6	13	12	14
New Jersey	—	2	13	—	4	—	38	378	14	97	—	0	1	—	—
New York (Upstate)	4	5	29	11	14	22	53	273	36	23	1	1	4	5	4
New York City	—	3	20	—	2	—	2	25	—	6	—	4	11	3	7
Pennsylvania	2	6	25	9	19	10	92	637	116	112	—	1	4	4	3
E.N. Central	2	9	38	19	33	—	23	223	12	40	1	3	10	2	11
Illinois	—	1	10	1	1	—	1	11	—	—	—	1	5	—	4
Indiana	—	1	4	—	3	—	1	6	1	—	—	0	3	—	2
Michigan	—	2	11	2	7	—	1	10	1	—	1	0	3	1	2
Ohio	2	4	17	15	19	—	1	5	1	2	—	1	6	1	3
Wisconsin	—	1	5	1	3	—	20	205	9	38	—	0	1	—	—
W.N. Central	—	2	10	1	1	—	5	49	—	4	3	1	8	7	5
Iowa	—	0	2	—	—	—	1	14	—	2	—	0	1	1	2
Kansas	—	0	1	—	1	—	0	2	—	1	—	0	1	1	1
Minnesota	—	0	9	—	—	—	0	49	—	—	—	0	8	—	1
Missouri	—	1	5	1	—	—	0	1	—	—	1	0	2	2	1
Nebraska†	—	0	2	—	—	—	0	3	—	—	2	0	1	3	—
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	1	—	1	—	0	1	—	—
S. Atlantic	7	10	21	31	41	45	60	237	127	146	5	6	17	24	22
Delaware	—	0	5	2	—	7	13	65	34	33	—	0	1	—	1
District of Columbia	—	0	2	—	1	—	0	5	—	—	—	0	2	—	—
Florida	5	3	10	14	13	1	2	11	7	3	4	2	7	13	5
Georgia	2	1	4	3	9	—	1	6	1	1	—	1	5	2	4
Maryland†	—	3	12	7	7	36	25	125	54	91	—	1	13	5	5
North Carolina	—	0	5	—	11	—	0	14	—	2	—	0	5	—	3
South Carolina†	—	0	2	—	—	—	0	3	1	2	—	0	1	—	1
Virginia†	—	1	5	4	—	1	10	49	29	14	1	1	5	4	3
West Virginia	—	0	2	1	—	—	0	33	1	—	—	0	1	—	—
E.S. Central	—	2	12	9	11	1	1	4	6	—	—	0	3	2	5
Alabama†	—	0	2	—	2	—	0	1	—	—	—	0	3	1	1
Kentucky	—	1	3	3	2	1	0	1	1	—	—	0	3	1	—
Mississippi	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Tennessee†	—	1	9	6	7	—	1	4	5	—	—	0	3	—	4
W.S. Central	1	2	7	4	1	—	2	10	—	—	—	1	10	—	1
Arkansas†	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Louisiana	—	0	2	—	1	—	0	0	—	—	—	0	1	—	1
Oklahoma	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Texas†	1	2	6	4	—	—	2	10	—	—	—	1	9	—	—
Mountain	2	3	8	8	9	—	1	4	3	1	1	0	6	1	3
Arizona	—	1	3	4	4	—	0	2	—	—	1	0	2	1	—
Colorado	2	0	4	2	—	—	0	1	1	—	—	0	3	—	1
Idaho†	—	0	2	—	—	—	0	3	1	—	—	0	1	—	—
Montana†	—	0	2	—	—	—	0	1	—	—	—	0	3	—	—
Nevada†	—	0	1	2	3	—	0	1	—	—	—	0	0	—	—
New Mexico†	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Utah	—	0	4	—	2	—	0	1	1	1	—	0	2	—	2
Wyoming†	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Pacific	6	3	19	26	7	4	3	11	6	11	3	2	12	4	12
Alaska	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
California	6	3	19	26	7	3	2	10	5	10	2	2	8	3	10
Hawaii	—	0	1	—	—	N	0	0	N	N	—	0	1	—	—
Oregon	—	0	2	—	—	1	0	4	1	1	—	0	2	—	1
Washington	—	0	4	—	—	—	0	3	—	—	1	0	3	1	1
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	N	0	0	N	N	—	0	1	—	1
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 30, 2010, and January 31, 2009 (4th week)*

Reporting area	Meningococcal disease, invasive† All groups					Pertussis					Rabies, animal				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	10	17	33	38	62	87	269	748	359	964	21	64	140	73	362
New England	—	0	4	—	1	—	11	24	1	64	3	6	24	13	16
Connecticut	—	0	2	—	—	—	1	4	—	4	—	2	22	2	7
Maine§	—	0	1	—	—	—	1	10	—	15	2	1	4	5	2
Massachusetts	—	0	3	—	1	—	7	16	—	36	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	1	7	1	6	1	0	3	2	2
Rhode Island§	—	0	1	—	—	—	0	7	—	1	—	1	7	—	3
Vermont§	—	0	1	—	—	—	0	1	—	2	—	1	5	4	2
Mid. Atlantic	1	2	6	7	4	6	21	38	27	75	7	10	23	23	46
New Jersey	—	0	2	—	—	—	2	11	—	20	—	0	0	—	—
New York (Upstate)	1	0	3	2	—	3	4	23	6	11	7	7	22	23	19
New York City	—	0	2	2	2	—	1	11	—	—	—	0	3	—	—
Pennsylvania	—	1	4	3	2	3	11	29	21	44	—	0	16	—	27
E.N. Central	1	3	10	5	15	31	52	100	126	283	1	2	19	3	4
Illinois	—	1	4	1	3	—	11	29	—	78	—	1	9	—	1
Indiana	—	0	3	1	1	—	6	15	—	41	—	0	6	—	1
Michigan	—	0	5	1	1	4	14	40	29	60	—	1	6	1	2
Ohio	1	1	3	2	6	27	19	49	96	89	1	0	5	2	—
Wisconsin	—	0	3	—	4	—	3	12	1	15	N	0	0	N	N
W.N. Central	—	2	6	2	7	9	31	335	36	202	2	7	18	8	8
Iowa	—	0	2	—	1	—	3	10	—	19	—	0	3	—	—
Kansas	—	0	2	—	1	—	4	12	3	13	—	1	6	5	5
Minnesota	—	0	2	—	2	—	0	332	—	—	—	0	11	—	—
Missouri	—	0	3	2	3	9	17	47	26	145	—	1	5	1	—
Nebraska§	—	0	1	—	—	—	2	9	7	21	2	1	6	2	1
North Dakota	—	0	1	—	—	—	0	12	—	—	—	0	7	—	1
South Dakota	—	0	1	—	—	—	0	6	—	4	—	0	4	—	1
S. Atlantic	2	3	10	11	11	18	28	71	44	120	7	24	102	15	251
Delaware	—	0	1	1	—	—	0	2	—	4	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	—	2	—	0	0	—	—
Florida	1	1	4	6	5	6	7	29	18	35	4	0	20	9	153
Georgia	—	0	2	1	1	1	3	11	5	16	—	0	72	—	47
Maryland§	—	0	2	—	—	1	2	8	6	5	—	7	15	—	22
North Carolina	—	0	10	—	3	—	0	65	—	35	N	0	4	N	N
South Carolina§	1	0	1	1	1	10	4	18	14	10	—	0	0	—	—
Virginia§	—	0	2	2	1	—	3	13	—	13	—	10	26	—	25
West Virginia	—	0	2	—	—	—	0	5	1	—	3	2	6	6	4
E.S. Central	1	0	4	2	1	1	14	30	37	69	—	1	6	—	15
Alabama§	—	0	1	—	—	1	4	19	7	9	—	0	0	—	—
Kentucky	1	0	1	2	—	—	3	15	19	40	—	1	2	—	7
Mississippi	—	0	1	—	—	—	1	5	—	9	—	0	1	—	—
Tennessee§	—	0	2	—	1	—	3	9	11	11	—	0	4	—	8
W.S. Central	1	1	8	1	5	12	63	292	28	40	—	0	13	—	3
Arkansas§	—	0	2	—	2	—	5	23	—	6	—	0	10	—	2
Louisiana	—	0	3	—	2	—	1	8	—	9	—	0	0	—	—
Oklahoma	—	0	2	—	—	—	0	32	—	3	—	0	13	—	1
Texas§	1	1	6	1	1	12	55	290	28	22	—	0	1	—	—
Mountain	—	1	4	1	3	7	17	33	50	86	—	1	6	2	9
Arizona	—	0	2	1	—	—	5	11	16	13	N	0	0	N	N
Colorado	—	0	3	—	1	1	4	12	10	27	—	0	0	—	—
Idaho§	—	0	1	—	1	6	1	19	22	5	—	0	0	—	—
Montana§	—	0	2	—	—	—	1	6	1	—	—	0	4	—	1
Nevada§	—	0	1	—	1	—	0	3	—	2	—	0	1	—	—
New Mexico§	—	0	1	—	—	—	1	6	1	6	—	0	2	—	2
Utah	—	0	1	—	—	—	3	16	—	33	—	0	2	—	—
Wyoming§	—	0	2	—	—	—	0	5	—	—	—	0	4	2	6
Pacific	4	3	9	9	15	3	22	44	10	25	1	4	12	9	10
Alaska	—	0	2	—	1	—	1	4	2	7	—	0	3	4	3
California	3	2	6	6	7	1	11	22	1	5	1	4	12	4	7
Hawaii	—	0	1	—	1	—	0	3	—	1	—	0	0	—	—
Oregon	1	0	6	3	3	2	4	14	7	11	—	0	3	1	—
Washington	—	0	6	—	3	—	5	26	—	1	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	1	—	—	—	1	3	3	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 30, 2010, and January 31, 2009 (4th week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	281	841	1,377	1,413	2,875	22	82	152	79	254	144	285	495	612	1,211
New England	2	30	89	20	503	—	3	30	1	72	—	4	27	5	54
Connecticut	—	0	11	11	406	—	0	1	1	65	—	0	3	3	40
Maine§	1	2	7	3	9	—	0	3	—	—	—	0	2	1	1
Massachusetts	—	22	51	—	63	—	2	7	—	6	—	3	27	—	11
New Hampshire	1	3	42	5	13	—	0	3	—	1	—	0	4	1	1
Rhode Island§	—	1	11	—	9	—	0	26	—	—	—	0	7	—	1
Vermont§	—	1	5	1	3	—	0	3	—	—	—	0	1	—	—
Mid. Atlantic	21	89	206	157	268	3	6	21	8	21	11	56	87	92	233
New Jersey	—	13	46	2	45	—	0	4	—	5	—	7	27	1	88
New York (Upstate)	11	23	70	43	46	3	3	9	4	5	2	4	15	10	6
New York City	—	23	46	42	79	—	1	5	1	5	—	8	15	13	51
Pennsylvania	10	29	65	70	98	—	2	8	3	6	9	27	63	68	88
E.N. Central	13	91	152	92	403	2	15	36	8	39	9	45	91	40	337
Illinois	—	24	52	4	92	—	3	10	—	14	—	11	34	3	65
Indiana	—	5	19	—	26	—	1	8	—	4	—	1	5	—	7
Michigan	2	17	34	22	82	—	3	8	2	6	1	4	11	2	35
Ohio	11	25	52	61	129	2	2	11	4	5	7	17	51	32	185
Wisconsin	—	12	30	5	74	—	5	21	2	10	1	6	26	3	45
W.N. Central	13	47	86	76	131	1	12	39	12	20	50	26	86	216	49
Iowa	1	7	16	4	15	—	2	14	—	7	—	0	8	1	22
Kansas	1	6	22	14	23	—	1	5	3	1	2	3	13	10	16
Minnesota	—	11	30	—	29	—	2	19	—	4	—	1	7	—	5
Missouri	11	12	30	48	39	1	2	10	6	5	47	17	72	204	4
Nebraska§	—	5	41	10	13	—	1	6	3	3	1	0	3	1	1
North Dakota	—	0	21	—	—	—	0	3	—	—	—	0	2	—	—
South Dakota	—	1	22	—	12	—	0	12	—	—	—	0	1	—	1
S. Atlantic	152	276	453	678	723	7	12	22	23	44	26	43	79	110	184
Delaware	1	2	9	3	—	—	0	2	—	1	1	3	10	9	2
District of Columbia	—	0	5	—	4	—	0	1	—	1	—	0	2	—	2
Florida	69	133	278	314	294	3	3	7	8	11	13	9	24	37	55
Georgia	21	45	98	123	123	—	1	4	2	6	5	12	29	43	44
Maryland§	9	15	32	36	48	2	2	5	8	9	4	6	19	6	21
North Carolina	32	16	89	120	153	—	1	11	—	13	—	4	27	6	33
South Carolina§	9	17	67	41	49	—	0	3	—	1	1	2	8	6	10
Virginia§	9	20	48	36	48	2	2	7	5	2	2	3	12	3	17
West Virginia	2	4	23	5	4	—	0	5	—	—	—	0	3	—	—
E.S. Central	11	52	113	79	171	—	4	12	4	9	7	13	46	21	77
Alabama§	2	14	39	29	54	—	1	4	4	2	—	2	9	1	25
Kentucky	2	7	18	22	34	—	1	4	—	4	6	3	25	14	8
Mississippi	—	14	45	—	36	—	0	1	—	—	—	1	4	—	4
Tennessee§	7	14	33	28	47	—	1	10	—	3	1	6	16	6	40
W.S. Central	7	94	216	19	140	2	5	15	6	5	20	48	149	55	121
Arkansas§	2	10	25	8	24	1	1	4	2	2	1	6	14	5	8
Louisiana	—	6	43	—	31	—	0	0	—	—	—	1	8	—	19
Oklahoma	5	11	30	11	11	1	0	6	1	—	5	5	19	7	10
Texas§	—	57	150	—	74	—	4	11	3	3	14	33	123	43	84
Mountain	22	53	129	113	202	3	9	26	9	22	2	18	49	28	88
Arizona	2	19	50	25	82	—	1	4	1	1	1	13	42	9	53
Colorado	15	10	33	42	41	1	3	13	3	12	—	2	6	12	12
Idaho§	3	3	10	12	15	2	1	7	4	2	1	0	2	1	—
Montana§	—	2	7	13	7	—	0	7	—	—	—	0	5	1	—
Nevada§	2	3	11	7	12	—	0	3	1	—	—	1	7	1	13
New Mexico§	—	6	28	7	15	—	1	3	—	4	—	1	8	2	10
Utah	—	6	14	3	28	—	1	11	—	2	—	0	3	2	—
Wyoming§	—	1	9	4	2	—	0	2	—	1	—	0	1	—	—
Pacific	40	127	240	179	334	4	8	49	8	22	19	23	48	45	68
Alaska	—	1	7	5	4	—	0	0	—	—	—	0	2	—	—
California	35	95	150	145	259	3	4	15	5	20	17	18	41	40	62
Hawaii	—	4	59	—	34	—	0	2	—	1	—	0	4	—	3
Oregon	—	8	19	21	26	1	1	11	3	—	—	1	4	1	2
Washington	5	12	90	8	11	—	2	33	—	1	2	2	16	4	1
American Samoa	—	0	0	—	—	—	0	0	—	—	—	1	2	—	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	5	6	21	13	33	—	0	0	—	—	—	0	2	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 30, 2010, and January 31, 2009 (4th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF)†									
	Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	—	2	9	4	3	—	18	74	18	50
New England	—	0	1	—	—	—	0	2	—	1
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	2	—	1
Massachusetts	—	0	0	—	—	—	0	1	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	0	3	—	—	—	1	6	—	—
New Jersey	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	1	—	—	—	0	3	—	—
New York City	—	0	1	—	—	—	0	4	—	—
Pennsylvania	—	0	2	—	—	—	0	2	—	—
E.N. Central	—	0	2	—	1	—	1	7	—	1
Illinois	—	0	0	—	—	—	0	6	—	1
Indiana	—	0	2	—	—	—	0	2	—	—
Michigan	—	0	1	—	1	—	0	1	—	—
Ohio	—	0	0	—	—	—	0	4	—	—
Wisconsin	—	0	0	—	—	—	0	1	—	—
W.N. Central	—	0	3	—	—	—	3	27	—	—
Iowa	—	0	1	—	—	—	0	1	—	—
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	—	0	1	—	—	—	3	26	—	—
Nebraska§	—	0	2	—	—	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	9	4	1	—	6	26	16	39
Delaware	—	0	0	—	—	—	0	3	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	—	—	—	0	2	—	—
Georgia	—	0	7	4	1	—	0	0	—	—
Maryland§	—	0	2	—	—	—	0	3	—	5
North Carolina	—	0	1	—	—	—	3	24	15	30
South Carolina§	—	0	1	—	—	—	0	4	1	2
Virginia§	—	0	1	—	—	—	0	5	—	2
West Virginia	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	0	2	—	1	—	3	15	—	7
Alabama§	—	0	2	—	—	—	1	7	—	3
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	0	—	1	—	0	1	—	—
Tennessee§	—	0	2	—	—	—	2	14	—	4
W.S. Central	—	0	3	—	—	—	1	25	1	1
Arkansas§	—	0	0	—	—	—	0	14	—	1
Louisiana	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	3	—	—	—	0	24	—	—
Texas§	—	0	1	—	—	—	0	3	1	—
Mountain	—	0	2	—	—	—	0	1	1	1
Arizona	—	0	0	—	—	—	0	1	1	—
Colorado	—	0	1	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	1	—	—
Montana§	—	0	1	—	—	—	0	1	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	1	—	—
Utah	—	0	0	—	—	—	0	0	—	1
Wyoming§	—	0	1	—	—	—	0	1	—	—
Pacific	—	0	1	—	—	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	—	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 30, 2010, and January 31, 2009 (4th week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	172	54	318	867	283	24	45	84	111	179	103	269	328	460	1,101
New England	4	1	50	27	5	—	1	23	2	5	4	6	15	19	27
Connecticut	—	0	50	—	—	—	0	22	—	—	—	1	9	1	2
Maine§	—	0	4	5	1	—	0	2	1	—	1	0	1	1	—
Massachusetts	—	0	1	—	—	—	1	5	—	3	2	4	10	13	20
New Hampshire	3	0	5	12	1	—	0	2	1	1	—	0	2	1	5
Rhode Island§	—	0	4	—	—	—	0	1	—	—	1	0	5	3	—
Vermont§	1	0	3	10	3	—	0	1	—	1	—	0	0	—	—
Mid. Atlantic	7	3	19	45	10	3	5	23	16	9	41	33	50	119	139
New Jersey	—	0	3	4	—	—	0	4	3	3	1	3	13	11	17
New York (Upstate)	3	2	16	14	4	2	2	13	8	6	1	2	8	2	3
New York City	—	0	1	—	—	—	0	11	—	—	30	21	39	84	93
Pennsylvania	4	1	16	27	6	1	0	4	5	—	9	6	14	22	26
E.N. Central	13	13	54	109	56	—	7	15	15	36	5	25	45	40	97
Illinois	—	0	0	—	—	—	1	4	—	7	—	11	32	3	56
Indiana	—	4	11	11	11	—	1	4	1	2	—	2	10	7	9
Michigan	1	0	20	34	3	—	1	4	5	5	5	4	13	21	16
Ohio	8	8	18	37	42	—	2	7	5	14	—	6	12	9	11
Wisconsin	4	0	9	27	—	—	1	3	4	8	—	0	3	—	5
W.N. Central	4	3	10	28	15	1	3	13	5	10	1	6	12	6	32
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	—	2
Kansas	—	1	5	3	8	—	0	2	—	3	—	0	3	—	—
Minnesota	—	0	0	—	—	—	0	10	—	2	—	1	4	—	10
Missouri	2	1	7	13	7	1	0	5	3	5	1	3	8	6	18
Nebraska§	2	0	5	12	—	—	0	2	2	—	—	0	3	—	2
North Dakota	—	0	3	—	—	—	0	3	—	—	—	0	1	—	—
South Dakota	—	0	2	—	—	—	0	2	—	—	—	0	1	—	—
S. Atlantic	80	26	103	317	146	7	11	22	30	55	21	63	97	115	206
Delaware	—	0	2	2	1	—	0	2	—	—	—	0	3	—	5
District of Columbia	—	0	0	—	—	—	0	0	—	—	3	3	8	10	21
Florida	54	14	45	154	84	5	3	11	11	13	2	19	32	22	92
Georgia	4	8	25	39	51	1	3	10	9	18	—	14	37	1	12
Maryland§	8	0	18	48	1	—	1	7	1	8	3	6	12	13	14
North Carolina	—	0	0	—	—	—	0	0	—	—	4	9	31	39	45
South Carolina§	13	0	24	67	—	1	1	4	8	7	2	2	6	12	6
Virginia§	—	0	0	—	—	—	0	4	—	7	7	6	15	18	10
West Virginia	1	1	13	7	9	—	0	3	1	2	—	0	2	—	1
E.S. Central	13	4	34	86	28	2	2	11	9	14	14	22	37	41	96
Alabama§	—	0	0	—	—	—	0	0	—	—	—	7	18	8	42
Kentucky	—	1	5	7	9	—	0	2	1	2	4	1	13	7	6
Mississippi	—	0	1	—	1	—	0	2	—	2	—	4	12	2	5
Tennessee§	13	2	32	79	18	2	2	10	8	10	10	8	15	24	43
W.S. Central	22	1	20	66	9	6	5	26	11	13	8	50	80	34	226
Arkansas§	2	1	5	8	5	2	0	4	3	2	7	6	16	20	2
Louisiana	—	0	5	—	4	—	0	4	—	4	1	13	42	13	87
Oklahoma	1	0	1	3	—	1	1	4	3	1	—	1	5	1	5
Texas§	19	0	19	55	—	3	3	22	5	6	—	31	48	—	132
Mountain	29	2	73	172	12	5	5	16	19	31	2	8	18	7	34
Arizona	12	0	47	98	—	2	2	10	12	17	—	3	9	2	14
Colorado	16	0	20	54	—	3	1	4	5	7	—	1	4	—	7
Idaho§	—	0	1	1	—	—	0	2	—	—	—	0	1	—	—
Montana§	—	0	1	1	—	—	0	0	—	—	—	0	1	—	—
Nevada§	1	1	4	8	2	—	0	2	2	—	2	1	10	5	8
New Mexico§	—	0	5	10	—	—	0	4	—	2	—	1	5	—	3
Utah	—	1	5	—	7	—	1	6	—	5	—	0	2	—	2
Wyoming§	—	0	2	—	3	—	0	1	—	—	—	0	1	—	—
Pacific	—	0	7	17	2	—	0	2	4	6	7	44	66	79	244
Alaska	—	0	6	11	—	—	0	2	3	4	—	0	0	—	—
California	—	0	7	6	—	—	0	1	1	—	5	40	57	69	222
Hawaii	—	0	1	—	2	—	0	2	—	2	—	0	2	1	4
Oregon	—	0	0	—	—	—	0	0	—	—	1	1	5	3	3
Washington	—	0	0	—	—	—	0	0	—	—	1	2	7	6	15
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	3	17	8	12
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 30, 2010, and January 31, 2009 (4th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	106	276	653	521	1,797	—	0	44	—	—	—	0	48	—	—
New England	2	6	19	32	35	—	0	0	—	—	—	0	0	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Maine¶	1	0	15	23	—	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	1	3	10	9	21	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	1	—	2	—	0	0	—	—	—	0	0	—	—
Vermont¶	—	0	7	—	12	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	16	27	55	70	187	—	0	2	—	—	—	0	1	—	—
New Jersey	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Pennsylvania	16	27	55	70	187	—	0	0	—	—	—	0	0	—	—
E.N. Central	44	109	232	207	741	—	0	4	—	—	—	0	3	—	—
Illinois	—	27	73	—	168	—	0	3	—	—	—	0	0	—	—
Indiana	—	5	30	—	33	—	0	1	—	—	—	0	1	—	—
Michigan	16	39	84	78	228	—	0	1	—	—	—	0	0	—	—
Ohio	25	32	88	114	250	—	0	0	—	—	—	0	2	—	—
Wisconsin	3	8	57	15	62	—	0	1	—	—	—	0	0	—	—
W.N. Central	2	13	62	20	122	—	0	5	—	—	—	0	11	—	—
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Kansas	—	3	19	—	20	—	0	1	—	—	—	0	2	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	2	8	51	20	87	—	0	2	—	—	—	0	1	—	—
Nebraska¶	N	0	0	N	N	—	0	2	—	—	—	0	6	—	—
North Dakota	—	0	26	—	15	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	2	—	—	—	0	3	—	—	—	0	2	—	—
S. Atlantic	33	24	109	100	151	—	0	4	—	—	—	0	1	—	—
Delaware	—	0	2	1	1	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
Florida	20	14	61	62	101	—	0	1	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Maryland¶	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina¶	—	0	54	—	2	—	0	2	—	—	—	0	0	—	—
Virginia¶	—	0	6	—	21	—	0	1	—	—	—	0	0	—	—
West Virginia	13	9	32	37	26	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	8	29	—	52	—	0	6	—	—	—	0	4	—	—
Alabama¶	—	8	27	—	52	—	0	0	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	2	—	—	—	0	5	—	—	—	0	4	—	—
Tennessee¶	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
W.S. Central	—	75	261	29	274	—	0	17	—	—	—	0	6	—	—
Arkansas¶	—	0	23	—	22	—	0	1	—	—	—	0	0	—	—
Louisiana	—	0	7	—	6	—	0	2	—	—	—	0	4	—	—
Oklahoma	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Texas¶	—	71	245	29	246	—	0	14	—	—	—	0	4	—	—
Mountain	9	20	62	60	218	—	0	12	—	—	—	0	17	—	—
Arizona	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Colorado	9	9	33	50	62	—	0	7	—	—	—	0	14	—	—
Idaho¶	N	0	0	N	N	—	0	3	—	—	—	0	5	—	—
Montana¶	—	0	16	—	38	—	0	1	—	—	—	0	1	—	—
Nevada¶	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New Mexico¶	—	0	12	—	44	—	0	2	—	—	—	0	1	—	—
Utah	—	9	32	10	74	—	0	1	—	—	—	0	1	—	—
Wyoming¶	—	0	0	—	—	—	0	1	—	—	—	0	2	—	—
Pacific	—	1	6	3	17	—	0	12	—	—	—	0	12	—	—
Alaska	—	1	5	3	14	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	—	—	—	0	6	—	—
Hawaii	—	0	4	—	3	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	6	—	—	—	0	3	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	2	6	26	7	17	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ 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/epo/dphsi/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending January 30, 2010 (4th week)

Reporting area	All causes, by age (years)						P&I†
	All Ages	≥65	45–64	25–44	1–24	<1	Total
New England	584	415	119	33	9	8	74
Boston, MA	155	96	41	14	3	1	18
Bridgeport, CT	44	34	10	—	—	—	5
Cambridge, MA	14	11	3	—	—	—	2
Fall River, MA	32	29	2	1	—	—	3
Hartford, CT	53	40	6	5	—	2	7
Lowell, MA	26	21	5	—	—	—	5
Lynn, MA	11	8	1	2	—	—	1
New Bedford, MA	21	16	4	—	1	—	1
New Haven, CT	28	18	7	1	—	2	4
Providence, RI	61	44	11	3	2	1	4
Somerville, MA	5	4	1	—	—	—	—
Springfield, MA	39	25	10	2	1	1	1
Waterbury, CT	32	23	7	1	1	—	3
Worcester, MA	63	46	11	4	1	1	20
Mid. Atlantic	2,133	1,475	455	132	38	33	115
Albany, NY	54	42	6	4	—	2	2
Allentown, PA	43	33	9	—	—	1	4
Buffalo, NY	85	63	16	4	1	1	6
Camden, NJ	37	20	11	2	2	2	1
Elizabeth, NJ	20	13	6	1	—	—	5
Erie, PA	53	43	10	—	—	—	6
Jersey City, NJ	31	22	5	2	2	—	3
New York City, NY	1,089	756	239	66	13	15	48
Newark, NJ	39	19	9	7	4	—	1
Paterson, NJ	2	1	—	—	—	1	—
Philadelphia, PA	325	198	84	24	11	8	15
Pittsburgh, PA§	44	28	11	3	1	1	3
Reading, PA	32	23	5	3	—	1	4
Rochester, NY	62	32	13	14	2	1	2
Schenectady, NY	19	19	—	—	—	—	—
Scranton, PA	22	17	4	1	—	—	—
Syracuse, NY	119	97	21	—	1	—	11
Trenton, NJ	27	24	2	1	—	—	—
Utica, NY	11	9	1	—	1	—	1
Yonkers, NY	19	16	3	—	—	—	3
E.N. Central	1,751	1,213	391	76	29	42	120
Akron, OH	42	30	9	—	1	2	3
Canton, OH	32	25	6	1	—	—	2
Chicago, IL	U	U	U	U	U	U	U
Cincinnati, OH	116	76	28	4	3	5	11
Cleveland, OH	250	179	58	5	4	4	10
Columbus, OH	162	107	38	7	2	8	16
Dayton, OH	150	112	29	7	1	1	14
Detroit, MI	106	55	40	7	2	2	8
Evansville, IN	57	46	8	2	1	—	3
Fort Wayne, IN	72	50	17	2	1	2	8
Gary, IN	8	4	3	—	—	1	—
Grand Rapids, MI	56	40	10	2	1	3	7
Indianapolis, IN	204	143	35	15	7	4	15
Lansing, MI	40	30	7	2	1	—	3
Milwaukee, WI	133	90	30	9	1	3	6
Peoria, IL	53	34	12	2	1	4	2
Rockford, IL	49	32	13	4	—	—	2
South Bend, IN	53	38	11	3	—	1	2
Toledo, OH	108	73	27	3	3	2	4
Youngstown, OH	60	49	10	1	—	—	4
W.N. Central	599	389	138	34	20	17	53
Des Moines, IA	60	46	12	2	—	—	7
Duluth, MN	20	15	4	1	—	—	—
Kansas City, KS	35	20	9	1	4	1	3
Kansas City, MO	92	61	19	8	2	2	6
Lincoln, NE	37	24	8	3	1	1	3
Minneapolis, MN	59	37	13	3	3	3	6
Omaha, NE	101	70	23	4	2	2	15
St. Louis, MO	40	19	10	5	2	3	4
St. Paul, MN	63	32	19	4	4	4	2
Wichita, KS	92	65	21	3	2	1	7
S. Atlantic	1,325	908	305	72	19	21	107
Atlanta, GA	109	80	22	4	1	2	11
Baltimore, MD	193	124	53	10	2	4	24
Charlotte, NC	121	85	23	7	5	1	10
Jacksonville, FL	216	141	59	13	1	2	13
Miami, FL	121	88	21	9	1	2	16
Norfolk, VA	51	38	9	1	1	2	3
Richmond, VA	60	41	12	3	2	2	4
Savannah, GA	61	38	17	4	1	1	5
St. Petersburg, FL	71	49	13	4	3	2	4
Tampa, FL	213	151	49	11	1	1	12
Washington, D.C.	91	58	24	6	1	2	1
Wilmington, DE	18	15	3	—	—	—	4
E.S. Central	1,037	689	248	63	14	23	95
Birmingham, AL	204	128	58	9	4	5	22
Chattanooga, TN	107	75	26	4	1	1	5
Knoxville, TN	103	70	24	8	—	1	11
Lexington, KY	98	67	21	5	—	5	9
Memphis, TN	175	109	46	13	2	5	13
Mobile, AL	145	108	30	5	1	1	12
Montgomery, AL	64	38	16	7	3	—	5
Nashville, TN	141	94	27	12	3	5	18
W.S. Central	1,602	1,050	381	94	40	37	119
Austin, TX	100	57	31	7	3	2	6
Baton Rouge, LA	72	62	—	5	5	—	—
Corpus Christi, TX	72	52	15	3	1	1	8
Dallas, TX	225	138	53	18	8	8	18
El Paso, TX	112	79	22	6	4	1	3
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	468	265	149	35	9	10	38
Little Rock, AR	69	37	20	5	3	4	5
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	274	208	47	8	4	7	26
Shreveport, LA	110	78	24	3	1	4	8
Tulsa, OK	100	74	20	4	2	—	7
Mountain	993	703	202	53	17	18	82
Albuquerque, NM	136	97	25	6	5	3	15
Boise, ID	60	51	8	1	—	—	3
Colorado Springs, CO	72	54	12	3	2	1	2
Denver, CO	101	66	24	8	1	2	9
Las Vegas, NV	273	185	64	16	5	3	21
Ogden, UT	30	20	4	4	—	2	5
Phoenix, AZ	U	U	U	U	U	U	U
Pueblo, CO	27	23	1	3	—	—	1
Salt Lake City, UT	117	80	26	6	2	3	11
Tucson, AZ	177	127	38	6	2	4	15
Pacific	1,829	1,299	370	96	36	28	194
Berkeley, CA	10	8	2	—	—	—	—
Fresno, CA	132	94	30	7	—	1	14
Glendale, CA	37	32	4	1	—	—	8
Honolulu, HI	69	48	12	4	2	3	14
Long Beach, CA	64	47	12	2	3	—	12
Los Angeles, CA	272	177	59	20	11	5	34
Pasadena, CA	35	24	7	3	—	1	4
Portland, OR	116	79	24	5	4	4	7
Sacramento, CA	215	159	44	8	2	2	20
San Diego, CA	185	141	30	6	4	4	20
San Francisco, CA	136	97	31	7	—	1	20
San Jose, CA	209	152	36	14	5	2	20
Santa Cruz, CA	43	31	7	3	2	—	7
Seattle, WA	119	76	31	7	1	4	6
Spokane, WA	65	40	19	4	1	1	4
Tacoma, WA	122	94	22	5	1	—	4
Total¶	11,853	8,141	2,609	653	222	227	959

U: Unavailable. —: No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of >100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Total includes unknown ages.

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