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Workers' Memorial Day — April 28, 2009

Workers' Memorial Day recognizes those workers who died or sustained work-related injuries or illnesses during the previous year. In 2007, a total of 5,488 U.S. workers died from occupational injuries (*1*). Another 49,000 annual deaths are attributed to work-related diseases each year (*2*). In 2007, an estimated 4.0 million private-sector workers had a nonfatal occupational injury or illness; approximately half of them were transferred, restricted, or took time away from work (*3*). An estimated 3.4 million workers were treated in emergency departments in 2004 (the most recent data available) because of occupational injuries, and approximately 80,000 were hospitalized (*4*).

Work-related injuries and illnesses are costly. In 2006, employers spent nearly $87.6 billion on workers' compensation (*5*), but this represents only a portion of total work-related injury and illness costs borne by employers, workers, and society overall, including cost-shifting to other insurance systems and most costs of work-related illness. Additional information on workplace safety and health is available from CDC at http://www.cdc.gov/niosh.

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Work-Related Fatalities Associated with Tree Care Operations — United States, 1992–2007

Workers in various industries and occupations are involved in the care and maintenance of trees, such as tree trimming, pruning, and removal. This work is recognized as having many safety hazards (*1*). Although previous analyses have involved subgroups of workers who perform this type of work (*2*), no analysis has focused on identifying injured workers from all industries and occupations that perform tree care operations. This report summarizes the characteristics of fatal occupational injuries, using data from the Census of Fatal Occupational Injuries (CFOI) and a case series of fatality investigations conducted by CDC's National Institute for Occupational Safety and Health (NIOSH) Fatality Assessment and Control Evaluation (FACE) program. During 1992–2007,* a total of 1,285 workers died while performing tree care and maintenance; 44% were trimming or pruning a tree when fatally injured. The most common causes of death were being struck by or against an object (42% of deaths), most commonly a tree or branch; falls to a lower level (34%); and electrocutions (14%). Most of the decedents (57%) worked for small establishments with 10 or fewer employees. Employers, trade and

* 2007 data are preliminary. Final 2007 data are expected to be released in spring 2009 and will be available at http://www.bls.gov/iif.

INSIDE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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worker associations, and policymakers should take additional steps to improve the safety of workers involved in tree care, such as providing formal training to workers and ensuring that personal protective equipment (e.g., fall protection equipment) is used properly.

The analysis consisted of two parts. For the first part, NIOSH reviewed data for 1992–2007 (the most recent data available to NIOSH) from CFOI, a national surveillance system for work-related deaths attributed to traumatic injury maintained by the U.S. Department of Labor's Bureau of Labor Statistics.[†] CFOI derives fatality data from multiple sources (e.g., death certificates, medical examiner/coroner reports, workers' compensation reports, and police reports) (*3*). Potential cases of tree care–related deaths were identified in the CFOI database using specific data elements: industry, occupation, injury source, and narratives describing the injury event.[§] A case was defined as a fatal event that was a direct result of a tree care operation, as determined by the injury narrative. After the initial selection of potential cases, a manual case-by-case review of injury narrative confirmed relevance. Events among workers conducting the following activities were included: tree topping, tree trimming/pruning, tree felling, tree removing, and tree clearing. Because of changes in classification methods in 2002, industry and occupation are reported only for 2003–2007.

For the second part of the analysis, NIOSH reviewed all fatality investigation reports concerning tree care operations from the NIOSH FACE program for 1985–2007. Through on-site investigations, NIOSH and cooperating states[¶] collect detailed information on the circumstances for select incident types (including falls and electrocutions) for purposes of making recommendations for preventing future similar deaths (*4*).

[†] The Bureau of Labor Statistics provides the NIOSH Division of Safety Research with a special research file for analysis through a memorandum of understanding. The CFOI data analyzed by NIOSH include data for New York City for 2003–2007 but not for previous years.

[§] Cases were selected for initial review if 1) the decedent was coded as working in the tree services and ornamental shrubs industry (for 1992–2002, *Standard Industrial Classification Manual, 1987 Edition*, code 0783); 2) the decedent was coded as working in the landscaping services industry (for 2003–2007, *North American Industry Classification System, 2002 Edition*, code 56173); 3) the injury source was wood chippers (Occupational Injury and Illness Classification System (OIICS) source code 3231 and secondary source code 3231) or a tree (OIICS source code 587); or 4) the case narrative contained the keyword "tree" with the trunks of the following keywords: "fell," "trim," "prune," "landscape," "removal," "excavation," or "care." The initial review excluded cases in which the decedent was coded as working in the logging industry (1992–2002, *Standard Industrial Classification Manual, 1987 Edition*, code 027; for 2003–2007, *North American Industry Classification System, 2002 Edition*, code 1133) or coded as a logger (1992–2002, 1990 Bureau of Census occupation classification system occupation code 613; 2003–2007, 2000 Standard Occupational Classification occupational code 45-4020).

[¶] States apply through a competitive process to receive funding to conduct state-based FACE programs. Since 1990, a total of 22 states have had cooperative agreements with CDC for varying periods.

FACE investigations collect information on employer safety programs, worker training, and use of personal protective equipment, information that is not available from national surveillance systems such as CFOI.

Fatality Surveillance

During 1992–2007, a total of 1,285 worker deaths associated with tree care in the United States were reported to CFOI, an average of 80 deaths per year. The decedents were nearly all males (99%) (Table 1). The majority of decedents (70%) were non-Hispanic whites, but the proportion of deaths involving Hispanic workers increased over time, from 12% in 1992 to 29% in 2007 (Figure). Substantial proportions of the decedents worked for pay or compensation (59%) or were self-employed (38%), and 57% worked in establishments with 10 or fewer employees (Table 1). Nearly half of the fatalities occurred at a private residence (44%). The most common events leading to death were being struck by or against an object (such as a tree or branch) (42% of deaths), falls to a lower level (34%), and contact with electric current (14%) (Table 2). Regarding job tasks, 44% of decedents were either trimming or pruning a tree when they were injured, and 23% were involved in tree felling.

During 2003–2007, most of the decedents (74%) worked for the landscaping industry, which includes arborist and tree trimming services. Less commonly, decedents worked in construction (8% of deaths), crop production (7%), and utilities (1%). Regarding occupation, 50% of decedents were tree trimmers or pruners, 15% were landscapers or groundskeepers, 10% were first-line supervisors or managers in landscaping and grounds keeping, 7% were agricultural managers, 6% were in construction occupations, and the remainder were in various other occupations.

Fatality Investigations

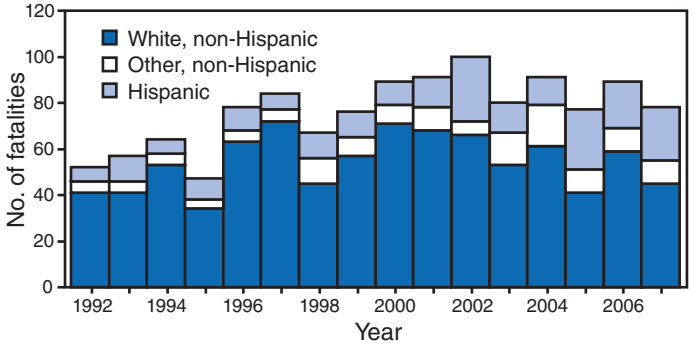
A total of 45 fatality investigations completed during 1985–2007 were found to be related to tree care operations, including 14 fall deaths, 13 electrocutions, and nine struck-by deaths. Among the 14 fall deaths, four involved falls from a height of 35–50 feet when an aerial lift bucket broke; four resulted from being tied to a branch, limb, or tree trunk that broke off from a height of 30–60 feet; five occurred when the climbing rope broke or was cut by a chainsaw or the climbing safety mechanism failed; and one occurred because of tripping and falling from a height of 12 feet while exiting an aerial lift bucket. Among the 13 electrocutions, five deaths resulted from bodily contact with a power line, five resulted from equipment (i.e., chainsaw or aerial lift bucket) that provided an electrical pathway, two involved a branch falling onto the power line

TABLE 1. Number and percentage of occupational injury deaths associated with tree care operations, by selected characteristics of the worker and employer — United States, 1992–2007

Characteristic	No.	%
Total*	**1,285**	**100**
Sex		
Male	1,274	99
Female	11	1
Age group (yrs)		
≤24	145	11
25–44	563	44
≥45	571	44
Race/Ethnicity		
White, non-Hispanic	870	70
Black, non-Hispanic	114	9
Hispanic	216	17
Other, non-Hispanic	85	7
Employment type		
Self-employed	486	38
Work for pay or compensation or other	752	59
Other or not reported†	47	4
Establishment size		
1–10 employees	733	57
11–49 employees	109	8
≥50 employees	108	8
Not reported	335	26
Location of injury		
Private residence	568	44
Farm	136	11
Industrial location	87	7
Recreational place	26	2
Street or highway	151	12
Public building	22	2
Other places§	295	23

SOURCE: Census of Fatal Occupational Injuries, 1992–2007.
* Percentages for certain characteristics might not add to 100 because of rounding.
† Includes work in family business, volunteer, off-duty police, and type of employment not reported.
§ Includes mines, residential institutions, outdoor locations, and not reported.

FIGURE. Number of fatal work injuries, by race/ethnicity and year — United States, 1992–2007



SOURCE: Census of Fatal Occupational Injuries, 1992–2007.

TABLE 2. Number and percentage of occupational injury deaths associated with tree care operations, by event circumstances — United States, 1992–2007

Circumstance	No.	%
Total*	**1,285**	**100**
Injury event†		
Contact with objects and equipment	595	46
Struck by or against	*546*	*42*
Caught in, compressed, or crushed	*49*	*4*
Falls	441	34
To lower level	*434*	*34*
Exposure to harmful substances or environments	180	14
Contact with electric current	*174*	*14*
Transportation accidents	65	5
Highway accident	—§	—
Nonhighway accident	*34*	*3*
Pedestrian	*27*	*2*
Other/Nonclassifiable	—	—
Primary injury source†		
Machinery	88	7
Chippers	*38*	*3*
Parts and materials	103	8
Power lines	*79*	*6*
Persons, plants, animals, and minerals	548	43
Trees and logs	*540*	*42*
Structures and surfaces	418	33
Floor or ground	*406*	*32*
Tools or equipment	63	5
Powered hand tools	*24*	*2*
Vehicles	56	4
Highway vehicle	*33*	*3*
Other sources	9	1
Activity¶		
Trimming/Pruning	569	44
Felling	300	23
Clearing/Removing	114	9
Operating machinery	81	6
Topping	39	3
Not specified	182	14

SOURCE: Census of Fatal Occupational Injuries, 1992–2007.
* Percentages for certain characteristics might not add to 100 because of rounding.
† Coded according to the Bureau of Labor Statistics' Occupational Injury and Illness Classification System. This is a hierarchical system; indented text reflects data that is part of a group.
§ Did not meet the Census of Fatal Occupational Injuries minimum reporting requirements.
¶ Coded based on narrative review of record.

and then making contact with the worker, and in one case a power line downed in a hurricane was wrongly assumed to be de-energized. The nine struck-by deaths involved a tree branch or tree trunk, two involved an entire tree ranging from 30 to 70 feet high, and two involved being struck by a vehicle while performing a tree care operation.

In eight of the 45 incidents, the decedent was working alone. In most of the other incidents (60%), the decedent was working as part of a crew but outside visual contact with his or her coworkers. In 70% of the incidents, safety training consisted of only informal or on-the-job training, and in 75% of the incidents, the employer did not have written safety policies and procedures in place.

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Editorial Note: In 2006, the Tree Care Industry Association petitioned OSHA to consider a safety standard specific to tree care operations because of the hazardous and unique nature of these activities. In response, OSHA began collecting data to inform next steps (*1*). NIOSH provided information based on the 45 fatality investigation reports from FACE and then conducted the analysis of surveillance data presented in this report (*5*). This report is the first to comprehensively examine injury fatalities specifically associated with tree care operations and their circumstances. The results confirm that although most tree care fatalities occur in the landscaping industry, at least one quarter occur in other industries, such as farming, construction, and utilities.

A substantial proportion of fatalities occurred in workers who were self-employed or worked for establishments with fewer than 10 employees. Small businesses typically do not have the resources to employ occupational safety professionals, and might lack the knowledge, skills, and resources to identify safety hazards and develop safe work practices. NIOSH has a guide for small businesses to help them connect with governmental and other resources (e.g., trade associations, worker associations, and safety organizations) that can provide expertise and guidance on safe work practices (*6*). OSHA also has a guide for small businesses to help them be in compliance with OSHA regulations (*7*). Trade associations also are a useful resource for employers who conduct tree care, given the specialized nature of this work.

The findings in this report are subject to at least three limitations. First, the number of deaths reported to be associated with tree care probably is undercounted because of a reliance on inconsistent narrative information. Additional deaths associated with tree care might have occurred but were not identified through the CFOI analysis because of limited and vague descriptions of the event (such as "struck on head by falling tree limb," which did not necessarily occur as a result of a tree care operation). Second, rates of occupational injury death, which would support comparisons of risk with other types of work, could not be calculated because the numbers of workers who provide tree care is unknown and cannot be derived from national labor statistics, which are coded by industry and occupation rather than specific types of work. Finally, the information from fatality investigations on circumstances contributing to occupational injury deaths is from a small convenience sample, and although it provides

illustrative information that is not available elsewhere, it is not meant to represent the universe of tree care occupational injury deaths.

NIOSH and others previously have made recommendations for preventing deaths and injuries associated with tree care and landscaping (*5,8–10*). Results from the analysis described in this report generally affirm those recommendations. Employers, regardless of establishment size, should seek out information on worker safety before initiating tree care operations, and should develop, implement, and enforce a comprehensive safety program that includes formal training in tree safety, fall protection, electrical hazards, machine safety, safety along roadways, first aid, and cardiopulmonary resuscitation (CPR). Worksite surveys should be conducted before each new job and daily, by a knowledgeable person, to identify workplace hazards and control strategies. NIOSH recommendations for safety during tree work include 1) wearing appropriate personal protective equipment; 2) always working in teams in visual contact with each other; 3) checking the condition of tree branches before cutting them, climbing on them, or tying off safety equipment; 4) inspecting equipment before each shift and removing damaged equipment from service until repaired; 5) maintaining minimum distances from power lines as specified by OSHA**; and 6) prohibiting the use of conductive tools and equipment near power lines (*5,9,10*).

Acknowledgments

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Malignant Mesothelioma Mortality — United States, 1999–2005

Malignant mesothelioma is a fatal cancer primarily associated with exposure to asbestos. The latency period between first exposure to asbestos and clinical disease usually is 20–40 years (*1*). Although asbestos is no longer mined in the United States, the mineral is still imported, and a substantial amount of asbestos remaining in buildings eventually will be removed, either during remediation or demolition. Currently, an estimated 1.3 million construction and general industry workers potentially are being exposed to asbestos (*2*). To characterize mortality attributed to mesothelioma, CDC's National Institute for Occupational Safety and Health (NIOSH) analyzed annual multiple-cause-of-death records for 1999–2005, the most recent years for which complete data are available.* For those years, a total of 18,068 deaths of persons with malignant mesothelioma were reported, increasing from 2,482 deaths in 1999 to 2,704 in 2005, but the annual death rate was stable (14.1 per million in 1999 and 14.0 in 2005). Maintenance, renovation, or demolition activities that might disturb asbestos should be performed with precautions that sufficiently prevent exposures for workers and the public. In addition, physicians

* Since 1968, CDC's National Center for Health Statistics (NCHS) has compiled multiple-cause-of-death data annually from death certificates in the United States. CDC's NIOSH extracts information on deaths from occupationally related respiratory diseases and conditions from the NCHS data and stores the information in the National Occupational Respiratory Mortality System, available at http://webappa.cdc.gov/ords/norms.html.

should document the occupational history of all suspected and confirmed mesothelioma cases.

Asbestos was used in a wide variety of construction and manufacturing applications through most of the 20th century. In the United States, asbestos use peaked at 803,000 metric tons in 1973 and then declined to approximately 1,700 metric tons in 2007 (Figure 1) (*3*).

For this report, malignant mesothelioma deaths were identified for 1999–2005 from death certificates and included any deaths for which *International Classification of Diseases, 10th Revision* (ICD-10) codes[†] for malignant mesothelioma were listed in the multiple-cause-of-death mortality data entity axis.[§] Because mesothelioma predominantly is associated with occupational exposure and has a long latency, the analysis was restricted to deaths of persons aged ≥25 years. The annual death rate per 1 million persons aged ≥25 years was calculated using the July 1 population estimates for each year provided by the U.S. Census Bureau. Overall death rates were calculated based on the 2002 census population.

During 1999–2005, a total of 18,068 malignant mesothelioma deaths were reported in the United States; 14,591 (80.8%) occurred among males and 17,180 (95.1%) among whites (Table). Mesothelioma deaths were classified as mesothelioma of pleura (1,572; 8.7%), peritoneum (657; 3.6%), other anatomical site (2,605; 14.4%), and unspecified anatomical site (13,454; 74.5%).[¶] Mortality increased with age, with the greatest number of decedents aged ≥75 years; 311 deaths (1.7%) occurred in persons aged ≤44 years. From 1999 to 2005, the total number of malignant mesothelioma deaths increased 8.9%, from 2,482 in 1999 to 2,704 in 2005, but the annual death rate was stable (14.1 per million population in 1999 versus 14.0 in 2005). The death rate for males was 4.5 times that for females (23.2 versus 5.1 per million). During 1999–2005, the state death rate was greater than the national rate (13.8 per million population per year) in 26 states; in six states the rate exceeded 20 per million per year (Figure 2): Maine (173 deaths; rate: 27.5), Wyoming (50; 22.2), West Virginia (182; 21.0), Pennsylvania (1,210; 20.8), New Jersey (814; 20.2), and Washington (558; 20.1).

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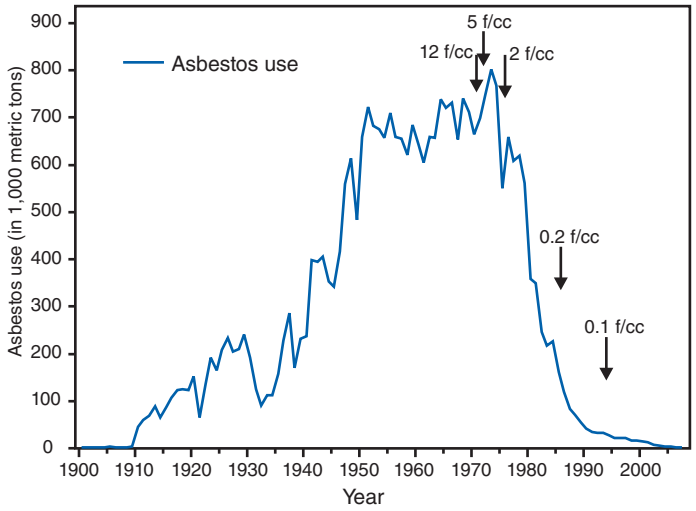
FIGURE 1. Asbestos use and permissible exposure limits* — United States, 1900–2007



* Arrows indicate year when the Occupational Safety and Health Administration permissible exposure limits were put in place (12 fibers per cubic centimeter [f/cc] in 1971, 5 f/cc in 1972, 2 f/cc in 1976, 0.2 f/cc in 1986, and 0.1 f/cc in 1994).

Editorial Note: Despite regulatory actions and the sharp decline in use of asbestos, potential exposure to asbestos continues, but most deaths from mesothelioma in the United States derive from exposures decades ago. Because mesothelioma manifests 20–40 years after first exposure, the number of mesothelioma deaths will likely peak by 2010 (*4*). The analysis described in this report indicates that the annual number of mesothelioma deaths is still increasing, and future cases will continue to reflect the extensive past use of asbestos. New cases also might result through occupational and environmental exposure to asbestos during remediation and demolition of existing asbestos in buildings if controls are insufficient to protect workers and the surrounding community.

The annual number of mesothelioma cases increased significantly from the late 1970s through the mid-1990s (*4*). Projections indicate that the number of mesothelioma cases involving males peaked during 2000–2004 at more than 2,000 cases and should be declining, with an expected return to background levels by 2055. The number of mesothelioma cases involving females (approximately 560 in 2003) is projected to increase slightly over time as a function of population size and shifting age distribution (*4*).

Previously, NIOSH examined industry and occupation data for 541 of the 2,482 mesothelioma deaths that occurred in 1999, the most recent year for which such data are available. After 1999, coding information for industry and occupation were no longer available. Of 130 industries reported, significant

[†] Codes C45.0 (mesothelioma of pleura), C45.1 (mesothelioma of peritoneum), C45.2 (mesothelioma of pericardium), C45.7 (mesothelioma of other sites), and C45.9 (mesothelioma, unspecified).

[§] Entity axis includes information on all of the diseases, injuries, or medical complications, and the location (part, line, and sequence) of the information recorded on each certificate. Detail record layouts available at http://www.cdc.gov/nchs/about/major/dvs/mcd/msb.htm.

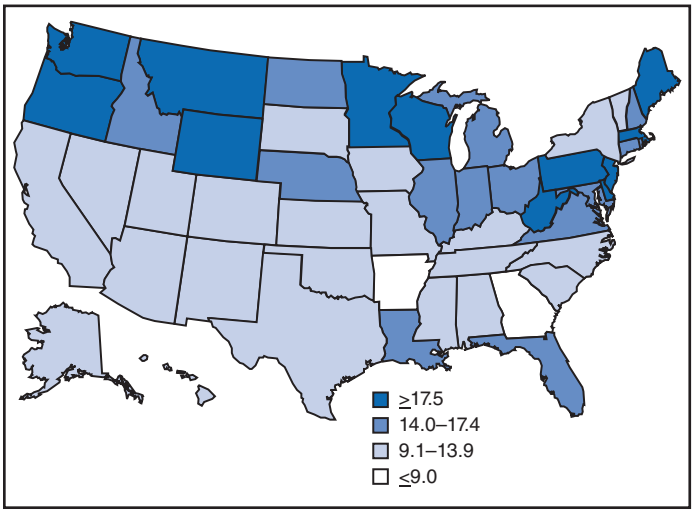
[¶] The sum of individual site death totals is greater than the total number of deaths because some decedents have more than one site of mesothelioma listed on their death certificates.

TABLE. Number of malignant mesothelioma deaths among persons aged ≥25 years, by selected characteristics — United States, 1999–2005

Characteristic	No. of deaths, by year							
	1999	2000	2001	2002	2003	2004	2005	Total
Total	**2,482**	**2,530**	**2,505**	**2,570**	**2,621**	**2,656**	**2,704**	**18,068**
Death rate*	14.1	13.9	13.6	13.7	13.9	13.9	14.0	**13.8**
Age group (yrs)								
25–34	4	6	7	10	7	11	6	**51**
35–44	33	34	39	40	38	42	34	**260**
45–54	138	131	144	106	148	121	118	**906**
55–64	388	372	361	380	386	400	438	**2,725**
65–74	818	814	748	764	715	674	735	**5,268**
75–84	888	918	942	975	1,028	1,097	1,014	**6,862**
≥85	213	255	264	295	299	311	359	**1,996**
Median age (yrs)	*73*	*74*	*74*	*74*	*75*	*75*	*75*	*74*
Sex								
Male	1,993	2,043	2,019	2,126	2,122	2,140	2,148	**14,591**
Female	489	487	486	444	499	516	556	**3,477**
Race								
White	2,353	2,398	2,405	2,447	2,481	2,535	2,561	**17,180**
Black	104	109	75	99	109	97	114	**707**
Other	25	23	25	24	31	24	29	**181**
Anatomical site†								
Pleura	252	225	269	238	206	196	186	**1,572**
Peritoneum	92	84	83	95	95	101	107	**657**
Other	426	433	388	377	329	326	326	**2,605**
Unspecified	1,750	1,817	1,806	1,901	2,013	2,063	2,104	**13,454**

* Per 1 million population.
† The sum of anatomical site totals (18,288) is greater than the total number of deaths (18,068) because some decedents have more than one site listed on their death certificate.

FIGURE 2. Malignant mesothelioma death rate per 1 million population,* by state — United States, 1999–2005



* Decedents for whom the *International Classification of Diseases, 10th Revision* codes C45.0 (mesothelioma of pleura), C45.1 (mesothelioma of peritoneum), C45.2 (mesothelioma of pericardium), C45.7 (mesothelioma of other sites), or C45.9 (mesothelioma, unspecified) were listed on death certificates were identified using CDC mortality data for 1999–2005.

proportionate mortality ratios (PMRs) were found for ship and boat building and repairing (6.0; 95% confidence interval [CI] = 2.4–12.3); industrial and miscellaneous chemicals (4.8; CI = 2.9–7.5); petroleum refining (3.8; CI 1.2–8.9); electric light and power (3.1; CI = 1.5–5.7); and construction (1.6; CI = 1.2–1.9). Of 163 occupations reported, significant PMRs were found for plumbers, pipefitters, and steamfitters (4.8; CI = 2.8–7.5); mechanical engineers (3.0; CI = 1.1–6.6); electricians (2.4; CI = 1.3–4.2); and elementary school teachers (2.1; CI = 1.1–3.6) (*5*).

Over the decades, the Occupational Safety and Health Administration (OSHA) and the Environmental Protection Agency have taken various regulatory actions to control occupational exposure to asbestos (*6*). OSHA established a permissible exposure limit (PEL) for asbestos in 1971. This standard set the PEL at 12 fibers per cubic centimeter (f/cc) of air.** This initial PEL was reduced to 5 f/cc in 1972, 2 f/cc in 1976, 0.2 f/cc in 1986, and 0.1 f/cc in 1994 (*7*). Inspection data for 1979–2003 show a general decline in asbestos exposure levels and in the percentage of samples exceeding designated occupational exposure limits in construction, manufacturing,

** As an 8-hour time-weighted average based on the 1968 American Conference of Government Industrial Hygienists threshold limit value.

mining, and other industries (*5*). However, in 2003, 20% of air samples collected in the construction industry exceeded the OSHA PEL (*5*).

The findings in this report are subject to at least three limitations. First, death certificates do not include information on exposure to asbestos or a specific work history. This limits identification of industries and occupations associated with mesothelioma. Second, the state of residence issuing death certificate might not always be the state in which the decedent's exposures occurred, which might affect state death rates. Finally, some mesothelioma cases might be misdiagnosed and assigned less specific ICD codes (e.g., ICD-10 code C76, malignant neoplasm of other and ill-defined sites), and consequently not be captured in this analysis (*8*).

Although asbestos has been eliminated in the manufacture of many products, it is still being imported (approximately 1,730 metric tons in 2007) and used in the United States (*3*) in various construction and transportation products (*6*). Ensuring a future decrease in mesothelioma mortality requires meticulous control of exposures to asbestos and other materials that might cause mesothelioma. Recent studies suggest that carbon nanotubes (fiber-shaped nanoparticles), which are increasingly being used in manufacturing (*9*), might share the carcinogenic mechanism postulated for asbestos and induce mesothelioma (*10*), underscoring the need for documentation of occupational history in future cases. Capturing occupational history information for mesothelioma cases is important to identify industries and occupations placing workers at risk for this lethal disease.

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HIV Infection — Guangdong Province, China, 1997–2007

In 2007, an estimated 700,000 persons in China were living with human immunodeficiency virus (HIV) infection. An estimated 50,000 new HIV infections and 20,000 deaths related to acquired immunodeficiency syndrome (AIDS) occurred in 2007, and an estimated 71% of persons with HIV infection were unaware of their HIV status (*1*). In 2007, 40.6% of those living with HIV had been infected through heterosexual transmission and 38.1% through injection-drug use (*1,2*). Guangdong Province in southeastern China is the country's most populous province, with an estimated 75.6 million permanent residents and 16.5 million migrants (*3*); the province has undergone rapid economic development (*4*). Since 1986, a case-based surveillance system (CBSS) in China has collected data on persons infected with HIV, including demographic characteristics and transmission categories. To assess recent trends in HIV infection in the province, the Guangdong Center for Disease Control, with technical assistance from CDC, analyzed CBSS data for the period 1997–2007. The results of that analysis indicated that the number of HIV cases increased from 102 in 1997 to 4,593 in 2007, although this increase resulted, in part, from expanded testing and surveillance. Among males classified by HIV transmission category, 82.1% of newly diagnosed infections were attributed to injection-drug use. Among females classified by HIV transmission category, 53.7% engaged in high-risk heterosexual conduct. Despite substantial methodologic limitations, these results can be useful to Guangdong public health agencies in targeting and evaluating HIV prevention, care, and treatment programs.

Instituted in 1985 as a paper-based system, CBSS was transitioned to a web-based system in 2004. CBSS data regarding HIV infection and patient characteristics are collected from

multiple disparate sources: 1) routine HIV testing at 415 hospitals; 2) HIV testing at 72 counseling and testing centers (*5*); 3) annual sentinel surveillance HIV testing conducted nationally and at 65 sites in Guangdong Province among consecutively enrolled female sex workers,* injection-drug users,† persons who visit sexually transmitted infection (STI) clinics,§ and pregnant women who visit prenatal clinics for the first time (*2*,*3*); 4) biannual behavioral surveillance that collects comprehensive data regarding HIV knowledge and attitudes and sexual risk behavior among sex workers, STI patients, and youths aged ≤16 years enrolled in behavioral surveillance schools; 5) special surveys in 2003, 2005, and 2006 among sex workers and men who have sex with men (MSM) collecting comprehensive HIV-related behavioral data¶ (*3*); and 6) routine HIV screening for blood donation (*6*). Data from all components of CBSS are aggregated by the provincial government and currently cannot be analyzed by an individual component.

Regardless of collection site, all specimens are first tested with an enzyme-linked immunosorbent assay (ELISA). Reactive specimens are retested using a second ELISA or rapid test; if the specimen is reactive to one or both tests, a confirmatory Western blot test is performed. All specimens testing positive by Western blot are classified as HIV positive. AIDS cases are defined by laboratory-confirmed HIV infection plus any AIDS-defining condition or CD4 count <200 cells/μL (*7*). Each HIV-positive laboratory result is returned to local public health staff members, who complete a case card with demographic data, behavioral data, and likeliest transmission category based on initially collected information or patient interview.** Case cards are sent to provincial public health staff or local hospitals, where data are entered into CBSS. As required by Chinese law, HIV-positive patients are reported by name, and duplicate cases are removed by provincial public health staff members (*3*).††

During 1997–2007, an aggregate total of 22,571 newly diagnosed HIV cases were reported in Guangdong Province: 18,525 (82.1%) in males and 4,046 (17.9%) in females (Table). Among the 11,613 (62.7%) males classified by transmission category, 9,534 (82.1%) of HIV cases were attributed to injection-drug use, followed by 1,535 (13.2%) attributed to high-risk heterosexual contact.§§ Among the 2,322 (57.4%) females classified by transmission category, 1,247 (53.7%) of HIV cases were attributed to high-risk heterosexual contact, followed by 905 (39.0%) attributed to injection-drug use. Among the 12,929 (60.8%) males with known residency, 8,774 (67.9%) were Guangdong Province residents; among the 2,720 (67.2%) females with known residency, 1,483 (54.5%) were residents. Dividing Guangdong Province into central, east, and west regions,¶¶ 14,606 (78.8%) of HIV cases among males and 3,366 (83.2%) of cases among females were reported in the central region (Table).

Over time, the number of newly diagnosed HIV cases increased from 102 (86 in males and 16 in females) in 1997 to 4,593 (3,524 in males and 1,069 in females) in 2007 (Figure 1). From 2003 to 2005, the total number of newly diagnosed HIV cases increased threefold, from 1,284 (1,052 in males and 232 in females) to 5,223 (4,501 in males and 722 in females). However, from 2005 to 2007, although cases in females increased 48.1%, cases in males decreased 21.7% (Figure 1).

Every year during 1997–2007, injection-drug use was the most commonly reported transmission category in newly diagnosed HIV cases (Figure 2). From 2003 to 2005, the number of cases attributed to injection-drug use increased from 639 to 2,344, then decreased to 1,680 in 2007. In contrast, the number of cases attributed to high-risk heterosexual contact increased from 138 in 2003 to 403 in 2005, then increased to 1,015 in 2007.

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* Defined as all women who entered sex work reeducation centers. For behavioral surveillance, sex workers also were identified from venues where sex is known to be sold, including public bath houses and karaoke bars.

† Defined as all persons who have entered drug detoxification centers. Although some of these persons might have used oral drugs (e.g., opium or morphine) exclusively, data regarding specific drug type and methods of use were not recorded by CBSS. Therefore, all who entered drug detoxification were presumed to have injected drugs.

§ Defined as persons aged ≥13 years who visit sentinel surveillance STI clinic for the first time.

¶ Peer-referral sampling methods were used in which initial participants were recruited and asked to recruit peers, with recruitment continuing for multiple waves of peer referrals.

** Case card data include national identification number, medical record number, patient name, ethnicity, marital status, education, address, concurrent infection (i.e., syphilis, gonorrhea, chlamydia, genital warts, or genital herpes), injection-drug use, recent surgeries, occupational exposure, blood donation, STI, HIV-positive mother, nonmarital heterosexual contact, HIV-positive stable partner, most likely transmission category, laboratory test result, date of AIDS diagnosis, date form completed, and reporting facility.

†† All participants provide oral consent for confidential-linked HIV testing, are offered their test results, and are responsible for retrieval. If the test result is HIV positive and results are not retrieved, the patient is contacted by public health staff members based on demographic and behavioral data at the time of specimen collection.

§§ Includes heterosexual sex workers or their clients, and heterosexual sex partners of persons living with HIV infection.

¶¶ Central region: Guangzhou, Shenzhen, Zhuhai, Foshan, Zhongshan, Jiangmen, and Dongguan prefectures. East region: Shaoguan, Shanwei, Heyuan, Huizhou, Chaozhou, Meizhou, Shantou, and Jieyang prefectures. West region: Zhanjiang, Zhaoqing, Qingyuan, Maoming, Yunfu, and Yangjiang prefectures.

TABLE. Newly diagnosed HIV cases, by selected characteristics and selected periods of diagnosis — case-based surveillance system (CBSS), Guangdong Province, China, 1997–2007*

Characteristic	1997–2000		2001–2004		2005–2007		1997–2007	
	No.	%	No.	%	No.	%	No.	%
Male								
Age at diagnosis (yrs)								
<15	2	0.2	11	0.2	58	0.5	**71**	**0.4**
15–19	9	0.7	40	0.8	100	0.8	**149**	**0.8**
20–29	340	27.2	770	15.3	3,883	31.8	**4,993**	**27.0**
30–39	291	23.2	715	14.2	6,001	49.1	**7,007**	**37.8**
40–49	29	2.3	94	1.9	1,545	12.6	**1,668**	**9.0**
≥50	15	1.2	49	1.0	637	5.2	**701**	**3.8**
Unknown	566	45.2	3,369	66.7	1	0.0	**3,936**	**21.2**
Transmission category								
Injection-drug use†	850	67.9	3,091	61.2	5,593	45.8	**9,534**	**51.5**
High-risk heterosexual contact§	75	6.0	279	5.5	1,181	9.7	**1,535**	**8.3**
Male-to-male sexual contact	3	0.2	10	0.2	171	1.4	**184**	**1.0**
Blood/plasma donation	43	3.4	81	1.6	50	0.4	**174**	**0.9**
Blood/blood component receipt	6	0.5	29	0.6	59	0.5	**94**	**0.5**
Other	0	—	18	0.4	74	0.6	**92**	**0.5**
Not classified	275	22.0	1,540	30.5	5,097	41.7	**6,912**	**37.3**
Residency status								
Guangdong Province resident	903	72.1	3,011	59.6	4,860	39.8	**8,774**	**47.4**
Non-Guangdong Province resident	173	13.8	1,169	23.2	2,813	23.0	**4,155**	**22.4**
Unknown	176	14.1	868	17.2	4,552	37.2	**5,596**	**30.2**
Region of Guandong Province¶								
Central	1,154	92.2	4,321	85.6	9,131	74.7	**14,606**	**78.8**
East	50	4.0	285	5.6	684	5.6	**1,019**	**5.5**
West	48	3.8	442	8.8	2,410	19.7	**2900**	**15.7**
Male total	**1,252**	—	**5,048**	—	**12,225**	—	**18,525**	—
Female								
Age at diagnosis (yrs)								
<15	2	1.1	6	0.5	35	1.3	**43**	**1.1**
15–19	5	2.7	18	1.6	60	2.2	**83**	**2.1**
20–29	63	34.2	133	12.2	1,288	46.5	**1,484**	**36.7**
30–39	11	6.0	87	8.0	1,006	36.3	**1,104**	**27.3**
40–49	2	1.1	12	1.1	223	8.0	**237**	**5.9**
≥50		0	6	0.5	158	5.7	**164**	**4.1**
Unknown	101	54.9	829	76.0	1	0.0	**931**	**23.0**
Transmission category								
Injection-drug use	93	50.5	361	33.1	451	16.3	**905**	**22.4**
High-risk heterosexual contact	50	27.2	237	21.7	960	34.6	**1,247**	**30.8**
Blood/plasma donation	4	2.2	40	3.7	23	0.8	**67**	**1.7**
Blood/blood component receipt	4	2.2	12	1.1	37	1.3	**53**	**1.3**
Other		0	11	1.0	39	1.4	**50**	**1.2**
Not classified	33	17.9	430	39.4	1,261	45.5	**1,724**	**42.6**
Residency status								
Guangdong Province resident	76	41.3	504	46.2	903	32.6	**1,483**	**36.7**
Non-Guangdong Province resident	68	37.0	375	34.4	794	28.7	**1,237**	**30.6**
Unknown	40	21.7	212	19.4	1,074	38.8	**1,326**	**32.8**
Region of Guandong Province								
Central	161	87.5	966	88.5	2,239	80.8	**3,366**	**83.2**
East	17	9.2	65	6.0	172	6.2	**254**	**6.3**
West	6	3.3	60	5.5	360	13.0	**426**	**10.5**
Female total	**184**	—	**1,091**	—	**2,771**	—	**4,046**	—
Overall	**1,436**	—	**6,139**	—	**14,996**	—	**22,571**	—

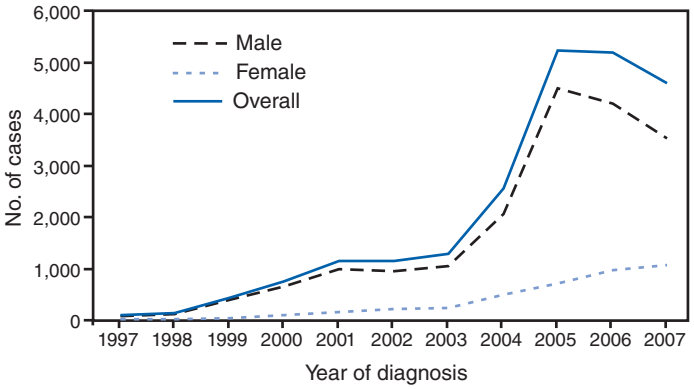
* CBSS collects data regarding persons with HIV infection from various disparate sources, including routine HIV testing, sentinel surveillance testing of certain populations, behavioral surveillance, and special surveys. Data from all components of CBSS are aggregated by the provincial government and cannot be analyzed on an individual survey level.

† Includes all persons who enter drug detoxification centers, all of whom are presumed to have injected drugs.

§ Includes heterosexual sex workers or their clients, and heterosexual sex partners of persons living with HIV infection.

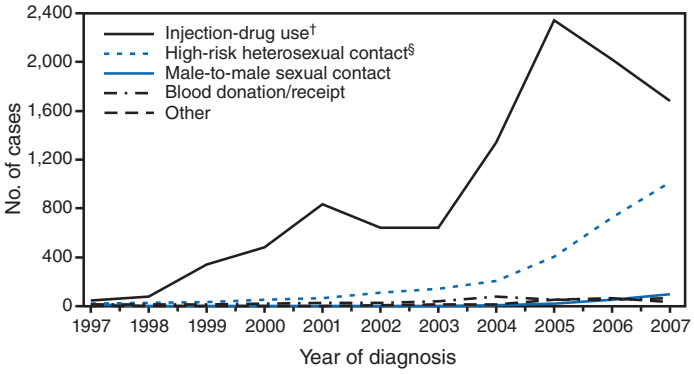
¶ Central region: Guangzhou, Shenzhen, Zhuhai, Foshan, Zhongshan, Jiangmen, and Dongguan prefectures. East region: Shaoguan, Shanwei, Heyuan, Huizhou, Chaozhou, Meizhou, Shantou, and Jieyang prefectures. West region: Zhanjiang, Zhaoqing, Qingyuan, Maoming, Yunfu, and Yangjiang prefectures.

FIGURE 1. Newly diagnosed HIV cases, by sex and year of diagnosis — case-based surveillance system (CBSS), Guangdong Province, China, 1997–2007*



* CBSS collects data regarding persons with HIV infection from various disparate sources, including routine HIV testing, sentinel surveillance testing of certain populations, behavioral surveillance, and special surveys. Data from all components of CBSS are aggregated by the provincial government and cannot be analyzed on an individual survey level.

FIGURE 2. Newly diagnosed HIV cases, by transmission category and year of diagnosis — case-based surveillance system (CBSS), Guangdong Province, China, 1997–2007*



* CBSS collects data regarding persons with HIV infection from various disparate sources, including routine HIV testing, sentinel surveillance testing of certain populations, behavioral surveillance, and special surveys. Data from all components of CBSS are aggregated by the provincial government and cannot be analyzed on an individual survey level.
† Includes all persons who enter drug detoxification centers, all of whom are presumed to have injected drugs.
§ Includes heterosexual sex workers or their clients, and heterosexual sex partners of persons living with HIV infection.

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Editorial Note: The findings in this report indicate that the number of reported newly diagnosed HIV cases in Guangdong Province, China, increased steadily from 1997 to 2003, then rose sharply. The substantial increase in cases likely resulted in part from a 2003 national initiative to expand and intensify testing services and surveillance efforts, including the transition of CBSS to a web-based system in 2004 (*1,8*). Contributing to the rise in HIV cases were expansion of surveillance sites from 43 to 70 in Guangdong Province in 2004 and active case-finding through special surveys of populations at high risk conducted during 2003–2006 (*3*).

The recent increase in reported HIV cases attributed to high-risk heterosexual contact and the decline in cases attributed to injection-drug use might suggest a shift in Guangdong's HIV epidemic similar to the national trend, in which heterosexual transmission was the main transmission category in China in 2007 (*3,8*). In the central region of Guangdong Province, where approximately 80% of the province's HIV cases were reported in 2007, rapid economic growth has led to an influx of migrant workers. Migrant women who lack appropriate job skills or who seek to supplement the family income might become sex workers, and migrant men living apart from their spouses might become clients of sex workers (*6*).

Analyses completed for this report could only be conducted on aggregate data from multiple disparate sources with different methods of sampling. Ideally, trend analysis should be conducted using data that are specific to each surveillance method and consistent over time. Such methods are not yet possible in Guangdong province. However, the aggregate CBSS data, although imperfect, provide an important window into reporting of HIV cases across age, sex, and transmission categories essential for understanding the HIV epidemic in the province, allow identification of the most obvious changes in the dynamics of the HIV epidemic, and recognize key populations at risk. These CBSS data also are instrumental for programmatic resource allocation related to HIV care and treatment. Furthermore, despite the limitations imposed by aggregation, results are consistent with national trends and data from other provinces (*1,2,6,8,9*).

The findings in this report are subject to at least three other limitations. First, large percentages of data were missing for key HIV case characteristics analyzed. For example, for approximately 22% of cases, the patient age group was unknown, and approximately 38% of patients were not classified by transmission category. Second, because definitions for sex worker and injection-drug user were institution based (*10*), verification was not possible. Finally, because HIV-positive persons in CBSS are required by law to report their names and national identification numbers, those consenting to HIV testing likely represent a sample that is biased in unpredictable ways.

Although Guangdong Province has made considerable progress in HIV case-based surveillance, improvements can be made that will increase the ability to identify those in need of care (*2*). Currently, China is working on improvements to CBSS that will allow separate data analyses of sentinel and behavioral surveillance data and improve data quality and analysis.

Additionally, more community-based sampling of populations at high risk are being planned to provide a more complete picture of the HIV epidemic in Guangdong for prevention programming and resource allocation (*2,10*). Sentinel surveillance methods also should be redefined so that they rely less extensively on institutions and more accurately represent those populations at greatest risk (*10*). Finally, because an estimated 71% of persons with HIV infection in China are unaware of their status (*1*), more provider-initiated HIV counseling and testing should be considered to help reduce stigma, increase case-finding, and link more HIV patients with treatment and counseling (*8*).

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Swine Influenza A (H1N1) Infection in Two Children — Southern California, March–April 2009

On April 21, this report was posted as an MMWR Early Release *on the* MMWR *website* (http://www.cdc.gov/mmwr).

On April 17, 2009, CDC determined that two cases of febrile respiratory illness occurring in children who resided in adjacent counties in southern California were caused by infection with a swine influenza A (H1N1) virus. The viruses from the two cases are closely related genetically, resistant to amantadine and rimantadine, and contain a unique combination of gene segments that previously has not been reported among swine or human influenza viruses in the United States or elsewhere. Neither child had contact with pigs; the source of the infection is unknown. Investigations to identify the source of infection and to determine whether additional persons have been ill from infection with similar swine influenza viruses are ongoing. This report briefly describes the two cases and the investigations currently under way. Although this is not a new subtype of influenza A in humans, concern exists that this new strain of swine influenza A (H1N1) is substantially different from human influenza A (H1N1) viruses, that a large proportion of the population might be susceptible to infection, and that the seasonal influenza vaccine H1N1 strain might not provide protection. The lack of known exposure to pigs in the two cases increases the possibility that human-to-human transmission of this new influenza virus has occurred. Clinicians should consider animal as well as seasonal influenza virus infections in their differential diagnosis of patients who have febrile respiratory illness and who 1) live in San Diego and Imperial counties or 2) traveled to these counties or were in contact with ill persons from these counties in the 7 days preceding their illness onset, or 3) had recent exposure to pigs. Clinicians who suspect swine influenza virus infections in a patient should obtain a respiratory specimen and contact their state or local health department to facilitate testing at a state public health laboratory.

Case Reports

Patient A. On April 13, 2009, CDC was notified of a case of respiratory illness in a boy aged 10 years who lives in San Diego County, California. The patient had onset of fever, cough, and vomiting on March 30, 2009. He was taken to an outpatient clinic, and a nasopharyngeal swab was collected for testing as part of a clinical study. The boy received symptomatic treatment, and all his symptoms resolved uneventfully within approximately 1 week. The child had not received influenza

vaccine during this influenza season. Initial testing at the clinic using an investigational diagnostic device identified an influenza A virus, but the test was negative for human influenza subtypes H1N1, H3N2, and H5N1. The San Diego County Health Department was notified, and per protocol, the specimen was sent for further confirmatory testing to reference laboratories, where the sample was verified to be an unsubtypable influenza A strain. On April 14, 2009, CDC received clinical specimens and determined that the virus was swine influenza A (H1N1). The boy and his family reported that the child had had no exposure to pigs. Investigation of potential animal exposures among the boy's contacts is continuing. The patient's mother had respiratory symptoms without fever in the first few days of April 2009, and a brother aged 8 years had a respiratory illness 2 weeks before illness onset in the patient and had a second illness with cough, fever, and rhinorrhea on April 11, 2009. However, no respiratory specimens were collected from either the mother or brother during their acute illnesses. Public health officials are conducting case and contact investigations to determine whether illness has occurred among other relatives and contacts in California, and during the family's travel to Texas on April 3, 2009.

Patient B. CDC received an influenza specimen on April 17, 2009, that had been forwarded as an unsubtypable influenza A virus from the Naval Health Research Center in San Diego, California. CDC identified this specimen as a swine influenza A (H1N1) virus on April 17, 2009, and notified the California Department of Public Health. The source of the specimen, patient B, is a girl aged 9 years who resides in Imperial County, California, adjacent to San Diego County. On March 28, 2009, she had onset of cough and fever (104.3°F [40.2°C]). She was taken to an outpatient facility that was participating in an influenza surveillance project, treated with amoxicillin/clavulanate potassium and an antihistamine, and has since recovered uneventfully. The child had not received influenza vaccine during this influenza season. The patient and her parents reported no exposure to pigs, although the girl did attend an agricultural fair where pigs were exhibited approximately 4 weeks before illness onset. She reported that she did not see pigs at the fair and went only to the amusement section of the fair. The Imperial County Public Health Department and the California Department of Public Health are now conducting an investigation to determine possible sources of infection and to identify any additional human cases. The patient's brother aged 13 years had influenza-like symptoms on April 1, 2009, and a male cousin aged 13 years living in the home had influenza-like symptoms on March 25, 2009, 3 days before onset of the patient's symptoms. The brother and cousin were not tested for influenza at the time of their illnesses.

Epidemiologic and Laboratory Investigations

As of April 21, 2009, no epidemiologic link between patients A and B had been identified, and no additional cases of infection with the identified strain of swine influenza A (H1N1) had been identified. Surveillance data from Imperial and San Diego counties, and from California overall, showed declining influenza activity at the time of the two patients' illnesses. Case and contact investigations by the county and state departments of health in California and Texas are ongoing. Enhanced surveillance for possible additional cases is being implemented in the area.

Preliminary genetic characterization of the influenza viruses has identified them as swine influenza A (H1N1) viruses. The viruses are similar to each other, and the majority of their genes, including the hemagglutinin (HA) gene, are similar to those of swine influenza viruses that have circulated among U.S. pigs since approximately 1999; however, two genes coding for the neuraminidase (NA) and matrix (M) proteins are similar to corresponding genes of swine influenza viruses of the Eurasian lineage (*1*). This particular genetic combination of swine influenza virus segments has not been recognized previously among swine or human isolates in the United States, or elsewhere based on analyses of influenza genomic sequences available on GenBank.* Viruses with this combination of genes are not known to be circulating among swine in the United States; however, no formal national surveillance system exists to determine what viruses are prevalent in the U.S. swine population. Recent collaboration between the U.S. Department of Agriculture and CDC has led to development of a pilot swine influenza virus surveillance program to better understand the epidemiology and ecology of swine influenza virus infections in swine and humans.

The viruses in these two patients demonstrate antiviral resistance to amantadine and rimantadine, and testing to determine susceptibility to the neuraminidase inhibitor drugs oseltamivir and zanamivir is under way. Because these viruses carry a unique combination of genes, no information currently is available regarding the efficiency of transmission in swine or in humans. Investigations to understand transmission of this virus are ongoing.

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Editorial Note: In the past, CDC has received reports of approximately one human swine influenza virus infection every 1–2 years in the United States (*2,3*). However, during December 2005–January 2009, 12 cases of human infection with swine influenza were reported; five of these 12 cases occurred in patients who had direct exposure to pigs, six in patients reported being near pigs, and the exposure in one case was unknown (*1,4,5*). In the United States, novel influenza A virus infections in humans, including swine influenza infections, have been nationally notifiable conditions since 2007. The recent increased reporting might be, in part, a result of increased influenza testing capabilities in public health laboratories, but genetic changes in swine influenza viruses and other factors also might be a factor (*1,4,5*). Although the vast majority of human infections with animal influenza viruses do not result in human-to-human transmission (*2,3*), each case should be fully investigated to be certain that such viruses are not spreading among humans and to limit further exposure of humans to infected animals, if infected animals are identified. Such investigations should include close collaboration between state and local public health officials with animal health officials.

The lack of known exposure to pigs in the two cases described in this report increases the possibility that human-to-human transmission of this new influenza virus has occurred. Clinicians should consider animal as well as seasonal influenza virus infections in the differential diagnosis of patients with febrile respiratory illness who live in San Diego and Imperial counties or have traveled to these areas or been in contact with ill persons from these areas in the 7 days before their illness onset. In addition, clinicians should consider animal influenza infections among persons with febrile respiratory illness who have been near pigs, such as attending fairs or other places where pigs might be displayed. Clinicians who suspect swine influenza virus infections in humans should obtain a nasopharyngeal swab from the patient, place the swab in a viral transport medium, and contact their state or local health department to facilitate transport and timely diagnosis at a state public health laboratory. CDC requests that state public health laboratories send all influenza A specimens that cannot be subtyped to the CDC, Influenza Division, Virus Surveillance and Diagnostics Branch Laboratory.

Interim guidance on infection control, treatment, and chemoprophylaxis for swine influenza is available at http://www.cdc.gov/flu/swine/recommendations.htm. Additional information about swine influenza is available at http://www.cdc.gov/flu/swine/index.htm.

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Notice to Readers

World Malaria Day — April 25, 2009

World Malaria Day is commemorated on April 25, the date in 2000 when 44 African leaders met in Abuja, Nigeria, and signed the Abuja Declaration, committing their countries to cutting malaria deaths in half by 2010. Malaria is a preventable and treatable parasitic disease transmitted by the female *Anopheles* mosquito. Malaria continues to cause approximately 1 million deaths worldwide each year, with nearly 90% of these deaths occurring among young children in Africa (*1*).

This year's theme for World Malaria Day is Counting Malaria Out, reflecting the countdown to achieve the 2010 goal of the Abuja Declaration. Since 2000, increasing numbers of partners and resources have rapidly increased malaria control efforts, and a consensus global action plan* has been written to guide a coordinated international effort to control, eliminate, and ultimately eradicate malaria.

CDC contributes to malaria control through participation in the President's Malaria Initiative (PMI), a U.S. government interagency initiative begun in 2005 to halve malaria deaths in 15 countries in sub-Saharan Africa (Angola, Benin, Ethiopia [Oromia region], Ghana, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Rwanda, Senegal, Tanzania, Uganda, and Zambia). PMI is led by the U.S. Agency for International Development (USAID) and implemented jointly by USAID

* Available at http://www.rollbackmalaria.org/gmap.

and CDC, in collaboration with host ministries of health and local and international partners. Interventions provided by PMI, national governments, and other donors are beginning to decrease malaria-related morbidity and mortality in several countries, notably Malawi, Mozambique, Rwanda, Tanzania, and Zambia. CDC also conducts programmatically relevant malaria research to serve as the basis for future malaria prevention and control strategies.

Additional information about World Malaria Day is available at http://www.rollbackmalaria.org/worldmalariaday. Information about malaria and CDC's malaria control activities is available at http://www.cdc.gov/malaria. Information about PMI is available at http://www.pmi.gov.

Reference

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Notice to Readers

New CDC Materials Regarding Fetal Alcohol Spectrum Disorders

April has been designated Alcohol Awareness Month in the United States to call attention to the problem of alcohol abuse and alcohol-related issues. Alcohol awareness is particularly important for women who are pregnant or planning a pregnancy. Prenatal alcohol exposure is one of the leading preventable causes of birth defects and developmental disabilities. Effective strategies are needed to 1) identify women at risk and intervene and 2) diagnose and treat children with fetal alcohol spectrum disorders (FASDs).

CDC has developed new materials that can guide in the identification, prevention, and management of FASDs. These products include a curriculum development guide for use with health-care students and practitioners and recommendations from the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect on promoting and improving strategies to 1) reduce alcohol use and alcohol-exposed pregnancies and 2) improve early identification, diagnostic services, and research on interventions for children with FASDs and their families. These new materials are available at http://www.cdc.gov/fasd.

Notice to Readers

National Vaccine Advisory Committee Recommendations on Vaccine Financing

In September 2008, the National Vaccine Advisory Committee (NVAC), a federal advisory group, approved a series of recommendations to improve vaccine financing systems in the United States. These 24 recommendations, the final product of 2 years of work, were developed with broad input and consensus from stakeholders, including health-care providers, consumers, insurers, vaccine manufacturers, state and local public health authorities, and state and local government and Medicaid agencies.

The committee recommendations are available at http://www.hhs.gov/nvpo/nvac/reports.html. A report discussing the issues surrounding vaccine financing and the development of the recommendations is available at http://www.hhs.gov/nvpo/nvac/nvacvfwgreport.pdf.

Errata: Vol. 58, No. 6

In the report "*Clostridium perfringens* Infection Among Inmates at a County Jail — Wisconsin, 2008," errors occurred on page 140 in Table 2. The corrected table follows. In addition, on page 138, the fourth sentence of the first paragraph should read, "This report summarizes the findings of an investigation by the Wisconsin Division of Public Health (WDPH) and the local health department, which determined the outbreak was caused by eating casserole containing ground turkey and beef (relative risk [RR] = **8.7**) that was served during the evening meal on August 7." The first sentence of the fifth paragraph should read, "In a cohort analysis, among food and beverages reported consumed by the inmates, the strongest association with illness was eating casserole (RR = **8.7**) at dinner on August 7 (Table 2)."

TABLE 2. Association between reported food exposures and cases of *Clostridium perfringens* gastroenteritis at a county jail — Wisconsin, August 2008

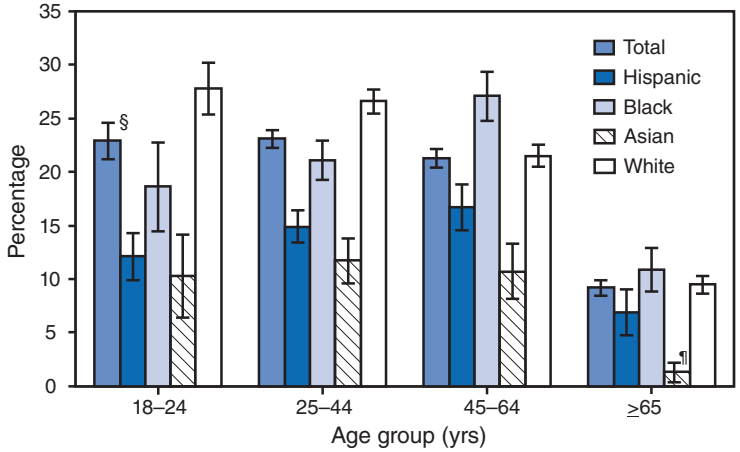
Meal and date served	No. who ate specified foods			No. who did not eat foods			RR*	p-value§	95% CI†
	Cases	Total	Attack rate (%)	Ill	Total	Attack rate (%)			
Breakfast (8/6/2008)									
Cereal	147	159	(92)	31	34	(91)	1.0	0.73	(0.9–1.1)
Milk	151	164	(92)	26	28	(93)	1.0	1.0	(0.9–1.2)
Lunch (8/6/2008)									
Chicken strips	161	172	(94)	18	22	(82)	1.1	0.07	(0.9–1.4)
Carrots	135	145	(93)	41	45	(91)	1.0	0.74	(0.9–1.1)
Brownie/cake	109	116	(94)	55	62	(88)	1.1	0.25	(1.0–1.2)
Flavored drink	154	166	(93)	24	27	(89)	1.0	0.45	(0.9–1.2)
Dinner (8/6/2008)									
Turkey with gravy	177	186	(95)	7	13	(54)	1.8	<0.001	(1.1–2.9)
Rice	176	186	(95)	7	12	(58)	1.6	<0.001	(1.0–2.6)
Corn	170	181	(94)	10	14	(71)	1.3	0.01	(0.9–1.8)
Dinner roll	168	181	(93)	14	16	(88)	0.1	0.35	(0.9–1.3)
Breakfast (8/7/2008)									
Cereal	147	159	(92)	31	34	(91)	1.0	0.73	(0.9–1.1)
Milk	146	158	(92)	29	32	(91)	1.0	0.72	(0.9–1.1)
Lunch (8/7/2008)									
Hot dog	171	184	(93)	13	15	(87)	1.1	0.31	(0.9–1.3)
Bun	169	182	(93)	15	17	(88)	1.1	0.62	(0.9–1.3)
Potato chips	164	178	(92)	20	21	(95)	1.0	1.0	(0.9–1.1)
Green beans	147	157	(94)	36	41	(88)	1.1	0.20	(1.0–1.2)
Dinner (8/7/2008)									
Casserole	191	198	(96)	1	9	(11)	8.7	<0.001	(1.4–55.1)
Mixed vegetables	168	179	(94)	22	26	(85)	1.1	0.10	(0.9–1.3)
Cornbread	159	168	(95)	30	36	(83)	1.1	0.03	(1.0–1.3)

* Relative risk.
§ Fisher's exact test, two-tailed.
† Confidence interval.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of U.S. Adults Aged ≥18 Years Who Are Current Smokers,* by Age Group and Race/Ethnicity† — National Health Interview Survey, United States, 2006–2007



* Based on responses to the following questions: "Have you smoked at least 100 cigarettes in your entire life?" and "Do you now smoke cigarettes every day, some days, or not at all?" Current smokers are persons who have smoked at least 100 cigarettes in their lifetime and smoke every day or some days. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Unknowns for smoking status were not included in the denominators when calculating percentages.

† Races shown (Asian, black, and white) are single race, non-Hispanic only. Persons of Hispanic ethnicity might be of any race. Other race categories are not shown because of small sample sizes.

§ 95% confidence interval.

¶ Estimate is statistically unreliable.

Among persons aged 18–24 and 25–44 years, non-Hispanic white adults were more likely than adults in the other racial/ethnic groups to be current smokers. Among persons aged 45–64 and ≥65 years, non-Hispanic black adults were more likely than adults in the other racial/ethnic groups to be current smokers. Non-Hispanic Asians aged 25–64 years were less likely to be current smokers than were adults of the same age group in the other racial/ethnic groups.

SOURCE: National Center for Health Statistics. National Health Interview Survey, 2006–2007. Available at http://www.cdc.gov/nchs/nhis.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending April 18, 2009 (15th week)*

Disease	Current week	Cum 2009	5-year weekly average†	Total cases reported for previous years 2008	2007	2006	2005	2004	States reporting cases during current week (No.)
Anthrax	—	—	—	—	1	1	—	—	
Botulism:									
foodborne	1	6	0	17	32	20	19	16	OH (1)
infant	—	15	1	105	85	97	85	87	
other (wound and unspecified)	3	10	1	19	27	48	31	30	CA (3)
Brucellosis	1	21	2	78	131	121	120	114	FL (1)
Chancroid	—	13	1	29	23	33	17	30	
Cholera	—	1	0	3	7	9	8	6	
Cyclosporiasis§	1	27	3	137	93	137	543	160	FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases§,¶:									
California serogroup	—	—	0	62	55	67	80	112	
eastern equine	—	—	—	4	4	8	21	6	
Powassan	—	—	—	2	7	1	1	1	
St. Louis	—	—	0	13	9	10	13	12	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§,**:									
Ehrlichia chaffeensis	3	39	2	931	828	578	506	338	OH (1), MD (1), TN (1)
Ehrlichia ewingii	—	—	—	8	—	—	—	—	
Anaplasma phagocytophilum	—	12	3	705	834	646	786	537	
undetermined	—	5	1	111	337	231	112	59	
Haemophilus influenzae,††									
invasive disease (age <5 yrs):									
serotype b	—	10	0	28	22	29	9	19	
nonserotype b	—	64	3	196	199	175	135	135	
unknown serotype	2	56	4	178	180	179	217	177	NY (1), OK (1)
Hansen disease§	—	15	2	79	101	66	87	105	
Hantavirus pulmonary syndrome§	—	1	0	18	32	40	26	24	
Hemolytic uremic syndrome, postdiarrheal§	3	33	3	270	292	288	221	200	OH (1), MD (1), ID (1)
Hepatitis C viral, acute	7	202	14	863	845	766	652	720	NY (2), PA (1), MD (1), GA (1), FL (1), WA (1)
HIV infection, pediatric (age <13 years)§§	—	—	4	—	—	—	380	436	
Influenza-associated pediatric mortality§,¶¶	2	56	2	88	77	43	45	—	NY (1), OH (1)
Listeriosis	3	128	11	752	808	884	896	753	NY (1), WA (1), CA (1)
Measles***	1	17	2	138	43	55	66	37	IA (1)
Meningococcal disease, invasive†††:									
A, C, Y, and W-135	1	95	7	330	325	318	297	—	NY (1)
serogroup B	1	48	3	183	167	193	156	—	WV (1)
other serogroup	—	6	1	31	35	32	27	—	
unknown serogroup	5	149	17	608	550	651	765	—	NE (1), CA (4)
Mumps	4	92	114	436	800	6,584	314	258	NYC (2), OH (1), FL (1)
Novel influenza A virus infections	—	1	—	2	4	N	N	N	
Plague	—	—	0	1	7	17	8	3	
Poliomyelitis, paralytic	—	—	—	—	—	—	1	—	
Polio virus infection, nonparalytic§	—	—	—	—	—	N	N	N	
Psittacosis§	—	5	0	9	12	21	16	12	
Q fever total§,§§§:	2	14	2	101	171	169	136	70	
acute	2	11	1	90	—	—	—	—	GA (1), TX (1)
chronic	—	3	—	11	—	—	—	—	
Rabies, human	—	—	—	1	1	3	2	7	
Rubella¶¶¶	—	—	0	18	12	11	11	10	
Rubella, congenital syndrome	—	1	0	—	—	1	1	—	
SARS-CoV§,****	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	5	54	4	149	132	125	129	132	NY (3), OH (2)
Syphilis, congenital (age <1 yr)	—	45	7	348	430	349	329	353	
Tetanus	—	4	0	19	28	41	27	34	
Toxic-shock syndrome (staphylococcal)§	3	24	1	73	92	101	90	95	MI (1), CA (2)
Trichinellosis	—	7	0	37	5	15	16	5	
Tularemia	—	5	1	117	137	95	154	134	
Typhoid fever	5	102	6	441	434	353	324	322	FL (1), TX (1), CA (3)
Vancomycin-intermediate *Staphylococcus aureus*§	—	15	0	46	37	6	2	—	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	—	2	1	3	1	
Vibriosis (noncholera *Vibrio* species infections)§	4	43	2	488	549	N	N	N	ME (1), MD (1), FL (1), CA (1)
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 April 18, 2009 (15th week)*

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

* Incidence data for reporting year 2008 and 2009 are provisional, whereas data for 2004, 2005, 2006, and 2007 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 notifiable in all states. Data from states where the condition is not notifiable 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.

** The names of the reporting categories changed in 2008 as a result of revisions to the case definitions. Cases reported prior to 2008 were reported in the categories: Ehrlichiosis, human monocytic (analogous to *E. chaffeensis*); Ehrlichiosis, human granulocytic (analogous to *Anaplasma phagocytophilum*), and Ehrlichiosis, unspecified, or other agent (which included cases unable to be clearly placed in other categories, as well as possible cases of *E. ewingii*).

†† 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. Fifty-five 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.

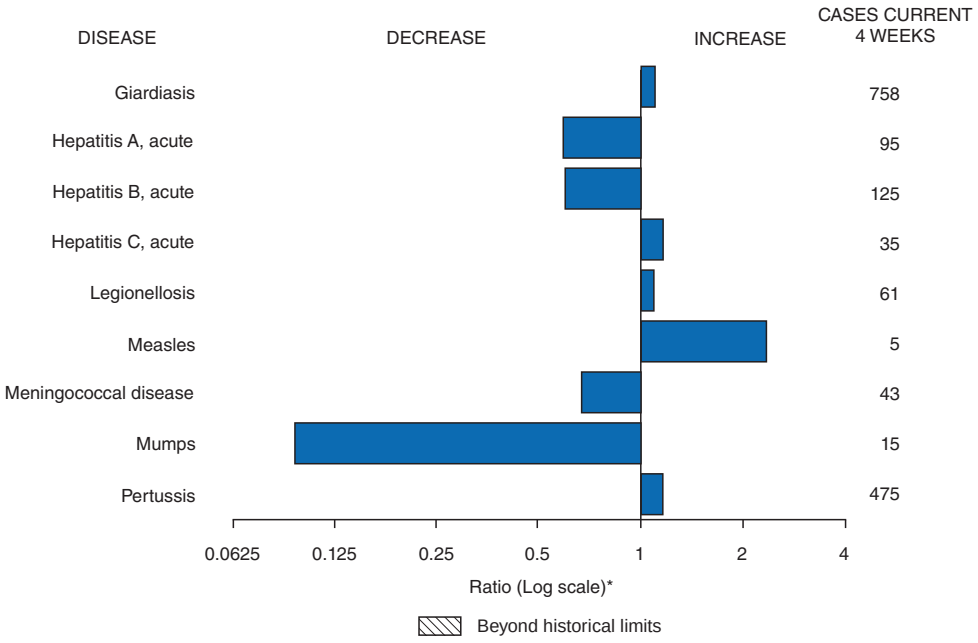
††† Data for meningococcal disease (all serogroups) are available in Table II.

§§§ In 2008, 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.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals April 18, 2009, 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 April 18, 2009, and April 12, 2008 (15th week)*

Reporting area	Chlamydia†					Coccidiodomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 week		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	11,866	21,778	25,374	292,783	324,694	119	124	344	2,093	1,972	68	102	476	1,087	1,086
New England	882	746	1,656	11,452	10,052	—	0	0	—	1	—	5	23	65	108
Connecticut	297	219	1,306	3,176	2,416	N	0	0	N	N	—	0	7	7	41
Maine§	49	48	72	763	753	N	0	0	N	N	—	0	6	7	6
Massachusetts	392	329	950	5,989	5,046	N	0	0	N	N	—	2	13	29	30
New Hampshire	2	36	63	323	597	—	0	0	—	1	—	1	4	11	16
Rhode Island§	115	52	208	856	905	—	0	0	—	—	—	0	3	1	3
Vermont§	27	21	53	345	335	N	0	0	N	N	—	1	7	10	12
Mid. Atlantic	2,542	2,843	6,807	43,004	41,222	—	0	0	—	—	4	13	35	128	142
New Jersey	—	395	762	4,102	6,696	N	0	0	N	N	—	0	4	—	12
New York (Upstate)	676	571	4,554	8,852	7,132	N	0	0	N	N	2	4	17	40	34
New York City	1,190	1,106	3,389	18,041	14,950	N	0	0	N	N	—	1	8	20	27
Pennsylvania	676	792	1,074	12,009	12,444	N	0	0	N	N	2	5	15	68	69
E.N. Central	735	3,326	4,248	38,768	54,795	2	1	3	10	14	16	25	125	246	239
Illinois	—	1,051	1,315	9,884	16,515	N	0	0	N	N	—	2	13	16	27
Indiana	—	378	713	5,704	5,950	N	0	0	N	N	—	3	13	29	22
Michigan	465	832	1,194	13,174	13,303	—	0	3	2	11	1	5	13	54	53
Ohio	35	793	1,300	5,526	12,923	2	0	2	8	3	14	6	59	86	59
Wisconsin	235	290	439	4,480	6,104	N	0	0	N	N	1	9	46	61	78
W.N. Central	842	1,323	1,550	18,604	19,149	—	0	1	1	—	14	16	68	149	153
Iowa	135	185	256	2,816	2,531	N	0	0	N	N	1	4	30	29	40
Kansas	158	185	401	2,791	2,556	N	0	0	N	N	2	1	8	21	13
Minnesota	—	266	310	2,959	4,289	—	0	0	—	—	6	4	14	30	33
Missouri	399	491	576	7,644	6,995	—	0	1	1	—	2	3	13	31	27
Nebraska§	95	100	254	1,375	1,434	N	0	0	N	N	3	1	8	18	24
North Dakota	—	28	60	156	544	N	0	0	N	N	—	0	2	1	1
South Dakota	55	56	85	863	800	N	0	0	N	N	—	1	9	19	15
S. Atlantic	2,390	3,799	4,973	49,857	58,118	—	0	1	4	2	20	18	47	238	197
Delaware	61	70	163	1,367	1,012	—	0	1	1	—	—	0	1	—	4
District of Columbia	—	128	229	1,894	1,939	—	0	0	—	—	—	0	2	—	2
Florida	563	1,399	1,906	21,372	19,383	N	0	0	N	N	6	8	35	80	90
Georgia	1	592	1,274	3,144	10,333	N	0	0	N	N	9	5	13	98	60
Maryland§	427	435	692	6,006	6,297	—	0	1	3	2	—	1	4	9	3
North Carolina	—	0	460	—	2,352	N	0	0	N	N	1	0	16	27	9
South Carolina§	686	527	917	6,951	7,975	N	0	0	N	N	2	1	6	13	10
Virginia§	629	618	908	7,994	7,815	N	0	0	N	N	1	1	4	7	12
West Virginia	23	66	102	1,129	1,012	N	0	0	N	N	1	0	3	4	7
E.S. Central	1,193	1,681	2,157	25,867	23,298	—	0	0	—	—	2	3	9	33	33
Alabama§	47	472	553	6,268	7,299	N	0	0	N	N	1	1	6	10	16
Kentucky	244	248	380	3,441	3,064	N	0	0	N	N	—	1	4	8	4
Mississippi	276	419	841	7,215	4,985	N	0	0	N	N	—	0	2	4	3
Tennessee§	626	552	797	8,943	7,950	N	0	0	N	N	1	1	5	11	10
W.S. Central	434	2,855	3,961	36,580	42,123	—	0	1	—	1	—	8	256	39	51
Arkansas§	365	276	394	4,543	4,164	N	0	0	N	N	—	0	7	3	6
Louisiana	—	431	1,090	4,563	5,318	—	0	1	—	1	—	1	5	6	10
Oklahoma	69	181	407	1,813	3,739	N	0	0	N	N	—	1	16	10	12
Texas§	—	1,908	2,496	25,661	28,902	N	0	0	N	N	—	5	250	20	23
Mountain	924	1,256	1,986	15,860	21,018	75	88	181	1,435	1,341	2	8	38	75	90
Arizona	317	473	645	5,326	6,857	74	86	179	1,406	1,306	2	1	9	9	10
Colorado	330	120	588	1,848	5,060	N	0	0	N	N	—	2	12	23	19
Idaho§	147	67	314	1,146	1,178	N	0	0	N	N	—	1	5	9	17
Montana§	10	59	87	858	886	N	0	0	N	N	—	1	4	8	10
Nevada§	76	174	415	2,948	2,907	1	1	7	22	16	—	0	4	6	5
New Mexico§	—	146	455	2,125	2,115	—	0	2	2	11	—	2	23	13	14
Utah	13	101	252	994	1,665	—	0	1	5	8	—	0	6	1	9
Wyoming§	31	33	97	615	350	—	0	1	—	—	—	0	2	6	6
Pacific	1,924	3,659	4,461	52,791	54,919	42	37	172	643	613	10	6	112	114	73
Alaska	60	88	200	1,281	1,340	N	0	0	N	N	—	0	1	1	1
California	1,320	2,873	3,323	40,844	42,436	42	37	172	643	613	8	5	14	66	55
Hawaii	—	110	248	1,372	1,682	N	0	0	N	N	—	0	1	—	1
Oregon§	252	186	631	2,849	3,047	N	0	0	N	N	2	1	5	38	16
Washington	292	406	557	6,445	6,414	N	0	0	N	N	—	0	99	9	—
American Samoa	—	0	8	—	56	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	5	24	—	34	—	0	0	—	—	—	0	0	—	—
Puerto Rico	59	146	333	2,190	1,553	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	9	22	41	212	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 18, 2009, and April 12, 2008 (15th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	225	307	841	3,951	4,031	2,454	5,786	6,842	66,902	91,416	26	49	114	779	964
New England	9	28	65	305	370	102	100	301	1,427	1,359	1	3	17	46	48
Connecticut	—	6	14	60	87	53	50	275	613	504	—	0	11	10	2
Maine§	9	4	12	58	34	5	2	9	48	25	—	0	2	5	5
Massachusetts	—	11	27	117	162	34	39	112	626	688	—	1	5	26	32
New Hampshire	—	3	11	22	29	—	2	6	30	32	—	0	2	2	5
Rhode Island§	—	1	8	14	22	8	5	16	95	100	1	0	7	2	1
Vermont§	—	3	15	34	36	2	1	3	15	10	—	0	3	1	3
Mid. Atlantic	32	61	119	688	797	492	607	1,148	8,294	9,128	4	10	25	148	171
New Jersey	—	8	21	—	139	—	86	144	839	1,698	—	1	7	10	30
New York (Upstate)	24	23	76	307	248	122	116	666	1,617	1,633	1	3	20	42	42
New York City	3	15	30	206	223	224	208	584	3,279	2,547	—	2	4	22	33
Pennsylvania	5	16	46	175	187	146	198	267	2,559	3,250	3	4	10	74	66
E.N. Central	15	47	88	540	635	303	1,172	1,558	11,994	19,799	3	7	18	89	155
Illinois	—	11	32	71	168	—	364	480	2,853	5,463	—	2	8	28	51
Indiana	N	0	7	N	N	—	146	254	1,890	2,425	—	1	13	12	32
Michigan	1	12	22	147	139	215	305	493	4,311	5,195	1	1	2	8	8
Ohio	13	17	31	223	233	16	258	531	1,703	4,914	2	2	6	34	52
Wisconsin	1	8	20	99	95	72	76	141	1,237	1,802	—	0	2	7	12
W.N. Central	38	27	143	363	385	170	315	391	4,008	4,829	2	3	14	55	68
Iowa	2	6	18	65	72	17	28	53	394	442	—	0	1	—	1
Kansas	2	3	11	35	27	20	42	83	674	621	1	0	4	8	6
Minnesota	27	0	106	72	115	—	54	78	473	960	—	0	10	11	14
Missouri	4	8	22	132	104	90	145	193	1,953	2,280	—	1	4	23	33
Nebraska§	3	4	10	37	42	32	26	50	397	411	1	0	2	10	10
North Dakota	—	0	4	3	8	—	2	7	6	37	—	0	3	3	4
South Dakota	—	2	11	19	17	11	8	20	111	78	—	0	0	—	—
S. Atlantic	55	62	108	985	630	620	1,266	1,722	13,747	20,280	10	12	24	231	248
Delaware	2	1	3	7	11	4	17	35	227	360	—	0	2	1	2
District of Columbia	—	0	5	—	12	—	57	101	774	626	—	0	2	—	4
Florida	42	31	57	539	290	186	431	592	6,088	6,760	7	4	9	91	59
Georgia	5	9	63	233	147	2	227	484	1,027	3,896	—	3	9	50	59
Maryland§	2	5	10	67	52	103	114	210	1,574	1,774	3	1	5	32	46
North Carolina	N	0	0	N	N	—	0	203	—	1,269	—	1	6	19	23
South Carolina§	1	2	9	31	31	176	175	325	2,034	2,827	—	1	7	15	16
Virginia§	3	8	31	95	66	147	179	321	1,866	2,526	—	1	5	11	31
West Virginia	—	1	5	13	21	2	12	26	157	242	—	0	3	12	8
E.S. Central	2	8	22	79	118	316	549	771	7,503	8,454	1	3	6	46	57
Alabama§	1	4	12	42	62	14	172	216	1,877	2,962	—	0	2	11	7
Kentucky	N	0	0	N	N	79	88	153	993	1,154	—	0	2	5	5
Mississippi	N	0	0	N	N	84	140	253	2,201	1,924	—	0	1	—	8
Tennessee§	1	3	13	37	56	139	164	301	2,432	2,414	1	2	5	30	37
W.S. Central	6	7	21	79	69	117	939	1,300	10,400	14,726	3	2	17	36	45
Arkansas§	3	2	8	25	29	103	84	167	1,330	1,356	—	0	2	3	2
Louisiana	3	2	10	33	26	—	162	410	1,520	2,697	1	0	1	8	4
Oklahoma	—	3	11	21	14	14	68	142	609	1,413	2	1	16	25	34
Texas§	N	0	0	N	N	—	601	727	6,941	9,260	—	0	1	—	5
Mountain	8	27	62	286	339	78	193	339	1,764	3,269	2	5	11	89	127
Arizona	3	3	8	47	32	40	63	84	607	1,044	—	2	6	35	55
Colorado	—	10	27	89	117	20	54	101	225	832	—	1	5	22	25
Idaho§	1	3	14	29	37	4	3	13	32	55	1	0	4	2	1
Montana§	—	2	9	26	22	—	2	6	24	31	—	0	1	1	1
Nevada§	1	2	8	15	30	12	33	129	540	754	1	0	2	9	7
New Mexico§	—	1	8	19	30	—	23	48	262	371	—	0	2	9	17
Utah	1	7	18	45	61	—	6	19	53	164	—	1	2	11	21
Wyoming§	2	0	3	16	10	2	2	9	21	18	—	0	2	—	—
Pacific	60	46	539	626	688	256	576	669	7,765	9,572	—	2	6	39	45
Alaska	—	2	10	18	21	11	12	24	205	148	—	0	2	3	5
California	52	35	59	458	530	192	473	572	6,360	7,844	—	0	3	7	13
Hawaii	—	0	4	2	10	—	12	21	147	164	—	0	2	11	7
Oregon§	6	7	18	86	127	20	23	48	324	412	—	1	4	15	20
Washington	2	0	486	62	—	33	54	82	729	1,004	—	0	2	3	—
American Samoa	—	0	0	—	—	—	0	1	—	2	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	15	—	18	—	0	0	—	—
Puerto Rico	—	3	15	25	43	4	5	22	55	67	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	2	6	12	38	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 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 April 18, 2009, and April 12, 2008 (15th week)*

Reporting area	Hepatitis (viral, acute), by type† A: Current week	A: Previous 52 weeks Med	A: Previous 52 weeks Max	A: Cum 2009	A: Cum 2008	B: Current week	B: Previous 52 weeks Med	B: Previous 52 weeks Max	B: Cum 2009	B: Cum 2008	Legionellosis: Current week	Legionellosis: Previous 52 weeks Med	Legionellosis: Previous 52 weeks Max	Legionellosis: Cum 2009	Legionellosis: Cum 2008
United States	21	42	107	485	710	37	72	189	916	1,018	14	51	149	404	516
New England	1	2	8	25	43	—	1	4	7	26	—	2	18	13	26
Connecticut	—	0	4	7	9	—	0	2	3	11	—	0	5	5	5
Maine§	—	0	5	1	3	—	0	2	3	4	—	0	2	—	1
Massachusetts	—	1	3	12	23	—	0	2	—	7	—	1	7	6	8
New Hampshire	1	0	2	2	1	—	0	2	1	2	—	0	5	—	4
Rhode Island§	—	0	2	3	7	—	0	1	—	1	—	0	14	1	5
Vermont§	—	0	1	—	—	—	0	1	—	1	—	0	1	1	3
Mid. Atlantic	5	5	13	58	100	1	7	17	69	143	—	15	59	98	110
New Jersey	—	1	5	5	22	—	1	5	3	50	—	2	14	6	13
New York (Upstate)	2	1	4	15	20	—	1	11	18	16	—	5	24	38	27
New York City	1	2	6	15	29	—	1	6	15	26	—	2	12	8	14
Pennsylvania	2	1	4	23	29	1	3	8	33	51	—	6	33	46	56
E.N. Central	2	6	16	61	103	3	9	19	120	131	—	8	41	76	131
Illinois	—	2	10	11	32	—	2	7	14	36	—	2	13	7	20
Indiana	—	0	4	5	6	1	1	7	14	9	—	1	6	6	9
Michigan	—	2	5	23	46	—	3	8	35	45	—	2	16	15	36
Ohio	2	1	4	17	10	1	2	14	42	35	—	3	18	44	62
Wisconsin	—	0	3	5	9	1	0	3	15	6	—	0	3	4	4
W.N. Central	2	2	15	26	83	5	2	15	52	18	2	2	8	8	27
Iowa	—	1	7	1	35	—	0	3	6	7	—	0	2	2	7
Kansas	—	0	3	2	5	1	0	3	1	3	—	0	1	1	1
Minnesota	1	0	12	6	9	1	0	11	7	—	—	0	4	—	2
Missouri	1	0	3	11	10	2	1	5	27	7	1	1	7	2	9
Nebraska§	—	0	5	6	22	1	0	3	10	1	1	0	3	2	7
North Dakota	—	0	1	—	—	—	0	1	—	—	—	0	1	1	—
South Dakota	—	0	1	—	2	—	0	1	1	—	—	0	1	—	1
S. Atlantic	5	7	16	128	89	11	19	34	309	255	5	9	22	101	97
Delaware	—	0	1	1	1	—	0	2	8	8	—	0	2	—	2
District of Columbia	U	0	0	U	U	U	0	0	U	U	—	0	2	—	3
Florida	4	3	8	69	41	7	7	11	103	92	3	3	7	46	42
Georgia	—	1	4	19	12	2	3	8	41	39	—	1	5	17	10
Maryland§	—	1	4	13	11	1	2	5	32	26	1	2	10	18	19
North Carolina	—	0	9	12	9	—	0	19	90	25	1	0	7	14	5
South Carolina§	1	0	3	8	2	1	1	4	6	25	—	0	2	1	2
Virginia§	—	1	6	6	10	—	2	10	14	23	—	1	5	5	11
West Virginia	—	0	1	—	3	—	1	6	15	17	—	0	3	—	3
E.S. Central	—	1	9	8	12	1	8	13	90	107	—	2	10	18	24
Alabama§	—	0	2	1	3	—	2	7	30	28	—	0	2	2	3
Kentucky	—	0	3	1	4	—	2	7	21	30	—	1	4	8	13
Mississippi	—	0	2	4	—	—	1	3	5	12	—	0	1	—	—
Tennessee§	—	0	6	2	5	1	3	8	34	37	—	0	5	8	8
W.S. Central	1	4	15	45	67	9	12	56	144	211	—	2	17	16	12
Arkansas§	—	0	1	2	1	—	0	4	4	11	—	0	2	—	—
Louisiana	—	0	2	2	5	—	1	4	16	24	—	0	2	1	1
Oklahoma	—	0	5	1	3	4	2	10	30	19	—	0	6	1	—
Texas§	1	4	11	40	58	5	8	45	94	157	—	1	16	14	11
Mountain	4	3	11	40	60	1	4	11	35	51	—	2	8	24	27
Arizona	4	2	10	21	19	1	1	5	14	20	—	0	3	9	7
Colorado	—	0	2	5	12	—	0	3	7	9	—	0	2	1	3
Idaho§	—	0	1	—	11	—	0	2	1	2	—	0	1	—	1
Montana§	—	0	1	2	—	—	0	1	—	—	—	0	2	4	2
Nevada§	—	0	3	6	2	—	1	3	6	13	—	0	2	5	4
New Mexico§	—	0	1	3	11	—	0	2	4	6	—	0	2	—	3
Utah	—	0	2	3	2	—	0	3	3	1	—	0	2	5	7
Wyoming§	—	0	0	—	3	—	0	1	—	—	—	0	0	—	—
Pacific	1	8	59	94	153	6	6	84	90	76	7	4	25	50	62
Alaska	—	0	1	2	1	—	0	1	1	2	—	0	1	2	—
California	1	7	25	73	136	4	5	28	71	61	7	3	8	41	55
Hawaii	—	0	2	2	3	—	0	1	1	3	—	0	1	1	3
Oregon§	—	0	2	6	13	1	1	3	9	10	—	0	2	3	4
Washington	—	0	51	11	—	1	0	56	8	—	—	0	19	3	—
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	4	6	8	—	0	5	1	14	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional.
† Data for acute hepatitis C, viral 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 April 18, 2009, and April 12, 2008 (15th week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serotypes				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	100	528	1,679	1,778	2,401	7	23	56	237	204	7	18	68	298	447
New England	—	89	550	184	515	—	1	6	7	9	—	0	4	13	14
Connecticut	—	0	0	—	—	—	0	3	—	—	—	0	1	1	1
Maine§	—	5	73	32	37	—	0	0	—	1	—	0	1	1	1
Massachusetts	—	39	375	67	291	—	0	4	6	6	—	0	3	8	12
New Hampshire	—	17	143	58	80	—	0	2	—	1	—	0	1	1	—
Rhode Island§	—	0	74	5	99	—	0	1	—	1	—	0	1	1	—
Vermont§	—	4	41	22	8	—	0	1	1	—	—	0	1	1	—
Mid. Atlantic	83	271	1,395	928	1,207	1	5	16	50	52	1	2	5	26	49
New Jersey	—	39	220	171	351	—	0	4	—	9	—	0	1	1	8
New York (Upstate)	50	99	1,332	378	144	1	1	10	15	4	1	0	2	6	15
New York City	—	4	36	—	44	—	3	10	29	32	—	0	2	4	6
Pennsylvania	33	97	519	379	668	—	1	3	6	7	—	1	4	15	20
E.N. Central	4	11	147	36	80	—	2	7	27	40	—	3	8	53	76
Illinois	—	0	13	—	3	—	1	5	8	20	—	1	6	10	29
Indiana	—	0	8	1	—	—	0	2	5	1	—	0	4	11	12
Michigan	—	1	10	4	4	—	0	2	4	6	—	0	3	9	12
Ohio	3	0	6	6	4	—	0	2	10	11	—	1	4	17	15
Wisconsin	1	8	129	25	69	—	0	3	—	2	—	0	2	6	8
W.N. Central	2	10	212	35	10	—	1	10	6	8	1	1	7	23	44
Iowa	—	1	9	4	8	—	0	3	1	1	—	0	1	1	10
Kansas	—	0	4	2	2	—	0	2	1	—	—	0	2	6	2
Minnesota	2	5	202	28	—	—	0	8	1	1	—	0	4	5	15
Missouri	—	0	1	—	—	—	0	3	3	2	—	0	2	8	11
Nebraska§	—	0	2	—	—	—	0	1	—	4	1	0	1	3	5
North Dakota	—	0	10	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	1	—	—	0	0	—	—	—	0	1	—	1
S. Atlantic	7	75	224	526	522	5	6	15	100	52	1	3	9	56	59
Delaware	3	12	36	97	128	—	0	1	1	1	—	0	1	1	—
District of Columbia	—	2	11	—	30	—	0	2	—	—	—	0	0	—	—
Florida	—	1	6	12	7	1	1	7	29	15	—	1	4	27	23
Georgia	1	0	6	14	—	3	1	5	18	11	—	0	2	7	6
Maryland§	1	30	162	280	292	—	1	7	28	20	—	0	3	1	4
North Carolina	—	1	6	15	2	—	0	7	14	2	—	0	3	9	3
South Carolina§	—	0	2	4	4	—	0	1	1	1	—	0	2	5	10
Virginia§	2	15	61	87	52	1	1	3	8	2	—	0	2	4	11
West Virginia	—	1	11	17	7	—	0	1	1	—	1	0	1	2	2
E.S. Central	—	1	5	4	3	—	0	2	7	3	—	0	6	9	24
Alabama§	—	0	2	—	1	—	0	1	2	2	—	0	2	1	1
Kentucky	—	0	2	—	—	—	0	1	1	1	—	0	1	2	5
Mississippi	—	0	1	—	—	—	0	1	—	—	—	0	2	1	7
Tennessee§	—	0	3	4	2	—	0	2	4	—	—	0	3	5	11
W.S. Central	1	2	21	7	13	—	1	10	5	10	—	2	10	24	45
Arkansas§	—	0	0	—	—	—	0	0	—	—	—	0	2	5	5
Louisiana	—	0	1	—	—	—	0	1	—	—	—	0	3	9	15
Oklahoma	—	0	1	—	—	—	0	2	—	1	—	0	3	2	6
Texas§	1	2	21	7	13	—	1	10	5	9	—	1	9	8	19
Mountain	—	1	14	6	5	—	0	3	2	8	—	1	4	29	24
Arizona	—	0	2	—	2	—	0	2	—	2	—	0	2	8	2
Colorado	—	0	1	1	1	—	0	1	1	3	—	0	2	9	5
Idaho§	—	0	1	2	1	—	0	1	—	—	—	0	1	4	2
Montana§	—	0	14	1	—	—	0	0	—	—	—	0	1	2	2
Nevada§	—	0	2	2	—	—	0	1	—	3	—	0	2	3	5
New Mexico§	—	0	2	—	1	—	0	1	—	—	—	0	1	1	3
Utah	—	0	1	—	—	—	0	1	1	—	—	0	1	1	4
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	1	1	1
Pacific	3	4	30	52	46	1	2	36	33	22	4	4	39	65	112
Alaska	—	0	2	1	—	—	0	2	1	—	—	0	2	2	—
California	2	3	8	44	40	1	2	8	23	18	4	2	8	37	100
Hawaii	N	0	0	N	N	—	0	1	1	1	—	0	1	1	1
Oregon§	1	1	3	7	6	—	0	2	4	3	—	1	7	19	11
Washington	—	0	23	—	—	—	0	32	4	—	—	0	31	6	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	1	—	0	1	—	2
U.S. Virgin Islands	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 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 April 18, 2009, and April 12, 2008 (15th week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	72	223	1,880	2,843	2,069	18	92	162	720	1,141	6	40	148	199	78
New England	—	18	34	130	289	2	8	21	75	83	—	0	2	1	1
Connecticut	—	0	4	—	19	—	3	17	31	41	—	0	0	—	—
Maine†	—	1	7	26	12	1	1	5	13	13	—	0	1	1	—
Massachusetts	—	12	30	81	227	—	0	0	—	—	—	0	1	—	1
New Hampshire	—	1	4	14	10	1	1	8	7	8	—	0	1	—	—
Rhode Island†	—	1	6	3	16	—	0	3	7	7	—	0	2	—	—
Vermont†	—	0	2	6	5	—	1	6	17	14	—	0	0	—	—
Mid. Atlantic	16	22	64	226	255	9	29	67	108	327	1	2	30	5	17
New Jersey	—	3	12	17	40	—	0	0	—	—	—	1	6	—	9
New York (Upstate)	6	7	41	53	68	9	9	20	88	96	1	0	29	1	—
New York City	3	1	20	23	29	—	0	2	—	7	—	0	2	4	5
Pennsylvania	7	9	34	133	118	—	21	52	20	224	—	0	2	—	3
E.N. Central	13	36	174	626	492	1	3	29	8	5	—	1	15	4	2
Illinois	—	13	45	140	44	—	1	21	2	1	—	1	11	1	2
Indiana	—	2	96	45	14	—	0	2	—	—	—	0	3	—	—
Michigan	2	8	21	150	53	1	1	9	6	3	—	0	1	1	—
Ohio	11	10	57	280	363	—	1	7	—	1	—	0	4	2	—
Wisconsin	—	2	7	11	18	N	0	0	N	N	—	0	1	—	—
W.N. Central	21	29	839	632	171	2	5	17	62	45	—	4	33	10	3
Iowa	—	4	21	35	26	—	0	5	6	3	—	0	2	—	—
Kansas	4	2	12	45	22	1	1	6	34	24	—	0	0	—	—
Minnesota	—	2	781	112	27	—	0	10	7	8	—	0	0	—	—
Missouri	14	11	51	377	79	1	1	8	7	1	—	4	32	10	3
Nebraska†	3	3	32	55	13	—	0	0	—	—	—	0	4	—	—
North Dakota	—	0	18	2	—	—	0	9	3	3	—	0	0	—	—
South Dakota	—	0	10	6	4	—	0	2	5	6	—	0	1	—	—
S. Atlantic	17	21	71	371	188	2	25	78	352	565	1	16	71	152	34
Delaware	—	0	3	4	2	—	0	0	—	—	—	0	5	1	1
District of Columbia	—	0	1	—	2	—	0	0	—	—	—	0	2	—	2
Florida	6	7	20	122	41	—	0	16	43	138	—	0	3	1	1
Georgia	—	2	9	10	9	—	0	47	88	108	1	1	8	6	4
Maryland†	3	3	9	28	26	—	7	17	74	129	—	1	7	11	8
North Carolina	—	0	65	125	54	N	2	4	N	N	—	9	55	119	11
South Carolina†	6	2	11	44	21	—	0	0	—	—	—	1	9	4	1
Virginia†	2	3	24	35	29	—	10	24	122	162	—	2	15	9	4
West Virginia	—	0	2	3	4	2	1	6	25	28	—	0	1	1	2
E.S. Central	3	10	33	166	72	1	3	7	32	44	2	4	23	15	12
Alabama†	2	2	5	32	17	—	0	0	—	—	—	1	8	6	6
Kentucky	—	4	15	81	11	1	1	4	20	7	—	0	1	—	—
Mississippi	—	1	5	17	28	—	0	1	—	1	—	0	3	1	1
Tennessee†	1	2	14	36	16	—	2	6	12	36	2	2	19	8	5
W.S. Central	—	34	276	301	146	—	1	9	11	24	2	2	41	10	6
Arkansas†	—	1	20	17	20	—	0	6	7	12	2	0	14	3	—
Louisiana	—	2	7	29	3	—	0	0	—	—	—	0	1	—	2
Oklahoma	—	0	29	9	2	—	0	9	4	11	—	0	26	1	—
Texas†	—	28	232	246	121	—	0	1	—	1	—	1	6	6	4
Mountain	—	15	30	232	297	—	2	9	31	15	—	1	3	2	3
Arizona	—	3	10	33	79	N	0	0	N	N	—	0	2	1	1
Colorado	—	3	12	69	55	—	0	0	—	—	—	0	1	—	—
Idaho†	—	1	5	22	9	—	0	0	—	—	—	0	1	—	—
Montana†	—	0	4	7	54	—	0	4	10	—	—	0	1	—	—
Nevada†	—	0	7	6	4	—	0	5	—	—	—	0	2	—	—
New Mexico†	—	1	10	23	21	—	0	3	11	11	—	0	1	—	1
Utah	—	4	19	71	71	—	0	6	—	—	—	0	1	1	1
Wyoming†	—	0	2	1	4	—	0	4	10	4	—	0	2	—	—
Pacific	2	16	463	159	159	1	4	13	41	33	—	0	1	—	—
Alaska	1	3	21	26	26	—	0	2	7	10	N	0	0	N	N
California	—	6	23	13	88	1	3	12	34	23	—	0	1	—	—
Hawaii	—	0	3	6	4	—	0	0	—	—	N	0	0	N	N
Oregon†	1	3	16	49	41	—	0	2	—	—	—	0	1	—	—
Washington	—	0	459	65	—	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	1	—	—	1	5	10	15	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 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 April 18, 2009, and April 12, 2008 (15th week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	359	963	2,846	7,901	7,914	25	79	323	605	954	169	445	919	3,884	3,955
New England	2	31	116	378	775	—	4	15	38	79	—	3	10	48	77
Connecticut	—	0	90	90	491	—	0	15	15	47	—	0	4	4	40
Maine§	2	2	8	24	30	—	0	3	—	2	—	0	6	2	1
Massachusetts	—	20	51	192	203	—	2	11	12	19	—	3	9	35	31
New Hampshire	—	3	10	31	22	—	1	3	9	8	—	0	1	1	1
Rhode Island§	—	2	9	29	18	—	0	3	—	1	—	0	1	4	3
Vermont§	—	1	7	12	11	—	0	6	2	2	—	0	2	2	1
Mid. Atlantic	25	105	203	846	962	2	8	27	48	308	10	55	96	684	451
New Jersey	—	21	55	59	236	—	1	12	3	33	—	19	38	197	96
New York (Upstate)	11	29	65	238	200	2	3	12	27	252	1	9	35	48	110
New York City	3	23	54	223	244	—	1	5	15	9	—	12	31	131	211
Pennsylvania	11	28	78	326	282	—	0	8	3	14	9	9	31	308	34
E.N. Central	31	98	194	946	929	3	11	75	76	102	43	83	128	830	789
Illinois	—	27	72	206	278	—	1	10	7	20	—	17	35	125	249
Indiana	—	8	53	63	77	—	1	14	11	5	—	6	39	21	228
Michigan	9	18	38	210	184	1	2	43	20	23	—	5	24	84	18
Ohio	22	27	65	322	228	2	3	17	22	23	39	42	80	501	214
Wisconsin	—	14	50	145	162	—	3	20	16	31	4	8	33	99	80
W.N. Central	35	52	148	642	527	7	11	59	79	85	14	14	39	132	239
Iowa	5	8	16	80	84	1	2	21	18	19	2	4	12	31	22
Kansas	5	7	29	68	52	—	0	7	5	7	3	2	6	48	2
Minnesota	17	11	69	155	148	2	2	21	23	12	1	4	25	16	47
Missouri	6	13	48	107	139	3	2	11	21	33	8	2	14	30	94
Nebraska§	2	5	41	151	67	1	1	30	11	10	—	0	3	5	—
North Dakota	—	0	10	9	8	—	0	1	—	—	—	0	3	1	20
South Dakota	—	3	22	72	29	—	1	4	1	4	—	0	5	1	54
S. Atlantic	94	250	455	2,131	1,973	4	13	51	139	141	33	54	100	579	867
Delaware	—	2	9	8	29	—	0	2	2	3	—	0	1	5	2
District of Columbia	—	0	4	—	14	—	0	1	—	3	—	0	3	—	5
Florida	61	97	174	907	969	1	2	10	43	45	12	12	34	132	279
Georgia	15	43	86	340	240	—	1	7	11	8	9	16	48	137	337
Maryland§	8	14	36	151	128	—	2	9	20	18	4	3	12	86	18
North Carolina	3	25	106	390	224	1	2	21	42	14	3	4	27	104	30
South Carolina§	4	18	55	148	176	1	0	3	4	13	4	6	32	50	164
Virginia§	1	20	89	150	143	—	3	27	13	29	1	5	59	60	28
West Virginia	2	3	8	37	50	1	0	3	4	8	—	0	3	5	4
E.S. Central	10	60	140	432	477	1	5	12	36	52	11	31	67	226	508
Alabama§	1	16	49	134	151	—	1	3	7	25	1	5	18	54	142
Kentucky	2	10	18	94	85	—	1	7	7	8	—	3	24	29	52
Mississippi	—	14	57	76	98	—	0	2	1	2	—	2	18	7	147
Tennessee§	7	15	62	128	143	1	2	6	21	17	10	17	48	136	167
W.S. Central	16	139	1,118	533	607	1	6	54	36	74	22	98	523	788	573
Arkansas§	5	11	40	87	76	1	1	3	6	10	6	11	27	66	62
Louisiana	1	17	50	88	111	—	0	1	—	1	—	9	26	54	119
Oklahoma	10	15	36	108	74	—	1	19	4	3	2	3	43	37	27
Texas§	—	93	1,057	250	346	—	5	48	26	60	14	65	463	631	365
Mountain	24	60	115	608	699	3	11	39	80	80	7	26	52	273	176
Arizona	11	22	44	230	182	1	1	5	9	18	5	14	33	195	72
Colorado	—	12	20	133	242	—	4	18	45	17	—	2	11	26	20
Idaho§	6	3	15	38	33	1	2	15	7	20	—	0	2	—	3
Montana§	4	2	8	32	20	1	0	3	3	8	—	0	2	3	—
Nevada§	3	4	14	58	56	—	0	3	2	3	1	3	13	23	60
New Mexico§	—	6	32	41	75	—	1	6	7	9	1	2	12	22	14
Utah	—	6	19	64	74	—	1	9	6	3	—	1	3	4	4
Wyoming§	—	1	4	12	17	—	0	1	1	2	—	0	1	—	3
Pacific	122	102	1,174	1,385	965	4	8	205	73	33	29	31	162	324	275
Alaska	1	1	4	13	13	—	0	1	—	2	—	0	1	2	—
California	108	84	516	1,063	824	3	6	39	56	26	14	27	75	252	246
Hawaii	—	5	15	70	53	—	0	2	1	2	—	1	3	5	13
Oregon§	—	8	20	95	75	—	1	8	—	3	—	1	10	17	16
Washington	13	0	843	144	—	1	0	189	16	—	15	0	116	48	—
American Samoa	—	0	1	—	1	—	0	0	—	—	—	0	2	3	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	—	4	—	0	0	—	—	—	0	3	—	5
Puerto Rico	—	14	40	70	141	—	0	0	—	—	—	0	4	1	5
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 notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 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 April 18, 2009, and April 12, 2008 (15th week)*

Reporting area	Streptococcal diseases, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max		
United States	59	99	215	1,846	2,069	43	35	94	582	648
New England	1	5	31	106	133	—	1	12	19	35
Connecticut	—	0	26	23	12	—	0	11	—	—
Maine§	1	0	3	7	11	—	0	1	—	1
Massachusetts	—	3	7	45	82	—	1	3	13	28
New Hampshire	—	1	4	18	13	—	0	1	4	6
Rhode Island§	—	0	8	4	9	—	0	2	—	—
Vermont§	—	0	3	9	6	—	0	1	2	—
Mid. Atlantic	16	18	36	338	437	15	4	25	79	78
New Jersey	—	2	9	2	84	—	1	4	10	25
New York (Upstate)	14	6	24	126	120	4	2	19	42	32
New York City	—	4	12	73	92	11	0	23	27	21
Pennsylvania	2	7	17	137	141	N	0	2	N	N
E.N. Central	7	16	39	346	431	2	6	11	83	118
Illinois	—	4	11	81	127	—	1	5	9	36
Indiana	—	3	19	56	57	—	0	5	9	13
Michigan	1	3	9	59	77	2	1	5	25	32
Ohio	3	4	14	110	111	—	1	5	29	19
Wisconsin	3	1	10	40	59	—	0	2	11	18
W.N. Central	2	5	37	151	151	2	2	14	48	39
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	8	21	21	N	0	1	N	N
Minnesota	—	0	34	52	55	—	0	9	15	15
Missouri	—	2	8	45	42	2	1	4	24	16
Nebraska§	2	1	3	22	16	—	0	1	2	3
North Dakota	—	0	2	2	7	—	0	3	3	1
South Dakota	—	0	2	9	10	—	0	2	4	4
S. Atlantic	19	22	47	421	413	10	6	14	119	132
Delaware	—	0	1	7	6	—	0	0	—	—
District of Columbia	—	0	4	—	8	N	0	0	N	N
Florida	9	6	12	110	92	5	1	3	27	22
Georgia	4	5	14	101	85	1	1	6	36	35
Maryland§	2	3	10	59	77	2	1	3	26	31
North Carolina	—	2	13	42	46	N	0	0	N	N
South Carolina§	2	1	5	31	27	2	1	6	23	20
Virginia§	1	3	9	55	57	—	0	3	1	21
West Virginia	1	0	4	16	15	—	0	2	6	3
E.S. Central	3	4	9	82	65	2	2	6	22	36
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	5	14	15	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	2	—	10
Tennessee§	3	3	8	68	50	2	1	6	22	26
W.S. Central	8	10	58	178	164	9	6	36	110	86
Arkansas§	—	0	2	7	2	1	0	3	10	4
Louisiana	—	0	2	6	8	—	0	3	12	3
Oklahoma	3	2	13	67	45	3	1	7	21	31
Texas§	5	6	45	98	109	5	4	27	67	48
Mountain	3	10	23	176	232	3	4	15	91	107
Arizona	3	3	8	49	80	3	2	9	52	51
Colorado	—	3	8	64	61	—	1	4	19	24
Idaho§	—	0	2	3	9	—	0	1	2	2
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	3	5	—	0	1	—	1
New Mexico§	—	2	6	35	54	—	0	2	7	11
Utah	—	1	6	21	20	—	0	4	11	18
Wyoming§	—	0	1	1	3	—	0	1	—	—
Pacific	—	3	8	48	43	—	1	5	11	17
Alaska	—	1	4	7	10	—	0	4	8	10
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	3	8	41	33	—	0	2	3	7
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	8	—	13	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional.
† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDSS event code 11717).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 18, 2009, and April 12, 2008 (15th week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Aged <5 years									
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	40	57	108	1,110	1,249	9	8	22	163	151	106	252	379	3,303	3,473
New England	—	1	48	20	22	—	0	5	1	2	8	5	15	99	86
Connecticut	—	0	48	—	—	—	0	5	—	—	2	1	5	23	4
Maine§	—	0	2	3	8	—	0	1	—	—	—	0	2	1	3
Massachusetts	—	0	1	1	—	—	0	1	1	—	5	4	11	63	69
New Hampshire	—	0	3	5	—	—	0	0	—	—	1	0	2	8	4
Rhode Island§	—	0	4	5	8	—	0	1	—	1	—	0	5	4	3
Vermont§	—	0	2	6	6	—	0	1	—	1	—	0	2	—	3
Mid. Atlantic	2	3	14	51	120	—	0	3	10	11	28	32	51	519	505
New Jersey	—	0	0	—	—	—	0	0	—	—	—	4	10	58	72
New York (Upstate)	1	1	8	21	23	—	0	2	6	3	2	2	8	28	34
New York City	—	1	5	2	48	—	0	0	—	—	22	23	37	349	307
Pennsylvania	1	1	10	28	49	—	0	1	4	8	4	5	11	84	92
E.N. Central	8	10	28	195	280	2	1	6	30	32	—	20	34	237	344
Illinois	N	0	0	N	N	N	0	0	N	N	—	5	14	39	135
Indiana	—	2	19	31	101	—	0	3	6	12	—	2	10	42	40
Michigan	—	0	3	10	8	—	0	1	—	1	—	4	18	67	55
Ohio	8	7	18	154	171	2	1	4	24	19	—	6	24	73	97
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	1	4	16	17
W.N. Central	—	2	8	41	93	—	0	2	11	6	2	7	14	82	129
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	8	5
Kansas	—	1	4	13	41	—	0	2	8	2	1	0	3	4	8
Minnesota	—	0	0	—	—	—	0	0	—	—	—	2	6	16	31
Missouri	—	1	4	24	49	—	0	1	3	1	1	3	10	51	81
Nebraska§	—	0	0	—	—	—	0	0	—	—	—	0	2	3	4
North Dakota	—	0	2	4	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	2	—	3	—	0	0	—	3	—	0	1	—	—
S. Atlantic	23	22	51	574	504	5	4	14	77	70	30	59	197	775	640
Delaware	—	0	1	7	1	—	0	0	—	—	3	0	4	11	1
District of Columbia	N	0	0	N	N	N	0	0	N	N	—	2	9	46	33
Florida	22	14	36	369	271	5	3	13	56	40	—	19	38	301	252
Georgia	—	7	23	147	182	—	1	5	20	25	—	13	169	87	83
Maryland§	—	0	1	4	4	—	0	0	—	1	7	8	16	93	92
North Carolina	N	0	0	N	N	N	0	0	N	N	8	6	19	130	71
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	2	6	19	25
Virginia§	N	0	0	N	N	N	0	0	N	N	12	4	16	87	82
West Virginia	1	1	13	47	46	—	0	2	1	4	—	0	1	1	1
E.S. Central	4	5	25	138	135	—	1	4	17	17	19	22	36	339	301
Alabama§	N	0	0	N	N	N	0	0	N	N	3	8	17	125	132
Kentucky	—	1	6	36	30	—	0	2	4	4	2	1	10	21	20
Mississippi	—	0	2	—	—	—	0	1	—	—	7	3	18	59	34
Tennessee§	4	3	22	102	105	—	0	3	13	13	7	8	19	134	115
W.S. Central	1	2	7	39	45	—	0	3	8	8	8	45	80	637	583
Arkansas§	—	0	5	20	6	—	0	3	5	2	4	4	35	81	26
Louisiana	1	1	6	19	39	—	0	1	3	6	—	11	33	128	133
Oklahoma	N	0	0	N	N	N	0	0	N	N	4	1	7	18	26
Texas§	—	0	0	—	—	—	0	0	—	—	—	28	40	410	398
Mountain	2	3	7	50	49	2	0	3	9	4	3	9	18	68	167
Arizona	—	0	0	—	—	—	0	0	—	—	—	5	13	19	96
Colorado	—	0	0	—	—	—	0	0	—	—	1	1	5	4	33
Idaho§	N	0	1	N	N	N	0	1	N	N	—	0	2	2	1
Montana§	—	0	1	—	—	—	0	0	—	—	—	0	7	—	—
Nevada§	2	1	4	22	22	2	0	1	5	1	2	1	7	31	22
New Mexico§	—	0	1	—	—	—	0	0	—	—	—	1	5	12	6
Utah	—	1	6	22	27	—	0	3	4	3	—	0	2	—	9
Wyoming§	—	0	2	6	—	—	0	0	—	—	—	0	1	—	—
Pacific	—	0	1	2	1	—	0	1	—	1	8	46	71	547	718
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
California	N	0	0	N	N	N	0	0	N	N	6	41	65	486	645
Hawaii	—	0	1	2	1	—	0	1	—	1	—	0	3	10	9
Oregon§	N	0	0	N	N	N	0	0	N	N	1	0	3	9	6
Washington	N	0	0	N	N	N	0	0	N	N	1	3	9	42	58
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	0	—	—	—	0	0	—	—	2	3	11	49	39
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 notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 18, 2009, and April 12, 2008 (15th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008	Current week	Previous 52 weeks		Cum 2009	Cum 2008
		Med	Max				Med	Max				Med	Max		
United States	218	431	1,015	5,337	10,340	—	1	75	—	2	—	1	77	—	5
New England	2	13	29	95	309	—	0	2	—	—	—	0	1	—	1
Connecticut	—	0	0	—	—	—	0	2	—	—	—	0	1	—	1
Maine¶	—	2	11	—	112	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
New Hampshire	2	4	12	67	110	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Vermont¶	—	4	17	28	87	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	33	40	83	538	868	—	0	8	—	—	—	0	4	—	—
New Jersey	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	2	—	—
New York City	—	0	0	—	—	—	0	2	—	—	—	0	2	—	—
Pennsylvania	33	40	83	538	868	—	0	2	—	—	—	0	1	—	—
E.N. Central	65	146	312	2,378	2,333	—	0	8	—	—	—	0	3	—	—
Illinois	—	39	73	619	243	—	0	4	—	—	—	0	2	—	—
Indiana	—	0	7	37	—	—	0	1	—	—	—	0	1	—	—
Michigan	22	55	116	736	1,025	—	0	4	—	—	—	0	2	—	—
Ohio	37	44	106	884	934	—	0	3	—	—	—	0	1	—	—
Wisconsin	6	5	50	102	131	—	0	2	—	—	—	0	1	—	—
W.N. Central	44	22	72	469	457	—	0	6	—	1	—	0	21	—	—
Iowa	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Kansas	13	5	22	111	234	—	0	2	—	1	—	0	3	—	—
Minnesota	—	0	0	—	—	—	0	2	—	—	—	0	4	—	—
Missouri	31	12	51	322	202	—	0	3	—	—	—	0	1	—	—
Nebraska¶	N	0	0	N	N	—	0	1	—	—	—	0	6	—	—
North Dakota	—	0	39	36	4	—	0	2	—	—	—	0	11	—	—
South Dakota	—	0	4	—	17	—	0	5	—	—	—	0	6	—	—
S. Atlantic	67	67	163	823	1,832	—	0	4	—	—	—	0	4	—	—
Delaware	—	1	5	2	7	—	0	0	—	—	—	0	1	—	—
District of Columbia	—	0	3	—	10	—	0	2	—	—	—	0	1	—	—
Florida	58	29	68	560	656	—	0	2	—	—	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	3	—	—
North Carolina	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
South Carolina¶	6	8	67	71	316	—	0	0	—	—	—	0	1	—	—
Virginia¶	—	14	60	28	570	—	0	0	—	—	—	0	1	—	—
West Virginia	3	11	32	162	273	—	0	1	—	—	—	0	0	—	—
E.S. Central	—	9	101	17	395	—	0	7	—	—	—	0	9	—	2
Alabama¶	—	9	101	16	388	—	0	3	—	—	—	0	2	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	1	1	7	—	0	4	—	—	—	0	8	—	1
Tennessee¶	N	0	0	N	N	—	0	2	—	—	—	0	3	—	1
W.S. Central	2	81	355	498	3,214	—	0	8	—	—	—	0	7	—	1
Arkansas¶	—	4	61	19	252	—	0	1	—	—	—	0	1	—	—
Louisiana	2	1	5	21	35	—	0	3	—	—	—	0	5	—	—
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Texas¶	—	74	345	458	2,927	—	0	6	—	—	—	0	4	—	1
Mountain	4	32	83	477	895	—	0	12	—	1	—	0	22	—	1
Arizona	—	0	0	—	—	—	0	10	—	1	—	0	8	—	—
Colorado	—	13	44	203	355	—	0	4	—	—	—	0	10	—	—
Idaho¶	N	0	0	N	N	—	0	1	—	—	—	0	6	—	1
Montana¶	—	4	27	70	131	—	0	0	—	—	—	0	2	—	—
Nevada¶	N	0	0	N	N	—	0	2	—	—	—	0	3	—	—
New Mexico¶	—	2	10	43	97	—	0	1	—	—	—	0	1	—	—
Utah	4	12	31	161	304	—	0	2	—	—	—	0	5	—	—
Wyoming¶	—	0	1	—	8	—	0	0	—	—	—	0	2	—	—
Pacific	1	3	8	42	37	—	0	38	—	—	—	0	23	—	—
Alaska	1	1	6	26	12	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	37	—	—	—	0	20	—	—
Hawaii	—	1	4	16	25	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	2	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	1	17	—	21	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	9	26	89	195	—	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 notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 and 2009 are provisional.
† 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 notifiable in all states. Data from states where the condition is not notifiable 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 April 18, 2009 (15th week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	448	320	93	21	7	7	36
Boston, MA	128	81	33	5	5	4	14
Bridgeport, CT	36	32	3	—	1	—	5
Cambridge, MA	14	12	1	1	—	—	—
Fall River, MA	30	25	4	1	—	—	—
Hartford, CT	44	33	7	4	—	—	3
Lowell, MA	30	20	7	2	—	1	1
Lynn, MA	15	8	4	3	—	—	1
New Bedford, MA	32	25	7	—	—	—	3
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	56	39	15	1	—	1	3
Somerville, MA	4	3	1	—	—	—	—
Springfield, MA	35	23	8	3	—	1	3
Waterbury, CT	24	19	3	1	1	—	3
Worcester, MA	U	U	U	U	U	U	U
Mid. Atlantic	2,194	1,498	506	112	34	41	91
Albany, NY	48	33	10	3	—	2	2
Allentown, PA	29	24	4	1	—	—	—
Buffalo, NY	68	46	19	2	1	—	2
Camden, NJ	39	21	15	—	3	—	4
Elizabeth, NJ	20	14	2	3	—	1	4
Erie, PA	43	32	7	3	1	—	2
Jersey City, NJ	U	U	U	U	U	U	U
New York City, NY	1,032	710	237	51	13	19	33
Newark, NJ	36	26	5	4	1	—	—
Paterson, NJ	11	5	4	—	—	2	2
Philadelphia, PA	428	262	114	30	11	10	20
Pittsburgh, PA§	40	30	7	3	—	—	3
Reading, PA	27	23	4	—	—	—	1
Rochester, NY	148	107	33	4	2	2	8
Schenectady, NY	25	22	2	1	—	—	3
Scranton, PA	30	22	5	1	—	2	1
Syracuse, NY	99	67	24	4	2	2	4
Trenton, NJ	34	19	12	2	—	1	—
Utica, NY	19	18	1	—	—	—	—
Yonkers, NY	18	17	1	—	—	—	2
E.N. Central	2,152	1,406	517	134	40	53	148
Akron, OH	49	36	9	2	—	2	3
Canton, OH	36	27	8	1	—	—	4
Chicago, IL	380	215	112	32	11	9	31
Cincinnati, OH	71	45	19	2	—	5	14
Cleveland, OH	267	194	54	10	3	6	11
Columbus, OH	171	110	44	11	5	1	13
Dayton, OH	134	92	30	9	—	3	10
Detroit, MI	149	73	54	11	5	6	9
Evansville, IN	53	35	12	4	—	2	5
Fort Wayne, IN	54	38	13	2	—	1	4
Gary, IN	15	4	7	2	1	1	—
Grand Rapids, MI	42	33	5	3	—	1	5
Indianapolis, IN	248	161	54	16	9	8	12
Lansing, MI	59	44	12	1	2	—	3
Milwaukee, WI	109	75	22	9	1	2	9
Peoria, IL	51	37	9	3	—	2	3
Rockford, IL	62	38	17	4	1	2	4
South Bend, IN	28	19	4	3	1	—	—
Toledo, OH	116	85	22	7	—	2	5
Youngstown, OH	58	45	10	2	1	—	3
W.N. Central	617	420	133	39	10	15	47
Des Moines, IA	66	48	12	5	—	1	6
Duluth, MN	30	23	4	3	—	—	4
Kansas City, KS	26	15	7	2	2	—	2
Kansas City, MO	74	56	10	5	—	3	4
Lincoln, NE	58	44	10	4	—	—	5
Minneapolis, MN	52	29	17	1	1	4	4
Omaha, NE	85	60	22	3	—	—	14
St. Louis, MO	107	57	32	7	6	5	4
St. Paul, MN	42	28	8	4	—	2	2
Wichita, KS	77	60	11	5	1	—	2
S. Atlantic	1,293	744	324	132	53	40	66
Atlanta, GA	197	107	57	16	8	9	3
Baltimore, MD	182	96	51	21	11	3	14
Charlotte, NC	127	84	31	9	1	2	12
Jacksonville, FL	192	91	31	52	15	3	10
Miami, FL	97	52	31	9	3	2	5
Norfolk, VA	47	34	10	—	2	1	—
Richmond, VA	58	37	19	—	—	2	2
Savannah, GA	22	18	1	1	—	2	1
St. Petersburg, FL	50	31	14	1	2	2	5
Tampa, FL	202	136	41	13	6	6	11
Washington, D.C.	104	49	33	9	5	8	2
Wilmington, DE	15	9	5	1	—	—	1
E.S. Central	908	584	227	58	18	21	80
Birmingham, AL	166	91	44	17	7	7	16
Chattanooga, TN	130	82	35	8	1	4	9
Knoxville, TN	98	66	26	5	—	1	10
Lexington, KY	72	48	17	6	—	1	4
Memphis, TN	152	103	34	11	1	3	13
Mobile, AL	81	54	23	1	3	—	12
Montgomery, AL	29	23	6	—	—	—	3
Nashville, TN	180	117	42	10	6	5	13
W.S. Central	1,407	887	343	115	34	28	97
Austin, TX	77	48	20	5	3	1	7
Baton Rouge, LA	60	37	8	14	1	—	—
Corpus Christi, TX	84	58	21	3	1	1	8
Dallas, TX	190	103	50	22	11	4	16
El Paso, TX	98	73	20	3	2	—	6
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	407	232	119	39	7	10	24
Little Rock, AR	83	44	23	8	4	4	3
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	229	166	45	12	1	5	22
Shreveport, LA	51	35	8	4	1	3	5
Tulsa, OK	128	91	29	5	3	—	6
Mountain	1,220	817	257	74	35	37	88
Albuquerque, NM	122	91	20	7	3	1	10
Boise, ID	61	46	8	2	2	3	4
Colorado Springs, CO	60	46	11	1	1	1	2
Denver, CO	91	59	21	5	2	4	8
Las Vegas, NV	270	176	60	15	14	5	20
Ogden, UT	33	24	6	2	—	1	2
Phoenix, AZ	279	164	68	31	5	11	18
Pueblo, CO	32	25	4	2	1	—	4
Salt Lake City, UT	115	72	27	5	5	6	9
Tucson, AZ	157	114	32	4	2	5	12
Pacific	1,795	1,221	400	109	39	25	166
Berkeley, CA	14	10	4	—	—	—	4
Fresno, CA	117	77	28	10	1	1	15
Glendale, CA	28	20	7	1	—	—	5
Honolulu, HI	85	59	19	2	2	3	4
Long Beach, CA	79	53	18	6	1	1	13
Los Angeles, CA	284	195	62	17	7	3	38
Pasadena, CA	16	14	1	1	—	—	3
Portland, OR	132	85	31	9	3	3	7
Sacramento, CA	241	170	49	15	5	2	20
San Diego, CA	166	110	38	8	5	5	18
San Francisco, CA	106	67	31	4	2	2	13
San Jose, CA	157	109	30	11	4	3	13
Santa Cruz, CA	31	20	10	1	—	—	4
Seattle, WA	136	86	35	7	7	1	4
Spokane, WA	74	51	17	5	—	1	4
Tacoma, WA	129	95	20	12	2	—	1
Total¶	**12,034**	**7,897**	**2,800**	**794**	**270**	**267**	**820**

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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