State Cigarette Excise Taxes — United States, 2009

Increasing the price of cigarettes can reduce smoking substantially by discouraging initiation among youths and young adults, prompting quit attempts, and reducing average cigarette consumption among those who continue to smoke (1–3). Increasing cigarette excise taxes is one of the most effective tobacco control policies because it directly increases cigarette prices, thereby reducing cigarette use and smoking-related death and disease (1). All states and the District of Columbia (DC) impose an excise tax on cigarettes (1). Because many states increased their cigarette excise taxes in 2009, CDC conducted a survey of these tax increases. For this report, CDC reviewed data contained in a legislative database to identify cigarette excise tax legislation that was enacted during 2009 by the 50 states and DC. During that period, 15 states (including DC), increased their state excise tax on cigarettes, increasing the national mean from $1.18 per pack in 2008 to $1.34 per pack in 2009. However, none of the 15 states dedicated any of the new excise tax revenue by statute to tobacco control. Additionally, for the first time, two states (Connecticut and Rhode Island) had excise tax rates of at least $3.00 per pack. Additional increases in cigarette excise taxes, and dedication of all resulting revenues to tobacco control and prevention programs at levels recommended by CDC, could result in further reductions in smoking and associated morbidity and mortality (2,4).

Cigarettes and other tobacco products are taxed by federal, state, and local governments in various ways, including excise taxes, which typically are levied per pack of 20 cigarettes (1). State cigarette excise tax rates are set by legislation, are contained in state statutes, and usually are collected before the point of sale (i.e., from manufacturers, wholesalers, or distributors), as denoted by a tax stamp. Forty-four states and DC also levy state sales taxes on the retail sale of cigarettes (5).

State cigarette excise tax data for this report were obtained from CDC's State Tobacco Activities Tracking and Evaluation (STATE) system database, which contains tobacco-related epidemiologic and economic data and information on state tobacco-related legislation. Data are collected quarterly from an online legal research database of state laws, analyzed, coded, and transferred into the STATE system. The STATE system contains information on state laws on excise taxes for cigarettes in effect since the fourth quarter of 1995.

All states and DC impose an excise tax on cigarettes (1) (Figure 1). During 2009, cigarette excise tax increases were enacted and took effect in 15 states: Arkansas, Connecticut, Delaware, DC, Florida, Hawaii, Kentucky, Mississippi, New Hampshire, New Jersey, North Carolina, Pennsylvania, Rhode Island, Vermont, and Wisconsin (Table). No state decreased its excise tax. The increases ranged from $0.10 per pack in North Carolina to $1.00 per pack in Connecticut, Florida, and Rhode Island. For states with an excise tax increase in 2009, the mean increase was $0.52 per pack. The increases resulted in Connecticut and Rhode Island becoming the first two states with a cigarette excise tax of at least $3.00 per pack (Table). Additionally, Hawaii included a provision in the state law that will increase the state cigarette excise tax by $0.20 per year in July 2010 and 2011, bringing the state tax to $3.00 per pack.

The national mean cigarette excise tax among all states increased from $1.18 per pack in 2008 to $1.34 per pack in 2009. South Carolina had the lowest state cigarette excise tax in the United States, at $0.07 per pack, and Rhode Island had the highest, at $3.46 per pack (Table). Among major tobacco-growing states (Georgia, Kentucky, North Carolina, South Carolina, Tennessee, and Virginia), the mean state cigarette excise tax was $0.40 per pack on December 31, 2009, an increase from $0.28 in 2008. For all other states, including DC, the mean cigarette excise tax was $1.46 per pack on December 31, 2009, an increase from $1.30 in 2008.
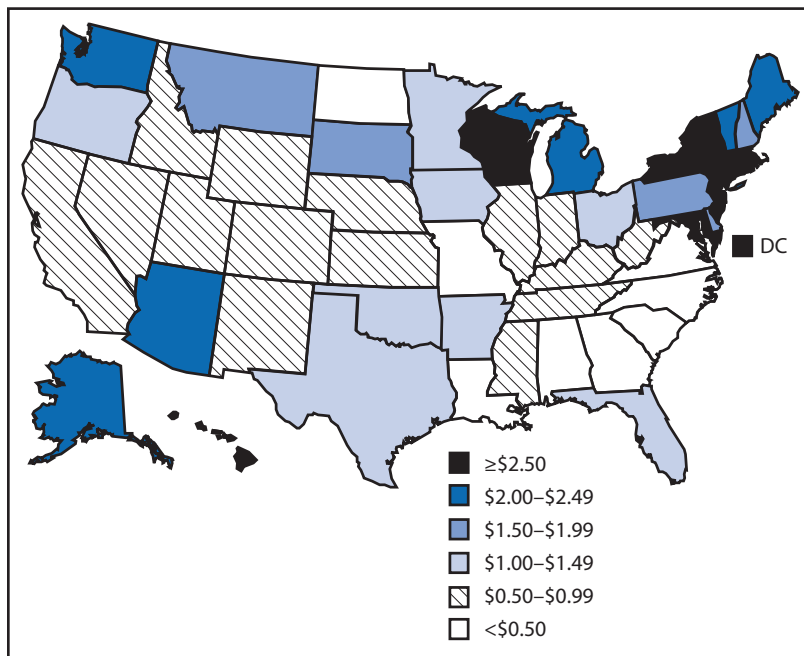
FIGURE 1. State excise tax per pack of 20 cigarettes — United States, December 31, 2009

Legend:
- ≥$2.50
- $2.00–$2.49
- $1.50–$1.99
- $1.00–$1.49
- $0.50–$0.99
- <$0.50

SOURCE: CDC, Office on Smoking and Health. State Tobacco Activities Tracking and Evaluation (STATE) system.

California, Missouri, North Dakota, and South Carolina remain the only states that have not increased their state cigarette excise tax in the past decade. South Carolina's cigarette excise tax of $0.07 per pack has not increased since 1977. Missouri and North Dakota have not raised the state cigarette excise tax ($0.17 and $0.44 per pack, respectively) since 1993, and California has not raised its $0.87 per pack tax since 1998.

Reported by

K Debrot, DrPH, M Tynan, J Francis, MPH, A MacNeil, MPH, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note

Cigarette excise tax increases reduce tobacco use and initiation. A 10% increase in the price of cigarettes can reduce consumption by nearly 4% among adults (*3*) and can have an even greater effect among youths and other price-sensitive groups (*6,7*). When combined with other evidence-based components of comprehensive tobacco control programs, cigarette excise tax increases can be even more effective in reducing tobacco-related death and

TABLE. State excise taxes per pack of 20 cigarettes, amount increased during 2009, and change from 2008, by state — United States, December 31, 2009*

State[†]	2009		Change from 2008 (%)
	Tax ($)	Increase ($)	
Rhode Island	3.46	1.00	40.7
Connecticut	3.00	1.00	50.0
New York	2.75	—[§]	—
New Jersey	2.70	0.125	4.9
Hawaii	2.60	0.60	30.0
Wisconsin	2.52	0.75	42.4
Massachusetts	2.51	—	—
District of Columbia	2.50	0.50	25.0
Vermont	2.24	0.25	12.6
Washington	2.025	—	—
Alaska	2.00	—	—
Arizona	2.00	—	—
Maine	2.00	—	—
Maryland	2.00	—	—
Michigan	2.00	—	—
New Hampshire	1.78	0.45	33.8
Montana	1.70	—	—
Delaware	1.60	0.45	39.1
Pennsylvania	1.60	0.25	18.5
South Dakota	1.53	—	—
Texas	1.41	—	—
Iowa	1.36	—	—
Florida	1.339	1.00	295.0
Ohio	1.25	—	—
Minnesota	1.23	—	—
Oregon	1.18	—	—
Arkansas	1.15	0.56	94.9
Oklahoma	1.03	—	—
Indiana	0.995	—	—
Illinois	0.98	—	—
New Mexico	0.91	—	—
California	0.87	—	—
Colorado	0.84	—	—
Nevada	0.80	—	—
Kansas	0.79	—	—
Utah	0.695	—	—
Mississippi	0.68	0.50	277.8
Nebraska	0.64	—	—
Tennessee[¶]	0.62	—	—
Kentucky[¶]	0.60	0.30	100.0
Wyoming	0.60	—	—
Idaho	0.57	—	—
West Virginia	0.55	—	—
North Carolina[¶]	0.45	0.10	28.6
North Dakota	0.44	—	—
Alabama	0.425	—	—
Georgia[¶]	0.37	—	—
Louisiana	0.36	—	—
Virginia[¶]	0.30	—	—
Missouri	0.17	—	—
South Carolina[¶]	0.07	—	—
State mean	*1.337*	*0.522***	*64.0***

* Available at http://www.cdc.gov/tobacco/statesystem.
[†] Includes the District of Columbia.
[§] No change during 2009.
[¶] Major tobacco-growing state.
** Among states that increased excise taxes in 2009.

What is already known on this topic?

Increasing cigarette excise taxes is one of the most effective tobacco control policies because it directly increases cigarette prices, thereby reducing cigarette use and smoking-related death and disease.

What is added by this report?

During 2009, 15 states (including the District of Columbia) increased their state cigarette excise taxes; however, none of these states dedicated any of the new revenue to tobacco control.

What are the implications for public health practice?

Dedicating revenues from cigarette excise tax increases to tobacco control programs could complement the effect of excise taxes in discouraging youth smoking initiation, increasing quit attempts, and decreasing the number of cigarettes consumed by those who continue to smoke.

disease (2). Excise tax increases also can serve as a revenue source to fund and expand state tobacco control programs, further reducing tobacco use and disease (2,4). For example, if every state were to increase its cigarette excise tax by $1.00, even accounting for the resulting decrease in consumption, an estimated $9.1 billion in additional revenue would be generated each year in the United States (8). Additionally, approximately 1 million premature smoking-caused deaths would be prevented, and 2.3 million children would not initiate smoking (8).

Although Kentucky and North Carolina, the two major tobacco-growing states, did increase their cigarette excise taxes in 2009, the cigarette excise taxes in these states remain among the lowest in the country (Figure 1). The individual cigarette excise tax rates in tobacco-growing and bordering southeastern states remain substantially lower than the rest of the country. These states typically have higher smoking rates and do not have strong tobacco control policies, such as comprehensive state smoke-free laws.*

The tax increases described in this report are a part of a general rise in cigarette excise taxes in the United States during the past decade (9). The Institute of Medicine (IOM) noted in 2007 that recent cigarette excise tax increases had largely been in response to state budget shortfalls (2), which also might explain the high number of states that increased their cigarette excise tax rates in 2009. The *Healthy People 2010* objective (27-21a)[†] to increase the combined federal and mean state excise tax to at least $2.00 per pack also was achieved in 2009 (Figure 2) (9). In 2009, the combined federal and mean state cigarette excise tax

* Data available at http://www.cdc.gov/tobacco/statesystem.
[†] Available at http://www.healthypeople.gov/document/pdf/volume2/27tobacco.pdf.

was $2.35 per pack. This goal was achieved because of an increase in the federal cigarette excise tax, which increased from $0.39 per pack to $1.01 per pack on April 1, 2009. Had the federal cigarette excise tax not taken effect by the end of 2009, the combined taxes would have been $0.27 per pack below the *Healthy People 2010* target.

CDC recommends that states invest $9.23–$18.02 per capita on comprehensive tobacco control programs (*4*), which have been shown to decrease cigarette smoking (*2,4*). Funding comprehensive tobacco control programs also can reduce health-care expenditures dramatically within a state. In 1988, California established a state tobacco control program funded by a portion of the state's cigarette excise tax revenue (*10*). In the first 15 years of funding, the $1.8 billion invested in the California tobacco control program resulted in an estimated $86 billion in savings in personal health-care expenditures (*10*).

The findings in this report are subject to at least one limitation. The STATE system tracks only state-level data and does not include data on local (county, city, or other jurisdiction) taxes. Although not included in this analysis, approximately 460 communities impose a local tax on cigarettes, including New York City ($1.50 per pack) and Chicago-Cook County ($2.68 per pack).¶

IOM recommends that states increase their cigarette excise tax and dedicate a portion of the revenue from these increases to fund comprehensive tobacco control programs at the state-specific level recommended

¶ Additional information available at http://www.tobaccofreekids. org/research/factsheets/pdf/0267.pdf.

by CDC (*2*). The more that states spend on tobacco control programs, the greater the reductions in smoking, and the longer states invest in such programs, the greater the effect (*4*). With fully funded and sustained tobacco control programs complemented with strong tobacco control policies (e.g. cigarette excise tax increases, comprehensive smoke-free policies, and counter-marketing campaigns), IOM's best-case scenario for reducing smoking prevalence in the United States to 10% by 2025 would be attainable (*2,4*).

References

1. CDC. Reducing tobacco use: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC; 2000. Available at http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2000/index.htm. Accessed April 1, 2010.
2. Institute of Medicine. Ending the tobacco problem: a blueprint for the nation. Washington, DC: The National Academies Press; 2007. Available at http://books.nap.edu/openbook.php?record_id=11795. Accessed April 2, 2010.
3. The Task Force on Community Preventive Services. The guide to community preventive services: what works to promote health? New York, NY: Oxford University Press; 2005. Available at http://www.thecommunityguide.org/tobacco/tobacco.pdf. Accessed April 5, 2010.
4. CDC. Best practices for comprehensive tobacco control programs—2007. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. Available at http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices. Accessed April 2, 2010.
5. Orzechowski W, Walker RC. The tax burden on tobacco, volume 44. Arlington, VA: Orzechowski and Walker; 2009.
6. Chaloupka F. Macro-social influences: the effects of prices and tobacco control policies on the demand for tobacco products. Nicotine Tob Res 1999;1(Suppl 1):S105–9.
7. Tauras J. Public policy and smoking cessation among young adults in the United States. Health Policy 2004;68:321–32.
8. Campaign for Tobacco-Free Kids. Tobacco taxes: a win-win-win for cash-strapped states. Washington, DC: Campaign for Tobacco-Free Kids; 2010. Available at http://tobaccofreekids.org/winwinwin. Accessed April 1, 2010.
9. CDC. Federal and state cigarette excise taxes—United States, 1995–2009. MMWR 2009;58:524–7.
10. Lightwood JM, Dinno A, Glantz SA. Effect of the California tobacco control program on personal health care expenditures. PLoS Med 2008;5:1214–22. Available at http://www.plosmedicine.org/article/info%3Adoi%2f10.1371%2fjournal.pmed.0050178. Accessed April 2, 2010.

FIGURE 2. Federal and state* cigarette excise taxes — United States, 1995–2009
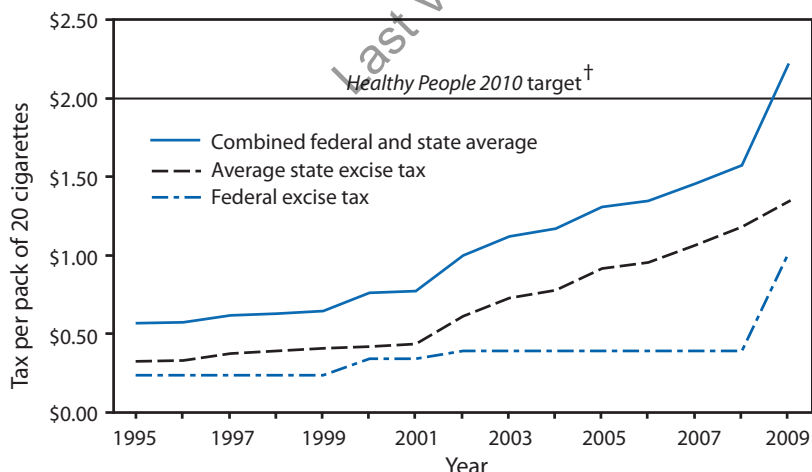
* Includes the District of Columbia.
† The objective (27-21) for 2010 is a combined federal and state average sales tax on cigarettes of at least $2.00. Available at http://www.healthypeople.gov/document/pdf/volume2/27tobacco.pdf.

State Cigarette Minimum Price Laws — United States, 2009

Cigarette price increases reduce the demand for cigarettes and thereby reduce smoking prevalence, cigarette consumption, and youth initiation of smoking (1,2). Excise tax increases are the most effective government intervention to increase the price of cigarettes (1), but cigarette manufacturers use trade discounts, coupons, and other promotions to counteract the effects of these tax increases (3) and appeal to price-sensitive smokers (4). State cigarette minimum price laws, initiated by states in the 1940s and 1950s to protect tobacco retailers from predatory business practices (5,6), typically require a minimum percentage markup to be added to the wholesale and/or retail price. If a statute prohibits trade discounts from the minimum price calculation, these laws have the potential to counteract discounting by cigarette manufacturers (5). To assess the status of cigarette minimum price laws in the United States, CDC surveyed state statutes and identified those states with minimum price laws in effect as of December 31, 2009. This report summarizes the results of that survey, which determined that 25 states had minimum price laws for cigarettes (median wholesale markup: 4.00%; median retail markup: 8.00%), and seven of those states also expressly prohibited the use of trade discounts in the minimum retail price calculation. Minimum price laws can help prevent trade discounting from eroding the positive effects of state excise tax increases and higher cigarette prices on public health (5).

Cigarette prices are increased by several factors, including 1) federal and state excise taxes, which are applied per pack of 20 cigarettes, and 2) percentage markups by wholesalers and retailers (Table 1). All 50 states and the District of Columbia (DC) add a state excise tax to the manufacturer's invoice price (7); the result is referred to as the manufacturer base price. In certain states, state cigarette minimum price laws require the addition of a minimum percentage markup by the cigarette wholesaler to the base price, which results in the wholesale price. Most states with minimum price laws also require the addition of a minimum percentage markup by the cigarette retailer (6). The result is the minimum retail price charged to the consumer. The cigarette minimum price laws in some states also expressly allow or prohibit trade discounts (i.e., reductions in price) from cigarette manufacturers to wholesalers or retailers in calculating

the minimum retail price to consumers. Allowing trade discounts can partially reduce the price increases from taxes and minimum markups, which leads to a lower minimum price (Table 1).

To conduct this survey, CDC researchers first reviewed eight known cigarette minimum price statutes (6) for Boolean search terms that would identify all other such statutes in a database of current statutes for all 50 states and DC. Identified statutes were then analyzed to determine 1) the minimum percentage markup that must be applied to cigarette prices by wholesalers and/or retailers, or the actual minimum price required by the law; 2) whether the statute allows or prohibits trade discounts to be considered in calculating minimum price; and 3) the state agency or officer with regulatory enforcement authority. To ensure that all state cigarette minimum price laws were identified, researchers also reviewed all pricing laws in those states that appeared not to have a minimum price law. When a statute indicated that wholesalers must apply a minimum percentage markup for transportation costs, that percentage was included in the wholesale minimum markup.

As of December 31, 2009, 25 states* had statutory minimum prices for cigarettes (Table 2). The minimum percentage by which these states required markup on the wholesale price of cigarettes ranged from 2.00% in DC, Louisiana, and Mississippi to 6.50% in Connecticut. The median required wholesale percentage markup among the 25 states was 4.00%. The minimum percentage by which states required a markup on the retail price of cigarettes ranged from 6.00% in six states (Alaska, Louisiana, Mississippi, Oklahoma, Pennsylvania, and Wisconsin) to 25.00% in Massachusetts. The median required retail percentage markup among the 25 states was 8.00%. The minimum price laws in Rhode Island and Washington did not require a percentage markup for either wholesale or retail; instead, the state statutes set the minimum price as the "replacement cost" and "actual price paid," respectively. Additionally, Delaware was the only state with a minimum price for wholesalers but not for retailers, and Tennessee was the only state with a minimum price for retailers but not for wholesalers.

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*For this report, DC is included among states.

TABLE 1. Hypothetical example of calculation of the minimum retail price of a pack of cigarettes, using a state minimum price law that prohibits and one that allows trade discounts — United States, 2009

Factors used in calculation	State law expressly prohibits trade discounts ($)	State law expressly allows trade discounts ($)
Manufacturer invoice price of a pack of brand-name cigarettes*	3.40	3.40
Federal excise tax (rounded from $1.0066)	+1.01	+1.01
State excise tax[†]	+1.34	+1.34
Manufacturer base price	5.75	5.75
Wholesale markup (4.0%[§])	+0.23	+0.23
Minimum wholesale price	5.98	5.98
Trade discount ($0.50)	—	-0.50
Minimum wholesale price after trade discount[¶]	5.98	5.48
Retail markup (8%[§])	+0.48	+0.44
Minimum retail price to consumer	6.46	5.92

* Actual manufacturer price might be higher or lower depending on the state and brand of cigarettes.
[†] Average among states, as of December 31, 2009.
[§] Median among states, as of December 31, 2009.
[¶] Actual trade discount might be higher or lower depending on the state and brand of cigarettes.

Seven of the 25 states with minimum price laws (Arkansas, DC, Minnesota, Montana, Nebraska, New York, and Pennsylvania) expressly prohibit trade discounts in calculating the minimum retail price for cigarettes (Table 2). Fourteen of the states expressly allow trade discounts to be taken into account when calculating minimum price. Cigarette minimum price statutes in four other states (Iowa, Massachusetts, Rhode Island, and Washington) neither expressly prohibit nor expressly allow trade discounts in calculating the minimum retail price for cigarettes.

Reported by

KM Ribisl, PhD, Gillings School of Global Public Health, Univ of North Carolina, Chapel Hill, North Carolina. R Patrick, JD, S Eidson JD, MayaTech Corporation, Silver Spring, Maryland. M Tynan, J Francis, MPH, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note

Increasing the price of tobacco products is an evidence-based tobacco control strategy that can produce substantial long-term improvements in health (1). Cigarette tax increases are the most effective and direct way that governments can increase the price of cigarettes (1,2). However, cigarette manufacturers spent $12.5 billion on marketing and promotional expenditures in 2006, 74% of which was spent to reduce the price of cigarettes at the point of sale (8). Although 15 states increased their cigarette excise tax rates in 2009 (7), the impact of those increases on consumer prices might have been blunted by trade discounts from cigarette manufacturers. Cigarette minimum price laws, which were initiated by states in the 1940s and 1950s to protect tobacco retailers from predatory business practices by large retailers (e.g., selling an item at a price below cost to attract more customers into a store) (5,6), have the potential to counteract trade discounting. Although excise tax increases remain the most direct way for states to increase the price of cigarettes (1), creating or strengthening minimum price laws is another way to increase cigarette prices.

Cigarette minimum price laws also have the potential to increase the consumer price of cigarettes in states with low cigarette excise tax rates (6). Currently, of the states with the 10 lowest state excise taxes, only one state (Louisiana) has a minimum price law. States with average-to-high excise tax rates also might benefit from minimum price laws, by using them to mitigate the effect discounting by cigarette manufacturers has on cigarette prices. Currently, of the 10 states with the highest excise taxes, eight states (all but Hawaii and Vermont) have a minimum price law. Although minimum price laws that expressly prohibit trade discounts from being considered when calculating minimum price can help preserve the beneficial public health impact of tax increases (6), additional laws might be necessary to prohibit all retail price promotions (e.g., coupons or two-for-one offers) that can decrease cigarette retail prices to consumers.

The findings in this report are subject to at least three limitations. First, this survey only includes states with minimum price laws that apply specifically to cigarettes. At least seven other states[†] have general minimum price laws (9) that apply to other types

[†] California, Colorado, Michigan, North Dakota, South Carolina, West Virginia, and Wyoming.

TABLE 2. Statutory cigarette minimum price markups and provisions for trade discounts, ranked by state cigarette excise tax — United States, 2009*

State[†]	State excise tax per pack of 20 cigarettes ($)	Minimum markup for cigarette wholesalers (%)	Minimum markup for cigarette retailers (%)	Statutory provision for trade discounts	State agency or officer with regulatory enforcement authority
Rhode Island	3.46	Replacement cost[§]	Replacement cost	Not mentioned[¶]	Not identified
Connecticut	3.00	6.50	8.00	Allowed	Not identified
New York	2.75	3.00	7.00	Prohibited	Tax Commission
New Jersey	2.70	6.00	8.00	Allowed	Director of the Division of Taxation
Hawaii	2.60	—**	—	NA[††]	NA
Wisconsin	2.52	3.00	6.00	Allowed	Not identified
Massachusetts	2.51	2.75	25.00	Not mentioned	Not identified
District of Columbia	2.50	2.00	8.00	Prohibited	Mayor
Vermont	2.20	—		NA	NA
Washington	2.025	Actual price[§]	Actual price	Not mentioned	Not identified
Alaska	2.00	4.50	6.00	Allowed	Department of Revenue
Arizona	2.00	—	—	NA	NA
Maine	2.00	—	—	NA	NA
Maryland	2.00	5.00	8.00	Allowed	Not identified
Michigan	2.00	—	—	NA	NA
New Hampshire	1.78	—	—	NA	NA
Montana	1.70	5.75	10.00	Prohibited	Not identified
Delaware	1.60	5.00	—	Allowed	Secretary of Finance
Pennsylvania	1.60	4.00	6.00	Prohibited	Department of Revenue
South Dakota	1.53	5.50	8.00	Allowed	Secretary of Revenue and Regulation
Texas	1.41	—	—	NA	NA
Iowa	1.36	4.00	8.00	Not mentioned	Not identified
Florida	1.339	—	—	NA	NA
Ohio	1.25	3.50	8.75	Allowed	Tax Commissioner
Minnesota	1.23	4.50	8.00	Prohibited	Not identified
Oregon	1.18	—	—	NA	NA
Arkansas	1.15	4.00	7.50	Prohibited	Director of the Arkansas Tobacco Control Board
Oklahoma	1.03	2.75	6.00	Allowed	Tax Commission
Indiana	0.995	4.50	8.00	Allowed	Alcohol and Tobacco Commissioner
Illinois	0.98	—	—	NA	NA
New Mexico	0.91	—	—	NA	NA
California	0.87	—	—	NA	NA
Colorado	0.84	—	—	NA	NA
Nevada	0.80	—	—	NA	NA
Kansas	0.79	—	—	NA	NA
Utah	0.695	—	—	NA	NA
Mississippi	0.68	2.00	6.00	Allowed	Tax Commission
Nebraska	0.64	4.75	8.00	Prohibited	Cigarette Tax Division or Tax Commissioner
Tennessee	0.62		8.00	Allowed	Commissioner of Revenue
Kentucky	0.60	2.75	8.00	Allowed	Department of Revenue
Wyoming	0.60	—	—	NA	NA
Idaho	0.57	—	—	NA	NA
West Virginia	0.55	—	—	NA	NA
North Carolina	0.45	—	—	NA	NA
North Dakota	0.44	—	—	NA	NA
Alabama	0.425	—	—	NA	NA
Georgia	0.37	—	—	NA	NA
Louisiana	0.36	2.00	6.00	Allowed	Not identified
Virginia	0.30	—	—	NA	NA
Missouri	0.17	—	—	NA	NA
South Carolina	0.07	—	—	NA	NA

* As of December 31, 2009.
[†] Includes District of Columbia.
[§] A provision that prevents cigarettes from being sold for a loss of revenue (e.g., wholesaler may not sell at less than invoice price; retailer may not sell at less than wholesale price).
[¶] Not expressly addressed by the cigarette minimum price statute.
** No law.
[††] Not applicable.

or classes of goods but that also might be applicable to cigarettes or amendable to apply to cigarettes. Second, this survey only includes state statutes on minimum pricing for cigarettes and does not include other actions (e.g., attorney general opinions, case law decisions, and regulatory guidelines) that might affect how the statutes are implemented or might be affected if challenged legally. Finally, this survey did not evaluate how rigorously states enforce their cigarette minimum price laws, which might vary among states or over time.

> ### What is already known on this topic?
>
> Cigarette minimum price laws were developed by states in the 1940s and 1950s to protect tobacco retailers from predatory business practices, but these laws also have the potential to increase cigarette prices and to counteract price discounting by cigarette manufacturers.
>
> ### What is added by this report?
>
> A survey of all state cigarette minimum price laws indicated that 25 states had cigarette minimum price laws at the end of 2009, and seven of those states prohibited using trade discounts in the calculation of minimum prices.
>
> ### What are the implications for public health practice?
>
> State tobacco control programs can partner with the state tax agencies and others to determine how these laws are enforced and to identify gaps that might be used by cigarette manufacturers to reduce cigarette prices.

More research is needed to determine how cigarette minimum price laws affect consumer prices and state revenue from tobacco products (5). State tobacco-control programs can partner with state tax departments or other state agencies with regulatory enforcement authority over cigarette minimum price laws to determine how these laws are enforced. The programs also can identify gaps in the law that might be used by cigarette manufacturers and retailers to reduce cigarette prices (e.g., remote sales via the Internet and mail order, direct sales from manufacturers to consumers, or coupons and other direct-to-consumer discounts).

References

1. CDC. Reducing tobacco use: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC; 2000.
2. Institute of Medicine. Ending the tobacco problem: a blueprint for the nation. Washington, DC: The National Academies Press; 2007.
3. Chaloupka FJ, Cummings KM, Morley CP, Horan JK. Tax, price and cigarette smoking: evidence from the tobacco documents and implications for tobacco company marketing strategies. Tob Control 2002;11(suppl 1):i62–72.
4. Pierce JP, Gilmer TP, Lee L, Gilpin EA, de Beyer J, Messer K. Tobacco industry price-subsidizing promotions may overcome the downward pressure of higher prices on initiation of regular smoking. Health Econ 2005;14:1061–71.
5. Feighery E, Rogers T, Ribisl K. Tobacco Retail Price Manipulation Policy Strategy Summit Proceedings. Sacramento, CA: California Department of Public Health, California Tobacco Control Program, 2009. Available at http://www.cdph.ca.gov/programs/tobacco/documents/ctcppricestrategysummit2009.pdf. Accessed April 5, 2010.
6. Feighery EC, Ribisl KM, Schleicher NC, Zellers L, Wellington N. How do minimum cigarette price laws affect cigarette prices at the retail level? Tob Control 2005;14:80–5.
7. CDC. State cigarette excise tax rates—2009. MMWR 2010;59:385–8.
8. Federal Trade Commission. Cigarette report for 2006. Washington, DC: Federal Trade Commission; 2009. Available at http://www.ftc.gov/os/2009/08/090812cigarettereport.pdf. Accessed April 5, 2010.
9. Michael J. The unfair cigarette sales act. St. Paul, MN: Research Department, Minnesota House of Representatives; 2000. Available at http://www.leg.state.mn.us/docs/pre2003/other/000646.pdf. Accessed April 5, 2010.

Human Rabies — Kentucky/Indiana, 2009

On October 19, 2009, clinicians from Kentucky contacted CDC regarding a suspected case of rabies in a man from Indiana aged 43 years. This report summarizes the patient's clinical presentation and course, the subsequent epidemiologic investigation, and, for the first time, provides infection control recommendations for personnel performing autopsies on decedents with confirmed or suspected rabies infection. Before the patient's death on October 20, a diagnosis of rabies was suspected based on the history of acute, progressive encephalitis with unknown etiology. Preliminary serology results on antemortem serum samples detected rabies virus-specific antibodies. Because local pathologists were concerned about the biosafety risk posed by infectious aerosols at autopsy and potential contamination of autopsy facilities, the Kentucky Department for Public Health (KDPH) asked CDC staff members to travel to Kentucky and perform an autopsy to confirm the diagnosis and assist with the epidemiologic investigation. Testing of autopsy samples was conducted at CDC and detected rabies virus antigens in brainstem and cerebellum. Rabies viral RNA was isolated and typed as a variant common to the tricolored bat (*Perimyotis subflavus*). Although rabies virus transmission from organ or tissue transplant has been documented rarely (*1,2*), transmission of rabies virus to persons performing autopsies has not been reported. Autopsies can be performed safely on decedents with confirmed or suspected rabies using careful dissection techniques, personal protective equipment, and other recommended precautions.

Case Report

On October 5, 2009, a previously healthy man from Indiana aged 43 years visited an employee health clinic with fever and cough. His vital signs and physical examination were unremarkable except for coarse rales on lung auscultation. The clinician made a diagnosis of bronchitis, prescribed antibiotics, and asked the patient to return the following day. At this follow-up appointment, the patient reported worsening fever and chills, as well as new chest pain and left arm numbness; he also exhibited decreased grip strength of the left hand. An electrocardiogram showed no evidence of cardiac ischemia. Later that day, an evaluation at a local emergency department was similarly unrevealing, and the patient was given narcotics and muscle relaxants for presumed musculoskeletal pain and discharged home.

On October 7, the patient returned to the same ED, where he was noted to have akathisia and motor restlessness thought to be side effects from the muscle relaxant. The ED physician advised admission to the hospital, but the patient returned home. Upon follow-up the next day with a primary-care physician, the patient had prominent muscle fasciculations, fever, tachycardia, and hypotension. Given these signs, the physician was concerned about the possibility of sepsis and admitted him to the hospital.

After admission, the patient's mental status deteriorated rapidly, and he underwent endotracheal intubation for airway protection. On October 9, he was transferred to a referral hospital in the neighboring state of Kentucky. A lumbar puncture yielded cerebrospinal fluid (CSF) with glucose of 72 mg/dL (normal: 40–70 mg/dL), protein 140 mg/dL (normal: 15–45 mg/dL), 3 red blood cells/mm^3 (normal: 0–2 cells/mm^3), and 38 white blood cells /mm^3 (normal: 0–5 cells/mm^3); differential showed 99% lymphocytes and 1% monocytes. During October 9–19, no etiology for the patient's disease was identified, and his hospital course became complicated by bradycardia, hypotension, rhabdomyolysis, and renal failure requiring hemodialysis. Results of a magnetic resonance image of the brain and a brain perfusion study were normal. Bacterial and fungal cultures of CSF, in addition to laboratory tests for West Nile virus, herpes simplex virus, influenza, and human immunodeficiency virus, were negative.

On October 19, diagnostic testing for rabies was requested, and samples of the patient's serum, saliva, and a nuchal skin biopsy were sent to CDC for analysis. However, on October 20, while these tests were pending, the patient's physical examination, electroencephalogram, and apnea testing all indicated brain death. Ventilatory support was withdrawn, and the patient died on October 20.

Postmortem Findings

On October 22, testing at CDC indicated rabies specific immunoglobulin G (1:2,048) and immunoglobulin M (1:512) antibodies in serum by the indirect fluorescent-antibody (IFA) assay. Subsequent testing detected rabies virus neutralizing antibodies (0.44 IU/mL) in serum by rapid fluorescent focus

inhibition test (RFFIT). The formalin-fixed nuchal skin biopsy specimen tested negative for viral antigens by immunohistochemistry (IHC). On October 27, a CSF sample collected on October 11 and located postmortem was sent to CDC and also tested negative for rabies antibodies by IFA and RFFIT. The family requested an autopsy, but pathologists at the referral hospital were concerned about the biosafety risk posed by infectious aerosols at autopsy and potential contamination of autopsy facilities. Attempts to identify other personnel and facilities willing to perform the autopsy, including several tertiary-care and teaching centers in Kentucky, Indiana, and Tennessee, were unsuccessful because of similar concerns. In response to a request for assistance from KDPH, CDC staff members traveled to Kentucky and performed an autopsy limited to the head to collect tissue specimens for diagnostic evaluation.

At autopsy, the brain weighed 1,610 g (normal: 1,300–1,400 g) and showed markedly congested and hemorrhagic leptomeninges (Figure 1). Histopathologic examination revealed encephalomyelitis and abundant neuronal cytoplasmic inclusions (Negri bodies) (Figure 2). Rabies virus antigens were detected in multiple samples of fresh central nervous system (CNS) tissue by direct fluorescent antibody (DFA) testing and in formalin-fixed CNS tissues by IHC (Figure 2). Viral RNA was detected in the patient's saliva collected antemortem and CNS tissues collected at autopsy by reverse transcription–polymerase chain reaction and was typed as a variant common to the tricolored bat (*Perimyotis subflavus*).

Public Health Investigation

The referral hospital and CDC notified KDPH and the Indiana State Department of Health (ISDH) about the case on October 21, the day before rabies virus-specific antibodies were found in the patient's serum. Beginning on October 23, ISDH, with the assistance of the local health department and, later, CDC, began interviewing the patient's close contacts, including family, friends, coworkers, and health-care personnel, to clarify his exposure history and determine whether rabies postexposure prophylaxis (PEP) should be recommended to any of the contacts. The investigation identified no specific source of rabies virus exposure. However, the patient, who worked as a mechanic and lived in a farming community in southern Indiana, had mentioned to his friends that he had seen a bat in late July after removing a tarpaulin

FIGURE 1. Brain at autopsy of a decedent with suspected rabies infection, showing markedly congested and hemorrhagic leptomeninges — Kentucky/Indiana, 2009

Photo/CDC

from a tractor adjacent to his residence. He had not mentioned a bite or a nonbite exposure associated with this or any other incident.

The investigation identified 159 persons who had interaction with the patient 2 weeks before or during the 2-week duration of his illness. All of these 159 persons were counseled about the potential risks associated with rabies virus exposure. Investigators distributed a handout detailing basic information about rabies, how the virus is transmitted, and what constitutes an exposure. Of the 159 persons, 147 were health-care providers who treated the patient during his visits to four medical facilities, or who transported him between hospitals. Two family members, two coworkers, and 14 health-care providers were identified as having been potentially exposed to saliva from the patient. All 18 were recommended to receive rabies PEP, and all completed the vaccination series according to Advisory Committee for Immunization Practices (ACIP) recommendations (*3,4*). To date, none of the 159 persons has developed rabies.

Reported by

J House, DVM, Indiana State Dept of Health; J Poe, DVM, K Humbaugh, MD, Kentucky Dept for Public Health; C Drew, DVM, PhD, C Paddock, MD, S Zaki, MD, PhD, C Rupprecht, VMD, PhD, Div of Viral and Rickettsial Diseases, National Center for Emerging and Zoonotic Diseases; M Ritchey, DPT, B Petersen, MD, EIS officers, CDC.

Editorial Note

The case described in this report represents the first rabies death in an Indiana resident since 2006 and only the second such death since 1959. Including this case, a total of 31 cases of human rabies have been reported in the United States since 2000. Of these, 14 (45%) were diagnosed postmortem, reinforcing the need to consider rabies in all cases of acute progressive encephalitis of unknown etiology. Human rabies cases in the United States might be underreported because of lack of recognition and lack of confirmation by diagnostic testing. When rabies is suspected, antemortem diagnosis requires testing of serum, saliva, CSF, and a nuchal skin biopsy.

The postmortem diagnosis of rabies is made by examination of tissue from the brain (e.g., medulla, cerebellum, and hippocampus). Autopsies fulfill an important function by diagnosing cases of rabies and furthering understanding of the disease. By providing a diagnosis for deceased patients with suspected but unconfirmed rabies, or for patients in whom the disease was never suspected clinically, autopsies can 1) aid the public health investigation, 2) help raise public awareness of rabies associated with specific exposures, 3) emphasize the importance of seeking medical evaluation after such an exposure occurs, and 4) add to knowledge about current human rabies incidence. In patients with confirmed rabies, autopsies provide information about pathogenesis that might be relevant to investigations of treatment.

Although contact with decedents with confirmed or suspected rabies can cause anxiety, no confirmed case of rabies has ever been reported among persons performing postmortem examinations of humans or animals. Even from living patients with rabies, human-to-human transmission has been documented only rarely, in cases of organ or tissue transplantation (1,2). Aerosol transmission of rabies virus has never been well documented outside of a research laboratory setting (5). Both CDC and the World Health Organization (WHO) have stated that the infection risk to health-care personnel from human rabies patients is no greater than from patients with other viral or bacterial infections. In addition, rabies PEP is available for exposed personnel. Nevertheless, because of the nearly universal fatal outcome from rabies, both CDC and WHO recommend that all personnel working with rabies patients or decedents adhere to recommended precautions (3,6).

What is already known on this topic?

If not prevented by administration of postexposure prophylaxis, the rabies virus causes an acute progressive viral encephalitis that is almost always fatal.

What is added by this report?

In October 2009, a man from Indiana aged 43 years died of rabies; the diagnosis was made postmortem and confirmed by samples collected at autopsy.

What are the implications for public health practice?

Recognizing and diagnosing human rabies is critical in initiating an appropriate clinical and public health response, furthering understanding of the disease, and implementing appropriate prevention and control measures; autopsies can be performed safely on decedents with confirmed or suspected rabies using careful dissection techniques, personal protective equipment, and other recommended precautions.

Even the minimal risk for rabies virus transmission at autopsy can be reduced by using careful dissection techniques and appropriate personal protective equipment, including an N95 or higher respirator, full face shield, goggles, gloves, complete body coverage by protective wear, and heavy or chain mail gloves to help prevent cuts or sticks from sharp instruments or bone fragments (Box). Aerosols should be minimized by using a handsaw rather than an oscillating saw, and by avoiding contact of the saw blade with brain tissue while removing the calvarium. Ample use of a 10% solution of sodium hypochlorite for disinfection is recommended both during and after the procedure to ensure decontamination of all exposed surfaces and equipment. Participation in the autopsy should be limited to persons directly involved in the procedure and collection of specimens. Previous vaccination against rabies is not required for

FIGURE 2. Histopathologic examination of central nervous system tissue from autopsy of a decedent with suspected rabies infection, showing neuronal cytoplasmic inclusions (Negri bodies) after hematoxylin and eosin staining (panel A) and rabies virus antigen (red) after immunohistochemical staining (panel B) — Kentucky/Indiana, 2009

Photo/CDC

Please note: An erratum has been published for this issue. To view the erratum, please click here.

MMWR Morbidity and Mortality Weekly Report
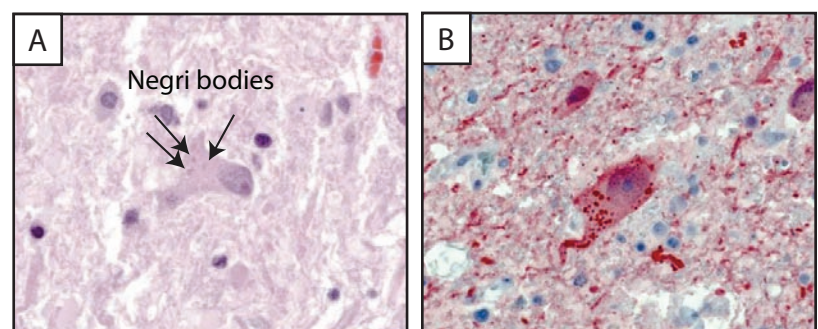
BOX. CDC recommendations for performing autopsies of humans with confirmed or suspected rabies

- Use personal protective equipment, including an N95 or higher respirator, full face shield, goggles, and gloves, as well as complete body coverage with protective wear.
- Use heavy or chain mail gloves to help prevent cuts or sticks from cutting instruments or bone fragments.
- Minimize aerosol generation by using a handsaw rather than an oscillating saw and avoiding contact of the saw blade with brain tissue while removing the calvarium.
- Limit participation to those directly involved in the procedure and collection of specimens.
- Use ample amounts of a 10% sodium hypochlorite solution during and after the procedure to ensure decontamination of all exposed surfaces and equipment
- Previous vaccination against rabies is not required for persons performing such autopsies, and postexposure prophylaxis of autopsy personnel is recommended only if contamination of a wound or mucous membrane with patient saliva or other potentially infectious material (e.g., neural tissue) occurs during the procedure.

persons performing such autopsies. PEP of autopsy personnel is recommended only if contamination of a wound or mucous membrane with patient saliva or other potentially infectious material (e.g., neural tissue) occurs during the procedure (*3,7,8*). The case described in this report highlights the need to educate pathologists and other hospital personnel about appropriate rabies infection control procedures so that autopsies can be performed safely in cases of confirmed or suspected human rabies.

References

1. Helmick CG, Tauxe RV, Vernon AA. Is there a risk to contacts of patients with rabies? Rev Infect Dis 1987;9:511–8.
2. CDC. Investigation of rabies infections in organ donor and transplant recipients—Alabama, Arkansas, Oklahoma, and Texas, 2004. MMWR 2004;53:586–9.
3. CDC. Human rabies prevention—United States, 2008: recommendations of the Advisory Committee on Immunization Practices. MMWR 2008;57(No. RR-3).
4. CDC. Use of a reduced (4-dose) vaccine schedule for postexposure prophylaxis to prevent human rabies: recommendations of the Advisory Committee on Immunization Practices. MMWR 2010;59(No. RR-2).
5. Gibbons RV. Cryptogenic rabies, bats, and the question of aerosol transmission. Ann Emerg Med 2002;39:528–36.
6. World Health Organization. WHO expert committee on rabies. World Health Organ Tech Rep Ser 2005;931:1–121.
7. CDC. Human rabies—California, 1987. MMWR 1988;37:305–8.
8. CDC. Human rabies—Miami, 1994. MMWR 1994;43:773–5.

Errata

MMWR Vol. 59, No. 12

In the report, "Interim Results: Influenza A (H1N1) 2009 Monovalent and Seasonal Influenza Vaccination Coverage Among Health-Care Personnel — United States, August 2009–January 2010," in the second paragraph on page 357, the second and third sentences should read as follows: "The panel, maintained by Knowledge Networks, Inc., consists of persons recruited using **address-based sampling and** random-digit–dialing sampling methodology. For the random-digit–dialing sampling, Knowledge Networks uses **quality standards comparable to those of** the National Immunization Survey." In addition, the link in the footnote for that paragraph should be: **http://www.knowledgenetworks.com/ganp/docs/knowledgepanel(r)-design-summary-description.pdf**. In the first paragraph on p. 360, the second sentence of the paragraph should read as follows: "An employer **recommendation** was associated with an almost twofold higher coverage rate for seasonal influenza vaccination compared with the rate among HCP whose employers neither required nor recommended seasonal vaccination (relative risk [RR] = 1.7; p<0.001); an employer requirement was associated with a rate almost threefold higher (RR = 2.6; p<0.001)." Finally, in Table 2 on p. 361, the percentage receiving seasonal influenza vaccine among facilities that did not have a policy that required or recommended such vaccination should read **37.8%**, with a 95% confidence interval of **(27.9–47.7)**.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending April 3, 2010 (13th week)*

Disease	Current week	Cum 2010	5-year weekly average[†]	Total cases reported for previous years					States reporting cases during current week (No.)
				2009	2008	2007	2006	2005	
Anthrax	—	—	—	1	—	1	1	—	
Botulism, total	—	10	2	101	145	144	165	135	
foodborne	—	—	0	11	17	32	20	19	
infant	—	9	2	66	109	85	97	85	
other (wound and unspecified)	—	1	1	24	19	27	48	31	
Brucellosis	2	17	2	117	80	131	121	120	TX (2)
Chancroid	1	18	1	46	25	23	33	17	FL (1)
Cholera	—	—	0	9	5	7	9	8	
Cyclosporiasis[§]	1	18	1	132	139	93	137	543	FL (1)
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases[§,¶]:									
California serogroup virus disease	—	—	0	56	62	55	67	80	
Eastern equine encephalitis virus disease	—	—	—	4	4	4	8	21	
Powassan virus disease	—	—	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	—	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Haemophilus influenzae,[**] invasive disease (age <5 yrs):									
serotype b	—	2	0	27	30	22	29	9	
nonserotype b	—	42	5	217	244	199	175	135	
unknown serotype	4	66	4	234	163	180	179	217	NYC (1), PA (1), TN (2)
Hansen disease[§]	—	10	1	76	80	101	66	87	
Hantavirus pulmonary syndrome[§]	—	1	0	14	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal[§]	2	26	3	232	330	292	288	221	CO (1), OR (1)
HIV infection, pediatric (age <13 yrs)[††]	—	—	2	—	—	—	—	380	
Influenza-associated pediatric mortality[§,§§]	1	44	3	360	90	77	43	45	FL (1)
Listeriosis[¶¶]	1	115	10	801	759	808	884	896	WA (1)
Measles[¶¶]	—	7	3	65	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	2	65	9	291	330	325	318	297	MN (1), FL (1)
serogroup B	—	28	4	150	188	167	193	156	
other serogroup	1	4	1	23	38	35	32	27	NV (1)
unknown serogroup	11	107	17	474	616	550	651	765	NY (1), MI (1), MO (2), FL (2), KY (1), CA (4)
Mumps	16	700	69	1,884	454	800	6,584	314	NY (14), FL (1), CA (1)
Novel influenza A virus infections[†††]	—	—	0	43,771	2	4	NN	NN	
Plague	—	—	—	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	—	—	—	—	1	
Polio virus Infection, nonparalytic[§]	—	—	—	—	—	—	NN	NN	
Psittacosis[§]	—	2	0	9	8	12	21	16	
Q fever, total[§,§§§]	—	13	2	98	120	171	169	136	
acute	—	9	1	80	106	—	—	—	
chronic	—	4	—	18	14	—	—	—	
Rabies, human	—	—	0	4	2	1	3	2	
Rubella[¶¶]	—	1	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	0	1	—	—	1	1	
SARS-CoV[§,****]	—	—	—	—	—	—	—	—	
Smallpox[§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome[§]	—	31	5	149	157	132	125	129	
Syphilis, congenital (age <1 yr)	—	23	8	353	431	430	349	329	
Tetanus	—	—	0	17	19	28	41	27	
Toxic-shock syndrome (staphylococcal)[§]	—	21	2	74	71	92	101	90	
Trichinellosis	—	—	0	11	39	5	15	16	
Tularemia	—	2	0	90	123	137	95	154	
Typhoid fever	2	69	6	354	449	434	353	324	FL (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*[§]	—	13	1	76	63	37	6	2	
Vancomycin-resistant *Staphylococcus aureus*[§]	—	—	0	—	—	2	1	3	
Vibriosis (noncholera *Vibrio* species infections)[§]	2	27	2	719	588	549	NN	NN	TX (1), CA (1)
Viral Hemorrhagic Fever[††††]	—	—	—	NN	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending April 3, 2010 (13th week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.
 * Incidence data for reporting years 2009 and 2010 are provisional, whereas data for 2005 through 2008 are finalized.
 † Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.
 § Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
 ¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.
 ** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.
 †† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.
 §§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since April 26, 2009, a total of 280 influenza-associated pediatric deaths associated with 2009 influenza A (H1N1) virus infection have been reported. Since August 30, 2009, a total of 270 influenza-associated pediatric deaths occurring during the 2009–10 influenza season have been reported. A total of 133 influenza-associated pediatric deaths occurring during the 2008-09 influenza season have been reported.
 ¶¶ No measles cases were reported for the current week.
 *** Data for meningococcal disease (all serogroups) are available in Table II.
 ††† CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. CDC will report the total number of 2009 pandemic influenza A (H1N1) hospitalizations and deaths weekly on the CDC H1N1 influenza website (http://www.cdc.gov/h1n1flu). In addition, three cases of novel influenza A virus infections, unrelated to the 2009 pandemic influenza A (H1N1) virus, were reported to CDC during 2009.
 §§§ In 2009, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
 ¶¶¶ No rubella cases were reported for the current week.
 **** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.
 †††† There were no cases of Viral Hemorrhagic Fever during week one. See Table II for Dengue Hemorrhagic Fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals April 3, 2010, with historical data

DISEASE	DECREASE	INCREASE	CASES CURRENT 4 WEEKS
Giardiasis			796
Hepatitis A, acute			65
Hepatitis B, acute			113
Hepatitis C, acute			30
Legionellosis			78
Measles			1
Meningococcal disease			55
Mumps			144
Pertussis			236

Ratio (Log scale)*

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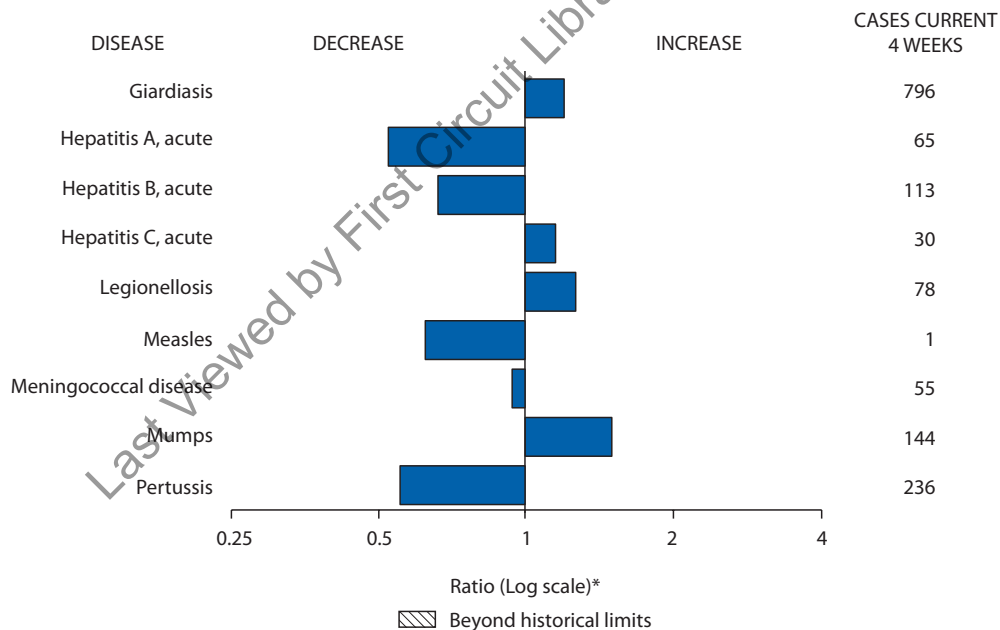
* Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

Notifiable Disease Data Team and 122 Cities Mortality Data Team
Patsy A. Hall-Baker

Deborah A. Adams	Rosaline Dhara
Willie J. Anderson	Pearl C. Sharp
Jose Aponte	Michael S. Wodajo
Lenee Blanton	

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending April 3, 2010, and April 4, 2009 (13th week)*

Reporting area	*Chlamydia trachomatis* infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	8,689	22,977	27,364	221,805	317,519	48	117	261	1,053	1,073
New England	464	734	1,399	7,284	10,056	—	6	24	56	100
Connecticut	—	213	736	859	2,788	—	0	18	18	40
Maine†	39	49	75	636	665	—	1	4	14	4
Massachusetts	358	374	767	4,515	5,076	—	1	15	—	34
New Hampshire	2	38	60	158	549	—	1	5	5	12
Rhode Island†	47	67	244	807	694	—	0	8	5	1
Vermont†	18	24	63	309	284	—	1	9	14	9
Mid. Atlantic	2,400	3,076	4,435	38,695	40,098	5	14	38	111	124
New Jersey	270	444	601	4,085	6,693	—	0	5	—	7
New York (Upstate)	539	618	2,415	7,534	7,291	2	3	16	22	35
New York City	1,233	1,184	2,289	16,755	15,233	—	1	5	7	23
Pennsylvania	358	824	1,019	10,321	10,881	3	9	19	82	59
E.N. Central	597	3,459	4,066	22,417	51,947	7	29	55	226	267
Illinois	—	1,007	1,428	146	15,516	—	3	8	29	29
Indiana	—	383	694	685	5,896	—	4	10	14	60
Michigan	480	880	1,374	12,468	12,726	1	6	11	68	55
Ohio	117	769	1,014	6,324	12,677	6	8	16	73	58
Wisconsin	—	385	480	2,794	5,132	—	9	24	42	65
W.N. Central	17	1,311	1,715	13,947	18,187	7	19	59	144	125
Iowa	12	176	252	2,306	2,563	1	3	13	33	33
Kansas	5	186	573	2,070	2,625	—	2	6	11	12
Minnesota	—	270	337	2,236	3,823	5	5	31	55	18
Missouri	—	502	638	5,884	6,624	1	3	12	22	27
Nebraska†	—	97	236	1,140	1,391	—	2	9	16	14
North Dakota	—	31	92	311	407	—	0	5	1	1
South Dakota	—	2	80	—	754	—	1	10	6	20
S. Atlantic	1,740	4,351	6,207	38,163	62,537	15	18	50	214	206
Delaware	36	87	180	1,035	1,260	—	0	2	1	—
District of Columbia	120	118	178	1,249	1,871	—	0	1	—	1
Florida	586	1,410	1,671	16,989	18,935	10	7	24	85	64
Georgia	2	589	1,134	480	10,432	5	5	31	87	89
Maryland†	—	447	1,031	3,295	5,212	—	0	5	6	8
North Carolina	—	580	1,265	—	10,694	—	0	8	11	26
South Carolina†	518	521	1,421	6,883	6,382	—	1	7	9	6
Virginia†	413	629	926	7,337	6,708	—	1	7	11	10
West Virginia	65	67	137	895	1,043	—	0	2	4	2
E.S. Central	278	1,690	2,264	18,845	23,858	3	4	10	46	33
Alabama†	—	445	629	4,079	6,523	—	1	5	13	10
Kentucky	—	241	642	3,323	3,147	1	2	4	15	7
Mississippi	278	468	640	4,813	6,448	—	0	3	4	4
Tennessee†	—	579	734	6,630	7,740	2	1	5	14	12
W.S. Central	743	2,999	5,780	30,314	41,074	2	8	39	57	49
Arkansas†	369	266	416	3,502	3,877	—	1	5	9	5
Louisiana	—	490	1,055	2,922	8,186	—	0	6	9	5
Oklahoma	374	215	2,713	4,122	1,839	1	2	9	9	10
Texas†	—	2,009	3,214	19,768	27,172	1	6	28	30	29
Mountain	626	1,389	2,088	14,171	17,856	2	10	25	96	71
Arizona	131	484	742	3,147	6,005	—	0	3	3	7
Colorado	178	374	689	4,800	3,160	1	2	10	27	17
Idaho†	75	67	185	713	900	—	2	7	19	8
Montana†	21	55	79	695	848	—	1	4	14	4
Nevada†	221	168	478	2,192	2,886	1	0	2	3	—
New Mexico†	—	171	257	1,007	1,874	—	2	8	15	24
Utah	—	112	158	1,204	1,676	—	0	4	10	4
Wyoming†	—	36	69	413	507	—	0	2	5	7
Pacific	1,824	3,449	4,820	37,969	51,906	7	13	26	103	98
Alaska	—	98	129	1,142	1,394	—	0	1	1	1
California	1,493	2,603	3,912	30,455	40,336	4	7	17	63	52
Hawaii	—	121	147	1,267	1,503	—	0	1	—	—
Oregon	—	201	468	1,367	2,674	2	3	10	25	37
Washington	331	382	525	3,738	5,999	1	1	13	14	8
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	2	—	—	0	0	—	—
Puerto Rico	198	126	331	1,655	1,960	N	0	0	N	N
U.S. Virgin Islands	—	9	21	52	108	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 3, 2010, and April 4, 2009 (13th week)*

	Dengue Virus Infection									
	Dengue Fever					Dengue Hemorrhagic Fever[†]				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
Reporting area		Med	Max				Med	Max		
United States	—	0	4	11	NN	—	0	0	—	NN
New England	—	0	1	2	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine[§]	—	0	1	2	NN	—	0	0	—	NN
Massachusetts	—	0	0	—	NN	—	0	0	—	NN
New Hampshire	—	0	0	—	NN	—	0	0	—	NN
Rhode Island[§]	—	0	0	—	NN	—	0	0	—	NN
Vermont[§]	—	0	0	—	NN	—	0	0	—	NN
Mid. Atlantic	—	0	2	4	NN	—	0	0	—	NN
New Jersey	—	0	0	—	NN	—	0	0	—	NN
New York (Upstate)	—	0	0	—	NN	—	0	0	—	NN
New York City	—	0	0	—	NN	—	0	0	—	NN
Pennsylvania	—	0	2	4	NN	—	0	0	—	NN
E.N. Central	—	0	1	1	NN	—	0	0	—	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	0	—	NN	—	0	0	—	NN
Michigan	—	0	0	—	NN	—	0	0	—	NN
Ohio	—	0	1	1	NN	—	0	0	—	NN
Wisconsin	—	0	0	—	NN	—	0	0	—	NN
W.N. Central	—	0	0	—	NN	—	0	0	—	NN
Iowa	—	0	0	—	NN	—	0	0	—	NN
Kansas	—	0	0	—	NN	—	0	0	—	NN
Minnesota	—	0	0	—	NN	—	0	0	—	NN
Missouri	—	0	0	—	NN	—	0	0	—	NN
Nebraska[§]	—	0	0	—	NN	—	0	0	—	NN
North Dakota	—	0	0	—	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	0	1	1	NN	—	0	0	—	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	0	0	—	NN	—	0	0	—	NN
Georgia	—	0	1	1	NN	—	0	0	—	NN
Maryland[§]	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	0	—	NN	—	0	0	—	NN
South Carolina[§]	—	0	0	—	NN	—	0	0	—	NN
Virginia[§]	—	0	0	—	NN	—	0	0	—	NN
West Virginia	—	0	0	—	NN	—	0	0	—	NN
E.S. Central	—	0	0	—	NN	—	0	0	—	NN
Alabama[§]	—	0	0	—	NN	—	0	0	—	NN
Kentucky	—	0	0	—	NN	—	0	0	—	NN
Mississippi	—	0	0	—	NN	—	0	0	—	NN
Tennessee[§]	—	0	0	—	NN	—	0	0	—	NN
W.S. Central	—	0	0	—	NN	—	0	0	—	NN
Arkansas[§]	—	0	0	—	NN	—	0	0	—	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	0	—	NN	—	0	0	—	NN
Texas[§]	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	1	1	NN	—	0	0	—	NN
Arizona	—	0	0	—	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho[§]	—	0	0	—	NN	—	0	0	—	NN
Montana[§]	—	0	0	—	NN	—	0	0	—	NN
Nevada[§]	—	0	0	—	NN	—	0	0	—	NN
New Mexico[§]	—	0	1	1	NN	—	0	0	—	NN
Utah	—	0	0	—	NN	—	0	0	—	NN
Wyoming[§]	—	0	0	—	NN	—	0	0	—	NN
Pacific	—	0	2	2	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	0	—	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	2	2	NN	—	0	0	—	NN
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	0	0	—	NN	—	0	0	—	NN
U.S. Virgin Islands	—	0	0	—	NN	—	0	0	—	NN

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 3, 2010, and April 4, 2009 (13th week)*

	Ehrlichiosis/Anaplasmosis[†]														
	Ehrlichia chaffeensis					Anaplasma phagocytophilum					Undetermined				
Reporting area	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	—	11	57	25	40	—	13	66	8	23	—	2	13	3	4
New England	—	0	4	1	3	—	2	21	4	12	—	0	2	—	—
Connecticut	—	0	0	—	—	—	0	11	—	—	—	0	1	—	—
Maine§	—	0	1	1	—	—	0	3	2	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	3	—	1	—	0	1	—	—
Rhode Island§	—	0	4	—	3	—	0	20	2	11	—	0	1	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	1	15	5	7	—	3	23	1	2	—	0	2	1	—
New Jersey	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	1	15	2	3	—	3	22	1	2	—	0	1	1	—
New York City	—	0	3	2	3	—	0	1	—	—	—	0	2	—	—
Pennsylvania	—	0	1	1	1	—	0	0	—	—	—	0	0	—	—
E.N. Central	—	1	8	—	2	—	3	22	1	3	—	1	9	—	1
Illinois	—	0	4	—	—	—	0	1	—	—	—	0	1	—	—
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	8	—	—
Michigan	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Ohio	—	0	2	—	1	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	5	—	1	—	3	22	1	3	—	0	3	—	1
W.N. Central	—	2	23	1	2	—	0	44	—	—	—	0	5	1	—
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
Minnesota	—	0	3	—	2	—	0	44	—	—	—	0	5	—	—
Missouri	—	1	22	1	—	—	0	2	—	—	—	0	4	1	—
Nebraska§	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	4	19	17	21	—	0	2	2	5	—	0	2	1	—
Delaware	—	0	2	1	1	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	1	2	—	0	1	—	—	—	0	0	—	—
Georgia	—	0	2	3	4	—	0	1	1	1	—	0	0	—	—
Maryland§	—	1	4	5	4	—	0	1	—	1	—	0	1	—	—
North Carolina	—	0	4	7	9	—	0	1	1	3	—	0	0	—	—
South Carolina§	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Virginia§	—	1	13	—	—	—	0	1	—	—	—	0	2	1	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	1	11	—	3	—	0	1	—	1	—	0	5	—	3
Alabama§	—	0	3	—	—	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	2	—	—	—	0	0	—	—	—	0	1	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Tennessee§	—	1	10	—	3	—	0	1	—	1	—	0	5	—	3
W.S. Central	—	0	9	1	1	—	0	1	—	—	—	0	0	—	—
Arkansas§	—	0	5	—	—	—	0	0	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	8	—	1	—	0	1	—	—	—	0	0	—	—
Texas§	—	0	2	1	—	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Colorado	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming§	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	1	—	0	0	—	—	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 3, 2010, and April 4, 2009 (13th week)*

Reporting area	Giardiasis Current week	Giardiasis Previous 52 weeks Med	Giardiasis Previous 52 weeks Max	Giardiasis Cum 2010	Giardiasis Cum 2009	Gonorrhea Current week	Gonorrhea Previous 52 weeks Med	Gonorrhea Previous 52 weeks Max	Gonorrhea Cum 2010	Gonorrhea Cum 2009	*Haemophilus influenzae*, invasive[†] All ages, all serotypes Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2010	Cum 2009
United States	186	335	602	3,432	3,785	1,819	5,396	6,892	49,486	76,597	32	55	144	676	888
New England	3	29	65	164	321	40	91	189	864	1,237	4	3	19	13	44
Connecticut	—	6	15	51	65	—	45	122	245	545	4	0	13	4	10
Maine[§]	2	4	13	43	48	5	3	11	61	34	—	0	2	1	6
Massachusetts	—	12	36	—	133	27	39	81	447	536	—	1	8	—	23
New Hampshire	—	3	12	24	28	1	2	6	32	29	—	0	2	4	4
Rhode Island[§]	—	1	6	10	11	7	6	19	70	82	—	0	2	3	—
Vermont[§]	1	4	14	36	36	—	1	5	9	11	—	0	1	1	1
Mid. Atlantic	35	60	103	555	742	399	616	915	7,798	7,814	5	12	27	165	142
New Jersey	—	0	12	—	113	44	94	134	1,009	1,244	—	2	7	19	20
New York (Upstate)	21	24	81	250	258	94	100	397	1,158	1,337	1	4	19	47	35
New York City	4	15	28	148	209	214	220	417	3,181	2,810	2	2	11	29	23
Pennsylvania	10	15	37	157	162	47	197	275	2,450	2,423	2	4	10	70	64
E.N. Central	17	44	75	496	577	161	1,065	1,419	6,116	16,145	3	9	29	88	210
Illinois	—	11	21	94	125	—	323	417	48	4,815	—	3	11	23	42
Indiana	N	0	7	N	N	—	107	209	227	1,958	1	1	5	14	21
Michigan	5	13	25	149	152	132	253	503	3,468	4,144	—	0	4	8	8
Ohio	12	16	28	204	187	29	258	361	1,800	3,891	3	2	6	30	30
Wisconsin	—	8	17	49	113	—	89	146	573	1,337	—	2	21	13	109
W.N. Central	17	25	156	257	282	2	271	361	2,708	3,879	3	2	21	42	47
Iowa	6	6	15	63	64	—	30	46	318	417	—	0	0	—	—
Kansas	—	3	14	50	35	2	41	85	375	699	—	0	2	4	6
Minnesota	—	0	135	—	2	—	41	64	333	597	—	0	17	12	11
Missouri	9	9	27	80	121	—	122	172	1,423	1,700	3	1	6	20	18
Nebraska[§]	2	4	9	55	36	—	22	54	239	355	—	0	3	3	9
North Dakota	—	0	8	3	3	—	2	14	20	16	—	0	2	3	3
South Dakota	—	0	5	6	21	—	1	14	—	95	—	0	0	—	—
S. Atlantic	60	72	107	893	880	489	1,307	1,790	10,589	18,374	9	13	31	170	231
Delaware	—	1	3	9	5	6	18	37	234	214	—	0	1	2	1
District of Columbia	—	0	2	5	13	47	45	88	483	748	—	0	1	—	1
Florida	38	36	59	438	466	198	403	476	4,570	5,365	7	4	10	50	76
Georgia	12	11	67	223	199	1	200	415	204	3,509	1	3	9	43	52
Maryland[§]	4	5	12	67	65	—	123	241	933	1,434	1	1	6	10	27
North Carolina	N	0	0	N	N	—	197	377	—	3,541	—	0	17	17	20
South Carolina[§]	2	2	8	25	27	117	161	412	2,001	1,876	—	1	7	27	15
Virginia[§]	4	9	36	117	94	109	161	272	2,047	1,539	—	1	5	16	28
West Virginia	—	1	5	9	11	11	8	18	117	148	—	0	5	5	11
E.S. Central	—	7	22	52	93	82	471	649	5,092	6,951	3	3	12	38	52
Alabama[§]	—	4	13	26	47	—	131	187	1,148	1,939	—	0	4	4	14
Kentucky	N	0	0	N	N	—	66	156	894	897	—	0	5	4	5
Mississippi	N	0	0	N	N	82	140	198	1,356	1,983	—	0	2	3	3
Tennessee[§]	—	4	18	26	46	—	151	206	1,694	2,132	3	2	10	27	30
W.S. Central	—	7	19	75	80	227	887	1,553	8,036	11,822	3	2	10	38	36
Arkansas[§]	—	3	9	21	25	120	84	139	990	1,165	—	0	3	4	8
Louisiana	—	1	7	29	40	—	156	343	910	2,660	—	0	2	7	7
Oklahoma	—	3	10	25	15	107	64	613	1,087	618	3	1	7	25	20
Texas[§]	N	0	0	N	N	—	562	951	5,049	7,379	—	0	2	2	1
Mountain	18	29	61	363	292	74	163	255	1,606	2,269	1	5	15	94	83
Arizona	1	4	11	37	42	23	58	108	390	670	—	1	9	36	31
Colorado	13	9	26	172	87	13	40	99	595	688	1	1	6	25	22
Idaho[§]	4	4	10	51	29	4	2	8	22	25	—	0	1	2	1
Montana[§]	—	2	11	28	24	2	1	6	34	26	—	0	1	—	1
Nevada[§]	—	1	10	15	7	32	26	94	376	523	—	0	2	4	6
New Mexico[§]	—	1	8	14	26	—	21	36	134	236	—	1	5	13	12
Utah	—	5	13	32	62	—	5	13	48	88	—	1	4	9	10
Wyoming[§]	—	1	5	14	15	—	1	7	7	13	—	0	2	5	—
Pacific	36	53	159	577	518	345	531	626	6,677	8,106	1	2	9	28	43
Alaska	—	2	7	21	16	—	20	36	282	218	—	0	3	8	3
California	23	33	60	364	375	291	439	545	5,656	6,732	—	0	4	—	11
Hawaii	—	0	2	—	6	—	13	24	163	151	—	0	3	—	16
Oregon	4	9	18	119	80	—	18	43	106	318	1	1	4	18	12
Washington	9	7	106	73	41	54	39	64	470	687	—	0	4	2	1
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	2	10	2	39	2	4	24	57	50	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	2	7	8	35	N	0	0	N	N

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U: Unavailable.   —: No reported cases. N: Not reportable.   NN: Not Nationally Notifiable.   Cum: Cumulative year-to-date counts.   Med: Median.   Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
[†] 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 3, 2010, and April 4, 2009 (13th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	10	36	61	314	473	26	56	121	579	939	7	16	43	163	221
New England	—	2	5	12	28	—	1	4	9	14	—	1	5	6	14
Connecticut	—	0	2	7	7	—	0	3	3	3	—	1	4	6	10
Maine[†]	—	0	1	1	1	—	0	2	4	3	—	0	1	—	—
Massachusetts	—	1	4	—	15	—	0	2	—	7	—	0	1	—	3
New Hampshire	—	0	1	—	2	—	0	2	2	1	—	0	0	—	—
Rhode Island[†]	—	0	4	4	3	—	0	0	—	—	—	0	0	—	—
Vermont[†]	—	0	1	—	—	—	0	0	—	—	—	0	0	—	1
Mid. Atlantic	—	4	10	46	62	1	5	16	55	103	1	2	7	15	21
New Jersey	—	0	5	3	16	—	1	6	9	25	—	0	1	—	2
New York (Upstate)	—	1	3	12	12	—	1	5	12	17	—	1	4	11	8
New York City	—	2	5	18	17	1	1	5	19	22	—	0	0	—	—
Pennsylvania	—	1	6	13	17	—	2	6	15	39	1	0	4	4	11
E.N. Central	—	4	19	38	77	2	7	15	77	137	—	4	12	35	51
Illinois	—	2	13	8	29	—	1	7	11	24	—	0	1	—	3
Indiana	—	0	4	2	6	—	1	5	10	21	—	0	4	4	2
Michigan	—	1	4	13	21	—	2	6	28	36	—	3	8	30	33
Ohio	—	0	4	10	14	2	1	5	28	42	—	0	3	1	12
Wisconsin	—	0	2	5	7	—	0	3	—	14	—	0	2	—	1
W.N. Central	1	1	7	10	20	1	2	14	39	34	—	0	10	6	5
Iowa	—	0	3	4	2	—	0	3	5	9	—	0	4	—	3
Kansas	—	0	2	3	2	—	0	2	2	2	—	0	0	—	1
Minnesota	—	0	7	—	5	—	0	13	2	6	—	0	9	1	—
Missouri	—	0	2	2	5	1	1	5	22	10	—	0	2	4	—
Nebraska[†]	1	0	3	1	6	—	0	2	8	6	—	0	1	—	1
North Dakota	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	1	—	1	—	0	1	1	—
S. Atlantic	1	8	14	71	115	12	15	35	169	299	1	3	12	37	48
Delaware	—	0	1	3	—	U	0	0	U	U	U	0	0	U	U
District of Columbia	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Florida	1	3	9	28	59	8	5	13	70	91	1	1	4	13	6
Georgia	—	1	4	9	17	3	3	7	40	50	—	0	2	1	11
Maryland[†]	—	0	3	2	14	—	1	6	17	37	—	1	3	6	13
North Carolina	—	0	7	8	12	—	0	12	2	87	—	0	10	9	6
South Carolina[†]	—	1	4	13	7	—	1	4	9	5	—	0	1	—	—
Virginia[†]	—	1	3	7	6	1	2	13	23	15	—	0	2	4	5
West Virginia	—	0	2	1	—	—	0	19	8	14	—	0	3	4	7
E.S. Central	—	1	3	11	11	2	7	13	74	101	1	2	5	23	34
Alabama[†]	—	0	2	3	1	—	1	5	18	31	—	0	2	1	4
Kentucky	—	0	2	5	1	—	2	6	26	20	1	1	5	20	18
Mississippi	—	0	1	—	5	—	0	3	4	7	—	0	0	—	—
Tennessee[†]	—	0	2	3	4	2	2	6	26	43	—	0	3	2	12
W.S. Central	—	3	18	33	45	6	9	26	61	130	2	1	6	12	13
Arkansas[†]	—	0	2	—	4	—	1	4	2	12	—	0	1	—	1
Louisiana	—	0	1	1	2	—	0	3	12	16	—	0	1	1	3
Oklahoma	—	0	3	—	1	2	2	8	10	24	2	0	4	5	1
Texas[†]	—	3	18	32	38	4	6	20	37	78	—	0	4	6	8
Mountain	3	3	9	38	29	—	2	5	21	41	1	1	4	10	18
Arizona	2	1	5	25	13	—	0	3	8	19	—	0	0	—	—
Colorado	—	1	5	6	7	—	0	2	1	9	—	0	3	1	10
Idaho[†]	—	0	1	2	—	—	0	2	1	1	1	0	2	4	1
Montana[†]	—	0	1	—	2	—	0	1	—	—	—	0	0	—	—
Nevada[†]	1	0	2	4	—	—	0	3	8	5	—	0	1	1	—
New Mexico[†]	—	0	1	1	4	—	0	1	1	4	—	0	1	2	5
Utah	—	0	2	—	3	—	0	1	2	3	—	0	1	2	2
Wyoming[†]	—	0	1	—	—	—	0	2	—	—	—	0	0	—	—
Pacific	5	5	16	55	86	2	5	29	74	80	1	1	7	19	17
Alaska	—	0	1	—	2	—	0	1	1	—	—	0	2	—	—
California	5	4	15	47	68	1	4	17	55	62	—	1	4	5	9
Hawaii	—	0	2	—	4	—	0	1	—	1	—	0	1	—	—
Oregon	—	0	2	4	5	1	1	4	12	10	—	0	3	9	3
Washington	—	0	4	4	7	—	0	12	6	7	1	0	7	5	5
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	—	—	1	5	8	—	—	0	3	4	—
Puerto Rico	—	0	2	2	10	—	0	5	4	7	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 3, 2010, and April 4, 2009 (13th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	21	57	167	398	417	60	401	2,133	1,622	2,311	7	22	76	234	238
New England	—	2	18	8	19	5	90	558	146	450	—	1	4	1	9
Connecticut	—	0	5	3	5	—	0	0	—	—	—	0	3	—	—
Maine†	—	0	3	—	—	5	12	76	54	29	—	0	1	—	—
Massachusetts	—	1	9	—	13	—	41	395	—	291	—	0	3	—	8
New Hampshire	—	0	2	1	—	—	19	93	74	106	—	0	1	1	—
Rhode Island†	—	0	4	3	—	—	1	28	4	2	—	0	1	—	—
Vermont†	—	0	1	1	1	—	5	42	14	22	—	0	1	—	1
Mid. Atlantic	5	16	72	86	109	41	209	1,143	931	1,115	1	7	13	59	49
New Jersey	—	1	13	—	18	—	41	389	142	377	—	0	1	—	—
New York (Upstate)	1	5	29	29	34	33	52	430	217	254	—	1	4	16	14
New York City	—	3	19	20	10	—	5	32	1	46	1	4	12	32	29
Pennsylvania	4	6	25	37	47	8	107	652	571	438	—	1	4	11	6
E.N. Central	2	10	39	73	91	—	24	223	54	120	—	3	11	19	31
Illinois	—	1	10	7	9	—	1	11	—	2	—	1	5	6	10
Indiana	—	1	5	4	13	—	1	7	7	5	—	0	4	1	5
Michigan	1	3	13	16	14	—	1	9	1	1	—	0	3	3	5
Ohio	1	5	17	44	42	—	1	5	5	3	—	1	6	9	9
Wisconsin	—	1	5	2	13	—	20	205	41	109	—	0	1	—	2
W.N. Central	1	2	14	13	9	4	5	251	7	25	—	1	8	14	9
Iowa	—	0	2	—	4	—	0	14	—	6	—	0	1	2	4
Kansas	—	0	1	1	2	—	0	2	1	4	—	0	1	3	1
Minnesota	1	0	13	4	—	4	0	251	4	14	—	0	8	3	1
Missouri	—	1	5	5	1	—	0	1	1	—	—	0	1	2	3
Nebraska†	—	0	2	2	1	—	0	3	1	—	—	0	2	4	—
North Dakota	—	0	1	1	1	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	0	—	1	—	0	1	—	—
S. Atlantic	9	11	22	85	89	8	68	253	415	560	5	6	16	70	96
Delaware	—	0	5	3	—	—	13	65	113	105	—	0	1	1	1
District of Columbia	—	0	2	—	1	—	0	5	1	2	—	0	1	1	5
Florida	3	4	10	35	38	2	2	11	16	7	3	2	7	37	25
Georgia	1	1	4	10	17	—	0	5	1	13	—	1	5	2	15
Maryland†	3	3	12	19	14	4	29	134	171	331	2	1	13	13	28
North Carolina	—	0	5	1	13	—	0	14	12	14	—	0	3	5	13
South Carolina†	—	0	2	1	1	—	1	3	4	3	—	0	1	1	1
Virginia†	2	1	6	15	5	2	11	79	81	76	—	1	5	10	7
West Virginia	—	0	2	1	—	—	0	33	16	9	—	0	2	—	1
E.S. Central	—	2	12	21	19	1	1	4	7	4	—	0	3	4	9
Alabama†	—	0	2	3	3	—	0	1	—	—	—	0	3	1	2
Kentucky	—	1	3	6	1	—	0	1	1	—	—	0	3	2	—
Mississippi	—	0	2	2	—	—	0	0	—	—	—	0	1	—	—
Tennessee†	—	1	9	10	8	—	1	4	6	4	—	0	1	1	7
W.S. Central	—	2	8	14	17	1	4	43	5	8	—	1	30	34	5
Arkansas†	—	0	1	1	1	—	0	0	—	—	—	0	1	1	—
Louisiana	—	0	2	1	1	—	0	0	—	—	—	0	1	—	1
Oklahoma	—	0	2	—	1	—	0	0	—	—	—	0	1	2	—
Texas†	—	1	8	12	14	1	4	43	5	8	—	1	30	31	4
Mountain	3	3	8	26	26	—	1	4	4	5	—	0	6	7	3
Arizona	1	1	8	13	9	—	0	1	—	—	—	0	2	2	—
Colorado	—	0	4	2	2	—	0	1	1	—	—	0	3	—	1
Idaho†	—	0	2	—	1	—	0	3	1	2	—	0	1	—	—
Montana†	—	0	1	1	4	—	0	1	—	1	—	0	3	—	—
Nevada†	2	0	2	8	4	—	0	1	1	1	—	0	1	2	—
New Mexico†	—	0	2	1	—	—	0	1	—	—	—	0	0	—	—
Utah	—	0	4	1	6	—	0	1	1	1	—	0	1	3	2
Wyoming†	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Pacific	1	4	19	72	38	1	4	10	53	24	1	2	19	26	27
Alaska	—	0	0	—	1	—	0	1	1	2	—	0	1	—	1
California	—	3	19	65	30	1	2	9	35	18	1	2	12	18	18
Hawaii	—	0	0	—	1	N	0	0	N	N	—	0	0	—	1
Oregon	—	0	2	—	3	—	1	4	17	4	—	0	1	2	4
Washington	1	0	5	7	3	—	0	3	—	—	—	0	6	6	3
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	N	0	0	N	N	—	0	2	1	1
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—

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* Incidence data for reporting years 2009 and 2010 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 3, 2010, and April 4, 2009 (13th week)*

Reporting area	Meningococcal disease, invasive[†] All groups					Pertussis					Rabies, animal				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	14	16	38	204	295	70	271	1,523	1,971	3,010	26	62	139	512	844
New England	—	0	2	1	14	—	10	25	11	160	2	6	24	55	67
Connecticut	—	0	2	—	2	—	1	4	—	7	1	1	22	22	26
Maine§	—	0	1	—	1	—	0	10	3	28	—	1	4	16	12
Massachusetts	—	0	1	—	8	—	5	17	—	100	—	0	0	—	—
New Hampshire	—	0	1	—	1	—	1	7	2	14	—	0	3	3	6
Rhode Island§	—	0	1	—	1	—	0	8	4	5	—	0	5	1	7
Vermont§	—	0	1	1	1	—	0	1	2	6	1	1	5	13	16
Mid. Atlantic	1	2	6	15	28	11	20	40	140	248	8	11	23	146	144
New Jersey	—	0	2	—	3	—	2	8	9	63	—	0	0	—	—
New York (Upstate)	1	0	3	3	5	11	5	27	66	38	8	8	22	104	72
New York City	—	0	2	5	4	—	0	11	—	17	—	0	11	42	1
Pennsylvania	—	1	3	7	16	—	9	29	65	130	—	0	16	—	71
E.N. Central	1	2	7	27	64	24	54	100	517	692	—	2	19	6	8
Illinois	—	0	4	6	15	—	11	29	59	177	—	1	9	1	2
Indiana	—	0	3	7	13	—	5	15	24	91	—	0	7	—	1
Michigan	1	0	5	3	9	2	16	41	169	151	—	1	6	3	5
Ohio	—	1	2	8	16	22	19	49	260	240	—	0	5	2	—
Wisconsin	—	0	1	3	11	—	1	12	5	33	N	0	0	N	N
W.N. Central	3	1	6	16	22	4	31	599	135	512	3	7	18	37	66
Iowa	—	0	2	3	1	—	3	10	24	42	—	0	3	—	6
Kansas	—	0	2	1	6	—	4	12	30	53	—	1	6	15	27
Minnesota	1	0	2	2	5	—	0	585	—	36	—	0	11	8	5
Missouri	2	0	3	8	8	3	13	47	64	320	1	1	5	3	5
Nebraska§	—	0	1	2	2	1	2	9	14	53	2	1	6	11	15
North Dakota	—	0	1	—	—	—	0	12	—	2	—	0	7	—	3
South Dakota	—	0	1	—	—	—	0	6	3	6	—	0	4	—	5
S. Atlantic	3	3	10	49	52	6	27	66	196	408	4	22	103	208	437
Delaware	—	0	1	1	—	—	0	2	—	4	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	1	3	—	0	0	—	—
Florida	3	1	5	24	24	5	7	29	48	105	—	0	13	34	156
Georgia	—	0	2	4	7	1	4	11	43	80	—	0	72	—	88
Maryland§	—	0	1	2	1	—	3	8	34	28	—	8	15	81	65
North Carolina	—	0	10	5	9	—	0	21	—	119	N	0	4	N	N
South Carolina§	—	0	1	4	5	—	4	18	46	34	—	0	0	—	—
Virginia§	—	0	2	8	5	—	3	15	19	32	—	10	26	76	109
West Virginia	—	0	2	1	1	—	0	6	5	3	4	2	6	17	19
E.S. Central	1	0	4	7	11	3	14	30	171	171	1	1	6	3	41
Alabama§	—	0	2	1	2	—	5	19	50	32	1	0	1	3	—
Kentucky	1	0	1	3	2	—	3	15	56	80	—	0	2	—	17
Mississippi	—	0	1	1	1	—	1	6	13	19	—	0	1	—	—
Tennessee§	—	0	2	2	6	3	4	9	52	40	—	0	4	—	24
W.S. Central	—	1	8	27	25	13	68	704	537	336	2	0	13	10	10
Arkansas§	—	0	2	2	5	—	5	30	18	39	—	0	10	6	6
Louisiana	—	0	3	5	8	—	0	8	7	29	—	0	0	—	—
Oklahoma	—	0	7	12	2	—	0	32	3	9	2	0	13	4	4
Texas§	—	1	7	8	10	13	60	674	509	259	—	0	1	—	—
Mountain	1	1	4	14	25	6	16	39	158	280	2	1	6	13	31
Arizona	—	0	2	5	4	1	5	16	46	50	N	0	0	N	N
Colorado	—	0	3	3	9	5	3	10	26	70	—	0	0	—	—
Idaho§	—	0	1	1	5	—	1	19	43	22	—	0	1	1	—
Montana§	—	0	2	1	3	—	1	6	5	5	—	0	4	—	10
Nevada§	1	0	1	2	1	—	0	3	1	2	—	0	1	—	—
New Mexico§	—	0	1	2	1	—	1	6	24	29	—	0	3	3	11
Utah	—	0	1	—	1	—	2	11	12	99	—	0	2	—	—
Wyoming§	—	0	2	—	1	—	0	5	1	3	2	0	4	9	10
Pacific	4	3	17	48	54	3	24	46	106	203	4	4	13	34	40
Alaska	—	0	2	—	2	—	0	4	5	24	—	0	2	8	10
California	4	2	10	37	28	2	11	25	11	73	4	3	11	22	30
Hawaii	—	0	1	—	1	—	0	3	—	7	—	0	0	—	—
Oregon	—	0	4	7	17	—	5	12	61	56	—	0	3	4	—
Washington	—	0	6	4	6	1	4	39	29	43	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	0	—	1	1	1	3	15	12
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N

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* Incidence data for reporting years 2009 and 2010 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 3, 2010, and April 4, 2009 (13th week)*

Reporting area	Salmonellosis Current week	Salmonellosis Previous 52 weeks Med	Salmonellosis Previous 52 weeks Max	Salmonellosis Cum 2010	Salmonellosis Cum 2009	Shiga toxin-producing *E. coli* (STEC)[†] Current week	STEC Previous 52 weeks Med	STEC Previous 52 weeks Max	STEC Cum 2010	STEC Cum 2009	Shigellosis Current week	Shigellosis Previous 52 weeks Med	Shigellosis Previous 52 weeks Max	Shigellosis Cum 2010	Shigellosis Cum 2009
United States	263	913	1,443	5,401	8,087	22	84	174	379	720	114	278	504	2,533	3,731
New England	—	31	91	129	727	—	3	30	10	89	—	4	27	18	89
Connecticut	—	0	66	66	429	—	0	5	5	67	—	0	11	11	43
Maine[§]	—	2	7	14	23	—	0	3	—	—	—	0	2	2	2
Massachusetts	—	20	47	—	202	—	2	7	—	11	—	3	27	—	37
New Hampshire	—	3	44	24	37	—	0	3	5	9	—	0	4	3	1
Rhode Island[§]	—	2	12	17	24	—	0	26	—	—	—	0	7	1	4
Vermont[§]	—	1	5	8	12	—	0	3	—	2	—	0	1	1	2
Mid. Atlantic	27	98	207	659	887	—	7	22	37	76	13	44	89	381	752
New Jersey	—	17	47	53	164	—	1	5	1	21	—	5	23	28	249
New York (Upstate)	13	23	77	165	200	—	3	12	16	22	4	4	19	43	42
New York City	1	21	48	186	217	—	1	5	7	18	—	8	16	66	130
Pennsylvania	13	29	66	255	306	—	2	8	13	15	9	26	63	244	331
E.N. Central	26	91	159	577	1,103	1	13	36	43	133	3	34	113	352	843
Illinois	—	24	52	169	319	—	3	6	5	49	—	11	109	243	178
Indiana	—	9	24	35	89	—	1	9	2	15	—	1	5	1	25
Michigan	1	16	34	128	202	1	3	8	20	19	—	3	10	33	88
Ohio	25	24	52	211	288	—	2	11	10	19	3	11	46	63	432
Wisconsin	—	11	30	34	205	—	4	21	6	31	—	5	26	12	120
W.N. Central	20	43	86	359	578	4	11	39	61	67	38	35	87	635	118
Iowa	—	6	16	41	79	—	2	14	9	17	—	0	5	11	31
Kansas	—	6	22	55	64	—	1	5	6	6	—	3	13	38	43
Minnesota	11	11	31	101	117	1	2	17	17	19	3	1	6	14	15
Missouri	7	13	30	116	87	2	2	10	20	15	34	28	75	567	20
Nebraska[§]	2	4	12	35	149	1	1	6	8	9	1	0	3	5	7
North Dakota	—	0	21	4	9	—	0	3	—	—	—	0	2	—	1
South Dakota	—	1	9	7	73	—	0	12	1	1	—	0	1	—	1
S. Atlantic	85	282	453	1,779	1,981	13	12	22	90	130	23	40	79	372	551
Delaware	3	2	9	16	7	—	0	2	—	2	—	3	10	26	5
District of Columbia	—	0	3	7	15	—	0	0	—	1	—	0	1	2	5
Florida	58	133	278	857	792	9	3	9	42	38	14	10	18	143	106
Georgia	7	45	98	263	315	—	1	4	9	11	8	13	29	123	127
Maryland[§]	10	15	32	137	146	2	1	6	11	19	1	4	17	20	103
North Carolina	—	12	90	223	387	—	0	8	4	41	—	2	27	15	101
South Carolina[§]	4	17	65	100	139	—	0	3	1	4	—	2	6	21	47
Virginia[§]	3	20	68	139	153	2	3	7	23	13	—	3	15	22	52
West Virginia	—	4	23	37	27	—	0	5	—	1	—	0	2	—	5
E.S. Central	6	52	113	299	455	4	10	22	39	2	12	46	83	202	
Alabama[§]	—	14	39	94	149	—	1	4	9	8	—	2	9	8	55
Kentucky	1	7	18	60	93	—	1	4	2	10	2	3	25	40	25
Mississippi	—	14	45	44	100	—	0	1	3	3	—	1	4	2	8
Tennessee[§]	5	14	33	101	113	—	1	8	8	18	—	5	16	33	114
W.S. Central	9	105	497	300	708	—	5	41	21	40	27	49	158	381	652
Arkansas[§]	2	10	25	43	84	—	1	4	5	7	—	5	15	11	59
Louisiana	—	9	43	88	90	—	0	1	3	—	—	1	7	18	56
Oklahoma	6	11	30	56	87	—	0	6	1	4	14	6	19	69	33
Texas[§]	1	59	478	113	447	—	4	41	12	29	13	36	142	283	504
Mountain	8	52	120	429	548	—	7	28	44	78	1	17	43	122	262
Arizona	1	20	57	141	214	—	1	5	9	6	1	13	37	68	183
Colorado	5	12	33	128	117	—	2	11	7	49	—	2	6	22	25
Idaho[§]	—	3	10	24	31	—	1	7	7	6	—	0	1	3	—
Montana[§]	—	2	7	24	27	—	0	7	8	1	—	0	4	3	2
Nevada[§]	2	3	11	31	31	—	0	3	1	1	—	1	7	5	22
New Mexico[§]	—	5	27	43	48	—	1	3	6	8	—	1	8	18	24
Utah	—	5	14	24	68	—	1	11	6	6	—	0	4	3	6
Wyoming[§]	—	1	9	14	12	—	0	2	—	1	—	0	1	—	—
Pacific	82	123	346	870	1,100	4	9	73	51	68	7	21	61	189	262
Alaska	—	1	7	17	12	—	0	0	—	—	—	0	2	—	1
California	58	93	201	676	842	3	4	23	32	50	4	16	40	163	219
Hawaii	—	5	61	—	61	—	0	2	—	3	—	0	4	—	6
Oregon	9	8	19	85	92	1	1	11	6	3	2	1	4	15	10
Washington	15	11	133	92	93	—	2	48	13	12	1	2	19	11	26
American Samoa	—	1	1	1	—	—	0	0	—	—	—	0	0	—	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	9	39	52	133	—	0	0	—	—	—	0	2	—	3
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable.   —: No reported cases.   N: Not reportable.   NN: Not Nationally Notifiable.   Cum: Cumulative year-to-date counts.   Med: Median.   Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional.
[†] Includes *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 3, 2010, and April 4, 2009 (13th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF)[†]									
	Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	—	2	10	16	10	—	17	71	63	182
New England	—	0	1	—	—	—	0	2	—	2
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	0	—	—	—	0	2	—	1
Massachusetts	—	0	1	—	—	—	0	1	—	1
New Hampshire	—	0	0	—	—	—	0	1	—	—
Rhode Island§	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	0	3	3	—	—	1	6	2	5
New Jersey	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	1	—	—	—	0	3	—	—
New York City	—	0	1	1	—	—	0	4	2	4
Pennsylvania	—	0	2	2	—	—	0	2	—	1
E.N. Central	—	0	2	—	1	—	0	7	—	10
Illinois	—	0	1	—	—	—	0	6	—	6
Indiana	—	0	2	—	—	—	0	2	—	—
Michigan	—	0	1	—	1	—	0	1	—	—
Ohio	—	0	0	—	—	—	0	4	—	4
Wisconsin	—	0	0	—	—	—	0	1	—	—
W.N. Central	—	0	3	—	2	—	2	23	5	2
Iowa	—	0	1	—	—	—	0	1	—	—
Kansas	—	0	1	—	1	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—
Missouri	—	0	1	—	—	—	2	22	5	2
Nebraska§	—	0	2	—	1	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	8	7	5	—	5	25	37	139
Delaware	—	0	1	1	—	—	0	3	2	1
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	0	1	—	—	—	0	2	1	1
Georgia	—	0	7	5	5	—	0	0	—	—
Maryland§	—	0	1	—	—	—	0	3	3	10
North Carolina	—	0	1	1	—	—	1	24	27	113
South Carolina§	—	0	1	—	—	—	0	4	2	5
Virginia§	—	0	1	—	—	—	0	5	2	8
West Virginia	—	0	0	—	—	—	0	1	—	1
E.S. Central	—	0	2	2	1	—	4	15	2	16
Alabama§	—	0	1	—	—	—	1	7	1	5
Kentucky	—	0	1	1	—	—	0	0	—	—
Mississippi	—	0	0	—	1	—	0	1	—	—
Tennessee§	—	0	2	1	—	—	2	14	1	11
W.S. Central	—	0	3	1	—	—	1	25	5	6
Arkansas§	—	0	0	—	—	—	0	14	—	1
Louisiana	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	3	—	—	—	0	24	1	1
Texas§	—	0	1	1	—	—	0	11	4	4
Mountain	—	0	2	3	1	—	0	6	12	2
Arizona	—	0	2	3	1	—	0	6	12	—
Colorado	—	0	1	—	—	—	0	0	—	—
Idaho§	—	0	0	—	—	—	0	1	—	—
Montana§	—	0	1	—	—	—	0	2	—	—
Nevada§	—	0	0	—	—	—	0	0	—	—
New Mexico§	—	0	0	—	—	—	0	0	—	1
Utah	—	0	0	—	—	—	0	0	—	1
Wyoming§	—	0	1	—	—	—	0	1	—	—
Pacific	—	0	1	—	—	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	1	—	—	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2009 and 2010 are provisional.
† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 3, 2010, and April 4, 2009 (13th week)*

Reporting area	*Streptococcus pneumoniae*,[†] invasive disease — All ages — Current week	Previous 52 weeks Med	Max	Cum 2010	Cum 2009	Age <5 — Current week	Previous 52 weeks Med	Max	Cum 2010	Cum 2009	Syphilis, primary and secondary — Current week	Previous 52 weeks Med	Max	Cum 2010	Cum 2009
United States	249	55	375	4,003	1,118	45	47	128	674	781	91	252	347	2,157	3,607
New England	2	1	50	110	23	—	1	23	9	22	7	6	21	87	89
Connecticut	—	0	50	—	—	—	0	22	—	—	—	1	9	11	21
Maine§	2	0	4	30	3	—	0	2	3	—	1	0	3	8	1
Massachusetts	—	0	1	—	1	—	0	5	—	17	5	4	12	54	56
New Hampshire	—	0	6	37	5	—	0	2	3	3	—	0	1	3	7
Rhode Island§	—	0	5	15	9	—	0	1	2	—	1	0	5	9	4
Vermont§	—	0	6	28	5	—	0	1	1	2	—	0	2	2	—
Mid. Atlantic	12	4	25	209	60	6	5	48	69	74	38	34	50	423	467
New Jersey	—	0	4	18	—	—	1	4	11	17	2	3	13	52	65
New York (Upstate)	5	2	12	53	27	5	2	19	40	40	3	2	11	22	24
New York City	—	0	1	—	2	—	0	28	—	11	32	20	39	265	295
Pennsylvania	7	2	19	138	31	1	0	5	18	6	1	7	14	84	83
E.N. Central	15	13	69	559	229	2	8	16	113	129	—	25	53	120	341
Illinois	—	0	7	37	—	—	1	5	31	15	—	11	36	7	170
Indiana	—	4	17	107	85	—	1	4	14	23	—	2	9	7	43
Michigan	6	1	26	192	10	—	2	5	29	21	—	3	13	50	56
Ohio	9	8	18	132	134	2	2	7	30	48	—	7	13	56	54
Wisconsin	—	0	20	91	—	—	1	3	9	22	—	0	3	—	18
W.N. Central	28	3	59	291	55	7	3	13	61	59	—	5	12	39	85
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	—	10
Kansas	—	1	6	28	29	—	0	2	5	11	—	0	3	1	3
Minnesota	21	0	45	163	—	5	0	10	30	16	—	1	3	9	21
Missouri	6	1	8	44	22	1	1	5	19	23	—	3	8	27	49
Nebraska§	1	0	7	48	—	1	0	2	6	2	—	0	2	2	1
North Dakota	—	0	4	4	4	—	0	1	—	3	—	0	1	—	1
South Dakota	—	0	2	4	—	—	0	2	1	4	—	0	1	—	—
S. Atlantic	91	26	135	1,190	552	15	11	26	187	208	34	62	161	527	745
Delaware	—	0	3	7	8	—	0	—	—	—	—	0	3	1	8
District of Columbia	—	0	3	12	—	—	0	1	3	—	—	2	8	26	47
Florida	65	14	90	614	335	10	4	19	88	73	1	19	32	182	298
Georgia	3	8	24	153	172	3	3	9	41	62	—	14	112	34	104
Maryland§	20	0	25	160	4	2	1	7	22	27	—	6	12	41	68
North Carolina	—	0	0	—	—	—	0	0	—	—	8	9	31	129	122
South Carolina§	3	0	25	192	—	—	1	4	18	20	3	2	6	36	22
Virginia§	—	0	2	14	—	—	1	3	12	22	22	6	15	78	74
West Virginia	—	2	20	38	33	—	0	3	3	4	—	0	2	—	2
E.S. Central	23	4	50	390	109	1	2	9	38	46	—	20	38	171	307
Alabama§	—	0	0	—	—	—	0	0	—	—	—	6	18	34	123
Kentucky	—	1	8	36	33	—	0	2	4	4	—	1	13	24	16
Mississippi	—	0	5	23	3	—	0	2	5	6	—	5	17	36	50
Tennessee§	23	2	44	331	73	1	2	7	29	36	—	7	14	77	118
W.S. Central	40	1	61	499	39	9	6	38	83	110	4	47	74	331	725
Arkansas§	3	1	8	51	18	1	0	4	9	12	1	6	16	63	43
Louisiana	—	0	8	27	21	—	0	3	8	16	—	10	27	64	246
Oklahoma	2	0	5	21	—	2	1	5	21	15	3	1	6	12	28
Texas§	35	0	54	400	—	6	3	34	45	67	—	30	46	192	408
Mountain	32	2	67	669	49	5	5	11	100	120	—	9	18	68	124
Arizona	16	0	42	333	—	2	2	7	47	57	—	4	11	17	54
Colorado	15	0	20	185	—	2	1	4	24	22	—	2	5	28	26
Idaho§	—	0	1	4	—	—	0	2	2	2	—	0	1	1	2
Montana§	—	0	1	4	—	—	0	0	—	—	—	0	1	—	—
Nevada§	—	1	4	26	15	—	0	2	3	2	—	1	10	19	24
New Mexico§	—	0	8	55	—	—	0	4	12	11	—	1	4	3	12
Utah	—	1	9	56	28	—	1	6	10	26	—	0	2	—	6
Wyoming§	1	0	2	6	6	1	0	1	2	—	—	0	1	—	—
Pacific	6	0	14	86	2	—	0	7	14	13	8	42	61	391	724
Alaska	—	0	9	38	—	—	0	5	11	8	—	0	0	—	—
California	6	0	10	48	—	—	0	2	3	—	7	38	55	359	657
Hawaii	—	0	1	—	2	—	0	2	—	5	—	0	2	8	12
Oregon	—	0	0	—	—	—	0	0	—	—	—	1	5	6	9
Washington	—	0	0	—	—	—	0	0	—	—	1	2	7	18	46
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	2	3	17	53	43
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2009 and 2010 are provisional.
† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending April 3, 2010, and April 4, 2009 (13th week)*

| | Varicella (chickenpox)§ | | | | | West Nile virus disease† | | | | | | | | | |
| | | | | | | Neuroinvasive | | | | | Nonneuroinvasive¶ | | | | |
Reporting area	Current week	Previous 52 weeks Med	Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Max	Cum 2010	Cum 2009	Current week	Previous 52 weeks Med	Max	Cum 2010	Cum 2009
United States	153	285	634	3,488	6,622	—	1	46	2	—	—	0	49	—	—
New England	3	14	33	126	230	—	0	0	—	—	—	0	0	—	—
Connecticut	—	7	23	43	133	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	15	30	—	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	2	—	—	—	0	0	—	—	—	0	0	—	—
New Hampshire	1	3	10	38	64	—	0	0	—	—	—	0	0	—	—
Rhode Island§	2	0	2	3	4	—	0	0	—	—	—	0	0	—	—
Vermont§	—	0	4	12	29	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	16	24	56	266	537	—	0	2	—	—	—	0	1	—	—
New Jersey	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Pennsylvania	16	24	56	266	537	—	0	0	—	—	—	0	0	—	—
E.N. Central	58	107	205	1,486	2,437	—	0	4	—	—	—	0	3	—	—
Illinois	2	26	56	360	631	—	0	3	—	—	—	0	0	—	—
Indiana§	5	7	35	175	150	—	0	1	—	—	—	0	1	—	—
Michigan	16	36	84	466	718	—	0	1	—	—	—	0	0	—	—
Ohio	35	29	85	416	758	—	0	0	—	—	—	0	2	—	—
Wisconsin	—	7	57	69	180	—	0	1	—	—	—	0	0	—	—
W.N. Central	2	9	40	102	411	—	0	5	—	—	—	0	11	—	—
Iowa	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Kansas§	—	1	19	1	92	—	0	1	—	—	—	0	2	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	2	6	30	84	277	—	0	2	—	—	—	0	1	—	—
Nebraska§	N	0	0	N	N	—	0	2	—	—	—	0	6	—	—
North Dakota	—	0	26	15	36	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	2	2	6	—	0	3	—	—	—	0	2	—	—
S. Atlantic	65	24	76	514	774	—	0	4	—	—	—	0	2	—	—
Delaware§	—	0	2	2	2	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	2	1	8	—	0	1	—	—	—	0	0	—	—
Florida§	23	14	57	264	468	—	0	1	—	—	—	0	1	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Maryland§	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
North Carolina	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
South Carolina§	—	0	33	42	118	—	0	2	—	—	—	0	0	—	—
Virginia§	7	0	10	77	28	—	0	2	—	—	—	0	0	—	—
West Virginia	35	8	25	128	150	—	0	0	—	—	—	0	0	—	—
E.S. Central	4	6	29	61	180	—	0	6	2	—	—	0	4	—	—
Alabama§	4	6	27	61	179	—	0	0	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	2	—	1	—	0	5	2	—	—	0	4	—	—
Tennessee§	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
W.S. Central	—	66	261	623	1,432	—	0	19	—	—	—	0	6	—	—
Arkansas§	—	0	23	26	41	—	0	1	—	—	—	0	0	—	—
Louisiana	—	1	7	19	20	—	0	2	—	—	—	0	4	—	—
Oklahoma	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Texas§	—	65	245	578	1,371	—	0	16	—	—	—	0	4	—	—
Mountain	5	20	62	303	577	—	0	12	—	—	—	0	17	—	—
Arizona	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Colorado§	—	8	22	108	202	—	0	7	—	—	—	0	14	—	—
Idaho§	N	0	0	N	N	—	0	3	—	—	—	0	5	—	—
Montana§	5	0	17	72	81	—	0	1	—	—	—	0	1	—	—
Nevada§	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New Mexico§	—	0	12	24	82	—	0	2	—	—	—	0	1	—	—
Utah	—	7	32	98	212	—	0	1	—	—	—	0	1	—	—
Wyoming§	—	0	1	1	—	—	0	1	—	—	—	0	2	—	—
Pacific	—	1	5	7	44	—	0	12	—	—	—	0	12	—	—
Alaska	—	0	4	7	25	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	8	—	—	—	0	6	—	—
Hawaii	—	0	4	—	19	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	6	—	—	—	0	3	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	7	30	57	151	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable.   —: No reported cases.   N: Not reportable.   NN: Not Nationally Notifiable.   Cum: Cumulative year-to-date counts.   Med: Median.   Max: Maximum.
* Incidence data for reporting years 2009 and 2010 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).
¶ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.

TABLE III. Deaths in 122 U.S. cities,* week ending April 3, 2010 (13th week)

Reporting area	All causes, by age (years) All Ages	≥65	45–64	25–44	1–24	<1	P&I† Total
New England	548	396	113	24	11	4	54
Boston, MA	128	78	32	11	6	1	13
Bridgeport, CT	48	36	12	—	—	—	8
Cambridge, MA	22	18	3	—	1	—	3
Fall River, MA	28	18	7	2	1	—	3
Hartford, CT	44	30	9	3	1	1	4
Lowell, MA	27	19	7	1	—	—	—
Lynn, MA	3	2	1	—	—	—	—
New Bedford, MA	17	12	5	—	—	—	—
New Haven, CT	33	31	2	—	—	—	5
Providence, RI	61	42	16	1	1	1	5
Somerville, MA	—	—	—	—	—	—	—
Springfield, MA	42	34	7	—	—	1	4
Waterbury, CT	18	15	3	—	—	—	1
Worcester, MA	77	61	9	6	1	—	8
Mid. Atlantic	2,054	1,426	450	113	31	31	109
Albany, NY	51	33	11	4	3	—	3
Allentown, PA	26	19	5	2	—	—	1
Buffalo, NY	85	54	25	3	2	1	8
Camden, NJ	29	19	5	2	—	3	4
Elizabeth, NJ	50	35	13	1	—	1	4
Erie, PA	41	32	7	1	1	—	4
Jersey City, NJ	36	25	6	4	1	—	2
New York City, NY	1,186	816	271	70	14	12	51
Newark, NJ	26	16	6	1	—	3	1
Paterson, NJ	15	6	5	2	—	2	1
Philadelphia, PA	148	96	36	7	4	5	8
Pittsburgh, PA§	44	32	10	2	—	—	2
Reading, PA	34	29	2	3	—	—	4
Rochester, NY	83	57	19	4	1	2	4
Schenectady, NY	19	13	4	—	2	—	1
Scranton, PA	25	20	5	—	—	—	1
Syracuse, NY	96	76	11	4	3	2	5
Trenton, NJ	20	16	3	1	—	—	2
Utica, NY	20	18	—	2	—	—	2
Yonkers, NY	20	14	6	—	—	—	1
E.N. Central	1,914	1,313	452	91	32	26	123
Akron, OH	50	44	4	2	—	—	6
Canton, OH	34	28	6	—	—	—	1
Chicago, IL	310	179	96	24	9	2	17
Cincinnati, OH	79	46	21	7	3	2	7
Cleveland, OH	198	140	47	5	5	1	14
Columbus, OH	221	153	52	7	3	6	13
Dayton, OH	144	104	29	10	1	—	16
Detroit, MI	88	51	26	7	3	1	5
Evansville, IN	50	40	9	—	—	1	5
Fort Wayne, IN	74	52	16	3	2	1	7
Gary, IN	4	4	—	—	—	—	1
Grand Rapids, MI	51	40	8	2	—	1	4
Indianapolis, IN	188	116	55	10	4	3	6
Lansing, MI	48	37	8	2	1	—	2
Milwaukee, WI	78	53	21	3	—	1	2
Peoria, IL	42	32	7	—	—	3	2
Rockford, IL	55	40	10	4	—	1	3
South Bend, IN	44	36	7	—	—	1	2
Toledo, OH	91	67	18	3	1	2	3
Youngstown, OH	65	51	12	2	—	—	7
W.N. Central	522	362	117	22	9	12	30
Des Moines, IA	69	52	12	2	—	3	4
Duluth, MN	13	13	—	—	—	—	—
Kansas City, KS	33	22	7	2	2	—	4
Kansas City, MO	105	69	24	7	2	3	5
Lincoln, NE	49	43	4	1	1	—	1
Minneapolis, MN	37	22	12	1	1	1	2
Omaha, NE	90	57	25	3	2	3	6
St. Louis, MO	U	U	U	U	U	U	U
St. Paul, MN	32	22	9	1	—	—	3
Wichita, KS	94	62	24	5	1	2	5
S. Atlantic	1,321	858	327	86	33	17	87
Atlanta, GA	169	103	46	14	5	1	14
Baltimore, MD	168	96	57	12	2	1	14
Charlotte, NC	70	53	9	4	2	2	6
Jacksonville, FL	198	134	53	4	6	1	14
Miami, FL	106	64	26	10	6	—	7
Norfolk, VA	46	30	12	1	3	—	3
Richmond, VA	65	39	17	6	—	3	1
Savannah, GA	61	38	17	4	—	2	7
St. Petersburg, FL	54	33	12	7	2	—	5
Tampa, FL	266	193	48	15	4	6	15
Washington, D.C.	106	66	27	9	3	1	1
Wilmington, DE	12	9	3	—	—	—	—
E.S. Central	851	549	222	56	13	11	71
Birmingham, AL	171	105	47	13	3	3	17
Chattanooga, TN	51	33	15	2	1	—	2
Knoxville, TN	82	59	16	5	2	—	7
Lexington, KY	73	53	15	5	—	—	6
Memphis, TN	178	112	51	9	3	3	17
Mobile, AL	93	56	28	6	1	2	7
Montgomery, AL	62	41	12	8	—	1	4
Nashville, TN	141	90	38	8	3	2	11
W.S. Central	1,180	742	297	69	39	33	83
Austin, TX	92	53	26	6	4	3	4
Baton Rouge, LA	62	25	17	10	6	4	—
Corpus Christi, TX	63	45	17	—	—	1	4
Dallas, TX	208	121	55	16	8	8	12
El Paso, TX	58	32	15	4	7	—	6
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	208	126	60	7	4	11	18
Little Rock, AR	92	57	26	6	1	2	3
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	268	186	56	15	8	3	26
Shreveport, LA	16	14	2	—	—	—	2
Tulsa, OK	113	83	23	5	1	1	8
Mountain	1,172	790	267	69	17	24	93
Albuquerque, NM	123	79	30	9	2	3	13
Boise, ID	44	31	10	2	—	1	6
Colorado Springs, CO	71	49	12	7	1	2	3
Denver, CO	90	62	20	1	2	5	7
Las Vegas, NV	282	190	73	12	4	3	22
Ogden, UT	33	23	7	2	—	1	4
Phoenix, AZ	174	105	46	14	5	4	14
Pueblo, CO	45	35	7	3	—	—	5
Salt Lake City, UT	127	84	25	12	2	2	8
Tucson, AZ	183	132	37	7	1	3	11
Pacific	1,709	1,215	341	83	42	28	163
Berkeley, CA	12	9	2	—	—	1	2
Fresno, CA	119	76	34	5	2	2	14
Glendale, CA	42	35	5	2	—	—	6
Honolulu, HI	53	43	8	1	—	1	4
Long Beach, CA	64	49	10	2	3	—	5
Los Angeles, CA	259	175	48	22	7	7	34
Pasadena, CA	21	19	1	—	—	1	2
Portland, OR	120	74	30	9	4	3	4
Sacramento, CA	236	175	44	12	3	2	29
San Diego, CA	147	100	28	7	7	5	10
San Francisco, CA	109	73	30	5	—	1	8
San Jose, CA	190	152	27	3	6	2	22
Santa Cruz, CA	25	18	7	—	—	—	2
Seattle, WA	88	57	23	6	—	2	9
Spokane, WA	63	48	10	1	3	1	3
Tacoma, WA	161	112	34	8	7	—	9
Total¶	11,271	7,651	2,586	613	227	186	813

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.