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State Cigarette Excise Taxes — United States, 2010–2011

Increasing the price of cigarettes reduces the demand for cigarettes, thereby reducing youth smoking initiation and cigarette consumption and decreasing the prevalence of cigarette use in the United States overall, particularly among youths and young adults (*1,2*). The most common way governments have increased the price of cigarettes is by increasing cigarette excise taxes (*1,2*), which currently are imposed by all states and the District of Columbia (*1*). To update data on state cigarette excise taxes in 2009 (*3*), CDC conducted a survey of changes in state cigarette excise taxes during 2010–2011. During that period, eight states increased their cigarette excise taxes, and one state decreased its tax; as a result, the mean state tax increased from $1.34 in 2009 to $1.46 in 2011. Previous evidence indicates that further increases in cigarette excise taxes would be expected to result in further reductions in demand for cigarettes, decreasing smoking and associated morbidity and mortality (*1,2*).

Cigarettes and other tobacco products are taxed by federal, state, and local governments in various ways, including through excise taxes, which typically are levied per pack of 20 cigarettes (*1*). Cigarette excise tax rates are set by legislation; excise taxes usually are collected before the point of sale from manufacturers, distributors, or wholesalers and often are denoted by a tax stamp.

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 (including the District of Columbia).* Data are collected quarterly from an online legal research database of state laws, analyzed, coded, and entered into the STATE system. The STATE system contains information on state laws regarding excise taxes for cigarettes in effect since the fourth quarter of 1995.

During 2010, cigarette excise tax increases took effect in six states (Hawaii, New Mexico, New York, South Carolina, Utah, and Washington). These increases ranged from $0.40 per pack in Hawaii to $1.60 per pack in New York; no state decreased its tax. For 2010, among the six states that increased their cigarette excise taxes, the mean state increase was $0.88 per pack. With its increase, New York became the only state with a cigarette excise tax exceeding $4.00 per pack. South Carolina, after increasing its cigarette excise tax for the first time since 1977 (from $0.07 to $0.57 per pack), no longer had the lowest state cigarette excise tax in the United States.

During 2011, cigarette excise tax increases took effect in three states (Connecticut, Hawaii, and Vermont).† These increases ranged from $0.20 per pack in Hawaii to $0.40 per pack in Connecticut. Hawaii was the only state to increase its tax in both 2010 and 2011. For 2011, among the three states that increased their cigarette excise taxes, the mean state increase was $0.33 per pack. One state (New Hampshire) decreased its cigarette tax by $0.10 per pack, the first time a state decreased its cigarette excise tax since 2004.

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

† In related developments in 2011, the District of Columbia established a separate cigarette sales tax of $0.36 per pack to be charged in addition to its excise tax of $2.50 per pack, and Louisiana voters approved a measure that will prevent $0.04 of the state's cigarette tax from expiring in 2012.

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From 2009 to 2011, the national mean cigarette excise tax among all states increased from $1.34 per pack in 2009 to $1.44 in 2010 and $1.46 in 2011. In 2011, Missouri had the lowest state cigarette excise tax in the United States, at $0.17 per pack, and New York had the highest, at $4.35 per pack (Table). Among six major tobacco-growing states (Georgia, Kentucky, North Carolina, South Carolina, Tennessee, and Virginia), the mean state cigarette excise tax was $0.49 cents per pack in 2011, an increase from $0.40 per pack in 2009. For all other states, including the District of Columbia, the mean cigarette excise tax was $1.59 per pack in 2011, an increase from $1.46 in 2009.

In 2011, California, Missouri, and North Dakota remained the only states that had not increased their state cigarette excise taxes since 2000. Missouri and North Dakota have not raised their state cigarette excise taxes ($0.17 and $0.44 per pack, respectively) since 1993, and California has not raised its cigarette excise tax ($0.87 per pack) since 1998.

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Editorial Note

Because increasing the price of cigarettes is effective in reducing cigarette use and preventing initiation, the Surgeon General has concluded that increased cigarette taxes would lead to substantial long-term improvements in health (*1*). The effectiveness of cigarette excise tax increases in reducing smoking-related death and disease can be increased when combined with other evidence-based interventions of a comprehensive tobacco control program, including smoke-free policies and media campaigns (*2*).

State cigarette excise taxes in major tobacco-growing states and bordering southeastern states remain substantially lower than state cigarette excise taxes in the rest of the United States. The major tobacco-growing states typically have higher smoking rates and do not have strong tobacco control policies and interventions in place. For example, in addition to having lower excise taxes, no southern state has a comprehensive state smoke-free law that prohibits smoking in workplaces, restaurants, and bars (*5*).

In addition to reducing smoking rates, cigarette excise tax increases have been shown to increase state revenue despite consumption declines, increases in the number of smokers quitting, and any increase in smuggling or tax avoidance (*2,6*). During 1990–2000, all states that increased their cigarette excise tax by at least $0.10 per pack also increased cigarette tax revenue (*6*).

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TABLE. Current state excise taxes per pack of 20 cigarettes, amount of change during 2010–2011, and percentage change from 2009 to 2011 — United States, December 31, 2011

State	2011 tax ($)	Change during 2010–2011 ($)	Change from 2009 to 2011 (%)
New York	4.35	1.60	58.18
Rhode Island	3.46	—	—
Connecticut	3.40	0.40	13.33
Hawaii	3.20	0.60	23.08
Washington	3.025	1.00	49.38
New Jersey	2.70	—	—
Vermont	2.62	0.38	16.96
Wisconsin	2.52	—	—
Massachusetts	2.51	—	—
District of Columbia*	2.50	—	14.40
Alaska	2.00	—	—
Arizona	2.00	—	—
Maine	2.00	—	—
Maryland	2.00	—	—
Michigan	2.00	—	—
Montana	1.70	—	—
Utah	1.70	1.005	144.60
New Hampshire	1.68	-0.10	-5.62
New Mexico	1.66	0.75	82.42
Delaware	1.60	—	—
Pennsylvania	1.60	—	—
South Dakota	1.53	—	—
Texas	1.41	—	—
Iowa	1.36	—	—
Florida	1.339	—	—
Ohio	1.25	—	—
Minnesota	1.23	—	—
Oregon	1.18	—	—
Arkansas	1.15	—	—
Oklahoma	1.03	—	—
Indiana	0.995	—	—
Illinois	0.98	—	—
California	0.87	—	—
Colorado	0.84	—	—
Nevada	0.80	—	—
Kansas	0.79	—	—
Mississippi	0.68	—	—
Nebraska	0.64	—	—
Tennessee	0.62	—	—
Kentucky	0.60	—	—
Wyoming	0.60	—	—
Idaho	0.57	—	—
South Carolina	0.57	0.50	714.29
West Virginia	0.55	—	—
North Carolina	0.45	—	—
North Dakota	0.44	—	—
Alabama	0.425	—	—
Georgia	0.37	—	—
Louisiana*	0.36	—	—
Virginia	0.30	—	—
Missouri	0.17	—	—
State mean	**1.46**	**—**	**—**

* In related developments in 2011, the District of Columbia established a separate cigarette tax of $0.36 per pack to be charged in addition to its excise tax of $2.50 per pack, and Louisiana voters approved a measure that will prevent $0.04 of the state's cigarette tax from expiring in 2012.

In 2011, state lawmakers in New Hampshire enacted a law decreasing the state's cigarette excise tax by $0.10 per pack in an attempt to increase revenue by attracting cigarette customers from nearby states where cigarette excise taxes were higher (*7,8*). However, in the months following the tax decrease, revenues from the excise tax declined in the state (*8,9*). When compared with the previous fiscal year, New Hampshire's cigarette excise tax revenue declined by $12.5 million from July 2011 through February 2012, and approximately $8.3 million of this loss was attributable to the excise tax decrease.[§]

Excise tax increases can provide a revenue source to fund and expand comprehensive state tobacco control programs. The Institute of Medicine recommends that all states dedicate revenue by statute to fund tobacco prevention programs at the state-specific levels recommended by CDC (*2,4*). However, only one state (South Carolina) that increased its tax in 2010 or 2011 dedicated any revenue from its increase for tobacco prevention, even though such a move has been shown to produce a strong return on investment. For example, when California increased its cigarette excise tax in 1988, approximately $0.05 per pack was dedicated to state tobacco control and prevention programs (*2,10*). During the first 15 years of the California tobacco control program, the state invested $1.8 billion in cigarette excise tax revenue in the program, resulting in $86 billion in health-care cost savings (*10*).

The findings in this report are subject to at least two limitations. First the STATE system tracks only state-level data and data from the District of Columbia and does not include information on local (i.e., 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). Also, the federal government imposes an excise tax on cigarettes of $1.01 per pack. Second, this report

What is already known on this topic?

Increasing cigarette excise taxes directly increases the price of cigarettes, thereby reducing the demand for cigarettes, and ultimately, smoking-related death and disease.

What is added by this report?

During 2010–2011, eight states increased their cigarette excise taxes and one state (New Hampshire) decreased its cigarette excise tax, increasing the mean state cigarette excise tax from $1.34 in 2009 to $1.46 in 2011.

What are the implications for public health practice?

Eight states increased their cigarette excise taxes during 2010–2011, fewer than in 2009, when 15 states increased their excise taxes. Previous evidence indicates that further increases in cigarette prices would be expected to reduce cigarette use and smoking-attributable deaths, diseases, and health-care costs.

[§] Additional information available at http://admin.state.nh.us/accounting/fy%2012/monthly%20rev%20february-12.pdf.

does not include information on price per pack of cigarettes, which can vary considerably, even among states with similar excise taxes, in part because of differences in manufacturer, wholesaler, and retailer pricing and discounting practices.

A *Healthy People 2020* objective (TU-17.1) calls for all states and the federal government to increase their cigarette excise taxes by at least $1.50 per pack. New York was the first state to achieve this objective, increasing its tax by $1.60 in 2010. If all states were to achieve the objective and dedicate a portion of cigarette excise tax revenue to fund comprehensive tobacco control programs at the state-specific levels recommended by CDC, previous evidence indicates that substantial decreases in smoking-attributable morbidity and health-care costs likely would occur (*2,4,10*).

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Ryan Patrick, Blake Kline, The MayaTech Corporation, Silver Spring, Maryland.

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/2000/complete_report/index.htm. Accessed March 26, 2012.
2. Institute of Medicine. Ending the tobacco problem: a blueprint for the nation. Washington, DC: The National Academies Press; 2007. Available at http://www.nap.edu/catalog.php?record_id=11795. Accessed March 26, 2012.
3. CDC. State cigarette excise taxes—United States, 2009. MMWR 2010;59:385–8.
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/stateandcommunity/best_practices/index.htm. Accessed March 26, 2012.
5. CDC. State smoke-free laws for worksites, restaurants, and bars—United States, 2000–2010. MMWR 2011;60:472–5.
6. Farrelly MC, Nimsch CT, James J. State cigarette excise taxes: implications for revenue and tax evasion. Final report: prepared for Tobacco Technical Assistance Consortium. Research Triangle Park, NC: RTI International; 2003. Available at http://www.rti.org/pubs/8742_excise_taxes_fr_5-03.pdf. Accessed March 26, 2012.
7. The Associated Press. New Hampshire debates a reduced cigarette tax. New York, NY: The New York Times. March 19, 2011. Available at http://www.nytimes.com/2011/03/20/us/20budgets.html. Accessed March 26, 2012.
8. Sanborn A. Tobacco price increase offsets N.H. tax cut. Portsmouth, NH: The Portsmouth Herald. July 24, 2011. Available at http://www.seacoastonline.com/apps/pbcs.dll/article?aid=%2f20110724%2fnews%2f107240318%2f-1%2fnewsmap. Accessed March 26, 2012.
9. Landrigan K. 4 months in, cigarette tax cut no help. Nashua, NH: Nashua Telegraph. November 3, 2011. Available at http://www.nashuatelegraph.com/newsstatenewengland/938717-227/4-months-in-cigarette-tax-cut-no.html. Accessed March 26, 2012.
10. Lightwood JM, Dinno A, Glantz SA. Effect of the California Tobacco Control Program on personal health care expenditures. PLoS Med 2008;5:e178.

The Epidemiology Workforce in State and Local Health Departments — United States, 2010

During 2001–2009, the Council of State and Territorial Epidemiologists (CSTE) conducted four epidemiology capacity assessments (ECAs) in state and territorial public health departments in the United States (*1*–*5*). In October 2010, CSTE sent a follow-up, Internet-based questionnaire to the state epidemiologist in each of the 50 states and the District of Columbia. The purpose was to enumerate the state-level epidemiology workforce and determine whether it had varied since 2009 because of changes in state and federal funding and, for the first time, to estimate concurrently the number of epidemiologists working in local health departments using the same definition for local health department epidemiologist as for state-level epidemiologist. A total of 3,754 epidemiologists working in state and local health departments were reported: 2,476 (66%) at the state level and 1,278 (34%) at the local level, the latter number consistent with results of several recent surveys (*6,7*). The state-level epidemiology workforce increased 12.9% during the 18 months since the previous assessment. Although 63% of states reported fewer state-funded positions, only 24% reported fewer federally funded positions. Federal stimulus funding might have helped preserve and enhance the state-level epidemiology workforce. Future epidemiology workforce assessments should include both the state and local epidemiology workforce, possibly through CSTE coordination with the National Association of County and City Health Officials and other agencies.

The main objectives of the periodic CSTE ECAs are to count and characterize the state-level epidemiology workforce and to measure current epidemiology capacity by program area. The epidemiology workforce was enumerated in late 2010 because 1) state budget cutting and federal stimulus funding might have affected the number of epidemiologists and 2) previous CSTE assessments included only the state-level workforce. Given that some local health departments serve larger populations than states and receive direct federal funding (e.g., New York City, Los Angeles, and Chicago) and some states fund local-level epidemiologists whereas others do not, a concurrent assessment would more accurately and completely depict the epidemiology workforce in states. The assessment was pilot tested during September 2010 in seven states, revised on the basis of feedback from those states, and sent in October as an Internet-based questionnaire to state epidemiologists. The final questionnaire asked whether the number of state and federally funded positions at the state-level had decreased, asked for the number of epidemiologists working at the state-level by program area, and asked for the number of epidemiologists in local health departments. Additional questions addressed the nature of state budget cutting activities.* Follow-up questions were sent to local health departments in two states when the state epidemiologists could not report local health department data. As in past CSTE assessments, an epidemiologist was defined as any person who, regardless of job title, performs functions consistent with the definition of epidemiologist† in *A Dictionary of Epidemiology* (*8*). Respondents were asked to report part-time positions to the nearest 0.1 full-time equivalent. The final results comprise responses from all 50 states and the District of Columbia and the numbers of epidemiologists reported by 48 state epidemiologists for local health departments in their state and by local health departments in the two remaining states. Population estimates were obtained from the 2010 U.S. Census.

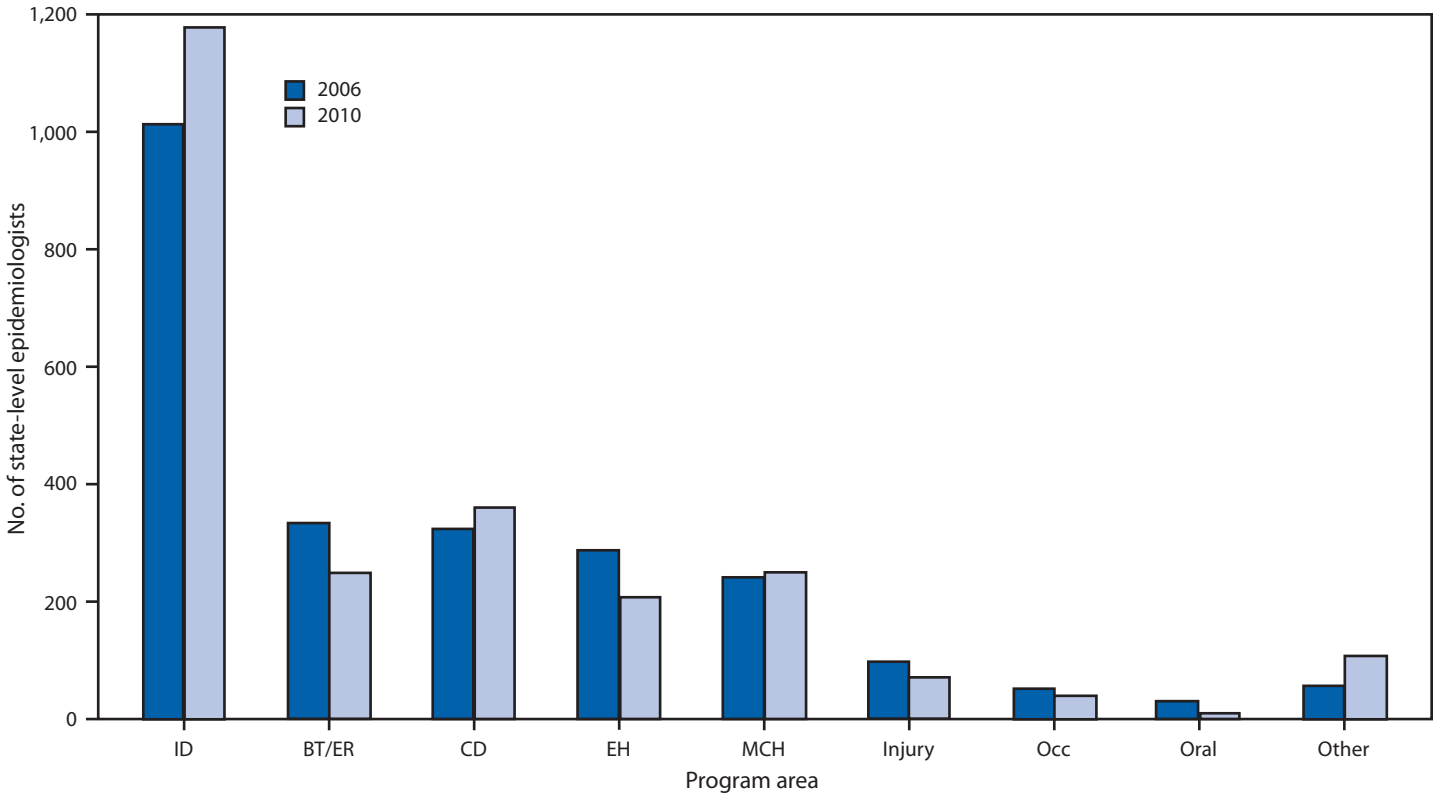
Respondents reported a total of 3,754 full-time equivalent epidemiologists working at the state or local health department level. A total of 2,476 (66%) epidemiologists were working at the state-level in 2010, a 12.9% increase from the 2,193 epidemiologists enumerated in 2009 but slightly fewer than the 2,498 working in 2004, when federal preparedness funding to states peaked. Compared with the 2006 ECA, the number of state-level epidemiologists changed substantially in several program-specific areas. The largest overall increases were in infectious diseases (+162 [16%]), "other" (+41 [70%]), and chronic diseases (+35 [11%]); the largest decreases were in bioterrorism/emergency response (-84 [25%]), environmental health (-77 [27%]), injury (-25 [27%]), and oral health (-18 [62%]) (Figure).

Of the 51 jurisdictions, 27 (53%) showed a ≥10% increase in the number of state-level epidemiologists, and 12 (24%) showed a ≥10% decrease compared with 2009. Overall, decreases in state funding resulted in a greater loss of positions than did decreases in federal funding (63% versus 24%). Among the 32 states reporting a decrease in state-funded

* Budget cutting activities include early retirement options, hiring freezes for vacant state-funded positions, alternative work schedule, rehiring of retirees, travel restrictions, hiring freezes for vacant federally funded positions, elimination of vacated state-funded positions, furloughs, shortened work week, and salary freezes.

† "An investigator who studies the occurrence of disease or other health-related conditions or events in defined populations. The control of disease in populations is often also considered to be a task for the epidemiologist, especially in speaking of certain specialized fields such as malaria epidemiology. Epidemiologists may study disease in populations of animals and plants, as well as among human populations."

FIGURE. Number of state-level epidemiologists, by program area — CSTE Epidemiology Capacity Assessments, United States,* 2006 and 2010



Abbreviations: CSTE = Council of State and Territorial Epidemiologists; ID = infectious diseases; BT/ER = bioterrorism/emergency response; CD = chronic diseases; EH = environmental health; MCH = maternal-child health; Occ = occupational health; oral = oral health.
* Includes the 50 states and the District of Columbia.

positions, the most commonly used means of reducing spending were hiring freezes for vacant state-funded positions (25 [78%]), elimination of vacant state-funded positions (23 [72%]), early retirement options (13 [41%]), and layoffs (nine [28%]). Common budget cutting measures in the 51 jurisdictions included salary freezes (86%), travel restrictions (76%), and furloughs (41%).

In 2010, a total of 1,278 (34%) epidemiologists were working in local health departments, 384 (30%) of whom worked in the five most populous cities (New York City, Los Angeles, Chicago, Houston, and Philadelphia), which constituted 6% of the total U.S. population in 2010. The overall number of state-level and local-level epidemiologists per 100,000 population was 1.22 (median: 1.20; range: 0.44–4.08) (Table).

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Editorial Note

The timely detection, investigation, control, and prevention of outbreaks and major long-term public health problems require a well-trained and competent epidemiology workforce as a key component of the national public health infrastructure. The 2010 CSTE ECA describes the size of the state and local epidemiology workforce as of late 2010 and reveals important trends during a time of unprecedented fiscal challenges for governmental public health.

Including epidemiologists working in local health departments yields a total number of epidemiologists approximately 50% greater than the number of state-level epidemiologists. Although epidemiologists in local health departments have not been included in previous CSTE ECAs, they contribute to the functional epidemiology capacity of states as described in the 2009 and earlier ECAs (*1*–*5*). Clearly, changes in numbers of local epidemiologists affect overall state-level functional capacity. Furthermore, these epidemiologists need to be included in future assessments of competency and training needs of the public health epidemiology workforce. The National Association

TABLE. Number and number per 100,000 population of state-level and local-level epidemiologists, by state population — CSTE Epidemiology Capacity Assessment, United States,* 2010

Population	No. of states	No. of epidemiologists		
		No. (per 100,000)†	Median (per 100,000)§	Range (per 100,000)§
≤5 million	29	963 (1.48)	25 (1.52)	4–104 (0.44–4.08)
>5 million	22	2,790 (1.14)	81 (1.10)	51–468 (0.47–2.41)
Total	**51**	**3,754 (1.22)**	**58 (1.20)**	**4–468 (0.44–4.08)**

Abbreviation: CSTE = Council of State and Territorial Epidemiologists.
* Includes the 50 states and the District of Columbia.
† Based on sum of all epidemiologists in category and total population of category.
§ Based on state-specific numbers of epidemiologists and population.

What is already known on this topic?

Previous Council of State and Territorial Epidemiologists (CSTE) capacity assessments have shown that the number of epidemiologists working at the state level decreased during 2004–2009, from 2,498 to 2,193.

What is added by this report?

The number of state-level epidemiologists increased 12.9% in the 18 months from April 2009 to October 2010, to 2,476, partly because of changing federal funding streams, including federal stimulus funding. Although the number of epidemiologists increased overall and in the areas of infectious disease and chronic disease, the number decreased in some states, as well as in bioterrorism/emergency response, environmental health, injury, occupational health, and oral health. In addition to the state-level epidemiologists, the 2010 CSTE workforce assessment counted an additional 1,278 epidemiologists working at the local level and not previously included in CSTE workforce assessments.

What are the implications for public health practice?

Overall, the country's epidemiologic public health workforce remained intact through 2010 and able to take on new initiatives despite the national fiscal crisis. However, in some states and epidemiology program areas, the epidemiology workforce has shrunk. Future assessments of the epidemiology workforce competence, training, and needs should include epidemiologists employed at the local level, who account for one third of the epidemiology workforce in states.

of County and City Health Officials has assessed the size of the epidemiology workforce in local health departments as part of its larger periodic assessment of the national local health department workforce (*9*). The 2010 National Profile of Local Health Departments, which directly surveyed local health departments and used weighted estimates to account for nonrespondents, calculated that 1,500 epidemiologists (range: 1,100–1,800) worked in local health departments, a range encompassing the number described in this report by CSTE (*6*). The Bureau of Labor Statistics estimated that 1,100 epidemiologists worked in local health departments in 2010 (*7*).

The findings of this report are subject to at least three limitations. First, even though all state and local health departments used the same definition of epidemiologist, jurisdictions supplying counts might have applied the definition differently. Second, because program-specific information was obtained for state-level but not local-level epidemiologists, the actual proportion of the entire state epidemiology workforce in any given program area likely varied from that reported. Finally, unlike in previous ECAs, this assessment only counted staff members; it did not measure functional epidemiology capacity (*1,2,4*). The extent to which the 12.9% increase affected overall functional capacity is unknown.

Because previous CSTE ECAs did not enumerate local health department epidemiologists, assessment of trends is limited to state-level epidemiologists. The 12.9% increase in epidemiologists since 2009 was unexpected given the sustained national economic downturn, which has resulted in reported reductions in the local and state public health workforce (*6,9,10*). The data suggest that although the number of state-funded epidemiologists decreased in most states, federal funding appeared to compensate for those losses. New federal funding streams during this time included funding to respond to 2009 pandemic influenza A (H1N1) and federal stimulus funding that supported health-care–associated infection initiatives. Despite this new funding and a boost in the number of epidemiologists, it is troubling that 12 states had overall ≥10% decreases in the number of state-level epidemiologists, given that states consistently have reported a need for additional epidemiologists (*2–5*) and epidemiologists have been identified as a workforce shortage occupation in several studies (*6,9,10*). The number of epidemiologists decreased in a number of program areas including bioterrorism/emergency response, environmental health, injury, occupational health, and oral health. In all these areas, except bioterrorism/emergency response, epidemiology capacity already was marginally functional (*4*). Trends in the workforce, and functional epidemiology capacity in these areas especially, require continued monitoring to identify gaps and address future needs. Such monitoring will be particularly important as federal funding fluctuates and states operate under persistent budget deficits.

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References

1. CDC. Assessment of the epidemiologic capacity in state and territorial health departments—United States, 2001. MMWR 2003;52:1049–51.
2. CDC. Assessment of epidemiologic capacity in state and territorial health departments—United States, 2004. MMWR 2005;54:457–9.
3. Boulton, ML, Lemmings J, Beck AJ. Assessment of epidemiology capacity in state health departments. 2001–2006. J Public Health Manag Pract 2009;15:328–36.
4. CDC. Assessment of epidemiology capacity in state health departments—United States, 2009. MMWR 2009;58:1373–7.
5. Boulton, ML, Hadler J, Beck AJ, Ferland L, Lichtveld M. Assessment of epidemiology capacity in state health departments, 2004–2009. Public Health Reports 2011;126:84–93.
6. National Association of County and City Health Officials. 2010 national profile of local health departments. Washington, DC: National Association of County and City Health Officials; 2011:38. Available at http://www.naccho.org/topics/infrastructure/profile/resources/2010report. Accessed March 22, 2012.
7. Bureau of Labor Statistics. Occupational employment statistics, May 2010. Washington, DC: US Department of Labor, Bureau of Labor Statistics; 2012. Available at http://www.bls.gov/oes/home.htm. Accessed March 22, 2012.
8. Last JM, Spasoff RA, Harris SS, Thuriaux MC, eds. A dictionary of epidemiology. 4th ed. New York, NY: Oxford University Press; 2001.
9. National Association of County and City Health Officials. Describing the local public health workforce: workers who prevent, promote, and protect the nation's health. Washington, DC: National Association of County and City Health Officials; 2011:1–4. Available at http://www.naccho.org/topics/workforce/upload/lphworkforce.pdf. Accessed October 13, 2011.
10. Association of State and Territorial Health Officials. 2007 state public health workforce survey results. Washington DC: Association of State and Territorial Health Officials; 2008.

Caterpillar-Associated Rashes in Children — Hillsborough County, Florida, 2011

In March and April 2011, the Hillsborough County Health Department (HCHD) Epidemiology Department (Tampa, Florida) investigated three clusters of rash illness linked to the white-marked tussock moth caterpillar among persons at two child care centers and one elementary school. At least 23 children and one adult were affected; most had direct contact with caterpillars. HCHD provided recommendations on treatment and preventing caterpillar exposure to the three facilities, health-care providers, and local agencies, and through local news media. Child care centers and elementary schools in Hillsborough County previously have experienced caterpillar-associated rash outbreaks in 2004 and 2005 (*1*). Awareness of this problem, particularly during periods of caterpillar infestation, can minimize morbidity and help to avoid inappropriate diagnoses and treatment by health-care providers.

On March 30, 2011, a local elementary school in Hillsborough County reported a cluster of rash illnesses to HCHD. Among the initial four cases of rash, one child received a diagnosis of molluscum contagiosum, one of viral rash, and two siblings received a diagnosis of varicella. All four children had received the recommended 2 doses of varicella vaccine. By April 6, an additional eight cases of a mild pruritic rash were reported among children at the school. No systemic signs of illness, such as fever, were reported. Because caterpillar-associated rash outbreaks had occurred in previous years, the school nurse was asked about potential exposure to caterpillars or other environmental factors that could cause contact dermatitis among the children, but none were reported.

On April 5, a second rash illness cluster was reported to HCHD by a local child care facility located within 2 miles of the elementary school. The facility reported a mild pruritic rash in three of 34 children and one of three staff members, all with an onset of April 5. The affected staff member had a history of allergic reactions. When asked if caterpillars were present around the facility, the director said the caterpillars were so numerous that staff members had stopped allowing the children on the playground. The description of the caterpillars was consistent with the white-marked tussock moth caterpillar (*Orgyia leucostigma*) (Figure), which ranges through much of the eastern United States and as far west as Texas and Colorado. The facility was advised to notify parents of affected children about the caterpillars so that they could discuss this with their child's pediatrician as the potential cause of rash. On April 6, epidemiologists conducted a field visit to the affected elementary school and child care facility to determine the type of caterpillars present and the extent of contact between the children and the caterpillars. White-marked tussock moth caterpillars and their cocoons were observed on the trees and playground equipment at both sites and at the front entrance of the child care facility.

On April 7, 2011, another child care facility called to inquire about recommendations for preventing the spread of methicillin-resistant *Staphylococcus aureus* (MRSA). A child had been clinically diagnosed with MRSA folliculitis and treated with antibiotics. However, no pustules were noted, and no testing was performed. When asked, the director of the child care facility said the center's playground had been infested with caterpillars the previous week. The affected child reportedly had captured a caterpillar from the facility playground and likely had touched the caterpillar. Her pruritic rash was located on her abdomen. An additional seven children in the facility also experienced pruritic rashes on their abdomens. HCHD again recommended preventing contact between children and caterpillars. In addition, basic MRSA education was provided, and a request was made that any child testing positive for MRSA be reported to the HCHD epidemiology program.

For the three facilities experiencing outbreaks of rash illnesses in 2011, recommendations included 1) preventing contact between the children and caterpillars or cocoons, 2) notifying parents of the risks associated with caterpillar exposure, and 3) power-washing playground equipment to remove the caterpillars, cocoons, and their hairs. HCHD also implemented a strategy to notify the community and health-care providers about the risks for caterpillar- and cocoon-related illness. Informational sheets with pictures of the caterpillars and basic prevention messages were distributed to the school district, child care licensing, and county Head Start program offices. Interviews with local media were conducted advising the public to avoid contact with caterpillars and cocoons. Information describing the caterpillar and typical symptoms associated with exposure was provided to health-care providers directly by fax and distributed in the HCHD epidemiology department newsletter. The local agriculture extension office also was notified of the situation.

Reported by

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FIGURE. White-marked tussock moth caterpillar (*Orgyia leucostigma*)

Photo/David Atrubin, Florida Department of Health

What is already known on this topic?

Persons who have direct contact with certain types of caterpillars or who visit areas infested with caterpillars or their cocoons can develop rash.

What is added by this report?

Multiple rash illness outbreaks among at least 23 children and one adult in Hillsborough County, Florida, were associated with exposure to the white-marked tussock moth caterpillar. Because of the frequent misdiagnoses of these rashes, children often are treated and excluded from child care or school inappropriately.

What are the implications for public health practice?

Public health professionals can help improve the diagnosis and treatment of caterpillar-associated rashes by educating child care facilities, schools, and health-care providers about this health risk. Educational efforts also should focus on strategies to limit exposure to the insects and their toxic hairs.

Editorial Note

The 2011 clusters of caterpillar- and cocoon-associated dermatitis follow the pattern of similar outbreaks at child care facilities that were investigated in Hillsborough County in the spring of 2004 and 2005 (*1*). The association between caterpillars and rash became apparent in 2005, when HCHD observed that three child care facilities had reported rash outbreaks during April of successive years. Attack rates for rash among children at the three facilities ranged from 12.6% to 21.7%. The affected children did not experience an immediate reaction, but rather a self-limiting pruritic, papular rash with distribution on the abdomen, chest, back, arms, or legs. Physical contact with the caterpillars was reported by almost all of the children experiencing a rash illness. Area physicians variously diagnosed the children as suffering from varicella, scabies, flea bites, mosquito bites, scarlet fever, fifth disease, contact dermatitis, or nonspecific viral rash. As a result of these misdiagnoses, the children often were treated inappropriately and excluded from child care unnecessarily. An entomologist for the Florida Department of Agriculture and Consumer Services identified the caterpillar associated with the 2005 rash outbreak as the white-marked tussock moth larva/caterpillar (*O. leucostigma*). He reported that this caterpillar can cause contact dermatitis and that it previously had been linked to rash outbreaks in the state.

The scientific literature clearly documents the ability of tussock moth caterpillars to cause rashes after physical contact. These include accounts of seven persons who developed rashes after handling the white-marked tussock moth caterpillar in Minnesota in 1921 (*O. leucostigma*) (*2*). In 2000, the Douglas-fir tussock moth caterpillar (*Orgyia pseudotsugata*) was the cause of rash illnesses in Boy Scouts at a summer camp in New Mexico (*3*).

The pathologic mechanism of caterpillar-associated rash is not understood entirely and depends on the caterpillar species. The mechanism is thought to involve exposure to chemicals on caterpillar or cocoon hairs (spicules) or mechanical irritation (*4*). Contact with hairs on the body and cocoon of the white-marked tussock moth caterpillars appears to cause skin irritation. Additionally, when caterpillars and cocoons are in high density, particularly susceptible persons can develop a rash when the hairs become airborne. In these situations, the rash might not occur on the area of the skin where caterpillar or cocoon contact occurred; several children at the Florida facilities had rash on the abdomen and back.

Several other types of stinging caterpillars are common in Florida, including the io moth caterpillar (*Automeris io)*, the saddleback caterpillar (*Sibine stimulea*), and the puss caterpillar (*Megalopyge opercularis*) (*5*). Contact with these caterpillars often will cause a more severe sting for which the pain will be apparent immediately to the victim. In contrast, the white-marked tussock moth produces delayed, minor irritation (*2*). Time from exposure to onset of rash is likely minutes to hours, similar to the onset time reported after exposure to other species of tussock moths. Treatment recommendations include placing adhesive tape over the affected area and repeatedly stripping the tape off to help remove the tiny hairs, washing the area with soap and water, applying ice packs to reduce the stinging sensation, and applying a topical, low potency steroid cream (*4*). If the eyes are involved; the person has a history of hay fever, asthma, or allergies; or allergic reactions develop, a health-care provider should be contacted.

In light of these outbreaks, exposure to caterpillars and their cocoons should be considered when investigating rash illness outbreaks of unknown etiology during times of the year when the insect larvae are common. Factors that raise suspicion of a caterpillar-cocoon–associated outbreak, especially among children, include 1) mild pruritic rash on the abdomen, chest, back, arms, or legs that is not accompanied by fever; 2) pruritic rash outbreaks that have varied physician diagnoses; and 3) most importantly, the presence of caterpillars and cocoons known to cause pruritic rash combined with the opportunity for exposure.

Acknowledgment

Tom Loyless, Florida Dept of Agriculture and Consumer Svcs.

References

1. Cruse K, Atrubin D, Loyless T. Rash illness outbreaks at daycare facilities associated with the tussock moth caterpillar, April 2004 and April 2005. Florida J Environ Health 2007;195:14–7.
2. Knight HH. Observations on the poisonous nature of the white-marked tussock moth. J Parisitology 1922;8:133–5.
3. Redd JT, Vorhees RE, Torok TJ. Outbreak of lepidopterism at a Boy Scout camp. J Am Acad Dermatol 2007;56:952–5.
4. Goodard J. Physician's guide to arthropods of medical importance. 5th ed. Boca Raton, FL: CRC Press; 2007:57–9.
5. Heppner JB. Urticating caterpillars in Florida: 1 io moth, *Automeris io* (Lepidoptera: Saturniidea). Entomology circular no. 362. Gainesville, FL: Florida Department of Agriculture and Consumer Services; 1994. Available at http://www.floridaforestservice.com/forest_management/fh_publications.html#insects. Accessed March 21, 2012.

FDA Approval of an Extended Period for Administering VariZIG for Postexposure Prophylaxis of Varicella

VariZIG (Cangene Corporation, Winnipeg, Canada) is the only varicella zoster immune globulin preparation available in the United States for postexposure prophylaxis of varicella in persons at high risk for severe disease who lack evidence of immunity to varicella and are ineligible for varicella vaccine. VariZIG is available in the United States through an investigational new drug (IND) application expanded access protocol (*1*). VariZIG is a purified immune globulin preparation made from human plasma containing high levels of anti–varicella zoster virus antibodies (immunoglobulin G). In May 2011, the Food and Drug Administration (FDA) approved an extended period for administering VariZIG. The period after exposure to varicella zoster virus during which a patient may receive VariZIG, which had been 96 hours (4 days), is now 10 days (*1*). VariZIG should be administered as soon as possible after exposure (*1*).

Limited data suggest that the incidence of varicella is comparable among persons who receive varicella zoster immune globulin within 4 days of exposure and those who receive it more than 4 days (up to 10 days) after exposure and attenuation of disease might be achieved with administration of varicella zoster immune globulin up to 10 days after exposure (*2–5*). One study indicated an increase in varicella incidence with increasing time between exposure and administration of the immune globulin, but disease was attenuated in all cases (*6*).

VariZIG can be obtained by health-care providers from the sole-authorized U.S. distributor, FFF Enterprises (Temecula, California), by calling 800-843-7477 at any time or by contacting the distributor online at http://www.fffenterprises.com. As with any product used under an IND protocol, patients must give informed consent before receiving the product.

Advisory Committee on Immunization Practices (ACIP) recommendations regarding indications for the use of VariZIG remain unchanged (*7,8*). Patients without evidence of immunity to varicella (i.e., without a health-care provider diagnosis or verification of a history of varicella or herpes zoster, documentation of vaccination, or laboratory evidence of immunity or confirmation of disease) who are at high risk for severe disease and complications, who have been exposed to varicella or herpes zoster, and are ineligible for varicella vaccine, are eligible to receive VariZIG (*7*). Patient groups recommended by ACIP to receive VariZIG include the following:

- Immunocompromised patients.
- Neonates whose mothers have signs and symptoms of varicella around the time of delivery (i.e., 5 days before to 2 days after).
- Premature infants born at ≥28 weeks of gestation who are exposed during the neonatal period and whose mothers do not have evidence of immunity.
- Premature infants born at <28 weeks of gestation or who weigh ≤1,000 g at birth and were exposed during the neonatal period, regardless of their mothers' evidence of immunity status.
- Pregnant women.

VariZIG should be administered intramuscularly as directed by the manufacturer. Additional information on the process for obtaining VariZIG under the IND protocol, use of antiviral therapy if varicella occurs after administration of VariZIG, and the interval between administration of VariZIG and varicella vaccine once the patient becomes eligible is available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5508a5.htm (*8*).

References

1. Food and Drug Administration. Varicella zoster immune globulin (VZIG) anticipated short supply and alternate product availability under an investigational new drug application expanded access protocol. Rockville, MD: US Department of Health and Human Services, Food and Drug Administration; 2006. Available at http://www.fda.gov/biologicsbloodvaccines/safetyavailability/ucm176029.htm. Accessed March 28, 2012.
2. Evans EB, Pollock TM, Cradock-Watson JE, Ridehalgh MK. Human anti-chickenpox immunoglobulin in the prevention of chickenpox. Lancet 1980;315:354–6.
3. Miller E, Marshall R, Vurdien J. Epidemiology, outcome and control of varicella-zoster infection. Rev Med Microbiol 1993;4:222–30.
4. Enders G, Miller E. Varicella and herpes zoster in pregnancy and the newborn. In: Arvin A, Gershon A, eds. Varicella-zoster virus: virology and clinical management. Cambridge, UK: Cambridge University Press; 2000.
5. Koren G, Money D, Boucher M, et al. Serum concentrations, efficacy, and safety of a new, intravenously administered varicella zoster immune globulin in pregnant women. J Clin Pharmacol 2002;42:267–74.
6. Winsnes R. Efficacy of zoster immunoglobulin in prophylaxis of varicella in high-risk patients. Acta Paediatr Scand 1978;67:77–82.
7. CDC. Prevention of varicella: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007;56(No. RR-4).
8. CDC. A new product (VariZIG™) for postexposure prophylaxis of varicella available under an investigational new drug application expanded access protocol. MMWR 2006;55:209–10.

Notes from the Field

Severe Hand, Foot, and Mouth Disease Associated with Coxsackievirus A6 — Alabama, Connecticut, California, and Nevada, November 2011–February 2012

Hand, foot, and mouth disease (HFMD) is a common viral illness caused by enteroviruses that predominantly affects children aged <5 years. In the United States, outbreaks of HFMD typically occur during summer and autumn months. The most common cause of HFMD in the United States has been enterovirus serotype coxsackievirus A16. Most infections are asymptomatic; persons with signs and symptoms typically have a mild febrile illness with rash on the palms of the hands and soles of the feet, and sores in the mouth. HFMD also has been associated, often weeks after initial symptom onset, with nail dystrophies (e.g., Beau's lines or nail shedding).

From November 7, 2011, to February 29, 2012, CDC received reports of 63 persons with signs and symptoms of HFMD or with fever and atypical rash in Alabama (38 cases), California (seven), Connecticut (one), and Nevada (17). HFMD is not a reportable disease in the United States; the cases were identified as unusual by health-care providers or by a department of health that contacted CDC for diagnostic assistance. Clinical specimens were collected from patients in 34 of the 63 cases. Coxsackievirus A6 (CVA6) was detected in 25 (74%) of those 34 patients by reverse transcriptase–polymerase chain reaction and partial sequencing of the VP1 gene at CDC or at the California Department of Public Health. No enteroviruses were detected in the other nine patients.

Of the 63 patients, 40 (63%) were aged <2 years, and 15 (24%) were adults aged ≥18 years; 44 (70%) of the patients had exposure to a child care facility or school, and eight (53%) of the 15 adults had contact with children in child care where cases of HFMD were reported, or provided medical care or were related to a child with HFMD. Rash and fever were more severe, and hospitalization was more common than with typical HFMD. Signs of HFMD included fever (48 patients [76%]); rash on the hands or feet, or in the mouth (42 [67%]); and rash on the arms or legs (29 [46%]), face (26 [41%]), buttocks (22 [35%]), and trunk (12 [19%]). Of 46 patients with rash variables reported, the rash typically was maculopapular; vesicles were reported in 32 (70%) patients and scabs in 30 (65%) patients. Shedding of nails occurred after initial infection in two (4%) patients. Of the 63 patients, 51 (81%) sought care from a clinician, and 12 (19%) were hospitalized. Reasons for hospitalization varied and included dehydration and/or severe pain. No deaths were reported.

The age ranges of patients, severity of illness, seasonality of disease, and identification of CVA6 in these cases were unusual for HFMD in the United States. CVA6 has been associated with more severe and extensive rash than HFMD caused by other enteroviruses (*1*). Since 2008, international outbreaks of CVA6 HFMD in children and adults have been described (*1–4*), but no outbreaks had been reported in the United States previously. Although all 25 of the CVA6 strains identified in the U.S. cases were genetically closely related (based on partial VP1 gene sequences) to CVA6 strains identified in recent international outbreaks, no epidemiologic evidence (e.g., travel history) has directly linked any of the U.S. cases to importation.

HFMD is spread from person to person by contact with saliva, respiratory secretions, fluid in vesicles, and feces. Transmission of HFMD can be reduced by maintaining good hygiene, including handwashing and disinfection of surfaces in child care settings (*5*). CDC continues to receive reports of CVA6-associated HFMD. Persons who suspect a severe case of HFMD should contact their health-care provider. Local or state health departments may contact CDC for assistance with enterovirus laboratory diagnosis.

Reported by

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References

1. Wei SH, Huang YP, Liu MC, et al. An outbreak of coxsackievirus A6 hand, foot, and mouth disease associated with onychomadesis in Taiwan, 2010. BMC Infect Dis 2011;11:346.
2. Blomqvist S, Klemola P, Kaijalainen S, et al. Co-circulation of coxsackievirus A6 and A10 in hand, foot and mouth disease outbreak in Finland. J Clin Virol 2010;48:49–54.
3. Fujimoto T, Iizuka S, Enomoto M, et al. Hand, foot and mouth disease caused by coxsackievirus A6, Japan, 2011. Emerg Infect Dis 2012; 18:337–9.
4. Wu Y, Yeo A, Phoon MC, et al. The largest outbreak of hand, foot and mouth disease in Singapore in 2008: the role of enterovirus 71 and coxsackievirus A strains. Int J Infect Dis 2010;14:e1076–81.
5. Ruan F, Yang T, Ma H, et al. Risk factors for hand, foot, and mouth disease and herpangina and the preventative effect of hand-washing. Pediatrics 2011;127:e898–904.

Erratum

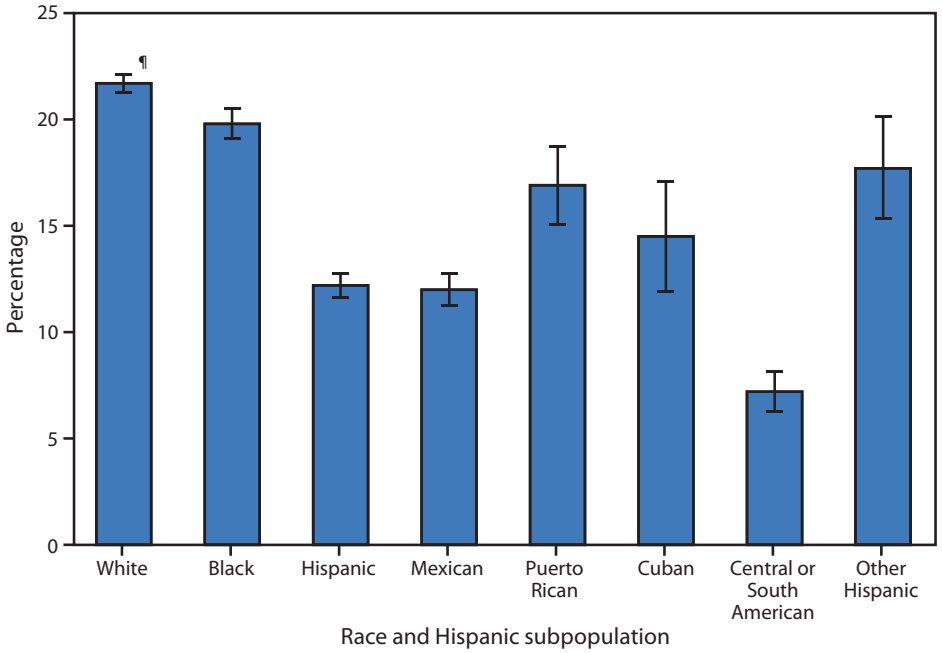
Vol. 61, Supplement, January 6, 2012

In the *MMWR* supplement, "Guidelines for Safe Work Practices in Human and Animal Diagnostic Laboratories: Recommendations of a CDC-convened, Biosafety Blue Ribbon Panel," on page 72, the sixth bullet of paragraph 11.4.1 should read, **"Gloves should be worn when spiking or otherwise entering blood bags. The blood banks should have written procedures to decontaminate or discard blood or component containers visibly soiled with potentially infectious materials (i.e., wiping with an alcohol pad or swab) (Buchta C, Blacky A, Leitner GC, et al. Surface disinfection of packed red blood cells with 70% ethanol. Int J Surg 2006;4:118–21)."**

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults Aged ≥18 Years Who Were Current Smokers,* by White or Black Race and Hispanic Subpopulation† — National Health Interview Survey, United States, 2010§



* Current smokers have smoked at least 100 cigarettes in their lifetime and currently smoke cigarettes. Unknowns were not included in the denominators when calculating percentages.
† All whites and blacks were non-Hispanic. Persons of Hispanic ethnicity might be of any race or combination of races.
§ Estimates are based on household interviews of a sample of the U.S. civilian, noninstitutionalized population. Estimates are age-adjusted using the projected 2000 U.S. population as the standard population and using four age groups: 18–44 years, 45–64 years, 65–74 years, and ≥75 years.
¶ 95% confidence interval.

Overall, 12.2% of Hispanic adults were current cigarette smokers, compared with 21.7% of non-Hispanic white adults and 19.8% of non-Hispanic black adults. Among five Hispanic subpopulations, Central or South American adults (7.2%) were less likely to be current smokers compared with Mexican adults (12.0%), Puerto Rican adults (16.9%), Cuban adults (14.5%), and other Hispanic adults (17.7%).

Source: National Health Interview Survey, 2010 data. Available at http://www.cdc.gov/nchs/nhis.htm.

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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 March 24, 2012 (12th week)*

Disease	Current week	Cum 2012	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2011	2010	2009	2008	2007	
Anthrax	—	—	—	1	—	1	—	1	
Arboviral diseases§,¶:									
California serogroup virus disease	—	—	0	134	75	55	62	55	
Eastern equine encephalitis virus disease	—	—	—	4	10	4	4	4	
Powassan virus disease	—	—	0	16	8	6	2	7	
St. Louis encephalitis virus disease	—	—	—	6	10	12	13	9	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
Babesiosis	—	13	1	812	NN	NN	NN	NN	
Botulism, total	—	18	2	142	112	118	145	144	
foodborne	—	3	0	17	7	10	17	32	
infant	—	13	2	94	80	83	109	85	
other (wound and unspecified)	—	2	0	31	25	25	19	27	
Brucellosis	—	15	2	84	115	115	80	131	
Chancroid	1	5	1	28	24	28	25	23	CA (1)
Cholera	—	—	0	45	13	10	5	7	
Cyclosporiasis§	—	5	1	154	179	141	139	93	
Diphtheria	—	—	—	—	—	—	—	—	
Haemophilus influenzae,** invasive disease (age <5 yrs):									
serotype b	—	3	1	12	23	35	30	22	
nonserotype b	2	35	5	119	200	236	244	199	MA (1), MD (1)
unknown serotype	2	52	5	253	223	178	163	180	NY (1), TN (1)
Hansen disease§	—	10	2	52	98	103	80	101	
Hantavirus pulmonary syndrome§	—	2	0	23	20	20	18	32	
Hemolytic uremic syndrome, postdiarrheal§	—	10	2	226	266	242	330	292	
Influenza-associated pediatric mortality§,††	4	12	4	118	61	358	90	77	FL (2), TX (2)
Listeriosis	1	86	10	848	821	851	759	808	MA (1)
Measles§§	—	27	3	223	63	71	140	43	
Meningococcal disease, invasive¶¶:									
A, C, Y, and W-135	—	23	9	219	280	301	330	325	
serogroup B	—	12	4	135	135	174	188	167	
other serogroup	—	2	1	20	12	23	38	35	
unknown serogroup	5	94	13	381	406	482	616	550	NY (1), OH (1), FL (1), AL (2)
Novel influenza A virus infections***	—	—	0	8	4	43,774	2	4	
Plague	—	—	0	4	2	8	3	7	
Poliomyelitis, paralytic	—	—	—	—	—	1	—	—	
Polio virus Infection, nonparalytic§	—	—	—	—	—	—	—	—	
Psittacosis§	—	—	0	2	4	9	8	12	
Q fever, total§	2	16	2	120	131	113	120	171	
acute	2	13	1	96	106	93	106	—	MO (1), FL (1)
chronic	—	3	0	24	25	20	14	—	
Rabies, human	—	—	0	3	2	4	2	1	
Rubella†††	—	1	0	4	5	3	16	12	
Rubella, congenital syndrome	—	1	—	—	—	2	—	—	
SARS-CoV§	—	—	—	—	—	—	—	—	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	33	5	142	142	161	157	132	
Syphilis, congenital (age <1 yr)§§§	—	7	9	293	377	423	431	430	
Tetanus	—	—	0	11	26	18	19	28	
Toxic-shock syndrome (staphylococcal)§	—	12	2	80	82	74	71	92	
Trichinellosis	—	3	0	11	7	13	39	5	
Tularemia	—	1	0	149	124	93	123	137	
Typhoid fever	2	55	7	382	467	397	449	434	NY (2)
Vancomycin-intermediate *Staphylococcus aureus*§	3	9	1	65	91	78	63	37	NY (1), NC (1), FL (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	—	2	1	—	2	
Vibriosis (noncholera *Vibrio* species infections)§	4	46	4	799	846	789	588	549	FL (2), WA (1), HI (1)
Viral hemorrhagic fever¶¶¶	—	—	—	—	1	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table 1 footnotes on next page.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending March 24, 2012 (12th week)*

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

* Case counts for reporting year 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/5yearweeklyaverage.pdf.

§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table except starting in 2007 for the arboviral diseases, STD data, TB data, and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis.htm.

¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since October 2, 2011, twelve influenza-associated pediatric deaths occurring during the 2011-12 influenza season have been reported.

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

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

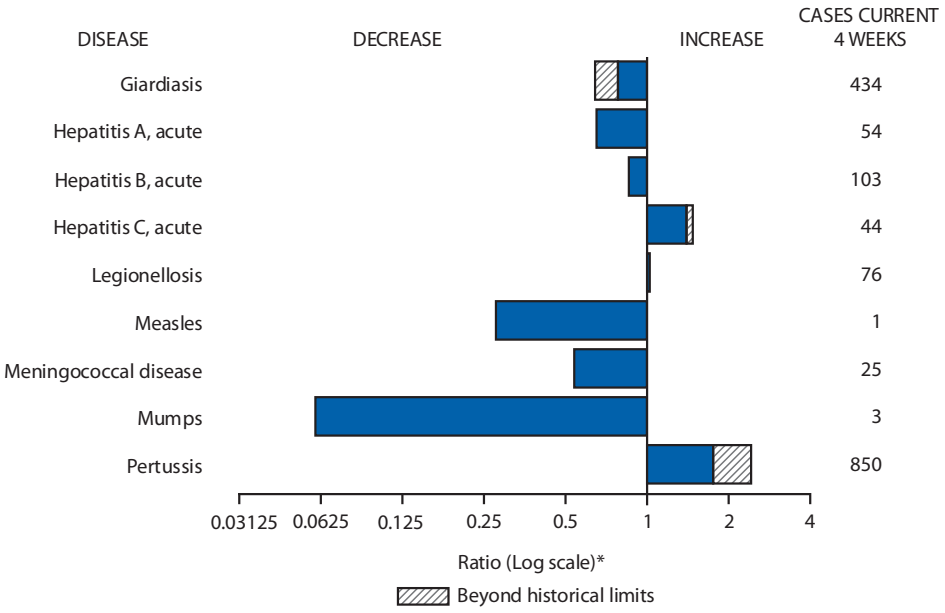
*** CDC discontinued reporting of individual confirmed and probable cases of 2009 pandemic influenza A (H1N1) virus infections on July 24, 2009. During 2009, four cases of human infection with novel influenza A viruses, different from the 2009 pandemic influenza A (H1N1) strain, were reported to CDC. The four cases of novel influenza A virus infection reported to CDC during 2010, and the eight cases reported during 2011, were identified as swine influenza A (H3N2) virus and are unrelated to the 2009 pandemic influenza A (H1N1) virus. Total case counts are provided by the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD).

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

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

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

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals March 24, 2012, with historical data



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

Notifiable Disease Data Team and 122 Cities Mortality Data Team

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2012, and March 26, 2011 (12th week)*

Reporting area	*Chlamydia trachomatis* infection					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	13,520	26,890	28,903	254,651	317,696	63	407	589	3,497	4,999	50	140	405	978	1,213
New England	517	879	1,475	7,500	10,000	—	0	0	—	1	2	6	22	53	67
Connecticut	36	239	912	358	1,875	N	0	0	N	N	—	1	8	8	14
Maine	—	59	99	634	719	N	0	0	N	N	—	1	4	5	8
Massachusetts	406	427	680	4,666	5,212	N	0	0	N	N	2	3	8	28	31
New Hampshire	2	58	90	474	715	—	0	0	—	1	—	1	5	5	7
Rhode Island	25	79	187	1,054	1,130	—	0	0	—	—	—	0	1	—	1
Vermont	48	27	66	314	349	N	0	0	N	N	—	1	5	7	6
Mid. Atlantic	2,000	3,165	4,101	34,504	38,536	—	0	0	—	—	9	15	44	99	158
New Jersey	142	540	898	5,658	5,603	N	0	0	N	N	—	1	4	1	11
New York (Upstate)	731	721	2,024	7,797	7,781	N	0	0	N	N	3	4	16	19	35
New York City	295	991	1,315	8,577	13,201	N	0	0	N	N	—	2	6	17	17
Pennsylvania	832	1,081	1,604	12,472	11,951	N	0	0	N	N	6	8	27	62	95
E.N. Central	1,032	4,219	4,692	36,712	51,559	—	1	5	11	12	8	33	148	243	265
Illinois	—	1,218	1,475	6,513	14,946	N	0	0	N	N	—	3	26	14	28
Indiana	209	574	732	5,772	6,926	N	0	0	N	N	—	2	14	12	51
Michigan	455	934	1,210	10,065	12,231	—	1	3	7	6	1	7	14	55	46
Ohio	210	1,030	1,180	9,586	12,139	—	0	2	4	6	6	13	95	116	79
Wisconsin	158	465	561	4,776	5,317	N	0	0	N	N	1	8	65	46	61
W.N. Central	102	1,505	1,828	4,296	17,826	—	0	2	1	1	2	20	93	91	170
Iowa	—	211	439	2,082	2,538	N	0	0	N	N	—	5	19	27	57
Kansas	—	206	281	128	2,331	N	0	0	N	N	—	0	11	4	—
Minnesota	—	330	408	—	3,886	—	0	0	—	—	—	6	17	—	37
Missouri	—	523	683	—	6,266	—	0	1	1	—	1	5	61	28	39
Nebraska	84	126	218	1,325	1,427	—	0	2	—	1	1	2	12	11	27
North Dakota	—	44	78	5	539	N	0	0	N	N	—	0	12	—	—
South Dakota	18	62	89	756	839	N	0	0	N	N	—	2	13	21	10
S. Atlantic	4,853	5,492	7,553	63,770	65,732	—	0	2	1	—	15	21	61	213	241
Delaware	80	84	182	881	1,008	—	0	0	—	—	—	0	4	6	2
District of Columbia	129	110	217	1,441	1,329	—	0	0	—	—	—	0	1	—	4
Florida	866	1,508	1,697	17,288	17,352	N	0	0	N	N	5	7	17	91	90
Georgia	781	1,100	1,563	11,901	11,083	N	0	0	N	N	6	5	12	43	61
Maryland	746	493	795	3,740	6,000	—	0	2	1	—	2	1	7	25	16
North Carolina	805	997	1,688	11,454	11,283	N	0	0	N	N	2	0	46	6	23
South Carolina	523	535	1,344	6,951	7,811	N	0	0	N	N	—	2	6	19	30
Virginia	816	662	1,778	8,943	8,830	N	0	0	N	N	—	3	8	22	14
West Virginia	107	81	146	1,171	1,036	N	0	0	N	N	—	0	5	1	1
E.S. Central	1,039	1,924	2,804	21,613	20,879	—	0	0	—	—	4	7	25	58	47
Alabama	—	542	1,566	4,275	5,587	N	0	0	N	N	3	2	7	27	21
Kentucky	424	315	557	3,744	2,747	N	0	0	N	N	—	1	17	4	12
Mississippi	288	419	792	6,162	5,426	N	0	0	N	N	—	1	4	8	5
Tennessee	327	605	826	7,432	7,119	N	0	0	N	N	1	2	6	19	9
W.S. Central	1,682	3,294	4,311	35,115	40,094	—	0	1	—	2	3	9	44	73	59
Arkansas	—	312	412	3,600	3,716	N	0	0	N	N	—	0	2	3	3
Louisiana	310	354	1,071	3,402	4,860	—	0	1	—	2	1	1	9	14	6
Oklahoma	—	97	675	883	2,850	N	0	0	N	N	—	2	6	13	11
Texas	1,372	2,413	3,107	27,230	28,668	N	0	0	N	N	2	6	40	43	39
Mountain	969	1,717	2,412	18,054	21,198	56	307	461	2,947	3,892	6	9	28	69	108
Arizona	140	554	784	5,663	6,284	55	301	458	2,904	3,838	—	1	4	3	6
Colorado	376	400	845	4,231	6,087	N	0	0	N	N	—	2	11	6	31
Idaho	74	90	276	888	853	N	0	0	N	N	4	1	9	16	12
Montana	75	67	92	889	777	N	0	0	N	N	2	1	6	17	10
Nevada	177	211	285	2,045	2,580	1	2	6	30	21	—	0	2	2	2
New Mexico	101	222	367	2,650	2,506	—	1	4	4	22	—	2	9	18	29
Utah	26	137	190	1,580	1,584	—	0	4	7	8	—	1	5	3	9
Wyoming	—	26	67	108	527	—	0	2	2	3	—	0	3	4	9
Pacific	1,326	4,037	5,061	33,087	51,872	7	94	172	537	1,091	1	11	31	79	98
Alaska	22	108	152	1,262	1,447	N	0	0	N	N	—	0	3	—	3
California	592	3,101	4,079	23,436	40,392	7	94	172	537	1,091	—	6	16	55	46
Hawaii	—	114	142	603	1,387	N	0	0	N	N	—	0	1	2	—
Oregon	318	279	412	3,489	3,245	N	0	0	N	N	1	3	11	15	40
Washington	394	437	612	4,297	5,401	N	0	0	N	N	—	1	21	7	9
Territories															
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	6	26	—	159	—	0	0	—	—	—	0	0	—	—
Puerto Rico	76	109	348	1,429	1,311	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	15	27	117	176	—	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.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2012, and March 26, 2011 (12th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever†					Dengue Hemorrhagic Fever§				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max		
United States	—	2	17	—	48	—	0	1	—	1
New England	—	0	1	—	2	—	0	0	—	—
Connecticut	—	0	0	—	1	—	0	0	—	—
Maine	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	0	—	—	—	0	0	—	—
Vermont	—	0	1	—	1	—	0	0	—	—
Mid. Atlantic	—	0	6	—	15	—	0	0	—	—
New Jersey	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	2	—	1	—	0	0	—	—
New York City	—	0	4	—	8	—	0	0	—	—
Pennsylvania	—	0	2	—	6	—	0	0	—	—
E.N. Central	—	0	2	—	5	—	0	1	—	—
Illinois	—	0	1	—	1	—	0	1	—	—
Indiana	—	0	1	—	1	—	0	0	—	—
Michigan	—	0	2	—	1	—	0	0	—	—
Ohio	—	0	1	—	—	—	0	0	—	—
Wisconsin	—	0	1	—	2	—	0	0	—	—
W.N. Central	—	0	2	—	1	—	0	0	—	—
Iowa	—	0	1	—	—	—	0	0	—	—
Kansas	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	1	—	0	0	—	—
Missouri	—	0	0	—	—	—	0	0	—	—
Nebraska	—	0	0	—	—	—	0	0	—	—
North Dakota	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	9	—	10	—	0	1	—	1
Delaware	—	0	2	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	1	7	—	6	—	0	0	—	—
Georgia	—	0	1	—	1	—	0	0	—	—
Maryland	—	0	2	—	1	—	0	0	—	—
North Carolina	—	0	1	—	1	—	0	0	—	—
South Carolina	—	0	1	—	—	—	0	0	—	—
Virginia	—	0	1	—	1	—	0	1	—	1
West Virginia	—	0	0	—	—	—	0	0	—	—
E.S. Central	—	0	3	—	—	—	0	0	—	—
Alabama	—	0	1	—	—	—	0	0	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee	—	0	2	—	—	—	0	0	—	—
W.S. Central	—	0	2	—	1	—	0	0	—	—
Arkansas	—	0	0	—	—	—	0	0	—	—
Louisiana	—	0	1	—	1	—	0	0	—	—
Oklahoma	—	0	0	—	—	—	0	0	—	—
Texas	—	0	1	—	—	—	0	0	—	—
Mountain	—	0	1	—	2	—	0	0	—	—
Arizona	—	0	1	—	1	—	0	0	—	—
Colorado	—	0	0	—	—	—	0	0	—	—
Idaho	—	0	0	—	—	—	0	0	—	—
Montana	—	0	0	—	—	—	0	0	—	—
Nevada	—	0	1	—	—	—	0	0	—	—
New Mexico	—	0	1	—	1	—	0	0	—	—
Utah	—	0	1	—	—	—	0	0	—	—
Wyoming	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	4	—	12	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	2	—	3	—	0	0	—	—
Hawaii	—	0	1	—	6	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—
Washington	—	0	1	—	3	—	0	0	—	—
Territories										
American Samoa	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	9	83	—	190	—	0	3	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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† Dengue Fever includes cases that meet criteria for Dengue Fever with hemorrhage, other clinical and unknown case classifications.
§ DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2012, and March 26, 2011 (12th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	Ehrlichia chaffeensis					*Anaplasma phagocytophilum*					Undetermined				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	—	9	90	18	14	5	16	59	31	26	—	1	8	4	5
New England	—	0	1	2	—	2	3	28	7	18	—	0	1	—	—
Connecticut	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Maine	—	0	1	—	—	—	0	3	1	1	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	1	18	—	1	—	0	0	—	—
New Hampshire	—	0	1	—	—	—	0	5	1	—	—	0	1	—	—
Rhode Island	—	0	1	2	—	2	0	15	5	16	—	0	1	—	—
Vermont	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	—	1	5	1	2	3	6	52	18	3	—	0	2	1	1
New Jersey	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	—	0	4	—	—	3	3	52	15	2	—	0	2	1	1
New York City	—	0	2	1	2	—	1	5	3	1	—	0	0	—	—
Pennsylvania	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
E.N. Central	—	0	5	—	2	—	0	2	1	1	—	0	6	—	3
Illinois	—	0	4	—	1	—	0	2	1	—	—	0	0	—	2
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	4	—	1
Michigan	—	0	2	—	—	—	0	0	—	—	—	0	2	—	—
Ohio	—	0	1	—	1	—	0	1	—	—	—	0	1	—	—
Wisconsin	—	0	0	—	—	—	0	1	—	1	—	0	1	—	—
W.N. Central	—	1	16	1	2	—	0	6	—	—	—	0	6	—	—
Iowa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Kansas	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Minnesota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Missouri	—	1	16	1	2	—	0	5	—	—	—	0	6	—	—
Nebraska	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
North Dakota	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
South Dakota	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
S. Atlantic	—	4	33	13	8	—	1	8	3	3	—	0	2	2	—
Delaware	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
District of Columbia	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Florida	—	0	3	3	1	—	0	3	—	—	—	0	0	—	—
Georgia	—	0	3	6	1	—	0	2	2	—	—	0	1	1	—
Maryland	—	0	3	1	3	—	0	2	—	1	—	0	1	1	—
North Carolina	—	0	17	1	2	—	0	6	—	2	—	0	0	—	—
South Carolina	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Virginia	—	1	13	2	—	—	0	3	1	—	—	0	1	—	—
West Virginia	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	1	8	1	—	—	0	2	2	1	—	0	3	—	—
Alabama	—	0	2	—	—	—	0	1	2	1	N	0	0	N	N
Kentucky	—	0	3	—	—	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	—	—	—	0	1	—	—	—	0	0	—	—
Tennessee	—	0	5	1	—	—	0	1	—	—	—	0	3	—	—
W.S. Central	—	0	30	—	—	—	0	3	—	—	—	0	0	—	—
Arkansas	—	0	13	—	—	—	0	3	—	—	—	0	0	—	—
Louisiana	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	25	—	—	—	0	1	—	—	—	0	0	—	—
Texas	—	0	1	—	—	—	0	2	—	—	—	0	0	—	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	1	—	1
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	1	—	1
Colorado	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Idaho	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Montana	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Nevada	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
New Mexico	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Utah	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Wyoming	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	0	—	—	—	0	2	—	—	—	0	2	1	—
Alaska	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
California	—	0	0	—	—	—	0	0	—	—	—	0	2	1	—
Hawaii	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	0	—	—	—	0	2	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
Puerto Rico	N	0	0	N	N	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2012, and March 26, 2011 (12th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	105	290	471	2,344	3,271	3,038	6,007	6,833	59,436	70,528	38	67	118	746	844
New England	9	25	64	198	298	104	108	178	863	1,346	2	4	9	57	54
Connecticut	—	4	10	35	55	46	44	91	119	683	—	1	5	14	13
Maine	5	3	10	25	23	—	5	18	78	42	—	0	2	8	6
Massachusetts	4	12	29	108	153	40	47	78	494	507	2	2	7	32	27
New Hampshire	—	2	8	9	19	1	2	8	29	24	—	0	2	2	4
Rhode Island	—	0	10	10	13	15	7	35	125	84	—	0	2	1	3
Vermont	—	3	19	11	35	2	0	6	18	6	—	0	2	—	1
Mid. Atlantic	23	55	91	453	655	457	745	1,022	8,544	8,556	6	16	33	158	158
New Jersey	—	0	14	—	81	43	149	217	1,522	1,496	1	1	6	9	32
New York (Upstate)	13	20	50	159	198	123	118	403	1,427	1,155	4	3	18	45	32
New York City	3	18	30	179	209	68	228	315	2,002	2,921	—	4	9	50	36
Pennsylvania	7	14	30	115	167	223	277	492	3,593	2,984	1	5	15	54	58
E.N. Central	13	51	93	400	560	283	1,076	1,292	9,026	13,419	3	11	22	89	149
Illinois	—	11	20	55	123	—	306	409	1,519	3,779	—	2	11	2	45
Indiana	—	5	13	33	74	37	135	172	1,331	1,798	—	2	6	19	23
Michigan	1	11	22	110	113	142	239	375	2,511	3,119	1	1	5	16	19
Ohio	11	14	30	146	164	66	313	403	2,659	3,726	2	4	7	45	44
Wisconsin	1	9	22	56	86	38	92	118	1,006	997	—	1	5	7	18
W.N. Central	12	29	70	176	366	19	313	387	782	3,473	2	4	10	27	37
Iowa	—	4	15	43	48	—	36	110	364	460	—	0	1	—	—
Kansas	—	2	9	13	22	—	42	65	47	437	—	0	2	3	3
Minnesota	—	12	23	—	164	—	46	62	—	480	—	1	5	—	12
Missouri	4	6	17	62	70	—	149	204	—	1,620	2	1	5	19	12
Nebraska	8	3	11	41	45	19	27	52	269	283	—	0	2	5	10
North Dakota	—	0	12	—	—	—	5	13	—	55	—	0	6	—	—
South Dakota	—	1	8	17	17	—	11	20	102	138	—	0	1	—	—
S. Atlantic	26	52	117	490	580	1,181	1,466	1,959	16,395	17,548	18	15	31	201	199
Delaware	—	0	3	3	6	16	15	35	193	238	—	0	2	—	1
District of Columbia	—	1	5	2	10	35	38	105	499	490	—	0	1	—	—
Florida	20	23	69	207	268	223	378	473	4,240	4,362	9	4	12	55	63
Georgia	—	11	51	140	144	196	322	457	3,247	3,346	1	2	6	32	47
Maryland	1	6	15	55	65	138	121	188	902	1,478	2	2	6	25	20
North Carolina	N	0	0	N	N	248	312	548	3,501	3,900	4	1	7	29	23
South Carolina	—	2	8	25	23	152	152	421	1,898	2,181	2	1	5	27	17
Virginia	—	5	18	46	61	162	129	353	1,763	1,339	—	2	8	20	27
West Virginia	5	0	8	12	3	11	14	29	152	214	—	0	6	13	1
E.S. Central	1	3	8	35	30	263	524	789	5,690	5,562	3	4	12	61	53
Alabama	1	3	8	35	30	—	167	408	1,177	1,661	1	1	3	13	16
Kentucky	N	0	0	N	N	96	77	151	879	744	—	1	3	14	13
Mississippi	N	0	0	N	N	80	114	242	1,684	1,427	—	0	3	7	3
Tennessee	N	0	0	N	N	87	152	258	1,950	1,730	2	2	8	27	21
W.S. Central	2	5	15	48	40	418	864	1,173	8,902	10,455	—	2	10	38	48
Arkansas	2	2	8	18	17	—	86	124	983	1,147	—	0	3	7	11
Louisiana	—	2	10	30	23	105	102	255	996	1,417	—	1	4	13	22
Oklahoma	—	0	0	—	—	—	28	196	225	915	—	1	9	18	15
Texas	N	0	0	N	N	313	593	828	6,698	6,976	—	0	1	—	—
Mountain	9	22	41	139	224	101	215	324	2,239	2,467	1	5	11	75	91
Arizona	2	2	7	20	29	47	93	128	1,026	847	—	1	6	31	40
Colorado	—	7	23	45	64	17	39	77	435	596	—	1	3	5	22
Idaho	3	3	9	21	35	2	3	15	17	33	—	0	2	4	3
Montana	2	2	5	12	8	1	1	4	19	19	—	0	1	2	2
Nevada	2	1	4	12	22	28	36	57	313	536	1	0	2	7	4
New Mexico	—	2	6	12	15	5	35	73	351	369	—	1	3	14	15
Utah	—	2	9	10	41	1	6	10	74	51	—	0	3	11	5
Wyoming	—	0	2	7	10	—	0	3	4	16	—	0	1	1	—
Pacific	10	48	199	405	518	212	641	758	6,995	7,702	3	3	9	40	55
Alaska	—	2	7	15	11	—	18	31	144	224	1	0	3	3	6
California	2	31	52	267	363	146	533	637	5,998	6,347	1	1	5	14	15
Hawaii	—	0	4	4	8	—	12	24	60	165	—	0	3	6	7
Oregon	3	7	21	68	97	17	27	60	306	288	1	1	6	17	27
Washington	5	6	161	51	39	49	49	79	487	678	—	0	1	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	6	—	0	0	—	—
Puerto Rico	—	1	8	—	23	1	6	14	60	89	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	2	10	28	38	—	0	0	—	—

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* Case counts for reporting year 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2012, and March 26, 2011 (12th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	15	25	44	233	275	20	49	105	497	630	8	21	49	206	221
New England	—	1	5	7	16	—	1	5	7	30	—	1	5	4	20
Connecticut	—	0	3	3	5	—	0	2	1	5	—	0	4	3	14
Maine	—	0	2	1	1	—	0	2	4	3	—	0	2	—	3
Massachusetts	—	0	3	2	6	—	0	4	1	21	—	0	2	1	1
New Hampshire	—	0	1	1	—	—	0	1	1	1	N	0	0	N	N
Rhode Island	—	0	1	—	2	U	0	0	U	U	U	0	0	U	U
Vermont	—	0	2	—	2	—	0	0	—	—	—	0	1	—	2
Mid. Atlantic	1	4	8	38	52	1	5	11	50	70	2	2	6	27	19
New Jersey	—	0	3	1	8	—	2	4	16	14	—	0	2	2	1
New York (Upstate)	1	1	4	16	9	1	1	4	11	11	2	1	5	11	8
New York City	—	1	4	10	19	—	1	5	12	22	—	0	1	1	3
Pennsylvania	—	1	5	11	16	—	1	4	11	23	—	1	4	13	7
E.N. Central	—	4	7	30	50	2	5	36	63	86	1	3	10	33	39
Illinois	—	1	5	8	12	—	1	3	1	21	—	0	2	1	2
Indiana	—	0	1	2	7	—	1	4	7	14	—	1	8	6	27
Michigan	—	1	6	16	15	—	1	6	13	24	—	2	5	23	8
Ohio	—	0	2	1	14	2	1	30	37	25	1	0	2	3	1
Wisconsin	—	0	1	3	2	—	0	2	5	2	—	0	1	—	1
W.N. Central	4	1	7	16	11	2	2	9	24	24	1	0	4	3	—
Iowa	—	0	1	—	1	—	0	1	1	3	—	0	0	—	—
Kansas	—	0	1	1	2	—	0	2	—	3	—	0	1	1	—
Minnesota	—	0	7	—	—	—	0	7	—	—	—	0	2	—	—
Missouri	2	0	3	9	4	1	1	4	20	13	—	0	0	—	—
Nebraska	2	0	1	6	2	1	0	2	3	4	1	0	1	2	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	2	—	0	0	—	1	—	0	0	—	—
S. Atlantic	5	4	11	47	49	6	13	57	152	154	3	5	14	61	46
Delaware	1	0	1	2	1	—	0	2	3	—	U	0	0	U	U
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	2	1	8	20	17	4	4	8	49	45	2	1	5	26	12
Georgia	—	1	5	6	14	—	3	7	22	32	—	1	3	3	11
Maryland	1	0	4	5	3	1	1	5	18	15	1	1	3	5	6
North Carolina	1	0	3	5	4	1	1	8	12	33	—	1	7	12	10
South Carolina	—	0	2	1	2	—	1	3	8	8	—	0	1	—	—
Virginia	—	0	3	7	6	—	1	6	11	21	—	0	3	4	6
West Virginia	—	0	2	1	2	—	0	43	29	—	—	0	7	11	1
E.S. Central	—	1	6	7	6	5	10	21	108	116	1	5	10	37	45
Alabama	—	0	2	2	—	1	2	6	14	23	1	0	3	4	2
Kentucky	—	0	2	1	2	1	3	10	35	42	—	2	8	14	24
Mississippi	—	0	1	—	1	—	1	4	7	10	U	0	0	U	U
Tennessee	—	0	5	4	3	3	4	10	52	41	—	1	5	19	19
W.S. Central	3	3	7	34	17	3	6	16	53	66	—	1	5	9	20
Arkansas	—	0	2	2	—	—	1	4	9	15	—	0	0	—	—
Louisiana	—	0	2	—	1	1	0	2	9	14	—	0	1	—	4
Oklahoma	—	0	2	—	—	—	1	9	6	13	—	0	4	1	10
Texas	3	3	7	32	16	2	3	13	29	24	—	0	4	8	6
Mountain	—	2	6	21	28	1	1	4	13	29	—	1	5	13	18
Arizona	—	1	6	7	13	—	0	1	2	5	U	0	0	U	U
Colorado	—	0	2	5	7	—	0	2	—	8	—	0	2	—	4
Idaho	—	0	1	4	1	—	0	0	—	2	—	0	2	4	6
Montana	—	0	1	1	3	—	0	0	—	—	—	0	4	—	1
Nevada	—	0	3	3	1	1	0	3	11	9	—	0	2	5	2
New Mexico	—	0	1	1	2	—	0	2	—	2	—	0	2	—	2
Utah	—	0	1	—	—	—	0	1	—	3	—	0	2	4	3
Wyoming	—	0	1	—	1	—	0	0	—	—	—	0	1	—	—
Pacific	2	4	12	33	46	—	4	10	27	55	—	2	13	19	14
Alaska	—	0	1	1	1	—	0	1	—	2	U	0	0	U	U
California	1	3	9	20	38	—	2	6	16	42	—	1	5	9	7
Hawaii	—	0	2	3	2	—	0	1	2	3	U	0	0	U	U
Oregon	—	0	2	2	1	—	0	4	5	6	—	0	2	7	5
Washington	1	0	4	7	4	—	0	5	4	2	—	0	12	3	2
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	—	6	—	2	3	—	23	—	0	1	—	9
Puerto Rico	—	0	3	—	5	—	0	3	—	4	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2012, and March 26, 2011 (12th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	15	71	182	396	458	89	560	2,234	2,493	2,488	2	28	56	150	263
New England	1	4	39	22	32	4	85	509	269	632	—	1	7	9	19
Connecticut	—	1	10	7	6	—	38	236	73	260	—	0	2	—	1
Maine	1	0	3	2	3	1	12	68	59	44	—	0	2	—	—
Massachusetts	—	3	24	9	17	2	10	106	74	216	—	0	6	8	15
New Hampshire	—	0	3	—	2	—	10	90	32	86	—	0	1	—	1
Rhode Island	—	0	9	4	2	1	1	31	8	7	—	0	2	—	—
Vermont	—	0	2	—	2	—	6	71	23	19	—	0	1	1	2
Mid. Atlantic	4	18	92	102	116	67	351	1,236	1,798	1,278	1	6	12	28	62
New Jersey	—	2	16	4	27	33	159	543	1,011	455	—	0	2	—	6
New York (Upstate)	2	6	27	34	36	18	54	234	189	115	1	1	4	3	9
New York City	—	3	17	24	24	1	9	42	3	111	—	4	11	19	38
Pennsylvania	2	5	43	40	29	15	116	536	595	597	—	1	5	6	9
E.N. Central	2	14	51	86	89	—	32	367	53	160	—	3	10	15	28
Illinois	—	2	11	11	12	—	1	21	4	7	—	1	5	2	9
Indiana	2	2	8	18	16	—	1	12	3	2	—	0	2	3	4
Michigan	—	2	15	12	18	—	1	13	3	—	—	0	4	2	5
Ohio	—	7	34	45	42	—	1	6	6	3	—	0	4	7	8
Wisconsin	—	0	1	—	1	—	29	325	37	148	—	0	2	1	2
W.N. Central	1	1	8	8	8	—	1	16	3	4	—	1	5	8	6
Iowa	—	0	2	—	1	—	0	13	1	2	—	0	3	1	—
Kansas	—	0	2	—	1	—	0	2	—	1	—	0	2	3	1
Minnesota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Missouri	—	1	5	6	5	—	0	2	—	1	—	0	2	4	4
Nebraska	1	0	2	1	—	—	0	2	2	—	—	0	1	—	1
North Dakota	—	0	1	—	—	—	0	9	—	—	—	0	0	—	—
South Dakota	—	0	1	1	1	—	0	2	—	—	—	0	1	—	—
S. Atlantic	4	11	30	90	70	18	66	179	342	390	1	9	27	55	84
Delaware	—	0	4	5	1	—	13	48	84	104	—	0	3	1	1
District of Columbia	—	0	3	1	1	—	0	3	3	3	—	0	2	—	4
Florida	—	4	13	40	33	2	3	8	24	10	1	2	6	17	20
Georgia	—	1	4	9	4	—	0	5	5	1	—	1	6	7	12
Maryland	1	2	15	14	11	7	21	115	143	167	—	2	17	16	23
North Carolina	—	1	7	6	11	—	0	13	1	6	—	0	7	1	8
South Carolina	—	0	5	4	2	—	0	6	3	1	—	0	1	3	—
Virginia	2	1	8	9	7	9	18	74	70	95	—	1	8	10	16
West Virginia	1	0	5	2	—	—	0	20	9	3	—	0	1	—	—
E.S. Central	—	2	11	10	18	—	1	5	3	5	—	1	4	2	5
Alabama	—	0	2	2	4	—	0	2	1	3	—	0	3	2	1
Kentucky	—	1	4	2	5	—	0	1	1	—	—	0	2	—	3
Mississippi	—	0	3	1	2	—	0	1	—	—	—	0	1	—	—
Tennessee	—	1	8	5	7	—	0	4	1	2	—	0	3	—	1
W.S. Central	—	3	8	17	19	—	1	9	4	6	—	1	11	6	12
Arkansas	—	0	2	—	1	—	0	0	—	—	—	0	1	—	1
Louisiana	—	0	2	1	7	—	0	1	1	—	—	0	1	—	—
Oklahoma	—	0	3	—	1	—	0	0	—	—	—	0	3	4	1
Texas	—	2	7	16	10	—	1	9	3	6	—	1	9	2	10
Mountain	1	2	9	16	24	—	1	5	6	3	—	1	5	7	13
Arizona	—	1	4	7	7	—	0	4	1	1	—	0	4	1	3
Colorado	1	0	4	2	7	—	0	1	—	—	—	0	3	—	5
Idaho	—	0	1	1	1	—	0	2	2	—	—	0	1	1	—
Montana	—	0	1	—	—	—	0	3	—	—	—	0	1	—	—
Nevada	—	0	2	3	2	—	0	1	1	—	—	0	2	4	3
New Mexico	—	0	2	—	1	—	0	2	—	1	—	0	1	—	2
Utah	—	0	2	2	5	—	0	1	1	1	—	0	1	1	—
Wyoming	—	0	2	1	1	—	0	1	1	—	—	0	0	—	—
Pacific	2	5	18	45	82	—	3	8	15	10	—	3	11	20	34
Alaska	—	0	0	—	—	—	0	3	2	—	—	0	1	1	2
California	—	4	11	35	74	—	2	7	11	3	—	2	7	18	25
Hawaii	—	0	2	—	1	N	0	0	N	N	—	0	1	—	—
Oregon	—	0	3	8	2	—	0	3	2	7	—	0	4	1	5
Washington	2	0	14	2	5	—	0	5	—	—	—	0	2	—	2
Territories															
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	1	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	2	—	4	N	0	0	N	N	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2012, and March 26, 2011 (12th week)*

Reporting area	Meningococcal disease, invasive† All serogroups					Mumps					Pertussis				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	5	12	27	131	233	1	5	21	37	92	215	323	911	4,226	3,899
New England	—	0	3	1	10	—	0	2	1	1	3	18	34	222	113
Connecticut	—	0	1	—	1	—	0	0	—	—	—	1	7	13	13
Maine	—	0	1	—	2	—	0	2	—	—	—	3	20	28	34
Massachusetts	—	0	2	1	7	—	0	1	1	1	—	4	10	56	46
New Hampshire	—	0	1	—	—	—	0	0	—	—	1	2	13	15	11
Rhode Island	—	0	1	—	—	—	0	2	—	—	—	1	10	17	8
Vermont	—	0	3	—	—	—	0	1	—	—	2	1	18	93	1
Mid. Atlantic	1	2	4	20	27	—	0	7	2	12	51	50	187	908	358
New Jersey	—	0	2	2	2	—	0	1	—	7	—	6	16	70	40
New York (Upstate)	1	0	3	5	8	—	0	3	—	1	43	20	142	461	101
New York City	—	0	2	6	10	—	0	6	2	4	—	6	42	102	4
Pennsylvania	—	0	2	7	7	—	0	1	—	—	8	13	32	275	213
E.N. Central	1	2	6	12	30	—	1	12	5	20	14	72	221	1,072	878
Illinois	—	0	3	1	10	—	1	10	—	10	—	21	123	130	167
Indiana	—	0	2	1	4	—	0	2	1	—	—	4	22	29	73
Michigan	—	0	2	2	4	—	0	2	2	1	3	10	33	131	265
Ohio	1	0	2	7	8	—	0	2	2	7	9	13	22	164	262
Wisconsin	—	0	2	1	4	—	0	1	—	2	2	21	97	618	111
W.N. Central	—	1	4	8	18	—	0	3	2	11	5	24	119	262	198
Iowa	—	0	1	—	5	—	0	2	—	1	—	4	10	57	48
Kansas	—	0	1	1	1	—	0	1	—	3	—	2	8	35	28
Minnesota	—	0	2	—	4	—	0	1	—	—	—	0	110	—	—
Missouri	—	0	2	6	4	—	0	2	2	5	5	8	33	140	82
Nebraska	—	0	2	1	3	—	0	1	—	1	—	1	5	10	25
North Dakota	—	0	1	—	—	—	0	3	—	1	—	0	16	16	13
South Dakota	—	0	1	—	1	—	0	0	—	—	—	0	7	4	2
S. Atlantic	1	2	8	23	32	1	1	4	9	3	35	26	58	318	398
Delaware	—	0	1	1	—	—	0	0	—	—	—	0	5	8	6
District of Columbia	—	0	1	—	—	—	0	1	—	—	—	0	2	1	1
Florida	1	1	5	13	9	—	0	2	3	—	7	6	17	94	76
Georgia	—	0	2	3	3	—	0	2	—	1	—	2	7	14	60
Maryland	—	0	2	3	3	—	0	1	1	—	—	2	10	36	39
North Carolina	—	0	2	1	7	1	0	2	1	—	24	3	24	44	73
South Carolina	—	0	1	—	4	—	0	1	—	—	—	2	9	21	42
Virginia	—	0	2	—	6	—	0	4	3	2	4	6	25	76	90
West Virginia	—	0	3	2	—	—	0	1	1	—	—	0	15	24	11
E.S. Central	2	0	3	4	11	—	0	1	1	3	—	9	19	141	107
Alabama	2	0	2	2	6	—	0	1	—	1	—	2	11	30	28
Kentucky	—	0	2	1	—	—	0	0	—	—	—	4	10	61	46
Mississippi	—	0	1	1	2	—	0	1	1	2	—	1	4	19	5
Tennessee	—	0	1	—	3	—	0	1	—	—	—	2	7	31	28
W.S. Central	—	1	5	9	21	—	1	4	6	36	9	20	123	173	198
Arkansas	—	0	2	—	4	—	0	2	—	—	1	1	8	6	14
Louisiana	—	0	2	1	5	—	0	0	—	—	—	0	3	2	10
Oklahoma	—	0	2	1	2	—	0	2	—	—	—	0	11	—	9
Texas	—	0	2	7	10	—	0	4	6	36	8	18	115	165	165
Mountain	—	1	4	11	20	—	0	2	5	—	5	44	95	446	611
Arizona	—	0	2	1	5	—	0	0	—	—	4	15	30	198	253
Colorado	—	0	1	1	4	—	0	2	3	—	—	7	25	89	148
Idaho	—	0	1	1	3	—	0	2	—	—	—	3	12	21	29
Montana	—	0	2	4	—	—	0	1	1	—	1	1	32	30	47
Nevada	—	0	1	2	2	—	0	0	—	—	—	0	5	10	7
New Mexico	—	0	1	1	—	—	0	1	—	—	—	3	25	28	38
Utah	—	0	1	—	6	—	0	1	1	—	—	8	18	67	87
Wyoming	—	0	1	1	—	—	0	1	—	—	—	0	3	3	2
Pacific	—	3	11	43	64	—	1	11	6	6	93	58	295	684	1,038
Alaska	—	0	1	—	1	—	0	0	—	1	—	0	3	15	13
California	—	2	8	32	44	—	0	11	5	—	1	26	68	75	898
Hawaii	—	0	1	2	3	—	0	1	—	2	—	2	10	42	12
Oregon	—	0	4	8	13	—	0	1	—	3	1	6	23	69	58
Washington	—	0	3	1	3	—	0	1	1	—	91	14	239	483	57
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	1	1	—	11	—	1	2	—	30
Puerto Rico	—	0	0	—	—	—	0	2	1	—	—	0	2	—	1
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.
* Case counts for reporting year 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2012, and March 26, 2011 (12th week)*

Reporting area	Rabies, animal					Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	51	78	123	581	718	287	921	1,947	5,040	5,878	20	99	237	440	554
New England	4	6	16	82	26	8	37	107	209	285	—	4	13	17	19
Connecticut	—	3	10	38	6	—	7	30	59	81	—	1	4	8	7
Maine	3	1	6	24	7	1	2	7	11	22	—	0	3	—	1
Massachusetts	—	0	0	—	—	5	18	44	104	141	—	1	9	9	4
New Hampshire	1	0	3	8	3	—	3	8	12	23	—	0	3	—	6
Rhode Island	—	0	6	6	2	2	1	62	9	9	—	0	2	—	—
Vermont	—	0	4	6	8	—	1	8	14	9	—	0	3	—	1
Mid. Atlantic	9	15	36	100	160	19	96	210	551	666	2	11	35	54	87
New Jersey	—	0	0	—	—	1	20	48	81	139	—	2	7	4	27
New York (Upstate)	9	7	20	56	50	11	25	67	163	127	1	3	13	18	19
New York City	—	0	3	—	2	1	19	44	140	174	—	2	6	12	13
Pennsylvania	—	8	21	44	108	6	31	115	167	226	1	3	17	20	28
E.N. Central	5	2	20	8	11	13	89	185	420	677	1	17	55	72	108
Illinois	—	0	6	—	4	—	27	80	123	231	—	4	14	13	20
Indiana	—	0	7	—	—	—	8	27	27	66	—	2	10	4	18
Michigan	—	1	6	2	4	2	15	42	96	109	1	3	19	40	23
Ohio	5	1	5	6	3	11	20	46	140	171	—	3	9	14	25
Wisconsin	N	0	0	N	N	—	12	46	34	100	—	4	22	1	22
W.N. Central	2	1	8	19	9	13	54	113	247	391	1	16	61	51	71
Iowa	—	0	0	—	—	—	7	19	47	81	—	2	15	7	13
Kansas	—	0	4	7	4	—	9	27	54	48	—	2	8	5	11
Minnesota	—	0	0	—	—	—	14	33	—	97	—	5	24	—	22
Missouri	2	0	4	5	1	13	15	42	109	111	1	5	32	26	14
Nebraska	—	0	3	—	4	—	4	13	24	27	—	1	7	8	9
North Dakota	—	0	4	7	—	—	0	15	—	—	—	0	4	—	—
South Dakota	—	0	0	—	—	—	2	10	13	27	—	1	4	5	2
S. Atlantic	18	18	48	191	301	173	277	741	1,775	1,546	5	12	32	98	92
Delaware	—	0	0	—	—	—	3	12	15	20	—	0	2	2	2
District of Columbia	—	0	0	—	—	—	1	6	—	9	—	0	1	1	1
Florida	—	0	13	26	120	77	107	203	755	589	3	3	9	39	18
Georgia	—	0	0	—	—	10	43	139	188	298	1	2	8	9	17
Maryland	—	7	13	59	61	6	20	46	145	125	1	1	4	11	12
North Carolina	—	0	0	—	—	63	34	251	390	230	—	2	26	19	21
South Carolina	N	0	0	N	N	5	27	71	129	119	—	0	2	5	5
Virginia	17	11	27	94	114	4	20	57	137	150	—	2	8	11	16
West Virginia	1	0	30	12	6	8	0	18	16	6	—	0	2	1	—
E.S. Central	1	3	11	16	36	8	64	190	317	395	—	4	18	28	29
Alabama	1	1	7	12	17	5	18	70	87	116	—	1	15	11	3
Kentucky	—	0	2	4	3	—	11	30	45	77	—	1	5	5	9
Mississippi	—	0	1	—	1	—	22	66	88	80	—	0	4	5	4
Tennessee	—	1	4	—	15	3	15	51	97	122	—	1	11	7	13
W.S. Central	12	22	55	132	152	28	139	263	591	652	—	10	66	28	40
Arkansas	5	0	10	19	6	5	13	52	44	69	—	1	6	4	3
Louisiana	—	0	0	—	—	2	14	44	93	103	—	0	1	—	3
Oklahoma	—	0	21	7	3	—	13	31	60	53	—	1	10	6	5
Texas	7	19	44	106	143	21	97	169	394	427	—	7	66	18	29
Mountain	—	1	4	21	2	5	46	96	268	443	5	11	29	42	70
Arizona	N	0	0	N	N	1	15	36	111	153	1	2	6	12	24
Colorado	—	0	0	—	—	—	9	23	42	101	—	3	9	5	18
Idaho	—	0	1	—	—	2	2	8	16	38	3	1	8	8	6
Montana	N	0	0	N	N	1	2	10	15	11	1	1	4	3	3
Nevada	—	0	3	—	—	1	3	7	18	33	—	1	7	4	6
New Mexico	—	0	4	21	2	—	6	21	30	47	—	1	3	5	5
Utah	—	0	2	—	—	—	6	15	31	50	—	1	7	2	8
Wyoming	—	0	0	—	—	—	1	9	5	10	—	0	7	3	—
Pacific	—	4	14	12	21	20	95	188	662	823	6	9	28	50	38
Alaska	—	0	1	4	10	—	1	6	14	11	—	0	1	—	—
California	—	4	13	8	7	2	70	141	479	645	—	5	14	17	21
Hawaii	—	0	0	—	—	2	6	14	24	67	—	0	2	—	1
Oregon	—	0	2	—	4	2	6	16	51	65	—	2	11	14	9
Washington	—	0	0	—	—	14	11	47	94	35	6	2	23	19	7
Territories															
American Samoa	N	0	0	N	N	—	0	1	1	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	4	—	0	0	—	—
Puerto Rico	—	1	6	14	7	—	7	21	6	83	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2012, and March 26, 2011 (12th week)*

Reporting area	Shigellosis					Spotted Fever Rickettsiosis (including RMSF)†									
						Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	112	266	388	2,204	1,855	2	3	13	24	11	3	31	137	104	64
New England	—	4	21	20	43	—	0	1	—	—	—	0	1	—	2
Connecticut	—	1	4	6	9	—	0	0	—	—	—	0	0	—	—
Maine	—	0	8	1	5	—	0	0	—	—	—	0	1	—	—
Massachusetts	—	2	20	13	27	—	0	0	—	—	—	0	1	—	1
New Hampshire	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Rhode Island	—	0	3	—	—	—	0	0	—	—	—	0	1	—	1
Vermont	—	0	1	—	2	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	10	31	88	473	134	1	0	2	5	—	1	1	7	12	3
New Jersey	—	8	39	204	28	—	0	0	—	—	—	0	0	—	—
New York (Upstate)	5	7	41	115	25	1	0	1	1	—	1	0	3	2	—
New York City	2	9	29	132	56	—	0	0	—	—	—	0	3	3	2
Pennsylvania	3	2	13	22	25	—	0	2	4	—	—	0	3	7	1
E.N. Central	13	16	42	236	145	—	0	2	1	—	—	2	10	6	4
Illinois	—	4	16	17	53	—	0	1	—	—	—	1	4	3	3
Indiana	—	1	6	5	15	—	0	1	1	—	—	1	5	1	—
Michigan	1	4	11	47	30	—	0	1	—	—	—	0	1	—	—
Ohio	12	6	27	167	47	—	0	2	—	—	—	0	2	2	1
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
W.N. Central	1	7	21	59	101	—	0	4	—	—	—	4	24	9	10
Iowa	—	0	3	5	4	—	0	0	—	—	—	0	2	—	1
Kansas	—	1	8	28	21	—	0	0	—	—	—	0	0	—	—
Minnesota	—	2	6	—	9	—	0	0	—	—	—	0	0	—	—
Missouri	1	3	14	23	63	—	0	2	—	—	—	4	22	9	9
Nebraska	—	0	2	3	3	—	0	3	—	—	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
S. Atlantic	67	75	134	527	602	—	2	8	12	5	1	7	58	36	20
Delaware	—	0	2	1	—	—	0	0	—	—	—	0	4	4	2
District of Columbia	—	0	5	1	6	—	0	1	—	—	—	0	1	—	—
Florida	39	49	98	298	380	—	0	1	—	2	1	0	2	5	1
Georgia	9	13	26	128	99	—	1	8	11	1	—	0	0	—	—
Maryland	14	2	10	51	23	—	0	1	—	1	—	0	3	4	1
North Carolina	2	3	19	26	60	—	0	4	—	1	—	0	49	5	10
South Carolina	1	1	54	4	13	—	0	2	—	—	—	0	2	1	1
Virginia	1	2	7	17	21	—	0	1	1	—	—	4	14	17	5
West Virginia	1	0	2	1	—	—	0	0	—	—	—	0	1	—	—
E.S. Central	6	21	51	305	111	—	0	2	—	—	1	4	25	21	10
Alabama	2	6	21	77	46	—	0	1	—	—	—	1	8	6	4
Kentucky	3	6	22	125	11	—	0	1	—	—	—	0	2	1	—
Mississippi	—	5	24	69	22	—	0	0	—	—	—	0	2	—	2
Tennessee	1	4	11	34	32	—	0	2	—	—	1	4	20	14	4
W.S. Central	10	57	146	382	305	—	0	3	—	—	—	3	52	10	3
Arkansas	—	2	8	12	4	—	0	3	—	—	—	2	52	6	—
Louisiana	—	5	21	37	38	—	0	0	—	—	—	0	2	1	—
Oklahoma	—	4	28	75	21	—	0	1	—	—	—	0	25	2	1
Texas	10	45	116	258	242	—	0	1	—	—	—	0	13	1	2
Mountain	—	13	41	56	180	—	0	3	2	6	—	1	7	8	12
Arizona	—	6	28	36	48	—	0	3	2	6	—	0	6	4	12
Colorado	—	1	8	5	19	—	0	0	—	—	—	0	1	—	—
Idaho	—	0	3	2	6	—	0	0	—	—	—	0	2	2	—
Montana	—	1	15	3	55	—	0	0	—	—	—	0	1	—	—
Nevada	—	0	4	1	6	—	0	0	—	—	—	0	1	—	—
New Mexico	—	2	7	8	39	—	0	0	—	—	—	0	0	—	—
Utah	—	1	4	1	7	—	0	0	—	—	—	0	1	2	—
Wyoming	—	0	1	—	—	—	0	0	—	—	—	0	2	—	—
Pacific	5	19	45	146	234	1	0	2	4	—	—	0	2	2	—
Alaska	2	0	2	5	1	N	0	0	N	N	N	0	0	N	N
California	—	14	41	112	196	1	0	2	4	—	—	0	1	2	—
Hawaii	—	0	3	1	18	N	0	0	N	N	N	0	0	N	N
Oregon	1	1	6	15	11	—	0	0	—	—	—	0	1	—	—
Washington	2	1	12	13	8	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	—	0	0	—	1	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	1	N	0	0	N	N	N	0	0	N	N
Puerto Rico	—	0	1	—	—	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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† Illnesses with similar clinical presentation that result from Spotted fever group rickettsia infections are reported as Spotted fever rickettsioses. Rocky Mountain spotted fever (RMSF) caused by *Rickettsia rickettsii*, is the most common and well-known spotted fever.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2012, and March 26, 2011 (12th week)*

Reporting area	*Streptococcus pneumoniae*,† invasive disease										Syphilis, primary and secondary				
	All ages					Age <5									
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	170	279	551	3,730	5,099	13	22	45	245	335	112	269	308	2,396	3,096
New England	2	13	28	154	273	—	1	4	9	15	2	7	23	85	96
Connecticut	—	6	12	67	131	—	0	3	3	4	—	0	12	4	21
Maine	1	2	8	28	34	—	0	1	1	2	—	0	2	4	2
Massachusetts	—	0	3	9	12	—	0	2	4	6	—	5	10	53	57
New Hampshire	1	1	6	21	38	—	0	1	1	—	1	0	3	6	5
Rhode Island	—	1	5	11	42	—	0	1	—	1	—	0	7	17	9
Vermont	—	1	6	18	16	—	0	2	—	2	1	0	2	1	2
Mid. Atlantic	27	31	70	584	531	2	2	11	26	38	7	29	45	265	396
New Jersey	—	11	26	133	261	—	0	4	8	16	—	3	11	18	45
New York (Upstate)	23	2	38	289	23	2	1	10	13	13	4	4	12	35	36
New York City	4	12	25	162	247	—	0	6	5	9	—	14	24	116	220
Pennsylvania	N	0	0	N	N	N	0	0	N	N	3	7	17	96	95
E.N. Central	30	64	122	798	1,001	4	3	10	44	50	—	30	49	176	397
Illinois	N	0	0	N	N	—	0	0	—	—	—	12	24	52	175
Indiana	1	14	36	134	256	—	1	2	4	14	—	3	8	41	38
Michigan	3	13	26	166	206	—	0	2	9	11	—	5	12	24	66
Ohio	22	27	46	375	405	4	1	7	21	19	—	7	17	52	103
Wisconsin	4	8	23	123	134	—	0	2	10	6	—	1	6	7	15
W.N. Central	5	10	34	51	174	—	1	4	3	13	—	5	13	5	95
Iowa	N	0	0	N	N	N	0	0	N	N	—	0	3	4	7
Kansas	N	0	0	N	N	N	0	0	N	N	—	0	4	—	5
Minnesota	—	12	26	—	131	—	1	3	—	10	—	3	8	—	39
Missouri	N	0	0	N	N	—	0	0	—	—	—	2	8	—	41
Nebraska	5	2	8	51	43	—	0	2	3	3	—	0	2	1	3
North Dakota	—	0	25	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
S. Atlantic	44	65	143	952	1,330	5	6	15	69	85	43	67	94	674	737
Delaware	—	1	5	14	25	—	0	0	—	—	6	0	4	13	4
District of Columbia	—	0	5	2	19	—	0	1	1	2	6	3	9	40	42
Florida	22	21	48	325	532	3	2	8	24	42	—	25	36	251	269
Georgia	13	19	36	289	352	2	2	6	24	22	10	13	55	118	108
Maryland	2	9	20	109	213	—	1	5	9	12	3	8	20	68	98
North Carolina	N	0	0	N	N	N	0	0	N	N	7	8	21	90	102
South Carolina	4	7	18	139	181	—	0	3	4	7	5	4	11	47	62
Virginia	N	0	0	N	N	—	0	0	—	—	6	4	13	47	52
West Virginia	3	3	48	74	8	—	0	4	7	—	—	0	2	—	—
E.S. Central	10	23	48	310	425	—	2	5	18	24	6	15	33	103	160
Alabama	N	0	0	N	N	N	0	0	N	N	—	4	10	16	48
Kentucky	5	4	11	69	79	—	0	3	3	6	—	2	8	18	23
Mississippi	N	0	0	N	N	—	0	0	—	—	6	3	22	36	34
Tennessee	5	19	45	241	346	—	2	4	15	18	—	5	11	33	55
W.S. Central	31	32	158	468	617	2	3	10	38	58	35	39	51	471	381
Arkansas	6	4	14	62	81	—	0	3	6	9	—	4	15	57	37
Louisiana	2	2	14	44	84	1	0	2	4	7	2	8	25	60	68
Oklahoma	N	0	0	N	N	—	0	0	—	—	—	1	6	13	13
Texas	23	25	144	362	452	1	3	10	28	42	33	23	38	341	263
Mountain	16	28	64	381	698	—	2	7	29	50	4	12	20	94	142
Arizona	13	12	27	236	339	—	1	3	17	22	1	5	11	42	57
Colorado	—	8	22	72	159	—	0	4	6	8	1	2	6	22	27
Idaho	N	0	0	N	N	—	0	0	—	—	1	0	4	4	4
Montana	N	0	0	N	N	N	0	0	N	N	—	0	1	—	5
Nevada	N	0	0	N	N	N	0	0	N	N	1	2	9	15	28
New Mexico	2	5	14	67	126	—	0	2	6	9	—	1	4	7	17
Utah	—	2	8	—	65	—	0	2	—	11	—	0	2	4	4
Wyoming	1	0	3	6	9	—	0	0	—	—	—	0	0	—	—
Pacific	5	2	9	32	50	—	0	2	9	2	15	58	76	523	692
Alaska	5	2	9	31	49	—	0	2	9	2	—	0	2	3	—
California	N	0	0	N	N	N	0	0	N	N	10	48	64	450	552
Hawaii	—	0	1	1	1	—	0	1	—	—	—	0	3	—	2
Oregon	N	0	0	N	N	N	0	0	N	N	2	4	14	33	48
Washington	N	0	0	N	N	N	0	0	N	N	3	5	12	37	90
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	4	5	15	48	56
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not reportable. NN: Not Nationally Notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Case counts for reporting year 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.
† Includes drug resistant and susceptible cases of invasive *Streptococcus pneumoniae* disease among children <5 years and among all ages. Case definition: Isolation of *S. pneumoniae* from a normally sterile body site (e.g., blood or cerebrospinal fluid).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 24, 2012, and March 26, 2011 (12th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011	Current week	Previous 52 weeks		Cum 2012	Cum 2011
		Med	Max				Med	Max				Med	Max		
United States	124	301	415	3,041	3,453	—	0	63	—	1	—	0	33	—	1
New England	6	23	54	245	293	—	0	3	—	—	—	0	1	—	—
Connecticut	—	5	20	42	63	—	0	2	—	—	—	0	1	—	—
Maine	1	4	11	41	56	—	0	0	—	—	—	0	0	—	—
Massachusetts	3	9	18	119	98	—	0	2	—	—	—	0	1	—	—
New Hampshire	—	2	10	—	31	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	6	6	12	—	0	1	—	—	—	0	0	—	—
Vermont	2	2	9	37	33	—	0	1	—	—	—	0	0	—	—
Mid. Atlantic	14	56	81	567	364	—	0	11	—	—	—	0	6	—	—
New Jersey	4	35	70	359	127	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	4	—	—
New York City	—	0	0	—	—	—	0	4	—	—	—	0	1	—	—
Pennsylvania	10	20	46	208	237	—	0	2	—	—	—	0	1	—	—
E.N. Central	39	63	118	684	891	—	0	13	—	—	—	0	7	—	—
Illinois	—	15	38	129	206	—	0	6	—	—	—	0	5	—	—
Indiana	2	5	20	88	64	—	0	2	—	—	—	0	1	—	—
Michigan	14	18	45	211	304	—	0	7	—	—	—	0	2	—	—
Ohio	23	21	47	255	316	—	0	3	—	—	—	0	3	—	—
Wisconsin	—	0	1	1	1	—	0	1	—	—	—	0	1	—	—
W.N. Central	—	14	32	131	185	—	0	9	—	1	—	0	7	—	—
Iowa	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
Kansas	—	7	21	85	88	—	0	1	—	—	—	0	0	—	—
Minnesota	—	0	1	—	—	—	0	1	—	—	—	0	1	—	—
Missouri	—	4	18	39	73	—	0	2	—	1	—	0	2	—	—
Nebraska	—	0	3	3	8	—	0	4	—	—	—	0	3	—	—
North Dakota	—	0	7	—	12	—	0	1	—	—	—	0	1	—	—
South Dakota	—	1	6	4	4	—	0	0	—	—	—	0	1	—	—
S. Atlantic	1	34	66	332	488	—	0	12	—	—	—	0	6	—	—
Delaware	—	0	2	2	3	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	2	—	5	—	0	3	—	—	—	0	3	—	—
Florida	1	17	36	235	234	—	0	4	—	—	—	0	2	—	—
Georgia	N	0	0	N	N	—	0	4	—	—	—	0	1	—	—
Maryland	N	0	0	N	N	—	0	5	—	—	—	0	3	—	—
North Carolina	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
South Carolina	—	0	9	—	—	—	0	0	—	—	—	0	0	—	—
Virginia	—	9	27	66	93	—	0	2	—	—	—	0	1	—	—
West Virginia	—	5	17	29	153	—	0	1	—	—	—	0	0	—	—
E.S. Central	1	5	14	63	83	—	0	11	—	—	—	0	5	—	1
Alabama	1	5	14	58	77	—	0	2	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	—	0	3	5	6	—	0	5	—	—	—	0	4	—	1
Tennessee	N	0	0	N	N	—	0	3	—	—	—	0	1	—	—
W.S. Central	45	55	201	630	597	—	0	4	—	—	—	0	3	—	—
Arkansas	2	5	28	40	67	—	0	1	—	—	—	0	0	—	—
Louisiana	—	1	6	10	25	—	0	1	—	—	—	0	2	—	—
Oklahoma	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Texas	43	49	193	580	505	—	0	3	—	—	—	0	3	—	—
Mountain	16	25	68	364	501	—	0	11	—	—	—	0	5	—	—
Arizona	2	11	50	137	174	—	0	7	—	—	—	0	4	—	—
Colorado	12	6	32	103	134	—	0	2	—	—	—	0	2	—	—
Idaho	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
Montana	—	2	7	12	78	—	0	1	—	—	—	0	0	—	—
Nevada	N	0	0	N	N	—	0	4	—	—	—	0	2	—	—
New Mexico	1	1	8	32	13	—	0	1	—	—	—	0	0	—	—
Utah	1	4	15	78	97	—	0	1	—	—	—	0	1	—	—
Wyoming	—	0	1	2	5	—	0	1	—	—	—	0	1	—	—
Pacific	2	2	9	25	51	—	0	18	—	—	—	0	8	—	—
Alaska	2	1	4	14	23	—	0	0	—	—	—	0	0	—	—
California	—	0	4	5	15	—	0	18	—	—	—	0	8	—	—
Hawaii	—	0	4	6	13	—	0	0	—	—	—	0	0	—	—
Oregon	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Washington	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	4	—	12	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	8	21	27	105	—	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.

* Case counts for reporting year 2011 and 2012 are provisional and subject to change. For further information on interpretation of these data, see http://www.cdc.gov/osels/ph_surveillance/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf. Data for TB are displayed in Table IV, which appears quarterly.

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.

§ Not reportable in all states. Data from states where the condition is not reportable are excluded from this table, except starting in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis.htm.

TABLE III. Deaths in 122 U.S. cities,* week ending March 24, 2012 (12th week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	495	340	111	28	7	9	49
Boston, MA	127	73	40	7	3	4	11
Bridgeport, CT	31	25	4	1	—	1	5
Cambridge, MA	10	9	1	—	—	—	—
Fall River, MA	24	19	4	1	—	—	3
Hartford, CT	64	45	14	3	1	1	11
Lowell, MA	25	17	7	1	—	—	3
Lynn, MA	10	5	3	2	—	—	2
New Bedford, MA	18	13	3	2	—	—	—
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	61	52	5	3	—	1	4
Somerville, MA	4	2	1	1	—	—	—
Springfield, MA	43	29	11	1	2	—	4
Waterbury, CT	27	17	9	1	—	—	1
Worcester, MA	51	34	9	5	1	2	5
Mid. Atlantic	1,998	1,378	425	104	48	42	100
Albany, NY	58	46	6	2	2	2	9
Allentown, PA	31	25	6	—	—	—	2
Buffalo, NY	70	44	19	4	—	3	3
Camden, NJ	30	17	9	2	1	1	1
Elizabeth, NJ	11	10	1	—	—	—	1
Erie, PA	37	24	11	1	—	1	2
Jersey City, NJ	14	11	2	—	—	1	1
New York City, NY	1,157	806	256	53	28	13	60
Newark, NJ	45	19	15	7	4	—	3
Paterson, NJ	17	10	3	1	2	1	—
Philadelphia, PA	183	103	41	19	6	14	2
Pittsburgh, PA§	53	42	7	2	1	1	1
Reading, PA	40	35	3	1	—	1	5
Rochester, NY	79	55	18	2	1	3	2
Schenectady, NY	18	14	4	—	—	—	2
Scranton, PA	26	19	2	4	1	—	2
Syracuse, NY	89	67	15	5	1	1	4
Trenton, NJ	4	3	1	—	—	—	—
Utica, NY	16	13	3	—	—	—	—
Yonkers, NY	20	15	3	1	1	—	—
E.N. Central	2,099	1,410	490	114	49	36	174
Akron, OH	55	36	14	3	—	2	7
Canton, OH	33	25	5	3	—	—	4
Chicago, IL	266	168	66	17	12	3	20
Cincinnati, OH	75	48	14	4	4	5	6
Cleveland, OH	278	202	57	14	2	3	19
Columbus, OH	181	114	51	11	2	3	13
Dayton, OH	149	109	32	5	3	—	15
Detroit, MI	164	98	40	17	5	4	11
Evansville, IN	52	39	12	1	—	—	5
Fort Wayne, IN	78	51	19	3	4	1	1
Gary, IN	10	5	3	—	—	2	—
Grand Rapids, MI	59	40	14	2	1	2	8
Indianapolis, IN	209	126	68	9	4	2	21
Lansing, MI	45	34	10	1	—	—	6
Milwaukee, WI	97	68	20	6	3	—	4
Peoria, IL	54	39	8	3	2	2	9
Rockford, IL	62	44	12	3	1	2	9
South Bend, IN	48	35	10	—	2	1	3
Toledo, OH	102	73	14	8	3	4	10
Youngstown, OH	82	56	21	4	1	—	3
W.N. Central	642	420	165	31	12	14	42
Des Moines, IA	75	51	20	4	—	—	3
Duluth, MN	32	26	5	—	—	1	3
Kansas City, KS	24	13	8	2	1	—	1
Kansas City, MO	78	55	19	4	—	—	4
Lincoln, NE	57	43	12	—	1	1	2
Minneapolis, MN	69	43	21	3	—	2	4
Omaha, NE	90	64	18	2	3	3	12
St. Louis, MO	76	35	28	8	2	3	6
St. Paul, MN	53	38	11	1	1	2	3
Wichita, KS	88	52	23	7	4	2	4
S. Atlantic	1,058	665	264	74	32	23	71
Atlanta, GA	163	91	53	10	3	6	11
Baltimore, MD	191	109	57	17	5	3	9
Charlotte, NC	147	106	26	5	9	1	8
Jacksonville, FL	9	6	1	2	—	—	1
Miami, FL	100	59	24	12	3	2	4
Norfolk, VA	56	35	15	3	2	1	3
Richmond, VA	69	46	17	6	—	—	3
Savannah, GA	56	42	8	2	—	4	2
St. Petersburg, FL	53	31	19	2	1	—	3
Tampa, FL	103	67	23	9	3	1	13
Washington, D.C.	100	63	20	6	6	5	12
Wilmington, DE	11	10	1	—	—	—	2
E.S. Central	939	610	244	52	14	19	91
Birmingham, AL	206	126	68	9	—	3	26
Chattanooga, TN	92	58	27	4	1	2	4
Knoxville, TN	110	70	28	8	4	—	11
Lexington, KY	63	43	15	3	1	1	6
Memphis, TN	214	141	50	13	4	6	25
Mobile, AL	48	37	4	1	1	5	3
Montgomery, AL	36	23	9	3	1	—	4
Nashville, TN	170	112	43	11	2	2	12
W.S. Central	1,170	771	274	79	29	17	84
Austin, TX	96	64	27	4	1	—	7
Baton Rouge, LA	57	41	10	6	—	—	—
Corpus Christi, TX	60	39	16	4	—	1	8
Dallas, TX	179	94	58	20	3	4	13
El Paso, TX	114	81	24	6	2	1	8
Fort Worth, TX	U	U	U	U	U	U	U
Houston, TX	137	90	18	15	12	2	4
Little Rock, AR	82	51	24	3	2	2	2
New Orleans, LA	U	U	U	U	U	U	U
San Antonio, TX	277	193	60	10	9	5	24
Shreveport, LA	75	58	14	2	—	1	5
Tulsa, OK	93	60	23	9	—	1	13
Mountain	1,218	835	270	64	27	21	94
Albuquerque, NM	136	101	22	6	2	5	17
Boise, ID	71	55	15	—	1	—	4
Colorado Springs, CO	40	25	9	5	1	—	1
Denver, CO	77	45	27	2	1	2	4
Las Vegas, NV	283	187	67	20	5	3	23
Ogden, UT	33	23	6	1	1	2	3
Phoenix, AZ	206	135	49	10	7	5	5
Pueblo, CO	42	32	7	2	1	—	5
Salt Lake City, UT	159	104	34	13	6	2	15
Tucson, AZ	171	128	34	5	2	2	17
Pacific	1,807	1,285	367	90	46	19	186
Berkeley, CA	24	16	5	3	—	—	8
Fresno, CA	135	100	21	7	5	2	12
Glendale, CA	35	27	6	2	—	—	8
Honolulu, HI	84	61	15	4	3	1	5
Long Beach, CA	U	U	U	U	U	U	U
Los Angeles, CA	265	168	69	13	8	7	30
Pasadena, CA	20	16	3	1	—	—	2
Portland, OR	142	100	35	5	1	1	13
Sacramento, CA	253	186	53	11	3	—	28
San Diego, CA	168	125	26	11	4	2	19
San Francisco, CA	121	80	30	5	3	3	8
San Jose, CA	198	147	41	7	2	1	18
Santa Cruz, CA	35	24	6	4	1	—	5
Seattle, WA	141	96	26	13	5	1	7
Spokane, WA	61	47	11	1	1	1	6
Tacoma, WA	125	92	20	3	10	—	17
Total¶	**11,426**	**7,714**	**2,610**	**636**	**264**	**200**	**891**

U: Unavailable. —: No reported cases.

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

† Pneumonia and influenza.

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

¶ Total includes unknown ages.

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