

Adverse Childhood Experiences Reported by Adults — Five States, 2009

Adverse childhood experiences (ACEs) include verbal, physical, or sexual abuse, as well as family dysfunction (e.g., an incarcerated, mentally ill, or substance-abusing family member; domestic violence; or absence of a parent because of divorce or separation). ACEs have been linked to a range of adverse health outcomes in adulthood, including substance abuse, depression, cardiovascular disease, diabetes, cancer, and premature mortality (1–3). Furthermore, data collected from a large sample of health maintenance organization members indicated that a history of ACEs is common among adults and ACEs are themselves interrelated (4). To examine whether a history of ACEs was common in a randomly selected population, CDC analyzed information from 26,229 adults in five states using the 2009 ACE module of the Behavioral Risk Factor Surveillance System (BRFSS). This report describes the results of that analysis, which indicated that, overall, 59.4% of respondents reported having at least one ACE, and 8.7% reported five or more ACEs. The high prevalence of ACEs underscores the need for 1) additional efforts at the state and local level to reduce and prevent child maltreatment and associated family dysfunction and 2) further development and dissemination of trauma-focused services to treat stress-related health outcomes associated with ACEs.

BRFSS is a surveillance system operated by state health departments in collaboration with CDC. Each month, trained interviewers using a standardized questionnaire collect data from a probability sample of the noninstitutionalized U.S. adult population residing in households with landline telephones. The 2009 ACE module consisted of 11 questions that yielded eight categories of ACEs (i.e., verbal abuse, physical abuse, sexual abuse, household mental illness, household substance abuse, domestic violence, parental separation/divorce, and incarcerated family members). These questions were adapted from large, validated survey instruments measuring the frequency

of these ACEs.* The ACE module was implemented in five states (Arkansas, Louisiana, New Mexico, Tennessee, and

*The 11 ACE questions were modified from the Kaiser-CDC ACE study questions (1) to conform to fewer BRFSS question response categories and were tested for understanding using focus groups. Respondents were told that the 11 questions referred to the time before they were aged 18 years. Less than 0.5% responded “don’t know or not sure” to any one of the questions, which was defined as a negative response for that ACE category. Verbal abuse was defined as a “more than once” response to the question “How often did a parent or adult in your home ever swear at you, insult you, or put you down?” in contrast to “never,” “once,” or “don’t know/not sure.” Physical abuse was defined for a response of either “once” or “more than once” to the question “How often did your parents or an adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.” Sexual abuse was defined for a response of either “once” or “more than once” to any one of the three following questions: “How often did anyone at least 5 years older than you or an adult, ever touch you sexually?”, “How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?”, or “How often did anyone at least 5 years older than you or an adult, force you to have sex?” Two separate household dysfunction variables were defined by affirmative responses to questions about living with anyone who “was depressed, mentally ill, or suicidal” or “served time or was sentenced to serve time in a prison, jail, or other correctional facility.” Living with a household substance abuser was defined by an affirmative response to at least one of two questions about living with anyone who “was a problem drinker or alcoholic” or “used illegal street drugs or abused prescription medications.” Having “parents who were separated or divorced” was defined by an affirmative response to a question asking about that in contrast to those answering “no,” “don’t know/not sure,” or “parents not married.” Witnessing domestic violence was defined by either a response of “once” or “more than once” to the question “How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up.”

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Washington). Response rates for these states, calculated using the Council of American Survey Research Organizations (CASRO) guidelines, ranged from 48.2% to 59.8%.

Among the 29,212 adult survey participants, 1,757 (6.0%) who terminated the telephone call before the ACE module was administered and another 1,226 (4.2%) who refused to answer at least one of the 11 ACE questions were excluded. Thus, the sample included 26,229 (89.8%) of the interviewed BRFSS participants.

The prevalence of each ACE ranged from a high of 29.1% for household substance abuse to a low of having an incarcerated family member (7.2%) (Table 1). Approximately one quarter (25.9%) of respondents reported verbal abuse, 14.8% reported physical abuse, and 12.2% reported sexual abuse. For ACEs measuring family dysfunction, 26.6% reported separated or divorced parents; 19.4% reported that they had lived with someone who was depressed, mentally ill, or suicidal; and 16.3% reported witnessing domestic violence.

Men and women reported similar prevalences for each ACE, with the exception of sexual abuse (17.2% for women and 6.7% for men [$p<0.05$]), living with a mentally ill household member (22.0% for women and 16.7% for men [$p<0.05$]), and living with a substance-abusing family member (30.6% for women

and 27.5% for men [$p<0.05$]). Younger respondents more often reported living with an incarcerated and/or mentally ill household member ($p<0.05$).

For each ACE, a sharp decrease was observed in prevalence reported by adults aged ≥ 55 years ($p<0.05$). For example, the prevalence of reported physical abuse was 16.9% among adults aged 18–24 years compared with 9.6% among those aged ≥ 55 years ($p<0.05$). Non-Hispanic black respondents reported the lowest prevalence of each ACE category among all racial/ethnic groups ($p<0.05$), with the exception of having had an incarcerated family member, parental separation or divorce, and witnessing domestic violence. Hispanics reported a higher prevalence than non-Hispanic whites of physical abuse ($p<0.05$), witnessing domestic violence ($p<0.05$), and having an incarcerated family member ($p<0.05$). Those respondents with less than a high school education compared with those with more than a high school education had a greater prevalence of physical abuse, an incarcerated family member, substance abuse, and separation/divorce ($p<0.05$ for all). Among the five states, little variation was observed (Table 1).

Approximately 41% of respondents reported having no ACEs (Table 2), 22% reported one ACE, and 8.7% reported five or more ACEs (Table 2).

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TABLE 1. Percentage of adults aged ≥18 years reporting adverse childhood experiences (ACEs), by ACE category and selected characteristics — Behavioral Risk Factor Surveillance System (BRFSS), five states, 2009

Characteristic	Survey population	Verbal abuse % (95% CI)	Physical abuse % (95% CI)	Sexual abuse % (95% CI)	Mentally ill household member % (95% CI)	Household member in prison % (95% CI)	Substance-abusing household member % (95% CI)	Parents separated/divorced % (95% CI)	Witness domestic violence % (95% CI)
Total*	26,229	25.9 (25.0–26.9)	14.8 (14.0–15.6)	12.2 (11.5–12.9)	19.4 (18.5–20.4)	7.2 (6.5–7.9)	29.1 (28.1–30.2)	26.6 (25.5–27.7)	16.3 (15.5–17.2)
Sex									
Men	9,474	24.8 (23.3–26.4)	14.1 (13.0–15.5)	6.7 (5.9–7.7)	16.7 (15.3–18.3)	7.7 (6.5–9.1)	27.5 (25.8–29.3)	26.5 (24.7–28.3)	15.7 (14.4–17.1)
Women	16,755	26.9 (25.8–28.1)	15.4 (14.5–16.3)	17.2 (16.3–18.2)	22.0 (20.9–23.1)	6.7 (6.0–7.5)	30.6 (29.4–31.8)	26.7 (25.5–27.9)	16.9 (15.9–17.9)
Age group (yrs)									
18–24	764	26.9 (22.9–31.2)	16.9 (13.6–20.7)	8.0 (5.9–10.8)	26.6 (22.6–31.1)	15.4 (12.4–19.0)	29.6 (25.6–34.1)	38.0 (33.3–43.0)	18.6 (15.1–22.5)
25–34	2,103	32.7 (29.6–33.9)	17.9 (15.4–20.7)	13.3 (11.2–15.7)	25.7 (23.0–28.5)	13.9 (11.4–16.9)	35.6 (32.4–38.9)	40.0 (36.4–43.1)	20.8 (18.1–23.8)
35–44	3,388	28.2 (25.8–30.6)	15.8 (14.0–17.8)	14.5 (12.8–16.3)	21.6 (19.2–24.2)	7.0 (5.4–9.0)	32.0 (29.2–34.8)	33.0 (30.2–35.9)	17.4 (15.5–19.5)
45–54	11,504	26.9 (25.7–28.1)	14.6 (13.7–15.6)	12.5 (11.7–13.4)	18.3 (17.3–19.4)	4.5 (3.9–5.2)	29.3 (30.0–30.6)	19.8 (18.7–21.0)	16.2 (15.2–17.3)
≥55	8,336	13.5 (12.5–14.6)	9.6 (8.7–10.7)	9.3 (8.4–10.3)	9.0 (8.2–9.9)	2.2 (1.8–2.8)	18.2 (17.0–19.4)	12.9 (11.9–13.9)	9.4 (8.5–10.4)
Race/Ethnicity									
White, non-Hispanic	19,770	26.9 (25.8–28.0)	14.6 (13.7–15.6)	11.9 (11.2–12.7)	20.6 (19.5–21.7)	6.2 (5.4–7.0)	29.1 (27.9–30.3)	25.2 (24.0–26.4)	15.1 (14.2–16.1)
Black, non-Hispanic	2,662	16.0 (13.7–18.7)	8.4 (6.8–10.3)	11.0 (8.6–13.9)	11.4 (9.1–14.2)	12.9 (10.1–16.4)	26.3 (22.9–29.9)	37.9 (34.3–41.7)	17.7 (14.9–20.9)
Hispanic	2,217	26.0 (23.2–29.0)	19.8 (17.2–22.7)	14.8 (12.3–17.6)	16.8 (14.1–19.8)	9.5 (7.6–11.7)	33.4 (29.9–37.0)	25.7 (22.7–29.0)	21.7 (18.9–24.8)
Other, non-Hispanic†	1,381	31.4 (26.9–36.3)	21.9 (17.8–26.6)	14.7 (12.0–17.8)	22.4 (18.8–26.4)	6.6 (4.9–9.0)	29.4 (25.3–33.8)	25.6 (21.6–30.0)	23.0 (19.2–27.4)
Education									
<High school	2,646	26.5 (22.8–30.6)	20.4 (17.0–24.2)	15.7 (13.0–18.8)	19.2 (15.4–23.8)	16.6 (12.5–21.7)	37.7 (33.4–42.3)	37.0 (32.5–41.6)	22.6 (19.1–26.6)
High school	7,379	21.7 (20.0–23.4)	13.9 (12.6–15.4)	10.8 (9.5–12.2)	16.7 (15.1–18.4)	9.2 (7.8–10.8)	28.9 (27.0–31.0)	29.0 (26.9–31.1)	17.5 (15.8–19.2)
>High school	16,175	27.7 (26.6–28.9)	14.3 (13.4–15.3)	12.3 (11.5–13.1)	20.7 (19.6–21.8)	4.9 (4.3–5.5)	27.9 (26.7–29.2)	24.0 (22.8–25.3)	14.9 (14.0–15.9)
State									
Arkansas	3,558	24.3 (22.1–26.6)	14.1 (12.3–16.1)	10.9 (9.5–12.5)	17.0 (15.1–19.2)	5.5 (4.2–7.0)	25.5 (23.3–27.8)	23.3 (21.1–25.6)	15.1 (13.3–17.1)
Louisiana	8,147	21.1 (19.8–22.5)	10.5 (9.6–11.6)	9.9 (9.1–10.8)	16.6 (15.4–17.9)	7.2 (6.3–8.2)	26.6 (25.2–28.1)	27.1 (25.6–28.7)	14.5 (13.4–15.7)
New Mexico	5,271	28.1 (26.3–30.0)	19.5 (17.8–21.3)	12.9 (11.6–14.4)	19.4 (17.8–21.1)	7.1 (5.9–8.5)	29.9 (28.0–31.8)	24.4 (22.6–26.3)	18.9 (17.2–20.7)
Tennessee	2,327	19.2 (16.8–21.9)	12.9 (10.9–15.2)	12.7 (10.8–14.7)	17.1 (14.7–19.9)	8.6 (6.6–11.2)	28.3 (25.4–31.5)	29.1 (26.0–32.4)	17.1 (14.8–19.6)
Washington	6,926	34.9 (33.4–36.5)	18.1 (16.9–19.4)	13.5 (12.5–14.6)	24.3 (22.9–25.7)	6.6 (5.8–7.6)	32.7 (31.2–34.2)	26.0 (24.6–27.5)	16.6 (15.4–17.8)

Abbreviation: CI = confidence interval.

* Percentages might not total to 100% because of rounding.

† Includes Asian, non-Hispanic; Native Hawaiian/Pacific Islander, non-Hispanic; American Indian/Alaska Native, non-Hispanic; other race, non-Hispanic; and multiracial, non-Hispanic.

Men (6.9%) were less likely to report five or more ACEs compared with women (10.3%). Respondents aged ≥55 years reported the fewest ACEs, but the younger age groups did not differ from one another. Non-Hispanic blacks were less likely to report five or more ACEs (4.9%) compared with non-Hispanic whites (8.9%), Hispanics (9.1%), and other non-Hispanics (11.7%). However, non-Hispanic black respondents were not significantly more likely to report zero ACEs compared with other racial/ethnic groups. Respondents with the lowest educational attainment were significantly more likely to report five or more ACEs compared with those with higher education levels (14.9% versus 8.7% among high school graduates and 7.7% in those with more than a high school education [$p < 0.05$]). Overall, little state-by-state variation was observed in the number of ACEs reported by each respondent.

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Editorial Note

This is the first published report to document the prevalence of ACEs in a population-based representative sample from multiple states stratified by demographic characteristics, including sex, age, education, and race/ethnicity. Approximately 59% of respondents reported one or more ACEs. These BRFSS estimates are similar to the findings in the Kaiser-CDC ACE study (2) and similar research, including a study in Texas (5,6).[†] Sexual abuse, family mental illness, and family substance abuse were reported more commonly by women than men. Although differences were observed in the prevalence of individual ACEs and number of ACEs, this study found that ACEs were common among all racial/

[†] Additional information available at http://www.cdc.gov/pcd/issues/2010/may/09_0158.htm.

TABLE 2. Percentage of adults aged ≥18 years reporting adverse childhood experiences (ACEs), by number of ACEs reported and selected characteristics — Behavioral Risk Factor Surveillance System (BRFSS), five states, 2009

Characteristic	Survey population	0 ACEs	1 ACEs	2 ACEs	3 ACEs	4 ACEs	≥5 ACEs
		% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Total*	26,229	40.6 (39.5–41.7)	22.4 (21.5–23.3)	13.1 (12.3–13.9)	8.8 (8.2–9.4)	6.5 (5.9–7.2)	8.7 (8.0–9.4)
Sex							
Men	9,474	42.0 (40.2–43.9)	23.3 (21.8–24.8)	13.4 (12.2–14.8)	7.8 (6.9–8.7)	6.6 (5.5–7.9)	6.9 (6.0–8.0)
Women	16,755	39.2 (38.0–40.4)	21.6 (20.6–22.6)	12.8 (11.9–13.6)	9.7 (9.0–10.6)	6.4 (5.8–7.1)	10.3 (9.5–11.2)
Age group (yrs)							
18–24	764	35.5 (30.7–40.6)	22.6 (18.6–27.2)	13.2 (10.3–16.8)	7.6 (5.6–10.3)	8.5 (6.2–11.7)	12.5 (9.8–15.9)
25–34	2,103	31.1 (28.1–34.4)	21.9 (19.4–24.8)	14.9 (12.6–17.6)	8.9 (7.3–10.7)	8.9 (7.1–11.1)	14.2 (11.9–16.9)
35–44	3,388	35.7 (33.0–38.6)	22.2 (20.0–24.5)	13.9 (12.0–16.1)	10.9 (9.4–12.7)	7.4 (5.7–9.7)	9.8 (8.5–11.4)
45–54	11,504	41.8 (40.4–43.3)	22.4 (21.2–23.5)	13.3 (12.4–14.2)	9.3 (8.5–10.1)	5.9 (5.3–6.6)	7.4 (6.7–8.1)
≥55	8,336	56.7 (55.1–58.2)	22.9 (21.6–24.2)	9.6 (8.8–10.5)	5.4 (4.8–6.2)	3.0 (2.5–3.5)	2.5 (2.0–3.0)
Race/Ethnicity							
White, non-Hispanic	19,770	41.7 (40.4–43.0)	22.0 (21.0–23.0)	12.7 (11.9–13.6)	8.7 (8.0–9.4)	6.0 (5.4–6.8)	8.9 (8.1–9.7)
Black, non-Hispanic	2,662	37.3 (33.9–40.9)	27.0 (23.9–30.4)	13.8 (11.4–16.7)	8.9 (7.1–11.1)	8.0 (5.6–11.3)	4.9 (3.7–6.6)
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Other, non-Hispanic†	1,381	37.8 (33.4–42.3)	18.2 (15.3–21.6)	16.4 (12.3–21.5)	8.4 (5.9–11.7)	7.6 (5.4–10.5)	11.7 (9.3–14.6)
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High school	7,379	40.9 (38.7–43.1)	23.5 (21.7–25.4)	13.2 (11.7–14.9)	7.9 (6.9–8.9)	5.8 (4.8–7.0)	8.7 (7.6–10.1)
>High school	16,175	41.3 (40.0–42.7)	22.3 (21.2–23.4)	13.1 (12.2–14.1)	9.0 (8.3–9.7)	6.6 (5.9–7.4)	7.7 (7.1–8.5)
State							
Arkansas	3,558	46.9 (44.5–49.4)	21.0 (19.0–23.0)	11.2 (9.8–12.9)	7.1 (5.9–8.4)	5.9 (4.7–7.3)	8.0 (6.5–9.7)
Louisiana	8,147	42.6 (41.0–44.1)	24.7 (23.3–26.2)	12.9 (11.8–14.0)	7.7 (6.9–8.7)	5.5 (4.8–6.3)	6.6 (5.8–7.5)
New Mexico	5,271	39.0 (36.9–41.1)	21.8 (20.2–23.6)	12.6 (11.3–13.9)	10.1 (8.7–11.5)	7.1 (6.0–8.3)	9.5 (8.4–10.8)
Tennessee	2,327	43.5 (40.4–46.7)	20.8 (18.4–23.5)	12.6 (10.5–15.0)	8.3 (6.8–10.1)	6.2 (4.4–8.6)	8.7 (7.0–10.7)
Washington	6,926	34.6 (33.1–36.1)	23.0 (21.7–24.3)	14.6 (13.5–15.8)	10.3 (9.4–11.2)	7.5 (6.7–8.4)	10.1 (9.1–11.1)

Abbreviation: CI = confidence interval.

* Percentages might not total to 100% because of rounding.

† Includes Asian, non-Hispanic; Native Hawaiian/Pacific Islander, non-Hispanic; American Indian/Alaska Native, non-Hispanic; other race, non-Hispanic; and multiracial, non-Hispanic.

ethnic groups. Participants aged ≥55 years reported significantly lower prevalences of all ACE categories than each of the younger age groups.

These findings reinforce the commonality of ACEs across racial/ethnic groups and states. Differences in reporting family mental illness and substance abuse by women might represent greater comfort with disclosing family problems. However, sexual abuse has been consistently reported by more women than men in many surveys and agencies' statistics, and this study confirms that finding. The markedly lower prevalences for all the ACE categories among those aged ≥55 years were similar to findings from the Kaiser-CDC ACE study (1), which suggested that a higher number of ACEs were associated with premature mortality (up to 20 years of life lost). Additionally, growing up with a family member in prison was inversely related to age; this might reflect the rising level of incarceration among the U.S. population. §

§ Additional information available at http://www.justicepolicy.org/images/upload/00-05_rep_punishingdecade_ac.pdf.

The findings in this report are subject to at least four limitations. First, the prevalences of ACEs might be underestimated because BRFSS excludes persons in institutions and hospitals, who might have experienced ACEs disproportionately. Second, BRFSS excludes persons who rely on cellular telephones as their only telephone service, thus underestimating the prevalence of ACEs among persons aged 18–35 years or those more likely to use only a cellular phone. Third, this study covered only five states, and the results are not generalizable to the entire U.S. adult population. Finally, BRFSS response rates were low, which increases the risk for response bias.

State-based surveillance of ACEs can provide guidance for the allocation of maltreatment prevention strategies and trauma-related intervention services. ¶ In addition, more research is needed to disentangle the specific role each ACE plays in the development of health problems later in life. As it currently exists, the ACE total captures the cumulative risk associated with

¶ Additional information available at <http://www.samhsa.gov/nctic/default.asp>.

What is already known on this topic?

Adverse childhood experiences (ACEs) are common and are associated with multiple mental and physical health problems.

What does this report add?

ACE prevalences range from a low of 6.7% of respondents reporting having had a family member in prison to 29.1% reporting living with a substance-abusing household member. Reporting multiple ACEs was common; 8.7% of respondents reported five or more ACEs.

What are the implications for public health practice?

Evidence-based child abuse prevention programs, such as home visitations and parenting programs, might improve health by reducing ACEs.

child maltreatment and family dysfunction, but could be further refined to address issues of unequal severity.

CDC is developing, evaluating, and promoting dissemination of programs for the primary prevention of child maltreatment.** Evidence-based programs exist that have demonstrated reductions in child maltreatment, such as home visits by nurses to mothers at high risk (7) and parenting programs that teach new skills and behaviors to parents (8). However, most child maltreatment goes undetected, as evidenced by the discrepancy between the incidence of confirmed cases of abuse reported by child protective services and retrospectively reported prevalences such as those described in this report. Therefore, secondary and tertiary efforts are important complementary approaches to primary prevention efforts to improve the health and well-being of affected adults and families. Psychological treatments that can mitigate the progression of ACE-related health problems, such as trauma-focused cognitive-behavioral therapy, are effective (9) and should be widely disseminated. Other promising public health programs, such as trauma survivors' networks (10), should be more systematically evaluated to add to the repertoire of available evidence-based interventions that can prevent and alleviate the stress-related health risk behaviors, conditions, and disability associated with ACEs.

** Additional information available at <http://www.cdc.gov/violenceprevention/childmaltreatment/index.html>.

Acknowledgments

The findings in this report are based, in part, on contributions by BRFSS state coordinators.

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Health of Resettled Iraqi Refugees — San Diego County, California, October 2007–September 2009

In recent years, Iraqi refugees have been resettling in the United States in large numbers, with approximately 28,000 arrivals during October 2007–September 2009 (federal fiscal years [FYs] 2008 and 2009). All refugees undergo a required medical examination before departure to the United States to prevent importation of communicable diseases, including active tuberculosis (TB), as prescribed by CDC Technical Instructions (1). CDC also recommends that refugees receive a more comprehensive medical assessment after arrival, which typically occurs within the first 90 days of arrival. To describe the health profile of resettled Iraqi refugees, post-arrival medical assessment data were reviewed for 5,100 Iraqi refugees who underwent full or partial assessments at the San Diego County refugee health clinic during FYs 2008 and 2009. Among 4,923 screened refugees aged >1 year, 692 (14.1%) had latent tuberculosis infection (LTBI); among 3,047 screened adult refugees aged >18 years, 751 (24.6%) were classified as obese; and among 2,704 screened adult refugees, 410 (15.2%) were hypertensive. Although infectious illness has been the traditional focus of refugee medical screening (2), a high prevalence of chronic, noninfectious conditions that could lead to serious morbidity was observed among Iraqi refugees. Public health agencies should be aware of the potentially diverse health profiles of resettling refugee groups. Medical assessment of arriving refugee populations, with timely collection and review of health data, enables early detection, treatment, and follow-up of conditions, and can help public health agencies develop and set priorities for population-specific health interventions and guidelines.

During FYs 2008 and 2009, California received 24% (6,626) of all U.S.-bound Iraqi refugees, the largest proportion of any state (Figure). The California Refugee Health Program provides comprehensive, standardized medical assessments for all refugees within 90 days of arrival. Based on those assessment results, refugees are referred to primary-care providers and, if needed, for specialized care. This initial assessment, based partially on CDC guidelines for arriving refugees (1), includes a history, physical exam, mental health screening, and laboratory

screening for infectious conditions such as intestinal parasites, TB, syphilis, human immunodeficiency virus (HIV), and hepatitis B. Depending on age, medical history, and other risk factors, the refugees also are assessed for noninfectious conditions such as diabetes, hypertension, hyperlipidemia, anemia, and lead poisoning. This report describes prevalences for selected infectious and noninfectious conditions among Iraqi refugees in California, based on data from those assessments.

San Diego County received 5,397 (81%) of the 6,626 Iraqi refugees who resettled in California during FYs 2008 and 2009 (Table 1). Of these, 5,100 (94.5%) completed at least part of a medical assessment (Table 2), with a median time between arrival and assessment of 76 days (range: 1–159 days). Denominators varied for different components of the medical assessment because of screening criteria (e.g., age) and missing data. Although mental health screening was performed, the data captured were limited and are not presented here.

LTBI was identified in 692 (14.1%) of 4,923 of Iraqi refugees aged >1 year (Table 2). Within the subset of this group aged ≥65 years, the prevalence of LTBI was 52.3%. The only pathogenic intestinal parasites identified by stool examination were *Giardia intestinalis* in 40 (3.1%) and *Entamoeba histolytica* in 55 (1.2%) of 4,520 screened refugees; no helminths were identified. All other identified species were of little or indeterminate clinical significance (e.g., *Endolimax nana* and *Blastocystis hominis*, respectively) (3). Only 21 (0.7%) of 2,957 refugees of any age were hepatitis B surface antigen-positive, an indication of chronic hepatitis B virus infection. Most resettled Iraqi refugees were screened for syphilis and HIV during the required overseas examination. Of 28,366 U.S.-bound Iraqi refugees screened overseas during FYs 2008 and 2009, 27 (0.1%) had syphilis, and only three (<0.1%) were HIV-infected (CDC, unpublished data, 2010). Among 323 Iraqi refugee arrivals in San Diego County who had not been screened overseas for syphilis, eight (2.5%) were found to have the disease. Among 274 arrivals who had not been screened overseas for HIV, only one was found to be infected (Table 2). Among refugees aged >18 years,

the most frequently diagnosed noninfectious conditions were obesity in 751 (24.6%) of 3,047 persons and hypertension in 410 (15.2%) of 2,704 persons.* Among those aged ≥ 65 years, 83 (64.3%) of 129 were hypertensive (Table 2). Of refugees aged ≥ 40 years who were screened for hyperlipidemia, 114 (39.9%) of 286 had dyslipidemia.† Of children aged < 5 years with available anthropometric data, 23 (7.1%) of 322 were acutely malnourished and 348 (29.6%) of 1,175 women of childbearing age were anemic.‡

Reported by

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Editorial Note

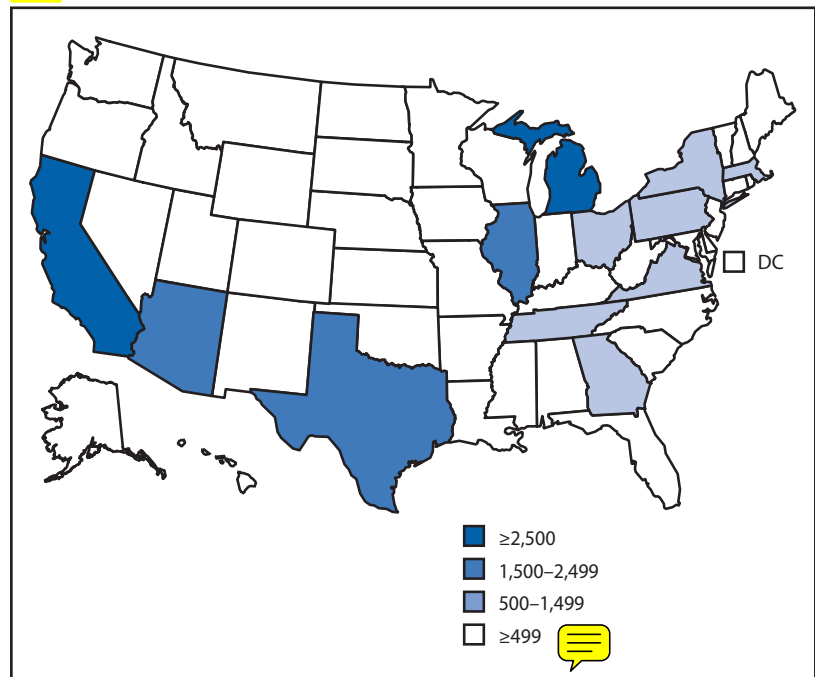
During the past 3 decades, the United States has received approximately 3 million refugees from diverse countries and regions of the world (4). During FYs 2008 and 2009, Iraqi refugees were the largest group to resettle in the United States, accounting for approximately 21% of all U.S.-resettled refugees. The traditional focus of refugee medical screening has been on communicable diseases (2), and the overseas refugee medical examination emphasizes transmissible illness such as active TB. However, Iraqi refugees were displaced from a middle-income country, where the health profile combines some infectious diseases prevalent in low-income countries (e.g., TB) with chronic conditions seen in the United States (e.g., obesity) (5). The prevalence of obesity among Iraqi adults (24.6%), for example, nearly equaled the prevalence of adult obesity (24.8%) among adult California residents (6). Medical screening after arrival provides an opportunity to identify important causes of morbidity among resettled refugees that might not have been discovered previously, and enables early referral for treatment and follow-up care.

* Obesity was defined as body mass index ≥ 30 kg/m²; hypertension was defined as a systolic blood pressure ≥ 140 mmHg or diastolic blood pressure ≥ 90 mmHg on two separate measurements.

† Dyslipidemia was defined as elevated low density lipoprotein cholesterol, low high-density lipoprotein cholesterol, or elevated triglycerides.

‡ Anemic was defined as capillary hemoglobin < 12.0 g/dL.

FIGURE. Number of Iraqi refugee arrivals — United States, October 2007–September 2009



This report highlights key clinical findings among Iraqi refugees in San Diego and provides screening considerations. Chronic, noninfectious conditions were prevalent in this population. This finding is supported by outside data; for example, in a 2009 survey of Iraqi refugees in Jordan and Syria, 41%–51% of refugees aged ≥ 18 years reported a diagnosis of chronic illness such as hypertension, diabetes, or cardiovascular disease (S. Doocy, Johns Hopkins Bloomberg School of Public Health, personal communication, 2010). The epidemiology of some infectious diseases in Iraqi refugees also might differ from other refugee groups. For example, although the prevalence of LTBI in Iraqi refugees aged ≥ 65 years was comparable to rates in other refugee populations (7), recent data from the overseas medical examination indicate that prevalences of abnormal chest radiograph (0.7%) and culture-confirmed TB (0%) among 28,366 Iraqi refugees resettling to the United States during FYs 2008 and 2009 were much lower than those in other recently resettled refugee populations (8). Prevalence of chronic hepatitis B virus infection also was lower (0.7%) than country estimates (9) for Iraq (2%–7%) and substantially lower than prevalences seen in some sub-Saharan African and Southeast Asian refugee populations, which have been as high as 15% (10).

TABLE 1. Characteristics of arriving Iraqi refugees — San Diego County, California, October 2007–September 2009

Characteristic	Arrivals*	
	No.	(%) [†]
Sex		
Male	2,781	(51.5)
Female	2,616	(48.5)
Age group (yrs)		
<5	509	(9.4)
5–18	1,451	(26.9)
19–25	822	(15.2)
26–45	1,664	(30.8)
46–65	777	(14.4)
≥65	174	(3.2)
Most recent country of residence[§]		
Iraq	249	(4.6)
Jordan	1,082	(20.0)
Lebanon	855	(15.8)
Syria	1,101	(20.4)
Turkey	1,803	(33.4)
Other	307	(5.7)
Highest level of education (yrs)[¶]		
None	146	(4.8)
Elementary (1–6)	485	(15.9)
Junior high school (7–8)	274	(9.0)
High school (9–12)	1,130	(37.0)
Some college (13–16)	804	(26.3)
College graduate (>16)	213	(7.0)

* N = 5,397, including 367 refugees who were asylees (sought asylum after arrival in the United States rather than before).

[†] Percentages might not total 100% because of rounding.

[§] Immediately before resettling to the United States.

[¶] For 3,052 Iraqi refugees aged ≥19 years.

Few screened Iraqi refugees had evidence of pathogenic intestinal parasites on stool examination (*G. intestinalis* in 3.1% and *E. histolytica* in 1.2%). Although Iraqi refugees resettling to the United States from Jordan and Iraq routinely receive presumptive antihelminthic treatment with albendazole (1), none of the Iraqi refugees assessed in San Diego County during FYs 2008 and 2009 (including those from Syria, Lebanon, Turkey, and other countries without presumptive therapy) had evidence of intestinal helminths on stool microscopy. In contrast, other resettling refugee populations have had rates of pathogenic intestinal helminths (e.g., *Ascaris* spp., *Trichuris* spp., *Ancylostoma* spp., and *Necator americanus*) (3) as high as 24% (2). However, a recent serologic study of 200 Iraqi refugees found that up to 10% were infected with strongyloides and 3.5% with *Schistosoma haematobium* (CDC, unpublished data, 2009). Stool examination is not a sensitive tool for detection of these parasites, which can cause infection leading to serious health consequences, including death (3).

The health profile described in this report can help local, state, federal, and international public and refugee health agencies identify public health needs of Iraqi refugees resettling in the United States, and provide clinicians with information about relevant medical needs. Considerations for state public health agencies and clinicians include the importance of evaluation for obesity, hypertension, and dyslipidemia during state medical assessments, with careful screening for diabetes and heart disease among those with risk factors, followed by appropriate referral. Culturally appropriate programs should be implemented to promote obesity prevention and control among Iraqi refugees.

Testing for LTBI should be encouraged and treatment offered to persons with positive test results. Immunization programs in Iraq include bacille Calmette-Guerin vaccination, but CDC guidelines state that prior immunization should not be considered in the interpretation of a positive tuberculin skin test or interferon gamma release assay for TB infection (1). In addition, clinicians should consider presumptive treatment or serologic screening for strongyloidiasis and schistosomiasis (3), recognizing that the single albendazole dose provided during presumptive treatment in Iraq and Jordan would not eradicate either parasite.

Although rates of chronic malnutrition appear low among Iraqi refugee children aged <5 years, some young children might be acutely malnourished, perhaps because of sudden changes in food availability. In addition to routine assessment of nutritional status with anthropometric measurements and screening for anemia, clinicians should evaluate children aged <5 years for clinical signs of acute malnutrition, such as wasting or bilateral edema.

The findings in this report are subject to at least three limitations. First, the medical assessment was limited to the screening described in this report, the results of which might lead to referral for further workup. Therefore, diagnosis of other conditions anecdotally reported in this group of refugees by overseas health-care providers, such as cancers, ischemic heart disease, specific mental health diagnoses, and familial Mediterranean fever, is beyond the scope of the initial assessment. Past medical and family histories, and screening results for some sexually transmitted diseases (i.e., gonorrhea, chlamydia), also were not captured in these data. Second, Iraqi asylees were included in this group of refugees, and their profiles

TABLE 2. Selected conditions diagnosed among Iraqi refugees undergoing part or all of the standard refugee medical assessment (N = 5,100) — San Diego County, California, October 2007–September 2009

Conditions	Definition	Screened groups*	No. screened refugees [†]	Positive	
				No.	(%)
Noninfectious					
Anemia	Children aged <2 yrs: capillary Hgb <11.0 g/dL	>9 mos	5,100	457	(9.0)
		<5 yrs	540	89	(16.5)
		Females aged ≥2 yrs: capillary Hgb <12.0 g/dL Males aged ≥2 yrs: capillary Hgb <13.0 g/dL	1,175	348	(29.6)
Dyslipidemia	Elevated fasting LDL-C or TG or low HDL-C	≥40 yrs	286	114	(39.9)
Glucosuria	Urine dipstick glucose results ≥50 mg/dL	≥4 yrs	4,755	69	(1.5)
		>18 yrs	3,245	61	(1.9)
Hypertension	Systolic blood pressure ≥140 mmHg or diastolic blood pressure ≥90 mmHg on two separate measurements	≥3 yrs	2,805	415	(14.8)
		≥65 yrs	129	83	(64.3)
Lead poisoning	Blood lead level ≥10 µg/dL	1–5 yrs	372	5	(1.3)
Malnutrition, acute	Weight-for-height z-score <-2	<5 yrs	322	23	(7.1)
Malnutrition, chronic	Height-for-age z-score <-2	<5 yrs	329	14	(4.3)
Obesity	BMI ≥30 kg/m ²	All	4,734	793	(16.8)
		≤18 yrs	1,687	42	(2.5)
		>18 yrs	3,047	751	(24.6)
Infectious					
Hepatitis B	HBsAg positive	≥12 yrs	2,957	21	(0.7)
		>18 yrs	2,475	19	(0.8)
HIV	ELISA followed by Western blot	Asylees only [§]	274	1	(0.4)
Intestinal parasites (any) [¶]	At least one positive sample from three stool ova and parasites tests	All	4,520	2,091	(46.3)
		<5 yrs	400	88	(22.0)
		All		1,450	(32.1)
		All		218	(4.8)
		All		169	(3.7)
		All		140	(3.1)
		All		55	(1.2)
Latent tuberculosis	Positive tuberculin skin test on children aged <12 yrs; positive IGRA on persons aged ≥12 yrs	≥1 yrs	4,923	692	(14.1)
		≥65 yrs	153	80	(52.3)
		≥12 yrs (patients not already screened overseas) [§]	323	8	(2.5)
Syphilis	Positive RPR and TP-PA or FTA-ABS	>18 yrs	304	8	(2.6)

Abbreviations: BMI: body mass index; ELISA: enzyme-linked immunosorbent assay; FTA-ABS: fluorescent treponemal antibody absorption; HbsAg: hepatitis B virus surface antigen; HDL-C: high density lipoprotein cholesterol; Hgb: hemoglobin; HIV: human immunodeficiency virus; IGRA: interferon gamma release assay; LDL-C: low density lipoprotein cholesterol; RPR: rapid plasma reagin; TG: triglycerides; TP-PA: *Treponema pallidum* particle agglutination.

* Describes which subgroups of resettling refugees and asylees are screened for each condition.

[†] Specific age groups with the highest prevalence rates also are displayed.

[§] Refugees were screened for HIV during the overseas medical exam until January 2010, when HIV infection was removed from the U.S. list of inadmissible conditions. Among 28,366 U.S.-bound Iraqi refugees tested overseas during October 2007–September 2009, three (0.01%) were HIV-positive.

[¶] The only clearly pathogenic species found were *Giardia intestinalis* (seen in 3.1%) and *Entamoeba histolytica* (seen in 1.2%). Other identified species, generally considered nonpathogenic or of indeterminate significance, were intestinal protozoans or stramenopiles: *Blastocystis hominis*, *Chilomastix mesnili*, *Dientamoeba fragilis*, *Endolimax nana*, *Entamoeba coli*, *Entamoeba hartmanni*, and *Iodamoeba butchlii*.

might differ slightly because they sought asylum after arrival in the United States and therefore did not receive predeparture medical examinations. Finally, many refugees were assessed >90 days after arrival; therefore, the original severity of certain conditions might not be reflected (e.g., degree of lead poisoning

or presence of intestinal parasitic infections). Delays in medical assessment occurred because the health department was not prepared for the marked increase in Iraqi refugee arrivals during FYs 2008 and 2009 (U.S. arrivals increased from approximately 200 in FY 2007 to approximately 10,000 in FY 2008).

What is already known on this topic?

Iraqi refugees are now the largest refugee group resettling to the United States; although they receive a standard medical exam overseas before resettlement and a recommended, more comprehensive health assessment after arrival, information about the health status of Iraqi refugees from these assessments had not been summarized previously.

What is added by this report?

Some infectious conditions that have been the traditional focus of refugee health assessment, such as latent tuberculosis, are prevalent in Iraqi refugees, but noninfectious, chronic conditions, such as hypertension, obesity, and dyslipidemia, also are prevalent and important concerns in this population.

What are the implications for public health practice?

Refugee populations resettling to the United States might have diverse health profiles; population-specific health information will assist local, state, and federal public health agencies develop more focused screening, prevention, treatment, and referral efforts aimed at reducing morbidity and mortality.

CDC and state public health departments should continue to collaborate to improve collection, review, and sharing of health data for arriving refugee populations. Timely data collection is a corollary of timely medical assessment. Improved planning for and communication regarding sudden increases in refugee arrival could help reduce the time to assessment and allow for earlier detection and referral of important medical conditions. A comprehensive and evidence-based understanding of the unique health profile of each incoming refugee population ultimately would allow development of beneficial, population-specific, and cost-effective screening and therapeutic guidelines for refugees.

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Diego Catholic Charities; and H Burke, MPH, C Godwin, Z Wang, MS, M Weinberg, MD, and E Yanni, MD, Div of Global Migration and Quarantine, National Center for Emerging and Zoonotic Infectious Diseases, CDC.

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Notes from the Field

Emergence of *Shigella flexneri* 2a Resistant to Ceftriaxone and Ciprofloxacin — South Carolina, October 2010

On October 20, 2010, the South Carolina Department of Health and Environmental Control and CDC began investigating a cluster of three diarrheal illnesses caused by multidrug-resistant *Shigella flexneri* 2a. The index case occurred in a girl aged 2 years who experienced the onset of diarrhea on September 25 and was hospitalized the next day because of a seizure and fever. On September 30, her brother, aged 6 years, was hospitalized with vomiting, bloody diarrhea, and hyponatremia. Three days later, her father was hospitalized with vomiting, bloody diarrhea, and hyponatremia.

S. flexneri 2a was isolated from all three patients and tested for antimicrobial susceptibility using semi-automated broth microdilution panels. Interpretations of susceptible, intermediate, or resistant were based on the most recently approved standards published by the Clinical and Laboratory Standards Institute (1). The isolates were found susceptible to imipenem, had intermediate susceptibility or were resistant to ceftazidime and cefepime, and were resistant to ampicillin, aztreonam, cefotaxime, ceftriaxone, chloramphenicol, ciprofloxacin, nalidixic acid, streptomycin, sulfisoxazole, tetracycline, and trimethoprim/sulfamethoxazole. Azithromycin inhibited the isolates at a minimum concentration of 2 or 4 µg/mL, which is similar to the azithromycin minimum inhibitory concentrations among *Shigellae* in the United States during 2005–2007 (no breakpoint for *Shigella* susceptibility to azithromycin has been established) (2).

The two children were treated sequentially with ceftriaxone, piperacillin/tazobactam, azithromycin, and clarithromycin, for a total of 25 days of treatment per child. The father received piperacillin/tazobactam and azithromycin for 6 days. The younger child's diarrhea persisted for ≥16 days; *Shigella* organisms were isolated from every stool specimen tested until 24 days after diarrhea onset. All three patients recovered fully.

The index patient was born in China and lived there until being adopted and brought to the United States in August 2010. A playmate of hers, also adopted from China and believed to be aged 2 years, had diarrhea at approximately the same time as the index patient, but

no further information was available. None of the other eight family members of the girl nor any social contacts have reported diarrhea since September 2010.

Besides being associated with severe disease, the *S. flexneri* isolates were resistant to most clinically useful antibiotics and demonstrated a combination of resistance to extended-spectrum cephalosporins and quinolones rarely seen among *Shigella* organisms isolated in the United States (3). Transmission of this difficult-to-treat pathogen can be prevented by scrupulous hygiene, including thorough handwashing. Shigellosis therapy should be guided by the results of antimicrobial susceptibility testing, and cases should be reported promptly to public health officials so that control measures can be implemented.

Although the source of these isolates is unknown, internationally adopted children can be a source of highly resistant enteric pathogens (4). When newly arrived adoptees have diarrhea, stool culture for bacterial pathogens should be strongly considered (5).

Reported by

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Announcement

14th Annual Conference on Vaccine Research

The 14th Annual Conference on Vaccine Research, the largest scientific forum devoted exclusively to the research and development of vaccines and related technologies for prevention and treatment of disease through immunization, will be held May 16–18, 2011, at the Baltimore Marriott Waterfront Hotel in Baltimore, Maryland. The conference brings together the diverse fields of human and veterinary vaccinology to encourage collaboration and multidisciplinary approaches among disease-specific and methodologic experts.

One Health initiatives, herpesvirus vaccines, the status of human immunodeficiency virus vaccines, genomics, special populations in immunology, and alternative animal models in vaccine discovery are among topics scheduled for discussion during the conference. New this year is a preconference workshop in academic vaccinology, Writing and Submitting a Vaccine Research Paper.

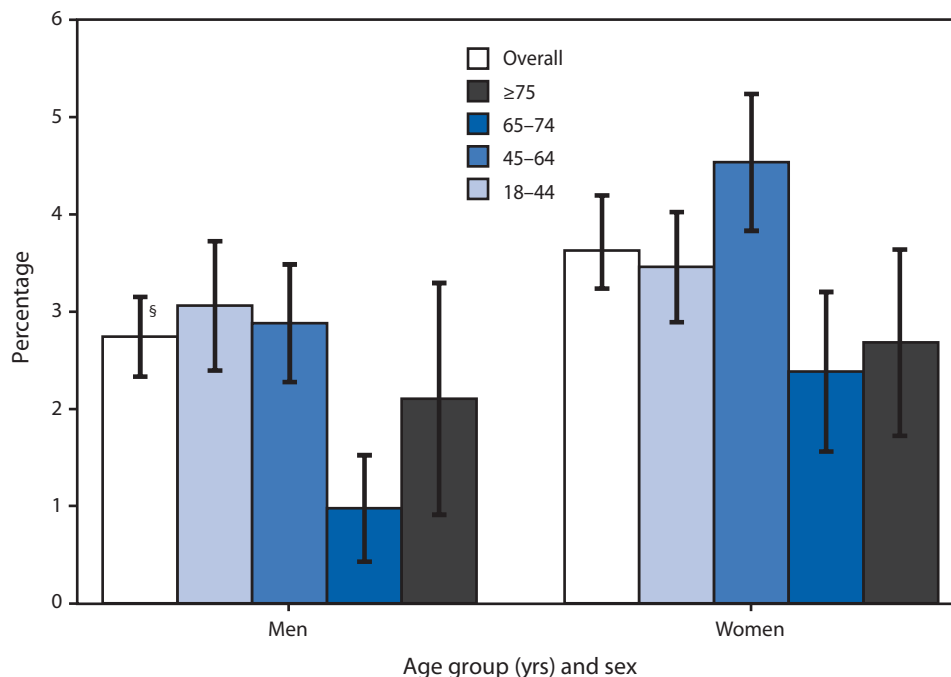
Applications for travel grants to subsidize attendees from countries with limited resources must be submitted by December 27, 2010. Deadline for online submission of general abstracts is January 24, 2011. Abstracts from eligible authors may be designated for consideration for the Maurice R. Hilleman Early-Stage Career Investigator Award, which provides \$10,000 for research expenses and a travel stipend and registration for the 2012 conference.

The vaccine research conference is sponsored by the National Foundation for Infectious Diseases, in collaboration with CDC and 13 other national and international agencies and organizations. Additional information is available at <http://www.nfid.org/conferences/vaccine11>, or by e-mail (vaccine@nfid.org), fax (301-907-0878), telephone (301-656-0003, ext 19), or mail (NFID, Suite 750, 4733 Bethesda Avenue, Bethesda, MD 20814-5278).

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults Aged ≥ 18 Years Who Experienced Serious Psychological Distress During the Preceding 30 Days,* by Sex and Age Group — National Health Interview Survey, 2009[†]



* Six psychological distress questions are included in the National Health Interview Survey. Respondents are asked separate questions about how often during the preceding 30 days they felt 1) so sad that nothing could cheer them up, 2) hopeless, 3) worthless, 4) that everything was an effort, 5) nervous, or 6) restless or fidgety. Respondents can choose from among five response categories: all of the time, most of the time, some of the time, a little of the time, or none of the time. For this analysis, response values of 0 to 4 were assigned to each of the five response categories (with all of the time assigned 4 and none of the time assigned 0). The response values were summed to yield a scale with a 0–24 range. A value of 13 or more on this scale was used to define experiencing serious psychological distress.

[†] Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population and are derived from the National Health Interview Survey sample adult component.

[§] 95% confidence interval.

In 2009, women were more likely than men to experience serious psychological distress during the preceding 30 days (3.6% versus 2.8%). Among women, those aged 45–64 years were more likely (4.6%) to experience serious psychological distress than those aged 65–74 years (2.4%) and ≥ 75 years (2.7%). Among men, those aged 65–74 years (1.0%) were less likely to experience serious psychological distress than those aged 18–44 years (3.1%) and 45–64 years (2.9%).

Source: National Health Interview Survey, 2009 data. Available at <http://www.cdc.gov/nchs/nhis.htm>.

Notifiable Diseases and Mortality Tables

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending December 11, 2010 (49th week)*

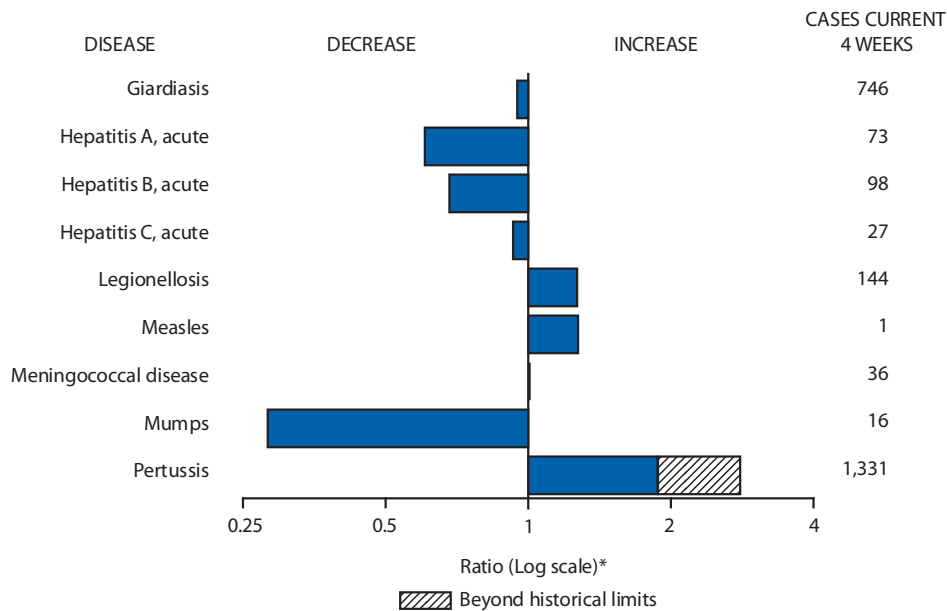
Disease	Current week	Cum 2010	5-year weekly average [†]	Total cases reported for previous years					States reporting cases during current week (No.)
				2009	2008	2007	2006	2005	
Anthrax	—	—	0	1	—	1	1	—	
Botulism, total	2	96	3	118	145	144	165	135	
foodborne	—	6	0	10	17	32	20	19	
infant	1	67	2	83	109	85	97	85	FL (1)
other (wound and unspecified)	1	23	1	25	19	27	48	31	CA (1)
Brucellosis	2	116	2	115	80	131	121	120	FL (1), CA (1)
Chancroid	1	35	1	28	25	23	33	17	CA (1)
Cholera	—	7	0	10	5	7	9	8	
Cyclosporiasis [§]	—	166	2	141	139	93	137	543	
Diphtheria	—	—	—	—	—	—	—	—	
Domestic arboviral diseases ^{§,¶} :									
California serogroup virus disease	—	71	0	55	62	55	67	80	
Eastern equine encephalitis virus disease	—	10	—	4	4	4	8	21	
Powassan virus disease	—	5	0	6	2	7	1	1	
St. Louis encephalitis virus disease	—	8	0	12	13	9	10	13	
Western equine encephalitis virus disease	—	—	—	—	—	—	—	—	
<i>Haemophilus influenzae</i> ,** invasive disease (age <5 yrs):									
serotype b	1	15	0	35	30	22	29	9	AZ (1)
nonsertotype b	5	145	4	236	244	199	175	135	VT (2), CT (1), WA (2)
unknown serotype	4	240	4	178	163	180	179	217	PA (1), OH (1), MI (1), MO (1)
Hansen disease [§]	1	57	1	103	80	101	66	87	CA (1)
Hantavirus pulmonary syndrome [§]	—	17	1	20	18	32	40	26	
Hemolytic uremic syndrome, postdiarrheal [§]	—	212	4	242	330	292	288	221	
HIV infection, pediatric (age <13 yrs) ^{††}	—	—	2	—	—	—	—	380	
Influenza-associated pediatric mortality ^{§,§§}	1	59	2	358	90	77	43	45	NY (1)
Listeriosis ^{¶¶}	7	725	15	851	759	808	884	896	NY (1), PA (1), FL (1), OR (1), CA (3)
Measles ^{¶¶}	—	59	1	71	140	43	55	66	
Meningococcal disease, invasive***:									
A, C, Y, and W-135	2	220	6	301	330	325	318	297	WY (1), WA (1)
serogroup B	1	100	3	174	188	167	193	156	OK (1)
other serogroup	—	8	0	23	38	35	32	27	
unknown serogroup	4	382	10	482	616	550	651	765	NY (1), MO (1), CO (1), CA (1)
Mumps	8	2,477	37	1,991	454	800	6,584	314	PA (1), OH (5), TX (1), WA (1)
Novel influenza A virus infections ^{†††}	—	3	0	43,774	2	4	NN	NN	
Plague	—	2	—	8	3	7	17	8	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	1	
Polio virus Infection, nonparalytic [§]	—	—	—	—	—	—	NN	NN	
Psittacosis [§]	—	4	0	9	8	12	21	16	
Q fever, total ^{§,§§§}	—	110	1	114	120	171	169	136	
acute	—	84	1	94	106	—	—	—	
chronic	—	26	0	20	14	—	—	—	
Rabies, human	—	1	0	4	2	1	3	2	
Rubella ^{¶¶¶}	—	6	0	3	16	12	11	11	
Rubella, congenital syndrome	—	—	—	2	—	—	1	1	
SARS-CoV ^{§,****}	—	—	—	—	—	—	—	—	
Smallpox [§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome [§]	2	151	2	161	157	132	125	129	VT (1), OH (1)
Syphilis, congenital (age <1 yr) ^{††††}	—	202	8	423	431	430	349	329	
Tetanus	—	7	1	18	19	28	41	27	
Toxic-shock syndrome (staphylococcal) [§]	—	71	1	74	71	92	101	90	
Trichinellosis	—	4	0	13	39	5	15	16	
Tularemia	—	104	1	93	123	137	95	154	
Typhoid fever	2	386	4	397	449	434	353	324	NC (1), CA (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> [§]	—	86	1	78	63	37	6	2	
Vancomycin-resistant <i>Staphylococcus aureus</i> [§]	—	2	0	1	—	2	1	3	
Vibriosis (noncholera <i>Vibrio</i> species infections) [§]	11	729	5	789	588	549	NN	NN	VA (4), SC (1), GA (1), FL (2), WA (2), CA (1)
Viral hemorrhagic fever ^{§§§§}	—	1	—	NN	NN	NN	NN	NN	
Yellow fever	—	—	—	—	—	—	—	—	

See Table I footnotes on next page.

TABLE I. (Continued) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending December 11, 2010 (49th week)*

—: No reported cases. N: Not reportable. NN: Not Nationally Notifiable Cum: Cumulative year-to-date counts.
 * Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/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/ncphi/diss/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 domestic 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/ncphi/diss/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 monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.
 ††† Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Since October 3, 2010, two influenza-associated pediatric death occurred during the 2010–11 influenza season. Since August 30, 2009, a total of 282 influenza-associated pediatric deaths occurring during the 2009–10 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 three cases of novel influenza A virus infection reported to CDC during 2010 were identified as swine influenza A (H3N2) virus and are unrelated to the 2009 pandemic influenza A (H1N1) virus. Total case counts for 2009 were provided by the Influenza Division, National Center for Immunization and Respiratory Diseases (NCIRD).
 †††††† In 2009, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
 ††††††† No rubella cases were reported for the current week.
 †††††††† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.
 ††††††††† Updated weekly from reports to the Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 †††††††††† There was one case of viral hemorrhagic fever reported during week 12. The one case report was confirmed as lassa fever. See Table II for dengue hemorrhagic fever.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals December 11, 2010, with historical data



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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 11, 2010, and December 12, 2009 (49th week)*

Reporting area	<i>Chlamydia trachomatis</i> infection					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max		
United States	12,825	23,880	26,353	1,137,409	1,176,476	61	120	342	7,254	7,036
New England	776	759	1,396	37,830	37,914	2	7	77	434	435
Connecticut	193	198	736	9,585	10,850	—	0	71	71	38
Maine†	—	49	69	1,996	2,297	—	1	7	74	47
Massachusetts	445	401	695	19,462	18,188	2	3	8	156	172
New Hampshire	37	43	114	2,331	2,013	—	1	5	52	79
Rhode Island†	87	65	120	3,293	3,438	—	0	2	13	22
Vermont†	14	23	51	1,163	1,128	—	1	5	68	77
Mid. Atlantic	1,693	3,372	5,031	161,057	149,423	11	15	38	803	785
New Jersey	367	516	691	25,340	23,131	—	1	4	37	52
New York (Upstate)	701	693	2,530	33,057	29,761	5	3	16	207	204
New York City	—	1,209	2,738	57,635	55,729	—	2	6	96	80
Pennsylvania	625	942	1,092	45,025	40,802	6	8	26	463	449
E.N. Central	1,005	3,489	3,960	165,666	188,740	9	30	122	1,924	1,656
Illinois	25	746	1,191	36,047	57,937	—	4	21	265	150
Indiana	—	364	797	17,957	20,956	—	3	10	143	275
Michigan	710	916	1,419	45,614	43,829	1	5	18	306	274
Ohio	156	984	1,085	45,937	46,087	7	7	24	438	366
Wisconsin	114	421	513	20,111	19,931	1	9	57	772	591
W.N. Central	164	1,367	1,556	64,031	67,044	5	22	83	1,256	1,063
Iowa	11	202	270	9,653	8,957	—	4	24	323	200
Kansas	26	189	235	8,990	10,075	—	2	9	130	101
Minnesota	—	282	345	12,514	13,627	—	0	16	98	324
Missouri	—	499	616	23,774	24,594	3	4	30	361	181
Nebraska†	84	94	174	4,552	5,179	2	3	26	226	115
North Dakota	25	30	89	1,622	1,763	—	0	18	31	13
South Dakota	18	62	77	2,926	2,849	—	1	6	87	129
S. Atlantic	2,871	4,710	5,664	227,430	238,240	18	18	51	969	1,089
Delaware	86	84	220	4,180	4,457	1	0	2	8	12
District of Columbia	—	94	177	4,570	6,332	—	0	1	7	7
Florida	614	1,464	1,738	70,327	69,564	12	7	19	369	438
Georgia	324	625	1,216	30,363	37,788	2	5	31	285	325
Maryland†	—	453	1,031	21,448	22,121	—	1	3	33	42
North Carolina	342	759	1,563	37,591	39,139	—	0	12	77	110
South Carolina†	554	524	748	25,832	25,524	1	1	8	84	59
Virginia†	883	596	902	29,482	29,858	2	2	8	90	80
West Virginia	68	73	117	3,637	3,457	—	0	3	16	16
E.S. Central	985	1,746	2,414	82,948	88,377	4	4	19	312	218
Alabama†	359	505	757	24,827	24,876	2	2	13	154	62
Kentucky	1	269	614	13,396	12,623	2	1	6	82	63
Mississippi	463	377	780	18,404	22,542	3	0	3	22	18
Tennessee†	162	563	783	26,321	28,336	—	1	5	54	75
W.S. Central	2,120	3,022	4,578	151,099	152,565	—	7	39	413	548
Arkansas†	331	268	392	11,812	13,721	—	0	3	31	57
Louisiana	429	322	1,073	15,836	26,270	—	1	6	60	55
Oklahoma	316	257	1,374	14,029	13,415	—	1	8	80	122
Texas†	1,044	2,241	3,194	109,422	99,159	—	4	30	242	314
Mountain	1,148	1,464	1,912	71,950	75,738	1	10	29	526	546
Arizona	342	515	713	24,632	24,352	—	1	3	34	33
Colorado	236	351	560	16,332	18,836	1	2	8	130	133
Idaho†	146	69	200	3,800	3,605	—	2	7	89	96
Montana†	44	60	82	2,895	2,834	—	1	4	46	55
Nevada†	199	173	337	8,818	9,623	—	0	6	31	25
New Mexico†	126	171	453	7,650	8,762	—	2	12	116	141
Utah	34	122	176	5,933	5,854	—	1	5	64	39
Wyoming†	21	36	79	1,890	1,872	—	0	2	16	24
Pacific	2,063	3,658	5,350	175,398	178,435	11	12	28	617	696
Alaska	—	113	148	5,347	4,916	—	0	1	5	7
California	1,060	2,799	4,406	133,629	136,749	3	8	18	357	424
Hawaii	—	111	158	5,361	5,764	—	0	1	1	1
Oregon	342	212	468	10,983	10,580	2	3	13	172	181
Washington	661	406	500	20,078	20,426	6	1	8	82	83
Territories										
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	7	31	323	331	—	0	0	—	—
Puerto Rico	—	92	265	4,950	7,022	N	0	0	N	N
U.S. Virgin Islands	—	10	29	509	474	—	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 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 11, 2010, and December 12, 2009 (49th week)*

Reporting area	Dengue Virus Infection									
	Dengue Fever [†]					Dengue Hemorrhagic Fever [‡]				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max			
United States	—	6	36	462	NN	—	0	2	5	NN
New England	—	0	3	8	NN	—	0	0	—	NN
Connecticut	—	0	0	—	NN	—	0	0	—	NN
Maine [¶]	—	0	2	5	NN	—	0	0	—	NN
Massachusetts	—	0	0	—	NN	—	0	0	—	NN
New Hampshire	—	0	0	—	NN	—	0	0	—	NN
Rhode Island [¶]	—	0	0	—	NN	—	0	0	—	NN
Vermont [¶]	—	0	1	3	NN	—	0	0	—	NN
Mid. Atlantic	—	2	12	134	NN	—	0	1	1	NN
New Jersey	—	0	0	—	NN	—	0	0	—	NN
New York (Upstate)	—	0	0	—	NN	—	0	0	—	NN
New York City	—	1	12	115	NN	—	0	1	1	NN
Pennsylvania	—	0	2	19	NN	—	0	0	—	NN
E.N. Central	—	0	5	41	NN	—	0	1	1	NN
Illinois	—	0	0	—	NN	—	0	0	—	NN
Indiana	—	0	2	11	NN	—	0	0	—	NN
Michigan	—	0	2	9	NN	—	0	0	—	NN
Ohio	—	0	2	16	NN	—	0	0	—	NN
Wisconsin	—	0	2	5	NN	—	0	1	1	NN
W.N. Central	—	0	2	17	NN	—	0	0	—	NN
Iowa	—	0	1	2	NN	—	0	0	—	NN
Kansas	—	0	1	1	NN	—	0	0	—	NN
Minnesota	—	0	2	13	NN	—	0	0	—	NN
Missouri	—	0	0	—	NN	—	0	0	—	NN
Nebraska [¶]	—	0	0	—	NN	—	0	0	—	NN
North Dakota	—	0	1	1	NN	—	0	0	—	NN
South Dakota	—	0	0	—	NN	—	0	0	—	NN
S. Atlantic	—	2	17	213	NN	—	0	1	2	NN
Delaware	—	0	0	—	NN	—	0	0	—	NN
District of Columbia	—	0	0	—	NN	—	0	0	—	NN
Florida	—	2	14	174	NN	—	0	1	2	NN
Georgia	—	0	2	11	NN	—	0	0	—	NN
Maryland [¶]	—	0	0	—	NN	—	0	0	—	NN
North Carolina	—	0	1	4	NN	—	0	0	—	NN
South Carolina [¶]	—	0	3	10	NN	—	0	0	—	NN
Virginia [¶]	—	0	3	12	NN	—	0	0	—	NN
West Virginia	—	0	1	2	NN	—	0	0	—	NN
E.S. Central	—	0	2	5	NN	—	0	0	—	NN
Alabama [¶]	—	0	2	2	NN	—	0	0	—	NN
Kentucky	—	0	1	1	NN	—	0	0	—	NN
Mississippi	—	0	1	1	NN	—	0	0	—	NN
Tennessee [¶]	—	0	1	1	NN	—	0	0	—	NN
W.S. Central	—	0	1	4	NN	—	0	1	1	NN
Arkansas [¶]	—	0	0	—	NN	—	0	1	1	NN
Louisiana	—	0	0	—	NN	—	0	0	—	NN
Oklahoma	—	0	1	4	NN	—	0	0	—	NN
Texas [¶]	—	0	0	—	NN	—	0	0	—	NN
Mountain	—	0	2	16	NN	—	0	0	—	NN
Arizona	—	0	1	6	NN	—	0	0	—	NN
Colorado	—	0	0	—	NN	—	0	0	—	NN
Idaho [¶]	—	0	1	2	NN	—	0	0	—	NN
Montana [¶]	—	0	1	3	NN	—	0	0	—	NN
Nevada [¶]	—	0	1	4	NN	—	0	0	—	NN
New Mexico [¶]	—	0	1	1	NN	—	0	0	—	NN
Utah	—	0	0	—	NN	—	0	0	—	NN
Wyoming [¶]	—	0	0	—	NN	—	0	0	—	NN
Pacific	—	0	5	24	NN	—	0	0	—	NN
Alaska	—	0	0	—	NN	—	0	0	—	NN
California	—	0	5	11	NN	—	0	0	—	NN
Hawaii	—	0	0	—	NN	—	0	0	—	NN
Oregon	—	0	0	—	NN	—	0	0	—	NN
Washington	—	0	2	13	NN	—	0	0	—	NN
Territories										
American Samoa	—	0	0	—	NN	—	0	0	—	NN
C.N.M.I.	—	—	—	—	NN	—	—	—	—	NN
Guam	—	0	0	—	NN	—	0	0	—	NN
Puerto Rico	—	109	536	9,809	NN	—	0	3	42	NN
U.S. Virgin Islands	—	0	0	—	NN	—	0	0	—	NN

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 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.[†] Dengue Fever includes cases that meet criteria for Dengue Fever with hemorrhage, other clinical, and unknown case classifications.[‡] DHF includes cases that meet criteria for dengue shock syndrome (DSS), a more severe form of DHF.[¶] Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 11, 2010, and December 12, 2009 (49th week)*

Reporting area	Ehrlichiosis/Anaplasmosis†														
	<i>Ehrlichia chaffeensis</i>					<i>Anaplasma phagocytophilum</i>					Undetermined				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max				Med	Max			
United States	4	8	181	581	911	11	11	309	771	907	—	1	35	97	164
New England	—	0	2	7	54	1	1	8	84	262	—	0	2	8	2
Connecticut	—	0	0	—	—	1	0	5	26	17	—	0	2	6	—
Maine [§]	—	0	1	4	6	—	0	2	16	15	—	0	0	—	—
Massachusetts	—	0	0	—	9	—	0	1	—	97	—	0	0	—	—
New Hampshire	—	0	1	3	4	—	0	3	18	19	—	0	1	2	1
Rhode Island [§]	—	0	1	—	34	—	0	7	24	114	—	0	0	—	1
Vermont [§]	—	0	0	—	1	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	1	15	50	190	5	3	17	211	303	—	0	2	4	44
New Jersey	—	0	1	—	100	—	0	1	1	70	—	0	0	—	—
New York (Upstate)	—	0	15	29	54	5	3	17	207	222	—	0	1	4	6
New York City	—	0	3	20	10	—	0	1	3	9	—	0	0	—	1
Pennsylvania	—	0	1	1	26	—	0	0	—	2	—	0	1	—	37
E.N. Central	—	0	4	32	84	—	4	39	374	279	—	1	7	61	71
Illinois	—	0	2	12	33	—	0	2	7	6	—	0	2	3	3
Indiana	—	0	0	—	—	—	0	0	—	—	—	0	3	27	36
Michigan	—	0	1	2	6	—	0	0	—	—	—	0	1	4	—
Ohio	—	0	3	6	13	—	0	1	2	1	—	0	0	—	2
Wisconsin	—	0	1	12	32	—	4	39	365	272	—	0	4	27	30
W.N. Central	1	1	13	124	154	—	0	261	16	39	—	0	30	10	20
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	1	6	6	—	0	0	—	1	—	0	0	—	—
Minnesota	—	0	6	—	2	—	0	261	—	33	—	0	30	—	7
Missouri	1	1	13	116	144	—	0	3	16	4	—	0	3	10	13
Nebraska [§]	—	0	1	2	2	—	0	0	—	1	—	0	0	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
S. Atlantic	3	4	19	251	260	4	1	7	61	17	—	0	2	7	2
Delaware	—	0	3	17	22	—	0	1	4	2	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Florida	—	0	2	8	12	—	0	1	3	3	—	0	0	—	—
Georgia	—	0	4	22	18	—	0	1	2	1	—	0	1	1	—
Maryland [§]	—	0	3	24	44	—	0	2	15	4	—	0	2	3	—
North Carolina	3	2	13	103	64	4	0	4	25	3	—	0	0	—	—
South Carolina [§]	—	0	2	4	12	—	0	1	1	—	—	0	0	—	—
Virginia [§]	—	1	13	72	87	—	0	2	11	4	—	0	1	3	2
West Virginia	—	0	1	1	1	—	0	0	—	—	—	0	1	—	—
E.S. Central	—	1	10	86	136	—	0	2	18	3	—	0	1	6	24
Alabama [§]	—	0	3	11	9	—	0	2	7	1	—	0	0	—	—
Kentucky	—	0	2	16	12	—	0	0	—	—	—	0	0	—	—
Mississippi	—	0	1	3	6	—	0	1	1	—	—	0	0	—	—
Tennessee [§]	—	0	6	56	109	—	0	2	10	2	—	0	1	6	24
W.S. Central	—	0	141	30	30	1	0	23	7	2	—	0	1	1	—
Arkansas [§]	—	0	34	11	4	—	0	6	3	—	—	0	0	—	—
Louisiana	—	0	1	1	—	—	0	0	—	—	—	0	0	—	—
Oklahoma	—	0	105	15	24	—	0	16	2	1	—	0	0	—	—
Texas [§]	—	0	2	3	2	1	0	1	2	1	—	0	1	1	—
Mountain	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
Arizona	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
Colorado	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Idaho [§]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Montana [§]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Nevada [§]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
New Mexico [§]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Utah	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Wyoming [§]	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Pacific	—	0	1	1	3	—	0	0	—	2	—	0	1	—	—
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
California	—	0	1	1	3	—	0	0	—	2	—	0	1	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/pfs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.

† Cumulative total *E. ewingii* cases reported for year 2010 = 10.

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 11, 2010, and December 12, 2009 (49th week)*

Reporting area	Giardiasis					Gonorrhea					Haemophilus influenzae, invasive† All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	219	333	666	16,841	18,085	2,956	5,578	6,386	266,463	285,888	41	59	171	2,755	2,716
New England	16	32	54	1,499	1,676	125	102	196	5,107	4,779	6	4	21	180	188
Connecticut	—	5	13	236	274	62	41	169	2,214	2,326	1	0	15	44	48
Maine [§]	4	4	12	220	211	—	3	11	136	130	1	0	2	13	19
Massachusetts	11	13	24	670	719	57	46	81	2,290	1,858	1	2	8	89	94
New Hampshire	—	3	8	137	193	4	3	7	151	106	—	0	2	11	12
Rhode Island [§]	—	1	7	60	67	—	5	14	267	313	—	0	2	11	10
Vermont [§]	1	4	10	176	212	2	0	17	49	46	3	0	1	12	5
Mid. Atlantic	41	62	105	3,051	3,280	377	686	1,161	34,203	30,019	5	11	34	546	545
New Jersey	—	7	18	331	413	101	112	175	5,615	4,584	—	2	7	87	119
New York (Upstate)	25	22	84	1,119	1,270	131	106	422	5,496	5,481	3	3	20	151	150
New York City	4	17	33	868	793	—	228	528	11,058	10,460	—	2	6	106	69
Pennsylvania	12	14	27	733	804	145	249	366	12,034	9,494	2	4	9	202	207
E.N. Central	21	54	83	2,685	2,777	230	947	1,231	45,453	60,142	6	10	20	466	431
Illinois	—	12	26	539	585	11	187	360	8,602	19,139	—	3	9	151	161
Indiana	—	5	14	207	293	—	99	222	5,073	6,604	—	1	6	76	80
Michigan	2	13	25	642	634	131	247	471	12,533	14,149	1	0	3	33	24
Ohio	15	17	29	821	771	55	319	381	14,750	15,285	5	2	6	115	95
Wisconsin	4	8	32	476	494	33	93	155	4,495	4,965	—	2	5	91	71
W.N. Central	15	24	165	1,341	1,774	34	282	348	13,312	14,168	5	3	24	159	154
Iowa	2	5	11	269	282	5	33	57	1,656	1,593	—	0	1	1	—
Kansas	1	4	10	201	158	10	37	62	1,879	2,406	1	0	2	16	13
Minnesota	—	0	135	136	539	—	38	62	1,761	2,203	—	0	17	25	54
Missouri	10	8	26	418	495	—	137	178	6,430	6,190	2	2	6	81	57
Nebraska [§]	2	4	9	209	164	18	21	47	1,064	1,313	1	0	3	25	24
North Dakota	—	0	7	29	25	—	2	11	106	134	1	0	4	11	6
South Dakota	—	1	7	79	111	1	7	19	416	329	—	0	0	—	—
S. Atlantic	61	70	143	3,460	3,517	821	1,347	1,789	65,877	71,235	8	14	27	713	739
Delaware	1	0	5	31	25	17	18	48	933	908	—	0	1	5	5
District of Columbia	—	1	5	39	70	—	34	66	1,705	2,476	—	0	1	4	6
Florida	49	39	87	2,022	1,834	180	388	493	18,958	19,917	2	3	9	179	214
Georgia	—	8	51	485	711	124	211	392	10,107	12,892	1	3	9	165	146
Maryland [§]	—	5	11	246	267	—	132	237	6,276	5,985	—	1	6	63	87
North Carolina	N	0	0	N	N	121	242	596	12,597	13,275	—	2	9	117	97
South Carolina [§]	3	2	9	130	103	186	151	232	7,632	7,981	2	2	7	75	74
Virginia [§]	8	9	36	461	455	176	152	265	7,123	7,346	1	2	4	75	82
West Virginia	—	0	6	46	52	17	10	26	546	455	2	0	5	30	28
E.S. Central	—	6	15	266	393	285	468	697	22,599	25,343	2	3	12	162	158
Alabama [§]	—	4	11	209	187	102	147	217	7,233	7,162	—	0	3	25	38
Kentucky	N	0	0	N	N	—	73	142	3,475	3,657	—	1	2	32	20
Mississippi	N	0	0	N	N	146	110	216	5,303	6,967	1	0	2	14	8
Tennessee [§]	—	1	9	57	206	37	134	194	6,588	7,557	1	2	10	91	92
W.S. Central	—	8	16	358	498	645	835	1,303	41,185	44,658	3	2	20	126	122
Arkansas [§]	—	2	7	127	145	100	77	133	3,618	4,285	—	0	3	16	21
Louisiana	—	3	9	168	197	179	93	351	4,646	8,549	—	0	4	24	22
Oklahoma	—	1	7	63	156	79	77	359	4,116	4,266	3	1	15	78	73
Texas [§]	N	0	0	N	N	287	590	964	28,805	27,558	—	0	2	8	6
Mountain	9	30	50	1,549	1,578	107	177	262	8,498	8,925	3	5	15	276	234
Arizona	2	3	8	149	194	34	63	109	2,898	3,010	1	2	10	100	77
Colorado	4	13	27	656	476	16	53	95	2,541	2,659	2	1	5	79	65
Idaho [§]	1	4	9	195	201	3	2	13	124	102	—	0	2	18	4
Montana [§]	2	2	7	99	128	—	2	6	95	73	—	0	1	2	1
Nevada [§]	—	1	11	97	103	31	29	94	1,523	1,669	—	0	2	9	18
New Mexico [§]	—	2	5	95	110	22	20	41	1,005	1,012	—	1	5	40	33
Utah	—	4	11	222	300	1	5	15	282	328	—	0	4	22	33
Wyoming [§]	—	1	5	36	66	—	0	4	30	72	—	0	2	6	3
Pacific	56	53	133	2,632	2,592	332	609	815	30,229	26,619	3	2	21	127	145
Alaska	—	2	6	88	108	—	24	37	1,151	940	—	0	2	20	21
California	36	33	57	1,628	1,700	248	497	691	24,755	21,855	1	0	18	23	41
Hawaii	—	0	4	33	20	—	14	25	693	608	—	0	2	9	30
Oregon	4	9	20	454	387	15	20	42	964	1,042	—	1	5	67	50
Washington	16	8	75	429	377	69	53	83	2,666	2,174	2	0	4	8	3
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	2	3	—	0	5	40	19	—	0	0	—	—
Puerto Rico	—	1	8	65	148	—	6	14	274	224	—	0	1	1	4
U.S. Virgin Islands	—	0	0	—	—	—	2	7	125	114	—	0	0	—	—

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

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 11, 2010, and December 12, 2009 (49th week)*

Reporting area	Hepatitis (viral, acute), by type														
	A					B					C				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max				Med	Max			
United States	15	30	69	1,452	1,855	26	62	204	2,911	3,061	5	14	44	772	710
New England	1	2	5	89	103	—	1	5	49	52	—	1	4	41	64
Connecticut	1	0	3	28	18	—	0	2	19	15	—	0	4	27	51
Maine†	—	0	1	7	1	—	0	2	13	15	—	0	0	—	2
Massachusetts	—	1	5	44	67	—	0	2	9	17	—	0	2	12	10
New Hampshire	—	0	1	2	7	—	0	2	6	5	N	0	0	N	N
Rhode Island†	—	0	4	8	8	U	0	0	U	U	U	0	0	U	U
Vermont†	—	0	0	—	2	—	0	1	2	—	—	0	1	2	1
Mid. Atlantic	—	4	10	196	256	2	5	10	266	311	1	2	6	105	95
New Jersey	—	0	3	14	64	—	1	5	66	91	—	0	2	15	7
New York (Upstate)	—	1	4	57	44	1	1	6	52	48	1	1	4	57	45
New York City	—	1	5	73	84	—	1	4	78	69	—	0	1	1	5
Pennsylvania	—	1	4	52	64	1	1	5	70	103	—	0	3	32	38
E.N. Central	—	4	9	203	278	1	9	17	438	411	—	2	8	116	87
Illinois	—	1	3	46	122	—	2	5	88	114	—	0	1	2	5
Indiana	—	0	2	17	16	—	1	5	51	70	—	0	2	23	20
Michigan	—	1	5	68	72	1	3	6	121	121	—	1	5	75	33
Ohio	—	1	5	46	36	—	2	6	85	83	—	0	1	8	26
Wisconsin	—	0	3	26	32	—	2	8	93	23	—	0	2	8	3
W.N. Central	3	1	13	77	113	1	2	15	114	134	—	0	11	25	22
Iowa	—	0	3	11	35	1	0	2	14	35	—	0	1	—	10
Kansas	—	0	3	12	12	—	0	2	9	6	—	0	2	3	1
Minnesota	—	0	12	15	21	—	0	13	8	25	—	0	9	12	6
Missouri	—	0	2	23	21	—	1	3	70	43	—	0	2	8	—
Nebraska†	—	0	4	12	20	—	0	2	12	22	—	0	1	2	3
North Dakota	3	0	1	3	1	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	1	1	3	—	0	1	1	3	—	0	0	—	1
S. Atlantic	4	7	14	327	407	9	17	40	823	836	1	4	7	165	164
Delaware	—	0	1	7	4	—	0	2	23	33	U	0	0	U	U
District of Columbia	—	0	1	1	1	—	0	1	3	10	—	0	1	2	1
Florida	2	3	7	134	163	6	6	11	284	278	—	1	5	54	49
Georgia	2	1	3	37	50	1	3	7	139	140	—	0	2	10	31
Maryland†	—	0	3	23	45	1	1	6	71	70	—	0	3	26	22
North Carolina	—	1	5	47	40	—	1	16	93	100	1	1	3	42	22
South Carolina†	—	0	3	22	60	1	1	4	54	53	—	0	1	1	1
Virginia†	—	1	6	48	39	—	2	14	94	90	—	0	2	13	10
West Virginia	—	0	5	8	5	—	0	14	62	62	—	0	5	17	28
E.S. Central	—	1	5	45	41	2	8	13	337	331	—	3	8	144	100
Alabama†	—	0	2	8	11	—	1	4	61	86	—	0	1	6	8
Kentucky	—	0	5	23	10	1	2	8	123	86	—	2	6	100	61
Mississippi	—	0	1	2	9	—	0	3	34	31	U	0	0	U	U
Tennessee†	—	0	2	12	11	1	2	8	119	128	—	1	4	38	31
W.S. Central	2	3	19	136	184	5	9	109	465	547	2	1	14	71	56
Arkansas†	—	0	1	2	12	—	0	4	41	61	—	0	0	—	2
Louisiana	—	0	2	12	6	—	1	4	45	70	—	0	1	9	8
Oklahoma	—	0	1	1	6	1	2	19	90	99	2	0	12	32	13
Texas†	2	2	18	121	160	4	5	87	289	317	—	0	3	30	33
Mountain	1	3	8	138	154	—	3	8	131	124	—	1	5	50	49
Arizona	—	1	5	61	64	—	0	2	30	40	U	0	0	U	U
Colorado	1	1	3	35	49	—	0	5	40	25	—	0	1	12	26
Idaho†	—	0	2	7	5	—	0	1	6	11	—	0	2	9	6
Montana†	—	0	1	4	6	—	0	1	1	1	—	0	1	2	1
Nevada†	—	0	2	14	13	—	1	3	38	32	—	0	1	6	4
New Mexico†	—	0	1	5	8	—	0	1	5	6	—	0	2	11	6
Utah	—	0	1	9	7	—	0	1	8	5	—	0	2	10	6
Wyoming†	—	0	3	3	2	—	0	1	3	4	—	0	0	—	—
Pacific	4	5	17	241	319	6	6	20	288	315	1	1	6	55	73
Alaska	—	0	1	4	2	—	0	1	3	4	U	0	0	U	U
California	2	4	16	196	253	5	4	16	200	223	—	0	4	21	39
Hawaii	—	0	2	4	8	—	0	1	3	6	U	0	0	U	U
Oregon	—	0	2	17	17	—	1	3	38	41	1	0	3	15	17
Washington	2	0	2	20	39	1	1	4	44	41	—	0	6	19	15
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	6	22	7	—	1	6	43	57	—	0	7	37	49
Puerto Rico	1	0	2	14	21	—	0	2	18	34	—	0	0	—	—
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 December 11, 2010, and December 12, 2009 (49th week)*

Reporting area	Legionellosis					Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	29	57	114	3,032	3,304	88	396	2,336	26,608	35,601	17	27	89	1,383	1,328
New England	3	3	15	234	189	17	121	495	7,993	12,177	—	2	4	67	57
Connecticut	1	1	6	50	51	—	42	211	2,659	4,108	—	0	1	1	6
Maine†	—	0	4	12	8	14	11	76	688	873	—	0	1	5	2
Massachusetts	2	2	10	119	89	2	39	216	2,988	5,180	—	1	3	47	36
New Hampshire	—	0	5	21	14	—	23	67	1,178	1,386	—	0	2	4	4
Rhode Island†	—	0	4	23	20	—	1	40	149	231	—	0	1	7	5
Vermont†	—	0	2	9	7	1	4	27	331	399	—	0	1	3	4
Mid. Atlantic	9	14	44	828	1,146	39	169	733	12,043	15,480	5	7	17	377	394
New Jersey	—	2	11	93	212	—	47	216	3,144	4,913	—	0	4	1	97
New York (Upstate)	8	5	19	281	339	24	47	577	2,764	3,900	3	1	6	73	48
New York City	—	2	14	143	220	—	2	14	93	1,034	1	4	14	247	196
Pennsylvania	1	6	18	311	375	15	82	383	6,042	5,633	1	1	3	56	53
E.N. Central	5	11	42	676	696	1	19	273	2,453	2,936	1	2	9	138	169
Illinois	—	1	15	120	127	—	1	17	123	136	—	1	7	51	69
Indiana	—	2	6	102	60	—	1	7	69	82	—	0	2	8	25
Michigan	1	2	20	166	161	—	1	13	90	100	—	0	4	29	30
Ohio	4	4	15	224	274	—	0	8	36	57	1	0	5	40	35
Wisconsin	—	1	11	64	74	1	15	246	2,135	2,561	—	0	1	10	10
W.N. Central	2	2	19	109	115	5	2	1,395	120	268	1	1	11	68	72
Iowa	—	0	1	—	23	—	1	10	80	106	—	0	2	13	10
Kansas	—	0	2	12	7	—	0	1	6	18	—	0	2	11	8
Minnesota	—	0	16	35	12	—	0	1,380	—	135	—	0	11	3	32
Missouri	2	0	4	37	58	—	0	1	1	3	1	0	3	22	12
Nebraska†	—	0	2	9	12	—	0	2	9	5	—	0	2	15	8
North Dakota	—	0	1	7	1	5	0	15	23	—	—	0	1	1	1
South Dakota	—	0	2	9	2	—	0	1	1	1	—	0	2	3	1
S. Atlantic	6	10	27	518	566	23	58	175	3,629	4,264	9	7	42	399	347
Delaware	—	0	3	16	19	1	11	32	606	966	—	0	1	2	5
District of Columbia	—	0	4	16	23	—	0	4	30	61	—	0	2	9	17
Florida	5	3	9	168	180	5	2	10	102	105	7	3	7	130	87
Georgia	—	1	4	53	58	—	0	2	11	40	—	0	5	45	66
Maryland†	—	2	6	108	147	—	24	100	1,553	1,996	—	1	22	93	77
North Carolina	—	1	7	56	58	4	1	9	84	93	2	0	13	49	30
South Carolina†	—	0	2	11	12	—	0	3	28	41	—	0	1	4	5
Virginia†	1	1	8	76	60	13	19	79	1,094	794	—	1	5	64	58
West Virginia	—	0	3	14	9	—	0	32	121	168	—	0	2	3	2
E.S. Central	1	2	10	126	138	—	1	4	44	37	—	0	3	31	31
Alabama†	1	0	2	19	17	—	0	1	2	3	—	0	1	9	9
Kentucky	—	0	4	27	52	—	0	1	5	1	—	0	3	8	9
Mississippi	—	0	3	10	4	—	0	0	—	—	—	0	2	2	4
Tennessee†	—	1	6	70	65	—	0	4	37	33	—	0	2	12	9
W.S. Central	2	3	14	142	127	1	2	44	96	221	—	1	31	77	66
Arkansas†	—	0	2	15	8	—	0	0	—	—	—	0	1	2	5
Louisiana	—	0	3	8	14	—	0	1	2	—	—	0	1	5	6
Oklahoma	—	0	4	13	6	—	0	2	—	—	—	0	1	5	1
Texas†	2	2	10	106	99	1	2	42	94	221	—	1	30	65	54
Mountain	—	3	10	155	141	—	0	3	25	56	—	1	4	59	48
Arizona	—	1	6	59	43	—	0	1	2	6	—	0	2	23	10
Colorado	—	0	5	32	29	—	0	1	3	1	—	0	3	21	26
Idaho†	—	0	1	7	7	—	0	2	8	16	—	0	1	3	3
Montana†	—	0	1	4	7	—	0	1	4	3	—	0	1	2	5
Nevada†	—	0	2	19	14	—	0	1	1	13	—	0	1	6	—
New Mexico†	—	0	2	9	9	—	0	2	5	5	—	0	1	1	—
Utah	—	0	2	20	28	—	0	1	2	9	—	0	1	3	4
Wyoming†	—	0	2	5	4	—	0	0	—	3	—	0	0	—	—
Pacific	1	5	19	244	186	2	4	10	205	162	1	3	19	167	144
Alaska	—	0	2	2	1	—	0	1	6	7	—	0	1	3	2
California	—	4	19	204	144	1	3	9	136	103	1	2	13	114	109
Hawaii	—	0	1	1	1	N	0	0	N	N	—	0	1	1	1
Oregon	—	0	3	14	16	—	1	4	49	37	—	0	3	14	11
Washington	1	0	4	23	24	1	0	3	14	15	—	0	5	35	21
Territories															
American Samoa	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	1	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	2	N	0	0	N	N	—	0	2	4	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNationalNotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 11, 2010, and December 12, 2009 (49th week)*

Reporting area	Meningococcal disease, invasive†					Pertussis					Rabies, animal				
	All groups														
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max				Med	Max			
United States	7	15	43	710	898	509	403	1,756	19,529	14,509	28	63	143	3,132	4,872
New England	—	0	3	18	34	2	8	22	467	604	—	4	15	212	336
Connecticut	—	0	1	3	6	—	1	8	107	54	—	0	14	59	146
Maine [§]	—	0	1	4	4	2	1	5	47	80	—	1	4	59	51
Massachusetts	—	0	2	6	16	—	5	13	252	342	—	0	0	—	—
New Hampshire	—	0	0	—	3	—	0	2	19	74	—	0	5	13	32
Rhode Island [§]	—	0	0	—	4	—	0	9	26	43	—	0	4	31	43
Vermont [§]	—	0	1	5	1	—	0	4	16	11	—	1	3	50	64
Mid. Atlantic	1	1	4	70	102	133	31	100	1,740	1,142	9	19	41	993	541
New Jersey	—	0	2	17	17	—	3	9	132	231	—	0	0	—	—
New York (Upstate)	1	0	3	12	23	80	11	69	654	223	9	9	19	483	419
New York City	—	0	2	16	17	—	0	9	78	92	—	2	12	120	22
Pennsylvania	—	0	2	25	45	53	12	63	876	596	—	8	24	390	100
E.N. Central	—	2	9	121	162	72	99	174	4,830	3,011	2	2	27	226	218
Illinois	—	0	3	19	44	—	16	34	828	615	—	1	11	114	82
Indiana	—	0	3	26	34	—	9	26	526	366	—	0	0	—	25
Michigan	—	0	3	22	20	5	27	55	1,336	828	2	1	5	67	65
Ohio	—	0	2	31	42	67	29	80	1,693	1,035	—	0	12	45	46
Wisconsin	—	0	3	23	22	—	8	21	447	167	—	0	0	—	—
W.N. Central	1	1	5	51	82	22	35	627	2,275	2,076	—	4	16	243	372
Iowa	—	0	3	10	13	—	11	27	584	224	—	0	3	26	33
Kansas	—	0	2	7	13	—	3	9	160	235	—	1	4	59	73
Minnesota	—	0	2	2	13	—	0	601	698	421	—	0	9	26	60
Missouri	1	0	4	25	27	20	8	44	546	985	—	1	6	66	65
Nebraska [§]	—	0	2	5	11	2	4	13	209	134	—	1	4	51	77
North Dakota	—	0	1	2	1	—	0	30	50	29	—	0	5	15	11
South Dakota	—	0	1	—	4	—	0	5	28	48	—	0	0	—	53
S. Atlantic	—	2	7	126	159	42	29	78	1,546	1,547	17	21	73	1,041	2,031
Delaware	—	0	1	2	2	—	0	4	14	13	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	1	8	7	—	0	0	—	—
Florida	—	1	5	57	51	5	5	28	304	490	—	0	60	72	161
Georgia	—	0	2	13	31	4	4	18	228	219	—	0	6	—	390
Maryland [§]	—	0	1	8	10	—	3	8	124	141	—	6	14	344	372
North Carolina	—	0	2	15	31	—	0	32	129	196	—	0	5	—	456
South Carolina [§]	—	0	1	10	11	3	5	19	334	248	—	0	0	—	—
Virginia [§]	—	0	2	19	17	22	5	18	280	202	16	10	25	548	538
West Virginia	—	0	2	2	6	8	1	21	125	31	1	1	7	77	114
E.S. Central	—	1	3	39	34	5	15	34	737	770	—	3	7	141	136
Alabama [§]	—	0	1	7	11	—	4	8	188	292	—	1	4	49	—
Kentucky	—	0	2	17	6	—	5	14	263	219	—	0	4	21	45
Mississippi	—	0	1	5	3	—	1	8	71	74	—	0	1	1	4
Tennessee [§]	—	0	2	10	14	5	4	11	215	185	—	1	4	70	87
W.S. Central	1	1	9	82	87	82	57	753	2,790	3,130	—	0	30	69	889
Arkansas [§]	—	0	1	6	9	7	3	29	183	334	—	0	7	28	41
Louisiana	—	0	4	14	18	—	1	3	38	145	—	0	0	—	—
Oklahoma	1	0	7	16	14	2	0	41	91	75	—	0	30	41	33
Texas [§]	—	1	7	46	46	73	48	681	2,478	2,576	—	0	7	—	815
Mountain	2	1	6	53	60	109	27	97	1,621	965	—	1	8	80	104
Arizona	—	0	2	13	13	1	7	16	387	256	—	0	5	—	—
Colorado	1	0	4	21	21	108	4	86	545	221	—	0	0	—	—
Idaho [§]	—	0	1	5	7	—	3	15	183	95	—	0	2	11	8
Montana [§]	—	0	1	1	5	—	1	16	98	58	—	0	3	17	25
Nevada [§]	—	0	1	8	4	—	0	7	32	24	—	0	2	8	6
New Mexico [§]	—	0	1	3	3	—	2	11	129	76	—	0	2	13	26
Utah	—	0	1	1	2	—	4	13	237	213	—	0	2	10	13
Wyoming [§]	1	0	0	1	5	—	0	2	10	22	—	0	4	21	26
Pacific	2	3	16	150	178	42	45	210	3,523	1,264	—	2	12	127	245
Alaska	—	0	1	1	6	—	0	6	38	56	—	0	2	12	12
California	1	2	13	100	110	6	31	182	2,694	660	—	2	12	102	222
Hawaii	—	0	1	1	5	—	0	6	42	45	—	0	0	—	—
Oregon	—	1	2	31	41	2	6	16	311	246	—	0	2	13	11
Washington	1	0	7	17	16	34	5	38	438	257	—	0	0	—	—
Territories															
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	2	—	0	0	—	—
Puerto Rico	—	0	0	—	1	—	0	1	3	1	—	1	3	40	39
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

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† Data for meningococcal disease, invasive caused by serogroups A, C, Y, and W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 11, 2010, and December 12, 2009 (49th week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
		Med	Max				Med	Max				Med	Max		
United States	447	953	1,727	48,562	46,196	46	85	210	4,543	4,341	197	277	527	13,155	14,778
New England	8	32	480	2,191	2,097	1	2	53	193	289	—	4	67	301	331
Connecticut	—	0	464	464	430	—	0	53	53	67	—	0	62	62	43
Maine [§]	5	2	7	127	118	—	0	3	20	19	—	0	1	8	5
Massachusetts	3	23	52	1,228	1,100	—	1	9	79	105	—	4	16	207	231
New Hampshire	—	3	10	157	255	—	0	2	21	35	—	0	1	12	21
Rhode Island [§]	—	2	17	140	134	—	0	1	2	38	—	0	3	11	26
Vermont [§]	—	1	5	75	60	1	0	2	18	25	—	0	1	1	5
Mid. Atlantic	41	96	219	5,468	5,238	4	9	32	531	411	5	33	53	1,492	2,675
New Jersey	—	19	57	1,012	1,077	—	2	9	102	101	—	6	16	331	566
New York (Upstate)	29	25	78	1,371	1,249	4	3	13	194	143	4	3	19	216	215
New York City	1	25	56	1,284	1,214	—	1	7	77	56	—	5	14	282	437
Pennsylvania	11	31	82	1,801	1,698	—	2	13	158	111	1	13	34	663	1,457
E.N. Central	20	88	245	5,109	4,968	3	9	39	698	698	5	26	238	1,578	2,420
Illinois	—	28	114	1,717	1,418	—	2	9	121	164	—	9	228	769	591
Indiana	—	11	62	623	598	—	1	9	67	94	—	1	5	38	73
Michigan	4	15	48	882	928	—	2	16	149	134	1	5	9	236	215
Ohio	16	24	47	1,262	1,360	3	3	11	139	127	4	5	23	293	1,056
Wisconsin	—	9	45	625	664	—	3	17	222	179	—	4	21	242	485
W.N. Central	37	46	98	2,390	2,524	10	11	39	634	709	11	43	88	1,951	1,209
Iowa	1	9	34	507	383	—	2	16	167	155	1	1	5	49	52
Kansas	1	7	19	426	384	1	1	6	73	54	3	5	14	256	196
Minnesota	—	0	32	178	536	—	0	13	31	205	—	0	3	14	75
Missouri	31	13	44	818	634	7	4	27	240	136	6	36	75	1,569	844
Nebraska [§]	3	4	13	242	335	2	1	6	74	84	1	1	10	56	34
North Dakota	1	0	39	51	64	—	0	10	17	8	—	0	5	—	4
South Dakota	—	3	17	168	188	—	0	4	32	67	—	0	2	7	4
S. Atlantic	213	262	610	15,052	13,726	6	13	30	709	641	55	46	133	2,578	2,269
Delaware	1	3	11	172	140	—	0	2	6	13	—	0	4	40	145
District of Columbia	—	1	6	75	96	—	0	1	6	2	—	0	4	25	26
Florida	117	118	227	6,031	6,344	4	4	13	235	165	42	19	53	1,106	444
Georgia	23	41	132	2,655	2,304	—	1	15	103	69	10	14	39	746	632
Maryland [§]	2	17	54	980	774	—	2	9	97	90	—	2	8	124	360
North Carolina	18	30	209	2,287	1,717	—	1	10	90	106	2	3	36	231	351
South Carolina [§]	35	21	98	1,606	1,141	—	0	2	22	33	1	1	5	67	122
Virginia [§]	17	18	68	1,076	1,002	2	2	15	129	134	—	3	15	136	180
West Virginia	—	2	16	170	208	—	0	4	21	29	—	0	66	103	9
E.S. Central	16	55	177	3,763	2,970	1	4	22	258	208	11	13	40	722	776
Alabama [§]	5	19	52	1,001	888	—	1	4	51	46	7	3	14	209	149
Kentucky	4	10	31	555	436	—	1	6	68	69	—	3	28	218	217
Mississippi	1	17	67	1,181	885	—	0	12	30	6	—	1	4	52	47
Tennessee [§]	6	14	53	1,026	761	1	2	7	109	87	4	5	14	243	363
W.S. Central	12	110	547	5,871	5,664	—	5	68	275	298	65	53	251	2,619	2,793
Arkansas [§]	6	12	43	761	591	—	1	5	47	44	3	1	9	76	298
Louisiana	1	19	49	1,195	1,151	—	0	2	19	23	1	5	13	262	171
Oklahoma	5	12	46	643	590	—	0	27	40	32	1	6	96	251	279
Texas [§]	—	61	477	3,272	3,332	—	3	41	169	199	60	41	144	2,030	2,045
Mountain	7	49	105	2,621	2,897	4	11	34	609	549	4	15	32	763	1,097
Arizona	1	17	42	884	1,036	3	1	10	86	66	1	8	18	408	784
Colorado	5	10	24	552	590	—	3	21	209	164	3	2	6	97	93
Idaho [§]	1	3	9	158	166	1	2	7	102	88	—	0	3	23	8
Montana [§]	—	2	7	84	105	—	1	5	40	35	—	0	1	6	11
Nevada [§]	—	4	22	279	246	—	0	5	32	34	—	1	6	47	70
New Mexico [§]	—	6	19	315	354	—	1	5	43	37	—	2	10	139	103
Utah	—	6	17	310	307	—	1	7	82	110	—	1	4	43	24
Wyoming [§]	—	1	5	39	93	—	0	2	15	15	—	0	0	—	4
Pacific	93	117	299	6,097	6,112	17	10	46	636	538	41	21	64	1,151	1,208
Alaska	—	1	5	78	65	—	0	1	2	1	—	0	1	1	4
California	72	84	227	4,618	4,574	7	6	35	286	254	37	17	51	962	969
Hawaii	—	4	14	210	320	—	0	4	18	11	—	0	3	22	42
Oregon	—	8	48	490	416	—	2	15	117	78	—	1	4	58	51
Washington	21	15	61	701	737	10	3	19	213	194	4	1	20	108	142
Territories															
American Samoa	—	0	1	2	—	—	0	0	—	—	—	1	1	4	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	7	11	—	0	0	—	—	—	0	1	1	13
Puerto Rico	3	10	39	478	531	—	0	0	—	—	—	0	1	5	14
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

[§] Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 11, 2010, and December 12, 2009 (49th week)*

Reporting area	Spotted Fever Rickettsiosis (including RMSF) [†]									
	Confirmed					Probable				
	Current week	Previous 52 weeks		Cum 2010	Cum 2009	Current week	Previous 52 weeks		Cum 2010	Cum 2009
	Med	Max				Med	Max			
United States	—	2	12	157	144	2	25	421	1,477	1,230
New England	—	0	0	—	2	—	0	1	3	11
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine [§]	—	0	0	—	—	—	0	1	2	5
Massachusetts	—	0	0	—	1	—	0	0	—	6
New Hampshire	—	0	0	—	—	—	0	1	1	—
Rhode Island [§]	—	0	0	—	—	—	0	0	—	—
Vermont [§]	—	0	0	—	1	—	0	0	—	—
Mid. Atlantic	—	0	2	16	12	—	1	4	60	95
New Jersey	—	0	0	—	2	—	0	1	—	60
New York (Upstate)	—	0	1	2	—	—	0	3	18	14
New York City	—	0	1	1	1	—	0	4	28	7
Pennsylvania	—	0	2	13	9	—	0	2	14	14
E.N. Central	—	0	1	4	9	—	1	9	91	81
Illinois	—	0	1	2	1	—	0	5	33	48
Indiana	—	0	1	2	3	—	0	5	43	10
Michigan	—	0	0	—	4	—	0	1	1	1
Ohio	—	0	0	—	—	—	0	2	13	18
Wisconsin	—	0	0	—	1	—	0	1	1	4
W.N. Central	—	0	4	19	19	—	4	21	316	254
Iowa	—	0	0	—	1	—	0	1	4	4
Kansas	—	0	1	2	1	—	0	0	—	—
Minnesota	—	0	1	—	2	—	0	0	—	2
Missouri	—	0	4	15	7	—	4	20	308	244
Nebraska [§]	—	0	1	2	8	—	0	1	3	4
North Dakota	—	0	0	—	—	—	0	1	1	—
South Dakota	—	0	0	—	—	—	0	0	—	—
S. Atlantic	—	1	9	83	66	2	9	60	502	373
Delaware	—	0	1	1	—	—	0	3	21	18
District of Columbia	—	0	1	1	—	—	0	1	—	1
Florida	—	0	1	4	—	—	0	2	11	7
Georgia	—	1	6	57	52	—	0	0	—	—
Maryland [§]	—	0	1	3	3	—	0	5	53	37
North Carolina	—	0	3	12	7	2	2	48	268	242
South Carolina [§]	—	0	1	1	3	—	0	2	18	15
Virginia [§]	—	0	2	4	1	—	2	12	131	51
West Virginia	—	0	0	—	—	—	0	0	—	2
E.S. Central	—	0	3	19	9	—	5	29	382	253
Alabama [§]	—	0	1	5	3	—	1	8	75	62
Kentucky	—	0	2	6	1	—	0	0	—	—
Mississippi	—	0	0	—	—	—	0	3	16	9
Tennessee [§]	—	0	2	8	5	—	4	20	291	182
W.S. Central	—	0	3	6	9	—	1	408	111	139
Arkansas [§]	—	0	2	2	—	—	0	110	64	70
Louisiana	—	0	0	—	—	—	0	1	2	2
Oklahoma	—	0	3	3	7	—	0	287	26	46
Texas [§]	—	0	1	1	2	—	0	11	19	21
Mountain	—	0	1	2	17	—	0	2	12	24
Arizona	—	0	1	—	11	—	0	1	2	12
Colorado	—	0	0	—	1	—	0	1	1	—
Idaho [§]	—	0	0	—	—	—	0	1	5	1
Montana [§]	—	0	1	2	4	—	0	1	1	6
Nevada [§]	—	0	0	—	—	—	0	0	—	1
New Mexico [§]	—	0	0	—	—	—	0	1	1	1
Utah	—	0	0	—	—	—	0	1	1	1
Wyoming [§]	—	0	0	—	1	—	0	1	1	2
Pacific	—	0	2	8	1	—	0	0	—	—
Alaska	N	0	0	N	N	N	0	0	N	N
California	—	0	2	7	1	—	0	0	—	—
Hawaii	N	0	0	N	N	N	0	0	N	N
Oregon	—	0	1	1	—	—	0	0	—	—
Washington	—	0	0	—	—	—	0	0	—	—
Territories										
American Samoa	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
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

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

* Case counts for reporting year 2010 are provisional and subject to change. For further information on interpretation of these data, see <http://www.cdc.gov/ncphi/diss/nndss/phs/files/ProvisionalNationa%20NotifiableDiseasesSurveillanceData20100927.pdf>. Data for HIV/AIDS, AIDS and TB, when available, are displayed in Table IV, which appears quarterly.

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

[§] Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

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