

# Project Tycho

*Preliminary data for the state of North Carolina*

## Tycho database beta test version

*The data presented in this report are of preliminary nature and should not be used for publication or other types of official use*

June 2011

University of Pittsburgh Graduate School of Public Health



University of Pittsburgh



## Table of Content

<b>Acknowledgements</b>	<b>page 3</b>
<b>Contact information</b>	<b>page 4</b>
<b>Introduction</b>	<b>page 5</b>
<b>Vision and goal</b>	<b>page 7</b>
<b>Collaboration</b>	<b>page 8</b>
<b>Summary of methods</b>	<b>page 9</b>
<b>Overview of data available for the state of North Carolina</b>	<b>page 12</b>
<b>Disease specific data for North Carolina</b>	<b>page 18</b>
- AIDS	page 18
- Chickenpox	page 19
- Chlamydia	page 21
- Cryptosporidiosis	page 22
- Diphtheria	page 23
- Escherichia Coli	page 25
- Gonorrhea	page 26
- Haemophilus Influenzae	page 27
- Hepatitis	page 28
- Influenza	page 30
- Legionellosis	page 31
- Listeriosis	page 32
- Lyme disease	page 33
- Malaria	page 34
- Measles	page 35
- Meningitis	page 37
- Meningococcal disease	page 38
- Mumps	page 40
- Pneumonia	page 42
- Poliomyelitis	page 43
- Rabies in animals	page 44
- Rocky Mountain Spotted Fever	page 45
- Rubella	page 46
- Salmonellosis	page 47
- Scarlet fever	page 48
- Shigellosis	page 50
- Streptococcal disease, invasive group A	page 51
- Streptococcal sore throat	page 52

## Disease specific data for North Carolina, continued

- Syphilis	page 53
- Toxic Shock Syndrome	page 54
- Tuberculosis	page 55
- Typhoid fever	page 57
- Whooping cough	page 59

Diseases with fragmented data	page 61
-------------------------------	---------

## Acknowledgements

The development of this project would not have been possible without data collected every week by staff from city-, county-, state- and federal public health departments. We would like to acknowledge their invaluable contribution to the overall body of surveillance data that were digitized during this project. Particularly, we acknowledge staff from the Council of State and Territorial Epidemiologists (CSTE) and the US Centers for Disease Control for their overall efforts in disease surveillance and their particular input in this project.

We also acknowledge the help of many contributors that have contributed to the digitization and processing of weekly surveillance data included in this database. Digital Divide Data: Linda Thomas, Eric Gold, Heak Hok, Villa Kem and Hetel Patel. University of Pittsburgh Graduate School of Public Health: Steve Wisniewsky, Heather Eng, Sharon Crow, David Galloway, Jia Xu and Raaka Kumbhakar. University of Pittsburgh School of Information Sciences: Vladimir Zadorozhny, Ying-Feng Hsu, David Paul Koenig , Fatimah Ridwan and Divyasheel Sharma. Johns Hopkins Bloomberg School of Public Health: Derek Cummings. Pittsburgh Supercomputing Center: David Graham and Andrew Adams.

This project was made possible with funding from the Bill & Melinda Gates Foundation through the Vaccine Modeling Initiative (grant ID 49276).

The Tycho development team at the University of Pittsburgh Graduate School of Public Health:

Willem G. van Panhuis

John Grefenstette

Shawn T. Brown

Su Yon Jung

Nian Shong Chok

Anne Cross

Donald S. Burke

## Contact information

The Tycho database is currently being tested and a login account will be required to use the database and website ([www.tycho.pitt.edu](http://www.tycho.pitt.edu)). All State Epidemiologists, CDC partners, other federal agencies and our research collaborators will be provided with user accounts. User accounts can also be provided upon specific request. Note that the quality of the data during the testing phase cannot be guaranteed to be sufficient for publication or official use.

**Point of contact for the Tycho project:**

Dr. Willem G. van Panhuis, MD PhD  
Graduate School of Public Health  
University of Pittsburgh  
130 DeSoto Street  
704 Parran Hall  
Pittsburgh PA, 15261  
Email: [wav10@pitt.edu](mailto:wav10@pitt.edu)  
Tel: 412-624-7693

## Introduction

**Project Tycho** started in 2009 as part of the Vaccine Modeling Initiative (VMI) at the University of Pittsburgh Graduate School of Public Health, funded by the Bill & Melinda Gates foundation. This project aims to contribute to the availability of public health data for research and policy making. The vision for this project as described in the next section is a central access point for public health data of a detailed spatial and temporal scale for all countries. Currently, the Tycho database contains 10 million records that each represent a weekly report from a location for a specific disease. These records were extracted from weekly US Nationally Notifiable Disease Surveillance Reports between 1888 and 2009 (6300 reports) using double data entry (200 million keystrokes). The current database includes a total of 90 million reported cases and 4 million reported deaths due to notifiable diseases in the United States for the last 122 years.

Project **Tycho** is named after the Danish nobleman Tycho Brahe (1546 – 1601), who meticulously collected astronomical data. After Brahe's death, his assistant Kepler used these data to develop area laws of planetary motion.

## Background

***"No health department, State or local, can effectively prevent or control diseases without knowledge of when, where and under what conditions cases are occurring"***

(Quote stated above weekly surveillance reports published in the Public Health Reports, 1888-1951)

This quote has accompanied weekly reports on the prevalence of notifiable diseases in the United States as long as these were published in the Public Health Reports, emphasizing the importance of data for disease control policy making. In the current day and age, this statement has lost none of its significance. On the contrary, as infectious diseases continue to pose challenges to the global public health system in an increasingly interconnected global society. The public health system has responded to this challenge by evermore sophisticated disease surveillance systems. The availability of internet and information technology has facilitated collection of detailed data on infectious disease incidence, the spread of pathogens, disease determinants, health behavior, etc. New technologies such as remote sensing and mobile reporting systems have advanced measurement of these factors in both high and low resource settings. The enormous wealth of public health information that is currently being accrued also poses its own challenges for data storage, management, preservation and dissemination. Public health agencies will need to allocate resources and develop capacity to specifically address these issues.

Although the importance of public health data collection has been widely recognized, the dissemination of data has been neglected for many reasons. The above quote does not only imply data collection but also its use and dissemination as knowledge on disease occurrence can only be derived from data after processing and analysis. Not only has disease surveillance become more sophisticated, analytical tools have changed as well and now include computational models to assess disease transmission and to evaluate disease control options. These methods have introduced the opportunity for data intensive studies of fine spatial-temporal patterns using dynamic models. Disease surveillance data at such scale are often not available for analysis for multiple reasons. First, surveillance data are not collected for research purposes but for disease monitoring and planning. Secondly, public health staff often lack time or capacity to prepare these data for analysis. Third, surveillance methodology often lacks transparency and standardization, reducing options for scientific analyses. Fourth, disease surveillance data are often

kept confidential and ownership or data use requirements are often unclear. Finally, archiving and preservation of surveillance data are often not a priority and disaggregated records may get lost, losing the opportunity to ever use these data for analysis.

The Tycho project aims at overcoming some of these challenges by providing open access to large public health datasets of great spatial-temporal detail. Open access to these data will provide great opportunities for scientific analysis and better informed policy making on disease control.

## **The Tycho database and website**

As described in the methods section, a large heterogeneity in reporting practice was observed over the past 122 years of weekly disease surveillance and substantial efforts were made to clean and standardize these data. The current online database includes all cleaned and standardized data in a format that allows comparisons across time and space. It does not include parts of the data that require additional cleaning and research such as classification of disease subcategories.

Each record in the database provides a reported number of cases or deaths due to a specific disease for a specific location, for a certain week. The database can be searched online ([www.tycho.pitt.edu](http://www.tycho.pitt.edu)) by selecting a dataset, an aggregation method and an output format. Data can be viewed in tables, graphics and maps and these can be downloaded for further use.

## **Data availability**

The data provided by the Tycho database reflect the weekly US Nationally Notifiable Disease Surveillance System between 1888 and 2009. It includes all diseases that were reported as part of this system, but it does not yet include records from other surveillance systems such as the annual system or disease specific subsystem (such as the influenza surveillance system).

The available data also reflects changes in reporting practices over time. This explains why city or state level reports are only available for a certain time period (1888-1953 for cities and 1927-2009 for states) and why morbidity and mortality reports are available for different time periods. We are currently working on inclusion of additional data as described in the section on collaboration.

## **Testing and release of the Tycho database**

The Tycho database is currently in a beta testing phase that will start during the 2011 annual meeting of the Council of State and Territorial Epidemiologists (CSTE) in Pittsburgh June 12-16. This phase will end with a release to the general public in the fall of 2011. During the testing phase, invited users will be provided with login accounts that will enable full use of all features of the website and database. Invited users will include all state epidemiologists, partners in the CDC and other federal agencies as well as research collaborators. During this phase, data cleaning and standardization will continue. The quality of the data will not be sufficient for publication or official use during this phase.

## **Future developments**

After optimization of the database and website during the testing phase, the first version of the Tycho database will be released to the general public. After that, efforts to clean and standardize the data will continue and more data will be released in subsequent versions. In addition, ongoing and new collaborations for inclusion of new data will allow gradual expansion of the dataset over time and increased opportunities for data driven analysis and policy making.

## Vision and goal

The vision for project Tycho is based on the value of open access to detailed, disaggregated public health data for scientific analysis and policy making. Starting with 122 years of weekly US surveillance data, it is our hope that this example will convince public health authorities worldwide of the value of this resource and will stimulate similar contributions from other countries.

In the past, data sharing and archiving have not been a priority in public health or among health sciences in general. Continuous and diligent public health data collection has led to a large pool of disaggregated data scattered over the world including the internet, ranging from paper archives to basements of local health departments. The need for open access to a central repository of public health data has been recognized and both benefits and challenges of open access to data in general have been well described. Open access to data could lead to increased accountability, transparency, innovation, collaboration, cost-effectiveness, replication of results, the development of new methods and insights, and a narrower data access gap between low- and higher income countries. Ultimately, this would result in the advancement of science and technology to the benefit of all.

Challenges to open access include inconsistent formats, lack of annotation or metadata, lack of information technology (IT) capacity, a lack of incentive, and cultural norms around data ownership. Open access to public health data in particular is confronted by decentralized archiving of disease reports, lack of time and capacity for data management, degraded physical format of records and archives, and governmental level legal constraints. Multiple principles and requirements for a central open access repository for public health data have been described and include (1) capacity building for data management in low- and middle income countries, (2) feedback loops to data contributors, (3) sustainability, (4) common standards, (5) interoperability, and (6) user-friendliness.

The ultimate goal of the Tycho project is to provide a central global public health data access point. Historical as well as current public health data are of great value if archived and accessible for research and analysis. Open access will enable the use of analytical capacity from around the globe which will lead to new discoveries of disease patterns and control policies. Furthermore, a central data access point will facilitate data archiving and preservation into the future which will be an increasing need in a data rich public health environment.

## Collaboration

The application of the surveillance data from the Tycho database as well as the inclusion of new data will require a wide range of collaborations with public health offices in the US and abroad. The Tycho project has currently made the first step of digitizing 122 years of weekly US surveillance reports that had already been published. The next step will be the completion of the existing dataset as well as the inclusion of new data from unpublished sources.

This report provides an overview of data available from the Tycho database for the state of North Carolina. This includes all data that has ever been published at state or city level for North Carolina in the weekly US Nationally Notifiable Disease Surveillance System. As you will find, the data availability will vary greatly over time, between city and state level reports, between diseases and between morbidity vs. mortality reports.

The Tycho development team would look forward to work with state health departments in the US to:

1. Better understand the current Tycho data for each state (eg. by collecting historic documentation)
2. Provide better usability and applications of current Tycho data for each state by continued joint development of website and database features.
3. Collect and/or digitize official, confirmed data to validate the current (preliminary) weekly data.
4. For each state, collect and/or digitize new data that has not yet been included. For example all city level reports discontinued in 1953 and completion of city level data until 2009 would greatly increase opportunities for analysis of disease patterns and trends.
5. Provide support to state health offices to manage, preserve and provide access to public health data.



## Summary of methods

Detailed documentation on the methods used for the Tycho database have been provided on the website ([www.tycho.pitt.edu](http://www.tycho.pitt.edu)). This section describes these methods in short.

### Data collection

Weekly reports that contain tables on the occurrence of nationally notifiable diseases have been published since 1888 by public health authorities at the Federal level in various journals. Table 1 provides the list of publications and the responsible agency since 1888. All weekly nationally notifiable disease reports between 1888 and 1951 could be retrieved from the PubMed Central repository of the National Library of Medicine <sup>1</sup>. For 1995 to 2009, these reports could be retrieved from the MMWR digital archive on the CDC website <sup>2</sup>. Most weekly reports between 1952 and 1995 could be retrieved from the HathiTrust Digital Library <sup>3 4</sup>, but many could not be found and had to be copied from hard copies of MMWR issues in the University of Pittsburgh library.

Table 1, publications and responsible Federal agencies for nationally notifiable disease reports

Time period	Publication title	Responsible federal agency
1888-1889	Weekly Abstract of Sanitary Reports	US Marine Hospital Service
1890-1895	Abstract of Sanitary Reports	US Marine Hospital Service
1896-1901	Public Health Reports	US Marine Hospital Service
1902-1911	Public Health Reports	US Public Health and Marine Hospital Service
1912-1951	Public Health Reports	US Public Health Service
1952-1960	Morbidity and Mortality Weekly Report	National Office of Vital Statistics, US Public Health Service
1961-1969	Morbidity and Mortality Weekly Report	Communicable Disease Center
1970-1991	Morbidity and Mortality Weekly Report	Center for Disease Control
1992-2009	Morbidity and Mortality Weekly Report	Centers for Disease Control and Prevention

### Inclusion criteria

Weekly reports of each year were reviewed systematically to assess the diseases reported. We included all tables that provided disease specific information by week for US cities, townships, counties or states. Tables that provided summary or aggregated information by month, year or at the national level were not included. Similarly, tables that did not contain disease specific information (such as all cause mortality) were not included.

### Data entry

Weekly reports were downloaded or scanned as PDF files and selected tables with notifiable disease reports were entered into computer spreadsheets in a highly standardized fashion using double data entry. During the second round of data entry, operators could not see what had been entered in the first round and could not continue if the system detected a discrepancy between the second and first entry

<sup>1</sup> <http://www.pubmedcentral.nih.gov/tocrender.fcgi?journal=333&action=archive>

<sup>2</sup> <http://www.cdc.gov/mmwr>

<sup>3</sup> <http://catalog.hathitrust.org/Record/003910026>

<sup>4</sup> <http://catalog.hathitrust.org/Record/003843660>

for a specific value. Such discrepancies could only be resolved by checking the PDF file and try again or discussion with the group leader and verification of a value in the source documents.

## **Quality control for data entry**

The accuracy of data entry was checked at various levels. First, completeness of data was verified by comparing the content of entered data with PDF sources files. Secondly, accuracy of data entry was verified by multiple rounds of comparing random samples of entered files with PDF source files. Thirdly, data formatting was verified by various checks to ensure appropriate formatting for data loading.

## **Data loading and standardization**

All data was entered in Excel spreadsheets and various components of these spreadsheets were loaded in data files. Table titles, column headers, place names and reported numbers were loaded in separate files. These files were used to extract information on each reported number, including:

1. the disease reported
2. the disease subcategory reported
3. cases or deaths reported
4. the reporting location (name, state and type of location)
5. the time period for which a number was reported
6. the date of publication of the original weekly report associated with a reported number

## **Integration**

All reported numbers and extracted information was integrated in one database with one record per reported number and associated information.

## **Post-processing quality control**

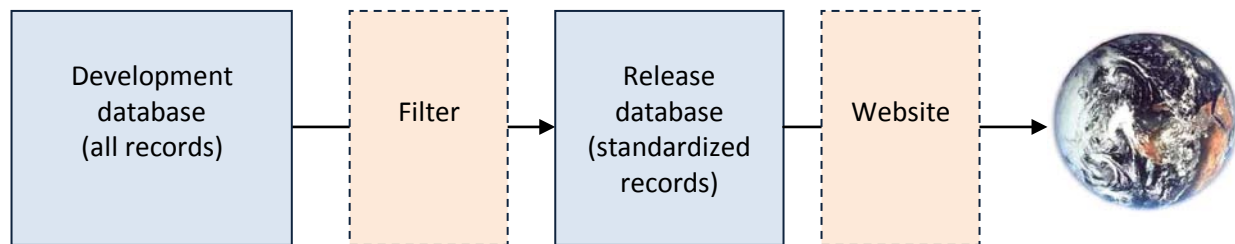
After integration of all data in one database, checks were performed to detect duplicate reports and data inconsistencies. Duplicate records were removed and inconsistencies resolved by verification with original PDF source files.

## **Data filtering**

The digitized version of all historical weekly US nationally notifiable disease surveillance records is a very heterogeneous dataset. It took a substantial number of data processing protocols to standardize time and space variables as well as disease names. All standardized records have been separated from non-standard records by a filter. All remaining heterogeneity in non-standard records is inherent to the surveillance system and can only be standardized after further analysis will have been completed (eg. remaining heterogeneity in reporting periods for reports before 1953 and standardization of disease subcategories). The largest proportion of data (>4 million records) has been standardized however and has been made available in the current testing version.

## **Data visualization**

Figures in this reports were made with the R system, version 2.9.2 and the maps were generated by the GAIA platform developed at the University of Pittsburgh Graduate School of Public Health in collaboration with the Pittsburgh Supercomputing Center (PSC). See <http://midas-pitt.psc.edu/gaia> for more information.



**Figure 1, Schematic of the Tycho data architecture.** Access to a consistent, standardized subset of the digitized US weekly surveillance reports will be provided for beta testing through a website that will allow querying and downloading of data. Data from the development database will be pushed through a filter to feed the Tycho database.

The current Tycho database will provide the reported number of cases or deaths reported by city or state health authorities to the federal health agency for all weeks between 1888 and 2009. Currently, only standardized, consistent data are being released for testing, according to the following criteria:

1. Only weekly reports are provided (reports for other periods such as 10 days, 2 weeks, 1 month, 1 year) are currently not included due to lack of comparability with the weekly reports.
2. Only reports that were published in the same year as the reporting period were included (this excludes updates or comparisons that were published more than a year after the original reporting period)
3. Only numbers were included for which information about the location, time period and disease could be extracted.
4. Only numbers or time periods for which no disease subcategories were reported were included.

Each of the steps described above have been described in detailed protocols that are posted in the documentation part of the Tycho website ([www.tycho.pitt.edu](http://www.tycho.pitt.edu)).

## Website

The Tycho website features simple and advanced searches of the data, visualizations and downloading of machine readable files. A dataset can be selected by specifying: 1) the disease of interest, 2) the location(s) of interest and 3) the time period. In a second step, the type of aggregation and length of increments can be specified and in a third step, the type of output (table, graphic or map) can be selected. After output has been generated, data can be downloaded.

As mentioned above, data availability varies largely by disease, time period and location. We aimed to restrict selection options by data availability to avoid "no results available."

Access to the most of the website will be password protected during the testing phase. For invited users after login, full functionality of the database and website will be available. During this phase however, the data quality will not be sufficient for publication or official use.

## Overview of data available for the state of North Carolina

In this section, an overview of data available for the state of North Carolina will be provided. As described earlier, data availability depends entirely on historical reporting practices in the weekly US Nationally Notifiable Disease Surveillance System between 1888 and 2009. For this report, we only included morbidity reports (cases) to improve the format and limit the size of this report. As mentioned earlier, the analysis and standardization of has not been completed yet for all records in the database and preliminary data are provided here that may not yet be available in the online database.

This section will provide a general overview of data availability. The next sections will provide disease specific data from state and city level reports of North Carolina. Data for a maximum of 3 major cities were provided depending on availability (city data was only reported until 1953). Some summary data will be provided at the end of this report, for a subset of diseases for which data was fragmented over time.

Table 1 lists the number of weekly state or city reports that are available for North Carolina per each disease and subcategory.

**Table 1,** Number of weekly state or city reports per disease and subcategory

<b>Disease</b>	<b>City</b>	<b>State</b>
Aids	-	935
Anthrax	-	143
Brucellosis [undulant fever]	-	308
Chickenpox [varicella]	454	1
Chlamydia	-	576
Cryptosporidiosis	-	502
Dengue	2	-
Diphtheria	1783	1893
Dysentery		
<i>Amebic</i>	-	234
<i>Bacillary</i>	-	224
<i>Unspecified</i>	-	195
Encephalitis		
<i>Lethargic</i>	298	-
<i>Post infectious</i>	-	195
<i>Primary [infectious] including unspecified</i>	340	1393
Escherichia coli		
<i>EHEC 0157</i>	-	87
<i>EHEC non-0157</i>	-	53
<i>EHEC non serogrouped</i>	-	76
<i>O157:H7 NETSS</i>	-	288
<i>O157:H7 PHLIS</i>	-	244
<i>STEC</i>	-	188

**Table 1,** Number of weekly state or city reports per disease and subcategory, *continued*

<b>Disease</b>	<b>City</b>	<b>State</b>
Gonorrhea		
<i>Civilian</i>	-	757
<i>Unspecified</i>	-	1006
Haemophilus influenzae		
<i>Age &lt;5 non-serotype B</i>	-	144
<i>Age &lt;5 serotype B</i>	-	35
<i>Age &lt;5 unknown serotype</i>	-	49
<i>All ages all serotypes</i>	-	666
Hepatitis		
<i>Acute type A</i>	-	379
<i>Acute type B</i>	-	380
<i>Acute type C</i>	-	142
<i>Acute type NA NB [including C]</i>	-	45
<i>All types, &lt;20 years</i>	-	199
<i>All types, &gt;=20 years</i>	-	97
<i>All types, all ages</i>	9	709
<i>Type A [infectious]</i>	-	1687
<i>Type B [serum]</i>	-	1529
<i>Type NA NB [including C]</i>	-	773
<i>Type unspecified</i>	-	562
Influenza	495	654
Legionellosis	-	1082
Leprosy	-	245
Listeriosis	-	209
Lyme disease	-	854
Malaria		
<i>Civilian</i>	-	4
<i>Military</i>	-	17
<i>Unspecified</i>	-	1953
Measles		
<i>Imported</i>	-	305
<i>Indigenous</i>	-	309
<i>Unspecified</i>	1753	2679
Meningitis		
<i>Aseptic</i>	-	1084
<i>Meningococcus</i>	629	1252
<i>Unspecified</i>	153	5

**Table 1,** Number of weekly state or city reports per disease and subcategory, *continued*

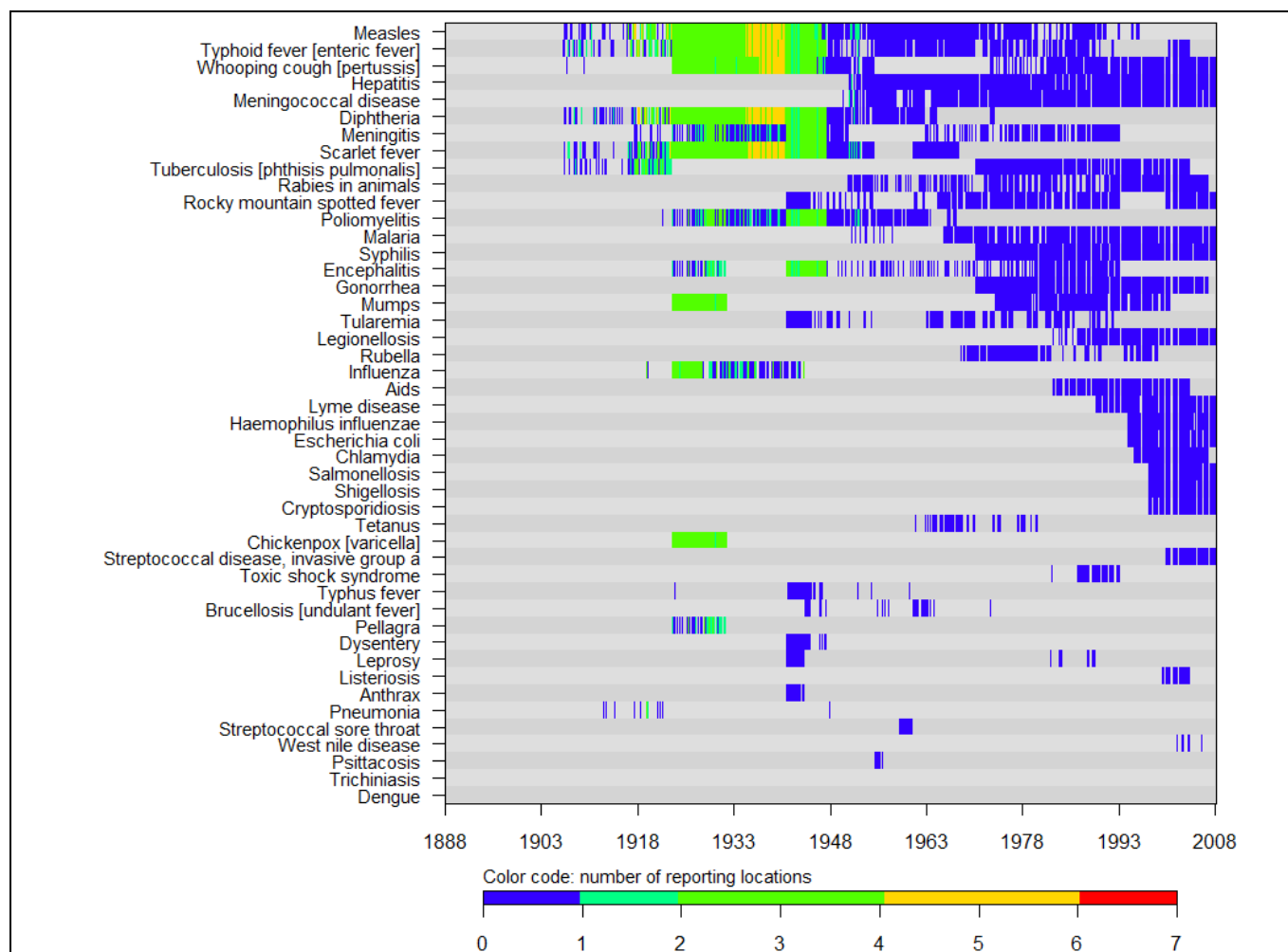
<b>Disease</b>	<b>City</b>	<b>State</b>
Meningococcal disease		
<i>All serogroups</i>	-	47
<i>Invasive all serogroups</i>	-	182
<i>Invasive serogroup unknown</i>	-	45
<i>Serogroup A C Y and W-135</i>	-	46
<i>Serogroup B</i>	-	44
<i>Serogroup unspecified</i>	7	2493
Mumps	454	1296
Pellagra	298	-
Pneumonia		
<i>Lobar</i>	22	-
<i>Unspecified</i>	102	1
Poliomyelitis		
<i>Non paralytic</i>	-	209
<i>Paralytic</i>	-	491
<i>Total</i>	760	1829
Psittacosis	-	30
Rabies in animals	1	2112
Rocky mountain spotted fever	2	2109
Rubella	-	973
Salmonellosis		
<i>NETSS</i>	-	127
<i>PHLIS</i>	-	120
<i>Unspecified</i>	-	384
Scarlet fever		
<i>Including streptococcal sore throat</i>	62	535
<i>Unspecified</i>	1727	1279
Shigellosis		
<i>NETSS</i>	-	127
<i>PHLIS</i>	-	121
<i>Unspecified</i>	-	377
Streptococcal disease, invasive group a	-	386
Streptococcal sore throat	-	101
Syphilis		
<i>Civilian primary and secondary</i>	-	739
<i>Congenital</i>	-	148
<i>Primary and secondary</i>	-	1115
Tetanus	-	480
Toxic shock syndrome	-	334
Trichiniasis	-	5

**Table 1,** Number of weekly state or city reports per disease and subcategory, *continued*

<b>Disease</b>	<b>City</b>	<b>State</b>
Tuberculosis [phthisis pulmonalis]		
<i>New active</i>	-	153
<i>Unspecified</i>	521	1482
Tularemia	1	1277
Typhoid fever [enteric fever]		
<i>Including paratyphoid fever</i>	339	661
<i>Unspecified</i>	1399	2256
Typhus fever		
<i>Endemic</i>	2	100
<i>Unspecified</i>	22	196
West nile disease		
<i>Neuroinvasive</i>	-	48
<i>Non-neuroinvasive</i>	-	22
Whooping cough [pertussis]	1336	2360

The diseases included in the weekly US Nationally Notifiable Disease Surveillance System varied largely over time and reflected the historical social-political priorities of each time period. Note that the diseases in the weekly system were a subset of all diseases included in the annual Notifiable Disease Surveillance System (that was not entered as part of this project).

The number of locations reporting diseases also varied over time depending on the type of reports submitted. Figure 1 on the next page provides an overview of the number of unique locations reporting each disease per week between 1888 and 2009. For the remainder of this report, the state of North Carolina was considered a unique reporting location in addition to the individual city reports. Figure 1 indicates that many locations (mostly cities) were included in the reporting system before 1925, after which the number of cities dropped substantially. After 1953, only state reports were included and city reports were discontinued. These patterns were observed nationwide.



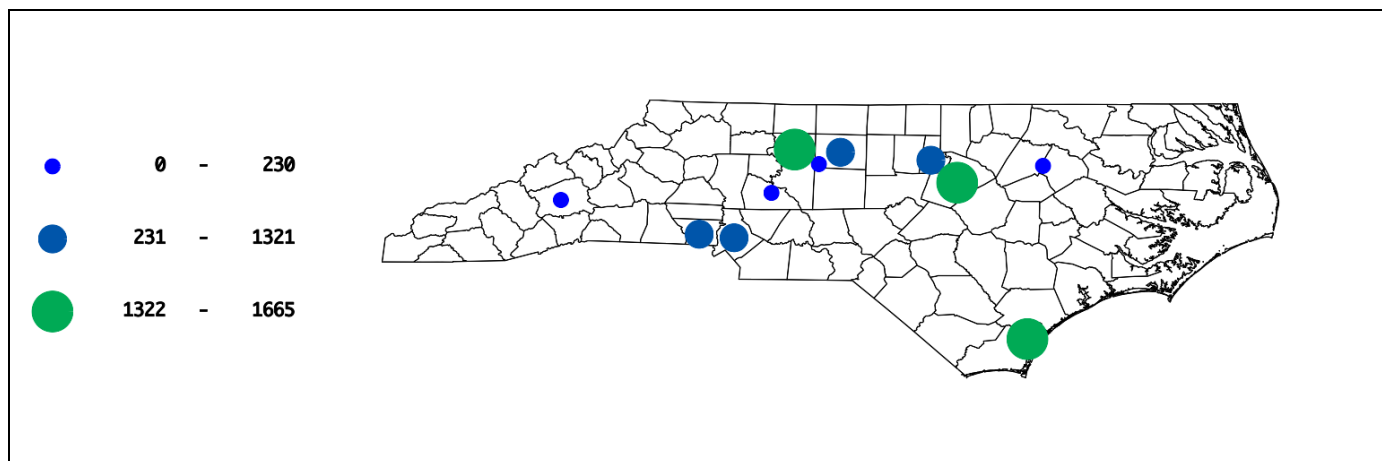
**Figure 1,** The number of locations (in color code) reporting on each disease per week between 1888 and 2009

For the majority of the time period between 1888 and 2009, only state level reports were available. It would be of great interest to complete the collection of city data after 1953 and we will seek collaboration with state health offices for this.

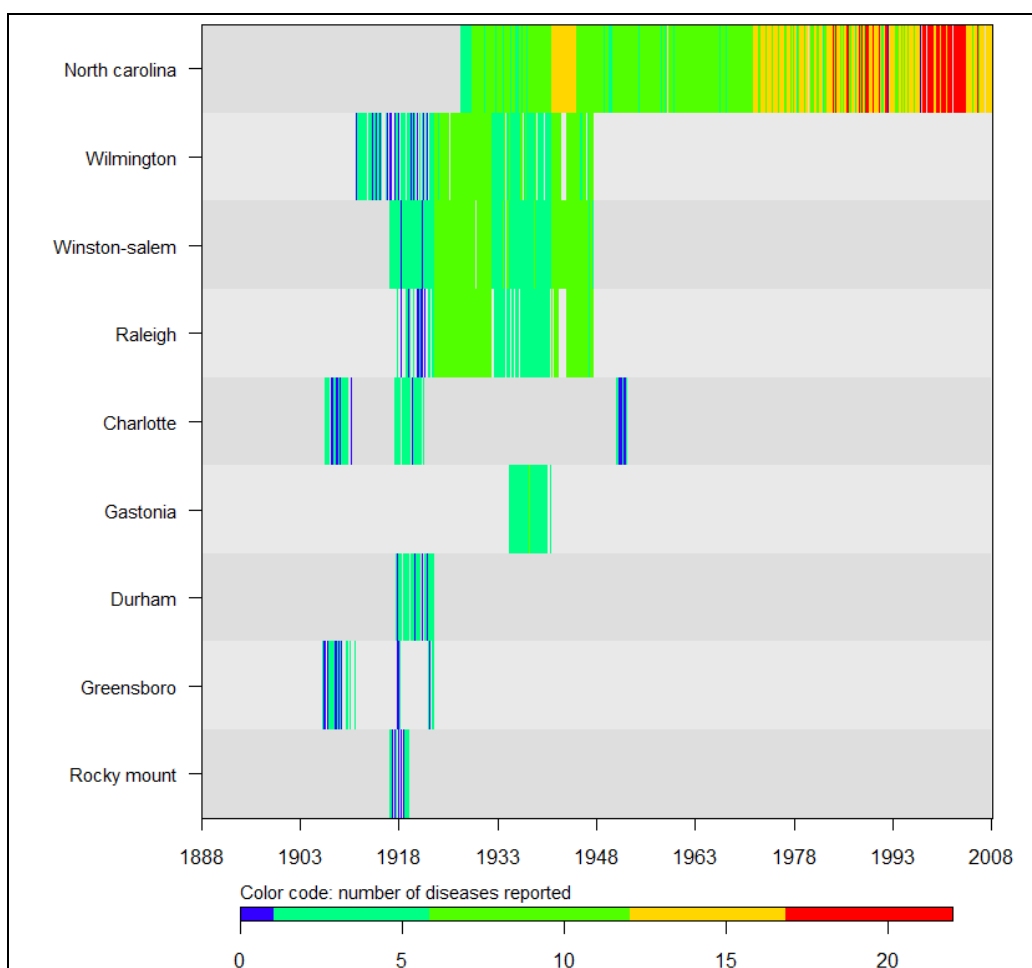
The map in figure 2 (next page) illustrates the geographical distribution of the available city data. It displays the number of weekly reports for any disease available per location that was included (and for which coordinates could be derived)

Figure 3 below provides an overview of the number of diseases for which a weekly report was included at the state level and for individual cities. All cities for which at least 100 weekly reports are available have been listed. For most states, it shows a major drop in the number of cities after 1925 and after 1953, city reports were discontinued except for New York City, which became its own reporting jurisdiction.





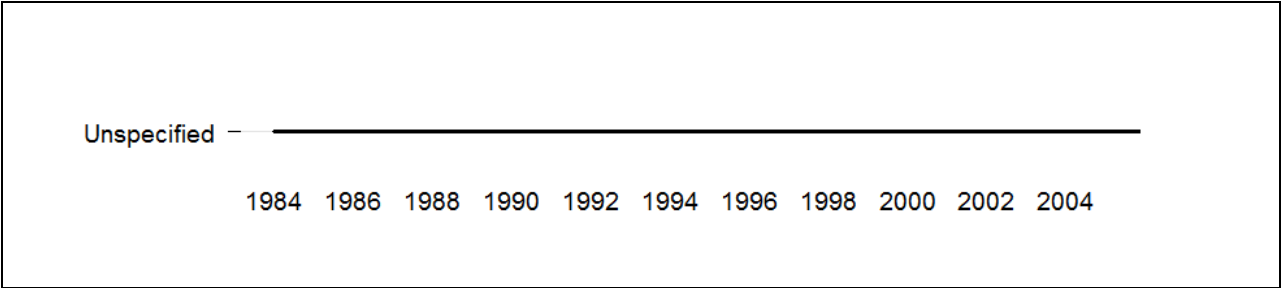
**Figure 2,** This map displays the number of weekly reports available for any disease per city (note that city reports were only available until 1953)



**Figure 3,** The number of diseases (in color code) that were reported for the state and city level (state on top row) for each week between 1888 and 2009

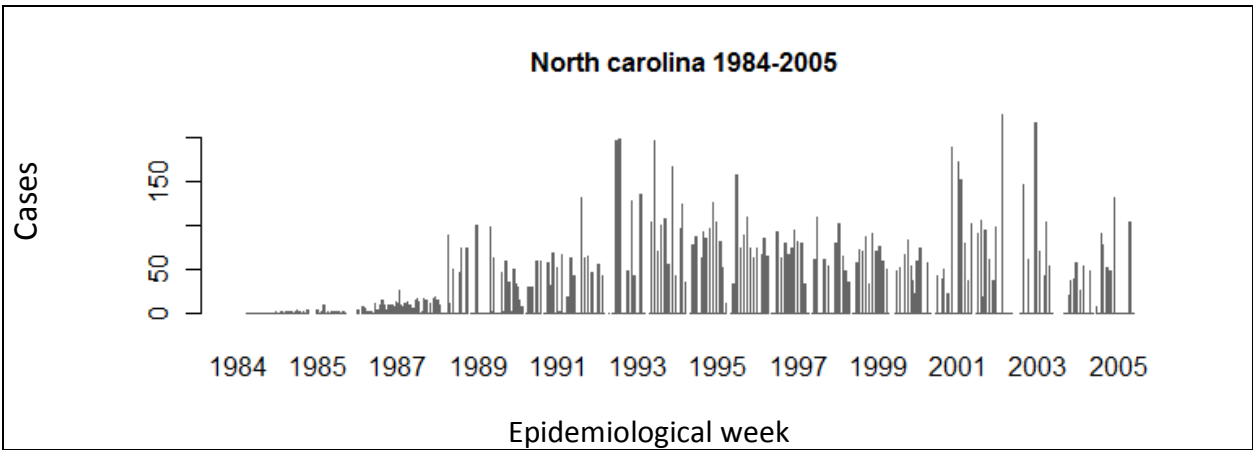
Disease specific data for North Carolina

AIDS



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for AIDS	
Indicator	North Carolina
Report period	1984-2005
Total weeks	935
Total cases	12,965
Max. cases per year	1,105
Year (max)	1994
Max. cases per week	549
Week (max)	2004, wk 45
Average cases per year	589
95%CI	(443-735)
Average cases per week	14
95%CI	(12-16)



**Figure D2,** Number of cases reported for AIDS per epidemiological week

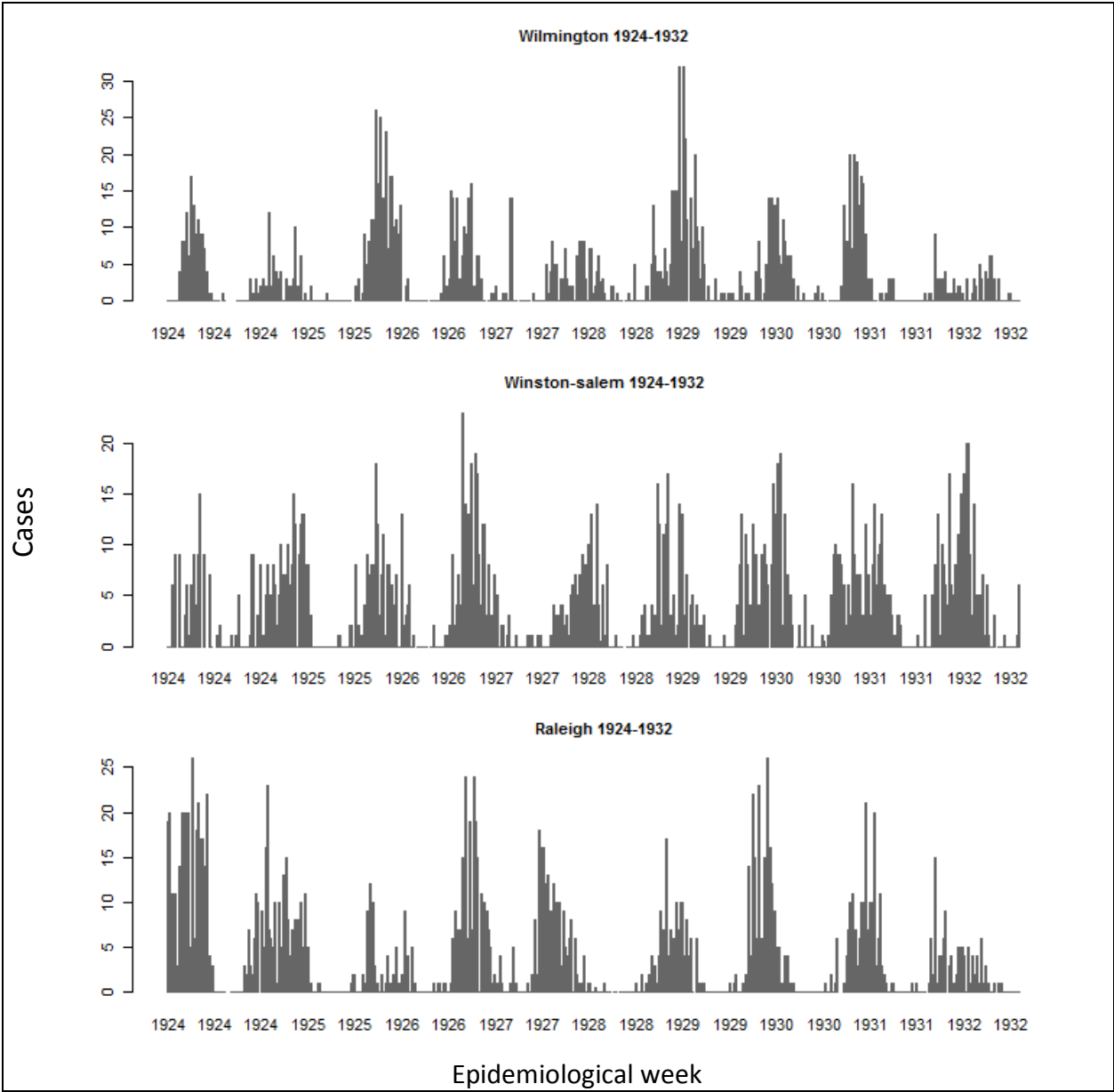
## Chickenpox



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

**Table D1,** Summary information for Chickenpox

Indicator	Wilmington	Winston-Salem	Raleigh
Report period	1924-1932	1924-1932	1924-1932
Total weeks	435	436	439
Total cases	1,580	1,894	1,871
Max. cases per year	312	298	428
Year (max)	1926	1930	1924
Max. cases per week	50	45	49
Week (max)	1931, wk 05	1930, wk 14	1927, wk 06
Average cases per year before 1995	176	210	208
95%CI	(104-248)	(172-248)	(106-310)
Average cases per week before 1995	4	4	4
95%CI	(3-5)	(3-5)	(3-5)



**Figure D2,** Number of cases reported for Chickenpox per epidemiological week

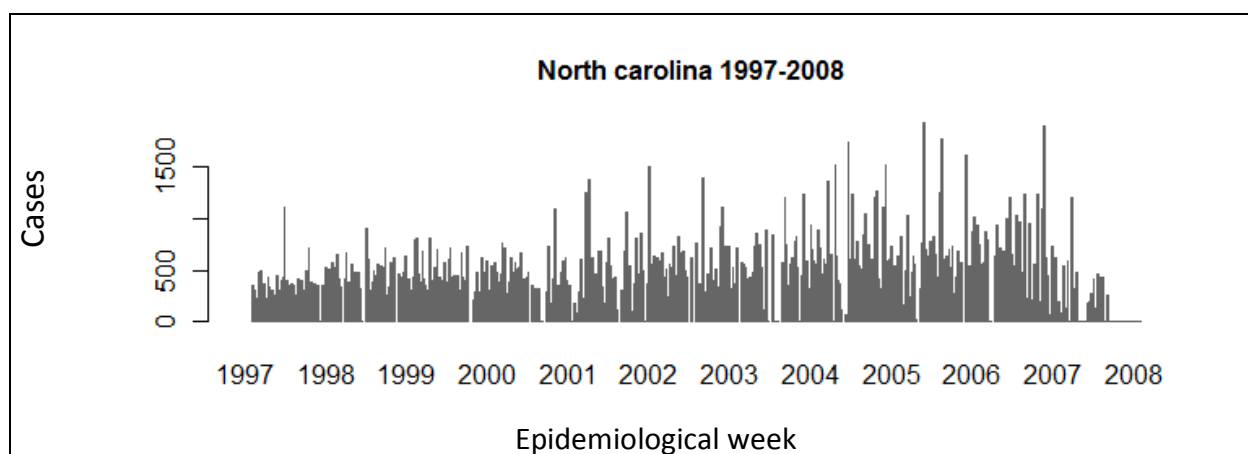
## Chlamydia



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

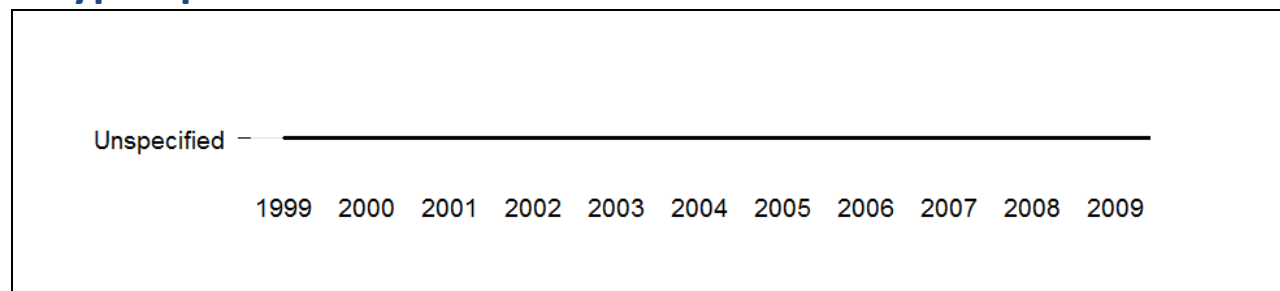
**Table D1,** Summary information for Chlamydia

Indicator	North Carolina
Report period	1997-2008
Total weeks	576
Total cases	264,502
Max. cases per year	30,394
Year (max)	2006
Max. cases per week	5,886
Week (max)	2004, wk 23
Average cases per year	22,042
95%CI	(18,165-25,919)
Average cases per week	459
95%CI	(425-493)



**Figure D2,** Number of cases reported for Chlamydia per epidemiological week

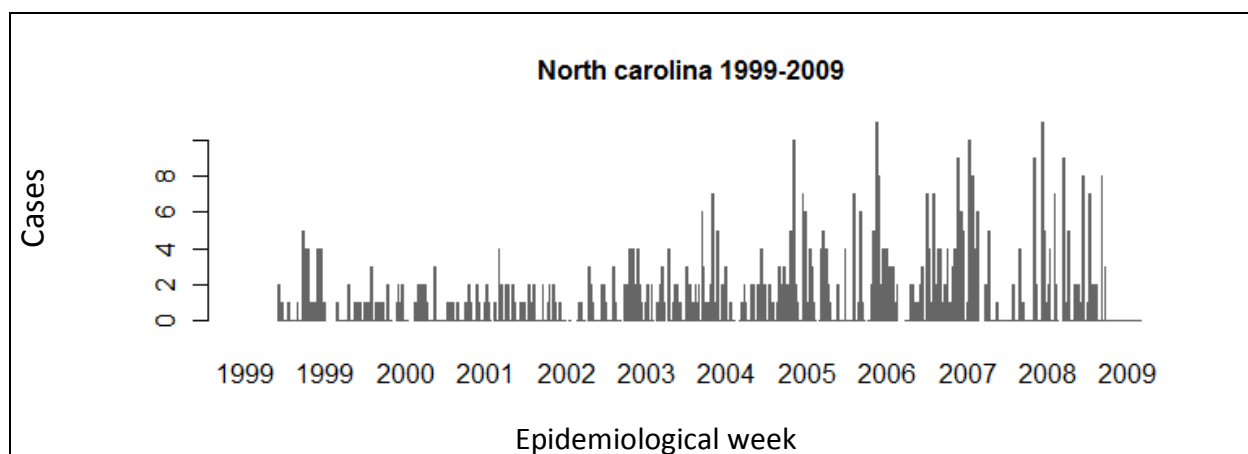
## Cryptosporidiosis



**Figure D1**, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

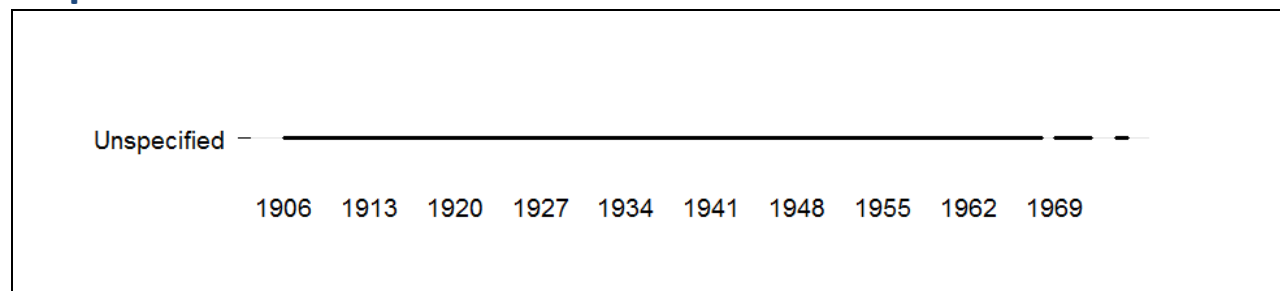
**Table D1**, Summary information for Cryptosporidiosis

Indicator	North Carolina
Report period	1999-2009
Total weeks	502
Total cases	687
Max. cases per year	129
Year (max)	2007
Max. cases per week	27
Week (max)	2004, wk 23
Average cases per year	62
95%CI	(40-84)
Average cases per week	1
95%CI	(1-1)



**Figure D2**, Number of cases reported for Cryptosporidiosis per epidemiological week

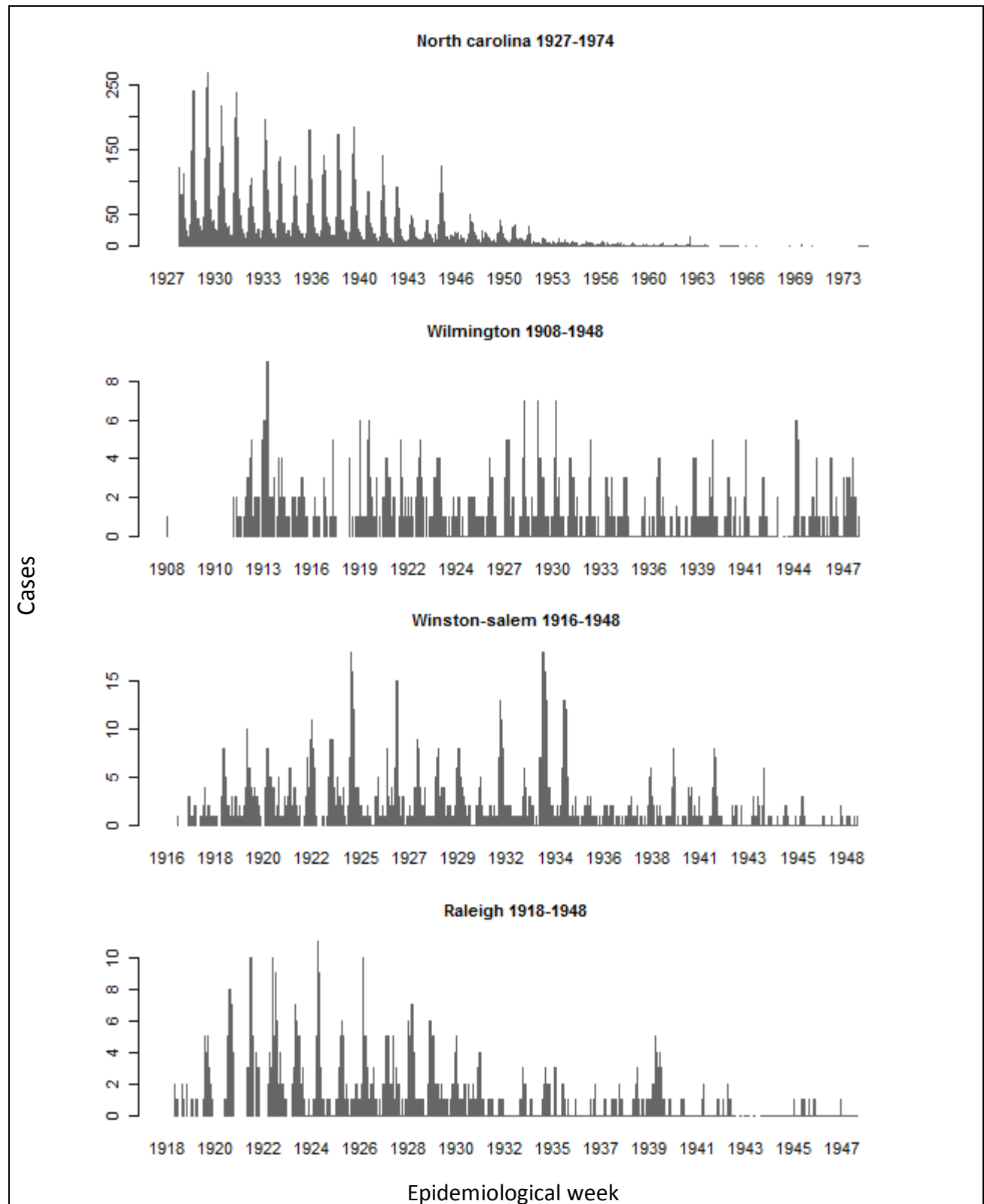
## Diphtheria



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

**Table D1,** Summary information for Diphtheria

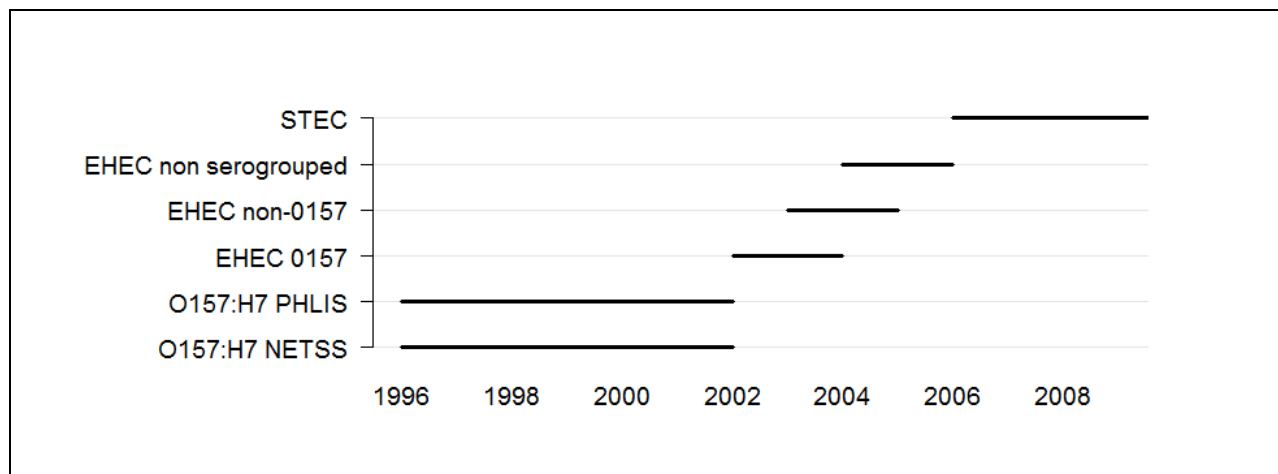
Indicator	North Carolina	Wilmington	Winston-Salem	Raleigh
Report period	1927-1974	1908-1948	1916-1948	1918-1948
Total weeks	1,893	1,410	1,435	1,219
Total cases	42,949	1,092	2,063	1,003
Max. cases per year	4,332	74	218	89
Year (max)	1929	1929	1924	1922
Max. cases per week	323	12	21	12
Week (max)	1970, wk 44	1929, wk 37	1924, wk 40	1921, wk 40
Average cases per year				
before 1940	2,346	29	77	43
95%CI	(1,768-2,924)	(23-35)	(55-99)	(30-56)
after 1940	326	23	16	2
95%CI	(162-490)	(12-34)	(1-31)	(0-4)
Average cases per week				
before 1940	49	1	2	1
95%CI	(45-53)	(1-1)	(2-2)	(1-1)
after 1940	8	1	0	0
95%CI	(7-9)	(1-1)	(0-0)	(0-0)



**Figure D2,** Number of cases reported for Diphtheria per epidemiological week



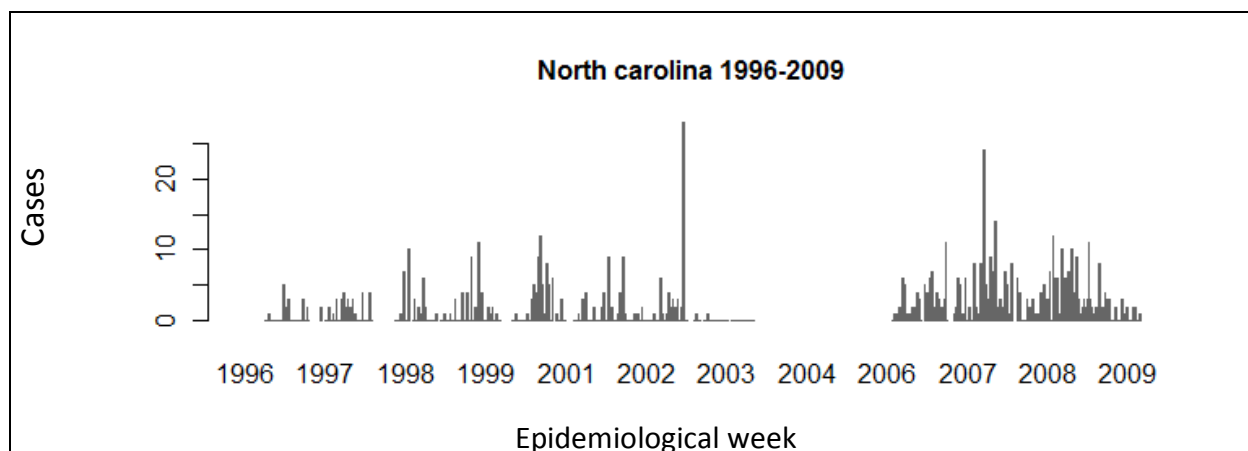
## Escherichia Coli



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

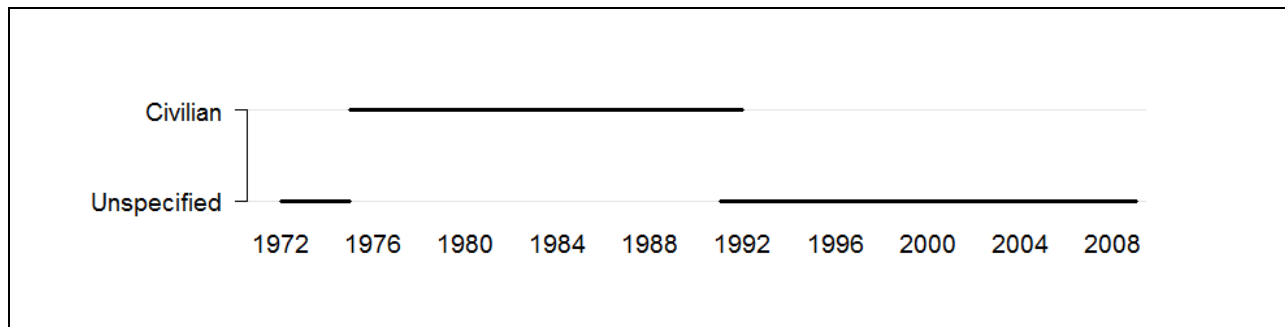
**Table D1,** Summary information for Escherichia Coli (O157:H7 PHLIS, EHEC 0157, and STEC)

Indicator	North Carolina
Report period	1996-2009
Total weeks	519
Total cases	871
Max. cases per year	161
Year (max)	2002
Max. cases per week	35
Week (max)	2002, wk 51
Average cases per year	73
95%CI	(40-106)
Average cases per week	2
95%CI	(2-2)



**Figure D2,** Number of cases reported for Escherichia Coli per epidemiological week

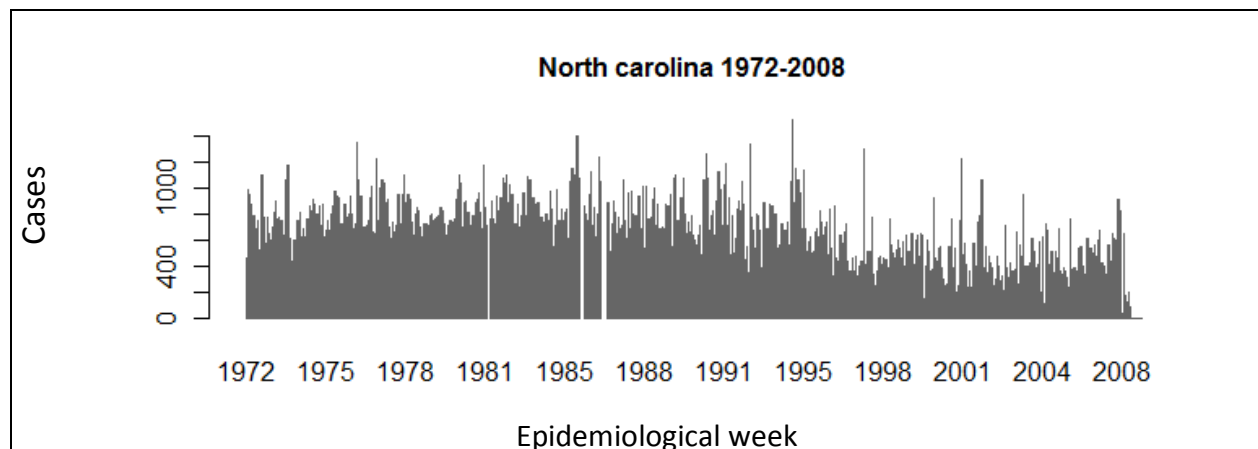
## Gonorrhea



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

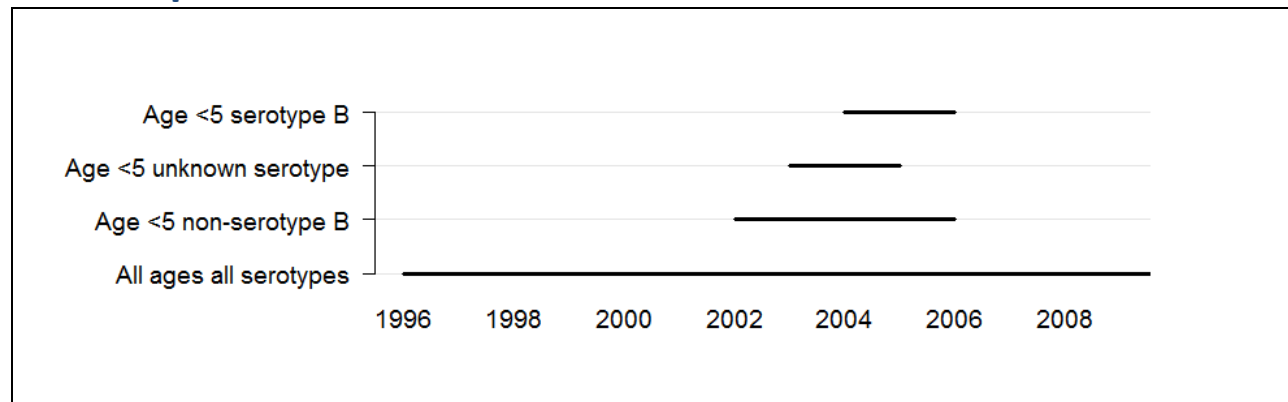
**Table D1,** Summary information for Gonorrhea (Unspecified and Civilian)

Indicator	North Carolina
Report period	1972-2008
Total weeks	1,762
Total cases	902,821
Max. cases per year	37,949
Year (max)	1980
Max. cases per week	3,392
Week (max)	2000, wk 10
Average cases per year	24,401
95%CI	(21,551-27,251)
Average cases per week	512
95%CI	(499-525)



**Figure D2,** Number of cases reported for Gonorrhea per epidemiological week

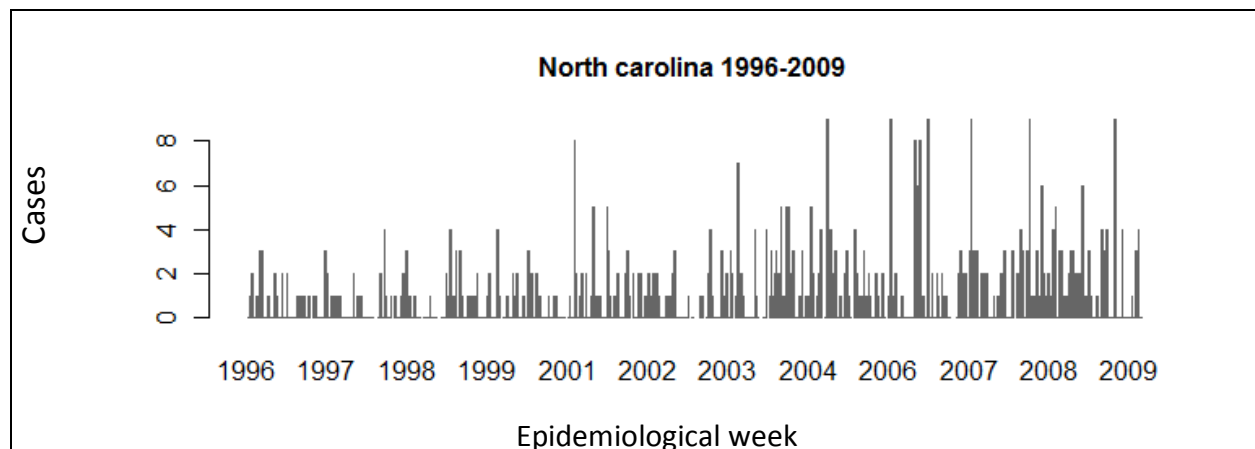
## Haemophilus Influenzae



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

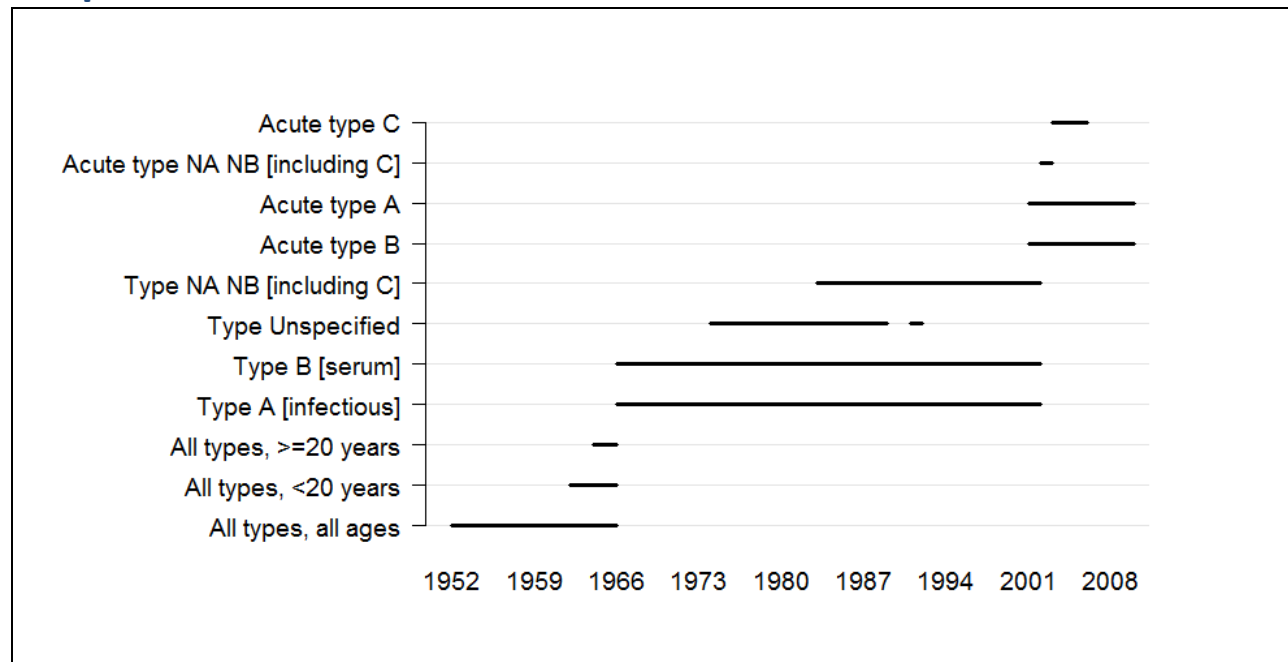
**Table D1,** Summary information for Haemophilus Influenzae (All ages all serotypes)

Indicator	North Carolina
Report period	1996-2009
Total weeks	666
Total cases	624
Max. cases per year	76
Year (max)	2008
Max. cases per week	17
Week (max)	2009, wk 20
Average cases per year	45
95%CI	(34-56)
Average cases per week	1
95%CI	(1-1)



**Figure D2,** Number of cases reported for Haemophilus Influenzae per epidemiological week

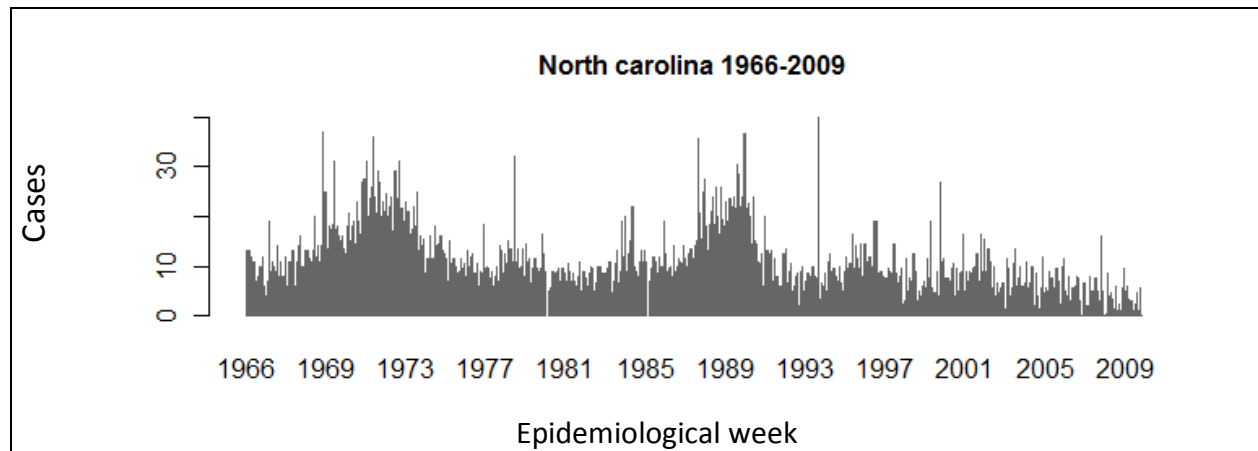
## Hepatitis



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

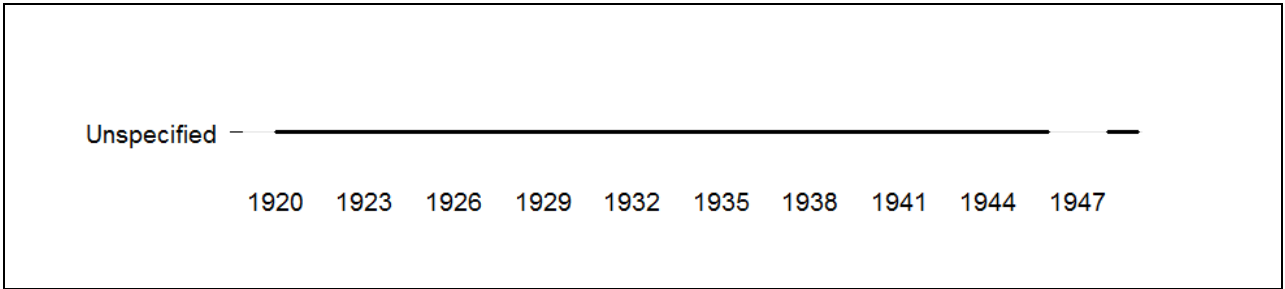
**Table D1,** Summary information for Hepatitis (Type A [Infectious], Acute type A, Type B [Serum], and Acute type B)

Indicator	North Carolina
Report period	1966-2009
Total weeks	2,117
Total cases	15,599
Max. cases per year	958
Year (max)	1983
Max. cases per week	674
Week (max)	1983, wk 01
Average cases per year	
before 1990	487
95%CI	(399-575)
after 1990	180
95%CI	(146-214)
Average cases per week	
before 1990	10
95%CI	(9-11)
after 1990	4
95%CI	(4-4)



**Figure D2,** Number of cases reported for Hepatitis per epidemiological week

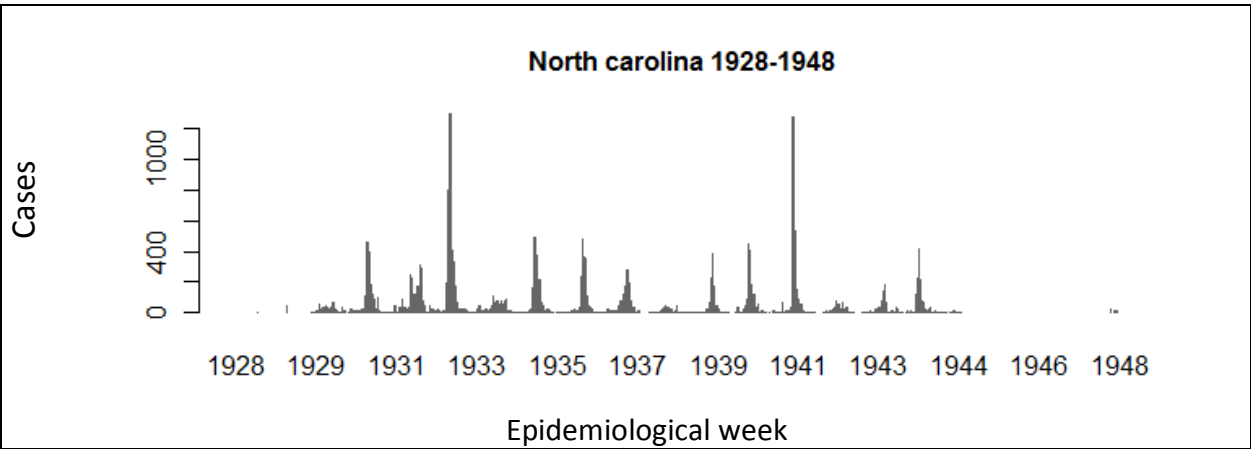
Influenza



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

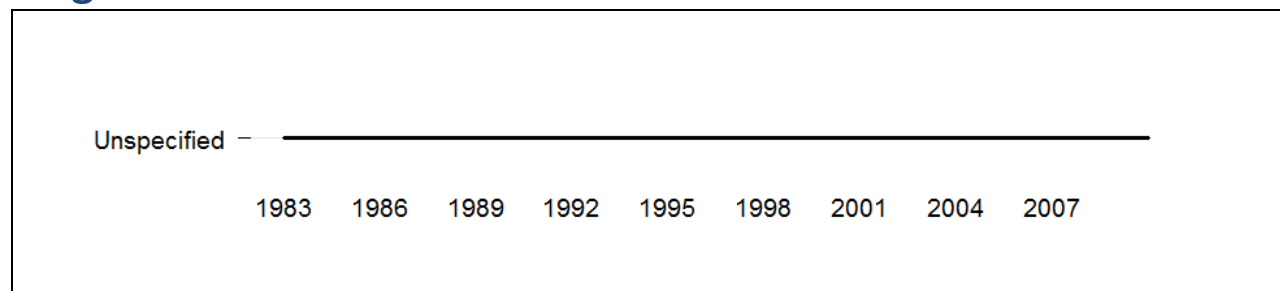
**Table D1,** Summary information for Influenza

Indicator	North Carolina
Report period	1928-1948
Total weeks	654
Total cases	41,656
Max. cases per year	7,215
Year (max)	1933
Max. cases per week	2,868
Week (max)	1941, wk 05
Average cases per year	2,314
95%CI	(1,222-3,406)
Average cases per week	64
95%CI	(49-79)



**Figure D2,** Number of cases reported for Influenza per epidemiological week

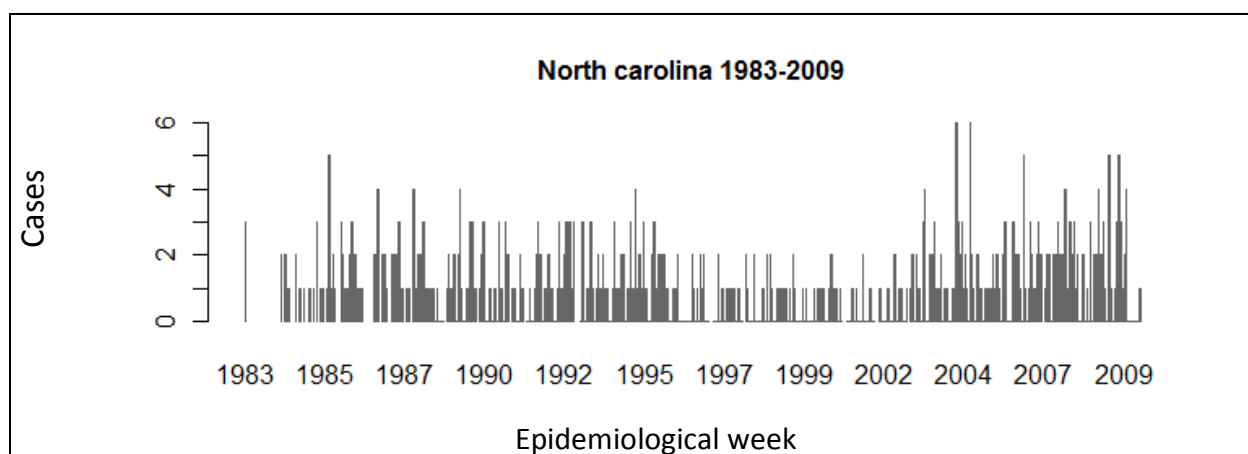
## Legionellosis



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

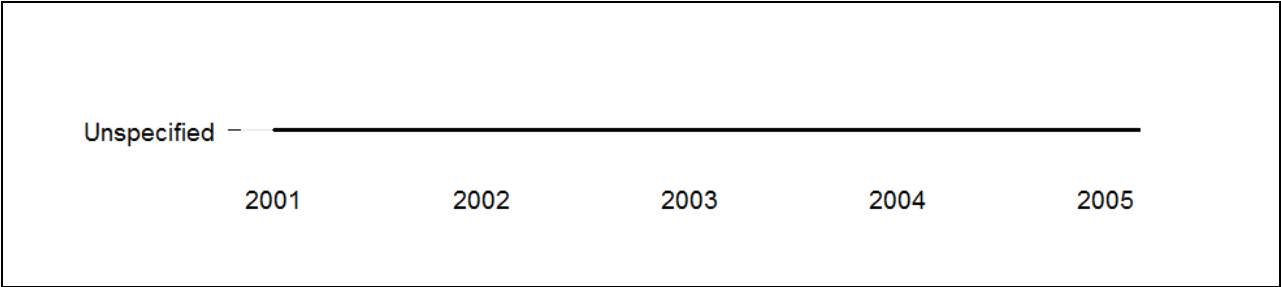
**Table D1,** Summary information for Legionellosis

Indicator	North Carolina
Report period	1983-2009
Total weeks	1,082
Total cases	665
Max. cases per year	45
Year (max)	2007
Max. cases per week	7
Week (max)	2008, wk 37
Average cases per year	25
95%CI	(21-29)
Average cases per week	1
95%CI	(1-1)



**Figure D2,** Number of cases reported for Legionellosis per epidemiological week

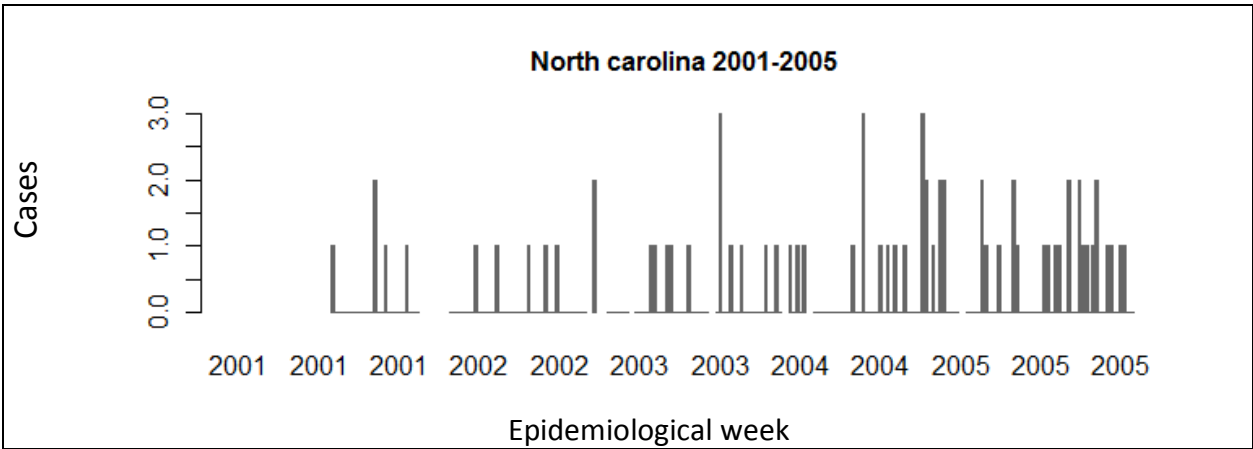
Listeriosis



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

**Table D1,** Summary information for Listeriosis

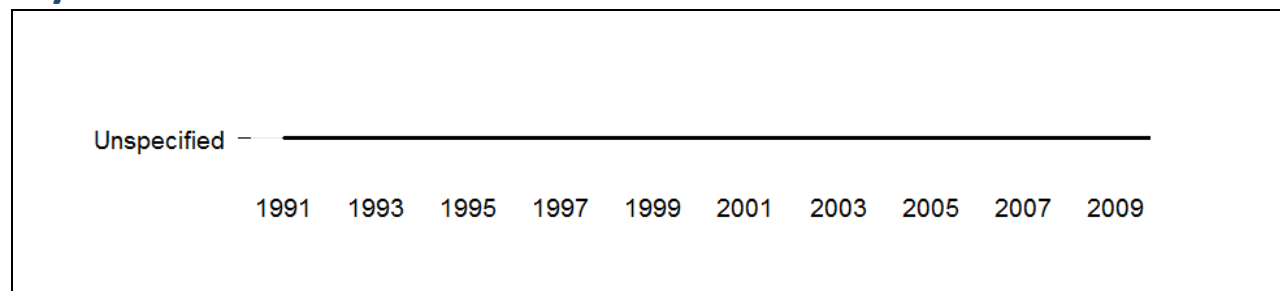
Indicator	North Carolina
Report period	2001-2005
Total weeks	209
Total cases	81
Max. cases per year	32
Year (max)	2005
Max. cases per week	4
Week (max)	2004, wk 28
Average cases per year	16
95%CI	(1-31)
Average cases per week	0
95%CI	(0-0)



**Figure D2,** Number of cases reported for Listeriosis per epidemiological week



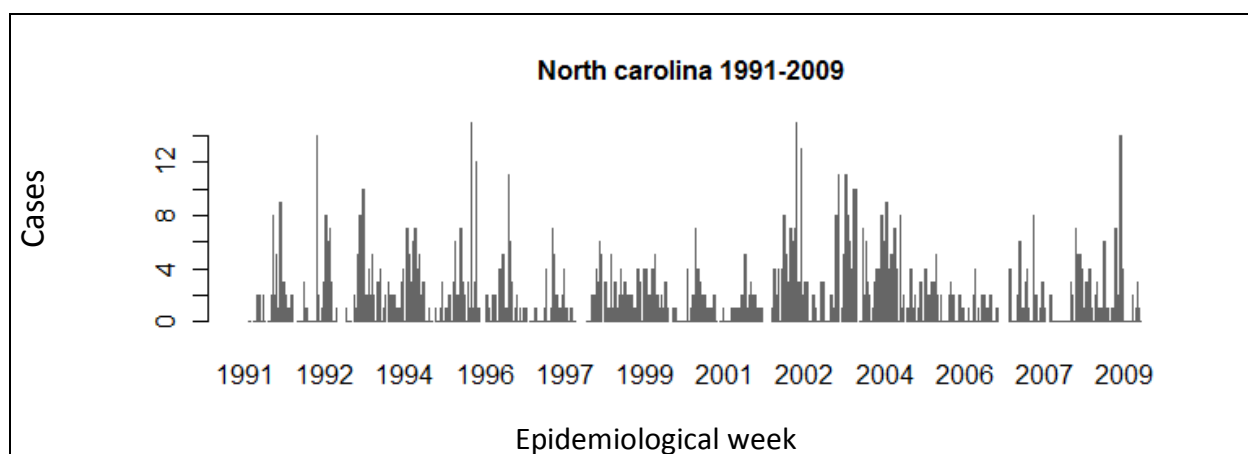
## Lyme Disease



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

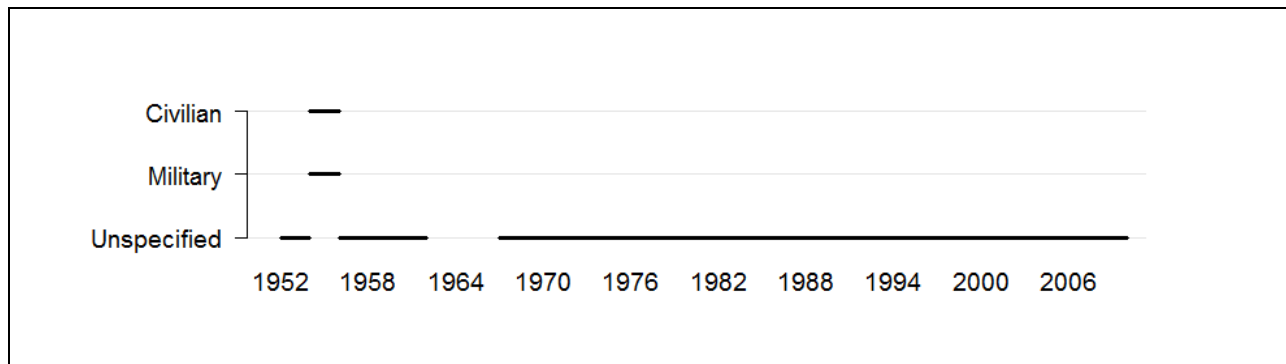
**Table D1,** Summary information for Lyme Disease

Indicator	North Carolina
Report period	1991-2009
Total weeks	854
Total cases	1,248
Max. cases per year	139
Year (max)	2003
Max. cases per week	16
Week (max)	1992, wk 34
Average cases per year	66
95%CI	(51-81)
Average cases per week	1
95%CI	(1-1)



**Figure D2,** Number of cases reported for Lyme Disease per epidemiological week

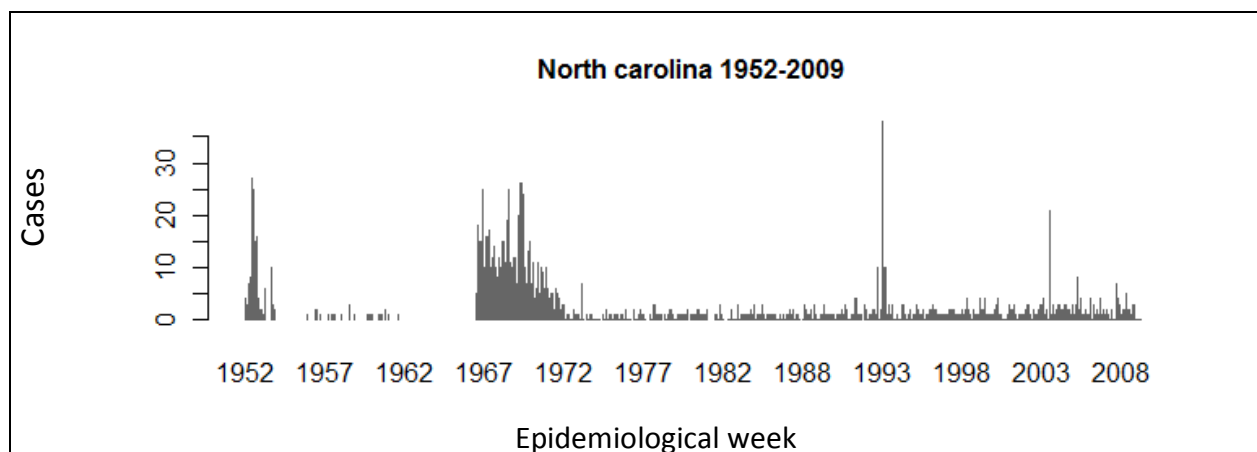
## Malaria



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

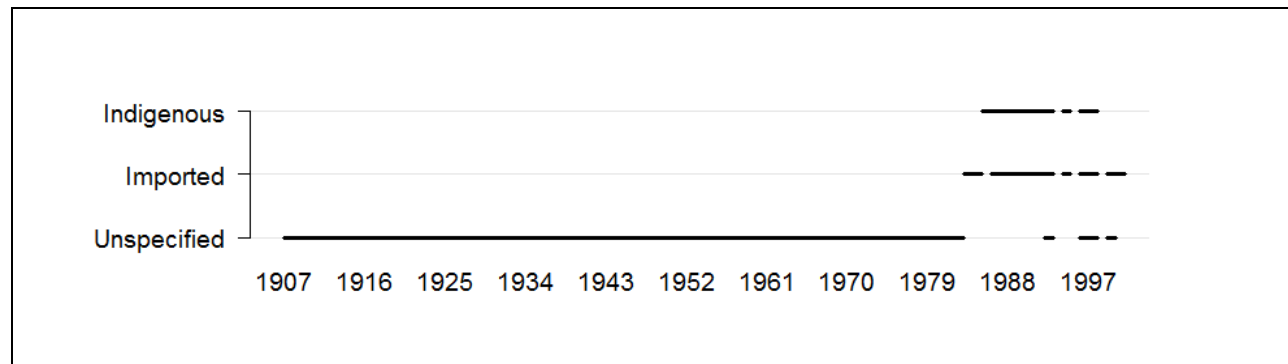
**Table D1,** Summary information for Malaria (Unspecified, Military, and Civilian)

Indicator	North Carolina
Report period	1952-2009
Total weeks	1,953
Total cases	2,540
Max. cases per year	367
Year (max)	1969
Max. cases per week	65
Week (max)	1952, wk 35
Average cases per year	50
95%CI	(24-76)
Average cases per week	1
95%CI	(1-1)



**Figure D2,** Number of cases reported for Malaria per epidemiological week

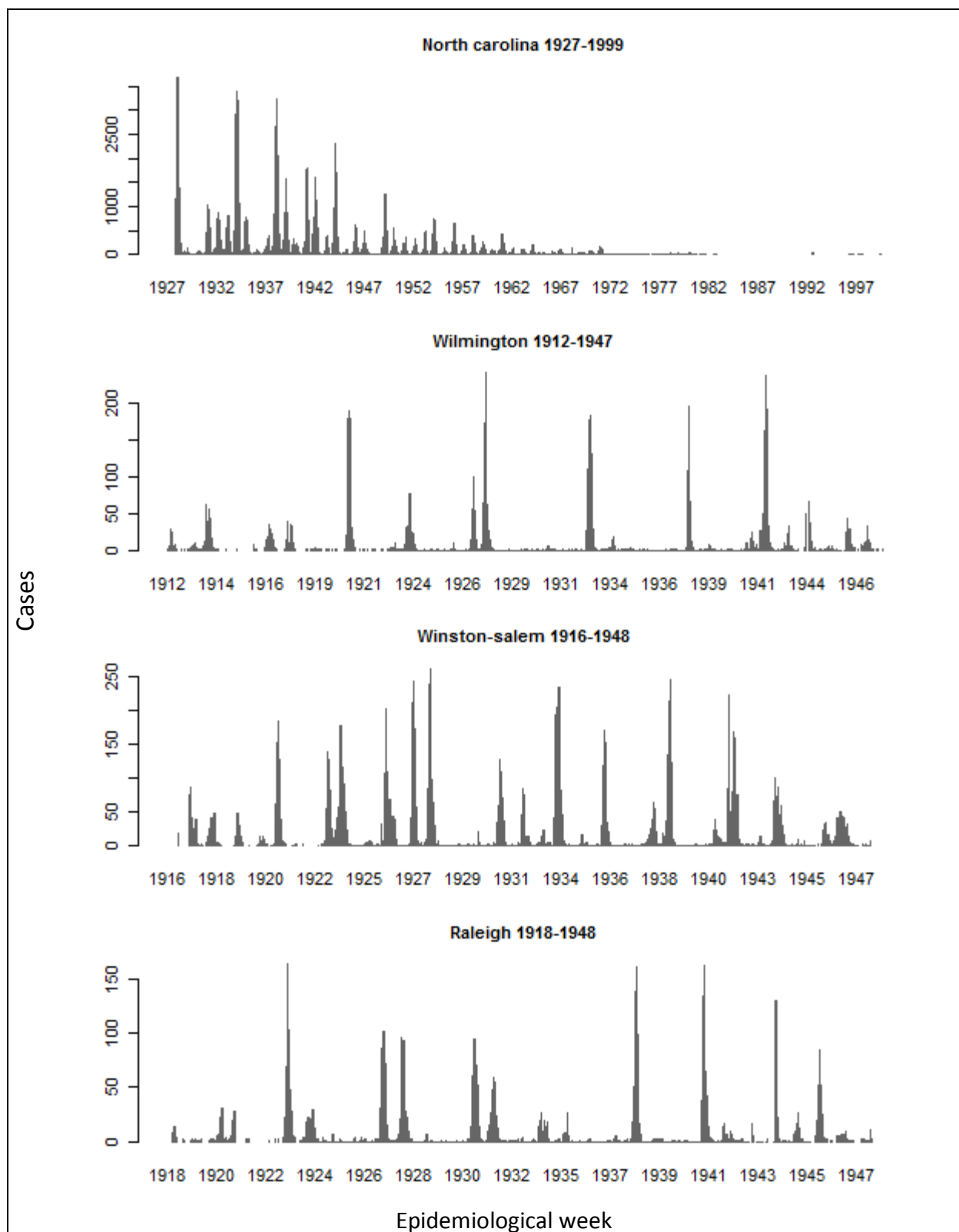
## Measles



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

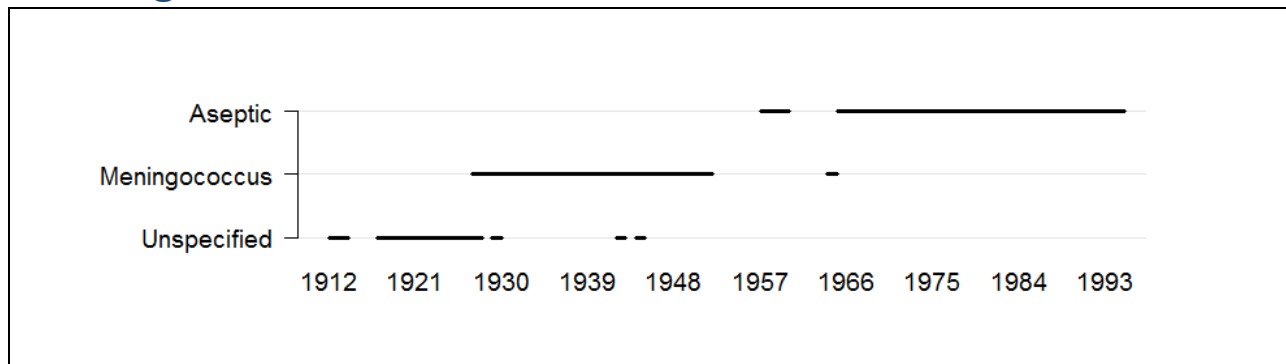
**Table D1,** Summary information for Measles (Unspecified)

Indicator	North Carolina	Wilmington	Winston-Salem	Raleigh
Report period	1927-1999	1912-1947	1916-1948	1918-1948
Total weeks	2,679	1,299	1,368	1,140
Total cases	426,448	11,652	25,398	9,552
Max. cases per year	56,207	1,676	2,138	1,671
Year (max)	1928	1933	1934	1941
Max. cases per week	4,734	283	318	340
Week (max)	1928, wk 06	1942, wk 07	1934, wk 01	1941, wk 13
Average cases per year				
before 1970	9,637	324	770	308
95%CI	(5,419-13,855)	(153-495)	(529-1,011)	(145-471)
after 1970	152	-	-	-
95%CI	(-96-400)	-	-	-
Average cases per week				
before 1970	197	9	19	8
95%CI	(177-217)	(7-11)	(17-21)	(7-9)
after 1970	5	-	-	-
95%CI	(3-7)	-	-	-



**Figure D2,** Number of cases reported for Measles per epidemiological week

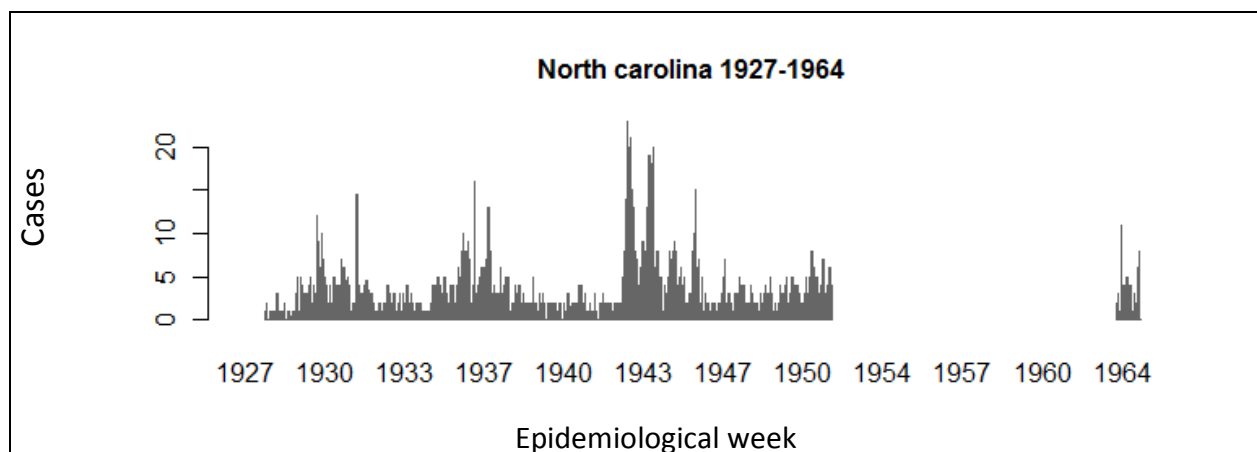
## Meningitis



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

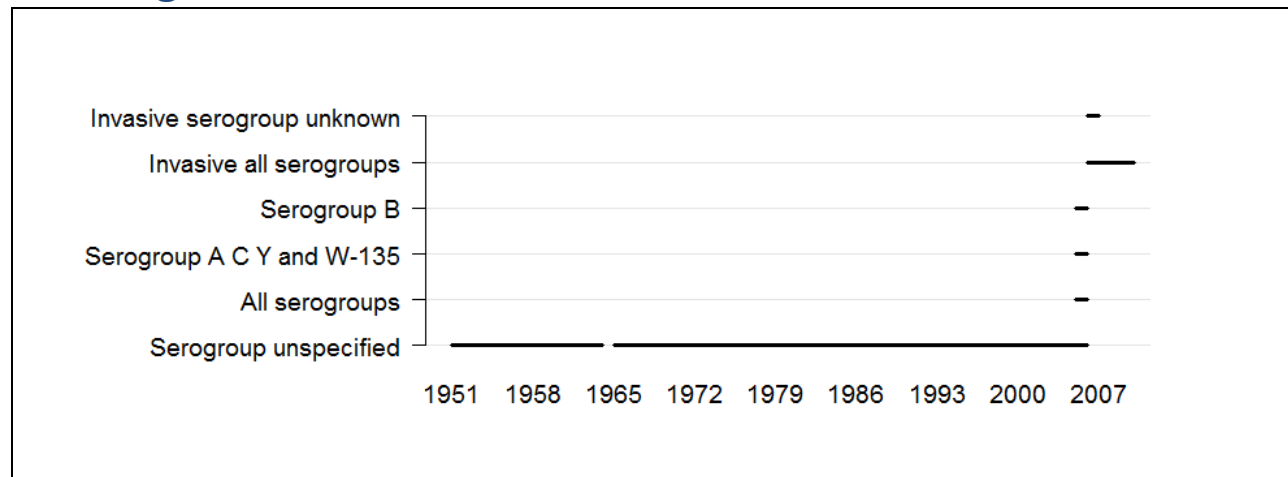
**Table D1,** Summary information for Meningitis (Meningococcus)

Indicator	North Carolina
Report period	1927-1964
Total weeks	1,252
Total cases	3,181
Max. cases per year	445
Year (max)	1943
Max. cases per week	196
Week (max)	1948, wk 28
Average cases per year	122
95%CI	(83-161)
Average cases per week	3
95%CI	(3-3)



**Figure D2,** Number of cases reported for Meningitis per epidemiological week

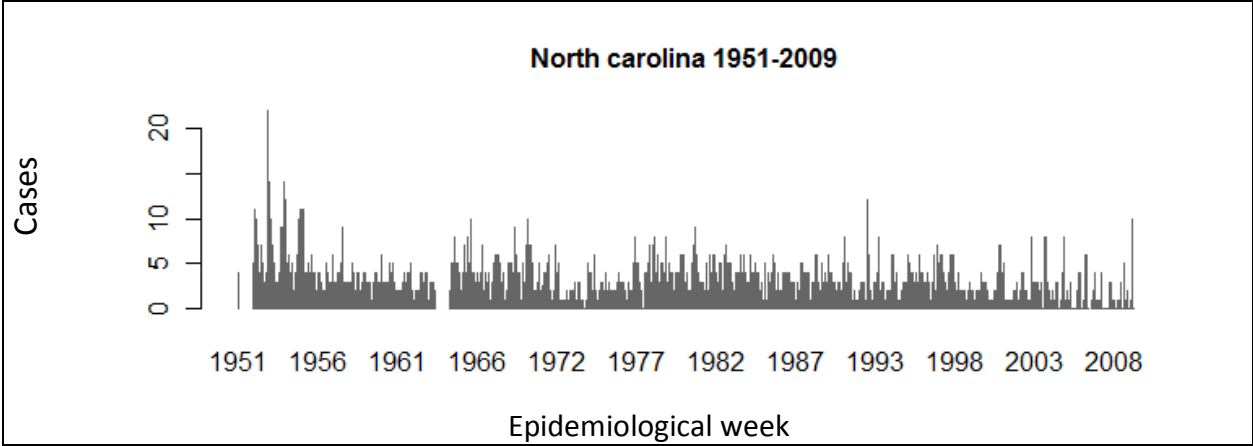
## Meningococcal Disease



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

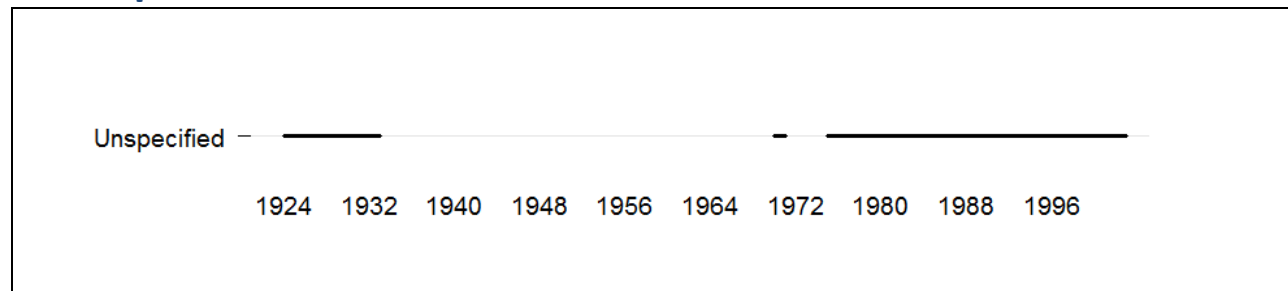
**Table D1,** Summary information for Meningococcal Disease (Serogroup unspecified and Invasive all serogroups)

Indicator	North Carolina
Report period	1951-2009
Total weeks	2,675
Total cases	4,561
Max. cases per year	279
Year (max)	1953
Max. cases per week	64
Week (max)	1953, wk 01
Average cases per year	
before 1980	98
95%CI	(78-118)
after 1980	59
95%CI	(48-70)
Average cases per week	
before 1980	2
95%CI	(2-2)
after 1980	1
95%CI	(1-1)



**Figure D2,** Number of cases reported for Meningococcal Disease per epidemiological week

## Mumps

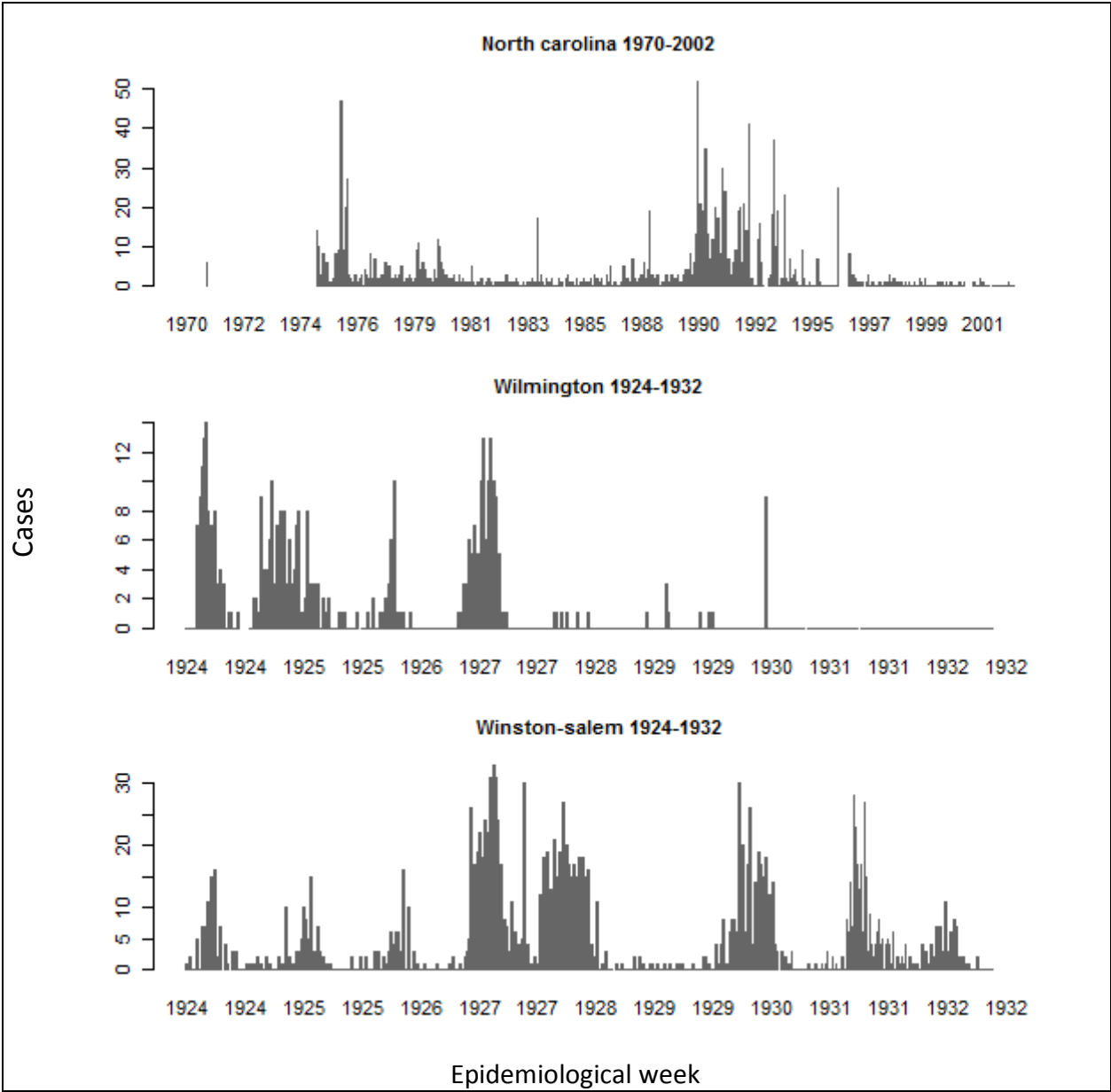


**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

**Table D1,** Summary information for Mumps

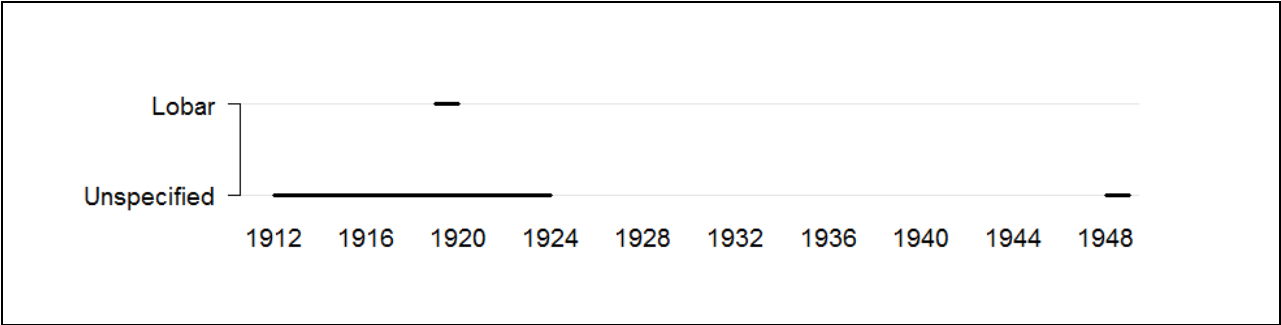
Indicator	North Carolina	Wilmington	Winston-Salem	Raleigh
Report period	1970-2002	1924-1932	1924-1932	1924-1932
Total weeks	1,296	436	436	439
Total cases	2,307	517	2,019	22
Max. cases per year	383	195	666	22
Year (max)	1976	1924	1927	1925
Max. cases per week	95	31	47	22
Week (max)	1976, wk 08	1924, wk 15	1927, wk 18	1925, wk 13
Average cases per year				
before 1980	124	57	224	2
95%CI	(13-235)	(-2-116)	(72-376)	(-4-8)
after 1980	65	-	-	-
95%CI	(24-106)	-	-	-
Average cases per week				
before 1980	3	1	5	0
95%CI	(2-4)	(1-1)	(4-6)	(0-0)
after 1980	1	-	-	-
95%CI	(1-1)	-	-	-





**Figure D2,** Number of cases reported for Mumps per epidemiological week

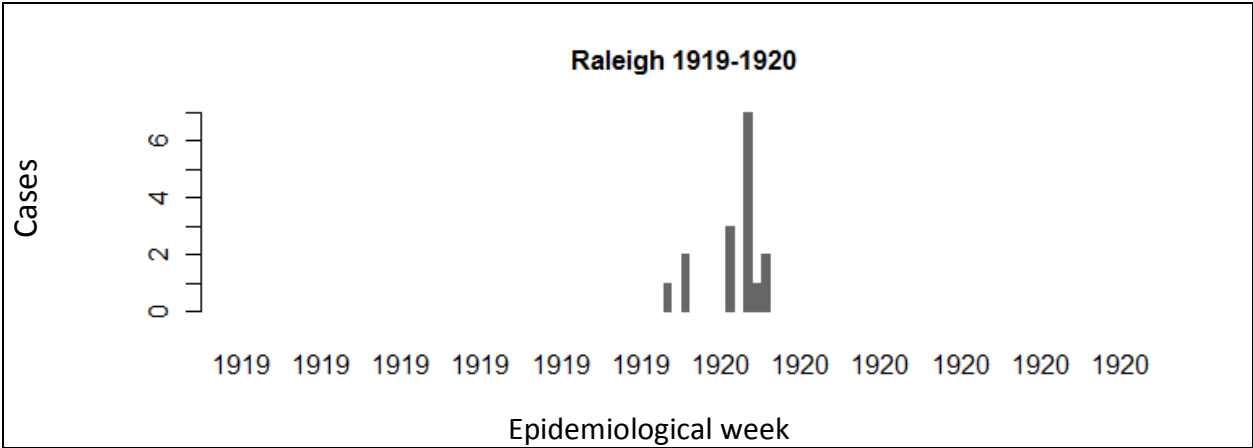
Pneumonia



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

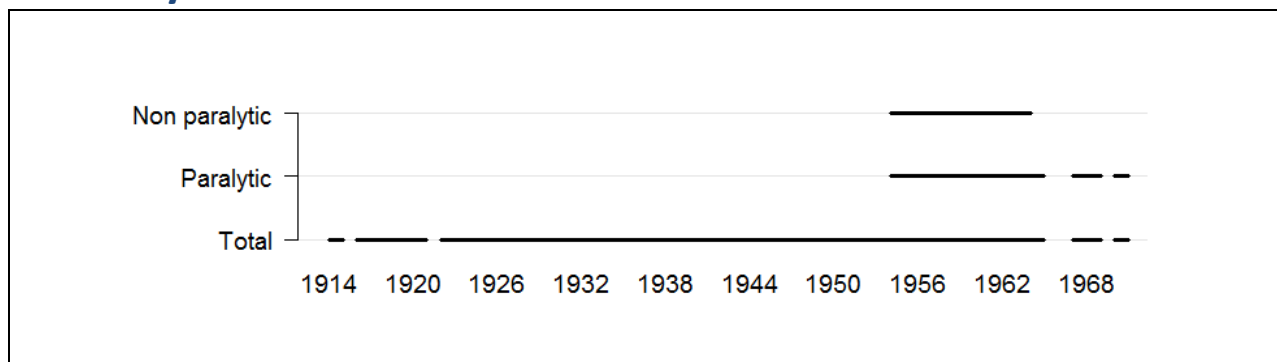
**Table D1,** Summary information for Pneumonia (Unspecified)

Indicator	Raleigh
Report period	1919-1920
Total weeks	9
Total cases	59
Max. cases per year	56
Year (max)	1920
Max. cases per week	25
Week (max)	1920, wk 06
Average cases per year	30
95%CI	(-307-367)
Average cases per week	7
95%CI	(1-13)



**Figure D2,** Number of cases reported for Pneumonia per epidemiological week

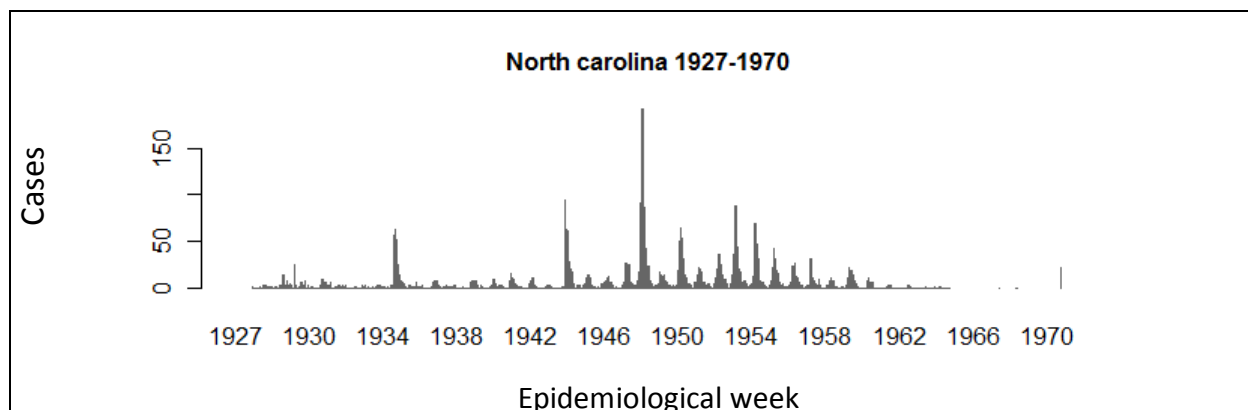
## Poliomyelitis



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

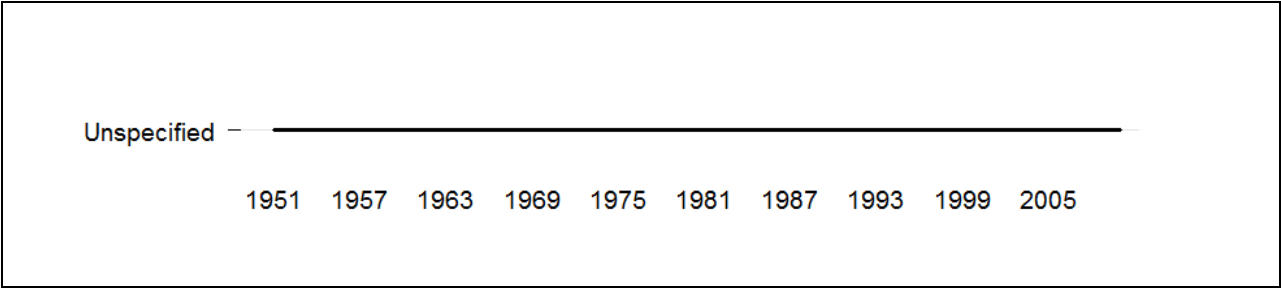
**Table D1,** Summary information for Poliomyelitis (Total)

Indicator	North Carolina
Report period	1927-1970
Total weeks	1,829
Total cases	11,256
Max. cases per year	2,236
Year (max)	1948
Max. cases per week	627
Week (max)	1952, wk 34
Average cases per year	
before 1960	329
95%CI	(172-486)
after 1960	11
95%CI	(3-19)
Average cases per week	
before 1960	7
95%CI	(6-8)
after 1960	0
95%CI	(0-0)



**Figure D2,** Number of cases reported for Poliomyelitis per epidemiological week

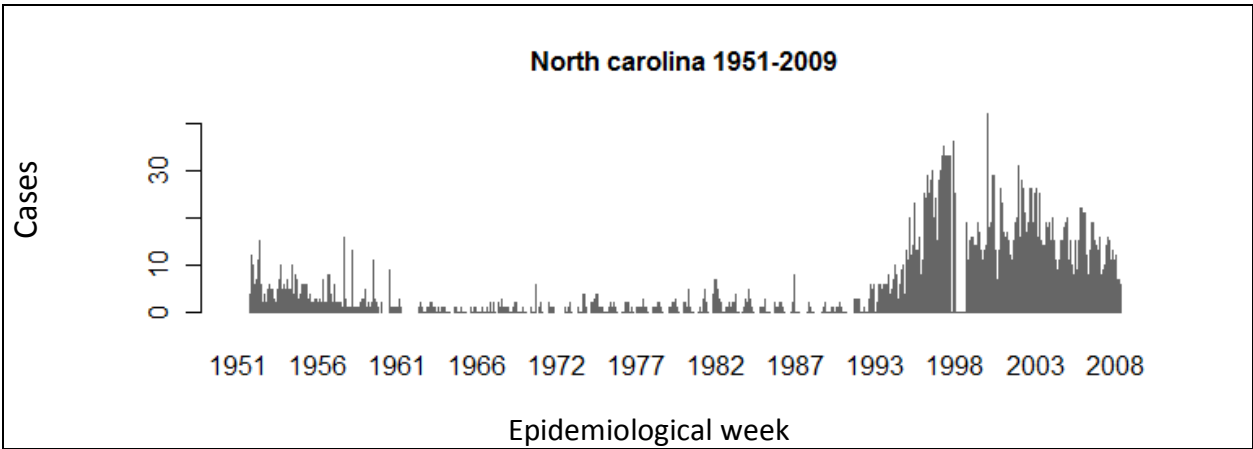
Rabies in Animals



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

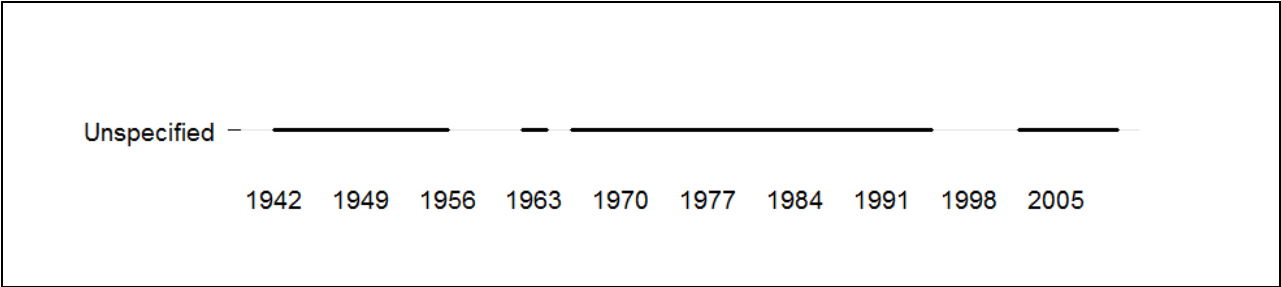
**Table D1,** Summary information for Rabies in Animals

Indicator	North Carolina
Report period	1951-2009
Total weeks	2,112
Total cases	9,737
Max. cases per year	870
Year (max)	2005
Max. cases per week	436
Week (max)	2005, wk 50
Average cases per year	165
95%CI	(101-229)
Average cases per week	5
95%CI	(4-6)



**Figure D2,** Number of cases reported for Rabies in Animals per epidemiological week

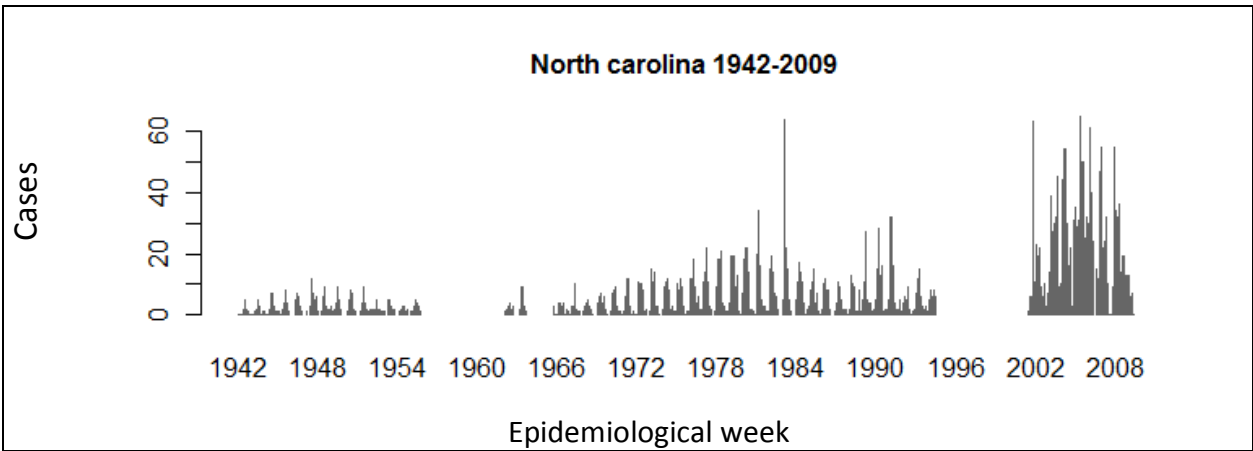
Rocky Mountain Spotted Fever



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

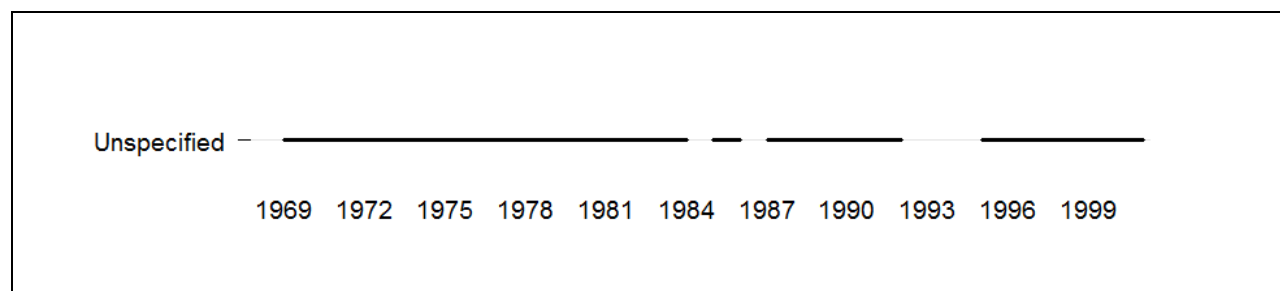
**Table D1,** Summary information for Rocky Mountain Spotted Fever

Indicator	North Carolina
Report period	1942-2009
Total weeks	2,109
Total cases	9,364
Max. cases per year	1,079
Year (max)	2005
Max. cases per week	551
Week (max)	2005, wk 50
Average cases per year	177
95%CI	(123-231)
Average cases per week	4
95%CI	(3-5)



**Figure D2,** Number of cases reported for Rocky Mountain Spotted Fever per epidemiological week

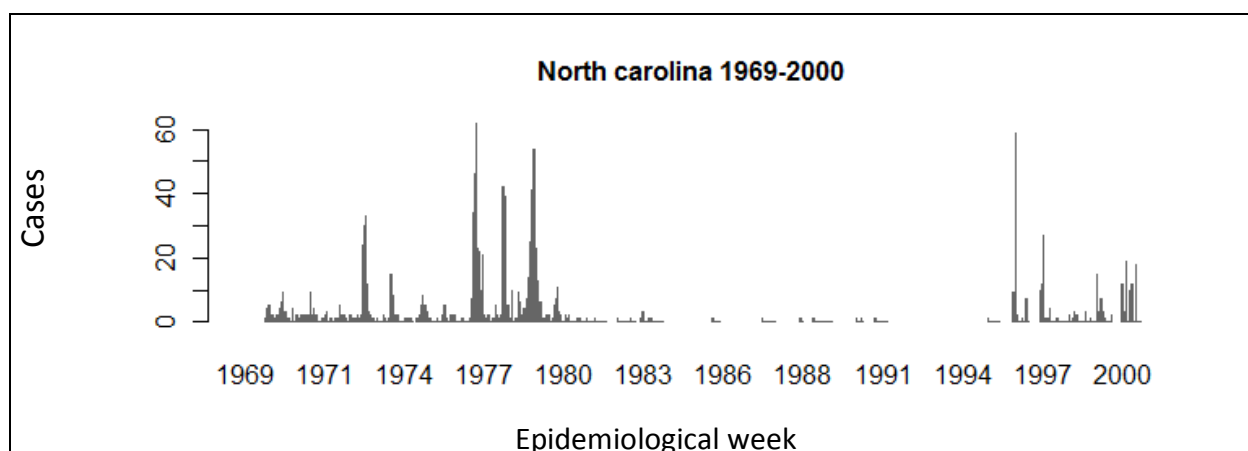
## Rubella



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

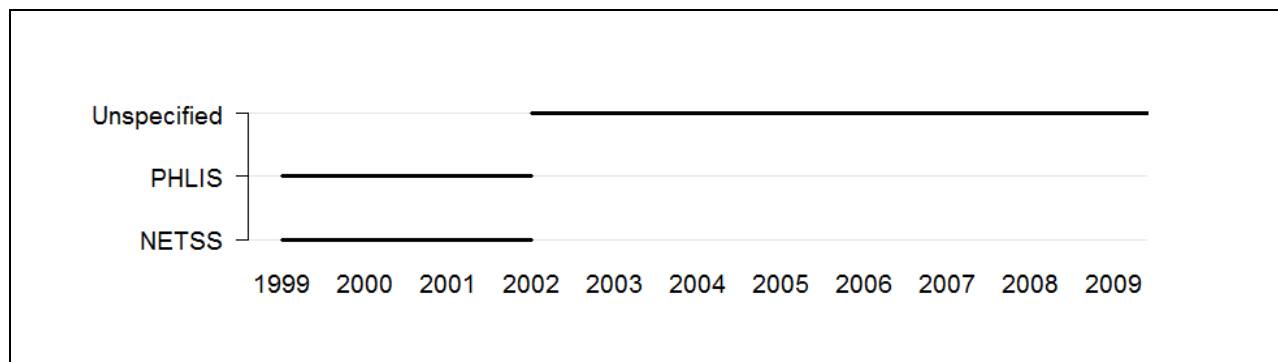
**Table D1,** Summary information for Rubella

Indicator	North Carolina
Report period	1969-2000
Total weeks	973
Total cases	2,001
Max. cases per year	541
Year (max)	1979
Max. cases per week	75
Week (max)	1979, wk 19
Average cases per year	
before 1970	34
95%CI	(-169-237)
after 1970	77
95%CI	(21-133)
Average cases per week	
before 1970	1
95%CI	(0-2)
after 1970	2
95%CI	(2-2)



**Figure D2,** Number of cases reported for Rubella per epidemiological week

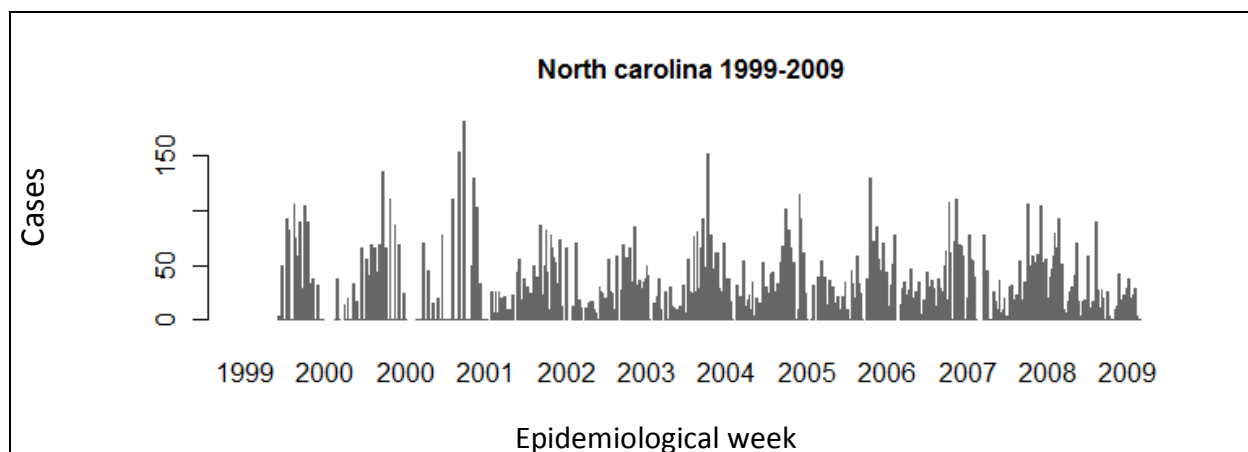
## Salmonellosis



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

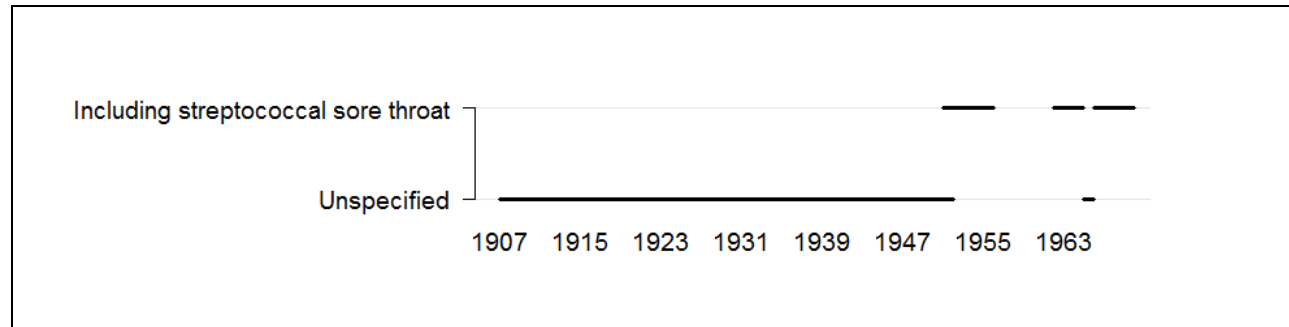
**Table D1,** Summary information for Salmonellosis (PHLIS and Unspecified)

Indicator	North Carolina
Report period	1999-2009
Total weeks	504
Total cases	15,018
Max. cases per year	1,746
Year (max)	2007
Max. cases per week	280
Week (max)	1999, wk 24
Average cases per year	1,365
95%CI	(1,203-1,527)
Average cases per week	30
95%CI	(27-33)



**Figure D2,** Number of cases reported for Salmonellosis per epidemiological week

## Scarlet Fever

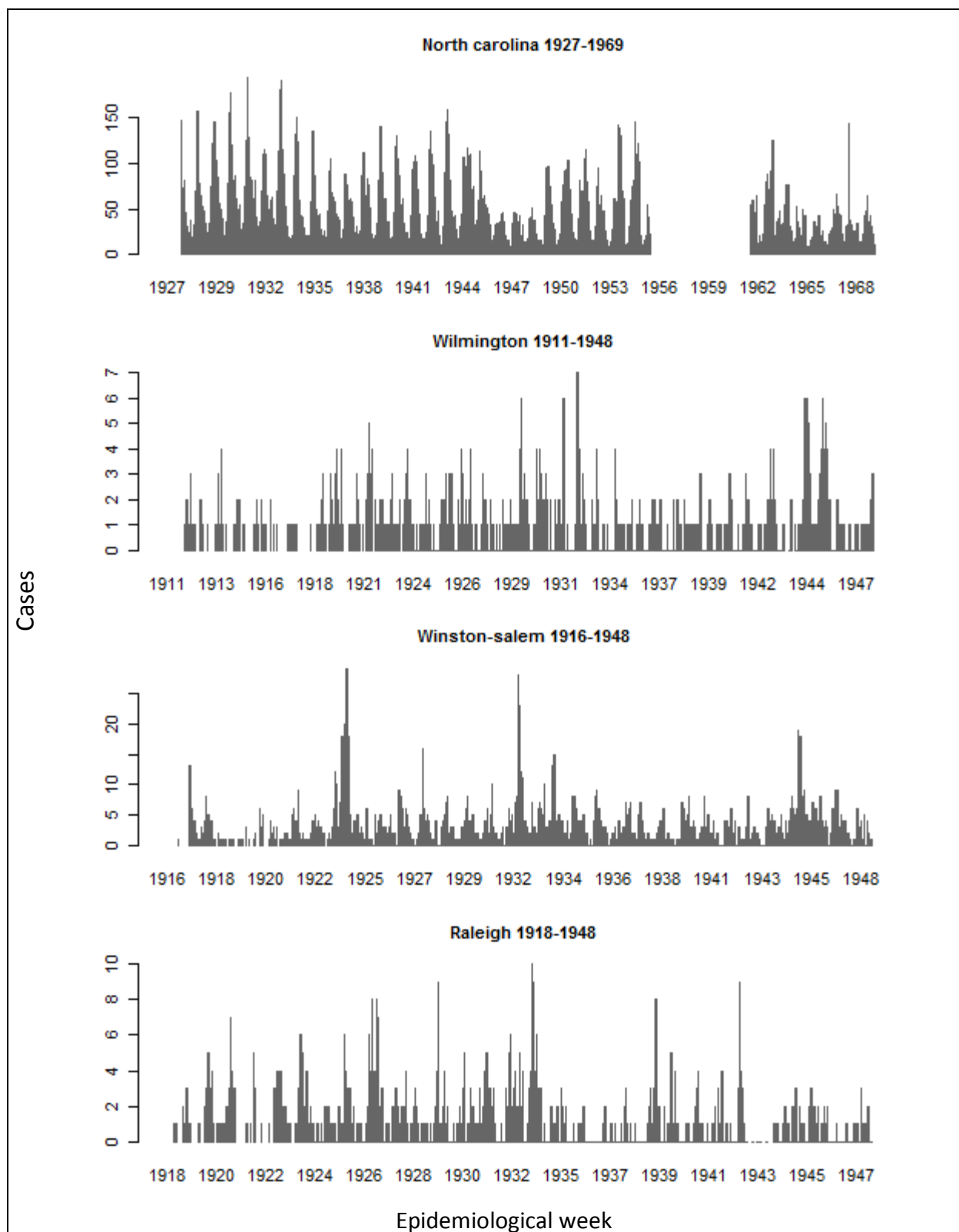


**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

**Table D1,** Summary information for Scarlet Fever (Including streptococcal sore throat and Unspecified)

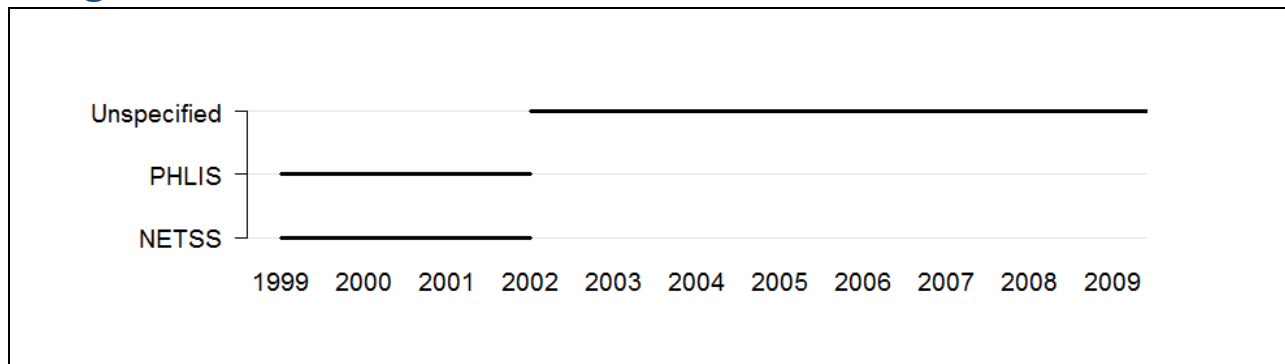
Indicator	North Carolina	Wilmington	Winston-Salem	Raleigh
Report period	1927-1969	1911-1948	1916-1948	1918-1948
Total weeks	1,813	1,351	1,418	1,213
Total cases	73,429	909	3,459	1,052
Max. cases per year	3,662	83	384	109
Year (max)	1933	1945	1924	1933
Max. cases per week	234	9	34	12
Week (max)	1933, wk 46	1920, wk 02	1924, wk 19	1933, wk 42
Average cases per year	1,985	24	105	34
95%CI	(1,705-2,265)	(19-29)	(75-135)	(25-43)
Average cases per week	41	1	2	1
95%CI	(39-43)	(1-1)	(2-2)	(1-1)





**Figure D2,** Number of cases reported for Scarlet Fever per epidemiological week

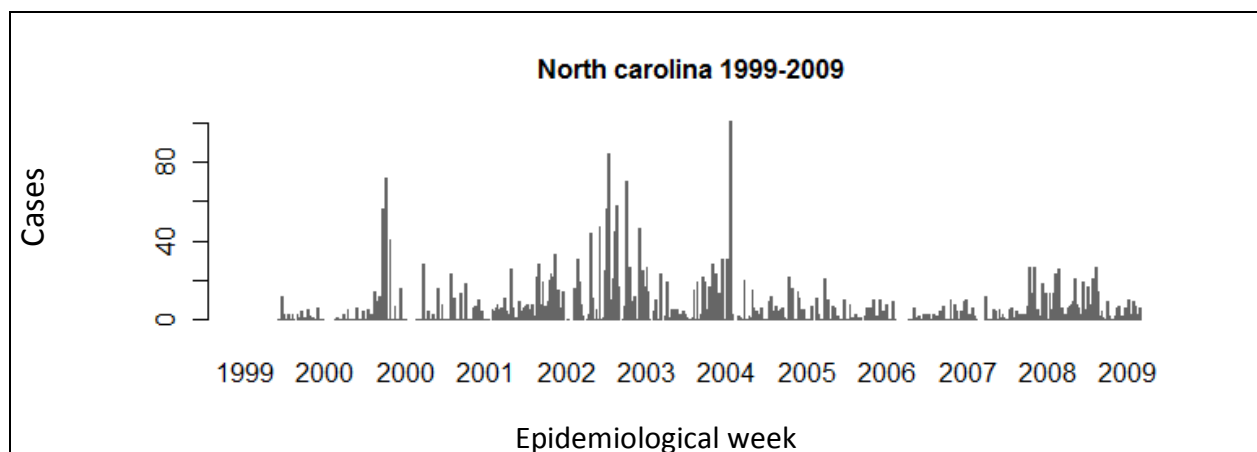
## Shigellosis



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

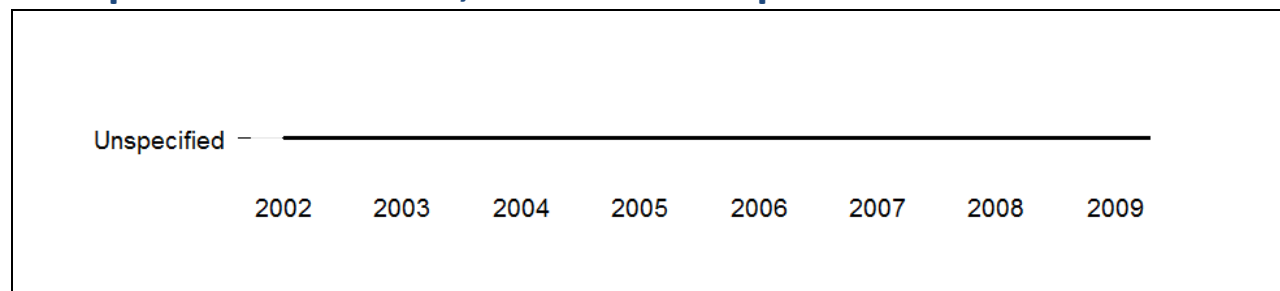
**Table D1,** Summary information for Shigellosis (Unspecified and PHLIS)

Indicator	North Carolina
Report period	1999-2009
Total weeks	498
Total cases	4,038
Max. cases per year	907
Year (max)	2003
Max. cases per week	635
Week (max)	1999, wk 33
Average cases per year	367
95%CI	(205-529)
Average cases per week	8
95%CI	(5-11)



**Figure D2,** Number of cases reported for Shigellosis per epidemiological week

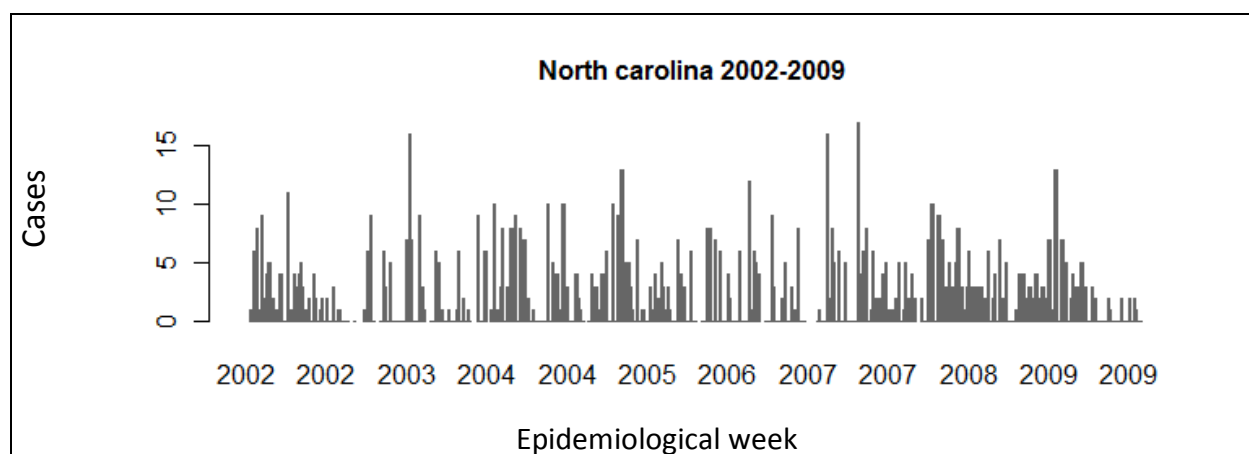
## Streptococcal Disease, Invasive Group A



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

**Table D1,** Summary information for Streptococcal Disease, Invasive Group A

Indicator	North Carolina
Report period	2002-2009
Total weeks	386
Total cases	964
Max. cases per year	151
Year (max)	2007
Max. cases per week	26
Week (max)	2006, wk 24
Average cases per year	120
95%CI	(101-139)
Average cases per week	2
95%CI	(2-2)



**Figure D2,** Number of cases reported for Group A Streptococcal disease per epidemiological week

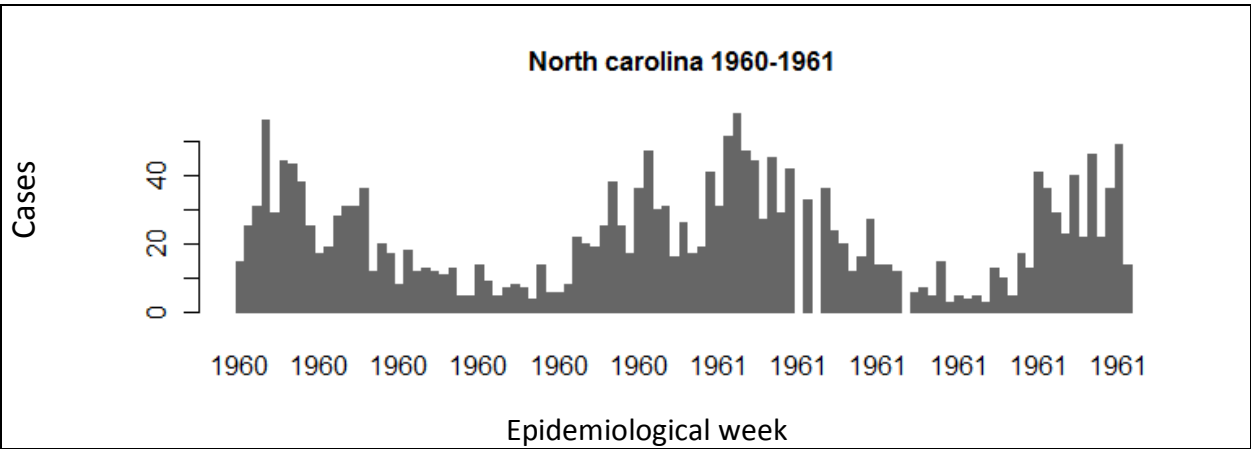
Streptococcal Sore Throat



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

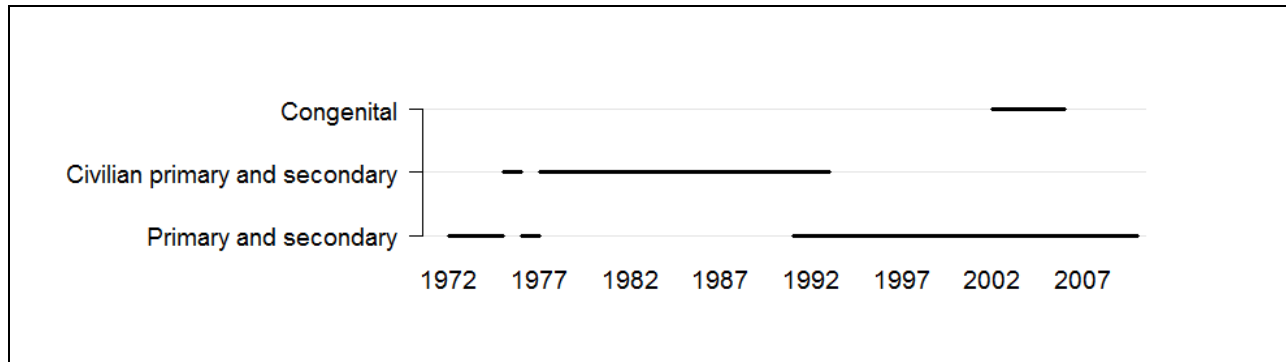
**Table D1,** Summary information for Streptococcal Sore Throat

Indicator	North Carolina
Report period	1960-1961
Total weeks	101
Total cases	2,499
Max. cases per year	1,251
Year (max)	1961
Max. cases per week	194
Week (max)	1960, wk 50
Average cases per year	1,250
95%CI	(1,231-1,269)
Average cases per week	25
95%CI	(21-29)



**Figure D2,** Number of cases reported for Streptococcal Sore Throat per epidemiological week

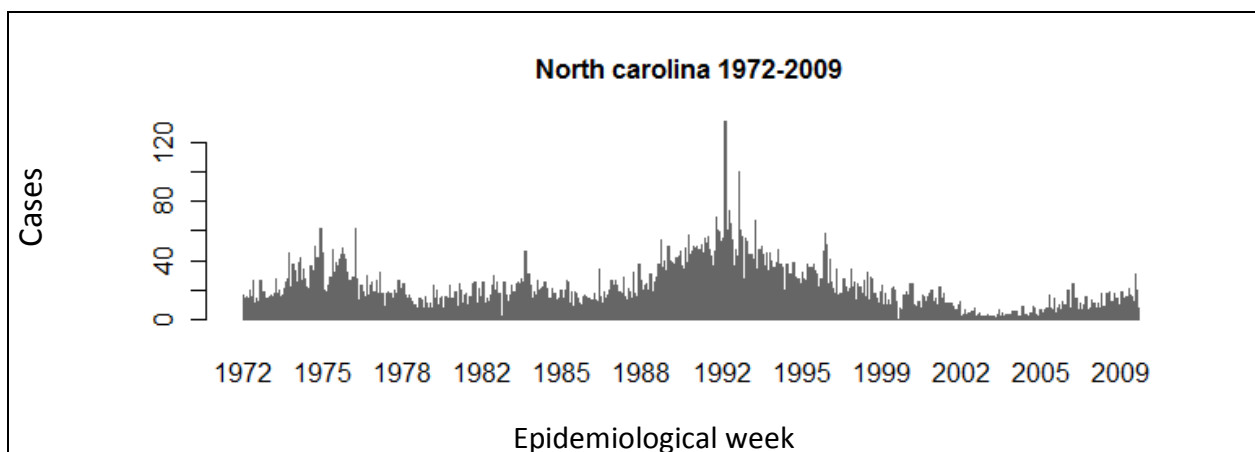
## Syphilis



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

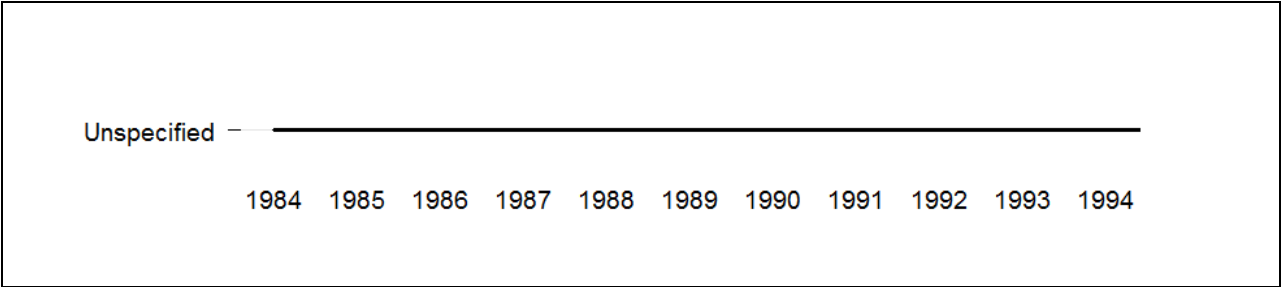
**Table D1,** Summary information for Syphilis (Primary and secondary and Civilian primary and secondary)

Indicator	North Carolina
Report period	1972-2009
Total weeks	1,854
Total cases	29,087
Max. cases per year	2,197
Year (max)	1992
Max. cases per week	230
Week (max)	1991, wk 30
Average cases per year	765
95%CI	(598-932)
Average cases per week	16
95%CI	(15-17)



**Figure D2,** Number of cases reported for Syphilis per epidemiological week

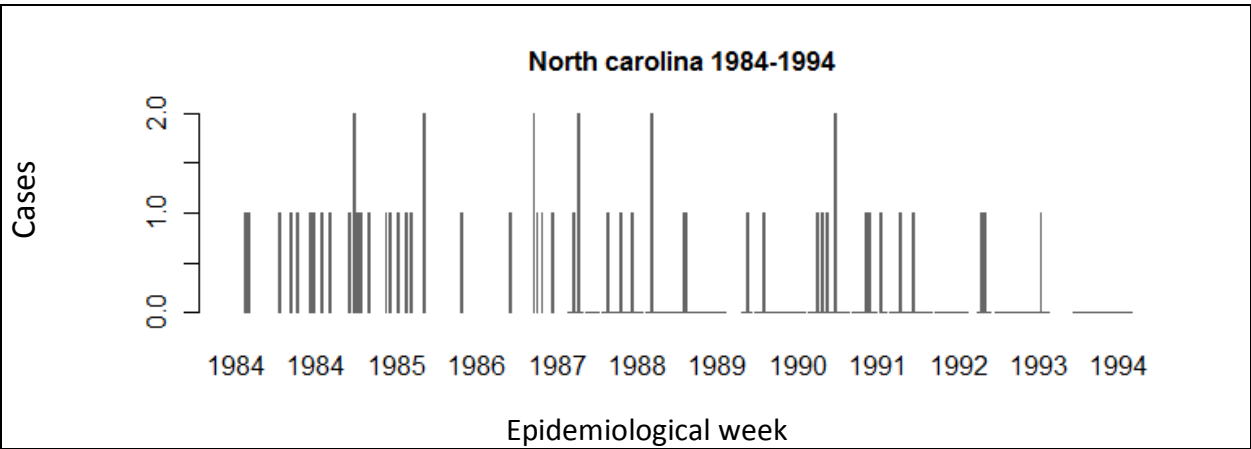
Toxic Shock Syndrome



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

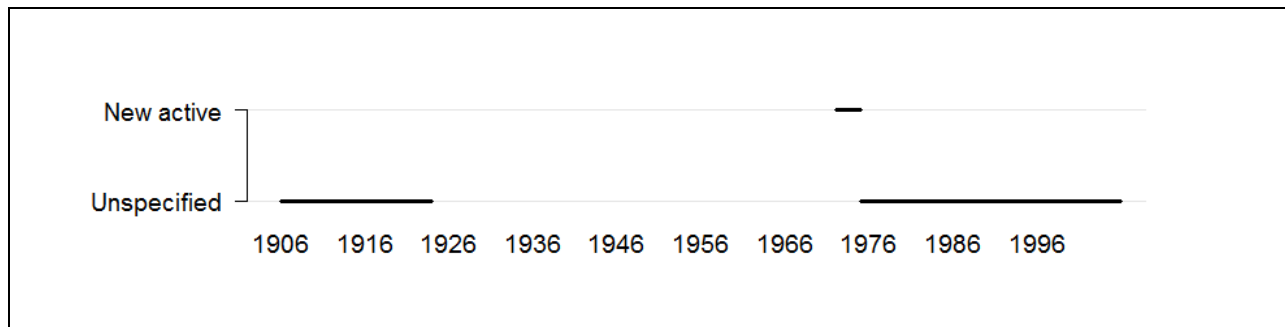
**Table D1,** Summary information for Toxic shock syndrome

Indicator	North Carolina
Report period	1984-1994
Total weeks	334
Total cases	71
Max. cases per year	17
Year (max)	1991
Max. cases per week	8
Week (max)	1991, wk 35
Average cases per year	6
95%CI	(3-9)
Average cases per week	0
95%CI	(0-0)



**Figure D2,** Number of cases reported for Toxic Shock Syndrome per epidemiological week

## Tuberculosis



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

**Table D1,** Summary information for Tuberculosis (Unspecified)

Indicator	North Carolina	Winston-Salem
Report period	1975-2005	1916-1923
Total weeks	1,482	320
Total cases	20,568	1,061
Max. cases per year	1,361	172
Year (max)	1976	1922
Max. cases per week	97	16
Week (max)	1988, wk 52	1918, wk 09
Average cases per year	663	133
95%CI	(558-768)	(86-180)
Average cases per week	14	3
95%CI	(13-15)	(3-3)

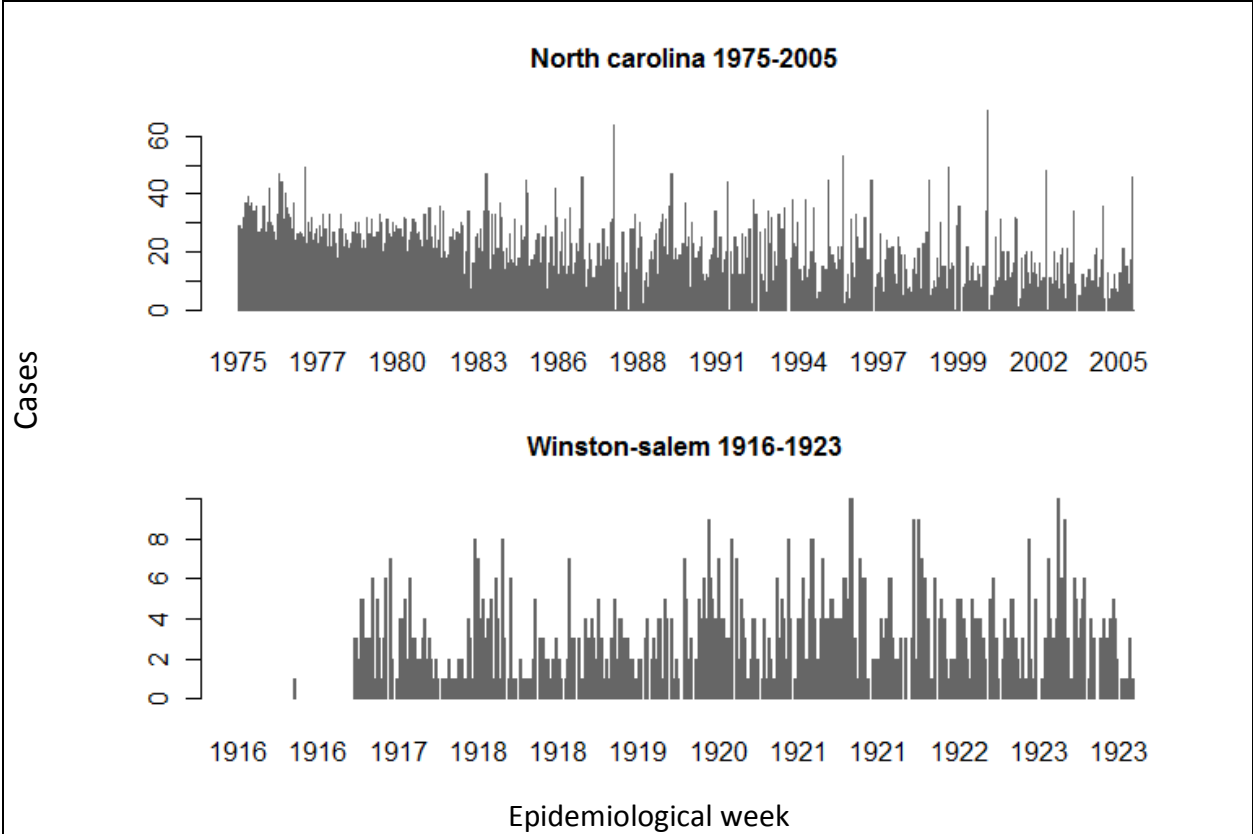
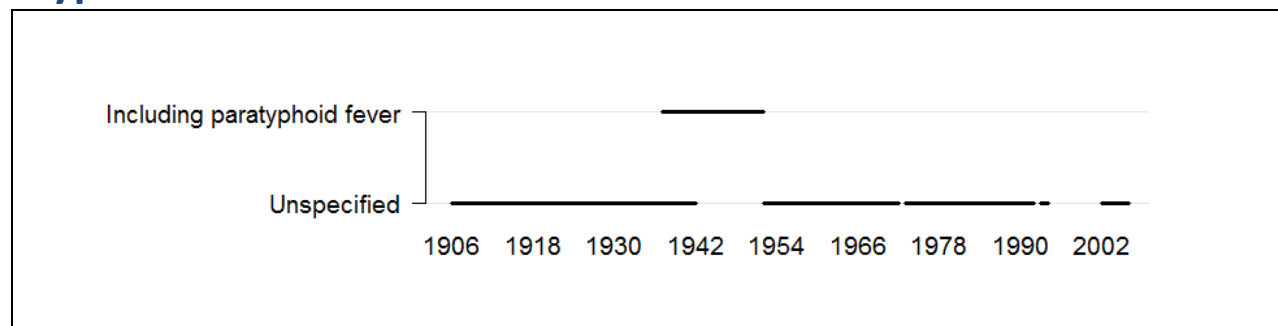


Figure D2, Number of cases reported for Tuberculosis per epidemiological week



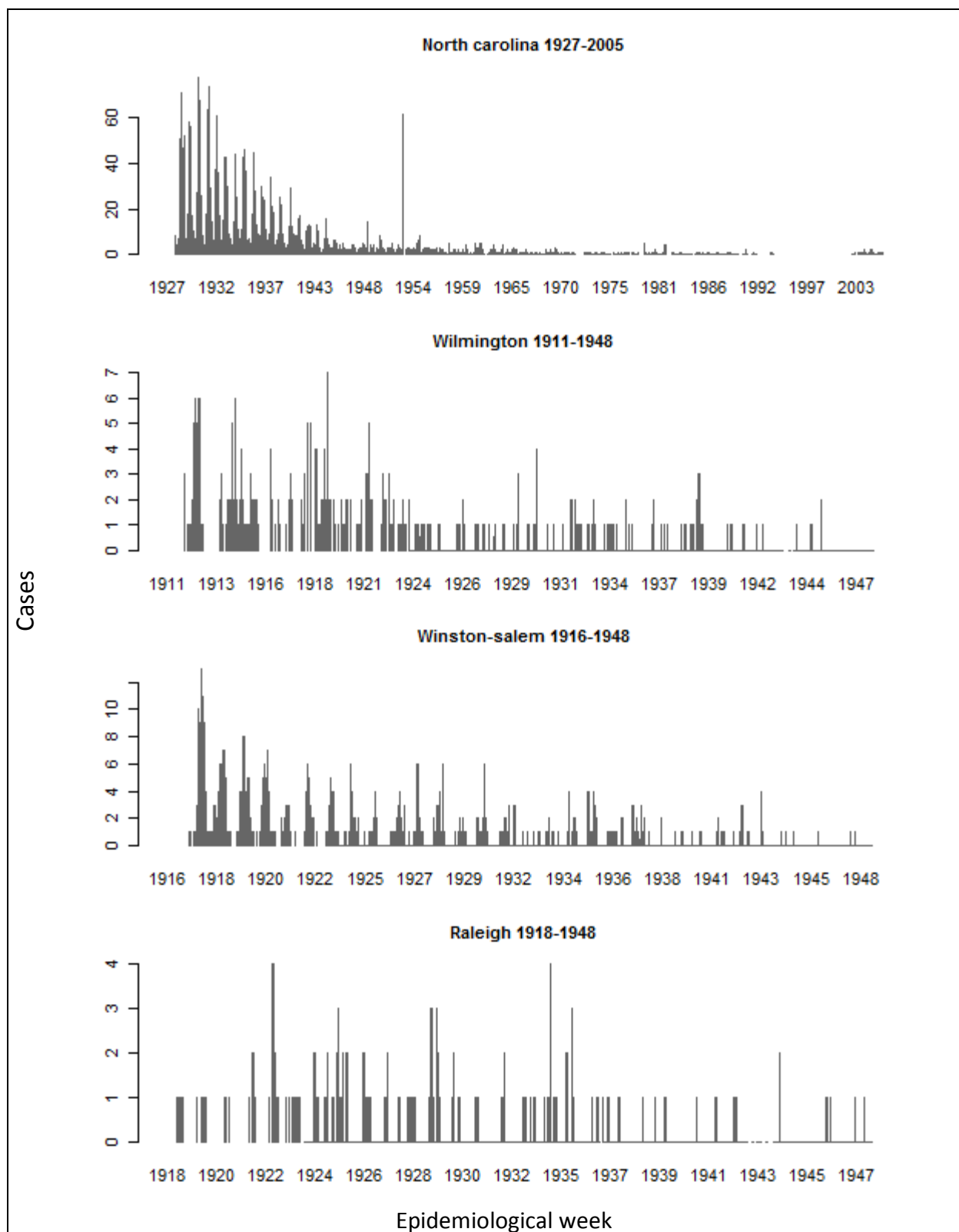
## Typhoid Fever



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

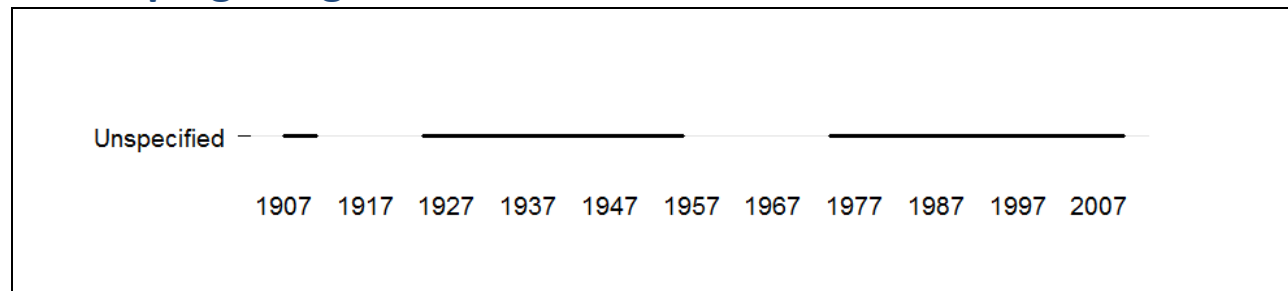
**Table D1,** Summary information for Typhoid Fever (Unspecified and Including paratyphoid fever)

Indicator	North Carolina	Wilmington	Winston-Salem	Raleigh
Report period	1927-2005	1911-1948	1916-1948	1918-1948
Total weeks	2,917	1,359	1,401	1,149
Total cases	10,221	476	822	188
Max. cases per year	1,071	71	175	30
Year (max)	1928	1912	1917	1922
Max. cases per week	95	9	19	7
Week (max)	1928, wk 32	1912, wk 23	1917, wk 31	1922, wk 31
Average cases per year				
before 1950	397	13	25	6
95%CI	(254-540)	(8-18)	(13-37)	(4-8)
after 1950	15	-	-	-
95%CI	(7-23)	-	-	-
Average cases per week				
before 1950	8	0	1	0
95%CI	(7-9)	(0-0)	(1-1)	(0-0)
after 1950	0	-	-	-
95%CI	(0-0)	-	-	-



**Figure D2,** Number of cases reported for Typhoid Fever per epidemiological week

## Whooping Cough



**Figure D1,** Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

**Table D1,** Summary information for Whooping Cough

Indicator	North Carolina	Wilmington	Winston-Salem	Raleigh
Report period	1937-2009	1924-1948	1924-1948	1924-1948
Total weeks	2,360	1,093	1,191	1,059
Total cases	88,571	4,445	8,799	5,141
Max. cases per year	15,022	484	1,151	587
Year (max)	1938	1941	1927	1927
Max. cases per week	824	42	65	55
Week (max)	1938, wk 02	1942, wk 30	1927, wk 07	1927, wk 12
Average cases per year				
before 1960	4,485	178	352	206
95%CI	(2,571-6,399)	(121-235)	(227-477)	(130-282)
after 1960	93	-	-	-
95%CI	(70-116)	-	-	-
Average cases per week				
before 1960	93	4	7	5
95%CI	(87-99)	(4-4)	(6-8)	(5-5)
after 1960	2	-	-	-
95%CI	(2-2)	-	-	-

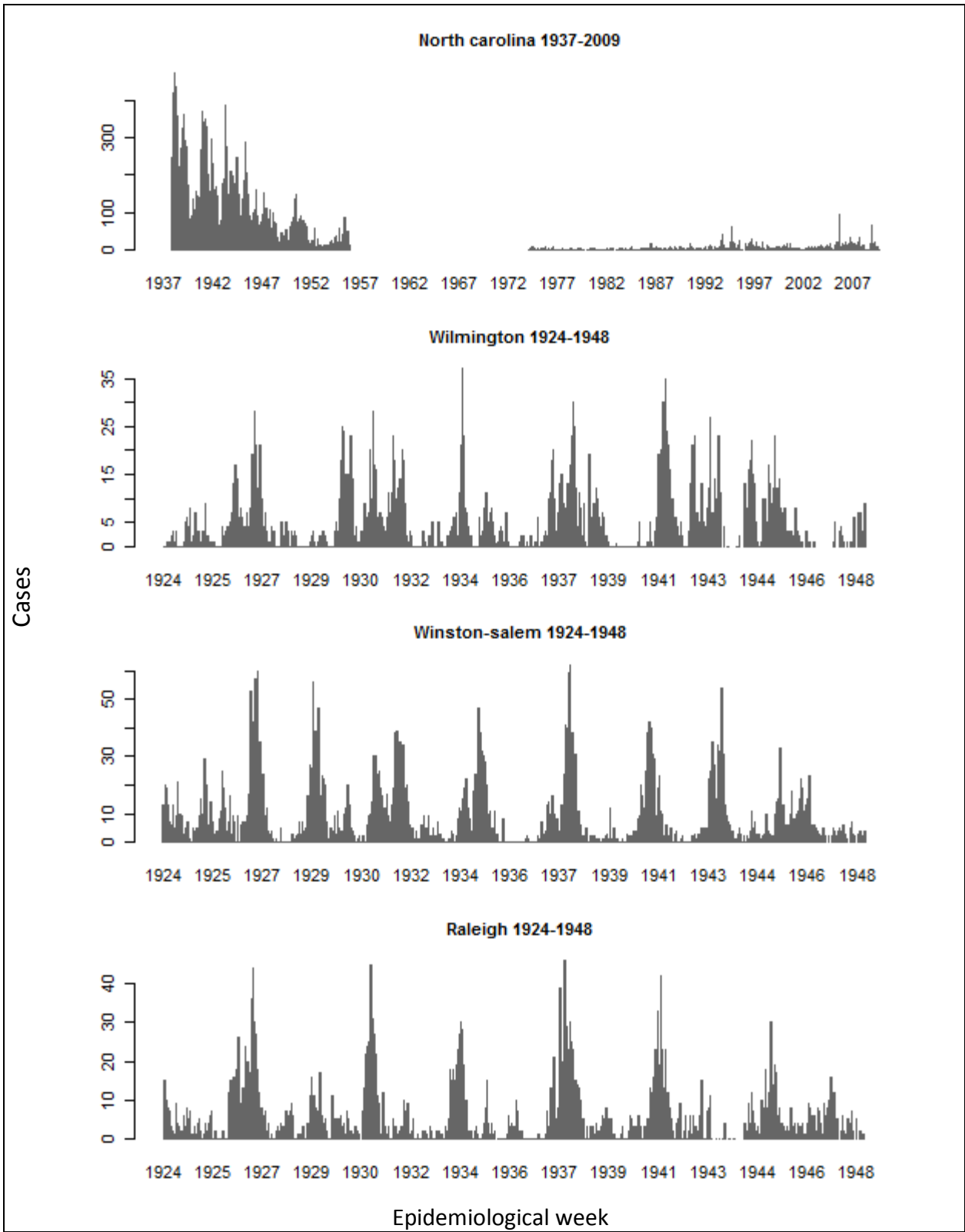


Figure D2, Number of cases reported for Whooping Cough per epidemiological week

## Diseases with fragmented data over time

For a number of diseases, only fragmented data was available for North Carolina. This was due to the inclusion of these diseases in the weekly surveillance system for short periods or widely dispersed periods of time. Due to these wide gaps or limited data, data for these diseases were not presented in separate sections but in the table below. Work will continue to include more data in the Tycho database and complete data sets for each disease where possible. Collaborations with local, state and federal public health agencies will be made to explore data availability and opportunities to include these in the Tycho database.

**Table 2,** Summary information on the occurrence of diseases with fragmented data in North Carolina

Disease	Report type	Report period	Number of reports	Total cases
Anthrax	State	1942-1945	143	0
Brucellosis [undulant fever]	State	1943-1981	308	1071
Dengue	City	1924-1924	2	0
Dysentery	State	1942-1948	250	156
Encephalitis	City	1941-1952	872	1
Encephalitis	State	1942-1994	1393	1340
Leprosy	State	1942-1990	245	1
Pellagra	City	1924-1932	441	345
Psittacosis	State	1956-1958	30	77
Tetanus	State	1962-1981	480	97
Trichiniasis	State	1952-1955	5	5
Tularemia	City	1953-1953	1	1
Tularemia	State	1942-1993	1277	458
Typhus fever	City	1924-1953	28	3
Typhus fever	State	1942-1961	295	795
West nile disease	State	2003-2007	48	3

## Project Tycho

This report provides preliminary data for the state of North Carolina available in the Tycho database. This database is currently being beta tested and these data cannot be used for publication or other official use at this time. An open access release to the general public is planned for later in 2011.

Please visit the Tycho website for more information and to query the database at: [www.tycho.pitt.edu](http://www.tycho.pitt.edu). For further information regarding the Tycho project, contact Dr. Wilbert van Panhuis at the University of Pittsburgh Graduate School of Public Health.

Dr. Wilbert van Panhuis, MD PdD  
Graduate School of Public Health  
University of Pittsburgh  
130 DeSoto Street  
704 Parran Hall  
Pittsburgh, 15261 PA  
Tel: 412-624-7693  
Email: [wav10@pitt.edu](mailto:wav10@pitt.edu)