

Preliminary data, not for publication or official use

Project Tycho

Preliminary data for the state of Minnesota

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

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University of Pittsburgh Graduate School of Public Health



University of Pittsburgh



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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). 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.

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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

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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) 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 Minnesota. This includes all data that has ever been published at state or city level for Minnesota 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 has been provided on the website (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 ¹. For 1995 to 2009, these reports could be retrieved from the MMWR digital archive on the CDC website ². Most weekly reports between 1952 and 1995 could be retrieved from the HathiTrust Digital Library ^{3 4}, 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

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

² <http://www.cdc.gov/mmwr>

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

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

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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.

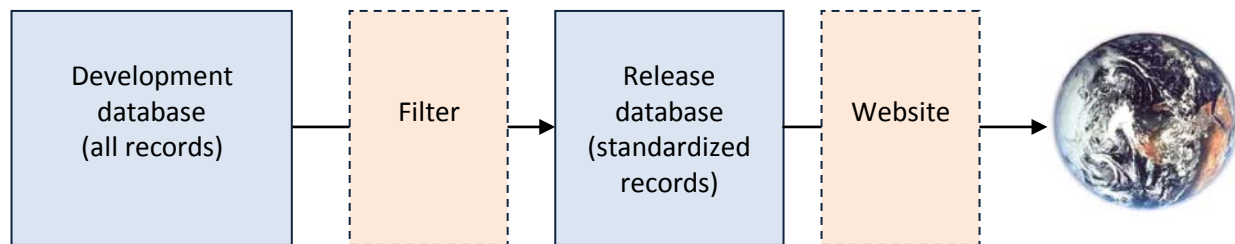


Figure 1, Schematic of the Tycho data architecture. Access to a consistent, standardized subset of the digitized US weekly surveillance reports will be provided for beta testing through a website that will allow querying and downloading of data. Data from the development database will be pushed through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

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 Minnesota

In this section, an overview of data available for the state of Minnesota 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 Minnesota. 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 Minnesota per each disease and subcategory.

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

Disease	City	State
Aids	-	940
Anthrax	-	143
Botulism	1	-
Brucellosis [undulant fever]	13	694
Chickenpox [varicella]	454	266
Chlamydia	-	593
Coccidioidomycosis	-	36
Cryptosporidiosis	-	472
Dengue	5	-
Diphtheria	1918	1754
Dysentery		
<i>Amebic</i>	-	278
<i>Bacillary</i>	-	212
<i>Unspecified</i>	-	200
Encephalitis		
<i>Lethargic</i>	326	-
<i>Post infectious</i>	-	408
<i>Primary [infectious] including unspecified</i>	346	968
Escherichia coli		
<i>EHEC 0157</i>	-	181
<i>EHEC non-0157</i>	-	167
<i>EHEC non serogrouped</i>	-	88
<i>O157:H7 NETSS</i>	-	276
<i>O157:H7 PHLIS</i>	-	279
<i>STEC</i>	-	191

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

Disease	City	State
Giardiasis	-	371
Gonorrhea		
<i>Civilian</i>	-	757
<i>Unspecified</i>	-	960
Haemophilus influenzae		
<i>Age <5 non-serotype B</i>	-	165
<i>Age <5 serotype B</i>	-	61
<i>Age <5 unknown serotype</i>	-	98
<i>All ages all serotypes</i>	-	594
Hepatitis		
<i>Acute type A</i>	-	345
<i>Acute type B</i>	-	335
<i>Acute type C</i>	-	109
<i>Acute type NA NB [including C]</i>	-	4
<i>All types, <20 years</i>	-	164
<i>All types, >=20 years</i>	-	91
<i>All types, all ages</i>	72	701
<i>Type A [infectious]</i>	1	1618
<i>Type B [serum]</i>	1	1347
<i>Type NA NB [including C]</i>	-	629
<i>Type unspecified</i>	1	362
Influenza	461	706
Legionellosis	-	767
Leprosy	1	260
Listeriosis	-	162
Lyme disease	-	761
Malaria		
<i>Civilian</i>	-	13
<i>Unspecified</i>	2	1700
Measles		
<i>Imported</i>	-	388
<i>Indigenous</i>	-	372
<i>Unspecified</i>	1925	2789
Meningitis		
<i>Aseptic</i>	1	948
<i>Meningococcus</i>	825	1240
<i>Unspecified</i>	243	5

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

Disease	City	State
Meningococcal disease		
<i>All serogroups</i>	-	42
<i>Invasive all serogroups</i>	-	178
<i>Invasive serogroup unknown</i>	-	38
<i>Other serogroup</i>	-	2
<i>Serogroup A C Y and W-135</i>	-	40
<i>Serogroup B</i>	-	2
<i>Serogroup unspecified</i>	38	2223
Mumps	453	1375
Pellagra	326	-
Pneumonia		
<i>Lobar</i>	25	-
<i>Unspecified</i>	300	162
Poliomyelitis		
<i>Non paralytic</i>	-	127
<i>Paralytic</i>	-	417
<i>Total</i>	1092	1784
Psittacosis	-	93
Rabies in animals	1	2812
Rocky mountain spotted fever	-	500
Rubella	-	969
Salmonellosis		
<i>NETSS</i>	-	121
<i>PHLIS</i>	-	126
<i>Unspecified</i>	-	380
Scarlet fever		
<i>Including streptococcal sore throat</i>	99	554
<i>Unspecified</i>	1971	1280
Shigellosis		
<i>NETSS</i>	-	127
<i>PHLIS</i>	-	126
<i>Unspecified</i>	-	379
Streptococcal disease, invasive group a	-	332
Streptococcal sore throat	-	99
Streptococcus pneumoniae invasive disease		
<i>Drug resistant <5 years</i>	-	60
<i>Drug resistant all ages</i>	-	52
<i>Non drug resistant <5 years</i>	-	238

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

Disease	City	State
Syphilis		
<i>Civilian primary and secondary</i>	-	732
<i>Congenital</i>	-	32
<i>Primary and secondary</i>	-	975
Tetanus	-	479
Toxic shock syndrome	-	326
Trichiniasis	3	12
Tuberculosis [phthisis pulmonalis]		
<i>New active</i>	-	145
<i>Unspecified</i>	630	1448
Tularemia	-	569
Typhoid fever [enteric fever]		
<i>Including paratyphoid fever</i>	339	583
<i>Unspecified</i>	1443	1892
Typhus fever		
<i>Endemic</i>	1	21
<i>Unspecified</i>	27	176
West Nile disease		
<i>Neuroinvasive</i>	-	142
<i>Non-neuroinvasive</i>	-	97
Whooping cough [pertussis]	1336	2060

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 Minnesota 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.

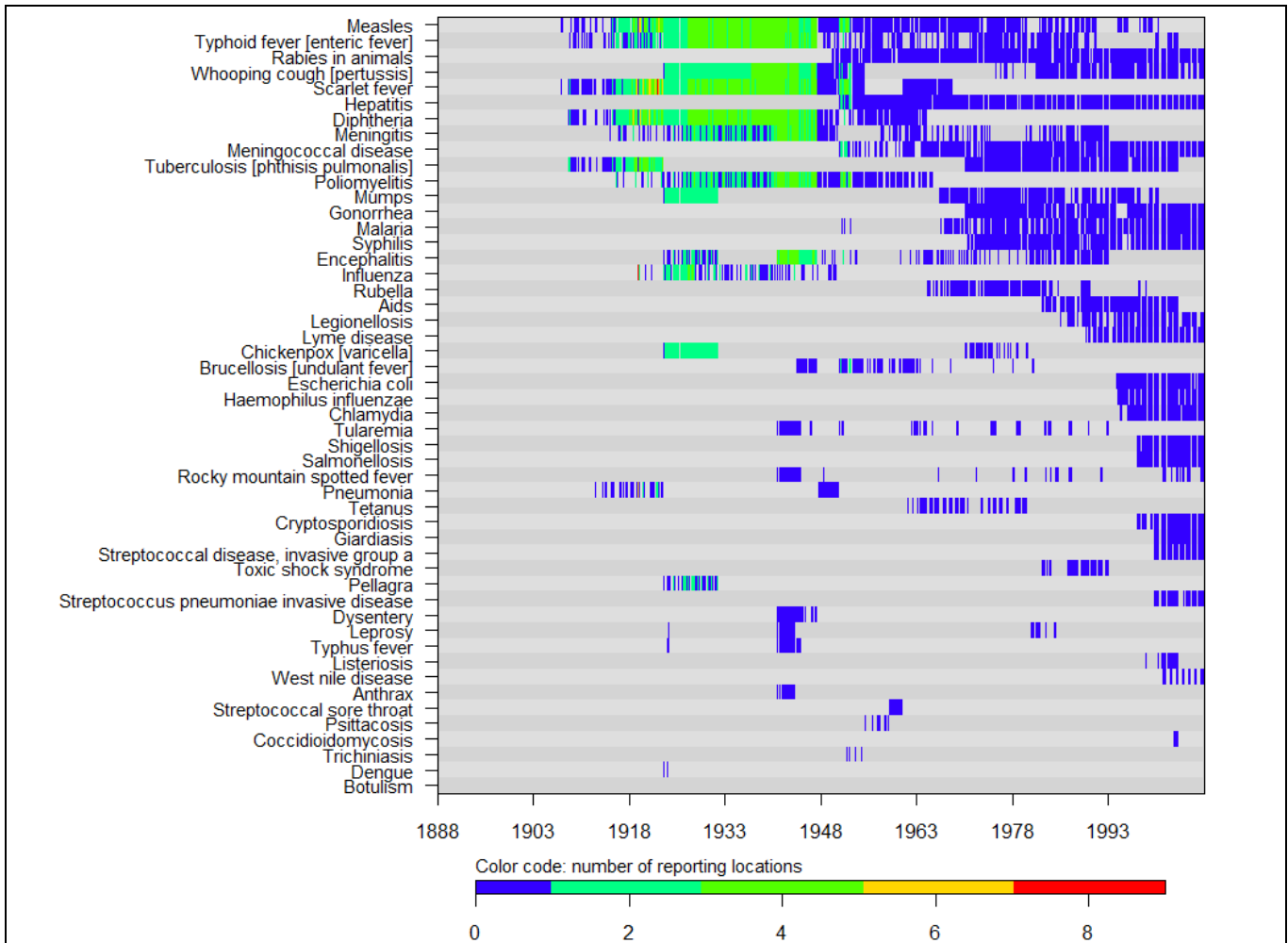


Figure 1, The number of locations (in color code) reporting on each disease per week between 1888 and 2009

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.

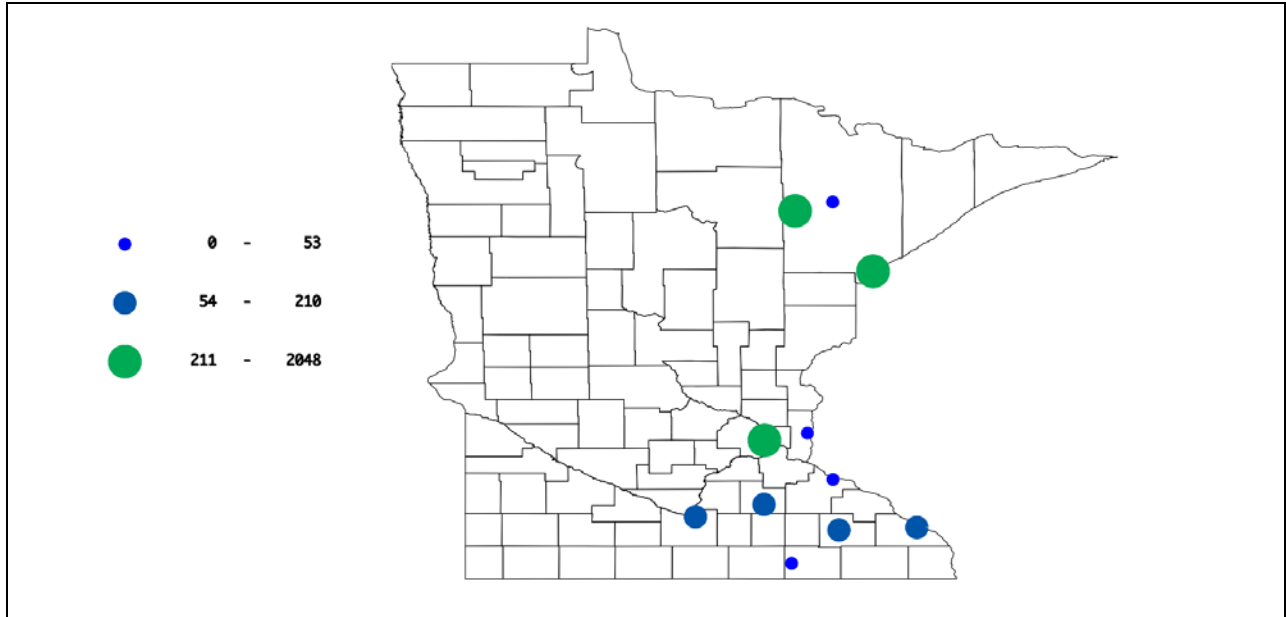


Figure 2, This map displays the number of weekly reports available for any disease per city (note that city reports were only available until 1953)

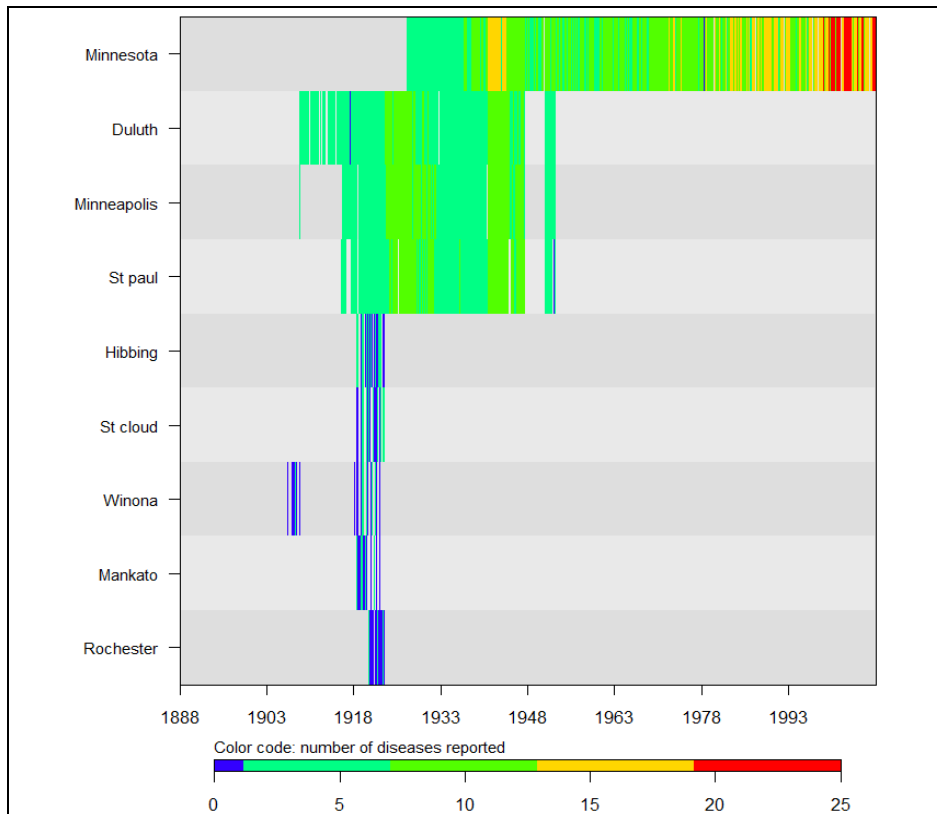


Figure 3, The number of diseases (in color code) that were reported for the state and city level (state on top row) for each week between 1888 and 2009

Disease specific data for Minnesota

AIDS

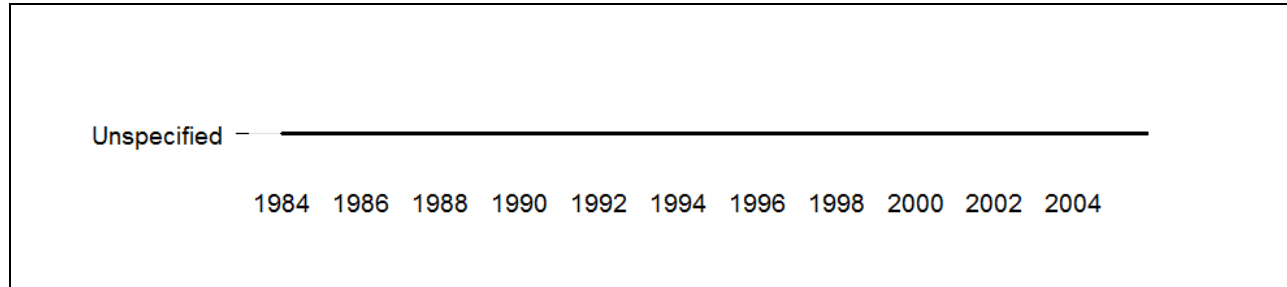


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for AIDS

Indicator	Minnesota
Report period	1984-2005
Total weeks	940
Total cases	3,951
Max. cases per year	605
Year (max)	1993
Max. cases per week	190
Week (max)	1993, wk 09
Average cases per year	180
95%CI	(122-238)
Average cases per week	4
95%CI	(3-5)

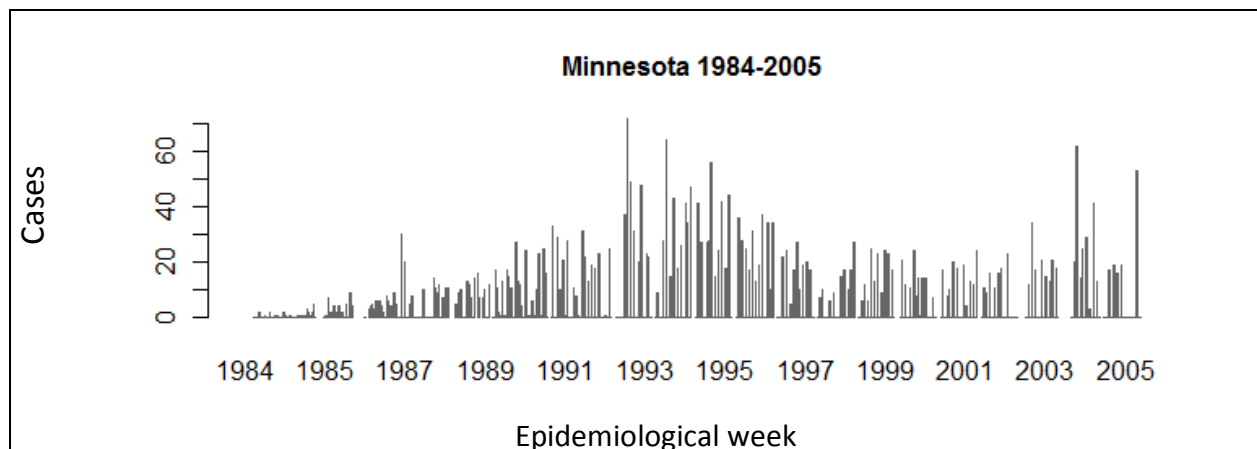


Figure D2, Number of cases reported for AIDS per epidemiological week

Chickenpox

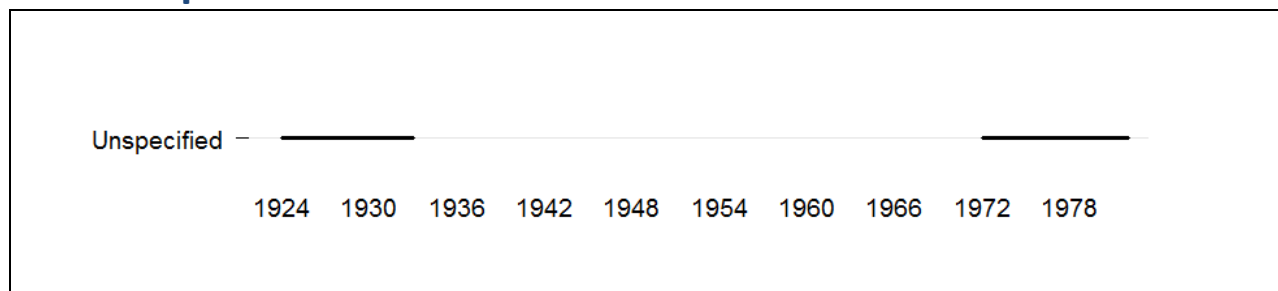


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Chickenpox

Indicator	Minnesota	Minneapolis	St Paul
Report period	1972-1981	1924-1932	1924-1932
Total weeks	266	451	399
Total cases	3,891	26,045	8,998
Max. cases per year	1,006	3,953	1,585
Year (max)	1972	1928	1931
Max. cases per week	95	327	118
Week (max)	1976, wk 06	1928, wk 49	1928, wk 49
Average cases per year before 1995	389	2,894	1,000
95%CI	(110-668)	(2,060-3,728)	(677-1,323)
Average cases per week before 1995	15	58	23
95%CI	(13-17)	(53-63)	(21-25)

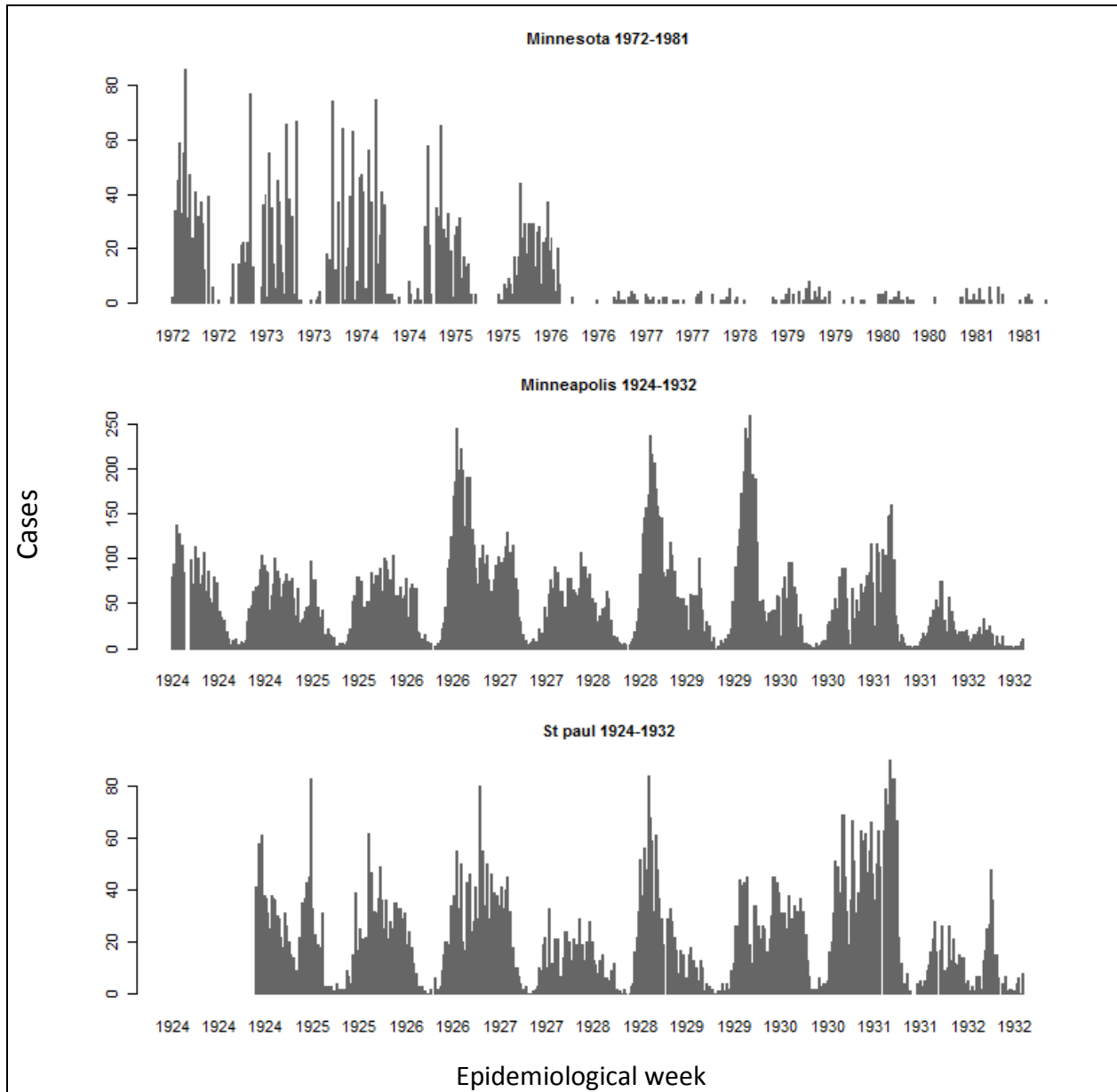


Figure D2, Number of cases reported for Chickenpox per epidemiological week

Chlamydia

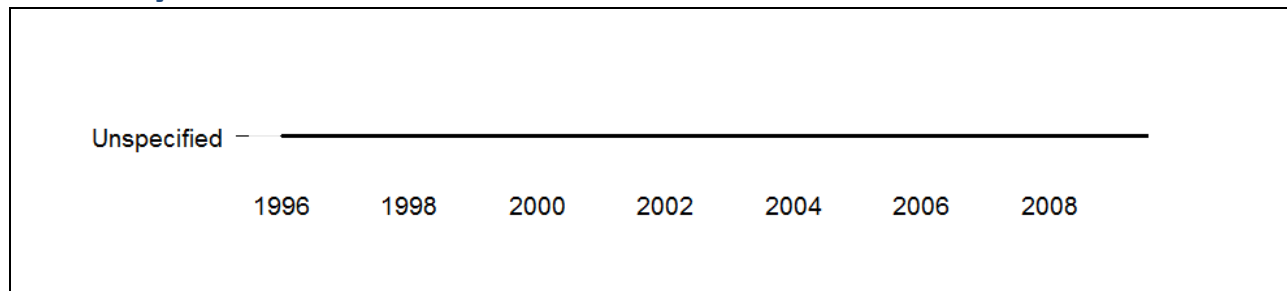


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Chlamydia

Indicator	Minnesota
Report period	1996-2009
Total weeks	593
Total cases	110,941
Max. cases per year	12,170
Year (max)	2004
Max. cases per week	2,692
Week (max)	2004, wk 23
Average cases per year	7,924
95%CI	(5,971-9,877)
Average cases per week	187
95%CI	(172-202)

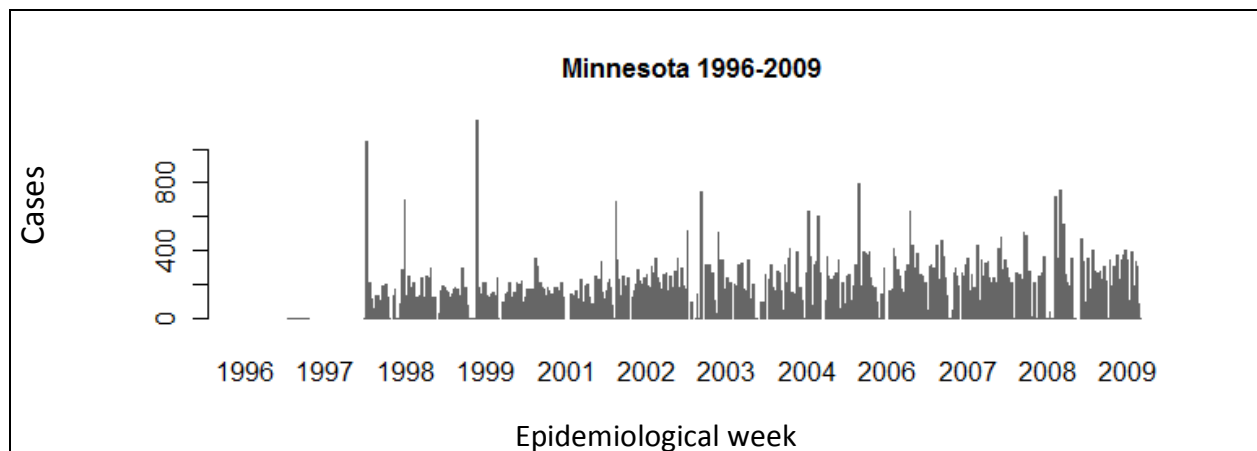


Figure D2, Number of cases reported for Chlamydia per epidemiological week

Coccidioidomycosis



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 Coccidioidomycosis

Indicator	Minnesota
Report period	2005-2005
Total weeks	36
Total cases	0

Cryptosporidiosis

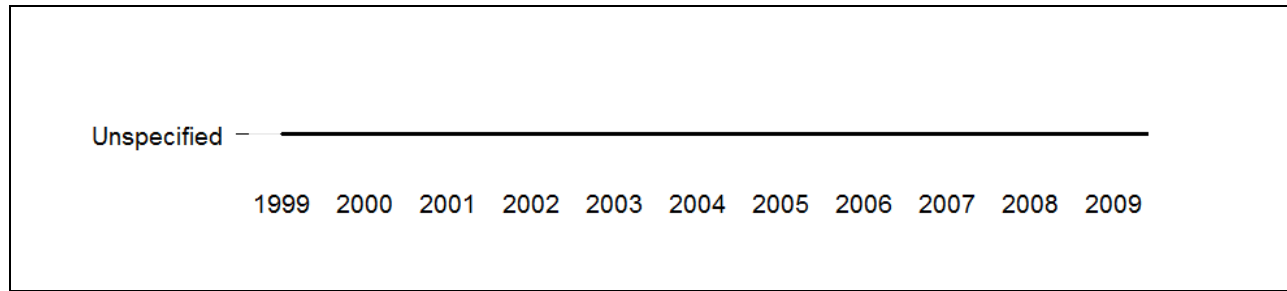


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Cryptosporidiosis

Indicator	Minnesota
Report period	1999-2009
Total weeks	472
Total cases	1,947
Max. cases per year	321
Year (max)	2009
Max. cases per week	40
Week (max)	2007, wk 38
Average cases per year	177
95%CI	(122-232)
Average cases per week	4
95%CI	(3-5)

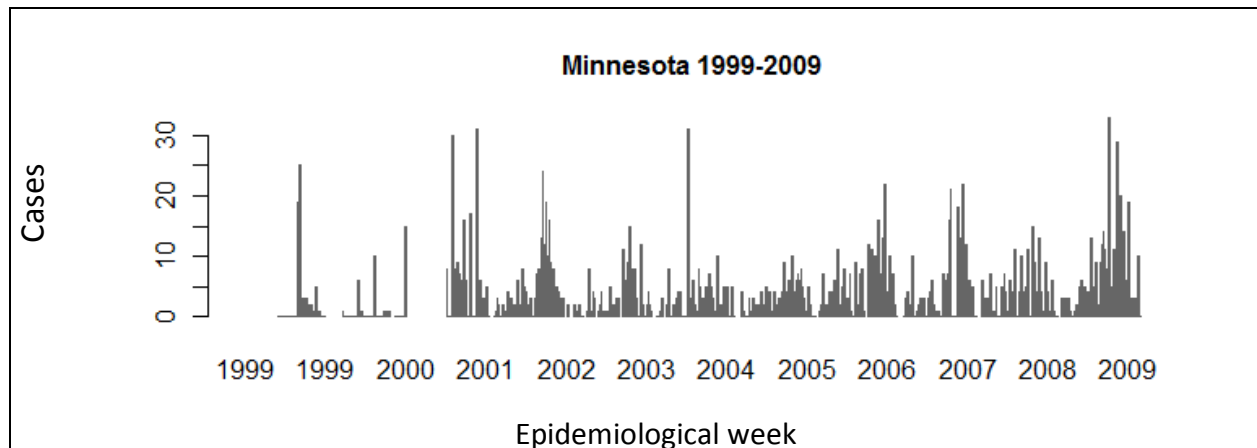


Figure D2, Number of cases reported for Cryptosporidiosis per epidemiological week

Diphtheria

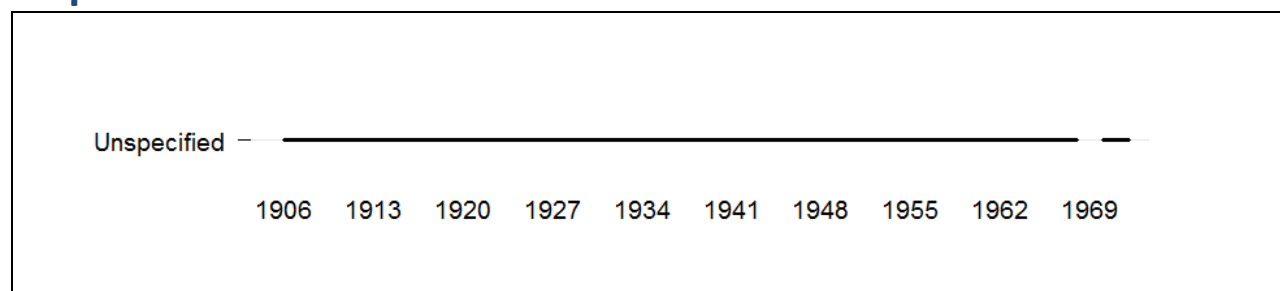


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Diphtheria

Indicator	Minnesota	Duluth	Minneapolis	St Paul
Report period	1927-1971	1909-1953	1909-1953	1915-1952
Total weeks	1,754	1,783	1,667	1,556
Total cases	9,150	2,773	14,508	8,063
Max. cases per year	1,206	542	1,420	1,089
Year (max)	1928	1909	1921	1919
Max. cases per week	56	49	108	70
Week (max)	1927, wk 48	1919, wk 42	1921, wk 42	1917, wk 08
Average cases per year				
before 1940	457	83	534	305
95%CI	(261-653)	(38-128)	(346-722)	(164-446)
after 1940	95	11	62	15
95%CI	(54-136)	(2-20)	(21-103)	(7-23)
Average cases per week				
before 1940	10	2	11	7
95%CI	(9-11)	(2-2)	(10-12)	(6-8)
after 1940	3	0	2	0
95%CI	(3-3)	(0-0)	(2-2)	(0-0)

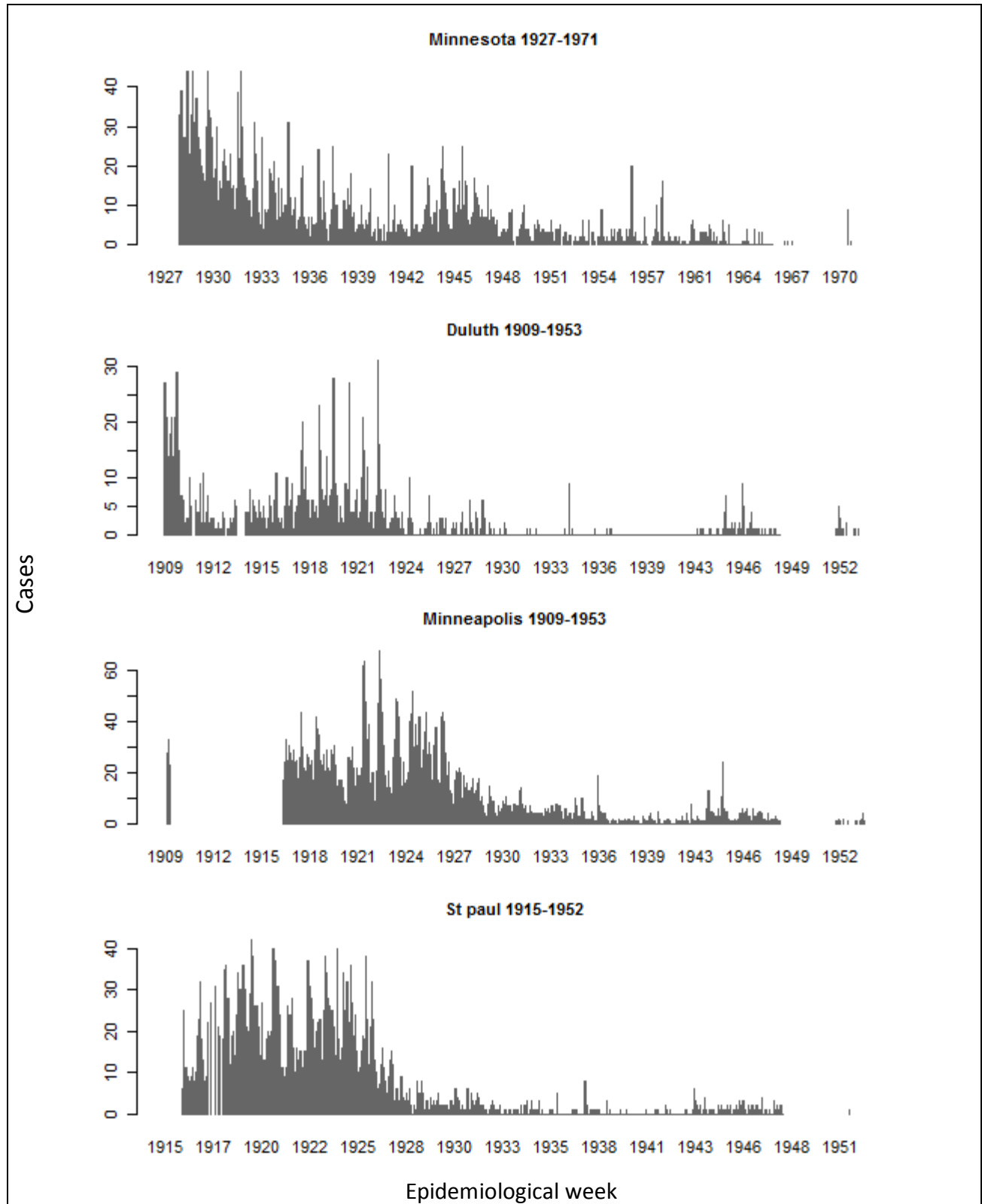


Figure D2, Number of cases reported for Diphtheria per epidemiological week

Escherichia Coli

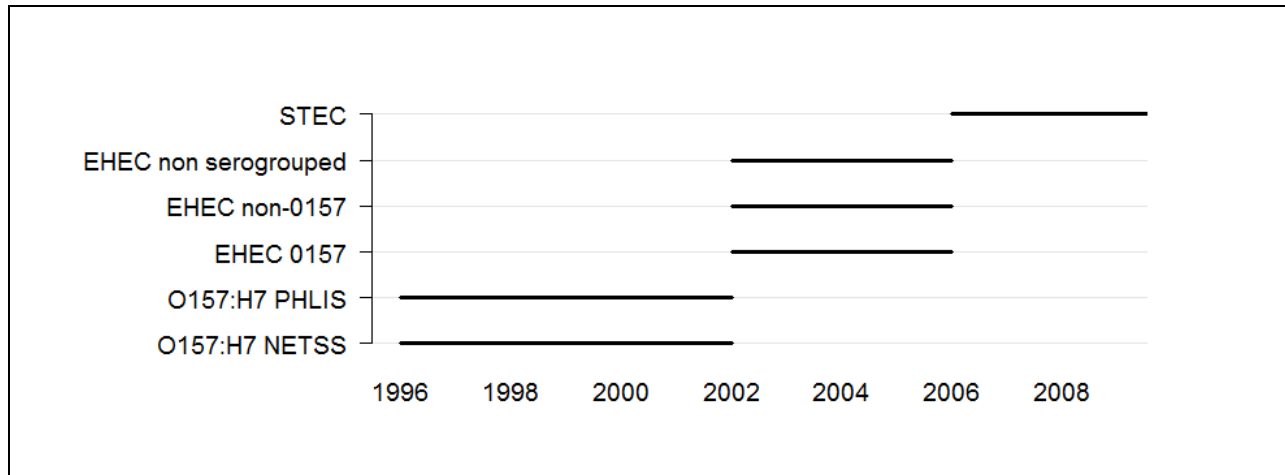


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

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

Indicator	Minnesota
Report period	1996-2009
Total weeks	651
Total cases	2,513
Max. cases per year	239
Year (max)	2007
Max. cases per week	88
Week (max)	2001, wk 42
Average cases per year	180
95%CI	(154-206)
Average cases per week	4
95%CI	(3-5)

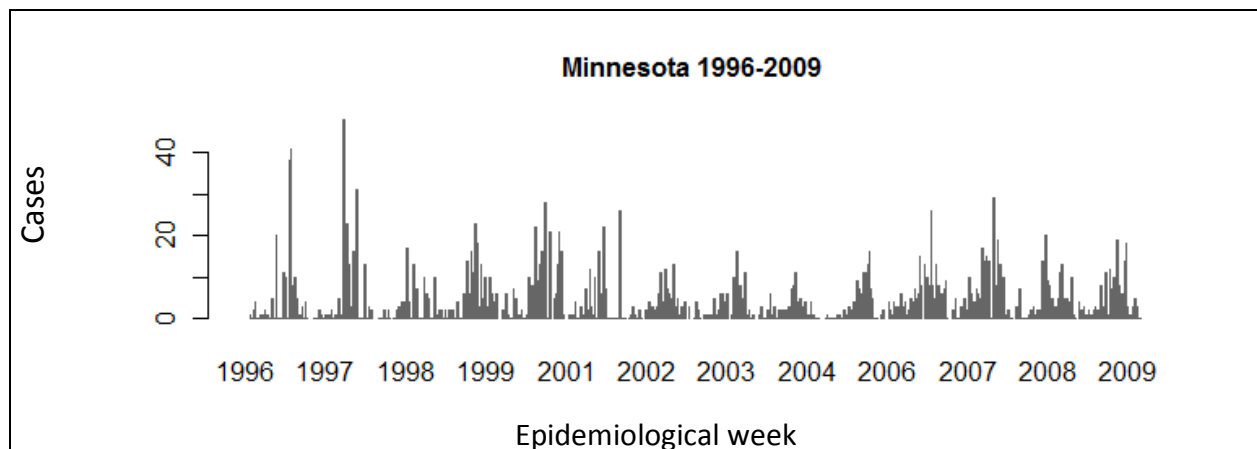


Figure D2, Number of cases reported for Escherichia Coli per epidemiological week

Giardiasis

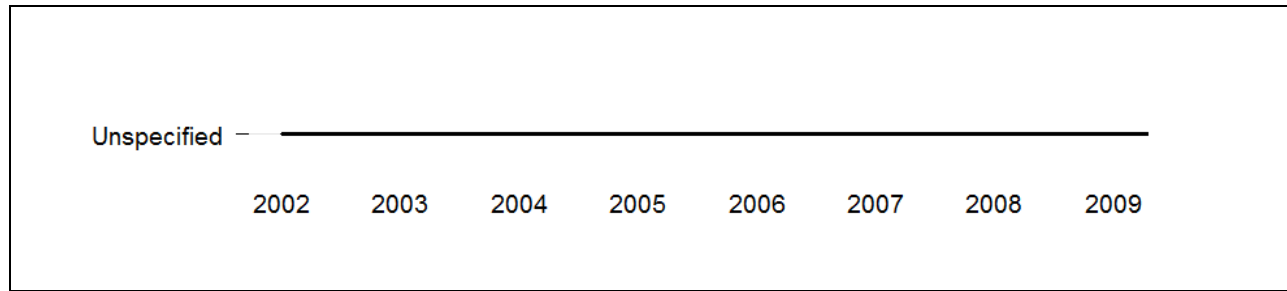


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Giardiasis

Indicator	Minnesota
Report period	2002-2009
Total weeks	371
Total cases	11,749
Max. cases per year	7,053
Year (max)	2006
Max. cases per week	6,628
Week (max)	2006, wk 35
Average cases per year	1,469
95%CI	(-429-3,367)
Average cases per week	32
95%CI	(-3-67)

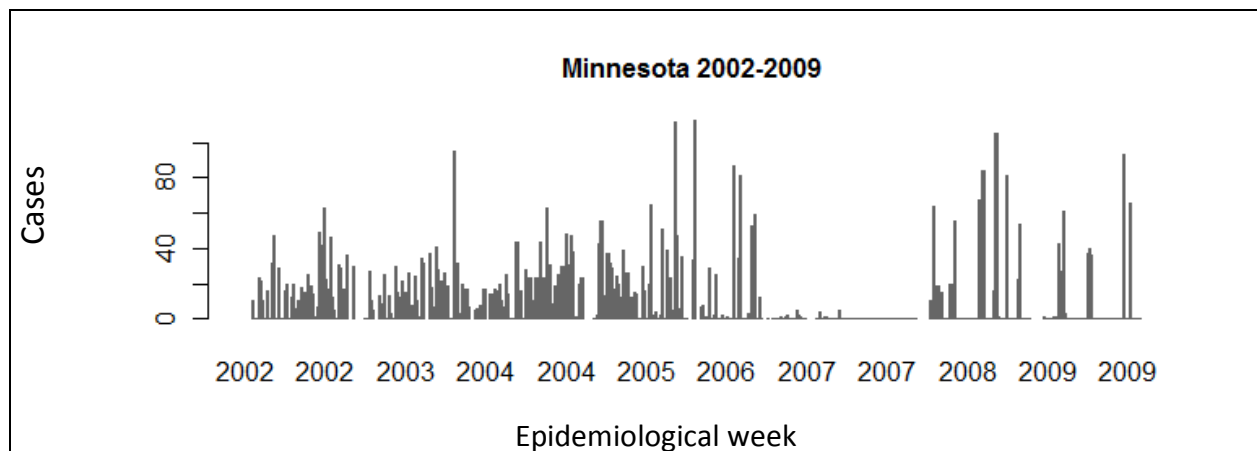


Figure D2, Number of cases reported for Giardiasis per epidemiological week

Gonorrhea

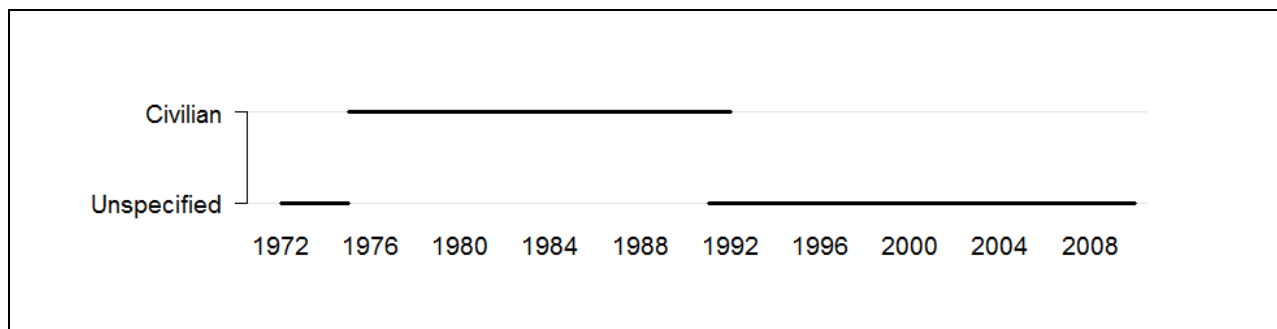


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

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

Indicator	Minnesota
Report period	1972-2009
Total weeks	1,717
Total cases	173,835
Max. cases per year	10,320
Year (max)	1974
Max. cases per week	2,021
Week (max)	2001, wk 44
Average cases per year	4,575
95%CI	(3,661-5,489)
Average cases per week	101
95%CI	(97-105)

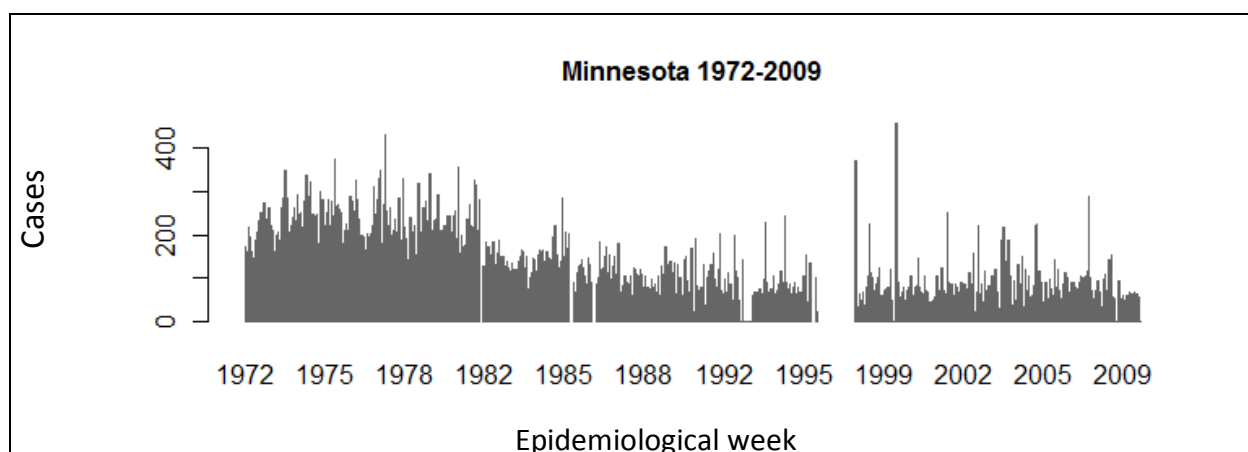


Figure D2, Number of cases reported for Gonorrhea per epidemiological week

Haemophilus Influenzae

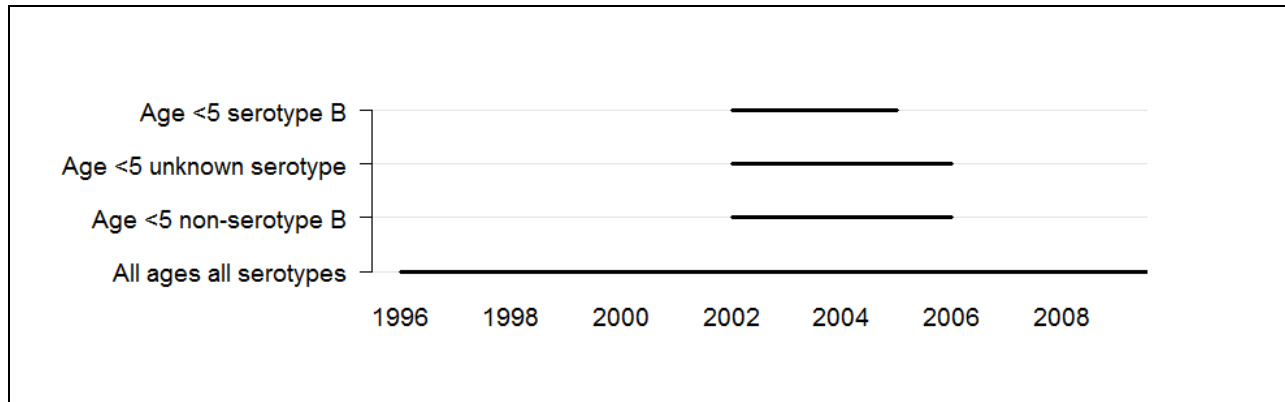


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

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

Indicator	Minnesota
Report period	1996-2009
Total weeks	594
Total cases	743
Max. cases per year	133
Year (max)	2006
Max. cases per week	69
Week (max)	2006, wk 35
Average cases per year	53
95%CI	(39-67)
Average cases per week	1
95%CI	(1-1)

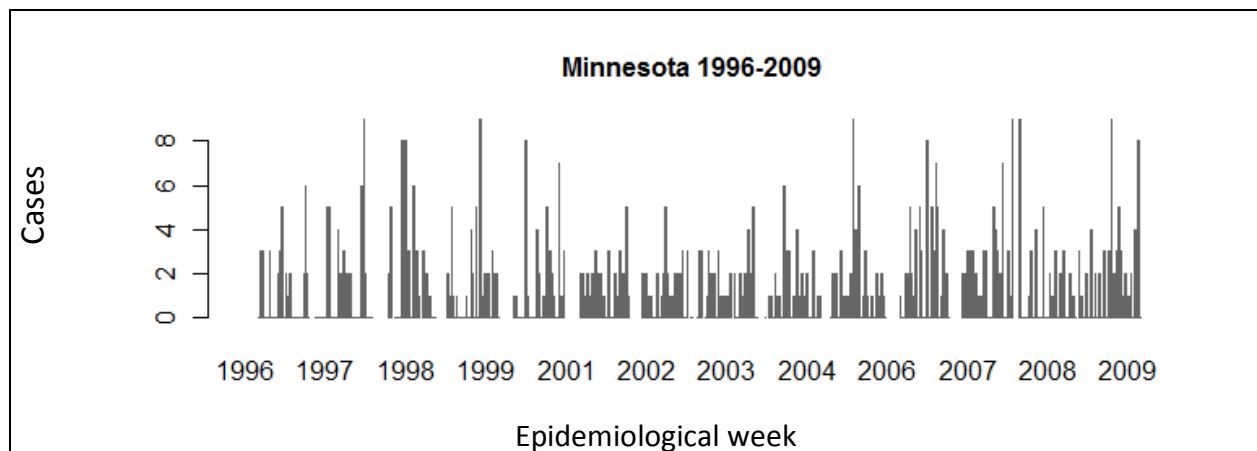


Figure D2, Number of cases reported for Haemophilus Influenzae per epidemiological week

Hepatitis

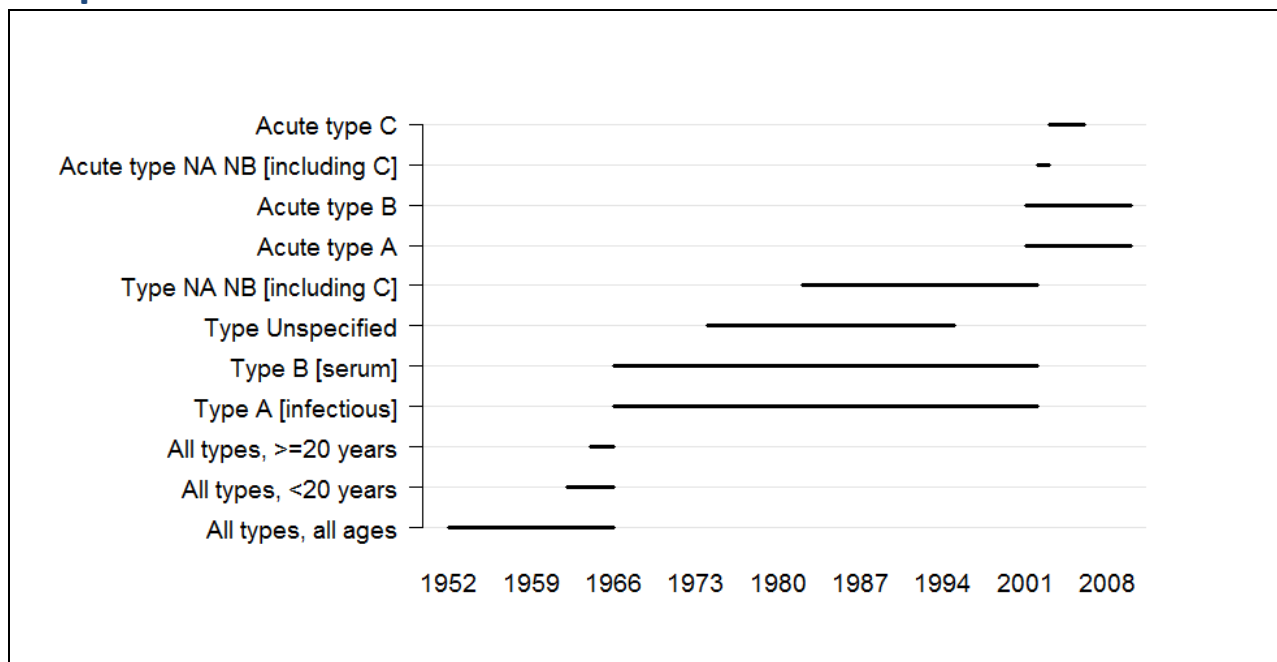


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

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

Indicator	Minnesota
Report period	1966-2009
Total weeks	2,016
Total cases	8,669
Max. cases per year	585
Year (max)	1968
Max. cases per week	252
Week (max)	1970, wk 44
Average cases per year	
before 1990	270
95%CI	(210-330)
after 1990	101
95%CI	(55-147)
Average cases per week	
before 1990	6
95%CI	(5-7)
after 1990	2
95%CI	(2-2)

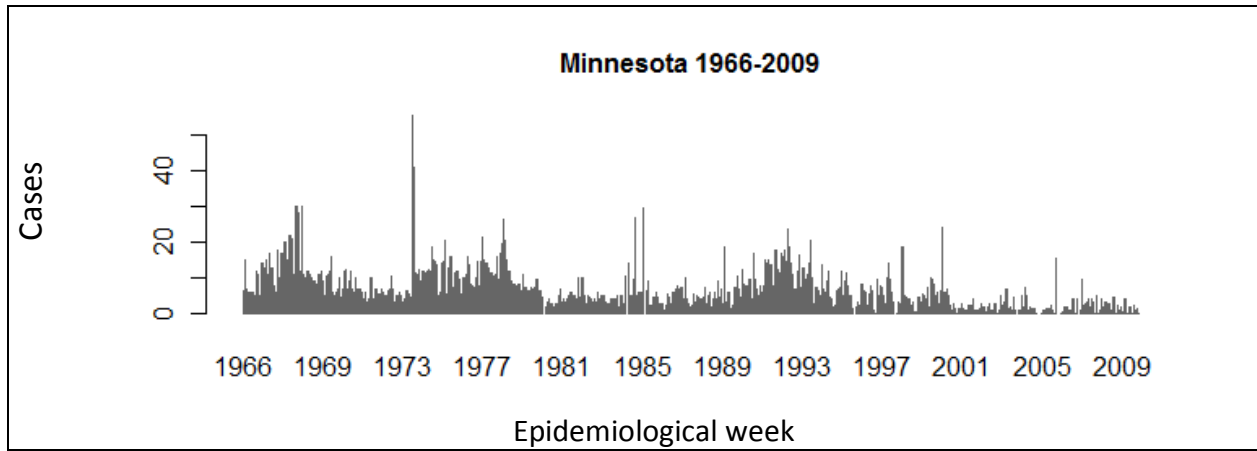


Figure D2, Number of cases reported for Hepatitis per epidemiological week

Influenza

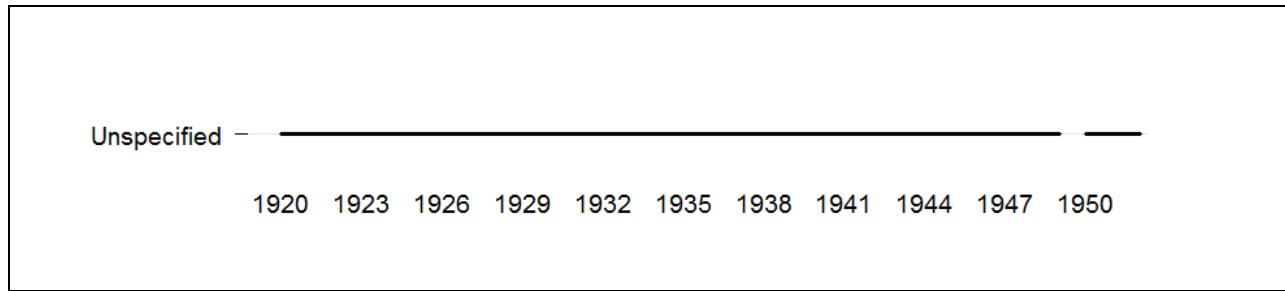


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Influenza

Indicator	Minnesota
Report period	1927-1951
Total weeks	706
Total cases	13,337
Max. cases per year	4,141
Year (max)	1941
Max. cases per week	2,111
Week (max)	1941, wk 05
Average cases per year	556
95%CI	(85-1,027)
Average cases per week	19
95%CI	(9-29)

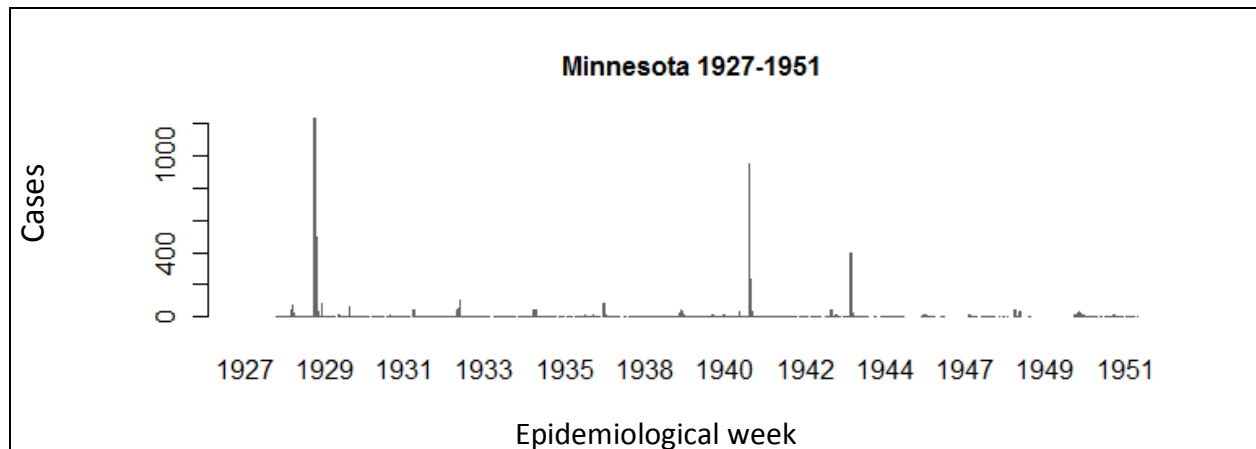


Figure D2, Number of cases reported for Influenza per epidemiological week

Legionellosis

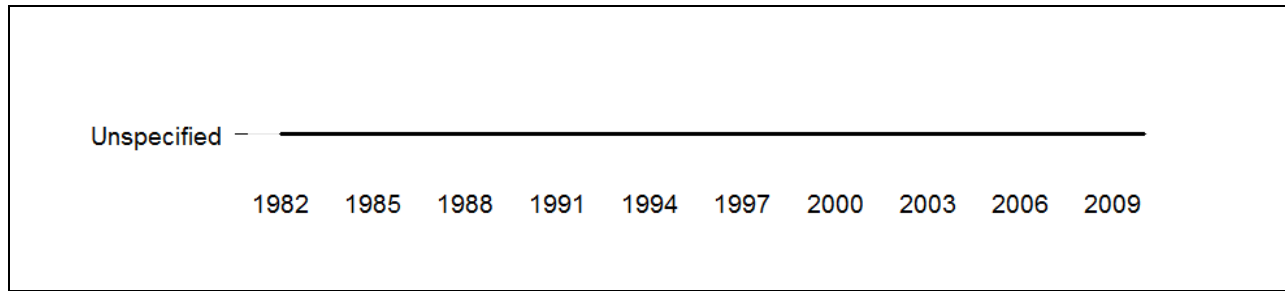


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Legionellosis

Indicator	Minnesota
Report period	1982-2009
Total weeks	767
Total cases	238
Max. cases per year	29
Year (max)	2005
Max. cases per week	10
Week (max)	2005, wk 29
Average cases per year	8
95%CI	(5-11)
Average cases per week	0
95%CI	(0-0)

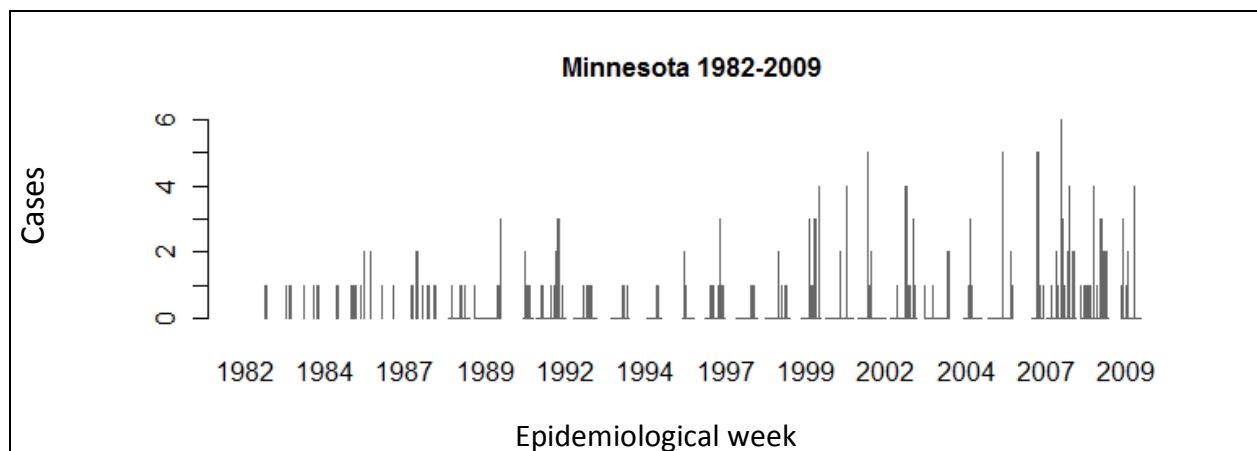


Figure D2, Number of cases reported for Legionellosis per epidemiological week

Listeriosis

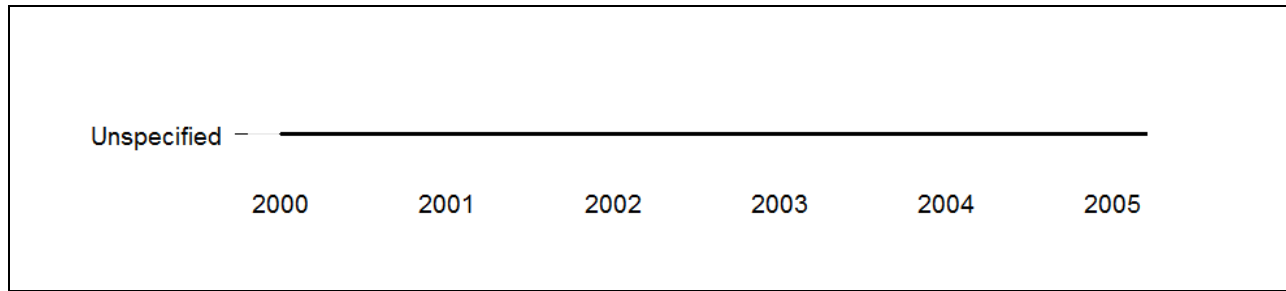


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Listeriosis

Indicator	Minnesota
Report period	2000-2005
Total weeks	162
Total cases	33
Max. cases per year	15
Year (max)	2005
Max. cases per week	5
Week (max)	2003, wk 37
Average cases per year	6
95%CI	(0-12)
Average cases per week	0
95%CI	(0-0)

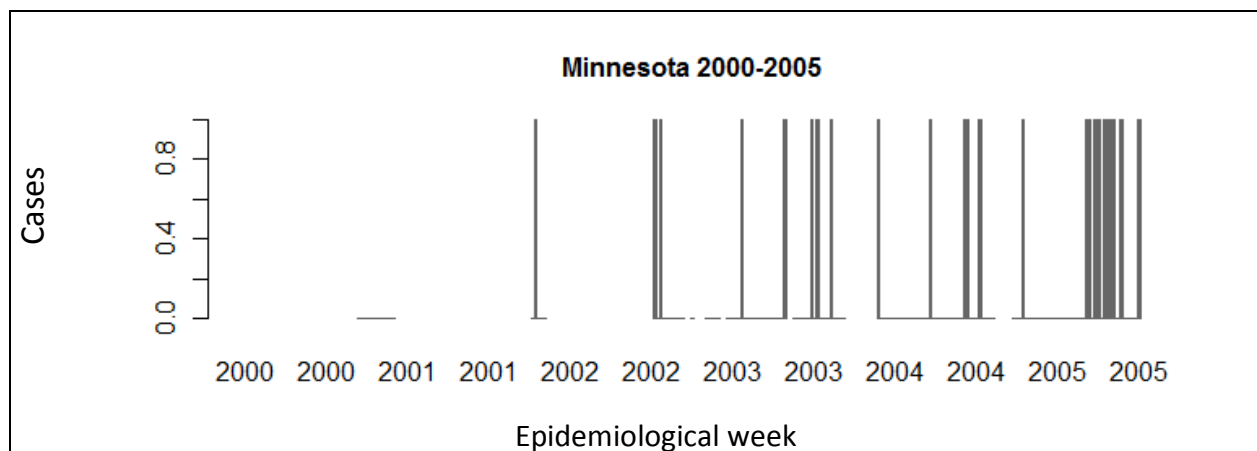


Figure D2, Number of cases reported for Listeriosis per epidemiological week

Lyme Disease

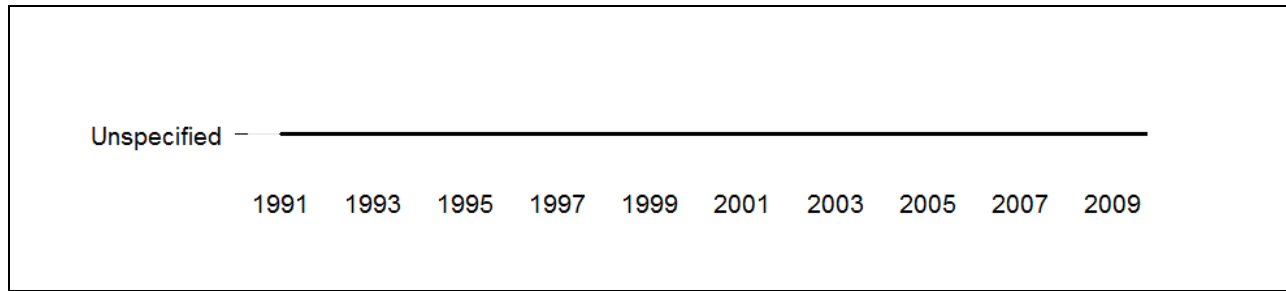


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Lyme Disease

Indicator	Minnesota
Report period	1991-2009
Total weeks	761
Total cases	6,671
Max. cases per year	1,151
Year (max)	2008
Max. cases per week	167
Week (max)	2006, wk 38
Average cases per year	351
95%CI	(209-493)
Average cases per week	9
95%CI	(8-10)

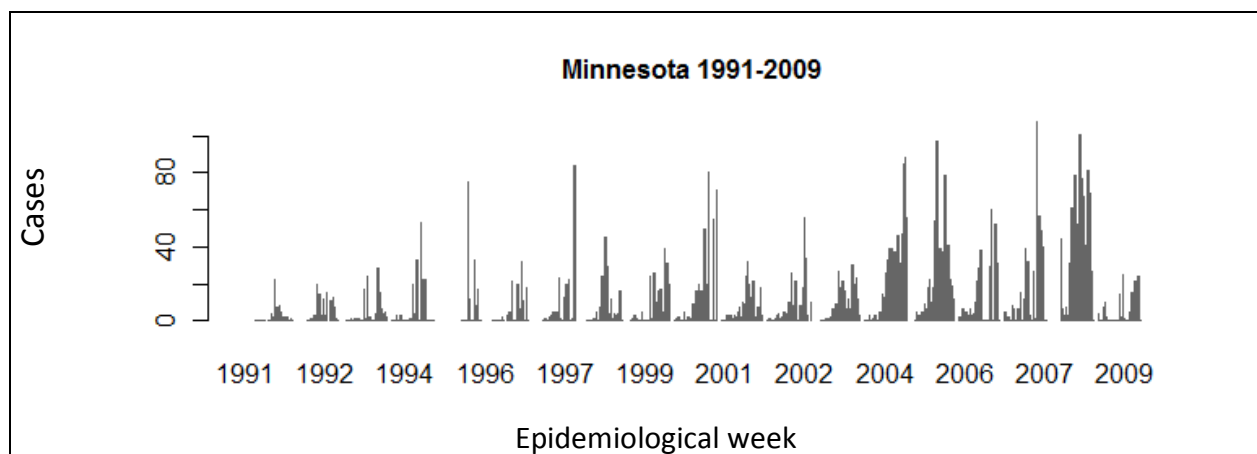


Figure D2, Number of cases reported for Lyme Disease per epidemiological week

Malaria

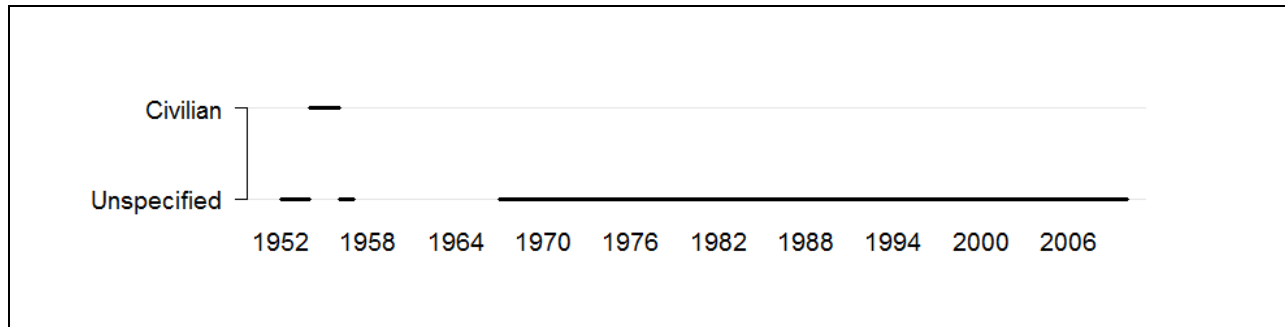


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

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

Indicator	Minnesota
Report period	1952-2009
Total weeks	1,700
Total cases	917
Max. cases per year	116
Year (max)	1952
Max. cases per week	48
Week (max)	1970, wk 28
Average cases per year	20
95%CI	(13-27)
Average cases per week	1
95%CI	(1-1)

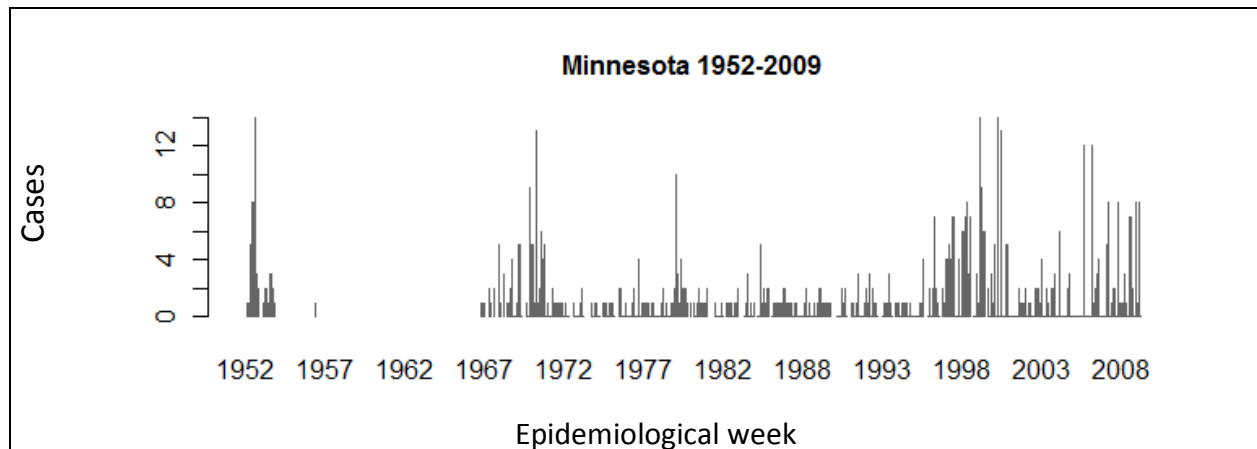


Figure D2, Number of cases reported for Malaria per epidemiological week

Measles

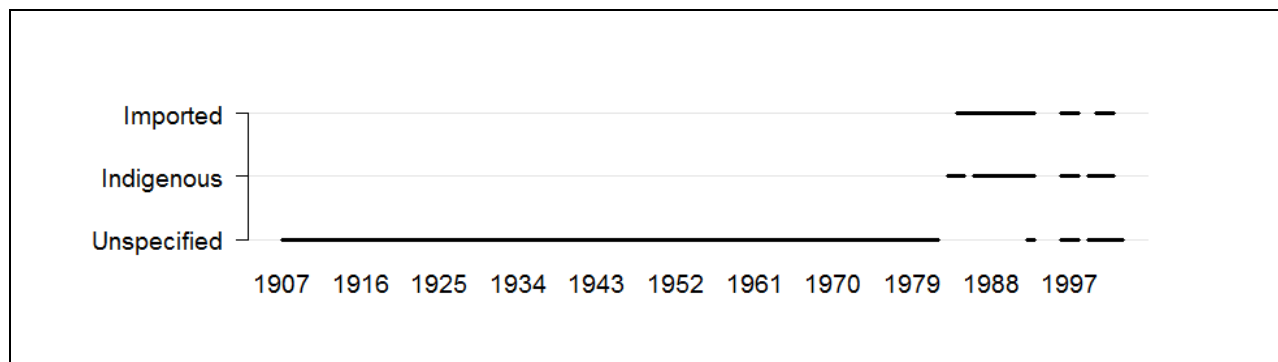


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Measles (Unspecified)

Indicator	Minnesota	Duluth	Minneapolis	St Paul
Report period	1927-2002	1909-1953	1916-1953	1915-1953
Total weeks	2,789	1,671	1,668	1,539
Total cases	244,777	25,126	85,993	55,732
Max. cases per year	27,656	4,440	16,600	7,210
Year (max)	1935	1935	1935	1944
Max. cases per week	2,452	457	1,749	825
Week (max)	1935, wk 09	1948, wk 16	1935, wk 05	1933, wk 14
Average cases per year				
before 1970	5,425	598	2,457	1,548
95%CI	(3,460-7,390)	(314-882)	(1,383-3,531)	(840-2,256)
after 1970	338	-	-	-
95%CI	(-11-687)	-	-	-
Average cases per week				
before 1970	112	15	52	36
95%CI	(102-122)	(13-17)	(45-59)	(31-41)
after 1970	9	-	-	-
95%CI	(7-11)	-	-	-

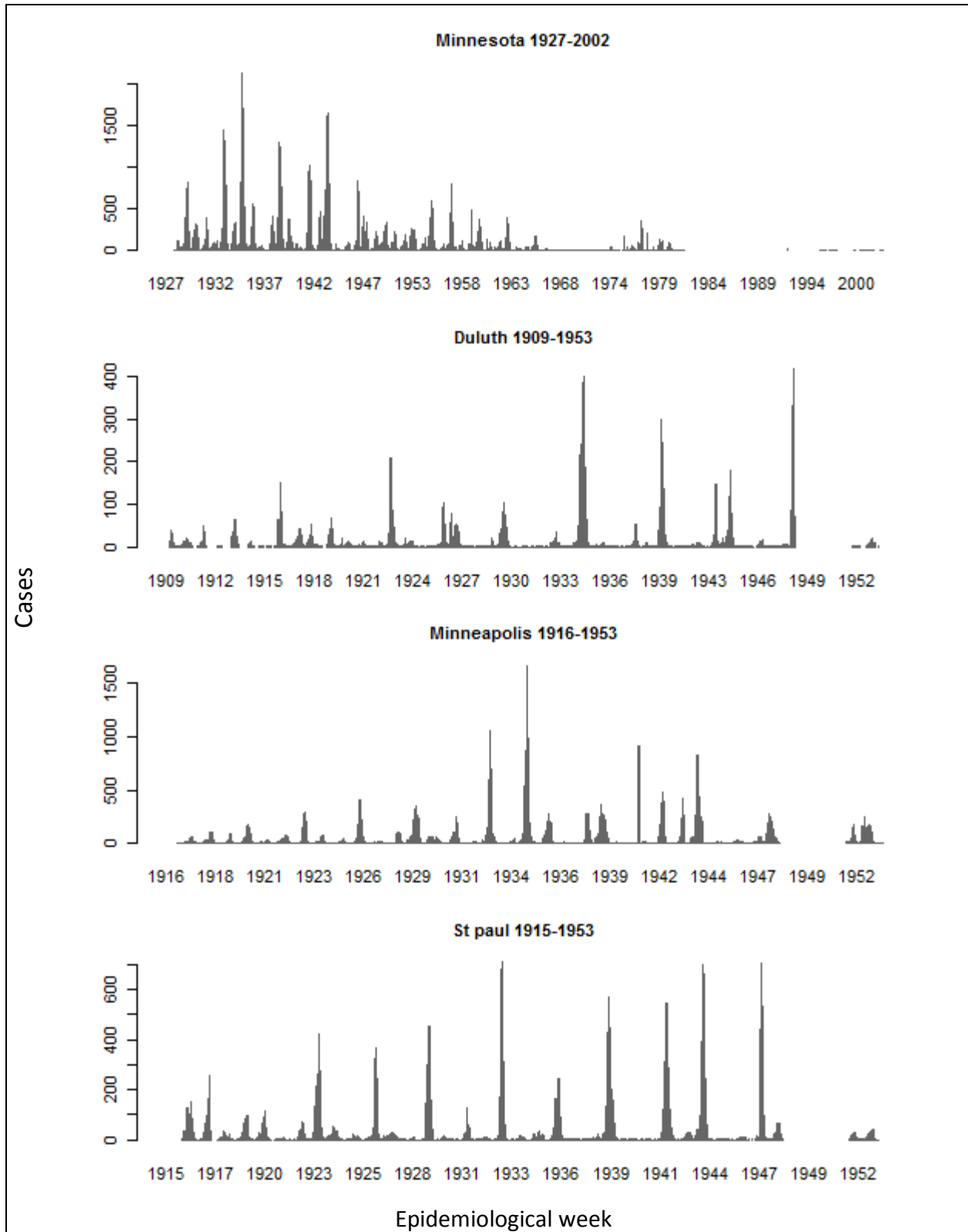


Figure D2, Number of cases reported for Measles per epidemiological week

Meningitis

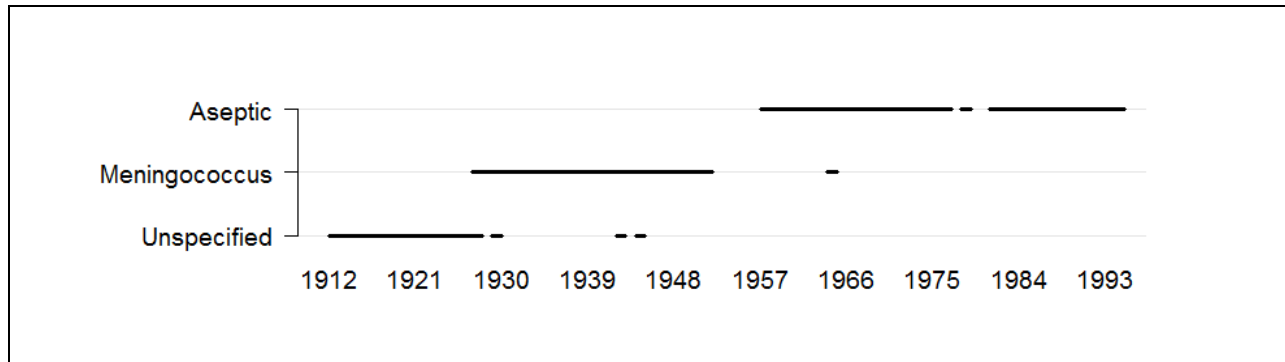


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Meningitis (Meningococcus)

Indicator	Minnesota	Minneapolis
Report period	1927-1964	1927-1948
Total weeks	1,240	714
Total cases	1,651	479
Max. cases per year	184	70
Year (max)	1944	1943
Max. cases per week	11	7
Week (max)	1944, wk 02	1936, wk 07
Average cases per year	64	22
95%CI	(47-81)	(14-30)
Average cases per week	1	1
95%CI	(1-1)	(1-1)

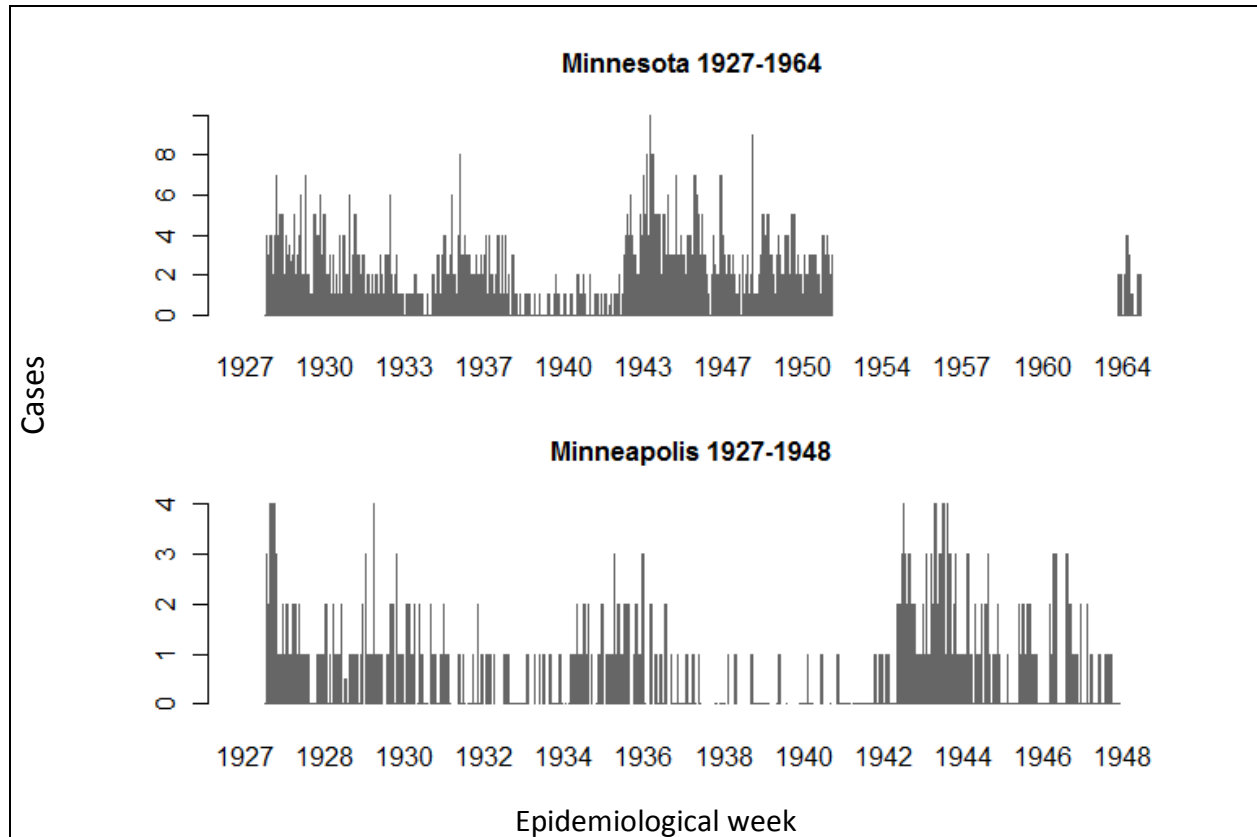


Figure D2, Number of cases reported for Meningitis per epidemiological week

Meningococcal Disease

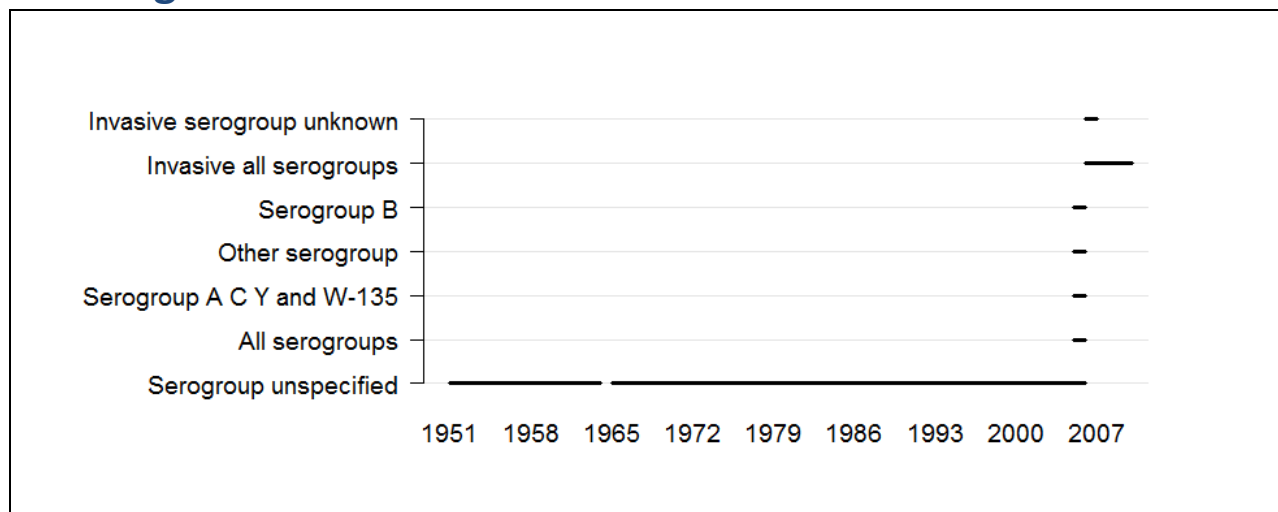


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

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

Indicator	Minnesota
Report period	1951-2009
Total weeks	2,401
Total cases	2,070
Max. cases per year	425
Year (max)	1953
Max. cases per week	199
Week (max)	1953, wk 02
Average cases per year	
before 1980	46
95%CI	(18-74)
after 1980	26
95%CI	(22-30)
Average cases per week	
before 1980	1
95%CI	(1-1)
after 1980	1
95%CI	(1-1)

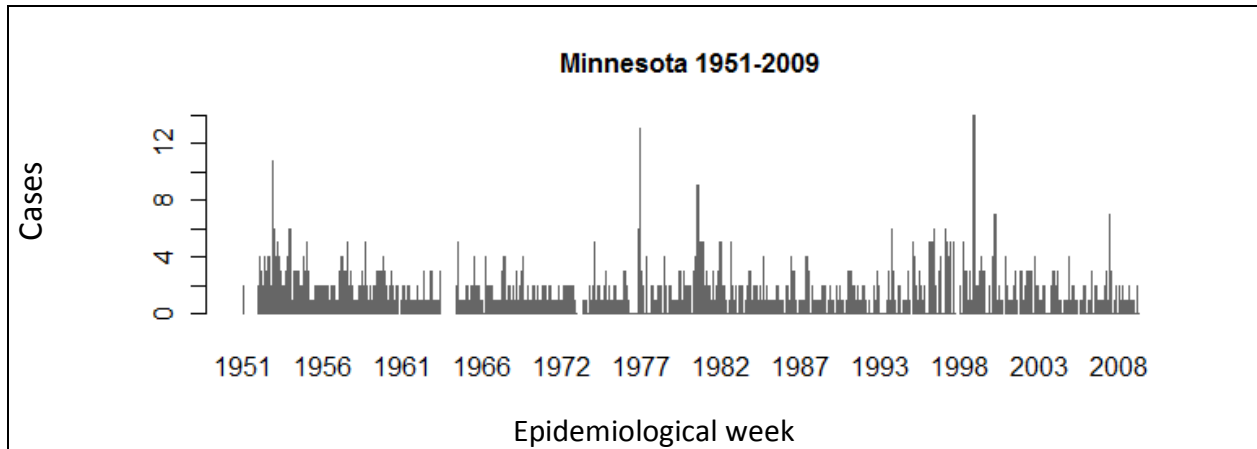


Figure D2, Number of cases reported for Meningococcal Disease per epidemiological week

Mumps

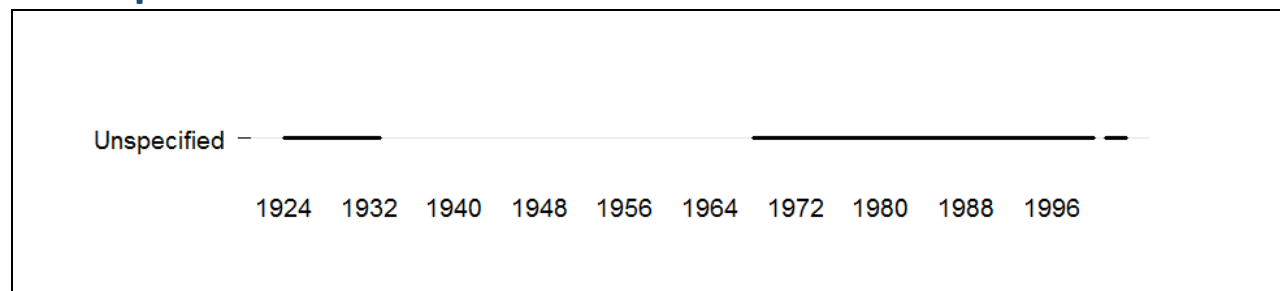


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Mumps

Indicator	Minnesota	Duluth	Minneapolis	St Paul
Report period	1968-2002	1924-1932	1924-1932	1924-1932
Total weeks	1,375	445	451	399
Total cases	6,490	1,426	9,612	3,907
Max. cases per year	1,369	1,043	3,012	1,110
Year (max)	1971	1929	1931	1928
Max. cases per week	110	115	296	78
Week (max)	1976, wk 08	1929, wk 11	1928, wk 12	1928, wk 09
Average cases per year				
before 1980	388	158	1,068	434
95%CI	(144-632)	(-102-418)	(200-1,936)	(165-703)
after 1980	69	-	-	-
95%CI	(-19-157)	-	-	-
Average cases per week				
before 1980	8	3	21	10
95%CI	(7-9)	(2-4)	(17-25)	(9-11)
after 1980	2	-	-	-
95%CI	(1-3)	-	-	-

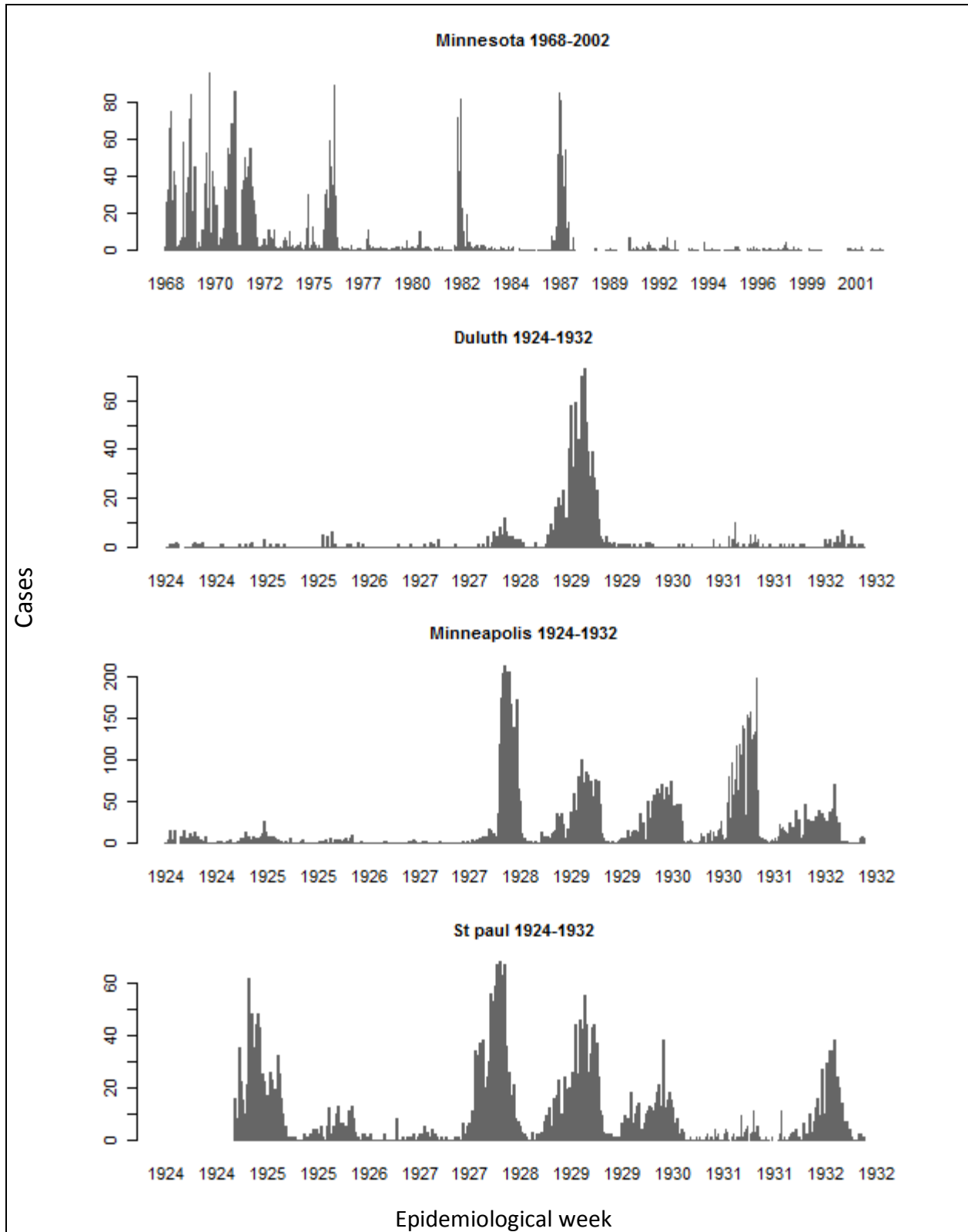


Figure D2, Number of cases reported for Mumps per epidemiological week

Pellagra

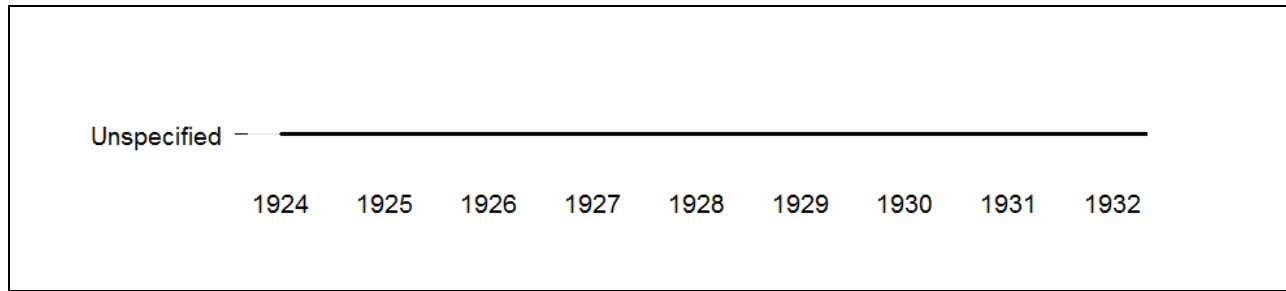


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Pellagra

Indicator	Minneapolis
Report period	1924-1932
Total weeks	249
Total cases	7
Max. cases per year	7
Year (max)	1928

Pneumonia

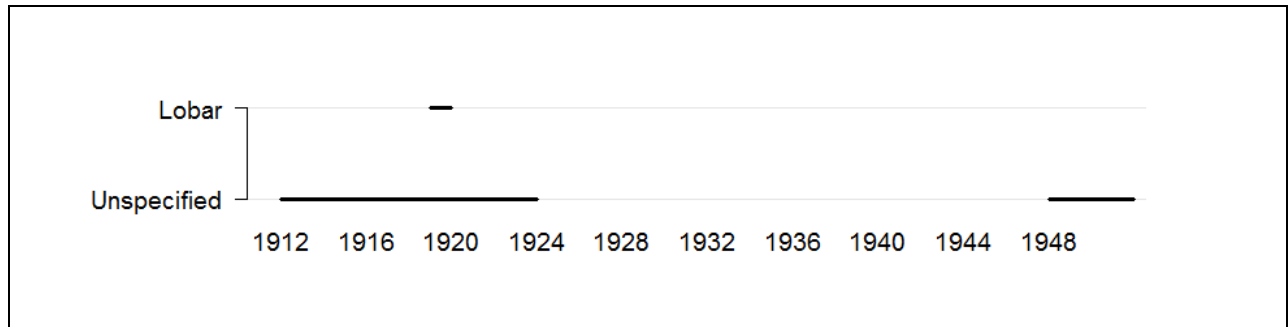


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Pneumonia (Unspecified)

Indicator	Minnesota
Report period	1948-1951
Total weeks	162
Total cases	1,547
Max. cases per year	625
Year (max)	1950
Max. cases per week	66
Week (max)	1950, wk 11
Average cases per year	387
95%CI	(34-740)
Average cases per week	10
95%CI	(9-11)

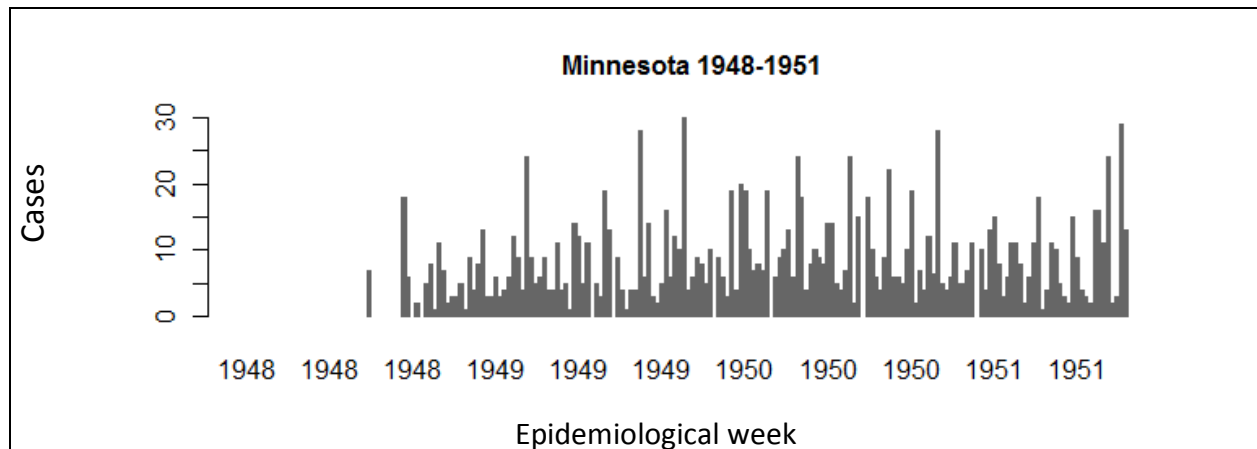


Figure D2, Number of cases reported for Pneumonia per epidemiological week

Poliomyelitis

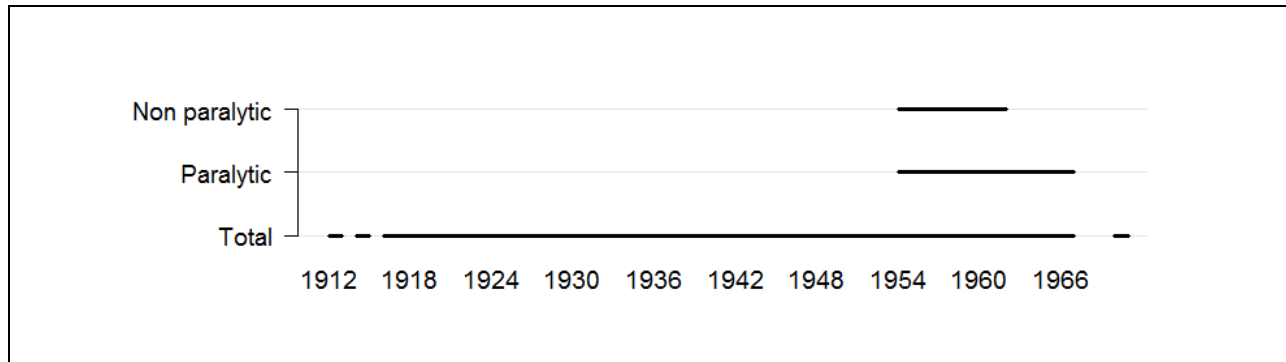


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Poliomyelitis (Total)

Indicator	Minnesota
Report period	1927-1970
Total weeks	1,784
Total cases	19,810
Max. cases per year	4,114
Year (max)	1952
Max. cases per week	405
Week (max)	1952, wk 37
Average cases per year	
before 1960	582
95%CI	(273-891)
after 1960	4
95%CI	(1-7)
Average cases per week	
before 1960	12
95%CI	(10-14)
after 1960	0
95%CI	(0-0)

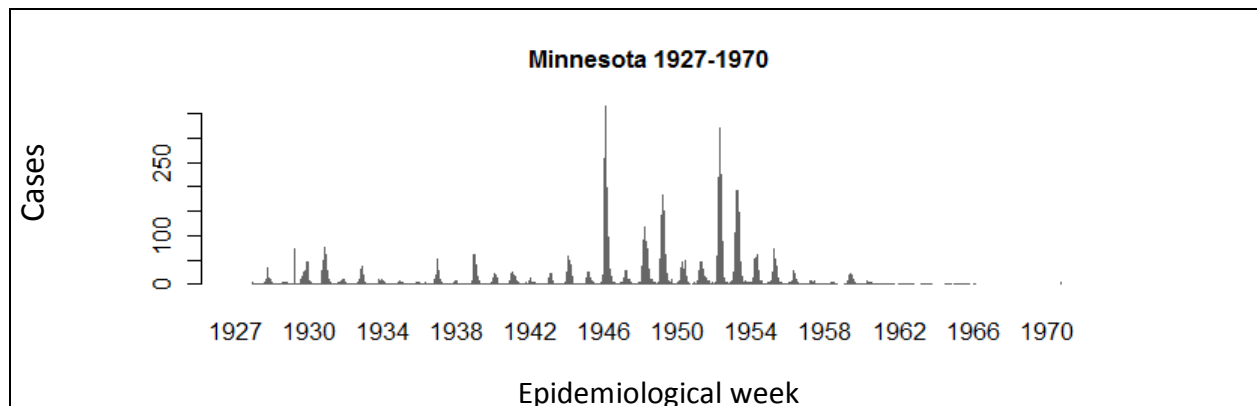


Figure D2, Number of cases reported for Poliomyelitis per epidemiological week

Rabies in Animals

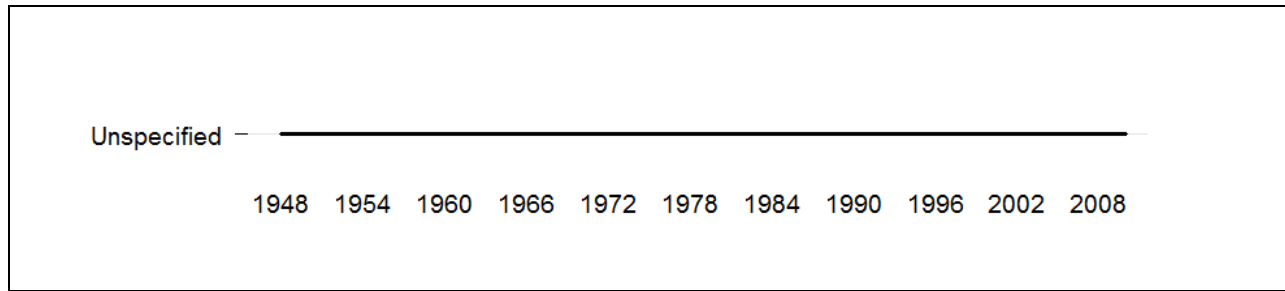


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Rabies in Animals

Indicator	Minnesota
Report period	1948-2009
Total weeks	2,812
Total cases	10,329
Max. cases per year	465
Year (max)	1958
Max. cases per week	101
Week (max)	1988, wk 39
Average cases per year	167
95%CI	(138-196)
Average cases per week	4
95%CI	(4-4)

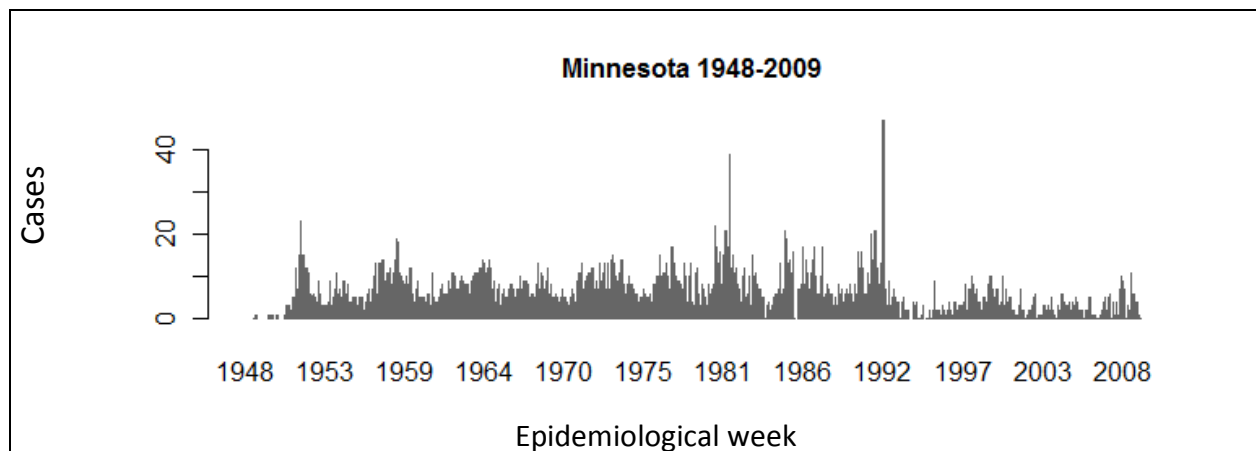


Figure D2, Number of cases reported for Rabies in Animals per epidemiological week

Rubella

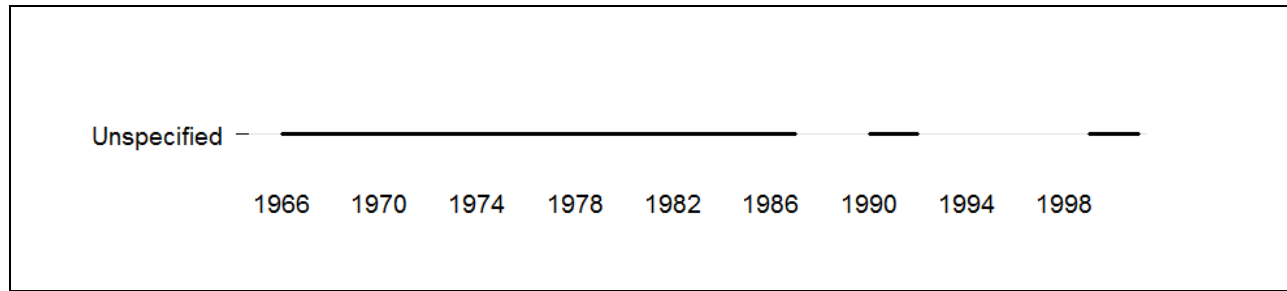


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Rubella

Indicator	Minnesota
Report period	1966-2000
Total weeks	969
Total cases	1,773
Max. cases per year	289
Year (max)	1971
Max. cases per week	77
Week (max)	1971, wk 13
Average cases per year	
before 1970	128
95%CI	(46-210)
after 1970	57
95%CI	(20-94)
Average cases per week	
before 1970	4
95%CI	(3-5)
after 1970	1
95%CI	(1-1)

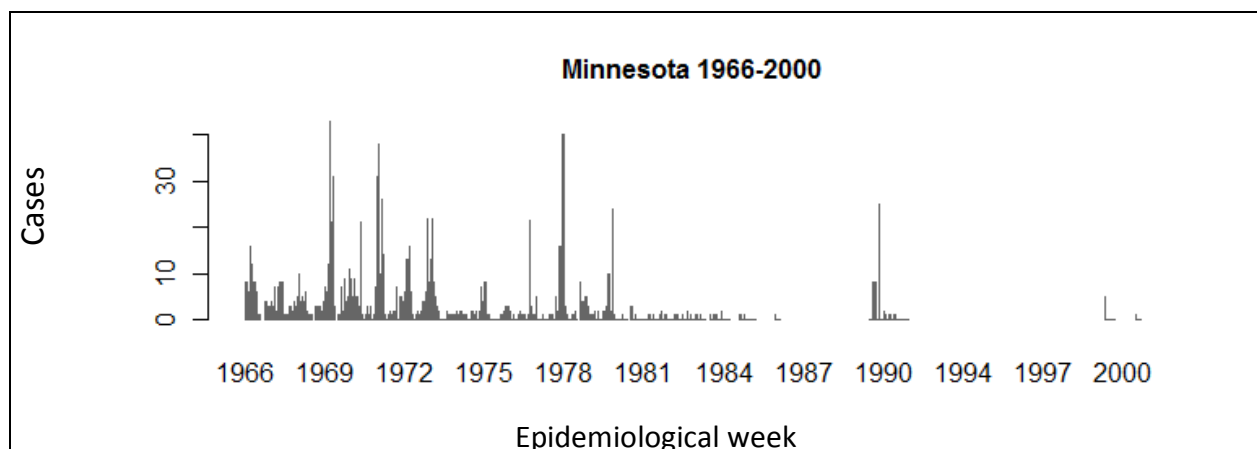


Figure D2, Number of cases reported for Rubella per epidemiological week

Salmonellosis

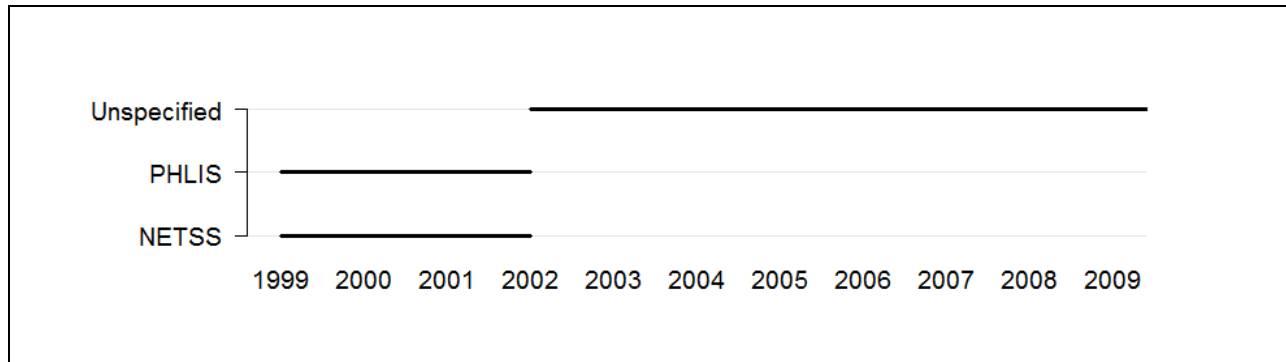


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

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

Indicator	Minnesota
Report period	1999-2009
Total weeks	506
Total cases	7,088
Max. cases per year	1,100
Year (max)	2005
Max. cases per week	559
Week (max)	2005, wk 50
Average cases per year	644
95%CI	(530-758)
Average cases per week	14
95%CI	(11-17)

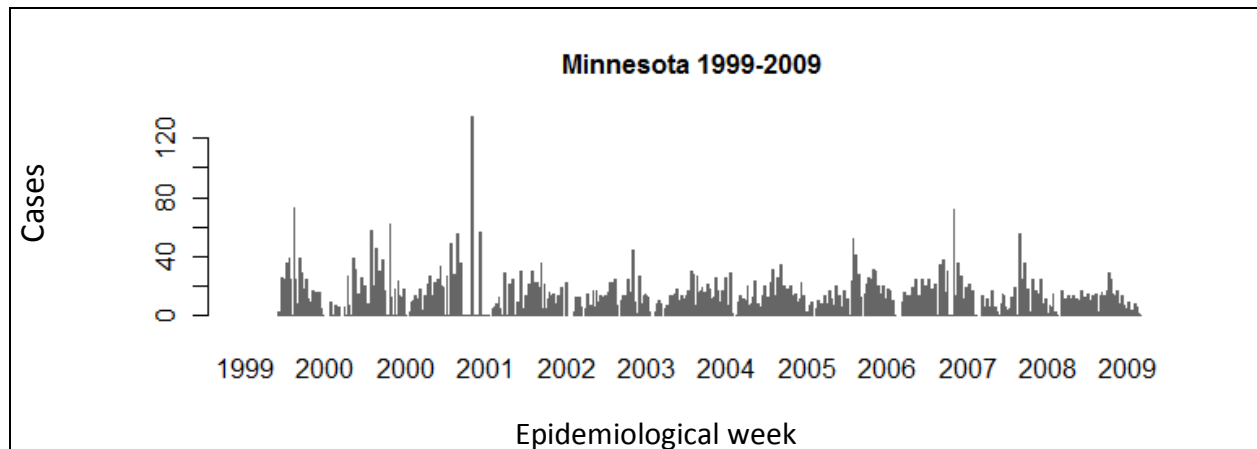


Figure D2, Number of cases reported for Salmonellosis per epidemiological week

Scarlet Fever

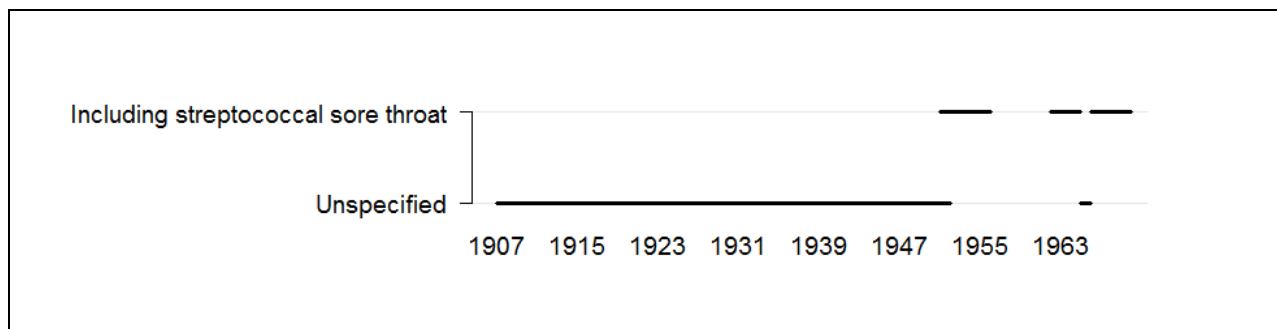


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

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

Indicator	Minnesota	Duluth	Minneapolis	St Paul
Report period	1927-1969	1909-1953	1909-1953	1915-1953
Total weeks	1,833	1,914	1,746	1,627
Total cases	99,924	10,329	40,553	20,833
Max. cases per year	10,155	843	3,317	1,599
Year (max)	1936	1926	1935	1926
Max. cases per week	463	50	203	100
Week (max)	1936, wk 13	1909, wk 22	1935, wk 17	1935, wk 17
Average cases per year	2,701	246	1,126	579
95%CI	(1,967-3,435)	(182-310)	(843-1,409)	(430-728)
Average cases per week	55	5	23	13
95%CI	(52-58)	(5-5)	(22-24)	(12-14)

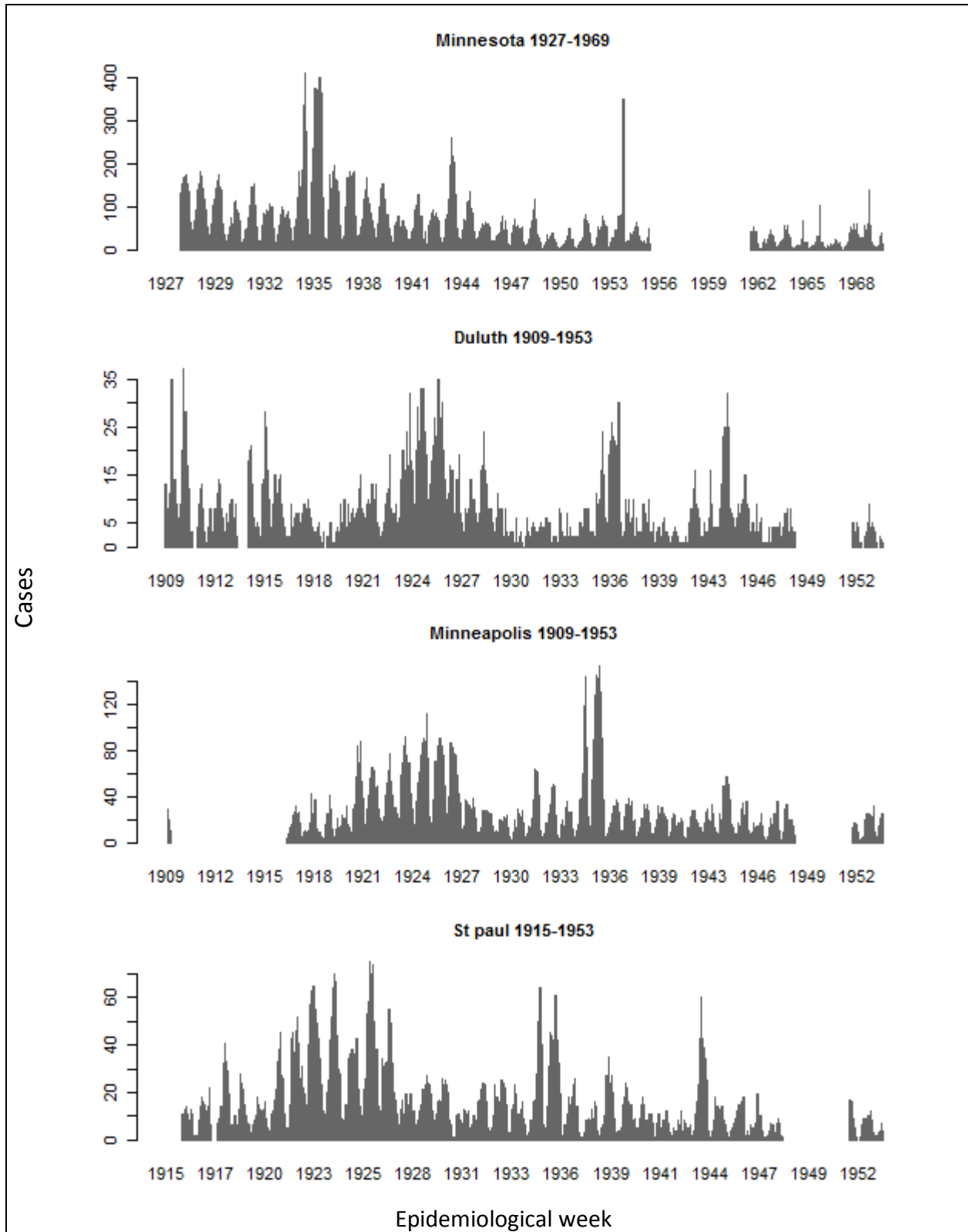


Figure D2, Number of cases reported for Scarlet Fever per epidemiological week

Shigellosis

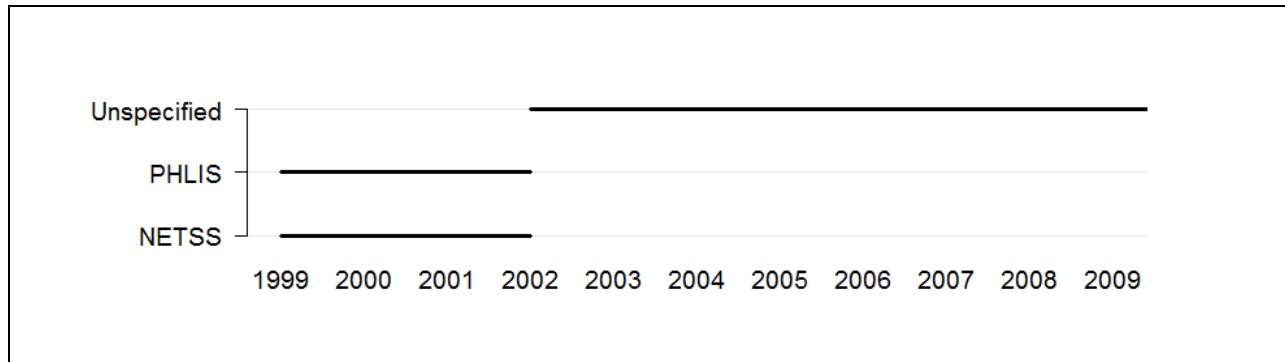


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

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

Indicator	Minnesota
Report period	1999-2009
Total weeks	505
Total cases	3,069
Max. cases per year	880
Year (max)	2000
Max. cases per week	285
Week (max)	1999, wk 33
Average cases per year	279
95%CI	(119-439)
Average cases per week	6
95%CI	(5-7)

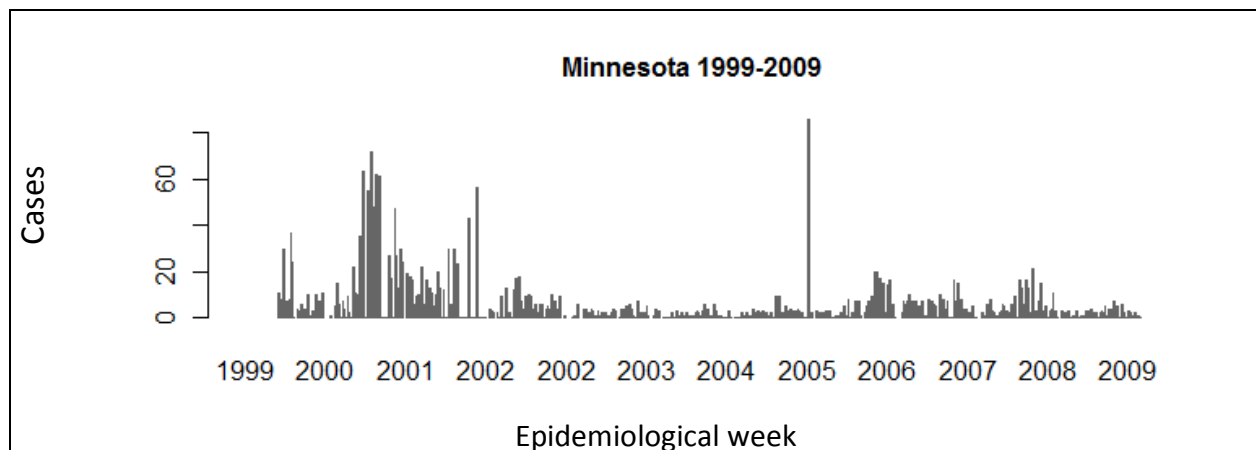


Figure D2, Number of cases reported for Shigellosis per epidemiological week

Streptococcal Disease, Invasive Group A

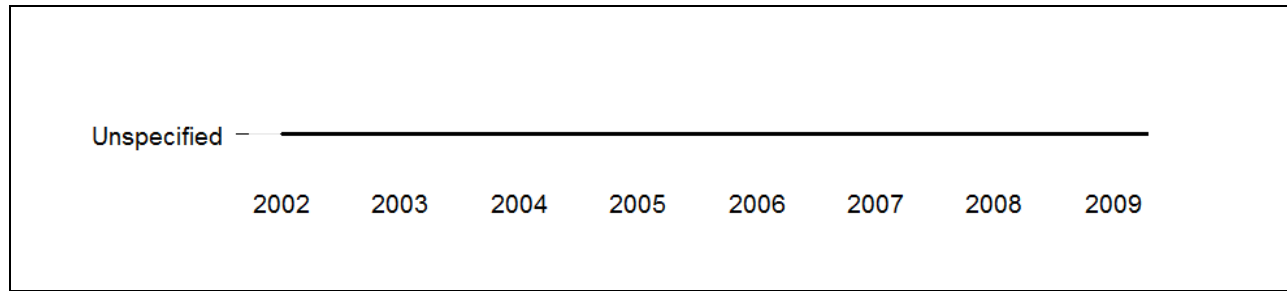


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

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

Indicator	Minnesota
Report period	2002-2009
Total weeks	332
Total cases	1,020
Max. cases per year	172
Year (max)	2009
Max. cases per week	35
Week (max)	2008, wk 13
Average cases per year	128
95%CI	(103-153)
Average cases per week	3
95%CI	(2-4)

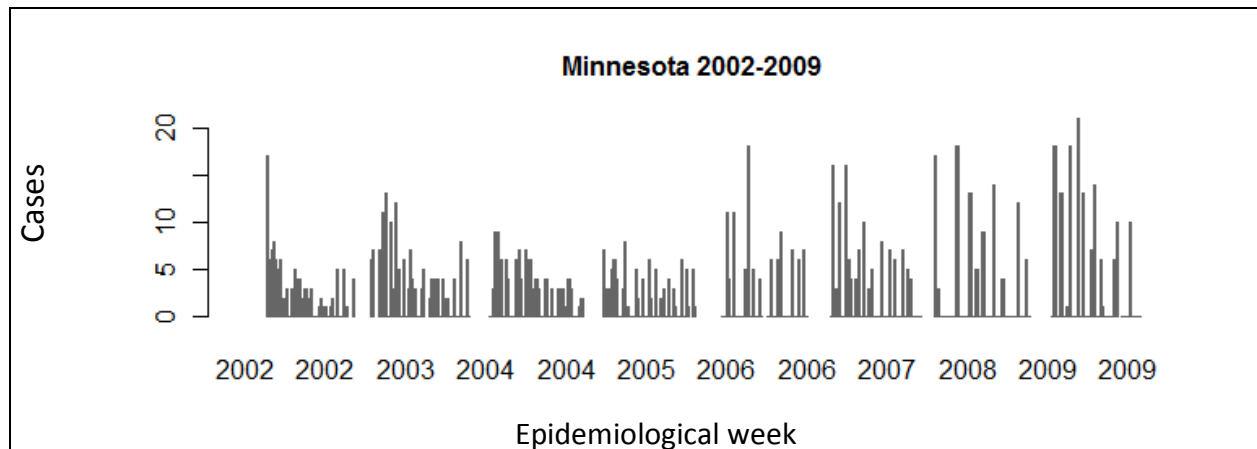


Figure D2, Number of cases reported for Group A Streptococcal disease per epidemiological week

Streptococcal Sore Throat

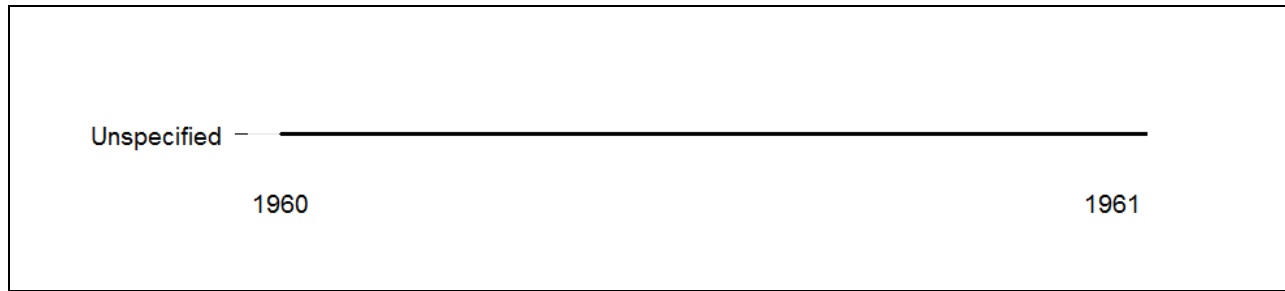


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Streptococcal Sore Throat

Indicator	Minnesota
Report period	1960-1961
Total weeks	99
Total cases	2,415
Max. cases per year	1,278
Year (max)	1961
Max. cases per week	727
Week (max)	1961, wk 49
Average cases per year	1,208
95%CI	(312-2,104)
Average cases per week	24
95%CI	(8-40)

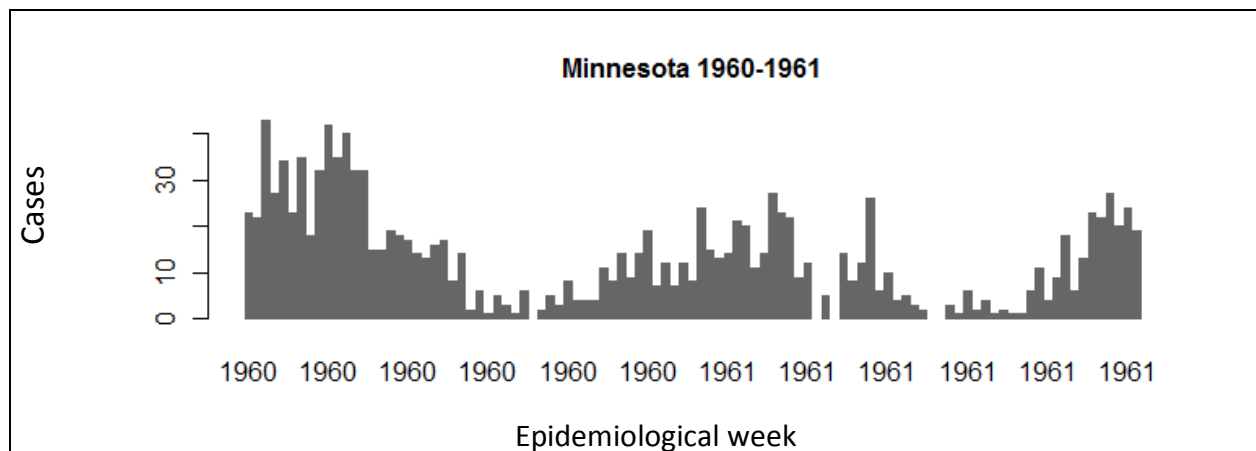


Figure D2, Number of cases reported for Streptococcal Sore Throat per epidemiological week

Syphilis

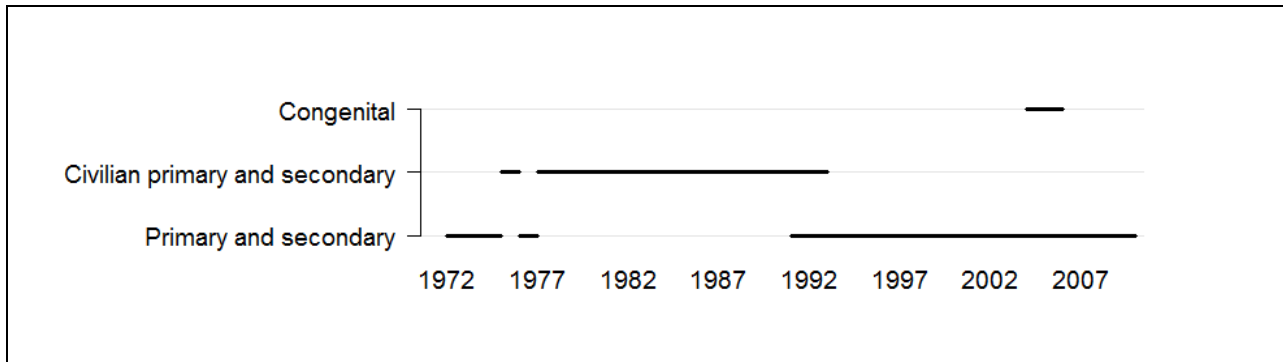


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

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

Indicator	Minnesota
Report period	1972-2009
Total weeks	1,707
Total cases	2,570
Max. cases per year	177
Year (max)	1981
Max. cases per week	32
Week (max)	1993, wk 26
Average cases per year	68
95%CI	(53-83)
Average cases per week	2
95%CI	(2-2)

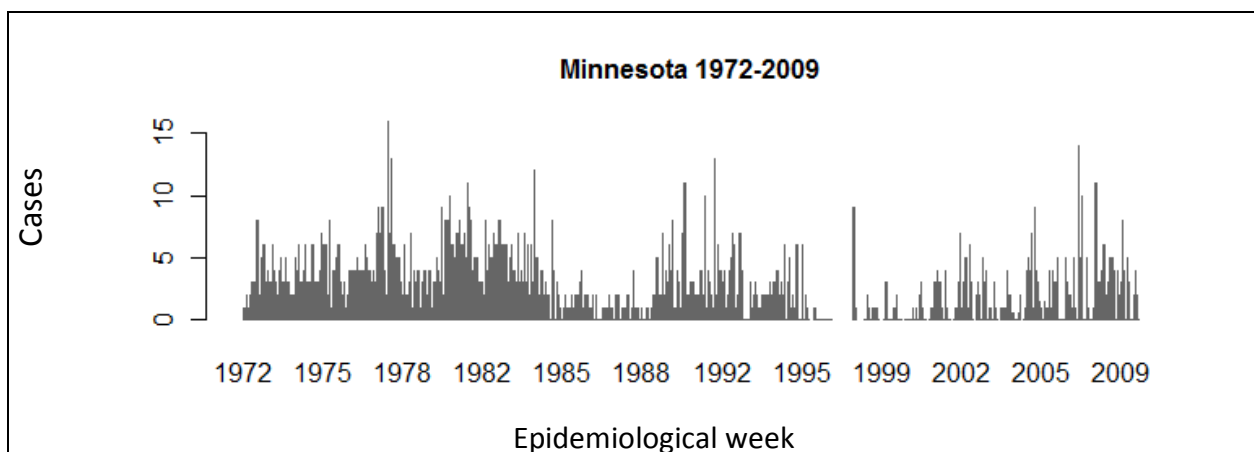


Figure D2, Number of cases reported for Syphilis per epidemiological week

Toxic Shock Syndrome

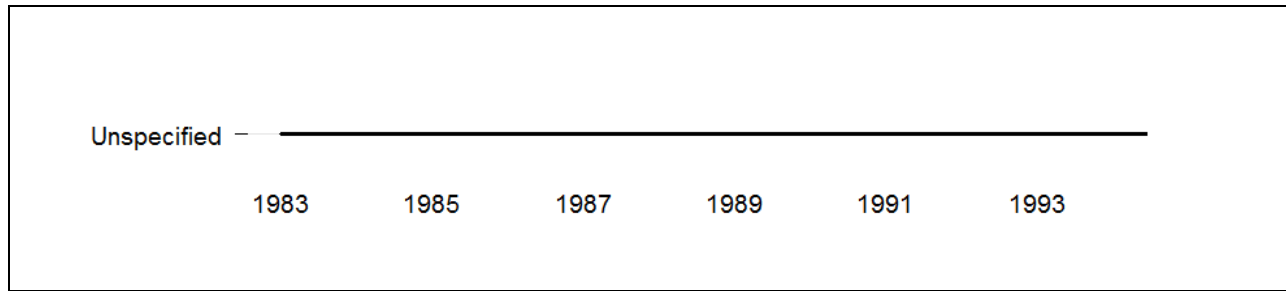


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Toxic shock syndrome

Indicator	Minnesota
Report period	1983-1994
Total weeks	326
Total cases	124
Max. cases per year	21
Year (max)	1984
Max. cases per week	7
Week (max)	1991, wk 35
Average cases per year	10
95%CI	(6-14)
Average cases per week	0
95%CI	(0-0)

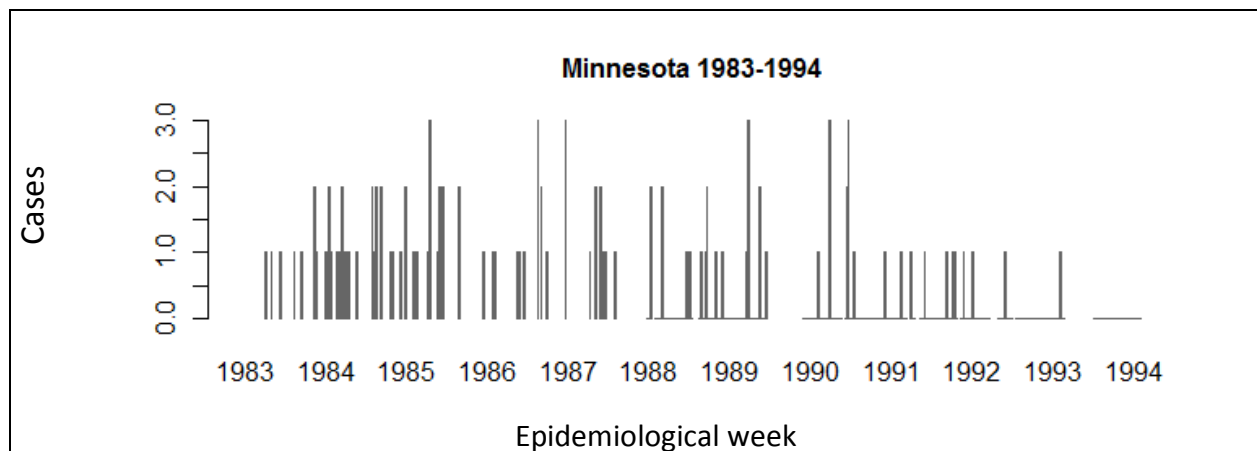


Figure D2, Number of cases reported for Toxic Shock Syndrome per epidemiological week

Tuberculosis

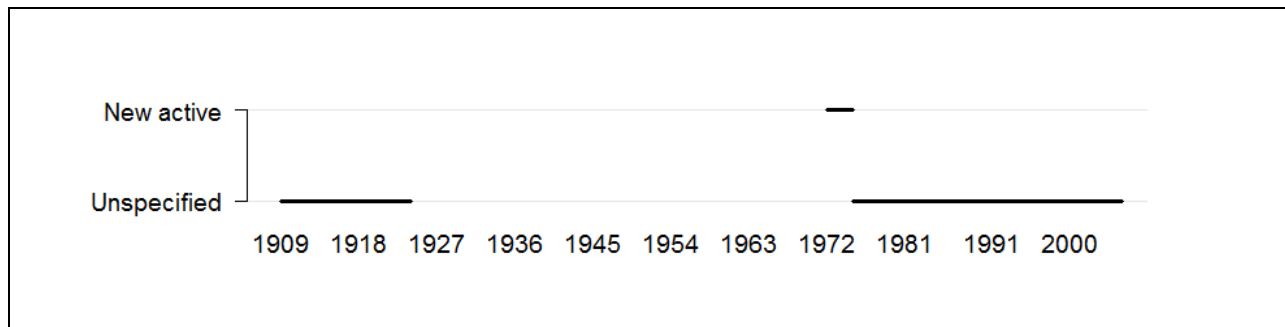


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Tuberculosis (Unspecified)

Indicator	Minnesota	Duluth	St Paul
Report period	1975-2005	1909-1923	1915-1923
Total weeks	1,448	551	342
Total cases	4,568	1,788	3,992
Max. cases per year	228	187	718
Year (max)	2001	1919	1919
Max. cases per week	40	13	44
Week (max)	1999, wk 44	1913, wk 25	1919, wk 16
Average cases per year	147	119	444
95%CI	(131-163)	(98-140)	(278-610)
Average cases per week	3	3	12
95%CI	(3-3)	(3-3)	(11-13)

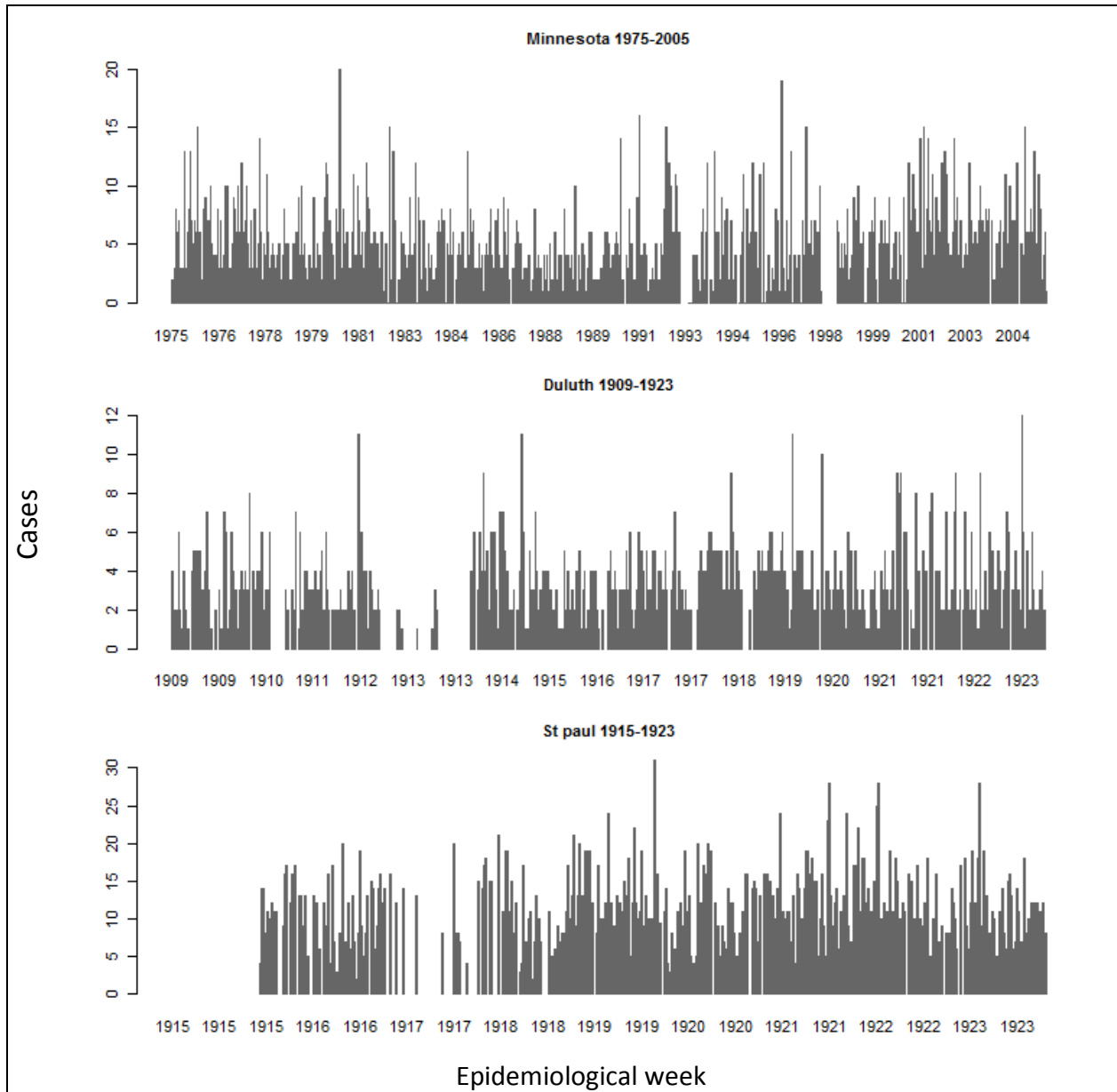


Figure D2, Number of cases reported for Tuberculosis per epidemiological week

Typhoid Fever

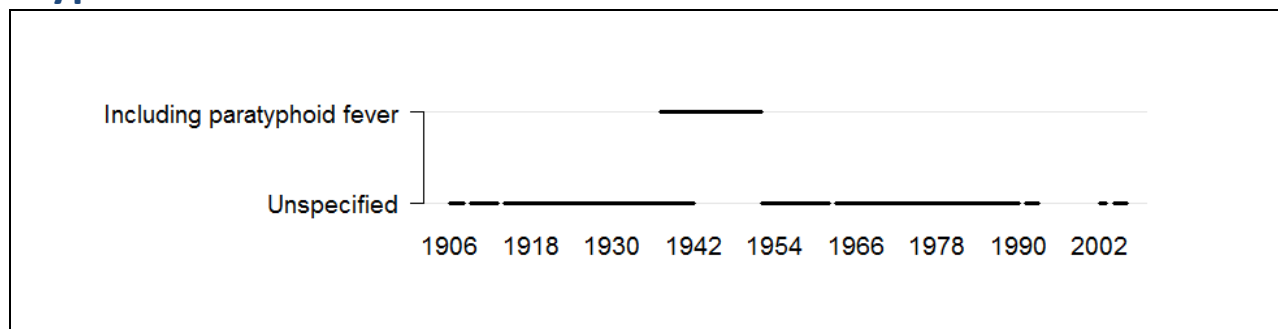


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

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

Indicator	Minnesota	Duluth	Minneapolis	St Paul
Report period	1927-2005	1909-1953	1909-1953	1915-1953
Total weeks	2,475	1,527	1,519	1,396
Total cases	2,188	757	1,377	765
Max. cases per year	369	78	190	116
Year (max)	1935	1911	1935	1921
Max. cases per week	72	14	66	19
Week (max)	1939, wk 39	1931, wk 38	1921, wk 12	1921, wk 29
Average cases per year				
before 1950	75	19	40	22
95%CI	(39-111)	(12-26)	(23-57)	(13-31)
after 1950	9	1	2	1
95%CI	(4-14)	-	(-4-8)	-
Average cases per week				
before 1950	2	0	1	1
95%CI	(2-2)	(0-0)	(1-1)	(1-1)
after 1950	0	1	1	1
95%CI	(0-0)	-	(1-1)	-

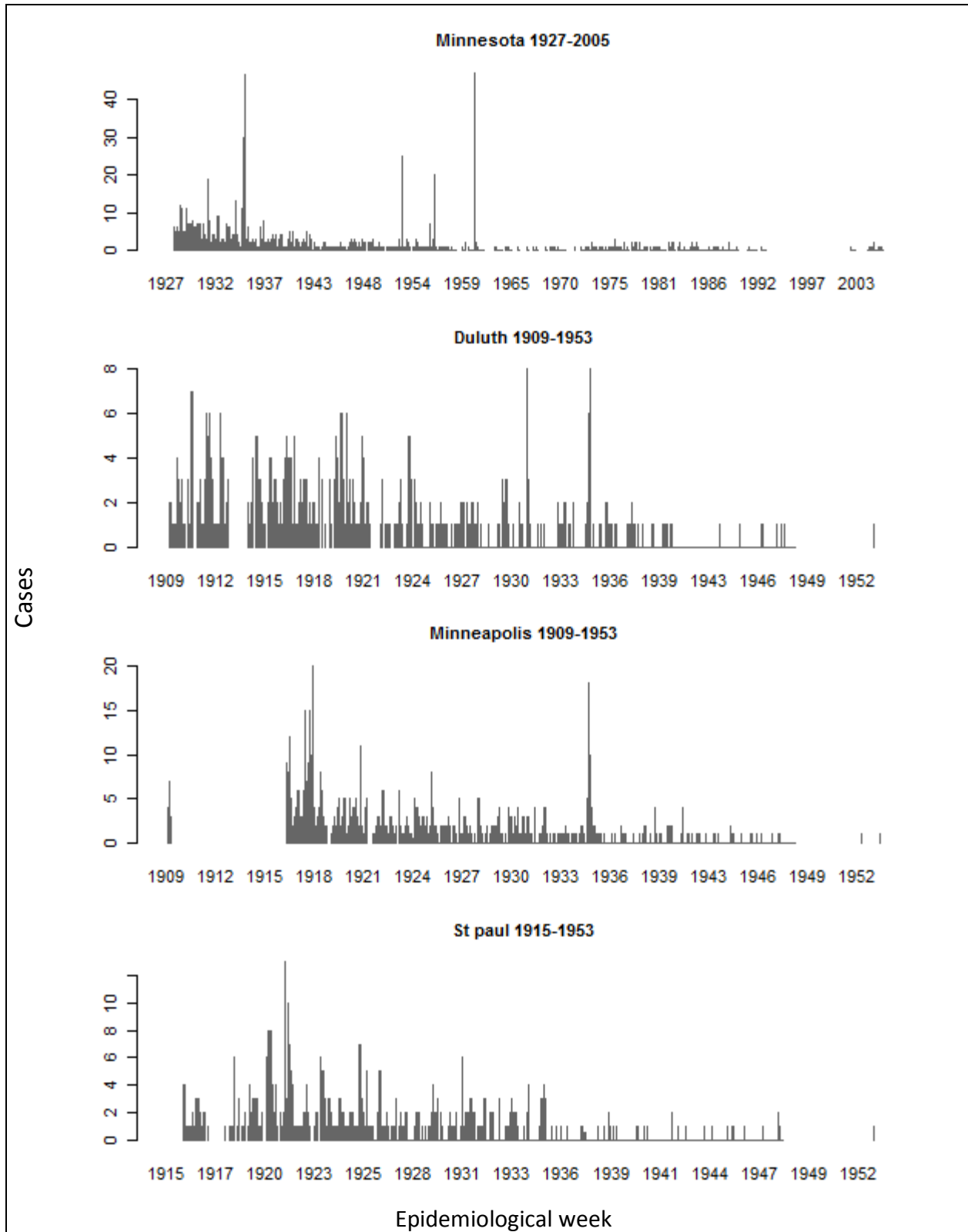


Figure D2, Number of cases reported for Typhoid Fever per epidemiological week

Typhus Fever

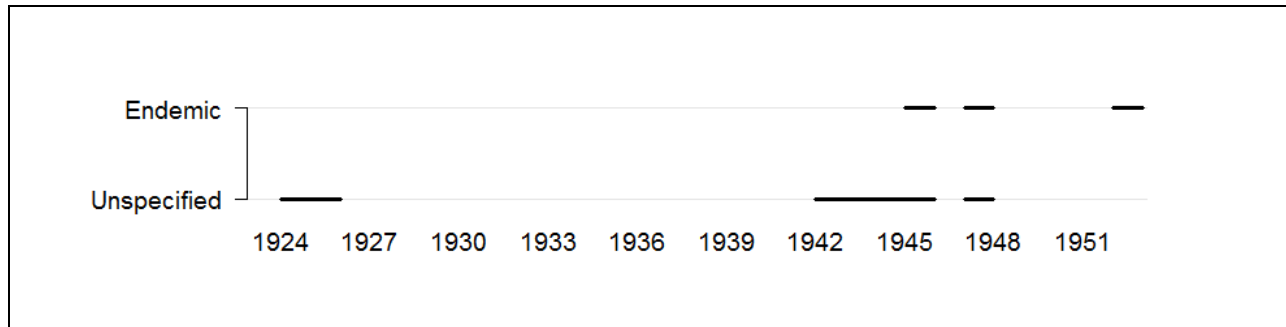


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Typhus Fever (Unspecified and Endemic)

Indicator	Minnesota
Report period	1942-1947
Total weeks	197
Total cases	2
Max. cases per year	2
Year (max)	1947

Whooping Cough

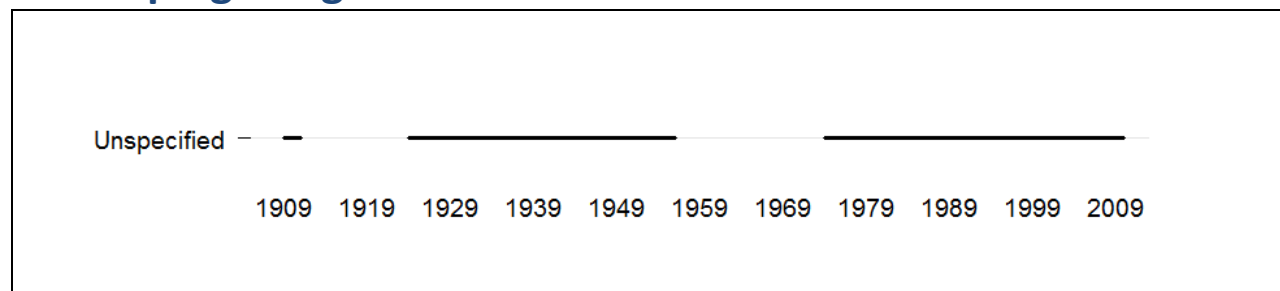


Figure D1, Weeks between 1888 and 2009 for which data on the disease and subcategories (if applicable) are available in the Tycho database. If no subcategory was reported, a subcategory of "Unspecified" was assigned.

Table D1, Summary information for Whooping Cough

Indicator	Minnesota	Duluth	Minneapolis	St Paul
Report period	1937-2009	1909-1953	1924-1953	1924-1953
Total weeks	2,060	1,237	1,265	1,186
Total cases	32,671	6,339	11,977	20,697
Max. cases per year	3,503	1,018	1,369	2,487
Year (max)	1941	1933	1929	1937
Max. cases per week	1,070	73	122	152
Week (max)	2005, wk 50	1933, wk 12	1929, wk 15	1937, wk 15
Average cases per year				
before 1960	1,360	219	444	767
95%CI	(838-1,882)	(129-309)	(308-580)	(528-1,006)
after 1960	190	-	-	-
95%CI	(70-310)	-	-	-
Average cases per week				
before 1960	29	5	9	17
95%CI	(27-31)	(5-5)	(8-10)	(16-18)
after 1960	6	-	-	-
95%CI	(4-8)	-	-	-

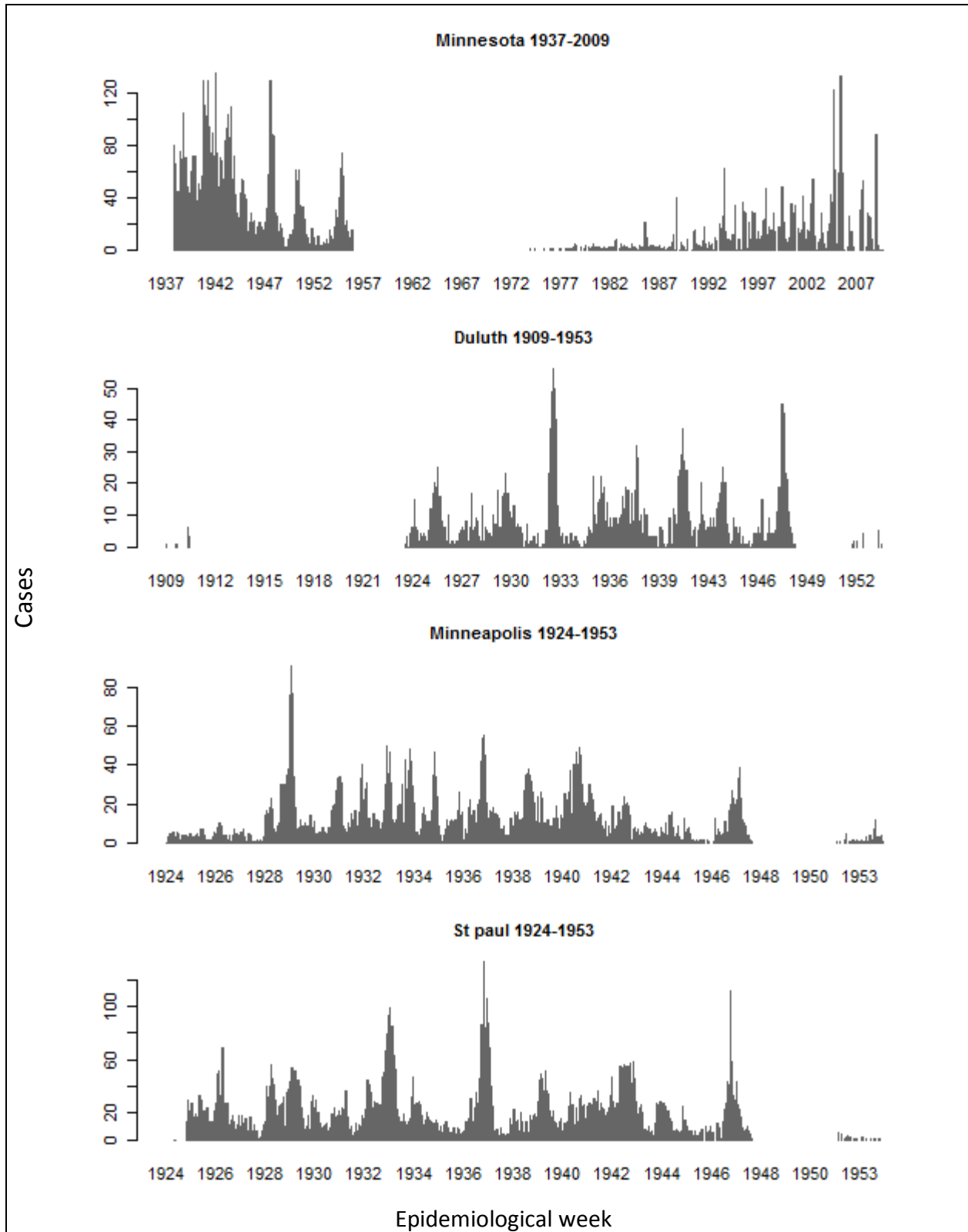


Figure D2, Number of cases reported for Whooping Cough per epidemiological week

Diseases with fragmented data over time

For a number of diseases, only fragmented data was available for Minnesota. 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 Minnesota

Disease	Report type	Report period	Number of reports	Total cases
Anthrax	State	1942-1945	143	0
Botulism	City	1952-1952	1	1
Brucellosis [undulant fever]	City	1952-1953	13	14
Brucellosis [undulant fever]	State	1943-1982	694	1483
Dengue	City	1924-1924	5	0
Dysentery	State	1942-1948	287	311
Encephalitis	City	1941-1953	976	27
Encephalitis	State	1942-1994	968	1218
Leprosy	City	1924-1924	1	0
Leprosy	State	1942-1986	260	10
Psittacosis	State	1956-1961	93	147
Rocky mountain spotted fever	State	1942-2009	500	39
Streptococcus pneumoniae invasive disease	State	2003-2007	60	78
Tetanus	State	1962-1981	479	57
Trichiniasis	City	1952-1953	3	3
Trichiniasis	State	1952-1955	12	28
Tularemia	State	1942-1994	569	99
West nile disease	State	2003-2009	149	168

Project Tycho

This report provides preliminary data for the state of Minnesota 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. For further information regarding the Tycho project, contact Dr. Wilbert van Panhuis at the University of Pittsburgh Graduate School of Public Health.

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