What is **MMWR**?
The *MMWR* series is prepared by the Centers for Disease Control and Prevention (CDC). You can view the current issue at [http://www.cdc.gov/mmwr/](http://www.cdc.gov/mmwr/). It is often referred to as “the voice of CDC,” because it is the agency’s primary vehicle for scientific publication of timely, reliable, authoritative, accurate, objective, and useful public health information and recommendations. *MMWR* readership predominantly consists of physicians, nurses, public health practitioners, epidemiologists and other scientists, researchers, educators, and laboratorians. The data in the weekly *MMWR* are provisional, based on weekly notifications to CDC by local and state health departments.

What is **MMWR** week?
The *MMWR* week is the week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease notification is assigned. This week is chosen by the notifying local or state health department for the purposes of *MMWR* disease incidence notification and publishing. Values for *MMWR* week range from 1 to 53, although most years consist of 52 weeks. *MMWR* week supports notification of notifiable infectious disease incidence data at the national level. States may assign *MMWR* week for data management or notification purposes more so than for monitoring ‘true’ disease incidence. Those conducting analyses defining notifiable disease incidence patterns should determine whether analysis by *MMWR* week or another epidemiologically-relevant date type is more appropriate for their needs. *MMWR* week might be used for analyses or quality control, but other dates such as date of disease onset, diagnosis, or laboratory result are more accurate for tracking disease incidence.

**Business rules for assigning MMWR week in TN:**
The first day of any *Morbidity and Mortality Weekly Report (MMWR)* week is Sunday. *MMWR* week numbering is sequential beginning with 1 and incrementing with each week to a maximum of 52 or 53. *MMWR* week #1 of an *MMWR* year is the first week of the year that has at least four days in the calendar year. For example, if January 1 occurs on a Sunday, Monday, Tuesday or Wednesday, the calendar week that includes January 1 would be *MMWR* week #1. If January 1 occurs on a Thursday, Friday, or Saturday, the calendar week that includes January 1 would be the last *MMWR* week of the previous year (#52 or #53). Because of this rule, December 29, 30, and 31 could potentially fall into *MMWR* week #1 of the following *MMWR* year.

The National Electronic Disease Surveillance System (NEDSS) message structure supports the electronic notification of a number of dates, and state health departments may choose to assign *MMWR* week based on any of these dates. In TN, the rule for assigning *MMWR* week is:

- **MMWR** week should be based on the date first reported to public health (i.e., the date the local, regional, metro, or state health department was first made aware of the case).

In TN, **MMWR** is used as a form of data management, not a measure of true disease incidence. Although it might seem logical to use *MMWR* to track true disease incidence, there are many dates that are more relevant to disease incidence such as date of disease onset, diagnosis, or laboratory result. Tennessee uses *MMWR* to track how many reportable diseases or events were reported each week.

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Brief History:
In 1878, Congress authorized U.S. Marine Hospital Service (later PHS) to collect morbidity reports regarding cholera, smallpox, plague, and yellow fever from U.S. consuls overseas to institute quarantine measures to prevent the introduction and spread of these diseases into the United States. The authority for weekly reporting and publication of these reports was expanded by Congress in 1893 to include data from states and municipal authorities. In 1912, state and territorial health authorities recommended immediate telegraphic reporting of five infectious diseases and the monthly reporting of 10 additional diseases. The first annual summary of The Notifiable Diseases in 1912 included reports of 10 diseases from 19 states, the District of Columbia, and Hawaii. By 1928, all states, the District of Columbia, Hawaii, and Puerto Rico were participating in national reporting of 29 specified diseases. At their annual meeting in 1950, the State and Territorial Health Officers authorized a conference of state and territorial epidemiologists whose purpose was to determine which diseases should be reported to PHS. In 1961, CDC assumed responsibility for the collection and publication of data concerning nationally notifiable diseases. The list of nationally notifiable infectious diseases is revised periodically.