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Progress in Chronic Disease Prevention

Cigarette Smoking in the United States, 1986

In August 1986, the Office on Smoking and Health, Center for Health Promotion and Education, CDC, initiated the Adult Use of Tobacco Survey to study the U.S. adult population's knowledge, attitudes, and practices regarding the use of tobacco. Data for this telephone survey, which was conducted primarily during the fourth quarter of 1986, were collected from a national probability sample of 13,031 respondents representing the noninstitutionalized, civilian adult population (≥17 years of age) in the United States. The Mitofsky-Waksberg random-digit-dialing procedure (*1*) was used to generate a sample of households selected for screening. From the screening data, current and former cigarette smokers* were oversampled to ensure sufficient sample size for analysis within these two subgroups.

To compensate for nonresponse, for the oversampling of current and former smokers, and for the exclusion of nontelephone households, the sample estimates were weighted (ratio-adjusted) to 1986 Current Population Survey (CPS) counts of the U.S. adult population. This adjustment controlled for sex, age, race and ethnic (Hispanic) origin, education, and region of the country. Standard errors were computed to derive the 95% confidence intervals (CI) about the sample estimates by using software based on the procedure developed by Morganstein and Hanson (*2*).

The survey's overall response rate was 74.3%, which represents the product of the 85.5% response rate for the household screening sample and the 87.0% response rate for those individuals selected for an extended interview. The unadjusted racial composition of the respondents was 88.7% white, 8.4% black, and 2.9% all other racial groups combined.

Compared with the findings of other national surveys conducted during the past 40 years (Table 1), the results of the Adult Use of Tobacco Survey show the lowest prevalence of current cigarette smoking among adults ever recorded in the United States: 29.5% for men (95% CI, 28.4 to 30.6), 23.8% for women (95% CI, 22.7 to 24.9), and 26.5% overall (95% CI, 25.8 to 27.3). An estimated 24.6% of the U.S. adult population are former smokers, including 30.4% of men and 19.3% of women. The overall smoking rate by race was 28.4% for blacks (95% CI, 25.0 to 31.8) and 26.4% for whites (95% CI, 25.5 to 27.2).

*Current cigarette smokers are defined as persons who have smoked at least 100 cigarettes in their lifetime and who are currently smoking cigarettes. Former smokers are defined as those who have smoked at least 100 cigarettes in their lifetime but who are no longer smoking.

Cigarette Smoking – Continued

The prevalence of smoking was higher among black men (32.5%) than among white men (29.3%) (Table 2). For men, the highest rate by age group was 37.1%, which occurred among men 35-44 years old. The highest age- and race-specific smoking rate occurred among black men 25-34 years old (45.9%), whereas the lowest rate occurred among black men 17-24 years old (14.3%). Among men who currently smoke, the mean number of cigarettes smoked per day was 22.8 (23.9 among white men, 14.8 among black men).

The prevalence of smoking was slightly higher among black women (25.1%) than among white women (23.7%) (Table 2). For women, the highest rates by age group were 29.2%, which occurred among women 25-34 years old, and 28.7%, which occurred among women 35-44 years old. The highest age- and race-specific smoking rate occurred among black women aged 35-44 years (36.4%), whereas the lowest rate (excluding those ≥65 years old) occurred among black women aged 17-24 years (16.0%). Among women who currently smoke, the mean number of cigarettes smoked per day was 19.1 (19.8 among white women, 14.6 among black women).

Reported by: Office on Smoking and Health, Center for Health Promotion and Education, CDC.

TABLE 1. Percentage of current cigarette smoking among adults, by year and survey – United States, 1944-1986*

Year	Survey†	Age (years)	Current Cigarette Smoking (%)		
			Men	Women	Total
1944	GP	≥18	48.0	36.0	**41.0**
1949	GP	≥18	54.0	33.0	**44.0**
1955	CPS	≥18	54.2	24.5	**37.6**
1964	NCSH	≥21	52.9	31.5	**40.3**
1965	NHIS	≥17	51.1	33.3	**41.7**
1966	CPS	≥17	50.0	32.3	**40.6**
	NCSH	≥21	51.9	33.7	**42.2**
1967	CPS	≥17	49.1	32.1	**40.1**
1968	CPS	≥17	47.0	31.2	**38.6**
1970	NHIS	≥17	43.5	31.1	**36.9**
	NCSH	≥21	42.3	30.5	**36.2**
1974	NHIS	≥17	42.7	31.9	**37.0**
1975	NCSH	≥21	39.3	28.9	**33.8**
1976	NHIS	≥20	41.9	32.0	**36.7**
1978	NHIS	≥17	37.5	29.6	**33.2**
1980	NHIS	≥20	38.3	29.4	**33.6**
1983	NHIS	≥20	35.7	29.4	**32.4**
1985	CPS	≥16	31.8	25.4	**28.4**
	NHIS	≥20	33.2	27.9	**30.4**
1986	OSH	≥17	29.5	23.8	**26.5**

*Sources: Office on Smoking and Health, CDC (*3,* unpublished data); Gallup Poll (*4*); National Center for Health Statistics, CDC (*5*).

†GP = Gallup Poll; CPS = Current Population Survey (Supplement); NCSH = National Clearinghouse for Smoking and Health (Adult Use of Tobacco Survey); NHIS = National Health Interview Survey; OSH = Office on Smoking and Health (Adult Use of Tobacco Survey). NHIS data presented here are not age-adjusted.

Cigarette Smoking — Continued

Editorial Note: In 1979, the first Surgeon General's Report on Health Promotion and Disease Prevention was released (*6*). This report, entitled *Healthy People*, identified cigarette smoking as "the single most important preventable cause of death," responsible for an estimated 320,000 premature deaths a year in the United States and for debilitating chronic diseases in another 10 million Americans. These conclusions were based on extensive research summarized in the annual Surgeon General's reports on the health consequences of smoking, 18 of which have been issued since 1964. A year after publication of *Healthy People*, the Public Health Service established health objectives for the nation for the year 1990 (*7,8*). These objectives include 17 specific goals related to smoking and health.

The primary objective for 1990 is for the proportion of adults who smoke to be below 25%. The results of the Adult Use of Tobacco Survey show that this objective has almost been met. The overall prevalence of smoking in this survey (26.5%) is the lowest ever recorded in the United States (Table 1). In comparing these results with those of previous surveys, however, it must be noted that these surveys differ in sampling techniques, sample size, possible inclusion of proxy respondents, eligible respondent age, response rate, definition of "current regular smoker," and use of telephone versus personal interviews (*3,9*). These factors may affect measurements of smoking prevalence.

To evaluate the potential effect of the type of interview on measurements of smoking prevalence, state-specific smoking prevalence data for persons ≥18 years old from two surveys were compared: the supplement to the 1985 CPS (a personal-interview survey) and the 1985 Behavioral Risk Factor Surveillance System (BRFSS) (a telephone survey) (*10*). For the 22 jurisdictions included in the BRFSS (21 states and the District of Columbia), the median difference between the data on overall smoking prevalence from the CPS and the BRFSS was +2.5 percentage points (Office on Smoking and Health, CDC, unpublished data). The exclusion of households lacking telephones appears to account for an underestimate of about one percentage point in telephone surveys (sampling bias), because persons living in households where there are no telephones have a higher smoking prevalence than those in households with telephones (National Center for Health Statistics, CDC, unpublished data). In addition, there may be a greater response bias in telephone surveys than in personal-interview surveys, because the former usually have lower response rates. Although the differences between data from the CPS and the BRFSS suggest that smoking rates

TABLE 2. Percentage of current cigarette smoking among adults, by age, sex, and race — Adult Use of Tobacco Survey, United States, 1986

Age (years)	Men (%)			Women (%)		
	White	Black	Total*	White	Black	Total*
17-24	26.0	14.3	**24.4**	22.7	16.0	**21.5**
25-34	32.4	45.9	**33.6**	29.1	30.9	**29.2**
35-44	37.4	36.4	**37.1**	27.6	36.4	**28.7**
45-64	30.0	35.6	**30.5**	25.2	26.7	**25.1**
≥65	16.0	26.6	**16.7**	12.4	8.3	**12.0**
Total	**29.3**	**32.5**	**29.5**	**23.7**	**25.1**	**23.8**

*Includes racial category "other," which includes Hispanics.

Cigarette Smoking — Continued

may vary slightly depending on the type of interview used in a survey, data on the prevalences of various health conditions obtained by telephone and personal interviews are generally similar (*11-15*).

Certain rates, such as the prevalence of smoking among all black men, young black men, and young black women, are markedly lower in the Adult Use of Tobacco Survey than the rates obtained by the National Health Interview Survey (*16*). Because of the smaller sample sizes for blacks overall and for specific age groups among blacks, the prevalence figures for blacks from the Adult Use of Tobacco Survey should be interpreted with caution. These results should be compared with those of future surveys using larger sample sizes to determine the extent to which the prevalence of smoking among blacks may have declined.

Despite the uncertainty in comparing data from surveys using different methodologies, longitudinal surveys using the same methodology show a steady decline in smoking prevalence. For instance, data from the National Health Interview Surveys from 1974 to 1985 show a consistent mean annual reduction in smoking prevalence of 0.6 percentage points (Table 1). These data parallel the per capita consumption of cigarettes (for persons ≥18 years of age) in the United States, which has declined each year since 1973 (*17*).

Although much progress has been achieved, the results of the Adult Use of Tobacco Survey show that an estimated 46.8 million Americans (≥17 years old) still smoke cigarettes. To maintain momentum toward the goal of a smoke-free society, government agencies, private organizations, health-care providers, and others must work together to support programs and policies that encourage nonsmoking behavior. There should be an emphasis on reducing the prevalence of smoking among high-risk populations such as adolescents, minorities, blue-collar workers, and pregnant women. Smoking prevention and cessation programs should be offered in schools, worksites, health-care facilities, and other institutions. Public officials, state and local legislatures, employers, and insurance companies should support policies that discourage tobacco use and protect nonsmokers from exposure to environmental tobacco smoke. These policies include banning or restricting smoking in public places and worksites, prohibiting the sale of tobacco products to minors, prohibiting the distribution of free samples of tobacco products, providing reduced premiums for health and life insurance to nonsmokers, and providing third-party reimbursement for smoking-cessation programs.

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Cigarette Smoking — Continued

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Epidemiologic Notes and Reports

Sentinel Surveillance System for Antimicrobial Resistance in Clinical Isolates of *Neisseria gonorrhoeae*

Infections caused by strains of *Neisseria gonorrhoeae* that are resistant to recommended antimicrobials continue to be a growing public health problem. Over the past 3 years, the incidence of plasmid-mediated, penicillinase-producing *N. gonorrhoeae* (PPNG) has increased, and it now accounts for 2% of all reported gonococcal infections in the United States (*1*). However, the proportions of infections caused by organisms with chromosomally mediated resistance to penicillin, tetracycline, and spectinomycin and by gonococci with plasmid-mediated tetracycline resistance (TRNG) have been determined for only a limited number of localities (*2,3*).

The procedures for laboratory diagnosis and reporting of PPNG have been standardized, and over 90% of public health laboratories routinely test every gonococcal isolate for production of β-lactamase (CDC, unpublished data). However, ascertainment and reporting of other types of antimicrobial resistance have been inconsistent. Whereas PPNG can be detected by a rapid diagnostic test, laboratory diagnosis of chromosomally mediated resistance and TRNG requires relatively expensive antimicrobial susceptibility determination procedures on subcultures of primary isolates. Until recently, surveillance of these strains had been based on a passive reporting system; consequently, geographical areas performing more susceptibility tests than other areas may appear to have higher incidences of these strains.

Neisseria gonorrhoeae — *Continued*

Because recommendations for therapy should be based on accurate and timely surveillance of antimicrobial resistance in *N. gonorrhoeae,* the Division of Sexually Transmitted Diseases, Center for Prevention Services, CDC, in cooperation with the Sexually Transmitted Diseases Laboratory Program, Center for Infectious Diseases, CDC, and state and local health departments, has organized the Gonococcal Isolate Surveillance Project (GISP).

In this project, each of four regionally based laboratories chosen for their expertise in performing antimicrobial susceptibility determinations processes a prospective consecutive sample of isolates from five sexually transmitted disease clinics. Each month, the first 25 urethral isolates from male patients in each clinic are submitted to the regional laboratories where a test for β-lactamase is performed and minimum inhibitory concentrations (MICs) to penicillin, tetracycline, spectinomycin, cefoxitin, and ceftriaxone are determined. Classification of the isolates is based on the CDC

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TABLE I. Summary — cases specified notifiable diseases, United States

Disease	35th Week Ending			Cumulative, 35th Week Ending		
	Sept. 5, 1987	August 30, 1986	Median 1982-1986	Sept. 5 , 1987	August 30, 1986	Median 1982-1986
Acquired Immunodeficiency Syndrome (AIDS)	368	246	N	12,671	8,364	N
Aseptic meningitis	388	447	371	6,708	5,854	4,998
Encephalitis: Primary (arthropod-borne & unspec)	39	28	31	791	684	728
Post-infectious	-	4	1	77	79	79
Gonorrhea: Civilian	9,872	17,629	17,629	519,473	587,509	587,509
Military	239	311	353	11,262	11,180	14,385
Hepatitis: Type A	270	475	420	16,271	14,709	14,581
Type B	314	532	506	17,177	17,491	16,906
Non A, Non B	28	61	N	2,040	2,445	N
Unspecified	22	91	98	2,098	3,060	3,806
Legionellosis	17	10	N	578	456	N
Leprosy	2	-	5	128	182	169
Malaria	12	65	16	571	724	680
Measles: Total*	13	91	29	3,234	5,316	2,244
Indigenous	6	84	N	2,840	5,045	N
Imported	7	7	N	394	265	N
Meningococcal infections: Total	25	31	31	2,064	1,808	1,986
Civilian	25	31	31	2,063	1,806	1,971
Military	-	-	-	1	2	6
Mumps	98	53	30	10,153	3,356	2,407
Pertussis	95	75	69	1,546	2,068	1,525
Rubella (German measles)	-	8	11	276	416	541
Syphilis (Primary & Secondary): Civilian	290	593	585	23,153	17,452	18,709
Military	-	4	4	104	121	225
Toxic Shock syndrome	5	6	N	223	245	N
Tuberculosis	371	465	449	14,041	14,525	14,525
Tularemia	7	5	5	138	97	163
Typhoid Fever	4	11	11	203	200	226
Typhus fever, tick-borne (RMSF)	10	34	34	464	542	635
Rabies, animal	40	96	124	3,194	3,778	3,778

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1987		Cum. 1987
Anthrax	-	Leptospirosis (La.2)	15
Botulism: Foodborne	9	Plague (Oreg. 1)	7
Infant	37	Poliomyelitis, Paralytic	-
Other	-	Psittacosis (Ky. 1)	61
Brucellosis	78	Rabies, human	-
Cholera (La. 2)	4	Tetanus (Ind. 1)	28
Congenital rubella syndrome	4	Trichinosis	30
Congenital syphilis, ages < 1 year	-	Typhus fever, flea-borne (endemic, murine)	22
Diphtheria	1		

*There were no cases of internationally imported measles reported for this week.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending September 5, 1987 and August 30, 1986 (35th Week)

Reporting Area	AIDS	Aseptic Meningitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionellosis	Leprosy
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum. 1987	1987	Cum. 1987	Cum. 1987	Cum. 1987	Cum. 1986	1987	1987	1987	1987	1987	Cum. 1987
UNITED STATES	12,671	388	791	77	519,473	587,509	270	314	28	22	17	128
NEW ENGLAND	520	33	32	2	15,793	14,071	13	16	2	4	-	11
Maine	16	-	2	-	479	606	2	1	-	-	-	-
N.H.	13	3	2	-	274	379	1	-	-	-	-	2
Vt.	4	4	5	-	140	167	-	3	1	-	-	-
Mass.	329	4	14	1	5,772	5,998	2	9	-	4	-	8
R.I.	41	10	3	1	1,411	1,146	4	-	-	-	-	-
Conn.	117	12	6	-	7,717	5,775	4	3	1	-	-	1
MID. ATLANTIC	3,745	103	97	6	82,913	98,779	17	40	2	3	1	6
Upstate N.Y.	467	59	38	3	11,371	11,612	13	20	1	-	1	-
N.Y. City	2,257	-	7	-	42,879	56,870	1	8	-	3	-	6
N.J.	640	-	7	-	10,641	12,964	-	-	-	-	-	-
Pa.	381	44	45	3	18,022	17,333	3	12	1	-	-	-
E.N. CENTRAL	834	127	246	12	78,456	81,288	12	29	-	4	3	6
Ohio	154	63	107	5	17,788	19,568	1	2	-	-	1	2
Ind.	71	3	34	-	6,390	8,060	2	4	-	4	-	-
Ill.	409	6	25	7	23,930	21,182	4	13	-	-	-	1
Mich.	132	55	59	-	23,992	24,107	5	10	-	-	2	2
Wis.	68	-	21	-	6,356	8,371	-	-	-	-	-	1
W.N. CENTRAL	279	23	35	-	21,124	25,101	21	23	3	3	3	-
Minn.	75	12	25	-	3,282	3,591	1	1	1	2	-	-
Iowa	19	5	3	-	2,018	2,576	1	2	-	-	-	-
Mo.	135	3	-	-	11,211	12,533	12	17	1	1	-	-
N. Dak.	1	-	-	-	191	228	-	-	-	-	-	-
S. Dak.	2	1	-	-	389	516	-	1	-	-	2	-
Nebr.	16	1	5	-	1,369	1,928	-	-	-	-	-	-
Kans.	31	1	2	-	2,664	3,729	7	2	1	-	1	-
S. ATLANTIC	2,002	49	98	26	136,682	152,382	21	65	6	4	6	5
Del.	15	2	3	1	2,216	2,470	-	2	-	-	-	-
Md.	243	12	15	5	15,300	18,033	2	13	-	-	-	2
D.C.	248	1	-	-	9,113	11,255	2	-	1	-	-	-
Va.	149	4	24	2	9,990	12,304	5	3	1	-	-	-
W. Va.	16	1	24	-	1,011	1,495	-	1	-	-	-	-
N.C.	106	4	17	-	19,984	23,909	5	12	-	1	3	-
S.C.	49	-	-	-	11,163	13,118	-	9	1	-	1	1
Ga.	292	9	1	-	24,311	25,547	1	10	2	1	-	-
Fla.	884	16	14	18	43,594	44,251	6	15	1	2	2	2
E.S. CENTRAL	153	25	46	6	39,371	47,280	6	20	1	-	2	-
Ky.	24	17	21	1	3,981	5,223	5	8	1	-	1	-
Tenn.	25	-	10	-	13,867	18,303	-	7	-	-	1	-
Ala.	86	7	15	1	12,524	13,504	-	4	-	-	-	-
Miss.	18	1	-	4	8,999	10,250	1	1	-	-	-	-
W.S. CENTRAL	1,210	9	93	4	58,618	69,579	16	28	3	1	-	4
Ark.	25	-	-	2	6,790	6,509	8	1	-	-	-	-
La.	160	6	19	-	10,474	12,350	2	19	1	1	-	-
Okla.	64	3	15	1	6,545	7,886	6	8	2	-	-	-
Tex.	961	-	59	1	34,809	42,834	-	-	-	-	-	4
MOUNTAIN	334	8	30	4	13,842	17,156	60	34	2	-	2	2
Mont.	2	-	-	-	384	477	3	1	-	-	-	-
Idaho	4	-	-	-	494	556	3	2	-	-	-	1
Wyo.	3	-	1	-	289	375	-	-	-	-	-	-
Colo.	146	3	8	-	3,031	4,528	3	7	-	-	-	-
N. Mex.	24	-	4	-	1,515	1,709	1	1	-	-	-	-
Ariz.	100	4	13	1	4,794	5,602	46	13	1	-	2	-
Utah	20	1	-	3	437	733	2	5	1	-	-	-
Nev.	35	-	4	-	2,898	3,176	2	5	-	-	-	1
PACIFIC	3,594	11	114	17	72,674	81,873	104	59	9	3	-	94
Wash.	153	-	10	3	5,208	6,315	76	48	7	2	-	4
Oreg.	87	-	-	-	2,769	3,371	26	10	1	-	-	-
Calif.	3,280	-	99	14	62,958	69,450	-	-	-	-	-	70
Alaska	12	5	2	-	1,161	1,842	2	-	1	1	-	1
Hawaii	62	6	3	-	578	895	-	1	-	-	-	19
Guam	-	-	-	-	151	127	-	-	-	-	-	-
P.R.	84	-	1	1	1,417	1,567	1	12	1	1	-	5
V.I.	-	-	-	-	181	189	-	-	-	-	-	-
Pac. Trust Terr.	-	-	-	-	287	298	-	-	-	-	-	44
Amer. Samoa	-	-	-	-	59	30	-	-	-	-	-	-

N: Not notifiable U: Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending September 5, 1987 and August 30, 1986 (35th Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported*		Total									
	Cum. 1987	1987	Cum. 1987	1987	Cum. 1987	Cum. 1986	Cum. 1987	1987	Cum. 1987	1987	Cum. 1987	Cum. 1986	1987	Cum. 1987	Cum. 1986
UNITED STATES	571	6	2,840	7	394	5,316	2,064	98	10,153	95	1,546	2,068	-	276	416
NEW ENGLAND	37	-	104	-	151	85	176	1	35	5	95	114	-	1	9
Maine	-	-	3	-	-	10	10	-	-	-	17	2	-	1	-
N.H.	1	-	53	-	101	42	16	1	9	5	22	59	-	-	1
Vt.	-	-	10	-	15	-	13	-	3	-	4	3	-	-	1
Mass.	13	-	22	-	28	28	86	-	8	-	37	28	-	-	4
R.I.	7	-	1	-	1	2	14	-	2	-	1	4	-	-	2
Conn.	16	-	15	-	6	3	37	-	13	-	14	18	-	-	1
MID. ATLANTIC	68	4	517	5	56	1,662	256	3	178	43	196	138	-	11	31
Upstate N.Y.	27	-	26	1§	14	87	88	2	84	12	119	89	-	9	23
N.Y. City	5	4	438	-	18	646	20	-	10	-	-	3	-	1	5
N.J.	16	-	32	4§	7	905	48	1	42	1	10	11	-	1	3
Pa.	20	-	21	-	17	24	100	-	42	30	67	35	-	-	-
E.N. CENTRAL	38	2	282	-	24	1,018	305	70	5,940	3	166	286	-	33	66
Ohio	10	-	1	-	4	10	102	1	83	2	53	117	-	-	1
Ind.	4	-	-	-	-	17	34	49	915	-	13	22	-	-	-
Ill.	6	2	116	-	18	644	77	17	2,474	-	14	32	-	25	56
Mich.	14	-	29	-	-	56	77	1	874	-	41	24	-	8	8
Wis.	4	-	136	-	2	286	15	2	1,594	1	45	91	-	-	1
W.N. CENTRAL	19	-	208	-	22	339	91	12	1,323	3	92	176	-	1	10
Minn.	7	-	19	-	20	49	26	-	759	2	13	40	-	-	-
Iowa	4	-	-	-	-	134	3	12	397	-	32	13	-	1	1
Mo.	4	-	188	-	1	31	26	-	22	-	24	12	-	-	1
N. Dak.	-	-	1	-	-	25	1	-	6	-	6	4	-	-	1
S. Dak.	-	-	-	-	-	-	2	-	89	-	3	14	-	-	-
Nebr.	3	-	-	-	-	1	5	-	3	-	1	7	-	-	-
Kans.	1	-	-	-	1	99	28	-	47	1	13	86	-	-	7
S. ATLANTIC	94	-	118	-	12	620	336	-	231	6	244	630	-	14	4
Del.	1	-	32	-	-	1	5	-	-	-	5	226	-	2	-
Md.	21	-	3	-	2	34	31	-	22	-	11	156	-	2	-
D.C.	12	-	-	-	1	2	6	-	1	-	-	-	-	-	-
Va.	16	-	1	-	-	60	56	-	68	-	44	30	-	1	-
W. Va.	2	-	-	-	-	2	2	-	30	1	45	23	-	-	-
N.C.	9	-	2	-	3	3	42	-	16	5	98	41	-	1	-
S.C.	4	-	2	-	-	301	34	-	12	-	-	13	-	-	-
Ga.	4	-	-	-	1	93	65	-	40	-	23	102	-	1	-
Fla.	25	-	78	-	5	124	95	-	42	-	18	39	-	7	4
E.S. CENTRAL	11	-	2	-	3	65	101	2	1,221	2	32	44	-	3	4
Ky.	1	-	-	-	-	6	17	-	212	-	1	5	-	2	4
Tenn.	1	-	-	-	-	55	41	2	952	-	9	17	-	1	-
Ala.	4	-	-	-	3	2	35	-	57	2	17	22	-	-	-
Miss.	5	-	2	-	-	2	8	N	N	-	5	-	-	-	-
W.S. CENTRAL	36	-	405	-	4	637	146	6	723	9	158	169	-	11	57
Ark.	1	-	-	-	-	283	19	-	281	-	10	11	-	2	-
La.	-	-	-	-	-	4	15	6	215	9	39	11	-	-	-
Okla.	4	-	2	-	1	39	18	N	N	-	109	93	-	5	-
Tex.	31	-	403	-	3	311	94	-	227	-	-	54	-	4	57
MOUNTAIN	25	-	464	-	19	321	70	4	190	5	129	200	-	24	22
Mont.	-	-	127	-	1	8	3	-	4	-	6	12	-	8	2
Idaho	2	-	-	-	-	1	5	1	5	-	37	33	-	1	-
Wyo.	1	-	-	-	2	-	-	-	-	-	5	4	-	1	1
Colo.	7	-	5	-	4	7	20	-	28	5	48	53	-	-	1
N. Mex.	2	-	300	-	9	37	6	N	N	-	8	19	-	-	-
Ariz.	10	-	30	-	1	258	23	3	141	-	23	47	-	4	2
Utah	1	-	-	-	1	9	9	-	9	-	2	29	-	10	13
Nev.	2	-	2	-	1	1	4	-	3	-	-	3	-	-	3
PACIFIC	243	-	740	2	103	569	583	-	312	19	434	311	-	178	213
Wash.	17	-	34	-	7	155	70	-	44	1	65	83	-	1	14
Oreg.	5	-	2	2§	75	9	26	N	N	1	56	10	-	2	1
Calif.	217	-	704	-	17	383	474	-	247	-	150	210	-	112	194
Alaska	3	-	-	-	-	-	4	-	7	-	10	2	-	2	-
Hawaii	1	-	-	-	4	22	9	-	14	17	153	6	-	61	4
Guam	-	-	2	-	-	5	4	-	5	-	-	-	-	1	3
P.R.	1	-	728	-	-	33	5	-	8	1	16	13	-	2	60
V.I.	-	-	-	-	-	-	-	-	11	-	-	-	-	-	-
Pac. Trust Terr.	-	-	1	-	-	-	1	-	5	-	1	-	-	1	2
Amer. Samoa	-	-	-	-	-	2	-	-	3	-	-	-	-	-	1

*For measles only, imported cases includes both out-of-state and international importations.
N: Not notifiable U: Unavailable †International §Out-of-state

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending September 5, 1987 and August 30, 1986 (35th Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1987	Cum. 1986	1987	Cum. 1987	Cum. 1986	Cum. 1987	Cum. 1987	Cum. 1987	Cum. 1987
UNITED STATES	23,153	17,452	5	14,041	14,525	138	203	464	3,194
NEW ENGLAND	403	321	1	434	474	1	22	7	6
Maine	1	15	1	21	32	-	1	-	2
N.H.	3	10	-	15	20	-	-	-	-
Vt.	2	8	-	9	13	-	1	-	-
Mass.	189	173	-	243	247	1	12	4	-
R.I.	8	18	-	35	35	-	3	-	1
Conn.	200	97	-	111	127	-	5	3	3
MID. ATLANTIC	4,304	2,507	-	2,415	2,951	-	21	12	269
Upstate N.Y.	149	121	-	357	424	-	8	7	41
N.Y. City	3,119	1,419	-	1,135	1,536	-	1	-	-
N.J.	453	446	-	459	505	-	12	1	13
Pa.	583	521	-	464	486	-	-	4	215
E.N. CENTRAL	635	677	-	1,654	1,722	3	25	44	120
Ohio	77	92	-	312	304	1	6	32	10
Ind.	44	80	-	145	181	-	4	-	13
Ill.	335	351	-	729	751	-	8	5	36
Mich.	129	123	-	395	406	-	4	5	21
Wis.	50	31	-	73	80	2	3	2	40
W.N. CENTRAL	114	152	-	422	425	49	9	48	722
Minn.	13	27	-	85	104	-	4	-	171
Iowa	19	6	-	30	34	4	2	1	204
Mo.	63	81	-	236	211	31	3	17	41
N. Dak.	-	5	-	5	5	1	-	-	89
S. Dak.	8	4	-	21	18	7	-	1	166
Nebr.	7	12	-	16	8	2	-	3	16
Kans.	4	17	-	29	45	4	-	26	35
S. ATLANTIC	7,988	5,270	2	3,052	2,750	5	19	167	859
Del.	52	36	-	31	33	1	-	2	-
Md.	412	297	-	283	213	-	3	35	273
D.C.	244	208	-	101	94	-	-	-	34
Va.	197	257	-	307	227	2	3	15	261
W. Va.	6	18	-	76	82	-	1	5	41
N.C.	453	341	2	326	356	2	2	56	13
S.C.	515	456	-	316	358	-	-	32	40
Ga.	1,127	1,014	-	528	422	-	-	21	142
Fla.	4,982	2,643	-	1,084	965	-	10	1	55
E.S. CENTRAL	1,273	1,170	-	1,146	1,257	5	2	69	225
Ky.	13	54	-	280	298	1	1	8	111
Tenn.	516	410	-	285	370	1	1	46	57
Ala.	323	376	-	353	393	-	-	12	57
Miss.	421	330	-	228	196	3	-	3	-
W.S. CENTRAL	2,841	3,520	2	1,675	1,876	50	11	103	443
Ark.	182	166	-	197	252	22	1	11	89
La.	498	595	-	188	320	3	-	-	11
Okla.	99	95	2	159	175	22	2	80	26
Tex.	2,062	2,664	-	1,131	1,129	3	8	12	317
MOUNTAIN	471	416	-	327	348	14	12	12	263
Mont.	8	6	-	10	17	2	-	10	120
Idaho	5	10	-	17	16	1	-	-	5
Wyo.	1	1	-	-	-	-	-	1	56
Colo.	78	100	-	40	39	4	-	-	6
N. Mex.	40	51	-	64	69	1	9	-	2
Ariz.	227	167	-	160	162	3	3	-	58
Utah	20	11	-	16	28	1	-	1	6
Nev.	92	70	-	20	17	2	-	-	10
PACIFIC	5,124	3,419	-	2,916	2,722	11	82	2	287
Wash.	79	108	-	173	128	4	7	-	-
Oreg.	198	75	-	79	95	4	1	-	-
Calif.	4,835	3,211	-	2,490	2,333	2	69	2	284
Alaska	3	-	-	44	37	1	-	-	3
Hawaii	9	25	-	130	129	-	5	-	-
Guam	2	1	-	25	34	-	-	-	-
P.R.	641	592	-	195	225	-	-	-	48
V.I.	4	-	-	2	1	-	-	-	-
Pac. Trust Terr.	126	196	-	122	44	-	16	-	-
Amer. Samoa	2	-	-	-	4	-	1	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending September 5, 1987 (35th Week)

Reporting Area	All Causes, By Age (Years)						P&I**
	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND	613	411	130	38	20	14	45
Boston, Mass.	196	116	50	18	7	5	21
Bridgeport, Conn.	26	16	9	-	1	-	3
Cambridge, Mass.	25	21	3	1	-	-	4
Fall River, Mass.	26	20	6	-	-	-	-
Hartford, Conn.	50	37	9	2	1	1	4
Lowell, Mass.	22	17	4	1	-	-	1
Lynn, Mass.	13	10	3	-	-	-	2
New Bedford, Mass.	19	15	3	1	-	-	1
New Haven, Conn.	34	24	4	3	2	1	1
Providence, R.I.	72	48	14	1	5	4	2
Somerville, Mass.	4	3	-	1	-	-	-
Springfield, Mass.	47	28	11	5	2	1	5
Waterbury, Conn.	24	19	3	1	1	-	1
Worcester, Mass.	55	37	11	4	1	2	-
MID. ATLANTIC	2,255	1,471	421	247	61	54	114
Albany, N.Y.	39	27	7	3	1	1	2
Allentown, Pa.	16	15	1	-	-	-	-
Buffalo, N.Y.	118	85	20	6	3	4	12
Camden, N.J.	30	16	8	5	1	-	1
Elizabeth, N.J.§	20	15	3	2	-	-	1
Erie, Pa.†	33	20	11	1	1	-	4
Jersey City, N.J.	49	33	10	5	-	-	-
N.Y. City, N.Y.	1,257	795	232	163	34	33	54
Newark, N.J.	97	40	32	17	4	4	3
Paterson, N.J.	25	15	5	5	-	-	-
Philadelphia, Pa.	183	123	39	16	4	1	15
Pittsburgh, Pa.†	10	7	3	-	-	-	-
Reading, Pa.	34	29	2	2	1	-	3
Rochester, N.Y.	121	97	8	9	3	4	11
Schenectady, N.Y.	24	18	6	-	-	-	-
Scranton, Pa.†	26	23	1	-	1	1	1
Syracuse, N.Y.	90	58	15	7	6	4	1
Trenton, N.J.	33	18	11	2	1	1	-
Utica, N.Y.	26	21	3	1	-	1	2
Yonkers, N.Y.	24	16	4	3	1	-	4
E.N. CENTRAL	2,171	1,385	477	155	73	81	79
Akron, Ohio	72	47	15	-	4	6	-
Canton, Ohio	27	24	3	-	-	-	1
Chicago, Ill.§	564	362	125	45	10	22	16
Cincinnati, Ohio	133	98	20	5	6	4	11
Cleveland, Ohio	140	82	38	15	2	3	1
Columbus, Ohio	127	76	31	9	7	4	-
Dayton, Ohio	102	67	17	10	6	2	5
Detroit, Mich.	243	130	52	29	13	19	5
Evansville, Ind.	30	18	6	4	1	1	-
Fort Wayne, Ind.	50	35	10	2	3	-	1
Gary, Ind.	11	5	5	-	-	1	-
Grand Rapids, Mich.	69	41	21	3	3	1	11
Indianapolis, Ind.	177	116	36	11	9	5	5
Madison, Wis.	38	22	12	3	-	1	4
Milwaukee, Wis.	121	72	34	7	2	6	6
Peoria, Ill.	56	42	10	-	2	2	3
Rockford, Ill.	33	24	6	1	2	-	4
South Bend, Ind.	24	19	4	1	-	-	1
Toledo, Ohio	102	64	25	8	3	2	5
Youngstown, Ohio	52	41	7	2	-	2	-
W.N. CENTRAL	724	484	152	45	24	19	43
Des Moines, Iowa	77	38	23	13	3	-	2
Duluth, Minn.	28	19	3	2	3	1	-
Kansas City, Kans.	32	18	10	2	1	1	1
Kansas City, Mo.	112	73	27	6	3	3	10
Lincoln, Nebr.	25	21	2	1	1	-	1
Minneapolis, Minn.	95	76	14	4	1	-	2
Omaha, Nebr.	96	71	16	4	2	3	6
St. Louis, Mo.	151	97	35	10	2	7	16
St. Paul, Minn.	58	39	8	3	6	2	1
Wichita, Kans.	50	32	14	-	2	2	4
S. ATLANTIC	1,154	709	253	107	41	44	41
Atlanta, Ga.§	133	84	26	18	3	2	1
Baltimore, Md.	154	87	31	18	9	9	7
Charlotte, N.C.	85	49	24	4	5	3	5
Jacksonville, Fla.	111	73	26	5	3	4	1
Miami, Fla.	119	73	30	14	2	-	2
Norfolk, Va.	47	33	8	3	-	3	2
Richmond, Va.	56	33	13	5	2	3	6
Savannah, Ga.	48	27	12	3	2	4	1
St. Petersburg, Fla.	81	61	13	2	-	5	5
Tampa, Fla.	78	52	16	6	3	1	8
Washington, D.C.	214	122	46	26	10	10	3
Wilmington, Del.	28	15	8	3	2	-	-
E.S. CENTRAL	823	533	188	55	32	15	43
Birmingham, Ala.	109	67	27	10	3	2	1
Chattanooga, Tenn.	53	37	8	2	3	3	1
Knoxville, Tenn.	82	55	22	1	4	-	7
Louisville, Ky.	86	50	24	6	4	2	4
Memphis, Tenn.	188	132	35	12	9	-	18
Mobile, Ala.	97	66	22	4	4	1	3
Montgomery, Ala.	48	31	11	5	-	1	-
Nashville, Tenn.	160	95	39	15	5	6	9
W.S. CENTRAL	1,277	750	305	132	41	46	53
Austin, Tex.	48	29	11	4	4	-	2
Baton Rouge, La.	25	13	4	7	-	1	2
Corpus Christi, Tex.	27	13	10	2	-	2	-
Dallas, Tex.	203	106	54	32	5	6	3
El Paso, Tex.	50	25	17	2	2	4	6
Fort Worth, Tex	92	57	22	10	2	1	6
Houston, Tex.§	308	176	74	34	13	11	7
Little Rock, Ark.	70	37	17	6	1	6	8
New Orleans, La.	120	75	25	14	3	3	1
San Antonio, Tex.	186	116	37	17	9	7	7
Shreveport, La.	60	42	13	1	2	2	5
Tulsa, Okla.	88	61	21	3	-	3	6
MOUNTAIN	592	341	136	63	20	32	30
Albuquerque, N. Mex.	68	43	11	7	4	3	4
Colo. Springs, Colo.	37	24	6	4	2	1	2
Denver, Colo.	95	55	21	13	1	5	5
Las Vegas, Nev.	69	41	16	8	1	3	1
Ogden, Utah	14	8	3	1	1	1	2
Phoenix, Ariz.	151	79	46	15	4	7	4
Pueblo, Colo.	21	17	3	1	-	-	2
Salt Lake City, Utah	41	15	12	2	4	8	2
Tucson, Ariz.	96	59	18	12	3	4	8
PACIFIC	1,755	1,162	337	145	54	53	74
Berkeley, Calif.	20	14	4	1	1	-	-
Fresno, Calif.	53	40	2	7	1	3	1
Glendale, Calif.§	22	17	4	1	-	-	1
Honolulu, Hawaii	69	48	17	1	1	2	8
Long Beach, Calif.	91	64	12	5	5	5	6
Los Angeles Calif.§	508	326	103	48	21	6	12
Oakland, Calif.	65	35	13	10	3	4	4
Pasadena, Calif.	34	25	6	-	1	2	1
Portland, Oreg.	121	76	28	4	7	6	3
Sacramento, Calif.	125	74	30	16	1	4	10
San Diego, Calif.	126	87	28	7	1	3	11
San Francisco, Calif.	132	81	27	17	2	5	3
San Jose, Calif.	155	104	31	12	2	6	8
Seattle, Wash.	150	106	23	11	6	4	1
Spokane, Wash.	41	30	3	4	1	3	4
Tacoma, Wash.	43	35	6	1	1	-	1
TOTAL	11,364††	7,246	2,399	987	366	358	522

*Mortality data in this table are voluntarily reported from 121 cities in the United states, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

**Pneumonia and influenza.

†Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

††Total includes unknown ages.

§Data not available. Figures are estimates based on average of past 4 weeks.

Neisseria gonorrhoeae — *Continued*

surveillance definitions of plasmid-mediated resistance (PPNG, TRNG) and chromosomally mediated resistance (*4*). This report summarizes the results from the first 15 participating clinics.

Between August 1986 and July 1987, 1,420 gonococcal isolates were evaluated. Nineteen isolates (1%) were PPNG, and 64 (5%) were TRNG (Table 1). Forty-five of the TRNG isolates were reported from Baltimore, where TRNG accounted for 15% (45/300) of gonococcal isolates. For the 1,337 non-PPNG, non-TRNG isolates, the geometric mean MIC to penicillin was 0.19μg/ml; to tetracycline, it was 0.66μg/ml; to cefoxitin, 0.33μg/ml; to spectinomycin, 16.5μg/ml; and to ceftriaxone, 0.003μg/ml. Thirteen percent of the isolates without plasmid-mediated resistance were chromosomally resistant to penicillin, and 48% of them were chromosomally resistant to tetracycline (Figure 1). No isolates were resistant to spectinomycin or ceftriaxone.

Reported by: Gonococcal Isolate Surveillance Project participants. Regional Laboratories. Sexually Transmitted Diseases Laboratory Program, Center for Infectious Diseases; Div of Sexually Transmitted Diseases, Center for Prevention Svcs, CDC.

Editorial Note: This is the first nationally based prospective survey of antimicrobial resistance in *N. gonorrhoeae* in the United States since the National Gonorrhea Therapy Monitoring Study (NGTMS) was conducted from 1972 to 1977 (*5,6*). Previous nationally based reports of chromosomally mediated resistance and TRNG have been limited to summaries of outbreaks and the passive reporting of sporadically occurring cases (*7,8*).

The preliminary GISP survey data underestimate the proportion of infections caused by PPNG strains because New York and Florida, which accounted for 58% of PPNG reported in 1986 (*1*), are not represented in the initial GISP survey results. The

TABLE 1. Results of the initial phase of the Gonococcal Isolate Surveillance Project, by city — United States, August 1986-July 1987

City	Number of isolates			
	PPNG	TRNG	Without Plasmid-Mediated Resistance	Total
Albuquerque	3	1	69	**73**
Atlanta	0	2	63	**65**
Baltimore	0	45	255	**300**
Birmingham	0	5	58	**63**
Boston	1	4	120	**125**
Cincinnati	0	0	74	**74**
Denver	5	0	172	**177**
Honolulu	3	0	64	**67**
Long Beach, CA	0	0	95	**95**
New Orleans	0	5	99	**104**
Phoenix	0	0	23	**23**
San Diego	7	2	138	**147**
San Francisco	0	0	45	**45**
St. Louis	0	0	20	**20**
San Antonio	0	0	42	**42**
Total	**19**	**64**	**1,337**	**1,420**

Neisseria gonorrhoeae — *Continued*

distribution of TRNG reflects a high prevalence of disease in Baltimore, as previously reported (*9*). Excluding the Baltimore cases, TRNG represents 2% (19/1,120) of the national sample.

The high incidence of gonococci with chromosomally mediated resistance to penicillin and tetracycline confirms published reports of geographically limited studies in Seattle and Vancouver (*2,3*). Although no organisms in our sample were resistant to ceftriaxone, 27 (2%) of the isolates had MICs of 0.06-0.25μg/ml and met the criteria for intermediate susceptibility. Trends in ceftriaxone susceptibility will require continued monitoring as this and other third-generation cephalosporins are used more frequently in the treatment of gonorrhea. These results, when compared with those from the NGTMS, show a marked decrease in susceptibility to penicillin and tetracycline. Limited GISP trend data suggest that the incidence of chromosomally mediated resistant organisms will continue to increase.

In localities where the proportion of gonococcal strains meeting CDC surveillance definitions of antimicrobial resistance is ⩾1% for 2 consecutive months, treatment and disease-intervention protocols may require modification. Management and treatment guidelines for infections caused by antimicrobial-resistant *N. gonorrhoeae* are being published as an *MMWR* supplement and will be available later this month.

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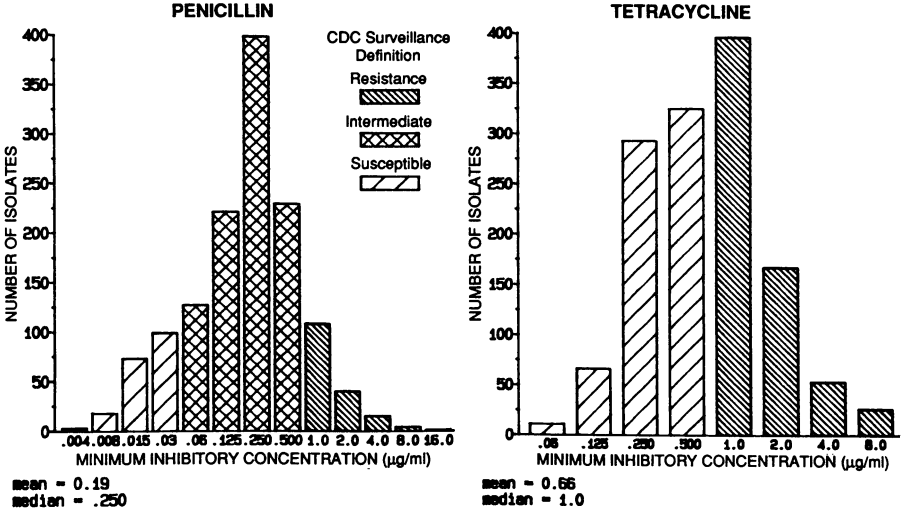
FIGURE 1. Distribution of minimum inhibitory concentrations of chromosomally mediated resistance —Gonorrhea Isolate Surveillance Project, August 1986-July 1987



Neisseria gonorrhoeae — *Continued*

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Epidemiologic Notes and Reports

HIV Infection and Pregnancies in Sexual Partners of HIV-Seropositive Hemophilic Men — United States

Seroprevalence rates for antibody to human immunodeficiency virus (HIV) have been reported to range from 33% to 92% for patients in the United States with hemophilia A and from 14% to 52% for those with hemophilia B (*1-7*). The cumulative incidence of AIDS is currently estimated at 3% (345 cases) for U.S. patients with hemophilia A and at 1% (23 cases) for those with hemophilia B. The cumulative AIDS incidence for seropositive patients varies from region to region and is reported to be as high as 18% in one hemophilia treatment center (HTC) in Pennsylvania (*8*). Because sexual partners of infected men are also at risk for HIV infection (*9,10*), the National Hemophilia Foundation (NHF) has developed extensive educational programs to inform patients with hemophilia and their sexual partners about the risks of HIV transmission.

The Division of Host Factors, Center for Infectious Diseases, CDC, and NHF conducted a survey of all U.S. HTCs and physicians known to treat patients with hemophilia. NHF estimates that those surveyed provide medical care for at least 75% of the hemophilic men in the United States. The purpose of the survey was to determine 1) whether sexual partners of known HIV-seropositive hemophilic men were being tested for HIV antibody*, 2) the HIV seroprevalence rate among those partners who had been tested, and 3) the extent of compliance with NHF and Public Health Service recommendations for preventing sexual and perinatal transmission of HIV (*11,12*).

Questionnaires were sent to 246 HTCs and physicians. Two hundred and thirty-seven (96%) responded, either in writing (123) or to follow-up telephone inquiries (114). Nine addressees (4%) either could not be reached or chose not to provide the requested information.

*The issue of counseling was not addressed.

HIV Infection — Continued

The 237 respondents provided information concerning 2,276 spouses/sexual partners of a comparable number of HIV seropositive hemophilic patients[†] (Table 1). Seven hundred and seventy-two (34%) of the spouses/sexual partners were known to have been serologically tested for HIV antibody. Of those tested, 77 (10%) were reported to be seropositive. Among all spouses/sexual partners, 280 (12%) were reported to have been pregnant during the period January 1985 through March 1987 (Table 1). One hundred and seventy (61%) of these women had been tested for HIV antibody; 22 (13%) of those tested were seropositive for HIV prior to pregnancy, during pregnancy, or at delivery.[§] Six hundred and two (30%) nonpregnant spouses were tested; 55 (9%) were seropositive.

Twenty children had been born to these 22 seropositive women, two of whom were pregnant twice. One of these 24 pregnancies was therapeutically aborted, and the outcomes of three others were not reported. Thirteen (65%) of the children born to HIV-seropositive women had been tested for HIV antibody. Four (31%) were seronegative, and nine (69%) were seropositive. Because the infants' ages at the time of antibody testing were not given, it was not possible to determine whether the positive results reflect passively transferred maternal antibody or infection of the infant. None of the 20 children born to seropositive mothers have yet been diagnosed as having AIDS.

Reported by: Hemophilia Treatment Centers. National Hemophilia Foundation. Div of Host Factors, Center for Infectious Diseases, CDC.

Editorial Note: The reported rate of HIV seropositivity among spouses/sexual partners of seropositive hemophilic men in this survey is consistent with findings in earlier studies (*9,10*). However, these rates should not be generalized to all U.S. hemophilic households because a number of limitations must be taken into account when interpreting the findings of this survey:

- The survey dealt only with spouses/sexual partners of known HIV-seropositive hemophilic patients. (NHF recommends voluntary HIV-antibody testing of hemophilic patients, along with appropriate pre- and post-test counseling.)
- A higher proportion of pregnant women than nonpregnant women had been tested (61% compared with 30%, $p<0.0001$). This finding suggests that some women may

[†]The vast majority of hemophilic men are reported to be monogamous. Respondents were not asked to indicate the number of HIV-seropositive hemophilic male partners represented by this survey.

[§]Respondents were not asked to indicate at what stage during pregnancy testing was performed or why these women were tested for HIV antibody.

TABLE 1. HIV antibody testing of spouses/sexual partners of HIV seropositive hemophilic men, by pregnancy status of spouse/sexual partner — survey of U.S. hemophilia treatment centers and physicians, 1987

	Pregnancy Status					
	Pregnant		Not pregnant		Total	
Test Results	No.	(%)	No.	(%)	No.	(%)
Seropositive	22	(8)	55	(3)	77	(3)
Seronegative	148	(53)	547	(27)	695	(31)
Not tested*	110	(39)	1,394	(70)	1,504	(66)
Total	**280**	**(100)**	**1,996**	**(100)**	**2,276**	**(100)**

*Unknowns not included.

HIV Infection — Continued

have been tested because they were pregnant or wished to become pregnant.

- HTCs and physicians have routine interaction with their hemophilic patients, but they may not interact as frequently or as closely with their patients' families or sexual partners. Therefore, HTCs and physicians may not be aware of the health status of their patients' family members/sexual partners. They may also be unaware of testing performed at other locations, e.g., by obstetricians.

Abstention from sexual intercourse would eliminate any risk of sexually transmitted HIV infection (*13*). The use of condoms, and possibly condoms in conjunction with spermicides, will reduce the risk of HIV transmission. However, even when condoms are properly used for each act of sexual intercourse, infected patients and their sexual partners should fully understand that some risk remains (*14*). In accordance with PHS guidelines, health-care personnel should provide hemophilic patients and their sexual partners with thorough, confidential, and individualized counseling (*12*).

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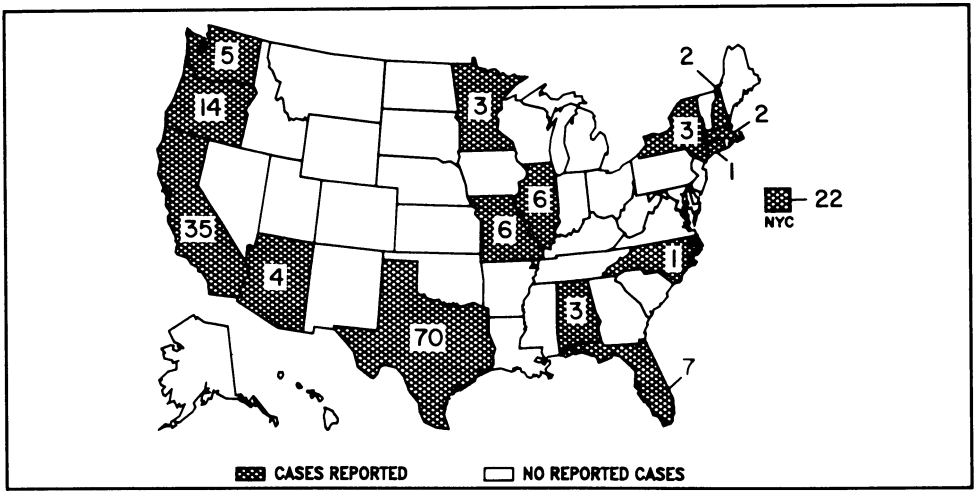
FIGURE I. Reported measles cases — United States, weeks 31-34, 1987



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