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MORBIDITY AND MORTALITY WEEKLY REPORT

Current Trends

Partner Notification for Preventing Human Immunodeficiency Virus (HIV) Infection — Colorado, Idaho, South Carolina, Virginia

Partner notification, a component of sexually transmitted disease (STD) control programs for many years (*1*), is a means to identify and target risk-reduction education to individuals at high risk for contracting or transmitting HIV infection. When applied to HIV infection, the term "partner" includes not only sex partners but also intravenous drug users who share needles. Partner notification for HIV infection or acquired immunodeficiency syndrome (AIDS), as for all STDs, is highly confidential and depends upon the voluntary cooperation of the patient. CDC currently recommends the following: "Persons who are HIV-antibody positive should be instructed in how to notify their partners and to refer them for counseling and testing. If they are unwilling to notify their partners or if it cannot be assured that their partners will seek counseling, physicians or health department personnel should use confidential procedures to assure that the partners are notified" (*2*).

Two complementary notification processes can be used to identify partners, patient referral and provider referral. With patient referral, HIV-infected patients choose to inform their own partners directly of their risk of infection. Trained health department personnel can help instruct patients how to inform sex and needle-sharing partners sensitively about their potential risk for infection. With provider referral, infected patients request assistance in notifying some or all of their partners; they voluntarily provide names, descriptions, and addresses so that the notification process can be carried out by trained health department staff. This process is designed to protect the anonymity of patients; their names are never revealed to sex or needle-sharing partners.

In the AIDS prevention and surveillance projects supported by CDC, states have been required to implement procedures for confidential notification of sex and needle-sharing partners of AIDS patients and HIV-seropositive individuals. All these states currently counsel HIV-infected clients seen in public counseling and testing sites about ways to reduce the risk of transmitting HIV. These states also counsel HIV-infected clients about the need to inform sex and needle-sharing partners of their risk of infection. Forty-eight states, Puerto Rico, the Virgin Islands, and the District of Columbia offer provider referral upon request by clients (Table 1). The other two

Partner Notification — Continued

states authorize notification by health department personnel when female partners may not have known that a risk factor existed and/or in cases of rape or sexual abuse. Fifteen states have partner-notification programs that encourage provider referral for all patients.

Data are available to CDC from partner-notification activities in four states. Colorado emphasizes provider referral as the preferred method for notifying all sex and needle-sharing partners of HIV-infected individuals. From January 1986 through December 1987, 282 index patients were offered partner-notification services. They identified 508 partners, of whom 414 (81%) were located; of these 414, 44 (11%) had previously tested positive for HIV antibody and were not contacted. Of the remaining 370 identified partners, 296 (80%) underwent counseling and testing; 74 (20%) were counseled but refused testing. Forty-five (15%) of those 296 newly tested were positive for HIV antibody. None had previously been reported to the state.

TABLE 1. Partner-notification activities, for sex and needle-sharing partners of persons with AIDS or HIV infection, by state

State	Patient Referral*	Provider Referral on Request†	Provider Referral Emphasized§	Targeted Provider Referral¶
Alabama	yes	yes	yes	no
Alaska	yes	yes	no	no
Arizona	yes	yes	yes	no
Arkansas	yes	yes	no	no
California	yes	yes	no	no
Colorado	yes	yes	yes	no
Connecticut	yes	yes	no	no
Delaware	yes	yes	no	no
District of Columbia	yes	yes	no	no
Florida	yes	yes	yes	no
Georgia	yes	no	no	yes
Hawaii	yes	yes	yes	no
Idaho	yes	yes	yes	no
Illinois	yes	yes	no	no
Indiana	yes	yes	no	no
Iowa	yes	yes	yes	no
Kansas	yes	yes	no	no
Kentucky	yes	yes	yes	no
Louisiana	yes	yes	no	no
Maine	yes	yes	no	no
Maryland	yes	yes	yes**	no
Massachusetts	yes	yes	no	no
Michigan	yes	yes	no	no
Minnesota	yes	yes	no	no
Mississippi	yes	yes	no	no
Missouri	yes	yes	no	no
Montana	yes	yes	no	no

*Infected patients are urged to inform their own sex and needle-sharing partners.

†Services of health department staff are made available to patients who request referral by a third party for certain partners.

§Referral by health department staff will be provided for all partners when requested by index patients.

¶Health department partner notification limited to specific types of partners, e.g., women of childbearing age, prostitutes, private physician patients, victims of rape or incest, etc.

**Baltimore, Maryland.

Partner Notification — Continued

TABLE 1 — *Continued*

State	Patient Referral*	Provider Referral on Request†	Provider Referral Emphasized§	Targeted Provider Referral¶
Nebraska	yes	no	no	yes
Nevada	yes	yes	no	no
New Hampshire	yes	yes	no	no
New Jersey	yes	yes	yes	no
New Mexico	yes	yes	no	no
New York City	yes	yes	yes	no
New York State	yes	yes	yes	no
North Carolina	yes	yes	yes	no
North Dakota	yes	yes	no	no
Ohio	yes	yes	no	no
Oklahoma	yes	yes	no	no
Oregon	yes	yes	no	no
Pennsylvania	yes	yes	no	no
Puerto Rico	yes	yes	no	no
Rhode Island	yes	yes	no	no
South Carolina	yes	yes	yes	no
South Dakota	yes	yes	yes	no
Tennessee	yes	yes	no	no
Texas	yes	yes	no	no
Utah	yes	yes	no	no
Vermont	yes	yes	no	no
Virgin Islands	yes	yes	no	no
Virginia	yes	yes	no	no
Washington	yes	yes	no	no
West Virginia	yes	yes	no	no
Wisconsin	yes	yes	no	no
Wyoming	yes	yes	no	no

*Infected patients are urged to inform their own sex and needle-sharing partners.
†Services of health department staff are made available to patients who request referral by a third party for certain partners.
§Referral by health department staff will be provided for all partners when requested by index patients.
¶Health department partner notification limited to specific types of partners, e.g., women of childbearing age, prostitutes, private physician patients, victims of rape or incest, etc.

Idaho has instituted a partner-notification program that emphasizes provider referral. Of 120 HIV-positive index patients identified since the program began in 1985, 97 (81%) have received counseling about partner notification. These patients requested assistance to notify 118 partners. Fifty-nine partners (50%) were located, and all accepted counseling and testing; 23 (39%) were found to be infected with HIV.

In 1987, South Carolina initiated partner-notification activities emphasizing provider referral. In one rural county where only one case of HIV infection and no cases of AIDS had been previously reported, 90 sex partners, 69 of whom were county residents, were named by a single HIV-infected homosexual male (*3*). Of the 68 county residents who consented to testing, 12 partners (18%) were infected with HIV.

Virginia currently provides partner-notification services to HIV-infected patients who request assistance with notifying certain partners. From September 1986 through December 1987, 387 (81%) of the 479 individuals who tested positive for HIV antibody at STD clinics returned for test results and were offered partner-notification services. Of these, 230 patients (59%) chose provider referral to notify their partners.

Partner Notification — Continued

A total of 318 partners were located and accepted counseling and testing; 44 (14%) were found to be positive for HIV infection. In addition to being sex or needle-sharing partners of HIV-infected persons, 38 (87%) of the infected partners belonged to other high-risk groups: 72% were at risk through homosexual/bisexual behavior, and 15% through intravenous drug use.

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Editorial Note: Partner notification, with emphasis on provider referral, became an integral strategy for national syphilis control in the mid-1940s after penicillin became widely available. Subsequently, it has been used in STD control programs for gonorrhea and chlamydia (*1,4*). Provider referral has been shown to be effective, but costly (*5*), in controlling focal outbreaks of infections due to antibiotic-resistant gonococcal strains (*6*) and in targeting endemically infected core groups in specific

(Continued on page 401)

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

Disease	25th Week Ending			Cumulative, 25th Week Ending		
	Jun. 25, 1988	Jun. 27, 1987	Median 1983-1987	Jun. 25, 1988	Jun. 27, 1987	Median 1983-1987
Acquired Immunodeficiency Syndrome (AIDS)	660	U *	182	14,580	8,999	3,512
Aseptic meningitis	148	227	181	2,008	2,601	2,283
Encephalitis: Primary (arthropod-borne & unspec)	9	23	22	311	428	428
Post-infectious	4	5	2	49	59	59
Gonorrhea: Civilian	12,111	15,987	16,470	317,292	379,483	403,289
Military	191	260	319	5,738	7,947	9,767
Hepatitis: Type A	491	422	420	11,371	11,893	10,404
Type B	535	521	495	10,212	12,187	11,963
Non A, Non B	60	70	71	1,201	1,531	1,717
Unspecified	75	58	100	1,006	1,535	2,310
Legionellosis	16	23	11	392	422	328
Leprosy	9	4	4	89	97	126
Malaria	26	11	16	328	352	368
Measles: Total†	81	190	135	1,493	2,569	1,750
Indigenous	71	183	99	1,334	2,272	1,496
Imported	10	7	7	159	297	198
Meningococcal infections	52	54	49	1,649	1,702	1,625
Mumps	70	240	72	2,856	9,293	2,050
Pertussis	30	45	45	1,026	845	900
Rubella (German measles)	1	9	15	116	205	324
Syphilis (Primary & Secondary): Civilian	861	728	546	18,142	16,220	13,282
Military	3	1	1	87	81	93
Toxic Shock syndrome	6	4	11	139	149	189
Tuberculosis	332	526	499	9,328	9,922	9,922
Tularemia	3	5	8	69	69	71
Typhoid Fever	9	8	8	169	144	144
Typhus fever, tick-borne (RMSF)	33	32	32	162	186	209
Rabies, animal	83	85	100	1,990	2,453	2,466

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1988		Cum. 1988
Anthrax	-	Leptospirosis (Calif. 1)	15
Botulism: Foodborne ((Alaska 2)	10	Plague	2
Infant	16	Poliomyelitis, Paralytic	-
Other	2	Psittacosis (Md. 1)	38
Brucellosis (Tex. 2)	28	Rabies, human	-
Cholera	-	Tetanus	20
Congenital rubella syndrome	3	Trichinosis	37
Congenital syphilis, ages < 1 year	-		
Diphtheria	-		

*Because AIDS cases are not received weekly from all reporting areas, comparison of weekly figures may be misleading.
†There were no cases of internationally imported measles reported for this week.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending June 25, 1988 and June 27, 1987 (25th Week)

Reporting Area	AIDS	Aseptic Meningitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionellosis	Leprosy
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1987	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988
UNITED STATES	14,580	2,008	311	49	317,292	379,483	11,371	10,212	1,201	1,006	392	89
NEW ENGLAND	617	80	11	1	9,520	12,064	397	629	83	53	18	11
Maine	17	5	1	-	196	361	14	26	3	1	2	-
N.H.	15	10	-	-	133	195	30	33	5	3	1	-
Vt.	5	5	3	-	74	95	4	16	6	1	1	-
Mass.	330	34	6	1	3,343	4,418	200	380	54	36	11	10
R.I.	28	21	-	-	882	989	51	57	9	-	3	1
Conn.	222	5	1	-	4,892	6,006	98	117	6	12	-	-
MID. ATLANTIC	5,055	202	37	3	48,831	62,245	691	1,331	79	117	94	7
Upstate N.Y.	691	113	25	1	6,435	7,932	393	344	38	11	38	-
N.Y. City	2,797	42	7	2	21,443	33,936	152	635	8	82	14	6
N.J.	1,136	47	5	-	6,913	7,619	119	309	26	24	20	1
Pa.	431	-	-	-	14,040	12,758	27	43	7	-	22	-
E.N. CENTRAL	1,043	261	70	5	48,841	54,543	659	1,031	75	53	85	1
Ohio	222	93	25	2	11,424	11,769	169	265	17	9	34	-
Ind.	78	34	10	-	3,846	4,193	71	157	9	17	5	-
Ill.	496	36	12	3	13,879	16,891	116	110	7	5	-	-
Mich.	194	87	16	-	16,101	16,692	180	365	24	19	36	-
Wis.	53	11	7	-	3,591	4,998	123	134	18	3	10	1
W.N. CENTRAL	348	90	22	4	13,016	15,466	688	497	56	17	45	1
Minn.	79	16	2	1	1,744	2,431	51	66	7	3	2	-
Iowa	17	18	8	-	977	1,488	32	47	10	1	11	-
Mo.	182	27	1	-	7,334	7,968	381	301	26	8	8	-
N. Dak.	1	-	2	-	76	142	3	3	2	3	1	-
S. Dak.	5	9	1	1	249	285	5	2	2	-	12	-
Nebr.	17	3	3	2	760	920	21	24	-	-	4	-
Kans.	47	17	5	-	1,876	2,232	195	54	9	2	7	1
S. ATLANTIC	2,315	473	44	18	92,204	99,600	982	2,104	181	150	76	1
Del.	23	11	2	-	1,300	1,504	17	62	5	1	6	-
Md.	254	51	4	3	9,546	11,352	133	323	17	8	11	1
D.C.	253	10	-	1	6,500	6,656	9	25	3	1	-	-
Va.	183	50	17	3	6,283	7,346	195	142	41	97	6	-
W. Va.	7	8	1	-	643	726	8	30	2	3	-	-
N.C.	141	71	14	-	14,566	14,963	175	380	40	-	24	-
S.C.	74	5	-	1	7,126	8,270	27	275	7	3	12	-
Ga.	315	51	1	-	17,930	16,861	184	324	8	3	8	-
Fla.	1,065	216	5	10	28,310	31,922	234	543	58	34	9	-
E.S. CENTRAL	382	140	22	5	24,587	28,049	377	623	83	6	13	1
Ky.	44	45	6	1	2,383	2,844	325	109	32	2	5	-
Tenn.	177	12	6	-	8,244	9,733	29	315	23	-	4	-
Ala.	97	67	10	2	7,910	9,074	8	161	22	4	2	1
Miss.	64	16	-	2	6,050	6,398	15	38	6	-	2	-
W.S. CENTRAL	1,195	235	23	1	36,362	42,759	1,240	825	91	245	11	19
Ark.	47	4	2	-	3,412	4,393	154	48	1	4	2	-
La.	193	46	4	-	7,456	7,599	65	175	14	9	4	1
Okla.	68	18	4	-	3,223	4,640	246	88	24	19	5	-
Tex.	887	167	13	1	22,271	26,127	775	514	52	213	-	18
MOUNTAIN	456	81	19	1	6,871	9,940	1,632	820	132	92	20	1
Mont.	8	2	-	-	227	251	21	31	7	3	-	-
Idaho	5	1	-	-	187	369	65	49	3	1	-	-
Wyo.	3	1	-	-	111	209	4	7	3	-	1	-
Colo.	149	30	3	-	1,563	2,116	109	106	35	44	5	1
N. Mex.	23	5	2	-	635	1,070	310	125	9	1	-	-
Ariz.	160	21	5	-	2,430	3,440	816	313	42	25	10	-
Utah	38	13	4	1	278	314	189	77	24	14	2	-
Nev.	70	8	5	-	1,440	2,171	118	112	9	4	2	-
PACIFIC	3,169	446	63	11	37,060	54,817	4,705	2,352	421	273	30	47
Wash.	205	-	3	4	2,948	4,142	1,042	347	79	28	10	3
Oreg.	95	-	-	-	1,492	2,052	726	298	42	12	-	1
Calif.	2,807	397	57	7	31,773	47,332	2,778	1,651	295	225	17	38
Alaska	10	8	2	-	510	842	153	32	4	4	-	1
Hawaii	52	41	1	-	337	449	6	24	1	4	3	4
Guam	1	-	-	-	73	103	5	6	-	2	1	3
P.R.	627	21	2	1	715	1,057	19	138	25	27	-	4
V.I.	23	-	-	-	170	130	1	3	2	-	-	-
Amer. Samoa	-	-	-	-	33	42	-	2	-	3	-	2
C.N.M.I.	-	-	-	-	27	-	1	2	-	4	-	-

N: Not notifiable U: Unavailable C.N.M.I.: Commonwealth of the Northern Mariana Islands

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending June 25, 1988 and June 27, 1987 (25th Week)

Reporting Area	Malaria	Measles (Rubeola)					Meningococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported*		Total									
	Cum. 1988	1988	Cum. 1988	1988	Cum. 1988	Cum. 1987	Cum. 1988	1988	Cum. 1988	1988	Cum. 1988	Cum. 1987	1988	Cum. 1988	Cum. 1987
UNITED STATES	328	71	1,334	10	159	2,569	1,649	70	2,856	30	1,026	845	1	116	205
NEW ENGLAND	27	51	71	-	48	229	133	-	96	1	89	20	-	1	1
Maine	2	8	8	-	-	3	3	-	-	-	11	1	-	-	1
N.H.	1	43	57	-	44	149	15	-	92	-	29	2	-	-	-
Vt.	-	-	-	-	-	23	9	-	1	-	2	3	-	-	-
Mass.	16	-	1	-	-	33	59	-	3	-	36	5	-	-	-
R.I.	4	-	-	-	-	2	20	-	-	1	2	1	-	1	-
Conn.	4	-	5	-	4	19	27	-	-	-	9	8	-	-	-
MID. ATLANTIC	46	1	450	-	23	488	165	1	226	7	49	109	-	10	10
Upstate N.Y.	16	-	4	-	2	29	79	-	46	7	31	82	-	2	8
N.Y. City	22	-	28	-	1	399	40	-	82	-	1	-	-	5	1
N.J.	5	-	2	-	11	22	45	1	31	-	4	6	-	1	1
Pa.	3	1	416	-	9	38	1	-	67	-	13	21	-	2	-
E.N. CENTRAL	19	2	113	10	40	281	185	10	600	-	109	113	-	22	22
Ohio	2	-	2	10§	21	5	74	-	88	-	25	34	-	-	-
Ind.	-	-	44	-	-	-	18	-	44	-	53	1	-	-	-
Ill.	-	2	53	-	15	110	9	5	223	-	2	9	-	18	20
Mich.	15	-	14	-	4	29	52	4	166	-	18	28	-	4	2
Wis.	2	-	-	-	-	137	32	1	79	-	11	41	-	-	-
W.N. CENTRAL	10	-	10	-	-	152	63	2	114	4	49	50	-	-	1
Minn.	4	-	10	-	-	33	14	-	-	4	17	9	-	-	-
Iowa	1	-	-	-	-	-	-	-	30	-	14	8	-	-	1
Mo.	3	-	-	-	-	117	24	1	30	-	6	17	-	-	-
N. Dak.	-	-	-	-	-	1	-	-	-	-	6	4	-	-	-
S. Dak.	-	-	-	-	-	-	2	-	-	-	2	2	-	-	-
Nebr.	1	-	-	-	-	-	6	-	11	-	-	-	-	-	-
Kans.	1	-	-	-	-	1	17	1	43	-	4	10	-	-	-
S. ATLANTIC	50	-	243	-	10	86	301	9	439	6	120	160	-	14	12
Del.	-	-	-	-	-	30	1	-	-	-	3	-	-	-	2
Md.	3	-	5	-	2	2	28	-	79	-	17	4	-	-	2
D.C.	7	-	-	-	-	1	7	9	153	-	-	-	-	-	-
Va.	8	-	146	-	1	1	35	-	124	-	27	37	-	11	1
W. Va.	-	-	6	-	-	-	2	-	7	2	4	25	-	-	-
N.C.	10	-	-	-	1	2	53	-	33	3	32	65	-	-	-
S.C.	5	-	-	-	-	-	30	-	4	-	-	-	-	-	-
Ga.	4	-	-	-	-	-	43	-	20	-	17	17	-	-	1
Fla.	13	-	86	-	6	50	102	-	19	1	20	12	-	3	6
E.S. CENTRAL	6	-	43	-	-	2	163	2	350	-	14	14	-	-	2
Ky.	-	-	32	-	-	-	31	-	155	-	-	1	-	-	2
Tenn.	-	-	-	-	-	-	99	2	186	-	8	5	-	-	-
Ala.	4	-	-	-	-	-	23	-	6	-	5	6	-	-	-
Miss.	2	-	11	-	-	2	10	N	N	-	1	2	-	-	-
W.S. CENTRAL	28	-	11	-	2	202	109	31	555	-	65	56	-	7	5
Ark.	-	-	-	-	-	-	14	-	78	-	5	3	-	3	2
La.	5	-	-	-	-	-	32	27	200	-	9	12	-	-	-
Okla.	7	-	8	-	-	2	12	-	154	-	24	41	-	1	-
Tex.	16	-	3	-	2	200	51	4	123	-	27	-	-	3	3
MOUNTAIN	16	-	116	-	3	451	44	5	145	4	336	86	-	6	19
Mont.	2	-	-	-	1	116	-	-	2	-	1	3	-	-	3
Idaho	-	-	-	-	1	-	5	1	2	-	247	31	-	-	1
Wyo.	-	-	-	-	-	2	-	-	2	-	1	2	-	-	1
Colo.	7	-	116	-	1	5	11	-	26	-	15	20	-	2	-
N. Mex.	1	-	-	-	-	312	10	N	N	4	7	6	-	-	-
Ariz.	4	-	-	-	-	14	10	4	99	-	44	23	-	-	4
Utah	1	-	-	-	-	1	7	-	3	-	20	1	-	3	10
Nev.	1	-	-	-	-	1	1	-	11	-	1	-	-	1	-
PACIFIC	126	17	277	-	33	678	486	10	331	8	195	237	1	56	133
Wash.	9	-	2	-	-	5	42	-	16	2	42	33	-	-	-
Oreg.	6	-	3	-	-	35	26	N	N	-	6	14	-	-	1
Calif.	106	17	271	-	29	634	400	10	291	2	103	96	1	47	88
Alaska	2	-	-	-	-	-	5	-	6	-	4	3	-	-	1
Hawaii	3	-	1	-	4	4	13	-	7	4	40	91	-	9	43
Guam	-	-	-	-	1	2	-	-	2	-	-	-	-	1	1
P.R.	1	15	190	-	-	580	7	-	6	1	8	12	-	1	2
V.I.	-	-	-	-	-	-	-	-	12	-	-	-	-	-	-
Amer. Samoa	-	-	-	-	-	-	2	-	3	-	-	-	-	-	-
C.N.M.I.	1	-	-	-	-	-	1	-	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 June 25, 1988 and June 27, 1987 (25th Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1988	Cum. 1987	Cum. 1988	Cum. 1988	Cum. 1987	Cum. 1988	Cum. 1988	Cum. 1988	Cum. 1988
UNITED STATES	18,142	16,220	139	9,328	9,922	69	169	162	1,990
NEW ENGLAND	487	255	12	218	316	1	13	3	3
Maine	5	1	3	3	17	-	-	-	1
N.H.	6	2	3	6	8	-	-	-	2
Vt.	2	1	2	1	7	-	1	-	-
Mass.	197	123	4	133	168	1	8	1	-
R.I.	16	7	-	17	25	-	-	2	-
Conn.	261	121	-	58	91	-	4	-	-
MID. ATLANTIC	3,750	3,049	22	1,640	1,685	-	26	6	240
Upstate N.Y.	253	97	10	261	256	-	5	1	4
N.Y. City	2,410	2,205	4	771	815	-	11	5	-
N.J.	407	321	3	297	315	-	10	-	-
Pa.	680	426	5	311	299	-	-	-	236
E.N. CENTRAL	502	460	20	1,068	1,161	1	18	13	59
Ohio	52	53	16	195	229	-	5	12	-
Ind.	31	28	-	112	120	-	2	-	15
Ill.	242	246	-	439	470	-	9	-	11
Mich.	160	95	4	266	291	1	1	-	11
Wis.	17	38	-	56	51	-	1	1	22
W.N. CENTRAL	118	72	19	241	292	37	4	27	235
Minn.	8	8	3	41	67	3	2	-	82
Iowa	12	11	4	18	17	-	-	-	13
Mo.	65	35	6	121	160	24	2	18	7
N. Dak.	1	-	1	3	4	-	-	-	47
S. Dak.	9	7	1	19	16	7	-	4	63
Nebr.	17	7	2	7	12	2	-	-	7
Kans.	6	4	2	32	16	1	-	5	16
S. ATLANTIC	6,473	5,549	11	2,082	2,091	4	19	40	656
Del.	59	45	1	18	20	1	-	-	28
Md.	372	287	1	212	177	-	1	9	167
D.C.	297	168	-	84	66	-	-	-	4
Va.	213	134	-	204	194	2	8	3	196
W. Va.	7	5	-	38	57	-	-	1	53
N.C.	368	301	6	182	231	-	1	19	1
S.C.	303	347	-	232	200	-	-	5	39
Ga.	1,049	756	-	344	336	1	2	2	118
Fla.	3,805	3,506	3	768	810	-	7	1	50
E.S. CENTRAL	995	952	12	764	848	6	3	27	148
Ky.	33	8	5	199	221	4	1	5	65
Tenn.	446	403	4	193	236	1	-	17	45
Ala.	281	243	3	242	249	-	1	3	38
Miss.	235	298	-	130	142	1	1	2	-
W.S. CENTRAL	2,056	2,037	14	1,190	1,136	13	6	40	288
Ark.	111	109	-	129	132	6	-	3	48
La.	399	350	-	159	133	-	2	-	1
Okla.	79	82	4	107	106	7	-	31	22
Tex.	1,467	1,496	10	795	765	-	4	6	217
MOUNTAIN	351	339	15	216	283	5	6	4	171
Mont.	2	8	-	5	9	-	1	3	120
Idaho	-	3	2	2	17	-	-	1	-
Wyo.	1	1	-	1	1	-	-	-	19
Colo.	48	50	3	23	57	4	3	-	3
N. Mex.	25	31	-	45	47	1	1	-	4
Ariz.	88	161	5	116	134	-	1	-	23
Utah	10	15	5	-	6	-	-	-	2
Nev.	177	70	-	24	12	-	-	-	-
PACIFIC	3,410	3,507	14	1,909	2,110	2	74	2	190
Wash.	98	71	2	112	124	-	4	-	-
Oreg.	140	126	-	69	58	-	6	1	-
Calif.	3,146	3,301	12	1,630	1,798	-	62	1	182
Alaska	7	2	-	23	30	2	-	-	8
Hawaii	19	7	-	75	100	-	2	-	-
Guam	3	2	-	8	25	-	-	-	-
P.R.	316	488	-	100	143	-	2	-	36
V.I.	1	3	-	3	2	-	-	-	-
Amer. Samoa	-	-	-	3	2	-	-	-	-
C.N.M.I.	1	-	-	12	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending June 25, 1988 (25th Week)

Reporting Area	All Causes, By Age (Years)						P&I**
	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND	671	477	124	38	19	13	52
Boston, Mass.	191	117	39	18	7	10	16
Bridgeport, Conn.	51	42	5	2	2	-	2
Cambridge, Mass.	35	23	11	1	-	-	8
Fall River, Mass.	29	25	3	1	-	-	-
Hartford, Conn.	50	36	7	3	3	1	2
Lowell, Mass.	32	28	3	1	-	-	2
Lynn, Mass.	13	12	1	-	-	-	-
New Bedford, Mass.	37	29	7	1	-	-	3
New Haven, Conn.	18	9	5	4	-	-	-
Providence, R.I.	44	34	9	1	-	-	1
Somerville, Mass.	6	3	2	1	-	-	1
Springfield, Mass.	65	45	16	1	3	-	8
Waterbury, Conn.	31	22	6	2	1	-	6
Worcester, Mass.	69	52	10	2	3	2	3
MID. ATLANTIC	2,761	1,787	528	308	85	51	155
Albany, N.Y.	53	40	9	1	2	1	4
Allentown, Pa.	8	7	1	-	-	-	1
Buffalo, N.Y.	117	83	22	5	3	4	16
Camden, N.J.	41	21	12	1	5	2	-
Elizabeth, N.J.	24	14	7	2	1	-	4
Erie, Pa.†	49	38	7	2	-	2	9
Jersey City, N.J.	64	41	10	5	4	4	1
N.Y. City, N.Y.	1,406	884	256	198	47	21	59
Newark, N.J.	98	43	23	24	2	5	2
Paterson, N.J.	27	17	7	2	-	1	-
Philadelphia, Pa.	390	254	75	39	12	9	21
Pittsburgh, Pa.†	70	53	13	4	-	-	3
Reading, Pa.	36	30	5	1	-	-	9
Rochester, N.Y.	117	84	25	2	4	2	17
Schenectady, N.Y.	23	20	3	-	-	-	-
Scranton, Pa.†	21	15	4	2	-	-	-
Syracuse, N.Y.	117	76	27	12	2	-	2
Trenton, N.J.	44	27	14	2	1	-	-
Utica, N.Y.	22	15	3	3	1	-	3
Yonkers, N.Y.	34	25	5	3	1	-	4
E.N. CENTRAL	2,239	1,421	507	173	63	75	78
Akron, Ohio	74	44	20	7	-	3	3
Canton, Ohio	36	33	2	1	-	-	1
Chicago, Ill.§	564	362	125	45	10	22	16
Cincinnati, Ohio	115	66	32	11	3	3	7
Cleveland, Ohio	150	101	29	14	4	2	3
Columbus, Ohio	132	70	39	12	5	6	1
Dayton, Ohio	109	70	23	7	1	8	7
Detroit, Mich.	248	141	62	25	8	12	1
Evansville, Ind.	39	26	6	-	4	3	1
Fort Wayne, Ind.	44	31	9	2	2	-	4
Gary, Ind.	11	5	4	1	1	-	1
Grand Rapids, Mich.	54	44	7	2	-	1	3
Indianapolis, Ind.	152	85	38	13	14	2	2
Madison, Wis.	46	29	10	3	2	2	2
Milwaukee, Wis.	137	83	34	12	3	5	7
Peoria, Ill.	40	30	9	-	-	1	3
Rockford, Ill.	43	32	5	3	1	2	3
South Bend, Ind.	63	42	15	5	1	-	3
Toledo, Ohio	120	85	25	6	3	1	7
Youngstown, Ohio	62	42	13	4	1	2	3
W.N. CENTRAL	742	519	133	45	27	18	45
Des Moines, Iowa	44	37	2	3	1	1	7
Duluth, Minn.	35	29	5	1	-	-	1
Kansas City, Kans.	37	25	7	3	1	1	4
Kansas City, Mo.	108	82	12	8	4	2	4
Lincoln, Nebr.	26	17	7	1	-	1	3
Minneapolis, Minn.	168	108	35	13	6	6	10
Omaha, Nebr.	80	50	19	7	2	2	7
St. Louis, Mo.	123	86	23	5	7	2	7
St. Paul, Minn.	47	33	7	3	2	2	-
Wichita, Kans.	74	52	16	1	4	1	2
S. ATLANTIC	1,199	731	247	142	33	45	45
Atlanta, Ga.	163	104	24	30	1	4	6
Baltimore, Md.	209	127	47	23	3	9	11
Charlotte, N.C.	47	22	16	6	2	1	2
Jacksonville, Fla.	104	64	22	11	4	3	3
Miami, Fla.	118	55	30	22	7	4	-
Norfolk, Va.	59	35	13	6	2	3	-
Richmond, Va.	66	37	15	5	2	7	6
Savannah, Ga.	52	30	14	4	1	3	4
St. Petersburg, Fla.	80	66	6	6	1	1	1
Tampa, Fla.	75	52	13	6	3	-	4
Washington, D.C.	201	123	42	20	6	10	4
Wilmington, Del.	25	16	5	3	1	-	4
E.S. CENTRAL	742	483	162	45	26	24	46
Birmingham, Ala.	110	77	21	5	3	4	4
Chattanooga, Tenn.	35	26	6	-	1	2	2
Knoxville, Tenn.	89	61	16	8	1	3	4
Louisville, Ky.	93	55	23	4	5	4	7
Memphis, Tenn.	172	112	40	12	5	3	13
Mobile, Ala.	73	43	17	5	5	3	4
Montgomery, Ala.	50	33	13	4	-	-	4
Nashville, Tenn.	120	76	26	7	6	5	8
W.S. CENTRAL	1,257	745	267	140	60	45	47
Austin, Tex.	56	31	9	6	7	3	2
Baton Rouge, La.	29	16	11	2	-	-	-
Corpus Christi, Tex.	49	34	9	2	3	1	-
Dallas, Tex.	160	78	44	24	12	2	7
El Paso, Tex.	70	39	19	5	4	3	2
Fort Worth, Tex	114	68	20	16	3	7	8
Houston, Tex.§	308	176	74	34	13	11	7
Little Rock, Ark.	63	38	11	5	3	6	4
New Orleans, La.	117	74	18	20	3	2	-
San Antonio, Tex.	161	103	27	18	7	6	9
Shreveport, La.	54	38	8	2	3	3	4
Tulsa, Okla.	76	50	17	6	2	1	4
MOUNTAIN	641	400	132	58	22	27	40
Albuquerque, N. Mex.	94	51	24	10	3	4	5
Colo. Springs, Colo.	36	24	8	2	-	2	4
Denver, Colo.	103	63	22	7	5	6	11
Las Vegas, Nev.	113	78	20	9	3	3	5
Ogden, Utah	12	12	-	-	-	-	1
Phoenix, Ariz.	122	71	25	16	4	6	4
Pueblo, Colo.	17	12	2	1	1	1	2
Salt Lake City, Utah	42	26	6	3	3	4	1
Tucson, Ariz.	102	63	25	10	3	1	7
PACIFIC	1,945	1,307	340	173	60	54	121
Berkeley, Calif.§	13	11	1	1	-	-	-
Fresno, Calif.	90	66	11	6	4	3	11
Glendale, Calif.	41	34	6	1	-	-	4
Honolulu, Hawaii	57	40	10	3	3	1	4
Long Beach, Calif.§	87	60	17	7	1	2	6
Los Angeles Calif.	609	407	103	60	21	7	23
Oakland, Calif.	63	41	14	3	-	5	6
Pasadena, Calif.	20	15	2	2	-	1	1
Portland, Oreg.	115	80	21	6	3	5	6
Sacramento, Calif.	135	85	28	12	6	4	13
San Diego, Calif.§	141	90	24	16	5	6	9
San Francisco, Calif.	146	88	28	21	4	5	3
San Jose, Calif.	173	116	37	11	5	4	19
Seattle, Wash.	147	97	22	17	5	6	5
Spokane, Wash.	63	47	11	2	1	2	4
Tacoma, Wash.	45	30	5	5	2	3	7
TOTAL	12,197††	7,870	2,440	1,122	395	352	629

*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 available 4 weeks.

Partner Notification — Continued

high-risk populations (*7,8*). Because of resource limitations, patient referral, rather than provider referral, has played an increasingly important role in STD control.

When the partner-notification model is applied to the control of HIV infection, certain differences must be considered. The incubation period for HIV is long; therefore, sex partners or needle-sharing partners from months or years earlier may potentially have been the sources of infection. Partner notification for patients with hepatitis B, which has an epidemiologic pattern similar to that of HIV infection, has proven difficult because of the prolonged period of infectivity, the large number of anonymous sex partners among many homosexual men, and the inaccessibility of the intravenous drug-using population (*9*).

The assurance of confidentiality and protection against discrimination, which are critical in dealing with any STD, have become legal issues in the case of HIV infection (*10,11*). These issues may influence the success of programs based on patient referral alone (*12*). Confidentiality is essential to ensure that individuals at risk continue to seek counseling, testing, or partner-notification services.

Partner-notification data from several states reveal a high seroprevalence rate, ranging from 11% to 39%, among persons identified as sex or needle-sharing partners, many of whom are themselves engaging in high-risk behavior. By identifying such individuals, the partner-notification process can target risk-reduction messages to those at greatest risk of acquiring or transmitting infection. Thus, partner notification provides both primary and secondary prevention of HIV infection.

Notification of unsuspecting partners is especially important because it enables persons who may not have been reached through other AIDS education programs to receive risk-reduction education. For example, the partner-notification process can identify female and male partners of intravenous drug users or female partners of bisexual males who may have been exposed to HIV infection but who may be unaware of their risk. Partner-notification activities targeted toward women of childbearing age contribute additionally by potentially preventing the perinatal transmission of HIV (*13*).

Homosexual men who voluntarily request counseling and HIV testing may be at lower risk for infection than those who have refused testing (*14*). Through the partner-notification process, these high-risk partners who otherwise might not request risk-reduction education can receive counseling. Also, counseling of partners provides an opportunity to offer other beneficial services to those at risk, including drug treatment, STD treatment, tuberculosis testing and treatment, adult immunizations, psychosocial support services, and contraceptive counseling.

The type of partner-notification services provided by different health departments will depend on local resources and the number of seropositive persons identified. In San Francisco, which has high rates of infection among homosexual men, provider referral for all partners of homosexual men was not thought to be feasible because of the excessive cost and personnel required. However, the San Francisco Health Department did notify heterosexual sex partners of AIDS patients and received excellent cooperation from both patients and named partners (*15*). The San Francisco experience demonstrates the feasibility of targeted notification for identifying infected women of childbearing age to prevent perinatal transmission of HIV infection.

State and local health departments are encouraged to develop evaluation programs to identify the most effective partner-notification strategies for different clinical and sociocultural settings in both areas with high and low HIV seroprevalence rates.

Partner Notification — Continued

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Perspectives in Disease Prevention and Health Promotion

1988 Secretary's Community Health Promotion Awards

On June 17, 1988, the Secretary of the U.S. Department of Health and Human Services announced the recipients of the 1988 Secretary's Community Health Promotion Awards. Twenty-five programs received the Secretary's Award for Excellence in Community Health Promotion, 101 received the Secretary's Outstanding Community Health Promotion Certificate of Merit, and 56 received the Secretary's Letter of Recognition. All official state and territorial health agencies are invited to participate in the awards program. Criteria for receiving an award include a statement of the problem to be addressed, clear and measurable objectives, a succinct description of the work accomplished, and an evaluation of the project.

Projects considered to be excellent were those that addressed today's leading health problems through various efforts that are listed under the following categories of the 1990 health objectives for the nation (*1*).

Awards – Continued

HEALTH PROMOTION

Smoking and Health

Springfield, Missouri: Smokeless Squares
Bismarck, North Dakota: Tobacco Free North Dakota
Accomac, Virginia: Students Teaching Students (STS) Smoking Prevention Program

Misuse of Alcohol and Drugs

Warwick, Rhode Island: Project Safety

Nutrition

Rockville, Maryland: Eat for Health

Physical Fitness and Exercise

Atlanta, Georgia: Community Health Assessment and Promotion Project
Owensboro, Kentucky: Senior Aquasize Project

General

Sac City, Iowa: The Great Sac City Meltdown, Shape Up, and Smoke Out
Bangor, Maine: Healthy Heart Program
Green Isle and North Mankato, Minnesota: My Health for Better Living
Independence, Missouri: I'm/HEP
Lincoln, Nebraska: Health Promotion Coalition of Lancaster County
Houston, Texas: AIDS—A Guide for Survival Education Project

PREVENTIVE HEALTH SERVICES

Cancer Screening and Control

Bergen County, New Jersey: An Interdisciplinary Approach to Health Promotion, Specifically Related to a Cancer Detection Program for Women
San Antonio, Texas: Cancer Awareness in South Texas

High Blood Pressure Control

Savannah, Georgia: Community Cardiovascular Council
Cook County, Illinois: Hypertension Compliance Program

Family Planning and Pregnancy and Infant Health

Fayetteville, Arkansas: Lincoln School-Based Clinic
Denmark, South Carolina: School/Community Program for Sexual Risk Reduction Among Teens

HEALTH PROTECTION

Accident Prevention and Injury Control

New York, New York: Victims Intervention Project
Houston, Texas: Traffic Safety Enforcement and Education
Salt Lake City, Utah: High School Safety Belt Program

Fluoridation and Dental Health

Fort Defiance, Arizona: Addressing the Oral Health Parity Gap at a Service Unit Dental Program Level
Wheaton, Illinois: Dupage Dental Care Referral Program

Toxic Agent Control

Mount Clemens, Michigan: Environmental Management and Risk Assessment Program

Full descriptions of the programs are available from the respective state health agencies, and descriptive abstracts of all 182 projects are available in the computerized Combined Health Information Database through BRS Information Technologies.

Awards — Continued

In August, a publication describing the Secretary's Health Promotion Awards Program and the awards for 1988 will be available from the Center for Health Promotion and Education, CDC.

This year, CDC initiated a complementary evaluation award program for these projects. The Program Evaluation Award in Community Health (PEACH) is given to projects that most clearly documented their successes and failures in promoting health. At the Health Education/Risk Reduction Conference in Atlanta, May 25–27, 1988, James O. Mason, M.D., Dr.P.H., Director, CDC, presented the PEACH awards to the following programs:

Cook County, Illinois: Hypertension Compliance Program
Freeport, Illinois: Smoking Intervention Program for Pregnant Low Income Mothers
Salt Lake City, Utah: Cuisine Fit for Life for Persons with Diabetes Program

Reported by: Behavioral Epidemiology and Evaluation Br, Div of Health Education, Center for Health Promotion and Education, CDC.

Editorial Note: The Secretary's Community Health Promotion Awards were established in 1982 to recognize the efforts of communities, states, and territories to improve the health of their citizens. This recognition of successful projects promotes them as models for programs in other areas. Interested agencies should contact the local health agencies identified here, or their respective state health departments, for more specific information.

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