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Effectiveness in Disease and Injury Prevention

Injuries from Motor-Vehicle Collisions with Deer — Kentucky, 1987–1989

Motor-vehicle collisions involving animals can result in both personal injury and property damage. In the United States, deer are a common hazard to motor vehicles and their occupants (*1*). This report, based on police records submitted to the Kentucky Transportation Cabinet from 1987 through 1989, characterizes motor-vehicle collisions with deer in Kentucky.

During the 3-year period, 11,648 persons were involved in 6813 motor-vehicle collisions with deer in Kentucky. Police records indicated that 356 (3%) of these persons were injured. An average of 2271 collisions with deer occurred per year, representing 59 collisions per 100,000 persons in Kentucky and seven collisions per 100 million miles driven. During the same period, conservation officers in the Kentucky Department of Fish and Wildlife Resources reported an annual average of 4209 deer killed by motor-vehicle collisions in the state—approximately 1% of the total herd of 350,000.

Most motor-vehicle collisions involving deer occurred on roads with a speed limit of 55 miles per hour or higher (89%), in rural areas (86%), and on roads with one or two lanes (72%). In rural areas, 11 motor-vehicle collisions with deer occurred per 100 million miles driven; in urban areas, two such collisions occurred per 100 million miles driven. Forty-five percent of the collisions occurred during October–December (Figure 1). Weather conditions were clear in 71% of the collisions. Most (70%) occurred at night; of these, 94% were on unlighted roads. Fewer than 3% of reported crashes were attributed to unsafe operation of the vehicle (e.g., speeding) or defects in the vehicle itself (e.g., defective brakes), and fewer than 1% involved multiple vehicles. The number of drivers reported as intoxicated was too small for meaningful analysis.

Common sites of human trauma involved the head, face, or neck (43%). Although no human deaths were reported, 12% of injuries were classified by the attending police officer as incapacitating (i.e., a nonfatal injury that prevented normal activities

Collisions with Deer — Continued

and generally required hospitalization). Factors associated with injury included failure to use safety belts (rate ratio [RR] = 1.9; 95% confidence interval [CI] = 1.5–2.4), collision while riding a motorcycle (RR = 18.1; 95% CI = 12.3–23.4), collision on a one- or two-lane road (RR = 1.7; 95% CI = 1.3–2.3), and collision during daylight (RR = 1.4; 95% CI = 1.1–1.8). The risk for injury was not associated with rural setting, month of occurrence, weather conditions, or posted speed limits of 55 miles per hour or higher.

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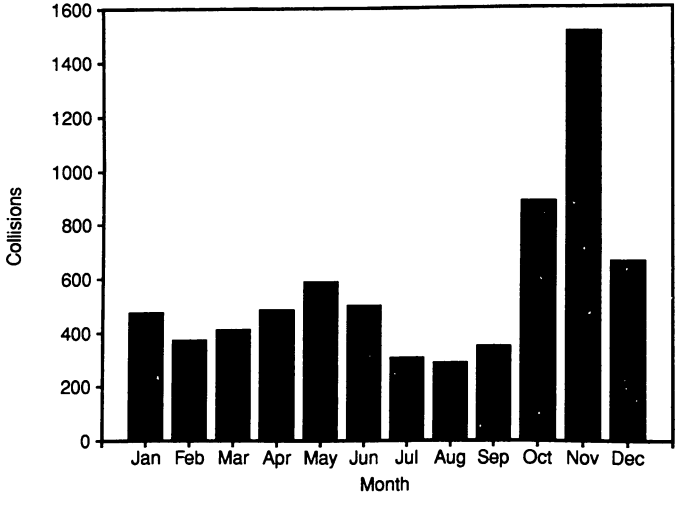
Editorial Note: The seasonal increase in the number of motor-vehicle collisions with deer is not directly attributable to an increase in vehicle-miles traveled. The increased number of collisions during the fourth quarter of the year may be associated with increased deer migration due to the mating and hunting seasons and changing food supplies (*2,3*). The number of vehicle-miles traveled, however, does not appear to account for this increase in Kentucky because peaks in miles driven occur during July and August (Kentucky Transportation Cabinet, unpublished data).

Overall, the number of collisions may be greater than police reports indicate (*3*), as suggested by findings in Kentucky that the number of reported collisions accounted for only 54% of deer killed by motor-vehicle collisions. In Kentucky, reporting of collisions with deer is legally required if property damage exceeds $200 or the driver wishes to keep the dead animal; however, collisions are more likely to be reported when insurance is claimed for vehicular damage or personal injury.

Measures that have been used to prevent motor-vehicle collisions with deer include the following: warning signs, speed restrictions, fencing, underpasses for

FIGURE 1. Motor-vehicle collisions with deer, by month — Kentucky, 1987–1989



Collisions with Deer — Continued

animals, roadside mirrors and reflectors (to deflect headlight beams toward the sides of the road to alert the deer), and reduction in deer populations through recreational hunting (*2,4–7*). However, until such measures are demonstrated to be effective, injury control will depend on increased use of safety belts and such design features as antilacerative windshields to protect motor-vehicle occupants (*8*).

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Current Trends

Cigarette Smoking Among Reproductive-Aged Women — Behavioral Risk Factor Surveillance System, 1989

Women who smoke cigarettes are at increased risk not only for chronic diseases (e.g., lung cancer and chronic obstructive pulmonary disease) but—if they use oral contraceptives—also for myocardial infarction (*1*). In addition, cigarette smoking during pregnancy increases the risk for low birth weight and premature infants, miscarriage, stillbirth, sudden infant death syndrome, and infant mortality (*2*). Because of these risks and other health problems associated with cigarette smoking, one of the national health objectives for the year 2000 is to reduce the prevalence of smoking to 12% among reproductive-aged women (18–44 years of age) (*3*). This report summarizes data from the 1989 Behavioral Risk Factor Surveillance System (BRFSS) on the prevalence of smoking among reproductive-aged women.

In 1989, health departments in 39 participating states and the District of Columbia used a standard questionnaire to conduct telephone interviews of adults aged ≥18 years (*4*). Current smokers were defined as persons who had smoked at least 100 cigarettes and who reported being a smoker at the time of the interview. Individual responses were weighted to provide estimates representative of the adult population of each participating state. To compare smoking prevalences between states, weighted state-specific prevalences were standardized for the distribution of the 1980 U.S. population by age, race, and educational level. Smoking prevalences for subgroups (age, race, educational level, and pregnancy status) were standardized by adjusting for the other variables.

Smoking — Continued

TABLE 1. Weighted and standardized* smoking prevalences† among reproductive-aged women§, by state — Behavioral Risk Factor Surveillance System, 1989

State	Sample size	Weighted prevalence		Standardized prevalence	
		%	(95% CI¶)	%	(95% CI)
Alabama	549	23.4	(±3.9)	29.2	(±4.3)
Arizona	500	26.1	(±4.5)	31.0	(±5.7)
California	793	20.8	(±3.1)	29.5	(±4.4)
Connecticut	446	30.3	(±4.8)	34.8	(±5.5)
District of Columbia	513	24.9	(±4.8)	21.8	(±6.8)
Florida	466	28.7	(±4.5)	29.6	(±4.7)
Georgia	565	23.0	(±3.8)	28.1	(±4.5)
Hawaii	566	20.6	(±3.6)	22.3	(±6.2)
Idaho	539	21.0	(±3.5)	22.7	(±3.6)
Illinois	533	26.8	(±4.1)	32.6	(±5.1)
Indiana	611	30.0	(±4.0)	33.8	(±4.0)
Iowa	324	29.0	(±5.5)	35.0	(±6.9)
Kentucky	556	32.1	(±4.5)	33.2	(±4.4)
Maine	387	31.0	(±5.3)	36.0	(±5.3)
Maryland	582	22.4	(±3.9)	27.5	(±5.0)
Massachusetts	384	26.7	(±4.9)	31.7	(±5.3)
Michigan	746	28.2	(±3.4)	32.5	(±3.9)
Minnesota	1073	24.0	(±2.8)	33.4	(±3.5)
Missouri	460	27.1	(±4.6)	30.6	(±5.1)
Montana	332	18.8	(±4.3)	24.6	(±5.3)
Nebraska	399	24.2	(±4.5)	25.4	(±5.1)
New Hampshire	444	26.7	(±4.7)	31.9	(±5.0)
New Mexico	370	22.2	(±4.7)	24.7	(±5.3)
New York	426	26.9	(±5.1)	30.5	(±6.5)
North Carolina	553	26.4	(±4.2)	28.9	(±4.5)
North Dakota	470	20.8	(±3.7)	25.0	(±5.0)
Ohio	461	28.0	(±4.7)	30.0	(±4.6)
Oklahoma	348	26.7	(±5.5)	28.9	(±5.6)
Oregon	499	25.3	(±4.1)	29.9	(±4.6)
Pennsylvania	544	30.4	(±4.2)	32.4	(±4.3)
Rhode Island	523	32.1	(±4.5)	34.4	(±4.3)
South Carolina	518	22.4	(±3.9)	28.1	(±4.6)
South Dakota	513	23.3	(±4.0)	24.4	(±4.8)
Tennessee	732	30.0	(±3.6)	31.4	(±3.5)
Texas	486	21.9	(±4.0)	21.2	(±4.4)
Utah	617	17.1	(±3.5)	24.2	(±4.0)
Virginia	530	24.2	(±4.4)	26.2	(±4.5)
Washington	461	26.8	(±4.3)	31.8	(±5.2)
Wisconsin	380	30.0	(±5.0)	36.7	(±5.0)
West Virginia	475	29.8	(±5.4)	31.3	(±4.7)
Median		**26.5**		**30.0**	

*Weighted to provide estimates representative of the adult population of each participating state. Standardized for the distribution of the 1980 U.S. population by age, race, and educational level to allow comparisons between states.

†Percentage of women who had smoked at least 100 cigarettes and who reported being a smoker at the time of the interview.

§Aged 18–44 years.

¶Confidence interval.

Smoking — Continued

In 1989, weighted crude prevalences of cigarette smoking among reproductive-aged women varied from 17% in Utah to 32% in Kentucky and Rhode Island (median: 26.5%) (Table 1). Standardized smoking prevalences ranged from 21% in Texas to 37% in Wisconsin. In general, standardized smoking prevalences were highest in the midwestern states and lowest in the Rocky Mountain and mid-central states.

Older women and women with less than a high school education were more likely to smoke (Table 2). Pregnant women were less likely than nonpregnant women to smoke. Smoking prevalences did not vary substantially between white and black women, the only racial groups for which rates could be calculated because the numbers of respondents of other racial/ethnic groups were too small to provide stable estimates.

Among reproductive-aged women who smoked, 84% smoked fewer than 25 cigarettes per day (Table 3). Women aged 35–44 years tended to be heavier smokers than younger women. Approximately 44% of all women who were current smokers had attempted to quit smoking (i.e., quitting for at least 1 week) in the previous year. Women aged 35–44 years were substantially less likely than younger women to have attempted quitting.

Reported by the following state BRFSS coordinators: L Eldridge, Alabama; J Contreras, Arizona; W Wright, California; M Adams, Connecticut; M Rivo, District of Columbia; S Hoecherl, Florida;

TABLE 2. Weighted and standardized* smoking prevalences† among reproductive-aged women§, by age, race, educational level, and pregnancy status — Behavioral Risk Factor Surveillance System, 1989

Characteristic	Weighted prevalence %	Weighted prevalence (95% CI¶)	Standardized prevalence %	Standardized prevalence (95% CI)
Age (yrs)				
18–24**	23.3	(±2.0)	20.6	(±3.2)
25–34	28.1	(±1.4)††	31.4	(±2.6)††
35–44	27.9	(±1.5)††	30.8	(±3.1)††
Race§§				
Black**	25.2	(±2.7)	30.4	(±3.3)
White	27.0	(±1.0)	32.4	(±1.5)
Educational level				
Less than high school**	43.1	(±3.5)	43.9	(±3.5)
High school	33.4	(±1.7)††	33.3	(±1.7)††
More than high school	19.5	(±1.1)††	19.0	(±1.2)††
Pregnant				
No**	27.2	(±1.0)	30.2	(±1.2)
Yes	17.7	(±4.5)††	19.0	(±4.4)††

*Weighted to provide estimates representative of the adult population of each participating state. Standardized by adjusting for other sociodemographic variables in the 1980 U.S. population (e.g., age was standardized for race and educational level). Pregnancy status was standardized for age, race, and educational level.

†Percentage of women who had smoked at least 100 cigarettes and who reported being a smoker at the time of the interview.

§Aged 18–44 years.

¶Confidence interval.

**Referent group.

††Prevalence of smoking is significantly different from that of the referent group ($p<0.05$).

§§Information for standardizing rates was available only for blacks and whites.

Smoking — Continued

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Editorial Note: In this report, the state-to-state variations of smoking prevalences among reproductive-aged women may reflect differences in sociodemographic characteristics (e.g., age, race, and educational level) of state populations. However, because these variations persisted after standardization to adjust for these differences, other factors (e.g., occupation, employment status, and family income) may affect state-specific smoking prevalences. These variations may also reflect differences in the intensity of cigarette advertising and in the effectiveness of statewide smoking-control interventions (*2,5*). In addition, reasons for the lower prevalences of smoking among certain groups could include 1) declining smoking initiation rates in younger cohorts of women (a trend observed previously for white and Hispanic women [*6*]); 2) decreasing smoking-initiation and increasing smoking-cessation rates over time among women with higher educational levels (*7*); and 3) the effect of higher smoking-cessation rates for pregnant women (*8*).

The BRFSS findings regarding amounts of smoking and attempts to quit are consistent with previous reports (*2,5*). However, the proportion of women who attempted to quit smoking for at least 1 week in the year preceding the survey (44%) was substantially higher than that estimated in 1987 for the proportion of all women in the general U.S. population who had attempted to quit for at least 1 day (32%) (*5*). Therefore, smoking-cessation education for reproductive-aged women may be more successful than for women aged ≥45 years because reproductive-aged women appear to be more willing to attempt to quit smoking.

The 1989 BRFSS determined that the median prevalence of current smoking was 26.5% among reproductive-aged women in the states surveyed; accordingly, nearly all states will require concerted efforts to reduce prevalence of smoking among

TABLE 3. Smoking quantity and quit attempt* prevalences among reproductive-aged women smokers, by age — Behavioral Risk Factor Surveillance System, 1989

	No. cigarettes per day						Quit attempts during past year	
	1–14		15–24		≥25			
Age (yrs)	%	(95% CI†)	%	(95% CI)	%	(95% CI)	%	(95% CI)
18–24§	52.0	(±4.8)	38.7	(±4.7)	9.3	(±2.8)	53.7	(±4.8)
25–34	43.3	(±2.9)¶	41.1	(±2.9)¶	15.7	(±2.1)¶	44.6	(±2.9)¶
35–44	31.8	(±3.0)¶	47.5	(±3.3)¶	20.8	(±2.6)¶	36.7	(±3.1)¶
Total	**41.3**	**(±2.0)**	**42.7**	**(±2.0)**	**16.0**	**(±1.4)**	**43.9**	**(±2.0)**

*Quitting for at least 1 week in the year preceding the survey.
†Confidence interval.
§Referent group.
¶Significantly different than the referent group ($p<0.05$).

Smoking — Continued

reproductive-aged women to 12% by the year 2000 (*3*). Efforts to reduce smoking initiation among adolescent girls and to target young women for smoking-cessation interventions are important priorities to accomplish this objective (*2,5*).

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Unintended Pregnancy — New York, 1988–1989

Unintended pregnancies may be associated with an increased occurrence of low birth weight infants and other problems (*1*). To assist in the prevention of unintended pregnancies, in 1988–1989 the New York State Family Planning Program (NYSFPP) surveyed reproductive-aged women (15–44 years of age) in New York to estimate family planning needs (*2*). This report presents the results from that survey regarding unintended pregnancy.

From October 1988 through February 1989, the NYSFPP conducted a computer-assisted telephone survey (using both a list of telephone numbers and random-digit dialing) to obtain data on reproductive health topics from 1910 reproductive-aged women who lived in New York (women who lived in New York City were excluded from the survey). Respondents were asked, "At the time you last became pregnant, did you, yourself, actually want to have a baby at some time?" Respondents who answered "yes" were asked, "Did you become pregnant sooner than you wanted, later than you wanted, or at about the right time?" A pregnancy was classified as intended if it occurred "at about the right time" or "later than desired." An unintended pregnancy was classified as mistimed if it occurred sooner than desired or unwanted if it had not been wanted at any time. Analysis for this report was restricted to the 1301 (68.1%) women who had ever been pregnant.

Overall, 36.2% (95% confidence interval [CI] = 32.9%–39.4%) of the women surveyed reported that their last pregnancy had been unintended: 23.5% (95% CI = 20.7%–26.4%) reported that their last pregnancy was mistimed, and 12.6% (95% CI = 10.3%–15.0%), that the pregnancy had been unwanted. Women aged 15–24 years were substantially more likely (67.2%) to report an unintended pregnancy than were

Unintended Pregnancy — Continued

women aged 25–34 years (37.0%) or 35–44 years (27.3%) (Table 1). The risk for unintended pregnancy varied inversely by educational level and income (Table 1). Women who had never had a live-born infant were substantially more likely to report an unintended last pregnancy than were women who had had one or more live-born infants (Table 1).

The overall rate of unintended pregnancy was 35.1% for white women, compared with 43.4% for women of other races (Table 1).* Although rates of mistimed pregnancy were similar by race, white women reported a lower proportion of unwanted pregnancies (11.1% [95% CI = 9.0%–13.3%]) than did women of other races (20.7% [95% CI = 11.3%–30.0%]). In both racial groups, the proportion of unintended pregnancies was higher among younger women.

Married women were substantially less likely (29.9%) than previously married (49.7%) and never married (92.8%) women to report their last pregnancy as unintended (Table 1). Among married women, unintended pregnancies were reported by 49.9% (95% CI = 36.8%–63.0%) of those aged 15–24 years, 31.1% (95% CI = 25.8%–36.4%) of those aged 25–34 years, and 25.5% (95% CI = 21.0%–30.0%) of those aged 35–44 years. Rates of unintended pregnancies for married women did not vary by race, but married women with incomes ≤200% of the federal poverty level were more likely (47.1% [95% CI = 38.7%–55.6%]) to report unintended pregnancies than were married women with higher incomes (27.3% [95% CI = 23.6%–30.9%]).

*Numbers from other racial groups were too small to provide estimates for each group independently.

TABLE 1. Percentage* of reproductive-aged† women who were ever pregnant and who reported their last pregnancy as unintended, by selected characteristics — New York, 1988–1989

Characteristic	Unintended pregnancies (n = 1301) %	(95% CI§)	Characteristic	Unintended pregnancies (n = 1301) %	(95% CI)
Age (yrs)			**Education (yrs)**		
15–24	67.2	(57.4–77.1)	<12	51.6	(41.7–61.4)
25–34	37.0	(31.7–42.4)	12	33.8	(28.6–39.0)
35–44	27.3	(23.2–31.4)	>12	34.5	(30.1–38.9)
Race¶			**Marital status**		
White	35.1	(31.8–38.4)	Married**	29.9	(26.5–33.4)
Other	43.4	(32.9–53.9)	Previously married	49.7	(40.9–58.6)
			Never married	92.8	(86.9–98.7)
Total live-born infants			**Income††**		
0	67.2	(57.3–77.2)	≤200	53.9	(46.9–60.8)
1	35.5	(29.7–41.3)	>200	32.0	(28.2–35.7)
2	26.6	(21.8–31.4)			
≥3	37.4	(31.1–43.6)	**Total**	**36.2**	**(32.9–39.4)**

*Weighted to account for sampling design and response rates.
†Aged 15–44 years.
§Confidence interval.
¶Numbers from other racial groups were too small to provide estimates for each group independently.
**Married women included those currently married and those living with a partner or boyfriend.
††As a percentage of the federal poverty level.

Unintended Pregnancy — Continued

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Editorial Note: One goal of the national health objectives for the year 2000 is that no more than 30% of all pregnancies be unintended (*3*). In New York, the occurrence of unintended pregnancy was substantially higher than this among women who were young, in the lowest income group, or never married. These differences suggest the need to address variations by subgroup.

During the 1980s, national rates of unintended and unwanted childbearing increased substantially for several groups (*4*). However, the findings in this report underscore the importance of state-specific data in characterizing factors associated with unintended pregnancy. Without state-specific data, estimates of unintended pregnancy must be based on national or regional estimates that may be less accurate for teenaged women, unmarried women, and women of certain racial and ethnic groups (*5*). For example, in the 1988 National Survey of Family Growth, the overall estimate of unintended pregnancy for women who had never been married was 18 percentage points lower than the rate for never-married women in New York (*6*).

State-specific surveys can provide useful information to program planners and administrators for planning and allocating resources to target populations in local areas. As a result of the findings in this report, the New York State Department of Health has increased efforts to promote local programs to prevent unintended pregnancy.

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Notices to Readers

Publication of Institute of Medicine Report, *Disability in America*

In September 1988, CDC and the National Council on Disability requested that the Institute of Medicine (IOM) develop recommendations for a national agenda for the prevention of disabilities. As a consequence, IOM developed and published *Disability in America: Toward a National Agenda for Prevention.*

The IOM report focuses on preventing conditions that potentially lead to disability, preventing the occurrence of secondary conditions in persons with disabilities, and minimizing the effects of such conditions on productivity and quality of life. In particular, the report notes that

- about one in seven persons in the United States has physical or mental impairments serious enough to affect daily activities;
- the annual cost of disability to the nation is almost $200 billion;
- disabilities occur disproportionately among minorities, the elderly, and persons in lower socioeconomic groups;
- disability has an impact on access to health services, education, employment, family, and the community; and
- most disabilities are preventable.

Disability in America describes a model that approaches disability from social and public health perspectives; the report presents five strategies to reduce the incidence and prevalence of disability and its personal, social, and economic consequences: 1) organization and coordination within and between the public and private sectors, 2) public health surveillance, 3) research, 4) access to care and prevention services, and 5) professional and public education. Recommendations are offered to federal agencies, state and local programs, and the private sector to develop a coordinated, comprehensive national program to prevent disabilities (*1*).

Copies of *Disability in America* are available from National Academy Press, 2101 Constitution Avenue, N.W., Washington, DC 20418.

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1. Institute of Medicine. Disability in America: toward a national agenda for prevention. Washington, DC: National Academy Press, 1991.

Publication of Vaccine Information Pamphlets

On October 15, 1991, the U.S. Department of Health and Human Services (HHS) published in the *Federal Register* (56 FR 51798) the vaccine information materials mandated under Section 2126 of the Public Health Service Act (42 U.S.C. § 300aa-26). The National Childhood Vaccine Injury Act (Public Law 99-660) required the Secretary of HHS to develop vaccine information materials for distribution by health-care providers to each adult or to the legal representative of each child receiving any of the following vaccines: diphtheria, tetanus, pertussis, measles, mumps, rubella, and

Notices to Readers — Continued

poliomyelitis vaccines. The vaccine information materials are written as three pamphlets and cover the following vaccines: one for diphtheria, tetanus, and pertussis (DTP); the second for measles, mumps, and rubella (MMR); and the third for poliomyelitis.

The purpose of the vaccine information materials is to ensure that sufficient written information about the risks for the diseases and the risks for and benefits of the vaccines is provided to enable informed choices before vaccination. These materials include information on the disease each vaccine is designed to prevent; manifestations of reactions to the vaccine; precautionary measures that should be taken to reduce the risk for any major adverse reactions to the vaccine; contraindications to, and basis for delay of, administration of the vaccine; an identification of certain groups who may be at substantially higher risk than the general population for major adverse reactions to the vaccine; notice of the availability of the National Vaccine Injury Compensation Program; and federal recommendations concerning a complete schedule of childhood vaccines.

Drafts of these vaccine information materials were published in the *Federal Register* on March 3, 1989 (54 FR 9180). Publication of these final vaccine information materials by HHS follows public comment and extensive consultation with health-care providers, parent organizations, and the Advisory Commission on Childhood Vaccines.

Effective April 15, 1992, each health-care provider who administers one of the specified vaccines must provide copies of the relevant information material to each adult or to the legal representative of each child receiving any of these vaccines. Health-care providers who administer privately purchased vaccines may elect to develop their own information materials, provided these materials meet the detailed requirements of the law. Whether using the HHS-developed vaccine information materials or other materials meeting the requirements of the law, the health-care provider must provide the relevant material before administration of the vaccine.

By arrangement with CDC, each state's immunization project will provide single camera-ready copies of each of the vaccine information pamphlets to each health-care provider who administers any of the applicable vaccines.

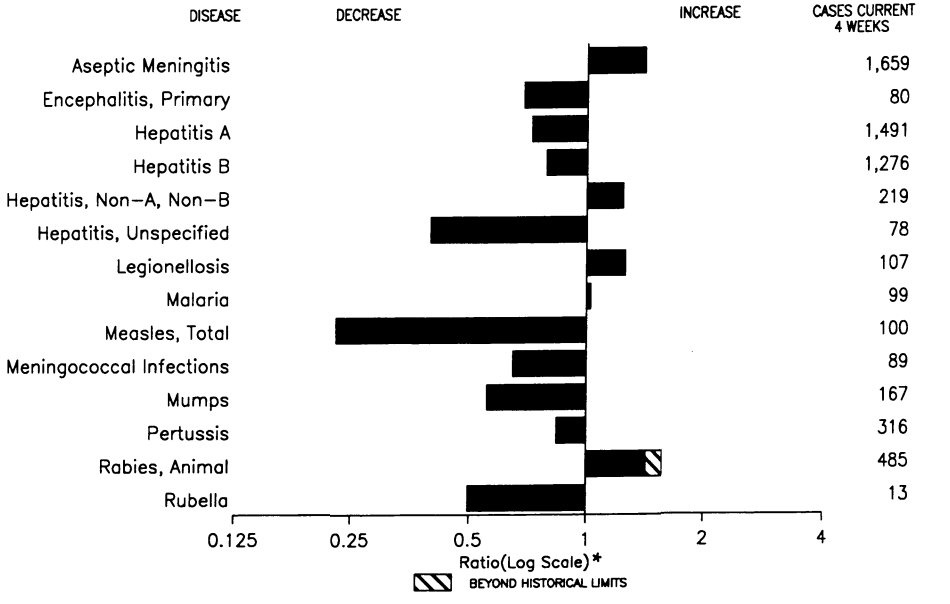
Additional information is available from the Training Coordinator, Division of Immunization, National Center for Prevention Services, CDC; telephone (404) 639-2590 (FTS 236-2590).

CDC Discontinues Distribution of Primaquine

CDC has been advised that the U.S. manufacturer (Winthrop Pharmaceuticals, New York) has resumed production of primaquine phosphate, the antimalarial drug that decreases the risk for relapses from *Plasmodium vivax* and *P. ovale*. Therefore, primaquine will no longer be available from the CDC Drug Service.

Reported by: Malaria Br, Div of Parasitic Diseases, and Scientific Resources Program, National Center for Infectious Diseases, CDC.

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending October 19, 1991, with historical data — United States



*Ratio of current 4-week total to the mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary — cases of specified notifiable diseases, United States, cumulative, week ending October 19, 1991 (42nd Week)

	Cum. 1991		Cum. 1991
AIDS	35,197	Measles: imported	192
Anthrax	-	indigenous	8,483
Botulism: Foodborne	17	Plague	8
Infant	62	Poliomyelitis, Paralytic*	-
Other	6	Psittacosis	70
Brucellosis	69	Rabies, human	3
Cholera	21	Syphilis, primary & secondary	33,511
Congenital rubella syndrome	16	Syphilis, congenital, age < 1 year†	689
Diphtheria	2	Tetanus	39
Encephalitis, post-infectious	63	Toxic shock syndrome	238
Gonorrhea	477,471	Trichinosis	61
Haemophilus influenzae (invasive disease)	2,264	Tuberculosis	18,103
Hansen Disease	113	Tularemia	164
Leptospirosis	47	Typhoid fever	365
Lyme Disease	7,289	Typhus fever, tickborne (RMSF)	573

*Four suspected cases of poliomyelitis have been reported in 1991; none of the 8 suspected cases in 1990 have been confirmed to date. Five of 13 suspected cases in 1989 were confirmed and all were vaccine associated.
†Includes updates for first three quarters of 1991.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending October 19, 1991, and October 20, 1990 (42nd Week)

Reporting Area	AIDS	Aseptic Meningitis	Encephalitis		Gonorrhea		Hepatitis (Viral), by type				Legionellosis	Lyme Disease
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1990	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991
UNITED STATES	35,197	11,629	753	63	477,471	545,120	18,953	13,522	2,431	980	973	7,289
NEW ENGLAND	1,390	1,346	26	1	11,724	14,941	474	683	56	27	65	1,331
Maine	51	140	3	-	127	171	18	18	2	-	2	-
N.H.	33	159	5	-	160	224	28	29	6	-	8	35
Vt.	17	220	4	-	45	45	23	13	6	-	4	7
Mass.	797	440	11	1	5,045	6,239	224	475	29	24	46	240
R.I.	71	380	1	-	1,022	969	88	22	11	3	5	119
Conn.	421	7	2	-	5,325	7,293	93	126	2	-	-	930
MID. ATLANTIC	9,216	2,194	55	11	56,188	71,886	1,902	1,305	288	16	275	4,423
Upstate N.Y.	1,227	1,141	27	7	10,931	11,890	723	490	157	10	95	2,899
N.Y. City	5,229	318	1	-	20,305	29,454	675	205	8	-	46	-
N.J.	1,843	-	-	-	9,591	12,190	211	303	80	-	29	721
Pa.	917	735	27	4	15,361	18,352	293	307	43	6	105	803
E.N. CENTRAL	2,497	2,268	226	7	88,756	102,606	2,404	1,558	379	57	198	237
Ohio	476	870	78	2	27,518	30,351	316	344	149	18	96	138
Ind.	231	168	21	1	9,522	9,311	326	175	1	1	16	10
Ill.	1,201	365	73	4	26,971	32,646	1,013	232	60	7	18	21
Mich.	417	753	49	-	19,420	23,037	244	506	110	31	39	68
Wis.	172	112	5	-	5,325	7,261	505	301	59	-	29	-
W.N. CENTRAL	952	571	56	7	23,717	28,063	1,877	573	242	23	52	273
Minn.	200	115	34	-	2,533	3,459	345	66	11	2	12	78
Iowa	84	124	-	4	1,574	1,958	46	38	9	4	11	18
Mo.	541	232	12	3	14,625	16,909	510	377	215	12	14	157
N. Dak.	4	9	2	-	49	115	38	4	4	1	1	1
S. Dak.	3	11	4	-	296	231	677	7	1	-	3	1
Nebr.	46	22	2	-	1,474	1,329	184	34	1	-	8	-
Kans.	74	58	2	-	3,166	4,062	77	47	1	4	3	18
S. ATLANTIC	8,436	2,069	148	28	143,089	155,707	1,466	2,826	306	187	154	576
Del.	67	63	2	-	2,372	2,581	7	43	5	2	2	53
Md.	769	252	22	1	15,854	19,324	237	322	44	14	33	233
D.C.	569	61	2	-	7,456	10,671	66	128	1	1	7	2
Va.	599	356	36	3	14,631	15,074	145	178	24	119	12	128
W. Va.	48	38	25	-	1,015	1,067	20	52	2	13	2	36
N.C.	423	289	29	-	29,159	24,042	143	447	101	-	18	70
S.C.	277	40	-	-	11,966	12,420	34	581	16	3	31	10
Ga.	1,160	269	9	2	31,599	33,469	185	432	56	-	14	27
Fla.	4,524	701	23	22	29,037	37,059	629	643	57	35	35	17
E.S. CENTRAL	825	718	37	-	46,205	47,441	207	1,115	332	3	46	92
Ky.	132	172	11	-	4,895	5,357	47	150	6	2	17	39
Tenn.	282	208	18	-	16,417	14,790	115	818	300	-	14	40
Ala.	255	268	8	-	13,263	15,673	35	136	22	1	14	13
Miss.	156	70	-	-	11,630	11,621	10	11	4	-	1	-
W.S. CENTRAL	3,436	1,166	89	2	54,370	59,908	2,612	1,809	108	193	41	69
Ark.	147	56	24	-	6,359	7,064	232	103	3	6	7	26
La.	570	118	16	-	12,556	11,171	112	260	6	8	7	3
Okla.	161	4	3	1	5,720	5,214	235	169	43	16	17	30
Tex.	2,558	988	46	1	29,735	36,459	2,033	1,277	56	163	10	10
MOUNTAIN	1,036	227	17	2	9,697	11,523	2,971	823	158	129	69	17
Mont.	24	18	1	-	79	162	74	62	4	5	5	-
Idaho	20	-	-	-	125	111	74	63	2	1	3	2
Wyo.	15	-	-	-	83	144	102	11	3	-	-	8
Colo.	373	89	7	1	2,725	3,371	502	120	81	24	14	-
N. Mex.	95	19	-	-	828	1,014	731	197	12	29	3	-
Ariz.	214	54	9	1	3,645	4,370	951	146	17	56	27	-
Utah	84	16	-	-	256	322	250	62	14	13	6	1
Nev.	211	31	-	-	1,956	2,029	287	162	25	1	11	6
PACIFIC	7,409	1,070	99	5	43,725	53,045	5,040	2,830	562	345	73	271
Wash.	455	-	8	1	3,714	4,645	451	368	121	19	8	3
Oreg.	219	-	-	-	1,634	2,047	331	246	104	8	2	-
Calif.	6,583	987	89	4	37,032	44,862	4,129	2,148	320	317	61	268
Alaska	17	40	2	-	726	967	86	28	13	1	-	-
Hawaii	135	43	-	-	619	524	43	40	4	-	2	-
Guam	2	-	-	-	-	246	-	-	-	-	-	-
P.R.	1,336	208	2	3	457	611	81	395	153	42	-	-
V.I.	13	-	-	-	309	365	1	9	-	-	-	-
Amer. Samoa	-	-	-	-	-	73	-	-	-	-	-	-
C.N.M.I.	-	-	-	-	-	165	-	-	-	-	-	-

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

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending October 19, 1991, and October 20, 1990 (42nd Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported*		Total									
	Cum. 1991	1991	Cum. 1991	1991	Cum. 1991	Cum. 1990	Cum. 1991	1991	Cum. 1991	1991	Cum. 1991	Cum. 1990	1991	Cum. 1991	Cum. 1990
UNITED STATES	970	29	8,483	3	192	23,641	1,655	41	3,253	80	2,139	3,350	6	1,278	997
NEW ENGLAND	63	3	62	1	17	290	131	1	25	2	244	353	-	4	8
Maine	1	2	7	-	-	30	11	-	-	-	51	16	-	-	1
N.H.	2	-	-	-	-	8	12	-	4	-	18	48	-	1	1
Vt.	4	-	5	-	-	1	14	-	4	-	4	7	-	-	-
Mass.	29	1	26	1†	11	29	74	-	1	2	148	251	-	2	2
R.I.	7	-	3	-	1	30	1	1	4	-	-	6	-	-	1
Conn.	20	-	21	-	5	192	19	-	12	-	23	25	-	1	3
MID. ATLANTIC	170	15	4,404	-	6	1,489	179	1	247	9	172	470	-	561	11
Upstate N.Y.	42	-	334	-	4	317	92	1	91	2	114	304	-	539	10
N.Y. City	67	15	1,725	-	-	423	12	-	-	7	7	-	-	-	-
N.J.	48	-	807	-	1	365	37	-	56	-	1	34	-	-	-
Pa.	13	-	1,538	-	1	384	38	-	100	-	50	132	-	22	1
E.N. CENTRAL	76	1	72	-	15	3,536	269	12	319	13	352	833	-	317	162
Ohio	19	-	1	-	2	537	83	10	79	13	100	139	-	283	131
Ind.	3	-	1	-	5	418	27	-	8	-	64	117	-	2	-
Ill.	28	-	25	-	1	1,356	76	-	116	-	55	337	-	6	19
Mich.	23	1	43	-	-	473	60	2	94	-	37	73	-	25	9
Wis.	3	-	2	-	7	752	23	-	22	-	96	167	-	1	3
W.N. CENTRAL	34	-	39	-	16	859	94	3	105	-	172	169	-	18	14
Minn.	11	-	12	-	15	374	20	-	20	-	69	21	-	6	9
Iowa	6	-	17	-	-	26	11	-	20	-	20	18	-	6	4
Mo.	7	-	-	-	1	100	32	3	32	-	57	99	-	5	-
N. Dak.	1	-	-	-	-	-	1	-	2	-	3	2	-	1	1
S. Dak.	2	-	-	-	-	23	2	-	1	-	4	1	-	-	-
Nebr.	1	-	1	-	-	106	6	-	6	-	9	7	-	-	-
Kans.	6	-	9	-	-	230	22	-	24	-	10	21	-	-	-
S. ATLANTIC	198	2	477	-	23	1,295	297	11	1,147	2	215	285	-	8	20
Del.	2	-	21	-	-	11	2	-	6	-	-	8	-	-	-
Md.	52	-	173	-	3	212	30	2	219	-	54	60	-	1	2
D.C.	13	-	-	-	-	22	13	-	23	-	1	14	-	1	1
Va.	44	-	25	-	5	86	31	-	53	-	18	18	-	-	1
W. Va.	3	-	-	-	-	6	12	3	21	-	9	28	-	-	-
N.C.	13	-	40	-	4	30	50	-	238	-	34	72	-	2	-
S.C.	10	-	13	-	-	4	29	-	358	1	12	5	-	-	-
Ga.	18	-	10	-	5	358	59	-	40	-	42	32	-	-	1
Fla.	43	2	195	-	6	566	71	6	189	1	45	48	-	4	15
E.S. CENTRAL	20	2	10	-	3	199	104	2	163	1	86	142	-	100	4
Ky.	2	2	3	-	1	43	37	-	-	-	-	-	-	-	1
Tenn.	11	-	6	-	1	104	33	1	132	-	36	70	-	100	3
Ala.	7	-	1	-	1	25	32	1	11	1	48	64	-	-	-
Miss.	-	-	-	-	-	27	2	-	20	-	2	8	-	-	-
W.S. CENTRAL	66	2	186	-	14	4,274	125	2	324	21	137	181	-	7	66
Ark.	9	-	-	-	5	48	18	-	43	-	9	19	-	1	3
La.	17	-	-	-	-	10	31	1	29	-	16	30	-	-	-
Okla.	7	-	-	-	-	174	13	-	15	1	38	52	-	-	1
Tex.	33	2	186	-	9	4,042	63	1	237	20	74	80	-	6	62
MOUNTAIN	40	-	1,195	-	19	930	63	4	273	11	289	279	2	24	109
Mont.	1	-	-	-	-	1	10	-	-	-	4	32	-	-	14
Idaho	3	-	436	-	2	26	7	-	8	-	27	52	-	-	49
Wyo.	-	U	1	U	2	15	1	U	4	U	3	-	U	-	-
Colo.	10	-	1	-	5	138	12	1	127	6	119	93	-	2	4
N. Mex.	6	-	117	-	5	93	8	N	N	1	40	18	-	2	-
Ariz.	15	-	402	-	-	303	19	3	108	-	57	49	-	2	32
Utah	4	-	220	-	4	128	-	-	13	4	37	31	-	11	2
Nev.	1	-	18	-	1	226	6	-	13	-	2	4	2	7	8
PACIFIC	303	4	2,038	2	79	10,769	393	5	650	21	472	638	4	239	603
Wash.	21	-	46	-	15	254	53	-	166	3	126	164	-	8	-
Oreg.	11	-	52	-	38	212	48	N	N	4	64	88	1	4	74
Calif.	267	2	1,931	-	14	10,189	281	3	447	4	216	302	3	221	514
Alaska	-	-	2	-	3	80	9	1	12	-	13	7	-	1	-
Hawaii	4	2	7	2†§	9	34	2	1	25	10	53	77	-	5	15
Guam	-	U	-	U	-	1	-	U	-	U	-	1	U	-	-
P.R.	1	-	93	-	1	1,656	17	-	10	-	50	11	-	1	-
V.I.	2	U	-	U	2	24	-	U	9	U	-	-	U	-	-
Amer. Samoa	-	U	-	U	-	566	-	U	-	U	-	-	U	-	-
C.N.M.I.	-	U	-	U	-	8	-	U	-	U	-	4	U	-	-

*For measles only, imported cases includes both out-of-state and international importations.

N: Not notifiable U: Unavailable †International §Out-of-state

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending October 19, 1991, and October 20, 1990 (42nd Week)

Reporting Area	Syphilis (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1991	Cum. 1990	Cum. 1991	Cum. 1991	Cum. 1990	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991
UNITED STATES	33,511	39,601	238	18,103	18,672	164	365	573	5,244
NEW ENGLAND	838	1,375	13	509	450	5	32	9	98
Maine	1	7	4	30	17	-	1	-	-
N.H.	12	46	2	5	3	-	1	-	2
Vt.	2	1	-	8	8	-	-	-	-
Mass.	397	554	7	266	227	5	27	8	14
R.I.	44	18	-	69	61	-	-	-	-
Conn.	382	749	-	131	134	-	3	1	82
MID. ATLANTIC	5,742	7,628	38	4,139	4,458	2	86	23	1,811
Upstate N.Y.	103	730	17	267	316	1	17	12	692
N.Y. City	3,255	3,610	2	2,584	2,793	-	47	1	-
N.J.	1,055	1,214	-	722	764	1	16	6	825
Pa.	1,329	2,074	19	566	585	-	6	4	294
E.N. CENTRAL	4,072	2,829	46	1,811	1,797	7	29	41	145
Ohio	532	431	21	276	321	1	3	24	18
Ind.	144	78	-	181	167	-	-	10	14
Ill.	1,947	1,170	15	933	906	4	10	4	34
Mich.	1,020	824	10	335	336	2	11	3	32
Wis.	429	326	-	86	67	-	5	-	47
W.N. CENTRAL	644	428	35	424	488	47	5	36	720
Minn.	57	76	7	84	92	1	2	-	260
Iowa	60	63	7	55	48	-	-	1	140
Mo.	424	227	12	189	253	37	1	24	19
N. Dak.	-	1	-	6	17	-	-	-	80
S. Dak.	1	2	1	29	11	5	-	1	154
Nebr.	12	9	1	15	16	1	2	5	16
Kans.	90	50	7	46	51	3	-	5	51
S. ATLANTIC	9,844	12,745	23	3,441	3,458	4	63	264	1,231
Del.	142	150	1	26	33	-	-	-	141
Md.	801	970	1	308	266	-	10	27	454
D.C.	604	920	1	153	129	-	2	-	15
Va.	730	760	5	275	297	-	8	16	215
W. Va.	24	18	-	58	57	-	1	4	47
N.C.	1,606	1,439	10	449	466	1	4	145	18
S.C.	1,270	850	2	337	390	1	4	34	89
Ga.	2,387	3,218	-	676	575	1	5	35	224
Fla.	2,280	4,420	3	1,159	1,245	1	29	3	28
E.S. CENTRAL	3,661	3,663	9	1,227	1,341	19	2	91	137
Ky.	86	83	4	282	302	4	2	25	40
Tenn.	1,242	1,518	5	389	372	14	-	50	29
Ala.	1,302	1,111	-	300	410	1	-	16	68
Miss.	1,031	951	-	256	257	-	-	-	-
W.S. CENTRAL	5,955	6,761	14	2,195	2,255	48	25	98	497
Ark.	478	447	3	185	281	35	-	22	37
La.	2,203	2,144	-	197	251	-	5	-	5
Okla.	162	207	4	139	162	12	3	75	146
Tex.	3,112	3,963	7	1,674	1,561	1	17	1	309
MOUNTAIN	496	728	30	465	445	27	12	8	217
Mont.	6	-	1	6	22	9	-	6	38
Idaho	4	6	-	7	10	-	-	-	6
Wyo.	9	3	-	4	5	1	-	-	77
Colo.	66	43	5	33	42	8	2	2	25
N. Mex.	26	35	7	58	86	2	2	-	4
Ariz.	299	524	5	254	194	2	7	-	39
Utah	6	16	12	40	35	5	-	-	17
Nev.	80	101	-	63	51	-	1	-	11
PACIFIC	2,259	3,444	30	3,892	3,980	5	111	3	388
Wash.	139	323	4	239	223	2	6	2	1
Oreg.	69	114	-	101	101	2	5	1	5
Calif.	2,040	2,973	26	3,350	3,464	1	94	-	378
Alaska	4	17	-	47	49	-	-	-	3
Hawaii	7	17	-	155	143	-	6	-	1
Guam	-	2	-	-	36	-	-	-	-
P.R.	345	268	-	203	95	-	9	-	54
V.I.	85	12	-	2	4	-	-	-	-
Amer. Samoa	-	-	-	-	15	-	-	-	-
C.N.M.I.	-	3	-	-	48	-	-	-	-

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending October 19, 1991 (42nd Week)

Reporting Area	All Causes, By Age (Years)						P&I†
	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND	594	401	116	50	16	11	36
Boston, Mass.	169	103	32	23	6	5	10
Bridgeport, Conn.	31	19	7	3	2	-	-
Cambridge, Mass.	27	23	4	-	-	-	3
Fall River, Mass.	28	22	5	1	-	-	1
Hartford, Conn.	55	34	16	4	1	-	-
Lowell, Mass.	30	23	6	-	-	1	2
Lynn, Mass.	13	12	1	-	-	-	2
New Bedford, Mass.	20	14	4	2	-	-	-
New Haven, Conn.	43	26	7	7	3	-	3
Providence, R.I.	40	31	9	-	-	-	-
Somerville, Mass.	9	6	2	1	-	-	1
Springfield, Mass.	46	30	9	1	2	4	4
Waterbury, Conn.	20	13	4	2	-	1	-
Worcester, Mass.	63	45	10	6	2	-	10
MID. ATLANTIC	2,576	1,628	460	316	81	90	124
Albany, N.Y.	47	31	10	1	2	3	6
Allentown, Pa.	23	20	2	1	-	-	-
Buffalo, N.Y.	110	59	19	20	8	4	4
Camden, N.J.	44	31	9	3	-	1	-
Elizabeth, N.J.	22	11	10	1	-	-	1
Erie, Pa.§	51	40	5	5	-	1	2
Jersey City, N.J.	55	30	2	16	3	4	2
New York City, N.Y.	1,328	817	241	202	42	26	52
Newark, N.J.	62	30	14	14	1	3	1
Paterson, N.J.	23	13	5	2	-	3	2
Philadelphia, Pa.	397	239	76	27	14	40	21
Pittsburgh, Pa.§	64	44	12	6	1	1	4
Reading, Pa.	38	32	4	-	1	1	9
Rochester, N.Y.	116	92	12	8	1	3	9
Schenectady, N.Y.	21	17	2	-	2	-	2
Scranton, Pa.§	28	21	6	-	1	-	2
Syracuse, N.Y.	93	62	20	8	3	-	3
Trenton, N.J.	25	20	3	1	1	-	1
Utica, N.Y.	13	9	4	-	-	-	1
Yonkers, N.Y.	16	10	4	1	1	-	2
E.N. CENTRAL	2,217	1,357	417	238	129	76	130
Akron, Ohio	42	32	4	4	-	2	5
Canton, Ohio	43	33	9	-	-	1	5
Chicago, Ill.	574	231	107	124	85	27	18
Cincinnati, Ohio	140	88	27	12	4	9	20
Cleveland, Ohio	161	96	40	18	4	3	4
Columbus, Ohio	162	116	29	9	4	4	6
Dayton, Ohio	101	75	16	6	2	2	4
Detroit, Mich.	200	109	46	26	9	10	6
Evansville, Ind.	50	37	9	2	1	1	6
Fort Wayne, Ind.	66	48	9	7	1	1	5
Gary, Ind.	25	16	6	1	2	-	1
Grand Rapids, Mich.	64	50	6	3	2	3	7
Indianapolis, Ind.	139	93	33	7	5	1	12
Madison, Wis.	40	28	5	1	2	4	4
Milwaukee, Wis.	110	81	20	4	2	3	6
Peoria, Ill.	42	30	8	3	-	1	1
Rockford, Ill.	50	32	11	3	3	1	6
South Bend, Ind.	52	40	7	2	2	1	3
Toledo, Ohio	111	84	19	5	1	2	9
Youngstown, Ohio	45	38	6	1	-	-	2
W.N. CENTRAL	629	449	108	36	17	19	37
Des Moines, Iowa	62	47	6	5	2	2	6
Duluth, Minn.	20	18	2	-	-	-	5
Kansas City, Kans.	14	10	2	2	-	-	1
Kansas City, Mo.	103	63	27	7	2	4	2
Lincoln, Nebr.	41	32	6	2	-	1	2
Minneapolis, Minn.	124	96	14	8	4	2	7
Omaha, Nebr.	72	53	13	3	1	2	4
St. Louis, Mo.	118	74	21	9	6	8	7
St. Paul, Minn.	47	35	10	-	2	-	2
Wichita, Kans.	28	21	7	-	-	-	1
S. ATLANTIC	1,287	796	261	156	41	29	61
Atlanta, Ga.	167	93	28	30	8	8	3
Baltimore, Md.	226	146	52	17	9	2	17
Charlotte, N.C.	81	52	20	6	1	2	4
Jacksonville, Fla.	125	73	27	17	4	4	11
Miami, Fla.	131	65	25	33	1	6	2
Norfolk, Va.	50	23	14	5	4	4	3
Richmond, Va.	102	67	22	9	3	1	2
Savannah, Ga.	44	35	7	1	1	-	2
St. Petersburg, Fla.	63	49	9	3	1	1	1
Tampa, Fla.	137	92	30	13	1	1	13
Washington, D.C.	119	66	23	20	7	-	3
Wilmington, Del.	42	35	4	2	1	-	-
E.S. CENTRAL	666	418	143	60	20	25	35
Birmingham, Ala.	107	73	17	11	4	2	1
Chattanooga, Tenn.	50	29	12	3	1	5	3
Knoxville, Tenn.	89	55	24	4	2	4	8
Louisville, Ky.	69	41	16	7	2	3	4
Memphis, Tenn.	165	97	43	17	3	5	8
Mobile, Ala.	33	20	10	2	1	-	3
Montgomery, Ala.	42	31	2	6	-	3	-
Nashville, Tenn.	111	72	19	10	7	3	8
W.S. CENTRAL	1,288	746	295	146	62	37	75
Austin, Tex.	59	35	12	7	4	1	3
Baton Rouge, La.	32	21	6	2	-	3	1
Corpus Christi, Tex.	35	17	11	6	1	-	-
Dallas, Tex.	165	90	39	25	8	3	7
El Paso, Tex.	53	29	14	5	4	1	1
Ft. Worth, Tex.	86	46	18	10	9	3	4
Houston, Tex.	335	183	88	39	17	8	40
Little Rock, Ark.	67	33	18	9	1	6	2
New Orleans, La.	147	87	26	20	9	3	-
San Antonio, Tex.	166	110	32	13	5	6	6
Shreveport, La.	44	24	16	2	1	1	5
Tulsa, Okla.	99	71	15	8	3	2	6
MOUNTAIN	653	429	130	58	12	24	46
Albuquerque, N.M.	92	57	18	10	2	5	-
Colo. Springs, Colo.	39	28	8	2	-	1	3
Denver, Colo.	108	72	14	12	3	7	9
Las Vegas, Nev.	120	70	37	10	3	-	13
Ogden, Utah	28	22	3	2	-	1	5
Phoenix, Ariz.	70	46	13	7	2	2	3
Pueblo, Colo.	30	24	5	-	1	-	2
Salt Lake City, Utah	43	24	12	5	-	2	2
Tucson, Ariz.	123	86	20	10	1	6	9
PACIFIC	1,686	1,113	262	190	60	55	103
Berkeley, Calif.	21	15	2	3	1	-	3
Fresno, Calif.	76	48	9	8	3	8	5
Glendale, Calif.	23	15	5	2	1	-	1
Honolulu, Hawaii	65	50	7	5	-	3	7
Long Beach, Calif.	73	44	15	9	2	3	9
Los Angeles, Calif.	410	240	59	74	23	9	11
Oakland, Calif.	U	U	U	U	U	U	U
Pasadena, Calif.	28	18	7	2	-	1	3
Portland, Oreg.	108	72	19	9	2	6	3
Sacramento, Calif.	155	103	31	12	2	7	12
San Diego, Calif.	184	135	25	12	7	4	22
San Francisco, Calif.	144	88	25	27	3	1	8
San Jose, Calif.	138	94	21	9	6	8	11
Seattle, Wash.	143	111	15	11	4	2	4
Spokane, Wash.	43	32	7	1	1	2	1
Tacoma, Wash.	75	48	15	6	5	1	3
TOTAL	11,596¶	7,337	2,192	1,250	438	366	647

*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.

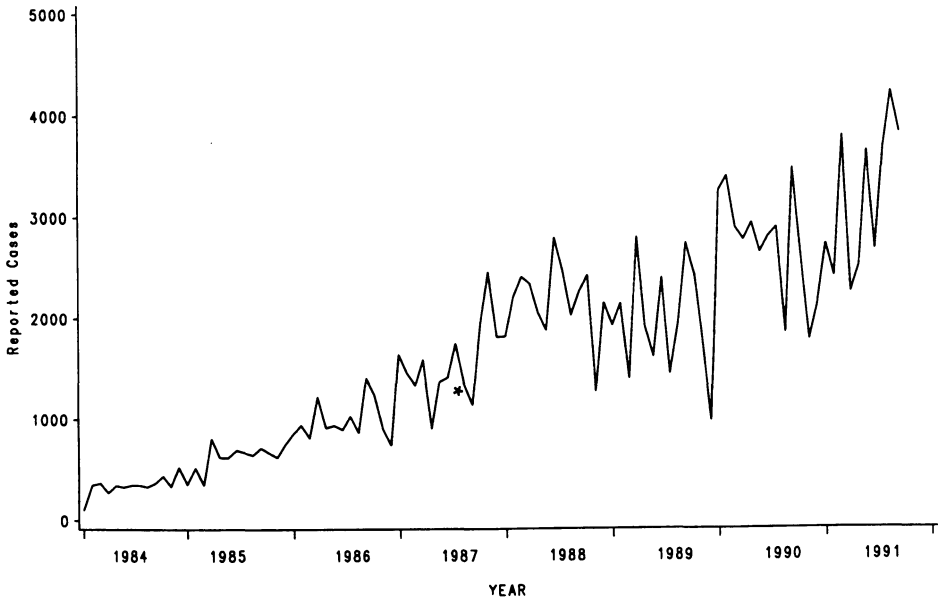
†Pneumonia and influenza.

§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.

U: Unavailable

FIGURE II. Acquired immunodeficiency syndrome cases, by 4-week period of report — United States, 1984–1991



*Change in case definition.

FIGURE III. Tuberculosis cases, by 4-week period of report — United States, 1984–1991

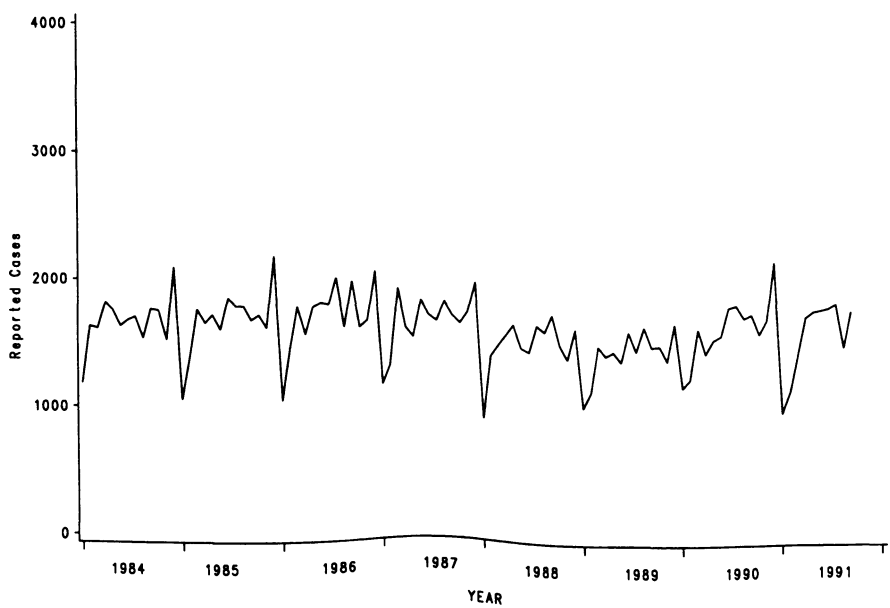


FIGURE IV. Gonorrhea cases, by 4-week period of report — United States, 1984–1991

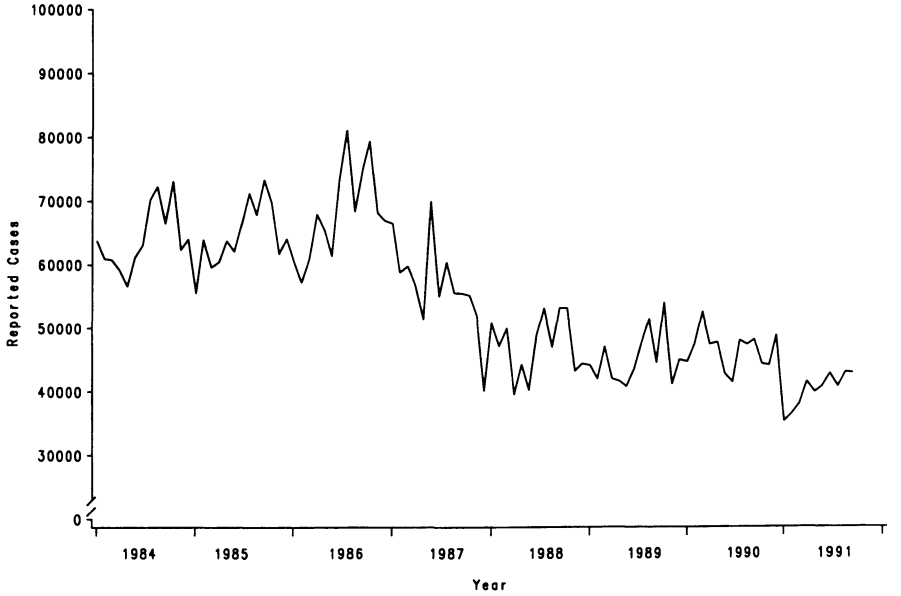
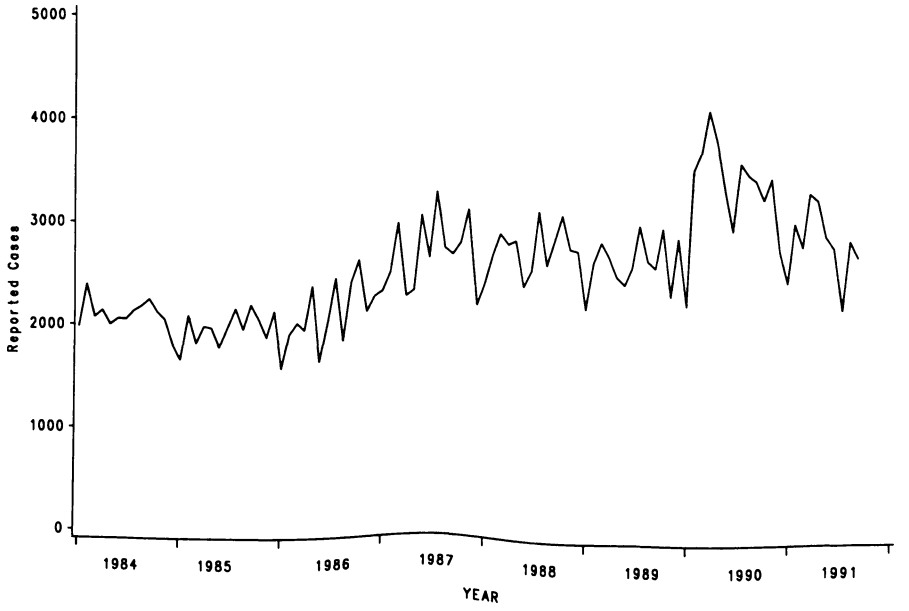


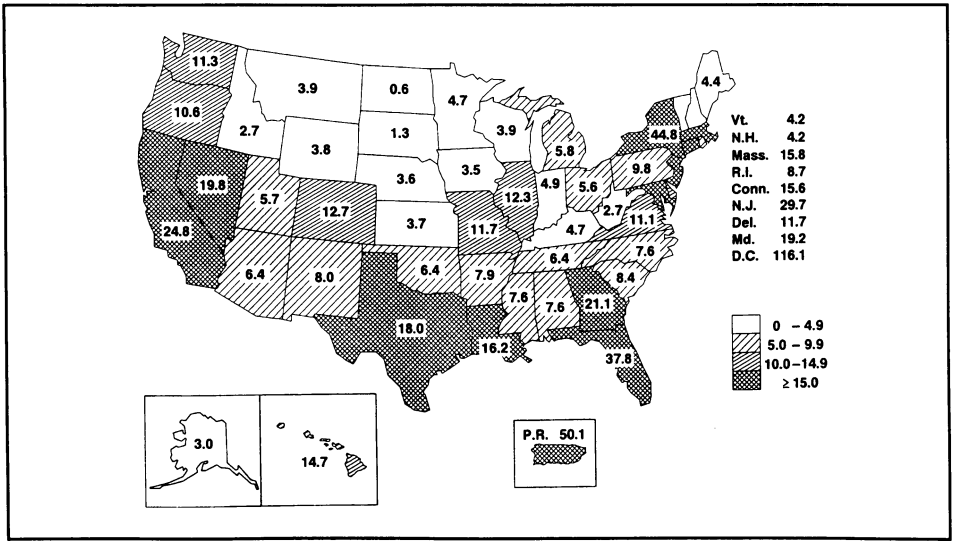
FIGURE V. Syphilis cases, by 4-week period of report — United States, 1984–1991



Quarterly AIDS Map

The following map provides information on the reported number of acquired immunodeficiency syndrome (AIDS) cases per 100,000 population by state of residence for October 1990 through September 1991. The map appears quarterly in *MMWR*. More detailed information on AIDS cases is provided in the monthly *HIV/AIDS Surveillance Report*, single copies of which are available free from the National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone (800) 458-5231.

AIDS cases per 100,000 population — United States, October 1990–September 1991



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The data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday. Inquiries about the *MMWR* Series, including material to be considered for publication, should be directed to: Editor, *MMWR* Series, Mailstop C-08, Centers for Disease Control, Atlanta, GA 30333; telephone (404) 332-4555.

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