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MORBIDITY AND MORTALITY WEEKLY REPORT

- 349 World No-Tobacco Day, 1992
- 351 Discomfort from Environmental Tobacco Smoke Among Employees at Worksites with Minimal Smoking Restrictions — United States, 1988
- 354 Cigarette Smoking Among Adults — United States, 1990
- 362 Cigarette Smoking Among Chinese, Vietnamese, and Hispanics — California, 1989–1991

Effectiveness in Disease and Injury Prevention

World No-Tobacco Day, 1992

The theme of the fifth World No-Tobacco Day, May 31, 1992, is "Tobacco-Free Workplaces: Safer and Healthier." Each year, the objectives of World No-Tobacco Day are to encourage governments, communities, and groups worldwide to become aware of the hazards of tobacco use and to encourage all persons who use tobacco to quit for at least 24 hours.

World No-Tobacco Day 1992 will emphasize the right to work in a smoke-free environment and the need to coordinate appropriate actions by governments, employees, and employers. Activities will include press releases, a video on smoke-free workplaces, and radio announcements by World Health Organization (WHO) experts on tobacco control.

The theme for World No-Tobacco Day 1991, "Public Places and Transport: Better Be Tobacco-Free," emphasized the right of all persons to breathe smoke-free air (1). WHO's Tobacco or Health Program documented a variety of activities associated with World No-Tobacco Day, in both developed and developing countries, including a campaign to prohibit smoking on international airline flights (European press conference held by Belgium, France, Italy, Luxembourg, Portugal, Spain, and the United Kingdom); a special documentary film on the theme of the day broadcast on national television (Algeria); distribution of information in public places and airports urging persons not to smoke and reminding them of existing clean indoor air laws (Brazil); and seminars on the health hazards of smoking and an exhibition of antismoking materials (Pakistan, Bangladesh, and Papua New Guinea) (2).

Reported by: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: Since 1985, the number of countries that have enacted laws restricting smoking in public places has increased dramatically (2). Preliminary data from WHO indicate that more than half of the countries in the world have laws to control tobacco use in public places: 33% have protection in entertainment establishments, such as theaters and cinemas; health services are protected in 40% of the countries;

World No-Tobacco Day – Continued

33% have laws involving schools, colleges, and other government facilities; and 20% have workplace smoking policies (3). In addition, in 30 countries, flights on all or most domestic routes are smoke free, and in more than 70 countries, buses or trains are smoke free or have smoke-free areas (2). In the Americas, 19 countries restrict smoking in public places; seven countries ban smoking in the workplace, and 13 ban smoking in health establishments (4).

In the United States, the growing evidence linking exposure to environmental tobacco smoke to disease in nonsmokers has led to an increase in clean indoor air legislation at the state and local levels (5). As of April 30, 1992, 44 states and the District of Columbia had instituted some form of smoking restriction in public places (CDC, unpublished data, 1992). The proportion of workplaces in the United States reporting smoking policies has also increased dramatically during the past 5 years. In 1992, 85% of employers had workplace smoking policies, compared with 54% in 1987 (6). Findings in a recent survey in 10 U.S. communities also indicate a high level of public support, even among smokers, for limiting smoking in a wide range of locations: 82%–100% of smokers and 90%–100% of all respondents supported limiting smoking in restaurants, private worksites, government buildings, indoor sports arenas, hospitals, and doctors' offices (7).

In the United States, the national health objectives for the year 2000 specify the need for restrictions on smoking in public places and include establishment of tobacco-free environments. In addition, the objectives include employing tobacco-use prevention in the curricula of all elementary, middle, and secondary schools, preferably as part of quality school health education (objective 3.10); increasing to at least 75% the proportion of worksites with a formal smoking policy that prohibits or severely restricts smoking at the workplace (objective 3.11); and enacting in the 50 states comprehensive laws on clean indoor air that prohibit or strictly limit smoking in the workplace and enclosed public places (including health-care facilities, schools, and public transportation) (objective 3.12) (8). The enactment of clean indoor air legislation has been recommended as a key component of tobacco control worldwide (9).

Additional information about World No-Tobacco Day is available from Richard Leclair, Office of Information and Public Affairs, Pan American Health Organization; telephone (202) 861-3457; or the Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC; telephone (404) 488-5705.

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Current Trends

**Discomfort from Environmental Tobacco Smoke
Among Employees at Worksites
with Minimal Smoking Restrictions – United States, 1988**

Exposure to environmental tobacco smoke (ETS) is a potential occupational carcinogen according to guidelines of the Occupational Safety and Health Administration (OSHA) carcinogen policy (1). Exposure to ETS in the workplace may represent a substantial contribution to lifetime ETS exposure (2). For many persons, ETS irritates the conjunctiva of the eyes (accompanied by reddening, itching, and increased lacrimation) and the mucous membranes of the nose, throat, and lower respiratory tract (accompanied by itching, coughing, and sore throat) (3). As part of the 1988 National Health Interview Survey-Occupational Health Supplement (NHIS-OHS), CDC measured the degree of discomfort caused by ETS in the workplace. The NHIS-OHS collected information on cigarette smoking, workplace smoking restrictions, and perceived discomfort caused by ETS at the workplace. This report summarizes survey findings and describes efforts to reduce ETS at the workplace.

The 1988 NHIS-OHS was a cross-sectional household interview survey of approximately 44,000 adults (aged ≥ 18 years) representative of the U.S. civilian, noninstitutionalized population. The data were adjusted for nonresponse and weighted to provide national estimates. Ninety-five percent confidence intervals were calculated using standard errors generated by the Software for Survey Data Analysis (SUDAAN) (4). The survey asked the following question of employed respondents (i.e., persons who reported they had a job during a 2-week period immediately before being interviewed): "Is smoking allowed in your place of work other than in designated areas?" Respondents who reported that smoking was allowed in designated (if any) and other areas were asked: "Do you find that cigarette smoke in the workplace causes you no discomfort, some discomfort, moderate discomfort, or great discomfort?"

Based on the survey findings, among 114.1 million employed adults in 1988 (who reported that their workplace was not in their home), 40.3% worked in locations where smoking was allowed in designated (if any) and other areas. Among 79.2 million employed nonsmokers (former and never smokers*) (who reported their workplace was not in their home), 28.5 million (36.5%) worked at places that permitted smoking in designated (if any) and other areas. Of these, 12.4 million (43.5%) reported some or moderate discomfort and 4.5 million (15.7%) reported great discomfort[†] from

*Former smokers reported they had smoked at least 100 cigarettes during their lifetime and did not smoke at the time of the survey interviews. Never smokers reported they had smoked fewer than 100 cigarettes during their lifetime.

[†]Percentages and population estimates exclude the 155 (1.5%) of the 10,565 respondents who did not respond to the question on degree of discomfort.

Environmental Tobacco Smoke – Continued

ETS at the workplace (Table 1). Of 16.7 million current smokers⁵, 2.5 million (15.0%) reported at least some degree of discomfort from ETS at the workplace.

Among nonsmokers, workplace ETS exposure was more likely to be reported as a cause of discomfort by never smokers (63.6%) than by former smokers (51.4%) and by women (69.0%) than by men (53.9%) (Table 1). Nonsmokers in younger age categories were more likely than older nonsmokers to report discomfort from ETS. Prevalence of any discomfort was generally similar by race and ethnicity. The likelihood of any discomfort from ETS increased directly by level of education, from 44.1% among nonsmokers with fewer than 12 years of education to 69.6% among college graduates. Reported discomfort was more prevalent among nonsmoking white-collar workers (65.1%) and persons in service occupations (62.5%) than among nonsmoking blue-collar workers (50.0%) and persons in agricultural/fishing occupations (44.0%).

Reported by: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion; Div of Health Interview Statistics, National Center for Health Statistics; Surveillance Br, Div of Surveillance, Hazard Evaluations, and Field Studies, National Institute for Occupational Safety and Health, CDC.

Editorial Note: In 1986, 85% of never smokers and 74% of former smokers in the United States reported that the smoke from another person's cigarette was annoying to them (5). The degree of reported discomfort from ETS among the approximately 28.5 million U.S. nonsmokers during 1988—who have either little or no protection from ETS at the workplace—may reflect the perceived harmfulness of exposure to another person's tobacco smoke (6), actual ETS exposure, and persons' individual sensitivity to ETS.

The NHIS-OHS findings are consistent with previous reports that employees who had either limited or no restrictions against smoking in their worksites indicated they were at least somewhat exposed to ETS at work (5). In addition, in worksites without highly restrictive smoking policies, most workers may be exposed to ETS because the separation of smokers and nonsmokers within the same air space may reduce—but not eliminate—the exposure of nonsmokers (3,5).

Two important considerations influence interpretation of the findings in this report. First, because this survey included only employees for whom smoking was permitted in the workplace in both designated (if any) and other areas, the results probably underestimate the number of U.S. nonsmokers in 1988 who experienced discomfort from ETS at the workplace (i.e., employees who experienced discomfort from ETS despite more restrictive worksite smoking policies (5) were not included in this survey). Second, these findings are based on self-reported data and perceptions of discomfort have not been validated, even though self-reported workplace exposures of nonsmokers has been validated biochemically (7).

In June 1991, CDC's National Institute for Occupational Safety and Health (NIOSH) recommended that employers assess conditions that may result in worker exposure to ETS and take steps to reduce exposures to the lowest feasible concentration (1) either by prohibiting smoking in the workplace or designating separate areas for smoking, with separate ventilation. NIOSH also recommended that employers 1) distribute information about the harmful effects of smoking and the benefits of quitting; 2) offer smoking-cessation classes to all workers; and 3) establish incentives

⁵Current smokers reported they had smoked at least 100 cigarettes during their lifetime and they smoked at the time of the survey interviews.

*Environmental Tobacco Smoke – Continued***TABLE 1. Percent distributions of nonsmokers (former and never smokers*) regarding discomfort caused by environmental tobacco smoke at workplaces that permit smoking in both designated (if any) and other areas, by smoking status, sex, age group, race, Hispanic origin, education, and occupational category – United States, 1988**

Category	No discomfort (N [†] = 11.6)		Some/Moderate discomfort (N = 12.4)		Great discomfort (N = 4.5)		Total reporting any discomfort (N = 16.9)	
	%	(95% CI [‡])	%	(95% CI)	%	(95% CI)	%	(95% CI)
Smoking status								
Former smoker	48.6	(46.2–50.9)	38.3	(36.2–40.4)	13.1	(11.6–14.7)	51.4	(49.1–53.8)
Never smoker	36.4	(34.7–38.0)	46.5	(44.7–48.3)	17.2	(15.9–18.4)	63.6	(62.0–65.3)
Sex								
Male	46.1	(44.3–47.9)	40.7	(39.0–42.4)	13.2	(12.0–14.4)	53.9	(52.1–55.7)
Female	31.0	(29.0–33.0)	48.7	(46.5–50.9)	20.3	(18.6–22.0)	69.0	(67.0–71.0)
Age (yrs)								
18–24	40.1	(36.3–43.8)	45.8	(41.9–49.7)	14.1	(11.4–16.8)	59.9	(56.2–63.7)
25–44	35.2	(33.3–37.1)	47.2	(45.4–49.1)	17.6	(16.2–19.0)	64.8	(62.9–66.7)
45–64	49.3	(46.6–51.9)	36.6	(34.1–39.2)	14.1	(12.2–16.0)	50.7	(48.1–53.4)
≥65	58.4	(52.0–64.9)	32.6	(26.5–38.7)	9.0	(5.3–12.6)	41.6	(35.1–48.0)
Race								
White	40.6	(39.1–42.2)	44.1	(42.6–45.7)	15.2	(14.2–16.3)	59.4	(57.8–60.9)
Black	44.3	(40.1–48.5)	36.0	(32.0–40.0)	19.8	(16.1–23.4)	55.7	(51.5–59.9)
Other	31.6	(23.3–39.9)	51.6	(43.0–60.1)	16.8	(10.2–23.4)	68.4	(60.1–76.7)
Hispanic origin								
Hispanic	38.9	(33.9–44.0)	41.4	(36.4–46.4)	19.7	(15.6–23.8)	61.1	(56.0–66.1)
Non-Hispanic	41.0	(39.5–42.4)	43.7	(42.2–45.2)	15.4	(14.3–16.4)	59.1	(57.6–60.5)
Education (yrs)								
<12	56.0	(52.2–59.6)	31.9	(28.4–35.3)	12.2	(9.8–14.6)	44.1	(40.4–47.8)
12	43.6	(41.6–45.6)	41.4	(39.3–43.5)	15.0	(13.5–16.5)	56.4	(54.4–58.4)
13–15	36.4	(33.6–39.2)	45.4	(42.6–48.2)	18.2	(15.9–20.5)	63.6	(60.8–66.4)
≥16	30.4	(27.6–33.2)	53.1	(50.1–56.0)	16.5	(14.5–18.6)	69.6	(66.8–72.4)
Occupational category[§]								
White collar**	34.9	(33.1–36.7)	48.1	(46.2–50.0)	17.0	(15.7–18.4)	65.1	(63.3–66.9)
Service ^{††}	37.5	(33.8–41.2)	45.7	(41.9–49.6)	16.8	(14.1–19.5)	62.5	(58.8–66.2)
Agricultural/ Fishing ^{§§}	56.0	(48.5–63.5)	31.5	(24.1–38.8)	12.5	(7.0–18.0)	44.0	(36.5–51.5)
Blue collar ^{¶¶}	50.0	(47.6–52.4)	36.6	(34.3–39.0)	13.3	(11.6–15.0)	50.0	(47.6–52.4)
Total	40.8	(39.3–42.2)	43.5	(42.1–45.0)	15.7	(14.7–16.7)	59.2	(57.8–60.7)

*Former smokers reported they had smoked at least 100 cigarettes during their lifetime and did not smoke at the time of the survey interviews. Never smokers reported they had smoked fewer than 100 cigarettes during their lifetime. Includes only former and never smokers who reported their workplace was not in their home. Excludes unknown responses to the degree of discomfort question (n=78). Sample size=6515.

[†]Population size in millions.

[‡]Confidence interval.

[§]Excludes unknown occupations.

**Includes executive, administrative, and managerial occupations; professional specialty occupations (e.g., engineers; architects; mathematical and computer scientists; health diagnosing, assessment, and treatment occupations; teachers; writers; artists; and athletes); technicians; and sales, clerical, and administrative support occupations.

^{††}Includes private household occupations; protective service occupations; and food, health, cleaning, building, and personal service occupations.

^{§§}Includes farm, agricultural, forestry, and fishing occupations.

^{¶¶}Includes precision, craft, and repair occupations; machine operators; assemblers; inspectors; fabricators; transportation and material-moving occupations; handlers; equipment cleaners; helpers; and laborers.

Environmental Tobacco Smoke – Continued

to encourage workers to stop smoking (1). Two national health objectives for the year 2000 include efforts to prohibit or severely restrict smoking at work. The first is to increase to at least 75% the proportion of worksites that have a formal smoking policy that prohibits or severely restricts smoking at the workplace (objective 3.11). The second is to enact in the 50 states comprehensive laws on clean indoor air that prohibit or strictly limit smoking in the workplace and enclosed public places (e.g., health-care facilities, schools, and public transportation) (objective 3.12) (8).

The Environmental Protection Agency is reviewing the health effects of ETS exposure (9), and OSHA is considering regulatory options regarding indoor environmental quality (10). Enacting and adhering to workplace policies and regulations regarding worksite exposure to ETS can reduce employee discomfort and the exposure to carcinogens and other toxic substances from ETS.

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Cigarette Smoking Among Adults – United States, 1990

An essential component of tobacco-control programs is the monitoring of tobacco use over time (1). To determine the prevalence of smoking among adults in the United States during 1990, the National Health Interview Survey-Health Promotion and Disease Prevention (NHIS-HPDP) supplement collected self-reported information about cigarette smoking from a representative sample of the U.S. civilian, noninstitutionalized population. This report presents data from that survey supplement.

Smoking Among Adults – Continued

The overall response rate for the NHIS-HPDP supplement was 83.4%. Approximately 41,000 persons aged ≥ 18 years responded to the following questions on smoking behavior: "Have you smoked at least 100 cigarettes in your entire life?" and "Do you smoke cigarettes now?" Current smokers were defined as those who answered "yes" to both questions; former smokers were defined as those who answered "yes" to the first question and "no" to the second question. Ever smokers included current and former smokers. Current smokers were also asked, "On the average, about how many cigarettes a day do you now smoke?" The data were adjusted for nonresponse and weighted to provide national estimates. Ninety-five percent confidence intervals (CIs) were calculated by using standard errors generated by the Software for Survey Data Analysis (SUDAAN) (2).

In 1990, an estimated 89.9 million (50.1%) U.S. adults were ever smokers, and 45.8 million (25.5%) were current smokers. Approximately 44.1 million (49.1% of all ever smokers) were former smokers in 1990.

An estimated 24.2 million (28.4%) men and 21.6 million (22.8%) women were current smokers (Table 1); in all sociodemographic groups, the prevalence of

(Continued on page 361)

TABLE 1. Percentage of men and women who smoke cigarettes, by age group, race, Hispanic origin, and education – United States, National Health Interview Survey, 1990*

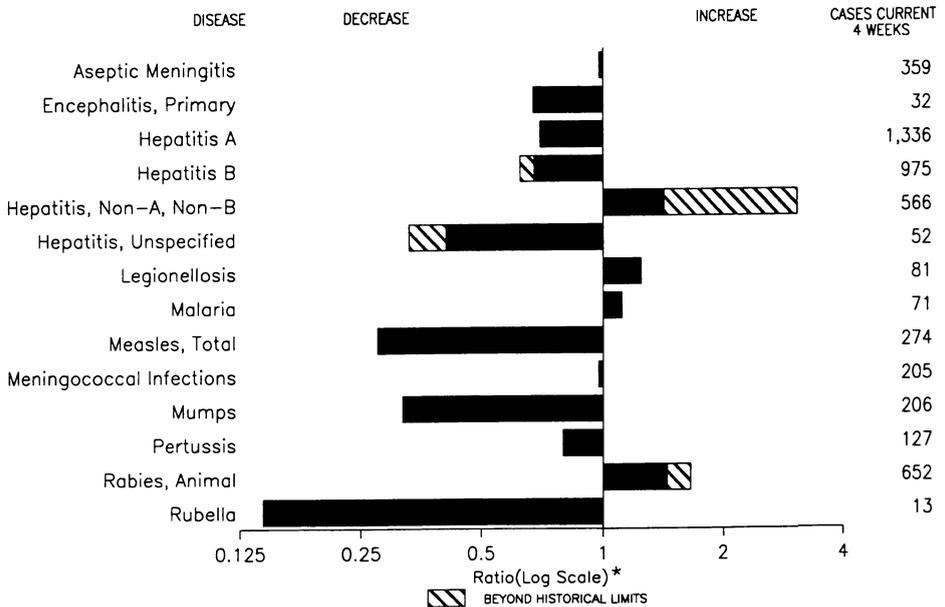
Category	Men		Women		Total	
	%	(95% CI) [†]	%	(95% CI)	%	(95% CI)
Age (yrs)						
18–24	26.6	(24.3–28.9)	22.5	(20.6–24.4)	24.5	(23.0–26.0)
25–44	32.9	(31.7–34.1)	26.6	(25.6–27.6)	29.7	(28.9–30.5)
45–64	29.3	(27.8–30.8)	24.8	(23.5–26.1)	27.0	(26.0–28.0)
65–74	18.3	(16.2–20.5)	15.6	(14.2–17.0)	16.8	(15.5–18.1)
≥ 75	7.6	(5.8– 9.4)	5.8	(4.7– 6.9)	6.5	(5.6– 7.5)
Race[§]						
White	27.9	(27.1–28.9)	23.5	(22.7–24.2)	25.6	(25.0–26.2)
Black	32.6	(30.2–34.8)	21.2	(19.6–22.8)	26.2	(24.8–27.6)
Asian/Pacific Islander	24.8	(20.4–29.2)	6.2	(4.1– 8.3)	16.4	(13.5–19.3)
American Indian/ Alaskan Native	40.1	(29.4–50.8)	36.2	(24.4–48.0)	38.1	(28.3–47.9)
Hispanic origin						
Hispanic	30.9	(27.8–34.0)	16.3	(14.1–18.5)	23.0	(21.1–24.9)
Non-Hispanic	28.2	(27.4–29.1)	23.4	(22.7–24.1)	25.7	(25.1–26.3)
Education (yrs)						
<12	37.3	(35.4–39.2)	27.1	(25.7–28.5)	31.8	(30.6–33.0)
12	33.5	(32.1–34.9)	26.5	(25.5–27.5)	29.6	(28.7–30.5)
13–15	26.2	(24.5–27.9)	20.2	(19.0–21.4)	23.0	(22.0–24.0)
≥ 16	14.5	(13.3–15.7)	12.3	(11.2–13.4)	13.5	(12.7–14.3)
Total	28.4	(27.6–29.2)	22.8	(22.1–23.5)	25.5	(25.0–26.1)

*Sample size = 40,666; excludes 438 respondents with unknown smoking status.

[†]Confidence interval.

[§]Excludes unknown, multiple, and other races.

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending May 16, 1992, with historical data — United States



*Ratio of current 4-week total to 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 May 16, 1992 (20th Week)

	Cum. 1992		Cum. 1992
AIDS*	16,200	Measles: imported	66
Anthrax	-	indigenous	784
Botulism: Foodborne	8	Plague	-
Infant	19	Poliomyelitis, Paralytic†	-
Other	-	Psittacosis	30
Brucellosis	15	Rabies, human	-
Cholera	33	Syphilis, primary & secondary	13,448
Congenital rubella syndrome	4	Syphilis, congenital, age < 1 year	-
Diphtheria	2	Tetanus	7
Encephalitis, post-infectious	47	Toxic shock syndrome	99
Gonorrhea	182,616	Trichinosis	12
<i>Haemophilus influenzae</i> (invasive disease)	673	Tuberculosis	7,615
Hansen Disease	49	Tularemia	24
Leptospirosis	10	Typhoid fever	119
Lyme Disease	1,437	Typhus fever, tickborne (RMSF)	65

*Updated monthly; last update May 2, 1992.

†Nine suspected cases of poliomyelitis were reported in 1991; 4 of the 8 suspected cases in 1990 were confirmed, and all were vaccine associated.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending May 16, 1992, and May 18, 1991 (20th Week)

Reporting Area	AIDS*	Aseptic Meningitis	Encephalitis		Gonorrhea		Hepatitis (Viral), by type				Legionellosis	Lyme Disease
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
			Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992		
UNITED STATES	16,200	1,817	197	47	182,616	217,234	7,117	5,846	2,332	247	487	1,437
NEW ENGLAND	562	116	14	-	3,999	5,729	249	229	25	15	38	137
Maine	18	11	-	-	35	43	28	12	3	-	2	-
N.H.	19	4	2	-	-	134	16	18	9	1	3	6
Vt.	8	4	1	-	-	16	2	6	2	-	2	1
Mass.	313	42	8	-	1,472	2,433	121	164	8	14	20	38
R.I.	32	55	3	-	333	457	57	16	3	-	11	37
Conn.	172	-	-	-	2,148	2,646	25	13	-	-	-	55
MID. ATLANTIC	3,733	204	11	5	18,268	27,366	566	761	153	12	151	1,044
Upstate N.Y.	558	90	-	-	3,554	4,729	149	189	91	6	60	711
N.Y. City	1,942	28	2	1	5,802	11,083	188	104	3	-	3	-
N.J.	742	4	-	-	2,651	3,926	79	185	42	-	23	79
Pa.	491	82	9	4	6,261	7,628	150	283	17	6	65	254
E.N. CENTRAL	1,515	269	56	7	34,013	41,340	861	888	157	15	94	36
Ohio	287	76	22	1	10,814	12,442	189	108	46	-	46	21
Ind.	154	34	5	-	3,262	3,988	305	343	54	5	6	9
Ill.	619	54	11	3	10,503	12,743	159	64	15	3	5	2
Mich.	364	101	17	3	8,156	9,419	59	241	16	7	27	4
Wis.	91	4	1	-	1,278	2,748	149	132	26	-	10	-
W.N. CENTRAL	498	110	12	4	9,492	10,879	832	304	157	11	27	36
Minn.	88	9	1	-	1,124	1,077	252	22	6	2	2	1
Iowa	28	20	-	2	691	772	19	12	2	2	5	6
Mo.	264	44	8	-	5,649	6,684	225	230	139	6	8	25
N. Dak.	1	1	-	-	25	29	36	1	2	1	1	1
S. Dak.	3	3	-	1	72	141	163	2	-	-	-	-
Nebr.	18	10	1	1	4	762	71	12	-	-	10	1
Kans.	96	23	2	-	1,927	1,414	66	25	8	-	1	2
S. ATLANTIC	3,885	393	33	23	60,186	64,547	465	983	334	39	73	90
Del.	38	16	4	-	630	888	13	92	76	1	15	46
Md.	474	54	8	-	5,938	6,474	99	157	16	6	13	6
D.C.	330	7	-	-	2,886	3,911	7	40	108	-	7	-
Va.	205	70	8	6	7,098	6,357	43	74	15	13	6	21
W. Va.	24	2	1	-	340	471	4	21	-	6	-	1
N.C.	174	40	9	-	9,701	12,068	28	136	35	-	10	6
S.C.	145	6	-	-	4,373	4,798	9	23	2	-	15	-
Ga.	504	39	1	-	19,578	16,606	50	127	38	-	-	1
Fla.	1,991	159	2	17	9,642	12,974	212	313	44	13	7	9
E.S. CENTRAL	532	97	6	-	18,368	19,295	120	531	854	1	21	14
Ky.	62	34	4	-	1,749	2,084	28	33	-	-	12	4
Tenn.	157	36	1	-	5,871	7,468	60	451	850	-	7	9
Ala.	215	19	-	-	6,185	4,565	19	45	4	1	2	1
Miss.	98	8	1	-	4,563	5,178	13	2	-	-	-	-
W.S. CENTRAL	1,525	158	17	3	17,588	23,854	595	612	28	47	8	20
Ark.	79	4	7	-	3,462	2,727	35	32	5	3	-	1
La.	267	13	1	-	2,139	5,632	43	55	-	1	-	-
Okla.	100	-	1	2	1,879	2,487	78	94	17	2	4	11
Tex.	1,079	141	8	1	10,108	13,008	439	431	6	41	4	8
MOUNTAIN	462	58	10	1	4,061	4,424	1,053	288	92	27	36	1
Mont.	5	-	1	-	38	38	31	18	19	-	5	-
Idaho	7	9	-	-	48	64	21	31	1	-	3	-
Wyo.	3	-	-	-	21	43	1	2	5	-	1	-
Colo.	174	15	5	1	1,311	1,242	308	46	30	13	5	-
N. Mex.	43	6	3	-	349	416	124	93	11	7	2	-
Ariz.	120	16	1	-	1,477	1,645	464	51	12	3	11	-
Utah	40	-	-	-	86	135	75	4	8	4	1	1
Nev.	70	12	-	-	731	841	29	43	6	-	8	-
PACIFIC	3,488	412	38	4	16,641	19,800	2,376	1,250	532	80	39	59
Wash.	174	-	-	-	1,542	1,770	247	121	54	6	3	2
Oreg.	105	-	-	-	583	757	149	115	28	6	-	-
Calif.	3,142	369	35	3	14,003	16,785	1,884	1,005	442	67	35	57
Alaska	8	3	3	-	283	276	12	4	2	1	-	-
Hawaii	59	40	-	1	230	212	84	5	6	-	1	-
Guam	-	-	-	-	39	-	7	2	-	2	-	1
P.R.	498	61	-	-	61	253	9	125	9	4	1	-
V.I.	2	-	-	-	44	228	5	4	-	-	-	-
Amer. Samoa	-	-	-	-	14	20	-	1	-	-	-	-
C.N.M.I.	-	-	-	-	30	19	-	-	-	-	-	-

N: Not notifiable

U: Unavailable

C.N.M.I.: Commonwealth of the Northern Mariana Islands

*Updated monthly; last update May 2, 1992.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending May 16, 1992, and May 18, 1991 (20th Week)

Reporting Area	Malaria	Measles (Rubeola)					Meningococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported*		Total		1992	Cum. 1992	1992	Cum. 1992	Cum. 1991	1992	Cum. 1992	Cum. 1991
		Cum. 1992	1992	Cum. 1992	1992	Cum. 1992									
UNITED STATES	289	35	784	2	66	5,568	989	55	1,114	21	491	828	6	64	870
NEW ENGLAND	13	3	6	-	5	25	59	-	2	-	43	131	-	4	2
Maine	-	-	-	-	-	-	5	-	-	-	2	32	-	-	-
N.H.	2	-	1	-	-	-	5	-	-	-	15	3	-	-	1
Vt.	-	-	-	-	-	5	2	-	-	-	-	3	-	-	-
Mass.	6	3	5	-	3	10	24	-	1	-	22	76	-	-	1
R.I.	2	-	-	-	-	2	-	-	-	-	-	-	-	4	-
Conn.	3	-	-	-	2	8	23	-	1	-	4	8	-	-	-
MID. ATLANTIC	81	2	146	2	9	3,496	101	-	80	-	56	86	3	13	481
Upstate N.Y.	12	1	56	1 ¹	2	2,19	45	-	32	-	20	53	3	9	465
N.Y. City	40	1	31	1 ¹	3	1,100	10	-	9	-	4	-	-	-	-
N.J.	16	-	58	-	1	844	17	-	14	-	9	7	-	4	3
Pa.	13	-	1	-	3	1,333	29	-	25	-	23	26	-	-	16
E.N. CENTRAL	15	-	19	-	8	65	145	12	149	1	37	160	-	5	162
Ohio	2	-	2	-	3	1	35	9	60	1	15	57	-	-	147
Ind.	4	-	16	-	-	1	23	-	6	-	11	33	-	-	1
Ill.	3	-	-	-	4	24	42	-	42	-	4	32	-	5	3
Mich.	5	-	1	-	-	33	38	3	39	-	1	20	-	-	11
Wis.	1	-	-	-	1	6	7	-	2	-	6	18	-	-	-
W.N. CENTRAL	16	-	5	-	1	29	46	5	37	2	36	58	-	3	12
Minn.	5	-	3	-	-	6	7	2	7	1	14	21	-	-	5
Iowa	2	-	-	-	1	15	6	1	7	-	1	5	-	-	4
Mo.	6	-	1	-	-	-	17	1	16	1	14	20	-	-	3
N. Dak.	-	-	-	-	-	-	-	-	-	-	3	1	-	-	-
S. Dak.	1	-	-	-	-	-	1	-	-	-	2	1	-	-	-
Nebr.	-	-	-	-	-	-	5	1	3	-	2	4	-	-	-
Kans.	2	-	1	-	-	8	10	-	2	-	-	6	-	3	-
S. ATLANTIC	58	-	94	-	8	305	171	17	447	3	60	55	-	4	4
Del.	4	-	2	-	-	21	2	1	4	-	-	-	-	-	-
Md.	15	-	2	-	7	118	17	4	41	-	15	6	-	-	1
D.C.	5	-	-	-	-	-	-	-	2	-	-	-	-	1	1
Va.	13	-	5	-	1	21	31	-	20	-	4	9	-	-	-
W. Va.	-	-	-	-	-	-	14	4	19	-	3	6	-	-	-
N.C.	6	-	21	-	-	19	28	-	82	-	13	10	-	-	-
S.C.	-	-	29	-	-	12	13	-	46	-	9	-	-	-	-
Ga.	2	-	-	-	-	-	23	5	29	2	6	16	-	-	-
Fla.	13	-	35	-	-	114	43	3	204	1	10	8	-	3	2
E.S. CENTRAL	7	28	380	-	16	1	66	-	26	-	8	20	-	1	83
Ky.	-	28	378	-	-	-	25	-	-	-	-	-	-	-	-
Tenn.	4	-	-	-	-	1	15	-	10	-	5	9	-	1	83
Ala.	3	-	-	-	-	-	24	-	5	-	3	11	-	-	-
Miss.	-	-	2	-	16	-	2	-	11	-	-	-	-	-	-
W.S. CENTRAL	4	-	66	-	-	22	67	12	180	-	17	19	-	-	1
Ark.	-	-	-	-	-	5	7	-	4	-	8	-	-	-	1
La.	-	-	-	-	-	-	11	3	15	-	-	8	-	-	-
Okla.	2	-	4	-	-	-	8	1	13	-	9	11	-	-	-
Tex.	2	-	62	-	-	17	41	8	148	-	-	-	-	-	-
MOUNTAIN	11	-	1	-	4	398	57	3	70	7	90	107	-	2	4
Mont.	-	-	-	-	-	-	11	1	1	-	1	-	-	-	-
Idaho	-	-	-	-	-	69	8	1	3	-	13	15	-	1	-
Wyo.	-	-	1	-	-	-	2	-	-	-	-	3	-	-	-
Colo.	5	-	-	-	4	2	9	1	5	-	20	54	-	-	1
N. Mex.	1	-	-	-	-	98	3	N	N	-	16	15	-	-	1
Ariz.	4	-	-	-	-	185	12	-	43	7	34	8	-	1	-
Utah	-	-	-	-	-	29	4	-	13	-	5	10	-	-	-
Nev.	1	-	-	-	-	15	8	-	5	-	1	2	-	-	2
PACIFIC	84	2	67	-	15	1,227	277	6	123	8	144	192	3	32	121
Wash.	6	-	-	-	7	4	37	1	7	3	41	45	-	-	-
Oreg.	7	1	4	-	1	38	43	N	N	-	13	31	1	2	1
Calif.	65	1	39	-	5	1,182	187	5	112	5	85	79	1	29	118
Alaska	1	-	8	-	1	1	6	-	-	-	-	10	-	-	-
Hawaii	5	-	16	-	1	2	4	-	4	-	5	27	1	1	2
Guam	1	U	7	U	3	-	-	U	5	U	-	-	U	1	-
P.R.	-	-	5	-	-	41	3	-	1	-	8	13	-	-	-
V.I.	-	-	-	-	-	2	-	2	13	-	-	-	-	-	-
Amer. Samoa	-	-	-	-	-	24	-	-	-	-	6	-	-	-	-
C.N.M.I.	-	U	-	U	-	-	-	U	-	U	1	-	U	-	-

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

||||| N: Not notifiable U: Unavailable ¹International ²Out-of-state

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending May 16, 1992, and May 18, 1991 (20th Week)

Reporting Area	Syphilis (Primary & Secondary)		Toxic- shock Syndrome	Tuberculosis		Tula- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992
UNITED STATES	13,448	16,358	99	7,615	7,803	24	119	65	3,067
NEW ENGLAND	237	452	9	207	221	-	11	2	283
Maine	-	-	-	26	16	-	-	-	-
N.H.	-	12	6	-	-	-	-	-	1
Vt.	1	1	-	2	1	-	-	-	-
Mass.	113	221	2	58	115	-	8	1	2
R.I.	15	19	1	81	20	-	-	1	-
Conn.	108	199	-	40	69	-	3	-	280
MID. ATLANTIC	1,985	2,885	11	1,731	1,800	-	37	1	907
Upstate N.Y.	139	103	4	134	131	-	5	-	543
N.Y. City	1,025	1,457	-	1,067	1,098	-	14	-	-
N.J.	263	558	-	280	327	-	13	-	272
Pa.	558	767	7	250	244	-	5	1	92
E.N. CENTRAL	1,726	1,781	29	827	851	-	13	6	42
Ohio	270	229	8	126	120	-	2	4	3
Ind.	91	55	7	68	62	-	-	1	2
Ill.	748	859	4	432	455	-	10	-	9
Mich.	385	442	10	167	175	-	1	-	4
Wis.	232	196	-	34	39	-	-	1	24
W.N. CENTRAL	533	290	13	149	219	7	1	2	588
Minn.	34	30	2	32	37	-	-	-	125
Iowa	15	23	4	15	29	-	-	-	79
Mo.	417	176	1	65	93	5	1	2	6
N. Dak.	1	1	1	2	4	-	-	-	55
S. Dak.	-	1	-	11	16	1	-	-	50
Nebr.	1	7	3	3	8	1	-	-	2
Kans.	65	52	2	21	32	-	-	-	271
S. ATLANTIC	3,810	4,951	11	1,465	1,374	3	10	15	615
Del.	88	63	3	17	11	-	-	-	97
Md.	292	394	1	100	127	2	1	-	194
D.C.	172	319	-	51	82	-	1	-	10
Va.	311	405	1	116	99	1	-	-	108
W. Va.	6	11	-	25	34	-	1	-	16
N.C.	911	736	3	201	156	-	-	11	2
S.C.	500	599	1	152	154	-	1	2	47
Ga.	802	1,196	1	322	268	-	-	-	136
Fla.	728	1,228	1	481	443	-	6	2	5
E.S. CENTRAL	1,849	1,741	-	446	542	4	2	4	55
Ky.	52	32	-	144	125	1	-	1	31
Tenn.	473	651	-	91	152	3	-	3	-
Ala.	793	619	-	157	140	-	-	-	24
Miss.	531	439	-	54	125	-	2	-	-
W.S. CENTRAL	2,422	2,862	1	674	829	5	1	33	302
Ark.	380	229	-	41	71	2	-	5	17
La.	953	941	-	56	68	-	-	-	-
Okla.	99	60	-	36	50	3	-	28	133
Tex.	990	1,632	1	541	640	-	1	-	152
MOUNTAIN	161	237	9	214	199	5	2	1	61
Mont.	2	2	-	-	-	1	-	-	7
Idaho	1	3	1	11	2	-	1	-	-
Wyo.	1	1	-	-	2	1	-	-	23
Colo.	19	39	2	16	6	-	1	-	1
N. Mex.	17	13	2	26	9	3	-	-	2
Ariz.	75	156	2	112	126	-	-	-	27
Utah	5	4	2	24	25	-	-	1	1
Nev.	41	19	-	25	29	-	-	-	-
PACIFIC	725	1,159	16	1,902	1,768	-	42	1	214
Wash.	42	69	-	124	117	-	3	-	-
Oreg.	23	28	-	44	39	-	-	-	-
Calif.	650	1,055	16	1,622	1,534	-	38	1	203
Alaska	1	3	-	24	29	-	-	-	11
Hawaii	9	4	-	88	49	-	1	-	-
Guam	2	-	-	34	-	-	1	-	-
P.R.	116	186	-	55	71	-	-	-	20
V.I.	23	54	-	3	1	-	-	-	-
Amer. Samoa	-	-	-	-	2	-	-	-	-
C.N.M.I.	5	-	-	12	4	-	1	-	-

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending
May 16, 1992 (20th Week)

Reporting Area	All Causes, By Age (Years)						P&I [†] Total	Reporting Area	All Causes, By Age (Years)						P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	561	391	94	49	14	12	24	S. ATLANTIC	1,393	854	287	164	45	42	85
Boston, Mass.	163	100	29	23	5	6	6	Atlanta, Ga.	144	81	26	26	5	6	5
Bridgeport, Conn.	33	28	3	2	-	-	2	Baltimore, Md.	296	166	70	40	11	9	26
Cambridge, Mass.	21	15	4	2	-	-	1	Charlotte, N.C.	88	54	17	12	2	3	7
Fall River, Mass.	20	13	5	2	-	-	1	Jacksonville, Fla.	143	79	30	18	7	9	8
Hartford, Conn.	50	32	9	5	2	2	-	Miami, Fla.	115	61	35	12	3	3	2
Lowell, Mass.	16	14	2	-	-	-	1	Norfolk, Va.	56	41	8	3	4	-	3
Lynn, Mass.	16	12	3	1	-	-	-	Richmond, Va.	82	56	14	9	2	1	5
New Bedford, Mass.	22	19	2	1	-	-	1	Savannah, Ga.	51	36	11	1	2	1	3
New Haven, Conn.	37	28	4	2	2	1	4	St. Petersburg, Fla.	62	51	4	5	1	1	-
Providence, R.I.	48	34	12	1	1	-	-	Tampa, Fla.	168	113	37	12	2	4	19
Somerville, Mass.	3	1	1	-	-	-	-	Washington, D.C.	175	106	34	24	6	5	7
Springfield, Mass.	49	36	7	5	-	1	1	Wilmington, Del.	13	10	1	2	-	-	-
Waterbury, Conn.	28	17	6	3	2	-	1	E.S. CENTRAL	693	437	162	55	21	18	47
Worcester, Mass.	55	42	7	2	2	2	6	Birmingham, Ala.	118	73	29	6	6	4	4
MID. ATLANTIC	2,672	1,700	531	305	67	69	115	Chattanooga, Tenn.	62	48	9	3	1	1	1
Albany, N.Y.	35	28	5	-	-	2	1	Knoxville, Tenn.	46	24	12	9	-	1	3
Allentown, Pa.	29	26	3	-	-	-	2	Louisville, Ky.	76	50	20	2	1	3	4
Buffalo, N.Y.	100	72	18	6	2	2	4	Memphis, Tenn.	145	96	34	10	5	-	18
Camden, N.J.	41	27	6	4	1	3	4	Mobile, Ala.	81	44	20	9	5	3	5
Elizabeth, N.J.	27	15	8	4	-	-	-	Montgomery, Ala.	32	20	6	2	-	4	3
Erie, Pa. §	29	21	6	2	-	-	-	Nashville, Tenn.	133	82	32	14	3	2	9
Jersey City, N.J.	38	19	9	7	1	2	3	W.S. CENTRAL	1,408	904	288	157	37	22	90
New York City, N.Y.	1,450	880	304	198	29	39	48	Austin, Tex.	58	42	9	7	-	-	6
Newark, N.J.	84	27	29	20	4	4	5	Baton Rouge, La.	27	13	12	2	-	-	2
Paterson, N.J.	24	14	5	5	-	-	1	Corpus Christi, Tex.	40	29	4	4	1	2	2
Philadelphia, Pa.	392	259	77	29	18	9	19	Dallas, Tex.	197	114	47	26	8	2	8
Pittsburgh, Pa. §	88	63	11	8	3	3	7	El Paso, Tex.	49	29	6	8	5	1	2
Reading, Pa.	11	10	1	-	-	-	4	Ft. Worth, Tex.	91	59	14	13	2	3	3
Rochester, N.Y.	114	90	12	5	6	1	3	Houston, Tex.	350	199	82	54	7	8	37
Schenectady, N.Y.	25	22	1	1	1	-	1	Little Rock, Ark.	74	49	14	8	3	-	3
Scranton, Pa. §	35	24	9	2	-	-	-	New Orleans, La.	201	130	45	20	4	2	-
Syracuse, N.Y.	83	56	16	5	2	4	6	San Antonio, Tex.	176	124	31	13	6	2	9
Trenton, N.J.	22	16	3	3	-	-	4	Shreveport, La.	58	49	7	1	1	-	8
Utica, N.Y.	18	12	3	3	-	-	4	Tulsa, Okla.	87	67	17	1	-	2	10
Yonkers, N.Y.	27	19	5	3	-	-	2	MOUNTAIN	737	478	156	65	20	17	48
E.N. CENTRAL	2,225	1,345	426	248	129	77	105	Albuquerque, N.M.	73	47	13	6	4	3	3
Akron, Ohio	61	41	12	5	1	2	-	Colo. Springs, Colo.	53	41	4	5	1	2	4
Canton, Ohio	39	30	6	2	-	1	2	Denver, Colo.	92	60	20	6	2	4	4
Chicago, Ill.	493	164	92	142	83	12	12	Las Vegas, Nev.	134	78	38	12	5	-	7
Cincinnati, Ohio	130	94	20	4	6	6	16	Ogden, Utah	20	16	2	2	-	-	2
Cleveland, Ohio	135	82	34	8	2	9	1	Phoenix, Ariz.	155	93	37	15	4	6	16
Columbus, Ohio	161	107	34	8	6	6	9	Pueblo, Colo.	25	17	6	1	1	-	1
Dayton, Ohio	120	89	21	5	3	2	10	Salt Lake City, Utah	82	47	20	11	2	2	5
Detroit, Mich.	240	138	53	26	10	13	4	Tucson, Ariz.	103	79	16	7	1	-	6
Evansville, Ind.	45	33	8	2	1	1	3	PACIFIC	2,207	1,416	408	235	96	36	128
Fort Wayne, Ind.	63	47	13	2	1	-	5	Berkeley, Calif.	16	14	2	-	-	-	3
Gary, Ind.	18	10	4	2	-	2	-	Fresno, Calif.	118	66	25	12	10	5	7
Grand Rapids, Mich.	52	38	9	2	2	1	10	Glendale, Calif.	35	26	7	1	1	-	2
Indianapolis, Ind.	216	143	38	14	9	12	12	Honolulu, Hawaii	67	47	13	3	1	3	5
Madison, Wis.	41	23	11	5	2	-	2	Long Beach, Calif.	91	56	10	12	9	4	8
Milwaukee, Wis.	122	86	22	9	1	4	6	Los Angeles, Calif.	800	530	139	83	31	3	41
Peoria, Ill.	42	33	8	-	1	-	1	Pasadena, Calif.	35	26	4	2	1	2	5
Rockford, Ill.	40	31	6	1	1	1	5	Portland, Oreg.	132	92	22	10	8	-	2
South Bend, Ind.	47	32	9	5	-	1	3	Sacramento, Calif.	134	86	30	12	6	-	9
Toledo, Ohio	92	71	15	2	-	4	2	San Diego, Calif.	144	79	26	25	11	3	23
Youngstown, Ohio	68	53	11	4	-	-	2	San Francisco, Calif.	141	72	29	31	6	1	-
W.N. CENTRAL	787	547	137	51	25	27	50	San Jose, Calif.	182	123	37	13	3	6	12
Des Moines, Iowa	65	43	12	7	2	1	8	Santa Cruz, Calif.	27	18	4	3	1	1	-
Duluth, Minn.	39	31	6	1	-	-	2	Seattle, Wash.	150	90	33	21	4	2	4
Kansas City, Kans.	26	14	7	4	1	-	-	Spokane, Wash.	58	38	14	1	1	4	4
Kansas City, Mo.	99	63	18	8	6	4	7	Tacoma, Wash.	77	53	13	6	3	2	3
Lincoln, Nebr.	25	16	7	2	-	-	-	TOTAL	12,683 [‡]	8,072	2,489	1,329	454	320	692
Minneapolis, Minn.	204	150	35	6	3	10	20								
Omaha, Nebr.	107	72	17	7	7	4	5								
St. Louis, Mo.	110	81	17	4	3	5	4								
St. Paul, Minn.	51	38	8	3	1	1	2								
Wichita, Kans.	61	39	10	9	2	1	2								

*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

Smoking Among Adults – Continued

smoking was higher among men than among women. The prevalence of smoking was highest among persons aged 25–44 years, American Indians/Alaskan Natives, non-Hispanics, and persons with fewer than 12 years of education (Table 1).

During 1990, 26.4% of persons in the United States aged 20–24 years were current cigarette smokers (Table 2). Smoking prevalence in this age group (which can be used as an indirect measure of smoking initiation [3]), was 28.6% for men, 24.3% for women, 28.3% for whites, and 17.3% for blacks. Regardless of education level, among persons in this age group, men were more likely than women to be current cigarette smokers; prevalence was highest among men who had not completed 12 years of education (Table 2).

During 1990, for all age groups combined, the average number of cigarettes smoked per day by current smokers who smoked one or more cigarettes per day was 19.1 (95% CI = 18.8–19.4); 22.9% (95% CI = 21.8%–23.9%) of current smokers reported smoking 25 or more cigarettes per day.

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Editorial Note: The 1990 NHIS-HPDP data indicate that, for the first time since NHIS monitoring began in 1965 (3), the prevalence of smoking was similar among blacks and whites overall. In addition, the difference in smoking prevalences among black men and white men is less than when compared with previous years (4). Based on an analysis of data for 1974–1985, the rate of decline in smoking prevalence was higher for blacks than whites, and this difference was substantial for men (4). The decrease in smoking prevalence among blacks aged 20–24 years (from 38.7% in 1983 [3]) is consistent with recent reports of lower smoking rates among black adolescents (3,5).

From 1965 through 1985, the overall smoking prevalence among U.S. adults declined an average of 0.5 percentage points annually (3). During this time, preva-

TABLE 2. Smoking prevalence among men and women aged 20–24 years, by race, Hispanic origin, and education – United States, National Health Interview Survey, 1990*

Category	Men		Women		Total	
	%	(95% CI) [†]	%	(95% CI)	%	(95% CI)
Race[‡]						
White	28.9	(25.8–32.0)	27.7	(25.0–30.4)	28.3	(26.2–30.4)
Black	23.9	(17.0–30.8)	11.9	(8.6–15.2)	17.3	(13.6–21.0)
Hispanic origin						
Hispanic	26.8	(18.6–35.0)	15.2	(8.6–21.8)	20.7	(15.3–26.1)
Non-Hispanic	28.9	(25.9–31.9)	25.8	(23.5–28.1)	27.3	(25.4–29.2)
Education (yrs)						
<12	55.4	(48.2–62.6)	46.6	(39.9–53.3)	51.2	(46.3–56.1)
12	29.6	(25.4–33.8)	28.1	(24.6–31.6)	28.9	(26.1–31.7)
≤12	37.3	(33.4–41.2)	33.4	(30.0–36.8)	35.4	(32.8–38.0)
≥13	16.1	(12.9–16.7)	13.8	(11.4–16.2)	14.8	(12.9–16.8)
Total	28.6	(25.8–31.4)	24.3	(22.1–26.5)	26.4	(24.6–28.2)

*Sample size = 3548; excludes 31 respondents with unknown smoking status.

[†]Confidence interval.

[‡]Excludes Asians/Pacific Islanders; American Indians/Alaskan Natives; and unknown, multiple, and other races.

Smoking Among Adults – Continued

lence among women aged 20–24 years with fewer than 12 years education ranged from 39% to 45% with no declines; however, a sharp decline in smoking prevalence occurred in this subgroup by 1990. From 1987, when overall prevalence among adults was 28.8% (6), to 1990, overall prevalence declined an average of 1.1 percentage points annually. This rate of decline must be sustained to achieve the year 2000 national health objective of reducing cigarette smoking prevalence to no more than 15% among persons aged ≥ 20 years (objectives 3.4 and 16.6) (7).

Factors that may have contributed to the accelerated decline in smoking include a decrease in the social acceptability of smoking (3), the increased cost of cigarettes (8), and an increased awareness of the health consequences of active and passive smoking (3). The possibility of underreporting of smoking (9) needs further research.

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*Topics in Minority Health***Cigarette Smoking Among Chinese, Vietnamese, and Hispanics – California, 1989–1991**

Although cigarette smoking causes 434,000 premature deaths annually in the United States (1), information characterizing smoking behaviors generally lacks specificity for racial/ethnic groups and subgroups (2). To characterize smoking and other risk behaviors more fully for program planning efforts at the local level, three California communities and the California Department of Health Services developed culturally adapted versions of CDC's Behavioral Risk Factor Surveillance System (BRFSS). These surveys were administered to selected Chinese (3), Vietnamese (4), or Hispanic populations in California. This report summarizes information about smoking from these surveys during 1989–1991.

Questionnaires used for these surveys were modified for cultural appropriateness; translated into Chinese, Vietnamese, or Spanish; backtranslated; and field tested.

Chinese, Vietnamese, and Hispanics – Continued

Each questionnaire included standard BRFSS questions on smoking status and sociodemographic characteristics but differed on questions rating level of acculturation (5,6)—the cultural and behavioral adaptation that occurs to persons in a new culture. In the Chinese survey, little or no English fluency and less than 25% of lifetime in the United States indicated less acculturation. For Vietnamese, English fluency and immigration before 1981 indicated more acculturation. Hispanics who self-reported they primarily think, read, and speak Spanish were classified as less acculturated; Hispanics who self-reported they primarily think, read, and speak English were classified as more acculturated.

The survey of Chinese included a representative sample in Oakland Chinese and was completed by face-to-face interviews during June 1989–February 1990. The survey of Vietnamese included a statewide sample and was completed by computer-assisted telephone interviews during February–March 1991. The survey of Hispanics included a representative sample of Monterey County (excluding the Monterey peninsula) and was completed by computer-assisted telephone interviews during July–December 1989. Because results for each group are not age-adjusted (except for age-specific prevalences), they cannot be compared directly.

Response rates varied substantially: of 359 eligible for the Chinese survey, 296 (82%) participated; of 1705 eligible for the Vietnamese survey, 1011 (59%) participated; and of 1067 persons eligible for the Hispanic survey, 801 (75%) participated. Because of the low number of women who reported that they were smokers, demographic characteristics (i.e., age, education level, annual income, and acculturation) are given only for men. For example, two of 454 Vietnamese women surveyed reported that they were current smokers.

Chinese. Smoking prevalence among Chinese men in Oakland was 28.1% (Table 1). Smoking prevalence was highest among those with less than a high school education; however, those who were high school graduates smoked the highest average number of cigarettes. Men who lived in households with annual incomes less than \$25,000 were more likely to smoke than were men in higher income households. The average number of cigarettes smoked per day increased in relation to percentage of lifetime spent in the United States.

Vietnamese. In California, Vietnamese men aged 25–44 years were more likely to smoke than were those in other age groups (Table 2). Smoking prevalence was higher among men who immigrated in 1981 or later and who were not fluent in English; however, acculturation did not affect daily cigarette consumption.

Hispanics. For Hispanic men in Monterey County, smoking prevalence was substantially lower among those with more than a high school education (Table 3). More acculturated Hispanic men were also less likely to smoke. Among Hispanic women, the smoking prevalence was less than that among Hispanic men, but they smoked more cigarettes per day.

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Chinese, Vietnamese, and Hispanics — Continued

Editorial Note: During the 1980s, the Asian/Pacific Islander and Hispanic populations were the fastest growing racial/ethnic groups in the United States (7). The findings in this report suggest that acculturation may influence smoking behavior among these groups, although these effects may vary. These three surveys used different measures of acculturation; only the Hispanic acculturation scale has been validated. Other models of acculturation need further investigation to develop standardized measures for comparisons between racial/ethnic groups and subgroups.

The findings in this report are subject to limitations described for previous BRFSS surveys in selected populations (3,4). These considerations reflect the limitations of self-reported information that is not independently validated, sampling frames that

TABLE 1. Percentage of current smokers and mean number of cigarettes smoked per day among Chinese men in Oakland, California,* aged ≥ 18 years, by selected sociodemographic variables — Behavioral Risk Factor Surveillance System, June 1989–February 1990†

Characteristics	Current smokers		Mean no. cigarettes smoked	
	%	(95%CI [‡])	No.	(95% CI)
Sex				
Men	28.1	(20.3–35.9)	15.9	(10.4–21.4)
Women	1.2	(0.0– 2.8)	—	—
Age (yrs)				
18–24	— [¶]	—	— [¶]	—
25–44	38.5	(23.2–53.7)	12.6	(3.5–10.7)
45–64	28.1	(12.5–43.7)	22.6	(10.2–35.0)
≥ 65	24.4	(11.9–37.0)	15.4	(7.9–23.0)
Education				
Eighth grade or less	30.2	(17.8–42.5)	15.7	(10.2–21.2)
Some high school	45.5	(24.6–66.3)	11.2	(6.7–15.7)
High school graduate	28.6	(9.2–47.9)	28.0	(0.0–56.4)
Some college	0	—	0	—
College graduate or more	20.0	(2.5–37.5)	10.0	—
Annual income				
<\$10,000	25.5	(13.5–37.5)	9.5	(5.6–13.4)
\$10,000–\$24,999	32.1	(19.5–44.6)	14.7	(12.0–17.4)
\$25,000–\$50,000	20.0	(0.0–44.8)	55.0	—
\geq \$50,000	— [¶]	—	— [¶]	—
Acculturation				
% of lifetime in United States				
< 25%	29.8	(20.0–39.5)	13.0	(9.3–16.7)
\geq 25%	26.2	(12.9–39.5)	22.3	(6.4–38.2)
English fluency				
Fluent**	— [¶]	—	— [¶]	—
Not fluent	31.8	(23.0–40.6)	13.3	(10.2–16.4)

*Based on a face-to-face survey of a representative sample in Oakland, California, during June 1989–February 1990.

†Because the number of current smokers who were women was too small for analysis, data for education, age, annual income, and acculturation are provided for men only.

‡Confidence interval.

¶Numbers too small for analysis.

**Self-report of ability to speak English well or fluently.

Chinese, Vietnamese, and Hispanics – Continued

exclude households without telephones, and constraints on generalizability—in particular, because these results have not been age-adjusted, even these three groups cannot be compared.

Data from each of the community surveys were presented to the respective communities and were used by community coalitions to establish priorities for program development. Data for Chinese indicated that men aged 25–44 years are most likely to smoke, which led to the development of a comprehensive community-wide tobacco-control campaign. The campaign included the development of culturally appropriate health education materials (e.g., brochures and videos) and prevention and cessation workshops. Data for Vietnamese also indicated that men aged 25–44 years are most likely to smoke; antismoking messages were directed to smokers regarding the effect of smoking on children and families. As the spouses, mothers,

TABLE 2. Percentage of current smokers and mean number of cigarettes smoked per day among Vietnamese men in California* aged ≥ 18 years, by selected sociodemographic variables – Behavioral Risk Factor Surveillance System, February–March 1991†

Characteristics	Current smokers		Mean no. cigarettes smoked	
	%	(95% CI) [§]	No.	(95% CI)
Sex				
Men	34.7	(30.7–38.6)	10.1	(9.1–11.1)
Women	0.4	(0.0– 0.8)	11.0	(0.0–28.6)
Age (yrs)				
18–24	12.3	(3.8–20.8)	10.0	(3.5–16.5)
25–44	42.4	(37.1–47.7)	10.3	(9.0–11.6)
45–64	27.4	(19.9–34.9)	9.9	(8.2–11.6)
≥ 65	23.3	(8.2–38.5)	7.3	(4.3–10.3)
Education				
Eighth grade or less	36.6	(25.4–47.8)	11.9	(9.0–14.8)
Some high school	39.6	(31.3–47.8)	10.6	(8.9–12.3)
High school graduate	40.4	(27.6–53.1)	8.8	(6.4–11.2)
Some college	32.9	(25.7–40.2)	9.9	(7.8–12.0)
College graduate or more	26.8	(19.1–34.5)	9.1	(6.4–11.8)
Annual income				
<\$10,000	38.7	(27.6–49.7)	10.3	(8.2–12.4)
\$10,000–\$24,999	29.9	(22.8–37.1)	10.1	(8.1–12.1)
\$25,000–\$50,000	36.9	(29.2–44.7)	10.1	(8.2–12.0)
>\$50,000	29.5	(19.4–39.6)	8.3	(5.0–11.6)
Acculturation				
Immigration before 1981	32.2	(27.0–37.5)	10.5	(9.0–12.0)
Immigration in 1981 or later	37.7	(31.7–43.7)	9.8	(8.3–11.2)
English fluency				
Fluent [¶]	29.7	(22.1–37.3)	10.7	(8.1–13.3)
Not fluent	36.6	(31.7–40.9)	10.0	(8.9–11.1)

*Based on a survey of a statewide sample completed by computer-assisted telephone interviews of Vietnamese in California during February–March 1991.

†Because the number of current smokers who were women was too small for analysis, data for education, age, annual income, and acculturation are provided for men only.

§Confidence interval.

¶Self-report of ability to speak English well or fluently.

Chinese, Vietnamese, and Hispanics – Continued

sisters, or daughters of smokers, women were targeted because of their increased risk from environmental tobacco smoke. In addition, because most male smokers do not speak English fluently, all intervention materials have been produced in Vietnamese. Data for Hispanics provided the basis for the coalition to develop a comprehensive plan for delivering messages about smoking and resources available through multiple channels, such as libraries, media, clinics, worksites, and housing projects.

These surveys provide models for other communities and national data collecting systems to collect specific baseline data that address the nation's year 2000 health objectives (8) for racial/ethnic groups and subgroups. In addition, the findings from

TABLE 3. Percentage of current smokers and mean number of cigarettes smoked per day among Hispanic men in Monterey County, California,* aged ≥ 18 years, by selected sociodemographic variables – Behavioral Risk Factor Surveillance System, July–December 1989[†]

Characteristics	Current smokers		Mean no. cigarettes smoked	
	%	(95% CI [‡])	No.	(95% CI)
Sex				
Men	21.6	(18.8–24.5)	9.4	(7.4–11.3)
Women	8.2	(6.3–10.1)	11.6	(8.0–15.2)
Age (yrs)				
18–24	16.4	(12.7–20.1)	7.6	(4.8–10.4)
25–44	24.8	(20.5–29.1)	9.1	(6.6–11.7)
45–64	16.4	(12.7–20.1)	12.5	(8.0–17.0)
≥ 65	25.0	(20.7–29.3)	8.0	(4.1–11.9)
Education				
Eighth grade or less	24.0	(19.7–28.2)	8.5	(6.4–10.6)
Some high school	25.7	(21.3–30.1)	7.5	(4.6–10.4)
High school graduate	22.8	(18.6–27.0)	13.6	(7.2–20.0)
Some college	9.6	(6.7–12.6)	9.6	(2.4–16.8)
College graduate or more	8.3	(5.6–11.1)	— [¶]	—
Annual income				
<\$10,000	18.6	(14.7–22.6)	10.8	(4.4–17.1)
\$10,000–\$24,999	23.0	(18.7–27.3)	5.8	(2.1– 9.5)
\$25,000–\$50,000	21.5	(17.3–25.7)	8.7	(6.7–10.7)
>\$50,000	11.8	(8.5–15.1)	13.2	(7.4–19.0)
Acculturation**				
1 (less acculturated)	20.1	(16.1–24.2)	— [¶]	—
2	29.4	(24.8–34.0)	8.6	(5.9–11.3)
3	20.8	(16.7–24.8)	6.4	(4.3– 8.5)
4	20.9	(16.8–25.0)	7.7	(5.1–10.4)
5 (more acculturated)	13.1	(9.8–16.6)	14.6	(6.7–22.6)

*Based on a survey of a representative sample in Monterey County (excluding Monterey peninsula), California, completed by computer-assisted telephone interviews during July–December 1989.

[†]Because the number of current smokers who were women was too small for analysis, data for education, age, annual income, and acculturation are provided for men only.

[‡]Confidence interval.

[¶]Numbers too small for analysis.

**Those who self-reported they primarily think, read, and speak Spanish were classified as less acculturated; those who self-reported they primarily think, read and speak English were classified as more acculturated.

Chinese, Vietnamese, and Hispanics – Continued

these BRFSS surveys in California provide a basis for developing and evaluating culturally appropriate tobacco-control programs.

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Erratum: Vol. 40, No. 44

In the article, "Cigarette Smoking Among Adults – United States, 1988," the third paragraph on page 758 should include two changes. The first sentence of the paragraph should read: "Overall, the mean number of cigarettes smoked per day by current smokers in 1988 was 20.2 (Table 2)." The last sentence of the paragraph should read: "In 1988, 25.6% (95% CI = 24.7%–26.5%) of smokers smoked 25 or more cigarettes per day.

On page 759, Table 2 should read as follows:

TABLE 2. Mean number of cigarettes smoked daily by current smokers,* by sex, age, race, Hispanic origin, and level of education – United States, 1988

	Men		Women		Total	
	No.	(95% CI) [†]	No.	(95% CI)	No.	(95% CI)
Age (yrs)						
18–24	16.7	(15.9–17.5)	14.7	(14.0–15.4)	15.7	(15.2–16.2)
25–44	22.1	(21.6–22.6)	18.9	(18.5–19.3)	20.6	(20.3–20.9)
45–64	24.1	(23.3–24.9)	20.3	(19.6–21.0)	22.2	(21.7–22.7)
65–74	20.2	(18.8–21.6)	17.3	(16.3–18.3)	18.8	(17.9–19.7)
≥75	15.7	(13.5–17.9)	14.2	(12.7–15.7)	14.9	(13.5–16.3)
Race						
White	22.8	(22.4–23.2)	19.3	(19.0–19.6)	21.1	(20.8–21.4)
Black	15.4	(14.6–16.2)	13.3	(12.6–14.0)	14.4	(13.8–15.0)
Other	16.5	(14.8–18.2)	17.1	(12.1–22.2)	16.7	(14.3–19.1)
Hispanic origin						
Hispanic	15.0	(13.5–16.5)	12.1	(10.9–13.3)	13.8	(12.8–14.8)
Non-Hispanic	22.1	(21.7–22.5)	18.8	(18.5–19.1)	20.5	(20.2–20.8)
Education						
Less than high school diploma	22.1	(21.3–22.9)	19.4	(18.8–20.0)	20.9	(20.4–21.4)
High school diploma	21.7	(21.2–22.2)	18.6	(18.2–19.0)	20.1	(19.8–20.4)
Some college	22.1	(21.2–23.0)	17.8	(17.0–18.6)	19.9	(19.3–20.5)
College graduate	20.6	(19.6–21.6)	16.6	(15.6–17.6)	19.0	(18.3–19.7)
Total	21.7	(21.3–22.1)	18.5	(18.2–18.8)	20.2	(20.0–20.5)

*Persons ≥18 years of age who reported having smoked at least 100 cigarettes and who were currently smoking. These data include only persons who reported smoking one or more cigarettes per day.

[†]Confidence interval.

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