

Announcement

New Recommendations from the Community Preventive Services Task Force Available Online

The Community Preventive Services Task Force (Task Force) recently posted new information on its website regarding “Preventing Excessive Alcohol Consumption: Electronic Screening and Brief Intervention (e-SBI).” The information is available at <http://www.thecommunityguide.org/alcohol/esbi.html>.

Established in 1996 by the U.S. Department of Health and Human Services, the Task Force is an independent, nonfederal, unpaid panel of public health and prevention experts whose members are appointed by the Director of CDC. The Task Force provides information for a wide range of decision makers on programs, services, and policies aimed at improving population health. Although CDC provides administrative, research, and technical support for the Task Force, the recommendations developed are those of the Task Force and do not undergo review or approval by CDC.

Errata

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In the report, “Global Control and Regional Elimination of Measles, 2000–2011,” errors occurred in the text and in Table 1. On page 27, the sixth sentence of the report should read as follows: “During 2000–2011, annual reported measles incidence decreased 65%, from 146 to 52 cases per million population, and estimated measles deaths decreased 71%, from **548,000** to **158,000**.” On page 28, under Mortality Estimates, the last sentence should read as follows: “During 2000–2011, estimated measles deaths decreased 71%, from **548,000** to **158,000**; all regions and India had substantial reductions in estimated measles mortality, ranging from 36% to 90% (Table 1).”

On page 28, the table title should read as follows: “TABLE 1. Estimates of coverage with the first dose of measles-containing vaccine (MCV1) administered through routine immunization services among children aged 1 year, reported measles cases and incidence, **and estimated measles mortality**, by World Health Organization region, 2000 and 2011.”

In Table 1, in the Eastern Mediterranean row, the number of estimated measles deaths in 2000 should read, “**60,000 (32,000–100,000)**”; the percentage mortality reduction from 2000 to 2011 should read, “**49**.” In the South-East Asia row, the percentage mortality reduction from 2000 to 2011 should read, “**48**.” In the Western Pacific row, the number of estimated measles deaths in 2000 should read, “**13,000 (4,000–65,000)**,” and the number of estimated measles deaths in 2011 should read, “**1,000 (180–44,000)**.” In the Total row, the number of estimated measles deaths in 2000 should read, “**548,000 (347,000–1,109,000)**,” and the number of estimated measles deaths in 2011 should read, “**158,000 (94,000–540,000)**.”