tember and February, but rates for males show little regular seasonal variation.

Well-baby and child care, complete examinations, and checkups are definitely more frequent in clinics than in private practice, 68 to 84 percent being done in public clinics. However, less than half of prenatal care and postpartum examinations were done by clinics. In the frequency of these examinations, all except those relating to pregnancy and the puerperium were highest under 20 years of age, and wellbaby and child care was largely under 5 years with a peak at 1 year of age. Age-adjusted rates for complete examinations increased with income but the opposite was true of checkups. Age-specific rates for well-baby and child care, particularly under 5 years of age, decreased rapidly as income increased.

Smallpox, diphtheria, and whooping cough annual immunizations amounted to 106, 97, and 26, respectively, per 1,000 children under 10 years of age. During the 5 years of the study more than half of the first 2 immunizations were done in public clinics, but 99 percent of the whooping cough immunizations were done by private physicians. Diphtheria and whooping cough immunizations were done at the earliest ages, the peak rates ocurring under 1 year of age followed by a rapid decline. Smallpox vaccinations occurred at roughly the same frequency in each single year of age under 5 years, with a moderate drop thereafter. Smallpox and diphtheria immunizations per 1,000 children under 5 years of age decreased regularly as the family income increased but the opposite was true for whooping cough.

1,300 Projects Completed

To date 1,300 projects under the Hospital-Survey and Construction Program have been completed and put into operation. More than 700 projects are under construction, with 120 in preconstruction stages. Cost of all construction now totals more than \$1,700,000,000. Communities and States have supplied more than \$1 billion of this amount. The Federal Government's share is nearly \$600 million.

Final 1952 Report On Tuberculosis Morbidity United States and Territories

A total of 109,837 tuberculosis cases was newly reported in the continental United States during 1952, according to final reports received from State health departments. This figure represents a decline of 7 percent from the total reported in 1951. Part of this decline is accounted for by changes in the types of cases reported.

This is the first year in which new tuberculosis cases reported have been classified as group A (active and probably active) and group B (arrested and other reportable cases), as recommended by the State directors of tuberculosis control at their 1951 meeting in Cincinnati (1). Although the types of cases reported as group B vary widely from State to State, those reported as group A are fairly uniform. Group A tuberculosis cases newly reported to State health departments during 1952 totaled 85,607—an annual rate of 55.0 per 100,000 population.

The number of active and probably active cases reported in 1952 for each of 6 States was estimated because of the incompleteness of classification, which had a bearing on the count of active cases. Some of these States, however, have since adopted new morbidity reporting procedures so that all States probably will provide information on the number of newly reported active and probably active tuberculosis cases during 1953.

The accompanying table gives the data from the States and Territories. The newly reported active and probably active tuberculosis cases per 100,000 population varied among the States from a high of 164.0 for Arizona to a low of 16.4 for Nebraska. The rates for Alaska and

This report was prepared by the Division of Chronic Disease and Tuberculosis, Public Health Service.

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| State or Territory | Total newly reported tubercu- losis cases | Newly reported active and prob- ably active (group A) tuberculosis cases | | State or Territory | Total newly reported | | |
|---|--|--|---|---|---|---|--|
| | | Number | Rate per 100,000 popula- tion 1 | j | tubercu- losis cases | Number | Rate per 100,000 popula- tion ¹ |
| Alabama Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida Georgia Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Hampshire | 2, 448 2, 865 1, 840 8, 232 1, 206 1, 317 245 1, 885 2, 603 1, 985 230 5, 019 1, 900 689 470 2, 562 2, 330 419 2, 720 2, 397 6, 152 2, 230 1, 233 2, 302 324 231 130 177 | 1, 375 1, 409 1, 481 8, 232 495 935 149 1, 217 2, 002 1, 947 173 4, 481 1, 683 506 461 2, 276 (²) 380 (²) (²) 4, 066 821 1, 139 2, 086 192 225 121 149 | 45. 1 164. 0 78. 9 72. 3 34. 6 44. 5 44. 1 145. 7 64. 6 55. 4 28. 5 50. 2 41. 0 19. 1 23. 0 78. 1 2 62. 1 43. 0 2 72. 4 2 35. 9 60. 6 27. 2 51. 4 32. 5 16. 4 67. 2 27. 7 | New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming Continental United States Alaska Hawaii Puerto Rico United States and Territories | 11, 661 2, 000 206 7, 228 1, 574 863 5, 213 408 1, 251 191 3, 851 4, 385 163 382 4, 228 2, 497 1, 221 1, 483 96 109, 837 956 620 6, 236 | 2, 234 680 11, 386 1, 565 206 5, 124 1, 165 598 (2) 347 862 140 2, 131 (2) 153 171 (2) 1, 223 1, 141 1, 058 56 3 85, 607 743 350 5, 510 | 43. 8 93. 8 75. 0 37. 4 34. 3 62. 7 51. 4 37. 5 2 44. 2 42. 5 40. 5 20. 8 46. 0 2 84. 6 58. 5 29. 9 18. 2 3 55. 0 408. 0 2 446. 0 3 58. 5 2 46. 0 3 58. 5 2 46. 0 3 58. 5 3 58. 1 |

¹ Rate based on population as of July 1, 1952.

² A definite count not available for the entire year; rate computed from estimates based on incomplete data.
³ Includes estimates for 6 States with incomplete data.

Source: Annual tuberculosis reports and other reports from States and Territories.

Puerto Rico were substantially higher than the rate for Arizona. No doubt part of the difference in rates reflects the relative effectiveness of case finding and reporting in each State. On the other hand, it seems probable that large differences in the rates generally indicate actual differences in the incidence of the disease.

REFERENCE

(1) What is a reportable case of tuberculosis? Pub. Health Rep. 66:1291-1294 (1951).

