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Health Disparities Experienced by Hispanics — United States

In the 2000 census, 35.3 million persons in the United States and 3.8 million persons in the Commonwealth of Puerto Rico identified themselves as Hispanic (i.e., Hispanic, Spanish, or Latino; of all races). Hispanics constituted 12.5% of the U.S. population in the 50 states; by subpopulation, they identified as Mexican (7.3%), Puerto Rican (1.2%), Cuban (0.4%), and other Hispanic (3.6%) (*1*). For certain health conditions, Hispanics bear a disproportionate burden of disease, injury, death, and disability when compared with non-Hispanic whites, the largest racial/ethnic population in the United States. The leading causes of death among Hispanics vary from those for non-Hispanic whites (Table). This week's *MMWR* is the second in a series focusing on racial/ethnic health disparities; eliminating these disparities will require culturally appropriate public health initiatives, community support, and equitable access to quality health care.

In 2001, Hispanics of all races experienced more age-adjusted years of potential life lost before age 75 years per 100,000 population than non-Hispanic whites for the following causes of death: stroke (18% more), chronic liver disease and cirrhosis (62%), diabetes (41%), human immunodeficiency virus (HIV) disease (168%), and homicide (128%); in 2000, Hispanics had higher age-adjusted incidence for cancers of the cervix (152% higher) and stomach (63% higher for males and 150% higher for females) (*2*). During 1999–2000, Mexican Americans aged 20–74 years reported higher rates of overweight (11% higher for males and 26% higher for females) and obesity (7% higher for males and 32% higher for females) than non-Hispanic whites (*3*); Mexican-American youths aged 12–19 years also reported higher rates of overweight (112% higher for males and 59% higher for females) (*3*).

Despite recent progress, ethnic disparities persist among the leading indicators of good health identified in the national health objectives for 2010 (*4*). Hispanics or Hispanic subpopulations trailed non-Hispanic whites in various measures*, including 1) persons aged <65 years with health insurance (66% Hispanics versus 87% non-Hispanic whites, 2002) and persons with a regular source of ongoing health care (77% versus 90%, 2002); 2) children aged 19–35 months who are fully vaccinated (73% versus 78%, 2002) and adults aged ≥65 years vaccinated against influenza (49% versus 69%, 2002) and pneumococcal disease (28% versus 60%, 2002) during the preceding 12 months; 3) women receiving prenatal care in the first trimester (77% versus 89%, 2002); 4) persons aged ≥18 years who participated in regular moderate physical activity (23% versus 35%, in 2002); 5) persons who died from homicide (8.2 versus 4.0 per 100,000 population, 2001); and 6) persons aged 6–19 years who were obese (24% [Mexican Americans] versus 12%, 1999–2000), and adults who were obese (34% [Mexican Americans] versus 29%, 1999–2000).

In other health categories (e.g., tobacco use and exposure to secondhand smoke, infant mortality, and low birthweight), Hispanics led non-Hispanic whites. In addition, since the

* Differences not tested for statistical significance.

INSIDE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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1970s, ethnic disparities in measles-vaccine coverage during childhood and in endemic measles have been all but eliminated (*5*); however, during 1996–2001, the vaccination-coverage gap between non-Hispanic white and Hispanic children widened by an average of 0.5% each year for children aged 19–35 months who were up to date for the 4:3:1:3:3 series of vaccines recommended to prevent diphtheria, tetanus, and pertussis; polio; measles; *Haemophilus influenzae* type b disease; and hepatitis B (*6*).

Reported by: *Office of Minority Health, Office of the Director, CDC.*

Editorial Note: Socioeconomic factors (e.g., education, employment, and poverty), lifestyle behaviors (e.g., physical activity and alcohol intake), social environment (e.g., educational and economic opportunities, racial/ethnic discrimination, and neighborhood and work conditions), and access to preventive health-care services (e.g., cancer screening and vaccination) contribute to racial/ethnic health disparities (*7*). Level of education has been correlated with prevalence of certain health risks (e.g., obesity, lack of physical activity, and cigarette smoking) (*8*). Recent immigrants also can be at increased risk for chronic disease and injury, particularly those who lack fluency in English and familiarity with the U.S. health-care system or who have different cultural attitudes about the use of traditional versus conventional medicine.

Since 1985, the U.S. Department of Health and Human Services (DHHS) has coordinated initiatives to reduce or eliminate racial/ethnic health disparities, including the Hispanic Agenda for Action, Educational Excellence for Hispanic Americans, Improving Access to Services for Persons with Limited English Proficiency, Hispanic Employment in the Federal Government, the Initiative to Eliminate Racial and Ethnic Disparities in Health, and *Healthy People 2010*. Information about these initiatives is available at http://www.cdc.gov/omh/aboutus/executive.htm. Ongoing public awareness campaigns include Closing the Health Gap and Take a Loved One to the Doctor Day.

To promote consistency in measuring progress toward *Healthy People 2010* objectives, a DHHS workgroup recently recommended standards and techniques for measuring progress toward eliminating health disparities (*9*). The workgroup recommended that 1) progress toward eliminating disparities for individual subpopulations be measured in terms of the percentage difference between each subpopulation rate and the most favorable or "best" subpopulation rate in each domain and 2) all measures be expressed in terms of adverse events. DHHS conducts periodic reviews to monitor progress toward *Healthy People 2010* objectives, and progress toward elimination of health disparities will become part of those reviews.

TABLE. Ten leading causes of death among Hispanics of all races and non-Hispanic whites — National Vital Statistics System, United States, 2001

	Hispanic			White, non-Hispanic		
Rank	Cause of death	No.	(%)	Cause of death	No.	(%)
1.	Heart disease	27,090	(23.9)	Heart disease	582,349	(29.7)
2.	Cancer	22,371	(19.7)	Cancer	456,709	(23.3)
3.	Unintentional injury	9,523	(8.4)	Stroke	133,879	(6.8)
4.	Stroke	6,416	(5.7)	Chronic lower respiratory disease	110,753	(5.6)
5.	Diabetes	5,663	(5.0)	Unintentional injury	76,262	(3.9)
6.	Homicide	3,331	(2.9)	Influenza and pneumonia	51,952	(2.6)
7.	Liver disease	3,301	(2.9)	Diabetes	51,482	(2.6)
8.	Chronic lower respiratory disease	2,832	(2.5)	Alzheimer's disease	49,030	(2.5)
9.	Influenza and pneumonia	2,722	(2.4)	Kidney disease	29,449	(1.5)
10.	Perinatal conditions	2,227	(2.0)	Suicide	25,813	(1.3)
	All others	27,937	(24.6)	All others	395,132	(1.3)
Total		**113,413**	**(100.0)**	**Total**	**1,962,810**	**(100.0)**

For Hispanics in the United States, health disparities can mean decreased quality of life, loss of economic opportunities, and perceptions of injustice. For society, these disparities translate into less than optimal productivity, higher health-care costs, and social inequity. By 2050, an estimated 102 million Hispanics will reside in the United States, nearly 24.5% of the total U.S. population (*10*). If Hispanics experience poorer health status, this expected demographic change will magnify the adverse economic, social, and health impact of such disparities in the United States.

The reports in this week's *MMWR* describe Hispanic access to health-care and preventive services, prevalence of diabetes among Hispanics, possible disproportionate perinatal exposure to HIV among Hispanics, and the effects of revised population counts on Hispanic teen birthrates. The issue also commemorates National Hispanic Heritage Month (September 15–October 15, 2004), Border Binational Health Week (October 11–17), and Latino AIDS Awareness Day (October 15).

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Access to Health-Care and Preventive Services Among Hispanics and Non-Hispanics — United States, 2001–2002

Although Hispanics are the largest ethnic minority population in the United States, they are underserved by the health-care system (*1*). Hispanics are less likely to seek and receive health-care services, which might contribute to their poorer health status and higher rates of morbidity and mortality (*2*). To assess differences in access to health-care and preventive services between Hispanics and non-Hispanics, CDC analyzed 2001–2002 data from the Behavioral Risk Factor Surveillance System (BRFSS) surveys. This report summarizes the results of that analysis, which indicated that disparities exist in access to health-care and preventive services among Hispanics versus non-Hispanics. Public health authorities and health-care providers should implement strategies to reduce barriers to health-care and preventive services among Hispanics.

BRFSS is a state-based, random-digit–dialed telephone survey of the U.S. civilian, noninstitutionalized population aged

≥18 years. All 50 states and the District of Columbia participated in the surveys for 2001–2002, the latest years for which data were available. Respondents with complete information on age, race/ethnicity, education, sex, marital status, and employment status were included. Analyses were adjusted for respondents' sex, marital status (i.e., married, previously married, or never married), employment status (i.e., employed, unemployed, unable to work, retired, or homemaker/student), and self-rated general health status to control for potential confounders.

Respondents' receipt of selected preventive services and access to health care were assessed. Clinical preventive services included mammography within 2 years among women aged ≥40 years, cervical cancer screening within 3 years among women with an intact uterus (i.e., no hysterectomy), fecal occult blood testing within 2 years among adults aged ≥50 years, sigmoidoscopy/colonoscopy within 5 years among adults aged ≥50 years, blood cholesterol checked within 5 years among adults aged ≥18 years, influenza vaccination within the previous year among adults aged ≥65 years, and pneumococcal vaccination among adults aged ≥65 years.

Data on breast and cervical cancer and medical care were collected in 2002, data on blood cholesterol were collected in 2001, and data on colorectal cancer screening, vaccination, and health-care coverage were collected in 2001 and 2002. Interviews were conducted in English and in Spanish when applicable. Health-care coverage was assessed by asking respondents, "Do you have any kind of health-care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?" Having a regular care provider was assessed by asking, "Do you have one person you think of as your personal doctor or health-care provider?" Persons who responded "no" were asked, "Is there more than one or is there no person who you think of?" To be classified as having a regular care provider, respondents must have responded either "yes, only one" or "more than one." Inaccessibility to medical care at some point during the preceding 12 months was assessed by asking, "Was there a time in the past 12 months when you needed medical care, but could not get it?" Having a regular place of care was assessed by asking, "When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say: a doctor's office, a public health clinic or community health center, a hospital outpatient department, a hospital emergency room, urgent care center, some other kind of place, or no usual place?" For this analysis, having a regular place of care was dichotomized into 1) a doctor's office, public health clinic or community health center, hospital outpatient department, hospital emergency room, urgent care center, or some other kind of place and 2) no usual place.

The BRFSS data files were edited and aggregated to create a yearly sample for each state. Each sample was weighted to the respondent's probability of selection and to age- and sex-specific or race-age and sex-specific population from the most current census data. To compare Hispanics and non-Hispanics, prevalence estimates were adjusted to the 2000 U.S. standard population. SUDAAN® (Research Triangle Park, North Carolina) was used to account for the complex sampling design and to calculate the standard errors and 95% confidence intervals (CIs). All results were statistically significant ($p<0.01$ or $p<0.05$) unless otherwise noted.

In 2002, a total of 247,964 interviews were completed; 18,152 (7.3%) were by Hispanic respondents, and 229,812 (92.6%) were by non-Hispanic respondents. The median response rate was 58.3% (range: 42.2%–82.6%). In 2001, a total of 212,510 interviews were completed; 17,588 (8.3%) were by Hispanic respondents, and 194,922 (91.7%) were by non-Hispanic respondents. The median response rate was 51.1% (range: 33.3%–81.5%). Hispanic respondents were significantly more likely than non-Hispanic respondents to be aged 18–44 years; have less than a high school education; be unemployed, unable to work, or a homemaker or student; reside in Western states*; and report fair or poor general health (Tables 1 and 2).

Hispanic respondents were significantly less likely than non-Hispanic respondents to have health-care coverage (76.2% versus 90.6%), have one or more regular personal health-care providers (68.5% versus 84.1%), or have a regular place of care (93.4% versus 96.2%) (Table 2). Hispanic respondents were significantly more likely than non-Hispanic respondents to report having needed medical care during the preceding 12 months but could not obtain it (6.5% versus 5.0%). Hispanics also were significantly less likely to be screened for blood cholesterol and for breast, cervical, and colorectal cancers; to receive a pneumococcal vaccination; and to receive an influenza vaccination within the preceding year.

Reported by: *LS Balluz, ScD, CA Okoro, MS, TW Strine, MPH, National Center for Chronic Disease Prevention and Health Promotion, CDC.*

Editorial Note: Disparities in use of preventive services by racial/ethnic characteristics have been documented (*3*); minority populations, such as Hispanics, are less likely than non-Hispanics to receive preventive services (*3*). This report demonstrates that these disparities in access to health-care and screening practices between Hispanics and non-Hispanics persist.

Substantial differences in prevalence of health-care coverage (i.e., having a regular personal health-care provider or a

* Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

trust•wor•thy: *adj*

('trəst-"wər-thē) 1 : worthy of belief

2 : capable of being depended upon;

see also *MMWR*.

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TABLE 1. Percentage of Hispanic and non-Hispanic adults aged ≥18 years, by selected characteristics* — Behavioral Risk Factor Surveillance System, United States, 2001–2002

Characteristic	Hispanic† %	Hispanic† (95% CI¶)	Non-Hispanic§ %	Non-Hispanic§ (95% CI)
Sex				
Men	48.2	(47.0–49.5)	48.1	(47.8–48.3)
Women	51.8	(50.5–53.0)	52.0	(51.7–52.2)
Age group (yrs)				
18–24	19.6	(18.7–20.6)**	12.1	(11.9–12.3)
25–34	26.4	(25.5–27.3)**	17.4	(17.2–17.6)
35–44	23.0	(22.0–23.9)**	20.6	(20.3–20.8)
45–54	15.3	(14.5–16.2)**	18.7	(18.5–18.9)
55–64	8.0	(7.3–8.6)**	13.0	(12.8–13.2)
≥65	7.7	(7.1–8.3)**	18.3	(18.1–18.4)
Education level				
<High school	37.9	(36.7–39.2)**	9.5	(9.3–9.6)
High school graduate	27.6	(26.5–28.6)**	31.1	(30.8–31.3)
>High school	34.5	(33.4–35.6)**	59.5	(59.2–59.7)
Marital status				
Married	57.4	(56.2–58.5)	58.3	(58.0–58.5)
Previously married	20.2	(19.2–21.1)	19.2	(19.1–19.4)
Never married	22.5	(21.7–23.2)	22.5	(22.3–22.7)
Employment status				
Employed	59.1	(58.0–60.1)**	63.3	(63.1–63.6)
Unemployed	6.2	(5.7–6.7)**	4.7	(4.6–4.8)
Unable to work	6.1	(5.3–6.8)**	4.0	(3.9–4.1)
Retired	13.9	(13.1–14.7)**	16.4	(16.3–16.5)
Homemaker/Student	14.8	(14.0–15.6)**	11.5	(11.4–11.7)
Census region††				
Northeast	16.6	(15.8–17.4)**	19.6	(19.4–19.7)
Midwest	8.8	(8.3–9.3)**	24.6	(24.5–24.7)
South	33.2	(32.2–34.1)**	36.1	(36.0–36.3)
West	41.4	(40.2–42.6)**	19.7	(19.5–19.9)

* Sex, education, marital status, employment status, and census region were age-adjusted to the 2000 U.S. standard population.
† Weighted sample size: 50,566,789; unweighted sample size: 26,330.
§ Weighted sample size: 367,545,309; unweighted sample size: 411,319.
¶ Confidence interval.
** Statistically significant (p<0.01).
†† *Northeast*: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *Midwest:* Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *South*: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; and *West*: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

regular doctor among those with a regular place of care) were documented among Hispanics compared with non-Hispanics. These differences remained significant even after adjusting for respondents' socioeconomic factors and self-rated health status. In the United States, access to health care is closely related to insurance coverage, the type of insurance, and whether persons have a regular source of care (*4*). Having access to health care increases the use of preventive services (*4*). The lower prevalence of health-care access among Hispanics might explain the disparities in receiving preventive services. Hispanic adults were substantially less likely than non-Hispanic adults to receive cancer screenings, blood cholesterol screening, or recommended vaccinations. Hispanics face obstacles in accessing health-care services in the United States, such as cultural differences between them and their health-care providers, language barriers, and the administrative complexity of health plans. Such obstacles might place Hispanics at increased risk for not seeking preventive services and for poor quality of care (*5,6*).

Cultural factors also might affect Hispanics' access to preventive services. Hispanics have less knowledge about cancer and a more fatalistic attitude toward cancer than non-Hispanics (*7,8*). Cancer is increasing among Hispanics (*9*), and cancer screening, an essential component of early detection and treatment, is especially important among Hispanics.

The findings in this report are subject to at least three limitations. First, data were based on self report and subject to recall bias. Second, BRFSS is a telephone survey; therefore, persons without telephones were not surveyed. Third, states that conducted the survey only in English excluded persons who speak only Spanish.

Strategies to reduce barriers to health-care and preventive services should be developed among Hispanics. These include using culturally appropriate programs to advise Hispanics about the importance of screening, expanding access to health care, and targeting specific barriers to care, such as poverty and lack of knowledge among health-care professionals about how best to encourage Hispanics to use preventive services.

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TABLE 2. Adjusted prevalence of health-care access, preventive services, and health status among Hispanic and non-Hispanic adults aged ≥18 years — Behavioral Risk Factor Surveillance System, United States, 2001–2002*

Category	Hispanic		Non-Hispanic	
	%	(SE†)	%	(SE)
Health-care access				
Had health-care coverage	76.2	(75.2–77.2)§	90.6	(90.4–90.8)
Had at least a regular personal doctor, nurse, or other health-care provider	68.5	(67.4–69.6)§	84.1	(83.9–84.3)
Needed medical care but was unable to obtain it during preceding 12 months	6.5	(5.9–7.2)§	5.0	(4.8–5.1)
Had a regular place of care¶	93.4	(92.7–94.0)§	96.2	(96.0–96.3)
Had a regular doctor, among those with a regular place of care	74.3	(72.7–76.0)§	86.2	(85.9–86.5)
Preventive services				
Breast cancer screening				
Ever had a mammogram, among women aged ≥40 years	84.7	(82.1–87.4)§	90.3	(90.0–90.7)
Had a mammogram during preceding 2 years, among women aged ≥40 years	73.5	(70.5–76.6)**	77.1	(76.6–77.6)
Cervical cancer screening				
Ever had a Papanicolaou (Pap) test, among women aged ≥18 years with an intact cervix	94.0	(93.0–95.0)§	96.9	(96.7–97.2)
Had a Pap test during preceding 3 years, among women aged ≥18 years with an intact cervix	85.8	(84.2–87.5)§	88.8	(88.4–89.2)
Colorectal cancer screening				
Had a fecal occult blood test during preceding 2 years, among adults aged ≥50 years	20.1	(18.2–22.0)§	32.0	(31.6–32.4)
Ever had a sigmoidoscopy or colonoscopy, among adults aged ≥50 years	37.9	(35.4–40.3)§	49.2	(48.8–49.6)
Had a sigmoidoscopy or colonoscopy during the preceding 5 years, among adults aged ≥50 years	32.0	(29.7–34.3)§	40.1	(39.7–40.5)
Blood cholesterol screening				
Ever had blood cholesterol checked, among adults aged ≥18 years	74.1	(72.7–75.6)§	82.7	(82.4–83.0)
Had blood cholesterol checked during preceding 5 years, among adults aged ≥18 years	70.4	(68.9–72.0)§	77.8	(77.5–78.2)
Vaccinations				
Had an influenza vaccination during preceding year, among adults aged ≥65 years	57.9	(53.3–62.5)§	66.8	(66.3–67.4)
Ever had pneumococcal vaccination, among adults aged ≥65 years	44.9	(40.4–49.5)§	62.4	(61.9–63.0)
Health status				
Self-rated fair/poor health††	28.9	(27.7–30.0)§	14.0	(13.8–14.2)

* Adjusted for sex, age, marital status, employment status, and self-rated general health.
† Standard error.
§ Statistically significant (p<0.01).
¶ Defined as a doctor's office, public health clinic or community health center, hospital outpatient department, hospital emergency room, urgent care center, or some other kind of place.
** Statistically significant (p<0.05).
†† Age adjusted to the 2000 U.S. standard population.

Prevalence of Diabetes Among Hispanics — Selected Areas, 1998–2002

Diabetes disproportionately affects Hispanics in the United States (*1*). However, the Hispanic population is composed of culturally distinct subpopulations that tend to be regionally concentrated (*2*), and the prevalence of diabetes can differ in these subpopulations (*3*). CDC analyzed data from Behavioral Risk Factor Surveillance System (BRFSS) surveys to estimate the prevalence of diabetes among Hispanic and non-Hispanic white adults residing in six states and among Hispanics in Puerto Rico, assessing disparities by geographic location. This report summarizes the findings of that analysis, which indicated that Hispanics continued to have a higher prevalence of diabetes than non-Hispanic whites and that disparities in diabetes between these two populations varied by area of residence. These findings underscore the need to target Hispanics and other populations with higher prevalence of diabetes to eliminate racial/ethnic disparities.

BRFSS conducts state-based, random-digit–dialed telephone surveys of the U.S. civilian, noninstitutionalized population aged ≥18 years in all 50 states, the District of Columbia, Puerto Rico, and other U.S. territories. Respondents were considered to have diabetes if they answered "yes" to the question, "Has a doctor ever told you that you have diabetes?" Women who were told that they had diabetes, but only during pregnancy, were classified as not having diabetes. All respondents who reported being of Hispanic origin were considered to be Hispanic, regardless of race; all respondents who reported being white, but not of Hispanic origin, were considered to be non-Hispanic white. Because of the limited number of Hispanics in the annual BRFSS surveys, data were aggregated for 1998–2002 for the six geographic areas with the greatest proportions of Hispanics: California, Florida, Illinois, New York/New Jersey (neighboring states combined for a larger sample), Texas, and Puerto Rico. Data were weighted to reflect the age, sex, and racial/ethnic distribution of the noninstitutionalized

population of those six areas. The interviews were conducted in English and Spanish; however, data were not collected regarding the language used. All differences were statistically significant ($p<0.05$) unless otherwise noted.

The prevalence of diabetes was estimated for Hispanics and non-Hispanic whites in each area by age, sex, education level, body mass index from respondents' self-reported weight and height (BMI = kg/m^2), health insurance coverage, and participation in physical activity outside of work during the previous month. Respondents were classified as overweight if their BMI was 25.0–29.9 and obese if their BMI was ≥30.0. Data were age- and sex-adjusted by the direct method using the 2000 U.S. standard population, and 95% confidence intervals (CIs) were calculated; a t-test was conducted to determine whether differences in diabetes prevalence between populations in each area were statistically significant. The prevalences of Hispanics and non-Hispanic whites in Puerto Rico were not compared because of the limited sample of non-Hispanic whites. The median response rate for the six areas was 52.2% in 1998 (range: 32.5%–76.7%), 45.0% in 1999 (range: 36.2%–69.5%), 41.5% in 2000 (range: 28.8%–65.3%), 39.7% in 2001 (range: 33.3%–81.5%), and 45.2% in 2002 (range: 42.2%–75.2%).

Overall, 7.4% of Hispanics in the six areas had been told by a doctor that they had diabetes; prevalence ranged from 6.2% in Illinois and New York/New Jersey to 9.3% in Puerto Rico (Table 1). Among both Hispanics and non-Hispanic whites, diabetes prevalence increased with age ($p<0.001$; t-test for trend). The overall and age-specific diabetes prevalence was significantly higher among Hispanics than among non-Hispanic whites in California (7.8% versus 5.1%) and Texas (7.1% versus 5.7%) (Table 1). In other areas, diabetes prevalence was significantly higher among Hispanics only for those aged 45–54 years in Illinois (15.9% versus 4.6%), for those aged 45–64 years in New York/New Jersey (10.5% versus 4.4% for those aged 45–54 years and 15.9% versus 9.8% for those aged 55–64 years), and for those aged ≥65 years in Florida (20.6% versus 12.2%) (Table 1). Among Hispanics in Puerto Rico, the overall and age-specific diabetes prevalence was significantly higher than that among non-Hispanic whites in the other five areas (9.3% versus 5.1% in California, 5.6% in New York/New Jersey, 5.7% in Texas, 6.0% in Illinois, and 6.6% in Florida) (Table 1).

Overall, the age-adjusted diabetes prevalence among Hispanics was approximately twice that among non-Hispanic whites (9.8% versus 5.0%) (Table 2). Among Hispanics, the prevalence for men and women was similar (9.7% versus 9.9%), but among non-Hispanic whites, the prevalence was significantly higher for men than women (5.5% versus 4.5%) (Table 2). Across all other characteristics examined, the age- and sex-adjusted prevalence was significantly higher among Hispanics. For both Hispanics and non-Hispanic whites, the

TABLE 1. Prevalence of self-reported diabetes among Hispanics and non-Hispanic whites aged ≥18 years, by age group and area of residence — Behavioral Risk Factor Surveillance System, selected areas*, 1998–2002

	Prevalence of diabetes											
	Age group (yrs)								Adults overall			
	18–44		45–54		55–64		≥65		≥18		≥18†	
Area of residence	%	(95% CI§)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
California												
Hispanic	3.2	(2.2–4.2)	11.7	(8.4–15.0)	24.6	(18.3–30.9)	25.6	(19.7–31.5)	7.8	(6.8–8.8)	10.9	(9.5–12.3)
White, non-Hispanic	1.3	(0.9–1.7)	5.0	(4.0–6.0)	9.2	(7.4–11.0)	11.7	(10.3–13.1)	5.1	(4.7–5.5)	4.6	(4.2–5.0)
Florida												
Hispanic	2.2	(1.4–3.0)	6.1	(3.4–8.8)	12.8	(8.5–17.1)	20.6	(16.3–24.9)	6.6	(5.6–7.6)	7.2	(6.0–8.4)
White, non-Hispanic	1.4¶	(1.0–1.8)	6.2¶	(5.2–7.2)	11.0¶	(9.6–12.4)	12.2	(11.2–13.2)	6.6¶	(6.2–7.0)	5.2	(4.8–5.6)
Illinois												
Hispanic	2.0	(0.2–3.8)	15.9	(9.0–22.8)	19.8	(9.4–30.2)	25.8	(13.3–38.3)	6.2	(4.2–8.2)	10.5	(7.6–13.4)
White, non-Hispanic	1.5¶	(1.1–1.9)	4.6	(3.6–5.6)	11.3¶	(9.5–13.1)	15.0¶	(13.4–16.6)	6.0¶	(5.6–6.4)	5.5	(5.1–5.9)
New York/New Jersey												
Hispanic	2.4	(1.4–3.4)	10.5	(7.0–14.0)	15.9	(10.6–21.2)	17.7	(12.0–23.4)	6.2	(5.0–7.4)	8.0	(6.6–9.4)
White, non-Hispanic	1.4¶	(1.2–1.6)	4.4	(3.6–5.2)	9.8	(8.4–11.2)	12.9¶	(11.7–14.1)	5.6¶	(5.2–6.0)	4.9	(4.5–5.3)
Texas												
Hispanic	2.8	(2.2–3.4)	13.0	(9.9–16.1)	20.8	(16.7–24.9)	25.4	(20.3–30.5)	7.1	(6.3–7.9)	10.5	(9.3–11.7)
White, non-Hispanic	1.4	(1.2–1.6)	6.6	(5.6–7.6)	10.5	(9.1–11.9)	11.8	(10.6–13.0)	5.7	(5.3–6.1)	5.1	(4.7–5.5)
Puerto Rico**	2.4	(2.0–2.8)	11.2	(9.8–12.6)	21.2	(19.2–23.2)	25.3	(23.5–27.1)	9.3	(8.7–9.9)	10.0	(9.4–10.6)

* California, Florida, Illinois, New York/New Jersey, Texas, and Puerto Rico.
† Age adjusted to the 2000 U.S. standard population.
§ Confidence interval.
¶ Not statistically significant ($p\geq0.05$).
** Hispanics only; non-Hispanic whites were not included because of small sample size.

TABLE 2. Prevalence of self-reported diabetes among Hispanics and non-Hispanic whites aged ≥18 years, by selected characteristics — Behavioral Risk Factor Surveillance System, selected areas*, 1998–2002

	Prevalence of diabetes			
	White, non-Hispanic†		Hispanic	
Characteristic	%	(95% CI§)	%	(95% CI)
Sex¶				
Men	5.5	(5.3–5.7)	9.7	(8.7–10.7)
Women	4.5	(4.3–4.7)	9.9	(9.1–10.7)
Education level**				
Less than high school	7.4	(6.6–8.2)	11.8	(10.8–12.8)
High school	5.4	(5.0–5.8)	8.6	(7.4–9.8)
Some college	5.4	(5.0–5.8)	9.1	(7.7–10.5)
College graduate or more	3.7	(3.5–3.9)	7.0	(5.8–8.2)
BMI†† **				
<25.0	2.7	(2.5–2.9)	7.0	(6.0–8.0)
25.0–29.9	4.5	(4.3–4.7)	8.9	(8.1–9.7)
≥30.0	11.2	(10.6–11.8)	15.3	(13.7–16.9)
Participated in physical activity during the preceding month**				
Yes	4.4	(4.2–4.6)	9.1	(8.3–9.9)
No	7.1	(6.7–7.5)	10.8	(9.6–12.0)
Health insurance coverage**				
Yes	5.0	(4.8–5.2)	10.0	(9.4–10.6)
No	5.3	(4.5–6.1)	10.1	(7.7–12.5)
Total¶	**5.0**	**(4.8–5.2)**	**9.8**	**(9.2–10.4)**

* California, Florida, Illinois, New York/New Jersey, Texas, and Puerto Rico.
† Non-Hispanic whites in Puerto Rico were not included because of small sample size.
§ Confidence interval.
¶ Age adjusted to the 2000 U.S. standard population.
** Age and sex adjusted to the 2000 U.S. standard population.
†† Body mass index (kg/m^2) from self-reported weight and height.

age- and sex-adjusted prevalence decreased with education level and increased with BMI (p<0.001; t-test for trend); prevalence was significantly lower among those who had participated in physical activity during the previous month but was not significantly associated with health insurance coverage (Table 2).

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Editorial Note: Diabetes, which is associated with severe morbidity and premature death, continues to disproportionately affect Hispanic adults in the United States and Puerto Rico. Similar to previous findings (*1,3,4*), the results of this analysis indicated that the age-adjusted prevalence of diabetes among Hispanics was twice that among non-Hispanic whites and that the age-adjusted prevalence among Hispanics was lowest in Florida and higher in California, Texas, and Puerto Rico. The differences in diabetes prevalence by geographic location suggest that differences among Hispanic subpopulations in access to quality health care, social and cultural factors, or genetic factors might at least partially explain disparities in diabetes prevalence (*3,5*). However, diabetes prevalence was not associated with health insurance coverage. The results of this analysis might help programs target their diabetes-prevention and -control efforts more effectively by identifying disparities in diabetes prevalence between Hispanics and non-Hispanic whites for each geographic location. In addition, these results identified groups in particular need of intervention to prevent and control diabetes, such as persons with less than a high school education.

Overweight and obesity contribute to racial/ethnic disparities in diabetes prevalence (*6*). However, at each BMI level, Hispanics had a higher prevalence of diabetes than non-Hispanic whites. The reasons for this disparity remain unclear. Nutrition factors (e.g., diets low in fiber and high in calories) might increase risk for diabetes; however, these factors were not evaluated in the study.

The findings in this report are subject to at least six limitations. First, prevalence estimates obtained from telephone surveys likely are lower than the actual prevalence in a geographic location because diabetes prevalence is higher among persons without telephones (*7*). Second, total prevalence is underestimated because some persons have undiagnosed diabetes. Results of the National Health and Nutrition Examination Survey from 1999–2000 indicated that for every two persons with diagnosed diabetes, one person had undiagnosed diabetes (*4*). Third, small samples might have restricted the ability to detect differences in certain geographic locations. Fourth, the median BRFSS response rates for the six states and Puerto Rico ranged from 39.7% to 52.2% during the years of study; however, BRFSS data have minimal bias compared with census data. Fifth, the analysis included data from only six states and Puerto Rico and therefore is not representative of all Hispanics in the United States. However, the Hispanic population in these areas includes 84% of all U.S. Hispanics (*2*). Finally, data on the preferred language of interview for Hispanics were not available.

To eliminate racial/ethnic disparities in diabetes prevalence, CDC is targeting those populations at greatest risk. An estimated 41 million persons in the United States are at high risk for diabetes (*8*). However, studies suggest that, among those at high risk, diabetes can be prevented or delayed with sustained lifestyle changes such as a 7% weight loss and moderate-intensity physical activity (e.g., walking for 30 minutes, 5 days a week) (*9*). The National Diabetes Education Program, sponsored by CDC and the National Institutes of Health, has

implemented a national multicultural diabetes prevention campaign, Small Steps. Big Rewards. Prevent Type 2 Diabetes*, to motivate persons at high risk to make these lifestyle changes. This campaign, which includes motivational tip sheets and public service ads, specifically targets older adults, Hispanics, blacks, American Indians/Alaska Natives, Asians, and Pacific Islanders. Education materials and prevention tools for health-care providers, the public, and businesses are also available†. As part of its prevention initiative, Steps to a HealthierUS, the U.S. Department of Health and Human Services (DHHS) awarded approximately $37.5 million to support efforts by 40 communities to prevent diabetes, obesity, and asthma. Because serious diabetes-related health problems can be delayed or even prevented with early diagnosis and proper treatment (*10*), CDC is also leading implementation of the DHHS Diabetes Detection Initiative, a national program§ to help find and enter into care an estimated 5 million U.S. residents who have type 2 diabetes but do not know it.

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* Available at http://www.ndep.nih.gov/campaigns/smallsteps/smallsteps_index.htm.
† Available at http://www.diabetesatwork.org.
§ Available at http://www.ndep.nih.gov/ddi/index.htm.

Assessment of Increase in Perinatal Exposure to HIV Among Hispanics — 20 Counties, Georgia, 1994–2002

CDC recently received reports from clinicians in a specialized pediatric human immunodeficiency virus (HIV) care clinic (clinic A) suggesting that the number of perinatally HIV-exposed Hispanic infants in the Atlanta metropolitan area had increased disproportionately to the growth of Hispanics in the area's population. To assess this increase and characterize trends in perinatal HIV exposure in this population, CDC collaborated with health-care providers at clinic A, which serves residents in 20 Georgia counties, including the Atlanta metropolitan area. This report summarizes the results of that assessment, which suggest that the increase in the number of perinatally HIV-exposed Hispanic infants was associated with multiple factors, including the growth of the Hispanic population, increasing HIV prevalence and fertility among Hispanics, and lower preconception awareness of HIV serostatus among those with HIV. The findings suggest a need for improved access to voluntary HIV counseling and testing and increased opportunities for reducing the risk for unintended pregnancy among Hispanics in these counties.

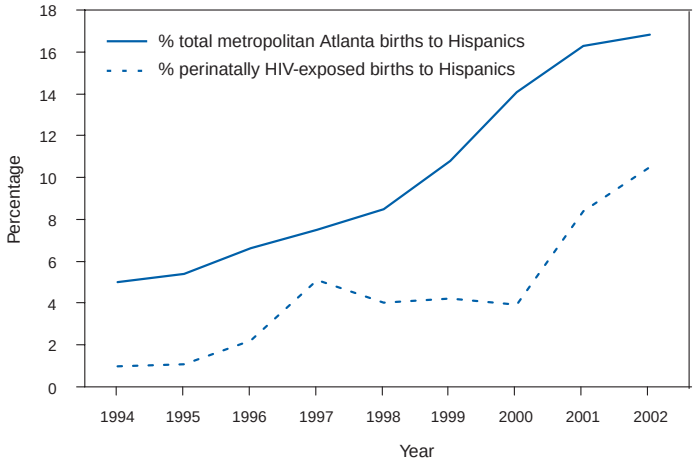
Data on maternal race/ethnicity and infant final HIV-infection status were obtained from Ryan White Comprehensive AIDS Resource Emergency records maintained by clinic A. Infants born during 1994–2002 were referred to the clinic because 1) HIV infection had been diagnosed in the mother preconception, and the infant had perinatal exposure to HIV or 2) the infant was believed to have acquired perinatal HIV infection from the mother. In this report, Hispanics might be of any race; non-Hispanics were classified either as non-Hispanic black or as "non-Hispanic white and other races." The HIV-infection rate for each racial/ethnic population was defined as the number of infants who were HIV infected divided by the total number of infants who were exposed perinatally. During the study period, HIV infection (i.e., without acquired immunodeficiency syndrome [AIDS]) was not reportable in Georgia. Thus, the number of women with HIV infection giving birth in Georgia and the proportion of perinatally HIV-exposed or perinatally HIV-infected infants in the 20 counties who did not receive care from clinic A is unknown. However, approximately 70% of Georgia AIDS cases were reported from five metropolitan Atlanta counties (*1*), and clinic A is the state's principal provider of specialized pediatric HIV health care.

The numbers of live births by year and maternal race/ethnicity were obtained by using the Online Analytical Statistical Information System (OASIS) of the Georgia State Division of Public Health (*2*). U.S. Census data for 2001 were

used to estimate racial/ethnic trends in the female populations of childbearing age in those counties (*3*). Data from HIV serologic surveys of childbearing women, which are no longer conducted in the United States, can be compared with other health data to describe the dynamic of HIV among women of childbearing age (*4*). As an alternative to a serologic survey of childbearing women, minimum HIV seroprevalence among women who gave birth in 2002 and among all women who were of childbearing age in the 20 Georgia counties was estimated by using the number of infants known to be perinatally HIV exposed in 2002 as the numerator. The numbers of women of childbearing age and of women who delivered live infants in these counties in 2002 were used as the denominators (*2,3*).

During 1994–2002, the number and proportion of live births to Hispanics in the 20 counties increased more than threefold, from 5.0% (2,620) to 16.8% (11,130) (*1*) (Figure). Conversely, during the same period, although the number of live births increased, the proportion of births to non-Hispanic whites and other races declined from 60.5% (31,612) to 50.3% (33,256), and the proportion to non-Hispanic blacks declined from 34.5% (18,017) to 32.9% (21,765). The estimated proportion of Hispanics in Georgia's population of females of childbearing age increased from 2.5% to 6.1% during this same period (*3*). The proportion of perinatally HIV-exposed infants who were Hispanic increased by more than ninefold, from one of 96 (1.1%) in 1994 to 10 of 95 (10.5%) in 2002 (p<0.001) (Table). Among HIV-exposed infants who were non-Hispanic white and other races, the proportion increased from five of 96 (5.2%) in 1994 to seven of 95 (7.4%) in 2002; among infants who were non-Hispanic black, the proportion decreased from 90 (94.0%) of 96 in 1994 to 78 (82.0%) of 95 in 2002.

FIGURE. Proportion of total births to Hispanics and perinatally HIV-exposed Hispanic births, by year — 20 counties*, Georgia, 1994–2002



* Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton counties.

TABLE. Number and percentage of perinatally HIV-exposed births, by race/ethnicity — 20 counties*, Georgia, 1994 and 2002

Year	Total HIV-exposed births	Hispanic No.	Hispanic (%)	Black, non-Hispanic No.	Black, non-Hispanic (%)	White, or other race, non-Hispanic No.	White, or other race, non-Hispanic (%)
1994	96	1	(1.1)	90	(94.0)	5	(5.2)
2002	95	10	(10.5)	78	(82.0)	7	(7.4)

* Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton counties.

The proportion of HIV seroprevalence to live births among childbearing women in the 20 counties in 2002 was estimated at 0.36% (78 HIV-exposed infants of 21,765 live births) among non-Hispanic blacks, 0.09% (10 HIV-exposed infants of 11,130 live births) among Hispanics, and 0.02% (seven HIV-exposed infants of 33,256 live births) among non-Hispanic whites and other races (p<0.01).

Assuming that HIV seroprevalence among women of childbearing age in these counties was similar to that among women who gave birth to a live infant in 2002, 0.36% of 341,379 non-Hispanic blacks (1,229), 0.09% of 79,237 Hispanics (71), and 0.02% of 620,743 non-Hispanic whites and other races (124) had HIV infection. On the basis of these estimates, 10 (14.1%) of 71 HIV-infected Hispanic women had a live birth in 2002, compared with 78 (6.3%) of 1,229 non-Hispanic black women and seven (5.6%) of 124 women of non-Hispanic white and other races (Fisher's exact 2-tailed p<0.03). In contrast to the proportion of Hispanic women living with HIV who gave birth in 2002, only 2.5% of women receiving services at clinic A were Hispanic.

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Editorial Note: Although the increase in number and proportion of perinatally HIV-exposed Hispanic infants outpaced the increase in the proportion of births that occurred among Hispanics in Georgia and Atlanta (*2*), the findings in this report suggest that the increase in perinatal HIV-exposure in 20 Georgia counties in part was associated with increased fertility rate. During the preceding 20 years, the U.S. Hispanic population approximately doubled because of an unprecedented level of immigration and the highest fertility rate of any U.S population group (*3,5*). The growth in the number

of Hispanics was particularly large in metropolitan areas in the U.S. Southeast, where Atlanta had the greatest increase.

In 2002, among all U.S. regions, the Southeast had the largest estimated number of persons living with HIV/AIDS (*6*). Although Hispanics do not represent a large percentage of persons with AIDS in Georgia, they have experienced the largest increases in AIDS cases (*1*). Nationwide, compared with other population groups, Hispanics with HIV infection are substantially less likely to have had two or more outpatient visits during the preceding 6 months, more likely to have HIV infection diagnosed late in the course of their disease, and less likely to have health insurance (*7*). The small proportion of Hispanic female patients at clinic A in 2002 suggests that these national trends also might have occurred among HIV-infected Hispanics in Atlanta.

In the 1995 National Survey of Family Growth, Hispanic women were less likely than those other U.S. population groups to use contraception during their first intercourse or to use reversible contraception (*8*). In the 20 Georgia counties studied in this report, 16% of Hispanic women of childbearing age had a live birth in 2002, compared with 6.3% of non-Hispanic black women and 5.4% of women who were non-Hispanic white and other races (*2*). Less use of health resources (e.g., HIV testing and family planning services) by Hispanic women in these counties might contribute to their overrepresentation among childbearing women with HIV.

The findings in this report are subject to at least four limitations. First, the small number of perinatally HIV-exposed Hispanic infants limits the precision of estimates. Second, identification bias might have reduced the number of mothers classified as Hispanic in 1994, exaggerating the increase in the Hispanic proportion of perinatally HIV-exposed infants. Third, because perinatally HIV-exposed infants were identified through voluntary counseling and testing of mothers, certain mothers whose status was not determined might have been HIV infected but not included. Finally, although national estimates and international comparisons of HIV seroprevalence continue to be based on sentinel surveillance among pregnant women, HIV seroprevalence among childbearing women might not be similar to that in the general population. Because HIV infection reduces fertility, particularly later in the course of HIV infection, the seroprevalence in childbearing women might underestimate seroprevalence among other women (*9*).

All sexually active women of childbearing age, particularly those in areas with high HIV/AIDS prevalence, should be advised of the potential for remaining symptom-free if HIV infection is diagnosed and treated before the onset of severe immunodeficiency (*10*). Opportunities for HIV testing, ideally before conception, but also during pregnancy, should be increased. HIV testing during labor should be considered a community standard of care for women who have not been tested during pregnancy. In addition, linkages should be offered to specialized treatment and prevention services, including family planning services, for all women who wish to delay childbearing to reduce the risk for both sexual and perinatal HIV transmission and to improve symptom-free survival among underserved women living with HIV.

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Effect of Revised Population Counts on County-Level Hispanic Teen Birthrates — United States, 1999

In 2002, teen birthrates for Hispanics were higher than for all other racial/ethnic populations (*1*). Because of the health and social risks associated with teen births, pregnancy prevention programs and accurate surveillance of teen birthrates are critical. To assess the effect of using revised population estimates for the 1990s (intercensal estimates) that take into account both the 1990 and 2000 U.S. Census counts (*2,3*), CDC analyzed county-level estimates of Hispanic teen birthrates for 1999. This report summarizes the results of that analysis, which indicated that Hispanic teen birthrates for 1999, when calculated on the basis of the 2000 census, were lower

than birthrates based on the 1990 census for the majority of counties with substantial Hispanic populations. Population estimates for 1999 based on the 1990 census (postcensal estimates) had failed to capture the unprecedented and unanticipated migration of Hispanics, thereby overestimating the Hispanic teen birthrate. However, the increase in the Hispanic teen population and the corresponding decrease in Hispanic teen birthrates for 1999 were not experienced by all counties. This county-level variation provides essential information for programs targeting Hispanic teens at the county level.

Estimates of Hispanic teen birthrates were calculated by using birth-certificate data (i.e., number of births to Hispanic females aged 15–19 years) and population counts (i.e., number of Hispanic females aged 15–19 years) from the U.S. Census Bureau. County-level Hispanic teen birthrates were calculated from CDC's National Center for Health Statistics birth data for 1999 and from two sets of denominators: 1) Hispanic population figures for 1999, as estimated from the 1990 census, and 2) intercensal estimates for the 1999 Hispanic population that take into account the results of both the 1990 and 2000 censuses.

Standard summary measures (e.g., mean, median, and range) of the levels and changes in Hispanic teen birthrates were used; both medians and means are presented because medians are less influenced by extreme values than means. The mean percentage changes are averages of each county's percentage change in its Hispanic teen birthrate; the data used for these calculations are available on request.

Public-use birth data for 1999 are provided only for counties with ≥100,000 total population according to the 1990 census (n = 458 counties). Counties with a population of <100,000 are not included because of confidentiality limitations. This analysis is limited further to counties with ≥20 Hispanic teen births in 1999 (n = 284) to increase statistical reliability. Comparison of Hispanic teen birthrates for 1999 based on the 284 counties with national estimates for the same year suggests minimal bias resulted from including only these counties in the analysis. The percentage change in the Hispanic teen birthrate for 1999 using the revised population estimates was -6.9% for the 284 counties, compared with -7.1% for the United States as a whole (Table 1) (*4*). The 1990 census-based rates for the 284 counties were similar to those for the United States as a whole; the same was true for rates derived from the 2000 census.

Data from 1999 were used to illustrate the pronounced effect that changing denominators might have on birthrate calculations. Estimates for years later in the decade are more prone to the error introduced by the estimation procedure used to create the postcensal counts (*4,5*), which increases with each year. Hispanic origin and race are reported independently on birth certificates, but these data were not summarized further by race because the majority of births to Hispanic females were reported as white.

The median county-level Hispanic teen birthrate for 1999 in the 284 counties included in the analysis was 100.8 per 1,000 females when based on 1990 postcensal estimates and 88.2 per 1,000 females when based on the intercensal estimates. The range of rates based on the 1990 census was 35.9–712.6; the range for those based on the intercensal estimates was 28.5–195.0. The mean Hispanic teen birthrate based on 1990 estimates was 121.4 per 1,000 females (standard error [SE] = 85.2); the mean birthrate based on intercensal estimates was 91.4 per 1,000 females (SE = 28.2). Thus, the mean change in 1999 county-level Hispanic teen births, as a result of population adjustment, was -30.1 (SE = 66.2), a mean percentage decline of 19% (SE = 0.16).

The calculated Hispanic teen birthrate declined in 219 (77%) of the 284 counties as a result of the population-estimate adjustment; the Hispanic female population aged 15–19 years in those counties had been underestimated previously. In 53 counties, the estimated birthrate decreased by ≥30%. For example, in one county, where 416 births were recorded among Hispanic females aged 15–19 years, the Hispanic female population aged 15–19 years was estimated to be 2,674 on the basis of the 1990 postcensal estimate but was revised to 3,401 after the 2000 census. As a result, the estimated teen birthrate changed from 155.6 per 1,000 population to 122.3, a decrease of 21%.

TABLE 1. Birthrates* for Hispanic females aged 15–19 years — United States and 284 U.S. counties†, 1999

Births to Hispanic females aged 15–19 years — United States	
1999 Hispanic teen birthrate, based on 1990 postcensal estimates	93.4
1999 Hispanic teen birthrate, based on intercensal estimates	86.8
Percentage change in U.S. Hispanic teen birthrate after population adjustment	-7.1%
Births to Hispanic females aged 15–19 years — 284 U.S. counties	
Aggregate 1999 Hispanic teen birthrate, based on 1990 postcensal estimates	92.7
Aggregate 1999 Hispanic teen birthrate, based on intercensal estimates	86.3
Percentage change in aggregate Hispanic teen birthrate after population adjustment	-6.9%

* Per 1,000 females.
† Only counties with ≥100,000 population (according to 1990 census estimates) and ≥20 Hispanic teen births were included in this analysis.

In 65 of the 284 counties, the teen birthrate calculation increased as a result of the population revision. In those counties, the size of the Hispanic female population aged 15–19 years based on the 1990 postcensal estimates had been overestimated. The average percentage change in the Hispanic teen birthrate (+9.3 %; SE = 9.4) was smaller than the percentage change observed for counties where the birthrate decreased as a result of the adjustment (-21.9 %; SE = 15.9). In 22 counties, the Hispanic teen birthrate increased by ≥10% as a result of the revision.

Of the 284 counties included in the analysis, 126 were from traditional immigrant-receiving states with the largest Hispanic populations (California, Illinois, New Jersey, New York, and Texas) (Table 2) (*6*). Some of the greatest average percentage declines in county-level birthrates occurred in states where the Hispanic population increased most rapidly during the 1990s (Alabama, Arkansas, Delaware, Indiana, Kentucky, Minnesota, North Carolina, Rhode Island, and Tennessee) (*6*).

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Editorial Note: The U.S. Census Bureau uses various data on factors of population change (e.g., births, deaths, and both domestic and international migration) to produce postcensal population estimates for the nation and for smaller administrative areas (e.g., counties). The estimation methods used are rigorous, but the data needed are not always available in the required detail. Data availability is always more tenuous in smaller administrative areas, where even relatively minor changes in population can have substantial effects on rates. Moreover, the errors become compounded with the passage of time. Thus, despite best efforts, official population estimates can deviate substantially from the true population count.

During the 1990s, the size and distribution of the Hispanic teen population changed in unexpected ways. Data were not available to track the substantial migration of Hispanics during the 1990s and the settlement of Hispanics in new areas. These factors and better coverage of this population in the 2000 census compared with the 1990 census probably contributed to the differences between the postcensal and intercensal estimates for the 1999 Hispanic teen female population. Birthrates for Hispanics in other age groups and for other racial/ethnic populations also changed substantially as a result of the revised population estimates. Previously published reports have discussed adjusted national and state birthrates for subpopulations for the 1990s and early 2000s (*4,5,7*).

The findings in this report are subject to at least two limitations. First, medians are less influenced by extreme values than means, but both measures might overstate the degree of change observed for most counties. Second, analysis was limited to counties with a population of ≥100,000 and with ≥20 Hispanic teen births. Therefore, the analysis is descriptive of larger counties and those with larger Hispanic populations. However, in such counties, estimates of birthrates and birthrate changes are more stable and reliable than those in smaller counties, where random variations in the number of births and size of the population can yield substantial yet insignificant differences in birthrates from year to year.

Users of birthrate and other population-based data need to understand the reasons for, and potential effects of, population-estimate revisions and should interpret such data with caution, particularly because 2000 postcensal estimates become less certain with each year until the 2010 census. Although Hispanic teen birthrates in most counties examined here were adjusted downward as a result of the population revisions, the adjusted rates are still high compared with other populations. Hispanic teen pregnancy continues to merit a concerted public health response, which is already under way in multiple states and localities (*8*).

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TABLE 2. County-level increases and decreases in estimated Hispanic teen birthrates after revised population estimates of Hispanic females aged 15–19 years, by area — United States, 1999

Area	No. of counties included* (Total counties)		No. of counties where birthrate decreased	Average % county-level decrease in birthrates†	No. of counties where birthrate increased	Average % county-level increase in birthrates§
Alabama	2	(67)	2	51.5	0	NA¶
Alaska	1	(27)	1	5.0	0	NA
Arizona	5	(15)	4	13.3	1	7.0
Arkansas	2	(75)	1	41.0	1	9.0
California	34	(58)	26	14.0	8	5.3
Colorado	9	(63)	6	14.0	3	7.0
Connecticutt	5	(8)	5	18.0	0	NA
Delaware	2	(3)	2	31.0	0	NA
District of Columbia	1	(1)	1	34.0	0	NA
Florida	21	(67)	16	20.0	5	4.6
Georgia	6	(159)	5	31.6	1	17.0
Hawaii	3	(5)	2	3.0	1	5.0
Idaho	1	(44)	0	NA	1	5.0
Ilinois	10	(102)	10	19.5	0	NA
Indiana	6	(92)	5	40.6	1	11.0
Iowa	2	(99)	0	NA	2	9.5
Kansas	4	(105)	3	13.0	1	14.0
Kentucky	2	(120)	2	43.5	0	NA
Louisiana	1	(64)	0	NA	1	9.0
Maine	0	(16)	0	NA	0	NA
Maryland	3	(24)	2	19.5	1	0.0
Massachusetts	7	(14)	7	11.8	0	NA
Michigan	8	(83)	5	19.8	3	19.0
Minnesota	3	(87)	3	30.3	0	NA
Mississippi	0	(82)	0	NA	0	NA
Missouri	1	(115)	1	10.0	0	NA
Montana	0	(56)	0	NA	0	NA
Nebraska	2	(93)	1	6.0	1	26.0
Nevada	2	(17)	2	6.5	0	NA
New Hampshire	1	(10)	1	15.0	0	NA
New Jersey	15	(21)	11	13.3	4	1.7
New Mexico	2	(33)	2	5.0	0	NA
New York	18	(62)	16	23.1	2	8.5
North Carolina	16	(100)	14	56.8	2	30.5
North Dakota	0	(53)	0	NA	0	NA
Ohio	5	(88)	4	22.0	1	5.0
Oklahoma	3	(77)	3	20.0	0	NA
Oregon	6	(36)	4	14.0	2	4.5
Pennsylvannia	12	(67)	12	17.1	0	NA
Rhode Island	1	(5)	1	34.0	0	NA
South Carolina	4	(46)	4	27.5	0	NA
South Dakota	0	(66)	0	NA	0	NA
Tennessee	3	(95)	2	45.5	1	13.0
Texas	28	(254)	19	18.6	9	10.7
Utah	4	(29)	3	14.6	1	2.0
Vermont	0	(14)	0	NA	0	NA
Virginia	6	(135)	3	16.0	3	8.0
Washington	10	(39)	3	8.6	7	12.8
West Virginia	0	(55)	0	NA	0	NA
Wisconsin	7	(72)	5	29.6	2	8.5
Wyoming	0	(23)	0	NA	0	NA
Total	**284**	**(3,141)**	**219**	**21.9**	**65**	**9.3**

* Only counties with ≥100,000 population (according to 1990 census estimates) and ≥20 Hispanic teen births were included in this analysis.
† Among counties where calculated birthrates decreased.
§ Among counties where calculated birthrates increased.
¶ Not applicable.

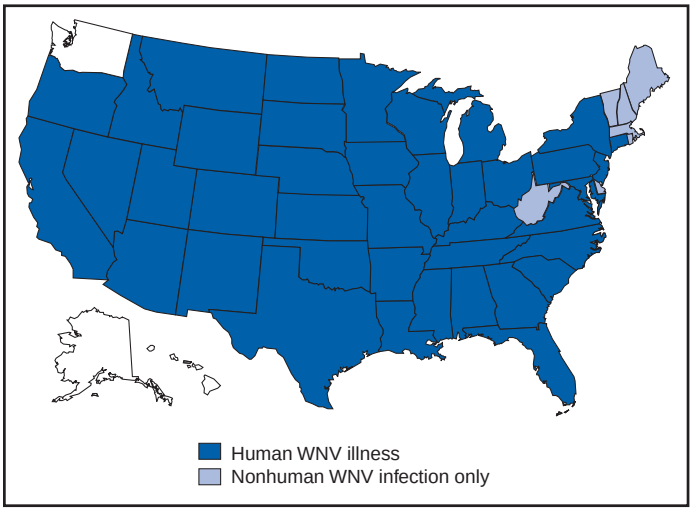
West Nile Virus Activity — United States, October 6–12, 2004

During October 6–12, a total of 86 cases of human West Nile virus (WNV) illness were reported from 18 states (Arizona, Florida, Illinois, Kansas, Louisiana, Michigan, Minnesota, Missouri, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, and Utah).

During 2004, a total of 40 states and the District of Columbia (DC) have reported 1,951 cases of human WNV illness to CDC through ArboNET (Figure and Table). Of these, 583 (30%) cases were reported in California, 375 (19%) in Arizona, and 225 (12%) in Colorado. A total of 1,118 (58%) of the 1,919 cases for which such data were available occurred in males; the median age of patients was 51 years (range: 1 month–99 years). Illness onset ranged from April 23 to September 28; a total of 62 cases were fatal.

A total of 184 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET in 2004. Of these, 70 (38%) were reported in California; 37 (20%) in Arizona; 16 in Texas; 15 in New Mexico; seven in Louisiana; five each in Colorado, Nevada, and Oklahoma; four in Georgia; three each in Florida and South Dakota; two each in Minnesota, Missouri, and Wisconsin; and one each in Delaware, Iowa, Michigan, Nebraska, New Jersey, North Dakota, Oregon, and Pennsylvania. Of the 184 PVDs, three persons aged 35, 69, and 77 years subsequently had neuroinvasive illness, and 40 persons (median age: 52 years; range: 17–73 years) subsequently had West Nile fever.

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2004*



* As of 3 a.m., Mountain Standard Time, October 12, 2004.

TABLE. Number of human cases of West Nile virus (WNV) illness, by area — United States, 2004*

Area	Neuro-invasive disease†	West Nile fever§	Other clinical/ unspecified¶	Total reported to CDC**	Deaths
Alabama	13	0	0	**13**	0
Arizona	128	69	178	**375**	7
Arkansas	8	6	1	**15**	0
California	131	206	246	**583**	16
Colorado	32	193	0	**225**	2
Connecticut	0	1	0	**1**	0
District of Columbia	1	0	0	**1**	0
Florida	30	5	0	**35**	1
Georgia	11	5	0	**16**	0
Idaho	0	0	2	**2**	0
Illinois	25	27	1	**53**	2
Indiana	2	0	1	**3**	1
Iowa	8	8	0	**16**	1
Kansas	18	23	0	**41**	2
Kentucky	1	5	0	**6**	0
Louisiana	55	15	0	**70**	3
Maryland	5	5	1	**11**	0
Michigan	6	1	0	**7**	0
Minnesota	13	20	0	**33**	2
Mississippi	20	4	1	**25**	3
Missouri	24	5	1	**30**	1
Montana	1	3	1	**5**	0
Nebraska	2	20	0	**22**	0
Nevada	24	19	0	**43**	1
New Jersey	1	0	0	**1**	0
New Mexico	29	45	4	**78**	4
New York	3	2	0	**5**	0
North Carolina	2	0	0	**2**	0
North Dakota	2	18	0	**20**	1
Ohio	7	1	0	**8**	2
Oklahoma	8	3	0	**11**	1
Oregon	0	1	0	**1**	0
Pennsylvania	6	3	1	**10**	1
South Carolina	0	1	0	**1**	0
South Dakota	5	41	0	**46**	1
Tennessee	9	1	0	**10**	0
Texas	75	20	0	**95**	8
Utah	5	5	0	**10**	0
Virginia	4	0	1	**5**	1
Wisconsin	4	5	0	**9**	1
Wyoming	2	5	1	**8**	0
Total	**720**	**791**	**440**	**1,951**	**62**

* As of October 12, 2004.
† Cases with neurologic manifestations (i.e., West Nile meningitis, West Nile encephalitis, and West Nile myelitis).
§ Cases with no evidence of neuroinvasion.
¶ Illnesses for which sufficient clinical information was not provided.
** Total number of human cases of WNV illness reported to ArboNet by state and local health departments.

In addition, during 2004, a total of 4,831 dead corvids and 1,183 other dead birds with WNV infection have been reported from 45 states and New York City. WNV infections have been reported in horses in 36 states; one bat in Wisconsin; six dogs in Nevada, New Mexico, and Wisconsin; six squirrels in Arizona and Wyoming; and 13 unidentified animal species in eight states (Arizona, Idaho, Illinois, Iowa, Missouri,

Nevada, New York, and South Carolina). WNV seroconversions have been reported in 1,195 sentinel chicken flocks in 13 states (Alabama, Arizona, Arkansas, California, Delaware, Florida, Iowa, Louisiana, Nebraska, Nevada, Pennsylvania, South Dakota, and Utah) and in 25 wild hatchling birds in Missouri and Ohio. Four seropositive sentinel horses were reported in Minnesota and Puerto Rico. A total of 6,925 WNV-positive mosquito pools have been reported in 37 states, DC, and New York City.

Additional information about national WNV activity is available from CDC at http://www.cdc.gov/ncidod/dvbid/westnile/index.htm and at http://westnilemaps.usgs.gov.

Notice to Readers

National Latino AIDS Awareness Day — October 15, 2004

National Latino AIDS Awareness Day is a time to recognize the impact of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) on Hispanics. On October 15, awareness events across the country will present HIV prevention information, encourage HIV testing, and provide opportunities to volunteer with organizations that help prevent HIV among Hispanics. The Latino Commission on AIDS organizes this annual observance, with support from the U.S. Department of Health and Human Services. This year's theme, Open Your Eyes: HIV Has No Borders, reflects the impact of HIV on Hispanics in the United States and throughout the world.

During 1999–2002, new HIV diagnoses increased 26% in 29 U.S. states with long-standing HIV reporting (*1*). Hispanic men are more than three times as likely as non-Hispanic white men and Hispanic women are more than five times as likely as non-Hispanic white women to receive a diagnosis of AIDS. During 1981–2002, nearly 164,000 Hispanics received AIDS diagnoses, and 87,888 died from the disease (*2*).

HIV counseling, testing, and prevention efforts are essential to stop the spread of the virus and to help HIV-infected persons access life-prolonging treatments. Nationwide, an estimated 250,000 persons are infected with HIV but are not aware of it. Forty-five percent of Hispanics say they have never been tested for HIV (*3*), and only 40% have ever talked to a doctor about the disease (*4*). To meet this need, CDC is partnering with community-based organizations and healthcare providers across the United States to ensure that Hispanics have access to testing and prevention services.

Additional information about HIV and AIDS is available from CDC, telephone 800-342-AIDS (English) or 800-344-SIDA (Español). Information is also available online at http://www.cdcnpin.org. Additional information about National Latino AIDS Awareness Day is available at http://www.omhrc.gov/hivaidsobservances/nlhaad/index.html.

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Notice to Readers

Mid-Year Addition of Influenza-Associated Pediatric Mortality to the List of Nationally Notifiable Diseases, 2004

Beginning October 1, 2004, CDC added influenza-associated pediatric mortality (i.e., among persons aged <18 years) to the list of conditions voluntarily reportable to the National Notifiable Diseases Surveillance System (NNDSS) (*1*). This action is based on recommendations developed collaboratively by the Council of State and Territorial Epidemiologists (CSTE) and CDC and approved at the 2004 CSTE annual meeting (*2*). The goals of surveillance and recommended methods for surveillance are described in the 2004 CSTE position statement for influenza-associated pediatric mortality (*2*). The CSTE-recommended public health surveillance case definition for this condition has been added to the NNDSS case definitions website (*3*).

States may begin reporting data for this condition in week 40 (week ending October 9, 2004). The results will be published in the *MMWR* Table I beginning the week ending October 16, 2004. Each week, *MMWR* Table I presents updated cumulative year-to-date incidence for low-incidence nationally notifiable diseases (*4*).

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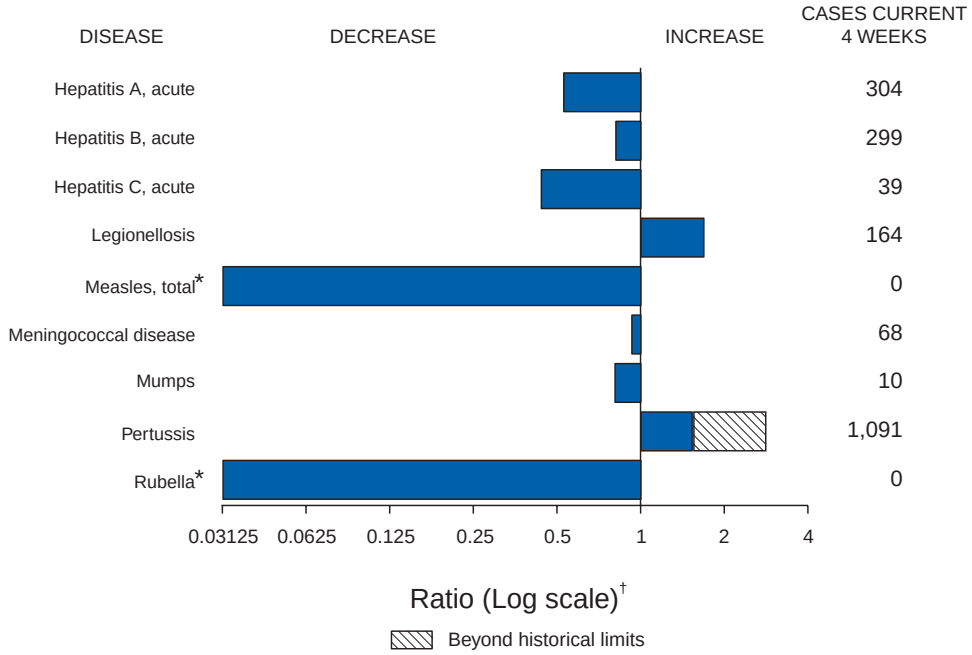
4. CDC. Table I: Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending September 25, 2004 (38th Week). Atlanta, GA: US Department of Health and Human Services, CDC; 2004. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5338md.htm#tab1.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals October 9, 2004, with historical data



* No measles or rubella cases were reported for the current 4-week period yielding a ratio for week 40 of zero (0).
† 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 of provisional cases of selected notifiable diseases, United States, cumulative, week ending October 9, 2004 (40th Week)*

	Cum. 2004	Cum. 2003		Cum. 2004	Cum. 2003
Anthrax	-	-	HIV infection, pediatric†¶	126	166
Botulism:	-	-	Influenza-associated pediatric mortality†	-	NA
foodborne	11	9	Measles, total	23**	51††
infant	60	53	Mumps	147	168
other (wound & unspecified)	9	22	Plague	1	1
Brucellosis†	81	75	Poliomyelitis, paralytic	-	-
Chancroid	27	44	Psittacosis†	9	9
Cholera	4	1	Q fever†	57	56
Cyclosporiasis†	197	59	Rabies, human	5	2
Diphtheria	-	-	Rubella	10	7
Ehrlichiosis:	-	-	Rubella, congenital syndrome	-	1
human granulocytic (HGE)†	226	241	SARS-associated coronavirus disease†§§	-	8
human monocytic (HME)†	218	203	Smallpox†¶¶	-	NA
human, other and unspecified	26	38	*Staphylococcus aureus*:	-	-
Encephalitis/Meningitis:	-	-	Vancomycin-intermediate (VISA)†¶¶	-	NA
California serogroup viral†§	63	100	Vancomycin-resistant (VRSA)†¶¶	1	NA
eastern equine†§	3	13	Streptococcal toxic-shock syndrome†	84	132
Powassan†§	-	-	Tetanus	11	15
St. Louis†§	8	39	Toxic-shock syndrome	102	98
western equine†§	-	-	Trichinosis	5	1
Hansen disease (leprosy)†	63	68	Tularemia†	71	68
Hantavirus pulmonary syndrome†	18	18	Yellow fever	-	-
Hemolytic uremic syndrome, postdiarrheal†	112	125			

-: No reported cases.
* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).
† Not notifiable in all states.
§ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
¶ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update September 26, 2004.
** Of 23 cases reported, 10 were indigenous, and 13 were imported from another country.
†† Of 51 cases reported, 31 were indigenous, and 20 were imported from another country.
§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (notifiable as of July 2003).
¶¶ Not previously notifiable.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 9, 2004, and October 4, 2003 (40th Week)*

Reporting area	AIDS		Chlamydia†		Coccidiodomycosis		Cryptosporidiosis		Encephalitis/Meningitis West Nile§	
	Cum. 2004¶	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	31,120	33,700	669,898	658,174	4,500	2,821	2,538	2,601	720	2,767
NEW ENGLAND	981	1,150	23,573	21,233	-	-	142	155	-	24
Maine	15	49	1,587	1,540	N	N	17	18	-	-
N.H.	37	25	1,323	1,218	-	-	27	18	-	2
Vt.	14	14	765	816	-	-	21	28	-	-
Mass.	343	476	10,611	8,468	-	-	47	67	-	12
R.I.	109	82	2,609	2,229	-	-	4	12	-	2
Conn.	463	504	6,678	6,962	N	N	26	12	-	8
MID. ATLANTIC	6,925	8,025	81,971	81,615	-	-	357	327	10	213
Upstate N.Y.	724	740	17,228	15,035	N	N	96	95	1	-
N.Y. City	3,949	4,369	25,281	26,464	-	-	77	93	2	56
N.J.	1,140	1,259	11,781	12,135	-	-	23	14	1	20
Pa.	1,112	1,657	27,681	27,981	N	N	161	125	6	137
E.N. CENTRAL	2,742	3,195	113,280	118,855	14	7	734	794	44	146
Ohio	525	640	25,901	32,378	N	N	190	110	7	81
Ind.	300	428	13,630	13,202	N	N	77	73	2	14
Ill.	1,290	1,472	31,689	36,840	-	-	69	82	25	30
Mich.	493	509	28,765	23,256	14	7	129	104	6	14
Wis.	134	146	13,295	13,179	-	-	269	425	4	7
W.N. CENTRAL	641	631	40,336	38,202	5	2	316	446	72	684
Minn.	152	123	6,965	8,284	N	N	105	125	13	48
Iowa	50	67	5,122	3,915	N	N	67	86	8	79
Mo.	277	304	15,540	13,864	3	1	56	35	24	35
N. Dak.	14	3	1,148	1,211	N	N	10	11	2	94
S. Dak.	8	8	1,968	1,962	-	-	33	32	5	150
Nebr.**	41	42	3,963	3,580	2	1	23	18	2	190
Kans.	99	84	5,630	5,386	N	N	22	139	18	88
S. ATLANTIC	9,492	9,302	132,316	124,218	-	4	421	281	53	172
Del.	121	183	2,222	2,286	N	N	-	4	-	11
Md.	1,252	1,147	14,628	12,603	-	4	14	20	5	47
D.C.	621	807	2,390	2,406	-	-	11	9	1	3
Va.	513	699	16,800	14,604	-	-	48	33	4	19
W. Va.	67	71	2,153	2,000	N	N	4	4	-	1
N.C.	482	886	22,366	19,773	N	N	65	36	2	15
S.C.**	535	615	15,247	11,152	-	-	15	6	-	2
Ga.	1,327	1,499	24,798	27,212	-	-	156	93	11	22
Fla.	4,574	3,395	31,712	32,182	N	N	108	76	30	52
E.S. CENTRAL	1,528	1,491	43,703	42,824	4	1	105	105	43	83
Ky.	187	141	4,365	6,222	N	N	36	21	1	11
Tenn.**	617	644	17,030	15,553	N	N	28	34	9	21
Ala.	360	344	9,273	11,275	-	-	20	40	13	23
Miss.	364	362	13,035	9,774	4	1	21	10	20	28
W.S. CENTRAL	3,581	3,354	83,289	81,271	2	-	72	86	146	576
Ark.	174	146	5,763	6,020	1	-	14	15	8	23
La.	719	444	17,365	15,386	1	-	3	3	55	83
Okla.	154	162	8,530	9,048	N	N	16	11	8	55
Tex.**	2,534	2,602	51,631	50,817	-	-	39	57	75	415
MOUNTAIN	1,178	1,248	37,491	37,320	2,886	1,881	139	110	221	868
Mont.	6	11	1,745	1,453	N	N	34	17	1	75
Idaho	15	21	2,138	1,871	N	N	21	26	-	-
Wyo.	16	5	807	753	2	1	3	4	2	92
Colo.	257	313	9,231	9,922	N	N	47	28	32	620
N. Mex.	152	96	4,212	5,695	18	7	11	9	29	74
Ariz.	437	534	12,364	10,414	2,789	1,835	17	5	128	5
Utah	53	52	2,729	2,858	31	7	4	14	5	-
Nev.	242	216	4,265	4,354	46	31	2	7	24	2
PACIFIC	4,052	5,304	113,939	112,636	1,589	926	252	297	131	1
Wash.	313	365	13,545	12,534	N	N	36	43	-	-
Oreg.	239	202	6,337	5,674	-	-	29	32	-	-
Calif.	3,357	4,640	87,139	87,360	1,589	926	185	221	131	1
Alaska	39	15	2,838	2,936	-	-	-	1	-	-
Hawaii	104	82	4,080	4,132	-	-	2	-	-	-
Guam	2	5	-	481	-	-	-	-	-	-
P.R.	595	851	2,679	1,826	N	N	N	N	-	-
V.I.	10	29	143	316	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	32	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

† Chlamydia refers to genital infections caused by *C. trachomatis*.

§ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

¶ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update September 26, 2004.

** Contains data reported through National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 9, 2004, and October 4, 2003 (40th Week)*

Reporting area	*Escherichia coli*, Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped					
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	1,861	1,872	175	185	130	122	13,375	14,266	236,728	251,535
NEW ENGLAND	124	119	42	35	17	12	1,225	1,177	5,544	5,519
Maine	8	10	-	-	-	-	100	137	175	149
N.H.	15	14	5	3	-	-	31	29	94	92
Vt.	10	14	-	-	-	-	133	96	65	67
Mass.	54	51	12	8	17	12	555	588	2,519	2,194
R.I.	8	1	1	-	-	-	102	84	660	752
Conn.	29	29	24	24	-	-	304	243	2,031	2,265
MID. ATLANTIC	215	201	24	18	26	30	2,847	2,847	26,310	31,443
Upstate N.Y.	99	72	12	9	11	15	1,023	765	5,572	5,906
N.Y. City	32	7	-	-	-	-	768	935	7,969	10,384
N.J.	30	27	3	2	5	-	275	395	4,637	6,280
Pa.	54	95	9	7	10	15	781	752	8,132	8,873
E.N. CENTRAL	332	431	34	27	23	15	1,843	2,483	47,052	53,038
Ohio	80	81	10	14	18	15	630	690	13,214	17,083
Ind.	47	68	-	-	-	-	-	-	4,921	5,105
Ill.	49	99	1	2	1	-	338	740	13,840	16,579
Mich.	68	63	6	-	4	-	557	573	11,685	9,954
Wis.	88	120	17	11	-	-	318	480	3,392	4,317
W.N. CENTRAL	408	313	25	37	16	17	1,563	1,520	12,705	13,320
Minn.	97	107	13	16	1	1	565	553	2,202	2,290
Iowa	115	69	-	-	-	-	234	211	897	985
Mo.	64	62	11	11	7	1	411	393	6,614	6,622
N. Dak.	13	9	-	4	6	6	20	30	80	64
S. Dak.	30	21	-	4	-	-	50	56	220	165
Nebr.	60	20	1	2	-	-	114	107	785	1,197
Kans.	29	25	-	-	2	9	169	170	1,907	1,997
S. ATLANTIC	136	115	29	37	37	33	2,130	2,044	59,988	61,801
Del.	2	5	N	N	N	N	39	35	686	885
Md.	20	12	3	3	1	1	86	86	6,274	5,979
D.C.	1	1	-	-	-	-	51	37	1,811	1,881
Va.	31	32	10	10	-	-	393	257	6,652	6,811
W. Va.	2	3	-	-	-	-	28	33	721	673
N.C.	-	-	-	-	25	25	N	N	11,896	11,389
S.C.	7	1	-	-	-	-	49	117	7,462	6,458
Ga.	20	24	10	5	-	-	614	660	10,850	13,531
Fla.	53	37	6	19	11	7	870	819	13,636	14,194
E.S. CENTRAL	74	66	1	2	9	5	302	290	19,020	21,350
Ky.	23	22	1	2	6	5	N	N	1,970	2,757
Tenn.	31	28	-	-	3	-	151	129	6,373	6,425
Ala.	13	12	-	-	-	-	151	161	5,638	7,191
Miss.	7	4	-	-	-	-	-	-	5,039	4,977
W.S. CENTRAL	63	73	2	4	2	4	247	231	32,111	33,722
Ark.	11	9	1	-	-	-	97	120	2,884	3,240
La.	3	3	-	-	-	-	36	9	8,132	8,830
Okla.	16	22	-	-	-	-	110	102	3,602	3,703
Tex.	33	39	1	4	2	4	4	-	17,493	17,949
MOUNTAIN	194	231	17	22	-	6	1,179	1,198	8,103	8,025
Mont.	14	12	-	-	-	-	59	84	50	79
Idaho	42	54	9	15	-	-	140	152	68	56
Wyo.	7	2	1	-	-	-	19	17	47	33
Colo.	44	54	2	3	-	6	408	349	2,041	2,221
N. Mex.	9	10	2	3	-	-	55	41	574	933
Ariz.	20	25	N	N	N	N	140	190	2,969	2,869
Utah	42	54	2	-	-	-	260	264	426	286
Nev.	16	20	1	1	-	-	98	101	1,928	1,548
PACIFIC	315	323	1	3	-	-	2,039	2,476	25,895	23,317
Wash.	118	81	-	1	-	-	283	258	2,094	2,108
Oreg.	54	89	1	2	-	-	355	327	917	762
Calif.	134	144	-	-	-	-	1,278	1,755	21,492	19,119
Alaska	1	3	-	-	-	-	62	67	431	430
Hawaii	8	6	-	-	-	-	61	69	961	898
Guam	N	N	-	-	-	-	-	2	-	50
P.R.	-	1	-	-	-	-	85	215	197	198
V.I.	-	-	-	-	-	-	-	-	49	67
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	3	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 9, 2004, and October 4, 2003 (40th Week)*

Reporting area	*Haemophilus influenzae*, invasive								Hepatitis (viral, acute), by type	
	All ages		Age <5 years							
	All serotypes		Serotype b		Non-serotype b		Unknown serotype		A	
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	1,432	1,451	10	21	78	92	141	159	4,288	5,254
NEW ENGLAND	122	104	1	2	5	5	3	3	821	247
Maine	12	4	-	-	-	-	-	1	12	8
N.H.	15	11	-	1	2	-	-	-	17	15
Vt.	6	7	-	-	-	-	1	-	8	6
Mass.	49	49	1	1	-	5	2	1	703	136
R.I.	3	6	-	-	-	-	-	1	20	12
Conn.	37	27	-	-	3	-	-	-	61	70
MID. ATLANTIC	293	311	-	1	4	3	32	40	496	1,025
Upstate N.Y.	98	113	-	1	4	3	5	8	76	96
N.Y. City	60	53	-	-	-	-	11	11	198	364
N.J.	59	56	-	-	-	-	3	8	96	173
Pa.	76	89	-	-	-	-	13	13	126	392
E.N. CENTRAL	221	242	-	3	6	4	34	43	427	495
Ohio	82	59	-	-	2	-	14	11	40	88
Ind.	40	39	-	-	4	-	1	5	85	53
Ill.	50	88	-	-	-	-	11	20	151	151
Mich.	18	21	-	3	-	4	6	1	121	162
Wis.	31	35	-	-	-	-	2	6	30	41
W.N. CENTRAL	85	90	2	1	3	7	9	12	140	140
Minn.	38	37	1	1	3	7	-	2	30	37
Iowa	1	-	1	-	-	-	-	-	40	23
Mo.	28	35	-	-	-	-	6	9	35	43
N. Dak.	3	2	-	-	-	-	-	-	1	-
S. Dak.	-	1	-	-	-	-	-	-	3	-
Nebr.	8	1	-	-	-	-	1	-	10	12
Kans.	7	14	-	-	-	-	2	1	21	25
S. ATLANTIC	361	319	-	1	21	13	29	18	844	1,304
Del.	-	-	-	-	-	-	-	-	5	7
Md.	50	73	-	-	4	5	-	1	91	130
D.C.	-	1	-	-	-	-	-	-	7	31
Va.	29	40	-	-	-	-	1	5	102	72
W. Va.	14	14	-	-	1	-	3	-	6	13
N.C.	46	36	-	-	6	3	1	2	77	72
S.C.	4	5	-	-	-	-	-	1	24	33
Ga.	123	58	-	-	-	-	22	6	302	621
Fla.	95	92	-	1	10	5	2	3	230	325
E.S. CENTRAL	58	61	1	1	-	2	7	6	135	213
Ky.	5	5	-	-	-	1	-	-	29	27
Tenn.	37	33	-	-	-	1	5	3	77	152
Ala.	13	21	1	1	-	-	2	3	7	20
Miss.	3	2	-	-	-	-	-	-	22	14
W.S. CENTRAL	60	66	1	2	7	10	1	4	311	504
Ark.	2	6	-	-	-	1	-	-	54	25
La.	11	20	-	-	-	2	1	4	38	39
Okla.	46	37	-	-	7	7	-	-	19	11
Tex.	1	3	1	2	-	-	-	-	200	429
MOUNTAIN	159	134	3	6	24	22	19	15	376	378
Mont.	-	-	-	-	-	-	-	-	5	8
Idaho	5	4	-	-	-	-	2	1	19	12
Wyo.	1	1	-	-	-	-	1	-	5	1
Colo.	40	29	-	-	-	-	5	6	45	58
N. Mex.	31	15	-	-	7	4	5	1	17	17
Ariz.	59	64	-	6	12	9	2	4	230	207
Utah	12	11	2	-	2	5	3	3	43	30
Nev.	11	10	1	-	3	4	1	-	12	45
PACIFIC	73	124	2	4	8	26	7	18	738	948
Wash.	3	9	2	-	-	6	1	2	49	47
Oreg.	37	31	-	-	-	-	3	2	57	47
Calif.	21	55	-	4	8	20	1	9	607	835
Alaska	4	18	-	-	-	-	1	5	5	8
Hawaii	8	11	-	-	-	-	1	-	20	11
Guam	-	-	-	-	-	-	-	-	-	2
P.R.	-	-	-	-	-	-	-	-	20	62
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.
* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 9, 2004, and October 4, 2003 (40th Week)*

Reporting area	Hepatitis (viral, acute), by type				Legionellosis		Listeriosis		Lyme disease	
	B		C							
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	4,824	5,404	668	812	1,407	1,624	484	513	13,160	16,453
NEW ENGLAND	271	273	8	7	45	90	27	37	1,769	3,188
Maine	1	1	-	-	-	2	5	6	53	127
N.H.	30	12	-	-	7	8	2	3	170	132
Vt.	5	3	3	7	4	5	1	-	40	37
Mass.	152	180	4	-	6	46	3	14	540	1,386
R.I.	5	11	-	-	13	13	1	-	172	434
Conn.	78	66	1	-	15	16	15	14	794	1,072
MID. ATLANTIC	930	594	116	93	399	478	117	108	8,932	10,923
Upstate N.Y.	72	71	11	12	83	116	38	26	3,036	3,540
N.Y. City	86	157	-	-	41	54	15	20	-	185
N.J.	539	144	-	-	70	72	19	22	2,357	2,566
Pa.	233	222	105	81	205	236	45	40	3,539	4,632
E.N. CENTRAL	438	400	88	124	384	330	81	69	782	827
Ohio	97	108	5	7	184	177	36	19	58	56
Ind.	34	28	7	7	65	24	16	6	15	19
Ill.	71	51	11	18	18	39	5	18	-	64
Mich.	213	176	65	87	110	73	22	17	23	6
Wis.	23	37	-	5	7	17	2	9	686	682
W.N. CENTRAL	252	246	41	173	41	57	11	13	424	306
Minn.	41	29	15	7	7	3	3	3	327	207
Iowa	13	9	-	1	4	9	1	-	38	46
Mo.	152	169	26	163	21	28	5	6	47	46
N. Dak.	4	2	-	-	2	1	-	-	-	-
S. Dak.	-	2	-	-	3	2	-	-	-	1
Nebr.	29	20	-	2	1	5	2	3	7	2
Kans.	13	15	-	-	3	9	-	1	5	4
S. ATLANTIC	1,504	1,558	133	118	297	420	84	102	1,053	979
Del.	28	6	-	-	12	23	N	N	137	172
Md.	124	97	14	6	55	106	13	18	603	589
D.C.	15	9	1	-	8	13	-	1	6	5
Va.	206	138	16	7	41	76	14	9	121	71
W. Va.	33	25	20	1	6	15	3	6	21	17
N.C.	138	131	10	11	29	31	16	15	97	77
S.C.	62	135	6	24	3	7	1	3	8	6
Ga.	523	532	15	10	36	30	16	26	9	10
Fla.	375	485	51	59	107	119	21	24	51	32
E.S. CENTRAL	350	356	81	63	74	86	20	25	42	52
Ky.	54	54	23	10	33	35	4	6	14	11
Tenn.	165	153	34	15	29	28	10	7	16	14
Ala.	59	76	4	5	11	18	4	10	3	8
Miss.	72	73	20	33	1	5	2	2	9	19
W.S. CENTRAL	206	850	103	139	51	57	30	41	55	86
Ark.	58	65	2	3	-	2	2	1	8	-
La.	50	100	58	91	4	1	3	2	4	6
Okla.	46	46	3	2	4	6	-	2	-	-
Tex.	52	639	40	43	43	48	25	36	43	80
MOUNTAIN	367	464	40	40	67	51	22	29	29	14
Mont.	2	13	2	1	2	4	-	2	-	-
Idaho	10	7	-	1	7	3	1	2	6	3
Wyo.	7	27	2	-	5	2	-	-	3	2
Colo.	46	66	8	9	17	9	11	9	3	-
N. Mex.	11	32	7	-	3	2	-	2	1	1
Ariz.	199	212	5	7	11	9	-	9	6	3
Utah	36	38	4	-	18	16	2	2	10	2
Nev.	56	69	12	22	4	6	8	3	-	3
PACIFIC	506	663	58	55	49	55	92	89	74	78
Wash.	40	59	18	17	10	8	9	5	11	3
Oreg.	90	89	13	11	N	N	5	4	27	13
Calif.	352	491	23	25	39	47	74	75	34	59
Alaska	14	4	-	-	-	-	-	-	2	3
Hawaii	10	20	4	2	-	-	4	5	N	N
Guam	-	9	-	3	-	-	-	-	-	-
P.R.	44	97	-	-	1	-	-	-	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.
* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 9, 2004, and October 4, 2003 (40th Week)*

Reporting area	Malaria		Meningococcal disease		Pertussis		Rabies, animal		Rocky Mountain spotted fever	
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	975	1,010	1,018	1,292	10,810	6,502	4,375	5,549	1,130	677
NEW ENGLAND	59	52	51	60	1,207	908	514	476	18	7
Maine	5	2	8	6	2	12	37	59	-	-
N.H.	5	6	4	3	55	75	22	21	-	-
Vt.	4	1	2	2	61	60	27	29	-	-
Mass.	28	25	30	36	1,046	699	219	167	15	7
R.I.	4	2	1	2	31	16	29	57	1	-
Conn.	13	16	6	11	12	46	180	143	2	-
MID. ATLANTIC	228	270	128	157	2,172	745	455	731	69	39
Upstate N.Y.	38	45	29	38	1,537	336	421	337	2	-
N.Y. City	103	143	23	37	92	105	5	6	19	13
N.J.	47	51	30	19	172	113	-	62	23	16
Pa.	40	31	46	63	371	191	29	326	25	10
E.N. CENTRAL	89	88	145	203	2,357	656	134	145	27	19
Ohio	27	16	58	50	449	203	65	48	15	8
Ind.	14	2	23	38	125	53	10	22	5	1
Ill.	20	37	12	54	319	67	41	23	2	5
Mich.	18	23	41	36	204	86	16	39	5	5
Wis.	10	10	11	25	1,260	247	2	13	-	-
W.N. CENTRAL	58	41	72	99	1,412	336	413	555	105	58
Minn.	24	20	21	23	259	132	71	28	-	1
Iowa	3	5	14	20	99	92	91	92	-	2
Mo.	17	5	18	38	249	65	51	32	88	47
N. Dak.	3	1	2	1	670	6	49	48	-	-
S. Dak.	1	2	2	1	20	3	10	115	4	4
Nebr.	3	-	4	6	29	7	53	91	12	3
Kans.	7	8	11	10	86	31	88	149	1	1
S. ATLANTIC	257	251	190	228	527	508	1,509	2,149	561	386
Del.	6	2	4	8	8	7	9	43	4	1
Md.	52	59	10	24	90	70	157	280	54	91
D.C.	11	13	4	5	3	2	-	-	-	1
Va.	36	29	16	21	163	84	382	418	24	25
W. Va.	1	4	5	5	17	16	52	72	4	5
N.C.	17	19	26	30	67	108	499	642	386	172
S.C.	9	3	11	20	42	96	117	192	16	22
Ga.	52	56	20	26	30	28	290	314	55	61
Fla.	73	66	94	89	107	97	3	188	18	8
E.S. CENTRAL	27	26	50	65	228	128	119	178	155	106
Ky.	4	7	9	15	56	41	20	31	2	1
Tenn.	7	5	14	17	134	60	36	96	84	57
Ala.	11	7	14	17	26	17	53	50	40	19
Miss.	5	7	13	16	12	10	10	1	29	29
W.S. CENTRAL	91	105	92	146	549	566	907	963	165	54
Ark.	7	4	14	13	55	41	43	25	86	-
La.	4	4	30	36	10	9	-	2	5	-
Okla.	7	4	8	14	33	66	89	163	70	40
Tex.	73	93	40	83	451	450	775	773	4	14
MOUNTAIN	37	32	55	68	1,100	762	180	158	25	7
Mont.	-	-	3	4	40	5	22	20	3	1
Idaho	1	1	6	6	30	67	7	14	4	2
Wyo.	-	1	3	2	26	123	5	6	4	2
Colo.	13	17	13	19	536	264	41	37	2	2
N. Mex.	2	1	6	8	124	57	4	5	2	-
Ariz.	10	7	12	21	186	118	90	58	2	-
Utah	6	4	5	-	139	97	8	14	8	-
Nev.	5	1	7	8	19	31	3	4	-	-
PACIFIC	129	145	235	266	1,258	1,893	144	194	5	1
Wash.	16	21	27	26	563	542	-	-	-	-
Oreg.	15	9	51	45	334	388	6	6	3	-
Calif.	94	109	149	179	333	951	130	180	2	1
Alaska	1	1	3	5	9	3	8	8	-	-
Hawaii	3	5	5	11	19	9	-	-	-	-
Guam	-	1	-	-	-	1	-	-	-	-
P.R.	-	1	5	9	4	2	46	61	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 9, 2004, and October 4, 2003 (40th Week)*

Reporting area	Salmonellosis		Shigellosis		Streptococcal disease, invasive, group A		*Streptococcus pneumoniae*, invasive			
							Drug resistant, all ages		Age <5 years	
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	30,462	32,777	8,896	18,040	3,670	4,616	1,718	1,573	525	532
NEW ENGLAND	1,647	1,691	233	260	155	399	26	76	54	7
Maine	69	106	3	6	8	23	2	-	3	-
N.H.	115	121	7	7	16	27	-	-	N	N
Vt.	46	56	2	6	8	18	7	6	1	4
Mass.	949	990	147	174	106	179	N	N	43	N
R.I.	99	103	18	13	17	11	17	10	7	3
Conn.	369	315	56	54	-	141	-	60	U	U
MID. ATLANTIC	4,328	3,870	915	1,884	593	802	108	103	86	79
Upstate N.Y.	968	897	367	341	195	301	44	54	60	58
N.Y. City	978	1,071	296	324	82	116	U	U	U	U
N.J.	678	649	168	304	137	153	-	-	6	2
Pa.	1,704	1,253	84	915	179	232	64	49	20	19
E.N. CENTRAL	3,898	4,457	800	1,502	728	1,092	379	346	128	230
Ohio	1,038	1,096	137	252	193	259	266	225	62	77
Ind.	467	442	179	124	86	105	113	121	30	22
Ill.	1,072	1,541	251	812	156	276	-	-	-	90
Mich.	696	628	103	207	251	313	N	N	N	N
Wis.	625	750	130	107	42	139	N	N	36	41
W.N. CENTRAL	1,906	1,920	336	616	252	285	16	12	79	58
Minn.	467	436	51	87	123	137	-	-	52	41
Iowa	377	291	61	57	N	N	N	N	N	N
Mo.	507	711	131	299	54	64	11	8	12	2
N. Dak.	36	29	3	6	11	15	-	3	2	4
S. Dak.	98	91	9	13	15	20	5	1	-	-
Nebr.	123	124	22	77	12	24	-	-	5	5
Kans.	298	238	59	77	37	25	N	N	8	6
S. ATLANTIC	8,406	7,990	2,160	5,495	809	761	902	854	40	16
Del.	81	84	6	155	3	6	4	1	N	N
Md.	630	668	112	508	130	186	-	18	29	-
D.C.	46	33	29	64	9	7	5	-	3	6
Va.	953	800	128	327	63	90	N	N	N	N
W. Va.	172	107	5	-	20	31	89	59	8	10
N.C.	1,208	992	270	816	104	92	N	N	U	U
S.C.	701	552	274	394	37	36	67	122	N	N
Ga.	1,527	1,545	543	983	256	150	264	190	N	N
Fla.	3,088	3,209	793	2,248	187	163	473	464	N	N
E.S. CENTRAL	1,991	2,256	618	740	178	165	112	112	2	-
Ky.	276	322	56	98	52	41	24	15	N	N
Tenn.	495	586	304	251	126	124	87	97	N	N
Ala.	589	556	213	241	-	-	-	-	N	N
Miss.	631	792	45	150	-	-	1	-	2	-
W.S. CENTRAL	2,602	4,904	1,964	4,604	224	226	49	61	100	85
Ark.	428	626	57	93	16	6	7	19	8	6
La.	571	715	224	387	2	1	42	42	22	17
Okla.	328	368	370	664	54	71	N	N	36	42
Tex.	1,275	3,195	1,313	3,460	152	148	N	N	34	20
MOUNTAIN	1,867	1,705	621	921	417	384	31	5	36	57
Mont.	172	83	4	2	-	1	-	-	-	-
Idaho	130	142	12	25	8	18	N	N	N	N
Wyo.	44	70	5	6	7	2	9	4	-	-
Colo.	455	397	130	230	118	109	-	-	33	44
N. Mex.	202	212	95	187	68	93	5	-	-	9
Ariz.	547	489	298	377	176	131	N	N	N	N
Utah	183	172	35	37	37	28	15	1	3	4
Nev.	134	140	42	57	3	2	2	-	-	-
PACIFIC	3,817	3,984	1,249	2,018	314	502	95	4	-	-
Wash.	438	426	89	134	53	56	-	-	N	N
Oreg.	346	349	57	188	N	N	N	N	N	N
Calif.	2,704	2,994	1,055	1,653	169	346	N	N	N	N
Alaska	46	54	5	7	-	-	-	-	N	N
Hawaii	283	161	43	36	92	100	95	4	-	-
Guam	-	37	-	30	-	-	-	-	-	-
P.R.	190	514	7	25	N	N	N	N	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	3	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 9, 2004, and October 4, 2003 (40th Week)*

Reporting area	Syphilis: Primary & secondary		Syphilis: Congenital		Tuberculosis		Typhoid fever		Varicella (Chickenpox)	
	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	5,620	5,361	267	345	7,968	9,537	224	293	13,930	12,154
NEW ENGLAND	154	158	4	-	280	324	19	24	591	2,400
Maine	2	7	-	-	-	19	-	-	180	642
N.H.	4	15	3	-	12	11	-	2	-	-
Vt.	-	-	-	-	-	8	-	-	411	535
Mass.	97	101	-	-	180	163	13	13	-	133
R.I.	21	17	-	-	26	42	1	2	-	5
Conn.	30	18	1	-	62	81	5	7	-	1,085
MID. ATLANTIC	737	643	37	52	1,568	1,704	51	69	71	29
Upstate N.Y.	77	31	3	8	194	221	9	12	-	-
N.Y. City	443	355	12	29	787	879	16	33	-	-
N.J.	118	133	21	15	326	334	13	20	-	-
Pa.	99	124	1	-	261	270	13	4	71	29
E.N. CENTRAL	627	715	50	61	907	888	17	31	4,285	4,112
Ohio	167	163	1	3	152	153	5	2	1,064	962
Ind.	43	35	8	11	92	101	-	4	-	-
Ill.	255	301	12	18	411	424	-	15	-	-
Mich.	142	201	29	28	186	162	10	10	2,829	2,499
Wis.	20	15	-	1	66	48	2	-	392	651
W.N. CENTRAL	125	120	4	4	340	352	8	6	129	42
Minn.	15	36	1	-	135	142	4	2	-	-
Iowa	5	8	-	-	29	22	-	2	N	N
Mo.	78	45	1	4	85	93	2	1	5	-
N. Dak.	-	2	-	-	3	-	-	-	81	42
S. Dak.	-	2	-	-	8	16	-	-	43	-
Nebr.	5	5	-	-	27	15	2	1	-	-
Kans.	22	22	2	-	53	64	-	-	-	-
S. ATLANTIC	1,456	1,414	39	69	1,497	1,842	39	43	1,812	1,711
Del.	7	5	1	-	-	-	-	-	4	23
Md.	276	242	6	10	183	181	11	9	-	-
D.C.	62	41	1	-	65	-	-	-	20	23
Va.	77	67	2	1	184	186	6	14	479	471
W. Va.	2	2	-	-	15	12	-	-	1,060	994
N.C.	143	122	9	16	224	231	6	7	N	N
S.C.	96	81	6	10	145	122	-	-	249	200
Ga.	242	377	1	13	11	398	6	5	-	-
Fla.	551	477	13	19	670	712	10	8	-	-
E.S. CENTRAL	315	248	17	11	429	511	7	5	-	-
Ky.	34	29	1	1	87	89	3	-	-	-
Tenn.	101	105	8	2	156	176	4	2	-	-
Ala.	138	92	6	6	153	167	-	3	-	-
Miss.	42	22	2	2	33	79	-	-	-	-
W.S. CENTRAL	919	705	43	63	746	1,431	14	29	5,142	3,427
Ark.	34	40	-	2	87	69	-	-	-	-
La.	204	112	-	1	-	-	-	-	46	10
Okla.	20	51	2	1	122	113	1	1	-	-
Tex.	661	502	41	59	537	1,249	13	28	5,096	3,417
MOUNTAIN	280	249	44	29	371	341	6	6	1,900	433
Mont.	-	-	-	-	4	5	-	-	-	-
Idaho	15	7	2	2	4	8	-	1	-	-
Wyo.	3	-	-	-	2	3	-	-	27	40
Colo.	28	27	-	3	80	75	1	3	1,455	-
N. Mex.	46	50	1	6	18	38	-	-	79	1
Ariz.	154	150	41	18	172	160	2	2	-	-
Utah	6	5	-	-	31	30	1	-	339	392
Nev.	28	10	-	-	60	22	2	-	-	-
PACIFIC	1,007	1,109	29	56	1,830	2,144	63	80	-	-
Wash.	105	61	-	-	173	189	6	3	-	-
Oreg.	21	35	-	-	65	84	2	3	-	-
Calif.	875	1,006	28	55	1,472	1,738	49	73	-	-
Alaska	-	1	-	-	30	46	-	-	-	-
Hawaii	6	6	1	1	90	87	6	1	-	-
Guam	-	1	-	-	-	41	-	-	-	104
P.R.	112	158	5	13	60	86	-	-	217	439
V.I.	4	1	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	-	U	10	U	-	U	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE III. Deaths in 122 U.S. cities,* week ending October 9, 2004 (40th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
NEW ENGLAND	517	356	111	24	14	12	53
Boston, Mass.	144	84	38	5	9	8	17
Bridgeport, Conn.	22	12	9	1	-	-	3
Cambridge, Mass.	13	11	2	-	-	-	1
Fall River, Mass.	31	27	4	-	-	-	4
Hartford, Conn.	54	40	10	2	1	1	4
Lowell, Mass.	19	13	3	2	1	-	-
Lynn, Mass.	6	3	1	2	-	-	-
New Bedford, Mass.	30	23	6	-	1	-	3
New Haven, Conn.	23	17	5	1	-	-	5
Providence, R.I.	54	39	10	3	1	1	2
Somerville, Mass.	3	2	1	-	-	-	-
Springfield, Mass.	43	28	10	3	-	2	3
Waterbury, Conn.	24	18	4	2	-	-	7
Worcester, Mass.	51	39	8	3	1	-	4
MID. ATLANTIC	1,791	1,244	365	113	35	32	89
Albany, N.Y.	40	31	6	2	-	1	3
Allentown, Pa.	22	18	4	-	-	-	2
Buffalo, N.Y.	72	45	18	6	1	2	5
Camden, N.J.	21	7	7	1	4	2	-
Elizabeth, N.J.	17	11	5	1	-	-	3
Erie, Pa.	51	44	5	2	-	-	-
Jersey City, N.J.	48	30	10	7	1	-	-
New York City, N.Y.	938	652	206	53	15	10	50
Newark, N.J.	49	27	10	8	3	1	-
Paterson, N.J.	U	U	U	U	U	U	U
Philadelphia, Pa.	146	87	37	10	7	5	2
Pittsburgh, Pa.§	27	23	3	-	-	1	-
Reading, Pa.	32	23	1	3	1	4	2
Rochester, N.Y.	124	87	26	8	1	2	7
Schenectady, N.Y.	24	15	6	1	1	1	2
Scranton, Pa.	30	25	4	1	-	-	2
Syracuse, N.Y.	81	67	7	5	1	1	9
Trenton, N.J.	24	15	5	2	-	2	1
Utica, N.Y.	23	20	2	1	-	-	1
Yonkers, N.Y.	22	17	3	2	-	-	-
E.N. CENTRAL	1,840	1,232	421	117	34	36	112
Akron, Ohio	44	28	11	2	1	2	2
Canton, Ohio	38	21	12	4	1	-	4
Chicago, Ill.	306	176	93	22	8	7	23
Cincinnati, Ohio	75	51	11	8	1	4	9
Cleveland, Ohio	184	146	31	5	1	1	6
Columbus, Ohio	204	141	47	11	1	4	14
Dayton, Ohio	116	81	28	6	-	1	5
Detroit, Mich.	138	80	38	14	5	1	10
Evansville, Ind.	39	28	8	2	1	-	-
Fort Wayne, Ind.	50	30	16	2	1	1	2
Gary, Ind.	16	8	5	1	-	2	-
Grand Rapids, Mich.	47	35	9	3	-	-	-
Indianapolis, Ind.	173	106	42	13	7	5	4
Lansing, Mich.	43	31	6	5	-	1	3
Milwaukee, Wis.	80	51	19	7	-	3	10
Peoria, Ill.	44	36	4	1	1	2	4
Rockford, Ill.	57	44	7	3	2	1	6
South Bend, Ind.	61	44	12	3	2	-	4
Toledo, Ohio	91	67	17	4	2	1	4
Youngstown, Ohio	34	28	5	1	-	-	2
W.N. CENTRAL	630	397	150	39	25	18	31
Des Moines, Iowa	60	48	10	1	-	1	5
Duluth, Minn.	24	17	5	1	-	1	4
Kansas City, Kans.	38	16	17	2	3	-	5
Kansas City, Mo.	82	51	19	6	4	2	2
Lincoln, Nebr.	41	31	7	-	3	-	-
Minneapolis, Minn.	54	35	13	6	-	-	2
Omaha, Nebr.	76	52	20	2	2	-	5
St. Louis, Mo.	117	65	24	13	8	6	6
St. Paul, Minn.	48	30	13	2	1	2	-
Wichita, Kans.	90	52	22	6	4	6	2
S. ATLANTIC	1,197	763	255	106	38	35	60
Atlanta, Ga.	141	76	33	10	10	12	3
Baltimore, Md.	137	79	29	19	5	5	11
Charlotte, N.C.	117	87	20	8	-	2	8
Jacksonville, Fla.	130	88	19	14	4	5	7
Miami, Fla.	118	72	30	9	5	2	9
Norfolk, Va.	50	32	2	11	-	5	1
Richmond, Va.	59	28	20	6	3	2	3
Savannah, Ga.	60	39	17	4	-	-	7
St. Petersburg, Fla.	46	37	3	4	2	-	-
Tampa, Fla.	218	150	48	15	3	2	6
Washington, D.C.	119	73	34	6	6	-	3
Wilmington, Del.	2	2	-	-	-	-	2
E.S. CENTRAL	852	584	176	62	19	11	43
Birmingham, Ala.	174	122	29	15	4	4	11
Chattanooga, Tenn.	74	50	20	3	1	-	3
Knoxville, Tenn.	68	45	15	7	-	1	1
Lexington, Ky.	61	40	14	6	-	1	2
Memphis, Tenn.	171	120	31	12	6	2	8
Mobile, Ala.	90	62	20	5	1	2	6
Montgomery, Ala.	53	40	5	5	2	1	4
Nashville, Tenn.	161	105	42	9	5	-	8
W.S. CENTRAL	1,399	891	326	111	48	23	68
Austin, Tex.	80	53	21	4	2	-	5
Baton Rouge, La.	41	27	7	5	2	-	-
Corpus Christi, Tex.	54	37	11	3	1	2	-
Dallas, Tex.	208	125	53	20	4	6	9
El Paso, Tex.	67	40	19	4	4	-	3
Ft. Worth, Tex.	111	71	21	7	8	4	5
Houston, Tex.	349	221	90	25	11	2	24
Little Rock, Ark.	88	52	18	7	4	7	6
New Orleans, La.	48	27	18	3	-	-	-
San Antonio, Tex.	208	138	37	23	9	1	15
Shreveport, La.	38	29	5	2	2	-	1
Tulsa, Okla.	107	71	26	8	1	1	-
MOUNTAIN	774	515	148	67	18	25	33
Albuquerque, N.M.	112	77	21	10	3	1	5
Boise, Idaho	53	35	10	5	-	3	-
Colo. Springs, Colo.	69	45	13	7	-	4	3
Denver, Colo.	102	61	25	9	1	6	8
Las Vegas, Nev.	U	U	U	U	U	U	U
Ogden, Utah	27	21	3	2	-	1	4
Phoenix, Ariz.	108	58	28	15	4	2	2
Pueblo, Colo.	26	24	-	1	1	-	1
Salt Lake City, Utah	115	68	25	9	6	7	4
Tucson, Ariz.	162	126	23	9	3	1	6
PACIFIC	1,246	869	264	64	29	20	104
Berkeley, Calif.	15	8	4	2	-	1	2
Fresno, Calif.	42	27	10	2	3	-	1
Glendale, Calif.	14	11	2	-	-	1	1
Honolulu, Hawaii	70	56	13	1	-	-	6
Long Beach, Calif.	52	35	11	5	1	-	10
Los Angeles, Calif.	240	167	50	14	8	1	30
Pasadena, Calif.	30	25	3	-	1	1	3
Portland, Oreg.	114	85	21	4	3	1	6
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	U	U	U	U	U	U	U
San Francisco, Calif.	135	83	40	6	2	4	12
San Jose, Calif.	218	157	43	12	5	1	15
Santa Cruz, Calif.	23	17	4	1	-	1	4
Seattle, Wash.	147	93	35	13	4	2	7
Spokane, Wash.	54	39	12	1	-	2	2
Tacoma, Wash.	92	66	16	3	2	5	5
TOTAL	10,246¶	6,851	2,216	703	260	212	593

U: Unavailable. -:No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. 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 this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Total includes unknown ages.

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