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Early-Onset Group B Streptococcal Disease — United States, 1998–1999

Despite recent declines, early-onset group B streptococcus (GBS) is a leading cause of neonatal sepsis, resulting in approximately 2200 infections each year among children aged <7 days in the United States (*1*). To identify opportunities for improved prevention, the Active Bacterial Core Surveillance (ABCs)/Emerging Infections Program Network reviewed birth histories of infants with early-onset GBS disease. This report summarizes the results of this analysis and indicates that most mothers of infants with early-onset disease did not receive intrapartum antibiotics and that further declines in disease incidence are likely with better prevention efforts.

To prevent perinatal GBS disease, two strategies are recommended: the risk-based and the screening-based approach (*2–4*). Under the risk-based approach, women in labor who have risk factors for GBS transmission (e.g., fever, prolonged rupture of the membranes, or preterm delivery) are offered intrapartum chemoprophylaxis. Under the screening-based approach, all pregnant women are tested for GBS carriage between 35–37 weeks' gestation by collecting vaginal and rectal combined swabs, and GBS carriers are offered intrapartum chemoprophylaxis.

Birth histories of infants with early-onset GBS disease in 1998 and 1999 were evaluated to determine whether cases might have been prevented by either of these strategies. A case of early-onset GBS disease was defined as the isolation of group B streptococci from a normally sterile site from an infant aged <7 days born to a resident of the ABCs surveillance area (i.e., Connecticut, Maryland, Minnesota, and selected urban counties in California, Georgia, New York, Oregon, and Tennessee). To assess the quality of early-onset GBS disease intervention, surveillance staff reviewed prenatal GBS screening, risks for infection at the time of labor, receipt of intrapartum antibiotics, and infant outcome. In Connecticut, prenatal provider records also were reviewed. The incidence of early-onset disease was calculated using live birth data for 1997 from the National Center for Health Statistics.

Surveillance reports indicated 190 cases of early-onset GBS disease in 1998 and 153 cases in 1999 (Table 1). Maternal labor and delivery records were available for 181 (96%) infants in 1998 and 141 (92%) infants in 1999. The case fatality ratio was 5%. In 1999, the incidence of disease was 0.7 per 1000 live births among black infants, 0.5 among Hispanic infants, and 0.3 among white infants. Prenatal GBS testing was documented in 104 (35%) of 322 women; 36 (35%) had a positive result (Table 2). Among the 82 women who had documented dates of screening and gestational age at delivery, 52 (63%) were screened after 33 weeks of pregnancy. GBS culture site was documented for 55 (53%) of 104 screened women; three women had vaginal and rectal combined swabs

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TABLE 1. Incidence of early-onset group B streptococcal disease — Active Bacterial Core surveillance areas, United States, 1998–1999

	1998		1999	
State*	No.	Incidence†	No.	Incidence
California	16	0.39	14	0.34
Connecticut	21	0.49	10	0.23
Georgia	55	0.92	44	0.74
Maryland	33	0.47	27	0.38
Minnesota	28	0.43	25	0.39
New York§	7	0.49	1	0.07
Oregon	11	0.56	10	0.51
Tennessee	19	0.58	18	0.55
Total	**190**	**0.55**	**153**	**0.39**

* Selected counties were included in surveillance.
† Calculated as cases per 1000 live births using 1997 natality data from the National Center for Health Statistics.
§ Cases from seven Rochester counties.

TABLE 2. Indications for group B streptococcal (GBS) disease among women who gave birth to infants with early-onset GBS disease — selected counties, eight states*, 1998–1999

Indication	No. with indication	%†	No. treated with intrapartum antibiotics
Previous infant with GBS	1	<1%	1
GBS bacteriuria during pregnancy	14	4%	6
Positive prenatal GBS culture	36	11%	23
Preterm delivery (<37 weeks' gestation)	64	20%	24
Intrapartum fever ≥100.4 F (≥38 C)	61	19%	38
Prolonged rupture of membranes (≥18 hours)	39	14%	15
At least one risk factor§	143	44%	51
Unscreened or no test result and at least one risk factor	92	29%	28
No indication¶	128	40%	59

* California, Connecticut, Georgia, Maryland, Minnesota, New York, Oregon, and Tennessee.
† Denominator was sometimes <322 because of missing values.
§ Previous infant with GBS, GBS bacteriuria during pregnancy, preterm, temperature of ≥100.4 F (≥38C), or rupture of membranes for ≥18 hours.
¶ Unscreened, no GBS bacteriuria during pregnancy, no previous infants with GBS, term delivery, temperature of <100.4 F (<38 C), and rupture of membranes for <18 hours, or no documentation of these in mothers' labor and delivery records.

and 23 (22%) of 104 had vaginal swabs only. For 81 of 100 screened women, labor and delivery staff had access to GBS test results.

Intrapartum antibiotics were administered to 68 (21%) of 322 women who had infants with early-onset disease. Fifty-one (40%) of 128 women with a positive screen or at least one risk factor and no GBS test results received prophylactic antibiotics (Table 2). Thirty-eight (56%) of 68 women treated had fever, the most common indication among women receiving chemoprophylaxis; 15 (39%) of 38 women with fever received an initial dose of

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antibiotics after presenting with fever. Intravenous ampicillin, clindamycin, and penicillin were the most commonly administered antibiotics (31%, 15%, and 14% respectively). The median time between admission and delivery among women receiving antibiotics was 12.5 hours (range: 0–846 hours), and the median time between administration of the first antibiotic dose and delivery was 3.5 hours (range: 0–299 hours). Twenty-three (34%) of 68 women first received antibiotics within 2 hours of delivery; 40 (59%) received one dose.

Early-onset isolates were evaluated for antibiotic susceptibilities to penicillin, clindamycin, erythromycin, and cephalothin or cefazolin from 164 patients in Georgia, Maryland, Minnesota, and Oregon. All isolates were susceptible to penicillin; 32 (20%) isolates were resistant to erythromycin and 25 (15%) were resistant to clindamycin. Minimum inhibitory concentrations for cefazolin were ≤0.25 μg/mL.

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Editorial Note: During 1993–1998, the incidence of GBS disease in the United States declined 65% (*1*). In this report, data from 1998–1999 indicated that the incidence of early-onset GBS disease further declined in the surveillance areas (Table 1); however, the data also indicated several areas where prevention could be improved. In 1998 and 1999, of mothers of infants with early-onset disease, 21% received intrapartum antibiotic prophylaxis. Prenatal screening often was not performed at the recommended time (35–37 weeks' gestation), and combined vaginal and rectal swabs were rarely documented (*5*). Approximately 70% of women who were unscreened and developed a risk factor did not receive intrapartum antibiotics. Many women were unscreened and did not present with risk factors at the time of labor. This suggests that some early-onset disease may have been prevented if the screening-based approach (versus the risk-based approach) had been used. Other women did not receive antibiotics until after they developed fever, suggesting that cases might have been prevented if antibiotics could have been administered earlier in the hospital admission (e.g., one dose of penicillin or ampicillin at least 4 hours before delivery).

The findings in this report are subject to at least three limitations. First, early-onset GBS surveillance is limited to confirmed cases of invasive disease; therefore, generaliza-

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tions cannot be made from the reported data about compliance with recommended guidelines or the effectiveness of intrapartum chemoprophylaxis. Second, because information was not available on whether health-care providers were attempting to follow the risk-based approach or the screening-based approach in specific cases, it is not possible in all instances to assess whether early-onset cases represented missed opportunities for prevention, protocol omissions, or antibiotic failures. Third, some information (e.g., GBS screening culture site) was poorly documented or missing from medical charts.

Increased prevention of perinatal GBS disease has raised concern about potential adverse consequences of the increased use of intrapartum antibiotics. Penicillin resistance among GBS isolates has not been reported (*6*); however, erythromycin and clindamycin resistance has increased (*6,7*) and has occurred in 15–20% of early-onset cases for which isolates were available. For women with a history of severe penicillin allergy, clinicians should request that prenatal GBS screening include susceptibility testing of GBS isolates to determine an appropriate regimen for intrapartum prophylaxis. Cefazolin should be considered when erythromycin or clindamycin resistance occurs among women with penicillin allergy (*8*).

This study indicates that further declines in disease incidence are likely with full implementation of the consensus guidelines for prevention of early-onset group B streptococcal GBS disease (*2–4*). Copies of the guidelines and educational materials for prenatal patients are available on the World-Wide Web, http://www.cdc.gov/ncidod/dbmd/gbs; copies may be obtained from CDC, Health Communications Activity (GBS information), Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, mailstop A-49, 1600 Clifton Rd., NE, Atlanta, GA 30333; after December 1, 2000, bulk orders may be obtained from Public Health Foundation, 1220 L St, NW, Suite 350, Washington, DC 20005, telephone (877) 252-1200, or by e-mail, www.phf.org.

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Receipt of Advice to Quit Smoking in Medicare Managed Care — United States, 1998

In the United States, cigarette smoking is the leading cause of preventable morbidity and mortality, and smokers who stop at any age reduce their risk for premature death (*1*). Because older smokers are more likely to report having seen a physician during the preceding year (84% in 1992) compared with younger smokers (69%) (*2*), health-care providers have many opportunities to advise older smokers to quit. To characterize smoking and advice to quit among Medicare managed-care recipients, the Health Care Financing Administration and CDC analyzed data from the 1998 Health Outcomes Survey (HOS). This report summarizes the results of that analysis, which indicates that approximately 13% of enrollees in Medicare managed care reported they were current smokers, and among those who visited a physician or health-care provider, approximately 71% reported receiving advice to quit.

HOS is an ongoing, 2-year, longitudinal cohort survey administered to Medicare beneficiaries enrolled in managed-care plans nationwide. The survey measures health status and health outcomes to provide risk-adjusted measures of managed-care plan performance and to track population-based care outcomes. Medicare enrollees were initially contacted by mailed questionnaire, and nonrespondents were followed up by mail and telephone. Respondents were asked about current smoking status, quitting behavior during the preceding 12 months or longer, receipt of advice to quit from a doctor or other health-care provider, and the number of health-care visits during the preceding year.

A random sample of approximately 1000 Medicare managed-care enrollees was selected from each of 287 separate strata, representing 268 different health plans. Thirteen of these plans had two to four geographically distinct subplan market areas for 19 additional strata. A total of 279,135 Medicare beneficiaries were in the sample. The sample included both Medicare beneficiaries aged ≥65 years (91.5%) and persons aged <65 years and in Medicare because of disabilities (8.5%) who were enrolled in their plan for at least 6 months. It also included institutionalized beneficiaries but excluded persons eligible for Medicare because of end-stage renal disease alone. Baseline data were collected during May–July 1998.

The overall response rate to the baseline survey was 59.9% (167,201); 152,259 reported their smoking status, and 19,604 (95.6%) of those who reported smoking during the previous year responded to the question about whether they received advice to quit. Data were weighted to the total population of each stratum and adjusted to the overall population age, race, and sex distribution.

In 1998, 10.4% of Medicare managed-care enrollees reported smoking every day and 2.9% reported smoking some days (Table 1). Daily smoking prevalence was highest among enrollees aged <65 years and lowest among enrollees aged ≥85 years. Daily smoking prevalence was higher for men than for women, and smoking prevalence was greater among those with less education and less income. Among all enrollees, 1.6% reported having quit during the preceding 12 months, and 39.3% reported having quit smoking >1 year before the survey. Smoking prevalence was lowest and quit rates highest among enrollees from the western region.

Of persons who reported any smoking during the preceding 12 months and who visited a physician or other health-care provider at least once during that time, 70.7% reported they had been advised to quit smoking (Table 2). Advice to quit increased with

Advice to Quit Smoking — Continued

TABLE 1. Estimated prevalence of smoking behaviors, by smoking status and selected characteristics, among enrollees in Medicare managed-care plans — Health Outcomes Survey, United States, 1998*

			Current smokers†				Former smokers§			
	Never smoked		Smoke every day		Smoke some days		Quit in past 12 months		Quit >12 months ago	
Characteristic	%	(±95% CI¶)	%	(±95% CI)	%	(±95% CI)	%	(±95% CI)	%	(±95% CI)
Sex										
Male	30.3	(±0.4)	11.9	(±0.3)	3.0	(±0.2)	1.9	(±0.2)	52.9	(±0.5)
Female	57.8	(±0.4)	9.3	(±0.3)	2.8	(±0.2)	1.3	(±0.2)	28.8	(±0.5)
Age group (yrs)										
<55	40.4	(±1.5)	28.3	(±1.7)	8.6	(±2.5)	2.4	(±2.0)	20.3	(±1.8)
55–64	31.5	(±1.2)	24.8	(±1.3)	5.9	(±1.5)	3.1	(±1.5)	34.8	(±1.1)
65–74	41.5	(±0.5)	11.9	(±0.3)	3.2	(±0.2)	1.9	(±0.2)	41.5	(±0.5)
75–84	49.5	(±0.5)	7.0	(±0.3)	2.1	(±0.2)	1.1	(±0.2)	40.3	(±0.5)
≥85**	64.8	(±0.8)	3.3	(±0.9)	1.2	(±1.0)	—	—	30.1	(±0.8)
Race/Ethnicity††										
White, non-Hispanic	43.7	(±0.4)	10.5	(±0.3)	2.5	(±0.2)	1.5	(±0.2)	41.7	(±0.4)
Black, non-Hispanic	50.2	(±1.0)	12.0	(±1.0)	5.4	(±0.9)	2.0	(±1.1)	30.3	(±0.9)
Hispanic**	56.5	(±1.3)	9.1	(±1.1)	3.9	(±1.3)	—	—	29.1	(±1.2)
Asian/Pacific Islander**	61.5	(±2.5)	4.3	(±2.4)	—	—	—	—	29.5	(±2.5)
American Indian/Alaskan Native**	43.0	(±3.9)	13.8	(±3.8)	—	—	—	—	37.7	(±4.0)
Other**	46.4	(±2.4)	9.8	(±3.1)	—	—	—	—	39.0	(±2.9)
Education Level										
<High school diploma	47.6	(±0.5)	11.7	(±0.3)	3.6	(±0.2)	1.8	(±0.2)	35.4	(±0.5)
High school diploma	46.9	(±0.5)	10.8	(±0.3)	2.7	(±0.2)	1.5	(±0.2)	38.0	(±0.5)
Some college	42.1	(±0.6)	10.2	(±0.4)	2.8	(±0.3)	1.6	(±0.3)	43.4	(±0.5)
College graduate or more	45.0	(±0.7)	6.9	(±0.6)	2.0	(±0.4)	1.1	(±0.4)	44.9	(±0.6)
Annual household income§§										
<$10,000	51.5	(±0.6)	13.7	(±0.4)	4.1	(±0.3)	2.1	(±0.4)	28.6	(±0.5)
$10,000–$30,000	43.4	(±0.5)	11.8	(±0.3)	3.1	(±0.2)	1.5	(±0.2)	40.2	(±0.5)
>$30,000	44.6	(±0.5)	8.2	(±0.3)	2.3	(±0.2)	1.6	(±0.2)	43.4	(±0.5)
Region¶¶										
Northeast	46.4	(±0.8)	9.9	(±0.5)	3.2	(±0.3)	1.6	(±0.3)	38.9	(±0.8)
South	44.9	(±0.8)	11.9	(±0.5)	3.0	(±0.3)	1.7	(±0.2)	38.5	(±0.8)
North Central	46.0	(±1.0)	11.3	(±0.6)	3.1	(±0.4)	1.8	(±0.3)	37.8	(±1.0)
West	45.9	(±0.9)	9.6	(±0.6)	2.6	(±0.3)	1.4	(±0.3)	40.5	(±0.9)
Managed-care plan model										
Group	46.3	(±1.0)	9.8	(±0.6)	2.9	(±0.4)	1.4	(±0.3)	39.6	(±1.0)
Independent practice association	45.8	(±0.6)	10.6	(±0.4)	3.0	(±0.2)	1.6	(±0.2)	39.1	(±0.6)
Staff	45.2	(±1.3)	10.9	(±0.9)	2.5	(±0.5)	1.8	(±0.4)	39.6	(±1.3)
Other**	47.0	(±2.4)	8.0	(±1.3)	—	—	—	—	40.6	(±2.3)
Total	**45.8**	**(±0.4)**	**10.4**	**(±0.3)**	**2.9**	**(±0.2)**	**1.6**	**(±0.2)**	**39.3**	**(±0.4)**

* Sample size=52,259 after excluding 14,837 respondents with unknown smoking status.
† Smoked >100 cigarettes in lifetime and smoke every day or some days.
§ Smoked >100 cigarettes in lifetime but do not smoke now.
¶ Confidence interval.
** Data not reported for all smoking status categories because of insufficient sample sizes (<100).
†† Excludes 5249 respondents who did not provide information on race/ethnicity.
§§ Excludes 15,691 respondents who did not provide information on household income.
¶¶ Excludes 4605 respondents who were unassigned to a geographic region. Regions include: *Northeast*=Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont, Virginia, West Virginia; *North Central*=Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, and Wisconsin; *South*=Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas; *West*=Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming.

Advice to Quit Smoking — Continued

TABLE 2. Estimated percentages of Medicare managed-care enrolled smokers* who reported receiving advice to quit from a doctor or other health-care provider during the preceding 12 months, by number of visits and selected characteristics — Health Outcomes Survey, United States, 1998†

	Number of health-care provider visits							
	1 Visit		2–4 Visits		≥5 Visits		Any visit	
Characteristic	%	(±95% CI§)	%	(±95% CI)	%	(±95% CI)	%	(±95% CI)
Sex								
Male	60.2	(±0.8)	68.0	(±0.5)	76.8	(±0.5)	70.4	(±0.5)
Female	62.9	(±0.8)	69.0	(±0.5)	75.7	(±0.5)	71.0	(±0.5)
Age group (yrs)								
<55¶	—	—	65.8	(±3.1)	76.6	(±1.9)	71.7	(±1.5)
55–64	58.5	(±2.6)	71.0	(±2.8)	74.5	(±1.6)	72.4	(±1.1)
65–74	63.7	(±0.5)	70.6	(±0.5)	79.8	(±0.4)	72.7	(±0.4)
75–84	58.8	(±2.4)	63.9	(±0.6)	71.5	(±0.6)	66.3	(±0.5)
≥85¶	—	—	59.0	(±5.2)	53.9	(±4.3)	56.1	(±2.9)
Race/Ethnicity**								
White, non-Hispanic	64.7	(±0.6)	70.1	(±0.5)	77.3	(±0.4)	72.2	(±0.4)
Black, non-Hispanic	51.2	(±5.1)	63.9	(±2.1)	74.7	(±1.6)	67.8	(±1.0)
Hispanic	49.8	(±6.3)	63.9	(±3.8)	70.3	(±3.4)	65.4	(±2.1)
Asian/Pacific Islander¶	—	—	—	—	—	—	54.0	(±3.6)
American Indian/Alaska Native¶	—	—	—	—	—	—	72.2	(±5.0)
Other¶	—	—	53.0	(±8.5)	67.0	(±7.9)	61.1	(±4.3)
Education level								
< High school diploma	58.1	(±1.5)	69.9	(±0.5)	76.6	(±0.5)	71.4	(±0.4)
High school diploma	61.2	(±1.1)	69.6	(±0.5)	77.2	(±0.5)	71.5	(±0.5)
Some college	61.8	(±2.5)	66.2	(±0.5)	75.6	(±0.5)	69.4	(±0.5)
College graduate or more	70.4	(±3.6)	64.5	(±1.6)	71.7	(±1.4)	68.1	(±0.5)
Annual household income††								
<$10,000	56.5	(±3.5)	65.4	(±1.0)	74.3	(±0.6)	68.5	(±0.5)
$10,000–$30,000	60.1	(±1.5)	70.3	(±0.5)	79.2	(±0.4)	72.7	(±0.4)
>$30,000	66.9	(±1.3)	68.4	(±0.6)	73.5	(±0.6)	70.0	(±0.5)
Region§§								
Northeast	62.0	(±0.9)	70.4	(±0.7)	76.7	(±0.7)	72.0	(±0.7)
South	54.8	(±0.8)	67.8	(±0.8)	78.2	(±0.7)	70.9	(±0.7)
North Central	60.8	(±1.0)	66.5	(±0.9)	77.0	(±0.8)	69.8	(±0.9)
West	65.2	(±0.9)	68.7	(±0.9)	73.9	(±0.9)	70.2	(±0.9)
Managed-care plan model								
Group	66.0	(±0.8)	69.7	(±0.9)	76.6	(±0.8)	71.8	(±0.5)
Independent practice association	59.7	(±0.7)	68.2	(±0.6)	75.4	(±0.6)	70.0	(±0.6)
Staff	63.7	(±1.4)	68.7	(±1.3)	79.8	(±1.2)	72.8	(±1.2)
Other¶	—	—	—	—	77.9	(±2.1)	67.4	(±2.2)
Total	**61.5**	**(±0.5)**	**68.5**	**(±0.5)**	**76.2**	**(±0.4)**	**70.7**	**(±0.4)**

* Smokers defined as those reporting any smoking during the preceding 12 months.
† Sample size=19,604 after excluding 892 respondents who did not answer question about receiving advice to quit.
§ Confidence interval.
¶ Data not reported for all visit count categories because of insufficient sample sizes (<100).
** Excludes 534 respondents who did not provide information on race/ethnicity.
†† Excludes 1295 respondents who did not provide information on household income.
§§ Excludes 521 respondents who were unassigned to geographic region. Regions include: *Northeast*=Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont, Virginia, West Virginia; *North Central*=Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, and Wisconsin; *South*=Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas; *West*=Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming.

Advice to Quit Smoking — Continued

increasing numbers of visits: 61.5% of smokers with one visit during the year reported receiving advice to quit compared with 76.2% of those with five or more visits. Across all visit categories, women who made one to four visits reported receiving advice to quit at slightly higher rates than did men, and smokers aged ≥75 years reported receiving less advice to quit than did younger smokers. Blacks and Hispanics reported receiving less advice than did whites. Overall, those with more education reported receiving less advice. Differences were reported in receipt of advice to quit between the types of managed-care plans, with providers in independent practice associations giving less advice than those in staff or group model practices, especially when a single visit was reported.

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Editorial Note: The findings in this report indicate that receipt of advice to quit smoking probably has improved since the early 1990s, when 38.8% of smokers aged ≥65 years reported receiving advice (*3*). Self-reported receipt of advice is higher in this survey than the national average (62.5%) reported by the National Committee for Quality Assurance (NCQA) (*4*). The NCQA report is based on 1998 Health Plan Employer Data and Information Set (HEDIS) data from plan-administered surveys. However, the HEDIS data used a different sampling frame that applied to all adult beneficiaries in managed-care plans, not just those in Medicare.

On the basis of these results, of 5.8 million Medicare enrollees in the sampling frame, approximately 92,000 had quit during the preceding year. Increasing the delivery of smoking cessation advice to 90% of those who still smoke would reach approximately 150,000 additional smokers and might encourage 25,000 more smokers to initiate quitting each year. Based on these survey findings, public health programs should target health-care providers in independent practice associations (IPAs) to deliver cessation advice. IPAs represent most physicians in private or small group practices who have contracted with HMO plans, and counseling rates for IPAs are lower than for group or staff model plans.

The difference in receipt of advice to quit among racial/ethnic groups may be influenced by social or cultural factors. For example, among elderly Hispanics and Asian Americans, language barriers may affect the lower rates of receiving advice to quit or in understanding the advice. Health-care providers should offer culturally appropriate or tailored interventions for racial/ethnic populations (*5*).

The findings in this report are subject to at least four limitations. First, the overall response rate for the 1998 HOS survey was 59.9%. Response rates varied widely by plan and somewhat by age and race. Although the HOS data were weighted to account for the stratified design and the overall population distribution by age, race, and sex, some differences could be the result of response biases. Second, because the HOS design does not include any oversampling of racial/ethnic minority groups or the oldest Medicare recipients, sample sizes within some substrata were inadequate to allow complete comparisons by all smoking or visit categories. Third, not all persons who reported quitting during the previous 12 months may have been candidates for advice. Because smoking status at the time of each doctor visit was not known, some may have quit before their first visit. Finally, because the reason for each visit was not included in the survey, some visits may have been for emergencies and other conditions during which counseling would not have been appropriate.

Advice to Quit Smoking — Continued

Smoking prevalence among Medicare managed-care enrollees is similar to that among older adults (*6*). Despite the lower prevalence of current smoking among older adults compared with middle aged and young adults, older smokers are at greater risk from smoking because they have smoked longer, tend to be heavier smokers, and are more likely to suffer already from smoking-related illnesses (*7*). Overall, 1.6% of the Medicare managed-care population reported quitting during the preceding 12 months, representing approximately 10% of the smokers who reported any smoking within that period. However, it is likely that some of those who quit during the preceding year will begin smoking again. Health-care providers should be aware that smoking cessation counseling, even brief advice to quit smoking, can be effective in encouraging older smokers to quit.

All health-care providers should deliver tobacco-use treatment interventions to their patients (*5*). Basic components of a counseling session include asking each patient whether he or she uses tobacco, urging all tobacco users to stop, identifying tobacco users willing to quit, providing assistance to these patients (e.g., establishing a quit date, providing support and practical advice on the quitting process, and encouraging the use of approved pharmocotherapies such as nicotine replacement therapy and buproprion when appropriate), and arranging follow-up visits for support (*5*). Use of office reminders, such as chart stickers or vital sign, can increase the provision of cessation advice by providers (*5*). Reimbursement of treatment services and products has been shown to increase use of cessation services and overall quit rates (*8*).

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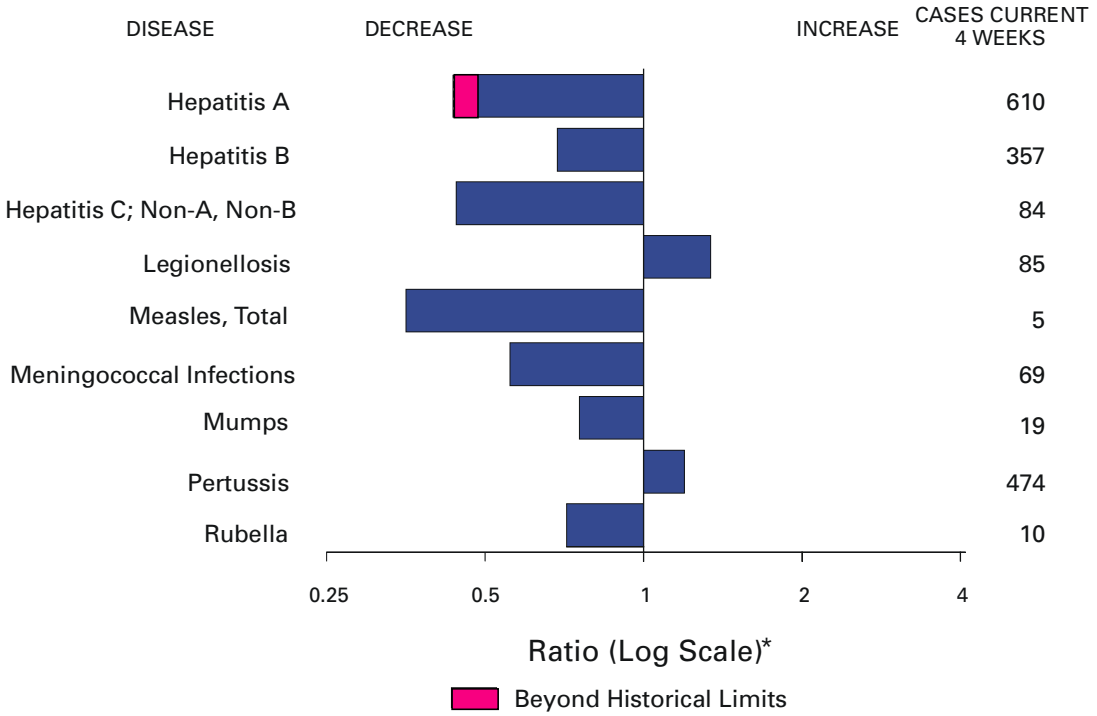
Notice to Readers

Internet Address Change for *MMWR* Web Site

As of September 7, 2000, the United States *MMWR* web site has moved to http://www.cdc.gov/mmwr. The move provides a consolidated web site in the United States and a mirror *MMWR* web site in Europe. The official electronic version of *MMWR*, in Adobe Portable Document Format (PDF), is available at http://www.cdc.gov/mmwr/PDF/, and ftp://ftp.cdc.gov/pub/Publications/mmwr.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending September 2, 2000, with historical data



* 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 September 2, 2000 (35th Week)

	Cum. 2000		Cum. 2000
Anthrax	-	HIV infection, pediatric*§	149
Brucellosis*	42	Plague	5
Cholera	6	Poliomyelitis, paralytic	-
Congenital rubella syndrome	6	Psittacosis*	8
Cyclosporiasis*	32	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	277
Encephalitis: California serogroup viral*	34	Streptococcal disease, invasive, group A	2,013
eastern equine*	-	Streptococcal toxic-shock syndrome*	62
St. Louis*	-	Syphilis, congenital¶	96
western equine*	-	Tetanus	17
Ehrlichiosis human granulocytic (HGE)*	121	Toxic-shock syndrome	106
human monocytic (HME)*	40	Trichinosis	5
Hansen disease (leprosy)*	42	Typhoid fever	218
Hantavirus pulmonary syndrome*†	22	Yellow fever	-
Hemolytic uremic syndrome, postdiarrheal*	99		

-: No reported cases.
*Not notifiable in all states.
† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update August 27, 2000.
¶ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 2, 2000, and September 4, 1999 (35th Week)

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 2000§	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	26,662	30,098	421,349	441,789	1,127	1,517	2,668	1,858	1,673	1,711
NEW ENGLAND	1,428	1,515	14,254	14,217	55	105	243	266	247	257
Maine	25	52	962	750	13	18	18	22	22	-
N.H.	26	38	653	652	11	10	24	23	24	24
Vt.	20	11	358	325	18	20	27	21	26	12
Mass.	895	987	6,358	6,082	11	45	102	116	111	125
R.I.	63	74	1,619	1,553	2	1	11	21	10	22
Conn.	399	353	4,304	4,855	-	11	61	63	54	74
MID. ATLANTIC	5,921	7,764	36,822	45,282	95	279	270	142	106	79
Upstate N.Y.	637	890	N	N	63	89	186	90	38	-
N.Y. City	3,150	4,062	15,675	18,906	8	157	10	14	7	14
N.J.	1,202	1,461	5,499	8,277	4	20	74	38	31	47
Pa.	932	1,351	15,648	18,099	20	13	N	N	30	18
E.N. CENTRAL	2,480	1,975	67,803	73,551	239	394	520	374	211	325
Ohio	400	296	17,554	20,003	69	31	151	132	44	118
Ind.	254	244	8,603	7,995	24	21	86	49	59	35
Ill.	1,368	930	16,784	22,215	7	63	123	121	-	81
Mich.	331	401	16,847	13,948	56	32	83	72	63	53
Wis.	127	104	8,015	9,390	83	247	77	N	45	38
W.N. CENTRAL	615	674	23,618	24,988	143	120	438	357	354	399
Minn.	116	114	4,622	5,058	21	32	100	118	111	136
Iowa	65	63	3,160	2,937	46	39	138	77	76	56
Mo.	287	341	8,063	8,867	18	15	95	27	74	43
N. Dak.	2	4	352	614	9	13	14	9	15	15
S. Dak.	6	13	1,195	1,051	9	6	35	35	35	51
Nebr.	43	43	2,319	2,316	34	13	39	70	32	91
Kans.	96	96	3,907	4,145	6	2	17	21	11	7
S. ATLANTIC	7,336	8,244	86,591	94,833	251	221	234	200	151	137
Del.	131	112	1,875	1,839	5	-	-	6	-	3
Md.	845	889	8,712	8,840	10	11	18	12	1	-
D.C.	500	318	2,136	N	8	7	-	-	U	U
Va.	483	501	10,792	10,049	11	14	46	48	38	44
W. Va.	43	46	1,177	1,209	3	-	11	9	7	4
N.C.	454	554	14,905	15,386	18	6	50	48	45	47
S.C.	553	758	7,781	12,485	-	-	16	16	12	14
Ga.	873	1,230	17,502	23,514	95	96	37	20	23	1
Fla.	3,454	3,836	21,711	21,511	101	87	56	41	25	24
E.S. CENTRAL	1,325	1,354	31,650	31,370	37	18	87	93	72	68
Ky.	147	201	5,335	5,062	5	5	26	24	24	16
Tenn.	555	534	9,570	9,592	9	6	39	43	37	30
Ala.	340	334	10,396	8,671	12	5	6	18	3	18
Miss.	283	285	6,349	8,045	11	2	16	8	8	4
W.S. CENTRAL	2,716	3,181	64,475	61,420	55	55	136	70	164	87
Ark.	127	122	3,429	3,920	7	1	50	9	30	7
La.	461	597	12,344	11,053	8	22	4	9	36	11
Okla.	219	94	5,357	5,471	7	5	13	15	9	14
Tex.	1,909	2,368	43,345	40,976	33	27	69	37	89	55
MOUNTAIN	1,034	1,167	25,037	23,041	80	68	296	167	149	133
Mont.	11	7	960	1,038	8	10	26	11	-	-
Idaho	16	15	1,192	1,155	4	7	44	18	-	15
Wyo.	7	7	527	502	5	1	12	10	2	13
Colo.	238	207	7,433	4,970	34	10	113	61	61	40
N. Mex.	107	67	2,974	3,438	8	24	17	8	10	4
Ariz.	339	603	7,933	8,398	8	10	37	23	27	14
Utah	101	102	1,558	1,407	10	N	40	24	49	34
Nev.	215	159	2,460	2,133	3	6	7	12	-	13
PACIFIC	3,807	4,224	71,099	73,087	172	257	444	189	219	226
Wash.	347	245	8,377	7,910	N	N	129	61	97	98
Oreg.	112	136	3,399	4,213	14	80	101	40	63	52
Calif.	3,247	3,770	56,045	57,533	158	177	184	78	50	67
Alaska	15	13	1,569	1,264	-	-	22	-	1	1
Hawaii	86	60	1,709	2,167	-	-	8	10	8	8
Guam	14	11	-	298	-	-	N	N	U	U
P.R.	762	937	1,060	U	-	-	4	5	U	U
V.I.	25	25	U	U	U	U	U	U	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	U	U	U	U	U	U	U	U

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

* Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

† Chlamydia refers to genital infections caused by *C. trachomatis*. Totals reported to the Division of STD Prevention, NCHSTP.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update August 27, 2000.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending September 2, 2000, and September 4, 1999 (35th Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Lyme Disease	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	219,331	239,192	2,135	1,816	576	613	6,786	9,594
NEW ENGLAND	3,967	4,321	13	13	24	41	1,391	2,879
Maine	54	42	2	2	2	3	-	22
N.H.	68	74	-	-	2	4	40	4
Vt.	43	35	3	5	3	9	10	9
Mass.	1,716	1,690	3	3	9	13	407	623
R.I.	401	390	5	3	3	3	215	281
Conn.	1,685	2,090	-	-	5	9	719	1,940
MID. ATLANTIC	22,170	26,743	414	84	121	142	4,116	4,931
Upstate N.Y.	4,364	4,390	47	39	48	35	2,201	2,643
N.Y. City	6,357	8,700	-	-	-	21	10	113
N.J.	4,155	5,130	342	-	8	12	945	1,208
Pa.	7,294	8,523	25	45	65	74	960	967
E.N. CENTRAL	40,804	45,883	165	652	151	184	255	510
Ohio	10,741	11,908	8	1	70	55	70	33
Ind.	4,026	4,256	1	1	30	25	22	14
Ill.	10,964	15,484	10	40	8	25	11	17
Mich.	11,735	10,114	146	594	30	45	-	11
Wis.	3,338	4,121	-	16	13	34	152	435
W.N. CENTRAL	10,448	10,827	443	141	49	35	174	201
Minn.	1,852	1,895	5	4	3	4	101	107
Iowa	664	697	1	-	12	11	19	20
Mo.	5,093	5,241	425	135	26	14	38	52
N. Dak.	15	60	-	-	-	-	-	1
S. Dak.	196	119	-	-	2	2	-	-
Nebr.	882	1,042	3	2	2	4	1	10
Kans.	1,746	1,773	9	-	4	-	15	11
S. ATLANTIC	64,259	70,373	89	119	119	82	690	859
Del.	1,091	1,159	-	-	5	9	104	59
Md.	5,996	6,539	15	19	43	15	397	631
D.C.	1,676	2,512	2	1	-	3	3	3
Va.	6,676	6,474	3	10	19	20	97	79
W. Va.	366	402	13	13	N	N	22	14
N.C.	12,153	13,509	13	29	9	13	35	56
S.C.	9,998	8,738	1	17	4	7	3	4
Ga.	11,178	15,751	3	1	6	-	-	-
Fla.	15,125	15,289	39	29	33	15	29	13
E.S. CENTRAL	23,121	24,894	317	200	22	36	29	71
Ky.	2,334	2,262	29	14	12	14	5	11
Tenn.	7,692	7,720	67	69	8	17	18	40
Ala.	8,099	7,662	7	1	2	3	6	17
Miss.	4,996	7,250	214	116	-	2	-	3
W.S. CENTRAL	33,440	35,050	296	335	17	6	14	38
Ark.	1,888	2,002	9	20	-	1	4	4
La.	8,979	8,732	183	230	9	3	2	6
Okla.	2,311	2,707	6	13	2	2	-	7
Tex.	20,262	21,609	98	72	6	-	8	21
MOUNTAIN	6,468	6,412	265	130	26	33	22	11
Mont.	28	28	4	4	1	-	-	-
Idaho	59	55	3	6	4	1	2	1
Wyo.	37	16	207	36	2	-	9	3
Colo.	1,987	1,644	17	25	9	8	8	2
N. Mex.	632	675	11	24	1	1	-	1
Ariz.	2,650	2,999	13	22	5	5	-	-
Utah	165	132	1	5	4	12	1	2
Nev.	910	863	9	8	-	6	2	2
PACIFIC	14,654	14,689	133	142	47	54	95	94
Wash.	1,471	1,357	22	13	15	10	5	4
Oreg.	455	602	24	12	N	N	6	10
Calif.	12,284	12,223	85	117	32	43	82	80
Alaska	209	206	-	-	-	1	2	-
Hawaii	235	301	2	-	-	-	N	N
Guam	-	38	-	1	-	-	-	-
P.R.	398	226	1	-	1	-	N	N
V.I.	U	U	U	U	U	U	-	U
Amer. Samoa	U	U	U	U	U	U	-	U
C.N.M.I.	U	U	U	U	U	U	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending September 2, 2000, and September 4, 1999 (35th Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	734	942	3,885	4,408	21,970	24,069	18,212	22,172
NEW ENGLAND	36	33	500	582	1,352	1,448	1,400	1,511
Maine	5	3	91	109	93	94	70	78
N.H.	1	2	9	35	94	92	87	97
Vt.	2	4	43	71	85	63	85	52
Mass.	10	13	180	128	734	801	775	817
R.I.	5	3	40	71	83	70	89	117
Conn.	13	8	137	168	263	328	294	350
MID. ATLANTIC	133	261	722	833	2,642	3,235	2,635	3,389
Upstate N.Y.	46	49	503	598	776	821	829	876
N.Y. City	50	142	U	U	665	973	613	978
N.J.	18	41	113	127	572	674	393	758
Pa.	19	29	106	108	629	767	800	777
E.N. CENTRAL	73	115	105	98	3,061	3,537	1,685	3,149
Ohio	14	18	33	28	818	805	453	707
Ind.	4	12	-	-	402	337	353	327
Ill.	27	50	18	7	854	1,127	1	1,099
Mich.	21	28	49	46	596	664	626	662
Wis.	7	7	5	17	391	604	252	354
W.N. CENTRAL	34	48	389	541	1,505	1,535	1,589	1,710
Minn.	13	21	66	78	313	411	443	525
Iowa	2	12	58	109	261	176	185	155
Mo.	6	11	28	19	473	479	597	611
N. Dak.	2	-	94	108	47	38	56	48
S. Dak.	-	-	65	140	62	72	69	91
Nebr.	5	-	1	3	117	134	44	117
Kans.	6	4	77	84	232	225	195	163
S. ATLANTIC	212	234	1,585	1,429	4,926	5,026	3,038	4,204
Del.	3	1	31	34	74	99	84	111
Md.	72	68	277	278	563	557	462	579
D.C.	13	13	-	-	37	57	U	U
Va.	41	51	371	353	660	879	517	771
W. Va.	2	1	89	84	108	113	93	105
N.C.	19	19	376	304	657	772	606	886
S.C.	2	9	107	107	480	349	359	296
Ga.	8	21	222	145	821	706	821	1,053
Fla.	52	51	112	124	1,526	1,494	96	403
E.S. CENTRAL	31	19	129	197	1,415	1,309	1,022	967
Ky.	9	6	17	31	251	280	175	191
Tenn.	8	7	68	71	388	343	461	402
Ala.	13	5	44	95	395	371	322	310
Miss.	1	1	-	-	381	315	64	64
W.S. CENTRAL	8	14	64	330	1,750	2,221	2,440	1,799
Ark.	2	2	20	14	433	339	329	120
La.	2	10	-	-	116	482	398	417
Okla.	4	2	44	74	269	268	175	224
Tex.	-	-	-	242	932	1,132	1,538	1,038
MOUNTAIN	36	32	184	141	1,916	2,068	1,369	1,822
Mont.	1	4	52	46	69	42	-	1
Idaho	2	3	9	-	90	67	-	66
Wyo.	-	1	42	32	48	40	14	40
Colo.	19	15	-	1	519	548	451	532
N. Mex.	-	2	16	6	162	290	140	225
Ariz.	6	2	54	49	499	598	431	541
Utah	4	3	9	4	349	349	333	368
Nev.	4	2	2	3	180	134	-	49
PACIFIC	171	186	207	257	3,403	3,690	3,034	3,621
Wash.	19	18	-	-	345	428	376	609
Oreg.	31	15	6	2	221	324	253	356
Calif.	118	141	180	248	2,648	2,644	2,238	2,427
Alaska	-	1	21	7	42	34	23	18
Hawaii	3	11	-	-	147	260	144	211
Guam	-	-	-	-	-	28	U	U
P.R.	-	-	51	54	238	379	U	U
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending September 2, 2000, and September 4, 1999 (35th Week)

Reporting Area	Shigellosis*				Syphilis (Primary & Secondary)		Tuberculosis	
	NETSS		PHLIS					
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	12,378	10,188	6,372	6,124	3,939	4,546	7,860	10,490
NEW ENGLAND	237	496	231	461	54	41	274	280
Maine	9	4	12	-	1	-	9	13
N.H.	4	12	7	11	1	1	13	10
Vt.	3	4	-	3	-	3	2	1
Mass.	163	415	150	387	36	22	168	153
R.I.	19	17	20	12	4	1	25	28
Conn.	39	44	42	48	12	14	57	75
MID. ATLANTIC	1,452	685	833	494	184	203	1,544	1,771
Upstate N.Y.	536	196	177	47	8	15	177	220
N.Y. City	583	228	379	164	86	86	856	907
N.J.	210	161	135	159	34	48	362	366
Pa.	123	100	142	124	56	54	149	278
E.N. CENTRAL	2,647	1,899	730	1,031	772	811	846	1,065
Ohio	234	317	96	93	55	64	197	171
Ind.	1,127	175	118	54	270	273	57	94
Ill.	616	755	2	604	193	293	417	521
Mich.	507	272	472	222	218	152	119	212
Wis.	163	380	42	58	36	29	56	67
W.N. CENTRAL	1,442	834	1,170	569	41	99	313	330
Minn.	359	159	499	189	4	9	103	127
Iowa	387	21	217	21	10	8	25	33
Mo.	471	546	354	276	22	66	129	118
N. Dak.	12	2	14	2	-	-	2	2
S. Dak.	4	11	3	6	-	-	13	12
Nebr.	71	55	9	42	2	6	13	12
Kans.	138	40	74	33	3	10	28	26
S. ATLANTIC	1,921	1,583	551	384	1,328	1,497	1,700	2,074
Del.	11	12	10	6	7	6	-	21
Md.	143	104	62	35	195	271	170	179
D.C.	38	41	U	U	35	34	16	36
Va.	315	81	221	44	95	113	175	186
W. Va.	3	7	3	3	2	3	21	32
N.C.	124	150	73	66	353	353	208	309
S.C.	95	90	66	47	134	187	76	194
Ga.	167	141	54	59	251	293	367	412
Fla.	1,025	957	62	124	256	237	667	705
E.S. CENTRAL	635	886	343	546	588	790	481	681
Ky.	223	181	51	122	59	71	68	110
Tenn.	249	543	263	368	358	446	216	234
Ala.	37	81	26	48	82	152	197	209
Miss.	126	81	3	8	89	121	-	128
W.S. CENTRAL	1,294	1,700	1,748	723	551	710	831	1,460
Ark.	151	60	44	20	70	39	134	117
La.	80	136	120	73	150	205	73	99
Okla.	80	404	29	130	90	138	90	111
Tex.	983	1,100	1,555	500	241	328	534	1,133
MOUNTAIN	740	591	373	409	155	160	339	364
Mont.	6	7	-	-	-	-	10	10
Idaho	41	16	-	8	1	1	9	12
Wyo.	5	3	2	1	1	-	2	3
Colo.	131	106	66	82	5	1	41	48
N. Mex.	89	82	53	59	18	8	29	41
Ariz.	313	293	189	209	124	144	145	153
Utah	58	39	63	44	1	2	32	29
Nev.	97	45	-	6	5	4	71	68
PACIFIC	2,010	1,514	393	1,507	266	235	1,532	2,465
Wash.	343	68	300	69	47	48	177	162
Oreg.	118	56	68	54	5	4	23	69
Calif.	1,513	1,365	-	1,360	213	180	1,179	2,077
Alaska	8	-	3	-	-	1	63	39
Hawaii	28	25	22	24	1	2	90	118
Guam	-	11	U	U	-	-	-	47
P.R.	9	105	U	U	85	111	-	151
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.
*Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending September 2, 2000, and September 4, 1999 (35th Week)

Reporting Area	*H. influenzae*, Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 2000†	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	Cum. 2000	2000	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	791	820	7,529	10,921	4,481	4,693	2	46	-	17	63	67
NEW ENGLAND	55	60	211	193	44	106	-	2	-	4	6	11
Maine	1	5	14	5	5	1	-	-	-	-	-	-
N.H.	12	11	18	10	12	10	-	2	-	1	3	1
Vt.	4	5	9	6	6	2	-	-	-	3	3	-
Mass.	24	24	81	73	7	37	-	-	-	-	-	8
R.I.	2	1	16	13	14	24	-	-	-	-	-	-
Conn.	12	14	73	86	-	32	-	-	-	-	-	2
MID. ATLANTIC	130	143	745	787	654	595	1	14	-	5	19	5
Upstate N.Y.	67	59	144	175	93	135	1	9	-	-	9	2
N.Y. City	28	42	238	237	314	179	-	5	-	4	9	3
N.J.	26	37	118	96	83	91	-	-	-	-	-	-
Pa.	9	5	245	279	164	190	-	-	-	1	1	-
E.N. CENTRAL	110	140	904	2,073	483	493	-	7	-	-	7	2
Ohio	41	47	189	463	77	67	-	2	-	-	2	-
Ind.	22	20	55	73	36	32	-	-	-	-	-	1
Ill.	40	59	331	495	85	43	-	4	-	-	4	-
Mich.	7	11	316	990	284	325	-	1	-	-	1	1
Wis.	-	3	13	52	1	26	-	-	-	-	-	-
W.N. CENTRAL	42	44	644	512	539	189	-	2	-	1	3	-
Minn.	23	24	162	53	26	37	-	-	-	1	1	-
Iowa	-	2	60	93	33	28	-	2	-	-	2	-
Mo.	11	5	318	308	434	105	-	-	-	-	-	-
N. Dak.	1	1	2	1	2	-	-	-	-	-	-	-
S. Dak.	-	2	-	8	1	1	-	-	-	-	-	-
Nebr.	4	4	21	37	24	14	-	-	-	-	-	-
Kans.	3	6	81	12	19	4	-	-	-	-	-	-
S. ATLANTIC	214	184	959	1,231	833	731	1	3	-	-	3	5
Del.	-	-	-	2	-	1	-	-	-	-	-	-
Md.	56	48	139	217	83	107	-	-	-	-	-	-
D.C.	-	4	20	49	24	19	-	-	-	-	-	-
Va.	31	14	104	106	103	65	-	2	-	-	2	3
W. Va.	6	6	49	27	8	17	-	-	-	-	-	-
N.C.	19	28	109	107	160	147	-	-	-	-	-	-
S.C.	11	5	39	28	8	57	-	-	-	-	-	-
Ga.	55	49	171	335	142	99	-	-	-	-	-	-
Fla.	36	30	328	360	305	219	1	1	-	-	1	2
E.S. CENTRAL	36	50	297	287	323	335	-	-	-	-	-	2
Ky.	12	6	34	53	57	33	-	-	-	-	-	2
Tenn.	17	26	107	116	157	168	-	-	-	-	-	-
Ala.	6	15	46	39	35	63	-	-	-	-	-	-
Miss.	1	3	110	79	74	71	-	-	-	-	-	-
W.S. CENTRAL	44	50	1,192	2,145	449	830	-	-	-	-	-	7
Ark.	1	2	103	31	69	53	-	-	-	-	-	-
La.	7	11	29	159	52	136	-	-	-	-	-	-
Okla.	34	33	193	385	108	107	-	-	-	-	-	-
Tex.	2	4	867	1,570	220	534	-	-	-	-	-	7
MOUNTAIN	77	68	682	891	354	418	-	11	-	1	12	1
Mont.	1	1	4	16	5	16	-	-	-	-	-	-
Idaho	3	1	19	31	6	22	-	-	-	-	-	-
Wyo.	1	1	39	5	23	10	-	-	-	-	-	-
Colo.	11	11	139	163	59	70	-	1	-	1	2	-
N. Mex.	17	18	56	37	72	136	-	-	-	-	-	-
Ariz.	36	30	341	509	141	102	-	-	-	-	-	1
Utah	7	4	40	35	17	24	-	3	-	-	3	-
Nev.	1	2	44	95	31	38	-	7	-	-	7	-
PACIFIC	83	81	1,895	2,802	802	996	-	7	-	6	13	34
Wash.	5	3	184	219	65	45	-	2	-	1	3	5
Oreg.	21	28	136	184	68	75	-	-	-	-	-	12
Calif.	28	39	1,557	2,376	653	853	-	4	-	3	7	16
Alaska	6	5	9	6	8	13	-	1	-	-	1	-
Hawaii	23	6	9	17	8	10	-	-	-	2	2	1
Guam	-	-	-	1	-	2	-	-	-	-	-	1
P.R.	1	2	83	214	91	158	-	-	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. - : No reported cases.
*For imported measles, cases include only those resulting from importation from other countries.
†Of 158 cases among children aged <5 years, serotype was reported for 68 and of those, 18 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending September 2, 2000, and September 4, 1999 (35th Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999
UNITED STATES	1,467	1,730	3	252	255	128	3,809	4,096	-	110	224
NEW ENGLAND	88	80	-	3	6	9	891	477	-	11	7
Maine	8	5	-	-	-	1	31	-	-	-	-
N.H.	9	11	-	-	1	-	79	73	-	2	-
Vt.	2	4	-	-	1	3	170	40	-	-	-
Mass.	53	44	-	-	4	5	560	332	-	8	7
R.I.	7	4	-	1	-	-	14	20	-	-	-
Conn.	9	12	-	2	-	-	37	12	-	1	-
MID. ATLANTIC	140	165	-	18	34	14	369	681	-	9	29
Upstate N.Y.	45	46	-	7	7	6	165	535	-	2	18
N.Y. City	30	48	-	4	9	-	44	36	-	7	5
N.J.	29	37	-	3	1	-	34	19	-	-	3
Pa.	36	34	-	4	17	8	126	91	-	-	3
E.N. CENTRAL	248	306	1	26	34	17	438	367	-	1	2
Ohio	62	109	-	7	11	6	229	151	-	-	-
Ind.	35	43	-	-	4	10	62	49	-	-	1
Ill.	64	80	-	6	9	-	45	67	-	1	1
Mich.	67	45	1	13	8	1	49	34	-	-	-
Wis.	20	29	-	-	2	-	53	66	-	-	-
W.N. CENTRAL	125	169	-	17	9	31	300	270	-	-	124
Minn.	17	36	-	-	1	22	183	127	-	-	5
Iowa	22	31	-	6	4	5	37	34	-	-	30
Mo.	69	62	-	5	1	-	36	50	-	-	2
N. Dak.	2	3	-	-	-	-	2	4	-	-	-
S. Dak.	5	11	-	-	-	-	3	5	-	-	-
Nebr.	4	9	-	3	-	-	9	3	-	-	87
Kans.	6	17	-	3	3	4	30	47	-	-	-
S. ATLANTIC	240	285	-	40	37	13	309	284	-	61	34
Del.	-	7	-	-	-	-	8	4	-	-	-
Md.	22	44	-	9	3	-	74	87	-	-	1
D.C.	-	3	-	-	2	-	3	-	-	-	-
Va.	35	35	-	8	8	-	44	17	-	-	-
W. Va.	10	5	-	-	-	-	1	2	-	-	-
N.C.	32	34	-	5	8	5	74	76	-	52	33
S.C.	18	35	-	11	3	-	23	14	-	7	-
Ga.	38	49	-	2	3	2	27	25	-	-	-
Fla.	85	73	-	5	10	6	55	59	-	2	-
E.S. CENTRAL	106	120	-	6	11	-	75	69	-	5	2
Ky.	23	23	-	-	-	-	32	20	-	1	-
Tenn.	44	48	-	2	-	-	25	29	-	1	-
Ala.	29	30	-	2	8	-	17	17	-	3	2
Miss.	10	19	-	2	3	-	1	3	-	-	-
W.S. CENTRAL	103	182	-	23	35	12	200	156	-	4	6
Ark.	12	31	-	2	-	2	29	18	-	-	-
La.	28	54	-	3	10	-	3	9	-	-	-
Okla.	22	27	-	-	1	3	10	29	-	-	-
Tex.	41	70	-	18	24	7	158	100	-	4	6
MOUNTAIN	105	105	1	17	10	20	513	492	-	2	16
Mont.	4	2	-	1	-	-	24	2	-	-	-
Idaho	6	8	-	-	1	-	46	117	-	-	-
Wyo.	-	3	-	2	-	-	5	2	-	-	-
Colo.	28	27	-	1	3	15	283	182	-	1	1
N. Mex.	7	13	-	1	N	-	74	69	-	-	-
Ariz.	50	32	1	4	-	5	57	66	-	1	13
Utah	7	13	-	4	3	-	15	50	-	-	1
Nev.	3	7	-	4	3	-	9	4	-	-	1
PACIFIC	312	318	1	102	79	12	714	1,300	-	17	4
Wash.	37	51	1	6	2	6	228	542	-	7	-
Oreg.	48	55	N	N	N	5	92	29	-	-	-
Calif.	213	200	-	75	64	1	349	696	-	10	4
Alaska	6	6	-	7	1	-	19	4	-	-	-
Hawaii	8	6	-	14	12	-	26	29	-	-	-
Guam	-	1	-	-	1	-	-	1	-	-	-
P.R.	6	9	-	-	-	-	2	18	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. - : No reported cases.

TABLE IV. Deaths in 122 U.S. cities,* week ending September 2, 2000 (35th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	563	423	89	30	10	11	45
Boston, Mass.	156	117	24	8	3	4	10
Bridgeport, Conn.	30	22	6	2	-	-	1
Cambridge, Mass.	16	11	4	1	-	-	1
Fall River, Mass.	26	21	5	-	-	-	3
Hartford, Conn.	21	12	7	1	1	-	2
Lowell, Mass.	25	18	6	1	-	-	2
Lynn, Mass.	11	8	1	2	-	-	-
New Bedford, Mass.	28	22	3	3	-	-	3
New Haven, Conn.	42	34	5	2	-	1	4
Providence, R.I.	70	54	11	-	1	4	4
Somerville, Mass.	3	3	-	-	-	-	-
Springfield, Mass.	48	38	4	2	2	2	4
Waterbury, Conn.	31	17	6	7	1	-	2
Worcester, Mass.	56	46	7	1	2	-	9
MID. ATLANTIC	1,754	1,279	293	119	26	36	86
Albany, N.Y.	51	42	5	-	3	1	2
Allentown, Pa.	17	16	1	-	-	-	1
Buffalo, N.Y.	90	66	17	5	1	1	4
Camden, N.J.	16	7	5	2	-	2	-
Elizabeth, N.J.	17	9	6	2	-	-	-
Erie, Pa.§	52	40	5	5	1	1	2
Jersey City, N.J.	31	21	5	2	1	2	-
New York City, N.Y.	1,056	755	183	82	16	19	41
Newark, N.J.	U	U	U	U	U	U	U
Paterson, N.J.	12	5	4	1	1	1	2
Philadelphia, Pa.	U	U	U	U	U	U	U
Pittsburgh, Pa.§	52	33	9	6	1	3	6
Reading, Pa.	23	19	2	2	-	-	2
Rochester, N.Y.	118	90	21	5	-	2	7
Schenectady, N.Y.	31	22	8	1	-	-	1
Scranton, Pa.§	33	29	1	2	1	-	-
Syracuse, N.Y.	107	86	15	2	-	4	16
Trenton, N.J.	26	20	4	2	-	-	2
Utica, N.Y.	22	19	2	-	1	-	-
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,894	1,256	392	141	55	48	146
Akron, Ohio	47	34	8	3	-	2	5
Canton, Ohio	39	32	6	1	-	-	6
Chicago, Ill.	306	179	75	35	9	6	26
Cincinnati, Ohio	U	U	U	U	U	U	U
Cleveland, Ohio	130	82	38	5	3	2	5
Columbus, Ohio	176	119	38	12	2	5	14
Dayton, Ohio	128	88	24	11	5	-	7
Detroit, Mich.	188	103	39	27	12	7	15
Evansville, Ind.	48	33	9	3	2	1	2
Fort Wayne, Ind.	56	42	10	3	1	-	6
Gary, Ind.	16	5	7	4	-	-	-
Grand Rapids, Mich.	53	38	10	1	1	3	7
Indianapolis, Ind.	243	162	53	15	7	6	21
Lansing, Mich.	29	21	5	-	1	2	3
Milwaukee, Wis.	134	94	27	3	1	9	6
Peoria, Ill.	42	32	5	1	3	1	3
Rockford, Ill.	68	52	10	2	3	1	5
South Bend, Ind.	54	36	12	2	3	1	3
Toledo, Ohio	105	78	14	9	2	2	10
Youngstown, Ohio	32	26	2	4	-	-	2
W.N. CENTRAL	885	621	145	59	37	23	49
Des Moines, Iowa	107	70	23	6	4	4	5
Duluth, Minn.	42	35	5	1	-	1	5
Kansas City, Kans.	43	24	9	1	7	2	2
Kansas City, Mo.	81	57	11	10	2	1	2
Lincoln, Nebr.	21	15	4	-	1	1	3
Minneapolis, Minn.	183	136	31	8	5	3	13
Omaha, Nebr.	80	59	16	1	2	2	9
St. Louis, Mo.	122	80	19	11	7	5	-
St. Paul, Minn.	110	89	16	3	2	-	7
Wichita, Kans.	96	56	11	18	7	4	3
S. ATLANTIC	915	555	210	94	29	26	62
Atlanta, Ga.	U	U	U	U	U	U	U
Baltimore, Md.	202	108	50	30	9	4	19
Charlotte, N.C.	98	52	33	4	2	7	12
Jacksonville, Fla.	124	78	20	13	5	8	10
Miami, Fla.	U	U	U	U	U	U	U
Norfolk, Va.	38	19	12	5	1	1	1
Richmond, Va.	52	31	14	4	3	-	5
Savannah, Ga.	38	26	7	3	1	1	1
St. Petersburg, Fla.	54	43	6	3	2	-	2
Tampa, Fla.	185	121	40	17	2	5	11
Washington, D.C.	99	59	28	8	4	-	1
Wilmington, Del.	25	18	-	7	-	-	-
E.S. CENTRAL	783	548	152	46	24	11	54
Birmingham, Ala.	182	119	43	13	6	1	21
Chattanooga, Tenn.	83	63	14	1	4	1	6
Knoxville, Tenn.	78	61	12	2	1	2	4
Lexington, Ky.	67	49	11	4	3	-	6
Memphis, Tenn.	137	90	24	12	4	5	8
Mobile, Ala.	67	51	13	3	-	-	3
Montgomery, Ala.	32	17	7	6	2	-	-
Nashville, Tenn.	137	98	28	5	4	2	6
W.S. CENTRAL	1,478	957	307	117	45	40	105
Austin, Tex.	111	71	28	8	1	3	9
Baton Rouge, La.	53	33	9	7	4	-	-
Corpus Christi, Tex.	60	37	15	4	1	3	10
Dallas, Tex.	193	121	41	24	4	3	4
El Paso, Tex.	60	41	11	3	2	3	1
Ft. Worth, Tex.	105	64	26	9	3	3	7
Houston, Tex.	371	230	87	31	14	9	30
Little Rock, Ark.	63	46	5	-	-	1	2
New Orleans, La.	65	27	16	9	8	4	12
San Antonio, Tex.	206	149	43	6	5	3	10
Shreveport, La.	63	41	13	7	1	1	11
Tulsa, Okla.	128	97	13	9	2	7	9
MOUNTAIN	848	543	179	71	33	21	48
Albuquerque, N.M.	U	U	U	U	U	U	U
Boise, Idaho	40	28	9	2	-	1	1
Colo. Springs, Colo.	45	33	9	1	1	1	3
Denver, Colo.	100	63	18	10	6	3	11
Las Vegas, Nev.	176	111	42	18	2	3	6
Ogden, Utah	27	18	5	2	1	1	2
Phoenix, Ariz.	166	99	35	16	10	5	7
Pueblo, Colo.	28	23	4	-	-	1	1
Salt Lake City, Utah	123	80	20	13	5	5	11
Tucson, Ariz.	143	88	37	9	8	1	6
PACIFIC	1,523	1,076	273	102	38	32	127
Berkeley, Calif.	12	7	2	2	-	1	1
Fresno, Calif.	110	76	24	5	2	3	4
Glendale, Calif.	17	14	3	-	-	-	-
Honolulu, Hawaii	71	48	15	4	4	-	6
Long Beach, Calif.	55	44	7	1	1	2	8
Los Angeles, Calif.	372	267	55	35	7	8	30
Pasadena, Calif.	33	26	5	-	1	1	6
Portland, Oreg.	124	90	24	5	4	-	9
Sacramento, Calif.	163	113	33	11	4	2	11
San Diego, Calif.	166	111	27	12	5	10	21
San Francisco, Calif.	114	80	22	9	2	1	15
San Jose, Calif.	U	U	U	U	U	U	U
Santa Cruz, Calif.	21	15	2	3	1	-	2
Seattle, Wash.	112	72	24	10	3	3	5
Spokane, Wash.	50	34	12	3	-	1	5
Tacoma, Wash.	103	79	18	2	4	-	4
TOTAL	10,643¶	7,258	2,040	779	297	248	722

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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