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Current Trends

Emergency Department Response to Domestic Violence — California, 1992

A 1993 national poll found that 34% of adults in the United States report having witnessed a man beating his wife or girlfriend and that 14% of women report that a husband or boyfriend has been violent with them (*1*). Studies suggest that as many as 30% of women treated in emergency departments (EDs) have injuries or symptoms related to physical abuse (*2*). A national health objective for the year 2000 is for at least 90% of hospital EDs to have protocols for routinely identifying, treating, and referring victims of sexual assault and spouse abuse (objective 7.12) (*3*). The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has also recommended that accredited EDs have policies, procedures, and education in place to guide staff in the treatment of battered adults (*4*). To assess progress toward the national health objective for the year 2000 and the JCAHO standards, all active EDs in California were surveyed during November–December 1992 about their policies and practices for the treatment of battered adults. This report presents findings of this survey.

The survey was conducted by the Family Violence Prevention Fund (FVPF) in collaboration with the San Francisco Injury Center for Research and Prevention (SFICRP). The California Office of Statewide Health Planning and Development provided a 1990 list of 414 California hospitals with EDs. Telephone calls to each hospital revealed that mergers and closures reduced the active list to 397 EDs with patient volumes ranging from 515 to 234,663 annually. Distinct questionnaires for nurse managers and for physician directors of these EDs were mailed to them by name. Domestic violence was defined as "the actual or threatened physical abuse of an individual by someone with whom they have or have had an intimate or romantic relationship." Nurse managers from 319 (80%) and physician directors from 216 (54%) of the EDs responded to the survey, representing 346 (87%) of the EDs.

Only nurse managers were asked questions about existing written policies, referral lists, and patient brochures, and they were requested to provide copies of all the hospital's written materials related to domestic violence. One hundred seventy-two (54%) nurse managers reported that their ED had written policies for treating adults sus-

Domestic Violence — Continued

pected of being victims of domestic violence. The reported presence of a domestic violence policy was not associated with ED patient volume. Of the nurse managers who reported that their EDs had domestic violence policies, 110 (64%) submitted copies.

Fifty-nine (54%) of the policies submitted included material specifically about spouse/partner abuse; the remainder exclusively addressed other forms of abuse (elder, child, and sexual [not specific as to partner]) or general criminal assault. Of the 59 policies, 34 (58%) mentioned notification of authorities; 20 (34%) provided at least limited guidance for conducting a physical examination; 14 (24%) mentioned patient consent; 14 (24%) provided instructions for taking photographs as evidence of battering; and 11 (19%) mentioned the collection, retention, or safeguarding of specimens and other evidentiary material. Eight (14%) policies provided instructions on information to include in the medical record regarding examination, treatment, referral to other care providers and community agencies, and reporting to authorities.

Of the responding nurse managers, 295 (93%) reported having referral lists of services or resources for battered adults, and 135 (42%) submitted copies. Nine (7%) of the submitted lists were comprehensive, including at least one resource in each of the following categories: domestic violence agencies or battered women's shelters, mental health and community agencies, general social services, criminal justice system agencies, and providers of legal assistance. Fifteen (11%) lists did not include resources in any category; 111 (82%) included resources in one to four of the categories.

One hundred eight (34%) nurse managers reported having pamphlets, brochures, and other written materials on domestic violence that were appropriate for patients, and 88 (81%) submitted copies of them. Seventy-three (83%) of these 88 EDs submitted materials specifically addressing spouse/partner abuse; the others exclusively addressed other forms of abuse (elder, child, and sexual [not specific as to partner]).

Nurse managers were asked if they would use model policies for the identification and referral of battered adults. Of the 319 nurse managers, 279 (87%) said they would use them to develop and/or refine policies for their hospitals.

Physician directors and nurse managers were asked about staff education regarding domestic violence. Of the physician directors, 50 (23%) reported that their EDs had ever conducted an educational session on domestic violence for physicians, and 14 (6%) reported that such a session was conducted for residents. Of the nurse managers, 89 (28%) reported that their EDs had ever conducted an educational session on domestic violence for ED staff. Two hundred ninety-four (92%) nurse managers and 199 (92%) physician directors, together representing 331 (96%) of the responding EDs, said that they would use educational materials developed by experts in the treatment and prevention of domestic violence. Of the nurse managers, 145 (45%) reported their ED would be willing to serve as a test site during the development of model policies and educational materials.

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Editorial Note: EDs may provide the first opportunity for battered adults to find support, assistance, or protection. Because domestic violence recurs (*5*), ED identification may interrupt the cycle of violence and help prevent further abuse. The development

Domestic Violence — Continued

and implementation of policies and procedures, reinforced by staff education, may increase the rate of identification of battered adults (*6,7*).

The survey findings suggest that most California EDs lack policies specifically addressing the identification and treatment of domestic violence. If the submitted policies were characteristic of all EDs reporting a domestic violence policy (e.g., 54% verified as specific to spouse/partner abuse) and the EDs participating in the survey were representative of all California EDs, as few as 29% of all California EDs have policies for domestic violence, well below the national health objective for the year 2000. In addition, most referral lists are not comprehensive and staff are given little education about domestic violence.

Added impetus for achieving the national year 2000 objective for hospital protocols was given when the JCAHO revised its accreditation standards. In January 1992, the JCAHO added "physical assault" and "domestic abuse of elders, spouses, partners" to the existing standards for child abuse, rape, and sexual molestation as conditions of abuse where ED patient care must be guided by written policies and procedures. For all of these conditions, the JCAHO now requires that procedures address "patient consent; examination and treatment; the hospital's responsibility for the collection, retention, and safeguarding of specimens, photographs, and other evidentiary material; and, as legally required, notification of and release of information to the proper authorities" (*4*). The JCAHO also requires that a list of referral agencies be kept; that the medical record adequately document examination, treatment, and referral; and that staff be educated about identifying and treating abused patients.

It is not known to what extent EDs in other states have appropriate policies for domestic violence. The California survey is being replicated by the FVPF in collaboration with the Pennsylvania Coalition Against Domestic Violence and the SFICRP in Pennsylvania, New Jersey, and a representative national sample of hospitals. Results are expected by the end of 1993.

The JCAHO standards concentrate on the hospital's generic legal responsibilities in handling abused patients but offer little guidance for the content of the policies. To provide such guidance to ED staff, the California survey's collaborating agencies are collaborating with major medical and hospital associations to develop model policies and staff educational materials for domestic violence. Field testing is scheduled for spring 1994, after which these resources will be made available to EDs in all states.

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Domestic Violence — Continued

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Current Trends

Radical Prostatectomies — Wisconsin, 1982–1992

Prostate cancer incidence and death rates have increased during the past decade in the United States (*1*). In addition, a recent study of the Medicare population indicated that the rate of radical prostatectomies (the removal of the prostate gland, ejaculatory ducts, and seminal vesicles) increased nearly sixfold from 1984 through 1990 (*2*). To examine trends in prostate cancer incidence and surgical treatment in Wisconsin, the Wisconsin Division of Health assessed data from 1982 through 1992. This report summarizes the results of this study.

Data on new cases of prostate cancer from 1982 through 1991 (the last year for which data were available) were obtained from the Wisconsin cancer reporting system (*3*). Radical prostatectomies for 1982 and 1986 were estimated from hospital discharge surveys from a representative sample of all Wisconsin hospitals (*4,5*). Data on radical prostatectomies from 1989 through 1992 were obtained from the Wisconsin hospital discharge data base, along with data on the patient's age, length of the hospitalization, source of payment, admitting physician, hospital charges, and hospital size. Radical prostatectomy was defined by the *International Classification of Diseases, Ninth Revision, Clinical Modification*, procedure code 60.5 (radical prostatectomy).

From 1982 through 1991, the incidence rate (age-adjusted in 5-year age groups to the 1970 U.S. population) for prostate cancer in Wisconsin increased by approximately 60%, from 77.3 to 123.8 per 100,000 men. During the same period, the age-adjusted incidence rate for radical prostatectomies increased 13-fold, from 3.0 per 100,000 men during 1982 to 38.7 in 1991 (Figure 1).

The number of radical prostatectomies performed annually during 1989–1992 increased nearly fourfold, from 384 to 1373 (Table 1). Fifty-eight percent of men treated with surgery were aged 65–74 years, and 6% were aged ≥75 years. Large hospitals* performed approximately 90% of these procedures. Although the average length of stay for a radical prostatectomy decreased steadily, the average charge for each hospitalization increased 9% (adjusted to 1989 U.S. dollars). Total hospital charges for radical prostatectomies increased nearly fourfold from 1989 through 1992 (excluding the cost of postsurgical complications and their treatment) and were approximately $13.5 million for 1992. Medicare insured approximately 60% of all patients.

From 1989 through 1992, the number of physicians performing radical prostatectomies in Wisconsin increased 17%, and the median number of procedures performed by each physician each year increased from two to seven (Table 1). Twenty-six (20%) physicians performed radical prostatectomies more than 20 times in 1992, and these were responsible for 691 (50%) of all such procedures.

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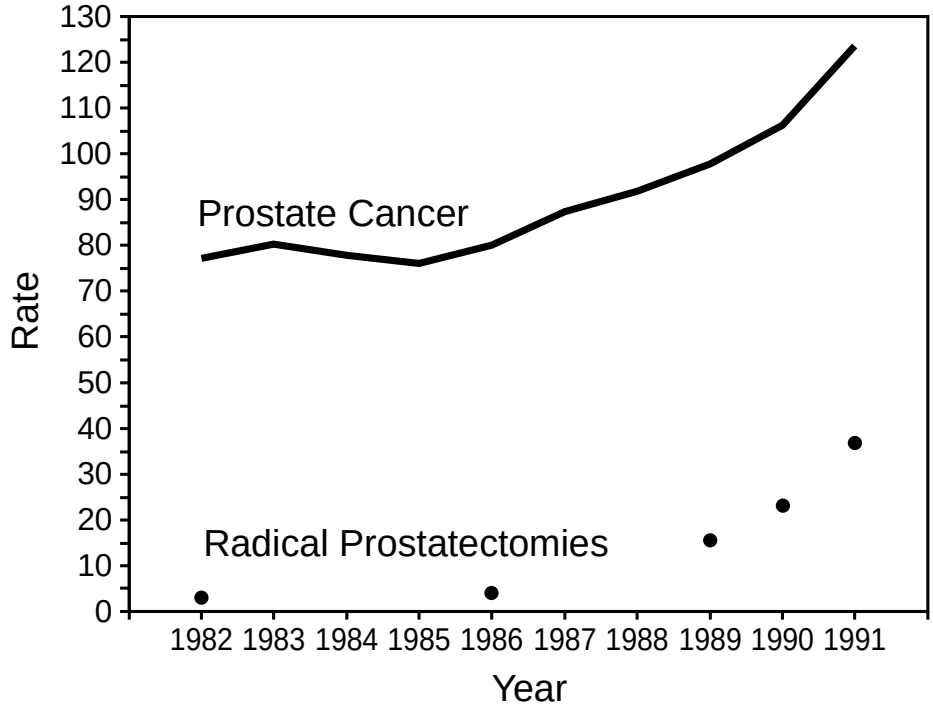
*Hospitals were ranked according to the number of discharges and divided into three equal groups.

Prostatectomies — Continued

FIGURE 1. Age-adjusted rate* of prostate cancer and radical prostatectomies† — Wisconsin, 1982–1991



*Rate per 100,000, adjusted to the 1970 U.S. male population.
† Data on radical prostatectomies not available for 1983–1985, 1987, and 1988.

Epidemiologist, HA Anderson, MD, State Environmental Epidemiologist, Bur of Public Health, Div of Health, Wisconsin Dept of Health and Social Svcs. Div of Field Epidemiology,Epidemiology Program Office, CDC.

Editorial Note: Radical prostatectomy is the only surgical treatment for prostate cancer and is not used for any other condition. Radical prostatectomy is considered curative for men with cancer contained within the prostate capsule (*6*). However, it is unclear whether surgical treatment of these patients improves their survival, and some physicians advocate alternatives for the management of organ-confined prostate cancer (*6,7*). Men treated with radical prostatectomy may die intraoperatively or postoperatively (1%–2%), and impotence (25%), urinary stricture (18%), urinary incontinence (6%), and rectal injury (3%) are complications of the procedure (*8*).

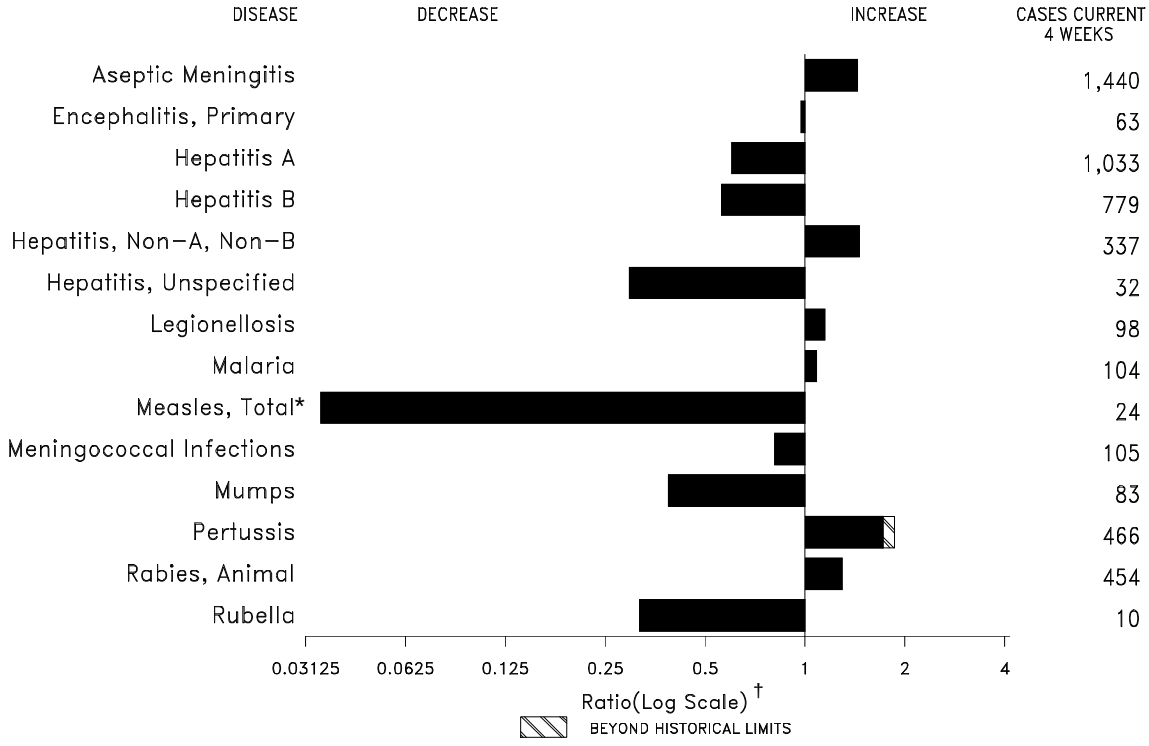
This report documents a substantial increase in the number of radical prostatectomies performed in Wisconsin during the past 11 years—several times the increase in prostate cancers diagnosed—indicating that an increasing proportion of men in whom prostate cancer is diagnosed are treated surgically. Although the benefits of an increasing frequency of surgery in the treatment of prostate cancer are unknown (*9*), the human and economic costs of this increase are high. The effectiveness of available treatment options should be carefully evaluated so that patients can be informed of risks and benefits of alternative treatments (*5,9*).

References

1. CDC. Trends in prostate cancer—United States, 1980–1988. MMWR 1992;41:401–4.

(Continued on page 627)

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending August 14, 1993, with historical data — United States



*The large apparent decrease in reported cases of measles(total) reflects dramatic fluctuations in the historical baseline.

† 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 thehatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary — cases of specified notifiable diseases, United States, cumulative, week ending August 14, 1993 (32nd Week)

	Cum. 1993		Cum. 1993
AIDS*	67,732	Measles: imported	29
Anthrax	-	indigenous	181
Botulism: Foodborne	8	Plague	3
Infant	23	Poliomyelitis, Paralytic§	-
Other	2	Psittacosis	34
Brucellosis	58	Rabies, human	1
Cholera	15	Syphilis, primary & secondary	15,786
Congenital rubella syndrome	7	Syphilis, congenital, age < 1 year¶	677
Diphtheria	-	Tetanus	24
Encephalitis, post-infectious	107	Toxic shock syndrome	145
Gonorrhea	232,235	Trichinosis	8
Haemophilus influenzae (invasive disease)†	772	Tuberculosis	12,492
Hansen Disease	102	Tularemia	80
Leptospirosis	23	Typhoid fever	191
Lyme Disease	3,575	Typhus fever, tickborne (RMSF)	218

*Updated monthly; last update July 31, 1993.
†Of 714 cases of known age, 234 (33%) were reported among children less than 5 years of age.
§No cases of suspected poliomyelitis have been reported in 1993; 10 cases of suspected poliomyelitis were reported in 1992; 6 of the 9 suspected cases with onset in 1991 were confirmed; the confirmed cases were vaccine associated.
¶Reports through first quarter of 1993.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending August 14, 1993, and August 8, 1992 (32nd Week)

Reporting Area	AIDS*	Aseptic Menin-gitis	Encephalitis		Gonorrhea		Hepatitis (Viral), by type				Legionel-losis	Lyme Disease
			Primary	Post-in-fectious			A	B	NA,NB	Unspeci-fied		
	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1992	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993
UNITED STATES	67,732	5,649	381	107	232,235	301,393	12,883	7,432	2,875	372	700	3,575
NEW ENGLAND	3,232	142	11	5	5,016	6,273	297	333	328	9	29	965
Maine	94	19	1	-	55	59	9	9	2	-	4	4
N.H.	67	22	-	2	43	76	15	56	260	2	1	34
Vt.	14	20	3	-	16	15	3	5	2	-	-	3
Mass.	1,818	60	5	3	1,795	2,282	156	211	57	7	20	93
R.I.	219	21	2	-	236	457	55	16	7	-	4	156
Conn.	1,020	-	-	-	2,871	3,384	59	36	-	-	-	675
MID. ATLANTIC	15,598	392	35	7	26,803	32,513	674	872	203	4	144	1,888
Upstate N.Y.	2,373	181	24	4	4,967	6,507	221	249	123	1	44	1,107
N.Y. City	8,289	104	1	-	6,768	11,169	177	121	1	-	3	3
N.J.	2,991	-	-	-	4,531	4,642	187	262	56	-	23	348
Pa.	1,945	107	10	3	10,537	10,195	89	240	23	3	74	430
E.N. CENTRAL	5,419	809	104	20	44,729	56,084	1,398	871	420	10	189	29
Ohio	938	287	36	4	13,256	16,443	189	137	31	-	99	18
Ind.	634	106	12	8	4,705	5,240	457	141	8	1	36	4
Ill.	1,939	152	19	2	12,862	18,519	365	155	36	3	10	2
Mich.	1,379	239	27	6	10,489	13,239	131	272	317	6	37	5
Wis.	529	25	10	-	3,417	2,643	256	166	28	-	7	-
W.N. CENTRAL	2,428	341	18	-	11,951	15,876	1,551	396	92	11	47	91
Minn.	511	59	7	-	1,562	1,773	277	42	3	4	1	48
Iowa	141	61	1	-	602	1,056	27	16	5	1	6	7
Mo.	1,374	88	-	-	6,706	8,817	982	285	66	6	11	7
N. Dak.	1	9	3	-	29	54	57	-	-	-	1	2
S. Dak.	22	10	5	-	167	109	12	-	-	-	-	-
Nebr.	135	7	-	-	476	984	135	11	8	-	23	4
Kans.	244	107	2	-	2,409	3,083	61	42	10	-	5	23
S. ATLANTIC	14,279	1,322	71	46	62,459	92,910	770	1,398	383	48	123	483
Del.	253	38	3	-	839	1,077	8	103	80	-	10	235
Md.	1,630	120	15	-	9,971	9,390	108	177	9	5	28	87
D.C.	896	26	-	-	3,070	4,145	6	30	-	-	13	2
Va.	1,049	136	27	6	7,390	10,696	96	94	22	20	3	41
W. Va.	46	16	13	-	379	560	9	26	17	-	1	3
N.C.	790	105	12	-	15,395	15,355	40	196	41	-	15	58
S.C.	933	18	-	-	6,498	6,879	10	27	-	1	12	5
Ga.	1,854	80	1	-	4,660	28,070	64	121	51	-	23	27
Fla.	6,828	783	-	40	14,257	16,738	429	624	163	22	18	25
E.S. CENTRAL	1,796	389	14	7	27,014	29,049	157	796	556	1	30	13
Ky.	213	140	7	6	2,862	2,942	75	59	9	-	11	3
Tenn.	731	88	5	-	8,009	9,575	32	663	533	-	13	8
Ala.	531	113	1	-	9,933	9,457	34	69	4	1	2	2
Miss.	321	48	1	1	6,210	7,075	16	5	10	-	4	-
W.S. CENTRAL	6,957	600	26	2	27,232	32,989	1,227	990	163	110	20	26
Ark.	267	33	1	-	5,251	4,790	34	36	2	2	2	1
La.	921	42	1	-	7,065	9,471	48	129	62	2	2	-
Okla.	590	1	6	-	2,120	3,214	88	183	58	7	11	13
Tex.	5,179	524	18	2	12,796	15,514	1,057	642	41	99	5	12
MOUNTAIN	2,948	351	16	4	6,767	7,435	2,528	365	191	55	50	13
Mont.	22	-	-	1	42	67	57	4	2	-	5	-
Idaho	52	7	-	-	108	65	112	32	-	1	1	1
Wyo.	31	5	-	-	55	33	11	16	55	-	5	8
Colo.	985	89	6	-	2,118	2,714	624	51	34	32	5	-
N. Mex.	240	63	3	2	577	548	235	139	60	2	3	-
Ariz.	992	120	5	-	2,504	2,591	886	55	10	8	10	-
Utah	197	25	1	-	210	161	535	37	24	11	7	2
Nev.	429	42	1	1	1,153	1,256	68	31	6	1	14	2
PACIFIC	15,075	1,303	86	16	20,264	28,264	4,281	1,411	539	124	68	67
Wash.	1,008	-	1	-	2,318	2,505	469	133	120	8	9	1
Oreg.	575	-	-	-	1,062	1,037	61	22	10	-	-	1
Calif.	13,233	1,221	81	16	16,211	23,988	3,199	1,231	398	113	53	64
Alaska	47	12	3	-	326	438	498	8	9	-	-	-
Hawaii	212	70	1	-	347	296	54	17	2	3	6	1
Guam	-	2	-	-	38	48	2	2	-	1	-	-
P.R.	1,950	32	-	-	308	123	52	231	40	2	-	-
V.I.	34	-	-	-	71	67	-	2	-	-	-	-
Amer. Samoa	-	-	-	-	33	26	13	-	-	-	-	-
C.N.M.I.	-	2	-	-	51	52	-	1	-	1	-	-

N: Not notifiable U: Unavailable C.N.M.I.: Commonwealth of Northern Mariana Islands

*Updated monthly; last update July 31, 1993.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending August 14, 1993, and August 8, 1992 (32nd Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported*		Total									
	Cum. 1993	1993	Cum. 1993	1993	Cum. 1993	Cum. 1992	Cum. 1993	1993	Cum. 1993	1993	Cum. 1993	Cum. 1992	1993	Cum. 1993	Cum. 1992
UNITED STATES	657	2	181	-	29	2,087	1,587	18	1,075	145	2,245	1,307	2	138	127
NEW ENGLAND	48	1	48	-	4	54	91	-	8	5	468	104	-	1	6
Maine	1	-	-	-	-	2	5	-	-	1	10	4	-	1	1
N.H.	6	1	1	-	-	13	12	-	-	1	214	29	-	-	-
Vt.	1	-	30	-	1	-	4	-	-	2	53	3	-	-	-
Mass.	23	-	8	-	2	14	50	-	2	-	148	45	-	-	-
R.I.	2	-	-	-	1	21	1	-	2	-	3	-	-	-	4
Conn.	15	-	9	-	-	4	19	-	4	1	40	23	-	-	1
MID. ATLANTIC	106	-	7	-	3	195	195	4	84	16	270	65	-	41	10
Upstate N.Y.	37	-	-	-	1	110	88	2	29	13	110	31	-	8	7
N.Y. City	24	-	2	-	-	49	19	-	-	-	7	9	-	15	-
N.J.	29	-	5	-	2	36	31	-	8	-	35	25	-	13	3
Pa.	16	-	-	-	-	-	57	2	47	3	118	-	-	5	-
E.N. CENTRAL	42	-	14	-	1	47	242	1	149	26	348	155	1	3	9
Ohio	9	-	5	-	-	6	73	1	58	16	174	29	-	1	-
Ind.	3	-	-	-	-	20	40	-	3	7	42	17	-	-	-
Ill.	24	-	5	-	-	14	69	-	36	-	40	24	-	-	8
Mich.	6	-	4	-	1	4	41	-	49	3	24	8	1	1	1
Wis.	-	-	-	-	-	3	19	-	3	-	68	77	-	1	-
W.N. CENTRAL	18	-	1	-	2	11	102	-	31	6	180	107	-	1	7
Minn.	4	-	-	-	-	10	6	-	1	-	83	33	-	-	-
Iowa	1	-	-	-	-	1	16	-	7	2	4	3	-	-	2
Mo.	5	-	1	-	-	-	39	-	18	3	63	44	-	1	1
N. Dak.	2	-	-	-	-	-	3	-	4	-	3	11	-	-	-
S. Dak.	2	-	-	-	-	-	3	-	-	1	6	5	-	-	-
Nebr.	3	-	-	-	-	-	8	-	1	-	8	5	-	-	-
Kans.	1	-	-	-	2	-	27	-	-	-	13	6	-	-	4
S. ATLANTIC	184	-	17	-	3	119	302	1	344	31	268	92	-	8	13
Del.	2	-	-	-	-	1	11	-	4	-	7	3	-	2	-
Md.	19	-	-	-	2	16	34	-	62	11	90	14	-	2	5
D.C.	6	-	-	-	-	-	5	-	-	-	2	1	-	-	-
Va.	18	-	-	-	1	14	26	1	17	8	35	6	-	-	-
W. Va.	2	-	-	-	-	-	11	-	11	1	10	5	-	-	1
N.C.	88	-	-	-	-	24	55	-	195	6	44	22	-	-	-
S.C.	1	-	-	-	-	29	27	-	14	-	8	9	-	-	2
Ga.	11	-	-	-	-	-	67	-	14	-	12	8	-	-	-
Fla.	37	-	17	-	-	35	66	-	27	5	60	24	-	4	5
E.S. CENTRAL	19	-	1	-	-	459	101	-	36	14	108	20	-	-	1
Ky.	2	-	-	-	-	442	19	-	-	-	8	-	-	-	-
Tenn.	7	-	-	-	-	-	24	-	11	8	54	5	-	-	1
Ala.	6	-	1	-	-	-	34	-	20	6	42	13	-	-	-
Miss.	4	-	-	-	-	17	24	-	5	-	4	2	-	-	-
W.S. CENTRAL	14	-	2	-	3	1,076	138	3	156	12	79	160	-	16	6
Ark.	2	-	-	-	-	-	16	-	4	1	7	7	-	-	-
La.	1	-	1	-	-	-	27	-	12	-	6	2	-	1	-
Okla.	4	-	-	-	-	11	21	-	8	11	47	26	-	1	-
Tex.	7	-	1	-	3	1,065	74	3	132	-	19	125	-	14	6
MOUNTAIN	23	1	3	-	-	24	131	4	43	30	208	222	1	6	5
Mont.	2	-	-	-	-	-	12	-	-	-	1	3	-	-	-
Idaho	1	-	-	-	-	-	9	-	5	23	67	24	-	1	1
Wyo.	-	U	-	U	-	1	2	U	2	U	1	-	U	-	-
Colo.	13	-	2	-	-	20	22	3	12	2	63	26	-	-	-
N. Mex.	5	-	-	-	-	1	4	N	N	1	26	53	-	-	-
Ariz.	-	-	-	-	-	2	63	-	7	2	32	91	1	2	2
Utah	-	-	-	-	-	-	12	-	3	2	18	24	-	2	1
Nev.	2	1	1	-	-	-	7	1	14	-	-	1	-	1	1
PACIFIC	203	-	88	-	13	102	285	5	224	5	316	382	-	62	70
Wash.	18	-	-	-	-	10	48	-	9	3	27	106	-	-	6
Oreg.	4	-	-	-	-	3	21	N	N	-	9	22	-	2	1
Calif.	176	-	77	-	4	52	195	3	191	1	267	232	-	35	42
Alaska	1	-	-	-	1	9	13	1	6	-	3	5	-	1	-
Hawaii	4	-	11	-	8	28	8	1	18	1	10	17	-	24	21
Guam	1	U	2	U	-	10	1	U	6	U	-	-	U	-	1
P.R.	-	-	224	-	-	293	7	-	2	-	2	9	-	-	-
V.I.	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-
Amer. Samoa	-	-	1	-	-	-	-	-	-	-	2	6	-	-	-
C.N.M.I.	-	-	-	-	1	2	-	-	12	-	-	1	-	-	-

*For measles only, imported cases include both out-of-state and international importations.
N: Not notifiable U: Unavailable † International § Out-of-state

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending August 14, 1993, and August 8, 1992 (32nd Week)

Reporting Area	Syphilis (Primary & Secondary)		Toxic-Shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1993	Cum. 1992	Cum. 1993	Cum. 1993	Cum. 1992	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993
UNITED STATES	15,786	21,145	145	12,492	13,582	80	191	218	5,065
NEW ENGLAND	251	404	10	284	235	-	18	2	868
Maine	3	2	2	15	17	-	-	-	-
N.H.	25	29	2	9	3	-	1	-	56
Vt.	1	1	1	3	3	-	-	-	19
Mass.	94	198	4	150	106	-	12	2	333
R.I.	10	21	1	34	23	-	-	-	-
Conn.	118	153	-	73	83	-	5	-	460
MID. ATLANTIC	1,489	3,047	28	2,931	3,314	1	43	22	1,931
Upstate N.Y.	125	225	15	309	413	1	8	4	1,506
N.Y. City	773	1,712	1	1,714	1,951	-	26	-	-
N.J.	208	394	-	470	550	-	6	10	249
Pa.	383	716	12	438	400	-	3	8	176
E.N. CENTRAL	2,361	3,154	39	1,204	1,338	3	21	9	56
Ohio	725	474	17	200	200	1	5	6	4
Ind.	200	157	1	130	101	1	1	-	4
Ill.	796	1,412	5	551	686	-	10	1	8
Mich.	381	622	16	266	294	1	4	2	7
Wis.	259	489	-	57	57	-	1	-	33
W.N. CENTRAL	963	853	9	291	322	25	2	12	225
Minn.	50	54	2	37	87	-	-	1	29
Iowa	32	34	5	36	25	-	-	4	37
Mo.	774	650	-	151	147	10	2	5	8
N. Dak.	1	1	-	5	4	-	-	-	48
S. Dak.	1	-	-	11	14	11	-	2	32
Nebr.	10	21	-	14	13	1	-	-	7
Kans.	95	93	2	37	32	3	-	-	64
S. ATLANTIC	4,303	5,832	16	2,136	2,473	2	27	98	1,257
Del.	83	136	1	30	25	-	1	2	103
Md.	246	417	-	232	187	-	5	9	371
D.C.	232	265	-	106	79	-	-	-	11
Va.	399	489	4	270	179	-	3	6	231
W. Va.	8	13	-	49	58	-	-	4	55
N.C.	1,205	1,491	3	313	318	1	1	47	52
S.C.	625	785	-	256	249	-	-	8	101
Ga.	728	1,170	2	462	546	-	1	17	291
Fla.	777	1,066	6	418	832	1	16	5	42
E.S. CENTRAL	2,384	2,685	6	816	894	4	4	22	69
Ky.	200	89	2	231	241	-	1	5	10
Tenn.	677	757	1	144	244	3	1	12	-
Ala.	524	993	2	298	238	1	2	2	59
Miss.	983	846	1	143	171	-	-	3	-
W.S. CENTRAL	3,318	3,662	2	1,433	1,430	31	2	48	355
Ark.	521	556	-	120	103	18	-	1	18
La.	1,527	1,561	-	-	107	-	1	1	4
Okla.	241	177	2	167	95	10	-	45	54
Tex.	1,029	1,368	-	1,146	1,125	3	1	1	279
MOUNTAIN	148	238	9	286	362	9	7	5	94
Mont.	1	7	-	15	-	5	-	1	15
Idaho	-	1	1	8	14	-	-	-	5
Wyo.	5	3	-	2	-	2	-	4	11
Colo.	41	36	2	8	30	-	5	-	9
N. Mex.	21	27	-	35	47	1	-	-	6
Ariz.	64	117	1	134	166	-	2	-	40
Utah	4	6	4	17	51	1	-	-	2
Nev.	12	41	1	67	54	-	-	-	6
PACIFIC	569	1,270	26	3,111	3,214	5	67	-	210
Wash.	34	60	5	149	184	1	4	-	-
Oreg.	50	26	-	69	80	2	-	-	-
Calif.	478	1,175	21	2,704	2,756	2	61	-	193
Alaska	4	4	-	30	42	-	-	-	17
Hawaii	3	5	-	159	152	-	2	-	-
Guam	1	3	-	28	42	-	-	-	-
P.R.	343	195	-	152	135	-	-	-	28
V.I.	31	43	-	2	3	-	-	-	-
Amer. Samoa	-	-	-	2	-	-	-	-	-
C.N.M.I.	3	5	-	19	41	-	-	-	-

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending August 14, 1993 (32nd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	578	396	97	57	24	4	40
Boston, Mass.	158	97	29	21	9	2	18
Bridgeport, Conn.	29	28	-	1	-	-	-
Cambridge, Mass.	23	19	3	-	-	1	4
Fall River, Mass.	26	18	6	1	1	-	3
Hartford, Conn.	58	30	12	9	7	-	1
Lowell, Mass.	20	17	1	2	-	-	1
Lynn, Mass.	17	12	3	1	1	-	1
New Bedford, Mass.	17	14	2	1	-	-	-
New Haven, Conn.	41	27	8	4	2	-	2
Providence, R.I.	47	34	8	4	1	-	-
Somerville, Mass.	4	4	-	-	-	-	-
Springfield, Mass.	41	26	10	3	1	1	-
Waterbury, Conn.	33	22	6	4	1	-	2
Worcester, Mass.	64	48	9	6	1	-	8
MID. ATLANTIC	1,936	1,239	360	245	54	37	75
Albany, N.Y.	50	38	7	3	2	-	7
Allentown, Pa.	13	8	4	1	-	-	-
Buffalo, N.Y.	100	69	24	2	2	3	1
Camden, N.J.	37	19	10	3	-	5	2
Elizabeth, N.J.	33	15	8	10	-	-	1
Erie, Pa.§	45	35	5	4	1	-	2
Jersey City, N.J.	44	26	11	5	1	1	1
New York City, N.Y.	1,224	742	238	186	39	18	39
Newark, N.J.	U	U	U	U	U	U	U
Paterson, N.J.	23	11	3	5	-	4	1
Philadelphia, Pa.	U	U	U	U	U	U	U
Pittsburgh, Pa.§	61	44	9	4	-	4	5
Reading, Pa.	9	8	-	1	-	-	-
Rochester, N.Y.	98	77	13	7	1	-	9
Schenectady, N.Y.	24	21	2	1	-	-	-
Scranton, Pa.§	24	18	3	3	-	-	2
Syracuse, N.Y.	77	60	14	2	-	1	1
Trenton, N.J.	30	10	4	7	8	1	3
Utica, N.Y.	13	12	1	-	-	-	1
Yonkers, N.Y.	31	26	4	1	-	-	-
E.N. CENTRAL	2,241	1,328	472	244	129	67	106
Akron, Ohio	43	27	12	2	1	1	-
Canton, Ohio	41	36	5	-	-	-	2
Chicago, Ill.	546	218	121	105	90	12	12
Cincinnati, Ohio	91	52	23	9	3	4	9
Cleveland, Ohio	149	86	31	19	5	8	5
Columbus, Ohio	261	176	56	18	3	8	19
Dayton, Ohio	93	66	18	6	2	1	3
Detroit, Mich.	216	111	59	32	4	10	3
Evansville, Ind.	33	23	8	2	-	-	3
Fort Wayne, Ind.	64	50	10	2	1	1	5
Gary, Ind.	16	11	1	1	3	-	-
Grand Rapids, Mich.	54	37	7	5	5	-	11
Indianapolis, Ind.	138	95	29	7	-	7	4
Madison, Wis.	41	23	9	2	4	3	5
Milwaukee, Wis.	135	92	35	4	-	4	8
Peoria, Ill.	44	24	9	8	2	1	3
Rockford, Ill.	40	23	9	6	1	1	2
South Bend, Ind.	60	43	13	3	1	-	4
Toledo, Ohio	108	82	11	7	3	5	6
Youngstown, Ohio	68	53	6	6	1	1	2
W.N. CENTRAL	810	575	138	49	24	24	48
Des Moines, Iowa	69	55	8	3	2	1	5
Duluth, Minn.	24	19	3	2	-	-	-
Kansas City, Kans.	34	18	7	4	4	1	-
Kansas City, Mo.	118	93	18	3	1	3	6
Lincoln, Nebr.	29	20	6	3	-	-	5
Minneapolis, Minn.	221	164	33	11	4	9	22
Omaha, Nebr.	89	61	18	4	2	4	3
St. Louis, Mo.	108	75	21	4	6	2	3
St. Paul, Minn.	50	27	14	3	3	3	2
Wichita, Kans.	68	43	10	12	2	1	2
S. ATLANTIC	1,256	726	268	181	44	35	46
Atlanta, Ga.	179	102	37	35	4	1	3
Baltimore, Md.	262	146	59	45	8	3	18
Charlotte, N.C.	75	48	9	11	3	4	-
Jacksonville, Fla.	148	83	40	18	4	3	6
Miami, Fla.	90	43	20	16	4	7	-
Norfolk, Va.	35	19	11	4	-	1	4
Richmond, Va.	73	45	11	11	4	2	2
Savannah, Ga.	44	24	8	7	2	3	4
St. Petersburg, Fla.	52	37	7	3	-	5	2
Tampa, Fla.	125	81	22	12	7	2	4
Washington, D.C.	149	77	42	18	8	4	3
Wilmington, Del.	24	21	2	1	-	-	-
E.S. CENTRAL	731	458	154	69	31	19	44
Birmingham, Ala.	110	64	24	13	5	4	3
Chattanooga, Tenn.	79	51	13	8	6	1	9
Knoxville, Tenn.	89	67	16	5	1	-	4
Lexington, Ky.	40	27	8	3	1	1	3
Memphis, Tenn.	182	110	38	24	10	-	15
Mobile, Ala.	67	44	10	5	5	3	2
Montgomery, Ala.	59	37	12	4	2	4	4
Nashville, Tenn.	105	58	33	7	1	6	4
W.S. CENTRAL	1,351	817	301	143	54	35	67
Austin, Tex.	57	31	15	8	2	1	1
Baton Rouge, La.	26	18	6	2	-	-	-
Corpus Christi, Tex.	37	26	9	1	-	1	3
Dallas, Tex.	199	122	34	27	8	8	1
El Paso, Tex.	79	52	13	8	2	3	4
Ft. Worth, Tex.	78	44	19	8	5	2	5
Houston, Tex.	318	154	95	46	16	7	22
Little Rock, Ark.	69	39	15	10	2	3	4
New Orleans, La.	120	73	27	13	4	3	-
San Antonio, Tex.	203	143	42	11	6	1	9
Shreveport, La.	60	44	8	3	3	2	11
Tulsa, Okla.	105	71	18	6	6	4	7
MOUNTAIN	744	445	155	78	45	21	48
Albuquerque, N.M.	89	56	17	9	4	3	5
Colo. Springs, Colo.	38	25	8	4	-	1	3
Denver, Colo.	99	60	17	12	6	4	10
Las Vegas, Nev.	161	92	47	11	8	3	7
Ogden, Utah	U	U	U	U	U	U	U
Phoenix, Ariz.	159	66	27	37	19	10	11
Pueblo, Colo.	21	17	2	-	2	-	1
Salt Lake City, Utah	85	56	21	3	5	-	7
Tucson, Ariz.	92	73	16	2	1	-	4
PACIFIC	1,871	1,215	311	212	93	38	102
Berkeley, Calif.	20	14	4	2	-	-	4
Fresno, Calif.	65	39	13	6	1	6	2
Glendale, Calif.	18	14	3	1	-	-	-
Honolulu, Hawaii	78	57	10	8	3	-	4
Long Beach, Calif.	76	47	14	10	2	3	6
Los Angeles, Calif.	434	287	62	57	22	4	13
Pasadena, Calif.	26	21	1	2	-	2	2
Portland, Oreg.	152	115	20	12	3	2	5
Sacramento, Calif.	163	99	38	19	6	1	14
San Diego, Calif.	153	90	28	22	7	6	11
San Francisco, Calif.	168	95	33	29	4	7	6
San Jose, Calif.	181	124	38	12	4	3	11
Santa Cruz, Calif.	21	17	3	1	-	-	3
Seattle, Wash.	166	96	14	18	36	2	9
Spokane, Wash.	53	33	12	4	3	1	4
Tacoma, Wash.	97	67	18	9	2	1	8
TOTAL	11,518¶	7,199	2,256	1,278	498	280	576

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†Pneumonia and influenza.

§Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶Total includes unknown ages.

U: Unavailable.

Prostatectomies — Continued

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TABLE 1. Radical prostatectomies, by year and selected characteristics — Wisconsin, 1989–1992

Characteristic	1989	1990	1991	1992	Ratio 1992:1989
Age group (yrs)					
<65	140	193	326	514	3.7:1
65–74	220	341	569	799	3.5:1
≥75	24	36	72	60	2.5:1
Total	**384**	**570**	**967**	**1,373**	**3.6:1**
Days of hospitalization					
Average	9.3	8.2	7.7	7.0	0.8:1
Total	**3,586**	**4,674**	**7,418**	**9,633**	**2.7:1**
Hospital charges*					
Average	$9,013	$9,311	$9,785	$9,797	1.1:1
Total	**$3,460,992**	**$5,307,270**	**$9,462,095**	**$13,451,281**	**3.9:1**
Hospital size†					
Small	4	4	3	14	3.5:1
Medium	80	119	147	255	3.2:1
Large	300	447	817	1,104	3.7:1
Source of payment					
Commercial insurance	133	199	345	530	3.9:1
Medicare	240	362	615	822	3.3:1
Others/Unknown	11	9	7	21	1.9:1
No. physicians					
Physicians performing radical prostatectomies	111	153	122	130	1.2:1
Median no. procedures per physician	2.0	3.0	5.0	7.5	3.8:1

*1989 U.S. dollars.
†Hospitals were ranked according to the number of discharges and divided into three equal groups.

International Notes

Tuberculosis — Western Europe, 1974–1991

In several industrialized countries, declines in trends in reported tuberculosis (TB) have stablized or reversed. This phenomenon was first recognized in the United States (*1*) and subsequently observed in Western European countries (*2*). This report summarizes a 1992 assessment of trends in TB morbidity and mortality in 15 countries of Western Europe (Table 1) by the Tuberculosis Program of the World Health Organization (WHO) (*3*).

A case of TB was defined by the reporting criteria in the country studied. Data were obtained from national statistical reports produced by the ministries of health and/or reports from national TB associations. Country-specific mortality data for 1980–1990 and annual population estimates were provided by WHO's Division of Epidemiological Surveillance and Health Situation and Trends Assessment.

Since the mid-1980s, TB case reports (Table 1) and reporting rates (Table 2) have generally declined in Belgium, Finland, France, Germany, Portugal, and Spain (except in 1991). A similar pattern of decline has not been observed in the remaining nine countries. Portugal had the highest rate (53 per 100,000 population) in 1991 and Denmark the lowest (six per 100,000) (Table 2). Except for Portugal, all countries reported rates lower than 25. Among the indigenous population of most countries, TB occurred largely among the elderly, except in Portugal where, in 1990, more than half of all cases occurred in persons aged 15–44 years.

In 1990, cases among foreign-born persons constituted 51% of all cases in Switzerland, 41% each in the Netherlands and Sweden, and 38% in Denmark (Table 3). In eight of the countries, an increasing number of cases were reported among foreign-born persons from developing countries with a high prevalence of TB. Data on the relation between TB and human immunodeficiency virus (HIV) infection are limited in most of the countries, although in some countries a high proportion of persons with acquired immunodeficiency syndrome (AIDS) have TB (Table 3).

Deaths caused by TB decreased in all countries; most deaths occurred among persons aged ≥65 years. The death rate for the most recent year available in each country ranged from 0.3 to 2.8 per 100,000 population.

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Editorial Note: Interpretation of the data in this report is difficult because annual fluctuations in the number of reported TB cases may result from changes in case definitions and reporting criteria over time within and between countries (e.g., Switzerland modified its TB reporting system and case definition in 1987, Spain reported only pulmonary cases, and Italy reported only bacteriologically confirmed cases until 1990). Nonetheless, the general trends in TB morbidity suggest that the declines of the 1970s are no longer being sustained in several countries of Western Europe.

Factors contributing to the observed trends in TB morbidity probably vary between countries. An increasing proportion of cases among foreign-born persons probably has contributed to a change from expected downward trends. The impact of the HIV

TABLE 1. Number of reported tuberculosis cases, by country and year of report — Western Europe, 1974–1991

Country/ Area	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
Austria	2,462	2,366	2,506	2,311	2,240	2,200	2,191	2,061	1,942	1,825	1,765	1,442	1,377	1,390	1,402	1,334	1,521	1,426
Belgium	3,110	4,301	5,118	6,531	2,546	2,959	2,687	2,837	2,652	2,190	2,149	1,956	1,893	1,772	1,558	1,624	1,577	1,462
Denmark	674	619	548	514	438	459	430	394	378	348	302	312	299	322	304	328	350	334
Finland	3,581	3,497	3,095	3,027	2,757	2,508	2,247	2,204	2,170	1,882	1,791	1,819	1,546	1,419	1,078	970	772	771
France	26,784	25,024	22,911	20,087	18,924	17,341	17,199	16,459	15,425	13,831	12,302	11,290	10,535	10,241	9,191	9,027	9,030	8,510
Germany*	43,199	40,233	38,599	36,605	34,334	32,034	29,991	27,083	24,865	22,977	20,243	20,074	17,906	17,102	16,282	15,385	14,653	13,834
Ireland	1,204	1,154	1,061	1,145	1,151	1,099	1,152	1,018	975	924	837	804	602	581	534	672	624	NA[†]
Italy[§]	4,215	4,070	4,782	4,128	4,063	3,936	3,311	3,182	3,850	4,253	4,008	4,136	4,037	3,839	3,262	4,068	4,185	4,147
Netherlands	2,119	2,230	2,081	1,974	1,911	1,765	1,701	1,734	1,514	1,423	1,400	1,362	1,238	1,227	1,341	1,317	1,369	NA
Norway	455	497	NA	427	352	378	497	461	447	396	373	374	343	307	294	294	334	362
Portugal	7,306	9,442	7,710	7,498	7,651	6,635	6,873	7,249	7,309	7,052	6,908	6,889	6,624	7,099	6,363	6,664	6,214	5,495
Spain[¶]	3,558	3,131	3,335	3,685	3,642	4,165	4,859	5,488	7,936	9,091	10,640	10,752	13,841	9,468	8,497	8,058	7,597	9,007
Sweden	1,625	1,446	1,307	1,105	1,127	991	926	875	784	832	754	702	640	545	536	595	557	521
Switzerland	1,831	2,091	1,823	1,648	1,575	1,447	1,160	1,193	1,167	1,097	946	961	881	1,018**	1,160	1,063	1,229	1,137
United Kingdom	12,496	12,620	11,781	11,156	11,204	10,722	10,488	9,290	8,436	7,814	7,026	6,666	6,841	5,732	5,793	6,059	5,908	6,028
Total[††]	**114,619**	**112,721**	**106,657**	**101,841**	**93,915**	**88,639**	**85,712**	**81,528**	**79,850**	**75,935**	**71,444**	**69,539**	**68,603**	**62,062**	**57,595**	**57,458**	**55,920**	**53,034**

*Germany includes cases reported in East and West Germany.
[†]Not available.
[§]Only bacteriologically confirmed cases are reported.
[¶]Only cases of respiratory tuberculosis are reported.
**Change in case definition.
[††]For 1976 and 1991, data are incomplete.

TABLE 2. Tuberculosis notification rate,* by country and year of report — Western Europe, 1974–1991

Country/Area	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
Austria	33	32	33	31	30	29	29	28	26	24	23	19	18	18	19	17	20	18
Belgium	32	44	52	66	26	30	27	29	27	22	22	20	19	18	17	17	16	15
Denmark	13	12	11	10	9	9	8	8	7	7	6	6	6	6	6	6	7	6
Finland	76	74	66	64	58	53	47	46	45	39	37	37	31	29	22	20	16	16
France	51	48	43	38	36	32	32	31	28	25	22	21	19	18	16	16	16	15
Germany†	55	51	49	47	44	41	38	35	32	29	26	26	23	22	21	20	18	17
Ireland	39	37	33	35	35	33	34	30	28	26	24	23	17	16	15	19	18	NA§
Italy¶	8	7	9	7	7	7	6	6	7	8	7	7	7	7	6	7	7	7
Netherlands	16	16	15	14	14	13	12	12	11	10	10	9	9	8	9	9	9	NA
Norway	11	12	NA	11	9	9	12	11	11	10	9	9	8	7	7	7	8	9
Portugal	83	100	80	77	78	67	70	74	74	71	68	68	65	69	62	65	60	53
Spain**	10	9	10	10	10	11	13	15	21	24	28	28	36	25	22	21	19	23
Sweden	20	18	16	13	14	12	11	11	10	10	9	8	8	7	6	7	7	6
Switzerland	29	33	29	26	25	23	18	19	18	17	15	15	14	16	18	16	18	17
United Kingdom	22	23	21	20	20	19	19	17	15	14	12	12	12	10	10	11	10	11
Total††	**33**	**32**	**31**	**29**	**27**	**25**	**24**	**23**	**22**	**21**	**20**	**19**	**19**	**17**	**16**	**16**	**15**	**15**

*Per 100,000 population.
†Germany includes cases notified in East and West Germany.
§Not available.
¶Only bacteriologically confirmed cases are notified.
**Only cases of respiratory tuberculosis are reported.
††For 1976 and 1991, data are incomplete.

Tuberculosis — Continued

TABLE 3. Percentage of persons with tuberculosis (TB) who are foreign-born; percentage of persons with TB who are HIV infected; and percentage of persons with AIDS who have TB — selected Western European countries

Country	% foreign-born among persons with TB		% HIV among persons with TB	% TB among persons with AIDS
	First year available/%	Latest year available/%		
Denmark	1980/21	1990/38	NA*	1
France	1988/26	1991/29	6	10
Germany	1986/14	1989/20	NA	>10
Italy	1986/ 4	1990/16	NA	11
Netherlands	1984/22	1990/41	NA	NA
Norway	1977/ 4	1990/23	NA	NA
Portugal	NA	1990/<10	2	25
Spain	NA	1987–1990/ 6	22	37
Sweden	1989/34	1990/41	NA	3
Switzerland	1988/39	1990/51	NA	NA
United Kingdom	NA	NA	NA	4

* Not available.

epidemic on TB in Western Europe may be limited to places where the HIV seroprevalence among TB patients is high (e.g., Paris, 12%) (*4*). The HIV seroprevalence among persons with TB is not widely available, however, and the prevalence of TB among persons with AIDS is used in this report as an indicator of the impact of HIV on TB morbidity. The HIV epidemic may have contributed to changing trends in reported TB in countries where TB is common among HIV-infected persons (*5*).

Properly designed disease surveillance systems and standardized case definitions are critical to monitoring TB trends and identifying high-risk groups. Analysis of standardized surveillance data will allow each country to more effectively prevent, diagnose, and treat TB and will make comparison of TB data between countries feasible. TB remains a global disease, and because of human migrations, its elimination in Western Europe cannot be achieved without improvement of control measures in countries with a high prevalence of TB.

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