



# MMWR™

## Morbidity and Mortality Weekly Report

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### National Drunk and Drugged Driving Prevention Month — December 2002

December has been designated by Presidential proclamation as National Drunk and Drugged Driving Prevention Month (3D Month). 3D Month is supported by public- and private-sector organizations committed to preventing crashes caused by impaired driving. A total of 17,448 alcohol-related traffic fatalities occurred in 2001 (1); 86% (14,933) of these fatalities involved drivers, pedestrians, or bicyclists with blood alcohol concentrations  $>0.08$  g/dL, the level that most states use to define intoxication. A 3D Month program planner, which contains sample

public-service announcements, media tool kits, and program guidance for conducting the first-ever, 3-week "You Drink & Drive, You Lose" national mobilization, is available from the National Highway Traffic Safety Administration at <http://www.nhtsa.dot.gov>.

#### Reference

1. National Highway Traffic Safety Administration. Traffic safety facts 2001: alcohol. Washington, DC: U.S. Department of Transportation, National Highway Traffic Safety Administration, National Center for Statistics and Analysis, 2002 (publication no. DOT-HS-809-470).

### Involvement by Young Drivers in Fatal Alcohol-Related Motor-Vehicle Crashes — United States, 1982-2001

Motor-vehicle crashes are the leading cause of death in the United States for persons aged 16–24 years, and a substantial proportion of these crashes are alcohol-related. Alcohol-impaired driving is highest among persons aged 21–24 years (1), and the percentage of fatal crashes that are alcohol-related is highest for this age group (2). However, alcohol-related crashes are a serious problem even for the youngest drivers. Not only are drivers aged  $<21$  years more likely than older drivers to be involved in fatal crashes, but their added risk for fatal crash involvement increases more sharply at all levels of alcohol use (3). To characterize the rate of alcohol-related fatal crashes among young drivers, CDC analyzed unpublished data from the Fatality Analysis Reporting System (FARS), a national database of information on fatal crashes. The findings indicate that the largest decrease in alcohol-related fatal crashes during 1982–2001 was among drivers aged  $<21$  years, who have been the target of several interventions to reduce alcohol-impaired driving. Public health and traffic safety professionals should ensure that communities

implement comprehensive and effective strategies to reduce alcohol-impaired driving.

FARS contains data on a census of fatal traffic crashes within the United States. To be included in FARS, a crash must occur on a public road and result in a death within 30 days of the crash. Trend data for alcohol-related fatal crash rates for 1982–2001 are presented for four age groups: 16–17 years, 18–20 years, 21–24 years, and  $>25$  years. Data on older drivers are presented for comparison. Drivers are considered alcohol-involved if their blood alcohol concentration (BAC) was  $>0.01$  g/dL. When BACs are unavailable, they are imputed from driver and crash characteristics by using a

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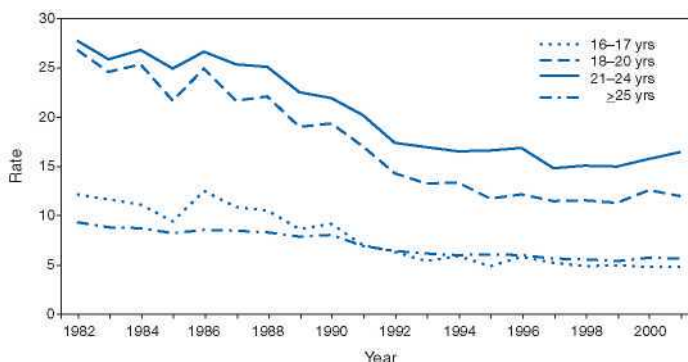
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two-stage estimation procedure (4)\*. Crash rates are calculated by dividing the number of alcohol-involved crashes for each age group by the census estimate for the number of U.S. residents in that age group (per 100,000 population) (6).

During 1982–2001, fatal crash involvement by drinking drivers decreased 46% (95% confidence interval [CI]=–48%––45%) (Figure). The most dramatic decreases were among drivers aged <21 years. Fatal alcohol-related crash rates decreased 60% (95% CI=–65%––56%) for drivers aged 16–17 years, 55% (95% CI=–58%––52%) for drivers aged 18–20 years, 41% (95% CI=–44%––38%) for drivers aged 21–24 years, and 39% (95% CI=–41%––38%) for drivers aged >25 years. These decreases had been achieved by 1997 (48% overall decrease, 95% CI=–49%––47%), when the trend began to level off. Since 1999, rates have increased slightly for all age groups except those aged 16–17 years (16–17 years: –3%, 95% CI=–16%–11%; 18–20 years: 6%, 95% CI=–2%–14%; 21–24 years: 10%, 95% CI=3%–16%; >25 years: 4%, 95% CI=1%–7%). Despite the overall decreases, alcohol-related crashes resulted in 17,448 fatalities during 2001.

The risks for involvement in alcohol-related fatal crashes remain high for young drivers, particularly when driving exposure is considered. For example, in 1996, rates of involvement in alcohol-related fatal crashes were similar for drivers aged 16–17 years and those aged >25 years (5.8 versus 6.0 per 100,000 population); in comparison, their risk was approximately three times greater per mile driven (1.6 per 100,000,000 vehicle miles traveled [VMT] versus 0.6 VMT) (6,7).

**FIGURE. Rate\* of drinking drivers in fatal alcohol-related crashes, by age group — Fatality Analysis Reporting System, United States, 1982–2001**



\* Per 100,000 population.

† Because of the unavailability of census data, crash rates for 2001 were calculated by using 2000 population estimates.

\* This model produces estimates that are not comparable to those produced by the imputation procedure used by FARS before 2002 (5).

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**Editorial Note:** During 1982-2001, rates of alcohol-related fatal crashes decreased substantially across all age groups, with the largest decrease among drivers aged <21 years. These drivers were recognized increasingly as a high-risk group during the 1970s, when many states lowered their legal drinking age and alcohol-related crashes increased. Subsequently, targeted interventions were implemented to reduce rates of alcohol-impaired driving. The 1984 Uniform Drinking Age Act required states to adopt a minimum legal drinking age of 21 years by 1988. Other interventions targeted directly at young drivers include "zero tolerance" BAC standards for drivers under the legal drinking age and graduated driver licensing programs, which require new drivers to progress through stages, allowing them increased driving privileges as they gain experience. Other factors that have probably reduced overall levels of drinking and driving include new laws and policies, stronger law enforcement, community-based education and advocacy programs, and shifts in social norms about alcohol consumption and the acceptability of alcohol-impaired driving (8).

The findings in this report are subject to at least two limitations. First, BAC data are imputed for approximately 60% of FARS cases in any given year (4), decreasing the precision of the alcohol-related crash rates used in this analysis. Second, although alcohol is an important risk factor for traffic crashes, it is not necessarily the primary cause of every crash in which it is measured or imputed. Despite these limitations, the alcohol-related crashes reported in FARS are among the best available indices for measuring progress in reducing alcohol-impaired driving.

To further decrease alcohol-related fatal crashes among both young drivers and the general population, communities need to implement interventions that are known to be effective. CDC, in cooperation with the Task Force on Community Preventive Services, has completed a series of systematic reviews of several interventions for reducing alcohol-impaired driving. The Task Force has recommended that states maintain and enforce minimum legal drinking age laws and "zero tolerance" laws for young drivers. It also recommended the implementation of sobriety checkpoints, 0.08% BAC laws, and training programs for servers of alcoholic beverages (9,10). Public health and traffic safety professionals should collaborate to ensure that every community has a comprehensive and effective strategy to resume the downward trend in alcohol-impaired driving.

## References

1. CDC. Behavioral Risk Factor Surveillance System survey data. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 1999. Available at <http://www.cdc.gov/brfss>.
2. National Highway Traffic Safety Administration. Traffic safety facts 2000: alcohol. Washington, DC: U.S. Department of Transportation, National Highway Traffic Safety Administration, National Center for Statistics and Analysis, 2001 (publication no. DOT-HS-809-323).
3. Zador PL, Krawchuk SA, Voas RB. Alcohol-related relative risk of driver fatalities and driver involvement in fatal crashes in relation to driver age and gender: an update using 1996 data. *J Stud Alcohol* 2000;61:387-95.
4. Subramanian R. Transitioning to multiple imputation—a new method to estimate missing blood alcohol concentration (BAC) values in FARS. Washington, DC: National Center for Statistics and Analysis, 2002 (publication no. DOT-HS-809-403).
5. Klein TA. Method for estimating posterior BAC distributions for persons involved in fatal traffic accidents: final report. Washington, DC: U.S. Department of Transportation, National Highway Traffic Safety Administration, 1986 (publication no. DOT-HS-807-094).
6. U.S. Census Bureau. U.S. resident population estimates, 1990. Available at <http://eire.census.gov/popest/archives/1990>.
7. Cerrelli E. Crash data and rates for age-sex groups of drivers, 1996. Washington, DC: National Center for Statistics and Analysis, 1998 (National Highway Traffic Safety Administration research note).
8. Hedlund JH, Ulmer RG, Preusser DF. Determine why there are fewer young alcohol-impaired drivers. Washington, DC: National Highway Traffic Safety Administration, 2001 (publication no. DOT-HS-809-348).
9. Shults RA, Elder RW, Sleet DA, et al. Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *Am J Prev Med* 2001;21:66-88.
10. Task Force on Community Preventive Services. Recommendations to reduce injuries to motor vehicle occupants: increasing child safety use, increasing safety belt use, and reducing alcohol-impaired driving. *Am J Prev Med* 2001;21:16-22.

## State-Specific Trends in U.S. Live Births to Women Born Outside the 50 States and the District of Columbia — United States, 1990 and 2000

Persons born outside the 50 states and the District of Columbia (DC)\* comprised an estimated 11.1% (31.1 million) of the U.S. population in 2000 (1), and approximately one fifth of all U.S. births in 2000 were to women in this population. Racial/ethnic disparities in U.S. health outcomes are of public health concern (2), and the increasing cultural and linguistic diversity of the U.S. population poses challenges to the delivery of maternal and child health services. This report presents state-specific comparisons of live births in 1990 and 2000 to women born outside the 50 states and

\*This terminology is used instead of "foreign-born" because persons who were born in U.S. territories and in Puerto Rico are U.S. citizens and thus by definition are not "foreign-born."

DC and compares maternal characteristics and live-birth outcomes for these women with those of state-born mothers (i.e., women born inside the 50 states and DC). The findings indicate that women born outside the 50 states and DC had better birth outcomes than their state-born racial/ethnic counterparts. However, a larger percentage of these women began prenatal care later and had other problems accessing health care, which might reflect economic, cultural, and language barriers. The U.S. public health system and maternal health-care providers should understand and address the health needs of an increasingly diverse population.

Data for 1990 and 2000 were obtained from CDC's National Center for Health Statistics natality files, which are based on birth certificates for all births occurring in the 50 states and DC. These certificates record the mother's place of birth. Previous analyses indicated that maternal characteristics and birth outcomes differed for women born in the 50 states and DC compared with those born elsewhere (3,4). Because maternal characteristics and birth outcomes for state-born Puerto Ricans differed from those born elsewhere, results for these two groups are reported separately. Records with missing information on the mother's place of birth (0.2% of all U.S. live births in 1990 and 0.3% in 2000) were excluded from the analysis. Data were analyzed by race/ethnicity. Reported birth outcomes analyzed were preterm (i.e., <37 weeks' gestation) and low birthweight (i.e., <2,500 g). Late prenatal care was defined as care received in the third trimester of pregnancy. Gestational age was computed from the date of the mother's last menstrual period; when the date was missing or inconsistent with birthweight, the clinical estimate of gestation was used (5). Unless otherwise noted, all differences reported in this report are statistically significant at  $p < 0.0001$ .

In 1990, a total of 15.6% of all live births in the United States were to women born outside the 50 states and DC; in 2000, such births represented 21.4% of all U.S. births. In both 1990 and 2000, births to Hispanics comprised the majority of U.S. births to women born outside the 50 states and DC (57.2% in 1990 and 58.6% in 2000); Mexicans accounted for 65.5% of Hispanic births in 1990 and 72.2% in 2000. From 1990 to 2000, among women born outside the 50 states and DC, the percentages of live births to Mexicans increased from 5.7% to 9.0% of all U.S. live births, and births to Central and South Americans increased from 1.9% to 2.5%. Births to Puerto Ricans declined from 0.6% to 0.5% of all U.S. births, and births to Cubans and other Hispanics born outside the 50 states and DC remained the same. Births to non-Hispanics increased from 6.7% to 8.8% overall; births to whites increased from 2.7% to 3.2%, births to blacks

increased from 1.1% to 1.6%, and births to Asians/Pacific Islanders (APIs) increased from 2.8% to 4.1%.

In 1990, six states (California, Florida, Illinois, New Jersey, New York, and Texas) accounted for 75.7% of live births to women who were born outside the 50 states and DC. These states accounted for 65.8% of Hispanic births in 2000 (Table 1). During 1990–2000, the percentage of births to women born outside the 50 states and DC increased >10% in six states (Arizona, Colorado, Georgia, Nevada, North Carolina, and Oregon); births to Hispanics accounted for the majority of these increases.

In 2000, births to women born outside the 50 states and DC represented a substantial proportion of all births in some population groups. At the state level, approximately 66% of births to APIs in 49 states, >50% of births to Hispanics in 42 states, and >33% of births to non-Hispanic blacks in six states were to women born outside the 50 states and DC. Among non-Hispanics born outside the 50 states and DC, the largest absolute increases in births occurred among whites in New Hampshire (3.4%) and Vermont (2.4%), blacks in DC (2.5%) and Florida (2.5%), and APIs in New York City (4.9%), New Jersey (4.5%), and Hawaii (4.2%) (Table 1).

Because lower levels of education are associated with poor birth outcomes, CDC compared maternal education levels of women who gave birth in 2000. The analysis indicates that women born outside the 50 states and DC were more than twice as likely as their state-born racial/ethnic counterparts to have less than a high school education (38.9% versus 17.0%) and were less likely to have completed 12 years of education (26.2% versus 33.4%) (Tables 2 and 3). Approximately 59% of Hispanic women born outside the 50 states and DC had less than a high school education compared with 33.4% of state-born Hispanic women. State-born API women did not differ significantly from API women born outside the 50 states and DC in having less than a high school education (11.7% versus 11.3%). However, Chinese women born outside the 50 states and DC were four times as likely as their state-born counterparts to have less than a high school education (12.5% versus 2.9%). State-born women overall, state-born API women, and state-born Hispanic women were more likely than those born outside the 50 states and DC to have completed >1 year of college. Puerto Rican, white, black, Filipina, and other API women<sup>†</sup> born outside the 50 states and DC were more likely than their state-born counterparts to have completed college.

State-born women were more likely than those born outside the 50 states and DC to be teenagers when they

<sup>†</sup> "Other API women" include Asians/Pacific Islanders other than Chinese, Japanese, and Filipinas (e.g., Asian Indians, Koreans, and Vietnamese).

TABLE 1. Number and percentages of births to women who were born outside the 50 states and the District of Columbia, by area of birth occurrence and race/ethnicity — United States\*, 1990 and 2000

Area	1990							2000						
	No. births	% all U.S. births	% all state births				Total <sup>†</sup>	No. births	% all U.S. births	% all state births				Total <sup>†</sup>
			White, non-Hispanic	Black, non-Hispanic	Asian/Pacific Islander	Hispanic				White, non-Hispanic	Black, non-Hispanic	Asian/Pacific Islander	Hispanic	
Alabama	1,525	0.2	1.3	0.2	0.6	0.2	2.4	3,262	0.4	1.5	0.4	0.7	2.5	5.2
Alaska	894	0.1	2.9	0.2	3.2	1.2	7.6	978	0.1	3.0	0.4	3.6	2.4	9.9
Arizona	11,484	1.8	2.4	0.2	1.2	12.9	16.7	24,185	2.8	2.4	0.3	1.8	23.8	28.4
Arkansas	841	0.1	1.1	0.1	0.6	0.5	2.3	2,792	0.3	1.2	0.2	1.1	4.9	7.4
California	250,555	38.8	3.5	0.4	8.0	28.7	40.9	242,244	28.0	3.6	0.5	10.0	31.3	45.6
Colorado	4,692	0.7	2.9	0.3	1.8	3.7	8.8	13,488	1.6	3.6	0.5	2.4	14.1	20.7
Connecticut	7,836	1.2	4.4	2.0	1.7	6.4	15.7	9,177	1.1	5.6	3.0	3.7	8.7	21.4
Delaware	646	0.1	2.1	0.8	1.2	1.7	5.8	1,530	0.2	2.1	1.8	3.1	6.9	13.9
District of Columbia	1,881	0.3	2.1	4.6	1.4	7.3	15.9	1,889	0.2	4.4	7.1	2.1	10.9	24.7
Florida	38,088	5.9	3.2	3.8	1.1	10.9	19.2	56,608	6.5	3.6	5.7	2.1	16.1	27.8
Georgia	6,171	1.0	1.9	0.8	1.2	1.5	5.5	21,346	2.5	2.3	2.1	2.3	9.1	16.1
Hawaii	4,859	0.8	2.1	0.2	19.8	1.7	23.7	4,883	0.6	1.8	0.3	23.8	2.0	27.9
Idaho	1,093	0.2	1.9	0.0	0.7	4.0	6.7	2,110	0.2	2.5	0.1	1.0	6.8	10.4
Illinois	28,581	4.4	3.1	0.4	2.3	8.7	14.6	43,392	5.0	3.9	0.6	4.0	15.0	23.5
Indiana	2,152	0.3	1.1	0.1	0.5	0.6	2.5	6,063	0.7	1.6	0.3	1.1	3.9	6.9
Iowa	1,084	0.2	1.0	0.0	1.1	0.5	2.8	2,877	0.3	1.6	0.3	2.0	3.5	7.5
Kansas	2,207	0.3	1.8	0.2	1.5	2.1	5.7	4,887	0.6	1.9	0.3	2.4	7.6	12.3
Kentucky	1,198	0.2	1.3	0.1	0.5	0.2	2.2	2,298	0.3	1.4	0.2	0.9	1.5	4.1
Louisiana	2,669	0.4	1.4	0.3	1.0	1.0	3.7	2,891	0.3	1.1	0.4	1.3	1.4	4.3
Maine	653	0.1	2.5	0.0	0.7	0.3	3.8	683	0.1	3.0	0.3	1.1	0.5	5.0
Maryland	8,699	1.4	3.0	2.3	2.6	2.6	10.9	14,512	1.7	4.5	5.3	4.1	5.6	19.6
Massachusetts	16,658	2.6	4.9	2.8	3.5	6.6	18.0	19,303	2.2	7.0	3.6	5.4	7.6	23.7
Michigan	7,245	1.1	2.7	0.2	1.0	0.7	4.7	13,316	1.5	4.2	0.4	2.3	2.5	9.8
Minnesota	3,647	0.6	1.5	0.2	2.8	0.5	5.4	9,115	1.1	2.3	2.3	4.5	4.1	13.5
Mississippi	772	0.1	0.8	0.1	0.7	0.2	1.8	1,184	0.1	0.7	0.2	0.8	1.0	2.7
Missouri	2,198	0.3	1.3	0.2	0.9	0.5	2.8	4,537	0.5	1.8	0.4	1.6	2.1	6.0
Montana	366	0.1	2.0	0.0	0.6	0.4	3.2	368	0.0	2.1	0.1	0.6	0.4	3.4
Nebraska	807	0.1	1.3	0.1	0.9	1.0	3.3	2,793	0.3	1.6	0.6	2.0	7.0	11.3
Nevada	3,433	0.5	2.8	0.3	2.8	10.0	16.0	9,415	1.1	2.6	0.5	4.7	22.5	30.7
New Hampshire	954	0.1	0.4	0.0	0.1	0.1	5.4	1,189	0.1	3.8	0.5	2.0	1.7	8.1
New Jersey	26,791	4.2	6.1	2.9	3.1	9.6	21.9	35,222	4.1	5.9	3.5	7.6	13.4	30.5
New Mexico	3,260	0.5	1.7	0.1	1.0	9.3	12.0	4,484	0.5	1.8	0.1	1.2	13.6	16.8
New York	16,896	2.6	3.6	1.3	1.5	3.8	10.4	22,395	2.6	3.9	2.1	2.8	7.0	16.3
New York City	63,634	9.9	6.5	11.1	7.0	21.4	47.3	65,479	7.6	8.2	12.5	11.9	21.6	54.4
North Carolina	4,238	0.7	1.7	0.4	0.9	1.1	4.1	17,347	2.0	2.3	0.9	2.0	9.2	14.4
North Dakota	235	0.0	1.3	0.1	0.7	0.3	2.5	328	0.0	2.3	0.3	1.1	0.5	4.3
Ohio	5,015	0.8	1.5	0.2	0.8	0.4	3.0	6,503	0.8	1.5	0.4	1.4	1.0	4.3
Oklahoma	2,371	0.4	0.0	0.0	0.0	0.0	5.0	4,507	0.5	1.6	0.3	1.6	5.3	9.1
Oregon	4,066	0.6	2.6	0.1	2.4	4.4	9.5	9,084	1.1	3.8	0.3	4.2	11.5	19.9
Pennsylvania	8,980	1.4	1.7	0.4	1.5	1.7	5.2	12,597	1.5	2.5	1.0	2.4	2.6	8.7
Rhode Island	2,850	0.4	5.2	2.3	3.1	8.0	18.8	2,923	0.3	4.4	3.2	3.1	12.5	23.5
South Carolina	1,754	0.3	1.5	0.2	0.7	0.5	3.0	3,723	0.4	1.7	0.4	1.1	3.3	6.7
South Dakota	226	0.0	1.0	0.1	0.6	0.2	2.1	413	0.1	1.6	0.5	1.0	0.8	4.0
Tennessee	1,933	0.3	1.3	0.2	0.7	0.3	2.6	5,611	0.7	1.8	0.6	1.5	3.2	7.1
Texas	63,951	9.9	1.8	0.5	1.8	16.0	20.3	104,630	12.1	2.2	0.8	3.0	23.0	28.9
Utah	2,307	0.4	2.4	0.0	2.0	2.0	6.4	6,292	0.7	2.5	0.2	2.2	8.4	13.3
Vermont	249	0.0	2.0	0.0	0.2	0.2	3.0	403	0.1	4.5	0.1	1.2	0.3	6.2
Virginia	9,777	1.5	3.5	0.8	2.7	2.9	9.9	17,038	2.0	4.2	1.9	4.6	6.5	17.2
Washington	9,320	1.4	3.3	0.2	3.8	4.2	11.8	17,448	2.0	4.9	0.8	6.3	9.1	21.7
West Virginia	348	0.1	0.9	0.1	0.3	0.2	1.6	405	0.1	1.3	0.1	0.4	0.1	1.9
Wisconsin	3,243	0.5	1.3	0.1	2.1	1.0	4.5	5,745	0.7	1.7	0.2	2.7	3.7	8.3
Wyoming	257	0.0	1.7	0.0	0.6	1.3	3.7	309	0.0	1.9	0.0	0.7	2.4	5.0

\* Data shown for births that occurred in the 50 states, the District of Columbia, and New York City.

<sup>†</sup> Totals might be greater than the sum of all racial/ethnic categories displayed because data for some populations are not presented.

gave birth (12.8% versus 8.1%). The magnitude of the difference varied by race/ethnicity, with the largest intragroup differences occurring among other APIs (19.7% versus 2.8%), blacks (21.5% versus 5.8%), and Filipinas (13.2% versus 3.1%). State-born women were more likely to be unmarried than those born outside the 50 states and DC (34.1% versus 29.7%). This finding was consistent across all racial/ethnic groups, with the largest intragroup differences occurring among blacks (72% versus 41%), Filipinas (34.4% versus

16.1%), and whites (22.7% versus 10.7%). Except for Puerto Ricans, Cubans, Filipinas, and other APIs, women born outside the 50 states and DC were more likely than their state-born counterparts to begin prenatal care late or to have no prenatal care.

Overall, state-born women were more likely to give birth to a preterm infant (11.9% versus 10.5%) or an infant with low birthweight (7.9% versus 6.4%) than were those born outside the 50 states and DC. For preterm delivery, this finding

TABLE 2. Percentage of births to women born inside the 50 states and the District of Columbia, by race/ethnicity and selected maternal demographic characteristics, receipt of prenatal care, and birth outcome — United States\*, 2000

Race/Ethnicity	Age (yrs)		Education (yrs)				Unmarried	Prenatal care		Birth outcome	
	<20	≥35	<12	12	13–15	≥16		First trimester	Late/none	Preterm	Low birth-weight
<b>Non-Hispanic</b>	<b>11.6</b>	<b>13.7</b>	<b>15.3</b>	<b>32.9</b>	<b>24.1</b>	<b>27.7</b>	<b>32.6</b>	<b>85.7</b>	<b>3.1</b>	<b>11.9</b>	<b>7.9</b>
White	9.0	15.1	12.4	31.1	24.5	32.0	22.7	88.7	2.2	10.5	6.6
Black	21.5	8.3	26.4	40.2	23.0	10.4	72.0	74.1	6.6	17.8	13.5
<b>Asian/Pacific</b>											
<b>Islander</b>	<b>14.8</b>	<b>16.4</b>	<b>11.7</b>	<b>28.2</b>	<b>22.4</b>	<b>37.7</b>	<b>30.9</b>	<b>83.3</b>	<b>3.6</b>	<b>11.4</b>	<b>8.0</b>
Chinese	3.7	32.6	2.9	9.0	15.0	73.1	10.0	93.0	1.1	9.8	6.7
Japanese	3.6	37.7	2.9	16.3	21.8	58.9	14.6	92.4	1.3	10.3	7.7
Filipina	13.2	9.9	9.4	28.0	31.3	31.4	34.4	84.6	3.3	12.0	9.3
Other	19.7	11.3	15.8	34.1	21.0	29.1	36.7	79.2	4.6	11.7	7.9
<b>Hispanic</b>	<b>23.8</b>	<b>6.7</b>	<b>33.4</b>	<b>37.4</b>	<b>19.9</b>	<b>9.3</b>	<b>48.1</b>	<b>77.8</b>	<b>4.8</b>	<b>12.1</b>	<b>7.3</b>
Mexican	24.9	6.2	35.4	38.6	18.4	7.5	46.5	77.3	4.9	11.9	6.8
Puerto Rican	21.7	7.4	33.0	35.4	22.8	8.8	61.9	78.3	4.6	13.5	9.2
Cuban	13.0	12.1	12.5	24.6	25.7	37.1	27.3	91.9	1.5	10.5	6.5
Central/South American	20.9	6.1	20.1	29.1	29.2	21.6	45.5	82.5	3.7	10.9	7.1
Other	21.9	8.3	29.9	37.1	21.2	11.8	47.6	76.4	5.7	12.7	8.3
<b>Total†</b>	<b>12.8</b>	<b>13.1</b>	<b>17.0</b>	<b>33.4</b>	<b>23.7</b>	<b>25.9</b>	<b>34.1</b>	<b>84.9</b>	<b>3.3</b>	<b>11.9</b>	<b>7.9</b>

\* Data shown for births that occurred in the 50 states and the District of Columbia.

† Totals include American Indians/Alaska Natives.

TABLE 3. Percentage of births to women born outside the 50 states and the District of Columbia, by race/ethnicity and selected maternal demographic characteristics, receipt of prenatal care, and birth outcome — United States\*, 2000

Race/Ethnicity	Age (yrs)		Education (yrs)				Unmarried	Prenatal care		Birth outcome	
	<20	≥35	<12	12	13–15	≥16		First trimester	Late/none	Preterm	Low birth-weight
<b>Non-Hispanic</b>	<b>3.3</b>	<b>20.5</b>	<b>11.6</b>	<b>27.2</b>	<b>21.9</b>	<b>39.3</b>	<b>16.4</b>	<b>83.1</b>	<b>4.0</b>	<b>10.2</b>	<b>7.1</b>
White	3.2	21.6	9.5	27.1	22.5	40.9	10.7	85.3	3.5	9.1	5.8
Black	5.8	21.3	15.8	36.9	24.1	23.2	41.0	75.7	6.9	14.0	9.8
<b>Asian/Pacific</b>											
<b>Islander</b>	<b>2.4</b>	<b>19.4</b>	<b>11.3</b>	<b>23.6</b>	<b>20.7</b>	<b>44.4</b>	<b>11.2</b>	<b>84.3</b>	<b>3.2</b>	<b>9.6</b>	<b>7.2</b>
Chinese	0.6	28.1	12.5	19.7	13.8	54.0	7.2	87.1	2.3	7.0	4.9
Japanese	0.5	29.0	1.2	19.1	33.0	46.7	4.8	90.5	2.1	6.7	6.7
Filipina	3.1	24.5	5.0	19.8	31.5	43.7	16.1	85.2	2.9	12.2	8.3
Other	2.8	15.1	13.0	26.0	19.5	41.5	11.5	82.9	3.6	9.9	7.6
<b>Hispanic</b>	<b>11.5</b>	<b>11.0</b>	<b>58.5</b>	<b>25.4</b>	<b>9.6</b>	<b>6.5</b>	<b>39.3</b>	<b>72.4</b>	<b>7.2</b>	<b>10.7</b>	<b>5.8</b>
Mexican	12.3	9.4	66.9	22.7	6.7	3.6	37.1	70.2	8.0	10.5	5.5
Puerto Rican	16.8	10.2	34.1	31.9	20.7	13.3	55.2	78.7	4.4	13.5	9.4
Cuban	3.5	23.5	11.5	40.3	21.6	26.6	27.4	91.5	1.3	10.8	6.5
Central/South American	8.5	15.7	39.3	31.6	15.9	13.1	44.6	77.0	5.6	11.0	6.3
Other	8.7	14.5	35.9	32.8	16.2	15.0	40.7	74.5	6.1	10.5	6.0
<b>Total†</b>	<b>8.1</b>	<b>15.0</b>	<b>38.9</b>	<b>26.2</b>	<b>14.8</b>	<b>20.2</b>	<b>29.7</b>	<b>76.8</b>	<b>5.9</b>	<b>10.5</b>	<b>6.4</b>

\* Data shown for births that occurred in the 50 states and the District of Columbia.

† Totals include American Indians/Alaska Natives.

was consistent for all racial/ethnic populations except Filipinas, Cubans, and Central/South Americans born outside the 50 states and DC. Among Mexicans, who comprised the largest group of Hispanics, the difference was 11.9% versus 10.5%. For low birthweight, this finding was consistent for all racial/ethnic groups except for Cubans and Puerto Ricans born outside the 50 states and DC. The largest intragroup difference occurred between state-born blacks and those born outside the 50 states and DC, for both preterm births (17.8% versus 14.0%) and low birthweight (13.5% versus 9.8%). The preterm difference among Mexicans was 6.8% versus 5.5%.

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**Editorial Note:** Approximately one in five live births in the United States in 2000 were to women born outside the 50 states and DC. State-specific comparisons of the number and distribution of such births from 1990 and 2000 reveal a shift to states in the West and the South; births to Hispanic women accounted for most of this increase.

Overall, women born outside the 50 states and DC had better birth outcomes than their state-born racial/ethnic counterparts. Previous research has indicated similar differences, even after adjustment for differences in age, education, and marital status (3,4). Although better birth outcomes among immigrants might reflect a "healthy immigrant effect" (i.e., healthier persons might be more likely to immigrate), immigrant status also might serve as a proxy for various protective behavioral, cultural, and psychosocial factors that influence pregnancy outcome positively (3). For example, immigrants might have more extensive social support networks to draw upon during their pregnancies. The process of acculturation, which includes the adoption of new values, attitudes, and behaviors that affect health, such as tobacco use and pregnancies at an earlier age, might reduce these protective benefits and result in poorer pregnancy outcomes among immigrants over time.

An analysis of pregnancy-related mortality in the United States during 1991—1997 indicated an increased risk for maternal death among Hispanic and API immigrants compared with nonimmigrant whites (6). Although few studies have focused specifically on access to maternal health-care services among immigrant women in the United States, studies indicate that recent immigrants face various economic, cultural, and language barriers when trying to access health care (7). Recent epidemiologic investigations underscore the need for maternal and child health services that are responsive to changing immigration patterns. Studies have demonstrated an increased prevalence of congenital rubella syndrome among infants born to women who migrate from countries that have no mandatory rubella vaccination programs (8) and an association between the consumption of raw milk products and poor pregnancy outcomes among a community of recent immigrants (9).

The findings in this report are subject to at least two limitations. First, how race/ethnicity and mother's place of birth are reported might vary between 1990 and 2000. Second, caution should be used when comparing some reported estimates because of the small numbers of births in some states and among some racial/ethnic populations.

This report highlights the need for U.S. maternal health services to adapt to changing immigration patterns by providing culturally competent maternal and child health services to an increasingly diverse population. Such services should include language interpretation; cross-cultural training to increase health practitioners' awareness of the impact of health beliefs, cultural practices, and perceptions of health risks on health outcomes; and programs that educate patients to access care and participate in treatment decisions (2,10).

## References

1. U.S. Census Bureau. Profile of general demographic characteristics: 2000. Available at <http://censtats.census.gov/us/01000.pdf>.
2. Institute of Medicine. Unequal treatment: confronting racial and ethnic disparities in health care. Washington, DC: National Academy Press, 2002.
3. Singh GK, Yu SM. Adverse pregnancy outcomes: differences between U.S.- and foreign-born women in major U.S. racial and ethnic groups. *Am J Public Health* 1996;86:837-43.
4. Ventura SV, Taffel S. Childbearing characteristics of U.S.- and foreign-born Hispanic mothers. *Public Health Rep* 1985; 100: 647-52.
5. Martin JA, Hamilton BE, Ventura SJ, Menacker F, Park MM. Births: final data for 2000. Hyattsville, Maryland: U.S. Department of Health and Human Services, CDC, National Center for Health Statistics, 2002 (National Vital Statistics Reports, 50;5).
6. CDC. Pregnancy-related deaths among Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native women—United States, 1991—1997. *MMWR* 2001;50:361-4.
7. Lillie-Blanton M, Hudman J. Untangling the web: race/ethnicity, immigration, and the nation's health. *Am J Public Health* 2001;91:1736-8.
8. Reef SE, Frey TK, Theall K, et al. The changing epidemiology of rubella in the 1990s. *JAMA* 2002;287:464-72.
9. CDC. Outbreak of listeriosis associated with homemade Mexican-style cheese—North Carolina, October 2000-January 2001. *MMWR* 2001;50:560-2.
10. Health Resources and Services Administration. Cultural competence works: using cultural competence to improve the quality of health care for diverse populations and add value to managed care arrangements. Rockville, Maryland: U.S. Department of Health and Human Services, Health Resources and Services Administration, 2001.

## Update: Influenza Activity — United States, 2001-02 Season

This report summarizes influenza activity in the United States during the weeks ending October 5—November 23, 2002\*. Influenza activity was low during this period but is expected to increase during the coming weeks. Vaccine supplies are plentiful this year, and vaccination should continue throughout December and the remainder of the influenza season, particularly among persons at high risk for complications from influenza.

As of November 23, the World Health Organization (WHO) and the National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories in the United States tested 10,036 respiratory specimens for influenza viruses, of which 47 (0.5%) were positive. For the weeks ending October 5—November 23, the weekly percentages of respiratory specimens testing positive for influenza viruses ranged from 0 to 2.3%. During the 1999-2000, 2000-01, and 2001—02 influenza seasons, respectively, the peak percentages of specimens testing positive for influenza ranged from 23% to 31% (2; CDC, unpublished data, 2002).

\*Data are reported as of December 1, 2002. The four components of the influenza surveillance system have been described previously (8).

Of the 47 positive isolates, 20 were influenza A and 27 were influenza B viruses. Six of the 20 influenza A isolates were subtyped as influenza A(H1N1)<sup>†</sup> viruses. The A(H1N1) isolates were reported from North Carolina and Florida. One influenza A(H3N2) virus was reported from Hawaii. Influenza A isolates not yet subtyped were reported from Louisiana, Nebraska, New York, South Carolina, and Virginia. Influenza B isolates were identified in Louisiana, New York, South Carolina, and Texas. In addition to the isolates reported through WHO and NREVSS laboratories, California reported an influenza B isolate.

CDC has characterized antigenically seven influenza viruses submitted by U.S. laboratories since September 29: five influenza B, one influenza A(H3N2), and one influenza A(H1N2). The influenza B viruses, the A(H3N2) virus, and the hemagglutinin protein of the A(H1N2) virus were similar antigenically to the corresponding vaccine strains B/Hong Kong/330/01, A/Panama/2007/99 (H3N2), and A/New Caledonia/20/99 (H1N1), respectively.

Since 1977, two influenza A virus subtypes, A(H1N1) and A(H3N2), have co-circulated in humans. During the 2001–02 season, influenza A viruses with the H1 hemagglutinin and the N2 neuraminidase protein were identified. These A(H1N2) viruses appear to have resulted from the reassortment of genes between the currently circulating A(H1N1) and A(H3N2) viruses (3). Influenza A(H1N2) viruses have been identified in several countries, including the United States. Four of the six H1 viruses reported in the United States since September 29 have been subtyped; one virus from North Carolina was an A(H1N2) virus, and three from Florida were A(H1N1) viruses. The 2002–03 vaccine contains A(H1N1) and A(H3N2) viruses and is expected to provide protection against influenza A(H1N2) viruses (4).

During the weeks ending October 5–November 23, the weekly percentages of patient visits for influenza-like illness (ILI)<sup>§</sup> to approximately 750 sentinel providers ranged from 1.0% to 1.3%. For the week ending November 23, the percentage of patient visits for ILI was 1.3%, which is less than the national baseline of 1.9%<sup>¶</sup>. During the 1999–2000, 2000–01, and 2001–02 seasons, the peak percentages of patient visits for ILI ranged from 3.2% to 5.6% (2; CDC, unpublished data, 2002).

<sup>†</sup> Includes both the A(H1N1) and A(H1N2) influenza virus subtypes.

<sup>§</sup> Temperature of  $\geq 100.0^{\circ}\text{F}$  ( $\geq 37.8^{\circ}\text{C}$ ) and either cough or sore throat in the absence of a known cause other than influenza.

<sup>¶</sup> The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks, plus two standard deviations. Wide variability in regional data precludes calculating region-specific baselines and makes it inappropriate to apply the national baseline to regional data.

During the week ending November 23, influenza activity\*\* was reported by state and territorial epidemiologists as regional in Louisiana and Texas and as sporadic in 18 states (Colorado, Florida, Georgia, Hawaii, Indiana, Kansas, Kentucky, Maine, Michigan, Missouri, Nebraska, Nevada, New Mexico, Pennsylvania, Tennessee, Utah, West Virginia, and Wyoming) and the District of Columbia; 28 states and New York City reported no influenza activity. Two states did not report. Since the week ending October 5, Florida, Louisiana, and Texas have reported regional activity for at least 1 week.

During October, Louisiana reported an influenza outbreak in schools in Lafourche Parish. The outbreak peaked during the week ending October 26 and affected primarily persons aged 5–24 years. Since October 5, a total of 102 cases of influenza B have been diagnosed by rapid test or viral isolation in Lafourche Parish.

During October 1–17, a total of 30 patients with ILI were admitted to the infirmary of a north Florida prison, which employs 300 staff and houses 1,000 prisoners. Influenza A(H1N1) was confirmed by culture in three cases. The estimated number of patients in the outbreak was 100–150, including two staff.

For the week ending November 16, Texas reported an outbreak of respiratory illness affecting mostly elementary school children. On November 19, a total of 12 specimens collected from children aged 6–11 years with ILI attending an east Texas school in Smith County were submitted to the Texas Department of Health Virology Laboratory for culture confirmation. Ten of these cultures were positive for influenza B, and two are pending. During the outbreak, absentee levels for local schools in Smith County approached 25%.

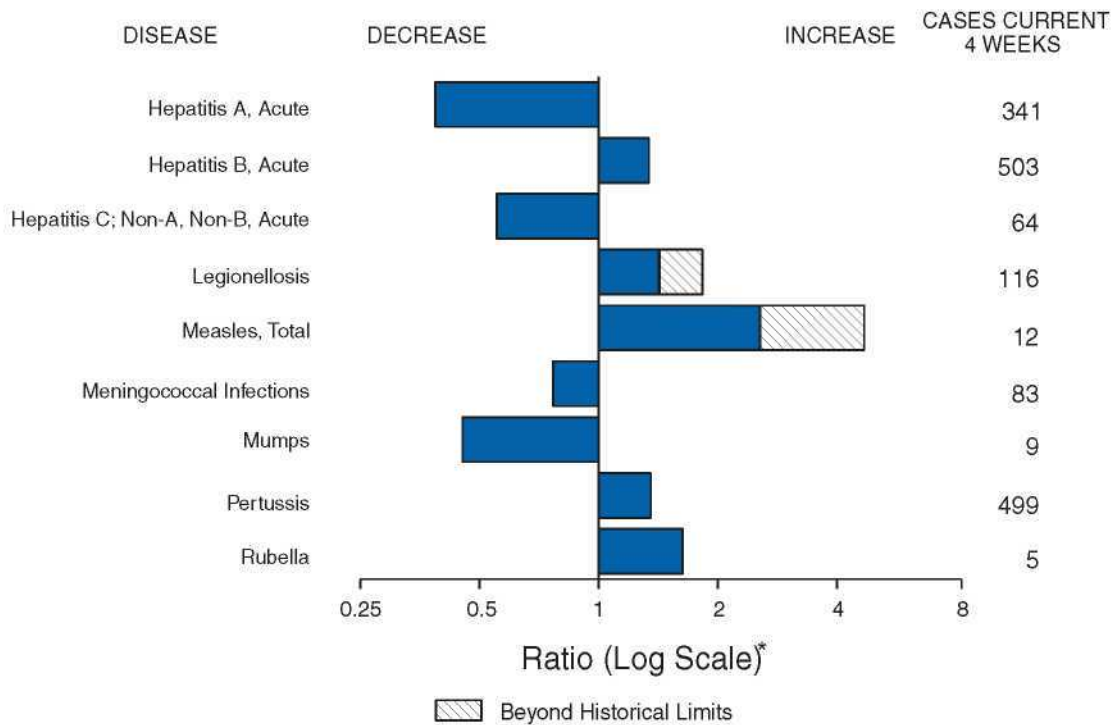
During the week ending November 23, a total of 7.1% of the deaths in the 122 Cities Mortality Reporting System were attributed to pneumonia and influenza (P&I). This percentage was below the epidemic threshold<sup>††</sup> of 7.4% for that week. The percentage of P&I deaths has been below the epidemic threshold each week since the week ending October 5. The percentage of P&I deaths exceeded the epidemic threshold for 5 weeks during the 2001–02 season, for no weeks during the 2000–01 season, and for 22 weeks during the 1999–2000 season (2,5,6).

\*\* Levels of activity are 1) *no activity*, 2) *sporadic*—sporadically occurring ILI or laboratory-confirmed influenza with no outbreaks detected, 3) *regional*—outbreaks of ILI or laboratory-confirmed influenza in counties with a combined population of  $<50\%$  of the state's population, and 4) *widespread*—outbreaks of ILI or laboratory-confirmed influenza in counties with a combined population of  $\geq 50\%$  of the state's population.

<sup>††</sup> The expected baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I during the previous 5 years. The epidemic threshold is 1.654 standard deviations above the seasonal baseline (1).



**FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending November 30, 2002, 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 November 30, 2002 (48th Week)\***

	Cum. 2002	Cum. 2001		Cum. 2002	Cum. 2001
Anthrax	2	22	Encephalitis: West Nile <sup>†</sup>	1,482	54
Botulism: foodborne	13	33	Hansen disease (leprosy) <sup>†</sup>	64	65
infant	51	87	Hantavirus pulmonary syndrome <sup>†</sup>	13	7
other (wound & unspecified)	26	18	Hemolytic uremic syndrome, postdiarrheal <sup>†</sup>	182	168
Brucellosis <sup>†</sup>	73	119	HIV infection, pediatric <sup>§</sup>	116	190
Chancroid	65	31	Plague	-	2
Cholera	5	5	Poliomyelitis, paralytic	-	-
Cyclosporiasis <sup>†</sup>	162	143	Psittacosis <sup>†</sup>	17	21
Diphtheria	1	2	Q fever <sup>†</sup>	43	23
Ehrlichiosis: human granulocytic (HGE) <sup>†</sup>	322	216	Rabies, human	2	1
human monocytic (HME) <sup>†</sup>	163	109	Streptococcal toxic-shock syndrome <sup>†</sup>	73	71
other and unspecified	12	6	Tetanus	20	31
Encephalitis: California serogroup viral <sup>†</sup>	124	112	Toxic-shock syndrome	107	111
eastern equine <sup>†</sup>	3	8	Trichinosis	13	21
Powassan <sup>†</sup>	1	-	Tularemia <sup>†</sup>	58	125
St. Louis <sup>†</sup>	11	76	Yellow fever	1	-
western equine <sup>†</sup>	2	-			

-:No reported cases.

\* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

<sup>†</sup> Not notifiable in all states.

<sup>§</sup> 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 October 31, 2002.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 30, 2002, and December 1, 2001 (48th Week)\*

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		<i>Escherichia coli</i> , Enterohemorrhagic			
	Cum. 2002§	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	O157:H7		Shiga Toxin Positive, Serogroup non-O157	
							Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	24,713	38,400	709,507	712,322	2,647	3,551	3,283	3,020	153	149
NEW ENGLAND	1,011	1,390	24,964	22,408	171	144	253	240	32	40
Maine	23	44	1,532	1,239	11	18	38	27	5	1
N.H.	20	37	1,456	1,271	29	16	32	33	-	3
Vt.	8	15	866	580	32	32	12	14	1	1
Mass.	519	694	10,029	9,463	62	53	113	113	9	10
R.I.	71	93	2,559	2,719	21	8	14	16	-	1
Conn.	370	507	8,522	7,136	16	17	44	37	17	24
MID. ATLANTIC	5,619	10,582	78,709	78,602	325	333	224	224	1	-
Upstate N.Y.	404	1,296	15,571	13,511	135	103	163	143	-	-
N.Y. City	3,210	6,169	25,287	27,457	123	116	13	16	-	-
N.J.	925	1,584	10,764	13,214	10	22	48	65	-	-
Pa.	1,080	1,533	27,087	24,420	57	92	N	N	1	-
E.N. CENTRAL	2,494	2,796	123,968	132,403	859	1,545	794	777	19	12
Ohio	453	531	29,714	35,083	120	171	148	218	15	10
Ind.	347	342	15,552	14,245	54	81	70	81	1	-
Ill.	1,170	1,251	34,054	39,915	87	478	165	166	-	-
Mich.	398	497	29,648	27,833	118	179	133	97	3	2
Wis.	126	175	15,000	15,327	480	636	278	215	-	-
W.N. CENTRAL	421	805	38,949	36,473	392	506	492	476	37	38
Minn.	90	130	8,930	7,601	204	174	159	191	32	29
Iowa	54	86	4,946	4,724	43	80	118	79	-	-
Mo.	189	394	13,859	13,003	32	50	69	62	N	N
N. Dak.	1	2	801	935	20	13	17	19	-	2
S. Dak.	3	23	2,005	1,665	30	7	40	42	2	6
Nebr.	43	77	2,456	2,953	47	179	54	59	3	1
Kans.	41	93	5,952	5,592	16	3	35	24	-	-
S. ATLANTIC	7,537	11,422	136,784	136,660	332	351	353	237	38	36
Del.	131	230	2,481	2,580	3	6	8	4	-	1
Md.	1,066	1,685	15,280	14,021	21	38	25	29	-	-
D.C.	371	777	3,103	3,019	4	12	-	-	-	-
Va.	538	954	15,774	16,518	24	24	62	49	10	6
W. Va.	58	93	2,081	2,174	2	2	9	10	-	-
N.C.	555	817	23,029	20,189	32	27	130	54	-	-
S.C.	547	633	11,156	14,051	6	7	5	17	-	-
Ga.	1,160	1,520	27,047	29,754	141	153	55	44	10	10
Fla.	3,111	4,713	36,833	34,354	99	82	59	30	18	19
E.S. CENTRAL	1,128	1,646	44,282	45,792	110	49	101	135	-	-
Ky.	173	315	8,124	8,256	8	5	30	64	-	-
Tenn.	483	519	14,746	13,198	52	13	46	42	-	-
Ala.	197	415	12,087	13,314	42	16	18	17	-	-
Miss.	275	397	9,325	11,024	8	15	7	12	-	-
W.S. CENTRAL	2,696	3,801	98,134	98,383	35	127	70	208	-	-
Ark.	163	188	6,588	6,825	8	9	11	15	-	-
La.	693	795	17,474	16,745	5	7	2	7	-	-
Okla.	133	214	9,952	9,810	16	15	22	32	-	-
Tex.	1,707	2,604	64,120	65,003	6	96	35	154	-	-
MOUNTAIN	790	1,291	44,275	42,715	153	229	338	277	18	17
Mont.	8	15	2,064	1,769	5	37	30	20	-	-
Idaho	18	19	2,311	1,883	29	22	50	71	8	4
Wyo.	6	4	856	766	9	7	14	10	2	2
Colo.	157	281	12,638	12,240	56	40	87	87	4	6
N. Mex.	53	141	5,739	5,675	18	28	12	14	3	5
Ariz.	327	489	13,384	13,403	17	7	34	28	1	-
Utah	43	107	2,594	2,461	15	81	83	31	-	-
Nev.	178	235	4,689	4,518	4	7	28	16	-	-
PACIFIC	3,017	4,667	119,442	118,886	270	267	658	446	8	6
Wash.	302	473	13,652	12,470	43	U	138	122	-	-
Oreg.	216	215	6,355	6,754	40	53	221	67	8	6
Calif.	2,416	3,865	92,323	93,504	184	210	251	234	-	-
Alaska	17	19	3,120	2,425	1	1	7	4	-	-
Hawaii	66	95	3,992	3,733	2	3	41	19	-	-
Guam	2	11	-	371	-	-	N	N	-	-
P.R.	668	1,111	1,997	2,522	-	-	-	2	-	-
V.I.	66	11	125	139	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	144	U	-	U	-	U	U	U

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

\* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

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

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update October 31, 2002.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 30, 2002, and December 1, 2001 (48th Week)\*

Reporting Area	<i>Escherichia coli</i> <i>Enterohemorrhagic</i>		Giardiasis	Gonorrhea		<i>Haemophilus influenzae</i> , Invasive			
	Shiga Toxin Positive, Not Serogrouped					All Ages, All Serotypes		Age <5 Years	
	Cum. 2002	Cum. 2001						Serotype B	
								Cum. 2002	Cum. 2001
UNITED STATES	41	18	15,766	300,013	329,504	1,380	1,335	23	22
NEW ENGLAND	1	1	1,553	7,030	6,369	120	100	-	1
Maine	-	-	196	124	132	1	2	-	-
N.H.	-	-	41	119	167	10	6	-	-
Vt.	1	1	133	89	63	7	4	-	-
Mass.	-	-	795	3,022	2,911	50	41	-	1
R.I.	-	-	145	866	775	10	5	-	-
Conn.	-	-	243	2,810	2,321	42	42	-	-
MID. ATLANTIC	-	3	3,391	36,133	39,740	242	206	4	3
Upstate N.Y.	-	-	1,159	8,019	8,082	108	72	2	-
N.Y. City	-	-	1,204	10,601	11,701	60	52	-	-
N.J.	-	-	342	6,130	7,738	49	45	-	-
Pa.	-	3	686	11,383	12,219	25	37	2	3
E. N. CENTRAL	13	7	3,016	60,540	69,444	193	252	3	2
Ohio	12	7	876	16,591	19,636	76	66	-	1
Ind.	-	-	-	6,709	6,428	38	46	1	-
Ill.	-	-	696	18,243	21,949	57	94	-	-
Mich.	1	-	863	13,472	15,796	14	13	2	-
Wis.	-	-	581	5,525	5,635	8	33	-	1
W. N. CENTRAL	2	3	1,897	15,228	15,586	67	70	1	1
Minn.	-	-	750	2,723	2,444	45	39	1	-
Iowa	-	-	289	1,163	1,227	1	-	-	-
Mo.	N	N	457	7,873	8,051	12	19	-	-
N. Dak.	2	3	28	47	47	-	7	-	-
S. Dak.	-	-	72	251	259	-	-	-	-
Nebr.	-	-	133	713	1,068	1	3	-	1
Kans.	-	-	168	2,458	2,490	8	2	-	-
S. ATLANTIC	1	-	2,720	77,144	84,705	337	331	4	1
Del.	-	-	50	1,486	1,591	-	-	-	-
Md.	-	-	106	8,079	8,430	79	83	2	-
D.C.	-	-	42	2,510	2,651	-	-	-	-
Va.	-	-	306	8,910	9,697	31	27	-	-
W. Va.	1	-	57	812	667	15	14	-	1
N.C.	-	-	-	14,694	15,534	31	44	-	-
S.C.	-	-	118	6,757	10,019	12	8	-	-
Ga.	-	-	851	14,993	16,500	86	92	-	-
Fla.	-	-	1,190	18,903	19,616	83	63	2	-
E. S. CENTRAL	8	3	359	25,401	29,695	63	70	1	-
Ky.	8	3	-	3,476	3,310	6	2	-	-
Tenn.	-	-	168	8,638	8,872	32	40	-	-
Ala.	-	-	191	7,831	10,326	16	26	1	-
Miss.	-	-	-	5,456	7,187	9	2	-	-
W. S. CENTRAL	4	-	228	43,908	48,255	59	51	2	2
Ark.	-	-	156	4,162	4,284	1	1	-	-
La.	-	-	4	10,810	11,479	9	9	-	-
Okla.	-	-	68	4,310	4,450	45	39	-	-
Tex.	4	-	-	24,626	28,042	4	2	2	2
MOUNTAIN	12	1	1,554	9,708	9,613	179	135	5	8
Mont.	-	-	86	106	98	-	-	-	-
Idaho	-	-	122	88	71	2	2	-	-
Wyo.	-	-	29	55	76	1	1	-	-
Colo.	12	1	532	3,120	2,942	32	37	-	-
N. Mex.	-	-	133	1,204	940	25	24	-	1
Ariz.	-	-	192	3,331	3,649	90	52	3	4
Utah	-	-	310	264	183	17	8	1	1
Nev.	-	-	150	1,540	1,654	12	11	1	2
PACIFIC	-	-	1,048	24,921	26,097	120	120	3	4
Wash.	-	-	391	2,682	2,761	3	5	2	-
Oreg.	-	-	417	823	1,048	60	34	-	-
Calif.	-	-	52	20,232	21,327	22	52	1	4
Alaska	-	-	103	516	393	1	6	-	-
Hawaii	-	-	85	668	568	34	23	-	-
Guam	-	-	-	-	47	-	-	-	-
P.R.	-	-	38	292	552	1	2	-	-
V.I.	-	-	-	31	34	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	1	14	U	-	U	-	U

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

\* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 30, 2002, and December 1, 2001 (48th Week)\*

Reporting Area	<i>Haemophilus influenzae</i> , Invasive				Hepatitis (Viral, Acute), By Type					
	Age <5 Years				A		B		C; Non-A, Non-B	
	Non-Serotype B		Unknown Serotype		Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001						
UNITED STATES	229	222	15	26	7,684	9,498	6,259	6,683	3,150	3,606
NEW ENGLAND	14	15	-	-	273	698	229	135	23	33
Maine	-	-	-	-	8	11	14	5	-	-
N.H.	-	1	-	-	11	17	21	15	-	-
Vt.	-	-	-	-	1	16	4	5	13	7
Mass.	8	7	-	-	136	363	126	35	9	26
R.I.	-	-	-	-	30	66	28	28	1	-
Conn.	6	7	-	-	87	225	36	47	-	-
MID. ATLANTIC	28	35	-	3	992	1,192	1,457	1,271	1,597	1,248
Upstate N.Y.	12	10	-	1	176	250	131	116	65	26
N.Y. City	8	11	-	-	493	411	769	596	-	-
N.J.	5	6	-	-	122	273	345	274	1,499	1,151
Pa.	3	8	-	2	201	258	212	285	33	71
E.N. CENTRAL	32	38	1	2	1,007	1,129	644	881	100	152
Ohio	9	12	1	-	314	231	109	88	4	8
Ind.	7	6	-	1	44	95	51	48	-	1
Ill.	11	14	-	-	253	414	129	148	13	12
Mich.	3	-	-	1	219	313	314	556	79	131
Wis.	2	6	-	-	177	76	41	41	4	-
W.N. CENTRAL	6	5	3	6	290	362	209	205	728	1,060
Minn.	5	3	1	2	39	41	30	28	1	9
Iowa	-	-	-	-	78	35	17	21	1	-
Mo.	-	-	2	4	81	82	113	113	707	1,037
N. Dak.	-	1	-	-	3	3	5	1	-	-
S. Dak.	-	-	-	-	3	3	2	1	1	-
Nebr.	1	1	-	-	17	32	22	29	13	6
Kans.	-	-	-	-	69	166	20	12	5	8
S. ATLANTIC	47	45	2	6	2,222	2,333	1,501	1,429	180	98
Del.	-	-	-	-	12	16	7	27	5	10
Md.	4	8	-	1	290	252	111	132	8	8
D.C.	-	-	-	-	72	52	22	11	-	-
Va.	5	5	-	-	142	127	187	169	16	-
W. Va.	1	1	1	1	20	25	18	20	3	9
N.C.	3	2	-	4	202	206	216	200	26	19
S.C.	2	1	-	-	60	71	113	29	4	6
Ga.	18	19	-	-	420	886	340	403	34	-
Fla.	14	9	1	-	1,004	698	487	438	84	46
E.S. CENTRAL	15	12	1	3	248	381	355	437	183	184
Ky.	2	-	-	1	41	127	48	50	3	11
Tenn.	8	6	-	1	112	146	128	220	26	63
Ala.	3	5	1	1	38	72	99	80	10	4
Miss.	2	1	-	-	57	36	80	87	144	106
W.S. CENTRAL	14	9	-	-	566	786	556	785	175	654
Ark.	-	1	-	-	50	68	90	97	8	10
La.	2	2	-	-	66	85	96	116	66	146
Okla.	10	6	-	-	49	108	44	94	5	4
Tex.	2	-	-	-	401	525	326	478	96	494
MOUNTAIN	50	23	7	1	529	664	570	429	60	50
Mont.	-	-	-	-	13	11	9	3	1	1
Idaho	1	-	-	-	29	55	7	11	1	2
Wyo.	-	-	-	-	3	7	17	3	5	7
Colo.	3	2	-	-	73	86	74	97	18	8
N. Mex.	6	10	1	1	28	40	140	122	1	11
Ariz.	31	8	5	-	273	335	204	126	4	9
Utah	5	3	-	-	63	65	59	22	4	3
Nev.	4	-	1	-	47	65	60	45	26	9
PACIFIC	23	40	1	5	1,557	1,953	738	1,111	104	127
Wash.	1	3	-	2	143	140	64	134	24	23
Oreg.	5	7	-	-	64	98	117	158	16	15
Calif.	13	28	1	1	1,338	1,685	545	792	64	89
Alaska	1	1	-	-	10	14	4	9	-	-
Hawaii	3	1	-	2	2	16	8	18	-	-
Guam	-	-	-	-	-	2	-	-	-	-
P.R.	-	1	-	-	96	214	84	253	-	1
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	-	U	-	U	37	U	-	U

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

\* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 30, 2002, and December 1, 2001 (48th Week)\*

Reporting Area	Legionellosis		Listeriosis		Lyme Disease		Malaria		Measles Total	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	1,079	1,017	550	562	16,511	14,181	1,196	1,365	34 <sup>†</sup>	114 <sup>§</sup>
NEW ENGLAND	97	71	57	55	5,451	4,072	58	97	-	5
Maine	4	8	5	2	111	-	5	4	-	-
N.H.	7	11	4	4	238	108	7	2	-	-
Vt.	36	5	3	3	32	17	4	1	-	1
Mass.	30	21	31	30	1,187	1,136	21	50	-	3
R.I.	5	12	1	1	335	453	7	13	-	-
Conn.	15	14	13	15	3,548	2,358	14	27	-	1
MID. ATLANTIC	296	241	154	100	9,131	7,828	307	412	7	20
Upstate N.Y.	98	64	54	26	4,805	3,354	43	61	1	4
N.Y. City	53	43	33	25	163	62	196	243	6	7
N.J.	27	24	31	17	1,641	1,997	36	64	-	1
Pa.	118	110	36	32	2,522	2,415	32	44	-	8
E.N. CENTRAL	250	291	76	85	104	708	128	164	3	10
Ohio	116	128	25	15	72	40	24	24	1	3
Ind.	21	21	11	8	19	23	13	16	2	4
Ill.	-	24	12	24	-	31	30	68	-	3
Mich.	79	75	21	24	13	17	47	37	-	-
Wis.	34	43	7	14	U	597	14	19	-	-
W.N. CENTRAL	58	47	17	19	367	389	56	37	3	5
Minn.	15	9	3	2	272	314	17	6	1	3
Iowa	12	8	2	2	40	35	4	9	-	-
Mo.	16	21	8	10	40	34	15	14	2	2
N. Dak.	1	1	1	-	1	-	1	-	-	-
S. Dak.	4	3	1	-	2	-	1	-	-	-
Nebr.	10	4	1	1	6	4	5	2	-	-
Kans.	-	1	1	4	6	2	13	6	-	-
S. ATLANTIC	201	172	78	75	1,225	920	349	270	2	5
Del.	10	12	-	2	167	152	4	2	-	-
Md.	44	32	19	14	648	565	106	108	-	3
D.C.	6	8	-	-	21	16	19	13	-	-
Va.	30	23	7	13	147	116	32	46	-	1
W. Va.	N	N	-	5	17	13	3	1	-	-
N.C.	11	11	6	5	127	39	22	18	-	-
S.C.	8	13	8	5	20	5	7	7	-	-
Ga.	18	11	12	15	2	-	84	43	-	1
Fla.	74	62	26	16	76	14	72	32	2	-
E.S. CENTRAL	46	56	19	22	47	67	19	35	12	2
Ky.	20	12	4	7	22	23	7	14	-	2
Tenn.	18	27	11	8	22	29	3	11	-	-
Ala.	8	13	4	7	3	8	4	6	12	-
Miss.	-	4	-	-	-	7	5	4	-	-
W.S. CENTRAL	16	25	20	33	17	83	20	84	1	1
Ark.	-	-	-	1	3	1	2	3	-	-
La.	4	6	-	-	4	8	4	6	-	-
Okla.	3	3	9	2	-	-	10	3	-	-
Tex.	9	16	11	30	10	74	4	72	1	1
MOUNTAIN	46	54	29	37	22	13	47	58	2	2
Mont.	3	-	-	-	-	-	2	3	-	-
Idaho	1	3	2	1	4	5	-	3	-	1
Wyo.	1	2	-	2	2	1	-	1	-	-
Colo.	7	16	6	10	4	-	22	23	-	-
N. Mex.	2	3	3	7	1	1	3	3	-	-
Ariz.	12	19	14	8	3	2	12	12	-	1
Utah	15	7	3	2	7	1	5	4	1	-
Nev.	5	4	1	7	1	3	3	9	1	-
PACIFIC	69	60	100	136	147	101	212	208	4	64
Wash.	7	10	8	10	10	7	23	13	-	15
Oreg.	N	N	9	12	16	11	9	17	-	3
Calif.	61	44	75	108	118	81	171	166	3	39
Alaska	-	1	-	-	3	2	2	1	-	-
Hawaii	1	5	8	6	N	N	7	11	1	7
Guam	-	-	-	-	-	-	-	1	-	-
P.R.	-	2	1	-	N	N	-	5	-	1
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

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

\* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

† Of 34 cases reported, 21 were indigenous and 13 were imported from another country.

§ Of 114 cases reported, 60 were indigenous and 54 were imported from another country.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 30, 2002, and December 1, 2001 (48th Week)\*

Reporting Area	Meningococcal Disease		Mumps		Pertussis		Rabies, Animal	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	1,520	2,108	233	226	7,120	5,276	5,762	6,620
NEW ENGLAND	86	101	8	2	619	573	870	690
Maine	8	4	1	-	17	22	58	63
N.H.	14	12	4	-	19	27	46	21
Vt.	4	6	-	-	135	44	89	60
Mass.	41	54	2	2	409	455	288	254
R.I.	5	6	-	-	13	6	72	67
Conn.	14	19	1	-	26	19	317	225
MID. ATLANTIC	138	238	24	26	456	339	1,082	1,241
Upstate N.Y.	41	66	6	3	326	133	668	748
N.Y. City	22	41	2	12	13	55	17	36
N.J.	26	42	-	3	4	18	171	181
Pa.	49	89	16	8	113	133	226	276
E.N. CENTRAL	201	336	38	27	849	792	147	157
Ohio	73	86	14	1	406	287	39	51
Ind.	32	37	2	3	128	80	31	15
Ill.	36	81	14	16	147	99	31	24
Mich.	44	81	7	5	55	136	46	47
Wis.	16	51	1	2	113	190	-	20
W.N. CENTRAL	145	149	17	11	682	381	426	349
Minn.	35	22	4	3	340	167	36	44
Iowa	23	29	1	-	133	75	74	77
Mo.	48	53	5	2	134	95	50	40
N. Dak.	3	6	1	-	2	5	31	37
S. Dak.	2	5	-	-	6	4	79	56
Nebr.	26	20	-	1	8	7	-	4
Kans.	8	14	6	5	59	28	156	91
S. ATLANTIC	269	326	25	40	383	243	2,401	2,322
Del.	7	6	-	-	3	-	53	30
Md.	8	40	5	8	58	43	321	476
D.C.	-	-	-	-	2	1	-	-
Va.	40	38	4	8	133	48	482	461
W. Va.	4	13	-	-	31	4	167	131
N.C.	32	62	2	5	43	70	680	544
S.C.	28	32	3	5	42	31	133	109
Ga.	35	52	4	9	22	23	395	380
Fla.	115	83	7	5	49	23	170	191
E.S. CENTRAL	86	130	13	9	244	184	166	203
Ky.	14	24	3	3	92	84	27	29
Tenn.	36	57	2	1	110	58	104	106
Ala.	22	31	3	-	33	37	31	64
Miss.	14	18	5	5	9	5	4	4
W.S. CENTRAL	184	309	11	14	1,464	658	116	1,049
Ark.	23	22	-	-	477	193	3	-
La.	35	75	1	2	7	10	-	8
Okla.	21	28	-	-	66	28	112	59
Tex.	105	184	10	12	914	427	1	982
MOUNTAIN	89	91	18	14	1,133	1,277	285	253
Mont.	2	4	-	1	5	36	19	38
Idaho	4	7	1	1	128	170	38	28
Wyo.	-	5	-	1	11	1	18	28
Colo.	22	37	2	3	399	320	59	-
N. Mex.	4	10	1	2	174	131	7	15
Ariz.	31	13	1	1	269	507	120	128
Utah	6	8	8	1	100	76	13	15
Nev.	20	7	5	4	47	36	11	1
PACIFIC	322	428	79	83	1,290	829	269	356
Wash.	61	59	-	2	409	159	-	-
Oreg.	45	57	N	N	176	52	13	4
Calif.	204	296	64	40	684	565	232	313
Alaska	4	3	-	1	4	13	24	39
Hawaii	8	13	15	40	17	40	-	-
Guam	-	-	-	-	-	-	-	-
P.R.	5	6	-	1	3	-	49	91
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	1	U	-	U

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

\* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 30, 2002, and December 1, 2001 (48th Week)\*

Reporting Area	Rocky Mountain Spotted Fever		Rubella				Salmonellosis	
	Cum. 2002	Cum. 2001	Rubella		Congenital Rubella		Cum. 2002	Cum. 2001
			Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001		
UNITED STATES	961	568	12	21	2	1	38,289	36,940
NEW ENGLAND	8	3	-	-	-	-	2,050	2,212
Maine	-	-	-	-	-	-	144	162
N.H.	-	1	-	-	-	-	129	157
Vt.	-	-	-	-	-	-	73	77
Mass.	4	2	-	-	-	-	1,133	1,271
R.I.	4	-	-	-	-	-	163	131
Conn.	-	-	-	-	-	-	408	414
MID. ATLANTIC	45	32	1	8	-	-	4,797	4,865
Upstate N.Y.	8	2	1	1	-	-	1,475	1,150
N.Y. City	9	2	-	6	-	-	1,356	1,221
N.J.	10	9	-	1	-	-	671	1,126
Pa.	18	19	-	-	-	-	1,295	1,368
E.N. CENTRAL	19	16	1	2	-	-	4,893	4,677
Ohio	13	2	-	-	-	-	1,307	1,260
Ind.	3	1	-	-	-	-	464	490
Ill.	-	12	-	2	-	-	1,497	1,314
Mich.	3	1	1	-	-	-	830	814
Wis.	-	-	-	-	-	-	795	799
W.N. CENTRAL	99	68	-	3	-	-	2,465	2,132
Minn.	-	-	-	-	-	-	542	573
Iowa	3	2	-	1	-	-	485	326
Mo.	91	62	-	1	-	-	820	594
N. Dak.	-	1	-	-	-	-	43	58
S. Dak.	1	2	-	-	-	-	103	144
Nebr.	4	1	-	-	-	-	150	146
Kans.	-	-	-	1	-	-	322	291
S. ATLANTIC	502	282	5	5	-	1	10,678	8,740
Del.	4	11	-	-	-	-	92	92
Md.	58	38	-	1	-	-	890	746
D.C.	2	1	-	-	-	-	71	79
Va.	42	26	-	-	-	1	1,172	1,238
W. Va.	2	-	-	-	-	-	146	130
N.C.	283	162	-	-	-	-	1,452	1,273
S.C.	68	31	-	2	-	-	757	831
Ga.	27	9	-	-	-	-	1,919	1,605
Fla.	16	4	5	2	-	-	4,179	2,746
E.S. CENTRAL	106	113	-	-	1	-	3,051	2,560
Ky.	5	2	-	-	-	-	367	358
Tenn.	78	77	-	-	1	-	774	604
Ala.	19	18	-	-	-	-	828	714
Miss.	4	16	-	-	-	-	1,082	884
W.S. CENTRAL	159	42	1	1	-	-	3,394	4,797
Ark.	97	9	-	-	-	-	1,014	883
La.	-	2	-	-	-	-	746	799
Okla.	61	31	-	-	-	-	470	452
Tex.	1	-	1	1	-	-	1,164	2,663
MOUNTAIN	14	11	1	-	-	-	2,045	2,038
Mont.	1	1	-	-	-	-	86	72
Idaho	-	1	-	-	-	-	141	133
Wyo.	5	2	-	-	-	-	103	58
Colo.	2	2	-	-	-	-	509	553
N. Mex.	1	1	-	-	-	-	293	269
Ariz.	-	-	-	-	-	-	539	568
Utah	-	3	1	-	-	-	194	212
Nev.	5	1	-	-	-	-	180	173
PACIFIC	9	1	3	2	1	-	4,916	4,919
Wash.	-	-	-	-	-	-	474	504
Oreg.	3	1	-	-	-	-	333	260
Calif.	6	-	3	1	-	-	3,771	3,777
Alaska	-	-	-	-	-	-	76	46
Hawaii	-	-	-	1	1	-	262	332
Guam	-	-	-	-	-	-	-	24
P.R.	-	-	-	3	-	-	201	866
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	25	U

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

\* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 30, 2002, and December 1, 2001 (48th Week)\*

Reporting Area	Shigellosis		Streptococcal Disease, Invasive, Group A		Streptococcus pneumoniae, Drug Resistant, Invasive		Streptococcus pneumoniae, Invasive (<5 Years)	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	17,518	18,009	3,691	3,366	2,128	2,358	254	388
NEW ENGLAND	302	294	173	215	18	120	3	43
Maine	10	6	20	12	-	-	-	-
N.H.	11	6	35	N	-	-	N	N
Vt.	1	7	10	16	5	8	2	1
Mass.	182	201	93	64	N	N	N	N
R.I.	17	22	15	13	13	4	1	3
Conn.	81	52	-	110	-	108	-	39
MID. ATLANTIC	1,302	1,410	601	618	106	156	69	102
Upstate N.Y.	310	452	271	243	85	149	67	102
N.Y. City	414	393	139	159	U	U	U	U
N.J.	349	259	128	135	N	N	N	N
Pa.	229	306	63	81	21	7	2	-
E.N. CENTRAL	1,667	4,122	666	742	224	170	110	120
Ohio	611	2,752	200	188	69	3	24	-
Ind.	95	216	46	59	150	167	60	57
Ill.	632	579	145	241	2	-	-	63
Mich.	176	285	274	203	3	-	N	N
Wis.	153	290	1	51	N	N	26	-
W.N. CENTRAL	956	1,823	227	351	420	145	53	54
Minn.	214	406	114	163	292	63	53	45
Iowa	119	353	-	-	N	N	N	N
Mo.	183	302	42	71	5	11	-	-
N. Dak.	16	21	3	17	1	6	-	9
S. Dak.	156	583	13	11	1	4	-	-
Nebr.	179	88	18	39	29	22	N	N
Kans.	89	70	37	50	92	39	N	N
S. ATLANTIC	6,618	2,745	740	546	1,118	1,234	8	8
Del.	344	16	2	4	3	6	N	N
Md.	1,131	142	132	N	N	N	N	N
D.C.	56	54	7	21	52	7	1	4
Va.	928	441	71	73	N	N	N	N
W. Va.	12	8	19	19	43	37	7	4
N.C.	419	318	112	136	N	N	U	U
S.C.	113	242	34	12	175	259	N	N
Ga.	1,570	578	155	175	274	395	N	N
Fla.	2,045	946	208	106	571	530	N	N
E. S. CENTRAL	1,376	1,615	108	108	124	220	-	-
Ky.	183	780	18	36	17	25	N	N
Tenn.	109	99	90	72	107	194	N	N
Ala.	766	201	-	-	-	1	N	N
Miss.	318	535	-	-	-	-	-	-
W.S. CENTRAL	1,692	2,755	110	309	77	269	7	61
Ark.	190	553	7	-	9	18	-	-
La.	398	228	-	1	68	251	3	61
Okla.	547	89	42	45	N	N	4	-
Tex.	557	1,885	61	263	N	N	-	-
MOUNTAIN	847	897	542	397	41	40	4	-
Mont.	4	8	-	-	-	-	-	-
Idaho	15	40	9	7	N	N	N	N
Wyo.	9	7	7	12	10	8	-	-
Colo.	168	232	135	150	-	-	-	-
N. Mex.	206	114	101	83	30	30	-	-
Ariz.	360	368	260	142	-	-	N	N
Utah	39	59	30	3	-	-	4	-
Nev.	46	69	-	-	1	2	-	-
PACIFIC	2,758	2,348	524	80	-	4	-	-
Wash.	167	202	65	-	-	-	N	N
Oreg.	109	107	N	N	N	N	N	N
Calif.	2,414	1,976	368	-	N	N	N	N
Alaska	6	7	-	-	-	-	N	N
Hawaii	62	56	91	80	-	4	-	-
Guam	-	49	-	1	-	-	-	-
P.R.	8	18	N	N	-	-	N	N
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	-	-	U	U
C.N.M.I.	17	U	-	U	-	-	-	U

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

\* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).



TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 30, 2002, and December 1, 2001 (48th Week)\*

Reporting Area	Syphilis				Tuberculosis		Typhoid Fever	
	Primary & Secondary		Congenital		Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001				
UNITED STATES	5,822	5,552	315	458	10,772	12,832	253	330
NEW ENGLAND	128	58	-	8	364	427	14	17
Maine	2	1	-	3	10	20	-	1
N.H.	7	1	-	-	15	16	-	2
Vt.	1	3	-	-	-	4	-	-
Mass.	86	33	-	3	217	218	8	11
R.I.	6	9	-	-	35	60	-	-
Conn.	26	11	-	2	87	109	6	3
MID. ATLANTIC	645	482	60	71	1,943	2,104	58	108
Upstate N.Y.	31	18	10	5	279	336	9	15
N.Y. City	402	259	23	32	994	1,047	30	46
N.J.	138	121	26	34	439	458	15	38
Pa.	74	84	1	-	231	263	4	9
E. N. CENTRAL	1,008	977	55	64	1,064	1,316	18	33
Ohio	157	72	4	2	138	256	6	5
Ind.	64	145	1	12	110	99	2	2
Ill.	319	361	30	40	542	616	1	17
Mich.	444	376	20	6	233	271	4	5
Wis.	24	23	-	4	41	74	5	4
W. N. CENTRAL	99	93	-	9	491	499	9	15
Minn.	51	32	-	2	207	213	3	6
Iowa	2	4	-	-	30	34	-	-
Mo.	25	24	-	5	121	130	2	9
N. Dak.	-	-	-	-	4	3	-	-
S. Dak.	-	-	-	-	10	12	-	-
Nebr.	3	8	-	-	23	32	4	-
Kans.	18	25	-	2	96	75	-	-
S. ATLANTIC	1,552	1,854	69	108	2,161	2,442	45	42
Del.	11	14	-	-	15	15	-	1
Md.	184	246	14	4	261	215	8	10
D.C.	60	38	1	2	-	51	-	-
Va.	60	99	1	5	171	237	7	11
W. Va.	2	4	-	-	28	26	-	-
N.C.	265	419	18	14	322	324	2	3
S.C.	121	221	9	21	147	175	-	-
Ga.	328	364	10	23	375	448	9	9
Fla.	521	449	16	39	842	951	19	8
E. S. CENTRAL	432	613	22	32	660	769	4	1
Ky.	85	44	3	1	123	121	4	-
Tenn.	157	309	11	18	260	278	-	1
Ala.	149	123	4	5	188	246	-	-
Miss.	41	137	4	8	89	124	-	-
W. S. CENTRAL	791	698	65	76	1,466	1,919	5	18
Ark.	32	40	2	8	118	146	-	-
La.	144	165	-	-	-	114	-	-
Okla.	63	56	3	6	127	139	2	-
Tex.	552	437	60	62	1,221	1,520	3	18
MOUNTAIN	272	213	15	33	330	518	10	8
Mont.	-	-	-	-	6	14	-	1
Idaho	5	1	-	-	9	7	-	-
Wyo.	-	1	-	-	3	3	-	-
Colo.	46	20	1	1	55	120	5	1
N. Mex.	30	16	-	2	22	52	1	-
Ariz.	169	158	14	30	192	209	-	1
Utah	8	10	-	-	29	33	2	1
Nev.	14	7	-	-	14	80	2	4
PACIFIC	895	564	29	57	2,293	2,838	90	88
Wash.	57	43	1	-	210	222	6	6
Oreg.	22	13	1	-	102	108	2	7
Calif.	808	496	26	57	1,806	2,325	77	71
Alaska	-	-	-	-	45	47	-	1
Hawaii	8	12	1	-	130	136	5	3
Guam	-	11	-	1	-	57	-	3
P.R.	227	251	15	13	75	95	-	-
V.I.	1	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	15	U	-	U	32	U	-	U

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

\* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE III. Deaths in 122 U.S. cities,\* week ending November 30, 2002 (48th Week)

Reporting Area	All Causes, By Age (Years)							P&I <sup>†</sup> Total	Reporting Area	All Causes, By Age (Years)							P&I <sup>†</sup> Total
	All Ages	>65	45-64	25-44	1-24	<1	All Ages			>65	45-64	25-44	1-24	<1			
NEW ENGLAND	388	276	66	28	7	11	39	S. ATLANTIC	884	529	228	78	26	20	60		
Boston, Mass.	126	75	28	13	5	5	10	Atlanta, Ga.	U	U	U	U	U	U	U		
Bridgeport, Conn.	30	22	5	1	-	2	4	Baltimore, Md.	201	111	66	17	5	2	25		
Cambridge, Mass.	10	9	1	-	-	-	1	Charlotte, N.C.	69	47	12	4	2	4	5		
Fall River, Mass.	13	12	-	1	-	-	2	Jacksonville, Fla.	56	20	22	8	2	1	1		
Hartford, Conn.	29	22	5	2	-	-	4	Miami, Fla.	74	51	11	7	3	2	2		
Lowell, Mass.	33	29	2	-	-	2	2	Norfolk, Va.	27	20	5	1	1	-	1		
Lynn, Mass.	5	5	-	-	-	-	-	Richmond, Va.	51	27	13	10	-	1	3		
New Bedford, Mass.	16	13	1	2	-	-	2	Savannah, Ga.	32	24	4	2	1	1	6		
New Haven, Conn.	24	15	5	3	1	-	3	St. Petersburg, Fla.	39	27	7	2	1	2	1		
Providence, R.I.	U	U	U	U	U	U	U	Tampa, Fla.	119	81	26	7	3	2	10		
Somerville, Mass.	1	-	1	-	-	-	-	Washington, D.C.	200	108	60	19	8	5	3		
Springfield, Mass.	32	16	12	3	-	1	3	Wilmington, Del.	16	13	2	1	-	-	3		
Waterbury, Conn.	19	17	2	-	-	-	2	E.S. CENTRAL	665	444	150	47	13	11	52		
Worcester, Mass.	50	41	4	3	1	1	6	Birmingham, Ala.	155	105	36	7	3	4	10		
MID. ATLANTIC	1,861	1,308	387	105	34	27	108	Chattanooga, Tenn.	61	40	12	8	1	-	2		
Albany, N.Y.	39	28	9	-	1	1	3	Knoxville, Tenn.	79	52	18	6	3	-	1		
Allentown, Pa.	17	16	1	-	-	-	1	Lexington, Ky.	55	33	17	5	-	-	3		
Buffalo, N.Y.	93	73	17	3	-	-	8	Memphis, Tenn.	138	89	33	8	5	3	18		
Camden, N.J.	20	13	4	1	1	1	3	Mobile, Ala.	61	46	9	5	-	1	6		
Elizabeth, N.J.	9	5	4	-	-	-	-	Montgomery, Ala.	22	18	2	2	-	-	5		
Erie, Pa.	32	23	3	3	-	3	3	Nashville, Tenn.	94	61	23	6	1	3	7		
Jersey City, N.J.	34	26	4	4	-	-	-	W.S. CENTRAL	665	430	159	43	15	18	39		
New York City, N.Y.	995	678	229	62	14	12	40	Austin, Tex.	70	44	22	2	1	1	6		
Newark, N.J.	35	17	13	4	1	-	5	Baton Rouge, La.	32	25	4	2	1	-	2		
Paterson, N.J.	20	9	7	1	2	1	1	Corpus Christi, Tex.	27	18	7	1	1	-	1		
Philadelphia, Pa.	217	145	47	15	7	3	15	Dallas, Tex.	U	U	U	U	U	U	U		
Pittsburgh, Pa. <sup>§</sup>	33	21	8	1	1	2	3	El Paso, Tex.	58	44	8	3	-	3	1		
Reading, Pa.	22	21	-	1	-	-	4	Ft. Worth, Tex.	64	46	12	3	2	1	3		
Rochester, N.Y.	94	76	12	4	1	1	5	Houston, Tex.	148	86	45	12	3	2	19		
Schenectady, N.Y.	18	13	3	1	1	-	3	Little Rock, Ark.	56	41	7	3	2	3	-		
Scranton, Pa.	30	25	3	1	1	-	-	New Orleans, La.	50	30	11	5	3	1	-		
Syracuse, N.Y.	105	77	17	4	4	3	11	San Antonio, Tex.	53	32	8	7	1	5	2		
Trenton, N.J.	18	16	2	-	-	-	-	Shreveport, La.	33	20	11	1	-	1	1		
Utica, N.Y.	16	13	3	-	-	-	2	Tulsa, Okla.	74	44	24	4	1	1	4		
Yonkers, N.Y.	14	13	1	-	-	-	1	MOUNTAIN	630	420	139	47	14	10	54		
E.N. CENTRAL	1,599	1,065	357	119	33	24	110	Albuquerque, N.M.	73	49	14	7	2	1	8		
Akron, Ohio	33	21	8	2	1	1	2	Boise, Idaho	25	18	7	-	-	-	3		
Canton, Ohio	46	32	13	1	-	-	5	Colorado Springs, Colo.	30	23	5	2	-	-	4		
Chicago, Ill.	281	176	65	34	3	2	25	Denver, Colo.	104	65	26	6	3	4	6		
Cincinnati, Ohio	83	53	16	7	2	5	8	Las Vegas, Nev.	159	103	40	10	4	2	14		
Cleveland, Ohio	107	72	19	8	4	4	2	Ogden, Utah	17	10	4	1	1	1	2		
Columbus, Ohio	173	115	41	10	2	5	5	Phoenix, Ariz.	U	U	U	U	U	U	U		
Dayton, Ohio	85	51	23	8	2	1	4	Pueblo, Colo.	23	19	3	1	-	-	3		
Detroit, Mich.	109	55	33	13	6	2	6	Salt Lake City, Utah	76	45	15	13	1	2	5		
Evansville, Ind.	35	26	7	2	-	-	3	Tucson, Ariz.	123	88	25	7	3	-	9		
Fort Wayne, Ind.	59	45	9	2	2	1	6	PACIFIC	1,136	787	205	84	37	23	90		
Gary, Ind.	12	9	2	-	1	-	-	Berkeley, Calif.	18	10	4	1	-	3	3		
Grand Rapids, Mich.	42	32	5	3	2	-	2	Fresno, Calif.	76	54	15	3	1	3	7		
Indianapolis, Ind.	179	128	34	12	2	3	11	Glendale, Calif.	4	3	1	-	-	-	1		
Lansing, Mich.	37	24	13	-	-	-	2	Honolulu, Hawaii	69	51	11	3	2	2	3		
Milwaukee, Wis.	65	41	16	5	3	-	6	Long Beach, Calif.	87	66	15	4	2	-	11		
Peoria, Ill.	29	23	6	-	-	-	4	Los Angeles, Calif.	142	70	28	28	14	2	7		
Rockford, Ill.	45	30	13	1	1	-	4	Pasadena, Calif.	12	11	1	-	-	-	1		
South Bend, Ind.	52	40	7	5	-	-	3	Portland, Ore.	92	68	16	6	1	1	8		
Toledo, Ohio	85	56	23	5	1	-	11	Sacramento, Calif.	197	129	45	12	4	7	15		
Youngstown, Ohio	42	36	4	1	1	-	1	San Diego, Calif.	96	73	15	5	1	2	11		
W.N. CENTRAL	338	206	82	30	13	7	28	San Francisco, Calif.	U	U	U	U	U	U	U		
Des Moines, Iowa	41	32	6	2	-	1	4	San Jose, Calif.	143	107	20	10	5	1	8		
Duluth, Minn.	15	7	6	2	-	-	1	Santa Cruz, Calif.	23	18	4	1	-	-	2		
Kansas City, Kans.	16	5	8	3	-	-	1	Seattle, Wash.	77	55	14	5	2	1	7		
Kansas City, Mo.	27	1	13	7	5	1	1	Spokane, Wash.	42	31	6	3	1	1	4		
Lincoln, Nebr.	28	21	5	1	1	-	3	Tacoma, Wash.	58	41	10	3	4	-	2		
Minneapolis, Minn.	44	28	8	3	2	3	4	TOTAL	8,166 <sup>†</sup>	5,465	1,773	581	192	151	580		
Omaha, Nebr.	85	55	22	6	1	1	9										
St. Louis, Mo.	U	U	U	U	U	U	U										
St. Paul, Minn.	27	20	3	3	-	1	1										
Wichita, Kans.	55	37	11	3	4	-	4										

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.

<sup>†</sup> Pneumonia and influenza.

<sup>§</sup> 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.

<sup>¶</sup> Total includes unknown ages.

(Continued from page 1096)

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**Editorial Note:** All four national influenza surveillance system components indicated that levels of influenza activity were low in the United States during the weeks ending October 5–November 23. Both influenza A and B viruses have been identified this season, but it is too early to determine which strain(s) will predominate. Influenza activity is expected to increase during the coming weeks and months.

The best prevention against influenza is annual vaccination. Although the optimal time to receive influenza vaccination is during October–November, CDC encourages continuing vaccination efforts in December and throughout the influenza season. The American Medical Association, with support from CDC, has declared December 2–13 as “National Influenza Vaccination Catch-up Fortnight” because millions of persons at high risk for complications from influenza remain unvaccinated each year. It is particularly important to vaccinate those at high risk for serious complications from influenza (including persons aged  $\geq 65$  years and those with certain underlying medical conditions), and health-care providers (7). Such persons might benefit from vaccination even after influenza has been detected in their community (8). Vaccine supplies continue to be plentiful. The manufacturers estimate that approximately 93 million doses of influenza vaccine were produced this year, compared with approximately 87 million doses produced during the 2001–02 season (7,9).

On November 19, Wyeth Vaccines announced that it will no longer produce inactivated influenza vaccine after the 2002–03 influenza season. This development will not jeopardize this year’s vaccination programs or vaccine availability. The two remaining influenza vaccine manufacturers in the U.S. market, Aventis Pasteur, Inc. and Evans Vaccines, Ltd., have indicated that they plan to increase influenza vaccine production for the 2003–04 season to make up for the loss of the Wyeth Vaccines product.

Influenza surveillance reports for the United States are published weekly during October–May and are available at <http://www.cdc.gov/ncidod/diseases/flu/weekly.htm> or through CDC’s voice (telephone, 888-232-3228) and fax (telephone, 888-232-3299, document number 361100) information systems.

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#### References

1. CDC. Surveillance for influenza—United States 1997–98, 1998–99, and 1999–2000 seasons. *MMWR* 2002;51: (No. SS-7).
2. CDC. Update: influenza activity—United States and worldwide, 1999–2000 season, and composition of the 2000–01 influenza vaccine. *MMWR* 2000;49:375–81.
3. Xu X, Smith CB, Mungall BA, et al. Intercontinental circulation of human influenza A(H1N2) reassortant viruses during the 2001–2002 influenza season. *J Inf Dis* 2002;186:1490–3.
4. CDC. Influenza A(H1N2) viruses. Available at <http://www.cdc.gov/ncidod/diseases/flu/factsheetH1N2.htm>.
5. CDC. Update: influenza activity—United States and worldwide, 2000–01 season, and composition of the 2001–02 influenza vaccine. *MMWR* 2001;50:466–70.
6. CDC. Update: influenza activity—United States and worldwide, 2001–02 season, and composition of the 2002–03 influenza vaccine. *MMWR* 2002;51:503–6.
7. CDC. Influenza activity—United States, 2001–02 season. *MMWR* 2001;50:1084–6.
8. CDC. Delayed influenza vaccine availability for the 2001–02 season and supplemental recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2001;50:582–5.
9. CDC. Update: influenza activity—United States and worldwide, June–September, 2002. In: CDC surveillance summaries (October 25). *MMWR* 2002;51:880–2.

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