



MORBIDITY AND MORTALITY WEEKLY REPORT

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Impact of the Sequential IPV/OPV Schedule on Vaccination Coverage Levels — United States, 1997

In January 1997, the Advisory Committee on Immunization Practices (ACIP) recommended adoption of a sequential inactivated poliovirus vaccine (IPV)–oral poliovirus vaccine (OPV) vaccination schedule (1). The schedule of injections of IPV at 2 months and 4 months of age, followed by OPV at 12–18 months and again at 4–6 years was intended to minimize the risk for vaccine-associated paralytic poliomyelitis (VAPP) while maintaining population immunity to the potential introduction of wild-type poliovirus. To determine whether this change may result in reduced or delayed vaccination coverage because parents or physicians might be reluctant to administer multiple injections at a single visit (2), CDC investigated the impact of the change to a sequential IPV-OPV vaccination schedule at two large West coast health maintenance organizations (HMOs). This report summarizes the results of the investigation and indicates that changing to an initial two doses of IPV was not associated with decreases in vaccination coverage levels of routinely recommended vaccinations.

This study focused on children enrolled at Group Health Cooperative of Puget Sound (GHC), a Seattle-based HMO with approximately 530,000 members, and Kaiser Permanente of Northern California (KPNC), an Oakland-based HMO with approximately 2.8 million members. Both sites have automated vaccination tracking systems (3) that allow for assessment of vaccination coverage by region, clinic, and individual patient. Beginning in April 1997, GHC adopted the ACIP guidelines for the sequential IPV schedule as an option for physicians and families. Within KPNC, each of its 17 medical centers made a local decision about whether and when to adopt the IPV schedule. Children in the study were born during October 1, 1996–June 30, 1997; resided in King, Pierce, Thurston, and Kitsap counties, Washington, and all counties of the KPNC region; had been continuously enrolled during the first 12 months of life; and had received at least one polio vaccination (N=1745 GHC and 15,707 KPNC enrollees). Up-to-date status, defined as receipt of two polio vaccinations, three diphtheria and tetanus toxoids and pertussis/acellular pertussis (DTP/DTaP) vaccinations, and two Haemophilus influenzae type b and two hepatitis B vaccinations administered after age 3 weeks, was measured at age 12 months.

The percentage of GHC children who received their first polio vaccine as IPV increased from 18% during the fourth quarter of 1996, to 19% in the first, 34% in the second, and 82% in the third quarter of 1997. Among GHC clinics that had at least 20

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children in the evaluation, the percentage of children who received IPV during the third quarter of 1997 ranged from 81% to 98%. In comparison, at KPNC, the percentages by quarter were 10%, 15%, 24%, and 36%, respectively; among KPNC clinics that had at least 20 children in the evaluation, the percentage of children who received IPV during the fourth quarter ranged from 6% to 98%. Among GHC children who received IPV as their first polio vaccination, vaccination up-to-date status by age 12 months for routinely recommended vaccines was 82%, 83%, and 82% in the first three quarters following implementation, and among those receiving OPV, vaccination up-to-date status was 82%, 81%, and 79%, respectively. At KPNC, the quarterly up-to-date percentages were 90%, 89%, and 91% for children receiving IPV, and 92%, 90%, and 91% for children receiving IPV, and 92%, 90%, and 91% for children receiving IPV.

After adjusting for sex, trends over time, Medicaid status, and primary clinic, GHC children receiving IPV as their first polio vaccination were as likely to be up-to-date at age 12 months as children receiving OPV (risk ratio [RR]=1.1; 95% confidence interval [CI]=1.0–1.3). KPNC children receiving IPV as their first polio vaccination also were as likely as those receiving OPV to be up-to-date (RR=1.0; 95% CI=0.9–1.0). At GHC, children enrolled in Medicaid had lower coverage levels at age 12 months (71% up-to-date among Medicaid enrollees compared with 83% among nonenrollees); KPNC Medicaid enrollees and non-Medicaid enrollees had similar up-to-date status (90% compared with 91%, respectively). Among GHC Medicaid enrollees, vaccination with IPV was not significantly associated with a decreased up-to-date status (68% at age 12 months among IPV recipients compared with 73% at age 12 months among OPV recipients). At KPNC, Medicaid enrollees receiving IPV were as likely to be up-to-date as those receiving OPV (91% compared with 90%, respectively).

Reported by: RL Davis, LK Mell, A Zavitkovsky, RS Thompson, Immunization Studies Program, Center for Health Studies, Group Health Cooperative, Seattle, Washington. TA Lieu, Div of Research, AM Capra, C Quesenberry, SB Black, HR Shinefield, Kaiser Permanente of Northern California, Oakland, California. Child Vaccine Preventable Diseases Br, Epidemiology and Surveillance Div and Health Svcs Research and Evaluation Br, Immunization Svcs Div, National Immunization Program, CDC.

Editorial Note: The findings in this report indicate that use of IPV for the initial polio vaccine doses in these two West coast HMOs was not associated with decreases in vaccination coverage levels. These findings are consistent with evaluations conducted in other settings, including clinics serving children from low-income families (4–6).

An important ancillary finding from the study was that the sequential polio vaccination schedule was implemented to a much greater degree in the HMO that used a more centralized decision making process than in the HMO that relied on local decision making (82% compared with 36%, respectively, for the percentage of children who received IPV for their initial polio vaccination). In the United States, use of IPV increased from 6% of all polio vaccine doses distributed in 1996 to 29% in 1997 (CDC, unpublished data, 1998).

Despite the increased use of IPV, four cases of VAPP have occurred in the United States since January 1997. All cases were associated with receipt of the first or second dose of OPV vaccine in an all OPV schedule; three cases were in OPV recipients, and one case was in an adult contact of an OPV recipient.

To further reduce the incidence of VAPP by decreasing reliance on OPV for the initial doses of poliovirus vaccine, in October 1998, ACIP changed the routine childhood polio vaccination schedule. Use of OPV is no longer recommended for the first two doses

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except in special circumstances (e.g., a child whose parents do not accept the recommended number of injections or who will be traveling to areas with endemic polio). OPV remains the vaccine of choice for mass vaccination campaigns to control outbreaks associated with wild poliovirus.

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Fatal Car Trunk Entrapment Involving Children — United States, 1987–1998

During July–August 1998, at least 11 U.S. children died in three separate incidents of car trunk entrapment. This report summarizes these three incidents, describes characteristics of car trunk entrapment incidents involving children since 1987, and reviews measures to prevent children from becoming trapped in car trunks. The findings indicate that at least nine incidents of fatal car trunk entrapment involving children occurred during 1987–1998, that all incidents occurred in hot weather and involved children aged ≤ 6 years, and that these deaths were preventable.

Case Reports

Incident 1. On July 13, 1998, at approximately 6 p.m., four children aged 2–5 years were discovered inside the closed trunk of a car in Gallup, New Mexico. The children had climbed into the car's open trunk and had not been seen for 1 hour before a search began. They were found approximately 1 hour after the search began. The outside ambient temperature that afternoon was 90 F (32.2 C). The children were rushed to a local emergency department, where three were pronounced dead. The remaining child, a 5-year-old girl, was transported to a tertiary-care hospital, where her rectal temperature was recorded at 108 F (42.2 C); she died on July 14. No carbon monoxide was detected in blood samples of the children. The autopsy report cited hyperthermia and asphyxia as the causes of death.

Incident 2. On August 2, 1998, at approximately 1 p.m., two brothers aged 2 and 5 years from Greene County, Pennsylvania, were found dead in the trunk of their parents' car in front of their house. The boys had found the car keys, opened the trunk, and climbed inside. They were missing for several hours during the morning and early

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afternoon. The outside ambient temperature that afternoon was approximately 85 F (29.5 C). The autopsy report cited hyperthermia and asphyxia as the causes of death.

Incident 3. On August 8, 1998, at 4:15 p.m., five girls in West Valley City, Utah, aged 2–6 years, were found dead inside the trunk of a car owned by one of the children's parents. The car had been parked at one of the children's residence. The outside ambient temperature was 100 F (37.8 C). The vehicle's trunk-release lever was adjacent to the driver's seat, and at least one of the two 6-year-old girls reportedly knew how to operate the release lever. The children had not been seen for approximately 20 minutes before a search began and were found approximately $1\frac{1}{2}$ hours after the search began. Liver temperatures taken at the death scene $1\frac{1}{2}$ –2 hours after the children were found ranged from 99 F to 117 F (37.2 C to 47.2 C). The autopsy report cited the cause of death as hyperthermia.

Surveillance for Fatalities Associated with Trunk Entrapments, 1987–1998

The LEXIS-NEXIS database (1) was used to search newspapers, magazines, wire services, and broadcast transcripts for additional deaths associated with car trunk entrapment. During 1987–1998, nine incidents were identified of fatal car trunk entrapment involving children, including the three incidents described in this report. Medical examiner/coroner (ME/C) offices were contacted for information about death investigations and autopsy findings. ME/C offices provided written and verbal cause-of-death information for seven of the incidents, and for two incidents, information was obtained from media sources, who cited coroner's reports for cause-of-death information.

A total of 19 children aged \leq 6 years died in the nine incidents. Eighteen children underwent autopsies. The cause of death for all children was either hyperthermia or a combination of hyperthermia and asphyxia. Three of the nine incidents occurred during the summer of 1998 and accounted for 11 (58%) of the 19 deaths. Eight incidents occurred when outside ambient temperatures were at least 90 F (32.2 C) (Table 1), and at least five (56%) of the cars involved were parked in direct sunlight.

The method of trunk entry varied among the nine incidents. In two incidents, children found the keys to their parents' cars and opened the trunks. In two other incidents, children entered trunks without using a key—either a driver's side trunk-release lever or a manual release on the trunk itself was present. In one additional incident, four children climbed into an open trunk. The method of trunk entry could not be determined for the remaining four incidents. At least 15 children died in cars parked either at their own houses or at a relative's or neighbor's house. In three incidents, a dead child was alone in the trunk. In one incident, one 3-year-old child survived, and a 4-year-old child died. In six incidents, children were missing approximately $1-2\frac{1}{2}$ hours. In two other incidents, they were missing for 5–8 hours.

Reported by: AP Hart, MD, RE Zumwalt, MD, PJ McFeeley, MD, Office of the Medical Investigator, Univ of New Mexico School of Medicine, Albuquerque, New Mexico. B Marchant, TC Grey, MD, Office of the Medical Examiner, Salt Lake City, Utah. G Rohanna, Greene County Coroner's Office, Greene County, Pennsylvania. E Darby, Cherokee County Coroner's Office, Cherokee County, Georgia. S Hill, Riverside County Coroner's Office, Riverside County, California. M Day, Macon County Coroner's Office, Macon County, Illinois. Surveillance and Programs Br, and Health Studies Br, Div of Environmental Hazards and Health Effects, National Center for Environmental Health; and an EIS Officer, CDC.

Editorial Note: Although heat-related deaths in the United States have been described previously (*2,3*), the number and characteristics of car trunk entrapment-related

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Year	No. children	Age (yrs)	Month	Cause of death*	Outside temperature [†]	Time missing (hrs)
1987	1	4	July	§	101 F (38.3 C)	8
1987	1	3	August	Hyperthermia	91 F (32.7 C)	2
1989	1	5	June	§ Hyperthermia/	106 F (41.1 C)	21⁄2
1993	2	3,5	July	Asphyxiation	97 F (36.1 C)	§
1994	1	4	August	Hyperthermia Hyperthermia/	101 F (38.3 C)	1
1995	2	3,4	May	Asphyxiation Hyperthermia/	90 F (32.2 C)	2
1998	4	2,3,5,5	July	Asphyxiation Hyperthermia/	90 F (32.2 C)	2
1998	2	2,5	August	Asphyxiation	85 F (29.4 C)	5
1998	5	2,3,5,6,6	August	Hyperthermia	100 F (37.7 C)	2

 TABLE 1. Selected characteristics of deaths associated with car trunk entrapments among children, by year — United States, 1987–1998

*Medical examiners/coroners provided written and verbal cause-of-death information.

[†]Outside temperatures are approximated.

[§]Data were not available.

Information was available only for the 3-year-old.

deaths have not been described, and the identified cases probably represent a minimum number of such deaths. No surveillance system exists to detect or report car trunk entrapment-related deaths, and no *International Classification of Diseases, Ninth Revision*, external cause-of-injury code exists for deaths associated with car trunk entrapments.

Heatstroke (hyperthermia) is a medical emergency and is often fatal despite medical care (4). Heatstroke is usually designated when a rectal or core temperature reaches 105 F (40.6 C) (4,5). The car trunk entrapment-related deaths described in this report were mainly heat related—no deaths were identified that occurred when the outside temperature was <85 F (<29.5 C), and all causes of death included hyperthermia.

Cars parked in direct sunlight can reach internal temperatures up to 131 F–172 F (55 C–78 C) when outside temperatures are 80 F–100 F (27 C–38 C) (6,7). Cars that are parked in direct sunlight and that are poorly ventilated also reach higher temperatures more rapidly than cars that are parked in the shade or that have windows completely opened (7). Most temperature increases inside cars occur during the first 15 minutes of being left in the sun (8). In at least two incidents during the summer of 1998, deaths occurred in dark cars, and the dark color probably contributed to the intense heat in the trunks (6).

The major mechanism for heat loss by the body in high ambient temperatures is evaporation (7). This mechanism is quickly defeated in the rising humidity of closed car trunks. Younger children are more sensitive to heat than older children and adults and are at greater risk for heatstroke (5). In addition to heatstroke, asphyxia was listed as a contributing cause of death in four of the seven incidents for which ME/C data were obtained. The combination of high temperature, humidity, and poor ventilation all contribute to the extreme danger of car trunks (7).

Fatal Car Trunk Entrapment — Continued

The findings in this report are subject to at least three limitations. First, because LEXIS-NEXIS may exclude cases in areas with minimal media coverage, may overlook cases that are not in the database because of search technique, and does not contain all newspapers in the country, the total number of cases identified may be underestimated. Second, because primary source ME/C data were not obtained for two incidents, information accuracy in media reports used for analysis is unknown. Third, because autopsy findings are often minimal or nonspecific, determining cause of death for these types of deaths is largely dependent on the circumstances and a thorough examination of the death scene.

State and local public health officials can use the findings in this report to guide prevention messages about children playing in or around car trunks. Effective public health strategies to prevent deaths associated with car trunk entrapments should include 1) preventing children's access to car keys; 2) keeping cars locked, with trunks closed, when cars are not in use; and 3) supervising young children closely when they are around cars.

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Forecasted State-Specific Estimates of Self-Reported Asthma Prevalence — United States, 1998

Asthma is a chronic inflammatory disorder of the lungs characterized by episodic and reversible symptoms of airflow obstruction (1). During 1993–1994, an estimated 13.7 million persons in the United States reported having asthma, and from 1980 to 1994 the prevalence of self-reported asthma in the United States increased 75% (2). Despite this increase, surveillance data are limited for asthma at the state and local levels (3). To estimate the 1998 prevalence rate of asthma for each state, CDC analyzed national self-reported asthma prevalence data from 1995. This report summarizes the results of the analyses, which project that approximately 17 million persons in the United States have asthma.

For this analysis, persons were considered to have asthma if they had had asthma diagnosed by a physician at some time in their life and had reported symptoms of asthma during the preceding 12 months. Using methods that have been applied elsewhere to forecast cancer rates (4), state-specific asthma prevalence estimates for 1998 were calculated using a three-step procedure: 1) race-, sex-, and age-specific asthma prevalence rates were calculated for each of the four U.S. census regions using data from the 1995 National Health Interview Survey (NHIS); 2) each state's 1998

Self-Reported Asthma Prevalence — Continued

demographic composition as estimated by the Bureau of Census was multiplied by the corresponding regional prevalences; and 3) linear extrapolations of region-specific increases in asthma prevalence from 1980 to 1994 were applied to the 3-year period from 1995 to 1998 for each state. Confidence intervals and relative standard errors for all estimates were calculated using regression parameters provided by CDC's National Center for Health Statistics for prevalence of chronic conditions (*5*).

In 1998, asthma affected an estimated 17,299,000 persons in the United States. The state with the largest estimated number of persons with asthma was California (2,268,300), followed by New York (1,236,200) and Texas (1,175,100) (Table 1). State-specific prevalence rates ranged from 5.8% to 7.2%. Differences in asthma prevalence rates between states were not significant. By region, 1-year period prevalence estimates ranged from 6.4% to 6.8% in the Northeast, 5.8% to 6.1% in the South, 6.6% to 6.7% in the Midwest, and 6.0% to 7.2% in the West.* The narrow range of prevalence rates within each of these regions indicates that state-specific differences in demographic composition minimally influenced estimated asthma prevalence.

Reported by: S Rappaport, MPH, B Boodram, MPH, Epidemiology and Statistics Unit, American Lung Association, New York City. Air Pollution and Respiratory Health Br, Div of Environmental Hazards and Health Effects, National Center for Environmental Health; and an EIS Officer, CDC.

Editorial Note: The findings in this report project state-specific prevalence rates of 5.8% to 7.2%. These findings are consistent with those from a study in Oregon, which estimated asthma prevalence at 6%–7% (6). However, surveys of self-reported asthma prevalence in Bogalusa, Louisiana (7), Chicago, Illinois (8), and Bronx, New York (9) all indicated estimates considerably higher than those in this report. State program planners can use these findings to estimate the burden of asthma within their states.

The findings in this report are subject to at least two limitations. First, the findings assume a linear growth in asthma prevalence since 1995. Although this linear assumption was selected after review of regional growth trends in asthma prevalence during the preceding 15 years (2), changes in the trends of self-reported asthma rates that may have occurred in the 3-year interval during 1995–1998 could not be captured by these linear extrapolations. Second, these results are based on the assumption that age, sex, and race-specific rates of asthma do not vary within any of the four geographic regions of the United States. Each state's estimated prevalence reflects its regional placement in the United States and its demographic composition. These analyses do not account for differences among states in the relative presence or absence of environmental risk factors in asthma prevalence, possible differences in genetic susceptibility toward the condition, or other sociodemographic indicators (e.g., poverty status). As a result, these findings underestimate the variability in asthma prevalence between states within regions. They also do not accurately represent asthma prevalence in geographic subpopulations within states.

^{*} Northeast=Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *Midwest*=Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *South*=Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *West*=Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

Self-Reported Asthma Prevalence — Continued

TABLE 1. Forecasted estimates of self-reported asthma prevalence*, by state — I	Jnited
States, 1998	

		Estimated		
Region/State	No. cases	prevalence	(95% Cl [†])	Standard error
Northeast				
Connecticut	215,900	6.6%	(5.6%-7.5%)	7.2%
Magaabuaatta	80,300	6.4% 6.5%	(5.4%-7.4%)	7.8%
New Hampshire	401,000	0.5% 6.6%	(5.0%-7.5%)	7.2%
New Jersev	540,400	6.7%	(5.7%–7.6%)	7.2%
New York	1,236,200	6.8%	(5.8%-7.8%)	7.3%
Pennsylvania	800,900	6.6%	(5.6%-7.5%)	7.2%
Rhode Island	64,400	6.5%	(5.5%-7.4%)	7.3%
Vermont Total	39,500 3 241 200	6.5% 6.7%	(5.5%-7.6%) (5.7%-7.6%)	7.8% 7.3%
Miducet	5,241,200	0.7 /0	(3.7 /0-7.0 /07	7.570
lowa	190 100	6.6%	(5.6%-7.6%)	7 5%
Illinois	795.200	6.7%	(5.7%–7.6%)	7.5%
Indiana	398,400	6.7%	(5.7%-7.7%)	7.3%
Kansas	174,900	6.7%	(5.7%–7.6%)	7.3%
Michigan	642,300	6.7%	(5.7%–7.7%)	7.5%
Missouri	318,600	6./% 6.1%	(5.8%-/./%)	/.1%
Nebraska	112 100	6.1%	(4.7%-7.4%)	7.4%
North Dakota	43.600	6.7%	(5.7%-7.6%)	7.3%
Ohio	748,200	6.7%	(5.7%–7.6%)	7.4%
South Dakota	51,000	6.7%	(5.8%-7.7%)	7.3%
Wisconsin	350,800	6.7%	(5.7%-7.7%)	7.2%
lotal	4,187,600	6.6%	(5.6%-7.6%)	7.4%
South				
Alabama	280,500	6.0% 5.0%	(4.8%-7.1%)	9.5%
District of Columbia	31 400	5.9%	(4.9%-0.9%)	0.9%
Delaware	44.300	5.9%	(4.9% - 6.9%)	8.5%
Florida	863,900	5.8%	(4.9%-6.8%)	8.0%
Georgia	458,700	6.0%	(4.9%–7.2%)	9.7%
Kentucky	232,800	5.9%	(4.9%-6.9%)	8.2%
Louisiana Maruland	265,500	6.1% 6.5%	(4.8%-7.3%)	10.5%
Mississinni	167,900	6.1%	(4.7% - 7.4%)	11.3%
North Carolina	447,200	5.9%	(4.9%–7.0%)	8.9%
Oklahoma	191,700	5.8%	(4.8%-6.7%)	7.9%
South Carolina	228,600	6.0%	(4.8%–7.2%)	10.1%
Iennessee	328,300	5.9%	(4.9%-6.9%)	8.3%
Virginia	403 400	0.0% 5.9%	(5.0%-7.0%)	8.2% 8.6%
West Virginia	108,600	5.8%	(4.9%–6.8%)	8.2%
Total	5,697,800	5.9%	(4.9%-7.0%)	8.8%
West				
Alaska	42,500	6.7%	(5.7%–7.7%)	7.7%
Arizona	316,200	6.9%	(6.0%-7.9%)	6.9%
California	2,268,300	7.1%	(6.1%-8.0%)	6.8%
Colorado	283,700	7.1%	(6.1%-8.0%)	6.8% 15.2%
Idaho	86 100	6.7%	(4.1% - 7.8%)	7.6%
Montana	61,600	6.6%	(5.7%–7.6%)	7.4%
Nevada	125,700	7.2%	(6.3%-8.1%)	6.4%
New Mexico	121,800	6.8%	(5.8% - 7.8%)	7.2%
Uregon	225,900	6.9% 6.7%	(5.9%-/.8%) (5.6% 7.0%)	6.9% 8 1%
Washington	391 900	6.9%	(5.0%-7.0%)	6.1%
Total	4,172,400	7.0%	(6.0%-8.0%)	7.0%
Total	17,299,000	6.4%	(5.5%–7.5%)	7.8%

*Persons were considered to have asthma if they had had asthma diagnosed by a physician at some time in their life and had reported symptoms of asthma during the preceding 12 months.

[†]Confidence interval.

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Self-Reported Asthma Prevalence — Continued

Asthma is the ninth leading cause of hospitalization nationally (10). Its severity can be managed with appropriate medical treatment, education, and environmental modification (1). However, fewer than 10 states have conducted asthma prevalence surveys. The initiation of state-based asthma control and management programs will require better state and local data on asthma prevalence to evaluate the effectiveness of these programs. State-level surveillance could incorporate existing data such as hospital discharge data and managed-care data. Questions about asthma could also be added to state and community-level surveys such as the State and Local Integrated Telephone Survey and other surveys conducted in individual states such as the Behavioral Risk Factor Surveillance System.

State-based surveys should include questions related to asthma diagnosis, severity, management techniques, and known geographic and household risk factors. These surveillance data will provide a foundation for planning and evaluating asthmacontrol programs, identifying high-risk and hard-to-access populations, and structuring health promotion and education initiatives.

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Abortion Surveillance: Preliminary Analysis — United States, 1996

For 1996, CDC compiled data about legal induced abortions from the 50 states, New York City, and the District of Columbia. The total number of legal induced abortions was available from all reporting areas; however, not all areas collected information about the characteristics of women who obtained abortions. This report presents preliminary data for 1996; final abortion data for 1996 will be published during spring 1999.

In 1996, a total of 1,221,585 legal induced abortions were reported to CDC (Table 1), a slight increase of 0.9% from the number reported for 1995 (1). The number of live births decreased slightly by 0.2% during the same period (2). From 1995 to 1996, the

Characteristic	1972	1976	1980	1985	1990	1991	1992	1993	1994	1995	1996 [§]
Reported no.	500 700	000 207	1 207 606	1 220 570	1 400 577	1 200 027	1 250 145	1 220 414	1 007 415	1 0 1 0 0 0 0	1 221 505
Abortion ratio	586,760	988,207	1,297,606	1,328,570	1,429,577	1,388,937	1,359,145	1,330,414	1,207,415	1,210,883	1,221,585
Abortion rate	100	21	309	204	345 24	229	330	334 22	32 I 21	20	20
	15	21	25	24	Z4 Doroom	24 tana diatrib	23	22	21	20	20
Posidonoo					Percen	lage distrib	ution				
In-state	56.2	00.0	0.2 6	. 02/	010	016	02.0	01.4	01 5	017	01.0
Out-of-state	12 0	90.0	92.0	92.4	ະ ອາ.ດ ເ ວາ	91.0	92.0	91.4	91.5	91.7	91.5
	43.0	10.0	7.4	.0	0.2	0.4	0.0	0.0	0.0	0.3	0.
	20.0	00.4				01.0	00.1			00.1	
≥13 20_24	32.0 22.5	32.1	29.2	20.3	5 ZZ.4	21.0	20.1	20.0	20.2	20.1	20.3
>25	32.0	33.3	25.0	9 34.7 9 20.0	33.2	. 34.4	· 34.0	34.4 45.6	33.0	32.5	31.5
	54.9	54.0	55.5	5 39.0	44.4	44.0	45.4	45.0	40.5	47.4	47.0
M/bito	77.0	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·		C1 F	<u> </u>	CO 5		F0 1
Black	//.0	66.6	69.9	00.0	0 64.8	6 63.8	61.5	60.9	60.5	59.5	59.
Other**	23.0	33.4	30.1	29.0	5 31.0 5 3 <i>1</i>	32.5	5 33.9 7 4.6	34.9	34.7 7 8	35.0	35.2 5 7
ithnicity				5.5	. 5.4	. 3.7	4.0	4.2	4.0	5.5	5.7
Hispanic					0.9	12 5	15.0	147	14 5	15.4	16 1
Non-Hispanic	—			_	9.0	965	9/ 9	95.2	14.0	9/6	10.
	_	_			50.2		04.0	05.5	05.5	04.0	00.0
Married	20.7	24.6	22.1	10.2	0 21 7	21 /	20.0	20.4	10.0	10.7	20.1
Unmarried	29.7	24.0	23.1	19.3	y 21./	21.4	20.0	20.4	19.5	90.2	20.
lo live births ^{††}	70.5	75.4	/0.3	00.7	70.5	/0.0	/5.2	79.0	00.1	00.5	/3.5
	10 /	7 7	59 /	56.2	/02	179	45.0	16.2	46.2	45.2	11 3
1	49.4	20.7	10 /	0.3	5 43.2 S 24.4	. 47.0	25.9	26.0	25.0	26 5	26.9
2	13.2	20.7 15 4	13.4	· 21.0	, 24.4 169	174	. 18.0	17.8	17.8	18.0	18 4
3	87	8.3	5.3	5 1	6.0	64	67	6.6	67	6.8	7 (
≥4	10.4	7.9	3.2	25	34	. 34	. 35	3.3	3.4	35	3.6
vne of procedure	1011	7.0	0.2			0.1	0.0	0.0	0.1	0.0	0.0
Curettage	88 6	92 R	95 5	975	, 98.8	989	98.9	99 0	99 1	98.9	98.8
Suction	65.2	82.0 82.6	80.5	94 A	, 30.0 3 96 0	973	97.0	96.4	96.5	6.00 A AP	96.0
Sharp	23.4	10.2	5 7	29	28	16	1.9	2.6	2.6	23	2.2
Intrauterine	20.4	10.2	0.7	2.0	2.0	1.0	1.0	2.0	2.0	2.0	2.0
instillation	10.4	6.0	3.1	1.7	0.8	0.7	0.7	0.6	0.5	0.5	0.4
Other§§	1.0	1.2	1.4	0.8	0.4	04	. 04	0.4	0.4	. 0.6	0.8

TABLE 1. Reported number of legal induced abortions, abortion ratios,* abortion rates, [†] and characteristics of women who
obtained legal induced abortions, by year — United States, selected years, 1972–1996

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MMWR

December 4, 1998

Weeks' gestation											Ab
≤8	34.0	47.0	51.7	50.3	51.6	52.3	52.1	52.3	53.7	54.0	54.6
≤ 6	_	_	_	_	_	_	14.3 ^{¶¶}	14.7***	15.7 ^{†††}	15.7 ^{ttt}	16.4 ^{\$\$\$} 5
7	_	_		_	_	_	15.6 ^{¶¶}	16.2***	16.5 ^{†††}	17.1 ⁺⁺⁺	17.4 ^{§§§} 5
8	_	_	_	_	_	_	22.2 ^{¶¶}	21.6***	21.6 ^{†††}	21.2^{ttt}	20.9 ^{§§§} S
9–10	30.7	28.1	26.2	26.6	25.3	25.1	24.2	24.4	23.5	23.1	22.6 🗟
11–12	17.5	14.4	12.2	12.5	11.7	11.5	12.0	11.6	10.9	10.9	11.0 🖳
13–15	8.4	4.5	5.1	5.9	6.4	6.1	6.0	6.3	6.3	6.3	6.0 a
16–20	8.2	5.1	3.9	3.9	4.0	3.9	4.2	4.1	4.3	4.3	4.3 c
≥21	1.2	0.9	0.9	0.8	1.0	1.1	1.5	1.3	1.3	1.4	1.5
 * Number of legal indu [†] Number of legal indu [§] Preliminary data. The 35; ethnicity, 23; mar [¶] Percentage distributi values exceeded 15% 	uced abortions per uced abortions per e number of areas r rital status, 34; num ons are based on ki %.	1000 live bi 1000 wome eporting a g ber of live- nown value	rths. n aged 15– given charac corn infants s in data fro	44 years. cteristic vari s, 39; type c om all areas	ed. For 199 of procedure s reporting	6, the numb e, 41; and w a given cha	er of areas r eeks of gest racteristic, e	eporting res ation, 40. xcept where	idence was the propo	45; age, 45 rtion of unl	; race, Continued

values exceeded 15%. values exceeded 15%. *** Reported as "other" race. ^{††} For years 1972 and 1976, data indicate number of living children. ^{§§} Includes hysterotomy and hysterectomy and procedures reported as "other." ^{¶¶} Data are for 36 of 39 areas reporting weeks of gestation. ^{***} Data are for 38 of 41 areas reporting weeks of gestation. ^{†††} Data are for 38 of 40 areas reporting weeks of gestation. ^{§§§} Data are for 37 of 40 areas reporting weeks of gestation.

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Abortion Surveillance — Continued

number of reported abortions decreased in 26 of 52 reporting areas. From 1995 to 1996, the national abortion ratio (number of legal abortions per 1000 live births reported by all reporting areas) increased slightly, from 311 to 314, respectively (Table 1), and the national abortion rate (number of legal abortions per 1000 women aged 15–44 years) remained stable at 20. Consistent with previous years, approximately 92% of women who had legal abortions were residents of the state in which the procedure was performed.

Women who obtained legal induced abortions in 1996 were predominately white and unmarried. As in 1995, approximately 20% of women who obtained legal abortions in 1996 were aged \leq 19 years; 32% were aged 20–24 years. Curettage (suction and sharp) remained the primary abortion procedure (99% of all procedures). As in previous years, more than half of legal abortions (55%) were performed during the first 8 weeks of gestation; specifically, 16% were at \leq 6 weeks; 17% at 7 weeks; and 21% at 8 weeks. Approximately 88% of abortions were performed during the first 12 weeks of pregnancy.

Reported by: Surveillance Unit, Statistics and Computer Resources Br, Div of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: From 1980 to 1990, the number of legal induced abortions in the United States varied by \leq 5% annually and increased overall by 10% (*1*). However, from 1990 (the year in which the number of abortions was highest) to 1995, the number of reported abortions decreased by 15%. In 1996, the number increased slightly by 0.9%.

During 1972–1980, the national legal abortion rate increased each year; during 1980–1992, the rate remained stable, then declined during 1992–1995. The 1996 abortion rate of 20 per 1000 women of reproductive age (i.e., aged 15–44 years) remained unchanged from 1995 and was the lowest rate recorded since 1975 (*1,3*).

From 1987 to 1995, the national ratio of abortions to live births steadily declined each year reaching the lowest level in 1995 for any year since 1975 (1,3). In 1996, despite an increase in the ratio, the ratio was still at its lowest recorded level since 1976 (1,4). The ratio increased in 1996 because the numerator of this ratio (the number of abortions) increased slightly, and the denominator (the number of live births) decreased slightly. Factors contributing to the decrease in the proportion of pregnancies that ended in abortion since 1990 include a reduction in the number of unintended pregnancies, attitudinal changes concerning the decision to have an abortion or to carry a pregnancy to term, and reduced access to abortion services (5-7).

The decline in the abortion ratios also may be attributed to a shift in the age distribution of reproductive-aged women obtaining abortions. Although the actual number of women of reproductive age in the United States has increased by 12% since 1980, the proportion who are older (i.e., in later, less fertile reproductive years) has increased (*2*). For example, from 1980 to 1996, the percentage of women of reproductive age who were aged <30 years (the age group having highest fertility) declined from 58% to 45%, respectively (Bureau of the Census, unpublished data, 1998), and the percentage of women aged 35–44 years (the age group having lowest fertility) increased from 25% to 37%, respectively.

During 1996, the total number of legal induced abortions were available for all 52 reporting areas. However, approximately 31% of abortions were reported from states that, in 1996, did not have centralized reporting of abortions (four states) or from states whose state health departments did not collect, and therefore could not pro-



FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending November 28, 1998, with historical data — United States

*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 — provisional cases of selected notifiable diseases, United States, cumulative, week ending November 28, 1998 (47th Week)

	Cum. 1998		Cum. 1998
Anthrax Brucellosis Cholera Congenital rubella syndrome Cryptosporidiosis* Diphtheria Encephalitis: California* eastern equine* St. Louis* western equine* Hansen Disease Hantavirus pulmonary syndrome*† Hemolytic uremic syndrome, post-diarrheal* HIV infection, pediatric*§	52 12 3 2,920 1 82 3 24 - 100 19 78 230	Plague Poliomyelitis, paralytic Psittacosis Rabies, human Rocky Mountain spotted fever (RMSF) Streptococcal disease, invasive Group A Streptococcal toxic-shock syndrome* Syphilis, congenital [¶] Tetanus Toxic-shock syndrome Trichinosis Typhoid fever Yellow fever	8 1 46 308 1,891 46 361 34 122 12 299

-:no reported cases *Not notifiable in all states.

^{*}Not notifiable in all states.
 [†] Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
 [§] Updated monthly from reports to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), last update October 25, 1998.
 [¶] Updated from reports to the Division of STD Prevention, NCHSTP.

					Esche coli O	erichia 157·H7			Hen	atitie
	All	DS	Chlar	nydia	NETSS [†]	PHLIS [§]	Gono	rrhea	C/N/	A,NB
Reporting Area	Cum. 1998*	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1998	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997
UNITED STATES	38,924	51,445	492,859	424,676	2,736	1,782	297,085	268,538	4,521	3,147
NEW ENGLAND	1,539	2,235	16,518	16,330	314	246	4,698	5,395	88	52
Nahe N.H.	26	50 39	959 860	906 735	35 43	43	81	86	-	-
Vt. Mass	18 785	32 803	378 7 588	386 6 650	19 144	17 142	34 2 077	47 1 915	3 82	3 42
R.I.	108	133	2,060	1,835	12	1	371	396	3	7
MID ATI ANTIC	574 10 425	1,178	4,673 54 604	5,818	01 274	43 70	2,074	2,890	334	- 287
Upstate N.Y.	1,249	2,371	N	N	206	-	6,027	5,868	249	214
N.Y. City N.J.	5,885 1,909	3,044	31,564 9,954	24,928 9,125	8 60	48	6,998	6,875	-	-
Pa.	1,382	1,861	13,086	17,653	N	10	6,244	8,788	85	73
E.N. CENTRAL Ohio	2,741 562	3,819 786	80,271 22,949	57,929 20,387	422 115	305 61	58,023 14,997	37,347 13,344	460	499 18
Ind.	448 1 044	483	4,656	8,516	94 105	47 58	4,477	5,568	7 32	12 84
Mich.	531	800	18,875	18,952	103	62	14,220	13,965	413	360
WIS.	156 754	233	9,376	10,074	N 4EQ	77 275	4,055	4,470	-	25 59
Minn.	146	1,035	5,743	6,070	191	197	2,201	2,138	10	4
Iowa Mo.	60 367	93 509	2,063 10,936	3,943 10,996	93 45	56 60	660 8,120	1,012 6,742	8 241	27 10
N. Dak. S. Dak	5 15	10	849 1 418	794 1 254	11 33	15 34	71 207	66 151	-	3
Nebr.	59	84	2,364	2,432	54	-	960	1,072	4	2
Kans.	102	144	4,567	4,172 85 207	31 246	13 146	2,174 82 159	1,887	3 160	12
Del.	122	210	2,354	49	- 240	2	1,387	1,164	-	- 220
Md. D.C.	1,400 751	1,798 978	6,619 N	6,765 N	35 1	14	8,638 3,163	10,424 4,011	15	10
Va.	771	1,096	11,750	10,695	N 12	42	8,169	7,958	11	25
N.C.	704	764	2,355	15,743	54	46	17,266	15,703	20	47
S.C. Ga.	640 1,055	704 1 <i>.</i> 468	14,761 20 <i>.</i> 637	11,327 14,146	17 73	9	9,335 17,198	10,420 16 <i>.</i> 502	9 9	37
Fla.	4,603	5,709	22,650	23,828	54	26	17,259	16,964	99	93
E.S. CENTRAL Kv.	1,598 249	1,859 340	35,095 5,834	32,079 5.695	111 32	39	34,516 3.390	32,095 3.662	181 19	327 13
Tenn.	591	717	12,078	11,551	53	33	10,508	10,121	155	217
Miss.	341	291	9,150 8,033	7,070	23	2 4	8,904	7,462	5	86
W.S. CENTRAL	4,758	5,608	68,112	60,578	115	24	41,872	39,598	398	460
La.	819	975	3,607 13,684	2,518 9,098	5	7	11,720	4,264 8,862	103	207
Okla. Tex.	256 3.506	274 4,143	8,611 42,210	6,669 42,293	23 76	7	4,796 21,749	4,334 22,138	14 271	7 232
MOUNTAIN	1,360	1,540	29,537	27,113	337	217	8,285	7,416	335	289
Mont. Idaho	26 27	40 50	1,205 1 848	1,086 1.489	15 38	- 23	44 158	55 137	7 87	21 65
Wyo.	3	14	626	542	53	55	29	47	66	72
N. Mex.	254 189	366 164	7,385 3,491	6,654 3,460	89 19	64 13	2,075 839	2,084 784	33 92	56
Ariz. Utab	549 114	375 132	10,243 1 973	9,737 1 588	21 80	26 21	3,717 207	3,318 249	8 23	25 5
Nev.	198	399	2,766	2,557	22	15	1,216	742	19	14
PACIFIC Wash	5,631 375	7,223 570	79,591	64,073 8 377	459 104	360 104	18,706 1 742	14,949 1 753	2,290 22	947 25
Oreg.	146	261	5,434	4,499	100	94	792	672	5	3
Calif. Alaska	4,949 17	6,257 43	60,719 1,603	48,184 1,387	248 7	147	15,470 266	11,724 339	2,208	/58
Hawaii	144	92	2,163	1,626	N	15	436	461	54	161
Guam P.R.	1,499	2 1,716	201 U	193 U	N 6	- U	24 342	27 499	-	-
V.I. Amer Samoa	31	94	N	N	N	U	U	U	U	U
C.N.M.I.	-	1	Ň	Ň	Ň	Ŭ	28	22	-	2

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 28, 1998, and November 22, 1997 (47th Week)

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

*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 25, 1998. [†]National Electronic Telecommunications System for Surveillance. [§]Public Health Laboratory Information System.

	Legion	ellosis	Lyme Disease		Ма	laria	Syp (Primary &	hilis Secondary)	Tubero	Rabies, Animal	
Reporting Area	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998*	Cum. 1997	Cum. 1998
UNITED STATES	1,175	973	11,733	11,114	1,233	1,681	6,370	7,626	12,979	15,970	6,195
NEW ENGLAND Maine N.H. Vt. Mass	77 1 7 30	77 3 7 12 27	2,538 11 44 11 704	2,848 8 36 8 284	55 5 5 1	79 1 8 2 30	69 1 2 4 42	124 2 - 62	410 10 12 4 229	398 18 15 5 226	1,318 202 74 61 470
R.I. Conn.	19 13	11 17	603 1,165	380 2,132	10 18	7 31	1 19	2 58	50 105	31 103	88 423
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	284 99 27 15 143	214 66 23 28 97	7,743 3,841 28 1,599 2,275	6,478 2,691 168 1,795 1,824	312 87 147 49 29	479 67 296 83 33	243 35 72 78 58	362 36 79 145 102	2,729 354 1,352 562 461	2,851 401 1,447 611 392	1,437 1,000 U 202 235
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	375 124 112 32 75 32	320 114 52 33 82 39	158 81 57 8 12 U	570 37 33 13 27 460	118 15 11 36 47 9	152 18 16 60 42 16	987 124 210 424 176 53	584 196 162 U 128 98	1,109 87 101 564 339 18	1,573 236 137 823 264 113	127 55 11 16 35 10
W.N. CENTRAL Minn. Iowa Mo. N. Dak.	72 8 10 24	56 3 9 20 2	192 157 22 2	149 110 6 26	90 55 8 15 2	57 28 9 11 3	117 9 - 88	163 16 7 107	360 133 43 93 8	500 134 46 209 12	640 112 139 25 131
S. Dak. Nebr. Kans.	3 19 8	2 15 5	- 3 8	1 2 4	- 1 9	1 1 4	6 13	3 29	17 27 39	20 69	143 7 83
S. ATLANTIC Del. Md. D.C.	135 13 28 7	113 11 19 4	811 40 567 4	727 109 462 9	297 3 85 18	301 5 79 19	2,353 20 599 73	3,175 22 836 102	1,788 18 255 93	3,044 32 282 91	1,780 30 416
Va. W. Va. N.C. S.C. Ga. Fla.	20 N 14 10 8 33	25 N 14 8 1 31	65 12 54 7 5 57	62 10 32 2 7 34	53 2 27 6 37 66	64 1 18 17 46 52	137 3 675 305 255 286	220 3 899 333 484 276	250 38 409 214 441 70	275 49 374 304 542 1,095	519 70 136 140 272 197
E.S. CENTRAL Ky. Tenn. Ala. Miss.	59 25 22 5 7	53 11 31 4 7	85 24 42 17 2	86 16 39 10 21	30 6 16 6 2	36 12 8 10 6	1,101 100 510 262 229	1,545 123 672 379 371	961 152 341 302 166	1,174 167 412 380 215	251 30 132 87 2
W.S. CENTRAL Ark. La. Okla. Tex.	39 - 4 12 23	33 2 6 2 23	24 6 4 2 12	89 25 3 26 35	28 1 15 4 8	54 5 13 8 28	932 100 394 113 325	1,194 149 331 112 602	1,836 136 255 147 1,298	2,297 171 199 186 1,741	135 31 104
MOUNTAIN Mont. Idaho Wyo.	72 2 2 1	62 1 2 1	22 - 5 1	12 - 3 3	61 1 8	65 2 - 2	211 - 2 1	163 - 1 -	393 18 13 4	500 16 11 2	210 51 - 63
Colo. N. Mex. Ariz. Utah Nev.	17 2 19 22 7	18 3 12 18 7	5 4 1 - 6	1 2 1 2	19 12 8 1 12	30 8 11 3 9	11 22 160 4 11	15 8 124 5 10	U 63 182 48 65	76 60 207 28 100	39 6 19 26 6
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	62 12 47 1 1	45 8 - 36 - 1	160 7 21 131 1	155 10 17 126 2	242 17 16 201 3 5	458 46 25 373 3 11	357 27 6 322 1 1	316 9 296 1 1	3,393 194 124 2,884 46 145	3,633 265 135 3,011 66 156	297 7 267 23
Guam P.R. V.I. Amer. Samoa C.N.M.I.	2 U U	- - - - -	- U U	U U U	1 - U U	5 U U	1 168 U U 164	3 228 U U 11	36 68 U U 77	13 184 U U 17	49 U U

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States,
weeks ending November 28, 1998, and November 22, 1997 (47th Week)

N: Not notifiable U: Unavailable -: no reported cases

	H. influ	ienzae,	Hepatitis (Viral), by type					Measles (Rubeola)					
	inva	sive		4		B	Indi	genous	Imp	orted [†]	То	tal	
Reporting Area	Cum. 1998*	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	1998	Cum. 1998	1998	Cum. 1998	Cum. 1998	Cum. 1997	
UNITED STATES	928	973	19,898	25,788	7,821	8,610	1	61	-	25	86	129	
NEW ENGLAND Maine N.H.	61 3 9	55 5 10	252 19 14	602 59 33	175 5 18	164 6 16	-	1 - -	-	2	3 - -	19 1 1	
Vt.	7	3	16	13	6	11	-	-	-	1	1	-	
Mass. R.I.	36 5	32 3	104 16	246 126	55 66	69 14	-	1	-	1	2	16	
Conn.	1	2	83	125	25	48	-	-	-	-	-	1	
MID. ATLANTIC Upstate N.Y. N.Y. City	137 59 26	151 50 41	1,341 328 351	1,939 336 848	1,014 270 261	1,244 286 429	- -	8 1 -	-	6 1	14 2 -	26 5 10	
N.J. Pa	46	42 18	307 355	284 471	176 307	226 303	-	7	-	1	8	3	
E.N. CENTRAL Ohio Ind.	153 46 39 53	150 81 14 37	3,267 280 310 619	2,729 289 298 755	1,423 72 718 177	1,367 79 94 257	1 - - 1	12 - 2 1		3 1 1	15 1 3 1	10 - - 7	
Mich.	8	17	1,900	1,218	416	407	-	9	-	1	10	2	
Wis. W.N. CENTRAL	7 83	1 57	158 1,239	169 2,000	40 367	530 441	-	- 1	-	-	- 1	1 17	
Minn. Iowa	65 2	44 6	118 392	192 426	48 54	41 39	- U	- 1	Ū	-	- 1	8	
Mo.	9	4	562	1,021	219	310	-	-	-	-	-	1	
N. Dak. S. Dak.	-	- 2	3	10 23	4	5 1	-	-	-	-	-	- 8	
Nebr. Kans.	1 6	1	39 94	86 242	14 26	16 29	-	-	-	-	-	-	
S. ATLANTIC	179	152	1,827	1,844	1,043	1,113	-	3	-	5	8	14	
Del. Md.	51	56	3 306	29 178	3 146	6 154	-	-	-	1	1	2	
D.C.	-	-	54 105	32	11	29	U	-	U	-	-	1	
W. Va.	5	4	195	11	92	16	-	-	-	- Z	2 -	-	
N.C.	24	21	115	187	215	235	-	-	-	-	-	2	
Ga.	45	31	603	559	128	126	-	1	-	1	2	1	
Fla.	35	23	506	539	398	341	-	2	-	-	2	6	
E.S. CENTRAL	53 7	54 8	340 22	567 68	365 41	659 36	-	-	-	2	2	1	
Tenn.	31	30	207	344	255	411	-	-	-	1	1	-	
Ala. Miss.	13 2	14 2	68 43	78 77	67 2	72 140	-	-	-	1	1	1	
W.S. CENTRAL	54	47	3,756	5,274	1,133	1,179	-	1	-	-	1	8	
La.	23	12	108	214	154	158	-	1	-	-	1	-	
Okla. Tex.	28 3	30 3	552 3.007	1,326 3.538	92 800	47 895	-	-	-	-	-	1 7	
MOUNTAIN	106	79	2,988	3,906	761	791	-	3	-	2	5	8	
Idaho	1	1	227	125	42	50	-	-	-	-	-	-	
Wyo. Colo	1 18	4 18	36 319	31 377	8 105	24 134	-	-	-	-	-	-	
N. Mex.	7	8	137	324	295	235	-	-	-	-	-	-	
Ariz. Utab	54 6	29 3	1,789 183	2,058 521	166 66	183 84	-	3	-	2	5	5 1	
Nev.	19	16	204	402	74	69	-	-	-	-	-	2	
PACIFIC Wash.	102 10	228 5	4,888 884	6,927 595	1,540 111	1,652 73	-	32	-	5 1	37 1	26 2	
Oreg.	37	32	355	344	114	108	-	-	-	-	-	-	
Alaska	47	8	3,595	33	1,297	1,447	-	5 27	-	3	28	20	
Hawaii	7	8	36	143	6	10	-	-	-	-	-	4	
Guam P.R.	2	-	49	259	333	3 748	U -	-	U -	-	-	-	
V.I.	U	U	Ŭ	U	U	Ŭ	U	U	U	U	U	U	
C.N.M.I.	-	6	3	1	53	44	U	-	U	-	-	1	

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination,
United States, weeks ending November 28, 1998,
and November 22, 1997 (47th Week)

N: Not notifiable U: Unavailable -: no reported cases

 * Of 216 cases among children aged <5 years, serotype was reported for 106 and of those, 42 were type b.

[†]For imported measles, cases include only those resulting from importation from other countries.

	Mening Dise	jococcal ease		Mumps			Pertussis			Rubella	
Reporting Area	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997
UNITED STATES	2,375	2,888	5	434	586	71	5,526	5,056	-	328	158
NEW ENGLAND	100	181	-	7	12	7	850	922	-	38	1
N.H.	6 4	17	-	-	-	3	5 112	19	-	-	-
Vt. Mass	5 52	4 89	-	-	-	2	71 608	235 499	-	- 8	- 1
R.I.	8	20	-	1	6	-	9	16	-	1	-
Conn.	25	37	-	2	1	2	45	26	-	29	-
Upstate N.Y.	65	83	2	8	55 11	8	290	152	-	130	34 6
N.Y. City	23 54	51 67	-	4	3	-	23 5	60 13	-	14 4	28
Pa.	84	115	-	17	33	-	208	147	-	1	-
E.N. CENTRAL	353	441	1	72	80	6	591	555	-	-	6
Ind.	63	51	-	6	12	-	140	55	-	-	-
III. Mich.	86 41	136 65	-	11 27	11 22	3	105 65	93 55	-	-	2
Wis.	32	37	-	-	4	-	17	201	-	-	4
W.N. CENTRAL	197 31	211	-	30 13	17	14 14	515 320	468 268	-	33	-
lowa	40	44	U	11	9	Ŭ	68	92	U	-	-
Mo. N. Dak.	70 5	90 2	-	3 2	-	-	32 3	66 1	-	2	-
S. Dak.	7	5	-	-	- 1	-	8	5	-	-	-
Kans.	30	21	-	1	1	-	66	26	-	31	-
S. ATLANTIC	421	494	-	48	71	1	309	403	-	19	78
Del. Md.	29	5 42	-	-	- 1	-	5 54	112	-	- 1	-
D.C. Va	1 43	12 58	U	- 8	- 18	U	1 36	3 51	U	- 1	1
W. Va.	16	18	-	-	-	-	2	6	-	-	-
S.C.	56 55	87 52	-	7	10	-	98 27	28	-	- 13	59 15
Ga. Fla	92 127	94 126	-	1 21	10 21	- 1	27 59	13 74	-	-	- 2
E.S. CENTRAL	221	218	-	14	31	1	117	136	-	2	1
Ky. Tonn	34	45	-	-	3	-	50	61	-	-	-
Ala.	93	75	-	8	9	-	28	28	-	2 -	1
Miss.	24	25	-	5	13	-	3	11	-	-	-
Ark.	30	32	-	59 12	81	-	35 I 91	269 51	-	- 87	4
La. Okla	58 40	48 39	-	10	14	-	9 30	19 51	-	-	-
Tex.	145	155	-	37	66	-	221	148	-	87	4
MOUNTAIN Mont	141	166	1	38	54	22	1,069	1,079 18	-	5	7
Idaho	11	10	-	5	3	5	249	518	-	-	2
vvyo. Colo.	30	3 44	-	1 6	1	- 1	8 220	/ 342	-	-	-
N. Mex.	25	29	N	N	N 32	-	94 199	115	-	1	- 5
Utah	14	15	1	6	8	16	240	20	-	2	-
Nev.	9	18	-	14	105	-	4/	24	-	1	-
Wash.	443 59	83	1	135	185	3	308	362	-	9	5
Oreg. Calif.	82 294	114 380	N	N 99	N 133	1 8	87 774	46 410	-	- 3	- 14
Alaska	3	3	-	2	8	-	14	16	-	-	-
Guam	5 1	/ 1	-	23 2	∠5 1	- U	- 10	- 10	- U	۲ -	o -
P.R.	6	8	-	1	7	-	6		-		-
v.ı. Amer. Samoa	U	U	U U	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	U	2	4	U	1	-	U	-	-

TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable
by vaccination, United States, weeks ending November 28, 1998,
and November 22, 1997 (47th Week)

N: Not notifiable U: Unavailable -: no reported cases

	All Causes, By Age (Years)						P&I [†]		All Causes, By Age (Years)						₽&I [†]
Reporting Area	All Ages	>65	45-64	25-44	1-24	<1	<1 Total	Reporting Area	All Ages	>65	45-64	25-44	1-24	<1	Total
NEW ENGLAND Boston, Mass. Bridgeport, Conn. Cambridge, Mass. Fall River, Mass. Hartford, Conn. Lowell, Mass. Lynn, Mass. New Bedford, Mass. New Haven, Conn. Providence, R.I. Somerville, Mass. Springfield, Mass. Waterbury, Conn.	518 145 42 10 17 41 19 2 41 19 2 34 57 5 31 32	385 103 33 9 16 28 15 2 13 22 41 2 2 24 25	85 28 7 1 7 2 - 1 7 9 2 5 4	29 10 1 2 - 1 4 5 1 1 2	10 2 - 3 - 1 1 - 1 - 1	9 2 1 - 2 - 2 - 1	38 136 - 133 - 255 - 21	S. ATLANTIC Atlanta, Ga. Baltimore, Md. Charlotte, N.C. Jacksonville, Fla. Miami, Fla. Norfolk, Va. Richmond, Va. Savannah, Ga. St. Petersburg, Fla. Tampa, Fla. Washington, Dcl.	1,004 26 184 57 101 111 34 40 45 37 192 168 9	677 13 116 38 74 80 23 29 37 33 138 88 7 7	193 8 36 12 14 21 7 8 3 3 6 43 2	86 3 19 5 6 9 1 3 4 1 25 -	20 1 7 1 - - 2 8 -	26 1 6 1 5 - 3 - 1 - 6 3 -	48 19 5 1 3 2 2 9 4
Worcester, Mass. MID. ATLANTIC Albany, N.Y. Allentown, Pa. Buffalo, N.Y. Camden, N.J. Elizabeth, N.J. Erie, Pa.	67 2,356 37 22 94 23 6 31	52 1,702 24 19 68 13 5 25	11 431 7 3 15 6 1 5 2	1 148 5 - 8 - - - 2	2 35 1 - 1 - -	1 40 - 2 4 - 1 2	5 111 5 4 3	E.S. CENTRAL Birmingham, Ala. Chattanooga, Tenn. Knoxville, Tenn. Lexington, Ky. Memphis, Tenn. Mobile, Ala. Montgomery, Ala. Nashville, Tenn.	802 199 69 73 49 232 47 27 106	517 130 42 51 33 155 35 17 54	151 33 19 10 10 48 4 4 23	71 22 3 7 2 9 5 4 19	26 5 3 2 2 6 1 1 6	33 5 2 3 2 14 2 1 4	37 12 4 3 4 11 - 1 2
New York City, N.Y. New York City, N.Y. Paterson, N.J. Philadelphia, Pa. Pittsburgh, Pa.§ Reading, Pa. Rochester, N.Y. Schenectady, N.Y. Scranton, Pa. Syracuse, N.Y. Trenton, N.J. Utica, N.Y. Yonkers, N.Y.	1,511 U 16 300 53 26 80 23 26 41 24 24 24 24 U	1,063 U 99 2255 422 23 62 20 24 31 18 21 U	302 5 43 8 3 12 3 1 7 4 4 U	102 U 21 2 3 - 1 1 1 U	23 U 6 - 1 - 1 1 U	21 U 1 5 1 - 2 - 1 - 1 - U	64 U - 13 6 3 6 3 - 1 2 - U	W.S. CENTRAL Austin, Tex. Baton Rouge, La. Corpus Christi, Tex. Dallas, Tex. El Paso, Tex. Ft. Worth, Tex. Houston, Tex. Little Rock, Ark. New Orleans, La. San Antonio, Tex. Shreveport, La. Tulsa, Okla.	1,067 50 38 47 116 55 50 343 46 27 136 73 86	703 29 21 35 60 30 35 232 34 14 103 45 65	227 11 8 11 27 13 11 67 10 9 25 20 15	87 4 6 1 8 3 6 1 3 6 1	22 2 3 4 1 5 2 2 2 3	28 4 - 9 3 1 3 - 1 3 2 2	72 5 1 4 1 7 28 4 - 11 4 7
E.N. CENTRAL Akron, Ohio Canton, Ohio Chicago, III. Cincinnati, Ohio Cleveland, Ohio Columbus, Ohio Dayton, Ohio Detroit, Mich. Evansville, Ind. Fort Wayne, Ind.	1,800 34 461 119 143 162 78 120 20 69	1,227 19 28 284 87 91 112 58 66 17 54	337 8 94 13 31 32 15 28 3 10	137 3 44 7 14 14 3 20 - 3	41 1 13 4 2 2 4 -	53 3 21 8 3 2 - 2 2	111 5 24 10 2 16 5 8 2	MOUNTAIN Albuquerque, N.M. Boise, Idaho Colo. Springs, Colo Denver, Colo. Las Vegas, Nev. Ogden, Utah Phoenix, Ariz. Pueblo, Colo. Salt Lake City, Utah Tucson, Ariz.	787 59 32 103 188 14 126 16 80 115	563 49 26 39 133 12 78 14 57 86	131 7 5 12 19 39 - 15 1 13 20	56 3 1 6 13 2 18 1 4 7	20 1 2 3 - 8 - 4 2	16 1 7 6 2	59 3 2 6 11 2 10 4 7 11
Gary, Ind. Grand Rapids, Mich Indianapolis, Ind. Lansing, Mich. Milwaukee, Wis. Peoria, III. Rockford, III. South Bend, Ind. Toledo, Ohio Youngstown, Ohio	. 62 125 27 91 46 39 75 53	1 42 82 23 61 34 30 35 63 40	11 27 21 10 6 2 9 8	1 4 10 2 5 - 2 2 1 2	2 3 2 1 1 2	3 3 2 1 - 2 1	- 751352222	PACIFIC Berkeley, Calif. Fresno, Calif. Glendale, Calif. Honolulu, Hawaii Long Beach, Calif. Los Angeles, Calif. Pasadena, Calif. Portland, Oreg. Sacramento, Calif.	1,106 11 99 4 60 74 27 19 229 192	778 6 74 3 45 57 19 13 157 133	205 2 16 1 9 15 5 44 41	80 3 2 1 2 1 21 11	17 - - 1 - 6 1	24 1 2 1 1 1 6	113 15 1 5 9 2 2 18 26
W.N. CENTRAL Des Moines, Iowa Duluth, Minn. Kansas City, Kans. Kansas City, Mo. Lincoln, Nebr. Minneapolis, Minn. Omaha, Nebr. St. Louis, Mo.	617 119 U 15 109 17 116 54 73	439 79 U 9 75 12 87 39 49	113 32 U 3 12 4 17 12 17	35 3 U 2 7 1 10 - 6	7 U 1 3 - 1 2	12 5 U 1 1 1 1	29 9 0 3 8 5	San Diego, Calif. San Francisco, Calif San Jose, Calif. Santa Cruz, Calif. Seattle, Wash. Spokane, Wash. Tacoma, Wash. TOTAL	96 94 U 20 63 43 75 10,057 [¶]	67 64 U 12 43 35 50 6,991	18 17 U 5 10 1 16 1,873	5 10 3 5 3 5 729	4 U 3 2 - 198	2 2 U 2 2 4 241	12 14 U 1 2 3 3 618
St. Paul, Minn. Wichita, Kans.	65 49	49 40	9 7	5 1	-	2 1	4								

TABLE IV. Deaths in 122 U.S. cities,* week ending November 28, 1998 (47th Week)

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 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 this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks. Total includes unknown ages.

Abortion Surveillance — Continued

vide, information about characteristics (e.g., age or race) of women obtaining legal abortions (two states). To track efforts to prevent unintended pregnancy, each state needs an accurate assessment of abortion on an ongoing basis (including the number and characteristics of women obtaining legal abortions). Since 1992, most reporting areas have reported abortions by gestational age in weeks of gestation for abortions performed at \leq 8 weeks. As new medical methods are introduced and used for terminating pregnancies primarily at \leq 8 weeks' gestation, these data will continue to assist in monitoring trends in legal abortions (*8–10*).

Additional statistical and epidemiologic information about legal induced abortions is available from CDC's automated Reproductive Health Information line, telephone (888) 232-2306, which provides information by fax, by voice recordings, or through the mail; or from CDC's World-Wide Web site, http://www.cdc.gov.

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Contributors to the Production of the *MMWR* (Weekly) Weekly Notifiable Disease Morbidity Data and 122 Cities Mortality Data

Samuel L. Groseclose, D.V.M., M.P.H.

State Support Team Robert Fagan Gerald Jones Carol A. Worsham **CDC Operations Team** Carol M. Knowles Deborah A. Adams Willie J. Anderson Patsy A. Hall Amy K. Henion Myra A. Montalbano

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Director, Centers for Disease Control and Prevention Jeffrey P. Koplan, M.D., M.P.H. Deputy Director, Centers for Disease Control and Prevention Claire V. Broome, M.D.	 Director, Epidemiology Program Office Stephen B. Thacker, M.D., M.Sc. Editor, <i>MMWR</i> Series John W. Ward, M.D. Managing Editor, <i>MMWR</i> (weekly) Karen L. Foster, M.A. 	Writers-Editors, MMWR (weekly) David C. Johnson Teresa F. Rutledge Caran R. Wilbanks Desktop Publishing and Graphics Support Morie M. Higgins Peter M. Jenkins					
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