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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

 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. Alcoholimpaired driving is highest among persons aged 21-24 years (1), and the percentage of fatal crashes that are alcoholrelated is highest for this age group (2). However, alcoholrelated 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 To characterize the rate of alcoholrelated fatal crashes among young drivers, CDC analyzed unpublished data from the Fatality Analysis Reporting System (FARS), a national database of information on fatal crashes.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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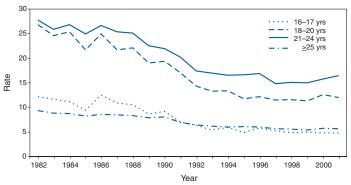
Notifiable Disease Morbidity and 122 Cities Mortality Data

Robert F. Fagan Deborah A. Adams Felicia J. Connor Lateka Dammond Patsy A. Hall Pearl C. Sharp 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 alcoholimpaired 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 priviledges 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 alcoholimpaired 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 alcoholimpaired driving.

References

- 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.
- 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).
- 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.
- 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).
- 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.
- 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).
- 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).
- 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 stateborn 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[†] 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

^{† &}quot;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

_				1990							2000			
				% all sta	ate births						% all sta	ate births		
A	No.	% all U.S. births	White, non-	Black, non-	Asian/ Pacific	Uianania	Tatal†	No. births	% all U.S.	White, non-	Black, non-	Asian/ Pacific	Uiononio	Totali
Area			Hispanic	Hispanic	Islander	Hispanic	Total [†]		births	Hispanic	Hispanic	Islander	Hispanic	Total
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	13.4	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	0.7	1.7	0.4	0.9	0.3	2.5	328	0.0	2.3	0.9	1.1	0.5	4.3
Ohio	5,015	0.0	1.5	0.1	0.7	0.3	3.0	6,503	0.0	1.5	0.3	1.1	1.0	4.3
Oklahoma	2,371	0.6	0.0	0.2	0.0	0.4	5.0	4,507	0.6	1.6	0.4	1.4	5.3	9.1
	4,066	0.4	2.6	0.0	2.4	4.4	9.5	9,084	1.1	3.8	0.3	4.2	11.5	19.9
Oregon														
Pennsylvania	8,980	1.4 0.4	1.7	0.4	1.5 3.1	1.7	5.2	12,597	1.5	2.5 4.4	1.0	2.4 3.1	2.6	8.7 23.5
Rhode Island	2,850		5.2	2.3		8.0	18.8	2,923	0.3		3.2		12.5	
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	8.0	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	8.0	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
	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

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 stateborn 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

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

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

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

								Prenata	l care	Birth o	utcome
	Age	e (yrs)		Educa	tion (yrs)			First	Late/		Low birth-
Race/Ethnicity	<20	≥35	<12	12	13–15	<u>≥</u> 16	Unmarried	trimester	none	Preterm	weight
Non-Hispanic	11.6	13.7	15.3	32.9	24.1	27.7	32.6	85.7	3.1	11.9	7.9
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
Asian/Pacific											
Islander	14.8	16.4	11.7	28.2	22.4	37.7	30.9	83.3	3.6	11.4	8.0
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
Hispanic	23.8	6.7	33.4	37.4	19.9	9.3	48.1	77.8	4.8	12.1	7.3
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
Total [†]	12.8	13.1	17.0	33.4	23.7	25.9	34.1	84.9	3.3	11.9	7.9

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

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

								Prenata	l care	Birth o	utcome
	Age	(yrs)		Educa	tion (yrs)			First	Late/		Low birth-
Race/Ethnicity	<20	≥35	<12	12	13–15	≥16	Unmarried	trimester	none	Preterm	weight
Non-Hispanic	3.3	20.5	11.6	27.2	21.9	39.3	16.4	83.1	4.0	10.2	7.1
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
Asian/Pacific											
Islander	2.4	19.4	11.3	23.6	20.7	44.4	11.2	84.3	3.2	9.6	7.2
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
Hispanic	11.5	11.0	58.5	25.4	9.6	6.5	39.3	72.4	7.2	10.7	5.8
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
Total [†]	8.1	15.0	38.9	26.2	14.8	20.2	29.7	76.8	5.9	10.5	6.4

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

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.

[†]Totals include American Indians/Alaska Natives.

Totals include American Indians/Alaska Natives.

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/ethncity 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.
- 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.
- Ventura SV, Taffel S. Childbearing characteristics of U.S.- and foreign-born Hispanic mothers. Public Health Rep 1985;100: 647–52.
- 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).
- CDC. Pregnancy-related deaths among Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native women—United States, 1991– 1997. MMWR 2001;50:361–4.
- 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.
- 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(H1)[†] viruses. The A(H1) 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)§ 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%¶. 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).

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(H1) 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^{††} 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).

[†]Includes both the A(H1N1) and A(H1N2) influenza virus subtypes.

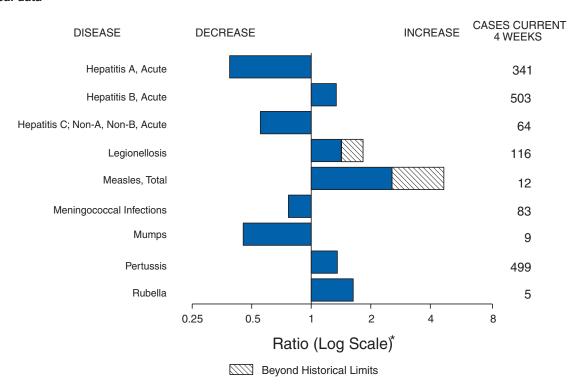
[§] Temperature of ≥100.0° F (≥37.8° C) and either cough or sore throat in the absence of a known cause other than influenza.

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.

^{**} 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 ≥50% of the state's population.

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

^{-:} No reported cases.

 $_{\scriptscriptstyle \perp}^{\scriptscriptstyle \star}$ Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

Not notifiable in all states.

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 2002								Esch	erichia coli, E	nterohemorrha	
Reporting Area Com.		ΔΙΓ	ns	Chlar	nvdia†	Cryptos	noridiosis	015	7·H7		
LIMITED STATES 24,713 38,400 70,8107 712,322 2,647 3,551 3,283 3,000 183 149 NeW ENGLAND 1,011 1,390 24,864 2,139 111 148 283 270 32 440 Maine Maine M. 1,011 1,390 24,864 2,139 111 148 283 270 32 440 Maine M. 1,011 1,139 2,1456 1,271 29 16 32 33 - 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Reporting Area	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum. 2001
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NH. 20 37 1.456 1.271 28 16 32 33 - 3 3	NEW ENGLAND	1,011	1,390	24,964	22,408	171	144	253		32	40
VI. 8 15 866 580 32 32 12 14 1 1 1 1 1 1 1 1	Maine	23		1,532	1,239			38	27	5	1
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Mont. 8 15 2,064 1,769 5 37 30 20 -	MOUNTAIN	790	1.291	44.275	42.715	153	229	338	277	18	17
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										-	-
Cólo. 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. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
N. Mex. 53 141 5,739 5,675 18 28 12 14 3 5 Ariz. 327 489 13,384 13,403 17 7 3 34 28 1											
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 -											
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	Ariz.										-
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 7 4	Utah	43	107	2,594	2,461	15	81	83	31	-	-
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 2 - - VI. 66 11 125 139 - - - - - - - - Amer. Samoa U U U U U U U U U U U U	Nev.	178	235	4,689	4,518	4	7	28	16	-	-
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 - - PR. 668 1,111 1,997 2,522 - - - 2 - - - VI. 66 11 125 139 - - - - - - - Amer. Samoa U U U U U U U U U U U										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 - - VI. 66 11 125 139 - - - - - - - Amer. Samoa U U U U U U U U U U										-	-
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 - - PR. 668 1,111 1,997 2,522 - - - 2 - - - VI. 66 11 125 139 - - - - - - - Amer. Samoa U U U U U U U U U										8	6
Hawaii 66 95 3,992 3,733 2 3 41 19 - - Guam 2 11 - 371 - - N N - - PR. 668 1,111 1,997 2,522 - - - 2 - - VI. 66 11 125 139 - - - - - - Amer. Samoa U U U U U U U U U										-	-
P.R. 668 1,111 1,997 2,522 2 V.I. 66 11 125 139	Hawaii									-	-
P.R. 668 1,111 1,997 2,522 2 V.I. 66 11 125 139	Guam	2	11	-		_	-	N	N	-	_
V.I. 66 11 125 139				1,997		-	-			-	-
	V.I.	66	11	125	139	. -			-		. .
						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)*

(48th Week)*	Eschei	richia coli						us influenzae, asive	
	Enterohe Shiga Tox	emorrhagic kin Positive,	Giardiasis	Gono	rrhea	All All S	Ages, erotypes	Age <5 Serot	уре
Danastina Assa	Cum.	Cum.	Cum.	Cum.	Cum.	Cum. 2002	Cum.	Cum.	Cum.
Reporting Area UNITED STATES	2002 41	2001 18	2002 15,766	2002 300,013	2001 329,504	1,380	1,335	2002 23	2001 22
NEW ENGLAND	1	1	1,553	7,030	6,369	120	100	-	1
Maine	-	-	196	124	132	1	2	-	-
N.H. Vt.	1	1	41 133	119 89	167 63	10 7	6 4	-	-
Mass.	-	-	795	3,022	2,911	50	41	-	1
R.I. Conn.	-	-	145 243	866 2,810	775 2,321	10 42	5 42	-	-
MID. ATLANTIC	-	3	3,391	36,133	39,740	242	206	4	3
Upstate N.Y. N.Y. City	-	-	1,159 1,204	8,019 10,601	8,082 11,701	108 60	72 52	2	-
N.J.	-	-	342	6,130	7,738	49	45	-	-
Pa.	-	3	686	11,383	12,219	25	37	2	3
E.N. CENTRAL Ohio	13 12	7 7	3,016 876	60,540 16,591	69,444 19,636	193 76	252 66	3	2 1
Ind.	-	-	-	6,709	6,428	38	46	1	-
III. Mich.	- 1	-	696 863	18,243 13,472	21,949 15,796	57 14	94 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. Iowa	- -	-	750 289	2,723 1,163	2,444 1,227	45 1	39	1 -	-
Mo.	N	N	457	7,873	8,051	12	19	-	-
N. Dak. S. Dak.	2	3	28 72	47 251	47 259	-	7	-	-
Nebr.	-	-	133	713	1,068	1	3	-	1
Kans.	-	-	168	2,458	2,490	8	2	-	-
S. ATLANTIC Del.	1 -	-	2,720 50	77,144 1,486	84,705 1,591	337	331	4 -	1 -
Md.	-	-	106	8,079	8,430	79	83	2	-
D.C. Va.	-	-	42 306	2,510 8,910	2,651 9,697	31	- 27	-	-
W. Va.	1	-	57	812	667	15	14	-	1
N.C. S.C.	-	-	118	14,694 6,757	15,534 10,019	31 12	44 8	-	-
Ga.	-	-	851	14,993	16,500	86	92	2	-
Fla. E.S. CENTRAL	-	-	1,190	18,903	19,616	83	63	1	-
Ky.	8 8	3 3	359 -	25,401 3,476	29,695 3,310	63 6	70 2	-	-
Tenn.	-	-	168	8,638	8,872	32 16	40 26	- 1	-
Ala. Miss.	-	-	191 -	7,831 5,456	10,326 7,187	9	2	-	-
W.S. CENTRAL	4	-	228	43,908	48,255	59	51	2	2
Ark. La.	-	-	156 4	4,162 10,810	4,284 11,479	1 9	1 9	-	-
Okla.	-	-	68	4,310	4,450	45	39	-	-
Tex.	4	-	-	24,626	28,042	4	2	2	2
MOUNTAIN Mont.	12	1 -	1,554 86	9,708 106	9,613 98	179	135	5	8
Idaho	-	-	122	88	71	2	2	-	-
Wyo. Colo.	- 12	1	29 532	55 3,120	76 2,942	1 32	1 37	-	-
N. Mex.	-	-	133	1,204	940	25	24	-	1
Ariz. Utah	-	-	192 310	3,331 264	3,649 183	90 17	52 8	3 1	4 1
Nev.	-	-	150	1,540	1,654	12	11	i	2
PACIFIC	-	-	1,048	24,921	26,097	120	120	3	4
Wash. Oreg.	- -	-	391 417	2,682 823	2,761 1,048	3 60	5 34	2	-
Calif.	-	-	52	20,232	21,327	22	52	1	4
Alaska Hawaii	- -	-	103 85	516 668	393 568	1 34	6 23	-	-
Guam	-	-	-	-	47	-	-	-	_
P.R.	-	-	38	292	552	1	2	-	-
V.I. Amer. Samoa	U	Ū	Ū	31 U	34 U	U	U	U	U
C.N.M.I.	-	Ü	1	14	Ū	-	Ü	-	Ü

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)*

(48th Week)*	H	emophilus in	fluenzae, Invas	ive						
			5 Years		-	н	epatitis (Viral,	Acute), By Ty	pe	
	Non-Se	rotype B	Unknown S	erotype	1	A	İ	В	C; Non-A	, Non-B
Paparting Area	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
Reporting Area 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. √t.	-	1 -	-	-	11 1	17 16	21 4	15 5	13	7
Mass.	8	7	-	-	136	363	126	35	9	26
R.I. Conn.	6	7	-	-	30 87	66 225	28 36	28 47	1 -	-
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 N.J.	8 5	11 6	-	-	493 122	411 273	769 345	596 274	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 Ind.	9 7	12 6	1	1	314 44	231 95	109 51	88 48	4	8 1
III.	11	14	-	-	253	414	129	148	13	12
Mich. Wis.	3 2	6	-	1	219 177	313 76	314 41	556 41	79 4	131
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
owa	-	-	2	4	78 81	35 82	17 113	21 113	1 707	1 007
Mo. N. Dak.	-	1	-	-	3	3	5	113	707	1,037
S. Dak.	-	.	-	-	3	3	2	1	1	-
Nebr. Kans.	1 -	1 -	-	-	17 69	32 166	22 20	29 12	13 5	6 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. D.C.	4	8	-	1	290 72	252 52	111 22	132 11	8	8
Va.	5	5	-	-	142	127	187	169	16	-
W. Va. N.C.	1 3	1 2	1	1 4	20 202	25 206	18 216	20 200	3 26	9 19
S.C.	2	1	-	-	60	200 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 Ky.	15 2	12	1	3 1	248 41	381 127	355 48	437 50	183 3	184 11
Tenn.	8	6	-	1	112	146	128	220	26	63
Ala. Miss.	3 2	5 1	1	1 -	38 57	72 36	99 80	80 87	10 144	4 106
W.S. CENTRAL	14	9	_	-	566	786	556	785	175	654
Ark.	-	1	-	-	50	68	90	97	8	10
La. Okla.	2 10	2 6	-	-	66 49	85 108	96 44	116 94	66 5	146 4
Tex.	2	-	-	-	401	525	326	478	96	494
MOUNTAIN	50	23	7	1	529	664	570	429	60	50
Mont. daho	- 1	-	-	-	13	11 55	9 7	3 11	1 1	1
Vyo.	-	-	-	-	29 3	7	17	3	5	2 7
Colo.	3	2	-	-	73	86	74	97	18	8
N. Mex. Ariz.	6 31	10 8	1 5	1 -	28 273	40 335	140 204	122 126	1 4	11 9
Jtah	5	3	-	-	63	65	59	22	4	3
lev.	4	-	1	-	47	65	60	45	26	9
PACIFIC Vash.	23 1	40 3	1	5 2	1,557 143	1,953 140	738 64	1,111 134	104 24	127 23
Oreg.	5	7	-	-	64	98	117	158	16	15
Calif.	13	28	1	1	1,338	1,685	545	792	64	89
Alaska Hawaii	1 3	1 1	-	2	10 2	14 16	4 8	9 18	-	-
Guam	-	-	-	-	-	2	-	-	-	-
P.R.	-	1	-	-	96	214	84	253	-	1
V.I. Amer. Samoa	Ū	Ū	U	U	Ū	Ū	U	U	Ū	Ū
C.N.M.I.	- H-Hpavailable	U	-	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)*

(48th Week)*							1		Mea	
	Legior Cum.	nellosis Cum.	Lister Cum.	riosis Cum.	Lyme Cum.	Disease Cum.	Cum.	laria Cum.	Cum.	tal Cum.
Reporting Area	2002	2001	2002	2001	2002	2001	2002	2001	2002	2001
UNITED STATES	1,079	1,017	550	562	16,511	14,181	1,196	1,365	34 [†]	114 [§]
NEW ENGLAND Maine	97 4	71 8	57 5	55 2	5,451 111	4,072	58 5	97 4	-	5
N.H.	7	11	4	4	238	108	7	2	-	-
Vt. Mass.	36 30	5 21	3 31	3 30	32 1,187	17 1,136	4 21	1 50	-	1 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 Upstate N.Y.	296 98	241 64	154 54	100 26	9,131 4,805	7,828 3,354	307 43	412 61	7 1	20 4
N.Y. City	53	43	33	25	163	62	196	243	6	7
N.J. Pa.	27 118	24 110	31 36	17 32	1,641 2,522	1,997 2,415	36 32	64 44	-	1 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. III.	21	21 24	11 12	8 24	19	23 31	13 30	16 68	2	4 3
Mich. Wis.	79 34	75 43	21 7	24 14	13 U	17 597	47 14	37 19	-	-
W.N. CENTRAL	58	43 47	, 17	19	367	389	56	37	3	5
Minn.	15	9	3	2	272	314	17	6	1	3
Iowa Mo.	12 16	8 21	2 8	2 10	40 40	35 34	4 15	9 14	2	2
N. Dak.	1	1	1	-	1	-	1	-	-	-
S. Dak. Nebr.	4 10	3 4	1 1	1	2 6	4	1 5	2	-	-
Kans.	-	i	1	4	6	2	13	6	-	-
S. ATLANTIC	201	172	78	75	1,225	920	349	270	2	5
Del. Md.	10 44	12 32	19	2 14	167 648	152 565	4 106	2 108	-	3
D.C.	6	8	-	-	21	16	19	13	-	-
Va. W. Va.	30 N	23 N	7	13 5	147 17	116 13	32 3	46 1	-	- -
N.C. S.C.	11 8	11 13	6 8	5 5	127 20	39 5	22 7	18 7	-	-
Ga.	18	11	12	15	2	-	84	43	-	1
Fla.	74	62	26	16	76	14	72	32	2	-
E.S. CENTRAL Ky.	46 20	56 12	19 4	22 7	47 22	67 23	19 7	35 14	12	2 2
Tenn.	18	27	11	8	22	29	3	11	-	-
Ala. Miss.	8 -	13 4	4 -	7	3 -	8 7	4 5	6 4	12 -	-
W.S. CENTRAL	16	25	20	33	17	83	20	84	1	1
Ark. La.	4	- 6	-	1	3 4	1 8	2 4	3 6	-	-
Okla.	3	3	9	2	-	-	10	3	-	-
Tex.	9	16	11	30	10	74	4	72	1	1
MOUNTAIN Mont.	46 3	54	29	37	22	13	47 2	58 3	2	2
Idaho	1	3	2	1	4	5	-	3	-	1
Wyo. Colo.	1 7	2 16	6	2 10	2 4	1 -	22	1 23	-	-
N. Mex.	2	3	3	7	1	1	3	3	-	-
Ariz. Utah	12 15	19 7	14 3	8 2	3 7	2 1	12 5	12 4	1	- -
Nev.	5	4	1	7	1	3	3	9	1	-
PACIFIC Wash.	69 7	60 10	100 8	136 10	147 10	101 7	212 23	208 13	4	64 15
Oreg.	N	N	9	12	16	11	9	17	-	3
Calif. Alaska	61	44 1	75 -	108	118 3	81 2	171 2	166 1	3 -	39 -
Hawaii	1	5	8	6	Ň	N	7	11	1	7
Guam	-	-	-	-	- N1	- N1	-	1 5	-	-
P.R. V.I.	-	2	1 -	-	N -	N -	-	5 -	-	1 -
Amer. Samoa C.N.M.I.	U	U U	U	U U	U	U U	U	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)*

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

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

(48th Week)*				Ru	bella			
		Mountain			Cong			
Reporting Area	Cum. 2002	ed Fever Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Salmor 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. Mass.	4	2	-	-	-	-	73 1,133	77 1,271
R.I.	4	-	-	-	-	-	163	131
Conn.	-	-	-	-	-	-	408	414
MID. ATLANTIC	45	32	1	8	-	-	4,797	4,865
Upstate N.Y. N.Y. City	8 9	2 2	1	1 6	-	-	1,475 1,356	1,150 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 Ind.	13	2 1	-	-	-	-	1,307 464	1,260 490
III.	3	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. Iowa	3	2	-	- 1	-	-	542 485	573 326
Mo.	91	62	-	1	-	-	820	594
N. Dak.	-	1	-	-	-	-	43	58
S. Dak. Nebr.	1 4	2 1	-	-	-	-	103 150	144 146
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. Va.	2 42	1 26	-	-	-	1	71 1,172	79 1,238
W. Va.	2	-	-	-	-	-	146	130
N.C.	283	162	-	-	-	-	1,452	1,273
S.C. Ga.	68 27	31 9	-	2	-	-	757 1,919	831 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. Ala.	78 19	77 18	-	-	1	-	774 828	604 714
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. Tex.	61 1	31	1	1	-	-	470 1,164	452 2,663
MOUNTAIN	14	11	1	_	_	_	2,045	2,038
Mont.	1	1	-	-	-	- -	86	72
Idaho		1	-	-	-	-	141	133
Wyo. Colo.	5 2	2 2	-	-	-	-	103 509	58 553
N. Mex.	1	1	-	-	- -	- -	293	269
Ariz.	-	-		-	-	-	539	568
Utah Nev.	5	3 1	1	-	-	-	194 180	212 173
PACIFIC			2	0	4			4,919
Wash.	9	1 -	3	2	! -	-	4,916 474	4,919 504
Oreg.	3	1	-	-	-	-	333	260
Calif.	6	-	3	1	-	-	3,771	3,777
Alaska Hawaii	-	-	-	1	1	-	76 262	46 332
Guam	_	_	_			_		24
P.R.	-	-	-	3	- -	-	201	866
V.I.	-		. -	-	-	-	-	-
Amer. Samoa C.N.M.I.	U	U U	U	U U	U	U U	U 25	U U
O.IN.IVI.I.	<u> </u>	<u> </u>	<u>-</u>		<u>-</u>		20	

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)*

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

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)*

(48th Week)*		Svn	hilis				Typ	hoid
	Primary &	Secondary		genital	Tubero	culosis		ver
Reporting Area	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 Maine	128 2	58 1	-	8 3	364 10	427 20	14	17 1
N.H.	7	1	-	-	15	16	-	2
Vt. Mass.	1 86	3 33	-	3	- 217	4 218	8	11
R.I. Conn.	6 26	9 11	- -	2	35 87	60 109	6	3
MID. ATLANTIC	645	482	60	71	1,943	2,104	58	108
Upstate N.Y. N.Y. City	31 402	18 259	10 23	5 32	279 994	336 1,047	9 30	15 46
N.J. Pa.	138 74	121 84	26	34	439 231	458 263	15 4	38 9
E.N. CENTRAL	1,008	84 977	1 55	- 64	1,064	1,316	18	33
Ohio	157	72	4	2	138	256	6	5
Ind. III.	64 319	145 361	1 30	12 40	110 542	99 616	2 1	2 17
Mich. Wis.	444 24	376 23	20	6 4	233 41	271 74	4 5	5 4
W.N. CENTRAL	99	93	-	9	491	499	9	15
Minn. Iowa	51 2	32 4	-	2	207 30	213 34	3	6
Mo. N. Dak.	25	24	-	5	121	130	2	9
S. Dak.	-	-	-	-	4 10	3 12	-	-
Nebr. Kans.	3 18	8 25	-	2	23 96	32 75	4	-
S. ATLANTIC	1,552	1,854	69	108	2,161	2,442	45	42
Del. Md.	11 184	14 246	- 14	4	15 261	15 215	8	1 10
D.C. Va.	60 60	38 99	1	2 5	171	51 237	7	11
W. Va.	2	4	1 -	-	28	26	-	-
N.C. S.C.	265 121	419 221	18 9	14 21	322 147	324 175	2	3 -
Ga. Fla.	328 521	364 449	10 16	23 39	375 842	448 951	9 19	9 8
E.S. CENTRAL	432	613	22	32	660	769	4	1
Ky. Tenn.	85 157	44 309	3 11	1 18	123 260	121 278	4	1
Ala.	149	123	4	5	188	246	-	-
Miss. W.S. CENTRAL	41 791	137 698	4 65	8 76	89 1,466	124 1,919	5	- 18
Ark.	32	40	2	8	118	146	-	-
La. Okla.	144 63	165 56	3	6	- 127	114 139	2	-
Tex.	552	437	60	62	1,221	1,520	3	18
MOUNTAIN Mont.	272 -	213	15 -	33 -	330 6	518 14	10	8 1
Idaho Wyo.	5	1 1	-	-	9 3	7 3	-	-
Colo.	46	20	1	1	55	120	5	1
N. Mex. Ariz.	30 169	16 158	14	2 30	22 192	52 209	1 -	1
Utah Nev.	8 14	10 7	-	-	29 14	33 80	2 2	1 4
PACIFIC	895	564	29	57	2,293	2,838	90	88
Wash. Oreg.	57 22	43 13	1 1	-	210 102	222 108	6 2	6 7
Calif.	808	496	26	57	1,806	2,325	77	71
Alaska Hawaii	8	12	1	-	45 130	47 136	5	1 3
Guam	-	11	-	1	- 75	57	-	3
P.R. V.I.	227 1	251	15	13	75 -	95		-
Amer. Samoa C.N.M.I.	U 15	U U	U -	U U	U 32	U U	U	U U
N: Not potificable	Lithovoilable	: No reported a						

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)

TABLE III. Deaths	s in 122 U.S. cities,* week ending November 30, 2002 ((48th Week)	All Causes, By Age (Years)						
	All All					P&I [†]		ΔΙΙ	All				T	P&I [†]	
Reporting Area	Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND	388	276	66	28	7	11	39	S. ATLANTIC	884	529	228	78	26	20	60
Boston, Mass.	126	75 20	28	13	5	5	10	Atlanta, Ga.	U	U	U	U	Ū	U	U
Bridgeport, Conn. Cambridge, Mass.	30 10	22 9	5 1	1 -	-	2	4 1	Baltimore, Md. Charlotte, N.C.	201 69	111 47	66 12	17 4	5 2	2 4	25 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 U	1	- U	3	St. Petersburg, Fla.	39	27	7	2	1	2	1
Providence, R.I. Somerville, Mass.	U 1	U	U 1	U	U	U	U	Tampa, Fla. Washington, D.C.	119 200	81 108	26 60	7 19	3 8	2 5	10 3
Springfield, Mass.	32	16	12	3	_	1	3	Washington, D.C. Wilmington, Del.	16	13	2	1	-	-	3
Waterbury, Conn.	19	17	2	-	-	-	2	j ,							
Worcester, Mass.	50	41	4	3	1	1	6	E.S. CENTRAL Birmingham, Ala.	665 155	444 105	150 36	47 7	13 3	11 4	52 10
MID. ATLANTIC	1,861	1,308	387	105	34	27	108	Chattanooga, Tenn.	61	40	12	8	1	4	2
Albany, N.Y.	39	28	9	-	1	1	3	Knoxville, Tenn.	79	52	18	6	3	_	1
Allentown, Pa.	17	16	1	-	-	-	Ĭ.	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 34	23 26	3 4	3 4	-	3	3	Nashville, Tenn.	94	61	23	6	1	3	7
Jersey City, N.J. New York City, N.Y.	995	26 678	229	62	14	12	40	W.S. CENTRAL	665	430	159	43	15	18	39
Newark, N.J.	35	17	13	4	1	-	5	Austin, Tex.	70	44	22	2	1	1	6
Paterson, N.J.	20	9	7	1	2	1	1	Baton Rouge, La.	32	25	4	2	1	-	2
Philadelphia, Pa.	217	145	47	15	7	3	15	Corpus Christi, Tex. Dallas, Tex.	27 U	18 U	7 U	1 U	1 U	U	1 U
Pittsburgh, Pa.§	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. Schenectady, N.Y.	94 18	76 13	12 3	4 1	1 1	1	5 3	Houston, Tex.	148	86	45	12	3	2	19
Scranton, Pa.	30	25	3	1	1	-	-	Little Rock, Ark.	56	41	7	3	2	3	-
Syracuse, N.Y.	105	77	17	4	4	3	11	New Orleans, La.	50	30	11	5	3	1	-
Trenton, N.J.	18	16	2	-	-	-	-	San Antonio, Tex.	53	32 20	8	7	1	5	2
Utica, N.Y.	16	13	3	-	-	-	2	Shreveport, La. Tulsa, Okla.	33 74	20 44	11 24	1 4	1	1	1 4
Yonkers, N.Y.	14	13	1	-	-	-	1								
E.N. CENTRAL	1,599	1,065	357	119	33	24	110	MOUNTAIN Albuquerque, N.M.	630 73	420 49	139 14	47 7	14 2	10 1	54 8
Akron, Ohio	33	21	8	2	1	1	2	Boise, Idaho	25	18	7	-	-	-	3
Canton, Ohio	46	32	13	1	-	-	5	Colo. Springs, Colo.	30	23	5	2	-	-	4
Chicago, III. Cincinnati, Ohio	281 83	176 53	65 16	34 7	3 2	2 5	25 8	Denver, Colo.	104	65	26	6	3	4	6
Cleveland, Ohio	107	72	19	8	4	4	2	Las Vegas, Nev.	159	103	40	10	4	2	14
Columbus, Ohio	173	115	41	10	2	5	5	Ogden, Utah	17	10	4	1	1	1	2
Dayton, Ohio	85	51	23	8	2	1	4	Phoenix, Ariz.	U 23	U 19	U 3	U 1	U	U	U 3
Detroit, Mich.	109	55	33	13	6	2	6	Pueblo, Colo. 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 12	45 9	9 2	2	2 1	1	6	PACIFIC	1,136	787	205	84	37	23	90
Gary, Ind. Grand Rapids, Mich.	42	32	5	3	2	-	2	Berkeley, Calif.	1,136	10	203 4	1	-	23 3	3
Indianapolis, Ind.	179	128	34	12	2	3	11	Fresno, Calif.	76	54	15	3	1	3	7
Lansing, Mich.	37	24	13	-	-	-	2	Glendale, Calif.	4	3	1	-	-	-	1
Milwaukee, Wis.	65	41	16	5	3	-	6	Honolulu, Hawaii	69	51	11	3	2	2	3
Peoria, III.	29	23	6	-	-	-	4	Long Beach, Calif.	87	66	15	4	2	-	11
Rockford, III.	45	30	13	1	1	-	4	Los Angeles, Calif.	142	70	28	28	14	2	7
South Bend, Ind. Toledo, Ohio	52 85	40 56	7 23	5 5	1	-	3 11	Pasadena, Calif. Portland, Oreg.	12 92	11 68	1 16	6	1	1	1 8
Youngstown, Ohio	42	36	4	1	1	-	1	Sacramento, Calif.	197	129	45	12	4	7	15
								San Diego, Calif.	96	73	15	5	1	2	11
W.N. CENTRAL Des Moines, Iowa	338 41	206	82 6	30 2	13	7 1	28	San Francisco, Calif.	Ü	Ü	U	Ü	Ü	Ū	U
Duluth, Minn.	15	32 7	6	2	-	-	4 1	San Jose, Calif.	143	107	20	10	5	1	8
Kansas City, Kans.	16	5	8	3	-	-	1	Santa Cruz, Calif.	23	18	. 4	1	-	-	2
Kansas City, Mo.	27	1	13	7	5	1	i	Seattle, Wash.	77	55	14	5	2	1	7
Lincoln, Nebr.	28	21	5	1	1	-	3	Spokane, Wash.	42	31	6 10	3 3	1 4	1	4 2
Minneapolis, Minn.	44	28	8	3	2	3	4	Tacoma, Wash.	58	41	10			-	
Omaha, Nebr.	85	55	22	6	1	1	9	TOTAL	8,166 [¶]	5,465	1,773	581	192	151	580
St. Louis, Mo.	U	U	U	U	U	U	U								
St. Paul, Minn. Wichita, Kans.	27 55	20 37	3 11	3 3	4	1	1 4								
Wichita, Nans.	35	31	11	<u> </u>			4	<u> </u>							

U: Unavailable.

U: Unavailable. -:No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† Pneumonia and influenza.

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

† Total includes unknown ages.

(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 ≥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

- CDC. Surveillance for influenza—United States 1997–98, 1998–99, and 1999–2000 seasons. MMWR 2002;51: (No. SS-7).
- 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.
- CDC. Influenze A(H1N2) viruses. Available at http://www.cdc.gov/ ncidod/diseases/flu/factsheetH1N2.htm.
- CDC. Update: influenza activity—United States and worldwide, 2000– 01 season, and composition of the 2001–02 influenza vaccine. MMWR 2001;50:466–70.
- CDC. Update: influenza activity—United States and worldwide, 2001– 02 season, and composition of the 2002–03 influenza vaccine. MMWR 2002;51:503–6.
- 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.
- CDC. Update: influenza activity—United States and worldwide, June– September, 2002. In: CDC surveillance summaries (October 25). MMWR 2002;51:880–2.

All MMWR references are available on the Internet at http://www.cdc.gov/mmwr. Use the search function to find specific articles.

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