CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

July 7, 2000 / Vol. 49 / No. 26

MMWR™
MORBIDITY AND MORTALITY
WEEKLY REPORT

585 National, State, and Urban Area Vaccination Coverage Levels Among Children Aged 19–35 Months — United States, 1999
589 Prevalence of Intimate Partner Violence and Injuries — Washington, 1998
593 Update: Nucleic Acid Amplification Tests for Tuberculosis
603 Notice to Readers

National, State, and Urban Area Vaccination Coverage Levels Among Children Aged 19–35 Months — United States, 1999

Childhood vaccinations have a major impact on the reduction and elimination of many causes of morbidity and mortality among children (*1*). Monitoring vaccination coverage levels is necessary to characterize undervaccinated populations and to evaluate the effectiveness of efforts to increase coverage. The National Immunization Survey (NIS) provides ongoing national estimates of vaccination coverage among children aged 19–35 months based on data for the most recent 12 months for each of the 50 states and 28 geographic areas (*2*). This report presents the findings of the 1999 NIS*, which indicate that vaccination coverage among U.S. children aged 19–35 months were at or near record high levels.

To collect vaccination information for all age-eligible children, NIS uses a quarterly random-digit–dialing sample of telephone numbers for each survey area. During 1999, 33,548 household interviews were completed, representing 34,442 children. The response rate for eligible households for the 78 survey areas was 66.3%. Following the interviews and with parental/guardian consent, data accuracy was verified from vaccination providers. Children with provider data were weighted to represent all children surveyed and to account for nonresponding households, changes in natality patterns, and lower vaccination coverage among children in households without telephones (*2*).

In 1999, national vaccination coverage for three doses of any diphtheria and tetanus toxoids and pertussis vaccine (DTP) was 95.9%; for three doses of poliovirus vaccine, 89.6%; for three doses of *Haemophilus influenzae* type b vaccine (Hib), 93.5%; for one dose of measles-mumps-rubella vaccine (MMR), 91.5%; for three doses of hepatitis B vaccine (HepB), 88.1%; and for one dose of varicella vaccine (VAR), 59.4%.

From 1998 to 1999, national coverage with the combined vaccination series 4:3:1 (four doses of DTP, three doses of poliovirus vaccine, and one dose of measles-containing vaccine) and with 4:3:1:3 (4:3:1 series and three doses of Hib) did not change significantly (Table 1). Coverage with VAR increased from 43% in 1998 to 59% in 1999 (Table 1).

In 1999, state-specific coverage for the 4:3:1 series ranged from 70% to 91%, and the 4:3:1:3 series ranged from 69% to 91% (Table 2). For selected urban areas, coverage ranged from 67% to 87% for the 4:3:1 series and from 63% to 87% for the 4:3:1:3 series (Table 2).

*For this reporting period (January–December 1999), NIS included children born during February 1996–May 1998.

Vaccination Coverage Levels — Continued

TABLE 1. Vaccination coverage levels among children aged 19–35 months, by selected vaccines — National Immunization Survey, United States, 1995–1999

Vaccine/Dose	1995* %	1995* (95% CI††)	1996† %	1996† (95% CI)	1997§ %	1997§ (95% CI)	1998¶ %	1998¶ (95% CI)	1999** %	1999** (95% CI)
DTP§§										
3 Doses	94.7	(±0.6)	95.0	(±0.4)	95.5	(±0.4)	95.6	(±0.5)	95.9	(±0.4)
4 Doses	78.5	(±1.0)	81.1	(±0.7)	81.5	(±0.7)	83.9	(±0.8)	83.3	(±0.8)
Poliovirus										
3 Doses	87.9	(±0.8)	91.1	(±0.5)	90.8	(±0.5)	90.8	(±0.7)	89.6	(±0.6)
Hib¶¶										
3 Doses	91.7	(±0.6)	91.7	(±0.5)	92.7	(±0.5)	93.4	(±0.6)	93.5	(±0.5)
MMR***										
1 Dose	87.8	(±0.7)	90.7	(±0.5)	90.5	(±0.7)	92.0	(±0.6)	91.5	(±0.6)
Hepatitis B										
3 Doses	68.0	(±1.0)	81.8	(±0.7)	83.7	(±0.6)	87.0	(±0.7)	88.1	(±0.7)
Varicella										
1 Dose	NA†††		NA		25.9	(±0.7)	43.2	(±1.0)	59.4	(±1.0)
Combined series										
4 DTP/3 Polio/1 MCV§§§	76.2	(±1.0)	78.4	(±0.8)	77.9	(±0.7)	80.6	(±0.9)	79.9	(±0.8)
4 DTP/3 Polio/1 MCV/3 Hib¶¶¶	74.2	(±1.0)	76.5	(±0.8)	76.2	(±0.8)	79.2	(±0.9)	78.4	(±0.9)

* Children in this survey period were born during February 1992–May 1994.
† Children in this survey period were born during February 1993–May 1995.
§ Children in this survey period were born during February 1994–May 1996.
¶ Children in this survey period were born during February 1995–May 1997.
** Children in this survey period were born during February 1996–May 1998.
†† Confidence interval.
§§ Includes diphtheria and tetanus toxoids and pertussis vaccine (DTP), diphtheria and tetanus toxoids (DT), and diphtheria and tetanus toxoids and acellular pertussis vaccine.
¶¶ *Haemophilus influenzae* type b vaccine (Hib).
*** Previous reports of vaccination coverage were for measles-containing vaccine (MCV); the above reflects coverage with measles-mumps-rubella vaccine (MMR).
††† Data not available in this reporting period. Data collection for varicella vaccine began July 1996.
§§§ Four doses of DTP/DT, three doses of poliovirus vaccine, and one dose of MCV.
¶¶¶ Four doses of DTP/DT, three doses of poliovirus vaccine, one dose of MCV, and three doses of Hib.

Reported by: National Center for Health Statistics; Assessment Br, Data Management Div, National Immunization Program, CDC.

Editorial Note: National coverage for routinely recommended childhood vaccines has increased substantially since 1993, when the Childhood Immunization Initiative (CII) was implemented by the federal government (*3*). The findings in this report indicate that national coverage for the recommended vaccines remain at or near record high levels. However, this coverage level cannot ensure protection for children born during or after 1999 even though levels observed in 1999 demonstrate the feasibility of attaining high coverage. Achieving and sustaining the national health objectives for 2010 vaccination coverage and disease-elimination (*4*) will require developing a functional vaccine-delivery system. This effort will require collaboration between national, state, local, private, and public partners.

A comprehensive vaccine-delivery system that would achieve and maintain high vaccination coverage levels (*5*) and low morbidity in children born during or after 1999 should consist of three components. These components are 1) state- and community-based computerized vaccination registries that include all children from birth, that can identify children needing vaccination, and can recall them for missed vaccinations (*6*); 2) ongoing quality-assurance and information-feedback activities (*7*); and 3) education programs for parents and health-care providers.

Vaccination Coverage Levels — Continued

TABLE 2. Estimated vaccination coverage with the 4:3:1* and 4:3:1:3† series among children aged 19–35 months, by state and selected urban areas — National Immunization Survey, United States, 1999§

State/Urban area	4:3:1 %	4:3:1 (95% CI¶)	4:3:1:3 %	4:3:1:3 (95% CI)
Alabama	79.7	(±4.5)	78.4	(±4.6)
Jefferson Co.	86.6	(±4.4)	85.2	(±4.6)
Rest of state	78.5	(±5.2)	77.2	(±5.3)
Alaska	82.2	(±4.7)	80.1	(±4.8)
Arizona	73.9	(±4.5)	72.4	(±4.6)
Maricopa Co.	71.7	(±6.4)	71.0	(±6.4)
Rest of state	77.5	(±5.7)	74.8	(±5.9)
Arkansas	78.5	(±5.8)	77.1	(±5.8)
California	78.3	(±3.5)	75.3	(±3.6)
Los Angeles Co.	78.1	(±5.6)	76.0	(±5.7)
San Diego Co.	76.6	(±5.4)	74.5	(±5.6)
Santa Clara Co.	84.3	(±4.3)	81.8	(±4.6)
Rest of state	78.1	(±5.4)	74.4	(±5.6)
Colorado	77.2	(±5.2)	75.8	(±5.3)
Connecticut	87.1	(±4.4)	85.9	(±4.6)
Delaware	80.0	(±5.0)	78.2	(±5.1)
District of Columbia	78.5	(±5.4)	77.5	(±5.4)
Florida	82.0	(±4.1)	80.3	(±4.2)
Dade Co.	86.7	(±4.5)	84.0	(±5.0)
Duval Co.	79.1	(±4.9)	77.7	(±5.1)
Rest of state	81.3	(±5.2)	79.8	(±5.3)
Georgia	83.1	(±4.3)	81.9	(±4.4)
Fulton/DeKalb cos.	86.4	(±4.5)	83.4	(±4.8)
Rest of state	82.3	(±5.2)	81.5	(±5.3)
Hawaii	82.8	(±4.7)	81.6	(±4.8)
Idaho	70.0	(±5.5)	69.4	(±5.5)
Illinois	78.8	(±4.1)	77.4	(±4.2)
Chicago	73.2	(±6.1)	71.4	(±6.2)
Rest of state	81.0	(±5.3)	79.8	(±5.4)
Indiana	75.4	(±5.0)	74.3	(±5.0)
Marion Co.	79.7	(±5.8)	79.1	(±5.8)
Rest of state	74.5	(±5.8)	73.3	(±5.9)
Iowa	84.5	(±4.4)	83.4	(±4.5)
Kansas	79.7	(±4.9)	78.9	(±4.9)
Kentucky	88.6	(±4.4)	87.6	(±4.5)
Louisiana	76.9	(±4.7)	76.8	(±4.7)
Orleans Parish	72.6	(±5.8)	71.5	(±5.9)
Rest of state	77.5	(±5.3)	77.5	(±5.3)
Maine	84.1	(±4.8)	82.9	(±5.0)
Maryland	80.5	(±4.2)	79.4	(±4.3)
Baltimore	73.2	(±6.6)	71.9	(±6.8)
Rest of state	81.8	(±4.8)	80.7	(±4.9)
Massachusetts	87.3	(±3.9)	85.2	(±4.4)
Boston	86.1	(±5.1)	83.6	(±5.8)
Rest of state	87.4	(±4.3)	85.3	(±4.8)
Michigan	75.9	(±4.8)	74.4	(±4.9)
Detroit	66.9	(±6.5)	66.4	(±6.5)
Rest of state	77.2	(±5.4)	75.6	(±5.5)

* Four doses of any diphtheria and tetanus toxoids and pertussis vaccine, three doses of poliovirus vaccine, and one dose of measles-containing vaccine (MCV).
† Four doses of any diptheria and tetanus toxoids and pertussis vaccine, three doses of poliovirus vaccine, one dose of MCV, and three doses of *Haemophilus influenzae* type b vaccine.
§ Children in this survey period were born during February 1996–May 1998.
¶ Confidence interval.

Vaccination Coverage Levels — Continued

TABLE 2. Estimated vaccination coverage with the 4:3:1* and 4:3:1:3† series among children aged 19–35 months, by state and selected urban areas — National Immunization Survey, United States, 1999§ — Continued

State/Urban area	4:3:1 %	4:3:1 (95% CI¶)	4:3:1:3 %	4:3:1:3 (95% CI)
Minnesota	87.0	(±4.8)	85.2	(±5.1)
Mississippi	81.7	(±5.4)	81.7	(±5.4)
Missouri	75.5	(±5.2)	75.0	(±5.2)
Montana	84.8	(±4.4)	82.5	(±4.6)
Nebraska	83.7	(±4.5)	81.8	(±4.8)
Nevada	73.4	(±5.3)	73.1	(±5.4)
New Hampshire	84.5	(±4.7)	84.5	(±4.7)
New Jersey	80.9	(±5.0)	80.8	(±5.0)
Newark	68.7	(±8.0)	66.5	(±8.0)
Rest of state	81.5	(±5.3)	81.5	(±5.3)
New Mexico	75.6	(±5.9)	73.0	(±6.1)
New York	83.4	(±3.3)	81.0	(±3.5)
New York City	81.5	(±5.1)	78.3	(±5.3)
Rest of state	85.0	(±4.2)	83.3	(±4.5)
North Carolina	81.8	(±5.0)	81.8	(±5.0)
North Dakota	83.0	(±4.5)	80.4	(±4.8)
Ohio	79.1	(±4.0)	78.1	(±4.0)
Cuyahoga Co.	74.6	(±5.6)	73.5	(±5.7)
Franklin Co.	79.1	(±5.1)	77.9	(±5.1)
Rest of state	79.9	(±5.0)	78.9	(±5.1)
Oklahoma	74.0	(±5.7)	72.9	(±5.7)
Oregon	73.2	(±5.9)	72.3	(±6.0)
Pennsylvania	86.6	(±3.7)	86.0	(±3.7)
Philadelphia	82.7	(±4.7)	81.3	(±4.9)
Rest of state	87.3	(±4.2)	86.8	(±4.3)
Rhode Island	90.4	(±3.9)	87.4	(±4.6)
South Carolina	81.1	(±4.7)	80.6	(±4.8)
South Dakota	83.4	(±4.5)	81.7	(±4.7)
Tennessee	79.5	(±3.8)	77.7	(±3.9)
Davidson Co.	75.4	(±5.5)	73.3	(±5.6)
Shelby Co.	76.5	(±5.5)	75.0	(±5.6)
Rest of state	81.0	(±5.3)	79.2	(±5.4)
Texas	74.7	(±3.6)	72.4	(±3.7)
Bexar Co.	70.2	(±6.2)	69.9	(±6.2)
Houston	66.5	(±6.8)	63.3	(±7.0)
Dallas Co.	76.0	(±6.5)	71.6	(±6.9)
El Paso Co.	75.0	(±5.2)	72.7	(±5.5)
Rest of state	76.5	(±5.3)	74.5	(±5.4)
Utah	81.7	(±5.1)	80.2	(±5.3)
Vermont	90.7	(±3.5)	90.5	(±3.5)
Virginia	81.6	(±5.2)	80.3	(±5.3)
Washington	76.5	(±3.9)	74.9	(±4.0)
King Co.	78.5	(±5.3)	77.4	(±5.4)
Rest of state	75.8	(±5.0)	74.0	(±5.2)
West Virginia	82.1	(±4.7)	81.0	(±4.8)
Wisconsin	85.4	(±3.3)	84.5	(±3.4)
Milwaukee Co.	75.3	(±6.2)	74.1	(±6.3)
Rest of state	88.2	(±3.8)	87.6	(±3.9)
Wyoming	83.5	(±4.9)	82.8	(±4.9)
Overall	**79.9**	**(±0.8)**	**78.4**	**(±0.9)**

* Four doses of any diphtheria and tetanus toxoids and pertussis vaccine, three doses of poliovirus vaccine, and one dose of measles-containing vaccine (MCV).
† Four doses of any diptheria and tetanus toxoids and pertussis vaccine, three doses of poliovirus vaccine, one dose of MCV, and three doses of *Haemophilus influenzae* type b vaccine.
§ Children in this survey period were born during February 1996–May 1998.
¶ Confidence interval.

Vaccination Coverage Levels — Continued

High coverage levels are necessary to maintain and reduce illness, disability, and death associated with vaccine-preventable diseases. Assessment of vaccination coverage levels is an important component of the U.S. immunization program. To maintain the integrity and reliability of the national immunization system, a core surveillance effort that includes immunization coverage levels is essential (*8*). NIS is the primary source of vaccination coverage data among U.S. preschool-aged children (*5*). NIS should continue to characterize at-risk children and evaluate the effectiveness of programs designed to increase coverage.

References

1. CDC. Impact of vaccines universally recommended for children—United States, 1990–1998. MMWR 1999;48:243–8.
2. Zell ER, Ezzati-Rice TM, Battaglia MP, Wright RA. National Immunization Survey: the methodology of a vaccination surveillance system. Public Health Rep 2000;115:65–77.
3. CDC. Reported vaccine-preventable diseases—United States, 1993, and the Childhood Immunization Initiative. MMWR 1994;43:57–60.
4. US Department of Health and Human Services. In: Healthy people 2010 (conference ed, 2 vols). Washington, DC: US Department of Health and Human Services, 2000.
5. The National Vaccine Advisory Committee. Strategies to sustain success in childhood immunizations. JAMA 1999;282:363–70.
6. Cordero JF, Orenstein WA. The future of immunization registries. Am J Prev Med 1997; 13(suppl):S122–S124.
7. LeBaron CW, Chaney M, Baughman AL, et al. Impact of measurement and feedback on vaccination coverage in public clinics, 1988–1994. JAMA 1997;277:631–5.
8. Institute of Medicine. Calling the shots. Immunization finance policies and practices. Washington, DC: National Academy Press, 2000:67.

Prevalence of Intimate Partner Violence and Injuries — Washington, 1998

Approximately 20% of emergency department visits for trauma and 25% of homicides of women involve intimate partner violence (IPV) (*1,2*). To assess IPV prevalence in Washington, the Washington State Department of Health added questions from the Conflict Tactics Scale (*3*) and the Revised Conflict Tactics Scale (*4*) to its 1998 Behavioral Risk Factor Surveillance System (BRFSS) survey. This report describes an analysis of responses to the questions, which indicated that women were more likely than men to experience IPV in their lifetime, and more than three times more likely than men to experience injuries from IPV.

BRFSS is an ongoing, state-based, random-digit–dialed telephone survey of the U.S. civilian, noninstitutionalized population aged ≥18 years that collects information about modifiable risk factors for chronic diseases and leading causes of death. In 1998, 3604 persons responded to the Washington BRFSS. Because the questions were considered sensitive, permission was asked before beginning the IPV section, and 3381 (93.5%) gave permission. Only English-speaking persons were respondents. The survey response rate was 61.4%.

Respondents were asked whether they had experienced IPV during their lifetime (i.e., kicked, bit, or hit with fist; hit or tried to hit with something; beat up; threatened with gun or knife; or used gun or knife) and whether they had sustained physical injury (sprain, bruise, or small cut; physical pain the next day; passed out from being hit on head; went

Intimate Partner Violence — Continued

to doctor; needed to see doctor but didn't; or broken bone) resulting from IPV. An intimate partner was defined as a current or former spouse, live-in partner, boyfriend, girlfriend, or date. Some respondents might have referred to a same-sex partner; the sex of the partner was not asked. Responses were weighted for selection probability by the number of adults and telephone numbers in the household, and whether the number was drawn from a block of 100 numbers containing at least one or no listed number. Responses also were weighted to approximate the Washington population on the basis of the respondents' age and sex.

In 1998, of approximately 2,113,000 women aged ≥18 who resided in Washington (*5*), approximately 499,000 (23.6%) (95% confidence interval [CI]=453,000–545,000) experienced IPV during their lives, and 456,000 (21.6%) women (95% CI=410,000–502,000) had a physical injury resulting from IPV. Of the 2,049,000 men (*5*), approximately 336,000 (16.4%) (95% CI=289,000–383,000) experienced IPV and approximately 154,000 (7.5%) (95% CI=121,000–187,000) experienced injury from IPV (Table 1). Multivariate logistic regressions were conducted to identify the levels of lifetime risk associated with sex, education, income, and marital status. Odds ratios (ORs) for education, income, and marital status were similar for men and women; therefore, data for both sexes were combined (Table 2).

Compared with never married status, divorced/separated status was associated with an almost three-fold increase in the risk for reported IPV (OR=2.7; 95% CI=1.9–4.0) and a four-fold increase in the risk for injury from IPV (OR=4.0; 95% CI=2.7–6.1); 45.3% of divorced/separated women reported an injury from an intimate partner. Low education level also was associated with increased risk for IPV (OR=1.4; 95% CI=1.1–1.8) and injury from IPV (OR=1.4; 95% CI=1.04–1.8). Low income level was associated with increased risk for IPV (OR=1.6; 95% CI=1.2–2.2); however, the association between low income and injury from IPV was not significant (OR=1.3; 95% CI=0.9–1.9).

Reported by: L Bensley, PhD, S Macdonald, PhD, J Van Eenwyk, PhD, Acting State Epidemiologist, Office of Epidemiology; K Wynkoop Simmons, PhD, D Ruggles, MBA, Washington State Dept of Health. Family and Intimate Violence Prevention Team, Div of Violence Prevention, National Center for Injury Prevention and Control, CDC.

Editorial Note: This report indicates that IPV in Washington is more prevalent among women than men. Other studies have found that women have similar or higher IPV rates than men but that women are more likely to sustain injury (*3,6–8*). Although low education and income levels are risk factors for reported IPV, 17.6% of women with incomes of ≥$50,000 per year and 20.2% of women with at least some college education reported injuries as a result of IPV. In addition, divorced/separated respondents were more likely to report violence than married, widowed, or never married respondents.

The findings in this report are subject to at least three limitations. First, the study was limited by its dependence on self-reports, which might be inaccurate because of recall bias or unwillingness to report. Second, this study did not include persons without telephones or persons who did not speak English. Third, because of their cross-sectional nature, the results do not provide evidence of causal relations (e.g., IPV may have been the cause of divorce or may have occurred during the divorce process).

Identification of IPV is difficult because of its private and sensitive nature. Interventions may include strategies to increase IPV recognition, and should occur in varied settings (e.g., health-care, criminal justice, and school systems) and with varied approaches, including IPV screening protocols by health-care providers (*9*), school programs teaching conflict resolution, public education campaigns regarding the

Intimate Partner Violence — Continued

TABLE 1. Lifetime experiences of intimate partner violence and injury, by sex* — Behavioral Risk Factor Surveillance System, Washington, 1998

Experience	Women			Men		
	No.	Prevalence	(95% CI†)	No.	Prevalence	(95% CI)
Event						
Kicked, bit, hit with fist	395	19.7%	(17.6–21.8)	187	12.0%	(9.9–14.2)
Hit or tried to hit with something	330	17.4%	(15.3–19.5)	187	12.0%	(11.1–12.9)
Beat up	257	13.0%	(11.2–14.8)	27	1.8%	(1.1– 2.5)
Threatened with gun or knife	164	8.1%	(6.6– 9.6)	51	3.3%	(2.8– 3.8)
Used gun or knife	59	3.2%	(2.2– 4.2)	27	2.0%	(1.1– 2.9)
Any event	**475**	**23.6%**	**(21.4–25.8)**	**249**	**16.4%**	**(14.0–18.8)**
Injury						
Sprain, bruise, or small cut	369	18.8%	(17.7–19.9)	93	6.2%	(4.7– 7.7)
Physical pain the next day	369	18.5%	(16.4–20.6)	86	5.5%	(4.2– 6.8)
Pass out from being hit on head	66	4.2%	(2.9– 5.5)	14	1.1%	(0.3– 1.9)
Gone to doctor	151	7.4%	(6.0– 8.8)	19	1.3%	(0.7– 1.9)
Needed to see doctor, but didn't	140	7.5%	(6.0– 9.0)	19	1.4%	(0.6– 2.2)
Broken bone	59	3.2%	(2.2– 4.2)	8	0.6%	(0.2– 1.0)
Any injury	**422**	**21.6%**	**(19.4–23.8)**	**114**	**7.5%**	**(5.9– 9.1)**

* All sex differences are significant at p<0.01 except "used gun or knife," which was not statistically significant.
† Confidence interval.

TABLE 2. Adjusted odds ratios (AOR)* of reporting ever experiencing intimate partner violence (IPV) or injury, by selected characteristics — Behavioral Risk Factor Surveillance System, Washington, 1998

Risk factor	Ever IPV				Ever injured			
	No.	Prevalence	AOR	(95% CI†)	No.	Prevalence	AOR	(95% CI)
Sex								
Women	397	24.3%	1.6	(1.2–2.0)	352	21.5%	3.6	(2.7–4.7)
Men	221	16.7%	1.0	(referent)	101	7.1%	1.0	(referent)
Education								
≤High school graduate	239	24.7%	1.4	(1.1–1.8)	167	16.6%	1.4	(1.04–1.8)
Some college or college graduate	379	18.2%	1.0	(referent)	286	12.9%	1.0	(referent)
Household income								
<$25,000	205	27.8%	1.6	(1.2–2.2)	161	19.1%	1.3	(0.9–1.9)
$25,000–$49,999	249	19.6%	1.1	(0.9–1.5)	179	14.2%	1.2	(0.9–1.6)
≥$50,000	164	16.4%	1.0	(referent)	113	10.9%	1.0	(referent)
Current marital/partner status								
Married or living with partner	274	17.1%	1.1	(0.8–1.5)	175	10.8%	1.2	(0.7–1.6)
Divorced/separated	217	37.9%	2.7	(1.9–4.0)	186	32.9%	4.0	(2.7–6.1)
Widowed	27	12.1%	0.8	(0.4–1.4)	22	10.7%	1.2	(0.6–2.4)
Never married	100	20.4%	1.0	(referent)	70	12.1%	1.0	(referent)
Overall	**618**	**20.5%**			**453**	**14.2%**		

* All odds ratios control for age at time of survey and other risk factors. Total numbers and frequencies of men and women reporting IPV and injury from IPV differ from Table 1 because respondents with missing data on any of the measures used in this analysis were excluded (e.g., 14% of respondents to the survey did not answer the question about income).
† Confidence interval.

Intimate Partner Violence — Continued

unacceptability of IPV, and information about community resources such as shelters and counseling for battered women. Other interventions may include treatment of offenders (*10*); interventions for children who witness IPV; and efforts to make the criminal justice system more responsive to victims by reforming laws, providing victim advocates, and training police, prosecutorial, and court personnel. Although most of these approaches have shown some success, rigorous evaluations of these interventions are needed to determine their effectiveness.

This report underscores the usefulness of BRFSS for collecting data about IPV, although IPV questions are not asked routinely on BRFSS. State and national efforts to plan and evaluate programs to lower IPV rates would benefit from more widespread use of IPV items on BRFSS surveys. Standardizing questions would facilitate comparisons between geographic regions. Questions assessing IPV have been developed by CDC for potential use in BRFSS and soon will be pilot tested in several states. IPV is a new area of public health but one that affects many persons. Continued surveillance and well-evaluated and effective programs are needed to prevent IPV.

References

1. US Department of Justice. Uniform crime reports, 1995. Washington, DC: US Department of Justice, Federal Bureau of Investigation, 1996.
2. Rand M, Strom K. Violence-related injuries treated in hospital emergency departments, Bureau of Justice Statistics special report. Washington, DC: US Department of Justice, August 1997; publication NCJ-156921.
3. Straus MA, Gelles RJ. Physical violence in American families: risk factors and adaptation to violence in 8,145 families. New Brunswick, New Jersey: Transaction Publishing, 1990.
4. Straus MA, Hamby SL, Boney-McCoy S, Sugarman DB. The revised Conflict Tactics Scales (CTS2) development and preliminary psychometric data. J Family Issues 1996;17: 283–316.
5. Washington State Office of Financial Management. Washington state adjusted population estimates. Olympia, Washington: Washington State Office of Financial Management, 1999.
6. Tjaden P, Thoennes N. Prevalence, incidence, and consequences of violence against women: findings from the National Violence Against Women Survey. Washington, DC: US Department of Justice, Office of Justice Programs, 1998; report no. NCJ 172837.
7. Greenfeld LA, Rand MR, Craven D, et al. Violence by intimates: analysis of data on crimes by current or former spouses, boyfriends, and girlfriends. Bureau of Justice statistics factbook. Washington, DC: US Department of Justice, 1998.
8. CDC. Physical violence and injuries in intimate relationships—New York, Behavioral Risk Factor Surveillance System, 1994. MMWR 1996;45:765–7.
9. McLeer SV, Anwar R. A study of battered women presenting in an emergency department. Am J Pub Health 1989;79:65–6.
10. Gondolf EW. Patterns of reassault in batterer programs. Violence and Victims 1997;12: 373–87.

Notice to Readers

Update: Nucleic Acid Amplification Tests for Tuberculosis

On September 30, 1999, the Food and Drug Administration approved a reformulated Amplified Mycobacterium Tuberculosis Direct Test* (MTD) (Gen-Probe®, San Diego, California) for detection of *Mycobacterium tuberculosis* in acid-fast bacilli (AFB) smear-positive and smear-negative respiratory specimens from patients suspected of having tuberculosis (TB). MTD and one other nucleic acid amplification (NAA) test, the Amplicor® Mycobacterium Tuberculosis Test (Amplicor) (Roche® Diagnostic Systems, Inc., Branchburg, New Jersey), previously had been approved for the direct detection of *M. tuberculosis* in respiratory specimens that have positive AFB smears. This notice updates the original summary published in 1996 (*1*) and provides suggestions for using and interpreting NAA test results for managing patients suspected of having TB.

The appropriate number of specimens to test with NAA will vary depending on the clinical situation, the prevalence of TB, the prevalence of nontuberculous mycobacteria (NTM), and laboratory proficiency (*2,3*). Based on available information, the following algorithm is a reasonable approach to NAA testing of respiratory specimens from patients with signs or symptoms of active pulmonary TB for whom a presumed diagnosis has not been established.

Algorithm

1. Collect sputum specimens on 3 different days for AFB smear and mycobacterial culture.
2. Perform NAA test on the first sputum specimen collected, the first smear-positive sputum specimen, and additional sputum specimens as indicated below.
   a. If the first sputum specimen is smear-positive and NAA-positive, the patient can be **presumed to have TB** without additional NAA testing. However, unless concern exists about the presence of NTM, the NAA test adds little to the diagnostic work-up.
   b. If the first sputum is smear-positive and NAA-negative, a test for inhibitors should be done. The inhibitor test can be done as an option with Amplicor. To test for inhibitors of MTD, spike an aliquot of the lysated sputum sample with lysed *M. tuberculosis* (approximately 10 organisms per reaction, or an equivalent amount of *M. tuberculosis* rRNA) and repeat the test starting with amplification.
      1. If inhibitors are not detected, additional specimens (not to exceed a total of three) should be tested. The patient can be **presumed to have NTM** if a second sputum specimen is smear-positive, NAA-negative, and has no inhibitors detected.
      2. If inhibitors are detected, the NAA test is of no diagnostic help. Additional specimens (not to exceed a total of three) can be tested with NAA.
   c. If sputum is smear-negative and MTD-positive†, additional specimens (not to exceed three) should be tested with MTD. The patient can be **presumed to have TB** if a subsequent specimen is MTD-positive.

*Use of trade names and commercial sources is for identification only and does not constitute endorsement by CDC or the U.S. Department of Health and Human Services.

† Amplicor is not approved for use with smear-negative samples.

Notices to Readers — Continued

d. If sputum is smear-negative and MTD-negative[†], an additional specimen should be tested with MTD. The patient can be presumed not to be infectious if all smear and MTD results are negative. The clinician must rely on clinical judgement in decisions regarding the need for antituberculous therapy and further diagnostic work-up because negative NAA results do not exclude the possibility of active pulmonary TB.

3. If the indicated repeat NAA testing fails to verify initial NAA test results, the clinician must rely on clinical judgement in decisions regarding the need for antituberculous therapy, further diagnostic work-up, and isolation.
4. Ultimately, the patient's response to therapy and culture results are used to confirm or refute a diagnosis of TB.

Cautions

NAA tests can enhance diagnostic certainty, but they do not replace AFB smear or mycobacterial culture, and they do not replace clinical judgement. Clinicians should interpret these tests based on the clinical situation, and laboratories should perform NAA testing only at the request of the physician and only on selected specimens. Laboratorians should not reserve material from clinical specimens for NAA testing if this compromises the ability to perform the other established tests that have better-defined diagnostic utility and implications. Specificity of NAA tests varies between laboratories as a result of unrecognized procedural differences and differences in cross-contamination rates (*4*). Multiple specimens from the same patient should not be tested together to reduce risks of methodologic errors. Laboratory directors should provide to clinicians information on the performance of NAA tests in the local setting, including sensitivity and specificity compared with culture for both smear-positive and smear-negative respiratory specimens. Substantial discrepancies can indicate problems with either culture or NAA technique. The number of NAA tests repeated because of failure of negative and positive controls also should be reported. Clinicians should understand the impact that changes in sensitivity, specificity, prevalence of TB, and prevalence of other mycobacterial diseases can have on the predictive value of the NAA test. Information is limited regarding NAA test performance for nonrespiratory specimens, or specimens from treated patients. NAA tests often remain positive after cultures become negative during therapy and can remain positive even after completion of therapy.

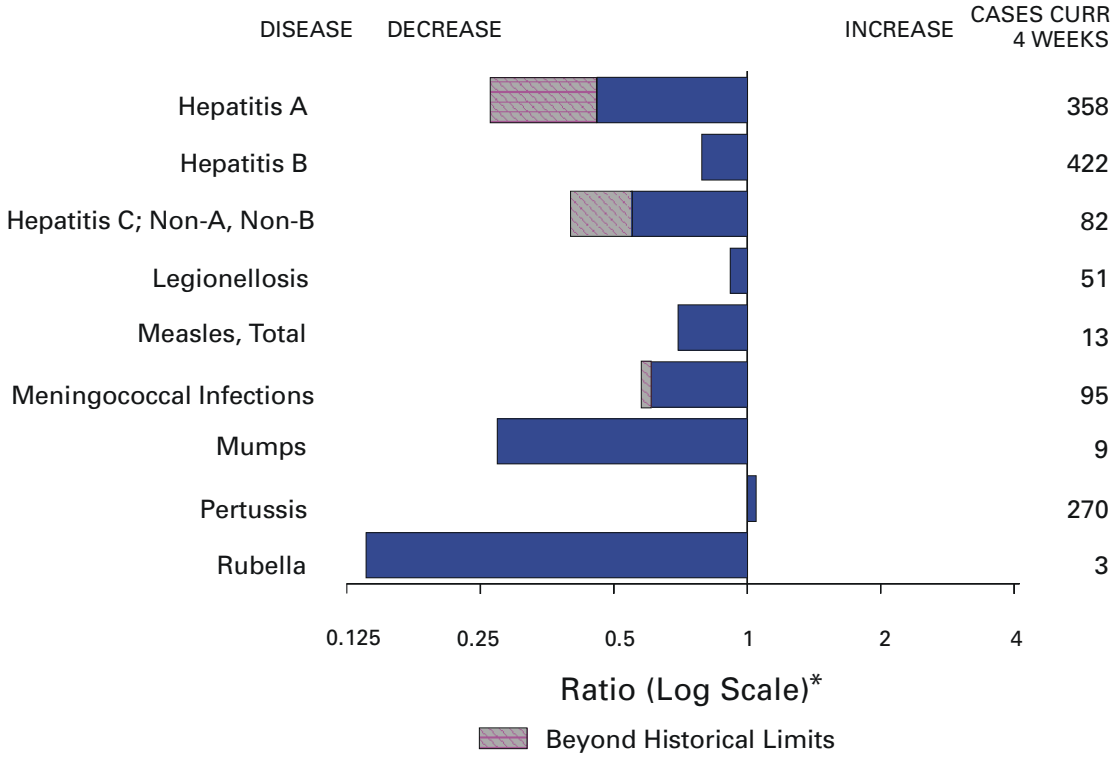
References

1. CDC. Nucleic acid amplification tests for tuberculosis. MMWR 1996;45:950–1.
2. Cohen RA, Muzaffar S, Schwartz D, et al. Diagnosis of pulmonary tuberculosis using PCR assays on sputum collected within 24 hours of hospital admission. Am J Respir Crit Care Med 1998;157:156–61.
3. Jonas V, Acedo M, Clarridge JE, et al. A multi-center evaluation of MTD and culture compared to patient diagnosis [Abstract]. In: Abstracts of the 98th General Meeting of the American Society for Microbiology, 1998:358 (no. L-31).
4. Ridderhoff J, Williams L, Legois S, Bussen M, Metchock L, Kubista R. Assessment of laboratory performance with nucleic acid amplification (NAA) tests for *Mycobacterium tuberculosis* (M.tb) [Abstract]. In: Abstracts of the 98th General Meeting of the American Society for Microbiology, 1998:360(no. L-43).

[†] Amplicor is not approved for use with smear-negative samples.

(Continued on page 603)

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending July 1, 2000, with historical data



*Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending July 1, 2000 (26th Week)

	Cum. 2000		Cum. 2000
Anthrax	-	HIV infection, pediatric*§	98
Brucellosis*	25	Plague	4
Cholera	-	Poliomyelitis, paralytic	-
Congenital rubella syndrome	4	Psittacosis*	8
Cyclosporiasis*	14	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	115
Encephalitis: California serogroup viral*	2	Streptococcal disease, invasive, group A	1,615
eastern equine*	-	Streptococcal toxic-shock syndrome*	54
St. Louis*	-	Syphilis, congenital¶	67
western equine*	-	Tetanus	12
Ehrlichiosis human granulocytic (HGE)*	43	Toxic-shock syndrome	82
human monocytic (HME)*	17	Trichinosis	4
Hansen disease (leprosy)*	24	Typhoid fever	151
Hantavirus pulmonary syndrome*†	9	Yellow fever	-
Hemolytic uremic syndrome, postdiarrheal*	43		

-: No reported cases.
*Not notifiable in all states.
†Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
§Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update May 28, 2000.
¶Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending July 1, 2000, and July 3, 1999 (26th Week)

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 2000§	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	16,820	23,026	282,501	329,623	591	872	1,036	801	590	762
NEW ENGLAND	1,003	1,109	10,332	10,547	34	44	110	118	100	103
Maine	16	29	675	502	9	9	7	10	6	-
N.H.	13	30	499	497	4	5	10	14	9	15
Vt.	2	6	265	242	13	6	3	14	4	7
Mass.	681	702	4,968	4,434	6	21	51	52	46	48
R.I.	41	63	1,207	1,181	2	-	6	6	5	7
Conn.	250	279	2,718	3,691	-	3	33	22	30	26
MID. ATLANTIC	4,030	5,895	19,077	33,989	62	183	123	58	64	52
Upstate N.Y.	213	726	N	N	37	54	98	38	43	4
N.Y. City	2,325	2,997	5,527	14,341	7	107	7	4	-	-
N.J.	885	1,146	3,346	6,148	7	14	18	16	13	47
Pa.	607	1,026	10,204	13,500	11	8	N	N	8	1
E.N. CENTRAL	1,641	1,499	46,479	58,499	120	144	174	148	78	129
Ohio	218	246	11,863	13,901	23	19	40	51	25	42
Ind.	149	189	5,922	5,973	11	9	28	17	19	17
Ill.	1,012	677	12,753	16,014	7	29	49	53	-	35
Mich.	190	308	11,647	10,544	28	20	36	27	21	17
Wis.	72	79	4,294	12,067	51	67	21	N	13	18
W.N. CENTRAL	376	531	16,467	18,930	55	54	169	141	105	164
Minn.	79	82	3,282	3,790	11	13	52	36	41	54
Iowa	38	52	2,101	2,217	15	12	33	24	10	15
Mo.	164	259	5,745	6,864	10	10	44	13	31	21
N. Dak.	-	4	282	441	5	4	8	3	6	4
S. Dak.	3	11	865	792	5	3	7	5	3	14
Nebr.	25	37	1,548	1,706	7	11	15	48	9	55
Kans.	67	86	2,644	3,120	2	1	10	12	5	1
S. ATLANTIC	4,484	6,284	60,046	69,646	114	161	85	94	45	76
Del.	78	80	1,402	1,392	4	-	-	4	-	-
Md.	459	721	6,158	6,388	7	7	11	7	1	-
D.C.	315	239	1,694	N	7	6	-	-	U	U
Va.	327	335	7,241	7,487	4	10	16	28	15	25
W. Va.	29	31	753	888	3	-	3	4	3	2
N.C.	279	394	11,192	11,466	11	4	17	22	6	26
S.C.	326	579	4,870	8,873	-	-	6	11	2	9
Ga.	430	957	11,094	17,683	58	86	13	5	9	U
Fla.	2,241	2,948	15,642	15,469	20	48	19	13	9	14
E.S. CENTRAL	805	1,028	22,803	21,927	25	10	44	56	26	40
Ky.	99	151	4,008	3,850	1	2	17	13	12	10
Tenn.	337	402	7,176	6,866	7	4	17	24	12	16
Ala.	213	255	7,009	5,205	10	2	4	13	-	12
Miss.	156	220	4,610	6,006	7	2	6	6	2	2
W.S. CENTRAL	1,511	2,475	43,552	44,558	25	40	52	40	55	49
Ark.	94	90	2,628	3,020	1	-	31	5	3	5
La.	281	463	9,507	7,279	5	21	-	5	18	6
Okla.	110	71	3,861	3,946	4	2	9	7	6	6
Tex.	1,026	1,851	27,556	30,313	15	17	12	23	28	32
MOUNTAIN	582	852	18,094	17,529	39	38	122	62	44	51
Mont.	7	4	752	654	6	7	12	4	-	-
Idaho	11	12	930	846	3	2	14	2	-	6
Wyo.	2	3	326	360	3	-	5	3	2	5
Colo.	130	171	5,353	4,156	11	4	53	23	20	13
N. Mex.	58	46	2,210	2,645	2	15	5	3	3	1
Ariz.	193	422	5,851	6,281	3	7	24	11	18	6
Utah	61	80	1,240	1,039	9	N	7	13	1	15
Nev.	120	114	1,432	1,548	2	3	2	3	-	5
PACIFIC	2,388	3,353	45,651	53,998	117	198	157	84	73	98
Wash.	247	185	6,403	5,951	N	N	49	29	43	38
Oreg.	86	87	2,626	3,124	8	75	25	19	23	20
Calif.	1,987	3,022	34,392	42,406	109	123	74	32	-	37
Alaska	5	13	1,174	932	-	-	2	-	-	-
Hawaii	63	46	1,056	1,585	-	-	7	4	7	3
Guam	13	5	-	223	-	-	N	N	U	U
P.R.	431	737	298	U	-	-	4	10	U	U
V.I.	18	15	-	U	-	U	-	U	U	U
Amer. Samoa	-	-	-	U	-	U	-	U	U	U
C.N.M.I.	-	-	-	U	-	U	-	U	U	U

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

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

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

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update May 28, 2000.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending July 1, 2000, and July 3, 1999 (26th Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Lyme Disease	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	146,864	175,475	1,226	1,894	343	430	2,554	4,015
NEW ENGLAND	2,775	3,185	25	9	23	26	570	1,184
Maine	41	24	1	1	2	3	-	1
N.H.	52	45	-	-	2	3	35	-
Vt.	29	28	3	3	2	4	2	2
Mass.	1,299	1,232	18	2	9	7	230	329
R.I.	302	304	3	3	3	3	42	77
Conn.	1,052	1,552	-	-	5	6	261	775
MID. ATLANTIC	12,291	19,736	32	68	68	109	1,530	2,024
Upstate N.Y.	3,257	3,035	32	33	31	26	706	831
N.Y. City	2,322	6,872	-	-	-	14	4	57
N.J.	1,854	3,650	-	-	4	11	287	476
Pa.	4,858	6,179	-	35	33	58	533	660
E.N. CENTRAL	28,633	34,956	108	1,046	81	138	31	274
Ohio	6,995	8,679	3	1	37	42	22	18
Ind.	2,729	3,194	1	1	16	18	6	14
Ill.	8,952	10,824	7	27	8	18	1	10
Mich.	8,329	7,317	97	427	14	34	-	1
Wis.	1,628	4,942	-	590	6	26	2	231
W.N. CENTRAL	7,110	7,953	343	91	25	22	74	65
Minn.	1,334	1,392	5	2	1	1	24	13
Iowa	465	492	1	-	4	7	4	8
Mo.	3,463	3,894	312	87	16	10	13	29
N. Dak.	6	42	-	-	-	-	-	1
S. Dak.	128	77	-	-	1	1	-	-
Nebr.	562	780	3	2	-	3	-	7
Kans.	1,152	1,276	22	-	3	-	33	7
S. ATLANTIC	43,225	52,034	60	107	74	51	285	350
Del.	794	840	-	-	4	5	33	33
Md.	4,109	5,715	6	29	23	7	182	245
D.C.	1,190	3,085	2	-	1	-	1	1
Va.	4,650	4,943	1	10	8	13	37	22
W. Va.	227	293	5	13	N	N	8	8
N.C.	8,850	9,779	13	24	8	8	9	34
S.C.	5,729	4,905	1	12	2	7	2	3
Ga.	6,819	11,559	2	1	4	-	-	-
Fla.	10,857	10,915	30	18	24	11	13	4
E.S. CENTRAL	16,346	16,989	208	148	11	21	13	39
Ky.	1,677	1,675	17	9	5	10	2	5
Tenn.	5,563	5,377	57	44	4	9	8	14
Ala.	5,485	4,626	7	1	2	2	2	10
Miss.	3,621	5,311	127	94	-	-	1	10
W.S. CENTRAL	22,631	25,056	274	257	10	2	1	13
Ark.	1,358	1,492	3	14	-	-	-	1
La.	6,666	5,987	169	179	8	1	1	3
Okla.	1,670	1,973	4	7	1	1	-	4
Tex.	12,937	15,604	98	57	1	-	-	5
MOUNTAIN	4,751	4,746	103	100	18	25	3	5
Mont.	26	21	2	4	-	-	-	-
Idaho	48	40	3	4	3	-	-	-
Wyo.	28	12	60	34	1	-	1	1
Colo.	1,507	1,171	13	15	7	4	1	1
N. Mex.	490	506	10	17	1	1	-	1
Ariz.	1,920	2,271	11	18	2	4	-	-
Utah	125	98	-	5	4	10	-	-
Nev.	607	627	4	3	-	6	1	2
PACIFIC	9,102	10,820	73	68	33	36	47	61
Wash.	1,113	1,033	11	8	11	9	-	2
Oreg.	345	456	16	8	N	N	3	6
Calif.	7,336	8,965	45	52	22	26	44	53
Alaska	159	153	-	-	-	1	-	-
Hawaii	149	213	1	-	-	-	N	N
Guam	-	31	-	-	-	-	-	-
P.R.	275	164	1	-	-	-	N	N
V.I.	-	U	-	U	-	U	-	U
Amer. Samoa	-	U	-	U	-	U	-	U
C.N.M.I.	-	U	-	U	-	U	-	U

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

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending July 1, 2000, and July 3, 1999 (26th Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	476	605	2,556	2,953	13,236	14,830	9,301	14,064
NEW ENGLAND	19	24	337	411	843	881	799	916
Maine	4	2	71	75	63	57	38	42
N.H.	1	-	4	26	60	45	50	54
Vt.	2	1	33	60	55	34	56	37
Mass.	6	11	110	91	463	506	443	506
R.I.	4	2	21	51	40	49	49	74
Conn.	2	8	98	108	162	190	163	203
MID. ATLANTIC	82	166	471	550	1,712	2,059	1,655	1,910
Upstate N.Y.	28	34	326	379	503	479	502	512
N.Y. City	29	79	U	U	390	586	515	623
N.J.	9	34	75	102	418	463	259	455
Pa.	16	19	70	69	401	531	379	320
E.N. CENTRAL	53	77	30	47	1,991	2,275	1,200	1,987
Ohio	11	9	9	11	538	429	423	418
Ind.	3	8	-	-	233	188	208	188
Ill.	19	33	1	1	605	754	1	729
Mich.	15	19	20	25	401	444	416	435
Wis.	5	8	-	10	214	460	152	217
W.N. CENTRAL	22	23	267	399	947	928	959	1,068
Minn.	7	5	48	51	201	220	274	309
Iowa	1	6	40	63	146	94	94	84
Mo.	4	10	11	14	329	314	367	401
N. Dak.	2	-	74	84	27	15	36	30
S. Dak.	-	-	48	120	34	44	37	62
Nebr.	2	-	-	3	64	105	44	86
Kans.	6	2	46	64	146	136	107	96
S. ATLANTIC	133	145	1,094	1,060	2,637	2,861	1,667	2,573
Del.	3	1	20	30	41	55	51	65
Md.	44	47	217	231	362	342	339	395
D.C.	8	10	-	-	29	40	U	U
Va.	26	30	257	265	352	503	302	461
W. Va.	-	1	61	62	67	43	60	61
N.C.	11	10	286	213	356	450	237	508
S.C.	1	1	65	79	251	165	156	153
Ga.	4	12	123	101	446	452	476	668
Fla.	36	33	65	79	733	811	46	262
E.S. CENTRAL	20	12	89	137	660	794	428	553
Ky.	5	2	12	22	153	178	107	125
Tenn.	5	5	46	51	174	197	194	214
Ala.	9	4	31	64	203	229	111	184
Miss.	1	1	-	-	130	190	16	30
W.S. CENTRAL	7	12	35	62	1,003	1,314	1,219	1,122
Ark.	1	2	-	-	188	167	105	76
La.	2	9	-	-	105	272	177	250
Okla.	4	1	35	62	146	160	97	117
Tex.	-	-	-	-	564	715	840	679
MOUNTAIN	22	21	110	101	1,238	1,361	840	1,284
Mont.	1	3	32	35	53	28	-	1
Idaho	1	1	1	-	68	41	-	45
Wyo.	-	1	26	29	22	18	14	21
Colo.	11	9	-	1	377	398	340	397
N. Mex.	-	2	10	4	102	188	83	164
Ariz.	2	2	38	31	325	387	267	342
Utah	3	2	2	-	172	212	136	222
Nev.	4	1	1	1	119	89	-	92
PACIFIC	118	125	123	186	2,205	2,357	534	2,651
Wash.	11	10	-	-	205	220	237	424
Oreg.	22	13	2	1	160	212	191	287
Calif.	82	93	102	179	1,725	1,713	-	1,765
Alaska	-	-	19	6	26	21	18	13
Hawaii	3	9	-	-	89	191	88	162
Guam	-	-	-	-	-	20	U	U
P.R.	-	-	32	46	109	274	U	U
V.I.	-	U	-	U	-	U	U	U
Amer. Samoa	-	U	-	U	-	U	U	U
C.N.M.I.	-	U	-	U	-	U	U	U

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

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

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending July 1, 2000, and July 3, 1999 (26th Week)

Reporting Area	Shigellosis* NETSS Cum. 2000	Shigellosis* NETSS Cum. 1999	Shigellosis* PHLIS Cum. 2000	Shigellosis* PHLIS Cum. 1999	Syphilis (Primary & Secondary) Cum. 2000	Syphilis (Primary & Secondary) Cum. 1999	Tuberculosis Cum. 2000	Tuberculosis Cum. 1999†
UNITED STATES	8,063	6,669	3,994	3,752	2,890	3,351	4,994	7,261
NEW ENGLAND	159	161	131	142	38	31	187	189
Maine	5	3	-	-	-	-	2	10
N.H.	3	7	6	6	-	1	4	4
Vt.	1	4	-	3	-	2	-	-
Mass.	111	104	86	92	31	19	116	104
R.I.	12	14	12	9	3	1	22	19
Conn.	27	29	27	32	4	8	43	52
MID. ATLANTIC	997	453	624	259	111	148	1,129	1,152
Upstate N.Y.	411	111	146	33	7	13	122	141
N.Y. City	387	147	326	119	40	65	620	610
N.J.	120	121	76	91	23	31	268	243
Pa.	79	74	76	16	41	39	119	158
E.N. CENTRAL	1,745	1,242	527	590	579	594	573	749
Ohio	141	259	95	57	38	48	132	108
Ind.	686	53	51	23	218	190	35	52
Ill.	431	451	2	370	167	213	289	387
Mich.	379	164	346	116	136	113	78	153
Wis.	108	315	33	24	20	30	39	49
W.N. CENTRAL	868	551	603	372	37	79	232	245
Minn.	189	82	201	95	3	7	77	95
Iowa	234	7	131	12	10	7	23	26
Mo.	337	398	221	218	19	51	92	87
N. Dak.	4	2	3	2	-	-	2	2
S. Dak.	2	8	1	5	-	-	9	3
Nebr.	25	31	9	23	2	4	10	12
Kans.	77	23	37	17	3	10	19	20
S. ATLANTIC	1,132	1,084	322	280	967	1,103	1,058	1,419
Del.	8	8	6	3	5	4	-	20
Md.	60	59	23	19	140	222	129	131
D.C.	16	30	U	U	31	42	7	27
Va.	159	40	133	20	63	89	108	121
W. Va.	3	5	3	3	1	2	18	23
N.C.	60	113	26	56	290	243	152	211
S.C.	63	58	46	30	97	139	50	169
Ga.	121	104	36	37	159	204	181	300
Fla.	642	667	49	112	181	158	413	417
E.S. CENTRAL	415	674	258	433	447	596	331	481
Ky.	106	121	44	81	51	52	58	98
Tenn.	205	439	200	318	283	328	123	149
Ala.	23	60	11	33	56	131	150	146
Miss.	81	54	3	1	57	85	-	88
W.S. CENTRAL	900	1,181	973	479	398	511	149	1,038
Ark.	104	47	24	21	47	37	91	80
La.	69	94	72	53	98	129	1	U
Okla.	61	308	16	94	72	110	57	62
Tex.	666	732	861	311	181	235	-	896
MOUNTAIN	453	342	202	224	104	116	232	224
Mont.	4	6	-	-	-	-	6	5
Idaho	30	5	-	5	1	1	5	-
Wyo.	1	2	2	1	1	-	1	1
Colo.	78	53	37	38	2	1	29	U
N. Mex.	47	40	22	31	12	6	29	26
Ariz.	187	186	105	113	85	102	102	113
Utah	35	26	36	27	-	2	22	25
Nev.	71	24	-	9	3	4	38	54
PACIFIC	1,394	981	354	973	209	173	1,103	1,764
Wash.	314	52	279	55	35	39	113	84
Oreg.	94	36	55	32	4	3	8	57
Calif.	956	870	-	866	169	129	865	1,512
Alaska	7	-	3	-	-	1	50	30
Hawaii	23	23	17	20	1	1	67	81
Guam	-	7	U	U	-	1	-	-
P.R.	1	53	U	U	65	83	-	103
V.I.	-	U	U	U	-	U	-	U
Amer. Samoa	-	U	U	U	-	U	-	U
C.N.M.I.	-	U	U	U	-	U	-	U

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

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

†Cumulative reports of provisional tuberculosis cases for 1999 are unavailable ("U") for some areas using the Tuberculosis Information System (TIMS).

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending July 1, 2000, and July 3, 1999 (26th Week)

Reporting Area	*H. influenzae*, Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 2000†	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	Cum. 2000	2000	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	629	617	5,281	9,484	3,235	3,376	3	24	-	9	33	57
NEW ENGLAND	45	42	125	115	35	73	-	-	-	2	2	9
Maine	1	5	9	4	5	-	-	-	-	-	-	-
N.H.	9	7	16	7	10	8	-	-	-	-	-	1
Vt.	3	4	4	1	4	1	-	-	-	2	2	-
Mass.	21	17	55	44	7	27	-	-	-	-	-	6
R.I.	1	-	7	9	9	15	-	-	-	-	-	-
Conn.	10	9	34	50	-	22	-	-	-	-	-	2
MID. ATLANTIC	101	109	260	607	336	469	2	3	-	1	4	5
Upstate N.Y.	50	45	106	127	63	104	2	3	-	-	3	2
N.Y. City	23	34	150	159	194	142	-	-	-	-	-	3
N.J.	21	27	4	78	79	68	-	-	-	-	-	-
Pa.	7	3	-	243	-	155	U	-	U	1	1	-
E.N. CENTRAL	81	100	665	1,598	341	328	-	6	-	-	6	1
Ohio	33	37	143	369	63	47	-	2	-	-	2	-
Ind.	11	14	30	58	26	27	-	-	-	-	-	1
Ill.	32	41	238	331	61	-	-	3	-	-	3	-
Mich.	5	8	241	797	190	231	-	1	-	-	1	-
Wis.	-	-	13	43	1	23	U	-	U	-	-	-
W.N. CENTRAL	35	26	587	375	475	140	-	2	-	1	3	-
Minn.	16	13	129	33	19	19	-	-	-	1	1	-
Iowa	-	1	49	73	21	23	-	1	-	-	1	-
Mo.	7	3	282	221	391	83	-	-	-	-	-	-
N. Dak.	1	-	2	1	2	-	U	-	U	-	-	-
S. Dak.	-	2	-	8	-	1	-	-	-	-	-	-
Nebr.	4	3	18	29	18	11	-	-	-	-	-	-
Kans.	7	4	107	10	24	3	-	1	-	-	1	-
S. ATLANTIC	171	134	650	895	605	524	1	1	-	-	1	4
Del.	-	-	-	2	-	-	-	-	-	-	-	-
Md.	44	33	81	161	65	94	-	-	-	-	-	-
D.C.	-	4	11	34	16	12	-	-	-	-	-	-
Va.	28	12	70	79	75	52	U	-	U	-	-	3
W. Va.	5	4	43	17	6	14	-	-	-	-	-	-
N.C.	15	22	90	64	137	117	-	-	-	-	-	-
S.C.	8	2	28	19	5	37	-	-	-	-	-	-
Ga.	47	38	92	261	97	58	-	-	-	-	-	-
Fla.	24	19	235	258	204	140	1	1	-	-	1	1
E.S. CENTRAL	29	42	224	233	229	237	-	-	-	-	-	2
Ky.	11	6	26	44	46	17	-	-	-	-	-	2
Tenn.	13	21	87	97	107	113	-	-	-	-	-	-
Ala.	4	13	31	36	27	51	-	-	-	-	-	-
Miss.	1	2	80	56	49	56	U	-	U	-	-	-
W.S. CENTRAL	35	41	878	2,801	351	574	-	1	-	-	1	3
Ark.	-	1	88	23	53	41	-	1	-	-	1	-
La.	7	11	28	90	50	112	-	-	-	-	-	-
Okla.	26	27	151	291	71	73	-	-	-	-	-	-
Tex.	2	2	611	2,397	177	348	-	-	-	-	-	3
MOUNTAIN	69	56	456	724	244	315	-	9	-	1	10	1
Mont.	-	1	2	12	3	16	U	-	U	-	-	-
Idaho	3	1	17	28	5	17	-	-	-	-	-	-
Wyo.	1	1	6	4	2	7	U	-	U	-	-	-
Colo.	11	9	96	138	50	47	-	1	-	1	2	-
N. Mex.	14	13	41	29	60	97	-	-	-	-	-	-
Ariz.	33	27	228	416	89	80	-	-	-	-	-	1
Utah	6	2	34	28	14	20	-	3	-	-	3	-
Nev.	1	2	32	69	21	31	-	5	-	-	5	-
PACIFIC	63	67	1,436	2,136	619	716	-	2	-	4	6	32
Wash.	3	2	139	163	39	33	-	-	-	-	-	5
Oreg.	18	23	115	143	49	60	-	-	-	-	-	10
Calif.	24	35	1,174	1,814	521	604	-	1	-	2	3	16
Alaska	2	5	8	4	5	11	-	1	-	-	1	-
Hawaii	16	2	-	12	5	8	-	-	-	2	2	1
Guam	-	-	-	2	-	2	U	-	U	-	-	1
P.R.	1	2	55	184	54	140	-	-	-	-	-	-
V.I.	-	U	-	U	-	U	U	-	U	-	-	U
Amer. Samoa	-	U	-	U	-	U	U	-	U	-	-	U
C.N.M.I.	-	U	-	U	-	U	U	-	U	-	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
*For imported measles, cases include only those resulting from importation from other countries.
†Of 130 cases among children aged <5 years, serotype was reported for 58 and of those, 15 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending July 1, 2000, and July 3, 1999 (26th Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999
UNITED STATES	1,190	1,390	2	191	203	53	2,379	2,901	3	57	154
NEW ENGLAND	74	69	-	2	4	3	605	309	1	6	7
Maine	6	5	-	-	-	-	14	-	-	-	-
N.H.	9	9	-	-	1	-	62	53	1	2	-
Vt.	2	4	-	-	-	1	136	15	-	-	-
Mass.	44	41	-	-	3	1	355	224	-	3	7
R.I.	5	2	-	1	-	1	9	8	-	-	-
Conn.	8	8	-	1	-	-	29	9	-	1	-
MID. ATLANTIC	116	138	-	9	26	-	183	582	-	2	20
Upstate N.Y.	36	36	-	6	5	-	109	495	-	2	13
N.Y. City	25	41	-	-	6	-	-	15	-	-	2
N.J.	24	29	-	-	1	-	-	15	-	-	2
Pa.	31	32	U	3	14	U	74	57	U	-	3
E.N. CENTRAL	210	247	-	23	27	8	274	239	1	1	2
Ohio	50	93	-	7	7	4	167	114	-	-	-
Ind.	27	32	-	-	3	-	27	14	-	-	1
Ill.	50	65	-	5	7	-	21	50	1	1	1
Mich.	64	31	-	11	8	4	28	22	-	-	-
Wis.	19	26	U	-	2	U	31	39	U	-	-
W.N. CENTRAL	103	139	-	12	8	8	131	106	-	1	80
Minn.	7	29	-	-	1	6	66	33	-	-	-
Iowa	19	26	-	5	3	1	22	20	-	-	25
Mo.	60	51	-	1	1	-	23	27	-	-	2
N. Dak.	2	3	U	-	-	U	1	-	U	-	-
S. Dak.	5	8	-	-	-	-	3	4	-	-	-
Nebr.	5	8	-	2	-	-	3	3	-	-	53
Kans.	5	14	-	4	3	1	13	19	-	1	-
S. ATLANTIC	195	213	-	32	35	4	187	142	-	32	20
Del.	-	4	-	-	-	-	4	-	-	-	-
Md.	18	34	-	7	4	1	43	44	-	-	1
D.C.	-	1	-	-	2	-	1	-	-	-	-
Va.	31	26	U	5	8	U	20	13	U	-	-
W. Va.	8	4	-	-	-	-	-	1	-	-	-
N.C.	30	27	-	4	8	-	49	35	-	23	19
S.C.	15	28	-	10	3	2	19	8	-	7	-
Ga.	32	41	-	2	1	-	20	16	-	-	-
Fla.	61	48	-	4	9	1	31	25	-	2	-
E.S. CENTRAL	85	104	-	6	6	6	43	53	-	4	2
Ky.	18	19	-	-	-	2	19	12	-	1	-
Tenn.	37	38	-	2	-	3	13	26	-	-	-
Ala.	25	28	-	2	4	1	10	13	-	3	2
Miss.	5	19	U	2	2	U	1	2	U	-	-
W.S. CENTRAL	86	141	-	20	24	4	115	76	-	4	4
Ark.	8	25	-	1	-	-	10	7	-	-	-
La.	27	50	-	3	5	-	3	4	-	-	-
Okla.	21	21	-	-	1	-	6	8	-	-	-
Tex.	30	45	-	16	18	4	96	57	-	4	4
MOUNTAIN	66	87	-	14	9	9	399	353	1	2	15
Mont.	1	2	U	1	-	U	8	2	U	-	-
Idaho	6	8	-	-	1	-	42	99	-	-	-
Wyo.	-	3	U	1	-	U	1	2	U	-	-
Colo.	24	22	-	1	3	4	220	127	-	1	-
N. Mex.	7	11	-	1	N	5	73	30	-	-	-
Ariz.	18	28	-	3	-	-	40	60	1	1	13
Utah	7	8	-	4	2	-	9	31	-	-	1
Nev.	3	5	-	3	3	-	6	2	-	-	1
PACIFIC	255	252	2	73	64	11	442	1,041	-	5	4
Wash.	31	38	-	3	2	4	178	501	-	-	-
Oreg.	35	47	N	N	N	7	53	20	-	-	-
Calif.	179	157	2	60	55	-	197	496	-	5	4
Alaska	4	6	-	7	1	-	8	3	-	-	-
Hawaii	6	4	-	3	6	-	6	21	-	-	-
Guam	-	1	U	-	1	U	-	1	U	-	-
P.R.	5	12	-	-	-	-	-	12	-	-	-
V.I.	-	U	U	-	U	U	-	U	U	-	U
Amer. Samoa	-	U	U	-	U	U	-	U	U	-	U
C.N.M.I.	-	U	U	-	U	U	-	U	U	-	U

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

TABLE IV. Deaths in 122 U.S. cities,* week ending July 1, 2000 (26th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	471	343	85	22	12	9	36
Boston, Mass.	163	112	32	7	6	6	11
Bridgeport, Conn.	33	23	9	1	-	-	3
Cambridge, Mass.	13	12	1	-	-	-	-
Fall River, Mass.	17	14	2	-	-	1	-
Hartford, Conn.	49	34	11	2	1	1	4
Lowell, Mass.	18	13	3	1	1	-	1
Lynn, Mass.	11	10	-	-	1	-	1
New Bedford, Mass.	20	17	2	-	1	-	1
New Haven, Conn.	53	44	5	4	-	-	6
Providence, R.I.	U	U	U	U	U	U	U
Somerville, Mass.	7	6	1	-	-	-	4
Springfield, Mass.	U	U	U	U	U	U	U
Waterbury, Conn.	33	19	9	3	2	-	2
Worcester, Mass.	54	39	10	4	-	1	3
MID. ATLANTIC	2,101	1,480	399	145	37	40	90
Albany, N.Y.	54	44	5	4	-	1	5
Allentown, Pa.	U	U	U	U	U	U	U
Buffalo, N.Y.	75	55	11	6	1	2	5
Camden, N.J.	25	16	5	2	-	2	-
Elizabeth, N.J.	23	15	5	1	1	1	-
Erie, Pa.§	42	30	7	4	1	-	1
Jersey City, N.J.	52	38	8	2	2	2	-
New York City, N.Y.	1,122	786	229	75	14	18	38
Newark, N.J.	U	U	U	U	U	U	U
Paterson, N.J.	25	17	4	2	1	1	2
Philadelphia, Pa.	368	237	78	31	11	11	14
Pittsburgh, Pa.§	52	37	8	5	2	-	4
Reading, Pa.	32	26	3	1	2	-	4
Rochester, N.Y.	110	87	15	6	1	1	8
Schenectady, N.Y.	U	U	U	U	U	U	U
Scranton, Pa.§	30	24	4	2	-	-	4
Syracuse, N.Y.	59	44	10	3	1	1	5
Trenton, N.J.	U	U	U	U	U	U	U
Utica, N.Y.	17	15	2	-	-	-	-
Yonkers, N.Y.	15	9	5	1	-	-	-
E.N. CENTRAL	1,970	1,304	391	154	50	61	139
Akron, Ohio	45	30	10	2	1	2	1
Canton, Ohio	34	29	2	1	-	2	3
Chicago, Ill.	449	264	107	46	13	17	55
Cincinnati, Ohio	54	29	13	6	4	2	5
Cleveland, Ohio	141	89	33	11	2	6	6
Columbus, Ohio	184	119	37	8	7	5	15
Dayton, Ohio	121	90	16	7	6	2	4
Detroit, Mich.	207	128	42	26	3	8	16
Evansville, Ind.	46	36	7	1	2	-	2
Fort Wayne, Ind.	66	40	17	7	2	-	2
Gary, Ind.	19	12	3	2	1	1	1
Grand Rapids, Mich.	44	32	6	2	3	1	3
Indianapolis, Ind.	197	132	38	15	4	8	8
Lansing, Mich.	15	14	1	-	-	-	1
Milwaukee, Wis.	127	82	30	12	1	2	9
Peoria, Ill.	41	29	5	4	-	3	3
Rockford, Ill.	45	36	7	1	-	1	1
South Bend, Ind.	75	66	6	1	1	1	1
Toledo, Ohio	U	U	U	U	U	U	U
Youngstown, Ohio	60	47	11	2	-	-	3
W.N. CENTRAL	723	515	138	32	25	13	39
Des Moines, Iowa	57	48	6	1	-	2	9
Duluth, Minn.	33	24	7	-	1	1	1
Kansas City, Kans.	36	24	7	2	3	-	-
Kansas City, Mo.	94	61	17	8	7	1	4
Lincoln, Nebr.	30	25	4	1	-	-	4
Minneapolis, Minn.	156	115	27	7	5	2	6
Omaha, Nebr.	74	52	17	2	2	1	8
St. Louis, Mo.	89	51	27	7	2	2	-
St. Paul, Minn.	91	72	14	2	2	1	5
Wichita, Kans.	63	43	12	2	3	3	2
S. ATLANTIC	976	610	207	95	42	22	67
Atlanta, Ga.	U	U	U	U	U	U	U
Baltimore, Md.	198	116	41	28	8	5	14
Charlotte, N.C.	99	62	22	4	8	3	6
Jacksonville, Fla.	107	57	30	11	6	3	7
Miami, Fla.	91	63	15	9	1	3	6
Norfolk, Va.	58	37	9	11	1	-	3
Richmond, Va.	73	43	18	5	6	1	4
Savannah, Ga.	66	50	11	4	1	-	7
St. Petersburg, Fla.	U	U	U	U	U	U	U
Tampa, Fla.	185	127	36	13	5	4	19
Washington, D.C.	99	55	25	10	6	3	1
Wilmington, Del.	U	U	U	U	U	U	U
E.S. CENTRAL	813	560	152	60	26	15	48
Birmingham, Ala.	126	83	24	12	2	5	11
Chattanooga, Tenn.	72	49	13	6	4	-	6
Knoxville, Tenn.	96	81	11	1	3	-	4
Lexington, Ky.	83	52	23	4	3	1	5
Memphis, Tenn.	174	127	30	9	4	4	7
Mobile, Ala.	49	30	10	8	1	-	1
Montgomery, Ala.	53	32	9	8	3	1	3
Nashville, Tenn.	160	106	32	12	6	4	11
W.S. CENTRAL	1,423	887	294	134	70	34	91
Austin, Tex.	76	41	15	12	5	3	3
Baton Rouge, La.	49	36	9	4	-	-	3
Corpus Christi, Tex.	U	U	U	U	U	U	U
Dallas, Tex.	194	125	36	19	8	6	10
El Paso, Tex.	70	44	15	6	1	2	3
Ft. Worth, Tex.	98	69	10	11	4	4	5
Houston, Tex.	441	255	107	47	23	9	38
Little Rock, Ark.	50	30	14	4	1	1	4
New Orleans, La.	84	36	21	9	15	1	7
San Antonio, Tex.	190	128	37	15	6	4	11
Shreveport, La.	65	46	12	2	3	2	2
Tulsa, Okla.	106	77	18	5	4	2	5
MOUNTAIN	872	599	160	67	29	17	70
Albuquerque, N.M.	98	70	15	8	4	1	9
Boise, Idaho	32	22	6	1	3	-	4
Colo. Springs, Colo.	43	31	6	3	2	1	1
Denver, Colo.	103	69	18	11	3	2	10
Las Vegas, Nev.	161	114	30	12	3	2	11
Ogden, Utah	35	22	5	4	2	2	3
Phoenix, Ariz.	136	83	33	12	4	4	13
Pueblo, Colo.	33	27	3	3	-	-	2
Salt Lake City, Utah	104	68	21	7	4	4	12
Tucson, Ariz.	127	93	23	6	4	1	5
PACIFIC	1,218	879	205	69	33	29	98
Berkeley, Calif.	14	9	3	1	-	1	2
Fresno, Calif.	136	101	22	6	4	3	-
Glendale, Calif.	U	U	U	U	U	U	U
Honolulu, Hawaii	75	56	13	4	-	2	5
Long Beach, Calif.	64	47	8	3	3	3	9
Los Angeles, Calif.	U	U	U	U	U	U	U
Pasadena, Calif.	U	U	U	U	U	U	U
Portland, Oreg.	118	85	21	8	2	1	1
Sacramento, Calif.	152	111	25	7	3	5	22
San Diego, Calif.	171	122	31	10	4	4	15
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	156	115	22	8	5	6	16
Santa Cruz, Calif.	35	29	5	1	-	-	3
Seattle, Wash.	135	85	27	13	8	2	7
Spokane, Wash.	63	39	17	4	1	2	11
Tacoma, Wash.	99	80	11	4	3	-	7
TOTAL	10,567¶	7,177	2,031	778	324	240	678

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.

Notice to Readers

Federal Register Notice on *Draft Public Health Action Plan to Combat Antimicrobial Resistance*

The *Draft Public Health Action Plan to Combat Antimicrobial Resistance* became available for public comment on June 22, 2000. Comments must be submitted in writing by August 4, 2000, to the Office of Health Communication, National Center for Infectious Diseases, CDC, Mailstop C-14, 1600 Clifton Rd., N.E., Atlanta, GA 30333; fax, (404) 371-5489; e-mail, aractionplan@cdc.gov; or the World-Wide Web, http://www.cdc.gov/drugresistance/actionplan/.

Requests for copies of the plan should be submitted to the Office of Health Communication, National Center for Infectious Diseases, CDC, Mailstop C-14, 1600 Clifton Rd., N.E., Atlanta, GA 30333; fax, (404) 371-5489; e-mail, ncid@cdc.gov; or the Web, http://www.cdc.gov/drugresistance/actionplan/. Copies can be downloaded from the Web site.

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
Jose Aponte
Paul Gangarosa, M.P.H.
Gerald Jones
David Nitschke
Scott Noldy

CDC Operations Team
Carol M. Knowles
Deborah A. Adams
Willie J. Anderson
Patsy A. Hall
Pearl Sharp
Carol A. Worsham

Informatics

T. Demetri Vacalis, Ph.D.
Michele D. Renshaw
Erica R. Shaver

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format and on a paid subscription basis for paper copy. To receive an electronic copy on Friday of each week, send an e-mail message to *listserv@listserv.cdc.gov*. The body content should read *SUBscribe mmwr-toc*. Electronic copy also is available from CDC's World-Wide Web server at *http://www.cdc.gov/* or from CDC's file transfer protocol server at *ftp.cdc.gov*. To subscribe for paper copy, contact Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone (202) 512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Address inquiries about the *MMWR* Series, including material to be considered for publication, to: Editor, *MMWR* Series, Mailstop C-08, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333; telephone (888) 232-3228.

☆U.S. Government Printing Office: 2000-533-206/28024 Region IV