

Motor-Vehicle Crashes — Continued

through use of safety belts, child safety seats, and air bags), and reduction of alcohol-impaired driving and other risky driving practices (9,10).

Further information on cost estimates of motor-vehicle crashes is available in *The Economic Cost of Motor Vehicle Crashes, 1990* (2). Copies are available through the Distribution Office, Room 6117, NHTSA, 400 7th Street, SW, Washington, DC 20590.

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HIV Prevention through Case Management for HIV-Infected Persons — Selected Sites, United States, 1989-1992

Transmission of human immunodeficiency virus (HIV) infection can be prevented through HIV-prevention case management—a one-on-one client service specifically designed to assist HIV-infected persons in receiving services that will prevent or reduce behaviors that result in further spread of the virus, delay the onset of symptomatic HIV disease, and improve the client's health status (1). This approach enables HIV-infected persons to enter a stable, ongoing medical-care system and supports prevention goals by providing multiple opportunities to provide risk-reduction information and to reinforce safer behaviors. This report summarizes an assessment of HIV-prevention case-management systems in three community health centers (CHCs) during 1989-1992 and provides information regarding self-reported changes in sexual risk behaviors of HIV-seropositive clients.

From October 1, 1989, through September 30, 1992, CDC and the Health Resources and Services Administration funded three CHCs to provide integrated HIV-prevention

Case Management — Continued

and early intervention services within existing primary health-care programs. Sites were selected in Miami; New York City; and Newark, New Jersey, because those cities had high annual acquired immunodeficiency syndrome (AIDS) incidence rates per 100,000 population from August 1988 through July 1989 (45.0, 63.0, and 52.3, respectively) (2) and because CHCs in those sites were providing health services to large numbers of racial/ethnic minorities, a population disproportionately affected by the HIV epidemic (3).

The risk-reduction programs of each of the three CHCs comprised the same standard components: HIV counseling and testing routinely offered to all persons and case-management services offered to HIV-seropositive persons. A follow-up visit (time 1) was scheduled for persons after they received HIV-test results and posttest counseling. During this visit, the case manager administered a standardized questionnaire about drug and alcohol use and sexual behaviors, provided additional risk-reduction counseling, and developed a care plan for necessary medical and psychosocial services. Four to 6 months after the first follow-up visit, clients were scheduled to meet with the case manager (time 2), and the behavioral questionnaire was administered again.

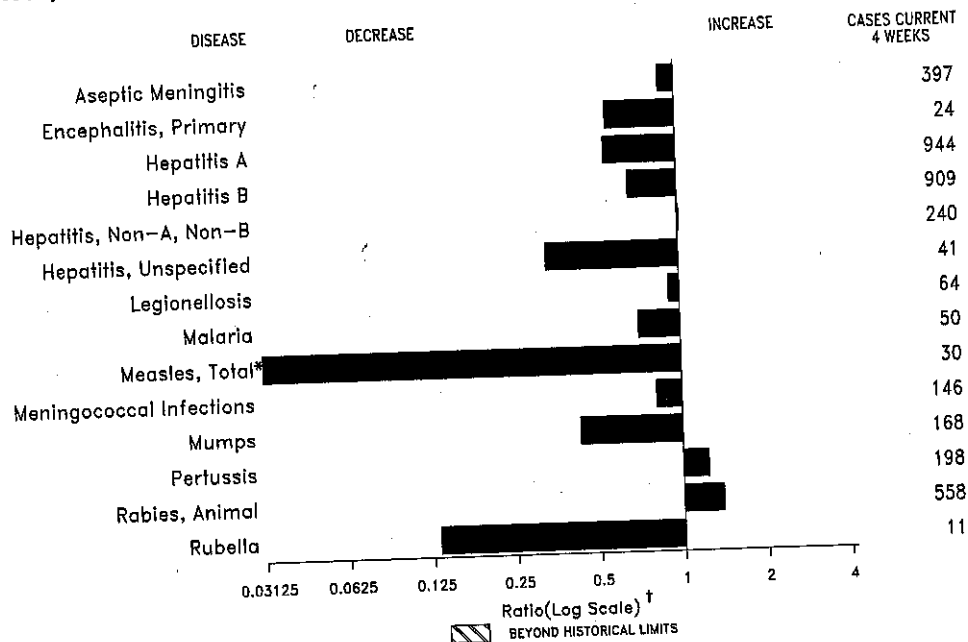
Five questions asked of clients at times 1 and 2 were analyzed: 1) "Have you had sex with anyone in the past 30 days?"; 2) "How many persons have you had sex with in the last 30 days?"; 3) "How many of these were new sexual partners (i.e., persons you have not had sex with before)?"; 4) "Did you have a regular (steady) partner during the past 30 days?"; and 5) "During the past 30 days, did you use condoms with your regular (steady) partner?"

From October 1989 through June 1992, 755 HIV-seropositive clients received HIV-prevention case-management services in the three CHCs. However, because of difficulties in implementing a uniform data collection protocol, standardized data for study evaluation purposes are available only for the latter part of the project: December 1991–September 1992. Sixty-one clients completed the same questionnaire at both time 1 and time 2 (29 clients at the CHC in Miami; 20, in New York City; 12, in Newark). The median age of study group clients was 35 years. Study group clients were similar to other HIV-seropositive clients in age and sex, although a greater proportion of the study group clients were non-Hispanic blacks.

The median interval between posttest counseling and time 1 was 2.4 months (interquartile range: 0.3–7.6 months), reflecting the need for case managers to delay administration of the questionnaire because of personal or psychological circumstances for some clients. The median interval from time 1 to time 2 was 6.3 months (interquartile range: 5.5–7.1 months).

Of the 55 persons who responded to the question about whether they had had sex during the previous 30 days, 19 (35%) at time 1 stated that they had not, compared with 29 (53%) at time 2 ($p < 0.05$, McNemar test matching client's responses at time 1 and time 2) (Figure 1). Of the 61 persons who answered the question regarding number of sex partners, 24 (39%) reported at time 1 that they had had no sex partners during the previous 30 days, compared with 35 (57%) respondents at time 2 ($p < 0.05$, McNemar test matching client's responses at time 1 and time 2). From time 1 to time 2, client responses to questions about new sex partners, regular partners, and condom use with regular partners were not significantly different (Figure 1, page 455).

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending June 12, 1993, with historical data — United States



*The large apparent decrease in reported cases of measles (total) reflects dramatic fluctuations in the historical baseline. (Ratio [log scale] for week twenty-three is 0.03096).

† 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 — cases of specified notifiable diseases, United States, cumulative, week ending June 12, 1993 (23rd Week)

	Cum. 1993		Cum. 1993
AIDS*	51,608	Measles: imported	17
Anthrax	-	indigenous	108
Botulism: Foodborne	6	Plague	3
Infant	11	Poliomyelitis, Paralytic [§]	24
Other	2	Psittacosis	-
Brucellosis	32	Rabies, human	11,728
Cholera	11	Syphilis, primary & secondary	-
Congenital rubella syndrome	5	Syphilis, congenital, age < 1 year	13
Diphtheria	-	Tetanus	111
Encephalitis, post-infectious	79	Toxic shock syndrome	7
Gonorrhoea	165,673	Trichinosis	8,681
<i>Haemophilus Influenzae</i> (invasive disease) [†]	578	Tuberculosis	35
Hansen Disease	78	Tularemia	149
Leptospirosis	15	Typhoid fever	55
Lyme Disease	1,493	Typhus fever, tickborne (RMSF)	55

*Updated monthly; last update June 5, 1993.

†Of 527 cases of known age, 184 (35%) were reported among children less than 5 years of age.

§No cases of suspected poliomyelitis have been reported in 1993; 4 cases of suspected poliomyelitis were reported in 1992; 6 of the 9 suspected cases with onset in 1991 were confirmed; the confirmed cases were vaccine associated.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending June 12, 1993, and June 6, 1992 (23rd Week)

Reporting Area	AIDS*	Aseptic Meningitis	Encephalitis		Gonorrhea		Hepatitis (Viral), by type				Legionellosis	Lyme Disease
			Primary	Post-infectious	Cum. 1993	Cum. 1992	A	B	NA,NB	Unspecifed		
UNITED STATES	51,608	2,907	222	79	165,673	213,424	9,118	5,121	2,009	274	483	1,493
NEW ENGLAND	2,166	62	5	5	3,130	4,488	236	217	176	7	17	181
Maine	59	8	1	-	38	39	8	9	-	-	3	2
N.H.	63	7	-	2	20	56	13	43	167	1	2	20
Vt.	14	7	1	-	13	12	3	3	2	-	-	-
Mass.	1,188	32	3	3	1,266	1,643	131	120	4	6	9	42
R.I.	104	8	-	-	160	341	48	13	3	-	3	34
Conn.	738	-	-	-	1,633	2,397	33	29	-	-	-	93
MID. ATLANTIC	11,379	300	8	6	18,275	22,336	557	671	144	4	102	1,021
Upstate N.Y.	1,938	117	-	3	3,716	4,742	183	185	83	1	28	707
N.Y. City	6,197	104	1	-	4,260	7,577	177	121	1	-	3	3
N.J.	2,072	-	-	-	3,106	3,007	142	179	42	3	14	107
Pa.	1,172	79	7	3	7,193	7,010	75	186	18	3	57	204
E.N. CENTRAL	4,160	381	71	15	32,325	40,383	891	492	344	6	127	14
Ohio	662	112	25	3	8,850	12,269	139	105	28	1	69	10
Ind.	502	49	4	7	3,453	3,759	390	78	5	-	21	1
Ill.	1,442	84	15	-	11,134	12,832	248	94	19	2	4	1
Mich.	1,083	127	24	5	8,631	9,722	109	210	272	3	25	2
Wis.	471	9	3	-	2,257	1,801	5	5	20	-	8	-
W.N. CENTRAL	2,163	173	8	-	7,768	11,486	1,178	317	86	5	30	35
Minn.	431	46	5	-	320	1,318	190	31	3	4	1	4
Iowa	130	40	-	-	602	733	15	12	4	1	5	5
Mo.	1,270	33	-	-	4,850	6,288	771	236	61	-	8	7
N. Dak.	-	5	2	-	23	38	36	-	-	-	1	1
S. Dak.	20	7	1	-	123	79	10	-	9	-	12	1
Nebr.	100	2	-	-	170	607	109	7	9	-	3	17
Kans.	212	41	-	-	1,680	2,423	47	31	9	-	-	-
S. ATLANTIC	10,888	691	41	32	45,989	68,135	564	915	246	35	82	163
Del.	208	6	3	-	588	774	5	65	69	4	6	80
Md.	1,216	59	10	-	7,195	6,437	80	126	5	-	20	25
D.C.	548	19	-	-	2,500	3,330	2	14	-	-	12	2
Va.	731	73	12	3	5,077	8,014	60	66	19	11	2	18
W. Va.	38	6	7	-	257	404	3	17	14	-	1	2
N.C.	453	56	8	-	10,623	10,630	25	144	28	-	9	18
S.C.	673	4	-	-	4,428	5,113	7	18	-	1	10	1
Ga.	1,562	43	1	-	4,860	21,726	44	33	20	-	12	-
Fla.	5,459	425	-	29	10,660	11,707	338	432	101	19	10	17
E.S. CENTRAL	1,396	144	9	4	18,725	20,935	114	501	395	1	19	5
Ky.	161	58	4	4	1,974	2,162	62	42	4	-	7	2
Tenn.	528	20	4	-	5,818	6,792	19	407	383	-	10	1
Ala.	463	38	1	-	6,451	7,076	23	49	3	1	2	-
Miss.	244	28	-	-	4,482	4,905	10	3	5	-	-	-
W.S. CENTRAL	5,311	244	18	-	19,749	19,859	761	674	92	73	13	10
Ark.	227	14	-	-	3,733	3,696	24	28	2	-	2	-
La.	727	23	-	-	5,030	3,026	35	85	33	-	6	5
Okla.	423	-	3	-	1,645	2,053	45	108	21	6	3	4
Tex.	3,934	207	15	-	9,341	11,082	657	453	36	67	45	3
MOUNTAIN	2,599	171	11	3	4,771	5,343	1,839	269	141	46	5	3
Mont.	15	-	-	1	22	46	51	4	-	-	1	-
Idaho	43	5	-	-	74	55	91	21	-	1	1	2
Wyo.	28	3	-	-	43	22	10	12	45	-	5	-
Colo.	868	37	3	-	1,444	2,033	441	29	21	27	3	-
N. Mex.	212	32	3	2	441	408	148	110	44	1	2	-
Ariz.	881	63	4	-	1,773	1,804	634	40	9	7	8	-
Utah	185	6	1	-	154	106	434	19	18	10	7	1
Nev.	387	25	-	-	820	869	30	24	4	-	14	-
PACIFIC	11,548	741	51	14	14,941	20,459	2,978	1,075	385	97	48	51
Wash.	784	-	-	-	1,721	1,891	318	92	89	7	6	1
Oreg.	502	-	-	-	890	869	51	20	7	-	-	49
Calif.	10,149	696	48	14	11,892	17,344	2,195	949	283	88	37	-
Alaska	12	4	2	-	203	326	375	6	4	2	5	1
Hawaii	119	41	1	-	236	229	39	8	2	-	-	-
Guam	-	2	-	-	32	36	2	1	-	1	-	-
P.R.	-	-	-	-	202	72	34	152	21	2	-	-
V.I.	33	27	-	-	51	48	-	2	-	-	-	-
Amer. Samoa	-	-	-	-	12	17	10	-	-	-	-	-
C.N.M.I.	-	2	-	-	40	25	-	-	-	1	-	-

N: Not notifiable U: Unavailable
 *Updated monthly; last update June 6, 1993.

C.N.M.I.: Commonwealth of Northern Mariana Islands

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending June 12, 1993, and June 6, 1992 (23rd Week)

Reporting Area	Measles (Rubella)					Menin- gococcal Infections	Mumps		Pertussis			Rubella			
	Measles	Indigenous		Imported*	Total		1993	Cum. 1993	1993	Cum. 1993	Cum. 1992	1993	Cum. 1993	Cum. 1992	
	Cum. 1993	1993	Cum. 1993	1993	Cum. 1993										Cum. 1992
UNITED STATES	400	18	108	-	17	1,823	1,236	67	836	57	1,132	675	-	91	98
NEW ENGLAND	29	-	45	-	4	22	74	-	5	29	292	61	-	1	5
Maine	1	-	-	-	-	-	4	-	-	-	8	2	-	1	-
N.H.	4	-	-	-	-	9	9	-	-	26	164	20	-	-	-
Vt.	1	-	30	-	1	-	4	-	-	-	42	-	-	-	-
Mass.	10	-	7	-	2	8	40	-	2	2	57	29	-	-	-
R.I.	2	-	-	-	1	1	1	-	2	-	2	-	-	-	4
Conn.	11	-	8	-	-	4	16	-	1	-	19	10	-	-	1
MID. ATLANTIC	77	-	6	-	2	200	153	-	59	6	177	72	-	27	11
Upstate N.Y.	26	-	-	-	1	103	68	-	21	6	73	23	-	3	8
N.Y. City	24	-	2	-	-	40	19	-	-	-	12	9	-	17	-
N.J.	19	-	4	-	1	52	20	-	8	-	21	18	-	6	2
Pa.	8	-	-	-	-	5	46	-	30	-	71	22	-	1	1
E.N. CENTRAL	26	-	-	-	-	31	168	8	126	1	161	50	-	2	7
Ohio	6	-	-	-	-	5	53	2	52	1	103	15	-	1	-
Ind.	4	-	-	-	-	19	27	1	3	-	24	12	-	-	-
Ill.	12	-	-	-	-	5	51	-	27	-	15	7	-	-	7
Mich.	4	-	-	-	-	1	36	5	44	-	16	1	-	1	-
Wis.	-	-	-	-	-	1	1	-	-	-	3	15	-	-	-
W.N. CENTRAL	12	-	1	-	2	6	77	-	24	1	80	47	-	1	5
Minn.	2	-	-	-	-	5	2	-	-	-	39	15	-	-	-
Iowa	1	-	-	-	-	1	15	-	7	-	1	1	-	-	-
Mo.	3	-	1	-	-	-	30	-	12	1	21	19	-	1	1
N. Dak.	2	-	-	-	-	-	3	-	4	-	2	7	-	-	-
S. Dak.	2	-	-	-	-	-	3	-	-	-	1	2	-	-	-
Nebr.	1	-	-	-	-	-	4	-	1	-	5	2	-	-	-
Kans.	1	-	-	-	2	-	20	-	-	-	11	1	-	-	4
S. ATLANTIC	111	1	20	-	3	102	248	42	271	5	112	60	-	7	7
Del.	1	-	3	-	-	1	10	-	4	-	1	-	-	2	-
Md.	12	-	-	-	2	10	21	5	47	1	36	12	-	1	4
D.C.	5	-	-	-	-	-	4	-	-	-	1	-	-	-	-
Va.	8	-	-	-	1	6	20	-	14	-	9	4	-	-	-
W. Va.	2	-	-	-	-	-	9	-	6	-	6	2	-	-	-
N.C.	59	-	-	-	-	24	43	37	158	2	20	14	-	-	-
S.C.	-	-	-	-	-	29	20	-	13	-	5	7	-	-	-
Ga.	2	-	-	-	-	-	57	-	9	-	5	6	-	-	-
Fla.	22	1	17	-	-	32	64	-	22	2	29	15	-	4	3
E.S. CENTRAL	9	1	1	-	-	418	78	1	32	4	47	12	-	-	1
Ky.	-	-	-	-	-	401	15	-	-	-	3	-	-	-	-
Tenn.	5	-	-	-	-	-	16	-	9	2	28	5	-	-	1
Ala.	2	1	1	-	-	-	28	1	18	2	15	7	-	-	-
Miss.	2	-	-	-	-	17	19	-	5	-	1	-	-	-	-
W.S. CENTRAL	11	-	1	-	-	951	101	10	116	-	31	92	-	12	6
Ark.	2	-	-	-	-	-	12	-	4	-	2	6	-	-	-
La.	-	-	1	-	-	-	23	-	10	-	5	-	-	1	-
Okla.	4	-	-	-	-	9	9	-	2	-	11	12	-	1	-
Tex.	5	-	-	-	-	942	57	10	100	-	13	74	-	10	6
MOUNTAIN	11	-	2	-	-	10	107	2	35	9	78	100	-	4	3
Mont.	1	-	-	-	-	-	8	-	-	-	1	-	-	-	-
Idaho	-	-	-	-	-	-	7	-	5	5	15	14	-	1	1
Wyo.	-	-	-	-	-	1	2	-	2	-	1	-	-	-	-
Colo.	7	-	2	-	-	9	15	-	8	1	26	20	-	-	-
N. Mex.	3	-	-	-	-	-	3	N	N	1	19	22	-	-	-
Ariz.	-	-	-	-	-	-	61	-	6	2	10	37	-	1	1
Utah	-	-	-	-	-	-	4	-	3	-	7	5	-	1	1
Nev.	-	-	-	-	-	-	7	2	11	-	-	1	-	1	-
PACIFIC	114	16	32	-	6	83	230	4	168	2	154	191	-	37	53
Wash.	12	-	-	-	-	10	34	-	8	1	18	47	-	-	8
Oreg.	3	-	-	-	-	-	19	N	N	1	2	13	-	1	2
Calif.	97	16	22	-	1	41	161	3	141	-	124	113	-	18	34
Alaska	-	-	-	-	-	9	9	-	5	-	3	-	-	1	-
Hawaii	2	-	10	-	5	23	7	1	14	-	7	8	-	17	11
Guam	1	U	1	U	-	10	1	U	6	U	-	-	U	-	1
P.R.	-	-	122	-	-	207	6	-	1	-	1	9	-	-	-
V.I.	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-
Amer. Samoa	-	-	1	-	-	-	-	-	-	-	2	6	-	-	-
C.N.M.I.	-	-	-	-	1	-	-	-	11	-	-	1	-	-	-

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

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending June 12, 1993, and June 6, 1992 (23rd Week)

Reporting Area	Syphilis (Primary & Secondary)		Toxic- Shock Syndrome	Tuberculosis		Tula- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1993	Cum. 1992	Cum. 1993	Cum. 1993	Cum. 1992	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993
UNITED STATES	11,726	15,279	111	8,681	9,006	35	149	55	3,462
NEW ENGLAND	167	296	7	182	132	-	12	2	585
Maine	2	-	1	7	11	-	-	-	-
N.H.	5	23	2	1	-	-	-	-	29
Vt.	-	1	-	3	2	-	-	-	15
Mass.	83	144	3	108	64	-	10	2	205
R.I.	7	15	1	28	-	-	-	-	-
Conn.	70	113	-	35	55	-	2	-	336
MID. ATLANTIC	1,122	2,151	22	1,924	2,148	-	43	4	1,274
Upstate N.Y.	101	182	11	170	291	-	8	1	937
N.Y. City	541	1,154	1	1,168	1,225	-	26	-	-
N.J.	163	308	-	296	361	-	6	2	192
Pa.	317	507	10	290	271	-	3	1	145
E.N. CENTRAL	1,866	2,226	36	906	899	3	13	3	29
Ohio	523	299	15	130	145	1	5	2	3
Ind.	168	108	1	100	77	1	1	-	-
Ill.	710	1,016	5	452	444	-	4	1	4
Mich.	290	454	15	190	197	1	3	-	2
Wis.	175	349	-	34	36	-	-	-	20
W.N. CENTRAL	720	607	8	194	208	9	2	6	162
Minn.	14	40	2	26	47	-	-	-	21
Iowa	32	15	4	16	20	-	-	-	27
Mo.	593	453	-	106	87	2	2	4	5
N. Dak.	-	1	-	2	3	-	-	-	36
S. Dak.	-	-	-	9	14	5	-	2	19
Nebr.	7	17	-	8	12	-	-	-	2
Kans.	74	81	2	27	25	2	-	-	52
S. ATLANTIC	3,161	4,252	12	1,555	1,693	1	18	18	916
Del.	61	107	1	17	23	-	1	1	73
Md.	163	319	-	169	120	-	3	-	272
D.C.	179	196	-	80	54	-	-	-	6
Va.	291	359	2	176	125	-	1	1	180
W. Va.	3	9	-	39	25	-	-	-	38
N.C.	880	1,033	3	189	228	-	-	8	37
S.C.	491	584	-	177	179	-	-	1	78
Ga.	580	885	-	360	385	-	1	1	212
Fla.	553	780	6	348	554	1	12	4	20
E.S. CENTRAL	1,617	1,992	4	591	653	3	2	5	41
Ky.	136	65	2	157	174	-	-	3	5
Tenn.	485	539	1	139	164	2	-	-	-
Ala.	363	809	1	196	179	1	2	-	36
Miss.	653	679	-	99	136	-	-	2	-
W.S. CENTRAL	2,609	2,579	1	792	848	14	2	17	255
Ark.	446	403	-	82	64	8	-	-	15
La.	1,072	1,120	-	-	55	-	1	-	-
Okla.	160	114	1	143	57	4	-	17	55
Tex.	831	942	-	567	672	2	1	-	186
MOUNTAIN	102	187	6	192	240	1	4	2	43
Mont.	1	2	-	5	-	-	-	-	9
Idaho	-	1	1	6	12	-	-	-	1
Wyo.	3	1	-	1	-	1	-	2	6
Colo.	31	27	1	8	17	-	3	-	1
N. Mex.	17	19	-	18	39	-	-	-	3
Ariz.	43	91	-	100	110	-	1	-	23
Utah	2	5	3	11	33	-	-	-	-
Nev.	5	41	1	43	29	-	-	-	1
PACIFIC	462	989	15	2,345	2,185	4	53	-	157
Wash.	25	49	2	115	130	1	4	-	-
Oreg.	46	23	-	41	42	1	-	-	-
Calif.	387	910	13	2,051	1,870	2	47	-	141
Alaska	2	3	-	19	35	-	-	-	16
Hawaii	2	4	-	119	108	-	2	-	-
Guam	-	2	-	28	34	-	-	-	-
P.R.	244	125	-	64	83	-	-	-	22
V.I.	24	24	-	2	3	-	-	-	-
Amer. Samoa	-	-	-	1	-	-	-	-	-
C.N.M.I.	2	4	-	16	12	-	-	-	-

U: Unavailable

**TABLE III. Deaths in 121 U.S. cities,* week ending
June 12, 1993 (23rd Week)**

Reporting Area	All Causes, By Age (Years)						P&I [†] Total	Reporting Area	All Causes, By Age (Years)						P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	630	432	108	70	15	5	64	S. ATLANTIC	1,304	778	286	158	54	28	64
Boston, Mass.	165	92	39	27	5	2	26	Atlanta, Ga.	149	100	23	22	3	1	2
Bridgeport, Conn.	36	31	1	1	2	1	7	Baltimore, Md.	240	138	55	28	14	5	23
Cambridge, Mass.	24	15	7	2	-	-	3	Charlotte, N.C.	84	46	20	15	2	1	4
Fall River, Mass.	26	18	5	3	-	-	1	Jacksonville, Fla.	103	58	26	12	4	5	9
Hartford, Conn.	63	44	12	4	3	-	-	Miami, Fla.	116	64	29	19	4	-	-
Lowell, Mass.	33	26	6	-	-	1	3	Norfolk, Va.	58	31	11	5	5	4	5
Lynn, Mass.	12	8	1	3	-	-	-	Richmond, Va.	85	48	22	10	3	2	2
New Bedford, Mass.	25	20	4	1	-	-	1	Savannah, Ga.	48	30	10	4	1	3	4
New Haven, Conn.	44	29	7	8	-	-	2	St. Petersburg, Fla.	67	50	13	2	-	2	8
Providence, R.I.	49	37	5	7	-	-	5	Tampa, Fla.	166	109	34	13	7	3	7
Somerville, Mass.	8	8	-	-	-	-	-	Washington, D.C.	155	81	38	26	9	1	-
Springfield, Mass.	48	34	10	2	1	1	8	Wilmington, Del.	35	26	5	2	2	1	-
Waterbury, Conn.	33	20	5	5	3	-	2	E.S. CENTRAL	722	472	148	62	23	19	41
Worcester, Mass.	64	50	6	7	1	-	6	Birmingham, Ala.	113	67	24	11	2	9	2
MID. ATLANTIC	2,657	1,731	483	324	67	46	122	Chattanooga, Tenn.	62	48	11	2	-	1	4
Albany, N.Y.	48	32	11	2	-	1	3	Knoxville, Tenn.	69	42	11	12	2	2	3
Allentown, Pa.	15	12	1	1	1	-	-	Lexington, Ky.	70	50	9	5	4	2	10
Buffalo, N.Y.	100	71	20	5	3	1	2	Memphis, Tenn.	143	99	26	12	6	-	9
Camden, N.J.	34	19	8	2	2	3	-	Mobile, Ala.	73	45	19	4	4	1	2
Elizabeth, N.J.	12	9	2	1	-	-	-	Montgomery, Ala.	57	37	13	3	2	2	-
Erie, Pa.	43	30	10	2	1	-	-	Nashville, Tenn.	135	84	33	13	3	2	11
Jersey City, N.J.	46	34	9	3	-	-	-	W.S. CENTRAL	1,437	848	297	184	63	42	99
New York City, N.Y.	1,330	816	248	203	41	24	48	Austin, Tex.	66	44	8	11	2	1	6
Newark, N.J.	57	18	17	11	1	4	5	Baton Rouge, La.	28	18	5	5	-	-	1
Paterson, N.J.	35	20	10	3	1	1	2	Corpus Christi, Tex.	U	U	U	U	U	U	U
Philadelphia, Pa.	497	329	91	60	10	7	35	Dallas, Tex.	202	104	52	28	12	8	3
Pittsburgh, Pa.	76	52	12	10	1	1	7	El Paso, Tex.	89	52	16	11	7	3	5
Reading, Pa.	15	11	-	2	1	1	-	Ft. Worth, Tex.	104	56	26	14	2	6	2
Rochester, N.Y.	116	94	15	6	-	1	13	Houston, Tex.	414	254	75	60	18	7	45
Schenectady, N.Y.	33	22	9	1	-	1	-	Little Rock, Ark.	78	52	14	6	3	2	8
Scranton, Pa.	29	27	2	-	-	-	2	New Orleans, La.	109	49	33	13	7	5	-
Syracuse, N.Y.	93	70	11	10	1	1	2	San Antonio, Tex.	191	118	37	27	5	4	18
Trenton, N.J.	28	23	5	-	-	-	-	Shreveport, La.	39	26	7	2	2	2	4
Utica, N.Y.	21	16	3	-	2	-	1	Tulsa, Okla.	117	75	24	9	5	4	7
Yonkers, N.Y.	31	26	1	2	2	-	2	MOUNTAIN	895	610	163	60	39	23	63
E.N. CENTRAL	2,378	1,503	478	222	108	67	123	Albuquerque, N.M.	114	78	25	10	1	2	4
Akron, Ohio	96	70	13	7	2	4	1	Colo. Springs, Colo.	80	46	10	3	1	-	4
Canton, Ohio	34	25	9	-	-	-	3	Denver, Colo.	120	77	22	12	7	2	8
Chicago, Ill.	431	169	94	94	64	10	14	Las Vegas, Nev.	154	99	33	17	4	1	9
Cincinnati, Ohio	170	134	24	6	2	4	16	Ogden, Utah	23	20	2	1	-	-	4
Cleveland, Ohio	179	110	49	11	4	5	3	Phoenix, Ariz.	207	138	40	1	18	10	14
Columbus, Ohio	166	130	38	10	4	6	13	Pueblo, Colo.	17	11	4	1	1	-	-
Dayton, Ohio	113	80	28	3	4	-	11	Salt Lake City, Utah	90	64	11	5	4	6	13
Detroit, Mich.	275	150	65	38	12	12	4	Tucson, Ariz.	110	79	16	10	3	2	7
Evansville, Ind.	65	48	11	4	2	-	2	PACIFIC	1,751	1,240	256	162	58	30	111
Fort Wayne, Ind.	68	52	10	1	1	2	7	Berkeley, Calif.	24	15	5	3	-	-	1
Gary, Ind.	19	12	4	2	1	-	2	Fresno, Calif.	75	37	10	18	6	4	4
Grand Rapids, Mich.	53	30	10	8	2	3	6	Glendale, Calif.	17	14	2	1	-	-	1
Indianapolis, Ind.	189	120	38	6	1	6	11	Honolulu, Hawaii	70	55	11	3	-	-	7
Madison, Wis.	82	38	15	5	-	4	7	Long Beach, Calif.	113	74	20	13	3	3	20
Milwaukee, Wis.	141	108	19	8	1	5	7	Los Angeles, Calif.	388	323	19	17	21	4	15
Peoria, Ill.	46	34	7	4	1	-	6	Pasadena, Calif.	28	15	9	1	2	1	3
Rockford, Ill.	65	45	10	5	3	2	2	Portland, Oreg.	140	98	20	17	3	2	2
South Bend, Ind.	34	23	6	3	2	-	-	Sacramento, Calif.	169	107	21	23	5	3	12
Toledo, Ohio	107	76	23	5	1	2	5	San Diego, Calif.	137	86	31	15	5	-	16
Youngstown, Ohio	67	49	11	4	1	2	3	San Francisco, Calif.	145	88	28	25	2	2	6
W.N. CENTRAL	739	536	113	56	17	16	26	San Jose, Calif.	177	124	31	11	7	4	9
Des Moines, Iowa	73	52	16	4	1	-	3	Santa Cruz, Calif.	U	U	U	U	U	U	U
Duluth, Minn.	32	25	3	2	1	1	-	Seattle, Wash.	133	90	28	9	2	4	3
Kansas City, Kans.	33	22	7	4	-	-	2	Spokane, Wash.	59	45	10	1	-	2	9
Kansas City, Mo.	119	85	19	12	2	1	3	Tacoma, Wash.	88	68	11	5	2	-	5
Lincoln, Nebr.	35	25	9	1	-	-	3	TOTAL	12,513 [‡]	8,160	2,330	1,298	444	276	715
Minneapolis, Minn.	113	86	11	9	2	5	5								
Omaha, Nebr.	78	62	11	3	1	1	1								
St. Louis, Mo.	138	91	21	14	7	5	7								
St. Paul, Minn.	69	53	11	2	2	1	7								
Wichita, Kans.	49	35	5	6	1	2	4								

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

[†]Pneumonia and influenza.

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

[§]Total includes unknown ages.

U: Unavailable.

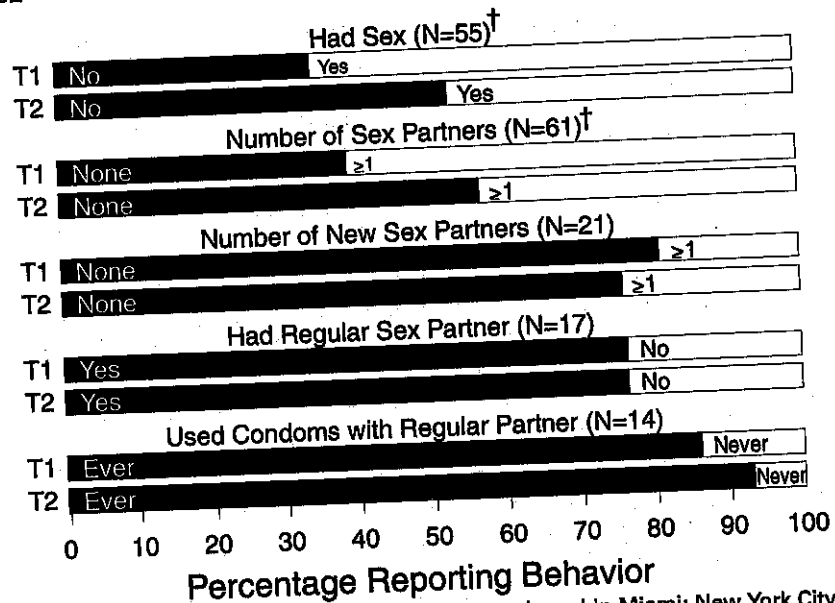
Case Management — Continued

Reported by: Economic Opportunity Health Center, Miami. Morris Heights Health Center, Bronx, New York. Newark Community Health Center, New Jersey. Div of Special Populations, Bur of Primary Health Care, Health Resources and Svcs Administration. Office of the Deputy Director (HIV), National Center for Prevention Svcs, CDC.

Editorial Note: The findings in this report indicate that a sample of HIV-infected persons who received ongoing HIV-prevention case management adopted and sustained selected safer sexual practices during the 6-month follow-up period. Even though this study did not employ a comparison group of HIV-infected persons who had not received HIV-prevention case management, changes to safer sexual behaviors have been observed in previous studies, including those of cohorts of HIV-seropositive men who have sex with men (4), injecting-drug users (5), and persons with hemophilia (6), suggesting that ongoing receipt of client services may be associated with reductions in sexual risk behaviors.

The findings in this report are subject to at least three limitations. First, because the sample size in this study was small, the power to detect statistically significant changes in behavior was limited. Second, because degree of illness (e.g., symptoms or CD4+ T-cell levels) was not controlled for in the study, reports of decreased sexual activity may have been related to the progression of HIV disease or associated illnesses, or to psychosocial effects. Third, no behavioral data were collected during the interval from receipt of HIV test results with posttest counseling until time 1, when changes in risky behaviors may have occurred; because most studies of persons be-

FIGURE 1. Self-reported sexual behaviors during the previous 30 days, at Time 1 (T1) and Time 2 (T2) for 61 HIV-seropositive clients — selected sites,* United States, 1989-1992



* Sixty-one clients of community health centers were interviewed in Miami; New York City; and Newark, New Jersey.
[†] p<0.05 (McNemar test matching client's responses at T1 and T2).

Case Management — Continued

fore and after learning HIV-positive results indicate a decline in high-risk behavior, the findings in this report likely underestimate the behavior changes.

Transmission of HIV can be interrupted by assisting persons with HIV infection in reducing their unsafe sexual and drug-use behaviors. HIV-prevention case management is an early intervention strategy to provide this assistance through counseling, education, psychosocial referrals, and behavioral skills training (7). Since 1992, HIV-prevention case management has been identified as a specific program priority for state and local health departments and community-based organizations (CBOs) receiving HIV-prevention funding from CDC (1). CDC directly funds 19 CBOs to provide HIV-prevention case management, and many health departments have implemented this HIV-prevention service.

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Epidemiologic Notes and Reports

Pseudomonas cepacia
at Summer Camps for Persons with Cystic Fibrosis

Pseudomonas cepacia (PC) is a multidrug-resistant, gram-negative bacillus that causes chronic colonization and infection of the respiratory tract of persons with cystic fibrosis (CF). PC colonization is usually difficult to eradicate with antimicrobial therapy and, in some patients, infection is associated with rapid decline in pulmonary function, increased hospitalization, and earlier death (1-4). Previous studies have suggested person-to-person transmission of PC both within and outside of hospitals (2,3,5-7). However, possible transmission of PC at CF summer camps—sites for physical and psychosocial therapy for many patients—has not been well characterized. To assess the risk for PC transmission in this setting, in 1987 and 1990, the CF Foundation and CDC conducted epidemiologic investigations in four CF summer camps in Michigan, Ohio, Utah, and Ontario, Canada. This report summarizes the results of these studies.