

STATISTICAL NEWS

PA Department of Health ♦ Bureau of Health Statistics and Research ♦ Vol. 31 No. 2 ♦ Mar/Apr 2008

Medical Care Standards for Diabetic Adults

Greatest Risk for Diabetes Seen Among Older or Obese Adults

Numerous risk factors (such as those relating to age, education, race, and weight) have been linked with the prevalence of diabetes. Pennsylvania survey data show that the prevalence of diabetes significantly increases with age. In addition, prevalence significantly decreases as education and income increase. Non-Hispanic Black adults have a significantly higher prevalence, compared to non-Hispanic White and Hispanic adults. Those who have health insurance have a significantly higher percentage compared to adults with no health insurance. Perhaps most telling, about 16 (CI: 15-17%) percent of obese adults were diagnosed with diabetes, compared to only three percent of adults who were neither overweight nor obese (see Chart 1 on page 4).

This article reviews data on the standards of medical care for diagnosed diabetics in Pennsylvania. In January 2008, the American Diabetes Association (ADA) published *Standards of Medical Care in Diabetes—2008*. In order to determine where Pennsylvania adults stand in relation to the ADA recommendations, data from the Pennsylvania Behavioral Risk Factor Sur-

...the CDC estimates that approximately 30 percent of diabetics in the U.S. have not been diagnosed.

veillance System (BRFSS) were reviewed for years 2001 through 2006 (combined, unless otherwise specified).

From the 2006 BRFSS, it is estimated that nine percent (CI: 8-9%) of Pennsylvania adults have been diagnosed with diabetes. In addition, the Centers for Disease Control and Prevention (CDC) estimate that approximately 30 percent of diabetics in the United States have not been diagnosed. Therefore, the actual percentage of adults with diabetes in Pennsylvania is higher than reported. Diabetes prevalence rates among Pennsylvania adults by year are displayed in Chart 2 (page 5). A significant increase in the prevalence of diabetes was observed for the 1995 through 2006 period. Note that some of the annual rate increase may be due to better diabetes awareness and screening.

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Childhood Cancer Trends in Pennsylvania

Childhood Incidence Rates Up But Mortality Rates Down

Cancer is much more prevalent among the older population, particularly with adults ages 50 and older, but Pennsylvania youths are directly impacted by cancer as well. While less than one percent of cancer patients are children, their disease is no less traumatic or trying for the families involved. In 2005, cancer was the fourth most common cause of death (after accidents, congenital malformations and perinatal conditions, and homicides) among Pennsylvania residents aged 0-19 years. It is the third highest cause of death among school-aged children (ages 5-19). Among adolescent children (ages 15-19), cancer ranks as the fourth highest cause of death, after accidents, homicides, and suicides. To better understand childhood cancer in Pennsylvania, cancer incidence and cancer mortality trends were reviewed.

Invasive Cancer Incidence: A total of 2,833 childhood (ages 0-19) cancer cases were reported to the Pennsylvania Cancer Registry during 2001-2005. That is an average of about 567 children being diagnosed with cancer in

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...an average of 567 children (were) diagnosed with cancer in Pennsylvania each year (during the 2001-2005 period).

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DEPARTMENT OF HEALTH

Edward G. Rendell, Governor

2006 Top Ten Baby Names and Birth 'Fast Facts'

Jacob and Ava are New #1 Names; Complete Name Lists on Website

The most popular first name given to female babies born in 2006 was Ava, replacing Emily which had been number one for twelve years in a row. Ava was in sixth place in 2005 and in thirteenth place in 2004. Emily moved down to second place in 2006, but has been listed in the top ten since 1991. Madison dropped from second place into third and Emma dropped from third place into fourth place. Olivia moved down from fourth to fifth place. Isabella moved up from eighth place in 2005 to sixth place in 2006. Abigail dropped from fifth to seventh place and Hannah dropped from seventh to eighth place. Sarah moved up from tenth place in 2005 to ninth place. Finishing in tenth place was Alexis which moved up from twelfth place in 2005.

There were 14,586 different first names given to baby girls in 2006. The following were a few of the more unique and interesting ones – Calliope, Avalon,

For the first time in thirty years, Michael has been replaced (by Jacob) as the most popular first name given to baby boys.

Luna, Justice, Meadow, Astrid, Modesty, Mystique, Starla, Sapphire, Tuesday, and Thyme.

For the first time in thirty years, Michael has been replaced as the most popular first name given to baby boys. Jacob is the number one first name given to male babies in 2006. Michael dropped down to second place. Ryan, Joseph, and Logan were in third, fourth, and fifth place, respectively. Matthew dropped from third place to sixth. Joshua remained in seventh place for the second year. Anthony moved up from twelfth place in 2005 to eighth and Ethan dropped from

Top Ten Most Popular Baby Names By Sex Pennsylvania Live Births, 2006

Males	Females
Jacob	Ava
Michael	Emily
Ryan	Madison
Joseph	Emma
Logan	Olivia
Matthew	Isabella
Joshua	Abigail
Anthony	Hannah
Ethan	Sarah
Nicholas	Alexis

eighth place to ninth. Nicholas dropped down from fifth place in 2005 to tenth place in 2006.

A total of 10,186 different first names were given to baby boys in 2006. The following were some of the more unusual – Chance, Cloud, Buggy, Maverick, Blaze, Messiah, Boston, Sunny, Oak, Race, Apache, and Atticus.

The top ten 2006 baby names by sex are shown above. Complete lists (in order by frequency) by sex can be accessed as PDF files (requires the free software Adobe Acrobat Reader) on the Health Statistics web page. Go to www.health.state.pa.us/stats and select 'Vital Statistics'.

2006 RESIDENT BIRTH 'FASTFACTS'

There were a total of 148,706 resident live births in Pennsylvania in 2006. Of those births, 76,264 were males and 72,441 were females. The county with the most resident live births was Philadelphia (22,925) and the county with the least resident live births was Forest (36). Of the 148,706 live births, the

birthweight with the most births was 7 lbs. 3 oz., with 1,731 births.

The month during which most births occurred was August (13,592 births) and the month which the fewest births occurred was February (11,297 births). The day that the most births occurred was July 21 (555 births) and the day that the fewest births occurred was December 25 (203 births). The age of mothers having the most births was age 29, with 8,540 births. A table containing the 'Fast Facts' for 2006 resident live births is shown on the left.

If you have any questions about this article, please contact the Bureau of Health Statistics and Research at 717-783-2548. Additional birth statistics for Pennsylvania, as well as data at the county and municipality levels, can be obtained from the Health Statistics web pages at www.health.state.pa.us/stats and select 'Vital Statistics'. Pennsylvania live birth statistics are also available on EpiQMS, our on-line, interactive data dissemination tool.

Fast Facts for Resident Live Births Pennsylvania, 2006

2006 Total Resident Live Births:	148,706
Day Most Births Occurred On:	July 21 (555 births)
Day Fewest Births Occurred On:	December 25 (203 births)
Month Most Births Occurred:	August (13,592 births)
Month Fewest Births Occurred:	February (11,297 births)
Age of Mom with Most Live Births:	29 years (8,540 births)
County with Most Live Births:	Philadelphia (22,925 births)
County with Fewest Live Births:	Forest (36 births)
Birthweight with the Most Births:	7 lbs. 3 oz. (1,731 births)

Website Updates

2005 Cancer Incidence, 2006 Birth and Marriage/Divorce Data Released

2005 Cancer Incidence:

A large volume and variety of cancer incidence data tables, including statistics for all counties and municipalities in Pennsylvania have been updated with 2005 data on the Health Statistics web pages. Each year when a new annual cancer data file is released, staff create and update numerous data tables.

These data tables provide health data users with an abundant variety of cancer statistics.

2006 Birth:

Pennsylvania 2006 birth data are now available on the Health Statistics web pages. Some examples of the online data tables for the state and all counties include births by age and race of mother,

sex of infant, birth weight, medical conditions, previous live births, trimester of entry into prenatal care, etc.

2006 Marriage & Divorce:

Marriage and divorce statistical tables for 2006 are now available on the Health Statistics website. Please note that the marriage/divorce statistics shown in these

tables are for occurrences and do not reflect the state or county of residence for either party.

To access any of the above listed data, go to www.health.state.pa.us/stats (select "Vital Statistics" for the birth and marriage/divorce tables and select "Cancer Incidence and Mortality" for the cancer tables).

Continued from Page 1...

Childhood Cancer Trends...(continued)

Pennsylvania each year. Of the major cancers, leukemia was the most common, making up 22.9 percent of all these cancer cases during 2001-2005. This was followed closely by brain and other nervous system cancers, making up 18.8 percent of all childhood cancer, as shown in Chart 1. Lymphomas, bone and joint, and melanoma of the skin are the next most commonly reported forms of cancer. The general trend of the cancer incidence age-specific rates for these types of cancer either showed no trend or increased slightly from 1990 through 2005.

For all cancers combined during 1990-2005, males had higher average annual age-specific incidence rates than females. During 2001-05, the age-specific rate for males was 18.3 (per 100,000 Pennsylvania residents ages 0-19), compared to a rate of 16.5 for females. Whites showed higher rates of cancer incidence than Blacks during this five-year period.

During 2001-05, White children had a rate of 17.7, compared to 14.3 for Black children. The overall cancer incidence rate for 2005, compared to the 1990 rate, showed an increase of 1.6 cases per 100,000 children (ages 0-19). As the trend line in Chart 3 (page 6) shows, invasive childhood cancer incidence in Pennsylvania has been on the rise.

Cancer Mortality

As rare as it is for a child to be a cancer sufferer, it is even rarer for them to die from it. In 2005, children (ages 0-19) made up less than half a percent of all cancer deaths in Pennsylvania. However, as previously stated, cancer is the fourth leading cause of death of children and adolescents. A total of 433 childhood cancer mortalities were reported during the period of 2001-2005 in Pennsylvania. That is an average of 87 cancer deaths each year among Pennsylvania children

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Chart 1
Percent of Childhood Cancer Cases by Primary Site/Type
Pennsylvania Residents (Ages 0-19), 2001-2005

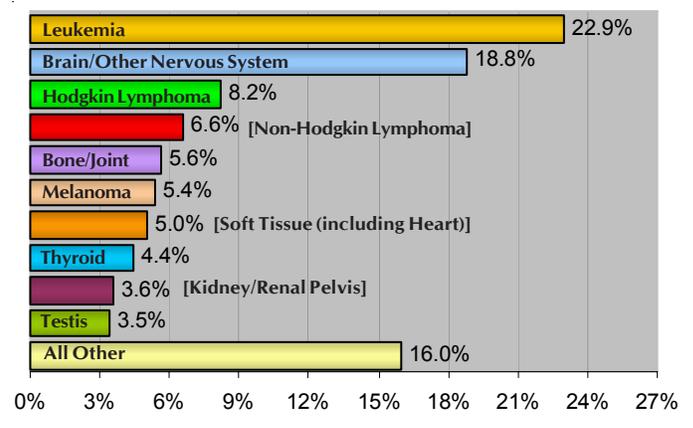
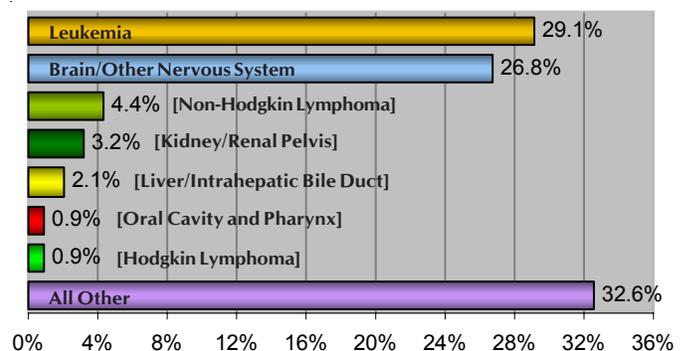


Chart 2
Percent of Childhood Cancer Deaths by Cause of Death
Pennsylvania Residents (Ages 0-19), 2001-2005



Medical Care Standards for Diabetic Adults

Who should be tested?

According to the ADA Standards of Care, testing for pre-diabetes and type 2 diabetes in asymptomatic people should be considered for overweight or obese adults who have one or more additional diabetes risk factors. In those without other risk factors, testing should begin at age 45.

In 2006, approximately 62 percent (CI: 61-63%) of Pennsylvania adults were considered overweight or obese; of those, over half did not meet physical activity recommendations¹ and about three-fourths did not eat fruits and vegetables five or more times per day. In addition, approximately one in five overweight adults reported that they

currently smoke cigarettes. In 2005, approximately one-third of overweight adults reported that they were told by a health professional they had high blood pressure. The ADA standards target these adults for type 2 diabetes testing.

Self-Monitoring of Glucose

The ADA standards suggest that diabetic patients using multiple insulin injections or insulin pump therapy should monitor their blood glucose levels three or more times daily. For diabetic patients who use less frequent insulin injections, non-insulin therapies, or medical nutrition therapy alone, self-monitoring blood glucose levels may be useful in achieving glycemic goals.

Only about half of diabetic adults in Pennsylvania reported taking self-management education for their diabetes.

Although we do not know which diabetics in our sample (BRFSS) used *multiple* insulin injections, diabetics were asked if they currently take insulin. Of those in Pennsylvania who reported currently taking insulin, 39 percent (CI: 35-43%) reported three or more blood glucose checks a day, compared to six percent (CI: 5-7%) of adult diabetics who reported that they do not currently take insulin. Approximately 15 percent (CI: 14-17%) of all diagnosed diabetics in Pennsylvania reported checking their blood for glucose or sugar three or more times a day.

- As age increased, the percentage of adult diabetics checking glucose level decreased.
- Overweight and obese diabetic adults had significantly lower percentages, compared to those neither overweight nor obese.

Approximately seven percent (CI: 6-8%) of diabetic adults in Pennsylvania reported that they never heard of an A1C test. Of those who have heard of the test, about three-quarters reported having two or more in the past year and about one in three reported having an A1C test four or more times in the past year.

A1C Tests

Adult diabetics who are meeting treatment goals should have a hemoglobin A1C test at least twice a year. Diabetics whose therapy has changed and those patients not meeting their glycemic goals should have an A1C test quarterly.

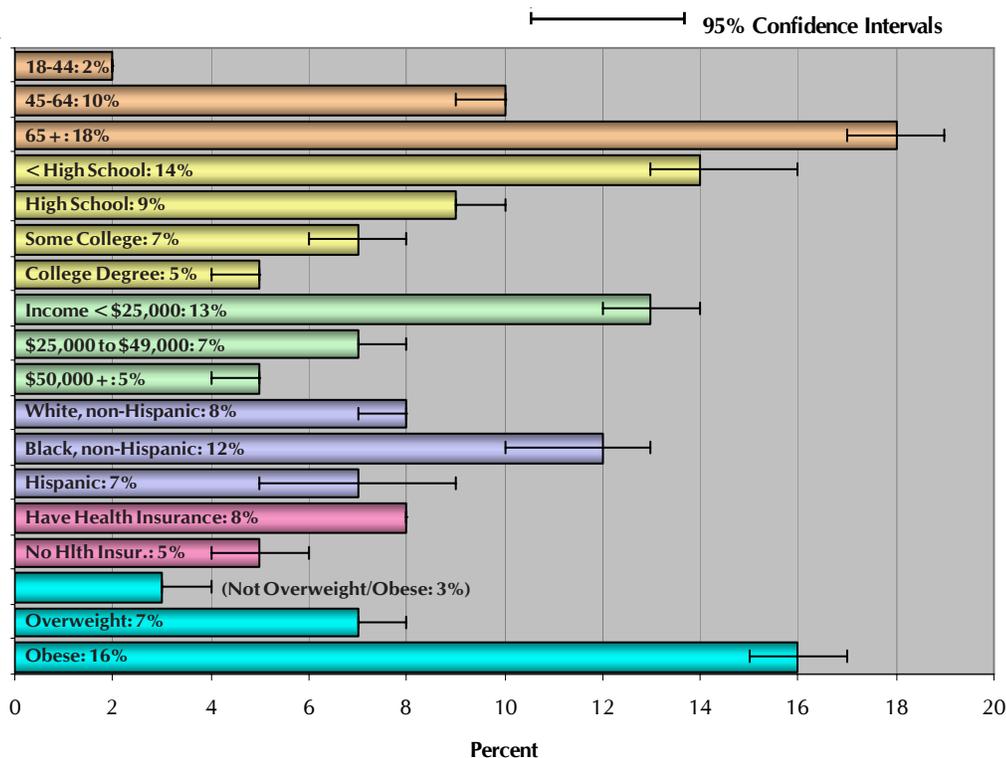
Approximately seven percent (CI: 6-8%) of diabetic adults in Pennsylvania reported that they never heard of an A1C test. Of those who have heard of the test, about three-quarters reported having two or more in the past year and about one in three reported having an A1C test four or more times in the past year.

Self-Management Education

According to national standards, diabetics should receive self-management education for their diabetes when first diagnosed and as needed thereafter. Only about half of diabetic adults in Pennsylvania reported taking self-management education for their diabetes.

- Diabetic adults with a high school education or less had a significantly lower percentage

Chart 1
Prevalence Estimates of Diagnosed Diabetics in Pennsylvania
Pennsylvania BRFSS Surveys, 2001-2006



Continued on Page 5...

Medical Care Standards...(continued)

for receiving self-management education, compared to those with a college degree.

- Adult diabetics with household incomes of less than \$25,000 had a significantly lower percentage, compared to those with incomes of \$25,000 or more.
- Diabetics who do not currently take insulin had a significantly lower percentage, compared to those taking insulin.
- Diabetic adults with no health insurance had a significantly lower percentage, compared to those with health insurance.

Immunizations

The national standards suggest that all diabetics age six months and older receive an influenza vaccine each year. In addition, all adults with diabetes should receive at least one lifetime pneumococcal vaccine, with a one-time revaccination recommended for adults age 65 and older if their last vaccine was more than five years ago.

About six out of every ten diabetic adults in Pennsylvania reported receiving a flu shot in the past year.

- As age increased, the percentage of diabetics receiving a flu shot also increased.
- Adult diabetics who do not currently take insulin had significantly

About one in five diabetic adults in Pennsylvania reported being told by a doctor that diabetes has affected their eyes or that they have retinopathy.

cantly lower percentages, compared to those who are taking insulin.

- Diabetic adults who reported having no health insurance had significantly lower percentages, compared to those with health insurance.
 - Diabetic adults who were obese had a significantly lower percentage of receiving a flu shot, compared to those who were neither overweight nor obese.
- It is estimated that slightly over half of Pennsylvania adults diagnosed with diabetes ever received a pneumonia vaccine.

- As age increased, the percentage of diabetics receiving a pneumonia vaccine also increased.
- Diabetic males had a significantly lower percentage compared to diabetic females.
- Diabetic adults with household incomes of \$50,000 or more had a significantly lower percentage, compared to those with incomes of less than \$50,000.
- Diabetic adults with no health insurance had a significantly

lower percentage of ever receiving a pneumonia vaccine, compared to adults who reported having health insurance.

Retinopathy Screening and Treatment

According to the CDC, retinopathy is a disorder characterized by microvascular changes and hemorrhage in the retina. The leading cause of blindness in diabetics is diabetic retinopathy. The ADA standards recommend that adults and adolescents with type 1 diabetes have an initial dilated eye exam within five years of the onset of diabetes. Patients with type 2 diabetes should have an initial dilated eye exam shortly after the diagnosis of diabetes. After the initial exam, subsequent exams should occur annually for both type 1 and type 2 patients. However, exams every two to three years can be considered after one or more normal eye exams. Dilated eye exams will be required more frequently if retinopathy is progressing.

Among Pennsylvania residents, approximately 71 percent (CI: 69-73%) of adults diagnosed with diabetes reported having their last diabetes eye exam within the past year.

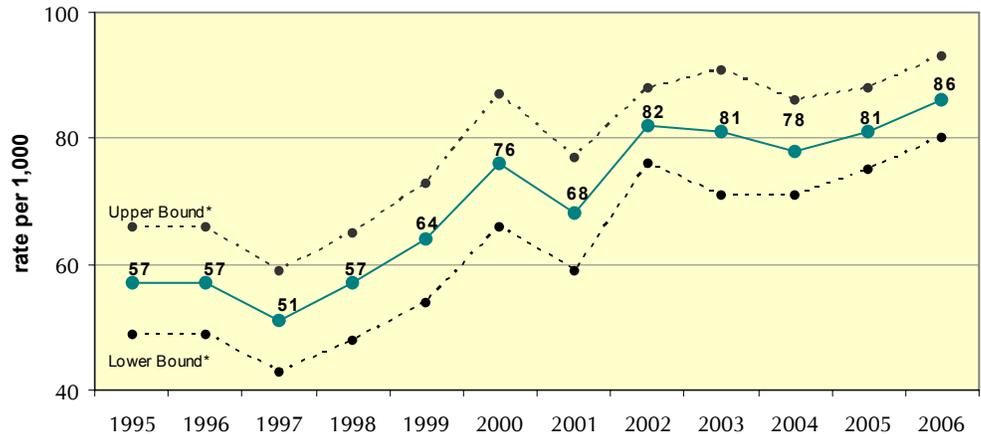
- Diabetic adults younger than 65 had a significantly lower percentage of reporting an eye exam within the past year, compared to those age 65 and older.
- Adult diabetics with no health insurance had a significantly lower percentage, compared to those who had health insurance.
- Obese diabetic adults had a significantly lower percentage, compared to those classified as overweight (but not obese).

About one in five diabetic adults in Pennsylvania reported being told by a doctor that diabetes has affected their eyes or that they had retinopathy.

- Diabetic adults with household incomes of less than \$50,000 had a significantly higher percentage of being told that diabe-

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Chart 2
Estimated Diabetes Prevalance Rates by Diagnosis Year
Pennsylvania Adults, BRFSS Surveys, 1995-2006



*The Lower Bounds and Upper Bounds make up the 95% Confidence Intervals.

Childhood Cancer Trends...(continued)

(ages 0-19). Similar to cancer incidence, the top two causes of childhood cancer deaths are leukemia and brain and other nervous system neoplasms. Other than these two primary killers, which make up more than half of the total childhood cancer deaths in Pennsylvania, there is a wide variety of types with much smaller percentages (see Chart 2 on page 3). Leukemia alone accounted for more than 29 percent of childhood cancer mortalities and brain cancer caused almost 27 percent. The most common type of leukemia diagnosed in children is lymphocytic leukemia.

For all cancer deaths during 1990-2005, males (ages 0-19) had higher average annual age-specific death rates than females. During 2001-05, males had a cancer mortality rate of 3.3 (per 100,000 Pennsylvania residents ages 0-19 years), compared to a rate of 2.0 for females. Black children had a 2001-05 age-specific death rate of 2.8 for cancer while White children had a rate of 2.7. Adolescents ages 15-19 had a 2001-05 cancer death rate of 3.1 per 100,000, compared to a rate of 2.8 for school-aged (ages 5-19) children taken as a whole. The trend line shown in Chart 4 indicates that during 1990-2005,

Similar to cancer incidence, the top two causes of childhood cancer deaths are leukemia and brain/ other nervous system neoplasms.

overall childhood cancer death rates declined. Comparing the 2005 cancer death rate to 1990 revealed a reduction of 1.1 deaths per 100,000 children ages 0-19. Although the childhood cancer incidence rates were increasing during 1990-2005, the mortality rates were generally declining.

According to the American Cancer Society, survival rates among childhood cancer patients have improved greatly over the

past 30 years. The National Cancer Institute suggests that the improvement in survival is due to significant advances in treatment, resulting in either a cure or long-term remission from cancer. The identification and treatment of childhood cancer takes great time and effort, but thanks to scientific and medical advances, more children with cancer are ultimately finishing successful treatment, leaving hospi-

tals and care centers, and growing up just like everyone else.

If you have questions regarding the data presented in this article, contact the Bureau of Health Statistics and Research at 717-783-2548. Additional cancer statistics are available on the Health Statistics web pages at www.health.state.pa.us/stats (select "Cancer Incidence and Mortality" or use the EpiQMS web tool).

Chart 3
Five-Year Average Annual Childhood Cancer Age-Specific Incidence Rates With Trend Line, Pennsylvania Residents (Ages 0-19), 1990-2005

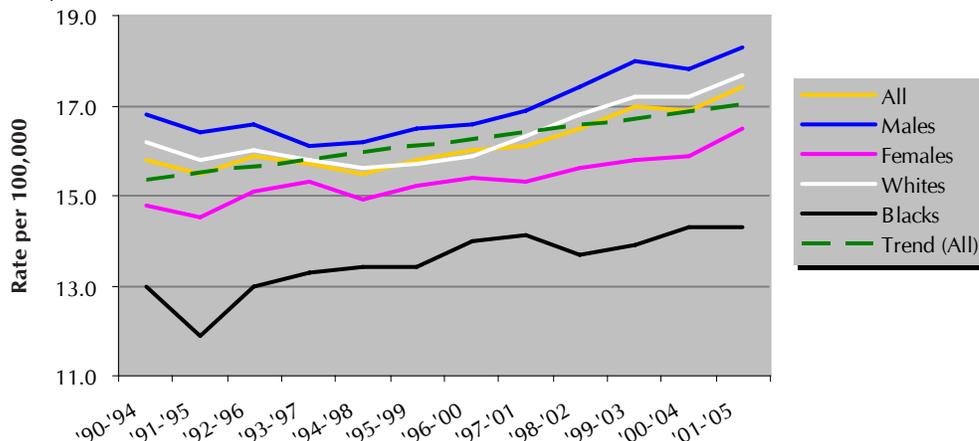
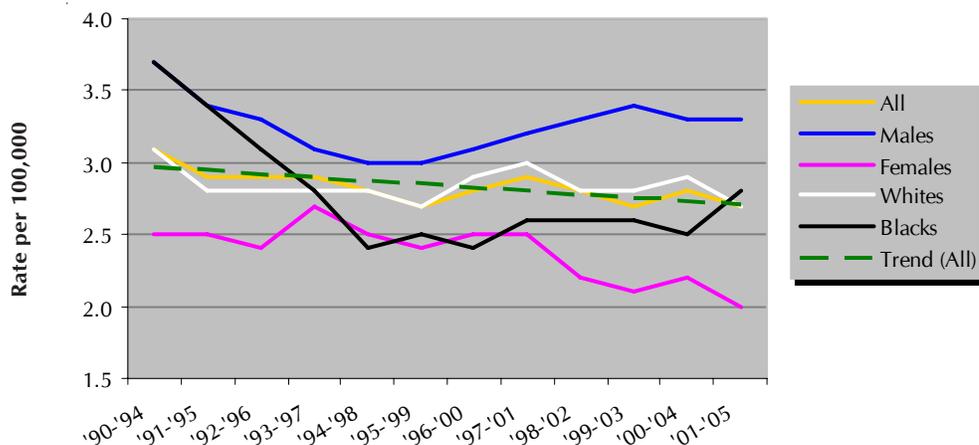


Chart 4
Five-Year Average Annual Childhood Cancer Age-Specific Death Rates With Trend Line, Pennsylvania Residents (Ages 0-19), 1990-2005



Update: Healthy People 2010 Objectives

Focus Area 27: Tobacco Use

27-01a - Reduce cigarette use by adults.

2010 Target: 12%

All Adults and By Race:

According to results from the 2006 Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) sample survey, 22 percent of adults were regular cigarette smokers. The percentage of non-Hispanic White smokers in 2006 was the same (22 percent). However, among non-Hispanic Black adults, 25 percent indicated that they were cigarette smokers. The percentages for all adults and non-Hispanic Whites have slowly declined during the 2002-2006 period. Among non-Hispanic Blacks, the percentages were slightly lower in recent years. With the national 2010 goal set for 12 percent, it seems unlikely that Pennsylvania will meet this important goal.

By Age Group:

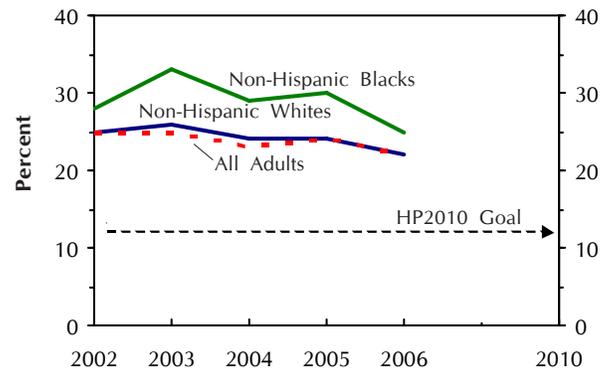
Percentages of adult cigarette smokers by age show higher figures among the younger age groups. For example, 28 percent of adults aged 18-24 smoked in 2006, compared to 22 percent of

those aged 45-64 and only 9 percent of adults aged 65+. The annual percentages during 2002-2006 for those aged 25-44, 45-64, and 65+ have been lower in recent years. The large fluctuations for the youngest age group make any trend difficult to interpret. (Please note that the national 2010 goal is based on an age-adjusted figure and the percentages by age are not adjusted.)

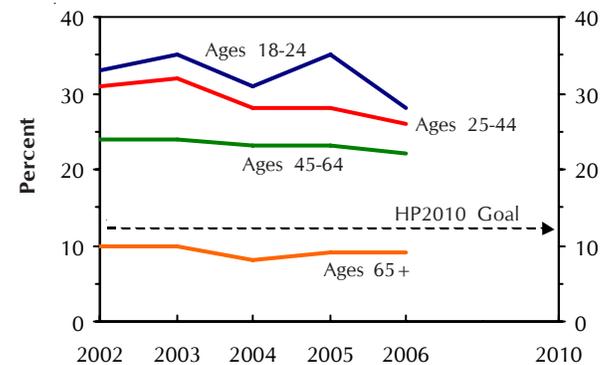
By Education:

Adults aged 25+ without a high school education were much more likely to be cigarette smokers (46 percent) than high school (28 percent) and college graduates (10 percent) in 2006. Five years of data show that the annual percentages for high school and college graduates have been on the decline but figures for those without a high school education have been higher in recent years. With the exception of 2003, college graduates had achieved or surpassed the national goal of 12 percent during 2002-2006.

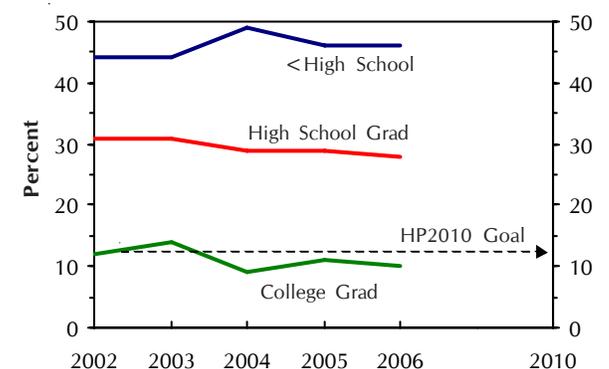
Percent Adults Who Smoke Cigarettes:
All Adults* and by Race*, Pennsylvania, 2002-2006



By Age Group, Pennsylvania, 2002-2006



Adults Age 25+ By Education*, Pennsylvania, 2002-2006



*age-adjusted to 2000 std million U.S. population

Percent Adults Who Smoke Cigarettes
Total & Selected Demographics, Pennsylvania 2002-2006

	2002	2003	2004	2005	2006
All Adult*	25±1	26±2	24±1	24±1	22±2
Non-Hispanic White*	25±1	25±2	23±1	24±1	22±2
Non-Hispanic Black*	28±4	33±7	29±6	30±5	25±6
Adult 18-24	33±4	35±7	31±6	35±6	28±7
Adult 25-44	31±2	32±3	28±2	28±2	26±3
Adult 45-64	24±2	24±3	23±2	23±2	22±2
Adult 65+	10±1	10±3	8±2	9±1	9±2
<High School 25+*	44±5	44±8	49±6	46±5	46±7
High School Grad 25+* ..	31±2	31±3	29±2	29±2	28±3
16+ Years Educ. 25+* ..	12±1	14±2	9±2	11±2	10±2

NOTES: ± denotes 95% confidence interval.
*age-adjusted to 2000 std million U.S. population

HP2010 State and County Data on the Web

To access the Department of Health's web page of Healthy People 2010 statistics for the state and counties, go to www.health.state.pa.us/stats. The latest available statistics as well as trend data are shown. You can view data for the state, all counties, a specific demographic element (age, sex, race, etc.) or just for a specific county. Complete data sets for the state and counties can be downloaded. There is also a link to the national HP2010 web site.

Medical Care Standards Diabetic Adults

tes had affected their eyes, compared to those with incomes of \$50,000 or more.

- Adult diabetics who currently take insulin had a significantly higher percentage, compared to those not taking insulin.

Neuropathy Screening and Treatment

Diabetic neuropathy is the medical term for damage to the nervous system due to diabetes. The national standards recommend that all initially diagnosed diabetics be screened for distal symmetric polyneuropathy and at least annually thereafter, using simple clinical tests. In addition, all patients should be educated about self-care of their feet.

About three-quarters of diabetic adults in Pennsylvania had a clinical foot exam in the past year.

- Diabetic non-Hispanic White adults had a significantly lower percentage for having had a clinical foot exam in the past year, compared to non-Hispanic Black diabetic adults.

- Those who were not using insulin had a significantly lower percentage, compared to those who reported taking insulin.

Approximately 69 percent (CI: 67-71%) of Pennsylvania adults diagnosed with diabetes reported checking their feet daily for sores or irritations.

- Non-Hispanic White adults with diabetes had a significantly lower percentage for checking their feet daily, compared to non-Hispanic Black adults.

- Diabetic adults who do not currently take insulin had a significantly lower percentage, compared to those taking insulin.

The medical care standards presented in this article are only a selected portion of the guidelines for diabetes care presented in *Standards of Medical Care in Diabetes – 2008*, which can be accessed online at the American Diabetes Association website at www.diabetes.org. For more in-

formation about the BRFSS statistics presented in this article, please contact the Bureau at 717-783-2548.

¹ Recommended physical activity is defined as participating in moderate physical activity at least 30 minutes a day 5+ days a week, and/or participating in vigorous physical activity at least 20 minutes a day 3+ days a week.

The **Behavioral Risk Factor Surveillance System (BRFSS)** is a public health surveillance system that is conducted in Pennsylvania and in all other states with support from the Centers for Disease Control and Prevention (CDC). Its purpose is to collect sample data on risk behaviors linked to chronic disease, injury, and infectious diseases as well as preventive health practices supportive of community health. The BRFSS survey consists of telephone interviews using randomly generated telephone numbers to determine the households contacted. The survey contains a core set of questions provided by CDC to gather comprehensive, standard information nationwide and questions added by the Pennsylvania Department of Health to obtain information needed by the Department that is unavailable elsewhere.

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