122 CITIES MORTALITY REPORTING SYSTEM

WHAT IS THE PUBLIC HEALTH ISSUE?

The Asian influenza pandemic of 1957 prompted CDC to develop weekly reporting and monitoring of pneumonia and influenza deaths by cities to rapidly assess the size, timing, and geographic distribution of epidemics. The high rate of person-to-person influenza transmission and the genetic diversity of the influenza virus over time require constant vigilance. Today, influenza continues to cause substantial morbidity and mortality. Since 1962, CDC has managed the 122 Cities Mortality Reporting System as part of its national influenza surveillance effort. The system provides weekly mortality data reported voluntarily from selected cities across the United States. Information regarding the mortality impact of various strains of influenza is used to help formulate each year's vaccine.

WHAT HAS CDC ACCOMPLISHED?

Weekly data regarding pneumonia and influenza deaths from the 122 Cities Mortality Reporting System are published in the *Morbidity and Mortality Weekly Report*. During each influenza season, CDC uses these data to monitor the numbers of pneumonia and influenza deaths (deaths for which influenza and/or pneumonia are mentioned as contributing factors or are identified as the underlying cause) in the United States. CDC evaluates these data to assess the severity of influenza epidemics. Since mortality data from the National Vital Statistics System, which tracks births and deaths in the United States, do not become available until at least 10 to 12 months after an influenza epidemic, the 122 Cities Mortality Reporting System provides more timely information for public health action.

Example of Program in Action

During the 2002–2003 influenza seasons, the 122 Cities Mortality Reporting System data were presented in CDC's Weekly Influenza Activity Report, which also incorporates information from other influenza surveillance activities, to present a timely and comprehensive picture of influenza activity in the United States. Information regarding current influenza trends is disseminated to healthcare providers and the public through national print, radio, and television news media to guide disease prevention efforts. Additionally, during the second quarter (April–June 2003), CDC program staff updated and distributed the 122 Cities Mortality Report System surveillance and reporting training materials to city vital registration staff. A Second Quarter Reporters' Update provided information on the use of the data and outlined steps to ensure the timeliness, accuracy, and completeness of the data.

WHAT ARE THE NEXT STEPS?

The quality of CDC influenza and pneumonia mortality data will continue to improve as new developments in reporting systems, including electronic death registration systems and revised standard death certificates, are implemented. CDC's plans include

- Facilitating weekly Web-reporting through the Internet via the secure data network.
- Collaborating with state epidemiologists/registrars to ensure timely reporting from cities within their jurisdiction.
- Improving collaboration with vital statistics reporters to maintain voluntary participation through teleconferences and regular feedback.
- Evaluating new information technologies aimed at improving the coverage, quality and timeliness of 122 Cities Mortality Reporting System mortality data in support of health promotion and disease prevention.

For additional information on this or other CDC programs, visit www.cdc.gov/program *January 2004*