(2) concern about the side effects (24 [19%]; CI = 6%-32%); (3) being told by a health-care provider that the child should not get the vaccine because of the shortages and because the child was not at high risk for having a serious case of influenza (22 [18%]; CI = 7%-34%); and (4) not believing that the influenza vaccine was effective (16 [13%]; CI = 4%-22%).

**Importation of Influenza Vaccine Not Licensed by FDA**

To ease the vaccine shortage in the United States, the U.S. government has announced its intention to import from Germany influenza vaccine not licensed by the Food and Drug Administration (FDA). The vaccine, Fluarix™ (GlaxoSmithKline, Dresden, Germany), although fully licensed for use in Germany, is not approved for general use in the United States and is therefore considered to be investigational. Respondents were asked if they would be willing to take the vaccine after being told that the vaccine was investigational. Fifty-six percent (CI = 49%-63%) of adults at high risk said they would be willing to receive this vaccine if no other vaccine were available. U.S. persons who elect to receive investigational vaccines are required to sign a form. With this requirement imposed, willingness to take the vaccine decreased to 40% (CI = 34%-46%) among adults at high risk.

**References**

6 available

*Similar questions were asked in the Behavioral Risk Factor Surveillance System survey reported in this issue of MMWR.*


**MMWR. 2004;53:1066-1068**

2 tables omitted

**Obesity in persons with diabetes is associated with poorer control of blood glucose levels, blood pressure, and cholesterol, placing persons with diabetes at higher risk for both cardiovascular and microvascular disease. Conversely, intentional weight loss is associated with reduced mortality among overweight persons with diabetes. CDC analyzed the prevalence of overweight and obesity among U.S. adults aged ≥20 years with previously diagnosed diabetes by using data from two surveys: the Third National Health and Nutrition Examination Survey (NHANES III), 1988-1994, and NHANES 1999-2002. This report sum-

**CDC** FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION

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marizes the results of that analysis, which indicated that most adults with diagnosed diabetes were overweight or obese. During 1999-2002, the prevalence of overweight or obesity was 85.2%, and the prevalence of obesity was 54.8%. Encouraging patients to achieve and maintain a healthy weight should be a priority for all diabetes-care programs.

NHANES is a continuous survey of the health and nutritional status of the U.S. civilian, noninstitutionalized population; samples are selected through a complex, multistage probability design. Diabetes status was determined in household interviews with participants aged ≥20 years. In NHANES III, 1988-1994, participants were asked, “Have you ever been told by a doctor that you have diabetes or sugar diabetes?” For women, the question was preceded by “other than during pregnancy.” In NHANES 1999-2002, the same questions were asked, but “doctor” was replaced with “doctor or health-care professional.” Participants who responded “yes” were categorized as having diagnosed diabetes. The body mass index (BMI) of each participant was calculated as weight in kilograms divided by height in meters squared. Overweight was defined as a BMI of 25.0-29.9 and obesity as a BMI of ≥30.0. Pregnant women were excluded from the analysis.

Data were analyzed with sample weights to account for differential probabilities in the sample selection, nonresponses, and sample noncoverage. Two sample t-tests were used to test differences in proportions and determine the statistical significance (p<0.05) of differences in results by age, racial/ethnic population, and survey period. Percentages of racial/ethnic populations and persons aged ≥20 years were age-standardized to the 2000 U.S. standard population.

Among all survey participants with diagnosed diabetes, the prevalence of obesity was similar for the periods 1988-1994 (45.7%) and 1999-2002 (54.8%). In the 1999-2002 survey, the prevalence of obesity among adults with diagnosed diabetes was 57.9% for non-Hispanic whites, 63.0% for non-Hispanic blacks, and 59.5% for Mexican Americans. Similar prevalences of overweight and obesity were observed in these racial/ethnic populations during 1988-1994.

Among men in the 1999-2002 survey, the prevalence of overweight or obesity was 86.3%, and the prevalence of obesity was 53.0%. Both the prevalence of overweight or obesity and the prevalence of obesity were similar among men aged 20-64 years and ≥65 years. Among women in the 1999-2002 survey, the prevalence of overweight or obesity was 84.2%, and the prevalence of obesity was 58.0%. Compared with women aged ≥65 years, women aged 20-64 years had a significantly higher prevalence of obesity (64.7% versus 47.4%) (p<0.05).

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CDC Editorial Note: The prevalence of obesity among adults overall in the United States increased from 22.9% during 1988-1994 to 30.5% during 1999-2002; the prevalence of obesity among adults with diagnosed diabetes remained high, at 45.7% during 1988-1994 and 54.8% during 1999-2002. Weight management, through healthy eating and physical activity, can help reduce the number of persons at risk for diabetes and reduce the risk for complications and premature mortality among those who already have diabetes.

The findings in this report are subject to at least three limitations. First, the NHANES surveys exclude institutionalized persons, including those in nursing homes, a population with a high rate of diabetes. Second, the number of persons with diagnosed diabetes surveyed limited the power of the analysis and precluded stratifying the results by multiple demographic groups. Finally, greater clinical vigilance of overweight or obese persons might have resulted in a greater proportion receiving diagnoses of diabetes.

The National Diabetes Education Program (NDEP), cosponsored by CDC and the National Institutes of Health (NIH), has an ongoing community campaign to reduce morbidity and mortality, Control Your Diabetes for Life, which educates persons about healthy eating and weight control. Information about the campaign is available from NDEP at http://www.ndep.nih.gov/campaigns/controilloflife/controlforlife_index.htm. Research into the effects of obesity on diabetes includes a multicenter clinical trial, sponsored by NIH and CDC, to determine the long-term health benefits of an intensive lifestyle intervention designed to achieve and maintain weight loss.

The health consequences of diabetes are compounded by overweight and obesity. However, the prevalence of overweight and obesity among persons with diabetes has not been monitored regularly. Findings in this report provide baseline data to track future trends that will enable public health agencies to assess the scope of this public health concern, target programs, and allocate resources accordingly.

REFERENCES