

MNWR

MORBIDITY AND MORTALITY WEEKLY REPORT

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Epidemiologic Notes and Reports

Severe Acute Respiratory Illness Linked to Use of Shoe Sprays — Colorado, November 1993

On November 3, 1993, the Colorado Department of Health (CDH) was notified of acute respiratory illness in a Colorado woman following use of an aerosolized leather-shoe conditioner. Active surveillance by CDH identified two additional cases. This report summarizes the case investigations.

Patient 1

On November 2, a 44-year-old woman sprayed the entire contents of a 5-oz can of aerosolized leather-shoe conditioner on a pair of boots; the application lasted approximately 5 minutes. She used the product in a small, poorly ventilated room. Approximately 45 minutes later, she developed a severe cough, burning of her eyes and throat, shortness of breath, weakness, wheezing, myalgia, headache, and slurred speech. She was taken to an emergency department; her temperature was 101.1 F (38.4 C); pulse, 100 per minute; blood pressure, 110/60; and respiratory rate, 28 per minute. She had bilateral rales on lung examination and an oxygen partial pressure (PO₂) of 60 mmHg in arterial blood on 3 liters of oxygen through a nasal canula. A chest radiograph revealed bilateral midzone interstitial infiltrates. On admission to the hospital, her white blood cell count was 21,300 cells per mm³ with 90% segmented forms, and her hematocrit was 47.3%. Results of tests for liver function, electrolytes, urea, and creatinine were normal. Within 1–8 hours following admission, she developed vomiting, chills, and epigastric cramping. Treatment was initiated with amantadine, erythromycin, and a bronchodilator.

On November 3, the patient's dyspnea had resolved, and she was afebrile; her pulse and respiratory rate were normal. Her chest radiograph showed an almost complete clearing of the pulmonary infiltrates. A persistent dry cough, abdominal cramps, and vomiting resolved gradually during the next 36 hours.

The patient had had a mild upper respiratory-tract illness for 3–4 days before using the spray. She has a 28-year history of smoking approximately 20 cigarettes per day but reportedly did not smoke on November 2 because of her respiratory-tract illness. She had no past history of severe respiratory illness.

Severe Acute Respiratory Illness — Continued

As a result of this case, CDH initiated active surveillance for additional cases of acute respiratory illness. Directors of emergency departments and intensive-care units at hospitals in metropolitan Denver were contacted by telephone and facsimile to identify case-patients previously treated for this illness and to request reporting of future cases. In addition, CDH issued a news release to warn the public of the adverse health effects associated with use of sprays in poorly ventilated areas. CDH retrospectively identified two additional cases: patient 2 was identified by patient 1, and patient 3 was identified by a pulmonologist who had read about patient 1 in the newspaper.

Patient 2

An 11-year-old boy, who was in an adjacent room when patient 1 used the leather conditioner, developed a burning throat, shortness of breath, cough, and abdominal pain approximately 45 minutes after exposure. He did not seek medical attention.

Patient 3

On November 1, a 23-year-old nonsmoking man sprayed three pairs of shoes with a water and soil repellent (a nonaerosol pump spray) in an enclosed garage with a partially open door. Within 30 minutes, he developed chest tightness, a nonproductive cough, dizziness, lightheadedness, shortness of breath, and tachycardia; within 1–2 hours, he developed severe chills. On November 2, the patient continued with a nonproductive cough and had an episode of posttussive emesis, a temperature of 100 F (38 C), chest tightness, and nasal congestion. On November 3, he was admitted to the hospital with a temperature of 99.5 F (37.5 C) and pulse of 104. Chest radiograph showed bilateral upper-lobe alveolar/interstitial infiltrates. He was treated with supplemental oxygen and bronchodilators and was discharged November 4.

As a result of these cases, the manufacturer of the implicated leather conditioner spray issued a voluntary nationwide recall of the product on November 3. The Consumer Product Safety Commission is investigating the water and soil repellent as well as other products of the manufacturer.

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Editorial Note: In December 1992, at least 157 persons nationwide consulted physicians about acute respiratory illnesses following the use of reformulated Wilsons Leather Protector (1). In August 1993, another reformulated leather conditioner, Magic Guard, was associated with 38 cases of similar respiratory illness in Pennsylvania and Virginia. Symptoms typically began within 6 hours after using the products and most frequently included shortness of breath, coughing, and chest tightness. Of these 198 reported cases (including the three described in this report), 23 persons have been hospitalized; none have died.

The shoe sprays linked recently to illness had been reformulated to eliminate 1,1,1 trichloroethane (i.e., methyl chloroform), an ozone-depleting solvent, from the

Severe Acute Respiratory Illness — Continued

formula, in accordance with Title VI of the Clean Air Act amendments of 1990*. This legislation prohibits the sale or distribution of nonessential aerosol products that release Class I substances[†] (such as 1,1,1 trichloroethane) and requires reformulation of products containing such substances by January 1994. In addition, the fluoropolymers and the propellants in these sprays had been changed. The product changes to the leather conditioner and the water and soil repellent sprays involved the solvent (from 1,1,1 trichloroethane to hexane and 2,2,4 trimethylpentane, respectively), the propellant (from carbon dioxide to isobutane and isooctane, respectively), and the fluoropolymers (from FC-905 and FC-3537, respectively, to FS-4565).

The illnesses described in this report appear to be either acute chemical pneumonitis or polymer-fume fever. Diseases with similar symptoms and signs include atypical pneumonia, congestive heart failure, hypersensitivity pneumonitis, and adult respiratory distress syndrome. Many chemicals cause pulmonary symptoms, usually related to either direct injury to airway cells or an exaggeration of normal physiologic responses (2). Chemical pneumonitis is caused by inhalation of hydrocarbons (3) and polymer-fume fever, by inhalation of fumes containing pyrolytic products released when fluoropolymers are heated to high temperatures and has been associated with smoking of cigarettes contaminated with fluoropolymers (4).

Consumers should be warned about potential adverse health effects linked to use of shoe sprays (aerosol and nonaerosol) in enclosed areas. Any spray containing polymers or solvents should be used only in adequately ventilated areas. In addition, manufacturers of shoe sprays should be aware that problems have occurred following reformulation.

State health departments are requested to report to CDC persons who have been hospitalized following exposure to any shoe spray (aerosol or nonaerosol). Standardized case-report forms are available from CDC's Air Pollution and Respiratory Health Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health, telephone (404) 488-7320.

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*Public Law no. 101-549, §610 (42 U.S.C. §7671).

[†]Controlled substances that include chlorofluorocarbons, halons, methyl chloroform, and carbon tetrachloride.

Health Objectives for the Nation

Dental Health of School Children — Oregon, 1991–92

Dental caries remains among the most prevalent diseases of both children and adults. To establish a baseline for monitoring oral disease trends in Oregon, the State Health Division, Oregon Department of Human Resources; Oregon Health Sciences

Dental Health — Continued

University; and Multnomah County Health Department collaborated in a statewide assessment of oral health needs. Phase 1 (1991–92) evaluated Head Start and elementary school children. Phase 2 (1993) is assessing the oral health of adults. This report presents the results of Phase 1.

The study population was a convenience sample of 2872 Head Start and elementary school children. Seventeen communities representing all of the state's 13 administrative districts were selected to ensure that certain age and racial/ethnic groups were included in the survey. Elementary schools within each community were selected randomly. In the elementary schools, students in first and second grades (aged 6–8 years) and fifth and sixth grades (aged 10–12 years) who returned consent forms (n=2084, approximately 40% of the children in those classes) were examined for dental caries and other oral conditions. Head Start children aged 3–5 years (n=788) were examined at five different programs within the state. Two dental professionals completed clinical examinations following the protocol and criteria used for prevalence surveys conducted by the National Institute of Dental Research (1).

Among children aged 3–5 years, 47% had experienced dental caries (Table 1). Among these children, 4% needed urgent dental care (i.e., had signs of a dental abscess or a statement that the child had been awakened at night by dental pain), 26% needed routine restorative treatment, and 17% had fillings but no active decay.

Among children aged 6–8 years, 55% had experienced dental caries in their permanent or primary teeth or in both (Table 1): 5% required urgent care, 23% needed routine restorative treatment, 24% had had all of their carious lesions filled, and 3% had primary anterior teeth that were decayed but might not require treatment because exfoliation was imminent (i.e., teeth already were loose or all other disease had been treated). Fifteen percent of these children had dental sealant on at least one permanent molar tooth (Figure 1).

TABLE 1. Dental health status of school children, by age group and racial/ethnic group — Oregon, 1991–92

| Age group | White | Black | Hispanic | American | Asian/ | Total |
|---------------------|-----------------|----------------|----------------|--|--------------------------------|-----------------|
| | (n=2229) | (n=221) | (n=224) | Indian/ Alaskan Native (n=95) | Pacific Islander (n=103) | (n=2872) |
| 3–5 yrs | (n=515) | (n=117) | (n=82) | (n=51) | (n=23) | (n=788) |
| With dental caries* | 46% | 36% | 52% | 71% | 57% | 47% |
| Needing treatment | 28% | 21% | 35% | 55% | 26% | 30% |
| | (n=1168) | (n=56) | (n=113) | (n=23) | (n=48) | (n=1408) |
| 6–8 yrs | | | | | | |
| With dental caries† | 52% | 64% | 65% | 91% | 67% | 55% |
| Needing treatment | 26% | 29% | 43% | 43% | 46% | 28% |
| | (n=546) | (n=48) | (n=29) | (n=21) | (n=32) | (n=676) |
| 10–12 yrs | | | | | | |
| With dental caries‡ | 44% | 48% | 48% | 62% | 69% | 46% |
| Needing treatment | 21% | 23% | 21% | 29% | 38% | 22% |

* Primary teeth only.

† Primary and permanent teeth.

‡ Permanent teeth only.

Dental Health — Continued

Among children aged 10–12 years, 2% required urgent care, 20% needed routine restorative treatment, and 24% had all decay treated. Twenty-eight percent of the students had had dental sealant on at least one permanent molar tooth (Figure 1).

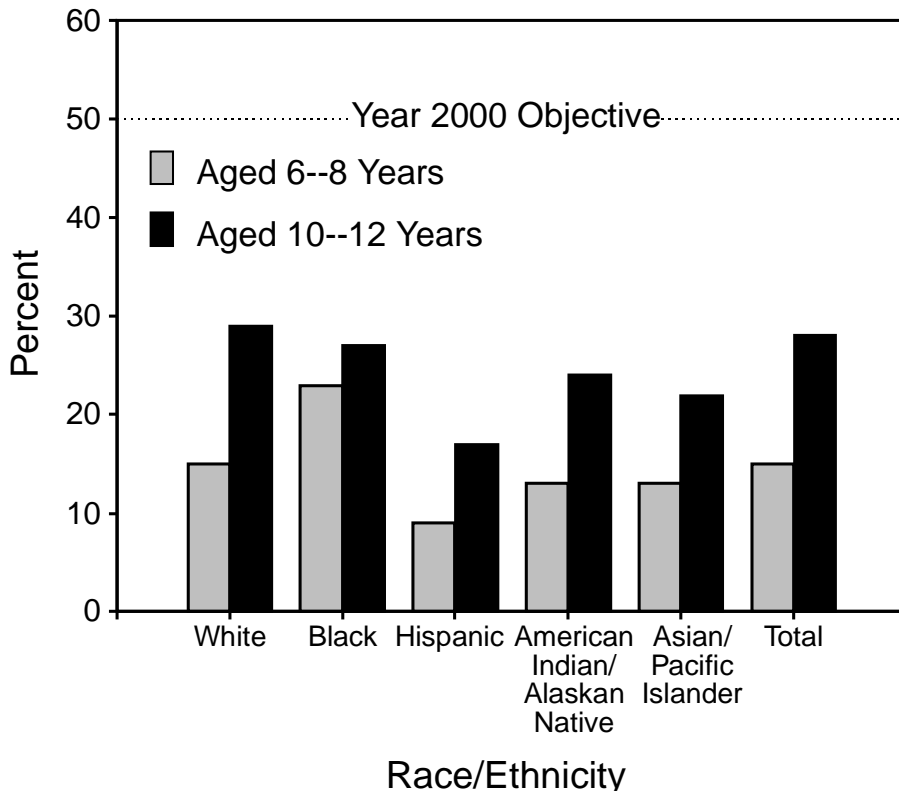
When the data were stratified by race/ethnicity, children of minority groups had higher prevalences of dental caries and untreated disease (Table 1). For example, among children aged 6–8 years, American Indians/Alaskan Natives had the highest prevalence of disease, and higher proportions of Asians/Pacific Islanders, Hispanics, and American Indians/Alaskan Natives required dental treatment.

When the data were stratified by urban ($\geq 10,000$ population)/rural status, differences appeared in the proportion of children in need of dental care, even among racial/ethnic groups with the lowest disease rates. For example, among 10–12-year-old white children, 16% in urban areas and 26% in rural areas needed dental treatment ($p=0.1$).

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Editorial Note: The findings in this report indicate that substantial differences in oral health status exist among racial/ethnic groups. In addition, Oregon must make substantial progress to achieve the national health objectives for the year 2000 regarding oral health (objectives 13.1, 13.2, and 13.8) (2). These data are the first systematic comparison of dental caries prevalence among multiple racial/ethnic groups in a specific geographic area and among the first compiled during the 1990s for evaluating

FIGURE 1. Percentage of children with dental sealant on permanent molar teeth, by age and race/ethnicity — Oregon, 1992



Dental Health — Continued

progress of an individual state toward achievement of the national health objectives regarding oral health.

Variations in oral health status among racial/ethnic groups may reflect other characteristics associated with a history of dental caries. Higher prevalence of dental caries and untreated disease have been found among children of parents who have lower educational levels and incomes (3,4); are members of immigrant groups that remain less acculturated (5); lack dental insurance coverage (6); and live in rural areas (1,3). In this sample, larger proportions of American Indian/Alaskan Native and Hispanic children lived in rural areas.

The prevalence of dental sealant among children in this survey exceeds that found in surveys in other geographic areas (2,3,7) but does not approach the national health objective of 50%. The higher proportion of blacks aged 6–8 years with dental sealant on their first permanent molars may be associated with the county in which most blacks in Oregon live (Multnomah County [Portland]), which operates a school-based program to apply dental sealant. In addition, public health personnel in Oregon may emphasize dental sealant programs because relatively few children have access to fluoridated water.

Oregon remains among the states and territories with the smallest proportion of its population receiving fluoridated water at optimal levels (8). Although water fluoridation for larger water systems is particularly cost-effective (9), only 11 of 39 Oregon cities or census-defined places with populations $\geq 10,000$ and only one of three cities with $\geq 100,000$ persons (1990 census) are fluoridated.

Several factors may contribute to the observed urban/rural differences in treatment needs. Community- and school-based programs may not exist in many rural areas, thus limiting access to primary preventive measures such as fluoridated water, fluoride mouthrinse, or dental sealant. In addition, access to care may be restricted in rural areas because most dentists practicing in these areas may not be "active" * Medicaid providers.

Reaching preschool children before dental caries occurs will require the cooperation of other health professionals. During well-child appointments, primary-care providers (e.g., pediatricians and nurse practitioners) should screen and refer young children for oral health prevention services (10).

Although the sample in Oregon was selected to ensure representation of all racial/ethnic groups and to allow comparison of their dental caries rates, anecdotal reports suggest that the participation level (40%) was adversely affected by sending informed consent forms home with children; by parents' perception that children who receive regular dental care need not participate in the survey; and by concerns about transmission of human immunodeficiency virus in clinical dental settings.

A dental survey requires trained examiners and substantial travel. Because such surveys are costly, they are conducted infrequently. Current data are essential for planning programs that use resources most effectively; therefore, alternate methods for routine assessment of oral health status (e.g., telephone interview data and respondent-assessed measures) must be developed and validated.

* Defined by the Oregon Health Division as having filed 50 or more Medicaid claims during the preceding fiscal year.

*Dental Health — Continued**References*

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*Current Trends***Mortality Patterns — United States, 1991**

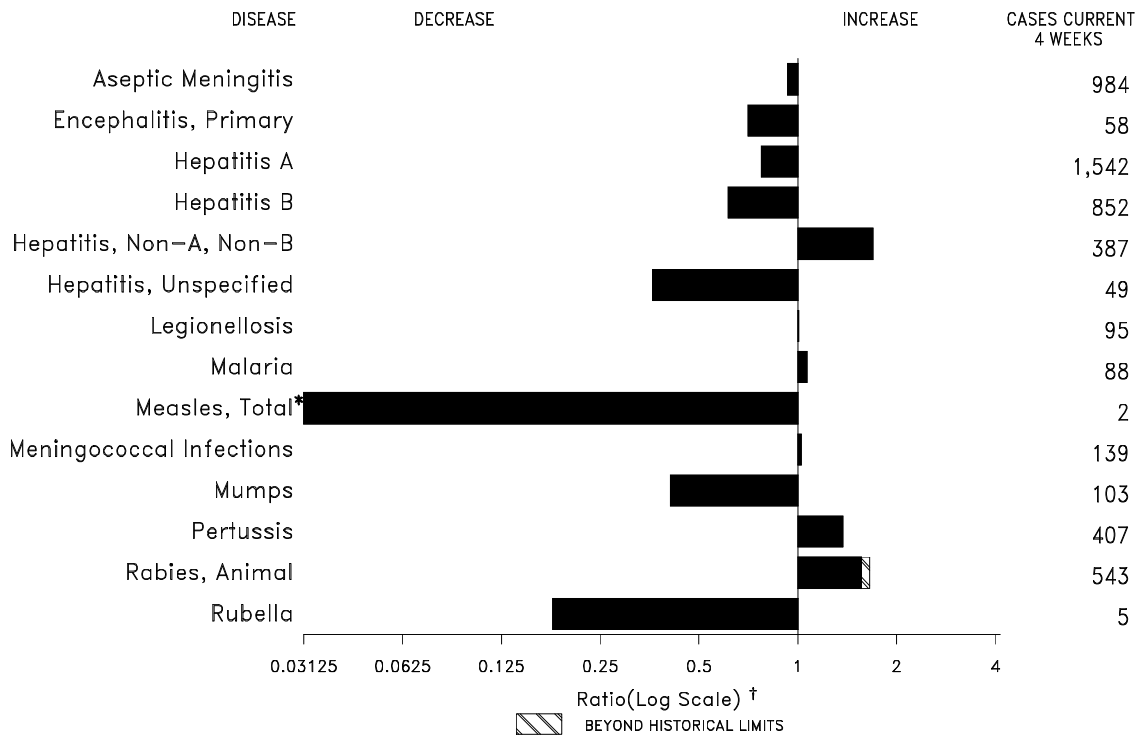
In 1991, 2,169,518 deaths were registered in the United States—21,055 more than in 1990 and the most ever recorded (1). Despite this increase, the overall age-adjusted death rate* was 513.7 per 100,000 population, the lowest ever recorded. Provisional data for 1992 indicate that the death rate continued to decline through 1992 (1). As in previous years, nearly two thirds of deaths in 1991 were caused by the first three leading causes of death (i.e., heart disease, cancer, and stroke). This report summarizes mortality data for 1991 (2) and compares patterns with 1990.

National death statistics are based on information contained on death certificates filed in state vital statistics offices as required by state law and are compiled by CDC's National Center for Health Statistics into a national data base for monitoring the nation's health and for research. In this report, cause-of-death statistics are based on the underlying cause of death.† The causes of death are recorded on the death certificate

* Age-adjusted to the 1940 U.S. population. Age-adjusted death rates indicate changes in the risk for death more effectively than crude death rates and are better indicators for comparisons of mortality by race or sex.

† Defined by the World Health Organization's *International Classification of Diseases, Ninth Revision* as "(a) the disease or injury which initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury."

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending November 20, 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 forty-six is 0.00599).

† 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 November 20, 1993 (46th Week)

| | Cum. 1993 | | Cum. 1993 |
|---|-----------|---|-----------|
| AIDS* | 83,485 | Measles: imported | 55 |
| Anthrax | - | indigenous | 222 |
| Botulism: Foodborne | 16 | Plague | 10 |
| Infant | 59 | Poliomyelitis, Paralytic [§] | - |
| Other | 2 | Psittacosis | 51 |
| Brucellosis | 79 | Rabies, human | 1 |
| Cholera | 17 | Syphilis, primary & secondary | 22,431 |
| Congenital rubella syndrome | 6 | Syphilis, congenital, age < 1 year [¶] | 1,493 |
| Diphtheria | - | Tetanus | 40 |
| Encephalitis, post-infectious | 145 | Toxic shock syndrome | 204 |
| Gonorrhea | 336,169 | Trichinosis | 13 |
| <i>Haemophilus influenzae</i> (invasive disease) [†] | 1,096 | Tuberculosis | 18,881 |
| Hansen Disease | 159 | Tularemia | 115 |
| Leptospirosis | 40 | Typhoid fever | 312 |
| Lyme Disease | 6,747 | Typhus fever, tickborne (RMSF) | 441 |

*Updated monthly; last update October 2, 1993.

[†]Of 1046 cases of known age, 339 (32%) were reported among children less than 5 years of age.

[§]Two (2) cases of suspected poliomyelitis have been reported in 1993; 4 of the 5 suspected cases with onset in 1992 were confirmed; the confirmed cases were vaccine associated.

[¶]Reports through second quarter of 1993.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending November 20, 1993, and November 14, 1992 (46th Week)

| Reporting Area | AIDS* | Aseptic Meningitis | Encephalitis | | Gonorrhea | | Hepatitis (Viral), by type | | | | Legionellosis | Lyme Disease |
|----------------|--------|--------------------|--------------|-----------------|-----------|-----------|----------------------------|-----------|-----------|-------------|---------------|--------------|
| | | | Primary | Post-infectious | | | A | B | NA,NB | Unspecified | | |
| | | | Cum. 1993 | Cum. 1993 | Cum. 1993 | Cum. 1993 | Cum. 1993 | Cum. 1992 | Cum. 1993 | Cum. 1993 | | |
| UNITED STATES | 83,485 | 11,155 | 794 | 145 | 336,169 | 433,949 | 19,132 | 10,742 | 4,478 | 547 | 1,107 | 6,747 |
| NEW ENGLAND | 4,183 | 371 | 15 | 8 | 7,394 | 8,976 | 423 | 429 | 487 | 15 | 71 | 1,668 |
| Maine | 118 | 41 | 2 | - | 76 | 85 | 15 | 10 | 4 | - | 5 | 11 |
| N.H. | 83 | 52 | - | 2 | 66 | 102 | 33 | 112 | 398 | 4 | 6 | 63 |
| Vt. | 58 | 42 | 4 | - | 22 | 23 | 8 | 8 | 4 | - | 2 | 5 |
| Mass. | 2,210 | 153 | 7 | 4 | 2,773 | 3,227 | 200 | 220 | 73 | 11 | 40 | 165 |
| R.I. | 274 | 83 | 2 | 2 | 370 | 593 | 67 | 20 | 8 | - | 18 | 255 |
| Conn. | 1,440 | - | - | - | 4,087 | 4,946 | 100 | 59 | - | - | - | 1,169 |
| MID. ATLANTIC | 20,227 | 847 | 58 | 9 | 40,256 | 49,615 | 956 | 1,172 | 357 | 6 | 217 | 3,721 |
| Upstate N.Y. | 3,118 | 488 | 41 | 6 | 7,845 | 9,911 | 399 | 388 | 241 | 1 | 74 | 2,267 |
| N.Y. City | 10,941 | 104 | 1 | - | 10,703 | 17,594 | 177 | 121 | 1 | - | 3 | 3 |
| N.J. | 3,909 | - | - | - | 5,135 | 6,825 | 247 | 356 | 83 | - | 32 | 678 |
| Pa. | 2,259 | 255 | 16 | 3 | 16,573 | 15,285 | 133 | 307 | 32 | 5 | 108 | 773 |
| E.N. CENTRAL | 6,686 | 1,952 | 180 | 29 | 65,278 | 82,478 | 2,138 | 1,256 | 519 | 13 | 295 | 96 |
| Ohio | 1,286 | 684 | 64 | 4 | 20,492 | 24,631 | 288 | 165 | 36 | - | 151 | 40 |
| Ind. | 718 | 201 | 20 | 11 | 7,308 | 7,972 | 561 | 211 | 15 | 1 | 51 | 26 |
| Ill. | 2,423 | 446 | 41 | 3 | 16,536 | 27,452 | 720 | 237 | 65 | 5 | 17 | 13 |
| Mich. | 1,606 | 582 | 45 | 11 | 15,578 | 18,557 | 188 | 355 | 365 | 7 | 58 | 17 |
| Wis. | 653 | 39 | 10 | - | 5,364 | 3,866 | 381 | 288 | 38 | - | 18 | - |
| W.N. CENTRAL | 2,694 | 692 | 35 | 10 | 17,716 | 23,191 | 2,048 | 583 | 170 | 17 | 88 | 203 |
| Minn. | 579 | 95 | 12 | - | 2,286 | 2,669 | 391 | 68 | 12 | 4 | 2 | 111 |
| Iowa | 159 | 145 | 5 | 2 | 1,431 | 1,442 | 53 | 33 | 9 | 4 | 15 | 8 |
| Mo. | 1,466 | 219 | 2 | 8 | 9,953 | 13,075 | 1,269 | 408 | 124 | 9 | 25 | 38 |
| N. Dak. | 2 | 12 | 3 | - | 38 | 67 | 63 | - | - | - | 1 | 2 |
| S. Dak. | 22 | 21 | 7 | - | 193 | 156 | 16 | - | - | - | - | - |
| Nebr. | 164 | 26 | 1 | - | 476 | 1,451 | 181 | 19 | 10 | - | 38 | 4 |
| Kans. | 302 | 174 | 5 | - | 3,339 | 4,331 | 75 | 55 | 15 | - | 7 | 40 |
| S. ATLANTIC | 17,732 | 2,337 | 216 | 57 | 88,510 | 128,204 | 1,120 | 2,035 | 715 | 86 | 197 | 835 |
| Del. | 308 | 74 | 3 | - | 1,357 | 1,573 | 10 | 144 | 141 | - | 12 | 394 |
| Md. | 2,039 | 223 | 24 | - | 14,651 | 14,381 | 142 | 246 | 24 | 5 | 44 | 147 |
| D.C. | 1,181 | 33 | - | - | 4,409 | 5,736 | 11 | 38 | 1 | - | 14 | 2 |
| Va. | 1,273 | 297 | 37 | 7 | 10,516 | 13,740 | 137 | 131 | 41 | 40 | 9 | 72 |
| W. Va. | 66 | 53 | 111 | - | 580 | 746 | 26 | 39 | 33 | - | 4 | 50 |
| N.C. | 960 | 235 | 31 | - | 22,380 | 21,990 | 82 | 273 | 67 | - | 25 | 79 |
| S.C. | 1,269 | 29 | - | - | 9,509 | 9,948 | 18 | 48 | 4 | 1 | 19 | 9 |
| Ga. | 2,328 | 156 | 1 | - | 4,660 | 35,269 | 100 | 257 | 173 | 1 | 36 | 46 |
| Fla. | 8,308 | 1,237 | 9 | 50 | 20,448 | 24,821 | 594 | 859 | 231 | 39 | 34 | 36 |
| E.S. CENTRAL | 2,179 | 689 | 41 | 7 | 39,561 | 44,354 | 287 | 1,199 | 914 | 4 | 40 | 32 |
| Ky. | 275 | 297 | 14 | 6 | 4,442 | 4,209 | 114 | 78 | 15 | - | 15 | 10 |
| Tenn. | 897 | 159 | 8 | - | 11,421 | 13,972 | 85 | 1,021 | 884 | 3 | 17 | 18 |
| Ala. | 611 | 161 | 3 | - | 14,486 | 15,497 | 53 | 94 | 5 | 1 | 2 | 4 |
| Miss. | 396 | 72 | 16 | 1 | 9,212 | 10,676 | 35 | 6 | 10 | - | 6 | - |
| W.S. CENTRAL | 8,451 | 1,307 | 69 | 2 | 41,076 | 47,094 | 2,300 | 1,556 | 314 | 156 | 30 | 65 |
| Ark. | 327 | 62 | 1 | - | 8,255 | 6,711 | 48 | 53 | 4 | 2 | 4 | 2 |
| La. | 1,028 | 79 | 6 | - | 10,536 | 12,975 | 73 | 186 | 131 | 4 | 3 | 2 |
| Okla. | 648 | 1 | 7 | - | 3,436 | 4,919 | 149 | 269 | 111 | 10 | 13 | 22 |
| Tex. | 6,448 | 1,165 | 55 | 2 | 18,849 | 22,489 | 2,030 | 1,048 | 68 | 140 | 10 | 39 |
| MOUNTAIN | 3,375 | 658 | 29 | 5 | 9,766 | 11,077 | 3,593 | 612 | 319 | 71 | 64 | 20 |
| Mont. | 29 | - | - | 1 | 70 | 102 | 71 | 7 | 3 | - | 5 | - |
| Idaho | 58 | 11 | - | - | 148 | 108 | 251 | 71 | - | 3 | 1 | 2 |
| Wyo. | 33 | 7 | - | - | 74 | 50 | 13 | 29 | 101 | - | 6 | 9 |
| Colo. | 1,106 | 209 | 15 | - | 3,103 | 4,040 | 787 | 65 | 50 | 39 | 9 | - |
| N. Mex. | 267 | 118 | 4 | 2 | 862 | 835 | 341 | 200 | 104 | 3 | 5 | 2 |
| Ariz. | 1,136 | 172 | 8 | - | 3,569 | 3,777 | 1,262 | 81 | 13 | 12 | 13 | - |
| Utah | 231 | 64 | 1 | 1 | 320 | 291 | 731 | 52 | 32 | 13 | 10 | 2 |
| Nev. | 515 | 77 | 1 | 1 | 1,620 | 1,874 | 137 | 107 | 16 | 1 | 15 | 5 |
| PACIFIC | 17,958 | 2,302 | 151 | 18 | 26,612 | 38,960 | 6,267 | 1,900 | 683 | 179 | 105 | 107 |
| Wash. | 1,337 | - | 1 | - | 3,285 | 3,515 | 715 | 206 | 167 | 9 | 10 | 4 |
| Oreg. | 680 | - | - | - | 1,059 | 1,491 | 85 | 30 | 13 | 1 | - | 2 |
| Calif. | 15,586 | 2,166 | 144 | 18 | 21,168 | 32,900 | 4,717 | 1,636 | 490 | 166 | 87 | 100 |
| Alaska | 58 | 20 | 5 | - | 546 | 591 | 689 | 9 | 10 | - | - | - |
| Hawaii | 297 | 116 | 1 | - | 554 | 463 | 61 | 19 | 3 | 3 | 8 | 1 |
| Guam | - | 2 | - | - | 48 | 51 | 2 | 2 | - | 3 | - | - |
| P.R. | 2,338 | 58 | - | - | 461 | 192 | 73 | 355 | 87 | 2 | - | - |
| V.I. | 40 | - | - | - | 90 | 90 | - | 4 | - | - | - | - |
| Amer. Samoa | - | - | - | - | 40 | 46 | 19 | - | - | - | - | - |
| C.N.M.I. | - | 3 | 1 | - | 69 | 68 | - | 1 | - | 1 | - | - |

N: Not notifiable

U: Unavailable

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

*Updated monthly; last update October 2, 1993.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending November 20, 1993, and November 14, 1992 (46th Week)

| Reporting Area | Malaria | Measles (Rubeola) | | | | | Men- gococcal infections | Mumps | | Pertussis | | | Rubella | | |
|----------------|---------|-------------------|--------------|-----------|--------------|--------------|--------------------------------|-------|--------------|-----------|--------------|--------------|---------|--------------|--------------|
| | | Indigenous | | Imported* | | Total | | 1993 | Cum. 1993 | 1993 | Cum. 1993 | Cum. 1992 | 1993 | Cum. 1993 | Cum. 1992 |
| | | 1993 | Cum. 1993 | 1993 | Cum. 1993 | Cum. 1992 | | | | | | | | | |
| UNITED STATES | 1,069 | - | 222 | - | 55 | 2,195 | 2,071 | 21 | 1,438 | 93 | 5,102 | 2,844 | - | 182 | 147 |
| NEW ENGLAND | 88 | - | 58 | - | 6 | 65 | 119 | 1 | 10 | 10 | 685 | 211 | - | 2 | 6 |
| Maine | 5 | - | 2 | - | - | 4 | 9 | - | - | - | 19 | 11 | - | 1 | 1 |
| N.H. | 6 | - | 2 | - | - | 13 | 14 | - | - | 2 | 242 | 49 | - | - | - |
| Vt. | 1 | - | 30 | - | 1 | - | 7 | - | - | 2 | 83 | 10 | - | - | - |
| Mass. | 44 | - | 14 | - | 4 | 21 | 62 | - | 2 | - | 259 | 99 | - | 1 | - |
| R.I. | 5 | - | 1 | - | 1 | 21 | 1 | - | 2 | 4 | 10 | 3 | - | - | 4 |
| Conn. | 27 | - | 9 | - | - | 6 | 26 | 1 | 6 | 2 | 72 | 39 | - | - | 1 |
| MID. ATLANTIC | 207 | - | 11 | - | 6 | 207 | 251 | 2 | 111 | 15 | 686 | 181 | - | 61 | 10 |
| Upstate N.Y. | 116 | - | - | - | 2 | 111 | 111 | - | 38 | 3 | 310 | 103 | - | 17 | 7 |
| N.Y. City | 24 | - | 5 | - | 2 | 56 | 19 | - | 2 | - | 7 | 20 | - | 22 | - |
| N.J. | 42 | - | 6 | - | 2 | 40 | 38 | - | 12 | - | 51 | 58 | - | 16 | 3 |
| Pa. | 25 | - | - | - | - | - | 83 | 2 | 59 | 12 | 318 | 119 | - | 6 | - |
| E.N. CENTRAL | 68 | - | 21 | - | 6 | 61 | 328 | 5 | 220 | 29 | 1,167 | 632 | - | 7 | 10 |
| Ohio | 15 | - | 7 | - | 2 | 6 | 94 | 3 | 71 | 20 | 431 | 95 | - | 1 | - |
| Ind. | 3 | - | 1 | - | - | 20 | 51 | - | 5 | 7 | 136 | 39 | - | 2 | - |
| Ill. | 33 | - | 5 | - | - | 18 | 89 | - | 59 | - | 288 | 49 | - | 1 | 9 |
| Mich. | 17 | - | 5 | - | 1 | 13 | 58 | 2 | 70 | 2 | 104 | 14 | - | 2 | 1 |
| Wis. | - | - | 3 | - | 3 | 4 | 36 | - | 15 | - | 208 | 435 | - | 1 | - |
| W.N. CENTRAL | 29 | - | 1 | - | 2 | 14 | 144 | - | 47 | 15 | 527 | 289 | - | 1 | 8 |
| Minn. | 9 | - | - | - | - | 12 | 15 | - | 2 | 14 | 310 | 104 | - | - | - |
| Iowa | 3 | - | - | - | - | 1 | 25 | - | 9 | 1 | 37 | 9 | - | - | 3 |
| Mo. | 7 | - | 1 | - | - | - | 53 | - | 28 | - | 136 | 104 | - | 1 | 1 |
| N. Dak. | 2 | - | - | - | - | - | 3 | - | 5 | - | 3 | 15 | - | - | - |
| S. Dak. | 2 | - | - | - | - | - | 6 | - | - | - | 8 | 14 | - | - | - |
| Nebr. | 4 | - | - | - | - | - | 14 | - | 2 | - | 14 | 11 | - | - | - |
| Kans. | 2 | - | - | - | 2 | 1 | 28 | - | 1 | - | 19 | 32 | - | - | 4 |
| S. ATLANTIC | 278 | - | 18 | - | 13 | 128 | 382 | 7 | 432 | 4 | 566 | 165 | - | 9 | 20 |
| Del. | 2 | - | 1 | - | - | 1 | 13 | - | 6 | - | 14 | 7 | - | 2 | - |
| Md. | 43 | - | - | - | 4 | 16 | 50 | 2 | 76 | 3 | 132 | 32 | - | 2 | 5 |
| D.C. | 11 | - | - | - | - | - | 5 | - | 1 | - | 12 | 1 | - | - | - |
| Va. | 34 | - | - | - | 4 | 16 | 44 | 3 | 35 | - | 59 | 15 | - | - | - |
| W. Va. | 2 | - | - | - | - | - | 13 | 2 | 20 | - | 8 | 9 | - | - | 1 |
| N.C. | 96 | - | - | - | - | 24 | 61 | - | 222 | - | 152 | 42 | - | - | - |
| S.C. | 7 | - | - | - | - | 29 | 31 | - | 16 | - | 70 | 10 | - | - | 7 |
| Ga. | 20 | - | 1 | - | - | 3 | 88 | - | 16 | 1 | 36 | 17 | - | - | - |
| Fla. | 63 | - | 16 | - | 5 | 39 | 77 | - | 40 | - | 83 | 32 | - | 5 | 7 |
| E.S. CENTRAL | 28 | - | 1 | - | - | 467 | 133 | 1 | 48 | 3 | 266 | 29 | - | 1 | 1 |
| Ky. | 5 | - | - | - | - | 450 | 24 | - | - | - | 29 | 1 | - | - | - |
| Tenn. | 11 | - | - | - | - | - | 35 | 1 | 14 | 2 | 167 | 8 | - | 1 | 1 |
| Ala. | 7 | - | 1 | - | - | - | 43 | - | 22 | 1 | 59 | 17 | - | - | - |
| Miss. | 5 | - | - | - | - | 17 | 31 | - | 12 | - | 11 | 3 | - | - | - |
| W.S. CENTRAL | 31 | - | 7 | - | 3 | 1,104 | 207 | 3 | 216 | 6 | 161 | 216 | - | 17 | 7 |
| Ark. | 3 | - | - | - | - | - | 20 | - | 4 | 1 | 11 | 16 | - | - | - |
| La. | 6 | - | 1 | - | - | - | 35 | - | 17 | - | 12 | 10 | - | 1 | - |
| Okla. | 6 | - | - | - | - | 12 | 28 | - | 11 | 5 | 96 | 38 | - | 1 | - |
| Tex. | 16 | - | 6 | - | 3 | 1,092 | 124 | 3 | 184 | - | 42 | 152 | - | 15 | 7 |
| MOUNTAIN | 34 | - | 5 | - | 1 | 35 | 158 | 1 | 62 | 5 | 386 | 391 | - | 10 | 8 |
| Mont. | 2 | - | - | - | - | - | 13 | - | - | 2 | 11 | 9 | - | - | - |
| Idaho | 1 | - | - | - | - | - | 13 | - | 5 | 1 | 114 | 41 | - | 2 | 1 |
| Wyo. | - | - | - | - | - | 1 | 3 | - | 2 | - | 1 | - | - | - | - |
| Colo. | 20 | - | 2 | - | 1 | 29 | 32 | - | 16 | 2 | 132 | 87 | - | 1 | 2 |
| N. Mex. | 5 | - | - | - | - | 2 | 5 | N | N | - | 39 | 97 | - | - | - |
| Ariz. | 1 | - | 2 | - | - | 3 | 72 | - | 13 | - | 48 | 121 | - | 2 | 2 |
| Utah | 2 | - | - | - | - | - | 13 | - | 4 | - | 37 | 34 | - | 4 | 1 |
| Nev. | 3 | - | 1 | - | - | - | 7 | 1 | 22 | - | 4 | 2 | - | 1 | 2 |
| PACIFIC | 306 | - | 100 | - | 18 | 114 | 349 | 1 | 292 | 6 | 658 | 730 | - | 74 | 77 |
| Wash. | 28 | - | - | - | - | 11 | 69 | - | 10 | - | 67 | 196 | - | - | 8 |
| Oreg. | 5 | - | - | - | - | 3 | 23 | N | N | - | 31 | 41 | - | 3 | 1 |
| Calif. | 264 | - | 89 | - | 7 | 59 | 234 | 1 | 251 | 6 | 543 | 429 | - | 43 | 45 |
| Alaska | 3 | - | - | - | 2 | 9 | 13 | - | 9 | - | 5 | 14 | - | 1 | - |
| Hawaii | 6 | - | 11 | - | 9 | 32 | 10 | - | 22 | - | 12 | 50 | - | 27 | 23 |
| Guam | 1 | - | 2 | - | - | 10 | 2 | - | 8 | - | - | - | - | - | 3 |
| P.R. | - | - | 241 | - | - | 411 | 9 | - | 3 | - | 9 | 12 | - | - | 1 |
| V.I. | - | - | - | - | - | - | - | - | 4 | - | - | - | - | - | - |
| Amer. Samoa | - | - | 1 | - | - | - | - | - | 1 | - | 2 | 6 | - | - | - |
| C.N.M.I. | - | 2 | 16 | - | 1 | 2 | - | - | 13 | - | 1 | 2 | - | - | - |

*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 November 20, 1993, and November 14, 1992 (46th 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 | 22,431 | 29,977 | 204 | 18,881 | 20,290 | 115 | 312 | 441 | 7,815 |
| NEW ENGLAND | 362 | 591 | 15 | 460 | 450 | - | 29 | 6 | 1,480 |
| Maine | 7 | 8 | 3 | 35 | 19 | - | - | - | - |
| N.H. | 29 | 37 | 5 | 9 | 17 | - | 2 | - | 126 |
| Vt. | 1 | 1 | 1 | 5 | 6 | - | - | - | 31 |
| Mass. | 115 | 294 | 5 | 248 | 252 | - | 21 | 6 | 625 |
| R.I. | 15 | 35 | 1 | 50 | 31 | - | - | - | - |
| Conn. | 195 | 216 | - | 113 | 125 | - | 6 | - | 698 |
| MID. ATLANTIC | 2,101 | 4,086 | 32 | 4,144 | 4,754 | 1 | 65 | 27 | 2,813 |
| Upstate N.Y. | 186 | 311 | 16 | 513 | 634 | 1 | 18 | 7 | 2,070 |
| N.Y. City | 1,044 | 2,284 | 1 | 2,335 | 2,741 | - | 26 | - | - |
| N.J. | 288 | 503 | - | 727 | 792 | - | 15 | 10 | 401 |
| Pa. | 583 | 988 | 15 | 569 | 587 | - | 6 | 10 | 342 |
| E.N. CENTRAL | 3,200 | 4,554 | 42 | 1,706 | 1,989 | 4 | 38 | 13 | 106 |
| Ohio | 1,018 | 726 | 11 | 278 | 285 | - | 8 | 8 | 6 |
| Ind. | 307 | 249 | 2 | 206 | 174 | 1 | 1 | 1 | 11 |
| Ill. | 938 | 2,081 | 8 | 722 | 1,035 | 2 | 21 | 2 | 22 |
| Mich. | 515 | 831 | 21 | 417 | 415 | 1 | 7 | 2 | 18 |
| Wis. | 422 | 667 | - | 83 | 80 | - | 1 | - | 49 |
| W.N. CENTRAL | 1,374 | 1,331 | 12 | 438 | 475 | 38 | 2 | 23 | 311 |
| Minn. | 62 | 89 | 2 | 62 | 136 | - | - | 1 | 40 |
| Iowa | 61 | 47 | 5 | 52 | 38 | - | - | 7 | 70 |
| Mo. | 1,129 | 1,009 | 2 | 222 | 206 | 15 | 2 | 11 | 22 |
| N. Dak. | 1 | 1 | - | 5 | 9 | - | - | - | 51 |
| S. Dak. | 1 | - | - | 12 | 20 | 17 | - | 3 | 41 |
| Nebr. | 10 | 24 | - | 18 | 21 | 3 | - | - | 10 |
| Kans. | 110 | 161 | 3 | 67 | 45 | 3 | - | 1 | 77 |
| S. ATLANTIC | 5,839 | 8,097 | 23 | 3,692 | 3,735 | 4 | 46 | 206 | 1,886 |
| Del. | 90 | 185 | 1 | 42 | 43 | - | 1 | 1 | 128 |
| Md. | 337 | 562 | 1 | 338 | 343 | - | 8 | 11 | 573 |
| D.C. | 297 | 346 | - | 147 | 94 | - | - | - | 16 |
| Va. | 567 | 644 | 7 | 386 | 305 | - | 6 | 11 | 358 |
| W. Va. | 13 | 17 | - | 68 | 82 | - | - | 6 | 84 |
| N.C. | 1,657 | 2,235 | 3 | 483 | 504 | 2 | 3 | 124 | 96 |
| S.C. | 847 | 1,086 | - | 346 | 352 | - | - | 10 | 149 |
| Ga. | 981 | 1,564 | 2 | 677 | 776 | - | 3 | 36 | 433 |
| Fla. | 1,050 | 1,458 | 9 | 1,205 | 1,236 | 2 | 25 | 7 | 49 |
| E.S. CENTRAL | 3,558 | 3,829 | 11 | 1,421 | 1,321 | 4 | 7 | 56 | 194 |
| Ky. | 314 | 152 | 3 | 340 | 347 | 1 | 2 | 10 | 19 |
| Tenn. | 946 | 1,065 | 4 | 424 | 386 | 2 | 2 | 32 | 72 |
| Ala. | 761 | 1,289 | 2 | 442 | 358 | 1 | 3 | 4 | 103 |
| Miss. | 1,537 | 1,323 | 2 | 215 | 230 | - | - | 10 | - |
| W.S. CENTRAL | 5,201 | 5,516 | 2 | 2,082 | 2,413 | 45 | 7 | 95 | 542 |
| Ark. | 662 | 788 | - | 157 | 186 | 27 | - | 7 | 37 |
| La. | 2,294 | 2,302 | - | - | 198 | - | 1 | 1 | 6 |
| Okla. | 334 | 384 | 2 | 141 | 133 | 14 | 1 | 83 | 64 |
| Tex. | 1,911 | 2,042 | - | 1,784 | 1,896 | 4 | 5 | 4 | 435 |
| MOUNTAIN | 212 | 310 | 14 | 476 | 516 | 13 | 10 | 15 | 165 |
| Mont. | 1 | 7 | - | 23 | - | 5 | - | 2 | 23 |
| Idaho | - | 1 | 2 | 12 | 21 | - | - | - | 6 |
| Wyo. | 8 | 5 | - | 6 | - | 3 | - | 10 | 22 |
| Colo. | 65 | 58 | 2 | 49 | 60 | 1 | 5 | 3 | 27 |
| N. Mex. | 24 | 39 | 1 | 59 | 71 | 1 | 2 | - | 9 |
| Ariz. | 92 | 151 | 1 | 212 | 222 | - | 2 | - | 59 |
| Utah | 10 | 8 | 6 | 28 | 65 | 2 | 1 | - | 4 |
| Nev. | 12 | 41 | 2 | 87 | 77 | 1 | - | - | 15 |
| PACIFIC | 584 | 1,663 | 53 | 4,462 | 4,637 | 6 | 108 | - | 318 |
| Wash. | 55 | 74 | 7 | 234 | 271 | 1 | 7 | - | - |
| Oreg. | 37 | 43 | - | 89 | 119 | 2 | 1 | - | - |
| Calif. | 478 | 1,534 | 46 | 3,865 | 3,957 | 3 | 97 | - | 298 |
| Alaska | 8 | 4 | - | 49 | 52 | - | - | - | 20 |
| Hawaii | 6 | 8 | - | 225 | 238 | - | 3 | - | - |
| Guam | 2 | 3 | - | 31 | 59 | - | 1 | - | - |
| P.R. | 454 | 290 | - | 185 | 200 | - | - | - | 42 |
| V.I. | 39 | 62 | - | 2 | 3 | - | - | - | - |
| Amer. Samoa | - | - | - | 2 | - | - | 1 | - | - |
| C.N.M.I. | 7 | 6 | - | 37 | 50 | - | - | - | - |

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending
November 20, 1993 (46th 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 | 637 | 449 | 115 | 46 | 12 | 15 | 62 | S. ATLANTIC | 1,400 | 837 | 290 | 178 | 48 | 44 | 78 |
| Boston, Mass. | 181 | 123 | 35 | 17 | 2 | 4 | 22 | Atlanta, Ga. | 208 | 122 | 33 | 37 | 7 | 9 | 4 |
| Bridgeport, Conn. | 30 | 20 | 6 | 1 | 1 | 2 | 3 | Baltimore, Md. | 262 | 153 | 62 | 27 | 9 | 11 | 27 |
| Cambridge, Mass. | 24 | 18 | 5 | 1 | - | - | 2 | Charlotte, N.C. | 78 | 45 | 17 | 15 | - | 1 | 3 |
| Fall River, Mass. | 36 | 30 | 4 | 1 | - | 1 | 2 | Jacksonville, Fla. | 114 | 82 | 15 | 13 | 3 | 1 | 7 |
| Hartford, Conn. | 69 | 40 | 15 | 8 | 3 | 3 | 3 | Miami, Fla. | 114 | 56 | 30 | 20 | 2 | 4 | 1 |
| Lowell, Mass. | 20 | 19 | - | 1 | - | - | 4 | Norfolk, Va. | 49 | 30 | 11 | 4 | 3 | 1 | 4 |
| Lynn, Mass. | 13 | 12 | 1 | - | - | - | 1 | Richmond, Va. | U | U | U | U | U | U | U |
| New Bedford, Mass. | 22 | 19 | 1 | 1 | 1 | - | 1 | Savannah, Ga. | 47 | 34 | 6 | 3 | 4 | - | 6 |
| New Haven, Conn. | 48 | 29 | 10 | 6 | 2 | 1 | 3 | St. Petersburg, Fla. | 72 | 51 | 12 | 3 | 4 | 2 | 3 |
| Providence, R.I. | 44 | 35 | 9 | - | - | - | 5 | Tampa, Fla. | 179 | 112 | 47 | 11 | 3 | 5 | 21 |
| Somerville, Mass. | 4 | 2 | 2 | - | - | - | - | Washington, D.C. | 254 | 133 | 55 | 43 | 13 | 10 | 2 |
| Springfield, Mass. | 48 | 33 | 11 | 2 | - | 2 | 3 | Wilmington, Del. | 23 | 19 | 2 | 2 | - | - | - |
| Waterbury, Conn. | 41 | 29 | 8 | 2 | 1 | 1 | 6 | E.S. CENTRAL | 764 | 523 | 139 | 58 | 27 | 17 | 50 |
| Worcester, Mass. | 57 | 40 | 8 | 6 | 2 | 1 | 7 | Birmingham, Ala. | 136 | 80 | 27 | 13 | 7 | 9 | 4 |
| MID. ATLANTIC | 2,543 | 1,671 | 472 | 283 | 70 | 47 | 125 | Chattanooga, Tenn. | 46 | 36 | 4 | 5 | 1 | - | 1 |
| Albany, N.Y. | 63 | 43 | 13 | 5 | 2 | - | 7 | Knoxville, Tenn. | 74 | 55 | 12 | 4 | 1 | 2 | 7 |
| Allentown, Pa. | 23 | 19 | 4 | - | - | - | - | Lexington, Ky. | 104 | 68 | 22 | 4 | 7 | 3 | 8 |
| Buffalo, N.Y. | 100 | 72 | 18 | 6 | 2 | 2 | 1 | Memphis, Tenn. | 131 | 96 | 22 | 10 | 3 | - | 9 |
| Camden, N.J. | 46 | 27 | 11 | 3 | 4 | 1 | 1 | Mobile, Ala. | 56 | 42 | 9 | 2 | 3 | - | 6 |
| Elizabeth, N.J. | 35 | 23 | 6 | 3 | 3 | - | 4 | Montgomery, Ala. | 53 | 40 | 6 | 6 | - | 1 | 1 |
| Erie, Pa.§ | 44 | 37 | 6 | 1 | - | - | 3 | Nashville, Tenn. | 164 | 106 | 37 | 14 | 5 | 2 | 14 |
| Jersey City, N.J. | 45 | 29 | 8 | 7 | - | 1 | 1 | W.S. CENTRAL | 1,297 | 813 | 247 | 146 | 58 | 30 | 60 |
| New York City, N.Y. | 1,281 | 807 | 259 | 163 | 34 | 18 | 42 | Austin, Tex. | 67 | 43 | 12 | 10 | 1 | 1 | 5 |
| Newark, N.J. | 64 | 22 | 16 | 19 | 4 | 3 | 7 | Baton Rouge, La. | 84 | 58 | 11 | 10 | 5 | - | 4 |
| Paterson, N.J. | 30 | 15 | 6 | 8 | - | 1 | - | Corpus Christi, Tex. | 55 | 37 | 7 | 7 | 3 | 1 | 2 |
| Philadelphia, Pa. | 299 | 210 | 43 | 29 | 7 | 10 | 17 | Dallas, Tex. | 218 | 131 | 40 | 29 | 8 | 10 | 6 |
| Pittsburgh, Pa.§ | 139 | 96 | 25 | 9 | 5 | 4 | 15 | El Paso, Tex. | 67 | 48 | 9 | 4 | 4 | 2 | - |
| Reading, Pa. | 14 | 10 | 3 | 1 | - | - | 2 | Ft. Worth, Tex. | 104 | 65 | 21 | 11 | 7 | - | 6 |
| Rochester, N.Y. | 146 | 108 | 19 | 11 | 6 | 2 | 12 | Houston, Tex. | 347 | 198 | 81 | 39 | 22 | 7 | 28 |
| Schenectady, N.Y. | 31 | 21 | 6 | 2 | 1 | 1 | 2 | Little Rock, Ark. | 80 | 45 | 22 | 9 | - | 4 | 3 |
| Scranton, Pa.§ | 33 | 27 | 5 | 1 | - | - | 1 | New Orleans, La. | 107 | 59 | 21 | 15 | 6 | 3 | - |
| Syracuse, N.Y. | 103 | 72 | 16 | 9 | 2 | 4 | 8 | San Antonio, Tex. | U | U | U | U | U | U | U |
| Trenton, N.J. | 25 | 15 | 6 | 4 | - | - | - | Shreveport, La. | 68 | 53 | 10 | 3 | 1 | 1 | 2 |
| Utica, N.Y. | 22 | 18 | 2 | 2 | - | - | 3 | Tulsa, Okla. | 100 | 76 | 13 | 9 | 1 | 1 | 4 |
| Yonkers, N.Y. | U | U | U | U | U | U | U | MOUNTAIN | 944 | 660 | 167 | 73 | 25 | 18 | 58 |
| E.N. CENTRAL | 2,183 | 1,379 | 419 | 220 | 115 | 50 | 113 | Albuquerque, N.M. | 114 | 68 | 31 | 14 | 1 | - | 2 |
| Akron, Ohio | 84 | 57 | 18 | 4 | 1 | 4 | 1 | Colo. Springs, Colo. | 55 | 44 | 7 | 1 | 1 | 2 | 5 |
| Canton, Ohio | 33 | 19 | 8 | 6 | - | - | 5 | Denver, Colo. | 62 | 40 | 10 | 5 | 1 | 5 | 6 |
| Chicago, Ill. | 412 | 170 | 87 | 80 | 66 | 9 | 14 | Las Vegas, Nev. | 158 | 115 | 28 | 10 | 3 | 2 | 10 |
| Cincinnati, Ohio | 156 | 107 | 33 | 12 | 3 | 1 | 12 | Ogden, Utah | 32 | 23 | 5 | 3 | 1 | - | 3 |
| Cleveland, Ohio | 159 | 90 | 42 | 15 | 4 | 8 | 4 | Phoenix, Ariz. | 213 | 133 | 40 | 22 | 9 | 9 | 10 |
| Columbus, Ohio | U | U | U | U | U | U | U | Pueblo, Colo. | 32 | 26 | 2 | 1 | 3 | - | - |
| Dayton, Ohio | 145 | 99 | 29 | 8 | 7 | 2 | 8 | Salt Lake City, Utah | 107 | 79 | 14 | 8 | 6 | - | 15 |
| Detroit, Mich. | 297 | 181 | 53 | 39 | 10 | 14 | 8 | Tucson, Ariz. | 171 | 132 | 30 | 9 | - | - | 7 |
| Evansville, Ind. | 55 | 41 | 11 | 2 | 1 | - | 4 | PACIFIC | 2,070 | 1,367 | 364 | 229 | 58 | 41 | 110 |
| Fort Wayne, Ind. | 72 | 56 | 9 | 4 | 1 | 2 | 6 | Berkeley, Calif. | 18 | 12 | 2 | 3 | - | 1 | 2 |
| Gary, Ind. | 23 | 12 | 3 | 4 | 4 | - | - | Fresno, Calif. | 134 | 89 | 24 | 12 | 5 | 4 | 12 |
| Grand Rapids, Mich. | 41 | 31 | 5 | 3 | 2 | - | 4 | Glendale, Calif. | 31 | 21 | 8 | - | 1 | 1 | 1 |
| Indianapolis, Ind. | 208 | 143 | 35 | 19 | 7 | 4 | 15 | Honolulu, Hawaii | 85 | 64 | 9 | 10 | 2 | - | 7 |
| Madison, Wis. | 46 | 32 | 12 | 2 | - | - | 1 | Long Beach, Calif. | 98 | 52 | 20 | 17 | 3 | 6 | 3 |
| Milwaukee, Wis. | 127 | 95 | 23 | 6 | 1 | 2 | 12 | Los Angeles, Calif. | 456 | 276 | 85 | 66 | 14 | 5 | 20 |
| Peoria, Ill. | U | U | U | U | U | U | U | Pasadena, Calif. | 21 | 16 | 3 | 2 | - | - | 4 |
| Rockford, Ill. | 52 | 38 | 9 | 4 | 1 | - | 7 | Portland, Ore. | 159 | 107 | 40 | 7 | 4 | 1 | 4 |
| South Bend, Ind. | 59 | 45 | 12 | 1 | 1 | - | 2 | Sacramento, Calif. | 185 | 129 | 33 | 13 | 5 | 5 | 15 |
| Toledo, Ohio | 117 | 87 | 16 | 9 | 2 | 3 | 7 | San Diego, Calif. | 127 | 72 | 22 | 22 | 9 | 1 | 12 |
| Youngstown, Ohio | 97 | 76 | 14 | 2 | 4 | 1 | 3 | San Francisco, Calif. | 184 | 113 | 33 | 32 | 6 | - | 8 |
| W.N. CENTRAL | 804 | 592 | 122 | 54 | 14 | 22 | 45 | San Jose, Calif. | 211 | 151 | 33 | 17 | 2 | 8 | 12 |
| Des Moines, Iowa | 45 | 30 | 11 | 2 | 2 | - | 3 | Santa Cruz, Calif. | 32 | 28 | 3 | 1 | - | - | - |
| Duluth, Minn. | 28 | 26 | 2 | - | - | - | - | Seattle, Wash. | 170 | 122 | 20 | 21 | 4 | 3 | 5 |
| Kansas City, Kans. | 37 | 27 | 6 | 3 | - | 1 | - | Spokane, Wash. | 57 | 36 | 14 | 1 | 2 | 4 | 1 |
| Kansas City, Mo. | 97 | 72 | 17 | 5 | - | 3 | 8 | Tacoma, Wash. | 102 | 79 | 15 | 5 | 1 | 2 | 4 |
| Lincoln, Nebr. | 37 | 28 | 3 | 2 | 2 | 2 | 3 | TOTAL | 12,642 [†] | 8,291 | 2,335 | 1,287 | 427 | 284 | 701 |
| Minneapolis, Minn. | 197 | 144 | 28 | 15 | 2 | 8 | 17 | | | | | | | | |
| Omaha, Nebr. | 91 | 68 | 11 | 8 | 1 | 3 | 3 | | | | | | | | |
| St. Louis, Mo. | 148 | 110 | 22 | 10 | 3 | 3 | 3 | | | | | | | | |
| St. Paul, Minn. | 64 | 45 | 11 | 3 | 3 | 2 | 4 | | | | | | | | |
| Wichita, Kans. | 60 | 42 | 11 | 6 | 1 | - | 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.

Mortality Patterns — Continued

by the attending physician, medical examiner, or coroner as specified by the World Health Organization (WHO) and endorsed by CDC.

For nine of the 15 leading causes of death, mortality decreased from 1990 to 1991 (Table 1)[§]; the age-adjusted death rate for heart disease (*International Classification of Diseases, Ninth Revision* [ICD-9], codes 390–398, 402, and 404–429), the leading cause of mortality in the United States, declined 2.5%. Mortality from unintentional injuries decreased 4.6%, the largest decline among the 15 leading causes of death. Mortality from cancer decreased 0.4%, and mortality from stroke decreased 3.2%. In contrast, mortality from chronic obstructive pulmonary disease (COPD) and allied conditions (ICD-9 codes 490–496), homicide and legal intervention (ICD-9 codes E960–E978), and human immunodeficiency virus (HIV) infection (ICD-9 codes 042–044)[¶] increased

[§]“Motor-vehicle accidents” and “all other accidents and adverse effects” are not included as causes of death for which the rate has decreased because these causes are subcategories of the leading cause “accidents and adverse effects.” When a death occurs under “accidental” circumstances, the preferred term within the public health community is “unintentional injury.”

[¶]These codes are from addenda to the ICD-9 (3).

TABLE 1. Age-adjusted death rates* for 1991 and percentage changes in age-adjusted death rates from the 15 leading causes of death from 1990 to 1991 and 1979 to 1991 — United States

| Rank [†] | Cause of death (ICD-9 code [§]) | 1991 Age-adjusted death rate | % Change | |
|-------------------|---|------------------------------------|-----------------|-----------------|
| | | | 1990 to 1991 | 1979 to 1991 |
| 1 | Diseases of heart (390–398, 402, 404–429) | 148.2 | -2.5 | -25.7 |
| 2 | Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues (140–208) | 134.5 | -0.4 | 2.8 |
| 3 | Cerebrovascular diseases (430–438) | 26.8 | -3.2 | -35.6 |
| 4 | Chronic obstructive pulmonary diseases and allied conditions (490–496) | 20.1 | 2.0 | 37.7 |
| 5 | Accidents [¶] and adverse effects (E800–E949) | 31.0 | -4.6 | -27.7 |
| | Motor-vehicle accidents (E810–E825) | 17.0 | -8.1 | -26.7 |
| | All other accidents and adverse effects (E800–E807, E826–E949) | 13.9 | -0.7 | -29.1 |
| 6 | Pneumonia and influenza (480–487) | 13.4 | -4.3 | 19.6 |
| 7 | Diabetes mellitus (250) | 11.8 | 0.9 | 20.4 |
| 8 | Suicide (E950–E959) | 11.4 | -0.9 | -2.6 |
| 9 | Human immunodeficiency virus infection (042–044)** | 11.3 | 15.3 | — |
| 10 | Homicide and legal intervention (E960–E978) | 10.9 | 6.9 | 6.9 |
| 11 | Chronic liver disease and cirrhosis (571) | 8.3 | -3.5 | -30.8 |
| 12 | Nephritis, nephrotic syndrome, and nephrosis (580–589) | 4.3 | — | — |
| 13 | Septicemia (038) | 4.1 | — | 78.3 |
| 14 | Atherosclerosis (440) | 2.6 | -3.7 | -54.4 |
| 15 | Certain conditions originating in the perinatal period ^{††} (760–779) | — | -4.0 | -39.5 |
| | All causes | 513.7 | -1.2 | -11.0 |

*Per 100,000 population, age-adjusted to the 1940 U.S. population.

[†]Based on number of deaths.

[§]*International Classification of Diseases, Ninth Revision.*

[¶]When a death occurs under “accidental” circumstances, the preferred term within the public health community is “unintentional injury.”

**These codes are from addenda to the ICD-9 (3).

^{††}Based on infant mortality rates.

Mortality Patterns — Continued

2.0%, 6.9%, and 15.3%, respectively. The death rates from homicide and HIV infection in 1991 were the highest ever recorded. Provisional data for 1992 indicate that HIV is the eighth leading cause of death in the United States (2).

Compared with 1990, age-adjusted death rates declined for whites** (from 492.8 to 486.8) and for blacks (from 789.2 to 780.7). Differences in death rates from leading causes of death contributed to the differential in mortality between the black and white populations in 1991. For most of the leading causes, age-adjusted death rates were higher for blacks than for whites. The largest differences in rates were for homicide and HIV infection: the rate for blacks was 6.8 times and 3.4 times that for whites, respectively (Table 2). Death rates were lower for blacks for two of the 15 leading causes of death—COPD and allied conditions and suicide (ICD-9 codes E950-E959).

As in the past, age-adjusted death rates for males in 1991 were higher than those for females (Table 2). Compared with 1990, age-adjusted death rates declined for both

**Hispanics and non-Hispanics are included in totals for both whites and blacks. Numbers for other racial/ethnic groups were too small for meaningful analysis.

TABLE 2. Ratio of age-adjusted death rates* from the 15 leading causes of death, by sex and race of decedent — United States, 1991

| Rank† | Cause of death (ICD-9§) | Male:female | Black:white¶ |
|-------|---|-------------|--------------|
| 1 | Diseases of heart (390-398, 402, 404-429) | 1.9 | 1.5 |
| 2 | Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues (140-208) | 1.5 | 1.4 |
| 3 | Cerebrovascular diseases (430-438) | 1.2 | 1.9 |
| 4 | Chronic obstructive pulmonary diseases and allied conditions (490-496) | 1.7 | 0.8 |
| 5 | Accidents** and adverse effects (E800-E949) | 2.6 | 1.3 |
| | Motor-vehicle accidents (E810-E825) | 2.4 | 1.0 |
| | All other accidents and adverse effects (E800-E807, E826-E949) | 2.9 | 1.7 |
| 6 | Pneumonia and influenza (480-487) | 1.7 | 1.5 |
| 7 | Diabetes mellitus (250) | 1.1 | 2.4 |
| 8 | Suicide (E950-E959) | 4.4 | 0.6 |
| 9 | Human immunodeficiency virus infection (042-044)†† | 7.4 | 3.4 |
| 10 | Homicide and legal intervention (E960-E978) | 3.8 | 6.8 |
| 11 | Chronic liver disease and cirrhosis (571) | 2.3 | 1.6 |
| 12 | Nephritis, nephrotic syndrome, and nephrosis (580-589) | 1.5 | 2.8 |
| 13 | Septicemia (038) | 1.3 | 2.7 |
| 14 | Atherosclerosis (440) | 1.4 | 1.1 |
| 15 | Certain conditions originating in the perinatal period§§ (760-779) | 1.3 | 3.1 |
| | All causes | 1.7 | 1.6 |

* Per 100,000 population, age-adjusted to the 1940 U.S. population.

† Based on number of deaths.

§ *International Classification of Diseases, Ninth Revision.*

¶ Both groups include Hispanics. Numbers for other racial/ethnic groups were too small for meaningful analysis.

** When a death occurs under "accidental" circumstances, the preferred term within the public health community is "unintentional injury."

†† These codes are from addenda to the ICD-9 (3).

§§ Based on infant mortality rates.

Mortality Patterns — Continued

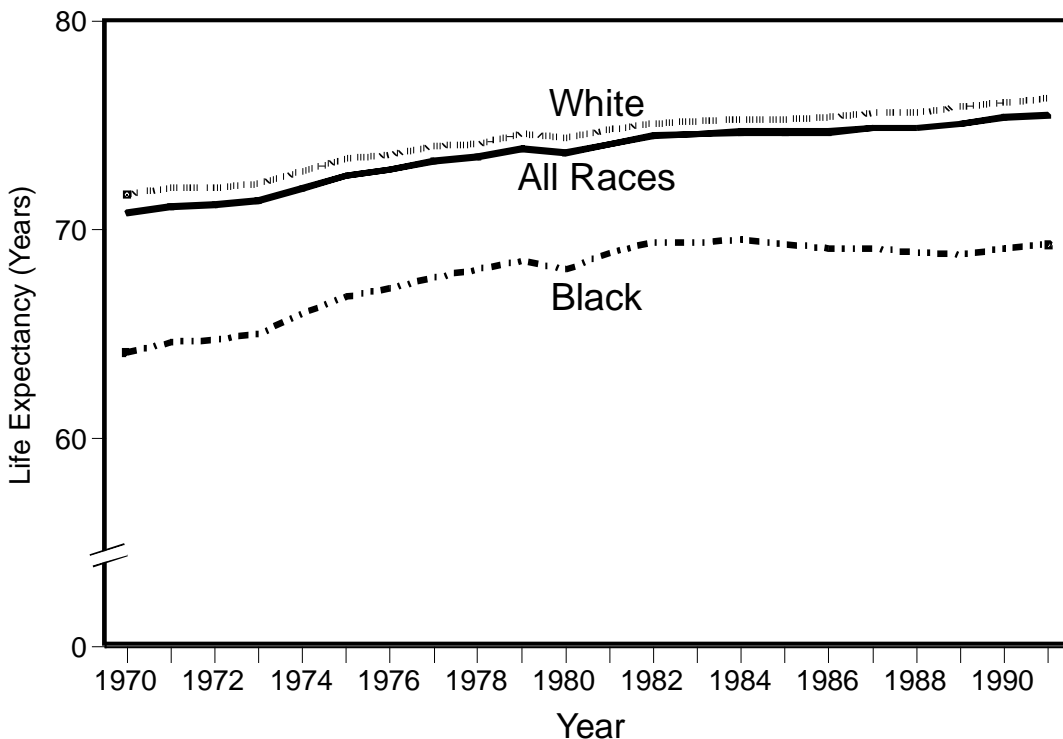
males (from 680.2 to 669.9) and for females (from 390.6 to 386.5). The greatest sex differential in mortality was associated with HIV infection: the rate for males was 7.4 times that for females. Rates for suicide and homicide were 4.4 and 3.8 times, respectively, higher for males than for females, and the rate for unintentional injuries (ICD-9 codes E800–E949) was 2.6 times higher for males. The smallest sex-specific difference was for diabetes mellitus (ICD-9 code 250) (male:female ratio=1.1:1).

In 1991, 323 women were reported to have died of maternal causes; however, this number includes only those deaths assigned to complications of pregnancy, childbirth, and the puerperium (ICD-9 codes 630–676). The maternal mortality rate was 7.9 deaths per 100,000 live births. The maternal mortality rate for blacks was 3.2 times greater than that for whites.

In 1991, 29,555 deaths were attributed to HIV infection. Age-specific death rates were highest for persons aged 35–44 years. Age-adjusted death rates were highest for black males (52.9), followed by white males (16.7), black females (12.0), and white females (1.3).

In 1991, overall life expectancy (LE) at birth was 75.5 years (Figure 1). Despite increases in HIV infection and homicide, the overall LE increased by 0.1 years, primarily because of decreases in mortality from heart disease and unintentional injuries. White females continued to have the highest LE at birth (79.6 years), followed by black females (73.8 years), white males (72.9 years), and black males (64.6 years). All four racial-sex groups experienced increases in LE during 1990–1991. The gap between the

FIGURE 1. Life expectancy at birth, by year of birth and race* — United States, 1970–1991



*Hispanics and non-Hispanics are included in calculations for whites and blacks. Numbers for other racial/ethnic groups were too small for meaningful analysis.

Mortality Patterns — Continued

life expectancy of blacks and whites remained the same as the previous year; during 1984–1989, the gap had widened.

Reported by: Mortality Statistics Br, Div of Vital Statistics, National Center for Health Statistics, CDC.

Editorial Note: The mortality data in this report can be used to monitor the health of the nation and to identify groups at greatest risk for death from specific diseases and injuries. Differences in death rates by race may reflect differences in factors such as socioeconomic status, access to medical care, and the prevalence of specific risks. Although the data indicate that mortality from some chronic diseases (e.g., heart disease and stroke) and unintentional injuries has declined, these gains are offset by trends in younger age groups in which mortality is increasing, primarily because of homicide and HIV infection.

LE summarizes death rates by age into a single measure used as an indicator of the nation's health. Overall, LE has increased every year during the past decade. Improvements in LE reflect decreases in many of the leading causes of death, particularly heart disease; however, increased LE is largely offset by mortality patterns for homicide and HIV infection. Decreasing mortality in heart disease among older persons and decreases in unintentional injuries for most age groups between ages 15 and 64 years contributed most to the increased LE for the total population. Increasing mortality attributed to HIV for all age groups, particularly between ages 25 and 54 years, and increasing mortality for homicide, particularly within the 15–24-year age group, helped offset LE gains.

Another approach to mortality data is to examine the major risk factors contributing to death. A recent study emphasized the importance of risk factors as the cause of death rather than the medical cause reported by physicians on death certificates (4). Studies of attributable risk use cause-of-death profiles from the death certificate as the basis for estimates. Examining the underlying causes of death and the attributable risk of underlying risk factors has been useful in establishing public health priorities, such as the national health objectives for the year 2000 (5).

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Notice to Readers

Publication of National Strategic Plan for Early Detection and Control of Breast and Cervical Cancers

CDC has released *The National Strategic Plan for the Early Detection and Control of Breast and Cervical Cancers* (NSP) (1), a collaborative effort by the Food and Drug Administration, the National Cancer Institute, and CDC, with participation from public, private, and voluntary organizations. The NSP identifies the strategic elements needed to recruit women into breast and cervical cancer screening and follow-up programs and to guarantee high-quality tests. The NSP requires integration of resources from the Public Health Service, state and local health departments, professional organizations, health-care providers, voluntary and community organizations, and consumers to achieve and surpass the national objectives for breast and cervical cancer for the year 2000 (objectives 16.3 and 16.4) (2). Although the NSP recognizes the entire continuum of primary prevention through treatment and recovery, it focuses on early detection.

The NSP identifies five program areas: 1) integration and coordination—providing better access to screening services and closing gaps in follow-up services; 2) public education—ensuring that women are aware of the value of screening and sources of care; 3) professional education and practice—addressing educational needs of health professionals to ensure effective screening and appropriate follow-up; 4) quality assurance for cancer screening—ensuring consistent, high-quality cancer screening throughout the entire process of obtaining, interpreting, and reporting mammogram and Papanicolaou test results; and 5) surveillance and evaluation—assessing whether programmatic efforts are increasing the number of women screened for these cancers, identifying cancers earlier, and reducing mortality.

Additional information and copies of the NSP are available from the Chief, Office of External Communications, Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, CDC, Mailstop K-52, 4770 Buford Highway, NE, Atlanta, GA 30341; telephone (404) 488-4751.

Reported by: Div of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, CDC.

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1. CDC. The national strategic plan for the early detection and control of breast and cervical cancers. Atlanta: US Department of Health and Human Services, Public Health Service, CDC, 1993.
2. Public Health Service. Healthy people 2000: national health promotion and disease prevention objectives—full report, with commentary. Washington, DC: US Department of Health and Human Services, Public Health Service, 1991:420-2; DHHS publication no. (PHS)91-50212.

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available on a paid subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone (202) 783-3238.

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