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Current Trends

Homicides Among 15–19-Year-Old Males — United States, 1963–1991

In 1991, nearly half (13,122 [49%]) of the 26,513 homicide victims in the United States were males aged 15–34 years. In addition, among males in this age group, homicide accounted for 18% of all deaths and was the second leading cause of death (Table 1). During 1963–1991, the pattern of homicide rates changed substantially; the change was greatest for males aged 15–19 years, for whom rates increased substantially (Figure 1). This report summarizes these trends and presents strategies for violence prevention and intervention.

Mortality data were obtained from CDC's National Center for Health Statistics; population estimates were projected from census data. Arrest rates were calculated using data from the U.S. Department of Justice.

From 1985 to 1991, the annual crude homicide rate for the United States increased 25% (from 8.4 to 10.5 per 100,000 persons). The homicide rate for persons aged 15–34 years increased 50% during this period (from 13.4 to 20.1 per 100,000), accounting for most of the overall increase. Rates increased for both sexes and all 5-year age groups within the 15–34-year age group. For persons in other age groups, rates were relatively stable from 1985 to 1991: for persons aged ≤14 years, 1.9 and 2.4, respectively; for persons aged 35–64 years, 8.8 and 9.1, respectively; and for persons aged ≥65 years, 4.3 and 4.1, respectively.

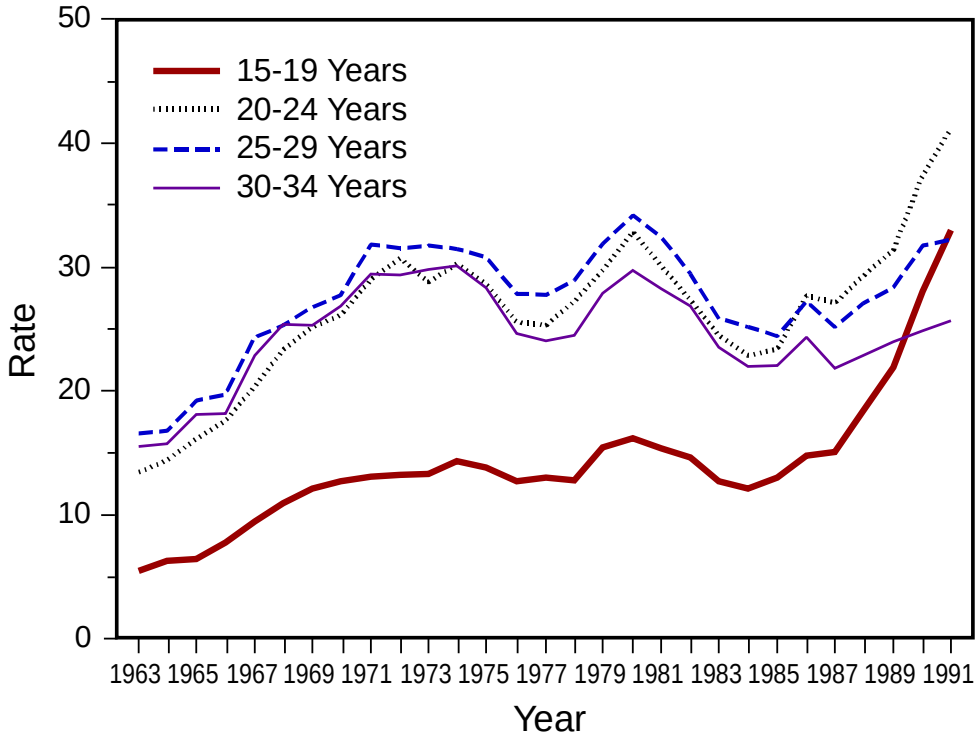
From 1963 through 1985, annual homicide rates for 15–19-year-old males were one third to one half the rates for the next three higher 5-year age groups (Figure 1). How-

TABLE 1. Leading causes of death for males aged 15–34 years — United States, 1991

Cause	No.	(%)
Unintentional injury	23,108	(32)
Homicide	13,122	(18)
Suicide	9,434	(13)
Human immunodeficiency virus infection	8,661	(12)
Cancer	3,699	(5)
Other	13,234	(19)
Total	**71,258**	**(100)**

Homicides — Continued

FIGURE 1. Age-specific rate of homicide for males aged 15–34 years, by age group and year — United States, 1963–1991



*Per 100,000 population.

ever, during 1985–1991, annual rates for males aged 15–19 years increased 154% (from 13.0 to 33.0), surpassing the rates for 25–29- and 30–34-year-old males, even though those rates increased 32% (from 24.4 to 32.3) and 16% (from 22.1 to 25.7), respectively. The homicide rate for 20–24-year-old males increased 76% (from 23.4 to 41.2) from 1985 through 1991.

During 1985–1991, age-specific arrest rates for murder and nonnegligent manslaughter increased 127% for males aged 15–19 years, 43% for males aged 20–24 years, and declined 1% and 13% for males aged 25–29 and 30–34 years, respectively (*1,2*). In 1991, 15–19-year-old males were more likely to be arrested for murder than males in any other age group.

Reported by: Div of Violence Prevention, National Center for Injury Prevention and Control, CDC.

Editorial Note: The increase in the annual homicide rate for 15–19-year-old males during 1985–1991 was a dramatic change from the pattern during 1963–1984. Although the immediate and specific causes of this problem are unclear, the increase in the occurrence of homicide may be the result of the recruitment of juveniles into drug markets, the use of guns in these markets, and the consequent diffusion of guns to other young persons in the community, resulting, in turn, in more frequent use of the guns for settling disputes (*3*). Among 15–19-year-old males, firearm-related homicides accounted for 88% of all homicides in 1991 and 97% of the increase in the rate from 1985 through 1991. Factors underlying the immediate precursors may include poverty, inadequate educational and economic opportunities, social and family insta-

Homicides — Continued

bility, and frequent personal exposure to violence as an acceptable or preferred method of resolving disagreements (*4,5*).

Although the most effective strategies to prevent youth violence have not been determined, efforts to prevent this problem should employ established principles of health promotion and should emphasize the use of multiple complementary interventions (*6,7*). These interventions include

- **Strengthening the science base for prevention efforts.** Strategies and methods to prevent violence in youth should be rigorously assessed (*6*).
- **Establishing primary-prevention programs.** Primary prevention aims to prevent the occurrence of violence rather than focusing on known perpetrators and victims after the occurrence of violence. This strategy addresses all forms of violence (e.g., spouse abuse, child abuse, and violence among youth) and could affect both potential perpetrators and victims.
- **Targeting youths of all ages**. Violence-reduction efforts should address the needs of infants, children, and older youths. Measures that have been successful in reducing violent behavior and its precursors in these age groups (*8–10*) should be considered when developing new programs.
- **Involving adults (e.g., parents and other role models).** They influence violence-related attitudes and behaviors of youth and should be provided the appropriate knowledge and skills to function as role models.
- **Presenting messages in multiple settings.** Lessons in one setting (e.g., a school) should be reinforced in other settings in which children and youth congregate, including homes, churches, recreational settings, and clinics.
- **Addressing societal and personal factors.** Societal factors (e.g., poverty, unemployment, undereducation, and social acceptance of violence [*4,5*]) should be addressed simultaneously with efforts to affect personal behavior change through activities such as home visitation, school-based training, or mentoring.

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Current Trends

Adolescent Homicide — Fulton County, Georgia, 1988–1992

In Fulton County, Georgia (1990 population: 648,951), during 1988–1992, 12% of homicides occurred among persons aged ≤18 years, of whom 75% were adolescents aged 13–18 years (*1*). Recognition of homicide as the leading cause of death among adolescents in Fulton County has prompted planning of local surveillance, prevention, intervention, advocacy, and mentoring programs and antiviolence media campaigns. This report summarizes descriptive information for homicides of adolescents in Fulton County during 1988–1992 and addresses the use of this information for local prevention and intervention programs.

Data were obtained from death investigation records of the Fulton County Medical Examiner (FCME), death certificates, and birth certificates (of homicide victims who were born in Fulton County). FCME data were used to identify decedents to be included in the study, demographic information about the decedent, and location of the homicide. Death certificates provided information about the decedent's place of birth, county of residence, and occupational status. For decedents who were born in Fulton County, birth certificates were reviewed for mother's place of birth and for maternal age and marital status when the decedent was born. A map was used to divide Fulton County into 1-square-mile sectors, plot the location of each homicide, and compare the location of the homicide with the location of the decedent's residence.

Based on names listed in FCME records, death certificates were located for 106 of the 107 adolescent homicide victims during 1988–1992. The number and rates of homicides increased with age (Table 1). Most (89 [84%]) decedents were black males. Almost all (104 [98%]) decedents were classified by family members (usually the mother) as being of U.S. origin (i.e., an ancestor's foreign birthplace or nationality group was not specified); 87 (82%) were born in Georgia, and 76 (72%) were born in Fulton County. Ninety-six (91%) were born in urban areas (i.e., counties included in a metropolitan statistical area); 10 were born in rural areas or place of birth was unknown. At the time of their deaths, 85 (80%) were Fulton County residents, and 98 (92%) were residents of the metropolitan Atlanta area; two were residents of other Georgia counties, and six were residents of other states or residence was unknown. Of

TABLE 1. Characteristics of adolescent homicide victims (n=106) — Fulton County (Atlanta), Georgia, 1988–1992

Category	No.	Rate*	Category	No.	Rate*
Age (yrs)			**Sex/Race†**		
13	4	10.7	Male		
14	7	18.1	Black	89	93.4
15	11	27.5	Other	5	9.7
16	19	49.2	Female		
17	27	61.5	Black	9	11.5
18	38	72.6	Other	3	6.6

*Per 100,000 persons per year.
†Numbers for individual races other than black were too small for meaningful analysis.

Source: Fulton County Vital Records Office.

Adolescent Homicide — Continued

the 106 decedents, 71 (67%) were students; 16 (15%), employed; and 19 (18%), unemployed or had never worked.

Birth certificate data were available for all 76 decedents who were born in Fulton County (Table 2); two decedents killed in separate incidents had the same mother. The mothers of 46 (61%) decedents were aged ≤20 years when the decedent was born, and 34 (45%) mothers were married at the time of the decedent's birth. Sixty-nine (91%) of the mothers were born in Georgia; 49 (64%) were born in Fulton County or the city of Atlanta.

Thirty-five (33%) of the 106 victims were killed in an area located in the same map sector as their place of residence (i.e., within 1.4 miles of home), while 59 (56%) were killed within 2.8 miles of home. Of the 106 homicides, 102 occurred in the incorporated areas of Fulton County (i.e., Atlanta, College Park, East Point, or Union City). Homicides were clustered in the central southwest and central northwest portions of the city of Atlanta.

Reported by: R Hanzlick, MD, P Schilke, MD, Dept of Pathology, Emory Univ School of Medicine; Fulton County Vital Records Office, Fulton County Health Dept; Fulton County Medical Examiner, Atlanta. Surveillance and Programs Br, Div of Environmental Hazards and Health Effects, National Center for Environmental Health, CDC.

Editorial Note: Violence is recognized as a public health emergency in Fulton County by the county Board of Commissioners (R. Michael Green, Fulton County Health Department, personal communication, August 29, 1994). The findings in this report will be used to assist in planning, implementing, and monitoring targeted prevention and intervention programs in Fulton County. Because these and previous findings in Fulton County indicate that most decedents and perpetrators of adolescent homicide were black males (*1*), prevention and intervention programs should be available for young black males. The high proportion of decedents who were students suggests that such programs might be school-based or associated with school activities. In addition, the substantial portion of young, single mothers suggests that programs could be integrated with other services for single parents and their children, including role-model mentoring programs.

The data also provide a basis for geographic location of neighborhood and other local community programs in selected areas of the county, particularly in the incorporated and inner-city areas of Atlanta. For example, detailed maps of locations where homicides occurred can assist law enforcement agencies, other local agencies, foun-

TABLE 2. Characteristics of mothers of adolescent homicide victims (n=76) — Fulton County (Atlanta), Georgia, 1988–1992

Category	No.	Category	No.
Maternal age (yrs) when victim born		**Mother's marital status at time of victim's birth**	
13–15	6	Married	34
16–20	40	Not married	41
21–25	13	Unknown	1
26–30	10	**Mother's place of birth**	
31–35	1	Fulton County or city of Atlanta	49
36–40	5	Other Georgia county	20
41–45	1	Other state	7

Source: Fulton County Vital Records Office.

Adolescent Homicide — Continued

dations, and prevention-oriented organizations in targeting precincts or zones for special efforts. The finding that a high portion of the decedents (and their mothers) were long-term residents in the community provides a basis for incorporating prevention programs into civic, social, and cultural activities and locally available services.

Interpretation of the findings in this study are subject to at least two limitations. First, the study was not designed to assess risk factors for homicide; as a consequence, for example, the high proportion of decedents who were students or born to young mothers cannot be interpreted to indicate that such persons are at higher risk for homicide than nonstudents or those born to older mothers. Second, the geographic clustering of deaths may reflect higher population densities in some areas or other factors and may not indicate increased risk for fatal or nonfatal violence.

Although death certificate data have been used previously to determine the geographic distribution of homicides in Fulton County (*1*), these findings refine understanding of this problem by providing additional information about the decedents, residences of the decedents and their mothers, and the location of the homicide. Poverty, lack of jobs, and other socioeconomic variables that underlie the elevated risk for young black males in Fulton County have not been evaluated in this study; however, other research indicates that these factors must be considered when addressing this public health problem. Other recent findings also support the strategies of integrating drug-abuse and homicide-prevention programs; developing programs that might influence the social interactions of adolescents away from home between 6 p.m. and midnight (*1*); and implementing measures to reduce fatalities involving firearms (*1*). Additional efforts to assist in the development of prevention and intervention programs include the need to evaluate victim characteristics, perpetrators' access to firearms (e.g., who owned the gun and where and when the perpetrator obtained it), and demographic and psychosocial characteristics of perpetrators, and the effectiveness of intervention programs.

Reference

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Current Trends

Prevalence of Disabilities and Associated Health Conditions — United States, 1991–1992

An estimated 35–49 million persons in the United States have a disability (*1*); estimated direct and indirect annual costs related to disability (including medical expenses and lost workdays) total $170 billion (*2*). Because definitions of disability used in previous analyses generally contained limited measures of disability, the prevalence of disability in the United States may have been underestimated. The Survey of Income and Program Participation (SIPP), a subsample of the 1990 U.S. census, collected comprehensive data about disability using several measures. The U.S. Bureau of the Census and CDC analyzed data from SIPP to provide more precise prevalence estimates of disability and health conditions associated with disability in

Disabilities — Continued

the United States during 1991–1992. This report summarizes the findings from that analysis.

From October 1991 through January 1992, SIPP collected information about disability during personal household interviews of a representative sample (n=97,133 persons in 34,100 households) of the U.S. civilian, noninstitutionalized population. Only data for persons aged ≥15 years are presented in this analysis. The measures of disability used in SIPP were derived from D- and I-codes in the *International Classification of Impairments, Disabilities, and Handicaps* (ICIDH) (*1*). Disability was assessed using five measures: 1) ability to perform functional activities* (ICIDH D-codes 21, 23, 26, 40–45, and 48), 2) activities of daily living (ADLs)† (ICIDH D-codes 30, 33, 35, 36, 37–39, and 46), or 3) instrumental activities of daily living (IADLs)§ (ICIDH D-codes 50, 51, 60, and 61), 4) presence of selected impairments¶ (ICIDH D-codes 15 and 16 and I-codes 14–18), and 5) use of assistive aids (e.g., wheelchair or cane). Participants were asked whether they had "difficulty" performing functional activities, ADLs, and IADLs; whether they had selected impairments; and whether they used assistive aids for 6 months or longer. In addition, participants who had difficulty with activities other than seeing, hearing, and having their speech understood by others were asked to select up to three conditions (from a list of 30) that they believed caused limitation or difficulty with a functional activity, ADL, or IADL. Data were weighted to calculate national estimates.

Based on SIPP, during 1991–1992, of the 195.7 million persons in the United States aged ≥15 years, 34.2 million (17.5%) had difficulty performing one or more functional activities (Table 1, page 737); most persons had difficulty climbing one flight of stairs (17.5 million [8.9%]) or walking one quarter mile (17.3 million [8.9%] persons). A total of 7.9 million (4.0%) persons had difficulty performing one or more ADLs, and 11.7 million (6.0%) persons had difficulty performing one or more IADLs. Use of a wheelchair for 6 months or longer was reported by 1.5 million (<1%) persons. Of the persons who did not use a wheelchair, 4.0 million (2.0%) persons had used a cane, crutches, or a walker for 6 months or longer.

For all five measures of disability, the age-specific prevalence of disability was higher for persons aged ≥65 years than persons aged <65 years (Table 1, page 737). The prevalence of disability among men and women was 18.7% and 20.2%, respectively.

Overall, 42.0 million (21%) persons reported one or more conditions they believed to be associated with their disability (Table 2, page 738). The most commonly reported condition was arthritis or rheumatism (7.2 million [17.1%]), followed by back or spine problems (5.7 million [13.5%]), and heart trouble (including coronary heart disease and arteriosclerosis) (4.6 million [11.1%]).

(Continued on page 737)

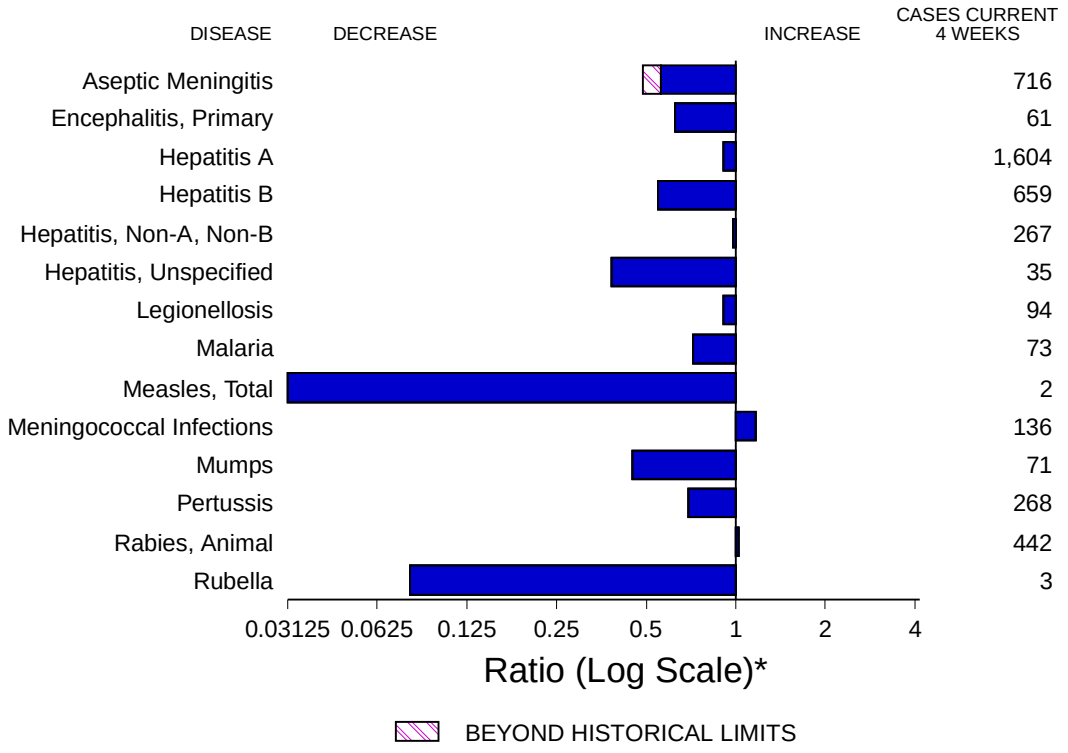
*Functional activities—ability to 1) "see words and letters in ordinary newspaper print," 2) "hear normal conversations," 3) "have speech understood by others," 4) "lift and carry up to 10 pounds (e.g., a full bag of groceries)," 5) "climb a flight of stairs without resting," and 6) "walk one quarter mile."

†ADLs—ability to 1) "get around inside the home"; 2) "get in and out of bed or a chair"; and 3) take a bath or shower, dress, and eat; and 4) get to and use the toilet.

§IADLs—ability to 1) "get around outside the home," 2) "keep track of money and bills," 3) "prepare meals," 4) "do light housework," and 5) "use the telephone."

¶Learning disabilities; mental retardation; other developmental disabilities; and Alzheimer disease, senility, dementia, and other mental or emotional conditions.

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending October 8, 1994, with historical data — United States



*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 October 8, 1994 (40th Week)

	Cum. 1994		Cum. 1994
AIDS*	61,173	Measles: imported	168
Anthrax	-	indigenous	672
Botulism: Foodborne	45	Plague	14
Infant	51	Poliomyelitis, Paralytic[§]	1
Other	7	Psittacosis	28
Brucellosis	70	Rabies, human	1
Cholera	11	Syphilis, primary & secondary	16,356
Congenital rubella syndrome	3	Syphilis, congenital, age < 1 year[¶]	1,123
Diphtheria	1	Tetanus	26
Encephalitis, post-infectious	89	Toxic shock syndrome	147
Gonorrhea	293,763	Trichinosis	28
Haemophilus influenzae (invasive disease)[†]	904	Tuberculosis	16,230
Hansen Disease	88	Tularemia	71
Leptospirosis	24	Typhoid fever	337
Lyme Disease	8,428	Typhus fever, tickborne (RMSF)	358

*Updated monthly to the Division of HIV/AIDS, National Center for Infectious Diseases; last update September 27, 1994.
[†]Of 859 cases of known age, 236 (27%) were reported among children less than 5 years of age.
[§]The remaining 5 suspected cases with onset in 1994 have not yet been confirmed. In 1993, 3 of 10 suspected cases were confirmed. Two of the confirmed cases of 1993 were vaccine-associated and one was classified as imported.
[¶]Total reported to the Division of Sexually Transmitted Diseases and HIV Prevention, National Center for Prevention Services, through second quarter 1994.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending October 8, 1994, and October 9, 1993 (40th Week)

Reporting Area	AIDS*	Aseptic Meningitis	Encephalitis		Gonorrhea		Hepatitis (Viral), by type				Legionellosis	Lyme Disease
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum. 1994	Cum. 1994	Cum. 1994	Cum. 1994	Cum. 1994	Cum. 1993	Cum. 1994	Cum. 1994	Cum. 1994	Cum. 1994	Cum. 1994	Cum. 1994
UNITED STATES	61,173	14,224	505	89	293,763	306,367	17,110	8,820	3,328	336	1,228	8,428
NEW ENGLAND	2,251	232	16	4	6,507	5,822	226	260	103	15	65	2,145
Maine	71	23	3	-	67	66	21	11	-	-	4	17
N.H.	46	24	-	2	84	43	13	17	8	-	-	20
Vt.	29	25	2	-	24	19	7	-	-	-	-	12
Mass.	1,126	65	9	1	2,455	2,311	87	160	75	13	50	186
R.I.	202	95	2	1	364	334	20	7	20	2	11	323
Conn.	777	-	-	-	3,513	3,049	78	65	-	-	-	1,587
MID. ATLANTIC	18,266	652	42	16	31,167	35,001	1,290	1,084	372	9	197	5,105
Upstate N.Y.	1,722	314	23	2	7,875	7,769	428	291	184	5	52	3,209
N.Y. City	10,514	108	6	5	10,224	9,407	515	251	1	-	9	18
N.J.	4,205	-	-	-	3,826	3,682	224	285	158	-	37	1,022
Pa.	1,825	230	13	9	9,242	14,143	123	257	29	4	99	856
E.N. CENTRAL	4,776	1,118	127	21	56,215	64,393	1,700	880	244	8	378	79
Ohio	870	290	40	3	16,780	17,036	685	131	19	-	170	57
Ind.	479	162	10	1	6,737	6,481	304	153	9	-	97	13
Ill.	2,354	263	43	5	13,923	22,406	337	177	48	3	20	4
Mich.	780	396	30	12	13,892	13,334	227	303	165	5	66	5
Wis.	293	7	4	-	4,883	5,136	147	116	3	-	25	-
W.N. CENTRAL	1,244	309	22	6	16,068	17,021	829	490	70	10	78	209
Minn.	300	20	2	-	2,544	1,733	181	48	17	1	1	141
Iowa	88	93	1	1	1,139	1,207	49	24	9	9	28	13
Mo.	566	117	7	4	9,341	10,350	389	368	22	-	25	36
N. Dak.	22	10	3	-	18	42	4	-	-	-	4	-
S. Dak.	12	2	2	-	150	205	31	2	-	-	1	-
Nebr.	69	14	4	1	-	484	89	19	8	-	14	9
Kans.	187	53	3	-	2,876	3,000	86	29	14	-	5	10
S. ATLANTIC	14,441	1,152	120	26	81,909	77,873	1,114	1,857	494	39	280	673
Del.	213	30	1	-	1,496	1,129	16	4	1	-	26	62
Md.	2,356	204	18	4	14,069	12,423	155	316	28	13	78	272
D.C.	1,089	46	-	1	5,411	3,596	18	44	1	-	9	6
Va.	877	212	27	6	10,276	9,192	136	102	20	6	8	117
W. Va.	54	25	34	-	622	503	14	32	23	-	3	18
N.C.	931	198	39	1	21,590	19,361	109	224	51	-	20	71
S.C.	996	26	-	-	10,336	8,378	32	25	8	-	12	7
Ga.	1,688	47	1	-	-	4,660	24	523	168	-	92	100
Fla.	6,237	364	-	14	18,109	18,631	610	587	194	20	32	20
E.S. CENTRAL	1,606	8,628	30	3	35,842	34,885	463	837	715	2	60	38
Ky.	248	129	13	1	3,777	3,728	123	63	23	-	8	21
Tenn.	539	8,313	10	-	11,553	10,930	207	712	677	1	36	11
Ala.	468	142	5	1	12,079	12,150	79	62	15	1	12	6
Miss.	351	44	2	1	8,433	8,077	54	-	-	-	4	-
W.S. CENTRAL	5,837	667	43	2	36,018	34,646	2,517	1,181	461	63	36	100
Ark.	206	38	-	-	5,232	5,389	152	22	7	1	7	8
La.	995	27	6	-	9,396	9,318	122	138	142	1	12	1
Okla.	215	-	-	-	3,001	3,686	244	269	254	1	11	56
Tex.	4,421	602	37	2	18,389	16,253	1,999	752	58	60	6	35
MOUNTAIN	1,751	255	10	3	6,641	8,950	3,211	498	351	48	69	15
Mont.	19	7	-	-	72	64	18	21	10	-	14	-
Idaho	49	5	-	-	69	143	273	67	64	1	1	3
Wyo.	16	4	2	2	65	66	24	22	134	-	4	3
Colo.	658	98	2	-	2,430	2,976	416	79	55	13	15	-
N. Mex.	123	15	-	-	799	723	886	171	44	11	3	7
Ariz.	493	47	-	-	2,405	3,182	1,013	34	9	11	7	-
Utah	102	43	2	1	189	342	400	58	22	3	6	1
Nev.	291	36	4	-	612	1,454	181	46	13	9	19	1
PACIFIC	11,001	1,211	95	8	23,396	27,776	5,760	1,733	518	142	65	64
Wash.	730	-	-	-	2,230	3,002	282	58	54	2	6	-
Oreg.	486	-	-	-	570	946	459	47	15	1	-	-
Calif.	9,604	1,095	92	7	19,405	22,933	4,797	1,593	444	136	56	64
Alaska	34	17	3	-	686	489	176	10	-	-	-	-
Hawaii	147	99	-	1	505	406	46	25	5	3	3	-
Guam	1	15	-	-	170	80	37	6	-	12	3	-
P.R.	1,759	26	-	3	352	379	51	278	111	11	-	-
V.I.	39	-	-	-	25	79	-	1	-	-	-	-
Amer. Samoa	-	-	-	-	25	37	7	-	-	-	-	-
C.N.M.I.	-	-	-	-	37	69	5	1	-	-	-	-

N: Not notifiable U: Unavailable C.N.M.I.: Commonwealth of Northern Mariana Islands

*Updated monthly to the Division of HIV/AIDS, National Center for Infectious Diseases; last update September 27, 1994.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending October 8, 1994, and October 9, 1993 (40th Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported*		Total									
	Cum. 1994	1994	Cum. 1994	1994	Cum. 1994	Cum. 1993	Cum. 1994	1994	Cum. 1994	1994	Cum. 1994	Cum. 1993	1994	Cum. 1994	Cum. 1993
UNITED STATES	810	1	672	-	168	272	2,047	21	1,078	46	2,586	4,557	-	209	166
NEW ENGLAND	63	-	14	-	14	62	107	-	18	6	294	607	-	127	2
Maine	4	-	1	-	4	1	19	-	3	-	15	15	-	-	1
N.H.	3	-	1	-	-	2	6	-	4	-	53	136	-	-	-
Vt.	3	-	2	-	1	31	2	-	-	2	40	70	-	-	-
Mass.	27	-	2	-	6	18	44	-	2	-	150	318	-	123	1
R.I.	8	-	4	-	3	1	-	-	2	-	5	7	-	2	-
Conn.	18	-	4	-	-	9	36	-	7	4	31	61	-	2	-
MID. ATLANTIC	156	-	166	-	23	21	206	-	87	5	457	684	-	9	58
Upstate N.Y.	41	-	12	-	3	5	75	-	24	5	194	229	-	6	16
N.Y. City	58	-	11	-	3	7	11	-	11	-	82	52	-	1	22
N.J.	35	-	139	-	14	9	50	-	6	-	10	70	-	2	15
Pa.	22	-	4	-	3	-	70	-	46	-	171	333	-	-	5
E.N. CENTRAL	90	-	59	-	43	30	321	1	173	9	328	1,163	-	11	7
Ohio	14	-	15	-	2	9	92	1	51	5	121	299	-	-	1
Ind.	14	-	-	-	1	1	53	-	7	3	51	103	-	-	2
Ill.	38	-	17	-	39	9	100	-	76	-	71	373	-	3	1
Mich.	22	-	24	-	1	6	45	-	35	1	36	80	-	8	2
Wis.	2	-	3	-	-	5	31	-	4	-	49	308	-	-	1
W.N. CENTRAL	36	-	126	-	44	3	142	1	52	12	143	371	-	2	1
Minn.	11	-	-	-	-	-	11	-	5	-	51	190	-	-	-
Iowa	5	-	6	-	1	-	18	-	13	8	17	30	-	-	-
Mo.	11	-	118	-	42	1	75	1	29	4	39	114	-	2	1
N. Dak.	1	-	-	-	-	-	1	-	3	-	4	5	-	-	-
S. Dak.	-	-	-	-	-	-	8	-	-	-	15	8	-	-	-
Nebr.	3	U	1	U	1	-	9	U	2	U	7	8	U	-	-
Kans.	5	-	1	-	-	2	20	-	-	-	10	16	-	-	-
S. ATLANTIC	176	-	49	-	6	28	347	4	158	1	234	393	-	11	6
Del.	3	-	-	-	-	-	5	-	-	-	2	9	-	-	-
Md.	89	-	2	-	2	4	32	4	51	-	66	107	-	-	2
D.C.	12	-	-	-	-	-	4	-	-	-	7	12	-	-	-
Va.	23	-	1	-	1	4	56	-	38	-	30	52	-	-	-
W. Va.	-	-	36	-	-	-	12	-	3	-	4	8	-	-	-
N.C.	9	-	2	-	1	-	44	-	36	-	58	69	-	-	-
S.C.	4	-	-	-	-	-	21	-	7	1	13	13	-	-	-
Ga.	20	U	2	U	-	-	66	U	8	U	22	49	U	2	-
Fla.	16	-	6	-	2	20	107	-	15	-	32	74	-	9	4
E.S. CENTRAL	29	-	28	-	-	1	120	-	18	-	114	258	-	-	-
Ky.	10	-	-	-	-	-	34	-	-	-	58	35	-	-	-
Tenn.	9	-	28	-	-	-	27	-	7	-	18	158	-	-	-
Ala.	9	-	-	-	-	1	59	-	5	-	31	55	-	-	-
Miss.	1	-	-	-	-	-	-	-	6	-	7	10	-	-	-
W.S. CENTRAL	38	-	9	-	7	10	254	5	214	-	151	131	-	13	17
Ark.	3	-	-	-	1	-	38	-	1	-	22	10	-	-	-
La.	6	-	-	-	1	1	29	-	23	-	10	9	-	-	1
Okla.	6	-	-	-	-	-	25	-	23	-	22	70	-	4	1
Tex.	23	-	9	-	5	9	162	5	167	-	97	42	-	9	15
MOUNTAIN	24	1	149	-	17	6	132	8	124	6	318	349	-	6	11
Mont.	-	-	-	-	-	-	6	-	-	-	6	7	-	-	-
Idaho	2	1	1	-	-	-	15	-	7	1	45	90	-	-	2
Wyo.	1	-	-	-	-	-	6	-	2	-	-	1	-	-	-
Colo.	11	-	16	-	3	3	27	1	3	-	109	134	-	-	2
N. Mex.	3	-	-	-	-	-	13	N	N	-	20	36	-	1	-
Ariz.	1	-	1	-	1	2	41	6	86	1	116	50	-	-	2
Utah	4	-	131	-	2	-	19	-	12	4	20	27	-	4	4
Nev.	2	-	-	-	11	1	5	1	13	-	2	4	-	1	1
PACIFIC	198	-	72	-	14	111	418	2	234	7	547	601	-	30	64
Wash.	8	-	-	-	-	-	27	-	6	1	29	60	-	-	-
Oreg.	10	U	-	U	1	4	71	N	N	U	38	50	U	2	-
Calif.	162	-	56	-	9	85	312	2	209	6	463	480	-	23	35
Alaska	2	-	16	-	-	2	2	-	3	-	1	5	-	1	1
Hawaii	16	-	-	-	4	20	6	-	16	-	16	6	-	4	28
Guam	3	U	211	U	-	2	1	U	4	U	2	-	U	1	-
P.R.	2	-	13	-	-	344	15	-	2	-	1	6	-	-	-
V.I.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Amer. Samoa	-	U	-	U	-	-	-	U	1	U	2	2	U	-	-
C.N.M.I.	1	U	26	U	-	1	-	U	2	U	-	1	U	-	-

*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 October 8, 1994, and October 9, 1993 (40th Week)

Reporting Area	Syphilis (Primary & Secondary)		Toxic-Shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1994	Cum. 1993	Cum. 1994	Cum. 1994	Cum. 1993	Cum. 1994	Cum. 1994	Cum. 1994	Cum. 1994
UNITED STATES	16,356	20,654	147	16,230	17,404	71	337	358	4,841
NEW ENGLAND	170	260	4	389	389	1	22	16	1,454
Maine	4	4	1	23	19	-	-	-	-
N.H.	3	22	-	14	15	-	-	-	119
Vt.	-	1	1	6	5	-	-	-	111
Mass.	75	108	2	204	216	1	18	8	554
R.I.	12	11	-	35	46	-	1	-	44
Conn.	76	114	-	107	88	-	3	8	626
MID. ATLANTIC	1,052	1,790	24	3,278	3,653	1	89	16	613
Upstate N.Y.	141	180	14	253	548	1	8	6	207
N.Y. City	464	859	-	2,013	2,152	-	60	1	-
N.J.	163	220	-	601	425	-	17	3	217
Pa.	284	531	10	411	528	-	4	6	189
E.N. CENTRAL	2,159	3,387	30	1,620	1,763	8	65	41	51
Ohio	888	899	9	273	245	1	7	24	4
Ind.	197	291	2	145	172	2	7	5	12
Ill.	596	1,325	9	818	925	3	39	10	15
Mich.	231	465	10	338	352	1	5	2	12
Wis.	247	407	-	46	69	1	7	-	8
W.N. CENTRAL	937	1,328	22	438	374	29	1	32	156
Minn.	40	52	1	99	44	1	-	-	13
Iowa	49	54	8	46	40	-	-	1	68
Mo.	796	1,104	6	194	196	19	1	14	14
N. Dak.	-	4	1	7	6	-	-	-	9
S. Dak.	-	2	-	21	11	1	-	13	24
Nebr.	-	10	2	18	21	2	-	1	-
Kans.	52	102	4	53	56	6	-	3	28
S. ATLANTIC	4,778	5,237	7	2,669	3,517	2	43	167	1,551
Del.	22	88	-	26	38	-	1	-	41
Md.	229	282	-	247	292	1	12	19	429
D.C.	172	269	-	96	133	-	1	-	2
Va.	635	504	1	214	347	-	7	16	316
W. Va.	8	11	-	60	61	-	-	2	61
N.C.	1,318	1,486	1	374	424	-	-	58	131
S.C.	630	765	-	266	317	-	-	15	146
Ga.	1,159	875	1	599	591	1	2	54	295
Fla.	605	957	4	787	1,314	-	20	3	130
E.S. CENTRAL	2,972	3,125	4	1,046	1,241	1	2	29	152
Ky.	164	263	2	249	281	1	1	8	18
Tenn.	795	898	2	322	379	-	1	15	34
Ala.	522	653	-	314	385	-	-	2	100
Miss.	1,491	1,311	-	161	196	-	-	4	-
W.S. CENTRAL	3,479	4,335	1	2,236	2,011	17	13	43	541
Ark.	388	439	-	224	158	16	-	7	25
La.	1,383	2,008	-	94	196	-	3	-	55
Okla.	100	236	1	210	122	1	2	29	31
Tex.	1,608	1,652	-	1,708	1,535	-	8	7	430
MOUNTAIN	192	199	7	385	424	9	9	14	114
Mont.	4	1	-	9	13	3	-	4	15
Idaho	1	-	1	11	10	-	-	-	3
Wyo.	-	7	-	8	3	-	-	2	17
Colo.	105	63	4	21	64	1	3	4	10
N. Mex.	18	24	-	43	46	1	1	2	6
Ariz.	33	82	-	178	181	-	1	1	41
Utah	8	8	2	38	25	2	2	-	14
Nev.	23	14	-	77	82	2	2	1	8
PACIFIC	617	993	48	4,169	4,032	3	93	-	209
Wash.	29	49	2	212	203	-	3	-	-
Oreg.	21	37	-	90	-	2	4	-	8
Calif.	561	893	43	3,624	3,580	-	82	-	171
Alaska	4	8	-	43	48	1	-	-	30
Hawaii	2	6	3	200	201	-	4	-	-
Guam	9	3	-	140	43	-	1	-	-
P.R.	228	402	-	120	165	-	-	-	55
V.I.	25	35	-	-	2	-	-	-	-
Amer. Samoa	1	-	-	4	4	-	1	-	-
C.N.M.I.	2	3	-	31	27	-	1	-	-

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending October 8, 1994 (40th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	576	401	101	49	14	11	37
Boston, Mass.	171	102	33	28	5	3	16
Bridgeport, Conn.	38	23	11	3	1	-	1
Cambridge, Mass.	13	9	3	-	1	-	-
Fall River, Mass.	23	19	2	1	1	-	2
Hartford, Conn.	57	37	12	3	2	3	4
Lowell, Mass.	24	17	2	4	1	-	1
Lynn, Mass.	19	13	5	-	-	1	-
New Bedford, Mass.	19	18	1	-	-	-	3
New Haven, Conn.	32	22	6	3	-	1	2
Providence, R.I.	50	44	4	2	-	-	-
Somerville, Mass.	2	1	1	-	-	-	-
Springfield, Mass.	41	30	5	2	1	3	1
Waterbury, Conn.	29	25	3	-	1	-	3
Worcester, Mass.	58	41	13	3	1	-	4
MID. ATLANTIC	1,989	1,275	361	263	48	42	75
Albany, N.Y.	55	33	10	7	-	5	1
Allentown, Pa.	25	18	2	5	-	-	-
Buffalo, N.Y.	U	U	U	U	U	U	U
Camden, N.J.	34	19	9	1	2	3	1
Elizabeth, N.J.	17	12	4	1	-	-	-
Erie, Pa.§	36	30	4	1	-	1	2
Jersey City, N.J.	61	40	9	9	-	3	-
New York City, N.Y.	1,278	787	243	190	34	24	35
Newark, N.J.	61	31	13	9	4	4	1
Paterson, N.J.	28	13	5	10	-	-	1
Philadelphia, Pa.	U	U	U	U	U	U	U
Pittsburgh, Pa.§	45	35	8	1	1	-	1
Reading, Pa.	13	9	3	-	1	-	2
Rochester, N.Y.	108	77	22	7	2	-	12
Schenectady, N.Y.	38	28	7	2	1	-	6
Scranton, Pa.§	29	25	1	3	-	-	2
Syracuse, N.Y.	93	68	13	8	2	2	3
Trenton, N.J.	28	17	6	5	-	-	3
Utica, N.Y.	14	14	-	-	-	-	-
Yonkers, N.Y.	26	19	2	4	1	-	5
E.N. CENTRAL	2,194	1,330	394	218	150	102	100
Akron, Ohio	58	48	6	3	-	1	-
Canton, Ohio	26	17	7	2	-	-	4
Chicago, Ill.	544	208	98	98	94	46	18
Cincinnati, Ohio	75	54	8	7	2	4	4
Cleveland, Ohio	159	91	40	12	5	11	2
Columbus, Ohio	196	121	39	18	11	7	8
Dayton, Ohio	107	78	19	7	1	2	10
Detroit, Mich.	215	123	43	23	16	10	6
Evansville, Ind.	42	32	6	3	1	-	4
Fort Wayne, Ind.	64	51	7	1	4	1	-
Gary, Ind.	14	7	5	1	-	1	1
Grand Rapids, Mich.	56	39	10	3	2	2	6
Indianapolis, Ind.	177	125	26	13	4	9	13
Madison, Wis.	54	41	9	2	2	-	5
Milwaukee, Wis.	99	75	16	5	1	2	8
Peoria, Ill.	56	38	8	4	3	3	2
Rockford, Ill.	49	32	12	4	-	1	1
South Bend, Ind.	41	31	6	2	1	1	1
Toledo, Ohio	95	72	15	6	1	1	4
Youngstown, Ohio	67	47	14	4	2	-	3
W.N. CENTRAL	698	474	119	58	18	15	44
Des Moines, Iowa	U	U	U	U	U	U	U
Duluth, Minn.	26	22	3	-	1	-	3
Kansas City, Kans.	27	17	4	2	2	1	-
Kansas City, Mo.	106	56	19	15	1	2	5
Lincoln, Nebr.	42	30	5	4	3	-	2
Minneapolis, Minn.	198	146	28	17	4	3	22
Omaha, Nebr.	76	58	15	2	-	1	2
St. Louis, Mo.	117	77	24	7	5	4	6
St. Paul, Minn.	42	29	7	5	1	-	2
Wichita, Kans.	64	39	14	6	1	4	2
S. ATLANTIC	1,325	807	271	157	45	41	85
Atlanta, Ga.	168	103	41	19	2	3	6
Baltimore, Md.	246	136	43	36	14	13	21
Charlotte, N.C.	79	46	19	10	2	2	2
Jacksonville, Fla.	128	85	19	13	6	5	13
Miami, Fla.	95	55	21	16	1	2	1
Norfolk, Va.	59	36	13	4	2	4	5
Richmond, Va.	89	55	21	10	3	-	6
Savannah, Ga.	46	29	9	5	2	1	4
St. Petersburg, Fla.	45	35	3	4	-	3	1
Tampa, Fla.	197	135	44	13	4	1	21
Washington, D.C.	166	87	36	27	9	7	5
Wilmington, Del.	7	5	2	-	-	-	-
E.S. CENTRAL	757	472	153	82	22	28	50
Birmingham, Ala.	133	86	20	16	4	7	7
Chattanooga, Tenn.	67	44	9	12	2	-	8
Knoxville, Tenn.	93	64	16	8	2	3	10
Lexington, Ky.	59	34	17	7	-	1	1
Memphis, Tenn.	217	144	31	25	7	10	15
Mobile, Ala.	U	U	U	U	U	U	U
Montgomery, Ala.	35	19	10	3	2	1	-
Nashville, Tenn.	153	81	50	11	5	6	9
W.S. CENTRAL	1,280	778	257	154	49	42	83
Austin, Tex.	58	39	6	8	5	-	1
Baton Rouge, La.	39	26	6	2	1	4	3
Corpus Christi, Tex.	44	28	7	6	2	1	3
Dallas, Tex.	184	119	28	25	10	2	4
El Paso, Tex.	97	62	20	11	2	2	8
Ft. Worth, Tex.	135	77	24	13	8	13	5
Houston, Tex.	291	163	73	40	9	6	34
Little Rock, Ark.	87	49	18	13	2	5	9
New Orleans, La.	104	58	26	14	4	2	-
San Antonio, Tex.	U	U	U	U	U	U	U
Shreveport, La.	115	80	17	12	4	2	12
Tulsa, Okla.	126	77	32	10	2	5	4
MOUNTAIN	805	526	126	85	43	25	54
Albuquerque, N.M.	95	57	16	14	4	4	5
Colo. Springs, Colo.	59	41	9	7	1	1	6
Denver, Colo.	121	83	14	17	4	3	9
Las Vegas, Nev.	216	134	52	13	14	3	13
Ogden, Utah	29	19	6	2	-	2	1
Phoenix, Ariz.	168	112	11	21	14	10	8
Pueblo, Colo.	15	12	3	-	-	-	1
Salt Lake City, Utah	102	68	15	11	6	2	11
Tucson, Ariz.	U	U	U	U	U	U	U
PACIFIC	1,313	846	239	143	33	32	109
Berkeley, Calif.	19	18	-	1	-	-	3
Fresno, Calif.	91	56	17	10	5	3	1
Glendale, Calif.	U	U	U	U	U	U	U
Honolulu, Hawaii	75	53	11	9	-	2	12
Long Beach, Calif.	79	44	21	8	2	4	10
Los Angeles, Calif.	U	U	U	U	U	U	U
Pasadena, Calif.	21	14	4	1	2	-	2
Portland, Oreg.	121	81	28	10	1	1	6
Sacramento, Calif.	157	97	37	14	7	2	12
San Diego, Calif.	174	105	27	28	9	5	18
San Francisco, Calif.	139	79	19	16	1	4	13
San Jose, Calif.	152	100	28	18	3	3	15
Santa Cruz, Calif.	36	27	6	2	-	1	4
Seattle, Wash.	140	92	24	18	3	3	7
Spokane, Wash.	44	28	10	3	-	3	3
Tacoma, Wash.	65	52	7	5	-	1	3
TOTAL	10,937¶	6,909	2,021	1,209	422	338	637

*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.

Disabilities — Continued

Reported by: JM McNeil, Bur of the Census, Economics and Statistics Administration, US Dept of Commerce. Statistics and Epidemiology Br, Div of Surveillance and Epidemiology, Epidemiology Program Office; Disabilities Prevention Program, Office of the Director, National Center for Environmental Health, CDC.

Editorial Note: The prevalence estimates of disability in this report indicate that nearly one fifth (19.4%) of the U.S. population aged ≥15 years has a disability. Prevalence estimates of disability derived from SIPP are based on broader measures of disability

TABLE 1. Number* and percentage of persons who had "difficulty" performing functional activities, activities of daily living, or instrumental activities of daily living or who reported use of assistive aids for 6 months or longer, by age group — Survey of Income and Program Participation, United States, 1991–1992

	≥15 years		15–64 years		≥65 years	
Measure of disability	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**
Total surveyed	**195,729**	**(100.0)**	**165,040**	**(100.0)**	**30,688**	**(100.0)**
Functional activities						
Seeing words and letters in ordinary newspaper print	9,685	(5.0)	4,801	(2.9)	4,884	(15.9)
Hearing normal conversations	10,928	(5.6)	5,522	(3.4)	5,406	(14.5)
Having speech understood by others	2,284	(1.2)	1,517	(0.9)	767	(2.5)
Lifting and carrying up to 10 lbs	16,205	(8.3)	7,827	(4.7)	8,378	(27.3)
Climbing one flight of stairs without resting	17,469	(8.9)	8,068	(4.9)	9,400	(30.6)
Walking one quarter mile	17,319	(8.9)	7,937	(4.8)	9,381	(30.6)
Activities of daily living						
Getting around inside home	3,664	(1.9)	1,307	(0.8)	2,357	(7.7)
Getting in and out of bed or a chair	5,280	(2.7)	2,374	(1.4)	2,905	(9.5)
Taking a bath or shower	4,501	(2.3)	1,592	(1.0)	2,909	(9.5)
Getting dressed	3,234	(1.7)	1,327	(0.8)	1,907	(6.2)
Eating	1,077	(0.6)	431	(0.3)	646	(2.1)
Getting to and using the toilet	2,084	(1.1)	726	(0.4)	1,358	(4.4)
Instrumental activities of daily living						
Getting around outside the home	7,809	(4.0)	2,885	(1.8)	4,924	(16.0)
Keeping track of money and bills	3,901	(2.0)	1,597	(1.0)	2,303	(7.5)
Preparing meals	4,530	(2.3)	1,680	(1.0)	2,850	(9.3)
Doing light housework	6,313	(3.2)	2,565	(1.6)	3,747	(12.2)
Using the telephone	3,130	(1.6)	1,140	(0.7)	1,990	(6.5)
Use of assistive aids for 6 months or longer						
Wheelchair	1,494	(0.8)	529	(0.3)	965	(3.1)
Cane, crutches, or walker	3,962	(2.0)	1,115	(0.7)	2,847	(9.3)

*In thousands.

Disabilities — Continued

TABLE 2. Number* and percentage of persons aged ≥15 years reporting selected conditions† as the cause of their disability — Survey of Income and Program Participation, United States, 1991–1992

Condition	No.	(%)
Alcohol- or drug-related problem or disorder	300	(0.7)
AIDS or AIDS-related condition	105	(0.3)
Arthritis or rheumatism	7,184	(17.1)
Back or spine problems (including chronic stiffness or deformity of the back or spine)	5,679	(13.5)
Blindness or other visual impairment (difficulty seeing well enough to read a newspaper, even with glasses)	1,481	(3.5)
Broken bone/Fracture	830	(2.0)
Cancer	896	(2.1)
Cerebral palsy	182	(0.4)
Deafness or serious trouble hearing	1,099	(2.6)
Diabetes	1,619	(3.9)
Epilepsy	259	(0.6)
Head or spinal cord injury	592	(1.4)
Heart trouble (including coronary heart disease and arteriosclerosis)	4,649	(11.1)
Hernia or rupture	413	(1.0)
High blood pressure (hypertension)	2,161	(5.1)
Kidney stones or chronic kidney trouble	400	(1.0)
Learning disability	235	(0.6)
Lung or respiratory trouble (asthma, bronchitis, emphysema, respiratory allergies, tuberculosis, or other lung trouble)	2,840	(6.8)
Mental or emotional problem or disorder	784	(1.9)
Mental retardation	501	(1.2)
Missing legs, feet, arms, hands, or fingers	302	(0.7)
Paralysis of any kind	716	(1.7)
Senility/Dementia/Alzheimer disease	381	(0.9)
Speech disorder	151	(0.4)
Stiffness or deformity of the foot, leg, arm, or hand	2,024	(4.8)
Stomach trouble (including ulcers, gall bladder, or liver conditions)	537	(1.3)
Stroke	1,047	(2.5)
Thyroid trouble or goiter	139	(0.3)
Tumor, cyst, or growth	176	(0.4)
Other	4,287	(10.2)
Total	**41,969**	**(100.0)**

*In thousands.
†Participants who had difficulty with activities other than seeing, hearing, and having their speech understood by others were asked to select up to three conditions.

Disabilities — Continued

than previously used for estimates derived from the 1992 Current Population Survey (*3*), the 1990 census (*4*), and the National Health Interview Surveys (*5,6*). This broader definition—which included an assessment of limitations in functional activities, ADLs, IADLs, and selected impairments—provided a more comprehensive assessment of the scope, extent, and epidemiology of disability in the United States.

Definitions used for surveillance and assessment of disability are more clearly understood by linking them to a conceptual framework of consequences of disease and injury, such as the ICIDH (*7*). In the ICIDH, three concepts define the consequences of disease and injury: 1) impairment (i.e., the loss of psychological, physiological, or anatomical structure or function), 2) disability (i.e., the limitation in functional performance resulting from an impairment), and 3) handicap (i.e., the disadvantage experienced by a person as a result of impairments and/or disabilities, which limits interaction of the person with the physical and social environment).

Despite the usefulness of the estimates based on SIPP, the findings in this report are subject to limitations that may underestimate the public health impact of disability in the United States. For example, SIPP failed to collect data about the effects of physical and social barriers (e.g., within the home, community, school, or workplace) and experiences with discrimination. Recent efforts underscore the importance of clarifying the role of environment in determining the consequences of an impairment or disability (*8*). Therefore, efforts to provide more precise national estimates of disability should include development of measures that address environmental factors (i.e., physical and social barriers) and the effects of discrimination. Revision of the ICIDH is under way and should improve collection of valid and reliable survey information about physical and social barriers (*8,9*).

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Emerging Infectious Diseases

Outbreak of *Salmonella enteritidis* Associated with Nationally Distributed Ice Cream Products — Minnesota, South Dakota, and Wisconsin, 1994

From September 19 through October 10, 1994, a total of 80 confirmed cases of *Salmonella enteritidis* (SE) infection were reported to the Minnesota Department of Health (MDH); in comparison, 96 cases were reported statewide during all of 1993. Cases were characterized by diarrhea, abdominal cramps, and fever. Recent increases in SE cases also were reported from South Dakota (14 cases during September 6–October 7, compared with 20 cases during all of 1993) and Wisconsin (48 cases during September 6–October 7, compared with 187 during all of 1993). This report summarizes preliminary findings from the outbreak investigation.

On October 5 and 6, to assess potential risk factors for infection, the MDH conducted a case-control study of 15 cases and 15 age- and neighborhood-matched controls. A case was defined as culture-confirmed SE in a person with onset of illness during September. Eleven case-patients (73%) and two controls (13%) reported consumption of Schwan's ice cream within 5 days of illness onset for case-patients and a similar period for controls (odds ratio=10.0; 95% confidence interval=1.4–434.0).

On October 7 and 9, the MDH issued press releases informing the public of this problem and advising persons who had been ill since September 1 and who had consumed Schwan's ice cream to contact the health department. During October 8–11, a total of 2014 persons who had consumed suspected products and had been ill with diarrhea contacted the MDH by telephone. Samples of ice cream from households of ill persons grew SE.

Ill persons reported eating all types and flavors of ice cream products produced at the Schwan's plant in Marshall, Minnesota, including ice cream, sherbet, frozen yogurt, and ice cream sandwiches and cones; these products had production dates in August and September. The implicated products are distributed nationwide, primarily by direct delivery to homes, and are sold only under the Schwan's label. Investigations to examine the extent and causes of the outbreak are under way.

On October 7, the company voluntarily stopped distribution and production at the Marshall plant pending further findings from these investigations.

Reported by: Acute Disease Epidemiology Section, Minnesota Dept of Health. South Dakota Dept of Health. Wisconsin Dept of Health and Social Svcs. Center for Food Safety and Applied Nutrition, Food and Drug Administration. Foodborne and Diarrheal Diseases Br, Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, CDC.

Editorial Note: Gastroenteritis caused by *Salmonella* is characterized by abdominal cramps and diarrhea, vomiting, fever, and headache. Antimicrobial therapy is not indicated in uncomplicated gastroenteritis, which typically resolves within 1 week. Persons at increased risk for infection or more severe disease include infants; the elderly; persons with achlorhydria; those receiving immunosuppressive therapy; persons who may have received antimicrobials for another illness; and those persons with sickle-cell anemia, cancer, or acquired immunodeficiency syndrome (*1*). Complications include meningitis, septicemia, Reiter syndrome, and death (*1*).

Salmonella — Continued

Salmonella sp. are second only to *Campylobacter* as a cause of bacterial diarrheal illness in the United States, causing an estimated 2 million illnesses annually (*2*). Among the more than 2000 *Salmonella* serotypes, SE has ranked first or second in frequency of isolation from humans since 1988 and accounted for 21% of reported isolates in 1993. Each year, an average of 55 outbreaks of SE infections are reported to CDC; approximately 11% of patients are hospitalized, and 0.3% die (*3*).

Preliminary findings from this outbreak indicate that the number of persons exposed to contaminated products may be substantial. Approximately 400,000 gallons of the implicated products are produced weekly and are distributed throughout the contiguous United States. Previous investigations have established the potential for large-scale outbreaks of foodborne salmonellosis; for example, in 1985, pasteurized milk produced at one dairy plant caused up to 197,000 *Salmonella* infections (*4*).

Consumers should discard or return any Schwan's ice cream products. Persons who have become ill since September 1 with diarrhea and who have consumed Schwan's ice cream products are urged to contact their state health departments.

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Notice to Readers

Adult Blood Lead Epidemiology and Surveillance — United States, Second Quarter, 1994

CDC's National Institute for Occupational Safety and Health (NIOSH) Adult Blood Lead Epidemiology and Surveillance program (ABLES) monitors elevated blood lead levels (BLLs) in adults in the United States. Blood lead data from laboratory reports are transmitted to state-based lead surveillance programs and are compiled by NIOSH for quarterly reporting (*1*).

The cumulative number of BLL reports for the first and second quarters of 1994 increased 29% over those of the same period for 1993 (Table 1). This finding is consistent with a previous ABLES report describing the increasing number of reports of elevated BLL cases among U.S. workers during 1992–1993 (*2*).

Reports of elevated BLLs represent new, ongoing, or recurrent exposures and illustrate the extent and ongoing nature of elevated BLLs in workers in lead-using industries. Factors that help explain the increase in reports include increased testing of workers in construction trades (*3*), improved case ascertainment by state-based surveillance programs, and increased numbers of participating states. Finally, during

Notice to Readers — Continued

TABLE 1. Reports of elevated blood lead levels (BLLs) among adults — 22 states,* second quarter, 1994

Reported BLL (μg/dL)	Second quarter, 1994		Cumulative reports, 1994†	Cumulative reports, 1993¶
	No. reports†	No. persons§		
25–39	3,373	3,418	7,459	6,221
40–49	1,015	1,003	2,385	1,478
50–59	212	182	487	321
≥60	98	71	214	184
Total	**4,698**	**4,674**	**10,545**	**8,204**

*Reported by Alabama, Arizona, California, Connecticut, Illinois, Iowa, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Utah, Vermont, Washington, and Wisconsin.

†Pennsylvania reports only numbers of persons on a quarterly basis; quarterly numbers of reports and cumulative reports do not include Pennsylvania data.

§Individual reports are categorized according to the highest reported BLL for the person during the given quarter.

¶Data for first quarter 1993 were reported from 16 states (Alabama, Connecticut, Illinois, Iowa, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Oregon, South Carolina, Texas, Utah, Vermont, and Wisconsin). Data for second quarter 1993 also include reports from Arizona, California, and Washington.

this quarter, the number of persons reported apparently exceeded the number of reports in one reporting category (25–39 μg/dL) because one large industrialized state reports only numbers of persons on a quarterly basis and compiles overall numbers of reports only annually (Table 1).

Reported by: NH Chowdhury, MBBS, Alabama Dept of Public Health. C Fowler, MS, Arizona Dept of Health Svcs. FJ Mycroft, PhD, Occupational Health Br, California State Dept of Health Svcs. BC Jung, MPH, Connecticut Dept of Public Health and Addiction Svcs. M Lehnherr, Occupational Disease Registry, Div of Epidemiologic Studies, Illinois Dept of Public Health. R Gergely, Iowa Dept of Public Health. E Keyvan-Larijani, MD, Lead Poisoning Prevention Program, Maryland Dept of the Environment. R Rabin, MSPH, Div of Occupational Hygiene, Massachusetts Dept of Labor and Industries. A Carr, MBA, Bur of Child and Family Svcs, Michigan Dept of Public Health. D Solet, PhD, Div of Public Health Svcs, New Hampshire State Dept of Health and Human Svcs. B Gerwel, MD, Occupational Disease Prevention Project, New Jersey State Dept of Health. R Stone, PhD, New York State Dept of Health. S Randolph, MSN, North Carolina Dept of Environment, Health, and Natural Resources. E Rhoades, MD, Oklahoma State Dept of Health. M Barnett, MS, State Health Div, Oregon Dept of Human Resources. J Gostin, MS, Occupational Health Program, Div of Environmental Health, Pennsylvania Dept of Health. R Marino, MD, Div of Health Hazard Evaluations, South Carolina Dept of Health and Environmental Control. D Perrotta, PhD, Bur of Epidemiology, Texas Dept of Health. D Beaudoin, MD, Bur of Epidemiology, Utah Dept of Health. L Toof, Div of Epidemiology and Health Promotion, Vermont Dept of Health. J Kaufman, MD, Washington State Dept of Labor and Industries. D Higgins, Wisconsin Dept of Health and Social Svcs. Div of Surveillance, Hazard Evaluations, and Field Studies, National Institute for Occupational Safety and Health, CDC.

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National Adult Immunization Awareness Week

National Adult Immunization Awareness Week will be held October 23–29, 1994. This observance will emphasize the importance of appropriately vaccinating adults against influenza, pneumococcal disease, hepatitis B, measles, mumps, rubella, tetanus, and diphtheria. National Adult Immunization Awareness Week coincides with the influenza vaccination season and offers opportunities to implement vaccination programs. Additional information is available from the National Coalition for Adult Immunization, 4733 Bethesda Avenue, Suite 750, Bethesda, MD 20814; telephone (301) 656-0003; fax (301) 907-0878.

Monthly Immunization Table

To track progress toward achieving the goals of the Childhood Immunization Initiative (CII), CDC publishes monthly a tabular summary of the number of cases of all diseases preventable by routine childhood vaccination reported during the previous month and year-to-date (provisional data). In addition, the table compares provisional data with final data for the previous year and highlights the number of reported cases among children aged ≤5 years, who are the primary focus of CII. Data in the table are derived from CDC's National Notifiable Diseases Surveillance System.

Number of reported cases of diseases preventable by routine childhood vaccination — United States, August 1994 and 1993–1994*

Disease	No. cases, August 1994	Total cases January–August		No. cases among children aged <5 years† January–August	
		1993	1994	1993	1994
Congenital rubella syndrome (CRS)	0	**5**	**2**	4	2
Diphtheria	0	**0**	**1**	0	1
Haemophilus influenzae§	57	**863**	**784**	263	210
Hepatitis B¶	813	**8223**	**7633**	77	74
Measles	18	**248**	**814**	93	185
Mumps	116	**1123**	**957**	198	155
Pertussis	357	**3171**	**2203**	1888	1270
Poliomyelitis, paralytic**	1	**3**	**1**	1	1
Rubella	4	**157**	**204**	23	19
Tetanus	1	**27**	**22**	0	0

*Data for 1993 are final and for 1994, are provisional.
†For 1993 and 1994, age data were available for 90% or more cases, except for 1993 age data for CRS, which were available for 80% of cases.
§Invasive disease; *H. influenzae* serotype is not routinely reported to the National Notifiable Diseases Surveillance System.
¶Because most hepatitis B virus infections among infants and children aged <5 years are asymptomatic (although likely to become chronic), acute disease surveillance does not reflect the incidence of this problem in this age group or the effectiveness of hepatitis B vaccination in infants.
**One case with onset in 1994 has been confirmed; this case was vaccine-associated. In 1993, three of 10 suspected cases were confirmed; two of the confirmed cases of 1993 were vaccine-associated, and one was classified as imported.

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The data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday. Inquiries about the *MMWR* Series, including material to be considered for publication, should be directed to: Editor, *MMWR* Series, Mailstop C-08, Centers for Disease Control and Prevention, Atlanta, GA 30333; telephone (404) 332-4555.

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