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National Drunk and Drugged Driving Prevention Month — December 1994

Persons who drive while impaired by alcohol or other drugs are a public health hazard to themselves and to others. Each year, alcohol-related motor-vehicle crashes result in approximately 17,500 deaths in the United States. In addition, impaired driving is a leading cause of death among persons aged <25 years.

The injuries, disabilities, and deaths associated with impaired driving are preventable. Accordingly, December has been designated National Drunk and Drugged Driving Prevention Month by the National Drunk and Drugged Driving Prevention Month Coalition, a nationwide public/private sector coalition for the prevention of crashes related to impaired driving. The theme of the campaign is "Take a Stand! Friends Don't Let Friends Drive Drunk." On December 16, "Lights on for Life," a 1-day nationwide observance, will be held. On that day, drivers will be asked to drive with their headlights on even in daylight hours in remembrance of persons killed and injured in alcohol-related crashes and to remind persons not to drink and drive. In addition, during the holiday season, law-enforcement activities nationwide will especially target impaired drivers. These activities are integral to the objective of the U.S. Department of Transportation's "Safe & Sober" campaign to decrease alcohol-related fatalities to 43% of total fatalities and increase safety-belt use to 75% by 1996.

Additional information about National Drunk and Drugged Driving Prevention Month is available from Tarry Hess, Office of Alcohol and State Programs (NTS-22), National Highway Traffic Safety Administration, 400 7th Street, SW, Washington, DC 20590; telephone (202) 366-6976.

Current Trends

Update: Alcohol-Related Traffic Fatalities — United States, 1982–1993

Motor-vehicle crashes are the leading cause of death in the United States for persons in all age groups from 1 through 34 years (*1*). During 1993, 40,115 traffic fatalities occurred; of these, 17,461 were alcohol-related (*2*). During 1990, the economic impact of alcohol-related crashes was $46.1 billion, including $5.1 billion in medical expenses (*3*). In 1992, approximately 1% of licensed drivers were arrested for driving while impaired (*4*). This report uses data from the Fatal Accident Reporting System of the National Highway Traffic Safety Administration (NHTSA) to describe state-level changes in the number and percentage of alcohol-related traffic fatalities (ARTFs) and drivers with a blood alcohol concentration (BAC) ≥0.01 g/dL who were involved in fatal crashes during 1982–1993.

NHTSA defines ARTFs as deaths in which either a driver, pedestrian, or bicyclist had a BAC ≥0.01 g/dL. Each year, approximately 80% of ARTFs involve at least one driver or pedestrian with a BAC ≥0.10 g/dL, at or above the legal level of intoxication for drivers. Where BAC test results are not available, NHTSA uses statistical models to estimate BACs for drivers and pedestrians (*5*). In 1993, BAC test results were available for 44.6% of all drivers, pedestrians, and bicyclists involved in fatal crashes.

From 1982 to 1993, the number of ARTFs in the United States decreased 31%, from 25,165 to 17,461; ARTFs as the percentage of all traffic fatalities decreased from 57.3% to 43.5%. In 1993, the estimated proportion of ARTFs ranged from 28.2% (Maryland) to 58.9% (Texas) (Table 1). Compared with 1982, the proportion of ARTFs in 1993 decreased in 47 states and the District of Columbia; in eight states the proportion decreased by 20 percentage points or more.

From 1982 to 1993, the number of alcohol-involved drivers in fatal crashes decreased 33%, from 21,780 to 14,589, while the percentage of alcohol-involved drivers in fatal crashes decreased from 38.9% to 27.3% (Table 2). In 1993, the percentage of drivers involved in fatal crashes with a BAC ≥0.01 g/dL ranged from 14.7% (Maryland) to 43.3% (Montana). From 1982 to 1993, the percentage of alcohol-involved drivers decreased in 49 states and the District of Columbia.

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Editorial Note: Alcohol involvement in traffic fatalities is associated with several factors external to a state's traffic safety program. These factors include population demographics (e.g., alcohol involvement generally is higher among young males), urbanization (e.g., alcohol involvement is greater in rural areas), and vehicle mix (e.g., alcohol involvement is highest for motorcycle drivers and lowest for heavy-truck drivers). In addition, the accuracy of estimates for each state is a function of the proportion of drivers, pedestrians, and bicyclists in fatal crashes for whom a BAC test result is known: during 1993, test results were known for 45% of these active participants in fatal crashes nationwide, but ranged from 12% to 83% for the 50 states and the District of Columbia. Consequently, these factors and variations constrain the reliability of direct state-to-state comparisons (*6*).

Although lower BACs (0.01–0.09 g/dL) can cause driving impairment associated with an increased risk for fatal crash involvement, the risk is substantially greater for high levels of alcohol (BACs ≥0.10 g/dL) (*7,8*). From 1982 to 1993, the percentage of ARTFs and drivers involved in fatal crashes with a BAC ≥0.01 g/dL decreased. Reasons contributing to this decrease in alcohol involvement in fatal crashes may include 1) a greater public awareness of the problem and the increasing social unacceptability of drinking and driving; 2) more effective legislation (e.g., prompt license suspension for persons who drive while intoxicated and lower illegal BAC per se limits* for adults [0.10 g/dL and 0.08 g/dL] and for youth [0.02 g/dL for persons aged <21 years]); 3) increased enforcement through sobriety checkpoints and saturation patrols, in which

*Driving at or above the illegal BAC limit constitutes a violation of the law, regardless of whether the person exhibits signs of intoxication.

Alcohol-Related Traffic Fatalities — Continued

police are present at times and places where drinking and driving is known to occur; 4) enactment of laws that have raised the minimum drinking age to 21 years in all states; and 5) decreases in the per capita alcohol consumption in the United States (*9*).

The public health impact and social burden of alcohol-impaired driving underscores the need for additional and intensified efforts by traffic safety, public health, law enforcement, judicial, and citizen activist organizations. NHTSA's "Safe & Sober" Campaign has set goals to reduce alcohol-related traffic fatalities to 43% of total fatalities and increase safety-belt use to 75% by 1996. If these goals are met, an estimated additional 2900 lives and $5.8 billion annually, including $1 billion in health-care costs, may be saved (*10*).

To sustain the decline in ARTFs and driving while impaired, states and communities must continue to adopt legislative and enforcement measures and implement new strategies including stronger sanctions for repeat drinking and driving offenders (e.g., license plate tagging, vehicle impoundment or confiscation, and alcohol ignition interlock devices), graduated licensing systems for beginning drivers (e.g., learner's permit, provisional license with restrictions, and full license), improved enforcement procedures for detecting drinking drivers (e.g., use of passive alcohol sensors at sobriety checkpoints), and better enforcement of safety-belt–use laws because drinking drivers are less likely than others to use safety belts.

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TABLE 1. Motor-vehicle crash fatalities*, by state and by the highest blood alcohol concentration (BAC)†, 1993, and the percentage point difference in the proportion of alcohol-involved fatalities, 1982 to 1993 — United States

	1993							
	BAC=0.00 g/dL		BAC=0.01–0.09 g/dL		BAC≥0.10 g/dL			
State	No.	(%)	No.	(%)	No.	(%)	Total fatalities	Change from 1982 to 1993
Alabama	595	(57.1)	71	(6.9)	376	(36.1)	**1,042**	–12.8
Alaska	68	(57.6)	3	(2.2)	47	(40.2)	**118**	–12.4
Arizona	401	(50.1)	68	(8.5)	332	(41.4)	**801**	– 6.4
Arkansas	317	(54.4)	57	(9.8)	209	(35.8)	**583**	–15.4
California	2,403	(57.7)	406	(9.8)	1,354	(32.5)	**4,163**	–16.7
Colorado	329	(58.8)	31	(5.5)	200	(35.7)	**559**	–21.1
Connecticut	192	(56.2)	23	(6.8)	126	(37.0)	**342**	–24.5
Delaware	57	(51.7)	9	(7.9)	45	(40.4)	**111**	–17.6
District of Columbia	32	(56.8)	7	(12.3)	18	(30.9)	**57**	–16.5
Florida	1,468	(55.7)	203	(7.7)	964	(36.6)	**2,635**	– 2.3
Georgia	839	(60.2)	129	(9.2)	426	(30.6)	**1,394**	–18.8
Hawaii	59	(44.3)	19	(14.2)	56	(41.6)	**134**	– 5.6
Idaho	114	(50.3)	21	(9.4)	91	(40.3)	**227**	5.7
Illinois	763	(54.8)	118	(8.5)	511	(36.7)	**1,392**	–13.4
Indiana	556	(62.5)	75	(8.4)	258	(29.1)	**889**	–11.0
Iowa	255	(55.6)	50	(10.8)	154	(33.6)	**459**	– 2.6
Kansas	280	(65.4)	31	(7.2)	117	(27.4)	**428**	–10.5
Kentucky	550	(63.2)	67	(7.7)	254	(29.2)	**871**	–17.0
Louisiana	396	(45.1)	113	(12.8)	370	(42.1)	**879**	0.4
Maine	110	(59.5)	16	(8.7)	59	(31.8)	**185**	– 9.1
Maryland	477	(71.8)	48	(7.2)	140	(21.0)	**665**	–26.2
Massachusetts	258	(54.4)	52	(10.9)	165	(34.7)	**475**	–13.9
Michigan	792	(56.3)	122	(8.7)	493	(35.0)	**1,408**	–15.9
Minnesota	326	(60.5)	42	(7.7)	171	(31.7)	**538**	–15.1
Mississippi	427	(52.5)	82	(10.0)	304	(37.4)	**813**	– 8.9
Missouri	454	(47.9)	101	(10.7)	392	(41.4)	**947**	2.0
Montana	81	(41.5)	18	(9.3)	96	(49.2)	**195**	– 7.3
Nebraska	147	(57.9)	36	(14.3)	71	(27.9)	**254**	– 5.8
Nevada	135	(51.3)	31	(11.9)	97	(36.9)	**263**	–18.0
New Hampshire	74	(60.9)	9	(7.6)	38	(31.5)	**121**	–19.3
New Jersey	501	(63.6)	76	(9.6)	211	(26.7)	**788**	–19.7
New Mexico	179	(41.6)	44	(10.3)	207	(48.1)	**431**	– 5.2
New York	1,186	(66.6)	146	(8.2)	449	(25.2)	**1,781**	–13.7
North Carolina	875	(63.0)	97	(7.0)	417	(30.0)	**1,389**	–23.1
North Dakota	44	(48.9)	5	(5.6)	40	(45.5)	**89**	–13.0
Ohio	959	(64.7)	107	(7.2)	416	(28.1)	**1,482**	–21.2
Oklahoma	402	(59.8)	57	(8.5)	213	(31.7)	**671**	–15.9
Oregon	307	(58.6)	54	(10.2)	164	(31.2)	**524**	–21.4
Pennsylvania	842	(55.1)	110	(7.2)	577	(37.8)	**1,529**	–13.4

Alcohol-Related Traffic Fatalities— Continued

Rhode Island	35	(46.9)	8	(11.0)	31	(42.1)	**74**	–13.1
South Carolina	610	(72.1)	37	(4.4)	199	(23.5)	**846**	–31.0
South Dakota	81	(57.6)	7	(5.1)	52	(37.3)	**140**	–17.8
Tennessee	649	(55.4)	101	(8.6)	422	(36.0)	**1,171**	–17.8
Texas	1,248	(41.1)	325	(10.7)	1,464	(48.2)	**3,037**	– 9.6
Utah	206	(67.9)	21	(7.0)	76	(25.1)	**303**	– 6.1
Vermont	61	(55.8)	9	(8.4)	39	(35.8)	**110**	–20.1
Virginia	481	(54.8)	87	(9.9)	310	(35.3)	**878**	– 7.6
Washington	327	(49.5)	47	(7.1)	287	(43.4)	**661**	–12.9
West Virginia	245	(57.0)	23	(5.3)	161	(37.6)	**429**	– 7.9
Wisconsin	392	(54.9)	54	(7.6)	268	(37.5)	**714**	–16.5
Wyoming	69	(57.5)	6	(4.6)	45	(37.9)	**120**	–12.9
Total	**22,654**	**(56.5)**	**3,479**	**(8.7)**	**13,982**	**(34.9)**	**40,115**	**–13.8**

* Fatalities include all occupants and nonoccupants who died within 30 days of a motor-vehicle crash on a public roadway.
† BAC distributions are estimates for drivers and nonoccupants involved in fatal crashes. Numbers of fatalities involved are rounded to the nearest whole number.

Source: Fatal Accident Reporting System, National Highway Traffic Safety Administration.

TABLE 2. Drivers involved in fatal motor-vehicle crashes, by state and by blood alcohol concentration (BAC) of driver*, 1993, and the percentage point difference in the proportion of alcohol-involved drivers, 1982 to 1993 — United States

	1993							
	BAC=0.00 g/dL		BAC=0.01–0.09 g/dL		BAC≥0.10 g/dL			
State	No.	(%)	No.	(%)	No.	(%)	Total fatalities	Change from 1982 to 1993
Alabama	971	(71.6)	63	(4.6)	322	(23.7)	**1,356**	– 9.8
Alaska	89	(73.1)	4	(3.7)	28	(23.2)	**122**	–14.8
Arizona	707	(69.2)	70	(6.8)	245	(24.0)	**1,021**	– 4.0
Arkansas	550	(70.6)	56	(7.1)	174	(22.3)	**780**	–15.4
California	4,026	(74.5)	363	(6.7)	1,017	(18.8)	**5,406**	–13.8
Colorado	531	(72.3)	34	(4.7)	169	(23.0)	**735**	–17.2
Connecticut	319	(68.9)	26	(5.7)	118	(25.4)	**463**	–18.3
Delaware	125	(72.8)	6	(3.3)	41	(23.9)	**172**	–18.6
District of Columbia	62	(76.0)	8	(9.8)	12	(14.3)	**81**	–13.2
Florida	2,799	(75.0)	198	(5.3)	736	(19.7)	**3,734**	– 4.6
Georgia	1,450	(76.6)	117	(6.2)	326	(17.2)	**1,896**	–15.6
Hawaii	110	(60.9)	21	(11.9)	49	(27.2)	**180**	– 3.5
Idaho	180	(66.5)	20	(7.2)	71	(26.3)	**271**	– 0.9
Illinois	1,375	(72.5)	114	(6.0)	408	(21.5)	**1,897**	–10.0
Indiana	977	(77.7)	65	(5.2)	215	(17.1)	**1,257**	–10.7
Iowa	464	(72.7)	46	(7.2)	128	(20.1)	**638**	– 4.0
Kansas	452	(78.1)	29	(5.0)	98	(17.0)	**579**	– 7.3
Kentucky	906	(77.2)	54	(4.6)	214	(18.2)	**1,174**	–12.0
Louisiana	702	(64.6)	106	(9.8)	278	(25.6)	**1,086**	– 1.3
Maine	160	(71.0)	17	(7.6)	48	(21.4)	**225**	– 4.1
Maryland	729	(85.3)	37	(4.4)	88	(10.3)	**855**	–20.5
Massachusetts	431	(67.6)	56	(8.8)	151	(23.7)	**638**	– 9.5
Michigan	1,426	(72.9)	130	(6.6)	400	(20.5)	**1,956**	–13.2
Minnesota	554	(73.7)	42	(5.6)	156	(20.8)	**752**	– 9.6
Mississippi	682	(66.8)	86	(8.4)	252	(24.7)	**1,020**	– 5.8
Missouri	821	(65.1)	107	(8.5)	333	(26.4)	**1,261**	2.0
Montana	122	(56.6)	17	(8.1)	76	(35.2)	**215**	– 5.9
Nebraska	246	(72.8)	36	(10.7)	56	(16.6)	**338**	– 4.7
Nevada	248	(71.6)	29	(8.2)	70	(20.2)	**347**	–16.0
New Hampshire	109	(72.9)	9	(6.3)	31	(20.8)	**149**	–13.0
New Jersey	812	(78.1)	69	(6.6)	159	(15.3)	**1,040**	–14.1
New Mexico	316	(61.9)	41	(8.1)	153	(30.0)	**511**	– 5.7
New York	1,895	(80.7)	117	(5.0)	337	(14.3)	**2,349**	–10.0
North Carolina	1,463	(78.7)	81	(4.4)	314	(16.9)	**1,858**	–17.2
North Dakota	79	(63.7)	7	(5.4)	38	(31.0)	**124**	–11.3
Ohio	1,554	(77.6)	95	(4.7)	354	(17.7)	**2,003**	–17.1
Oklahoma	663	(74.0)	54	(6.0)	178	(19.9)	**895**	– 9.8
Oregon	512	(75.0)	43	(6.3)	128	(18.8)	**683**	–19.8
Pennsylvania	1,558	(71.9)	116	(5.3)	492	(22.7)	**2,166**	–12.0

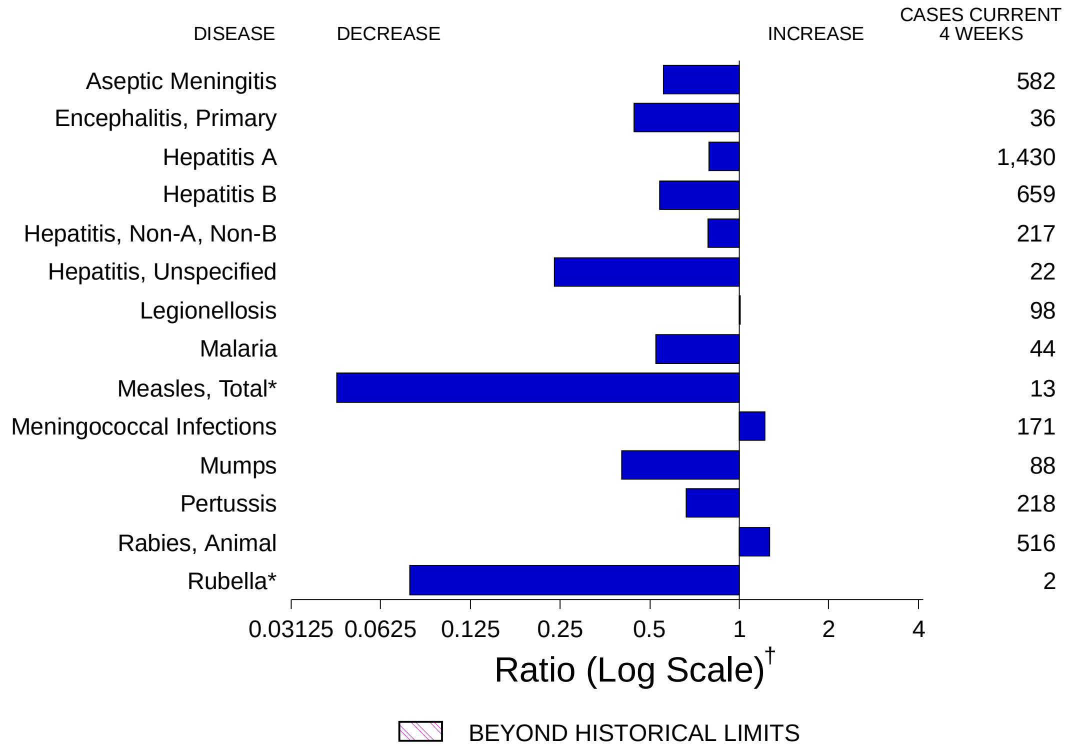
Alcohol-Related Traffic Fatalities — Continued

Rhode Island	57	(61.2)	9	(9.6)	27	(29.2)	**93**	– 9.1
South Carolina	898	(82.6)	30	(2.8)	159	(14.6)	**1,087**	–20.0
South Dakota	122	(73.4)	9	(5.4)	35	(21.2)	**166**	–18.0
Tennessee	1,137	(71.6)	94	(5.9)	357	(22.5)	**1,587**	–16.7
Texas	2,443	(60.7)	383	(9.5)	1,198	(29.8)	**4,024**	–11.5
Utah	305	(80.4)	19	(5.1)	55	(14.5)	**379**	– 7.3
Vermont	99	(69.9)	9	(6.4)	34	(23.7)	**142**	–14.6
Virginia	828	(71.2)	84	(7.3)	250	(21.5)	**1,162**	– 6.3
Washington	546	(65.5)	46	(5.5)	241	(29.0)	**833**	–11.0
West Virginia	3,384	(71.4)	24	(4.5)	129	(24.0)	**537**	– 6.6
Wisconsin	664	(68.9)	60	(6.2)	239	(24.9)	**963**	–13.5
Wyoming	98	(70.3)	5	(3.6)	36	(26.0)	**140**	– 8.7
Total	**38,754**	**(72.7)**	**3,362**	**(6.3)**	**11,227**	**(21.0)**	**53,343**	**–11.6**

* BAC distributions are estimates for drivers involved in fatal crashes. Numbers of drivers involved are rounded to the nearest whole number. Driver(s) may or may not have been killed.

Source: Fatal Accident Reporting System, National Highway Traffic Safety Administration.

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending November 26, 1994, with historical data — United States



*The large apparent decrease in the number of reported cases of measles (total), and rubella reflect dramatic fluctuations in the historical baseline. (Ratio (log scale) for week 47 measles (total) and rubella are 0.04466 and 0.07833 respectively).

†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 26, 1994 (47th Week)

	Cum. 1994		Cum. 1994
AIDS*	66,921	Measles: imported	172
Anthrax	-	indigenous	691
Botulism: Foodborne	57	Plague	14
Infant	72	Poliomyelitis, Paralytic§	1
Other	7	Psittacosis	38
Brucellosis	80	Rabies, human	2
Cholera	30	Syphilis, primary & secondary	18,409
Congenital rubella syndrome	5	Syphilis, congenital, age < 1 year¶	1,123
Diphtheria	1	Tetanus	34
Encephalitis, post-infectious	100	Toxic shock syndrome	164
Gonorrhea	354,898	Trichinosis	32
Haemophilus influenzae (invasive disease)†	1,017	Tuberculosis	19,760
Hansen Disease	106	Tularemia	80
Leptospirosis	32	Typhoid fever	384
Lyme Disease	10,398	Typhus fever, tickborne (RMSF)	415

*Updated monthly to the Division of HIV/AIDS, National Center for Infectious Diseases; last update October 25, 1994.
†Of 969 cases of known age, 273 (28%) were reported among children less than 5 years of age.
§This case was vaccine-associated. The remaining 6 suspected cases with onset in 1994 have not yet been confirmed.
¶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 November 26, 1994, and November 27, 1993 (47th Week)

Reporting Area	AIDS*	Aseptic Menin-gitis	Encephalitis: Primary	Encephalitis: Post-in-fectious	Gonorrhea		Hepatitis (Viral), by type: A	Hepatitis (Viral), by type: B	Hepatitis (Viral), by type: NA,NB	Hepatitis (Viral), by type: Unspeci-fied	Legionel-losis	Lyme Disease
	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	66,921	7,290	596	100	354,898	359,452	20,467	10,313	3,854	379	1,416	10,398
NEW ENGLAND	2,451	282	19	4	7,515	7,037	263	269	117	15	74	2,456
Maine	71	30	5	-	84	73	24	11	-	-	5	26
N.H.	52	30	-	2	100	62	15	21	8	-	-	28
Vt.	29	35	3	-	34	22	10	-	-	-	-	13
Mass.	1,245	77	9	1	2,914	2,843	94	164	89	13	58	232
R.I.	225	110	2	1	429	386	25	8	20	2	11	455
Conn.	829	-	-	-	3,954	3,651	95	65	-	-	-	1,702
MID. ATLANTIC	19,665	846	53	18	38,989	42,379	1,501	1,321	404	8	236	6,524
Upstate N.Y.	1,801	410	31	3	9,409	9,220	492	356	201	4	57	4,103
N.Y. City	11,313	135	7	5	13,984	11,105	599	332	2	-	10	27
N.J.	4,424	-	-	-	4,536	5,260	248	322	170	-	38	1,193
Pa.	2,127	301	15	10	11,060	16,794	162	311	31	4	131	1,201
E.N. CENTRAL	5,255	1,379	146	22	68,813	75,933	2,065	1,004	280	10	419	122
Ohio	940	358	51	4	20,225	20,581	900	153	23	-	187	72
Ind.	534	181	11	1	8,179	7,855	346	174	10	-	100	14
Ill.	2,584	347	49	5	17,622	25,921	380	199	57	3	28	11
Mich.	895	486	31	12	16,452	15,578	281	356	187	7	75	25
Wis.	302	7	4	-	6,335	5,998	158	122	3	-	29	-
W.N. CENTRAL	1,387	402	30	8	20,177	19,750	1,049	588	90	12	90	231
Minn.	341	25	2	-	3,238	2,218	215	57	20	1	2	165
Iowa	91	112	1	1	1,379	1,431	57	24	13	11	30	16
Mo.	624	148	7	4	11,030	11,984	523	448	30	-	36	36
N. Dak.	22	12	4	-	18	51	5	-	-	-	4	-
S. Dak.	15	2	4	-	190	243	35	2	-	-	1	-
Nebr.	77	34	5	3	1,060	484	118	28	12	-	11	2
Kans.	217	69	7	-	3,262	3,339	96	29	15	-	6	12
S. ATLANTIC	15,911	1,395	139	30	98,701	90,350	1,316	2,098	586	49	320	807
Del.	230	37	1	-	1,841	1,377	17	5	1	-	26	77
Md.	2,455	230	21	4	16,039	14,751	189	378	31	16	85	359
D.C.	1,226	50	-	1	6,441	4,910	24	54	1	-	10	9
Va.	986	294	29	6	12,128	10,738	175	122	25	9	8	126
W. Va.	64	35	47	2	744	581	20	44	40	-	4	24
N.C.	1,027	206	40	1	25,361	22,511	120	259	52	-	25	76
S.C.	1,042	30	-	-	11,904	9,638	39	31	10	-	16	7
Ga.	1,905	48	1	-	2,649	4,660	32	525	183	-	97	103
Fla.	6,976	465	-	16	21,594	21,184	700	680	243	24	49	26
E.S. CENTRAL	1,761	482	36	3	42,256	41,532	592	1,085	841	2	70	42
Ky.	273	159	15	1	4,687	4,537	145	68	30	-	9	23
Tenn.	599	116	12	-	14,005	12,969	275	936	793	1	43	13
Ala.	518	157	6	1	13,452	14,693	101	81	18	1	13	6
Miss.	371	50	3	1	10,112	9,333	71	-	-	-	5	-
W.S. CENTRAL	6,509	808	47	2	43,671	40,759	2,956	1,391	548	71	40	122
Ark.	226	47	-	-	6,095	6,866	178	24	7	2	9	8
La.	1,032	32	7	-	10,846	10,747	140	154	166	1	13	2
Okla.	234	-	-	-	3,259	4,297	339	294	310	3	11	72
Tex.	5,017	729	40	2	23,471	18,849	2,299	919	65	65	7	40
MOUNTAIN	1,980	314	12	4	8,537	10,312	3,888	568	409	57	89	19
Mont.	23	8	-	-	76	84	23	22	13	-	16	-
Idaho	50	6	-	-	79	163	324	69	67	1	2	3
Wyo.	16	4	2	2	81	75	29	23	164	-	6	5
Colo.	723	118	3	-	2,882	3,437	527	89	60	15	19	-
N. Mex.	190	18	-	-	986	870	1,030	193	46	11	3	8
Ariz.	526	66	1	1	2,902	3,592	1,195	48	13	11	15	-
Utah	122	53	2	1	231	399	544	73	30	5	7	2
Nev.	330	41	4	-	1,300	1,692	216	51	16	14	21	1
PACIFIC	12,002	1,382	114	9	26,239	31,400	6,837	1,989	579	155	78	75
Wash.	820	-	-	-	2,613	3,303	320	68	68	2	8	-
Oreg.	512	-	-	-	570	1,073	708	79	17	1	-	-
Calif.	10,475	1,234	111	8	21,686	25,900	5,550	1,804	489	149	66	75
Alaska	36	18	3	-	807	567	198	11	-	-	-	-
Hawaii	159	130	-	1	563	557	61	27	5	3	4	-
Guam	1	19	-	-	190	90	42	6	1	12	3	-
P.R.	1,929	37	1	3	418	463	83	339	161	11	-	-
V.I.	44	-	-	-	41	90	-	1	-	-	-	-
Amer. Samoa	-	-	-	-	31	40	8	-	-	-	-	-
C.N.M.I.	-	-	-	-	45	77	7	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 October 25, 1994.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending November 26, 1994, and November 27, 1993 (47th 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	940	1	691	-	172	300	2,370	24	1,278	14	3,135	5,689	1	213	175
NEW ENGLAND	76	-	14	-	14	63	122	1	20	1	350	685	1	129	2
Maine	6	-	1	-	4	1	19	-	3	-	18	15	-	-	1
N.H.	3	-	1	-	-	2	6	-	4	-	67	152	-	-	-
Vt.	3	-	2	-	1	31	3	-	-	-	40	91	-	-	-
Mass.	33	-	2	-	6	18	52	-	3	-	184	343	-	124	1
R.I.	9	-	4	-	3	2	-	1	3	-	6	11	1	3	-
Conn.	22	-	4	-	-	9	42	-	7	1	35	73	-	2	-
MID. ATLANTIC	189	-	173	-	22	35	239	-	103	1	578	886	-	10	59
Upstate N.Y.	48	-	13	-	3	8	85	-	31	1	218	314	-	7	17
N.Y. City	66	-	11	-	3	17	11	-	13	-	157	82	-	1	22
N.J.	46	-	144	-	12	10	53	-	6	-	11	80	-	2	15
Pa.	29	-	5	-	4	-	90	-	53	-	192	410	-	-	5
E.N. CENTRAL	96	-	58	-	44	31	378	5	228	4	386	1,446	-	11	8
Ohio	15	-	15	-	2	9	106	3	68	-	146	416	-	-	1
Ind.	14	-	-	-	1	1	71	-	7	3	61	154	-	-	3
Ill.	39	-	17	-	39	9	113	-	95	-	82	413	-	3	1
Mich.	26	-	23	-	2	6	54	2	44	1	47	110	-	8	2
Wis.	2	-	3	-	-	6	34	-	14	-	50	353	-	-	1
W.N. CENTRAL	43	-	126	-	44	3	170	-	64	-	195	526	-	2	1
Minn.	14	-	-	-	-	-	18	-	5	-	87	306	-	-	-
Iowa	5	-	6	-	1	-	19	-	16	-	19	37	-	-	-
Mo.	12	-	118	-	42	1	86	-	37	-	43	136	-	2	1
N. Dak.	1	-	-	-	-	-	1	-	5	-	4	5	-	-	-
S. Dak.	-	-	-	-	-	-	9	-	-	-	20	8	-	-	-
Nebr.	5	-	1	-	1	-	13	-	1	-	9	14	-	-	-
Kans.	6	-	1	-	-	2	24	-	-	-	13	20	-	-	-
S. ATLANTIC	213	-	59	-	8	29	403	4	189	2	289	573	-	11	6
Del.	3	-	-	-	-	-	5	-	-	-	3	10	-	-	-
Md.	99	-	2	-	2	4	40	1	63	-	74	126	-	-	2
D.C.	14	-	-	-	-	-	6	-	-	-	8	14	-	-	-
Va.	33	-	1	-	2	4	65	-	41	-	36	59	-	-	-
W. Va.	-	-	36	-	-	-	12	-	3	-	4	8	-	-	-
N.C.	11	-	2	-	1	1	48	-	36	-	79	151	-	-	-
S.C.	5	-	-	-	-	-	28	1	8	-	13	70	-	-	-
Ga.	26	-	3	-	-	-	69	-	9	-	26	51	-	2	-
Fla.	22	-	15	-	3	20	130	2	29	2	46	84	-	9	4
E.S. CENTRAL	31	-	28	-	-	1	140	-	26	-	122	271	-	-	1
Ky.	11	-	-	-	-	-	35	-	-	-	59	36	-	-	1
Tenn.	10	-	28	-	-	-	35	-	9	-	22	166	-	-	-
Ala.	9	-	-	-	-	1	70	-	10	-	34	59	-	-	-
Miss.	1	-	-	-	-	-	-	-	7	-	7	10	-	-	-
W.S. CENTRAL	42	-	11	-	8	10	296	11	243	1	185	145	-	13	17
Ark.	3	-	-	-	1	-	40	4	5	-	27	12	-	-	-
La.	9	-	-	-	1	1	37	3	31	-	10	13	-	-	1
Okla.	7	-	-	-	-	-	32	-	23	1	27	78	-	4	1
Tex.	23	-	11	-	6	9	187	4	184	-	121	42	-	9	15
MOUNTAIN	30	1	150	-	17	6	154	1	148	1	392	405	-	5	11
Mont.	-	-	-	-	-	-	6	-	-	-	9	11	-	-	-
Idaho	2	-	1	-	-	-	17	-	10	-	77	95	-	-	2
Wyo.	1	-	-	-	-	-	9	1	3	-	-	1	-	-	-
Colo.	13	-	16	-	3	3	31	-	3	-	123	167	-	-	2
N. Mex.	3	-	-	-	-	-	15	N	N	1	26	39	-	-	-
Ariz.	5	1	2	-	1	2	47	-	90	-	130	52	-	-	2
Utah	4	-	131	-	2	-	19	-	24	-	24	36	-	4	4
Nev.	2	-	-	-	11	1	10	-	17	-	3	4	-	1	1
PACIFIC	220	-	72	-	15	122	468	2	257	4	638	752	-	32	70
Wash.	12	-	-	-	-	-	30	-	7	-	32	68	-	-	-
Oreg.	13	-	-	-	2	4	94	N	N	-	38	95	-	3	-
Calif.	177	-	56	-	9	96	334	2	228	4	545	576	-	24	41
Alaska	2	-	16	-	-	2	3	-	4	-	1	5	-	1	1
Hawaii	16	-	-	-	4	20	7	-	18	-	22	8	-	4	28
Guam	4	U	211	U	-	7	1	U	6	U	2	-	U	1	-
P.R.	3	-	13	-	-	354	15	-	2	-	1	9	-	-	-
V.I.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Amer. Samoa	-	U	-	U	-	-	-	U	1	U	2	2	U	-	-
C.N.M.I.	1	U	26	U	-	25	-	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 November 26, 1994, and November 27, 1993 (47th 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	18,409	23,911	164	19,760	20,400	80	384	415	6,791
NEW ENGLAND	198	331	4	447	461	1	21	15	1,735
Maine	4	7	1	27	25	-	-	-	-
N.H.	4	25	-	15	17	-	-	-	192
Vt.	-	1	1	8	5	-	-	-	135
Mass.	83	115	2	226	249	1	17	7	667
R.I.	13	15	-	43	52	-	1	-	44
Conn.	94	168	-	128	113	-	3	8	697
MID. ATLANTIC	1,242	2,163	27	3,980	4,363	1	106	18	1,742
Upstate N.Y.	153	217	14	468	629	1	12	6	1,264
N.Y. City	545	1,067	-	2,325	2,442	-	70	1	-
N.J.	216	288	-	715	718	-	18	4	251
Pa.	328	591	13	472	574	-	6	7	227
E.N. CENTRAL	2,529	3,873	31	1,913	2,100	8	71	45	63
Ohio	1,024	1,081	6	303	287	1	7	28	4
Ind.	233	338	2	175	204	2	7	5	13
Ill.	722	1,456	11	974	1,107	3	44	10	19
Mich.	264	531	12	408	415	1	6	2	12
Wis.	286	467	-	53	87	1	7	-	15
W.N. CENTRAL	1,061	1,487	26	514	454	37	1	37	194
Minn.	46	55	1	121	62	1	-	-	14
Iowa	59	61	8	56	53	-	-	1	79
Mo.	892	1,245	7	223	227	23	1	19	23
N. Dak.	-	4	1	8	7	1	-	-	12
S. Dak.	1	2	-	22	12	2	-	13	33
Nebr.	11	10	4	17	21	3	-	1	-
Kans.	52	110	5	67	72	7	-	3	33
S. ATLANTIC	4,913	5,987	8	3,607	4,086	2	46	196	1,823
Del.	25	90	-	40	43	-	1	-	41
Md.	283	340	-	306	345	1	13	23	485
D.C.	193	301	-	104	146	-	1	-	2
Va.	724	606	1	292	399	-	8	19	397
W. Va.	9	12	-	72	68	-	-	2	73
N.C.	1,507	1,724	1	447	494	-	-	76	156
S.C.	728	868	-	340	353	-	-	18	165
Ga.	745	995	1	597	691	1	2	55	344
Fla.	699	1,051	5	1,409	1,547	-	21	3	160
E.S. CENTRAL	3,566	3,720	6	1,292	1,464	1	3	43	209
Ky.	200	317	2	290	336	1	1	9	23
Tenn.	958	1,074	3	401	457	-	2	28	71
Ala.	591	770	1	395	447	-	-	2	115
Miss.	1,817	1,559	-	206	224	-	-	4	-
W.S. CENTRAL	4,040	5,034	2	2,703	2,393	17	15	47	634
Ark.	431	512	-	246	158	16	-	8	25
La.	1,560	2,350	-	138	244	-	3	-	63
Okla.	111	261	2	225	153	1	3	32	38
Tex.	1,938	1,911	-	2,094	1,838	-	9	7	508
MOUNTAIN	212	227	8	450	500	9	10	14	132
Mont.	4	1	-	9	13	3	-	4	21
Idaho	1	-	2	11	12	-	-	-	3
Wyo.	2	8	-	8	6	-	-	2	19
Colo.	112	74	4	21	79	1	3	4	15
N. Mex.	19	24	-	64	59	1	1	2	7
Ariz.	38	93	-	203	212	-	2	1	45
Utah	8	10	2	41	30	2	2	-	13
Nev.	28	17	-	93	89	2	2	1	9
PACIFIC	648	1,089	52	4,854	4,579	4	111	-	259
Wash.	30	55	3	237	240	-	4	-	-
Oreg.	21	37	-	90	-	2	5	-	12
Calif.	590	983	45	4,239	4,053	1	96	-	217
Alaska	4	8	-	59	53	1	-	-	30
Hawaii	3	6	4	229	233	-	6	-	-
Guam	10	3	-	153	65	-	1	-	-
P.R.	273	459	-	159	165	-	-	-	59
V.I.	28	39	-	-	2	-	-	-	-
Amer. Samoa	1	-	-	4	4	-	1	-	-
C.N.M.I.	2	7	-	33	39	-	1	-	-

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending November 26, 1994 (47th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	575	393	86	63	20	13	35
Boston, Mass.	139	80	26	21	7	5	7
Bridgeport, Conn.	45	29	7	5	3	1	2
Cambridge, Mass.	16	14	1	-	1	-	4
Fall River, Mass.	43	38	4	1	-	-	-
Hartford, Conn.	49	32	10	5	1	1	1
Lowell, Mass.	29	20	4	4	1	-	2
Lynn, Mass.	11	10	-	1	-	-	-
New Bedford, Mass.	14	13	-	1	-	-	-
New Haven, Conn.	31	18	6	6	1	-	-
Providence, R.I.	63	44	9	7	3	-	8
Somerville, Mass.	3	1	1	1	-	-	1
Springfield, Mass.	47	33	10	2	-	2	2
Waterbury, Conn.	17	13	-	2	2	-	-
Worcester, Mass.	68	48	8	7	1	4	8
MID. ATLANTIC	2,556	1,639	481	337	46	52	129
Albany, N.Y.	43	30	6	6	-	1	5
Allentown, Pa.	21	17	2	2	-	-	-
Buffalo, N.Y.	75	68	3	2	1	1	14
Camden, N.J.	51	36	10	2	2	1	-
Elizabeth, N.J.	13	10	1	1	1	-	-
Erie, Pa.§	31	23	7	1	-	-	-
Jersey City, N.J.	27	15	4	6	-	2	-
New York City, N.Y.	1,473	900	286	228	25	34	55
Newark, N.J.	51	11	19	16	1	4	2
Paterson, N.J.	13	9	3	1	-	-	-
Philadelphia, Pa.	426	271	89	51	11	3	29
Pittsburgh, Pa.§	34	28	2	4	-	-	3
Reading, Pa.	13	8	3	1	1	-	3
Rochester, N.Y.	87	71	9	6	-	1	8
Schenectady, N.Y.	20	14	4	-	1	1	2
Scranton, Pa.§	22	18	4	-	-	-	2
Syracuse, N.Y.	104	75	17	7	3	2	6
Trenton, N.J.	31	16	10	3	-	2	-
Utica, N.Y.	21	19	2	-	-	-	-
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,795	1,045	369	233	107	41	77
Akron, Ohio	20	14	5	1	-	-	-
Canton, Ohio	33	24	6	3	-	-	4
Chicago, Ill.	493	195	109	104	76	9	8
Cincinnati, Ohio	111	81	19	6	-	5	1
Cleveland, Ohio	115	71	28	13	1	2	5
Columbus, Ohio	112	74	24	10	1	3	5
Dayton, Ohio	90	64	16	6	3	1	4
Detroit, Mich.	140	83	32	18	4	3	2
Evansville, Ind.	36	26	7	2	-	1	-
Fort Wayne, Ind.	55	44	7	4	-	-	3
Gary, Ind.	21	9	4	5	3	-	1
Grand Rapids, Mich.	48	35	8	4	1	-	2
Indianapolis, Ind.	118	65	31	11	4	7	10
Madison, Wis.	56	36	14	6	-	-	6
Milwaukee, Wis.	76	53	8	5	5	5	4
Peoria, Ill.	19	15	2	-	1	1	1
Rockford, Ill.	31	21	4	3	2	1	3
South Bend, Ind.	25	19	5	-	1	-	4
Toledo, Ohio	149	81	32	29	4	3	10
Youngstown, Ohio	47	35	8	3	1	-	4
W.N. CENTRAL	479	338	87	32	17	5	15
Des Moines, Iowa	U	U	U	U	U	U	U
Duluth, Minn.	23	17	6	-	-	-	-
Kansas City, Kans.	16	11	4	-	-	1	-
Kansas City, Mo.	78	56	10	8	3	1	2
Lincoln, Nebr.	23	20	2	-	-	1	-
Minneapolis, Minn.	103	70	20	9	2	2	6
Omaha, Nebr.	61	36	19	4	2	-	4
St. Louis, Mo.	85	59	15	7	4	-	-
St. Paul, Minn.	48	39	4	2	3	-	1
Wichita, Kans.	42	30	7	2	3	-	2
S. ATLANTIC	1,062	637	213	138	33	41	50
Atlanta, Ga.	156	87	39	19	8	3	-
Baltimore, Md.	235	132	45	42	6	10	19
Charlotte, N.C.	50	32	10	7	1	-	2
Jacksonville, Fla.	88	62	16	5	1	4	9
Miami, Fla.	78	40	19	10	6	3	-
Norfolk, Va.	39	23	8	6	1	1	2
Richmond, Va.	U	U	U	U	U	U	U
Savannah, Ga.	40	24	8	4	2	2	2
St. Petersburg, Fla.	55	41	7	2	1	4	4
Tampa, Fla.	128	81	24	14	3	6	10
Washington, D.C.	176	101	35	28	4	8	2
Wilmington, Del.	17	14	2	1	-	-	-
E.S. CENTRAL	736	500	139	61	27	9	56
Birmingham, Ala.	108	68	22	13	5	-	4
Chattanooga, Tenn.	64	52	9	-	2	1	6
Knoxville, Tenn.	122	86	19	10	6	1	13
Lexington, Ky.	53	32	13	4	1	3	5
Memphis, Tenn.	222	149	47	16	9	1	12
Mobile, Ala.	57	45	7	5	-	-	1
Montgomery, Ala.	24	18	4	-	1	1	6
Nashville, Tenn.	86	50	18	13	3	2	9
W.S. CENTRAL	890	570	157	91	49	19	59
Austin, Tex.	33	25	2	2	2	2	1
Baton Rouge, La.	16	11	3	2	-	-	1
Corpus Christi, Tex.	23	9	7	3	3	1	1
Dallas, Tex.	117	71	21	16	6	3	6
El Paso, Tex.	91	64	13	6	8	-	9
Ft. Worth, Tex.	59	43	6	7	2	1	7
Houston, Tex.	200	120	48	21	3	7	17
Little Rock, Ark.	40	24	9	4	1	2	4
New Orleans, La.	92	44	9	14	19	3	-
San Antonio, Tex.	104	75	18	8	3	-	6
Shreveport, La.	41	32	4	3	2	-	4
Tulsa, Okla.	74	52	17	5	-	-	3
MOUNTAIN	679	440	136	65	22	16	49
Albuquerque, N.M.	62	37	11	9	3	2	-
Colo. Springs, Colo.	50	34	12	2	2	-	5
Denver, Colo.	74	46	14	9	2	3	6
Las Vegas, Nev.	131	78	28	17	6	2	7
Ogden, Utah	26	18	6	1	1	-	4
Phoenix, Ariz.	131	83	26	12	5	5	15
Pueblo, Colo.	24	18	4	2	-	-	1
Salt Lake City, Utah	79	57	11	9	1	1	6
Tucson, Ariz.	102	69	24	4	2	3	5
PACIFIC	1,240	812	221	139	33	22	92
Berkeley, Calif.	10	8	1	-	1	-	-
Fresno, Calif.	77	49	16	11	1	-	6
Glendale, Calif.	10	5	4	-	-	1	1
Honolulu, Hawaii	65	48	10	1	5	1	4
Long Beach, Calif.	52	35	10	6	-	1	6
Los Angeles, Calif.	324	202	68	35	13	3	7
Pasadena, Calif.	18	15	1	1	1	-	1
Portland, Oreg.	89	56	17	15	1	-	4
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	133	78	23	22	4	6	19
San Francisco, Calif.	116	62	26	12	2	4	14
San Jose, Calif.	129	96	14	13	2	4	15
Santa Cruz, Calif.	21	17	2	2	-	-	5
Seattle, Wash.	99	71	13	13	1	1	3
Spokane, Wash.	38	30	8	-	-	-	2
Tacoma, Wash.	59	40	8	8	2	1	5
TOTAL	10,012¶	6,374	1,889	1,159	354	218	562

*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.

Current Trends

Sexual Behaviors and Drug Use Among Youth in Dropout-Prevention Programs — Miami, 1994

Youth who have dropped out of school have higher frequencies than youth who remain in school of behaviors that increase risk for sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV) infection (*1*). Youth identified as potential dropouts may be likely to take increased risks, but their STD/HIV risk status has not been adequately evaluated. To estimate the prevalence of risk behaviors among potential dropouts, investigators from the University of Miami School of Medicine surveyed students in two Miami dropout-prevention programs (school A and school B) and compared the findings with those from a survey of public school students in Miami. This report summarizes results of the surveys.

Schools A and B are affiliated with the largest nonprofit dropout-prevention organization in the United States, Cities in Schools, Incorporated (CIS). CIS programs serve approximately 97,000 students through 96 local programs in 27 states; CIS prevention programs for high school dropouts include health, social, and vocational services and academic curricula (*2*). The Miami programs are public/private collaborations that provide therapeutic case management, career education, a mentor program, pregnancy prevention, and caseworker home visits. CIS schools serve students who have been referred by the regular public school system because of academic difficulties and/or family or social problems; to become enrolled in the dropout-prevention program, students also must indicate commitments to completing high school.

The CIS schools in Miami differ in location and physical structure: one is freestanding and located in an urban neighborhood, and the other occupies the top floor of a high school building located in a middle class, suburban neighborhood. The student population at school A had a higher median age than that at school B (17 years versus 16 years), a higher percentage of students who were members of a racial/ethnic minority group (94% versus 68%), and a higher percentage who were the first in their family to attend public school in the United States (50% versus 3%).

During March 1993, 1602 students in Miami public schools responded to the Youth Risk Behavior Survey (YRBS) (Dade County Public Schools, unpublished data, 1993); students in the dropout-prevention programs were ineligible to participate in YRBS. However, nine questions from the YRBS were included in a questionnaire administered to students in schools A and B in April 1994. Survey administrators informed students that the purpose of the questionnaire was to assess their risk as part of the evaluation of a planned STD/HIV intervention and that their anonymity would be protected. Of those who attended school on the days the surveys were administered, participation rates were 90.9% (70 of 77) at school A and 97.6% (80 of 82) at school B.* Data for both schools were standardized to the age distribution of YRBS respondents; YRBS data were weighted to adjust for nonresponse.

Although the prevalence of specific risk behaviors varied between the two schools, in general, prevalences were higher among students at schools A and B than among YRBS respondents (Table 1). In particular, students from schools A and B were more likely than YRBS respondents to report ever having had sexual intercourse and to

*Total school enrollments on the day of questionnaire administration were 128 students in school A and 99 students in school B.

Dropout-Prevention Programs — Continued

have been aged <16 years at sexual initiation. Among students reporting ever having had sex, respondents from schools A (33.3%) and B (32.3%) were more likely than YRBS respondents (19.5%) to report two or more partners during the preceding 3 months. When compared with YRBS respondents, students at schools A and B were more likely to have been pregnant or to "have gotten someone pregnant" than YRBS respondents. The prevalence of a report of previous STD or HIV/AIDS diagnosis was higher for school A (29.8%) than for school B (0) and for YRBS respondents (4.4%).

TABLE 1. Percentage of adolescents aged 15–20 years who indicated selected health risks, by school enrollment status — Miami, Youth Risk Behavior Survey (YRBS), 1993, and Cities in Schools, Incorporated (CIS), survey, 1994

	1993 YRBS*		CIS Survey†	
Risk	**(n=1602)**	**(95% CI§)**	**School A (n=77)¶**	**School B (n=82)¶**
Ever had sexual intercourse**	58.8	(51.2–66.5)	87.7	73.5
Age (yrs) at first sexual intercourse				
<12	17.1	(12.1–22.1)	11.7	14.3
12–13	23.9	(21.8–26.0)	15.0	21.9
14–15	37.1	(33.2–41.0)	63.2	50.7
≥16	21.8	(18.8–24.8)	10.0	13.1
Number of sex partners during preceding 3 months				
None	32.9	(30.4–35.4)	35.4	17.9
One	47.4	(42.2–52.6)	25.7	49.8
Two or more	19.5	(13.4–25.6)	33.3	32.3
Used condom at last sexual intercourse**	55.7	(50.6–60.8)	42.7	63.8
Consumed alcohol or drugs before last sexual intercourse	13.5	(10.0–17.0)	33.3	23.4
Been or gotten someone pregnant**				
1 time	5.3	(3.6– 7.0)	23.6	13.5
≥2 times	1.6	(0.8– 2.4)	2.8	1.5
Been told by a doctor or nurse that respondent had a sexually transmitted disease††	4.4	(3.8– 5.1)	29.8	0
Ever injected illegal drugs**	2.2	(1.5– 2.8)	15.3	1.0
Ever been taught about HIV/AIDS†† in school	90.2	(89.0–91.3)	92.0	93.4

*SUDAAN was used to weight Miami YRBS data for nonresponse.
†These percentages represent all consenting students in both CIS schools in Miami. Because these are parameters of a population rather than statistics of a sample, confidence intervals are not necessary.
§Confidence interval.
¶Standardized to the age distribution of the total population participating in the 1993 YRBS.
**School A students reported significantly more risk behavior than School B students ($p<0.05$).
††Human immunodeficiency virus/Acquired immunodeficiency syndrome.

Dropout-Prevention Programs — Continued

More respondents in schools A and B reported using drugs or alcohol before their last sexual intercourse (33.3% and 23.4%, respectively) than did YRBS respondents (13.5%). Among school A students, 15.3% reported ever having injected illegal drugs, compared with 1.0% of school B and 2.2% of YRBS respondents.

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Editorial Note: The findings in this report indicate that students enrolled in two dropout-prevention schools in Miami were, in general, more likely to engage in behaviors that could increase their risk for STDs/HIV infection than were their peers in the community public high school system. These findings are consistent with those from a study of a similar dropout-prevention program in southwestern Texas (*3*).

The findings from this survey are subject to at least two limitations. First, because of the small sizes of the enrollments at schools A and B, the analysis could not adjust for differences in the racial/ethnic distributions of youth in the two dropout-prevention programs. Second, because higher proportions of Miami residents than of the total U.S. population are racial/ethnic minorities or are foreign-born (*4,5*), these findings cannot be generalized nationally. However, regardless of racial/ethnic and other cultural factors, youth at risk for dropping out of school are a particularly inaccessible group for health educators because of high rates of absenteeism and the competing demands of remedial academic curricula. Youth who do drop out of high school are even less accessible by prevention efforts (*6*); an estimated 3 million (12.7%) persons aged 18–24 years surveyed during 1993 had dropped out of high school (*7*).

Based on the findings in Miami, STD/HIV prevention-service providers should consider three strategies for developing appropriate interventions for youth in dropout-prevention programs. First, more intensive STD/HIV-prevention programs should be targeted to students at risk for dropping out of school. Second, risk levels of students in dropout-prevention programs vary and should be assessed; for example, in this report, reported levels of injecting-drug use (IDU) ranged from 1% to 15%, indicating the need for information about reducing IDU-related HIV risk at one school. Third, prevention programming should be tailored to the diverse needs of specific student populations at educational risk and the effectiveness of the tailored approaches should be evaluated. The relation between academic risks and health risks underscores the importance of dropout-prevention efforts and of integrating comprehensive STD/HIV and substance-abuse prevention into educational curricula designed for youth at risk for dropping out of school.

The findings in this report are being used as baseline data to evaluate a peer-led STD/HIV prevention curriculum in Miami. During the 1994–95 school year, school A will offer the peer education activity as a course for credit.

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Emerging Infectious Diseases

Hantavirus Pulmonary Syndrome — Virginia, 1993

Hantavirus pulmonary syndrome (HPS) was first recognized in June 1993 as a result of the investigation of a cluster of fatal cases of adult respiratory distress syndrome (ARDS) in the southwestern United States (*1*). During that month, a 61-year-old man was admitted to a hospital in southern Pennsylvania with ARDS; recent testing of all available specimens from this patient has confirmed the diagnosis of HPS. This report summarizes the case investigation.

When hospitalized on June 28, 1993, the man reported a 4-day history of fever, chills, headache, myalgia, nausea, vomiting, and diarrhea. After admission, he became hypotensive and increasingly short of breath and was transferred to a tertiary-care medical center. Laboratory findings included leukocytosis (white blood cell count 25,300/mm^3), hemoconcentration (hemoglobin of 20.0 g/L), thrombocytopenia (platelet count 65,000/mm^3), and elevated blood urea nitrogen, creatinine (peak value 6.8 μg/dL), prothrombin time, activated partial thromboplastin time, aspartate aminotransferase (peak value 8500 U/L), lactic dehydrogenase, and lipase levels. A chest radiograph indicated bilateral diffuse infiltrates. During his prolonged hospital course, he required respiratory and circulatory support and hemodialysis. He was discharged on July 22, 1993.

An enzyme-linked immunosorbent assay with heterologous antigens performed on serum samples obtained on July 2 and July 20 were highly suspect for hantavirus antibodies. Subsequent retesting of these samples, as well as of an additional sample obtained in September 1994, with Sin Nombre virus (SNV) antigens confirmed the diagnosis of HPS.

In April 1993, the patient had started hiking on the Appalachian Trail northbound from Georgia through North Carolina, Tennessee, Virginia, and West Virginia. From May 13 through June 20, he hiked primarily along the Appalachian Trail in Virginia and reported evidence of mice, including excreta and rodent traps in shelters and bunkhouses.

To further characterize the prevalence of hantavirus in local rodent populations, the offices of Epidemiology and Environmental Health of the Virginia Department of Health, local health departments, the National Park Service, and CDC are conducting rodent trapping.

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Hantavirus Pulmonary Syndrome — Continued

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Editorial Note: This report describes the first known case of HPS in the mid-Atlantic states. The patient's infection probably was acquired along the Appalachian Trail in Virginia, an area within the range of habitation of the primary rodent reservoir of SNV, *Peromyscus maniculatus* (deer mouse). The prodromal illness and respiratory failure are consistent with HPS (*2*); the renal involvement characteristic of Eurasian hemorrhagic fever with renal syndrome (HFRS) has not been typical of HPS. Moderate elevations (>2.5 µg/dL) in serum creatinine have occurred in only 10% of fatal cases of HPS; prominent renal involvement, such as that which occurred in this patient, has been documented only in two cases from the southeastern United States, both of which are believed to have been associated with hantaviruses other than SNV (provisionally named Black Creek Canal virus and Bayou virus) (*3,4*). Thus, the marked liver transaminase elevation in this patient has not been a prominent feature in other cases of HPS, although the prominent liver dysfunction has occurred with HFRS (*5,6*). However, because both renal and hepatic dysfunction can be caused by antecedent hypotension and other factors, additional case investigation is ongoing to clarify the relevance of these findings.

Since June 1993, when HPS was first recognized in the United States, 98 cases have been identified in 21 states. The mean age of case-patients has been 35.1 years (range: 12–69 years), and the case-fatality rate is 52%; 52 (54%) cases have occurred in males. The earliest retrospectively identified case, inferred by a history of a compatible illness and elevated IgG titers detected for SNV, occurred in a 38-year-old man in Utah in 1959.

The findings in this report extend the geographic area for risk of human infection with hantaviruses in the contiguous United States and emphasize the continued importance of minimizing exposure to rodents and their excreta. Persons engaged in outdoor activities such as camping or hiking should take precautions to reduce contact with rodents (*7*). National surveillance for HPS continues to characterize the spectrum of clinical illness associated with SNV and identify additional pathogenic hantaviruses and rodent hosts. Suspected cases of HPS should be reported through local and state health departments for evaluation and investigation.

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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, October 1994 and 1993–1994*

Disease	No. cases, October 1994	Total cases January–October 1993	Total cases January–October 1994	No. cases among children aged <5 years† January–October 1993	No. cases among children aged <5 years† January–October 1994
Congenital rubella syndrome (CRS)	0	**5**	**4**	4	3
Diphtheria	0	**0**	**1**	0	1
Haemophilus influenzae§	82	**1,067**	**957**	321	255
Hepatitis B¶	728	**10,433**	**9,571**	102	95
Measles	9	**291**	**857**	110	199
Mumps	104	**1,358**	**1,179**	229	187
Pertussis	325	**5,220**	**2,895**	3,110	1,647
Poliomyelitis, paralytic**	0	**3**	**1**	1	1
Rubella	1	**169**	**211**	26	22
Tetanus	5	**36**	**31**	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 is vaccine-associated. An additional six suspected cases are under investigation. In 1993, three of 10 suspected cases were confirmed; two of the confirmed cases of 1993 were vaccine-associated and one was imported. The imported case occurred in a 2-year-old Nigerian child brought to the United States for care of his paralytic illness; no poliovirus was isolated from the child.

Alcohol Involvement in Fatal Motor-Vehicle Crashes — United States, 1992–1993

The following figure compares alcohol involvement in fatal motor-vehicle crashes for 1992 and 1993 in the United States. A fatal crash is considered alcohol-related by the National Highway Traffic Safety Administration (NHTSA) if either a driver or nonoccupant (e.g., pedestrian) had a blood alcohol concentration (BAC) of ≥0.01 g/dL in a police-reported traffic crash. Because BACs are not available for all persons in fatal crashes, NHTSA estimates the number of alcohol-related traffic fatalities based on a discriminant analysis (*1*) of information from all crashes for which driver or nonoccupant BAC data are available.

Fatal Motor-Vehicle Crashes — Continued

The number of alcohol-involved fatalities decreased from 1992 to 1993 for most age groups. For BACs of 0.01 g/dL–0.09 g/dL, the overall decrease in alcohol-involved fatalities was 4%; at ≥0.10 g/dL, the legal limit of intoxication in most states, the number of crash fatalities decreased 2%. The increase in fatalities for the nonalcohol-involved crashes probably resulted from a variety of factors, including an increase in the number and changes in the type of vehicle miles traveled (*2*).

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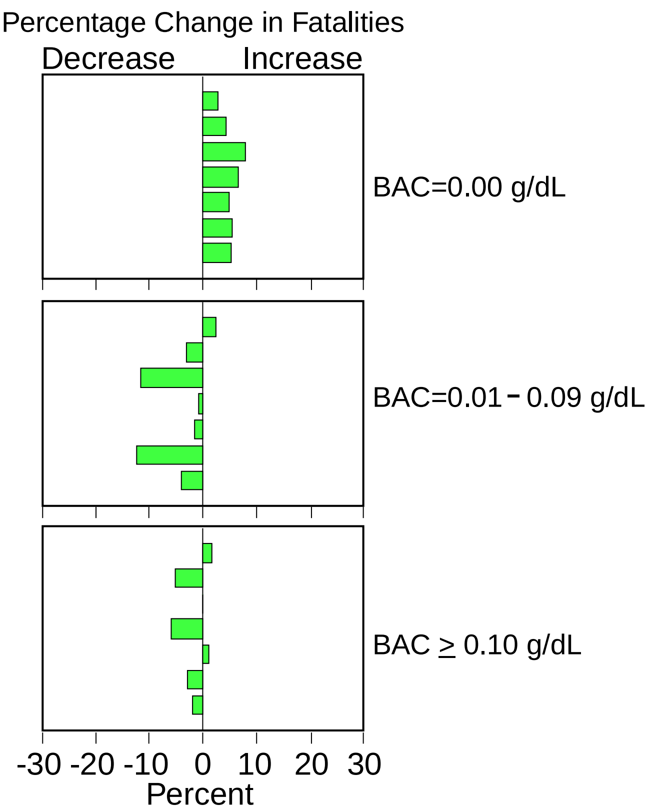
Changes in the number and percentage of traffic fatalities (including drivers, occupants, and nonoccupants) by age and highest blood alcohol concentration (BAC)* of driver† or nonoccupant in crashes — United States, January 1–December 31, 1992, compared with January 1–December 31, 1993

Number of Persons Killed		
Age (Years)	1992	1993
0-14§	2,035	2,100
15-20	3,373	3,541
21-24	1,643	1,790
25-34	2,900	3,113
35-64	6,154	6,492
≥65	5,234	5,552
Total¶	**21,339**	**22,588**
0-14§	206	212
15-20	720	698
21-24	519	457
25-34	788	781
35-64	999	983
≥65	380	334
Total¶	**3,612**	**3,465**
0-14§	418	426
15-20	1,758	1,666
21-24	2,136	2,142
25-34	4,330	4,081
35-64	4,785	4,851
≥65	762	739
Total¶	**14,189**	**13,905**



*BAC distributions are estimates for drivers and nonoccupants involved in fatal crashes. Fatalities include all occupants and nonoccupants who died within 30 days of a motor-vehicle crash on a public roadway and whose age was known.
†Driver may or may not have been killed.
§Although usually too young to drive legally, persons in this age group are included for completeness of the data set.
¶Numbers of drivers and numbers of fatalities are rounded to nearest whole number.

Source: Fatal Accident Reporting System, National Highway Traffic Safety Administration.

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