Gastrointestinal Illness — Continued

toxicity assays, and chemical analyses for toxins. The interagency investigating team seeks to collaborate with groups capable of analyzing suspect burritos and tortillas to identify the etiologic agent. Additional information is available from CDC's Foodborne and Diarrheal Diseases Branch, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, telephone (404) 639-2206.

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Adult Blood Lead Epidemiology and Surveillance — United States, Second and Third Quarters, 1998, and Annual 1994–1997

Chronic lead exposure in adults can damage the cardiovascular, central nervous, renal, reproductive, and hematologic systems. CDC's Adult Blood Lead Epidemiology and Surveillance (ABLES) program monitors laboratory-reported elevated blood lead levels (BLLs) among adults in the United States. During 1998, 27 states* reported surveillance data to ABLES. This report presents prevalence data for elevated BLLs for the second and third quarters of 1998 and compares them with corresponding quarters of 1997, and presents annual prevalence data for elevated BLLs from 1994 through 1997 for each participating state. The findings indicate that of the approximately 20,000 persons tested for blood lead and reported to ABLES each quarter, approximately 4000 BLLs were elevated. The 1994–1997 prevalence rates of elevated BLLs among adults provide a crude comparison of the levels and trends among the 27 states participating in the program.

*Alabama, Arizona, California, Connecticut, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Vermont, Washington, Wisconsin, and Wyoming.

ABLES — Continued

ABLES defines an adult as a person aged ≥16 years and an elevated BLL in an adult as ≥25 μg/dL, although BLL reporting thresholds vary among the states. Persons with duplicate BLL tests are included once per quarter and once per year at the highest BLL for that person. Denominators for calculating prevalence during 1994–1997 are the population figures (aged 16–64 years) of the individual participating states (*1*). An upper age cutoff of 64 years is used because 90%–95% of adult lead exposures occur at work. Not all of the current 27 ABLES states reported data over the entire period from 1994 through 1997.

Second Quarter, 1998

During April 1–June 30, 1998, of the 20,212 adults for whom BLLs were reported by the states, 3727 (18%) had levels ≥25 μg/dL, a 14% decrease compared with the 4335 reported for the second quarter of 1997 (*2*) and a 12% decrease compared with the 4243 reported for the first quarter of 1998 (*3*) (Figure 1). Of the 3727, 182 (5%) were reported with BLLs ≥50 μg/dL (the Occupational Safety and Health Administration [OSHA] level for medical removal from the workplace [*4*]), an 8% decrease compared with 197 reported for the second quarter of 1997 (*2*) and a 4% increase compared with 175 reported for the first quarter of 1998 (*3*).

Third Quarter, 1998

During July 1–September 30, 1998, of the 20,511 adults for whom BLLs were reported by the participating states, 3322 (16%) had BLLs ≥25 μg/dL**,** a 21% decrease compared with 4180 persons reported for the third quarter of 1997 (*5*) and an 11% decrease compared with 3727 reported for the second quarter of 1998 (Figure 1). Of the 3322, 182 (6%) were reported with BLLs ≥50 μg/dL, a 13% decrease compared with 209 reported for the third quarter of 1997 (*5*) and an equal number compared with the second quarter of 1998.

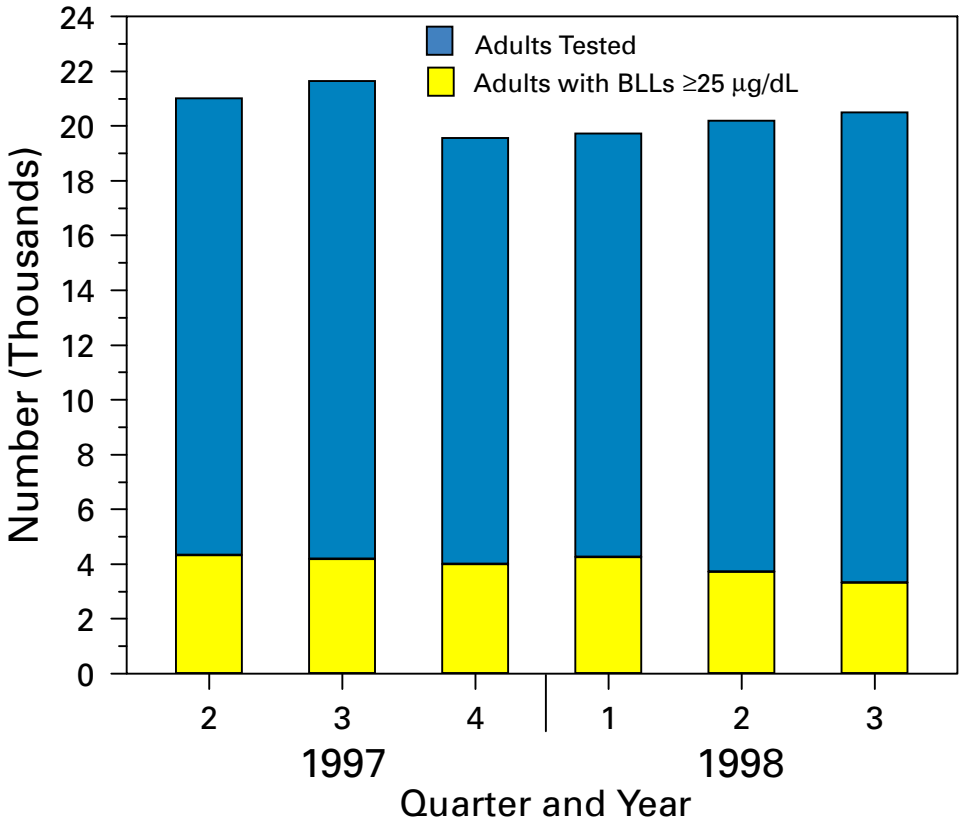
Annual ABLES Prevalence, 1994–1997

The prevalence of adults with BLLs ≥25 μg/dL per million adults aged 16–64 years varied among the participating states for 1994 through 1997 (Figure 2). These rates ranged from 15 per million for Arizona (1994) to 442 per million for Pennsylvania (1997). Michigan, New Mexico, Rhode Island, and Wyoming began reporting in 1997; Ohio and Minnesota began reporting in 1996; and Illinois last reported in 1996.

Reported by: JP Lofgren, MD, Alabama Dept of Public Health. K Schaller, Arizona Dept of Health Svcs. S Payne, MA, Occupational Lead Poisoning Prevention Program, California Dept of Health Svcs. BC Jung, MPH, Div of Environmental Epidemiology and Occupational Health, Connecticut Dept of Public Health. R Gergely, Iowa Dept of Public Health. W Davis, MPA, Occupational Health Program, Bur of Health, Maine Dept of Human Svcs. E Keyvan-Larijani, MD, Lead Poisoning Prevention Program, Maryland Dept of Environment. R Rabin, MSPH, Div of Occupational Safety, Massachusetts Dept of Labor and Workforce Development. A Allemier, Dept of Medicine, Michigan State Univ, East Lansing. M Falken, PhD, Minnesota Dept of Health. C DeLaurier, 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 Prophet, PhD, New Mexico Dept of Health. R Stone, PhD, New York State Dept of Health. S Randolph, MSN, North Carolina Dept of Health and Human Svcs. A Migliozzi, MSN, Bur of Health Risk Reduction, Ohio Dept of Health. E Rhoades, MD, Oklahoma State Dept of Health. A Sandoval, MS, State Health Div, Oregon Dept of Human Resources. J Gostin, MS, Occupational Health Program, Div of Environmental Health, Pennsylvania Dept of Health. M Stoeckel, MPH, Rhode Island Dept of Health. A Gardner-Hillian, Div of Health Hazard Evaluations, South Carolina Dept of Health and Environmental Control. D Salzman, MPH, Bur of Epidemiology, Texas Dept of Health. W Ball,

ABLES — Continued

FIGURE 1. Total number of adults* tested† and whose blood lead levels (BLLs) were ≥25 µg/dL, by quarter — 27 states participating in Adult Blood Lead Epidemiology and Surveillance,§ 1997–1998



*Persons aged 16–64 years, categorized according to the highest reported BLL for that person during the given quarter. Data for the second and third quarters of 1998 were not available for New Mexico; the corresponding 1997 quarters were used as estimates.

†The reporting threshold varies among the participating states; the value includes persons with BLLs <25 µg/dL. However, the following states do not report persons with BLLs <25 µg/dL: Maryland, Massachusetts, New Jersey, North Carolina, and Oregon.

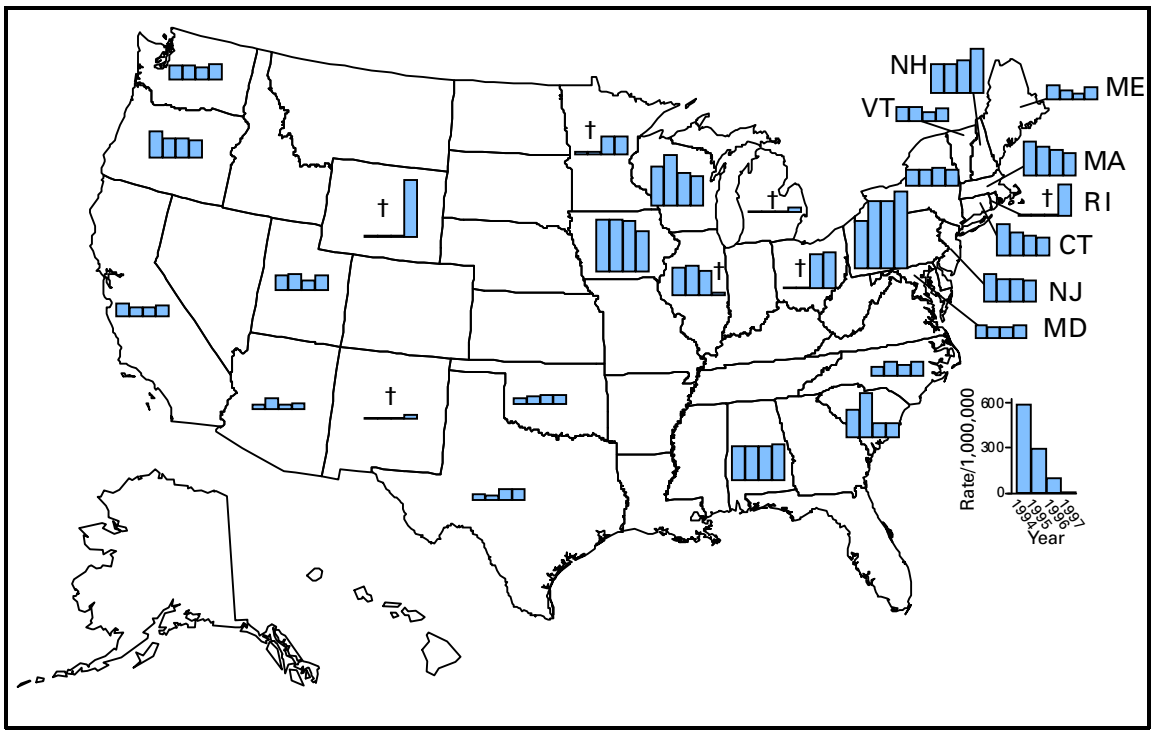
§Alabama, Arizona, California, Connecticut, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Vermont, Washington, Wisconsin, and Wyoming.

PhD, Bur of Epidemiology, Utah Dept of Health. L Toof, Div of Epidemiology and Health Promotion, Vermont Dept of Health. P Rajaraman, MS, Washington State Dept of Labor and Industries. J Tierney, Wisconsin Dept of Health and Family Svcs. T Klietz, Wyoming Dept of Health. Div of Surveillance, Hazard Evaluations, and Field Studies, National Institute for Occupational Safety and Health, CDC.

Editorial Note: The symptoms of adult lead poisoning include fatigue, irritability, insomnia, and headaches. Occupations known to expose workers to lead include radiator repair, battery manufacture and recycling, smelting, and construction or remodeling involving lead-based paint. Lead exposure can be prevented by engineering controls, good housekeeping, personal protective equipment, and fastidious hy-

ABLES — Continued

FIGURE 2. Prevalence of blood lead levels ≥25 µg/dL among adults*, reported by states participating in Adult Blood Lead Epidemiology and Surveillance — United States, 1994–1997



*Per 1 million adults aged 16–64 years.
†Minnesota and Ohio began reporting in 1996. Illinois last reported in 1996. Michigan, New Mexico, Rhode Island, and Wyoming reported for the first time in 1997. ABLES program data are known to be underreported. These data represent the level of functioning of the various state ABLES programs, but do not necessarily represent a true picture of workplace lead exposure in individual states.

giene. Medical removal from a lead-exposed job is required by OSHA when a workers' BLL is ≥50 µg/dL.

Second quarter data for 1997 through the first quarter of 1998 indicate that the number of persons with BLLs ≥25 µg/dL reported by participating states was approximately 4000 per quarter. An apparent decrease in the number of persons with BLLs ≥25 µg/dL occurred in both the second and third quarters of 1998. Furthermore, the testing level has remained relatively constant, indicating that the decrease probably is not caused by the performance of fewer BLL tests. However, amendments to previous quarterly reports are likely to occur when fourth quarter reports are received. These amendments occur because ABLES is concerned with the diagnosis date of the blood lead laboratory report and not the date the laboratory result was received by the state health department. Therefore, additional data collected through ABLES are needed to interpret the current quarterly data and their implications for projecting trends.

State-specific prevalences presented in this report may not accurately reflect workplace lead exposures because not all employers tested lead-exposed employees for elevated BLLs and not all laboratories reported results. For example, data from the

(Continued on page 223)

ABLES — Continued

National Health and Nutrition Examination Survey (NHANES III, 1988–1991) (*6,7*) predicted approximately 700,000 adults with BLLs ≥25 μg/dL in the entire United States; ABLES data, adjusted for a national estimate, predicted approximately 18,000 persons with BLLs ≥25 μg/dL in 1994. In addition, the denominators for the prevalence rates are the respective state populations aged 16–64 years, but the percentage of working persons in this age group who were reported to be exposed to lead is unknown and varies from state to state.

All ABLES data are subject to certain limitations and, as with state-specific prevalence data, may not convey a true picture of workplace lead exposure. Variation in the number of persons with BLLs ≥25 μg/dL reported quarterly and annually to ABLES may reflect changes in 1) the year-to-year efforts of participating states and lead-using industries within them to identify lead-exposed workers and to prevent new exposures; 2) occupational exposures to lead; 3) compliance with OSHA requirements regarding blood lead monitoring; and 4) workforce size in lead-using industries. Variations in quarterly and annual nationwide reporting totals might represent normal fluctuations in case reporting, which might result from changes in staffing and funding in state-based surveillance programs, interstate differences in worker BLL testing by lead-using industries, or random variations. Individual state contributors must be consulted for accurate interpretations of state-specific prevalences and trends.

The findings in this report document the continuing hazard of lead exposure as an occupational health problem in the United States. ABLES enhances surveillance for this preventable condition by increasing the number of participating states, exploring ways to increase the usefulness of reporting, and alerting the public to potential new sources of lead.

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Contributors to the Production of the *MMWR* (Weekly)
Weekly Notifiable Disease Morbidity Data and 122 Cities Mortality Data

Samuel L. Groseclose, D.V.M., M.P.H.

State Support Team
Robert Fagan
Scott Connolly
Gerald Jones
David Nitschke
Carol A. Worsham

CDC Operations Team
Carol M. Knowles
Deborah A. Adams
Willie J. Anderson
Patsy A. Hall
Amy K. Henion

CDC
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World Health Day — April 7, 1999

"Healthy Aging, Healthy Living—Start Now!" is the theme in the United States for World Health Day, April 7, 1999. This day will focus on the health issues of older adults. In the United States, the proportion of adults aged ≥65 years has tripled since 1900. During this same period, U.S. residents aged ≥85 years have increased 31-fold. By 2030, when the last of the "baby-boom" generation reaches age 65 years, adults aged ≥65 years will account for 20% of the U.S. population (*1*).

Increased longevity reflects successes achieved by public health and medical care during the 20th century. Although the aging population poses substantial challenges, older persons can improve their quality of life substantially and delay disability by following healthful lifestyle strategies (*2,3*). Healthful lifestyle choices (e.g., regular physical activity, good nutrition, and avoidance of smoking and overuse of alcohol) are more important than genetic factors in contributing to healthy aging (*2*). These choices can help aging persons avoid deterioration and dependency. Moreover, it is almost never too late to adopt healthful lifestyle habits.

The United Nations has proclaimed October 1, 1998–December 31, 1999, as the International Year of Older Persons (IYOP). Federal agencies are working together to sponsor IYOP activities. CDC will publish a special *MMWR* Surveillance Summary during 1999 describing the critical public health issues facing older adults in the United States.

The World Health Day Advisory Committee coordinates World Health Day activities in the United States. Additional information about special events and resource materials about World Health Day 1999 is available from the American Association for World Health, 1825 K Street, N.W., Suite 1208, Washington, DC 20006; telephone (202) 466-5883; e-mail: AAWHstaff@aol.com; or from the World-Wide Web, <http://www.aawhworldhealth.org>.

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