Current Trends

Adult Blood Lead Epidemiology and Surveillance — United States, Third Quarter, 1992

In September 1992, CDC's National Institute for Occupational Safety and Health (NIOSH) began quarterly reporting of adult elevated blood lead level (BLL) data from state-based surveillance programs. To support these efforts, NIOSH has established the Adult Blood Lead Epidemiology and Surveillance (ABLES) program.

In the previous report, 12 states* provided summary data on elevated BLLs (≥25 μg/dL of whole blood) (*1*). In this report, five additional states (Colorado, Michigan, New Hampshire, South Carolina, and Utah) have contributed to the surveillance effort, bringing to 17 the total number of states participating in quarterly reporting (Table 1). Twenty-one states collect BLL information on adults, and five states are developing the capacity to do so.

NIOSH surveillance research recently identified excessive lead exposures in the construction industry among bridge workers (*2,3*), workers conducting home paint removal (*4*), and workers performing paint removal on commercial superstructures such as water tanks (*5*). In October 1992, the U.S. Department of Labor was directed by Congress to issue an interim final regulation covering occupational exposures to lead in the construction industry†; this interim standard is to be published in April 1993. In addition to setting standards for construction workers, the regulation directs the U.S. Environmental Protection Agency, the U.S. Department of Housing and Urban Development, CDC, and other federal agencies to ensure that workers engaged in lead paint removal are properly trained and that contractors engaged in such activities are certified.

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*Alabama, California, Connecticut, Illinois, Iowa, Maryland, Massachusetts, New Jersey, New York, Oregon, Texas, and Wisconsin.

†Housing and Community Development Act, Title X, Residential Lead-Based Paint Hazard Reduction Act (Public Law 102-550).

TABLE 1. Number of reports of elevated blood lead levels (BLLs) in adults — 17 states,* third quarter, 1992

Reported BLL (μg/dL)	Third quarter, 1992	Cumulative, 1992	Cumulative, 1991†
25–39	3,048	9,384	—
40–49	709	2,245	—
50–59	234	614	—
≥60	128	319	—
Total	**4,119**	**12,562**	**13,290**

*Alabama, California, Colorado, Connecticut, Illinois, Iowa, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Oregon, South Carolina, Texas, Utah, and Wisconsin.
†Data stratified by BLL not available for 1991. Cumulative through third quarter, 1991.

Adult Blood Lead Epidemiology and Surveillance — Continued

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Epidemiologic Notes and Reports

Preliminary Report: Foodborne Outbreak of *Escherichia coli* O157:H7 Infections from Hamburgers — Western United States, 1993

During January 1–29, 1993, 230 persons with culture-confirmed infection with *Escherichia coli* O157:H7 resulting in bloody diarrhea and, in some cases, hemolytic uremic syndrome (HUS) were reported in the state of Washington. Culture results are pending for 80 others with similar illnesses. Preliminary investigations by public health agencies linked cases to consumption of hamburgers from one fast-food restaurant chain. *E. coli* O157:H7 has been isolated from epidemiologically implicated lots of ground beef; an interstate recall was initiated by the restaurant on January 18. Meat from the same lots of ground beef had been distributed to at least three other western states in which increased numbers of cases of bloody diarrhea have been reported. CDC, the U.S. Department of Agriculture, state and county health departments, and state agriculture investigators are investigating whether cases of bloody diarrhea in the other states are linked to consumption of meat from the same lots of ground beef and are determining the possible sources of the contaminated meat.

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CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

February 5, 1993 / Vol. 42 / No. 4

MMWR
MORBIDITY AND MORTALITY WEEKLY REPORT

International Notes

Emergency Public Health Surveillance in Response to Food and Energy Shortages — Armenia, 1992

Living conditions in Armenia have deteriorated since 1988 as a result of an economic blockade related to a territorial conflict between Armenia and a neighboring country. The effects of this blockade—a drastic reduction in available food, heating fuel, gasoline, electricity, health services, drugs, and vaccines—have placed residents of Armenia at increased risk for morbidity and mortality from nutritional deficiencies, infectious diseases, and hypothermia. To assess and monitor the current health and nutritional status of residents of Armenia, the Armenian National Institute of Health, the U.S. Agency for International Development (USAID), and CDC have developed the Emergency Public Health Information Surveillance System (EPHISS). This report summarizes preliminary results for 1992.

Although existing data collection systems maintained by the Ministry of Health (MOH) of Armenia monitor many health indicators, these systems do not monitor nutritional status or market indicators that might serve as early warning signs of food shortages. The EPHISS was designed to retrospectively and prospectively monitor these indicators.

EPHISS staff collected anthropometric (i.e., height and weight) data from medical records for children born in July and August of 1990, 1991, and 1992 from selected pediatric clinics in the capital, Yerevan. The comparison of data from each of these years in two pilot clinics indicated that the nutritional status of infants and young children had deteriorated: the prevalence of wasting (weight-for-height <2 standard deviations below the median of CDC's National Center for Health Statistics/World Health Organization growth reference) was 5.3% during the last half of 1992, compared with less than 1% during the previous 2 years (*1*).

To assess food security among elderly pensioners living on a fixed income, EPHISS staff repeated a nutritional needs survey in December for comparison with results obtained in a similar survey in April 1992 (*2*). Among the elderly, 308 (89%) of 347 pensioners surveyed reported having insufficient money to buy food; 291 (84%), insuf-