

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.

References

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3. CDC. Outbreaks of *Salmonella enteritidis* gastroenteritis—California, 1993. MMWR 1993; 42:793-7.
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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 ($\mu\text{g}/\text{dL}$)	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 $\mu\text{g}/\text{dL}$) because one large industrialized state reports only numbers of persons on a quarterly basis and compiles overall numbers of reports only annually (Table 1).

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MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

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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)