

Follow-up on Mount St. Helens

First analyses of settled volcanic dust collected in Washington State have been completed at the National Institute for Occupational Safety and Health (NIOSH) in Cincinnati. No significant elevations for any of 30 trace metals tested have been found.

On May 18 and 19, Region X of the Environmental Protection Agency reported that levels of total suspended particulates in the air ranged as high as 30,000-35,000 $\mu\text{g}/\text{m}^3$ in the most heavily affected areas—levels which could potentially cause respiratory disease in the general population.

Preliminary NIOSH analyses have confirmed the presence of cristobalite at a concentration of 4%-6% of the total ash. Cristobalite is 1 of the 3 most common crystalline forms of free silica encountered in industry. Silicosis is an industrial disease that follows prolonged inhalation of free (crystalline) silica (chemical structure SiO_2). At this low level of cristobalite in the ash, the potential for silicosis needs to be evaluated in workers who breathe high concentrations of fine particles of this ash for prolonged periods.

NIOSH has sent a team of industrial hygienists to the area to assist in the measurement of personal dust exposures of municipal workers; NIOSH will also identify other occupational groups with the potential of high exposure to assess possible health effects. It is not likely that the general population is at risk of silicosis from exposure to the above level of crystalline silica. However, given the high levels of total suspended particulates in the air, the uncertainty about future activity of the volcano and the persistence of ash, and the preliminary nature of these results, CDC will continue to expand surveillance of the population.

To date, 21 hospitals in the CDC surveillance network—all in areas with volcanic ash fallout—have completed reporting on the number of emergency-room visits for the period May 11-24, 1980. In this surveillance area, the Moses Lake, Washington, area has been affected most by the eruptions; thus, the 3 hospitals in that area are reported separately from the others in Washington State (Table 1).

The first volcanic eruption was on May 18. In the Moses Lake area, emergency-room visits increased 34.2% during the week after the eruption compared with the previous week; total hospital admissions increased by 5.5% during this time. A CDC team has

TABLE 1. Percent change in hospital emergency-room visits in 21 selected hospitals, Washington, Idaho, Montana, May 11-17 and May 18-24, 1980

| Week | Moses Lake Area, Washington | Washington (other) | Idaho | Montana |
|----------------|--------------------------------|-----------------------|-------|---------|
| May 11-17 | 389 | 2,179 | 670 | 2,050 |
| May 18-24 | 522 | 2,237 | 690 | 2,215 |
| Percent change | +34.2 | +2.7 | -9.1 | +8.0 |

The Morbidity and Mortality Weekly Report, circulation 88,700, is published by the Center for Disease Control, Atlanta, Georgia. The data in this report are provisional, based on weekly telegrams 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.

The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Send reports to: Center for Disease Control, Attn: Editor, Morbidity and Mortality Weekly Report, Atlanta, Georgia 30333.

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Mount St. Helens — Continued

departed for Moses Lake to review hospital and emergency-room records and to conduct a field survey of approximately 200 families and exposed workers to collect additional information on potential health problems.

Efforts are also under way to identify high-risk groups in the population, such as those with chronic respiratory disorders, for further evaluation.

Reported by J Allard, PhD, JA Beare, MD, Washington State Dept of Social and Health Services; NIOSH, Chronic Diseases Div, Field Services Div, Bur of Epidemiology, Tuberculosis Control Div, Bur of State Services, CDC.

Erratum in New Textbook

There is a potentially serious typographical error in *Principles and Practice of Infectious Diseases* (John Wiley and Sons, New York, 1979). Table 4, Page 2107 should state that intravenous quinine for malaria is to be given over 60 minutes, not 6 minutes, as stated. The corresponding text is correct. This correction is being published at the request of the editors of the book, Gerald L. Mandell, M.D., (Charlottesville, Virginia), R.G. Douglas, M.D., (Rochester, New York), and J.E. Bennett, M.D., (Bethesda, Maryland). Correspondence should be addressed to Dr. Mandell at the Division of Infectious Disease, Box 385, University of Virginia School of Medicine, Charlottesville, Virginia 22908.

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Epidemiologic Notes and Reports

Effects of Restricting Federal Funds for Abortion — Texas

In August 1977, federal funds for legally induced abortion for Title XIX (Medicaid)- and Title XX-eligible women were restricted. Texas became 1 of the 31 states that subsequently withdrew the use of state funds to finance legally induced abortion. Recently the Texas State Department of Health attempted to measure the impact of that decision in 4 ways.

The first method was to review in detail all abortion-related deaths occurring in Texas from 1975 through 1979. Since the restriction, 1 Medicaid-eligible woman in Texas died from septic complications of an illegal abortion (1,2). She had previously obtained 2 legally induced abortion procedures funded by Medicaid. This death occurred along the Texas-Mexican border, an area associated with higher reported rates of complications after illegal abortion (3).

Secondly, in a large metropolitan area of Texas, a review was undertaken of 600 consecutive hospital charts of women with abortion-related complications that caused them to seek emergency medical care. The chart review revealed no increase after the restriction, compared to the time interval before the restriction, in either the number or proportion of Medicaid- or Title XX-eligible women admitted for abortion complications. If a large proportion of women were resorting to illegal abortion, such complications would be expected to increase.

A third approach to measure the impact of the restriction was an attempt to estimate the number of legally induced abortions among Medicaid-eligible women which were not obtained because of the restriction. A model developed by Princeton University's Office of Population Research was used to examine the proportion of pregnancies among such women that were terminated by abortion before and after the restriction of public funds (4). The expected number of abortions for 1978 was derived by applying the proportion of pregnancies that were terminated by abortion within a 6-month interval in 1976 to the number of pregnancies in the corresponding 6-month interval in 1978. Based on these projections, an estimated 35% of pregnant Medicaid-eligible women who would have obtained a publicly funded, legally induced abortion before the funding restriction, did not obtain one afterwards.

Finally, continuation of pregnancy to term was assessed by comparing the fertility rate among Medicaid-eligible women, before and after the restriction, to the fertility rate among women not eligible for Medicaid in Texas. The fertility rate for the latter group increased 1.6% from 1976 to 1977 and 0.6% from 1977 to 1978. On the other hand, the fertility rate among Medicaid-eligible women increased 4.2% and 12.0% during the same periods, an increase consistent with the estimated percentage of pregnant Medicaid women not obtaining an induced abortion.