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Workers' Memorial Day, April 28, 2004

On April 28, Workers' Memorial Day, the United States will join the international labor community in remembering those workers who have died or been injured on the job. On an average day in the United States, as a result of work-related injuries or illnesses, nearly 11,000 workers are treated in emergency departments, and approximately 200 of these workers are hospitalized (*1*). An estimated 7,000 private-sector workers require time away from their jobs (*2*), 15 workers die from their injuries (*3*), and 134 die from work-related diseases (*4*). The emotional, economic, and social costs of these injuries and illnesses are immense. In 2001, workers' compensation costs for employers alone totaled $64 billion (*5*).

Workers' Memorial Day also will commemorate the 33rd anniversary of the signing of the U.S. Occupational Safety and Health Act, which created the National Institute for Occupational Safety and Health within CDC and the Occupational Safety and Health Administration within the U.S. Department of Labor to lead the effort to create safer workplaces. Additional information about workplace safety is available at http://www.cdc.gov/niosh/homepage.html or telephone, 800-356-4674.

References

1. CDC. Work-Related Injury Statistics Query System. Available at http://www2a.cdc.gov/risqs.
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4. Steenland K, Burnett C, Lalich N, Ward E, Hurrel J. Dying for work: the magnitude of US mortality from selected causes of death associated with occupation. Am J Ind Med 2003;43:461–82.
5. National Academy of Social Insurance. Workers' Compensation: Benefits, Coverages, and Costs, 2001. Available at http://www.nasi.org/usr_doc/workers_comp_report_2001_final.pdf.

Occupational Fatalities During Trenching and Excavation Work — United States, 1992–2001

Fatalities associated with trench collapses and other excavation hazards continue to occur despite Occupational Safety and Health Administration (OSHA) standards that specify safe work practices to reduce such hazards to workers (*1*). To assess the hazards of trenching and excavation work in the United States, CDC reviewed data from national occupational fatality records and investigative reports of fatal injuries. This report summarizes the results of that analysis, which indicated that 76% of the deaths were caused by cave-ins and 47% of the deaths occurred among employees of companies with ≤10 workers. Employers can reduce the risk for future deaths by adhering to OSHA standards and by using education and training resources on safe excavation and trenching practices offered by the National Institute for Occupational Safety and Health (NIOSH), OSHA, and labor and trade organizations.

CDC reviewed data for 1992–2001 (the most recent data available to CDC) from the Census of Fatal Occupational Injuries (CFOI) maintained by the Bureau of Labor Statistics (BLS) and reviewed reports from the NIOSH Fatality

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National Stroke Awareness Month — May 2004

May is National Stroke Awareness Month. During 2004, an estimated 700,000 persons in the United States will have a stroke; of these, approximately 160,000 (23%) will die. Nearly half of stroke deaths will occur before patients are transported to hospitals, and 15%–30% of stroke survivors will be disabled permanently (*1*).

Recognition of the warning signs for stroke and immediate calls for emergency medical care are critical first steps toward obtaining appropriate emergency treatment that might prevent death and disability. The five major warning signs of stroke are 1) sudden confusion, trouble speaking or understanding; 2) sudden numbness or weakness of the face, arm, or leg, especially on one side of the body; 3) sudden trouble seeing in one or both eyes; 4) sudden trouble walking, dizziness, or loss of balance or coordination; and 5) sudden, severe headache with no known cause (*1*). In 2001, only 17% of adults recognized all five major signs of stroke and also knew to call 911 for medical assistance. Education campaigns are needed to increase public awareness of the early signs of stroke.

CDC supports programs that emphasize multiple strategies for targeting stroke prevention and for ensuring patients receive quality care. In 2004, CDC also will support stroke-care registries in several states to monitor and enhance improvements in the quality of care for stroke.

Additional information about stroke prevention and the national stroke registry is available at http://www.cdc.gov/cvh. Information about stroke is available at http://www.strokeassociation.org, http://www.stroke.org, and http://www.ninds.nih.gov.

Reference

1. American Heart Association. Heart disease and stroke statistics—2004 update. Dallas, Texas: American Heart Association, 2003. Available at http://www.americanheart.org.

Awareness of Stroke Warning Signs — 17 States and the U.S. Virgin Islands, 2001

Stroke is the third leading cause of death in the United States (*1*) and a major cause of disabilities among adults (*2*). Since 1900, the number of stroke deaths has declined (*3*), and substantial advances have been made in the diagnosis and treatment of ischemic stroke during the previous decade (*4*); however, the proportion of deaths that occur before patients are transported to hospitals has increased to nearly half of all stroke deaths (*5*). One of the national health objectives for 2010 is to increase the proportion of persons who are aware of the early warning symptoms and signs of stroke (objective no. 12.8) (*6*). To assess public awareness and knowledge of the proper emergency response, CDC analyzed 2001 data from the Behavioral Risk Factor Surveillance System (BRFSS) in 17 states* and the U.S. Virgin Islands (USVI). This report summarizes the results of that analysis, which indicated that public awareness of several stroke signs is high, but the ability to recognize the five major warning signs† is low. Education campaigns are needed to increase public awareness of stroke signs and the necessity of calling 911 when persons are suffering a possible stroke.

* Alabama, Arkansas, Colorado, Connecticut, Hawaii, Louisiana, Maine, Minnesota, Montana, Ohio, South Carolina, Tennessee, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

† Sudden confusion, trouble speaking or understanding; sudden numbness or weakness of the face, arm, or leg, especially on one side of the body; sudden trouble seeing in one or both eyes; sudden trouble walking, dizziness, or loss of balance or coordination; and sudden, severe headache with no known cause.

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Many children do not meet the clinical diagnosis for FAS but experience neurodevelopmental deficits, growth problems, and selected birth defects as a result of prenatal alcohol exposure. Various terms have been used to describe these conditions. Recently, a panel sponsored by the National Organization on FAS (NOFAS) met to reach consensus on the definition of Fetal Alcohol Spectrum Disorders (FASD). Panel participants included representatives from key U.S. federal agencies and Health Canada. FASD is an umbrella term describing the range of effects that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis.

The U.S. Preventive Services Task Force recently released a report calling for the use of screening and behavioral counseling interventions to reduce alcohol misuse among adults, including pregnant women, in primary care settings (*1*). Implementation of such evidence-based programs targeting women of childbearing age is a public health imperative for preventing prenatal alcohol exposure. Additional information is available from CDC at http://www.cdc.gov/ncbddd/fas, the National Institute on Alcohol Abuse and Alcoholism at http://www.niaaa.nih.gov, the Substance Abuse and Mental Health Services Administration at http://www.samhsa.gov, and NOFAS at http://www.nofas.org.

Reference

1. U.S. Preventive Services Task Force. Screening and behavioral counseling interventions in primary care to reduce alcohol misuse: recommendations statement. Ann Intern Med 2004;140:554–6.

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In the report, "Workers' Memorial Day, April 28, 2004," the description of the establishment of the National Institute for Occupational Safety and Health (NIOSH) was inaccurate. NIOSH was created in 1970 within the U.S. Department of Health and Human Services (then the U.S. Department of Health, Education, and Welfare). NIOSH became part of CDC in 1973.