the teenage population. Overall, rates were higher in states with higher proportions of Hispanic and/or black teenagers. For example, rates were higher in states in the South and Southwest with proportionately higher Hispanic and black populations. The state-specific data in this report were not adjusted for these compositional differences because the race-/ethnicity-specific data are not available for 1995.

Although birth rates for teenagers were substantially higher during the early 1970s than during recent years, most teenagers giving birth during the earlier period were married; most of those giving birth during more recent periods were unmarried.[1,2,4] The sustained increases in the percentage of births to unmarried teenagers slowed during the early 1990s.

Findings from the 1995 National Survey of Family Growth suggest two trends have contributed to the declines in teenage birth (and pregnancy) rates. First, the long-term increase in the proportion of teenaged women who were sexually experienced leveled after having increased during 1982-1990 (from 47% to 55%). In addition, among sexually experienced teenagers who used any method of contraception, condom use increased substantially.[3]

Recognition of the consequences of teenage pregnancy has prompted initiatives to reduce teenage pregnancy in state and local jurisdictions. Although a variety of programs have been developed to reduce the incidence of teenage pregnancy, only a limited number have been rigorously evaluated,[9] and no single approach has been identified. Instead, states and local jurisdictions are being encouraged to consider a wide variety of approaches and strategies for preventing teenage pregnancy. The U.S. Department of Health and Human Services (DHHS) is coordinating and supporting an intensive multifaceted strategy to reduce teenage pregnancy.[10] Basic elements of this strategy include increasing opportunities through welfare reform (e.g., provisions promoting personal responsibility for minor parents, abstinence education, incentives for states that reduce out-of-wedlock childbearing, and strict enforcement of child support laws); supporting approaches tailored to the unique needs of individual communities (e.g., DHHS' Community Coalition Partnership Program for the Prevention of Teen Pregnancy and the Adolescent Family Life Program); building partnerships among concerned citizens from all sectors of society; sharing information about promising and successful approaches in teenage pregnancy-prevention programs; and improving data collection, research, and evaluation.

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*State-specific rates for teenagers aged less than 15 years are excluded from this analysis because the numbers of births were too small to compute reliable rates for many states.

Use of Rollover Protective Structures—Iowa, Kentucky, New York, and Ohio, 1992-1997

MMWR. 1997;46:842-845
2 tables omitted

AGRICULTURE HAS one of the highest occupational fatality rates of all industries in the United States.[1] Tractors and other types of agricultural equipment account for a large proportion of these fatalities, and farm-tractor rollovers account for approximately 130 work-related deaths each year in the United States.[2] Although rollover protective structures (ROPS) are effective in protecting tractor operators from fatal injuries during rollovers,[3-5] most tractors in the United States are not equipped with ROPS.[4-7] Beginning in 1985, tractor manufacturers in the United Sates agreed to sell only tractors with ROPS; however, many older tractors without ROPS remain in use. To determine the prevalence of the use of ROPS, beginning in 1992, the Farm Family Health and Hazard Surveillance (FFHHS) program* collected state-based data on tractor age and use of ROPS from selected states. As of August 1997, four states had completed collection and analysis of data on farm tractors. This report summarizes the results of that survey, which indicates that 80%-90% of tractors in use in the four states were manufactured before 1985 and that less than 40% are equipped with ROPS.

FFHHS included population-based, cross-sectional surveys of health conditions and exposures to workplace hazards among farmers in six states (California, Colorado, Iowa, Kentucky, New York, and Ohio). For this report, data from four of these states were analyzed, including use of ROPS (Iowa, Kentucky, New York, and Ohio), year of tractor manufacture (Iowa, Kentucky, and Ohio), and the mean annual usage for these tractors (Iowa). The design of the surveys varied slightly from state to state. ROPS data were collected through a combination of telephone interviews (Iowa and Kentucky) and/or on-farm observational walkthroughs (Kentucky, New York, and Ohio).

Sampling frames varied by state and included all farms in the respective geographic study areas (Iowa and New York), only farms operated by farmers aged greater than or equal to 55 years (Kentucky), and only cash grain farms (Ohio). The surveys were designed to provide prevalence estimates either for a specific geographic area within the state (New York and Ohio) or statewide (Iowa and Kentucky). State-specific prevalence estimates were based on numbers of sampled farms and tractors: Iowa—344 farms, 1128 tractors; Kentucky—149 farms, 282 tractors; New

York—580 farms, 2513 tractors; and Ohio—315 farms, 919 tractors.

The proportions of tractors with ROPS varied inversely with the age of the tractors, and the numbers of older tractors in use at the time of the survey were substantial. Overall, the percentage of tractors equipped with ROPS was greatest in Iowa (39.5%) followed by New York (38.6%), Ohio (34.3%), and Kentucky (26.9%). The percentage of tractors manufactured since 1985 that were equipped with ROPS ranged from 79.7% (Kentucky) to 91.5% (Ohio). However, among tractors manufactured during 1955-1964 (approximately 15% of all tractors), less than 5% were equipped with ROPS, and among tractors manufactured before 1955 (approximately 13% of tractors), less than 1% were equipped with ROPS.

In Iowa, information was collected about the annual hours of use of tractors with and without ROPS. Approximately 70% of tractors without ROPS in Iowa, representing an estimated 114,246 tractors statewide, were used for greater than 100 hours each year. In 1995, the Iowa FFHHS asked farmers about tractors they had purchased during the previous year. A total of 45 farmers reported having purchased 63 tractors with a mean age of 18 years. Of these tractors, 25 (40%) were not equipped with ROPS.

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CDC Editorial Note: The number of tractors in the United States equipped with ROPS has been estimated by CDC's Traumatic Injury Surveillance of Farmers (TISF) survey. TISF contains data from a random sample of farming operations across the United States and provides information on lost-time, work-related farm injuries and data about farm tractors used on these farms. Based on information for 1993, TISF indicated that the hours of tractor use, distribution of the age of tractors in use, and ROPS-use patterns were similar to those presented in this report for Iowa, Kentucky, New York, and Ohio.[6]

In 1993, an estimated 4.8 million tractors were in use on U.S. farms.[6] Of these, only 38% were equipped with a ROPS. However, 87% of the farm tractors manufactured since 1985 are reported to be equipped with ROPS, and 92% of the farm tractors manufactured since 1990 were equipped with ROPS. In comparison, for farm tractors aged greater than or equal to 30 years (approximately 28% of tractors on farms), less than 5% are equipped with ROPS.

The increase in installation of ROPS on tractors beginning in the mid-1980s especially reflects the 1985 American Society of Agricultural Engineers (ASAE) voluntary standard on ROPS[8]—this standard encouraged all manufacturers of farm tractors to install ROPS on all new tractors (tractors used in orchard and vineyard operations were exempted because of limitations of vertical clearances). Most tractor manufacturers responded to the voluntary standard by developing ROPS suitable for use on all types of farm tractors currently being manufactured. In addition, most manufacturers have developed ROPS retrofits for use on many older tractor models. Retrofit kits, including safety belts, are now offered to farmers at the manufacturer's cost. The combined use of safety belts and ROPS provide tractor operators with a high level of protection by ensuring that the operator remains within the zone of protection of the ROPS in the event of a rollover.

The ASAE standard has contributed substantially to reducing the risk for tractor-rollover-associated injuries among farmers and farm workers. However, no effective national program has been implemented to encourage retrofitting ROPS on the approximately 3 million tractors without ROPS that are currently in use on farms. CDC's National Institute for Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA) encourage the use of ROPS and safety belts on all farm tractors in the United States, and OSHA maintains a standard that requires ASAE-approved ROPS to be placed on all farm tractors manufactured after 1976. The OSHA standard is not actively enforced on farms with less than 11 employees, and family farms without other employees are exempt from OSHA regulations. NIOSH can promote ROPS use but has no authority to require their use.

In September 1997, the University of Iowa sponsored the Tractor Risk Abatement and Control Policy Conference in Iowa City, Iowa. A main focus of this conference was to identify innovative policies and programs to encourage installation of ROPS on tractors and to promote use of safety belts with ROPS.

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Update: *Staphylococcus aureus* With Reduced Susceptibility to Vancomycin—United States, 1997

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STAPHYLOCOCCUS aureus is one of the most common causes of both hospital- and community-acquired infection worldwide. Since the emergence of methicillin-resistant *S. aureus* (MRSA) in the 1980s in the United States, vancomycin has been the antimicrobial agent of choice for serious MRSA infections. *S. aureus* with reduced susceptibility to vancomycin (minimum inhibitory concentration [MIC]=8 μ/mL) was first reported to have caused infection in a patient in Japan in May 1996.[1] In August 1997, the first *S. aureus* isolate intermediately resistant to vancomycin (VISA; MIC=8 μ/mL) in the United States was reported in Michigan.[2] This report updates the ongoing investigation in Michigan and describes preliminary findings of the ongoing investigation of a second case of VISA infection in a patient in New Jersey.

Case 1. In July 1997, VISA-associated peritonitis was diagnosed in a Michi-