CENTERS FOR DISEASE CONTROL

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Current Trends

Tuberculosis among Hispanics in the United States — 1980

In 1980, 46 states, New York City, and Washington, D.C., reported 3,099 cases of tuberculosis among Hispanic persons; this figure represents 12.6% of the 24,662 cases in these areas that year. Four states did not submit data on Hispanic ethnicity.

Relatively more Hispanic than other patients were in younger age groups. Forty-nine percent of the Hispanic patients were <35 years of age, compared with 25% of other tuberculosis patients from these areas. The overall case rate calculated for Hispanics (23.2/100,000 population) was twice that for other persons (11.7/100,000). Among persons <35 years of age, the age-specific incidence of tuberculosis among Hispanics ranged from 2.7 to 4.2 times that for other persons (Table 1). About 62% of the Hispanic patients were males, a sex distribution comparable with that for other persons in these areas. The proportion of pulmonary cases among Hispanics and other persons did not differ significantly—85% and 86%, respectively.

Most of the Hispanic patients were concentrated in a few areas: California and Texas accounted for 42% and 26%, respectively, of the total (Table 2). Twenty-seven states and

TABLE 1. Tuberculosis case rates* by age and ethnicity, United States,† 1980

Age (in years)	Hispanics	Other	Relative Risk
0-4	13.3	4.9	2.7
5-9	7.5	2.1	3.6
10-14	4.0	1.3	3.1
15-19	10.7	2.7	4.0
20-24	26.7	6.3	4.2
25-34	28.2	8.9	3.2
35-44	26.3	13.2	2.0
45-54	37.1	18.0	2.1
55-64	49.2	19.9	2.5
>65	65.8	30.6	2.2
Total	23.2	11.7	2.0

*Cases/100,000 population.

†Data for New Jersey, New York, Ohio, and Virginia not available.

Tuberculosis — Continued

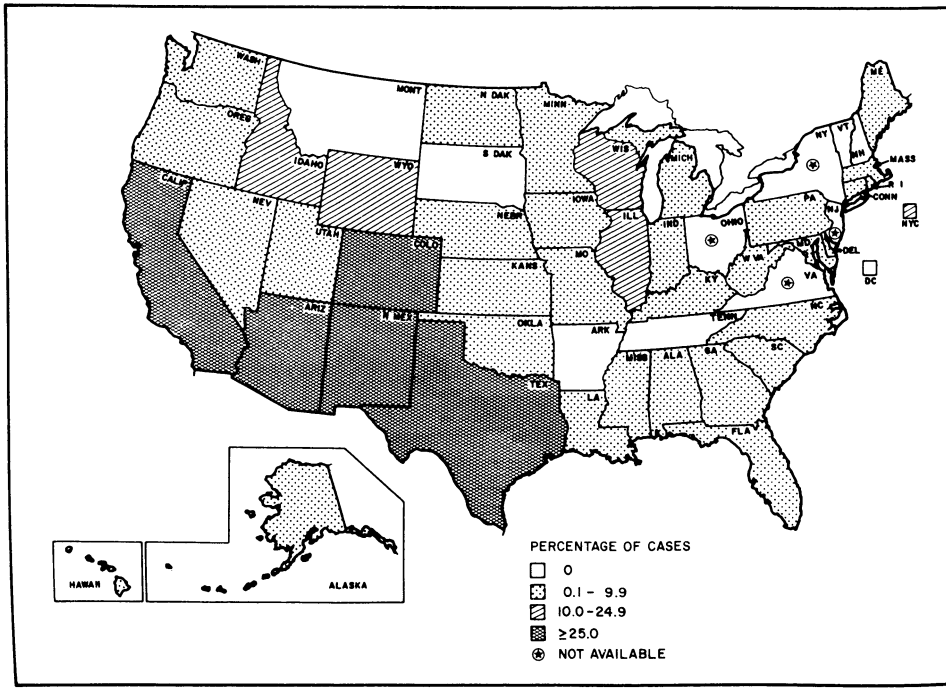
Washington, D.C., each reported 5 or fewer Hispanic patients with tuberculosis. In each of 5 southwestern states, Hispanic patients comprised over 25% of reported cases (Figure 1).

The tuberculosis case rate was higher for Hispanic persons living in cities with populations of 250,000 or more (25.4/100,000) than for Hispanic persons living elsewhere (20.6/100,000). Several cities reported a large number of cases among Hispanics (Los Angeles, 340; New York, 260; Houston, 135; Chicago, 112; San Antonio, 85; Miami, 78; El

TABLE 2. Hispanic persons with tuberculosis by state, United States, 1980

State	Number	Percentage
California	1,304	42.1
Texas	794	25.6
New York City	260	8.4
Illinois	149	4.8
Florida	115	3.7
Arizona	94	3.0
All others	383	12.4
Total	3,099	100.0

FIGURE 1. Percentage of each state's reported tuberculosis patients of Hispanic ethnicity, United States, 1980



Tuberculosis — Continued

Paso, 71; San Jose, 61; and San Diego, 54). Hispanic patients accounted for almost four-fifths of the reported cases in El Paso and almost two-thirds of the reported cases in San Antonio and Albuquerque.

Additional information on Hispanic patients was available from 10 states (Connecticut, Illinois, Indiana, Maine, Mississippi, Nevada, Oklahoma, South Carolina, Washington, and Wisconsin) and 3 large cities (Miami-Dade County, New York, and St. Louis). Of the totals reported for these areas, 569 (10.1%) of the 5,635 patients were Hispanic (ranging from 19% in Dade County to < 1% in Mississippi, South Carolina, St. Louis, and Washington, D.C.). The place of origin for 305 (53.6%) of the Hispanic patients from these areas was outside the 50 states and Washington, D.C. Forty-three percent of the 260 patients for whom the year of arrival in the United States was known arrived after 1975.

Reported by the Tuberculosis Control Div, Center for Prevention Svcs, CDC.

Editorial Note: Information about the Hispanic ethnicity of patients with tuberculosis was collected for the first time in 1980. Data on race and ethnicity were collected in separate questions so that race-specific and ethnicity-specific rates could be calculated. Alternative methods of data collection that use, among others, the categories of "white, not Hispanic," "black, not Hispanic," and "Hispanic," do not permit calculation of race-specific rates.

The categorization of persons by ethnic group or race is difficult because precise boundaries for categories are difficult to define and are cumbersome. For the tuberculosis patients reported in 1980, states were requested to use the following guidelines:

> Hispanics are persons of Spanish origin, descent, or culture, regardless of race. Most persons of Mexican, Puerto Rican, Cuban, and Central or South American culture or origin are Hispanic; however, persons of Portuguese culture or origin are not, and persons from Brazil, Guyana, Surinam, Trinidad and Tobago may not be. When in doubt, the category that most closely reflects the individual's recognition in his/her community should be used for counting purposes.

This definition is consistent with federal guidelines concerning the collection of data on Hispanic persons and approximates the suggested definition of "Spanish Origin" used by the Bureau of the Census (*1*).

It has been suggested that these definitions are not appropriate because they include some European groups (e.g., Spaniards) and exclude some American groups (e.g., Brazilians); a different category, such as "Latin American," might be more appropriate for epidemiologic studies and other purposes (*2*). Nevertheless, the definition above permits a reasonably accurate estimate of the rates of disease among "Hispanic" persons. The data indicate that Hispanics presently are and likely will remain, for at least several decades, at significantly higher risk of having tuberculosis than most other persons in the United States.

References

1. United States. Bureau of the Census. 1980 census of population and housing, United States summary. Final population and housing unit counts. (Advance Reports PHC80-V-1) Washington, D.C.: Bureau of the Census, U. S. Department of Commerce, April 1981; p3.

2. Hayes-Bautista DE. Identifying "hispanic" populations: the influence of research methodology upon public policy. Am J Pubic Health 1980;70:353-6.

Notice to Readers

The following article is part of a continuing series planned to accompany Table V, which appears once a month in the MMWR. These articles, to be published under the heading "Perspectives in Disease Prevention and Health Promotion," will explore different aspects of preventable problems that can lead to morbidity and premature death.

Perspectives in Disease Prevention and Health Promotion

Unintentional and Intentional Injuries — United States

Injuries rank as the fourth leading cause of death in the United States, exceeded only by heart diseases, malignant neoplasms, and cerebrovascular diseases. In terms of years of life lost prematurely, however, injuries rank first (*1*). In the United States alone in 1980, there were over 70 million injuries and 150,000 unintentional and intentional injury-related deaths.

(Continued on page 246)

TABLE I. Summary — cases of specified notifiable diseases, United States

DISEASE	18th WEEK ENDING			CUMULATIVE, FIRST 18 WEEKS		
	May 8 1982	May 9 1981	MEDIAN 1977-1981	May 8 1982	May 9 1981	MEDIAN 1977-1981
Aseptic meningitis	82	91	56	1,334	1,173	848
Brucellosis	4	7	3	41	44	52
Encephalitis: Primary (arthropod-borne & unspec.)	16	18	13	259	240	213
Post-infectious	2	3	3	21	32	61
Gonorrhea: Civilian	17,262	19,815	19,815	312,122	335,835	324,066
Military	344	527	551	8,899	9,891	9,260
Hepatitis: Type A	439	490	536	7,693	8,718	9,767
Type B	446	418	326	6,922	6,658	5,554
Non A, Non B	58	N	N	702	N	N
Unspecified	151	237	200	3,122	3,674	3,483
Legionellosis	5	N	N	118	N	N
Leprosy	9	2	2	66	75	55
Malaria	19	53	14	258	450	168
Measles (rubeola)	38	176	731	496	1,229	6,893
Meningococcal infections: Total	73	78	55	1,270	1,683	1,188
Civilian	73	78	55	1,266	1,678	1,176
Military	–	–	–	4	5	9
Mumps	241	96	304	2,685	1,880	6,998
Pertussis	17	20	24	376	362	368
Rubella(German measles)	196	87	697	1,088	1,033	6,185
Syphilis (Primary & Secondary): Civilian	603	528	442	11,440	10,370	8,347
Military	5	2	6	142	123	106
Tuberculosis	532	454	576	8,611	8,734	9,227
Tularemia	4	4	3	33	39	37
Typhoid fever	3	5	6	128	157	135
Typhus fever, tick-borne (RMSF)	20	32	11	61	84	41
Rabies, animal	149	166	114	2,023	2,551	1,527

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1982		CUM. 1982
Anthrax	–	Poliomyelitis: Total	1
Botulism (Calif. 1)	22	Paralytic	1
Cholera	–	Psittacosis	32
Congenital rubella syndrome	3	Rabies, human	–
Diphtheria	–	Tetanus (Ala. 2, Tex. 1)	20
Leptospirosis	20	Trichinosis(Mass. 3, N.J. 1)	42
Plague	2	Typhus fever, flea-borne (endemic, murine)	5

N: Not notifiable

TABLE III. Cases of specified notifiable diseases, United States, weeks ending May 8, 1982 and May 9, 1981 (18th week)

REPORTING AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	ENCEPHALITIS		GONORRHEA (Civilian)		HEPATITIS (Viral), by type				LEGIONELLOSIS	LEPROSY
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	1982	CUM. 1982	CUM. 1982	CUM. 1982	CUM. 1982	CUM. 1981	1982	1982	1982	1982	1982	CUM. 1982
UNITED STATES	82	41	259	21	312,122	335,835	439	446	58	151	5	66
NEW ENGLAND	1	-	12	3	7,469	8,167	14	18	-	1	2	1
Maine	-	-	-	-	343	409	4	1	-	-	-	-
N.H.	-	-	-	-	212	290	1	-	-	-	1	-
Vt.	-	-	-	-	158	138	1	-	-	-	-	-
Mass.	-	-	4	-	3,346	3,392	5	7	-	1	-	-
R.I.	-	-	-	-	528	410	2	1	-	-	-	-
Conn.	1	-	8	3	2,882	3,528	1	9	-	-	1	1
MID. ATLANTIC	13	-	40	3	38,542	39,300	40	86	13	16	-	4
Upstate N.Y.	4	-	15	-	6,283	6,278	8	26	4	3	-	1
N.Y. City	2	-	8	-	16,073	16,102	19	38	-	6	-	1
N.J.	5	-	9	-	7,000	7,933	13	22	9	7	-	1
Pa.	2	-	8	3	9,186	8,987	U	U	U	U	-	1
E.N. CENTRAL	5	-	50	6	42,642	52,852	51	70	3	13	-	-
Ohio	2	-	16	4	12,700	18,469	14	13	1	1	-	-
Ind.	-	-	12	2	5,158	4,549	19	32	2	8	-	-
Ill.	-	-	-	-	9,899	14,495	2	7	-	1	-	-
Mich.	2	-	20	-	10,617	10,792	14	17	-	3	-	-
Wis.	1	-	2	-	4,268	4,547	2	1	-	-	-	-
W.N. CENTRAL	4	4	14	1	14,943	15,621	17	9	2	5	1	-
Minn.	3	-	1	1	2,285	2,494	8	1	-	-	-	-
Iowa	-	1	8	-	1,623	1,635	-	3	-	1	-	-
Mo.	1	1	3	-	6,783	7,050	5	1	-	1	-	-
N. Dak.	-	-	-	-	212	213	-	-	-	-	-	-
S. Dak.	-	-	-	-	422	446	1	-	-	-	-	-
Nebr.	-	-	1	-	953	1,230	1	3	1	3	1	-
Kans.	-	2	1	-	2,665	2,553	2	1	1	-	-	-
S. ATLANTIC	11	13	34	4	77,611	82,853	49	80	5	18	2	4
Del.	-	-	-	-	1,277	1,225	2	1	1	3	-	-
Md.	-	-	10	-	10,388	9,013	14	15	1	2	1	2
D.C.	-	-	-	-	4,266	5,320	-	3	-	-	-	-
Va.	-	4	9	-	7,010	7,590	6	4	-	-	-	-
W. Va.	-	-	-	-	942	1,257	3	-	-	-	-	-
N.C.	2	-	3	1	13,264	12,814	5	9	-	1	-	-
S.C.	-	2	-	-	7,970	7,972	8	6	-	2	-	-
Ga.	-	1	-	-	9,483	16,465	3	29	1	3	-	-
Fla.	9	6	12	3	23,011	21,197	8	13	2	7	1	2
E.S. CENTRAL	10	5	14	1	26,600	27,786	20	40	6	6	-	-
Ky.	2	-	-	-	3,608	3,588	4	7	-	5	-	-
Tenn.	2	3	9	-	10,045	10,158	14	21	3	-	-	-
Ala.	6	1	4	1	8,147	8,908	1	10	3	1	-	-
Miss.	-	1	1	-	4,800	5,132	1	2	-	-	-	-
W.S. CENTRAL	9	10	28	-	43,845	44,886	97	23	3	60	-	8
Ark.	-	3	1	-	3,694	3,079	4	2	1	4	-	-
La.	3	2	4	-	7,830	7,116	12	8	-	10	-	-
Okla.	2	3	9	-	4,826	4,602	27	5	2	9	-	-
Tex.	4	2	14	-	27,495	30,089	54	8	-	37	-	8
MOUNTAIN	1	-	14	1	11,426	13,285	41	13	3	4	-	1
Mont.	-	-	-	-	476	492	-	1	-	-	-	-
Idaho	-	-	-	-	533	534	2	1	-	-	-	1
Wyo.	-	-	-	-	309	293	6	2	-	-	-	-
Colo.	-	-	4	1	3,027	3,504	12	2	2	1	-	-
N. Mex.	-	-	-	-	1,408	1,450	10	-	-	-	-	-
Ariz.	1	-	6	-	3,151	4,182	2	4	-	-	-	-
Utah	-	-	-	-	523	622	2	1	1	3	-	-
Nev.	-	-	4	-	1,999	2,208	7	2	-	-	-	-
PACIFIC	28	9	53	2	49,044	51,085	110	107	23	28	-	48
Wash.	1	-	5	-	4,060	4,411	7	5	-	2	-	4
Oreg.	-	-	1	-	2,721	3,498	11	4	-	1	-	-
Calif.	17	8	43	2	40,202	40,813	90	98	23	25	-	25
Alaska	-	1	3	-	1,217	1,333	-	-	-	-	-	1
Hawaii	10	-	1	-	844	1,030	2	-	-	-	-	18
Guam	U	-	-	-	19	49	U	U	U	U	U	-
P.R.	-	-	1	-	1,027	1,116	5	1	-	6	-	-
V.I.	U	-	-	-	60	45	U	U	U	U	U	-
Pac. Trust Terr.	U	-	-	-	36	146	U	U	U	U	U	1

N: Not notifiable U: Unavailable

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending May 8, 1982 and May 9, 1981 (18th week)

REPORTING AREA	MALARIA		MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS (Total)		MUMPS		PERTUSSIS	RUBELLA		
	1982	CUM. 1982	1982	CUM. 1982	CUM. 1981	1982	CUM. 1982	1982	CUM. 1982	1982	1982	CUM. 1982	CUM. 1981
UNITED STATES	19	258	38	496	1,229	73	1,270	241	2,685	17	196	1,088	1,033
NEW ENGLAND	1	19	-	7	39	8	71	3	132	2	2	10	79
Maine	-	-	-	-	3	-	2	2	27	-	-	-	31
N.H.	-	1	-	1	5	-	10	-	12	-	-	8	31
Vt.	-	-	-	2	2	-	4	-	4	-	-	-	-
Mass.	-	13	-	2	23	4	20	1	69	1	1	1	11
R.I.	-	1	-	-	-	-	9	-	10	1	1	1	-
Conn.	1	4	-	2	6	4	26	-	10	-	-	-	6
MID. ATLANTIC	4	29	1	33	383	15	208	10	175	3	6	64	125
Upstate N.Y.	2	6	-	15	174	2	52	2	35	3	1	31	52
N.Y. City	1	11	1	16	29	3	41	3	31	-	4	20	30
N.J.	1	8	-	-	37	1	47	3	30	-	1	13	39
Pa.	-	4	-	2	143	9	68	2	79	-	-	-	4
E.N. CENTRAL	-	17	-	31	59	6	153	150	1,583	3	5	99	233
Ohio	-	5	-	-	15	6	63	125	1,173	-	-	-	-
Ind.	-	1	-	1	3	-	13	-	25	1	2	18	76
Ill.	-	1	-	15	15	-	35	10	100	2	3	26	58
Mich.	-	9	-	15	25	-	31	15	214	-	-	38	29
Wis.	-	1	-	-	1	-	11	-	71	-	-	17	70
W.N. CENTRAL	-	7	-	2	4	3	51	39	194	2	2	26	55
Minn.	-	-	-	-	1	3	12	34	112	1	2	5	7
Iowa	-	3	-	-	1	-	5	2	23	-	-	-	-
Mo.	-	1	-	2	-	-	17	-	13	-	-	15	2
N. Dak.	-	-	-	-	-	-	4	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	1	-	1	-	-	1	-
Nebr.	-	2	-	-	1	-	4	-	-	-	-	-	1
Kans.	-	1	-	-	1	-	8	3	45	1	-	5	45
S. ATLANTIC	4	44	2	29	263	13	259	7	162	2	4	33	89
Del.	-	-	-	-	-	-	-	-	3	-	-	-	-
Md.	-	6	-	2	1	3	14	1	13	-	3	14	1
D.C.	-	3	-	1	1	-	1	-	-	-	-	-	-
Va.	-	16	-	14	3	-	26	1	23	-	-	10	3
W. Va.	1	1	-	1	7	-	7	1	72	-	-	1	16
N.C.	-	-	-	-	3	4	42	1	6	1	-	-	4
S.C.	1	3	-	-	-	1	32	-	9	-	-	1	6
Ga.	2	6	-	-	84	1	63	2	6	1	1	2	21
Fla.	-	9	2	11	164	4	74	1	30	-	-	5	38
E.S. CENTRAL	-	1	-	5	-	7	84	-	25	1	3	34	19
Ky.	-	1	-	1	-	2	13	-	9	1	3	19	12
Tenn.	-	-	-	4	-	2	33	-	9	-	-	-	7
Ala.	-	-	-	-	-	3	34	-	4	-	-	-	-
Miss.	-	-	-	-	-	-	4	-	3	-	-	15	-
W.S. CENTRAL	6	19	4	15	280	4	159	13	104	-	3	62	67
Ark.	-	1	-	-	-	-	8	-	5	-	-	-	-
La.	1	3	-	-	-	1	25	-	3	-	-	-	9
Okla.	2	2	-	-	5	2	12	-	-	-	-	2	-
Tex.	3	13	4	15	275	1	114	13	96	-	3	60	58
MOUNTAIN	-	6	-	-	19	3	76	2	40	2	5	31	53
Mont.	-	-	-	-	-	-	4	-	3	-	-	3	1
Idaho	-	-	-	-	-	-	5	-	2	-	-	-	2
Wyo.	-	-	-	-	-	-	4	-	2	-	-	5	1
Colo.	-	4	-	-	5	2	29	-	7	2	1	2	27
N. Mex.	-	1	-	-	3	1	11	-	-	-	-	2	3
Ariz.	-	1	-	-	2	-	14	1	14	-	2	7	11
Utah	-	-	-	-	-	-	6	1	10	-	2	10	3
Nev.	-	-	-	-	9	-	3	-	2	-	-	2	5
PACIFIC	4	116	31	374	182	14	209	17	270	2	166	729	313
Wash.	-	6	1	16	1	1	23	3	43	-	-	19	45
Oreg.	-	3	-	-	1	7	45	-	-	-	-	3	35
Calif.	4	105	30	356	178	4	129	14	219	2	166	699	229
Alaska	-	-	-	-	-	2	9	-	6	-	-	1	-
Hawaii	-	2	-	2	2	-	3	-	2	-	-	7	4
Guam	U	2	U	1	5	U	-	U	1	U	U	1	-
P.R.	-	4	8	59	143	-	3	1	26	-	-	4	3
V.I.	U	-	U	-	6	U	-	U	-	U	U	-	-
Pac. Trust Terr.	U	-	U	-	-	U	-	U	-	U	U	-	1

U: Unavailable

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending May 8, 1982 and May 9, 1981 (18th week)

REPORTING AREA	SYPHILIS (Civilian) (Primary & Secondary)		TUBERCULOSIS		TULAREMIA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		RABIES, Animal
	CUM. 1982	CUM. 1981	1982	CUM. 1982	CUM. 1982	1982	CUM. 1982	1982	CUM. 1982	CUM. 1982
UNITED STATES	11,440	10,370	532	8,611	33	3	128	20	61	2,023
NEW ENGLAND	215	230	6	231	–	–	11	–	–	5
Maine	1	1	–	17	–	–	–	–	–	5
N.H.	–	9	–	9	–	–	–	–	–	–
Vt.	–	13	–	6	–	–	2	–	–	–
Mass.	150	140	6	161	–	–	8	–	–	–
R.I.	12	16	–	8	–	–	–	–	–	–
Conn.	52	51	–	30	–	–	1	–	–	–
MID. ATLANTIC	1,542	1,598	77	1,436	2	1	16	–	–	40
Upstate N.Y.	151	145	15	257	2	–	2	–	–	20
N.Y. City	944	991	29	552	–	–	11	–	–	–
N.J.	182	197	14	272	–	1	3	–	–	1
Pa.	265	265	19	355	–	–	–	–	–	19
E.N. CENTRAL	644	734	69	1,339	–	–	13	–	–	237
Ohio	110	90	12	240	–	–	6	–	–	33
Ind.	79	65	4	175	–	–	–	–	–	40
Ill.	297	410	50	531	–	–	3	–	–	101
Mich.	121	133	3	319	–	–	4	–	–	1
Wis.	37	36	–	74	–	–	–	–	–	62
W.N. CENTRAL	222	186	25	273	7	–	3	2	3	463
Minn.	37	69	4	47	–	–	–	–	–	76
Iowa	11	9	6	41	1	–	1	–	–	147
Mo.	136	91	9	124	5	–	1	–	1	54
N. Dak.	4	3	1	6	–	–	–	–	–	46
S. Dak.	–	2	1	7	–	–	–	–	–	34
Nebr.	8	3	3	12	–	–	–	–	–	50
Kans.	26	9	1	36	1	–	1	2	2	56
S. ATLANTIC	3,116	2,725	99	1,694	6	1	18	7	24	322
Del.	7	7	–	18	–	–	–	–	–	–
Md.	180	215	11	207	1	1	6	–	7	16
D.C.	201	241	4	63	–	–	–	–	–	–
Va.	217	265	6	188	1	–	2	–	–	155
W. Va.	8	7	6	46	–	–	2	–	–	16
N.C.	225	205	25	277	–	–	–	4	9	12
S.C.	147	191	9	164	3	–	2	3	7	21
Ga.	662	688	–	234	–	–	–	–	1	79
Fla.	1,469	906	38	497	1	–	6	–	–	23
E.S. CENTRAL	826	681	50	783	4	1	11	1	6	246
Ky.	41	29	15	222	–	–	–	–	–	42
Tenn.	224	273	9	260	4	–	2	1	2	170
Ala.	292	180	19	225	–	–	7	–	3	34
Miss.	269	199	7	76	–	1	2	–	1	–
W.S. CENTRAL	2,886	2,474	89	950	8	–	8	9	26	416
Ark.	80	48	3	91	5	–	1	1	3	58
La.	631	553	32	178	1	–	–	–	–	11
Okla.	63	66	10	139	2	–	2	8	15	90
Tex.	2,112	1,807	44	542	–	–	5	–	8	257
MOUNTAIN	288	251	12	256	3	–	5	1	1	47
Mont.	1	8	–	18	–	–	–	–	–	21
Idaho	16	2	1	11	1	–	–	1	1	–
Wyo.	9	3	–	2	1	–	–	–	–	2
Colo.	85	79	–	31	–	–	1	–	–	–
N. Mex.	61	53	3	47	–	–	–	–	–	5
Ariz.	64	51	5	105	–	–	3	–	–	19
Utah	10	7	1	14	1	–	1	–	–	–
Nev.	42	48	2	28	–	–	–	–	–	–
PACIFIC	1,701	1,491	105	1,649	3	–	43	–	1	247
Wash.	53	58	7	96	1	–	2	–	–	–
Oreg.	49	33	4	61	–	–	1	–	–	–
Calif.	1,551	1,365	82	1,358	2	–	39	–	1	180
Alaska	6	4	–	18	–	–	–	–	–	67
Hawaii	42	31	12	116	–	–	1	–	–	–
Guam	–	–	U	2	–	U	–	U	–	–
P.R.	204	255	1	107	–	–	1	–	–	17
V.I.	–	4	U	1	–	U	–	U	–	–
Pac. Trust Terr.	–	–	U	19	–	U	–	U	–	–

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending May 8, 1982 (18th week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)						P&I** TOTAL
	ALL AGES	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	650	425	168	31	13	13	52
Boston, Mass.	193	117	53	12	4	7	24
Bridgeport, Conn.	37	26	9	1	1	–	1
Cambridge, Mass.	22	16	5	1	–	–	5
Fall River, Mass.	32	20	9	1	1	1	1
Hartford, Conn.	56	34	16	5	1	–	1
Lowell, Mass.	35	24	9	1	–	1	3
Lynn, Mass.	15	9	4	2	–	–	–
New Bedford, Mass.	28	21	7	–	–	–	1
New Haven, Conn.	42	30	9	2	1	–	1
Providence, R.I.	55	42	10	2	1	–	6
Somerville, Mass.	8	5	3	–	–	–	2
Springfield, Mass.	41	24	12	1	1	3	5
Waterbury, Conn.	36	23	9	2	2	–	2
Worcester, Mass.	50	34	13	1	1	1	–
MID. ATLANTIC	2,823	1,829	645	180	75	94	111
Albany, N.Y.	53	27	12	5	2	7	–
Allentown, Pa.	13	11	2	–	–	–	2
Buffalo, N.Y.	150	97	41	8	2	2	9
Camden, N.J.	34	23	9	–	2	–	–
Elizabeth, N.J.	30	26	4	–	–	–	–
Erie, Pa.†	50	39	6	2	3	–	3
Jersey City, N.J.	48	33	10	2	2	1	1
N.Y. City, N.Y.	1,444	928	343	107	37	29	46
Newark, N.J.	66	29	20	9	6	2	5
Paterson, N.J.	34	21	5	1	1	6	5
Philadelphia, Pa.†	442	269	108	31	3	31	12
Pittsburgh, Pa.†	67	46	13	1	3	4	3
Reading, Pa.	45	40	3	–	2	–	6
Rochester, N.Y.	119	83	17	7	5	7	10
Schenectady, N.Y.	28	21	6	–	1	–	–
Scranton, Pa.†	25	14	7	1	3	–	–
Syracuse, N.Y.	84	56	20	3	1	4	1
Trenton, N.J.	41	29	10	1	1	–	–
Utica, N.Y.	28	20	5	2	1	–	4
Yonkers, N.Y.	22	17	4	–	–	1	4
E.N. CENTRAL	2,240	1,404	533	146	66	91	67
Akron, Ohio	62	47	11	1	1	2	–
Canton, Ohio	54	31	20	3	–	–	2
Chicago, Ill.	482	290	111	39	15	27	8
Cincinnati, Ohio	184	120	42	10	4	8	12
Cleveland, Ohio	161	88	41	15	6	11	5
Columbus, Ohio	92	60	17	4	5	6	5
Dayton, Ohio	107	64	29	5	4	5	2
Detroit, Mich.	278	162	65	29	10	12	4
Evansville, Ind.	50	29	15	2	4	–	1
Fort Wayne, Ind.	49	29	12	3	3	2	2
Gary, Ind.	16	5	6	2	3	–	1
Grand Rapids, Mich.	51	37	7	4	–	3	3
Indianapolis, Ind.	169	104	43	11	3	8	2
Madison, Wis.	53	34	13	3	2	1	8
Milwaukee, Wis.	125	93	24	4	3	1	–
Peoria, Ill.	41	26	11	1	–	3	4
Rockford, Ill.	36	22	12	2	–	–	3
South Bend, Ind.	56	39	14	–	2	1	3
Toledo, Ohio	88	66	19	2	1	–	2
Youngstown, Ohio	86	58	21	6	–	1	–
W.N. CENTRAL	762	526	160	30	21	25	26
Des Moines, Iowa	76	52	14	3	5	2	3
Duluth, Minn.	26	19	4	2	–	1	2
Kansas City, Kans.	37	23	6	7	1	–	2
Kansas City, Mo.	109	73	24	5	2	5	8
Lincoln, Nebr.	38	31	7	–	–	–	–
Minneapolis, Minn.	91	66	20	–	2	3	2
Omaha, Nebr.	76	53	15	4	2	2	1
St. Louis, Mo.	168	108	46	5	5	4	2
St. Paul, Minn.	67	49	8	2	2	6	2
Wichita, Kans.	74	52	16	2	2	2	4

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)						P&I** TOTAL
	ALL AGES	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	1,164	691	303	98	32	35	48
Atlanta, Ga.	125	82	27	9	5	2	3
Baltimore, Md.	219	130	58	21	3	7	6
Charlotte, N.C.	66	37	17	5	2	3	4
Jacksonville, Fla.	88	47	30	3	5	3	2
Miami, Fla.	110	57	31	11	2	9	3
Norfolk, Va.	63	40	14	3	2	4	3
Richmond, Va.	84	48	26	8	–	2	6
Savannah, Ga.	57	31	19	5	2	–	5
St. Petersburg, Fla.	84	69	11	3	1	–	4
Tampa, Fla.	56	36	11	4	2	2	3
Washington, D.C.	150	77	44	19	5	3	4
Wilmington, Del.	62	37	15	7	3	–	5
E.S. CENTRAL	705	421	189	45	23	26	34
Birmingham, Ala.	106	68	27	6	5	–	2
Chattanooga, Tenn.	46	27	9	4	1	4	8
Knoxville, Tenn.	61	40	15	3	2	1	–
Louisville, Ky.	125	78	36	8	1	2	11
Memphis, Tenn.	178	101	47	10	10	10	6
Mobile, Ala.	25	14	7	3	–	1	1
Montgomery, Ala.	58	33	14	5	–	6	–
Nashville, Tenn.	106	60	34	6	4	2	6
W.S. CENTRAL	1,538	868	372	163	59	76	39
Austin, Tex.	66	44	15	2	3	2	2
Baton Rouge, La.	57	34	13	7	1	2	2
Corpus Christi, Tex.	39	23	7	5	2	2	1
Dallas, Tex.	190	111	52	14	7	6	4
El Paso, Tex.	48	29	12	2	2	3	2
Fort Worth, Tex.	96	56	24	12	4	–	3
Houston, Tex.	410	215	102	53	20	20	6
Little Rock, Ark.	60	43	13	2	1	1	3
New Orleans, La.	205	99	40	44	3	19	–
San Antonio, Tex.	184	106	51	10	8	9	11
Shreveport, La.	83	46	25	4	4	4	1
Tulsa, Okla.	100	62	18	8	4	8	4
MOUNTAIN	671	404	140	66	38	22	17
Albuquerque, N. Mex.	109	46	22	23	16	1	2
Colo. Springs, Colo.	31	24	3	–	4	–	5
Denver, Colo.	117	73	26	12	4	2	1
Las Vegas, Nev.	65	29	20	10	3	3	1
Ogden, Utah	23	17	5	–	–	1	–
Phoenix, Ariz.	166	110	29	12	7	8	2
Pueblo, Colo.	18	15	2	–	1	–	1
Salt Lake City, Utah	51	28	14	3	1	5	2
Tucson, Ariz.	91	62	19	6	2	2	3
PACIFIC	1,561	1,014	353	104	31	58	82
Berkeley, Calif.	20	16	3	1	–	–	–
Fresno, Calif.	57	40	10	4	1	2	3
Glendale, Calif.	17	13	2	2	–	–	1
Honolulu, Hawaii	47	28	15	1	1	2	1
Long Beach, Calif.	100	73	20	2	–	5	5
Los Angeles, Calif.	404	252	84	41	12	14	19
Oakland, Calif.	68	44	14	6	–	4	1
Pasadena, Calif.	26	13	10	2	1	–	3
Portland, Oreg.	109	65	29	6	2	7	5
Sacramento, Calif.	75	43	19	6	2	5	5
San Diego, Calif.	115	80	27	3	4	1	11
San Francisco, Calif.	148	84	46	14	–	4	6
San Jose, Calif.	148	104	32	8	4	–	14
Seattle, Wash.	137	96	25	6	1	9	3
Spokane, Wash.	64	46	11	1	3	3	4
Tacoma, Wash.	26	17	6	1	–	2	1
TOTAL	12,114††	7,582	2,863	863	358	440	476

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

**Pneumonia and influenza

†Because of changes in reporting methods in these 4 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

††Total includes unknown ages.

Injuries — Continued

TABLE V. Years of potential life lost, deaths, and death rates, by cause of death, and estimated number of physician contacts, by principal diagnosis, United States

Cause of morbidity or mortality (Ninth Revision ICD, 1975)	Years of potential life lost before age 65 by persons dying in 1980[1]	Estimated mortality December 1981		Estimated number of physician contacts December 1981[4]
		Number[2]	Annual Rate/100,000[3]	
ALL CAUSES (TOTAL)	10,006,060	168,820	863.1	84,586,000
Accidents and adverse effects (E800-E807, E810-E825, E826-E949)	2,684,850	8,230	42.1	4,610,000
Malignant neoplasms (140-208)	1,804,120	34,270	175.2	1,403,000
Diseases of heart (390-398, 402, 404-429)	1,636,510	65,960	337.2	4,956,000
Suicides, homicides (E950-E978)	1,401,880	4,110	21.0	—
Chronic liver disease and cirrhosis (571)	301,070	2,250	11.5	86,000
Cerebrovascular diseases (430-438)	280,430	14,530	74.3	557,000
Pneumonia and influenza (480-487)	124,830	4,170	21.3	1,067,000
Diabetes mellitus (250)	117,340	3,090	15.8	2,312,000
Chronic obstructive pulmonary diseases and allied conditions (490-496)	110,530	4,930	25.2	2,025,000
Prenatal care[5]				1,911,000
Infant mortality[5]		3,600	11.6 /1000 live births	

[1]Years of potential life lost for persons between 1 year and 65 years old at the time of death are derived from the number of deaths in each age category as reported by the National Center for Health Statistics, *Monthly Vital Statistics Report* (MVSR), Vol. 29, No. 13, September 17, 1981, multiplied by the difference between 65 years and the age at the midpoint of each category. As a measure of mortality, "Years of potential life lost" underestimates the importance of diseases that contribute to death without being the underlying cause of death.

[2]The number of deaths is estimated by CDC by multiplying the estimated annual mortality rates (MVSR Vol. 31, No. 1, April 16, 1982, pp. 8-9) and the provisional U.S. population in that month (MVSR Vol. 30, No. 12, March 18, 1982, p.1) and dividing by the days in the month as a proportion of the days in the year.

[3]Annual mortality rates are estimated by NCHS (MVSR Vol. 31, No. 1, April 16, 1982, pp. 8-9), using the underlying cause of death from a systematic sample of 10% of death certificates received in state vital statistics offices during the month and the provisional population of those states included in the sample for that month.

[4]IMS America *National Disease and Therapeutic Index* (NDTI), Monthly Report, December, 1981, Section III. This estimate comprises the number of office, hospital, and nursing home visits and telephone calls prompted by each medical condition based on a stratified random sample of office-based physicians (2,100) who record all private patient contacts for 2 consecutive days each quarter.

[5]"Prenatal care" (NDTI) and "Infant mortality" (MVSR Vol. 30, No. 12, March 18, 1982, p.1) are included in the table because "Years of potential life lost" does not reflect deaths of children <1 year.

Injuries – Continued

Motor-vehicle deaths account for nearly 35% of all injury-related deaths; homicides and suicides account for over 30%; and burns, falls, and drownings account for nearly 18% (*2*).

The societal cost of injuries is high—estimated at more than $83 billion per year (*2*); yet relatively little effort has been devoted to the prevention of injuries. This imbalance is, in part, the result of a widespread misunderstanding of injury causation. Often, cause is characterized by the term "accident," which connotes chance or fate, while actually many injuries, like diseases, can be prevented. Also, epidemiologic analyses of injuries describing the relationship of host, agent, and environmental variables may provide useful information about injury prevention. However, education-oriented intervention strategies directed at host variables such as risk-taking behavior and alcohol and drug use typically have had little effect on injury rates. Automatic or "passive" protection is gaining recognition as the major focus of prevention efforts because it requires no individual action by those protected and has considerable potential for preventing injury morbidity and mortality. Ten interrelated strategies that can help prevent injuries have recently been summarized (*3,4*) (Table 3).

Listed below are 3 injury-control measures designed to eliminate or modify potentially injurious environmental factors that have been associated with substantial decreases in morbidity and mortality.

1. Since the introduction in 1972 of childproof caps on aspirin and other medication containers, there has been a substantial reduction in childhood poisonings. In the period 1971-1977, deaths attributable to ingestion of analgesics and antipyretics decreased 41% for all age groups (*5*).

TABLE 3. Basic strategies to reduce injuries and deaths*

Strategies	Examples
1) Prevent the marshalling of potentially injurious agents†	Reduce speed limits, the height of diving boards, and the height of high chairs
or	
2) Reduce the amount of the agent	
3) Prevent inappropriate release of the agent	Apply nonslip surfaces to bathtubs
4) Modify release of the agent	Use seatbelts to decelerate occupants; use flame-retardant fabrics
5) Separate host from potentially injurious agent by time or space	Lock up guns and harmful substances
or	
6) Separate them with physical barriers	
7) Modify surfaces and basic structures	Use passive restraint systems; use pots and pans with non-heat-conducting handles
8) Increase resistance to injury	Participate in a physical-conditioning program
9) Improve emergency responses	Apply first aid rapidly
10) Improve medical care and rehabilitation	Train emergency and paramedical personnel

*Source: Baker SP, Dietz PE. Injury prevention. In: Healthy people. The Surgeon's General's Report on Health Promotion and Disease Prevention, background papers. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1979; Haddon W, Jr, Baker SP. Injury control. In: Clark DW, MacMahon B, eds. Preventive and community medicine. Boston: Little, Brown, 1981.

†The agent of injury is defined here as the abnormal transfer of energy.

Injuries – Continued

2. In New York City, there was a substantial reduction in the incidence of childhood injuries and deaths due to falls after the health department provided free, easily installed window guards to families with young children living in high-risk areas. Between 1973, when the program began, and 1975, the number of falls reported declined 50%, and the number of deaths due to falls decreased 35% (*6*).

3. In Honolulu, where legislation requires protective fencing around public and private pools, childhood drowning fatalities associated with swimming pools occur substantially less frequently than in cities without such legislation. Total population studies of swimming pool fatalities have been done in Honolulu and in Brisbane, Australia, a city that does not have a law requiring fencing but is similar to Honolulu in size, pool-to-house ratio, climate, and life style (*7*). The fatality rate for swimming-pool drownings in Honolulu is 0.9/100,000 population, compared with a rate of 2.6/100,000 in Brisbane, Australia.

Two other areas in which control measures are likely to decrease injuries include tap-water scalds and childhood automobile injuries. Each year 4,000 persons require extended hospital care for tap-water scalds. Although it is still too early to measure the outcome, many cities are actively involved in programs to prevent these injuries. Tap-water-scald injuries can be virtually eliminated by limiting water-heater temperature to no more than 120 F (48.9 C) (*8*).

Recognizing that automobile child-restraint devices, when properly used, can be up to 90% effective in reducing fatalities and serious injuries, 10 states have passed child-restraint laws. At least 20 more states have such bills pending.

These examples of injury-control methods have several common elements (*5*). 1) The injury pattern is fairly obvious and consistent so that it can be defined through data-collection methods currently available. 2) The countermeasure consists of modifying the environment to eliminate the hazard or reduce it demonstrably. 3) The need for behavior change on the part of the potential victim is minimal. 4) The countermeasure and its cost are accepted by the public or are sufficiently minor to be of little significance. 5) The cost and ease of introducing the countermeasure is acceptable to manufacturers or others responsible for it. 6) The injury-producing product or environment is susceptible to relatively rapid modification or replacement.

Reported by Environmental Health Svcs Div, Center for Environmental Health, CDC.

Editorial Note: A 1981 survey of state and territorial health departments conducted by the National Environmental Health Association identifed only 12 state health departments that maintain injury-control programs. Expansion of the field of injury control requires the involvement of voluntary and private organizations, as well as federal, state, and local governments, and the commitment of health professionals--physicians, nurses, epidemiologists, and public health officials—all of whom can be leaders in advocating and implementing injury-control programs.

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Injuries — Continued

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