CENTERS FOR DISEASE CONTROL

September 9, 1983 / Vol. 32 / No. 35

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Perspectives in Disease Prevention and Health Promotion

Violent Deaths Among Persons 15-24 Years of Age — United States, 1970-1978

In the past 25 years, the U.S. suicide rate among people 15-24 years of age has increased dramatically; the rate began to increase markedly in the mid-1950s and had more than tripled by 1978, moving suicide from the fifth leading cause of death in this age group in 1960 to the third leading cause in 1978. Homicide is the second leading cause of death for people in the 15- to 24-year age group; for black males 15-24 years of age, it is the primary cause of death. Because of these statistics, the U.S. Department of Health and Human Services has established two priority objectives focusing on the problems of violent deaths in the groups at very high risk:

Suicide: By 1990, the rate of suicide among people 15-24 years of age should be below 11 per 100,000 (compared with 12.4/100,000 in 1978) (*1*).

Homicide: By 1990, the death rate from homicide among black males 15-24 years of age should be reduced to below 60/100,000 (compared with 72.5/100,000 in 1978) (*1*).

To monitor and promote progress toward these objectives, CDC and the National Institute of Mental Health investigated trends and characteristics of suicide and homicide within these high-risk groups.*

SUICIDE AMONG PERSONS 15-24 YEARS OF AGE

Between 1970 and 1978, 39,011 U.S. residents 15-24 years of age committed suicide. The suicide rate for this age group increased 41% (from 8.8 deaths/100,000 population in 1970 to 12.4/100,000 in 1978), while the rate for the remainder of the population remained stable.

In this age group, the increase is due primarily to an increasing number and rate of suicides among males; rates for males increased by 47.4% (from 13.5 to 19.9/100,000), compared with an 11.9% increase for females (4.2 to 4.7/100,000), so that by 1978, the ratio of suicides committed by males to those by females was greater than 4 to 1. Most (88.8%) male suicide victims were white. Moreover, the white-male group was the only race-sex category to show a clear upward trend in suicide rates from 1970-1978 (Figure 1). Except for 1972, rates for males of black and other races rose gradually but remained lower than rates for white males. Rates for white females and for females of black and other races were approximately equal and relatively stable over time.

Young adults (20-24 years old) had approximately twice the number and rate of suicides as adolescents 15-19 years old.

*Suicide and homicide statistics for 1970-1978 were extracted from national mortality data files compiled by the National Center for Health Statistics. For 1976-1979, homicide statistics were extracted from the Supplementary Homicide Reports data files compiled by the Federal Bureau of Investigation.

Violent Deaths — Continued

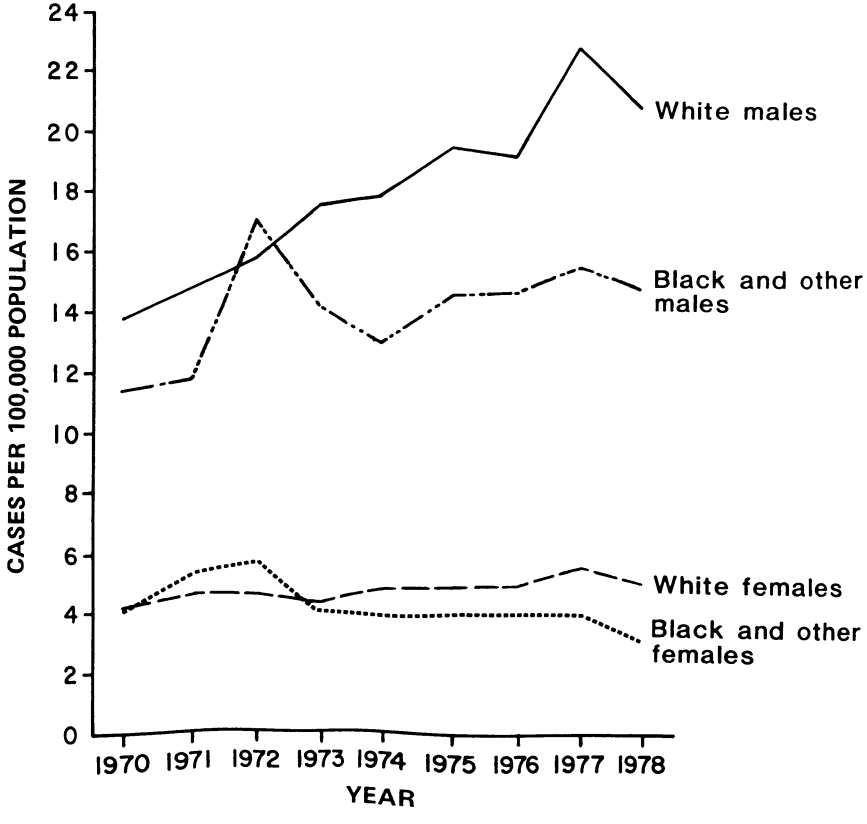
For 15- to 24-year-olds, the western United States had consistently higher suicide rates from 1970 to 1978 than the other three regions (north-central, northeastern, and southern). However, this difference in rates narrowed substantially by 1978, because rates for each of the other regions increased over this period.

The method of suicide changed dramatically from 1970 to 1978. The proportion of suicides committed by firearms or explosives increased for both males and females, and the proportion of both males and females committing suicide by poisoning declined (Figure 2). These changes were more marked among females, who have traditionally committed suicide by poisoning.

HOMICIDE AMONG BLACK MALES 15-24 YEARS OF AGE

Homicide is the leading cause of death for U.S. black males 15-24 years of age. In 1978, the homicide rate for this group was 72.5 deaths/100,000 population, compared with a rate of 13.2/100,000 for all persons 15-24 years of age. However, this high 1978 rate still represented a decrease of more than 25% in the rate of homicide deaths among black males 15-24 years of age over the 9-year period 1970-1978. Rates were greater than 100/100,000 for 1970-1972 but decreased to rates of less than 80/100,000 for

FIGURE 1. Suicide rates for all persons 15-24 years of age, by race and sex — United States, 1970-1978



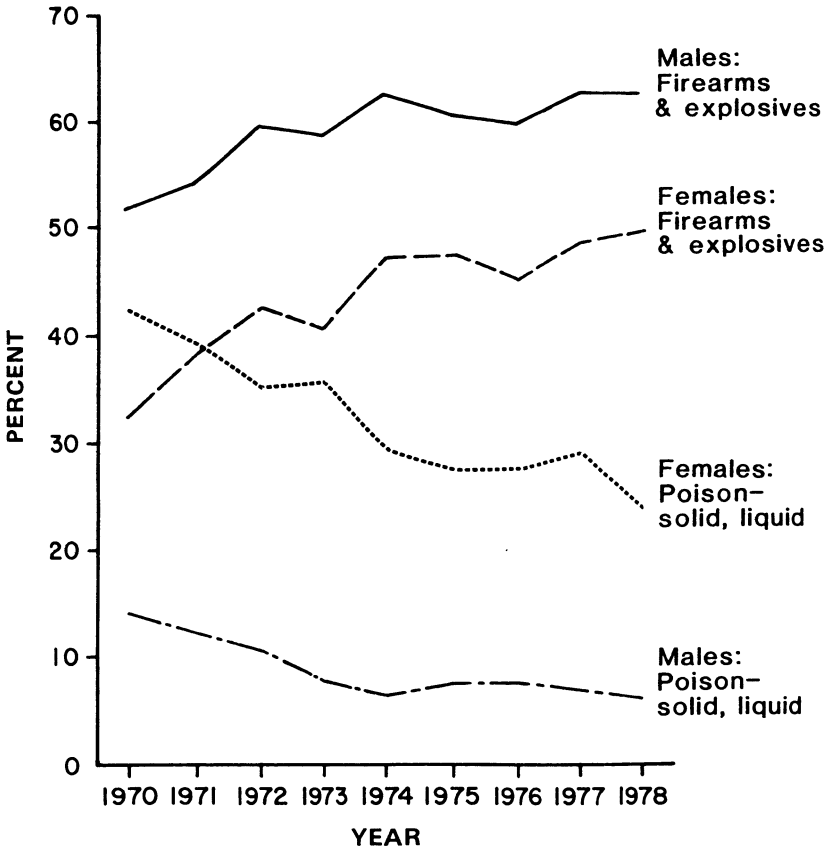
Violent Deaths — Continued

1976-1978 (Figure 3). Rates for black males in the 20- to 24-year age group are more than twice those in the 15- to 19-year age group for each of the 9 years 1970-1978. In 1978, 38.6% percent of all deaths among black males 20-24 years old were due to homicide.

Homicide rates for males of black and other races† 15-24 years of age are consistently highest in the north-central states, followed by the northeastern and southern states, with the lowest rate in the western states. The difference between the rates in the northeast, south, and west have narrowed, so that in 1978, they were 64.1/100,000, 56.1/100,000, and 53.9/100,000, respectively, while the rate for the north-central states remained highest at 105.4/100,000. Also, for each of the 9 years from 1970 to 1978, the homicide rate in metropolitan counties has been approximately twice as high as in non-metropolitan counties. In 1978, the rates were 77.2/100,000 and 37.5/100,000 for metropolitan and non-metropolitan counties, respectively.

†Rates by geographic region are not available for blacks separately.

FIGURE 2. Percentage of suicides, by firearms and poisonings, for males and females 15-24 years of age — United States, 1970-1978*



*The sum of all other methods of suicide was approximately 25-30 percent and generally constant over the time period.

Violent Deaths — Continued

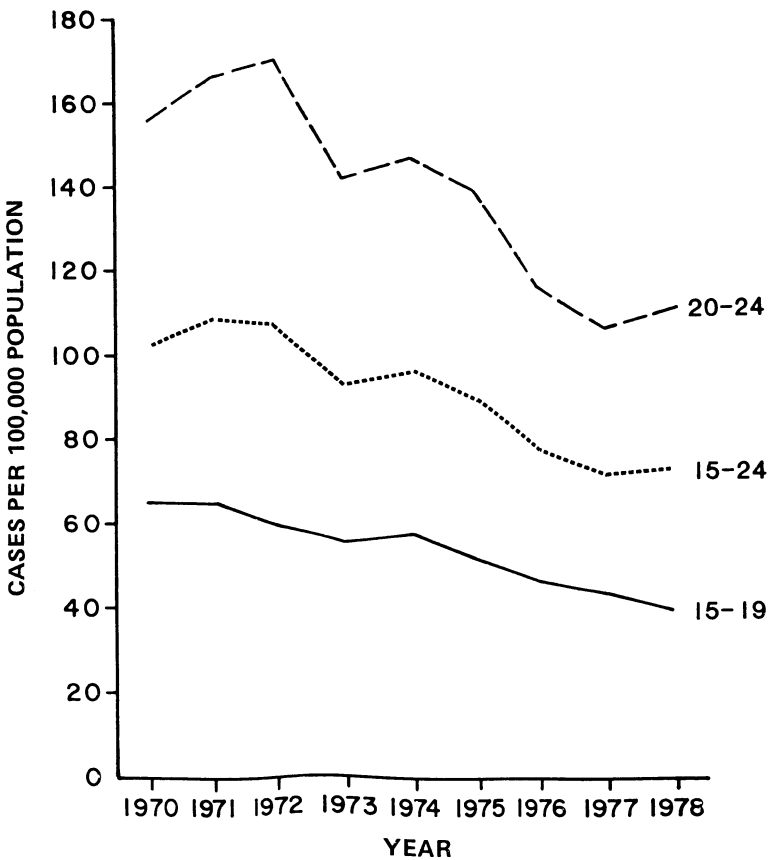
Most homicide deaths occurring among black males 15-24 years of age are due to firearms (more than 75% in each year 1970-1978). Cutting or piercing instruments are consistently the second most frequent method (approximately 15%). Approximately three-fourths of the homicide deaths from firearms involve handguns.

Most black male homicide victims 15-24 years of age are not killed in connection with documented criminal events, such as robberies or drug trafficking. In 1979, 66.4% of such deaths were not related to felonies; 15.6% were considered related to felonies. For 18.0% of such deaths, the circumstances were undetermined.

Most black male homicide victims 15-24 years of age were killed by persons known to them, usually acquaintances but not family members. In 1979, 54.4% of these homicide victims were killed by people known to them (87% of whom were non-family), and 12.9% were killed by strangers. For 32.7% of the deaths, it was unknown whether strangers or persons known to the victims committed the homicides.

Reported by Violence Epidemiology Br, Office of the Director, Center for Health Promotion and Education, CDC.

FIGURE 3. Homicide rates for black males 15-24 years of age, by age group — United States, 1970-1978



Violent Deaths — Continued

Editorial Note: Suicide may be underreported (*2,3*) because of difficulty in establishing suicidal intent, practical considerations (such as loss of insurance benefits), the social stigmata associated with suicide, and the addition of the category "undetermined whether death is accidental or purposely inflicted" to the International Classification of Diseases' coding scheme (*4-8*). Nevertheless, there is no evidence to suggest that the impact of these biases has changed substantially from 1970 to 1978, so the trends revealed in these data should be accurate.

Data presented in this report suggest that, among persons 15-24 years of age, young white male adults (20-24 years old) have the highest suicide risk. Further research is needed to explain the marked increase in suicide among young, white males and to characterize their deaths more precisely. For public health agencies to have an effective role in suicide prevention, it will be necessary to understand the importance of contributing factors, such as mental illness and alcohol and drug abuse, as well as specific social and cultural factors, and to relate these epidemiologic data to clinical psychiatric data and theory.

Young black men are at exceedingly high risk of homicide—of all black males 20-24 who died in 1978, over one-third were victims of homicide. Researchers must determine more precise risk factors for this group, as well as the factors contributing to the substantial decline in homicide rates between 1970 and 1978.

For all forms of interpersonal violence—including homicide, suicide, family violence, child abuse, and sexual abuse—the goal of public health research is to decrease the premature morbidity and mortality associated with violence. It is important to determine the nature and timing of critical precedents that place individuals at high risk of committing violent acts and at high risk of death at their own hands or at the hands of others. It is also important to identify the persons or groups in contact with high-risk individuals who could save lives through critical interventions, e.g., family members, friends, teachers, and personal physicians.

References

1. U.S. Public Health Service. Promoting health/preventing disease: objectives for the nation. Washington, D.C.: U.S. Public Health Service, 1980.
2. Dublin L. Suicide: a sociological and statistical study. New York: Ronald Press, 1963.
3. Maris R. Social forces in urban suicide. Homewood, Illinois: Dorsey Press, 1969.
4. Hopper K, Guttmacher S. Rethinking suicide: notes toward a critical epidemiology. Int J Health Serv 1979;9:417-38.
5. Bakwin H. Suicide in children and adolescents. J Pediat 1957;50:749-69.
6. Schrut A. Suicidal adolescents and children. JAMA 1964;188: 1103-7.
7. Shaffer D, Fisher P. The epidemiology of suicide in children and young adolescents. J Am Academy of Child Psychiatry 1981;20(3):545-65.
8. Warshauer ME, Monk M. Problems in suicide statistics for whites and blacks. Am J Public Health 1978;68:383-8.

Epidemiologic Notes and Reports

An Evaluation of the Immunotoxic Potential of Isobutyl Nitrite

Initial epidemiologic studies indicated that the use of inhalant drugs, such as amyl nitrite, isobutyl nitrite (IBN), and butyl nitrite, may be a risk factor for acquired immunodeficiency syndrome (AIDS) (*1,2*). Because the immunotoxic potential of these drugs was unknown, CDC undertook an immunotoxicologic evaluation of one of the most commercially available inhalants—IBN.

Isobutyl Nitrite — Continued

Balb/c mice were exposed to IBN at vapor concentrations of 20, 50, and 300 parts per million (ppm) for 6.5 hours a day, 5 days a week, for 3, 7, 13, or 18 weeks. At selected intervals, mice exposed to either 50 or 300 ppm of IBN were removed from the exposure chambers and tested for immunocompetency by the following assays: 1) antibody-producing cells were counted by localized hemolysis in gel assay (Jerne Plaque Assay) (*3*) 4 days after the mice had been immunized intraperitoneally with sheep erythrocytes; 2) radiometric skin testing with PPD (purified protein derivative) was performed 21 days after immunization with Freund's complete adjuvant (*4*); 3) the lymphocyte blast transformation (LBT) assay was performed by using splenic lymphocytes stimulated at several concentrations of the following mitogens: phytohemagglutinin, concanavalin A, pokeweed mitogen, or lipopolysaccharide. Each assay was performed on at least 10 (five male, five female) exposed animals and 10 control animals each time, and, except for the skin testing, assays for each animal were done in replicates of three (plaque assay) or four (LBT).

In addition to the immunocompetency testing, all animals were weighed weekly; their spleens, thymuses, and livers were weighed at necropsy, when hematologic measurements, including white-cell counts, red-cell counts, differential white-cell counts, and methemaglobin levels, were also determined. Fifteen major organs were removed and processed for histologic and pathologic analysis.

(Continued on page 464)

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

Disease	35th Week Ending			Cumulative, 35th Week Ending		
	September 3, 1983	September 4, 1982	Median 1978-1982	September 3, 1983	September 4, 1982	Median 1978-1982
Aseptic meningitis	620	371	372	5,971	4,967	4,093
Encephalitis: Primary (arthropod-borne & unspec.)	86	60	60	924	842	697
Post-infectious	-	-	2	58	59	150
Gonorrhea: Civilian	13,182	19,574	20,833	589,751	638,123	659,399
Military	230	621	631	15,927	18,203	18,272
Hepatitis: Type A	311	420	538	14,192	14,908	18,543
Type B	358	429	394	15,143	14,308	11,648
Non A, Non B	39	40	N	2,227	1,548	N
Unspecified	111	169	206	5,165	5,755	6,731
Legionellosis	6	17	N	468	374	N
Leprosy	5	6	5	168	142	129
Malaria	10	27	27	513	728	728
Measles: Total*	1	10	42	1,194	1,193	11,967
Indigenous	1	N	N	996	N	N
Imported	-	N	N	198	N	N
Meningococcal infections: Total	24	51	32	2,015	2,180	1,932
Civilian	24	51	32	2,000	2,168	1,916
Military	-	-	-	15	12	14
Mumps	14	30	46	2,416	4,183	7,009
Pertussis	54	66	36	1,454	996	996
Rubella (German measles)	5	11	18	762	1,964	3,196
Syphilis (Primary & Secondary): Civilian	466	529	529	21,499	22,100	17,606
Military	6	9	9	274	282	224
Toxic-shock syndrome	2	N	N	273	N	N
Tuberculosis	355	424	522	15,556	16,854	18,175
Tularemia	11	10	10	218	163	143
Typhoid fever	7	13	14	260	271	320
Typhus fever, tick-borne (RMSF)	47	34	44	953	771	824
Rabies, animal	89	124	117	4,056	4,319	4,319

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1983		Cum. 1983
Anthrax	-	Plague	27
Botulism: Foodborne	13	Poliomyelitis: Total	4
Infant (Ky. 1, Tex. 1, N.Mex. 1)	41	Paralytic	4
Other	-	Psittacosis (N.Y. City 2, Tex. 1)	85
Brucellosis (Tex. 2, N.Mex. 1)	134	Rabies, human	2
Cholera	1	Tetanus (Miss. 1)	49
Congenital rubella syndrome	16	Trichinosis	26
Diphtheria	-	Typhus fever, flea-borne (endemic, murine)	33
Leptospirosis (Va. 2, Oreg. 1)	35		

*There were no internationally imported measles reported for this week.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending September 3, 1983 and September 4, 1982 (35th week)

Reporting Area	Aseptic Meningitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionellosis	Leprosy	Malaria
		Primary	Post-infectious			A	B	NA,NB	Unspecified			
	1983	Cum. 1983	Cum. 1983	Cum. 1983	Cum. 1982	1983	1983	1983	1983	1983	Cum. 1983	Cum. 1983
UNITED STATES	620	924	58	589,751	638,123	311	358	39	111	6	168	513
NEW ENGLAND	21	35	-	15,319	15,368	4	8	1	12	2	3	26
Maine	-	-	-	749	772	-	-	-	-	-	-	1
N.H.	-	5	-	482	534	1	-	-	-	-	2	-
Vt.	3	1	-	290	289	2	-	-	-	-	-	1
Mass.	15	16	-	6,535	6,932	1	6	-	11	-	-	12
R.I.	-	-	-	822	1,041	-	-	-	-	2	-	3
Conn.	3	13	-	6,441	5,800	-	2	1	1	-	1	9
MID ATLANTIC	68	80	5	75,611	78,545	23	50	2	12	1	23	70
Upstate N.Y.	31	19	-	11,886	12,732	6	14	2	4	-	-	22
N.Y. City	5	10	-	30,528	32,776	7	3	-	-	1	22	19
N.J.	15	16	-	13,968	14,109	10	33	-	8	-	-	22
Pa.	17	35	5	19,229	18,928	-	-	-	-	-	1	7
E.N. CENTRAL	186	300	18	82,073	91,482	29	58	5	13	-	5	37
Ohio	32	82	7	22,156	24,581	10	15	1	1	-	1	6
Ind.	48	110	1	8,737	10,812	5	6	-	7	-	-	-
Ill.	5	17	7	20,538	26,013	6	4	2	-	-	2	14
Mich.	101	67	-	23,180	21,806	8	33	2	5	-	2	14
Wis.	-	24	3	7,462	8,270	-	-	-	-	-	-	3
W.N. CENTRAL	44	72	7	27,367	29,930	14	21	3	3	1	5	21
Minn.	-	19	1	3,888	4,314	2	4	1	1	-	4	6
Iowa	6	42	-	3,135	3,133	1	3	-	-	-	-	3
Mo.	20	7	-	13,052	14,298	3	7	-	-	1	-	2
N. Dak.	-	-	-	288	400	-	-	-	-	-	-	2
S. Dak.	2	-	2	745	824	1	3	-	-	-	-	1
Nebr.	2	3	-	1,803	1,836	-	1	-	-	-	-	1
Kans.	14	1	4	4,456	5,125	7	3	2	2	-	1	6
S. ATLANTIC	87	134	15	154,568	167,047	37	119	13	18	1	9	79
Del.	1	-	-	2,764	2,654	1	-	-	1	-	-	1
Md.	13	17	-	19,886	21,086	3	21	-	-	-	1	13
D.C.	-	-	-	10,609	9,321	-	8	-	-	-	-	13
Va.	16	31	2	13,810	13,127	4	13	2	6	-	1	13
W. Va.	1	18	-	1,603	1,857	-	2	-	1	1	-	1
N.C.	28	31	-	23,673	26,565	-	6	-	3	-	-	3
S.C.	1	2	-	14,666	16,178	2	9	-	-	-	-	5
Ga.	7	6	1	30,946	32,390	7	20	-	2	-	1	8
Fla.	20	29	12	36,611	43,869	20	40	11	5	-	6	22
E.S. CENTRAL	122	38	1	49,373	55,266	48	29	7	3	-	-	7
Ky.	52	4	-	5,839	7,485	42	13	3	-	-	-	-
Tenn.	10	9	-	20,513	21,681	-	11	2	3	-	-	-
Ala.	58	21	-	14,951	16,389	4	3	2	-	-	-	5
Miss.	2	4	1	8,070	9,711	2	2	-	-	-	-	2
W.S. CENTRAL	59	117	2	84,368	87,649	80	29	-	46	1	22	48
Ark.	1	6	-	6,553	7,288	1	2	-	6	1	-	1
La.	23	14	-	16,091	15,870	24	7	-	-	-	1	5
Okla.	8	26	1	9,792	9,711	11	3	-	2	-	-	10
Tex.	27	71	1	51,932	54,780	44	17	-	38	-	21	32
MOUNTAIN	32	42	4	19,010	21,637	59	36	6	3	-	12	23
Mont.	-	-	-	795	876	1	-	-	-	-	-	-
Idaho	-	-	-	807	993	1	1	-	-	-	-	2
Wyo.	1	2	-	493	619	-	-	-	-	-	-	1
Colo.	20	23	-	5,332	5,866	13	6	-	1	-	2	8
N. Mex.	3	1	-	2,357	2,791	15	7	1	-	-	-	5
Ariz.	5	7	4	5,412	5,790	16	6	4	2	-	9	4
Utah	3	9	-	901	1,033	3	1	1	-	-	1	3
Nev.	-	-	-	2,913	3,669	10	15	-	-	-	-	-
PACIFIC	1	106	6	82,062	91,199	17	8	2	1	-	89	202
Wash.	1	10	1	6,457	7,515	-	3	-	-	-	12	8
Oreg.	-	-	2	4,555	5,223	17	4	2	1	-	1	7
Calif.	U	89	3	67,162	74,469	U	U	U	U	U	52	187
Alaska	-	-	-	2,189	2,253	-	-	-	-	-	-	-
Hawaii	-	7	-	1,699	1,739	-	1	-	-	-	24	-
Guam	U	-	-	74	102	U	U	U	U	U	-	2
P.R.	-	-	1	1,752	1,924	2	8	-	5	-	-	2
V.I.	U	-	-	172	187	U	U	U	U	U	-	-
Pac. Trust Terr.	U	-	-	-	327	U	U	U	U	U	-	-

N: Not notifiable U: Unavailable

TABLE III. (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending September 3, 1983 and September 4, 1982 (35th week)

Reporting Area	Measles (Rubeola)					Menin-gococcal Infections	Mumps			Pertussis			Rubella		
	Indigenous		Imported*		Total										
	1983	Cum. 1983	1983	Cum. 1983	Cum. 1982	Cum. 1983	1983	Cum. 1983	Cum. 1982	1983	Cum. 1983	Cum. 1982	1983	Cum. 1983	Cum. 1982
UNITED STATES	1	996	-	198	1,193	2,015	14	2,416	4,183	54	1,454	996	5	762	1,964
NEW ENGLAND	-	2	-	14	13	100	1	97	159	2	46	39	-	11	14
Maine	-	-	-	-	-	8	-	16	37	-	4	4	-	-	-
N.H.	-	-	-	3	2	3	1	19	13	-	6	4	-	3	8
Vt.	-	-	-	-	2	7	-	14	7	-	7	2	-	3	-
Mass.	-	2	-	3	3	33	-	23	70	2	24	17	-	5	2
R.I.	-	-	-	-	-	8	-	12	15	-	5	10	-	-	1
Conn.	-	-	-	8	6	41	-	13	17	-	-	2	-	-	3
MID ATLANTIC	1	69	-	24	154	336	3	194	260	4	285	188	1	135	93
Upstate N.Y.	-	1	-	8	109	109	2	75	59	2	93	77	1	26	45
N.Y. City	1	42	-	12	37	61	-	33	45	-	45	27	-	86	31
N.J.	-	26	-	1	4	55	-	33	37	1	17	18	-	3	17
Pa.	-	-	-	3	4	111	1	53	119	1	130	66	-	20	-
E.N. CENTRAL	-	566	-	56	74	374	2	1,181	2,240	25	305	223	1	108	175
Ohio	-	72	-	13	1	114	1	539	1,556	19	105	62	-	2	-
Ind.	-	384	-	4	2	45	-	33	37	1	36	15	-	23	27
Ill.	-	108	-	33	24	109	-	122	252	3	102	95	1	46	65
Mich.	-	2	-	5	47	66	1	420	294	2	25	18	-	15	48
Wis.	-	-	-	1	-	40	-	67	101	-	37	33	-	22	35
W.N. CENTRAL	-	-	-	1	49	112	1	139	539	5	92	56	-	31	55
Minn.	-	-	-	-	-	16	-	27	418	-	33	23	-	6	5
Iowa	-	-	-	-	-	12	1	36	30	-	5	5	-	-	-
Mo.	-	-	-	1	2	55	-	21	9	2	14	14	-	-	38
N. Dak.	-	-	-	-	-	4	-	-	-	-	1	-	-	-	-
S. Dak.	-	-	-	-	-	4	-	-	1	-	6	5	-	-	1
Nebr.	-	-	-	-	3	1	-	2	-	-	-	1	-	-	-
Kans.	-	-	-	-	44	20	-	53	81	3	33	8	-	25	11
S. ATLANTIC	-	168	-	26	41	426	4	160	239	6	185	173	-	93	74
Del.	-	-	-	-	-	10	-	8	10	-	3	5	-	-	1
Md.	-	6	-	4	3	43	-	24	24	-	14	42	-	3	34
D.C.	-	-	-	-	1	5	-	-	-	-	-	1	-	-	-
Va.	-	10	-	13	14	59	-	30	33	1	46	18	-	2	12
W. Va.	-	-	-	-	3	2	3	39	88	2	7	5	-	-	1
N.C.	-	-	-	1	-	84	1	9	11	-	21	21	-	10	1
S.C.	-	-	-	4	-	44	-	8	15	-	13	16	-	1	1
Ga.	-	8	-	-	-	68	-	42	13	-	54	31	-	11	10
Fla.	-	144	-	4	20	111	-	-	45	3	27	34	-	66	14
E.S. CENTRAL	-	1	-	5	7	123	1	47	46	3	22	38	-	11	44
Ky.	-	-	-	1	1	26	-	21	14	2	9	5	-	10	26
Tenn.	-	-	-	-	6	42	1	21	18	-	5	19	-	-	2
Ala.	-	1	-	4	-	37	-	2	8	1	4	5	-	1	-
Miss.	-	-	-	-	-	18	-	3	6	-	4	9	-	-	16
W.S. CENTRAL	-	39	-	34	40	217	2	202	164	4	287	67	2	105	94
Ark.	-	5	-	7	-	17	-	2	6	-	16	3	-	-	1
La.	-	-	-	25	2	44	-	45	5	-	6	9	-	9	1
Okla.	-	1	-	-	24	25	-	-	-	-	205	5	-	-	3
Tex.	-	33	-	2	14	131	2	155	153	4	60	50	2	96	89
MOUNTAIN	-	1	-	3	13	77	-	98	84	5	154	57	1	30	75
Mont.	-	-	-	-	-	13	-	2	3	-	1	1	-	5	5
Idaho	-	-	-	-	-	6	-	6	3	5	11	11	-	8	6
Wyo.	-	-	-	-	1	2	-	-	2	-	6	2	1	3	7
Colo.	-	-	-	2	8	25	-	12	16	-	98	16	-	-	6
N. Mex.	-	-	-	-	-	6	-	-	-	-	10	5	-	-	6
Ariz.	-	-	-	1	4	16	-	68	35	-	14	21	-	6	14
Utah	-	-	-	-	-	8	-	6	19	-	14	1	-	7	20
Nev.	-	1	-	-	-	1	-	4	6	-	-	-	-	1	11
PACIFIC	-	150	-	35	802	250	-	298	452	-	78	155	-	238	1,340
Wash.	-	1	-	4	39	33	-	38	61	-	13	20	-	12	37
Oreg.	-	7	-	2	6	38	-	-	-	-	6	24	-	13	6
Calif.	U	141	U	27	752	170	U	233	376	U	57	83	U	211	1,285
Alaska	-	-	-	2	1	2	-	12	6	-	-	-	-	1	5
Hawaii	-	1	-	-	4	7	-	15	9	-	2	28	-	1	7
Guam	U	1	U	1	6	1	U	-	3	U	-	-	U	-	2
P.R.	8	89	-	-	96	11	2	111	53	-	9	19	-	4	8
V.I.	U	-	U	5	-	-	U	-	2	U	-	-	U	2	-
Pac. Trust Terr.	U	-	U	-	-	-	U	-	5	U	-	-	U	-	-

*For measles only, imported cases includes both out-of-state and international importations. U: Unavailable †International §Out-of-state

TABLE III. (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending September 3, 1983 and September 4, 1982 (35th week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1983	Cum. 1982	1983	1983	Cum. 1983	Cum. 1983	Cum. 1983	Cum. 1983	Cum. 1983
UNITED STATES	21,499	22,100	2	355	15,556	218	260	953	4,056
NEW ENGLAND	454	376	1	9	447	4	10	6	22
Maine	15	3	-	-	27	-	-	-	6
N.H.	17	4	-	1	30	-	-	1	2
Vt.	2	1	-	-	9	-	-	-	1
Mass.	279	250	1	5	238	3	8	2	8
R.I.	16	19	-	-	28	1	-	-	-
Conn.	125	99	-	3	115	-	2	3	5
MID ATLANTIC	2,718	3,057	-	76	2,778	1	47	24	173
Upstate N.Y.	187	336	-	6	453	1	7	6	58
N.Y. City	1,626	1,811	-	23	1,109	-	16	1	-
N.J.	539	415	-	32	599	-	18	8	14
Pa.	366	495	-	15	617	-	6	9	101
E.N. CENTRAL	1,079	1,359	-	56	2,103	2	44	68	366
Ohio	302	197	-	10	314	-	11	42	45
Ind.	87	134	-	8	223	-	2	6	26
Ill.	474	750	-	28	925	1	22	14	194
Mich.	159	211	-	7	533	1	9	6	10
Wis.	57	67	-	3	108	-	-	-	91
W.N. CENTRAL	260	379	-	1	486	68	9	46	611
Minn.	104	76	-	-	104	-	2	-	106
Iowa	13	21	-	-	40	-	-	-	157
Mo.	97	226	-	-	235	52	6	22	87
N. Dak.	2	7	-	-	5	-	-	1	58
S. Dak.	9	1	-	-	32	4	-	5	83
Nebr.	11	11	-	-	20	5	-	2	56
Kans.	24	37	-	1	50	7	1	16	64
S. ATLANTIC	5,791	5,984	1	118	3,202	13	39	404	1,377
Del.	25	11	-	-	27	-	-	4	4
Md.	364	333	-	9	261	5	6	34	571
D.C.	260	331	-	2	127	-	3	-	1
Va.	401	408	-	11	334	1	8	52	497
W. Va.	17	21	1	2	96	-	2	11	99
N.C.	543	476	-	34	476	6	3	165	16
S.C.	365	354	-	15	285	-	1	70	19
Ga.	1,064	1,231	-	24	605	1	2	64	149
Fla.	2,752	2,819	-	21	991	-	14	4	21
E.S. CENTRAL	1,470	1,518	-	45	1,403	15	6	75	277
Ky.	103	80	-	19	339	-	3	17	64
Tenn.	417	411	-	15	438	10	1	36	162
Ala.	569	568	-	6	362	-	1	18	51
Miss.	381	459	-	5	264	5	1	4	-
W.S. CENTRAL	5,703	5,678	-	40	1,842	91	34	317	799
Ark.	136	141	-	5	217	58	2	30	135
La.	1,194	1,287	-	-	242	3	3	1	21
Okla.	146	119	-	-	168	23	2	203	86
Tex.	4,227	4,131	-	35	1,215	7	27	83	557
MOUNTAIN	456	562	-	5	411	19	8	11	165
Mont.	6	3	-	-	34	5	1	5	66
Idaho	6	24	-	-	23	2	-	2	7
Wyo.	10	15	-	-	10	4	-	2	8
Colo.	112	156	-	1	54	1	1	-	18
N. Mex.	127	136	-	-	82	3	1	-	7
Ariz.	114	119	-	-	164	1	3	-	32
Utah	17	15	-	-	27	2	1	1	5
Nev.	64	94	-	4	17	1	1	1	22
PACIFIC	3,568	3,187	-	5	2,884	5	63	2	266
Wash.	113	109	-	-	154	2	3	-	2
Oreg.	97	77	-	1	124	2	3	-	1
Calif.	3,301	2,914	U	U	2,408	1	55	2	248
Alaska	10	8	-	-	42	-	-	-	15
Hawaii	47	79	-	4	156	-	2	-	-
Guam	-	1	U	U	3	-	-	-	-
P.R.	499	465	-	4	334	-	-	-	40
V.I.	16	23	U	U	2	-	-	-	-
Pac. Trust Terr.	-	-	U	U	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending September 3, 1983 (35th week)

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	647	433	142	33	22	17	38
Boston, Mass.	186	98	53	13	12	10	15
Bridgeport, Conn.	44	31	9	3	-	1	-
Cambridge, Mass.	25	22	2	-	-	1	2
Fall River, Mass.	23	20	2	1	-	-	-
Hartford, Conn.	29	18	8	2	1	-	-
Lowell, Mass.	26	18	6	1	1	-	2
Lynn, Mass.	28	19	7	1	1	-	2
New Bedford, Mass.	27	22	4	1	-	-	-
New Haven, Conn.	64	45	11	4	4	-	2
Providence, R.I.	50	40	8	1	1	-	7
Somerville, Mass.	7	6	1	-	-	-	1
Springfield, Mass.	51	33	13	2	-	3	4
Waterbury, Conn.	25	14	7	3	-	1	-
Worcester, Mass.	62	47	11	1	2	1	3
MID. ATLANTIC	2,418	1,596	512	168	65	77	100
Albany, N.Y.	42	30	6	3	1	2	1
Allentown, Pa.	19	16	3	-	-	-	-
Buffalo, N.Y.	143	94	29	9	7	4	13
Camden, N.J.	33	18	9	4	1	1	1
Elizabeth, N.J.	22	13	8	-	1	-	-
Erie, Pa.†	33	27	4	1	-	1	2
Jersey City, N.J.	46	23	13	6	-	4	-
N.Y. City, N.Y.	1,257	815	264	107	36	35	37
Newark, N.J.	59	30	18	4	2	5	7
Paterson, N.J.	32	21	7	2	-	2	2
Philadelphia, Pa.†	335	226	73	16	9	11	15
Pittsburgh, Pa.†	59	37	16	2	1	3	5
Reading, Pa.	31	26	4	-	-	1	-
Rochester, N.Y.	98	71	20	3	1	3	10
Schenectady, N.Y.	18	14	1	3	-	-	-
Scranton, Pa.†	33	27	5	-	-	1	1
Syracuse, N.Y.	84	52	20	7	3	2	1
Trenton, N.J.	23	13	6	-	3	1	1
Utica, N.Y.	20	18	2	-	-	-	3
Yonkers, N.Y.	31	25	4	1	-	1	1
E.N. CENTRAL	2,085	1,317	485	151	62	69	55
Akron, Ohio §	55	48	-	2	2	2	-
Canton, Ohio	26	20	5	1	-	-	1
Chicago, Ill†	487	279	125	46	18	19	14
Cincinnati, Ohio	136	86	26	15	3	6	8
Cleveland, Ohio	137	77	37	10	4	9	2
Columbus, Ohio	131	81	31	9	5	5	2
Dayton, Ohio	115	79	26	5	3	2	4
Detroit, Mich.	226	126	66	25	7	2	3
Evansville, Ind.	42	29	7	5	-	1	1
Fort Wayne, Ind.	53	36	13	3	1	-	5
Gary, Ind.	17	6	6	2	2	1	-
Grand Rapids, Mich.	59	43	8	2	2	4	1
Indianapolis, Ind.	151	95	38	8	5	5	4
Madison, Wis.	33	21	7	1	3	1	1
Milwaukee, Wis.	158	103	43	7	1	4	4
Peoria, Ill.	43	27	13	-	-	3	2
Rockford, Ill.	42	33	6	2	1	-	2
South Bend, Ind.	38	34	2	1	-	1	-
Toledo, Ohio	84	62	13	4	3	2	1
Youngstown, Ohio	52	32	13	3	2	2	-
W.N. CENTRAL	698	467	151	39	24	15	35
Des Moines, Iowa	63	47	11	3	1	1	5
Duluth, Minn.	21	15	5	-	1	-	2
Kansas City, Kans.	43	31	6	3	1	2	1
Kansas City, Mo.	107	65	25	8	3	4	8
Lincoln, Nebr.	29	21	6	1	1	-	5
Minneapolis, Minn.	73	41	19	5	7	1	-
Omaha, Nebr.	72	41	18	9	2	2	4
St. Louis, Mo.	162	119	32	6	3	2	5
St. Paul, Minn.	76	53	18	1	2	2	-
Wichita, Kans.	52	34	11	3	3	1	5

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	1,294	773	329	91	49	52	54
Atlanta, Ga.	134	81	27	11	7	8	6
Baltimore, Md.	335	195	83	30	19	8	9
Charlotte, N.C.	75	38	28	3	2	4	4
Jacksonville, Fla.	86	47	26	6	3	4	1
Miami, Fla.	103	62	31	6	1	3	2
Norfolk, Va.	55	31	16	3	2	3	4
Richmond, Va.	78	45	20	4	3	6	4
Savannah, Ga.	35	23	8	2	1	1	7
St. Petersburg, Fla.	127	99	22	3	2	1	7
Tampa, Fla.	70	45	16	-	6	3	4
Washington, D.C.	149	76	42	20	2	9	2
Wilmington, Del.	47	31	10	3	1	2	4
E.S. CENTRAL	788	464	195	62	34	32	36
Birmingham, Ala.	111	65	29	5	7	5	6
Chattanooga, Tenn.	57	37	12	5	1	2	4
Knoxville, Tenn.	59	33	21	3	2	-	1
Louisville, Ky.	101	55	25	8	3	10	6
Memphis, Tenn.	239	135	59	23	12	9	10
Mobile, Ala.	54	32	18	2	1	1	1
Montgomery, Ala.	36	29	6	1	-	-	2
Nashville, Tenn.	131	78	25	15	8	5	6
W.S. CENTRAL	1,239	717	309	101	60	52	40
Austin, Tex.	78	57	14	5	1	1	3
Baton Rouge, La.	50	25	17	1	4	3	4
Corpus Christi, Tex.	39	24	13	-	1	1	-
Dallas, Tex.	221	132	54	18	12	5	3
El Paso, Tex.	61	34	12	1	4	10	3
Fort Worth, Tex.	84	55	16	5	5	3	3
Houston, Tex.	200	89	62	25	14	10	2
Little Rock, Ark.	75	46	21	4	3	1	7
New Orleans, La.	125	76	26	15	3	5	-
San Antonio, Tex.	172	95	43	16	10	8	8
Shreveport, La.	42	27	9	3	2	1	1
Tulsa, Okla.	92	57	22	8	1	4	6
MOUNTAIN	579	350	118	39	29	43	31
Albuquerque, N.Mex.	71	39	17	9	2	4	3
Colo. Springs, Colo.	36	24	7	4	1	-	5
Denver, Colo.	104	52	20	3	8	21	2
Las Vegas, Nev.	52	28	18	6	-	-	2
Ogden, Utah	27	19	3	4	-	1	4
Phoenix, Ariz.	125	80	31	5	3	6	3
Pueblo, Colo.	23	19	4	-	-	-	3
Salt Lake City, Utah	48	26	5	4	7	6	3
Tucson, Ariz.	93	63	13	4	8	5	6
PACIFIC	1,645	1,039	380	112	61	53	69
Berkeley, Calif.	18	13	2	2	1	-	2
Fresno, Calif.	71	38	22	3	4	4	5
Glendale, Calif.	8	6	2	-	-	-	1
Honolulu, Hawaii	71	46	15	3	4	3	4
Long Beach, Calif.	103	60	25	12	1	5	2
Los Angeles, Calif.	461	287	105	36	19	14	13
Oakland, Calif.	84	55	19	6	2	2	5
Pasadena, Calif.	30	21	3	1	3	2	-
Portland, Oreg.	115	79	23	8	1	4	8
Sacramento, Calif.	55	35	9	6	2	3	3
San Diego, Calif.	125	85	24	7	6	3	8
San Francisco, Calif.	142	88	36	12	4	2	2
San Jose, Calif.	122	71	30	8	7	6	6
Seattle, Wash.	154	91	48	6	5	4	2
Spokane, Wash.	42	32	6	2	1	1	7
Tacoma, Wash.	44	32	11	-	1	-	1
TOTAL	11,393††	7,156	2,621	796	406	410	458

* 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.

§ Data not available. Figures are estimates based on average of past 4 weeks.

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 1981[1]	Estimated mortality April 1983		Estimated number of physician contacts April 1983[4]
		Number[2]	Annual Rate/100,000[3]	
ALL CAUSES (TOTAL)	9,879,590	172,100	897.9	102,515,000
Accidents and adverse effects (E800-E949)	2,587,140	6,730	35.1	5,000,000
Malignant neoplasms (140-208)	1,821,900	35,630	185.9	1,748,000
Diseases of heart (390-398, 402, 404-429)	1,621,290	67,640	352.9	5,377,000
Suicides, homicides (E950-E978)	1,403,560	4,060	21.2	—
Cerebrovascular diseases (430-438)	275,000	13,700	71.6	737,000
Chronic liver disease and cirrhosis (571)	267,350	2,490	13.0	143,000
Pneumonia and influenza[5] (480-487)	123,420	5,310	27.7	1,154,000
Chronic obstructive pulmonary diseases and allied conditions (490-496)	116,280	6,150	32.1	1,567,000
Diabetes mellitus (250)	105,960	3,260	17.0	3,602,000
Prenatal care[6]				2,407,000
Infant mortality[6]		3,300	11.2 /1,000 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. 30, No. 13, December 20, 1982, 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. 32, No. 5, August 15, 1983, pp. 8-9) and the provisional U.S. population in that month (MVSR Vol. 32, No. 4, July 13, 1983, 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. 32, No. 5, August 15, 1983, pp. 8-9), using the underlying cause of death from a 10% systematic sample of death certificates received in state vital statistics offices during the month and population estimates from the Bureau of the Census.

[4]IMS America *National Disease and Therapeutic Index* (NDTI), Monthly Report, April 1983, 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]Data for "infectious diseases and their sequelae" as a cause of death and physician visits comparable to other multiple-code categories (e.g., "malignant neoplasms") are not presently available.

[6]"Prenatal care" (NDTI) and "Infant mortality" (MVSR Vol. 32, No. 4, July 13, 1983, p.1) are included in the table because "Years of potential life lost" does not reflect deaths of children < 1 year.

Isobutyl Nitrite — Continued

None of the animals exposed to IBN showed any evidence of immunotoxic reactions. Methemaglobinemia was noted in animals exposed to 300 ppm of IBN, and some evidence of thymic atrophy, possibly stress-related, was found in this group. All detailed histologic examinations have not been completed.

Reported by Immunology Section, Laboratory Investigations Br, Div of Respiratory Disease Studies; Chronic Toxicology Section, Experimental Toxicology Br, Div of Biomedical and Behavioral Sciences, National Institute of Occupational Safety and Health; AIDS Activity and Div of Host Factors, Center for Infectious Diseases; Office of the Director, Center for Environmental Health, CDC.

Editorial Note: Aliphatic nitrites, such as IBN, are commercially available as room odorizers but are commonly used as inhalant "street" drugs. The results of the present study, as well as the occurrence of AIDS among populations not commonly using inhalant nitrites, suggests that these drugs are not responsible for the basic immune defects characteristic of AIDS.

Although the data obtained in this study indicate that IBN was not immunotoxic for mice, these drugs do have toxic effects. They have been shown to be mutagenic in vitro (*5*) and are highly flammable. Reported side effects include: dizziness, headache, tachycardia, syncope, hypotension, and increased intraocular pressure; nitrites have also been associated with methemoglobinemia and, rarely, sudden death (*6*). Nitrite inhalants do not appear to be implicated as a cause of the immunosuppression seen in AIDS, but their role as a cofactor in some of the illnesses found in this syndrome has not been ruled out.

References

1. Goedert JJ, Neuland CY, Wallen WC, et al. Amyl nitrite may alter T lymphocytes in homosexual men. Lancet 1982;1:412-6.
2. Marmor M, Friedman-Kien AE, Laubenstein L, et al. Risk factors for Kaposi's sarcoma in homosexual men. Lancet 1982;1:1083-7.
3. Dresser DW. Assays of immunoglobulin-secreting cells. In: Weir DM, ed. Handbook of experimental immunology, 3rd edition. Oxford: Blackwell Scientific Publications, 1978. pp 28.1-28.25.
4. Luster MI, Dean JH, Moore JA. Evaluation of immune functions in toxicology. In: Hayes W, ed. Methods in toxicology. New York: Raven Press, 1982, pp 516-86.
5. Quinto I. Mutagenicity of alkylnitrites in the *Salmonella* test. Boll Soc Ital Biol Sper. 1980;56:816-20.
6. Bruckner JV, Peterson RG. Toxicology of aliphatic and aromatic hydrocarbons. In: National Institute on Drug Abuse (research monograph no. 15). In: Sharp CW, Brehm ML, eds. Review of inhalants: euphoria to dysfunction. Washington, D.C.: Government Printing Office, 1977;124-63.

Arizona hinshawii Septicemia Associated with Rattlesnake Powder — California

In November 1982, a 61-year-old Hispanic woman who had been undergoing palliative chemotherapy for an unresectable primary adenocarcinoma of the gall bladder was hospitalized in Oakland, California, with abdominal discomfort, rigors, fever to 39.4 C (103 F), and a neutropenia of 264 white blood cells per mm^3. Admission blood cultures grew *A. hinshawii*.

Initial questioning revealed no apparent source for infection. After reading a report of overwhelming infection with *Arizona hinshawii* in a cancer patient who had taken snake powder capsules (*1*), her physician asked about this and other non-prescribed remedies. A daughter had administered snake capsules to her mother daily, along with medicine prescribed by her physician. One such capsule obtained from the daughter grew *Escherichia coli, E. cloacae,* enterococcus, *Salmonella phoenix, Staphylococcus epidermidis,* and *A. hinshawii*.

After treatment with ampicillin, the patient's white blood cell count returned to normal,

Arizona hinshawii *Septicemia — Continued*

and blood cultures became negative, but fever persisted. Chloramphenicol was started, and she gradually improved and returned home.

Joint investigation by state and federal food and drug agencies at the Oakland retail herb and medicine shop where the capsules were purchased led to a state embargo and seizure of the rattlesnake powder (*Pulvo de Vibora*). Recovered capsules grew *Salmonella* species *S. newport, S. poona, S. anatum,* and several *A. hinshawii* serotypes. Two Los Angeles importers selling these folk remedies were identified; both agreed to discontinue importation and sale of *Pulvo de Vibora.* The source of the rattlesnake capsules in Mexico was not determined.

Editorial Note: *Arizona hinshawii* is a gram-negative bacillus in the Enterobacteriaceae family and resembles the genus *Salmonella* antigenically, clinically, and epidemiologically. It was first recovered in 1939 from diseased reptiles in Arizona and was initially called "*S. dares-saalam* variety from Arizona." It was later distinguished from *Salmonella,* but as of July 1, 1983, CDC reclassified *A. hinshawii* with the genus *Salmonella,* as *Salmonella* (*Arizona*) and the appropriate serotypic reference. Reptiles constitute the main natural reservoir, but man, poultry, and other animals have also developed disease from *A. hinshawii.* Human infection with this pathogen should suggest inquiries of a possible connection with reptiles (also poultry and eggs); in the case reported here, it led to public health action involving state embargo of rattlesnake powder that had been used as a cancer remedy.

Because cancer patients are often severely immunocompromised, neutropenic, and cachectic, they are at high risk of infection. Their infections tend to be serious and often fatal. Yet, such patients are known to consume high-risk foods and drugs, such as raw liver, raw beef, raw milk, and, as in this case, raw rattlesnake powder.

Rattlesnake powder (ground rattlesnake) may be widely available in California and elsewhere in the nation. The California State Food and Drug Branch continues to monitor herb stores in Hispanic areas, and the U.S. Food and Drug Administration has increased its surveillance of imports from Mexico.

Reported in California Morbidity, *July 1, 1983 (25), by JB Marzouk, MD, P Joseph, MD, TK Lee, MD, Oakland; T Livermore, MD, R Benjamin, MD, Alameda County Health Dept; WD Crawford, G Nygaard, SB Warner, MD, California Dept of Health Svcs.*

References

1. Fainstein V, Yancey R, Trier P, Bodey GP. Overwhelming infection in a cancer patient caused by *Arizona hinshawii*: its relation to snake pill ingestion. Am J Infect Control 1982:10;147-53.

Current Trends

Update: Acquired Immunodeficiency Syndrome (AIDS) — United States

As of September 2, 1983, physicians and health departments in the United States and Puerto Rico had reported 2,259 persons with acquired immunodeficiency syndrome (AIDS) who met the surveillance case definition.* Of these, 917 (41%) are known to have died. Fifty-eight (3%) cases were diagnosed before 1981; 231 (10%) in 1981; 883 (39%) in 1982; and 1,087 (48%) to date in 1983. *Pneumocystis carinii* pneumonia (PCP) is the most common

*For the limited purposes of epidemiologic surveillance, CDC defines a case of AIDS as a reliably diagnosed disease that is at least moderately indicative of an underlying cellular immunodeficiency in a person who has had no known underlying cause of cellular immunodeficiency and no other cause of reduced resistance reported to be associated with that disease.

AIDS – Continued

life-threatening opportunistic infection in AIDS patients, accounting for 52% of primary diagnoses; 26% of patients have Kaposi's sarcoma (KS) without PCP, and 7% have both PCP and KS. Many of these patients may also have other opportunistic infections, and 15% of AIDS patients have such infections without KS or PCP. The proportion of patients with each of these primary diagnoses has remained relatively constant during the last 12 months, although the proportion with KS has decreased slightly, and the proportion with opportunistic infections other than PCP has increased from approximately 10% of all cases a year ago. Cases have occurred in all primary racial/ethnic groups in the United States: 57% of those reported have been white, 26% black, 14% Hispanic, and 3% other or unknown. One hundred forty-seven (7%) cases have been reported in women.

Eighty-nine percent of patients with AIDS can be placed in groups† that suggest a possible means of disease acquisition: 71% are men with homosexual or bisexual orientations; 17% (including 51% of the women) have used intravenous (IV) drugs; and 1% are hemophiliacs. Of the other 11% of cases, means of disease acquisition is less clear, but in none of these cases does casual contact appear to be involved. This group of 11% includes cases for whom information about risk factors is either absent or incomplete (3% of total), and others whose risk and exposure factors are under investigation. The latter includes patients who were born in Haiti but are now living in the United States (5% of total). Also under investigation are heterosexual partners of persons with AIDS or persons at increased risk of AIDS (1% of total), and those exposed to blood transfusions (1% of total). Finally, some thoroughly investigated cases belong to none of the above groups (1% of total).

Almost 47% of AIDS patients are 30-39 years old at diagnosis; an additional 22% are 20-29 and 40-49 years old, respectively. The age of drug-abuse patients clusters more tightly, with 81% being 20-39 years old. Compared with the average for all AIDS patients, Haitian entrants with AIDS tend to be younger (47% are 20-29 years old); the patients who received blood transfusions before developing AIDS tend to be older (median age more than 50 years old); and those with hemophilia tend to have a broader age range without clustering.

Most cases continue to be reported among residents of large cities. The New York City standard metropolitan statistical area (SMSA) has reported 42% of all cases meeting the surveillance definition; the San Francisco SMSA, 11% of cases; the Los Angeles SMSA, 7% of cases; and the Miami SMSA, 5% of cases. Cases have been reported from 41 states, the District of Columbia, and Puerto Rico (Figure 4).

Reported by City, State, and Territorial Epidemiologists; AIDS Activity, Center for Infectious Diseases, CDC.

Editorial Note: AIDS cases have been classified into groups at greatest risk of acquiring the disease. Classification is an essential element of any epidemiologic investigation and serves such purposes as formulating prevention recommendations, providing direction for research, and identifying medical needs. However, the classification of certain groups as being more closely associated with the disease has been misconstrued by some to mean these groups are likely to transmit the disease through non-intimate interactions. This view is not justified by available data. Nonetheless, it has been used unfairly as a basis for social and economic discrimination.

The occurrence of AIDS cases among homosexual men, IV drug abusers, persons with hemophilia, sexual partners of members of these groups, and recipients of blood transfusions is consistent with the hypothesis that AIDS is caused by an agent that is transmitted sexually or, less commonly, through contaminated needles or blood. About 91% percent of reported

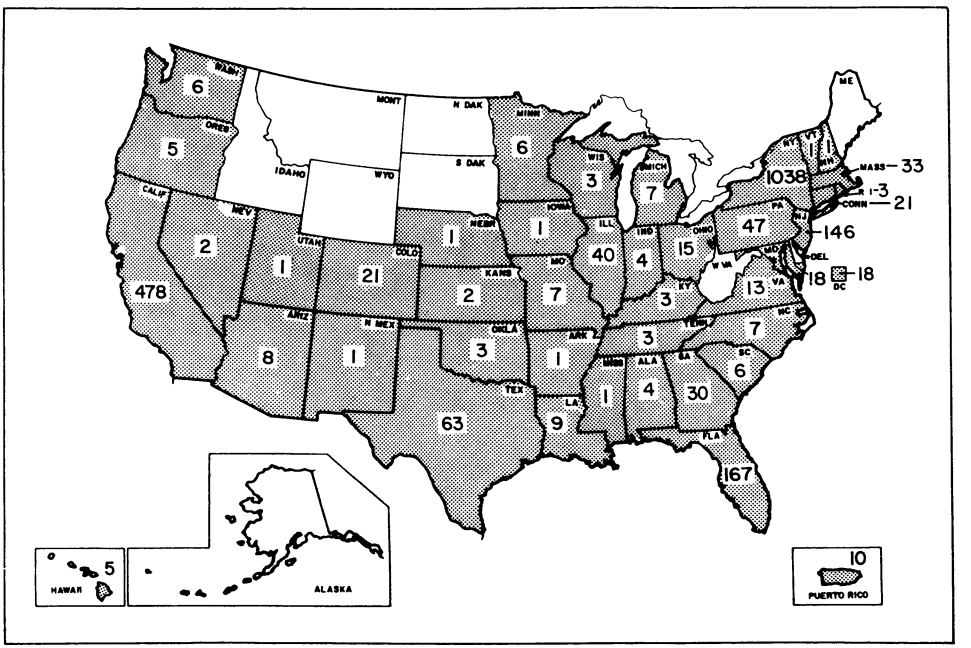
†The groups listed are hierarchically ordered; cases with characteristics of more than one group are tabulated only in the group listed first.

AIDS – Continued

cases have occurred in these patient groups. Among the remaining cases, there has been no evidence that the disease was acquired through casual contact with AIDS patients or with persons in population groups with an increased incidence of AIDS. AIDS is not known to be transmitted through food, water, air, or environmental surfaces.

The great majority of persons in population groups with increased incidences of AIDS have not been affected by the disease. Until epidemiologic studies identify the subgroups within these populations that are truly at increased risk for acquiring AIDS, the classification system will lack precision. However, such classifications should not be construed to imply that usual social contact with such groups is involved in the transmission of AIDS.

FIGURE 4. Acquired immunodeficiency syndrome (AIDS) cases meeting the surveillance definition reported to CDC, by state – United States, as of September 2, 1983



The *Morbidity and Mortality Weekly Report* is prepared by the Centers for Disease Control, Atlanta, Georgia, and available on a paid subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, (202) 783-3238.

The data in this report are provisional, based on weekly reports 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. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to: ATTN: Editor, *Morbidity and Mortality Weekly Report,* Centers for Disease Control, Atlanta, Georgia 30333.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE / CENTERS FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333
OFFICIAL BUSINESS

Postage and Fees Paid
U.S. Department of HHS
HHS 396

X

S 6HCRH3MCDJ73 8129
JOSEPH MC DADE PHD
LEGIONNAIRE ACTIVITY
LEPROSY & RICKETTSIAL BR
VIROLOGY DIV, CID
7-85

HHS Publication No. (CDC) 83-8017