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Current Trends

Alcohol-Associated Premature Mortality — United States, 1980

Alcohol abuse and alcohol-associated illnesses are major causes of premature mortality in the United States (*1*). Reducing the considerable morbidity and mortality related to alcohol misuse is one of the U.S. Public Health Service's 1990 Objectives for the Nation (*2*). Achievement of these objectives requires effective interventions targeted towards specific groups at particular risk of alcohol-related illness. Race- and sex-specific rates of years of potential life lost (YPLL) provide one mechanism for identifying these target population groups.

Use of the Multiple Cause of Mortality tapes from the National Center for Health Statistics allows a determination of premature mortality attributable to certain specific alcohol-associated conditions, where these conditions appear as either the underlying or contributing cause of death. Race- and sex-specific YPLL and rates per 100,000 population from selected causes are shown in Table 1.

TABLE 1. Years of potential life lost (YPLL)* and YPLL rates per 100,000 population for alcohol-related causes of mortality, by race and sex — United States, 1980

Cause	ICD-9-CM†	Race	Total YPLL§		YPLL rates per 100,000¶	
			Male	Female	Male	Female
Alcohol abuse	305.0	White	61,340	16,676	72.9	19.7
		Black	15,112	4,039	131.5	32.2
		Native American	2,995	642	458.8	97.3
Alcohol dependence	303.0	White	98,590	27,720	117.2	32.8
		Black	52,765	19,951	459.1	158.8
		Native American	5,025	2,455	769.8	372.0
Alcoholic cirrhosis	571.0-571.3	White	82,921	33,365	98.6	39.5
		Black	29,115	15,141	253.3	120.5
		Native American	3,442	2,304	527.3	349.1
Other cirrhosis	571.4-571.9	White	149,515	69,726	177.7	82.5
		Black	54,006	31,005	469.9	246.8
		Native American	3,197	2,500	489.8	378.9

*From both underlying and contributing causes; includes YPLL from nonresident deaths (*1*).

†The International Classification of Diseases, 9th Revision, Clinical Modification.

§Because more than one condition may appear as contributing cause for any one death, data is not additive across conditions.

¶Based on population aged 1 year to 64 years.

Premature Mortality — Continued

Native Americans have the highest rate of YPLL due to each of these alcohol-associated causes of mortality, followed by blacks. In general, males of all races have a higher rate for each mortality cause than females. Native American females, however, have a higher rate of deaths attributable to alcoholic cirrhosis than either black or white males.

Reported by D Bertolucci, MA, J Noble, M Dufour, MD, National Institute on Alcohol Abuse and Alcoholism, Rockville, Maryland; Epidemiologic Studies Br, Div of Surveillance and Epidemiologic Studies, Epidemiology Program Office, CDC.

Editorial Note: The rate of alcohol-related YPLL parallels that of total YPLL from all causes in the United States, being higher in males than females (*3*). Similarly, the total rate of YPLL for all causes is lower in whites than in blacks and Native Americans. Unlike the total rate, however, where blacks have higher rates than Native Americans, the Native Americans in the United States have the highest rate of alcohol-associated YPLL. These data must be interpreted cautiously, since Native Americans are not a homogenous group.

These data include only YPLL for selected causes of mortality due to alcohol misuse. They do not include many other causes of death (e.g., alcoholic gastritis, alcoholic cardiomyopathy, motor vehicle-related and other injuries, suicide, and homicide) that are wholly or partially due to alcohol misuse (*4*). Second, physicians may significantly underreport alcohol misuse as an underlying cause of death on death certificates (*5*). More accurate measures of the proportion of premature mortality attributable to alcohol are needed. One way of increasing reporting accuracy is for physicians to record excessive blood alcohol concentration, International Classification of Diseases, 9th Revision, code 790.3, as an underlying or contributory cause of death where appropriate.

Targeting groups at high risk of premature death from alcohol misuse for education and other interventions may provide the greatest benefit in reducing alcohol-associated premature mortality in the United States. Finally, accurate monitoring systems of alcohol-associated mortality in states will provide important outcome measures of the effectiveness of various state and community intervention programs.

References

1. CDC. Surveillance and assessment of alcohol-related mortality—United States, 1980. MMWR 1985; 34:161-3.
2. U.S. Department of Health and Human Services. Promoting health/preventing disease: objectives for the nation. Washington, D.C.: U.S. Public Health Service, Department of Health and Human Services 1980:67-72.
3. CDC. Unpublished data.
4. Research Triangle Institute. Economic costs to society of alcohol and drug abuse and mental illness: 1980. Research Triangle Park, North Carolina: Research Triangle Institute 1984:46-8.
5. Dufour M, Malin H, Bertolucci D, Christian C. Death certification practices in alcohol-related traffic fatalities. 112th annual meeting, American Public Health Association, Anaheim, California, November 1984.

Enterovirus Surveillance — United States, 1985

Fifty-six reports were received from state virology laboratories of nonpolio enterovirus (NPEV) isolates identified in March, April, or May 1985. Coxsackievirus B2 was isolated most frequently (18/56), followed by coxsackievirus A9 and echoviruses 6, 7, and 11, with four each, then echovirus 4 and coxsackievirus B5, with three each.

Enterovirus Surveillance – Continued

In 1984, the most common isolates were echovirus 9, with 16.7% (266/1,589) of all isolates; echovirus 11, with 9.1%; coxsackievirus B5, with 8.9%; echovirus 30, with 8.3%; coxsackievirus B2, with 7.8%; and coxsackievirus A9, with 7.6%.

Reported by Respiratory and Enterovirus Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: A retrospective study of CDC's enterovirus surveillance data from 1970 to 1983 shows that NPEV types isolated in March through May (early isolates) are predictive of types likely to be isolated during the peak enterovirus season (*1*). In this study, the six most frequent early isolates accounted for an average of 59%, and always more than 50%, of isolates in July through December. Reports of early isolates suggest that coxsackieviruses A9, B2, and B5 and echoviruses 4, 6, 7, and 11 are likely to be common isolates this enterovirus season.

Reference

1. CDC. Unpublished data.

Epidemiologic Notes and Reports

Dengue Fever in U.S. Military Personnel — Republic of the Philippines

Between June and September 1984, an outbreak of dengue fever occurred at Clark Air Base, a large U.S. military installation located about 70 kilometers north of Manila on Luzon Island, Republic of the Philippines. The base has an active-duty population of approximately 10,000 persons. Dengue fever was first suspected when seven servicemen presented at the Clark Air Base Regional Medical Center between June 26 and June 29 with similar illnesses characterized by high fever, body aches and pains, rash, leukopenia, and thrombocytopenia. Subsequently, a disease surveillance system was initiated at all primary health-care clinics in the hospital to detect patients with similar clinical presentations.

The most frequent clinical findings were fever (97%), headache (80%), and myalgia/arthralgia (80%). Other common signs and symptoms were malaise, chills, anorexia, nausea, vomiting, diarrhea, and maculopapular eruption. An aberrant taste sensation, dizziness, and desquamation/pruritus in the palms were occasionally reported. Hemorrhagic manifestations consisted of petechial rash in 13 patients, gastrointestinal bleeding in four patients, and gum bleeding in one patient. One patient initially admitted to the intensive-care unit was in shock (blood pressure 60/40) with upper gastrointestinal bleeding.

Common laboratory findings for the 29 hospitalized patients were white blood cell count below 4×10^9/L (90%), relative lymphocytosis (71%), and a platelet count below 0.10×10^{12}/L (72%). The partial thromboplastin time was increased in six of the 12 patients tested, and the fibrinogen/fibrin degradation products were elevated for six of the seven patients tested.

Twenty-nine of the patients were hospitalized, including 25 active-duty personnel. This latter group lost a total of 212 duty days as a result of this illness. No patients died.

A total of 119 patients were referred for study, and 42 cases of dengue fever were confirmed by hemagglutination-inhibition (HI) antibody seroconversion or by virus isolation. An additional nine cases were considered probable dengue based on the presence of HI antibody

Dengue Fever — Continued

in an acute serum only. All four dengue serotypes were isolated (12 cases of dengue 1, four of dengue 2, five of dengue 3, and one of dengue 4).

Patients' ages ranged from 2 years to 43 years, and the male:female ratio was 3.2:1. Thirty-five of the patients were active-duty service members, most of whom were males between the ages of 20 years and 40 years. The remaining 16 patients were their wives and children. Over 90% of the cases were clustered in several off-base residential areas in Angeles City. The first seven patients recognized during the last week of June resided in the same neighborhood, and three of these servicemen shared the same house. Multiple cases occurring in the same household also were recorded among members of five different families.

Mosquito surveys revealed the presence of both *Aedes aegypti* and *A. albopictus* in most off-base residential areas. An extensive education program and malathion spraying resulted in the marked reduction of vector populations in these communities by the end of September.

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

Disease	32nd Week Ending			Cumulative, 32nd Week Ending		
	Aug. 10, 1985	Aug. 11, 1984	Median 1980-1984	Aug. 10, 1985	Aug. 11, 1984	Median 1980-1984
Acquired Immunodeficiency Syndrome (AIDS)	155	78	N	4,655	2,442	N
Aseptic meningitis	296	265	366	3,603	3,466	3,873
Encephalitis: Primary (arthropod-borne & unspec.)	26	28	35	572	572	644
Post-infectious	-	1	2	81	82	62
Gonorrhea: Civilian	14,827	17,437	19,593	502,660	496,497	580,314
Military	211	429	706	11,018	13,178	16,689
Hepatitis: Type A	383	422	426	13,156	12,636	13,567
Type B	429	518	489	15,471	15,418	12,993
Non A, Non B	56	81	N	2,488	2,335	N
Unspecified	105	100	197	3,483	2,971	5,234
Legionellosis	19	14	N	358	351	N
Leprosy	23	3	3	233	139	139
Malaria	15	23	28	574	535	637
Measles: Total*	69	27	29	2,192	2,172	2,172
Indigenous	56	20	N	1,796	1,924	N
Imported	13	7	N	396	248	N
Meningococcal infections: Total	16	28	45	1,610	1,911	1,911
Civilian	16	28	45	1,607	1,907	1,907
Military	-	-	-	3	4	12
Mumps	13	34	34	2,059	2,083	3,064
Pertussis	62	53	61	1,170	1,253	898
Rubella (German measles)	19	8	10	469	486	1,672
Syphilis (Primary & Secondary): Civilian	441	493	672	15,417	16,932	18,411
Military	-	4	8	97	213	232
Toxic Shock syndrome	11	14	N	234	314	N
Tuberculosis	317	397	452	12,817	12,912	15,452
Tularemia	5	12	7	84	191	141
Typhoid fever	5	12	10	193	198	231
Typhus fever, tick-borne (RMSF)	23	29	48	384	534	757
Rabies, animal	67	136	136	3,150	3,133	3,929

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1985		Cum. 1985
Anthrax	-	Leptospirosis	18
Botulism: Foodborne	32	Plague	9
Infant	29	Poliomyelitis: Total	3
Other	1	Paralytic	3
Brucellosis (Pa. 1, Mo. 1, Kans. 1, Miss. 1, Tex. 2, Calif. 4)	76	Psittacosis (Mich. 1)	72
Cholera	3	Rabies, human	-
Congenital rubella syndrome	-	Tetanus (Tex. 1, Calif. 1, P.R. 1)	38
Congenital syphilis, ages < 1 year	90	Trichinosis	47
Diphtheria	1	Typhus fever, flea-borne (endemic, murine) (Tex. 3)	9

*Eight of the 69 reported cases for this week were imported from a foreign country or can be directly traceable to a known internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending August 10, 1985 and August 11, 1984 (32nd Week)

Reporting Area	AIDS	Aseptic Meningitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionellosis	Leprosy
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum. 1985	1985	Cum. 1985	Cum. 1985	Cum. 1985	Cum. 1984	1985	1985	1985	1985	1985	Cum. 1985
UNITED STATES	4,655	296	572	81	502,660	496,497	383	429	56	105	19	233
NEW ENGLAND	176	33	15	-	14,457	13,862	8	31	-	7	1	4
Maine	7	1	-	-	664	576	1	2	-	-	-	-
N.H.	-	1	4	-	340	419	-	-	-	-	-	-
Vt.	1	2	-	-	188	230	-	-	-	-	-	-
Mass.	103	11	10	-	5,627	5,717	6	23	-	7	1	4
R.I.	9	12	-	-	1,122	938	1	6	-	-	-	-
Conn.	56	6	1	-	6,516	5,982	-	-	-	-	-	-
MID ATLANTIC	1,820	63	83	6	76,275	68,213	34	43	5	4	-	16
Upstate N.Y.	216	13	29	4	10,152	10,214	15	16	2	1	-	-
N.Y. City	1,228	4	7	-	37,852	28,541	-	-	-	-	-	16
N.J.	265	35	19	-	11,891	11,473	9	19	1	3	-	-
Pa.	111	11	28	2	16,380	17,985	10	8	2	-	-	-
E.N. CENTRAL	198	29	123	17	70,828	69,330	12	37	5	1	4	20
Ohio	36	10	49	4	17,422	18,258	7	16	2	1	3	2
Ind.	13	U	18	2	7,242	8,091	U	U	U	U	U	-
Ill.	96	-	14	6	19,637	15,405	2	1	-	-	-	16
Mich.	37	19	30	-	19,910	19,862	3	20	3	-	1	2
Wis.	16	-	12	5	6,617	7,714	-	-	-	-	-	-
W.N. CENTRAL	53	18	38	3	24,507	23,790	11	8	2	-	2	-
Minn.	14	9	17	1	3,573	3,622	-	-	-	-	-	-
Iowa	8	2	11	-	2,676	2,613	1	1	-	-	-	-
Mo.	23	3	-	-	11,715	11,445	-	5	2	-	2	-
N. Dak.	-	-	-	1	158	231	-	-	-	-	-	-
S. Dak.	-	3	-	-	458	580	3	1	-	-	-	-
Nebr.	3	-	5	-	2,213	1,627	6	-	-	-	-	-
Kans.	5	1	5	1	3,714	3,672	1	1	-	-	-	-
S. ATLANTIC	723	36	70	28	109,829	125,875	27	87	7	13	8	5
Del.	9	7	3	-	2,462	2,229	-	1	1	-	3	-
Md.	88	3	15	1	17,473	14,442	-	8	-	-	-	1
D.C.	94	-	-	-	9,161	9,126	-	14	-	-	-	-
Va.	51	3	17	4	11,447	11,913	2	13	-	-	3	-
W. Va.	5	1	12	-	1,533	1,533	1	-	-	-	-	-
N.C.	34	4	20	-	20,999	20,249	1	9	1	1	1	2
S.C.	6	-	3	-	13,580	12,570	-	-	1	-	1	-
Ga.	114	8	-	-	-	23,633	1	15	1	-	-	1
Fla.	322	10	-	23	33,174	30,180	22	27	3	12	-	1
E.S. CENTRAL	44	11	23	4	44,816	43,360	5	26	1	1	-	-
Ky.	12	3	8	-	5,052	5,217	3	2	-	-	-	-
Tenn.	14	7	4	-	17,390	18,012	-	14	1	1	-	-
Ala.	16	-	9	4	13,749	13,811	2	8	-	-	-	-
Miss.	2	1	2	-	8,625	6,320	-	2	-	-	-	-
W.S. CENTRAL	342	42	75	2	67,364	67,265	42	35	6	27	1	16
Ark.	5	1	2	1	6,512	6,204	3	-	-	-	-	1
La.	60	3	3	-	13,792	15,377	5	7	2	2	1	1
Okla.	8	3	17	1	7,186	7,329	3	4	1	2	-	-
Tex.	269	35	53	-	39,874	38,355	31	24	3	23	-	14
MOUNTAIN	70	23	26	5	16,630	16,050	74	25	5	21	1	5
Mont.	-	1	-	-	450	687	1	1	-	-	1	-
Idaho	-	-	-	-	516	810	17	-	-	3	-	-
Wyo.	-	-	1	-	380	463	-	1	-	-	-	-
Colo.	25	13	6	1	4,953	4,628	12	3	-	8	-	1
N. Mex.	7	-	3	-	1,882	1,825	13	6	-	3	-	-
Ariz.	25	5	5	-	5,000	4,333	26	12	5	7	-	1
Utah	10	2	8	4	705	790	1	1	-	-	-	2
Nev.	3	2	3	-	2,744	2,514	4	1	-	-	-	1
PACIFIC	1,229	41	119	16	77,954	68,752	170	137	25	31	2	167
Wash.	78	3	12	-	5,527	4,946	11	7	2	1	1	31
Oreg.	16	-	1	-	3,814	3,962	46	13	7	1	-	3
Calif.	1,116	34	103	16	65,670	56,951	113	110	16	29	1	114
Alaska	2	-	3	-	1,827	1,724	-	2	-	-	-	-
Hawaii	17	4	-	-	1,116	1,169	-	5	-	-	-	19
Guam	-	U	-	-	81	154	U	U	U	U	U	1
P.R.	53	5	4	2	2,156	2,089	-	15	-	2	-	2
V.I.	2	-	-	-	312	341	-	-	-	-	-	-
Pac. Trust Terr.	-	U	-	-	146	-	U	U	U	U	U	20

N: Not notifiable U: Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending August 10, 1985 and August 11, 1984 (32nd Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported *		Total									
	Cum. 1985	1985	Cum. 1985	1985	Cum. 1985	Cum. 1984	Cum. 1985	1985	Cum. 1985	1985	Cum. 1985	Cum. 1984	1985	Cum. 1985	Cum. 1984
UNITED STATES	574	56	1,796	13	396	2,172	1,610	13	2,059	62	1,170	1,253	19	469	486
NEW ENGLAND	32	2	36	2	87	103	70	1	42	9	69	33	1	12	18
Maine	3	-	-	1†	1	-	2	-	6	-	2	1	-	-	1
N.H.	4	-	-	-	-	36	9	-	7	-	28	6	-	2	1
Vt.	1	-	-	-	-	7	9	-	2	-	3	16	-	-	-
Mass.	16	2	32	1§	83	47	12	1	14	7	17	8	-	6	16
R.I.	2	-	-	-	-	-	13	-	8	1	12	1	-	-	-
Conn.	6	-	4	-	3	13	25	-	5	1	7	1	1	4	-
MID ATLANTIC	89	6	165	1	28	140	281	1	218	4	76	106	13	197	171
Upstate N.Y.	30	-	71	-	10	31	110	1	125	4	39	59	-	17	98
N.Y. City	29	1	51	1†	8	98	44	-	14	-	9	5	13	158	55
N.J.	10	1	16	-	10	7	43	-	27	-	3	7	-	9	17
Pa.	20	4	27	-	-	4	84	-	52	-	25	35	-	13	1
E.N. CENTRAL	24	-	343	-	125	662	281	4	787	2	144	335	-	21	77
Ohio	6	-	-	-	43	9	93	4	236	-	26	57	-	-	2
Ind.	3	U	48	U	1	3	37	U	33	U	11	214	U	1	2
Ill.	2	-	204	-	66	162	62	-	163	-	17	23	-	5	47
Mich.	11	-	37	-	15	454	61	-	282	2	29	20	-	14	18
Wis.	2	-	54	-	-	34	28	-	73	-	61	21	-	1	8
W.N. CENTRAL	18	-	1	-	10	10	84	-	63	4	88	93	-	19	29
Minn.	7	-	-	-	6	3	21	-	1	4	27	12	-	2	2
Iowa	1	-	-	-	-	-	7	-	9	-	5	7	-	1	1
Mo.	4	-	-	-	2	3	34	-	11	-	19	15	-	7	-
N. Dak.	1	-	-	-	2	-	3	-	2	-	9	-	-	2	3
S. Dak.	1	-	-	-	-	-	2	-	-	-	1	7	-	-	-
Nebr.	1	-	-	-	-	-	7	-	2	-	4	2	-	-	-
Kans.	3	-	1	-	-	4	10	-	38	-	23	50	-	7	23
S. ATLANTIC	75	15	233	4	10	44	314	2	196	5	256	140	2	54	21
Del.	-	-	-	-	-	-	7	-	1	-	-	2	-	1	-
Md.	17	13	69	-	4	17	43	-	27	-	114	44	-	6	1
D.C.	4	-	2	-	1	8	6	-	-	-	1	-	-	-	-
Va.	18	-	21	2§	3	5	40	1	36	-	8	17	-	2	-
W. Va.	2	-	31	-	-	-	8	-	56	-	2	9	-	11	-
N.C.	7	-	9	-	-	-	42	-	11	1	14	17	-	-	-
S.C.	-	-	-	-	-	1	32	-	7	-	-	2	-	3	-
Ga.	6	-	8	-	-	-	52	-	28	-	73	11	-	4	2
Fla.	21	2	93	2†	2	13	84	1	30	4	44	38	2	27	18
E.S. CENTRAL	8	2	2	-	1	3	74	-	18	-	17	8	-	2	9
Ky.	2	2	2	-	-	1	5	-	4	-	3	1	-	2	3
Tenn.	-	-	-	-	-	2	29	-	12	-	5	4	-	-	-
Ala.	5	-	-	-	-	-	24	-	-	-	6	-	-	-	3
Miss.	1	-	-	-	1	-	16	-	2	-	3	3	-	-	3
W.S. CENTRAL	53	27	403	4	13	501	138	2	216	20	167	238	1	29	6
Ark.	-	-	-	-	-	8	13	-	4	-	12	14	-	1	3
La.	1	-	42	-	-	-	22	-	2	-	9	4	-	-	-
Okla.	2	-	-	-	1	8	26	N	N	1	76	211	-	1	-
Tex.	50	27	361	4†§	12	485	77	2	210	19	70	9	1	27	3
MOUNTAIN	32	2	450	1	44	144	67	2	201	5	98	86	-	4	15
Mont.	-	-	122	-	17	-	5	-	7	-	5	17	-	-	-
Idaho	1	1	121	-	18	23	2	-	9	-	3	5	-	1	1
Wyo.	1	-	-	-	-	-	6	-	2	-	-	3	-	-	2
Colo.	10	1	1	1§	7	6	19	-	16	-	31	32	-	-	2
N. Mex.	10	-	1	-	2	88	8	N	N	-	10	5	-	2	-
Ariz.	5	-	205	-	-	-	18	2	99	4	24	16	-	1	-
Utah	2	-	-	-	-	27	7	-	6	1	25	6	-	-	7
Nev.	3	-	-	-	-	-	2	-	62	-	-	2	-	-	3
PACIFIC	243	2	163	1	78	565	301	1	318	13	255	214	2	131	140
Wash.	17	-	9	-	32	124	55	-	29	3	46	51	-	11	1
Oreg.	11	-	3	-	-	-	28	N	N	-	21	14	-	2	1
Calif.	198	2	137	1§	41	295	207	1	271	7	154	79	1	75	134
Alaska	2	-	-	-	-	-	7	-	4	-	27	1	-	1	1
Hawaii	15	-	14	-	5	146	4	-	14	3	7	69	1	42	3
Guam	1	U	10	U	-	90	-	U	4	U	-	-	U	1	4
P.R.	-	-	48	-	-	3	10	6	122	1	8	-	1	24	6
V.I.	-	-	4	-	6	-	-	-	3	-	-	-	-	-	-
Pac. Trust Terr.	-	U	-	U	-	-	-	U	3	U	-	-	U	-	-

*For measles only, imported cases includes both out-of-state and international importations.

N: Not notifiable U: Unavailable †International §Out-of-state

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending August 10, 1985 and August 11, 1984 (32nd Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1985	Cum. 1984	1985	Cum. 1985	Cum. 1984	Cum. 1985	Cum. 1985	Cum. 1985	Cum. 1985
UNITED STATES	15,417	16,932	11	12,817	12,912	84	193	384	3,150
NEW ENGLAND	336	318	-	429	373	1	6	3	10
Maine	9	4	-	34	18	-	-	-	-
N.H.	7	10	-	12	21	-	-	-	1
Vt.	4	1	-	4	7	-	-	-	-
Mass.	174	187	-	257	206	1	5	3	6
R.I.	11	12	-	35	29	-	-	-	-
Conn.	131	104	-	87	92	-	1	-	3
MID ATLANTIC	2,089	2,329	1	2,367	2,374	1	29	11	270
Upstate N.Y.	149	195	-	400	385	-	8	7	67
N.Y. City	1,280	1,429	-	1,172	952	1	15	2	-
N.J.	413	413	-	319	521	-	5	-	26
Pa.	247	292	1	476	516	-	1	2	177
E.N. CENTRAL	704	793	1	1,598	1,712	-	18	33	112
Ohio	92	154	-	293	326	-	4	26	23
Ind.	63	85	U	193	190	-	3	2	15
Ill.	362	249	-	694	712	-	4	3	20
Mich.	146	256	1	325	376	-	5	2	15
Wis.	41	49	-	93	108	-	2	-	39
W.N. CENTRAL	139	251	2	342	392	27	9	30	605
Minn.	28	71	1	71	66	1	6	1	115
Iowa	15	11	-	43	44	-	1	-	104
Mo.	71	127	-	159	192	19	1	2	23
N. Dak.	2	6	-	6	9	-	-	1	91
S. Dak.	4	-	-	18	15	4	-	2	211
Nebr.	6	11	1	11	21	2	1	2	27
Kans.	13	25	-	34	45	1	-	22	34
S. ATLANTIC	3,892	5,022	1	2,601	2,634	6	20	170	828
Del.	24	13	-	27	33	1	-	1	-
Md.	247	318	-	240	261	-	5	14	413
D.C.	218	201	-	101	99	-	-	-	-
Va.	187	252	-	230	256	1	3	15	107
W. Va.	12	13	-	67	85	-	-	1	19
N.C.	412	508	-	327	405	4	2	64	5
S.C.	494	460	1	337	330	-	-	48	49
Ga.	-	856	-	413	371	-	2	22	124
Fla.	2,298	2,401	-	859	794	-	8	5	111
E.S. CENTRAL	1,271	1,122	-	1,130	1,204	5	4	40	154
Ky.	37	61	-	246	284	-	1	3	22
Tenn.	367	301	-	325	371	4	1	21	29
Ala.	406	371	-	352	359	1	2	9	100
Miss.	461	389	-	207	190	-	-	7	3
W.S. CENTRAL	3,761	4,149	1	1,569	1,494	26	16	81	568
Ark.	193	126	-	164	165	10	-	12	95
La.	654	737	-	222	182	-	-	1	12
Okla.	106	138	-	167	148	12	-	59	71
Tex.	2,808	3,148	1	1,016	999	4	16	9	390
MOUNTAIN	436	369	1	340	343	13	8	14	261
Mont.	3	2	-	46	14	4	-	6	126
Idaho	4	15	-	15	21	-	-	1	6
Wyo.	7	7	-	5	-	-	-	4	16
Colo.	105	86	1	42	38	2	4	1	13
N. Mex.	73	51	-	61	64	2	2	-	5
Ariz.	217	137	-	142	161	3	2	-	91
Utah	6	12	-	7	30	2	-	-	-
Nev.	21	59	-	22	15	-	-	2	4
PACIFIC	2,789	2,579	4	2,441	2,386	5	83	2	342
Wash.	73	94	1	145	123	-	-	-	4
Oreg.	57	72	-	82	95	1	-	-	3
Calif.	2,612	2,360	3	2,028	1,995	2	79	2	332
Alaska	2	3	-	69	43	2	-	-	3
Hawaii	45	50	-	117	130	-	4	-	-
Guam	2	-	U	19	33	-	-	-	-
P.R.	491	500	-	222	253	-	1	-	24
V.I.	1	8	-	1	3	-	52	-	-
Pac. Trust Terr.	13	-	U	16	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending August 10, 1985 (32nd Week)

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	608	389	131	52	18	18	26
Boston, Mass.	166	84	53	16	3	10	9
Bridgeport, Conn.	44	28	5	8	3	-	3
Cambridge, Mass.	28	21	4	2	1	-	1
Fall River, Mass.	22	12	7	2	1	-	-
Hartford, Conn.	55	30	14	7	2	2	2
Lowell, Mass.	28	19	5	4	-	-	1
Lynn, Mass.	20	15	4	-	1	-	-
New Bedford, Mass.	19	16	-	3	-	-	-
New Haven, Conn.	62	43	11	2	3	3	-
Providence, R.I.	38	27	6	1	2	2	4
Somerville, Mass.	8	8	-	-	-	-	-
Springfield, Mass.	47	35	9	2	1	-	3
Waterbury, Conn.	21	16	2	3	-	-	-
Worcester, Mass.	50	35	11	2	1	1	3
MID ATLANTIC	2,510	1,628	558	201	58	64	91
Albany, N.Y.	45	32	8	2	1	2	-
Allentown, Pa.	14	9	4	1	-	-	-
Buffalo, N.Y.	110	77	25	6	2	-	8
Camden, N.J.	34	16	13	3	-	2	3
Elizabeth, N.J.	20	13	7	-	-	-	-
Erie, Pa.†	48	37	8	2	-	1	4
Jersey City, N.J.	41	30	5	3	3	-	1
N.Y. City, N.Y.	1,299	812	295	125	32	35	45
Newark, N.J.	56	28	15	10	2	1	4
Paterson, N.J.	37	20	12	1	1	3	3
Philadelphia, Pa.	396	273	81	26	4	12	11
Pittsburgh, Pa.†	33	16	11	3	2	1	-
Reading, Pa.	27	18	4	3	2	-	-
Rochester, N.Y.	112	76	26	4	4	2	6
Schenectady, N.Y.	22	20	2	-	-	-	1
Scranton, Pa.†	25	21	4	-	-	-	1
Syracuse, N.Y.	92	64	19	3	3	3	-
Trenton, N.J.	49	29	11	8	-	1	-
Utica, N.Y.	24	21	2	-	1	-	3
Yonkers, N.Y.	26	16	6	1	1	1	1
E.N. CENTRAL	2,175	1,511	367	117	85	92	85
Akron, Ohio	65	40	19	1	4	1	-
Canton, Ohio	45	31	11	2	-	1	4
Chicago, Ill.§	553	462	11	26	16	37	16
Cincinnati, Ohio	100	71	18	2	7	2	11
Cleveland, Ohio	149	101	33	9	-	6	4
Columbus, Ohio	137	82	34	8	6	7	3
Dayton, Ohio	108	73	24	7	2	2	1
Detroit, Mich.	250	144	57	23	18	7	10
Evansville, Ind.	38	30	5	2	1	-	3
Fort Wayne, Ind.	64	38	13	5	6	2	1
Gary, Ind.	13	6	4	1	-	2	-
Grand Rapids, Mich.	45	31	9	-	5	-	6
Indianapolis, Ind.	163	105	38	7	4	9	8
Madison, Wis.	29	18	7	1	1	2	4
Milwaukee, Wis.	109	76	25	4	3	1	2
Peoria, Ill.	51	29	12	6	3	1	2
Rockford, Ill.	40	33	4	2	1	-	-
South Bend, Ind.	49	35	8	2	1	2	6
Toledo, Ohio	106	64	20	6	7	9	1
Youngstown, Ohio	61	42	15	3	-	1	3
W.N. CENTRAL	619	391	140	39	24	24	22
Des Moines, Iowa	59	35	16	4	1	3	4
Duluth, Minn.	20	15	2	1	1	1	2
Kansas City, Kans.	21	9	8	1	1	1	-
Kansas City, Mo.	98	57	24	5	7	5	-
Lincoln, Nebr.	22	16	3	1	-	2	1
Minneapolis, Minn.	63	45	13	1	1	3	2
Omaha, Nebr.	72	49	15	2	2	4	5
St. Louis, Mo.	160	102	36	15	6	1	2
St. Paul, Minn.	59	34	18	4	1	2	1
Wichita, Kans.	45	29	5	5	4	2	5

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	1,176	745	242	98	47	42	53
Atlanta, Ga.	120	65	33	15	5	2	-
Baltimore, Md.	253	144	72	23	5	9	5
Charlotte, N.C.	67	38	19	7	2	1	6
Jacksonville, Fla.	89	52	22	7	3	5	9
Miami, Fla.	114	60	27	16	7	3	1
Norfolk, Va.	50	35	7	2	4	2	4
Richmond, Va.	71	41	15	8	2	5	5
Savannah, Ga.	51	28	10	3	6	4	3
St. Petersburg, Fla.	101	78	14	5	3	1	7
Tampa, Fla.	75	45	18	6	2	3	7
Washington, D.C.§	169	148	2	5	7	7	5
Wilmington, Del.	16	11	3	1	1	-	1
E.S. CENTRAL	856	514	206	56	32	48	43
Birmingham, Ala.	116	64	29	10	7	6	3
Chattanooga, Tenn.	50	37	9	2	2	-	6
Knoxville, Tenn.	79	52	17	4	1	5	3
Louisville, Ky.	118	70	31	6	6	5	4
Memphis, Tenn.	227	125	50	13	10	29	9
Mobile, Ala.	105	70	22	9	2	2	15
Montgomery, Ala.	36	17	16	2	1	-	-
Nashville, Tenn.	125	79	32	10	3	1	3
W.S. CENTRAL	1,236	707	286	110	72	61	42
Austin, Tex.	70	36	16	10	5	3	4
Baton Rouge, La.	31	18	3	3	5	2	-
Corpus Christi, Tex.	48	30	17	-	1	-	-
Dallas, Tex.	179	101	43	17	7	11	5
El Paso, Tex.	41	24	13	1	3	-	1
Fort Worth, Tex.	87	58	14	8	4	3	5
Houston, Tex.	260	120	72	31	24	13	3
Little Rock, Ark.	60	36	14	5	1	4	2
New Orleans, La.	151	84	35	12	8	12	2
San Antonio, Tex.	153	92	28	16	8	9	9
Shreveport, La.	42	29	9	2	2	-	3
Tulsa, Okla.	114	79	22	5	4	4	8
MOUNTAIN	559	342	116	52	29	20	28
Albuquerque, N.Mex.	55	33	13	5	4	-	1
Colo. Springs, Colo.	30	22	2	4	2	-	4
Denver, Colo.	99	61	21	8	4	5	2
Las Vegas, Nev.	74	48	21	3	2	-	4
Ogden, Utah	22	15	4	1	1	1	3
Phoenix, Ariz.	114	65	19	12	9	9	4
Pueblo, Colo.	27	19	5	2	-	1	1
Salt Lake City, Utah	54	26	10	9	6	3	1
Tucson, Ariz.	84	53	21	8	1	1	8
PACIFIC	1,802	1,172	354	156	61	55	79
Berkeley, Calif.	30	22	6	1	-	1	1
Fresno, Calif.	76	45	15	11	1	4	4
Glendale, Calif.	37	31	5	1	-	-	1
Honolulu, Hawaii	45	30	10	3	1	1	2
Long Beach, Calif.	74	50	18	2	3	1	13
Los Angeles, Calif.	502	325	105	38	21	10	10
Oakland, Calif.	81	46	19	6	3	7	6
Pasadena, Calif.	28	19	4	4	-	1	2
Portland, Oreg.	96	75	15	5	-	1	4
Sacramento, Calif.	129	91	22	12	3	1	6
San Diego, Calif.	121	70	20	18	6	7	9
San Francisco, Calif.	170	97	39	21	6	6	1
San Jose, Calif.	167	109	32	14	6	6	9
Seattle, Wash.	121	85	16	12	3	5	1
Spokane, Wash.	59	35	13	5	6	-	6
Tacoma, Wash.	66	42	15	3	2	4	4
TOTAL	11,541††	7,399	2,400	881	426	424	469

*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 3 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 1983*†	Estimated mortality March 1985		Estimated number of physician contacts March 1985*¶
		Number*§	Annual Rate/100,000*§	
ALL CAUSES (TOTAL)	9,170,000	185,290	918.2	110,700,000
Accidents and adverse effects (E800-E949)	2,219,000	6,960	34.5	5,400,000
Malignant neoplasms (140-208)	1,808,000	38,460	190.6	1,300,000
Diseases of heart (390-398, 402, 404-429)	1,559,000	69,460	344.2	6,300,000
Suicides, homicides (E950-E978)	1,218,000	4,460	22.1	—
Chronic liver disease and cirrhosis (571)	248,000	2,200	10.9	100,000
Cerebrovascular diseases (430-438)	226,000	13,360	66.2	800,000
Congenital anomalies (740-759)	134,000	1,230	6.1	300,000
Chronic obstructive pulmonary diseases and allied conditions (490-496)	123,000	7,610	37.7	2,200,000
Diabetes mellitus (250)	115,000	3,650	18.1	3,200,000
Pneumonia and influenza (480-487)	106,000	8,010	39.7	1,400,000
Prenatal care*				3,400,000
Infant mortality*††		3,300	10.7 /1,000 live births	

*For details of calculation, see footnotes for Table V, *MMWR* 1985;34:2.

†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. 32, No. 13, September 21, 1984.

§National Center for Health Statistics, *Monthly Vital Statistics Report* (MVSR), Vol. 34, No. 4, July 19, 1985, pp. 8-9.

¶IMS America *National Disease and Therapeutic Index* (NDTI), Monthly Report, March 1985, Section III.

††MVSR Vol. 34, No. 3, June 21, 1985, p. 1.

Dengue Fever — Continued

Reported by CG Hayes, PhD, T O'Rourke, MD, G Schultz, PhD, US Naval Medical Research Unit No. 2, V Fogelman, DVM, G Crow, MPH, M Albersmeyer, DVM, Environmental Health, DD Leavengood, MD, Clark Air Base Regional Medical Center; Dengue Br, Div of Vector-Borne Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: Epidemic dengue is not uncommon among U.S. military personnel stationed in endemic areas of the tropics. Outbreaks similar to the one described here have been reported earlier in Thailand and, more recently, at the Subic Bay Naval Base in the Philippines. These outbreaks underscore the need for effective instruction on methods of prevention that can

Dengue Fever — Continued

reduce the chance of infection among U.S. military personnel living off-base in endemic areas.

The severity of the disease observed in this outbreak is of interest. While the majority of patients presented with classical dengue fever, some with minor hemorrhagic manifestations, several patients had upper gastrointestinal bleeding, a severe clinical presentation similar to that recently described in Indonesia (*1*). While none of the patients in the current outbreak died, deaths have been reported in other outbreaks, indicating the continuing need for training military physicians in diagnosing and treating dengue and dengue hemorrhagic fever.

Reference

1. Sumarmo, Wulur H, Jahja E, Gubler DJ, Suharyono W, Sorensen K. Clinical observations on virologically-confirmed fatal dengue infections in Jakarta, Indonesia. Bull WHO 1983;61:693-701.

Current Trends

Dinitrotoluenes in the Workplace

The National Institute for Occupational Safety and Health (NIOSH) periodically issues documents to transmit new information or to update existing information on specific chemical substances, physical agents, or safety hazards found in the workplace. One such recently issued document is summarized below. It is available for distribution as indicated.

On July 5, 1985, NIOSH released *Current Intelligence Bulletin #44*: Dinitrotoluenes.* Dinitrotoluene (DNT) is used in the manufacture of dyes, munitions, and explosives, but its major use today (99%) is in the synthesis of toluenediamine (TDA), an organic intermediate in the production of polyurethane. In 1982, approximately 720 million pounds of technical grade DNT (TDNT) were produced in the United States. NIOSH estimates that as many as 1,300 workers are exposed to various forms of DNT.

NIOSH recommends that TDNT and the 2,6 isomer of DNT (2,6-DNT) be considered potential human carcinogens in the workplace. Exposure to TDNT or 2,6-DNT has been shown to produce malignant tumors in rats and mice. In addition, a reproductive hazard may exist for workers exposed to TDNT or 2,6-DNT. This concern is based on testicular atrophy, decreased spermatogenesis, or aspermatogenesis seen in three species of experimental animals exposed to TDNT or 2,6-DNT and on nonfunctioning ovaries in mice exposed to TDNT. Although evidence is limited indicating that 2,4-dinitrotoluene (2,4-DNT) poses a risk to human health, the existing animal and in vitro data are suggestive of such a potential. As prudent public health policy, NIOSH recommends that employers assess the conditions under which workers may be exposed to TDNT or the isomers of DNT and take all reasonable precautions to reduce exposure to the fullest feasible extent.

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*NIOSH issues current intelligence bulletins (CIBs) to disseminate new scientific information about occupational hazards. A CIB may draw attention to a hazard previously unrecognized or may report new data suggesting that a known hazard is either more or less dangerous than was previously thought.

Dinitrotoluenes — Continued

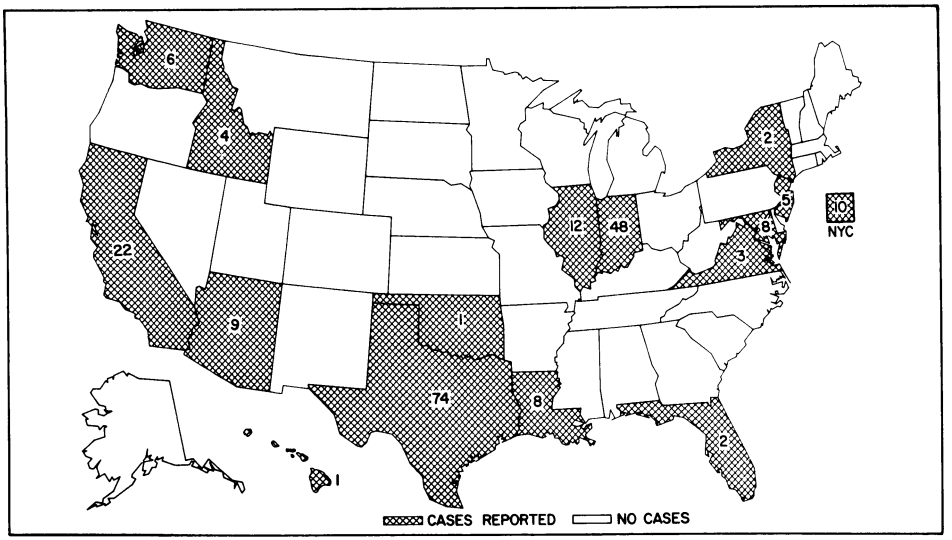
The strains of animals used, the doses and routes selected for administration of the test compounds, and the short duration of several studies impose limitations on the interpretation of these studies. However, NIOSH has determined that the collective toxicologic data on metabolism, mutagenicity, carcinogenicity, and reproductive effects provide sufficient evidence to warrant concern for adverse health effects from occupational exposure to TDNT or 2,6-DNT.

Workers may be exposed to DNT by the dermal and inhalation routes; concentrations have ranged from not detectable to 0.89 mg/m^3. Guidelines for minimizing worker exposure to DNT include recommended procedures and equipment for controlling worker exposure (e.g., contamination control, worker isolation, or personal protective equipment) and recommendations for exposure monitoring and medical surveillance.

Copies are available without charge from Publications Dissemination Section, Division of Standards Development and Technology Transfer, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, Cincinnati, Ohio 45226; (513) 841-4287.

Reported by Div of Standards Development and Technology Transfer, National Institute for Occupational Safety and Health, CDC.

FIGURE I. Reported measles cases — United States, weeks 28-31, 1985



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.

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