

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

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Hypothermia-Associated Deaths — United States, 1968-1980

Mortality data from the National Center for Health Statistics show that, during the 13-year period from 1968 to 1980, 6,460 deaths were attributed to the effects of cold. The risk of death from hypothermia varies by both age and sex (Table 1). After the first year of life, death rates increase with age; elderly persons are at highest risk of mortality. A clear differential exists between the sexes, with the rates for males exceeding those for females for all but one age group. This differential is largest for persons 10-14 years of age, when males are almost nine times more likely to die from hypothermia. For this period, the age-adjusted mortality rate (deaths per million persons) for males was 4.2, compared with 1.0 for women.

Reported by Div of Environmental Hazards and Health Effects, Center for Environmental Health, CDC.

Editorial Note: Since hypothermia is an important cause of mortality in the United States during the winter season, and recent reports indicate that mortality rates have increased (1,2), physicians should be familiar with the diagnostic criteria and risk factors for hypothermia.

Hypothermia is defined as a lowering of core body temperature to 35 C (95 F) or below. The severity of hypothermia is indicated by the degree to which core temperature is lowered: mild hypothermia (34-35 C [93-95 F]); moderate hypothermia (30-34 C [86-93 F]); and severe hypothermia (less than 30 C [86 F]). Hypothermia can also be classified as primary or secondary. Primary hypothermia results directly from an overwhelming cold stress, whereas secondary hypothermia is part of other clinical conditions. Clinical syndromes associated with secondary hypothermia may be acute and severe, such as shock or sepsis.

TABLE 1. Hypothermia mortality rates,* by age and sex — United States, 1968-1980

Age group (years)	Rate		Rate ratio (male/female)
	Males	Females	
< 1	1.61	0.99	1.6
1	0.09	0.18	0.5
2-4	0.24	0.20	1.2
5-9	0.09	0.03	2.6
10-14	0.34	0.04	8.8
15-24	1.31	0.34	3.8
25-34	1.73	0.33	5.2
35-44	3.31	0.62	5.3
45-54	5.81	1.48	3.7
55-64	8.63	1.76	4.9
65-74	11.68	2.41	4.9
≥ 75	23.71	7.30	3.2

*Deaths per 1,000,000 persons.

Hypothermia — Continued

Signs of hypothermia include poor coordination, stumbling, slurred speech, irrationality and poor judgment, amnesia, hallucinations, blueness or puffiness of the skin, dilation of the pupils, decreased respiratory rate, weak or irregular pulse, and stupor (3). Symptoms of hypothermia include muscle tensing, fatigue, a feeling of deep cold or numbness, intense shivering, poor coordination, stumbling, and disorientation (3). Unfortunately, these signs and symptoms are nonspecific. The only reliable method of diagnosis is measuring core body temperature. Accurate diagnosis is often hindered because thermometers are used that measure body temperature only in the range of 35-42 C (95-104 F). For accurately measuring core body temperature, rectal, rather than oral, temperature should be taken with a low-reading thermometer capable of measuring temperatures from 25 C to 40 C (77 F to 104 F) (4).

The highest mortality rates occur in the elderly. Studies of the regulation of body temperature in the elderly show that physiologic and behavioral components of thermoregulation contribute to an increased vulnerability to hypothermia. Both vasoconstriction and shivering, two primary adaptive physiologic measures to conserve heat, appear to be decreased in some elderly individuals (5-7). Other studies of the behavioral aspects of the response to cold show that, while the elderly prefer temperatures similar to those preferred by the young, a significant number do not discriminate temperatures well, lack precision in adjusting the thermal environment (8), and are less comfortable in cold environments (9).

Gender as a risk factor has been shown in a previous report (10), with males being at greater risk. This could be the result of differences in factors related to physical condition and behavior. Some of these factors include poor physical condition, inadequate nutrition, inadequate insulation/protection or increased exposure to wind, rain, and snow, fatigue, alcohol intoxication, drug overdose, and illness. These factors influence the rate at which the body loses heat when exposed to cold temperatures (4).

Several appropriate prevention goals exist for reducing the risk factors of hypothermia. One goal is to educate the elderly and their health-care providers on the etiology, symptoms, and significance of hypothermia. In implementing this strategy, the elderly who live in poverty and social isolation should be identified and followed. Cases of hypothermia, or situations hastening the onset of hypothermia, could then be more readily recognized and corrected. Another goal is to assure adequate food supply and intake. The production of optimal body heat from metabolic processes will lessen the risk of hypothermia. Finally, assuring adequate space heating is a key preventive measure. For younger persons at risk, activities and travel during cold weather should be attempted only with sufficient clothing and planning, e.g., keeping blankets in the car and the gas tank always at least half full.

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Toy Safety — United States, 1984

The U.S. Consumer Product Safety Commission (CPSC) estimated that, in 1984, 588,700 children under 15 years of age were treated in hospital emergency rooms for toy-related injuries (Table 2). Thirty-one toy-associated fatalities were reported. Some of the deaths were related more closely to the child's inability to deal with the toy than to problems with the toy, e.g., over one-third of the deaths involved children who choked on balloons, rode tricycles or other riding toys into pools, or were struck by motor vehicles while riding tricycles or other riding toys (Table 3).

In 1984, the majority of toy-related injuries were lacerations, contusions, and abrasions when the victims were hit by toys or fell off, over, or into them. Riding toys, such as tricycles, low-slung three-wheeled toys, rocking horses, and wagons, were associated with more injuries treated in hospital emergency rooms than any other type of toy. Other types frequently reported included disk-shaped flying toys, toy weapons (such as guns, bows and arrows, and slingshots), toy chests, and models (such as cars and airplanes). The next largest category of injuries involved the ingestion or aspiration of small toys or parts of toys or insertion of them into the nose or ears. Such toys included crayons, chalk, marbles, and small parts from toys.

Injuries involving riding toys, toy boxes, crayons or chalk, and blocks tended to occur among children under 5 years of age, while disk-shaped flying toys, toy weapons, models, and balls tended to be associated with injuries to older children.

Table 2. Estimated injuries among children under 15 years old treated in hospital emergency rooms — United States, 1984

Cause of injury	No. injuries
Toys	102,200
Bicycles	385,000
Skates	65,000
Sleds	23,000
Skateboards	13,500
Total	588,700*

*For 1983, an estimated 592,100 injuries were reported.

Table 3. Reported fatalities associated with toys* and other children's products — United States, 1984†

Toys/other products	No. fatalities	Nature of injury leading to death
Balloons	7	Choked
Kites	5	Electrocuted when contacted power lines
Balls	4	Choked
Tricycles and other riding toys	6	Hit by auto, rode into pool
Crib gyms/mobiles	2	Strangled on cord; sweater caught on toy part
Toy chests	2	Neck compression; suffocated
Marble	1	Aspiration
Toy whistle	1	Strangled on attached string
Stuffed toy	1	Caught fire from water heater pilot
Plastic toy	1	Suffocated on part stuck over nose/mouth
Arrow	1	Fell on broken piece

*This category does not include bicycles, skates, sleds, and skateboards as listed, in Table 2.

†Sources include death certificates, medical examiners and coroners reports, newsclips, and consumer and legal correspondence. The list may be incomplete because of varied reporting schedules of states.

Toy Safety — Continued

Most toy-related injuries were fairly minor, about 2.5% of injuries required hospitalization, compared to an overall 4.2% of hospitalization for all injuries treated in hospital emergency rooms in 1984.

Reported by U.S. Consumer Product Safety Commission, Washington, D.C..

Editorial Note: Although CPSC has mandatory safety standards for electric toys, bicycles, pacifiers and infant rattles, toys with sharp points and edges, lead paint used on toys, and toys with small parts, manufacturers are responsible for ensuring their products meet these standards. The Toy Manufacturers of America, Inc. (TMA), has a voluntary product standard that establishes safety requirements and tests. In addition, many manufacturers and importers have extensive testing programs to assure compliance with the mandatory and voluntary standards.

With the renewed interest in skateboards, an estimated 13,500 children under 15 years of age were treated in hospital emergency rooms during 1984 for injuries associated with skateboards. Several factors may have contributed to these injuries: lack of protective equipment, poor board maintenance, poor riding surface, and not enough practice. Many young skateboarders have not developed the necessary balance and body control and thus do not react

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

Disease	50th Week Ending			Cumulative, 50th Week Ending		
	Dec. 14, 1985	Dec. 15, 1984	Median 1980-1984	Dec. 14, 1985	Dec. 15, 1984	Median 1980-1984
Acquired Immunodeficiency Syndrome (AIDS)	179	134	N	7,712	4,155	N
Aseptic meningitis	175	144	157	9,829	7,941	9,265
Encephalitis: Primary (arthropod-borne & unspc)	20	21	21	1,208	1,148	1,478
Post-infectious	1	3	3	112	109	91
Gonorrhoea: Civilian	16,484	20,528	20,495	810,521	816,111	922,639
Military	155	339	428	17,155	20,327	24,981
Hepatitis: Type A	406	466	466	22,015	20,827	22,206
Type B	518	700	488	25,231	25,247	21,170
Non A, Non B	62	80	N	3,857	3,670	N
Unspecified	121	116	164	5,518	4,973	8,342
Legionellosis	10	14	N	637	662	N
Leprosy	1	5	5	336	228	228
Malaria	13	10	10	969	959	1,011
Measles: Total*	8	18	19	2,690	2,548	2,548
Indigenous	6	16	N	2,244	2,251	N
Imported	2	2	N	446	297	N
Meningococcal infections: Total	45	47	47	2,280	2,564	2,600
Civilian	45	47	47	2,276	2,560	2,584
Military	-	-	-	4	4	14
Mumps	65	75	110	2,787	2,855	4,570
Pertussis	49	18	34	3,175	2,197	1,703
Rubella (German measles)	1	6	13	595	722	2,021
Syphilis (Primary & Secondary): Civilian	407	622	622	24,385	26,896	30,023
Military	2	5	7	134	278	357
Toxic Shock syndrome	4	7	N	332	454	N
Tuberculosis	439	597	601	20,562	20,707	24,612
Tularemia	1	5	6	161	281	276
Typhoid fever	3	7	8	362	364	446
Typhus fever, tick-borne (RMSF)	2	3	3	687	828	1,095
Rabies, animal	95	70	70	5,129	5,161	5,990

TABLE II. Notifiable diseases of low frequency, United States

	Cum 1985		Cum 1985
Anthrax	-	Leptospirosis (Fla. 1)	34
Botulism: Foodborne	51	Plague	16
Infant	60	Poliomyelitis: Total	5
Other	1	Paralytic	5
Brucellosis (Tex. 3)	131	Psittacosis (Oreg. 1)	104
Cholera	3	Rabies, human	1
Congenital rubella syndrome	-	Tetanus (Mich. 1)	69
Congenital syphilis, ages < 1 year	149	Trichinosis	56
Diphtheria	2	Typhus fever, flea-borne (endemic, murine)	25

* Two of the 8 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
December 14, 1985 and December 15, 1984 (50th Week)**

Reporting Area	AIDS Cum. 1985	Aseptic Mening- itis 1985	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionel- losis 1985	Leprosy Cum. 1985
			Primary Cum. 1985	Post-in- fectious Cum. 1985	Cum. 1985	Cum. 1984	A 1985	B 1985	NA,NB 1985	Unspeci- fied 1985		
UNITED STATES	7,712	175	1,208	112	810,521	816,111	406	518	62	121	10	336
NEW ENGLAND	265	23	35	-	21,827	22,002	15	45	-	8	-	7
Maine	11	-	-	-	1,109	979	1	1	-	-	-	-
N.H.	3	-	7	-	547	708	-	-	-	-	-	-
Vt.	2	-	-	-	326	369	1	1	-	-	-	-
Mass.	157	8	20	-	9,145	9,452	8	28	-	7	-	7
R.I.	12	4	-	-	1,811	1,589	1	3	-	-	-	-
Conn.	80	11	8	-	8,889	8,905	4	12	-	1	-	-
MID ATLANTIC	3,012	36	151	11	124,888	108,148	36	70	10	6	-	37
Upstate N.Y.	325	10	49	4	17,413	17,372	18	18	5	4	-	1
N.Y. City	2,091	-	16	-	61,145	41,962	-	-	-	-	-	32
N.J.	435	12	29	-	18,909	19,178	8	18	1	2	-	-
Pa.	161	14	57	7	27,421	29,636	10	34	4	-	-	4
E.N. CENTRAL	336	16	351	20	111,454	116,524	9	35	3	6	4	21
Ohio	53	6	142	4	30,288	30,816	1	11	-	1	3	3
Ind.	25	2	68	2	12,389	12,271	2	6	-	2	-	-
Ill.	177	-	53	8	25,656	27,367	1	2	-	-	-	16
Mich.	57	8	67	-	32,462	33,371	5	16	3	3	1	2
Wis.	24	-	21	6	10,659	12,699	-	-	-	-	-	-
W.N. CENTRAL	118	8	79	4	39,920	40,235	18	3	2	2	-	2
Minn.	38	4	38	1	5,867	6,009	-	-	1	1	-	1
Iowa	13	2	29	-	4,215	4,409	-	-	-	-	-	-
Mo.	47	-	-	-	19,461	19,283	1	2	-	1	-	1
N. Dak.	1	-	1	1	267	377	-	-	-	-	-	-
S. Dak.	1	-	-	-	767	963	13	-	-	-	-	-
Nebr.	6	-	5	-	3,340	2,978	1	1	-	-	-	-
Kans.	12	2	6	2	6,003	6,216	3	-	1	-	-	-
S. ATLANTIC	1,179	51	137	46	179,301	206,280	30	94	9	10	-	9
Del.	10	3	9	-	4,292	3,905	-	-	-	-	-	-
Md.	137	3	28	1	28,291	23,354	-	-	-	-	-	1
D.C.	166	3	-	-	15,289	14,634	-	6	-	1	-	-
Va.	99	17	27	8	18,589	19,411	1	18	6	1	-	1
W. Va.	6	-	38	-	2,472	2,642	-	4	1	-	-	-
N.C.	64	4	29	1	35,283	33,186	3	8	-	1	-	2
S.C.	28	3	6	-	20,954	20,960	-	21	-	-	-	-
Ga.	171	5	-	-	-	38,427	1	17	-	-	-	1
Fla.	498	13	-	36	54,131	49,761	25	20	2	7	-	4
E.S. CENTRAL	67	4	39	4	73,854	73,155	7	18	5	3	-	-
Ky.	17	1	17	-	8,467	8,634	2	4	1	-	-	-
Tenn.	16	2	7	-	28,354	29,535	2	7	-	1	-	-
Ala.	27	1	11	4	22,148	22,109	2	7	3	-	-	-
Miss.	7	-	4	-	14,885	12,877	1	-	1	2	-	-
W.S. CENTRAL	542	9	142	3	106,704	109,537	66	46	5	26	3	32
Ark.	10	-	7	2	10,078	10,055	1	1	2	1	1	1
La.	93	3	11	-	20,143	23,795	1	13	1	-	-	7
Okla.	16	-	25	1	11,938	12,050	9	6	2	2	-	-
Tex.	423	6	99	-	64,545	63,637	55	26	-	23	2	24
MOUNTAIN	143	8	57	6	27,120	26,736	60	43	9	12	1	9
Mont.	1	-	-	-	779	1,016	3	-	-	-	-	-
Idaho	2	-	-	-	939	1,250	-	2	1	-	-	-
Wyo.	-	-	1	-	609	712	-	1	1	-	-	-
Colo.	45	2	23	2	7,845	7,666	8	4	2	6	1	2
N. Mex.	14	-	3	-	3,029	3,177	11	2	-	-	-	-
Ariz.	51	4	17	-	8,284	7,605	29	24	4	5	-	1
Utah	17	-	10	4	1,301	1,251	6	2	-	1	-	4
Nev.	13	2	3	-	4,334	4,059	3	8	1	-	-	2
PACIFIC	2,050	20	217	18	125,453	113,494	165	164	19	48	2	219
Wash.	114	-	14	1	9,505	8,656	7	7	-	1	-	37
Oreg.	30	-	1	-	6,158	6,406	48	13	1	2	-	4
Calif.	1,874	14	161	17	105,150	93,753	105	144	18	45	2	156
Alaska	4	-	41	-	3,013	2,791	1	-	-	-	-	-
Hawaii	28	6	-	-	1,627	1,888	4	-	-	-	-	22
Guam	1	U	-	-	161	226	U	U	U	U	U	3
P.R.	93	U	7	2	2,967	3,180	U	U	U	U	U	2
V.I.	2	U	-	-	382	498	U	U	U	U	U	-
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 December 14, 1985 and December 15, 1984 (50th Week)

Reporting Area	Malaria		Measles (Rubeola)				Meningococcal Infections	Mumps		Pertussis			Rubella		
	Cum. 1985	1985	Indigenous		Imported *			Cum. 1985	1985	Cum. 1985	1985	Cum. 1985	Cum. 1984	1985	Cum. 1985
			1985	Cum. 1985	1985	Cum. 1985	Cum. 1984								
UNITED STATES	969	6	2,244	2	446	2,548	2,280	65	2,787	49	3,175	2,197	1	595	722
NEW ENGLAND	56	-	38	-	88	106	113	1	67	3	212	75	-	13	19
Maine	4	-	-	-	1	-	6	-	6	-	10	4	-	-	1
N.H.	5	-	-	-	-	36	15	-	12	-	114	17	-	3	1
Vt.	2	-	-	-	-	7	10	-	3	1	4	23	-	-	-
Mass.	26	-	34	-	84	49	22	1	23	2	51	22	-	6	16
R.I.	6	-	-	-	-	-	18	-	15	-	22	4	-	-	-
Conn.	13	-	4	-	3	14	42	-	8	-	11	5	-	4	1
MID ATLANTIC	155	-	193	-	38	179	403	12	335	8	253	195	1	227	229
Upstate N.Y.	50	-	72	-	13	56	156	5	176	4	123	107	1	19	99
N.Y. City	62	-	67	-	12	111	72	-	33	-	27	16	-	185	105
N.J.	18	-	17	-	10	7	66	3	52	-	11	13	-	9	24
Pa.	25	-	37	-	3	5	109	4	74	4	92	59	-	14	1
E.N. CENTRAL	60	-	448	-	90	700	395	25	964	5	747	508	-	35	103
Ohio	11	-	5	-	54	10	130	10	295	3	120	78	-	-	2
Ind.	4	-	55	-	2	3	51	-	37	-	201	241	-	1	5
Ill.	21	-	293	-	10	183	84	7	218	1	58	28	-	17	66
Mich.	18	-	37	-	23	464	102	8	324	1	49	31	-	16	22
Wis.	6	-	58	-	1	40	28	-	90	-	319	130	-	1	8
W.N. CENTRAL	34	-	2	-	10	58	117	3	87	9	254	128	-	19	39
Minn.	17	-	-	-	6	47	27	-	1	7	133	16	-	2	4
Iowa	2	-	-	-	-	-	10	1	18	-	33	14	-	1	1
Mo.	5	-	1	-	2	6	45	2	17	-	32	20	-	7	-
N. Dak.	2	-	-	-	2	-	5	-	4	-	10	-	-	2	3
S. Dak.	1	-	-	-	-	-	5	-	-	1	6	9	-	-	-
Nebr.	1	-	-	-	-	-	10	-	3	-	10	14	-	-	-
Kans.	6	-	1	-	-	5	15	-	44	1	30	55	-	7	31
S. ATLANTIC	108	2	310	-	32	67	441	3	277	5	413	225	-	58	30
Del.	-	-	-	-	-	-	11	-	1	-	2	2	-	2	2
Md.	25	-	106	-	9	22	57	-	36	1	175	61	-	6	1
D.C.	8	-	28	-	3	8	8	-	-	-	-	-	-	-	-
Va.	21	-	21	-	7	5	55	1	49	1	21	19	-	2	1
W. Va.	2	-	31	-	2	-	9	-	75	-	4	11	-	9	-
N.C.	9	-	9	-	-	1	61	1	20	3	38	37	-	1	-
S.C.	-	-	-	-	3	1	34	-	11	-	2	2	-	3	2
Ga.	10	-	8	-	-	2	81	-	30	-	99	18	-	6	2
Fla.	33	2	107	-	8	28	125	1	55	-	71	75	-	29	24
E.S. CENTRAL	11	-	-	-	7	6	102	1	31	1	70	14	-	3	12
Ky.	4	-	-	-	5	1	10	-	8	-	8	2	-	3	6
Tenn.	-	-	-	-	1	2	41	-	18	1	28	7	-	-	-
Ala.	6	-	-	-	-	3	26	-	1	-	27	1	-	-	3
Miss.	1	-	-	-	1	-	25	1	4	-	7	4	-	-	3
W.S. CENTRAL	99	-	435	-	17	621	196	6	318	2	546	336	-	41	68
Ark.	3	-	-	-	-	8	19	-	7	2	16	22	-	1	3
La.	2	-	42	-	-	8	26	-	2	-	17	10	-	-	-
Okla.	7	-	-	-	1	8	34	N	N	-	162	245	-	1	-
Tex.	87	-	393	-	16	597	117	6	309	-	351	59	-	39	65
MOUNTAIN	59	-	496	-	54	145	99	3	246	13	230	122	-	5	22
Mont.	-	-	122	-	17	-	11	-	12	-	9	19	-	-	-
Idaho	3	-	126	-	18	23	5	-	9	6	15	7	-	1	1
Wyo.	1	-	5	-	-	-	6	-	2	-	1	6	-	-	3
Colo.	21	-	8	-	7	6	25	1	27	6	97	45	-	7	2
N. Mex.	16	-	1	-	5	88	14	N	N	1	15	12	-	2	1
Ariz.	11	-	234	-	7	1	23	1	124	-	40	24	-	1	4
Utah	2	-	-	-	-	27	9	-	6	-	53	7	-	-	7
Nev.	5	-	-	-	-	-	6	1	66	-	-	2	-	1	4
PACIFIC	387	4	322	2	110	666	414	11	462	3	450	594	-	194	200
Wash.	28	-	105	-	39	173	66	-	36	1	86	323	-	14	2
Oreg.	15	-	4	-	1	-	38	N	N	-	50	31	-	2	2
Calif.	325	4	195	2†	65	330	289	11	398	2	267	161	-	135	189
Alaska	2	-	-	-	-	-	9	-	9	-	30	3	-	1	1
Hawaii	17	-	18	-	5	163	12	-	19	-	17	76	-	42	6
Guam	1	U	10	U	1	95	-	U	6	U	-	-	U	2	4
P.R.	-	U	67	U	-	251	15	U	156	U	16	1	U	27	20
V.I.	-	U	4	U	6	-	-	U	4	U	-	-	U	-	-
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
December 14, 1985 and December 15, 1984 (50th 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	24,385	26,896	4	20,562	20,707	161	362	687+2	5,129
NEW ENGLAND	565	522	-	678	634	4	14	9	20
Maine	17	10	-	44	36	-	-	-	-
N.H.	40	14	-	20	27	-	1	1	1
Vt.	5	1	-	8	7	-	-	-	1
Mass.	280	290	-	401	345	4	10	6	11
R.I.	17	22	-	52	55	-	-	1	-
Conn.	206	185	-	153	164	-	3	1	7
MID ATLANTIC	3,462	3,594	-	3,619	3,789	2	59	39+1	629
Upstate N.Y.	254	317	-	627	576	-	14	9	146
N.Y. City	2,101	2,145	-	1,782	1,576	1	33	6	-
N.J.	652	640	-	476	816	1	11	4	39
Pa.	455	492	-	734	821	-	1	20	444
E.N. CENTRAL	939	1,352	1	2,521	2,684	3	43	39	180
Ohio	143	228	-	434	489	-	11	23	30
Ind.	80	143	-	325	342	-	3	5	23
Ill.	414	558	-	1,110	1,106	2	19	9	44
Mich.	240	349	1	517	597	-	8	2	26
Wis.	62	74	-	135	150	1	2	-	57
W.N. CENTRAL	226	346	-	596	619	49	15	42	931
Minn.	45	87	-	122	111	1	6	-	191
Iowa	18	11	-	57	66	-	3	1	148
Mo.	127	180	-	289	301	31	5	7	50
N. Dak.	2	9	-	9	14	-	-	1	135
S. Dak.	6	1	-	31	23	8	-	2	321
Nebr.	6	15	-	13	30	2	1	4	35
Kans.	22	43	-	75	74	7	-	27	51
S. ATLANTIC	5,989	7,876	2	4,248	4,350	6	44	328	1,274
Del.	36	20	-	43	56	1	-	3	1
Md.	442	470	1	392	396	-	11	26	643
D.C.	322	330	-	149	174	-	-	-	-
Va.	291	402	-	423	443	1	3	26	176
W. Va.	26	20	-	108	128	-	1	2	30
N.C.	654	835	-	596	680	4	4	140	12
S.C.	782	754	-	502	540	-	3	71	62
Ga.	-	1,363	-	724	662	-	3	48	201
Fla.	3,436	3,682	1	1,311	1,271	-	19	12	149
E.S. CENTRAL	2,111	1,976	-	1,786	1,954	10	5	78+1	239
Ky.	65	93	-	444	487	1	1	15	37
Tenn.	642	529	-	536	559	7	2	33	72
Ala.	633	647	-	519	558	1	2	16	123
Miss.	771	707	-	287	350	1	-	14	7
W.S. CENTRAL	5,894	6,526	-	2,622	2,425	64	34	135	846
Ark.	314	206	-	311	284	38	-	16	145
La.	1,033	1,146	-	383	337	-	2	4	20
Okla.	189	206	-	245	230	20	2	91	108
Tex.	4,358	4,968	-	1,683	1,574	6	30	24	573
MOUNTAIN	733	646	-	553	569	15	13	14	456
Mont.	6	3	-	46	28	4	-	6	238
Idaho	7	23	-	25	28	-	-	-	10
Wyo.	13	7	-	7	5	-	-	-	36
Colo.	207	180	-	88	72	2	5	2	25
N. Mex.	120	88	-	83	109	2	4	-	12
Ariz.	308	235	-	245	252	4	3	-	120
Utah	12	19	-	21	36	3	1	-	4
Nev.	60	92	-	38	39	-	-	2	11
PACIFIC	4,466	4,058	1	3,939	3,683	8	135	3	554
Wash.	99	147	1	223	189	-	1	-	4
Oreg.	105	112	-	131	146	1	5	-	4
Calif.	4,191	3,716	-	3,307	3,067	4	123	3	543
Alaska	4	6	-	95	74	3	2	-	3
Hawaii	67	77	-	183	207	-	4	-	-
Guam	2	-	U	35	53	-	3	-	-
P.R.	833	753	U	333	388	-	4	-	36
V.I.	3	11	U	1	4	-	52	-	-
Pac. Trust Terr.	13	-	U	16	-	-	-	-	-

U Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending
December 14, 1985 (50th Week)

Reporting Area	All Causes, By Age (Years)						P&I** Total	Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	713	496	144	38	11	24	68	S. ATLANTIC	1,309	807	312	107	42	38	72
Boston, Mass.	198	129	38	17	3	11	25	Atlanta, Ga.	179	102	51	17	8	1	8
Bridgetown, Conn.	54	36	12	3	1	2	1	Baltimore, Md.	243	146	66	17	9	5	8
Cambridge, Mass.	43	39	3	1	-	-	9	Charlotte, N.C.	66	38	19	3	2	4	9
Fall River, Mass.	29	22	6	-	1	-	-	Jacksonville, Fla.	124	79	25	10	4	5	11
Hartford, Conn.	62	36	20	3	1	2	1	Miami, Fla.	102	53	26	14	4	5	2
Lowell, Mass.	31	25	4	1	1	-	2	Norfolk, Va.	55	30	9	12	2	2	5
Lynn, Mass.	22	16	5	1	-	-	1	Richmond, Va.	75	43	23	2	5	2	8
New Bedford, Mass.	22	18	4	-	-	-	1	Savannah, Ga.	42	28	10	2	1	1	4
New Haven, Conn.	59	39	12	3	4	1	4	St. Petersburg, Fla.	110	96	9	2	1	2	7
Providence, R.I.	68	48	12	5	-	3	11	Tampa, Fla.	82	54	14	8	-	4	5
Somerville, Mass.	10	8	1	1	-	-	-	Washington, D.C.	192	110	50	19	6	7	4
Springfield, Mass.	40	25	13	1	-	1	4	Wilmington, Del.	39	28	10	1	-	-	1
Waterbury, Conn.	29	23	5	-	-	1	6	E. S. CENTRAL	769	503	174	45	23	24	41
Worcester, Mass.	46	32	9	2	-	3	3	Birmingham, Ala.	119	77	23	11	3	5	2
MID ATLANTIC	2,769	1,835	615	215	41	63	149	Chattanooga, Tenn.	68	41	18	5	1	3	4
Albany, N.Y.	48	34	8	2	4	-	1	Knoxville, Tenn.	65	47	15	1	1	1	5
Allentown, Pa.	24	20	4	-	-	-	1	Louisville, Ky.	91	63	20	5	1	2	4
Buffalo, N.Y.	102	72	22	3	1	4	7	Memphis, Tenn.	180	121	39	10	8	2	14
Camden, N.J.	38	24	8	3	2	1	1	Mobile, Ala.	72	48	14	6	1	3	4
Elizabeth, N.J.	23	10	9	4	-	-	-	Montgomery, Ala.	53	40	9	2	1	1	4
Erie, Pa.†	51	40	10	1	-	-	3	Nashville, Tenn.	121	66	36	5	7	7	4
Jersey City, N.J.	41	25	10	6	-	-	-	W. S. CENTRAL	1,388	831	337	117	51	52	54
N.Y. City, N.Y.	1,498	958	336	143	26	35	76	Austin, Tex.	60	42	14	3	1	1	5
Newark, N.J.	49	22	15	9	2	1	2	Baton Rouge, La.	41	26	11	-	2	2	1
Paterson, N.J.	40	28	8	3	-	1	4	Corpus Christi, Tex.	41	23	10	2	4	2	1
Philadelphia, Pa.	398	256	104	24	3	11	21	Dallas, Tex.	185	99	55	17	8	6	9
Pittsburgh, Pa.†	73	44	23	3	1	2	-	El Paso, Tex.	89	55	21	9	1	3	2
Reading, Pa.	33	24	8	-	-	1	3	Fort Worth, Tex.	76	41	25	2	3	5	6
Rochester, N.Y.	107	93	10	3	1	-	13	Houston, Tex.	284	160	70	26	15	13	7
Schenectady, N.Y.	34	27	5	2	-	-	-	Little Rock, Ark.	95	57	23	10	1	4	6
Scranton, Pa.†	25	21	3	1	-	-	5	New Orleans, La.	128	67	40	12	6	3	1
Syracuse, N.Y.	98	77	12	4	-	5	3	San Antonio, Tex.	213	139	38	20	7	9	13
Trenton, N.J.	29	16	7	4	-	2	2	Shreveport, La.	67	42	13	7	1	4	-
Utica, N.Y.	23	15	8	-	-	-	3	Tulsa, Okla.	109	80	17	9	2	1	4
Yonkers, N.Y.	35	29	5	-	1	-	4	MOUNTAIN	634	417	122	46	22	27	29
E.N. CENTRAL	2,291	1,630	372	128	69	91	94	Albuquerque, N.Mex.	85	49	17	12	2	5	5
Akron, Ohio	85	57	18	5	-	5	1	Colorado Springs, Colo.	44	28	10	5	1	1	4
Canton, Ohio	39	25	9	3	1	1	4	Denver, Colo.	93	66	15	4	3	5	-
Chicago, Ill.‡	553	462	11	26	16	37	16	Las Vegas, Nev.	82	53	21	6	1	1	9
Cincinnati, Ohio	161	107	40	4	5	5	14	Ogden, Utah	17	11	4	-	-	2	1
Cleveland, Ohio	165	112	40	8	2	3	4	Phoenix, Ariz.	151	100	32	7	6	6	-
Columbus, Ohio	124	80	23	10	6	5	2	Pueblo, Colo.	27	19	2	3	2	1	1
Dayton, Ohio	110	65	30	7	2	6	1	Salt Lake City, Utah	37	16	7	6	3	5	-
Detroit, Mich.	256	156	45	33	15	7	8	Tucson, Ariz.	98	75	14	3	4	2	9
Evansville, Ind.	43	34	5	1	2	1	3	PACIFIC	2,090	1,390	395	163	67	61	109
Fort Wayne, Ind.	39	29	10	-	-	-	2	Berkeley, Calif.	17	15	2	-	-	-	-
Gary, Ind.	26	10	7	7	1	1	-	Fresno, Calif.	62	32	16	5	4	5	7
Grand Rapids, Mich.	52	39	6	1	1	5	2	Glendale, Calif.	36	29	4	2	1	-	1
Indianapolis, Ind.	178	117	43	10	5	3	6	Honolulu, Hawaii	84	52	20	7	4	1	1
Madison, Wis.	37	23	10	2	1	1	2	Long Beach, Calif.	102	65	16	11	1	9	13
Milwaukee, Wis.	141	99	30	4	4	4	8	Los Angeles, Calif.	610	369	145	52	23	9	20
Peoria, Ill.	45	38	4	1	-	2	4	Oakland, Calif.	66	45	10	5	2	4	7
Rockford, Ill.	36	29	2	3	2	-	2	Pasadena, Calif.	35	29	3	3	-	-	3
South Bend, Ind.	53	41	9	1	1	1	6	Portland, Ore.	115	91	19	2	2	1	4
Toledo, Ohio	75	58	12	1	1	1	3	Sacramento, Calif.	140	98	27	9	3	3	8
Youngstown, Ohio	73	49	18	1	4	1	-	San Diego, Calif.	165	101	33	12	9	10	13
W.N. CENTRAL	857	606	163	39	22	27	43	San Francisco, Calif.	187	119	27	29	3	7	3
Des Moines, Iowa	104	72	18	7	4	3	7	San Jose, Calif.	160	108	29	11	4	8	14
Duluth, Minn.	28	22	5	-	-	1	1	Seattle, Wash.	202	153	31	5	10	3	6
Kansas City, Kans.	44	28	8	4	3	1	2	Spokane, Wash.	54	42	5	6	1	-	4
Kansas City, Mo.	128	100	18	4	2	4	9	Tacoma, Wash.	55	42	8	4	-	1	5
Lincoln, Nebr.	37	27	8	4	2	1	2	TOTAL	12,820 ^{††}	8,515	2,634	898	348	407	659
Minneapolis, Minn.	98	70	17	4	3	4	1								
Omaha, Nebr.	86	56	19	5	2	4	8								
St. Louis, Mo.	164	119	26	10	5	4	4								
St. Paul, Minn.	97	69	25	1	1	1	2								
Wichita, Kans.	71	43	19	3	2	4	7								

* 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 July 1985		Estimated number of physician contacts July 1985*‡
		Number*§	Annual Rate 100,000*§	
ALL CAUSES (TOTAL)	9,170,000	169,200	836.0	122,200,000
Accidents and adverse effects (E800-E949)	2,219,000	9,010	44.5	7,100,000
Malignant neoplasms (140-208)	1,808,000	39,690	196.1	2,100,000
Diseases of heart (390-398, 402, 404-429)	1,559,000	60,780	300.3	5,900,000
Suicides, homicides (E950-E978)	1,218,000	4,330	21.4	—
Chronic liver disease and cirrhosis (571)	248,000	2,100	10.4	100,000
Cerebrovascular diseases (430-438)	226,000	11,840	58.5	1,000,000
Congenital anomalies (740-759)	134,000	990	4.9	500,000
Chronic obstructive pulmonary diseases and allied conditions (490-496)	123,000	5,460	27.0	900,000
Diabetes mellitus (250)	115,000	2,890	14.3	3,700,000
Pneumonia and influenza (480-487)	106,000	4,490	22.2	4,000,000
Prenatal care*				2,300,000
Infant mortality*††		3,200	9.8 / 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* (MVSRI), Vol. 32, No. 13, September 21, 1984.

§National Center for Health Statistics, *Monthly Vital Statistics Report* (MVSRI), Vol. 34, No. 8, November 21, 1985, pp. 8-9.

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

††MVSRI Vol. 34, No. 7, October 21, 1985, p. 1.

Toy Safety – Continued

quickly enough to prevent injury. CPSC recommends the following:

1. Be familiar with the riding surface. Check for holes, bumps, rocks, and any debris before riding. Skateboard parks and other areas set aside for skateboarding generally have smoother riding surfaces.
2. Select skateboards with the knowledge that they are designed with varying characteristics for different types of riding (i.e., slalom, freestyle, or speed). Some boards are rated as to the weight of the intended user.
3. Before using a skateboard, check for hazards, such as loose, broken, or cracked parts; sharp edges on metal boards; slippery top surface; and wheels with nicks and cracks.

Toy Safety — Continued

4. Use protective equipment to help absorb the impact of a fall or to prevent scrapes and scratches; such equipment includes helmets, specially designed padding for hips, knees, and elbows, wrist braces, and special skateboarding gloves. Padded jackets and shorts also are being made. Slip-resistant shoes may help the rider keep his/her footing on the skateboard.
5. When riding a skateboard, never ride in the street; allow only one person per skateboard; never hitch a ride from a car or other vehicle; and learn how to fall to reduce chances of being seriously injured in case of an accident.*

Guidelines for selecting toys and for preventing toy-associated injuries have been published (1). In addition, CPSC has a toll-free telephone number ((800) 638-2772) that consumers and others can call to ask questions, request information, or file complaints.

Reference

1. CDC. Toy safety—United States, 1983. MMWR 1984;33:697-8.

*For additional information on skateboard safety, see CPSC's Fact Sheet No. 93: Skateboards.

Explosive Hazard Associated with Selected Self-Contained Breathing Devices

On August 15, 1985, the U.S. Department of Transportation (DOT) issued a notice in the Federal Register requiring the removal from service by October 1, 1985, of certain cylinders used in self-contained breathing devices that had not been retrofitted with a protective steel neck ring. These cylinders may rupture without warning to produce life-threatening explosions. Since mid-1983, several have exploded while in storage or during recharge operations. The neck of one exploding cylinder went through the roof of the building in which the cylinder was being recharged and was found six blocks away. One nonfatal injury has been reported in a worker who was 15-20 feet from such a unit that exploded while being recharged; he was hit by the hose assembly. The hoop-wrapped cylinders in question are high-pressure aluminum air cylinders, manufactured by Luxfer, USA, Ltd., that have not as yet been retrofitted with a corrective steel neck ring. They are identifiable by the markings: DOT-E 7235-4500.

Luxfer, USA, Ltd. has initiated a nationwide recall and retrofit program, including a system for retrofitting or replacing the hazardous cylinders. On August 28, 1985, the National Institute for Occupational Safety and Health (NIOSH) issued a Respirator Users Notice announcing that NIOSH/Mine Safety and Health Administration (MSHA)-certified, self-contained breathing devices using such cylinders that were not retrofitted, were decertified effective October 1, 1985. These notices were disseminated via the Federal Register, the U.S. Fire Administration mailing list, lists of affected manufacturers, user organizations (i.e., unions and trade associations), known customers, and diving shops where such cylinders are often recharged.

As of November 27, 1985, 17,000 (24%) of the 72,000 affected cylinders in use in the United States had not yet been retrofitted; 9,000 of the 17,000 have not been located, and 8,000 have been located but not submitted to Luxfer, USA, Ltd. for retrofit or replacement. Each is a potential hazard that could explode at any time.

Reported by Div of Safety Research, National Institute for Occupational Safety and Health, CDC.

Editorial Note: To reduce weight and extend the duration of use of self-contained breathing devices, lightweight, fiberglass-wrapped aluminum cylinders that can be charged to 4,500 pounds per square inch were first made available in the late 1970s. In the past 2 years, problems with the high-pressure aluminum cylinders produced by Luxfer, USA, Ltd. began to emerge.

NIOSH and MSHA jointly test and certify respiratory protective devices, including self-

Breathing Devices — Continued

contained breathing devices, which are commonly used by workers who need emergency air supplies (firefighters, spill-response teams for hazardous materials, and other laboratory and industrial personnel). DOT is responsible for certifying the cylinders used in these devices.

Anyone possessing, or knowing the location of, a DOT-E 7235-4500 hoop-wrapped aluminum cylinder that has not been retrofitted with a steel neck ring should immediately: (1) remove the cylinder from service and slowly depressurize it, and (2) contact Luxfer, USA, Ltd., P.O. Box 5300-92517, 1995 Third Street, Riverside, California 92507; telephone (714) 684-5110. Breathing devices manufactured by other companies are not affected by this recall.

Update: Influenza Activity — United States

Alaska. For the week ending December 14, 1985, Alaska reported its third consecutive week of widespread influenza outbreaks. Alaska is the only state to report outbreaks during this period. The Northern Regional Laboratory has identified 48 influenza viruses—36 type A(H3N2) and 12 type B. Most of the type B isolates have been identified from patients with recent onset of illness. Absentee rates in many primary and secondary schools in Anchorage, Fairbanks, and Juneau increased to above 20% in association with outbreaks of influenza-like illness (1). In one high school, located approximately 100 miles east of Anchorage, absentee rates increased from the usual 5% (8/167) to 47% before gradually returning to normal. Increased absenteeism has also been noted among adults. As a result of an outbreak of influenza-like illness, the absentee rate in the nursing staff of an Anchorage hospital increased from the usual 1% (5/340) to a peak of 12% on December 3.

Texas. In late November, four type B viruses were isolated in association with sporadic influenza cases in Houston. Earlier isolates from Texas—a type A(H3N2) in October and a type B in mid-November—were also associated with sporadic activity.

Washington, Colorado. Influenza virus type A(H3N2) has been isolated from a 26-year-old woman in Chelan County, Washington, who had onset of influenza December 3, and from a 48-year-old Denver, Colorado man who had onset December 8. These are the first reports of influenza virus isolates from these states this season.

Reported by D Ritter, Northern Regional Laboratory, JP Middaugh, MD, State Epidemiologist, Div of Public Health, Alaska Dept of Health and Social Svcs; Influenza Research Center, Baylor College of Medicine, Houston, CE Alexander, MD, State Epidemiologist, Texas Dept of Health; S Mills, V Shinn, J Allard, PhD, Director, Washington State Public Health Lab, J Kobayashi, MD, State Epidemiologist, Washington Dept of Social and Health Svcs; G Meiklejohn, MD, M Levin, MD, Health Svcs, University of Colorado, Denver, SW Ferguson, PhD, State Epidemiologist, Colorado Dept of Health; Div of Field Svcs, Epidemiology Program Office, Influenza Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

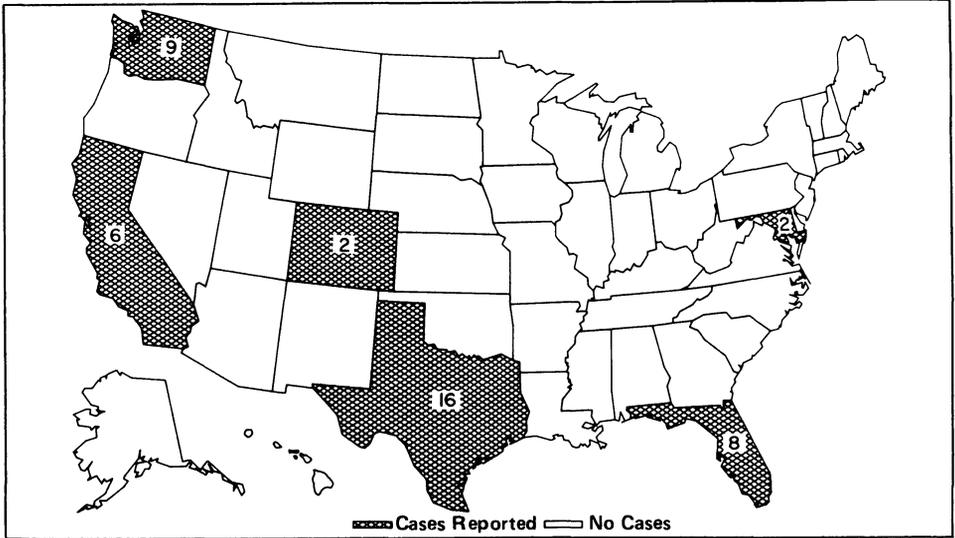
Reference

1. CDC. Update: influenza activity—United States. MMWR 1985;34:741-2, 747.

Combined Issues of MMWR

The December 27, 1985, issue of *MMWR* will not be published. The next issue will be Volume 34, Numbers 51 and 52, dated January 3, 1986, and will include the tables on specified notifiable diseases and deaths in 121 U.S. cities for the weeks ending December 21 and December 28.

FIGURE I. Reported measles cases — United States, weeks 46-49, 1985



Director, Centers for Disease Control James O. Mason, M.D., Dr.P.H. Director, Epidemiology Program Office Carl W. Tyler, Jr., M.D.	Editor Michael B. Gregg, M.D. Assistant Editor Karen L. Foster, M.A.
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