CENTERS FOR DISEASE CONTROL

July 11, 1986 / Vol. 35 / No. 27

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Update: Influenza Activity — Worldwide

Influenza A(H3N2) and Influenza B. During the winter of 1985-1986, influenza outbreaks in the Northern Hemisphere were associated primarily with virus types A(H3N2) and B, as they were in the United States. Both influenza A(H3N2) and B have been reported from Western Europe (France, the Federal Republic of Germany, Italy, the Netherlands, Switzerland, and the United Kingdom) and Scandinavia (Denmark, Finland, Norway, and Sweden) and from the Union of Soviet Socialist Republics (USSR), Eastern Europe, and the Balkans (Czechoslovakia, Hungary, Poland, and Yugoslavia). Influenza A(H3N2) was reported from Belgium, Bulgaria, and Greece. Influenza B was reported from the German Democratic Republic. Elsewhere in the Northern Hemisphere, influenza A(H3N2) virus was isolated in the People's Republic of China (PRC), the Democratic People's Republic of Korea, Hong Kong, and Japan; influenza B was isolated in the PRC, Iran, Israel, the Republic of Korea, and Tunisia. Thus far during 1986, occasional isolations of influenza A(H3N2) and B have been reported from the Southern Hemisphere. A single influenza A(H3N2) isolate was reported from Australia in April. Both influenza A(H3N2) and B viruses were reported from New Guinea in February, and influenza B was reported from Madagascar in March and from Taiwan in April.

Influenza A(H1N1). During the winter of 1985-1986, influenza A(H1N1) viruses were infrequently reported from Bulgaria, Czechoslovakia, the USSR, the Democratic People's Republic of Korea, and the PRC. However, since late March, influenza A(H1N1) has been increasingly reported from areas of Southeast Asia. Malaysia and Hong Kong have experienced localized outbreaks, and Singapore and Taiwan have reported regional epidemics of influenza A(H1N1).

Reported by National Influenza Centers, Microbiology and Immunology Support Svcs, World Health Organization, Geneva; WHO Collaborating Center for Influenza, Influenza Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: The occurrence of influenza in the tropics and the Southern Hemisphere between April and September frequently indicates the influenza type that may occur in the Northern Hemisphere during the subsequent winter. The recent increase in circulation of influenza A(H1N1) virus in Southeast Asia suggests that it may appear in the United States during the 1986-1987 influenza season after an almost total absence during the last two seasons. In 1977, influenza A(H1N1) circulated widely in humans for the first time in 20 years and was associated with outbreaks in children and young adults. Persons born before the mid-1950s have generally been protected, presumably due to immunity to the virus developed earlier in life. Because it is unknown whether A(H1N1) viruses will evolve into variants capable of causing severe illness in the elderly, current influenza vaccines are formulated to include an A(H1N1) strain, in addition to influenza A(H3N2) and influenza B. Surveillance from countries outside Southeast Asia will provide further information during the next few months

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as to the relative circulation of influenza A(H1N1) viruses compared with influenza A(H3N2) and influenza B strains. The recommendations for the use of available vaccines and the antiviral agent amantadine were recently published (*1*).

Reference

1. ACIP. Prevention and control of influenza. MMWR 1986;35:317-26,331,419.

Importance of Proper Protective Clothing During Cleanup of a Hazardous-Waste Site — Pennsylvania

The unauthorized dumping of hazardous-waste materials at various locations throughout the country has resulted in toxic exposures in the surrounding areas. On October 11, 1983, three workers employed to clean up a hazardous-waste dump site in Pennsylvania complained of dizziness, nausea, and headaches. One of the workers was hospitalized for observation and was later released. The Environmental Protection Agency (EPA) requested an investigation by the National Institute for Occupational Safety and Health (NIOSH) (*1*).

This site contained approximately 650 55-gallon drums that had been dumped without authorization at a former municipal landfill in the state. At the time of cleanup, most drums were crushed, perforated, riddled with bullet holes, and in various stages of decay. The cleanup involved removing these drums to an area where their contents could be tested for further disposal.

During the cleanup operation, each worker wore borrowed polyvinyl chloride (PVC) clothing and a self-contained breathing apparatus (SCBA) for protection. All three workers noticed a "sweet" smell as they worked. The SCBAs were new, and in a thorough evaluation after the incident, each was found to be functioning properly.

On October 12, analytical chemists from NIOSH evaluated several specimens from the outside of the protective clothing of the hospitalized worker. The primary contaminants were identified as methyl ethyl ketone, methyl isobutyl ketone (MIBK), toluene, and xylene. Swab samples from inside this worker's protective clothing showed the presence of MIBK. Based on these findings, NIOSH recommended that a less permeable type of protective clothing be used. The recommendation was implemented, and no further incidents were reported.

Reported by Agency for Toxic Substances and Disease Registry; Hazard Evaluations and Technical Assistance Br, Div of Surveillance, Hazard Evaluations, and Field Studies, Measurements Research Support Br, Div of Physical Sciences and Engineering, Injury Prevention Research Br, Div of Safety Research, National Institute for Occupational Safety and Health, CDC.

Editorial Note: Such unauthorized dumping of hazardous-waste materials as reported here results in toxic exposures, not only to the surrounding community, but also to workers employed to clean up these sites. To protect workers at hazardous-waste sites, an extensive health and safety program is required that includes environmental monitoring, proper use of protective equipment, good work practices, selected engineering controls, and appropriate medical monitoring (*2*). As part of an interagency agreement with the Agency for Toxic Substances and Disease Registry, NIOSH evaluates occupational safety and health programs that have been implemented for selected hazardous-waste sites around the country. The cleanup personnel at the site discussed above were under contract with EPA.

Previous studies by NIOSH at hazardous-waste sites have documented only low-level air exposures to a variety of contaminants (*3-4*). These evaluations, however, did not assess high, short-term air and skin exposures from splashing.

During this cleanup all three workers were wearing PVC protective clothing that has been shown to be quite permeable to most organic solvents. Therefore, the repeated contact with the solvents present at this site probably led to their permeating the clothing and being ab-

Proper Protective Clothing – Continued

sorbed through the skin. The symptoms (dizziness, nausea, headaches) these workers experienced are compatible with acute exposure to these solvents. Additionally, although the SCBAs used in the present incident were working properly, improper wearing or fitting of the devices may have resulted in leakage of air contaminants around the mask and into the workers' breathing zones.

References

1. National Institute for Occupational Safety and Health. Health hazard evaluation report no. HETA 84-010-1445. Cincinnati, Ohio: National Institute for Occupational Safety and Health, 1984.
2. National Institute for Occupational Safety and Health, Occupational Safety and Health Administration, U.S. Coast Guard, U.S. Environmental Protection Agency. Occupational safety and health guidance manual for hazardous waste site activities. Cincinnati, Ohio: National Institute for Occupational Safety and Health, 1985. (HHS [NIOSH] publication no. 85-115.)
3. National Institute for Occupational Safety and Health. Health hazard evaluation report no. HETA 83-417-1357. Cincinnati, Ohio: National Institute for Occupational Safety and Health, 1983.
4. National Institute for Occupational Safety and Health. Health hazard evaluation report no. HETA 80-077-853. Cincinnati, Ohio: National Institute for Occupational Safety and Health, 1981.

Carbon Monoxide Exposures at an Ice Skating Rink — Colorado

In April 1984, the Pitkin County (Colorado) Health Department (PCHD) asked the National Institute for Occupational Safety and Health (NIOSH) to evaluate the potential hazard associated with carbon monoxide (CO) exposure at an indoor ice skating rink during the operation of gasoline-powered ice-resurfacing machines (*1*). A previous survey done by the PCHD had shown that the CO concentration in air was an 8-hour time-weighted average (TWA) of 53.8 parts per million (ppm) and a 1-hour reading of 80.5 ppm. The Occupational Safety and Health Administration (OSHA) maximum acceptable level for CO exposure is an 8-hour TWA of 50 ppm. The NIOSH-recommended level is an 8-hour TWA of 35 ppm, with a 200 ppm ceiling limit.*

NIOSH investigators collected air samples during the operation of both an old and a new resurfacing machine. CO measurements were made with an Ecolyzer† CO analyzer and direct-reading detector tubes. Air samples collected at the edge of the rink showed CO concentrations of 55 ppm and 65 ppm when the new ice resurfacer was run and concentrations of 90 ppm when the old resurfacer was in operation. Measurements taken with sampling equipment located on the machines themselves showed peak levels of 250-400 ppm (average 140-175 ppm) for the new machine and 500 ppm (average 200 ppm) for the older machine.

CO exposures for individual workers were monitored by determining concentrations of CO in expired air. Six workers and two county sanitarians were monitored. An initial test was performed before the first ice resurfacing of the day (8 a.m.), and afternoon tests took place between 1 p.m. and 2 p.m. The worker who operated the ice-resurfacing machines was given several tests in between. Workers were also asked about their smoking habits and current symptoms. Of the eight persons monitored, six were nonsmokers, and the other two—an occasional cigarette smoker and a pipe smoker—had not smoked on the day of the test.

Initial CO concentrations in the exhaled air of the eight subjects averaged 12.1 ± 2.5 ppm, which corresponds to 2.3% ± 0.7% carboxyhemoglobin (COHb). (The average COHb level for a nonsmoker is 1.0% [*2*].) CO concentrations in expired air rose during the day for all eight subjects. The smallest rise—equivalent to 1.0% COHb—was for an individual who ar-

*The NIOSH-recommended exposure level should be lowered appropriately at very high altitudes—5,000-8,000 feet above sea level—to compensate for a decrease in the available oxygen.

†Use of trade names is for identification only and does not imply endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

Carbon Monoxide Exposures – Continued

rived after the first resurfacing. The highest—4.7%—was for the worker who operated the resurfacing machines. Concentrations of exhaled CO at the end of the day averaged 26.3 ± 4.7 ppm for the seven individuals who were in the building all day. This corresponds to 5.7 ± 1.0% COHb and represents a rise in COHb of 3.3% ± 1.2%. None of these values differed significantly from the average level at the 95% confidence interval.

Reported by Pitkin County Health Dept, Aspen NIOSH Region 8 Office, Denver, Colorado; Div of Surveillance, Hazard Evaluations, and Field Studies, National Institute for Occupational Safety and Health, CDC.

Editorial Note: The principal toxic effect of CO is tissue hypoxia (*3*). Inhaled CO causes hypoxia by binding tightly with circulating hemoglobin to produce COHb, thus reducing the capacity of the blood to transport oxygen (*4,5*). The heart and brain are the tissues most severely affected by CO-induced hypoxia. A considerable body of evidence links CO exposure to altered hemodynamics. Exercise studies in normal adult subjects show that venous oxygen tension is decreased during exposure to CO and that heart rate, cardiac output, and coronary artery blood flow are all increased compared with preexposure values (*6, 7*).

While nonsmokers who have not been exposed to other sources of CO have an average COHb level of 1% (*2*), nonsmokers who are exposed to 50 ppm CO (the OSHA standard) for 6-8 hours have COHb levels of 8%-10%. NIOSH bases its recommended exposure limit of 35 ppm for an 8-hour TWA and its ceiling of 200 ppm on the concentration needed to produce a

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

Disease	27th Week Ending			Cumulative, 27th Week Ending		
	July 5, 1986	July 6, 1985	Median 1981-1985	July 5, 1986	July 6, 1985	Median 1981-1985
Acquired Immunodeficiency Syndrome (AIDS)	180	149	N	6,325	3,753	N
Aseptic meningitis	165	133	206	2,601	2,331	2,366
Encephalitis: Primary (arthropod-borne & unspec.)	23	22	24	399	480	480
Post-infectious	2	3	3	56	73	54
Gonorrhea: Civilian	15,577	14,373	15,021	428,299	415,727	452,862
Military	217	320	369	8,013	9,600	12,374
Hepatitis: Type A	380	358	367	11,199	10,986	10,986
Type B	441	404	404	13,010	12,860	12,063
Non A, Non B	54	84	N	1,803	2,140	N
Unspecified	93	138	138	2,458	2,920	3,710
Legionellosis	15	14	N	283	343	N
Leprosy	4	3	5	139	199	123
Malaria	32	44	34	442	429	429
Measles: Total*	138	65	44	4,085	1,904	1,904
Indigenous	133	56	N	3,883	1,594	N
Imported	5	9	N	202	310	N
Meningococcal infections: Total	33	27	44	1,514	1,434	1,734
Civilian	33	27	44	1,512	1,429	1,719
Military	-	-	-	2	5	8
Mumps	161	40	40	2,429	1,950	2,122
Pertussis	48	43	43	1,332	888	888
Rubella (German measles)	6	13	18	298	382	687
Syphilis (Primary & Secondary): Civilian	352	384	471	13,071	12,779	15,376
Military	-	7	5	92	94	193
Toxic Shock syndrome	4	10	N	178	205	N
Tuberculosis	378	303	377	10,800	10,625	11,695
Tularemia	2	8	7	49	81	103
Typhoid fever	4	5	5	131	162	176
Typhus fever, tick-borne (RMSF)	36	24	53	285	267	407
Rabies, animal	58	105	105	2,873	2,651	3,277

TABLE II. Notifiable diseases of low frequency, United States

	Cum 1986		Cum 1986
Anthrax	-	Leptospirosis	20
Botulism: Foodborne (Alaska 1)	5	Plague (N.Mex. 1)	2
Infant	27	Poliomyelitis, Paralytic	-
Other	1	Psittacosis (Conn. 1, Mich. 1)	42
Brucellosis (Tex. 2)	34	Rabies, human	-
Cholera	-	Tetanus	23
Congenital rubella syndrome	2	Trichinosis (D.C. 1)	17
Congenital syphilis, ages < 1 year	11	Typhus fever, flea-borne (endemic, murine) (Tex. 1)	15
Diphtheria	-		

*Two of the 138 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 July 5, 1986 and July 6, 1985 (27th Week)

Reporting Area	AIDS	Aseptic Meningitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionellosis	Leprosy
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum 1986	1986	Cum 1986	Cum 1986	Cum 1986	Cum 1985	1986	1986	1986	1986	1986	Cum 1986
UNITED STATES	6,325	165	399	56	428,299	415,727	380	441	54	93	15	139
NEW ENGLAND	258	3	14	2	10,148	12,239	10	24	3	4	-	6
Maine	12	-	-	-	463	507	-	-	1	-	-	-
N H	6	1	2	-	256	257	-	2	-	-	-	-
Vt	2	2	2	1	141	149	-	1	1	-	-	-
Mass	134	-	3	-	4,240	4,683	6	14	1	4	-	6
R I	17	-	-	-	867	927	1	2	-	-	-	-
Conn	87	-	7	1	4,181	5,716	3	5	-	-	-	-
MID ATLANTIC	2,452	18	56	6	72,361	63,566	25	56	3	40	-	11
Upstate N Y	234	12	21	4	8,558	8,269	11	18	2	1	-	1
N Y City	1,653	6	13	-	42,177	32,071	-	7	-	36	-	9
N J	400	-	6	-	9,403	10,334	6	11	1	2	-	-
Pa	165	-	16	2	12,223	12,892	8	20	-	1	-	1
E N CENTRAL	378	17	90	8	56,294	58,567	12	52	6	2	2	4
Ohio	67	6	28	2	14,354	14,599	3	15	3	-	1	-
Ind	40	4	15	3	6,420	6,003	3	8	1	-	-	-
Ill	183	-	19	2	15,733	16,392	4	2	1	-	-	3
Mich	71	7	25	1	17,361	16,283	2	27	1	2	1	1
Wis	17	-	3	-	2,426	5,290	-	-	-	-	-	-
W N CENTRAL	117	1	11	8	18,932	20,344	8	14	2	2	1	2
Minn	47	-	7	-	2,574	2,956	1	5	-	-	-	1
Iowa	9	-	4	-	1,916	2,190	-	1	1	-	-	-
Mo	37	1	-	-	9,666	9,731	5	7	1	2	-	-
N Dak	2	-	-	-	167	139	-	-	-	-	-	-
S Dak	1	-	-	-	378	374	1	-	-	-	-	-
Nebr	5	-	-	1	1,372	1,799	-	-	-	-	-	-
Kans	16	-	-	7	2,859	3,155	1	1	-	-	1	1
S ATLANTIC	821	27	56	18	107,595	89,984	34	92	5	2	3	1
Del	12	-	3	-	1,782	2,030	2	-	-	-	-	-
Md	78	4	17	-	13,033	14,721	2	11	-	-	1	-
D C	112	2	-	-	8,457	7,446	-	3	-	-	-	-
Va	85	1	18	1	8,977	9,267	-	1	-	-	-	1
W Va	3	1	8	-	1,194	1,281	1	5	1	-	-	-
N C	38	9	8	1	16,875	16,770	1	13	-	-	-	-
S C	21	-	-	-	9,988	11,079	1	20	1	-	-	-
Ga	138	1	-	1	15,862	-	2	10	-	-	-	-
Fla	334	9	2	15	31,427	27,390	25	29	3	2	2	-
E S CENTRAL	85	20	26	3	35,535	35,761	6	21	2	2	1	1
Ky	17	5	9	1	4,043	4,030	1	2	-	-	1	-
Tenn	46	1	3	1	13,819	14,261	1	1	1	1	-	-
Ala	14	9	13	1	10,006	11,418	-	15	-	-	-	1
Miss	8	5	1	-	7,667	6,052	4	3	1	1	-	-
W S CENTRAL	451	42	45	3	52,673	55,744	49	42	4	20	4	10
Ark	17	-	-	-	4,869	5,295	5	-	1	1	-	-
La	84	2	2	-	9,594	11,155	1	6	-	-	-	1
Okla	20	-	12	-	5,919	5,860	2	2	1	1	1	-
Tex	330	40	31	3	32,291	33,434	41	34	2	18	3	9
MOUNTAIN	179	7	16	1	13,056	13,492	38	24	8	3	-	11
Mont	4	1	-	1	358	367	1	-	-	-	-	-
Idaho	2	2	-	-	445	438	6	2	-	-	-	-
Wyo	4	-	2	-	291	344	-	-	-	-	-	-
Colo	92	3	3	-	3,373	4,056	6	6	2	2	-	3
N Mex	11	-	1	-	1,308	1,523	-	1	-	1	-	-
Ariz	46	-	7	-	4,305	3,968	23	9	5	-	-	5
Utah	8	1	2	-	565	583	2	6	1	-	-	1
Nev	12	-	1	-	2,411	2,213	-	-	-	-	-	2
PACIFIC	1,584	30	85	7	61,705	66,030	198	116	21	18	4	93
Wash	50	4	10	-	4,692	4,756	28	22	2	8	2	12
Oreg	34	-	-	-	2,490	3,204	35	10	5	-	-	-
Calif	1,475	19	73	7	52,299	55,612	134	81	14	10	2	64
Alaska	9	1	2	-	1,504	1,509	1	3	-	-	-	-
Hawaii	16	6	-	-	720	949	-	-	-	-	-	17
Guam	-	-	-	-	82	95	-	-	-	-	-	1
P R	57	7	3	-	1,176	1,887	9	37	1	20	-	7
V I	2	-	-	-	123	257	-	-	-	-	-	-
Pac Trust Terr	-	-	-	-	177	502	2	-	-	-	-	18
Amer Samoa	-	-	-	-	26	-	1	-	-	-	-	1

N Not notifiable U Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending July 5, 1986 and July 6, 1985 (27th Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported *		Total									
	Cum. 1986	1986	Cum. 1986	1986	Cum. 1986	Cum. 1985	Cum. 1986	1986	Cum. 1986	1986	Cum. 1986	Cum. 1985	1986	Cum. 1986	Cum. 1985
UNITED STATES	442	133	3,883	5	202	1,904	1,514	161	2,429	48	1,332	888	6	298	382
NEW ENGLAND	26	6	60	-	4	119	108	2	45	12	78	44	-	8	9
Maine	1	5	7	-	-	-	23	-	-	-	2	3	-	-	-
N.H.	1	1	29	-	-	-	6	2	12	6	34	23	-	1	2
Vt.	1	-	-	-	-	-	14	-	2	-	3	2	-	-	-
Mass.	13	-	21	-	3	112	21	-	3	6	22	6	-	4	6
R.I.	4	-	2	-	-	-	15	-	9	-	1	5	-	2	-
Conn.	6	-	1	-	1	7	29	-	19	-	16	5	-	1	1
MID. ATLANTIC	45	19	1,266	-	20	171	243	2	112	1	106	74	1	28	154
Upstate N.Y.	12	-	35	-	19	80	78	2	43	-	70	41	1	20	14
N.Y. City	12	19	333	-	1	47	47	-	5	-	3	9	-	5	117
N.J.	7	-	876	-	-	21	29	-	31	1	8	2	-	3	11
Pa.	14	-	22	-	-	23	89	-	33	-	25	22	-	-	12
E.N. CENTRAL	23	13	659	-	16	416	195	144	1,527	8	196	147	2	20	20
Ohio	7	-	-	-	10	45	83	3	92	6	80	20	-	-	-
Ind.	2	-	2	-	-	1	15	5	26	-	22	11	-	-	-
Ill.	7	13	423	-	3	260	49	116	1,032	2	24	20	2	14	5
Mich.	7	-	31	-	-	52	46	20	219	-	22	21	-	4	14
Wis.	-	-	203	-	3	58	2	-	158	-	48	75	-	2	1
W.N. CENTRAL	12	34	247	1	17	9	78	1	72	1	71	67	-	9	19
Minn.	4	2	42	-	4	4	16	-	1	1	32	15	-	-	2
Iowa	1	31	71	-	1	-	10	1	16	-	9	4	-	1	1
Mo.	4	-	17	-	6	2	26	-	14	-	5	13	-	1	7
N. Dak.	-	-	23	-	1	2	-	-	3	-	3	8	-	-	2
S. Dak.	-	-	-	-	-	-	4	-	1	-	11	1	-	-	-
Nebr.	2	-	-	-	-	-	9	-	-	-	-	4	-	-	-
Kans.	1	1	94	1§	5	1	13	-	37	-	11	22	-	7	7
S. ATLANTIC	56	18	408	1	51	211	294	2	131	6	468	183	-	9	39
Del.	1	-	1	-	-	-	2	-	-	-	219	-	-	-	1
Md.	10	1	20	1§	9	52	39	-	10	2	99	75	-	-	1
D.C.	-	-	-	-	-	3	4	-	-	-	-	-	-	-	-
Va.	11	5	30	-	24	19	50	-	25	3	19	5	-	-	2
W. Va.	3	-	2	-	-	31	3	1	35	-	10	1	-	-	9
N.C.	4	-	1	-	1	9	49	-	12	-	20	9	-	-	-
S.C.	3	-	274	-	-	-	25	1	12	-	5	-	-	-	3
Ga.	5	12	68	-	14	8	45	-	12	1	75	58	-	-	-
Fla.	19	-	12	-	3	89	77	-	25	-	21	35	-	9	23
E.S. CENTRAL	13	2	45	1	1	2	84	-	20	-	22	12	-	1	2
Ky.	3	-	-	-	-	-	17	-	3	-	1	3	-	1	2
Tenn.	-	2	43	1§	1	1	33	-	14	-	5	5	-	-	-
Ala.	6	-	-	-	-	-	23	-	2	-	16	2	-	-	-
Miss.	4	-	2	-	-	1	11	-	1	-	-	2	-	-	-
W.S. CENTRAL	38	-	506	-	28	302	125	-	137	1	97	134	-	52	22
Ark.	-	-	276	-	2	-	18	-	7	1	7	12	-	-	1
La.	4	-	2	-	-	34	17	-	2	-	6	5	-	-	-
Okla.	5	-	10	-	2	-	17	N	N	-	56	80	-	-	1
Tex.	29	-	218	-	24	268	73	-	128	-	28	37	-	52	20
MOUNTAIN	17	1	268	-	25	468	77	1	189	3	128	43	-	17	4
Mont.	-	-	1	-	7	137	7	-	5	1	6	3	-	1	-
Idaho	1	-	1	-	-	126	2	-	4	-	27	-	-	-	1
Wyo.	-	-	-	-	-	-	2	-	-	-	1	-	-	-	-
Colo.	6	-	2	-	5	6	12	-	11	-	38	13	-	1	-
N. Mex.	1	1	26	-	7	3	6	N	N	2	14	5	-	-	2
Ariz.	5	-	237	-	6	196	15	1	157	-	28	13	-	2	1
Utah	2	-	1	-	-	-	11	-	9	-	14	9	-	10	-
Nev.	2	-	-	-	-	-	22	-	3	-	-	-	-	3	-
PACIFIC	212	40	424	2	40	206	310	9	196	16	166	184	3	154	113
Wash.	18	32	109	1†	23	32	44	-	7	4	56	27	-	8	11
Oreg.	14	2	2	-	4	3	22	N	N	-	9	21	-	-	1
Calif.	180	6	294	1†	12	153	234	9	175	11	93	122	3	144	67
Alaska	-	-	-	-	-	-	9	-	5	-	2	11	-	-	1
Hawaii	-	-	19	-	1	18	1	-	9	1	6	3	-	2	33
Guam	1	1	4	1	1	11	-	-	4	-	-	-	-	2	1
P.R.	4	-	18	-	-	48	3	-	20	-	7	5	-	58	22
V.I.	-	-	-	-	-	10	-	-	11	-	-	-	-	-	-
Pac. Trust Terr.	-	-	-	-	-	-	1	-	5	-	-	-	-	-	-
Amer. Samoa	-	-	2	-	-	-	-	-	1	-	-	-	-	1	-

*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 July 5, 1986 and July 6, 1985 (27th Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tularemia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1986	Cum. 1985	1986	Cum. 1986	Cum. 1985	Cum. 1986	Cum. 1986	Cum. 1986	Cum. 1986
UNITED STATES	13,071	12,779	4	10,800	10,625	49	131	285 +36	2,873
NEW ENGLAND	264	279	-	335	338	-	6	3 +1	3
Maine	15	8	-	27	25	-	-	-	-
N.H.	10	6	-	10	14	-	-	-	-
Vt.	6	3	-	10	4	-	-	-	-
Mass.	137	145	-	160	198	-	5	2 1	-
R.I.	16	7	-	24	32	-	-	-	1
Conn.	80	110	-	104	65	-	1	1	2
MID. ATLANTIC	1,852	1,779	1	2,163	1,935	-	13	8	330
Upstate N.Y.	94	117	-	314	325	-	2	1	36
N.Y. City	1,047	1,104	-	1,103	977	-	5	3	-
N.J.	344	363	-	376	242	-	5	1	9
Pa.	367	195	1	370	391	-	1	3	285
E.N. CENTRAL	547	599	2	1,337	1,269	-	8	48 +6	66
Ohio	71	74	-	222	223	-	1	47 6	5
Ind.	63	61	-	143	159	-	-	-	10
Ill.	294	311	-	601	562	-	1	1	20
Mich.	91	121	2	310	258	-	5	-	14
Wis.	28	32	-	61	67	-	1	-	17
W.N. CENTRAL	127	124	-	303	287	13	5	17 +2	464
Minn.	21	28	-	78	58	-	1	1	53
Iowa	6	14	-	23	38	1	-	1 1	104
Mo.	68	58	-	150	133	10	4	5	50
N. Dak.	2	1	-	4	2	-	-	-	105
S. Dak.	2	4	-	14	15	2	-	3	101
Nebr.	11	6	-	5	12	-	-	3	12
Kans.	17	13	-	29	29	-	-	4 1	39
S. ATLANTIC	3,796	3,175	-	2,079	2,198	6	15	124 +19	659
Del.	27	17	-	21	23	-	-	1	-
Md.	225	213	-	154	202	1	4	13 1	346
D.C.	171	190	-	70	97	-	1	-	-
Va.	203	157	-	179	195	2	4	20 1	100
W. Va.	11	9	-	60	57	-	2	5 1	14
N.C.	259	344	-	303	266	1	2	40 7	4
S.C.	331	409	-	268	298	-	-	36 7	26
Ga.	637	-	-	295	336	2	-	9 2	88
Fla.	1,932	1,836	-	729	724	-	2	-	81
E.S. CENTRAL	897	1,042	-	974	956	6	1	36 +1	155
Ky.	43	34	-	245	207	2	-	5	53
Tenn.	328	307	-	293	299	3	-	16 1	56
Ala.	286	328	-	300	299	1	-	8	45
Miss.	240	373	-	136	151	-	1	7	1
W.S. CENTRAL	2,746	3,187	-	1,347	1,281	21	11	43 +6	445
Ark.	138	167	-	180	146	13	-	2	107
La.	456	556	-	228	179	1	-	-	13
Okla.	74	90	-	121	143	5	1	33 5	38
Tex.	2,078	2,374	-	818	813	2	10	8 1	287
MOUNTAIN	321	397	1	241	250	2	7	6	419
Mont.	6	2	-	11	29	-	1	3	152
Idaho	6	3	1	10	13	-	-		-
Wyo.	-	6	-	-	5	-	-	1	194
Colo.	81	94	-	13	30	-	1	2	-
N. Mex.	44	62	-	53	49	1	-	-	4
Ariz.	132	205	-	118	105	-	2	-	68
Utah	9	4	-	21	6	1	2	-	-
Nev.	43	21	-	15	13	-	1	-	1
PACIFIC	2,521	2,197	-	2,021	2,111	1	65	-	332
Wash.	52	66	-	102	116	-	3	-	2
Oreg.	56	44	-	69	72	-	-	-	-
Calif.	2,391	2,043	-	1,715	1,761	-	58	-	322
Alaska	1	2	-	27	66	1	1	-	8
Hawaii	21	42	-	108	96	-	3	-	-
Guam	1	2	-	31	24	-	-	-	-
P.R.	419	428	-	147	181	-	4	-	26
V.I.	-	1	-	1	1	-	-	-	-
Pac. Trust Terr.	147	49	-	28	35	-	39	-	-
Amer. Samoa	-	-	-	3	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending July 5, 1986 (27th Week)

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	583	414	96	34	19	20	54
Boston, Mass.	162	98	29	16	8	11	19
Bridgeport, Conn.	38	26	7	3	2	-	3
Cambridge, Mass.	28	22	4	1	1	-	6
Fall River, Mass.	20	16	4	-	-	-	-
Hartford, Conn.	45	25	11	5	2	2	1
Lowell, Mass.	33	27	5	1	-	-	5
Lynn, Mass.	17	12	4	1	-	-	-
New Bedford, Mass.	20	17	2	-	-	1	1
New Haven, Conn.	49	30	10	4	3	2	5
Providence, R.I.	29	24	1	-	2	2	2
Somerville, Mass.	8	7	-	1	-	-	1
Springfield, Mass.	40	29	10	-	-	1	2
Waterbury, Conn.	34	31	1	1	1	-	4
Worcester, Mass.	60	50	8	1	-	1	5
MID ATLANTIC	2,411	1,513	512	258	74	54	100
Albany, N.Y.	46	29	9	2	3	3	-
Allentown, Pa.	16	12	2	2	-	-	-
Buffalo, N.Y.	127	78	27	13	3	6	5
Camden, N.J.	33	16	7	4	3	3	1
Elizabeth, N.J.	17	11	2	4	-	-	2
Erie, Pa.†	37	28	8	1	-	-	2
Jersey City, N.J.	46	29	6	8	3	-	2
N.Y. City, N.Y.	1,145	682	244	160	41	18	46
Newark, N.J.	54	22	17	10	2	3	-
Paterson, N.J.	31	20	10	-	-	1	2
Philadelphia, Pa.§	372	249	84	27	5	7	18
Pittsburgh, Pa.†	56	34	9	6	3	4	3
Reading, Pa.	53	41	6	4	2	-	4
Rochester, N.Y.	101	69	21	4	3	4	5
Schenectady, N.Y.	23	16	3	4	-	-	1
Scranton, Pa.†	15	9	4	-	2	-	-
Syracuse, N.Y.	153	105	37	3	3	5	7
Trenton, N.J.	42	28	10	3	1	-	-
Utica, N.Y.	17	12	4	1	-	-	1
Yonkers, N.Y.	27	23	2	2	-	-	1
E.N. CENTRAL	2,164	1,383	479	150	79	73	71
Akron, Ohio	66	40	18	5	1	2	-
Canton, Ohio	34	20	8	1	3	2	1
Chicago, Ill.§	564	362	125	45	10	22	16
Cincinnati, Ohio	241	169	47	11	10	4	12
Cleveland, Ohio	133	82	33	10	3	5	-
Columbus, Ohio	133	85	31	10	2	5	3
Dayton, Ohio	92	53	24	7	5	3	3
Detroit, Mich.	165	80	37	21	17	10	1
Evansville, Ind.	46	32	7	5	1	1	1
Fort Wayne, Ind.	37	24	7	3	3	-	3
Gary, Ind.	16	7	7	2	-	-	1
Grand Rapids, Mich.	18	16	1	1	-	-	2
Indianapolis, Ind.	207	124	48	14	15	6	5
Madison, Wis. §	35	26	6	2	1	-	3
Milwaukee, Wis.	140	107	24	5	1	3	9
Peoria, Ill.	37	25	9	-	-	3	3
Rockford, Ill.	26	16	6	-	2	2	2
South Bend, Ind.	42	26	11	3	1	1	2
Toledo, Ohio	83	55	19	3	2	4	3
Youngstown, Ohio	49	34	11	2	2	-	1
W.N. CENTRAL	666	439	136	38	27	26	26
Des Moines, Iowa	87	60	16	6	5	-	3
Duluth, Minn.	17	14	2	-	1	-	1
Kansas City, Kans.	31	20	3	4	3	1	2
Kansas City, Mo.	119	77	28	5	5	4	8
Lincoln, Nebr.	20	14	4	1	1	-	-
Minneapolis, Minn.§	89	55	19	7	3	5	2
Omaha, Nebr.	74	49	17	3	3	2	6
St. Louis, Mo.	140	97	27	6	3	7	4
St. Paul, Minn.	46	26	11	4	-	5	-
Wichita, Kans.	43	27	9	2	3	2	-
S. ATLANTIC	1,213	654	282	156	56	63	44
Atlanta, Ga.	144	68	47	20	6	3	2
Baltimore, Md.	185	99	48	12	6	20	4
Charlotte, N.C.	72	41	12	8	5	6	4
Jacksonville, Fla.	81	52	17	3	8	1	5
Miami, Fla. §	97	54	25	13	2	3	2
Norfolk, Va.	56	32	17	3	2	2	2
Richmond, Va.	69	39	18	7	1	4	6
Savannah, Ga.	34	21	10	1	2	-	5
St. Petersburg, Fla.	107	92	11	1	2	1	5
Tampa, Fla.	80	43	15	7	7	6	3
Washington, D.C.	265	95	59	80	14	17	6
Wilmington, Del.	23	18	3	1	1	-	-
E.S. CENTRAL	701	435	170	42	26	28	26
Birmingham, Ala.	114	65	31	5	8	5	1
Chattanooga, Tenn.	55	35	16	2	1	1	-
Knoxville, Tenn.	72	49	16	3	1	3	2
Louisville, Ky.	79	47	21	6	1	4	3
Memphis, Tenn.	180	109	39	12	8	12	8
Mobile, Ala.	66	41	16	4	2	3	5
Montgomery, Ala.	35	27	7	-	1	-	1
Nashville, Tenn.	100	62	24	10	4	-	6
W.S. CENTRAL	1,060	636	235	99	45	44	42
Austin, Tex.	32	18	7	4	1	2	1
Baton Rouge, La.	17	10	5	1	-	1	-
Corpus Christi, Tex.	20	15	2	-	1	1	-
Dallas, Tex.	182	93	54	17	5	13	5
El Paso, Tex.	44	36	3	1	3	1	4
Fort Worth, Tex.	102	69	20	4	4	5	1
Houston, Tex.	284	148	70	43	14	9	8
Little Rock, Ark.	42	31	6	3	-	2	4
New Orleans, La.	73	37	18	10	6	2	-
San Antonio, Tex.	139	83	29	11	10	6	11
Shreveport, La.	57	44	12	1	-	-	2
Tulsa, Okla.	68	52	9	4	1	2	6
MOUNTAIN	562	346	124	43	29	20	29
Albuquerque, N.Mex.	77	43	22	5	7	-	2
Colo. Springs, Colo.	47	33	8	4	1	1	8
Denver, Colo.	88	52	20	7	3	6	2
Las Vegas, Nev.	58	32	20	5	1	-	5
Ogden, Utah	18	11	6	1	-	-	2
Phoenix, Ariz.	103	64	20	5	9	5	4
Pueblo, Colo.	29	26	2	1	-	-	4
Salt Lake City, Utah	51	26	7	5	8	5	-
Tucson, Ariz.	91	59	19	10	-	3	2
PACIFIC	1,524	970	301	153	54	43	86
Berkeley, Calif.	26	16	2	1	-	7	-
Fresno, Calif.	51	26	10	2	6	7	5
Glendale, Calif.	13	10	2	1	-	-	1
Honolulu, Hawaii	56	34	14	4	2	2	5
Long Beach, Calif.	78	53	14	6	4	1	7
Los Angeles, Calif.	381	237	83	46	9	4	11
Oakland, Calif.	83	57	12	10	2	2	6
Pasadena, Calif.	23	16	3	2	-	2	-
Portland, Oreg.	92	59	19	7	6	1	5
Sacramento, Calif.	95	54	22	8	3	7	6
San Diego, Calif.	126	81	25	13	7	-	13
San Francisco, Calif.	123	76	28	15	2	2	7
San Jose, Calif.	159	105	28	15	7	4	9
Seattle, Wash.	125	85	21	13	4	2	7
Spokane, Wash.	52	33	11	5	2	1	4
Tacoma, Wash.	41	28	7	5	-	1	-
TOTAL	10,884††	6,790	2,335	973	409	371	478

* 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.

Carbon Monoxide Exposures — Continued

COHb level of 5% or less. These recommendations do not take into account the smoking habits of the workers. COHb levels in smokers have generally been found in the 4%-5% range but may run as high as 10%-15% in heavy smokers. Thus, moderate smokers with blood levels of 5% who are then exposed to an average concentration of 35 ppm CO in a workplace may have a total COHb concentration of about 10%.

At the time of this study, no health complaints could be attributed to CO exposure. However, at least one worker had some respiratory complaints that may have been related, in part, to exposure to resurfacer exhaust. Because individual exposures to CO were slightly higher than desirable (average COHb by the end of the day was over 5%), NIOSH investigators made the following recommendations:

1. The room in which the ice-resurfacing machine is stored should be fitted with an exhaust system; this should include a flexible hose that can be attached to the machine exhaust during warm-up.
2. The resurfacing machines should be well maintained to keep CO emissions as low as possible.
3. The operator of the resurfacing machine should be very familiar with its use, thus making the procedure quicker and helping to eliminate some CO exposure.
4. Fresh air should be forced into the rink area toward the exhaust fan, particularly after each resurfacing.

The problem of CO exposures associated with ice skating rinks has been reported previously (*8,9*). Because 10,000 persons in the United States seek medical attention each year after exposure to CO gas, and because approximately 1,500 persons die of CO poisoning (*10*), the monitoring of CO levels at such rinks would be a prudent public health measure.

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Behavioral Risk-Factor Surveillance in Selected States — 1985

The behavioral risk-factor surveillance system (BRFSS) operated for its second year in 1985. BRFSS data were collected from adults in 21 states and the District of Columbia by monthly telephone interviews with use of random-digit-dialing techniques. The interviews were conducted with a standard questionnaire and procedures developed jointly by the state health departments and CDC. The risk factors assessed included self-reported overweight, sedentary lifestyle, uncontrolled hypertension, cigarette smoking, alcohol misuse, and seatbelt

Behavioral Risk-Factor Surveillance — Continued

nonuse for persons 18 years of age and older (Tables 1 and 2). The results presented here are weighted to take into account the age, race, and sex distribution of adults in each state, as well as the respondents' probability of selection, and are therefore representative of the adult populations of the participating states.

The data allow state health departments to compare the prevalence of risk behaviors associated with the 10 leading causes of premature death among adults in their states with similar data for adults in other participating states. These data will be used to monitor trends and to help assess the effectiveness of statewide programs to reduce the prevalence of these behaviors.

Between 1984 (*1*) and 1985, all 15 states in which data were collected for both years showed some increase in the prevalence of seatbelt use. Three of these states (Ohio, North Carolina, and Illinois) reported substantial increases of between 10.4% and 18.6%.

Other possible trends between 1984 and 1985 occurred in drinking and driving. In 14 of the 15 states, the prevalence of those admitting to driving "after having, perhaps, too much to drink" decreased, while the prevalence in one state (South Carolina) increased slightly. In 12 of 15 states, decreases were reported in binge drinking, defined as having five or more alcoholic drinks on one occasion during the previous month, while increases were reported in three states (Indiana, Utah, and West Virginia).

TABLE 1. Cardiovascular-related behavioral risk-factor rates* in 21 states and the District of Columbia — United States, 1985

State	Sample size	Overweight† %	Overweight† 95% CI††	Sedentary lifestyle§ %	Sedentary lifestyle§ 95% CI	Uncontrolled hypertension¶ %	Uncontrolled hypertension¶ 95% CI	Current Smoker** %	Current Smoker** 95% CI
Arizona	1,175	20.2	±2.5	46.1	±3.2	1.2	±0.6	26.4	±2.7
California	1,372	17.7	±2.3	53.5	±3.1	2.1	±0.9	25.6	±2.5
Connecticut	983	18.0	±2.5	52.8	±4.2	1.1	±0.8	26.7	±2.4
District of Columbia	726	19.3	±3.3	54.9	±4.3	0.8	±0.8	26.0	±4.0
Florida	776	21.6	±3.2	51.5	±3.9	1.3	±0.9	27.2	±3.5
Georgia	818	21.0	±3.2	63.8	±3.6	1.9	±1.0	28.7	±3.5
Idaho	1,179	20.7	±2.6	44.2	±3.5	2.0	±0.9	23.7	±2.8
Illinois	1,148	22.5	±2.6	52.4	±3.4	1.9	±0.9	26.2	±2.7
Indiana	1,182	27.6	±3.0	64.5	±3.2	2.4	±0.9	32.2	±3.1
Kentucky	803	25.9	±3.1	61.4	±3.6	1.6	±0.9	29.2	±3.3
Minnesota	2,386	20.4	±1.8	55.7	±2.3	1.4	±0.5	27.8	±2.0
Montana	1,183	20.3	±2.6	45.0	±3.1	1.6	±0.8	24.6	±2.5
New York	1,174	21.3	±2.8	51.5	±3.5	1.1	±0.7	31.4	±3.2
North Carolina	1,528	19.5	±2.1	57.7	±2.8	1.4	±0.7	27.4	±2.5
North Dakota	625	24.7	±4.0	54.6	±4.5	1.0	±1.2	25.6	±4.3
Ohio	1,156	25.9	±2.9	61.3	±3.1	1.8	±0.8	28.7	±2.9
Rhode Island	1,277	21.1	±2.6	65.1	±3.1	1.4	±0.7	29.4	±2.7
South Carolina	1,216	23.2	±2.6	64.5	±3.3	1.8	±0.8	29.2	±3.2
Tennessee	1,207	22.0	±2.7	67.8	±3.1	2.1	±0.9	27.5	±3.0
Utah	1,162	17.7	±2.5	47.5	±3.4	1.6	±0.7	15.6	±2.4
West Virginia	1,177	27.4	±3.0	61.7	±3.0	2.5	±0.9	26.7	±2.8
Wisconsin	965	26.6	±3.0	53.5	±3.5	1.2	±0.8	24.6	±3.0

*Percentages.

†One hundred twenty percent or more of ideal weight (ideal weight defined as the mid-value of the medium frame person on the 1959 Metropolitan Life Insurance Company height/weight tables).

§Person with less than 20 minutes of leisure-time physical activity at least three times per week.

¶Person who reports having been told by a medical professional that he/she is hypertensive and still has high blood pressure.

**Current cigarette smoker.

††CI = Confidence interval.

Behavioral Risk-Factor Surveillance — Continued

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Editorial Note: Although some participating states reported certain differences in rates of behavorial risk factors for 1984 and 1985, it is too early, after only 2 years of data collection,

TABLE 2. Alcohol- and driving-related behavioral risk-factor rates* in 21 states and the District of Columbia — United States, 1985

State	Sample size	Binge drinking† %	Binge drinking† 95% CI††	Heavier drinking§ %	Heavier drinking§ 95% CI	Drinking & driving¶ %	Drinking & driving¶ 95% CI	Seatbelt nonuse** %	Seatbelt nonuse** 95% CI
Arizona	1,175	19.0	±2.8	9.3	±1.9	5.6	±1.6	54.1	±3.1
California	1,372	17.3	±2.4	8.2	±1.7	3.3	±1.0	47.0	±3.2
Connecticut	983	20.6	±3.3	9.2	±2.1	5.8	±1.5	58.2	±3.1
District of Columbia	726	15.2	±3.3	6.3	±1.9	2.6	±1.3	50.6	±4.4
Florida	776	17.3	±3.4	9.3	±2.5	3.4	±1.4	57.3	±3.9
Georgia	818	15.3	±2.9	5.9	±2.2	3.9	±1.5	63.3	±3.8
Idaho	1,179	15.6	±2.6	5.9	±1.6	3.3	±1.3	65.8	±3.1
Illinois	1,148	21.2	±2.7	10.9	±2.1	6.3	±1.6	49.6	±3.7
Indiana	1,182	19.3	±2.6	4.9	±1.5	3.8	±1.3	69.2	±3.1
Kentucky	803	8.8	±2.4	5.2	±1.8	1.7	±1.2	68.5	±3.7
Minnesota	2,386	23.3	±2.0	6.6	±1.1	6.8	±1.2	65.0	±2.2
Montana	1,183	22.4	±2.8	5.9	±1.5	5.5	±1.8	67.5	±3.1
New York	1,174	19.0	±2.8	8.9	±2.0	4.2	±1.5	17.6	±2.5
North Carolina	1,528	12.6	±2.0	4.9	±1.2	3.7	±1.2	54.8	±3.1
North Dakota	625	24.0	±4.1	3.7	±1.6	9.8	±3.3	77.2	±3.8
Ohio	1,156	19.8	±2.9	7.5	±1.9	4.5	±1.5	58.2	±3.1
Rhode Island	1,277	12.9	±2.1	6.1	±1.5	3.0	±1.0	69.9	±2.9
South Carolina	1,216	9.8	±2.1	5.2	±1.6	3.3	±1.4	65.6	±3.1
Tennessee	1,207	6.3	±1.7	5.0	±1.6	1.7	±0.8	65.1	±3.0
Utah	1,162	12.2	±2.3	3.0	±1.1	2.5	±1.1	61.4	±3.2
West Virginia	1,177	13.6	±2.4	4.6	±1.5	2.8	±1.2	70.9	±3.1
Wisconsin	965	27.3	±3.2	9.4	±2.1	9.3	±2.1	64.0	±3.3

*Percentages.

†Person who drank five or more drinks on an occasion one or more times in the past month.

§Person whose average total alcoholic beverage intake exceeds 60 drinks per month.

¶Person who states he/she has driven after having too much to drink one or more times in the past month.

**Person who states he/she sometimes, seldom, or never uses a seatbelt when riding in or driving a car. Seatbelt data are presented as the prevalence of "nonuse" to portray risk.

††CI = Confidence interval.

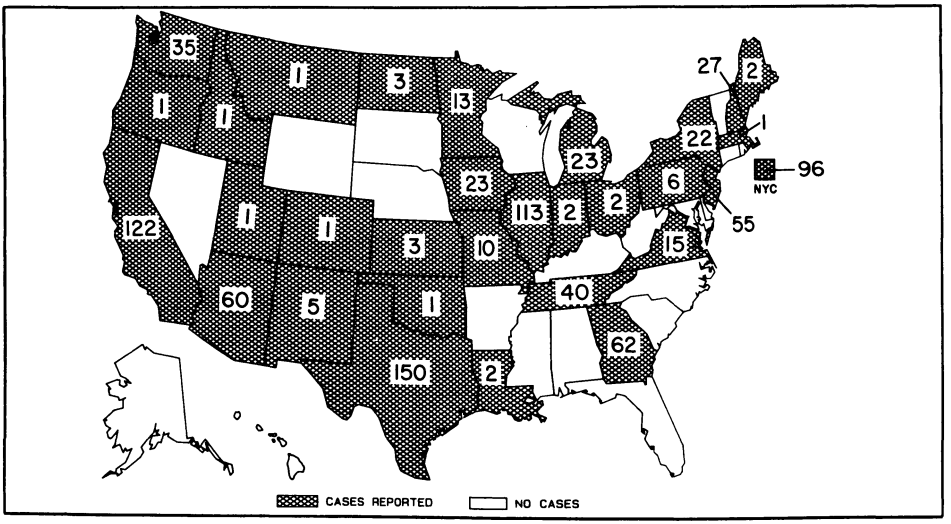
Behavioral Risk-Factor Surveillance — Continued

to positively identify these differences as trends. With continued data collection, long-term changes in patterns of behavorial risk factors should be recognized. For example, since 1984, 26 states have attempted to decrease mortality resulting from motor vehicle accidents among their residents by passing a variety of laws mandating the use of seatbelts. It may be significant that in two of the three states with the largest increase in self-reported rates of seatbelt use (Illinois and North Carolina), mandatory seatbelt laws became effective in 1985. The BRFSS promises to be an excellent mechanism for monitoring seatbelt use in states with such laws.

Reference

1. CDC. Behavorial risk-factor surveillance — selected states, 1984. MMWR 1986;35:253-4.

FIGURE I. Reported measles cases — United States, weeks 23-26, 1986



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