# MMR

653 Years of Life Lost from Cardiovascular Disease

655 Acquired Immunodeficiency Syndrome (AIDS) among Blacks and Hispanics — United States

667 Orthopoxvirus Infections

### MORBIDITY AND MORTALITY WEEKLY REPORT

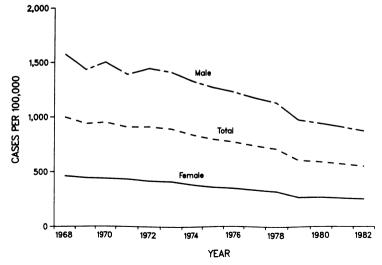
# Epidemiologic Notes and Reports

## Years of Life Lost from Cardiovascular Disease

Cardiovascular diseases (CVD) (ICD 390-398, 402, 404-429) remain the leading cause of death in the United States, despite a persistent decline in the mortality rate of about 2% per year since 1968 (see Table V). CVD ranks third in years of potential life lost (YPLL) prior to age 65, a measure that generally highlights death in the early years. This ranking reflects the large number of people who die prematurely from ischemic heart disease (IHD) (ICD 410-414). Other categories of CVD accounting for YPLL are acute rheumatic fever (ICD 390-392), chronic rheumatic heart disease (ICD 393-398), hypertensive disease (ICD 401-405), diseases of pulmonary circulation (ICD 415-417), and other forms of heart disease (ICD 420-429).

Total YPLL, as well as YPLL for men and women, has continued to decline since 1968 (Figure 1). In 1983, the most recent year for which complete age-, sex-, race-, and cause-specific mortality data are available, CVD accounted for 1,620,219 YPLL before age 65; this represents 16% of YPLL for all causes of death in 1983 (1). IHD accounted for 1,001,875

FIGURE 1. Rate\* of years of potential life lost (YPLL) from ischemic heart disease (IHD), by year — United States, 1968-1982



<sup>\*</sup>Adjusted to 1970 U.S. population

Cardiovascular Disease — Continued

YPLL (62% of all CVD). Thus, IHD alone would rank as the fourth highest cause of YPLL behind unintentional injuries, malignant neoplasms, and suicide.

In 1983, white males continued to account for a majority (67%) of YPLL from IHD, followed by white females (18%), black males (9%), black females (5%), and all others (1%). However, the crude rates of YPLL indicate similar risks for IHD mortality among white and black males (691 and 651 YPLL/100,000, respectively). The rate for black females was 1.75 times higher than that for white females (315 vs. 180 YPLL/100,000). Rates for males and females of other races were substantially lower than those for their white counterparts.

Reported by Behavioral Epidemiology and Evaluation Br, Div of Health Education, Center for Health Promotion and Education, Div of Chronic Disease Control, Div of Environmental Health Laboratory Sciences, Center for Environmental Health, CDC.

Editorial Note: Because data on trends for specific risk factors for IHD are not available, risk factor prevalences cannot be correlated with YPLL rates for IHD. However, changes in lifestyle factors have been related to the decline in total mortality from IHD (2). At present, prevention programs place considerable emphasis on smoking and hypertension. Two other risk factors—elevated cholesterol levels and low levels of physical activity—have received increasing attention in recent years, and are emerging as important targets for further control efforts.

Accurate laboratory measurement of serum cholesterol will be important in monitoring the effect of intervention programs. Substantial variation currently exists in the precision of routine cholesterol measurements. The National Committee on Clinical Laboratory Standards is collaborating with the National Heart, Lung and Blood Institute and with the Centers for Disease Control to conduct the National Cholesterol Standardization Program. This effort is a vital component of the National Cholesterol Education Program (3), which has as its overall goals the effective identification of, monitoring for, and treatment of persons with cholesterol abnormalities as cardiovascular risk factors.

In many studies, a sedentary lifestyle has been reported as an independent risk factor for IHD. Moreover, habitual physical activity is considered to be associated with a reduced risk of IHD (4). The effect of vigorous physical activity on IHD appears to be independent of the effects of other risk factors for IHD such as smoking and hypertension. There is also evidence for some important interactive effects between physical activity and other risk factors, especially hypertension and obesity. Animal models appear to confirm these findings and have demonstrated that physical activity may reduce IHD by delaying the development of atherosclerosis.

Current evidence supports policies that promote physical activity for the general population. However, important questions still remain concerning the intensity, duration, and frequency of physical activity required to confer protection. The 1990 Objectives for the Nation recommend that by 1990, at least 60% of adults ages 18-65 years should participate in regular physical activity sufficient to produce moderate to high cardiorespiratory fitness (6). As of 1985, only 10%-20% of U.S. adults had attained that level of activity (5).

#### References

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# Acquired Immunodeficiency Syndrome (AIDS) among Blacks and Hispanics — United States

In the period June 1, 1981-September 8, 1986, physicians and health departments in the United States notified CDC of 24,576 patients meeting the AIDS case definition for national reporting (1-3). Of these, 6,192 (25%) were black and 3,488 (14%) were Hispanic, whereas these groups represent only 12% and 6%, respectively, of the U.S. population (4). The proportion of cases by racial/ethnic group has remained relatively constant over time (Figure 2), but the number of reported cases of AIDS among persons of all racial and ethnic backgrounds continues to rise (Figure 3).

Adult Patients. The race and ethnicity was known for 24,102 adult AIDS patients ≥15 years of age\*; 14,554 (60%) of these patients were non-Hispanic whites; 5,988 (25%), blacks; 3,411 (14%), Hispanics; and 149 (< 1%), members of other racial/ethnic groups. The overall cumulative incidences<sup>†</sup> for black and Hispanic adults were 3.1 and 3.4 times, respectively, that for whites (Table 1).

Black and Hispanic adults with AIDS were more likely than white adult AIDS patients to reside in New York, New Jersey, or Florida: 62% and 65% of the black and Hispanic patients, respectively, resided in these three states, as did 33% of white patients. Cumulative incidences in these states for blacks and Hispanics were from 2.5 to 9.0 times those for whites. Of the black and Hispanic patients from New York and New Jersey, approximately half were intravenous (IV) drug abusers. Of the black patients from Florida, 40% were born in Haiti.

Among men, blacks and Hispanics accounted for 23% and 14%, respectively, of the 22,468 male AIDS patients. However, among women, blacks and Hispanics accounted for 51% and 21%, respectively, of the 1,634 female patients. Cumulative incidences for black and Hispanic women were 13.3 and 11.1 times, respectively, the incidence for white women.

The distribution of AIDS cases by race/ethnicity differed by recognized transmission categories for AIDS (Table 2). Homosexual or bisexual men who had AIDS and patients who acquired AIDS from blood or blood products were predominately white, whereas patients with a history of IV drug abuse or heterosexual contact with persons at increased risk for acquiring AIDS, and persons with no identified mode of transmission were predominately black or Hispanic. The proportion of blacks or Hispanics with AIDS was relatively high (in terms of their proportions in the overall U.S. population) in all transmission categories with the exception of hemophilia.

The racial/ethnic distribution of homosexual/bisexual patients differed from that of heterosexual patients. Among homosexual/bisexual male AIDS patients, 16% were black; 11%, Hispanic; and 73%, white. Among heterosexual AIDS patients in all other transmission categories, 50% were black; 25%, Hispanic; and 25%, white.

Pediatric Patients. Of the 350 AIDS patients who were children (i.e., < 15 years of age) and whose race/ethnicity was known, 204 (58%) were black and 77 (22%) were Hispanic. The overall cumulative incidences for black and Hispanic children were 15.1 and 9.1 times, respectively, the incidence for white children (Table 1).

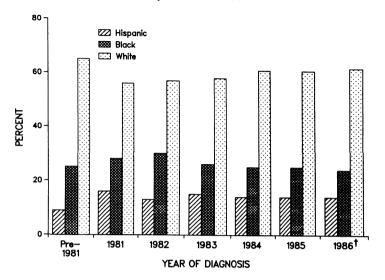
As with black and Hispanic adult AIDS patients, black and Hispanic children with AIDS were more likely than white children with AIDS to reside in New York, New Jersey, or Florida (Table 1). Of the black and Hispanic children with AIDS, 73% and 70%, respectively, lived in New York, New Jersey, or Florida. Of the 68 white children with AIDS, 40% also lived in one of those three states.

The distribution of pediatric AIDS cases by race/ethnicity varied by transmission category.

<sup>\*</sup>Because U.S. census data for the Hispanic population are only available for 5-year age groups, the adult patients have been defined as those ages ≥ 15 years and pediatric as those < 15 years of age.

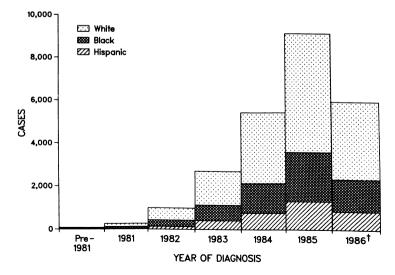
<sup>†</sup>Defined as number of cases/million population of that racial/ethnic group.

FIGURE 2. Percentage of acquired immunodeficiency syndrome (AIDS) cases,\* by year of diagnosis and race — United States, pre-1981-1986



<sup>\*</sup>Reported as of September 8, 1986, and excludes 153 AIDS patients (<) of other race.

FIGURE 3. Acquired immunodeficiency syndrome (AIDS) cases,\* by year of diagnosis and race — United States, pre-1981-1986



<sup>\*</sup>Reported as of September 8, 1986, and excludes 153 AIDS patients (<1%) of other race.

<sup>†</sup>Incomplete year.

<sup>†</sup>Incomplete year.

Table 1. Reported cases and cumulative incidence\* of AIDS, by state of residence and demographic group, as of September 8, 1986

				Demo	graphic gro	oup (age an	d race/ethni	city)			
		Adults (	≥ 15 yrs.)		Adult		Children	(< 15 yrs.)		Children	
Location	White <sup>†</sup>	Black <sup>†</sup>	Hispanic	Other <sup>†</sup>	total	White <sup>†</sup>	Black <sup>†</sup>	Hispanic	Other <sup>†</sup>	total	Total
California											
number	4,402	525	531	65	5,523	8	7	7	0	22	5,545
(cum. inc.)	(340.1)	(399.8)	(173.2)	(54.5)	(298.3)	(2.8)	(14.9)	(4.7)	(0.0)	(4.3)	(234.3)
Florida											
number	761	599	208	2	1,570	5	38	2	0	45	1,615
(cum. inc.)	(122.7)	(655.4)	(305.4)	(27.8)	(199.5)	(3.9)	(94.1)	(11.3)	(0.0)	(24.0)	(165.7)
New Jersey											
number	559	695	187	4	1,445	12	31	8	0	51	1,496
(cum. inc.)	(118.9)	(1,074.2)	(551.6)	(41.2)	(249.7)	(10.7)	(118.8)	(52.3)	(0.0)	(32.3)	(203.2)
New York											
number	3,531	2,427	1,836	35	7,829	10	80	44	0	134	7,963
(cum. inc.)	(331.4)	(1,439.5)	(1,573.3)	(108.7)	(566.0)	(4.0)	(130.5)	(89.4)	(0.0)	(36.0)	(453.6)
Other states											
number	5,301	1,742	649	43	7,735	33	48	16	1	98	7,833
(cum. inc.)	(49.0)	(123.8)	(138.6)	(18.3)	(59.8)	(1.1)	(8.4)	(6.7)	(1.0)	(2.5)	(46.6)
Total											
number	14,554	5,988	3,411	149	24,102	68	204	77	1	350	24,452
(cum. inc.)	(102.0)	(321.5)	(343.4)	(36.9)	(137.5)	(1.8)	(27.3)	(16.5)	(0.6)	(6.8)	(107.9)

<sup>\*</sup>The cumulative incidence (shown in parentheses) is the cumulative number of reported AIDS cases/million population/individual demographic group (based on data from the 1980 census of the population of the United States).

<sup>&</sup>lt;sup>†</sup>Non-Hispanic.

Ninety percent of the children with perinatally acquired AIDS compared with 42% of the children with hemophilia- or transfusion-associated AIDS were black or Hispanic (Table 3). The observation that children with perinatally acquired AIDS (mother-to-infant transmission) were predominately black or Hispanic (Table 3) is consistent with the high proportion (75%) of heterosexual adults who are black or Hispanic. As with adults, the proportion of pediatric patients who were black or Hispanic was highest in the transmission categories associated with IV drug abuse by at least one of the parents (Table 3).

Reported by AIDS Program, Center for Infectious Diseases, CDC.

Editorial Note: The incidence of AIDS is rising for all racial/ethnic groups, and in all geographic regions of the country. However, cumulative incidences of AIDS among blacks and Hispanics are over 3 times the rate for whites. Seroprevalence studies of military recruit applicants and of potential blood donors also indicate a higher prevalence of infection with human T-lymphotropic virus type III/lymphadenopathy-associated virus (HTLV-III/LAV)

The AIDS virus has been variously termed human T-lymphotropic virus type III (HTLV-III), lymphadenopathy-associated virus (LAV), AIDS-associated retrovirus (ARV), or human immunodeficiency virus (HIV). The designation "human immunodeficiency virus" (HIV) has recently been accepted by a subcommittee of the International Committee for the Taxonomy of Viruses as the appropriate name for the retrovirus that has been implicated as the causative agent of AIDS (5).

(Continued on page 663)

TABLE 1. Summary-cases specified notifiable diseases, United States

		42nd Week En	ding	Cumul	ative, 42nd Wee	k Ending
Disease	Oct. 18,	Oct. 19,	Median	Oct. 18,	Oct. 19,	Median
	1986	1985	1981-1985	1986	1985	1981-198
Acquired Immunodeficiency Syndrome (AIDS)	377	163	N	10,474	6,433	N
Aseptic meningitis	231	299	299	8,051	8,153	7,833
Encephalitis: Primary (arthropod-borne						
& unspec.)	27	41	44	961	1,043	1,240
Post-infectious		-	-	84	106	77
Gonorrhea: Civilian	17,881	17,095	19,846	713,742	716,749	727,998
Military	446	577	501	13,496	17,105	19,736
Hepatitis: Type A	448	496	496	17,882	18,073	18,073
Type B	467	550	506	20,591	20,874	19,196
Non A. Non B	64	73	N	2,792	3,327	N
Unspecified	66	110	174	3,611	4,623	5,912
Legionellosis	23	17	N	584	603	N
Leprosy	1 1		4	201	293	200
Malaria	26	22	22	900	847	847
Measles: Total*	25	17	17	5.625	2.574	2.385
Indigenous	24	17	Ń	5,345	2.147	, N
Imported	1 1	''-	Ň	280	427	Ň
•	32	40	43	1,993	1.934	2,220
Meningococcal infections: Total Civilian	32	40	43	1,991	1,928	2,209
	32	40	43	2	1,320	11
Military Mumps	43	39	56	4.042	2.423	2.679
Pertussis	431	158	36 48	3,156	2,423	1,968
Rubella (German measies)	43!			439	2,757 574	819
	1	3	12			
Syphilis (Primary & Secondary): Civilian	511	587	694	21,253	21,740	24,874
Military	2	2	7	132	141	316
Toxic Shock syndrome	5	9	N	280	310	N
Tuberculosis	329	406	460	17,595	17,096	18,826
Tularemia	7	2	4	123	152	228
Typhoid fever	5	9	21	251	312	326
Typhus fever, tick-borne (RMSF)	22	11	11	686	631	921
Rabies, animal	89	110	110	4,485	4,386	5,083

TABLE II. Notifiable diseases of low frequency, United States

	Cum 1986		Cum 1986
Anthrax Botulism: Foodborne Infant Other Brucellosis (Fla. 1, Calif. 2) Cholera Congenital rubella syndrome (NYC 1) Congenital syphilis, ages < 1 year Diphtheria	11 40 1 67 2 10	Leptospirosis Plague Poliomyelitis, Paralytic Politocosis (Minn. 1) Rabies, human Tetanus Trichinosis Typhus fever, flea-borne (endemic, murine)	27 7 1 78 - 55 30 37

<sup>\*</sup>One of the 25 reported cases for this week was 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 October 18, 1986 and October 19, 1985 (42nd Week)

		Aseptic	Encep	halitis	Con	orrhea	Н	epatitis (V	iral), by ty	pe		
Reporting Area	AIDS	Menin- gitis	Primary	Post-in- fectious		rilian)	Α	В	NA,NB	Unspeci- fied	Legionel- losis	Leprosy
	Cum 1986	1986	Cum 1986	Cum 1986	Cum 1986	Cum. 1985	1986	1986	1986	1986	1986	Cum 1986
UNITED STATES	10474	231	961	84	713,742	716,749	448	467	64	66	23	201
NEW ENGLAND	432	8	23	3	18,932	18,335	11	32	1	4	-	7
Maine N H	17	3	-	-	708	932	-	4	-	-	-	-
Vt	10 4	1	2 4	2	455 217	461 265	-	-	-		-	-
Mass	237	3	5	-	7,223	7,427	5	22	-	4		7
R I Conn	28 136	-	12	1	1,458 8,871	1,477 7,773	6	6	1	-	-	-
MID ATLANTIC	3,825	36	93	7	121,141	104,336	16	44	5	7	_	14
Upstate N Y	384	7	33	4	14,688	14,203	3	6		-	-	1
N Y City	2,607	. 3	18	•	69,807	51,636	1	2	:	5	-	12
N J Pa	585 249	18 8	10 32	3	15,622 21,024	15,861 22,636	3 9	16 20	2 3	1		1
EN CENTRAL	638	55	292	11	94,583	95,063	17	40	3	1	12	5
Ohio	131	28	111	3	24,249	25,283	9	17	3	1	2	
Ind	59	4	73	3	10,153	10,222	3	5	-	-	10	-
III	300 116	23	42 45	4 1	23,447 29.853	23,002 27,207	5	18	-	-	-	4
Mich Wis	32	-	21		6,881	9,349	-	18	-	-	-	1
W N CENTRAL	199	8	64	9	30,623	33,419	2	8	1		2	3
Minn	72	2	27	-	4,387	4,980	1	ī	-	-	-	1
lowa	15		20	-	3,103	3,563	-	:	-	-	-	-
Mo N Dak	69 2	3	1	-	15,512	16,097 234	1	6	-	-	-	-
S Dak	2	3	11	- :	264 638	649	-	1			2	_
Nebr	10	-	' '	1	2,256	2,841	-	:	-	-	-	-
Kans	29	-	2	8	4,463	5,055	-	-	1	-	-	2
S ATLANTIC	1,430	40	124	31	184,887	186,550	33	98	8 1	2	3	2
Del Md	20 123	2 13	6 28	1	3,070 21,442	3,589 23,339	1 6	9	í	-		-
DC	170		-	i	13.658	12,635	ĭ	ĭ	-	1	-	-
Va	125	2	34	1	15,278	15,600	2	8	1	-	-	1
W_Va	.7	3	38	-	1,827	2,145	1	3	:		1	-
N C	63	3	16	2	28,336	29,517 17,799	2	9 20	1	1	i	-
S C Ga	36 198	9	-	1	16,076 30,762	36,933	3	24			i	
Fla	688	8	2	25	54,438	44,993	17	23	4	-	-	1
E S CENTRAL	122	21	58	4	57,471	61,420	4	22	2	2	1	1
Ку	25 59	5 8	28 7	1	6,335 21,948	7,034 23,489	2	3 12	1	2		
Tenn Ala	23	ž	22	2	16,690	18,441	2	4	i	-	1	1
Miss	15	1	1	-	12,498	12,456		3	-	-	-	-
W S CENTRAL	923	20	143	6	83,664	90,666	29	21	3	12	4	19
Ark	27	1	-	2	7,920	8,639	2	5	-	-	-	1
La Okla	125	3	9	-	14,904	17,334	5	3	1	-	:	1
Tex	38 733	4 12	19 115	4	9,658 51,182	9,899 54,794	5 17	5 8	1	3 9	1 3	17
MOUNTAIN	275	4	29	1	21,209	22,411	72	46	7	5	-	11
Mont	4	-	1	1	567	607	4	-	1	-	-	-
Idaho Wyo	3 4	1	2	-	693	769 523	7	3 2	1	-	-	-
Colo	132	1	4	-	453 5,450	6,522	3	10	i	2		3
N Mex	21	i	3	-	2,256	2,513	20	4	-		-	-
Arız	68	-	11	-	6,778	6,681	33	19	4	3	-	5
Utah Nev	15 28	1	6 2	-	881 4,131	1,072 3,724	2 3	4	-		:	1 2
BACIEIC		20	_			•	264	•	34	22		139
PACIFIC Wash	2,630 140	39 1	135 11	12	101,232 7,425	104,549 8,090	264 34	156 25	34	33 7	1	17
Oreg	50		-	-	4,324	5,276	26	20	2	-	-	-
Calif	2,388	30	117	12	86,255	87,355	197	106	29	22	1	92
Alaska Hawaii	12 40	8	6 1	-	2,190 1,038	2,422 1,406	7	5	:	4	-	30
Guam	.,	-		_	167	164	4	1	_	5		1
P R	77	3	5	ī	1,934	2,587	ī		-	1	-	,
V.I.	3	Ŭ	-	-	199	351	Ú	U	U	Ú	U	-
Pac Trust Terr	-	-	-	-	400	706	10	-	-	-	-	43
Amer Samoa	-	-	-	-	42	-	-	-	-	-	-	2

N Not notifiable U Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending
October 18, 1986 and October 19, 1985 (42nd Week)

		Γ	Mea	sles (Rut	eola)		Menin-						Ι		
Reporting Area	Malaria	Indig	enous		rted *	Total	gococcal Infections	Mur	nps		Pertussis			Rubella	
	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	900	24	5,345	1	280	2,574	1,993	43	4,042	431	3,156	2,757	1	439	574
NEW ENGLAND Maine	59 2	-	82	-	15	126	141	1	57	5	137	183	-	9	12
Maine N.H.	3	-	12 43	-	1	1	25 6	-	13	2	2 70	9 104	-	:	-
Vt.	2	-	-	-	-	_	17	-	4	-	3	3	-	1	2
Mass. R I	31 7	-	24 2	-	12	118	34	1	10	3	32	44	-	4	6
Conn	14	-	1	-	2	7	19 <b>4</b> 0	-	9 21	-	6 24	16 7	-	2 1	4
MID ATLANTIC Upstate N.Y.	117 44	1	1,686 77	-	33 23	217	323	2	177	-	173	182	-	34	221
N.Y. City	29	ī	682	-	4	85 70	107 68	1	59 29	-	109 10	96 23	-	26 5	17 179
N.J.	20	-	905	-	4	28	30	1	44	-	17	10	-	3	11
Pa.	24	-	22	-	2	34	118	-	45	-	37	53	-	-	14
E.N. CENTRAL Ohio	56 17	-	1,051		28 10	535 60	272 109	15 7	2,740	2	322	662	1	45	32
Ind.	2	-	25		11	57	28	<u>'</u>	34	'.	146 26	89 188	:	1	1
III.	15	-	689	-	4	299	69	8	2,094	-	32	62	1	34	15
Mich. Wis.	18 4	-	59 278	-	3	60 59	57 9	-	275 221	1	34 84	44 279	-	8 2	15 1
W.N. CENTRAL	29	_	322		17	11	94	5	107	403	899	183			
Minn.	8	-	45	-	4	. 6	18	-	107	403	49	82		13 1	19 2
lowa Mo.	1 11	-	133 25	-	1	-	11	2	32	-	19	28	-	1	1
N. Dak.	-	-	25	-	6 1	2	33	-	17 3	-	18 5	29 9	-	1	7
S. Dak.	2	-	-	-	-	-	5	-	ĭ	-	14	3	-	_ '_	2
Nebr Kans	4 3	-	94	-	5	1	10 17	3	53	403	7 787	8 24	-	9	7
S. ATLANTIC	106	16	663	-	56	319	355	2	201	6	701	469	_	13	51
Del Md	1	-	1 26	-	9	107	4	-		-	227	1	-	-	1
D.C.	2	-	20	-	2	27	44 5	- :	18	-	161	269	•	-	6
Va.	27	-	36	-	24	28	62	1	38	-	36	17	-		2
W. Va. N.C.	4 5	-	2	•	1	33 9	3 58	1	45 20	-	23	4	-	-	9
S.C.	6	-	274			3	33	-	12	-	66 18	27 2	-	-	1
Ga.	10	-	79	-	14	8	53	-	28	6	128	89	-	-	-
Fla.	37	16	242	•	6	104	93	-	40	-	42	60	-	13	29
E.S. CENTRAL	18 5	-	58	•	9 6	7	107	7	42	-	47	50	-	4	3
Ky. Tenn.	1	-	55		1	5 1	24 37	7	6 31		5 16	8 20	-	4	3
Ala.	8	-	1	-	1	-	33	-	4	-	25	18	-	-	
Miss.	4	-	2	-	1	1	13	-	1	-	1	4	-	-	-
W.S. CENTRAL Ark.	92	1	605 276	-	38 2	433	182	3	184 7	3	220	428	-	63	36
La.	17	-	4	-	-	42	27 25	:	3	2	17 13	14 13	-		1
Okla. Tex.	10 64	1	37	-	2	1	29	N	Ñ	1	107	154	-		. 1
MOUNTAIN	31	,	288 302	-	34 29	390	101	3	174		83	247	-	63	34
Mont.	-	-	302		29 8	539 137	98 10	3	233 5	2	237 14	194 9		23 2	6
Idaho	1	-	1	-	-	137	4	-	8	1	41	15	-	-	2
Wyo. Colo.	8	-	2		8	5 13	2 16	ī	13	1	4 63	72	-	1	-
N. Mex.	5	-	33	-	7	6	9	Ň	N.		20	11	:		2
Ariz.	11	-	252		6	241	21	-	186	-	56	38		2	1
Utah Nev.	3 3		12 2	-	-	-	10 26	2	13 8	:	35 4	49	-	14 3	1
PACIFIC	392	6	576	1	55	387	421	5	301	10	420	406	-	235	194
Wash.	26	-	137	-	27	113	58	-	10	1	139	71	-	16	14
Oreg. Calif.	15 350	6	7 405	1+	4 23	5 245	31 311	N 5	N 265	9	12	43 246		3 211	1 130
Calit. Alaska	-	-	-	- '	23	245	12	5	265	9	253 2	246		-	1
Hawaii	1	-	27	-	1	24	9	-	20	-	14	17	-	5	48
Guam	1	-	4	-	1	11	-	-	4	-			1	4 61	2 27
P.R. V.I.	4	Ū	36	Ū	-	63 10	3	Ū	32 15	2 U	17	11	U	-	-
Pac. Trust Terr.	-	-	-	-	-		1		11	-	-	-	-	2	-
Amer. Samoa	-	-	2	-	-	-	-	•	5	-	-	-		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 October 18, 1986 and October 19, 1985 (42nd Week)

		October	18, 1986 a	ina Uctoi	Der 19, 18	985 (42nd	(Week)		
Reporting Area	(Primary &		Toxic- shock Syndrome	Tuber	culosis	Tula- remia	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	21,253	21,740	5	17,595	17,096	123	251	686+2	2 4,485
NEW ENGLAND Maine	394 17	476 13	-	565 34	590 40	1	14	13+	8
NH	10	36		23	20	-	-	2	1
Vt Mass	8 207	6 236	-	15 309	7 351	ī	11	4	2
RI	21	14	-	41	47		-	3	3
Conn	131	171	-	143	125	-	3	4 1	2
MID ATLANTIC Upstate N Y	3,007 150	2,945 224	-	3,506 494	3,113 541	1	21 4	31 19	563 74
N Y City	1,704	1,801	-	1,843	1,505		9	5	-
N J Pa	528 625	563 357	-	594 575	425 642	1	7 1	2 5	17 472
EN CENTRAL	780	821	_	2,091	2,094		20	54	121
Ohio	101	125	- 1	368	361	-	7	48	14
Ind III	93 351	71 381	-	230 877	259 923	-	2 3	2	17 35
Mich	141	191	-	518	432		6	4	24
Wis	94	53	•	98	119	-	2	-	31
W N CENTRAL	170 29	187 39		523 121	479 103	34	8 1	46	679 98
lowa	6	17		46	49	1		1	154
Mo N Dak	90 5	98	-	260	229	26	6	23	67
S Dak	7	2 5		6 23	26	2	-	1 6	138 141
Nebr Kans	11 22	7 19	-	12 55	13 50	1 4	i	5 9	28 53
S ATLANTIC	6,435		-						
Del	6,435 51	6,344 33		3,484 36	3,476 34	9	42 1	314 <b>+</b>	1,132
Md D C	369 247	380 273	-	256	308	2	15	28	516
V <sub>a</sub>	290	273	:	122 282	133 332	1 2	4 9	48 3	28 166
W Va N C	19 417	20	-	102	91	-	3	9 1	
SC	560	558 670	-	475 447	430 434	1	4	119 <sup>7</sup> 70	- 9 60
Ga Fla	1,217 3,265	1,119 3,052		595 1,169	585 1,129	3	-	37 /	167
E S CENTRAL	1.424	1,671	•	1,169	1,477	-	6	2	147 5 295
Ky	60	55		351	349	10 3	3	96 <del>†</del> 20	·5 295 81
Tenn Ala	504 433	523 536	-	457	426	5	1	40	109
Miss	427	557	-	494 265	448 254	1	1	22 <del>4</del> 14 /	103 2
W S CENTRAL	4.253	5,013	2	2,206	2,172	55	21	122 f	-B 626
Ark La	201 736	267	Ĩ	300	234	38	-	9	141
Okla	113	875 149	i	346 209	321 212	111	1 2	96	18 56
Tex	3,203	3,722	•	1,351	1,405	5	18	17	
MOUNTAIN Mont	463 6	572	-	421	438	10	15		-/ 591
Idaho	13	6 5	:	24 20	46 22	1	1	4 1 ]	190 9
Wyo Colo	2	7		-	5		-	1	246
N Mex	108 54	145 106	•	34 83	53 73	3 1	1	3	29 6
Arız Utah	195	258		201	200	-	8	-	93
Nev	15 70	8 37		29 30	12 27	4 1	3 1	-	7 11
PACIFIC	4,327	3,711	3	3,232	3,257	3	107	1	470
Wash Oreg	122	91	3	163	190	1	3		5
Calif	92 4,082	84 3.479	-	107 2,773	107 2,726	1	99	1	457
Alaska Hawaii	1	4	-	46	81	i	1	-	457 8
	30	53	•	143	153	-	4	-	•
Guam P.R	1 723	2 698	-	34 288	36 · 295	-	1	-	
V.I.	1	3	Ū	1	1	• :	5 -	-	41
Pac. Trust Terr. Amer. Samoa	213	100	-	60 5	61	-	46	-	-
			•	<del> </del>				-	

TABLE IV. Deaths in 121 U.S. cities.\* week ending October 18, 1986 (42nd Week)

Į		All Caus	es, By A	ge (Year	s)					All Cause	es, By Ag	e (Years	)		]
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I** Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I** Tota
NEW ENGLAND Boston, Mass.	653	465	109	49	15	15	48	S. ATLANTIC	1,146	676	284	103	39	44	45
Bridgeport, Conn.	173 43	108 27	37 9	17	4 1	7	18	Atlanta, Ga.	144	78	32	19	5	10	3
Cambridge, Mass	24	18	4	6 2	'.	-	3 3	Baltimore, Md. Charlotte, N.C.	196 89	120 48	50 26	14 7	3 3	9 5	9
Fall River, Mass.	24	21	3	-		-	-	Jacksonville, Fla.	108	61	30	9	5	3	3
Hartford, Conn.	62	39	14	8	1	_	7	Miami, Fla.	126	71	30	11	7	7	
Lowell, Mass.	27	20	5	1	-	1	2	Norfolk, Va	50	25	19	4	1	1	4
Lynn, Mass	27	22	4	1	-	-	3	Richmond, Va.	66	44	17	2	2	1	
New Bedford, Mass		20	2	:	-	-	-	Savannah, Ga.	24	14	7	2	1	-	1
New Haven, Conn. Providence, R.I.	48 67	29 52	7	4	5	3	1	St. Petersburg, Fla.	108	87	14	5	1	1	9
Somerville, Mass.	7	52 7	9	4	-	2	3	Tampa, Fla. Washington, D.C.	56	30	13	6	5	2	4
Springfield, Mass.	33	25	6	-	1	1	2	Wilmington, Del.	162 17	88 10	42 4	21 3	6	5	
Waterbury, Conn.	23	21	2	-			1	www.inington, Der	17	10	4	3	-	•	
Worcester, Mass.	73	56	7	6	3	1	5	E.S. CENTRAL	806	487	180	54	30	55	40
				-				Birmingham, Ala.	100	68	22	3	2	5	- '3
	2,465	1,633	494	218	56	64	110	Chattanooga, Tenn	1. 72	50	13	5	4	-	- 2
Albany, N.Y.	42	32	9	-	1	-	1	Knoxville, Tenn.	74	52	16	1	3	2	
Allentown, Pa.	13	10	-	1	2	-		Louisville, Ky	69	37	17	7	3	_5	:
Buffalo, N.Y. Camden, N.J	131 21	90 12	23 4	8	2	8	13	Memphis, Tenn	287	144	64	33	12	34	16
Elizabeth, N.J.	25	15	5	3 4	1	1	-	Mobile, Ala.	52	38	11	-	1	2	4
Erie, Pa.†	36	30	5	*		1	2	Montgomery, Ala Nashville, Tenn	25 127	16 82	9 28		5	7	
Jersey City, N.J.	64	41	14	8	-	i	2	radanvine, remi	127	02	20	5	5	'	•
N.Y. City, N.Y	1,317	848	263	142	30	34	55	W.S. CENTRAL	1.348	771	328	143	55	51	48
Newark, N.J.	48	25	15	4	1	3	2	Austin, Tex.	46	32	9		1	1	
Paterson, N.J.	31	24	4	2	1	-	3	Baton Rouge, La	37	25	4		1	2	:
Philadelphia Pa	294	185	65	25	8	11	7	Corpus Christi, Tex		24	10		1	-	
Pittsburgh, Pa.†	83	58	20	4	1	-	3	Dallas, Tex.	198	99	56		8	5	
Reading, Pa. Rochester, N.Y.	36	23	11	1	1	-	3	El Paso, Tex	52	36	10		-	2	!
Schenectady, N.Y.	100 29	73 25	21 3	1	2	3	9	Fort Worth, Tex. Houston, Tex	97 315	56 158	22 84		6 16	7 13	3
Scranton, Pa.†	31	21	5	5	-	-	1	Little Rock, Ark	77	42	17		4	7	9
Syracuse, N.Y.	83	61	13	5	2	2	3	New Orleans, La.	121	70	30		4	2	
Trenton, N.J.	31	19	9	3	-	•	ĭ	San Antonio, Tex	195	113	49		9	6	
Utica, N.Y.	28	23	3	·	2	-	i	Shreveport, La.	80	48	19		2	3	
Yonkers, N.Y.	22	18	2	1	1	-	1	Tulsa, Okla	94	68	18		3	3	
	2,143	1,402	459	162	53	67	87	MOUNTAIN	627	397	126		32	33	
Akron, Ohio	49	38	11	•	-	-	-	Albuquerque, N.Me		46	17		3	3	
Canton, Ohio	38	24	10	2	1	1	2	Colo Springs, Colo	26	19	. 4	_	1		
Chicago, III.§ Cincinnati, Ohio	564	362	125	45	10	22	16	Denver, Colo.	110	69	19		6	- 11	
Cleveland, Ohio	118 165	77 96	24 48	8 15	4 3	5 3	14 4	Las Vegas, Nev. Ogden, Utah	91 27	50 22	21		8	4	
Columbus, Ohio	124	79	26	13	3	3	1	Phoenix, Ariz	133	77	3 32		10	1	
Dayton, Ohio	80	50	21	7	1	1	2	Pueblo, Colo.	30	24	5		10	9	
Detroit, Mich.	250	151	51	32	ż	9	6	Salt Lake City, Utah		26	12		2	3	
Evansville, Ind.	43	26	14	2	-	1	2	Tucson, Ariz.	83	64	13		1	- 3	
Fort Wayne, Ind.	63	45	12	2	3	1	1	· ·				•	•	•	
Gary, Ind.	16	10	5	1	-	-	-	PACIFIC	1,689	1,092	350		50	55	5 10
Grand Rapids, Mich		28	7	2	1	1	7	Berkeley, Calif.	25	16	4		1		-
Indianapolis, Ind.	121	76	22	11	4	8	7	Fresno, Calif	85	57	21		-	3	3
Madison, Wis.	30	21	5	1	2	1	2	Glendale, Calif	15 60	10 39	. 3		-		
Milwaukee, Wis. Peoria, III.	125	85	24	5	6	5	2	Honolulu, Hawaii	139	90	16 24			1	
Rockford, III.	45 45	33 34	4 9	3 1	2 1	3	3	Long Beach, Calif. Los Angeles, Calif.	346	196	72		4 21	9	
South Bend, Ind.	57	40	11	3	2	1	5 3	Oakland, Calif.	72	47	11	6	3	5 5	
Toledo, Ohio	108	79	19	6	2	ż	6	Pasadena, Calif.	25	14	5		1	2	
Youngstown, Ohio	63	48	11	3	ī	-	4	Portland, Oreg.	95	64	20	7	2	2	
MAN CENTRAL	702	550		45	••		40	Sacramento, Calif.	150	93	43		3	5	13
W.N. CENTRAL Des Moines, Iowa	792 54	558 41	144	45	13	32	42	San Diego, Calif	151 136	110 91	31	.3	4	3	
Duluth, Minn.	22	17	6 4	5	1	1	4	San Francisco, Calif San Jose, Calif.	165	116	23 32		2	3	:
Kansas City, Kans.	39	24	9	6		-	2	Seattle, Wash.	134	86	24	13	2	8 7	
Kansas City, Mo.	137	89	34	5	2	7	10	Spokane, Wash.	57	46	7	2	1	1	- 1
Lincoln, Nebr.	30	26	3	-	1	-	5	Tacoma, Wash.	34	17	14	-	2	1	
Minneapolis, Minn.		119	25	4	ż	4	5			•		-	-	'	
Omaha, Nebr	98	61	18	8	3	8	8	TOTAL	11,669	7,481	2,474	952	343	416	55
St. Louis, Mo.	147	97	28	9	ž	11	ĕ								
St. Paul, Minn.	56	43	6	6	-	1	1								
Wichita, Kans.	55	41	11	2	1	_	1 1								

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.

<sup>††</sup>Total includes unknown ages.

<sup>§</sup> Data not available. Figures are estimates based on average of past 4 weeks.

Table V. Estimated years of potential life lost before age 65 and cause-specific mortality, by cause of death — United States, 1984

Cause of mortality (Ninth Revision ICD)	Years of potential life lost by persons dying in 1984°	Cause-specific mortality <sup>†</sup> (rate/100,000)
ALL CAUSES		
(Total)	11,761,000	866.7
Unintentional injuries§		
(E800-E949)	2,308,000	40.1
Malignant neoplasms	_,,	
(140-208)	1,803,000	191.6
Diseases of the treast		
(390-306, 402, 404-429)	1,863,000	324/4
Suicide, homicide		
(E950-E978)	1,247,000	20.6
Congenital anomalies		
(740-759)	684,000	5.6
Prematurity <sup>¶</sup>		
(765, 769)	470,000	3.5
Sudden infant death syndrome		
(798)	314,000	2.4
Cerebrovascular diseases		
(430-438)	266,000	65.6
Chronic liver diseases		
and cirrhosis		
(571)	233,000	11.3
Pneumonia and influenza		
(480-487)	163,000	25.0
Chronic obstructive		
pulmonary diseases		
(490-496)	123,000	29.8
Diabetes mellitus		
(250)	119,000	15.6

<sup>\*</sup>For details of calculation, see footnotes for Table V, MMWR 1986;35:27.

among blacks than whites (separate values for Hispanics are not available since ethnicity was not recorded). Antibody seroprevalence rates were over 4 times higher for black military recruit applicants and over 7 times higher for black potential blood donors in one city than for whites (6, 7). However, the population of individuals volunteering for military service or blood donation may not be representative of the U.S. population at large.

Several factors may contribute to the elevated incidence of AIDS and HTLV-III/LAV infection among these racial/ethnic groups. The racial/ethnic distribution of AIDS cases may reflect, to some degree, the racial/ethnic distribution of the populations at risk in the high-prevalence areas. Persons at risk become so as a result of underlying risk factors, not because of their race/ethnicity. Reported AIDS patients who are IV drug abusers are predominately black (51%) or Hispanic (30%). Children with AIDS whose parents abuse IV drugs are also predominately black (51%) or Hispanic (31%). Population-based estimates of the racial/ethnic distribution of IV drug abusers in the United States are unknown. However, in September 1982, the National Institute on Drug Abuse (NIDA) surveyed all known drug abuse treatment

<sup>†</sup>Cause-specific mortality rates as reported in the MVSR are compiled from a 10% sample of all deaths.

<sup>§</sup>Equivalent to accidents and adverse effects.

<sup>¶</sup>Category derived from disorders relating to short gestation and respiratory distress syndrome.

Table 2. Percentage distribution of cases of AIDS among adults (age ≥15 years), by race/ethnic group, by selected transmission category, as of September 8, 1986

		Percentage						
Transmission category*	Total number	White <sup>†</sup>	Black <sup>†</sup>	Hispanic	Other <sup>†</sup>			
For reference: U.S. population								
≥15 years	175,254,960	81.4	10.6	5.7	2.3			
Intravenous drug abusers not known to be homosexual	4,147	18.5	51.4	29.8	0.3			
Intravenous drug abusers known to to be homosexual	1,881	64.1	22.1	13.6	0.3			
Homosexual men not known to be IV drug abusers	15,765	74.3	14.8	10.2	0.7			
Persons with hemo- philia or other clotting factor disorder	197	86.3	5.6	8.1	0.0			
Women whose sex partner was a bisexual man	51	47.1	35.3	13.7	3.9			
Heterosexual persons whose sex partner was an intravenous drug abuser	253	14.6	47.8	37.6	0.0			
Blood transfusion recipients	424	78.3	13.7	5.9	2.1			
Undetermined (persons with no identified mode of acquisition)	833	35.4	43.7	19.6	1.3			
Total <sup>§</sup>	24,102	60.4	24.8	14.2	0.6			

<sup>\*</sup>Cases with more than one risk factor (possible mode of acquisition), other than the combination of male homosexuality and intravenous drug abuse, shown only in the first applicable category listed.

<sup>&</sup>lt;sup>†</sup>Non-Hispanic.

The total includes a) nine AIDS patients who have had heterosexual contact with a person who had AIDS or who had a risk factor for AIDS, b) 525 AIDS patients without other identified risk factors who were born in countries in which heterosexual transmission is believed to play a major role, although precise means of transmission have not yet been fully defined (virtually all of whom are black, non-Hispanic), and c) 17 AIDS patients who had heterosexual contact with a person born in one of these countries (76% of whom are black, non-Hispanic). The total excludes 122 persons of unknown race/ethnic group.

facilities in the United States to determine the racial/ethnic composition of the client populations using those facilities (8). The racial/ethnic distribution of clients in the surveyed clinics was 32% white, 40% black, 28% Hispanic, and <1% "other race" for clients in the New York City standard metropolitan statistical area (SMSA), and 41% white, 50% black, and 9% Hispanic in the Newark, New Jersey, SMSA. This survey indicates that in these SMSA's, which have reported two-thirds of the IV drug abusers with AIDS, a disproportionate number of IV drug abusers attending these clinics were black or Hispanic.

Economic and cultural factors may also be associated with the observed differences in incidence for racial/ethnic groups. For example, education and economics may play a role in

Table 3. Percentage distribution of cases of AIDS among children (age <15 years), by race/ethnic group, by selected transmission category, as of September 8, 1986

		Percentage							
Transmission category*	Total number	White <sup>†</sup>	Black <sup>†</sup>	Hispanic	Other <sup>†</sup>				
For reference: U.S. population									
< 15 years	51,290,339	73.3	14.6	9.1	3.0				
Children with hemophilia or other clotting factor disorder	18	66.7	27.8	5.6	0.0				
Children whose mother was an intravenous drug abuser	162	8.6	63.0	28.4	0.0				
Children whose mother had a male sex partner who was bisexual	13	30.8	53.8	15.4	0.0				
Children whose mother had a male sex partner who was an intravenous drug abuser	38	10.5	44.7	44.7	0.0				
Children whose mother was known to be infected with HTLV-III/LAV but had no identified risk factor	11	9.1	81.8	9.1	0.0				
Blood transfusion recipients	49	55.1	30.6	14.3	0.0				
Undetermined (children with no identified mode of acquisition)	10	30.0	60.0	10.0	0.0				
Total§	350	19.4	58.3	22.0	0.3				

<sup>\*</sup>Patients with more than one risk factor (possible mode of acquisition) are shown only in the first applicable category listed.

<sup>&</sup>lt;sup>†</sup>Non-Hispanic.

<sup>§</sup> The total includes five children whose mothers' only identified possible mode of acquisition of HTLV-III/LAV infection was a blood transfusion, one child whose mother's male sex partner had received a transfusion, and 43 children whose mothers were born in countries in which heterosexual transmission is believed to play a major role, although precise means of transmission have not yet been fully defined (virtually all of whom are black, non-Hispanic). The total excludes two children of unknown race/ethnic group.

the observed difference in needle-sharing practices and, therefore, in the HTLV-III/LAV infection rates among white, black, and Hispanic IV drug abusers. In a study of HTLV-III/LAV infection among IV drug abusers in New York City, the prevalence of antibody to HTLV-III/LAV was higher for black (42%) and Hispanic (42%) patients than for white patients (14%) who were drug abusers (9). Preliminary analysis of data from the same study indicates that a higher proportion of white patients (18%) than black or Hispanic patients (8%) reported using new needles at least half the time when they injected drugs. Black and Hispanic participants in the study reported having substantially fewer years of education and were more likely than white patients to receive public assistance. Further analysis of data from this study and further study of HTLV-III/LAV infection involving other IV-drug-abusing populations are needed to fully understand the reasons black and Hispanic drug abusers have higher rates of AIDS and HTLV-III/LAV infection.

Education and prevention programs may be less effective in reaching minority populations unless specifically designed for those groups. Targeted programs are needed for black and Hispanic men who engage in homosexual activity, and for blacks and Hispanics of either sex who are engaging in other high-risk behavior. One report has suggested that many blacks who engage in homosexual activity are bisexual, and that these men may not benefit from educational programs designed for homosexuals (10). Programs to prevent transmission of HTLV-III/LAV infection through heterosexual contact and perinatal exposure also need to consider that approximately 75% of heterosexual patients, 73% of women with AIDS, and 92% of children with perinatally acquired infection are black or Hispanic.

Until an effective therapy or vaccine is available, prevention of HTLV-III/LAV infection depends on education and behavioral modification of persons at increased risk (11,12). The U.S. Public Health Service has assisted and encourages involvement of minority professional and community organizations in providing education about AIDS and its prevention in black and Hispanic communities. Additional health-education/risk-reduction projects are needed to actively involve minority communities in the accomplishment of overall community AIDS riskreduction activities.

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# International Notes

# **Orthopoxvirus Infections**

The World Health Organization (WHO) Committee on Orthopoxvirus Infections met in Geneva, Switzerland, March 24-26, 1986 (1). The following is a summary of some of the major topics discussed and several proposals for action drafted at that meeting.

Smallpox vaccination policy: All member states of WHO report that they have discontinued routine smallpox vaccination and that a certificate of smallpox vaccination from international travelers is no longer required in any country in the world. However, some countries continue to vaccinate military personnel; the Committee recommends that this practice be discontinued

The original WHO recommendation for discontinuing smallpox vaccination was formulated before the development of techniques using modified (recombinant) strains of vaccinia virus as vectors (carriers) for the expression of antigens to protect against diseases other than smallpox. The WHO recommendation against smallpox vaccination does not apply to the use of vaccinia for immunization against diseases other than smallpox.

Reserve stocks of smallpox vaccine: Because nearly a decade has passed since the last case of endemic smallpox, the Committee felt that it is no longer necessary for WHO to maintain a global reserve of smallpox vaccine.

**Investigation of suspected cases**: Only 10 rumors of suspected cases of smallpox were reported to WHO in 1985. The Committee concluded that investigation of rumors in the future could be carried out by medical authorities of the member states of WHO.

Retention of variola virus stocks: Only two laboratories (the Centers for Disease Control, in Atlanta, and the Research Institute of Viral Preparations, Moscow, U.S.S.R.), still maintain stocks of variola (smallpox) virus. Neither laboratory plans to resume experiments involving the culturing of variola virus. The variola gene pool has been cloned into nonexpressing sites in bacterial plasmids to allow future study of the variola virus. The Committee's opinion is that it will not be necessary to retain stocks of viable variola virus after the cloning of DNA from variola has been completed, and recommends that remaining stocks be destroyed at that time

Monkeypox: In 1985, 55 cases of human monkeypox were reported; all cases were from Zaire. WHO has sponsored intensive surveillance activities in a population of about five million people in Zaire. The incidence of human monkeypox is very low, and confidence is growing that the virus cannot sustain itself in human-to-human spread. The Committee recommended that WHO discontinue its direct involvement in monkeypox surveillance at the end of 1986.

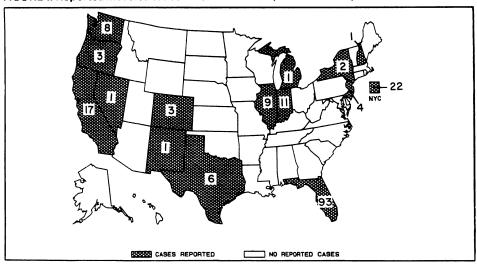
Reported by International Health Program Office, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: The last endemic case of smallpox occurred in October 1977 in Somalia. Two cases of smallpox occurred in the United Kingdom in 1978 associated with a smallpox research laboratory. The Committee on Orthopoxvirus Infections observed that in October 1987, 10 years will have elapsed since the last case of endemic smallpox—a more than adequate period of time to provide full assurance that naturally occurring smallpox will not recur.

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FIGURE I. Reported measles cases — United States, weeks 38-41, 1986



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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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