CENTERS FOR DISEASE CONTROL

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MORBIDITY AND MORTALITY WEEKLY REPORT

Topics in Minority Health

Introduction

This issue of the MMWR *introduces a new series, "Topics in Minority Health". The series was prompted by a recommendation in the* Report of the Secretary's Task Force on Black and Minority Health, *which was released by the Department of Health and Human Services on October 16, 1985 (1,2). This report presented findings of a study of the major causes of health problems and death among certain minority groups in the U.S. population. It also called for an effort to disseminate information concerning these health problems and approaches to their prevention. Articles in this series will appear periodically and will emphasize the six causes of death identified by the task force as accounting for more than 80% of excess mortality in U.S. minority populations—cancer, cardiovascular disease and stroke, chemical dependency, diabetes, homicide and unintentional injuries, and infant mortality—as well as certain communicable diseases, as appropriate.*

Infant Mortality Among Black Americans

The recent slowing in the rate of decline in infant mortality and the disparity in the risk of infant death between racial and ethnic subgroups have attracted considerable attention (*3,4*). In 1984, infant mortality for blacks was 18.4 deaths/1,000 births; this was approximately twice that for whites, which was 9.4 deaths/1,000 births (*5*). A twofold disparity in infant mortality between black and white infants existed for the time period 1960-1984, and there was a 59% reduction in the infant deaths/1,000 live births over that time for both blacks and whites (*5,6*). From 1960 to 1984, declines in the neonatal mortality rate* were greater for whites than for blacks (64% compared with 58%), whereas the reduction in the postneonatal mortality rate† was greater for blacks than for whites (60% compared with 43%) (Figure 1).

Analysis from the National Infant Mortality Surveillance (NIMS)§ project, a tabulation of data from linked birth and infant death certificates for live births occurring among U.S. residents in 1980, provides a more complete description of the disparity in infant mortality risk

*Neonatal mortality rate = Deaths occurring among infants from 0 to 28 days of age per 1,000 births in a calendar year.

†Postneonatal mortality rate = Deaths occurring among infants from 28 days to 1 year of age per 1,000 live births in a calendar year.

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Infant Mortality — Continued

(IMR)[¶] between blacks and whites (*7*). This is the most recent year for which linked birth and infant death data are available for the United States. Although the race-specific risk for infant death varied among states, within states the IMR for blacks was generally two times the risk for whites. In one analysis, the lowest state-specific IMR for single-delivery black infants (12.5) was higher than the highest mortality risk for whites (10.1) (*8*). There were also differences in the race-specific risk of infant death between U.S. census regions, with IMRs for blacks ranging from 16.5 to 20.7 and for whites, from 8.8 to 9.8. In all regions, however, the IMR for blacks was approximately twice that for whites (*9*).

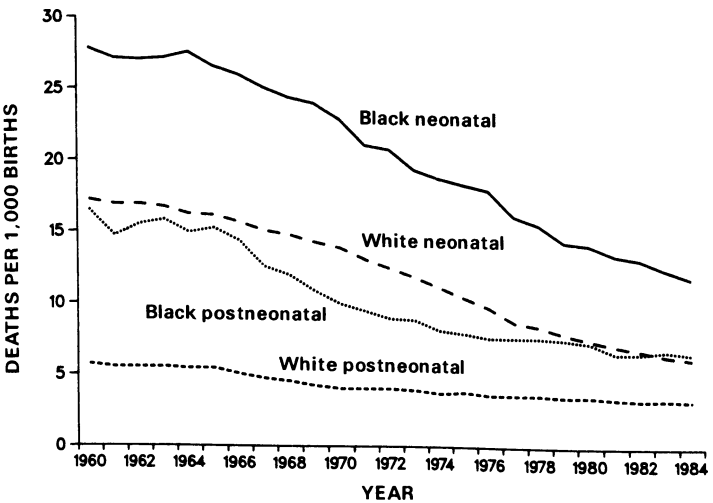
Analysis of NIMS data revealed three factors contributing to the difference between the IMRs for black and white infants. First, blacks have a higher percentage of low birthweight births than whites. Black infants in this study had approximately three times the risk that white infants had of being born weighing $< 1{,}500$g (2.1% compared with 0.7%); they had over two times the risk of having a birthweight of 1,500-2,499g (9.2% compared with 4.2%). Low birthweight is the most important determinant of infant survival, and infants with low birthweights suffer the highest mortality risks (*10*). A recent comprehensive review has provided an inventory of factors that increases the risk of low birthweight (*11*). These include demographic, medical, and behavioral risk factors, many of which are more prevalent among black Americans than among white Americans.

The other two factors contributing to the elevated IMR among blacks are neonatal deaths among infants with birthweights $\geq 2{,}500$g and postneonatal deaths among infants in all birthweight categories (*12*). Black infants with birthweights $< 2{,}500$g had a lower neonatal mortality risk (NMR)** than white infants, but blacks with birthweights $\geq 2{,}500$g had a higher NMR than whites with comparable birthweights. Black neonatal survivors experienced a

[¶]IMR = Infant deaths occurring in a cohort of infants born in a calendar year per 1,000 infants in that birth cohort.

**NMR = Neonatal deaths occurring in a cohort of infants born in a calendar year per 1,000 infants in that birth cohort.

FIGURE 1. Neonatal and postneonatal mortality rates among single-delivery infants, by race and year — United States, 1960-1984



Infant Mortality — Continued

higher postneonatal mortality risk (PNMR)†† in all birthweight categories (Table 1 [*12*]).

To describe the causes of death among black compared with white infants, the international classification of disease codes, ninth revision, was aggregated into seven categories (Table 2 [*13*]). Except for congenital anomalies, the overall NMRs among blacks, for all causes of death, were approximately twice those among whites. During the postneonatal period, black infants were at higher risk of dying from all causes, including those that are preventable and those that are subject to intervention efforts.

If black infants born in 1980 in the United States had experienced the same birthweight distribution and birthweight-specific mortality risk as white infants, there would have been 5,526 (51%) fewer single-delivery black infant deaths. Of this total, 75% occurred among infants with birthweights <2,500g (59% in the neonatal period and 16% in the postneonatal period), and 25% occurred among infants with birthweights ≥2,500g (7% in the neonatal period and 18% in the postneonatal period) (Figure 2).

††PNMR = Postneonatal deaths occurring to neonatal survivors in a cohort of infants born in a calendar year per 1,000 neonatal survivors in that birth cohort.

TABLE 1. Neonatal and postneonatal mortality risks, by race and birthweight, single-delivery infants — 1980 U.S. birth cohort

	Race			
	White		Black	
Birthweight	NMR*	PNMR†	NMR*	PNMR†
< 1,500g	441.9	59.9	406.5	77.6
1,500-2,499g	27.5	11.4	16.4	14.4
2,500-3,999g	2.0	2.6	2.8	4.7
≥ 4,000g	1.7	1.8	3.7	3.4
Total	**6.2**	**3.1**	**12.5**	**6.5**

*NMR = Neonatal deaths occurring in a cohort of infants born in a calendar year per 1,000 infants in the birth cohort.

†PNMR = Postneonatal deaths occurring to neonatal survivors in a cohort of infants born in a calendar year per 1,000 neonatal survivors in the birth cohort.

TABLE 2. Neonatal and postneonatal mortality risks, by race and underlying cause of death, single-delivery infants — 1980 U.S. birth cohort

	Neonatal mortality risk			Postneonatal mortality risk		
Cause	White	Black	Relative risk	White	Black	Relative risk
Perinatal conditions	3.33	7.59	2.3*	0.16	0.42	2.6*
Infections	0.29	0.62	2.1*	0.37	1.06	2.8*
Congenital anomalies	1.76	1.73	1.0	0.65	0.80	1.2*
Injuries	0.02	0.06	2.4*	0.27	0.55	2.1*
Sudden Infant Death	0.09	0.24	2.5*	1.09	2.39	2.2*
Non-specific and unknown	0.03	0.06	2.5*	0.09	0.28	3.0*
All other	0.15	0.29	2.0*	0.45	0.94	2.1*
Total†	**5.68**	**10.60**	**1.9***	**3.08**	**6.44**	**2.1***

*95% confidence interval excludes 1.0 ($p < 0.05$).

†Risks may not add to total due to rounding.

Infant Mortality – Continued

Reported by Pregnancy Epidemiology Br, Research and Statistics Br, Div of Reproductive Health, Center for Health Promotion and Education, CDC.

Editorial Note: The reduction of the disparity in IMR between black and white infants is a major public health objective (*3*). Accomplishing this goal will require intervention strategies aimed at reducing the frequency of low birthweight births, of neonatal mortality among infants with birthweights ≥2,500g, and of postneonatal mortality among infants in all birthweight categories. This report highlights the importance of low birthweight in contributing to the disparity in infant mortality between blacks and whites. In the NIMS study, 75% of the excess deaths experienced by single-delivery black compared with white infants occurred among black infants with birthweights < 2,500g. In addition, 18% of these excess deaths occurred during the postneonatal period among black infants with birthweights ≥2,500g; many of the causes of these deaths are subject to current intervention efforts.

Research has shown that much of the disparity in pregnancy outcomes among racial and ethnic groups is mediated by factors such as socioeconomic status; maternal education; health insurance coverage; and access to prenatal, infant, and other health care services

(Continued on page 9)

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

Disease	First Week Ending			Cumulative, First Week Ending		
	Jan. 10, 1987	Jan. 4, 1986	Median 1982-1986	Jan. 10, 1987	Jan. 4, 1986	Median 1982-1986
Acquired Immunodeficiency Syndrome (AIDS)	290	172	N	290	172	N
Aseptic meningitis	101	63	74	101	63	74
Encephalitis: Primary (arthropod-borne & unspec.)	16	14	12	16	14	12
Post-infectious	-	1	1	-	1	1
Gonorrhea: Civilian	16,252	11,176	13,471	16,252	11,176	13,471
Military	470	164	250	470	164	250
Hepatitis: Type A	255	275	276	255	275	276
Type B	315	346	267	315	346	267
Non A, Non B	43	53	N	43	53	N
Unspecified	36	65	65	36	65	65
Legionellosis	14	6	N	14	6	N
Leprosy	-	-	5	-	-	5
Malaria	18	9	9	18	9	9
Measles: Total*	36	1	8	36	1	8
Indigenous	35	1	N	35	1	N
Imported	1	-	N	1	-	N
Meningococcal infections: Total	45	30	40	45	30	40
Civilian	45	30	40	45	30	40
Military	-	-	-	-	-	-
Mumps	55	10	42	55	10	42
Pertussis	24	28	13	24	28	13
Rubella (German measles)	1	2	6	1	2	6
Syphilis (Primary & Secondary): Civilian	560	282	354	560	282	354
Military	2	1	2	2	1	2
Toxic Shock syndrome	2	7	N	2	7	N
Tuberculosis	219	108	213	219	108	213
Tularemia	2	-	-	2	-	-
Typhoid fever	3	2	3	3	2	3
Typhus fever, tick-borne (RMSF)	4	-	-	4	-	-
Rabies, animal	53	24	53	53	24	53

TABLE II. Notifiable diseases of low frequency, United States

	Cum 1987		Cum 1987
Anthrax	-	Leptospirosis	-
Botulism: Foodborne	-	Plague	-
Infant (Mass. 1)	1	Poliomyelitis, Paralytic	-
Other	-	Psittacosis (Upstate N.Y. 1, Iowa 1)	2
Brucellosis (Mo. 4)	4	Rabies, human	-
Cholera	-	Tetanus	-
Congenital rubella syndrome (Ky. 1)	1	Trichinosis	-
Congenital syphilis, ages < 1 year	-	Typhus fever, flea-borne (endemic, murine)	-
Diphtheria	-		

*One of the 36 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 January 10, 1987 and January 4, 1986 (First Week)

Reporting Area	AIDS	Aseptic Meningitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionellosis	Leprosy
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum 1987	1987	Cum 1987	Cum 1987	Cum 1987	Cum 1986	1987	1987	1987	1987	1987	Cum 1987
UNITED STATES	290	101	16	-	16,252	11,176	255	315	43	36	14	-
NEW ENGLAND	41	1	1	-	617	193	4	35	2	3	-	-
Maine	1	-	-	-	12	14	-	-	-	-	-	-
N H	-	-	-	-	-	4	1	2	-	-	-	-
Vt	-	-	1	-	5	4	-	1	1	-	-	-
Mass	33	1	-	-	213	41	2	31	1	3	-	-
R I	2	-	-	-	74	25	1	1	-	-	-	-
Conn	5	-	-	-	313	105	-	-	-	-	-	-
MID ATLANTIC	2	20	2	-	2,388	2,315	13	37	7	4	-	-
Upstate N Y	-	8	-	-	23	-	7	15	2	1	-	-
N Y City	2	1	-	-	1,620	1,652	1	6	-	3	-	-
N J	-	7	-	-	82	168	4	6	-	-	-	-
Pa	-	4	2	-	663	495	1	10	5	-	-	-
E N CENTRAL	31	12	6	-	1,031	1,314	10	28	-	-	6	-
Ohio	-	5	4	-	265	491	2	14	-	-	3	-
Ind	1	-	-	-	-	84	-	-	-	-	-	-
Ill	30	-	-	-	145	217	-	-	-	-	-	-
Mich	-	7	2	-	551	386	8	14	-	-	3	-
Wis	-	-	-	-	70	136	-	-	-	-	-	-
W N CENTRAL	3	8	-	-	616	764	9	12	1	2	1	-
Minn	-	-	-	-	89	103	-	-	-	-	-	-
Iowa	-	-	-	-	50	71	1	2	-	-	-	-
Mo	-	2	-	-	349	359	2	5	1	-	-	-
N Dak	-	-	-	-	3	3	-	-	-	-	-	-
S Dak	-	-	-	-	24	9	-	-	-	-	-	-
Nebr	3	1	-	-	32	-	2	2	-	-	1	-
Kans	-	5	-	-	69	219	4	3	-	2	-	-
S ATLANTIC	45	17	4	-	5,341	1,893	11	45	-	8	3	-
Del	3	-	-	-	62	64	-	2	-	-	-	-
Md	-	1	-	-	433	503	1	18	-	-	-	-
D C	16	-	-	-	325	158	-	-	-	-	-	-
Va	3	7	1	-	498	204	7	11	-	6	1	-
W Va	-	1	2	-	73	21	-	1	-	-	-	-
N C	-	3	1	-	1,121	263	1	5	-	2	-	-
S C	1	1	-	-	749	330	2	5	-	-	2	-
Ga	22	3	-	-	750	-	-	2	-	-	-	-
Fla	-	1	-	-	1,330	350	-	1	-	-	-	-
E S CENTRAL	3	15	-	-	962	845	4	45	11	1	1	-
Ky	-	3	-	-	115	113	-	10	1	-	1	-
Tenn	-	2	-	-	144	440	1	5	1	-	-	-
Ala	1	5	-	-	482	80	3	25	6	1	-	-
Miss	2	5	-	-	221	212	-	5	3	-	-	-
W S CENTRAL	8	4	-	-	2,145	1,544	5	5	-	2	-	-
Ark	-	1	-	-	220	192	-	-	-	-	-	-
La	6	-	-	-	319	182	-	-	-	-	-	-
Okla	2	3	-	-	226	135	5	5	-	2	-	-
Tex	-	-	-	-	1,380	1,035	-	-	-	-	-	-
MOUNTAIN	3	1	3	-	506	449	38	23	3	-	3	-
Mont	-	-	-	-	9	12	2	-	1	-	-	-
Idaho	-	-	-	-	12	-	1	-	-	-	-	-
Wyo	-	-	-	-	-	-	-	-	-	-	1	-
Colo	-	-	-	-	86	93	-	-	-	-	-	-
N Mex	1	-	1	-	25	26	11	6	1	-	1	-
Ariz	-	1	2	-	188	165	20	8	1	-	-	-
Utah	1	-	-	-	18	15	-	5	-	-	1	-
Nev	1	-	-	-	168	138	4	4	-	-	-	-
PACIFIC	154	23	-	-	2,646	1,859	161	85	19	16	-	-
Wash	-	4	-	-	-	147	-	-	-	-	-	-
Oreg	-	-	-	-	80	66	33	8	1	1	-	-
Calif	147	19	-	-	2,468	1,602	119	72	18	15	-	-
Alaska	1	-	-	-	72	29	9	3	-	-	-	-
Hawaii	6	-	-	-	26	15	-	2	-	-	-	-
Guam	-	U	-	-	-	4	U	U	U	U	U	-
P R	-	-	-	-	51	18	5	3	-	3	1	-
V I	-	-	-	-	10	3	-	-	-	-	-	-
Pac Trust Terr	-	U	-	-	-	-	U	U	U	U	U	-
Amer Samoa	-	U	-	-	-	-	U	U	U	U	U	-

N: Not notifiable U: Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending January 10, 1987 and January 4, 1986 (First Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported *		Total									
	Cum 1987	1987	Cum 1987	1987	Cum 1987	Cum 1986	Cum 1987	1987	Cum 1987	1987	Cum 1987	Cum 1986	1987	Cum 1987	Cum 1986
UNITED STATES	18	35	35	1	1	1	45	55	55	24	24	28	1	1	2
NEW ENGLAND	-	-	-	1	1	-	5	-	-	-	-	3	-	-	-
Maine	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
N H	-	-	-	-	-	-	3	-	-	-	-	1	-	-	-
Vt	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mass	-	-	-	1†	1	-	-	-	-	-	-	1	-	-	-
R I	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Conn	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
MID ATLANTIC	-	-	-	-	-	-	3	6	6	4	4	2	-	-	-
Upstate N Y	-	-	-	-	-	-	3	1	1	3	3	-	-	-	-
N Y City	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N J	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-
Pa	-	-	-	-	-	-	-	3	3	1	1	2	-	-	-
E N CENTRAL	-	18	18	-	-	1	13	36	36	5	5	7	-	-	1
Ohio	-	-	-	-	-	-	8	4	4	5	5	-	-	-	-
Ind	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ill	-	-	-	-	-	1	-	25	25	-	-	4	-	-	-
Mich	-	18	18	-	-	-	5	7	7	-	-	-	-	-	-
Wis	-	-	-	-	-	-	-	-	-	-	-	3	-	-	1
W N CENTRAL	-	-	-	-	-	-	2	6	6	5	5	4	-	-	-
Minn	-	-	-	-	-	-	1	-	-	-	-	2	-	-	-
Iowa	-	-	-	-	-	-	-	1	1	2	2	1	-	-	-
Mo	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
N Dak	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
S Dak	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebr	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kans	-	-	-	-	-	-	1	4	4	3	3	1	-	-	-
S ATLANTIC	2	-	-	-	-	-	6	-	-	3	3	4	-	-	-
Del	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Md	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D C	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Va	2	-	-	-	-	-	-	-	-	-	-	2	-	-	-
W Va	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N C	-	-	-	-	-	-	2	-	-	2	2	1	-	-	-
S C	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Ga	-	-	-	-	-	-	1	-	-	1	1	-	-	-	-
Fla	-	-	-	-	-	-	2	-	-	-	-	1	-	-	-
E S CENTRAL	-	-	-	-	-	-	4	5	5	-	-	1	1	1	1
Ky	-	-	-	-	-	-	-	2	2	-	-	-	1	1	1
Tenn	-	-	-	-	-	-	3	3	3	-	-	1	-	-	-
Ala	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Miss	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
W S CENTRAL	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Ark	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
La	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Okla	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tex	-	-	-	-	-	-	1	N	N	-	-	-	-	-	-
MOUNTAIN	-	-	-	-	-	-	-	-	-	3	3	2	-	-	-
Mont	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wyo	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-
Colo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N Mex	-	-	-	-	-	-	-	N	N	1	1	-	-	-	-
Ariz	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-
Utah	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nev	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PACIFIC	16	17	17	-	-	-	11	2	2	4	4	5	-	-	-
Wash	-	-	-	-	-	-	2	2	2	-	-	2	-	-	-
Oreg	-	-	-	-	-	-	4	N	N	-	-	-	-	-	-
Calif	16	17	17	-	-	-	5	-	-	4	4	3	-	-	-
Alaska	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Guam	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-
P R	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-
V I	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pac Trust Terr	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-
Amer Samoa	-	U	-	U	-	-	-	U	-	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 January 10, 1987 and January 4, 1986 (First Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum 1987	Cum 1986	1987	Cum 1987	Cum 1986	Cum 1987	Cum 1987	Cum 1987	Cum 1987
UNITED STATES	560	282	2	219	108	2	3	4	53
NEW ENGLAND	18	10	-	5	2	-	2	-	-
Maine	-	-	-	-	1	-	-	-	-
N H	5	-	-	-	1	-	-	-	-
Vt	-	-	-	1	-	-	-	-	-
Mass	11	6	-	-	-	-	2	-	-
R I	-	-	-	-	-	-	-	-	-
Conn	2	4	-	4	-	-	-	-	-
MID ATLANTIC	39	30	-	46	24	-	-	-	8
Upstate N Y	-	-	-	10	-	-	-	-	-
N Y City	19	18	-	27	22	-	-	-	-
N J	6	9	-	5	-	-	-	-	-
Pa	14	3	-	4	2	-	-	-	8
E N CENTRAL	-	1	2	57	14	1	-	-	1
Ohio	-	-	1	11	2	1	-	-	-
Ind	-	1	-	-	-	-	-	-	-
Ill	-	-	-	35	10	-	-	-	-
Mich	-	-	1	10	-	-	-	-	-
Wis	-	-	-	1	2	-	-	-	1
W N CENTRAL	4	1	-	3	-	1	-	-	9
Minn	3	1	-	-	-	-	-	-	4
Iowa	-	-	-	2	-	1	-	-	3
Mo	1	-	-	1	-	-	-	-	-
N Dak	-	-	-	-	-	-	-	-	-
S Dak	-	-	-	-	-	-	-	-	-
Nebr	-	-	-	-	-	-	-	-	-
Kans	-	-	-	-	-	-	-	-	2
S ATLANTIC	137	80	-	36	39	-	1	-	15
Del	1	-	-	-	-	-	-	-	-
Md	2	4	-	4	5	-	-	-	1
D C	-	6	-	3	2	-	-	-	3
Va	11	13	-	2	-	-	-	-	5
W Va	-	1	-	-	-	-	-	-	2
N C	20	9	-	7	15	-	1	-	-
S C	12	12	-	6	1	-	-	-	2
Ga	37	-	-	-	-	-	-	-	2
Fla	54	35	-	14	16	-	-	-	-
E S CENTRAL	39	18	-	19	17	-	-	1	1
Ky	-	-	-	-	-	-	-	-	1
Tenn	23	18	-	-	1	-	-	-	-
Ala	16	-	-	19	16	-	-	-	-
Miss	-	-	-	-	-	-	-	1	-
W S CENTRAL	106	47	-	-	-	-	-	3	7
Ark	7	6	-	-	-	-	-	-	6
La	5	6	-	-	-	-	-	-	-
Okla	1	-	-	-	-	-	-	3	-
Tex	93	35	-	-	-	-	-	-	1
MOUNTAIN	3	7	-	3	2	-	-	-	8
Mont	-	-	-	-	-	-	-	-	3
Idaho	-	-	-	-	-	-	-	-	-
Wyo	-	-	-	-	-	-	-	-	3
Colo	2	2	-	-	-	-	-	-	-
N Mex	-	-	-	1	1	-	-	-	-
Ariz	1	5	-	1	1	-	-	-	2
Utah	-	-	-	-	-	-	-	-	-
Nev	-	-	-	1	-	-	-	-	-
PACIFIC	214	88	-	50	10	-	-	-	4
Wash	-	4	-	1	3	-	-	-	-
Oreg	2	3	-	3	-	-	-	-	-
Calif	211	80	-	37	7	-	-	-	4
Alaska	-	-	-	-	-	-	-	-	-
Hawaii	1	1	-	9	-	-	-	-	-
Guam	-	1	U	-	-	-	-	-	-
P R	9	14	-	3	-	-	-	-	2
V I	-	-	-	-	-	-	-	-	-
Pac Trust Terr	-	-	U	-	-	-	-	-	-
Amer Samoa	-	-	U	-	-	-	-	-	-

U Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending January 10, 1987 (First Week)

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	794	571	137	49	13	24	73
Boston, Mass	189	128	35	13	4	9	20
Bridgeport, Conn	55	44	4	4	2	1	6
Cambridge, Mass	30	26	4	-	-	-	4
Fall River, Mass	26	24	1	1	-	-	-
Hartford, Conn	66	42	18	2	2	2	6
Lowell, Mass	46	38	6	2	-	-	10
Lynn, Mass	22	17	3	1	1	-	-
New Bedford, Mass	30	26	3	1	-	-	1
New Haven, Conn	58	41	6	7	1	3	3
Providence, R.I.	103	70	20	6	-	7	8
Somerville, Mass.	5	5	-	-	-	-	-
Springfield, Mass	55	36	15	3	1	-	6
Waterbury, Conn.	27	22	3	1	1	-	2
Worcester, Mass.	82	52	19	8	1	2	7
MID ATLANTIC	3,100	2,115	572	271	74	68	162
Albany, N.Y.	58	41	9	5	-	3	2
Allentown, Pa.	18	16	1	1	-	-	1
Buffalo, N.Y.	156	111	30	10	2	3	14
Camden, N.J.	67	42	15	8	1	1	2
Elizabeth, N.J.	26	20	3	2	1	-	3
Erie, Pa†	40	30	5	4	-	1	1
Jersey City, N.J.	61	46	9	6	-	-	4
N.Y. City, N.Y.	1,488	1,002	267	151	37	31	59
Newark, N.J.	93	47	25	18	3	-	4
Paterson, N.J.	41	28	3	6	-	4	1
Philadelphia, Pa.	510	327	115	35	23	10	29
Pittsburgh, Pa†	48	29	9	5	1	4	1
Reading, Pa.	44	35	7	1	-	1	3
Rochester, N.Y.	158	123	28	4	1	2	26
Schenectady, N.Y.	48	36	9	1	2	-	1
Scranton, Pa†	37	28	7	-	1	1	-
Syracuse, N.Y.	118	88	14	10	2	4	6
Trenton, N.J.	46	29	10	4	-	3	3
Utica, N.Y.	18	15	3	-	-	-	1
Yonkers, N.Y.	25	22	3	-	-	-	1
E.N. CENTRAL	2,723	1,808	578	178	71	88	113
Akron, Ohio	85	58	18	5	2	2	-
Canton, Ohio	60	46	10	1	1	2	5
Chicago, Ill §	564	362	125	45	10	22	16
Cincinnati, Ohio	172	125	32	6	4	5	16
Cleveland, Ohio	193	113	57	16	2	5	4
Columbus, Ohio	126	84	28	9	-	5	5
Dayton, Ohio	163	112	35	9	4	3	-
Detroit, Mich.	318	197	57	40	14	10	7
Evansville, Ind.	46	38	5	1	1	1	1
Fort Wayne, Ind.	97	65	19	8	3	2	9
Gary, Ind.	32	16	9	1	4	2	1
Grand Rapids, Mich.	36	23	7	2	1	3	3
Indianapolis, Ind.	202	126	45	14	8	9	9
Madison, Wis. §	36	25	8	2	-	1	4
Milwaukee, Wis.	207	146	42	7	4	8	7
Peoria, Ill.	59	43	11	1	2	2	6
Rockford, Ill.	51	34	13	2	1	1	8
South Bend, Ind.	64	55	9	-	-	-	5
Toledo, Ohio	121	77	26	7	8	3	7
Youngstown, Ohio	91	63	22	2	2	2	-
W.N. CENTRAL	889	625	178	42	23	21	57
Des Moines, Iowa	102	81	19	1	1	-	6
Duluth, Minn.	23	18	3	-	1	1	1
Kansas City, Kans.	56	40	11	2	1	2	5
Kansas City, Mo.	118	84	25	4	2	3	3
Lincoln, Nebr.	32	24	5	2	1	-	3
Minneapolis, Minn.	131	85	32	7	2	5	12
Omaha, Nebr.	102	74	13	10	4	1	11
St. Louis, Mo.	158	102	37	11	4	4	5
St. Paul, Minn.	85	63	16	1	4	1	3
Wichita, Kans.	82	54	17	4	3	4	8

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	1,451	932	293	128	47	49	67
Atlanta, Ga	120	70	26	19	3	2	4
Baltimore, Md	348	205	81	36	13	13	20
Charlotte, N.C.	122	83	22	8	1	8	5
Jacksonville, Fla	161	114	26	10	7	4	1
Miami, Fla	57	32	11	10	4	-	1
Norfolk, Va	84	54	19	4	3	4	8
Richmond, Va	109	70	21	6	3	9	6
Savannah, Ga	41	27	10	3	-	1	2
St. Petersburg, Fla	180	140	21	13	4	2	9
Tampa, Fla	90	52	22	6	4	4	5
Washington, D.C.	112	62	31	13	4	2	3
Wilmington, Del.	27	23	3	-	1	-	3
E.S. CENTRAL	823	558	175	54	24	12	43
Birmingham, Ala	156	97	32	15	10	2	3
Chattanooga, Tenn	41	27	10	4	-	-	5
Knoxville, Tenn	60	38	14	1	7	-	4
Louisville, Ky	80	55	17	6	-	2	8
Memphis, Tenn	201	137	41	17	4	2	11
Mobile, Ala	73	53	14	4	1	1	-
Montgomery, Ala	48	37	8	1	-	2	1
Nashville, Tenn	164	114	39	6	2	3	11
W.S. CENTRAL	1,676	1,009	391	156	77	43	88
Austin, Tex	86	47	23	9	5	2	7
Baton Rouge, La	61	44	10	2	3	2	2
Corpus Christi, Tex	57	43	5	4	2	3	2
Dallas, Tex	308	173	77	29	20	9	10
El Paso, Tex	88	63	15	7	3	-	7
Fort Worth, Tex	121	70	31	12	4	4	6
Houston, Tex	373	192	105	50	15	11	10
Little Rock, Ark	84	55	17	4	4	4	7
New Orleans, La	107	65	27	10	3	2	1
San Antonio, Tex	190	115	35	23	12	5	17
Shreveport, La	44	32	11	-	-	1	3
Tulsa, Okla	157	110	35	6	6	-	16
MOUNTAIN	833	562	153	62	31	25	49
Albuquerque, N.Mex	115	72	22	13	3	5	8
Colo. Springs, Colo.	53	36	9	5	-	3	5
Denver, Colo.	160	105	32	10	9	4	9
Las Vegas, Nev.	118	75	32	8	2	1	10
Ogden, Utah	23	20	-	2	1	-	3
Phoenix, Ariz.	153	116	13	12	6	6	4
Pueblo, Colo.	37	29	4	3	1	-	1
Salt Lake City, Utah	39	18	10	4	4	3	-
Tucson, Ariz.	135	91	31	5	5	3	9
PACIFIC	2,240	1,525	429	173	49	53	135
Berkeley, Calif.	17	12	3	1	-	1	1
Fresno, Calif.	90	58	19	7	1	5	13
Glendale, Calif.	30	23	5	1	1	-	-
Honolulu, Hawaii	86	53	23	5	1	4	9
Long Beach, Calif.	104	72	21	6	1	4	7
Los Angeles, Calif.	528	348	109	49	10	3	20
Oakland, Calif.	93	65	16	5	4	3	3
Pasadena, Calif.	38	30	6	1	1	-	1
Portland, Oreg.	161	110	36	7	5	2	4
Sacramento, Calif.	178	123	35	8	5	7	16
San Diego, Calif. §	146	101	26	12	3	4	12
San Francisco, Calif.	214	124	44	32	5	8	12
San Jose, Calif.	209	159	32	14	2	2	15
Seattle, Wash.	170	118	26	17	5	4	10
Spokane, Wash.	90	58	18	6	4	4	6
Tacoma, Wash.	86	71	10	2	1	2	6
TOTAL	14,529††	9,705	2,906	1,113	409	383	787

* 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.

Infant Mortality — Continued

(*3,4,10*). As recommended by the Secretary's Task Force on Black and Minority Health and by the American Academy of Pediatrics, future intervention strategies include new and expanded programs in pregnancy and family planning, prepregnancy care, prenatal care, and postnatal and pediatric care as well as financial provisions that will improve access to care (*3,4*).

Race-specific state and regional differences in the risk for infant death suggest that substantial improvements in the mortality of black infants are achievable. Although there have been major improvements in infant mortality for both blacks and whites during the past two decades, the reduction of the continued elevated risk for black compared with white infants remains a major public health objective.

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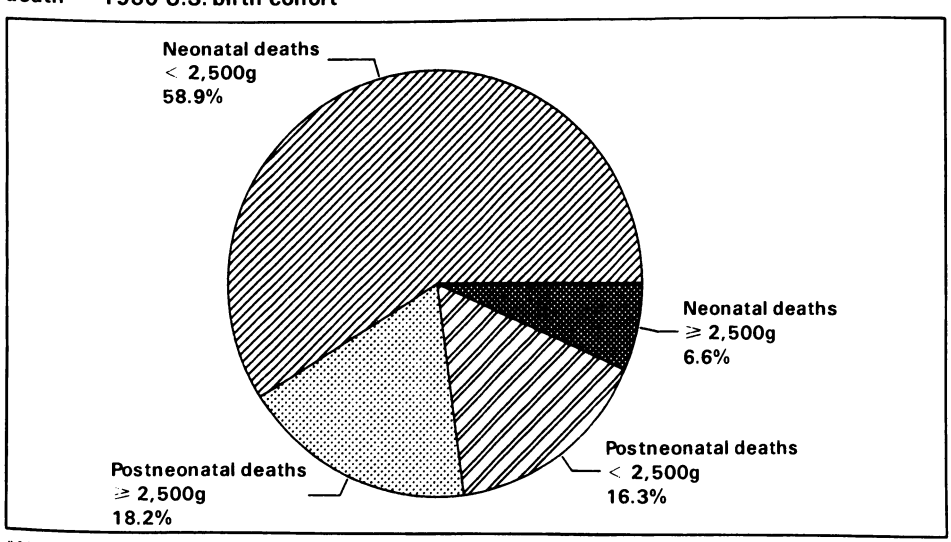
FIGURE 2. Distribution of excess deaths among black infants, by birthweight and age at death — 1980 U.S. birth cohort*



*N = 5,526

Infant Mortality — Continued

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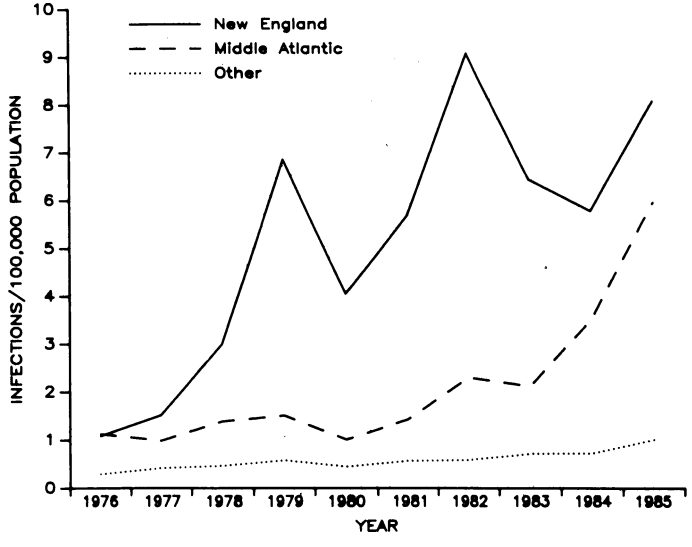
Epidemiologic Notes and Reports

Increasing Rate of *Salmonella Enteritidis* Infections in the Northeastern United States

In the last 10 years, New England and the Middle Atlantic* region have experienced a five-fold increase in the reported isolation rate of *Salmonella enteritidis* (Figure 3). The increase exceeds the regional 1.7-fold increase in the collective isolation rate reported for all other *Salmonella* serotypes. In 1985, *S. enteritidis* replaced *S. typhimurium* as the single most commonly reported serotype in New Jersey, New York, and New Hampshire. The reasons for this increase are not understood. The median age of persons infected with *S. enteritidis* increased from 10 years to 24 years between 1975 and 1985, but the seasonality of the infections has not changed. In 1986, investigations of outbreaks of *S. enteritidis* infections in the northeastern United States implicated a variety of food vehicles, including scrambled eggs in Connecti-

*New Jersey, New York, and Pennsylvania.

FIGURE 3. Rates of reported *S. enteritidis* infections, by region — United States, 1976-1985



Salmonella Enteritidis — Continued

cut, a liquid protein supplement in Pennsylvania, home-made ziti in New Jersey, Italian-style rice balls in New York City, Hollandaise sauce in New York State, roast beef in Massachusetts, and one brand of commercial frozen pasta products in multiple states in the region. No single reservoir that would connect all of these outbreaks and the many sporadically occurring cases has been detected.

On November 1, 1986, epidemiologists from state health departments in the Northeast and the CDC met to review the findings of recent *S. enteritidis* outbreak investigations and to discuss possible approaches to the improved understanding and control of *S. enteritidis* infections in the region. An *S. enteritidis* Working Group was established to facilitate communication and cooperation among public health officials in several states and the CDC in the investigation of *S. enteritidis* outbreaks. Since the serogroup of a *Salmonella* isolate is often known before its serotype and because more than 90% of Group D isolates in the Northeast are *S. enteritidis*, a strategy was developed to intensify the rapid investigation of outbreaks of Group D *Salmonella* in the region. The U.S. Department of Agriculture and the Food and Drug Administration are assisting the *S. enteritidis* Working Group in investigations that suggest a food production or food processing source for the contamination.

Reported by S Schultz, MD, Bur of Preventable Diseases, New York City Dept of Health, D Morse, MD, State Epidemiologist, New York Dept of Health; W Parkin, MD, State Epidemiologist, New Jersey Dept of Health; GF Grady, MD, State Epidemiologist, Bur of Communicable Diseases, Massachusetts Dept of Public Health; EJ Witte, VMD, MPH, State Epidemiologist, Pennsylvania Dept of Health; JL Hadler, MD, MPH, Connecticut Dept of Health Svcs; RL Vogt, MD, State Epidemiologist, Vermont Dept of Health; E Schwartz, MD, State Epidemiologist, New Hampshire Dept of Health and Welfare; KF Gensheimer, MD, State Epidemiologist, Maine Dept of Human Svcs; PR Silverman, PhD, State Epidemiologist, Delaware Dept of Health and Social Svcs; E Israel, MD, State Epidemiologist, Maryland Dept of Health and Mental Hygiene; Div of Field Services, Epidemiology Program Office, Enteric Diseases Br, Div of Bacterial Diseases, Center for Infectious Diseases, CDC.

Editorial Note: The majority of outbreaks of non-typhoid *Salmonella* infections in the United States come from foods of animal origin, and this is also likely to be the case for *S. enteritidis* (*1*). *Salmonella* may be introduced into such foods on the farm, during slaughter or processing, or during final food preparation. A broad increase in regional rates of human infections by a specific *Salmonella* serotype indicates that a regional increase in contamination may have occurred at one or more of these steps in the food chain.

Recognition of the problem of *S. enteritidis* infections in the northeastern United States and the intensive investigation proposed by the *S. enteritidis* Working Group are both made possible by routine serotyping of *Salmonella* isolates in public health laboratories. It is hoped that the regional effort proposed by the *S. enteritidis* Working Group to understand the epidemiology of *S. enteritidis* infections in the Northeast will lead to specific control measures for *S. enteritidis*. Understanding the epidemiology of a specific serotype in a region of high incidence may also lead to a better understanding of the continuing long-term increase in salmonellosis in the United States.

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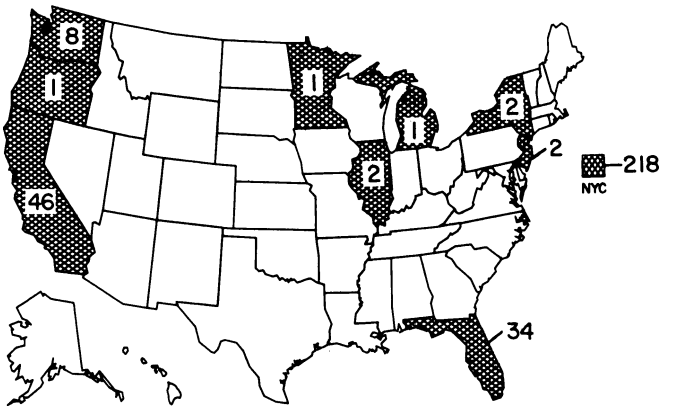
Erratum: Vol. 35, Nos. 51 & 52

p. 791 In the article entitled "Drinking and Driving and Binge Drinking in Selected States, 1982 and 1985—The Behavioral Risk Factor Surveys", the following sentence replaces the second sentence in the last paragraph of the article: "Between 1982 and 1985, only binge drinking decreased significantly for 18- to 34-year-old males."

FIGURE I. Reported measles cases — United States, weeks 50-53, 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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