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MORBIDITY AND MORTALITY WEEKLY REPORT

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Epidemiologic Notes and Reports

Nationwide Dissemination of Multiply Resistant Shigella sonnei Following a Common-Source Outbreak

In early July 1987, an outbreak of multiply resistant *Shigella sonnei* gastroenteritis occurred among persons who attended the annual Rainbow Family gathering in North Carolina (1). Since that time, four clusters of gastroenteritis due to multiply resistant *S. sonnei* have been reported among persons who had no apparent contact with gathering attendees.

Preliminary results from a survey of gathering attendees showed that 157 (58%) of the 270 respondents experienced acute diarrheal illness. This finding is consistent with previous estimates of a 50% or greater attack rate of acute gastroenteritis among the 12,000 attendees (1). Seventy-five attendees from 26 states* and 14 contacts of these persons who had not attended the gathering have had culture-confirmed infection. The *S. sonnei* isolates from these patients are resistant to ampicillin, tetracycline, and trimethoprim-sulfamethoxazole—the antibiotics usually used to treat shigellosis.

In July, August, and September, clusters of multiply resistant *S. sonnei* infection occurred in Missouri and Pennsylvania. Isolates from these cases showed an antimicrobial resistance pattern similar to that of the strain involved in the North Carolina outbreak. Two small clusters were reported from Missouri. A third cluster occurred among patrons and employees of a Pennsylvania restaurant. In a fourth cluster, which has been epidemiologically linked to the third, residents and staff of a nursing home in the same Pennsylvania town became ill.

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Editorial Note: In a national survey of *Shigella* isolates conducted in 1985 and 1986, approximately 4% of isolates from *S. sonnei* infections acquired in the United States were resistant to trimethoprim-sulfamethoxazole. None had the same antimicrobial

^{*}California, Colorado, Connecticut, Florida, Georgia, Illinois, Iowa, Maryland, Massachusetts, Michigan, Missouri, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, and Wisconsin.

Shigella sonnei - Continued

resistance pattern as the North Carolina outbreak strain. The occurrence of these four clusters of infection with multiply resistant *S. sonnei* underscores the need for sensitivity testing to guide in selecting appropriate antimicrobial therapy. Such testing also permits early identification and prompt reporting of multiply resistant strains to public health authorities so further transmission can be prevented.

Further spread of this resistant strain will likely limit the effectiveness of the usual antimicrobial agents for treating shigellosis. Infections that are caused by this multiply resistant *Shigella* and that require antimicrobial therapy can be treated with nalidixic acid or norfloxacin. Although studies in other countries suggest that both nalidixic acid and norfloxacin are effective for the treatment of shigellosis (2,3), it is important to note that neither nalidixic acid nor norfloxacin has been approved by the Food and Drug Administration (FDA) for the treatment of bacterial gastroenteritis. Both nalidixic acid and norfloxacin are quinolones, and care should be exercised in prescribing either one for children because of experimental evidence that quinolones can cause arthropathy in young animals (4,5). No such lesions have been reported to the FDA in association with nalidixic acid therapy in humans. Life-threatening infections are rare with *S. sonnei* but could be treated with gentamicin or chloramphenicol, to which the outbreak strain is sensitive.

Basic hygiene and sanitary precautions remain the cornerstones of control measures for shigellosis outbreaks, including those due to multiply resistant strains (6). Vigorous emphasis on handwashing with soap after defecation and before eating has been shown to reduce secondary transmission of shigellosis (7).

References

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Current Trends

Homicide Surveillance: High-Risk Racial and Ethnic Groups — Blacks and Hispanics, 1970 to 1983

The following summary is from the Homicide Surveillance Report, "High-Risk Racial and Ethnic Groups—Blacks and Hispanics, 1970 to 1983", issued by CDC in November 1986*:

Although great strides have been made in improving the health of the American people, a marked disparity remains in the burden of death and illness faced by blacks and other minorities relative to the white population. High rates of homicide mortality among blacks and other minorities account for much of this disparity (1).

^{*}Copies of the full report may be obtained by writing Patrick O'Carroll, M.D., Koger Center, Mailstop F36, 1600 Clifton Road, Centers for Disease Control, Atlanta, Georgia 30333.

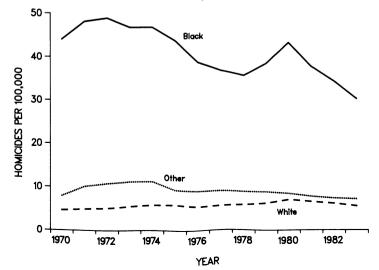
Homicide Surveillance - Continued

Homicide is the leading cause of death among blacks 15-34 years of age. Overall, homicide is the third leading cause of years of potential life lost (YPLL) for blacks. For whites and persons of other races, it is the sixth leading cause of YPLL. For the period 1970 to 1983, the crude homicide mortality rate for blacks was 37.4 per 100,000, 6.7 times the rate for whites (5.6) and 4.4 times the rate for persons of other races (8.5). Homicide rates for blacks decreased by 21.7% from 1970 to 1983, whereas homicide rates for whites increased by 30.2% (Figure 1). Despite these trends, homicide rates for blacks were still 5.3 times greater than rates for whites in 1983. Black males had the highest rates (approaching 100 per 100,000 for those 25-34 years of age) followed by black females, white males, males and females of other minority races, and white females. For each racial category, homicide rates were highest in the West. A slightly higher proportion of black than white victims were killed by persons known to them, by firearms, and under circumstances unrelated to another felony.

In the Southwest, Hispanics were at intermediate homicide risk, with lower rates than those of blacks but almost three times the rate of non-Hispanic whites in the region. Almost all the increased risk for Hispanics was among Hispanic males. In the Southwest, firearms and explosives were the weapons used in 70.3% of homicides among blacks, 65.1% of homicides among Hispanics, and 58.7% of homicides among non-Hispanic whites. Among Hispanic males, one-fourth of all homicides were committed with cutting and piercing instruments, compared with 18.1% and 18.5% among non-Hispanic white males and black males, respectively.

Certain patterns of homicide mortality in the United States were common to all racial and ethnic groups. Specifically, homicide rates were highest among males and young adults; at least half of all victims were killed with firearms, most of which were handguns. Most homicides occurred during the course of an argument or other nonfelony circumstance, and most victims knew their assailants. While identifying high-risk racial and ethnic groups helps to target resources and programs for homicide research and prevention, these common patterns suggest that preventive interventions may be applicable to the entire population.

FIGURE 1. Age-adjusted homicide rates, by race — United States, 1970-1983



Homicide Surveillance - Continued

Reported by: Div of Injury Epidemiology and Control, Center for Environmental Health and Injury Control, CDC.

References

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Occupant Restraint Usage in Fatal Crashes – Fatal Accident Reporting System, 1975-1986

Motor vehicle crashes account for almost one-third of the deaths due to injuries and half of the deaths due to unintentional injuries in the United States (1). The economic cost of motor vehicle crashes is conservatively estimated at \$57 billion per year (2).

(Continued on page 641)

	TABLE I. Summary	- cases spec	ified notifiable	diseases,	United States
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	38	th Week End	ing	Cumulative, 38th Week Ending					
Disease	Sept. 26,	Sept. 20,	Median	Sept. 26,	Sept. 20,	Median			
	1987	1986	1982-1986	1987	1986	1982-1986			
Acquired Immunodeficiency Syndrome (AIDS) Aseptic meningitis Encephalitis: Primary (arthropod-borne	161	646	N	13,287	9,431	N			
	366	401	401	8,086	7,019	6,504			
& unspec) Post-infectious	34	51 3	51 2	917 82	818 86	860 86			
Gonorrhea: Civilian	13,517	20,346	20,979	564,544	638,318	643,453			
Military	225	306	510	12,042	12.010	15,754			
Hepatitis: Type A	432	569	483	17,777	16,144	15,959			
Type B	466	524	524	18,655	18,843	18,517			
Non A, Non B	38	67	N	2,193	2,620	N			
Unspecified	49	67	123	2,305	3,262	4,127			
Legionellosis	16	16	N	629	528	N			
Leprosy	1	2	7	144	191	187			
Malaria	18	45	31	651	802	763			
Measles: Total*	17	12	12	3,334	5,431	2,323			
Indigenous Imported	16	10	N N	2,931 403	5,143 282	N N			
Meningococcal infections: Total Civilian Military	33 33	36 36	30 30	2,174 2,173	1,903 1,901	2,075 2,060 6			
Mumps Pertussis Rubella (German measles)	137 68	49 109 8	40 109 12	10,404 1,816 302	3,563 2,348 439	2,483 1,745 607			
Syphilis (Primary & Secondary): Civilian Military	699	526 2	643	25,514 126	18,886 125	20,262 234			
Toxic Shock syndrome	11	6	N	243	259	N			
Tuberculosis	499	434	491	15,361	15,768	15,768			
Tularemia	9	3	7	152	109	184			
Typhoid Fever	11	8	9	234	221	262			
Typholo rever Typhus fever, tick-borne (RMSF) Rabies, animal	14 90	16 100	30 112	523 3,477	595 4,107	711 4,107			

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1987		Cum. 1987
Anthrax Botulism: Foodborne Infant Other Brucellosis (Ga.1, Fla.1, Ark.1, Calif.2) Cholera Congenital rubella syndrome Congenital Syphillis, ages <1 year Diphtheria	1 9 40 86 4 5 127	Leptospirosis (Minn. 1) Plague Poliomyelitis, Paralytic Psittacosis Rabies, human Tetanus Trichinosis Typhus fever, flea-borne (endemic, murine) (Upstate NY 1, Calif. 2, Tex. 4)	17 7 - 63 - 31 31 30

^{*}There were no cases of internationally imported measles reported for this week.

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TABLE III. Cases of specified notifiable diseases, United States, weeks ending September 26, 1987 and September 20, 1986 (38th Week)

	T	Aseptic	Encen	halitis	<u> </u>	н	epatitis	(Viral), b				
Reporting Area	AIDS	Menin- gitis	Primary	Post-in- fectious	Gond (Civ	orrhea ilian)	A	В	NA,NB	Unspeci- fied	Legionel- losis	Leprosy
	Cum. 1987	1987	Cum. 1987	Cum. 1987	Cum. 1987	Cum. 1986	1987	1987	1987	1987	1987	Cum. 1987
UNITED STATES	13,287	366	917	82	564,544	638,318	432	466	38	49	16	144
NEW ENGLAND	528	34	36	2	17,359	15,415	19	47	4	1	2	12
Maine N.H.	16 13	2 2	2 2	-	521 293	661 406	:	4	1	-	-	2
Vt.	6	1	5 17	1	156	192	-	1	-	-	-	-
Mass. R.I.	330 46	10 10	3	1	6,228 1,533	6,413 1,261	9 7	26 6	2 1	1	2	9
Conn.	117	9	7	-	8,628	6,482	3	10	-	-	-	1
MID. ATLANTIC	3,922	57	111	7	87,935	105,656	24	83	3	4	3	11
Upstate N.Y. N.Y. City	473 2,364	28 9	42 8	3	12,147 45,379	13,019 59,411	4 8	12 45	2	3	3	11
N.J.	704	-	7	-	11,826	14,206	8	11	-	1	-	
Pa.	381	20	54	4	18,583	19,020	4	15	1	•	-	-
E.N. CENTRAL Ohio	912 176	128 59	278 121	12 5	85,082 18,871	88,216 21,210	13 3	28 10	2	7	1	7 2
Ind.	80	11	43	-	6,594	9,143	2	1		5		-
III.	442	-	25	7	26,024	22,156	-	-	-	-	-	1
Mich. Wis.	146 68	58	61 28	-	26,582 7,011	26,570 9,137	8	17	2	2	1 -	3 1
W.N. CENTRAL	299	19	52		23,079	27,214	23	11	2	_	2	-
Minn.	80	1	32	-	3,508	3,939	-6	2	-	-	ī	-
lowa Mo.	21 144	1 10	8	-	2,182 12,202	2,734 13,583	6	5	1	-	1	-
N. Dak.	1	-	-	-	198	245		-	-	-	-	-
S. Dak. Nebr.	2 16	6	10	-	441 1.491	575 2.133	-	-	1	-	-	-
Kans.	35	1	2	-	3,057	4,005	11	4	-	-	-	-
S. ATLANTIC	2,165	51	119	27	147,893	165,928	37	117	5	3	4	5
Del.	15	4	4	1	2,496	2,697	:	-	-	-	-	-
Md. D.C.	243 272	9	16	5	16,933 9,807	19,480 12,312	6 1	19 1		1	-	2
Va.	155	4	27	2	11,115	13,594	2	12	:	-	-	-
W. Va. N.C.	18 120	2 14	36 21		1,068 21,332	1,669 25,704	2	4 18	1 1	-	1	-
S.C.	55	2	-		11,855	14,391	2	14	-	-	-	1
Ga. Fla.	321 966	6 10	1 14	19	26,468 46,819	27,782 48,299	5 19	18 31	1 2	2	1 2	2
E.S. CENTRAL	163	18	48	7	42,902	51,410	16	27	3	2	1	-
Ky.	25	14	22	í	4,320	5,666	14	8	3	1	i	-
Tenn. Ala.	31 86	2 2	10 16	1	14,936 13,791	19,841 14,688	1	13	•	1	-	-
Miss.	21	-	-	5	9,855	11,215	1	2 4	-			-
W.S. CENTRAL	1,227	31	110	4	64,382	75,618	32	33	3	15	1	4
Ark. La.	26	3	-	2	7,131	7,122	5	7	•	-	1	-
Okla.	167 73	1	20 18	1	11,310 7,054	13,462 8,693	6	2	1	1		-
Tex.	961	26	72	1	38,887	46,341	21	24	2	14	-	4
MOUNTAIN	356	11	37	4	14,944	18,776	80	40	5	4	1	2
Mont. Idaho	2 5		1	-	422 543	533 584	2 12	2 4	-		-	1
Wyo.	3	-	1	-	326	408	-	-	-	-	-	
Colo. N. Mex.	147 27	5	10 5	-	3,321 1,657	4,938 1,857	6 10	6 3	2 1	1	-	-
Ariz.	115	6	15	1	5,096	6,115	49	25	i	2		-
Utah Nev.	21 36	- :	1	3	462	810	-	-	1	1	1	-
PACIFIC	3,715	17	126		3,117	3,531	1				•	1
Wash.	160	1/	10	19 4	80,968 6,188	90,085 6,945	188 28	80 12	11 2	13 2	1 1	103 4
Oreg.	100		-	-	3,004	3,756	29	14	-	-	-	-
Calif. Alaska	3,381 12	14 1	111 2	15	69,895 1,273	76,411 2,004	128 1	53 1	9	11		79 1
Hawaii	62	2	3	-	608	969	2	-	-	-	-	19
Guam	-	:	-	•	154	146	-	-	-	-	-	-
P.R. V.I.	84	4	1	1	1,498 194	1,755 205	•	12	1	6	•	5
Pac. Trust Terr.		-	-	-	291	353	-	-	-	-		44
Amer. Samoa	-	-	•	-	63	31	-	-	-	•	-	-

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending September 26, 1987 and September 20, 1986 (38th Week)

			Meas	les (Rub	eola)		Menin-								
Reporting Area	Malaria	Indig	enous	Impo		Total	gococcal Infections	Mu	ımps		Pertussi	5	l	Rubella	•
	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	651	16	2,931	1	403	5,431	2,174	137	10,404	68	1,816	2,348	1	302	439
NEW ENGLAND	43	-	114	-	156	96	184	2	43	2	116	124	-	1	9
Maine N.H.	2 2	-	3 61	-	102	13 43	10 17	•	9	-	26 27	2 62	-	1	1
Vt.	-	-	11	-	15	-	13	-	3	-	4	3	-	-	1
Mass. R.I.	15 7		22 1		32 1	35 2	91 14	:	13 2	-	42 1	28 5	-	-	4
Conn.	17	-	16	-	6	3	39	2	16	2	16	24	-	-	ī
MID. ATLANTIC	77	-	520	-	57	1,692	271	2	186	9	215	156	-	11	31
Upstate N.Y. N.Y. City	28 5	-	26 441	-	14 19	100 663	93 20		84 10	2 4	122 8	103 3	-	9 1	23 5
N.J.	21	-	32	-	7	905	49	1	48	1	12	14	-	i	3
Pa.	23	-	21	-	17	24	109	1	44	2	73	36	-	-	-
E.N. CENTRAL Ohio	43 12	2	294 1	-	24 4	1,048 10	320 105	24	6,003 84	1	188 55	303 117	-	35	69 1
Ind.	4	-	-	-	-	29	36	-	918	-	15	24	-		-
III. Mich.	7 16	2	127 29	-	18	660 58	78 83	9 13	2,495 891	1	14 42	36 28	-	25 9	59 8
Wis.	4	-	137	-	2	286	18	2	1,615	-	62	98	-	ĺ	1
W.N. CENTRAL	19	-	208	-	22	339	92	4	1,343	13	109	260	-	1	11
Minn. Iowa	7 4	-	19	-	20	49 134	27 3	1	774 399	9	13 41	44 18	-	1	1
Mo.	4	-	188	-	1	31	26	2	24	4	28	18	-	-	1
N. Dak. S. Dak.	-	-	1	-	-	25	1 2	1	6 90	-	10 3	5 14	-	-	1
Nebr.	3 1	-	-	-	1	1 99	5	-	3	-	1	7	-	-	-
Kans. S. ATLANTIC	•	2	120	•			28		47	-	13	154	-		8
Del.	110 1	-	32	-	12	638 1	352 5	2	239	9	267 5	685 227	-	14 2	6
Md. D.C.	24	2	5	-	2	35	33 7	2	25	-	11	159	-	2	-
Va.	15 23	-	1	-	1	2 60	58	-	1 69	-	47	34	-	1	
W. Va. N.C.	2	-	2	-	-	2	2	-	32		46	23	-		-
S.C.	9 4	-	2	-	3	301	46 34		17 13	2	107	60 16	-	1	-
Ga. Fla.	4 28	-	- 78	-	1 5	93 140	69 98	-	40 42	7	23 28	122 44	-	1 7	6
E.S. CENTRAL	12	1	3	_	3	67	106	6	1,232		33	46	-	3	4
Ky.	1	-	-	-	-	6	20	2	214	-	1	5	-	2	4
Tenn. Ala.	1 5	1	1	•	3	56 2	42 36	4	958 60	-	9 18	18 23	-	1	-
Miss.	5	•	ż	-	-	3	8	N	Ň	-	5	-	-		-
W.S. CENTRAL	44	-	405	-	4	642	153	80	812	9	231	189	-	11	62
Ark. La.	1	-	-	-	-	283 4	19 18	77	281 296	2	12 42	12 13	-	2	-
Okla.	4	-	2	-	1	39	19	N	N	7	126	101	-	5	-
Tex.	39	-	403	-	3	316	97	3	235	-	51	63	-	4	62
MOUNTAIN Mont.	29	4	481 127	:	19 1	324 8	72 4	5	201 6	6	156 6	221 13	-	24 8	23 2
Idaho	2	-	-	-	-	ĭ	5	-	5	2	42	33	-	1	-
Wyo. Colo.	1 7	-	5		2 4	7	21	:	28	1	5 54	4 62	-	1	1
N. Mex.	2	:	313	-	9	37	5	N	N	2	11	20	-		-
Ariz. Utah	14 1	4	34	-	1	258 12	24 9	4	149 9	1	30 8	50 35	-	4 10	2 14
Nev.	2	-	2	-	i	1	4	1	4	-	-	4	-	-	3
PACIFIC	274	7	786	1	106	585	624	12	345	19	501	364	1	202	224
Wash. Oreg.	18 5	-	34 3	- 1§	7 78	156 9	70 26	1 N	46 N	2 1	71 59	107 10	•	2	15 1
Calif.	247	7	749	-	17	392	515	10	277	9	176	235	1	127	203
Alaska Hawaii	3 1	-	-		4	28	4 9	1	7 15	7	10 185	2 10	-	2 69	- 5
Guam		-	2	_	-	5	4		5	,	100	10	-	1	3
P.R.	1	_	745		_	33	-	-		-			-		
V/I	•		745		-	33	5	2	11	•	16	13	-	2	60
V.I. Pac. Trust Terr.	-	-	745	-	:	-	1	-	11 12 5		16 - 1	13	-	2 - 1	60 - 2

^{*}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 September 26, 1987 and September 20, 1986 (38th Week)

Reporting Area		s (Civilian) k Secondary)	Toxic- shock Syndrome	Tuber	culosis	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	25,514	18,886	11	15,361	15,768	152	234	523	3,477
NEW ENGLAND	448	347	-	486	504	1	25	7	6
Maine N.H.	1 3	15 10	•	22 16	33 23	-	1	-	2
Vt.	2	8	-	10	14	-	1	-	-
Mass. R.I.	206 8	192 18	•	273	259	1	13	4	-
Conn.	228	104	-	42 123	40 135	-	3 7	3	1 3
MID. ATLANTIC	4,760	2,714	2	2,678	3,195	-	23	17	301
Upstate N.Y. N.Y. City	170 3,500	140 1,536	1 1	372 1,267	464	-	8	7	47
N.J.	3,500 495	484	-	507	1,652 561		1 14	5 1	13
Pa.	595	554	-	532	518	-	-	4	241
E.N. CENTRAL	681	692	1	1,791	1,879	3	26	48	132
Ohio Ind.	77 48	97 86	-	330 174	331 204	1	7 4	34	10 15
III.	369	351	-	790	805	-	8	6	38
Mich.	133	125	1	420	445	-	4	5	26
Wis.	54	33	-	77	94	2	3	3	43
W.N. CENTRAL Minn.	143 14	162 28	2 2	453 91	474 110	54	9 4	52	755 183
lowa	21	6	-	31	38	4	2	1	218
Mo.	68	85	-	249	238	33	3	18	46
N. Dak. S. Dak.	10	6 4	-	6 23	8 23	1 9	-	1	90 166
Nebr.	10	12	-	18	8	2		3	16
Kans.	20	21	-	35	49	5	-	29	36
S. ATLANTIC	8,662	5,740	1	3,311	3,061	5	24	194	962
Del. Md.	58 457	44 316	1	32 301	33 233	1	3	2 42	210
D.C.	254	214	<u>'</u>	114	104		1	42	318 36
Va.	218	268	•	324	257	2	6	17	272
W. Va. N.C.	6 499	18 366	-	79 372	90 411	2	1 2	7 65	48 13
S.C.	548	479	-	346	399	-	-	33	46
Ga.	1,217	1,101	-	576	477	-	. :	26	157
Fla.	5,405	2,934	-	1,167	1,057	•	11	2	72
E.S. CENTRAL Ky.	1,437 13	1,256 58	-	1,261 313	1,396 330	7 2	3 2	84 9	234
Tenn.	572	459	-	302	405	1	1	55	114 57
Ala.	368	409	-	390	446	1	-	15	63
Miss.	484	330	-	256	215	3	-	5	-
W.S. CENTRAL Ark.	3,144 199	3,747 176	-	1,796 206	1,980 272	56 25	16 2	107	474
La.	592	641	-	197	320	3	-	11	94 12
Okla.	115	101	-	172	187	25	3	83	29
Tex.	2,238	2,829	-	1,221	1,201	3	11	13	339
MOUNTAIN Mont.	507 9	427 6	3	379 11	379 17	15 2	13	12 10	296
Idaho	5	10	•	17	17	1		-	133 7
Wyo. Colo.	2 85	1 105	-	•	-	-	-	1	63
N. Mex.	85 48	51	-	40 70	42 74	4 1	9	-	7 2
Ariz.	245	171	-	203	178	3	3	-	64
Utah Nev.	21 92	13 70	3	16 22	28	2	:	1	7
PACIFIC			-		23	2	1		13
Wash.	5,732 77	3,801 117	2	3,206 186	2,900 139	11 4	95 7	2	317
Oreg.	206	84	•	86	98	4	1	-	-
Calif. Alaska	5,436 3	3,575	2	2,743	2,492	2	81	2	314
Hawaii	10	25	-	52 139	37 134	1	6	-	3
Guam	2	1	-	26	34		Ü	-	-
P.R.	667	661	-	215	34 245			-	52
V.I. Pac. Trust Terr.	4 126	1 200	-	2	1	-	-	-	-
· uo. IIuol Itil.	120	200	-	124	52	-	16	-	

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending September 26, 1987 (38th Week)

				Sep	tem	Der	20,	1987 (38th Wee	5K/						
		All Cau	uses, B	y Age	(Years)		P&I**			All Cau	ıses, B	y Age	(Years)		P&I**
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	≥65	45-84	25-44	1-24	<1	Total
NEW ENGLAND	656	434	147	44	9	22	41	S. ATLANTIC	1,236	767	266	106	43	52	56 6
Boston, Mass.	179 42	106 28	45 10	15 3	3 1	10	14 2	Atlanta, Ga. Baltimore, Md.	177 208	102 125	43 52	19 13	4 8	9 10	10
Bridgeport, Conn. Cambridge, Mass.	29	21	6	2			5	Charlotte, N.C.	80	48	17	7	4	4	5
Fall River, Mass.	23	19	3	1	:	:	1	Jacksonville, Fla.	111	74	18	10	7	2	4
Hartford, Conn.	67 30	35 23	19 6	6 1	3	4	1	Miami, Fla. Norfolk, Va.	149 47	93 26	35 11	15 6	2	4 2	1
Lowell, Mass. Lynn, Mass.	19	14	3	ż		-	4	Richmond, Va.	86	55	15	5	4	7	8
New Bedford, Mass.	31	24	6	-	1	•	:	Savannah, Ga.	58	40	12	5	1	-	5
New Haven, Conn.	55 43	38 32	11 4	5 4	-	1	4	St. Petersburg, Fla.	90 58	69 40	14 13	3 2	1	4	8
Providence, R.I. Somerville, Mass.	10	7	3	-	:	-	ī	Tampa, Fla. Washington, D.C.	153	81	32	21	10	8	3
Springfield, Mass.	45	28	12	3	-	2	3	Wilmington, Del.	19	14	4			1	1
Waterbury, Conn.	27 56	19 40	6 13	1	1	2	2	E.S. CENTRAL	791	518	165	55	22	29	52
Worcester, Mass.								Birmingham, Ala.	128	72	28	13	3	12	3
MID. ATLANTIC Albany, N.Y.	2,544 52	1,599 35	571 9	264 4	58 2	52 2	97 1	Chattanooga, Tenn.	60 91	47 68	8 17	3 5	1	1	5 7
Allentown, Pa.	23	14	6	3	٠.	•		Knoxville, Tenn. Louisville, Ky.	91 85	58	15	5	4	3	4
Buffalo, N.Y.	117	74	26	13	3	1	10	Memphis, Tenn.	204	141	40	13	j	2	20
Camden, N.J. Elizabeth, N.J.	37 30	22 19	10 7	3 4	1	1	2	Mobile, Ala.	65	36	23	4	1	1	2
Erie, Pa.†	39	29	ģ	1	:	:	5	Montgomery, Ala. Nashville, Tenn.	47 111	28 68	11 23	2 10	1 5	4 5	4
Jersey City, N.J.	58	36	16	6	-		-	*					62	55	, 54
N.Y. City, N.Y.	1,298 55	798 35	279 12	165	36	20	45 3	W.S. CENTRAL Austin, Tex.	1,338 49	810 25	278 13	132 6	4	55 1	54
Newark, N.J. Paterson, N.J.	30	13	13	5	4	3	1	Baton Rouge, La.	52	37	11	2	1	i	2
Philadelphia, Pa.	401	240	102	37	7	15	17	Corpus Christi, Tex.	32	18	9	4	1	-	2
Pittsburgh, Pa.†	77 27	53 16	19	2	1	2	1	Dallas, Tex. El Paso, Tex.	206 69	129 41	32 14	27 5	8 5	10 4	8 5
Reading, Pa. Rochester, N.Y.	85	63	10 13	1 7	:	2	3	Fort Worth, Tex	93	57	20	5	5	6	5
Schenectady, N.Y.	27	19	4	3	1	-		Houston, Tex.§	308	176	74	34	13	11	7
Scranton, Pa.†	25	18	5	:	2	:	:	Little Rock, Ark. New Orleans, La.	72 104	42 66	14 25	5 9	4	6 1	8 1
Syracuse, N.Y. Trenton, N.J.	86 27	57 17	20 7	2	1	6	2	San Antonio, Tex.	177	108	30	19	13	ż	ż
Utica, N.Y.	14	11	ź	1	-	-	2	Shreveport, La.	66	34	21	6	2	3	3
Yonkers, N.Y.	36	30	2	4	-	-	3	Tulsa, Ökla.	110	77	15	10	3	5	6
	2,298	1,477	492	180	63	86	100	MOUNTAIN	652	412	132	63	34	11	25 4
Akron, Ohio	54 35	28 26	14 7	7 2	3	2	3	Albuquerque, N. Me: Colo. Springs, Colo.	36	49 27	14 6	7 1	6 1	1	4
Canton, Ohio Chicago, III.§	564	362	125	45	10	22	16	Denver, Colo.	111	63	28	16	4	-	5
Cincinnati, Ohio	174	114	36	15	3	6	21	Las Vegas, Nev.	101	61	24	13	3	:	4 2
Cleveland, Ohio	173	113	40	12	4	4	5	Ogden, Utah Phoenix, Ariz.	18 133	14 82	2 22	16	1 8	1 5	1
Columbus, Ohio Dayton, Ohio	130 108	77 66	30 26	8 8	6 3	9 5	2 5	Pueblo, Colo.	20	14	5	1	-	-	
Detroit, Mich.	266	162	50	34	13	7	4	Salt Lake City, Utah	41	22	8	3	6	2	- 5
Evansville, Ind.	50	39	6	4	:	1	3	Tucson, Ariz.	115	80	23	6	5	1	
Fort Wayne, Ind. Gary, Ind.	55 13	28 11	16 2	6	5	:	2	PACIFIC Berkeley, Calif.	1,841	1,185	372 4	177	54	44	93 1
Grand Rapids, Mich.	60	34	18	3	2	3	6	Fresno, Calif.	17 62	12 41	11	1 7	1	2	5
Indianapolis, Ind.	159	100	36	9	4	10	5	Glendale, Calif.	30	24	5	1		-	5 2
Madison, Wis.	39	27	7 32	3 5	1 2	1	3 8	Honolulu, Hawaii	55	35	17	3	4	3	8 5
Milwaukee, Wis. Peoria, III.	126 49	83 28	13	3	-	5	3	Long Beach, Calif. Los Angeles Calif.	89 589	55 348	15 141	11 58	24	10	16
Rockford, III.	51	36	10	2	1	2	5	Oakland, Calif.	71	49	12	6	3	1	4
South Bend, Ind.	49	36	6	2	3	2	4 5	Pasadena, Calif.	31	26	16	3	2	3	4
Toledo, Ohio Youngstown, Ohio	82 61	62 45	8 10	8 4	2 1	2 1	-	Portland, Oreg. Sacramento, Calif.	95 125	69 91	16 20	5 7	3	4	14
W.N. CENTRAL	739	490	142	58	27	20	38	San Diego, Calif.	153	98	26	17	7	5	8
Des Moines, Iowa	63	38	13	5	6	1	5	San Francisco, Calif.	140	85	29 30	20	2	4 9	6 10
Duluth, Minn.	13	8	1	1	-	1	-	San Jose, Calif. Seattle, Wash.	164 127	107 78	28	15 17	3	1	10
Kansas City, Kans.	33	20 70	6	6 11	-	1	2	Spokane, Wash.	52	39	8	4	1	-	7
Kansas City, Mo. Lincoln, Nebr.	120 29	70 23	29 5	11	6	4	-	Tacoma, Wash.	41	28	8	2	1	2	2
Minneapolis, Minn.	159	117	25	11	2	4	14	TOTAL	12,095 ^{†1}	7,692	2,565	1,079	372	371	556
Omaha, Nebr.	74	52	13	2	4	3	3	1							
St. Louis, Mo.	129 53	82 35	27 11	12 4	5 2	3	8 2	1							
St. Paul, Minn. Wichita, Kans.	66	45	12	5	2	ż	4	ł							
,								<u> </u>						4 100	

^{*}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.

**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.

¹¹Total includes unknown ages. \$Data not available. Figures are estimates based on average of past 4 weeks.

Occupant Restraint Usage - Continued

Since 1975, the National Highway Traffic Safety Administration (NHTSA) has used the Fatal Accident Reporting System (FARS) to maintain information on all crashes involving at least one fatality. FARS contains data on all persons (decedents and survivors) involved in fatal crashes, on all vehicles involved (regardless of whether an occupant died), on the circumstances of the crash (weather, road type and condition, time of day, etc.), on whether occupants were wearing seat belts, and on the severity of injuries suffered by each person. This report presents data on passenger restraint use among occupants of automobiles involved in fatal crashes for the period 1975-1986.

Based on several methods of measurement, overall motor vehicle-related fatality rates increased during the period 1960-1985. Deaths measured by miles traveled increased during the early 1960s, decreased from the mid-1960s until the mid-1970s, and decreased again in the early 1980s (Figure 1). The population death rate (unadjusted for age) rose through most of the 1960s, fell sharply in the early 1970s, rose again in the late 1970s, and fell again in the 1980s (Figure 2).

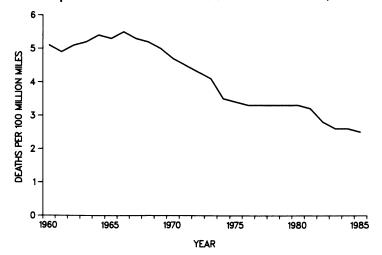
The proportion of individuals wearing seat belts in fatal crashes decreased from 1975 to 1980 and then increased after 1980, with the largest increases occurring in 1985 and 1986 (Figure 3). Within each year, the proportion of seat-belt use was inversely related to the severity of injury, with uninjured persons having the highest proportion of seat-belt use and those who died having the lowest (Figure 4).

Reported by: JR Hackney, National Highway Traffic Safety Administration, US Dept of Transportation. Div of Injury Epidemiology and Control, Center for Environmental Health and Injury Control, CDC.

Editorial Note: The effectiveness of seat belts in reducing mortality has been shown in numerous studies. Although the size of the effect has varied considerably across studies, NHTSA has derived a consensus estimate of about a 40% to 50% reduction in mortality (3,4).

The FARS data at both the aggregate and the individual levels suggest that increases in the use of occupant restraints are associated with decreases in motor

FIGURE 1. Deaths per 100 million miles traveled — United States, 1960-1985 (1)



Occupant Restraint Usage - Continued

vehicle-related fatality rates. However, these data cannot conclusively demonstrate such a relationship. For example, the motor vehicle-related fatality rate in any particular year depends upon factors such as the number and severity of crashes that occur, the crash-worthiness of the automobiles involved, and the ability of occupants to survive crashes. Thus, other factors besides increased restraint usage might be responsible for observed decreases in the motor vehicle-related fatality rate. Additionally, since the survivors in FARS are not a random sample of all occupants

FIGURE 2. Motor vehicle-related deaths per 100,000 residents — United States, 1960-1985 (1)

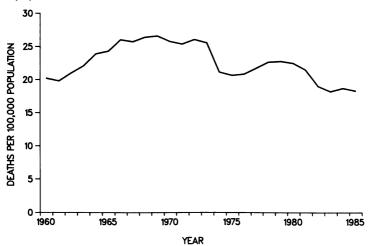
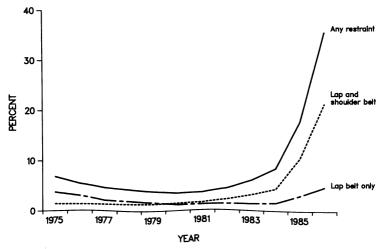


FIGURE 3. Percentage of seat-belt users among occupants of automobiles involved in fatal crashes — United States, 1975-1986



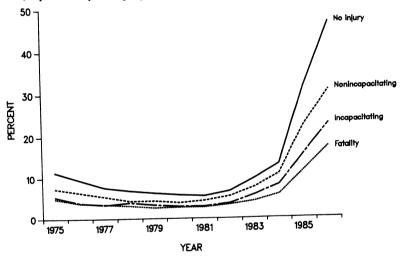
Data source: Fatal Accident Reporting System.

Occupant Restraint Usage - Continued

involved in motor vehicle crashes, a direct comparison of the proportion of survivors who had worn seat belts to the proportion of decedents who had worn seat belts may be misleading.

Currently, a total of 28 states have mandatory seat-belt laws in effect. The first mandatory seat-belt law became effective in New York in early 1985. Additional seat-belt laws also became effective that year in New Jersey, Illinois, Michigan, Texas, Nebraska, Missouri, North Carolina, the District of Columbia, and Hawaii. Eight more seat-belt laws that were passed in 1985 took effect in 1986 and 1987 (1). In early 1985, 15% of occupants nationwide wore seat belts; by the end of that year, the proportion had increased to 23% (5). NHTSA estimates that 263 lives were saved during 1985 because of the seat-belt laws in the first eight states (1).

FIGURE 4. Percentage of seat-belt users among occupants of automobiles involved in fatal crashes, by severity of injury — United States, 1975-1986

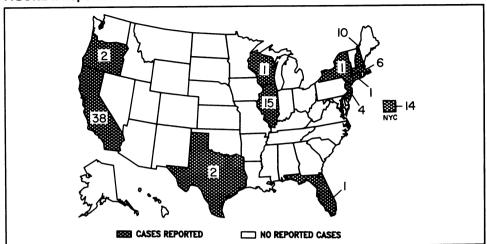


Data source: Fatal Accident Reporting System.

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FIGURE I. Reported measles cases - United States, weeks 34-37, 1987



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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: Editor, Morbidity and Mortality Weekly Report, Centers for Disease Control, Atlanta, Georgia 30333.

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