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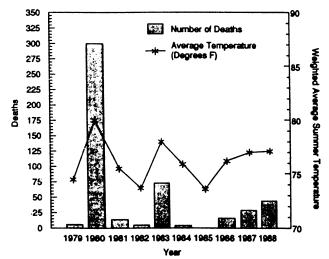
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Current Trends

Heat-Related Deaths - Missouri, 1979-1988

From 1979 through 1988, 491 deaths were attributed to excessive heat exposure* in Missouri. More than half of these occurred during a 1980 heat wave (Figure 1). Although heat-related mortality is also influenced by factors such as humidity and regional acclimatization (1), trends for heat-related deaths in Missouri during 1979–1988 paralleled the state's average summer temperatures[†] (Figure 1).

FIGURE 1. Heat-related deaths and average summer (June–August) temperatures – Missouri, 1979–1988



^{*}Deaths attributed to excessive heat exposure are coded E900 according to the International Classification of Diseases, Ninth Revision.

¹Based on "State Areally Weighted Temperatures" provided by the National Climatic Data Center, National Oceanic and Atmospheric Administration.

Heat-Related Deaths - Continued

Persons ≥65 years of age were the most severely affected, accounting for 330 (67.2%) of the deaths (Table 1). The mortality rate for this population was 48.7 per 100,000 persons, compared with 3.8 per 100,000 for persons <65 years of age. The rate for nonwhites was substantially greater than that for whites, even after controlling for age (Table 1). For persons <65 years of age, the rate for males was twice that for females; in contrast, gender-specific rates for persons ≥65 years of age were similar (Table 1).

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Editorial Note: Growing scientific and public concern about the potential for global warming due to the "greenhouse effect" has focused attention on the health effects of heat during the summer (2). Heat-related mortality during July 1980 demonstrated the effect that high temperatures can have on health (3). Missouri, which reported >17% of the nation's 1716 heat-related deaths in 1980, maintains active surveillance of such deaths as part of a system for early detection and prevention of heat-related morbidity and mortality.

Most heat-related deaths result from heatstroke, a severe illness in which thermoregulatory failure results in core body temperatures exceeding 105 F (40.6 C). Heatstroke is a medical emergency that can develop in a few minutes or hours. Symptoms are primarily those of altered mental status and can progress from lethargy and confusion to stupor and coma as the body temperature rises; anhidrosis

TABLE 1. Heat-related deaths and incidence rates, by age, race, and sex — Missouri, 1979–1988

	D	eaths	
Characteristic	No.	(%)	Rate/100,000 persons
Age			
≥65 yrs	330	(67.2)	48.7
<65 yrs	161	(32.8)	3.8
Race			
White	294	(59.9)	6.7
≥65 yrs	199	(40.5)	31.6
<65 yrs	95	(19.3)	2.6
Nonwhite	197	(40.1)	33.9
≥65 yrs	131	(26.7)	257.5
<65 yrs	66	(13.4)	12.5
Sex			
Male	233	(47.5)	9.7
≥65 yrs	126	(25.7)	47.1
<65 yrs	107	(21.8)	5.0
Female	258	(52.5)	10.0
≥65 yrs	204	(41.5)	49.7
<65 yrs	54	(11.0)	2.5

Heat-Related Deaths - Continued

may occur, but many heatstroke patients perspire profusely. Treatment includes the rapid lowering of body temperature followed by intensive supportive care. Heatstroke is often fatal (>40%), even when treatment is optimal (4,5).

The elderly are at greatest risk for heat-related illness, especially those who have chronic illness and/or take medications that might predispose to heatstroke. Also at increased risk are infants and children <4 years old, particularly those with congenital abnormalities of the central nervous system or with diarrheal illness; alcoholics; persons taking neuroleptic medications (antipsychotics or major tranquilizers) or anticholinergic drugs (e.g., tricyclic antidepressants, antihistamines, some antiparkinsonian agents, and over-the-counter sleeping pills); and persons who are physically or mentally impaired (5).

Additional risk factors include a prior history of heatstroke; certain uncommon conditions such as congenital absence of sweat glands, systemic sclerosis, and hyperthyroidism; and exercising in the heat without proper training and acclimatization. Obesity increases the risk for exercise-induced heatstroke (5). Although racial differences in heat-related deaths have been reported, attempts to assess the separate contributions of race and socioeconomic status to heatstroke risk have been largely unsuccessful (3); there is no evidence of a biologic predisposition for heat-related death associated with race.

Preventive measures include reducing physical activity, drinking extra liquids, and increasing time spent in air-conditioned places (6). Adequate salt intake is important; however, salt tablets are not recommended for preventing heatstroke in the general population and may be harmful to persons with certain preexisting illnesses such as hypertension and heart failure (3,7). At very high temperatures (high 90s and above), fans are ineffective for cooling and may increase heat stress and the risk of heatstroke (8,9). Therefore, persons without home air-conditioners should seek shelter in an air-conditioned environment rather than rely on the use of electric fans (6).

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Update: Aedes albopictus Infestation - United States, Mexico

Aedes albopictus, a mosquito of Asian origin, was discovered in Texas in 1985 (1,2). This mosquito transmits dengue virus in Asia (3,4) and under laboratory conditions can transmit pathogenic viruses indigenous to the United States (5).

Surveillance for Ae. albopictus in the eastern United States was initiated in 1986; by 1988, infestations had been found in 113 counties in 17 states (Figure 1, page 445) (6–8). In 1988, the mosquito was also found in a tire in Matamoros, Mexico. This is the southernmost identification of Ae. albopictus in North America; however, subsequent surveys in Matamoros have not detected further evidence of infestation. Separate infestations of Ae. albopictus, originating from tropical Asia, have been established in four Brazilian states (6).

Ae. albopictus was probably introduced into the United States in used-tire casings imported from Asia (9). On January 1, 1988, new regulations were implemented to control the importation of used-tire casings originating in Asian countries. These

(Continued on page 445)

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

	25	th Week End	ing	Cumulative, 25th Week Ending				
Disease	June 24, 1989	June 25, 1988	Median 1984-1988	June 24, 1989	June 25, 1988	Median 1984-1988		
Acquired Immunodeficiency Syndrome (AIDS) Aseptic meningitis Encephalitis: Primary (arthropod-borne & unspec) Post-infectious Gonorrhea: Civilian Military Hepatitis: Type A Type B Non A, Non B Unspecified Legionellosis Leprosy Malaria Measles: Total* Indigenous Imported Meningococcal infections Mumps Pertussis Rubella (German measles) Syphilis (Primary & Secondary): Civilian Military Toxic Shock syndrome Tuberculosis	225 128 12 10 12,276 118 583 383 54 72 14 4 18 484 467 17 38 70 31 5 645 5 3 3	1988 U* 160 9 4 12.912 191 515 553 62 74 18 9 28 78 68 10 54 72 36 1 862 3 5 386	245 169 21 4 16,470 313 422 521 71 74 14 4 19 135 99 7 50 72 36 13 546 11 14 482	1989 16,134 2,158 285 46 309,764 5,187 16,372 10,515 1,127 1,231 393 72 516 7,022 6,679 343 1,572 2,962 1,007 198 18,852 1,22 1,707 198 18,909	14,574 2,149 342 55 317,548 5,758 11,748 10,553 1,274 1,011 435 90 351 1,492 1,327 165 1,720 2,878 1,087 1,087 1,087 1,087 1,815 87 153	5.938 2,149 396 59 381,732 7,947 10,576 11,963 1,717 2,257 328 111 368 1,750 1,496 1,625 2,260 964 315 13,282 90		
Fularemia (yphoid Fever (yphus fever, tick-borne (RMSF) tables, animal	3 8 30 82	7 9 33 100	7 8 32 100	39 204 162 2,199	9,488 78 171 163 2,005	9,879 71 144 194 2,454		

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1369		
Anthrax Botulism: Foodborne Infant (Ore. 1) Other (Kentucky 1) Brucellosis	6 7 5 36	Leptospirosis Plague Poliomyelitis, Paralytic Psittacosis (Upstate NY 1) Rabies, human	57 - - 48
Cholera Congenital rubella syndrome Congenital syphilis, ages < 1 year Diphtheria		Tetanus (Fia. 1, Tenn. 1) Trichinosis	1 23 12

^{*}Because AIDS cases are not received weekly from all reporting areas, comparison of weekly figures may be misleading.

1 Seven of the 484 reported cases for this week were imported from a foreign country or can be directly traceable to a known internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending June 24, 1989 and June 25, 1988 (25th Week)

Reporting Area	4100	Aseptic	Encep	halitis	Gonorrhea		Н	epatitis (\	type			
	AIDS	Menin- gitis	Primary	Post-in- fectious	(Civi		A	В	NA,NB	Unspeci- fied	Legionel- losis	Lepros
	Cum. 1989	Cum. 1989	Cum. 1989	Cum. 1989	Cum. 1989	Cum. 1988	Cum. 1989	Cum. 1989	Cum. 1989	Cum. 1989	Cum. 1989	Cum. 1989
UNITED STATES	16,134	2,158	285	46	309,764	317,548	16,372	10,515	1,127	1,231		
NEW ENGLAND	691	103	7	2	8,962	9,520			-		393	72
Maine N.H.	33	6	3	-	132	196	358 7	524 19	48 3	51	26	5
Vt.	25 8	8 6	•	•	73	133	34	30	8	1 4	3	•
Mass.	379	36	2	2	35	74	21	39	5		-	:
R.I.	37	26	•	•	3,324 621	3,343 882	109	317	23	35	17	3
Conn.	209	21	2		4,777	4,892	23 164	42 77	3	3	6	1
MID. ATLANTIC	4,571	248	47	5	41,761	50,637			6	8	•	1
Upstate N.Y. N.Y. City	550	106	14	4	7,410	5,927	2,073 488	1,649 342	95	162	101	9
N.J.	2,307 1,105	40	2	1	18,847	23,603	170	617	43 16	6 134	32 11	1
Pa.	609	102	31	•	6,867	7,067	215	280	11	5	18	6 1
E.N. CENTRAL				•	8,637	14,040	1,200	410	25	17	40	i
Ohio	1,328 227	305 67	82	2	54,088	49,592	882	1,246	116	42	106	2
Ind.	226	60	18 20	1	14,367	11,424	199	280	20	6	58	
III. Mai - e.	571	63	19	1	4,448	3,846	70	197	17	14	18	1
Mich. Vis.	251	105	20	:	17,740 14,947	13,879	409	339	34	13	10	i
	53	10	5		2,586	16,101 4,342	157 47	335 95	33	9	16	•
V.N. CENTRAL	372	93	12	2					12	•	4	-
Minn. owa	74	5	-	1	14,421 1,474	13,025 1,744	539 54	447	45	12	18	1
Ao.	32	18	3	•	1,046	977	43	49 22	7 9	3	2	-
l. Dak.	173 3	26 4	:		8,600	7,334	302	305	17	5	4 5	•
Dak.	4	6	1	•	61	85	4	15	3	•	1	:
lebr.	15	6	2 2	-	128	249	4	6	3	-		-
ans.	71	28	4	1	784 2,328	760 1,876	53	14	:	2	2	1
ATLANTIC	3,404	459	40				79	36	6	2	4	•
el.	48	13	1	17	86,923	89,648	1,384	2,080	159	187	51	•
ld. C.	324	58	9	2	1,392 9,572	1,300 9,546	21 331	74	.2	2	.4	•
a.	282	6	•	-	5,755	6,500	2	362 14	17 2	20	12	•
. Va.	234 20	72	19		7,148	6,285	169	145	26	122	2	:
.C.	278	7 56	6		658	643	10	43	3	3		
C.	161	11	1	1	13,112	12,885	236	501	49	-	15	•
).	507	41	i		7,951 16,586	6,767 17,411	24	275	3	6	3	•
a.	1,550	195	3	14	24,749	28,311	156 435	212 454	9 48	6 28	6 9	:
S. CENTRAL	382	214	15	1	25,682	24,587	•					
	62	58	4	i	2,391	2,383	203 61	775 207	87 25	1	17 3	-
nn. 3.	129	28	-		8,414	8,244	84	414	20		9	
s. SS.	111	93	11	•	8,293	7,910	37	105	39	1	5	•
S. 051175	80	35	•	-	6,584	6,050	21	49	3	-	•	•
S. CENTRAL	1,382	225	32	2	33,832	36,362	1,863	1,014	75	288	19	13
•	46 230	7		•	3,651	3,412	110	35	2	2	1	•
a .	230 76	18 26	6 7	:	6,977	7,456	141	181	8	1	4 11	:
1.	1,030	174	19	2	2,832 20,372	3,223 22,271	188 1,424	90 708	16 49	13 272	'3	13
UNTAIN	506										22	1
nt.	9	80 3	8	2	6,595 96	6,869 227	2,318 25	655 23	119 2	94 1	2	i
10	12	-	:	1	96	186	25 86	48	6	ż	•	•
ο.	10	1	-	·	50	111	19	4	2	-	:	•
о. Лех.	169	32	2	1	1,391	1,563	305	96	40	41	2 2	:
лех.	32	6	1	-	667	635	292 1,185	97 230	24 25	2 41	9	•
h	146 36	27 9	2 1	-	2,427 205	2,431 276	1,185	230 52	11	3	4	•
•	92	2	ż		1,663	1,440	206	105	9	4	3	•
	3.498			12	37,500	37,308	6,752	2,125	383	394	33	41
h.	3,498 310	431	42 1	13 1	2,889	37,308	1,567	435		27	8	4
 }.	117			:	1,442	1,492	1,190	227	42	8	22	32
	3,003	406	36	12	32,477	31,773	3,463	1,409		353 2	1	
ka	5	4	4	-	449	510 337	429 103	24 30		4	i	4
Bii	63	21	1	•	243	337	.03	30				
n	1	-	-			73	81	106	8	10	•	6
	740	50	2	-	542	715 194	. 51	4		•	•	•
r. Samoa	22	-	•	-	330	45						:
		-	-	•	•	31						:
. samoa 1.i.				-	•	31						

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending June 24, 1989 and June 25, 1988 (25th Week)

	Malasis	Measies (Rubeola)					Menin-			Г						
Reporting Area	Malaria	Malaria	Indig	enous	Impo	rted*	Total	gococcal Infections	Mu	mps		Pertussi	•	Rubella		
	Cum. 1989	1989	Cum. 1989	1989	Cum. 1989	Cum. 1988	Cum. 1989	1989	Cum. 1989	1989	Cum. 1989	Cum. 1988	1989	Cum. 1989	Cum 1988	
UNITED STATES	516	467	6,679	17	343	1,492	1,572	70	2,962	31	1,007	1,087	5	198	116	
NEW ENGLAND Maine	31	:	205	4	20	104 7	111 13	4	28	1	216 4	140	-	5	1	
N.H. Vt.	2	•	8	•	•	87	12	:	10	-	5	29		3	-	
Mass.	19 5	:	17	41	16	i	6 53	4	17	1	190	87 87	:	1	•	
R.I. Conn.	4	:	35 144	:	2	9	1 26	:	i	:	2 9	2 9	-		1	
MID. ATLANTIC Upstate N.Y.	87 17	11	433 40	8	154 93	487 16	236 78	4	169 102	-	62 33	49 31	1	10 2	10 2	
N.Y. City	27	i	46	•	14	29	29	•	16	:	2	1	1	8	5	
N.J. Pa.	21 22	9	247 100	85	47	14 428	52 77	:	11 40	:	14 13	4 13	:	:	1 2	
E.N. CENTRAL Ohio	34 6	101 100	1,042 626	-	42 35	153 23	191	4	240		36 1	130 25		18	22	
Ind.	5		33	-		44	78 22	:	8 18	:	8	50	-	3		
III. Mich.	15 6	i	379 4	:	5	68 18	54 30	3	104 96	:	20	11 18	:	13 1	18 4	
Wis.	2	-		•	2	•	7	1	14	-	7	26	•	1	-	
W.N. CENTRAL Minn.	16 6	:	427	:	4	10 10	45 10	1 -	34 3	:	22	48 16	:	4		
lowa Mo.	2 4	:	4 237	:	1	•	15	·	19 45	:	10 10	14 6				
N. Dak. S. Dak.	1	•	-		•	•	4	•	-		1	6		:		
Nebr.	1	:	108	•	2	-	11		4		1	. 4	-	1		
Kans. S. ATLANTIC	1 88	12	78 372	•	25	240	5 262	17	275 527	3	85	109		7	14	
Del. Md.	1 16	•	58 35	•	1 15	7	2 42	11	1 319	1	1	3 17		2		
D.C.	4	2	7	:	3		12	2	75	:	. 6	16	-	•	11	
Va. W. Va.	16 2	3	18 28	:	3	134 6	28 8	3	65 9	:	11	3	-	:	-	
N.C. S.C.	11 3	•	167	:	:	1	36 15	1 -	16 16	:	18	32	:	1		
Ga. Fla.	6 29	7	59	:	3	92	52 67	:	7 19	2	10 30	17 21	-	4	3	
E.S. CENTRAL	6	15	103			60	48	4	98	3	38	15		2	-	
Ky. Tenn.	:	13	2 58	:	:	32	29 3	1	9 28	:	1 9	8	-	2		
Ala. Miss.	4 2	2	43	•	:	28	13 3	3 N	13 N	3	26 2	5 2			-	
W.S. CENTRAL	20	53	2,716	2	38	13	104	16	1,129	16	58 11	65 5		12 1	6 2	
Ark. La.	i	:	6	-	2	:	5 26	1 12	109 441	1	4	9		5	1	
Okla. Tex.	2 17	53	100 2,610	215	36	8 5	11 62	3	165 414	15	13 30		:	1 5	3	
MOUNTAIN	16	1	168		19	116	44	-	109	3	349			30 1	Ę	
Mont. Idaho	1 2	:	12	:	1 2	;	1 2		2 8	1	10 38	247	•	28		
Wyo. Colo.	1 2	:	57	:	i	114	18	:	7 14	:	19					
N. Mex. Ariz.	1 6	1	16 47	:	15		19	N	N 71		6 268	8 42				
Utah Nev.	3	•	36	•	•	•	4	•	3	1	7	22		1		
PACIFIC	218	274	1,213	3	41	309	531	20	319	5	141	196	4	110	5	
Wash. Oreg.	15 11	:	20	11	12 12	2	56 38	4 N	23 N	2	31 5	42		2		
Calif. Alaska	185	274	1,177	ii	12	298	432	15	285	3	101	103		87	4	
Hawaii	4	•	16	15	5	6	1	1	10	:	4			21	1	
Guam P.R.	1	U 47	410	U	:	1 189	i	U	7	U		. 8	U	6		
V.I. Amer. Samoa	:	τ. υ	4	Ü	•	.03	•	1	10	U			Ü			
C.N.M.I.		ŭ	:	ŭ	÷	:		U		Ü	:					

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending

Reporting Area	(Primary &	(Civilian) Secondary)	Toxic- shock Syndrome	Tuber	culosis	Tule- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabie Anim
	Cum. 1989	Cum. 1988	Cum. 1989	Cum. 1989	Cum. 1988	Cum. 1989	Cum. 1989	Cum. 1989	Cum 1985
UNITED STATES	18,852	18,145	176	9,809	9,488	39	204	·	<u> </u>
NEW ENGLAND	800	487	6	244		33		162	2,19
Maine	5	5	ž	3	218 3	:	15	2	
N.H. Vt.	3	6	-	15	6		:	•	
Mass.	243	2 197	i	4	. 1	-	-	•	
R.I.	14	16		125 30	133 17	:	7	•	
Conn.	535	261	3	67	58	•	5 3	1	
MID. ATLANTIC	3,284	3,745	28	1,894	1,792				
Upstate N.Y. N.Y. City	383	250	4	161	262	1	53 6	12 4	30
N.J.	1,551 632	2,408	2	1,091	886	-	35	ī	
Pa.	718	407 680	8 14	294	334	:	8	5	
E.N. CENTRAL	734			348	310	1	4	2	29
Ohio	734 54	503 52	26 7	1,089	1,047	3	21	26	5
Ind.	33	31	5	204 91	194	:	4	12	
III. Adiab	358	242	5	480	112 438	1	1 12	9	
Mich. Wis.	269	160	9	255	247	1	3	4	1
	20	18	•	59	56	1	ī	•	3
W.N. CENTRAL Minn,	158	110	25	258	246	15	5	24	28
lowa	13 17	.8	7	53	42		ĭ		6
Mo.	82	12 65	4 4	28	18	:	2	1	6
N. Dak.	ī	2	•	111 9	121 7	8	1	23	2
S. Dak. Nebr.	.:	-	3	13	19	4	•	:	2 5
Kans.	17 28	17	5	10	7	•	-		2
S. ATLANTIC		6	2	34	32	3	1	-	3
Del.	7,082 79	6,479	16	2,015	2,083	2	19	43	67
Md.	355	59 372		21	19	•	2	-	1
o.c.	431	297	1	180 82	212 84	•	4	5	19
/a. V. Va.	267	213	4	172	204	2	2 3	3	
N.C.	9 447	7	-	38	38	•			13
S.C.	387	368 309	4 3	249	182	•	2	20	_
3a.	1,444	1,049	2	232 286	232 344	-	:	8	11
la.	3,663	3,805	ī	755	768		1 5	6	11
.S. CENTRAL	1,328	995	3	816	764	_		1	6
(y. Tenn.	28	33	ĭ	187	764 198	3 1	1	20	20
tia.	603 415	446	1	229	193	į į		5 13	9
Aiss.	282	281 235	1	236	242		-	2	5
V.S. CENTRAL			•	164	131	1	-	-	-
irk,	2,636 168	2,056 111	13	1,155	1,190	10	7	21	34
a.	604	399	1	125	129	5		4	~~~
ikla.	42	79	7	137 99	159 107	;	1	•	
ex.	1,822	1,467	5	794	795	5	1 5	16	
OUNTAIN	341	351	22	225		_		1	24
lont. Iaho	1	2		8	243 5	3	3	12	10
/yo.	1		2	8		:	:	9	4
olo.	51	1 48	1 4		1	•		i	:
. Mex.	12	25	2	12 40	39	1	1	2	
riz. tah	98	88	9	112	48 116	:	:	•	1
ev.	11 163	10	3	21	10	2	1	•	1
ACIFIC		177	1	24	24	•	•		
/ash.	2,489	3,419	37	2,113	1,905	2	80	•	2
reg.	136 131	107 140	2	110	111	-	4	2	2:
elif.	2,213	3,146	34	68 1,837	69	:	4	1	
leska	3	7	3-	1,837	1,630 20	2	70	1	1
owaii	6	19	1	79	75	:	2	•	1
uam B		3	-		9		-	•	
R. I.	264	316	-	151	100	:	:	•	:
ner. Samoa	2	1	-	4	3			:	
N.M.I.		1	•	-	3	•	-	_	

5

TABLE IV. Deaths in 121 U.S. cities,* week ending June 24, 1989 (25th Week)

	All Causes, By Age (Years)							1	L]	P&1**				
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	>65	45-64	25-44	1-24	<1	Tota
NEW ENGLAND	604	404	125	39	18	18	60	S. ATLANTIC	1,133	682	247	130	30	44	53
Boston, Mass.	201	118	45	17	12	9	33	Atlanta, Ga.	169	89	43	25	6	6	8
Bridgeport, Conn.	32	23	6	2	1	•	1	Baltimore, Md.	75	49	16	9	:	1	4
Cambridge, Mass.	23	19	4	-	-	•	2	Charlotte, N.C.	76	45	21	6	1	3	9
all River, Mass.	25	21	3	1	-	-	2	Jacksonville, Fla.	101	66	23	.7	4	1	4
lartford, Conn.	61	40	13	2	1	5	5	Miami, Fla.	131	80	18	18	6	9	1
owell, Mass.	22	16	3	2	1	•	1	Norfolk, Va.	59	32	18	4	:	5	1
ynn, Mass.	16	- 11	4	1	-	•	1	Richmond, Va.	69	35	16	12	4	2	5
lew Bedford, Mass.	17	11	5	1	-	•	1	Savannah, Ga.	58	40		6	1	2	3
lew Haven, Conn.	31	16	10	3	2	•	2	St. Petersburg, Fla.	79	56		7	2	3	9
Providence, R.I.	37	24	9	2	1	1	1	Tampa, Fla.	96	60		6	1	6	9
Somerville, Mass.	5	5	•	•	-	•	:	Washington, D.C.	197	111	45	30	5	6	3
pringfield, Mass.§	43	30	9	2	•	2	4	Wilmington, Del.	23	19	4	•		-	
Vaterbury, Conn.	32	25	4	3	-	•	4	E.S. CENTRAL	771	509	158	64	21	19	50
Norcester, Mass.	59	45	10	3	-	1	3		137	79		10	10	7	- 2
	2.466	1,558	474	313	51	69	143	Birmingham, Ala.	78	55		.4	1	1	3
MID. ATLANTIC	45	30	8	5	31	2	1 1	Chattanooga, Tenn.	93	73		ž	1	5	13
Albany, N.Y.	21	14	2	4	1	-	•	Knoxville, Tenn.	72	49		ż	3		
Allentown, Pa.	100	75	15	4	ż	4	6	Louisville, Ky.	200	125		19	3	3	2
Buffalo, N.Y.		20		3	í	ī		Memphis, Tenn.		39		5	2	ĭ	
Camden, N.J.	32		6	1	•		2	Mobile, Ala	60	28		4	•	ż	
lizabeth, N.J.	19	13	5		•	i	5	Montgomery, Ala.	39			8	1	•	
rie, Pa.t	42	27 30	12	2 9	i	i	1	Nashville, Tenn.	92	61					
lersey City, N.J.	42		1			29	59	W.S. CENTRAL	1.652	1,026	347	161	62	55	6
I.Y. City, N.Y.	1,313	785	261	205	33			Austin, Tex.	62	42	6	8	5	1	
Newark, N.J.	59	22	14	20	2	1	6	Baton Rouge, La.	22	15	5	2		-	
Paterson, N.J.	22	12	- 5	3		2	1	Corpus Christi, Tex.5		35		2	-	•	
hiladelphia, Pa.	339	211	76	33	9	10	20	Dallas, Tex.5	187	106	42	21	10	8	
ittsburgh, Pa.1	66	37	17	4	•	8	10	El Paso, Tex.	53	32		2	4	3	
Reading, Pa.	30	27	2	1	•	-	2	Fort Worth, Tex	98	53		6	4	14	
Rochester, N.Y.	111	83	21	2	1	4	12	Houston, Tex.5	734	436		89	24	16	- 1
Schenectady, N.Y.	25	24	1	:	-	•	1	Little Rock, Ark.	58	37	13	5	1	2	
Scranton, Pa.†	26	22	2	2	-	•	5	New Orleans, La.	71	44		9	1	3	
Syracuse, N.Y.	83	64	9	5	1	4	2	San Antonio, Tex.	188	125		15	10	6	
Trenton, N.J.	29	18	3	6	-	2	3	Shreveport, La.	38	28		1	2	1	
Utica, N.Y.	29	21	6	2	•	-	1	Tulsa, Okla.	96	73		1	1	1	
Yonkers, N.Y.	33	23	8	2	•	-	6	*						26	3
E.N. CENTRAL	2,164	1,389	451	183	60	79	90	MOUNTAIN	731	488			23		3
Akron, Ohio	53	38	10	2	2	1		Albuquerque, N. Mex		66		3		2	
Canton, Ohio	25	20	5	•			2	Colo. Springs, Colo.	41	26		3		3	
Chicago, III.§	564	362	125	45	10	22	16	Denver, Colo.	134	78		18	3	10	
Cincinnati, Ohio	116	77	20	11	6	- 2	.6	Las Vegas, Nev.	109	65		7		2	
Cleveland, Ohio	140	84	30	6	ž	13	5	Ogden, Utah	29	22		_ :	1		
Columbus, Ohio	122	79	23	11	4	3	4	Phoenix, Ariz.	151	95			4	2	
Dayton, Ohio	97	65	24	6	ī	ĭ	13	Pueblo, Colo	34	23		3		1	
Detroit, Mich.	217	108	59	28	14	8	2	Salt Lake City, Utah	46	26				3	
Evansville, Ind.	39	28	7	2	2		2	Tucson, Ariz.	108	87	10	4	4	3	
Fort Wayne, Ind.	61	39	12	7	ī	2	ī	PACIFIC	1,970	1,239	366	221	75	59	13
	22	12	6	á	•	•	ż	Berkeley, Calif.	20	1,233		2		2	
Sary, Ind.	67	45	12	4	3	3	10		74	45				9	
Grand Rapids, Mich.	199	120	43	24	3	9	4	Fresno, Calif.	29	25					
ndianapolis, Ind.	36	24	~ 6	4	1	1	3	Glendale, Calif.	73	55 55	13				
Madison, Wis.§	131	96	19	9	i	6	3	Honolulu, Hawaii	73 74	55 49	14			1	
Milwaukee, Wis.	45	30	11	1		3	3	Long Beach, Calif.		363				16	
Peoria, III.	42	29	5	3	3	2	1	Los Angeles Calif.	639	363	125	7		3	
Rockford, III.	40	30	7	1	1	1	3	Oakland, Calif.	61	23	2	3		1	
South Bend, Ind.	93	62	20	8	i	ż		Pasadena, Calif.	31	23 98	20	11		i	
oledo, Ohio	55	41	7	7		2	2	Portland, Oreg.	130 140	98 88	20	16			
/oungstown, Ohio				-	-			Sacramento, Calif.		98 93	28	22		2	
V.N. CENTRAL	695	493	117	38	26	21	32	San Diego, Calif.	148	93 91				6	
Des Moines, Iowa	67	43	17	4	1	2	6	San Francisco, Calif.§			29	25			
Ouluth, Minn.	15	14	1		-		2	San Jose, Calif.	159	108	23	12		9	
Cansas City, Kans.	43	28	ġ	3	2	1		Seattle, Wash.	148	87	40	10	6	5	•
(ansas City, Mo.	104	66	26	9	2	i	4	Spokane, Wash.	53	36	10	7	-		-
incoln, Nebr.	22	19	2	ĭ	-	:		Tacoma, Wash.	37	30	6	1	•		•
Minneapolis, Minn.	95	71	17	i	6		6	TOTAL 1	2,18611	7.788	2.415	1.213	366	390) ε
Omaha, Nebr.	83	53	15	ż	ĭ	7	7	TOTAL 1	2,100	.,,.	_,~.5	.,2.3	500	330	
St. Louis, Mo.	167	120	19	11	12	ś	5								
St. Paul, Minn.	46	38	3	''	2	3	ĭ								

^{*}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.

[†]Bacause 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.

^{†1}Total includes unknown ages.

§Data not available. Figures are estimates based on average of past available 4 weeks.

Aedes albopictus Infestation - Continued

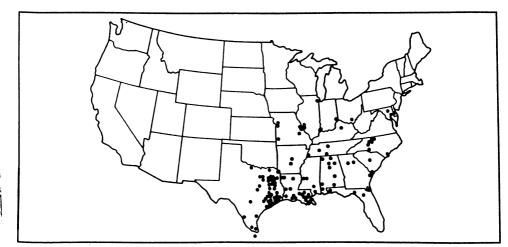
regulations require that used-tire casings be clean and dry and be treated by one of three approved fumigation procedures. During 1988, 34 (0.5%) of 6533 casings examined in U.S. ports contained water – a 98% reduction from levels found in earlier surveys (9). During 1988, no viruses were isolated from 10,679 *Ae. albopictus* specimens from Indiana, Illinois, Tennessee, and Louisiana.

Reported by: State and local health and vector-control agencies in Alabama, Arkansas, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas, and Virginia. KJ Tennessen, Tennessee Valley Authority, Muscle Shoals, Alabama. TW Walker, Aberdeen Proving Ground, Maryland. J Sepulveda-Amor, MD, Dirección General de Epidemiologia, J Fernandez de Castro, MD, Dirección General de Medicina Preventiva, Secretaria de Salubridad, Mexico City, Mexico. Div of Quarantine, Center for Prevention Svcs; Div of Vector-Borne Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: The public health importance of the introduction and infestation of Ae. albopictus in the United States remains undetermined. The potential for Ae. albopictus to transmit certain pathogenic arboviruses indigenous to the United States has been proven in laboratory experiments (5); however, disease transmission by this mosquito in natural settings has not been documented. La Crosse virus, a leading cause of childhood encephalitis in the upper and midwestern United States, is usually restricted to rural areas by the behavior of its principal vector mosquito, although the virus could extend to urban centers if carried by Ae. albopictus. La Crosse virus has not been isolated from Ae. albopictus, and no case of encephalitis has been epidemiologically attributed to this mosquito.

The potential for dengue virus transmission in the United States by Ae. albopictus is of particular concern. The principal vector of dengue virus, Ae. aegypti, is prevalent throughout the Southeast but cannot overwinter in northern states. However, because Ae. albopictus can overwinter as far north as latitude 42 N and in summer can extend even farther north, the risk for epidemic dengue in the United States is heightened.

FIGURE 1. Areas of Aedes albopictus infestation - United States, 1988



Aedes albopictus Infestation - Continued

In suburban areas of New Orleans with abundant vegetation, Ae. albopictus has replaced Ae. aegypti and has become the principal source of mosquito complaints to the health department. Ae. aegypti remains dominant in urban areas where housing density is high and vegetation is sparse.

Although Ae. albopictus now is entrenched in the United States, continued monitoring of imported used-tire casings is needed to prevent further introductions of this mosquito and to prevent the introduction of other exotic mosquito species and Asian arboviruses (9). Spot surveys support the effectiveness of the new regulations regarding the importation of tires from Asia.

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Notices to Readers

Publication of MMWR Recommendations and Reports on HIV and Hepatitis B Virus in Health-Care and Public-Safety Workers

A new MMWR Recommendations and Reports, "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers," was published June 23, 1989 (1). This document provides an overview of the modes of transmission of human immunodeficiency virus and hepatitis B virus in the workplace, an assessment of the risk for transmission under various assumptions, principles underlying the control of risk, and specific risk-control recommendations for employers and workers. This document also includes information on medical management of persons who have sustained an exposure at the workplace to these viruses (e.g., an emergency medical technician who incurs a needlestick injury while performing professional duties). These guidelines are intended for use by a technically informed audience. A separate model curriculum based on the principles and practices discussed in this document is being developed for use in training workers.

Reference

 CDC. Guidelines for prevention of transmission of human immunodeficiency virus and hepatitis B virus to health-care and public-safety workers. MMWR 1989;38(no. S-6).

MMWR Serial Publications, Vol. 38, 1989

The following documents have been published as part of MMWR Vol. 38. For information regarding purchase of these documents, contact the U.S. Government Printing Office (telephone [202] 783-3238) or MMS Publications (telephone [617] 893-3800). For additional questions, contact Editorial Services, Epidemiology Program Office, CDC (telephone [404] 332-4555).

Supplements:

Chronic Disease Reports in the *Morbidity and Mortality Weekly Report (MMWR)* (Vol. 38, No. S-1, February 3, 1989).

The Surgeon General's 1989 Report on Reducing the Health Consequences of Smoking: 25 Years of Progress—Executive Summary (Vol. 38, No. S-2, March 24, 1989).

A Strategic Plan for the Elimination of Tuberculosis in the United States (Vol. 38, No. S-3, April 21, 1989).

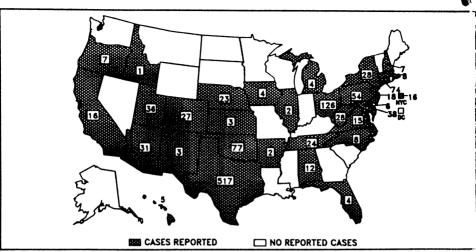
AIDS and Human Immunodeficiency Virus Infection in the United States: 1988 Update (Vol. 38, No. S-4, May 12, 1989).

Recommendations and Reports:

Guidelines for Prophylaxis Against *Pneumocystis carinii* Pneumonia for Persons Infected with Human Immunodeficiency Virus (Vol. 38, No. S-5, June 16, 1989).

Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers (Vol. 38, No. S-6, June 23, 1989).

FIGURE I. Reported measles cases - United States, weeks 21-24, 1989



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