CENTERS FOR DISEASE CONTROL



MORBIDITY AND MORTALITY WEEKLY REPORT

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Epidemiologic Notes and Reports

Mass Sociogenic Illness in a Day-Care Center - Florida

On July 26, 1989, 63 (42%) of 150 children attending a summer program at a day-care center in Florida experienced a gastrointestinal illness. An epidemiologic investigation by Orange County public health officials and the Florida Department of Health and Rehabilitative Services concluded that this outbreak was the result of mass sociogenic illness (MSI).

Onset of symptoms occurred within 2–40 minutes after lunch and included abdominal cramps (77%), nausea (75%), headache (51%), dizziness (30%), malaise (30%), and sore throat (11%). Vomiting was reported in 67% of children, but no distinction could be made between actual vomiting and spitting out food. The median duration of illness was 1 hour (range: 1–8 hours). Ill children ranged in age from 4 to 14 years (median: 9 years); 47 (75%) were female. Within 1–2 hours after onset, all symptomatic children were evaluated in emergency departments at local hospitals; when the children arrived at the emergency departments, most symptoms were no longer present, and all physical examination findings were normal. More than 90% of the children returned to the center on July 27, and no further episodes occurred.

A prepackaged lunch was served in one large room to the children and consisted of a ham and cheese sandwich, diced pears, chocolate milk, and apple juice. The center's staff reported that the initial case occurred in a 12-year-old girl who complained that her food tasted bad. She subsequently had nausea and vomited. As more children developed similar symptoms, some of the staff suggested to the children that the food may have been contaminated.

On July 28, 121 children at the center were interviewed in person. After the interviews, a case was defined as vomiting or nausea with abdominal cramps during or within 1 hour after the July 26 lunch. Forty-eight (47%) of 102 children who had eaten any foods served at lunch became ill, compared with one (5%) of 19 children who had eaten none of the foods (relative risk [RR]=9.1; 95% confidence interval [CI]=1.3–50.0). Among children who had eaten any of the foods, those who had eaten the sandwich were at greater risk for illness (37 [56%] of 66 compared with 11 [32%] of 34; RR=1.7; 95% CI=1.0–2.9). The attack rate did not differ by age but was greater for girls (39 [70%] of 56) than for boys (nine [20%] of 46; RR=3.6; 95% CI=1.9–6.7). Employees and teachers at the center had not eaten any of the foods and did not become ill.

Sociogenic Illness - Continued

Meal samples collected and tested by the Food and Drug Administration did not detect pesticide contamination, staphylococcal toxin, or *Bacillus cereus*; atomic absorption screening for heavy metals, zinc, and copper was also negative. Review of the food processing, storage, and refrigeration at the manufacturing plant and the day-care center did not identify deficiencies in handling or a source of contamination. The plant that had prepared the prepackaged meal had produced 3600 similar meals served in 68 different sites in central Florida on July 26. No complaints of similar symptoms were reported from the other sites. The investigation did not identify any chemical exposure, air conditioning failure, or unusually stressful situation at the center on July 26.

MSI was the suggested diagnosis by hospital physicians after children were examined on July 26. After the epidemiologic investigation, health department officials concurred with the diagnosis.

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Editorial Note: In this outbreak, the rapid onset and disappearance of symptoms, the lack of physical findings, the preponderance of cases in females, and the absence of a laboratory-confirmed etiologic agent are consistent with MSI (1,2) (Table 1). However, three features of this outbreak distinguish it from the typical presentation of MSI: the young age of patients, the absence of documented hyperventilation, and the high prevalence of vomiting reported.

Other MSI outbreaks among children have been reported (Table 2). Risk for illness was lower among the youngest children in at least two of these outbreaks (3; CDC, unpublished data); age was not a risk factor in the Florida outbreak. In some outbreaks, the prevalence of hyperventilation, a common symptom in MSI outbreaks, has been low (7,10); in the Florida outbreak, hyperventilation symptoms could have been missed during the early phase of illness. Vomiting, although reported as the

		Florida outbreak
Usual characteristics	Documented	Unusual features
Absence of laboratory findings	Yes	
Absence of physical findings	Yes	
Adolescent or preadolescent group	Yes	No increased risk by age
Benign morbidity	Yes	
Hyperventilation and syncope	No	High prevalence of vomiting reported
Lack of illness in others sharing environment	Yes	
"Line of sight" transmission	Yes	
Preponderance in females	Yes	
Rapid spread and remission	Yes	
Relapse of illness	No	
Stressful situation	No	

TABLE 1. Usual characteristics of mass sociogenic illness compared with one outbreak — Florida, 1989

Sociogenic Illness - Continued

major symptom in two previous outbreaks (8, 11), is not usually a principal symptom of MSI (2). Many of the children reported to have been vomiting in this outbreak may have been spitting out food because they had been told it was contaminated or because they were responding to the "line of sight" transmission that typically occurs in MSI outbreaks (1, 2).

MSI outbreaks often generate substantial anxiety and concern in the community (1) and, as illustrated in this report, may present with an atypical pattern or syndrome. Early statements by local physicians and the media about the likely psychogenic origin of the illness may have contributed to the absence of recurrence in this instance (1). Timely recognition of the nature of the outbreak and prompt reassurance that the illness is self-limited and not caused by a toxic exposure are important considerations for the effective control and prevention of recurrence. *References*

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Age range (yrs)	Major symptoms	Setting	Attack rate	Reference
9–13	Dizziness, weakness, headache, abdominal pain	School chorus	42%	2
7–12	ltching, rash, headache, cough	Elementary school	26%	3
6–18	Headache, dizziness, abdominal pain, blurred vision, weakness	Several schools	6%–33%	4
14–17	Headache, nausea, weakness, dizziness	High school marching band	48%	5
11–15	Fainting	Secondary school	15%	6
12–14	Dizziness, abdominal pain, weakness	Train station	NA*	7
11–14	Vomiting, abdominal pain, fainting	Girls' school	NA*	8
Grades 3–6 [†]	Itching, rash	Elementary school	36%	9

TABLE 2. Selected previous episodes of mass sociogenic illness in schools – 1966–1986

*Not available.

[†]Ages not available.

Sociogenic Illness - Continued

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Progress in Chronic Disease Prevention

State-Specific Changes in Cholesterol Screening and Awareness – United States, 1987–1988

High blood cholesterol is a major risk factor for coronary heart disease (1), which is the leading cause of death for persons of all ages and the third leading cause of years of potential life lost before age 65 in the United States (2). To reduce the prevalence of elevated blood cholesterol levels in the United States, the National Heart, Lung, and Blood Institute (NHLBI) initiated the National Cholesterol Education Program (NCEP) in November 1985. NCEP goals are for all adults \geq 20 years of age to 1) have their blood cholesterol level measured at least once every 5 years, 2) know their cholesterol level, and 3) take steps to lower their cholesterol level if it is elevated (3).* To measure state-specific progress toward these goals, questions regarding cholesterol screening and awareness were included in the Behavioral Risk Factor Surveillance System (BRFSS) during 1987 and 1988.

Health departments participating in the BRFSS conduct monthly random-digitdialed telephone surveys of persons \geq 18 years of age using a standardized questionnaire (5). In 1987 and 1988, respondents were asked whether they had ever had their cholesterol "checked" and, if so, how long had it been since their cholesterol level was last checked and whether they had been told their cholesterol level. Persons who reported they had been told their cholesterol level were asked to state their level; those who reported a number from 100 mg/dL through 450 mg/dL were considered to know their cholesterol level. Survey results were adjusted according to the age, sex, and race distribution of adults in each state. Prevalence estimates using combined data were adjusted according to the population size in each state and are therefore representative of the total population in these states. SESUDAAN, a computer software program for analyzing complex sample survey data (6), was used to calculate standard errors for the prevalence estimates.

In 1988, the percentage of adults who reported ever having their cholesterol checked ranged from 40% in New Mexico to 58% in Maine (median: 50%) (Table 1). From 1987 to 1988, statistically significant increases in cholesterol screening occurred in 17 (52%) of 33 states (median difference: 4%). Of the remaining 16 (48%) states, four had negligible decreases (likely the result of variability due to sampling), one had no change, and 11 had small increases in cholesterol screening.

In 1988, the percentage of adults who reported ever being told their cholesterol level ranged from 18% in South Carolina and Tennessee to 40% in Wisconsin (median: 28%) (Table 2, page 311). All states had increases in the percentage of adults who were ever told their cholesterol level; these increases were statistically significant for 32 (97%) states (median difference: 8%).

^{*}A serum cholesterol level of ≥240 mg/dL is considered "high"; 200–239 mg/dL is considered "borderline high"; and <200 mg/dL is considered "desirable" (4).

Cholesterol Screening - Continued

TABLE 1. Changes from 1987 to 1988 in percentage of adults who reported ever having their cholesterol level checked, by area^{*} – Behavioral Risk Factor Surveillance System (BRFSS)[†]

	1988 Sample	eve their d	oondents r having cholesterol ked, 1988	% Change ^s 1987 to 1988		
Area	size	(%)	95% CI ¹	(%)	95% CI	
Maine	1283	(58)	±3	(11)	±4**	
Florida	1483	(57)	±3	(6)	±4**	
Washington	1253	(57)	±3	(3)	±4	
Wisconsin	1272	(56)	±3	(10)	±4**	
Maryland	1107	(55)	±4	(—2)	±5	
New Hampshire	1195	(55)	±3	(6)	±4**	
California	2452	(54)	±2	(4)	±3**	
Arizona	1176	(54)	±3	(7)	±5**	
District of Columbia	1146	(54)	±3	(—2)	±5	
Minnesota	3418	(53)	±2	(5)	±3**	
Massachusetts	1425	(52)	±3	(5)	±4**	
North Carolina	1716	(51)	±3	(3)	±4	
Rhode Island	1763	(51)	±3	(9)	±4**	
Utah	1428	(50)	±3	(9)	±4**	
North Dakota	1621	(50)	±3	(1)	±4	
New York	1179	(50)	±3	(17)	±4**	
Illinois	1781	(50)	±3	(5)	±4**	
Texas	1173	(50)	±3	(4)	±5	
Tennessee	2393	(49)	±2	(3)	±3	
Georgia	1503	(49)	±3	(6)	±4**	
Ohio	1470	(49)	±3	(2)	±4	
Montana	1185	(49)	±3	(–2)	±5	
West Virginia	1728	(48)	±3	(0)	±4	
Indiana	2160	(48)	±2	(8)	±3**	
Hawaii	1865	(48)	±3	(1)	±4	
South Dakota	1179	(48)	±3	(2)	±4	
Nebraska	1372	(47)	±3	(4)	±4	
Idaho	1796	(47)	±3	(5)	±4**	
Alabama	1500	(46)	±3	(4)	±4**	
Kentucky	1796	(46)	±3	(3)	±4	
Missouri	1356	(46)	±3	(2)	±4	
South Carolina	1860	(44)	±2	(-2)	±4	
New Mexico	1146	(40)	±3	(11)	±5**	
Median			50%	4%		
Range		41	%58%	-29	%—17%	

*Ranked in order of percentage of respondents who reported ever having their cholesterol level checked.

[†]Includes areas participating in the BRFSS during both 1987 and 1988.

[§]1988 percentage minus 1987 percentage.

[¶]Confidence interval.

**Statistically significant change between data for 1987 and 1988; p<0.05.

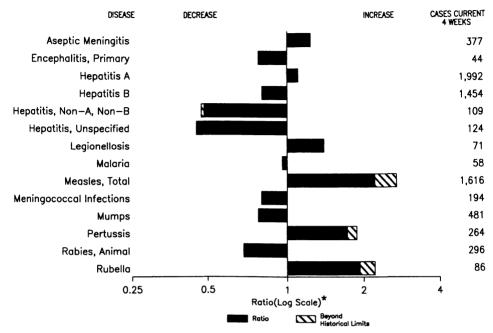


FIGURE I. Notifiable disease reports, comparison of 4-week totals ending May 5, 1990, with historical data – United States

*Ratio of current 4-week total to mean of 15 4-week totals (from comparable, previous, and subsequent 4-week periods for past 5 years).

TABLE I. Summary – cases of specified notifiable diseases, United States, cumulative, week ending May 5, 1990 (18th Week)

	Cum. 1990		Cum. 1990
AIDS	14,799	Plague	
Anthrax		Poliomyelitis, Paralytic*	
Botulism: Foodborne	1 1	Psittacosis	50
Infant	14	Rabies, human	
Other	2	Syphilis: civilian	16,498
Brucellosis	1 11	military	96
Cholera		Syphilis, congenital, age < 1 year	
Congenital rubella syndrome	1 1	Tetanus	19
Diphtheria	2	Toxic shock syndrome	125
Encephalitis, post-infectious	34	Trichinosis	13
Gonorrhea: civilian	227,201	Tuberculosis	6,714
military	3,197	Tularemia	14
Leprosy	56	Typhoid fever	124
Leptospirosis	14	Typhus fever, tickborne (RMSF)	39
Measles: imported	531	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
indigenous	5,964		

*Two cases of suspected poliomyelitis have been reported in 1990; none of 13 suspected cases in 1989 have been confirmed to date. Nine of 14 suspected cases in 1988 were confirmed and all were vaccine-associated.

	r	Aseptic	Encor	halitis	1				(Viral), by	h /ne		r
	AIDS	AIDS Menin		Post-in-		orrhea ilian)	A	в	NA,NB	Unspeci-	Legionel- losis	Leprosy
Reporting Area	Cum.	gitis Cum.	Primary Cum.	fectious Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	fied Cum.	Cum.	Cum.
	1990	1990	1990	1990	1990	1989	1990	1990	1990	1990	1990	1990
UNITED STATES	14,799	1,546	219	34	227,201	229,438	10,087	7,086	657	612	382	56
NEW ENGLAND	532	69 2	6 1	-	6,372	6,556 99	215 4	366 17	20 3	28 1	14 1	1
Maine N.H.	21 34	6	-	-	83 80	65	4	20	1	2	2	-
Vt. Mass.	7 292	8 22	1	-	25 2,502	24 2,619	2 158	22 233	3 8	24	3 5	:
R.I.	27	19	-	-	371	494	22	20		1	3	1
Conn.	151	12	4	-	3,311	3,255	25	54	5	•	-	-
MID. ATLANTIC Upstate N.Y.	4,791 730	211 90	14 13	2 1	32,321 4,641	38,120 5,597	1,497 339	1,162 236	74 13	43 15	91 38	11
N.Y. City	2,772	42	1		14,174	16,586	177	392	12	15	9	Ż
N.J. Pa.	895 394	- 79	-	1	4,862 8,644	4,728 11,209	178 803	271 263	22 27	13	10 34	2 1
E.N. CENTRAL	1,030	236	54	6	44,115	39,521	716	930	40	49	103	-
Ohio	198	67	14	2	13,802	10,228	86	186	12	7	39	-
Ind. III	92 484	32 45	2 18	2	3,609 13,520	2,825 12.017	76 289	212 141	3 11	17 11	19 5	-
Mich.	154	82	18	•	10,717	11,013	158	248	12	14	27	-
Wis.	102	10	2	-	2,467	3,438	107	143	2	•	13	-
W.N. CENTRAL Minn.	326 56	65 6	16 8	1 1	12,287 1,492	10,256 1,070	549 90	315 40	35 12	15	20	-
lowa	20	8	1	-	923	877	121	29	1	2	2	-
Mo. N. Dak.	195	27 3	1	-	7,203 24	5,974 52	206 4	185 4	10 2	11 1	14	-
S. Dak.	1	3	2	-	70	96	20	4	ĩ	-	-	-
Nebr.	20 34	9 9	3 1	-	617 1,958	606 1,581	33 75	15 38	2 7	1	2 2	-
Kans.		372	54	-	63,200	62,301	1,176	1,330	100	96	59	2
S. ATLANTIC Del.	3,149 33	10	1	11	1,041	1,011	47	29	2		4	-
Md.	345	56	7	1	6,509	7,029	494 9	176	13 4	3	18	1
D.C. Va.	198 276	1 65	21	2	3,148 5,918	3,828 5,156	87	23 85	13	76	6	-
W. Va.	23	4	5	-	456	471 9.360	9 235	32 384	2 47	-	1 9	•
N.C. S.C.	220 116	31 5	14	-	10,272 5,182	9,360 5,788	235	384 229	4/	6	9	-
Ga.	400	42	3	1	14,318	12,278	93	155	3	5	10	- 1
Fla.	1,538	158	3	7	16,356	17,380	185	217	8	6 3	4 30	
E.S. CENTRAL Ky.	323 67	127 37	19 5	-	18,727 2,055	18,116 1,712	121 35	534 172	42 15	2	13	-
Tenn.	83	28	10	-	6,424	5,590	50	289	16	-	9	-
Ala. Miss.	78 95	45 17	4	-	5,757 4,491	5,992 4,822	35 1	69 4	9 2	1	8	-
W.S. CENTRAL	1,421	95	7	4	22,264	23,773	957	523	55	80	25	14
Ark.	144	4	-	-	3,052	2,335	171	27	3	8	5 7	-
La. Okla.	223 57	11 11	3 1	4	4,532 2,091	5,152 2,089	47 216	100 47	10	2 8	10	-
Tex.	997	69	3	-	12,589	14,197	523	349	42	62	3	14
MOUNTAIN	390	69	6	:	4,345 56	4,681 68	1,681 39	531	50 2	54 3	23 1	-
Mont. Idaho	3 14	1		-	34	79	30	31 31	8	-	3	-
Wyo.	1	1	1	-	64	45 1,077	21 100	7	1	-	-	-
Colo. N. Mex.	106 32	19 3	1	-	966 412	485	239	71 58	15 2	19	3 2	:
Ariz.	140	22 14	3	-	1,919 148	1,702 156	1,014 99	169	15	25 2	8 1	:
Utah Nev.	42 52	9	1	-	746	1,069	139	27 137	5 2	5	5	-
PACIFIC	2,837	302	43	10	23,570	26,114	3,175	1,395	241	244	17	28
Wash.	231 118	-	3	1	2,004 890	2,160 975	549 358	216	47 12	9 5	4	1
Oreg. Calif.	2,425	274	36	8	20,192	975 22,510	2,165	157 973	12	227	12	23
Alaska	14 49	5 23	3 1	1	375 109	309 160	63 40	26 23	3	3	1	4
Hawaii	49	23	'	1	69	45	40		1	3 5		*
Guam P.R.	665	30	4	-	347	357	3 56	1 65	-	19	-	-
V.I.	5	1	-	-	169 26	214 11	- 12	6	-	-	-	- 5
Amer. Samoa C.N.M.I.	-	-	-	-	26 52	29	12	2	-	-	-	1
								· -				

TABLE II. Cases of specified notifiable diseases, United States, weeks endingMay 5, 1990, and May 6, 1989 (18th Week)

N: Not notifiable

			Meas	ies (Rub	oeola)		Menin-								
Reporting Area	Malaria	Indig	enous	Impo	rted*	Total	gococcal Infections	Mu	mps		Pertussi	8		Rubella	I
	Cum. 1990	1990	Cum. 1990	1990	Cum. 1990	Cum. 1989	Cum. 1990	1990	Cum. 1990	1990	Cum. 1990	Cum. 1989	1990	Cum. 1990	Cum. 1989
UNITED STATES	321	540	5,964	14	531	4,518	1,054	126	2,053	75	970	699	22	290	120
NEW ENGLAND	36		103	-	13	187	63	2	18	17	128	56	-	3	1
Maine N.H.	4	-	27	:	- 8		7	-	-	•	4	4	-	-	-
Vt.	4	-	-	-	8	1	2	-	6 1	:	10 5	5 5	-	-	1
Mass.	20	-	4	-	i	26	30	2	6	17	100	38	-	-	
R.I. Conn.	3 6	-	23 49	•	3	21 138	4 15	:	3 2	-	-	2	-	1	-
MID. ATLANTIC	76		479	•						-	9	2	-	2	-
Upstate N.Y.	76 14	23	479	:	128 101	459 90	160 60	17 4	133 59	9 8	270 222	48 25	•	2 1	7
N.Y. City	26	-	43	-	15	37	17					25			3
N.J. Pa.	21	- 23	13	-	5	271	33		26	-	11	17	-	-	2
	15		268	-	7	61	50	13	48	1	37	4	-	1	•
E.N. CENTRAL Ohio	15 3	:	1,837 213	-	132 2	827 363	143 50	8	222 47	-	199	97	-	14	16
Ind.	-	Ū	153	Ū	-	17	13	U	4/ 5	υ	54 31	1 8	Ū	-	2
III.	5	-	765	-	4	432	36	-	68	-	56	35		14	13
Mich. Wis.	4 3	-	212 494	-	125 1	2 13	30	8	73	-	32	19	-	-	-
		-		•			14	•	29	•	26	34	-	-	1
W.N. CENTRAL Minn.	4	89 82	255 119	-	11 3	350 2	36 8	4	67	-	19	19	-	-	3
lowa	-	-	21	-		ī	ĩ	1	9	-	3	6	-	-	
Mo. N. Dak.	3	-	39	-	-	273	12	1	36	-	10	11	-	-	2
S. Dak.		:	5	-	7	-	2	-	-	-	1	- 1	-	-	-
Nebr.	-	-	26	-	i	22	5	-	1	-	i	-	-	-	-
Kans.	-	7	45	-	-	52	8	2	21	-	3	1	-	-	1
S. ATLANTIC	70	24	387	-	72	251	199	46	740	14	88	63	1	12	4
Del. Md.	2 16	2 5	6 45	-	1 11	26	1	-	-	-	1	-	-	-	-
D.C.	6	-	45	-	6	12 9	21 9	29	430 14	4 8	23 13	5	1	1	2
Va.	16	14	39	-	2	1	22	7	36	1	9	4	-		-
W. Va. N.C.	1 5	:	6 3	-	-	- 156	7	1	37	-	8	9	-	-	-
S.C.	-	-	1	-	-	100	30 15	-	53 15	1	13 4	15	-	-	1
Ga.	6		6	-	12	-	40	-	47		11	6	-	-	-
Fla.	18	3	279	-	40	47	54	9	108	-	6	24	-	10	1
E.S. CENTRAL	9	1	45	2	2	16	61	3	46	2	39	33	-	1	1
Ky. Tenn.	2 6	-	3 21	-	-	2	18	:	-	:	-	1	-	-	-
Ala.	ĭ	1	6	25	2	13	22 19	1	19 8	1 1	13 24	14 15	-	1	1
Miss.	-	-	15	-	-	-	2	Ň	Ň		2	3	-	-	-
W.S. CENTRAL	7	168	889	1	49	1,759	69	17	423	2	18	22	-	1	11
Ark. La.	•	-	-	-	13	-	6	1	100	-	1	10	-	i	
Okla.	3	8	131	:	-	6 7	16 9	1 3	67	1	2	4	-	-	5
Tex.	4	160	758	1†	36	1,746	38	12	96 160	1	15	8	-	-	1 5
MOUNTAIN	7	29	326	10	61	69	30	10	141	6	86	275	1	23	2
Mont.	-	-	-	•	1	13	6	-	-	3	3	2/5		13	1
daho Nyo.	2	-	14	25	5	1	2	3	63	1	11	32	-	6	-
Colo.	-	13	34	23 7†§	2 25	22	10	2	2 13	-	- 47	-	:	-	
N. Mex.	1	2	60	1†	14	23	2	Ñ	Ň	2	4 / 6	17 4	1	3	:
Ariz. Utah	4	2	112 2	-	11	10	2	4	49	-	10	216	-	-	-
Nev.	-	12	104	:	3		4	1	4 10	-	5 4	5	-	-	-
PACIFIC	97	206	1,643	1	63	600	293	-			-	1		1	1
Wash.	6	-	7	2	38	32	293	19 1	263 20	25	123 31	86 22	20	234	75
Oreg. Calif.	4	-			-	-	32	Ň	Ň	-	3	4		-	1
Alaska	86	204 1	1,564 70	1†	22 2	557	222 6	18	239	21	73	58	20	229	57
Hawaii	1	1	2		1	11	6 1	-	- 4	4	- 16	2	:	- 5	- 17
Guam	1	υ	-	U		1	-	U	•					5	.,
P.R.	-		698			295	6		3	U	4	1 2	U	•	4
V.I.	-		-	.:	•	4	-		5	-	-	-	-	-	4
Amer. Samoa C.N.M.I.	-	U U	-	U U	:	-	•	UU	2	U	-	-	U	-	-
····	-			0	•	•	•	U	5	U	-	-	U	-	-

TABLE II. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending May 5, 1990, and May 6, 1989 (18th Week)

*For measles only, imported cases includes both out-of-state and international importations. N: Not notifiable U: Unavailable [†]International [§]Out-of-state

Reporting Area		s (Civilian) k Secondary)	Toxic- shock Syndrome	Tuber	culosis	Tula- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Anima
	Cum. 1990	Cum. 1989	Cum. 1990	Cum. 1990	Cum. 1989	Cum. 1990	Cum. 1990	Cum. 1990	Cum. 1990
UNITED STATES	16,498	14,210	125	6,714	6,601	14	124	39	1,231
NEW ENGLAND	664	561	10	156	147	-	9	-	1
Maine	5 32	3 2	2 1	- 3	3 10	-	-	•	1
N.H. Vt.	32	2		2	2		-		-
Mass.	242	165	6	77	78	-	8	-	-
R.I.	2 382	14 377	1	28 46	18 36	-	- 1	-	
Conn.	3,584	2,973	12	1,684	1,339	1	34	3	278
MID. ATLANTIC Upstate N.Y.	259	2,573	4	24	117	-	8	-	8
N.Y. City	1,714	1,185	4	1,091	779	-	17	-	
N.J.	557 1,054	477 1,014	4	304 265	207 236	1	8 1	3	85 185
Pa.								3	23
E.N. CENTRAL Ohio	1,136 176	553 38	35 17	699 91	713 136	:	19 5	3 1	23
Ind.	11	22	2	34	62	-	-	-	-
III.	430	249	3	355	320	-	10	-	7
Mich.	393 126	217 27	13	191 28	159 36	•	3 1	2	12
Wis.			-			-		4	190
W.N. CENTRAL Minn.	139 36	111 8	16	172 28	182 43	5	-	4	73
lowa	14	14	2	21	25	-	-	-	10
Mo.	67	59	11	83	65	4	-	3	7
N. Dak.	1	1	-	7	9 12		-	-	23 55
S. Dak. Nebr.	4	15	2	10	6	1	-	-	-
Kans.	16	14	1	19	22	-	-	1	22
S. ATLANTIC	5,108	5,105	3	1,286	1,374	3	9	10	351
Del.	67	54	-	13	18	-	-	-	4
Md.	415 274	268 300	-	110 37	118 57		4	-	127
D.C. Va.	263	186	-	111	129	1	-	-	62
W. Va.	6	4		25	30	:	-	:	10
N.C. S.C.	598 297	314 265	2	163 157	134 142	1		7	2 44
Ga.	1,184	1,077	-	172	192	-	1	1	76
Fla.	2,004	2,637	1	498	554	-	4	-	26
E.S. CENTRAL	1,438	886	5	576	569	1	-	5	56
Ky.	25	19	:	146	141	-	-	2	23
Tenn. Ala.	623 409	370 304	3 2	178 164	148 166	1	-	5	6 27
Miss.	381	193	-	88	114	-	-	-	-
W.S. CENTRAL	2,663	1,827	6	801	741	3	3	12	170
Ark.	149	110		81	83	1	-	1	8
La.	819	424	1	78	95	:	-		
Okla. Tex.	76 1,619	28 1,265	5	70 572	61 502	2	1 2	10 1	50 112
MOUNTAIN Mont.	317	264	16	141 10	161 5	1	7	1	54 17
Idaho	5	-	1	3	ő	-	-	-	
Wyo.		.:	1	-	:	-	-	-	26
Colo. N. Mex.	16 18	46 11	5 4	6 34	7 27	1	-	1	-
Ariz.	211	70	4	67	77		5		3 6
Utah	3	9	-	3	19	-	-	-	-
Nev.	64	128	-	18	20	•	2	-	2
PACIFIC	1,449	1,930	22	1,199	1,375	-	43	1	108
Wash. Oreg	100 45	142 100	3	102	68	-	1	-	•
Oreg. Calif.	45 1,295	1,681	18	42 988	48 1,180	-	40	1	92
Alaska	3	2	-	16	24	-	-	-	16
Hawaii	6	5	1	51	55	-	2	•	-
Guam	1	3	-	14	30	-	-	•	-
P.R. V.I.	263	182	-	29	91	•	-	-	16
v.i. Amer. Samoa	1	1	-	3 6	3 2	•		-	-
C.N.M.I.	-	1		11	6	-	4	-	

TABLE II. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending May 5, 1990, and May 6, 1989 (18th Week)

U: Unavailable

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	All Causes, By Age (Years)								-		see P	y Age (Verel		
Reporting Area	All	≥65		25-44	1-24	<1	P&I** Total	I Renorting Area	All	>65		25-44	1-24	<1	P&I** Total
·	Ages	>00		25	1-24		Total		Ages	≥05	45-64	25-44	1-24	<1	Total
NEW ENGLAND Boston, Mass.	580 160	407 99	93 33	43 14	14	23	50	S. ATLANTIC	1,407	860	287	151	58	49	69
Bridgeport, Conn.	47	31	- 33	5	5 2	9 1	21 2	Atlanta, Ga. Baltimore, Md.	177	91	42	24	6	14	6
Cambridge, Mass.	23	20	3	-	-	-	ī	Charlotte, N.C.	418 84	266 53	81 20	44 9	15 1	12 1	22 5
Fall River, Mass. Hartford, Conn.	39 39	31 25	6 10	2 2	-	-	- 4	Jacksonville, Fla.	109	55	26	21	ż	-	5
Lowell, Mass.	23	18		2		2	3	Miami, Fla. Norfolk, Va.	101 59	51 35	29 10	19 3	1	1	1
Lynn, Mass.	16	14	1	1	•	-	-	Richmond, Va.	59 88	35 54	18	35	6 6	5 5	5 7
New Bedford, Mass. New Haven, Conn.	26 39	24 23		- 5	2	4	1	Savannah, Ga.	44	34	3	3	2	2	2
Providence, R.I.	39	32	4	3	-	4	4	St. Petersburg, Fla. Tampa, Fla.	90 72	75 48	9 15	4	- 5	2	3
Somerville, Mass.	9	8	-	1	-	-	2	Washington, D.C.	139	48	31	15	5	7	4 7
Springfield, Mass. Waterbury, Conn.	40 18	27 12	4	2 3	1	6 1	2	Wilmington, Del.	26	21	3	1	ī	-	2
Worcester, Mass.	62	43	12	3	4	-	6	E.S. CENTRAL	878	581	171	69	21	36	40
MID. ATLANTIC	2,582	1.677	496	260	80	68	152	Birmingham, Ala.	75	46		3		3	4
Albany, N.Y.	41	28	7	3	1	2	-	Chattanooga, Tenn. Knoxville, Tenn.	61 113	31 73	16 26	11 6	1	2 4	5 8
Allentown, Pa. Buffalo, N.Y.	19 110	11 69	5 29	3 4	6	2	-	Louisville, Ky.	134	94	23	8	2	7	ĕ
Camden, N.J.	32	23	6	1	1	1	4	Memphis, Tenn. Mobile, Ala.	191	116		19		2	-
Elizabeth, N.J.	22	18	4	-	-	-	-	Montgomery, Ala.	124 53	91 40		8 5		7 3	2 6
Erie, Pa.† Jersey City, N.J.	29 43	24 24	3 7	27	-	5	1	Nashville, Tenn.	127	90				3	9
N.Y. City, N.Y.	1,348	841	267	162	45	33	66	W.S. CENTRAL	1,832	1,107	432	185	54	54	89
Newark, N.J.	88	34	24	22	3	4	10	Austin, Tex.	71	47	8	8		3	9
Paterson, N.J. Philadelphia, Pa.	30 388	15 258	6 77	4 24	3 15	2 14	- 36	Baton Rouge, La. Corpus Christi, Tex.	35 42	24 28		4		2	2
Pittsburgh, Pa.†	66	47	9	7	2	1	5	Dallas, Tex.	231	129	57	27	10	8	7
Reading, Pa. Rochester, N.Y.	32 121	27 90	4	1	-	-	.7	El Paso, Tex. Fort Worth, Tex	67 104	50 55		5		2	4
Schenectady, N.Y.	22	20	20 1	6 1	3	2	15 1	Houston, Tex.§	734	436				7 16	11 18
Scranton, Pa.†	24	20	ġ	1		-	i	Little Rock, Ark.	85	52	25	5	1	2	8
Syracuse, N.Y. Trenton, N.J.	85 35	67 23	11 6	4	1	2	2	New Orleans, La.§ San Antonio, Tex.	96 246	58 147	23 69	10		3	-
Utica, N.Y.	20	15	4	1	:	-	3	Shreveport, La.	38	24		20	6	4 3	18 3
Yonkers, N.Y.	27	23	3	1	-	-	1	Tulsa, Okla.	83	57	14	7	1	4	9
E.N. CENTRAL	2,367	1,586	450	176	69	86	107	MOUNTAIN	658	433				28	40
Akron, Ohio Canton, Ohio	73 40	45 29	17 9	3	1	7	-	Albuquerque, N. Me: Colo. Springs, Colo.	x. 74 39	54 24		4		1	8
Chicago, III.§	564	362	125	45	10	22	3 16	Denver, Colo.	118	79				1 8	8 7
Cincinnati, Ohio	134	90	25	10	6	3	18	Las Vegas, Nev.	105	60	27	12	2	4	6
Cleveland, Ohio Columbus, Ohio	152 172	111 112	20 31	7 10	8 10	6	4	Ogden, Utah Phoenix, Ariz.	20 142	13 96		1 11	- 3	- 5	2
Dayton, Ohio	123	85	22	9	3	9 4	27	Pueblo, Colo.	25	16				5	1
Detroit, Mich.	227	136	47	24	10	10	7	Salt Lake City, Utah	41	22		2	2	5	-
Evansville, Ind. Fort Wayne, Ind.	50 68	41 52	6 9	3 4	- 3	-	3	Tucson, Ariz.	94	69				3	7
Gary, Ind.	28	13	7	7	1	-	4	PACIFIC Berkeley, Calif.	1,989	1,306	377	193		39	116
Grand Rapids, Mich.	72	52	10	4	3	3	9	Fresno, Calif.	21 94	17 69		1		1	2 12
Indianapolis, Ind. Madison, Wis.	167 42	110 33	36 4	11 1	2 4	8	3	Glendale, Calif.	25	20	2	2	1	-	3
Milwaukee, Wis.	144	97	25	17	1	4	5	Honolulu, Hawaii Long Beach, Calif.	90 80	58 49		7		2	15
Peoria, III. Rockford, III.	49	34	2	2	1	5	5	Los Angeles Calif.	635	391	139	74		2 5 3	9 26
South Bend, Ind.	42 44	30 30	7 5	3 5	2	2	2 3	Oakland, Calif.	70	42	19	5	1	3	-
Toledo, Ohio	103	65	26	7	2	3	7	Pasadena, Calif. Portland, Oreg.	23 119	16 93		- 8	1	2	4 8
Youngstown, Ohio	73	59	12	2	-	-	6	Sacramento, Calif.	155	102		13		2	15
W.N. CENTRAL	776	549	137	50	24	16	47	San Diego, Calif.	145	97	26	12	6	4	10
Des Moines, Iowa Duluth, Minn.	63 16	41 16	15	4	3	-	4	San Francisco, Calif. San Jose, Calif.	159 148	99 101	28 25	24 15		4	3 7
Kansas City, Kans.	18	13	3	1	:	1	2	Seattle, Wash.	140	91	26	15		5	
Kansas City, Mo.	111	81	14	7	6	3	6	Spokane, Wash.	47	36	9	-	-	2	1
Lincoln, Nebr. Minneapolis, Minn.	38 219	30 145	3 39	4 21	1 9	Ē	9	Tacoma, Wash.	36	25	5	3		1	1
Omaha, Nebr.	97	71	39 17	4	2	5 3	14 6	TOTAL	13,069 *	8,506	2,567	1,183	406	399	710
St. Louis, Mo.	98	67	25	4	1	1	5								
St. Paul, Minn. Wichita, Kans.	51 65	38 47	7 14	4	- 2	2	-								
Wichild, Kalls.	05	4/	14		2	1	-								

TABLE III. Deaths in 121 U.S. cities,* week ending May 5, 1990 (18th Week)

*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.

ttTotal includes unknown ages.

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

Cholesterol Screening - Continued

TABLE 2. Changes from 1987 to 1988 in percentage of adults who reported ever being told their cholesterol level, by area* – Behavioral Risk Factor Surveillance System (BRFSS)[†]

	1988 Sample	ever cho	oondents told their blesterol el, 1988	% Change ^s 1987 to 1988		
Area	size	(%)	95% CI*	(%)	95% CI*	
Wisconsin	1272	(40)	±3	(18)	±4**	
Washington	1253	(39)	±3	(10)	±4**	
Maine	1283	(38)	±3	(18)	±4**	
Minnesota	3418	(36)	±2	(13)	±2**	
New Hampshire	1195	(33)	±3	(12)	±4**	
South Dakota	1179	(32)	±3	(13)	±4**	
Montana	1185	(32)	±3	(8)	±4**	
Arizona	1176	(31)	±3	(12)	±4**	
Maryland	1107	(31)	±3	(7)	±4**	
Nebraska	1372	(31)	±3	(10)	±4**	
North Dakota	1621	(31)	±3	(11)	±3**	
Florida	1483	(31)	±3	(8)	±4**	
Massachusetts	1425	(29)	±3	(8)	±4**	
Idaho	1796	(29)	±2	(11)	±3**	
Hawaii	1865	(29)	±3	(7)	±4**	
Texas	1173	(28)	±3	(8)	±4**	
Georgia	1503	(28)	±3	(11)	±4**	
California	2452	(28)	±2	(6)	±3**	
North Carolina	1716	(25)	±2	(8)	±3**	
Illinois	1781	(25)	±2	(10)	±3**	
Utah	1428	(24)	±3	(4)	±3**	
Rhode Island	1763	(24)	±2	(10)	±3**	
Missouri	1356	(24)	±2	(7)	±3**	
District of Columbia	1146	(23)	±3	(1)	±4	
Ohio	1470	(23)	±2	(7)	±3**	
Indiana	2160	(23)	±2	(9)	±3**	
West Virginia	1728	(22)	±2	(5)	±3**	
Kentucky	1796	(21)	±2	(7)	±3**	
Alabama	1500	(19)	±2	(4)	±3**	
New York	1179	(19)	±3	(10)	 ±3**	
New Mexico	1146	(19)	=0 ±3	(15)	 ±3**	
Tennessee	2393	(18)	±2	(3)	_= ±2**	
South Carolina	1860	(18)	±2	(7)	 ±2**	
			28%		8%	
	Median			10	670 6–18%	
Range		10	%–40%	17	0.070	

*Ranked in order of percentage of respondents who reported ever being told their cholesterol level.

¹Includes areas participating in the BRFSS during both 1987 and 1988.

[§]1988 percentage minus 1987 percentage.

Confidence interval.

**Statistically significant change between data for 1987 and 1988; p<0.05.

Cholesterol Screening - Continued

In 1988, the percentage of adults who reported knowing their cholesterol level ranged from 6% in the District of Columbia to 21% in Maine, Washington, and Wisconsin (median: 13%) (Table 3). In all states, the percentage of adults who reported knowing their cholesterol level increased (median difference: 7%); for 32 (97%) states, this increase was statistically significant.

When the data for all states were combined, 54% of persons surveyed in 1988 who reported having their cholesterol level checked during the previous year were told their cholesterol level; in contrast, 40% of those surveyed in 1987 had been told their cholesterol level during the previous year. Similarly, 54% of those surveyed in 1988 who were told their level reported knowing their level, compared with 36% of those surveyed in 1987. As a result, the proportion of persons who knew their cholesterol level among those who reported having their cholesterol checked during the previous year increased from 15% in 1987 to 29% in 1988.

Reported by: The following state BRFSS coordinators: L Eldrige, Alabama; J Contreras, Arizona; P Sanchietti, California; S Hoecherl, Florida; JD Smith, Georgia; A Villafuerte, Hawaii; J Mitten, Idaho; B Steiner, Illinois; S Joseph, Indiana; K Bramblett, Kentucky; R Schwartz, Maine; A Weinstein, Maryland; L Koumijian Yandel, Massachusetts; N Salem, Minnesota; J Jackson-Thompson, Missouri; M McFarland, Montana; R Thurber, Nebraska; K Zaso, New Hampshire; L Pendley, New Mexico; J Marin, New York; C Washington, North Carolina; M Maetzold, North Dakota; E Capwell, Ohio; R Cabrel, Rhode Island; M Mace, South Carolina; S Moritz, South Dakota; D Riding, Tennessee; J Fellows, Texas; B Neiger, Utah; K Tollestrup, Washington; A Peruga, Washington, DC; J Criniti, West Virginia; M Soref, Wisconsin. R Stark, MD, C Mastrantuono, American Heart Association. C Haines, MPH, National Heart, Lung, and Blood Institute, National Institutes of Health. A Levy, PhD, Div of Consumer Studies, Food and Drug Administration. Behavioral Surveillance Br, Office of Surveillance and Analysis and Div of Chronic Disease Control and Community Intervention, Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The proposed health objectives for the nation state that by the year 2000 at least 90% of persons aged \geq 18 years should have had their cholesterol checked within the previous 5 years and at least 75% should be able to report their cholesterol level (7). Data from the BRFSS indicate that substantial progress was made in most states toward meeting these objectives from 1987 to 1988. National surveys conducted by the NHLBI and the Food and Drug Administration (FDA) have also demonstrated substantial increases in cholesterol screening and awareness. In these surveys, the proportion of persons who reported ever having their blood cholesterol checked rose from 35% in 1983 to 58% in 1988, and the proportion who reported knowing their cholesterol level rose from 3% in 1983 to 17% in 1988 (8; NHLBI and FDA, unpublished data).

Cholesterol screening and awareness varied substantially by state. Factors that account for this variation may include state-specific differences in 1) times of implementation and intensity of cholesterol education and screening programs, 2) the availability and quality of clinical preventive services, and 3) age, race/ethnicity, and socioeconomic status of residents.

Potential explanations for the increase in the percentage of adults who reported ever having their blood cholesterol checked include greater public interest in cholesterol (8), increased quantity and quality of screening services offered by health-care providers, and more extensive efforts by health-care providers to educate patients regarding cholesterol (9). Greater public and health-care—provider awareness regarding cholesterol is reflected by increases in the proportion of persons who

Cholesterol Screening – Continued

TABLE 3. Changes from 1987 to 1988 in percentage of adults who reported knowing their cholesterol level, by area^{*} – Behavioral Risk Factor Surveillance System (BRFSS)[†]

	1988 Sample	knov cho	oondents ving their blesterol el, 1988	% Change⁵ 1987 to 1988		
Area	size	(%)	95% CI [¶]	(%)	95% CI	
Washington	1253	(21)	±2	(12)	±3**	
Wisconsin	1272	(21)	±3	(13)	±3**	
Maine	1283	(21)	±2	(12)	±3**	
Minnesota	3418	(19)	±2	(11)	±1**	
Arizona	1176	(16)	±2	(10)	±3**	
Montana	1185	(16)	±2	(8)	±3**	
North Dakota	1621	(16)	±2	(10)	±2**	
South Dakota	1179	(15)	±2	(11)	±2**	
Rhode Island	1763	(15)	±2	(10)	±2**	
Massachusetts	1425	(15)	±2	(8)	±2**	
New Hampshire	1195	(15)	±2	(6)	±3**	
California	2452	(14)	±2	(8)	±2**	
North Carolina	1716	(14)	±2	(8)	±2**	
Idaho	1796	(13)	±2	(8)	±2**	
Hawaii	1865	(13)	±2	(7)	±2**	
Utah	1428	(13)	±2	(8)	±2**	
Maryland	1107	(13)	±2	(4)	±3**	
Nebraska	1372	(13)	±2	(7)	±2**	
Illinois	1781	(12)	±2	(8)	±2**	
Indiana	2160	(12)	±2	(7)	±2**	
Florida	1483	(12)	±2	(6)	±2**	
Ohio	1470	(12)	±2	(7)	±2**	
New York	1179	(12)	±2	(8)	±2**	
Kentucky	1796	(11)	±2	(7)	±2**	
Texas	1173	(11)	±2	(5)	±2**	
South Carolina	1860	(10)	±2	(6)	±2**	
Georgia	1503	(10)	±2	(7)	±2**	
Missouri	1356	(10)	±2	(6)	±2**	
West Virginia	1728	(9)	±1	(4)	±2**	
Alabama	1500	(9)	±2	(7)	±2**	
Tennessee	2393	(8)	±1	(4)	±1**	
New Mexico	1146	(7)	±2	(6)	±2**	
District of Columbia	1146	(6)	±2	(2)	±2	
Median		13%		7%		
Range		6%	%–21%	29	6–13%	

*Ranked in order of percentage of respondents who reported knowing their cholesterol level. *Includes areas participating in the BRFSS during both 1987 and 1988.

^{\$}1988 percentage minus 1987 percentage.

[¶]Confidence interval.

**Statistically significant change between data for 1987 and 1988; p<0.05.

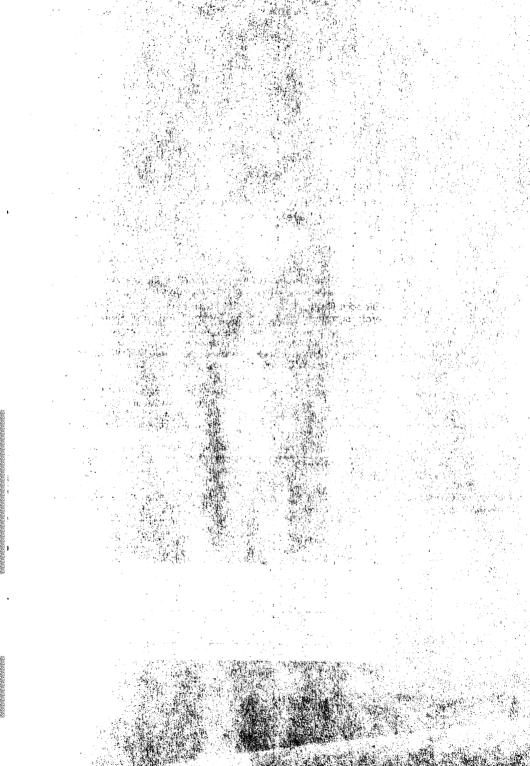
Cholesterol Screening - Continued

were told their cholesterol level after they were screened and by increases in the proportion who could remember their cholesterol level after they were told.

Educational efforts of the NCEP, the American Heart Association (AHA), and state and local public health agencies have likely contributed to increased cholesterol testing and awareness in the United States. In October 1987, guidelines for the detection, evaluation, and treatment of high blood cholesterol were announced by the Adult Treatment Panel of the NCEP and were subsequently distributed to more than 200,000 physicians in the United States. After the release of the Adult Treatment Panel guidelines, the AHA initiated a national campaign to educate physicians about cholesterol. Other NCEP and AHA efforts have included national media campaigns and the distribution of patient-education brochures and cholesterol fact sheets. Many state and local public health agencies have also developed cholesterol screening and education programs.

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