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World No-Tobacco Day, 1991

World No-Tobacco Day, to be held May 31, 1991, is intended to encourage governments, communities, groups, and persons worldwide to become aware of the hazards of tobacco use. The objective of this event is to convince all persons who use tobacco to quit for at least 24 hours.

The theme for World No-Tobacco Day 1990, "Childhood and Youth Without Tobacco," emphasized the protection of children and young persons from the adverse health effects of tobacco use (*1*). The World Health Organization's (WHO) Tobacco or Health Program, which assessed the impact of that event, documented a broad range of related activities, including media campaigns against tobacco use by children and youth (Indonesia, Kuwait, Mali, and the Philippines); new restrictions on advertisements for tobacco use and new package warnings (Bangladesh, Brazil, and Nigeria); a Public Health Service interagency meeting on youth access to tobacco (United States); national symposia on smoking and health (Indonesia and Taiwan); and speeches by religious leaders regarding the hazards of tobacco use (Somalia) (*2*).

The theme for World No-Tobacco Day 1991, "Public Places and Transport: Better Be Tobacco-Free," emphasizes the right of all persons to breathe smoke-free air. Activities will include press releases, a video presentation on tobacco-free public places and transportation, and radio announcements by WHO experts on tobacco control.

Reported by: H Restrepo, MD, Health Promotion Program, Pan American Health Organization, World Health Organization, Washington, DC. Program Svcs Activity, Office on Smoking and Health, Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: During the 1980s, restrictions on smoking in public places became common throughout the world. In at least 30 countries, smoke-free service has been implemented on domestic airline flights; in more than 70 countries, buses or trains

World No-Tobacco Day — Continued

are completely smoke-free or have smoke-free areas. Taxis are smoke-free in Norway and Colombia and in New York City. Approximately 40% of countries have restricted smoking in health-care facilities, and 33% have restricted smoking in schools (*2*). These restrictions provide protection against exposure to environmental tobacco smoke (ETS), which in the United States may cause more than 50,000 deaths among nonsmokers annually from lung cancer, heart disease, and other conditions (*3*).

In the United States, additional measures to prevent exposure to ETS are planned or being implemented. As of March 1991, laws restricted smoking in public places in 46 states*, in public-sector workplaces in 38 states*, and in private-sector workplaces in 17 states* (CDC, unpublished data). In addition, more than 450 local ordinances restricted or prohibited smoking in public places (*4*). Because of these restrictions, the proportion of the U.S. population covered by at least minimal clean indoor-air legislation has increased from 8% in 1971 to more than 80% in 1988 (*5*). The national health objectives for the year 2000 target tobacco-free environments in all elementary, middle, and secondary schools; an increase to at least 75% in the proportion of worksites with formal prohibitions or severe restrictions on smoking; and enactment of comprehensive laws in all states that prohibit or strictly limit smoking in the workplace and in enclosed public places, including health-care facilities, schools, and public transportation (*6*).

In developing countries, additional efforts to establish smoke-free public places and transportation facilities are needed to ensure protection against the adverse health consequences of ETS. Such efforts have been successful in industrialized countries and will help prevent ETS-related diseases if WHO recommendations on decreasing ETS exposure in public places and transportation are implemented.

Additional information about World No-Tobacco Day is available from Richard G. Leclair, Office of Information and Public Affairs, Pan American Health Organization ([202] 861-3439), or the Office on Smoking and Health, Center for Chronic Disease Prevention and Health Promotion, CDC (telephone [301] 443-5287).

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*Including the District of Columbia.

Establishment of Smoke-Free Offices Worldwide — U.S. Peace Corps

The Peace Corps (PC) of the United States is a government-sponsored international development agency with more than 6000 volunteers in approximately 70 developing countries. Since July 1988, PC headquarters in the District of Columbia has been a smoke-free workplace. From February through March 1991, all overseas PC full-time staff members were surveyed regarding cigarette smoking and attitudes toward a proposed smoke-free policy (complete ban) for PC offices worldwide. In addition, the directors of all overseas offices were surveyed regarding existing restrictions on smoking in the workplace. This report summarizes results of the survey.

During the survey, the PC employed more than 860 full-time staff members (approximately 75% were host-country nationals) in 58 overseas offices that provide field support to PC volunteers. Of these, 644 (75%) full-time staff members from 52 (90%) offices responded to the survey on employee attitudes. Approximately 21%, 21%, and 58% of staff members were current, former, or never smokers, respectively. Overall, 80% of staff members supported a smoke-free policy in the workplace, including 67% of current smokers, 89% of former smokers, and 82% of never smokers. Eighty-seven percent agreed that smoking should be banned in areas where nonsmokers must work. In each office, at least 50% of staff members supported a smoke-free workplace, including 86% of U.S. staff members and 79% of host-country national staff members.

Of the 51 offices that provided information about existing workplace smoking policies, 35 (69%) restricted smoking in the workplace. Most policies prohibited smoking in common areas, such as conference rooms, but allowed smoking in individual offices. Twelve (24%) offices had smoke-free policies. During 1990, 30% of PC office directors had received complaints from staff members regarding exposure to cigarette smoke in the workplace.

Because of the adverse health effects of involuntary exposure to cigarette smoke and the strong support for a smoke-free workplace policy among PC staff members, all overseas PC offices will be smoke-free effective September 1, 1991.

Reported by: PD Coverdell, JK Olsen, Office of the Director, TH van der Vlugt, Office of Medical Svcs, Peace Corps, Washington, DC. International Health Program Office; Office on Smoking and Health, Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The PC will be the first federal agency to provide a smoke-free environment for its employees worldwide. In 1986, the General Services Administration published guidelines for federal agencies to follow in establishing their own smoking regulations to protect nonsmoking workers from involuntary exposure to environmental tobacco smoke at federal worksites (*1*). These guidelines specified that smoking be minimized in areas with nonsmokers and that agency heads consider the opinions of employees in determining smoking policy. Other federal agencies with overseas facilities that have restricted (but not banned) smoking in the workplace include the Department of Defense (*2*) and the Department of State (Office of Medical Services, unpublished data).

For developing countries, information is limited regarding the prevalence of restrictions and the attitudes of workers about restrictions on smoking in the workplace (*3*). However, in both industrialized and developing countries, the trend is

U.S. Peace Corps — Continued

increasing toward regulation of smoking in public places and workplaces (*4*). In the PC survey, the high rate of support for a smoke-free workplace policy among host-country national staff members may not be representative of attitudes in the general populations; this level of support is likely to reflect higher levels of education among those staff members, as well as the influence of U.S. staff members.

The World Health Organization estimates that, during the 1990s, approximately 3 million persons will die each year as a direct result of smoking-related illnesses, and about one third of these deaths will occur in developing countries (*5*). These estimates underscore the need to prevent cigarette smoking and involuntary exposure to cigarette smoke in both industrialized and developing countries.

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Health Objectives for the Nation

Public Attitudes Regarding Limits on Public Smoking and Regulation of Tobacco Sales and Advertising — 10 U.S. Communities, 1989

The national health objectives for the year 2000 emphasize the need for policies and laws that restrict smoking in public places, restrict minors' access to tobacco products, and restrict minors' exposure to tobacco product advertising and promotion (*1*). To characterize public attitudes regarding policy issues related to the prevention and control of tobacco use, the National Cancer Institute surveyed communities participating in the Community Intervention Trial for Smoking Cessation (COMMIT) (*2*). This report describes the results of a baseline COMMIT survey in 10 U.S. communities.*

Data were obtained from a telephone survey conducted from January through April 1989 of stratified random samples of persons aged 25–64 years who were identified in the 1988 COMMIT baseline survey (*3*). Approximately 113 heavy smokers (≥25 cigarettes per day), 120 light/moderate smokers (1–24 cigarettes per day), 112 smokers who had recently quit (≤5 years), and 172 persons who had not smoked in >5 years or who had never smoked were identified in each of the 10

*Four of the 10 communities surveyed are located in the Northeast (Fitchburg/Leominster, Massachusetts; Paterson, New Jersey; Utica, New York; Yonkers, New York); three in the West (Vallejo, California; Medford/Ashland, Oregon; Bellingham, Washington); and one each in the South (Raleigh, North Carolina), Southwest (Santa Fe, New Mexico), and Midwest (Cedar Rapids, Iowa).

Public Smoking — Continued

participating communities during the 1988 baseline survey. Of the 5172 persons identified, 3654 (71%) persons participated in the 1989 survey. The data for each community were weighted to reflect variations in smoking status and response rate differences among communities so that overall weighted estimates were derived for each community.

In all 10 communities, respondents supported limiting smoking in a wide range of locations (Table 1, page 351). Although nonsmokers were more likely than smokers to support limiting smoking in various locations, 82%–100% of smokers supported limiting smoking in restaurants, private worksites, government buildings, indoor sports arenas, hospitals, and doctors' offices. In each community, most of the survey population favored efforts to restrict minors' access to cigarettes (Table 2, page 352). In six communities, 50%–56% agreed that tobacco companies should not be allowed to sponsor sporting and cultural events, and in nine communities, 55%–73% agreed that all tobacco advertising should be eliminated. Communities varied considerably in their attitudes toward banning the sale of cigarette products (Table 3, page 352).

Reported by: KM Cummings, PhD, R Sciandra, Roswell Park Cancer Institute, Buffalo, New York, and TF Pechacek, PhD, WR Lynn, D Corle, National Cancer Institute, National Institutes of Health, for the Community Intervention Trial for Smoking Cessation Research Group. Epidemiology Br, Office on Smoking and Health, Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The findings in this report indicate a high level of concordance among these 10 geographically diverse communities for support of regulatory efforts to limit public exposure to environmental tobacco smoke. In addition, these findings are consistent with those in other reports (*4,5*). As of 1989, approximately 50% of large businesses had promulgated smoking restriction policies for their employees (*4*). Through March 1991, 46 states† had enacted laws restricting smoking in public places (CDC, unpublished data).

Respondents in each of the 10 communities in this survey strongly supported the enactment and enforcement of laws restricting the sale of tobacco to minors. Although legislation in 45 states† restricting the sale of cigarettes to minors has been in place since 1989 (*6*), enforcement and compliance have been limited (*7*). In 1989, the U.S. Inspector General reported only 32 documented violations of sales laws (*7*); however, in the United States an estimated 1 billion packs of cigarettes are sold annually to persons <18 years of age (*8*).

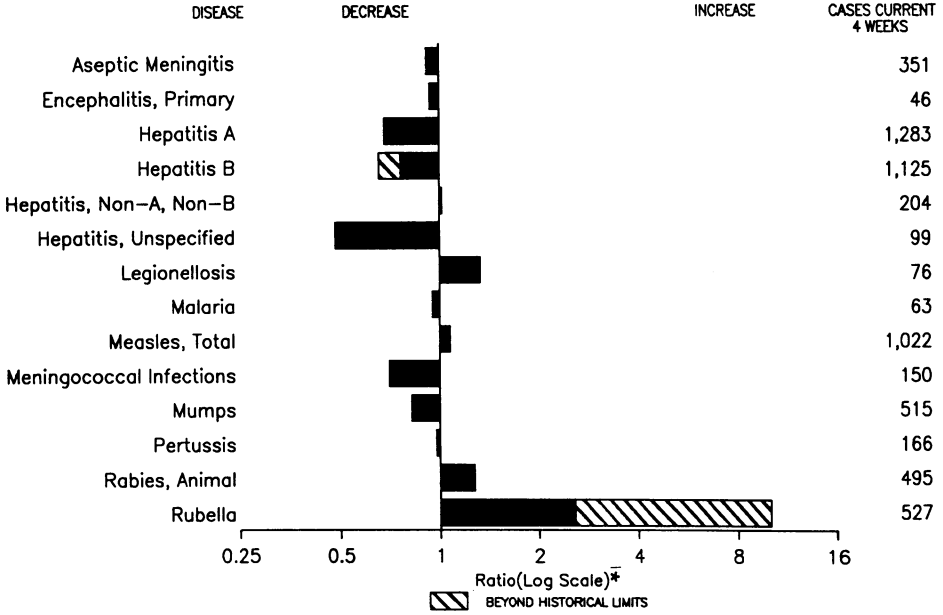
In 1987 and 1988, surveys on the banning of tobacco advertising indicated that 49%–55% of respondents believed tobacco advertising should not be permitted (*4*). In many communities, tobacco advertising has been banned in public transit systems.

To target the need for smoking control and prevention, the national health objectives for the year 2000 include: 1) increasing to at least 75% the proportion of worksites with a formal smoking policy that prohibits or severely restricts smoking in the workplace; 2) enacting in all 50 states comprehensive laws on clean indoor air that prohibit or strictly limit smoking in the workplace and enclosed public places; 3) enacting and enforcing laws that prohibit the sale and distribution of tobacco products to persons <19 years of age, particularly where age verification is difficult or impossible (such as through vending machines); 4) establishing tobacco-free environments in all elementary, middle, and secondary schools; and 5) eliminating or

†Including the District of Columbia.

(Continued on page 351)

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending May 25, 1991, with historical data — United States



*Ratio of current 4-week total to the mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary — cases of specified notifiable diseases, United States, cumulative, week ending May 25, 1991 (21st Week)

	Cum. 1991		Cum. 1991
AIDS	17,080	Measles: imported	80
Anthrax	-	indigenous	5,346
Botulism: Foodborne	6	Plague	-
Infant	18	Poliomyelitis, Paralytic*	-
Other	4	Psittacosis	42
Brucellosis	19	Rabies, human	-
Cholera	11	Syphilis, primary & secondary	16,830
Congenital rubella syndrome	11	Syphilis, congenital, age < 1 year	12
Diphtheria	1	Tetanus	11
Encephalitis, post-infectious	28	Toxic shock syndrome	135
Gonorrhea	223,778	Trichinosis	8
Haemophilus influenzae (invasive disease)	1,440	Tuberculosis	8,147
Hansen Disease	48	Tularemia	27
Leptospirosis	27	Typhoid fever	119
Lyme Disease	1,511	Typhus fever, tickborne (RMSF)	52

*No cases of suspected poliomyelitis have been reported in 1991; none of the 6 suspected cases in 1990 have been confirmed to date. Five of the 13 suspected cases in 1989 were confirmed and all were vaccine associated.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending May 25, 1991, and May 26, 1990 (21st Week)

Reporting Area	AIDS	Aseptic Meningitis	Encephalitis		Gonorrhea		Hepatitis (Viral), by type				Legionellosis	Lyme Disease
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1990	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991
UNITED STATES	17,080	1,986	234	28	223,778	275,695	10,048	6,465	1,199	573	450	1,511
NEW ENGLAND	779	96	12	-	5,766	7,304	236	336	42	18	35	67
Maine	22	6	3	-	47	100	8	8	2	-	-	-
N.H.	20	8	-	-	134	85	17	9	4	-	1	4
Vt.	8	22	1	-	16	26	11	3	3	-	-	1
Mass.	446	29	6	-	2,383	2,829	124	268	25	16	32	38
R.I.	31	24	-	-	463	440	44	13	6	2	2	17
Conn.	252	7	2	-	2,723	3,824	32	35	2	-	-	7
MID. ATLANTIC	4,991	244	20	7	27,380	38,629	820	560	118	12	127	1,081
Upstate N.Y.	683	124	9	5	5,160	5,471	442	247	74	6	42	854
N.Y. City	2,826	28	-	-	10,141	16,758	127	40	3	-	9	-
N.J.	986	-	-	-	4,146	6,344	120	137	21	-	15	220
Pa.	496	92	11	2	7,933	10,056	131	136	20	6	61	7
E.N. CENTRAL	1,084	333	61	6	41,856	52,435	1,152	759	161	25	86	75
Ohio	244	110	17	2	12,865	15,643	171	191	87	10	44	44
Ind.	87	42	7	1	4,488	4,193	175	87	1	1	9	4
Ill.	452	64	13	3	12,978	16,557	482	102	20	1	2	-
Mich.	219	106	21	-	9,255	12,565	147	240	45	13	22	27
Wis.	82	11	3	-	2,270	3,477	177	139	8	-	9	-
W.N. CENTRAL	466	139	10	3	11,514	14,377	1,117	284	150	12	20	9
Minn.	108	29	5	-	1,109	1,781	148	26	10	2	4	2
Iowa	40	30	-	1	799	1,104	29	16	6	2	3	5
Mo.	244	55	3	2	7,035	8,427	284	199	130	5	7	-
N. Dak.	4	-	-	-	23	61	23	3	2	1	-	-
S. Dak.	1	4	2	-	145	85	450	2	-	-	3	-
Nebr.	28	7	-	-	764	748	148	19	1	-	3	-
Kans.	41	14	-	-	1,639	2,171	35	19	1	2	-	2
S. ATLANTIC	3,834	484	46	10	67,531	77,203	701	1,412	180	123	75	86
Del.	35	8	1	-	930	1,266	6	22	3	3	1	12
Md.	402	51	6	-	6,888	7,996	136	198	33	7	16	33
D.C.	245	12	-	-	4,068	4,820	42	50	1	1	-	-
Va.	329	87	13	1	6,594	7,478	78	93	10	91	7	19
W. Va.	21	2	1	-	488	532	9	28	1	4	-	3
N.C.	160	44	16	-	12,450	13,111	81	241	78	-	10	10
S.C.	137	13	-	-	4,970	6,385	21	318	16	3	8	1
Ga.	606	42	6	1	17,369	17,030	68	177	15	-	7	4
Fla.	1,899	225	3	8	13,774	18,585	260	285	23	14	26	4
E.S. CENTRAL	412	124	13	-	19,903	23,108	93	535	145	3	25	46
Ky.	64	29	3	-	2,080	2,627	13	67	5	2	11	17
Tenn.	126	26	6	-	7,539	7,183	57	400	134	-	7	22
Ala.	128	47	4	-	4,891	7,954	22	65	6	1	7	7
Miss.	94	22	-	-	5,393	5,344	1	3	-	-	-	-
W.S. CENTRAL	1,758	170	21	1	24,809	28,447	1,406	755	34	84	17	29
Ark.	72	27	2	-	2,870	3,538	142	50	1	2	3	9
La.	301	26	5	-	5,882	5,420	63	115	3	3	5	-
Okla.	71	1	3	-	2,668	2,545	144	96	15	8	4	19
Tex.	1,314	116	11	1	13,389	16,944	1,057	494	15	71	5	1
MOUNTAIN	475	70	10	1	4,492	5,850	1,720	400	61	85	37	4
Mont.	14	2	-	-	41	71	53	31	3	4	1	-
Idaho	9	-	-	-	65	43	35	31	-	-	2	-
Wyo.	6	-	-	-	44	80	75	5	-	-	-	3
Colo.	193	21	2	1	1,147	1,607	227	57	16	14	6	-
N. Mex.	46	9	-	-	436	508	508	84	7	25	1	-
Ariz.	90	19	8	-	1,721	2,248	541	86	11	36	14	-
Utah	19	8	-	-	147	178	129	19	10	6	4	-
Nev.	98	11	-	-	891	1,115	152	87	14	-	9	1
PACIFIC	3,281	326	41	-	20,527	28,342	2,803	1,424	308	211	28	114
Wash.	232	-	4	-	1,755	2,639	267	210	74	10	1	-
Oreg.	93	-	-	-	820	1,048	162	136	51	4	1	-
Calif.	2,867	293	35	-	17,389	23,910	2,287	1,039	172	196	25	114
Alaska	9	8	2	-	303	499	74	15	9	1	-	-
Hawaii	80	25	-	-	260	246	13	24	2	-	1	-
Guam	1	-	-	-	-	109	-	-	-	-	-	-
P.R.	734	115	-	1	253	347	47	184	54	22	-	-
V.I.	4	-	-	-	222	181	-	4	-	-	-	-
Amer. Samoa	-	-	-	-	-	48	-	-	-	-	-	-
C.N.M.I.	-	-	-	-	-	92	-	-	-	-	-	-

N: Not notifiable U: Unavailable C.N.M.I.: Commonwealth of the Northern Mariana Islands

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending May 25, 1991, and May 26, 1990 (21st Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported*		Total									
	Cum. 1991	1991	Cum. 1991	1991	Cum. 1991	Cum. 1990	Cum. 1991	1991	Cum. 1991	1991	Cum. 1991	Cum. 1990	1991	Cum. 1991	Cum. 1990
UNITED STATES	376	279	5,346	12	80	9,362	974	64	2,043	40	842	1,220	23	839	413
NEW ENGLAND	27	8	28	5	10	172	68	1	15	14	145	143	-	2	4
Maine	1	-	-	-	-	27	6	-	-	5	37	4	-	-	-
N.H.	2	-	-	-	-	8	6	-	3	-	12	10	-	1	1
Vt.	1	-	5	-	-	1	10	-	1	-	3	6	-	-	-
Mass.	14	2	9	5§	8	5	35	-	-	8	84	114	-	1	-
R.I.	5	-	2	-	-	30	-	1	3	-	-	-	-	-	1
Conn.	4	6	12	-	2	101	11	-	8	1	9	9	-	-	2
MID. ATLANTIC	48	138	2,889	-	2	772	104	3	163	2	82	285	16	440	2
Upstate N.Y.	13	1	2	-	-	258	57	2	62	2	55	228	16	424	1
N.Y. City	13	75	1,175	-	-	119	6	-	-	-	-	-	-	-	-
N.J.	17	-	318	-	1	113	18	-	48	-	1	15	-	-	-
Pa.	5	62	1,394	-	1	282	23	1	53	-	26	42	-	16	1
E.N. CENTRAL	27	-	59	-	5	2,836	130	9	191	2	149	304	-	162	26
Ohio	7	-	-	-	1	210	45	9	46	1	63	56	-	147	-
Ind.	2	-	-	-	1	328	8	-	5	1	34	41	-	1	-
Ill.	9	-	24	-	-	1,174	41	-	77	-	23	112	-	3	15
Mich.	8	U	33	U	-	390	28	U	54	U	19	33	U	11	9
Wis.	1	-	2	-	3	734	8	-	9	-	10	62	-	-	2
W.N. CENTRAL	14	-	22	-	2	433	55	3	67	1	52	41	-	12	3
Minn.	3	-	4	-	2	118	11	-	6	-	16	6	-	5	1
Iowa	3	-	15	-	-	22	3	1	14	1	5	4	-	4	1
Mo.	4	-	-	-	-	66	23	-	18	-	19	25	-	3	-
N. Dak.	1	-	-	-	-	-	1	-	-	-	1	1	-	-	1
S. Dak.	-	-	-	-	-	21	2	-	-	-	1	1	-	-	-
Nebr.	-	-	-	-	-	100	3	-	3	-	4	1	-	-	-
Kans.	3	-	3	-	-	106	12	2	26	-	6	3	-	-	-
S. ATLANTIC	77	28	324	4	13	576	184	27	778	8	64	104	1	10	12
Del.	1	-	21	-	-	11	1	-	3	-	-	2	-	-	-
Md.	25	1	119	-	-	76	19	1	148	4	11	25	-	6	1
D.C.	4	-	-	-	-	15	4	1	19	-	-	13	-	1	1
Va.	12	-	18	-	3	50	16	2	33	1	10	9	-	-	-
W. Va.	1	-	-	-	-	6	8	-	13	-	6	9	-	-	-
N.C.	2	-	19	-	-	4	40	10	128	1	11	18	-	-	-
S.C.	5	-	12	-	-	3	22	10	276	-	-	5	-	-	-
Ga.	10	10	10	4§	4	19	40	-	19	-	16	13	-	-	-
Fla.	17	17	125	-	6	392	34	3	139	2	10	10	1	3	10
E.S. CENTRAL	5	-	4	-	-	69	71	1	103	1	24	53	-	83	1
Ky.	1	-	-	-	-	4	29	-	-	-	-	-	-	-	-
Tenn.	1	U	4	U	-	30	19	U	81	U	10	24	U	83	1
Ala.	3	-	-	-	-	9	23	1	5	1	14	26	-	-	-
Miss.	-	-	-	-	-	26	-	-	17	-	-	3	-	-	-
W.S. CENTRAL	22	-	12	-	10	1,215	72	1	229	1	20	19	-	1	1
Ark.	3	-	-	-	5	26	14	1	36	1	1	1	-	1	1
La.	4	-	-	-	-	10	16	-	13	-	8	4	-	-	-
Okla.	1	-	-	-	-	136	9	-	6	-	11	14	-	-	-
Tex.	14	-	12	-	5	1,043	33	-	174	-	-	-	-	-	-
MOUNTAIN	12	66	448	3	15	461	44	3	144	4	114	104	-	2	51
Mont.	1	-	-	-	-	1	5	-	-	-	-	5	-	-	13
Idaho	1	18	85	-	2	20	7	-	5	-	18	21	-	-	19
Wyo.	-	-	-	-	-	8	1	-	3	-	3	-	-	-	-
Colo.	3	-	1	3†§	4	69	8	2	55	4	58	49	-	-	3
N. Mex.	1	7	100	-	5	87	6	N	N	-	15	7	-	-	-
Ariz.	5	41	222	-	-	134	13	-	59	-	8	13	-	-	14
Utah	1	-	25	-	4	4	-	1	12	-	10	5	-	-	1
Nev.	-	-	15	-	-	138	4	-	10	-	2	4	-	2	1
PACIFIC	144	39	1,560	-	23	2,828	246	16	353	7	192	167	6	127	313
Wash.	13	-	1	-	3	199	34	1	82	3	51	39	-	-	-
Oreg.	3	3	28	-	12	164	30	N	N	-	28	16	-	1	-
Calif.	124	36	1,529	-	7	2,382	175	14	252	4	82	95	6	124	306
Alaska	-	-	-	-	1	79	6	-	7	-	5	-	-	-	-
Hawaii	4	-	2	-	-	4	1	1	12	-	26	17	-	2	7
Guam	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-
P.R.	1	1	41	-	1	808	15	-	8	1	14	4	-	1	-
V.I.	-	U	-	U	-	4	-	U	5	U	-	-	U	-	-
Amer. Samoa	-	U	-	U	-	11	-	U	-	U	-	-	U	-	-
C.N.M.I.	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-

*For measles only, imported cases includes both out-of-state and international importations.

N: Not notifiable U: Unavailable †International §Out-of-state

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending May 25, 1991, and May 26, 1990 (21st Week)

Reporting Area	Syphilis (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1991	Cum. 1990	Cum. 1991	Cum. 1991	Cum. 1990	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991
UNITED STATES	16,830	19,794	135	8,147	8,694	27	119	52	2,196
NEW ENGLAND	467	775	6	206	197	-	9	2	5
Maine	-	5	3	-	-	-	1	-	-
N.H.	12	37	1	-	3	-	-	-	1
Vt.	1	1	-	1	2	-	-	-	-
Mass.	228	284	2	116	105	-	8	1	-
R.I.	19	5	-	20	30	-	-	-	-
Conn.	207	443	-	69	57	-	-	1	4
MID. ATLANTIC	2,989	4,217	20	1,931	2,080	-	20	-	669
Upstate N.Y.	103	326	11	131	196	-	5	-	254
N.Y. City	1,457	1,963	-	1,198	1,219	-	7	-	-
N.J.	622	614	-	354	355	-	6	-	315
Pa.	807	1,314	9	248	310	-	2	-	100
E.N. CENTRAL	1,798	1,293	27	858	788	1	11	-	37
Ohio	252	201	18	120	107	-	2	-	5
Ind.	55	13	-	58	52	-	-	-	-
Ill.	865	512	4	462	412	-	3	-	8
Mich.	436	400	5	178	186	1	5	-	6
Wis.	190	167	-	40	31	-	1	-	18
W.N. CENTRAL	286	187	27	218	213	7	2	2	316
Minn.	32	43	7	39	39	-	2	-	120
Iowa	25	22	6	29	24	-	-	-	66
Mo.	186	88	6	102	101	7	-	2	6
N. Dak.	-	1	-	2	9	-	-	-	28
S. Dak.	1	1	1	16	6	-	-	-	70
Nebr.	7	6	1	8	11	-	-	-	8
Kans.	35	26	6	22	23	-	-	-	18
S. ATLANTIC	5,141	6,295	13	1,502	1,574	3	21	31	555
Del.	66	77	1	12	21	-	-	-	64
Md.	410	481	-	139	142	-	5	1	207
D.C.	329	390	-	82	58	-	1	-	5
Va.	440	366	3	134	123	-	4	1	113
W. Va.	11	6	-	35	30	-	1	-	26
N.C.	773	731	7	175	200	1	-	20	-
S.C.	609	331	-	164	186	-	-	3	45
Ga.	1,252	1,569	-	283	235	1	4	6	80
Fla.	1,251	2,344	2	478	579	1	6	-	15
E.S. CENTRAL	1,812	1,687	6	465	673	2	1	5	70
Ky.	34	29	3	121	162	1	1	1	19
Tenn.	650	680	3	42	178	1	-	2	18
Ala.	674	538	-	154	218	-	-	2	33
Miss.	454	440	-	148	115	-	-	-	-
W.S. CENTRAL	2,931	3,168	4	920	1,063	9	5	11	302
Ark.	229	209	2	78	102	4	-	1	15
La.	981	961	-	68	166	-	1	-	4
Okla.	60	94	2	55	79	5	-	10	93
Tex.	1,661	1,904	-	719	716	-	4	-	190
MOUNTAIN	228	374	17	206	189	4	4	1	70
Mont.	2	-	-	-	10	3	-	1	12
Idaho	3	6	-	2	5	-	-	-	1
Wyo.	1	1	-	2	3	1	-	-	42
Colo.	32	26	2	6	6	-	-	-	-
N. Mex.	13	20	5	10	40	-	-	-	1
Ariz.	157	252	4	128	90	-	3	-	12
Utah	4	4	6	25	12	-	-	-	-
Nev.	16	65	-	33	23	-	1	-	2
PACIFIC	1,178	1,798	15	1,841	1,917	1	46	-	172
Wash.	54	198	1	122	110	1	-	-	-
Oreg.	32	55	-	39	51	-	2	-	1
Calif.	1,085	1,525	14	1,580	1,652	-	43	-	167
Alaska	3	7	-	21	20	-	-	-	3
Hawaii	4	13	-	79	84	-	1	-	1
Guam	-	1	-	-	22	-	-	-	-
P.R.	186	150	-	71	29	-	5	-	18
V.I.	52	1	-	1	3	-	-	-	-
Amer. Samoa	-	-	-	-	11	-	-	-	-
C.N.M.I.	-	1	-	-	22	-	-	-	-

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending May 25, 1991 (21st Week)

Reporting Area	All Causes, By Age (Years)						P&I**
	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND	643	434	116	54	20	19	39
Boston, Mass.	174	101	39	20	4	10	11
Bridgeport, Conn.	49	34	10	2	2	1	-
Cambridge, Mass.	21	17	4	-	-	-	6
Fall River, Mass.	24	14	7	2	1	-	-
Hartford, Conn.	47	34	8	4	-	1	2
Lowell, Mass.	27	19	5	2	1	-	1
Lynn, Mass.	8	6	1	1	-	-	1
New Bedford, Mass.	23	18	3	1	1	-	1
New Haven, Conn.	54	40	4	3	7	-	4
Providence, R.I.	51	36	10	5	-	-	1
Somerville, Mass.	4	3	1	-	-	-	-
Springfield, Mass.	52	32	11	5	1	3	5
Waterbury, Conn.	31	22	5	3	1	-	1
Worcester, Mass.	78	58	8	6	2	4	6
MID. ATLANTIC	2,652	1,745	504	273	65	65	153
Albany, N.Y.	56	40	10	3	2	1	2
Allentown, Pa.	17	12	3	2	-	-	1
Buffalo, N.Y.	110	71	27	5	4	3	4
Camden, N.J.	38	29	6	1	1	1	-
Elizabeth, N.J.	31	23	5	2	1	-	2
Erie, Pa.†	44	36	6	-	-	2	3
Jersey City, N.J.	62	42	10	5	-	5	6
New York City, N.Y.	1,375	843	255	198	43	36	59
Newark, N.J.	60	33	11	13	1	2	3
Paterson, N.J.	34	23	8	3	-	-	1
Philadelphia, Pa.	391	268	82	26	4	11	32
Pittsburgh, Pa.†	53	35	14	1	2	1	6
Reading, Pa.	44	29	13	1	1	-	8
Rochester, N.Y.	97	68	17	7	3	2	7
Schenectady, N.Y.	29	22	7	-	-	-	1
Scranton, Pa.†	28	22	4	2	-	-	3
Syracuse, N.Y.	106	84	17	3	1	1	10
Trenton, N.J.	35	27	6	1	1	-	1
Utica, N.Y.	21	19	2	-	-	-	2
Yonkers, N.Y.	21	19	1	-	1	-	2
E.N. CENTRAL	2,187	1,352	395	215	130	95	100
Akron, Ohio	59	45	11	1	-	2	-
Canton, Ohio	28	19	7	-	1	1	2
Chicago, Ill.	485	193	86	97	84	25	24
Cincinnati, Ohio	148	104	30	3	5	6	12
Cleveland, Ohio	162	93	36	13	2	18	2
Columbus, Ohio	179	127	34	13	3	2	-
Dayton, Ohio	105	82	11	7	1	4	8
Detroit, Mich.	233	140	45	27	10	11	1
Evansville, Ind.	61	47	9	3	1	1	4
Fort Wayne, Ind.	60	46	8	4	1	1	2
Gary, Ind.	13	6	2	5	-	-	-
Grand Rapids, Mich.	58	37	11	1	5	4	5
Indianapolis, Ind.	157	100	34	10	5	8	13
Madison, Wis.	36	19	9	5	2	1	2
Milwaukee, Wis.	133	99	18	8	2	6	6
Peoria, Ill.	47	30	8	5	3	1	3
Rockford, Ill.	44	30	9	3	1	1	7
South Bend, Ind.	41	36	4	1	-	-	2
Toledo, Ohio	78	51	18	6	2	1	5
Youngstown, Ohio	60	48	5	3	2	2	2
W.N. CENTRAL	736	507	123	48	34	24	49
Des Moines, Iowa	58	45	8	2	1	2	5
Duluth, Minn.	24	18	-	3	2	1	-
Kansas City, Kans.	29	12	9	6	1	1	-
Kansas City, Mo.	107	80	18	1	5	3	7
Lincoln, Nebr.	28	23	4	-	1	-	4
Minneapolis, Minn.	165	112	31	8	9	5	15
Omaha, Nebr.	89	51	21	11	3	3	3
St. Louis, Mo.	108	73	18	8	3	6	9
St. Paul, Minn.	57	44	4	3	4	2	5

Reporting Area	All Causes, By Age (Years)						P&I**
	All Ages	≥65	45-64	25-44	1-24	<1	Total
S. ATLANTIC	1,315	740	281	155	59	77	78
Atlanta, Ga.	142	81	29	23	5	4	4
Baltimore, Md.	245	145	56	25	7	12	24
Charlotte, N.C.	78	44	16	8	8	2	-
Jacksonville, Fla.	107	62	26	10	2	7	10
Miami, Fla.	98	49	31	8	8	2	-
Norfolk, Va.	54	28	14	4	4	3	1
Richmond, Va.	78	49	16	4	2	7	6
Savannah, Ga.	60	35	9	5	3	8	8
St. Petersburg, Fla.	73	53	8	7	1	4	2
Tampa, Fla.	136	77	26	20	6	5	15
Washington, D.C.	225	104	46	40	13	22	8
Wilmington, Del.	19	13	4	1	-	1	-
E.S. CENTRAL	778	503	170	55	20	30	56
Birmingham, Ala.	96	48	30	8	4	6	1
Chattanooga, Tenn.	72	51	13	5	2	1	6
Knoxville, Tenn.	97	71	20	3	1	2	18
Louisville, Ky.§	U	U	U	U	U	U	U
Memphis, Tenn.	203	133	39	12	4	15	21
Mobile, Ala.	135	89	30	8	5	3	6
Montgomery, Ala.	66	43	13	7	2	1	3
Nashville, Tenn.	109	68	25	12	2	2	1
W.S. CENTRAL	937	621	169	87	31	27	41
Austin, Tex.	55	32	8	10	4	1	1
Baton Rouge, La.	38	29	3	2	2	-	3
Corpus Christi, Tex.	42	32	8	2	-	-	2
Dallas, Tex.	194	118	40	22	8	6	8
El Paso, Tex.	67	43	11	10	3	-	2
Ft. Worth, Tex.	109	68	17	12	5	7	5
Houston, Tex.§	U	U	U	U	U	U	U
Little Rock, Ark.	51	32	13	4	-	2	3
New Orleans, La.§	U	U	U	U	U	U	U
San Antonio, Tex.	191	136	36	11	3	5	10
Shreveport, La.	92	61	15	7	4	5	3
Tulsa, Okla.	98	70	18	7	2	1	4
MOUNTAIN	694	482	106	70	19	16	41
Albuquerque, N.M.	80	61	8	9	2	-	3
Colo. Springs, Colo.	35	23	7	5	-	-	6
Denver, Colo.	118	80	15	17	3	3	14
Las Vegas, Nev.	131	85	26	13	4	2	3
Ogden, Utah	20	17	-	2	-	1	2
Phoenix, Ariz.	137	91	27	9	4	6	2
Pueblo, Colo.	26	21	3	2	-	-	-
Salt Lake City, Utah	42	25	7	6	4	-	3
Tucson, Ariz.	105	79	13	7	2	4	8
PACIFIC	1,837	1,175	328	219	55	51	111
Berkeley, Calif.	23	10	6	7	-	-	-
Fresno, Calif.	71	46	8	9	5	3	8
Glendale, Calif.	28	21	3	3	1	-	2
Honolulu, Hawaii	96	71	12	7	1	4	7
Long Beach, Calif.§	U	U	U	U	U	U	U
Los Angeles, Calif.	572	348	110	81	21	6	28
Oakland, Calif.§	U	U	U	U	U	U	U
Pasadena, Calif.	31	27	2	2	-	-	3
Portland, Oreg.	130	100	16	8	2	4	8
Sacramento, Calif.	152	100	24	18	5	5	20
San Diego, Calif.	124	81	17	16	2	7	12
San Francisco, Calif.	154	78	33	32	6	4	7
San Jose, Calif.	173	110	39	13	5	6	9
Seattle, Wash.	148	90	30	19	5	4	1
Spokane, Wash.	54	37	11	1	2	3	3
Tacoma, Wash.	81	56	17	3	-	5	3
TOTAL	11,779††	7,559	2,192	1,176	433	404	668

*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.

TABLE 1. Percentage of persons (aged 25–64 years) surveyed who favored restricting or banning smoking in specific locations* — 10 U.S. communities, 1989

Community	No.†	Bars		Restaurants		Bowling alleys		Private worksites		Government buildings		Indoor sports arenas		Hospitals		Doctors' offices	
		Restrict %	Ban %	Restrict %	Ban %	Restrict %	Ban %	Restrict %	Ban %	Restrict %	Ban %	Restrict %	Ban %	Restrict %	Ban %	Restrict %	Ban %
Vallejo, Calif.	359	57.8	9.7	76.1	22.0	66.9	15.4	79.2	14.3	73.7	22.5	37.8	57.9	43.1	56.6	19.7	79.2
Cedar Rapids, Iowa	402	57.0	6.1	78.4	19.1	65.2	11.7	81.1	11.6	74.1	21.7	38.3	59.5	52.2	47.0	24.1	75.0
Fitchburg/ Leominster, Mass.	375	64.7	7.7	79.2	18.5	69.2	16.2	82.9	11.4	79.0	18.8	41.6	54.4	47.3	52.0	21.3	77.6
Paterson, N.J.	298	46.4	15.3	69.0	28.6	50.4	27.8	65.6	28.6	56.9	39.5	30.9	63.8	26.4	73.6	13.5	86.0
Santa Fe, N.M.	356	57.1	12.0	66.8	32.3	69.8	14.6	80.3	14.1	75.3	22.8	34.5	63.9	38.4	61.6	15.7	83.0
Yonkers, N.Y.	356	58.9	10.8	79.7	16.2	67.1	14.8	77.2	14.9	75.3	19.7	43.3	52.1	49.7	50.1	28.9	70.2
Utica, N.Y.	376	58.0	11.1	74.3	23.0	59.8	13.4	79.0	11.0	78.1	16.7	40.7	56.3	39.5	59.8	25.2	72.7
Raleigh, N.C.	384	63.5	9.5	74.7	23.2	65.2	15.7	77.2	14.4	81.4	13.8	38.2	55.1	50.2	48.1	22.9	75.1
Medford/Ashland, Ore.	371	56.3	9.6	72.5	25.8	71.2	16.9	81.5	9.5	70.2	28.0	34.7	63.6	43.4	56.3	20.5	79.3
Bellingham, Wash.	377	65.1	9.2	70.7	28.7	67.9	19.9	79.9	15.2	64.6	35.0	34.0	65.6	36.6	63.0	13.7	86.3
All (range)§		61.7–74.3		95.9–99.4		73.2–88.1		90.0–95.1		94.8–99.6		93.3–99.6		98.3–100.0		97.9–100.0	

*95% Confidence intervals do not exceed ±9% for any given point estimate.
†Number of completed interviews.
§Restricted and banned percentages combined.

TABLE 2. Percentage of persons (aged 25–64 years) surveyed who favored regulating minors' access to tobacco products* — 10 U.S. communities, 1989

Community	Percentage in agreement with the following statements:			
	Tobacco products should be as strictly controlled as alcohol products	Merchants who sell tobacco to minors should be fined	Cigarette vending machines should be eliminated in places where teens gather	Smoking should be banned on school grounds
Vallejo, Calif.	74.2	91.3	88.5	67.2
Cedar Rapids, Iowa	67.6	87.5	83.1	62.2
Fitchburg/Leominster, Mass.	74.4	86.9	83.9	61.9
Paterson, N.J.	75.4	92.6	86.0	76.9
Santa Fe, N.M.	68.3	76.6	83.2	68.2
Yonkers, N.Y.	70.0	91.5	79.4	62.0
Utica, N.Y.	73.2	90.8	86.2	63.9
Raleigh, N.C.	53.5	82.4	76.3	55.4
Medford/Ashland, Ore.	69.2	86.4	89.1	62.2
Bellingham, Wash.	73.0	89.9	88.1	70.6
All (range)	53.5–75.4	76.6–92.6	76.3–89.1	55.4–76.9

*95% Confidence intervals do not exceed ±9% for any given point estimate.

TABLE 3. Percentage of persons (aged 25–64 years) surveyed who favored regulating advertising, promotion, and sale of tobacco products* — 10 U.S. communities, 1989

Community	Percentage in agreement with the following statements:		
	Tobacco companies should not be allowed to sponsor sporting and cultural events	All tobacco advertising should be eliminated	A law should be passed against the sale of all cigarettes
Vallejo, Calif.	52.1	61.4	30.5
Cedar Rapids, Iowa	42.9	54.5	18.5
Fitchburg/Leominster, Mass.	50.4	62.0	31.2
Paterson, N.J.	56.0	67.6	49.3
Santa Fe, N.M.	46.4	61.1	24.4
Yonkers, N.Y.	52.1	62.7	31.2
Utica, N.Y.	55.0	57.8	30.3
Raleigh, N.C.	31.2	46.5	17.0
Medford/Ashland, Ore.	45.5	58.4	19.9
Bellingham, Wash.	52.0	73.0	22.6
All (range)	31.2–56.0	46.5–73.0	17.0–49.3

*95% Confidence intervals do not exceed ±9% for any given point estimate.

Public Smoking — Continued

severely restricting all forms of tobacco product advertising and promotion to which minors are likely to be exposed (*1*).

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Notices to Readers

NIOSH Alert: Request for Assistance in Preventing Bladder Cancer from Exposure to o-Toluidine and Aniline

CDC's National Institute for Occupational Safety and Health (NIOSH) periodically issues alerts on workplace hazards that have caused death or serious injury to workers. One such alert, *Request for Assistance in Preventing Bladder Cancer from Exposure to o-Toluidine and Aniline* (*1*),* presents new evidence that clearly associates exposure to o-toluidine and aniline with an increased risk for bladder cancer in workers. NIOSH concludes that o-toluidine and aniline are potential carcinogens as defined in the Occupational Safety and Health Administration's carcinogen policy (*2*). Workers and employers are therefore urged to implement the recommendations in this alert to reduce exposure to the lowest feasible concentrations.

o-Toluidine and aniline are aromatic amines used as intermediates in the manufacture of a variety of dyes, pharmaceuticals, pesticides, and chemicals employed in the manufacture of rubber. o-Toluidine is produced or used in the United States by 13 facilities, with onsite quantities ranging from 1000 lbs to 10 million lbs. Aniline manufacture and use in the United States is reported by 62 facilities, with onsite quantities ranging from 100 lbs to 50 million lbs. During 1981–1983, the most recent years for which data are available, an estimated 28,483 workers were potentially exposed to o-toluidine, and 35,781 workers were potentially exposed to aniline (CDC, unpublished data). Primary routes of exposure to these compounds are inhalation and dermal contact.

*Single copies of this document are available without charge from the Information Dissemination Section, Division of Standards Development and Technology Transfer, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, OH 45226; telephone (513) 533-8287.

Bladder Cancer — Continued

NIOSH recommends reducing o-toluidine and aniline exposures to the lowest feasible concentrations through hazard awareness, training of workers, and use of engineering controls, good work practices, and personal protective equipment.

Reported by: National Institute for Occupational Safety and Health, CDC.

References

1. NIOSH. NIOSH alert: request for assistance in preventing bladder cancer from exposure to o-toluidine and aniline. Cincinnati, Ohio: US Department of Health and Human Services, Public Health Service, CDC, 1990; DHHS publication no. (NIOSH)90-116.
2. Office of the Federal Register. Code of federal regulations: identification, classification, and regulation of potential occupational carcinogens. Washington, DC: National Archives and Records Administration, Office of the Federal Register, 1990. (29 CFR § 1990).

International Course in Surveillance and Applied Epidemiology for HIV and AIDS

CDC, the Emory University School of Public Health, the Global Program on AIDS and the Pan American Health Organization of the World Health Organization, the Fogarty International Center of the National Institutes of Health, and the U.S. Agency for International Development will cosponsor the second International Course in Surveillance and Applied Epidemiology for HIV and AIDS. The course will be held January 13–31, 1992, in Atlanta.

The course is designed for public health and medical officials from developing countries who are responsible for monitoring HIV and AIDS in their countries. The course will include surveillance methods for HIV infection; notification systems for AIDS reporting; and basic epidemiology skills for investigating risk factors and unusual occurrences of HIV infection and disease and for monitoring and evaluating surveillance and intervention programs.

The deadline for application is July 15, 1991. Course announcement and application forms are available from Department PSB, Emory University School of Public Health, 1599 Clifton Road, NE, Atlanta, GA 30329; telephone (404) 727-0199 or (404) 727-3485; FAX (404) 727-8744; TELEX Emory Medsch (810) 751-8512.

NIOSH Pocket Guide to Chemical Hazards

CDC's National Institute for Occupational Safety and Health (NIOSH) recently revised the *NIOSH Pocket Guide to Chemical Hazards* (*1*).* The *Pocket Guide* provides general industrial hygiene information for 398 chemicals or substance groupings that are found in the workplace and have existing Occupational Safety and Health Administration (OSHA) regulations. The information in the *Pocket Guide* is taken from the *NIOSH/OSHA Occupational Health Guidelines for Chemical Hazards*; NIOSH criteria documents and Current Intelligence Bulletins; and recognized references in the fields of industrial hygiene, occupational medicine, toxicology, and

*Copies are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone (202) 783-3238; GPO stock no. 017-033-00448-0; price $7.00 each.

Chemical Hazards — Continued

analytical chemistry. Data are presented in tabular form to provide a rapid, convenient source of information about general industrial hygiene and medical monitoring practices. The *Pocket Guide* includes chemical structures or formulas, identification codes, synonyms, current exposure limits, chemical and physical properties, flammability/combustibility ratings, specific gravities, incompatibilities and reactivities, measurement methods, respirator selections, signs and symptoms of exposure, and procedures for emergency treatment.

Reported by: National Institute of Occupational Safety and Health, CDC.

Reference

1. NIOSH. NIOSH pocket guide to chemical hazards. Cincinnati, Ohio: US Department of Health and Human Services, Public Health Service, CDC, 1990; DHHS publication no. (NIOSH)90-117.

The *Morbidity and Mortality Weekly Report* is prepared by the Centers for Disease Control, Atlanta, Georgia, and is available on a paid subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, (202) 783-3238.

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. Accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials, as well as matters pertaining to editorial or other textual considerations should be addressed to: Editor, *Morbidity and Mortality Weekly Report*, Mailstop C-08, Centers forDisease Control, Atlanta, Georgia 30333; telephone (404) 332-4555.

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