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MORBIDITY AND MORTALITY WEEKLY REPORT

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Epidemiologic Notes and Reports

St. Louis Encephalitis Outbreak - Arkansas, 1991

On August 2, 1991, a neurologist in Pine Bluff (Jefferson County) in central Arkansas notified the Arkansas Department of Health of two patients hospitalized with St. Louis encephalitis (SLE). A hospital chart review and heightened surveillance (i.e., notification of physicians and hospital infection-control coordinators in Jefferson and surrounding counties) subsequently identified 24 confirmed or probable cases of SLE. This report summarizes the findings of the ongoing outbreak investigation.

Cases were defined using standard case definitions for public health surveillance (1). Sixteen persons had confirmed SLE (including fever and signs and symptoms of encephalitis or aseptic meningitis and SLE viral-specific lgM in cerebrospinal fluid), and eight persons had probable cases (including these clinical characteristics and viral-specific lgM in serum).

Onset of symptoms for the 24 patients occurred from July 14 through August 17 (Figure 1). All patients resided or worked in Pine Bluff (estimated population: 57,000), and nine lived within a 1 square mile area. Fourteen (58%) patients were female. Eight (33%) cases occurred among persons ≥65 years of age (age range: 5 weeks–85 years). All patients were hospitalized; three have residual neurologic defects, and one patient with chronic myelogenous leukemia died. The crude SLE attack rate for persons in Pine Bluff was 39 per 100,000 population. Cases were clustered in low socioeconomic status census tracts.

On August 6, local and state health officials issued recommendations for the public to curtail evening outdoor activities and to apply insect repellent when outdoors. City residents were encouraged to mend screens and to remove containers that collect water. The Pine Bluff/Jefferson County vector-control office has intensified spraying throughout the city to control *Culex quinquefasciatus*, the suspected mosquito vector. An entomologic survey of Pine Bluff is in progress to measure the distribution and abundance of vector mosquitoes and viral infection rates in vectors. A door-to-door seroepidemiologic survey has been conducted in selected areas to determine the incidence of infection in residents, identify risk factors for infection and illness, and assess behavioral changes in response to the public health messages; analyses of these data are in progress.

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St. Louis Encephalitis - Continued

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Editorial Note: SLE is the leading cause of epidemic viral encephalitis in the United States. Fewer than 1% of infections are clinically apparent. Symptomatic illnesses range in severity from febrile illness and headache to aseptic meningitis or encephalitis. Seven percent of symptomatic cases are fatal (2).

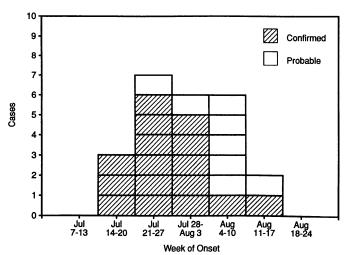
SLE is transmitted in three distinct cycles in the United States (3). Passerine birds (e.g., house sparrows [Passer domesticus]) are the principal vertebrate amplifying host in all locations. However, mosquito vectors differ in each of the three transmission cycles: in the rural West, Cx. tarsalis transmits SLE in an endemic pattern. In northern and southern regions of the central United States, Cx. pipiens and Cx. quinquefasciatus, respectively, are the principal vectors, and in Florida, Cx. nigripalpus is the primary vector.

SLE outbreaks occur at unpredictable intervals in the central United States and Florida. From 1954 through 1977, a series of regional outbreaks occurred at approximately 10-year intervals (1954–1957, 1964–1968, and 1974–1977) (3,4). Since 1977, outbreaks have occurred at irregular intervals—on the Gulf Coast in 1980 and 1986 and in Houston and in Florida in 1990. Although 18 SLE cases occurred in scattered geographic areas of Arkansas in 1975, the outbreak in Pine Bluff in 1991 is the first localized epidemic reported from the state.

The epidemiologic characteristics of the outbreak in Pine Bluff are typical of *Cx. quinquefasciatus*-borne SLE in the Mississippi River valley. These outbreaks frequently are focused in older neighborhoods where open drainage ditches and peridomestic mosquito breeding sites (e.g., discarded containers) may be prevalent. Open house foundations, which provide mosquito resting sites, and inadequately screened residences without air conditioning are additional risk factors (3–5).

Advanced age is the most clearly defined host factor associated with neuroinvasive SLE. Although SLE attack rates increase with age and mortality is greatest among the elderly, the biologic basis for this increased risk is unknown.

FIGURE 1. Cases of St. Louis encephalitis, by week of onset — Pine Bluff, Arkansas, July and August 1991



St. Louis Encephalitis - Continued

Following the nationwide SLE outbreak in 1975, state and local surveillance systems were established to monitor viral transmission in the enzootic cycle. The premise of these systems is that epidemic transmission can be predicted by identifying viral activity in vector mosquitoes and vertebrate amplifying hosts. The potential utility of this approach was demonstrated in 1986 in Harris County, Texas, and in 1990 in Houston and in Florida (6,7). Outbreaks in these locations were predicted from observations of rising mosquito rates or seroconversions in sentinel chickens.

Through September 1991, surveillance in Mobile, Alabama; Florida; Louisiana; and Memphis has not detected substantial levels of viral transmission and/or outbreaks. The absence of viral transmission in areas of Arkansas other than Pine Bluff and in surrounding states indicates the potential for focal transmission and underscores the need for local programs of surveillance and control (8).

References

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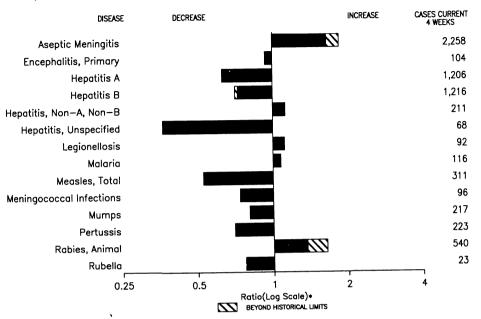
Health Objectives for the Nation

Participation of High School Students in School Physical Education — United States, 1990

Regular physical activity increases a person's ability to perform daily activities with greater vigor and may reduce the risk for specific health problems, including coronary heart disease (1), hypertension (2), noninsulin-dependent diabetes mellitus (3), colon cancer (4), and depression (5), as well as lower all-cause death rates (6). In addition to extracurricular activities (e.g., sports and recreational organizations), high school physical education (PE) classes provide an opportunity to ensure a minimal, regular amount of desirable physical activity and help establish physical activity patterns that may extend into adulthood. This report examines the prevalence of self-reported enrollment, attendance, and participation in PE classes by students in grades 9–12.

The national school-based Youth Risk Behavior Survey (YRBS) is a component of the Youth Risk Behavior Surveillance System, which periodically measures the prevalence of priority health-risk behaviors among youth through comparable national, state, and local surveys (7). In the 1990 national school-based YRBS, a three-stage sample design was used to obtain a representative sample of 11,631 students in grades 9–12 in the 50 states, the District of Columbia, Puerto Rico, and the Virgin (Continued on page 613)

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending August 31, 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 August 31, 1991 (35th Week)

Cum. 1991		Cum. 1991
30,334 	Measles: imported indigenous Plague Poliomyelitis, Paralytic* Psittacosis Rabies, human Syphilis, primary & secondary Syphilis, congenital, age < 1 year Tetanus Toxic shock syndrome	Cum. 1991 156 7,984 2 59 2 27,460 12 29 205
392,670	Trichinosis	57
2,094 103 38 5,136	Tuberculosis Tularemia Typhoid fever Typhus fever, tickborne (RMSF)	14,790 114 255 407
	30,334 - 12 51 4 46 17 13 2 61 392,670 2,094 103 38	30,334 Measles: imported indigenous 12 Plague Poliomyelitis, Paralytic* Psittacosis 46 Abies, human Syphilis, primary & secondary Syphilis, congenital, age < 1 year Tetanus 1392,670 2,094 103 104 105 106 107 108 108 109 109 109 109 109 109 109 109 109 109

^{*}Three suspected cases of poliomyelitis have been reported in 1991; none of the 8 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 August 31, 1991, and September 1, 1990 (35th Week)

			,		id Ocp		,			r		
	AIDS	Aseptic Menin-	Encep	halitis	Con	orrhea	Н Н	epatitis (Viral), by		Legionel-	Lyme
Reporting Area		gitis	Primary	Post-in- fectious		orrilea	Α	В	NA,NB	Unspeci- fied	losis	Disease
	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	30,334	7,839	564	61	392,670	456,697	15,898	11,166	1,970	869	772	5,136
NEW ENGLAND	1,261	850	23	1	9,251	12,476	393	586	54	25	51	1,032
Maine N.H.	38 33	62 90	3 5	-	113 154	148 144	16 24	15 19	2 5	-	2 6	28
Vt.	16	188	3	-	40	38	20	12	6		2	4
Mass. R.I.	716 63	244 259	10	1	3,696 776	5,145 778	187 73	406 19	29 10	22 3	38 3	100 107
Conn.	395	7	2	-	4,472	6,223	73	115	2	-		793
MID. ATLANTIC	8,168	1,192	42	11	45,868	61,121	1,486	991	198	15	210	2,975
Upstate N.Y. N.Y. City	1,022 4,709	562 182	18 1	7	8,473 16,548	9,473 25,967	603 494	386 145	117 5	9	73 24	1,910
N.J.	1,682	448	-	:	7,968	10,132	177	228	42	:	23	533
Pa. E.N. CENTRAL	755 2,239	448 1,520	23 170	4 7	12,879 73,779	15,549 86,413	212 2,069	232 1,320	34 319	6 40	90 170	532 150
Ohio	403	592	63	2	22,832	25,506	277	292	135	16	81	88
Ind.	216 1,135	114 269	14 52	1 4	7,755 22,261	7,402 27.521	284 883	159 195	1 49	1 3	13 15	8 5
Mich.	371	472	37	-	16,721	19,955	219	410	84	20	33	49
Wis.	114	73	4	-	4,210	6,029	406	264	50	-	28	-
W.N. CENTRAL Minn.	793	412	38	7	19,664	23,248	1,623	486	211	18	36	198
lowa	170 80	70 85	19 -	4	1,995 1,353	2,907 1,735	283 39	54 33	11 8	2 3	5 10	55 14
Mo.	437	186	10	3	11,946	13,858	441	318	185	8	11	120
N. Dak. S. Dak.	4	5 7	2 4	-	30 232	94 154	32 585	4 6	4 1	1	1 3	-
Nebr.	38	20	2		1,268	1,170	174	28	i		5	
Kans.	63	39	1	-	2,840	3,330	69	43	1	4	1	9
S. ATLANTIC	7,306	1,469	111	27	118,855	130,245	1,151	2,331	270	179	123	407
Del. Md.	53 702	47 141	2 18	1	1,850 12,023	2,079 14,643	7 202	32 277	4 48	2 13	2 25	40 157
D.C.	461	46	1	-	6,422	8,922	56	114	1	1	5	1 1
Va. W. Va.	546 46	234 23	30 10	3	11,906 809	12,337	120	145	23	124	7	87
N.C.	351	193	24	-	23.906	819 20,396	16 117	39 355	2 92	8	14	24 57
s.c.	240	32		-	9,714	10,551	31	502	16	3	25	6
Ga. Fla.	1,028 3,879	212 541	7 19	2 21	28,102 24,123	28,598 31,900	145 457	357 510	37 47	28	13 32	21 14
E.S. CENTRAL	744	518	25	-	38,796	39,395	156	913	247	3	40	81
Ky.	124	117	7	-	4,014	4,528	24	124	5	2	15	32
Tenn. Ala.	236 237	166 207	13 5	-	12,947 12,193	11,719	96	671	223	-	10	36
Miss.	147	28	-	-	9,642	13,671 9,477	30 6	109 9	15 4	1	14 1	13
W.S. CENTRAL	2,934	984	60	1	45,034	49,287	2,233	1,518	86	175	31	52
Ark. La.	129 507	50 86	19 11	-	5,515 10,047	5,931	207	70	2	5	7	16
Okla.	143	2	3		4,646	9,187 4,313	88 188	208 162	6 37	5 12	6 9	1
Tex.	2,155	846	27	1	24,826	29,856	1,750	1,078	41	153	9	27 8
MOUNTAIN	839	145	14	2	8,223	9,711	2,513	679	106	104	59	11
Mont. Idaho	22 17	10	1	-	70 97	118 93	65 66	50	4	5	4	:
Wyo.	11	_:	-	-	66	121	90	54 6	1		3	1 8
Colo. N. Mex.	304 65	51 16	4	1	2,313	2,761	393	99	46	17	13	-
Ariz.	178	35	9	1	723 3,043	867 3,705	643 803	155 122	10 15	29 42	2 22	-
Utah Nev.	82 160	12 21	-	-	214	282	198	53	11	11	4	-
PACIFIC	6,050	749	81	5	1,697	1,764	255	140	19	-	11	2
Wash.	396	/ 4 3.	6	5 1	33,200 2,927	44,801 3,997	4,274 404	2,342 298	479	310	52	230
Oreg. Calif.	168	- 685	-	-	1,339	1,710	271	298 218	105 86	18 8	3 2	2
Alaska	5,346 15	30	73 2	4	27,838 572	37,822	3,488	1,768	271	283	45	228
Hawaii	125	34	-	-	5/2 524	814 458	85 26	24 34	13 4	1	2	-
Guam	2		-	-	-	200	-		-	_		_
P.R. V.I.	1,029 13	188	2	3	399	460	69	323	143	40		-
Amer. Samoa	-	-	-	-	269	292 69	1	9	-	-	-	-
C.N.M.I.	-	-	-	-	-	154		-				-

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending August 31, 1991, and September 1, 1990 (35th Week)

			Meas	les (Ru	beola)		Menin-								
Reporting Area	Malaria	Indig	enous	Impo	rted*	Total	gococcal Infections	Mu	ımps		Pertussi	S		Rubella	1
	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	761	104	7,984	3	156	20,154	1,486	30	3,008	60	1,516	2,554	7	1,090	782
NEW ENGLAND	52	2	52	1	12	282	113	-	23	10	225	272	-	4	8
Maine N.H.	1 2	-	2	-	-	29 8	9 12	-	3	-	48 17	10 40	-	1	1
Vt. Mass.	4	- 2	5 25	-	- 10	1	13	-	4	-	4	6	-	-	-
R.I.	24 7	-	2	1†	-	24 30	62 1	-	1 3	7	134	199 2	-	2	2 1
Conn.	14	-	18	-	2	190	16	-	12	3	22	15	-	1	3
MID. ATLANTIC Upstate N.Y.	115 32	25	4,298 334	-	6 4	1,318 313	156 80	1	226 81	1	124 80	400 277		559 537	11 10
N.Y. City	44	25	1,700	-	-	326	9	-	-	-	-	-	-	-	-
N.J. Pa.	30 9	-	730 1,534	-	1 1	308 371	32 35	-	54 91	-	1 43	28 95	-	22	1
E.N. CENTRAL	58		69	-	11	3,499	230	2	272	2	248	708	-	180	31
Ohio Ind.	13 3	-	1	-	2 2	537 412	77 19	2	62 6	2	87 58	139	-	147	1
III.	23		25	-		1,326	66		104	-	47	272	-	6	18
Mich. Wis.	16 3	-	41 2	-	- 7	473 751	48 20	-	81 19	-	24 32	60 147	-	25 1	9
W.N. CENTRAL	24		34		6	798	81	1	90	4	112	121	1	17	14
Minn.	7	-	9	-	5	321	17	-	16	1	43	21	-	6	9
lowa Mo.	4 6	-	15		1	26 98	8 29	1 -	16 26	1	13 38	17 66	1	6 5	4
N. Dak.	1	-	-	-	-	-	1	-	2	-	2	2	-	-	1
S. Dak. Nebr.	1	•	1	-	-	23 106	2 6	-	1 5	2	3 7	1 5	-	:	-
Kans.	4	-	9	-	-	224	18	-	24	-	6	9	-	-	-
S. ATLANTIC Del.	162 2	6	435	-	20	1,186	274	12	1,067	14	178	196	-	13	18
Md.	48	:	21 173		1	11 210	2 27	2	6 206	4	46	6 49	-	6	2
D.C. Va.	9 32		24	:	- 5	22 75	11 28	2	23 49	-	18	14 15	-	1	1
W. Va.	2	-	-	-	-	6	12	-	16	1	9	14	-		1
N.C. S.C.	12 9	2	38 13	-	3	30 4	49 28	5	223 345	2	25 10	40 5	-	2	-
Ga.	16	4	10	-	5	282	56	-	38	4	33	24	-		-
Fla.	32	4	156	-	6	546	61	3	161	3	37	29	-	4	14
E.S. CENTRAL Ky.	17 2	-	7 1	-	2 1	153 34	97 35	-	155	4	57	109	-	100	3
Tenn. Ala.	9 6	U	6	U	1	71	30	U	127	Ū	17	49	Ū	100	3
Miss.	-		-	-		22 26	31 1	-	8 20	4	40	54 6	-	-	-
W.S. CENTRAL	50	20	168	-	14	4,092	110	4	328	3	45	88	-		-
Ark. La.	5 13	-	-	-	5	42 10	16 23	-	40	-	4	8	-	5 1	66 3
Okla.	7	-		-	-	173	13	-	22 13	1 2	12 23	19 30	-	•	-
Tex. MOUNTAIN	25	20	168	-	9	3,867	58	4	253	-	6	31	-	4	1 62
Mont.	32 1	46	995	-	19	902 1	58 9	6	286	3	162	218	6	12	107
ldaho Wyo.	2		405	-	2	26	7	-	8		2 23	26 37	-	2	13
Colo.	9	-	1	-	2 5	15 137	1 11	4	3 122	-	3	-	-		49
N. Mex. Ariz.	6	-	117 274	-	5	93	8	N	N	2	71 29	77 16	1	1	4
Utah	11 2	46	179		4	290 127	16	2	128 13	1	8	48	2	2	32
Nev.	1	-	18	-	1	213	6	-	12		24 2	10 4	3	3 4	1
PACIFIC Wash.	251	5	1,926 46	2	66	7,924	367	4	561	19	365	442	_	200	8
Oreg.	17 5	1	42	2†	15 31	254 212	50 45	2 N	154 N	8 6	91	110	-	200	524
Calif. Alaska	225	4	1,834	-	12 3	7,366	263	2	378	5	54 173	52 238	-	2 185	9
-laska -lawaii	4	-	4	-	5	80 12	7 2	-	10 19	-	12 35	4	-	1	502
Guam	-	U	-	U	-	1	-	U		U	35	38	-	4	13
P.R. 7.I.	1	Ū.	93	Ü	1	1,634	15	-	9	7	41	6	U	-	-
lmer. Samoa	2	Ü	-	Ū	2	24 521	-	U	8	U	-	-	Ų	1	-
C.N.M.I.	-	U	-	U	-	-	-	Ū	-	ŭ	-	4	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 August 31, 1991, and September 1, 1990 (35th Week)

Reporting Area		philis k Secondary)	Toxic- shock Syndrome	Tuber	culosis	Tula- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies Anima
	Cum. 1991	Cum. 1990	Cum. 1991	Cum. 1991	Cum. 1990	Cum. 1991	Cum. 1991	Cum. 1991	Cum. 1991
UNITED STATES	27,460	32,953	205	14,790	15,506	_ 114	255	407	4,778
NEW ENGLAND	700	1,182	10	405	350	2	27	5	48
Maine N.H.	12	5 44	4 1	30 5	3	-	1 1	-	2
Vt.	1	1	-	4	7	-	-	-	-
Mass. R.I.	321 39	458 14	5 -	187 59	192 43	2	24	4	-
Conn.	327	660	-	120	105	-	1	1	46
MID. ATLANTIC Upstate N.Y.	4,316 103	6,470 613	32 15	3,431 238	3,673 284	1	48 9	11	1,415
N.Y. City	2,148	2,997	1	2,130	2,318	-	25	6	524
N.J. Pa.	896 1,169	1,064 1,796	16	582 481	598 473	-	11 3	2 3	651 240
E.N. CENTRAL	3,317	2,360	39	1,503	1,474	6	15	33	105
Ohio	457	376	19	214	253	1	2	20	14
Ind. III.	103 1,539	58 940	12	147 787	128 745	3	4	9 3	8 24
Mich.	877	733	8	289	289	2	8	ĭ	23
Wis.	341	253	-	66	59	-	1	-	36
W.N. CENTRAL Minn.	493 47	347 62	32 7	349 66	407 69	39 1	5 2	27	620 221
lowa	48	45	6	52	42	-	-	1	123
Mo. N. Dak.	351	179 1	10	147 5	210 16	32	1	16	15 70
S. Dak.	.1	1	1	26	9	4	•	1	140
Nebr. Kans.	11 35	9 50	1 7	13 40	15 46	2	2	4 5	11 40
S. ATLANTIC	8,351	10,697	19	2,815	2.874	4	47	182	1,001
Del.	110	128	1	20	29	-	-		113
Md. D.C.	664 524	768 717	1 1	258 126	232 99	-	8 2	21	378 8
Va.	605	630	3	230	252	-	8	9	180
W. Va. N.C.	21 1,331	11 1,207	8	46 379	51 363	1	1 2	4 99	42 11
S.C.	1,057	689	2	275	318	1	3	29	74
Ga. Fla.	2,058 1,981	2,719 3,828	3	556 925	479 1,051	1 1	5 18	19 1	171 24
E.S. CENTRAL	3,118	2,898	9	1,054	1,112	13	2	72	670
Ky. Tenn.	66 1,023	64 1,168	4	236	269	4	2	20	34
Ala.	1,187	890	5	323 276	277 350	8 1		38 14	29 607
Miss.	842	776	-	219	216	-	-	-	-
W.S. CENTRAL Ark.	5,037 478	5,488 366	14 3	1,836	1,901	30	18	68	456
La.	1,676	1,687	-	158 178	236 236	20	3	11	26 5
Okla. Tex.	128 2,755	175 3,260	4 7	118 1,382	135	10	1	57	133
MOUNTAIN	403	631	26	400	1,294 350	14	14	7	292
Mont.	6	-	1	6	22	7	7	, 5	148 32
ldaho Wvo.	3 8	6 1	-	4	10 4	1	-	-	1
Colo.	58	38	5	33	20	2	1	2	61 12
N. Mex. Ariz.	24 263	32 455	6 4	54 224	74 154	-	1 4	-	3
Utah	5	8	10	30	22	1 3	-	-	28 7
Nev.	36	91	-	46	44	-	1	-	4
PACIFIC Wash.	1,725 111	2,880 269	24 3	2,997	3,365	5	86	2	315
Oreg.	52	101	-	194 75	189 89	2 2	4 4	1 1	1 4
Calif. Alaska	1,554 4	2,482 13	21	2,550	2,937 35	1	75	-	306
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V.I.	306 77	204 8	-	157 2	66 4	-	9	-	48
Amer. Samoa	-	-	-	-	13	-	-	-	-
C.N.M.I.	-	3	-	-	44	-	-	-	-

TABLE III. Deaths in 121 U.S. cities,* week ending August 31, 1991 (35th Week)

NEW ENGLAND 595 402 110 56 14 13 39 S. ATLANTIC 1.465 868 295 182 66 52 74 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	August 31, 1991 (35th Week)															
NEW ENGLAND 959 402 110 566 141 133 145 154 145 154 145 145	D		All Cau	ıses, B	y Age	Years)		P&I**	_		All Cau	ıses, B	y Age	(Years)		P&I**
Boston, Mass. 163 97 36 19 4 7 15 Atlanta, Ga. \$	Heporting Area		≥65	45-64	25-44	1-24	<1	Total	Reporting Area		≥65	45-64	25-44	1-24	<1	Total
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ynn, Mass. 30 24 2 4 1 Richmond, Va. 72 49 14 7 1 1 2 4 4 4 2 Savanhah, Ga. 47 23 10 6 5 5 2 2 8 4 2 Savanhah, Ga. 47 23 10 6 6 2 5 5 2 2 8 4 2 Savanhah, Ga. 47 23 10 6 6 2 5 5 2 2 8 4 5 4 2 Sk. Petersburg, Fla. 53 45 3 2 2 1 7 7 7 7 7 7 7 7 7 7 7 7 8 7 8 7 8 7 8						_					78	3 29	10	4	7	2
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Sew Haven, Conn. 53	New Bedford, Mass.				4											1
Somerville, Mass. 4	New Haven, Conn.						4	2	St. Petersburg, Fla.			3	2			-
Springfield, Mass. 42 29 8 3 1 1 2 2 Wilmington, Del. 32 119 7 5 5						2										15
Waterbury, Conn. 30 24 5 1 - - 1 SCENTRAL 724 454 159 63 24 2 4 4 4 2 4 4 2 4 4 2 4 4 4 2 4 4 4 2 4 4 2 4 4 2 4 4 2 4 4 2 4 4 2 4 2 4 4 2 4 4 2 3 4 4						1			Wilmington, D.C.						15	8
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MID. Al LANTIC 2,667 1,720 501 288 90 65 98 Chattanooga, Tenn. 73 47 13 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Worcester, Mass.	38	29	6	3	-	-	4								43
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Omana, Nebr. 114 82 20 7 4 1 10		167						6	TOTAL	11,392 [†]	7,200	2,168	1,202	493	323	544
at tours win 107 /9 13 9 2 5 / 1	Omaha, Nebr. St. Louis, Mo.	114 107	82 79		7 8	4	1 5									
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^{*}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.

TBecause of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week.

Complete counts will be available in 4 to 6 weeks.

^{††}Total includes unknown ages. §Report for this week is unavailable (U).

Physical Education - Continued

Islands. Students were asked 1) if they were enrolled in PE classes, 2) how many days they had attended PE classes during the past 2 weeks, and 3) during how many PE classes they had engaged in at least 20 minutes of light to heavy exercise during the past 2 weeks.

Of all students in grades 9–12, 43.5% of males and 52.0% of females reported that they were not enrolled in PE classes (Table 1). In addition, 21.5% of students (males, 24.1%; females, 19.0%) reported that they attended PE classes daily. Daily attendance in PE classes decreased substantially from 9th grade through 12th grade (9th grade, 34.4%; 10th grade, 25.7%; 11th grade, 15.1%; and 12th grade, 10.9%).

Of students who reported attending PE class during the past 2 weeks, about one third (33.2%) reported exercising 20 minutes or more in PE class three to five times per week (Table 2). Almost one fourth (23.4%) reported that they did not exercise 20 minutes or more during any PE class. Females (28.5%) were significantly more likely than males (18.6%) to report not exercising 20 minutes or more during any PE class during the past 2 weeks.

Reported by: Div of Chronic Disease Control and Community Intervention, Div of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: One of the national health promotion and disease prevention objectives for the year 2000 (objective 1.8) is to "increase to at least 50 percent the proportion of children and adolescents in 1st through 12th grade who participate in daily school physical education" (8). The findings in this report indicate that, to attain this objective, the percentage of 9th–12th-grade students attending daily PE classes must markedly increase. However, enrollment in PE, a necessary prerequisite for attendance in PE classes, may have decreased (Figure 1), from a total of 65% in 1984 to 48% in 1990 (based on a comparison of findings in this report with results from the 1984 National Children and Youth Fitness Study [9]).

To develop healthy physical activity patterns, students must not only attend PE classes but also engage in physical activity during those classes. Specifically, national

FIGURE 1. Percentage of high school students enrolled in physical education classes, by student grade and by survey — United States, 1984 and 1990

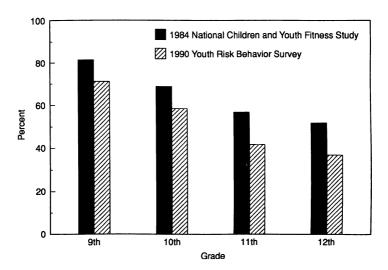


TABLE 1. Percentage of high school students attending physical education classes, by gender and grade of student - United States, Youth Risk Behavior Survey, 1990*

		M	ale		Female					Total				
Grade	Not enrolled			Attend daily		Not enrolled		tend daily	No	t enrolled	Attend daily			
	%	(95% CI [†])	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)		
9th	24.1	(16.9–31.4)	38.9	(30.3–47.5)	33.1	(22.1–44.1)	30.8	(23.6–38.0)	28.9	(20.1–37.8)	34.4	(27.3–41.5)		
10th	36.6	(27.2-46.0)	26.7	(19.6-33.8)	46.2	(34.8-57.6)	24.8	(18.1–31.5)	41.4	(31.5-51.3)	25.7	(19.5-31.9)		
11th	52.4	(42.2-62.7)	19.6	(13.2-26.0)	62.9	(51.2–74.7)	11.1	(7.2–15.0)	58.0	(47.4-68.6)	15.1	(10.4-19.8)		
12th	58.1	(46.1–70.1)	13.5	(6.9–20.1)	68.2	(56.3–80.0)	7.8	(2.9–12.7)	62.7	(51.6–73.8)	10.9	(6.2–15.6)		
Total	43.5	(35.2–51.8)	24.1	(18.5–29.7)	52.0	(42.4–61.6)	19.0	(15.3–22.6)	47.8	(39.1–56.5)	21.5	(17.1–25.8)		

^{*}Unweighted sample size = 11,631 students. Categories do not total 100% because students who reported taking PE less than daily are not included in this table.

TABLE 2. Percentage of high school students who exercised ≥20 minutes during physical education classes,* by gender and grade of student — United States, Youth Risk Behavior Survey, 1990[†]

		М	ale			Fer	nale		Total				
	0 0	lays/week	3-5 days/week		0 days/week		3-5 days/week		0 0	lays/week	3-5 days/week		
Grade	%	(95% CI [§])	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	
9th	23.7	(19.1–28.2)	36.4	(28.2–44.7)	28.8	(24.3–33.3)	31.2	(23.3–39.1)	26.5	(23.2–29.9)	33.6	(26.2–41.0)	
10th	17.1	(13.2-21.0)	38.4	(27.2-49.7)	27.1	(21.6-32.5)	30.1	(22.1–38.0)	21.9	(18.6–25.2)	34.4	(26.2-42.6)	
11th	14.0	(10.4–17.6)	40.0	(24.9–55.2)	25.2	(17.7–32.7)	29.2	(18.1–40.2)	19.2	(15.7–22.7)	35.0	(22.4-47.6)	
12th	17.9	(11.0–24.8)	34.4	(18.2–50.5)	34.5	(20.0–48.9)	18.8	(8.4–29.1)	24.5	(15.5–33.6)	28.1	(16.1–40.1)	
Total	18.6	(15.2–22.1)	37.4	(26.9-47.8)	28.5	(24.7–32.4)	28.6	(21.3–35.9)	23.4	(20.5–26.3)	33.2	(24.5-41.8)	

^{*}Students reported that they attended PE class during the previous 2 weeks.

[†]Confidence interval.

[†]Unweighted sample size = 5642 students. Categories do not total 100% because students who reported taking PE 1–2 days per week are not included in this table.

[§]Confidence interval.

Physical Education - Continued

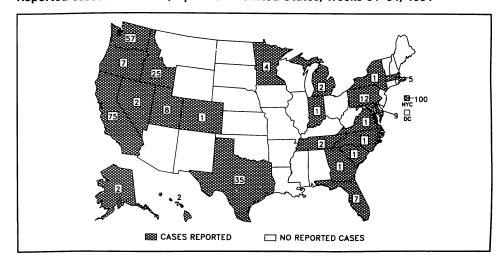
health objective 1.9 aims to "increase to at least 50 percent the proportion of school physical education class time that students spend being physically active, preferably engaged in lifetime physical activities" (8). Findings in this report indicate that the amount of PE class time devoted to physical activity is substantially below this goal.

To improve the health of youth through PE, parents, teachers, school administrators, school board members, pediatricians, family physicians, and public health officials need to implement policies that ensure every student's enrollment and participation in daily PE programs and develop programs that provide at least 20 minutes of daily physical activity (10).

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