Texas Preventable Disease

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NON-CIRCULATING contents:

Occupant Restraint Usage in Fatal Crashes --Fatal Accident Reporting System, 1975-1986 Monthly Statistical Summary Viral Isolates for December

Texas Board of Health

Bureau of Disease Control and Epidemiology, 1100 West 49th Street, Austin, Texas 78756 (512-458-7455)

OCCUPANT RESTRAINT USAGE IN FATAL CRASHES --FATAL ACCIDENT REPORTING SYSTEM, 1975-1986*

Robert Bernstein, MD, FACP

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

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

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

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

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

The FARS data at both the aggregate and the individual levels suggest that increases in the use of occupant restraints are associated with decreases in motor vehicle-related fatality rates. However, these data cannot conclusively demonstrate such a relationship. For example, the motor vehicle-related fatality rate in any particular year depends upon factors such as the number and severity of crashes that occur, the crash-worthiness of the automobiles involved, and the ability of occupants to survive crashes. Thus, other factors besides increased restraint usage might be responsible for observed decreases in the motor vehicle-related fatality rate. Additionally, since the survivors in FARS are not a random sample of all occupants involved in motor vehicle crashes, a direct comparison of the proportion of survivors who had worn seat belts to the proportion of decedents who had worn seat belts may be misleading.

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

*Reprinted from: CDC. MMWR 1987;36(38);636,641-3.

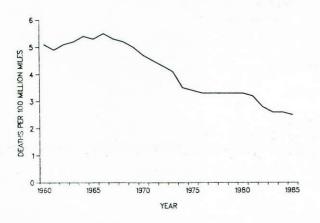
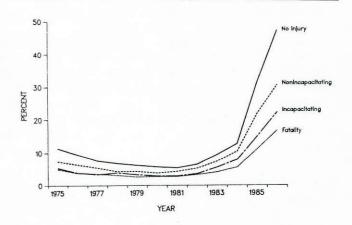


Figure 1.

Deaths per 100 million miles traveled -United States, 1960-1985

Figure 2.
Motor vehicle-related deaths
per 100,000 residents -United States, 1960-1985



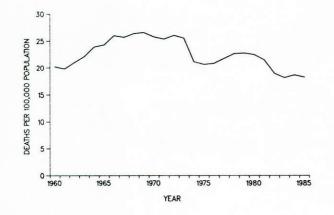
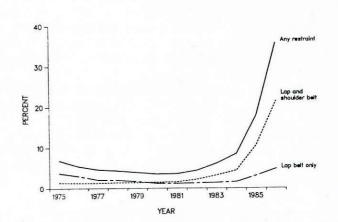


Figure 3.

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

Figure 4.

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



MONTHLY SUMMARY OF REPORTABLE DISEASES IN TEXAS

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VIRAL ISOLATES FOR DECEMBER 1987

<u>Virus</u>

Adenovirus Cytomegalovirus Coxsackie B2 Echovirus 5 Influenza A(H3N2)

Parainfluenza 1 Parainfluenza 3 Rotavirus

Respiratory Syncytial Virus Chlamydia trachomatis

County of Residence of Patient(s) (Number of Isolates)

Bell (1), Dallas (1) Dallas (20), Lubbock (2), Galveston (5) Harris (1) Harris (1) Bexar (1), Harris (10), Travis (3), Hale (1) Bell (3), Galveston (1) Bell (3) Bell (15), Dallas (9), Harris (1), Lubbock (18), Travis (2) Bell (23), Dallas (14), Lubbock (15)

Bell (33), Dallas (2), Lubbock (13), Travis (1)

⁺ Blood lead level)40ug/dl in persons 15 years of age or older; summarized by date of blood lead test. * Rogular summaries of these reportable occupational diseases will be included as reporting procedures are better established.

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TEXAS AIDS CASES: WEEKLY SURVEILLANCE REPORT (Case Count by Date of Diagnosis)

January 15, 1988

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^{*} COUNTIES LISTED INDIVIDUALLY ARE THOSE WITH A CUMULATIVE TOTAL OF 10+ CASES.

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^{** 26} CASES WERE DIAGNOSED WHILE TEXAS DEPARTMENT OF CORRECTION INMATES