



“Health-care-associated infections declined, on average, for central-line associated bloodstream infections (CLABSI), surgical site infections (SSI), and Methicillin-resistant Staphylococcus aureus (MRSA) infection.” Johnson et al (2014).

#### Reference:

Johnson, N.B., Hayes, L.D., Brown, K., Hoo, E.C. and Ethier, K.A. (2014) CDC National Health Report: Leading Causes of Morbidity and Mortality and Associated Behavioral Risk and Protective Factors-United States, 2005-2013. Morbidity and Mortality Weekly Report. Surveillance Summaries. October 31;63:3-27.

CDC National Health Report: Includes CLABSI reduction [@ivteam](http://ctt.ec/e3kaV+)  
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#### Abstract:

Problem: Although substantial progress has been made in improving the health of persons in the United States, serious problems remain to be solved. Life expectancy is increasing, and the rates of the leading causes of death are improving in many cases; however, numerous indicators (i.e., measures of observed or calculated data on the status of a condition) of the health and safety of the U.S. population remain poor. This report reviews population health in the United States and provides an assessment of recent progress in meeting high-priority

health objectives. The health status indicators described in this report were selected because of their direct relation to the leading causes of death and other substantial sources of morbidity and mortality and should be the focus of prevention efforts.

**Reporting Period Covered:** Data are reported starting in 2005 (or the earliest available year since 2005) through the current data year. Because data sources and specific indicators vary regarding when data are available, the most recent year for which data are available might range from 2010 to 2013.

**Description of the System:** Data were obtained from 17 CDC surveys or surveillance systems and three non-CDC sources to provide a view of this particular point of time in the nation's health and trends in recent years.

Data from the following CDC surveillance systems and surveys were used: Behavioral Risk Factor Surveillance System (BRFSS); Emerging Infections Program/Active Bacterial Core surveillance (EIP/ABCs); Foodborne Diseases Active Surveillance Network (FoodNet); Internet Panel Surveys: Influenza Vaccination Coverage Among Health-Care Personnel and Influenza Vaccination Coverage Among Pregnant Women; National Ambulatory Medical Care Survey (NAMCS); National Health and Nutrition Examination Survey (NHANES); National Health Interview Survey (NHIS); National Healthcare Safety Network (NHSN); National HIV Surveillance System; National Hospital Discharge Survey (NHDS); National Immunization Survey (NIS); National Immunization Survey-Teen (NIS-Teen); National Notifiable Disease Surveillance System (NNDSS); Nationally Notifiable STD Surveillance; National Vital Statistics System (NVSS); and Youth Risk Behavior Surveillance System (YRBSS). Three non-CDC sources were used: the Alcohol and Tobacco Tax and Trade Bureau Monthly Statistical Releases; the National Highway Traffic Safety Administration Fatality Analysis Reporting System (FARS); and the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (NSDUH).

**Results:** Since 2005, life expectancy at birth in the U.S. has increased by 1 year; however, the number of persons who died prematurely was relatively constant. The years of potential life lost declined for eight of the 10 leading causes of death. Age-adjusted rates declined among all leading causes except deaths attributable to Alzheimer's disease and suicide, although the numbers of deaths increased for most causes. Heart disease, stroke, and deaths attributed to

motor-vehicle injuries demonstrated notable declines since 2005. Numbers and rates increased for both Alzheimer's disease and suicide. The number of deaths from drug poisoning increased by approximately 11,000, and the number of deaths among older adults caused by falls increased by approximately 7,000. Risk and protective factors for these leading causes of death also showed mixed progress. Current smoking among adults remained stable at approximately 25% while smoking among youths declined to a record low of 15.7%. Obesity rates remained level at approximately 35% for adults and approximately 17% for youths. Approximately 21% of adults met recommended levels of physical activity, consistent with results recorded in the 3 previous years. Control of blood pressure and cholesterol increased to 46.3% and 29.5%, respectively. During the 2012-13 influenza season, vaccination rates reached highs of 72.0% for health-care personnel, 56.6% for children aged 18 years. Other important measures of the health of the U.S. population also varied. Rates of foodborne illness varied from year to year, with average annual increases for Salmonella and Salmonella serotype Enteritidis. Listeria rates were stable in recent years at 0.26 cases per 100,000 population. Shiga toxin-producing E. coli (STEC) O157 increased during the past 3 years to a rate of 1.15 cases per 100,000 population, even though the annual change for the study period noted an average decline overall. Health-care-associated infections declined, on average, for central-line associated bloodstream infections (CLABSI), surgical site infections (SSI), and Methicillin-resistant Staphylococcus aureus (MRSA) infection. The percentage of persons living with HIV who know their serostatus increased to 84.2%, but trends fluctuated for the number of new HIV infections and the rate of HIV transmission among adolescents and adults. Chlamydia rates increased by an average of 3.3% per year for persons aged 15-19 years and by 4.9% per year for women aged 20-24 years. The number of new cases of hepatitis C and hepatitis C-associated deaths increased by an average of 6.4% and 6.0% per year. Indicators of maternal and child health all improved, including historically low rates of infant mortality (6.1 per 1,000 live births) and teen births (26.6 per 1,000 female population). The percentage of infants breastfed at 6 months increased to 49.4%. Among children aged 19-35 months, 70.4% received the set of universally recommended vaccines, an increase of 2.9% from the previous year.

Interpretation: The findings in this report indicate that progress has been steady but slow for many of the priority health issues in the United States. The age-adjusted rates for most of the leading causes of death are declining, but in some cases, the number of deaths is increasing, in part reflecting the growing U.S. population. Several protective factors that have registered

substantial average increases (e.g., physical activity among adults, high blood pressure control, and human papillomavirus vaccination among adolescent females) have stalled in recent years. Many protective factors, even those with impressive relative gains, still represent only a minority of the U.S. population (e.g., control of high cholesterol at 29.5%). More data are needed to properly interpret fluctuating trends, such as those observed with the number of HIV infections and HIV transmission rates. Finally, some indicators of disease that appear to be increasing, such as chlamydia and hepatitis C, reflect increased efforts to engage in targeted screening but also suggest that the actual burden of infection is much greater than the reported data alone indicate.

Public Health Action: Although not all-inclusive, this compilation highlights important health concerns, points to areas in which important success has been achieved, and highlights areas in which more effort is needed. By tracking progress, public health officials, program managers, and decision makers can better identify areas for improvement and institute policies and programs to improve health and the quality of life.

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