Announcement

National Stroke Awareness Month — May 2016

May is National Stroke Awareness Month, an observance that raises awareness of the signs and symptoms of stroke and encourages persons to act FAST (Face drooping, Arm weakness, Speech difficulty, Time to call 911) if someone is having a stroke. Stroke is the fifth leading cause of death in the United States and a leading cause of severe disability (*1*,*2*). In the United States, one person dies from stroke every 4 minutes (*2*).

Stroke can happen at any age, but increasingly younger persons are having strokes. About one in seven strokes occur in adolescents and young adults, aged 15–49 years (*3*). Certain groups of persons are more likely to have a stroke at younger ages. Several risk factors for stroke, such as stress, anxiety, and depression, are more common in women than men (*4*). African Americans aged <45 years have approximately twice the risk for stroke, compared with whites in that age group (*5*).

Stroke is preventable and treatable. Controlling blood pressure and living a healthy lifestyle (e.g., exercising; eating more fruits and vegetables and foods low in sodium or salt; and avoiding smoking) can reduce your chances of having a stroke.

CDC promotes stroke awareness through several initiatives. On May 17, CDC is hosting a Public Health Grand Rounds webcast on stroke that offers continuing education credits for public health professionals and health care providers. The Million Hearts initiative (http://millionhearts.hhs.gov/index.html), led by CDC and the Centers for Medicare & Medicaid Services, also promotes stroke prevention. More information about stroke prevention is available online from CDC's Division for Heart Disease and Stroke Prevention (http://www.cdc.gov/stroke/).

References

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3. Singhal AB, Biller J, Elkind MS, et al. Recognition and management of stroke in young adults and adolescents. Neurology 2013;81:1089–97. http://dx.doi.org/10.1212/WNL.0b013e3182a4a451
4. Bushnell C, McCullough LD, Awad IA, et al.Guidelines for the prevention of stroke in women: a statement for healthcare professionals from the American Heart Association/American Stroke Association. Stroke 2014;45:1545–88. http://dx.doi.org/10.1161/01.str.0000442009.06663.48
5. Kissela BM, Khoury JC, Alwell K, et al. Age at stroke: temporal trends in stroke incidence in a large, biracial population. Neurology 2012;79:1781–7. http://dx.doi.org/10.1212/WNL.0b013e318270401d

Errata

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In the report, "*Mycobacterium abscessus* Infections Among Patients of a Pediatric Dentistry Practice — Georgia, 2015," on page 355, the first sentence should have read, "All water samples from the seven dental stations had bacterial counts above the **CDC** recommended ≤500 colony-forming units (CFU)/mL (average = 91,333 CFU/mL); *M. abscessus* was isolated from all water samples **(*3*)**."

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In the report, "Reduced Incidence of Chikungunya Virus Infection in Communities with Ongoing *Aedes Aegypti* Mosquito Trap Intervention Studies — Salinas and Guayama, Puerto Rico, November 2015–February 2016," the last sentence of the fifth paragraph should have read, "After adjustment for sample design, the proportion of chikungunya virus IgG antibody among participants from the two intervention communities was one half that of participants from **nonintervention** communities (risk ratio = 0.52, 95% confidence interval = 0.38–0.71) (Table)." The report was first published online as an Early Release on May 10, 2016, and is now contained in this regular May 13 issue.

In the report, "Interim Guidance for Zika Virus Testing of Urine — United States, 2016," the second sentence of the second paragraph should have read, "**Zika virus rRT-PCR testing of urine should be performed in conjunction with serum testing (*8*).**" The report was first published online as an Early Release on May 10, 2016, and is now contained in this regular May 13 issue.