

Table 1.1
**Estimated Annual Morbidity and Mortality in Nonsmokers
 Associated with ETS Exposure**

Condition	Source	Number of Cases Annually ^a	
		United States	California
Developmental Effects			
Low birthweight	Windham <i>et al.</i> , 1995	9,700-18,600 ^b	1,200-2,200 ^b
Sudden Infant Death Syndrome (SIDS)	Klonoff-Cohen <i>et al.</i> , 1995	1,900-2,700 deaths ^b	120 deaths ^b
Respiratory Effects in Children			
Otitis media	Etzel, 1992	0.7 to 1.6 million physician office visits ^b	78,600-188,700 physician office visits ^b
New asthma cases	U.S. EPA, 1992	8,000- 26,000 ^c	960-3,120 ^c
Asthma exacerbation	U.S. EPA, 1992	400,000- 1,000,000 ^c	48,000-120,000 ^c
Acute lower respiratory illness (LRI) in children up to 18 months	U.S. EPA, 1992	150,000-300,000 cases of bronchitis and pneumonia ^c	18,000-36,000 cases of bronchitis and pneumonia ^c
		7,500 to 15,000 hospitalizations ^c	900 to 1,800 hospitalizations ^c
	DiFranza and Lew, 1996	136-212 deaths ^c	16-25 deaths ^c
Lung Cancer			
	U.S. EPA, 1992	3,000 deaths ^c	360 deaths ^c
	NRC, 1986	2,590-4,040 deaths in 1985	310-485 deaths
Cardiovascular Effects			
Ischemic heart disease	Wells, 1994; Glantz and Parmley, 1991; Steenland, 1992; Wells, 1988	35,000-62,000 deaths ^c	4,200-7,440 deaths ^c

^a The numbers in the table are based on maximum likelihood estimates of the relative risk. As discussed in the body of the report, there are uncertainties in these estimates, so actual impacts could be somewhat higher or lower than indicated in the table. The endpoints listed are those for which there is a causal association with ETS exposure based on observations of effects in exposed human populations.

^b California estimates for low birthweight, SIDS, and middle ear infection (otitis media) are provided in Chapters 3, 4, and 6 respectively. U.S. estimates are obtained by dividing by 12 percent, the fraction of the U.S. population residing in California.

^c Estimates of mortality in the U.S. for lung cancer and respiratory effects, with the exception of middle ear infection (otitis media), come from U.S. EPA (1992). U.S. range for heart disease mortality reflects estimates reported in Wells (1988 and 1994), Glantz and Parmley (1991), Steenland (1992). California predictions are made by multiplying the U.S. estimate by 12 percent, the fraction of the U.S. population residing in the state. Because of decreases in smoking prevalence in California in recent years, the number of cases for some endpoints may be somewhat overestimated, depending on the relative impacts of current versus past ETS exposures on the health endpoint.