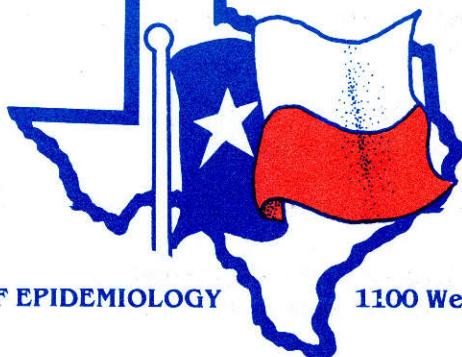


# Texas Preventable Disease



## NEWS

TEXAS STATE DOCUMENT  
COLLECTION

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BUREAU OF EPIDEMIOLOGY

1100 West 49th Street, Austin, Texas 78756 (512-458-7207)

### CALCIUM

Keynoting a recent conference on dietary calcium co-sponsored by the Texas Department of Health (TDH), Austin Dietetic Association, Texas Department on Aging, and the Associated Milk Producers, were Robert A. Marcus, MD, Stanford University School of Medicine, and Eleanor Young, PhD, UT Health Science Center in San Antonio. Osteoporosis and hypertension and their relationships to dietary calcium were the chief concerns at the conference, and Dr. Marcus and Dr. Young made the following recommendations for assuring optimal calcium levels:

1. Participate in some form of weight-bearing exercise throughout life (eg, walking briskly daily, gradually building up to a distance of several miles).
2. Insure adequate intake of dietary calcium. The Recommended Dietary Allowances (RDA) will probably be revised in July of this year from the present 800 mg per day for adults to 1,000 mg daily and possibly 1,500 mg daily for post-menopausal females.
3. Supplement dietary calcium with 500 mg of calcium carbonate in a form that yields 40% calcium bioavailability.
4. Calcium supplements containing vitamin D should be taken with caution in Texas and other areas where sunlight is readily available to avoid vitamin D toxicity.
5. Avoid high doses of vitamin A, another fat soluble vitamin which, in large doses, causes bone resorption.
6. Do not smoke. Smoking is an independent risk factor for both men and women and causes menopause to occur 3 to 4 years earlier in women.
7. Following menopause, consider estrogen replacement therapy for its effect in conserving skeletal mass, reducing fractures, and protecting against heart disease and strokes. The least hazardous regimen appears to be estrogen (0.625 mg) and progesterone given together alternated with a period of time when neither is given. This regimen lowers the incidence of breast and endometrial cancer.

### ADDITIONAL FACTS

- Osteoporosis is a quantitative, not qualitative, difference in bone. There is less bone mass per volume, but chemically it is the same.

- Blacks, due to greater adult bone mass per volume, tend to have less osteoporosis than whites. Data are needed on Hispanics.
- Skeletal loss is 0.4% yearly in males and 1% yearly in females, with accelerated losses of 8% to 10% in the two-year period at menopause.
- Women who have never borne children are at greater risk for osteoporosis.
- Thin women are at greater risk for developing osteoporosis than obese women as adipose tissue can change weak androgens to estrogen and thus enhance calcium absorption.
- Maximum bone density is achieved from birth to 30 or 35 years of age. Women beyond age 60 years tend to have less-than-optimal bone mass due to the effects of menopause and a less-than-optimal calcium intake throughout life.
- A dietary calcium-phosphorus ratio of 1:2 will assist in maintaining the body's mineral balance at the proper level.
- Persons with high blood pressure generally consume less calcium than those persons with normal blood pressure.
- Calcium supplementation (and perhaps even the RDA) is not recommended for persons with a history of calcium-related kidney stones.
- Dietary calcium does not affect arthritis development.
- Fluoride supplementation increases skeletal mass but must be accompanied by additional calcium and vitamin D; otherwise, osteomalacia may occur, and calcium may shift from the spine to arms and legs.
- The main way to decrease the risk of future fractures is to increase bone mass. An annual check for serial measurement may be indicated depending on fracture history and milk drinking habits. The average American currently consumes only half of the present 800 mg RDA of calcium. If this pattern continues, so will the occurrence of the 1.3 million fractures annually due to osteoporosis.

This article was prepared by Nancy Robinett-Weiss, MS, RD, LD, Director, Nutrition Services, Texas Department of Health.

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#### MEASLES ALERT

Measles (rubeola) is being reported in college and university students in Ohio, Michigan, Massachusetts, Missouri and Illinois. Ohio State University reported 15 confirmed cases, and the University of Michigan medical school reported five confirmed cases.

Colleges and universities in the Boston, Massachusetts, area are also experiencing a measles outbreak. Boston University reported 50 confirmed cases, and Boston College reported one confirmed case.

There is an outbreak associated with a religious school with campuses in St. Louis, Missouri, and in Illinois. This religious group is opposed to vaccinations and other medical practices. Three deaths have been associated with this outbreak because of

(Continued on Page 4)

**MONTHLY SUMMARY OF REPORTABLE DISEASES IN TEXAS**  
**Dates of Onset: January 29 to February 25, 1985**

REPORTABLE DISEASE	PHR 1	PHR 2/12	PHR 3	PHR 4	PHR 5	PHR 6	PHR 7/10	PHR 8	PHR 9	PHR 11	WEEKS 1984	5 - 8 1985	CUMULATIVE 1984	1985
AIDS											16	0	37	7
Amebiasis		2		1	2	2		2		2	21	11	33	21
Botulism											0	0	1	1
Brucellosis											1	0	4	1
Campylobacteriosis					7	5	3	1		5	3	21	4	48
Coccidioidomycosis											1	0	1	1
Encephalitis							1			1	8	2	17	7
Hansen's Disease					1			3	2		4	6	5	7
Hepatitis A	14	9	13	4	40	15	9	22	8	5	120	139	242	335
Hepatitis B	1	5		3	27	9	2	11	1	17	91	76	135	165
Hepatitis, NA-NB			1	2		2					4	5	9	11
Hepatitis, U	2	2	6	1	25		3	24	1	8	61	72	107	192
Histoplasmosis											0	0	0	0
Legionellosis					1						1	1	2	2
Leptospirosis											0	0	1	0
Malaria										1	2	1	6	6
Measles											35	0	50	2
Meningococcal Infections					4	1	1		1	4	27	11	39	27
Meningitis, Aseptic					7	1		1	1	1	22	11	31	32
Meningitis, H. flu	1	2	3	2	9	3	2			12	45	34	87	67
Meningitis, Other Bacterial					14	2	2		1	4	29	23	44	40
Mumps	2	1	1		31	3		1	3	1	17	43	29	65
Pertussis											4	0	7	0
Plague											0	0	1	0
Psittacosis											1	0	1	0
Rabies											0	0	0	0
Relapsing Fever											0	0	0	0
Reye Syndrome		1							1		10	2	11	5
RMSF											0	0	2	0
Rubella		1			1			2			2	4	6	9
Salmonellosis	1	13	4	3	14	7	3	20	4	11	65	80	139	150
Shigellosis		6	1		12	3	2	1	5	4	41	34	76	109
Tetanus											0	0	0	1
Toxic Shock Syndrome											2	0	4	1
Trichinosis											3	0	3	0
Tularemia											0	0	0	0
Typhoid											5	0	8	2
Typhus, Endemic											0	0	2	0
Chickenpox	22	141	123	32	421	151	141	286	102	489	1,661	1,908	2,224	3,265
Influenza	569	3,368	52	2,472	2,658	2,456	912	2,617	4,179	2,706	102,437	21,989	109,692	29,846
Strep Infections	146	499	31	523	702	569	271	282	161	531	5,836	3,715	7,864	6,501
Scarlet Fever	1	6	10	4	14	14	6	27	1	16	0	99	0	168

NOTE: There have been no reported cases of: Anthrax, Cholera, Dengue, Diphtheria, Polio, Q Fever, or Yellow Fever

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TEXAS POPULATION BY PUBLIC HEALTH REGION - 1984\*

PHR	POPULATION	PHR	POPULATION	PHR	POPULATION
1	392,206	5	3,566,359	9	1,478,857
2/12	758,209	6	1,491,320	11	3,783,317
3	574,926	7/10	1,584,033		
4	687,431	8	1,462,583	TOTAL	15,779,240

\*Texas Department of Health Population Data System

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CUMULATIVE TOTALS FOR DISEASES REPORTED TO THE BUREAU OF COMMUNICABLE DISEASE SERVICES  
 THROUGH FEBRUARY 1985

REGION	STATEWIDE											
	1	2/12	3	4	5	6	7/10	8	9	11	1984	1985
TUBERCULOSIS	1	1	7	3	46	7	17	10	14	70	171	176
P&S SYPHILIS	4	4	18	5	231	43	79	40	61	169	785	654
GONORRHEA	157	289	409	117	3583	913	1042	282	531	3128	10155	10451

pneumonia and other complications. As of March 11, 1985, the Illinois campus reported over 100 confirmed measles cases. Twenty-four students from these campuses have returned to their homes in Texas cities beginning on March 6.

PDN Editorial Note: Colleges and universities schedule spring breaks. With spring breaks and other college activities, there is ample opportunity for measles transmission between campuses from state to state. We urge you to intensify surveillance for rash-fever illnesses in college students during the remainder of March and throughout April. Suspected measles cases should be reported **immediately, without waiting for serologic confirmation**, to the Immunization Division, Texas Department of Health at 1-800-252-9152.

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### VIRAL ISOLATES FOR FEBRUARY 1985

<u>VIRUS</u>	<u>COUNTY OF RESIDENCE OF PATIENT(S)</u> <u>(NUMBER OF ISOLATES)</u>
Adenovirus	Galveston(1), Travis(1)
Cytomegalovirus	Dallas(3), Galveston(1), Harris(7)
Influenza A(H1N1)	Harris(1)
Influenza A(H3N2)	El Paso(2), Galveston(1), Harris(274) Travis(35)
Rotavirus	Bell(1), Dallas(4), Harris(14), Tarrant(8), Travis (3)
Respiratory Syncytial Virus	Bell(8)
<u>Chlamydia trach.</u>	Dallas(3), Harris(2), Hays(2), Travis(8)

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