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TEXAS STATE DOCUMENTS COLLECTION

WIC Program Expanding Due to Competitive Bidding for Infant Formula Rocky Mountain Spotted Fever -- Texas Safety Seat Recalls

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WIC PROGRAM EXPANDING DUE TO COMPETITIVE BIDDING FOR INFANT FORMULA

Special Supplemental Food Program for Women, Infants, and Children (WIC) in Texas anticipates providing services to an additional 95,000 participants this year--at no additional cost to taxpayers--because of a change in its formula purchasing procedures. approval of the Board of Health on January 23, 1988, Texas will now join several other states in pioneering "competitive bidding" for all its infant formula purchasing. The Texas WIC Program will save an estimated \$85.7 million or more each year by going to a single source for its formula purchases.

Since the inception of the Texas WIC Program in 1974, the cost of formula has increased from an average of 60 cents per can to the current average of \$1.50 per can. Because the cost of formula takes, by far, the largest percentage (38%) from the annual Texas WIC food budget, it was the logical place to institute cost-savings through good management procedures like competitive bidding. The major formula manufacturers were invited to bid to become the primary provider of infant formula (both milk-based and soy-based) to the Texas WIC Program. Johnson, makers of Enfamil formula, offered the highest per-can rebate, thus Enfamil will become the "standard" WIC formula for the 29-month contract period. Exceptions will be allowed only for medically-approved reasons. Since doctors and nutritionists agree that all major brands of infant formula are nutritionally adequate for proper growth and development, exceptions to the standard brand are expected to be less than 5%. WIC participants will continue to purchase formula with WIC food cards from their local grocery stores.

But formula is just one of the specific nutritious foods that WIC supplies. available include iron-fortified cereal, juice, milk, cheese, eggs, beans, and peanut butter. These foods are individually selected to meet the specific nutritional needs of low-income pregnant and lactating women, infants, and children to age 5 years who qualify for the program because they are at high risk for nutritionally related health problems. In addition to supplemental foods, all WIC participants receive monthly nutrition education, which contributes to their continuing good health.

WIC is usually a short-term intervention; the average length of time on the program is 18 However, good nutrition is critical during the most vulnerable period of growth and development if infants and children are to grow into healthy adults.

According to a recent study by the US Department of Agriculture, the WIC program is working. WIC is credited with decreasing anemia, late fetal deaths, and premature births among participants. The study also found that WIC participation contributed to increased head size of babies born to WIC mothers, improved cognitive ability among children, and increased use of prenatal medical care. Because of the many referrals WIC staff make, WIC is an important link to the health care system for individuals who otherwise might not receive adequate medical care during their vulnerable years. A study from the Harvard School of Public Health found that WIC saves over \$3 in neonatal intensive care costs for low birthweight babies for each \$1 spent on providing services.

While the benefits of WIC are available in most Texas counties, 39 counties still remain unserved (Table 1). The money saved by the new formula rebate system offers a tremendous opportunity to extend WIC into these unserved areas. TDH is actively soliciting applications from local and migrant health agencies, community action programs, or neighborhood health clinics which would like to bring the benefits of WIC to their communities.

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Although WIC is administered by TDH, it receives 96% of its funding from the federal government. WIC enjoys bipartisan support in Congress and, thus, is one of only a few programs to be exempt from the Gramm-Rudman Budget Control Act.

TDH also plans to expand the WIC program in the current service areas, especially in the major metropolitan areas where the need for services has increased beyond current program capabilities. Both the state office and the local agencies which deliver WIC services are gearing up outreach efforts to enable more of the unserved, but potentially eligible, women and children to receive benefits. It is especially important to reach women early in pregnancy when the greatest impact of the program can be realized. A crucial part of this effort is referrals from other health care providers in the public health and medical communities. For information on where to refer people in your area or information on setting up a WIC clinic in one of the unserved counties, please contact the WIC Program at (512) 465-2640, or write Debra Stabeno, Chief of the Bureau of Women, Infants, and Children, Texas Department of Health, 1100 W. 49th Street, Austin, TX, 78756.

Prepared by: Kate Kelly, Information Specialist, Bureau of Women, Infants, and Children, TDH.

Table 1. Texas counties unserved by WIC, March 1988

Armstrong	Hall	Orange
Bandera	Hansford	Reagan
Briscoe	Hartley	Real
Carson	Hemphill	Roberts
Chambers	Hutchinson	Sabine
Collin	Karnes	San Augustine
Collingsworth	Kendall	Schleicher
Crockett	Kerr	Sherman
Dallam	Kimble	Sutton
Donley	Lipscomb	Wheeler
Edwards	Menard	Wilson
Freestone	Moore	
Gillespie	Ochiltree	
Gray	Oldham	

ROCKY MOUNTAIN SPOTTED FEVER -- TEXAS

Rocky Mountain spotted fever is a bacterial infection caused by Rickettsia rickettsii. The organism is primarily a parasite of ticks and is passed through succeeding generations of ticks by transovarial transmission. Man contracts spotted fever either through the bite of an infected tick or by contamination of the skin with crushed tissues or feces of infected ticks. Symptoms of spotted fever include fever, headache, and myalgias, followed in two to three days by a maculopapular rash on the wrists and ankles. The rash then progresses to involve the rest of the body. Spotted fever is more prevalent during the spring and summer months, the months of greatest tick activity.

In 1987, 22 cases of spotted fever were reported in Texas. This is an increase of one case from the 21 cases reported in 1986. Figure 1 shows the number of spotted fever cases reported in Texas from 1982 through 1987. The highest number of cases occurred in 1983. Figure 2 shows the county of residence for the 22 cases in 1987. A majority of the cases in 1987 resided in North-Central and East Texas. This area is the endemic focus of spotted fever in Texas.

Males accounted for 17 (77%) of the 22 cases in 1987. Cases ranged in age from 3 months to 71 years. Fifty-four percent of the cases were older than 30 years of age. The majority of cases (68%) had onset of symptoms between April and August. One case each had onset in February and December.

All 22 cases experienced a fever. A majority of cases also experienced a headache, (86%); rash, (73%); malaise, (59%); myalgias, (54%); and nausea, (50%).

Two cases died giving a case-fatality ratio of 9.1%. A 3-year-old Archer County girl died in May, and a 3-month-old Jasper County boy died in September. There were no deaths aftributed to spotted fever in Texas during 1985 or 1986.

Prepared by: Jeffery P. Taylor, MPH, Epidemiology Division, TDH.

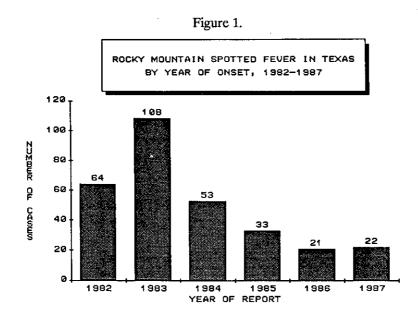
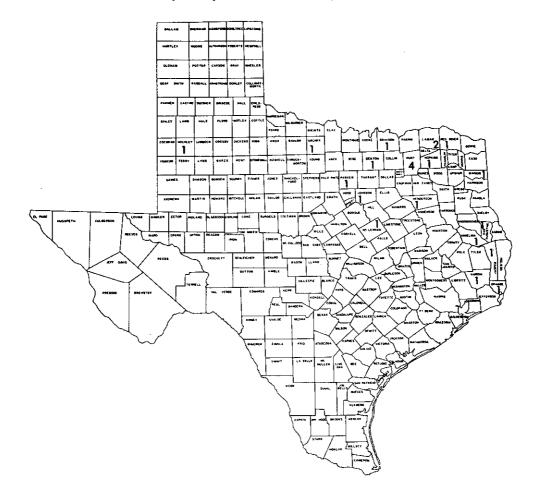


Figure 2. Rocky Mountain spotted fever by county of residence--Texas, 1987



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SAFETY SEAT RECALLS

The National Highway Traffic Safety Administration has announced several manufacturer recalls:

PRODUCT: Century 400XL car seats with model numbers 8604 and lower. Model number is found on sticker on the back of the car seat.

PROBLEM: The design of the seat makes it difficult to determine if the restraint is locked properly. Call Century toll-free at 1-800-445-9000 and ask for a free orange LOCKED/UNLOCKED sticker and instructions.

PRODUCT: Kolcraft Flip 'N' Go II booster seats.

PROBLEM: The child may be able to remove padding, and the rough surface under the padding could cause injuries in a crash. Call Kolcraft toll-free at 1-800-453-7673 for a free fix-it kit.

PRODUCT: Strolee Quick-Click booster seats.

PROBLEM: Model 605 with April 1985 stamped on the bottom failed the government crash test. A child may sustain a head injury in an accident. Return to the point of purchase for a free exchange. If you have problems, call Strolee toll-free, 1-800-421-5021.

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