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Texas Preventable Disease NEWS

contents:

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CIGARETTE SMOKING: THE BOTTOM LINE*

- Estimated medical costs and loss of productivity due to smoking amounted to $47 billion in 1980. Medical costs were estimated at $11 billion; loss of productivity, at $36 billion. (American Health Foundation)

- Workers who smoke have an absenteeism rate 30% to 40% higher, and have a 50% greater chance of hospitalization than their nonsmoking colleagues. (National Center for Health Statistics)

- Estimates indicate that when compared to nonsmokers, smokers spend nearly 150 million more days in bed and 81 million more days off the job than do persons who have never smoked. (National Center for Health Statistics)

- It has been estimated that 146 million workdays per year are lost in the US alone because of smoking-related diseases. (World Smoking & Health , Spring 1984, p. 36)

- Some workers smoke actively, some passively. Unfortunately, the hazards for those who involuntarily take in their colleagues' smoker's sidestream -- which contains relatively high concentrations of known carcinogens -- can be significant. In San Diego, evidence has been found of small airway obstructions in nonsmokers employed for 20 or more years in enclosed working areas in which smoking was permitted; the impairment was equivalent to that found among smokers who inhaled up to ten cigarettes per day. (World Smoking & Health, Spring 1984, pp. 2, 46)

- Employers are spending on the average almost $300 extra per smoker each year in insurance claims alone. (American Council of Life Insurance)

- One study of job-related accidents found that the total accident rate among smokers is twice that of nonsmokers, precipitated by loss of attention, preoccupation of the hand, eye irritation, and coughing. (ACLI)

- Cigarette smoking can damage rugs, floors, equipment, furniture, and curtains -- and the employer generally foots the bill. In workplace settings with no-smoking policies, employers can expect to save at least $500 per smoker per year from replacement of furnishings and equipment, according to one study. (ACLI)

- Smoke also places an extra load on the company's air conditioning equipment. The air conditioning level required to clear a smoke-filled room may be up to six times that of a room where smoking does not occur. (ACLI)

- Between 20% and 30% of US businesses have some kind of restriction on smoking at work, according to Action on Smoking and Health.

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*Courtesy of the American Cancer Society

- Smoking-related disorders, including heart disease and other illnesses, cause 340,000 premature deaths each year and cost the nation $27 billion in medical care. (American Cancer Society)

- Jess Bell, head of the Cleveland-based Bonne Bell Inc., has a long-standing offer of $250 to any employee who stops smoking for at least six months. However, if the employee resumes smoking within a year, he or she must pay back $500. (Cleveland Plain Dealer, February 12, 1984)

- One study estimates that the measurable annual social cost of smoking per capita is on the order of $200. Medical care necessitated by smoking-related illness translates into an annual economic burden on the typical nonsmoking, working-age adult in excess of $100 in taxes and health insurance premiums to pay for the health care needs of the victims of smoking. (NYSMJ, December 1984, Kenneth E. Warner, p. 1273)

- In 1980, the medical costs for cancer exceeded $10 billion. Cancers of all types required 26 million days of care in short-stay hospitals and 27 million visits to physicians for diagnosis and treatment. (Oncology Times, May 1984)

- Each smoker costs his or her employer over $4,000 a year, according to figures compiled by William L. Weis, assistant professor at the Albers Graduate School of Business, Seattle, Washington. The breakdown of his estimate is as follows:

  Absenteeism runs 2.2 more days each year, at a cost of $110 a day (based on a personnel cost of $20,000 per employee).

  Medical-care benefits are used 50% more [by smokers - ed.] than by nonsmokers, at an annual cost of $230.

  Earnings are lost to the employer because of the smoker's sickness and/or early death, at a cost of $765.

  Accidents cost an estimated $45.

  Fire insurance costs go up an estimated $45.

  Lost productivity for smoking breaks, etc., is estimated at $1,820.

  Damage or maintenance for smoke pollution costs $1,000.

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NOTICE TO READERS

The Editor of Texas Preventable Disease News (PDN) welcomes written accounts of communicable disease and other public health problems encountered and investigated by local health professionals throughout the state. During 1982, numerous articles published in PDN were contributed by individual health care workers in Texas. The Bureau of Epidemiology encourages public health workers to share their experiences and information relating to matters of professional public health interest or concern. Previously published accounts of this nature have been favorably received by the readership. Interested authors are requested to contact the Editor of PDN for additional information pertaining to general guidelines for publication at (512) 458-7207 or Tex-An 824-9207.

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TUBERCULOSIS CONTROL DIVISION NOTES

Tuberculosis Morbidity Increase:

Texas is among several states reporting significant increases in the number of cases of tuberculosis reported during the first nine months of 1985. As of September 30, 1233 cases were reported in Texas. This is a 5.9% increase over the same period in 1984. The Division of Tuberculosis Control is analyzing data to identify more precisely population groups in those cities and regions experiencing increased tuberculosis morbidity. The Division's preliminary review of tuberculosis morbidity indicates that the greatest increases are being reported in the metropolitan areas of Dallas and San Antonio and in Hidalgo and Cameron counties. While other contributing factors are also being investigated, one cause for the increased morbidity in the border counties is the importation of tuberculosis from Central America and Mexico.

Refugee Screening for Tuberculosis:

Since 1975, almost one million refugees have resettled in the United States. Approximately 100,000 are now residing throughout Texas. Refugees from Indochina account for about 74% of all US arrivals. It is estimated that there are 200,000 individuals in Southeast Asian refugee camps awaiting repatriation or resettlement to third countries. Of these refugees, five to six thousand are expected to arrive in Texas during fiscal year 1986.

The basic overseas medical examination of refugees consists of screening for tuberculosis disease, five venereal diseases, Hansen's disease, certain mental defects and disorders, and physical defects, diseases, or disabilities which are serious in degree or permanent in nature amounting to a substantial departure from normal physical well-being. Some refugees are excluded from admission to the US and others are granted entry under various health waivers. Waivered refugees are well identified to local US public health authorities and present few problems of any medical significance.

Local health care providers have assisted in identifying and eliminating problems which may prevent or impede refugees from achieving self-sufficiency. These problems include medical conditions for which screening was not performed and follow-up services for extended disease treatment and/or preventive therapy. The main health problem of refugees, perhaps exceeded only by the stress of resettlement itself, is tuberculosis. Eleven percent of newly reported tuberculosis in Texas is occurring in the state's Asian population. Prior to arrival in the US, refugees are examined for tuberculosis disease but are not routinely skin tested for tuberculous infection. Since October 1984, a special effort to skin test all newly arriving refugees has been undertaken in Texas. The FY 1985 results are as follows:

1. 3,388 refugees were tuberculin skin tested,
2. 1,236 (36.5%) were significantly reactive,
3. 843 (68.2%) started preventive treatment, and
4. 393 (31.8%) received disease-risk counseling.

In view of these results, refugees must be considered one of the state's highest risk groups for tuberculosis infection and should continue to be skin tested promptly upon arrival in Texas and provided appropriate follow-up care.

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VIRAL ISOLATES FOR SEPTEMBER 1985

VIRUS	COUNTY OF RESIDENCE OF PATIENT(S) (NUMBER OF ISOLATES)
Adenovirus	Harris (2)
Cytomegalovirus	Harris (8), Dallas (3)
Coxsackie B2	Bell (2)
Coxsackie B3	Bell (1)
Echovirus 4	Bell (2)
Echovirus 6	Tarrant (1)
Echovirus 9	Harris (1)
Echovirus 11	Jefferson (1)
Enterovirus	Bell (4), El Paso (1), Harris (2), Dallas (2)
Rotavirus	Harris (1)
Varicella/Zoster	Harris (1), Travis (1)
Chlamydia trach.	Bell (5), Harris (7), Potter (1), Travis (10)

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