# **News and Notes**

### INFANTS DISCHARGED ONE DAY AFTER BIRTH DO AS WELL AS THOSE WITH LONGER HOSPITAL STAYS

A study conducted in a large Massachusetts HMO and sponsored by the federal Agency for Healthcare Research and Quality found that infants discharged one day after an uncomplicated vaginal birth fared as well as those who had longer stays. This study included data on more than 20,000 mother-infant pairs and was headed by Jeanne M. Madden, PhD, and Stephen B. Soumerai, ScD, from Harvard Medical School and Harvard Pilgrim Health Care in Boston. The study found that both emergency room visits and readmission rates remained constant after the state established a minimum 48-hour stay in the hospital for newborns. The study reviewed records for an eight-year period, which included both one-day stays and extended stays. During that time, 1.1% of newborns had emergency room visits that did not require readmission, and 1.5% was readmitted within the first 10 days after birth. The percentage of infants receiving clinical evaluations on the third or fourth day after birth was the only difference found between one-day and extended stays in the hospital. It dropped from approximately 64% to 53% after the state required longer hospital stays.

A full report of this study is available at http:// www.ahrq.gov/news/press/pr2002/maddenpr.htm

### AHRO DATA SHOWS THAT PEOPLE WITH CHRONIC CONDITIONS CONTINUE TO SMOKE

The Agency for Healthcare Research and Quality (AHRQ) has released new data derived from a selfadministered questionnaire included in its Medical Expenditure Panel Survey (MEPS), which was conducted in late 2000 and early 2001. The study found that approximately 37.9% of people with emphysema, 24.8% of people with asthma, 20% of people with hypertension or cardiovascular problems, and 18.5% of people with diabetes reported that they currently smoke. Three out of five smokers who have one of these chronic conditions also reported that their doctor had advised them in the previous year to stop smoking. In addition, 57% of smokers in general had been counseled by their physicians to stop smoking.

The information found in this study was used in conjunction with demographic, chronic condition, and preventive care data collected by MEPS's nationally representative survey of people over 18 who were not in the military or living in institutions. Approximately 15,600 people responded to this survey.

The data are published in a MEPS statistical brief, available on the ARQ website at http://www.meps.ahrq .gov/PrintProducts/PrintProd\_Details.asp?ID=479

#### U.S. CONFUSION ABOUT SMALLPOX

A survey conducted by Robert J. Blendon from the Harvard School of Health shows that the U.S. public is "deeply confused over just about every aspect of smallpox." The survey was conducted by phone over a span of two months with randomly selected adults.

Results showed that 30% of respondents believed there has been a case of smallpox in the U.S. in the past five years, and 63% believed that there has been one somewhere in the world. In actuality, the last reported case in the U.S. was in 1949, and the last in the world was in 1977. It also found that two-thirds of Americans say they would like to be vaccinated. The vaccine will be mandatory for only approximately 500,000 military personnel and recommended for another half-million personnel working in emergency rooms and on special smallpox response teams. Twentyfive percent of respondents reported believing that it was likely that they would die from receiving the vaccine, when the actual death rate from the vaccine is estimated to be fewer than three per million. The results showed that 78% of those responding reported that they believed that medical treatment for smallpox would prevent death or serious illness; in reality, there is no proven treatment after symptoms become present. Only 16% of respondents reported thinking that the country has enough vaccine to administer to everyone in the event of a smallpox attack, but the government refutes this, stating they have enough for all. Finally, 58% did not believe that vaccination within a few days of exposure would prevent people from contracting smallpox, when in fact it will.

The report also includes scenarios of possible bioterrorist attacks involving smallpox and their potential

For more information, visit www.naccho.org.

## LINK BETWEEN TOOTH LOSS AND STROKE RISK

A study funded by the National Institutes of Health found a strong correlation between tooth loss and periodontal disease and ischemic stroke. The study involved a group of 41,380 men, mostly consisting of white dentists, veterinarians, pharmacists, optometrists, osteopathic physicians, and podiatrists, who were between the ages of 40 and 75 at the beginning of the twelve-year study. Questionnaires inquiring about medical history, health behaviors, and the occurrence of cardiovascular problems were mailed to participants every two years. Out of the total number of participants, there were 349 ischemic strokes. This study, the Health Professionals' Follow-Up Study, found that men who had fewer than 25 teeth at the onset of the study had a 57% higher risk of ischemic stroke than those with 25 or more teeth. Those subjects with 17 to 24 teeth had a 50% higher risk of having a stroke, those with 11 to 16 teeth had a 74% higher risk, and those with 10 or fewer teeth had a 66% higher risk of stroke compared to those who had most of their teeth. This study also supplied a surprising and unexplained finding that the association between tooth loss and stroke was higher among those reporting to be nonsmokers than among participants reporting to be smokers. However, smoking tobacco is a risk factor for both ischemic stroke and periodontal disease. This study was also the first to examine the timing of tooth loss and the effect on stroke risk.

The report on the study contains more information on confounding variables that are present as catalysts for both tooth loss and stroke.

More information can be found by visiting www .nih.org or the www.americanheart.org. In addition, a report was published in the *Journal of the American Heart Association* in December 2002.

## MORE AMERICAN CHILDREN RECEIVED HEALTH INSURANCE IN EARLY 2002

The Health and Human Services' (HHS) Centers for Disease Control and Prevention (CDC) conducts an annual survey that inquires about health insurance and other health indicators for Americans. This survey found that the percent of American children with health insurance increased in the first half of 2002, with half a million more children now covered by insurance than in 2001. However, as the number of covered children increases, the number of children who depend on public coverage such as the State

Children's Health Insurance Program (SCHIP) increases as well. The survey found that the percent of children ages 17 and younger who did not have health insurance declined from 13.9% in 1997 to 9.8% in 2002. Dependence on public programs increased to 23.4% in 2001, and then again to 27.2% in 2002. Children covered by private plans dropped from 67.1% in 2001 to 64.5% in 2002, as the number of those covered by public plans rose. Overall, the study concluded that 14.2% of the population, approximately 39.4 million Americans, were without health insurance in the beginning of 2002, which is down from 15.4 percent in 1997.

For a full report of the findings of this survey visit http://www.cdc.gov/nchs.

#### **WEST NILE UPDATE**

In 2002, both the geographic range and the number of cases of West Nile virus (WNV) increased. WNV was reported in 2,289 counties in 44 states including the District of Columbia (DC) in 2002, compared to reported cases in 359 counties in 27 states including the District of Columbia in 2001. In 2002, 3,389 cases of human WNV were reported; of these, 2,354 were West Nile meningoencephalitis (WNME), 704 were West Nile fever (WNF), and 331 were an unspecific illness. The peak in infection of WNME cases occurred during the week ending August 24. In addition to human infection, there was a significant increase in animal infection, with a total of 9,144 non-human mammal cases in equines and other species in 2002. These cases had illness onset dates from January 3 to November 8.

Older people have a higher risk for WNME and death resulting from illness. The epidemic demonstrates a need for "intensive ecologic surveillance to detect early season WNV activity." The 2002 epidemic was the largest arboviral meningoencephalitis epidemic documented in the western hemisphere. Suggested preventive activities include public education programs that urge residential source reduction and personal protective measures to reduce exposure from mosquitos; development of a long-term mosquito surveillance and control program; and emphasis on the control of *Culex* mosquitoes, specifically in urban and suburban areas.

For more information, see the Morbidity and Mortality Weekly Report for the week of December 20, 2002, Volume 51, no. 50. An online copy can be found at http://www.cdc.gov/mmwr.