A Message from the Editor

This issue of *Public Health Reports* contains a number of very interesting articles across a range of public health topics, including maternal obesity and the resultant risk of infant death, ethnic disparities in stroke recognition, economic benefits of Hepatitis B vaccination at sexually transmitted disease clinics, and the efficacy of safe nail gun use in residential construction. A common theme among many of these articles is the idea of prevention. The latter article, entitled "How Much Time Is Safety Worth? A Comparison of Trigger Configurations on Pneumatic Nail Guns in Residential Framing" (p. 481), is an intervention study on productivity related to safe nail gun practices. The overall study results showed there was no significant difference in productivity using a safe trigger mechanism (i.e., a trigger mechanism that allows nails to be fired only when the nose of the gun has been firmly placed on the target).

Although the person shown in the cover photo of this issue lived, nail gun injuries can be very serious. According to data from the Centers for Disease Control and Prevention, nail gun injuries as measured by emergency department visits more than tripled between 1991 (4,200) and 2005 (14,800). Although nail guns are principally an occupational risk, 40% of related injuries were sustained by nonworkers (i.e., consumers who purchase nail guns at home improvement stores and who are not professionally involved in construction or carpentry).[1] As with many occupational injuries, nail gun injuries are very preventable by proper design and use of engineering controls, good work practices, and adequate training and supervision.

The *Surgeon General's Perspectives* column in this issue takes a look at deep vein thrombosis (DVT) and pulmonary embolism (PE). DVT and PE are related to an estimated 100,000 deaths per year, many of which can be prevented. In the column, RADM Steven K. Galson describes the medical, public health, and economic costs incurred as a result of DVT and PE. He also encourages *PHR* readers to become aware of risk factors to help with early prevention, diagnosis, and treatment for these conditions.

On the topic of preventable injury and death, I attended a lecture recently at the Cincinnati Children's Hospital Medical Center on the prevention of shaken baby syndrome (SBS). Local news stories all too frequently present stories of babies who are severely injured or die from SBS. In fact, one study estimated that 1,200 to 1,400 cases of SBS occur each year in the U.S. that result in severe head trauma, and approximately 20% to 25% of these cases are fatal. The same study revealed that about 30/100,000 children younger than age 1 have suffered SBS-related brain injuries.[2] According to the National Institute of Neurological Disorders and Stroke, shaken baby injuries have a much worse prognosis in comparison with accidental traumatic brain injuries. Blindness is common and the majority of infants who survive severe shaking will have some form of permanent neurological or mental disability, such as cerebral palsy or mental retardation, which may not be present until the child is older. Plus, children with SBS may require lifelong medical care.[3] As pervasive and tragic as SBS is, it is important to note that it is preventable.

There is a good news/bad news story to this important public health problem. While there is no denying the magnitude of injuries and death from SBS, substantive progress continues to be made toward assessing the scope of the problem as well as in developing prevention programs. *PHR* readers are directed to a special supplement on this topic in the April 2008 issue of the *American Journal of Preventive Medicine* at http://www.ajpm-online.net/issues/contents?issue_key=S0749-3797(08)X0005-4.

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