



Kansas City, Missouri, Health Department,  
Office of Epidemiology & Community Health Monitoring



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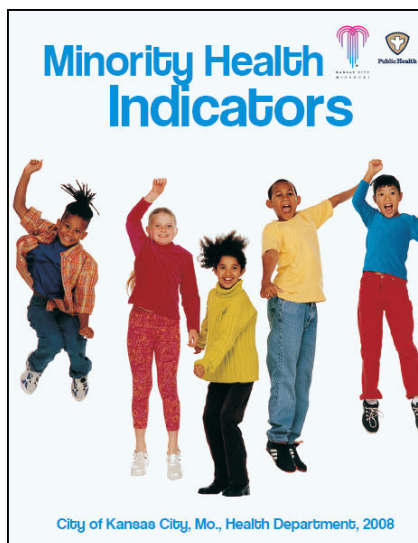
# Community & Hospital Letter

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## No Closure of Health Disparities Gaps

While the health of the non-Hispanic black population in Kansas City saw many improvements over the 15 years between 1991 and 2005, there was no narrowing of most health disparity gaps between non-Hispanic blacks and non-Hispanic whites, according to the *Minority Health Indicators* report just published by the Kansas City Health Department ([www.kcmo.org/health](http://www.kcmo.org/health)). The report examines select indicators related to births, deaths, HIV and other sexually transmitted diseases.

The new report updates and expands on an earlier report released in May 2000 entitled, *Is it Good for the Chil-*



*dren? Minority Health Indicators.* The 2000 report established baseline information regarding health disparities in various health indicators between the majority (white) population and the minority populations, with emphasis on the black population, in the community.

The 2008 report updates and expands that information and includes limited data regarding the Hispanic population as well. As the Hispanic population continues to grow in Kansas City, future updates of minority health indicators will include more expansive information on that group.

## Raw Milk, a Dangerous Food

**IN MID-MAY**, the Missouri Department of Health and Senior Services and the Missouri State Milk Board together warned Missourians that drinking raw goat or cow milk, or eating products made from raw milk, can lead to very serious illness and even death. The elderly, young children, pregnant women and immune-compromised individuals are at especially high risk of infections from raw dairy products.

Raw milk and products made with it are those that have not gone through the pasteurization process, which kills harmful organisms by heating the milk to a specific temperature for a set length of time. Raw milk can potentially contain a wide variety of harmful bacteria, including *Salmonella*, *Escherichia coli* O157:H7, *Listeria*, *Campylobacter*, and *Brucella*, all of which can cause serious ill-

ness and possibly even death.

Between 2005 and 2008, outbreaks of illness associated with the consumption of raw milk or products made from raw milk were reported in various states. Examples include, *Campylobacter*—Kansas, Georgia, and Utah; *Salmonella*—Illinois and Pennsylvania; and *Escherichia coli* O157:H7—California, Oregon, and Washington. Some of these outbreaks were associated with certified raw milk dairies, but most were not.

There is a long history of foodborne illness outbreaks associated with raw milk or cheese made from raw milk. Raw milk was 1<sup>st</sup> recognized as a hazardous food about 100 years ago. Pathogens that infect humans are shed in the feces of cows and goats and can contaminate milk

## Community & Hospital Letter

during the milking process. Using standard hygiene practices during milking (such as, washing hands, keeping equipment clean, and keeping the milking area separated from other areas) can reduce but not eliminate the risk for milk contamination. Pasteurization decreases the number of pathogenic organisms, prevents transmission of pathogens, and has been determined to improve the safety of raw milk more than other measures, including certification of raw milk.

Because raw milk certification has failed to prevent many raw milk-associated infections, consumers should not assume that certified raw milk is free of pathogens. To prevent salmonella and other infections, they should not drink raw milk.

Raw milk products that should be considered unsafe include soft cheeses such as Brie and Camembert, and Mexican-style soft cheeses such as Queso Fresco, Panela, Asadero and Queso Blanco, unless they are made from pasteurized milk. Other products that could be considered unsafe if made from unpasteurized milk include cream, yogurt, pudding, ice cream and frozen yogurt.

Although many people are aware that raw milk can contain bacteria that cause disease, some believe that it has potential benefits over pasteurized milk, such as greater nutritional value, vitamins that are present naturally rather than added, and even protection against tooth decay. However, research has not shown any benefit of raw milk over pasteurized milk.

In Missouri, it is legal for farmers to sell raw milk products directly to the people who will consume it. A farmer can sell raw milk or cream, at the farm where it originated, or deliver it to the customer for the customer's own use. However, if a producer wishes to sell retail raw milk or cream at a farmers' market or any other retail venue, a permit must first be obtained from the Missouri State Milk Board; no producers currently have a retail permit to sell raw milk or cream in Missouri. Permit holders must comply with the regulations pertaining to the proper bottling, capping and labeling of raw milk products. Compliance with these regulations does not ensure raw milk is free of harmful bacteria.

For more information on the health risks of raw milk, go to [www.cfsan.fda.gov](http://www.cfsan.fda.gov) and click on raw milk.

## Potpourri

**NINETY-FIVE PERCENT OF ADULTS** had chickenpox as a child and as many as a third will, at some point in their life, develop shingles as a result of that infection. It is estimated that 1 million cases of shingles are diagnosed annually in the US. In 2006, Kansas City residents made 227 visits to hospital emergency rooms because of shingles (herpes zoster) and 26 persons were admitted to the hospital. These numbers are similar to what was reported in 2005.

Shingles is the result of reactivation of latent human (alpha) herpesvirus 3 (aka varicella-zoster virus), the agent responsible for chickenpox. It manifests itself as a blistering skin rash that usually lasts about 4 weeks, but 20% of cases develop long-term nerve pain. Anyone who has had chickenpox can develop shingles because the virus remains in the

nerve cells of the body after the chickenpox clears and it can reappear years later causing shingles. The condition is most common in adults  $\geq 60$  years of age and there is some evidence that the disease runs in families (*Arch Dermatol* 2008;144:603-608). Persons with zoster can transmit the virus to individuals susceptible to chickenpox who may then develop that condition.

**The Centers for Disease Control & Prevention is recommending that all adults >60 years of age receive vaccination against shingles.**

In May, the Advisory Committee on Immunization Practices (ACIP) promulgated its first recommendations on the use of the live attenuated shingles vaccine among adults aged  $\geq 60$  years in the United States (*MMWR Recomm Rep* 2008;57:RR-5). And, based on the ACIP findings, the Centers for Disease Control and Prevention now recommend that all adults  $\geq 60$  years of age, unless otherwise contraindicated, receive the shin-

gles vaccine. Chronic health conditions and/or a history of previous zoster are not contraindications to vaccination.

Vaccination is available for a fee through the Kansas City Health Department's Adult & Travel Immunization Clinic; call 816.513.6128 to schedule an appointment.

**NAMES OF FLU VIRUSES** appearing in the scientific literature have undergone something of a mutation this year [2008]. The group of H5N1 avian flu viruses, once known as "Fujian-like," has morphed into "Clade 2.3.4," and its "Qinghai-like" cousin is now called "Clade 2.2." They are part of a complete revision of H5N1 nomenclature recommended by the World Health Organization (WHO) ([www.who.int/csr/disease/avian\\_influenza/guidelines/H5VaccineVirusUpdate20080214.pdf](http://www.who.int/csr/disease/avian_influenza/guidelines/H5VaccineVirusUpdate20080214.pdf)).

H5N1 viruses are classified on the basis of their hemagglutinin genetic sequence into 10 phylogenetic clades -- distinct branches of the virus' family tree - and the new system names the viral subgroups according to their position in the tree.

**THERE ARE JUST** a few initial sources of annual, seasonal influenza epidemics—these viruses then spread around the world before dying out. Those initial sources are in east and southeast Asia, areas where flu epidemics can occur almost year-around (*Science* 2008;320:340-346).

**POULTRY FROM THE US** currently is banned in the European Union (EU) because carcasses are chemically disinfected with antimicrobial solutions to kill pathogenic bacteria. The position of the EU is that the US needs to implement hygienic controls throughout the hatching and rearing cycle similar to those in the EU to better ensure that bacterial contamination does not develop in the first place. The US poultry industry uses chlorine dioxide, acidified sodium chloride, trisodium phosphate, and peroxyacids for cleaning poultry carcasses. The EU ban put in place in 1997 in response to health concerns over the

disinfection chemicals.

**DEATH ON THE JOB**, although rare, occurred 167 times in Missouri during 2006, according to the US Department of Labor. Transportation-related incidents accounted for 45.5% of the deaths, while assaults and violent acts accounted for 16.8%, falls 13.8%, contact with objects and equipment 12.6%, and exposure to harmful substances or environments 10.2%. Ten of the 28 deaths from assault/violent acts were from self-inflicted injuries. Men comprised 92.2% of the decedents and 88.6% of the deaths occurred among non-Hispanic whites. Fifty-eight (34.7%) of the persons who died were self-employed. By age group the deaths were distributed as follows: 18-19 y-5; 20-24 y-10; 25-34 y-26; 35-44 y-32; 45-54 y-34; 55-64 y-25; and  $\geq 65$  y-33.

**DRINKING LOTS OF WATER** each day has been promoted as a way to achieve good health with the "extra water" leading to more toxin excretion, improving skin tone, reducing hunger sensation, and reducing headache frequency. However, when put to the test, there is no real good science or much science at all to support these claims (*J Am Soc Nephrol* 2008;2 April epub ahead of print). While it may not help a person to drink lots of water, it may not harm them either. For the average healthy person more water does not mean better health.

**HEALTH DISPARITIES AMONG ADULTS** with hearing loss has been examined by the National Center for Health Statistics (NCHS) using data from the *National Health Interview Survey* ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)).

Adults who were deaf or had a lot of trouble hearing were about 3 times as likely as adults with good hearing to be in fair or poor health and to have difficulty with physical functioning, such as walking, bending, reaching, etc. They were 4 times more likely to have serious psychological distress. Adults who had a little trouble hearing also had higher rates of these health problems compared to persons with good hearing. Diabetes and high blood pressure were more prevalent among adults who were deaf or had

a lot of trouble hearing than those with good hearing. These disparities were greatest among persons  $\geq 65$  years old.

In 2006, 37 million adults had trouble hearing, a substantial increase from 31.5 million adults in 2000, according to the NCHS.

**CHRONIC DISEASE CONDITIONS** such as heart disease and stroke, often associated with a Western lifestyle, have become the chief causes of death globally, according to the World Health Organization's *World Health Statistics 2008*. The shift from infectious diseases, traditionally the biggest killers, to non-communicable diseases will continue through 2030. By that year, deaths due to cancer, cardiovascular diseases, and traffic accidents are projected to account for about 30% of all deaths in the world.

**IT SOON WILL BE MOSQUITO SEASON** in Kansas City and along with it comes the risk of contracting West

Nile virus. Personal protection products that contain one of the following Environmental Protection Agency approved active ingredients typically provide reasonably long-lasting protection: DEET, Picaridin, Oil of Lemon Eucalyptus (PMD), or IR3535. Products that contain one of these ingredients should provide repellent activity sufficient to help people avoid the bites of mosquitoes.

**ON THE 7<sup>TH</sup> OF JUNE**, the new voter approved smoking ban for restaurants goes into effect in Kansas City. One of the benefits noted from such bans is that teens in communities with complete smoking bans are 40% less likely to become established smokers compared with their peers in areas with weak restrictions (*Arch Pediatr Adolesc Med* 2008;162:477-483).

**HEART DISEASE** is typically considered a problem of humans, however, it also a major killer of lowland gorillas kept in captivity. Gorillas, particularly males in their 20s and 30s, are dying, often suddenly, from progressive heart ailments ranging from aneurisms to valvular disease to cardiomyopathy. Some gorillas have been fitted with pacemakers because of their heart disease.

A study of captive gorilla deaths found that 41% overall and 70% of those among males >30 years old, were from heart disease, mainly fibrosing cardiomyopathy in which healthy heart muscle turns into fibrous bands unable to pump blood (*Proc Am Ass Zoo Vet* 1994;1:216-218). Why the gorillas are developing heart disease, how many have heart disease, and other such questions are major unknowns. Zoo veterinarians, cardiologists, epidemiologists and others established the *Gorilla Health Project* in November 2006 to try to obtain some answers and improve the animals health. But there are plenty of practical problems to be overcome such as safely obtaining echocardiograms.

STAT-SHOT		
Top 10 reasons for emergency department visits & hospital admissions, KCMO 2006		
Rank	Emergency Department Visits	Hospitalizations
1	Injury	Pregnancy/birth
2	Respiratory diseases	Cardiovascular diseases
3	Digestive system diseases	Respiratory diseases
4	Genitourinary diseases	Injury
5	Mental disorders	Digestive system diseases
6	Infectious diseases	Mental disorders
7	Pregnancy/birth	Genitourinary diseases
8	Cardiovascular diseases	Cancer
9	Diabetes	Infectious diseases
10	Alcoholism	Diabetes

**Healthy People, Healthy Communities**

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