



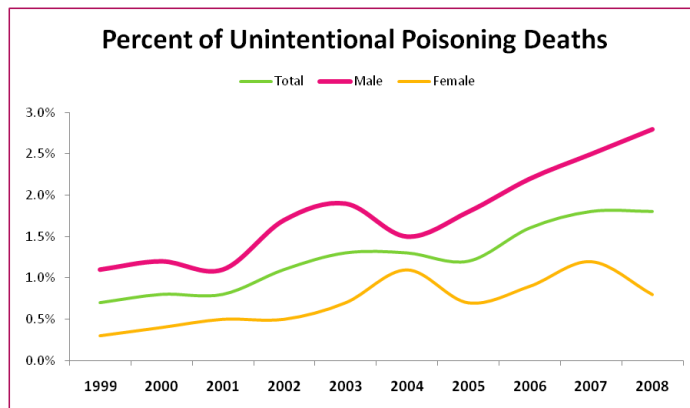
# Community & Hospital Letter

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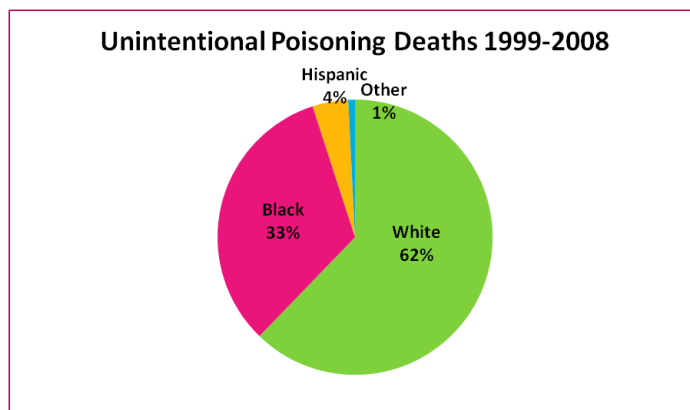
## Deaths Due to Unintentional Poisoning

In 2007, Kansas City residents experienced 1,526 injuries as the result of poisoning, with the vast majority (85.1%) being attributed to drugs or alcohol. Overall, of the poisoning injuries, 41.2% resulted in persons being hospitalized; 46.0% for poisonings related to drugs/alcohol but only 14% for persons poisoned by other substances.

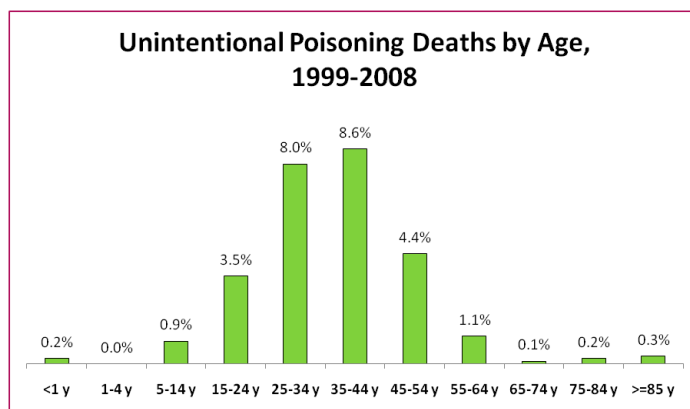
Injuries are characterized by intent (assault, legal intervention, self-injury, unintentional, intent unknown). For example, in 2007, of the 1,526 poisoning injuries in Kansas City, 708 (46.4%) were considered unintentional.



Poisoning/overdose injuries, KCMO 2007			
Intent	Drugs/Alcohol	Other	Total
Assault	1	1	2
Legal intervention	0	6	6
Self-injury	620	41	661
Unintentional	552	156	708
Unknown	125	24	149
<b>Total</b>	<b>1,298</b>	<b>228</b>	<b>1,526</b>



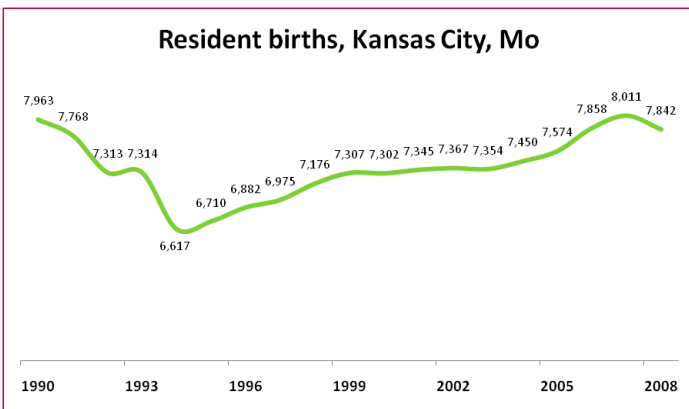
Of the 38,785 residents deaths in Kansas City between 1999 and 2008, unintentional poisoning deaths accounted for 1.2%. The percent of such deaths, however, has more than doubled over the 10 year period from 0.7% of deaths in 1999 to 1.8% in 2008. While the death rate among men was higher and increased more sharply than that for women, the increasing trends in deaths for both sexes were, statistically, highly significant. The distribution of the unintentional poisoning deaths by race/ethnicity is somewhat similar to that of the composition of the community. The highest rates for unintentional poisoning deaths occur among younger adults.



# Potpourri

**THE COMMUNITY Health Assessment 2009** final report is now available at [www.kcmo.org/CKCMO/Depts/Health/index.htm](http://www.kcmo.org/CKCMO/Depts/Health/index.htm) under medical publications. The entire report or individual sections can be downloaded in .pdf format. Within a couple of months, the Office of Epidemiology & Community Health Monitoring will begin posting draft sections of the *Community Health Assessment 2010* report.

**A 2.1 % DECLINE** in births occurred in Kansas City during 2008, the first significant decline since 1995 . There were 187 fewer births compared to 2007. Births to non-Hispanic whites, non-Hispanic blacks, and Hispanics all declined, 1.6%, 1.2%, and 6.9%, respectively. The only group for which births increased was Asians, with a 43% increase (from 251 to 359 live births). Native American births remained unchanged.



While both the number of births and the birth rate have been increasing nationally in recent years (*Natl Vital Stat Rep 2009;57:12*), preliminary data for 2008 suggests that the number of births declined (*Natl Vital Stat Rep 2009;58:3*); data from both Missouri and Kansas would support that observation.

The National Centers for Health Statistics analyzed US pregnancy rates (live births + legal abortions + fetal deaths) from 1976 through 2005 and found that the rates had declined significantly (*Natl Vital Stat Rep 2009;58:4*). There were 6% fewer pregnancies that ended in 2005 compared to the recent historic high in 1990. The decline in the pregnancy rate was ~11%, but very similar to the rate in 1976. During the period 1990-2005, the

pregnancy rate for married women declined 8% while the rate for unmarried women declined 11%.

**WOMEN WHO ARE OBESE** and who become pregnant have a variety of negative birth and newborn outcomes. In addition, these women are at risk of retaining at least 40% of their pregnancy weight gain a year later and the more weight they gained, the more likely their retained gain was to exceed 10 lb (*Obstet Gynecol 2009;1069-1075*).

In May 2009, the Institute of Medicine released its first revision in 19 years to the recommendations on weight gain during pregnancy. The new recommendation advised pregnant obese women to gain between 11 and 20 lb. These guidelines still may be too high and are being evaluated as some studies suggest that little or no weight gain results in better outcomes. The federally funded “Healthy Moms” clinical trial of weight control in pregnancy will assess the new weight gain guidelines for obese pregnant women. It is currently enrolling women who live in the states of Oregon and Washington.

The Kansas City Health Department published on pre-pregnancy overweight status between successive pregnancies (*J Women’s Health 2009;18:1413-1417*). The analysis looked at women who were overweight (but not obese) prior to their first pregnancy and their prepregnancy weight status at their next pregnancy. At 2<sup>nd</sup> pregnancy, 55% of the women remained overweight, 33% were obese, and 12% were of normal weight or underweight. The shift from overweight to obese was associated with being unmarried and having a birth interval  $\geq 18$  months. The shift to normal weight or underweight was associated with weight gain during the 1<sup>st</sup> pregnancy.

Five birth and newborn outcomes also were examined, but only a increased need for emergency cesarean sections was associated with the change in prepregnancy weight status from overweight to obese. The findings emphasized the need for overweight women to focus on appropriate weight gain during pregnancy and the loss of pregnancy-related weight during the postpartum period.

**PREGNANT WOMEN ARE** one of the priority high-risk groups identified to receive the both seasonal influenza and the H1N1 “swine flu” vaccines because they are at higher risk of dying from influenza (*Obstet Gynecol* 2009;114:885-891). Newer studies are now demonstrating that fetuses born to women who have influenza are at risk for developmental and health problems later in life.

Prenatal exposure to the 1918 pandemic influenza virus was associated with >20% excess in cardiovascular disease at age 60 to 82 years; men were affected more than women (*J Develop Origins Health Dis* 2009;doi:10.1017/S2041174409990031). Adult height at World War II enlistment was lower for the 1919 birth cohort than for those born in adjacent years suggesting growth retardation.

Other studies have shown that men who were in the womb during the 1970 influenza epidemic in Norway had lower scores in army intelligence tests than normal. Babies who were in the womb in September 1918 went on to have lower incomes and education levels, and higher rates of disability. And babies whose mothers have ordinary flu in early pregnancy are 7 times as likely to develop schizophrenia.

**NOT ALL STATES HAVE** adopted the 2003 US Standard Certificate of Live Birth. As of 1 January 2006, only 19 states, including Kansas but excluding Missouri, had adopted this certificate with its expanded dataset. In 2006, 49% of the births in the US were recorded using this birth certificate and the National Centers for Health Statistics just released some of the findings from this expanded information (*Natl Vital Stat Rep* 2009;58:5).

The rate of prepregnancy diabetes was 6.8 per 1,000 women and that for gestational diabetes was 38.7. While non-Hispanic black women were more likely to have prepregnancy diabetes, non-Hispanic white women had the highest rates for gestational diabetes.

Cervical cerclage (a technique to prevent premature birth by averting or treating early dilation of the cervix with use of cervical band or suture) was reported a rate of 2.9 per 1,000 births. The rate of cephalic version was 3.2 per 1,000 births; its use is change the fetal position from non-

vertex (the presenting part of the infant’s body is not the upper or back part of the head) to vertex (top of the head facing in a downward position in the birth canal). The rate of nonvertex presentation was 17.9 per 1,000 live births.

About 15% of all birth mothers received antibiotics, nearly 60% received epidural or spinal anesthesia for pain relief, and steroids for fetal lung maturation were received by the mother prior to delivery in 8.4 out of every 1,000 live births.

Failed attempts to assist vaginal delivery using either forceps (0.4%) or vacuum extraction (0.8%) were rare. A quarter of women who had cesarean sections first had a trial of labor.

The rate of assisted ventilation immediately following delivery was 42.5 per 1,000 live births and 20% of those newborns required it for more than 6 hours after delivery. Six percent of all infants were admitted to a neonatal intensive care unit. Antibiotics for suspected neonatal sepsis were administered to 16.2 newborns per 1,000 live births. And, 3.2 of every 1,000 infants received surfactant replacement therapy.

Cyanotic congenital heart disease was reported in 41.8 of every 100,000 births and suspected chromosomal disorders occurred at a rate of 38.4 per 100,000 live births. Hypospadias, a malformation of the penis, occurred in 88.7 of every 100,000 male births.

**SALMONELLA INFECTIONS** resulting from exposure to pet turtles remain a public health issue, despite federal bans on the sale of small turtles (shell <4 inch in length) as pets. A multi-state outbreak of *S enterica* serotype Partyphi B var Java was associated with exposure to small turtles sold through retail pet shops (*Pediatrics* 2009;124:1388-1394). One hundred and seven people were identified with this outbreak related strain. The median age of infected persons was 7 years and a third of all individuals were hospitalized.

**ACCORDING TO A STUDY** reported at the annual conference of the International Society for Anthrozoology, held in Kansas City in October, seniors, ages 74-87 y

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old, benefit more from regular walking sessions with shelter dogs than from scheduled walks with friends or spouse (*USA Today 10/20.09, 4D*). The dog walkers showed significant increases in walking speed, balance and confidence, important markers for older adults to avoid the “downward spiral” that occurs when they walk less, lose lower body strength, and isolate themselves socially.

**EACH YEAR, EMS SERVICES** in the US transport 16 million patients to hospital emergency departments by ambulance. Stretcher-related injuries to patients, EMTs or others are not uncommon when patients are being transported to, from, or in an ambulance (*Qual Safety Health Care 2009;18:213-216*). The most common stretcher-related adverse events involve a tipped or collapsed stretcher (54%); a broken, missing, or malfunctioning part (28%); or a dropped stretcher (7%).

**RATES OF OVERWEIGHT AND OBESITY** are disproportionately high within minority populations. Yet, among participants in the National Health and Nutrition Examination Surveys (NHANES) (1999–2004), non-Hispanic blacks and Mexican Americans were less likely to report a provider diagnosis of overweight compared to non-Hispanic whites (*Obesity 2009;17:2110-2113*).

**TWENTY-FOUR RISK FACTORS** are responsible for 44% of the estimated 60 million deaths and cause 34% of the loss of healthy life years worldwide each year, according to the World Health Organization’s (WHO) *Global Health Risks* report. The five leading global risks for mortality are high blood pressure, which is responsible for 12.8% of all deaths globally, tobacco use (8.7%), high blood glucose (5.8%), physical inactivity (5.5%), and overweight (5%). Other key global risk factors among the top 10 causes of death include high cholesterol (4.5%), unsafe sex (4%), alcohol use (3.8%), childhood underweight (3.8%), and indoor smoke from solid fuels (3.3%).

WHO draws attention to the combined effect of multiple risk factors. Many deaths and diseases are caused by more than one risk factor and may be prevented by reducing any of the risk factors responsible for them.

Eight risk factors alone account for >75% of cases of coronary heart disease, the leading cause of death worldwide. These are alcohol consumption, high blood glucose, tobacco use, high blood pressure, high body mass index, high cholesterol, low fruit and vegetable intake and physical inactivity.

Other findings from the Global Health Risks report included the following. Nine environmental and behavioral risks, together with 7 infectious causes, are responsible for 45% of cancer deaths, with 71% of lung cancer deaths being caused by tobacco smoking. Overweight and obesity cause more deaths than underweight. Unhealthy and unsafe environments cause 25% of child deaths worldwide, and in low income countries, easily remedied nutritional deficiencies prevent 1 in 38 newborns from reaching the age of five. And, 10 leading preventable risks decrease life expectancy by nearly 7 years globally and by more than 10 years for the region of Africa.

### Measuring Health Disparities

The Kansas City Health Department will offer its 4 hour introductory course on *Measuring Health Disparities* on the morning of Wednesday, 13 January 2010. This course is free of charge.

**All registrations must be received no later than 1 December 2009.**

To register, send an email request to

Gerald\_Hoff@kcmo.org.

*Previous issues of Community & Hospital Letter are available at [www.kcmo.org/health](http://www.kcmo.org/health) under the medical publications tab.*

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