Texas Department of Health

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April 7, 1988

Mr. Frank Stilp, R.N., C.N.P.
National Migrant Referral Project
2512 S. I.H. 35, Suite 220
Austin, Texas 78704

Dear Mr. Stilp:

Pursuant to our telephone conversation of March 30, 1988, I am enclosing copies of statistics relevant to the study of diabetes incidence and mortality in Texas.

Thank you for your request for information. I am delighted to be able to help you in your project on hypertension and diabetes in Hispanic populations in Hidalgo and Harlingen.

Please call me at 512/458-7534 if you have any questions about any of this information.

Sincerely,

Carol A. Kissel

Carol A. Kissel, R.N.
Nurse Consultant
Chronic Disease Prevention Program

CAK/dlp

Enclosure

c) Continuing numbers of children remaining unimmunized because of the vaccine cost and who also miss the disease in childhood because immunization of other children reduces circulation of the wild virus. The prospective vaccine price has been rumored to be as high as $20 to $25 per dose, which may discourage some states from incorporating varicella vaccine into school immunization laws and also limit public immunization programs. Thus, a large proportion of children might reach adulthood without immunity to varicella, in contrast to the current situation where over 95% of adults are immune by virtue of infection in childhood.

Since the varicella case-fatality rate for adults is estimated to be 20 times that of children who are infected with varicella between the ages of 1 and 15 years, it obviously is undesirable to allow the proportion of susceptible adults in the population to increase.

All of the above notwithstanding, the Infectious Disease Branch has learned that an attempt may be made in 1988 or 1989 to license this vaccine.

REFERENCES:

1. Current status of varicella vaccine. Pediatrics 78: Supplement, pp. 721-65, October 1986.
2. Gershon AS. Live attenuated varicella vaccine. J Pediatrics 110: 154-7.

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A CONTEMPORARY FABLE: UPSTREAM/DOWNSTREAM*

It was many years ago that villagers in Downstream recall spotting the first body in the river. Some old timers remember how spartan were the facilities and procedures for managing that sort of thing. Sometimes, they say, it would take hours to pull ten people from the river, and even then only a few would survive.

Though the number of victims in the river has increased greatly in recent years, the good folks of Downstream have responded admirably to the challenge. Their rescue system is clearly second to none: most people discovered in the swirling waters are reached within 20 minutes -- many in less than ten. Only a small number drown each day before help arrives -- a big improvement from the way it used to be.

Talk to the people of Downstream and they'll speak with pride about the new hospital by the edge of the waters, the flotilla of rescue boats ready for service at a moment's notice, the comprehensive health plans for coordinating all the manpower involved, and the large number of highly trained and dedicated swimmers always ready to risk their lives to save victims from the raging currents. Sure it costs a lot but, say the Downstreamers, what else can decent people do except to provide whatever is necessary when human lives are at stake.

Oh, a few in Downstream have raised the question now and again, but most folks show little interest in what's happening Upstream. It seems there's so much to do to help those in the river that nobody's got time to check how all those bodies are getting there in the first place. That's the way things are, sometimes.

Source: DB Ardell-High level wellness: an alternative to doctors, drugs and disease. Emmaus, PA: Rodale Press, 1977.

TEXAS	1216	11.7	2	.09	88	1.8	74	6.8	131	13.8	921	76.9
PHR3	23	12.6	0	0	0	0	1	4.9	6	31.9	16	78.1
PHR8	85	18.1	0	0	4	2.0	3	6.0	6	11.4	72	93.7
PHR9	91	12.9	1	.7	5	1.6	4	5.2	10	13.4	71	72.3
WSS												
TEXAS	429	12.3	1	.08	9	.5	24	9.4	102	57.1	293	163.5
PHR3	45	12.6	0	0	1	.6	2	6.8	14	67.4	28	142.7
PHR8	121	12.9	0	0	3	.7	6	8.2	29	52.0	83	131.8
PHR9	115	16.9	0	0	2	.6	5	9.1	31	73.0	77	169.8
BLACK												
TEXAS	327	17.7	0	0	34	3.8	28	19.0	58	49.0	207	136.4
PHR3	1	5.1	0	0	0	0	0	0	1	125.8	0	0
PHR8	6	20.0	0	0	1	7.9	0	0	0	0	5	123.8
PHR9	15	18.9	0	0	0	0	2	28.1	1	16.4	12	161.8

TDH: Population Data System; Bureau of Vital Statistics

: RATES*

Black [a]	Mexican American [b]	[c]
.0026	N/A	
.0089	.0171	
.0833	.1425	
.1367	.1512	
02907	.0678	

Texas.

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Mexican Americans in Starr
idemiology, 118:659-72, 1983.

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Revised 11/85

Per Cent of Total Deaths by County
for Selected Chronic Diseases

	1984 Population Estimates	1984 Total Deaths - All Causes	Per Cent of Deaths Caused by		
			CVD	Cancer	DM
Brewster	7,572	79	30.4	22.9	2.5
Cameron	251,412	1,455	41.4	18.1	2.1
Culberson	4,044	28	25.0	17.9	3.6
Dimmit	12,628	85	45.9	12.9	1.2
El Paso	552,732	2,808	40.6	20.7	2.4
Hidalgo	344,989	1,771	40.0	17.3	2.2
Hudspeth	3,239	16	12.5	37.5	0
Jefferson Davis	1,811	9	55.5	33.3	0
Kinney	2,613	33	27.3	12.1	0
Maverick	40,646	150	41.3	12.7	2
Presidio	5,528	41	43.9	17.1	0
Starr	33,975	170	42.3	13.5	4.1
Terrell	1,704	11	27.3	27.3	0
Val Verde	41,244	256	42.2	16.4	2.7
Webb	119,568	615	39.5	14.4	3.9
Willacy	18,833	130	48.5	11.5	3.1
Zapata	7,710	76	43.4	17.1	1.3

Source: Texas Vital Statistics, Texas Department of Health, 1984

Cardiovascular Death Statistics
Texas Counties (1974 - 1984)
American Heart Association, Texas Affiliate September 1985

Estimated Incidence of Diabetes Complications
in Texas and Seventeen Texas Counties, 1986

	Texas	17 Counties[1]	Preventable Cases[2]
Blindness	463	54	32
Lower Extremity Amputations	2,378	185	93
DKA	6,470	910	637
Endstage Renal Disease	334	73	37

1. Brewster, Cameron, Culberson, Dimmit, El Paso, Hidalgo, Hudspeth, Kinney, Jeff Davis, Maverick, Presidio, Starr, Terrell, Val Verde, Webb, Willacy and Zapata counties.

2. Preventable cases in the seventeen counties through education and intervention strategies identified in "Complications of diabetes amenable to DCP intervention," Centers for Disease Control.

Sources: Texas Department of Health, Population Data System.
National Health Information Survey, 1979, and C.L. Hanis, 1983.

Estimated Diabetes Prevalence in Texas
and Seventeen Texas Counties, 1986

County	Non-Hispanic	Hispanic (21 + years)	Total
Brewster	154	159	313
Cameron	3,575	824	4,399
Culberson	55	110	165
Dimmit	181	394	575
El Paso	8,449	16,076	24,525
Hidalgo	4,839	12,286	17,125
Hudspeth	46	67	113
Kinney	39	66	105
Jeff Davis	31	41	72
Maverick	474	1,621	2,095
Presidio	76	200	276
Starr	404	1,421	1,825
Terrell	24	30	54
Val Verde	638	1,276	1,914
Webb	1,446	5,250	6,696
Willacy	261	652	913
Zapata	122	265	387
Total	20,814	40,738	61,552

Sources: Texas Department of Health Population Data System; Diabetes prevalence rates from the National Health Information Survey, 1979; and C.L. Hanis, Diabetes Among Mexican Americans in Starr County, Texas, American Journal of Epidemiology. 118: Volume 5, 659-672. 1983.