



## Epidemiologic Notes & Reports

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### HEALTHY KENTUCKIANS 2010

### IMPROVEMENT OPPORTUNITIES

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*Healthy People 2010* is the federal initiative that defines the nation's health agenda and guides policy. It includes specific objectives that are to be monitored over the next decade. Through *Healthy People*, we can identify the most significant opportunities to improve the health of all Americans and help focus both public and private sector efforts on those areas. *Healthy People* offers a simple but powerful idea – provide the information and knowledge about how to improve health in a format that enables diverse groups to combine their efforts and work as a team.

The concept of working toward shared targets is at the heart of the *Healthy People* initiative. The initiative is so powerful because these targets serve as incentives for change. Periodic progress reviews for population groups and focus areas are conducted to continuously monitor our progress. By adhering to a measure and tracking it over time, it will become clear whether or not we are moving in the right direction.

The recently released document, *Healthy Kentuckians 2010*, is our state's commitment to the national prevention initiative, *Healthy People 2010*. The two common goals are to increase the quality and years of healthy life and to eliminate health disparities. This document provides direction for Kentuckians to change personal behaviors and for organizations and communities throughout the state to support good health through health promotion policies.

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*Healthy Kentuckians 2010* reflects the trends of the upcoming decade – a larger, more diverse population, the aging of the population, the rising numbers of uninsured persons, and new health risks such as emerging infectious diseases. Also reflected in the document are a broadened prevention science base; improved surveillance and data systems; and a heightened awareness and demand for preventive health services and quality health care.

A draft copy of the document was made available for public review. This final work reflects comments and suggestions from public, private, and academic health organizations, as well as other stakeholders with an interest in public health, medical care, and state health policy.

*Healthy Kentuckians 2010* will be used in planning and evaluating public health efforts for the next decade. This document, used with the Kentucky Public Health Improvement Plan, will provide an updated framework to optimize the health of all Kentuckians.

**Copies of this report, or more information about any of the topics addressed, may be obtained by calling the Division of Epidemiology and Health Planning at 501-564-3418.**

## CERVICAL CANCER AND EARLY DETECTION

TRISHA MULLINS, CNM

According to the American Cancer Society, an estimated 12,800 new cases of invasive cervical cancer will be diagnosed this year in the United States with a resulting 4,800 deaths. Cervical cancer remains the ninth leading cause of cancer deaths for women in the United States. Each year more than 200 Kentucky women are diagnosed with invasive cervical cancer, with rates especially high in Eastern Kentucky. In 1996, the incidence of invasive cervical cancer in Kentucky was 10.8 per 100,000 compared to the national incidence of 7.7 per 100,000.

The primary purpose of cervical cancer screening is to identify and treat pre-cancerous lesions and detect and treat cervical cancer at an early stage. Detection and treatment of precursor or precancerous lesions identified in a Pap test can prevent invasive cervical cancer. The survival rate is almost 100% if cervical cancer is detected in an early stage. Women who have never had a Pap test or who have not had one for several years have a higher risk for diagnosis of late stage cervical cancer.

Despite the significant decrease in the incidence of cervical cancer, convincing evidence has identified Human Papilloma Virus (HPV) as the etiology in the rising rates of pre-invasive and invasive cervical neoplasms in women. Currently, between 8-10% of the 39,000 plus Pap smears performed annually in local health departments have an abnormality reported, ranging anywhere from atypical cells to invasive cancer.

Several risk factors have been identified with the increased likelihood of a woman developing cervical cancer:

- a. **Age/Ethnic background:** Rates of cervical cancer in situ peak in women between the ages of 20-30 years. Women of Hispanic, African-American, Native Alaskan, or Asian/Pacific Islander ethnic/racial groups statistically have had higher

incidence of invasive cervical cancer. Ethnic differences may be due, in part to the association of cervical cancer with behavioral characteristics or low economic status.

- b. **HPV infection:** A group of sexually transmitted viruses, particularly types 16,18,31,33,and 35, have been linked to precursor lesions (dysplasia) and cervical cancer. HPV infections have resulted in women developing pre-cursor lesions at much younger ages.
- c. **Sexual history:** Women who begin sexual activity at a young age, and/or have multiple sex partners, are at greater risk.
- d. **Smoking:** Research has shown that women who smoke concentrate into the cervix the chemicals nicotine and cotinine that can damage the cells of the cervix.
- e. **HIV infection:** Some studies have shown HIV positive women are approximately 5 times more likely to have precursor lesions and 3 times more likely to have invasive cervical cancer.

The Kentucky Department for Public Health has been providing cervical cancer screening services to women since the late 1960's. Recognizing the value of early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990. This act authorized the Centers for Disease Control and Prevention (CDC) to establish a national screening program to ensure that low-income women (who are either uninsured or underinsured) receive regular screenings and follow-up when indicated. Kentucky has taken advantage of this funding to enhance the screening programs already available through local health departments. Emphasis is placed

## CERVICAL CANCER AND EARLY DETECTION, Continued

on women who are racially, ethnically, or culturally at greatest risk of developing cervical cancer including those who do not routinely receive regular Pap smears. An important goal of the program is to target cervical cancer screening to women who are difficult to reach and are unlikely to seek screening services.

As public health programs, both the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and Kentucky's Women's Cancer Screening Project strive to reach the largest number of unscreened eligible women as possible within budget limitations. The CDC provides guidance and policies to all states participating in the national project. Unfortunately, at this time NBCCEDP funds cannot be used for treatment due to statutory limitations, and Kentucky funds are limited to those services considered diagnostic but which may also be considered treatment (i.e. loop electrode excision, cryocautery, conization). Kentucky's local health departments contract with local providers to provide the diagnostic services not available within the health department setting.

The NBCCEDP recently changed its screening policy, so that a woman with three documented consecutive normal annual Pap tests, would be covered for the Pap test every three years thereafter. This change was made in an effort to minimize "overscreening" and to reach more women who have never been or who are rarely screened (not been tested within the past 5 years). The Kentucky Project continues to recommend an annual Pap test for all women, although this will be reviewed by the state medical advisory committee as required by the NBCCEDP.

Because cervical cancer continues to be a threat to all women, the Kentucky

Department for Public Health urges medical providers to talk to their female patients about the importance of regular Pap tests, the need for an annual clinical breast and pelvic examination, and the performance of monthly breast self-examination. Providers are also encouraged to counsel their patients on reducing cervical cancer behavioral risk factors.

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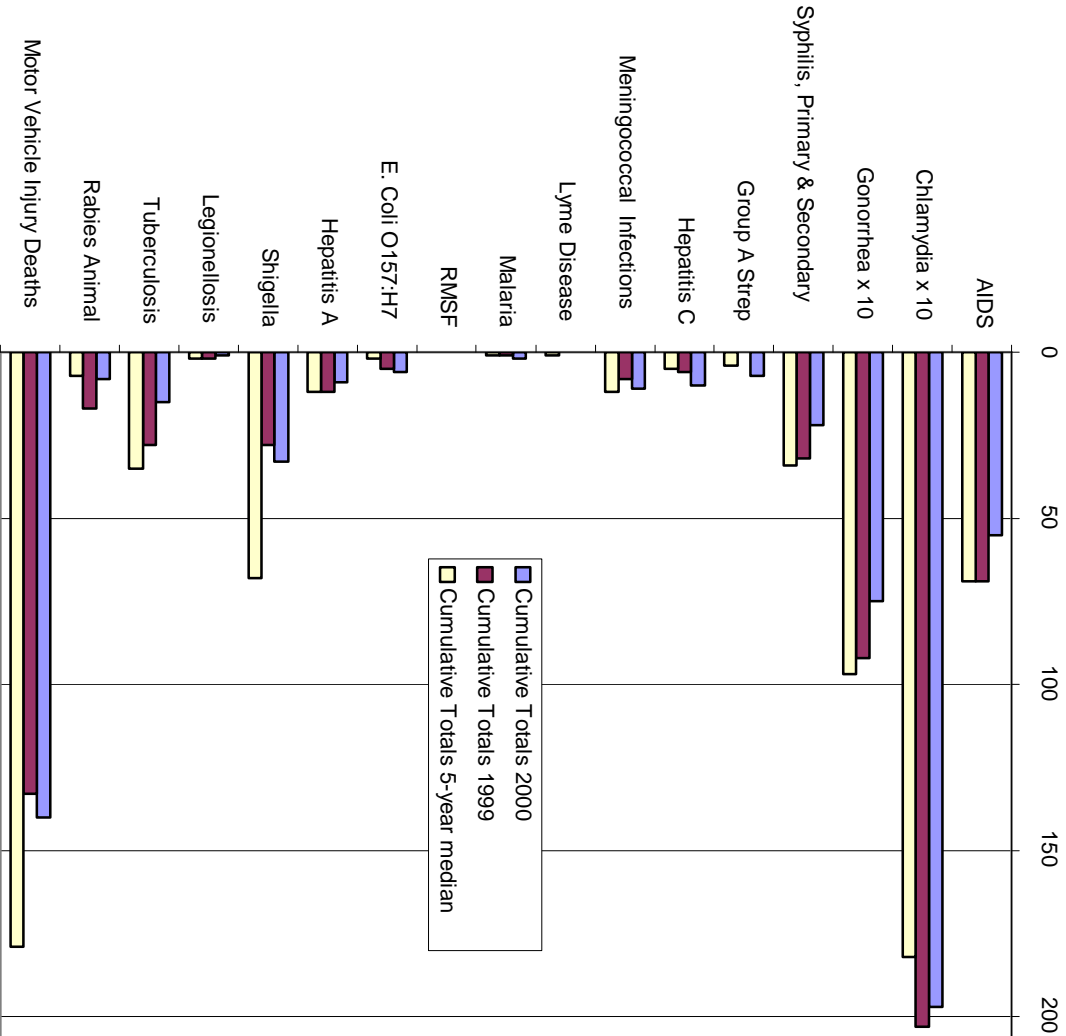
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**CASES OF SELECTED REPORTABLE DISEASES IN KENTUCKY, YEAR TO DATE (YTD)  
THROUGH MARCH 2000**

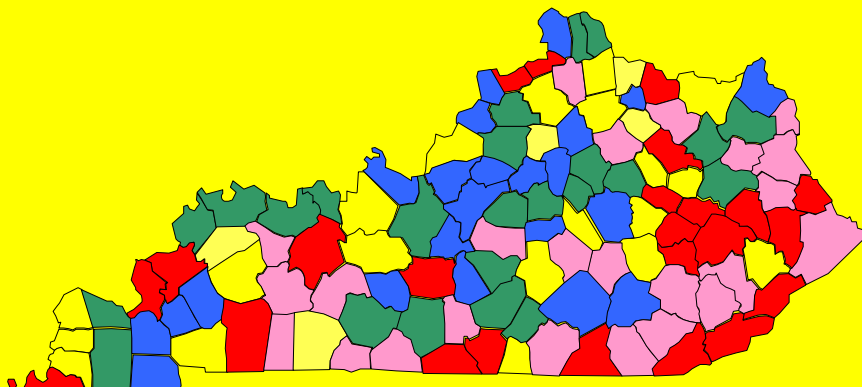


INFLUENZA	
SENTINEL REPORTS	OCTOBER 1999 THRU
LOCAL HEALTH DEPT. FLU-LIKE SYMP.	3,293
PHYSICIANS FLU-LIKE SYMPTOMS	382
TOTAL FLU-LIKE SYMPTOMS	3,675
CONFIRMED ISOLATES	
TYPE A	139
TYPE B	2
TOTAL CONFIRMED	141

DISEASES	2000 YTD	1999 Annual Totals
Diphtheria	0	0
<i>Haemophilus influenza b</i>	9	9
Hepatitis B	14	48
Measles	0	2
Mumps	0	0
Pertussis	13	44
Polio	0	0
Rubella	0	0
Tetanus	0	0

Disease numbers reflect only those cases which meet the CDC surveillance definition.  
Contributed by: Patricia Beeler, Surveillance and Health Data Branch.

## Health Status of Kentuckians 1999 Report Available



**What are the leading causes of death in Kentucky? Are our risks of dying due to these conditions increasing or decreasing? What counties have the highest and lowest rates of heart disease, cancer, or unintentional injury deaths? Is our teenage birth rate increasing or decreasing? What are our major behavioral risk factors that lead to disease and death? How does Kentucky compare to the rest of the nation in these measures?**

The answer to these and many more questions about the current state of our health can be found in a new 61-page report, *Health Status of Kentuckians 1999*, prepared by the Department for Public Health for the 2000 Regular Session of the Kentucky Legislature. Using the most recent and complete data available, this publication assesses the health status of Kentuckians in terms of leading causes of death, maternal and infant health, selected disease incidence and prevalence, behavioral risk factors, and health-related socioeconomic indicators.

The report includes color graphics and maps to provide a quickly and easily understood snapshot of the health of the Commonwealth at the turn of the millennium. Wherever comparable data were available, it compares Kentucky to the rest of the nation, and also presents comparisons between the white and African American populations within the state. Lung cancer and female breast cancer mortality, occupational injury deaths, suicide, infant mortality, low birthweight, AIDS incidence, diabetes prevalence, mental health and mental disorders, tobacco use, and youth sexual behavior are just a few of the topics covered.

A bound hardcopy of this report is available from the Surveillance and Health Data Branch for \$25. You may contact the Branch at 502-564-2757 or by e-mail at [healthdata@mail.state.ky.us](mailto:healthdata@mail.state.ky.us). The report is also available in PDF format on the Department web site at <http://publichealth.state.ky.us/data-warehouse.htm>.



### RABIES REMINDER TO VETERINARIANS AND ENVIRONMENTALISTS!!

Just a *howling* reminder to make sure rabies specimens are properly submitted. **Do not ship** by bus to either the Frankfort or Breathitt laboratories. Ship preferably by U.S. Postal Service, "Overnight Express" to assure next day delivery. **Do not ship** on Friday or prior to a Holiday unless you have guaranteed next day delivery. If a human exposure case occurs near a weekend or holiday, we advise "hand" delivery of the specimen to the laboratory. Use only the container provided by the Rabies laboratory and follow the shipping instructions fully. Notify the Rabies laboratory at (505) 564-4446 prior to shipping critical specimens.



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## Update: Pertussis in Kentucky, 1999

The number of reported cases of pertussis for 1999 shown in Table 1 of the Pertussis article in the *Kentucky Epidemiologic Notes and Reports*, March 2000, Volume 35, Number 3 was 35. This number has changed significantly to 44 cases of pertussis reported through the end of February 2000.

**Table 1: Pertussis, Reported Cases by Age Distribution Kentucky, 1999 (N=44)**

