



Georgia Epidemiology Report

Division of Public Health

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The Georgia Epidemiology Report is a publication of the Epidemiology Section of the Epidemiology and Prevention Branch, Division of Public Health, Georgia Department of Human Resources

Summary of the 1998 Georgia State of the Heart Report

Introduction

Cardiovascular disease (CVD) is the leading cause of death in Georgia, accounting for 23,366 deaths, or nearly 40 percent of all deaths in the state. Mortality rates from CVD have been declining in the past two decades, although a perceptible leveling off of these rates has occurred in the last five years. This observable new trend may be the result of changes in the prevalence of risk factors contributing to CVD, as well as an increase in the number of CVD survivors who have a particularly high risk of dying from these conditions. This article is a summary of the 1998 Georgia State of the Heart Report¹; it presents a brief overview of CVD mortality rates in the past 2 decades and reports the prevalence of modifiable CVD risk factors in Georgia.

CVD Trends in Georgia

CVD mortality rates have declined in both Georgia and the U.S. over the past 17 years, but rates in Georgia have remained approximately 10% above the national average during this period (Figure 1). The decline is presumably due to improvements in medical care and healthier lifestyles. Although the Georgia CVD mortality rate continues to decline, the rate of decline is slowing. From 1980-1992, the CVD mortality rate declined by an average of 2.4% per year. However, from 1992-1996, the rate of decline had slowed to only 0.4% per year. The rate of decline in CVD deaths has slowed for all age groups; however, the change has been most striking among older Georgians. For 45-64 year olds, the CVD mortality rate declined by 3.7% per year for 1980-1992, but by only 1.5% per year for 1992-1996. In contrast, for those 85 and older, the rate declined by 1.1% per year for 1980-1992, but actually *increased* by 0.7% per year for 1992-1996.

CVD is not just a disease of old age. Although atherosclerosis may begin in the teenage years, the age at which it kills varies greatly, and death often occurs before old age. In 1996, one in five Georgians who died of CVD was younger than 65 years of age. CVD mortality rates also differ by gender and race. Men have higher rates than women, and African-Americans have higher rates than Whites. This pattern is also seen in national CVD mortality rates.

Prevalence of CVD Risk Factors

The leveling off of CVD mortality rates may be caused by the changing pattern of risk factors for heart disease and stroke, such as smoking, hypertension, hyperlipidemia, obesity and physical inactivity. The prevalence of the following risk factors was estimated by a telephone survey of a representative sample of Georgians 18 years of age and older (Georgia Behavioral Risk Factor Surveillance System).

Physical Inactivity & Being Overweight. In this study, physical inactivity is defined as the lack of regular activity, or participation in activities for less than 20 minutes at least 3 times per week, and overweight is defined as being at or above 120% of ideal body weight. There has been a steady increase in the percentage of overweight Georgians; between 1984 and 1996, the percentage increased from 19 to 30 percent. Since the 1980s, about two-thirds of Georgians reported they were not physically active on a regular basis (Figure 2). Losing weight and being physically active can improve blood pressure and cholesterol levels and can decrease the chance of developing diabetes, another risk factor for heart disease.

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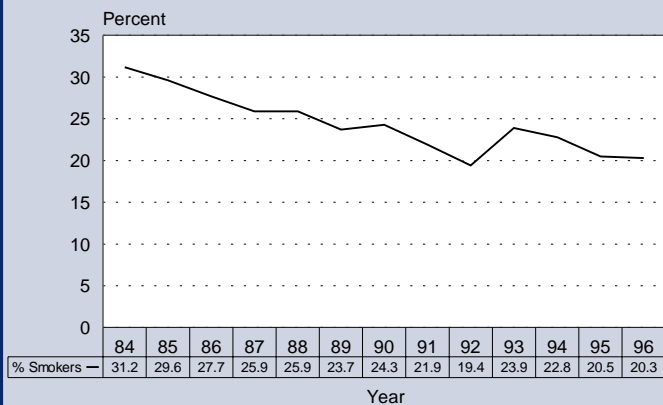
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Figure 3. Percent of Georgians Reporting Current Smoking, 1984-1996



Source: Georgia Division of Public Health.

A 1999 edition of the Georgia State of the Heart Report will be available in early 1999. This report and the 1998 Georgia State of the Heart Report are available from the Georgia Division of Public Health (404-657-2588) and from the American Heart Association, Southeast Affiliate (770-952-1316).

References

1998 Georgia State of the Heart Report. Georgia Department of Human Resources, Division of Public Health, and The American Heart Association, Southeast Affiliate, 1998. Pub No. DPH97.71HW.

This article was contributed by Trish Fox, M.P.H., Alex Rowe, M.D., M.P.H., and Ken Powell, M.D., M.P.H.

Epidemiology 101



**The "Father" of Modern Epidemiology
Dr. John Snow (1813-1858)**

Dr. John Snow is renowned worldwide for leadership in two medical disciplines. He was the first physician to practice full-time as an anesthetist, and actually delivered several of Queen Victoria's babies using chloroform. He is also recognized for using modern epidemiologic methods to interrupt the 1854 cholera epidemic in London. Dr. Snow mapped deaths from cholera and showed that the majority occurred within 250 yards of a water pump located at the intersection of Cambridge and Broad Streets. Suspecting the Broad Street pump as the source of disease, Dr. Snow had the water pump handle removed, thus ending the epidemic.

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- Update: Influenza Activity — United States, 1998-1999 Season
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Reported Cases of Selected Notifiable Diseases in Georgia Profile* for September 1998

Selected Notifiable Diseases	Total Reported for September 1998	Previous 3 Months Total Ending in September			Previous 12 Months Total Ending in September		
	1998	1996	1997	1998	1996	1997	1998
Campylobacteriosis	64	260	283	242	844	694	806
Chlamydia genital infection	2335	3646	3513	5584	12872	15412	21512
Cryptosporidiosis	20	44	41	53	101	68	119
<i>E. coli</i> O157:H7	8	21	12	33	43	43	71
Giardiasis	161	306	311	412	735	834	1178
Gonorrhea	1875	5264	4232	5558	21839	18479	19766
<i>Haemophilus influenzae</i> (invasive)	3	6	7	11	43	44	51
Hepatitis A (acute)	72	126	220	187	322	645	742
Hepatitis B (acute)	0	33	92	1	54	186	180
Legionellosis	0	0	0	5	5	2	12
Lyme Disease	0	0	5	1	1	6	8
Meningococcal Disease (invasive)	4	22	24	16	162	113	97
Mumps	0	4	0	0	10	12	2
Pertussis	2	8	6	9	32	24	27
Rubella	0	0	0	0	0	0	0
Salmonellosis	265	523	504	823	1542	1413	1709
Shigellosis	77	345	299	323	823	1195	1430
Syphilis - Primary	9	57	39	17	227	168	114
Syphilis - Secondary	9	134	98	41	542	412	225
Syphilis - Early Latent	47	351	261	158	1373	1201	818
Syphilis - Other**	41	252	299	165	1031	1316	822
Syphilis - Congenital	0	3	6	2	44	26	11
Tuberculosis	40	170	156	144	756	731	608

* The cumulative numbers in the above table reflect the date the disease was first diagnosed rather than the date the report was received at the state office, and therefore are subject to change over time due to late reporting. The 3 month delay in the disease profile for a given month is designed to minimize any changes that may occur. This method of summarizing data is expected to provide a better overall measure of disease trends and patterns in Georgia.

** Other syphilis includes latent (unknown duration), late latent, late with symptomatic manifestations, and neurosyphilis.

AIDS Profile Update

Report Period	Total Cases Reported *	Percent Female	Risk Group Distribution (%)					Race Distribution (%)			
			MSM	IDU	MSM&IDU	HS	Blood	Unknown	White	Black	Other
<i>Latest 12 Months:</i> 12/97 to 11/98	1326	18.3	39.2	17.6	4.9	13.3	0.8	24.3	24.5	72.8	2.7
<i>Five Years Ago:</i> 12/92 to 11/93	1900	15.2	45.7	22.5	6.0	13.1	1.5	11.3	33.7	64.5	1.8
<i>Cumulative:</i> 7/81 to 11/98	19851	15.2	50.9	19.3	5.9	12.1	1.9	10.0	38.4	59.5	2.1

MSM - Men having sex with men IDU - Injection drug users HS - Heterosexual

* Case totals are accumulated by date of report to the Epidemiology Section