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Tuberculosis in Miami

We read with interest the article of M. Barry, *et al*, on tuberculin skin testing in Boston school children. A similar problem exists in the city of Miami where 12 of our 220 verified TB cases in 1989 were in children less than 15 years of age. In Dade County, Florida, including Miami, children are tested at entrance to the public school system regardless of grade level, and all students and school employees are tested when an active infectious case is found in a student or school employee.

In December 1989, cavitary pulmonary tuberculosis was diagnosed in a 19 year old senior student at an inner city high school, with a population of 2,224 students.

Students were Mantoux skin tested using 5TU of PPD-S (Aplisol from Parke-Davis) with the following results:

Those with negative skin tests were scheduled to be retested three months later. Of the 1,544 students negative on the first test, 1,370 were retested. Results from the retesting revealed an overall positivity rate of 16.8 percent and 7.2 percent positivity rate for students born in the US. Comparable figures for 1985 were 17.8

Country of Birth	PPD+	PPD-	Total # Tested	Percent Positive
USA	30	836	866	3.5
Haiti	322	191	513	62.8
Bahamas	58	311	369	15.7
Jamaica	14	63	77	18.2
Other Caribbean	12	88	100	12.0
Central American	18	30	48	37.5
Other	14	25	39	35.9
Totals	468	1544	2012	23.3

percent and 2.2 percent, respectively. The antigen used and procedure followed were the same.

Further evaluation is needed to determine how many of the positives found upon retest were actually converters and what, if any, relationship they have to the index case. This school is located in a high TB prevalence area of a city that has had a rate of >50/100,000 population for several years and the conversions may have little to do with the index case. The greatest number of cases in Miami occur in persons ages 25 to 44, adding to the likelihood of school age children being exposed.

All students with positive reactions were followed up by the Health Unit clinic or other Medical Providers. BCG status of the foreign born was taken into consideration in the evaluation and follow up.

To date one more active case in a 15 year-old has been found among this group of students, and the high rate of tuberculin reactors again points out the current problem of tuberculosis in some urban areas of the US, especially among minorities and those born in countries of greater TB prevalence. Further screening, treatment, and follow-up programs are planned in targeted areas. □

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Premature Death in Jazz Musicians: Fact or Fiction?

"Jazz musicians tend to be more liable than other professions to die early deaths from drink, drugs, women, or overwork."¹

"The career of the ODJB[Original Dixieland Jazz Band] was both as fantastic and as typical as any that jazz has had to offer. Its story features . . . the petty jealousies, alcoholism, premature deaths, and all the rest."²

"Catlett's career was a singularly queer one, even for jazz, whose history is filled with the wreckage of poverty, sudden obscurity, and premature death."³

Statistical study of 86 jazz musicians listed in a university syllabus refutes these statements,⁴ the second and third of which were made by two of America's most respected critics, and all of which foster the commonly held view that jazz players die prematurely.

Dates of birth, and of death when it had occurred, were tabulated, and longevity matched with that expected in the United States by year of birth, race, and sex.⁵⁻⁷ One musician who had not reached the age of his life expectancy was excluded from the list; all the musicians were born in the US.

Birth years ranged from 1862 to 1938; 16 births occurred before 1900, 23 between 1900 and 1909, 19 between 1910 and 1919, 22 between 1920 and 1929, and five between 1930 and 1939. Comparison with national values showed that 70 (82%) of the musicians exceeded their life expectancy; four-fifths of the Black men, three-fourths of the White men, and all the women lived longer than expected as shown in this frequency distribution:

	Male		Female	
	Total n	%	Total n	%
White	19	14	74	—
Not White	59	49	83	7
				100

Jazz was born in the "sporting houses" of New Orleans and nurtured in the speakeasies and night clubs of Chicago, Kansas City, and New York. Its association with vice and crime in its early days has led to the assumption that to play jazz is to court depravity and death. Although the size and sex distribution of the sample limits the inferences to be drawn, the data suggest that jazz musicians do not die young. Most of the 85 musicians in this study have survived the potential hazards of irregular hours of work and meals, the ready temptation of drugs and alcohol, and the perils of racial prejudice, and to have overcome "the problem of the artist who is creative within a socially and racially discriminatory world."⁸ □

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Condom Use during Pregnancy

Although it is recommended that pregnant women at risk for a sexually transmitted disease and their partners use condoms during sexual activity,¹ information about usage and acceptability of condoms during pregnancy has not been available. This letter shares the initial experience of offering free condoms to pregnant women attending a nurse-midwifery clinic in a large public hospital in Southeastern United States.²

As the condom provision program was initiated, a clinical pretest-posttest study was conducted to test the effect of distributing free condoms to pregnant women. Health education by the nurse-midwives conducting the prenatal visits included encouraging those at risk for sexually transmitted diseases to use condoms and those with no known risk factors to use condoms if their situation changed. Self-reports by 69 women of frequency of sexual activity and condom use the week before receiving condoms and the week before the follow-up clinic visit were compared. Using the McNemar Test, data were analyzed separately for sexually active subjects in relation to reported condom use and for all subjects according to safe sexual practice defined as condom use or abstinence.

Condom use by sexually active women ($n = 38$) and their partners increased from 15.8 percent to 65.8 percent ($p = 0.0001$). When subjects were categorized by risk for sexually transmitted diseases, there was no effect on safeness of sexual practice by the subjects considered low risk. In contrast, women at high risk for sexually transmitted diseases ($n = 39$) increased safe sex practice from 33.3 percent to 84.6 percent ($p = 0.00002$).

Initially 94.4 percent of the 69 women took one or more bags of condoms (40 in

a bag); at the follow-up visit, 47.8 percent desired more condoms when they were offered. Only 20.3 percent of the subjects reported problems with condom use, including: male partner refused to use ($n = 5$), lack of spontaneity ($n = 4$), decreased sensitivity ($n = 3$), and condoms broke or tore ($n = 3$).

Having ascertained that it is feasible to distribute condoms in a busy clinic and that reported condom use is moderately high, the nurse-midwives concluded that the continuation of the health education and provision of free condoms to pregnant women were warranted. With the condom provision program in place, it is now possible to plan the necessary long-term studies to determine its impact on the transmission of sexually transmitted infections during pregnancy and the incidence of premature rupture of the amniotic sac and preterm births. □

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