June 9, 1980

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\*\*\*\*\*Cuban refugees present no public health problem.

The University of Texas Health Science Center at Dallas 5323 Harry Hines Boulerard Dallas, Texas 75235 (2)4)608-3404 The University of Texas Health Science Center at Dallas 5323 Harry Hines Boulevard Dallas, Texas To235 (2)A) 688-3404 DALLAS -- An infectious disease expert here says people in the U.S. don't have to worry about the Cuban refugees importing health problems.

"The Cubans have not been shown to have any significant problems with the infections usually found in refugees," Dr. James W. Smith, professor of internal medicine, said in his medical grand rounds at The University of Texas Health Science Center at Dallas June 5. "Cuba has the lowest incidence of tuberculosis in the Western Hemisphere. People questioned that when the World Health Organization published these findings, but it's borne ut in what we're finding in the refugees."

Smith said refugees, particularly those from Southeast Asia, frequently suffer from malnutrition, malaria, syphilis, tuberculosis and intestinal parasites. These problems are not significant among the Cubans. The most common problem requiring hospitalization in the Cuban camps has been asthma.

"We have been watching them for dengue fever. That is the infection we have been most worried about because Cuba had an epidemic in 1978. But we have not seen it in the refugees," said Smith.

Dengue fever, a mosquito-borne viral disease, which is rarely fatal, is moving this way from the Caribbean, he said. But it will probably enter Texas from Mexico.

For this reason Texas physicians need to recognize the symptoms. After an incubation period of five to eight days, infected persons will have a fever lasting five to seven days with headache, pain behind the eyes, backache and possibly a rash appearing on the second to fourth day of illness. The rash appears on the face or trunk and spreads to the arms and legs.

Mosquito control is the best way to prevent an outbreak of dengue fever.

Smith emphasizes that health problems among refugees have not presented public health roblems here because of the excellent work of the Public Health Service and the resettlement groups. For example, tuberculosis is quickly diagnosed and treated, and follow-up is better than with ordinary patients, he said.

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