

LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF DECEMBER, 1967

BY PARISH OF RESIDENCE

INFLUENZA

Focal outbreaks of influenza A activity have been presumptively diagnosed in Slidell and Thibodaux, St. Tammany and Lafourche Parishes respectively, by use of the fluorescent antibody technique. In addition, disease resembling influenza but not as yet laboratory confirmed, has been reported from physicians in numerous parishes in all regions of the state. Increased absenteeism from schools throughout the state and the closing of schools in a few parishes were reported.

Definite strain determination of the group A influenza will be available shortly when viral isolation and serological procedures are completed. Influenza A₂ has been isolated from individuals in outbreaks in other southern states in the eastern half of the nation and is the most likely strain present in Louisiana. A₂ is the only A strain of influenza virus which has been seen in the United States since 1957. (Continued on Page 3).

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED January 10, 1968	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	INFECTIOUS AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	STREPTOCOCCAL INFECTIONS	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS
TOTAL TO DATE 19 66	47	36	69	10	447	144	173	14	1	58	9	199	95	10	248	13	1020	6690	2660
TOTAL TO DATE 19 67	56	51	37	25	646	159	103	138	1	70	19	136	97	17	216	6	897	7062	2232
TOTAL THIS MONTH	2	4	2	4	67	3	7	0	0	5	3	9	2	1	9	2	59	529	170
ACADIA																	3	4	1
ALLEN																			
ASCENSION					1						1						1	1	3
ASSUMPTION																	1		
AVOUELLES																	1		1
BEAUREGARD																			
BIENVILLE					1														1
BOSSIER																		22	3
CADDO					1								1		2		7	111	34
CALCASIEU												1			1		2	21	3
CALDWELL																			
CAMERON																			
CATAHOULA																	1		1
CLAIBORNE												1							
CONCORDIA					1													1	
DESOTO																		1	1
EAST BATON ROUGE	1				3		1						1		2		3	13	7
EAST CARROLL																			1
EAST FELICIANA																		1	
EVANGELINE															1				
FRANKLIN					9					1							1	1	1
GRANT																			1
IBERIA		1																2	
IBERVILLE				1											1		1	1	1

The Ouachita Parish Health Unit has now been designated as a yellow fever vaccination center. Weekly clinics Wednesday - 1:00 - 3:00 P.M.

Louisiana Department

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED January 10, 1968	ASEPTIC MENINGITIS	DIPHtherIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIOUS	INFECTIOUS AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	STREPTOCOCCAL INFECTIONS	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS
JACKSON																			
JEFFERSON		1	2		2	1					1	4			1		6	16	11
JEFFERSON DAVIS																			
LAFAYETTE					5												5	2	3
LAFOURCHE																		5	1
LASALLE					1														
LINCOLN					1										1			8	
LIVINGSTON																		1	1
MADISON					1														5
MOREHOUSE					1													2	2
NATCHITOCHES										1								3	1
ORLEANS				2	18	2	1				1	1			1	1	17	180	47
OUACHITA					3					1							2	27	7
PLAQUEMINES							1					2							
POINTE COUPEE																			1
RAPIDES					4		1										1	7	4
RED RIVER																			2
RICHLAND					3													1	1
SABINE					3												1	1	
ST. BERNARD					1		1											1	1
ST. CHARLES																		1	
ST. HELENA																			
ST. JAMES																			1
ST. JOHN					1														1
ST. LANDRY		2					1										2	10	5
ST. MARTIN																		1	
ST. MARY																	1	4	4
ST. TAMMANY					1												1	15	2
TANGIPAHOA														1				11	5
TENSAS																			
TERREBONNE	1			1	1														
UNION					4					1							1	1	
VERMILION																		1	1
VERNON					1													43	
WASHINGTON							1											2	1
WEBSTER										1								2	1
WEST BATON ROUGE																			1
WEST CARROLL																			
WEST FELICIANA																	1	3	1
WINN																		2	1
OUT OF STATE																			

From January 1 through Dec. 31 of 1967, the following cases were also reported: 10 Tularemia, 36 Malaria (contracted outside U.S.A.), 13 Leptospirosis, 7 Brucellosis, and 2 Rocky Mountain Spotted Fever.

Influenza and influenza-like (not yet laboratory confirmed) activity have been reported from most states east of a line through Wisconsin, Nebraska, Kansas, Oklahoma, and Texas, since the end of October, 1967. No states west of the above, according to the NCDC have reported influenza. New York, Connecticut, Michigan, Wisconsin, Iowa, Illinois, Florida, Georgia, Alabama, Tennessee, Kansas, and Oklahoma have definite documented A influenza present. In addition, possible or probable influenza activity has been reported from fourteen other eastern and midwestern states.

CALIFORNIA ENCEPHALITIS IN LOUISIANA

California encephalitis has recently been confirmed for the first time in Louisiana in a five year old girl from Covington in St. Tammany Parish, and a two year old boy from Lafitte in Jefferson Parish. In addition, a third case has been presumptively identified in a five year old boy from Harahan, Jefferson Parish.

The five year old girl from the rural northeastern part of Covington first experienced onset of illness on September 15, 1967, and was admitted to Charity Hospital shortly thereafter. Acute and convalescent CF titers were less than 1:8 and 1:128, respectively, to California encephalitis virus (CAV) antigen. On September 18, 1967, three days after the onset of illness in the female patient, her five year old uncle from Harahan complained of a headache, which was followed by a generalized seizure that evening. He was admitted to Ochsner Foundation Hospital in a comatose state. An acute serum specimen was not collected, but an HI titer on serum collected two months after his date of onset was 1:320. Both of the above patients recovered without residua.

Investigation showed that the boy's family made frequent trips to Covington to visit the family of the girl patient. In fact, the boy had spent part of the two weeks prior to his illness in Covington. A neighborhood sera survey in Covington showed that 5 of 24 individuals from whom specimens were collected had low titers of HI antibody to CEV, including a three year old boy with no history of recent illness. This finding of an inapparent infection rate of about 20 per cent agrees with surveys in other states where California encephalitis is endemic. Three of nine rabbit blood specimens collected within a mile and a half of the patient's residence in Covington had HI titers to CEV. Sixteen other cases of viral CNS disease occurred in southeastern Louisiana, north of Lake Ponchartrain, in 1967 but none had positive titers to CEV. Of interest is a case of California encephalitis which occurred in Natchez, Mississippi, earlier this past year.

The other confirmed case in Louisiana occurred in a two year old boy from Lafitte, Louisiana. His illness began with a focal seizure involving the right upper extremity on September 19, 1967. His acute serum HI and CF titers were 1:20 and less than 1:8, respectively. Two weeks later the HI titer was greater than 1:1280 and the CF 1:8. Four weeks after this the HI titer was 1:320 and the CF 1:16. He recovered without residua.

This patient's family also lives in a rural area, exposed to numerous mosquito breeding sites. They had not traveled outside of the area prior to the onset of illness. No family members were ill, nor was there similar illness in the neighborhood. No viral CNS diseases were reported from the Lafitte area in 1967. Fifteen cases of viral CNS disease had been reported from Jefferson Parish in 1967, but none due to CEV. A neighborhood sera survey was not carried out because a survey had been done earlier in the year in the Lafitte area by the Arbovirus Laboratory of the National Communicable Disease Center and the Epidemiology Section of the Louisiana State Department of Health. Approximately 1200 specimens were collected across southern Louisiana and will be processed early in 1968.

The sera survey should define the extent of California encephalitis virus activity in the state, showing whether it is widespread or localized to the areas where cases were confirmed. The widely distributed sera specimens, although small in number, which had been submitted to the State Department of Health from patients with viral CNS disease and which had been negative for California encephalitis virus suggest that California encephalitis is an extremely rare cause of disease in Louisiana.

California encephalitis has occurred in several states in the midwest and far west. Very little, however, is known of its epidemiology. Serological surveys have demonstrated antibodies to CEV in large numbers of people with outdoor occupations, as well as in a large number of lower vertebrates and mosquitoes. The transmission cycle and reservoir of infection are unknown.