

# LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF APRIL, 1971

BY PARISH OF RESIDENCE

## MEASLES SURVEILLANCE

In the first four months of 1971, 1,287 cases of measles (Rubeola) were reported in Louisiana as compared to 51 for the same period in 1970. According to the Public Health Service, Center for Disease Control (CDC) Morbidity and Mortality Report for the week ending April 3, 1971, 30,900 cases were reported in the United States from October 11, 1970 through March 27, 1971. This represents a 175 percent increase over the total reported for the same period in 1969 - 70, and a 360 percent increase over that period for 1968 - 69. The same CDC report stated that high vaccine failure rates have occurred in children who received the vaccine with measles immune globulin before the age of one. This was noted in outbreaks in Greenwood, Illinois and Jefferson County, Alabama. In five other outbreaks investigated, the failure rate was considerably lower because there were fewer exposed children with a history of improper vaccination. In these latter outbreaks, vaccine efficacy was 96 per cent or higher.

(Continued on Page 3)

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED MAY 6, 1971	ASEPTIC MENINGITIS	DIPHtherIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIOUS	INFECTIOUS AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	RUBELLA *	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 19 70	9	9	5	9	212	51	44	3	0	39	8	91	12	1	20	1	270	3444	223
TOTAL TO DATE 19 71	9	10	1	2	222	1287	34	14	0	16	2	252	7	4	19	0	282	4398	232
TOTAL THIS MONTH	0	5	1	0	51	393	9	2	0	6	0	158	3	1	5	0	96	1034	69
ACADIA						9											3	6	2
ALLEN																		2	1
ASCENSION																			
ASSUMPTION																	1		
AVOYELLES																		1	1
BEAUREGARD																			
BIENVILLE						2											2		
BOSSIER						5											1	3	1
CADDO						35							2				3	96	9
CALCASIEU					2	15	1					3					3	18	2
CALDWELL																			
CAMERON					4														
CATAHOULA		3				13											1		
CLAIBORNE										3									1
CONCORDIA																			6
DESOTO													1						
EAST BATON ROUGE					1	22	1					1		1	3		14	40	8
EAST CARROLL							1												6
EAST FELICIANA																	4	7	
EVANGELINE		1			2														1
FRANKLIN						4	1											3	2
GRANT												9							
IBERIA						1											3	7	
IBERVILLE						2												2	

\*Includes Rubella, Congenital Syndrome

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DIVISION OF PUBLIC HEALTH STATISTICS -		- LOUISIANA STATE DEPARTMENT OF HEALTH																	
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JACKSON					1					1									2
JEFFERSON					5	54						6			2		10	91	2
JEFFERSON DAVIS																	2	4	
LAFAYETTE					1	10											4	7	2
LAFORCHE					1	1											6	18	
LASALLE																			
LINCOLN					2													5	
LIVINGSTON					2												2	2	1
MADISON																	1	9	1
MOREHOUSE						38												20	
NATCHITOCHES					1	18						36					4	11	
ORLEANS		1	1		9	37	2					1					15	403	27
OUACHITA					1	13		1									1	54	1
PLAQUEMINES						2													5
POINTE COUPEE					2	1											2	1	
RAPIDES						2	1										2	25	2
RED RIVER												2					1	1	
RICHLAND						1						1					2	9	
SABINE						1						2							7
ST. BERNARD					2	22	2					22							9
ST. CHARLES						2													1
ST. HELENA																			9
ST. JAMES																	1		
ST. JOHN																			
ST. LANDRY																	1	19	
ST. MARTIN					1												1		
ST. MARY																			1
ST. TAMMANY					4	16						2					1	16	
TANGIPAHOA						13												11	2
TENSAS																			
TERREBONNE																			3
UNION						1													1
VERMILION						1													
VERNON					9	34						68					2	60	1
WASHINGTON					1			1									2	13	
WEBSTER										2									5
WEST BATON ROUGE																			2
WEST CARROLL						12						1							1
WEST FELICIANA																			6
WINN						6						1					1		5
OUT OF STATE																			

From January 1 through April 30 of 1971, the following cases were also reported:

Observations also indicate that children over one year of age given vaccine plus gamma globulin and those vaccinated under one year of age, regardless of whether they received gamma globulin, may be contributing to the vaccination failures. There is yet another unknown percent who may have received vaccine inactivated by improper storage and handling.

Despite the fact that occasional cases in vaccinated individuals are observed during outbreaks, the critical factor underlying this present spread of measles is inadequate vaccination of susceptible pre-school children and children in the first two or three grades of school who were missed during the mass immunization campaigns of 1967 - 68.

Because of the high vaccine failure rates in children immunized before they reach the age of 1 year, the question had been raised as to whether these children should be re-immunized. The same question has been raised in reference to those who received vaccine plus gamma globulin.

Recalling all of these children would be costly and confusing and, therefore, impractical. In the presence of a community outbreak, it would, however, seem advisable to re-immunize as many as possible.

To insure optimum immunization levels in the future, doctors are urged to refrain from vaccinating children less than one year of age. All susceptibles one year of age and above should, preferably, be vaccinated with measles virus vaccine (other than the Edmonston strain) which does not require concomitant administration of measles immune globulin.

#### RUBELLA VACCINATION DURING PREGNANCY

The Center for Disease Control (CDC) of the Public Health Service has requested that physicians inform the Local Health Units or the State Department of Health (telephone number 504-527-8121) of any cases of women who have received rubella vaccine shortly before conception or during early pregnancy. The physician will then be sent a simple form to provide information permitting evaluation of the case. The purpose of the study is to define the fetal risk of vaccination.

Dr. Shelby Wyll of the CDC recently presented a study of 105 such cases. As the number of cases studied is small, additional data is needed. The findings to date indicate persisting placental infection with vaccine-like virus and histopathologic changes in the products of conception. These findings re-emphasize the need for caution when vaccinating a post-pubertal female.

A post-pubertal female should be vaccinated only if she is not pregnant and understands that it is imperative for her to avoid becoming pregnant for the following three months. To insure this, a medically acceptable method for pregnancy prevention should be followed. The same precaution also applies to women in the immediate post-partum period.

Prior to immunization of a post-pubertal female, a rubella HI titer should be determined. About 85% of such females will be found immune. Rubella vaccination of immune females is not indicated. If the test indicates susceptibility and the woman subsequently becomes pregnant, there may be a risk of fetal infection by the vaccine. The nature of the fetal risk is still undetermined. Further studies are required.

Post-pubertal females should be informed of the frequent occurrence of self-limited arthralgia and possible arthritis beginning 2 to 4 weeks after vaccination. The Louisiana State Department of Health clinics are not providing rubella vaccination to females over 10 years of age.

#### LEPTOSPIROSIS - RAPIDES PARISH

A 17 year old boy with a rash illness originally thought to be rubella died a week after onset of rash. Investigation revealed that early in the illness the patient had complained of severe myalgias and that he developed a macular (later petechial) rash, jaundice, proteinuria, and elevated SGOT and LDH before he died. Questioning of the family revealed that about 10 days before onset, the boy had drunk water from a stream in which cattle and hogs were frequently found. Post-mortem serum sent to CDC was positive on plate test for all leptospira antigens except canicola, bataviae and wolffi. A specimen obtained earlier was negative.

(Investigated and reported by John M. Yaeger, M.D., Director of Rapides Parish Health Unit, and by the Section of Epidemiology.)