

# LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF OCTOBER, 1971 BY PARISH OF RESIDENCE

## SMALLPOX IMMUNIZATION

The following is the United States Public Health Service Recommendation on Smallpox Vaccination as it appeared in the September 25, 1971 issue of Morbidity and Mortality Weekly Report published by the Center for Disease Control:

The Committee has reviewed the success achieved so far by the World Health Organization (WHO) - sponsored smallpox eradication effort and fully expects that it will continue. It now believes that the risk of smallpox in the United States is so small that the practice of routine smallpox vaccination is no longer indicated in this country.

The Committee believes that public health efforts should be devoted to assuring adequate immunization of all personnel involved in health services and of all travelers to and from continents where smallpox has not been eradicated.

(Continued on page 3)

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED NOVEMBER 4, 1971	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIOUS	INFECTIOUS AND SERUM HEPATITIS	TUBERCULOSIS, PULMONARY	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	RUBELLA *	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	MEASLES	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 19 70	118	26	15	15	556	642	65	30	0	63	10	156	26	9	72	4	148	9785	660
TOTAL TO DATE 19 71	170	18	13	9	684	629	62	63	0	32	6	288	33	6	134	3	1698	11803	649
TOTAL THIS MONTH	39	6	3	0	124	41	7	19	0	6	4	5	4	0	12	1	27	1053	74
ACADIA					1	1		1										6	
ALLEN			1			1													1
ASCENSION						1		1											
ASSUMPTION	2																		1
AVOUELLES					1										1				2
BEAUREGARD																			6
BIENVILLE																			2
BOSSIER										1									6
CADDO					4	5				1									109
CALCASIEU					2	1					1				1				40
CALDWELL						2													
CAMERON																			
CATAHOULA																	1		
CLAIBORNE																			1
CONCORDIA																			
DESOTO					3	1													9
EAST BATON ROUGE	1				4	4									3				76
EAST CARROLL						2													7
EAST FELICIANA						1													
EVANGELINE																			2
FRANKLIN																			1
GRANT						1													1
IBERIA																			3
IBERVILLE																			2

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\*Includes Rubella, Congenital Syndrome.

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## DIVISION OF PUBLIC HEALTH STATISTICS -

## - LOUISIANA STATE DEPARTMENT OF HEALTH

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JACKSON										4									
JEFFERSON	10	2			17			4			1	1			3		3	80	2
JEFFERSON DAVIS																			
LAFAYETTE					3	1											3	8	
LAFOURCHE			1		7	1	1								1			11	
LASALLE					1														
LINCOLN					1	1												43	1
LIVINGSTON					5														1
MADISON											1							4	
MOREHOUSE						1												18	1
NATCHITOCHES																		7	
ORLEANS	19	3			48	9	6	8				1					18	322	20
OUACHITA					8								1					62	8
PLAQUEMINES								2										1	
POINTE COUPEE															1				
RAPIDES					4							3					1	42	
RED RIVER																			
RICHLAND																		13	1
SABINE																		1	
ST. BERNARD	1				3	1							1		1				
ST. CHARLES	2							1										3	
ST. HELENA																		1	
ST. JAMES					1	1					1						1		
ST. JOHN	1				2										1			2	
ST. LANDRY					1	1		1										12	4
ST. MARTIN																		8	
ST. MARY		1				1												3	
ST. TAMMANY					5			1					1					12	
TANGIPAHOA			1												1			15	1
TENSAS																			
TERREBONNE	3				1	2							1						
UNION					1													4	1
VERMILION						1												3	
VERNON					1													51	5
WASHINGTON																		17	
WEBSTER						1												5	1
WEST BATON ROUGE																		8	
WEST CARROLL																			
WEST FELICIANA																		17	1
WINN																		5	
OUT OF STATE																			

From January 1 through October 31, the following cases were also reported: 1 Actinomycosis, 2 Anthrax, 3 Brucellosis, 1 Leprosy, 4 Leptospirosis, 37 Malaria (contracted outside the U.S.A.), and 1 Typhus Fever, Endemic.

Because of the rapidly declining incidence of smallpox in the world and the vastly reduced risk of its being imported into the United States, health officials in the United States should consider the discontinuation of compulsory measures as they relate to routine smallpox vaccination.

The Public Health Service should regularly evaluate and distribute information on the progress toward worldwide smallpox eradication. This will provide a basis for future assessment of smallpox vaccination practices in the United States.

Finally, physicians and public health agencies should intensify efforts to assure that all adverse vaccine reactions are reported and that the following contraindications to smallpox vaccination are scrupulously observed: (1) eczema and other forms of chronic dermatitis in the person to be vaccinated or in household contacts; (2) pregnancy; (3) altered immune states from disease or therapy.

The decision to recommend elimination of "routine" smallpox immunization was reached because it was felt that the well-documented risk of morbidity and mortality associated with vaccination outweighed the potential risk of illness and death from smallpox importation. Some of the data used to arrive at this decision follow :

1. The risk of death following smallpox vaccination is 5.0 per million for children less than 1 year of age and 0.5 per million for other childhood age groups. In 1968, 489 serious complications of smallpox vaccination (such as post-vaccinial encephalitis, vaccinia necrosum and eczema vaccinatum) were noted with 9 deaths.
2. A case of smallpox has not been imported into the United States since 1949.
3. A World Health Organization-sponsored program to eradicate smallpox has been very successful. In June, 1971, only 9 countries\* (none in the western hemisphere) reported smallpox. Global eradication may be at hand in a few years.
4. Using the known number of susceptible travelers to the United States from epidemic countries, and the 1970 incidence of smallpox in these areas, it has been estimated that the United States could expect one smallpox importation every 12 years.
5. Based on 20 years of experience in European countries which abandoned routine smallpox immunization, it would require 15 importations per year to produce the same mortality currently associated with smallpox vaccination in the United States.
6. Based on European experience, the large majority of smallpox cases secondary to an imported case are in adults. Estimates of the U.S. Public Health Service indicate that only 5 to 10 percent of the U.S. population has been vaccinated recently enough to be considered protected despite universal vaccination in childhood. The control of spread from an imported case would therefore depend on a surveillance system to identify suspect cases and their contacts and institute control measures, rather than routine immunization of children. The Foreign Quarantine and Smallpox Eradication Programs of the U.S. Public Health Service's Center for Disease Control presently operate such systems.

The present smallpox vaccination policy of the Louisiana State Department of Health is under study and a statement should be forth coming. Until Act 519, which requires smallpox vaccination as a prerequisite for school entry, is changed, it is anticipated that health units will continue vaccinating school children requesting it.

\* Afghanistan, Pakistan, India, Nepal, Indonesia, Uganda, Ethiopia, the Congo (Democratic Republic) and the Sudan