

# LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF JANUARY, 1972

BY PARISH OF RESIDENCE

## INFLUENZA - LOUISIANA, 1972

In contrast to the winter of 1970 - 71 when almost no influenza was noted in Louisiana, the winter of 1971 - 72 has brought a moderate amount of this disease to the state. As of January 31, 1972, over half the parishes containing about three quarters of the state's population have shown evidence of influenza activity. These affected parishes are located in every region of the state, and only the northwest region seems to have experienced a disproportionately greater concentration of cases. Although the disease has been geographically widespread, most individuals in affected areas have been spared illness, unlike the epidemics of 1968 - 1969 and 1969 - 1970 when almost uniform involvement of the entire population was noted. The current spotty distribution of cases may be explained by immunity to the A<sub>2</sub> Hong Kong influenza virus obtained during previous outbreaks. (Continued on Page 3).

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED February 4, 1972	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	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 1971	3	0	0	0	56	79	7	4	0	4	0	5	1	0	5	0	92	969	47
TOTAL TO DATE 1972	0	1	0	0	43	45	6	3	0	4	1	2	2	0	9	1	4	1041	68
TOTAL THIS MONTH	0	1	0	0	43	45	6	3	0	4	1	2	2	0	9	1	4	1041	68
ACADIA						2													7
ALLEN																			
ASCENSION																			2
ASSUMPTION																			2
AVOUELLES																			1
BEAUREGARD																			1
BIENVILLE																			1
BOSSIER																		12	2
CADDO						1										1	1	116	5
CALCASIEU					1	3											1	37	1
CALDWELL																			
CAMERON																			
CATAHOULA																			2
CLAIBORNE																			
CONCORDIA																			
DESOTO					3													4	1
EAST BATON ROUGE					3	2				1			1		2			68	3
EAST CARROLL																			
EAST FELICIANA																			
EVANGELINE						2													2
FRANKLIN						1												2	
GRANT																		1	
IBERIA																		4	
IBERVILLE																		6	

Louisiana Department  
Louisiana State Library  
Baton Rouge, Louisiana



The presence of influenza virus in several parishes has been confined by either isolation of the virus or by demonstration of four-fold or greater rises in hemagglutination inhibition antibody titer in paired sera. Infection with influenza A<sub>2</sub> Hong Kong virus has been confirmed in specimens from Avoyelles, East Baton Rouge, Iberville, Jefferson, Orleans, and St. Tammany Parishes. Influenza B virus antibody rise was demonstrated in a specimen from Lafayette Parish.

### INFLUENZA - UNITED STATES, 1972

The fourth influenza telephone survey of State Epidemiologists was conducted on January 17, 1972, by the Viral Diseases Branch, Epidemiology Program, CDC. Isolated outbreaks of influenza-like illness without laboratory confirmation were reported from Arizona, Arkansas, Indiana, Kentucky, Mississippi, New Hampshire, New Mexico, North Dakota, Virginia, West Virginia, and Puerto Rico. Isolated outbreaks of influenza were confirmed in Alabama, California, Florida, Georgia, Hawaii, Illinois, Missouri, Oklahoma, Pennsylvania, South Carolina, Tennessee, Utah, Vermont, and Washington. Outbreaks involving contiguous counties but less than half of a state's counties were reported from Idaho, Iowa, Kansas, Louisiana, Maryland, Michigan, Minnesota, Montana, New York, North Carolina, Ohio, Oregon, South Dakota, Texas, and Wisconsin. Widespread influenza was observed in New York City, the District of Columbia, and eight states: Colorado, Connecticut, Delaware, Maine, Massachusetts, Nebraska, New Jersey, and Rhode Island. A significant increase in mortality due to pneumonia and influenza has been noted in the areas that were affected by influenza early in the season, namely, New England, the East North Central, and Mountain states. Although increased mortality was reported from the Middle Atlantic, West North Central, Pacific, and West South Central states, a sustained increase of 2 weeks duration over the epidemic threshold is required to be statistically significant (MMWR, Vol. 14, No. 1).

Since the telephone survey of January 3 - 4, 1972, the incidence of confirmed influenza has increased markedly as children have returned to school, as holiday reporting artifacts have diminished, and as laboratory results of confirmed cases have become available.

Each confirmed outbreak has been due to A<sub>2</sub>/Hong Kong Virus, and the World Health Organization (WHO) International Influenza Center for the Americas reported that 52 virus strains from 17 laboratories throughout the country have not shown a significant difference in antigenicity from the prototype strain A/Hong Kong/8/68 (H<sub>3</sub>N<sub>2</sub>).\* Moreover, many states have reported milder disease than was seen with previous Hong Kong outbreaks; for example, in Massachusetts, although illness was reported across the state, attack rates have been relatively low, and the clinical illness has usually been mild.

Abstracted from "Morbidity and Mortality Weekly Report" published by the Center for Disease Control, Public Health Service, Atlanta, Georgia, for week ending January 15, 1972.

\*These symbols for the surface antigens, the hemagglutinin and neuraminidase, follow the recommendations of the WHO for influenza virus nomenclature (1).