



MONTHLY MORBIDITY REPORT

Provisional Statistics

FROM THE

Reported Morbidity
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OFFICE OF PUBLIC HEALTH STATISTICS

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BATON ROUGE, LA

Wanted
MEASLES !
report to your local
health unit as soon
as possible .

MEASLES TRAGEDY IN LOUISIANA - 1975 (The Good, The Bad, and The Ugly)

THE GOOD:

Until recently Louisiana had been without any major outbreak of measles since 1971 and without any indigenous measles between January - November, 1975. The major reason for this achievement has been a good statewide response to (1) a free-of-charge vaccination program supplied by the Division of Health since 1966 and (2) a state law requiring school children to be in the process of completing or to have completed an immunization program upon entry into school. Immunization surveys conducted at 120 schools around the state have shown over 95% measles immunization levels.

THE BAD:

Nevertheless certain small pockets within parishes have demonstrated lower levels of protection. In November, 1975, one such pocket - a school with only 76% measles immunization level - was found in Iberville Parish.

THE UGLY (the epidemic):

Cases of measles appeared in late November, 1975, in the largest city in Iberville Parish, Plaquemine, which is located about 15 miles south of Baton Rouge. The earliest identifiable case was a 6-year-old boy from Plaquemine with onset of rash on November 15, 1975. To date the source of his exposure remains unknown. By January 7, 1976, 30 recovered cases and 5 active cases could be identified by health personnel (an additional 20 recovered cases not investigated by health officials had been reported by local residents). Serologic confirmation for the outbreak was established by the demonstration of a fourfold rise in measles complement fixation titers in acute and convalescent specimens from three cases.

An investigation revealed that 66% of cases were 6 years of age or older and 96% were without prior measles vaccination history. Less than 25% of cases saw a physician while

ill. The epidemic appeared restricted to the city of Plaquemine and a remote area about 15 miles southwest, Bayou Sorrel. Total population of this epidemic zone is about 10,000.

Epidemic Measures and the Outcome:

The initial attempt to end the epidemic took place on December 19, 22, and 23 with the availability of special immunization clinics at the Plaquemine Health Unit. Nevertheless cases continued and an epidemic control strategy was designed; the strategy was to identify and vaccinate (1) local susceptible population (esp. ages 1-12) and (2) susceptibles in towns that surrounded the epidemic zone. This parish-wide immunization campaign began January 9, 1976. Clinics were held at schools and at various health units in the parish. Primary emphasis was placed on administering measles and combined measles/rubella immunizations; however, DTP, TD, and polio vaccines were given whenever needed. A total of 5,085 immunizations were administered to 2,676 children, with 1,843 vaccinations being measles or combined vaccines; 493 doses were given to ages 1-4; 608 to ages 5-9; and 742 to ages greater than 9. Also 1,620 DTP or TD doses were given and 1,622 polio vaccinations administered.

Since January 19, 1976 only two additional cases have been reported, both in children from the epidemic area. One case of measles pneumonia was reported. No measles related encephalitis or deaths were reported.

Conclusions:

The Louisiana measles outbreak of 1975 demonstrates (1) that despite availability of vaccines and health facilities, certain populations still do not receive immunizations and may not see physicians for an illness such as measles; (2) that epidemic control including case finding, assessment of immunization status of the area, actively publicizing clinics, and the creating of interest in surveillance in both the local medical and non-medical populations is paramount to prevention of spread of a measles outbreak; and (3) that epidemic control measures were apparently needed to end the outbreak.

Experience with measles in other states has also demonstrated that the concept of herd immunity is not valid and that mass immunization campaigns alone are not sufficient. Evidently it is the epidemiologic method of case finding and containment by vaccination that promises the best chance of attaining the goal of measles eradication.

The effort to contain measles in Louisiana will depend heavily on prompt reporting by physicians of any suspect cases. Moreover, the physician should adhere to the following essential strategies of measles control:

- (1) Routine immunization of infants at 1 year of age or as soon as possible thereafter.
- (2) Immunization of all remaining children on entering school or other places of congregation (e.g. day care centers).
- (3) Surveillance and reporting of the disease at once to local health units. Acute and convalescent serologic specimens should be drawn.
- (4) Prompt epidemic control.

Outbreaks of measles should no longer be considered "a matter of course" in the U.S. In 1975, despite the availability of the vaccine, 24,000 cases of measles were predicted along with 24 cases of measles related encephalitis and 24 measles related deaths. This type of tragedy can be dramatically decreased and hopefully eliminated.

Addendum - Notes About Measles Immunization:

If a contact is under one year of age, if exposure to natural measles occurred more than 48 hours before, or if measles vaccination is contraindicated, immune serum globulin (0.1cc per lb.) may be used to modify the disease in the susceptible person. This may not prevent shedding and transmission of the virus, however, and such persons should remain home for at least 10 days after the first appearance of suggestive symptoms including cough, coryza, conjunctivitis, and/or fever during the 3 week period following exposure.

Live measles vaccine can usually prevent disease if administered before or within 2 days after exposure to natural measles. Previous immunization against measles places a person at no increased risk to vaccination by currently licensed measles vaccines, so vaccination of persons whose immune status with respect to measles is unknown should be encouraged. Serious disorders associated with administration of live-virus measles vaccines have infrequently occurred. From 1963 to 1970, 42.6 million doses of live-virus measles vaccine were distributed in the U.S. During that period 59 patients were reported to have had neurologic disorders felt possibly related temporally to vaccine administration, for a rate of 1.16 cases per million doses of vaccine distributed, or about a thousand times lower than that reported with the natural infection.

INFLUENZA UPDATE (Through March 6, 1976)

Influenza activity began late this "flu season." Surveillance indices revealed no significant activity within the state until late January. At that time a noticeable rise in total emergency room admissions began at E.A. Conway Memorial Hospital in Monroe. Telephone conversations with hospital personnel revealed that this rise was caused by a respiratory illness similar to influenza. Arrangements were made for specimens to be sent to the Virology Lab at Charity Hospital in New Orleans. Isolates of an influenza virus similar to A/Victoria/3/75 were recovered from these specimens.

Since that time all reporting hospitals within the state have reported at least moderate influenza activity. Statewide, 34 isolates of influenza virus, all similar to A/Victoria/3/75, have thus far been recovered; no cases or isolations of

swine influenza virus have been reported.

No influenza related industrial closures, school closures, or excessive mortalities have been reported to the Epidemiology Unit. Moreover, with one exception, influenza activity appears to have peaked statewide; peak activity appeared between February 23 - March 6. The one exception is the New Orleans area which, as of March 6, is continuing to report a large amount of influenza-like illness.

Laboratory assistance in the collection of viral specimens for influenza isolation is available through Dr. Robert Gohd, Director of Virology Laboratory, Charity Hospital, New Orleans. He can be reached at 504-524-9654.



SELECTED REPORTABLE DISEASES

(By Place of Residence)

STATE AND PARISH TOTALS Reported Morbidity January, 1976	ASEPTIC MENINGITIS	DIPH THERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIOUS	HEPATITIS A AND UNSPECIFIED	HEPATITIS B	TUBERCULOSIS, PULMONARY	MENINGOCOCCAL INFECTIONS	PERTUSSIS	RABIES IN ANIMALS	RUBELLA*	SEVERE UNDERNUTRITION	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	MEASLES	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 19 75	2	0	1	0	30	7	33	4	2	0	25	0	13	0	10	0	0	1796	60
TOTAL TO DATE 19 76	5	0	1	1	32	13	71	5	0	0	31	0	5	0	14	1	2	1879	48
TOTAL THIS MONTH	5	0	1	1	32	13	71	5	0	0	31	0	5	0	14	1	2	1879	48
ACADIA							1											14	1
ALLEN																		1	
ASCENSION							1											2	
ASSUMPTION																		5	
AVOYELLES																		9	
BEAUREGARD																		4	
BIENVILLE																		26	
BOSSIER							1											137	2
CADDO					3	1	2											102	1
CALCASIEU	1				1		2								1			1	
CALDWELL																		1	
CAMERON																		1	
CATAHOULA																		2	
CLAIBORNE							1											2	
CONCORDIA																		2	
DESOTO																		7	
EAST BATON ROUGE					4		7									1		127	11
EAST CARROLL							3											1	
EAST FELICIANA																		4	1
EVANGELINE							1											1	
FRANKLIN																		6	
GRANT																		1	
IBERIA							2											6	
IBERVILLE																	1	7	1
JACKSON							1											3	
JEFFERSON	2				8	3	5	1					2		2			74	4
JEFFERSON DAVIS							1											8	
LAFAYETTE							3											31	
LAFOURCHE																		24	
LASALLE																		1	
LINCOLN					2													13	
LIVINGSTON							1											4	
MADISON																		24	2
MOREHOUSE																		10	
NATCHITOCHE																		808	21
ORLEANS	2		1		7	6	29	2			1		3		9			61	
OUACHITA							1	1										2	
PLAQUEMINES						1												1	
POINTE COUPEE																		1	
RAPIDES					1		1								1			83	
RED RIVER																		2	
RICHLAND																		5	
SABINE																		4	
ST. BERNARD				1		1												5	
ST. CHARLES						1		1										5	
ST. HELENA																		3	
ST. JAMES							1											4	
ST. JOHN															1			9	
ST. LANDRY							2											11	
ST. MARTIN																		8	
ST. MARY																		24	
ST. TAMMANY					2		1											27	
TANGIPAHOA					1		1											1	
TENSAS																		11	1
TERREBONNE					1													4	
UNION					1		2											2	
VERMILION					1													1	
VERNON											30						1	62	3
WASHINGTON																		20	
WEBSTER																		24	
WEST BATON ROUGE																		6	
WEST CARROLL																		2	
WEST FELICIANA																		22	
WINN							1											3	
OUT OF STATE																		1	

* Includes Rubella, Congenital Syndrome