



REPORTED MORBIDITY  
APRIL, 1978

# MONTHLY MORBIDITY REPORT

Provisional Statistics

from the

OFFICE OF PUBLIC HEALTH STATISTICS

DEPARTMENT OF HEALTH  
AND HUMAN RESOURCES  
OFFICE OF HEALTH SERVICES  
AND ENVIRONMENTAL QUALITY

LOUISIANA DEPARTMENT  
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## STATEWIDE RUBELLA OUTBREAK Recommendations to Physicians

### BATON ROUGE, LA

As this issue of the Monthly Morbidity Report goes to press, rubella is widespread throughout the state. Activity is concentrated in older children and young adults, including many women of child bearing age. Although the disease itself is almost always mild, congenital rubella syndrome can occur if a woman is infected during the first trimester of pregnancy. For this reason, the Department of Health and Human Resources urges physicians to make every effort to ensure that women of child bearing age are immune.

Since history of having the disease is not reliable, the only acceptable evidence of immunity is a written record of rubella immunization given after the age of 12 months, or documentation of antibody to rubella virus by the hemagglutination-inhibition (HI) or complement fixation (CF) test. The HI test is routinely available through the Central Laboratory. Any woman of child bearing age who is not known to be immune should have her antibody status determined, and if antibody is not present, she should be immunized. Because of theoretical risk to a developing fetus, immunization should be done only if the woman is not pregnant, and agrees not to become pregnant for 2-3 months following immunization.\* Protection by rubella immunization appears to be very high level and long lasting, and there is no current need for re-immunization. There is no evidence that the rubella vaccine virus is transmitted from person to person, so it is not contraindicated to immunize children or other household members when there is a pregnant woman in the household. Immuno-

suppressive diseases and medications, and severe febrile illness are contra-indications for rubella vaccine. No hypersensitivity reactions have been reported with the live attenuated measles, mumps, and rubella vaccines prepared from viruses grown in cell culture.

The letter printed along with this article has been sent to all obstetricians in Louisiana, and should be of interest to all physicians who see women of child bearing age in their practices.

(See next Page)

### BLASTOMYCOSIS

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Infection with *Blastomyces dermatitidis* was first described as a cutaneous disease by Gilchrist in 1894. He and Stokes later recognized the associated involvement of the viscera. Typically blastomycosis occurs in men 20-50 years of age, whose occupations bring them in close contact with the soil and forest products; however, the disease has been described in a patient six months old and in another in the ninth decade. Most major series report a male predominance of about 9:1. Most cases occur sporadically, but at least two epidemics have been recognized, in Pitt County, North Carolina in 1953-1954, and in Bigfork, Minnesota in 1972. These two epidemics occurred within the areas of highest incidence of disease, the Mississippi and Ohio river valleys and the middle Atlantic states. The Bigfork incident was a common source epidemic involving members of four families whose only common activity was building a cabin in a wooded area. Attempts to recover *B. dermatitidis* from this area were unsuccessful, but other investigators have cultured *B. dermatitidis* in soil and wood products.

The major portal of entry is the respiratory tract. There is an inflammatory reaction in the lung parenchyma with exudation of inflammatory cells, predominantly polymorphonuclear leukocytes, and granuloma formation. In this acute infection the patient may be entirely asymptomatic, or he may complain of an influenza-like illness with fever, chills, headache, photophobia, myalgia and arthralgia. He may also experience transient pleuritic chest pain and a productive cough. Acute blastomycosis may resemble a bacterial pneumonia and be treated as such. It may heal spontaneously, usually without calcification, or may evolve into a chronic infection manifesting itself as a pyogenic process with suppuration. At some phase of the pulmonary infection hematogenous dissemination may occur.

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\* No instance of fetal malformation from rubella immunization given during pregnancy has ever been documented.

DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
OFFICE OF HEALTH SERVICES AND ENVIRONMENTAL QUALITY



EDWIN EDWARDS  
GOVERNOR

P. O. BOX 60630  
NEW ORLEANS, LOUISIANA 70160

Dear Doctor:

The State of Louisiana is currently experiencing widespread rubella, with especially intense activity in the New Orleans, Baton Rouge and Monroe areas. Most cases are occurring in older children and young adults, of course including many women of childbearing age. We are concerned about infections in pregnant women because of the risk of congenital rubella syndrome and would like to make the following temporary recommendations:

1. Be alert to the possibility of rubella in pregnant patients. Remember the disease is frequently very mild and may present without rash.
2. Test all pregnant women whose rubella antibody status is not already known by prior testing for evidence of antibody to rubella virus, as early in pregnancy as possible. This specimen will serve as a base line. At the end of the first trimester, re-test any woman who is susceptible on first testing to see if she has experienced rubella infection. Counsel any woman who shows a sero-conversion about the possible risk to the fetus and advise her regarding her options.

When sending specimens on pregnant patients write "pregnant" on the laboratory slip. Also, indicate whether the specimen is a first or second specimen. All first specimens which are negative will be retained by the laboratory so that they can be re-run simultaneously with the second specimen when it is received. To facilitate this, when submitting second specimens, please indicate the laboratory number of the first specimen.

As we hope you are doing on an on-going basis, test the non-pregnant patients you see whose antibody status is unknown and vaccinate the susceptibles, provided they agree to prevent pregnancy with a satisfactory method for at least 3 months following immunization. This should include but not be limited to post-partum women.

The Louisiana Department of Health and Human Resources performs the rubella hemagglutination inhibition test on serum at no charge. Any measurable antibody is taken as evidence of protection. Specimens should be mailed to:

Central Laboratory  
325 Loyola Avenue  
New Orleans, Louisiana 70112

Please report all cases of rubella and congenital rubella syndrome to the local health unit.

Sincerely,

*Doris H. Thompson, M.D.*  
Doris H. Thompson, M.D.

Assistant Secretary

"AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY"

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Dissemination may first present with cutaneous lesions. These lesions occur most frequently on exposed areas. They begin as nodules which suppurate and advance with central healing. Less frequently the early nodules evolve into a superficial ulcer with a granulomatous base. Osseous structures are also frequently involved in the disseminated disease. Osteomyelitis usually occurs at the epiphyseal end of long bones. Occasionally there is rupture of the epiphyseal plate which results in a suppurative arthritis. Other commonly affected organs in men are the prostate and the epididymis. Dissemination may result in miliary disease and hepatosplenomegaly.

The only way to establish a diagnosis of blastomycosis is to isolate *B. dermatitidis* from sputum, transtracheal aspirates, bronchial washings, aspirated material or biopsies. The yeast forms are readily seen in fresh material placed on a slide with potassium hydroxide. Two features aid in its recognition: a thick, double contoured wall, and a single bud which has a wide communication with the parent cell. *B. dermatitidis* can be cultured on Sabouraud's agar at room temperature, where it appears as a mold with branching hyphae, or on blood agar at 37°C, where it appears as a wrinkled, waxy yeast form.

Antigens for skin and complement fixation tests are available but are of little diagnostic aid. Skin tests are frequently inconsistent and transient. Complement fixing antibodies are present against antigens of *Histoplasma capsulatum* as commonly as against blastomycin. Negative tests do not exclude the possibility of blastomycosis and positive tests may be specific or nonspecific reactions or simply a cross-reaction.

The chest film in acute blastomycosis shows areas

of consolidation that may be unilateral or bilateral. Sometimes there is regional lymph node enlargement in this phase of the illness. In chronic pulmonary blastomycosis there may be areas of consolidation, but more frequently there are changes more characteristic of granulomatous lung disease, i.e., fibronodular densities, volume loss, and occasionally cavity formation. Dense pleural thickening and pleural effusions are occasionally present. Roentgenographic studies of diseased bones reveal osteolytic lesions sometimes surrounded by areas of increased density.

The drug of choice for treating chronic blastomycosis is amphotericin B. Frequently there is rapid clinical improvement but the drug should be continued to a total dose of 1.5 to 2 grams. If amphotericin is contraindicated, 2-hydroxystilbamidine may be used. Either drug is given intravenously on a daily or every other day basis.

#### SELECTED REFERENCES:

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5. Blastomycosis cooperative study of the Veterans Administration: Blastomycosis: I. A review of 198 collected cases in Veterans Administration hospitals. *Am Rev Respir Dis*, 89:659, 1964.
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# SELECTED REPORTABLE DISEASES

(By Place of Residence)

STATE AND PARISH TOTALS Reported Morbidity April, 1978	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIONOUS	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	PSYCHOSIS - PRIMARY
TOTAL TO DATE 1977	2	0	4	0	209	41	199	42	0	4	9	4	14	0	20	1	56	5485	1
TOTAL TO DATE 1978	2	0	0	0	205	57	169	43	1	5	312	3	27	0	13	1	358	7060	2
TOTAL THIS MONTH	1	0	0	0	58	18	31	16	0	2	139	0	7	0	3	0	110	1806	2
ACADIA					1		1										9	12	
ALLEN																		5	
ASCENSION							1											9	
ASSUMPTION																		8	
AVOUELLES																		5	
BEAUREGARD																			
BIENVILLE																		2	
BOSSIER										1	2						1	22	
CADDO					2	2	3						3		2		2	205	
CALCASIEU						2	1	2			4							71	
CALDWELL											2								
CAMERON													1					1	
CATAHOULA																			
CLAIBORNE							1											2	
CONCORDIA								1										5	
DESOTO																		4	
EAST BATON ROUGE					3		2	2			19						10	155	
EAST CARROLL																		5	
EAST FELICIANA																		3	
EVANGELINE					1	1	1				2							1	
FRANKLIN																		6	
GRANT																		9	
IBERIA					1		1										7	4	
IBERVILLE											2						5	11	
JACKSON																		1	
JEFFERSON					12	2		2			75						4	57	
JEFFERSON DAVIS						1											5	5	
LAFAYETTE					3	3	1				4						2	47	
LAFOURCHE											1							5	
LASALLE																		1	
LINCOLN					1	1	1				3							30	
LIVINGSTON																		2	
MADISON																		18	
MOREHOUSE																		18	
NATCHITOCHE																		11	
ORLEANS					15	2	8	4			14		2	1				611	
OUACHITA																		72	
PLAQUEMINES								1										6	
POINTE COUPEE																		1	
RAPIDES					3		1										2	129	
RED RIVER																		1	
RICHLAND																		5	
SABINE					1													3	
ST. BERNARD					3		1											4	
ST. CHARLES											1							7	
ST. HELENA																			
ST. JAMES						1	1											3	
ST. JOHN						2												2	
ST. LANDRY					2		3										1	4	
ST. MARTIN					2												18	5	
ST. MARY																	1	3	
ST. TAMMANY					7		1											20	
TANGIPAOHA								1										15	
TENSAS							1											1	
TERREBONNE								2									1	3	
UNION																	1	10	
VERMILION											10							2	
VERNON	1							1									40	92	
WASHINGTON							2											18	
WEBSTER						1				1								16	
WEST BATON ROUGE																		10	
WEST CARROLL					1								1					3	
WEST FELICIANA																	1	18	
WINN																			
OUT OF STATE																			2

\* Includes Rubella, Congenital Syndrome

From January 1 through April 30, 1978, the following cases were also reported: 1-Brucellosis; 3-Malaria(contracted outside the U.S.A.); 1-Psittacosis; 1-Leptospirosis