



MONTHLY MORBIDITY REPORT

Provisional Statistics

REPORTED MORBIDITY
DECEMBER, 1979

from
EPIDEMIOLOGY UNIT AND PUBLIC HEALTH STATISTICS

Surveillance Summary

Pelvic Inflammatory Disease - United States *

Although Pelvic Inflammatory Disease (PID) is not a reportable condition, several estimates of its occurrence in the United States are available.

Two of these sources estimate rates of visits to office-based, private physicians for PID. The National Disease and Therapeutic Index (NDTI) estimated that rates of visits to such physicians for salpingitis and PID increased from about 3,500 to about 4,500 per 100,000 female population from mid-1960s to early 1970s (Figure 1). By 1977, these

(Continued on page 2)

*Reprint from MMWR 28:51, 1979 pp 605-7.

BULLETINS

TETANUS AND DIPHTHERIA IMMUNITY IN ADULTS

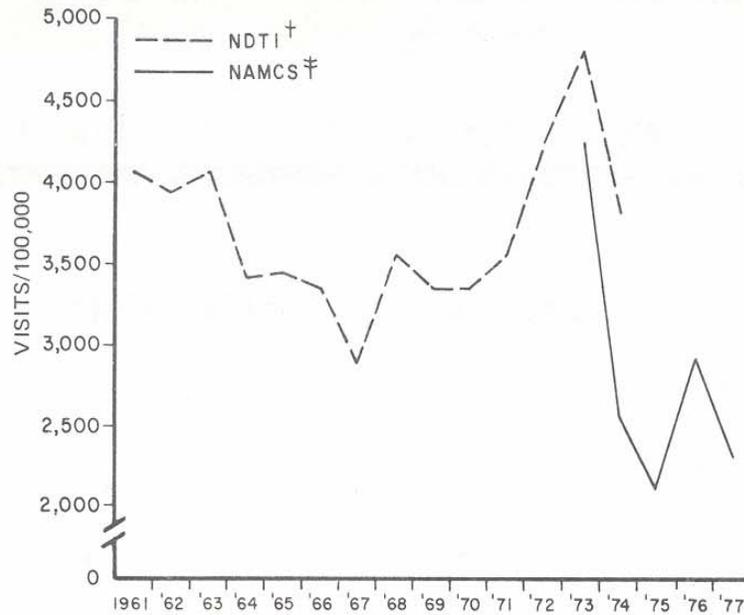
According to a recently published article by K. Crossley et. al. (JAMA 242:2298-2300, 1979) a majority of middle aged women and older adults of both sexes have not been appropriately immunized against diphtheria and tetanus.

The author pointed out that the levels of immunity to tetanus and diphtheria shown in this study do not differ substantially from those reported in serosurveys conducted 15 years ago. Several explanations are suggested for the observation that most adults lack protection levels of diphtheria antitoxin. One suggestion, based on sales data for tetanus and tetanus-diphtheria combined toxoids, indicates use of the combined product has not become a standard medical practice. This appears to be true despite the fact that since

1966 the Advisory Committee on Immunization Practices has recommended the combined tetanus-diphtheria toxoids as the material of choice for tetanus "boosters" in adults and children over 6 years of age.

The authors concluded that "the frequency of immunity to these diseases would probably increase if combined tetanus-diphtheria toxoids were more widely used for both periodic immunizations and for the post-traumatic prevention of tetanus." Diphtheria in adults in the United States has occurred with increased frequency during recent years, and a majority of reported tetanus cases occur in adults over 50 years of age. Special emphasis on the immunization of the elderly is needed.

FIGURE 1. Total salpingitis and PID visits per 100,000 female population (age 10-50), United States, 1961-1977*



*1977 PID projected from NAMCS information available on PID as principal diagnosis among women 10-50 years of age. Total PID is defined as salpingitis (acute, ICDA #612; chronic, ICDA #613; and unqualified, ICDA #614) plus disease of parametrium and pelvic peritoneum, ICDA #616

†NDTI: National Disease and Therapeutic Index, IMS, Inc., Ambler, Penn. Population estimates from Bureau of Census

‡NAMCS: National Ambulatory Medical Care Survey (NCHS)

estimated rates had fallen to about 2,500 per 100,000 female population according to the National Ambulatory Medical Care Survey (NAMCS), which is conducted annually by the National Center for Health Statistics (NCHS).

Both surveys are probability samples and provide essentially unbiased estimates of frequency of visits to physicians' offices by diagnosis. Extrapolation from both surveys indicates that an estimated 7.6 million visits to private physicians' offices for PID were made for the period 1973 through 1977.

Estimates for hospitalizations for salpingitis and PID* have also been made, based upon 2 hospital data systems (Figure 2). One of these, the Professional Activities Study (PAS), is an ongoing statistical study of hospitals' patient-discharge abstracts from approximately 2,200 short-stay hospitals. These hospitals discharge about 17 million patients annually. PAS is conducted by the Commission on Professional and Hospital Activities, and although the hospitals participating in the study do not constitute a probability sample, they are a relatively stable group responsible for about half of all U.S. hospital discharges. The other basis for estimating hospitalizations for PID is the Hospital Discharge Survey (HDS), conducted by NCHS. It is a probability sampling of discharge records from U.S. short-stay hospitals. In both studies, the proportion of all women hospitalized due to salpingitis and PID slowly increased from 1970 through 1977.

Reported by the Venereal Disease Control Div, Bur of State Services, CDC.

Editorial Note: Salpingitis and PID are often used synonymously in reference to upper genital-tract infections in women. *Neisseria gonorrhoeae* and possibly *Chlamydia trachomatis* are causes of PID. After an initial episode of PID, women often experience recurrences and are at high risk for infertility and ectopic pregnancy.

As reflected by the large number of visits to private physicians and hospital admissions for this disease, PID is a major health problem. Following the institution of a gonorrhea control program in 1972 (1), not only have reported cases of gonorrhea in men and women leveled off, but also the rate of visits to office-based, private physicians for PID has declined. However, hospitalization rates for PID did not decline. This difference in trend remains unexplained. Possibly, a larger proportion of patients now seek care for PID in

*Using the same International Classification of Diseases Adapted (ICDA) code as above.

FIGURE 2. Total diagnoses of salpingitis and PID per 100,000 females discharged from hospitals, by data source, United States, 1970-1977



health facilities other than private physicians' offices. It may also be possible that women with PID are now more likely to be hospitalized because of a better appreciation of the severity of this syndrome. Because recurrent PID accounts for a major portion of women hospitalized for PID, it may also be too early to expect a decline in the rates of hospitalization for PID. Declines in PID hospitalization rates and further decreases in PID visit rates are possible if gonorrhea prevention programs are improved and if prevention is directed at non-gonococcal as well as gonococcal PID.

Reference

1. MMWR 28:533-534, 1979

Announcement

On April 1-3, 1980, an International Symposium on Pelvic Inflammatory Disease will be held at CDC sponsored by the American College of Obstetricians and Gynecologists, American Venereal Disease Association, CDC, International Planned Parenthood Federation, International Union Against the Venereal Diseases and Treponematoses, Pan American Health Organization, and World Health Organization.

Clinicians, scientists, and public health officials who are actively involved in the study, prevention, or control of genital infections of women are invited and encouraged to attend. However, since seating capacity is limited, persons wishing to attend should notify the Symposium Director of their intent by February 1, 1980. Please include a very brief description of your current position and activities specifically related to the subject of the genital infections of women. Send notification and description to: Symposium Director, International Symposium on PID, Attn: Joyce Ayers, Center for Disease Control, Atlanta, Georgia 30333.

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SELECTED REPORTABLE DISEASES (By Place of Residence)

STATE AND PARISH TOTALS	VACCINE PREVENTABLE DISEASES					ASEPTIC MENINGITIS	HEPATITIS A AND UNSPECIFIED	HEPATITIS B	LEGIONNAIRES DISEASE	MALARIA*	MENINGOCOCCAL INFECTIONS	SHIGELLOSIS	TUBERCULOSIS, PULMONARY	TYPHOID FEVER	OTHER SALMONELLOSIS	UNDERNUTRITION SEVERE	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY	RABIES IN ANIMALS (PARISH TOTALS CUMULATIVE, 1979)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
Reported Monthly Morbidity December, 1979																			
TOTAL TO DATE 19	385	490	68	4	2	97	742	212	10	4	135	122	538	4	177	9	22768	732	17
TOTAL TO DATE 19	263	32	32	18	4	102	816	283	7	6	131	123	509	5	193	10	23382	1126	38
TOTAL THIS MONTH	3	0	1	0	1	2	88	29	3	0	10	7	24	0	15	1	1993	97	5
ACADIA							3										14		
ALLEN																	2		
ASCENSION																	9	1	
ASSUMPTION																	2		
AVOUELLES																	8	1	
BEAUREGARD																	3		
BIENVILLE							1										1		1
BOSSIER							4	3									41		5
CADDO							3	3				1			1		180	4	9
CALCASIEU							3	1				3	3		5		91	1	
CALDWELL																			
CAMERON							1	1										1	
CATAHOULA																	2		
CLAIBORNE															1		9		
CONCORDIA							1				1						7		
DESOTO																	2		4
EAST BATON ROUGE								1			1						161	8	1
EAST CARROLL																	9	5	
EAST FELICIANA																			
EVANGELINE								1											1
FRANKLIN													2				18		
GRANT																			
IBERIA							2						1				10	3	
IBERVILLE											1		2				9	3	
JACKSON																			1
JEFFERSON					1		30	2	2								112	4	
JEFFERSON DAVIS																	9	2	
LAFAYETTE						1	6	4				1			3		27		
LAFOURCHE							1				1				1		6		
LASALLE																	3		
LINCOLN							1										56		
LIVINGSTON							1	1									7		
MADISON															1		1	1	
MOREHOUSE															2		20		1
NATCHITOCHE								1									41		
ORLEANS	1						8	3				2	12				736	34	
OUACHITA							3	1			2						76	2	
PLAQUEMINES							1										4		
POINTE COUPEE																	4		
RAPIDES					1												82	9	12
RED RIVER																			1
RICHLAND																			
SABINE																	11		
ST. BERNARD	2						9	1			1	1					2	1	
ST. CHARLES											1						3		
ST. HELENA																	4		
ST. JAMES																	3		
ST. JOHN								1								1			
ST. LANDRY													1				9	4	
ST. MARTIN								1									5		
ST. MARY																			1
ST. TAMMANY							1				1						20	2	
TANGIPAOA							5										16		
TENSAS																	3		
TERREBONNE						1	1				1				1		9		
UNION								1									8	1	
VERMILION							3	1									2		
VERNON																	65	2	
WASHINGTON								1	1				1				15		
WEBSTER								1					1				20		2
WEST BATON ROUGE																	12		
WEST CARROLL																	5		
WEST FELICIANA																	2	6	
WINN																	2	1	1
OUT OF STATE																	12		

* Includes Rubella, Congenital Syndrome.

** Acquired outside United States unless otherwise stated.

From January 1, 1979 through December 31, 1979, the following cases were also reported:

- | | | |
|---------------------------|----------------------------------|-------------------|
| 2 - Typhus Fever, Endemic | 7 - Leptospirosis | 1 - Blastomycosis |
| 21 - Trichinosis | 2 - Rocky Mountain Spotted Fever | 1 - Q-Fever |
| 1 - Psittacosis | 4 - Brucellosis | |