



MONTHLY MORBIDITY REPORT

Provisional Statistics

REPORTED MORBIDITY
DECEMBER, 1982

PUBLIC HEALTH STATISTICS and
DIVISION OF DISEASE CONTROL

MEASLES OUTBREAK IN MONROE, LOUISIANA

An outbreak of measles involving 14 cases occurred in Monroe during the month of November. The index case, a 12 year old who had recently moved into this state from California, became ill after attending one day of classes at a Monroe Jr. high school. In the second generation of the outbreak, eight classmates and an adult hospital worker contracted measles from this single source. Four additional third generation cases occurred for a total of 14 during the outbreak. All 13 children involved were immunized; however, two received vaccine prior to 12 months of age, and one had received gamma globulin a month before vaccination. The adult had no history of immunization.

The index case had contracted measles from his eleven year old sister who had developed a rash a few

days before the family left California to take up residence in Monroe. He was seen at a Monroe hospital in early November and serologic specimens were obtained that subsequently confirmed the disease. Unfortunately, the case was not reported to health authorities.

The initial second generation case, a junior high classmate, was seen by a Monroe physician who promptly reported the illness. Vaccine Preventable Disease Section (VPDS) investigators screened the immunization records of all 750 students at the school that day. Adequate records were found for 94% of the enrollment; 48 students did not have records and were given notices to secure a proper record of immunization before returning to school. Pediatricians in the area were alerted by telephone of

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MEDICAL ALERT BULLETIN

DIABETES ONSET

Recent experience has shown that most young people who are newly diagnosed with insulin dependent diabetes develop this disease during the winter months. Consequently, the Scientific Advisory Committee of the American Diabetes Association wants to alert the medical community to an anticipated increase in the incidence of Type I diabetes with diabetic ketoacidosis over the next few weeks.

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the possibility of more cases occurring with a request to telephone reports of suspected cases to the VPDS office in Monroe.

During the next two days, several additional cases were reported by physicians, all among students of the junior high. A team of VPDS investigators was dispatched to Monroe to assist with outbreak control procedures. Mass media publicity of the outbreak was initiated to describe the situation, and the symptoms of measles. A hotline telephone number for parents, schools, and physicians to report suspect cases was included in the publicity. Public response was immediate with parents calling to report various types of rash illnesses.

In the meantime, schools and neighborhoods in the vicinity of the cases were being screened to detect susceptible children. Since the junior high was a "feeder" type with students from many areas of the parish, it was determined that the immunization records of all schools should be screened to detect and exclude children without documentation of measles vaccination. VPSD personnel and school nurses began the tedious task of screening nearly 35,000 health records in the schools.

Public health nurses and clerks at the Monroe health units were indeed busy answering telephone

calls from concerned parents about symptoms or verification of immunity status of their children, examining children with rash and obtaining blood samples. Daily immunization clinics were understandingly heavily attended.

During the outbreak, 70 rash illness reports were investigated, 30 of which had symptoms compatible with measles (rash of 3 or more days, ≥ 101 . fever, and at least one of the following: cough, coryza or conjunctivitis). Six of these children had positive cultures for strep, two had chicken pox and six children had blood tests that ruled out current measles infection. Of the 14 measles cases, 13 were serologically confirmed.

Of interest is the fact that 10 of the 14 cases had a history of immunization at 12 months of age or later. Measles vaccine is effective about 95% of the time, assuming the vaccine was properly stored and was received at 13 or more months of age. This means that at least 5% of the immunized students at the junior high were probably susceptible. The school has an enrollment of 750 students, and follow-up of immunization records indicates that nearly all have histories of immunization (a few at < 12 months of age). A vaccine failure rate of 5% would mean 38 students would be susceptible. The total of eight cases among such students is

well within expectations and could have been higher if outbreak control procedures were not implemented.

It appears that the index case was extremely communicable and probably was shedding copious amounts of virus. This is reinforced by the fact that only four infections were traced to other cases in the outbreak.

Most of the investigative work and immunization record screening was completed by mid-December. Immunization levels in the parish schools are known to be in excess of

95% and probably 98% when all records are located. These high levels plus the hard work of the medical community, Regional Medical Officer and Regional Staff, the health unit nurses and clerks, school health workers and the VPDS staff are recognized as the primary factors in limiting the spread of measles in Monroe. A special thanks to State Laboratory personnel for the overtime work necessary to provide serologic test results quickly. This was the first significant outbreak of measles in Louisiana since 1979.

MEDICAL ALERT BULLETIN: DIABETES ONSET (continued from Page 1)

People with acute onset diabetes may present to their physicians or emergency room personnel as having a case of "flu" with mention of symptoms limited to nausea, vomiting, and dehydration. Unless the urine or blood is checked for glucose, the patient may be diagnosed as having "viral gastroenteritis" or "flu" and the patient may be sent home. This series of events increases the mortality and morbidity of diabetic ketoacidosis in people with acute onset, insulin dependent diabetes. This problem can be prevented by checking all acutely ill patients in the emergency room for glucose in urine or blood.

We urge all physicians to be aware that there may be an increase in incidence of insulin dependent diabetes over the next few weeks, some of whom may present as "flu." Checking urine or blood for sugar in all acutely ill patients will prevent missing the new onset diabetic in ketoacidosis and may save the patient's life.

For additional information contact:

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SELECTED REPORTABLE DISEASES

(By Place of Residence)

NOTE: THE DECEMBER SUPPLEMENT IS NOT INCLUDED IN THIS REPORT.

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, 1982)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
TOTAL TO DATE 19 81	4	9	6	7	2	98	1132	351	3	13	130	144	423	3	220	2	23267	1664	34
TOTAL TO DATE 19 82	14	1	6	22	7	138	1008	315	0	5	63	110	400	2	207	6	23958	1835	32
TOTAL THIS MONTH	4	0	0	1	1	7	109	42	0	0	4	10	31	0	29	0	2155	125	2
ACADIA							2	5					1		1		10		
ALLEN																	4		
ASCENSION															2		13		
ASSUMPTION															1		8	1	
AVOYELLES													2				7		
BEAUREGARD											1	3					8		
BIENVILLE																	4		1
BOSSIER							2										31	1	1
CADDO							6					2	2				228	9	1
CALCASIEU							5	1									82	7	
CALDWELL																			
CAMERON																			
CATAHOULA																	1		
CLAIBORNE																	17		1
CONCORDIA							1										8		
DESOTO													1				5	1	
EAST BATON ROUGE							3	3			1				4		152	14	1
EAST CARROLL																	6	3	
EAST FELICIANA																	1	1	
EVANGELINE							1	1					1				3		
FRANKLIN																			
GRANT																	5		
IBERIA							1	7	4				1		1		15		
IBERVILLE															1		9	1	
JACKSON																	2		1
JEFFERSON							3	10	4				2		2		109	8	
JEFFERSON DAVIS								5	2								7		
LAFAYETTE								41	4				2		3		27	4	
LAFOURCHE							1		1								35		
LASALLE																	1		
LINCOLN																	10	2	5
LIVINGSTON																	1		
MADISON																	17		
MOREHOUSE							2	1									47		
NATCHITOCHE							1								4		4		7
ORLEANS							7	7				1	11		2		704	45	
OUACHITA	4			1	1		4						2				100	1	2
PLAQUEMINES																	2		
POINTE COUPEE																			
RAPIDES							1						3		1		91	3	5
RED RIVER																	2	2	
RICHLAND													1				11		1
SABINE																	1	2	
ST. BERNARD											2				1			1	1
ST. CHARLES									1										
ST. HELENA																	2		
ST. JAMES																	3	1	
ST. JOHN																	8		
ST. LANDRY							1	1	2								28	5	
ST. MARTIN								1	1								4	2	
ST. MARY													1				21	3	
ST. TAMMANY								2	3			1			1		18		
TANGIPAHOA									1			2			1		16	1	
TENSAS																	3		
TERREBONNE							1	2	1				1		1		62	3	
UNION																	5		5
VERMILION								3	1						2		6		
VERNON								1				1					154		1
WASHINGTON																	8	1	
WEBSTER								1	1								13		
WEST BATON ROUGE															1		4		
WEST CARROLL																	1		
WEST FELICIANA																	3	3	
WINN																	1		
OUT OF STATE																	6		

*Includes Rubella, Congenital Syndrome.

**Includes 24 cases of Hepatitis, Non A and Non B reported Jan. - Dec., 1982.

***Acquired outside United States unless otherwise stated.

From January 1, 1982 - December 31, 1982, the following cases were also reported: 4 - Amebiasis, 8 - Brucellosis, 2 - Food Poisoning, 1 - Psittacosis, 2 - Rocky Mountain Spotted Fever, 1 - Trichinosis, 2 - Leptospirosis, 1 - Tularemia.



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