



MONTHLY MORBIDITY REPORT

PUBLIC HEALTH STATISTICS and DIVISION OF DISEASE CONTROL

RECOMMENDATIONS FOR MEASLES VACCINATION FOR INTERNATIONAL TRAVEL*

Although vaccination against measles is not a requirement for entry into any country, measles is endemic in most countries and it is advisable that travelers be immune. A physician's documentation of prior measles disease or of measles vaccination constitutes evidence of immunity. Most persons born before 1957 are likely to have been infected naturally and need not be considered susceptible. Persons born in 1957 or later should review their immunization status.

In the United States, measles vaccine in a dose of 0.5 ml subcutaneously is administered routinely to children at least 15 months of age. Younger children (between 6 months and 15 months of age) may be immunized with measles vaccine (0.5 ml subcutaneously) if it is anticipated that they will be in frequent

contact with young children in the country being visited. Alternatively, such infants may be immunized with immune globulin (IG) in a dose of 0.25 ml/kg body weight (0.11 ml/lb body weight) intramuscularly, regardless of age (i.e., even if less than 6 months of age). The IG should be repeated every 6 - 8 weeks if exposure abroad continues. If children are vaccinated before 12 months of age, they should be revaccinated at about 15 months of age. Children who receive IG should be vaccinated at 15 months of age provided at least 3 months have elapsed since administration of the IG.

These recommendations are intended to protect the health of the United States public as well as the international traveler. No immunization or immunization records are required to enter the United States.

All recipient health departments, travel agencies, airlines, and shipping companies are requested to notify prospective travelers of these recommendations.

* SOURCE: United States Department of Health and Human Services, Public Health Service, Centers for Disease Control. Advisory Memorandum No. 63, May 14, 1982.

SMALLPOX VACCINATION

The Thirty-Fourth World Health assembly of the World Health Organization (WHO) by resolution amended the International Health Regulations effective January 1, 1982, removing smallpox from the diseases subject to the Regulations. On April 8, 1982, the WHO reported that no countries are known to be requiring smallpox vaccination certificates from travelers.

The Centers for Disease Control (CDC) reports

that the change in the International Health Regulations removes smallpox from the list of internationally quarantinable diseases and eliminates the legal basis for requirement of smallpox vaccination. A revision of the International Certificates of Vaccination deleting smallpox vaccination will soon be available.

In the United States smallpox vaccination of civilians is recommended only for laboratory workers
(continued on page 2)

SMALLPOX VACCINATION (continued from page 1)

directly in contact with smallpox or closely related orthopox viruses.

A physician's medical license was revoked in 1981 by the California Board of Medical Assurance because the physician administered smallpox vaccine to a 53 year old man with chronic lymphocytic leukemia in an attempt to treat recurrent herpes labialis. The patient developed severe vaccinia necrosum. The California Board stayed to revocation of the physician's license but placed him on probation for 5 years.

Smallpox vaccine is ineffective in the treatment of any disease.

REFERENCES:

1. CDC MMWR 1982;31:159
2. CDC Weekly Summary of Health Information for International Travel, Week Ending April 16, 1982.
3. ACIP Smallpox Vaccine MMWR 1980;29:417-20.
4. California Department of Health Services, Inappropriate smallpox vaccination for recurrent herpes simplex-medical license revoked, California Morbidity 1981, November 20:45.

NEW MANUFACTURER OF RABIES IMMUNE GLOBULIN

According to a recent communication from the Centers for Disease Control the Seralc Corporation was licensed in April 1982 to produce Rabies Immune Globulin (Human) [RIG(H)] for use in rabies postexposure treatment. The trade name for new product is IMOGAM RABIES, and it is distributed in this country by Merieux Institute.

This product is similar to the RIG(H) already available from Cutter Laboratories. The Seralc Corporation RIG(H) is available in 2 ml and 10 ml vials, and recommendations for its use are identical to those for the Cutter RIG(H).

In February 1982, it was also announced that

the Merieux Institute was given official permission to market Human Diploid Cell Strain (HDGS) Rabies Vaccine to the private medical sector. Prior to this approval the company was authorized to distribute the vaccine only to government facilities.

For information on price and how to order RIG (H) or HDGS contact Merieux Institute 1200 NW 78th Avenue, Suite 109, Miami, Florida 33126, telephone 1-800-327-2842.

The Cutter Laboratories RIG (trade name HYPERAB) is available in Louisiana at 2613 Delaware St., Kenner, LA 70062, telephone 504-469-8479.

* LICENSURE OF YOMESAN *

Miles Pharmaceuticals has been licensed by the Food and Drug Administration (FDA) to manufacture and distribute Niclocide (Yomesan)[†] in the United States for treatment for humans with cestodiasis (tapeworm infections). Drug requests should be directed to local Miles representatives or to: Miles Pharmaceuticals, 400 Morgan Lane, West Haven, CT 06516. Telephone: 800-243-4153 (toll free) or 203-934-9221.

The Parasitic Disease Drug Service (PDDS) of CDC will continue to distribute 13 other drugs to physicians requesting them (Table 5). After the requesting physician provides information about the infection, specific laboratory data, and limited patient data (name, age, sex, and weight), CDC will release these drugs to all licensed physicians in the United States who agree to register as Clinical Investigators by completing FDA Form FD - 1573. Included in each shipment is a packet containing 1) a drug protocol outlining indications/contraindications, dosages, routes and frequency of administration, expected adverse reactions, and toxicity; 2) a patient consent form (available in English, Spanish,

Cambodian, Lao, Muong [Hmoob], and Vietnamese); and 3) a 1-page patient report form that asks the physician to report all side effects of therapy and record the drug's effectiveness (cure/noncure), as demonstrated by the appropriate laboratory parameters.

Requests for drugs from PDDS should be directed to: Centers for Disease Control, Parasitic Disease Drug Service, 1600 Clifton Road, Bldg. 6, Room 161, Atlanta, GA 30333. Telephone: (Day) 404-329-3670, 8:00 AM to 4:30 PM, Monday through Friday; (night, weekend, or holiday) 404-329-2888, For Emergency Calls Only.

* Use of trade names is for identification only and does not imply endorsement by the Public Health Service or the United States Department of Health and Human Services.

† Formerly distributed in the United States by the Parasitic Disease Drug Service (PDDS) as niclosamide (Yomesan). Reported by Parasitic Diseases Div. Center for Infectious Diseases, CDC.

TABLE 5. Drugs carried by the Parasitic Disease Service

<u>Investigational new drugs</u>	<u>Indications</u>
Bayer 205 (Suramin)	African trypanosomiasis, onchocerciasis
Bayer 2502 (Lampit)	American trypanosomiasis
Bithionol, N.F.	Paragonimiasis, <i>Fasciola hepatica</i>
Dehydroemetine	Amebiasis
Diloxanide furoate (Furamide)	Amebiasis
Melarsoprol (Mel B)	African trypanosomiasis
Metrifonate (Bilarcil)	Schistosomiasis
Niridazole (Ambilhar)	Dracunculiasis, schistosomiasis
Pentamidine isethionate (Lomidine)	Pneumocystosis, African trypanosomiasis
Sodium antimony dimercaptosuccinate (Astiban)	Schistosomiasis
Sodium antimony gluconate (Pentostam)	Leishmaniasis
 <u>Commercially licensed, but difficult-to-obtain drugs</u>	
Chloroquine (parenteral)	Malaria
Quinine (parenteral)	Malaria

* Reprint from MMWR: 31:20, 1982 pp 275-276.

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, 1982)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
REPORTED MORBIDITY MAY, 1982																			
TOTAL TO DATE 19 81	0	9	3	4	0	20	333	136	0	3	79	27	159	0	53	1	8391	672	15
TOTAL TO DATE 19 82	0	0	3	1	2	34	390	115	0	3	32	37	185	0	66	2	9549	722	14
TOTAL THIS MONTH	0	0	0	1	0	7	73	31	0	1	8	9	59	0	17	2	2033	141	6
ACADIA								1							1		17		
ALLEN													1				4		
ASCENSION																	6		
ASSUMPTION								1					1				4		
AVOUELLES															1		4		
BEAUREGARD													1				8		
BIENVILLE													1				2	1	1
BOSSIER													1				47	6	1
CADDO							4					8	5		3		214	18	1
CALCASIEU							2						4			2	103	2	1
CALDWELL							2											1	
CAMERON																	5		
CATAHOULA														1					
CLAIBORNE													1				14		
CONCORDIA						1											2		
DESOTO													1				2		
EAST BATON ROUGE								1					1		2		152	11	1
EAST CARROLL																	6		
EAST FELICIANA							1			1			1				3		
EVANGELINE																	1		
FRANKLIN							2						1				9		
GRANT																	2		
IBERIA							4								1		24		
IBERVILLE													1				6		
JACKSON																	2		1
JEFFERSON						5	17	4			2		3		1		161	10	
JEFFERSON DAVIS							1										8		
LAFAYETTE						1	3	4									54	3	
LAFOURCHE							1				1						17		
LASALLE																			
LINCOLN													1				14	3	2
LIVINGSTON													1				6		
MADISON							3										14		
MOREHOUSE							4	1					2				6		
NATCHITOCHE								3									2		3
ORLEANS				1			13	9			2	1	22		2		744	66	
QUACHITA							5						3				81	4	
PLAQUEMINES																	3		
POINTE COUPEE																	3		
RAPIDES							2	2			1		1				65	3	1
RED RIVER							1										6		
RICHLAND							3										14	2	
SABINE																	2		
ST. BERNARD							1				1						2		
ST. CHARLES																	7	2	
ST. HELENA																			
ST. JAMES																	7		
ST. JOHN									1						1		5	3	
ST. LANDRY																	14		
ST. MARTIN																	23		
ST. MARY							2	2					1				6		
ST. TAMMANY																	8	4	
TANGIPAHOA													1				8		
TENSAS																	1		
TERREBONNE								1			1		3				28		
UNION							1						1				7		2
VERMILION								1									8		
VERNON							1										9		1
WASHINGTON															2		2	1	
WEBSTER																	29		
WEST BATON ROUGE																	7	1	
WEST CARROLL																	3		
WEST FELICIANA																	7		
WINN																	1		
OUT OF STATE																	14		

*Includes Rubella, Congenital Syndrome

**Includes 8 cases of Hepatitis, Non A and Non B, reported Jan.-May 1982.

*** Acquired outside United States Unless otherwise stated.

From January 1, 1982-May 31, 1982 the following cases were also reported:

2-Cryptococcosis; 1-Histoplasmosis; 1-Psittacosis; 2-Infectious Mononucleosis.

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This public document was published at a cost of \$.30 per copy by the Office of Health Services and Environmental Quality to inform Physicians, Hospitals, and the Public of current Louisiana morbidity status under authority of R.S. 40:36. This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31.



IMPORTANT CORRECTION
FOR
APRIL, 1982 SPECIAL ISSUE

In the article "Hemophilus Influenza Type b Infection" on page 3, third paragraph, the recommended dosages of rifampin for Hib disease contacts and for meningococcal disease contacts are reversed. This paragraph should read:

"Physicians who elect to follow the AAP recommendations for rifampin chemoprophylaxis are warned not to confuse the recommended rifampin dosage for Hib disease contacts (adults: 600 mg once a day for 4 days; children: 20 mg/kg, 600 mg maximum, once a day for 4 days) with that recommended for meningococcal disease contacts (adults: 600 mg twice a day for 2 days; children under 12 years: 10 mg/kg, 600 mg maximum, twice a day for 2 days). For both diseases, the dosage for children less than 1 month is 5 mg/kg per dose.