



MONTHLY MORBIDITY REPORT

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LOUISIANA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
PROVISIONAL STATISTICS

REPORTED MORBIDITY
MARCH, 1983

JUL 20 1983

**PUBLIC HEALTH STATISTICS and
DIVISION OF DISEASE CONTROL**

BATON ROUGE, LA
**ROUTINE RUBELLA TESTING
PRIOR TO VACCINATION NOT ESSENTIAL**

The Division of Laboratories performed approximately 50,000 hemagglutination inhibition (HI) tests for rubella in 1982. Specimens received from health units were collected primarily from maternity patients who had no documented history of vaccination or laboratory evidence of immunity. Some family planning clinics, although not required to do so, continued to screen non-pregnant patients for susceptibility as a prerequisite to rubella vaccination.

In the private sector, physicians utilized the services of the state laboratory to screen maternity patients for rubella susceptibility, a practice highly recommended by the health department. However, a spot survey of a few private clinics indicated that patients are often screened routinely without any attempt to establish if they have been immunized or have previous

laboratory evidence of immunity. Also, efforts to obtain postpartum visits for the purpose of immunizing those who have no evidence of immunity appeared to vary considerably between clinics. It was the interviewer's impression that improvement in this area is definitely needed.

Medical facilities, both public and private, have been encouraged to require proof of immunity of employees, especially those who have frequent contact with children and pregnant women. Both the American Academy of Pediatrics and the Immunization Practices Advisory Committee of the Public Health Service recommend that health care providers institute programs to prevent rubella among employees. Most facilities where such programs have been instituted have adopted a policy of HI testing to identify those needing immunization. The health department

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**TB CONTROL PROGRAM IN 1982
A STEP IN THE RIGHT DIRECTION!**

**"THE TUBERCULOSIS MORBIDITY IS DOWN
ONE NOTCH"**

In 1982 there was a decline in both the total number of tuberculosis cases and the number of cases confirmed bacteriologically. The incidence of 10.8 per 100,000 was the lowest ever observed in Louisiana.

The decrease in cases was comparable among race and sex categories. By age however, the decrease was more evident in the younger age groups: 54 cases in 1981, and 32 cases in 1982 (a 40% decrease) in children 15 years and under. There was no

clear evidence of any major change in geographical distribution. New Orleans still remains the main focus of tuberculosis.

Table 1: Tuberculosis Cases and Incidence

	1981	1982
Total number of cases	534	471
Bacteriologically confirmed cases	464	444
Incidence per 100,000	12.4	10.8

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TB Control Program in 1982
 a Step In the Right Direction! - (continued from page 1)

THE FOLLOW UP OF CASES HAS BEEN GREATLY IMPROVED 1982.

Table 2 summarizes the principal indices used to evaluate the follow-up of cases.

The Register was updated to weed out old cases that did not need to be followed, hence the decrease in the number of cases. All indices were greatly improved showing that the major effort undertaken in 1982 to upgrade the Case Register has proven very beneficial. However, more efforts are necessary to reach the high objectives set for the program (90 to 95% on all these indices).

Table 2: Case Follow-up

	1981	1982
Number of cases on Register	1,116	756
Cases current		
on treatment	39%	69%
on bacteriology	37%	54%
on medical review	46%	59%
Index of continuity of therapy	27%	71%
Index of completion of therapy	78%	81%

THROUGH THE CONTACT PROGRAM AN ADDITIONAL 267 PERSONS WERE TREATED PREVENTIVELY

Table 3 Summarizes the contact program activities.

In 1982 an increase of 275 contacts over 1981 were identified resulting in an increase of 127 infected contacts. As compared to 1981, 157 more infected contacts and 110 more exposed (not infected) contacts received the benefits of INH prophylaxis in

Table 3: Contact Activities

	1981	1982
Number of contacts identified	2,266	2,541
Number of infected contacts	546	673
% contacts infected	26%	30%
Number of infected contacts on INH	389	546
% of infected contacts on INH	71%	80%
Number of exposed (not infected) contacts placed on INH	294	404

OUTREACH WORK WAS THE KEY TO IMPROVED CASE FOLLOW-UP IN NEW ORLEANS

The program indices showed that the TB Control Program in New Orleans was having difficulties. In 1982, three public health investigators spent time with the City of New Orleans personnel to focus on case follow-up. The results were spectacular:

Table 4: New Orleans Case Follow-up

	1981	1982
Cases current on treatment	11%	70%
Cases current on bacteriology	19%	48%
Cases current on medical review	30%	72%

The contact program in New Orleans still shows some deficiencies, but should be vastly improved by allocating more outreach workers time to contact investigations.

In summary, the major effort undertaken in

1982 by all public health personnel involved in tuberculosis control program activities has been very successful. However, there is still room for further improvement to reach the ambitious goals set for the program. It can be done if all "pitch in".

MMWR NOW AVAILABLE AT REASONABLE COST

The Centers for Disease Control stopped free distribution of its Morbidity and Mortality Report (MMWR) on October 1, 1982. A paid subscription system through the National Technical Information Service was started at that time with an annual subscription rate of \$70.00 for third class mail delivery and \$90.00 for first class mail.

As a professional service, the Departments of Infectious Diseases and Occupational Medicine, on behalf of the Ochsner Clinic, are offering an exact weekly reprint edition of MMWR at a much lower rate. The Ochsner subscription rates are as follows:

- \$25 per annum by First Class Mail-U.S.
- \$20 per annum by Third Class Mail-U.S.
- \$50 per annum by Air Mail-Foreign

These rates include 52 weekly issues and the Annual Summary. The periodic supplements, published 4-6 times per year, are available for an additional charge of \$5.00 per annum in the U.S. and \$8.00 overseas.

The Ochsner Clinic spokesman informs us that special arrangements to receive the copy from the CDC in Atlanta each week have been made and the edition is reprinted and mailed from New Orleans by 4:00 P.M. every Friday, which is the official publication date in Atlanta. Also, orders

received by Wednesday of each week are entered on the subscription list for Friday of the same week. An order for the MMWR Reprint Edition may be placed by sending a check payable to the order of Ochsner Clinic with the desired name and mailing address to:

Victor Alexander, M.D.
Chairman, Occupational Medicine
Ochsner Clinic
1514 Jefferson Highway
New Orleans, LA 70121

Persons who have purchased subscriptions to the MMWR through the National Technical Information Service may cancel those subscriptions and receive a prorated refund for the unexpired portion by writing to the NTIS Subscription Department, 5285 Port Royal Road, Springfield, VA 22161.

The MMWR is a highly respected and widely used publication of timely compiled disease surveillance data and brief case reports. It has earned an excellent clinical reputation among public health practitioners and physicians over many years. The very high cost has discouraged many physicians and other health care providers from continuing their subscriptions. We are pleased that Ochsner Clinic has offered to provide this service at a more reasonable cost.

Routine Rubella Testing

Prior to Vaccination Not Essential - (continued from page 1)

however, has adopted a policy of routinely immunizing those with no previous documented vaccination or laboratory evidence of immunity without pretesting.

Female employees or clients other than maternity patients are asked if they are pregnant and if they say they are not and agree to prevent pregnancy for three months the vaccine is offered. It is normally cheaper to immunize those without a history of immunity rather than to test and immunize only those who are shown to be susceptible. Also, it eliminates the problem of notifying those that are negative to return for the immunization and eliminates the risk of not being able to immunize those individuals who may never return to the clinic. There are no

known harmful effects from vaccinating immune persons. Hospitals, clinics and other health facilities are encouraged to examine their programs and consider adopting a policy similar to that of the health department.

Clinicians should document the need for immunization of all their patients, and to immunize those who are susceptible. Testing of maternity patients is still highly recommended but only for those without record of immunization or previous positive rubella HI test. One positive HI titer $\geq 1:10$ (1:8 in some private labs) is evidence of lifetime immunity and the test normally never needs to be repeated for the purpose of establishing immunity.

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, 1983)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
TOTAL TO DATE 1982	0	0	1	0	1	20	236	60	0	1	17	19	106	0	40	0	5924	424	5
TOTAL TO DATE 1983	0	9	0	2	2	7	238	84	1	0	18	14	97	0	43	4	4847	428	6
TOTAL THIS MONTH	0	9	0	0	1	5	100	34	0	0	9	6	42	0	26	4	1654	195	0
ACADIA							8						2		3		20	1	
ALLEN													1				1		
ASCENSION																	2		
ASSUMPTION						1		1							1		5	1	
AVOUELLES													1				4		
BEAUREGARD											1						5	1	
BIENVILLE																	4		
BOSSIER					1												5		1
CADDO						3	6	1									59	5	
CALCASIEU											1	2	2		4		162	31	
CALDWELL													1				94	6	
CAMERON																			
CATAHOULA								1										1	
CLAIBORNE																		1	
CONCORDIA													2				4		
DESOTO								1									2		
EAST BATON ROUGE												2			6		6	12	
EAST CARROLL								1									48	1	
EAST FELICIANA																	8	1	
EVANGELINE																	5	1	
FRANKLIN																		6	
GRANT													1						
IBERIA							9	1			1								
IBERVILLE											1						10	2	
JACKSON							1						1				5	2	
JEFFERSON							10	7					4		2		2	10	
JEFFERSON DAVIS							5										62		
LAFAYETTE		1					13	4									2		
LAFOURCHE							1				1						34	8	
LASALLE													1				14		
LINCOLN						1					1						1		
LIVINGSTON							1	2									20		
MADISON							1											2	
MOREHOUSE													2				15		
NATCHITOCHE							1						2				28	1	
ORLEANS							8	6			2		11		2		4	2	
OUACHITA		8					13						3				715	67	
PLAQUEMINES											1						88	7	
POINTE COUPEE																		1	
RAPIDES								2					2				51	1	
RED RIVER											1						1		
RICHLAND																	10		
SABINE													1		1			3	2
ST. BERNARD							3												
ST. CHARLES							1	1										2	1
ST. HELENA																			
ST. JAMES																			
ST. JOHN																		2	
ST. LANDRY							1	1				1					14	4	
ST. MARTIN							3										9	2	
ST. MARY								1					1				12		
ST. TAMMANY													1				13	4	
TANGIPAOHA							8						1			3	30	14	
TENSAS																	1		
TERREBONNE							2										13	4	
UNION							4										8		
VERMILION							1	1					1		1		1		
VERNON							1	1									2		
WASHINGTON																	8	1	
WEBSTER													1		1		26	1	3
WEST BATON ROUGE								1									3		
WEST CARROLL								1									1		
WEST FELICIANA																			
WINN																1			
OUT OF STATE																	8		

*Includes Rubella, Congenital Syndrome

** Includes 10 cases of Hepatitis Non A and Non B.

*** Acquired outside United States unless otherwise stated.

From January 1, 1983-March 31, 1983, the following cases were also reported:

1-Leptospirosis, 1-Trichinosis, 2-Tularemia

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