

# LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF SEPTEMBER, 1967

BY PARISH OF RESIDENCE

## CURRENT TRENDS

**DIPHTHERIA** Twenty seven cases of diphtheria and four deaths have occurred in Louisiana this year. Twenty of these cases were reported during the past month. There was a similar increase in cases in September 1966, resulting from the Lafayette epidemic. This year, the reported cases have been concentrated in Orleans and Jefferson Parishes. Most of these are scattered throughout the urban area with multiple cases in several families. There has been no tendency for cases to cluster as of the present time.

**PERTUSSIS** The epidemic of pertussis has continued since the discussion of forty four cases in the May Morbidity Report. 122 cases have been reported through September, setting a record for the past decade. Originally, many of these cases were reported as occurring in immunized children. Investigation by public health nurses of individual cases has shown that the majority of children have no record of immunization. Dr. Margaret Pittman, Chief of the Laboratory of Bacterial Products at the National Institutes of Health, feels that there is good evidence that the vaccine failures reported recently in England were influenced by the low potency of the vaccine and not the result of changing serotypes.

(Continued on Page 3).

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED Oct. 9, 1967	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	INFECTIOUS AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	STREPTOCOCCAL INFECTIONS	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS
TOTAL TO DATE 19 66	35	19	51	9	339	99	138	14	1	41	6	171	52	8	168	7	772	4753	2046
TOTAL TO DATE 19 67	43	27	30	14	437	155	86	122	0	61	8	110	75	14	163	4	718	5454	1666
TOTAL THIS MONTH	8	20	3	1	73	2	2	17	0	7	1	10	14	1	18	1	89	587	174
ACADIA																	2	6	2
ALLEN																			
ASCENSION					1													2	4
ASSUMPTION																			1
AVOUELLES					1														
BEAUREGARD																	1	2	
BIENVILLE					1													1	
BOSSIER										1								14	1
CADDO					1					1			3		2		4	101	31
CALCASIEU					1					2		2	2		5		3	25	4
CALDWELL																			
CAMERON																			
CATAHOULA																	1		
CLAIBORNE					3										1		1		3
CONCORDIA																		2	2
DESOTO										1								3	4
EAST BATON ROUGE				1	3					1			3		6		3	15	9
EAST CARROLL																1			
EAST FELICIANA												1					1		
EVANGELINE																	4	1	2
FRANKLIN					3														
GRANT																	1		3
IBERIA															1			5	
IBERVILLE																		1	4

## DIVISION OF PUBLIC HEALTH STATISTICS -

## - LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED Oct. 9, 1967	ASEPTIC MENINGITIS	DIPHtherIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	INFECTION AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	STREPTOCOCCAL INFECTIONS	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS
JACKSON										1									
JEFFERSON	2	6			5			1				1	1		2		5	13	9
JEFFERSON DAVIS																		7	1
LAFAYETTE		2			3												9	1	2
LAFOURCHE	2														1			6	2
LASALLE																			
LINCOLN					1												1	2	1
LIVINGSTON	1		1															1	
MADISON																			1
MOREHOUSE																	1	1	
NATCHITOCHE							1										1	2	3
ORLEANS	2	12			26	2	1	14			1	5	4				17	199	40
OUACHITA					2												2	41	6
PLAQUEMINES																			4
POINTE COUPEE					4														1
RAPIDES					3												3	1	3
RED RIVER																			1
RICHLAND					2												1	3	1
SABINE																	1	3	
ST. BERNARD					1												1		1
ST. CHARLES								1											1
ST. HELENA																			
ST. JAMES	1																	1	1
ST. JOHN					2														3
ST. LANDRY														1			6	13	7
ST. MARTIN																		3	
ST. MARY																	1	1	3
ST. TAMMANY				1	4												1	13	1
TANGIPAHOA					1												3	1	
TENSAS																			
TERREBONNE																	3	1	5
UNION			1		2													3	1
VERMILION								1									8	1	1
VERNON					3													76	1
WASHINGTON													1				1	11	4
WEBSTER																	2	4	
WEST BATON ROUGE																			1
WEST CARROLL																	1		
WEST FELICIANA												1							
WINN																			
OUT OF STATE																			

From January 1 through September 30 of 1967, the following cases were also reported:  
9 Tularemia, 28 Malaria, 11 Leptospirosis, and 7 Brucellosis.

**ANIMAL RABIES** The increase in animal rabies seen this year is primarily due to an increase in bat rabies over previous years. For the five year period from 1962 through 1966, 12 cases of bat rabies were reported. However, for this year to date, 15 cases of laboratory confirmed rabies in bats have been reported with 13 cases appearing in the months of July through September. All regions of the state have been involved. Bossier and DeSoto Parishes reported 4 and 3 cases of bat rabies respectively. Other parishes to report at least one case of bat rabies included Natchitoches (1), Morehouse (1), East Carroll (1), East Baton Rouge (2), St. Mary (1), and Calcasieu (2). The 3 cases reported from the southwestern region represent the first time that bat rabies has been recognized in that section of the state. Three people and one dog have been bitten by rabid bats in Louisiana to date this year.

It should be emphasized to the general population that rabies exist endemically in bat populations and that all bats particularly those sick or dead should be considered especially suspicious and all contact should therefore be avoided. At no time should bats be handled with barehands.

### CLOSTRIDIUM PERFRINGENS FOOD POISONING

Clostridium perfringens as a cause of food poisoning has been recognized with increasing frequency in recent years. For the first two-thirds of 1966, 8 per cent of all food-borne outbreaks reported to the National Communicable Disease Center could be attributed to Clostridium perfringens. Probably many of the outbreaks listed among the 52.2 per cent in the unknown category could be attributed to Cl. perfringens.

The clinical and epidemiological features of Cl. perfringens food poisoning are quite distinctive. Clinically, characteristic symptoms include abdominal cramps, diarrhea without tenesmus, and headache. Fever and vomiting are rarely seen. The duration of illness is usually no longer than 24 hours. Epidemiologically, three characteristics are noted, i.e., a high primary attack rate among those consuming the suspect food, a lack of evidence of secondary person-to-person spread, and an abrupt rise and fall of the epidemic curve.

The important sources of food contamination with the organism are poorly understood. Probably much of the contamination results from surface contact with fecal matter. There is some evidence that systemic contamination of beef may result when severe stress situations are present such as in the emergency slaughtering of already debilitated animals. Organisms have been isolated from food specimens of various types but foods most often involved include meats, meat dishes, gravies, poultry, and fish. The importance of proper cooking and refrigeration techniques are underscored by the fact that most outbreaks caused by Cl. perfringens are traced to reheated meats which have been allowed to stand at room temperature or above for prolonged periods or cooled slowly between servings. The practice of using reheated meats should be discouraged. If this is impractical the prompt cooling of food and the separation of the meat from its gravy between servings should be done to retard the growth of the organism.

Concerning the proper collection of food specimens after a suspected Cl. perfringens outbreak, it should be kept in mind that freezing or prolonged refrigeration of specimens may result in up to a 90 per cent reduction in the number of viable organisms present. Thus food specimens should be held at approximately 40°F. until examination, preferably within 24 hours after collection. Freezing of suspect specimens should never be done. If the food is refrigerated for 24 hours or longer, probably a decrease of about one log in the total viable count should be anticipated and interpretation of results should be made with this factor in mind. In the case of prolonged refrigeration of specimens and possible inconclusive culture report, a gram stained smear of the food homogenate may show large numbers of gram positive rods and thus indicate that the initial number of Cl. perfringens on the food item was probably very significant. Sets of stool specimens should be collected in a suspect Cl. perfringens outbreak so that comparisons may be made between the serological types found in the foods and individuals involved. Serotyping is necessary since from 25 - 35 per cent of the adult human population normally carry Cl. perfringens in their lower intestine.