

LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF JULY, 1968

BY PARISH OF RESIDENCE

RECOMMENDATION OF THE PUBLIC HEALTH SERVICE
ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

INFLUENZA VACCINES - 1968-69

(See Page 3)

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED August 5, 1968	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 67	29	6	25	12	286	150	80	91	0	44	6	82	53	12	112	3	545	4200	1330
TOTAL TO DATE 19 68	119	7	39	7	410	2	80	9	0	28	9	182	39	3	84	6	610	4735	1476
TOTAL THIS MONTH	45	0	17	0	66	0	6	3	0	3	0	24	7	1	27	1	72	878	283
ACADIA					1												2	9	
ALLEN																			5
ASCENSION	2																		
ASSUMPTION					1														3
AVOYELLES																		1	1
BEAUREGARD															1				
BIENVILLE																		2	2
BOSSIER																	2	18	3
CADDO					4								1		2		6	146	29
CALCASIEU			1					1				1			4		2	19	2
CALDWELL																			
CAMERON																			
CATAHOULA					1												1		1
CLAIBORNE																			2
CONCORDIA			1																
DESOTO																	1	3	3
EAST BATON ROUGE					1			1							7			36	25
EAST CARROLL																			
EAST FELICIANA																		1	1
EVANGELINE							1								1		2	1	11
FRANKLIN					2													4	
GRANT																		1	
IBERIA			1														1	5	4
IBERVILLE																	1		3

DIVISION OF PUBLIC HEALTH STATISTICS - LOUISIANA STATE DEPARTMENT OF HEALTH																			
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JACKSON					1													2	
JEFFERSON	11		4		4		1					4			5		2	35	10
JEFFERSON DAVIS																		4	1
LAFAYETTE					2												2	13	1
LAFOURCHE	8				1										1		2	7	
LASALLE																			
LINCOLN					1												1	9	
LIVINGSTON																	1		
MADISON																			2
MOREHOUSE																		5	
NATCHITOCHES					4													6	1
ORLEANS	12		4		25		2	1				17	5		4	1	30	250	118
OUACHITA					3									1				41	2
PLAQUEMINES			1		2		1												
POINTE COUPEE																	1		1
RAPIDES					3													5	11
RED RIVER																		2	1
RICHLAND																		4	1
SABINE																			
ST. BERNARD	3														1			5	1
ST. CHARLES			1				1					1						2	
ST. HELENA																	1	5	
ST. JAMES	2		2		1												1	1	4
ST. JOHN															1				3
ST. LANDRY					1												3	24	5
ST. MARTIN					1												2		1
ST. MARY																		7	3
ST. TAMMANY	2		1									1						14	
TANGIPAOHA	3																1	16	5
TENSAS																			
TERREBONNE	1		1		4												1	2	4
UNION					1													7	
VERMILION																			
VERNON					1													134	1
WASHINGTON																	2	12	1
WEBSTER										3							2	6	2
WEST BATON ROUGE	1																1	10	
WEST CARROLL																	1	1	
WEST FELICIANA					1							1						3	9
WINN																			
OUT OF STATE																			

From January 1 through July 31 of 1968, the following cases were also reported: 14 Malaria (contracted outside U.S.A.), 6 Tularemia, 2 Brucellosis, 1 Rocky Mountain Spotted Fever, and 1 Leptospirosis.

RECOMMENDATION OF THE PUBLIC HEALTH SERVICE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

In May 1968 the Public Health Service Advisory Committee on Immunization Practices completed the following recommendations on influenza immunization in the civilian population.

INFLUENZA VACCINES – 1968-69

RATIONALE FOR SELECTIVE USE OF INFLUENZA VACCINE

Prevention of influenza in the general population through routine vaccination, although perhaps a goal for the future, is not presently possible. Two of the limiting factors are that influenza occurs at intervals and in patterns which are only broadly predictable and that influenza vaccines are not yet completely adaptable to regular, widespread use. There continues to be a sound basis, however, for recommending **selective** use of influenza vaccine. The rationale for selective use is based on characteristics of the disease, its epidemiology and virology, and the efficacy of vaccines.

Influenza is a generally mild epidemic illness which appears periodically. Its pattern of recurrences provides a basis for yearly forecasts: type A epidemics occur at 2-3 year intervals, and type B epidemics, at 3-6 year intervals. Periodicity is thought to result from antigenic variations in the prevalent influenza viruses and shifts in the balance of susceptibles and immunes in the population. The relative accuracy of influenza forecasts depends on the extent of recent epidemics and the antigenic changes in influenza viruses.

Although our best available preventives of influenza, inactivated vaccines are among the least satisfactory immunizing agents in general use today. They have often been marginally effective, offering rather brief periods of protection. They also produce local and systemic reactions with relatively high frequency. Public health recommendations in recent years have acknowledged these limitations and have encouraged only selective influenza vaccination.

Older and chronically ill individuals in the population are essentially the only ones who have any risk of serious complications or fatality from influenza. Therefore, annual influenza vaccination has been recommended for them while not being recommended for the entire population.

When epidemic influenza is forecast, vaccination programs might reasonably be extended beyond the high risk groups to those providing essential community services. Otherwise, large-scale vaccination programs are not now warranted and should not take precedence over public health activities of already established importance.

The following prospectus for influenza in 1968-69 includes a description of vaccines which will be available and general recommendations for limited influenza vaccination.

INFLUENZA PROSPECTUS – 1968-69 – UNITED STATES

During the late fall and winter of 1967-68, all but four States – Oregon, California, Idaho, and Nevada – reported

outbreaks of influenza-like illness. A sharp increase in pneumonia-influenza deaths occurred coincidentally in eight of the nine geographic divisions of the United States – the Pacific Division was the only exception.

Forty States confirmed influenza A2 by laboratory procedures. Viral strains recovered during 1967-68 remain in the general family of type A2 viruses identified worldwide since 1957, but show a moderate antigenic shift from strains isolated in recent years.

No outbreaks of type B influenza were reported in the United States in 1967-68. The country last experienced type B influenza epidemics in 1965-66 (East) and 1966-67 (West). Strains of type B virus recovered in other areas of the world over the past year are antigenically similar to those identified in the United States in 1965-67.

In view of influenza's periodicity, little or no A2 influenza is expected to occur in the United States during the 1968-69 season, except possibly on the Pacific Coast. Scattered type B influenza may be seen, but its total extent should be minimal.

INFLUENZA VIRUSES AND VACCINES

Formulation of current influenza vaccines is reviewed annually by the Division of Biologics Standards, National Institutes of Health, and changes are made when significant shifts have occurred in the antigenic characteristics of prevalent viruses. This regular review is essential, since vaccine effectiveness depends primarily on the antigenicity of component viruses and on how similar they are to viruses occurring in the community.

Optimally constituted influenza vaccines have achieved 60 percent or greater protection against the same or closely related viral strains. However, vaccines in general civilian use often have not appeared to achieve this degree of protection.

Another important factor in vaccine effectiveness is the amount of antigen administered. In an attempt to minimize the frequency of local and systemic reactions associated with influenza vaccines, the Division of Biologics Standards established a limit of 600 chick cell agglutinating (CCA) units of antigen per adult dose of vaccine for civilian use.

Limited quantities of a new, highly purified vaccine of bivalent formulation also with 600 CCA units, were used in 1967-68. This vaccine, which contains substantially less non-viral material than the regular vaccines, caused fewer severe reactions.

INFLUENZA SURVEILLANCE

It should be emphasized that decisions on formulations of influenza vaccines and recommendations for their

(Continued on reverse)