

LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF SEPTEMBER, 1968 BY PARISH OF RESIDENCE

MEASLES OUTBREAK - TERREBONNE PARISH, LOUISIANA

On September 2, 1968, a 7-year-old girl was admitted to a hospital in New Orleans, Louisiana, with clinical measles and associated mild encephalitis from which she subsequently recovered. Epidemiologic investigation in a relatively isolated area of Terrebonne Parish revealed a total of 21 related cases. These cases were traced back to June when the first case occurred in a day care center for retarded children. Cases had continued at a low rate because of the pupils' limited social contact. At the end of July a normal child was exposed at Bible School to a retarded child, and she subsequently exposed four siblings, one friend, and five cousins including the presenting case. None had been immunized although 4,900 children did receive measles vaccine during a community-wide immunization campaign held in December, 1967.

In an effort to control this outbreak, Vaccination Assistance Project and health unit personnel organized and conducted a second campaign on September 9, 25, and 26. An additional 8,100 children were immunized against measles.

(See Page 3)

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED Oct. 2, 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 1967	43	25	30	14	436	155	86	122	0	61	8	108	75	14	163	4	713	5419	1665
TOTAL TO DATE 1968	147	21	53	10	545	23	85	9	0	34	13	266	50	6	131	8	755	6182	1874
TOTAL THIS MONTH	11	7	6	0	73	21	2	0	0	3	3	23	4	3	25	0	81	736	203
ACADIA															1		2	2	3
ALLEN																	1	1	
ASCENSION																		2	2
ASSUMPTION					1													3	2
AVOUELLES																	1	2	
BEAUREGARD					1								1		1				
BIENVILLE					2													2	2
BOSSIER																		5	3
CADDO										1		1			1		2	103	33
CALCASIEU					5									1	6		3	27	
CALDWELL																			
CAMERON																			
CATAHOULA																			
CLAIBORNE															1		1		
CONCORDIA																		1	1
DESOTO										1								2	
EAST BATON ROUGE			1		2								1	1	4		11	22	21
EAST CARROLL																		1	
EAST FELICIANA																	1		1
EVANGELINE																	2	1	4
FRANKLIN					1														
GRANT																		1	
IBERIA		3									1						1		
IBERVILLE															1		1	3	3

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JACKSON					1													3	
JEFFERSON	1		1		5						1	6			1		9	33	22
JEFFERSON DAVIS																		4	1
LAFAYETTE					1												5	8	2
LAFOURCHE	5		1												1				1
LASALLE																			
LINCOLN																		8	1
LIVINGSTON																	1		
MADISON																	2		
MOREHOUSE																		3	1
NATCHITOCHE					4													1	
ORLEANS	1	4			17		2				1	11	1		4		21	281	74
OUACHITA															1		1	32	4
PLAQUEMINES					1							3	1					2	2
POINTE COUPEE																			1
RAPIDES			1		7												3	17	4
RED RIVER					1														
RICHLAND					2														
SABINE																			
ST. BERNARD					1							1						1	
ST. CHARLES																			
ST. HELENA																			
ST. JAMES																			2
ST. JOHN												1							1
ST. LANDRY					1												5	24	
ST. MARTIN					1										1				1
ST. MARY																	1	10	
ST. TAMMANY	2		1		3										1		1	12	
TANGIPAHOA																		8	5
TENSAS																	1	3	
TERREBONNE	2		1		9	21													1
UNION					2												1	2	
VERMILION																		4	
VERNON					3													73	
WASHINGTON															1		1	12	1
WEBSTER					2					1								7	1
WEST BATON ROUGE																		6	2
WEST CARROLL														1			2	2	
WEST FELICIANA																		3	1
WINN																			
OUT OF STATE																			

From January 1 through September 30 of 1968, the following cases were also reported: 16 Malaria (contracted outside U.S.A.), 6 Tularemia, 5 Brucellosis, 2 Rocky Mountain Spotted Fever and 2 Leptospirosis.

SUPPLEMENTARY

RECOMMENDATION OF THE PUBLIC HEALTH SERVICE ADVISORY
COMMITTEE ON IMMUNIZATION PRACTICES

The Public Health Service Advisory Committee on Immunization Practices meeting on September 4, 1968, issued the following supplementary recommendations regarding influenza immunization and control in the civilian population.

INFLUENZA - 1968-69

In July 1968, an outbreak of influenza A2 was reported from Hong Kong, the largest outbreak in that area since 1957. Although strains of influenza virus from this outbreak cross-react to some extent with some previous A2 strains, they do show a marked antigenic change from previous strains. Similar viruses were subsequently isolated from an outbreak in Singapore.

These developments have led to a re-appraisal of the influenza prospectus for the United States and the following recommendations on the use of influenza vaccine.

INFLUENZA VIRUSES AND VACCINE FORMULATION

The continued change in antigenic characteristics of influenza viruses isolated over the years is well recognized. Minor variations occur almost yearly. Major antigenic shifts occur infrequently. When they do, they may produce widespread disease, as in 1957 when the A2 (Asian) strains first appeared. There have also been instances when a major change in the virus has not resulted in epidemics, such as the initial appearance of the A1 strains in 1947.

It is felt that the present change in the influenza virus increases the probability that influenza A2 will occur extensively in the United States in the 1968-69 season.

As previously forecast, scattered type B influenza may be seen.

It is only through intensive surveillance that the true extent of the disease will be determined.

Protection through vaccination depends both upon the antigenic similarity of the vaccine strain to the virus prevalent in the community and upon the amount of antigen administered. Influenza vaccines, under optimal conditions, have achieved 60 percent or greater protection. When A2 influenza virus appeared in the United States in 1957, vaccines containing only A1 antigen gave very little protection.

Low levels of antibodies against the current strain (A2/Hong Kong/68) can be demonstrated in the sera of the persons who had documented influenza during the past influenza epidemic. Similar observations have been made in groups of persons vaccinated with the currently available commercial vaccines. Current vaccines may provide only limited protection against A2/Hong Kong/68. Better

protection against A2/Hong Kong/68 will require a newly formulated vaccine.

The development and manufacture of a monovalent influenza vaccine containing a Hong Kong strain will take a considerable period of time, and only a limited number of doses will be initially available.

RECOMMENDATIONS*

It is therefore recommended that currently available bivalent and polyvalent influenza vaccine be given only to persons at highest risk of mortality or severe complications as a result of influenza. When monovalent vaccine becomes available the same groups should be vaccinated or revaccinated with it. High-risk groups include persons with chronic illnesses as defined below and all persons in the older age group:

Chronically Ill:

Persons of all ages who suffer from chronic debilitating diseases, including cardiovascular, pulmonary, renal, or metabolic disorders:

- 1) patients with rheumatic heart disease, especially with mitral stenosis;
- 2) patients with such cardiovascular disorders as arteriosclerotic heart disease and hypertension, especially showing evidence of frank or incipient cardiac insufficiency;
- 3) patients with chronic brochopulmonary diseases such as asthma, chronic bronchitis, cystic fibrosis, bronchiectasis, pulmonary fibrosis, pulmonary emphysema, or pulmonary tuberculosis.

Older Age Groups:

During major influenza outbreaks, especially those caused by type A viruses, increased mortality has regularly been recognized for persons over 45 years of age and even more notably for those over 65. This association has been particularly marked in individuals with underlying chronic disease.

*Reactions and contraindications are detailed in the Recommendations of the May 1968 meeting of the Committee, as reported in MMWR, Vol. 17, No. 26, Week Ending June 29, 1968.