

# LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF **July, 1970** BY PARISH OF RESIDENCE

## IMMUNIZATIONS AND HURRICANES

Louisiana Department of Health  
Louisiana State Library  
Baton Rouge, Louisiana  
Aug 1970

Typhoid vaccine is no longer recommended for persons in hurricanes or flooded areas. The recommendation is based on the minimal protection offered by the vaccine, the low incidence of typhoid and the effectiveness of antibiotic therapy in case typhoid or related fevers develop.

Persons who have never been immunized against tetanus or who have not received a booster for the past ten years should not wait for an emergency but should obtain an immunization now. Immunization for tetanus is too late immediately following an injury. In case of an injury further immunization is not needed if the person was immunized or received a booster within the past ten years, except in unusual circumstances such as deep wounds impossible to clean properly. In the latter case, a booster may be given if one has not been received within the past 1 - 2 years. In the event of injury in an unimmunized person, the recommendation is tetanus immune globulin-human (250 units) with simultaneous primary immunization at a different site.

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED August 6, 1970	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	INFECTIOUS AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	RUBELLA *	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 1969	27	4	25	2	494	120	78	6	0	21	11	35	30	2	49	6	377	5571	398
TOTAL TO DATE 1970	45	14	15	12	396	92	59	11	0	51	9	153	24	1	38	2	400	6683	425
TOTAL THIS MONTH	23	2	0	1	63	5	4	1	0	6	1	6	6	0	7	0	29	1114	54
ACADIA					4												3	8	
ALLEN																			
ASCENSION																			1
ASSUMPTION																			1
AVOUELLES																			1
BEAUREGARD							1												
BIENVILLE																			1
BOSSIER																	1	15	1
CADDO										1							3	101	4
CALCASIEU					2								1		3			21	2
CALDWELL																			
CAMERON																			
CATAHOULA																			
CLAIBORNE					1														6
CONCORDIA																			
DESOTO																			4
EAST BATON ROUGE						1											2	36	6
EAST CARROLL																	1	10	
EAST FELICIANA																			1
EVANGELINE																	4		
FRANKLIN																			
GRANT					1														2
IBERIA																			5
IBERVILLE																			3

\*Includes Rubella, Congenital Syndrome

DIVISION OF PUBLIC HEALTH STATISTICS -														- LOUISIANA STATE DEPARTMENT OF HEALTH					
RELEASED	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	INFECTIOUS AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	RUBELLA	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
JACKSON										3								8	
JEFFERSON	1				7	1	1					1					1	69	2
JEFFERSON DAVIS																	1	1	
LAFAYETTE	2				4													14	
LAFOURCHE	1				1													13	
LASALLE																			
LINCOLN										1								1	
LIVINGSTON																		1	
MADISON																			
MOREHOUSE																		16	2
NATCHITOCHES																		7	
ORLEANS	9	2		1	30			1			1	4	5		2		12	423	18
OUACHITA					1	1												81	2
PLAQUEMINES																		2	
POINTE COUPEE																			
RAPIDES																			21
RED RIVER					1														
RICHLAND																		6	
SABINE																		6	
ST. BERNARD																		2	1
ST. CHARLES	1				1													1	
ST. HELENA																		2	
ST. JAMES																			
ST. JOHN																		1	
ST. LANDRY	1				6		1								1			16	
ST. MARTIN																		2	
ST. MARY	4						1												8
ST. TAMMANY					1													29	
TANGIPAHOA															1		1	32	
TENSAS																			
TERREBONNE	4				1	2												3	
UNION					1													3	
VERMILION					1													2	
VERNON												1						83	1
WASHINGTON																		34	2
WEBSTER										1								10	1
WEST BATON ROUGE																		1	
WEST CARROLL																		2	
WEST FELICIANA																		6	
WINN																		1	
OUT OF STATE																			

From January 1 through July 31 of 1970, the following cases were also reported:  
 1 Brucellosis, 3 Leprosy, 2 Leptospirosis, 23 Malaria (contracted outside U.S.A.), and  
 1 Trichinosis.

### QUESTIONS AND ANSWERS ON RUBELLA (GERMAN MEASLES) VACCINE

1. How many children have been vaccinated against rubella since vaccine licensure in June, 1969? Over 12,000,000 children in the United States and 164,000 in Louisiana have been immunized in public clinics. These figures do not include an unknown number given by private physicians.
2. What contraindications are there to taking the vaccine? Vaccination should be avoided in persons with underlying severe illnesses such as leukemia, lymphoma, or general malignancy, and in persons whose resistance has been lowered by therapy with steroid, alkylating drugs, antimetabolites, or radiation. Immunization of individuals with severe febrile illness should be postponed until recovery.
3. Will rubella vaccination after exposure to the disease prevent illness? There is no evidence that the vaccine will prevent the disease after exposure. However, there is no contraindication to vaccinating children already exposed to natural rubella.
4. Can a vaccinated child transmit the vaccine virus to a mother or teacher who might be pregnant? When it was first discovered that vaccine virus was "shed" for brief periods from the pharynx of vaccinated individuals, large-scale studies involving deliberate exposure of vaccinees to several thousand susceptibles were conducted. In these studies only a few contacts developed antibodies. Investigation of the circumstances generally indicated that the apparent seroconversions were due to experimental error or the occurrence of natural rubella. If, indeed, transmission does occur, it is extremely rare, considering the evidence that transmission does not occur at all. There appears to be a greater risk that the susceptible pregnant woman will contract rubella via her unprotected children than by transmission from her vaccinated children. Therefore, the potential hazard to pregnant women is considered sufficiently remote that use of vaccine in children whose mothers or teachers are pregnant is not contraindicated.
5. Can an immunized child, following natural exposure, transmit wild rubella virus? It is known that vaccinated persons may develop boosts in antibody titers when exposed to natural rubella. These individuals develop no clinical signs and have not been shown to develop a viremia. Virus may be found in the pharynx for 1 to 2 days in very low titer. Transmission of rubella viruses from these individuals to susceptible contacts has not been documented. The full significance of reinfection is unknown, however, the risks of the alternative to vaccination are known. There is no information available that seriously challenges the safety or efficiency of the vaccine or would cause one to discontinue programs of vaccination because of unknown factors related to reinfection.
6. Is there danger that a vaccinated person will not be immune when she reaches child bearing age? The United States has never waited on information on the long term duration of immunity prior to licensure and widescale usage. For instance, widespread immunization programs were conducted shortly after the licensure of polio and measles vaccines. To wait 5, 10 or 15 years to know the long-term duration of immunity would be a good idea if there were an alternative for controlling the disease during this period. With rubella, there is no alternative. There is no scientifically valid data to support delaying community rubella vaccination programs, or the alteration of the rationale for vaccine use as recommended by the Public Health Service and the Academy of Pediatrics.

### CDC VETERINARY PUBLIC HEALTH NOTES, JULY, 1970

#### Garbage Feeding Implicated as Cause of Hog Cholera in Georgia

According to Veterinary Newsletter No. 59, dated March 1970, and published by the College of Agriculture, University of Georgia, and the U.S. Department of Agriculture, the garbage fed to swine caused about 50% of the 30 cases of hog cholera in Georgia in 1969. The disease cost the state and the federal government \$164,239.44 in indemnity payments plus an almost equal amount for the inspection and regulation of this small segment of the Georgia swine industry.

Garbage feeding serves as an excellent vehicle for transmitting other diseases to swine, such as erysipelas, brucellosis, tuberculosis, salmonellosis, and trichinosis. Garbage feeding contributes to the pollution of ground and surface water. It enhances conditions favorable for the breeding of insects and rodents and creates a nuisance with offensive odors, unsightliness, and a generally poor sanitary environment.