

LOUISIANA MONTHLY MORBIDITY

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DISEASES REPORTED DURING MONTH OF AUGUST, 1971

BY PARISH OF RESIDENCE

RECONSIDERATION OF ROUTINE PRIMARY SMALLPOX VACCINATION

In June, 1971, the U.S. Public Health Service Advisory Committee on Immunization Practices (ACIP) and representatives of the Association of State and Territorial Health Officers (ASTHO), American Public Health Association and the American Medical Association met to re-evaluate the need for routine smallpox vaccination in the United States. The Committee reviewed the success achieved so far by the World Health Organization sponsored smallpox eradication effort and fully expects that it will continue. It now believes that the risk of smallpox in the United States is so small that the practice of routine smallpox vaccination is no longer indicated in this country and that efforts should be devoted to assuring adequate immunization of all personnel involved in health services and of travelers to and from continents where smallpox has not been eradicated.

(Continued on Page 3)

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED SEPTEMBER 3, 1971	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIONOUS	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 1970	74	14	15	13	454	92	61	14	0	54	9	154	25	1	46	3	431	7543	501
TOTAL TO DATE 1971	116	11	9	9	474	168	51	40	0	22	2	282	25	6	95	1	485	9383	481
TOTAL THIS MONTH	24	0	4	3	58	5	1	7	0	1	0	1	6	0	24	0	58	1436	65
ACADIA																	2	8	
ALLEN																			
ASCENSION																	1		
ASSUMPTION															1			8	
AVOYELLES																	2	3	1
BEAUREGARD																	1		
BIENVILLE													1						
BOSSIER																	3	4	
CADDO																	4	88	7
CALCASIEU					2			1							5		1	35	2
CALDWELL																			
CAMERON																			
CATAHOULA																			
CLAIBORNE																			
CONCORDIA																			1
DESOTO																			5
EAST BATON ROUGE					1										9		6	41	3
EAST CARROLL					2												2	6	
EAST FELICIANA																			
EVANGELINE					1														4
FRANKLIN																			3
GRANT																			2
IBERIA			1									1							3
IBERVILLE	1																1	5	1

* Includes Rubella, Congenital Syndrome.

DIVISION OF PUBLIC HEALTH STATISTICS -		- LOUISIANA STATE DEPARTMENT OF HEALTH																	
RELEASED September 3, 1971	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIONOUS	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										1							1	1	
JEFFERSON	3		1		3	1	1	1					1		3			96	7
JEFFERSON DAVIS					2												1	6	1
LAFAYETTE	1		1	2	3										1		4	18	
LAFOURCHE	1					1									1			34	
LASALLE																			
LINCOLN					1													6	
LIVINGSTON															1		5		
MADISON																		17	2
MOREHOUSE																	2	24	1
NATCHITOCHE					2												1	3	
ORLEANS	13				8	1		3					1		1		10	675	19
OUACHITA					8			1					2				2	76	5
PLAQUEMINES	1					1												4	
POINTE COUPEE																			
RAPIDES					4			1									1	33	
RED RIVER																			
RICHLAND					5													13	
SABINE																			
ST. BERNARD					1										1			8	
ST. CHARLES					1														
ST. HELENA																		5	
ST. JAMES																			
ST. JOHN													1				1		
ST. LANDRY					2										1		1	16	3
ST. MARTIN					1													11	
ST. MARY	1																	7	
ST. TAMMANY					6												1	8	
TANGIPAHOA	1																	23	5
TENSAS																			
TERREBONNE	2		1															1	
UNION					1													5	
VERMILION					1													2	
VERNON					2												1	21	
WASHINGTON				1	1	1											2	13	
WEBSTER																	2	7	
WEST BATON ROUGE																		2	4
WEST CARROLL																		6	
WEST FELICIANA																		75	1
WINN																		4	
OUT OF STATE																			

From January 1 through August 31, the following cases were also reported: 1 Actinomycosis, 2 Anthrax, 1 Brucellosis, 1 Leprosy, 4 Leptospirosis, 34 Malaria (contracted outside U.S.A.), and 1 Typhus Fever. Endemic.

The Committee circulated a draft of its proposed recommendations along with background material to all State Health Officers and to other concerned medical officials. It also plans to prepare a joint statement with the American Academy of Pediatrics in October, 1971.

In recognition of the growing movement in the Public Health and Medical Community for the elimination of routine smallpox vaccination of children, the Conference of State and Territorial Epidemiologists (CSTE) issued the following statement at its May, 1971, biennial meeting:

- 1) Scrupulous attention should be paid to any possible contraindication to vaccination in an individual or his close contact. Any individual with a possible contraindication to vaccination in himself or his contacts should not be vaccinated. School and health officials should not insist upon vaccination of any individual in whom any possible contraindication to vaccination exists, unless there is a real danger of contact with smallpox.
- 2) Vigorous attempts should be made to assure that persons in danger of contact with possible imported cases of smallpox have current vaccinations. This includes medical and hospital personnel and persons working at points of entry of foreign travelers into the United States.
- 3) One of the major deficiencies in our knowledge necessary for making a rational decision about vaccination policy is the incidence and severity of complications of primary vaccinations in adults. The CSTE requests that the Center for Disease Control, in collaboration with other groups, seek to obtain information about this problem as rapidly as possible. It is further requested that CDC report to the CSTE at its 1973 meeting about the status of knowledge of complications of primary vaccinations in adults.
- 4) The CSTE requests that the U.S. Public Health Service Advisory Committee on Immunization Practice consider at least annually the recommendation of routine vaccination against smallpox of children in the United States and to modify this recommendation if conditions so warrant.

The Louisiana State Department of Health Immunization Advisory Committee met on 24 August, 1971, to formulate a recommended policy for the Department regarding routine smallpox vaccination. A sub-committee was appointed to prepare a statement which, following approval of the total committee, will be presented to the State Board of Health. The Committee agreed that the present State law (Act 519 of 1968) requiring immunizations as a prerequisite to school entry should be amended, deleting smallpox from the list of required immunizations.

INFLUENZA VACCINE

According to the Public Health Service Center for Disease Control, strains of influenza A examined in the United States and abroad in 1970-71 did not differ significantly from the Hong Kong strain A2/Aichi/2/68. For 1971-72, the composition of the vaccine will remain the same as the bivalent vaccine recommended for 1970-71. Persons who have had 1 or more doses of vaccine containing the Hong Kong strain antigen (all influenza vaccine since 1968-69) need only a single dose. All others should receive 2 doses administered 6 to 8 weeks apart and scheduled for completion by mid November.

Annual vaccination is recommended for persons who have chronic debilitating conditions: 1) congenital and rheumatic heart disease, especially mitral stenosis; 2) cardiovascular disorders, such as arteriosclerotic and hypertensive heart disease, particularly with evidence of cardiac insufficiency; 3) chronic bronchopulmonary diseases, such as asthma, chronic bronchitis, cystic fibrosis, bronchiectasis, emphysema, and advanced tuberculosis; 4) diabetes mellitus and other chronic metabolic disorders.

Although the value of routinely immunizing all older age persons is less clear, those patients who have incipient or potentially chronic disease, particularly affecting cardiovascular and bronchopulmonary systems, should also be considered for annual immunization.