

LOUISIANA MONTHLY MORBIDITY LHSASA

DISEASES REPORTED DURING THE MONTH OF

JANUARY, 1974

BY PARISH OF RESIDENCE

COMPREHENSIVE POISON CONTROL INFORMATION IN AN INSTANT



ARNARD D. DAIGLE
Louisiana Poison Control Center
and
JAMES O. GETTYS, JR.
Tabulation and Analysis

I. Introduction

For many years the Louisiana State Board of Health recognized a need for the establishment of some kind of facility that could provide

physicians with information useful to them in treating poison cases. In answer to this need, the Louisiana Poison Control Center at New Orleans became a reality in October of 1966, under the joint sponsorship of the Louisiana

BUREAU OF VITAL STATISTICS

DIVISION OF HEALTH MAINTENANCE AND AMBULATORY PATIENT SERVICES

Prepared by:

TABULATION
AND
ANALYSIS

	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIONOUS	HEPATITIS A AND UNSPECIFIED	HEPATITIS B	TUBERCULOSIS, PULMONARY	MENINGOCOCCAL INFECTIONS	PERTUSSIS	RABIES IN ANIMALS	RUBELLA *	SEVERE UNDERNUTRITION	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	MEASLES	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 19 73	9	0	2	1	77	49	1	1	2	0	N.A.	16	0	20	0	0	1471	59	
TOTAL TO DATE 19 74	5	0	0	0	54	18	63	7	0	1	1	2	4	0	16	0	2	2167	60
TOTAL THIS MONTH	5	0	0	0	54	18	63	7	0	1	1	2	4	0	16	0	2	2167	60
ACADIA							2											20	
ALLEN																			
ASCENSION																		6	
ASSUMPTION																		4	
AVOUELLES																		8	
BEAUREGARD																		1	
BIENVILLE																		1	
BOSSIER					1	1												18	
CADDO					3	3												160	
CALCASIEU						6												65	
CALDWELL																		1	
CAMERON																			
CATAHOULA																		1	
CLAIBORNE					1														
CONCORDIA																		1	
DESOTO																		6	
EAST BATON ROUGE					6	2				1		1		6				119	11
EAST CARROLL																		12	
EAST FELICIANA						1													
EVANGELINE																		2	
FRANKLIN					2													2	
GRANT						1	1											3	
IBERIA						1												15	5
IBERVILLE					1	1												8	1

* INCLUDES RUBELLA, CONGENITAL SYNDROME
N.A. - Not Available

Louisiana State Library
Louisiana

MAR 14 1974

JANUARY, 1974



BUREAU OF VITAL STATISTICS		DIVISION OF HEALTH MAINTENANCE AND AMBULATORY PATIENT SERVICES																		
Prepared by: TABULATION AND ANALYSIS	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	HEPATITIS A AND UNSPECIFIED	HEPATITIS B	TUBERCULOSIS, PULMONARY	MENINGOCOCCAL INFECTIONS	PERTUSSIS	RABIES IN ANIMALS	RUBELLA *	SEVERE UNDERNUTRITION	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	MEASLES	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY	
	JACKSON																			5
JEFFERSON					4	1	3						1		2				81	5
JEFFERSON DAVIS					1														6	
LAFAYETTE							3												31	
LAFOURCHE					1		1												22	
LASALLE					2															
LINCOLN					1														15	
LIVINGSTON																			1	
MADISON																			17	
MOREHOUSE							2												7	
NATCHITOCHES					1														19	
ORLEANS	3				8	11	15	2					1		5				949	22
OUACHITA					6		4			1							1		101	6
PLAQUEMINES																			5	1
POINTE COUPEE																			1	
RAPIDES	1					2	2										1		114	
RED RIVER																				
RICHLAND							2												5	
SABINE																				
ST. BERNARD						1	1												3	
ST. CHARLES								2											9	
ST. HELENA																			1	
ST. JAMES							1												8	
ST. JOHN																			1	
ST. LANDRY					4	1	4								2				34	
ST. MARTIN													1						9	
ST. MARY					1														8	
ST. TAMMANY					3		3												41	1
TANGIPAHOA					5							2			1				29	3
TENSAS																				
TERREBONNE					1			2											26	1
UNION							1												7	1
VERMILION																			8	
VERNON					2														99	2
WASHINGTON	1					2	2												22	
WEBSTER																			4	
WEST BATON ROUGE																			1	
WEST CARROLL																			2	
WEST FELICIANA																			16	
WINN							1												6	1
OUT OF STATE																			1	

From January 1 through January 31, 1 case of Malaria (contracted outside the U.S.A.) was also reported.

State Department of Health (now the Division of Health Maintenance and Ambulatory Patient Services of LHSRSA) and the United States Public Health Service Hospital at New Orleans. The Center was originally domiciled at the USPHS Hospital and remained there until July of 1973; it was relocated to Charity Hospital of Louisiana at New Orleans because of the uncertainty surrounding the future of the former hospital.

The New Orleans Center maintains a perpetual file on toxic products, chemicals, etc., and in addition has a 2-way computer linkage with the United States Food and Drug Administration's National Clearinghouse for Poison Control Centers in Washington, D.C. This combination of Center files and computer linkage enables the Center to give information almost instantly on approximately 75,000 products, including the ingredients, toxicity level, clinical experience, signs, and symptoms, treatment, and source of information.

There are now four poison control centers in Louisiana. They are:

NEW ORLEANS (504)
Charity Hospital of Louisiana
899-3409, 524-3617, 524-3618

SHREVEPORT
T.E. Schumpert Memorial Sanitarium
422-0709

MONROE

St. Francis Hospital
325-6454 (7:30 A.M. to 10:00 P.M.)
325-2611 (after 10:00 P.M.)

BOGALUSA

Washington - St. Tammany Charity
Hospital
735-1322

The New Orleans Center is staffed 7 days a week, 24 hours a day, by registered pharmacists, and it is considered to be among the most efficient local centers in the nation. Because of its reputation and its around-the-clock capability, the New Orleans Center is often called upon to take over for the National Clearinghouse in emergency situations. Hence, the Louisiana Poison Control Center at New Orleans serves not only the State but the Nation as well.

II. THE 1973 CASE LOAD

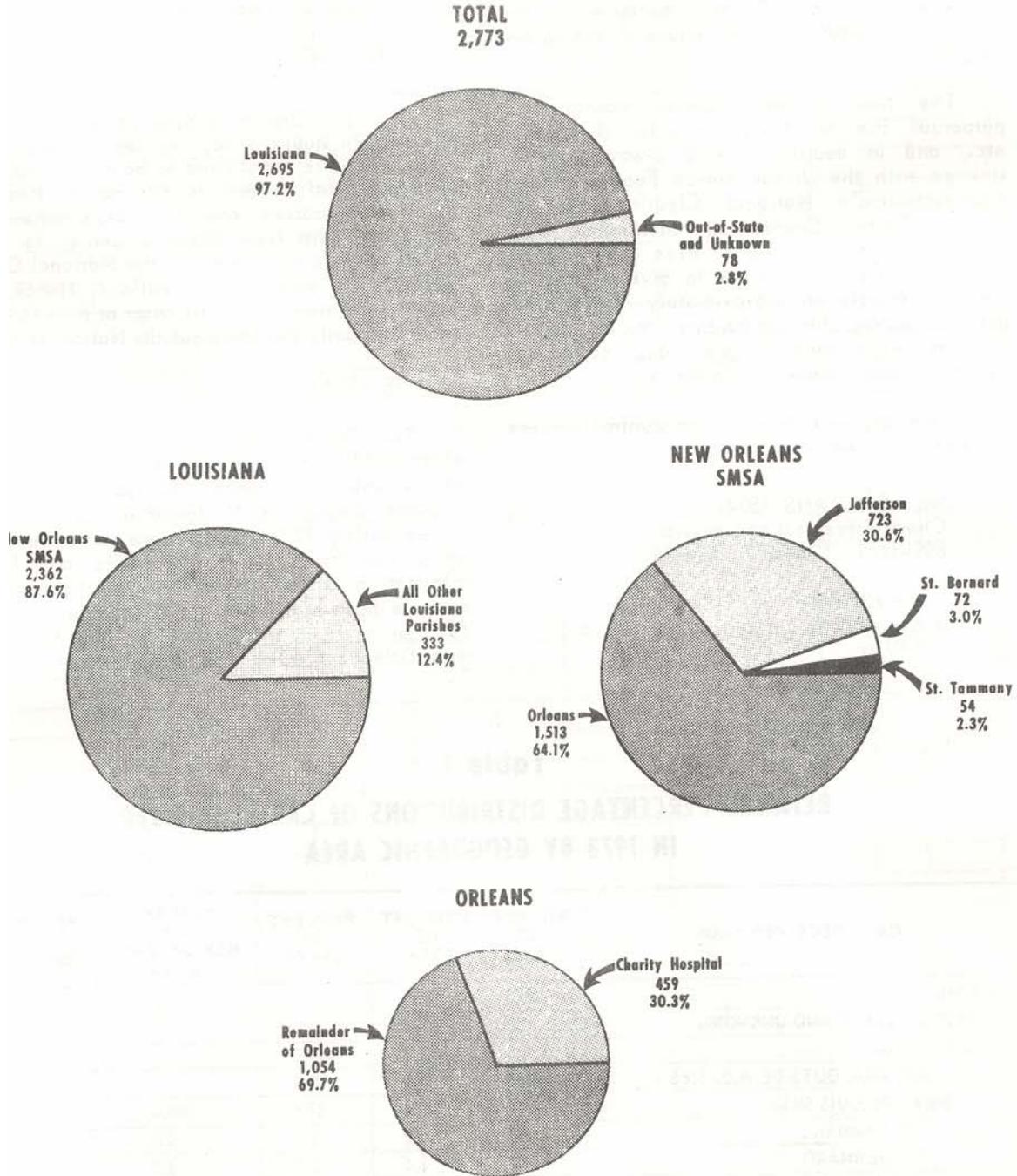
The Center logged 4,444 calls in 1973 of which 2,773 calls were listed as actual cases of poisoning; the remaining 1,671 calls were counted simply as "information calls." The corresponding 1972 figures were given as 4,502 calls consisting of 3,012 cases and 1,490 information calls. At first glance there seems to have been a decrease in poisoning cases in 1973 or at least a decrease in activity at the New Orleans Center - possibly both. However,

Table I
DETAILED PERCENTAGE DISTRIBUTIONS OF CASES HANDLED
IN 1973 BY GEOGRAPHIC AREA

CALL RECEIVED FROM	NUMBER OF CASES	PERCENT OF TOTAL	PERCENT OF STATE	PERCENT OF NEW ORLEANS SMSA	PERCENT OF ORLEANS
TOTAL	2,773	100.0			
OUT-OF-STATE AND UNKNOWN	78	2.8			
LOUISIANA	2,695	97.2	100.0		
LOUISIANA, OUTSIDE N.O. SMSA	333	12.0	12.4		
NEW ORLEANS SMSA	2,362	85.2	87.6	100.0	
ST. TAMMANY	54	1.9	2.0	2.3	
ST. BERNARD	72	2.6	2.7	3.0	
JEFFERSON	723	26.1	26.8	30.6	
ORLEANS	1,513	54.6	56.1	64.1	100.0
CHARITY HOSPITAL	459	16.6	17.0	19.5	30.3
REMAINDER OF NEW ORLEANS	1,054	38.0	39.1	44.9	69.7

Figure 1

THE LOUISIANA POISON CONTROL CENTER AT NEW ORLEANS PERCENTAGE DISTRIBUTIONS OF CASES* HANDLED BY AREA 1973



* The 2,773 figure represents the number of cases handled for which complete information is available. Many of the 1,671 "information calls" were actually cases for which complete information could not be collected.

we believe that the apparent decrease is due in part to the facility and phone changes that took place in 1973.

Further, at least some of the decrease is an artifact of the revised reporting system that was adopted this year. For years the Center has received calls such as:

"This is Dr. Smith. What is the toxicity and prescribed treatment for ingestion of a small amount of Aero Floor Wax?" answer "Thanks!" . . . Click!!

This type of call is now listed as an information call. The tone of Dr. Smith's voice may well have indicated that his call was in reference to a serious poisoning case, but Dr. Smith did not give any information about his patient. In fact, he didn't even mention a patient. The Center also handles many calls such as:

"Hello, this is Tom Peters. Can you tell me where to get free rat poison?" . . . answer . . .

Although a good deal of time and effort is spent answering such questions, since calls of this nature are not related to the mission of the center they are no longer even entered in the log. The net result of these procedural changes has been fewer calls logged and fewer cases reported without any real decrease in activity.

III. Geographic Distribution of Cases

The geographic distribution of cases reported to the New Orleans Center as well as associated percentage breakdowns are given in Table I. Selected information from Table I is graphically shown in Figure 1. Several interesting facts about the geographic distribution of cases can be easily gleaned from Figure 1:

(1) Although the New Orleans Center has served many other states during 1973, over 97% of the cases handled in 1973 were Louisiana cases.

(2) Because over 87% of the Louisiana cases handled by the New Orleans Center are attributed to the four-parish New Orleans Standard Metropolitan Statistical Area (N.O. SMSA), it may be that health professionals outside of the N.O. SMSA are not being adequately informed of the services provided by our Center over the telephone.

(3) Cases from the N.O. SMSA are distributed among the four parishes of Orleans, Jefferson, St. Bernard, and St. Tammany approximately in proportion to the populations in these parishes, although St. Tammany reported a slightly smaller percent of the cases than St. Bernard.

(4) Charity Hospital of New Orleans is the source of over 30% of all cases reported from Orleans Parish, a disproportionately large percentage in spite of the size and function of Charity.

IV. The Vulnerable Ages

Some of the most shocking though well known statistics associated with poisoning cases are illustrated in Figure II. Over 64% of all poisoning cases reported to the New Orleans Center in 1973 occurred among children 4 years of age or under. Toddlers (1 and 2 years old) alone accounted for over 45% of the poisoning cases reported in 1973. The New Orleans Center alone logged almost 1 poisoning case for every 100 toddlers in the State and about 3 N.O. SMSA cases for every 100 toddlers in the N.O. SMSA. The actual incidence of poisonings among toddlers is probably higher than 3 in 100 and perhaps even much higher. The rates for pre-school children and infants ranked second and third, respectively, after the toddlers.

V. The Culprits

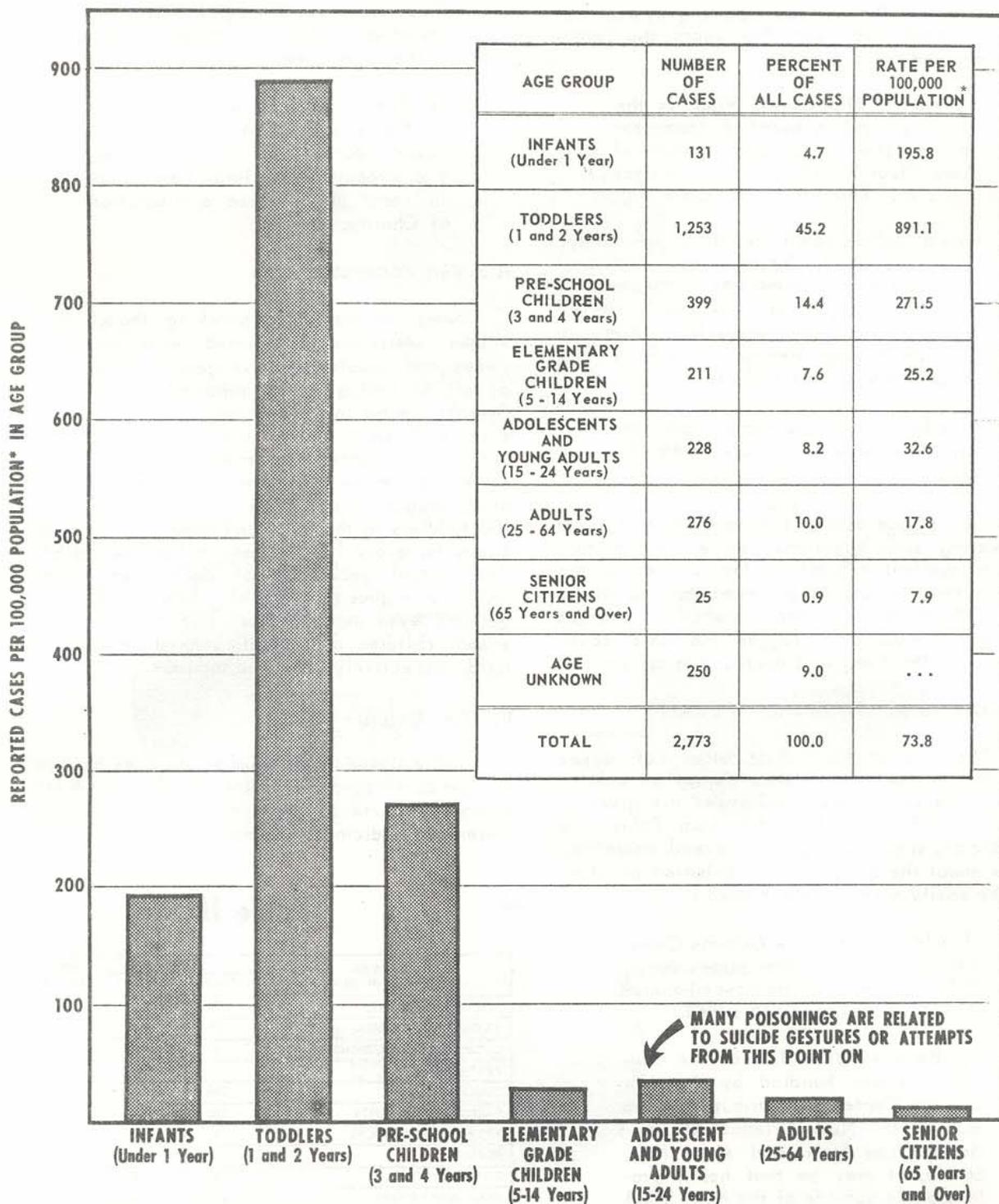
Table II shows the number of cases by type of product involved. Notice that products commonly found in the home medicine cabinet (internal medicines, external medicines, and

Table II

TYPES OF PRODUCTS INVOLVED	1973		1972 PERCENT
	NUMBER	PERCENT	
INTERNAL MEDICINES	788	28.4	29.3
EXTERNAL MEDICINES	229	8.3	7.6
CLEANING AND POLISHING AGENTS	547	19.7	16.5
PESTICIDES	271	9.8	10.6
COSMETICS	200	7.2	6.7
PAINTS AND SOLVENTS	132	4.8	3.9
PETROLEUM PRODUCTS	137	4.9	4.2
PLANTS	158	5.7	6.5
BITES AND STINGS	47	1.7	0.7
GASES AND VAPORS	21	0.8	1.5
MISCELLANEOUS	237	8.5	12.3
UNKNOWN	6	0.2	0.2
TOTAL	2,773	100.0	100.0

Figure II

**AGE-SPECIFIC POISONING CASE RATES
BASED ON CASES REPORTED TO THE NEW ORLEANS CENTER
1973**



* Rates based on estimates of Louisiana's 1973 population.

cosmetics) were involved in almost 44% of the 1973 as well as the 1972 poisoning cases. Other common household products were responsible for most of the remaining cases.



Although infants and school age children rightfully have a high priority claim on public health services, the hazards facing the toddler and nursery school child should also be the focus of concentrated attention. It is this group of children — too active for long confinement in crib or play pen and too young to understand or remember explanations — who are the primary victims of poisoning; and it is the adults responsible for the health and safety of these

children who must be reached and educated on ways to prevent these tragedies.

When a poisoning does occur, time is often a major factor in determining whether the victim will become a mortality or morbidity statistic. The mission of the Poison Control Center is to provide vital information in time to prevent a case from becoming a fatality.

Acknowledgement. The authors gratefully acknowledge the invaluable assistance of Mrs. Florence Forman, Secretary of the Louisiana Poison Control Center, in the preparation of this report.

INFLUENZA B SEEN IN NEW ORLEANS

PHILIP A. MACKOWIAK, M.D.
Epidemiology Section
ROBERT S. GOHD, PH.D.
Charity Hospital, N.O.
GEORGE L. BORDEN
Vaccination Assistance Project

In January the Charity Hospital Virology Laboratory reported 4 confirmed cases of influenza among New Orleans children. Two of these children, a 6-year-old male and a 2-year-old female, had their diagnoses confirmed by isolation of influenza B virus from their nasopharynx with concomittant antibody rises. Two additional girls, one 6 years old and the other 11, had respiratory illness compatible with influenza and serological evidence of disease without viral isolates.

Emergency room visits and industrial and school absenteeism have traditionally been used by public health workers as rough indicators of influenza activity in an area. Using these as a crude "flu barometer", the Epidemiology Section of the LHSRSA in conjunction with members of the state's Vaccination Assistance Project have been seeking to monitor influenza activity in Louisiana. At the present time, New Orleans and South Central Louisiana are the only two major areas in the state reporting significant increases in emergency room visits or obsenteeism.

This does not necessarily mean, however, that only these two areas are experiencing influenza; nor does it mean that all of the influenza-like illness seen in either of these

areas is caused by the influenza virus. Many different respiratory viruses are able to cause illness in man clinically indistinguishable from true influenza. Only viral isolation or appropriate serological studies permit the diagnosis of "influenza" to be made with finality.*

According to observers at the Center for Disease Control in Atlanta, Georgia, the national reported incidence of influenza as of January 26 was well below levels for 1973. At this time no outbreaks of influenza A had been reported anywhere in the country. Nonetheless, Georgia, Illinois, Iowa, Michigan, Minnesota, Oklahoma, Wisconsin, and now Louisiana have reported outbreaks of influenza-like illness. In those cases where the influenza virus has been isolated and fully characterized, it has been shown to be an influenza B virus either of the B/Victoria type or an intermediate type.

REFERENCE:

C.D.C. Morbidity and Mortality Weekly Report 23(4), 29-36, January 26, 1974.

Acute and convalescent blood specimens may be submitted to the State Laboratories through the local health units for this purpose.

CHANGES IN THE LOUISIANA MONTHLY MORBIDITY REPORT

Commencing with this issue, the list of diseases tabulated by parish on pages 1 and 2 of this report will reflect the following changes:

- The category "Infectious and Serum Hepatitis" has been deleted and replaced by 2 categories, "Hepatitis A and Unspecified" and "Hepatitis B".
- "Severe Undernutrition" has been added to the list.
- "Poliomyelitis, Paralytic" and "Rheumatic Fever" have been deleted from the monthly tabulation by parish. It should be emphasized, however, that these continue to be reportable diseases; and physicians are urged to notify this department of any such cases which come to their attention.