



MONTHLY MORBIDITY REPORT

Provisional Statistics

Reported Morbidity
March, 1975

FROM THE

OFFICE OF PUBLIC HEALTH STATISTICS

RUBELLA SPREADS AMONG LOUISIANA YOUNG ADULTS

Rubella, usually considered a pediatric disease, now is appearing in Louisiana in an alarming number of high school students and young adults. During the last few months a number of parishes scattered throughout the state have experienced serologically confirmed outbreaks of rubella in high schools. In all likelihood, several thousand cases have occurred in our young adult population since December, 1974.

The explanation for the epidemic involves (1) the natural history of the disease and (2) its susceptible population. "Rubella season" is typically the months of March, April, and May. Effective vaccines became readily available in early 1970 and it has become accepted procedure to routinely vaccinate prepubertal children. Consequently, we are experiencing a shift in susceptibles from the pediatric age group to those susceptible young people who were too old at the time of introduction of vaccine to be routinely immunized; and this year the disease threatens our young adult population more than its pediatric counterpart.

Hence, as the disease continues to climb in incidence through April and May, the physician needs to consider rubella a significant threat to his unimmunized female adolescent and adult patients.

State policy has restricted the use of rubella vaccine in public programs to prepubertal children under the age of eleven due to the risk of immunizing females who may be or may become pregnant within two months subsequent to immunization. There is, therefore, little that public health can do in the way of increased immunization activity in this age group. Private physicians can make inroads into the post-pubertal female population by providing special

attention to the current problem. Need we be reminded that previous epidemics have been responsible for the death and disability of many thousands of infants and for the anguish and despair of their parents; and that the cost in terms of medical care and special education for the multi-handicapped survivors has been astronomical?

Special attention should include a careful appraisal of the female for (1) immunity status and (2) pregnancy. The immunity status can be easily established by the hemagglutination-inhibition test (HAI test) for rubella antibody, available through the Division of Health Laboratories. Expectant mothers should also be tested in order to provide a baseline for future evaluations. Those found to be susceptible should be informed about the disease and immunized in the post-partum period.

All susceptible children of expectant mothers should be immunized immediately. While there was some question concerning the possibility of a rubella vaccinated child spreading attenuated virus to others, experience over the past six years and over sixty million doses of administered vaccine have proven otherwise. Consequently, pregnancy, which is a contraindication to vaccination of the mother, is an indication for vaccination of her unimmunized household members.

Moreover, the vaccine has been shown to be safe, immunogenic and well tolerated. During 1975, none of reported cases were known to occur among those receiving rubella vaccine.

It is felt that outbreaks of rubella in high school students are a temporary phenomena which will subside in the next year as the bulk of our immunized children enter high school.

MEASLES ERADICATION IN 1975

During 1974, only thirteen cases of measles (rubeola) were recorded in Louisiana. Except for two cases in siblings, no relationship was established between any of the cases. None of the cases were confirmed by laboratory tests. These findings indicate that complete eradication of measles in the state is at hand.

Because of a current low case load it is now possible to apply epidemiological investigation to each reported case. Physicians' participation by immediately reporting all suspicious cases to their respective parish health units is essential to the success of the eradication program. Also acute and convalescent sera from clinically diagnosed cases should be sent to the state laboratory for confirmation of diagnosis.

The follow-up of reported cases by public health personnel includes an investigation for susceptibles among contacts. When susceptibles are detected among school or community contacts,

immunizations are administered immediately to interrupt transmission of the disease. Also, an effort is made to determine the source of infection and the immunization status of each case.

A recent state-wide survey of children entering kindergarten or first grade showed ninety percent adequately immunized against measles, poliomyelitis, diphtheria, tetanus, and rubella. Immunization levels of preschool children average about fifteen percent lower.

For measles, the greatest risk of outbreaks is among "pocket" groups of unprotected children that may still exist in some locations. Introduction of measles into these groups may cause small scale epidemics unless immunization of susceptibles is accomplished quickly.

Louisiana is on the threshold of adding measles to a growing list of diseases eliminated by vaccination programs. This list includes smallpox (last case 1949), polio (last case 1967), and diphtheria (last case 1972).

COMBINED VIRAL VACCINES

The use of measles-rubella (M-R) or measles-mumps-rubella (M-M-R) combined vaccines with trivalent oral poliovirus vaccine (TOPV) boosters during the second year of life is recommended. Studies conducted by the Center for Disease Control and the Bureau of Biologics, Food and Drug Administration show that when TOPV and M-R or M-M-R vaccines are administered simultaneously, antibody responses are comparable to those of single component vaccines administered at different times. In addition, the frequency or severity of clinical reactions does

not increase. A TOPV booster may be administered simultaneously with M-R or M-M-R vaccine and this procedure is recommended by the Public Health Service Advisory Committee on Immunization Practices.

There are several advantages in using combined vaccines; (1) the number of clinic or office visits are reduced, particularly during the second year of life when many children are lost to immunization programs before completing recommended immunizations; (2) the cost of administration is reduced.

SELECTED REPORTABLE DISEASES

(By Place of Residence)

STATE AND PARISH TOTALS	ASEPTIC MENINGITIS	DIPH THERIA	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
Reported Morbidity March, 1975																			
TOTAL TO DATE 1974	15	0	1	0	153	62	135	12	4	2	8	8	16	1	34	0	5	6193	164
TOTAL TO DATE 1975	11	0	5	3	110	40	116	15	5	2	97	6	35	0	35	1	0	5057	129
TOTAL THIS MONTH	3	0	0	1	30	13	37	2	1	1	33	1	18	0	15	1	0	1751	41
ACADIA					1													11	
ALLEN																		5	
ASCENSION																		3	
ASSUMPTION																		14	1
AVOUELLES																		10	
BEAUREGARD																		1	
BIENVILLE																		4	
BOSSIER					1													13	
CADDO					1	1	1			1			2		1			110	4
CALCASIEU					1		5				9				2			66	1
CALDWELL																			
CAMERON																		1	
CATAHOULA							2												
CLAIBORNE																			
CONCORDIA							1											3	
DESOTO																			
EAST BATON ROUGE					2													99	1
EAST CARROLL																		11	
EAST FELICIANA														1				3	
EVANGELINE																		5	
FRANKLIN																		9	
GRANT																		1	
IBERIA					1													11	
IBERVILLE																		7	
JACKSON																			
JEFFERSON					5		2	1			2				1			87	5
JEFFERSON DAVIS																		4	
LAFAYETTE																		34	
LAFOURCHE					1		1											11	
LASALLE																			
LINCOLN																		51	
LIVINGSTON																		9	
MADISON																		9	2
MOREHOUSE																		8	
NATCHITOCHE					1	1												21	
ORLEANS	2			1	5	7	20				3		16		5	1		665	19
OUACHITA																		46	4
PLAQUEMINES						1	1											3	
POINTE COUPEE																		1	
RAPIDES							1		1									89	1
RED RIVER																		5	
RICHLAND																		10	
SABINE																		2	
ST. BERNARD					4						14							1	
ST. CHARLES															2			5	
ST. HELENA																		4	
ST. JAMES																		7	
ST. JOHN															2			12	
ST. LANDRY							3											24	
ST. MARTIN																		11	
ST. MARY																		14	1
ST. TAMMANY					3													39	
TANGIPAOHA					1							1		1				32	1
TENSAS																			
TERREBONNE					1	2												14	
UNION																		5	
VERMILION																		5	1
VERNON	1				1	1		1			5							65	
WASHINGTON					1													29	
WEBSTER																		17	
WEST BATON ROUGE																		8	
WEST CARROLL																			
WEST FELICIANA																		13	
WINN																		3	
OUT OF STATE																			

* Includes Rubella, Congenital Syndrome