



TULANE UNIV.
MONTHLY MORBIDITY REPORT

Provisional Statistics

Reported Morbidity
December, 1977

from the

OFFICE OF PUBLIC HEALTH STATISTICS

FACT SHEET ON INFLUENZA

The virus which causes influenza continues to plague mankind. Because of frequent changes in the makeup of the virus, individuals do not maintain long-lasting immunity. In most years when changes occur they are relatively minor, but every now and then a major change occurs, as in 1957 (Asian) and in 1968 (Hong Kong). When a major change occurs, worldwide epidemics may follow, which may vary in impact depending to a large extent upon the prevalence of antibody in the population.

Scientists have recently identified an H1N1 flu virus that has caused outbreaks of influenza in the U.S.S.R. and Hong Kong. This H1N1 virus represents a major change from viruses currently in circulation in the human population, although similar H1N1 viruses were prevalent during the late 40's and early 50's. Following are answers to the most commonly asked questions about influenza and the H1N1 virus.

Q. How likely is it that the H1N1 virus will appear at some time in the United States?

A. It is likely that some cases will appear. It has already been isolated from a number of cities in the U.S.S.R., and in Hong Kong; so it clearly has the ability to spread in the human population.

Q. When might we expect to see cases of influenza caused by this virus in this country?

A. Sporadic introductions are possible this flu season. It is too early to say whether we will also see outbreaks. Flu viruses do not follow a consistent pattern. The 1957 Asian flu virus, for example, took less than a year to spread around the world. In the late 40's, an H1N1 virus prevalent then took several years to spread worldwide.

Q. What will this strain be called?

A. Because the virus was first isolated in the Soviet Union, that country's name or a city or region in the U.S.S.R. will be one element in the name.

Q. Has this strain of influenza caused epidemics in the past?

A. Similar H1N1 strains of influenza, called "A1" or "A Prime," caused moderate epidemics in 1947 and continued to circulate in this country and in the world until 1957. Influenza viruses were first isolated from man in the early 1930's. The strains which are thought to have circulated from 1918 to the present are:

1918-1933	Hsw1N1 (swine)
1933-1947	HON1 (AO)
1947-1957	H1N1 (A1 or A Prime)
1957-1968	H2N2 (Asian)
1968-Present . . .	H3N2 (Hong Kong)

Q. What is known about the severity of illness caused by the current H1N1 influenza strains?

A. Initial reports are of outbreaks primarily among children and young adults. When adults were affected, the disease tended to be mild. Influenza is not generally a serious disease for healthy young people. Influenza illnesses in general vary from very mild to severe and depend on many factors. The chief factor appears to be previous exposure by a person to a specific virus, or one similar to it. Such exposure generally prevents infection or results in a milder illness. In the case of the H1N1 virus, antibody studies done in 1976 showed that 75% of the United States population aged 25 - 51 had antibodies to an H1N1 virus. Individuals under 25 would not be expected to have such antibodies. Individuals over 51 are less likely than those 26 - 51 to have antibodies to this particular strain, but almost

SOURCE: HEW, PHS, CDC, December, 1977.

all would have antibodies to related viruses.

Q. Why do persons 25 to 51 years old almost all have antibodies to this H1N1 influenza virus?

A. Because they were previously exposed to viruses related to this one. A person is likely to maintain antibodies throughout his lifetime to the first strain of influenza to which he is exposed. Consequently, individuals born shortly before and during the time the H1N1 virus circulated from 1947 to 1957 are most likely to have antibodies to it. Persons born earlier in the 1900's and up to the mid-twenties were exposed to the swine virus first and are more likely to have antibodies to it. Persons born after 1957 had their first exposure to either the Asian or the Hong Kong strain of influenza.

Q. What is the relationship of this virus to the swine flu virus?

A. The two viruses are in the same general family of influenza viruses; but tests that have been completed to date do not show any close relationship between the two.

Q. Would an individual who had a swine flu shot have any protection?

A. There may be some protection against H1N1 from swine flu immunization but more data are needed to be sure how much. There is evidence that there was a significant increase in antibodies to the H1N1 strain among many 25-to-51-year-olds who were vaccinated in 1976, indicating a "boosting" effect from the vaccine. Among older individuals, this effect also occurred, but not as frequently. Among younger individuals, it did not occur.

Q. What exactly is influenza?

A. Influenza is a respiratory disease caused by a virus. There are two main types of influenza virus — A and B. Each type includes many related viruses. Type A epidemics are generally more frequent and severe.

Q. How is influenza spread?

A. It spreads person to person. When a person has influenza, or is just coming down with it, the fluids in his nose and mouth contain viruses. They are expelled into the air when he sneezes, coughs, or talks. Then they get into the noses and mouths of other people and cause disease in the susceptibles.

Q. How serious a disease is influenza?

A. For most people, influenza is a moderately severe illness but not a serious health threat. Complete recovery can be expected within a week. For certain high risk groups, it is a serious problem; and the disease or its complications may be life threatening. Among those traditionally considered at high risk are the elderly and persons suffering from certain chronic diseases, such as heart disease or respiratory disease.

Q. What are the symptoms of influenza and how do they appear?

A. Symptoms of influenza often come on suddenly and may include some or all of the following: fever, chills, headache, dry cough, and soreness and aching in the back and the limbs. Fever seldom lasts more than several days, although the patient may continue to feel weakened for several days to a week or more.

SELECTED REPORTABLE DISEASES

(By Place of Residence)

STATE AND PARISH TOTALS REPORTED MORBIDITY DECEMBER, 1977	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 76	67	0	42	4	573	174	490	53	15	8	93	8	118	3	116	2	306	18853	578
TOTAL TO DATE 19 77	27	0	20	0	704	182	534	146	10	23	30	5	165	1	166	3	131	19962	674
TOTAL THIS MONTH	4	0	6	0	130	37	35	10	0	1	3	0	22	0	20	0	51	1932	61
ACADIA							5												12
ALLEN					1												1		4
ASCENSION					5														8
ASSUMPTION																			7
AVOUELLES							2										1		4
BEAUREGARD															2				8
BIENVILLE															1				1
BOSSIER							2						2						21
CADDO					2	7	4	1					8		2		1		141
CALCASIEU					2	2	1												91
CALDWELL																			2
CAMERON																			
CATAHOULA						1													2
CLAIBORNE																			
CONCORDIA					1	2	1												2
DESOTO							1												8
EAST BATON ROUGE					7	1	2						3		4		45		179
EAST CARROLL																			2
EAST FELICIANA																			
EVANGELINE																			2
FRANKLIN					1	1													5
GRANT										1									4
IBERIA							2												9
IBERVILLE																			13
JACKSON																			
JEFFERSON			1		29			4					1				1		87
JEFFERSON DAVIS																			7
LAFAYETTE																			13
LAFOURCHE					4		1												9
LASALLE					2														1
LINCOLN																			21
LIVINGSTON																			3
MADISON					2		1												25
MOREHOUSE																			17
NATCHITOCHE																			47
ORLEANS	1		1		45	14	9	3			1		5		4		1		781
OUACHITA					2	1	2				2								96
PLAQUEMINES	1		1		1	1													4
POINTE COUPEE																			1
RAPIDES			1												2		1		112
RED RIVER																			2
RICHLAND			1		1														6
SABINE																			5
ST. BERNARD					4														6
ST. CHARLES					1														6
ST. HELENA																			
ST. JAMES	1				1														9
ST. JOHN																			10
ST. LANDRY					3		1												3
ST. MARTIN					3														1
ST. MARY																			2
ST. TAMMANY					3			1											27
TANGIPAHOA							1												18
TENSAS					4														1
TERREBONNE	1				1														7
UNION													2						4
VERMILION			1		1	2		1							1				2
VERNON					1	2							1						9
WASHINGTON						2									3				25
WEBSTER															1				10
WEST BATON ROUGE																			14
WEST CARROLL					2														6
WEST FELICIANA																			6
WINN					1	1													6
OUT OF STATE																			2

* Includes Rubella, Congenital Syndrome

From January 1 through December 31, the following cases were also reported: 2 - Brucellosis; 5 - Leptospirosis; 3 - Malaria (contracted outside the U.S.A.); 7 - Rocky Mountain Spotted Fever.