



# MONTHLY MORBIDITY REPORT

## EPIDEMIOLOGY

### PUBLIC HEALTH STATISTICS

DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
OFFICE OF PREVENTIVE AND PUBLIC HEALTH SERVICES  
DIVISION OF RECORDS AND STATISTICS  
P.O. BOX 60630 NEW ORLEANS, LOUISIANA 70160

SANDRA L. ROBINSON, M.D., M.P.H.  
SECRETARY AND STATE HEALTH OFFICER  
504/342-6711

#### BULLETIN

##### REYE SYNDROME STUDY

Westat Research, under the auspices of the United States Public Health Services, is conducting an important epidemiological study regarding the possible relationship of Reye syndrome and medications. The study is being coordinated by the Division of Viral Diseases, Center for Infectious Diseases, and Centers for Disease Control. Tulane Medical Center is participating as one of the 67 Pediatric Tertiary Care Centers. The study will include 4 types of controls:

1. school/day care center (two controls/case)
2. community (obtained via random digit dialing; two controls/case)
3. hospital (two controls/case)
4. emergency room based (two controls/case).

Schools, day care centers and private physicians of community controls may be contacted for participation and information. While the health department is not actively involved in this study, questions concerning the study may be directed to the Epidemiology Section, Office of Preventive and Public Health Services at (504) 568-5005.

##### HTLV-III WESTERN BLOT AVAILABILITY

The Division of Laboratories of Office of Preventive and Public Health Services in New Orleans is now accepting specimens (5cc serum or plasma) for Western Blot testing on positive ELISA specimens. Previous ELISA results, including O.D. readings of sample and control or cutoff value, must be submitted with the request. Use standard viral form (Lab 96) available at local health units. Specimen identification other than patient name should be listed on the request form. Contact Central Laboratory (504) 568-5371 for further information prior to submitting specimen.

## NEW PKU AND HYPOTHYROID FORMS

As of February 21, 1986 we have obtained a new batch of LAB 10 (PKU and Hypothyroid) forms. These forms contain a new filter paper lot (W52). Due to quality control considerations it will be necessary to discontinue using the present batch of LAB 10 forms with filter paper lot W41 by April 30, 1986. Specimens submitted on the old Lab 10 forms (filter paper lot W41) after April 30, 1986 will be rejected because we will no longer be able to quality control this lot of filter paper. New forms may be obtained from any Parish Health Unit.

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The new LAB 10 forms consist of four parts instead of the previous three part form. The extra part will be for the Parish Health Unit. Due to the fact that we are dealing with a four part form, please press firmly with a ball point pen in order to make a better impression.

The new LAB 10 forms (Lot #W52 1986) have a number in the lower right hand corner of the form and the same number on the filter paper strip. This number should be very useful to the provider whenever information is needed on a patient. The provider should make note of this number as well as the patient's name for his record whenever he submits LAB 10

If you desire an inservice on the proper collection of PKU and Hypothyroid specimens, please contact the laboratory. Arrangements will be made to accomodate you at the earliest possible date.

Larry J. Maturin, Ph.D.  
Assistant Director  
Division of Laboratory Services

LABORATORY REQUEST AND REPORT FORM	<b>LAB NO. AND DATE RECEIVED</b>	Name (Last) _____ (First) _____ Sex _____ Race _____	Address _____ City _____ Parish _____ State _____										
	Age at Collection <input type="checkbox"/> Less than 72 hours <input type="checkbox"/> 3-7 days <input type="checkbox"/> Over 7 days	Date Collected _____	DHHR ID _____	Clinic # _____ Project # _____									
	Birth Date _____		Parent's Name _____	Pregnancy <input type="checkbox"/> Premature <input type="checkbox"/> Full Term									
	Hospital _____		City _____	Dt. 1st Milk Feeding <input type="checkbox"/> Bottle <input type="checkbox"/> Breast <input type="checkbox"/> Both									
	State _____		Check Test/s Requested										
	Guthrie PKU Test <input type="checkbox"/> 01 1st Repeat <input type="checkbox"/> 02		Results of Previous PKU Test										
	Hypothyroid Test <input type="checkbox"/> 03 1st Serum <input type="checkbox"/> 05 Repeat <input type="checkbox"/> 04		Results of Previous Hypothyroid Test										
	Results of Previous Hypothyroid Test <input type="checkbox"/> 06 Hemoglobin 1st <input type="checkbox"/> Repeat Electrophoresis												
	SEND REPORT TO [ ]												
	S & S* #903™ LOT# W52 1986												
DO NOT WRITE BELOW For Laboratory Report Only													
<b>GUTHRIE PKU REPORT:</b> <input type="checkbox"/> 07 _____ NEGATIVE <input type="checkbox"/> 08 <input type="checkbox"/> 09 Unsatisfactory. Please resubmit. <b>HEMOGLOBIN ELECTROPHORESIS</b> <input type="checkbox"/> 14 FA AF <input type="checkbox"/> 15 Other: _____ <input type="checkbox"/> Unsatisfactory. 16 Please resubmit.		<b>HYPOTHYROID BLOOD TEST</b> <b>Screening Test Report:</b> <input type="checkbox"/> 10 Normal Below Normal <input type="checkbox"/> 11 <input type="checkbox"/> 12 Other Unsatisfactory, Please resubmit. <input type="checkbox"/> 13 <b>Confirmatory Test Report</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">PATIENT VALUES</th> <th style="width: 50%;">NORMAL RANGE</th> </tr> </thead> <tbody> <tr> <td>T<sub>4</sub></td> <td></td> </tr> <tr> <td>TSH</td> <td></td> </tr> <tr> <td>T<sub>3</sub>U</td> <td></td> </tr> <tr> <td>FTI</td> <td></td> </tr> </tbody> </table> In view of these abnormal results <input type="checkbox"/> Please submit a second filter paper specimen at 4 - 6 weeks of age <input type="checkbox"/> Please submit a 2.5 ml serum sample immediately <input type="checkbox"/> Other		PATIENT VALUES	NORMAL RANGE	T <sub>4</sub>		TSH		T <sub>3</sub> U		FTI	
PATIENT VALUES	NORMAL RANGE												
T <sub>4</sub>													
TSH													
T <sub>3</sub> U													
FTI													
Date Reported: _____ By: _____ TU: _____		298802											

DO NOT DETACH SPECIMEN (FILTER PAPER) FROM FORM



S & S\* #903™ LOT# W52 1986

298802

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	SEND REPORT TO [ ]		State _____										
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LAB 10 Rev 1/86	<b>LABORATORY COPY</b>		DO NOT DETACH SPECIMEN (FILTER PAPER) FROM FORM										
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Additional studies are needed to better define the rate of transmission and variables associated with it.

**Risk of Illness among Infected Pregnant Women.** Pregnancy is associated with suppression of cell-mediated immunity and increased susceptibility to some infections. The T-helper to T-suppressor ratio is decreased during normal pregnancy, being lowest in the third trimester, and returns to normal approximately 3 months postpartum. It is not known whether pregnancy increases an infected woman's risk of developing AIDS or ARC, but one study suggests it does. Fifteen infected women who were well at time of delivery were followed an average of 30 months after the births of their children. Five (33%) subsequently developed AIDS; seven (47%) developed AIDS-related conditions; and only three (20%) remained asymptomatic. These results may not apply to all infected pregnant women, but they do suggest an increased likelihood of developing disease when an HTLV-III/LAV infection occurs in association with pregnancy.

## RECOMMENDATIONS

**Women Who Should be Offered Counselling and Testing.** Counselling services and testing for antibody to HTLV-III/LAV should be offered to pregnant women and women who may become pregnant in the following groups: those who have evidence of HTLV-III/LAV infection; those who have used drugs intravenously for non-medical purposes; those who were born in countries where heterosexual transmission is thought to play a major role; those who have engaged in prostitution; those who are or have been sex partners of: IV drug abusers, bisexual men, men with hemophilia, men who were born in countries where heterosexual transmission is thought to play a major role, or men who otherwise have evidence of HTLV-III/LAV infection. If data become

available to show that HTLV-III/LAV-antibody prevalence is increased in other groups or settings, counselling and testing programs should be extended to include them. Routine counselling and testing of women who are not included in the above-mentioned groups is not recommended due to low prevalence of infection and concern about interpretation of test results in a low-prevalence population. However, if a woman requests it, the service should be provided in accordance with these recommendations.

**Settings for Offering Counselling and Testing.** Counselling and testing for antibody to HTLV-III/LAV to prevent perinatal transmission is recommended in the setting of any medical service in which women at increased risk are commonly encountered. These include services for treating IV drug abuse (i.e., detoxification and methadone maintenance), comprehensive hemophilia treatment centers, sexually transmitted disease clinics, and clinics that serve female prostitutes. In addition, services related to reproduction, such as family planning and infertility services, gynecologic, premarital, or pre-conceptual examinations, and prenatal and obstetric services should also consider offering counselling and testing if high-risk women are seen at these facilities. Testing for antibody to HTLV-III/LAV should be performed with the woman's consent after counselling is provided regarding risk factors for infection, the interpretation of test results, the risks of transmission, and the possible increased likelihood of disease among women infected with HTLV-III/LAV in association with pregnancy. The counselling and testing must be conducted in an environment in which confidentiality can be assured. In settings where confidential counselling and testing cannot be assured, information should be provided and referrals made to appropriate facilities.

**Frequency of Testing.** Detectable antibodies to HTLV-III/LAV may not develop until 2-4 months after exposure. This, and whether the woman is continuously exposed, should be taken into account when considering the need for, and frequency of, repeat testing. High-risk women should be offered counselling and testing before they become pregnant. During pregnancy, counselling and testing should be offered as soon as the woman is known to be pregnant. If the initial test is negative, repeat testing may be indicated near delivery to aid in the clinical management of the pregnant woman and newborn. If this final test is negative and the mother's risk of exposure no longer exists, she may safely consider breastfeeding the child, and management of the child need not include the same concerns that would be appropriate if the woman had had a positive test or if she were at high risk and had not been tested at all.

**Counselling Women with Positive Results.**

Women with virologic or serologic evidence of HTLV-III/LAV infection should be counselled regarding their own risk of AIDS and the risk of perinatal and sexual transmission of HTLV-III/LAV. Infected women should be counselled to refer their sex partners for counselling and testing. If the partners of these women are not infected, both members of the couple should be counselled on how they may modify their sexual practices to reduce the risk of HTLV-III/LAV transmission to the uninfected partner. In addition, the couple should be told not to donate blood, organs, or sperm and should be discouraged from using IV drugs and advised against sharing needles and syringes. When seeking medical or dental care for intercurrent illness, they should inform those responsible for their care of their positive antibody status so appropriate evaluation can be undertaken. Recommendations for providing information and advice to individuals infected with HTLV-III/LAV

have been published. Infected women should be advised to consider delaying pregnancy until more is known about perinatal transmission of the virus. Pregnant infected women may require additional medical and social support services due to an enhanced risk of opportunistic infections and psychosocial difficulties during and after pregnancy. Obstetric-care providers should be alert to signs and symptoms of HTLV-III/LAV and related opportunistic infections in these pregnant women and to the need for specialized medical care.

HTLV-III/LAV-infected women should be advised against breastfeeding to avoid postnatal transmission to a child who may not yet be infected. The child should receive follow-up pediatric evaluations to determine whether he/she has HTLV-III/LAV infection, and to diagnose and treat promptly any disease that may be secondary to HTLV-III/LAV infection. Recommendations for educating and providing foster care for infected children have been published.

**Counselling Women with Negative Test Results.**

A negative ELISA for HTLV-III/LAV antibody in women who have no clinical or laboratory evidence of HTLV-III/LAV infection is evidence that they have probably not been infected. However, uninfected women who have sex partners with evidence of HTLV-III/LAV infection or with an increased risk of becoming infected should be informed that sexual intercourse increases their risk of infection. These women should be informed of the risks associated with pregnancy if they become infected and advised to consider delaying pregnancy until more is known about perinatal transmission of the virus or until they are no longer considered to be at risk for acquiring the virus. In addition to preventing pregnancy, the consistent and proper use of condoms can offer some

protection against HTLV-III/LAV infection.

High-risk women, even if seronegative, should be told not to donate blood or organs. To decrease their risk of becoming infected, IV drug abusers should be encouraged to seek treatment for their drug abuse. Persons counselling IV drug abusers should know that IV drug abuse is often strongly ingrained and compulsive. Despite educational efforts and encouragement for treatment, some addicts will continue to abuse drugs or relapse after treatment. If drug abuse continues, they should be advised not to share needles or syringes and to use only sterile equipment.

**Additional Considerations.** These recommendations will be revised as additional information becomes available. It is recognized that provision of the recommended professional counselling, HTLV-III/LAV-antibody testing and associated specialized medical services will take time to implement and may stress

available resources, particularly in public facilities, which are most greatly affected. Health-care providers, social-service personnel, and other involved in educating and caring for HTLV-III/LAV-infected persons should be aware of the potential for social isolation and should be sensitive to the need for confidentiality. They should be familiar with federal and state laws, regulations, and policies that protect the confidentiality of clinical data and test results. Each institution should assure that specific mechanisms are in place to protect the confidentiality of all records and to prevent the misuse of information. Anonymous testing would not be appropriate if it prevents adequate counselling and medical follow-up evaluation.

Hospital precautions for managing infected women and infants should be patterned after those for caring for patients with HTLV-III/LAV infection. Additional recommendations will follow.

### LOUISIANA AIDS UPDATE

	CASES	DEATHS	PERCENT
JAN - FEB, 1986	9	3	33
TOTAL, ALL YEARS (as of 2/28/86)	206	130	63

## SELECTED REPORTABLE DISEASES (By Place of Residence)

STATE AND PARISH TOTALS	VACCINE PREVENTABLE DISEASES					ASEPTIC MENINGITIS	HEPATITIS A AND UNSPECIFIED **	HEPATITIS B	LEGIONNAIRES DISEASE	MALARIA***	MENINGOCOCCAL INFECTIONS	SHIGELLOSIS	TUBERCULOSIS, PULMONARY	TYPHOID FEVER	OTHER SALMONELLOSIS	UNDERNUTRITION SEVERE	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY	RABIES IN ANIMALS (PARISH TOTALS CUMULATIVE, 1985)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
REPORTED MORBIDITY 1985 SUPPLEMENT																			
TOTAL TO DATE 1984	8	0	0	12	3	80	436	326	4	12	68	110	337	2	219	21	25445	1193	62
TOTAL TO DATE 1985	42	0	2	20	2	101	215	263	5	6	38	55	346	4	296	5	21291	1077	20
NO. IN SUPPLEMENT	0	0	0	2	1	14	19	42	2	2	10	4	0	1	21	1	0	0	0
ACADIA							1												
ALLEN																			
ASCENSION											1								
ASSUMPTION				1															
AVOYELLES											1								
BEAUREGARD											1								4
BIENVILLE											1								
BOSSIER							1												1
CADDO							1					1			1				1
CALCASIEU																			
CALDWELL							1												
CAMERON																			
CATAHOULA																			
CLAIBORNE																			
CONCORDIA																			
DESOTO																			
EAST BATON ROUGE						2		2		1					3	1			2
EAST CARROLL																			4
EAST FELICIANA																			
EVANGELINE																			1
FRANKLIN																			
GRANT									1										
IBERIA										1									
IBERVILLE								2							1				
JACKSON								1											
JEFFERSON				1		8	10	19	1		1	1		1	4				
JEFFERSON DAVIS																			
LAFAYETTE																			
LAFOURCHE						1													
LASALLE																			
LINCOLN																			
LIVINGSTON											1				1				
MADISON																			
MOREHOUSE																			
NATCHITOCHE																			
ORLEANS								9			1	1			2				
OUACHITA							1												1
PLAQUEMINES								1											6
POINTE COUPEE																			
RAPIDES															1				
RED RIVER																			
RICHLAND																			
SABINE																			
ST. BERNARD															1				
ST. CHARLES						1									1				
ST. HELENA																			
ST. JAMES																			
ST. JOHN																			
ST. LANDRY								1							2				
ST. MARTIN								1											
ST. MARY																			
ST. TAMMANY				1															
TANGIPAHOA							2				1								
TENSAS																			
TERREBONNE																			
UNION						2	2	2							2				
VERMILION																			
VERNON							1								1				
WASHINGTON																			
WEBSTER								1			1	1							
WEST BATON ROUGE								2			2								
WEST CARROLL																			
WEST FELICIANA								1											
WINN																			
OUT OF STATE																			

\*Includes Rubella, Congenital Syndrome.

\*\*Includes 34 cases of Hepatitis Non A, Non B.

\*\*\*Acquired outside United States unless otherwise stated.

From January 1, 1985 - December 31, 1985, the following cases were also reported:

3 - Amebiasis, 2 - Brucellosis, 1 - Coccidioidomycosis, 2 - Reye Syndrome, 5 - Rocky Mountain Spotted Fever

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	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS															
TOTAL TO DATE 19 85	0	0	0	0	0	3	8	7	0	0	1	1	34	0	3	0	2395	110	3	
TOTAL TO DATE 19 86	0	0	0	0	0	2	5	3	0	0	1	0	40	0	2	0	1678	82	0	
TOTAL THIS MONTH	0	0	0	0	0	2	5	3	0	0	1	0	40	0	2	0	1678	82	0	
ACADIA																		17		
ALLEN																		3		
ASCENSION																		3	2	
ASSUMPTION																		7		
AVOYELLES																		2		
BEAUREGARD																		4		
BIENVILLE																		1		
BOSSIER													1					18	1	
CADDO							1						1					183	2	
CALCASIEU							2	1					2					77	7	
CALDWELL																		6	1	
CAMERON																				
CATAHOULA																		2		
CLAIBORNE																		2	1	
CONCORDIA																		6	2	
DESOTO																		3		
EAST BATON ROUGE																		71	8	
EAST CARROLL																		8	1	
EAST FELICIANA																		2	1	
EVANGELINE																				
FRANKLIN													1					9		
GRANT																		2	1	
IBERIA													1					32	1	
IBERVILLE													1					4	1	
JACKSON																		9	1	
JEFFERSON													3					109	3	
JEFFERSON DAVIS													1					6		
LAFAYETTE													1					105	1	
LAFOURCHE								1										11	1	
LASALLE																		1		
LINCOLN																		2		
LIVINGSTON						1					1							1		
MADISON													1					11		
MOREHOUSE													2					7		
NATCHITOCHES																		13		
ORLEANS						1							14		1			540	23	
OUACHITA													3					58	7	
PLAQUEMINES																				
POINTE COUPEE													1					1		
RAPIDES													1		1			82	3	
RED RIVER																				
RICHLAND													2					1		
SABINE																		3	4	
ST. BERNARD																		7		
ST. CHARLES																		5		
ST. HELENA																				
ST. JAMES																		5		
ST. JOHN																		10	1	
ST. LANDRY							2						3					35		
ST. MARTIN																		11		
ST. MARY																		5		
ST. TAMMANY																		14	2	
TANGIPAOA																		16	1	
TENSAS																		1	1	
TERREBONNE																		32	2	
UNION													1					3		
VERMILION																		3		
VERNON																		70	3	
WASHINGTON													1					12		
WEBSTER																		25		
WEST BATON ROUGE																				
WEST CARROLL																				
WEST FELICIANA								1										1		
WINN													1					1		
OUT OF STATE																		1		

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	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
TOTAL TO DATE 1985	0	0	0	0	0	7	17	18	0	0	4	4	51	0	13	0	4106	189	3
TOTAL TO DATE 1986	0	0	0	0	0	4	12	14	0	1	2	0	92	0	10	0	3130	134	0
TOTAL THIS MONTH	0	0	0	0	0	2	7	11	0	1	1	0	52	0	8	0	1452	52	0
ACADIA												1							
ALLEN																	4		
ASCENSION																	11	1	
ASSUMPTION																	3		
AVOUELLES																	9		
BEAUREGARD																	6	2	
BIENVILLE												1							
BOSSIER								1			1						17		
CADDO							1					1			2		178	1	
CALCASIEU								1					3				55	1	
CALDWELL																	3		
CAMERON																			
CATAHOULA																	3		
CLAIBORNE																	2	1	
CONCORDIA																	3	2	
DESOTO							1	1									2		
EAST BATON ROUGE																	87	5	
EAST CARROLL																	5	1	
EAST FELICIANA																	1		
EVANGELINE								1				1					1		
FRANKLIN																	10	1	
GRANT																			
IBERIA												1					13		
IBERVILLE																	2		
JACKSON																			
JEFFERSON								1											
JEFFERSON DAVIS												4		1			115	2	
LAFAYETTE													1				43	2	
LAFOURCHE																	12	1	
LASALLE																	1		
LINCOLN																	14	1	
LIVINGSTON																	2		
MADISON																	5		
MOREHOUSE																	20		
NATCHITOCHE												1					3	3	
ORLEANS								2		1		13		1			460	15	
OUACHITA												10					99	1	
PLAQUEMINES												1							
POINTE COUPEE																	3		
RAPIDES													1				64	4	
RED RIVER																			
RICHLAND								1					1				13		
SABINE																			
ST. BERNARD							2								1		3		
ST. CHARLES																	7		
ST. HELENA																	8		
ST. JAMES												1					8		
ST. JOHN																	5	1	
ST. LANDRY								1									14	1	
ST. MARTIN																	2	1	
ST. MARY																	7		
ST. TAMMANY							1										15		
TANGIPAHOA																	16		
TENSAS																	3		
TERREBONNE							1						3		1		16		
UNION																	9		
VERMILION																	1		
VERNON							3										1		
WASHINGTON								1									39	5	
WEBSTER													1				13		
WEST BATON ROUGE																	4		
WEST CARROLL													1				2		
WEST FELICIANA																			
WINN																			
OUT OF STATE																	1		

\* Includes Rubella, Congenital Syndrome.

\*\* Includes 2 cases of Hepatitis Non A, and Non B.

\*\*\* Acquired outside United States unless otherwise stated.

From January 1, 1986 - February 28, 1986 the following cases were also reported:

1-Cholera

04591R

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4109 CLEVELAND PL  
METAIRIE LA 70003

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Office of Preventive and Public Health Services  
P.O. Box 60630, New Orleans, LA 70160

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