LOUISIANA MONTHLY MORBIDITY

Baton Rouge, Louisiana

DISEASES REPORTED DURING MONTH OF AUGUST, 1969 BY PARISH OF RESIDENCE

POLIOMYELITIS IMMUNIZATIONS FOR EUROPEAN TRAVELERS

The U. S. Public Health Service, Foreign Quarantine Program, pointing out that the incidence of poliomyelitis in some European countries exceeds the incidence of poliomyelitis in the United States, issued a recommendation on July 30, 1969, that all Americans traveling to Europe be vaccinated with poliovirus vaccine. "Children who have completed the American Academy of Pediatrics or the Public Health Service Advisory Committee on Immunization Practices schedule with oral poliovirus vaccine need only a single booster of trivalent oral vaccine. This booster need not be repeated for subsequent trips abroad. Adults who have received fewer than two doses of trivalent oral vaccine should have two doses 6 to 8 weeks apart before departure. Adults who have had two or three doses of trivalent oral vaccine should have only a single dose, which need not be repeated for subsequent trips."

DIVISION OF PUBLIC HEALTH STATISTICS – – LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED September 4, 1969	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIOUS	INFECTIOUS AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	STREPTOCOCCAL INFECTIONS	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS
TOTAL TO DATE 1968	136	14	47	10	470	2	83	9	0	31	10	241	46	3	105	8	674	5439	1669
TOTAL TO DATE 1969	38	10	25	2	560	120	82	7	0	26	12	193	31	3	61	6	480	6512	1618
TOTAL THIS MONTH	10	6	1	0	65	0	4	1	0	5	1	5	1	1	12	0	91	938	201
ACADIA					2										1		3	12	3
ALLEN	2																1	1	
ASCENSION					1													1	
ASSUMPTION					1														
AVOYELLES																	2	3	
BEAUREGARD																			
BIENVILLE																		1	
BOSSIER										1								3	3
CADDO	1				1									1	1		9	112	13
CALCASIEU					1			1							5		1	52	1
CALDWELL																			
CAMERON																			
CATAHOULA																			
CLAIBORNE																		1	3
CONCORDIA																			3
DESOTO																		9	8
EAST BATON ROUGE															1		2	35	20
EAST CARROLL																		1	
EAST FELICIANA																		1	5
EVANGELINE																	4		
FRANKLIN																			
GRANT					4														
IBERIA		1													1		2	6	
IBERVILLE					2													2	1

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JACKSON					1												1	3	
JEFFERSON	3				7		1										13	55	9
JEFFERSON DAVIS					1													3	
LAFAYETTE		2										1					5	16	3
LAFOURCHE	1											4	1					1	1
LASALLE																	1		
LINCOLN																		19	2
LIVINGSTON																	1	1	1
MADISON																		2	3
MOREHOUSE					1													1	4
NATCHITOCHES					1													3	
ORLEANS		2			19										2		6	337	72
OUACHITA					4					1							5	52	1
PLAQUEMINES																		1	2
POINTE COUPEE																		1	1
RAPIDES					5												3	6	4
RED RIVER										1									
RICHLAND																	3	4	2
SABINE																			
ST. BERNARD																	10	1	
ST. CHARLES																	1	1	
ST. HELENA																		1	
ST. JAMES																	1		
ST. JOHN					1		2				1								1
ST. LANDRY		1			3												4	27	1
ST. MARTIN																	1	3	1
ST. MARY																		1	1
ST. TAMMANY			1				1											7	4
TANGIPAHOA																		6	8
TENSAS																	1		
TERREBONNE	3				5													4	3
UNION					3													2	
VERMILION					1												2	1	1
VERNON																		93	4
WASHINGTON																	7	5	3
WEBSTER										2					1			5	
WEST BATON ROUGE																		6	6
WEST CARROLL																		2	1
WEST FELICIANA					1													28	2
WINN																	2		
OUT OF STATE																			

From January 1 through August 31 of 1969, the following cases were also reported:
35 Malaria (Contracted outside U.S.A.), 1 Brucellosis, 5 Leptospirosis, and 4 Tularemia.

VI. RECOMMENDATION OF THE PUBLIC HEALTH SERVICE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

INFLUENZA

INTRODUCTION

The nationwide epidemic of A2 influenza in the United States in the fall and winter of 1968-69 showed the impact of a major antigenic change in the prevalent influenza viruses. The Hong Kong strain responsible for the epidemic was the most distinctive variant among A2 influenza viruses identified since initial appearance of the A2 subtype in 1957. The 1968-69 epidemic highlighted again the problems that are encountered in rapidly developing and producing sufficient quantities of vaccine incorporating a new antigen.

Forty-four States reported widespread outbreaks of Hong Kong strain influenza; in six, involvement was less extensive. In all nine geographic divisions of the country, excess pneumonia and influenza mortality peaked sharply in early January 1969.

In December 1968, Washington State reported an outbreak of type B influenza concurrent with Hong Kong strain A2. In January and February 1969, 18 additional States reported type B influenza; it was widespread only in States in the central part of the country. Unlike Hong Kong strain A2 influenza which affected all age groups, type B influenza illness occurred primarily in school-age children.

INFLUENZA VIRUS VACCINES

The Division of Biologics Standards, National Institutes of Health, regularly reviews influenza vaccine formulation, and, when indicated, recommends revision to include contemporary antigens. After characterization of the A2 Hong Kong virus in September 1968, a monovalent vaccine incorporating the new strain was recommended.

While some influenza vaccines have achieved 60 percent or greater effectiveness in protection against the same or closely related virus strains, vaccines in general civilian use often have not been this effective. Final data on vaccine field trials conducted in the 1968-69 influenza season are being compiled. Preliminary data indicate the monovalent Hong Kong strain vaccine was considerably less effective than would have been desirable.

For 1969-70, both standard and highly purified bivalent influenza vaccines will be available. The recommended adult dose will contain 400 chick cell agglutinating (CCA) units of Hong Kong strain antigen (A2/Aichi/2/68) and 300 CCA units of type B antigen (B/Mass/3/66). The highly purified vaccine is equivalent in potency to the standard vaccine but contains less non-viral protein.

RECOMMENDATIONS FOR VACCINE USE

It is unlikely that there will be more than sporadic cases of influenza due to A2 strains in the 1969-70 season. Type B influenza may appear in areas where it did not occur in 1968-69.

Until good protection is provided consistently by influenza vaccine, it is not recommended for healthy adults and children.

Acknowledging its limited effectiveness, vaccine should be considered only for persons of any age with certain chronic debilitating conditions: 1) rheumatic heart disease, especially mitral stenosis; 2) such cardiovascular disorders as arteriosclerotic heart disease and hypertension, particularly with evidence of cardiac insufficiency; 3) chronic bronchopulmonary diseases, such as asthma, chronic bronchitis, cystic fibrosis, bronchiectasis, pulmonary fibrosis, pulmonary emphysema, and advanced pulmonary tuberculosis; or 4) diabetes mellitus or Addison's disease.

Although the indications of vaccination are less clear, older persons, who may have incipient or potential chronic disease, particularly cardiovascular and bronchopulmonary, should also be considered candidates for vaccination.

VACCINATION SCHEDULE

The primary series consists of 2 doses administered subcutaneously, preferably 6 to 8 weeks apart. (Dose volume for adults and children is specified in the manufacturers' labeling.) Persons at high risk who regularly receive influenza vaccines and had 1 or more doses of the monovalent vaccine containing Hong Kong strain antigen in the 1968-69 season require only a single full dose booster of bivalent vaccine. Immunization should be scheduled for completion by early December.

Local or mild systemic reactions to standard influenza vaccines are common. They occur in up to 50 percent of adults and appear to be related primarily to the non-viral components of the vaccine.

Individuals who should receive influenza vaccine but have had severe local or systemic reactions to the standard vaccine might be given a highly purified vaccine subcutaneously.

PRECAUTIONS

Influenza vaccine should not be administered to anyone who is clearly hypersensitive to eggs because the vaccine viruses are grown in embryonated chicken eggs.