LOUISIANA MONTHLY MORBIDITY

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

STATE HEALTH DEPARTMENT LAUNCHES RUBELLA CONTROL PROGRAM

The State Health Department recently received its initial shipment of rubella vaccine from the Public Health Service. The vaccine is being administered to kindergarten and first and second grade children. This is the age group considered to be principally responsible for disseminating rubella infections in the community. Hopefully, an impending epidemic predicted for 1970 can be avoided by immunizing this group. Practicing physicians are urged to advocate rubella vaccine for their private patients. Health Department vaccine, while the supply is limited, will not be offered on a routine basis in the Parish Health Units, but will be given through organized programs in the schools.

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

RELEASED October 2, 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 19 68	144	21	56	10	543	23	85	9	0	34	13	264	50	6	129	8	755	6172	1870
TOTAL TO DATE 19 69	47	13	32	2	628	120	85	8	0	29	12	227	35	3	94	7	561	7282	1771
TOTAL THIS MONTH	9	3	7	0	68	0	4	1	0	3	0	34	4	0	33	1	86	770	153
ACADIA					3												2	11	
ALLEN															1		2		
ASCENSION																	1		1
ASSUMPTION																			
AVOYELLES					1													5	1
BEAUREGARD					1												2		
BIENVILLE																			
BOSSIER																		4	1
CADDO					2					1					4		6	72	16
CALCASIEU					1										2		7	54	
CALDWELL																	1		
CAMERON																			
CATAHOULA																			1
CLAIBORNE										1								3	
CONCORDIA																			1
DESOTO																		3	5
EAST BATON ROUGE					2								1		11		4	12	12
EAST CARROLL																		2	1
EAST FELICIANA																	1	1	2
EVANGELINE					1												1	1	4
FRANKLIN																		1	1
GRANT					2													1	
IBERIA					1													2	1
IBERVILLE					3												2	3	1

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JACKSON																			
JEFFERSON			3		6		1					1					1	45	6
JEFFERSON DAVIS															1				
LAFAYETTE					1										1		5	7	
LAFOURCHE	2											28	1					5	
LASALLE					1														
LINCOLN															1			9	2
LIVINGSTON																		1	
MADISON																	1	3	3
MOREHOUSE																	1	1	
NATCHITOCHES					1													4	
ORLEANS	6	3	3		25			1				2	2		10	1	32	297	62
OUACHITA					1		1			1							1	37	3
PLAQUEMINES			1									1						1	
POINTE COUPEE					1														2
RAPIDES					4														1
RED RIVER																			3
RICHLAND																		2	2
SABINE																		3	1
ST. BERNARD															1				
ST. CHARLES																		1	
ST. HELENA					1														1
ST. JAMES																	1		1
ST. JOHN																		1	
ST. LANDRY					1												1	16	2
ST. MARTIN																		1	
ST. MARY	1						2										3		5
ST. TAMMANY					3													12	
TANGIPAHOA																		4	
TENSAS																			1
TERREBONNE					2							2			1		3	2	2
UNION																	1	2	
VERMILION																	1	4	
VERNON					4												1	97	4
WASHINGTON																		11	2
WEBSTER																	3	9	
WEST BATON ROUGE																		6	
WEST CARROLL																		2	
WEST FELICIANA																	1	12	2
WINN																	1		
OUT OF STATE																			

From January 1 through September 30, 1969, the following cases were also reported:
42 Malaria (Contracted outside U.S.A.), 1 Brucellosis, 5 Leptospirosis, and 4 Tularemia.

RUBELLA VACCINE

The first commercially available live attenuated rubella virus vaccine was licensed by the FDA in June of 1969. More than 30,000 susceptible children received the vaccine in field studies. None of these children suffered from complications due to the vaccine other than a rare report of a slight rash or transient arthralgia. Antibodies were induced in over 95 per cent of the vaccinated children.

The vaccine is recommended for boys and girls between age 1 and puberty. A history of rubella illness is usually not reliable enough to exclude children from immunization. The vaccine should be given at least one month before or after, but not at the same time as, other elective immunizations.

Pregnant women must not be given the vaccine since it is not known to what extent infection of the fetus with attenuated virus might take place following vaccination or whether damage to the fetus could result. Women of child-bearing age should not be considered for vaccination unless there is no possibility of pregnancy in the next three months. Vaccine studies in susceptible adult women have shown that approximately 40 per cent experience transient arthralgia and arthritis two to four weeks after vaccination.

The goal of immunization programs is that of indirect protection of pregnant females by the vaccination of children, their usual source of infection. It is estimated that during the 1964-1965 pandemic, there were approximately 20,000 cases of congenital rubella.

HEMAGGLUTINATION INHIBITION (HI) TEST FOR RUBELLA

The HI test for rubella, performed by the State Department of Health-Bureau of Laboratories, is a service available to physicians for the purpose of diagnosing rubella infection and congenital rubella syndrome, and for determining the immune status of pregnant women exposed to rubella.

In the diagnosis of rubella or current rubella infection two blood specimens must be taken. The first as near onset or appearance of rash as possible and the second 14 to 21 days later. The HI antibodies are found in the blood 24 to 48 hours after the appearance of the rash, and the titer usually peaks in 8 to 12 days. A fourfold rise in titer is indicative of current infection. The test is especially useful in determining whether or not a child to which a pregnant woman was exposed actually did have rubella, and to establish whether infection has resulted in the pregnant woman from the exposure. If no antibody is detectable in either specimen of the exposed pregnant woman, a third specimen should be examined to cover the 14 to 21 day incubation period.

In practically 100 per cent of patients with rubella, HI antibodies develop, and they probably persist in the blood for life. Usually a single test is adequate to determine the immune status of an individual. An HI titer of 1:8 or greater in a healthy individual who has no clinical signs of rubella or history of recent exposure is indicative of past rubella infection, and it can be presumed that the individual is immune.

The presence of rubella antibody in the serum of infants up to 5 - 6 months of age may be due to transplacental transfer of maternal antibodies, or the result of intrauterine infection. Persistence of elevated antibody titer in the infant 7 - 9 months of age is compatible with congenital rubella.

Doctors are urged to report to the health department all cases of rubella and congenital rubella syndrome.