LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF June, 1968 BY PARISH OF RESIDENCE

ASEPTIC MENINGITIS - SOUTHEAST LOUISIANA

An increase in the number of cases of aseptic meningitis this year as compared to the same period last year is noted in this report. The majority of cases have occurred since May and are concentrated in the southeastern part of the state, in the New Orleans area.

The illness is characterized by fever, headache, nuchal rigidity and vomiting. A few patients have been reported to have a mild pharyngitis and some have rashes. The CSF contains predominately lymphocytes. The duration of illness is 3 - 4 days. In addition to aseptic meningitis, a large number of nonspecific febrile illnesses have been seen. The patients range in age from 10 days to 46 years, with 70 per cent being less than 15 years of age. (Continued on Page 3).

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

RELEASED July 10, 1968	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 1967	24	5	20	7	243	146	79	67	0	37	5	76	40	11	91	3	485	3432	1143
TOTAL TO DATE 1968	74	7	22	7	344	2	74	6	0	25	9	159	32	2	58	5	539	3864	1199
TOTAL THIS MONTH	57	0	10	1	56	0	7	3	0	1	0	18	6	1	7	1	98	584	165
ACADIA																	6	7	
ALLEN								1										2	
ASCENSION																	2		3
ASSUMPTION					1														5
AVOYELLES					1												2	1	
BEAUREGARD					3												1		
BIENVILLE																	1		2
BOSSIER					1													9	2
CADDO					3					1							4	94	25
CALCASIEU													3		3		3	15	4
CALDWELL																	1		
CAMERON																	1		
CATAHOULA																	2		
CLAIBORNE																		2	1
CONCORDIA																			2
DESOTO																		1	
EAST BATON ROUGE	3				3		1								3		4	19	17
EAST CARROLL																			
EAST FELICIANA																			1
EVANGELINE																	1		1
FRANKLIN					5													2	
GRANT																			1
IBERIA																	1		5
IBERVILLE	1																2	4	2

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JACKSON																			
JEFFERSON	12		1		4							2					5	26	10
JEFFERSON DAVIS					1												1	5	
LAFAYETTE																	10	3	1
LAFOURCHE																	2	3	3
LASALLE																			
LINCOLN					1												1	2	1
LIVINGSTON	1																2		
MADISON					1													1	4
MOREHOUSE																		3	1
NATCHITOCHES																	1	4	
ORLEANS	30		3	1	14		2	2				15	3		1	1	19	174	50
OUACHITA					3												7	45	1
PLAQUEMINES																			
POINTE COUPEE																			1
RAPIDES					2									1			2		2
RED RIVER																			
RICHLAND					1														
SABINE																		2	1
ST. BERNARD												1					1	7	
ST. CHARLES																	1		
ST. HELENA																	1		
ST. JAMES	3		2				2											1	
ST. JOHN	2																	2	
ST. LANDRY					1												7	16	3
ST. MARTIN																			
ST. MARY																	1	7	
ST. TAMMANY	2		4				1											5	2
TANGIPAHOA																	2	2	4
TENSAS																			1
TERREBONNE	1				1		1										1		1
UNION																		3	
VERMILION																	2	1	
VERNON					8													102	2
WASHINGTON	2				1													10	2
WEBSTER																	1	2	
WEST BATON ROUGE																			
WEST CARROLL					1														
WEST FELICIANA																		1	4
WINN																		1	
OUT OF STATE																			

From January 1 through June 30 of 1968, the following cases were also reported: 12 Malaria (contracted outside U.S.A.) 3 Tularemia, 2 Brucellosis, and 1 Rocky Mountain Spotted Fever.

Although there has been no increase in the number of cases of encephalitis, of those reported several have had low hemagglutination inhibition titers to St. Louis encephalitis virus, but none have shown a diagnostic rise. These may represent inapparent infections during the 1966 epidemic. There have been two viral isolations which are being identified at the present time.

ROCKY MOUNTAIN SPOTTED FEVER, JEFFERSON PARISH

A case of Rocky Mountain Spotted Fever has been reported in a 10 year old boy who one week prior to onset on May 21, 1968, had been camping in the McComb, Mississippi area. The day following his return, a tick was removed from behind his ear. He first developed fever followed a few days later by a macular rash over the extremities and trunk which later involved the palms and soles. This progressed to a petechial rash. By the end of the first week his OX-19 titer was 1:320. CF titers are pending.

Diagnosing rickettsial disease with rash in Louisiana requires differentiating between RMSF and murine typhus, assuming that the patient has not recently traveled outside of the United States. The last reported case of typhus in Louisiana was in 1959. Four cases of RMSF were reported from 1964 through 1967, three from northwestern Louisiana, and one from New Orleans. Infection in the New Orleans case was acquired out-of-state. Laboratory diagnosis involves screening with the Weil-Felix test and confirmation with group-specific CF tests. Approximately 15 per cent of the cases may not show a positive Weil-Felix test, therefore, if there is strong clinical suspicion and the Weil-Felix test is negative, a CF test should be done anyway. Acute and convalescent specimens should be collected two to three weeks apart. An additional convalescent specimen collected four to six weeks after onset may be necessary since antibiotic therapy may interfere with the antibody response.

NEW ANTIBODY TEST AVAILABLE IN BRUCELLOSIS DIAGNOSIS

Physicians in Louisiana are occasionally confronted with the problem of patients with vague illness characterized by weakness, headaches, fever, sweats, nervousness, and depression, who have sterile blood cultures and low titers to brucellosis. Recently a new test has been developed to tell whether or not the presence of brucella agglutinins represents active disease.

In acute human brucellosis, two types of antibodies have been shown to be of significance in diagnosis, the 7S and 19S immunoglobulins. The 19S antibodies rise sharply after onset of disease but 7S antibodies don't appear until after the first week. Both peak at four weeks with the 19S antibody predominating. There appears to be a gradual decline in the level of both types of antibody until only the 19S immunoglobulins are present when the disease is inactive or terminated. During the course of acute disease, acute and convalescent sera show a diagnostic four-fold rise in antibody titer. In chronic brucellosis low titers of 7S antibodies may be demonstrated with no rise in antibodies in serial specimen collection.

Since the isolation of brucella organisms has shown a significant correlation with the presence of 7S brucella agglutinins, a laboratory test has been developed to demonstrate the 7S class of antibody and thus aid in the rapid diagnosis of active brucellosis. Sera submitted to the Louisiana State Health Department Laboratory with short notes on the patient's history will be forwarded to the National Communicable Disease Center to determine if 7S agglutinins are present. It must be remembered that in the first week of the disease only 19S immunoglobulins will be present thus a negative test for 7S immunoglobulins will have no meaning.