

# LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF **August, 1970**

BY PARISH OF RESIDENCE

## SEVERE UNDERNUTRITION: A REPORTABLE CONDITION IN LOUISIANA

Severe undernutrition is now a reportable disease in Louisiana, having been given the same status as many communicable and other diseases (e.g., typhoid, diphtheria, rheumatic fever) which are routinely reported to the State Health Department by physicians. Present plans include continued reporting with the card-size "Confidential Case Reports" (PHS-2430), while expanding their use to include cases of severe undernutrition.

The State Board of Health made the decision to add this condition to the list of reportable diseases after studying vital statistics and reviewing information gathered by the Louisiana Nutrition Survey in nineteen parishes from July of 1968 through February of 1969. The Louisiana Nutrition Survey, part of the National Nutrition Survey, was conducted jointly by the Louisiana State Department of Health and the Tulane University School of Public Health and Tropical Medicine and was

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### DIVISION OF PUBLIC HEALTH STATISTICS -

### - LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED September 3, 1970	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	INFECTIOUS AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	RUBELLA *	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 1969	37	10	26	2	558	120	81	7	0	26	12	35	31	3	61	6	466	6507	477
TOTAL TO DATE 1970	74	14	15	13	454	92	61	14	0	54	9	154	25	1	46	3	436	7554	501
TOTAL THIS MONTH	30	0	0	1	58	0	2	3	0	3	0	1	2	0	8	1	36	872	76
ACADIA															1		2	3	
ALLEN																		1	
ASCENSION																			1
ASSUMPTION																		14	
AVOUELLES					1												3	2	
BEAUREGARD																1	6		
BIENVILLE																			
BOSSIER																		4	
CADDO										1					1		7	61	11
CALCASIEU				1	1								1		2		2	28	4
CALDWELL																			
CAMERON																		3	1
CATAHOULA																			
CLAIBORNE																		2	
CONCORDIA																			
DESOTO																		1	7
EAST BATON ROUGE															1		3	33	10
EAST CARROLL																		9	
EAST FELICIANA																		1	
EVANGELINE																		1	
FRANKLIN	1				3		1												3
GRANT																		1	
IBERIA					1													3	
IBERVILLE																		1	1

\* Includes Rubella, Congenital Syndrome

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JACKSON										1							2		
JEFFERSON	3				3			1									2	56	1
JEFFERSON DAVIS																		2	
LAFAYETTE	1				6												1	14	
LAFOURCHE	1												1		1		1	7	
LASALLE															1				
LINCOLN																		1	
LIVINGSTON																		1	
MADISON																			
MOREHOUSE																		16	2
NATCHITOCHES					1													9	
ORLEANS	7				22			1				1				1	9	368	22
OUACHITA					2			1		1								52	1
PLAQUEMINES	2																	1	
POINTE COUPEE																		1	1
RAPIDES					5													7	
RED RIVER																			
RICHLAND																			1
SABINE																		7	
ST. BERNARD	2						1											5	
ST. CHARLES																			
ST. HELENA					1														
ST. JAMES																			
ST. JOHN																		1	1
ST. LANDRY					2													21	
ST. MARTIN					4													5	
ST. MARY	7																	1	3
ST. TAMMANY	1				2													15	
TANGIPAHOA					1										1		3	12	2
TENSAS																		1	
TERREBONNE	3																	5	
UNION																		4	
VERMILION					1														
VERNON	2				2													42	2
WASHINGTON																		18	
WEBSTER																		21	
WEST BATON ROUGE																			2
WEST CARROLL																			
WEST FELICIANA																		4	
WINN																		1	
OUT OF STATE																			

From January 1 through August 31 of 1970, the following cases were also reported:

1 Brucellosis, 4 Leprosy, 2 Leptospirosis, 25 Malaria (contracted outside U.S.A. )  
and 1 Trichinosis.

under the direction of the late Dr. Walter G. Unglaub, of Tulane University. Dr. Patrick Morgan, Assistant Professor of Public Health Nutrition and now Assistant Dean of Academic Affairs, was field director of the survey. Miss Rose Ann Langham, chief of the State Health Department's Nutrition Section, was the coordinator of the nutrition team in the survey.

The protocol and procedure used in the survey were developed by the Interdepartmental Committee on Nutrition for National Defense (ICNND) during similar surveys in thirty-three undeveloped countries over the past twelve years. After initial contact was made with a participant, and a questionnaire filled out, all members of the family were asked to come to a specified location where physical and dental examinations were performed, anthropometric measurements taken, a medical history recorded, wrist X-rays of children made, and dietary information obtained. Also, laboratory work was done on blood and urine samples. Blood work included hemoglobin, hematocrit, total serum protein, serum albumin, serum vitamin A, serum carotene, and serum vitamin C. Those with hemoglobin of less than ten grams per 100 ml had a blood smear, serum folic acid, serum vitamin B-12, total serum iron and iron binding capacity analyzed. Urine was analyzed for creatinine, thiamine, riboflavin, iodine, and N'-methyl nicotinamide.

Information thus far analyzed indicates that the nutritional status of a significant number of persons in the state is far from satisfactory. Laboratory and dietary findings indicate that over forty percent of those tested had unsatisfactory hemoglobin levels, and a significant percentage had inadequate vitamin A and vitamin C intake. Growth retardation and "deplorable" dental health were also widespread. Dr. Unglaub, director of the survey, stated that "while economics may have some effect (on nutritional status), it is not the only determinant in this situation. I would say it is largely a matter of ignorance of nutritional information." Dr. Unglaub also stressed the necessity of obtaining more information of nutritional status as well as nutritional education of all socio-economic levels in the states.

Based on this information, the State Board of Health made severe undernutrition a reportable disease, to be followed and "investigated in the same manner as communicable and other reportable diseases."

#### INTERNATIONAL NOTES CHOLERA

Recent World Health Organization reporting of cholera in southern Russia, the Republic of Korea, Libya, Lebanon, and Israel and unofficial mention of cholera in other Middle East countries and northern Africa represent extensions of the seventh cholera pandemic which began in 1961 in Indonesia. Countries having cholera infected areas according to the most current information from the World Health Organization include the Republic of Korea, Indonesia, Philippines, Vietnam, Burma, India, Nepal, East Pakistan, and the USSR (1).

Press reports describe new vaccination programs and quarantine requirements in other areas which do not necessarily imply the actual presence of cholera (2, 3). These unofficial reports mention Guinea, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Malaysia, Saudi Arabia, Syria, Tunisia, Turkey, and the United Arab Republic. These reports suggest that cholera may exist widely throughout southeast and south Asia, the Middle East, and northern Africa.

(Reported by the Foreign Quarantine Program, CDC.)

#### Editorial Note:

The risk to the American traveler is very small. Millions of American citizens have traveled and lived in cholera infected areas without acquiring the disease. It is very

unlikely that cholera will occur in those who use the usual tourist accommodations or who have access to average sanitary facilities.

Presence of disease or new quarantine requirements in the above named countries may inconvenience some unvaccinated travelers. Even travelers with a valid International Certificate of Vaccination showing a single dose of cholera vaccine coming from an infected area may be quarantined or placed under restrictive surveillance for periods up to 2 weeks. For this reason, to facilitate travel to these areas, two inoculations of cholera vaccine of 0.5 ml and 1.0 ml given at least 1 week apart are strongly recommended for adults. Further dosage information is given in the Recommendations of the PHS Advisory Committee on Immunization Practices (MMWR, Vol. 18, No. 43). Both vaccinated and unvaccinated travelers returning to the United States from suspected areas will receive on arrival a printed Health Alert Notice advising them to report any illness to their private physician or health department.

#### References

1. World Health Organization Weekly Epidemiological Record 45(33, 34), Aug. 14, 21, 1970
2. The Times, London, Aug. 13, 1970
3. The New York Times, Aug. 16, 1970