

LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF MARCH, 1970

BY PARISH OF RESIDENCE

MEASLES RETURNS TO LOUISIANA

During March, 31 cases of measles were reported in Louisiana, mostly in children under age three. Introduction into preschool children, however, has been from susceptible school age children. Our experience reflects reports from around the country that even immunization levels of 90% do not prevent re-introduction and spread of rubeola. Reliance on herd immunity must not replace continued emphasis on individual immunization of preschool and susceptible school age children.

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED APRIL 6, 1970	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIONOUS	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	3	3	6	1	213	53	38	0	0	13	4	9	14	0	19	2	237	1958	168
TOTAL TO DATE 1970	5	7	5	6	165	38	32	1	0	33	7	53	10	1	15	1	182	2410	134
TOTAL THIS MONTH	1	3	2	4	56	31	8	0	0	8	3	46	0	1	8	0	85	790	44
ACADIA					2												3	2	1
ALLEN																	2		
ASCENSION																		1	
ASSUMPTION																		2	
AVOUELLES																		1	
BEAUREGARD																			
BIENVILLE										1									
BOSSIER																		3	
CADDO					4		1										7	56	6
CALCASIEU					2	2	1					9			6		4	28	1
CALDWELL																			
CAMERON																	1		
CATAHOULA																			
CLAIBORNE										6								3	2
CONCORDIA																	1		1
DESOTO																		1	1
EAST BATON ROUGE		1			1												11	35	4
EAST CARROLL																		4	
EAST FELICIANA																	1		
EVANGELINE																			1
FRANKLIN						2												1	
GRANT																			
IBERIA																		6	1
IBERVILLE						1													

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JACKSON																			
JEFFERSON					3	11								1			1	79	1
JEFFERSON DAVIS							1										1	3	
LAFAYETTE		1			1		1										8	9	
LAFOURCHE						1					1						2	6	
LASALLE																			
LINCOLN																	1	7	
LIVINGSTON																			
MADISON																	2		
MOREHOUSE																	1	2	1
NATCHITOCHES					2													7	
ORLEANS		1	1	2	18	6	2				1	1			1		10	337	16
OUACHITA																	11	37	
PLAQUEMINES												1							1
POINTE COUPEE																			
RAPIDES					1							1						25	
RED RIVER																			
RICHLAND						4												2	2
SABINE																			
ST. BERNARD					1												1		
ST. CHARLES																	2	1	
ST. HELENA																		1	
ST. JAMES																			
ST. JOHN					2												1		
ST. LANDRY				2	3		1										3	13	
ST. MARTIN					1												3		
ST. MARY							1										1	2	1
ST. TAMMANY	1				1													11	
TANGIPAHOA											1				1			15	
TENSAS																		2	2
TERREBONNE					1													8	
UNION																	1	1	
VERMILION					4												1		
VERNON			1		8							34						58	4
WASHINGTON					1												2	16	
WEBSTER						4				1								3	
WEST BATON ROUGE																	1		
WEST CARROLL																		1	
WEST FELICIANA																		1	
WINN																			
OUT OF STATE																			

From January 1 Through March 31 of 1970 the following cases were also reported:
 1 Brucellosis. 1 Leprosy, 9 Malaria (contracted outside U. S. A.) and 1 Trichinosis.

IMMUNIZATIONS FOR TRAVEL TO EXPO '70

The following recently dispatched Advisory Memorandum from the Foreign Quarantine Program of the U.S. Public Health Service will be of interest to those planning trips to Asia.

Many inquiries are being received concerning immunizations needed for travel to Japan for Expo '70. The requirements depend upon itinerary.

For direct travel to Japan and return to the United States, only a vaccination against smallpox within three years is required. This immunization must be documented by a properly executed and authenticated International Certificate of Vaccination against Smallpox. Available data indicate poliomyelitis at a low level comparable to the United States; typhoid fever and infectious hepatitis do not constitute a sufficient hazard for the person staying at usual tourist accommodations to warrant prophylaxis.

Persons visiting other countries in Asia will need an International Certificate of Vaccination against Cholera if they visit an area in which cholera is occurring. Countries presently having infected areas include BRUNEI, BURMA, INDIA, INDONESIA, MALAYSIA, NEPAL, EAST PAKISTAN, PHILIPPINES, and VIETNAM. If the itinerary includes Australia, that country requires a Cholera Certificate of arrivals from Korea and Thailand, in addition to those already listed.

Individuals traveling elsewhere in Asia should have received at some time a full course of immunizations against poliomyelitis, either with inactivated or oral (live) vaccine. A "booster" dose of trivalent oral vaccine is suggested, but such reinforcement is needed only once and need not be repeated if received for a previous trip. Vaccination against typhoid fever and immune serum globulin prophylaxis of infectious hepatitis are also suggested. The former (typhoid vaccine) should be received several weeks prior to departure for maximal effect, and the latter (ISG) within one to two weeks of departure. Chloroquine prophylaxis of malaria is suggested for Burma, Cambodia, Indonesia, Laos, Malaysia, New Caledonia, the New Hebrides, Papua - New Guinea, Philippines, Thailand and Vietnam.