

Louisiana

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LOUISIANA HEALTH AND HUMAN
RESOURCES ADMINISTRATION
DIVISION OF HEALTH

BATON ROUGE, LA

MONTHLY MORBIDITY REPORT



Provisional Statistics

FROM THE

OFFICE OF PUBLIC HEALTH STATISTICS

Reported Morbidity
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VIRAL SURVEILLANCE IN LOUISIANA - 1975



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Surveillance of viral activity in Louisiana is a function of the Epidemiology Unit within the Division of Health, Louisiana Health and Human Resources Administration. Results of such surveillance in 1975 alerted Louisiana physicians to the presence of St. Louis encephalitis virus in northeastern Louisiana last summer. The surveillance also enabled state and local health officials to take preventive measures that curtailed an epidemic of measles last winter in Iberville Parish. Additionally, the status of influenza was routinely made public. What follows is a discussion about 1975 data on viral activity in the state, comments about the reporting system, and some recommendations for 1976.

Data for viral activity is accumulated in two ways. First, physicians are "required," by state regulation, to report to their health units various types of viral illness including measles, rubella, polio, and suspected cases of viral aseptic meningo-encephalitis. Confidential case report forms (CDC-4.2430) are used for such reporting and are available to physicians through their local health units. Second, the Division

of Health laboratories viral isolates and serologic data are continuously reviewed.

The confidential case report forms identified 200 patients in 1975 with viral disease specified as either encephalitis, aseptic meningitis, or aseptic meningo-encephalitis. Furthermore, cases of measles and rubella were first identified by these report forms. The forms that listed specific etiologic agents alerted the Epidemiology Unit of outbreaks of measles in Iberville Parish, rubella in high schools throughout the state and at Fort Polk, and St. Louis encephalitis arbovirus activity in Monroe. However, the vast majority of the report forms failed to list specific etiologic agents and therefore, at best, could give only an indication to possible viral activity. Unfortunately, nearly half of the forms were submitted from physicians in the New Orleans area (an area that contains approximately 30% of the state's population) and the area outside New Orleans was not adequately represented.

Viral isolates and serologic data documented:

- (1) influenza A activity during January and

February, 1975, in New Orleans and Baton Rouge; (2) confirmatory evidence of St. Louis encephalitis virus (SLE), measles, and rubella activity; (3) etiologic agents for 16 cases of encephalitis and 27 cases of aseptic meningitis; and (4) several outbreaks of enterovirus associated illness in New Orleans. Again, the majority of specimens were submitted by New Orleans area physicians.

Laboratory data did reveal that in cases of encephalitis, mumps predominated in ages 0-20, enterovirus in ages 20-40, and SLE and Herpes simplex virus in ages over 40. Also, it showed that cases of aseptic meningitis were caused mostly by mumps (5 cases) or enterovirus (22 cases), with the most frequent enterovirus isolated being ECHO-9 (7 cases). Most of these occurred in ages 0-30. As expected, aseptic meningo-encephalitic activity was heaviest from April to September, with SLE activity peaking in July and August. One death was associated with this virus. Of SLE cases confirmed (6) or highly suspected (7), nine were male and four female; the youngest was 19 years old, and eight were over 40. Nine lived in Ouachita Parish, three in West Carroll, and one in Catahoula.

In non-central nervous system related illness, numerous varieties of viruses were found. Of interest to clinicians were seven cases of "croup" in which para-influenza-1 virus was isolated, one case of parotitis in which an ECHO-33 virus was isolated from Wharton's duct, and the isolation of cytomegalovirus from the blood of a "septic" leukemia patient.

With the collection, tabulation, and analysis of 1975 data completed, we are inclined to believe that although some findings were made, there were significant deficiencies in the reporting system. First, CDC 4,2430 forms, despite being helpful in reporting incidence of illness, do not allow for definitive etiologic data on viral activity. Second, viral isolates were submitted primarily from the New Orleans area.

The need to monitor viral activity is obvious. It allows physicians to be informed of viral activity that they may see in their community and allows public health officials to take preventive measures to protect the population. Of particular importance, Louisiana may again be threatened by the St. Louis encephalitis arbovirus as this virus is characterized by reappearance in successive years. In 1976, efforts should be made by physicians, state-wide, to submit specimens for viral isolation. Needless to say, both the reporting of suspect cases using CDC form 4,2430 and the submission of specimens are essential to the surveillance program.

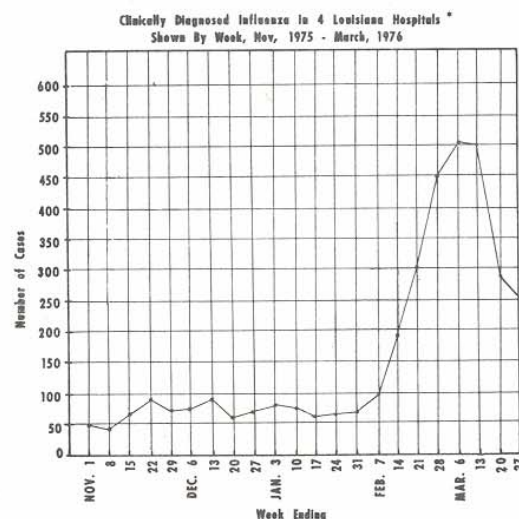
The following recommendations are made: (1) continued but more complete use of CDC 4,2430 report forms and (2) submission of appropriate specimens from cases of suspected viral illness. Inquiries about the collection, labeling, and shipping of specimens should be made to Dr. Robert Gohd, Chief of Viral Laboratories, Charity Hospital of New Orleans, phone number: 504-524-9654. Inquiries about viral activity and preventive measures should be addressed to the Epidemiology Unit of the Division of Health, phone number: 504-527-8121.

INFLUENZA, 1975-76

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During the first three months of "flu season" 1975-76 (November to January), every indication was given that this would be the quietest year this state had experienced in some time. Not until late January was indication given that significant influenza activity would occur in Louisiana. Beginning first in the northeast and then proceeding south and west, A/Victoria/3/75, an influenza virus similar to the A/Port Chalmers strain seen last year, made its way across the state. By late March activity had peaked state-wide.

Surveillance indices from hospitals in Monroe, New Orleans, Alexandria, Lake Charles, and to a lesser degree, Shreveport, indicated activity in excess of that seen during any year since the present surveillance system was established in 1972. However, there were no reports of school or industry closures due to influenza. All influenza viral isolates obtained during this year's outbreak were characterized as similar to A/Victoria/3/75.



ETHAMBUTOL AND THE TUBERCULOSIS PATIENT

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Ethambutol (chemically ethylene diimino-di-1-butanol dihydrochloride) is marketed under the name Myambutol[®]. This drug compares favorably weight for weight with Isoniazid and Streptomycin. Because of its greater tuberculostatic activity, lower incidence of toxic side effects, and better patient acceptance, ethambutol has largely replaced para-amino salicylic acid as a partner in the drug treatment of tuberculosis.

Ethambutol is administered in daily doses of 15 mg. per kg. as a partner in drug therapy, extending usually for periods of two years after the onset of treatment or the development of negative cultures. Although ethambutol produces few adverse reactions, in larger doses of 50 mg. per kg. it often produces optic neuritis. Reactions at the level of doses of 25 mg. per kg. per day are uncommon but have been reported. For this reason, the dose of ethambutol advised by the U.S.P.H.S. is 15 mg. per kg. in a single daily dose.

At the beginning of ethambutol therapy, a standard ophthalmologic examination is required. This consists of tests of visual acuity using the Snellen chart, color vision testing, ophthalmologic and peripheral field examination. After drug treatment is started, testing for visual acuity and color vision must be carried out in a regular manner. The patient is advised to stop the drug if there is blurred vision or a disturbance in color perception. Regular testing consists of the use of Snellen and Ishihara charts at monthly intervals. Since the intensity of the visual difficulties is related to the duration of therapy,

regular testing for disturbed vision must be carried out at monthly intervals by the physicians and clinic nurses until treatment is completed. In those cases where a visual reaction takes place, the drug is stopped and another drug is substituted. Visual recovery usually occurs after withdrawal of ethambutol. The time required for restoration of full vision is related to the degree of visual damage.

Ethambutol reaches a peak level after two to four hours and is excreted unchanged or as metabolites in the urine. The dose of the drug must be reduced in the presence of renal impairment. Ethambutol often produces increased concentration of urates in the blood because of reduced excretion of uric acid. This effect may occur soon after treatment is begun or as long after as three months on ethambutol.

Editorial Note:

The Tuberculosis Control Unit of the Division of Health recommends that ethambutol be issued to the patient in one month lots. Care should be taken to counsel the patient regarding the importance of returning for subsequent supplies. The public health nurse should also emphasize to the patient the importance of continuous therapy in addition to the monthly testing for visual acuity and color perception. Patients should be questioned not only regarding defects and color perception but also regarding the possibility of other side effects as described in the ethambutol brochures. Results of these tests and interviews should be well documented in the patient's records.

Special Request

LOUISIANA LAW LISTS 42 REPORTABLE DISEASES. SEVEN REQUIRE IMMEDIATE ATTENTION.
REPORT PROMPTLY BY TELEPHONE TO LOCAL PARISH HEALTH UNITS ANY SUSPECT CASES OF

MEASLES

FOOD POISONING

BOTULISM

PLAGUE

CHOLERA

SMALLPOX

YELLOW FEVER

SELECTED REPORTABLE DISEASES

(By Place of Residence)

STATE AND PARISH TOTALS REPORTED MORBIDITY FEBRUARY, 1976	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	HEPATITIS A AND UNSPECIFIED	HEPATITIS B	TUBERCULOSIS, PULMONARY	MENINGOCOCCAL INFECTIONS	PERTUSSIS	RABIES IN ANIMALS	RUBELLA*	SEVERE UNDERNUTRITION	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	MEASLES	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 19 75	8	0	5	2	80	26	78	13	4	1	64	5	17	0	20	0	0	3305	90
TOTAL TO DATE 19 76	11	0	3	1	62	18	99	6	0	0	31	0	14	0	18	1	2	3378	100
TOTAL THIS MONTH	4	0	2	0	30	7	28	3	0	0	0	0	9	0	5	0	0	1513	52
ACADIA					2	1	1	1										10	
ALLEN					2													7	
ASCENSION																		1	1
ASSUMPTION	1																	3	
AVOUELLES																		7	
BEAUREGARD							1											4	
BIENVILLE																		4	
BOSSIER																		18	
CADDO			1				4								1			90	4
CALCASIEU						2									1			59	
CALDWELL																			
CAMERON							1												
CATAHOULA																		1	
CLAIBORNE							1											11	
CONCORDIA					2			1										2	
DESOTO																		13	
EAST BATON ROUGE					4										2			79	8
EAST CARROLL																		2	
EAST FELICIANA																			
EVANGELINE																		1	
FRANKLIN							1											2	1
GRANT																			
IBERIA							1											10	1
IBERVILLE																		18	
JACKSON																		1	
JEFFERSON	2				10	2							1					87	3
JEFFERSON DAVIS																		6	
LAFAYETTE					1		1											46	3
LAFOURCHE																		13	1
LASALLE																			
LINCOLN					1													31	
LIVINGSTON																		2	1
MADISON					1														
MOREHOUSE							1											15	
NATCHITOCHES																		21	
ORLEANS	1				1		6	1					3		1			485	23
OUACHITA					2		3											75	
PLAQUEMINES																		4	
POINTE COUPEE																			
RAPIDES							1											99	1
RED RIVER																		1	
RICHLAND							1											3	
SABINE																		2	
ST. BERNARD																		1	
ST. CHARLES																		5	
ST. HELENA																		3	
ST. JAMES							1											3	
ST. JOHN							1											5	
ST. LANDRY					2													29	
ST. MARTIN																		4	
ST. MARY																		12	1
ST. TAMMANY					2													12	
TANGIPAHOA							1											24	
TENSAS																		2	
TERREBONNE			1				1											10	
UNION																		2	
VERMILION						1												1	
VERNON						1							5					57	4
WASHINGTON							1											14	
WEBSTER																		25	
WEST BATON ROUGE																		11	
* WEST CARROLL																		50	
* WEST FELICIANA																		8	
WINN																			
OUT OF STATE																		2	

* Includes Rubella, Congenital Syndrome