Louisiana

DEPARTMENT OF HEALTH
AND HUMAN RESOURCES
OFFICE OF HEALTH SERVICES
AND ENVIRONMENTAL QUALITY

MONTHLY MORBIDITY REPORT

Provisional Statistics

from the

OFFICE OF PUBLIC HEALTH STATISTICS

REPORTED MORBIDITY
FEBRUARY, 1978

VENEREAL DISEASE CONTROL ACTIVITIES

ROBERT EMERSON
Acting Administrator
Venereal Disease Control Unit

Syphilis and gonorrhea are the leading causes of reported communicable disease morbidity in Louisiana. In 1977 there were 1,525 cases of syphilis (including 673 primary and secondary cases) and 19,940 cases of gonorrhea reported. Both totals represent increases over the previous year. The increases occurred in the second half of the calendar year and therefore are not reflected in Figures 1 and 2, which are based on fiscal year data. For gonorrhea this is an interruption of a very important downward trend in reported cases first noted in Louisiana in 1974 (Figure 1) and nationwide in 1976. The decline has been interpreted as the first evidence that the nationwide epidemic of gonorrhea might be coming under some control. For syphilis(Figure 2) the slight increase is a continued interruption of the downward trend noted in Louisiana 1973 to 1975. Louisiana generally has had higher rates of both syphilis and gonorrhea than the rest of the country.

Venereal disease rates are highest in young people. The modal age in 1977 for gonorrhea patients was 20 years, and the next most frequently occurring age was 21 years. From 1966 through 1971 the modal age was 19 years and the next most frequent age was 18. On the average, female venereal disease patients tend to be a little younger than male patients. The average age of early syphilis patients is a little older than gonorrhea patients.

Most venereal disease cases are reported by state (public) clinics (Tables 1 and 2). Reporting is more complete for early syphilis than for gonorrhea as evidenced by the different percentages of private cases counted for each disease. The tendency for non-whites to utilize the better reporting public clinics exaggerates the racial distribution suggested by summaries of reported cases.[1] Reports of male gonorrhea patients outnumbered those for female patients 1.4 to 1 last year. Prior to the initiation of a screening program for women in 1977 the ratio of male to female cases was 2.4 to 1. Part of this difference between sexes is due to the fact that males are more likely to notice gonorrhea symptoms and therefore to volunteer for treatment. The male to female ratio in infectious syphilis (Table 2) is almost 2 to 1, but the difference here is influenced greatly by the incidence of syphilis in homosexual males. Nationally, almost 47% of all male early syphilis patients in fiscal year 1977 named other males as recent sex contacts, and the percentage has been rising.[2] There apparently is no increase in homosexuality per se,[3] but control methods tend to be more successful in stopping the heterosexual spread of syphilis. Prostitutes do not play a significant role in the transmission of syphilis in this country.[4]

The highest rates of venereal disease are found in large cities.[5] While the 3 largest cities in Louisiana contain only about 25% of the state's population, these cities reported over 48% of the infectious syphilis and 53% of the gonorrhea in 1977.

The Office of Health Services and Environmental

BULLETINS

MEASLES - IBERIA PARISH

An explosive outbreak of red measles (rubeola) occurred in Iberia Parish in early Febuary (see page 5). By early March, the Epidemiology Unit knew of 88 cases, mostly in adolescents. Only 6 cases were known in children 5 - 9, 2 cases in children less than 1, and no cases in children 1 - 4. The outbreak was centered in 3 New Iberia schools, the senior high school, the junior high school, and the freshman high school, with minor involvement of at least 8 others. Emergency immunization clinics were held and approximately 6,000

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INFLUENZA A/USSR

One isolate of influenza A/USSR (Russian flu) has been reported to the Epidemiology Unit as of March 1, 1978. This was from a recruit at Fort Polk who was ill during an outbreak of influenza which occurred among recruits and dependents in early February. By early March there was no evidence of excessive influenza activity in the surrounding community, and no other evidence of Russian flu elsewhere in Louisiana. People under 25 are most susceptible to Russian flu. A vaccine is being developed but will not be available on a mass basis for several months.

Quality(OHSEQ) offers a variety of venereal disease control services, most of which are aimed at interrupting the spread of gonorrhea and syphilis. Health unit personnel are available in every parish to assist venereal disease suspects. Patients may obtain treatment free of charge at health units in 49 parishes. Health unit patients in the remaining 15 low population parishes are referred to cooperating physicians, but drugs for treatment are furnished through the health units.

OHSEQ laboratories in Shreveport, Monroe, Alexandria, Lake Charles, Lafayette and New Orleans perform quantitative syphilis serology using the VDRL test for diagnostic purposes, prenatal screening, or to confirm reactive findings from other laboratories. Routine screening for employment purposes is discouraged. Fluorescent treponemal antibody (FTA-ABS) tests are performed by special request to help solve diagnostic problems. Modified Thayer-Martin (MT-M) medium for growing N. gonorrhoeae is produced at the Shreveport Regional Laboratory with quality control experiments conducted in the Lake Charles Regional Laboratory. MT-M plates are supplied to selected facilities performing routine pelvic examinations for women where there is expectation that a significant number of gonorrhea cases will be detected and treated.

The OHSEQ employs a regional staff of VD field workers called Communicable Disease Investigators who are headquartered in nine of the larger health units around the state. The investigators are concerned primarily with case finding and the prevention of the spread of gonorrhea and syphilis. The strategy of the program is to locate and treat persons as quickly as possible after they have been exposed in order to interrupt the transmission of infection.

Each year the field staff interviews close to 98% of the reported early syphilis patients to elicit information leading to the location of other people in need of treatment. Locating information may be as meager as a description of the contact and a probable hangout, but over 80% of the people named as sex contacts are located and examined. One-third of the reported early syphilis patients in Louisiana receive their diagnoses and treatment because of the interview/investigation process.

The Venereal Disease Control Unit in New Orleans processes reports of reactive serologic tests for syphilis from all public and most private laboratories in the state. The reports are screened against case reports to avoid follow-up on patients already treated. Previous records can be found for about half of the approximately 1,100 reports received each month. Identifying data for the remaining patients are relayed to the field staff who in turn contact the appropriate physician to ascertain if the test results have been evaluated and to offer interviewing assistance with patients with early syphilis. About 40% of all reported early syphilis patients are treated because of investigative follow-up of reactive serologic tests for syphilis.

Over 150 private physicians and public clinics around the state participate in a program to culture approximately 10,000 women monthly for gonorrhea. Females tend to remain infectious with gonorrhea longer than do males. It is estimated that 80% of women with culture positive gonorrhea do not develop overt signs.[6] The positivity rate from screening women outside of VD clinics has declined from 7.5% (the highest in the country)[7] in fiscal year 1973 to 4.5% during October-December 1977. In spite of the fact that many cultures submitted by physicians in private practice are taken because of exposure or symptoms, the positive rate from private practice remains at about 2%. Investigators are responsible for servicing the supply aspects of the program and for notifying and referring patients found positive in public facilities. Emphasis is not on expanding the number of screening sites, but rather in maintaining and improving the program at each of the existing sites; ensuring that all eligible women receive the test, specimens are properly obtained, media is handled correctly, incubators are maintaining the proper temperature, and that other procedures are followed to enhance the recovery rate.

The field staff interviews about 80% of the men and 30% of the women diagnosed with gonorrhea in public clinics in order to locate recent sex contacts. Because of the large number of cases this service cannot be extended to private patients at this time, except in unusual circumstances such as in the case of an infection by a putative penicillinase producing N. gonorrhoeae. Test of cure culture is recommended one week after treatment for all persons treated for gonorrhea. Any specimen marked

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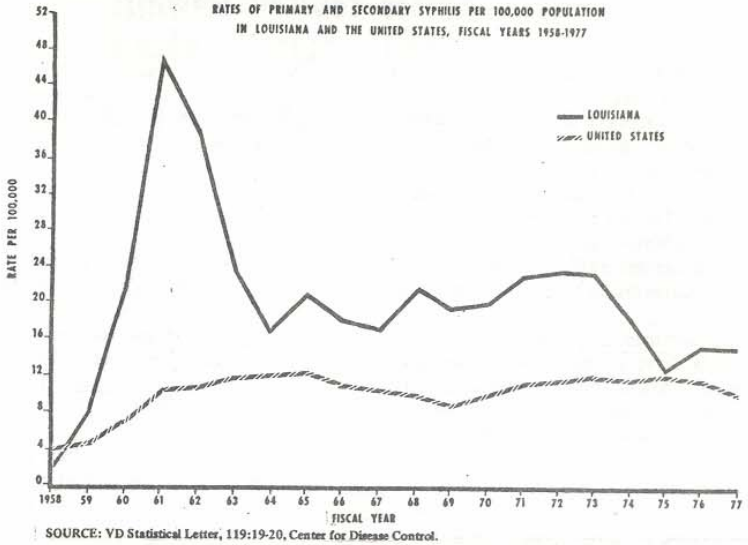
USE OF THE FLORESCENT TREPONEMAL ANTIBODY (FTA-ABS) TEST

The FTA-ABS should not be used for screening. The VDRL is better suited for this purpose. The FTA-ABS is available for use in selected diagnostic problems. It may be useful to rule out syphilis when patients have repeated reactive screening tests but have no other evidence of past or present syphilis (biological false positive), or when patients have syphilis-like manifestations and negative screening tests. The FTA-ABS does not become reactive far enough before the VDRL in early syphilis to be of practical use in diagnosing "sero-negative" primary syphilis. Once the FTA-ABS has been reported as reactive, it tends to remain reactive, so there is seldom any indication to repeat for follow-up purposes. In contrast the VDRL does decline with treatment of early syphilis and thus may be useful for follow-up. The attending physician should write a brief explanation of the need for the FTA-ABS on the request form.

FIGURE 1

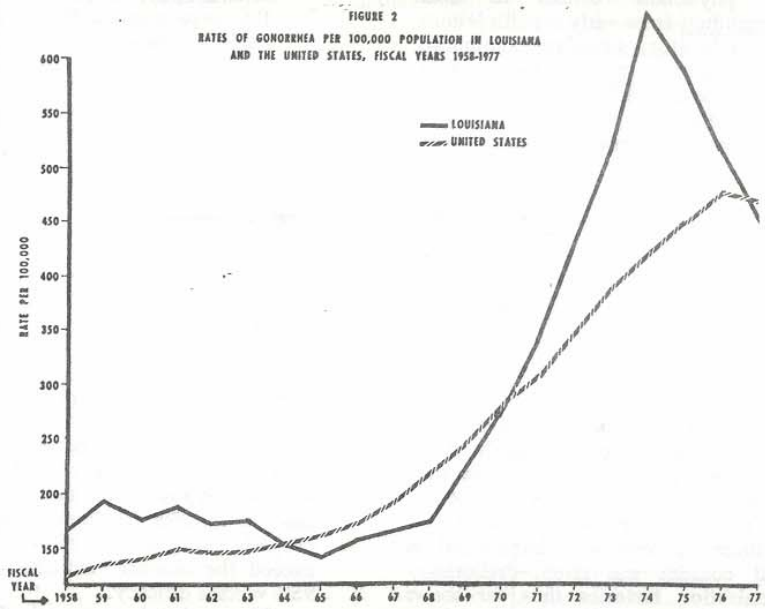
RATES OF PRIMARY AND SECONDARY SYPHILIS PER 100,000 POPULATION IN LOUISIANA AND THE UNITED STATES, FISCAL YEARS 1958-1977



SOURCE: VD Statistical Letter, 119:19-20, Center for Disease Control.

FIGURE 2

RATES OF GONORRHEA PER 100,000 POPULATION IN LOUISIANA AND THE UNITED STATES, FISCAL YEARS 1958-1977



SOURCE: VD Statistical Letter, 119:19-20, Center for Disease Control.

TABLE 1

GONORRHEA CASES REPORTED IN LOUISIANA BY RACE, SEX, AND SOURCE OF REPORT, 1977

SOURCE OF REPORT	RACE	MALE	FEMALE	TOTAL
Private 5%	White	131	181	312
	All Other	336	431	767
Public 92%	White	2,201	1,280	3,481
	All Other	8,648	6,264	14,912
Military 2%	White	86	17	103
	All Other	348	17	365
TOTAL ALL SOURCES		11,750	8,190	19,940

SOURCE: HSM 9.688 (CDC)

TABLE 2

PRIMARY AND SECONDARY SYPHILIS CASES REPORTED IN LOUISIANA BY RACE, SEX, AND SOURCE OF REPORT, 1977

SOURCE OF REPORT	RACE	MALE	FEMALE	TOTAL
Private 21%	White	47	9	56
	All Other	60	27	87
Public 78%	White	65	13	78
	All Other	267	177	444
Military 1%	White	2	0	2
	All Other	5	1	6
TOTAL ALL SOURCES		446	227	673

SOURCE: HSM 9.688 (CDC)

VENEREAL DISEASE CONTROL ACTIVITIES

(continued from page 2)

"Rx Control" which grows N. gonorrhoeae in a state laboratory is tested for Beta-lactamase (penicillinase) production. Investigators will begin intensive epidemiology immediately around any suspected case of penicillinase producing gonorrhea to prevent such strains from establishing a foothold in the community. Thus far, no such organisms have been identified in Louisiana, although they have been identified in 26 other states.[8] Spectinomycin is supplied on an individual basis to treat these patients and their contacts.

Venereal disease services are available through the Parish Health Units. Even in units where there are no fulltime physicians available for consultation, basic information on the management of venereal disease patients can be obtained from the unit's copy of the venereal disease clinic manual. Questions regarding laboratory services may be directed to OHSEQ's laboratories. In some instances, Communicable Disease Investigators can bring darkfield microscopes to physicians' offices to assist in identifying T. pallidum from early syphilis lesions.

Public Health Educators stimulate community VD information programs, present programs to interested groups, assist schools with health education curricula and hold teachers' workshops. The educators currently are reaching about 2,000 individuals a month with VD information programs. The public can obtain VD information by calling publicized telephone services in Shreveport, Monroe, Lafayette, and New Orleans.

REFERENCES:

1 Lucus, J.B.: The National Venereal Disease Problem. The Medical Clinics of North America. W.B. Saunders Co., Philadelphia, LVI, No. 5, Sept., 1972, p. 1078.

2 Blount, J.H. and Holmes, K.K.: Epidemiology of Syphilis and the Non-Venereal Treponematosis. The Biology of Parasitic Spirochetes, 1976, Academic Press, New York, p.165.

3 Ibid. p.167

4 Of 42,000 early syphilis patients interviewed in fiscal year 1973, 2.4 percent of the women and 0.2 percent of the men were classified as prostitutes.

5 Lucas, loc. cit.

6 Lucas, op. cit., p. 1084

7 U.S. Department of Health, Education and Welfare, Center for Disease Control: VD Statistical Letter, 119: 19-20, November, 1973.

8 U.S. Department of Health, Education and Welfare, Center for Disease Control: Morbidity and Mortality Weekly Report, 27:10-15, Jan. 13, 1978.

MEASLES - IBERIA PARISH

(continued from page 1)

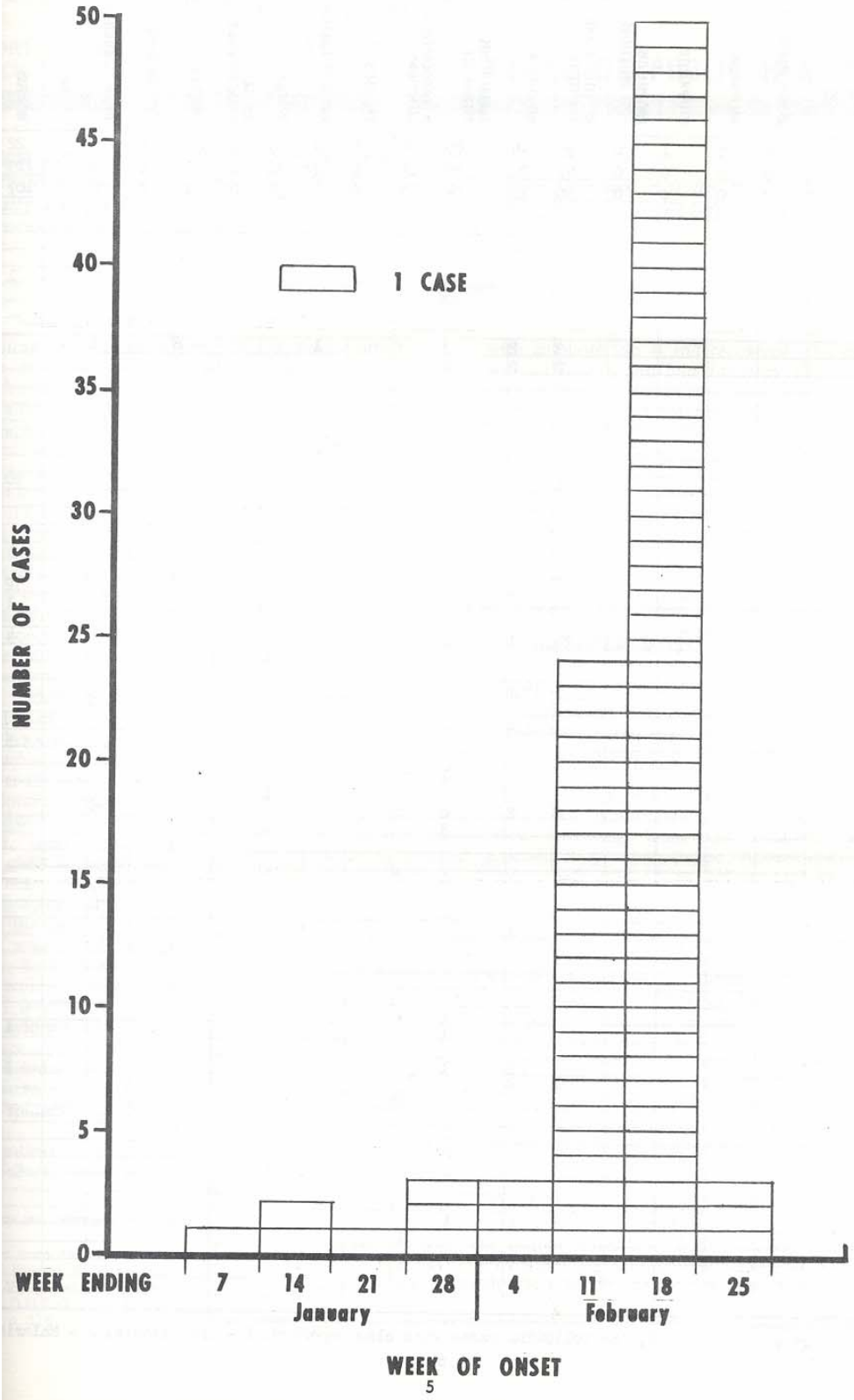
children were immunized. The number of immunizations given was very large because records in the high school and junior high school were not adequate for determining which children had been previously immunized. Because of the pressing need for immunizations, these children were immunized as long as parental consent was given. Preliminary review of immunization histories thus far shows that nearly 90% of the cases either had not been immunized against measles, or had not been adequately immunized (immunized with "killed" vaccine or with "live" vaccine at less than a year of age). Immunization failure appeared to play a very small role in the outbreak and the generally high level of immunization in the pre-school and elementary school groups probably was responsible for preventing spread to those groups.

Measles vaccine is about 90 - 95 per cent effective; therefore out of 100 vaccinated individuals who are exposed one would expect about 5 - 10 cases of measles. The few cases actually observed in properly immunized children do not appear to exceed the number expected on the basis of 90 - 95% vaccine efficacy.

The outbreak apparently began when a family from East Baton Rouge Parish in which children had measles visted a family in New Iberia. Three children in the New Iberia family, one in each of the three most heavily involved schools, went on to develop measles. Cases of measles have been occurring in East Baton Rouge since October, 1977.

Measles Cases
Iberia Parish, 1978

(By Week of Onset of Rash)



SELECTED REPORTABLE DISEASES

(By Place of Residence)

STATE AND PARISH TOTALS Reported Morbidity February, 1978	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIOUS	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
TOTAL TO DATE 1977	0	0	1	0	95	16	89	24	0	0	5	2	4	0	8	0	22	2729	1
TOTAL TO DATE 1978	0	0	0	0	67	22	85	18	0	2	31	1	16	0	8	0	115	3427	1
TOTAL THIS MONTH	0	0	0	0	50	15	34	17	0	2	31	0	11	0	6	0	107	2118	
ACADIA																		14	
ALLEN					2														
ASCENSION						1	1											3	
ASSUMPTION					1													5	
AVOYELLES																	1	2	
BEAUREGARD																		3	
BIENVILLE																		3	
BOSSIER																		25	
CADDO					3	2	3			1			6		1			205	
CALCASIEU					2	2	1											104	
CALDWELL																		1	
CAMERON																		1	
CATAHOULA																		1	
CLAIBORNE																		6	
CONCORDIA																		2	
DESOTO																		8	
EAST BATON ROUGE					1		1	1			2		1		1		20	132	1
EAST CARROLL																		7	
EAST FELICIANA							1						1						
EVANGELINE																			
FRANKLIN																		2	
GRANT					1													2	
IBERIA						1		1									72	1	
IBERVILLE																	1	15	
JACKSON																		4	
JEFFERSON					23	1	1	4			19		1				4	87	
JEFFERSON DAVIS											1				1			8	
LAFAYETTE							3											13	
LAFOURCHE					1	1												9	
LASALLE															1			1	
LINCOLN					1	1	2											7	
LIVINGSTON																	5	1	
MADISON					1													18	
MOREHOUSE							1											18	
NATCHITOCHES											1							8	
ORLEANS					8	2	6	6			2		1		2			852	1
OUACHITA							3				1							109	
PLAQUEMINES																		7	
POINTE COUPEE																		3	
RAPIDES					2		1	2			1							86	
RED RIVER																		3	
RICHLAND							1											7	
SABINE						1												3	
ST. BERNARD					3													13	
ST. CHARLES																		6	
ST. HELENA																			
ST. JAMES																		4	
ST. JOHN							1											1	
ST. LANDRY							1										1		
ST. MARTIN																		1	
ST. MARY						1	1										3	2	
ST. TAMMANY					1	1												39	
TANGIPAHOA								2										35	
TENSAS																			
TERREBONNE							1						1					14	
UNION							2											6	
VERMILION							2				4								
VERNON																		141	1
WASHINGTON																		19	
WEBSTER						1	1			1								5	
WEST BATON ROUGE								1										18	
WEST CARROLL																		3	
WEST FELICIANA																		19	
WINN																		2	
OUT OF STATE																		4	

* Includes Rubella, Congenital Syndrome

From January 1, through February 28, the following cases were also reported: 1 - Brucellosis; 2 - Malaria (contract outside the U.S.A.)