

**MONTHLY MORBIDITY REPORT**

Provisional Statistics

Reported Morbidity  
October/November, 1979

from

**EPIDEMIOLOGY UNIT AND PUBLIC HEALTH STATISTICS****BULLETINS****HEPATITIS B IN INDOCHINESE REFUGEES**

Preliminary data from screening of Indochinese refugees entering Canada indicate that about 12% are positive for Hepatitis B surface antigen (HBsAg). With the U.S. accepting approximately 14,000 Indochinese refugees each month, a considerable number of Hepatitis B carriers may be admitted. Most such individuals are asymptomatic and carry the antigen chronically. Although this probably represents a minor public health risk to the general population, there may be some increased risk of transmission to adopting families, medical and dental personnel, oral surgeons, and the babies of antigen positive mothers.

HBsAg should be determined in all Indochinese admitted to hospitals and all pregnant women. Antigen positive individuals should be counselled and given a record of their test result. Their antigen status should also be put in a prominent place in their medical records. In the hospital setting, blood drawers, nurses, and other personnel should be aware of the HBsAg positive patients so that they can protect themselves against hepatitis by exercising caution in handling blood and other body fluids of these patients. Neonates of HBsAg positive mothers should receive hepatitis B immune globulin (HBIG) or immune serum globulin (ISG) if HBIG is not available. Either should be given as soon as possible after birth.

**SMALLPOX ERADICATION****2 YEAR ANNIVERSARY**

October 25, 1979, was a milestone in the annals of preventive medicine. It marked the 2 year anniversary of the world's last reported case of indigenous smallpox, which occurred in the African country of Somalia. The worldwide eradication of one of the most dreaded diseases in the history of mankind is a unique triumph of international cooperation in eradication of a vaccine-preventable disease.

The U.S. spent approximately 25 million dollars in the 10 year world-wide effort to eradicate smallpox. Every 3 months this amount of money is saved because widespread vaccination of all travelers going overseas is not required. A few countries may still require smallpox vaccination as a condition of entry; but as stated in previous Louisiana Monthly Morbidity Reports, serious consideration should be given by physicians to giving smallpox vaccination waiver letters to travelers going to countries still requiring proof of vaccination. The waiver letter should be written on physician letterhead stationery and should state that vaccination is contraindicated for medical reasons. The letter should be dated, signed by a physician, and validated by an official vaccination stamp.



# FLU SURVEILLANCE

The flu season is almost upon us again. The goal of the influenza vaccination program this year is to immunize elderly people and all those with chronic underlying illness that might make them more susceptible to the complications of influenza.

To monitor flu activity in the state, the following surveillance program has been instituted.

- 1.) Hospitals - seven charity hospitals in the state will be monitored weekly for the number of admissions for pneumonia and influenza.
- 2.) Nursing Homes - at 4 randomly selected nursing homes, flu-like illnesses and pneumonia will be monitored weekly.
- 3.) Schools - a new part of the program this year involves absentee levels in 33 schools randomly selected from around the state.
- 4.) Industry - one or two major employers around the state will be monitored regularly for worker absenteeism.
- 5.) Private Sector - personal contact with selected pediatricians and internists in certain areas in the state will be maintained to determine vaccine usage and influenza illness patterns in private practice.

The purpose of this extensive surveillance is to enable us to detect the first cases of flu in the area. Extensive epidemiologic investigations of the initial outbreaks will be done.

This will include the collecting of sera and throat swabs in order to diagnose the strain of flu involved. It will also include monitoring the number of cases, the severity of the illness, and the age groups involved. Compilation of this information on the early outbreaks will enable us to give accurate information to communities, hospitals, schools and industry about the projected efficacy of the vaccine, the severity of the disease to be expected and the age groups that will most likely be affected as the disease spreads over the state.

Two additional nurses have been hired with federal funds to conduct influenza program activities including flu surveillance. These plus two other employees in New Orleans will serve as the primary contact individuals for questions relating to vaccination or surveillance. Their names and office numbers are as follows:

- 1.) Mary Ann Petkovsek - East Baton Rouge - 504-342-1717
- 2.) Patricia Sexton - Shreveport 318-226-7493
- 3.) Karen Kelso - New Orleans 504-568-5010
- 4.) Judy Lisson - New Orleans 504-568-5010

Physicians are urged to report any suspected clusters of flu-like illnesses to the local health unit or to one of the flu personnel mentioned above. The Louisiana Monthly Morbidity will provide regular updates on flu activity during the winter.

## PSEUDO OUTBREAK OF HEPATITIS A — LOUISIANA\*

On July 9, 1979, a patient who had been hospitalized since April in a rehabilitation medicine unit in a hospital in New Orleans had an abnormal liver function test on routine testing. An initial anti-hepatitis A virus immunoglobulin M (anti-HAV IgM) test was positive.

In order to determine if hepatitis A was spreading in the hospital, 75 close contacts, including roommates, food service workers, and hospital staff, were screened for symptoms of hepatitis. Eight contacts gave a positive history of nausea, vomiting, right upper quadrant tenderness, light-colored stool, dark urine, and/or loss of taste for tobacco. These 8 and 2 other patients who had abnormal liver function tests were screened for anti-HAV IgM antibodies by a local laboratory. All 10 were reported positive. Five of these 10 were food service employees. In a further attempt to define the size of the apparent outbreak, an additional 111 contacts (65 employees and 46 patients) were screened for anti-HAV antibodies. Thirty-eight of these were positive for anti-HAV IgM antibodies. Although some of these contacts had mild, non-specific symptoms, none had clinically apparent hepatitis or significant liver function abnormalities (SGOT >100 IU/l).

Because of the high number of anti-HAV IgM positive tests in asymptomatic individuals, epidemiologists at the hospital and the state health department decided to forward all reported IgM-positive specimens to CDC's Hepatitis Laboratories Division for retesting. Although all 38 were positive for anti-HAV IgG, none were found positive for specific IgM antibodies.

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**Editorial Note:** This non-outbreak illustrates the problems with the non-commercial modification of commercially available kits for the detection of IgM antibodies to hepatitis A virus.

Anti-HAV IgM testing is a useful tool for hepatitis A diagnosis. IgM antibodies reflect recent acute infection with HAV, and IgG antibodies reflect infection which occurred months to years before. Anti-HAV IgM testing of acute-phase serum, together with hepatitis B surface antigen testing, can thus differentiate hepatitis A from hepatitis B.

Commercial radioimmunoassay testing kits for measuring the presence of anti-HAV antibody are available, but they do not distinguish between IgM and IgG antibodies. Test kits for distinguishing these antibodies are being developed and will be commercially available in 1980. Until that time, laboratories—such as the Louisiana laboratory described in this situation—are using a modification of the currently available test to distinguish IgM from IgG. The modification is based on *Staphylococcus aureus* protein A's ability to bind (and thus, remove) IgG (1). When performed properly, this modification works well and is useful; however, false-positive tests can occur when the procedure is not followed exactly. Only certain strains of *S. aureus*, such as Cowan I and Newman D<sub>2</sub>C, have sufficient protein A for successful absorption testing; strains such as Wood and 566 are not suitable. Furthermore, particular attention must be paid to the mechanics of the test, since false-positive results can be obtained simply by improperly diluting serum. Information for differential testing is available from CDC's Hepatitis Laboratories Division, located in Phoenix.

### Reference

1. Bradley DW, Fields HA, McCaustland KA, et al: Serodiagnosis of viral hepatitis A by a modified competitive binding radioimmunoassay for immunoglobulin M anti-hepatitis A virus. *J Clin Microbiol* 9:120-127, 1978

\*Reprint from MMWR 28:40, 1979 pp 473 - 4.

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# **SELECTED REPORTABLE DISEASES** (By Place of Residence)

STATE AND PARISH TOTALS	VACCINE PREVENTABLE DISEASES					ASEPTIC MENINGITIS	HEPATITIS A AND UNSPECIFIED	HEPATITIS B	LEGIONNAIRES DISEASE	MALARIA**	MENINGOCOCCAL INFECTIONS	SHIGELLOSIS	TUBERCULOSIS, PULMONARY	TYPHOID FEVER	OTHER SALMONELLOSIS	UNDERNUTRITION SEVERE	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY	RABIES IN ANIMALS (PARISH TOTALS CUMULATIVE, 1979)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
Reported Morbidity October, 1979																			
TOTAL TO DATE 19	343	483	65	4	1	82	615	175	2	3	116	94	439	3	149	9	18634	603	14
TOTAL TO DATE 19	257	31	32	18	3	96	650	225	4	6	118	107	450	5	163	9	19316	940	26
TOTAL THIS MONTH	4	2	0	2	1	7	96	28	1	2	1	16	36	0	27	0	2075	111	3
ACADIA															1		10		
ALLEN																	3		
ASCENSION															2		15		
ASSUMPTION													1				1		
AVOYELLES													1				3	1	
BEAUREGARD																	11	1	
BIENVILLE											1						3		1
BOSSIER							2					1					22		4
CADDO	2						12	5				5	5		5		207	3	3
CALCASIEU						3	3	2				2	1		1		118		
CALDWELL																	1		
CAMERON							1										1		
CATAHOULA																	3		
CLAIBORNE															1		3		
CONCORDIA							2	2									4		
DESOTO																	1	1	2
EAST BATON ROUGE							4	1		1		2	1		2		197	10	1
EAST CARROLL							5										3	3	
EAST FELICIANA																	1		
EVANGELINE															2		1		
FRANKLIN																	2		
GRANT																	3		
IBERIA							4	5									9		
IBERVILLE													1				19	3	
JACKSON															2		2		1
JEFFERSON							10	1									117	7	
JEFFERSON DAVIS							1										6		
LAFAYETTE								1					1		1		38	2	
LAFOURCHE		1															10		
LASALLE							1										2		
LINCOLN							1	1									42		
LIVINGSTON							2								1		7		
MADISON																	12		
MOREHOUSE																	24		1
NATCHITOCHES													1				18		
ORLEANS							12	4				3	10		2		742	41	
OUACHITA							3						1		1		128	7	
PLAQUEMINES												1					5		
POINTE COUPEE							1										2		
RAPIDES		1		2	1		2	3					3				74	17	9
RED RIVER																	2		1
RICHLAND															1		11		
SABINE															1		4		
ST. BERNARD	2						4										4		
ST. CHARLES							2										1		
ST. HELENA																			
ST. JAMES																	3		
ST. JOHN												1					1		
ST. LANDRY						1		2	1				4				7	3	
ST. MARTIN													2				9		
ST. MARY							2						2				4		
ST. TAMMANY							3			1							22		
TANGIPAHOA							7								2		27	1	
TENSAS																	1		
TERREBONNE						2							1				26		
UNION																	11	2	
VERMILION							5										6		
VERNON																	6	1	
WASHINGTON							1	1					1				5	5	
WEBSTER							4					1			1		18		2
WEST BATON ROUGE																	9	2	
WEST CARROLL							1										6		
WEST FELICIANA						1									1		2		
WINN							1										3	1	1
OUT OF STATE																	17		

\* Includes Rubella, Congenital Syndrome.

\*\* Acquired outside United States unless otherwise stated.

From January 1, through October 31, 1979, the following cases were also reported:

2 - Typhus Fever, Endemic	7 - Leptospirosis	1 - Blastomycosis
21 - Trichinosis	2 - Rocky Mountain Spotted Fever	1 - Q Fever
1 - Psittacosis	1 - Brucellosis	

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	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
TOTAL TO DATE 19 78	351	483	65	4	2	93	671	193	2	3	121	116	484	4	168	9	20731	663	16
TOTAL TO DATE 19 79	260	32	31	18	3	100	728	254	4	6	121	116	485	5	178	9	21389	1029	33
TOTAL THIS MONTH	3	1	0	0	0	4	80	29	0	0	3	10	36	0	15	0	2098	96	7
ACADIA												4					7		
ALLEN																	3		
ASCENSION																	14		
ASSUMPTION																	2		
AVOYELLES																	7	1	
BEAUREGARD																	6		
BIENVILLE												1	1				2		1
BOSSIER																	33		
CADDO	3							2							1		193	4	4
CALCASIEU							1					1	2				122	2	8
CALDWELL																	1		
CAMERON													1						
CATAHOULA											1						2		
CLAIBORNE																	2		
CONCORDIA																	1		
DESOTO																	3		4
EAST BATON ROUGE								1									159	20	1
EAST CARROLL							2								2		33		
EAST FELICIANA																	2		
EVANGELINE															1				
FRANKLIN																	14		
GRANT													1				2		
IBERIA							2	3									12		
IBERVILLE																	11	1	
JACKSON																	4		1
JEFFERSON						1	28	4			2						157	4	
JEFFERSON DAVIS								1									9		
LAFAYETTE							10	7				2	1				27	3	
LAFOURCHE																	10		
LASALLE																	3		
LINCOLN													2				24	1	
LIVINGSTON							1	1									2		
MADISON							3										7	2	
MOREHOUSE																	15		1
NATCHITOCHES																	1		
ORLEANS						1	13	3					12		4		801	31	
OUACHITA							1	1					3				111	5	
PLAQUEMINES																	5		
POINTE COUPEE																	2		
RAPIDES							2					1	1		1		63	5	9
RED RIVER																			1
RICHLAND																	12	1	
SABINE															1		2	1	
ST. BERNARD							7	1					1		1		5		
ST. CHARLES							1					1					2		
ST. HELENA							1										2		
ST. JAMES																	9		
ST. JOHN																	2		
ST. LANDRY						1		1									9	2	
ST. MARTIN															2		5		
ST. MARY							1						1				3		
ST. TAMMANY							2										18	1	
TANGIPAHOA							3	1					5				25	3	
TENSAS																	2		
TERREBONNE						1											26	1	
UNION		1															21	1	
VERMILION							2	2					1				7		
VERNON																	12	1	
WASHINGTON								1									13	2	
WEBSTER													2		1		13		2
WEST BATON ROUGE																	13		
WEST CARROLL																	2	1	
WEST FELICIANA																	10	3	
WINN																	4		1
OUT OF STATE																	8		

\* Includes Rubella, Congenital Syndrome.

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