



MONTHLY MORBIDITY REPORT

Provisional Statistics

MONTHLY MORBIDITY
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EPIDEMIOLOGY UNIT AND PUBLIC HEALTH STATISTICS

LUNG CANCER IN LOUISIANA

Mortality rates for lung cancer in Louisiana and New Orleans are among the highest in the nation, particularly among males. During the 20-year period 1950 - 1969, Louisiana had the highest rate in the country for white males (51.97). Ten (10) Louisiana parishes rank in the top 18 counties nationally with rates exceeding 60/100,000 (See Table I).

These data clearly indicate the need for research on this important medical problem in our state. Several local teams of investigators have initiated research which, hopefully, will throw some light into the causation of this phenomenon. One of the most obvious needs in the field is to have an adequate data source to conduct epidemiology studies, including accurate measurement of morbidity

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BULLETIN

UPDATE-MALARIA AMONG NEWLY ARRIVING
VIETNAMESE IN LOUISIANA

In the February 1980 issue of this bulletin, 17 cases of *vivax* malaria were reported among newly arriving Vietnamese refugees. Since that time an additional 19 cases have occurred. All except one have been diagnosed at Charity Hospital in New Orleans. All came from camps in Indonesia, 25 from Sulgai Walang Camp on Bintan Island and 8 from a nearby island called Galang. All patients denied having malaria prior to leaving Vietnam. Most patients and their families became ill, however, while in Indonesia. Some received treatment but the type and duration of therapy is not known.

The time between arrival in the United States and presentation to a medical facility ranged from 5 - 98 days (median 35 days). Ages of patients ranged from 2 - 55 years (median 18). There were 15 female and 21 male patients. The patients presented with typical clinical symptoms including fever, chills, headache, and diarrhea. *Plasmodium vivax* was identified in 35 cases and *P. falciparum* in one.

There were 4 patients with *vivax* malaria who received documented treatment in the United States but subsequently relapsed. One was a pregnant woman who received chloroquine but no primaquine; one was a child who received quinine but no primaquine. The third patient was diagnosed and treated for *falciparum* malaria in another state. He presented in Louisiana with *vivax* malaria and it appears that he may have had a dual infection with *falciparum* and *vivax*. The fourth patient, a child, received chloroquine and primaquine but in suboptimal doses.

Editorial Comment

This outbreak and the 4 cases who relapsed illustrate several important points:

1. Physicians should have a high index of suspicion for the diagnosis of malaria in any Vietnamese refugee presenting with fever, especially if he/she has come to the United States via camps in Indonesia.
2. *P. vivax* is the predominant type of malaria being seen.

The average incubation period for *P. vivax* is 14 days but it may have a protracted incubation period of 8 to 10 months. Therefore, the diagnosis of *vivax* malaria should be suspected in any Indochinese refugee presenting with typical symptoms as long as 10 months after arrival in the United States.

3. Primaquine is needed for radical cure of *P. vivax*. Treatment with chloroquine or quinine alone will not suffice to treat the exoerythrocytic phase of malaria and prevent relapses.
4. The dosage of antimalarials is usually quoted as mg. of salt and mg. of base. In calculating appropriate dosages especially for pediatric patients, the dosages of salt and base should not be confused.
5. Laboratory confirmation of malaria should be attempted on all suspect cases by doing thick and thin blood smears. The thick film method is most likely to reveal the parasite, but repeated examinations may be necessary.

DIAGNOSIS OF MOSQUITO - BORNE DISEASES

Occasionally physicians make clinical diagnoses of arthropod-borne viral diseases (arboviruses - e.g. dengue, St. Louis encephalitis [SLE]) without first obtaining serologic confirmation. This is a problem because a definitive diagnosis of these non-specific illnesses cannot be made without laboratory testing. Also, these diseases are not just of casual public health interest. Even one case of endogenous SLE or dengue would elicit an extensive public health response including intensive case finding and mosquito vector control activities.

As we enter the summer arbovirus season, we urge all physicians to obtain acute and convalescent sera (drawn at least 2 weeks apart) on all patients with encephalitis or any other suspicious arboviral illness. The sera should be submitted to the state laboratory through the local parish health units for testing. If there are any questions concerning the diagnosis of arboviral illnesses, please contact the local health unit or the State Communicable Disease Control Section (504-568-3005).

from cancer in the state. A very positive step in the right direction was the establishment in 1974 of a tumor registry for Orleans, Jefferson, and St. Bernard Parishes, funded by the National Cancer Institute. In 1978, State Law # 653 was passed authorizing a state-wide cancer registry program to be placed in the Office of Health Services and Environmental Quality (OHSEQ), which would collaborate with the tri-parish registry, now called the Division of Tumor Registry. However, lack of funds have prevented imple-

TABLE 1

Mortality rates for lung cancer in white males, adjusted by the direct method to the 1960 United States population, 1950 - 1969, in counties with rates greater than 60/100,000 (1). NCI.		
Rank	County	Rate
1	Georgia - Forsyth	76.9
2	* Louisiana - St. Bernard	71.8
3	* Louisiana - Tensas	68.6
4	* Louisiana - Terrebonne	68.6
5	Virginia - Charles City	67.0
6	* Louisiana - Concordia	66.9
7	* South Carolina - Charleston	66.5
8	Montana - Deer Lodge	65.2
9	* Louisiana - Orleans	64.1
10	Nevada - Storey	63.9
11	Georgia - Charlton	63.5
12	* Louisiana - Jefferson	62.6
13	* Louisiana - Iberia	62.5
14	Florida - Franklin	62.2
15	* Louisiana - St. Martin	61.1
16	Maryland - Baltimore	61.1
17	* Louisiana - Evangeline	60.6
18	* Louisiana - St. Charles	60.2

mentation of the statewide expansion. Local registries in several other cities in Louisiana, however, have been in operation for some time. It is hoped that they will be converted into population-based registries and eventually coordinated to provide accurate measurements of morbidity throughout the state.

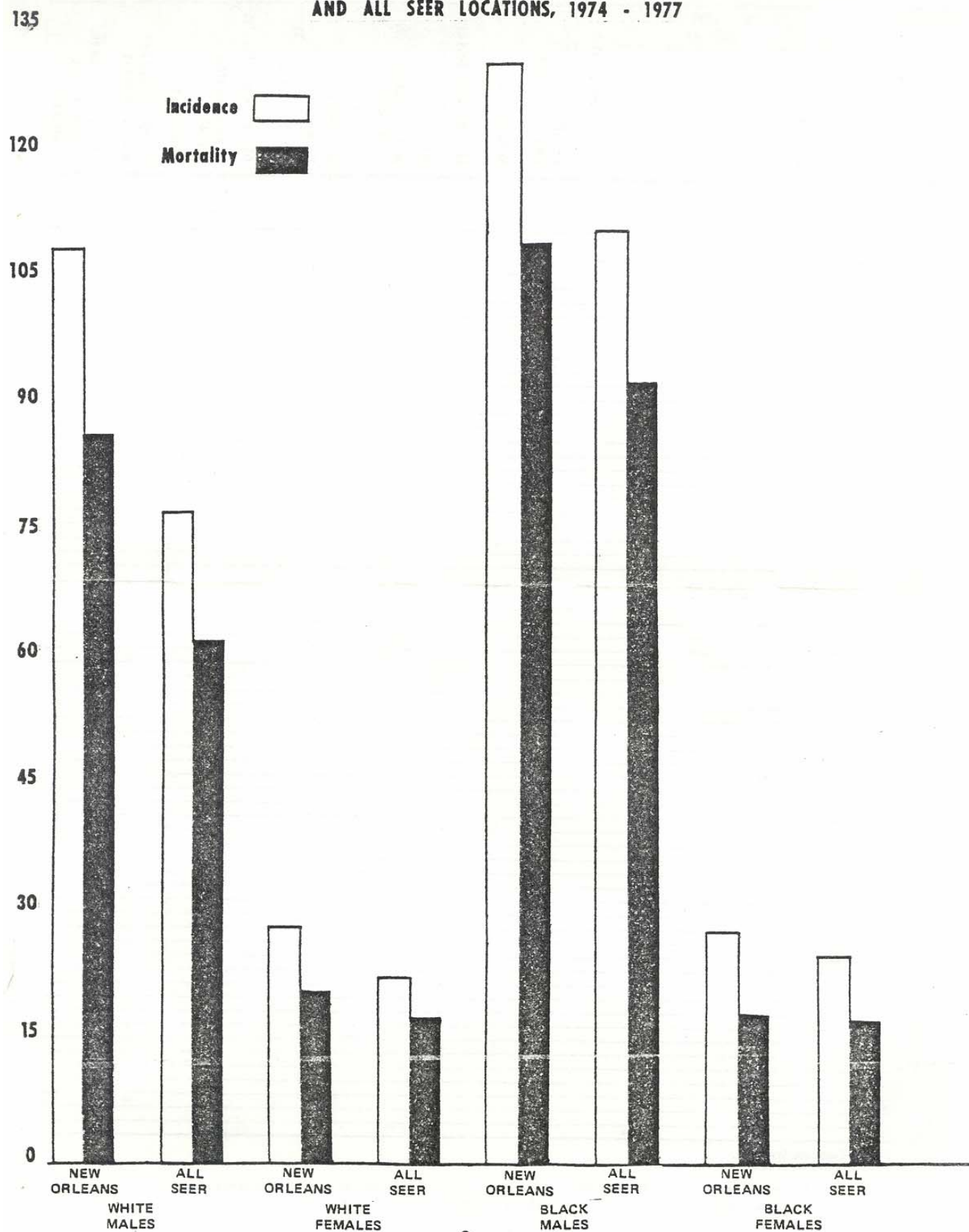
The Division of Tumor Registry has made available incidence rates for the metropolitan area of Orleans, Jefferson, and St. Bernard Parishes for the years 1974 - 1977. Figure 1 shows such data for lung cancer by race and sex, as compared to the average of the 11 registries which contributed to the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute. The other registries contributing to this system are Atlanta, Detroit, San Francisco, Seattle, Connecticut, Hawaii, Iowa, New Mexico, Utah, and Puerto Rico. The graph shows that black males have the highest rates in the city. The rates for black males were lower than those of white males in New Orleans according to the 1947 survey (white males, 45.1, vs. black males, 41.9). New Orleans white males have an incidence rate of 107.6/100,000 while the rate of the average of the 11 registries contributing to the SEER program is 76.4 (New Orleans' rate is 41% higher). The rates of the other sex and race groups are also greater than the SEER average: 129.6 for New Orleans black males vs. 110.0 for the SEER black males (17% higher), 27.4 for New Orleans white females vs. 21.8 for SEER white females (25% higher), and 27.5 for New Orleans black females vs. 24.3 for SEER black females (13% higher).

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FIGURE 1

AGE-ADJUSTED INCIDENCE AND MORTALITY RATE/100,000 (1970 STANDARD) FOR
LUNG CANCER BY RACE AND SEX IN THE NEW ORLEANS TRI-PARISH AREA
AND ALL SEER LOCATIONS, 1974 - 1977



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, 1980)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
Reported Morbidity April, 1980																			
TOTAL TO DATE 19 79	170	21	24	6	0	18	219	76	0	3	78	16	203	0	36	3	7173	269	5
TOTAL TO DATE 19 80	9	5	44	3	0	14	250	58	0	14	41	119	141	0	24	1	6929	389	4
TOTAL THIS MONTH	0	2	22	0	0	1	50	11	0	0	20	29	40	0	7	0	2040	93	0
ACADIA															1		6		
ALLEN							1						1				4		
ASCENSION													1				5		
ASSUMPTION																	4		
AVOYELLES																	3		
BEAUREGARD							1						1				2	2	
BIENVILLE																	2		
BOSSIER												1	1				36	1	
CAODO			22				1				1	5	5		1		225	4	3
CALCASIEU													2				108	1	
CALDWELL																	2		
CAMERON																			
CATAHOULA											1							1	
CLAIBORNE																	6		
CONCORDIA							1										3	1	
DESOTO																	10		
EAST BATON ROUGE							1						5				150	13	
EAST CARROLL																	6	2	
EAST FELICIANA																	1		
EVANGELINE							1										8		
FRANKLIN																	15		
GRANT																	1		
IBERIA							2	1			2				1		8		
IBERVILLE																	13		
JACKSON																	1		
JEFFERSON						1	20	2			7	2					102	5	
JEFFERSON DAVIS																	13		
LAFAYETTE											1						33	2	
LAFOURCHE								1			1						20		
LASALLE																			
LINCOLN							1										14	2	
LIVINGSTON												1			1		6		
MADISON								1					1				7	1	
MOREHOUSE													1				23		
NATCHITOCHES																	4		
ORLEANS							9	2			2	3	14		1		773	35	
OUACHITA							2					1	3		2		78	2	
PLAQUEMINES								1				1					4		
POINTE COUPEE																	3	1	
RAPIDES							1										70	4	
RED RIVER																			
RICHLAND																	13		
SABINE								1									3	1	
ST. BERNARD		1															3		
ST. CHARLES											1	1					3		
ST. HELENA																	5		
ST. JAMES													1				22		
ST. JOHN							1										9	1	
ST. LANDRY							1										11	2	
ST. MARTIN																	6	2	
ST. MARY																		1	
ST. TAMMANY							1					2					71		
TANGIPAHOA							3						1				36		
TENSAS																			
TERREBONNE		1									2		1				19	1	
UNION													1				8	1	
VERMILION							1	1			1		1				2		
VERNON												12					7		
WASHINGTON								1									9	2	
WEBSTER							1										17		
WEST BATON ROUGE																	6	1	
WEST CARROLL											1						2		
WEST FELICIANA																	3	4	
WINN							1										7		
OUT OF STATE																	7		

* Includes Rubella, Congenital Syndrome.
** Acquired outside United States unless otherwise stated.

From January 1, 1980 thru April 30, 1980 the following cases were also reported: 1 - Leptospirosis;
1 - Brucellosis; 1 - Blastomycosis; 1 - Cryptococcosis; 6 - Trichinosis.

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, 1980)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
Reported Morbidity May, 1980																			
TOTAL TO DATE 19 79	208	25	28	7	0	25	260	95	0	3	86	30	243	3	42	4	9319	369	11
TOTAL TO DATE 19 80	13	8	57	4	1	21	337	94	0	29	49	131	176	0	31	1	9116	512	6
TOTAL THIS MONTH	4	3	13	1	1	7	87	36	0	15	8	12	37	0	7	0	2192	124	2
ACADIA						1	2	4					3				10		
ALLEN							1										2		
ASCENSION																	5		
ASSUMPTION													1				7		
AVOYELLES								1									8		
BEAUREGARD																	7	1	
BIENVILLE																	4		
BOSSIER							1								1		35	1	
CADDO			12				3						1		1		197	2	3
CALCASIEU							2	2									137	1	
CALDWELL		1															3		
CAMERON																	7		
CATAHOULA																	4		
CLAIBORNE							1										21		
CONCORDIA							1	1									3		
DESOIT																	3	1	
EAST BATON ROUGE						1	1				2						171	13	
EAST CARROLL																	1	5	
EAST FELICIANA																	1	1	
EVANGELINE		1					1						1				2		
FRANKLIN							1										5		
GRANT																		2	
IBERIA							3	3			1						16		
IBERVILLE													1				8		
JACKSON																	3		
JEFFERSON				1		1	20	6		8	1	4	3				127	8	
JEFFERSON DAVIS													1				13		
LAFAYETTE							5	1									43	2	
LAFORCHE							1				1		2				14	1	
LASALLE							1										1	1	
LINCOLN																	15	2	
LIVINGSTON							1					1					6		
MADISON							1										5	1	
MOREHOUSE																	19		
NATCHITOCHES																	4		
ORLEANS			1			1	18	9		7	1		14		2		842	52	
OUACHITA							3						3		1		121	3	
PLAQUEMINES																	3	1	
POINTE COUPEE																	2		
RAPIDES					1		1	2									73	3	
RED RIVER																	1		1
RICHLAND							1										19		
SABINE																	1	1	
ST. BERNARD							3										9		
ST. CHARLES							1										9	1	
ST. HELENA																	1		
ST. JAMES													1				5	1	
ST. JOHN																	5	2	
ST. LANDRY						1	3	2			1		1		1		5	8	
ST. MARTIN								1					1				6	1	
ST. MARY																	2	1	
ST. TAMMANY							5				1				1		21		
TANGIPAHOA		1				1	6					1					28	2	
TENSAS																	1		
TERREBONNE						1	1										32		
UNION							1						1				9	1	
VERMILION								1									2		
VERNON												6	2				9	4	
WASHINGTON	4																2	1	
WEBSTER																	25		
WEST BATON ROUGE													1				10		
WEST CARROLL																	10		
WEST FELICIANA																			
WINN																	5		
OUT OF STATE																	17		

* Includes Rubella, Congenital Syndrome.

** Acquired outside United States unless otherwise stated.

From January 1, 1980 through May 31, 1980, the following cases were also reported: 1 - Leptospirosis;
2 - Brucellosis; 1 - Blastomycosis; 1 - Cryptococcosis; 6 - Trichinosis; 1 - Poliomyelitis, Non-Paralytic.