



Reported Morbidity  
February, 1982

## MONTHLY MORBIDITY REPORT

Provisional Statistics

PUBLIC HEALTH STATISTICS and  
DIVISION OF DISEASE CONTROL

### COMMUNICABLE DISEASES LOUISIANA, 1981

The most important ingredient in an effective disease control program is a reliable surveillance system. Surveillance is a dynamic activity for collecting, organizing and reporting information on the occurrence of disease in a defined population such as a state. Reporting of diseases of public health importance as they occur by physicians and other health care providers is the key to surveillance. The collection of such reports allows definition of trends, recognition of disease problems, and intervention when indicated, and provides essential information for the establishment of control program priorities. Secular trends of communicable diseases provide important information for all primary health care providers to establish policies of preventive health care (i.e. immunization) as well as to arrive at appropriate differential diagnoses in therapeutic health care.

During the past year, because of continual effective immunization policies and practices, a reduction in the incidence of vaccine preventable diseases was observed. The incidence of venereal diseases was stable and tuberculosis continued its downward trend; however, the number of cases of meningococcal disease and viral hepatitis increased. An annual report showing provisional statistics for selected diseases by parishes in 1981 is included. In the following paragraphs, we have commented on these data and summarized some of the year's epidemiological highlights.

**MEASLES:** In 1981 only four cases of measles were recorded in Louisiana, all of which were traced to out-of-state sources. One case contracted her infection in Florida and subsequently was the source of infection for the second case, a brother. The third case was an 18-year-old who had returned two days prior to onset from a four week vacation in France and Italy. The fourth case occurred in an 8-year-old who developed symptoms 3 days after returning from a two month stay in Venezuela. The four reported cases in 1981 are down from 15 cases reported in 1980 and 1,719 cases reported in 1971.

**RUBELLA:** Nine cases of rubella were reported in 1981 as compared to 13 cases in 1980 and 298 cases in 1971. There have been no reported cases of congenital rubella syndrome (CRS) in more than two years. Since 1972,

when six cases of CRS were reported, only one case in each of the years 1973, 1975, 1976 and 1979 have been reported.

**MUMPS:** In 1981 six cases of mumps were reported, compared to 67 cases in 1980 and 163 cases in 1971. Health units in Louisiana started administering the triple antigen measles-mumps-rubella vaccine routinely in 1976. Prior to 1976 either combined or single antigen measles and rubella vaccines were administered. Since 1978 limited amounts of single antigen mumps vaccine have been provided to health units for children who previously received only the measles and rubella antigens.

**POLIOMYELITIS:** Naturally occurring paralytic poliomyelitis has been completely eliminated from Louisiana. The last case was reported in 1967, although a vaccine-induced case occurred in 1980. It is essential that an immunized population be maintained because of the risk of introduction of virus from Latin America and other areas of the world where polio continues to be a major communicable disease problem. During the five year period 1952 - 1956 and just prior to the intensive Salk vaccine immunization programs, the number of reported cases of paralytic polio in Louisiana ranged from 207 to 604 annually.

**DIPHTHERIA:** Louisiana, prior to 1972, was a major contributing state to the total reported cases of diphtheria in the United States. During that period sporadic outbreaks regularly occurred throughout south Louisiana. Since 1972, when 6 cases were reported, no cases have been documented. Mass immunization programs conducted in the 1960's and the maintenance of high immunization levels since that time are credited for the termination of cases of diphtheria.

**TETANUS:** Three cases of tetanus were reported in 1981. Since the organized mass diphtheria-tetanus-pertussis immunization programs of the mid 1960's, an average of 6 cases of tetanus have been reported annually. In comparison during the ten year period 1956 through 1965 an average of 20 cases were reported each year. The three cases reported in 1981 were all elderly individuals and had no record of prior immunization against tetanus,



except for one case who had received one dose only of tetanus toxoid in 1951. One of the three cases died. Tetanus in Louisiana in recent years has been observed primarily among newborns resulting from cord infections and among the elderly where a significant proportion of the population are inadequately immunized. Emphasis on the immunization of pregnant women in maternity clinics has succeeded in reducing the number of neonatal cases.

**PERTUSSIS:** Eight cases of pertussis were reported in 1981. This compares to 38 cases in 1980 and 82 cases in 1971. While there has been a large reduction in the number of cases reported since the 1940's, when an average of 328 cases were recorded annually, the trend over the past twenty-five years (1956 - 1981) has been less dramatic. Also, the annual incidence has varied considerably during this period, ranging from a low of three cases in 1961 to 139 cases in 1967. The disease is probably underreported because of difficulties in both the clinical diagnosis and laboratory documentation.

**TUBERCULOSIS:** In 1981 there were 533 cases of tuberculosis reported, an 8% decrease from 1980 which had 579 cases reported. This represents a morbidity of 12.7 cases per 100,000, the lowest tuberculosis morbidity ever reported in Louisiana. The main focus of tuberculosis remains in New Orleans. Control program priorities are case finding and treatment of cases, and investigation and prophylaxis of contacts. In order to improve treatment of cases the program has advocated actions that should improve compliance such as simpler drug regimens, short course chemotherapy, and intermittent supervised therapy. An intensive effort is underway to train nurses for better contact investigations and to encourage clinicians to put contacts on prophylaxis when justified.

**GONORRHEA:** The number of gonorrhea cases reported has remained stable in Louisiana for the last 5 years. In 1981, 23,590 cases were reported, a rate of 561.1 per 100,000. The gonorrhea program was restructured in an attempt to control gonorrhea in the two reservoirs previously ignored, the gonococcal pelvic inflammatory diseased female and the asymptomatic male. For this purpose collaboration between the health department and emergency rooms of charity hospitals was strengthened. The program efficiency has been hampered by the lack of sufficient investigative personnel to follow-up on all cases reported.

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**SYPHILIS:** There were in 1981, 3,306 cases of syphilis reported, an 8% increase from 1980. This increase has created difficulties because at the same time, due to cuts in the federal part of the budget, the staff was reduced. There was also an increase from 6 to 15 cases in the number of congenital syphilis, the first increase in over 10 years. The situation has to be carefully monitored to prevent syphilis from getting out of hand.

**VIRAL HEPATITIS:** In 1981 there were 779 cases of hepatitis A, 367 cases of hepatitis B and 409 unspecified cases of viral hepatitis reported in Louisiana. This total of 1,555 cases is the highest total number of viral hepatitis cases reported in a single year since the disease was declared reportable in Louisiana in 1954. All three reporting categories increased over the previous year when a total of 1,230 cases were reported. The greatest increase occurred in the unspecified category in which there were 239 cases in 1980 and 409 cases in 1981. Because of the increased availability of laboratory capabilities for distinguishing hepatitis A and hepatitis B, this increase was unexpected and somewhat discouraging. Although viral hepatitis is probably grossly underreported, there has been no change in reporting procedures to account for the upward trend in total number of cases. An increased interest and awareness of the occurrence of hepatitis A in day care center populations perhaps accounts for a part of the increase in reported hepatitis A cases.

**MENINGOCOCCAL MENINGITIS AND MENINGOCOCCEMIA:** In 1981 there were 140 reported cases of meningococcal disease with 31 deaths. This compares to a mean of 122 cases and 19 deaths per year for the preceding five-year period. *Neisseria meningitidis* isolates from 64 of the cases were submitted for typing. Of these 40 (62.5%) were type B, 12 (18.8%) type C, 7 (10.9%) type A, 3 (4.7%) type Y and 2 (3.1%) type W135. Cases were geographically scattered with 39 of the state's 64 parishes reporting at least one case. Of greatest interest was the occurrence of 11 cases with 5 deaths in Lafayette Parish, 3 cases (no deaths) within one week in March in a day care center in Calcasieu Parish, and a cluster of 4 cases with 1 death within 3 days in a single family in St. Bernard Parish.



As expected the highest incidence occurred during the winter and spring months with 102 cases reported between November and April compared to 38 cases from May through October. The ages of the cases ranged from under 1 to over 60 with 48% being less than 5 years.

**MISCELLANEOUS DISEASES:** There were no cases of mosquito-borne encephalitis reported in 1981, whereas in 1980 twelve cases (11 in Orleans Parish) were reported. Dengue, which has been prevalent throughout the Caribbean and had spread through Central America, Mexico and into south Texas in 1980, did not appear in Louisiana in 1981. However, in 1980, six cases occurred among a religious group who had just returned from Mexico. Fourteen cases of malaria had onset of symptoms in Louisiana during 1981, representing a large decrease from 59 cases in 1980. All cases recorded during both years except one transfusion-associated case contracted their infections outside of the country. The majority of malaria illnesses occurred in newly arrived Southeast Asian refugees. Although in southwest Louisiana three different outbreaks of trichinosis contributed 28 cases in 1980 and 22 cases in 1979, there were no cases reported in 1981. Three cases

of typhoid were confirmed during 1981, which is the expected number based on the average annual incidence during the past five years. One case in 1981 was traced to a previously unidentified chronic carrier. The other two cases were associated with each other, but the source of their infections has not been determined. In addition to the above newly identified carrier, two additional carriers were identified through routine culturing of gall bladders during surgery. Currently there are 91 known carriers in Louisiana under the surveillance of parish health units. Fifteen years ago there were 136 carriers being followed.

**REPORTING:** In Louisiana, physicians are required by Sanitary Code regulation "to report to the State Health Officer, through the Health Unit of the parish or municipality wherein such physician practices, any case or suspected case of reportable disease which he is attending, or has examined, or for which such physician has prescribed." Confidential Case Report forms for the purpose of reporting are available from Parish Health Units. The current list of reportable diseases is as follows:

### REPORTABLE DISEASES

Amebiasis	PLAGUE*
Anthrax	Poliomyelitis
Aseptic Meningitis	Psittacosis
BOTULISM*	Rabies, Human
Brucellosis	Rat Bites
Cancer	Rheumatic Fever
Chancroid	Rubella and Congenital Rubella Syndrome
CHOLERA*	(Specify)
Diphtheria	Salmonellosis (Excluding Typhoid)
Encephalitis (Specify Type)	Severe Under Nutrition
FOOD POISONING*	(Severe Anemia, Failure to Thrive)
Gonorrhea and	Shigellosis
Ophthalmia Neonatorum (Specify)	SMALLPOX*
Granuloma Inguinale	Syphilis
Hepatitis, Infectious and Serum (Specify)	Tetanus
Leprosy	Trichinosis
Leptospirosis	Tuberculosis
Lymphopathia Venereum	Tularemia
Malaria	Typhoid
MEASLES*	Typhus (Specify Type)
Meningococcal Infections	Whooping Cough (Pertussis)
Mumps	YELLOW FEVER*
Mycobacteriosis (Atypical Acid-Fast)	Reyes Syndrome

\* Report suspected cases immediately by telephone

In addition to the above, all cases of rare or exotic communicable disease and all outbreaks shall be reported.

**NOTE:** A revision to this list has been proposed, but not yet officially adopted. The proposed list adds invasive *Haemophilus influenza* infection and legionellosis and drops from the list smallpox, cancer, rat bites, chancroid, granuloma inguinale, and lymphopathia venereum.



# **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, 19 82)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
REPORTED MORBIDITY FEBRUARY, 1982																			
TOTAL TO DATE 19 81	0	2	3	1	0	4	99	52	0	1	36	11	64	0	26	1	3249	240	8
TOTAL TO DATE 19 82	0	0	0	0	0	9	135	30	0	0	4	8	72	0	22	0	3425	255	2
TOTAL THIS MONTH	0	0	0	0	0	7	105	18	0	0	1	5	46	0	19	0	1744	129	2
ACADIA								1					2		1		10	1	
ALLEN																	2		
ASCENSION													1				2		
ASSUMPTION													1		1		1		
AVOYELLES							1						1				5		
BEAUREGARD																	1		
BIENVILLE																	2		
BOSSIER						3											25		1
CADDO							2	2				2	3		1		208	11	
CALCASIEU													3				67	7	
CALDWELL																	1		
CAMERON																	1		
CATAHOULA							1	1											
CLAIBORNE																	13		
CONCORDIA							2										2		
DESOTO																	6		
EAST BATON ROUGE								1					3				140	17	
EAST CARROLL													1				6		
EAST FELICIANA													1				1		
EVANGELINE													1				1		
FRANKLIN							1						1				3		
GRANT																	4		
IBERIA							8						1				14	3	
IBERVILLE							1										4	1	
JACKSON																	1	1	
JEFFERSON							38	2					4		6		126	7	
JEFFERSON DAVIS								1									5		
LAFAYETTE													5				64	4	
LAFOURCHE												1					22	1	
LASALLE							3												
LINCOLN																	12	5	
LIVINGSTON								1									1		
MADISON																	18		
MOREHOUSE							3										20	2	
NATCHITOCHES								1									1		
ORLEANS							11	2					1		3		589	40	
OUACHITA							11	1					4				100	8	
PLAQUEMINES																			
POINTE COUPEE													1						
RAPIDES													1				76	2	
RED RIVER																	1		
RICHLAND							2						1				6	1	
SABINE													1				5		
ST. BERNARD							4								2		5	1	
ST. CHARLES							1				1						9		
ST. HELENA																	2		
ST. JAMES															1		6	1	
ST. JOHN															1		2	1	
ST. LANDRY															1		16	2	
ST. MARTIN							2										11		
ST. MARY							1						3				1		
ST. TAMMANY								1							1		24	1	
TANGIPAHOA							1										3	2	
TENSAS																	2	1	
TERREBONNE						4	9	2				2	2				29	2	
UNION																	9		
VERMILION								1					2				3		
VERNON																	10		
WASHINGTON																	2		
WEBSTER							2	1					1				21	1	
WEST BATON ROUGE													1				9	1	
WEST CARROLL							1								1		2	3	
WEST FELICIANA																	1		
WINN																			
OUT OF STATE																	11		

- \* Includes Rubella, Congenital Syndrome.  
 \*\* Includes 3 cases of Hepatitis, Non A, Non B.  
 \*\*\* Acquired outside United States unless otherwise stated

From January 1, 1982 - February 28, 1982 the following cases were also reported: 1-Cryptococcosis