



MONTHLY MORBIDITY REPORT

EPIDEMIOLOGY

PUBLIC HEALTH STATISTICS

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF PREVENTIVE AND PUBLIC HEALTH SERVICES
PUBLIC HEALTH STATISTICS

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AIDS IN LOUISIANA

NUMBER OF REPORTED CASES IN LOUISIANA CONTINUES TO RISE

AIDS cases diagnosed in 1984 alone jumped dramatically over the total number of cases reported between 1981 and 1983 in Louisiana. Sixty-five new cases were diagnosed in 1984, compared to only 27 in all preceding years. As of April, 13 cases have been diagnosed for 1985, bringing the Louisiana cumulative total to 103. [It may take three months or so between the time a case is diagnosed and the time it gets reported, so that cases diagnosed in the first quarter of this year may not be counted until after July].

CASES BY YEAR OF DIAGNOSIS

1975	1
1979	1
1981	1
1982	7
1983	17
1984	65
1985	13
TOTAL	105
Deceased	56
Alive	49

THE AIDS PATIENT AT HOME

Many victims of AIDS will have periods of time when they do not need to stay in a hospital, but they are not quite able to stay by themselves. These patients and their families will naturally worry about the contagiousness of this disease in the home. From what scientists now know, this disease spreads through transfer of blood or other body fluids from an infected

individual to the blood or mucous membrane of another person. It doesn't spread through the air or through casual touch.

Even in the home, avoiding contact with body fluids is relatively simple: don't share razors or toothbrushes. If a body fluid or blood or fluid from an open wound drips on to a surface, wipe it up with a solution of 1 part household bleach in 5 parts water. And obviously, sexual contact with an AIDS patient that involves exchanges of body fluids is to be avoided.

Home care for an AIDS patient is a workable option. Families and AIDS patients should remember that hugging or kissing on the cheek are safe. In fact, expressions of affection are a central part of any therapy.

GAYS AND OTHER HIGH RISK GROUPS ASKED NOT TO GIVE BLOOD

Because most cases of AIDS are in three high risk groups - gays, hemophiliacs, and IV drug abusers - members of these groups are asked not to donate blood. Almost three quarters of all AIDS cases in Louisiana are in gay/bisexual men, and blood transfusions have been shown to spread AIDS from an infected person to a non-infected person.

Men who have had sex with more than one man since 1979, or the sexual partner of a man who has had sex with more than one man since 1979, are asked not to donate.

NEW BLOOD TEST MEASURES
ANTIBODIES, BUT MAY MISS SOME

INFECTED INDIVIDUALS. A new test which detects antibodies to the virus associated with AIDS will be used on all donated blood products in Louisiana and the rest of the nation. This will help keep potentially infected blood off the market

This test may miss some people who carry the disease, since it only measures the state of somebody's defenses and not the presence or absence of the virus. It seems that some people can have the virus and spread the disease without developing defenses to the disease themselves. For this reason, people in high risk groups — those most likely to carry the virus — should still not donate blood. The antibody test [the test of the body's defenses] will miss some people who can spread the disease.

LIST OF HTLV III ANTIBODY POSITIVE DONORS TO BE MAINTAINED BY BLOOD BANKS

Anyone whose donated blood or blood products test positive for the antibodies to HTLV III will have their name placed on a confidential donor deferral list by blood collecting agencies in Louisiana. This permanent donor deferral list will be used by the agency to prevent future donations from antibody positive individuals. These lists may include individuals shown to have any of a limited list of transmissible diseases. Each agency will decide whether or not the reasons for deferral will be listed alongside the deferred donor's name. There is some question whether these lists will remain local or be shared nationally.

STUDIES STRONGLY SUGGEST LINK BETWEEN ANAL SEX AND AIDS

While sexual transmission appears to account for most cases of AIDS, anal sex seems to be linked particularly closely with

the disease. Scientists point out that rectal walls are part of a system designed for absorbing on contact fluids and other materials. This process is enhanced when the mucous membranes have been damaged or irritated by manipulation.

Individuals are cautioned against the possibility of spreading AIDS when saliva or semen are brought into contact with these membranes. It is possible that AIDS can be transmitted from the active partner's semen or saliva to the receptive partner. Transmission in the other direction is also thought possible if the active partner has cuts or other breaks in the skin which come in contact with blood from bruised rectal tissues.

As a protection against getting or spreading AIDS, it seems wise to avoid all anal sex activities.

Condoms prevent the spread of many diseases, and probably help prevent the spread of AIDS, but that has not yet been proven.

SSI RULES CHANGED IN REGARDS TO A.I.D.S.

The Social Security Administration announced on February 11, 1985 that AIDS will be added to a list of conditions referred to as "presumptive disability". This means that individuals with AIDS who are otherwise eligible for Supplemental Security Income (SSI), may begin receiving benefits before all of the paperwork or their illness has been processed. For more information, call your local Social Security Administration Office. (Federal Register V50, N28, p 5573)

for more information:
1-800-342-AIDS
or
1-504-568-5005

HTLV-III TESTING SITES

The Office of Preventive and Public Health Services of the Department of Health and Human Resources has made available seven alternate test sites around the state for persons desiring to have the HTLV-III (AIDS associated virus) antibody test performed.

Site	Telephone	Site	Telephone
Lake Charles	318-478-6020 Ext. 64	Baton Rouge	504-342-1792
Shreveport	318-227-5278	Alexandria	318-487-5279
New Orleans	504-525-0086	Monroe	318-362-3434
Lafayette	318-264-5601		

PERINATAL TRANSMISSION OF HEPATITIS B AND ITS PREVENTION

Infants born to mothers who are hepatitis B surface antigen (HBsAg) positive are frequently infected with hepatitis B virus (HBV). Transmission from mother to infant during birth is one of the most efficient modes of HBV transmission. If the mother is positive for both HBsAg and HBeAg, about 80-90% of infants will become chronic HBV carriers. The chronic HBsAg carriage has been linked to both liver damage and hepatocellular carcinomas in an estimated 25% of these infants. Later in life they may transmit infection to other family members, to sexual contacts, to others by transfusions, and female carriers may subsequently perpetuate the cycle of perinatal transmission. Infants whose mothers are HBeAg negative or who have antibody to HBeAg are at lesser risk but can still be infected. Infants are usually negative at birth but acquire evidence of infection within the first 3 months of life.

MATERNAL SCREENING

Pregnant women who are HBsAg positive should be identified prior to delivery. Mothers belonging to groups known to be at high risk of HB infections should be tested for HBsAg during a prenatal visit. (See Table for listing of high risk groups). Those hospital staff members participating in the delivery should be notified of HBsAg-positive mothers so they may take appropriate precautions to minimize the risks.

Table

WOMEN FOR WHOM PRENATAL HBsAg SCREENING IS RECOMMENDED

1. Women of Asian, Pacific Island, or Alaskan Eskimo descent, whether immigrant or United States born
2. Women born in Haiti or Sub-Saharan Africa.

3. Women with histories of:

- a. acute or chronic liver disease
- b. work or treatment in a hemodialysis unit
- c. work or residence in an institution for the mentally retarded
- d. rejection as a blood donor
- e. blood transfusion on repeated occasions
- f. frequent occupational exposure to blood in medical-dental settings
- g. household contact with an HBV carrier or hemodialysis patient
- h. multiple episodes of venereal disease
- i. percutaneous use of illicit drugs.

MANAGEMENT OF NEWBORNS OF HBsAg-POSITIVE MOTHERS

The greatest protection of infants is achieved by using a combination of active immunization with three doses of hepatitis B vaccine and passive immunization with hepatitis B immune globulin (HBIG). HBIG (0.5 ml) should be administered intramuscularly as soon as physiologic stabilization of the infant occurs and preferably within 12 hours of birth. HBIG is believed to still be effective if given up to 48 hours after birth. Hepatitis B vaccine is administered in 3 doses of 0.5 ml (10 µg) each. The first dose should be given within 7 days of birth and may be given concurrently with HBIG but at a separate site. Repeat doses are given 1 month after the first and then again 6 months after the first dose.

HBIG administered at birth should not interfere with the efficacy of DTP and oral polio given at 2 months of age. There is no evidence that indicates the simultaneous administration of hepatitis B vaccine and other childhood immunizations causes a decrease in efficacy or an increase in reactions.

Testing for HBsAg and anti HBs is recommended at 9 months of age or later. If HBsAg is detected, the infant is infected and likely to become a chronic carrier. If HBsAg is not detectable, and anti HBs is present, the infant has been successfully immunized. If both the HBsAg and anti HBs are negative, another dose of hepatitis B vaccine should be given with subsequent retesting.

PRECAUTIONS FOR INFANTS OF HBsAg POSITIVE MOTHERS¹

Infants born to mothers who are HBsAg positive should be cleansed by a gloved attendant. There is no need to isolate such infants. As a small number of these infants will be HBsAg positive at birth, their blood should be handled with appropriate precaution. Infants who are to have surgical procedures, e.g. circumcision, or who are to remain in the hospital for additional treatment, e.g. premature infants, should have venous blood tested for HBsAg. Testing of cord blood is unreliable and is not recommended. There appears to be no reason to withhold breast-feeding. In two studies in which

infants were not protected by immunization, there was no increased risk of HBV infections in those who were breast-fed.

IMMUNIZATION OF CONTACTS OF CARRIER MOTHERS OR INFANTS¹

Susceptible personnel who are likely to be exposed to the blood of infants or mothers with HBV infections should be considered at increased risk of contracting hepatitis and should be immunized with 20- μ g (1-ml) dose of HBV vaccine. Household members and sexual contacts of those who are HBsAg positive should receive hepatitis B vaccine if testing indicates they are negative for antigen and antibody. Dose is 10 μ g for those less than 10 years of age; others should receive 20 μ g. Immunizations require a series of three doses. The second dose is 1 month after the first, and the third dose should be 6 months after the first.

REFERENCE:

1. Pediatrics Vol. 75 No. 2 February 1985.

SELECTED REPORTABLE DISEASES (By Place of Residence)

STATE AND PARISH TOTALS REPORTED MORBIDITY APRIL, 1985	VACCINE PREVENTABLE DISEASES					ASEPTIC MENINGITIS	HEPATITIS A AND UNSPECIFIED**	HEPATITIS B	LEGIONELLOSIS	MALARIA ***	MENINGOCOCCAL INFECTIONS	SHIGELLOSIS	TUBERCULOSIS, PULMONARY	TYPHOID FEVER	OTHER SALMONELLOSIS	UNDERNUTRITION SEVERE	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY	RABIES IN ANIMALS (PARISH TOTALS CUMULATIVE, 1985)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
TOTAL TO DATE 1984	0	0	0	3	0	6	111	103	0	1	27	14	78	1	33	4	8332	416	13
TOTAL TO DATE 1985	1	0	2	2	0	15	45	57	0	0	13	10	106	0	36	2	7524	356	4
TOTAL THIS MONTH	1	0	2	1	0	4	16	14	0	0	1	3	34	0	9	0	1469	86	0
ACADIA															1		15		
ALLEN																	2		
ASCENSION								1									7		
ASSUMPTION																	3		
AVOYELES																			2
BEAUREGARD																	2		
BIENVILLE																	6		
BOSSIER							1						1				13	1	
CADDO							3	1			1		1		1		144	4	
CALCASIEU													1				46	3	
CALDWELL																	4		
CAMERON																	1		
CATAHOULA																	4		
CLAIBORNE																	4	1	
CONCORDIA													1				1		
DESOTO																			1
EAST BATON ROUGE													1				51	17	
EAST CARROLL																	7		
EAST FELICIANA																		1	
EVANGELINE																	2		1
FRANKLIN																	10		
GRANT																	1		
IBERIA							1										20		
IBERVILLE																	20	1	
JACKSON																			
JEFFERSON				1		1	2	2					1				77	14	
JEFFERSON DAVIS							3						2				6		
LAFAYETTE								1					2				53	3	
LAFOURCHE													1				29	1	
LASALLE																			
LINCOLN							1										11		
LIVINGSTON						1									2		1		
MADISON																		2	
MOREHOUSE																	28	4	
NATCHITOCHES																	4	1	
ORLEANS			1			1	2	4				2	7				579	22	
OUACHITA							1	1					10				79	3	
PLAQUEMINES													1						
POINTE COUPEE																	2		
RAPIDES																	59	1	
RED RIVER																			
RICHLAND																	7		
SABINE																			
ST. BERNARD							1	2									1	1	
ST. CHARLES															2		7	1	
ST. HELENA																			
ST. JAMES																	1		
ST. JOHN																	2		
ST. LANDRY								1				1	1				14	2	
ST. MARTIN			1														11		
ST. MARY						1							1				8		
ST. TAMMANY	1												1		2		21		
TANGIPAHOA								1									9	1	
TENSAS																			
TERREBONNE															1		28		
UNION																	7		
VERMILION							1										4		
VERNON																	22	1	
WASHINGTON																			
WEBSTER																	29	1	
WEST BATON ROUGE																			
WEST CARROLL																	1		
WEST FELICIANA																	1		
WINN													2						
OUT OF STATE																	5		

* Includes Rubella, Congenital Syndrome.

** Includes 5 cases of Hepatitis Non A, and Non B.

*** Acquired outside United States unless otherwise stated.

From January 1, 1985 - April 30, 1985 the following cases were also reported:

1-Brucellosis;; 1-Coccidioidomycosis; 2-Reye Syndrome.

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