REPORTED MORBIDITY
MARCH/APRIL, 1987

LOUISIANA MORBIDITY REPORT

EPIDEMIOLOGY

PUBLIC HEALTH STATISTICS

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF PREVENTIVE AND PUBLIC HEALTH SERVICES
DIVISION OF RECORDS AND STATISTICS
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PHYSICIAN REFERRAL NETWORK FOR AIDS AND HIV-RELATED ILLNESS

As of July 1, 1987, 459 persons meeting the Centers for Disease Control case definition of AIDS have been reported to the Louisiana Department of Health and Human Resources. The Epidemiology Section estimates that an additional 15,000 to 20,000 Louisiana residents are currently infected with Human Immunodeficiency Virus (HIV), the etiologic agent of AIDS. Persons with AIDS and HIV infection have been identified in all parts of the state. As an increasing proportion of these infected persons become either aware of their infection or symptomatic, they will need to be seen by a physician for medical evaluation and counseling. An organized, statewide physician referral system is urgently needed.

The Louisiana Office of Preventive and Public Health Services (OPPHS) and NO/AIDS, a New Orleans-based community AIDS support organization, are frequent recipients of physician referral requests. This is primarily a result of the AIDS Education, Counseling, and Testing program (AECT), operated by OPPHS, which provides anonymous or confidential HIV testing free of charge throughout the state, and the AIDS Information Center in New Orleans, operated by NO/AIDS. HIV-infected persons or those at high risk for HIV infection are directly identified through the AECT program, or use the AIDS Information Center's local or toll-free telephone numbers to request referral. As a result, OPPHS and NO/AIDS are taking the lead in developing the Physician Referral Network (PRN) on a statewide basis. The Epidemiology Section will act as the initial coordinator of the project.

The PRN will be used for physician-to-physician referral, as well as direct patient referral. Physicians of all specialties and locations throughout Louisiana are needed to participate. Physician referral lists will remain confidential and will not be published. Referrals will be made from the AIDS Information Center by physicians; those from the AECT program will be made by individuals involved directly in counseling and testing, who are generally based in Parish Health Units.

Physicians interested in being included in the PRN should identify themselves by contacting Ms. Ethel Davis in the Epidemiology Section in New Orleans at (504) 568-5005 during regular business hours, Monday through Friday. Physicians so identified will be contacted individually in order to obtain information concerning specialty, office hours, payment schedules and related information. PRN physicians will be supplied with current information and recommendations regarding management and counseling of HIV infection and illness on a monthly or bimonthly basis.

The suffering caused by HIV has already been great and will increase further. An organized and unified approach will go a long way in reducing this suffering. We strongly encourage all physicians, regardless of specialty or geographic location in Louisiana, to join us in this battle.

Further information concerning PRN may be obtained by contacting Dr. William Atkinson in the Epidemiology Section at (504) 568-5013

LOUISIANA MUMPS OUTBREAK

During the month of April, 1987, the Epidemiology and Immunization sections, along with a team from the Centers for Disease Control, conducted an investigation on a mumps outbreak in Concordia Parish. The purpose of the investigation was to: 1) determine overall efficacy of the mumps vaccine, and efficacy as related to age at vaccination and duration since vaccination; 2) study and determine how to improve detection of symptomatic persons; and 3) determine accuracy of school immunization records for mumps.

During the years 1981-1986, the State of Louisiana has had less than ten reported cases of mumps per year. However, between January 1 and April 17, 1987, 303 reports [65 (21%) reported by physicians] of persons with mumps were received from Concordia Parish. The ages of these persons with reported mumps ranged from 5 to 37 years. Of the 303 reported cases, 279 (92%) were between the ages of 11-19 years, 18 (6%) were less than 11 years, and the remaining seven (2%) were over 19 years.

Five of six cases were confirmed with titer rises in paired acute and convalescent sera. Two additional paired sera results are pending. Attempts are being made to obtain results from local private physicians.

To increase detection of persons with mumps, a questionnaire was administered to school students. We focused on individuals in the fifth through the twelfth grades because of the concentration of reported cases in the 11-19 year age range, and because of our doubt that students in grades lower than the fifth grade could answer the questionnaire accurately.

On the day of administration, 2,344/2,647 (88.5%) students were present, and 2,340/2,344 (99%) completed the survey. Of this group, 347 students were cases. A case was defined as one who either had painful facial swelling below and just in front of the ear on one or both sides for two or more days (definite case), or was told he/she had mumps either by parent/guardian, physician, or other health care/school official (probable case).

This list of 347 students was compared to the state list of reported cases. One hundred seventy-six of the students detected by our case definition were found on the state's report, but 167 were not. In addition, there were 94 cases between the ages of 11-19 years that were on the state report but not detected by our survey. From this total of 441 probable mumps cases, 147 were randomly selected in order to conduct a case-control study to do a mumps vaccine efficacy study.

Of the 347 students, 29 (8.4%) reported that their mumps or swelling occurred in January, 100 (28.8%) in February, 135 (38.9%) in March, and 28 (8.1%) by April 24, 1987. Fifty-five (15.9%) either did not indicate or did not know when their mumps or swelling occurred.

Questionnaires were administered to the parent/guardian who knew the most about the health of the student under study. Of the initial 147 case questionnaires, 97 were completed. A school homeroom-matched control was obtained for each of the 97 cases.

Provider vaccine records were initially available on 81/97 of the

cases, and 72/97 of the controls. Of the 81 cases, 41 (50.6%) had received mumps vaccine prior to January 1, 1987, and of the 72 controls, 47 (65.3%) had received mumps vaccine also prior to the first of the year. A mumps vaccine efficacy of 45% was found on the preliminary unmatched analysis. Of the 81 cases and the 72 controls, 95% and 90% respectively, had received their mumps vaccine from one particular health clinic. There were no obvious disparities. Not all of the provider records have been collected, and more analyses need to be done.

Determination of the sensitivity of the current state reporting system, determination of the accuracy of the Concordia Parish school immunization records, calculation of the overall vaccine efficacy by matched pair analysis, and calculation of efficacy as related to age at vaccination and duration since vaccination are pending analyses.

Because of the preliminary nature of the results, it is possible that any future Epi-2 memoranda, MMWR articles or other published reports may present data that are somewhat different. If further analysis substantially alters any of these findings we will update this report.

INTRAVENOUS GAMMA GLOBULIN TREATMENT FOR KAWASAKI SYNDROME *

Kawasaki syndrome is an acute febrile illness that occurs primarily in infants and very young children. Manifestations include fever, non-exudative conjunctivitis, mucosal erythema, dry and/or fissured lips, erythema of the palms and soles, edema of the hands, generalized rash, and cervical adenopathy. Perhaps 20 percent of cases develop coronary artery aneurysms and ectasias, which can lead to myocardial infractions, coronary insufficiency, and sudden death.

Though first described in Japan, this illness has occurred in both sporadic and community-wide outbreak patterns in North America, Europe and Asia. The etiology is unknown, though some information suggests a retrovirus may possibly be the causal agent.

Successful therapy with a combination of aspirin and high-dose intravenous gamma globulin has been recently reported. In a multicenter trial, 168 children were enrolled within 10 days of onset of illness which met diagnostic criteria for Kawasaki syndrome and were assigned to one or two treatment groups. Both groups received aspirin, 80-120 mg/kg of body weight per day-divided into 4 doses, every 6 hours - for 14 days, followed by 3-5 mg/kg of aspirin daily for the next 5 weeks. One group also received intravenous gamma globulin (IVGG), 400 mg/kg/day, given over a 2-hour period, for 4 days, beginning at the same time as the start of aspirin treatment. Serial blood samples and

* SOURCE: California Morbidity, Weekly Report from the Infectious Disease Branch, California Dept. of Health Services, #15, Apr 24, 1987.

two dimensional echocardiograms were obtained on study subjects.

Two weeks after initiation of treatment, 8 percent of the IVGG/aspirin group patients had echocardiographic evidence of coronary artery lesions, compared to 23 percent in the aspirin-only group. Five weeks later, 4 percent of the IVGG/aspirin group versus 18 percent of the aspirin-only group had evidence of coronary lesions. Both differences were statistically significant. Most patients in the IVGG/aspirin group became afebrile after the first gamma globulin infusion.

Patients in the IVGG/aspirin group also had more rapid resolution of inflamation, as evidenced by declines in white blood cell count, specific granulocyte count, and serum alpha 1-antitrypsin level. No serious adverse effects of the gamma globulin treatment were observed.

The study investigators concluded that high-dose IV gamma globulin therapy (given along with aspirin) is safe and effective when administered early in the course of Kawasaki syndrome. The mechanism of the gamma globulin effect is unknown. The aspirin is given in the initial, higher dosage for its anti-inflamatory effect and in the subsequent, lower dosage for platelet aggregation inhibition during the period of coronary artery thrombosis risk. Evidence for the efficacy of aspirin treatment is conflicting. Further study is needed to determine the optimal dosage, frequency, and duration of IVGG therapy, as well as its effect on established coronary artery abnormalities. Studies are under way in Japan to determine the efficacy of a lower dose IVGG regimen and to determine if a subset of Kawasaki syndrome patients at high risk of coronary artery abnormalities (and therefore in need of IVGG treatment) can be identified at illness onset.

REFERENCE:

Newburger JW et al: The treatment of Kawasaki syndrome with intravenous gamma globulin. N Eng J Med 1986; 315:341-347.

LOUISIANA AIDS UPDATE

	CASES	DEATHS	PERCENT
1987 (thru 4/30/87)	41	10	24
TOTAL, ALL YEARS	421	266	63

BULLETIN

FDA APPROVAL OF INTRADERMAL (ID) ROUTE OF ADMINISTRATION OF RABIES VACCINE FOR PRE-EXPOSURE PROPHYLAXIS

The Human Diploid Cell Rabies Vaccine (HDCV) for 0.1 ml ID use was approved by FDA for use in January, 1987. The new package reliably delivers 0.1 ml of HDCV after reconstituting the lyophilized material in the syringe. This 0.1 ml ID dose is for use in pre-exposure prophylaxis only.

The initial pre-exposure vaccine schedule consist of three 0.1 ml doses of HDCV on days 0, 7 and 21 or 28. The 0.1 ml is given intradermally in the deltoid area of either arm. Further information may be obtained by calling the Epidemiology Section at (504) 568-5005.

SELECTED REPORTABLE DISEASES

(By Place of Residence)

STATE AND PARISH TOTALS REPORTED MORBIDITY MARCH, 1987	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 CUMUALTIVE 1987)
	MEASLES	RUBELLA	MUMPS	PERTUSSIS	TETANUS														
TOTAL TO DATE 1986	0	0	0	3	0	7	20	37	0	4	6	3	107	0	27	2	4222	206	4
TOTAL TO DATE 1987	0	0	61	5	0	3	24	99	0	0	8	51	53	0	236	0	4045	156	3
TOTAL THIS MONTH	0	0	45	3	0	0	11	24	0	0	3	22	15	0	34	0	1137	56	1
ACADIA							1										8		
ALLEN			9														5		
ASCENSION																			
ASSUMPTION																	2		
AVOYELLES																			
BEAUREGARD													1						
BIENVILLE																	1		
BOSSIER												1					14	3	
CADDO								2				6	1		8		160	2	1
CALCASIEU															1		54		
CALDWELL																			
CAMERON																			
CATAHOULA			1																
CLAIBORNE								1									8	1	1
CONCORDIA			35														2	1	
DESOTO																			
EAST BATON ROUGE							2	2							1		52	3	
EAST CARROLL													1				10		
EAST FELICIANA																			
EVANGELINE																	3	1	
FRANKLIN																			
GRANT																	1		
IBERIA							1	2							1		21	1	
IBERVILLE																			
JACKSON																	7		
JEFFERSON				1			2	1			1				1		76	3	
JEFFERSON DAVIS																	1		
LAFAYETTE								3				1			8		54	1	
LAFOURCHE				2									1				16	5	
LASALLE																			
LINCOLN							1	1									11		
LIVINGSTON																	1		
MADISON							1	1									1		
MOREHOUSE																	22	1	
NATCHITOCHES																	3		
ORLEANS							1	7				1	3		8		355	22	
OUACHITA											1	11	4				42	1	
PLAQUEMINES													1				4	1	
POINTE COUPEE																	1		
RAPIDES													2		2		29		1
RED RIVER																			
RICHLAND																	1		
SABINE																			
ST. BERNARD								1									2		
ST. CHARLES																	4		
ST. HELENA																	4		
ST. JAMES																	9		
ST. JOHN																	6		
ST. LANDRY							2	1			1	1			1		26	3	
ST. MARTIN																	8		
ST. MARY															1		9		
ST. TAMMANY								1									11	1	
TANGIPAHOA																	10	2	
TENSAS																			
TERREBONNE												1			1		14	3	
UNION																	4		
VERMILION																	11		
VERNON																	24		
WASHINGTON								1							1		13		
WEBSTER																	2		
WEST BATON ROUGE																	5	1	
WEST CARROLL													1				2		
WEST FELICIANA																			
WINN																	4		
OUT OF STATE																	4		

From January 1, 1987 - March 31, 1987, the following cases were also reported:
1-Amebiasis, 1-Brucellosis, 2-Leptospirosis, 1-Reye Syndrome.

* Includes Rubella, Congenital Syndrome.

** Includes 3 cases of Hepatitis Non A, Non B.

*** Acquired outside United States unless otherwise stated.

SELECTED REPORTABLE DISEASES

(By Place of Residence)

STATE AND PARISH TOTALS REPORTED MORBIDITY APRIL, 1987	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 CUMUALTIVE 1987)
	MEASLES	RUBELLA	MUMPS	PERTUSSIS	TETANUS														
TOTAL TO DATE 1986	0	0	0	3	0	13	32	52	0	4	9	4	127	0	40	2	6017	293	6
TOTAL TO DATE 1987	0	0	171	9	0	11	39	167	2	0	10	88	75	0	275	0	5308	230	4
TOTAL THIS MONTH	0	0	110	4	0	8	15	68	2	0	2	37	22	0	39	0	1285	74	1
ACADIA												1			1		8		
ALLEN			2														1		
ASCENSION							2												
ASSUMPTION																	2	1	
AVOYELLES																	1	2	
BEAUREGARD								1									1		
BIENVILLE			1															1	
BOSSIER				1		1		2							1		15		
CADDO						1						5			3		148	2	2
CALCASIEU								1					1		5		50	1	
CALDWELL																	2		
CAMERON																	1		
CATAHOULA																	1		
CLAIBORNE																	2		1
CONCORDIA			90															4	
DESOTO								2									2		
EAST BATON ROUGE			5			1	1						2		2		70	6	
EAST CARROLL								1									8		
EAST FELICIANA																	2		
EVANGELINE													1		1		6	1	
FRANKLIN																	3		
GRANT																	1		
IBERIA																	23	2	
IBERVILLE												1					1		
JACKSON															1				
JEFFERSON						2	4	17			1		4		2		89	8	
JEFFERSON DAVIS																	5		
LAFAYETTE						2		3							7		59	2	
LAFOURCHE								1									5	3	
LASALLE																			
LINCOLN							1					1					7		
LIVINGSTON													1		2		1	2	
MADISON			9														18	4	
MOREHOUSE													1				18		
NATCHITOCHES																	4	1	
ORLEANS			1				1	25	1		1	2	8		6		447	25	
OUACHITA												21	4		1		67		
PLAQUEMINES								1											
POINTE COUPEE																	1		
RAPIDES															2		45	2	1
RED RIVER																			
RICHLAND																	3		
SABINE																	1		
ST. BERNARD							1	3									1		
ST. CHARLES																	2		
ST. HELENA																	1		
ST. JAMES															1		2		
ST. JOHN																	6		
ST. LANDRY						1		2									21	3	
ST. MARTIN								1							1		3		
ST. MARY																	13		
ST. TAMMANY			1				3	2							1		20		
TANGIPAHOA																	10	1	
TENSAS																	1		
TERREBONNE			1					1				5			2		13	3	
UNION																	3		
VERMILION							1	3									5		
VERNON								2									27		
WASHINGTON							1		1								13		
WEBSTER				3								1					20		
WEST BATON ROUGE																	2		
WEST CARROLL																	1		
WEST FELICIANA																	1		
WINN																	1		
OUT OF STATE																	1		

From January 1, 1987 - April 30, 1987, the following cases were also reported:
1-Amebiasis, 1-Brucellosis, 2-Leptospirosis, 2-Reye Syndrome, 1-Tularemia.

* Includes Rubella, Congenital Syndrome.

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

*** Acquired outside United States unless otherwise stated.

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This public document was published at a total cost of $1825. 6500 copies of this public document were published in this first printing at a cost of $572. This document was published for the Office of Preventive and Public Health Services by the Office of Management and Finance, Printing Operations, Baton Rouge, Louisiana to inform physicians, hospitals, and the public of current Louisiana morbidity status under authority of R.S. 40:36. This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31.