

LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF JUNE, 1967

BY PARISH OF RESIDENCE

SMALLPOX VACCINATION REQUIREMENT FOR MEXICO TRAVELERS DISCONTINUED

Travelers between the United States and Mexico no longer are required to present a smallpox vaccination certificate, provided they have not visited other countries within 14 days prior to crossing the border. The last reported outbreak of smallpox in Mexico occurred in 1951; the USA has had no laboratory confirmed cases since 1949. Other previously exempt areas include Canada, Bahamas, Bermuda, Greenland, Iceland, Panama Canal Zone, the Islands of St. Pierre and Miquelon, Aruba, Curacao, Jamaica, and the British Virgin Islands.

For travelers from non-exempt areas properly validated International Certificates of Vaccination showing type, origin (manufacturer) and batch number of the vaccine continues to be required. (Continued on Page 3).

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED July 10, 1967	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	INFECTIOUS AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	STREPTOCOCCAL INFECTIONS	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS
TOTAL TO DATE 1966	11	2	4	6	223	88	129	5	0	22	2	158	27	4	77	3	514	3122	1407
TOTAL TO DATE 1967	24	5	20	7	244	146	79	71	0	37	5	79	40	11	91	3	487	3432	1143
TOTAL THIS MONTH	11	1	7	0	46	10	10	27	0	7	1	32	4	0	19	2	60	744	189
ACADIA																	6	11	5
ALLEN																			
ASCENSION					4			1										1	
ASSUMPTION	2																		
AVOYELLES								3											
BEAUREGARD																			
BIENVILLE																	1		
BOSSIER	1									1							1	15	1
CADDO					1		1					1	3		3		6	121	26
CALCASIEU			1				1								1		3	20	4
CALDWELL										1									
CAMERON																			
CATAHOULA																			
CLAIBORNE																			
CONCORDIA																	1		1
DESOTO					1											1	1	1	3
EAST BATON ROUGE	1				1		1						1		5	1	1	27	24
EAST CARROLL																			
EAST FELICIANA	1																1		
EVANGELINE					2												1		2
FRANKLIN																			1
GRANT							1											1	2
IBERIA																		1	2
IBERVILLE					1												2		2

POSSIBLE SMALLPOX CASES INVESTIGATED - ORLEANS-ST. BERNARD

On April 10, 1967, a twenty-three year old woman with a vesicular rash and history of having been, three weeks earlier, in a European town where smallpox existed was seen by a New Orleans physician. On May 8, 1967, a Ghanaian ship docked in St. Bernard Parish with a seaman aboard who had a vesicular rash. Both cases were very promptly reported to health authorities. The first case, who was transferred to Charity Hospital, had negative viral studies and the history and physical examination were compatible with dermatitis venenata. The second had both a history of possible exposure and clinical findings compatible with chickenpox.

Despite the fact that smallpox was ruled out in both cases they are briefly mentioned to illustrate the alertness of the reporting physicians to the possible introduction of smallpox into the United States. The State Health Department is always ready to assist in the investigation and in arranging for immediate electron microscopy and virus isolation studies on suspicious cases.

SEVERE REACTIONS TO DTP VACCINE

On April 17, 1967, a report was received from a director of a parish health unit, that three children had been seen by a physician for vaccine reactions. Investigation revealed that four of thirty-nine children vaccinated in a clinic on April 4, 1967 had been treated one week later for "infected injection sites". Four other children who had been vaccinated in the previous two weeks had sought medical attention. The initial impression was contamination of the vaccine at the clinic site, until another health unit reported twelve to fifteen reactions from the same vaccine lot number. The drug company was contacted and the involved lot of vaccine was withdrawn from all parish health units.

Reactions to triple antigen (DTP) aluminum phosphate absorbed are infrequent in the American literature. Local erythema, swelling, fever and cysts are seen occasionally. Reactions are usually seen within 48 hours of injection. Screening of patients and careful technique in administration helps to decrease the frequency. An increased incidence of reactions associated with a particular lot of vaccine, as in the present case, has been reported before but no abnormality in the vaccine has been discovered by available techniques. Anaerobic and aerobic cultures of the vaccine implicated here were negative. Reactions to primary injection of DTP are usually related to the pertussis antigens but reactions to reinjections may be due to contaminants or sensitivity to the preservative or the specific antigen itself. Multiple vaccinations from one syringe, with needle changes may lead to settling of the particulate matter in the syringe and, thus unequal amounts of adjuvant and antigen.

Specific records of vaccine manufacturers and lot numbers should be maintained and reported to the health department when unusual reactions are noted.

VACCINIA VIRUS TRANSMITTED TO DAIRY CATTLE

Following smallpox vaccination of a group of employees of a dairy farm in Claiborne Parish on May 4, 1967, sixteen of eighty-five cows on the farm developed lesions on the teats and udders which were clinically compatible with vaccinia virus infection. The veterinarian who diagnosed the cases originally suspected pseudocowpox until it was revealed that three employees including two who operated the milking machines had recently received smallpox vaccination. (Pseudocowpox virus is believed to be the virus that causes milker's nodules and is antigenically different from cowpox and vaccinia viruses which are antigenically related.) Strict isolation and sanitary techniques instituted early were believed to have prevented the infection from spreading to the other cattle.

This outbreak, like those which have occurred in other states and countries in the past, serves to point out possible hazards which could occur after vaccination of dairy workers. These hazards include the serious economic disruption of milk production from infected cattle as well as the real possibility of direct contact transmission from cattle to humans with little or no immunity. Dairy workers should be warned by those administering smallpox vaccine of the necessity for maintaining good sanitary hygiene such as the constant washing of hands between cows when milking and keeping the vaccination site covered until the scab drops off. Otherwise the dairy worker should refrain from milking dairy cows during the time of the vaccination reaction.