

LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF JANUARY, 1971 BY PARISH OF RESIDENCE

Louisiana Department
Louisiana State Library
Baton Rouge, Louisiana

MEASLES OUTBREAKS INCREASING

MAR 8 1971

Following the extensive campaign to eradicate measles in 1967, the disease almost disappeared from Louisiana in 1968, when only 27 cases were reported. However, increases during 1969 and 1970 to 125 and 347 reported cases, respectively, is cause for concern. The reason for this recurrence is very simple. In those communities where outbreaks are occurring, an inadequate number of preschool children are receiving the vaccine, and children are being allowed to enter school without proof of immunization.

(See Page 3)

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED February 4, 1971	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIONOUS	INFECTIONOUS AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS*	RHEUMATIC FEVER	RUBELLA *	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 1970	1	2	1	1	35	6	7	0	0	10	1	2	2	0	1	0	27	734	36
TOTAL TO DATE 1971	3	0	0	0	56	92	7	4	0	4	0	5	1	0	5	0	77	970	47
TOTAL THIS MONTH	3	0	0	0	56	92	7	4	0	4	0	5	1	0	5	0	77	970	47
ACADIA																	1	4	
ALLEN																	2	2	
ASCENSION																		1	
ASSUMPTION						1		2											
AVOUELLES																	2	1	
BEAUREGARD						1												1	
BIENVILLE						1													2
BOSSIER																	1	9	1
CADDO					4	2											6	69	10
CALCASIEU					4	4									1		4	32	2
CALDWELL																		1	
CAMERON																			
CATAHOULA																		1	
CLAIBORNE																		1	
CONCORDIA																			
DESOTO																			3
EAST BATON ROUGE					1	1									1		5	64	
EAST CARROLL																			3
EAST FELICIANA																			2
EVANGELINE																	1		
FRANKLIN						17												2	1
GRANT																		2	
IBERIA																		5	
IBERVILLE																		1	

*Includes Rubella. Congenital Syndrome

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DIVISION OF PUBLIC HEALTH STATISTICS -		- LOUISIANA STATE DEPARTMENT OF HEALTH																	
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JACKSON										2								1	
JEFFERSON	1				5	36	2	1				1			1		3	58	1
JEFFERSON DAVIS																	1	8	
LAFAYETTE					5		1								1		6	19	
LAFOURCHE								1										10	
LASALLE																			
LINCOLN					3					1								8	
LIVINGSTON							1											2	
MADISON												4						1	1
MOREHOUSE						2												26	1
NATCHITOCHES																		9	
ORLEANS					17	20	2						1				39	319	15
OUACHITA						1												59	1
PLAQUEMINES																			
POINTE COUPEE																		3	
RAPIDES					5													24	3
RED RIVER																			
RICHLAND					2													14	1
SABINE																		1	
ST. BERNARD					3	2												1	
ST. CHARLES	1				1													1	
ST. HELENA					1													2	
ST. JAMES																		1	
ST. JOHN																		4	
ST. LANDRY						1									1			21	
ST. MARTIN					1													2	
ST. MARY						1												4	
ST. TAMMANY						1	1											27	
TANGIPAHOA																		21	2
TENSAS																			
TERREBONNE	1				1	1											2	4	1
UNION										1								1	
VERMILION																	2	1	
VERNON					1													79	1
WASHINGTON					2												2	2	
WEBSTER																		18	2
WEST BATON ROUGE																		6	
WEST CARROLL																			
WEST FELICIANA																		9	2
WINN																			
OUT OF STATE																			

From January 1 through January 31 of 1971, the following cases were also reported:
5 Malaria (contracted outside U.S.A.) and 1 Leptospirosis.

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Louisiana State Library
State Capitol Grounds
Baton Rouge, Louisiana

SEROLOGIC TESTING FOR RUBELLA - A WARNING

The Public Health Service Medical Laboratory Services Advisory Committee issued the following statement on serologic testing for rubella.

Serologic tests for rubella are primarily used to determine: (1) the immune status of individuals in a given population; (2) the immune status of pregnant women who have been exposed to rubella; and (3) the etiology of cases of exanthematous disease. In the first instance, results of tests are used for epidemiological and immunization planning purposes; in the second and third instances, results are used to provide information for making medical management decisions in situations of some urgency.

At the present time the hemagglutination inhibition (HI) test is the technique most widely used for measuring rubella antibodies. This test is a complex procedure which must be performed by well trained, experienced individuals. In addition, a thorough knowledge of the immune response is essential for the proper interpretation of test results. Because of actions which may be taken on the basis of laboratory results, the need for accuracy is great, and certain problems associated with the HI test must be recognized.

The HI test for rubella is not a standardized technique, and several modifications of the basic procedure are in use. Methods for removing nonspecific inhibitors in serum specimens may not be completely effective, or they may remove specific antibody, leading to false positive or false negative results. Reagents obtained from different

sources are not uniform in quality or in suitability for all modifications of the HI test. Since the products from each manufacturer are for use in a specific HI procedure, intermixing reagents from different sources can lead to problems in test performance. Further, the wide variability of erythrocyte suspensions has considerable bearing on the sensitivity of the test. Because of the lack of uniformity in testing procedures and reagents, interpreting laboratory results is a sophisticated undertaking, and, of necessity, may vary from one laboratory to another.

In view of the problems associated with this serologic procedure, HI tests for rubella should not be attempted in a laboratory carrying out the tests on an infrequent basis. Such a laboratory cannot maintain the necessary skills and controls, and, in urgent cases involving therapeutic abortion, pressures may lead to failure to repeat tests or to perform more difficult supplemental tests, such as complement fixation, fluorescent antibody, and serum neutralization tests, or IgM determinations which may be necessary for accurate interpretation.

The laboratory asked to carry out HI tests for rubella only infrequently or to perform supplemental tests for which it is not qualified should refer diagnostic materials to a State health department or other competent reference laboratory.

Abstracted from "Rubella Surveillance", published by Center for Disease Control, Public Health Service Atlanta, Georgia, August 1970 - No. 2.