

LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF **SEPTEMBER, 1971** BY PARISH OF RESIDENCE

ASEPTIC MENINGITIS - SUMMER, 1971

During the first nine months of 1971, 131 cases of aseptic meningitis have been reported to the Louisiana State Department of Health. This is an increase of almost 25 percent over the number of cases reported during the same period last year. The vast majority of reports were from southeastern Louisiana, especially from Orleans and Jefferson Parishes.

The Virus Laboratory of Charity Hospital, New Orleans* examined specimens from 166 individuals with clinically suspected aseptic meningitis between 16 May and 19 September. As of 19 September a virus had been isolated from cerebrospinal fluid, throat washings, stool, blood and/or nasopharyngeal swabs in 78 of these individuals. All of the 36 isolates identified were either ECHO-6 or ECHO-4 virus. A distinct epidemic curve for each virus could be identified (see chart on page 3). Isolations of ECHO-1 and Cocksackie B-4 were also made during this same period from specimens of aseptic meningitis patients submitted to the Louisiana State Department of Health from other areas of the state.

* Charity Hospital data courtesy of Dr. Robert H. Gohd and Dr. Monroe Samuels.

(Continued on page 3)

DIVISION OF PUBLIC HEALTH STATISTICS - - LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED October 5, 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	106	21	15	14	508	107	62	26	0	56	9	156	26	2	59	3	568	8781	585
TOTAL TO DATE 1971	131	12	10	9	560	167	55	44	0	26	2	283	29	6	122	2	588	10753	575
TOTAL THIS MONTH	15	1	1	0	86	3	4	4	0	5	0	1	5	0	27	1	104	1376	94
ACADIA							1												7
ALLEN																			1
ASCENSION	1																4		1
ASSUMPTION					1														5
AVOUELLES																	3		
BEAUREGARD																	1		2
BIENVILLE																	1		1
BOSSIER					1														9
CADDO					3										1		6	142	15
CALCASIEU					5			1									3	50	1
CALDWELL																			
CAMERON																			
CATAHOULA																			1
CLAIBORNE										1							1		
CONCORDIA																			
DESOTO																	1		9
EAST BATON ROUGE	1				4								3	14			11	63	7
EAST CARROLL																			7
EAST FELICIANA																	1		1
EVANGELINE					4														2
FRANKLIN																			2
GRANT																			2
IBERIA																	2	3	1
IBERVILLE					1														4

*Includes Rubella. Congenital Syndrome.

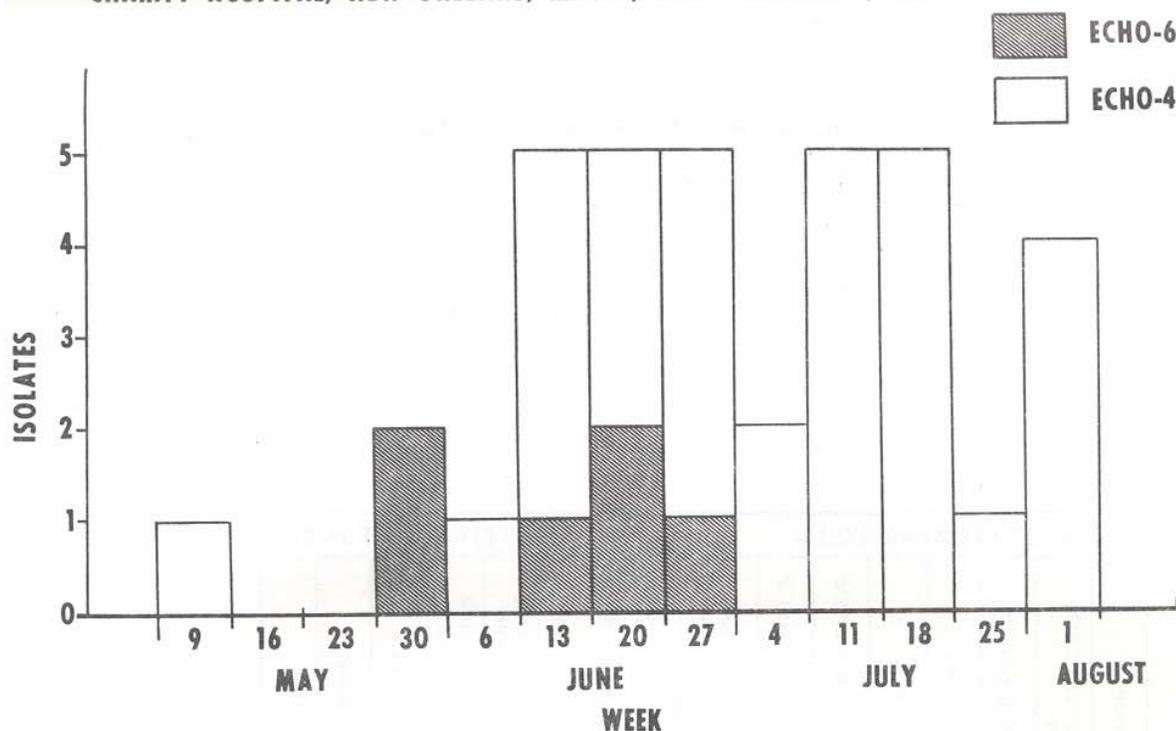
Louisiana Department
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RELEASED October 5, 1971	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIOUS	INFECTIOUS AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	RUBELLA	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
JACKSON										3									
JEFFERSON	1				3			2					1		3		10	88	5
JEFFERSON DAVIS					2													6	
LAFAYETTE	1				4												2	7	
LAFOURCHE					3												3	12	
LASALLE																			
LINCOLN										1								47	
LIVINGSTON																	1	8	1
MADISON															1			8	2
MOREHOUSE																	2	22	2
NATCHITOCHES					1												3	6	
ORLEANS	7	1			18	2	2	1					1		6		27	497	24
OUACHITA					9												4	66	6
PLAQUEMINES					1													2	
POINTE COUPEE					2														
RAPIDES				1	5							1				1	2	41	5
RED RIVER																			
RICHLAND					6												2	19	
SABINE																			
ST. BERNARD					1												2	6	
ST. CHARLES						1											1		
ST. HELENA																		1	
ST. JAMES																			
ST. JOHN	1				1													1	
ST. LANDRY							1										1	32	3
ST. MARTIN					1												1	7	
ST. MARY	2																1	3	
ST. TAMMANY					4													15	
TANGIPAHOA	1				3										2		1	23	4
TENSAS																			
TERREBONNE																		3	
UNION					1												2	3	
VERMILION																	1	4	
VERNON					2													61	5
WASHINGTON																	1	18	
WEBSTER																	2	8	3
WEST BATON ROUGE																		6	1
WEST CARROLL																		5	
WEST FELICIANA																	1	38	1
WINN																		2	2
OUT OF STATE																			

From January 1 through September 30, the following cases were also reported: 1 Actinomycosis, 2 Anthrax, 1 Brucellosis, 1 Leprosy, 4 Leptospirosis, 37 Malaria (contracted outside U.S.A.) and 1 Typhus Fever, Endemic.



RUBELLA VIRUS VACCINE USAGE

The following is an excerpt from the "Recommendation of the Public Health Service Advisory Committee on Immunization Practices" which appeared in Morbidity and Mortality Weekly Report, August 28, 1971.

Live rubella virus vaccine is recommended for all children between the age of 1 year and puberty. It should not be administered to infants less than 1 year old due to possible failure to respond to vaccination.

Priority for immunization should be given to children in kindergarten and elementary school because they are the major source of virus dissemination in the community. For optimum program effectiveness, it is essential that immunization activities be developed to ensure ongoing, routine immunization of preschool children as well. A history of rubella is not reliable; all uninoculated children should receive vaccine.

It is desirable that programs of rubella vaccine use in adolescent girls and adult women be extended. Because of the precautions which must apply, potential vaccinees in these groups should be considered individually. They should receive vaccine only if they are shown to be susceptible by serologic testing and if they agree to prevent pregnancy for 2 months after immunization.

To accomplish such extended use of rubella vaccine, serologic testing capabilities should be expanded. With sufficient laboratory services available, there is merit in undertaking prenatal or antepartum screening for rubella susceptibility and, if appropriate, immunization in the immediate post-partum period. **PREGNANT WOMEN SHOULD NOT UNDER ANY CIRCUMSTANCES BE GIVEN VACCINE.**

Immunization of adolescent or adult males is of lower priority. It may be a useful practice in preventing or controlling outbreaks of rubella in circumscribed population groups.

There is no evidence that live rubella virus vaccine given after exposure will prevent illness. There is, however, no contraindication to immunizing children already exposed to natural rubella. Similarly, there is no harm in vaccinating persons who have had rubella.

Contraindications are listed as pregnancy, severe febrile illness, altered immune status and hypersensitivity to vaccine components.

These are essentially the same as previous recommendations, except that they include a stronger statement regarding the desirability of the use (with the stated precautions) of rubella vaccine for adolescent girls and women, as well as in prepubertal girls.