

# LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF JUNE, 1972

BY PARISH OF RESIDENCE

## MEASLES VACCINE

### General Recommendations

All susceptible children—those who have not had natural measles or measles vaccine—should be vaccinated. It is particularly important to vaccinate them before they encounter other susceptible children in day care centers, nursery schools, kindergartens, or elementary schools. Unvaccinated pre-school and elementary-school children are often responsible for transmitting measles to other children in the community. There should be ongoing community programs to vaccinate all children at about 1 year of age or shortly thereafter.

**Dose:** A single dose of live measles vaccine should be given subcutaneously. No booster is needed. If Edmonston B strain vaccine is to be used, it should ordinarily be accompanied by MIG, 0.01 ml/lb of body weight, given with different syringes at different sites. MIG should not be given with further attenuated measles vaccines.

(Continued on Page 3).

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED July 6, 1972	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIOUS	INFECTIOUS AND SERUM HEPATITIS	TUBERCULOSIS, PULMONARY	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	RUBELLA *	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	MEASLES	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 19 71	23	11	5	6	333	401	44	26	0	20	2	279	11	6	54	0	1612	6655	340
TOTAL TO DATE 19 72	28	4	5	9	375	290	31	21	0	24	7	84	62	4	68	4	93	8341	445
TOTAL THIS MONTH	11	0	4	2	78	50	6	6	0	4	2	2	21	3	18	2	4	1401	89
ACADIA					2	6												6	
ALLEN																			
ASCENSION						2													
ASSUMPTION						1							1					3	
AVOUELLES					1													1	
BEAUREGARD						1													1
BIENVILLE																			1
BOSSIER																		29	2
CADDO					3	2				1								196	7
CALCASIEU						4									1			44	2
CALDWELL																			
CAMERON																		1	
CATAHOULA																			
CLAIBORNE						1												3	
CONCORDIA																			
DESOTO					1													12	
EAST BATON ROUGE					5	3									5			43	1
EAST CARROLL																		9	
EAST FELICIANA															1			2	
EVANGELINE																		3	3
FRANKLIN																		5	
GRANT																		2	
IBERIA																		5	
IBERVILLE						2												5	2

\*Includes Rubella, Congenital Syndrome.

JUL 24 1972

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JACKSON						1												1	
JEFFERSON	1		1		3	1	2			3			1					86	9
JEFFERSON DAVIS																		9	
LAFAYETTE					1									2				17	
LAFOURCHE	3				7							1			1			39	
LASALLE																			
LINCOLN																		11	2
LIVINGSTON					1													1	
MADISON																		20	
MOREHOUSE																		14	1
NATCHITOCHE					1	1												6	1
ORLEANS	6		1	2	31	17	2	2			2		18		9	1	3	418	38
OUACHITA					2	2		3					1	1				80	8
PLAQUEMINES																		1	
POINTE COUPEE																		1	
RAPIDES					3													56	2
RED RIVER																			
RICHLAND																		4	
SABINE																			1
ST. BERNARD					1		1											2	
ST. CHARLES			1		2													4	
ST. HELENA																		1	
ST. JAMES																		3	1
ST. JOHN					1										1			2	1
ST. LANDRY					3	2					1							35	1
ST. MARTIN																		3	
ST. MARY																		9	3
ST. TAMMANY								1									1	14	
TANGIPAOHA					4	2												22	
TENSAS																			
TERREBONNE	1				2	1										1		6	
UNION					3													2	
VERMILION					1													4	
VERNON			1				1											84	2
WASHINGTON																		25	
WEBSTER																		9	
WEST BATON ROUGE						1												9	
WEST CARROLL																			
WEST FELICIANA																		25	
WINN																		9	
OUT OF STATE																			

From January 1 through June 30, the following cases were also reported: 1 - Actinomycosis, 1 - Brucellosis, and 5 - Malaria (contracted outside the U.S.A.).

**Age:** For maximum efficacy, measles vaccine should be administered when children are at least 12 months old. However, in the face of epidemic exposure, it may be desirable to vaccinate infants as young as 6 months recognizing that the proportion of seroconversions declines progressively with diminished age. Infants vaccinated under these conditions should be revaccinated after reaching 1 year of age.

Vaccination of adults at the present time is rarely necessary, because nearly all persons in the United States over age 15 are immune. Limited data indicate that adverse reactions to vaccine are no more common in adults than in children.

**Revaccination:** Children vaccinated before age 9-10 months particularly if vaccine were administered with MIG, should be revaccinated with live measles vaccine to assure full protection. (See also "Prior Immunization with Inactivated Measles Virus Vaccine.")

Children vaccinated when 10-12 months old need not routinely be revaccinated. It is reasonable to do so if MIG were administered with vaccine or if there is evidence in specific groups of children vaccinated at this age that protection is less than expected.

**High-risk groups:** Immunization against measles is particularly important for children with chronic illnesses such as heart disease, cystic fibrosis, and tuberculosis, and for those who are malnourished or are institutionalized. These children are more prone to severe disease and complications.

**Use of Vaccine Following Exposure**

Live measles vaccine can usually prevent disease if administered before or within 2 days after exposure to natural measles. No untoward effects have been observed, however, when vaccination followed exposure to natural measles by a greater interval.

**Use of MIG Following Exposure**

To prevent or modify measles in a susceptible person exposed more than 48 hours before, MIG or standard immune Serum Globulin (ISG), 0.1 ml/lb, should be given. He should be given live measles vaccine about 3 months later, when the measles antibody will have disappeared, if then at least 12 months old.

**Precautions**

**Severe febrile illness:** Vaccination should be postponed until the patient has recovered.

**Tuberculosis:** Exacerbation of tuberculosis known with natural measles infection might, by analogy, be associated with the live, attenuated measles virus. Therefore, an individual with known active tuberculosis should be under treatment when vaccinated.

Although tuberculin skin testing is desirable as part of ideal health care, it need not be a routine prerequisite in community measles immunization programs. The value of protection against natural measles far outweighs the theoretical hazard of possible exacerbation of unsuspected tuberculosis.

**Recent Immune Serum Globulin administration:** After administration of ISG, vaccination should be deferred for 3 months. Persistence of measles antibody from the globulin might interfere with optimal response to the vaccine.

**Marked hypersensitivity to vaccine components:** Measles vaccine produced in chick embryo cell culture should theoretically not be given to children clearly hypersensitive to chicken eggs. Similarly, vaccine produced in dog kidney cell culture should not be administered to children highly sensitive to dog hair or dander. To date, however, there have been no documented reports in the United States of serious or anaphylactic hypersensitivity reactions to measles vaccines.

From Collected Recommendation Advisory Committee on Immunization - Morbidity and Mortality Vol. 21 No. 25, June, 1972 (Supplement - ACIP Recommendations).