



MONTHLY MORBIDITY REPORT

Provisional Statistics

Reported Morbidity
July, 1978

from the

OFFICE OF PUBLIC HEALTH STATISTICS

VIBRIO PARAHAEMOLYTICUS FOODBORNE OUTBREAK - LOUISIANA

An outbreak of *Vibrio parahaemolyticus* food poisoning occurred the last week of June affecting approximately 67.2%* of 1700 persons from a four parish area who attended a dinner at Port Allen, Louisiana on June 21, 1978.

A questionnaire survey to obtain information concerning the illness was administered to a sample of 122 people who attended the dinner. Of this sample 82 (or 67.2%) reported ill. The mean incubation period was 16.7 hours, with a range of 3 to 76 hours. The duration of illness ranged from less than one day to over 8 days with a mean of approximately 4.6 days. Physicians were seen for treatment by 32 (26.2%) and 9 (11%) required hospitalization.

Symptoms of the illness included nausea (71.9%), vomiting (12.2%), abdominal cramps (91.5%), diarrhea (95.1%), weakness (90.2%), chills (54.9%), fever (47.5%), and headache (47.7%). Both sexes were equally affected with ages ranging from 13 - 78 years.

Food served included boiled shrimp, hogshead cheese, boiled potatoes, boiled corn, boiled salt meat, bread, butter, watermelon and mixed drinks. Eighty-one (68.1%) of the 119 individuals consuming shrimp became ill while only one of three who did not eat shrimp became ill. Although this difference is not statistically significant, because of the small number of persons who did not eat shrimp, it was the only food item that showed a higher attack rate among those eating as opposed to those not eating a food item.

Laboratory analysis yielded positive cultures for *Vibrio parahaemolyticus* from the leftover boiled shrimp, boiled potatoes, boiled corn, and hogshead cheese and from seven of 15 stool specimens from patients. The person who gathered the food for storage after the affair placed all leftover food in one container; therefore, it was assumed that cross contamination occurred between food items.

The raw shrimp was purchased in one location, shipped to a second location in standard wooden seafood boxes, where it was boiled on the morning of June 21, 1978, and placed back into the same wooden seafood boxes in which the raw shrimp had been shipped. It was then covered with aluminum foil to keep the contents warm for serving and was shipped in an unrefrigerated truck 40 miles to the location of the dinner. It was held unrefrigerated a minimum of 7-8 hours until serving time at 7:30 P.M., June 21, 1978.

An inspection and investigation of this wholesale seafood establishment on June 27 revealed that shrimp were boiled in 300 pound batches by placing the shrimp in a container until the water came to a rolling boil, at which time the gas was turned off and the shrimp allowed to soak in the hot water for 15 minutes. (Louisiana requirements for preparation of boiled seafood is a minimum of seven minutes boiling to insure destruction of pathogens.) Gross unsanitary conditions and non-compliance of the physical structure were also cited at this inspection. Boiled shrimp collected from the seafood establishment during the inspection six days after the outbreak were cultured and found to be positive for *Vibrio parahaemolyticus*.

Reported by Louise McFarland, M.P.H., Jill Gregg, B.S., and Dr. Charles T. Caraway, Chief, Communicable Disease Control Section, Louisiana State Department of Health and Human Resources. Assisted by the Medical Director, Sanitarians and Nurses from West Baton Rouge, East and West Feliciana, Pointe Coupee and Iberville Parish Health Units and Louisiana Bureau of Laboratory Services.

FOOD ITEMS SERVED	NUMBER OF PERSONS WHO ATE SPECIFIED FOOD				NUMBER WHO DID NOT EAT SPECIFIED FOOD			
	ILL	NOT ILL	TOTAL	PERCENT ILL	ILL	NOT ILL	TOTAL	PERCENT ILL
SHRIMP	81	38	119	68.07	1	2	3	33.30
HOGSHEAD CHEESE	40	26	66	60.61	41	14	55	74.55
POTATOES	55	35	90	61.11	25	5	30	83.33
CORN	55	31	86	63.95	27	9	36	75.00
BOILED MEAT	55	33	88	62.50	26	7	33	78.79
BREAD	29	17	46	63.04	50	22	72	69.44
BUTTER	30	19	49	61.22	49	21	70	70.07
WATERMELON	20	14	34	58.82	61	25	86	70.93

* Estimated from sample

LOUISIANA DEPARTMENT
LA. STATE LIBRARY

AUG 29 1978

BATON ROUGE, LA ¹

PHYSICIAN ADVISORY - HEALTH EFFECTS OF ASBESTOS
ISSUED BY THE SURGEON GENERAL, U.S. PUBLIC HEALTH SERVICE,
APRIL 25, 1978

THE results of recent studies of shipyard workers have increased concern about the health effects associated with previous occupational exposure to asbestos.

ASBESTOS refers to a group of widely used fibrous minerals. Significant exposure of men and women employed in shipyards is known to have occurred, even among those not directly working with asbestos. Exposure to asbestos can also occur in many settings, such as, direct mining and manufacturing; construction, insulation; roofing, demolition; brake lining; and the manufacture and installation of asbestos pipe, sheets, panels, paper products, friction materials, textiles, floor tiles, paints, and gaskets. The risk has been documented extensively for certain occupational exposures, and there are reports that asbestos-associated disease also occurs in household contacts of asbestos workers.

THE primary effects of past asbestos exposure are asbestosis, a lung disease, and certain types of cancer, primarily lung cancer and pleural and peritoneal mesothelioma and, less frequently, gastro-intestinal and other cancers. It is now known that the health effects of asbestos appear after a long latent period (15, 25, 35 or more years) after the initial exposure. Exposures as short as a month may result in disease many years later, because the inhaled dust, being mineral, tends to remain in the tissues. It has been noted in studies of heavily exposed workers that approximately 20 to 25 of each 100 deaths among asbestos workers 20 or more years from onset of exposure are found to be from lung cancer, 7 to 10 from mesothelioma, 4 from cancer of the esophagus, stomach, colon/rectum, and some excess cancers of other sites (oropharynx, larynx, and kidney). In addition, in some groups, as many as 7 percent of workers die of a form of pneumoconiosis, asbestosis. Cigarette smoking significantly increases the lung cancer risk of asbestos exposure and aggravates asbestosis.

IN dealing with your patients or other individuals who worked in shipyards or believe that they were otherwise exposed to asbestos, you may wish to consider the following issues:

1. Occupational or Exposure History — A detailed, lifetime history must be obtained. This is time consuming, but important because significant exposures may have been brief (one month) and may have occurred many years ago (i.e., during World War II). Because the World War II work force was comprised of many women as well as men, the potential for female patient involvement should not be overlooked.
2. Careful Management of Lung Disease — A detailed

history for symptoms such as shortness of breath, exertional dyspnea, physical examination, chest x-ray and pulmonary function tests may be helpful in diagnosing the pneumoconioses associated with asbestos. Early x-ray changes are often subtle so x-rays must be reviewed carefully by experienced readers. Such reading should include a thorough search for pleural changes. Careful attention to and aggressive treatment of respiratory infections may be important in patients with asbestosis. The use of currently effective influenza and pneumococcal vaccines should be considered.

3. Emphasis on Smoking Cessation — Discontinuation of smoking is an important step in the control of the sequelae of asbestosis and will assist in the prevention of lung cancer. Individuals who smoke and who have been exposed to asbestos have 30 to 90 times the risk of getting lung cancer of individuals who neither smoke nor have been exposed to asbestos and 7½ to 30 times the risk of the non-smoking asbestos workers. Data are available which show that cessation of smoking will significantly diminish the risk of developing lung cancer among asbestos workers.
4. Cancer Surveillance — The usefulness of screening asymptomatic, exposed individuals for lung, gastro-intestinal and other cancers is now under study in clinical trials. Individuals, however, should be carefully questioned regarding possible symptoms which could be related to cancer: chest pain, hoarseness, hemoptysis, weight loss, melena, etc. If such symptoms are present an appropriate diagnostic workup should be undertaken.

IT is important to note that many people exposed to asbestos -- perhaps a majority -- suffer no apparent ill effects. It is hoped that most of your patients will be in this category.

CURRENT use of asbestos is regulated, but attention must be given to proper ventilation and engineering controls and the use of respirators -- all measures of primary prevention. In the past the dangers of asbestos exposure were not fully appreciated; much exposure occurred in previous decades, particularly in shipyards, where individuals often worked in confined quarters.

A discussion of asbestos and its health effects appears in the March/April issue of *Ca*, the Cancer Journal for Clinicians, and is available through the American Cancer Society, 733 Third Avenue, New York, New York 10017. Additional information including a more detailed series of questions and answers can be obtained by writing to Asbestos, National Cancer Institute, 9000 Rockville Pike, Bethesda, Maryland 20014.

SELECTED REPORTABLE DISEASES

(By Place of Residence)

STATE AND PARISH TOTALS Reported Morbidity July, 1978	ASEPTIC MENINGITIS	DIPH THERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	HEPATITIS A AND UNSPECIFIED	HEPATITIS B	TUBERCULOSIS, PULMONARY	MENINGOCOCCAL INFECTIONS	PERTUSSIS	RABIES IN ANIMALS	RUBELLA*	SEVERE UNDERNUTRITION	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	MEASLES	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 1977	12	0	0	4	363	89	339	77	5	10	27	4	45	0	61	1	74	10696	384
TOTAL TO DATE 1978	49	0	3	1	399	110	304	94	4	11	483	7	69	3	63	1	320	12642	406
TOTAL THIS MONTH	22	0	2	1	35	10	51	7	0	0	12	1	14	2	14	0	9	1608	64
ACADIA																		4	
ALLEN																		5	
ASCENSION																		4	
ASSUMPTION																		6	
AVOYELLES							2											5	
BEAUREGARD																		1	
BIENVILLE													2					3	
BOSSIER																		14	
CADDO					1	3	5				1			1			1	215	2
CALCASIEU					1		2											56	1
CALDWELL															1				
CAMERON																		1	
CATAHOULA																		2	
CLAIBORNE																		8	
CONCORDIA																		3	
DESOTO							2											7	
EAST BATON ROUGE					1		1				1		5		2			125	5
EAST CARROLL																			
EAST FELICIANA																		2	1
EVANGELINE					1													4	
FRANKLIN			1															6	
GRANT																		2	1
IBERIA																1		2	1
IBERVILLE													1					18	2
JACKSON																		1	
JEFFERSON	4		1		10	3	1	3			8				1		6	65	2
JEFFERSON DAVIS							1								1			5	
LAFAYETTE	7				1													22	3
LAFOURCHE					1			2										4	
LASALLE																			
LINCOLN					1			1										9	1
LIVINGSTON																		4	
MADISON					2										1			10	4
MOREHOUSE							1											16	
NATCHITOCHE							1											25	
ORLEANS				1	5	1	17	1			1		3	1	3			563	21
QUACHITA					1		1											84	6
PLAQUEMINES	1				1		1											3	
POINTE COUPEE																		3	
RAPIDES	1				3	1	5											125	9
RED RIVER																		1	
RICHLAND																		8	
SABINE													2					4	
ST. BERNARD					1	1												7	
ST. CHARLES					1							1					1	2	
ST. HELENA																		1	
ST. JAMES																		3	
ST. JOHN																		5	
ST. LANDRY	1				1													6	1
ST. MARTIN															4			9	
ST. MARY							1											4	1
ST. TAMMANY					1													14	
TANGIPAOHA							1				1							17	1
TENSAS																		1	
TERREBONNE	7						4											6	
UNION																		5	
VERMILION	1					1	2											1	
VERNON																		43	
WASHINGTON							1								1			8	3
WEBSTER							2						1					15	
WEST BATON ROUGE																		15	0
WEST CARROLL					2													1	
WEST FELICIANA																			
WINN																			
OUT OF STATE																		2	

* Includes Rubella, Congenital Syndrome

3

From January 1 through July 31, 1978, the following cases were also reported: 1 - Brucellosis; 3 - Malaria (contracted outside the U.S.A.); 1 - Psittacosis; 3 - Leptospirosis; 1 - Rocky Mountain Spotted Fever; 1 - Histoplasmosis.

SPECIAL BULLETIN

CF TEST FOR MEASLES (RUBEOLA) UNSUITABLE FOR DETERMINING IMMUNITY

The Bureau of Laboratory Services does not perform a serologic test suitable for determining measles immunity. The Complement Fixation (CF) test for measles is available for diagnostic purposes, but because of its low sensitivity the test is not suitable for determination of immunity.

The Hemagglutination Inhibition (HI) test, available as a diagnostic test as well as an immunity screening test for rubella, is not available at the state laboratories for measles testing.

Serum specimens submitted for measles serology will be tested only if marked for "original diagnosis," and the test performed will be the CF test. For diagnosis of measles (or rubella) an acute serum should be drawn at the onset of symptoms and a convalescent serum drawn two weeks later. The serum should be separated from the clot, the acute serum held refrigerated until the convalescent is drawn, and both forwarded to the laboratory properly marked acute and convalescent.