

Louisiana



REPORTED MORBIDITY
FEBRUARY, 1983

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF HEALTH SERVICES AND ENVIRONMENTAL QUALITY
BOX 60630 NEW ORLEANS, LOUISIANA 70160

MONTHLY MORBIDITY REPORT

Provisional Statistics

PUBLIC HEALTH STATISTICS and
DIVISION OF DISEASE CONTROL

ACIP GENERAL RECOMMENDATIONS ON IMMUNIZATIONS

The United States Public Health Service Immunization Practices Advisory Committee (ACIP) recently published updates of its "General Recommendations on Immunizations" MMWR 32/No. 1/ January 14, 1983. Some of the highlights of this report are summarized below:

- 1) The committee does not recommend dividing doses of any vaccine, a procedure utilized by some practitioners to reduce reaction rates, particularly those associated with DTP. The efficacy of such practices by serologic confirmation or clinical efficacy or of the effects on the subsequent frequency and severity of adverse reactions has not been adequately studied.
- 2) It is unnecessary to restart an interrupted series of a vaccine or toxoid or to add extra doses. Doses of vaccine or toxoid given at less than recommended

intervals may lessen the antibody response. Therefore, a dose administered earlier than recommended after the previous doses should not be counted as part of the primary series.

- 3) Most of the widely used antigens can be safely and effectively administered simultaneously. Different live virus vaccines such as MMR and OPV, if not administered on the same day, should be separated by at least one month because of theoretical concern and data showing that the immune response might be impaired if given at shorter intervals. Most combinations of inactivated vaccines such as DTP and influenza vaccine or combinations of inactivated and live vaccines such as DTP and OPV or MMR can be given without restrictions regarding timing of administration relative to each

(continued on page 2)

BULLETIN

MEASLES INCREASING ON CAMPUS

Several hundred cases of measles have been reported recently among students at the Universities of Indiana, Purdue, Western Michigan, Kalamazoo and Houston. There may be others according to informed sources. All Louisiana colleges have been contacted concerning this situation. Foreign students are a particular problem since many are not immunized. College officials are being asked to consider implementing ongoing screening and immunization programs to reduce this risk.

- other. It was noted, however, that when vaccines commonly associated with local or systemic side effects, such as cholera, typhoid and plague vaccines, are given simultaneously the side effects might be accentuated. These vaccines should be given on separate occasions, when practical.
- 4) The simultaneous administrations of individual measles, mumps and rubella antigens at different sites does not yield different results from administration of the combined MMR vaccine in a single site.
 - 5) Children 15 months of age or older who currently need MMR, DTP and OPV doses can be given all of these vaccines simultaneously at separate sites. (Louisiana adopted this as routine policy in 1981.)
 - 6) Individuals with anaphylactic hypersensitivity to eggs (hives, swelling of the mouth and throat, breathing difficulty, hypertension, or shock) should not be given mumps or measles vaccine. A reasonable way to screen individuals for possible vaccine risk is to ask if they are able to eat eggs without experiencing such reactions. Rubella vaccine can be safely given to persons regardless of egg allergy history because this vaccine is grown in human diploid cell culture.
 - 7) Measles, mumps and rubella vaccine viruses are not transmitted by persons vaccinated with them; therefore, they can be safely given to children of pregnant women. Also, OPV can be safely administered to children of pregnant women.
 - 8) Live virus vaccines such as measles, mumps and rubella should not be administered within 2 weeks before and 6 weeks (preferably 3 months) after administration of immune globulin (IG) or the various specific immune globulins. IG does not appear to interfere with OPV and yellow fever vaccine. Inactivated products can be given anytime after IG use.
 - 9) The committee stated that the best means of reducing the occurrence of vaccine-preventable diseases of childhood is by having a highly immunized population. It pointed out several additional areas where improvements can be made to increase protection levels, including the following:
 - Use of recall or tickler systems by all health care providers designed to identify children that are due or behind schedule for immunizations with a notification to the parents.
 - Use of inactivated polio (Salk) vaccine among children where immuno-deficiency exists in a household member. (Inactivated polio vaccine is available to physicians through Elkin-Sinn Inc., AC 214-339-8361, or by referral of the patient to a local health unit.)
 - Routine immunization of children with mild febrile illness (colds, etc.) rather than postponement of doses. Those with severe febrile illnesses should generally be deferred until recovery.

- Reimmunization of all children that received measles vaccine prior to their 1st birthday.
- Use of a standard personal immunization record for parental retention by all health care providers. This should lessen confusion in interpreting what vaccines each child has received, and what he may still need. (The official Louisiana

Health Department immunization record forms are available at no charge to all health providers upon request.)

- Routine screening and immunization of pregnant women who are inadequately immunized against tetanus to afford protection against neonatal tetanus. (Td toxoid is recommended.)

RABBITS AND RODENTS RARELY HAVE RABIES

In 1982 the Office of Health Services and Environmental Quality, Division of Laboratories examined 381 rabbits and rodents for rabies. Since 1950, 10,451 have been examined of which only two have been recorded as positive (a rat in 1956 and a squirrel in 1966). The diagnosis on the rat was questionable; however, the diagnosis on the squirrel was well documented. The squirrel was discovered in an area of epizootic fox rabies lying on the ground with paralysis of the hind legs. No one was bitten by either of these animals.

Bites of rodents and rabbits rarely, if ever, require specific rabies prophylaxis.^{1,2,3} According to the Centers for Disease Control (CDC) there has never been a reported case of human rabies contracted from a rodent or lagomorph (rabbit, hare)³ Also, according to the CDC, rodents are reasonably refractory to rabies street virus and when successfully infected their salivary glands are usually negative or contain very low titers of rabies virus. Cage-raised rodents such as guinea pigs, gerbils, hamsters, rats and mice have no risk of rabies exposure.

To eliminate the unnecessary cost of examining animals that carry no risk of

rabies, physicians, veterinarians and other public health professionals are asked to discontinue and to discourage other individuals from routinely submitting the heads of such animals to the laboratories. There may be occasional justification when the biting animal is a moribund wild animal or one that has demonstrated very unusual behavior. For example, an attack by a wild rabbit or rat (during daylight hours) without provocation could be considered unusual behavior and justification for examination, especially if it occurs in a rabies endemic area. A rat that bites someone who is sleeping, a squirrel that bites someone who is trying to feed it, or a trapped or injured animal that bites someone are not considered to be demonstrating unusual behavior. There should be no justification for examining cage-raised animals that have had no opportunity for rabies exposure.

It is often difficult for laboratory personnel to convince animal bite victims that there is no risk of rabies if they have already been advised by their physician or veterinarian to have the animal head examined. For this reason, all physicians, veterinarians and other health professionals are asked to please consult with their local health department, the

laboratory Director or the Division of Disease Control Director (504-568-5005) before advising a patient or client to submit a rodent or rabbit head for rabies examination or before advising rabies prophylaxis for an individual bitten by a rodent or rabbit.

REFERENCES:

1. The American Public Health

Association, Control of Communicable Diseases in Man, 13th edition 1981.

2. American Academy of Pediatrics, Report of the Committee on Infectious Diseases, 19th edition 1982.
3. United States Public Health Service, Recommendations of the Immunization Practice Advisory Committee (MMWR 1981; 30:535-6)

ANIMAL RABIES INCIDENCE

In 1982 the Division of Laboratories recorded 32 positive cases of rabies (21 skunks, 10 bats and 1 cat). With the exception of a case of bat rabies in Baton Rouge, no cases occurred in Louisiana south of Rapides Parish. It is interesting that prior to 1974 foxes accounted for most of the cases of wild animal rabies; however, since 1974, no cases have been recorded in foxes. Skunk rabies now predominates in the same area of the state where fox rabies previously occurred, roughly that part of the state north and west of a diagonal line drawn from the northeast corner to the southwest corner of the state. The area south and east of this line has been essentially free of rabies except for occasional rabid bats for over 25 years.

Only one case of rabies in a dog in

Louisiana has been recorded since 1975. This case occurred in Rapides Parish in 1980 in a dog that was sacrificed and examined before symptoms developed fifteen days after exposure to a rabid skunk. Dog vaccination is credited for the absence of dog rabies in recent years. Bat rabies cases are scattered throughout the state with no apparent relationship to the occurrence of rabies in other species. While bats are known to transmit rabies to humans, insectivorous bats of this country have not demonstrated an ability to transmit rabies to other animals. Unprovoked bites by animals, other than bats, in South Louisiana therefore carry little or no risk of rabies transmission. However, each biting incident should be carefully evaluated and the decision to prophylactically treat or not to treat should never be arbitrary.

SELECTED REPORTABLE DISEASES (By Place of Residence)

| STATE AND PARISH TOTALS | VACCINE PREVENTABLE DISEASES | | | | | ASEPTIC MENINGITIS | HEPATITIS A AND UNSPECIFIED** | HEPATITIS B | LEGIONNAIRES DISEASE | MALARIA *** | MENINGOCOCCAL INFECTIONS | SHIGELLOSIS | TUBERCULOSIS, PULMONARY | TYPHOID FEVER | OTHER SALMONELLOSIS | UNDERNUTRITION SEVERE | GONORRHEA | SYPHILIS, PRIMARY AND SECONDARY | RABIES IN ANIMALS (PARISH TOTALS CUMULATIVE, 1983) |
|-----------------------------------|------------------------------|----------|-------|-----------|---------|--------------------|-------------------------------|-------------|----------------------|-------------|--------------------------|-------------|-------------------------|---------------|---------------------|-----------------------|-----------|---------------------------------|--|
| | MEASLES | RUBELLA* | MUMPS | PERTUSSIS | TETANUS | | | | | | | | | | | | | | |
| REPORTED MORBIDITY FEBRUARY, 1983 | | | | | | | | | | | | | | | | | | | |
| TOTAL TO DATE 1982 | 0 | 0 | 0 | 0 | 0 | 9 | 135 | 30 | 0 | 0 | 4 | 8 | 72 | 0 | 22 | 0 | 3425 | 255 | 2 |
| TOTAL TO DATE 1983 | 0 | 0 | 0 | 2 | 1 | 2 | 138 | 50 | 1 | 0 | 9 | 9 | 55 | 0 | 17 | 0 | 3193 | 233 | 6 |
| TOTAL THIS MONTH | 0 | 0 | 0 | 2 | 0 | 2 | 117 | 29 | 1 | 0 | 4 | 9 | 21 | 0 | 10 | 0 | 1724 | 95 | 5 |
| ACADIA | | | | | | | 6 | 2 | | | | | | | | | 15 | 2 | |
| ALLEN | | | | | | | 1 | | | | | 1 | | | | | 2 | | |
| ASCENSION | | | | | | | | | | | | | | | | | 2 | 3 | |
| ASSUMPTION | | | | | | | | | | | | | | | | | 8 | | |
| AVOYELLES | | | | | | | 1 | | | | | | | | | | 2 | | |
| BEAUREGARD | | | | | | | | 1 | | | | | | | | | 6 | | |
| BIENVILLE | | | | | | | | | | | | | | | | | | 1 | 1 |
| BOSSIER | | | | | | | | | | | | 2 | | | | | 54 | 2 | |
| CADDO | | | | | | | 12 | 1 | | | | 3 | 2 | | 1 | | 175 | 8 | |
| CALCASIEU | | | | | | | | | | | 1 | | 2 | | | | 98 | 6 | |
| CALDWELL | | | | | | | | | | | | | | | | | 3 | | |
| CAMERON | | | | | | | | | | | | 1 | | | | | | | |
| CATAHOULA | | | | | | | | | | | | | | | | | 3 | | |
| CLAIBORNE | | | | | | | | | | | | | | | | | 2 | | |
| CONCORDIA | | | | | | | | | | | | | | | 1 | | 6 | | |
| DESOTO | | | | | | | | | | | | | | | | | 3 | 2 | |
| EAST BATON ROUGE | | | | | | | 1 | | | | 1 | 1 | | | 5 | | 41 | 13 | |
| EAST CARROLL | | | | | | | | | | | | | | | | | 4 | | |
| EAST FELICIANA | | | | | | | | | | | | 1 | | | | | 2 | | |
| EVANGELINE | | | | | | | | | | | | | | | | | | | |
| FRANKLIN | | | | | | | | | | | | | | | | | 8 | | |
| GRANT | | | | | | | | | | | | | 2 | | | | 2 | | |
| IBERIA | | | | | | | 6 | 1 | | | | | | | | | 9 | | |
| IBERVILLE | | | | | | | | | | | | | | | | | 9 | | |
| JACKSON | | | | | | | | | | | | | | | | | 8 | 1 | |
| JEFFERSON | | | | | | | 12 | 4 | 1 | | | | | | | | 60 | 3 | |
| JEFFERSON DAVIS | | | | | | | 2 | 1 | | | | | | | | | 4 | | |
| LAFAYETTE | | | | | | | 24 | 5 | | | 1 | | 1 | | | | 38 | 2 | |
| LAFOURCHE | | | | | | 1 | 3 | | | | | | 1 | | | | 21 | | |
| LASALLE | | | | | | | | | | | | | | | | | | | |
| LINCOLN | | | | | | | | | | | | | | | 1 | | 16 | 2 | |
| LIVINGSTON | | | | | | | | | | | | | | | | | 5 | | |
| MADISON | | | | | | | | | | | | | | | | | 15 | | |
| MOREHOUSE | | | | | | | 6 | | | | | | | | | | 26 | | |
| NATCHITOCHE | | | | | | | | | | | | | 1 | | | | 1 | 1 | |
| ORLEANS | | | | | | | | 3 | | | 1 | 1 | | | 1 | | 641 | 32 | |
| OUACHITA | | | | | | | 15 | | | | | | 1 | | | | 122 | | |
| PLAQUEMINES | | | | 1 | | | 1 | 1 | | | | | | | | | 1 | | |
| POINTE COUPEE | | | | | | | | | | | | | | | | | 2 | | |
| RAPIDES | | | | 1 | | | 1 | 1 | | | | | 2 | | | | 73 | 2 | |
| RED RIVER | | | | | | | | | | | | | | | | | 1 | | |
| RICHLAND | | | | | | | 4 | | | | | | | | | | 16 | | |
| SABINE | | | | | | | | | | | | | | | | | 1 | | 2 |
| ST. BERNARD | | | | | | | | | | | | | | | | | 2 | | |
| ST. CHARLES | | | | | | | | 1 | | | | | | | | | 5 | | |
| ST. HELENA | | | | | | | | | | | | | | | | | 2 | | |
| ST. JAMES | | | | | | | | | | | | | | | | | 6 | | |
| ST. JOHN | | | | | | | | | | | | | | | | | 1 | 1 | |
| ST. LANDRY | | | | | | | 4 | 2 | | | | | | | | | 22 | 1 | |
| ST. MARTIN | | | | | | 1 | 6 | | | | | | | | | | 7 | 1 | |
| ST. MARY | | | | | | | | 1 | | | | | 1 | | | | 27 | 1 | |
| ST. TAMMANY | | | | | | | 2 | 2 | | | | 1 | | | | | 32 | 3 | |
| TANGIPAHOA | | | | | | | | 2 | | | | | | | 1 | | 13 | 4 | |
| TENSAS | | | | | | | | | | | | | | | | | 1 | | |
| TERREBONNE | | | | | | | 4 | | | | | | | | | | 26 | | |
| UNION | | | | | | | | | | | | | | | | | 6 | | |
| VERMILION | | | | | | | 1 | 1 | | | | 2 | 1 | | | | 6 | 1 | |
| VERNON | | | | | | | 3 | | | | | | | | | | 7 | | |
| WASHINGTON | | | | | | | 1 | | | | | | | | | | 8 | | |
| WEBSTER | | | | | | | 1 | | | | | | 1 | | | | 13 | | 3 |
| WEST BATON ROUGE | | | | | | | | | | | | | | | | | 8 | 2 | |
| WEST CARROLL | | | | | | | | | | | | | | | | | 3 | | |
| WEST FELICIANA | | | | | | | | | | | | | | | | | 17 | 1 | |
| WINN | | | | | | | | | | | | | 1 | | | | 2 | | |
| OUT OF STATE | | | | | | | | | | | | | | | | | 5 | | |

*Includes Rubella, Congenital Syndrome

**Includes 6 cases of Hepatitis Non A and Non B.

***Acquired outside United States unless otherwise stated.

From January 1, 1983 - February 28, 1983, the following cases were also reported:

1 - Leptospirosis

NEW ORLEANS

Department of Health and Human Resources
Office of Health Services and Environmental Quality
P.O. Box 60630, New Orleans, La. 70160

PA 11

This public document was published at a cost of \$.30 per copy by the Office of Health Services and Environmental Quality to inform Physicians, Hospitals, and the Public of current Louisiana morbidity status under authority of R.S. 40:36. This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31.