

Louisiana

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



MONTHLY MORBIDITY REPORT

REPORTED MORBIDITY
MAY, 1984

AUG 8 1984

PUBLIC HEALTH STATISTICS and
DIVISION OF DISEASE CONTROL

HEALTH PRECAUTIONS FOR INTERNATIONAL TRAVELERS

Physicians can help protect the health of their patients who travel abroad. They should plan with them, well ahead of departure, to provide the appropriate required and recommended immunizations, and malaria chemoprophylaxis, if indicated.

REQUIRED IMMUNIZATIONS

Yellow fever immunization is required by some tropical countries as a prerequisite for entry for certain travelers. It is required by some West African countries for all arriving travelers, and by many other countries for travelers arriving from a yellow fever endemic zone - tropical Africa and tropical South America. See table 1.

Cholera immunization is no longer required by International Health Regulations. Some countries - mainly in Africa and Asia - still require cholera immunization as a prerequisite for entry for travelers arriving from a cholera infected area. See table 2.

Smallpox has been eradicated from the world; thus, smallpox immunization is no longer required for international travel. Commercial production of smallpox vaccine has recently ceased.

No immunizations are required to return to the United States.

RECOMMENDED IMMUNIZATIONS

Immunizations that are commonly recommended (but not required) for international travelers to areas of the world where sanitation is

(continued on page 2)

SPECIAL BULLETIN

Due to financial cut-backs, the Division of Laboratory Services has discontinued performing CUL-PAK Cultures for Group A Beta Hemolytic Streptococci. We will continue to accept isolates of streptococci for confirmation and/or grouping.

TABLE 1

COUNTRIES WITH YELLOW FEVER INFECTED AREAS*

COLUMBIA	GAMBIA
PERU	GHANA
BOLIVIA	NIGERIA
BRAZIL	SUDAN
ECUADOR	UPPER VOLTA
	ZAIRE

TABLE 2

COUNTRIES CURRENTLY INFECTED WITH CHOLERA*

BENIN	PHILLIPINES
BURUNDI	RWANDA
CAMEROON	SOUTH AFRICA
EQUATORIAL GUINEA	SWAZILAND
GHANA	TANZANIA
INDIA	THAILAND
INDONESIA	TRUK ISLANDS
IVORY COAST	VIETNAM**
KENYA	ZAIRE
LIBERIA	
MOZAMBIQUE	
NIGERIA	

*SOURCE: WORLD HEALTH ORGANIZATION AS OF MAY 25, 1984

** ALSO INFECTED WITH PLAGUE

doubtful or poor include typhoid, poliomyelitis, and immune serum globulin (to prevent hepatitis A). Measles and rubella immunization should be given to all persons, whether they travel or not, who were born after 1956 and do not have documentation of prior vaccination or laboratory confirmed immunity. Note that pregnancy is a contraindication to receiving measles and rubella vaccines. Tetanus - diphtheria immunizations should be up to date. For adults this is a booster dose within ten years.

Other immunizations may be recommended for international travelers, depending on the countries visited, the mode of travel and lifestyle, and the length of stay. They include rabies, plague, Japanese encephalitis, hepatitis B, and meningococcal polysaccharide vaccines.

Appropriate warnings and contraindications should be observed for all immunizations.

MALARIA CHEMOPROPHYLAXIS

Malaria is known to exist in parts of Mexico, Haiti, Central and South America, Africa, the Middle East, Turkey, the Indian sub-continent, Southeast Asia, the Peoples Republic of China, the Malay Archipelago, and Oceania. The risk of acquiring malaria is not uniform from country to country, or even within countries, and depends on local conditions.

Travelers to malarious areas can greatly reduce their risk by taking appropriate antimalarial drugs. Chloroquine phosphate is the drug of choice for the suppression of infections caused by *Plasmodium vivax*, *P. malariae*, *P. ovale*, and strains of *P. falciparum* that are sensitive to chloroquine. The recommended dosage for adults is 300 mg base (500 mg salt) taken orally once a week beginning one to two weeks before entering a malarious area and continuing for six weeks after leaving the area.

Strains of *P. falciparum* resistant to chloroquine (CRPF) have been documented in parts of Panama, South America, Southeast Asia, and some islands of the South Pacific including New Guinea and the Phillipines. It is recommended that travelers to these areas take pyrimethamine - sulfadoxine (Fansidar, Falcidar) in fixed combination in addition to chloroquine. Information on the presence of CRPF malaria by individual country is available from the Disease Control Division.

In addition to chemoprophylaxis, travelers should take precautions to avoid mosquitoes. These include remaining in well screened areas during peak feeding hours (between dusk and dawn), sleeping under mosquito netting, wearing clothing that adequately covers the arms and legs, and applying mosquito repellent to thin clothing and to exposed areas of the skin. The most effective repellent is N, N diethyl - meta - toluamide (deet), an ingredient of many commercially available insect repellents.

Further information may be obtained from the Disease Control Division at 504-568-5005, and from HHS Publication No. (CDC) 83-8280, "Health Information for International Travelers" which is for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington D.C. 20402.

SOURCE: INTERNATIONAL HEALTH PROGRAM OFFICE, CENTERS FOR DISEASE CONTROL; HEALTH INFORMATION FOR INTERNATIONAL TRAVELERS, 1983, US DEPT OF HEALTH AND HUMAN SERVICES.

RUBELLA SCREENING TEST NOW AVAILABLE

An enzyme-linked immunoassay (ELISA) for rubella is now available through the Division of Laboratories. The test, which measures IgG class antibodies, is to be used as a single - specimen screen for immunity. The procedure was evaluated and given acceptable test status by the Centers for Disease Control in 1982.

Results will be reported either "Immune" or "Non-immune". Any sera giving equivocal results will be retested using the standard hemagglutination - inhibition (HI) procedure. HI testing will continue to be performed on paired specimens in suspected rubella cases.

Physicians are reminded that once an individual has been reported to be "immune", there should be no need to ever repeat the test. Pregnant females who are reported non-immune should be vaccinated post-partum. Screening of nonpregnant females is no longer necessary for rubella vaccination. Those who report that they are not pregnant and have no history of either laboratory confirmed rubella or documented rubella vaccination may be routinely vaccinated.

For further information concerning rubella ELISA screening, please call the Division of Laboratories, at 504-568-5373

WORLD'S FAIR SURVEILLANCE PROJECT UPDATE

The World's Fair Surveillance Project is an active surveillance system designed to facilitate identification and investigation of illnesses that may be contracted in or around the Fair site in New Orleans. The system consists of 14 hospital Emergency Rooms (ER) in the Greater New Orleans Metropolitan area, an area of approximately 500 square miles bounded by Covington, Slidell, Metairie, Marrero and Chalmette.

Patients seen in these ERs are questioned about attendance at the Fair within 3 days prior to the onset of their illness. If they have attended, and their illness is possibly related to that attendance, the illness is classified into one of six broad categories: gastrointestinal, respiratory, rash, heat-related, trauma and "other". The patient's age, diagnosis and date of onset are noted on the surveillance form. This information is collected

daily from each participating hospital by Disease Control personnel, tabulated and analyzed for trends.

Fair related illnesses can be divided into two types- "definitely Fair related" and "possibly Fair related". Definitely Fair related illnesses are conditions with onset on or around the Fair site. This would include trauma and injuries, heat-related illness and certain "others" such as angina, syncope and immediate allergic reactions to food. Illnesses considered possibly Fair related are gastroenteritis, respiratory infections, febrile rashes and other miscellaneous infectious diseases. These illnesses require variable incubation periods and may or may not have actually been acquired at the Fair. Any reported case of gastroenteritis or febrile rash (measles or rubella) is immediately investigated. This will allow identification of any common source and facilitate institution of appropriate control measures.

From May 12 to June 19, 47,568 patients have been seen in participating Emergency Rooms, an average of 8541 patients per week. A total of 102 patients have been identified with definite or possibly Fair related illnesses, or 0.2% of the total ER patients seen.

Of the 102 Fair related cases identified, 46 (45%) have been trauma or injuries. A variety of injuries have been reported, including lacerations, abrasions, sprains and fractures. The majority of these injuries occurred in Fair workers during the first two weeks.

Twenty four illnesses (24%) have been classified as "other". These include myocardial infarction (2), seizures (2), allergic reaction (2), non-cardiac chest pain (1), syncope (1), aseptic meningitis (1), and a variety of rashes. Note that non-febrile rashes, such as allergic reactions and dermatitis are included in the "other" category. The rash category is reserved for febrile rash illnesses such as measles and rubella. No febrile rashes have been identified to date.

Eighteen cases (18%) of gastroenteritis have been reported. Investigation has been attempted for all these cases and completed for 15. Incomplete investigations result from inability to locate the patient for interview. Five cases were deleted from the totals after investigation because the patient had not actually been at the Fair, had not eaten anything while at the Fair, or their illness predated Fair attendance. No consistent source for these illnesses has been identified.

One Fair related death has been reported. A reporter from Time magazine died of a myocardial infarction on Fair day 2.

To date, the Fair has had a negligible effect on these 14 sur-
(continued on back cover)

SELECTED REPORTABLE DISEASES (By Place of Residence)

STATE AND PARISH TOTALS Reported Morbidity April, 1984	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, 19 84)	
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS															
TOTAL TO DATE 19 83	0	9	0	2	2	10	298	111	1	1	23	16	133	0	56	4	5983	576	11	
TOTAL TO DATE 19 84	0	0	0	3	0	6	111	103	0	1	27	14	78	1	33	4	8332	416	13	
TOTAL THIS MONTH	0	0	0	2	0	0	32	23	0	0	12	5	20	0	8	1	1690	95	6	
ACADIA							2	1									6	4		
ALLEN																	1			
ASCENSION											1	1			2		3			
ASSUMPTION																		1	2	
AVOYELLES																		1		
BEAUREGARD																1	9			
BIENVILLE																	2			
BOSSIER															1		5	5	4	
CADDO				1									2				153	7	5	
CALCASIEU							4										54	4		
CALDWELL																				
CAMERON																				
CATAHOULA																		2		
CLAIBORNE																		3		
CONCORDIA																		8	2	
DESOTO																		1	1	
EAST BATON ROUGE								1				4	1				145	13		
EAST CARROLL																		5		
EAST FELICIANA								1										7		
EVANGELINE													1							
FRANKLIN																		5		
GRANT																				
IBERIA																		4	2	
IBERVILLE							1	1							1					
JACKSON																		7		
JEFFERSON							8	7			2							97	4	
JEFFERSON DAVIS							2	1										8	1	
LAFAYETTE							3								1			77	5	
LAFOURCHE							1	3			1							3		
LASALLE																				
LINCOLN							2	1										12		
LIVINGSTON																		1	1	
MADISON								1										7	1	
MOREHOUSE																		9		
NATCHITOCHE													1					5	1	
ORLEANS							4	1			3		11		1			706	31	
OUACHITA																		87		
PLAQUEMINES											1		1					1		
POINTE COUPEE																		2		
RAPIDES												1	1					79	3	
RED RIVER																		1		
RICHLAND																		11	1	
SABINE																		1		
ST. BERNARD							1	3										3		
ST. CHARLES							2											9		
ST. HELENA																		1		
ST. JAMES																		4		
ST. JOHN																		3		
ST. LANDRY								1										32	5	
ST. MARTIN																		6		
ST. MARY															1			11		
ST. TAMMANY												2						10	2	
TANGIPAOA								2										9	1	
TENSAS																		4		
TERREBONNE												1						4	1	
UNION																		8		
VERMILION								1										6		
VERNON																		4		
WASHINGTON													1		1			16	1	
WEBSTER																		11		
WEST BATON ROUGE																		18		
WEST CARROLL																		1		
WEST FELICIANA																		2		
WINN																				
OUT OF STATE																				1

* Includes Rubella, Congenital Syndrome.

** Includes Hepatitis Non A, Non B.

*** Acquired outside United States unless otherwise stated.

From January 1, 1984 - April 30, 1984, the following cases were also reported: 6-Amebiasis, 32-H-Flu Meningitis, 1-Rocky Mountain Spotted Fever, 2-Tularemia

SELECTED REPORTABLE DISEASES (By Place of Residence)

STATE AND PARISH TOTALS Reported Morbidity May, 1984	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, 1984)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
TOTAL TO DATE 1983	12	9	0	2	2	20	364	144	2	2	23	26	157	3	80	5	8712	699	16
TOTAL TO DATE 1984	0	0	0	3	1	11	128	125	0	4	36	17	114	1	41	6	10262	510	19
TOTAL THIS MONTH	0	0	0	0	1	5	17	22	0	3	9	3	36	0	8	2	1930	94	6
ACADIA													1				16		
ALLEN																	4		
ASCENSION																	7		
ASSUMPTION																	11		
AVOYELLES					1	1	1										3	1	
BEAUREGARD																	9	2	
BIENVILLE																	1		1
BOSSIER																	12	2	
CADDO							1	1			2		5				218	3	5
CALCASIEU							1						1		1		76	6	8
CALDWELL																	5		
CAMERON																			
CATAHOULA								1										2	
CLAIBORNE													1					2	2
CONCORDIA													1				5		
DESOTO																			1
EAST BATON ROUGE							1			1	1	1					160	8	
EAST CARROLL													2				7	1	
EAST FELICIANA																			
EVANGELINE						1	1												
FRANKLIN																	9		
GRANT																	2		
IBERIA							3	2									4	1	
IBERVILLE																	4		
JACKSON																	3		
JEFFERSON						1		3				2	2		1		114	3	
JEFFERSON DAVIS																	11		
LAFAYETTE							3	1			1				3		84	3	
LAFOURCHE																	32		
LASALLE								1											
LINCOLN																	13	1	
LIVINGSTON										1							2	1	
MADISON																	9		
MOREHOUSE																1	17	1	
NATCHITOCHE																	8	3	
ORLEANS						1	1	8		1	1	16		3			609	35	
OUACHITA								1				1					72		
PLAQUEMINES								1			1	1					1	1	
POINTE COUPEE																	2		
RAPIDES																	88	4	
RED RIVER								2											
RICHLAND																		4	2
SABINE																			1
ST. BERNARD							2										2	3	
ST. CHARLES												1					6		
ST. HELENA																	2		
ST. JAMES																	6		
ST. JOHN																	10	1	
ST. LANDRY							1										31		
ST. MARTIN							1										5	1	
ST. MARY													1				5		
ST. TAMMANY											1	1					22	2	
TANGIPAHOA								1									16	3	
TENSAS																	3		
TERREBONNE											1	1					52		
UNION													1				3	1	
VERMILION													1				8		
VERNON																	76	2	
WASHINGTON																	27		
WEBSTER																	22		2
WEST BATON ROUGE							1												1
WEST CARROLL												1					2	1	
WEST FELICIANA																	1		
WINN																	3		
OUT OF STATE																	2		

*Includes Rubella, Congenital Syndrome.

**Includes Hepatitis Non A, Non B.

*** Acquired outside United States unless otherwise stated.

From January 1, 1984 - May 31, 1984, the following cases were also reported: 6 - Amebiasis, 34 - H-Flu Meningitis, 1 - Rocky Mountain Spotted Fever, 3 - Tularemia.

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WORLD'S FAIR UPDATE-(continued from page 5)

veillance ERs. No hospital has seen more than 1 Fair related patient in an average day. Fair related visits for each hospital has been 1% or less of total ER visits.

We anticipate that Fair related visits will increase as Fair attendance increases and the weather gets warmer. Updates will be published in the Monthly Morbidity Report during the six months of the Fair.

Please report suspected Fair related illnesses to the Disease Control Division, at 568-5005.

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