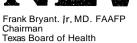
# **Texas Preventable Disease**



AFP Robert Bernstein. MD. FACP Commissioner

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contents:

**PDN** Surveillance Summary for 1986

# PDN SURVEILLANCE SUMMARY FOR 1986

The following are summaries of selected surveillance activities.conducted by the Bureau of Epidenzilogy during 1986. The complete report, "Reported Morbidity and Mortality in Texas - 1986 Annual Summary," will be available later this year.

#### I. INFECTIOUS DISEASE SURVEILLANCE

Arboviral Encephalitis: Three cases of western equine encephalitis (WEE) were reported within one week in rural residents of Deaf Smith County (Public Health Region 1) and Hale County (PHR 2). The two cases from Deaf Smith County occurred in infants less than 6 weeks of age who experienced onset of illness July 30 and August 1, respectively. The third case, a teenage girl in Hale County, had onset of illness August 3, 1986. All of the individuals recovered from the acute illness; however, longterm sequelae for the infants has yet to be determined.

Nationally, St. Louis encephalitis (SLE) virus activity centered along the Gulf Coast from New Orleans to Corpus Christi, with the majority of cases occurring among Texas residents (35/42). Of the 35 Texas cases, 21 were residents of Baytown in Harris County. The outbreak began in Baytown in late July and lasted there through September (Figure 1). Cases occurring in Matagorda and Nueces counties had onset in September and October. The age distribution of cases was typical of SLE infections: 2 cases, birth to 20 years; 12 cases, 21 to 40 years; 6 cases, 41 to 60 years; and 15 cases older than age 61. Seven of the individuals died; six of these were above the age of 61, for a case-fatality ratio in that age group of 40%.

Congenital Rubella Syndrome: Three cases of congenital rubella syndrome were reported in Texas in 1986. These were the first cases to have been documented in the state since 1981 when one case was reported. The immunization status of two of the mothers, ages 23 and 25 years, is unknown. Histories were difficult to obtain, as these women had recently immigrated to the United States (one from Honduras, the other from Pakistan) and neither spoke English. However, both of these mothers did recall a rubella-like illness early in pregnancy. One case was aquired in Pakistan; the other, after the woman arrived in Texas. The third mother, age 19, reported that she received a rubella immunization when she was six years old. This woman resided in a small community north of Waco. Upon investigation, it was determined that a small cluster of rubella cases had been reported in April 1986 from the same town. The mother most probably experienced an asymptomatic or mild case of rubella during her first trimester which resulted in infection in her unborn child. These three cases serve as a reminder that all women of child-bearing age who are susceptible to rubella should be vaccinated.

Dengue: Seventeen confirmed cases of dengue were reported in Texas residents during 1986. Seven cases were individuals who most likely acquired their infections while traveling in Mexico. Four reported recent travel to Monterrey; two, to Ciudad Victoria; and one, to Matamoros. Ten cases were classified as indigenous; these patients reported no travel outside Texas in the two weeks prior to onset of illness. These were the first cases of indigenous dengue reported in Texas since 1980. With the exception of one imported case in Bexar County, all cases occurred in South Texas (PHR 8). Dates of onset ranged from July 7 to November 16, with the majority of cases occurring in August and September. All of the cases were serologically confirmed, and two cases were also confirmed by isolation of the dengue type 1 virus by the TDH Bureau of Laboratories.

Influenza: A total of 78,073 cases of influenza and flu-like illness was reported to the Bureau of Epidemiology during 1986. The number of reported cases increased from week 1, peaking

#### Texas Department of Health

during week 10 (Figure 2). The number of cases decreased to less than 800 cases per week

during week 10 (Figure 2). The humber of cases decreased to less than 800 cases per week during the summer months. The beginning of another peak is evident in week 42. Three influenza virus types were present in Texas during 1986. Influenza A (H3N2) and influenza B viruses circulated primarily in January and February (Figure 3). Influenza A (H1N1) viruses appeared in October 1986 and were responsible for influenza activity in November and December 1986.

**Shigellosis Outbreak:** From August 30 through October 7, 1986, 347 persons developed cultureconfirmed *Shigella sonnei* gastroenteritis in Odessa and Midland (PHR 12). Illness was associated with eating at one of several fast-food restaurants in Midland or Odessa. A case-control study of persons who had eaten at one of the Odessa restaurants demonstrated an association between shigellosis and having eaten foods containing shredded lettuce (odds ratio = 58; 95% confidence limits = 7.6, 237). Surveillance in other West Texas towns identified two clusters of *Shigella sonnei* infections related to eating at the outlets of one fast-food restaurant in those towns. All the implicated restaurants received shredded lettuce that had been prepared by the same processing plant. This plant also distributes intact lettuce; restaurants that received only intact lettuce were not associated with the outbreak. Investigation of the processing plant did not identify the mode by which the lettuce was contaminated.

## II. ENVIRONMENTAL DISEASE SURVEILLANCE

**Neural Tube Defects:** Neural tube defects are a group of congenital anomalies which are considered to have a possible environmental etiology. Birth, death, and fetal death records of Texas births for 1984 were surveyed for cases of anencephaly and spina bifida. One hundred twenty-two cases (4.1 cases per 10,000 total births) of anencephaly and 128 cases (4.3 per 10,000 total births) of spina bifida were found in this survey. The CDC Birth Defects Monitoring Program reported US 1984 rates of 2.6 per 10,000 total births for anencephaly and 4.9 per 10,000 total births for spina bifida. CDC rates are obtained from hospital discharge data on jive and stillborn births (about 22 % of all US births). For anencephaly in Texas, females had higher rates than males, and Hispanic births (5.2 per 10,000 live births) had the highest rates of all ethnic groups. These trends were not noted with spina bifida in which case underascertainment is more likely. For month of birth, October-births had the highest incidence of both anencephaly and spina bifida.

**Occupational Disease Reporting:** In 1985, a law was passed in Texas requiring the reporting of certain occupational diseases to the Texas Department of Health. As of September 1, 1985, newly confirmed or suspected diagnoses of asbestosis, silicosis, acute occupational pesticide poisoning, and adult elevated blood lead (blood lead  $\geq 40 \ \mu g/dl$  blood in persons  $\geq 15$  years of age) are reportable. December 31, 1986 marked the end of the first complete year of occupational disease reporting. In all, 554 reports of elevated blood lead were received by TDH. Twelve of these reports were deemed serious enough to warrant investigations, which resulted in recommendations for reducing lead exposure in four worksites. (Data on the three other reportable occupational diseases are unavailable at this time.)

### **III. CANCER SURVEILLANCE**

**Cancer Incidence In PHR 3 and PHR 9:** Cancer, in addition to the many infectious diseases, is a reportable disease in Texas. Although the goal of the Texas Cancer Registry is to collect and report cancer cases for the entire state population, lack of resources has forced the Registry to direct efforts toward obtaining complete coverage for specific public health regions. In 1986, the cancer incidence in PHR 3 and PHR 9 for the years 1976 through 1980 was determined. (Copies of these reports are available from the TDH Cancer Registry Division.)

The leading causes of cancer incidence for PHR 3 males and females were cancers of the prostate and breast, respectively. For PHR 9, cancer of the lung among males and cancer of the breast among females were the leading causes. Ethnic differences were observed in the incidence rate of cancer among residents in both regions. In general, total cancer incidence was lower among Hispanics as compared with Anglos, primarily due to the lower rates of respiratory cancer among Hispanics. For PHR 9 males, cancer incidence was highest among blacks. Slightly higher cancer incidence was seen among PHR 9 residents as compared with PHR 3 residents, largely due to higher rates of lung cancer among PHR 9 males and breast cancer among PHR 9 females.

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#### 1986 SUMMARY OF REPORTABLE DISEASES IN TEXAS

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AMEBIASIS	1 / 51	5	1 24	i 4	66	I 64	1 0	1 118	1 30.	1 78	1 3941	2791
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IBRUCELLOSIS	I ØI	Ø										
ICAMPYLOBACTERIOSIS	1 281	19										6661
ICHICKENPOX	1 2381	178	1 2285	I 621	5762	1562	1964	2812	l 2358	5448	232281	207581
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IDENGUE	1 01	0				-			• • •	Ø	171	11
IENCEPHALITIS	í 41	9					1 22	1 8	I 221	73	1911	1421
IHANSEN'S DISEASE	1 31	0	-		-							281
IH. INFLUENZAE INFECTIONS	1 131	18	1 23	1 251	186	72	28	1 36	61	146	6081	5541
HEPATITIS A	1 621	77	1 292	1 1751	679	188	54	169	2631	178	21371	25651
HEPATITIS B	1 231	37										15131
IHEPATITIS NA-NB	1 81	З	13	I 81	591	17	10	11	191	571	2051	1781
IHEPATITIS UNSPECIFIED	1 71	22	1 62	1.61	3351	36	40	1461	501	140	8541	12901
IHISTOPLASMOSIS	1 11	1	1 1	I 01	151	181	5	41	11	31	771	441
I INFLUENZA	40981	2858	4472	I 6335 I	17198	39581	6465	15554	75351	15051	835241	961641
ILEGIONELLOSIS	1 11	2	। 3		51	1						291
LEPTOSPIROSIS	1 01	Ø	i ø	1	31	11	1	ı 01				61
ILISTERIOSIS	1 11	1	I 1	1	71	31	1	1	41	81	281	N/A1
LYME DISEASE	I 0I	0	1 0	1	41	01	01	01	Ø1	01	51	N/AI
MALARIA	1 31	@	0	  0	281	91	21	31	91	301	841	931
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IMENINGITIS, ASEPTIC	1 81	· 32	16	: 261	2731	1291	119	811	1251	6341	13831	9891
IMENINGITIS, OTHER/BACTERIAL	I 51	14			1801	421	241	211	271	2031	5331	4231
MENINGOCOCCAL INFECTIONS	1 11	5	2	71	491	151	181	111	101	201	1381	1321
:	1 7·1	э	27	11	 61 (	141	101	331	191	i 58 t	2391	321
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RUBELLA	1 21	15	71		181	191	61		11	61	781	521
SALMONELLOSIS	1 621	60	1731	851	5921	2451	2191	3051	1241	5801	24451	24421
SHIGELLOSIS	131	351	5941	731	3531	1901	591	2071	2381	5741	24541	17181
TETANUS	ı 01	11	81	01	21	21	11	81	51	01	121	91
TOXIC SHOCK SYNDROME	-   Ø	01	21	 01	! 101	۱ ــــــــــــــــــــــــــــــــــــ	!ا ا®	!	 1	 31	181	271
TRICHINOSIS	1 01	01		01	11	11	01	01	ê.	Ø1	21	31
TULAREMIA	1 01	01		01	11	01	21	31	11	.01	81	81
TYPHDID FEVER	I 01	11	21	01	18	. 11	01	61	21	81	281	321
TYPHUS FEVER, ENDEMIC	0	01	01	4!	11	01	11	451	11	ØI	521	251

NOTE: No cases of anthrax, cholera, diphtheria, hepatitis D, plague, Q fever, rabies in man, or yellow fever were reported in Texas in 1986.

#### 1986 SUMMARY OF REPORTABLE OCCUPATIONAL DISEASES IN TEXAS

REGION	1	2	3/12	4	5	6	7/10	8	9	11	STATEWIDE 1986
ELEVATED BLOOD LEAD LEVELS ACUTE OCCUPATIONAL PESTICIDE POISONING § SILICOSIS § ASBESTOSIS §	5	3	39	2	549		10		5	25	638

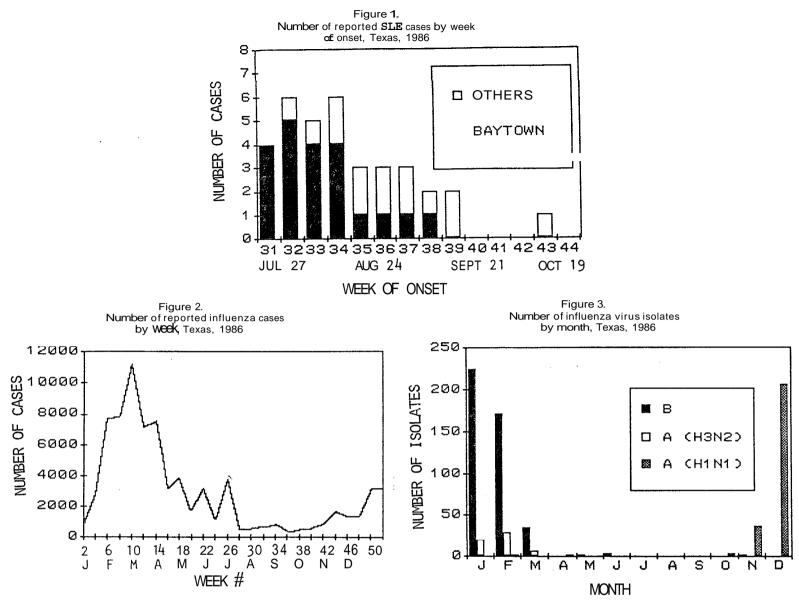
 $\ddagger$  Blood lead level  $\geq$ 40 ug/dl in persons 15 years of age or older; summarized by date of blood lead test.

§ Regular summaries of these reportable occupational diseases will be included as reporting procedures become better established.

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#### 1986 SUMMARY OF DISEASES REPORTED TO THE BUREAU OF COMMUNICABLE DISEASE SERVICES

REGION	1	2	3/12	4	5	6	7/10	8	9	11	STA1 1986	'EWIDE 1985
TUBERCULOSIS	14	16	102	26	<b>===</b> == 409	114	138	251	155	 665	1890	1891
P&S SYPHILIS GONORRHEA	43 1278	104 1268	170 3328	41 1623	1540 10739	273 6098	300 5399	118 1729	309 4187	1069 17727	3967 63376	4610 66728



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