Texas Preventable Disease
NEWS

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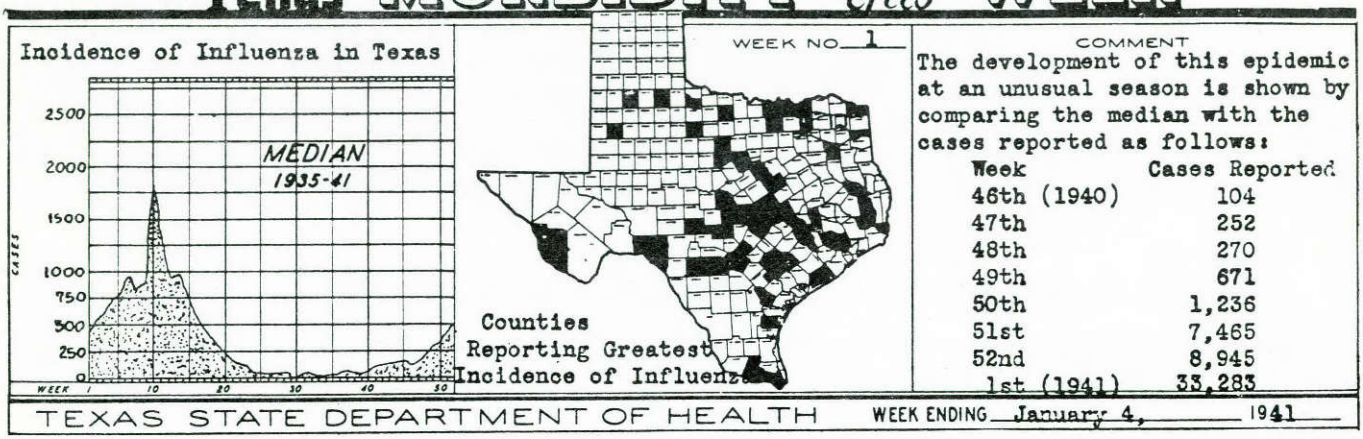
contents:

Bureau of Disease Control and Epidemiology,
1100 West 49th Street, Austin, Texas 78756 (512-458-7455)

Texas MORBIDITY *this* WEEK



COMMENT

The development of this epidemic at an unusual season is shown by comparing the median with the cases reported as follows:

Week	Cases Reported
46th (1940)	104
47th	252
48th	270
49th	671
50th	1,236
51st	7,465
52nd	8,945
1st (1941)	33,283

TEXAS STATE DEPARTMENT OF HEALTH — WEEK ENDING January 4, 1941

PDN: THE PAST AND THE FUTURE

With this issue of Texas Preventable Disease News (PDN), we not only begin a new decade, but also begin our fiftieth year of publication. PDN was originally entitled Communicable Disease in Texas, becoming Texas Morbidity This Week in 1941. During these early years, TMTW focused primarily on providing weekly statistics on the communicable diseases reported from each county. In addition to these statistics, each issue was headed by a short paragraph describing the epidemiology of a selected communicable disease. Hand-drawn maps and graphs were often used to display the distribution and seasonal variation of various diseases.

In 1982, TMTW was renamed Texas Preventable Disease News to reflect an increased emphasis on disease prevention. Epidemiologic activities were no longer restricted to the control of communicable diseases, but involved increased efforts to prevent such diseases. The focus was also broadened to reflect growing epidemiologic efforts in the control of cancer, chronic disease, injuries, and environmental hazards.

Much has changed, not only in name, format and production technology, but also in the prevalence of preventable diseases. During 1941, the vaccine-preventable diseases - smallpox, diphtheria, and paralytic poliomyelitis -- occurred commonly and had annual seasonal peaks. Often, more than 300 cases of malaria were reported per week in Texas during the summer months. Pellagra was still a problem in the "cotton belt." These diseases have virtually disappeared in Texas.

Although numerous diseases and conditions of public health interest persist in Texas, the incidence of many significant infectious diseases has decreased with the discovery and widespread use of appropriate vaccines and antibiotics. For example, while the exact efficacy of our current one dose schedule for measles vaccine is now in doubt, it cannot be questioned that this vaccine has had a profound effect on disease incidence. An early issue of TMTW noted that 1,000 to 2,000 cases of measles a week were reported to the state health department during parts of 1941. This issue also mentioned that such epidemics were to be expected every three to five years.

The decreased prevalence of syphilis is a dramatic example of the changes that effective antibiotics and active case finding can produce. Early issues of TMTW noted that the 90 STD clinics in Texas treated approximately 30,000 cases of syphilis each week; of which over 2,000

were new cases. Available drugs included neoarsphenamine, mapharsen, bismuth, and sulfathiazole. The STD Control division now receives 200 reports of syphilis every week. Tuberculosis is yet another example. With the discovery of isoniazid and other antitubercular drugs, 4,000 Texans no longer die each year from tuberculosis, as was the case in the 1930's. Tuberculosis, however, has not gone away, and it is evident that many infected persons still do not receive adequate treatment. In 1988, 127 Texans died from tuberculosis.

One thing has not changed! Periodically throughout the years, the editor exhorted and reminded physicians of the necessity and benefits to the community of reporting communicable diseases and local outbreaks to the health department. Under-reporting is still a major problem.

PDN is using the occasion of its fiftieth year to evaluate its present focus and format. This coming year we will concentrate more on state and local issues as well as successes and failures in the control of preventable diseases within the state. As a point of reference from the past, we will reprint the epidemiologic note from the corresponding 1941 issue. Your comments and suggestions to help us improve with age are appreciated.

Prepared by: Diane Simpson, PhD, MD, Chief, Bureau of Disease Control and Epidemiology, Texas Department of Health.

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EOSINOPHILIA-MYALGIA SYNDROME

On October 30, 1989, the New Mexico Department of Health contacted the CDC about a then unrecognized syndrome consisting of eosinophilia (≥ 1000 eosinophils per mm^3) and severe myalgias. The syndrome was first noted in three persons who had ingested commercial preparations of the amino acid, L-tryptophan.

To better characterize this syndrome and to assess the extent of the problem, the CDC and state health departments have implemented a surveillance system. Over 1,000 cases of eosinophilia-myalgia syndrome (EMS) have been reported in the US. As of January 10, 1990, 57 of these cases had been reported to the TDH.

Characteristics of Texas EMS Cases

Female:	89%
White, non-Hispanic:	85%
White, Hispanic:	15%
Age range:	29-80

Where: (Figure 1)

Onset: More than half experienced the onset of their illness on or after October 1, 1989. Three had onset before May, 1989, including one each with onset in 1986 and 1987.

Brands: Over 27 different preparations of L-tryptophan have been used by these cases.

Symptoms:	myalgias	(100%)
	fever	(65%)
	rash	(65%)
	cough	(57%)
	hair loss	(37%)
	swelling of the limbs	(67%)
	periorbital edema	(46%)
	thickening of the skin	(26%)
	peripheral neuropathies	(15%)

Exposure: Cases have taken L-tryptophan up to five years before the onset of symptoms. Persons have become ill as long ago as six months after discontinuing L-tryptophan use.

Cause: Unknown, but may be due to a recent contaminant in supplies of L-tryptophan.

The US Food and Drug Administration, has detained all packaged and bulk shipments of L-tryptophan at US ports and directed a recall of L-tryptophan-containing products at the retail level. The recall was directed at products for which a daily intake of 100 mg or greater of L-tryptophan would be expected if label directions were followed.

TDH urges persons taking L-tryptophan or products containing L-tryptophan in combination with other ingredients to stop immediately. Also, persons who have taken a portion of a bottle of L-tryptophan without developing symptoms are cautioned against finishing that particular bottle.

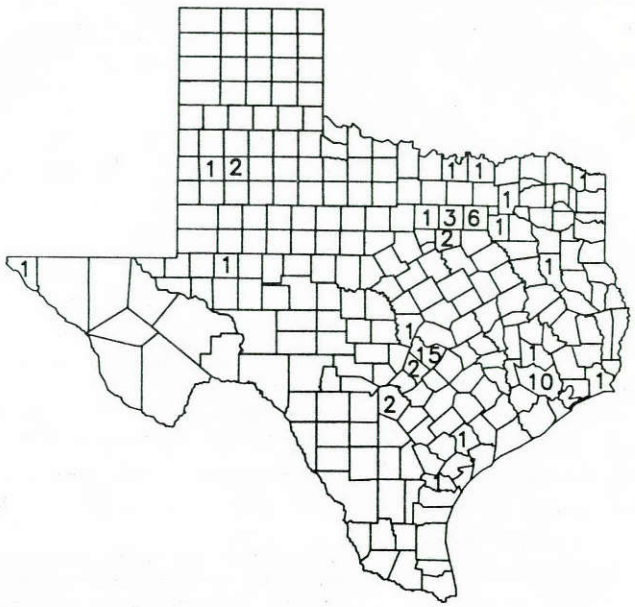
Currently, the only other lawfully marketed products with L-tryptophan are infant formulas, enteral nutrition products, approved parenteral products, and food products using L-tryptophan in accordance with the Code of Federal Regulations' provision (21 CFR 172.320) regarding Special Dietary and Nutritional Additives. These

may be recommended or prescribed by physicians for any use in the course of their routine practice of medicine without special authorization. In assessing the risk that may be associated with these products, the physician should consider that although none of the cases of EMS reported to CDC or FDA have involved infant, parenteral or enteral formulas, the sources of L-tryptophan in these products may be the same as those in over-the-counter dietary supplements that have been associated with EMS. For each patient, the physician must consider the essential need of the patient for the product balanced against the potential risk.

EMS is an "...unusual outbreak of disease ... [and] should be reported by the most expeditious means" under section 97.2 of the Rules and Regulations for the Control of Communicable and Sexually Transmitted Diseases & Reporting of Occupational Diseases. Anyone with severe muscle pain and a blood test demonstrating eosinophils should be reported to TDH at 1-800-252-8239.

Prepared by: Kate Hendricks, MD, Medical Consultant for Epidemiology; Jeffery P. Taylor, Director: Infectious Disease Program; and Jan Pelosi, Epidemiologist Assistant, Infectious Disease Program, Bureau of Disease Control and Epidemiology, TDH.

Figure 1.
County residence of 57 cases of eosinophilia-myalgia syndrome -- Texas, 1989



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EPI Notes

Legionnaire's Disease: The State of Louisiana, Department of Health and Hospitals has reported a Legionnaire's disease outbreak associated with a produce mister in a retail food store. The outbreak occurred from October 31 through November 10, 1989, and involved 34 confirmed cases with two deaths.

Legionnaire's disease can be acquired by inhaling droplets of water containing *Legionella pneumophila.* The implicated mister used an ultrasonic nebulizer to generate a fine aerosol mist. *L. pneumophila* was isolated from the water reservoir of the mister. The isolate was the same biotype as the bacteria identified in patients. So far, none of the large chain grocery stores in Texas have been found to use this particular design of produce mister. Regional and local health departments have detailed information available on request for retail food stores and the medical community.

Foodborne Outbreak: Investigators of the Food & Drug Division, Public Health Region 2, Lubbock, have reported a *Clostridium perfringens* foodborne outbreak in Plainview. The outbreak involved attendees at a luncheon held December 15, 1989. Seventy-two of 89 attendees were ill. Ingestion of turkey and turkey dressing were associated with illness. Investigators identified several problems involving preparation of the turkey which contributed to the outbreak.

Influenza: Influenza A(H3N2) virus activity is widespread throughout the state. Historically, January and February are the months of most intense influenza activity. Hospitals throughout the state are reporting increased admissions due to the flu. Several school districts are reporting absentee levels greater than 20%.

VACCINE-PREVENTABLE DISEASE UPDATE
CONFIRMED AND SUSPECTED MEASLES

Reporting 01/01/90 - 01/16/90*

County	Latest Rash Onset	# Case	Affected Population
Bexar	12/09/89	1	Pre-school
Cooke	01/03/90	1	Pre-school
Coryell	01/02/90	1	School-age
Dallas	01/12/90	350 **	All age groups
Denton	01/07/90	5	Pre-school, school-age
El Paso	01/12/90	7	Pre-school, school-age
Ellis	01/11/90	1	Adult
Hill	01/15/90	3	School-age
Hunt	01/08/90	2	Pre-school
Jasper	01/09/90	1	Pre-school
Karnes	01/08/90	1	Pre-school
Morris	01/10/90	1	Pre-school
Runnels	01/10/90	1	School-age
Tarrant	01/11/90	5	All age groups
Travis	01/15/90	3	Pre-school, adult
Val Verde	01/08/90	1	Pre-school
Webb	01/07/90	1	School-age
Total		385	

*except as noted.
**cumulative total since Spring 1989, cases currently occurring mainly in the pre-school population

Confirmed Rubella

County	Latest Rash Onset	# Case	Affected Population
Runnels	01/10/90	1	School-age
Val Verde	01/08/90	1	Pre-school
Total		2	

Notes

Both measles and rubella are currently being reported in Texas and physicians are reminded to report any rash-fever illness. Diagnostic serologic tests and follow-up of susceptible contacts may be arranged through the local or state health department.

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