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Texas Preventable Disease NEWS

contents:

BUREAU OF EPIDEMIOLOGY 1100 West 49th Street, Austin, Texas 78756 (512-458-7207)

TEXAS MOTOR-VEHICLE TRAFFIC FATALITIES, 1983

For the second year in a row, the number of traffic-accident deaths reported by the Texas Department of Public Safety has decreased -- a welcome reversal of an upward trend which began in the early 1970s and continued through 1981. The numbers are encouraging but hardly reason for rejoicing or complacency as, during the year, traffic accidents resulted in an average of ten fatalities a day. Motor-vehicle traffic accidents continue to be the primary cause of premature mortality and represent a tragic and unnecessary loss of life, as demonstrated by the following statistics for Texas 1983.

1. A total of 3,823 traffic-accident deaths occurred as a result of 3,328 fatal accidents.

2. The motor-vehicle fatality rate was 24.9 fatalities per 100,000 population, a rate exceeded only by those for heart disease, cancer, and cerebrovascular diseases.

3. One out of every 25 deaths in Texas was the result of a motor-vehicle accident.

4. At least one fatal accident occurred daily on Texas public roadways. On October 8, 1983, 16 fatal accidents took the lives of 31 people.

5. For those involved in traffic accidents, the chances of dying are three time greater if alcohol is involved.

Unlike the chronic diseases, motor-vehicle accidents occur disproportionately among the young. Although less than one third of the Texas population is between 15 and 34 years of age, over half of all Texas motor-vehicle fatalities in 1983 were in this age group, the resultant motor-vehicle fatality rate being 39.6 per 100,000. The 20 to 24 year olds continue to have the highest motor-vehicle death rate of any five-year age group -- 54.7 per 100,000 population. Fatality rates also vary widely by sex. Seventy-two percent of the 3,823 persons killed in motor-vehicle accidents during 1983 were male. The motor-vehicle fatality rates per 100,000 population were 36.5 for males, 13.6 for females. The greatest risk of a fatal motor-vehicle crash is among males between 20 and 24 years of age on a weekend, late at night or very early in the morning.

Two factors, driving while intoxicated (DWI) and failure to use safety belts, continue to contribute substantially to motor-vehicle fatalities in Texas.

- o DWI was a direct contributing factor in at least 26% of all fatal accidents. Prior to January 1, 1984, Texas law did not require mandatory testing of alcohol levels of drivers involved in fatal crashes. In 1983, 1,006 people were killed in alcohol-related motor vehicle accidents. Of those killed, 497 were not themselves intoxicated drivers; they were DWI victims.

- Failure to use safety belts was an indirect contributing factor in nearly all fatal accidents. Despite the availability of seat belts and their proven record in reducing mortality, relatively few people use them. Approximately 98% of the automobile occupants who were killed in Texas during 1983 had seat belts available yet failed to use them. It is estimated that if all Texans had worn seat belts, 1,300 drivers and passengers would not have died in 1983.

The prevention of motor-vehicle fatalities requires a combination of counter measures. While some preventive measures should be aimed at modifying human behavior, others should be directed toward the modification of product and environmental designs. Priority should be given to measures that will most effectively reduce the toll of injuries and deaths on Texas roadways. The prevention of motor-vehicle fatalities and injuries requires a public health approach that is oriented more toward community responsibility than individual responsibility for protection. Only through the concerted efforts of citizens, public officials, and product designers and manufacturers can such measures be instituted.

This report was prepared by Linda E. Lloyd, Staff Epidemiologist, Bureau of Epidemiology, Texas Department of Health.

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HEPATITIS A ALERT

Oklahoma is experiencing significant hepatitis A activity this year. One area of the state so involved is Caddo County, located midway between Oklahoma City and Lawton, Oklahoma. Since the beginning of 1984, 66 cases of hepatitis A have been diagnosed there, and over 50% of the cases reside in the town of Anadarko.

The town and surrounding area have a highly concentrated American Indian population, and this group appears to be at greatest risk of acquiring hepatitis A. In May 1984, 86% of the reported cases occurred among the Indians; for June this figure reached 100%. There has been considerable transmission among extended American Indian families, with person-to-person spread of the disease predominating. Calculated incidence rates for hepatits A confirm the outbreak, with the overall rate for Caddo County being 190 cases per 100,000 population, while the incidence rate for the state of Oklahoma is 5.6 per 100,000. Among the Indians of Caddo County, the incidence rate has been calculated at 658 cases per 100,000.

Oklahoma public health officials have initiated an aggressive campaign in the area to identify cases and their contacts as quickly as possible and to administer immune globulin to case contacts. Of particular concern to health officials is an event which took place in Anadarko during the week of August 13 through 18, the American Indian Exposition, which drew visitors from all over the country, including Texas. Attendance at the festival was estimated to peak between 10,000 and 40,000 people. Camping was available to attendees, and several Indian groups camped throughout the duration of the festival. Health officials expected campers to be at greater risk of acquiring hepatitis A than the casual visitor attending the event for a few hours. Thus, the Oklahoma State Health Department, in cooperation with the Indian Health Service, intensified control efforts in Anadarko in an attempt to keep hepatitis A transmission to a minimum. The importance of good personal hygiene, especially for foodhandlers at the Exposition, was emphasized.

This event was expected to attract a number of visitors from Texas. Since the incubation period for hepatitis A is approximately one month, physicians and health care providers are asked to be alert for any hepatitis A cases occurring during mid-September. These patients should be questioned regarding travel to Anadarko in August. Please include such data when reporting to the Bureau of Epidemiology. Surveillance information will be forwarded to counterparts at the Oklahoma Department of Health in support of their on-going investigation.

RECOMMENDATIONS FOR HANDLING AND STORAGE OF BIOLOGICALS*

TEXAS DEPARTMENT OF HEALTH, IMMUNIZATION DIVISION (512) 458-7284; Tex-An 824-9284

BIOLOGICAL	SHIPPING REQUIREMENTS	CONDITION ON ARRIVAL	STORAGE REQUIREMENTS	SHELF LIFE EXPIRATION	INSTRUCTIONS FOR RECONSTITUTION OR USE	SHELF LIFE AFTER RECONSTITUTION - THAWING OR OPENING	SPECIAL INSTRUCTIONS
Diphtheria Tetanus Pertussis (DTP,DT)	Use refrigerant.	Must be cool. Heat & freezing cause difficulties in resuspension of vaccine.	Refrigerate immediately upon arrival. Store opened and unopened vials at 2°-8°C (35°-46°F). DO NOT FREEZE.	Up to 18 mos. Check date on vial or container.	DO NOT use if resuspension cannot be achieved by vigorous shaking.	Until outdated, if not contaminated. Inject intramuscularly.	Rotate stock so that the most current expiration dated stock is used first.
Adult Tetanus Diphtheria (Td)	Use refrigerant.	Must be cool. Heat & freezing cause difficulties in resuspension of vaccine.	Refrigerate immediately upon arrival. Store opened and unopened vials at 2°-8°C (35°-46°F). DO NOT FREEZE.	Up to 2 years. Check date on container or vial.	DO NOT use if resuspension cannot be achieved by vigorous shaking.	Until outdated, if not contaminated. Inject intramuscularly.	Rotate stock so that the most current expiration dated stock is used first.
Rubella Virus Measles Virus Measles/Mumps/ Rubella combined virus Mumps Virus Measles/Rubella combined virus	Use refrigerant. Maintain at 10°C (50°F) or less.	Should be below 10°C (50°F). If above this temperature, immediately telephone Immunization Division or Pharmacy Division for instructions. DO NOT USE WARM VACCINE.	If possible, separate vaccine from diluent. Store as follows: Vaccine-refrigerate immediately upon arrival. Store at 2°-8°C (35°-46°F). PROTECT FROM LIGHT AT ALL TIMES, since such exposure may inactivate the virus. Diluent-Do not freeze. Special Note: Freeze dried vaccines may be maintained at freezer temperatures.	Vaccine-Up to 2 years. Check date on vial or container. Diluent-Indefinite.	RECONSTITUTE JUST BEFORE USING. Singles-Inject diluent into the vial of lyophilized vaccine and agitate to ensure thorough mixing. Withdraw entire contents into syringe and inject total volume of vaccine subcutaneously.	After reconstitution, use immediately or store in a dark place at 2°-8°C (35°-46°F). DISCARD RECONSTITUTED VACCINE AFTER 8 HRS.	Rotate stock so that the most current expiration dated stock is used first. Use only the diluent supplied to reconstitute the vaccine. DO NOT use diluents from other vaccines or manufacturers.
Oral Poliovirus	Use dry ice.	Should be frozen. If thawed but still cold - below 8°C (46°F), refreeze immediately. If thawed and warm - above 8°C (46°F) - or vaccine is cloudy, immediately telephone Immunization Division for instructions. DO NOT USE THAWED, WARM, OR CLOUDY VACCINE.	Maintain continuously in the frozen state. Vaccine may remain in liquid state at -14°C (+7°F) because of sorbitol content. THE VACCINE MAY BE REFROZEN - if not opened; a maximum of 10 freeze-thaw cycles is permissible, provided the total cumulative duration of thaw does not exceed 24 hours, and provided the temperature does not exceed 8°C (46°F) during the period of thaw.	Up to 1 year. Check date on vial or container.	Thaw before using -- may be rubbed between hands for rapid thawing.	Vaccine in liquid state in unopened vials may be used for up to 30 days provided it has been stored at 2°-8°C (35°-46°F). Once the vial is opened, it must be refrigerated at 2°-8°C (35°-46°F) and used within 7 days.	Ten dose vials: If the dropper becomes contaminated by touching the mouth, do not reuse dropper or reintroduce into the vial. Sterilize dropper by boiling in water (cool before replacing dropper in vial) or use a new dropper before continuing administration. USE ONLY THE DROPPER SUPPLIED IN THE PACKAGE. Ten/single dose: Rotate stock so that the most current expiration dated stock is used first.

*These recommendations are not a substitute for the package insert included with each biologic, and are based upon suggestions from Centers for Disease Control, Public Health Service.

NOTE: All materials used for administering live virus vaccines should be burned, boiled, or autoclaved prior to disposal.

July 1984

RECOMMENDATIONS FOR HANDLING AND STORAGE OF BIOLOGICALS*

TEXAS DEPARTMENT OF HEALTH, IMMUNIZATION DIVISION (512) 458-7284; Tex-An 824-9284

BIOLOGICAL	SHIPPING REQUIREMENTS	CONDITION ON ARRIVAL	STORAGE REQUIREMENTS	SHELF LIFE EXPIRATION	INSTRUCTIONS FOR RECONSTITUTION OR USE	SHELF LIFE AFTER RECONSTITUTION - THAWING OR OPENING	SPECIAL INSTRUCTIONS
Influenza Virus	Use refrigerant.	May be out of refrigeration for up to 4 days.	Refrigerate immediately upon arrival. Store opened and unopened vials at 2°-8°C (35°-46°F). DO NOT FREEZE.	Up to 18 mos. Check date on vial or container.	Shake vigorously before withdrawing each dose.	Until outdated, if not contaminated.	Rotate stock so that the most current expiration dated stock is used first.
Inactivated Poliovirus	Use refrigerant.	Must be cool.	Refrigerate immediately upon arrival. Store opened and unopened vials at 2°-8°C (35°-46°F). DO NOT FREEZE.	Up to 12 mos. Check date on vial or container.	Withdraw proper amount from vial or ampule into syringe and inject subcutaneously.	Vial: Until outdated, if not contaminated. Ampule: Until outdated, if not contaminated. Once the ampule has been opened, any of its contents not used immediately should be discarded.	Rotate stock so that the most current expiration dated stock is used first.
Rabies - Human Diploid Cell Vaccine (HDCV)	Use refrigerant.	Must be cool.	Refrigerate immediately upon arrival. Store at 2°-8°C (35°-46°F). DO NOT FREEZE.	Up to 18 mos. Check date on vial or container.	RECONSTITUTE JUST BEFORE USING. Inject diluent into the vial of lyophilized vaccine and agitate to ensure thorough mixing. Withdraw proper amount into syringe and inject intramuscularly.	After reconstitution, use immediately.	Rotate stock so that the most current expiration dated stock is used first.
Rabies Immune Globulin	Use refrigerant.	Must be cool.	Refrigerate immediately upon arrival. Store at 2°-8°C (35°-46°F). DO NOT FREEZE.	Up to 12 mos. Check date on vial or container.	Withdraw proper amount from vial into syringe and inject intramuscularly.	Until outdated, if not contaminated.	Rotate stock so that the most current expiration dated stock is used first.
Hepatitis B Virus	Use refrigerant.	Must be cool.	Refrigerate immediately upon arrival. Store open and unopened vials at 2°-8°C (35°-46°F). DO NOT FREEZE.	Up to 18 mos. Check date on vial or container.	Withdraw proper amount from vial into syringe and inject intramuscularly.	Until outdated, if not contaminated.	Rotate stock so that the most current expiration dated stock is used first.

*These recommendations are not a substitute for the package insert included with each biologic, and are based upon suggestions from Centers for Disease Control, Public Health Service.

Note: All materials used for administering live virus vaccines should be burned, boiled, or autoclaved prior to disposal.

July 1984

MONTHLY SUMMARY OF REPORTABLE DISEASES IN TEXAS

July 1 to July 28, 1984

REPORTABLE DISEASE	PHR 1	PHR 2/12	PHR 3	PHR 4	PHR 5	PHR 6	PHR 7/10	PHR 8	PHR 9	PHR 11	WEEKS 27 - 30 1983	WEEKS 27 - 30 1984	CUMULATIVE 1983	CUMULATIVE 1984
AIDS					3	1		1	2	16	6	23	26	76
Amebiasis		1	1		5	5		7		2	20	21	208	141
Anthrax											0	0	0	0
Botulism			1				1				0	2	0	6
Brucellosis											19	0	44	9
Cholera											0	0	0	0
Dengue											0	0	0	0
Diphtheria											0	0	0	0
Encephalitis					1		1				21	2	49	25
Hansen's Disease								2			0	2	13	11
Hepatitis A	5	1	1	4	68	10	4	11	11	8	123	123	1,482	985
B	3			4	35	4	7	5	3	8	63	69	637	561
NA-NB		1		2	2				1	1	0	7	0	56
U			1	7	55	7	6	7		1	161	84	1,220	682
Leptospirosis											0	0	0	1
Malaria					3	1				7	6	11	31	44
Measles						1					1	1	35	497
Meningitis, Aseptic		3	2	1	20	4		1	1	12	230	44	457	278
Meningococcal Infections				1	2	1	1				7	5	122	107
Mumps					2			1		1	4	4	144	105
Pertussis					1						8	1	29	16
Plague		1									0	1	0	2
Polio											0	0	0	0
Psittacosis											0	0	2	2
Q Fever											0	0	0	0
Rabies										1	0	1	0	1
Relapsing Fever											0	0	0	0
Reye Syndrome											3	0	13	12
RMSF			1				1				22	2	63	38
Rubella											6	0	84	3
Salmonellosis	4	11	6	7	54	33	19	18	16	28	229	196	963	1,157
Shigellosis	3	5	1	1	16	9	2	35	20	22	175	114	709	744
Tetanus											3	0	3	2
Trichinosis											0	0	1	13
Tularemia											1	0	3	2
Typhoid					1						8	1	20	14
Typhus, Endemic					1						5	1	13	8
Yellow Fever											0	0	0	0
Chickenpox	3	16		147	34	9	25	7		10	207	251	13,545	13,254
Influenza	33	33	12	131	219	70	160	174	24	5	1,984	861	67,971	156,843
Strep Infections	13	37		114	233	88	112	98	110	27	1,930	832	24,705	24,474
Scarlet Fever		2		7			26	28		1	0	64	0	324

TEXAS POPULATION BY PUBLIC HEALTH REGION - 1984*

PHR	POPULATION	PHR	POPULATION	PHR	POPULATION
1	392,206	5	3,566,359	9	1,478,857
2/12	758,209	6	1,491,320	11	3,783,317
3	574,926	7/10	1,584,033		
4	687,431	8	1,462,583	TOTAL	15,779,240

*Texas Department of Health Population Data System

ARBOVIRAL ACTIVITY - 1984

St. Louis Encephalitis (SLE) virus was isolated from four pools of Culex quinquefasciatus mosquitoes in Jefferson County (PHR 10) collected on July 9, 23, 24, and August 6. Antibodies to SLE were detected in only one of 25 birds whose sera had been collected July 2 in Navarro County (PHR 5). Western equine encephalitis (WEE) virus was isolated from pools of Culex tarsalis mosquitoes collected July 10 in Randall County (PHR 1), July 18 and August 1 in Midland County (PHR 12), and August 7 in Lubbock County (PHR 2). Four chickens in a sentinel flock of 121 in Lubbock County (PHR 2) demonstrated antibody to WEE in sera collected July 9. Thirty-six of 138 chicken sera collected August 6 in Lubbock were also positive for WEE antibody. Four clinical cases of equine WEE infection were reported to Zoonosis Control: one each from Gray and Randall Counties (PHR 1) the week of August 1 and two from Castro County (PHR 2) during the week of July 15.

This evidence of arboviral activity in varied portions of the state is typical for this time of the year. Physicians throughout Texas should consider arboviral infections in patients that present with evidence of neurologic involvement such as aseptic meningitis or encephalitis. A diagnosis is confirmed by demonstrating a four-fold rise in titer between serum samples collected at least two weeks apart. This test is only performed at the Houston City Health Department and the Texas Department of Health in Austin. Paired sera can be sent to the Bureau of Laboratories, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3194. For further information, contact the Bureau of Epidemiology (512) 458-7328 or STS 824-9328.

This report was prepared by Christie Reed, MPH, Bureau of Epidemiology, Texas Department of Health.

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CHANGE IN GONORRHEA SCREENING TEST

For the past year, an enzyme immunoassay (Gonozyme) has been employed as the major gonorrhea screening tool throughout the state, especially in clinics remote from laboratory services. The period of evaluation has revealed that the benefits and potential are not of a magnitude at this time to warrant further testing of the system. Therefore, a return to a culture system will be made this fall, as soon as stocks of EIA reagents are depleted and those of culture medium are sufficient, probably in October. The culture medium will be available in the same quantities as were EIA collectors. Collection procedures remain standardized, and handling of the medium will be unchanged from a year ago. More details will be provided as the culture system is implemented.

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