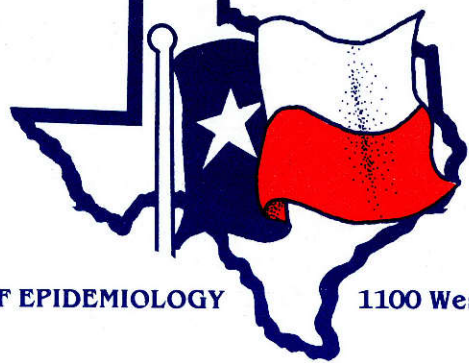


Texas Preventable Disease NEWS



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BUREAU OF EPIDEMIOLOGY

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

ANNUAL SUMMARY OF VIRAL ISOLATES IN TEXAS, 1984

In October 1982, the Bureau of Epidemiology, Texas Department of Health, began a virus surveillance system incorporating viral isolate information from 19 viral laboratories throughout the state. The laboratories are located in Austin, Dallas, Galveston, Houston, Lubbock, San Antonio, and Temple. Each laboratory provides a line listing of viral isolations, with pertinent patient information, on a monthly basis. Herpes simplex viruses are reported by age and sex totals only. The following is a summation of the data reported in 1984.

Herpes simplex virus, influenza B virus, influenza A(H1N1), echoviruses, and Chlamydia trachomatis were the five most frequently reported agents. (Although C. trachomatis is not a virus, it is isolated by cell culture, as are viruses, and is of clinical interest to virology laboratories.) Herpes simplex virus (HSV) represents 68% of the total number of viruses reported.

Table 1 presents the number of viral isolates by month. The seasonal pattern of influenza viruses, rotavirus, and respiratory syncytial virus (RSV) is consistent with their known seasonal prevalence. Influenza A(H3N2) virus was isolated infrequently in early 1984, but was the only influenza virus isolated in the state in December 1984. Influenza B and influenza A(H1N1) viruses were isolated from 48% and 33% of the patients with a respiratory infection, respectively. In January and February, influenza viruses were responsible for 96% of the viral respiratory infections. Overall, Echovirus 9 was responsible for illness in 25% of the patients reported to have meningitis. In May and June, 39% of the patients with meningitis had an Echovirus 9 infection. Enteroviruses were prevalent in the summer and early fall.

The number and type of viral isolates by the age of the patient is shown in Table 2. Characteristically, rotavirus and respiratory syncytial virus infections occurred in infants and young children. A majority of cytomegalovirus isolates came from individuals less than one year of age and 20 to 39 years of age. Chlamydia trachomatis isolates in the 20- to 39-year age group may reflect sexually transmitted infections.

Figure 1 shows the number of HSV isolates by sex and age groups. Seventy-eight percent of the HSV isolates were from women. The predominance of females probably reflects a greater interest by gynecologists and obstetricians in documenting HSV infections in women. Of cases whose ages were reported, the 20- to 29-year-old age group represented 53% of those with HSV isolates. The age was unreported in 61% of cases. An average of 305 HSV isolates were reported each month.

NON-CIRCULATING NTSU LIBRARY

Table 1.

Number of viral isolates by month of specimen collection
January 1-December 31, 1984, Texas.

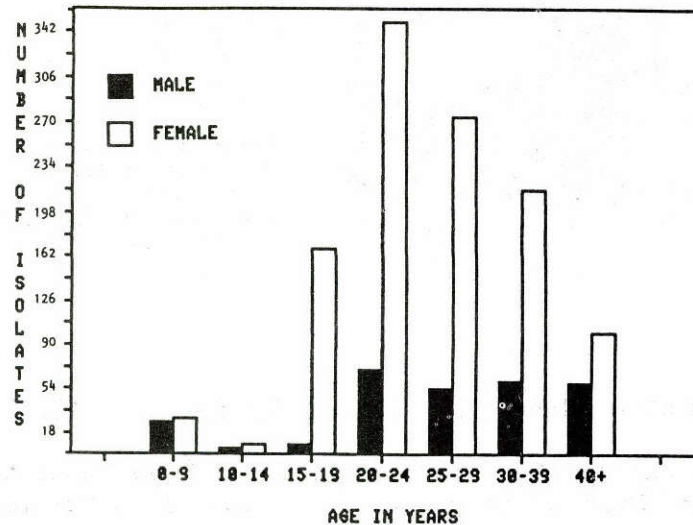
VIRUS	MONTH												TOTAL
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
ADENOVIRUSES	4	9	18	15	11	9	6	17	9	11	8	7	124
<u>CHLAMYDIA TRACHOMATIS</u>	9	1	1	20	15	3	21	21	23	42	23	18	197
CYTOMEGALOVIRUS	1	3	11	13	16	4	11	5	16	13	32	25	150
COXSACKIE A VIRUSES	1	0	1	0	0	2	0	0	1	2	0	0	7
COXSACKIE B VIRUSES	0	0	0	2	3	18	15	11	7	4	4	1	65
ECHOVIRUSES	7	0	2	16	12	45	36	27	27	41	34	13	260
INFLUENZA A(H1N1)	136	135	14	2	0	0	0	0	0	0	0	0	287
INFLUENZA A(H3N2)	5	1	5	0	0	0	0	0	0	0	0	13	24
INFLUENZA B	107	165	123	11	0	0	0	1	0	1	0	0	408
PARAINFLUENZA 3	0	0	3	0	0	5	5	0	0	5	0	5	23
POLIOVIRUSES	4	0	4	5	0	2	6	2	2	2	4	1	32
ROTAVIRUS	23	0	0	3	2	3	3	1	1	0	10	28	74
RESPIRATORY SYNCYTIAL VIRUS	15	0	5	1	0	0	0	0	1	0	2	6	30
VARICELLA/ZOSTER	2	0	2	1	0	1	4	3	2	2	4	5	26

Table 2.

Number of viral isolates by age of patient,
January 1-December 31, 1983, Texas.

VIRUS	AGES IN YEARS								TOTAL
	<1	1-4	5-9	10-19	20-39	40-59	60+	UNK	
ADENOVIRUS	21	34	6	4	15	1	2	41	124
<u>CHLAMYDIA TRACHOMATIS</u>	7	0	0	31	98	2	0	59	197
CYTOMEGALOVIRUS	41	5	0	3	35	15	2	49	150
COXSACKIE A VIRUSES	2	0	0	0	0	0	0	5	7
COXSACKIE B VIRUSES	36	4	1	2	6	1	0	15	65
ECHOVIRUSES	102	39	15	11	18	5	1	69	260
INFLUENZA A(H1N1)	15	53	54	71	68	4	2	20	287
INFLUENZA A(H3N2)	1	8	4	5	1	2	3	0	24
INFLUENZA B	19	69	115	64	69	31	18	23	408
PARAINFLUENZA 3	9	10	1	1	1	0	1	0	23
ROTAVIRUS	18	15	0	0	0	1	0	40	74
RESPIRATORY SYNCYTIAL VIRUS	15	4	0	0	0	0	0	11	30
VARICELLA/ZOSTER	0	1	1	2	7	2	2	11	26

Number of reported herpes simplex isolates by age and sex,
January 1-December 31, 1984, Texas.



* * *

CPSC APPROVES ACTION PLAN FOR ALL-TERRAIN VEHICLE ACCIDENTS

The following article is adapted from US Consumer Produce Safety Commission (CPSC) release #85-15.

In the past three years, there have been more than 100 deaths and over 100,000 injuries related to three-wheel, all-terrain vehicles (ATVs). Over three quarters of a million ATVs are expected to be sold in the United States this year, a figure likely to increase in the years to come. To address this sharp increase in serious injuries and fatalities with ATVs, the CPSC has unanimously approved a seven-step plan of action. The Commission announced that it will publish an Advanced Notice of Proposed Rulemaking, the first in several years. The other six steps of the action plan include:

1. Conduct a hazard analysis to obtain detailed information on ATV use.
2. Undertake an analysis of engineering, human, and medical factors relating to ATVs and their use.
3. Hold a series of public hearings in five locations around the US to solicit user and consumer input.
4. Monitor the development of voluntary standards of ATVs, pending review of future data and industry activity.
5. Share information with user groups and state, local, and federal officials.
6. Monitor the ATV industry's education and training effort, reserving the right to assist or strengthen the industry effort.

A great number of the serious injuries and deaths reported in the ATV accidents resulted from loss of control, flip over, or roll over. Numerous factors were involved, including suddenly encountering a hole, obstruction, or change in terrain, or even a sudden change in momentum due to swerving to avoid an obstacle. Twenty-two percent of the injuries and deaths involving ATVs have occurred to users ages 5 to 12 years; 46% to users under 16 years. The CPSC has authorized a special task force to carry out this action plan as quickly as possible.

* * *

VIRAL ISOLATES FOR MARCH 1985

VIRUS

COUNTY OF RESIDENCE OF PATIENT(S)
(NUMBER OF ISOLATES)

Adenovirus	Bell(1), Galveston(1), Jefferson(1), Travis(2)
Cytomegalovirus	Dallas(4), Galveston(5), Lubbock(1)
Influenza A(H1N1)	Harris(21), Williamson(1)
Influenza A(H3N2)	Calhoun(1), Harris(8), Travis(8)
Influenza B	Harris(1)
Parainfluenza 3	Harris(5), Travis(1)
Rotavirus	Bell(4)
<u>Chlamydia trach.</u>	Bell(3), Harris(1), Travis(8)

* * *

NEW CCDM NOW AVAILABLE

The 14th (1985) edition of Control of Communicable Diseases in Man (CCDM) is now available from the American Public Health Association. This edition outlines over 150 diseases, including AIDS, and provides additional information on the relationship between the formation of tumors and specific causative agents, eg, hepatocellular carcinoma and hepatitis B. CCDM is available in 13 languages, including Spanish, for \$9.00 from:

Publications
American Public Health Association
1015 15th Street
Washington, DC 20005

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