

Texas Preventable Disease

NEWS



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for the Control of Communicable Diseases

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1985 INFECTIOUS DISEASE SUMMARY

HISTOPLASMOSIS

Histoplasmosis was made a reportable disease in mid-1984; 1985 is the first complete year of data collection. A total of 44 cases was reported in 1985. Nine of the cases were female, and 35 were male. A portion of the unusual sex distribution can be attributed to 17 cases for whom histoplasmosis was an opportunistic infection associated with acquired immune deficiency syndrome (AIDS). There was no seasonal variance in occurrence of cases; one to seven cases had onset during each month. Seventy percent of the 23 non-AIDS cases for whom age was known were over 50 years of age. The four fatal cases among non-AIDS patients were 64, 68, 70, and 82 years of age.

MALARIA

Ninety-three cases of malaria were reported in Texas during 1985. Ninety cases acquired their infection outside the United States. Of these, 46 were recent immigrants or students from countries where malaria is endemic, and 43 were non-immigrants who acquired malaria while on business or vacation. The status of one patient was unknown. Central America was the geographic origin of malaria for 36 cases, Africa for 22 cases, and India for 17 cases. Three cases acquired their infection in the United States, one by congenital transmission and one by blood transfusion. The third was an introduced autochthonous case.

In 1985, 61 cases were confirmed as *Plasmodium vivax*, 16 as *P. falciparum*, and 7 as *P. malariae*. Five cases had mixed infections. The species was not determined for four cases. Of the 93 reported cases, 63 were male. Patients ranged in age from 2 days to 74 years. The majority (69%) of the cases occurred in individuals under 30 years of age.

LYME DISEASE

One hundred seventy-two confirmed cases of Lyme disease with onset of symptoms in 1985 were reported. *Borrelia burgdorferi* was cultured from blood specimens of two patients and from skin biopsies of four patients. One hundred eighteen cases were confirmed by the presence of erythema chronicum migrans (ECM); 48 patients experienced cardiac, neurologic, and/or arthritic manifestations with an IFA titer $\geq 1:256$. Cases had onset of symptoms in all months, with 63% occurring in May, June, and July. Clinical symptoms were noted with the following frequencies for the 172 cases: fever, 82%; fatigue, 73%; headache, 73%; ECM, 69%; myalgias, 57%; and arthralgias, 55%. One hundred eight cases (63%) experienced arthritis in at least one joint. The knee was affected in 54% of those cases with arthritis. Neurologic and cardiac manifestations were experienced in 41% and 23% of the cases, respectively. Neurologic manifestations included peripheral neuropathy, 38%; mental confusion, 32%; dysesthesia, 22%; meningitis, 21%; and insomnia, 21%. Of the cases reporting cardiac manifestations 95% experienced palpitations, and 8% experienced tachycardia.

The majority of cases (56%) resided in Dallas, Johnson, Palo Pinto, Parker, and Tarrant Counties. Seventy-percent of the cases resided in Public Health Region 5. Cases ranged from 1 to 94 years of age. Thirty-seven percent were 19 years of age or younger. Ninety-four (55%) cases were female. Incidence rates by age group were usually higher for females. The incidence rate for males was highest for the 0- to 9-year age group. Incidence rates for males were approximately equal in the other six age groups.

PERTUSSIS

A total of 379 confirmed cases of pertussis were reported during 1985, a 532% increase over the 60 cases reported in 1984. Of the 379 cases, 69 were confirmed by culture isolation, 197 were confirmed by direct fluorescent smear, and 113 were clinical confirmations.

The 1985 incidence rate, 2.35 cases per 100,000 population, is the highest experienced in Texas since 1971, when the rate was 2.47 per 100,000 population (Figure 1). Only one death was officially associated with pertussis during 1985. This figure is probably understated, as several cases were complicated with severe sequelae.

Fifty-one cases occurred among infants one month of age or younger, too young to be vaccinated. Of the remaining 328 cases, 94 (28.7%) had no history of pertussis vaccination, and 106 (32.3%) had a history of vaccination that was appropriate for their age.

TUBERCULOSIS

The number of cases of tuberculosis reported in Texas increased in 1985. There were 1,891 cases (11.7 cases per 100,000 population) reported in 1985 compared to 1,762 cases (11.2) in 1984. Of the 1,891 cases, 943 (49.9%) occurred in the seven major metropolitan areas of the state. The city of Houston reported 497 tuberculosis cases, 26.3% of the total state morbidity; Dallas reported 230 cases (12.2%). The next five major population areas contributed 216 cases (11.4%).

During 1985, 85 cases of tuberculosis were reported in children under 5 years of age. This increase of 22 cases from the 63 cases reported in 1984 occurred despite the tuberculosis program's efforts to interrupt the transmission of infection. Houston reported 36.5% of the cases in children under 5 years of age.

CONGENITAL SYPHILIS

During 1985, 96 congenital syphilis infections were reported among newborns. Ninety-four were single deliveries; one was a twin delivery. Of the 96 cases reported, 43 were stillbirths, and 53 were live births, three of whom subsequently died.

Harris County led the state with the reporting of 28 cases. Dallas County reported 14 cases, whereas Bexar, El Paso, and Jefferson Counties reported four cases each. Several areas, notably Public Health Region 11 (excluding Harris County) and Public Health Region 8, reported increased numbers of cases; both reported nine cases each.

The typical mother who delivered an infant with congenital syphilis was young (80% were under 25 years of age), unmarried (68%), and Hispanic (50%) or black (35%). Two percent of the total reported were native Americans, and the remainder (13%) were non-Hispanic whites. Forty-five percent of the mothers received no prenatal care during their pregnancies. However, the remaining 65% who received prenatal care did not seek care until after the beginning of the second trimester. Of those who did have a first trimester visit with a negative serologic test for syphilis, few had a repeat test in the third trimester.

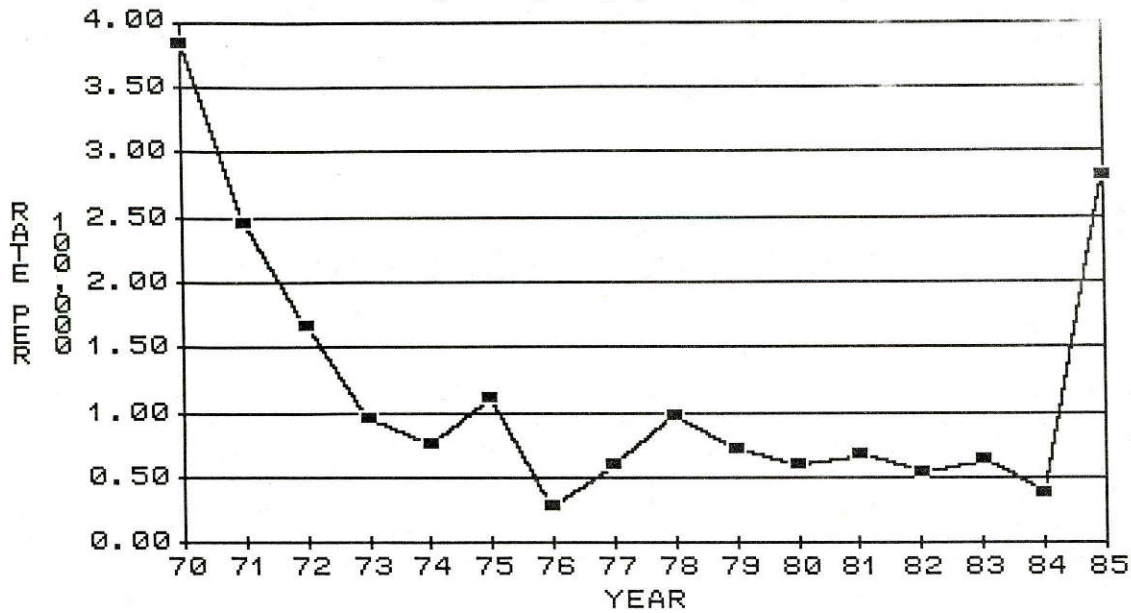
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Four hundred eighty-three cases of AIDS with onset in 1985 were reported in 1985, a 52% increase over the 317 cases with onset in 1984. The majority of Texas cases (90%) were homosexual or bisexual males. An additional 3% were intravenous (IV) drug users, 1% were hemophiliacs, 2% were associated with transfusion, and 4% had inapparent or unknown risk factors. Twenty-seven (3%) female cases were reported, and the majority of these (44%) were IV drug users. Nationally, only 73% of the cases were homosexual/bisexual males, and 17% were IV drug users. The very large number of IV drug user cases from the New York and New Jersey metropolitan areas skew the national data.

The proportion of AIDS cases associated with blood transfusions has increased both in Texas and nationally from 1% to 2%. This is due to the long period between infection with human T-lymphotropic virus type III (HTLV-III) and development of AIDS. The benefit of serologic screening of blood donations, begun in the spring of 1985, and self-deferral by those at increased risk will, therefore, not be fully realized in AIDS reporting for a period of years. Blood banks throughout Texas now use antibody detection kits to screen the state's blood supply for HTLV-III and have reported that 0.25% of the donated units were repeatedly reactive by EIA.

One percent (7) of the cases reported in Texas have been reported in children under 13 years of age. Nationally, three fourths of pediatric AIDS cases result from perinatal transmission of HTLV-III, therefore, the race/ethnicity and geographic distribution of pediatric AIDS patients would be similar to that of reported AIDS cases among adult females. In Texas, females account for a small number of cases, which is reflected in the small number of pediatric cases. Of the seven pediatric cases in Texas, three are related to a parent at risk, and four are transfusion-associated.

Figure 1.
Pertussis cases per 100,000 population, Texas, 1970-1985



YEARLY STATISTICAL SUMMARY

DISEASE	PHR1	PHR1	PHR1	PHR1	PHR1	PHR1	PHR1	PHR1	PHR1	PHR1	TOTAL1	TOTAL1				
	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85
CHICKENPOX	392	1591	780	432	6474	1864	1572	2644	877	4132	20758	16124				
COCCIDIOIDOMYCOSIS	0	3	1	1	4	0	0	3	3	6	21	4				
DENGUE	0	0	0	0	0	0	0	0	0	0	0	0				
ENCEPHALITIS	3	6	5	3	42	8	14	4	16	41	142	113				
HANSEN'S DISEASE	0	0	0	1	5	0	3	15	2	2	28	31				
HEPATITIS A	226	143	146	117	810	412	53	197	275	186	2565	2605				
HEPATITIS B	36	85	99	70	474	176	47	160	92	274	1513	1544				
HEPATITIS NA-NB	8	1	9	11	61	18	4	5	18	43	178	144				
HEPATITIS U	24	57	88	32	508	100	48	233	29	171	1290	1695				
HISTOPLASMOSIS	0	0	0	0	13	4	3	3	1	20	44	10				
INFLUENZA	3532	17404	126	8901	15978	8114	3224	15976	13893	9016	96164	176900				
LEGIONELLOSIS	0	0	2	1	4	2	1	1	1	17	29	24				
LEPTOSPIROSIS	0	0	0	0	0	0	4	0	1	1	6	4				
MALARIA	0	0	0	3	19	12	0	5	10	42	93	77				
MEASLES	0	4	20	2	30	4	86	277	7	20	450	642				
MENINGITIS, ASEPTIC	14	24	43	31	264	206	24	38	93	252	989	645				
MENINGITIS, H. INFLUENZAE	30	23	14	17	188	61	26	21	45	129	554	524				
MENINGITIS, OTHER/BACTERIAL	8	26	7	11	166	29	26	25	22	103	423	301				
MENINGOCOCCAL INFECTIONS	3	6	1	6	41	17	18	7	4	29	132	180				
MUMPS	14	13	19	4	113	22	12	34	46	44	321	219				
PERTUSSIS	2	18	9	4	75	7	27	7	193	37	379	60				
PLAGUE	0	0	0	0	0	0	0	0	0	0	0	1				
PSITTACOSIS	0	0	0	1	0	0	0	0	0	0	1	9				
RABIES IN MAN	0	0	0	1	0	0	0	0	0	0	1	1				
RELAPSING FEVER	0	0	0	0	0	0	0	0	0	0	0	3				
REYE SYNDROME	0	2	1	0	2	0	1	4	1	2	13	17				
RMSF	0	0	0	0	19	3	10	0	1	0	33	53				
RUBELLA	1	5	8	2	0	6	7	15	5	3	52	75				
SALMONELLOSIS	50	95	135	58	543	257	24	256	202	605	2442	2339				
SCARLET FEVER	3	7	7	3	137	7	14	26	6	18	108	739				
SHIGELLOSIS	23	64	112	44	316	185	146	209	171	448	1718	1659				
STREP INFECTIONS	739	4122	201	4118	8656	3178	2999	4223	2181	4582	34999	36540				
TETANUS	0	0	0	2	1	0	1	2	0	3	9	10				
TOXIC SHOCK SYNDROME	0	2	0	1	10	4	2	1	4	3	27	22				
TRICHINOSIS	0	0	0	0	0	0	0	0	1	2	3	13				
TULAREMIA	1	1	0	0	1	0	3	1	1	0	8	9				
TYPHOID FEVER	1	0	1	0	6	0	3	10	2	9	32	38				
TYPHUS, ENDEMIC	0	0	0	2	1	1	2	18	0	1	25	37				

NOTE: No cases of anthrax, cholera, diphtheria, polio, Q fever, or yellow fever were reported in Texas in 1985.

PROPOSED AMENDMENT TO THE RULES & REGULATIONS FOR THE CONTROL OF COMMUNICABLE DISEASES

The Texas Department of Health proposes an amendment to 97.4, concerning the list of reportable diseases. The amendment will add specific diseases to the list (**bold face type**) and delete others [bracketed material]. The amendment is proposed under the Communicable Disease Prevention and Control Act, Texas Civil Statutes, Article 4419b-1, 2.02, which provides the Texas Board of Health with the authority to adopt rules concerning a list of reportable diseases.

97.4 List of Reportable Diseases.

(a) (No change.)

(b) Diseases reportable by name, address, age, sex, race/ethnicity, and date of onset are: acquired immune deficiency syndrome; amebiasis; anthrax; [bacterial or viral meningitis;] botulism; brucellosis; campylobacteriosis; cholera; coccidioidomycosis; dengue; diphtheria; encephalitis (specify etiology); Hansen's disease (leprosy); **Hemophilus influenzae infections**; hepatitis, viral--Type A, Type B, **Type D (delta agent)**, Type non-A/non-B, unspecified; histoplasmosis; legionellosis; leptospirosis; **listeria infections**; **Lyme disease**; malaria; measles; **meningitis-bacterial, aseptic/viral, fungal, other (specify etiology, all types)**; meningococcal infections; mumps; pertussis; plague; poliomyelitis, paralytic; psittacosis; Q fever; rabies in man; relapsing fever; Reye syndrome; Rocky Mountain spotted fever; rubella; rubella congenital syndrome; salmonellosis; shigellosis; tetanus; trichinosis; toxic shock syndrome; tularemia; typhoid fever; typhus fever, endemic (murine), epidemic; **vibrio infections**; viral hemorrhagic fever; yellow fever.

(c) Diseases reportable by numerical totals are: chickenpox, influenza and flu-like illness [streptococcal sore throat (including scarlet fever)].

(d) (No change.)

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Comments on the proposal may be submitted to Christie Reed, MPH, Acting Director, Infectious Diseases Division, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756, (512) 458-7328.

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