



EPIDEMIOLOGY BULLETIN

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RABIES IN CATS: A NEW PROBLEM

Since 1976 there has not been any dog examined in Virginia that has been positive for rabies. Until last fall Virginia had not had a cat positive for rabies since 1974. However, within the last eight months three cats have been found positive for rabies: one in October, 1980, and one each in May and June, 1981. The first was in Rockingham County; the most recent two were in Fauquier County.

Nationally, cats were the sixth most common species of animal positive for rabies, just behind dogs. The nationwide data were:

UNITED STATES 1980¹

Skunks	4,040	63.0%
Bats	723	11.2%
Cattle	398	6.2%
Raccoons	393	6.1%
Dogs	247	4.0%
Cats	212	3.3%
Foxes	207	3.2%
Other	185	3.0%
TOTAL	6,405	100.0%

The comparable data for Virginia in 1980 were:

VIRGINIA 1980

Skunks	20	57.0%
Raccoons	7	20.0%
Bats	6	17.0%
Cat	1	3.0%
Fox	1	3.0%

Of course, rabies will always be endemic in wild species, but people compound the problem of exposure to wild animals in their native habitat when they make pets of wild animals. There are, at least, two aspects to this compounded problem. One is that wild animals may incubate rabies for long periods of time before manifesting the disease. Just how long this period may be is in fact unknown, but six months is often used as an empiric guide based primarily on the success of certain international quarantine programs. The other aspect is that there are no vaccines available which are approved for use in wild animals; therefore, there is no current way of protecting a wild animal pet from rabies with vaccine.

Cats have traditionally been exempted from the laws requiring rabies immunization, and also from the leash laws. However, because of their distinctive semi-feral habits, they often may be the first domestic species to be affected by "spill-over" from wild rabies epizootics.

If more cats continue to be found positive for rabies, and thus become a more prominent threat to the public health, these older views about cats may have to change. The neighboring states of Tennessee and North Carolina now require rabies immunization for cats, and there is certainly some interest in Virginia for rabies immunization for cats, not only for their protection, but also the protection of the public. In the cases mentioned above, a total of n people had to be treated for rabies exposure just because of two of those cats. This is obviously of public health concern-not to mention what such treatment costs.

¹MMWR April 3, 1981/Vol. 30/No. 12

NEW IMMUNIZATION RECORD CARD

Individual immunization record cards for use by parents as permanent records of their childrens' immunizations are now available to Virginia physicians from the State Department of Health.

A standard record card was developed on a national level and modified by the Virginia Immunization Program so that specific information applicable to the Commonwealth is included. A standard record has many advantages, including the prompt identification of susceptibles during outbreaks, prevention of unnecessary revaccination, verification of school entry immunization requirements, and avoidance of needless demands on providers for immunization information by giving parents a record of each child's immunization status.

The use of a standard record card will help facilitate the joint effort by private and public providers to insure that all children are adequately immunized. The new card has been sent to all local health departments in Virginia for use with new immunization patients. In addition, the card is now included as part of the information provided by the State Department of Health to each new mother while hospitalized in a Virginia hospital following the birth of her child.

Immunization record cards are available at no charge to all Virginia physicians for the patients upon request from: Immunization Activities, State Department of Health, 109 Governor Street, Richmond, Virginia 23219.

IMMUNIZATION RECORD
Commonwealth of Virginia

Name _____
 Birthdate _____
 Allergies _____
 Parent/Guardian _____
 Address _____ Phone _____

RETAIN THIS DOCUMENT

- VIRGINIA STATE LAW 32.1-46 requires that each child in the State be immunized against diphtheria, tetanus, pertussis (whooping cough) and polio before one year of age, and against measles, rubella (German measles) and mumps before two years of age.
- VIRGINIA STATE LAW 22.1-270 requires that each child entering kindergarten or elementary school in the State must present a certificate of immunization against measles, rubella, diphtheria, pertussis, tetanus, polio and mumps prior to school entry.
- Exemptions are allowed only for medical or religious reasons. Your school can provide details.
- This record can be used as proof of immunization if properly completed.
- Present this record at each visit to doctor or clinic.

Virginia Department of Health

CD 1 (Rev. 6/80)

NAME		SEX	BIRTHDATE	
VACCINE	DATE GIVEN MO./DAY/YR.	DOCTOR OR CLINIC	DATE DOSE DUE	
POLIO (TOPV)				
DTP (diphtheria tetanus pertussis) DT or Td				
MEASLES				
RUBELLA				
MUMPS				
OTHER				
TUBERCULIN TEST				
RECOMMENDED IMMUNIZATION SCHEDULE				
Age	Immunization	Age	Immunization	
2 months	DTP, Polio	18 months	DTP, Polio	
4 months	DTP, Polio	4-6 years	DTP, Polio	
6 months	DTP	14-16 years	Td	
15 months	measles, mumps, rubella			
Your doctor may recommend an alternate schedule.				

Actual size of card 5" x 7"

INTESTINAL PARASITES, VIRGINIA 1980

Reports of intestinal parasitism in Virginia have increased since 1977. Systematic screening of Indochinese refugees from parasite-endemic areas has potentially presented physicians with an unfamiliar array of exotic parasite species. An analysis of 1980 data, listed by type of parasite (see table), reveals that *Ascaris* was reported most frequently, followed by hookworm, *Giardia*, *Trichuris*, *Clonorchis*, and *Strongyloides*. Those six parasites accounted for 94% of the total. Results of systematic screening of groups of Indochinese refugees in other states^{1,2} have revealed a very similar pattern, with either *Ascaris* (12%-45% prevalence depending on age) or hookworm (up to 64%) being the most common, followed by *Trichuris* and *Giardia*.

In general, persons infected with intestinal helminths do not pose a significant public health hazard. Adequate sewage disposal interrupts transmission of nematodes, which require several days of incubation in the soil before becoming infective. The trematodes (flukes) require specific intermediate snail hosts, and thus are dead-end infections in this country. The intestinal protozoa are controlled by adequate hygienic practices.

The mere presence of a parasite does not necessarily mean that treatment is required. The presence or absence of symptoms must be weighed, along with the safety and efficacy of the drug in question. Recommended drugs for treatment of specific parasitic infections have been published in *THE MEDICAL LETTER*.³ The Parasitic Disease Drug Service (PDDS) at the Centers for Disease Control (404-329-3670) provides certain investigational and non-commercially available drugs free of charge. Advice on the need for treatment or what drug(s) ought to be used for specific treatment is available from the Division of Epidemiology (804-786-6261).

Intestinal Parasites Reported, 1980

	<u>No.</u>	<u>% of total</u>
<i>Nematodes (roundworms)</i>		
<i>Ascaris lumbricoides</i>	616	26.3
hookworm	441	18.8
<i>Trichuris trichiura</i>	387	16.5
<i>Strongyloides</i>	181	7.7
<i>Enterobius vermicularis</i>	31	1.3
<i>Trematodes (flukes)</i>		
<i>Clonorchis sinensis</i>	187	8.0
<i>Fasciola hepatica</i>	2	-
<i>Schistosoma</i>	1	-
<i>Cestodes (tapeworms)</i>		
<i>Hymenolepsis nana</i>	30	1.3
<i>Diphyllobothrium latum</i>	1	-
<i>Protozoans</i>		
<i>Giardia lamblia</i>	396	16.9
<i>Entamoeba histolytica</i>	64	2.7
<i>Iodamoeba butschlii</i> *	6	-

*nonpathogenic

¹MMWR August 24, 1979/Vol. 28/No. 33

²MMWR January 11, 1980/Vol. 29/No. 1

³MEDICAL LETTER, December 28, 1979/Vol. 21/No. 26

MONTH: APRIL

DISEASE	STATE					REGIONS				
	THIS MONTH	LAST MONTH	TOTAL TO DATE		MEAN 5 YEAR TO DATE	THIS MONTH				
			1981	1980		N.W.	N.	S.W.	C.	E.
CHICKENPOX	406	470	1141	156	467.8	21	31	29	32	29
MEASLES			3	186	630.8					
MUMPS	8	16	59	40	73.4			2	2	4
PERTUSSIS			2	2	5.0					
RUBELLA	3	1	4	9	150.6			3		
MENINGITIS - ASEPTIC	4	5	30	22	20.0			2	2	
BACTERIAL	15	29	90	57	50.6	7	1	1	3	3
ENCEPHALITIS - INFECTIOUS	2	2	13	1	5.2	2				
POST-INFECTIOUS			2	2	3.4					
HEPATITIS A (INFECTIOUS)	17	18	70	97	99.8	1	7	2	2	5
B (SERUM)	46	35	145	179	123.6	6	10	8	12	10
SALMONELLOSIS	82	89	331	196	187.2	12	7	10	19	34
SHIGELLOSIS	292	102	446	43	40.6	9	3	13	257	10
TUBERCULOSIS - PULMONARY	58	49	185	168						
EXTRA-PULMONARY	16	4	37	35						
SYPHILIS (PRIMARY & SECONDARY)	60	53	235	170	194.6	4	16	1	13	26
GONORRHEA	1640	1687	6854	5834	7269.2					
ROCKY MOUNTAIN SPOTTED FEVER	1		1		3.4		1			
RABIES IN ANIMALS	2	6	17	1	5.6	2				
MENINGOCOCCAL INFECTIONS	11	15	46	17	24.0		1	3	3	4
INFLUENZA	92	297	4781	725	4309.8		46	31	13	2
MALARIA		3	9	14	7.0					
OTHER: <i>TRICHINOSIS</i>	1		1		1.0			1		

COUNTIES REPORTING ANIMAL RABIES: Page - 2 skunks
 OCCUPATIONAL ILLNESSES: Occupational pneumoconioses 17, Occupational dermatoses 9, Occupational hearing loss 5, Asbestosis 5

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