

EPIDEMIOLOGY BULLETIN

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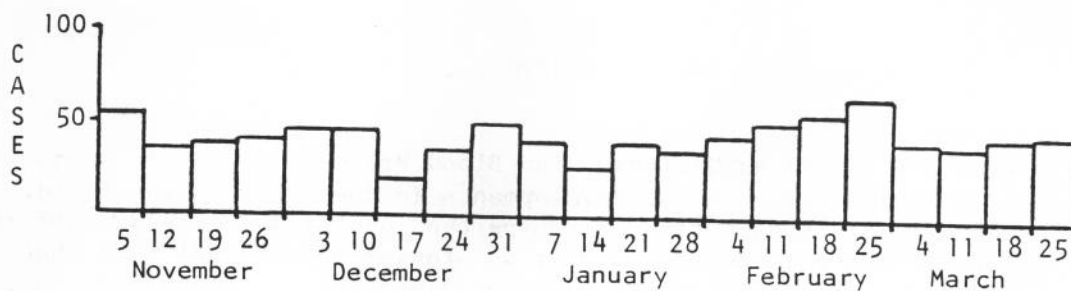
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INFLUENZA SURVEILLANCE 1981-82

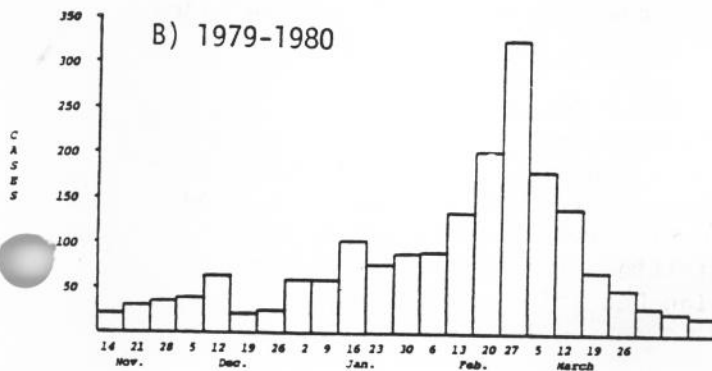
This past winter represented one of the mildest influenza seasons of recent years. Reports of illness from 36 "sentinel physicians" from different regions of the state were greatly decreased compared to the two previous years (figure 1). The Division of Consolidated Laboratory Services (DCLS) documented a total of 12 influenza seroconversions and virus isolations from around the State; all but one were type B/Singapore. Nationally, there was a pattern of local outbreaks, mostly in schools and some nursing homes, but no extensive community-wide outbreaks were reported. The Centers for Disease Control pneumonia and influenza mortality surveillance data from 121 different U.S. cities are quite notable for the absence of a mortality peak for the 1981-82 winter (figure 2). As in Virginia, most of the influenza nationally was type B, although a small proportion of type A (H1N1) cases was also noted.

FIGURE 1: CASES OF FLU SYNDROME REPORTED BY WEEK FROM 36 SENTINEL PHYSICIANS IN VIRGINIA

1981-82



B) 1979-1980



C) 1980-1981

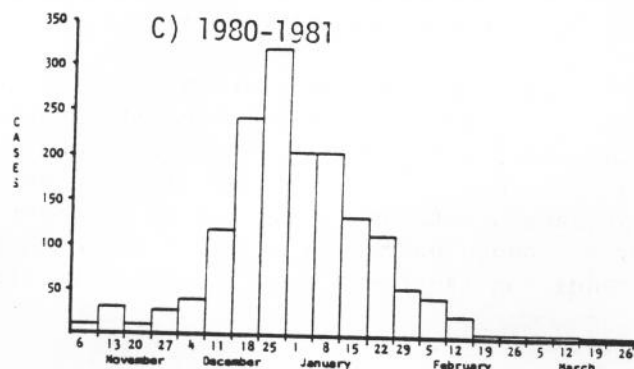
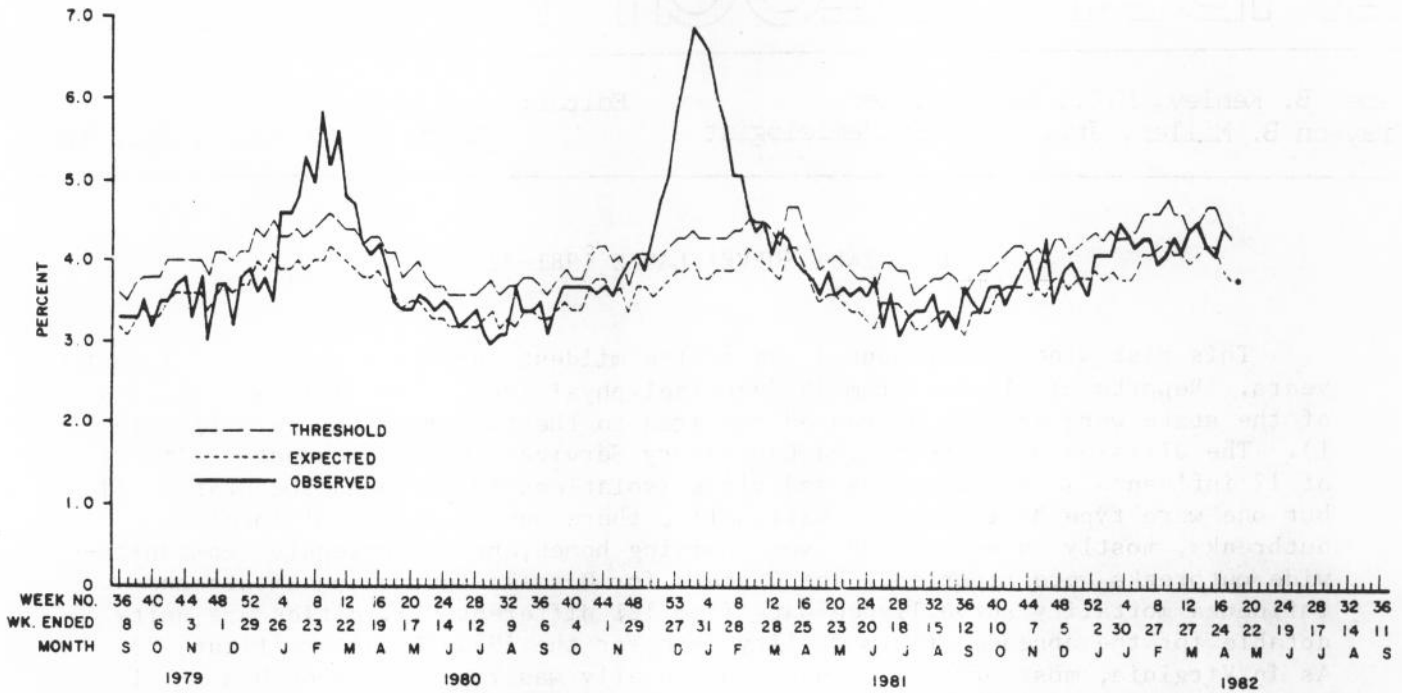


Fig. 2 OBSERVED AND EXPECTED RATIO OF DEATHS ATTRIBUTED TO PNEUMONIA AND INFLUENZA IN 121 UNITED STATES CITIES, 1979-1982



*FORECASTS ARE MADE AT 4-WEEK INTERVALS EXCEPT DURING EPIDEMIC PERIODS

Reference:

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HIGH BLOOD PRESSURE: 140/90 . . . or less?

Since May is designated as National High Blood Pressure Month, it seems appropriate to highlight a few recent developments in the hypertension field. It has been appreciated for some time that hypertension has a tremendous effect on the health of the American people. Numerous studies have established that it is a major, independent risk factor for adult cardiovascular, cerebrovascular, and renovascular diseases, and that uncontrolled high blood pressure significantly shortens life expectancy. However, the complete story of the importance of this disease is still being unraveled.

The Veterans Administration Cooperative Study¹ (1967-72) clearly demonstrated the effectiveness of antihypertensive drug therapy in reducing morbidity and mortality in middle aged men with sustained, severe elevations of blood pressure. That study also suggested that patients with diastolic blood pressures between 90 and 114 mm Hg might benefit from treatment, but the data were inconclusive. A major step in the definition of blood pressure levels requiring treatment came when the Hypertension Detection and Follow-up

Program^{2, 3, 4}, (HDFP) demonstrated convincingly that systematic, goal directed management of hypertension effectively reduced mortality even in those persons with slight elevations in their diastolic pressures (90-104 mm Hg). This study also established the superiority of the "stepped-care" approach to the treatment of hypertension, which involves graduated increases in the dose of an initial drug followed by sequential additions of other classes of drugs as needed.

Other data have indicated the need for a further clarification of the blood pressure threshold level at which the risk of complications begins. It has been shown that persons with diastolic blood pressures between 80-89 mm Hg have a two-fold increase in the risk of cardiovascular and renal disease⁵ and that these individuals may benefit from some form of treatment. The results of this and similar studies have prompted the formation of an advisory panel sponsored by the National High Blood Pressure Coordinating Committee to reexamine the question of what is an abnormal blood pressure. Their final recommendations are anticipated in the fall of 1982. The significance is that the newly defined category of minimally elevated diastolic pressure, referred to above, could include as many as 25 million Americans. Drug therapy will almost certainly not be indicated for most of these persons, but any formal recommendations await completion of the above advisory panel's report.

References:

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2. Five-year findings of the Hypertension Detection and Follow-up Program: I. Reduction in mortality of persons with high blood pressure, including mild hypertension, Hypertension Detection and Follow-up Program Cooperative Group. JAMA 1979; 242:2562-2571.
3. Five-year findings of the Hypertension Detection and Follow-up Program: II. Mortality by race-sex and age, Hypertension Detection and Follow-up Program Cooperative Group. JAMA 1979; 242:2572-2577.
4. Five-year findings of the Hypertension Detection and Follow-up Program: III. Reduction in Stroke Incidence Among Persons With High Blood Pressure, Hypertension Detection and Follow-up Program Cooperative Group. JAMA 1982; 247:633-638.
5. Relationship of Blood Pressure, Serum Cholesterol, Smoking Habits, Relative Weight, and ECG Abnormalities to the Incidence of Major Cardiovascular Events: Final Report of the Pooling Project, The Pooling Project Research Group. American Heart Association Monograph #60. Dallas, 1978.

MONTH: April, 1982

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	106	121	408	1141	579.8	8	38	32	4	24
MEASLES	4	1	14	3	602.0	0	0	0	0	4
MUMPS	6	6	22	59	55.6	1	0	3	2	0
PERTUSSIS	2	3	5	2	4.4	0	0	1	1	0
RUBELLA	3	1	10	3	119.4	0	0	1	0	2
MENINGITIS - ASEPTIC	6	7	30	30	24.6	1	3	0	2	0
BACTERIAL	26	23	78	90	63.0	3	5	5	7	6
ENCEPHALITIS - INFECTIOUS	3	2	9	13	7.6	1	0	0	1	1
POST-INFECTIOUS	0	0	0	2	3.2	0	0	0	0	0
HEPATITIS A (INFECTIOUS)	12	19	61	70	94.0	4	1	1	0	6
B (SERUM)	30	44	137	145	135.0	4	9	9	3	5
SALMONELLOSIS	88	84	300	331	227.0	8	9	8	31	32
SHIGELLOSIS	5	12	54	446	125.6	1	0	1	2	1
TUBERCULOSIS - PULMONARY	63	39	183	197	-	-	-	-	-	-
EXTRA-PULMONARY	11	8	29	39	-	-	-	-	-	-
SYPHILIS (PRIMARY & SECONDARY)	56	62	199	235	199.6	3	8	2	20	23
GONORRHEA	1518	1578	6170	6854	6965.6	-	-	-	-	-
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	2.8	0	0	0	0	0
RABIES IN ANIMALS	42	34	129	17	4.8	7	33	2	0	0
MENINGOCOCCAL INFECTIONS	8	6	23	46	30.0	1	0	3	2	2
INFLUENZA	74	64	172	4781	2544.4	1	0	61	3	9
MALARIA	4	5	16	9	8.0	0	3	0	0	1
OTHER: <i>Hepatitis Unspecified</i>	13	16	41	66	62.6	1	2	1	2	7

COUNTIES REPORTING ANIMAL RABIES: Prince Wm. 2 skunks; 3 raccoons; Culpeper 2 raccoons; Fauquier 1 cat
3 raccoons; Loudoun 24 raccoons; Rappahannock 1 skunk; Fairfax 4 raccoons; Scott 1 skunk;
 OCCUPATIONAL ILLNESSES: Lee 1 skunk
Occupational pneumoconioses 8; Occupational hearing loss 6; Asbestosis 7; Mesothelioma 1;
Byssinosis 1; Lead Poisoning 1.

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