



EPIDEMIOLOGY BULLETIN

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RABIES IN PET RACCOONS - SOUTH CAROLINA

Two rabid raccoons recently cost the state of South Carolina approximately \$10,000 because of their contact with at least 25 people.

In the spring of 1979, a Beaufort County family picked up several raccoon kits along the side of the road. The family kept 1 of the young raccoons as a pet.

When the raccoon attained adult size, it began to show signs of illness, including sudden aggressiveness that resulted in bites and scratches of family members. Finally, on July 9, the animal was submitted to the South Carolina Department of Health and Environmental Control laboratories for rabies examination. The diagnosis of rabies was confirmed.

Many family members and friends had come in contact with the raccoon. Twelve were judged to have been potentially exposed and were treated with a total of 110 cc of human rabies immune globulin (HRIG).

Community awareness about the rabid raccoon led to the discovery that another raccoon, although not from the same litter, had bitten members of another family. Because the animal had escaped, 6 persons underwent antirabies treatment. They received 138 doses of vaccine and 69 cc of HRIG. All treated contacts have remained healthy.

The total cost to the state of the biologics used in these episodes was \$5,538, and a conservative estimate of the cost of administration was \$2,070. An ambulance kept on standby while patients were undergoing treatment cost an additional \$966. To the total, actually documented, cost of \$8,574 must be added certain costs that can only be estimated, such as the time and effort of laboratory personnel, the district medical director, staff members in environmental sanitation, the state epidemiologist, state health department staff, involved families, and contacts.

EDITORIAL NOTE: Rabies continues to be a problem in South Carolina. In fiscal year 1979, 138 of the 177 reported cases in animals were in raccoons. The number of specimens submitted for rabies examination doubled last year and is increasing at an even faster rate this year.

The area of the state in which rabies is occurring has also expanded. Several years ago, rabies in raccoons was focused in a small area along the Savannah River; now it is found throughout the state.¹

In Virginia raccoons have become an important reservoir of rabies in recent years.

In 1969, 2 raccoons were positive for rabies out of 389 animals positive for rabies.

RABIES Continued

In 1970 there was 1 raccoon out of 216 rabid animals. Over the next several years the number of rabid animals decreased:

1971 - 79
1972 - 109
1973 - 97
1974 - 113
1975 - 114
1976 - 56
1977 - 5

However, not until 1978 was there another rabid raccoon and there were 3 rabid raccoons out of 14 rabid animals. In 1979, 4 rabid raccoons out of 20 rabid animals. As of July 31, 1980 there have been 3 rabid raccoons out of 8 rabid animals. Even though the numbers of rabid raccoons are not large they seem to be accounting for a substantial percentage of all rabid animals here in Virginia.

FOLLOW-UP ON THE HEALTH STATUS OF THE CUBAN REFUGEES

All of the approximately 115,000 Cuban refugees who arrived in the United States from April 21-July 6, 1980, have been medically screened. The U.S. Public Health Service (USPHS) screened approximately 103,000; the Metro Dade County Department of Public Health in Miami screened the other 12,000 before the USPHS assumed responsibility for the program.

The number of Cuban refugees entering the United States has decreased to less than 100 per day. These persons are being screened daily at the USPHS outpatient clinic in Miami.

The Opa-Lock screening center in Miami was closed on June 27. The 4 remaining centers are providing follow-up services for refugees who have reactive positive serologies for syphilis and suspected active tuberculosis.

As of July 6, 88,971 refugees had received chest X rays. Of these, 398 (0.5%) demonstrated suspected active or active tuberculosis (class A), and 1,210 (1.4%), suspected inactive tuberculosis (class B). All persons found during the screening process to have suspected class A or class B tuberculosis receive sputum examinations; thus far, 25 persons have had positive sputum examinations.

To date, 88,907 persons 15 years of age and older have received serologic tests for syphilis; 3,806 (4.3%) were reactive. Sixteen persons were diagnosed as having primary syphilis and 15, secondary syphilis. Of those patients with reactive serologies, 3,440 (90%) have been treated thus far.

A total of 9,898 children and young adults have been immunized with the multiple-antigen measles-mumps-rubella (MMR) vaccine.

One case of noninfectious leprosy was detected at Camp McCoy, Wisconsin, in a 33-year-old-male. He had been under treatment for several years in Cuba.

To date, 7 confirmed cases of meningococcal meningitis have been reported among the refugees. Four cases occurred while the refugees were stationed in the processing centers (Fort Chaffee, Arkansas, 2; Fort Indiantown Gap, Pennsylvania, 1; Camp McCoy 1). The other 3 cases occurred from 4 to 11 days after the refugees were discharged from the centers. (These patients were stationed at Fort Indiantown Gap, Fort Chaffee, and Opa-Loca.) None of the cases was fatal. Isolates from 3 cases were submitted to CDC for serogrouping and susceptibility testing. These isolates were serogroup B and were resistant to sulfonamides. Close contacts of each patient received rifampin prophylaxis, and no further cases have occurred.²

TUBERCULOSIS - UNITED STATES, 1979

In 1979, 27,669 cases of tuberculosis were reported to CDC, for a case rate of 12.6 per 100,000. This represents a decrease from 1978 of 3.0% in the number of cases reported and 3.8% in the case rate.

Case rates for the 50 states ranged from 34.0 per 100,000 in Hawaii to 1.9 per 100,000 in Nebraska. The rate decreased in 30 states, remained unchanged in 3, and increased in 17 states and the District of Columbia. Since 1970, the number of states showing an increase in the case rate over the previous year has ranged from 9 to 18, averaging about 14 per year. Tuberculosis rates continued to be higher in the southern half of the country and in the major cities. The rate among persons living in 56 cities of more than 250,000 persons was 2.19 per 100,000 - 1.7 times the national rate and 2.2% less than the case rate for these same cities in 1978. Urban rates ranged from 54.5 per 100,000 in San Francisco, California, to 3.4 per 100,000 in Douglas County (Omaha), Nebraska. In 1979, the case rates increased in 26 of the country's 56 largest cities.

(Virginia had an overall case rate of 14.2 per 100,000 in 1979, up slightly from 14.0 in 1978. However, four of eight urban areas in the state with greater than 100,000 population had rates between 20 and 30).

EDITORIAL NOTE: This is the smallest decline in the case rate since 1966, excluding 1975, when changes occurred in the criteria for counting cases. The smaller-than-expected decrease in 1979 is attributable to the number of cases of tuberculosis among recently arrived Indochinese refugees. A survey of tuberculosis among Indochinese refugees in 1979 has recently been conducted; the results are pending.³

1. SOURCE: MMWR, April 18, 1980/Vol. 29/No. 15
2. SOURCE: MMWR, July 18, 1980/Vol. 29/No. 28
3. SOURCE: MMWR, June 27, 1980/Vol. 29/No. 25

The Division of Epidemiology is pleased to welcome two new members to our staff. Dr. Harry C. Nottebart, Jr., joins us as Director of the newly established Bureau of Communicable Diseases. Dr. Nottebart is a graduate of Vanderbilt Medical School where he received his M.D. degree and Harvard Law School where he received his J.D. He completed an internal medicine residency at the Medical College of Virginia where he also served as an Infectious Disease fellow and a Medical Microbiology fellow.

Dr. Tom A. Sayvetz joins us as our new Epidemic Intelligence Service Officer. Dr. Sayvetz received his M.D. degree from Johns Hopkins Medical School. He completed his internship and medical residency at the University of Washington where he also received his M.P.H.

Our former Epidemic Intelligence Service Officer, Dr. Carl W. Armstrong is now an infectious disease fellow at the Medical College of Virginia.

The Sixth Annual Educational Conference of the Association for Practitioners in Infection Control - Virginia will be held in Williamsburg, Virginia, October 15-17, 1980. The theme, "Developing New Dimensions", will be carried over in lectures and workshops designed for both the beginning and advanced infection control practitioner.

For a program and further information please contact Mrs. Donna H. Paris, M.T., Program Chairman, Leigh Memorial Hospital, 830 Kempsville Road, Norfolk, Virginia 23502, Phone 804-466-6000.

MONTH: JULY

DISEASE	STATE					REGIONS				
	THIS MONTH	LAST MONTH	TOTAL TO DATE		MEAN 5 YEAR TO DATE	THIS MONTH				
			1980	1979		N.W.	N.	S.W.	C.	
CHICKENPOX	31	39	345	912	891.4	1	1	20	6	3
MEASLES	5	31	300	250	1,284.6	1	3		1	
MUMPS	2	1	49	78	230.2		1	1		
PERTUSSIS	2		4	10	9.6					2
RUBELLA	2	2	50	192	307.0			1	1	
MENINGITIS - ASEPTIC	21	3	55	79	47.6	1	3	4	5	8
BACTERIAL	15	7	113	104	75.0	2	4	3	2	4
ENCEPHALITIS - INFECTIOUS	8	2	11	16	11.6		3		2	3
POST-INFECTIOUS			2	12	5.6					
HEPATITIS A (INFECTIOUS)	20	24	177	154	184.8	1	3	7	8	1
B (SERUM)	38	35	306	242	167.0	5	4	8	15	6
SALMONELLOSIS	124	118	596	533	388.8	13	20	17	24	50
SHIGELLOSIS	6	4	59	175	95.0	1	2	3		
TUBERCULOSIS - PULMONARY	31	46	319	328	398.4					
EXTRA-PULMONARY	7	10	66	64	61.8					
SYPHILIS (PRIMARY & SECONDARY)	40	48	318	288	328.8	1	10	1	10	18
GONORRHEA	1,783	1,908	12,028	11,044	13,716.6					
ROCKY MOUNTAIN SPOTTED FEVER	19	9	41	59	72.8	3		5	6	5
RABIES IN ANIMALS	2	2	8	8	28.4	2				
MENINGOCOCCAL INFECTIONS	4	1	36	62	36.2	2		2		
INFLUENZA	5	9	761	341	5,522.4			5		
MALARIA	8	6	41	16	11.2	1	7			
OTHER: <i>KAWASAKI DISEASE</i>	1		9	15			1			
<i>TETANUS</i>	1		2	2	0.6			1		
<i>TRICHINOSIS</i>	1		1	2	1.4		1			
<i>TYPHOID FEVER</i>	1		4	4	4.6				1	

COUNTIES REPORTING ANIMAL RABIES: Page - 1 skunk; Rockingham - 1 skunk
 OCCUPATIONAL ILLNESSES: Occupational pneumoconiosis 11; Occupational dermatitis 2; Occupational hearing loss 9; Byssinosis 1

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