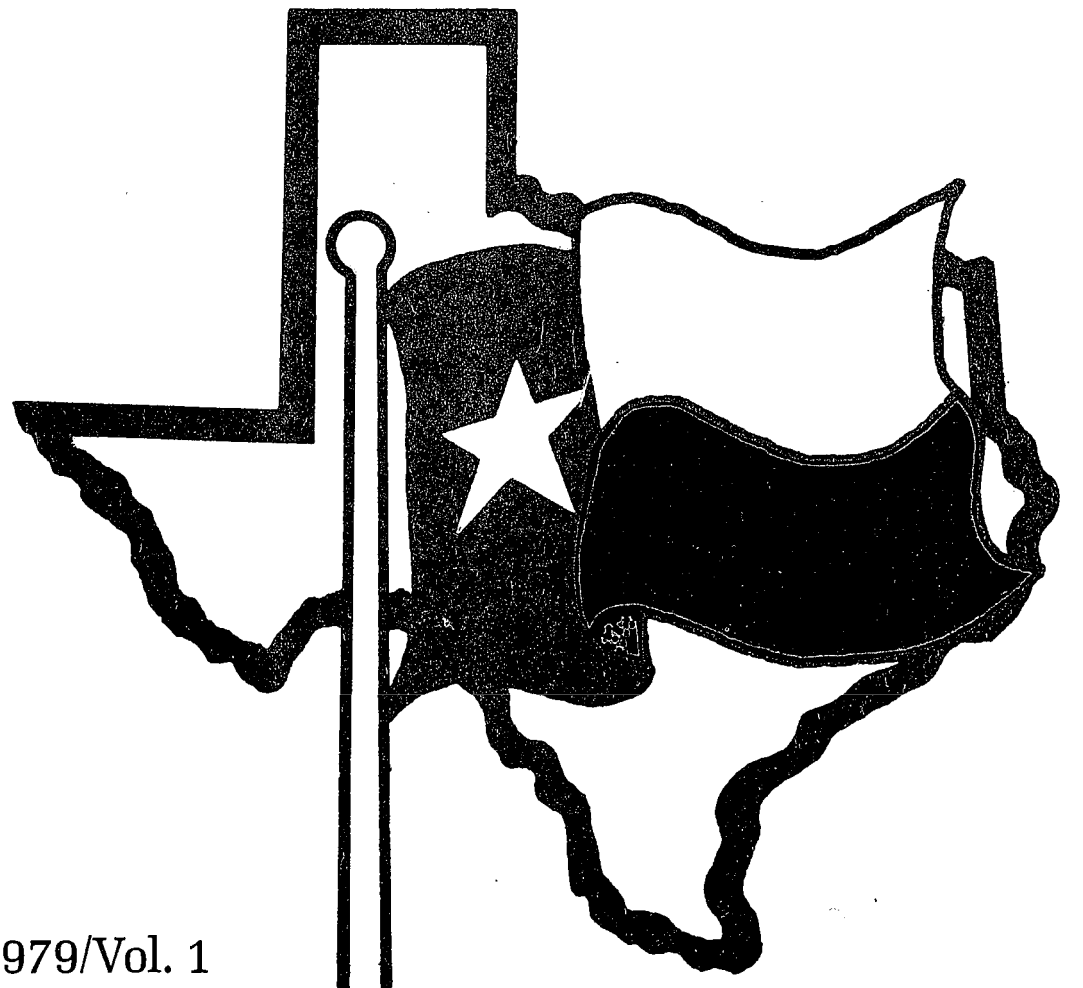
REPORTED MORBIDITY AND MORTALITY IN TEXAS

1978 ANNUAL SUMMARY

TEXAS DEPARTMENT OF HEALTH



September 1979/Vol. 1

Surveillance and Information Program
Bureau of Communicable Disease Services
Texas Department of Health

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Historical Background

The Texas State Legislature passed laws in 1910 which required the reporting of certain communicable diseases. This action was representative of a more vigorous approach toward prevention and control of certain communicable diseases than had previously been undertaken. In 1920, a decade later, the mechanisms for the reporting and management of morbidity became operative. Since that time, a surveillance system based on communicable disease reports submitted each week from designated agents across the state has served as the primary morbidity data collecting mechanism for the Texas Department of Health.

The Reporting System

There are approximately 480 designated reporting agents within the state, a number which varies slightly from year to year. Texas law requires that physicians report cases of communicable diseases to designated reporting sources which include appointed city and county health officers, local city and county health departments, health districts, state schools, state hospitals, migrant projects, veteran's hospitals, and military hospitals. Each week, Notifiable Case Report cards, form C-15 (Appendix), are mailed ,to reporting sources who then complete and return them to the Bureau of Communicable Disease Services, Texas Department of Health. Information regarding reportable diseases is also received by the Bureau of Communicable Disease Services via alternate routes such as telephone, letters, laboratory reports, surveillance forms, and death certificates.

Morbidity data are organized, recorded, and examined on a weekly basis for evidence suggestive of disease trends, including fluctuations in morbidity, seasonal variation, changes in disease distribution, and characteristics of the natural history of endemic, epidemic, or sporadic disease. Each week morbidity data are published in "Texas Morbidity This Week," a report which is distributed upon request to health care facilities, health professionals, and other interested parties. This publication also features informational material pertinent to communicable disease control activities on local, state, and national levels. The communicable disease reporting system administered by the Bureau of Communicable Disease Services is essential to the successful prevention and control of certain communicable diseases which threaten the lives and well-being of the citizens of Texas. Early detection of unusual characteristics or patterns of reportable diseases often provides sufficient evidence warranting the initiation of specific preventive measures. In addition to statewide reporting, cooperative efforts in the area of communicable disease control are made with other state health departments and the Center for Disease Control, Atlanta, Georgia. These efforts contribute to an effective overall communicable disease prevention and control program for the nation.

Sources of Data

This document carries final figures on the reported incidence of notifiable diseases in 1978. Data are submitted to the Surveillance and Information Program, Bureau of Communicable Disease Services, through the statewide morbidity reporting system and are supplemented by data collection and surveillance activities of the Epidemiology Division, the Bureau of Tuberculosis Services, the Infectious Disease Control Division, and the Bureau of Vital Statistics. The population figures from 1970-1978 used in computing rates are from the Current Population Reports, Series P-25, published by the Federal Bureau of the Census.

The morbidity data in this report represent cases reported to the Texas Department of Health through city and county health departments, local health officers, and other reporting agents. The degree of completeness is influenced by the interests and priorities of these various reporting sources for disease control and surveillance; however, the degree of underreporting is thought to remain consistent over time allowing data comparison over the years.

Selected Disease Summaries

Encephalitis

In 1978, a total of 47 cases of encephalitis, resulting in 12 deaths, was reported to the Bureau of Communicable Disease Services of the Texas Department of Health. The decline from the 71 reported cases in 1977 can be partially accounted for by the absence of mosquito-borne (arboviral) encephalitides during 1978 [western equine encephalitis (WEE), eastern equine encephalitis (EEE), Venezuelan equine encephalitis (VEE), and St. Louis encephalitis (SLE)]. Sixteen cases of arboviral encephalitis—nine cases of SLE and seven cases of WEE—were reported in 1977.

Most of the reported cases (40) were of unknown etiology. All seven cases for which the viral etiology was determined can be classified as "post-infectious" encephalitides; four were associated with herpes infection, two with mumps, and one with chickenpox.

The Texas Department of Health administers a statewide arboviral encephalitis surveillance program which is aimed at detecting virus activity in birds and mosquitoes before the viruses are spread to the human population. The effectiveness of this program in collecting mosquitoes, testing for virus, and when necessary, initiating mosquito control measures may have contributed significantly to the lack of arboviral encephalitis in 1978. Localized droughts in some areas of the state may have reduced mosquito breeding sites and as a result diminished the chances for disease activity.

Endemic Typhus

Endemic typhus, or flea-borne typhus fever, is clinically similar to epidemic, or louse-borne typhus fever, but is milder. The absence of louse infestation, the seasonal distribution which peaks in late summer and fall, and the sporadic occurrence of disease help differentiate endemic typhus from epidemic typhus. (There have been no cases of epidemic typhus reported since 1962 when one case was reported).

For each year since 1963, with the exception of 1974, greater than 50% of the nations' reported cases of endemic typhus were from Texas. In 1978, 33 cases of endemic typhus were reported to the Bureau of Communicable Disease Services; this represents a 40% decrease over the 55 reported cases in 1977.

Of the 33 cases, 15 occurred in males and 18 in females. The racial distribution of cases was as follows: 18 cases were classified as white, 14 as white with Spanish surname, and the remaining case as black. The low number of reported cases in blacks may reflect the difficulty of detecting a rash on a person with dark skin.

During the years 1970 through 1978, 84% of the cases were reported from Public Health Region 10, the 18 southernmost counties of the state. See Table VII (Appendix) for the regional distribution of endemic typhus in 1978.

Influenza & Influenza-like Illness

The number of cases of influenza and influenza-like illness reported in Texas during 1978 was 99,394. This figure represents a 48% increase over the 67,394 cases reported in 1977. There were 190 reported deaths due to influenza and influenza-like illness in 1978.

Influenza and influenza-like illness are reported by numeric totals only. Laboratory confirmation is obtained in only a small percentage of cases. The Texas Department of Health Laboratories report that the A/Brazil/78 strain was the most frequently isolated in 1978.

Seventy percent of the cases occurred during the first four months of 1978, with 39.4% of the total number reported in February. The number of cases declined throughout the spring and summer months and began increasing again in the fall.

Leptospirosis

Human leptospirosis is contracted by contact with organisms present in the urine of infected animals. The leptospira may remain alive for long periods of time in wet soils and contaminated waters and may infect man through skin abrasions or mucous membranes. Infection can result from direct contact with urine or tissues of infected farm or pet animals (cattle, dogs, horses, and swine), or rodents.

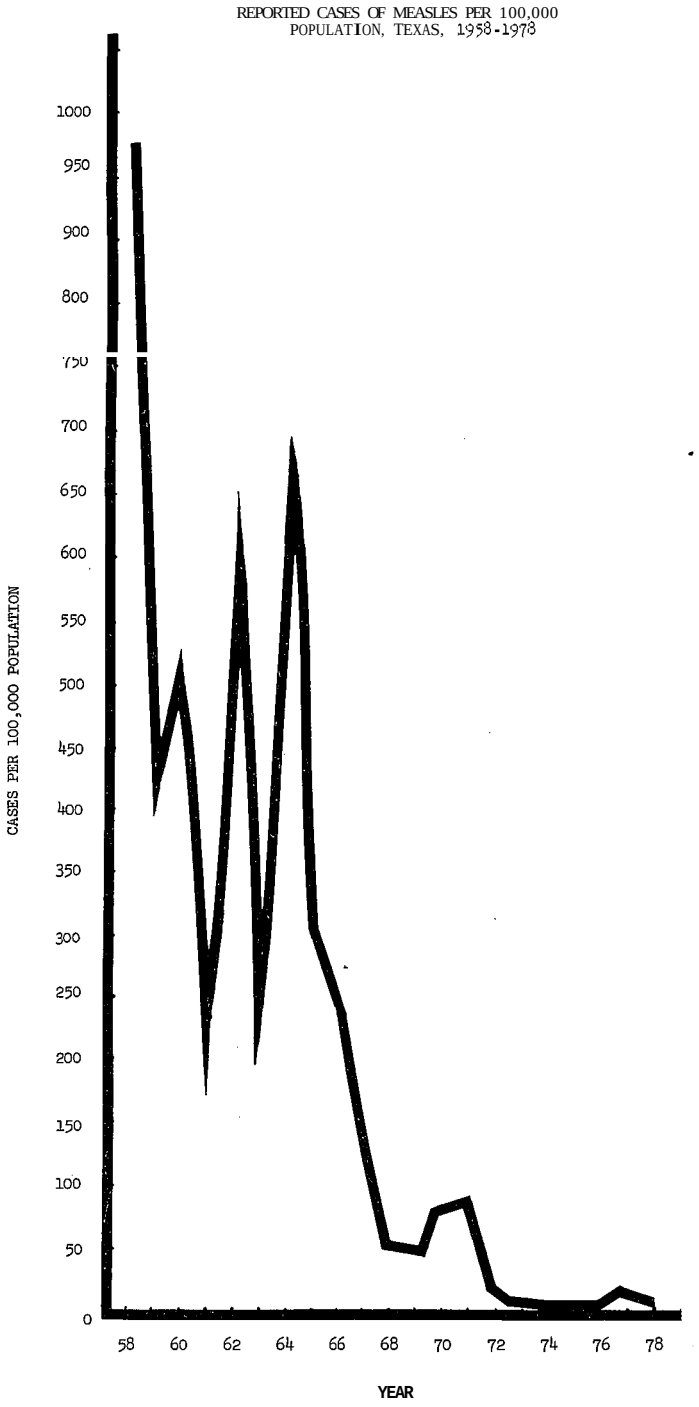
Surveillance of leptospirosis in Texas began in 1964, and an average of 4.7 cases per year have been reported since that time. Only one common source outbreak has been reported in Texas. In 1971, seven members of one family, all less than 15 years of age, were diagnosed as having leptospirosis. All seven individuals were believed to have been infected while playing in a pool of contaminated water.

There were 14 cases of leptospirosis reported to the Bureau of Communicable Disease Services of the Texas Department of Health during 1978. However, five of these cases had onset during the summer of 1977 but were not reported until 1978.

Measles

Prior to the use of measles vaccine, the incidence of measles followed a cyclical pattern with peaks every two to three years (Figure 1). Since 1966 when the measles vaccine was first distributed to public health clinics, the incidence of measles has shown a sharp decline.

FIGURE 1



The number of reported cases of measles in 1978 decreased by 497 when compared to 1977 figures. Despite this decline, the percentage of the national cases reported from Texas increased to 3.9%. This is the highest level since 1972 when 5.0% of the reported cases came from Texas (Table 1).

The lowest measles incidence in Texas, 1.76 per 100,000 population, was reported in 1974. The 1978 incidence, 7.94 per 100,000, was more than four times that level. The large number of cases reported during 1978 can possibly be attributed to the occurrence of several outbreaks which occurred in junior high and high schools and on military bases. This indicates that the age distribution of measles cases has shifted toward adolescents and young adults and away from young children.

TABLE 1

MEASLES MORBIDITY IN TEXAS AND THE UNITED STATES

Calendar Years 1968-1978

PERIOD	MEASLES CASES U. S.	MEASLES CASES TEXAS	TEXAS' % OF U. S. CASES
1968	22,231	5,204	23.4
1969	25,826	4,943	19.1
1970	47,351	8,494	17.9
1971	75,290	9,585	12.7
1972	32,275	1,617	5.0
1973	26,690	532	2.0
1974	22,094	212	1.0
1975	24,374	275	1.1
1976	41,126	265	.6
1977	57,345	2,032	3.5
1978	26,795*	1,033	3.9

*Provisional U.S. Data

The Texas Department of Health recognizes that continuous preventive measures must be taken to control the resurgence of measles. Immunization records of elementary and secondary school students must be reviewed to identify susceptibles: those who have not been immunized with live virus vaccine, and those immunized prior to their first birthday. All susceptibles should be immunized. Measles cases should be reported to the local health authorities; knowledge of cases and case clusters make it possible to recognize local outbreaks and to identify susceptible populations.

The key to outbreak control is again prompt vaccination of susceptible individuals. Speed in implementing control programs is essential in preventing the spread of disease.

In school-related outbreaks, unimmunized children should be excluded from school until they have been properly immunized. Infants 6-12 months of age should be immunized during local outbreaks, but must be revaccinated upon reaching 15 months of age. Adolescents and adults may also require immunization; in these groups, measles has been unusually severe. Pregnant women should not be vaccinated but given immune serum globulin as a preventive measure.

Mumps

Mumps was removed from the national list of notifiable diseases in 1950, but was later reinstated in 1968 coincidentally with the licensing of mumps vaccine. The state of Texas will require immunization against mumps for school entry beginning in September, 1979.

The 1977 incidence rate of 7.74 cases per 100,000 population was the lowest recorded since reporting began in 1968. During 1978, 1527 cases of mumps were reported to the Bureau of Communicable Disease Services, a 53% increase over the total reported in 1977 (995). As mumps is reportable by numeric total only, the increase cannot be attributed with certainty to the occurrence of localized outbreaks. Outbreaks of mumps do occur periodically at intervals from two to three to seven years; the rise in cases during 1978 is consistent with this type of disease cycle.

Rocky Mountain Spotted Fever

During 1978, twenty-eight cases of Rocky Mountain spotted fever were reported to the Bureau of Communicable Disease Services of the Texas Department of Health. This figure represents a 7% decrease in cases from 1977 and an 18% decrease from 1975 when 34 cases (the highest annual total) were reported. Despite the decline in the number of reported cases, the level of Rocky Mountain spotted fever in Texas remains higher than that in 1970 when only seven cases were reported. The 1978 incidence rate was 0.22 per 100,000 population.

All age groups are susceptible to Rocky Mountain spotted fever, but cases are primarily seen in children and young adults. In 1978, 15 cases (53%) of Rocky Mountain spotted fever occurred in children under 15 years of age. Among children, the largest number of cases, nine, were found in the five through nine-year age group.

Of the 28 cases, 17 occurred in males and 11 in females. The racial distribution of cases in 1978 was consistent with other years; the majority of cases (24 of 28) was classified as white. This striking racial distribution may reflect the difficulty in detecting a rash on a person with dark skin.

Rocky Mountain spotted fever is transmitted to man through the bite of an infected tick, and the period of peak incidence of disease corresponds to the season of greatest tick activity. Table V (Appendix) shows the monthly distribution of cases.

During 1978, 64% of the reported cases of Rocky Mountain spotted fever were from Public Health Regions 5 and 7. Rocky Mountain spotted fever has become localized in the eastern regions of the state of Texas. See Table VII [Appendix) for the regional distribution of cases.

Rubella

Rubella is a common childhood disease with mild constitutional symptoms. While the disease is often inconsequential during childhood, the symptoms and complications are more severe during adulthood. The major danger of rubella is the defects it may cause to an unborn child if the mother becomes infected with rubella during early pregnancy. The congenital rubella syndrome includes cataracts, mental retardation, deafness, cardiac defects as well as other anomalies.

Rubella and the congenital rubella syndrome became reportable in Texas and nationally in 1966, and rubella vaccine was licensed for use in the United States in 1969. The largest number of cases of rubella (8408) in Texas was reported in 1970. Since that time, there has been a steady decline.

The use of vaccine has resulted in a shift in the age distribution of cases; adolescents and young adults accounting for a larger proportion of cases. The increase in reported cases to 776 in 1977 and 407 in 1978 can be attributed to outbreaks in many of the college communities throughout the state and in military personnel.

Since 1966, 38 cases of congenital rubella syndrome have been reported to the Bureau of Communicable Disease Services. Two cases were reported in 1978.

Typhoid Fever

In 1978, 40 cases of typhoid fever in Texas residents were reported to the Bureau of Communicable Disease Services of the Texas Department of Health. This figure represents a 42.9% increase over the 28 cases reported in 1977. The 1978 incidence of typhoid fever in Texas was 0.31 per 100,000 population.

The racial distribution of cases was as follows: 16 cases in whites, 22 cases in individuals classified as white with Spanish surname, and 2 cases in blacks. Twenty-six cases occurred in males and 14 in females.

As in recent years, the majority of typhoid cases reported in 1978 was associated with travel (Table 2). Travel to Mexico accounted for 57.5% of the total cases.

TABLE 2

Distribution of 1978 Texas Typhoid Fever Cases According to Suspected Source of Exposure

Source sf Exposure	No. of Cases
Mexico	23
Other Countries Excluding Mexico	3
U.S. Carrier	3
Unknown Source	9
Information Not Provided	2
TOTAL	40

In addition to the 40 cases reported in Texas residents, 17 nonresident cases were reported to the Bureau of Communicable Disease Services. Twelve of these

occurred in Mexican nationals who were visiting or attending schools in Texas at the time of disease onset, four were residents of other states, and the remaining case was visiting from India.

Viral Hepatitis

In 1978, the total number of viral hepatitis cases (4,480) reported to the Bureau of Communicable Disease Services (BCDS) of the Texas Department of Health was the highest reported since 1974 when the Texas reporting requirements changed to allow for the differentiation between hepatitis type A, hepatitis type B, and hepatitis type unspecified. The increase of 680 cases over the 1977 total (3,800) can be attributed to an increase of 610 hepatitis type A cases and 134 unspecified (includes A, B, and non-A, non-B) which exceeded the decrease of 64 reported hepatitis type B cases.

Hepatitis type A is caused by a viral agent that is transmitted from person-to-person via the fecal-oral route. There were 2,696 cases of hepatitis type A reported during 1978 (Table 3); this figure represents a 29.2% increase over the total reported in 1977 (2,086). The rise in reported cases of hepatitis type A during 1978 continued a general upward trend in cases noted after 1976.

Hepatitis type B is caused by a viral agent distinct from that causing hepatitis type A. The mode of transmission also differs, being predominantly through parenteral routes. Contaminated syringes, blood transfusions, or other direct contact with infected blood represent sources of exposure.

The number of cases of hepatitis type B reported to the Bureau of Communicable Disease Services has decreased 9.8% to 586 cases reported in 1978 from the 650 reported in 1977. Prior to 1978, the trend of the incidence rate for hepatitis type B had been continuously upward.

Surveillance forms were submitted to the Bureau of Communicable Disease Services for 105 cases of hepatitis type B. Seventeen cases, or 16.2% were stated to have been drug-associated, four cases (3.8%) were transfusion-associated, and five (4.8%) were dialysis-associated.

The number of cases of hepatitis type unspecified reported to the Bureau of Communicable Disease Services has increased tenfold since 1974 (Table 3). This increase is believed to be due to two different factors: 1) the lack of laboratories equipped to establish the etiologic diagnosis of cases, and 2) a lack of consistency in reporting practices among reporting agents in the state.

Venereal Diseases

In 1978, there were 94,769 cases of venereal diseases reported to the Infectious Disease Control Division (IDCD) of the Texas Department of Health. These included: 88,943 cases of gonorrhea, 5,780 cases of syphilis, and 46 cases of other venereal diseases, chancroid, granuloma inguinale, and lymphogranuloma venereum.

Gonorrhea

The increasing trend in the number of cases of gonorrhea continued in 1978, with 88,943 cases reported (Table V, Appendix); this represents an incidence rate of 683.4 per 100,000 population. This figure represents a five percent increase over the total number of cases reported in 1977 (84,789).

The number of reported cases of gonorrhea in the white population increased from 31,182 cases in 1977 to 31,988 cases in 1978. The increase of 806 cases over the 1977 total can be attributed to an increase of 960 cases in white males which exceeded the decrease of 154 reported cases of gonorrhea in white females. For the non-white population in 1978, there were 56,955 reported cases of gonorrhea compared to 53,607 in 1977; this represents a 6% rise in the number of reported cases. The incidence of gonorrhea in the white and non-white population was 294.0 per 100,000 and 3,988.4 per 100,000 respectively.

TABLE 3

Reported Cases of Viral Hepatitis, by Type & Year, Texas 1974-1978

	Hepatitis A		Hepatitis B		Unspecified		Total	
Year	No.	Rate*	No.	Rate	No.	Rate	No.	Rate
1974	3818	31.77	357	2.97	116	0.97	4291	35.71
1975	2954	23.98	490	3.98	573	4.65	4017	32.61
1976	1762	13.99	497	3.94	836	6.64	3095	24.57
1977	2086	16.22	650	5.05	1064	8.27	3800	29.54
1978	2696	20.72	586	4.50	1198	9.21	4480	34.43

*per 100,000 population

FIGURE 2

Reported GONORRHEA INCIDENCE AMONG MALESIFEMALES,
15-19 AGE GROUP, 1970-78
(Note—The chart below illustrates a 428% *increase* in gonorrhea cases among girls 15–19 from 1970–78.)

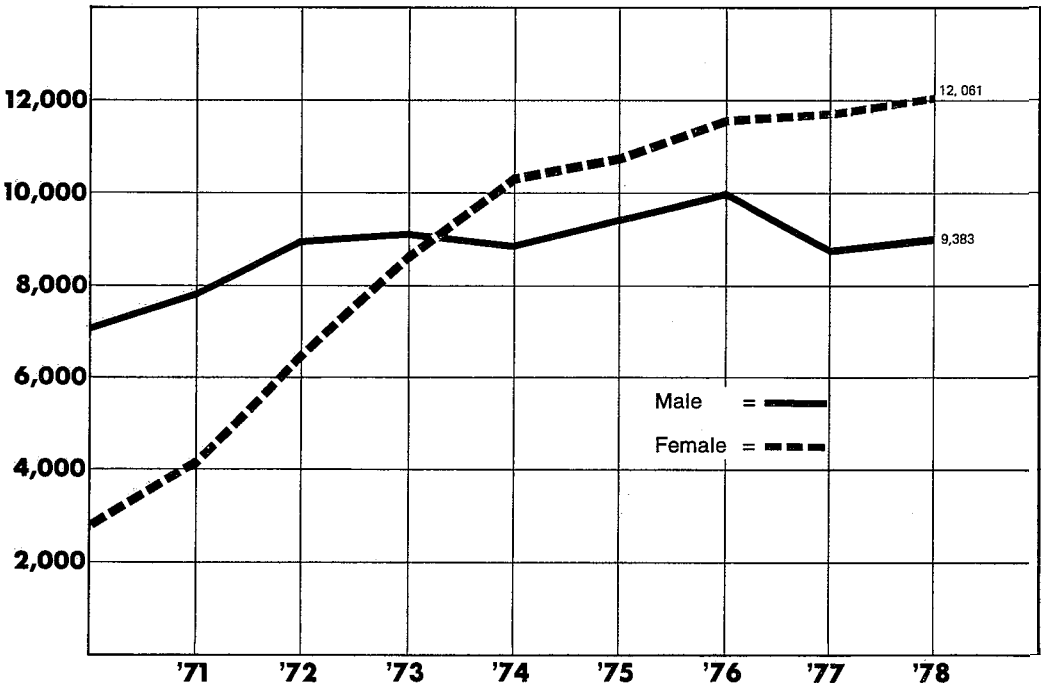
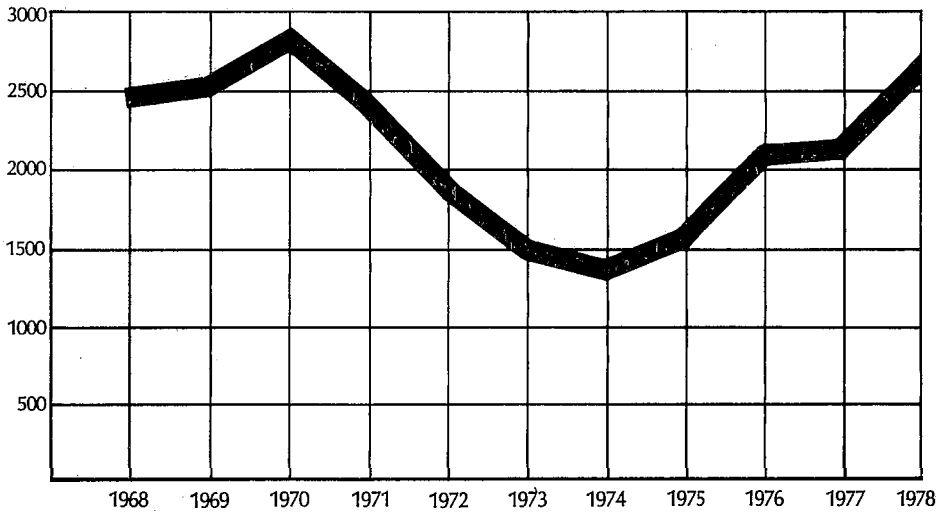


FIGURE 3

Primary & Secondary Syphilis in Texas Reported Cases 1968-78



The incidence rates and number of reported cases for males for 1978 and 1977 were 936.6 (55,955) and 888.3 (53,068), respectively. For females, comparable figures were as follows: 520.3 (32,948) and 500.9 (31,721). The Texas Department of Health's gonorrhea screening program for women of child-bearing age is believed to have contributed to the overall increase in reported cases observed during 1978. The screening program was initiated in 1973 in order to locate asymptomatic infected females and eventually reduce this hidden source of infection.

A startling trend observed in recent years has been the steady increase in gonorrhea cases reported among females in Texas in the 15-19 year age group (Figure 2). A 428% increase in reported cases since 1970 is thought to reflect improved screening techniques and reporting procedures as well as a presumptive increase in sexual activity among individuals at younger ages.

Syphilis

During 1978, 2,637 cases of primary and secondary syphilis were reported to the Infectious Disease Control Division. This figure represents a 24% increase over the number of cases reported in 1977 (2,123). The incidence rate for primary and secondary syphilis in 1978 and 1977 was 20.26 per 100,000 population and 16.51 per 100,000 population respectively. Although syphilis existed at higher levels in the Texas population through the pre-penicillin era, the continued increase in reported cases each year since 1974 is cause for concern (Figure 3).

Individuals in the 20-24 year age group accounted for 31% of the reported cases of primary and secondary syphilis. Eighty-two percent of the reported cases occurred in individuals between the ages of 15 and 34.

Of the 2,637 cases of primary and secondary syphilis reported during 1978, 1,328 occurred among the white population and 1,309 among the non-white population. The race-specific incidence rates per 100,000 population were 12.2 for whites and 91.7 for non-whites.

The number of cases of early latent syphilis reported to the IDCD increased 9.2% (2,191 cases reported in 1978 as compared to 2,005 in 1977). The 1,958 cases reported in 1976 marked the end of the decreasing trend noted throughout the 1970's. Late latent syphilis, on the other hand, continued to decline; 913 reported cases in 1978 compared to 979 in 1977. The number of cases of congenital syphilis also declined in 1978; 39 cases were reported in 1978 as compared to 61 in 1977.

Denominators for race- and sex-specific rates came from Current Population Reports; Population Characteristics, Series P-20, No. 334, January, 1979. Demographic, Social, and Economic Profile of States: Spring 1976.

Tx. Pop.	12,307,000	White	10,799,000
Male	5,974,000	Black	1,428,000
Female	6,333,000	Other	80,000

*for VD rates:
White = white & others
Non-white = black

Population figures used represent the most recent available estimates of the sex and racial breakdown of the Texas population.

APPENDIX

TABLE I REPORTED CASES OF SPECIFIED NOTIFIABLE DISEASES, TEXAS, 1970–1978

DISEASE	1978	1977	1976	1975	1974	1973	1972	1971	1970
Texas population (in thousands)	13,014*	12,860	12,599	12,318	12,017	11,830	11,619	11,422	11,237
Amebiasis	210	216	146	129	186	195	180	167	102
Anthrax	0	-	-	-	-	-	-	-	-
Aseptic Meningitis	405	315	312	362	228	180	272	237	168
Botulism	4	1	0	0	2	0	0	0	0
Brucellosis	23	33	77	29	18	36	5	25	19
Chickenpox	6,163	8,222	8,280	9,213	7,505	11,034	1,778	n.r.**	n.r.**
Cholera	0	0	0	0	0	1	0	0	0
Dengue	3	-	-	-	-	-	-	-	-
Diphtheria	0	4	1	6	9	18	41	56	234
Encephalitis, Infectious	47[1]	55[1]	35[1]	82[1]	30	43	43	22	15
Gonorrhea[2]	88,943	84,789	82,304	76,486	75,086	66,900	58,818	55,043	48,181
Hepatitis A	2,696	2,086	1,762	2,955	3,818	....reported as combined.....			
Hepatitis B	586	650	497	490	357	5,189	4,216	4,127	2,974
Hepatitis unspecified	1,198	1,064	836	573	116				
Influenza and Influenza-like Illness	99,394	67,094	132,749	92,585	118,847	109,669	170,127	59,868	128,394
Leprosy (Hansen's Disease)	28	26	16	17	18	23	34	26	30
Leptospirosis	14	6	6	10	5	1	1	10	5
Malaria	1	0	0	0	0	0	2	3	2
Malaria-acq.outside US	32	27	16	19	9	10	67	437	458
Measles (rubeola)	1,033	2,032	265	275	212	532	1,617	9,585	8,494
Meningococcal infections	144	147	140	151	116	111	89	107	178
Mumps	1,527	995	1,755	4,077	3,500	3,786	5,108	9,231	6,150
Pertussis	132	75	36	136	99	115	185	282	437
Plague	-	-	-	-	-	-	-	-	-
Poliomyelitis, paralytic	0	3	0	2	0	0	4	4	22
Psittacosis	5	6	2	6	58	5	4	1	3
Q fever	0	1	2	2	0	1	4	0	0
Rabies in Man	0	0	1	0	0	0	0	0	0
Rabies in Animals	558	373	.....not reportable until 1977.....						
Relapsing Fever	0	1	1	0	0	0	0	0	0
Rheumatic Fever, acute	25	17	29	22	33	29	30	51	34
Rocky Mt.Spotted Fever	28	30	29	34	18	11	15	13	7
Rubella (German Measles)	407	776	267	370	317	1,136	1,596	4,414	8,409
Rubella congenital syndrome	2	2	3	1	12	5	2	9	1
St. Louis encephalitis	0	9	77	37	.....n.r.**.....				
Salmonellosis	1,199	1,045	917	1,110	994	1,211	979	1,037	689
Shigellosis	1,865	1,565	1,304	1,447	1,126	1,904	1,015	1,014	706
Smallpox	-	-	-	-	-	-	-	-	-
Strep throat, Scarlet Fever	29,433	31,595	36,385	35,861	43,817	44,613	50,274	43,598	32,564
Syphilis, Total[2]	5,780	5,168	5,039	4,437	4,593	5,438	5,563	6,660	6,704
Tetanus	11	16	12	16	4	10	20	10	14
Trichinosis	2	11	2	4	4	4	0	1	1
Tuberculosis	2,160	2,326	2,454	2,600	2,311	2,224	2,422	2,730	2,889
Tularemia	6	11	10	19	8	8	11	12	9
Typhoid Fever	40	28	18	19	13	14	20	24	13
Typhus fever, endemic	33	55	58	30	12	28	13	17	16
Typhus fever, epidemic	-	-	-	-	-	-	-	-	-
Venezuelan equine encephalitis	0	0	0	0	0	0	0	88	.n.r.**
Western equine encephalitis	0	7	0	0	.....n.r.**.....				
Yellow Fever	-	-	-	-	-	-	-	-	-

*Provisional
**Not Reportable

[1]Exclusive of arboviral encephalitides
[2]Civilian cases only

S&I, TDH, 6/79

TABLE II

REPORTED CASES OF SPECIFIED NOTIFIABLE DISEASES
PER 100,000 POPULATION, TEXAS, 1970–1978

DISEASE	1978	1977	1976	1975	1974	1973	1972	1971	1970
Texas population (in thousands)	13,014*	12,860	12,599	12,318	12,017	11,830	11,619	11,422	11,237
Amebiasis	1.61	1.68	1.16	1.05	1.55	1.65	1.55	1.46	0.91
Anthrax	-	-	-	-	-	-	-	-	-
Aseptic Meningitis	3.11	2.45	2.48	2.94	1.90	1.52	2.34	2.07	0.01
Botulism	0.03	0.01	-	-	0.02	-	-	-	-
Brucellosis	0.18	0.26	0.61	0.24	0.15	0.30	0.04	0.22	0.17
Chickenpox	47.36	63.93	65.72	74.79	62.45	93.27	15.30	n.r.**	n.r.**
Cholera	-	-	-	-	-	0.01	-	-	-
Dengue	0.02	-	-	-	-	-	-	-	-
Diphtheria	-	0.03	0.01	0.05	0.07	0.15	0.35	0.49	2.08
Encephalitis, Infectious	0.36[1]	0.43[1]	0.28[1]	0.67[1]	0.25	0.36	0.37	0.19	0.13
Gonorrhea[2]	683.44	659.32	653.26	620.93	624.83	565.51	506.22	481.90	428.77
Hepatitis A	20.72	16.22	13.99	23.99	31.77				
Hepatitis B	4.50	5.05	3.94	3.98	2.97	----RE	ORIED AS	OMBINED-	-------
Hepatitis unspecified	9.21	8.27	6.64	4.65	0.97	43.86	36.29	36.13	26.47
Influenza and Influenza-like Illness	763.75	521.73	1053.65	751.62	988.99	927.04	1464.21	524.15	1142.60
Leprosy (Hansen's Disease)	0.22	0.20	0.13	0.14	0.15	0.19	0.29	0.23	0.27
Leptospirosis	0.11	0.05	0.05	0.08	0.04	0.01	0.01	0.09	0.04
Malaria	0.01	-	-	-	-	-	0.02	0.03	0.02
Malaria-acq.outside US	0.25	0.21	0.13	0.15	0.07	0.08	0.58	3.83	4.08
Measles (rubeola)	7.94	15.80	2.10	2.23	1.76	4.50	13.92	83.92	75.59
Meningococcal infections	1.11	1.14	1.11	1.23	0.97	0.94	0.77	0.94	1.58
Mumps	11.73	7.74	13.93	33.10	29.13	32.00	43.96	80.82	54.73
Pertussis	1.01	0.58	0.29	1.10	0.82	0.97	1.59	2.47	3.89
Plague	-	-	-	-	-	-	-	-	-
Poliomyelitis, paralytic	-	0.02	-	0.02	-	-	0.03	0.04	0.20
Psittacosis	0.04	0.05	0.02	0.05	0.48	0.04	0.03	0.01	0.03
Q Fever	-	0.01	0.02	0.02	-	0.01	0.03	-	-
Rabies in Man	-	-	0.01	-	-	-	-	-	-
Relapsing Fever	-	0.01	0.01	-	-	-	-	-	-
Rheumatic Fever, acute	0.19	0.13	0.23	0.18	0.27	0.25	0.26	0.45	0.30
Rocky Mt.Spotted Fever	0.22	0.23	0.23	0.28	0.15	0.09	0.13	0.11	0.06
Rubella (German measles)	3.13	6.03	2.12	3.00	2.64	9.60	13.74	38.64	74.83
Rubella congenital syndrome	0.02	0.02	0.02	0.01	0.10	0.04	0.02	0.08	0.01
St. Louis encephalitis	-	0.07	0.61	0.30	-	-	-	-	-
Salmonellosis	9.21	8.13	7.28	9.01	8.27	10.24	8.43	9.08	6.13
Shigellosis	14.33	12.17	10.35	11.75	9.37	16.09	8.74	8.88	6.28
Smallpox	-	-	-	-	-	-	-	-	-
Strep throat, Scarlet Fever	226.16	245.68	288.79	291.13	364.63	377.12	432.69	381.70	289.79
Syphilis, Total[2]	44.41	40.19	40.00	36.02	38.22	45.97	47.88	58.31	59.66
Tetanus	0.08	0.12	0.10	0.13	0.03	0.08	0.17	0.09	0.12
Trichinosis	0.02	0.09	0.02	0.03	0.03	0.03	-	0.01	0.01
Tuberculosis	16.60	18.08	19.48	21.11	19.23	18.80	20.85	23.90	25.71
Tularemia	0.05	0.09	0.08	0.15	0.07	0.07	0.09	0.11	0.08
Typhoid Fever	0.31	0.22	0.14	0.15	0.11	0.12	0.17	0.21	0.12
Typhus fever, endemic	0.25	0.43	0.46	0.24	0.10	0.24	0.11	0.15	0.14
Typhus fever, epidemic	-	-	-	-	-	-	-	-	-
Venezuelan equine encephalitis	-	-	-	-	-	-	-	0.77	n.r.**
Western equine encephalitis	-	0.05	-	-	n.r.**	n.r.**	n.r.**	n.r.**	n.r.**
Yellow Fever	-	-	-	-	-	-	-	-	-

*Provisional
**Not Reportable

[1]Exclusive of arboviral encephalitides
[2]Civilian cases only

S&I, TDH, 6/79

TABLE III

DEATHS FROM SPECIFIED NOTIFIABLE DISEASES
TEXAS, 1970-1978[1]

CAUSE OF DEATH	ICDA[2]	1978	1977	1976	1975	1974	1973	1972	1971	1970
Texas population (in thousands)		13,014*	12,860	12,599	12,318	12,017	11,830	11,619	11,422	11,237
Amebiasis	006	2	4	5	3	5	5	6	12	17
Aseptic Meningitis	045	-	-	5	2	1	5	6	1	2
Botulism	005.1	1	-	-	-	-	-	1	-	-
Brucellosis	023	-	-	1	-	1	-	3	-	-
Chickenpox	052	7	8	10	5	7	19	9	10	6
Diphtheria	032	-	1	1	-	2	-	1	3	8
Encephalitis, Infectious	065	12[3]	16[3]	12[3]	15[3]	15	15	15	19	18
Gonorrhea	098	2	1	-	2	2	1	3	-	3
Hepatitis A	070	33	34	42	41	52	52	53	73	89
Hepatitis B	931.2	11	6	5	8	6	11	11	16	15
Hepatitis unspecified	573.0	49	63	63	31	43	57	38	55	52
Influenza and Influenza-Like Illness	470-474	190	64	567	211	110	249	293	52	231
Leprosy (Hansen's Disease)	030	2	1	1	-	1	1	1	1	-
Leptospirosis	100	-	1	2	-	1	-	1	-	-
Malaria[4]	084	-	-	-	-	-	-	-	-	1
Measles (rubeola)	055	1	3	-	3	2	1	5	9	20
Meningococcal Infections	036	37	25	20	28	22	39	25	23	36
Mumps	072	-	-	2	-	-	-	1	1	4
Pertussis	033	-	1	-	1	1	1	1	2	1
Poliomyelitis, Total Acute	040-043	-	-	-	-	-	1	2	1	5
Rheumatic Fever, Acute	390	-	11	4	8	12	9	13	8	9
Rocky Mt. Spotted Fever	082.0	-	1	-	3	2	1	-	-	2
Rubella (German measles)	056	-	2	1	1	-	3	-	2	5
Rubella Congenital Syndrome	761.3	-	1	-	4	5	2	1	1	4
St. Louis Encephalitis	062.3	-	-	4	3	-	-	1	-	-
Salmonellosis	003	3	3	1	5	2	5	5	2	4
Shigellosis	004.9	6	7	3	6	5	6	4	4	7
Strep throat, Scarlet Fever	034	-	4	1	2	-	1	1	2	4
Syphilis, Total	090-097	15	13	18	26	15	31	39	34	40
Tetanus	037	4	9	4	8	3	6	10	10	11
Trichinosis	124	-	-	-	-	-	-	-	-	1
Tuberculosis	010-019	163	176	211	200	237	247	256	255	309
Tularemia	021	-	-	1	-	1	3	1	-	-
Typhoid Fever	001	-	-	-	1	-	-	2	1	-
Typhus fever, epidemic	080	-	-	-	-	-	1	-	-	-

[1]source: computer tabulations, Bureau of Vital Statistics, TDH

*provisional

[2]numbers after cause of death are category numbers of the Eighth Revision of the International Classification of Diseases, adapted 1965

[3]exclusive of arboviral diseases

[4]includes malaria acquired within and outside of the United States

TABLE IV

DEATHS FROM SELECTED NON-NOTIFIABLE CONDITIONS OF INTEREST TO PUBLIC HEALTH, TEXAS 1970-1978[1]

CAUSE OF DEATH	ICDA[2]	1978	1977	1976	1975	1974	1973	1972	1971	1970
Texas population (in thousands)		13,014*	12,860	12,599	12,318	12,017	11,830	11,619	11,422	11,237
Child Abuse[3]	968	26	41	28	n.a.**	n.a.	n.a.	n.a.	n.a.	n.a.
Guillain-Barre Syndrome	354	18	14	6	14	16	12	14	10	16
Mycobacteria Infection	031	6	4	2	5	7	6	5	5	1
Reyes Syndrome	347.9	177	164	147	137	151	126	124	106	110
Sudden Infant Death Syndrome	795.0	298	293	217	203	175	n.a.	n.a.	n.a.	n.a.

[1]source: computer tabulations, Bureau of Vital Statistics, TDH, with the exception of the child abuse category

*provisional
**data not available

[2]numbers after cause of death are category numbers of the Eighth Revision of the International Classification of Diseases, adapted 1965

[3]source: manual tabulation, Bureau of Vital Statistics

TABLE V REPORTED CASES OF SELECTED NOTIFIABLE DISEASES BY MONTH, TEXAS, 1978

DISEASE	TOTAL	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	UNKNOWN
Amebiasis	210	5	16	18	22	8	13	11	30	33	15	15	24	-
Aseptic Meningitis	405	11	9	7	7	16	32	52	69	52	54	42	54	-
Botulism	4	-	-	-	2	2	-	-	-	-	-	-	-	-
Brucellosis	23	-	-	-	3	1	4	3	4	-	5	2	1	-
Chickenpox	6,163	475	744	1,029	1,288	744	799	174	59	49	119	145	538	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis, Infectious[1]	47	1	-	4	1	4	7	9	4	6	3	5	3	-
Gonorrhea[2]	88,943													
Hepatitis A	2,696	116	248	181	251	203	188	174	253	289	219	208	366	-
Hepatitis B	586	46	39	51	49	45	46	46	58	61	47	36	62	
Hepatitis unspecified	1,198	71	102	82	79	93	64	84	134	119	92	91	187	-
Influenza and Influenza-Like Illness	99,394	9,882	39,113	15,447	5,187	2,990	2,150	2,503	2,839	3,132	4,011	4,296	7,844	-
Leprosy (Hansen's Disease)	28	1	-	1	6	1	5	6	2	2	-	1	3	-
Leptospirosis	14	-	-	-	2	-	-	7	-	2	1	-	2	-
Malaria-acquired outside U.S.	32	1	-	2	2	1	6	3	3	4	3	4	3	-
Measles	1,033	22	40	123	195	107	58	41	53	59	83	97	155	-
Meningococcal Infections	144	13	14	19	19	15	14	9	14	8	2	9	8	-
Mumps	1,527	102	125	227	137	111	193	51	52	29	51	116	333	-
Pertussis	132	8	14	8	5	9	6	17	18	16	4	12	15	-
Poliomyelitis, Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psittacosis	5	-	-	-	2	-	2	-	-	1	-	-	-	-
Q Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Relapsing Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rheumatic Fever (acute)	25	3	1	3	1	5	4	2	-	1	2	1	2	-
Rocky Mt. Spotted Fever	28	-	-	1	1	3	3	4	7	3	2	3	1	-
Rubella	407	4	26	81	76	68	39	34	25	21	12	14	7	-
Rubella Congenital Syndrome	2	-	-	-	-	-	-	1	1	-	-	-	-	-
St. Louis Encephalitis	-	-	-	-	-	-	-	-		-	-	-	-	-
Salmonellosis	1,199	57	53	41	57	63	84	142	163	156	198	82	103	-
Shigellosis	1,865	115	83	104	143	103	115	181	284	229	217	124	167	-
Strep Throat and Scarlet Fev.	29,433	2,549	3,427	3,025	2,776	2,421	1,917	1,677	1,868	2,017	2,146	2,182	3,428	-
Syphilis, Primary & Secondary	2,637													
Tetanus	11	-	-	2	5	-	1	1	-	-	-	-	2	-
Trichinosis	2	-	-	-	-	-	-	-	-	-	1	-	1	-
Tuberculosis	2,160	168	154	187	194	193	211	221	191	167	151	184	139	-
Tularemia	6	-	-	-	-	-	-	1	2	-	-	2	1	-
Typhoid Fever	40	-	1	2	5	3	4	2	4	1	-	14	4	-
Typhus, Endemic	33	2	1	3	2	1	1	8	2	7	1	1	4	-
Western Equine Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-

'exclusive of arboviral encephalitides
'civilian cases only; data not available by month

TABLE V I REPORTED CASES OF SELECTED NOTIFIABLE DISEASES BY AGE, TEXAS, 1978

DISEASE	TOTAL	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-39	40-49	50-59	60+	Age Not Specified
Amebiasis	210	-	4	11	23	14	18	16	21	14	12	12	65
Aseptic Meningitis	405	140	46	52	33	26	28	33	20	8	4	2	13
Botulism	4	-	-	-	1	-	-	-	1	-	-	1	1
Brucellosis	23	-	-	-	-	3	1	3	7	2	2	4	1
Chickenpox	6,163	165	1,863	2,006	270	136	-	-	-	-	-	-	1,723
Encephalitis, Infectious[1]	47	1	5	5	4	4	5	4	4	4	5	5	1
Gonorrhea[2]	88,943	21	58	82	672	21,444	36,159	18,625	9,579	1,781	411	111	-
Hepatitis A	2,696	8	157	506	280	313	462	358	288	100	70	48	106
Hepatitis B	586	-	1	10	5	98	189	120	75	26	25	28	9
Hepatitis unspecified	1,198	4	47	198	93	164	215	176	111	47	43	33	67
Leprosy (Hansen's Disease)	28	-	-	-	1	4	2	2	5	5	1	8	-
Leptospirosis	14	-	-	-	1	1	3	2	3	1	1	1	1
Malaria-outside U.S.	32	-	2	2	1	2	2	8	6	5	2	1	1
Measles	1,033	51	122	63	94	121	8	6	1	1	-	-	566
Meningococcal Infections	144	28	52	13	8	13	7	2	4	7	3	4	3
Mumps	1,527	11	158	514	193	150	-	-	-	-	-	-	501
Pertussis	132	77	38	9	3	-	2	-	1	-	-	-	2
Psittacosis	5	-	-	-	1	-	-	1	-	1	-	1	1
Rheumatic Fever (acute)	25	1	7	2	9	3	1	2	-	-	-	-	-
Rocky Mt. Spotted Fever	28	-	3	9	3	4	1	2	3	2	1	-	-
Rubella	407	47	32	13	3	12	5	6	1	-	-	-	288
Rubella Congenital Syndrome	2	1	1	-	-	-	-	-	-	-	-	-	-
Salmonellosis	1,199	313	229	61	43	33	46	64	53	43	42	94	178
Shigellosis	1,865	107	787	346	98	64	95	94	87	35	21	39	92
Syphilis, primary & secondary[2]	2,637	21	58	82	672	21,444	36,159	18,625	9,579	1,781	411	111	-
Tetanus	11	4	1	-	-	-	-	-	-	1	-	5	-
Trichinosis	2	-	-	-	-	-	1	-	1	-	-	-	-
Tuberculosis	2,160	10	94	41	27	63	140	149	306	305	405	620	-
Tularemia	6	-	-	-	-	-	-	1	1	1	1	1	1
Typhoid Fever	40	-	7	2	5	2	5	6	5	2	2	4	-
Typhus, endemic	33	-	1	2	3	1	3	5	6	5	3	3	1

[1] exclusive of arboviral encephalitides
[2] civilian cases only

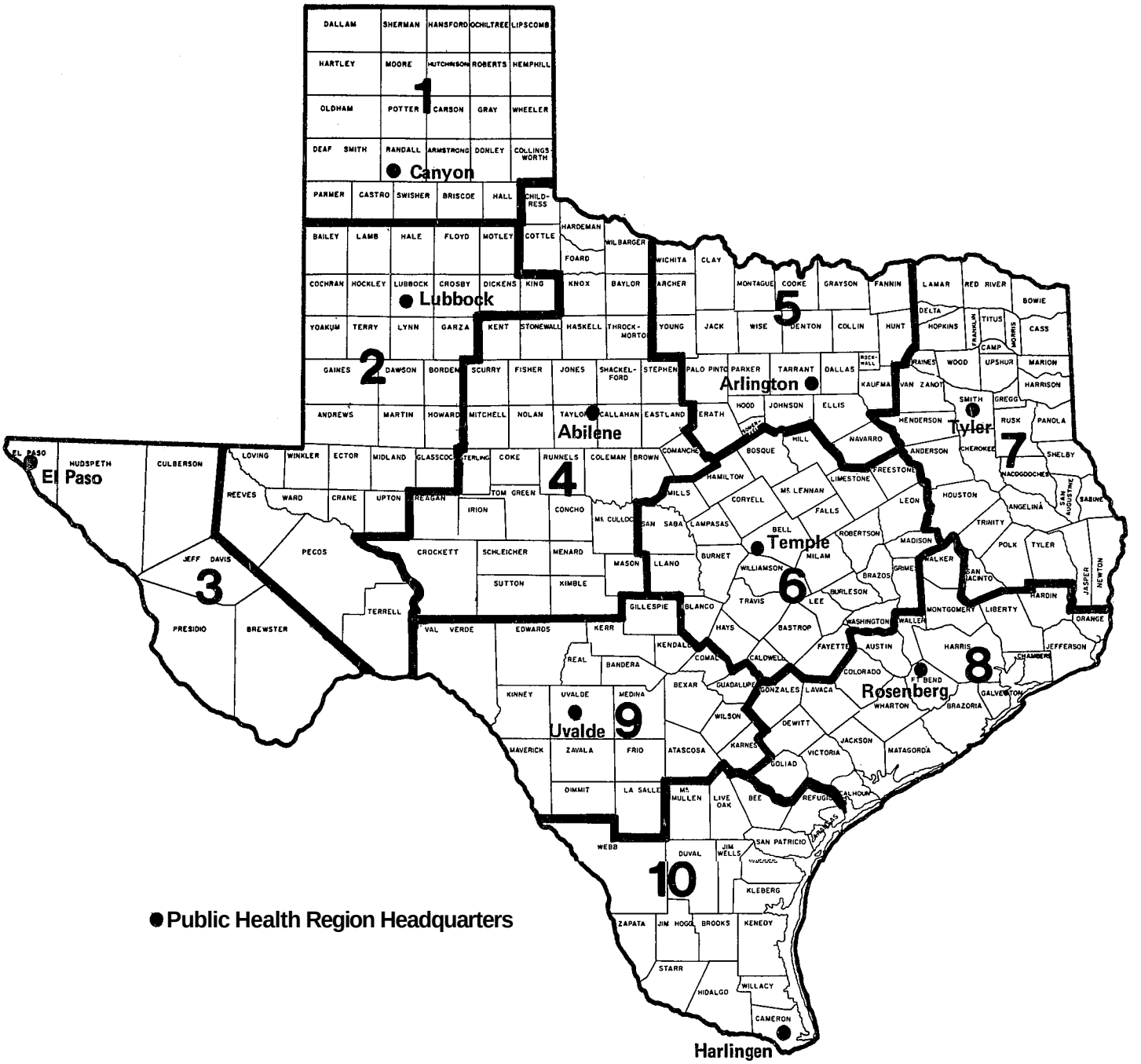
S & I, TDH, 6/79

TABLE VII REPORTED CASES OF SPECIFIC NOTIFIABLE DISEASES BY PUBLIC HEALTH REGION, TEXAS, 1978

DISEASE	TOTAL	Public Health Regions 1	2	3	4	5	6	7	8	9	10	Military
TOTAL CASES												
Amebiasis	210	-	2	8	1	16	80	3	69	11	20	-
Aseptic Meningitis	405	1	7	8	11	173	6	3	91	58	30	17
Botulism	4	-	1	-	-	-	-	-	2	-	1	-
Brucellosis	23	-	-	-	-	4	-	10	6	3	-	-
Chickenpox	6,163	420	646	141	307	1,209	480	560	1,091	435	829	45
Encephalitis, Infectious[1]	47	1	2	1	-	11	-	3	9	17	2	1
Gonorrhea	93,096	1,552	2,495	2,009	1,001	29,484	7,679	5,144	32,652	4,742	2,185	4,153
Hepatitis A	2,696	141	72	153	11	799	306	89	429	283	283	130
Hepatitis B	586	13	5	32	1	223	30	13	151	47	35	36
Hepatitis unspecified	1,198	114	43	23	11	182	38	31	547	52	148	9
Influenza and Influenza-Like Illness	99,394	3,051	6,951	201	5,134	6,594	24,493	5,712	15,434	2,724	21,708	7,392
Leprosy (Hansen's Disease)	28	-	-	1	-	2	1	4	7	3	10	-
Leptospirosis	14	-	-	-	-	3	1	3	4	3	-	-
Measles	1,033	2	18	5	8	31	21	105	162	88	15	578
Meningococcal Infections	144	5	3	2	-	26	10	8	58	12	12	8
Mumps	1,527	34	115	7	43	499	143	213	181	63	218	11
Pertussis	132	4	2	-	1	92	4	10	10	4	4	1
Psittacosis	5	-	-	-	-	3	-	-	1	1	-	-
Rheumatic Fever, Acute	25	-	3	-	2	1	-	-	3	12	3	1
Rocky Mt. Spotted Fever	28	-	-	-	1	12	5	6	2	1	1	-
Rubella	407	5	11	-	6	14	8	15	18	25	24	281
Salmonellosis	1,199	21	103	65	6	198	140	21	355	222	58	9
Shigellosis	1,865	12	12	100	3	208	159	14	736	524	96	1
Strep Throat & Scarlet Fev.	29,433	1,038	2,644	58	2,565	3,358	3,563	1,779	5,847	3,698	3,257	1,626
Syphilis, Total	5,923	66	113	261	49	1,433	415	160	2,473	342	468	143
Tetanus	11	-	-	-	-	1	2	-	5	2	1	-
Trichinosis	2	-	-	-	-	1	-	-	1	-	-	-
Tuberculosis	2,160	25	49	87	44	421	184	136	720	200	294	-
Tularemia	6	-	-	-	-	-	-	3	1	-	1	1
Typhoid Fever	40	-	-	9	-	2	7	2	7	6	6	1
Typhus, endemic	33	-	-	-	1	1	1	1	2	1	26	-

'exclusive of arboviral encephalitides

TEXAS DEPARTMENT *OF* HEALTH
PUBLIC HEALTH REGIONS



REPORTABLE DISEASES OF TEXAS

In Texas, specific rules and regulations for the control of communicable diseases have been approved by the State Board of Health under the legal authority vested in them by Articles 4418a, 4419, and 4477 of the Texas Revised Civil Statutes. These include the designation of certain diseases as "reportable" as well as the establishment of the mechanics for reporting communicable diseases, control measures, and the use of quarantine procedures. The following diseases are reportable in Texas:

Diseases to be Reported Immediately by Telephone to the Texas Department of Health

- Botulism
- Cholera
- Diphtheria
- Plague
- Poliomyelitis, paralytic
- Smallpox
- Yellow fever

Diseases Reportable by Name, Address, Age, Sex, and Race/Ethnicity

- Amebiasis
- Anthrax
- Aseptic meningitis
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Encephalitis (specify etiology)
- Hansen's disease (leprosy)
- Hepatitis, viral
  - Type A
  - Type B
  - unspecified
- Leptospirosis
- Malaria
- Measles
- Meningococcal infections
- Mumps
- Pertussis
- Plague
- Poliomyelitis, paralytic
- Psittacosis
- Q fever
- Rabies in man
- Relapsing fever
- Rheumatic fever, acute
- Rocky Mountain spotted fever
- Rubella
- Rubella congenital syndrome
- Salmonellosis
- Shigellosis
- Smallpox
- Tetanus
- Trichinosis
- Tularemia
- Typhoid fever
- Typhus fever,
  - endemic (murine)
  - epidemic
- Yellow fever

Diseases Reportable by Numerical Totals

- Chickenpox
- Influenza and flu-like illness
- Streptococcal sore throat (including scarlet fever)

In addition to the requirements of individual case reports, any unusual or group expression of illness which may be of public health concern should be reported to the local health authorities or the State Epidemiologist by the most expeditious means (AC 512-458-7207 or Tex-An 824-9207). Epidemiologic investigative consultation and assistance are available from the Texas Department of Health upon request.

If no cases occurred during the week, write "NONE" across the card. Upon completing your report, fold the top flap over the bottom flap and seal and return. Your cooperation in securing these reports promptly is greatly appreciated.

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY CARD
FIRST CLASS PERMIT NO. 239 AUSTIN, TEXAS

F WILL BE PAID BY ADDRESSEE

TEXAS DEPARTMENT OF HEALTH
COMMUNICABLE DISEASE SERVICES
1100 WEST 49th STREET
AUSTIN, TEXAS 78756

NOTIFIABLE DISEASE REPORT FOR WEEK ENDING _____

Leave This Space Blank	Disease	Patient (Last, First, Middle Initial)	Age*	Sex	Racet
		Name Address City			
		Name Address City			
		Name Address City			
		Name Address City			
		Name Address City			
		Name Address City			
		Name Address City			
		Name Address City			
		Name Address City			
		Name Address City			
		Name Address City			

*REPORT AGE AT LAST BIRTHDAY. IF LESS THAN 1 YR. REPORT BY MONTH.

†ENTER CODE AS APPROPRIATE

WHITE	1
HISPANIC	2
BLACK	3
AMERICAN INDIAN or ALASKAN NATIVE	4
ASIAN or PACIFIC ISLANDER	5
UNKNOWN	9

CHECK FOR ADDITIONAL SUPPLIES

☐ J-27 (VD REPORTING)
☐ TB-15(TB REPORTING)

REPORT BY NUMBER OF CASES PER AGE GROUP:

		<1 yr.	1-4	5-9	10-14	15+	Unk.
052	CHICKENPOX						

REPORT BY NUMBER OF CASES:

487—Influenza & flu-like illness _____

034—Strep. sore throat, incl. scarlet fever _____

FORM C-15 (REV. 6-79)

Texas Department of Health