



Bulletin No. 19
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Immunization Action Month;
St. Louis Encephalitis;
Syphilis in Southeastern

IMMUNIZATION ACTION MONTH

Nationally, October has been declared Immunization Action Month, and Governor Hammond has declared October as Immunization Action Month in Alaska. Surveys indicate that approximately 40% of the nearly 13.2 million preschool-age youngsters are unprotected against polio, measles, rubella, diphtheria, whooping cough and tetanus. This age group accounts for the greatest percentage of both illness and death from these diseases. Alaska has reported cases of whooping cough and diphtheria in the past year. These cases should not have occurred. A safe effective vaccine is available for each disease. While there has been no measles or rubella in Alaska for over two years, only vigorous immunization of preschool and school-age children will allow this record to continue. We vigorously urge everyone to assist in this effort to protect the people of Alaska from these diseases.

ST. LOUIS ENCEPHALITIS

Through September 30, 1975, a total of 541 confirmed cases of St. Louis Encephalitis Virus infection have been reported from 19 states and the District of Columbia. An additional 496 cases with some serologic evidence of infection have also been reported. Clinically, the illness is indistinguishable from a host of aseptic encephalitis; the diagnosis is most easily made by serologic testing. No cases of St. Louis Virus Encephalitis have been documented in Alaska.

SYPHILIS IN SOUTHEASTERN

Six new cases of early syphilis have been identified in Southeast Alaska. These all appear to be second generation cases linked to last years' village outbreak. The evidence for a syphilis reservoir in the state is of increasing concern to health officials.

Alaska has been fortunate in having a low incidence of syphilis, in spite of our astronomically high gonorrhea rate. However, this disparity could end if syphilis is allowed to become endemic.

Initial physician suspicion remains the key to identifying new cases. Health care providers should be alerted to the presence of the disease in the state. Immediate notification to the health department is essential so that epidemiologic investigation can be undertaken to identify contact cases before there is further spread of disease.