



SPOTTED FEVER RATES — The above graph shows a steady increase in the number of reported cases of Rocky Mountain spotted fever nationwide; reaching record highs in both 1973 and 1974. Although not

included on the graph, the 1974 total was 764 cases. (Graph courtesy of Dr. Willy Burgdorfer, Rocky Mountain Laboratory in Hamilton.)

Spotted fever reaches record high; local doctors plan public education

By Kay Joslin

The incidence of Rocky Mountain spotted fever is climbing nationwide and the mortality rate from the disease is around 10 percent.

"This is far too high for a disease that can be treated with effective antibiotics. It reflects lack of public education about ticks and their potential danger in transmitting disease," said Dr. Willy Burgdorfer, renowned authority on spotted fever at the Rocky Mountain Laboratory's Rickettsial Diseases Section.

He and Dr. Mark Genich, county health officer, are working together on a public education campaign to alert people to symptoms of the disease and what to do if bitten by a tick.

Although statistics do not show a marked increase of the disease in Montana, where mortality rates were once at 90 percent; both doctors report increases in the number of persons bitten by ticks and the number treated for spotted fever symptoms in Ravalli County.

And while the normal tick season runs from early spring to mid-July, this year the danger still exists as both doctors reported cases of persons with infectious tick bites within the past week, probably due to the late spring, and still humid weather.

Dr. Burgdorfer advised that persons going into higher elevations, where snow still contributes to humidity, to beware of ticks.

Dr. Genich is preparing an article on the disease, with assistance from Dr. Burgdorfer, to be printed and placed in doctor's and dentist's office's and other public places. He said he will present his idea to the county health board at its Monday meeting.

Dr. Burgdorfer, a research entomologist, is careful to discriminate between what he called "bonafide" or "clinically diagnosed" spotted fever cases and those where persons are treated with antibiotics after being bitten by infectious ticks.

He stressed that persons cannot actually be diagnosed as having spotted fever unless clinical symptoms characteristic for the disease

are present, or unless serological follow-up tests demonstrate specific antibodies in a patient's blood.

Symptoms noted

The clinical symptoms include sudden chill, severe headache, muscle ache, high fever and a rash that usually starts on the palms of the hands and bottoms of the feet and moves to the rest of the body.

Most persons do not receive followup treatment, Dr. Burgdorfer said. Thus, going on that description, he said no "bonafide" cases have occurred this year, although at least four persons were treated following bites by ticks which proved to be infected with the causitive agent, *Rickettsia rickettsii*.

In previous years, from 1970-74, four proven spotted fever cases occurred in Ravalli county, Dr. Burgdorfer said.

However, a look at nationwide figures is more alarming. After the discovery of antibiotics for treatment of fever in 1948, the disease dwindled to fewer than 200 cases in 1959. Then the rate slowly began to climb, reaching a record of 668 in 1973 and another record of 754 in 1974. Already the 1975 rate as of early August surpasses the rate at that time in 1974, Dr. Burgdorfer said, with 516 proven cases as of Aug. 2.

At the same time Dr. Burgdorfer and other scientists feel that the true incidence of the disease and the mortality rate may be higher than figures show simply because physicians fail to report all proven cases to the Center for Disease Control in Atlanta, Ga., where nationwide figures are compiled. Some scientists guess the disease is 10 times as great as is reported, some say it's even higher.

Strangely enough the disease is much more prevalent in the Eastern United States where it is transmitted by the American dog tick, as opposed to the wood tick which transmits it in the Rocky Mountain States.

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