

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE BOARD OF HEALTH

RELEASED June 8, 1967	ASEPTIC MENINGITIS	DIPHtherIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	INFECTION AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	STREPTOCOCCAL INFECTIONS	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS
JACKSON										1									
JEFFERSON					5			5				2			4		9	24	16
JEFFERSON DAVIS						1											1	2	1
LAFAYETTE					2	8									1			5	3
LAFORCHE								1									2	4	3
LASALLE						12													
LINCOLN																	2	3	
LIVINGSTON	1																		2
MADISON																			
MOREHOUSE																		2	1
NATCHITOCHES					1		1										1	6	1
ORLEANS	5				11	2	1	11				3			2		28	159	87
OUACHITA					4	4											2	24	13
PLAQUEMINES							1											1	3
POINTE COUPEE																		1	
RAPIDES							1										2	5	6
RED RIVER																			
RICHLAND					1												2	1	
SABINE																		2	
ST. BERNARD				1	3												2	2	
ST. CHARLES																			1
ST. HELENA																		1	
ST. JAMES			2																2
ST. JOHN																			2
ST. LANDRY					1												4	14	4
ST. MARTIN							1										1		
ST. MARY					2			1											1
ST. TAMMANY					3		1										2	13	2
TANGIPAHOA					1										3		2	7	2
TENSAS																			
TERREBONNE				1	1												2		3
UNION										1								2	2
VERMILION															5		2	1	
VERNON					1		2											5	
WASHINGTON																	3	1	3
WEBSTER																	2	2	
WEST BATON ROUGE					1												1		2
WEST CARROLL																	3		1
WEST FELICIANA			1			1						2					5	13	6
WINN					1														
OUT OF STATE																			

From January 1 through May 31 of 1967, the following cases were also reported: 4 Tularemia, 11 Malaria, 6 Leptospirosis, and 4 Brucellosis.

PERTUSSIS OUTBREAK IN SOUTHERN LOUISIANA - ORLEANS

The marked increase in reported cases of pertussis for the first five months of 1967 reflects an increased incidence in Southern Louisiana, particularly in the New Orleans area. Only twice in the past ten years (1959 and 1963) has the total number of cases been this high. Twenty-two of the forty-four cases reported this year have occurred in New Orleans. Other parishes with cases include Jefferson, Washington, East Baton Rouge, St. Charles, Acadia, Lafourche, Plaquemines, East Carroll, St. Bernard and St. Mary. These reported cases which may represent only a small proportion of the actual total, suggests the presence of a widespread epidemic.

Interest in pertussis has declined in recent years as effective, widespread immunizations have resulted in a decline in reported cases in both Louisiana and the United States as a whole. There is reason now for a renewal of interest. Strains of Bordetella pertussis resistant to the vaccine used in Great Britain and Canada have been reported; an age shift seems to be occurring in those affected by the disease; and diagnostic techniques have been improved considerably. Investigators at Tulane are studying serotypes isolated in Louisiana to evaluate vaccine effectiveness. A high index of suspicion on the part of physicians has led to the diagnosis of pertussis in older children and young adults. Nasal swabs plated on Bordet-Gengou medium with penicillin or methicillin is replacing the cough plate cultures technique, and in some places (e.g. Charity Hospital in New Orleans) the fluorescent antibody technique is being used for rapid diagnosis. Epidemic control measures include active immunization as early as three or four weeks of age, bacteriologic cure of patients with antibiotics to decrease the period of contagiousness, and searching for unrecognized cases.

MALARIA SURVEILLANCE

As of the early part of May 1967, 800 malaria cases were reported to State Health Departments in the United States and to the National Communicable Disease Center. In view of the fact that 678 cases were reported for the year of 1966, it is quite apparent from the information received this year that there will be a marked increase during the current year.

Most of the cases occurred in military personnel who had been on duty in Viet Nam and are, therefore, considered as imported cases despite the fact that they became manifest in the United States. Vivax malaria occurred in about 85 per cent of the cases reported in 1967 and of these, three-fourths had their onset more than 30 days after their return from Viet Nam or other foreign areas where malaria is occurring.

Since Louisiana has several military installations, seaports engaged in foreign trade and an international airport as possible introduction points, a constant surveillance should be maintained because of the possibility of the spread of malaria to the civilian population.

All diagnosed and suspected cases of malaria, including those infected and diagnosed outside of Louisiana, should be reported by physicians to their Parish Health Units. At least three blood smears (one thick and two thin) should be obtained on each case and sent to the Central Laboratory of the Louisiana State Department of Health, State Office Building, P.O. Box 60630, New Orleans, Louisiana 70160. It is necessary to supply pertinent identifying information with the slides.

As soon as a diagnosis had been established and reported to the Parish Health Unit, a representative of the Unit will contact the physician concerned relative to pertinent malaria surveillance information.