

LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF MAY, 1972

BY PARISH OF RESIDENCE

HOME HEALTH SERVICES AVAILABLE

Home Health Services for nursing care may be obtained by the physician calling the local health unit in his parish. The physician will be asked to give a written order outlining a plan of treatment which will provide the necessary guidance for the health professional giving the service needed. All necessary forms in this program are filled out by the health unit personnel relieving the physician of this responsibility.

Examples of services given are catheter and colostomy care, administration of medications, including injections, rehabilitation measures, referral for social service consultation, and teaching patients and families in-patient care. A wide range of skilled nursing services are available on physician request.

(See page 3).

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED JUNE 6, 1972	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIONOUS	INFECTIOUS AND SERUM HEPATITIS	TUBERCULOSIS, PULMONARY	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	RUBELLA *	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	MEASLES	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 19 71	15	11	4	3	285	343	40	15	0	19	2	274	9	5	41	0	1537	5418	283
TOTAL TO DATE 19 72	17	4	1	7	297	240	25	15	0	20	5	82	42	1	50	2	89	6940	356
TOTAL THIS MONTH	5	0	1	1	56	58	6	4	0	3	0	15	19	1	5	0	19	1638	92
ACADIA					2	3													9
ALLEN																			1
ASCENSION					1														2
ASSUMPTION																			9
AVOUELLES																			2
BEAUREGARD																			2
BIENVILLE						1													3
BOSSIER																			22
CADDO					2	3				1							1	206	6
CALCASIEU					1	3									2				35
CALDWELL																			3
CAMERON						1													
CATAHOULA																			
CLAIBORNE																			1
CONCORDIA						2													
DESOTO																			22
EAST BATON ROUGE					6	4									1				75
EAST CARROLL																	4		6
EAST FELICIANA						2													
EVANGELINE																			2
FRANKLIN																			3
GRANT						1									1				
IBERIA												2							7
IBERVILLE						2													1

*Includes Rubella, Congenital Syndrome.

JUN 8 2 1972

MAY, 1972

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

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JACKSON										1									
JEFFERSON	1			1	6		1	1					1	1			1	68	7
JEFFERSON DAVIS					1													4	
LAFAYETTE						1	1											21	
LAFOURCHE					2	1											1	19	1
LASALLE																		1	
LINCOLN										1								46	
LIVINGSTON					1													2	
MADISON																		4	
MOREHOUSE						2												38	
NATCHITOCHES																		3	1
ORLEANS	3				19	22	1	1				4	15				4	624	41
OUACHITA					4	1						1					5	102	11
PLAQUEMINES																		2	
POINTE COUPEE																			1
RAPIDES			1		2												1	66	1
RED RIVER																		1	
RICHLAND						1												1	3
SABINE																			
ST. BERNARD						2												5	
ST. CHARLES																		2	
ST. HELENA																		3	
ST. JAMES													1					2	
ST. JOHN	1					1		1							1			5	1
ST. LANDRY					1	4		1				3						27	1
ST. MARTIN						1												6	
ST. MARY						1												4	1
ST. TAMMANY					2		1						2					17	
TANGIPAHOA																		15	1
TENSAS																			
TERREBONNE					1													8	
UNION					1													1	
VERMILION						1													
VERNON					2		1					2						77	
WASHINGTON							1											16	
WEBSTER																		7	
WEST BATON ROUGE																		10	
WEST CARROLL																	1		
WEST FELICIANA																		11	1
WINN												3					1	14	
OUT OF STATE																			

From January 1 through May 31, the following cases were also reported: 1 Actinomycosis, 1 Brucellosis, and 4 Malaria (contracted outside the U.S.A.)

PREVENTION OF TRAVELERS' DIARRHEA

Travelers' diarrhea occurs throughout the world, but it is most common where personal hygiene and sanitation are poor. The syndrome is characterized by diarrhea, often accompanied by vomiting, abdominal cramps, chills, and low-grade fever. In most patients, the symptoms disappear in one to three days.

The cause of travelers' diarrhea is uncertain. The disease is sometimes attributed to unaccustomed or exotic foods and seasonings, but their involvement is doubtful. Specific microorganisms, i. e., *Shigella* sp., *Salmonella* sp., and enteropathogenic *Escherichia coli* are occasionally found in the stools of patients with travelers' diarrhea and recent studies suggest that toxin producing and mucosal penetrating strains of *E. coli* may be the cause of this syndrome, but further study is necessary.

Iodochlorhydroxyquin (Entero-Vioform) has been used for many years to prevent travelers' diarrhea. Many tropical disease specialists believe that it is ineffective for this purpose. Recently iodochlorhydroxyquin was implicated in Japan, Australia, and Sweden, as the cause of a severe neurologic disease (subacute myelo-optic neuropathy). Therefore, until evidence is available to confirm or refute this association, physicians and travelers should be advised to refrain from prescribing or using iodochlorhydroxyquin (Entero-Vioform) to prevent travelers' diarrhea.

Travelers to areas where hygiene and sanitation are poor should be advised that the best way to prevent diarrhea is to eat only what can be peeled or has been cooked, and to drink only boiled or bottled water, beverages that have been boiled, bottled carbonated soft drinks, beer and wine. Tap water used for tooth brushing and for ice in drinks can be a source of infection. However, tap water which is uncomfortably hot to the touch is usually safe. It may be used for oral hygiene and for drinking after cooling. If diarrhea does occur it is usually short-lived; if it persists, a physician should be consulted.

"Prevention of Travelers' Diarrhea," (FQP - POB Advisory Memorandum No. 31) published April 10, 1972 by the Center for Disease Control, Public Health Service, Atlanta, Georgia.

TYPHOID FEVER IN MEXICO

An outbreak of typhoid fever has been reported in Mexico affecting communities in the states of Hidalgo, Puebla, Tlaxcala and Mexico and Mexico City. The epidemic began early in 1972 and was reported to be continuing in May. The Mexican strains involved have demonstrated resistance to chloramphenicol. The drug of choice appears to be ampicillin based on reported efficacy of the drug given parenterally.

Specimens from persons recently returning from Mexico who develop symptoms suggesting typhoid should be cultured and all isolates confirmed by a state health department laboratory where their phage pattern can be determined. While the risk of typhoid to travelers is considered small, nevertheless, they should be advised to exercise the same precautions outlined in the last paragraph of the above article on travelers' diarrhea. Visitors to typhoid affected areas are advised to be immunized.

ENDEMIC MURINE TYPHUS, NEW ORLEANS METROPOLITAN AREA

In the Spring of 1971 an increase was noted in the percentage of rats serologically positive for endemic typhus along the New Orleans waterfront. Surveys also revealed increased numbers of the rat flea that is capable of transmitting endemic typhus to humans. One laboratory confirmed case and another presumptively diagnosed case in humans were reported in 1971.

Although an intensive rat and flea control program was initiated in June of last year, analysis of data collected during the first three months of this year revealed no significant change in the percent of positive rat sera. The New Orleans Health Department is therefore intensifying their rat and flea control program along the waterfront during the month of June.

Physicians are alerted to the possibility of the occurrence of additional cases of endemic typhus in individuals exposed to rat fleas. Assistance in confirming suspect cases is available to physicians from the State Department of Health. Two 7 cc clotted blood specimens should be collected in such cases, the first during the acute stage, and the second 14 - 21 days later. Assistance in collecting these specimens and in the management of cases is available to physicians from state and local health departments.