

East Baton Rouge Parish Health Unit
Clinics: Wednesdays 1:00 – 3:00 P.M.

1819 Florida St.
Baton Rouge, La.
Tel. 343-7416

Lafayette Parish Health Unit
Clinics: Thursdays 2:00 – 3:00 P.M.

2100 Jefferson St.
Lafayette, La.
Tel. Ce-2-2696

BRUCELLOSIS IN LOUISIANA 1962 – 1967

From 1962 through October, 1967, 45 cases of human brucellosis having onset in Louisiana have been reported to the State Department of Health. This includes 10 cases with onset in 1962, 11 in 1963, 6 in 1964, 4 in 1965, 11 in 1966 and 3 in 1967. Males accounted for 86 per cent of the total cases. Concerning possible exposure, 73 per cent of the cases listed close animal contact just prior to illness, 11 per cent reported the ingestion of unpasteurized milk or milk products as the only known possible exposure, and 16 per cent of the cases reported no known exposure. No individual should be excluded from diagnostic consideration on the basis of occupation; occupational classifications represented included veterinarian, farmer, housewife, shipping clerk, janitor, butcher, auto body mechanic, and brick layer. The bulk of the cases occurred in the northwestern and southwestern regions of the State.

Brucellosis in the United States is primarily a disease of cattle and swine, and human illness is more commonly due to direct contact with infected animals and less frequently due to the ingestion of unpasteurized dairy products. The Federal and State Departments of Agriculture have carried on intensive animal brucellosis eradication programs. In Louisiana, during the first half of 1967, 317,840 cattle were tested of which 4.4 per cent were found to be infected with brucellosis. Swine brucellosis presents a particularly dangerous human problem because the disease is not readily recognized in swine, the organism is present systemically thus presenting a hazard to anyone handling the raw meat, and Brucella suis from swine causes much of the chronic suppurative and debilitating human brucellosis.

That human brucellosis may be a protean disease is illustrated by the fact that more than 150 different symptoms have been reported ranging from pulmonary granulomas and osteomyelitis, to meningitis. Therefore, laboratory support is essential in making a proper diagnosis. A positive blood culture presents the most conclusive evidence for active disease. Blood should be collected for culture at the height of the fever before antibiotics have been given. It is suggested that multiple blood specimens collected on successive days be submitted for culture.