

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED May 9, 1968	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIONOUS	INFECTIOUS 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													1	
JEFFERSON					1							5					7	43	17
JEFFERSON DAVIS							1										2		2
LAFAYETTE	1				2		3								1		1	2	1
LAFOURCHE																		5	3
LASALLE																			
LINCOLN					1													5	
LIVINGSTON																	2	1	1
MADISON																			4
MOREHOUSE																	1	4	
NATCHITOCHE					2												2	8	1
ORLEANS			2	1	15		1					3	1		2		36	242	51
OUACHITA					6		1										5	55	2
PLAQUEMINES					1														
POINTE COUPEE																	1	2	1
RAPIDES					1		1											19	10
RED RIVER																			
RICHLAND					1												1	1	3
SABINE																			
ST. BERNARD					1							1			1			2	
ST. CHARLES					1													2	1
ST. HELENA																			
ST. JAMES	1																		
ST. JOHN					1														1
ST. LANDRY			1				1								3		3	8	
ST. MARTIN																		1	
ST. MARY					3												3		2
ST. TAMMANY					3							1					2	4	2
TANGIPAHOA				1	1							1					1	7	1
TENSAS					1														1
TERREBONNE		1			2														
UNION																	1	5	3
VERMILION					2												1	1	
VERNON																	1	81	1
WASHINGTON																		16	2
WEBSTER							1	1		3		1						3	1
WEST BATON ROUGE																		5	
WEST CARROLL																	1		
WEST FELICIANA												2					2		11
WINN																			
OUT OF STATE																			

From January 1 through April 30 of 1968, the following cases were also reported:
Malaria 8 (Contracted outside U.S.A.)

of changing titers. In acquired ocular disease there may be little or no rise in serum antibody with onset of illness, and rises have been observed in the presence of eye disease from other causes. The following interpretation is suggested by the National Communicable Disease Center for positive IFA results:

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|--------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 1:16 - 1:32 | (Up to 30% of the normal population) Usually indicates a past exposure but may mean early stages of disease. |
| 1:64 - 1:128 | (Approximately 10% of the normal population) Indicates fairly recent exposure and should alert the physician. |
| 1:256+ | (Less than 5% of the normal population) These high titers should be seriously considered as indicative for the diagnosis of toxoplasmosis. |

The complement-fixation (CF) test is much less sensitive than any of the others and is usually used to establish early or congenital disease. The CF titers rise later than the others, disappear sooner, and are always much lower. If a mother has high antibody titers to both CF and one of the other tests and the child has no CF antibody, the results are indicative of a current, active infection with Toxoplasma.

NON-TREATMENT OF SALMONELLA GASTROENTERITIS

Salmonella gastroenteritis is usually a self-limiting disease, lasting 2-5 days with spontaneous recovery. The use of antibiotics in treating uncomplicated salmonella gastroenteritis has little effect on the clinical course of disease and may only serve to prolong the duration of carriage and excretion of salmonellae, and enhance the development of antibiotic-resistant strains. The emergence of antibiotic-resistant strains presents new problems including the prolongation of excretion and more difficulty in the treatment of secondary cases should they develop systemic disease.

During a recent outbreak of salmonellosis in Nebraska, 272 individuals were studied and results suggest that either ampicillin or chloramphenicol therapy prolonged the duration of salmonella excretion regardless of the severity of disease. It was also shown that antibiotic-resistance developed more frequently in individuals who had received antibiotics than in those who were untreated. The prolongation of excretion caused by antibiotic therapy and that demonstrated for antibiotic-resistant organisms were independent of each other. Two controlled studies, one with chloramphenicol for ten days, and the other with ampicillin and neomycin for seven days have shown no clinical or bacteriologic advantage over treatment with a placebo.

On the basis of these reports it appears that antibiotic therapy is not indicated in the treatment of uncomplicated salmonella gastroenteritis.