

LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF NOVEMBER, 1968

BY PARISH OF RESIDENCE

TYPHUS IN LOUISIANA

During October the first reported case of typhus since 1959 was diagnosed in New Orleans. The patient was a soldier who returned from Korea on September 1 and became ill around September 12 with pain in his sternum and right shoulder. He developed sweats, chills, 101 degrees fever, and dark urine and was admitted to the U.S.P.H.S. Hospital on September 18. OX 19 titers indicated a recent Rickettsial infection. Complement fixation titers showed that this was due to murine or endemic typhus which has an incubation period of 6 to 14 days. The patient was not aware of seeing rats or fleas either in Korea or in Louisiana but the data was consistent with exposure in either place. An environmental study of his home and neighborhood did not show rats or mice but murine typhus has been identified in 3 rats captured in New Orleans this year, so that local exposure is possible. Physicians should be aware of this diagnostic possibility in Louisiana.

In suspicious cases serum should be drawn in the first week and again 10 days to 2 weeks later and submitted to the State Laboratory for complement fixation studies.

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED December 4, 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
TOTAL TO DATE 1967	54	47	35	21	579	156	96	138	1	65	16	127	95	16	206	4	837	6529	2053
TOTAL TO DATE 1968	159	42	60	10	681	25	91	10	0	40	20	471	69	6	163	10	887	7697	2306
TOTAL THIS MONTH	3	5	2	0	57	1	2	0	0	4	4	81	7	0	19	0	63	667	167
ACADIA																	4	2	1
ALLEN					1														2
ASCENSION																			3
ASSUMPTION					1														3
AVOUELLES					2														4
BEAUREGARD					1														4
BIENVILLE					1														4
BOSSIER					1					1							1	4	1
CADDO					3										5		6	83	9
CALCASIEU															5		2	24	1
CALDWELL																		2	
CAMERON																			
CATAHOULA			1																
CLAIBORNE																		5	1
CONCORDIA																	1		
DESOTO																	1		1
EAST BATON ROUGE					2								2		6		4	24	9
EAST CARROLL																		2	2
EAST FELICIANA																		1	1
EVANGELINE															1		3	1	4
FRANKLIN																	1		
GRANT																			
IBERIA		1															2	3	2
IBERVILLE																		1	5

JAN 13 '69

DIVISION OF PUBLIC HEALTH STATISTICS -		- LOUISIANA STATE DEPARTMENT OF HEALTH																		
RELEASED December 4, 1968		ASEPTIC MENINGITIS	DIPHtherIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIONOUS	INFECTIONOUS 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																				2
JEFFERSON					2							4	1					2	39	8
JEFFERSON DAVIS																		5		2
LAFAYETTE		1			1													4	14	1
LAFourCHE	1											11						1	2	
LASALLE																				
LINCOLN					3					1									10	
LIVINGSTON																			1	
MADISON					1														1	5
MOREHOUSE						1														1
NATCHITOCHES																				
ORLEANS			1		17		2				3	56	3		1		10	232	73	
OUACHITA					4													1	35	7
PLAQUEMINES												2	1							1
POINTE COUPEE																				
RAPIDES					4													1	7	4
RED RIVER																				
RICHLAND	2																		8	1
SABINE																			3	
ST. BERNARD					1															
ST. CHARLES					1							2								1
ST. HELENA																			2	1
ST. JAMES																			1	
ST. JOHN											1	1							3	1
ST. LANDRY					3										1		9	17	4	
ST. MARTIN		3																4		
ST. MARY																		1	6	4
ST. TAMMANY					1							2							14	4
TANGIPAHOA																			7	3
TENSAS																				
TERREBONNE					3														1	4
UNION										1								1	2	
VERMILION					1													1	1	1
VERNON					3														71	1
WASHINGTON																		1	5	
WEBSTER										1		2						2	6	
WEST BATON ROUGE																				1
WEST CARROLL																			6	
WEST FELICIANA												1								
WINN																				
OUT OF STATE																				

From January 1 through November 30 of 1968, the following cases were also reported:
 24 Malaria (contracted outside U.S.A.), 7 Tularemia, 5 Brucellosis, 2 Rocky Mountain
 Spotted Fever, 3 Leptospirosis, and 1 Typhus Fever, Endemic.

RECOMMENDATIONS OF THE PUBLIC HEALTH SERVICE ADVISORY
COMMITTEE ON IMMUNIZATION PRACTICES

TYPHOID VACCINE

The incidence of typhoid fever in the United States has declined steadily for many years. At the present time, less than 500 cases are reported annually, and a continuing downward trend can be expected. Cases are sporadic and are primarily related to contact with carriers rather than to common source exposure. Recognizing this epidemiologic pattern of typhoid fever, re-definition of the role and use of typhoid vaccine is indicated.

Current Status of Typhoid Vaccine

Although typhoid vaccines have been employed for many decades, definitive evidence of their effectiveness has been accumulated only recently from well controlled field investigations. Several different preparations of typhoid vaccine have been shown to afford protection in approximately 70 to 90 percent of individuals immunized, depending in part on the degree of their subsequent exposure⁽¹⁾.

Recommendations for Vaccine Use

Routine typhoid immunization is **not** recommended in the United States. Selective immunization is, however, indicated in the following situations:

- 1) Intimate exposure to a known typhoid carrier as would occur with continued household contact.
- 2) Community or institutional outbreaks of typhoid fever.
- 3) Foreign travel to areas where typhoid fever is endemic.

Although typhoid vaccine has been suggested for individuals attending summer camps and those in areas where flooding has occurred, there are no data to support the continuation of these practices.

Reference:

⁽¹⁾Cvjetanovic, B. and Uemura, K., The present status of field and laboratory studies of typhoid and paratyphoid vaccine. Bull WHO 32:29-36, 1965.

Dosage and Schedule

On the basis of the field trials referred to above, the following dosages are recommended, employing the vaccines available in the USA:

Primary Immunization

Adults and children over 10 years

0.5 ml. subcutaneously on two occasions, separated by four or more weeks

Children 6 months to 10 years*

0.25 ml. subcutaneously on two occasions, separated by four or more weeks

In instances where there is insufficient time for the two doses to be administered at the time intervals specified, three doses of the same volume listed above may be given at weekly intervals.

Booster Immunization

Under conditions of continued or repeated exposure a booster dose should be given at least every three years. Even if an interval greater than three years had elapsed since the prior immunization, a single booster injection should be sufficient.

The following alternative routes and dosages of booster immunization can be expected to give comparable antibody responses; generally less reaction follows the intradermal route.

Adults and Children over 10 years

0.5 ml. subcutaneously or 0.1 ml. intradermally

Children 6 months to 10 years*

0.25 ml. subcutaneously or 0.1 ml. intradermally

*Since febrile reaction in this age group are common following typhoid vaccination, an antipyretic may be indicated.

PARATYPHOID A AND B VACCINES

The effectiveness of paratyphoid A vaccine has never been established, and recent field trials have shown that available paratyphoid B vaccines were ineffective. In view of these data and recognizing that the paratyphoid

A and B antigens when combined with typhoid vaccine may increase the occurrence of vaccine reactions, use of paratyphoid A and B vaccines is **not** recommended.