

LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF DECEMBER, 1971 BY PARISH OF RESIDENCE

ISONIAZID AND THE LIVER

Isoniazid (isonicotinic acid hydrazide, INH) is presently one of the most effective drugs for the therapeutic and prophylactic treatment of tuberculosis. When in 1970 it appeared that an increasing number of cases of liver disease among users of INH were being recognized, an Ad Hoc Advisory Committee on Isoniazide and Liver Disease was appointed by the U.S.P.H.S. Center for Disease Control. Recommendations and conclusions of the committee were published in Morbidity and Mortality Weekly Report, Vol. 20, No. 26 (July 3, 1971). The Committee concluded that although liver disease can occur in patients receiving INH, the risk appears to be very small - between 0 and 10 cases per 1,000 patients per year. The illness does not seem to be dose related, is not predictable, but is well correlated with increasing age. It is difficult to distinguish on clinical or pathologic grounds from infectious hepatitis.

It is important to note that the Committee recommended that the "present program of isoniazid preventive treatment and the guidelines for selection of recipients should not be modified at this time No mass tuberculin testing program for placing tuberculin positive reactors on preventive therapy should be undertaken (Continued on page 3)

DIVISION OF PUBLIC HEALTH STATISTICS - - LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED January 12, 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 1970	129	31	15	16	672	721	74	33	0	69	11	165	30	9	94	4	344	11735	796
TOTAL TO DATE 1971	195	28	16	9	806	763	70	83	0	61	10	298	38	6	153	3	1718	14522	769
TOTAL THIS MONTH	10	5	1	0	73	97	4	12	0	14	3	6	4	0	10	0	16	1441	70
ACADIA					1	1												6	
ALLEN					1														
ASCENSION						2													
ASSUMPTION																		4	
AVOUELLES						2												2	
BEAUREGARD																		1	
BIENVILLE																		1	2
BOSSIER						1												18	
CADDO					1	5				1							1	172	12
CALCASIEU					4										1		1	51	3
CALDWELL																			
CAMERON																			
CATAHOULA																			
CLAIBORNE					2					2								2	
CONCORDIA																			
DESOTO						1												2	1
EAST BATON ROUGE					6	4									4			84	2
EAST CARROLL					2	1												2	
EAST FELICIANA						1												2	
EVANGELINE						1												7	2
FRANKLIN																			2
GRANT						1													
IBERIA						2												1	
IBERVILLE																		2	

*Includes Rubella, Congenital Syndrome.

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JACKSON						1				8								1	
JEFFERSON	4	2			2		1	5				2			2			83	5
JEFFERSON DAVIS					3		1											4	
LAFAYETTE	1				1	1									2		3	7	
LAFOURCHE					5	1												14	
LASALLE																			
LINCOLN					1				1						1		1	75	
LIVINGSTON					1	2		1										2	
MADISON						1													
MOREHOUSE						5												35	
NATCHITOCHE									1									13	
ORLEANS	5	3			24	31		5			3	1	3					463	19
OUACHITA					4	21												67	4
PLAQUEMINES						1													
POINTE COUPEE																			
RAPIDES					3	2						1					5	43	4
RED RIVER																	2		
RICHLAND																	1	27	1
SABINE																		1	
ST. BERNARD					2	1						1						4	
ST. CHARLES					1													1	
ST. HELENA																		5	
ST. JAMES																			
ST. JOHN																		1	2
ST. LANDRY					1	2												26	
ST. MARTIN																		2	
ST. MARY																		5	1
ST. TAMMANY					3			1										22	
TANGIPAOHA					2	2	1					1					1	38	4
TENSAS						1													
TERREBONNE			1			1												9	1
UNION																			
VERMILION																		2	
VERNON																		55	4
WASHINGTON																		28	
WEBSTER						1												2	1
WEST BATON ROUGE													1					6	
WEST CARROLL						1												2	
WEST FELICIANA					2												1	35	
WINN					1				1									6	
OUT OF STATE																			

From January 1 through December 31, the following cases were also reported: 1 Actinomycosis, 2 Anthrax, 5 Brucellosis, 1 Leprosy, 4 Leptospirosis, 39 Malaria (contracted outside the U.S.A. and 1 Typhus Fever, Endemic.

unless there is provision for carrying out the recommended screening and monitoring procedures on all recipients of the drug." (See below.)

It was recommended that patients receiving INH therapy be clinically evaluated at monthly intervals for symptoms (loss of appetite, fatigue, malaise) and signs (dark urine, jaundice) or hepatic dysfunction, and that they be advised to stop the drug promptly if these indications of liver disease appear and to report to the prescribing physician for evaluation. The committee specifically recommended against routine monitoring of liver function by laboratory tests. It did not feel that a history of past (non-INH-associated) liver disease is necessarily a contraindication to initiation of INH preventive therapy since INH associated liver disease is viewed as an unpredictable hypersensitivity response.

The Louisiana State Department of Health would welcome reports of INH-associated liver disease including clinical and laboratory details.

IMMUNIZATION REQUIREMENTS FOR FOREIGN TRAVEL

SMALLPOX

In September, 1971, the U.S. Public Health Service recommended the discontinuation of routine smallpox immunization in the United States. A modification of smallpox vaccination requirements for international travel was noted in Advisory Memorandum No. 26 (October 1, 1971) of the Foreign Quarantine Program, Center for Disease Control, U.S. Public Health Service as follows:

Effective immediately a Smallpox Vaccination Certificate as a condition of entry into the United States shall be requested only of those persons who, within the preceding 14 days, have been in a country reporting a smallpox infected area(s) Those persons (returning from countries with smallpox), not in possession of a valid Smallpox Vaccination Certificate, may be issued a surveillance order and placed under surveillance by State and/or local health departments.

Smallpox vaccination requirements of most other countries have not changed and the international traveler must accordingly consider not only the requirements of the United States but of each country on his itinerary and be immunized accordingly. The sequence in which countries are visited may determine the immunization required. Almost without exception, health authorities in all countries will require a valid smallpox vaccination certificate of all travelers who, within the 14 days preceding arrival, have been in a country reporting smallpox. Failure to possess a valid certificate may result in vaccination on arrival or quarantine or surveillance by health authorities for a period of up to 14 days.

Prospective travelers should be advised to contact their local health department TWO WEEKS prior to departure from the United States to determine which countries are currently reporting smallpox.

It is suggested that persons traveling to any country in South or Southeast Asia, to any country in Africa, or to Brazil be vaccinated against smallpox for their own protection.