



## MONTHLY MORBIDITY REPORT

### Provisional Statistics

FROM THE

OFFICE OF PUBLIC HEALTH STATISTICS

Reported Morbidity  
October, 1975

### TYPHOID FEVER - NEW ORLEANS AREA

#### 1. DIAGNOSIS CULTURE:

- a. BLOOD
- b. URINE
- c. STOOL

2. REPORT:  
ALL CASES SHOULD  
BE REPORTED TO  
LOCAL HEALTH UNIT  
AT ONCE.

3. CARRIER STATE:  
FOLLOW PATIENTS AFTER  
RECOVERY TO DIAGNOSE  
CARRIER STATE.

4. HYGIENE AND SANITATION:  
MORE EFFECTIVE THAN VACCINE  
IN PREVENTING DISEASE.

On October 6, 1975, the Epidemiology Unit was notified of a case of typhoid fever hospitalized in New Orleans. During the following week, an additional four cases were diagnosed in the New Orleans area. All five cases had the same phage lysis pattern.

Case 1 is a 24 year old male laborer living in a suburb of New Orleans. His illness began about September 11, 1975. During the month prior to illness he ate food prepared by his family members, a female companion, and two local restaurants. He also traveled to a bordering state during this time.

Case 2 is a nine year old female also living in a suburb of New Orleans. Her illness began on September 15, 1975. She denies eating outside her home in the month prior to illness except when visiting a next door neighbor, and when attending a private reception 17 days prior to illness.

Case 3 is a 68 year old retired female residing in New Orleans who became ill on September 15, 1975. She usually cooks for herself; however, on occasion, she buys prepared pies. She denied any recent travel.

Case 4 is a 17 year old male living in New Orleans. He had onset of symptoms about September 18, 1975. He gave no recent history of travel or eating outside his home except for the food he received at a private reception three weeks prior to illness.

Case 5 is a 12 year old male living in a suburb of New Orleans. His illness began about September 20. He ate food served at a private reception about three weeks prior to his illness; otherwise most of his meals were prepared at his home.

The investigation linked the five patients when it was discovered that cases 2, 4, and 5 attended the same private reception, that the mother of case 1 catered for the reception, and that case 3 occasionally bought pies from this caterer. Stool and urine cultures of the suspect caterer were negative for salmonella but specimens collected from another person found at the same address did yield *S. typhi* with the epidemic phage lysis pattern. This person, an elderly female, denied any recent illness but did give a history of having had typhoid fever many years past.

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Baton Rouge, Louisiana

## REPORTING OF ALL CASES OF BACTERIAL MENINGITIS REQUESTED

The Epidemiology Unit needs accurate, reliable, and detailed information about bacterial meningitis. Such data may eventually be useful in the planning of vaccination programs for the three most common types of meningitis: H. influenzae, D. pneumoniae, and N. meningitidis. It is requested that health units and physicians supply the desired information (See Figure 1) when reporting meningitis cases. Physicians are urged to report antibiotic sensitivities of their isolates and to ask their laboratory to serogroup isolates taken from blood or spinal fluid (serogroup determinations are performed by the Division of Health, Bureau of Laboratories upon request).

Questions about prophylaxis for household contacts of meningitis patients can be addressed to the parish health unit or the Epidemiology

Unit at (504) 527-8121. The medical literature still appears divided relative to the need for antibiotic prophylaxis of meningitis (especially meningococcal meningitis) contacts. Currently the state does not recommend any prophylactic medication; instead, the state recommends careful observation of household members for signs or symptoms of illness (e.g. taking of temperature twice daily for five days after diagnosis of case). A recent discussion of the pros and cons for meningococcal prophylaxis can be found in JAMA, October 13, 1975, Volume 234, No. 2, Pages 150-151. A summary of recommended management of meningococcal cases and contacts is contained in the February, 1975 issue of the Monthly Morbidity Report (available upon request, c/o Dr. C.T. Caraway, P.O. Box 60630, New Orleans, Louisiana 70160).

## VIETNAM REFUGEE NOTES

(1) **Leprosy:** Leprosy is endemic in Vietnam (estimated prevalence of 3 to 5 per 1,000) and is one of the health problems to be expected among the more than 100,000 Indochinese refugees entering the United States this year. Surveys conducted by United States public health officials have identified a similar incidence of leprosy among the Indochinese refugees.

Because many of the refugees were placed with sponsors before screening was instituted, not all cases have been identified. These cases will offer a continuing diagnostic challenge to physicians. Clinical consultation, drugs, and when necessary, hospitalization are available free of charge for all patients with leprosy from the Public Health Service Hospital at Carville. Any new cases of leprosy (occurring in Vietnamese or Americans) should be reported to the Division of Health through local parish health

units. State health officials can assist physicians in making preparations for these services.

(2) **Intestinal Parasites:** Random surveys of Vietnamese refugees at 3 American sites suggest that the refugees' intestinal parasites do not pose a public health risk. The prevalence rates for the protozoans were 2% for Entamoeba histolytica (prevalence rates as high as 8% were recorded in one survey examining United States war veterans returning from Asia), and 8.2% for Giardia lamblia (prevalence rates as high as 30% are found in Americans returning from visits to Leningrad, Russia). The prevalence rates for Helminths, Ascariasis, Trichuriasis, Hookworms, and Strongyloides were 30.5%, 9.0%, 4.1%, and 1.2%, respectively. The rates showed no statistically significant variation with age, sex, gastrointestinal symptoms, or place of origin in Vietnam.

( Figure 1 )

## MENINGITIS CASE REPORT

### PATIENT INFORMATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PARISH \_\_\_\_\_  
AGE ( in months if less than one year ) \_\_\_\_\_  
SEX \_\_\_\_\_  
PHONE \_\_\_\_\_

### DOCTOR INFORMATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PARISH \_\_\_\_\_  
PHONE \_\_\_\_\_

### HOSPITAL INFORMATION ( where patient was hospitalized )

NAME OF HOSPITAL \_\_\_\_\_  
CITY \_\_\_\_\_  
ADMISSION DATE \_\_\_\_\_  
DISCHARGE DATE \_\_\_\_\_  
OUTCOME: SURVIVED \_\_\_\_\_ DIED \_\_\_\_\_ AUTOPSY ( YES or NO ) \_\_\_\_\_

### DIAGNOSIS

BACTERIAL MENINGITIS ( specify organism ) \_\_\_\_\_  
IF NEISSERIA MENINGITIDES, (specify serogroup) \_\_\_\_\_

( If serogroup determination not done, please request your laboratory to do so  
or send specimen to the State Division of Health , Bureau of Laboratories ) .

### ANTIBIOTIC SENSITIVITIES OF ISOLATES:

	RESISTANT	SENSITIVE
PENICILLIN	_____	_____
AMPICILLIN	_____	_____
SULPHA	_____	_____
TETRACYCLINE	_____	_____
CHLOROMYCIN	_____	_____
RIFAMPIN	_____	_____
CHLORAMPHENICOL	_____	_____
GENTAMICIN	_____	_____
VIBRAMYCIN	_____	_____
OTHER	_____	_____

ORGANISM RECOVERED FROM ( Indicate yes or no )

SPINAL FLUID \_\_\_\_\_

BLOOD \_\_\_\_\_

OTHER (specify) \_\_\_\_\_

PROPHYLAXIS OF CONTACTS

Were household contacts given prophylactic medication? \_\_\_\_\_

If yes, indicate drug prescribed \_\_\_\_\_

SECONDARY CASES

No. of people living in same house as case \_\_\_\_\_

No. of people living in same house who

a.) were ill within 30 days prior to onset of case \_\_\_\_\_

b.) became ill within 30 days after onset of case \_\_\_\_\_

Describe each illness; type (meningitis, pharyngitis,...) date of onset, age and sex of ill household contact .

a.)

b.)

## SELECTED REPORTABLE DISEASES

(By Place of Residence)

STATE AND PARISH TOTALS	ASEPTIC MENINGITIS	DIPHTHERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTION	HEPATITIS A AND UNSPECIFIED	HEPATITIS B	TUBERCULOSIS, PULMONARY	MENINGOCOCCAL INFECTIONS	PERTUSSIS	RABIES IN ANIMALS	RUBELLA*	SEVERE UNDERNUTRITION	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	MEASLES	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
Reported Morbidity October, 1975																			
TOTAL TO DATE 19 74	134	0	14	5	511	160	483	42	19	21	93	18	152	9	213	3	12	21059	519
TOTAL TO DATE 19 75	126	0	31	11	484	163	432	36	54	7	289	12	114	10	205	4	1	18807	457
TOTAL THIS MONTH	6	0	7	0	61	17	52	4	7	2	3	0	3	6	25	0	0	1832	67
ACADIA					2										1			8	
ALLEN							1								2			2	
ASCENSION																		2	
ASSUMPTION																		8	
AVOYELLES																		17	1
BEAUREGARD																		4	
BIENVILLE						1												5	
BOSSIER																		17	
CADDO					2	5	1			2			1		2			148	
CALCASIEU							4		1									88	2
CALDWELL																		2	1
CAMERON																		1	
CATAHOULA																		4	
CLAIBORNE																		5	
CONCORDIA							3											5	
DESOTO																		11	
EAST BATON ROUGE					5		4								3			117	15
EAST CARROLL															1			11	
EAST FELICIANA																			
EVANGELINE																			
FRANKLIN									1						1			3	
GRANT					3													4	
IBERIA			1															10	4
IBERVILLE																		3	1
JACKSON																		2	
JEFFERSON	1		1		15	4	1	2	2				1	3	1			96	4
JEFFERSON DAVIS																		8	
LAFAYETTE					2										1			50	2
LAFOURCHE	1																	28	
LASALLE					1														
LINCOLN					1													37	
LIVINGSTON																		2	
MADISON															1			7	
MOREHOUSE																		10	
NATCHITOCHE							1											18	
ORLEANS	2		2		9	2	8	2	2					2	3			646	23
OUACHITA			1															86	1
PLAQUEMINES	1				3		2		1									4	
POINTE COUPEE							3												
RAPIDES					4		1								4			68	1
RED RIVER																			
RICHLAND							8											4	
SABINE																		8	
ST. BERNARD					2	1	3						1					5	
ST. CHARLES							1											3	
ST. HELENA																		5	
ST. JAMES							2											3	
ST. JOHN							2											2	
ST. LANDRY					1	2	1											27	3
ST. MARTIN						1	1											9	
ST. MARY							2								1			7	2
ST. TAMMANY					3										1			42	
TANGIPAHOA					3		1											12	2
TENSAS																			
TERREBONNE						1												16	2
UNION			1															7	
VERMILION															2			3	
VERNON	1				4						3							59	2
WASHINGTON															2			10	
WEBSTER																		18	
WEST BATON ROUGE																		17	1
WEST CARROLL				1	1													5	
WEST FELICIANA																		27	
WINN																		5	
OUT OF STATE																		1	

\* Includes Rubella, Congenital Syndrome  
From January 1 through October 31, 1975, the following cases were also reported: 4-Brucellosis; 1-Malaria (contracted outside the U.S.A.); 1-Rocky Mountain Spotted Fever