

DIVISION OF PUBLIC HEALTH STATISTICS -		- LOUISIANA STATE DEPARTMENT OF HEALTH																		
RELEASED	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIOUS	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																				
JEFFERSON					2						1	1			1		6	12	8	
JEFFERSON DAVIS																	1			
LAFAYETTE							1					1			1		2	1		
LAFOURCHE					1												1	2	2	
LASALLE																				
LINCOLN																		2	3	
LIVINGSTON							1											1	1	
MADISON					1														4	
MOREHOUSE																	1	7		
NATCHITOCHES					4							1					1	6	1	
ORLEANS					15	6									2		25	130	36	
OUACHITA			1		2	1			1								1	21	2	
PLAQUEMINES					1	1														
POINTE COUPEE																				
RAPIDES					6	2					1				1		3	4	3	
RED RIVER																	1			
RICHLAND					2													5		
SABINE																		1		
ST. BERNARD																				2
ST. CHARLES																		2	1	
ST. HELENA								1										2		
ST. JAMES					1															
ST. JOHN							1													
ST. LANDRY					1												2	15	2	
ST. MARTIN					2												3	2		
ST. MARY												1					3	3	2	
ST. TAMMANY					2	1						1					1	6	2	
TANGIPAOHA					2	1											1	2	3	
TENSAS																				
TERREBONNE					1													2	1	
UNION					1													2		
VERMILION																	4			
VERNON					3													289		
WASHINGTON											1							9	2	
WEBSTER					1				3								5	3		
WEST BATON ROUGE																				
WEST CARROLL																	1			
WEST FELICIANA											1	1								3
WINN																				1
OUT OF STATE																				

From January 1 through February 29 of 1968, the following cases were also reported:
4 Malaria (Contracted outside U.S.A.)

Investigation failed to show any common exposure except for the school. There was no knowledge of an outbreak of gastroenteritis among the students to implicate a particular meal and there was no illness among employees compatible with hepatitis. Periodic water samples collected by the parish sanitarian showed no evidence of fecal contamination prior to the outbreak.

Following the initial investigation, it was concluded that this probably did not represent a common source outbreak. Epidemics of hepatitis with person-to-person transmission usually occur either in rural communities or institutions. When these occur in rural communities, as in this case, the school is often the source of dissemination with secondary cases in the home. It has been suggested that the rural area builds up a large population of susceptibles because of its isolation, thus making it vulnerable to an outbreak. The age distribution, primarily in children, is compatible with an epidemic spread from person-to-person. In common source outbreaks, this pattern may be changed with more cases in the adult age group.

Questionnaires were sent home with the children at the Downsville school in early December to determine if any cases of hepatitis or mild gastrointestinal illness had been overlooked. Three additional cases were picked up on the survey. Gamma globulin was provided to household contacts of jaundiced patients. 125 doses were given.

COOPERATION ASKED FOR VD SURVEY

The American Social Health Association in cooperation with the American Medical Association, National Medical Association, the National Osteopathic Association and the Public Health Service will soon repeat a survey similar to the "1962 National Survey of VD Incidence". A questionnaire will be mailed on July 1, 1968 to approximately 211,000 physicians and osteopaths in the United States. Recipients will be asked for the number of syphilis and gonorrhea patients they treated in their private practice during April, May and June of 1968. Replies will not be identified by name.

A pre-test indicated that 80 per cent of the respondents answered from memory rather than by consulting records. The validity of the study would be greatly improved if doctors would make a special effort to keep records for the three month survey period. A tally sheet which might simplify record keeping is shown below. If physicians will tear off this sheet and place a check mark in the appropriate box each time they diagnose a case, it will be easy to transfer the totals to the questionnaire in July. The survey is designed to measure cases diagnosed in private practice, therefore cases seen in public institutions or clinics should not be counted.

The Louisiana State Department of Health urges all physicians to conscientiously participate in this important survey. The cooperating professional societies will also appeal for a more accurate and thorough response (71 per cent answered in 1962) from their members. Release of the findings is not expected before December, 1968. The results of the 1962 survey were published in the Journal of the American Medical Association.

	Tally of VD Cases April 1, - June 30, 1968
Primary & Secondary Syphilis (Early infectious lesions still present)	
All other Syphilis	
Gonorrhea	