

# LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF **SEPTEMBER, 1970**

BY PARISH OF RESIDENCE

## PERTUSSIS RECOMMENDATIONS

During the month of September, 1970, ten cases of pertussis occurring in and around New Orleans were reported to the State Department of Health. There is evidence that the true incidence is several times the number of cases reported so far. Fourteen cases were reported for the entire state in 1969.

To deal effectively with the increased number of cases, a plan was devised with the  
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DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED OCTOBER 7, 1970	ASEPTIC MENINGITIS	DIPHtherIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIOUS	INFECTIOUS AND SERUM HEPATITIS	MEASLES	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	RUBELLA *	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	TUBERCULOSIS, PULMONARY	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 19 69	45	12	33	2	526	120	85	8	0	29	12	36	35	3	93	7	549	7276	537
TOTAL TO DATE 19 70	106	21	15	14	510	107	62	26	0	56	9	156	26	3	59	3	569	8797	585
TOTAL THIS MONTH	32	7	0	1	56	15	1	12	0	2	0	2	1	2	13	0	136	1246	85
ACADIA	1				2										1		6	6	
ALLEN																			1
ASCENSION	1																		
ASSUMPTION																	1	2	
AVOUELLES																			2
BEAUREGARD																			2
BIENVILLE																	1	1	
BOSSIER																	2	6	1
CADDO	1				4												7	123	18
CALCASIEU					6									1			1	25	4
CALDWELL																			10
CAMERON																	2		
CATAHOULA																			
CLAIBORNE										1									2
CONCORDIA																			
DESOTO																			7
EAST BATON ROUGE	1				1	1		2							5		15	51	4
EAST CARROLL																	1	4	6
EAST FELICIANA														1			2	2	
EVANGELINE															2		1	10	
FRANKLIN					1												1	1	
GRANT																			2
IBERIA																			2
IBERVILLE					1												4	5	1

\* Includes Rubella, Congenital Syndrome

DIVISION OF PUBLIC HEALTH STATISTICS -		- LOUISIANA STATE DEPARTMENT OF HEALTH																		
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OCTOBER 7, 1970																				
JACKSON																				1
JEFFERSON	6				2	3		3									5	113		2
JEFFERSON DAVIS					1													5		
LAFAYETTE	4	1			4												6	12		
LAFOURCHE														1			1	3		
LASALLE					2															
LINCOLN															1		2	2		
LIVINGSTON															1			3		
MADISON																	1	9		1
MOREHOUSE						1											2	38		
NATCHITOCHES					1													3		
ORLEANS	6	5		1	19	2		7				2					50	454		30
OUACHITA					1	7											13	83		3
PLAQUEMINES	2				1												1	4		
POINTE COUPEE																				
RAPIDES					1													31		2
RED RIVER																	2	2		1
RICHLAND																	1	4		1
SABINE																		1		1
ST. BERNARD		1															1	2		
ST. CHARLES	4					1												3		
ST. HELENA																		6		
ST. JAMES																				
ST. JOHN					2												1	2		
ST. LANDRY															2		1	23		
ST. MARTIN	1				1										1			2		
ST. MARY	2																	5		
ST. TAMMANY	2				2												1	16		
TANGIPAHOA																		27		
TENSAS																				1
TERREBONNE	1																			
UNION					1													6		
VERMILION					1													1		
VERNON																	1	72		
WASHINGTON					1												3	13		1
WEBSTER																		13		2
WEST BATON ROUGE							1											1		3
WEST CARROLL																		8		
WEST FELICIANA																		9		2
WINN					1					1								5		1
OUT OF STATE																				

From January 1 through September 30 of 1970, the following cases were also reported:  
 1 Brucellosis, 5 Leprosy, 2 Leptospirosis, 32 Malaria (Contracted outside U.S.A.) and  
 2 Trichinosis.

cooperation of representatives of the medical schools and local health units. Most of the following is excerpted from that plan.

- Clinically or laboratory diagnosed infants of less than a year should be hospitalized, especially those under six months. A child of any age with fever is likely to have underlying pneumonia and should be hospitalized.
- Culture on Bordet-Genou medium or Fluorescent Antibody study of nasopharyngeal swabbing are the diagnostic tests of choice.
- Erythromycin is the antibiotic of choice for treating both cases and contacts, although the more economical tetracycline is an acceptable substitute for children over 2 years.
- A 10 day course of erythromycin should eradicate Bordetella pertussis so the patient's isolation may be terminated when the course is completed.
- All child household contacts and symptomatic adults should receive 10 days of antibiotics.
- Symptomatic contacts are probably cases and should be managed as such.
- Symptomatic child contacts should stay at home until antibiotic therapy is completed. Asymptomatic contacts need not be isolated.
- A DPT shot may be useful in asymptomatic contacts under six, especially in those previously immunized where an anamnestic recall is likely.
- The carrier state is thought not to exist in pertussis.