

LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF August, 1968

BY PARISH OF RESIDENCE

IMMUNE SERUM GLOBULIN (ISG) FOR PREVENTION OF VIRAL HEPATITIS

The State Department of Health through Parish Health Units will provide ISG (.01 ml per lb. body weight) to household contacts of cases of infectious hepatitis reported by physicians.

For recommendations of the U.S. Public Health Service Advisory Committee on Immunization Practices see page 3.

DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

| RELEASED September 5, 1968 | ASEPTIC MENINGITIS | DIPHThERIA | ENCEPHALITIS | ENCEPHALITIS, POST INFECTION | 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 19 67 | 35 | 7 | 27 | 13 | 363 | 153 | 84 | 105 | 0 | 54 | 7 | 98 | 61 | 13 | 145 | 3 | 625 | 4834 | 1491 |
| TOTAL TO DATE 19 68 | 136 | 14 | 47 | 10 | 472 | 2 | 83 | 9 | 0 | 31 | 10 | 244 | 46 | 3 | 106 | 8 | 674 | 5451 | 1672 |
| TOTAL THIS MONTH | 16 | 7 | 10 | 1 | 62 | 0 | 4 | 0 | 0 | 3 | 1 | 62 | 7 | 0 | 22 | 2 | 64 | 720 | 198 |
| ACADIA | | | | | | | | | | | | | | | | | 2 | 1 | 4 |
| ALLEN | | | | | | | | | | | | | | | | | | 1 | |
| ASCENSION | | | | | 1 | | | | | | | | | | | | 1 | 9 | 4 |
| ASSUMPTION | | | | | | | | | | | | | | | | | 1 | 17 | 1 |
| AVOUELLES | | | | | 1 | | | | | | | | | | | | | 4 | |
| BEAUREGARD | | | | | | | | | | | | | | | | | 1 | 1 | |
| BIENVILLE | | | | | 2 | | | | | | | | | | | | | | 2 |
| BOSSIER | | | 1 | | 1 | | | | | | | | | | | | 1 | 2 | 3 |
| CADDO | | | | | 1 | | | | | | | | | | | | 8 | 122 | 20 |
| CALCASIEU | | | | | 3 | | | | | | | | 1 | | 4 | | | 40 | 2 |
| CALDWELL | | | | | | | | | | | | | | | | | | | 1 |
| CAMERON | | | | | | | | | | | | | | | | | | | |
| CATAHOULA | | | | | | | | | | | | | | | | | | | |
| CLAIBORNE | | | | | | | | | | | | | | | | | | | |
| CONCORDIA | | | | | | | | | | | | | | | | | | | 4 |
| DESOTO | | | | | | | | | | | | | | | | | | 3 | |
| EAST BATON ROUGE | | | | | 3 | | | | | | | | | | 7 | | 2 | 52 | 15 |
| EAST CARROLL | | | | | | | | | | | | | | | | | | | |
| EAST FELICIANA | | | | | | | | | | | | | | | | | 1 | | 1 |
| EVANGELINE | | | | | | | | | | | | | | | | | 3 | | 2 |
| FRANKLIN | | | | | | | | | | | | | | | | | 1 | | 1 |
| GRANT | | | | | | | | | | | | | | | | | | | |
| IBERIA | | 1 | | | 1 | | | | | | | | | | 1 | | 1 | | |
| IBERVILLE | | | | | | | | | | | | | | | 1 | | | 2 | 5 |

| DIVISION OF PUBLIC HEALTH STATISTICS - | | - LOUISIANA STATE DEPARTMENT OF HEALTH | | | | | | | | | | | | | | | | | |
|--|-----------------------|--|--------------|---------------------------------|-----------------------------------|---------|-----------------------------|-----------|-----------------------------|-------------------|-----------------|-----------------------------|-------------|---------------|------------------------|---------|----------------------------|-----------|----------|
| RELEASED | ASEPTIC MENINGITIS | DIPHThERIA | ENCEPHALITIS | ENCEPHALITIS, POST INFECTION | 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 |
| September 5, 1968 | | | | | | | | | | | | | | | | | | | |
| JACKSON | | | | | | | | | | | | | | | | | | 1 | |
| JEFFERSON | 4 | | 1 | | 2 | | | | | | | 4 | | | 2 | | 2 | 42 | 8 |
| JEFFERSON DAVIS | | | | | | | | | | | | | | | | | | 2 | |
| LAFAYETTE | | | | | | | | | | | | | | | 1 | | 2 | 8 | 2 |
| LAFOURCHE | 1 | 1 | 1 | | | | 1 | | | | 1 | | | | | | 2 | 3 | 4 |
| LASALLE | | | | | 1 | | | | | | | | | | | | 1 | | |
| LINCOLN | | | | | | | | | | | | | | | | | 1 | 3 | |
| LIVINGSTON | | | | | | | | | | | | | | | | | | 3 | |
| MADISON | 1 | | | | 2 | | | | | | | | | | | | | 1 | |
| MOREHOUSE | | | | | 1 | | | | | | | | | | | | | 3 | 2 |
| NATCHITOCHE | | | | | 1 | | | | 2 | | | | | | | | 2 | 3 | 1 |
| ORLEANS | 4 | 3 | 5 | 1 | 15 | | 3 | | | | | 54 | 3 | | 5 | | 20 | 196 | 70 |
| OUACHITA | | | | | 1 | | | | | | | | | | | | 3 | 39 | 5 |
| PLAQUEMINES | | | | | | | | | | | | 1 | | | | | 1 | 1 | 2 |
| POINTE COUPEE | | | | | | | | | | | | | | | | | | | 1 |
| RAPIDES | | | | | 3 | | | | | | | | | | | | 1 | 5 | 4 |
| RED RIVER | | | | | | | | | | | | | | | | | | | |
| RICHLAND | | | | | 1 | | | | | | | | | | | | 1 | 2 | |
| SABINE | | | | | | | | | | | | | | | | | | 1 | 1 |
| ST. BERNARD | | | 1 | | 5 | | | | | | | | | | | | 1 | 1 | 1 |
| ST. CHARLES | | | | | | | | | | | | 1 | | | | | | | 1 |
| ST. HELENA | | | | | | | | | | | | | | | | | | | |
| ST. JAMES | | | 1 | | 1 | | | | | | | | | | | | | | 1 |
| ST. JOHN | | | | | | | | | | | | 1 | | | | 1 | | | 1 |
| ST. LANDRY | | | | | 1 | | | | | | | | | | | | | 21 | 10 |
| ST. MARTIN | | 2 | | | 2 | | | | | | | | | | | | 1 | 3 | |
| ST. MARY | | | | | 1 | | | | | | | | | | | | 1 | | 1 |
| ST. TAMMANY | | | | | 1 | | | | | | | | 1 | | | | 1 | 24 | 1 |
| TANGIPAHOA | | | | | | | | | | | | | 1 | | | | | 3 | 1 |
| TENSAS | | | | | 1 | | | | | | | | | | | | | 4 | 1 |
| TERREBONNE | 4 | | | | 5 | | | | | | | 1 | 1 | | 1 | 1 | | | 8 |
| UNION | | | | | 1 | | | | | | | | | | | | | | |
| VERMILION | | | | | | | | | | | | | | | | | 1 | | 1 |
| VERNON | | | | | 2 | | | | | | | | | | | | | 78 | 1 |
| WASHINGTON | 1 | | | | 1 | | | | | | | | | | | | 1 | 6 | 1 |
| WEBSTER | 1 | | | | 1 | | | | 1 | | | | | | | | | 6 | |
| WEST BATON ROUGE | | | | | | | | | | | | | | | | | | 2 | 1 |
| WEST CARROLL | | | | | | | | | | | | | | | | | | 1 | |
| WEST FELICIANA | | | | | | | | | | | | | | | | | | 1 | 3 |
| WINN | | | | | | | | | | | | | | | | | | 3 | |
| OUT OF STATE | | | | | | | | | | | | | | | | | | | |

From January 1 through August 31 of 1968, the following cases were also reported: 15 Malaria (contracted outside U.S.A.), 6 Tularemia, 5 Brucellosis, 1 Rocky Mountain Spotted Fever, and 2 Leptospirosis.

RECOMMENDATION OF THE PUBLIC HEALTH SERVICE
ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

In June 1968 the Public Health Service Advisory Committee on Immunization Practices completed the following recommendations on the use of Immune Serum Globulin for Prevention of Viral Hepatitis.

IMMUNE SERUM GLOBULIN FOR PREVENTION OF VIRAL HEPATITIS
(Infectious Hepatitis and Transfusion-Associated Hepatitis)

INFECTIOUS HEPATITIS

The agent that causes human infectious hepatitis has not yet been identified but is presumed to be a virus. No vaccine is available. Administration of immune serum globulin (ISG)* to exposed persons can, however, afford a high degree of protection against infectious hepatitis. ISG substantially reduces the frequency of overt clinical disease, although inapparent infection may occur. Following such infection, life-long active immunity is thought to develop.

Patients with infectious hepatitis have been shown to excrete virus in stool as much as 2 to 3 weeks before and 2 weeks after onset of jaundice. Virémia has been demonstrated approximately 2 weeks before and less than 1 week after onset of jaundice.

Transmission of the disease is principally by the fecal-oral route and is most likely to occur under conditions of inadequate sanitation or close contact with infected individuals. Direct person-to-person spread of infection otherwise is unusual. Transmission is also possible by the parenteral route. The incubation period of infectious hepatitis is relatively long, in most cases between 15 and 50 days (average 25 to 30 days).

IMMUNE SERUM GLOBULIN

Immune serum globulin is prepared for intramuscular injection from large pools of plasma (1,000 or more donors) obtained from venous and/or placental blood. The product is a 16.5 percent solution of globulin prepared by cold alcohol fractionation. Serum hepatitis has not been transmitted by ISG of this type.

USE OF IMMUNE SERUM GLOBULIN
FOR PREVENTING INFECTIOUS HEPATITIS

The decision to administer ISG should be based on assessment of the epidemiologic circumstances — specifically, whether the exposure could result in infection. The administration of ISG is relevant when there is: 1) definite exposure to a known case or source of infection, or 2) anticipated continuous or intermittent exposure.

ISG given after known exposure should be given as soon as possible. Its prophylactic value decreases as time increases after exposure. The use of ISG more than 5-6 weeks after exposure is not indicated.

Dosage

The dosage patterns of ISG in common use have been derived primarily from field and clinical observations.

*The official name of the product in use is: Immune Serum Globulin (Human). Poliomyelitis Immune Globulin (Human) is an equivalent product and may also be used; other immune globulin products are not suitable.

Data from these observations provide operational guidelines on which to base recommendations.

Under most conditions of exposure, protection has been afforded by giving 0.01 ml. of ISG per pound of body weight (0.01 ml./lb. or approximately 0.02 ml./kg.). This dosage may be conveniently simplified (Table 1):

Table 1

| Person's Weight (lbs.) | ISG Dose (ml.)* |
|------------------------|-----------------|
| up to 50 | 0.5 |
| 50-100 | 1.0 |
| over 100 | 2.0 |

*Within limits, larger doses of ISG provide longer-lasting but not necessarily more protection. Higher doses are, therefore, used under certain circumstances, (see sections "Institutional Contacts" and "Travelers to Foreign Countries").

Household Contacts: There is good evidence that close personal contact, such as occurs among permanent or even temporary household residents, is important in spreading infectious hepatitis. Secondary attack rates are high for household contacts, particularly children and teenagers. Although secondary attack rates are somewhat lower for adults, their illnesses tend to be more severe. For these reasons, ISG is recommended for all household contacts who have not already had infectious hepatitis.

School Contacts: Although the highest incidence of hepatitis is among school-age children, contact at school is usually not an important means of transmitting this disease. Therefore, routine administration of ISG is not indicated for pupil or teacher contacts of a case. However, when epidemiologic study has clearly shown that school or classroom contact is responsible for continued transmission of disease, it is reasonable to administer ISG to individuals at risk.

Institutional Contacts: In contrast to schools, conditions favoring transmission of infectious hepatitis exist in institutions such as prisons and facilities for the mentally retarded. Sporadic cases as well as epidemics have frequently been reported in such institutions. ISG administered to patient and staff contacts of cases in the doses shown in Table 1 effectively limited the spread of disease in these circumstances.

Where infectious hepatitis exists endemically, particularly in very large institutions with high rates of admission and discharge, residents and staff personnel may be subject to frequent and continuing exposure. Under these conditions, use of ISG has not resulted in eradication of hepatitis. However, it has been shown to provide temporary protection when administered in doses of 0.02 to 0.05 ml./lb.

(continued on reverse)