

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
AUGUST 5, 1969																			
JACKSON																	1	4	
JEFFERSON			1		7						1		1					95	16
JEFFERSON DAVIS															1			9	2
LAFAYETTE					6												2	19	
LAFOURCHE												3						6	1
LASALLE																		1	
LINCOLN																		8	1
LIVINGSTON					1													1	
MADISON																		1	
MOREHOUSE																		6	2
NATCHITOCHES					5		1											3	
ORLEANS	8		2	1	21		3					1	4		4		25	375	91
OUACHITA																	2	75	6
PLAQUEMINES			1				1												
POINTE COUPEE	1																	3	
RAPIDES					5													15	
RED RIVER										1									
RICHLAND														1		1		4	2
SABINE																		1	3
ST. BERNARD					2													1	3
ST. CHARLES																			2
ST. HELENA																		2	
ST. JAMES																			
ST. JOHN																			2
ST. LANDRY															1		3	26	6
ST. MARTIN																		2	1
ST. MARY																	1	3	
ST. TAMMANY																		18	5
TANGIPAHOA			1															12	8
TENSAS																			
TERREBONNE	1				2		1										1	8	3
UNION																		3	1
VERMILION																			
VERNON					3													109	
WASHINGTON					2													23	5
WEBSTER										3								5	
WEST BATON ROUGE					2													5	1
WEST CARROLL	1																	1	1
WEST FELICIANA																		6	11
WINN																			
OUT OF STATE																			

From January 1 through July 31 of 1969, the following cases were also reported:
30 Malaria (contracted outside U.S.A.), 1 Brucellosis, 3 Leptospirosis, and 4 Tularemia.

PREVENTIVE TREATMENT FOR TUBERCULOUS INFECTION

Recommendations of the National Communicable Disease Center

Most active tuberculosis in the United States today occurs among persons who were infected with *Mycobacterium tuberculosis* many years ago.

Because these persons, who are positive tuberculin reactors, comprise the reservoir of future tuberculosis in this country, special priority on preventing this progression from latent to active disease should be an essential element in modern tuberculosis control programs.

Research conducted during the past decade has established that treatment with isoniazid can greatly reduce the risk of active tuberculosis developing among tuberculin reactors.

Today, the U.S. Public Health Service, the American Thoracic Society, and the National Tuberculosis and Respiratory Disease Association, recommend isoniazid for persons identified as having tuberculous infection.

Priority Candidates for Preventive Treatment

While all infected persons may benefit from preventive treatment, priority effort should be made to identify and treat individuals in the following groups:

1. Positive tuberculin reactors with "pulmonary fibrosis" or old fibrotic lesions presumably tuberculous in origin, former tuberculosis patients who have never had specific chemotherapy or who have had inadequate drug therapy (e.g., treatment for less than 18 months, no isoniazid, etc.). At particularly high risk are persons with pulmonary lesions of unknown etiology, compatible with tuberculosis, in which active disease has been excluded.
2. Members of the household of a newly diagnosed case of tuberculosis, regardless of tuberculin status. Preventive treatment for these household contacts should continue for a full year, even when exposure to the infectious case has ended and tuberculin tests remain negative. Preventive treatment of negative reactors should also be given other persons who have had close, extended exposure comparable to that of a person living in the same household with an active case.
3. Persons known to have recently become infected, i.e., converted from negative to positive tuberculin reaction.
4. Children who are reactors through the age of adolescence.
5. School personnel and other adult reactors closely associated with children.

6. Tuberculin reactors in certain clinical situations known to lessen their resistance to disease: prolonged corticosteroid treatment, gastrectomy, leukemia, silicosis, Hodgkins' disease, pneumoconiosis, severe or poorly controlled diabetes, pregnancy, and children with measles or whooping cough. In the case of pregnant women, treatment should be started in the *last trimester*.

Isoniazid for Preventive Treatment

A single drug, isoniazid, is generally used for treatment of infection in a dosage of 300 mg. per day for adults and 10 mg. per kilogram body weight for children not to exceed 300 mg. per day, to be administered daily for a period of 12 months.

Effectiveness of Isoniazid

Public Health Service trials that started in 1955 among high risk groups such as infected children, household contacts of an active case, and persons with fibrotic lesions in their lungs, have shown a continued reduction in subsequent cases of tuberculosis ranging from 55 to 85 percent after one year of isoniazid. These reductions tend to minimize the effectiveness of isoniazid since some individuals in the groups studied failed to take the medication daily.

Interpretation of Tuberculin Tests

Positive Reaction = 10 mm or more of induration

A reaction of 10 mm or more induration to the Mantoux test, using 5 TU of PPD, represents infection with *Mycobacterium tuberculosis*. No confirmation test necessary.

"Doubtful" Reaction = 5 mm through 9 mm of induration

Reactions within this range can result from infection with any one of a number of mycobacteria, including *M. tuberculosis*. Clarification may be obtained either by repeating the test with PPD-tuberculin at a different site or by simultaneous testing with PPD-tuberculin and another mycobacterial PPD, if available.

Negative Reaction = 0 mm through 4 mm of induration

No repeat test necessary unless there is other suggestive clinical evidence of tuberculosis.