

# LOUISIANA MONTHLY MORBIDITY

DISEASES REPORTED DURING MONTH OF APRIL, 1972 BY PARISH OF RESIDENCE

**THE PUBLIC HEALTH IMPLICATIONS OF THE PRESENCE  
OF HEPATITIS B ANTIGEN IN HUMAN SERUM**  
A statement by the Committee<sup>1</sup> on Viral Hepatitis of the Division of Medical Sciences  
NATIONAL ACADEMY OF SCIENCES - NATIONAL RESEARCH COUNCIL

Epidemiologic data for the United States since 1966 show steady annual increases in the incidence of type B hepatitis (serum hepatitis) and in its proportional representation among all reported cases of viral hepatitis, including type A (infectious) hepatitis. It is now recognized that, in addition to the well-established parenteral mode of transmission, type B hepatitis can be transmitted by other means. During the last few years, a clearer definition of the significance of type B hepatitis as a clinical and public health problem has arisen from the discovery, development, and widespread application of various serologic tests for the presence of an antigen, hepatitis B antigen<sup>2</sup> (HB Ag), that is associated with the disease.

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DIVISION OF PUBLIC HEALTH STATISTICS -

- LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED May 4, 1972	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIONOUS	INFECTIOUS AND SERUM HEPATITIS	TUBERCULOSIS, PULMONARY	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	RUBELLA *	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	MEASLES	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
TOTAL TO DATE 1971	9	10	1	2	222	279	34	14	0	16	2	252	7	4	19	0	1285	4391	232
TOTAL TO DATE 1972	12	4	0	6	241	183	19	11	0	17	5	67	23	0	45	2	70	5304	264
TOTAL THIS MONTH	4	0	0	6	58	43	1	5	0	6	2	21	8	0	7	0	35	1350	56
ACADIA						2												5	
ALLEN																			
ASCENSION																			
ASSUMPTION																		3	
AVOUELLES					1														
BEAUREGARD																		1	
BIENVILLE																		1	
BOSSIER																		11	
CADDO					3	5				2							1	157	3
CALCASIEU					1	2		1							1			40	
CALDWELL										1									
CAMERON																			
CATAHOULA						1													
CLAIBORNE																		4	
CONCORDIA																		1	
DESOTO																		9	
EAST BATON ROUGE					3	1									3		1	65	
EAST CARROLL					2												15	4	
EAST FELICIANA																			
EVANGELINE					2													2	
FRANKLIN																		1	
GRANT												1						1	
IBERIA						1						1						6	3
IBERVILLE						1												1	

\*Includes Rubella, Congenital Syndrome - 1 case reported in Orleans Parish this month.

DIVISION OF PUBLIC HEALTH STATISTICS - APRIL, 1972 - LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED May 4, 1972	ASEPTIC MENINGITIS	DIPHtherIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIOUS	INFECTIOUS AND SERUM HEPATITIS	TUBERCULOSIS, PULMONARY	MENINGOCOCCAL INFECTIONS	PERTUSSIS	POLIOMYELITIS, PARALYTIC	RABIES IN ANIMALS	RHEUMATIC FEVER	RUBELLA	SHIGELLOSIS	TYPHOID FEVER	OTHER SALMONELLOSIS	TETANUS	MEASLES	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY
JACKSON										1									
JEFFERSON				2	6								1		1		1	71	5
JEFFERSON DAVIS					1													8	
LAFAYETTE					4	3												8	2
LAFourCHE																		6	
LASALLE																			
LINCOLN								1		1								43	
LIVINGSTON					1													5	
MADISON						2												6	2
MOREHOUSE																		38	
NATCHITOCHES					1	1				1									1
ORLEANS	1			2	14	14		1			2	1	7		1		3	551	31
OUACHITA					4	3		1									4	67	3
PLAQUEMINES																		2	
POINTE COUPEE																			
RAPIDES					1	3						1						39	
RED RIVER																			
RICHLAND																			1
SABINE																			
ST. BERNARD	1				1													7	
ST. CHARLES				1	3														
ST. HELENA																		2	
ST. JAMES																			
ST. JOHN								1										1	
ST. LANDRY					1	2						2						19	2
ST. MARTIN																	1	7	
ST. MARY					1	2	1											2	1
ST. TAMMANY					3							1			1			29	
TANGIPAHOA																		21	1
TENSAS																			
TERREBONNE	2			1	1													1	1
UNION																	7	1	
VERMILION					1													2	
VERNON					3							14					2	65	
WASHINGTON																		10	
WEBSTER																		6	
WEST BATON ROUGE																		2	
WEST CARROLL																		2	
WEST FELICIANA																		17	
WINN																			
OUT OF STATE																			

From January 1 through April 30, the following cases were also reported: 1 Actinomycosis, 1 Brucellosis, and 2 Malaria (contracted outside the U.S.A.).

*The demonstration of the antigen in the serum of a patient or of an apparently healthy person raises questions not only of the presence of active liver disease but also of the potential risk of his transmitting the infection to others.*

On the basis of information acquired from clinical and epidemiologic studies and from antigen testing programs, the Committee on Viral Hepatitis finds that:

1. A positive test is indicative of the presence of acute or chronic type B hepatitis or of the asymptomatic carrier state.
2. The presence of the antigen in the serum of a patient with acute type B hepatitis is usually transitory. If it persists for more than 3 months after the onset of illness, the person is likely to become a chronic carrier of the antigen.
3. The chronic carrier of the antigen may or may not have readily demonstrable evidence of related liver disease.
4. Although the infectiousness of patients with antigen-positive hepatitis apparently diminishes when the antigen is no longer demonstrable in the serum, they are not acceptable as blood donors.
5. There is clear evidence that carriers should be prohibited from donating blood for transfusion.
6. There is insufficient knowledge of the extent to which chronic carriers can transmit type B hepatitis by nonparenteral routes.

The Committee recommends that:

1. When a person is found to have a positive test in the course of diagnostic studies, blood donor testing, or testing after exposure to a known risk of infection with type B hepatitis, he be so informed and the test be repeated promptly on a later sample of serum; and a person with a confirmed positive test be evaluated for the presence of liver disease and followed to determine whether the antigen persists.
2. Patients with acute antigen-positive hepatitis be considered infectious and control measures be taken with respect to potentially infectious materials such as blood and blood-contaminated secretions.
3. Testing be required of all blood donors, although, with respect to risk of transmission to others, there is no reason at this time to recommend routine testing of any specific professional or occupational group or of all hospital patients.
4. Until more complete knowledge of the significance of the antigen carrier state is acquired, particularly as to its prevalence and its relation to communicability, no routine precautions be instituted beyond those which apply to percutaneous routes of potential transmission.
5. Because standard Immune Serum Globulin (ISG) is of no demonstrable value in the treatment of carriers, it not be used for this purpose – nor is there adequate evidence to recommend the use of standard ISG for prophylaxis among contacts.
6. An intensified effort be made to report hepatitis cases – on the basis of serologic test results, as well as epidemiologic characteristics – in order to improve surveillance on a national basis.

<sup>1</sup> R.W. McCollum, Yale University School of Medicine, New Haven, Connecticut, Chairman; M.B. Gregg, Center for Disease Control, Atlanta, Georgia; E.A. Kabat, Columbia University, College of Physicians and Surgeons, New York, New York; S. Krugman, New York University School of Medicine, New York, New York; J.L. Melnick, Baylor College of Medicine, Houston, Texas; A.G. Redeker, University of Southern California, Los Angeles, California; and P.E. Taylor, Canadian Communicable Disease Centre, Ottawa, Canada.

This statement has been endorsed by the American Association of Blood Banks, the Committee on Transfusion and Transplantation of the American Medical Association, and the American National Red Cross.

<sup>2</sup> This antigen has been referred to as Australia antigen (Au Ag), hepatitis antigen (HA), serum hepatitis (SH) antigen, and hepatitis-associated antigen (HAA).

#### ACKNOWLEDGEMENT

The preparation of this statement was made possible by funds provided under a contract with the National Institutes of Health (PH43-64-44, Task Order No. 56).

While this statement in its final form may not necessarily have their endorsement, the Committee wishes to acknowledge the contributions of Dr. Baruch S. Blumberg, Dr. Thomas C. Chalmers, Dr. H. Bruce Dull, Dr. Paul J. Schmidt, and Dr. Hyman J. Zimmerman.

SOURCE: "Morbidity and Mortality Weekly Report" published by the Center for Disease Control, Public Health Service, Atlanta, Georgia, for week ending April 22, 1972.