

LOUISIANA MONTHLY MORBIDITY

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

NEW GONORRHEA TREATMENT SCHEDULES

For the treatment of uncomplicated gonorrhea the Center for Disease Control now recommends aqueous procaine penicillin G together with oral probenecid. Long-acting forms of penicillin are effective in syphilotherapy but should not be used for the treatment of gonorrhea.

The latest recommendations of the Center for Disease Control Advisory Committee on gonorrhea therapy are shown on page 3 of this report.

DIVISION OF PUBLIC HEALTH STATISTICS - - LOUISIANA STATE DEPARTMENT OF HEALTH

RELEASED April 5, 1972	ASEPTIC MENINGITIS	DIPHThERIA	ENCEPHALITIS	ENCEPHALITIS, POST INFECTIONOUS	INFECTIONOUS 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	5	0	2	171	183	25	12	0	10	2	94	4	3	14	0	893	3363	163
TOTAL TO DATE 1972	8	4	0	0	186	140	18	6	0	11	3	40	15	0	38	2	29	3954	208
TOTAL THIS MONTH	2	1	0	0	78	62	4	2	0	4	1	32	11	0	19	0	17	1866	91
ACADIA					1	3												9	
ALLEN																		4	
ASCENSION																			
ASSUMPTION					1													8	
AVOUELLES					1													3	
BEAUREGARD					1														
BIENVILLE																		1	
BOSSIER																		13	1
CADDO					2	3				1								172	13
CALCASIEU					2	2						1	1		5			44	1
CALDWELL																			
CAMERON						2													
CATAHOULA																			1
CLAIBORNE						1												2	
CONCORDIA																		1	1
DESOTO						1												10	1
EAST BATON ROUGE					11	6							1		1		1	69	5
EAST CARROLL																		4	
EAST FELICIANA															1			1	
EVANGELINE						1												7	
FRANKLIN						1												3	
GRANT						1	1											2	
IBERIA						1						2			1		1	9	
IBERVILLE						2												1	

*Includes Rubella, Congenital Syndrome.

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JACKSON										2								1	
JEFFERSON					7										4			95	4
JEFFERSON DAVIS					1										1			14	
LAFAYETTE					1	2												14	
LAFOURCHE					4		1											25	
LASALLE												1					3		
LINCOLN																		28	1
LIVINGSTON																		1	
MADISON																		10	2
MOREHOUSE																		47	
NATCHITOCHE										1								7	
ORLEANS	1	1			23	17		1				1	9		6		3	845	44
OUACHITA					4	3						1					1	86	5
PLAQUEMINES					1	5													
POINTE COUPEE																			
RAPIDES					2	1	1											64	1
RED RIVER																			
RICHLAND																		5	1
SABINE																		1	1
ST. BERNARD					2												1	3	
ST. CHARLES											1							1	
ST. HELENA																		2	
ST. JAMES																			
ST. JOHN																			1
ST. LANDRY					2	2												19	2
ST. MARTIN					2		1					1						9	
ST. MARY							1					2						5	2
ST. TAMMANY	1				1			1				1						16	1
TANGIPAHOA							1											37	
TENSAS																			
TERREBONNE					2	1												19	
UNION					1													2	
VERMILION							2											8	
VERNON					6							18					6	61	2
WASHINGTON																		14	
WEBSTER																		7	
WEST BATON ROUGE							1											6	
WEST CARROLL							2										1		
WEST FELICIANA																		39	1
WINN												4						12	
OUT OF STATE																			

From January 1 through March 31, the following cases were also reported: 2 Malaria (contracted outside the U.S.A.).

GONORRHEA

RECOMMENDED TREATMENT SCHEDULES - MARCH 1972

For Neisseria gonorrhoeae infection the preferred drug is penicillin or ampicillin. Physicians are cautioned to use no less than the recommended doses of antibiotics.

FOR TREATMENT OF UNCOMPLICATED GONORRHEA (URETHRAL, CERVICAL, PHARYNGEAL, OR RECTAL)

Parenteral - Men or Women - Aqueous procaine penicillin G, 4.8 million units intramuscularly divided into at least two doses and injected at different sites at one visit, together with 1 gram of oral probenecid, preferably given at least 30 minutes prior to the injection.

OR

Oral - Men or Women - Ampicillin, 3.5 grams, with probenecid, 1 gram, administered simultaneously.

Treatment of contacts: Patients with known exposure to gonorrhea should receive the same treatment as those known to have gonorrhea.

WHEN PENICILLIN OR AMPICILLIN IS CONTRAINDICATED,* OR WHEN THE ABOVE SCHEDULES ARE INEFFECTIVE

Parenteral - Men - Spectinomycin, 2 grams, in one intramuscular injection.
Women - Spectinomycin, 4 grams, in one intramuscular injection.

OR

Oral - Men or Women - Tetracycline HCl, 1.5 grams initially, followed by 0.5 gram four times a day for 4 days, a total dosage of 9 grams. Other tetracyclines are not more effective.

FOLLOW-UP

Follow-up urethral cultures should be obtained from males 7 days after completion of treatment; cervical and rectal cultures should be obtained from females at 7 - 14 days after completion of treatment.

COMPLICATIONS

Although treatment of complications (gonococcal salpingitis, bacteremia, arthritis, etc.) must be individualized, repeated large parenteral doses of aqueous crystalline penicillin G have been shown to be effective. The efficacy of alternate antibiotic regimens is unproven. Post-gonococcal urethritis can be treated with tetracycline, 0.5 gram, orally four times a day for at least 7 days.

SYPHILIS

All gonorrhea patients should have a serologic test for syphilis at the time of diagnosis. Patients receiving the recommended parenteral penicillin schedule need not have follow-up serologic tests for syphilis. Patients treated with ampicillin, spectinomycin, or tetracycline should have a follow-up serologic test for syphilis each month for 4 months to detect syphilis that may have been masked by treatment for gonorrhea.

Patients with gonorrhea who also have syphilis should be given additional treatment appropriate to the stage of syphilis.

While long-acting forms of penicillin (such as benzathine penicillin G) are effective in syphilotherapy, they have NO place in the treatment of gonorrhea.

*Allergy to penicillin, ampicillin, probenecid, or previous anaphylactic reaction.