

Louisiana



REPORTED MORBIDITY
OCTOBER, 1983

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF HEALTH SERVICES AND ENVIRONMENTAL QUALITY
BOX 60630 NEW ORLEANS, LOUISIANA 70160

MONTHLY MORBIDITY REPORT

Provisional Statistics

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JAN 9 1984

PUBLIC HEALTH STATISTICS and
DIVISION OF DISEASE CONTROL

GIARDIA SELDOM TRANSMITTED BY WATER*

Drinking water is often suspected as a vehicle of transmission for *Giardia*, rather than more common means of spread. Well water is an unlikely source for *Giardia*, yet each year numerous requests to test water samples for *Giardia* arrive at the local health departments. Unfortunately, there is no simple laboratory procedure by which this can be done. Large quantities of water must be filtered using special techniques. Whether a well is contaminated by surface water can be easily determined by testing for coliform organisms.

Transmission of *Giardia* depends on the ingestion of cysts which are excreted in the feces of human or non-human animals such as beavers. Transient asymptomatic human carriers are common and are probably more important in transmission than clinically ill persons since the former tend to excrete cysts while the latter tend to excrete trophozoites.

Person-to-person transmission occurs

most readily in circumstances of poor sanitation and poor personal hygiene. Outbreaks are common in day care centers where the risk of fecal-oral spread is increased due to the congregation of pre-school age children whose sanitary habits are generally not yet well established. Small children, especially those of diaper age, are also likely to transmit giardiasis to household members. Experience in Georgia suggests that this type of spread is of primary importance in maintaining the cycle of transmission.

The testing of water samples for specific pathogens is seldom indicated and should be attempted only in situations where epidemiologic evidence in a large outbreak suggests a water source. Where individual or multiple cases of giardiasis are recognized in a household, person-to-person transmission should be most highly suspect, especially where there is a small child enrolled in day care.

* Reprint from Georgia Epidemiology Report, September, 1983.

BULLETIN

HEAT-TREATED FACTOR VIII CONCENTRATES FOR TREATMENT OF PATIENTS WITH HEMOPHILIA

The Medical and Scientific Advisory Council of the National Hemophilia Foundation adopted the following policy statement with regards to the use of heat-treated Factor VIII concentrates:

"While heat-treated products offer certain theoretic advantages, the data are insufficient at this time to assess efficacy or to recommend that the heat-treated product be used instead of standard Factor VIII concentrates to reduce the risk of transmission of hepatitis or AIDS. The prospective study of efficacy and safety of these products is strongly supported, however, as is the development of increasingly effective methods of rendering blood products free of infectious agents."

CHEST X-RAY SCREENING STATEMENTS*

Five chest X-ray referral criteria statements have been developed and unanimously endorsed by a panel of physicians convened as part of a cooperative effort with FDA's National Center for Devices and Radiological Health (NCDRH).

A panel, consisting of physicians representing the specialties of radiology, thoracic medicine, family practice, epidemiology, occupational medicine, and internal medicine, was formed to review data on chest X-ray examinations. Approximately 45 percent of all X-ray examinations involve the chest, at an annual cost of approximately \$2 billion. Many of these examinations are likely to be performed on asymptomatic subjects, and are usually the most common studies mandated by government, industry, and hospital policy.

Criteria Statements

After an extensive assessment of the efficacy of chest X-ray screening programs, the Chest X-ray Panel concluded that "the yield of unsuspected disease (e.g., lung cancer, heart disease, and tuberculosis) found by routine screening chest X-ray examinations of unselected populations, not based on history, physical examination, or specific diagnostic testing, has been shown to be of insufficient clinical value to justify the monetary cost, added radiation exposure, and subject inconvenience of the examination."

The following excerpts from the panel's referral criteria statements are presented as recommendations to assist health practitioners and other providers in making decisions about the use of chest X-rays for the screening of asymptomatic disease:

1. All mandated routine screening examinations of unselected populations should be discontinued,

unless a significant yield can be shown.

2. All routine prenatal chest X-ray screening examinations for the detection of unsuspected disease should be discontinued.
3. Routine chest radiographs should not be required solely because of hospital admission.
4. Mandated chest X-ray examinations for employment, repeated chest X-ray examinations upon long-term facility admission, repeated chest X-ray examinations of tuberculosis reactors, repeated chest X-ray examination of asymptomatic tuberculosis patients who have completed therapy, and routine periodic chest X-ray examinations during tuberculosis treatment have all been shown to be of insufficient clinical value to justify continued use.
5. Routine nonselective preplacement chest X-ray examinations and periodic examinations unrelated to job exposure should be discontinued.

It should be emphasized that these statements do not preclude chest X-ray examinations based upon individual history, physical examination, or specific diagnostic testing, or in selected populations shown to have significant yields of previously undiagnosed disease.

Other Efforts to Reduce Unproductive Chest X-ray Screening

In 1980, the Surgeon General announced that he was recommending the discontinuation of routine chest X-ray examinations for Public Health Service (PHS) employees. The

*Reprint from Colorado Disease Bulletin, Vol XI:21, October 15, 1983.

American Cancer Society recently discontinued its recommendation for annual chest X-ray examinations of asymptomatic subjects because no improvement in cancer mortality resulted from this practice.² The Blue Cross and Blue Shield Association has eliminated payments for hospital admission chest X-ray examinations when not specifically requested by a physician.

Organizational Review

The chest X-ray screening referral criteria statements have been reviewed by 19 medical organizations. The following organizations are among the many that have endorsed the Chest X-ray Panel statements:

- The American Academy of Family Physicians
- The American College of Radiology
- The American College of Obstetricians and Gynecologists
- The American Occupational Medical Association

- The American Thoracic Society.

A report titled "The Selection of Patients for X-Ray Examinations: Chest X-Ray Screening Examinations" will be available for purchase from the Government Printing Office (GPO) after Sept. 1, 1983. Requests for copies should be directed to GPO using GPO Publication No. 017-015-00210-1.

References:

- 1 Department of Health, Education, and Welfare. Bureau of Radiological Health. National Conference on Referral Criteria for X-ray Examinations. HEW Publication (FDA) 79-8083, April 1979.
- 2 American Cancer Society. ACS report on the cancer-related health checkup: cancer of the lung. CA-A Cancer J Clinicians July/August 1980; 30: 199-207.

SELECTED REPORTABLE DISEASES (By Place of Residence)

STATE AND PARISH TOTALS	VACCINE PREVENTABLE DISEASES					ASEPTIC MENINGITIS	HEPATITIS A AND UNSPECIFIED **	HEPATITIS B	LEGIONNAIRES DISEASE	MALARIA ***	MENINGOCOCCAL INFECTIONS	SHIGELLOSIS	TUBERCULOSIS, PULMONARY	TYPHOID FEVER	OTHER SALMONELLOSIS	UNDERNUTRITION SEVERE	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY	RABIES IN ANIMALS (PARISH TOTALS CUMULATIVE, 1983)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
REPORTED MORBIDITY OCTOBER, 1983																			
TOTAL TO DATE 1982	2	1	6	21	6	123	785	249	0	5	58	91	322	1	161	5	20408	1611	30
TOTAL TO DATE 1983	25	13	0	11	4	98	663	291	5	8	42	56	336	3	200	21	20157	1384	27
TOTAL THIS MONTH	0	4	0	5	0	4	45	21	0	0	1	7	25	0	17	4	2517	112	0
ACADIA							5										14	10	
ALLEN																	3		
ASCENSION							2					1					11		
ASSUMPTION				1													10		
AVOUELLES							2										5	2	
BEAUREGARD							1										12		2
BIENVILLE																			4
BOSSIER						1		2									6	2	
CADDO							1						5		1	2	373	6	4
CALCASIEU								1									103	6	
CALDWELL																	5		
CAMERON																			
CATAHOULA															1		3		
CLAIBORNE																	8		
CONCORDIA															1		11		
DESOTO																	4	1	
EAST BATON ROUGE								2				2			1		187	13	1
EAST CARROLL							1						3				6		
EAST FELICIANA																	4		
EVANGELINE							1										2	1	
FRANKLIN																	3		
GRANT															1		1		1
IBERIA							6										22		
IBERVILLE																	5	2	
JACKSON																	7		
JEFFERSON							5	2				1	3		1		118	4	
JEFFERSON DAVIS							1	1									10		
LAFAYETTE		1					4	1							1		84	5	
LAFOURCHE								2									14		
LASALLE																			
LINCOLN													1				11		2
LIVINGSTON																	1		
MADISON																	15		
MOREHOUSE																	26		
NATCHITOCHE																	4		
ORLEANS				1			5	3					6		1		915	43	
OUACHITA							2						1				131		
PLAQUEMINES													1				2		
POINTE COUPEE																	7		
RAPIDES				1									2		1		115	1	
RED RIVER																	3		1
RICHLAND																	5		
SABINE															1		5		2
ST. BERNARD																	3		
ST. CHARLES																	10		
ST. HELENA																	3		
ST. JAMES							1										7		
ST. JOHN							2					2			1		1	1	
ST. LANDRY															1		30	2	
ST. MARTIN							2										7		
ST. MARY							1										22	1	
ST. TAMMANY				1		1		1									12	2	
TANGIPAHOA												1					24	5	
TENSAS													1				1		
TERREBONNE		3		1		2		5					1		3		24		
UNION							1										24		3
VERMILION							1				1						14		
VERNON													1				3	3	
WASHINGTON																	10	1	
WEBSTER																	1		7
WEST BATON ROUGE								1									23		
WEST CARROLL																	3		
WEST FELICIANA							1										17		
WINN															2	2		1	
OUT OF STATE																	7		

* Includes Rubella, Congenital Syndrome.

** Includes 30 cases of Hepatitis Non A and Non B.

*** Acquired outside United States unless otherwise stated.

From January 1, 1983 - October 31, 1983, the following cases were also reported: 4-Amebiasis, 1-Cryptococcosis, 6-Leptospirosis, 2-Reye Syndrome, 2-Trichinosis, 3-Tularemia.



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This public document was published at a total cost of \$1780. 5900 copies of this public document were published in this first printing at a cost of \$300. The total cost of all printings of this document, including reprints, is \$300. This document was published for the Office of Health Services and Environmental Quality by the Office of Management and Finance, Printing Operations, Baton Rouge, Louisiana to inform physicians, hospitals, and the public of current Louisiana morbidity status under authority of R.S. 40:36. This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31.