



MONTHLY MORBIDITY REPORT

PUBLIC HEALTH STATISTICS and
DIVISION OF DISEASE CONTROL

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF PREVENTIVE AND PUBLIC HEALTH SERVICES
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Adverse Reactions to Fansidar® and Updated Recommendations * for Its Use in the Prevention of Malaria

Since pyrimethamine-sulfadoxine (Fansidar®) became available in the United States in 1982, it has been an integral part of the malaria prophylaxis regimen that CDC recommends for travelers at risk of exposure to chloroquine-resistant *Plasmodium falciparum* (CRPF). As the areas of the world with transmission of CRPF have expanded, the number of U.S. travelers using Fansidar¹ has increased. Fansidar® is usually well tolerated; however, as with other sulfonamides, severe adverse reactions associated with its use have been reported (7-5). During the past 3 months, additional cases to those reported in the literature of severe cutaneous reactions (erythema multiforme, Stevens-Johnson syndrome, and toxic epidermal necrolysis) associated with the use of Fansidar® over the past 2 years have been reported to CDC. These 10 cases (four fatal) that have occurred among U.S. travelers are currently being investigated by CDC in coordination with the U.S. Food and Drug Administration and the drug manufacturer. In addition, there is a collaborative effort under way to assess the risks associated with the use of this drug for malaria prophylaxis.

Until the risk of adverse reactions to Fansidar® is more thoroughly defined, CDC recommends the following:

1. Chloroquine remains the primary drug of choice for travelers to all malarious areas (6).
2. When considering the use of Fansidar® for chemoprophylaxis of CRPF, physicians should carefully question travelers regarding any previous history of sulfonamide intolerance. Fansidar¹ should not be prescribed if there is any history of previous untoward reaction to sulfonamides.
3. Travelers to CRPF regions in Asia or South America should take Fansidar® in addition to chloroquine only if they stay overnight in rural areas. Travelers visiting urban areas of Asia and South America are at low risk of acquiring malaria, as are travelers to rural areas during daytime hours, because *Anopheles* mosquitoes bite during the evening and nighttime hours.
4. Travelers to areas of east and central Africa where transmission of CRPF has been documented should continue to use the combination of chloroquine and Fansidar®. The risk of acquiring CRPF in these areas is substantial because of the intense transmission of malaria, especially in those rural areas usually frequented by tourists.
5. Travelers should be advised to discontinue Fansidar² use immediately in the event of a possible ill effect, especially if any mucocutaneous signs or symptoms develop, such as pruritus, erythema, rash, orogenital lesions, or pharyngitis.
6. Travelers should be informed that, regardless of the prophylactic regimen employed, it is still possible to contract malaria. Medical attention should be sought promptly in the event of a febrile illness, and the physician should be advised of the recent travel history and possibility of exposure to malaria.

The above recommendations differ from earlier statements and should be applied as the most current information available (6-8). CDC will update these interim malaria chemoproph-

* Reprint from MMWR, Center for Disease Control, January 4, 1985, Vol. 33, Nos. 51 & 52, pp. 713-714.

ylaxis recommendations in the near future. Additional cases of adverse reactions to Fansidar¹ should be reported to the Malaria Branch, Division of Parasitic Diseases, Center for Infectious Diseases, CDC, telephone (404) 452-4046.

Reported by Malaria Br. Div of Parasitic Diseases, Center for Infectious Diseases, Div of Quarantine, Center for Prevention Svcs, CDC.

References

- 1 Olsen VV, Loft S, Christensen K. Serious reactions during malaria prophylaxis with pyrimethamine-sulfadoxine [Letter]. *Lancet* 1982;II:994.
- 2 Whitfield D. Presumptive fatality due to pyrimethamine-sulfadoxine [Letter]. *Lancet* 1982;II:1272.
- 3 Hornstein OP, Ruprecht KW. Fansidar-induced Stevens-Johnson syndrome [Letter]. *N Engl J Med* 1982;307:1529-30.
- 4 Ligthelm RJ, van Zwielen J, Stuiver PC, Djajadiningrat AP. Syndroom van Stevens-Johnson en granulopenie tijdens het gebruik van sulfadoxine-pyrimethamine (Fansidar). *Ned Tijdschr Geneesk* 1983;127:1735-7.
- 5 Setia U. Fansidar*-induced Stevens-Johnson syndrome and malaria prophylaxis [Letter]. *Pediatr Infect Dis* 1983;2:173-4.
- 6 CDC. Prevention of malaria in travelers 1982. *MMWR* 1982;31:1S-28S.
- 7 CDC. Imported malaria among travelers—United States. *MMWR* 1984;33:388-90.
- 8 CDC. Health information for international travel 1984. Atlanta, Georgia: Centers for Disease Control; 1984. HHS publication no. (CDC)84-8280.33:11-58.

Compendium of Animal Rabies Vaccines, 1985 *
**Prepared by: The National Association
of State Public Health Veterinarians, Inc.**

Part I: Recommendations for Immunization Procedures

The purpose of these recommendations is to provide information on rabies vaccines to practicing veterinarians, public health officials, and others concerned with rabies control. This document will serve as the basis for animal rabies vaccination programs throughout the United States. Its adoption will result in standardization of procedures among jurisdictions, which is necessary for an effective national rabies-control program. These recommendations are reviewed and revised as necessary before the beginning of each calendar year. All animal rabies vaccines licensed by the U.S. Department of Agriculture (USDA) and marketed in the United States are listed in Part II, and Part III describes the principles of rabies control.

A. VACCINE ADMINISTRATION

The Committee recommends that all animal rabies vaccines be restricted to use by or under the supervision of a veterinarian.

B. VACCINE SELECTION

The use of vaccines with 3-year duration of immunity is recommended, since their use constitutes the most effective method of increasing the proportion of immunized dogs and cats in comprehensive rabies-control programs.

C. ROUTE OF INOCULATION

Unless otherwise specified by the product label or package insert, all vaccines must be administered intramuscularly at one site in the thigh.

D. WILDLIFE VACCINATION

Vaccination is not recommended, since no rabies vaccine is licensed for use in wild animals and since there is no evidence that any vaccine will protect wild animals against rabies. The Committee recommends that neither wild nor exotic animals be kept as pets and that wild animals not be cross-bred to domestic dogs or cats.

* Reprint from *MMWR*, Center for Disease Control, January 4, 1985, Vol. 33, Nos. 51 & 52, pp. 714-720, 725.

E. ACCIDENTAL HUMAN EXPOSURE TO VACCINE

Accidental human inoculation may occur during administration of animal rabies vaccine. Such exposure to inactivated vaccines constitutes **no known** rabies hazard. No cases of rabies have resulted from needle or other exposure to a licensed, modified live virus vaccine in the United States.

F. IDENTIFICATION OF VACCINATED DOGS

The Committee recommends that all agencies and veterinarians adopt the standard tag system. This will aid the administration of local, state, national, and international procedures. Dog license tags should not conflict in shape and color with rabies tags. It is recommended that anodized aluminum rabies tags not be less than 0.064 inches in thickness.

1. Rabies Tags:

<u>Calendar Year</u>	<u>Color</u>	<u>Shape</u>
1985	Blue	Rosette
1986	Orange	Fireplug
1987	Green	Bell
1988	Red	Heart

2. Rabies Certificate: All agencies and veterinarians should use form #50 Rabies Vaccination Certificate of the National Association of State Public Health Veterinarians, Inc. (NASPHV), which can be obtained from vaccine manufacturers.

Part II: Vaccines Marketed in the United States and NASPHV Recommendations

<u>Vaccine: generic name</u>	<u>Produced by</u>	<u>Product name Marketed by</u>	<u>For use in*</u>	<u>Dosage †</u>	<u>Age at primary vaccination §</u>	<u>Booster recommended</u>
A. MODIFIED LIVE VIRUS						
Canine cell line origin High egg passage	NORDEN License No. 189	ENDURALL-R Norden	Dogs Cats	1 ml 1 ml	3 mos. & 1 yr later 3 mos	Triennially Annually
Canine tissue culture origin High cell passage	BOEHRINGER INGELHEIM License No. 124	NEUROGEN-TC Bio-Ceutic	Dogs	1 ml	3 mos. & 1 yr later	Triennially
B. INACTIVATED						
Murine origin	FORT DODGE License No. 112	TRIMUNE Fort Dodge	Dogs Cats	1 ml 1 ml	3 mos. & 1 yr later 3 mos. & 1 yr later	Triennially Triennially
Murine origin	FORT DODGE License No. 112	ANNUMUNE, Fort Dodge	Dogs Cats	1 ml 1 ml	3 mos. 3 mos.	Annually Annually
Murine origin	DOUGLAS License No. 165-B	BIORAB-1 Schering Veterinary	Dogs Cats	1 ml 1 ml	3 mos. 3 mos.	Annually Annually
Murine origin	DOUGLAS License No. 165-B	BIORAB-3 Schering Veterinary	Dogs Cats	1 ml 1 ml	3 mos. & 1 yr later 3 mos.	Triennially Annually
Murine origin	WILDLIFE VACCINES, INC KUNZ-TEBBIT License No. 277	DURA-RAB 1 Wildlife vaccines KUNZ-TEBBIT & TechAmerica	Dogs Cats	1 ml 1 ml	3 mos. 3 mos.	Annually Annually

Compendium – Continued

Vaccine: generic name	Produced by	Product name Marketed by	For use in*	Dosage †	Age at primary vaccination §	Booster recommended
Murine origin	KUNZ-TEBBIT License No. 277	PERFORMER-R Pet Vaccines	Dogs	1 ml	3 mos.	Annually
			Cats	1 ml	3 mos.	Annually
Hamster cell line origin	BEECHAM License No. 225	RABCINE Beecham	Dogs	1 ml	3 mos.	Annually
			Cats	1 ml	3 mos.	Annually
Porcine cell line origin	NORDEN License No. 189	ENDURALL-K Norden	Dogs	1 ml	3 mos.	Annually
			Cats	1 ml	3 mos.	Annually
Porcine cell line origin	NORDEN License No. 189	RABGUARD-TC Norden	Dogs	1 ml	3 mos. & 1 yr. later	Triennially
			Cats	1 ml	3 mos. & 1 yr. later	Triennially
Monkey cell line origin	WELLCOME License No. 107	CYTORAB Wellcome	Dogs	1 ml	3 mos.	Annually
			Cats	1 ml	3 mos.	Annually
Monkey cell line origin	WELLCOME License No. 107	TRIRAB DELTA- RAB Wellcome Fromm	Dogs	1 ml	3 mos. & 1 yr. later	Triennially
			Cats	1 ml	3 mos.	Annually
Feline cell line origin	FROMM License No. 195-A	RABVAC 1 Fromm	Dogs	1 ml	3 mos.	Annually
			Cats	1 ml	3 mos.	Annually
Feline cell line origin	FROMM License No. 195-A	RABVAC 3 Fromm	Dogs Cats	1 ml	3 mos. & 1 yr. later	Triennially Triennially
Hamster cell line origin	MERIEUX License No. 298	IMRAB Pitman-Moore	Dogs	1 ml	3 mos. & 1 yr. later	Triennially
			Cats	1 ml		
			Sheep	1 ml	Triennially	
			Cattle	2 ml	3 mos.	Annually
			Horses	2 ml	3 mos.	Annually
Hamster cell line origin	MERIEUX License No. 298	IMRAB-1 Pitman-Moore	Dogs	1 ml	3 mos.	Annually
			Cats	1 ml	3 mos.	Annually

C. COMBINATION

Feline cell line origin	FROMM License No. 195-A	ECLIPSE 3 KP-R Fromm	Cats	1 ml	3 mos.	Annually
Feline cell line origin	FROMM License No. 195-A	ECLIPSE 4 KP-R Fromm	Cats	1 ml	3 mos.	Annually
Monkey cell line origin	WELLCOME License No. 107	CYTORAB RCP Wellcome	Cats	1 ml	3 mos.	Annually
Murine origin	FORT DODGE License No. 112	FEL-O-VAX PCT-R Fort Dodge	Cats	1 ml	3 mos. & 1 yr. later	Triennially

*Refers only to domestic species of this class of animals.

†All vaccines must be administered intramuscularly at one site in the thigh unless otherwise specified by the label.

§Three months is the earliest age recommended, dogs and cats vaccinated between 3 and 12 months should be revaccinated 1 year later.

Part III: Principles of Rabies Control

These guidelines have been prepared by the NASPHV for use by government officials, practicing veterinarians, and others who may become involved in certain aspects of rabies control. The NASPHV plans to annually review and revise these recommendations as necessary. Standardized control procedures are needed to deal effectively with the public health aspects of rabies.

A. PRINCIPLES OF RABIES CONTROL

1. **Humans:** Rabies in humans can be prevented by eliminating exposure to rabid animals and by promptly treating local wounds and immunizing when exposed. Current recommendations of the Immunization Practices Advisory Committee (ACIP) for preexposure and postexposure prophylaxis are suggested for consideration by attending physicians. These recommendations, along with the current status of animal rabies in the region and information concerning the availability of rabies biologics, are available from state health departments.
2. **Domestic Animals:** Local governments should initiate and maintain effective programs to remove stray and unwanted animals and ensure vaccination of all dogs and cats. Since cat rabies cases now exceed those annually reported in dogs, immunization of cats should be required. Such procedures in the United States have reduced laboratory-confirmed rabies cases in dogs from 8,000 in 1947 to 132 in 1983. The recommended vaccination procedures and the licensed animal vaccines are specified in Parts I and II of the NASPHV's annually released Compendium.
3. **Wildlife:** The control of rabies in foxes, skunks, raccoons, and other terrestrial animals is very difficult. Selective reduction of these populations, when indicated, may be useful, but the utility of this procedure depends heavily on the circumstances surrounding each rabies outbreak. (See C: Control Methods in Wild Animals.)

B. CONTROL METHODS IN DOMESTIC AND CONFINED ANIMALS

1. **Preexposure Vaccination and Management:** Animal rabies vaccines, because of species limitations, techniques, and tolerances, should be administered only by or under the direct supervision of a veterinarian. Within 1 month after vaccination, a peak rabies antibody titer is reached, and the animal can be considered immunized. (See Parts I and II for recommended vaccines and procedures.)
 - a. **Dogs and Cats:** All dogs and cats should be vaccinated against rabies commencing at 3 months of age and revaccinated in accordance with Part II of this Compendium.
 - b. **Livestock:** It is not economically feasible, nor is it justified from a public health standpoint, to vaccinate all livestock against rabies. Veterinary clinicians and owners of valuable animals may consider immunizing certain breeding stock located in areas where wildlife rabies is epizootic.
 - c. **Other Animals:**
 - (1) **Animals Maintained in Exhibits and Zoological Parks:** Captive animals not completely excluded from all contact with local vectors of rabies can become infected with rabies. Moreover, such animals may be incubating rabies when captured. Exhibit animals, especially carnivores and omnivores having contact with the viewing public, should be quarantined for a minimum of 180 days. Since no rabies vaccine is licensed for use in wild animals, vaccination, even with inactivated vaccine, is not recommended. Preexposure rabies immunization of animal workers at such facilities is recommended to protect the workers and to reduce the need for euthanizing a valuable animal for rabies testing after it has bitten a handler.
 - (2) **Wild Animals:** Because of the existing risk of rabies among wild animals, such as raccoons, skunks, and foxes, the American Veterinary Medical Association (AVMA), the NASPHV, and the Conference of State and Territorial Epidemiologists strongly recommend the enactment of state laws prohibiting the interstate and intrastate importation, distribution, and relocation of wild animals and wild animals cross-bred to domestic dogs and cats. Further, these same organizations

Compendium – Continued

continue to recommend the enactment of laws prohibiting the distribution or keeping of wild animals as pets.

2. **Stray-Animal Control:** Stray dogs and cats should be removed from the community, especially in rabies-epizootic areas. Local health department and animal-control officials can enforce the pick-up of strays more efficiently if owned animals are confined or leashed when not confined. Strays should be impounded for at least 3 days to give owners sufficient time to reclaim animals apprehended as strays and to determine whether human exposure has occurred.

3. **Quarantine:**

- a. **International:** Present USDA regulations (CFR No. 71154) governing the importation of wild and domestic felines, canines, and other potential rabies vectors are minimal for preventing the introduction of rabid animals into the United States. All dogs and cats imported from countries with endemic rabies should be vaccinated against rabies at least 30 days before entry into the United States.* CDC is responsible for these animals imported into the United States. CDC's requirements should be coordinated with interstate shipment requirements. The health authority of the state of destination should be notified within 72 hours of any animal conditionally admitted into its jurisdiction.

The conditional admission of such animals into the United States must be subject to state and local laws governing rabies. Failures to comply with these requirements should be promptly reported to the director of CDC.

- b. **Interstate:** Before interstate shipment, dogs and cats should be vaccinated against rabies according to the Compendium's recommendations, preferably at least 30 days before shipment. While in shipment, they should be accompanied by a currently valid NASPHV Form #50 Rabies Vaccination Certificate. One copy of the certificate should be mailed to the appropriate Public Health Veterinarian or State Veterinarian of the state of destination.
 - c. **Health Certificates:** If a certificate is required for dogs and cats in transit, it must not replace the NASPHV rabies vaccination certificate.
4. **Adjunct Procedures:** Methods or procedures that enhance rabies control include:
 - a. **Licensure:** Registration of licensure of all dogs and cats may be used as a means of rabies control by controlling the stray-animal population. Frequently, a fee is charged for such licensure, and revenues collected are used to maintain a rabies- or animal-control program. Vaccination is usually recommended as a prerequisite to licensure.
 - b. **Canvassing of Area:** This includes house-to-house calls by members of the animal-control program to enforce vaccination and licensure requirements.
 - c. **Citations:** These are legal summonses issued to owners for violations, including the failure to vaccinate or license their animals.
 - d. **Leash Laws:** All communities should adopt leash laws that can be incorporated in their animal-control ordinances.
 5. **Postexposure Management:** ANY DOMESTIC ANIMAL THAT IS BITTEN OR SCRATCHED BY A BAT OR BY A WILD, CARNIVOROUS MAMMAL THAT IS NOT AVAILABLE FOR TESTING SHOULD BE REGARDED AS HAVING BEEN EXPOSED TO A RABID ANIMAL.

- a. **Dogs and Cats:** When bitten by a rabid animal, unvaccinated dogs and cats should be destroyed immediately. If the owner is unwilling to have this done, the unvaccinated animal should be placed in strict isolation for 6 months and vaccinated 1

*In regard to cats, these recommendations do not conform to the official recommendations of CDC and the U.S. Public Health Service. Although domestic feline rabies has increased, there has been no evidence of increased risk of imported rabies in cats. U.S. Foreign Quarantine Regulations do not require rabies vaccinations for imported cats.

Compendium – Continued

month before being released. Dogs and cats that are currently vaccinated should be revaccinated immediately and observed by the owner for 90 days.

- b. **Livestock:** All species of livestock are susceptible to rabies infection; cattle appear to be among the most susceptible of all domestic animal species. Livestock known to have been bitten by rabid animals should be destroyed (slaughtered) immediately. If the owner is unwilling to have this done, the animal should be kept under very close observation for 6 months.

The following are recommendations to owners of livestock exposed to rabid animals:

- (1) If slaughtered within 7 days of being bitten, tissues may be eaten without risk of infection, providing liberal portions of the exposed area are discarded. Federal meat inspectors will reject for slaughter any animal that has been exposed to rabies within 8 months.
- (2) No tissues or secretions from a clinically rabid animal should be used for human or animal consumption. However, because pasteurization temperatures will inactivate rabies virus, drinking pasteurized milk or eating completely cooked meat does not constitute a rabies exposure.

C. CONTROL METHODS IN WILD ANIMALS

Bats and wild carnivorous mammals, as well as wild animals cross-bred to domestic dogs and cats, that bite people should be killed, and appropriate tissues should be sent to the laboratory for examination for rabies. A person bitten by a bat or any wild animal should immediately report the incident to a physician who can evaluate the need for antirabies treatment. (See current ACIP rabies prophylaxis recommendations: Rabies Prevention—United States, 1984. *MMWR* 1984;33:393-402, 407-8.)

1. **Terrestrial Mammals:** Since there is no evidence that these costly programs reduce either wildlife reservoirs or rabies incidence on a statewide basis, persistent, continuous, and routine trapping or poisoning campaigns as a means of wildlife rabies control should be abolished. However, limited control in high-contact areas (picnic grounds, camps, suburban areas) may be indicated for the removal of selected, high-risk species of wild animals. The public should be warned not to handle wild animals. The state game department should be consulted early to manage any elimination programs when requested to do so by the state health department.
2. **Bats:**
 - a. Rabid bats have been reported from every state except Hawaii and have caused human rabies infections in the United States. It is neither feasible nor practical, however, to control rabies in bats by areawide bat-population reduction programs.
 - b. Bats should be eliminated from houses and surrounding structures to prevent direct association with people. Such structures should then be made bat-proof by sealing routes of entrance with screen or other means.

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ENDORSED BY: Conference of State and Territorial Epidemiologists; AVMA Council on Public Health and Regulatory Veterinary Medicine.

SELECTED REPORTABLE DISEASES (By Place of Residence)

STATE AND PARISH TOTALS	VACCINE PREVENTABLE DISEASES					ASEPTIC MENINGITIS	HEPATITIS A AND UNSPECIFIED**	HEPATITIS B	LEGIONELLOSIS	MALARIA ***	MENINGOCOCCAL INFECTIONS	SHIGELLOSIS	TUBERCULOSIS, PULMONARY	TYPHOID FEVER	OTHER SALMONELLOSIS	UNDERNUTRITION SEVERE	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY	RABIES IN ANIMALS (PARISH TOTALS CUMULATIVE, 1984)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
TOTAL TO DATE 1983	26	10	1	10	4	116	681	302	5	8	44	62	371	4	216	21	21568	1513	34
TOTAL TO DATE 1984	8	0	0	10	1	65	396	292	1	9	59	93	305	1	177	15	23626	1104	57
TOTAL THIS MONTH	0	0	0	2	0	14	63	32	0	0	6	15	30	0	31	0	2049	69	5
ACADIA							1										8		
ALLEN																	1		
ASCENSION												1	1				3		
ASSUMPTION																	1		
AVOUELLES																	2	3	5
BEAUREGARD							1										6		
BIENVILLE																	3		2
BOSSIER						2	9	1			2	1		3			13		6
CADDO						3	13	3		1	1	2		5			189	4	13
CALCASIEU							1					1					65	4	
CALDWELL																	3		
CAMERON							1												
CATAHOULA																			
CLAIBORNE													1				2	1	2
CONCORDIA																	4		
DESOTO								1											1
EAST BATON ROUGE							2	2									142	10	
EAST CARROLL							1										7	1	
EAST FELICIANA																	5		
EVANGELINE							1							5			2		
FRANKLIN																	7		
GRANT							3												
IBERIA								1						1			19	2	
IBERVILLE																	5		
JACKSON																	6		
JEFFERSON						1	1	5		2		6					118	2	
JEFFERSON DAVIS							1	1		1							8		
LAFAYETTE								3		1		2					53	2	
LAFOURCHE						4				1				3			14		
LASALLE												1		1					
LINCOLN																	14		
LIVINGSTON																	1	1	
MADISON																	3		
MOREHOUSE												1					29		
NATCHITOCHE								1							2		9		1
ORLEANS			2			2	1	7			6	4		3			833	25	
OUACHITA												1					105	2	1
PLAQUEMINES								3									1		
POINTE COUPEE												1					5		1
RAPIDES												1					55	2	20
RED RIVER																	2		
RICHLAND													3				23	1	
SABINE																			
ST. BERNARD							2	1						1			4		
ST. CHARLES													1				7	1	
ST. HELENA																			
ST. JAMES							1	1									15		
ST. JOHN																	2		
ST. LANDRY							1							2			37	1	
ST. MARTIN													2				10		
ST. MARY												1	1				9		
ST. TAMMANY														1			31	1	
TANGIPAHOA							1										15	2	
TENSAS																			
TERREBONNE						2					2			2			52		
UNION																	7		1
VERMILION							7							1			6		
VERNON																	65		1
WASHINGTON								1				2		1			4		
WEBSTER							14	1									17	2	3
WEST BATON ROUGE																			
WEST CARROLL																			
WEST FELICIANA							1												
WINN																			
OUT OF STATE																	2		

* Includes Rubella, Congenital Syndrome.

** Includes 27 cases of Hepatitis Non A and Non B.

*** Acquired outside United States unless otherwise stated.

From January 1, 1984 - November 30, 1984, the following cases were also reported:

6-Amebiasis, 1-Brucellosis, 75-H-Flu Meningitis, 2-Leptospirosis, 1-Poliomyelitis, Paralytic,
4-Rocky Mountain Spotted Fever, 7-Tularemia.

SELECTED REPORTABLE DISEASES (By Place of Residence)

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	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
TOTAL TO DATE 1983	26	10	1	11	4	177	725	326	5	8	50	75	393	4	241	22	23580	1654	34
TOTAL TO DATE 1984	8	0	0	10	1	70	411	302	1	9	64	99	336	2	189	16	25469	1193	60
TOTAL THIS MONTH	0	0	0	0	0	5	15	10	0	0	5	6	31	1	12	1	1851	90	3
ACADIA																	18	1	
ALLEN							1										3		
ASCENSION																	13		
ASSUMPTION												1					3		
AVOUELLES																	6		8
BEAUREGARD							1										7		
BIENVILLE																	4	1	2
BOSSIER															1		9	2	6
CADDO							2					1					229	6	13
CALCASIEU																	68	5	
CALDWELL																			
CAMERON																			
CATAHOULA																	5		
CLAIBORNE						1											8		2
CONCORDIA																	9		
DESOTO																			1
EAST BATON ROUGE											1						161	7	1
EAST CARROLL																	7		
EAST FELICIANA																	2	2	
EVANGELINE																	2		
FRANKLIN																	16		
GRANT							1										3		
IBERIA											1	1					34	1	
IBERVILLE																	6	1	
JACKSON																	2		
JEFFERSON											1		2				76	7	
JEFFERSON DAVIS																	3	1	
LAFAYETTE						1	1										67	4	
LAFOURCHE												1		1			4		
LASALLE																	1		
LINCOLN												1					6		
LIVINGSTON																			1
MADISON																			2
MOREHOUSE																	34		
NATCHITOCHE																	2		1
ORLEANS							4	4			2	1	7	1	1		615	29	
OUACHITA							1					7					85	1	1
PLAQUEMINES								1				1					1		
POINTE COUPEE																	3		1
RAPIDES												1		1			74	3	20
RED RIVER																			3
RICHLAND																	8	1	
SABINE																	2		
ST. BERNARD							2					1					2		
ST. CHARLES																	5		
ST. HELENA																			
ST. JAMES																	16		
ST. JOHN												1	1		1		1	2	
ST. LANDRY								2				1					28	3	
ST. MARTIN								2				1					3	3	
ST. MARY												3					7		
ST. TAMMANY											1			1			3		
TANGIPAHOA																	22	2	
TENSAS																			
TERREBONNE						3						2	1		3		43		
UNION																			1
VERMILION																			
VERNON							2									3	3		
WASHINGTON																	50		1
WEBSTER						1											18		
WEST BATON ROUGE																1	22		3
WEST CARROLL																	3	1	
WEST FELICIANA												1					4		
WINN																	22		
OUT OF STATE																	1		
																	2		

* Includes Rubella, Congenital Syndrome.

** Includes 28 cases of Hepatitis Non A, Non B.

*** Acquired outside United States unless otherwise stated.

From January 1, 1984 - December 31, 1984, the following cases were also reported:

7-Amebiasis; 1-Brucellosis; 78-H-Flu Meningitis; 2-Leptospirosis; 1-Poliomyelitis, Paralytic;

4-Rocky Mountain Spotted Fever; 7-Tularemia.

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DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF PREVENTIVE AND PUBLIC HEALTH SERVICES
PUBLIC HEALTH STATISTICS

SPECIAL BULLETIN

AS OF FEBRUARY 20, 1985, IT WILL BE REQUIRED BY THE LOUISIANA STATE SANITARY CODE THAT CATS, IN ADDITION TO DOGS, MUST BE IMMUNIZED AGAINST RABIES. COPIES OF THE REVISED CHAPTER OF THE CODE WILL BE AVAILABLE AFTER THIS DATE FROM THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES, OFFICE OF PREVENTIVE AND PUBLIC HEALTH SERVICES, SANITARIAN SERVICES, P.O. BOX 60630, ROOM 206, NEW ORLEANS, LA 70160, OR CALL 504-568-5181.

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