LOUISIANA MONTHLY MORBIDITY

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

TETANUS PROPHYLAXIS IN WOUND MANAGEMENT

The physician is often faced with questions concerning the use of tetanus toxoid, Tetanus Immune Globulin (Human) (TIG), or tetanus antitoxin of animal origin as part of his management of a patient with a wound.

Available evidence shows that complete primary immunization with tetanus toxoid provides long-lasting protective antitoxin levels. Additionally, protective antitoxin develops rapidly in response to a booster dose in persons who have previously received at least 2 doses of tetanus toxoid. Therefore, passive protection with TIG or antitoxin need be considered only when the

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

RELEASED October 6, 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
TOTAL TO DATE 1971	130	12	10	9	560	586	55	44	0	27	2	283	29	6	122	2	1670	10744	575
TOTAL TO DATE 1972	71	4	12	9	561	412	39	37	0	37	11	92	123	6	126	5	87	13049	677
TOTAL THIS MONTH	13	0	2	0	57	29	3	3	0	5	3	2	22	0	12	1	3	1494	83
ACADIA					1										1			7	2
ALLEN																			
ASCENSION					1													3	
ASSUMPTION																		4	
AVOYELLES																			
BEAUREGARD																			
BIENVILLE						1												2	1
BOSSIER			1		1		1											30	7
CADDO					5	2												200	6
CALCASIEU			1		3										4			41	
CALDWELL																			
CAMERON																			
CATAHOULA																			
CLAIBORNE																			
CONCORDIA															1			21	
DESOTO																			
EAST BATON ROUGE					3	1				1					2		2	28	8
EAST CARROLL																		1	
EAST FELICIANA																		1	1
EVANGELINE																		2	
FRANKLIN																		4	1
GRANT																		1	
IBERIA																		10	1
IBERVILLE						1												1	

patient has had less than two previous injections of tetanus toxoid or when the wound has been untended for more than 24 hours.

A review of tetanus in the United States in recent years fails to reveal documented cases occurring in individuals with adequate primary immunization. Available evidence shows antitoxin persisting at protective levels for at least 5 years after 4 doses of tetanus toxoid. Ability to react promptly to booster injections persists for a longer time. In wound management, it is, therefore, unnecessary to use booster injections more than every 5 years. For persons whose immunizations are still incomplete following wound management, the remainder of the recommended series should be given.

The following table is a conservative guide to active and passive tetanus immunization at the time of wound cleansing or debridement. It presumes a reliable knowledge of the patient's immunization history.

Guide to Tetanus Prophylaxis in Wound Management

History of Tetanus Immunization (Doses)	Clean, Minor Wounds		All Other Wounds	
	Td	TIG	Td	TIG
Uncertain	Yes	No	Yes	Yes
0 - 1	Yes	No	Yes	Yes
2	Yes	No	Yes	No[1]
3 or more	No[2]	No	No[3]	No

1 Unless wound more than 24 hours old.
2 Unless more than 10 years since last dose.
3 Unless more than 5 years since last dose.

If passive immunization is to be used, TIG is preferable to animal antitoxin. It offers the advantages of longer protection and freedom from undesirable reactions. The currently recommended prophylactic dose of TIG is 250 units for wounds of average severity. When tetanus toxoid and globulin are given concurrently, separate syringes and separate sites should be used.

Should TIG be unavailable, equine or bovine antitoxin may be used, but there is a risk that serious antiphylactic or serum sickness reactions will follow. Its administration should always be preceded by careful screening for sensitivity in accordance with instructions accompanying the antitoxin. The usual dose is 3,000 to 5,000 units.

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SEPTEMBER, 1972

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JACKSON																		1	1
JEFFERSON	2				2		1				1		1					48	8
JEFFERSON DAVIS																		7	
LAFAYETTE					5													26	1
LAFOURCHE	1				3		1											23	
LASALLE																			1
LINCOLN																		58	
LIVINGSTON						1												2	
MADISON																		4	1
MOREHOUSE																		14	1
NATCHITOCHES																		12	
ORLEANS	10				16	14		3			2	2	21		2	1		538	25
OUACHITA					2	2				1								75	10
PLAQUEMINES					1	1												6	
POINTE COUPEE																			
RAPIDES						2												54	1
RED RIVER																			
RICHLAND					1													3	
SABINE					2														
ST. BERNARD					1													4	
ST. CHARLES						1												2	
ST. HELENA																			
ST. JAMES																			1
ST. JOHN						1												1	1
ST. LANDRY																		23	
ST. MARTIN					2												1	3	3
ST. MARY					2	1												3	1
ST. TAMMANY					1													13	
TANGIPAHOA					1										1			27	
TENSAS																			
TERREBONNE					3										1			8	1
UNION																		2	
VERMILION					1													9	
VERNON																		105	
WASHINGTON										1								37	
WEBSTER										2								13	
WEST BATON ROUGE																		2	
WEST CARROLL																		2	
WEST FELICIANA																		8	
WINN						1												5	
OUT OF STATE																			

From January 1 through September 30, the following cases were also reported: 1 - Actinomycosis; 2 - Brucellosis; 6 - Malaria (Contracted outside the U. S. A.)