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NON-CIRCULATING

# Texas Preventable Disease

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TEXAS STATE DOCUMENTS  
COLLECTION



# NEWS

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Chairman                    Commissioner  
Texas Board of Health

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## NEED FOR MALARIA PROPHYLAXIS BY TRAVELERS TO AREAS WITH CHLOROQUINE-RESISTANT PLASMODIUM FALCIPARUM\*

On April 12, 1985, new recommendations for malaria prophylaxis were published by CDC in response to evidence that weekly use of pyrimethamine/sulfadoxine (Fansidar®) for malaria prophylaxis was associated with fatal cutaneous reactions in 1/18,000 to 1/26,000 users. These revised recommendations emphasized the weekly use of chloroquine or amodiaquine as the mainstay of chemoprophylaxis and suggested that the weekly prophylactic use of Fansidar® be limited to travelers at very high risk of exposure to chloroquine-resistant Plasmodium falciparum, mainly longer-term travelers to eastern and central Africa. It was further recommended that short-term (three weeks or less) travelers to areas with chloroquine-resistant P. falciparum carry three tablets (adult dose) of Fansidar® to take presumptively in the event of a febrile illness when professional medical care is not readily available. Finally, the importance of personal protection from mosquito contact by use of insect repellants, insect sprays, nets, and screens was stressed.

To date, 60 cases of P. falciparum infection have been reported to CDC with onset of illness in 1985 among US travelers who acquired their infection in Kenya, where chloroquine-resistant P. falciparum is widely prevalent. Review of the preventive measures taken by these 60 persons revealed that chemoprophylaxis had been used by 46 (77%). Thirty-nine (65%) persons had used chloroquine alone weekly for prophylaxis.

Weekly prophylaxis with Fansidar® and chloroquine had been used by seven (12%). Of concern is that only four (24%) of 17 malaria patients investigated who had traveled to Kenya after April 1985 were aware of the recommendation for presumptive treatment with Fansidar®. Furthermore, only seven (41%) of these 17 had used insect repellants.

The current recommendations are more complicated than before because they reflect an effort to balance the risks and benefits of prophylactic regimens for travelers to various areas. It is essential that health-care providers and travelers consider the possibility that a febrile illness may be malaria, even when chloroquine prophylaxis has been used. Further, it is important that the three-tablet adult treatment dosage of Fansidar® and the indications for its use are explained thoroughly to travelers because responsibility is placed on them to recognize a potential malaria infection and, if necessary, treat themselves while abroad.

The current CDC guidelines for malaria prophylaxis for travelers contain detailed recommendations for travelers to different destinations, taking into account the risk of malaria infection. Health-care providers are encouraged to report all malaria patients to state and local health departments, with particular attention to travel histories and chemoprophylaxis. CDC continues to monitor both the level of implementation of the current recommendations and their effect on the occurrence of P. falciparum infections in US travelers.

\*Reprinted from: CDC. MMWR 1986;35:21-22, 27.



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VISION AND HEARING SCREENING REQUIREMENTS

The Special Senses and Communication Disorders Act (Article 4419g, VTCS) was passed by the 68th Texas Legislature in 1983 and amended in 1985. The law now requires that all children enrolled in any licensed child-care facility or school for the first time or who meet the age/grade criteria specified below, must be screened or have a professional examination for possible vision and hearing problems.

The requirements for VISION AND HEARING SCREENING apply to children enrolled in licensed child-care facilities or school programs at the ages or grades listed below:

<u>EFFECTIVE DATE</u>	<u>AGE OR GRADE</u>	<u>TIME FOR COMPLETION</u>
Sept. 1, 1985	4-year-olds	120 days after enrollment (or before the end of the first semester, whichever is longer) or a screening performed 1 year or less before enrollment
	First-time entrants to school/licensed facility (4 years or older)	
Sept. 1, 1986	3rd- and 5th-grade students	Anytime during the school year
	In addition to those children listed above, 1st-, 7th- and 9th-grade students will also be screened	

To collect screening information for each child, a facility may use its own screening form or duplicate one provided by the Texas Department of Health. In either case, there must be screening information on file for each child. The following information must be recorded for each child: CHILD'S NAME, TYPE OF SCREENING, DATE, SCREENER, AND THE SCREENING RESULTS. Annual reports for vision and hearing should be submitted to the Texas Department of Health on proper forms, M-52 and M-62, by June 30 of each year.

REQUIRED SCREENING PROCEDURES

For the VISION SCREENING, a distance acuity for the right and left eye must be recorded, ie, 20/20, 20/30, etc. Approved charts for distance visual acuity testing include: 1) Snellen Letter Chart, 2) Snellen "Tumbling E" Chart, and 3) HOTV Matching-Symbol Test.

For the HEARING SCREENING, the results of the pure-tone audiometric Sweep-Check Test must be recorded for both the right and left ear. A Sweep-Check Test is to be conducted at an intensity of 25 dB (or less) at the following frequencies: 500, 1000, 2000, and 4000 Hertz. If an optional pure-tone Threshold Test was completed, these results should be recorded in the form of an audiogram.

FOR MORE INFORMATION, PLEASE CONTACT:

Vision, Hearing and Speech Services  
 Texas Department of Health  
 1100 W. 49th Street  
 Austin, Texas 78756-3199.  
 (512) 458-7420

MONTHLY SUMMARY OF REPORTABLE DISEASES IN TEXAS  
 Dates of Onset: January 1 to January 25, 1986

REPORTABLE DISEASE	PHR 1	PHR 2/12	PHR 3	PHR 4	PHR 5	PHR 6	PHR 7/10	PHR 8	PHR 9	PHR 11	WEEKS 1 - 4 1985	1 - 4 1986	1985	CUMULATIVE 1986
AIDS					12		2		1	1	26	16	28	16
Amebiasis					1	4		4			10	10	10	10
Botulism											1	0	1	2
Brucellosis											1	0	1	0
Campylobacteriosis	2	1		1	4	3	2	2		1	22	17	32	17
Coccidioidomycosis					1			1			2	2	2	2
Encephalitis				1	1					2	5	4	6	4
Hansen's Disease											3	0	3	0
Hepatitis A	5	1	8	10	45	25	1	9	28	9	219	141	219	141
Hepatitis B	1	1	4		22	5	9	8	4	7	100	61	100	61
Hepatitis, NA-NB					2						10	2	10	2
Hepatitis, U		1	5	2	26	1		11	3	1	121	50	121	50
Histoplasmosis											2	0	2	0
Legionellosis											1	0	1	0
Leptospirosis											0	0	0	0
Malaria											5	0	5	0
Measles											2	0	2	0
Meningococcal Infections			1		3	2	3	1			16	10	16	10
Meningitis, Aseptic					3	5	3		2	4	31	17	31	17
Meningitis, H. influenzae	1		3	1	5	4	1	4		10	35	29	35	29
Meningitis, Other Bacterial		1			5	2		2	2	3	19	15	19	15
Mumps			2		5		1	1	2	7	23	18	23	18
Pertussis											3	0	3	0
Plague											0	0	0	0
Psittacosis											0	0	0	0
Rabies											0	0	0	0
Relapsing Fever											0	0	0	0
Reye Syndrome											2	0	2	0
RMSF						1					1	1	1	1
Rubella		1	1			1	1	2			8	6	8	6
Salmonellosis	1		5	6	19	7	2	8	4	3	72	55	72	55
Shigellosis			4		12	1	1	6	2	5	62	31	62	31
Tetanus											1	0	1	0
Toxic Shock Syndrome											2	0	2	0
Trichinosis											0	0	0	0
Tularemia											0	0	0	0
Typhoid											3	0	3	0
Typhus, Endemic											1	0	1	0
Chickengoon	2	29	33	13	122	202	36	177	91	13	1,357	718	1,357	718
Influenza	62	895	10	430	260	213	141	613	685	187	7,857	3,516	7,857	3,516
Strep Infections	22	229		192	309	43	62	127	102	440	2,786	1,526	2,786	1,526
Scarlet Fever	5	5			6	10	3	3	1	4	69	37	69	37

NOTE: There have been no reported cases of: Anthrax, Cholera, Dengue, Diphtheria, Polio, Q Fever, or Rocky Mountain Fever.

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CUMULATIVE TOTALS FOR DISEASES REPORTED TO THE BUREAU OF COMMUNICABLE DISEASE SERVICES  
 THROUGH JANUARY 1986

REGION											STATEWIDE	
	1	2	3/12	4	5	6	7/10	8	9	11	1985	1986
TUBERCULOSIS	0	1	5	0	3	6	4	0	5	25	39	49
P&S SYPHILIS	2	2	12	1	114	29	28	13	14	74	260	289
GONORRHEA	75	105	230	692	1670	449	262	155	330	1635	5809	4980

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TEXAS POPULATION BY PUBLIC HEALTH REGION - 1985\*

PHR	POPULATION	PHR	POPULATION	PHR	POPULATION
1	396,332	5	3,646,773	9	1,497,951
2	383,977	6	1,533,122	11	3,916,969
3/12	948,453	7/10	1,627,381		
4	696,565	8	1,480,872	TOTAL	16,128,395

\*Texas Department of Health Population Data System

\* \* \*

ANNOUNCEMENT

The revised guidelines for Prevention of Surgical Wound Infections, 1985 and Handwashing and Hospital Environmental Control, 1985 have been released by the Centers for Disease Control. Copies of these guidelines may be obtained from National Technical Information Service (NTIS). Each guideline costs \$7. For further information, write NTIS; US Dept. of Commerce; 5285 Port Royal Road; Springfield, Virginia 22161.

\* \* \*

VIRAL ISOLATES FOR JANUARY 1986

<u>Virus</u>	<u>County of Residence of Patient(s)</u> <u>(Number of Isolates)</u>
Adenovirus	Bell (2), Travis (1)
Cytomegalovirus	Bell (2), Dallas (4), El Paso (1), Galveston (1) Travis (1)
Coxsackie (B2)	Bell (1)
Coxsackie (B5)	El Paso (1)
Echovirus (7)	Bell (1)
Influenza A(H3N2)	El Paso (1), Harris (10)
Influenza B	Galveston (1), Tarrant (1), Harris (200)
Rotavirus	Bell (28), Dallas (10), Jefferson (6), Potter (1), Tarrant (2), Taylor (1), Travis (2), Lubbock (9)
Respiratory Syncytial Virus	Bell (17), Dallas (1), Lubbock (2)
<u>Chlamydia trach.</u>	Bell (7), Dallas (2), Ector (1), Travis (11)

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