State of Alaska Epidemiology Bulletin

Copies of any bulletin may be ordered by calling the Section of Epidemiology at (907) 269-8000 or by writing to us at PO Box 240249, Anchorage, Alaska 99524-0249

Bulletin No. 1
January 16, 1981
Tuberculosis

The recognition of active cases of tuberculosis requires a high index of suspicion. TB Control encourages consultation on problems of diagnosis or management. Remember that we have records on a high proportion of tuberculin positive individuals in Alaska, either their previous treatment or, in some cases, old x-rays.

Compliance with treatment programs is essential for successful treatment of tuberculosis. If you're treating patients who are non-compliant or whom you suspect are non-compliant, we would be glad to help set up direct administration programs.

Recommendations for Isoniazid preventive therapy in tuberculin converters or tuberculin positive individuals under the age of 35 are being changed to six months of Isoniazid, and the treatment of active disease with INH and Rifampin is being changed to nine months.

Consultation is available from the Tuberculosis Unit, Section of Communicable Disease Control, Dr. Robert I. Fraser, 279-9417.

I.V. RIFAMPIN

We have recently received a supply of I.V. Rifampin. Dr. Robert Fraser has been designated as Clinical Investigator for the use of I.V. Rifampin. The medication and clinical protocol will be provided to any physician who has need for use of this medication.

Indications include: 1) any tuberculosis drug therapy where the drug cannot be taken by mouth such as young pediatric or geriatric patients who do not tolerate oral medications, or in comatose patients with tuberculosis meningitis; 2) treatment of infections with microorganisms resistant to approved antibiotics, e.g., *Flavobacterium meningosepticum*; 3) treatment of patients whose *in vitro* sensitivity tests show positive results to an approved antibiotic but who develop an allergic or adverse response to that antibiotic, and whose disease is serious enough that the physician feels a trial with an investigational drug is indicated.

(Reported by Robert I. Fraser, MD, Chief, Section of Communicable Disease Control)

DIPHTHERIA - JUNEAU

Toxigenic diphtheria organisms were cultured from a skin wound of a 40-year-old Native man living in Juneau on January 10th. The patient had toxigenic diphtheria organisms cultured from skin lesions in 1977. At that time, he was treated with antibiotics and given diphtheria-tetanus vaccination. At no time was there any evidence of serious clinical complications of neuritis or myocarditis. Epidemiologic investigation is in progress and includes culturing close contacts for diphtheria and vaccinating all contacts with diphtheria-tetanus vaccine. The patient is clinically well and is being retreated with antibiotics to eradicate the organism. Serologic tests are underway to measure antibodies to diphtheria toxin and booster diphtheria-tetanus vaccination has been administered. No additional cases have been discovered.

(Reported by Keith White, MD, USPHS Hospital, Juneau; Dr. Harry Colvin, Chief, Section of Laboratories, Division of Public Health; Margaret Crawford, Public Health Nurse Supervisor, Juneau Health Center)