



Louisiana Morbidity Report

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November-December 2004

Volume 15 Number 6

Prostate Cancer in Louisiana: Different Than Expected

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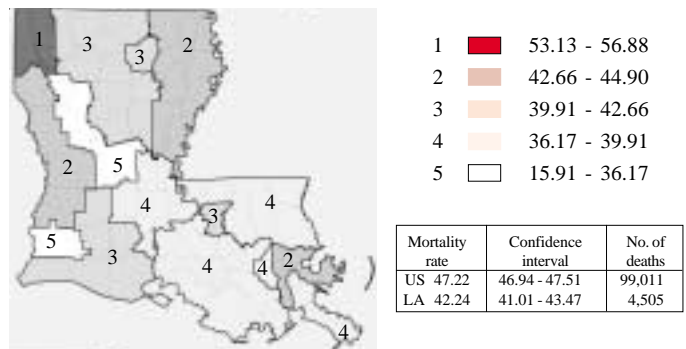
Prostate cancer is the most common cancer in men with the United States having the highest incidence in the world. In Louisiana, prostate cancer deaths are more likely than in other states. Approximately 3,600 Louisiana men are found with prostate cancer every year with more than 500 dying from the disease. Both White and African-American men are at risk for prostate cancer, but it occurs much more often in African-American men with their mortality rate being higher. The distribution pattern of prostate cancer cases within the state is different from what might be expected.

The mortality (death rate) from all cancer is higher in Louisiana than all other states, except for Kentucky and the District of Columbia. The annual U.S. all-cancer mortality rate is 195.6 per 100,000 population; for Louisiana it is 235.3 per 100,000. However, for incidence in the number of new cases per year, Louisiana ranks fourteenth. Therefore, people with cancer in Louisiana are more likely to die from it than for most other states. This trend also holds true for prostate cancer: Louisiana is ranked third nationally in prostate cancer deaths, below D.C. and Mississippi, but is fourteenth for prostate cancer incidence. The causes of the disparities in cancer deaths in Louisiana are unknown, but certainly include lack of access to cancer screening and early detection and treatment. The incidence rate is 35% higher in African-American men compared to White men but the mortality rate is more than twice as high. Mortality is, for some reason, higher in African-Americans than Whites for the same stage of disease. (This is an interesting topic of ongoing study and the reasons are not known for certain. There are likely to be both sociological and genetic reasons for the differences in mortality. Sociological reasons could include lack of access to state of the art

care, refusal of treatment, noncompliance to treatment, poor nutrition and other factors. There also may be genetic differences in response to therapy.)

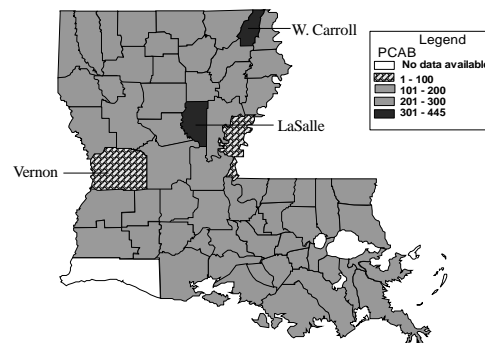
Within Louisiana, the highest mortality rate for prostate cancer is seen in the Northwestern part of the state (Caddo, Bossier parishes) as shown in Figure 1. (More map information can be found at <http://cancercontrolplanet.cancer.gov:8080/atlas/state.jsp?&o=f&c=PRO&q=BM&t=7094&a=0&l=sea&dd=s&cc=0&nr=10&rt=0&common=0&pt=&ss=LA>).

Figure 1: Prostate cancer mortality rates per 100,000 person-years by state economic areas (age-adjusted 1970 US population) for Black males, all ages - LA, 1970-1994



Incidence rates however, have a different geographical pattern: the highest reported incidence for prostate cancer in Louisiana is in West Carroll and LaSalle parishes with a rate more than five times higher than the lowest, Vernon Parish. Figure 2 contains an incidence map based on the latest information from the Louisiana Tumor Registry.

Figure 2: Prostate cancer incidence rates per 100,000 for Black males (average age-adjusted US standard) Louisiana, 2000



The death rate from prostate cancer is falling rapidly, arguably due to screening and earlier detection. However, the incidence ap-

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pears to be increasing, even after accounting for earlier detection methods.

Known risk factors for prostate cancer include age, race, family history of prostate cancer and possibly, diet. Environmental or occupational exposures also may play a role. Family history is perhaps the strongest risk factor: men with a first-degree relative (parent, sibling, offspring) with prostate cancer are at a twofold risk compared to men without such relatives. Men with a first-degree and a second-degree relative (grandparent, grandchild, uncle, nephew, half-sibling) with prostate cancer are at a ninefold risk. Carriers of the breast cancer mutations BRCA1 and BRCA2 are at high risk for prostate cancer, two and one-half times normal and five times normal, respectively.

One factor that can potentially be addressed is diet. Fat, (especially animal fat), is linked to prostate cancer risk in all ethnic groups. Eating a high-meat content diet is epidemiologically associated with increased risk. Cooking meat at high temperatures, e.g. grilling, generates polycyclic aromatic hydrocarbons, a class of known chemical carcinogens. Milk consumption has been associated with increased risk in some studies, suspected to be related to calcium in milk. Certain vitamins and micronutrients are now being studied as possible protective factors. Vitamin D through sunlight exposure, is thought to be a protective factor. (However it has not been shown that taking D supplements can reduce risk.) Consumption of allium vegetables (onion, garlic), tomato products, soy phytoestrogens and other natural products have been shown related to reduced prostate cancer risk.

The National Cancer Institute recommends five or more servings of fruit and vegetables per day. Unfortunately, the typical American diet has not changed in years. Nutrition-poor diets are endemic among underserved, minority populations. Louisiana and other Southern states have higher poverty levels than the national average.

Screening with serum prostate specific antigen, PSA and digital rectal exams have been shown to reduce deaths from prostate cancer. Screening rates in Louisiana are not well documented, but underserved minorities are less likely to get screened. Screening for prostate cancer has been shown to reduce deaths from prostate cancer, but screening is controversial for several reasons. In most cases the disease is not fatal – most prostate cancer patients die of something else. Treatment can result in serious morbidity and screening has not consistently been shown to reduce overall mortality. Numerous studies around the world may soon be able to give definitive answers to efficacy questions. Meanwhile, the National Cancer Institute and the American Cancer Society recommend that men be offered screening, with an explanation of the known benefits and risks.

Several institutions in Louisiana are actively involved in prostate cancer research. However, minority participation in clinical trials is low everywhere, but even more problematic in Louisiana with its high minority populations.

Prostate cancer is a problem in Louisiana, worse than in most other states, but there are things that can be done about it: better education, more screening and increased access of underserved populations to state-of-the-art treatment. This should be seen as an opportunity for improvement: when you are at the bottom, everywhere you go is up.

For more information, please call (318) 813-1440.

Hazardous Substances Emergency Events Surveillance Related Injuries, Fatalities & Evacuations in LA, 2002

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Louisiana, a heavily industrialized state, ranks third in the United States for the production of natural gas, fourth in the production of crude oil and second in the primary production of petrochemicals. In the 2002 Toxics Release Inventory (TRI), 376 facilities in this state reported TRI data. Nationally, Louisiana ranked sixteenth for total on- and off-site releases of chemicals and eleventh for total on-site releases of chemicals. In addition, the state ranked second in the nation for production-related managed waste.

Since 1990, the Agency for Toxic Substances and Disease Registry (ATSDR) of the U.S. Department of Health and Human Services has maintained an active, state-based Hazardous Substances Emergency Events Surveillance (HSEES) system to describe the public health consequences associated with the acute release of hazardous substances in select U.S. states. The Louisiana Department of Health and Hospitals (LDHH) has participated in this surveillance system since January, 2001. In 2002, there were sixteen participating states. This report summarizes the characteristics of events occurring in Louisiana with an emphasis on events with injuries, fatalities and/or evacuations reported to the surveillance system by the LDHH during January 1, 2002 through December 31, 2002.

Methods

A hazardous substance release qualifies as a HSEES "event" if it is an uncontrolled or illegal release which requires removal, cleanup, or neutralization according to federal, state, or local law. Threatened releases are also included in the system if the event meets two criteria: 1) an action such as sheltering in place or evacuation is taken to protect public health 2) the amount threatened to be released would have required removal, cleanup, or neutralization. In accordance with the Comprehensive Environmental Response Com-

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The Louisiana Morbidity Report is published bimonthly by the Infectious Disease Epidemiology Section of the Louisiana Office of Public Health to inform physicians, nurses, and public health professionals about disease trends and patterns in Louisiana. Address correspondence to Louisiana Morbidity Report, Infectious Disease Epidemiology Section, Louisiana Department of Health and Hospitals, P.O. Box 60630, New Orleans, LA 70160.

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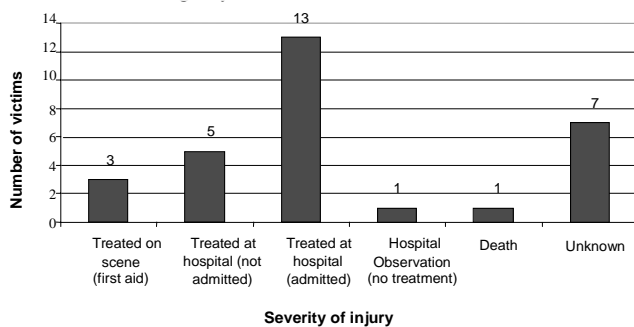
pensation and Liability Act (CERCLA) petroleum exclusion clause, petroleum which has not been refined to a single hazardous chemical is not eligible for inclusion.

Principal sources of data are the Louisiana State Police, the National Response Center and the Louisiana Department of Environmental Quality. Acute events captured by HSEES are classified according to whether they occur at fixed facilities or during transportation. Fixed-facility events involve hazardous substances released at industrial sites, schools, farms, or other permanent facilities; transportation events involve hazardous materials released during transport by surface, air, or water. Victims are defined as individuals with symptoms or injuries (including death) that result from the event.

Results

In 2002, 752 events qualified for the surveillance system in Louisiana. Six-hundred thirty events (83.8%) occurred in fixed facilities and 122 (16.2%) were transportation-related. There were a total of thirty victims in twenty events (2.7% of all events). The distribution of injury types are shown in Figure 1.

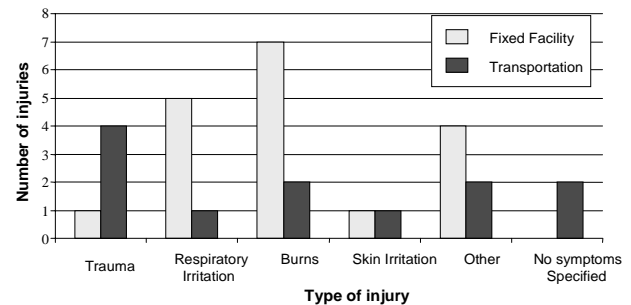
Figure 1: Distribution of injury types, by type of event, Hazardous Substances Emergency Events Surveillance - Louisiana, 2002



Of the twenty events with victims, 65.0% involved only one victim and 95.0% involved either one or two victims. Of the transportation events, 8.2% (10 of 122 events) involved victims while only 1.6% (10 of 630 events) of the fixed-facility events involved victims. Forty percent of the victims were injured in transportation

events and 60% were injured in fixed-facility events. The types of adverse health effects sustained by victims are shown in Figure 2.

Figure 2: Medical outcomes, Hazardous Substances Emergency Events Surveillance - Louisiana, 2002



Among the thirty victims, twenty-four (80.0%) were employees of the facility where the event occurred, two (6.7%) were career firefighters, one (3.3%) was a member of the general public and the category of three (10.0%) victims was unknown. Of the twenty-four employees, sixteen (66.7%) were reported as not wearing any personal protective equipment (PPE), five (20.8%) were wearing hard hats and the type of PPE worn was unknown for three (12.5%) employees. Chemical-related burns were reported as an adverse health effect for four (25.0%) of the employees not wearing any PPE and all five (100.0%) employees wearing hard hats. One career firefighter experienced trauma which was not chemical-related during a fixed-facility event and was wearing firefighter turn-out gear with respiratory protection. The second career firefighter experienced respiratory symptoms resulting from a fixed-facility event during which ammonia was released and he was wearing firefighter turn-out gear without respiratory protection.

The one fatality involved an accident between a car and an insecticide truck. The truck overturned into a ditch, spilling its contents and fatally injuring the driver. The fatality resulted from the accident, not the insecticide.

The number of total releases compared with releases resulting in victims by substance category is presented in Table 1.

Table 1: Number of hazardous substances released in all events and releases with victims by substance category, Hazardous Substances Emergency Events Surveillance, Louisiana, 2002

Substance Category	Total Releases		Releases with Victims		
	Number	Percentage	Number	Percentage	Percentage by substance category
Acids	47	3.9	4	20.0	8.5
Ammonia	33	2.7	2	10.0	6.1
Bases	22	1.8	2	10.0	9.1
Chlorine	30	2.5	4	20.0	13.3
Other Inorganics	508	42.2	3	15.0	0.6
Paints & Dyes	19	1.6	0	0.0	0.0
Pesticides	36	3.0	2	10.0	5.6
Volatile organic compounds	336	27.9	1	5.0	0.3
Other	24	2.0	1	5.0	4.2
Mixture (across categories)	9	0.7	0	0.0	0.0
Hetero-Organics	11	0.9	0	0.0	0.0
Hydrocarbons	25	2.1	0	0.0	0.0
Oxy-Organics	55	4.6	1	5.0	1.8
Polymers	48	4.0	0	0.0	0.0
Indeterminate	2	0.2	0	0.0	0.0
Total*	1205**	100.1	20	100.0	

* Total may be greater than 100% due to rounding

** Total of 1205 releases exceeds the total number of 752 events because more than one substance could be released per event

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Evacuations were ordered in nine (1.2%) events. Among the nine evacuations, five (55.6%) were of a building or the affected part of a building, two (22.2%) were reported as having no criteria, one (11.1%) was of an affected circle or radius and one (11.1%) was a circle radius and downwind/downstream. An official ordered in-place sheltering in an additional eight events. During an order to "shelter-in-place," officials request people within a specific distance of an event to remain indoors and discontinue air intake through mechanisms such as air conditioning to prevent exposure to harmful levels of hazardous substances.

Conclusions

State-specific collected data are especially important, providing valuable information about hazardous substances emergency events and the contributing factors of these events to residents of Louisiana. The data and materials developed through the Louisiana HSEES Program are used to develop strategies and prevention activities to decrease the injuries and fatalities resulting from these events.

Analysis of 2002 HSEES data highlighted that even though more people were injured in fixed-facility events, injuries were more likely to result from transportation events. Trauma was the most frequent adverse health effect in transportation events. (However, the trauma may have been caused by the sequence of events, i.e., a motor vehicle accident, leading to the release of a hazardous substance and not by exposure to the hazardous substance itself.) It is recommended that safety managers use Louisiana HSEES data during employee training to illustrate the importance of wearing PPE, when appropriate and to raise the awareness of employees about hazardous substance events that frequently result in victims in the state.

In collecting, analyzing and disseminating health specific data, Louisiana HSEES strives to improve chemical safety and reduce or minimize public health consequences from releases of hazardous substances.

For more information or references, please contact (504)568-8537 or 1(888)293-7020. The unabridged article can be found at <http://www.oph.dhh.state.la.us/environmentalepidemiology/hseess/index.html>

Newborn Screening for an Additional Five Metabolic Disorders Using Tandem Mass Spectrometry (MS/MS)

On November 1, 2004, the State Central Laboratory in collaboration with the Genetic Diseases Program, began universal heel stick screening for five additional metabolic disorders: homocystinuria (HCU), maple syrup urine disease (MSUD), medium chain Acyl-CoA dehydrogenase deficiency (MCADD), citrullinemia (CITR) and argininosuccinic aciduria (ASA). Screening is performed using the dried blood spot specimens currently submitted for the analysis of PKU, congenital hypothyroidism, sickle cell anemia, biotinidase deficiency and galactosemia.

As complications of some of these disorders can present within the first week of life, it is very important to mail specimens daily after they are dry, so that the analysis can be performed as soon as possible. If a positive screen is detected, the submitter and/or child's primary care physician will be notified by telephone and fax. If you

are notified, please take action immediately as instructed by the Genetics follow-up staff.

The inclusion of the new diseases on the lab results mailer and on the Voice Response System with Fax will take about six months to implement. The price of the red border form is planned to be increased to \$40.00 after the six month implementation period. If you have any questions about this testing, please contact the Genetics Program (504-568-5070) or Laboratory (504-568-2545).

Strategies in Louisiana for the Title V Maternal and Child Health 2005 Needs Assessment in Perinatal Health

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The Title V (MCH) Block Grant is a federal government grant that provides approximately \$15 million to fund Maternal and Child Health (MCH) services throughout Louisiana. State Title V agencies who receive this grant are required to conduct a comprehensive needs assessment every five years to identify state MCH priority needs, arrange programmatic and policy activities around these priority needs and to develop state performance measures to monitor the success of their efforts.

The Louisiana Office of Public Health, MCH Program, a state Title V agency, is currently in the process of performing the 2005 Title V Block Grant Needs Assessment to determine the current health status and needs of the state's MCH population. The MCH Program developed a needs assessment tool, Perinatal Needs Assessment Template (PNAT) to help assess the perinatal (fetal and infant) portion of the MCH population in the nine public health regions. The PNAT will be used by the nine Fetal and Infant Mortality Reduction Coalitions (FIMRCs) to aid them in stating the regional vision/goals for their perinatal population, the top three to five priority perinatal health needs and activities/strategies for addressing their top priority perinatal health needs.

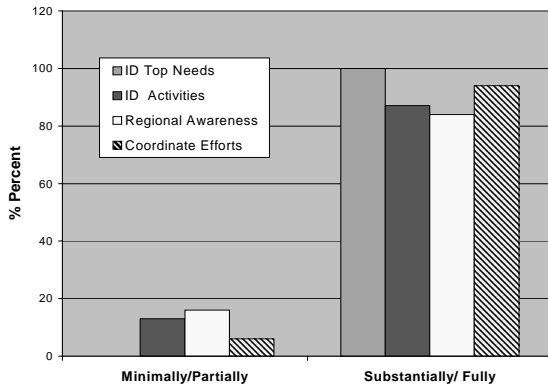
The PNAT was introduced in May, 2004 to the FIMRCs at the Louisiana Fetal-Infant Mortality Reduction Initiative Spring Meeting. At the training, regional data was given to each FIMRC along with worksheets that would enable them to compare regional data to state and Healthy People 2010 statistics and list major gaps and/or needs that may emerge. FIMRCs were also trained on how to prioritize their region's emerging needs by using the MCH Bureau sorting method (People-Sheps, etc.), which scores health needs using various criteria (extent of the problem, trends, consequences, available resources) and perspectives. Finally, FIMRCs were trained to determine the most efficient short (within one year) and long term (within five years) activities/strategies for each of their top three perinatal health needs.

At the end of the training session, regional staff completed a survey to evaluate the usefulness of the PNAT. All of the training participants thought that the PNAT would substantially/fully help identify their region's top perinatal health needs, 87% believe the PNAT will substantially/fully help their region identify the most appropriate activities to address their top perinatal needs and 84%

believe the PNAT will substantially/fully increase local/regional awareness of poor MCH outcome. Finally, 94% of the training participants thought that the PNAT will better prepare their region to coordinate new or existing efforts to improve outcome in their region (Figure 1).

The PNAT and other tools used during the process of the needs assessment are available upon request. For more information, call (504) 568-4103.

Figure 1: PNAT Training Evaluation, Louisiana, 2004



Now Available:

Antibiograms are used to track the antibiotic resistance patterns of clinically important microorganisms detected by laboratories. The 2000-2002 Louisiana Antibiogram, compiled from thirty-seven hospitals around the state is now available on the Louisiana Office of Public Health website :

http://www.oph.dhh.state.la.us/infectiousdisease/antibiosensitivity/docs/LouisianaAntibiogram2000_2002.pdf.

For additional information or questions, please call Dr. Raoult Ratard at (504) 458-5428.

Non-cholera Vibrio Infections Reported in Louisiana, January – September 2004 (N=26)

Annu Thomas, MSc MPH

Figure 1: Non-cholera Vibrio infections - Louisiana



Surveillance for Vibrio infections has been conducted in Louisiana since 1989, along with the Gulf Coast states of Alabama, Florida, Mississippi and Texas. Vibrio surveillance was later expanded to include all FoodNet states in 1996. FoodNet consists of active surveillance for foodborne diseases and related epidemiologic studies designed to help public health officials better understand the epidemiology of foodborne diseases in the United States. It is a collaborative project of the CDC, the U.S. Department of Agriculture, the Food and Drug Administration and ten states (California, Colorado, Connecticut, Georgia, New York, Maryland, Minnesota, Oregon, Tennessee and New Mexico).

All Vibrio cases reported from January to September 2004, have been culture-confirmed in the State Public Health Laboratory and have been reported to the Infectious Disease Epidemiology Section through the Reportable Disease Database. Fifty-two percent of Vibrio cases reported during this time period suffered from pre-existing

medical conditions. Persons with underlying medical conditions, especially liver disease, may be at increased risk of infection and serious complications. Environmental factors, such as warm waters and moderate salinity, increase the number of Vibrio organisms in the marine environment. Seventy-two percent of the cases occurred between the months of May and September.

It is critical to maintain refrigeration of raw shellfish from the time of harvest to consumption. All Vibrio infections must be reported immediately to the Infectious Disease Section at 1-800-256-2748.

Vibrio species	Syndrome					Complications		Exposure			
	Total #	Gastroenteritis #	Septicemia #	Wound #	Other* #	Hospitalizations #	Deaths #	Raw Shellfish #	Wound #	Cooked Shellfish #	Unknown #
<i>V. vulnificus</i>	10	0	3	6	1	9	1	1	8	0	1
<i>V. parahaemolyticus</i>	9	8	0	1	0	3	0	2	1	4	2
<i>V. cholerae non-O1, non-139</i>	1	1	0	0	0	0	0	0	0	1	0
<i>V. fluvialis</i>	4	4	0	0	0	0	0	2	0	1	1
<i>V. mimicus</i>	2	2	0	0	0	0	0	1	0	1	0
Total	26	15	3	7	1	12	1	6	9	7	4

* Includes eye infection, otitis, gall bladder infection, peritonitis, urine infection and unknown.

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SEPTEMBER-OCTOBER 2004

PROVISIONAL DATA

Table 1. Disease Incidence by Region and Time Period

DISEASE	HEALTH REGION									TIME PERIOD				
	1	2	3	4	5	6	7	8	9	Sep-Oct 2004	Sep-Oct 2003	Jan-Oct Cum 2004	Jan-Oct Cum 2003	% Chg
Vaccine-preventable														
Hepatitis B														
Cases	0	0	0	1	0	0	1	1	1	4	17	51	107	-49.0
Rate ¹	0.0	0.0	0.0	0.2	0.0	0.0	0.2	0.3	0.2	0.1	0.3	1.8	2.5	na
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Mumps	0	0	0	0	0	0	0	0	0	0	0	6	1	na
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	na
Pertussis	0	0	0	0	0	0	1	0	0	1	2	11	10	10.0
Sexually-transmitted														
HIV/AIDS														
Cases ²	68	41	3	18	10	4	13	13	13	183	197	965	1072	-10.0
Rate ¹	6.8	7.1	0.8	3.4	3.6	1.3	2.6	3.7	3.0	4.2	4.5	22.1	24.5	na
Gonorrhea														
Cases	464	311	93	179	48	72	289	103	59	1635	1248	8761	9390	-6.7
Rate ¹	44.9	51.5	24.2	32.7	16.9	23.9	55.3	29.1	13.5	36.6	27.9	196	210.1	na
Syphilis (P&S)														
Cases	14	37	0	6	1	0	0	0	5	63	50	237	139	70.5
Rate ¹	1.4	6.1	0.0	1.1	0.35	0.0	0	0.0	1.1	1.4	1.1	5.3	3.1	na
Enteric														
Campylobacter	1	2	2	3	1	1	1	2	2	15	18	119	103	15.5
Hepatitis A														
Cases	6	1	2	2	0	0	0	0	0	11	5	47	41	14.6
Rate ¹	0.6	0.2	0.5	0.4	0.0	0.0	0.0	0.0	0.0	0.3	0.1	1.1	1.0	na
Salmonella														
Cases	3	32	14	14	4	7	13	25	26	138	221	690	787	-12.3
Rate ¹	0.3	5.3	3.6	2.6	1.4	2.3	2.5	7.1	5.9	3.2	5.1	16.0	18.2	na
Shigella														
Cases	3	0	2	6	0	4	3	5	5	28	109	248	416	-40.4
Rate ¹	0.3	0.0	0.5	1.1	0.0	1.3	0.6	1.4	1.1	0.6	2.5	5.7	9.6	na
Vibrio cholera	0	0	0	0	0	0	0	0	0	0	0	0	0	na
Vibrio, other	0	0	3	0	0	0	0	0	0	3	6	31	33	-6.0
Other														
<i>H. influenzae (other)</i>	0	0	0	0	0	0	0	0	1	1	3	11	19	-42.1
<i>N. Meningitidis</i>	0	1	0	0	0	0	1	0	1	3	3	34	37	-8.1

1 = Cases Per 100,000

2=These totals reflect persons with HIV infection whose status was first detected during the specified time period. This includes persons who were diagnosed with AIDS at time HIV was first detected.

Due to delays in reporting of HIV/AIDS cases, the number of persons reported is a minimal estimate. Data should be considered provisional.

Table 2. Diseases of Low Frequency

Disease	Total to Date
Legionellosis	5
Lyme Disease	4
Malaria	6
Varicella	48

Table 3. Animal rabies (Jan-Oct)

Parish	No. Cases	Species
St. Tammany	1	Bat
Calcasieu	1	Bat
Madison	1	Bat
Rapides	1	Bat

Note:

The Pig case reported for St. Bernard in the Sept-Oct issue of the LMR was found to be negative for rabies



**Sanitary Code - State of Louisiana
Part II - The Control of Disease**

LAC 51:II.105: The following diseases/conditions are hereby declared reportable with reporting requirements by Class:

Class A Diseases/Conditions - Reporting Required Within 24 Hours

Diseases of major public health concern because of the severity of disease and potential for epidemic spread-report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result is known; [in addition, all cases of rare or exotic communicable diseases, unexplained death, unusual cluster of disease and all outbreaks shall be reported.]

Anthrax	Neisseria meningitidis (invasive disease)	Smallpox
Botulism	Plague	Staphylococcus Aureus,
Brucellosis	Poliomyelitis, paralytic	Vancomycin Resistant
Cholera	Q Fever	Tularemia
Diphtheria	Rabies (animal & man)	Viral Hemorrhagic Fever
Haemophilus influenzae (invasive disease)	Rubella (German measles)	Yellow Fever

Class B Diseases/Conditions - Reporting Required Within 1 Business Day

Diseases of public health concern needing timely response because of potential of epidemic spread-report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

Aseptic meningitis	Hepatitis B (carriage)	Salmonellosis
Chancroid ¹	Hepatitis B (perinatal infection)	Shigellosis
E. Coli 0157:H7	Hepatitis E	Syphilis ¹
E. Coli Enterohemorrhagic (other)	Herpes (neonatal)	Tetanus
Encephalitis, Arthropod borne	Legionellosis (acute disease)	Tuberculosis ²
Hantavirus Pulmonary Syndrome	Malaria	Typhoid Fever
Hemolytic-Uremic Syndrome	Mumps	
Hepatitis A (acute disease)	Pertussis	

Class C Diseases/Conditions - Reporting Required Within 5 Business Days

Diseases of significant public health concern-report by the end of the workweek after the existence of a case, suspected case, or a positive laboratory result is known.

Acquired Immune Deficiency Syndrome (AIDS)	Hepatitis C (acute and infection)	Streptococcal Toxic Shock Syndrome
Blastomycosis	Human Immunodeficiency Virus (HIV infection)	Streptococcus Pneumoniae (invasive infection, penicillin resistant (DRSP))
Campylobacteriosis	Listeria	Streptococcus Pneumoniae (invasive infection in children < 5 years of age)
Chlamydial infection ¹	Lyme Disease	Trichinosis
Coccidioidomycosis	Lymphogranuloma Venereum ¹	Varicella (chickenpox)
Cryptosporidiosis	Psittacosis	Vibrio Infections (other than cholera)
Cyclosporiasis	Rocky Mountain Spotted Fever (RMSF)	West Nile Fever
Dengue	Staphylococcus Aureus, Methicillin/Oxacillin Resistant (MRSA) (invasive disease)	West Nile Infection (past or present)
Ehrlichiosis Hansen's Disease (leprosy)	Staphylococcal Toxic Shock Syndrome	
Enterococcus, Vancomycin Resistant (VRE) (invasive disease)	Streptococcal disease, Group A disease)	
Giardia	Streptococcal disease, Group B (invasive disease)	
Gonorrhea ¹		
Hansen's Disease (leprosy)		
Hepatitis B (acute)		

Other Reportable Conditions

Cancer	Phenylketonuria*	Spinal Cord Injury**
Complications of Abortion	Reye's Syndrome	Sudden Infant Death Syndrome (SIDS)
Congenital Hypothyroidism*	Severe Traumatic Head Injury**	
Galactosemia*	Severe Undernutrition (severe anemia, failure to thrive)	
Hemophilia*	Sickle Cell Disease (newborns)*	
Lead Poisoning		

Case reports not requiring special reporting instructions (see below) can be reported by Confidential Disease Case Report forms (2430), facsimile, phone reports, or web base at <https://ophrdd.dhh.state.la.us>.

¹Report on STD-43 form. Report cases of syphilis with active lesions by telephone.

²Report on CDC72.5 (f.5.2431) card.

*Report to the Louisiana Genetic Diseases Program Office by telephone (504) 568-5070 or FAX (504) 568-7722.

**Report on DDP-3 form; preliminary phone report from ER encouraged (504) 568-2509. Information contained in reports required under this section shall remain confidential in accordance with the law.

This public health document was published at a total cost of . Seven thousand copies of this public document were published in this first printing at a cost of . The total cost of all printings of this document, including reprints is . This document was published by 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 for state agencies established pursuant to R.S. 43:31. Printing of this material was purchased in accordance with the provisions of Title 43 of Louisiana Revised Statutes.

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