



Louisiana Morbidity Report

Louisiana Office of Public Health - Infectious Disease Epidemiology Section
P.O. Box 60630, New Orleans, LA 70160 (504) 568-5005
www.oph.dhh.state.la.us/infectiousdisease/index.html



Frederick P. Cerise, M.D., M.P.H.
Secretary

Kathleen Babineaux Blanco
GOVERNOR

January-February 2005

Volume 16 Number 1

An Unusual Bug

Ayesha Bashir, MD MPH

A six year old boy was well until Thursday when he sustained an injury to the left knee from a fall in a mud-puddle. He was taken to a hospital emergency room where the laceration was cleaned, stitched and wrapped up.

While at home on Friday, the bandages were changed and the knee looked fine. He had a temperature of 99.2°F axillary. On Saturday, the boy did not feel well and complained of pain in the left leg. He had a temperature of 102°F and his left foot was cold. When the bandages were unwrapped, swelling and redness showed above and below the laceration. That evening he was taken to an urgent care facility where he received an injection of an antibiotic and was started on Augmentin®.

On Sunday, the boy had a follow up appointment with the urgent care facility. Prior to the appointment, he had complained of his stomach hurting and increased pain in the left leg besides having passed out. He was evaluated at the urgent care facility and admitted to a second hospital. On physical examination, he had a temperature of 101.1°F and a pulse of 123. He was in no acute distress, but the left leg was diffusely red, swollen, tense and painful to palpation, with pus draining from around the suture site. The pertinent labs showed an increased AST (50), WBC (19.1), Hemoglobin (16.5), Segs (84), ESR (39), and CRP (positive). Blood culture was negative and he had decreased lymphocytes (15). An X-Ray of the left leg was normal and a MRI showed diffuse soft tissue edema suspicious for cellulitis and myositis. He was taken to the OR that evening for irrigation and debridement. In the OR report, there was no abscess or penetration into the joint and tissue was sent for culture and pathology. He was put on timentin and later that day, vancomycin was added.

On Monday, the boy was afebrile but his left leg showed no change -being still diffusely swollen, tense and painful on palpation. The cultures from the swab exudates taken in the OR grew *Enterococcus faecalis* and *faecium*. The bursa exudate culture grew out *Clostridium sordellii*. The pathology report showed fibroadipose tissue and granulation tissue with abscess formation. Later on Tuesday, the patient was transferred to a tertiary care hospital where he was admitted to PICU. He passed away on Wednesday.

Note: Almost ninety species of *Clostridium* are recognized. Fewer than twenty of these species are associated with clinical illness in humans. *C. perfringens* is the most common pathogen associated with gas gangrene. Other responsible organisms are *Clostridium bifermentans*, *Clostridium sordellii*, *Clostridium septicum*, *Clostridium novyi* and *Clostridium histolyticum*. The spectrum of infection includes cellulitis, necrotizing fasciitis and severe myonecrosis (gas gangrene). The last is often a polymicrobial infection that occurs after bacteremic spread from an intestinal colonization site to traumatized soft tissue.

Patients who have *C. sordellii* infection present with unique clinical features including edema, absence of fever, leukemoid reaction, hemoconcentration and later, shock and multiple organ failure. Cases have occurred at sites of minor trauma such as lacerations of the soft tissues of an extremity. The absence of fever and the monitoring signs and symptoms of local infection make early diagnosis difficult. The mechanisms of diffuse capillary leak, massive edema and hemoconcentration are due to a potent toxin or toxins.

In humans, *C. sordellii* is involved in rare cases of hemorrhagic enteritis, gangrene and myonecrosis. Outbreaks of *C. sordellii* and *C. novyi* infections have been described among intravenous drug users in Scotland, Ireland and England. Patients have presented with severe soft tissue infections with shock with a case fatality rate of 20%-30%. Infections were described after knee surgery requiring tendon transplant and after liver biopsy in a liver transplant recipient.

For more information or references, please call (504) 568-5005.

A Case of Delusional Parasitosis-NOT

Charles Anderson, BS

Delusional Parasitosis is defined as a mistaken belief that one is being infested by parasites such as mites, lice, fleas, spiders, worms, bacteria, or other organisms. Persons so affected may complain of being attacked by insects so small as to be practically invisible or

(Continued on next page)

CONTENT

An Unusual Bug	1
A Case of Delusional Parasitosis - NOT	1
Is Mortality in LA from Invasive Streptococcal Infections Increasing?	2
Relationship Between Prenatal HIV Prevention Counseling and Medicaid Status in LA 1997-1999	3
Review of National Response Center Reports for LA 1990-2003: Trend and Risk Factor Analysis	4
Regional Epidemiologist Meeting	6
OPH Training Offerings	6

visible only to themselves. In some cases, the condition may be a sequel to an actual episode of insect or mite infestation or incidental contact. (A good discussion of Delusional Parasitosis for both laymen and professionals is available at website: <http://delusion.ucdavis.edu>.)

From time to time, the Office of Public Health is contacted by people who claim to have a persistent infestation after repeated personal and premises treatment with over-the-counter remedies and even consultation with, and treatment by, physicians and/or pest control operators. Recently such a case was referred to the Infectious Disease Epidemiology Section.

The caller, a thirty-seven year old woman, claimed to have an infestation of head lice which had persisted or recurred after self-treatment with a variety of non-prescription pediculicides and treatment by two dermatologists, including at one time, a ten-day oral course of Ivermectin. As a last resort, there was a recommendation that she shave her head to break the life-cycle of the infestation.

It sounded as if the caller had a typical case of delusional parasitosis as, in spite of these measures, she experienced repeated episodes of a crawling sensation and itching of her scalp and would recover small "bugs" from her head. Her conclusion was that the lice were highly resistant to all safe chemical treatments.

In telephone conversations, she mentioned that she had hypothyroidism and had multiple allergies. She also said that, in her workplace, she frequently entered a storage building characterized by openings to the outside and several bird nesting areas. She and her dermatologist speculated that she was possibly being infested with bird lice. It was requested that, during her next episode, she collect samples from her head and send them to the Infectious Disease Epidemiology Section for entomological examination.

The submitted samples, which had been picked up with cellophane tape from her scalp, included microscopic bits of lint and other organic particles, skin cells, scabs and, most significantly, four tiny (approximately 1 mm) insects.

These insects resembled lice, particularly bird lice (order Mallophaga). Under high magnification, they were determined to belong to the order Psocoptera, commonly known as psocids or booklice. Psocopterans are not lice; they are not parasitic, but feed on molds, fungi, etc. and frequently inhabit areas where books or papers are stored, especially where temperature and humidity are high due to the absence of climate control. It was speculated that the sources of the insects were the papers in the storage building at her workplace.

When told of these findings, the caller was much relieved to know that she was not being infested with resistant parasites and expressed the feeling that she could probably tolerate incidental exposure to these nuisance insects.

In a follow-up interview six months later, she stated that, with no change of routine at work, she had not had any further symptoms of crawling sensation and itching. (This could be due to reduced activity of the insects during colder weather.)

Is Mortality in Louisiana from Invasive Streptococcal Infections Increasing?

Nathan Weed, MPH

Streptococcal infections are relatively prevalent in the general population, especially among children, college students and those over sixty-five years of age. These bacteria can be categorized into multiple groups, five of which cause specific diseases in humans,

(serogroups A, B, C, D and G).

Streptococcal bacteria are often identified as causing common diseases such as strep throat and perinatal infections. However, streptococcal infections can also cause severe disease and even death in some individuals, especially when the infection becomes invasive. Hosts that are either young, old, or have an underlying medical condition such as diabetes or an immunocompromising disease are at greater risk of streptococcal infections becoming invasive.

Requests for information about streptococcal infections are frequently made to the Office of Public Health-Infectious Disease Epidemiology Section. Often these questions concern trends in the mortality related to streptococcal infections.

In order to better respond to these queries, all of the death certificates issued between 1999 and 2003 in Louisiana were sorted based on the causes of death listed and analyzed using Microsoft Access. The causes of death were coded according to the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10). Specifically, ICD-10 provides codes for pneumococcal and streptococcal meningitis, pneumonia due to streptococci, septicemia due to streptococci and unspecified infections from streptococci. The crude numbers of mortality resulting from these causes of death are presented in Table 1.

Table 1: Number of deaths caused by Streptococcal infections Louisiana, 1999 - 2003

Cause of Death	1999	2000	2001	2002	2003
Pneumococcal and streptococcal meningitis	4	3	3	6	6
Pneumonia due to streptococci	12	6	15	3	8
Septicaemia due to streptococci	13	12	16	10	7
Streptococcal infection, unspecified	2	0	1	2	4
Total	31	21	35	21	25

Data provided by death certificates issued in Louisiana between 1999 and 2003 provide no evidence that mortality resulting from invasive streptococcal infections has been increasing in Louisiana. Although the mortality has been consistent for the past five years, the Infectious Disease Epidemiology Section will continue monitoring the causes of death attributable to streptococcal infections in order to detect changes in this trend.

Louisiana Morbidity Report Volume 16 Number 1 January- February 2005

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.

Assistant Secretary, OPH Sharon Howard, MSW

State Epidemiologist Raoult Ratard, MD MPH

Editors Susanne Straif-Bourgeois, PhD MPH
Theresa Sokol, MPH
Rosemarie Robertson, BS MT(C) CNMT

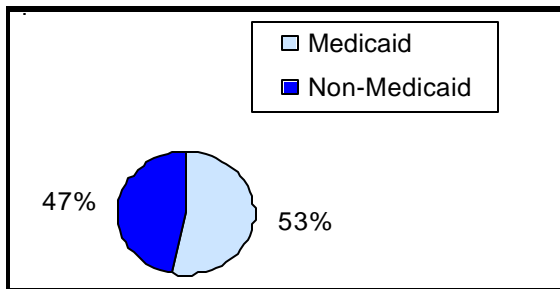
Layout & Design Ethel Davis, CST

Relationship Between Prenatal HIV Prevention Counseling and Medicaid Status In Louisiana 1997-1999

Linda M. Polfus, MPH; Fran Mather, PhD;
 Juan M. Acuña, MD, MSc; Dionka Pierce, MPH

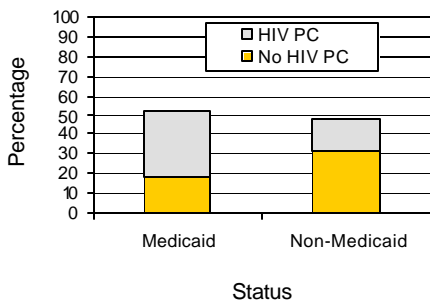
As stated by the National Guidelines Clearinghouse, HIV testing and HIV prevention counseling (HIV PC) should be universal for pregnant women as part of routine health education. Education on HIV prevention and the reduction of high-risk behaviors, such as multiple sex partners, current diagnosis or history of sexually transmitted diseases, exchange of sex for money or drugs, or substance abuse, has public health implications on preventing maternal HIV infection and perinatal transmission. In Louisiana it is unclear whether Medicaid mothers (53% of births in Louisiana) receive the same HIV PC as non-Medicaid mothers (Figure 1).

Figure 1: Percentage of Deliveries Paid by Medicaid Louisiana, 1997-1999



Are there any differences in HIV PC among Louisiana mothers according to Medicaid status? To address this question, recent data from LA Pregnancy Risk Assessment Monitoring System (LaPRAMS) was analyzed to evaluate potential risk markers of HIV PC and describe its relationship with Medicaid status. LaPRAMS surveys mothers who recently had a live birth in Louisiana by mail and telephone from a population-based random stratified sample. LaPRAMS asks women about their experiences and behaviors before, during and shortly after pregnancy. Sixty-six percent of Medicaid recipients (95% confidence interval [CI] 64-68) received HIV PC compared to 34% (CI, 32-36) of non-Medicaid mothers (Figure 2).

Figure 2: Percentage (%) of Women Reporting HIV PC by Medicaid Status, Louisiana, 1997-1999



Unadjusted analyses demonstrated a strong association of HIV PC with Medicaid status (OR 3.5: CI 3.1-4.0; $p < 0.0001$). Other risk markers with significant unadjusted associations with HIV PC included receiving prenatal care from a public institution, being unmarried, income $< \$10,000$, black race, maternal age (< 19 years), entering prenatal care during the first trimester and maternal education (< 12 years). Parity (1+) was not statistically significant in an unadjusted model.

In an adjusted logistic model, Medicaid mothers in Louisiana were 40% more likely to receive HIV PC than non-Medicaid mothers. Additional risk markers significantly associated with HIV PC besides being a Medicaid recipient were those receiving care at a public institution, unmarried mothers, those with income of less than \$10,000, black mothers, those with maternal education of less than twelve years and those who began prenatal care in the first trimester. (Table 1)

Table 1: Adjusted Odds Ratios and 95% Confidence Intervals for HIV PC Relationship with Medicaid Status

Risk Marker	Adjusted Odds Ratio (95% CI)
Medicaid	1.4 (1.1-1.7)
Public Institution	1.9 (1.5-2.3)
Unmarried	1.7 (1.3-2.1)
Income $< \$10,000$	1.4 (1.1-1.8)
Race (Black)	2.2 (1.8-2.6)
Education < 12 years	1.6 (1.2-2.0)
First Trimester Prenatal Care	1.2 (1.0-1.5)

Health care providers giving HIV PC are more likely to counsel Medicaid recipients. Moreover, pregnant women of similar SES may not be receiving the same level of HIV prevention opportunities dependent on their Medicaid status in Louisiana. Recommendations to all providers should include HIV PC and possibly testing for all women in accordance to IOM and the National Guidelines Clearinghouse. Further studies should investigate 1) assumptions providers may make about perceived HIV risk of women of varying SES, 2) how and what population of women are being assessed for high risk of HIV and 3) the extent to which women in Louisiana are referred to risk-reduction services (e.g., drug treatment, sexually transmitted diseases treatment, HIV centers with personnel trained in HIV counseling). In addition, a study on the prevalence of HIV testing among pregnant women in Louisiana is of interest. Recently, whether or not a pregnant woman reports being tested for HIV during prenatal care was added to the LaPRAMS survey. Data on the topic should be available within the next two years.

Guidelines further recommend that women determined to be at high risk of HIV infection should be provided with or referred to HIV risk-reduction services (e.g., drug treatment, sexually transmitted diseases treatment, HIV centers with personnel trained in HIV counseling). For more information, call (504) 568-5073.

Erratum:

Vol. 15 No.6 pg.2 second paragraph: In 2002, there were fifteen participating states.

Review of National Response Center Reports for Louisiana 1990-2003: Trend and Risk Factor Analysis

Chih-yang Hu, ScD MSPH; Aaron Kissler, MPH; Todd Page, MPH; Dianne Dugas, MSW MPH, Bobby Savoie, MS

Introduction

Louisiana has a high concentration of chemical and petroleum refinery facilities which are often located in close proximity to populated areas. These facilities produce and store large amounts of hazardous chemicals or transport materials to other locations around the country. Emergency releases and accidents related to these activities occur every day, impacting the health of industry workers, first responders and the general public.

Methods

In this review, the Louisiana Department of Health and Hospitals, Office of Public Health, Section of Environmental Epidemiology & Toxicology (LDHH/OPH/SEET) gathered and analyzed National Response Center (NRC) reports from 1990 to 2003 to determine trends and risk factors in hazardous material release-related emergency incidents occurring in Louisiana. The NRC is the sole national point of contact for reporting all oil and chemical spills. It was established in 1974 and receives both mandatory and voluntary hazardous material release reports from all fifty states. NRC data is public and is available on their website and by written request. For this review, data sets for the years 1990 to 2003 were downloaded by SEET from the NRC website for analysis.

Incidents resulting in injury, fatality or evacuation were analyzed for their incident type, cause, location (parish) and material involved. Reports generated for exercise purposes (drills) were eliminated from this review since those were not real events.

In the NRC reports, "Fixed" incident is the widest ranging incident type and includes the release of material from non-mobile machinery, refineries, manufacturing plants and numerous other facilities. "Mobile" incident refers to all transportation modes used on land. "Railroad" incident includes all transportation modes used on rail. "Vessel" Report includes all transportation modes used on the water. "Aircraft" incident includes all aircraft, commercial and private, whether flying or grounded. "Platform" inci-

dent is specifically for offshore or near shore oil and natural gas extracting facilities. "Pipeline" incident refers to pipelines that transport materials off-site. This does not include pipelines within a facility. "Storage Tank" incident pertains to containers that store hazardous materials located virtually anywhere, including facilities, private property and various transportation modes. An "Unknown Sheen" incident type pertains to any material on the water that has been discovered and whose source is unknown.

Results

In Louisiana, there were 69,361 incidents reported to the NRC between 1990 and 2003. For all incidents reported in Louisiana, "Platform" at 31% was the most frequently reported incident-type (with or without injury, fatality or evacuation); "Equipment failure" was the most frequently reported incident cause; Plaquemines Parish had the most reported incidents.

Incident Types

Although "Platform" was the most frequently reported incident type in Louisiana, it was found to have a much smaller percentage for those incidents involving injury, fatality or evacuation. As shown in Table 1, the most frequently reported event-type involving injury or evacuation was "Fixed" and the most frequently reported event-type for fatality-related incidents was "Railroad Non-Released".

The two most frequently reported incident types for incidents involving fatalities were "Railroad Non-Released" and "Railroad". Together they accounted for 232 (77.1%) incidents. These numbers indicate the NRC-reported fatalities were mostly railroad-related and the majority of them did not involve chemical releases. Incident causes for the majority of these incidents were unknown at the time of notification due to the limitations of NRC reports. (Information included in NRC reports was limited at the time of notification. No follow-up reports were required for responsible parties or reporting parties. Also, because NRC data is derived from both mandatory and voluntary reporting, the level of participation from industries and citizens can skew the number of incidents reported in either direction.)

Although "Fixed" was the most frequently reported incident-type (24.5%) for injury-related incidents, the three ground transportation related types, "Mobile," "Railroad Non-Released" and "Railroad," accounted for 48.2% of the incidents.

Table 1: Distribution of Incident-Type for Incidents Resulting in Injury, Fatality or Evacuation, Louisiana 1990-2003

Incident Type	Frequency for Incidents Resulting in		
	Injury	Fatality	Evacuation
Aircraft	6 (1.1%)	2 (0.7%)	0 (0.0%)
Fixed	136 (24.5%)	12 (4.0%)	88 (41.7%)
Mobile	114 (20.5%)	28 (9.3%)	19 (9.0%)
Pipeline	62 (11.2%)	16 (5.3%)	26 (12.3%)
Platform	21 (3.8%)	2 (0.7%)	29 (13.7%)
Railroad	54 (9.7%)	52 (17.3%)	15 (7.1%)
Railroad Non-Released	100 (18.0%)	180 (59.8%)	2 (1.0%)
Storage Tank	12 (2.2%)	1 (0.3%)	12 (5.7%)
Unknown Sheen	9 (1.6%)	3 (1.0%)	2 (1.0%)
Vessel	41 (7.4%)	5 (1.7%)	18 (8.5%)
Total	555	301	211

Table 2: Distribution of Incident Causes for Incidents Resulting in Injury, Fatality or Evacuation, Louisiana, 1990-2003

Incident Causes	Frequency for Incidents Resulting in					
	Injury		Fatality		Evacuation	
Criminal Intent	1	(0.2%)	0	(0%)	1	(0.5%)
Dumping	1	(0.2%)	0	(0%)	0	(0%)
Equipment Failure	102	(18.4%)	4	(1.3%)	70	(33.2%)
Explosion	3	(0.5%)	2	(0.7%)	0	(0%)
Natural Phenomenon	1	(0.2%)	0	(0%)	1	(0.5%)
Operator Error	64	(11.5%)	14	(4.7%)	27	(12.8%)
Other	126	(22.7%)	70	(23.3%)	33	(15.6%)
Suicide	1	(0.2%)	2	(0.7%)	0	(0%)
Transport Accident	59	(10.6%)	24	(8.0%)	9	(4.3%)
Unknown	197	(35.5%)	185	(61.5%)	70	(33.2%)
Total	555		301		211	

Table 3: Top Five Materials Involved in an Incident Resulting in Injury, Fatality or Evacuation, Louisiana 1990-2003

Top Five Materials Released					
Injury		Fatality		Evacuation	
Material	Frequency	Material	Frequency	Material	Frequency
Natural gas	56	Natural gas	13	Natural gas	32
Oil, diesel	38	Oil, diesel	8	Chlorine	24
Chlorine	30	Gasoline	5	Ammonia	20
Oil, crude	24	Oil, fuel	5	Oil, crude	9
Oil, fuel	20	Unknown	4	Oil, diesel	8

Incident Causes

As shown in Table 2, the most frequently reported incident cause resulting in injury, fatality or evacuation was “Unknown”. (“Equipment failure” was reported the same number of times [70] as cause for evacuation.) “Unknown” causes comprised 35.5% of injury-related incidents, 61.5% of fatality-related incidents and 33.2% of evacuation-related incidents, once again demonstrating the limitations of the NRC database. Excluding “Unknown” and “Other,” “Equipment failure,” “Operator Error” and “Transportation Accident” were the three most frequently reported incident causes resulting in injury, fatality or evacuation. Among these three known causes, “Equipment Failure” was the most frequently reported to result in injury or evacuation, while “Transportation Accident” was the most frequently reported cause of fatalities.

Materials Involved

As shown in Table 3, natural gas was the most frequently reported material released in incidents involving injuries, fatalities, or evacuations. Excluding natural gas, chlorine and ammonia were the two most frequently reported materials for incidents involving evacuation.

Incident Locations

Figures 1, 2 and 3 illustrate the reported frequency by parish for incidents involving injury, fatality and evacuation, respectively. Calcasieu and Caddo were the parishes with most incidents causing injury. Orleans and Caddo were the parishes with the highest number of incidents resulting in fatalities. The highest number of evacuations was observed in Calcasieu Parish.

Figure 1: Distribution of Incidents Involving Injury Louisiana, 1990-2003

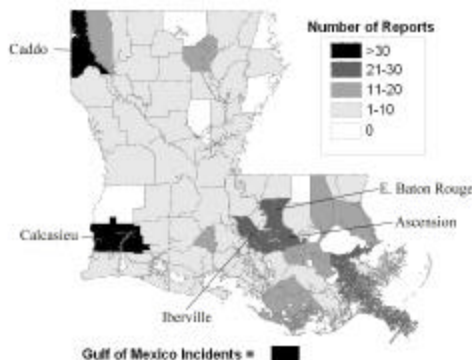
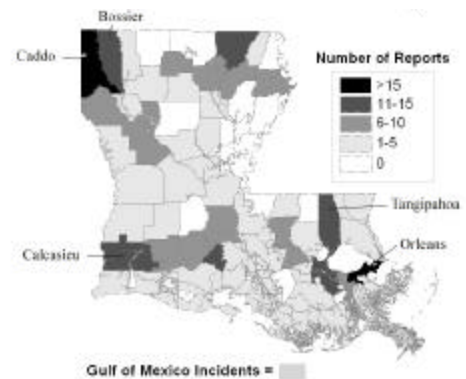
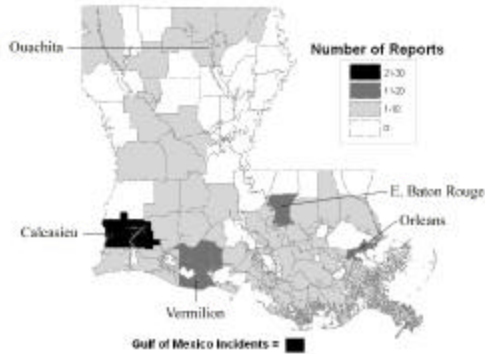


Figure 2: Distribution of Incidents Involving Fatality Louisiana, 1990-2003



(Continued on next page)

Figure 3: Distribution of Incidents Involving Evacuation Louisiana, 1990 - 2003



Conclusions

The majority of the incidents involving injuries or fatalities were transportation-related, i.e. railroad or mobile and 77.1% of the incidents with fatalities were railroad-related. Excluding “Unknown” and “Other,” “Transportation Accident” was the most frequently reported incident cause for fatality-related incidents, while “Equip-

ment Failure” was that for incidents involving injury or evacuation. Natural gas was the most frequently reported material involved in incidents resulting in injury, fatality, or evacuation. Chlorine and ammonia were responsible for 44 evacuations but were not responsible for any fatalities. Orleans, Calcasieu and Caddo were the parishes with the most incidents involving injuries, fatalities, or evacuations.

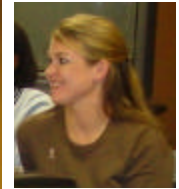
Understanding the trends and risk factors associated with emergency chemical release incidents, can provide several benefits if appropriate actions can be implemented. The findings may be utilized by industries to improve their operations/training and/or by responders to better prepare for emergency incidents. By compiling statistics on where and how emergencies occur, public health officials can better understand the nature of at-risk environments. Better preparation and increased prevention will reduce the adverse public health impact of chemical releases in the state of Louisiana.

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/index.html>.

Regional Epidemiologist Meeting - Baton Rouge October 18, 2004



Left to right: Don Michael -Region 8, Penny Cuneo - Region 3, Audrey Pugh - Public Health Executive Director, Susanne Straif-Bougeois -Program Manager Infectious Disease Epidemiology Section and Regional Epidemiologist Coordinator, Keasha Henson - Region 7, Buddy Bates -Public Health Epidemiologist Manager, Chronic Disease Epidemiology Section, Shirley Burton - Region 6, Dalton Savwoir - Region 1, Stephen Henry - Region 2.



Julie Hand
Region 9

Regional epidemiologists coordinate and conduct epidemiological investigations for Office of Public Health programs such as Infectious Diseases (including outbreak and cluster investigations), Public Health preparedness, Maternal and Child Health, Injury Prevention, Chronic Diseases, Environmental Epidemiology and Occupational Health Conditions in the region. They also provide epidemiologic technical assistance to the Regional Management Team and community groups regarding assessments, epidemiologic methods, program/study design and program evaluation, sources of and interpretation of quantitative data and quality assurance activities.

OPH Training Offering

The course listed is free of charge but must be registered for as seating is limited. For site information, a registration form and agenda, please email Rose Robertson at rroberts@dhh.la.gov or call (504) 568-5005 x124. *Registration Deadline is March 9th!*

Foodborne Disease Epidemiology

The OPH Infectious Disease Epidemiology Section is offering a

videoconference focusing on foodborne diseases. It is targeted towards public health nurses, infection control professionals, disease surveillance specialists, epidemiologists, sanitarians, health care providers and other public health staff. It will be accessible at nine sites throughout Louisiana on March 30, 2005 from 9:00 AM – Noon. Applications have been placed for Continuing Education Units for Physicians, Nurses, Sanitarians and Laboratory.

LOUISIANA COMMUNICABLE DISEASE SURVEILLANCE

NOV DEC 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	Nov-Dec 2004	Nov-Dec 2003	Jan-Dec Cum 2004	Jan-Dec Cum 2003	% Chg
Vaccine-preventable														
Hepatitis B Cases	0	0	1	2	0	0	1	0	1	5	7	60	114	-47.4
Hepatitis B Rate ¹	0.0	0.0	0.3	0.4	0.0	0.0	0.2	0.0	0.2	0.12	0.2	1.4	2.6	NA
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Mumps	0	0	0	0	0	0	0	0	0	0	0	6	1	
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Pertussis	1	0	0	0	0	5	0	0	0	6	1	18	11	63.6
Sexually-transmitted														
HIV/AIDS Cases ²	31	23	1	13	2	4	10	7	5	1121	979	153	96	-13.0
HIV/AIDS Rate ¹	3.0	4.0	0.3	2.5	0.7	1.3	2.0	2.0	1.3	26.0	22.7	3.5	2.2	NA
Gonorrhea Cases	328	249	98	162	61	68	397	134	80	1577	2111	10497	11848	-11.4
Gonorrhea Rate ¹	31.71	41.25	25.54	29.55	21.52	22.56	75.95	37.86	18.25	35.28	47.23	234.88	265.11	NA
Syphilis (P&S) Cases	10	12	0	0	1	1	1	2	2	29	43	270	185	45.9
Syphilis (P&S) Rate ¹	0.96	1.98	0.00	0.00	0.35	0.33	0.19	0.56	0.45	0.64	0.96	6.04	4.13	NA
Enteric														
Campylobacter	4	1	0	1	0	1	0	2	1	10	18	129	121	6.6
Hepatitis A Cases	3	0	0	1	0	0	0	0	0	4	8	56	48	16.7
Hepatitis A Rate ¹	0.3	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.1	0.2	1.3	1.1	NA
Salmonella Cases	19	22	7	8	7	6	1	8	12	90	96	833	881	-5.4
Salmonella Rate ¹	1.8	3.6	1.8	1.5	2.5	2.0	0.2	2.3	2.7	2.1	2.2	19.3	20.4	NA
Shigella Cases	1	2	1	5	9	11	0	4	3	36	28	290	440	-34.1
Shigella Rate ¹	0.1	0.3	0.3	0.9	3.2	3.6	0.0	1.1	0.7	0.8	0.6	6.7	10.2	NA
Vibrio cholera	0	0	0	0	0	0	0	0	0	0	0	0	0	NA
Vibrio, other	0	0	1	0	0	0	0	0	0	1	2	36	35	2.9
Other														
<i>H. influenzae (other)</i>	1	0	1	0	1	1	0	0	0	4	2	16	21	-23.8
<i>N. Meningitidis</i>	0	1	0	0	0	0	0	0	0	1	6	36	43	-16.3
Tuberculosis														

1 = Cases Per 100,000

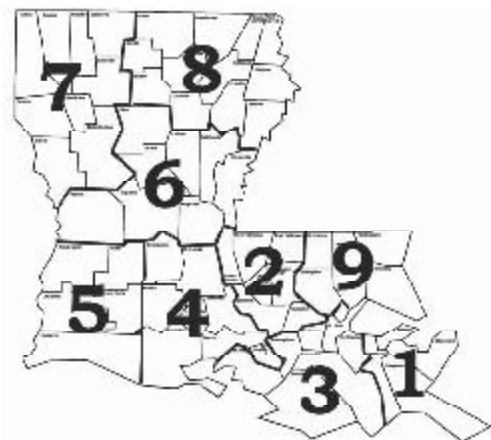
2=These totals reflect persons with HIV infection whose status was first detected during the specified time period. This includes persons who were diagnosed with AIDS at time HIV was first detected.

Table 2. Diseases of Low Frequency

Disease	Total to Date
Legionellosis	7
Lyme Disease	5
Malaria	6
Rabies, animal	
Varicella	54

Table 3. Animal rabies (Jan-Oct)

Parish	No. Cases	Species
--------	-----------	---------



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 (EPI-2430), facsimile (504-568-5006), phone reports (504-568-5005 or 1-800-256-2748), 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.

DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
P.O. BOX 60630 NEW ORLEANS LA 70160

PRSRT STD
U.S. POSTAGE
PAID
Baton Rouge, LA
Permit No. 1032