



Kathleen Babineaux Blanco  
GOVERNOR

# Louisiana Morbidity Report

Louisiana Office of Public Health - Infectious Disease Epidemiology Section  
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<http://www.dhh.louisiana.gov/offices/reports.asp?ID=249&Detail=306>



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## Office of Public Health Rabies Testing Policies Clarified

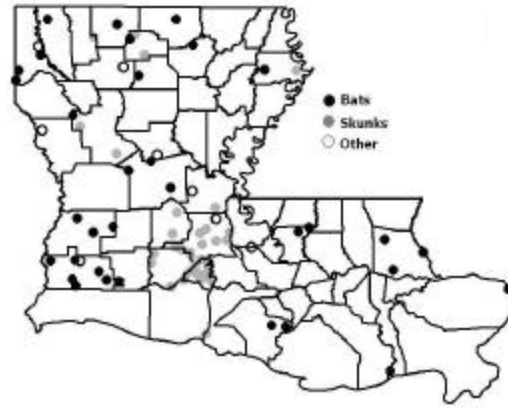
Gary Balsamo, DVM MPH & TM

The laboratories of the Office of Public Health (OPH) are responsible for the testing of animal brains for determination of infection with rabies virus. This program of testing animals that have bitten or otherwise potentially exposed a human being to the virus provides most of the information for the state's surveillance system for rabies. Results of testing at the Louisiana Veterinary Medical Diagnostic Laboratory are also included in the system. Tests required for surveillance of rabies are done at no charge to bite victims or their physicians.

Some confusion exists as to the species of animals for which testing is recommended and the circumstances that define a potential exposure to rabies. Officials at OPH recently revised the agency's policy governing rabies testing in an attempt to clarify the issue.

Although rabies remains endemic in wildlife in Louisiana, especially within bats and skunks, the disease in pet species has been decreasing in occurrence. This decrease is likely due to vaccination compliance by pet owners in all areas of the state. Human rabies has not been seen in Louisiana since 1953. An average of 7.9 cases of animal rabies has been discovered each year in the state since 1996. No positive dogs or cats have been identified since the year 2000. Cats and dogs represent the majority of species tested; yet skunks and bats make up the majority of positive cases. (Figure 1)

Figure 1: Rabies in Louisiana - 1996-2005



Rodents, squirrels, rabbits, hares and chinchillas are rarely found to be rabid and have not been known to cause human rabies in the United States. For these reasons, these species are not considered vectors of the disease except in certain unusual circumstances, which are specified in the policy.

The shift in the risk of rabies transmission from domestic dogs to wildlife has occurred throughout all areas of the United States. The only terrestrial rabies variant known to occur within Louisiana is a skunk variant, although discovery of raccoon variant is also possible. Bat variants of the virus are also found in the state.

Because of the continued risk, however small, of rabies transmission to humans, surveillance for the disease cannot be taken lightly. Human deaths from rabies virus have occurred in all three adjoining states (Arkansas, Mississippi and Texas), within the past five years. Since Louisiana employs a passive surveillance system, a small number of positive submissions is not an accurate indication of the state of rabies transmission in wildlife. Unnecessary testing is a drain on public health resources, but failure to test in appropriate situations is foolhardy.

With approval of Public Health officials, the state will routinely test bats, coyotes, foxes, felids, primates, skunks and other wild mammals (other than rodents, squirrels, rabbits, hares and chinchillas), that have bitten or scratched a human being. OPH will also test dogs, cats, or ferrets that are determined by OPH personnel to be at risk of being infected with rabies, have bitten or scratched a human being and have shown neurological signs during the legally required ten-day observation period. OPH will also test dogs, cats, or ferrets that fulfill the above criteria but, due to extreme aggression, cannot be held for observation.

Animal heads taken by hunters, trappers, or other public or

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# Sexually Transmitted Disease During Pregnancy Louisiana, 1997–2004

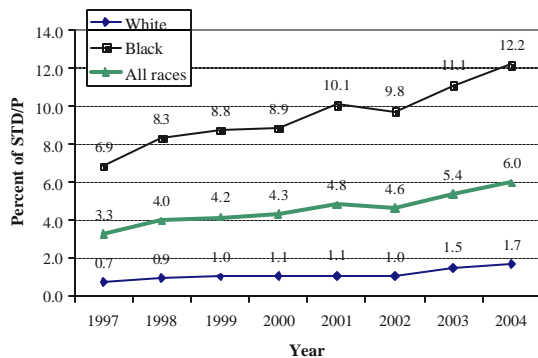
Tri Tran MD MPH; Binh Le, MD MPH; Lisa Longfellow, MPH;  
Joan Wightkin, DrPH; Louis Trachtman, MD MPH

To date, no study of sexually transmitted disease during pregnancy (STD/P) has been conducted in Louisiana. Therefore, the Office of Public Health (OPH) of Louisiana, STD Control program and the Maternal and Child Health (MCH) program performed this study to (1) define the prevalence and trends of STD/P in Louisiana residents who had live births from 1997 to 2004, using linear regression and (2) identify risk factors/markers for STD/P, using multivariable logistic regression. STDs include the following diseases with reporting requirements (Louisiana Public Health Sanitary Code): Chancroid, Chlamydia, Gonorrhea, Syphilis, *Lymphogranuloma venereum*.

The study used linked 1996-2004 STD/1997-2004 birth data and defined a woman to have STD/P, if the time between the date of STD diagnosis and the date of delivery was less than or equal to gestational age of her newborn. Percent of STD/P is defined as number of live births to pregnant women infected by any STD per one hundred live births.

In Louisiana the percent of STD/P has increased steadily over the last eight years for both Whites and Blacks (Figure 1).

**Figure 1:** Trends of STD during pregnancy by race Louisiana, 1997- 2004



Results from linear regression analyses showed that the annual increase in percent of STD/P from 1997 to 2004 was 0.1% in Whites, 0.6% in Blacks and 0.3% in all races.

Based upon linked 1999-2004 STD/ 2000-2004 birth record data, the percentage of STD/P was: ten percent in Blacks, one percent in Whites and two percent in others; two percent in Hispanic women and five percent in non-Hispanic women; ten percent in unmarried women and one percent in married women; fifteen percent in women aged less than fifteen years and two percent in women aged older than twenty-nine years; nineteen percent in women who had less than or equal to twelve years of education and two percent in women who had greater than twelve years of education.

The following risk factors/markers for STD/P were significant (those that were more likely to have a STD during pregnancy): Black race, younger, less educated, unmarried, smoking during pregnancy, living in urban areas and beginning prenatal care (PNC), later or having no prenatal care. (Table 1)

**Table 1:** Risk factors/markers of STD during pregnancy Louisiana, 2000 - 2004 (Statistically significant variables in the multivariable logistic regression model)

Risk Factors/Markers	Odds Ratio	95% CI	P value	Reference Group	
Race	Black	4.1	3.9-4.3	0.000	White
	Others	1.4	1.2-1.7	0.000	
Married Education (years)	No	5.2	4.8-5.5	0.000	Yes
	< 10	1.8	1.7-1.9	0.000	
	10-12	1.6	1.5-1.7	0.000	
Smoking/pregnancy Geography	Yes	1.2	1.1-1.2	0.000	No
	Urban	1.3	1.3-1.4	0.000	
Prenatal care entry	After 1 <sup>st</sup> trimester or no PNC	1.1	1.0-1.1	0.001	First trimester
	< 15	4.9	3.9-6.1	0.000	
Age (years)	15-19	6.0	5.1-6.9	0.000	>= 35
	20-24	4.6	4.0-5.4	0.000	
	25-29	2.6	2.2-3.0	0.000	
	30-34	1.6	1.3-1.9	0.000	

Identifying risk factors/markers related to STD/P will help the STD Control program and MCH program's intervention efforts focus on high-risk populations more effectively in Louisiana.

For more information, email Dr. Tri Tran at [ttran@dhh.la.gov](mailto:ttran@dhh.la.gov) or call (504) 219-4450.

## School Pesticide Safety

Tina Lumas, MPH

The Louisiana Department of Health & Hospitals, Office of Public Health, Section of Environmental Epidemiology & Toxicology, the Louisiana Department of Agriculture & Forestry (LDAF) and the Louisiana Environmental Action Network (LEAN) have developed a fact sheet titled "What You Should Know about Pesticide Use in Louisiana Schools." This free pamphlet provides general information on the Louisiana Pesticide Law which regulates the use of pesticides in schools. The types of pesticides commonly used by schools include insecticides, herbicides, fungicides and rodenticides. The purpose of the law is to protect children and school staff from exposure to pesticides used in and around schools. The Louisiana Pesticide Law encourages schools to use Integrated Pest Management (IPM).

### Louisiana Morbidity Report

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**What is Integrated Pest Management (IPM)?**

IPM relies on information about the life cycle of pests and their interaction with the environment. "Pests seek habitats that provide basic needs such as air, moisture, food and shelter. Pest populations can be prevented or controlled by creating inhospitable environments, by removing some basic elements pests need to survive or simply by blocking their access into buildings", (Environmental Protection Agency – EPA). The goal of IPM is to reduce or eliminate the use of pesticides by using non-chemical and least-toxic pest management methods.

**What are some examples of IPM strategies?**

- Eliminate pest habitats by keeping vegetation, shrubs and mulch at least one foot away from structures
- Prevent pest entry into buildings by installing or repairing screens and caulking and sealing openings in walls
- Eliminate mold and fungi growth by keeping bathrooms as dry as possible
- Practice sanitation by regularly emptying trash cans and properly cleaning up after eating

**What schools are affected by the Louisiana Pesticide Law?**

The Louisiana Pesticide Law applies to all public and private elementary and secondary schools (Kindergarten through Grade 12), within the state.

**What are the requirements of the Louisiana Pesticide Law?**

- The governing authority of each school shall prepare for each school under its authority, an annual IPM plan.
- A school's IPM plan details how pest problems will be prevented and controlled.
- The IPM plan shall be available in the business office of each school for review by the public.

**What needs to be included in a school's IPM plan?**

For each pesticide that a school proposes to use, the following must be listed:

- Brand name & EPA number of the pesticide, type of pesticide (restricted or general use pesticide), pest to be controlled and the type (e.g., crack and crevice, spot treatment) and location (e.g., gym, cafeteria) of each application
- Other methods of pest control (e.g., cut grass, glue boards, traps)
- Name & certification number of certified commercial applicator(s)

Changes to an IPM plan require written notification to the LDAF at least twenty-four hours prior to any pesticide application.

**What are the record keeping requirements?**

Records of inspections, pest identification, monitoring, evaluations and all pesticide applications shall be maintained by the school. Copies of pesticide application records from the previous year, must be submitted along with the annual IPM plan each year by August 1st to the LDAF.

**Who can apply pesticides on school grounds?**

All pesticide applications (e.g., spraying aerosols to kill wasps, applying granules to fire ant mounds, chemical weed control) must be done by certified applicators or trained persons working under the supervision of a certified applicator. Schools may either contract with pest control companies, or they may use school system employees who are appropriately certified.

**When can pesticides be applied?**

Pesticides can only be applied inside school buildings when students are not expected to be present for at least eight hours after the application.

**Can aerial applicators make pesticide applications near schools?**

Aerial applicators are not allowed to apply pesticides within 1000 feet of any school grounds during normal school hours.

**Are schools required to identify students who are sensitive to pesticides?**

Yes, all schools must maintain a Hypersensitive Registry. The registry shall contain the names of students whose parents have submitted a written statement to the school stating that their child is hypersensitive to pesticides.

**What State Agency is responsible for enforcing the Louisiana Pesticide Law?**

LDAF enforces regulations concerning school pesticide safety.

**Whom may I contact about school pesticide problems?**

For specific information regarding the Louisiana Pesticide Law or to file a Health Related Pesticide Incident complaint, contact LDAF's Office of Agricultural and Environmental Sciences Pesticide and Environmental Programs twenty-four hour pesticide hotline, (225) 925-3763. Additional information may be found on their website at [www.ldaf.state.la.us](http://www.ldaf.state.la.us).

To obtain copies of "What You Should Know about Pesticide Use in Schools" contact Tina Lumas toll-free at (888) 293-7020. An electronic version of this fact sheet is available on the Department of Health & Hospitals website, <http://www.dhh.louisiana.gov/offices/publications.asp?ID=242&Detail=1122>.

**LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS | Public Information Series**

### What You Should Know About Pesticide Use in Louisiana Schools

**What is an IPM plan?**  
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**Contact Information**  
Department of Health & Hospitals  
Office of Agricultural and Environmental Sciences  
Pesticide and Environmental Programs  
24-Hour Pesticide Hotline:  
(225) 925-3763  
Website: [www.ldaf.state.la.us](http://www.ldaf.state.la.us)

**Additional Information**  
Department of Health & Hospitals  
Office of Public Health  
Environmental Epidemiology  
& Toxicology  
Toll-Free Number:  
(888) 293-7020  
Website: [www.dhh.louisiana.gov](http://www.dhh.louisiana.gov)

**Louisiana Department of Health & Hospitals**  
Telephone Number:  
(225) 925-3115  
Website: [www.dhh.louisiana.gov](http://www.dhh.louisiana.gov)

**For more information**  
Contact the  
Pesticide Agency

This publication was prepared by the Louisiana Department of Health & Hospitals, Office of Agricultural and Environmental Sciences, Pesticide and Environmental Programs. It is available in English and Spanish. For more information, contact the Louisiana Department of Health & Hospitals, Office of Agricultural and Environmental Sciences, Pesticide and Environmental Programs, 225 North Second Street, Baton Rouge, Louisiana 70801. This publication is available in large print and Braille. For more information, contact the Louisiana Department of Health & Hospitals, Office of Agricultural and Environmental Sciences, Pesticide and Environmental Programs, 225 North Second Street, Baton Rouge, Louisiana 70801. This publication is available in large print and Braille. For more information, contact the Louisiana Department of Health & Hospitals, Office of Agricultural and Environmental Sciences, Pesticide and Environmental Programs, 225 North Second Street, Baton Rouge, Louisiana 70801.



# A Strategic National Stockpile Update

Stacy Hall, RN MSN

The mission of the Strategic National Stockpile (SNS) is to deliver critical medical assets to the site of a national emergency. The SNS is a collection of medical material, equipment and pharmaceuticals managed by the Division of SNS under the Centers for Disease Control and Prevention (CDC). The Louisiana SNS Program includes personnel from the Emergency Preparedness & Response and Pharmacy sections of the Louisiana Department of Health and Hospitals Office of Public Health (DHH OPH).

The Louisiana SNS program continues to work closely with both state and national assets. These assets are available to supplement and replace stocks routinely used by health care facilities and to support expanded dispensing capabilities which would likely be needed after a terrorist attack, a natural disaster or an industrial accident.

In the past, the SNS had been sent to the World Trade Center and anthrax attacks of 2001 before deployments were needed for the hurricanes of 2005. The Technical Advisory Response Unit (TARU) arrived within the state prior to hurricane landfall. (The TARU is composed of individuals from the Division of SNS to provide technical advice and assist in the management of the SNS.) The decision was made on August 30, 2005 for Louisiana to request the SNS assets of vaccines and purchase capacity following the devastation of Hurricane Katrina on August 29, 2005.

Two pre-approved Receiving, Staging and Storing (RSS) sites within Louisiana were already being utilized for essential response activities and all of the agencies in the state SNS planning were providing emergent services. After receiving vaccines and supplies at temporary sites, an RSS site was found and opened on September 3, 2005. This RSS site remained open until April 18, 2006 supplying hospitals, strike teams and both general and special needs shelters with vaccines, equipment, medicines and medical supplies, as well as handling some of the medical supply and pharmaceutical donations to the state.

The variety of assets (the medicines, medical supplies, equipment and vaccines), in the SNS has increased since the program began. The SNS includes 12-hour Push Packs, Managed Inventory (MI), vaccines, purchasing capacity and the TARU. The 12-hour Push Packs are medical supplies, equipment and pharmaceuticals prepackaged in air cargo containers for immediate shipment to be received within twelve hours of a request. The MI consists of palletized stockpiles of pharmaceutical, medical supplies and equipment expected to be needed in large scale emergencies. There is a repository of various types and quantities of vaccines. Purchasing capacity allows for bulk purchase of needed medications, equipment or supplies not available through the MI.

National guidance assists states in planning to receive, distribute and dispense stockpile assets. Additions to the SNS were made in May 2006 in accordance with 'Receiving, Distributing and Dispensing Strategic National Stockpile Assets: A Preparedness Guide'. There are currently four CDC approved sites for Receiving, Staging

and Storing within Louisiana.

The Louisiana SNS Acquisition and Distribution Plan was developed by the DHH OPH in coordination with response partners including the Louisiana Office of Emergency Preparedness, (now the Governor's Office of Homeland Security and Emergency Preparedness), Louisiana State Police, Louisiana National Guard, Louisiana Hospital Association, the Departments of Agriculture, Transportation and Wildlife & Fisheries. This plan, where several of the response partners participated providing security, unloading, repackaging and delivery, was tested by a 'Bioterrorism Training Exercise and Demonstration Drill' in March, 2004. Louisiana received a rating of 'Green', indicating readiness by the Division of SNS and was the third state in the United States to earn this rating.\* The state and regional SNS Plans have since been updated.

The Louisiana SNS Program remains committed to the planning and preparation needed to save lives, prevent disease and minimize suffering following a disaster. More information on other aspects of the SNS program (including planning for prophylaxis and antidotes) will be featured in future Louisiana Morbidity Reports.

\* Louisiana Morbidity Report May-June 2004, pg 5 Vol. 15 No. 3

## Announcement

Recent Updates to the Infectious Disease Epidemiology Webpage

<http://www.dhh.louisiana.gov/offices/?id=249>

**EPI MANUAL:** Cholera and Vibrio; Cholera and Vibrio Form; Creutzfeldt Jacob Disease; Cryptococcosis; Encephalitis Form; Giardiasis; Meningococcal Invasive Disease; Mumps

<http://www.dhh.louisiana.gov/offices/page.asp?id=249&detail=6481>

**ANNUAL REPORT:** Eosinophilic Meningitis

<http://www.dhh.louisiana.gov/offices/page.asp?id=249&detail=6479>

**COMMUNICABLE DISEASE CHART:**

<http://www.dhh.louisiana.gov/offices/publications.asp?ID=249&Detail=1032>

## Trends in Antibiotic Sensitivity \*

Zahidul Islam, MD MPH

### Introduction

Antibiotic resistance is an increasing problem. The 'Antibiotic Sensitivity Active Surveillance System' began in Louisiana with the collection of aggregate data in 2000 to track the emergence of antibiotic resistant organisms. This surveillance program, which allows the state to track and evaluate antibiotic resistance trends, monitors three pathogens: Drug resistant *Streptococcus pneumoniae* (DRSP), Methicillin resistant *Staphylococcus aureus* (MRSA) and Vancomycin resistant *Enterococcus* (VRE). The primary goal of the surveillance system is to estimate the proportion of selected bacteria in the state that are resistant to antibiotics by the reporting of laboratory aggregate data.

## Methods

Over the past three years, forty-three hospitals have been a part of the surveillance system at some point in time. Currently, twenty-seven hospitals provide information to the surveillance system each month on a brief reporting form. Each hospital reports the total number of *S. pneumoniae*, *S. aureus* and *Enterococcus* species isolated in their lab for each month. In addition, they also report the total number of drug resistant or drug intermediate resistant isolates for each of those organisms. As duplicates are not reported, the forms contain counts on one isolate of DRSP, MRSA, or VRE per patient per hospital visit. Each report is entered into an Access database and from this database, quarterly and annual summary reports are generated for the participating hospitals.

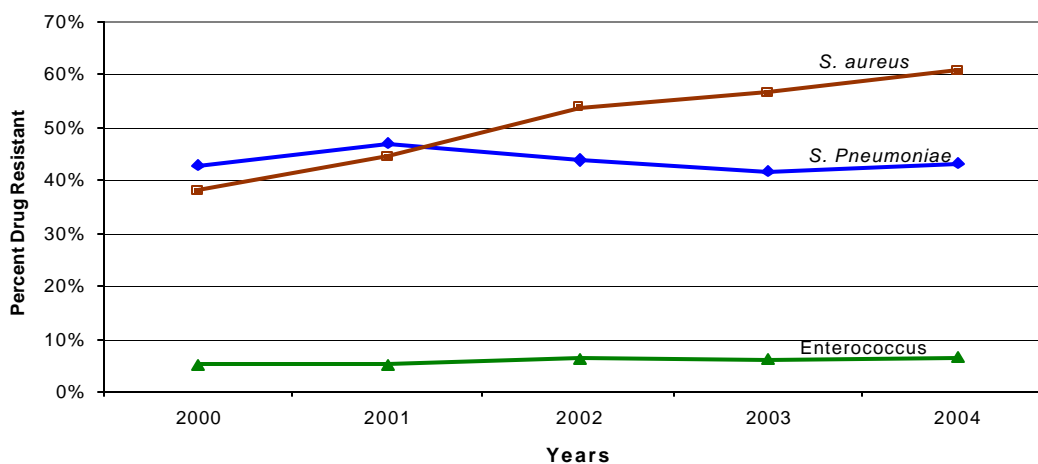
The purpose of this analysis is primarily to determine if the rates of antibiotic resistance for *S. pneumoniae*, *S. aureus* and *Enterococcus* were significantly different over the four quarters in 2004 and secondarily to determine if there is a significant trend in the rates of antibiotic resistance for these organisms from 2000 to 2004. Since interest was in resistance as either present or not present, the resistance and intermediately resistant variables were combined to get one variable for resistance. For each organism of interest, using the annual rates, a test for trend was conducted using the Cochran-Armitage Trend test. The analyses were conducted using SAS (Version 9.1; Cary, NC).

A trend analysis was conducted to determine if the rates of resistance were increasing over the past five years (2000, 2001, 2002, 2003 and 2004). The results can be seen in Table 2 and Figure 1.

**Table 1:** Trend analysis of resistance for *S. pneumoniae*, *S. aureus*, *Enterococcus* species - Louisiana, 2000-2004

		2000	2001	2002	2003	2004	Z (C-A trend test)	p-value
<i>S. pneumoniae</i>	Resistant	547	662	548	432	371	-0.9648	0.3346
	Susceptible	729	744	696	604	485		
	% Resistant	42.87%	47.08%	44.05%	41.70%	43.34%		
<i>S. aureus</i>	Resistant	4560	6682	9489	9711	9514	42.4123	<.0001
	Susceptible	7377	8347	8152	7425	6180		
	% Resistant	38.20%	44.46%	53.79%	56.67%	60.62%		
<i>Enterococcus</i>	Resistant	451	496	647	288	600	6.3074	<.0001
	Susceptible	8577	10013	9327	4446	8346		
	% Resistant	5.00%	4.95%	6.49%	6.08%	6.71%		

**Figure 1:** Percent drug resistant *Streptococcus pneumoniae*, *Staphylococcus aureus* and *Enterococcus* species Louisiana, 2000-2004



A Cochran-Armitage Trend test was calculated for each organism. The rates of drug resistant *S. pneumoniae* have not been increasing over the past five years (Z for trend = -0.9648, p=0.3346). The rates of methicillin-resistant *S. aureus* have increased from 2000 to 2004. These increases were highly significant (Z for trend = 42.4123, p<0.0001). Rates of Vancomycin resistant *Enterococcus* also appeared to be significantly different over the past five years (Z for trend = 6.3074, p<0.0001).

\* Based on 'Trends in Antibiotic Sensitivity' pg 4 July-August 2004 Louisiana Morbidity Report Vol. 15, No. 4

OPH Rabies Testing Policies Clarified (Cont. from page 1)

private entities in cases with no history of human exposure, will not be tested, (neither will brain tissue from domestic animals that have not exposed humans through bites or scratches).

OPH laboratories will accept mammalian species not considered routine vectors of rabies virus in certain unusual circumstances. Large species rodents, such as nutrias, or any mammalian species attacking in an unprovoked manner while showing signs of neurological disease, will be tested after careful consideration of the facts of the case by personnel of the Infectious Disease Epidemiology Section at OPH.

Submission of brain tissue is usually carried out through the environmental health (sanitarian) services sections of parish health units or through local animal control agencies. Questions regarding unusual cases, testing criteria or necessity for post-exposure rabies prophylaxis should be addressed to the Infectious Disease Epidemiology Section of OPH by calling (800) 256-2748 or (504)219-4563.

## West Nile Virus Summary Louisiana, 2002-2005

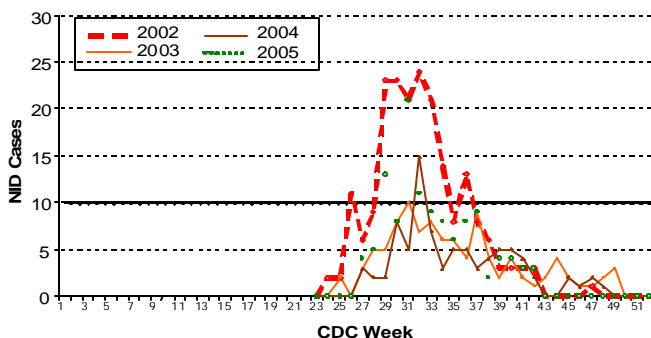
Year after year West Nile cases are reported in Louisiana. The state saw the highest numbers in 2002, the first year that West Nile spread throughout the state. The disease has become endemic in Louisiana since that year. Since very few West Nile fever or asymptomatic cases are diagnosed and reported, they are not reliable in monitoring the progress of the endemic. In the years following 2002, the number of cases of Neuro Invasive Disease (NID) have fluctuated between eighty and 120 cases per year. (Table 1)

**Table 1:** Reported West Nile cases – Louisiana, 2002-2005

Year	2001	2002	2003	2004	2005
NID	1	204	101	84	118
Fever	0	124	21	24	54
Asymptomatic	0	0	0	6	16
Total	1	329	122	114	188

The start of the season for West Nile is near the beginning or middle of July, ending when winter brings cool temperatures. The pattern of disease distribution is consistent year after year. (Figure 1)

**Figure 1:** West Nile Virus - Neuro-Invasive disease cases Louisiana, 2002-2005



All parishes may be affected, some with sporadic cases, others with a steady number of cases year after year. (Table 2)

**Table 2: West Nile Virus - Neuro-Invasive disease cases Louisiana, 2002-2005**

Parish	NID			
	2002	2003	2004	2005
Jefferson	24	3	1	6
Orleans	10	2	1	6
St Bernard	0	0	0	1
Plaquemines	0	0	0	0
Ascension	6	2	1	3
East Baton Rouge	37	1	22	17
East Feliciana	2	1	1	0
Iberville	2	0	0	2
Pointe Coupee	6	0	0	2
West Baton Rouge	2	0	1	0
West Feliciana	0	0	0	0
Assumption	0	1	0	0
Lafourche	0	2	0	1
St. Charles	0	0	0	0
St James	2	0	0	0
St John	2	0	0	0
St Mary	0	1	0	0
Terrebonne	0	3	0	0
Acadia	0	0	0	1
Evangeline	1	0	1	0
Iberia	2	1	0	4
Lafayette	4	0	1	1
St Landry	1	0	3	0
St Martin	0	0	0	0
Vermillion	0	0	0	0
Allen	0	0	0	0
Beauregard	0	0	1	1
Calcasieu	8	1	3	2
Cameron	0	1	0	0
Jefferson Davis	0	0	1	0
Avoyelles	2	0	0	0
Catahoula	0	1	0	0
Concordia	1	0	0	0
Grant	1	0	0	0
Rapides	14	2	8	7
Lasalle	0	0	0	0
Vernon	0	0	0	0
Winn	1	0	0	1
Bienville	0	0	0	0
Bossier	3	8	9	6
Caddo	5	38	8	16
Claiborne	0	1	0	0
Natchitoches	0	1	0	0
DeSoto	1	1	0	2
Sabine	0	0	0	0
Red River	1	0	0	0
Webster	0	0	1	0
Caldwell	0	0	1	0
East Carroll	0	0	0	0
Franklin	0	0	1	1
Jackson	0	1	0	0
Lincoln	0	2	0	1
Madison	0	0	1	0
Morehouse	0	2	2	1
Ouachita	6	2	5	15
Richland	2	1	1	0
Tensas	0	0	0	0
Union	1	1	1	0
West Carroll	0	2	2	0
Livingston	12	5	6	11
St Helena	0	2	0	2
St Tammany	27	4	0	3
Tangipahoa	12	6	1	2
Washington	6	2	0	3
Undetermined	0	0	0	0
<b>Total</b>	<b>204</b>	<b>101</b>	<b>84</b>	<b>118</b>

LOUISIANA COMMUNICABLE DISEASE SURVEILLANCE

May - June, 2006

Table 1. Disease Incidence by Region and Time Period

DISEASE	HEALTH REGION									TIME PERIOD				
	1	2	3	4	5	6	7	8	9	May-Jun 2006	May-Jun 2005	Jan-Jun Cum 2006	Jan-Jun Cum 2005	% Chg
	<b>Vaccine-preventable</b>													
Hepatitis B Cases	0	3	1	2	0	0	1	0	0	7	17	24	40	-40.0
Hepatitis B Rate <sup>1</sup>	0	0.5	0.3	0.4	0	0	0.2	0	0	0.2	0.4	0.5	0.9	NA
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Mumps	0	0	0	0	2	0	0	0	0	2	1	2	5	NA*
Rubella	0	0	0	0	0	0	0	0	0	0	1	0	1	NA*
Pertussis	0	2	1	0	0	0	0	0	1	4	14	10	27	-63.0
<b>Sexually-transmitted</b>														
HIV/AIDS Cases <sup>2</sup>	9	10	1	5	3	1	5	2	2	38	222	291	609	-0.5
HIV/AIDS Rate <sup>1</sup>	0.9	1.7	0.3	0.9	1.1	0.3	1.0	0.6	0.5	0.9	5.1	6.7	13.9	NA
Gonorrhea Cases	192	299	103	223	61	52	337	166	91	1524	1950	4463	5648	-1185
Gonorrhea Rate <sup>1</sup>	18.6	49.5	26.8	40.7	21.5	17.3	64.5	46.9	20.8	34.1	43.6	99.9	126.4	NA
Syphilis (P&S) Cases	14.0	10.0	1.0	7.0	0	0	0	0	3.0	35.0	44.0	94.0	130.0	-36.0
Syphilis (P&S) Rate <sup>1</sup>	1.4	1.7	0.3	1.3	0	0	0	0	0.7	0.8	1.0	2.1	2.9	NA
<b>Enteric</b>														
Campylobacter	0	3	1	9	0	2	0	2	4	21	27	52	67	-22.4
Hepatitis A Cases	0	1	0	2	0	0	0	0	0	3	10	6	32	-81.3
Hepatitis A Rate <sup>1</sup>	0	0.2	0	0.4	0	0	0	0	0	0.1	0.2	0.1	0.7	NA
Salmonella Cases	1	22	12	21	7	10	9	4	17	103	167	245	339	-27.7
Salmonella Rate <sup>1</sup>	0.1	3.6	3.1	3.8	2.5	3.3	1.7	1.1	3.9	2.3	3.7	5.5	7.6	NA
Shigella Cases	0	0	0	5	0	0	1	0	0	6	23	51	66	-22.7
Shigella Rate <sup>1</sup>	0	0	0	0.9	0	0	0.2	0	0	0.1	0.5	1.1	1.5	NA
Vibrio cholera	0	0	2	0	0	0	0	0	0	2	0	1	0	NA*
Vibrio, other	0	0	1	0	0	0	0	0	1	2	12	7	16	-56.3
<b>Other</b>														
<i>H. influenzae (other)</i>	0	2	0	1	0	0	0	0	0	3	3	10	26	-61.5
<i>N. Meningitidis</i>	0	0	0	4	0	0	0	0	1	5	7	28	26	7.7

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.

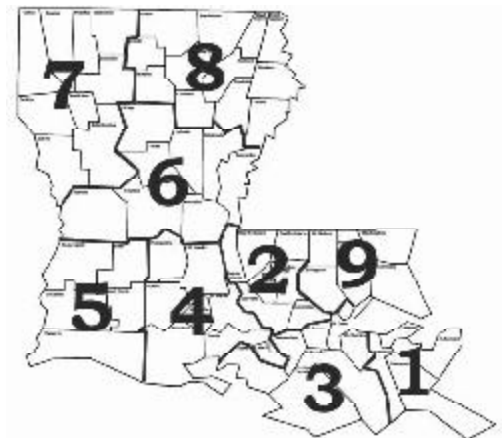
\* Percentages not calculated for numbers less than 10

Table 2. Diseases of Low Frequency (January-June, 2006)

Disease	Total to Date
Legionellosis	6
Lyme Disease	0
Malaria	0
Rabies, animal	2
Varicella	158

Table 3. Animal rabies (May-June, 2006)

Parish	No. Cases	Species
	0	



**Sanitary Code - State of Louisiana  
Chapter 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	Measles (rubeola)	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)
Avian Influenza	Neisseria meningitidis (invasive disease)	Smallpox
Botulism	Plague	Staphylococcus Aureus, Vancomycin Intermediate or Resistant (VISA/VRSA)
Brucellosis	Poliomyelitis, paralytic	Tularemia
Cholera	Q Fever (Coxiella burnetii)	Viral Hemorrhagic Fever
Diphtheria	Rabies (animal and human)	Yellow Fever
Haemophilus influenzae (invasive disease)	Rubella (congenital syndrome)	
Influenza-associated Mortality	Rubella (German measles)	

**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.*

Arthropod-Borne Neuroinvasive Disease and other infections (including West Nile, St. Louis, California, Eastern Equine, Western Equine and others)	Hemolytic-Uremic Syndrome	Pertussis
Aseptic meningitis	Hepatitis A (acute disease)	Salmonellosis
Chancroid <sup>1</sup>	Hepatitis B (carriage, other than in pregnancy)	Shigellosis
Escherichia coli, Shig-toxin producing (STEC), including E. coli O157:H7	Hepatitis B (perinatal infection)	Syphilis <sup>1</sup>
Hantavirus Pulmonary Syndrome	Hepatitis E	Tetanus
	Herpes (neonatal)	Tuberculosis <sup>2</sup>
	Legionellosis (acute disease)	Typhoid Fever
	Malaria	
	Mumps	

**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)	Gonorrhea <sup>1</sup>	Staphylococcal Toxic Shock Syndrome
Blastomycosis	Hansen Disease (leprosy)	Streptococcal disease, Group A (invasive disease)
Campylobacteriosis	Hepatitis B (carriage, other than in pregnancy)	Streptococcal disease, Group B (invasive disease)
Chlamydial infection <sup>1</sup>	Hepatitis C (acute illness)	Streptococcal Toxic Shock Syndrome
Coccidioidomycosis	Hepatitis C (past or present infection)	Streptococcus pneumoniae, penicillin resistant [DRSP], invasive infection]
Cryptococcosis	Human Immunodeficiency Virus (HIV Syndrome infection)	Streptococcus pneumoniae (invasive infection in children < 5 years of age)
Cryptosporidiosis	Listeria	Transmissible Spongiform Encephalopathies
Cyclosporiasis	Lyme Disease	Trichinosis
Dengue	Lymphogranuloma Venereum <sup>1</sup>	Varicella (chickenpox)
Ehrlichiosis	Psittacosis	Vibrio Infections (other than cholera)
Enterococcus, Vancomycin Resistant [(VRE), invasive disease]	Rocky Mountain Spotted Fever (RMSF)	
Giardia	Staphylococcus Aureus, Methicillin/Oxacillin Resistant[ (MRSA), invasive infection]	

**Class D Diseases/Conditions - Reporting Required Within 5 Business Days**

Cancer	Hemophilia <sup>3</sup>	Severe Traumatic Head Injury
Complications of Abortion	Lead Exposure and/or Poisoning (All ages) <sup>3</sup>	Severe Undernutrition (severe anemia, failure to thrive)
Congenital Hypothyroidism <sup>3</sup>	Pesticide-Related Illness or Injury (All ages)	Sickle Cell Disease (newborns) <sup>3</sup>
Galactosemia <sup>3</sup>	Phenylketonuria <sup>3</sup>	Spinal Cord Injury
Heavy Metal (Arsenic, Cadmium, Mercury) Exposure and/or Poisoning (All ages)	Reye's Syndrome	Sudden Infant Death Syndrome (SIDS)

Case reports not requiring special reporting instructions (see below) can be reported by Confidential Disease Case Report forms (2430), facsimile, (504) 219-4522, telephone, (504) 219-4563, or web base at <https://ophrdd.dhh.state.la.us>.

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

<sup>2</sup>Report on CDC72.5 (f.5.2431) card.

<sup>3</sup>Report to the Louisiana Genetic Diseases Program Office by telephone at (504) 219-4413 or facsimile at (504) 219-4452.

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