

# Louisiana Morbidity Report

Louisiana Office of Public Health - Infectious Disease Epidemiology Section  
P.O. Box 60630, New Orleans, LA 70160 - Phone: (504) 219-4563  
<http://www.dhh.louisiana.gov/offices/reports.asp?ID=249&Detail=7428>



Bobby Jindal  
GOVERNOR

Infectious Disease Epidemiology Main Webpage  
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Alan Levine  
SECRETARY

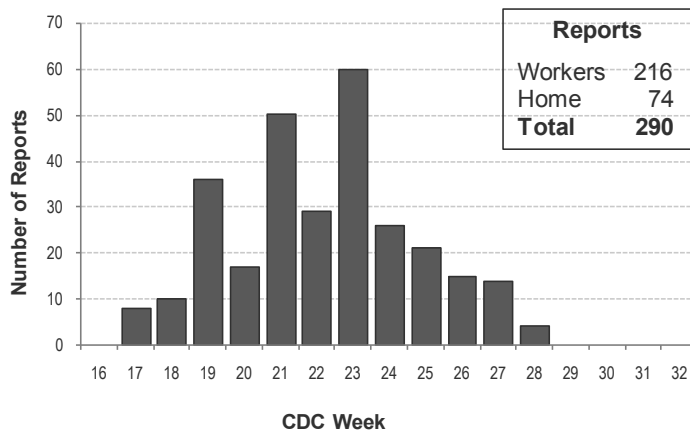
July-August 2010

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## Oil Spill Surveillance Report Louisiana - July, 2010

On April 20, 2010 the Deep Water Horizon, an offshore oil drilling rig stationed in the Gulf of Mexico, 40 miles from the coast of Louisiana, blew up. It collapsed into the sea on April 22 (CDC week 16) in the area known as Mississippi Canyon 252. Four weeks later, the Louisiana Department of Health and Hospitals (DHH), Office of Public Health (OPH), Section of Environmental Epidemiology & Toxicology's (SEET) health surveillance system, started to receive reports of human exposures (Figure 1).

Figure 1: Exposure Report Counts by CDC Week - Louisiana, 2010



The LA OPH SEET is tracking and evaluating all acute health effects related to the British Petroleum Oil Spill. Data collected on persons exposed includes: demographics; clinical and health care utilization; type of work; nature, route and location of exposure.

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## Rabies Control in a Community Setting- Region IV\*, Louisiana May - June, 2010

*Pamela Kreyling BSN, MPH; April Bernard, BSBE; Juliette Stefanski, MD; Gary Balsamo DVM, MPH & TM*

On June 1, 2010, Region IV was notified of a dog that had been diagnosed with, and tested positive for, "dumb" rabies.

Some experts separate the clinical signs of rabies into 3 phases, prodromal, excitative and paralytic or endstage. However, due to the variable nature of signs in animals, classification into phases is often impractical and unrewarding. Most commonly the spectrum of abnormal neurological behavior ranges from signs characterizing the "dumb" form of rabies, subdued behavior in which animals are not aggressive and do not avoid human contact, to the "furious" form of rabies, aggressive behavior in which animals attack without provocation. Human rabies also is often classed as dumb and furious, with similar dichotomous histories where some patients behave aggressively, and some do not.

Most rabid animals exhibit signs characteristic of both furious and dumb forms. Animals that primarily exhibit signs of furious rabies, in circumstances with no environmental stimulation, can exhibit symptoms of dumb rabies, just as animals exhibiting primarily dumb signs, can be provoked into extreme aggression.

The rabies-infected dog which had been picked up on Tuesday, May 25<sup>th</sup>, was symptomatic and was euthanized on Friday, May 28<sup>th</sup>. Persons potentially exposed included the resident who reported the dog to parish animal control, the workers in animal control, animal shelter employees and volunteers, as well as workers at the University School of Veterinary Medicine where the dog was diagnosed.

A home visit was made to interview the owner. Per her report, she 'rescued' the dog from a group of children who were mistreating it, 2 to 3 weeks prior to the dog becoming symptomatic. The dog lived in her apartment and she had not taken it for veterinary evaluation or immunizations. The dog became ill on Sunday, May 23<sup>rd</sup> and worsened over several days, whereupon the owner called 911. The dog had never been aggressive, but the resident described neurological symptoms including deterioration in walk, and weakness.

\* Map of Regions on Page 7

(Continued on page 2)

The State Public Health Veterinarian determined an exposure to be a person who had contact with the dog on, or after, May 13, 2010 and who was either (1) bitten by the dog, (2) had accidentally ingested saliva or any bodily fluid, secretion or excretion from the dog or (3) experienced contact of the eye, mucous membranes or a scratch, open wound, or other type lesion on the skin with saliva or any bodily fluid, secretion or excretion from the dog. Post-exposure prophylaxis (PEP) was recommended for any person that had contact with the dog on or after May 13<sup>th</sup>, and met any of the 3 criteria listed in the case definition. Particular emphasis was placed on providing prophylaxis for any young children identified due to the risk of exposure through the animal licking the child's face.

Outreach to potential contacts persons was conducted through multiple methods. Persons identified by the resident were contacted via phone by Office of Public Health (OPH) regional office staff including Infectious Disease Epidemiology Rapid Response Team members. On June 1<sup>st</sup>, flyers in the form of a letter from OPH, which included a picture of the dog, were posted on all doors in the 80 unit apartment complex by the disease surveillance specialist (DSS), and parish sanitarians. OPH worked with the complex manager to identify apartments where children lived or visited regularly; those identified apartments received enhanced letters requesting residents to call OPH. All persons interviewed, in addition to assessment of their own exposure, were asked if they knew anyone else who had potentially been exposed. Follow-up was done on any persons identified. The Regional Medical Director held a press conference to utilize local television, radio and newspaper media for notification of the public. In addition, due to the location in relation to the complex and being the reported origin of the dog, flyers were posted on all doors of a neighboring subdivision by parish sanitarians on June 2<sup>nd</sup>.

The neighborhoods involved are in a lower income area. The apartment complex is designed for elderly, handicapped and/or disabled tenants. The members of the general public who were considered exposed were residents or close friends and family of residents or case managers from social agencies. No one from the neighboring subdivision contacted OPH regarding possible exposure.

Forty members of the general public were interviewed; post-exposure prophylaxis (PEP) was recommended and completed by 24 persons, (19 of whom were children). Three additional adults were assessed as being at some risk for exposure; 2 refused PEP, the third consulted her personal physician who determined PEP was not indicated. All parish hospitals with emergency departments (EDs) were called to assess their amount of vaccine and rabies immune globulin (RIG). Persons for whom PEP was recommended were referred to various EDs and clinics based on availability of RIG and vaccine, as well as insurance status. EDs/clinicians were notified of each person referred there, with referrals and Centers for Disease Control and Prevention (CDC) recommendations for PEP were faxed to each facility. Due to the high number of potentially exposed, especially the large number of children, case management was provided by the regional DSS and epidemiologist to ensure completion of PEP.

In addition, 20 persons who were city/parish employees and/or volunteers were identified and interviewed; PEP was recommend-

ed for 8 persons. One employee opted to receive boosters despite only handling the dog with gloves; another initiated pre-exposure prophylaxis. CDC recommendations were provided and immunizations were provided through city/parish government. Two persons received PEP through the School of Veterinary Medicine.

The incubation period for rabies in animals is variable, however in dogs signs usually appear 20 to 80 days post-exposure. Signs are initially similar to those of other viral infections and are characterized by onset of fever, malaise and depression. Clinical signs of rabies are rarely pathognomonic and exhibit a high degree of variability. There are also species differences; however acute behavioral change and progressive paralysis are seen in virtually all animals. Additional signs commonly observed are anorexia, apprehension, irritability and hyperexcitability. Some animals seek solitude, while others may be ataxic or show changes in pitch and tone of vocalization. Normally nocturnal animals are often witnessed in unusual places in daylight hours. Wild animals, such as foxes, coyotes, or skunks, may become unusually bold, entering yards or houses to attack pets or humans. Some animals die soon after onset of paralysis and show very few additional signs. Signs fairly specific to individual species are also observed. In cattle, lactation ceases suddenly and abnormal bellowing may occur. Horses and mules can become agitated and tend to roll, signs similar to those witnessed when colic occurs.

In general, rabies should be included as a possible cause of abnormal behavior in pets in endemic areas and in terrestrial wildlife behaving unusually. Bats uncharacteristically attacking or biting people or animals, or flying or resting on the ground in daylight hours should also be suspicious of being infected with this deadly virus.

For more information, please contact Pamela Kreyling at (337) 262-5322 or e-mail at [pamela.kreyling@la.gov](mailto:pamela.kreyling@la.gov) or Dr. Balsamo at (504) 219-4503 or e-mail at [gary.balsamo@la.gov](mailto:gary.balsamo@la.gov). For information on rabies vaccines, see web page <http://www.dhh.louisiana.gov/offices/page.asp?id=249&detail=7488>.

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<b>Assistant Secretary, OPH</b>	<b>Clayton Williams, MPH</b>
<b>State Epidemiologist</b>	<b>Raoult Ratard, MD MPH</b>
<b>Editors</b>	<b>Susanne Straif-Bourgeois, PhD MPH</b> <b>Theresa Sokol, MPH</b> <b>Rosemarie Robertson, BS MT(C) CNMT</b>
<b>Layout &amp; Design</b>	<b>Ethel Davis, CST</b>

# Folic Acid: A Preconception Health Intervention - Louisiana, 2009

*Shondra G. Williams, PhD, FNP-C; Jerrine R. Morris, MPH Candidate; Tri Tran, MD, MPH*

## Background:

In 2007, Louisiana ranked 49th in the nation for infant mortality. Fifty percent of all pregnancies are unplanned; hence, the importance of promoting healthy reproductive practices. According to the Centers for Disease Control and Prevention (CDC), preconception care is a critical component of care in women of reproductive age and is defined as any effort to improve the health of women before pregnancy that will ensure health during pregnancy to reduce the risk of negative birth outcomes. Folic acid consumption is considered to be a preconception health intervention, and can give significant benefits in reducing neural tube defects. According to Cleves, Hobbs, Collins, Andrews, Smith and Robbins (2004), women need at least 400 mcg of folic acid daily before and during pregnancy to reduce the risk of neural tube defects by as much as 70%. The reality is that few women are consuming the appropriate amount of folic acid in their diets on a daily basis.

The Louisiana Family Planning Program and Maternal Child Health Program collaborated and developed an initiative to improve the consumption of folic acid amongst women of reproductive age. The initiative included folic acid education, counseling and a 1-year supply of folic acid supplementation for each female client (at no cost to the recipients) seen in a Title X funded Family Planning clinic in Louisiana. An evaluation was conducted to determine the effectiveness of the initiative by measuring the knowledge, perception and consumption of folic acid tablets.

## Methodology:

A statewide survey was administered to 1,849 females between the ages of 11 and 55 years during their Title X funded Family Planning clinic visit. The survey was conducted over a 2-week time period in October, 2009. The survey, composed of 10 items, assessed the client's knowledge of the role of folic acid, perception of folic acid and consumption of folic acid tablets.

## Results:

The study found that 57% of the women adhered to taking folic acid tablets daily as recommended; 55% of the women were knowledgeable about the role of folic acid before and during pregnancy; 59% were knowledgeable about the foods that were high in folic acid; 78% of the women felt that they were provided with information about folic acid by their Family Planning Nurse and felt that they could benefit from taking daily folic acid supplements. (Table)

**Table:** Percent of Females Taking Folic Acid Daily That Was Distributed in Title X Funded Family Planning Clinics by Knowledge and Perception of Folic Acid As Well As Pregnancy Plan (n = 853)

Variables		Number	Percent	CI 95%	Chi-Square P value
Knowing that having enough folic acid in body before and during pregnancy can help prevent major birth defects of the baby's brain, and spine	Yes	347	58.3	54.4, 62.3	0.1457
	No	124	52.8	46.4, 59.1	
Thinking that they can benefit by taking a folic acid tablet every day	Yes	455	62.2	58.6, 65.7	<0.0001
	No	16	20.3	11.4, 29.1	
Knowing that folic acid is found in foods such as: fruits, vegetables, and "enriched" cereal grain products such as pasta, rice, bread, and tortillas	Yes	350	62.8	58.8, 66.8	<0.0001
	No	121	45.3	39.3, 51.3	
Having been provided with information from Family Planning clinic about the importance of taking folic acid tablets	Yes	454	58.4	54.9, 61.8	0.0041
	No	16	36.4	22.1, 50.6	
Planning to get pregnant within one year	Yes	40	70.2	58.3, 82.1	0.0369
	No	430	56.0	52.5, 59.5	

## Conclusions:

Despite the education, counseling and distribution of no-cost folic acid supplements to females seen in Title X funded Family Planning clinics in Louisiana, 43% did not take the folic acid supplements.

The Family Planning clinics provided an ideal opportunity to counsel women of reproductive age about the importance of folic acid in preventing neural tube defects. Females seen in these clinics had a positive perception towards folic acid. The women who were more likely to take folic acid supplements were those who desired pregnancy within 1 year.

The consumption of 400 mcg of folic acid before, and during pregnancy in women of reproductive age would markedly reduce the rate of infant mortality and morbidity. Efforts to improve knowledge and consumption of folic acid in women of reproductive age can have significant public health benefits.

For references or more information, please contact Dr. Williams at (504) 568-2180, or e-mail to [Shondra.Williams@la.gov](mailto:Shondra.Williams@la.gov).

(Oil Spill ... Continued from Page 1)

The goal of this surveillance is to monitor possible human health effects of exposure to pollutants resulting from the spill. The data is supplied by sentinel surveillance sites, including hospital emergency departments, outpatient clinics, physicians' offices and the Poison Control Center. Potential complaints include exposure to odors/fumes, skin contact with contaminated water or objects, heat stress, in addition to injuries such as lacerations/fractures resulting from clean-up, or containment activities.

**Syndromic Surveillance**

Syndromic Surveillance utilizes the detection of well-defined symptoms as an indicator of the possible presence of a public health problem. The Metro New Orleans Hospital Emergency Department Syndromic Surveillance Report is compiled from Emergency Department (ED) 'Chief Complaint' data reported to the LA OPH Infectious Diseases Epidemiology Section by Metro New Orleans hospitals (7 hospitals from Regions 1, 3, and 9 - map of regions on page 7). Text contained in the data is analyzed by CDC-supplied software, and ED records are flagged when the data contains text indicative of a specific syndrome. For the purpose of this surveillance, 'Asthma' and 'Upper Respiratory Symptoms' are of interest.

**Limitations**

Since this type of data is based on a patient's report, and does not necessarily reflect a confirmed health effect from the oil spill, many mild cases of exposures that did not warrant accessing medical care are not reported here. This report also does not include injuries, the primary conditions affecting the workers. It also does not include chronic disease (e.g. it would not include hypoglycemia in a diabetic worker) or acute conditions that are not directly resulting from pollutants (e.g. a foodborne outbreak) but, it includes any exacerbations of a chronic condition that could be resulting from exposure to pollutants (mainly for pulmonary and dermatologic conditions resulting from inhalation or skin exposure).

As reports are received, they are entered into a database. Health complaints are the symptoms and signs reported by the person affected, some of which are objective (e.g. vomiting), others being subjective (e.g. nausea). There are large variations in how subjective symptoms are perceived and reported. Although every effort is made to get the most complete information on every single case, there are missing data on demographics, exposure and health effects. Medical facilities do collect some data, but not in a systematic fashion (Tables 1, 2 and 3).

Table 1: Working in an Oil Spill Related Activity When Exposed Louisiana, 2010

Worker	Working	Population
Beach Clean-Up	27	
Animal Clean-Up	2	
Onshore Work, Unspecified	34	
Clean-Up Unspecified	25	
Sheen Busting	8	
Boom Deployment	29	
Burning	2	
Skimming	18	
Offshore Work, Unspecified	36	
Oil Rig	26	
Other Worker (Not Oil)	9	
<b>Residents</b>		
Home		71
Beach Walking		1
Boating		0
Swimming		2
Fishing		0
<b>Total</b>	216	74

Table 2: Exposures (Not Validated) - Louisiana, 2010

	Working	Population
Polluted water	13	4
Tar ball	1	0
Liquid oil	33	1
Odor and fumes	60	67
Emulsified oil/Dispersant	52	1
Heat	97	0
Fish	0	4
<b>Total*</b>	256	77

\*Cases may report more than 1 exposure

Table 3: Primary Route of Exposures - Louisiana, 2010

	Working	Population
Inhalation	101	66
Eye Contact	3	1
Skin Contact	21	2
Ingestion	1	5
Other*	90	0
<b>Total</b>	216	74

\*Includes cases of heat stress

**Summary**

There have been 290 reports of health complaints perceived to be related to exposure to pollutants from the oil spill; 216 among workers and 74 among the general population (Table 4)

Table 4: Age and Gender Distribution Louisiana, 2010

	Gender		Age (Years)					Total
	Male	Female	0-17	18-44	45-64	65+	Unknown	
Worker	194	22	2	153	55	3	3	216
General Population	27	47	9	24	26	6	9	74
<b>Total</b>	221	69	11	177	81	9	12	290

Seventeen workers had short hospitalizations. The general population complaints were primarily related to odors, and symptoms were considered mostly mild (Table 5).

Table 5: Illness Information\* - Louisiana, 2010

		Working	Population
<b>Respiratory</b>	Nose Irritation	10	5
	Nose Bleed	2	2
	Throat Irritation	34	19
	Shortness of Breath/Difficulty Breathing	20	13
	Aggravation of Existing Asthma	1	10
	Aggravation of Existing Respiratory Illness (COPD)/Other	1	3
	Cough	28	11
	Wheezing	3	3
	<b>Eye</b>	Eye Irritation	13
	Blurry Vision	5	1
<b>GI</b>	Nausea	65	24
	Vomiting	43	9
	Diarrhea	18	3
<b>Cardio-vascular</b>	Chest Pain	19	0
	Irregular Beat/Rapid Beat	9	0
<b>Skin</b>	Rashes	18	2
	Other	8	4
<b>Neuro</b>	Headache	85	32
	Dizziness	51	5
	Tremors	3	0
	Altered Taste	6	1
	Syncopa	10	0
<b>General</b>	Weakness/Fatigue	44	1
	Diaphoresis	6	0
	Fever	8	1
<b>Total Reported Symptoms</b>		510	166
<b>Patient Total</b>		216	74

\*Cases may be counted in more than 1 category

This year's weekly data (percentage of asthma and upper respiratory infections [URI] among ED visits) are compared with the past 3 years. Asthma visits are very low and URI visits are within range (Figures 2 and 3)

Figure 2: The Lowest and Highest Percentages of Asthma Reported in Emergency Departments – Louisiana, 2007-2010

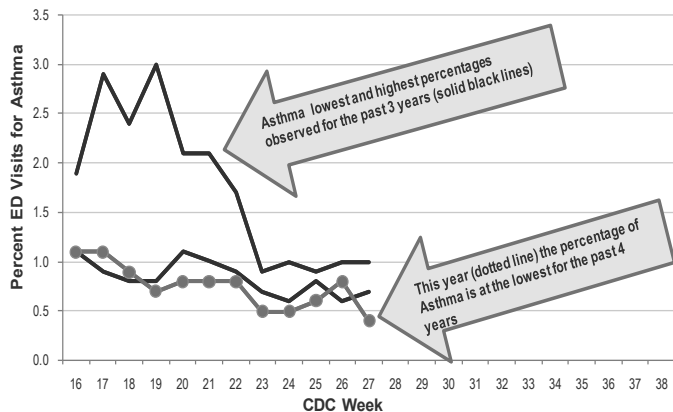
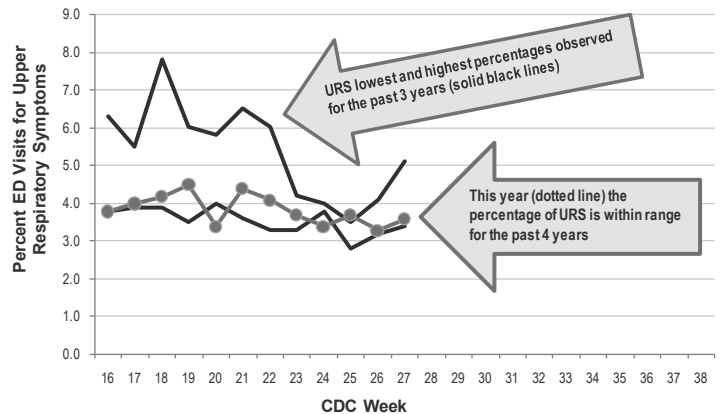


Figure 2: The Lowest and Highest Percentages of Upper Respiratory Symptoms (URS) Reported in Emergency Departments – Louisiana, 2007-2010



Syndromic surveillance does not show any higher rates in the Greater New Orleans area (Table 6).

Table 6: Parish of Residence - Louisiana, 2010

Region		Total
1: Greater New Orleans	Orleans	25
	Jefferson	29
	Plaquemines	19
	St. Bernard	8
2: Baton Rouge		8
3: Houma/Thibodaux	Lafourche	34
	Terrebonne	24
	Other	7
4: Lafayette		14
5: Lake Charles		2
9: NorthShore	St. Tammany	12
	Other	4
Other Louisiana		6
Out of State		28
Unknown		70
<b>Total</b>		<b>290</b>

The Environmental Protection Agency performs 24-hour air sampling for volatile organic compounds (VOCs), polycyclic aromatic hydrocarbons (PAHs), and particulate matter using stationary air monitors at 9 sites across Southeastern Louisiana. These monitors are also used for continuous hourly monitoring of hydrogen sulfide (H<sub>2</sub>S), sulfur dioxide (SO<sub>2</sub>), and PM10\*. EPA's mobile TAGA (Trace Atmospheric Gas Analyzer) unit performs real-time episodic monitoring of H<sub>2</sub>S, SO<sub>2</sub>, benzene, toluene, xylene, and components of the dispersant being used on the oil spill.

Between July 1 and July 13, 2010, PM10 exceedences occurred

(Continued on page 6)

\*Particulate matter, aerosols or fine particles, are tiny particles of solid or liquid suspended in a gas. The notation PM10 is used to describe particles of 10 micrometres or less and PM2.5 represents particles less than 2.5 micrometres in aerodynamic diameter.

(Oil Spill ... Continued from Page 5)

at 3 monitors but did not generally occur over a long enough period of time to cause concern. Also particulates have generally been present for the Gulf coastline at this time of year. None of the volatile organic carbons (VOCs) related to the oil spill were detected at concentrations above the screening values. Hydrogen sulfide (H<sub>2</sub>S) levels exceeded screening values but remained below concentrations observed to cause health problems. No oil-spill related VOC exceedences were detected in Louisiana by EPA's TAGA unit.

Between July 7 to July 15, 2010 Total Non-Methane Organic Carbon (TNMOC), and SO<sub>2</sub> readings were reported as normal for these sites. H<sub>2</sub>S was present in ranges that could be detected by smell but are not considered health threatening. PM<sub>2.5</sub> levels remained below the National Ambient Air Quality Standards.

The Louisiana Department of Health and Hospitals (DHH), and Department of Wildlife and Fisheries (DWF) have been collecting seafood samples since April 30, 2010 to analyse for PAH (Polynuclear Aromatic Hydrocarbons), and aliphatic (straight chain) hydrocarbon compounds. Between April 30 to July 9, 2010, of 467 seafood samples collected, trace levels of PAHs were detected in 61 samples. All compounds detected were below levels of concern, meaning that any chemicals detected were below levels that could potentially threaten the public's health. DHH personnel also collect a water sample from Oyster Harvest Areas at the time oysters are collected. During this period, 44 water samples were collected and analyzed for total petroleum hydrocarbons (TPH). TPH was not detected in any of the samples.

All patients treated for an oil spill-related injury or illness should be reported to OPH/SEET as soon as possible. This information is critical to state agencies monitoring the health impact of the oil spill on Louisiana residents and workers. Report patient name and contact information, name of reporting facility, name and telephone number of person reporting event, and brief description of health complaint and treatment to 1 (888) 293-7020 (24/7) or Fax (225) 342-8117. OPH/SEET will follow-up if more information is needed.

For information on potential health risks related to the oil spill, go to webpage <http://emergency.cdc.gov/gulfoilspill2010/index.asp>. For treatment information, call the Louisiana Poison Center 1(800) 222-1222. The Poison Center is staffed 24-hours a day and can provide medical management advice. To read the full report, please go to webpage <http://emergency.louisiana.gov/>.

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## Pilot Testing for Severe Combined Immunodeficiency Syndrome (SCID) Begins - Louisiana, 2010

The Department of Health and Hospitals, Office of Public Health (OPH), Genetics Diseases Program and the OPH Laboratory will begin pilot testing for Severe Combined Immunodeficiency (SCID), and other immunodeficiency disorders using T-Cell Receptor Excision Circles (TREC) Assays beginning in the summer or early autumn, 2010.

SCID, commonly referred to as "bubble boy disease", is a genetic disorder that causes premature death, usually in the first few months of life, as affected children cannot stave off common childhood infections due to the lack of a functional immune system. With early detection, SCID can be cured with a bone marrow transplant. This treatment has a 95% success rate. Infants born with SCID, and other immunodeficiency disorders who are not diagnosed, may not live to see their first birthday without intervention, and treatment.

TREC testing will be completed using the same bloodspots that are submitted for the current Louisiana Newborn Heel Stick Screening Panel. Once OPH completes testing for the current panel,

the samples will be sent to the Wisconsin State Laboratory of Hygiene at the University of Wisconsin-Madison for TREC analysis. Wisconsin is only one of 3 laboratories in the United States that use this methodology.

Follow-up of presumptive positive cases will be done by Children's Hospital (New Orleans), funded by the Jeffrey Modell Foundation, and under the guidance of the Genetic Diseases Program. The physicians of infants with a presumptive positive result will be contacted, and a recommendation of a referral to a pediatric immunologist for further evaluation and treatment will be made.

This pilot testing will last approximately 1 year. A decision on whether to officially adopt this testing as part of the newborn heel stick screening panel will be made at that time.

For more information, please contact Cheryl L. Harris at (504) 219-4413 or by e-mail at [Cheryl.Harris@la.gov](mailto:Cheryl.Harris@la.gov) or Dr. Evans at (504) 219-4692 or e-mail at [Catherine.Evans@la.gov](mailto:Catherine.Evans@la.gov).

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## Announcements

**Updates: Infectious Disease Epidemiology (IDES) Webpages**  
<http://www.infectiousdisease.dhh.louisiana.gov>

**ANNUAL REPORTS:** Malaria

**EPIDEMIOLOGY MANUAL:** Legionella Prevention-VHA Directive; Meningococcal Invasive Disease Summary

**HEPATITIS:** Hepatitis B Podcasts - Diagnosing HBV; Chronic HBV: Symptoms, Progression and Management; Treatment of

Chronic HBV; Complementary and Alternative Therapies; Afford-  
ing Medications

**INFLUENZA:** Weekly Report

**LOUISIANA MORBIDITY REPORT:** Index 1990

**SPECIAL STUDIES:** Epidemiology of Animal Rabies and Its Practical Application to Pre- and Postexposure Prophylaxis, Louisiana, 1988-2007

**WEST NILE VIRUS:** Louisiana Arbovirus Surveillance Summary, Bulletin 1, 2010

Table. Communicable Disease Surveillance, Incidence by Region and Time Period, May-June, 2010

DISEASE	HEALTH REGION									TIME PERIOD				
	1	2	3	4	5	6	7	8	9	May-Jun 2010	May-Jun 2009	Jan-Jun Cum 2010	Jan-Jun Cum 2009	Jan-Jun % Chg*
	<b>Vaccine-preventable</b>													
Hepatitis B Cases	1	0	0	0	0	0	0	0	0	1	11	23	31	-25.8
Hepatitis B Rate <sup>1</sup>	0.1	0	0	0	0	0	0	0	0	0.0	0.3	0.5	0.7	NA*
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Mumps	0	1	0	0	0	0	0	0	1	2	0	4	1	NA*
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Pertussis	1	1	0	0	0	0	1	1	1	5	33	13	87	-85.1
<b>Sexually-transmitted</b>														
HIV/AIDS Cases <sup>2</sup>	38	29	11	15	5	9	10	6	7	130	263	527	704	-25.0
HIV/AIDS Rate <sup>1</sup>	3.8	5.0	2.8	2.8	1.8	3.0	2.0	1.7	1.6	3.0	6	12.1	16.1	NA*
Chlamydia Cases <sup>3</sup>	284	95	58	171	33	90	228	198	57	1214	3750	4341	13946	-68.9
Chlamydia Rate <sup>1</sup>	35.2	14.8	14.7	29.6	11.6	30.0	42.7	57.0	10.9	27.5	85.1	98.4	316.2	NA*
Gonorrhea Cases <sup>3</sup>	79	7	6	40	6	38	73	5	7	261	1272	1203	4624	-74.0
Gonorrhea Rate <sup>1</sup>	9.8	1.1	1.5	6.9	2.1	12.7	13.7	1.4	1.3	5.9	28.8	27.3	104.8	NA*
Syphilis (P&S) Cases <sup>3</sup>	1	2	6	4	0	1	3	2	1	20	56	101	345	-70.7
Syphilis (P&S) Rate <sup>1</sup>	0.1	0.3	1.5	0.7	0.0	0.3	0.6	0.6	0.2	0.5	1.3	2.3	7.8	NA*
<b>Enteric</b>														
Campylobacter Cases	3	3	1	22	0	2	3	2	1	37	24	99	49	102.0
Hepatitis A Cases	0	0	1	0	1	0	0	1	0	3	1	5	2	NA*
Hepatitis A Rate <sup>1</sup>	0	0.0	0.3	0	0.4	0	0	0.3	0	0.1	0	0.1	0	NA*
Salmonella Cases	23	37	27	30	22	6	10	30	36	221	234	448	410	9.3
Salmonella Rate <sup>1</sup>	2.2	6.5	7.2	5.8	8.2	2.0	2.0	8.5	9.4	5.1	5.4	10.4	9.5	NA*
Shigella Cases	7	1	1	1	0	5	1	43	1	60	25	123	109	12.8
Shigella Rate <sup>1</sup>	0.7	0.2	0.3	0.2	0	1.6	0.2	12.3	0.3	1.4	0.6	2.9	2.5	NA*
Vibrio cholera Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Vibrio, other Cases	0	0	1	0	3	0	0	0	0	4	12	6	20	-70.0
<b>Other</b>														
<i>H. influenzae (other)</i>	0	0	0	0	0	1	4	0	1	6	3	19	12	58.3
<i>N. Meningitidis</i>	0	0	1	0	0	0	0	1	0	2	2	11	10	NA*

<sup>1</sup> = Cases Per 100 000.

<sup>2</sup> = 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 the 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.

<sup>3</sup> = Transition to a new system has delayed the morbidity reporting; Numbers may be artificially low; Per 100,000 population (2008 population estimate).

\* Percent Change not calculated for rates or count differences less than 5.

Figure. Department of Health and Hospitals Regional Map

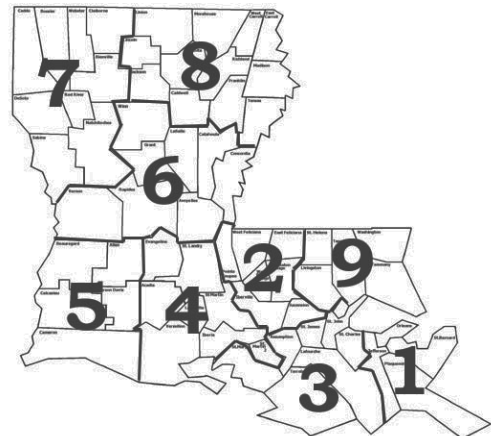


Table 2. Diseases of Low Frequency, January-June, 2010

Disease	Total to Date
Legionellosis	2
Lyme Disease	0
Malaria	0
Rabies, animal	3
Varicella	41

Table 3. Animal Rabies, May-June, 2010

Parish	No. Cases	Species
Lafayette	1	Dog

Sanitary Code - State of Louisiana  
 Part II - The Control of Diseases

LAC 51:11.105: 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	<i>Staphylococcus Aureus</i> , Vancomycin Intermediate or Resistant (VISA/VRSA)
Brucellosis	Poliomyelitis, paralytic	Tularemia
Cholera	Q Fever ( <i>Coxiella burnetii</i> )	Viral Hemorrhagic Fever
Diphtheria	Rabies (animal and human)	Yellow Fever
<i>Haemophilus influenzae</i> (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 (acute illness & carriage in pregnancy)	Shigellosis
<i>Escherichia coli</i> , Shig-toxin producing (STEC), including <i>E. coli</i> 0157: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) <sup>3</sup>	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)	<i>Streptococcus pneumoniae</i> , penicillin resistant [DRSP], invasive infection]
Cryptococcosis	Human Immunodeficiency Virus (HIV Syndrome infection) <sup>3</sup>	<i>Streptococcus pneumoniae</i> (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	<i>Staphylococcus Aureus</i> , Methicillin/Oxacillin Resistant [(MRSA), invasive infection]	

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

Cancer <sup>4</sup>	Heavy Metal (Arsenic, Cadmium, Mercury) Exposure and/or Poisoning (all ages) <sup>6</sup>	Severe Traumatic Head Injury
Carbon Monoxide Exposure and/or Poisoning (all ages) <sup>6</sup>	Lead Exposure and/or Poisoning (all ages)	Severe Undernutrition (severe anemia, failure to thrive)
Complications of Abortion	Pesticide-Related Illness or Injury (all ages) <sup>6</sup>	Sickle Cell Disease (newborns) <sup>5</sup>
Congenital Hypothyroidism <sup>5</sup>	Phenylketonuria <sup>2</sup>	Spinal Cord Injury
Galactosemia <sup>3</sup>	Reye's Syndrome	Sudden Infant Death Syndrome (SIDS)
Hemophilia <sup>3</sup>		

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 1-800-256-2748) or web based 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 HIV/AIDS Program: [www.hiv.dhh.louisiana.gov](http://www.hiv.dhh.louisiana.gov) for regional contact information, or call (504) 568-7474.

<sup>4</sup>Report to the Louisiana Tumor Registry: <http://publichealth.lsuhs.edu/tumorregistry/> or call (504) 568-5757.

<sup>5</sup>Report to the Louisiana Genetic Diseases Program Office by telephone at (504) 219-4413 or facsimile at (504) 219-4452.

<sup>6</sup>Report to the Section of Environmental Epidemiology & Toxicology: [www.seet.dhh.louisiana.gov](http://www.seet.dhh.louisiana.gov) or call (888) 293-7020.

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