

Louisiana Morbidity Report

Louisiana Office of Public Health - Epidemiology Section
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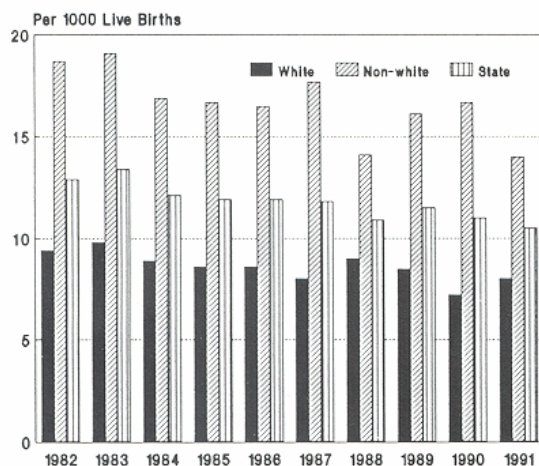
July-August 1993

Volume 4 Number 4

"Healthy Babies" Campaign

Louisiana consistently ranks among the highest states in the nation for infant mortality and low birth weight babies, and in some areas of the state, the infant mortality rate is twice that of the national average. The 5 year average infant mortality rate (IMR) in Louisiana for the years 1986 to 1990 was 11.4 infant deaths per 1000 live births. In 1990, 9.2% of all babies born were low-birth weight, meaning that they weighed under 2500 grams.

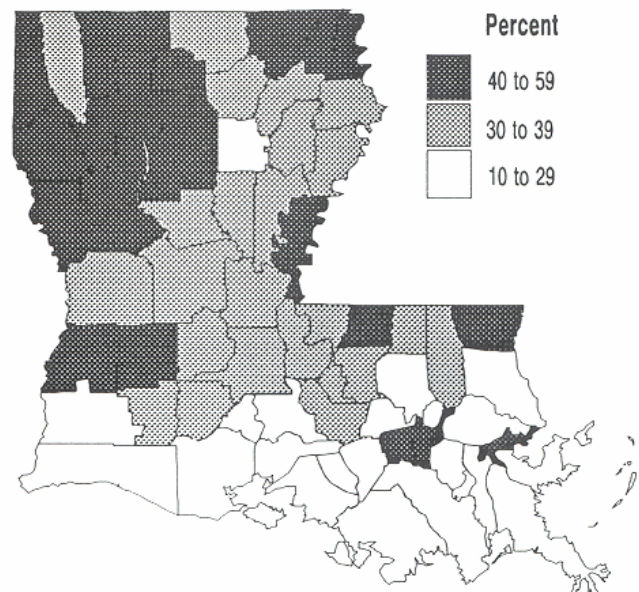
Figure 1: Infant mortality rate for Louisiana, 1982-1991



The infant mortality rate for African-American infants is about twice as high as the rate for Caucasian babies. A key factor in preventing low birth weight and related infant

mortality is early and continuous prenatal care. Minority women receive less prenatal care than white women. Almost 20% of white women do not receive prenatal care in the first trimester of pregnancy, compared with 47% of black women. The percent of women not receiving prenatal care in the first trimester by parish is shown in Figure 2.

Figure 2: Percent of women in Louisiana not receiving adequate prenatal care, 1991



To address this problem which has such devastating outcomes, the Maternal and Child Health Section of OPH is directing a state-wide media outreach effort called "Partners for Healthy Babies". The campaign promotes early prenatal care and healthy prenatal practices. A kick-off event with Lt. Gov Melinda Schwegmann, honorary chair, was held around Mother's Day this year. "Partners for Healthy Babies" stresses the benefits of early prenatal care for both the mother and the baby. A statewide toll free helpline for prenatal services has been introduced in the first phase of the campaign. Telephoning 1-800-251-BABY will allow any one to confidentially seek information about prenatal services in their area.

Other components of the project will include an incentive phase, in which pregnant women can receive a coupon book that when brought to a prenatal care provider, will be validated. (Continued on page 2)

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"Healthy Babies" Campaign (Cont.)

and can then be redeemed at a store for baby products, and products designed for the expectant mother. The campaign's messages are being spread through television and radio public service announcements, billboards and bus signage. Additionally, messages will be disseminated to the community through a speakers' bureau.

Update: Adult Respiratory Distress Syndrome in Southwestern U.S.

In May 1993 a illness characterized by unexplained respiratory distress was identified in previously healthy adults in New Mexico and surrounding states. As of July 9th, the Centers for Disease Control reported that 16 patients with this syndrome had an infection by a newly discovered hantavirus (a family of viruses known to cause hemorrhagic fevers). Twelve of these persons died. An additional 25 persons with similar illnesses were still under investigation. Environmental and epidemiologic studies have indicated that the virus is carried by deer mice and is transmitted to humans by inhalation of mouse excreta. It appears that this illness has been present in the past but has been unrecognized.

On July 5th, the Texas Department of Health reported a laboratory-proven case of infection with this hantavirus in a 58-year old female resident of Angelina county (close to the Louisiana border). In 1984, a virus in the hantavirus family was isolated from a rat in New Orleans. Together these suggest that infections with hantavirus may be present in rodents in Louisiana and that a risk exists of transmission to humans within our state.

Physicians should report unexplained cases of Adult Respiratory Distress Syndrome to the Epidemiology Section at (504) 568-5005. Citizens concerned about exposure to this virus should: 1) avoid activities that can result in contact with rodents, destruction of rodent burrows, or aerosolization of dried rodent excreta and 2) store food appropriately to avoid contamination with rodents and rodent excreta.

Vibrio Cholerae 01 Inaba Case

The first *Vibrio Cholerae* 01 Inaba case reported for 1993 occurred in a black female from New Orleans with an onset on July 21st. Symptomatology of the patient was atypical (localized lower abdominal pain as a result of an internal abscess). Exposure may have occurred by contact with drippings from raw seafood and/or possible ingestion.

Azithromycin for Chlamydia Infection

Chlamydia is probably the most common bacterial sexually transmitted disease in Louisiana; about 10-15% of women seen in family planning clinics are infected. Most infections are mildly symptomatic or asymptomatic, but they can lead to pelvic inflammatory disease and infertility. Until recently, the only recommended treatment regimens for chlamydia were seven-day courses of tetracycline, doxycycline, or erythromycin. Recently a new antibiotic called azithromycin was approved by the FDA for a single-dose treatment of chlamydia; draft guidelines by the Centers for Disease Control also endorse this use. Azithromycin is similar in efficacy to doxycycline, and has the substantial advantage that patient compliance is not a problem. It is given as one gram (four 250 mg capsules) orally at the time of diagnosis of culture-proven or suspected chlamydia infection. The disadvantage of azithromycin is its high cost - over \$30 per treatment. The Office of Public Health recommends the use of azithromycin for treatment of chlamydia if patient compliance with a seven-day treatment is unlikely and if the cost is not a concern. Because of the cost OPH will continue to routinely use doxycycline for the treatment of chlamydia in public health clinics.

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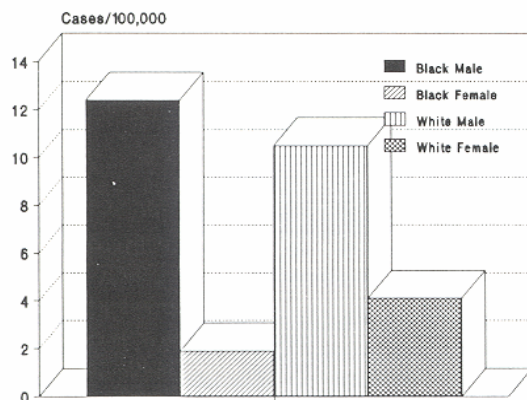
The Louisiana Morbidity Report is published bimonthly by the Epidemiology Section of the Louisiana Office of Public Health to inform physicians, nurses, and public health professionals about disease trends and patterns in Louisiana. Address correspondence to Louisiana Morbidity Report, Epidemiology Section,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

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Louisiana Severe Traumatic Brain Injury 1992

In 1992, 400 cases of severe traumatic brain injury were reported to the registry at the Louisiana Office of Public Health Disability Prevention Program (DPP). Three hundred and one (7.3/100,000) met the DPP reporting criteria. Males were three times more likely to suffer severe traumatic brain injury (TBI) than females (11.4/100,000 vs 3.5/100,000), blacks were four times more likely to suffer TBI than whites (26.8/100,000 vs 7.2/100,000); moreover, black males had the highest rate of TBI followed by white males, white females, and black females (Figure 1).

Figure 1: Head injuries by race and sex, 1992

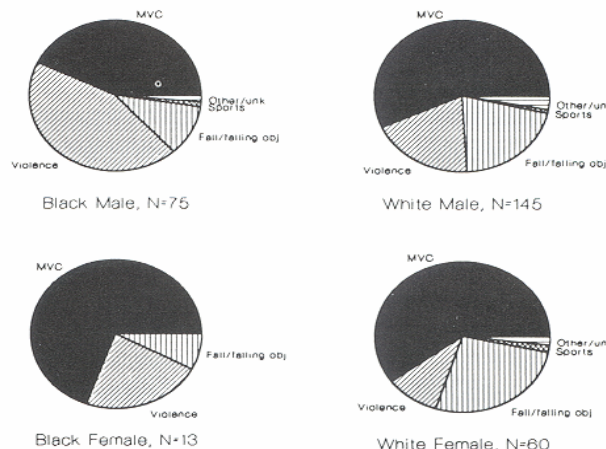


The causes of severe traumatic brain injuries were: motor vehicle crashes (MVC) 161 (53.5%), violence 73 (24.3%), fall/falling object 57 (19%), sports 4 (1.3%), and other/unknown 6 (2%). However, causes of TBI differed slightly by race and sex (Figure 2). The majority of these injuries (70.4%) occurred in the Region I (111, 36.9%), followed by Region IV (56, 18.6%), and Region VII (45, 14.9%).

Of the reported injuries 59% resulted in severe disability or fatal outcome, 24.3% moderate disability, and 16.7% good outcome (discharged with no disability).

Of the 161 MVC-related cases only 38% were tested for blood alcohol, and of those 70 percent were positive and 49% were legally drunk (blood alcohol > 0.1 g/dl). Of those who were not tested (62%), nine percent showed clinical or other evidence of intoxication, 48% had no evidence of intoxication and 43% were reported as unknown.

Figure 2: Percent of head injuries, 1992



Methicillin-Resistant Staphylococcus Aureus (MRSA) State Guidelines

Infection with strains of *Staphylococcus aureus* that are resistant to methicillin or oxacillin are increasingly common in hospitals and extended care facilities. Because these organisms are resistant to most antibiotics, the infections are difficult to treat. At the same time, employees and patients of institutions may become asymptotically colonized with MRSA, and may serve as a source for infection in others. Outbreaks of MRSA infections in institutions are not uncommon. As a result, MRSA infections are often the source of a great deal of concern in institutions.

Since the Office of Public Health was often asked to provide guidance to institutions, and because no up-to-date guidelines regarding management of MRSA were available from national agencies, the Office of Public Health convened a state MRSA Advisory committee. The purpose of this committee was to review the problem of MRSA in Louisiana and make recommendations regarding the control of MRSA in institutions that could be used statewide. The advisory committee included members of acute-care and extended-care institutions, physicians, representatives of regulatory agencies, infection control nurses, and epidemiologists.

The guidelines have been completed and represent the best recommendations the committee felt it could make at this time. Copies will be forwarded to each acute-care and extended-care facility within the state. Other interested individuals may request a copy by contacting the Office of Public Health, Epidemiology Section at 504-568-5005. We would like to take this opportunity to thank all of the committee members for a job well done.

Food-Related Complaints, 1992

In 1906, as a result of documented evidence of adulterated butter, vinegar, tea, mustard, catsup, cream, and other food products, the state legislature authorized the State Board of Health to inspect, test and regulate commercially available foods. Since that time, the Office of Public Health has operated a food sanitation program which includes receipt and investigation of complaints related to food.

In 1992, the Sanitarian Services Section received a total of 709 food-related complaints. Of those food-related complaints investigated, 113 (16%) were complaints of illness, 240 (34%) were complaints of suspected food contamination/adulteration/spoilage and 349 (50%) were complaints of unsanitary conditions in places where food was sold. Regions I (New Orleans, St. Bernard, St. Tammany, Plaquemines parishes) and Region IX (Jefferson parish) reported 54% of all complaints.

Of the 113 complaints with reported illness, thirteen (11.5%) occurred in incidents where two or more individuals were ill. Of these 13 incidents, positive specimens (food, stool, etc) were identified in eight (61.5%). *Clostridium perfringens* was found in three food samples and 1 stool sample, *Staphylococcus aureus* was found in one food, one skin lesion, and one stool sample. Other organisms identified in stool samples include six salmonella species, one shigella, and two vibrio species.

The majority of food-related complaints were reported from restaurants/bars (65%) and grocery/package stores (20%) (Table 1). Unsanitary conditions were reported most often followed closely by food contamination/adulteration/spoilage while illness accounted for only 18% of all reported food-related complaints (Table 2). Thirty-four parishes reported complaints. Jefferson parish reported the most (36.7%) followed by Orleans parish (15.7%) and Terrebonne parish (8.5%).

Protecting Louisiana citizens' food supply is a formidable task. The institution of control measures to assure safety in food handling however, is only a part of the process. Health care professionals who have knowledge of a suspected food-related illness are encouraged to report to the parish health unit sanitarians. By investigating these complaints, deficiencies can be identified and corrected and further illness prevented.

Table 1: Food-Related Complaints by Source and Region, 1992

Source	Region									Total
	1	2	3	4	5	6	7	8	9	
private/home	0	0	5	1	0	0	0	1	2	9
rest/bar	70	31	57	15	1	11	63	24	188	460
festival	0	0	1	1	0	0	1	0	4	7
institution	1	6	4	4	2	0	2	6	9	34
meat/seafood	12	3	5	5	0	3	3	1	5	37
grocery	37	9	10	6	0	7	13	9	48	139
other	2	2	9	0	1	0	2	3	4	23
Total	122	51	91	32	4	21	84	44	260	709

Table 2: Food-Related Complaints by Source and Type, 1992

Source	Type					
	Illness	%	Food contamination/ Spoilage	%	Unsanitary	%
private/home	2	1.3	4	1.3	5	1.3
rest/bar	95	62.1	161	50.8	287	74.7
festival	4	2.6	3	.9	1	.3
institution	12	7.8	7	2.2	19	4.9
meat/seafood	7	4.6	31	9.8	12	3.1
grocery	30	19.6	102	32.2	46	11.9
other	3	2.0	9	2.8	14	3.6
Total	153		317		384	

BULLETIN

Rabies

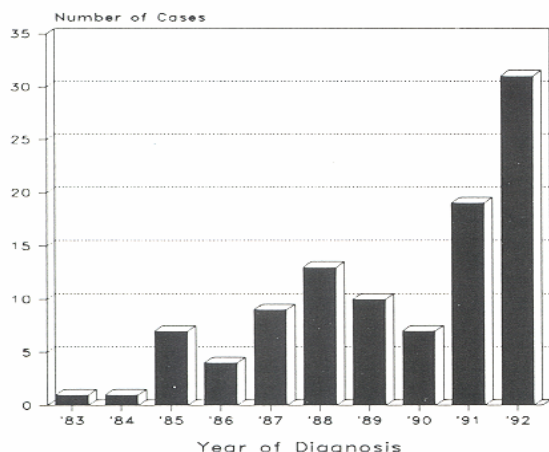
Rabies has been confirmed in two skunks in southern Louisiana this year, one in January in Lafayette Parish and one in May in Acadia Parish. Since it has been a number of years since an animal was identified as positive for rabies in this area, we are not sure whether these are isolated cases are a sign of a southern migration of skunk rabies. The Epidemiology Section will continue to monitor the situation and provide additional information as needed. Physicians should warn their patients against exposure to stray domestic animals, as well as, wild animals and if bitten, to clean the wound immediately. Physicians may contact their local parish health unit or the Epidemiology Section at 504-568-5005 concerning the prevalence of rabies in the community and the need for postexposure prophylaxis.

AIDS Update

AIDS in Hispanics

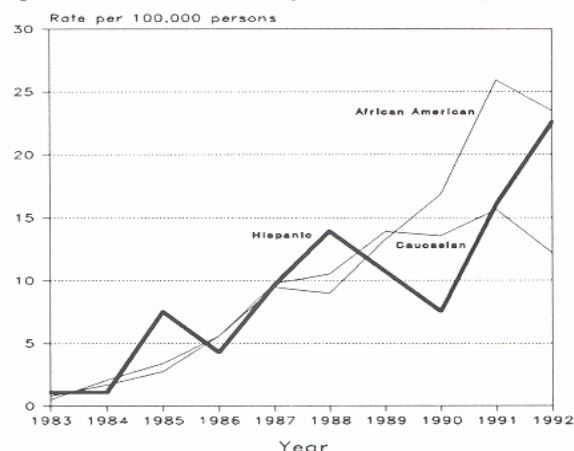
As of March 1993, the Centers for Disease Control reported a cumulative total of 47,835 cases of AIDS in Hispanics nationwide. Of these cases, 104 (0.2%) reside in the state of Louisiana. The number of yearly diagnosed cases of AIDS in Hispanics increased approximately two-fold during 1991 and 1992. During these years, 48% of the cumulative total were diagnosed (Figure 1).

Figure 1: Diagnosed AIDS cases in Hispanics, State of Louisiana



In comparing the rate per 100,000 persons over the past ten years between different ethnic groups, the rate for Hispanics fluctuates around the rate for African Americans and Caucasians (Figure 2). This pattern may be due to the relatively small number of cases among Hispanics.

Figure 2: Trends in rates of diagnosed AIDS cases by ethnicity

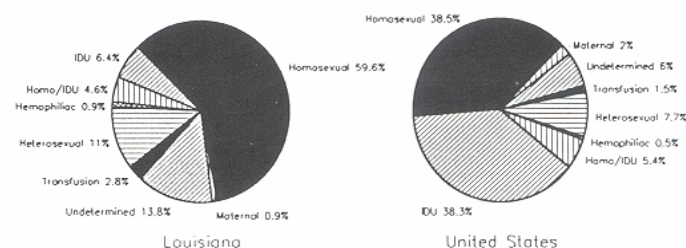


Of the cumulative cases, 68% were diagnosed in the New Orleans region, 17% in Jefferson parish and 9% in the Alexandria region. Males represented 90% of Louisiana's Hispanic cases whereas 85% of the U.S. cases in Hispanics are male.

Fifty-three percent of Louisiana's cases in Hispanics were between 30 to 39 years of age, 18% were 20-29 years of age, and 17% were 40-49 years of age. This age distribution is similar to that of the overall cases in Louisiana.

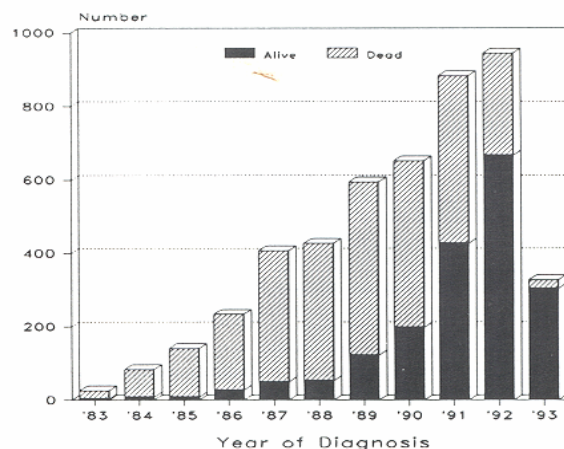
The mode of transmission for Louisiana's cases in Hispanics differed from that of U.S. cases in Hispanics. Sex between men as a means of transmission represented approximately 60% of the Louisiana cases, compared to 38.5% for the U.S. as a whole. Intravenous drug use accounted for only 6.4% of the cumulative cases in Louisiana Hispanics and 38.3% of the U.S. cases in Hispanics (Figure 3).

Figure 3: Transmission category of AIDS cases in Hispanics



Within the past two years an increased presence of AIDS has occurred in the Hispanic community. This trend may be under-estimated due to possible errors in classifying an Hispanic person into other ethnic groups. Prevention measures and education should be maintained in the Hispanic community.

AIDS CASE TRENDS



LOUISIANA COMMUNICABLE DISEASE SURVEILLANCE,
MAY - JUNE, 1993
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	May-Jun 1993	May-Jun 1992	Cum 1993	Cum 1992	% Chg
<u>Vaccine-preventable</u>														
Measles	0	0	0	0	0	0	0	0	0	0	0	1	0	--
Mumps	2	0	0	2	0	0	1	0	0	5	4	11	15	-27
Rubella	0	0	0	0	0	0	0	1	0	1	0	1	0	--
Pertussis	0	0	0	0	1	0	0	0	0	1	0	5	0	--
<u>Sexually-transmitted</u>														
AIDS Cases Rate ¹	95 12.9	31 4.1	4 1.3	10 1.8	11 4.2	4 1.3	16 2.9	12 3.9	16 3.6	199 4.7	149 3.5	601 14.3	483 11.5	+24
Gonorrhea Cases Rate ²	875 11.9	302 4.0	118 3.9	195 3.5	108 4.2	159 5.1	315 5.7	135 4.5	132 2.9	2339 4.7	2741 5.5	6629 13.3	6835 13.7	3.0
Syphilis(P&S) Cases Rate ²	64 0.9	94 1.3	35 1.2	56 1.0	5 0.2	17 0.5	56 1.0	67 2.2	33 0.7	427 0.9	461 0.9	1312 2.6	1341 2.7	-2.2
<u>Enteric</u>														
<i>Campylobacter</i>	3	9	1	1	1	3	1	0	5	30	52	77	103	-25
Hepatitis A Cases Rate ¹	2 0.3	3 0.4	1 0.3	2 0.4	0 --	0 --	2 0.4	2 0.7	0 --	12 0.3	40 0.9	43 1.0	76 1.7	-43
<i>Salmonella</i> Cases Rate ¹	5 0.7	13 1.7	6 2.0	6 1.1	11 4.2	3 1.0	4 0.7	1 0.3	2 0.4	59 1.4	103 2.3	140 3.3	175 4.0	-7
<i>Shigella</i> Cases Rate ¹	3 0.4	11 1.5	14 4.6	4 0.7	47 18.1	6 1.9	8 1.5	0 --	6 1.3	108 2.6	20 0.4	158 3.7	44 1.0	+25
<i>Vibrio cholera</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	--
<i>Vibrio</i> , other	6	0	0	1	0	0	0	0	3	10	7	14	15	-7
<u>Other</u>														
Hepatitis B Cases Rate ¹	9 1.2	11 1.5	1 0.3	9 1.6	4 1.5	0 --	5 0.9	2 0.7	2 0.4	43 1.0	20 0.4	107 2.5	79 1.8	+35
Meningitis/Bacteremia														
<i>H. influenzae</i>	0	0	0	0	0	0	0	0	0	0	0	3	0	--
<i>N. meningitidis</i>	3	0	0	1	1	0	1	0	1	7	5	25	21	+19
Tuberculosis Cases Rate ¹	N/A --	N/A --	N/A --	N/A --	N/A --	N/A --	N/A --	N/A --	N/A --	N/A --	N/A --	N/A --	N/A --	--

1 = Cases per 100,000

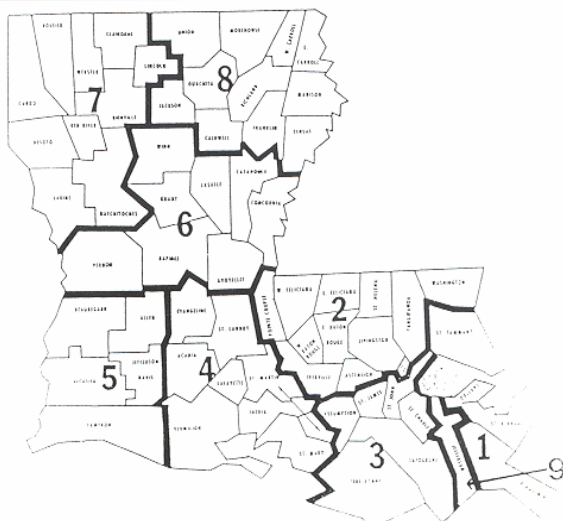
2 = Cases per 10,000

Table 2. Diseases of Low Frequency

Disease	Total to Date
Blastomycosis	2
Brucellosis	0
Histoplasmosis	0
Lead Toxicity	0
Legionellosis	2
Lyme Disease	0
Malaria	0
Rocky Mountain Spotted Fever	1
Tetanus	0
Typhoid	1

Table 3. Animal Rabies (May-June, 1993)

Parish	No. Cases	Species
Acadia	1	Skunk
Lincoln	1	Skunk



Annual Summary Hepatitis C 1992

In 1992, there were 124 cases of hepatitis C reported to the Epidemiology Section, an overall case rate of 2.9 per 100,000. Hepatitis C reports have increased by 24% from 1991 (94 cases). Sex-specific rates were higher for males than females (3.7 vs 2.2 per 100,000) and race-specific rates were higher for blacks than whites (3.1 vs 2.6 per 100,000). Most of the cases occurred in adults greater than 20 years of age with male predominance in most age groups up to the 55 year age groups (Figure 1). Four parishes reported rates more than twice the overall state case rate: Jefferson (9.0), St. Bernard (9.0), St. Charles (7.0), and W. Baton Rouge (15.0) (Figure 2).

Figure 1: Hepatitis C cases by age group, 1992

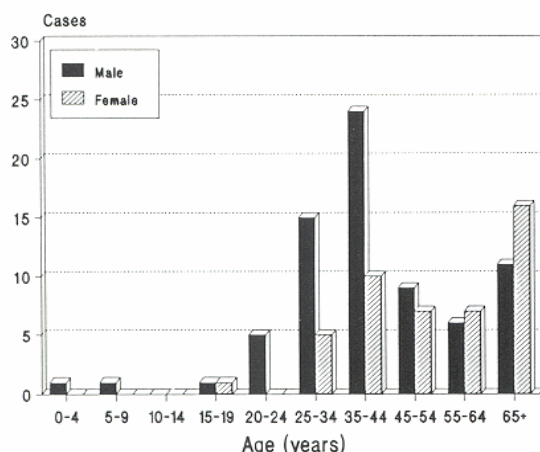
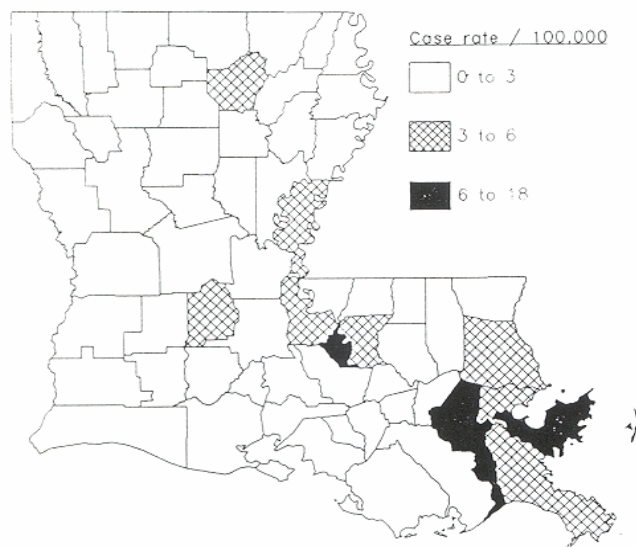


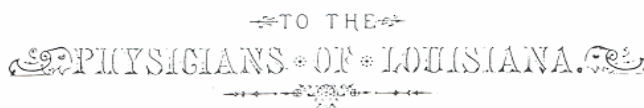
Figure 2: Hepatitis C cases by parish, 1992



Hepatitis C (HCV) remains a disease of exclusion, which greatly hampers the ability to define accurately the epidemiology of this disease. To diagnose acute HCV infection, an illness with discrete date of onset and negative tests for acute hepatitis A and B are necessary. Acute HCV cases may occur in all age groups; however, most cases occur among young adults. Clinical illness is uncommon among children, but among older adults above 40 years, HCV may be the most common cause of acute hepatitis. This age distribution of disease is likely related to patterns of exposure (drug abuse in young adults; transfusion in older adults) and possibly to age-specific variations in clinical expression of the disease.

LOUISIANA FACTS

Notice sent to physicians in the mid 1880's concerning methods of controlling some communicable diseases.



In view of the recent increase of mortality from Diphtheria, the Board of Health, desirous of making an earnest effort to limit and suppress this disease, appeals to the practitioners of Louisiana, for their assistance in accomplishing the same.

To this end the following suggestions for the prevention and control of infectious diseases, together with a copy of the law, appertaining to the Parish of Orleans, requiring the early report of cases of certain infectious diseases, is herein respectfully presented.

CLEANLINESS AND VENTILATION.

These are in all cases and everywhere of the first importance. The diseases which are spread chiefly from place to place and from person to person by means of their own infection or contagion are to be regarded and treated as enemies to be resisted and stamped out. The propagation of some of them with the help of local causes, seen or unseen, and the fatality as well as the spread of each one of them, is increased by personal and local uncleanness.

Diphtheria, Scarlet Fever and Small-Pox are the most pestilent of these infectious diseases in this State.

These and all contagious and infectious diseases require disinfection and the sanitary precautions that prevent infection.

Diphtheria, Scarlet Fever and Small-Pox.

The patient should be kept in a separate room (preferably on an upper floor) from which, if possible, carpets, curtains, stuffed furniture, clothing and other articles not required for immediate use should be removed beforehand; and no person except the physician, nurse or parent should be allowed to enter the sick room or to touch any of the articles used therein, until thoroughly disinfected.

To Disinfect Clothing, Etc., in the Sick Room.

Keep in the room a tub containing a quart of a pound of sulphate of zinc and two ounces of salt to a gallon of water. All bed-linen, handkerchiefs, etc., used about the patient should be allowed to soak for at least an hour in this solution before removal from the room, and afterward be thoroughly boiled separate from the rest of the family washing—never send such articles to a public laundry.

To Disinfect Discharges from the Patient.

Use the same disinfectant as in disinfecting clothing, but three times stronger; or use copperas water, made by dissolving a pound and a half of copperas in a gallon of water. The latter answers for all purposes of disinfecting the excremental discharges, while the former is best for all articles of clothing and furniture.

All vessels used in the sick-room should be disinfected with one or the other of these disinfecting fluids, unless immediately immersed in boiling water.

To prevent the body of the Patient from spreading Contagion.

In the eruptive diseases, especially in scarlet fever, the patient's body should be anointed at least twice a day with oil, lard or vaseline, containing about ten grains of carbolic acid

LIST OF REPORTABLE DISEASES/CONDITIONS

REPORTABLE DISEASES		OTHER REPORTABLE CONDITIONS
Acquired Immune Deficiency Syndrome (AIDS)	Granuloma Inguinale**	Cancer
Amebiasis	Hepatitis	Complications of abortion
Anthrax	(Specify type)	Congenital hypothyroidism
Aseptic meningitis	Herpes (genitalis/ neonatal)**	Lead poisoning
Blastomycosis	Human Immuno- deficiency Virus (HIV)	Phenylketonuria
Botulism*	Legionellosis	Reye Syndrome
Brucellosis	Leprosy	Severe Traumatic Head Injuries +
Campylobacteriosis	Leptospirosis	Severe undernutrition
Chancroid**	Lyme Disease	severe anemia, failure to thrive
Cholera*	Lymphogranuloma venereum**	Sickle cell disease (newborns)
Chlamydial infection**	Malaria	Spinal cord injury +
Diphtheria*	Measles (rubeola)*	Sudden infant death syndrome (SIDS)
Encephalitis (Specify primary or post-infectious)	Meningitis, Haemophilus	
Erythema infectiosum (Fifth Disease)	Meningococcal Infection (including meningitis)*	
Foodborne illness*	Mumps	
Genital warts**	Mycobacteriosis, atypical***	
Gonorrhea**	Ophthalmia neonatorum*	
	Pertussis (whooping cough)	
	Plague*	
	Poliomyelitis	
	Psittacosis	
	Rabies (animal & man)	
	Rocky Mountain Spotted Fever	
	Rubella (German measles)*	
	Rubella (Congenital syndrome)	
	Salmonellosis	
	Shigellosis	
	Syphilis**	
	Tetanus	
	Trichinosis	
	Tuberculosis***	
	Tularemia	
	Typhoid fever	
	Typhus fever, murine (fleaborne endemic)	
	Vibrio infections (excluding cholera)	
	Yellow fever	

Report cases on green EPI-2430 card unless indicated otherwise below.

*Report suspected cases immediately by telephone. In addition, report all cases of rare or exotic communicable diseases and all outbreaks.

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

***Report on CDC 72.5 (f 5.2431) card

+ Report on DDP-3 form; preliminary phone report from ER encouraged (568-2509).

The toll free number for reporting communicable diseases is
1-800-256-2748 FAX # 504-568-3206

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