Each year, before the start of influenza season, the Centers for Disease Control and Prevention (CDC) publishes guidelines for the control and prevention of influenza for the upcoming season. Vaccination reduces the risk for influenza and influenza-related complications. This year's flu vaccination efforts take place against the backdrop of the emergence of the 2009 H1N1 influenza virus, which occurred in April, 2009 and caused the first influenza pandemic in 40 years.

The 2009 H1N1 influenza virus will likely continue to circulate and cause illness during the 2010-2011 flu season. As with all seasonal flu vaccines, this year's vaccine is designed to protect against the 3 main viruses that research indicates will cause the most illness. The 2010-2011 trivalent vaccine will protect against strains A/California/7/2009 (H1N1)-like virus (the same strain as was used for 2009 H1N1 monovalent vaccines), an A/Perth/16/2009 (H3N2)-like virus, and a B/Brisbane/60/2008-like virus. Because this year's seasonal vaccine will protect against the 2009 H1N1 virus, 2 different flu vaccines will not be necessary.

This year, the recommendations from the CDC now include young adults aged 19 to 49 years who were impacted by the 2009 H1N1 pandemic virus. Everyone, aged 6 months and older should receive an influenza vaccine, since the flu can cause illness, including severe illness, in anyone. More importantly, people who are at higher risk for developing serious flu-related complications

(Continued on Page 2)
mised persons and can be community, as well as nosocomially acquired. In most nosocomial outbreaks, contaminated water has been reported to be the reservoir for Sphingomonas; however, infections have been seen in patients with catheter-associated bloodstream infections as well as in hemodialysis patients and after infusion of contaminated autologous bone marrow. Peritoneal catheter-associated peritonitis, meningitis, ventriculoperitoneal shunt infection, brain abscess, soft tissue infection, wound infection, postoperative endophthalmitis, adenitis, urinary tract infection, and a variety of visceral abscesses have also been reported as being associated with Sphingomonas. Due to the low virulence of Sphingomonas, recovery from infection is expected even in debilitated hosts.

Most isolates are susceptible to trimethoprim-sulfamethoxazole, carbapenems, aminoglycosides, tetracyclines, and chloramphenicol but susceptibility to β-lactam agents and fluoroquinolones is variable. In Sphingomonas, resistance to penicillins and first-generation cephalosporins is common; however, patients have been reported to respond well even when empiric treatment did not correlate with subsequent susceptibility tests.

Sphingomonas are primarily environmental bacteria. They can be found in soil, water, plants, corals, and objects such as shower curtains, sinks, and door handles. Sphingomonas can survive in areas with minimal available nutrients. Colonies have been discovered in heavily polluted areas, suggesting that sphingomonas can survive in oil and a variety of toxins. In May 2008, it was discovered that Sphingomonas can degrade over 40% of the weight of plastic bags (polyethylene) in less than three months. Because of this property, Sphingomonas have been used in bioremediation, a process in which the bacteria are introduced into a contaminated area with the purpose of eliminating undesirable materials and toxins. In the process of consuming the oils, toxins, and other unwanted material in the area, the bacteria convert the materials into harmless substances which are easy and safe to clean up.

For more information, please contact Ms. Brown at (504) 219-4706 or email to melissa.brown2@la.gov.

### Table: Dosing Guidance for 2010-2011 Influenza Vaccine for Children 6 Months Through 8 Years

<table>
<thead>
<tr>
<th>Number of influenza vaccine doses received in 2009-2010 season for H1N1</th>
<th>Number of influenza vaccine doses received in 2009-2010 season for Seasonal</th>
<th>Number of doses recommended for the 2010-2011 season</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0, 1 or 2</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
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<td>1</td>
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<td>2</td>
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<td>1</td>
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<tr>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
The Healthcare-Associated Infections Initiative - Louisiana, 2010

Erica Washington, MPH

Louisiana’s Healthcare-Associated Infections (HAI) initiative was launched in August, 2009 through the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Recovery Act funding. Grant objectives target specific areas of surveillance and prevention to move our state toward the national goal of HAI elimination. In light of these grant goals, the Infectious Disease Epidemiology Section (IDES) has successfully established integration, collaboration, capacity building, and prevention to assist state healthcare facilities with HAI reduction.

There are two arms to the HAI grant: prevention of HAI events, and surveillance through the National Healthcare Safety Network (NHSN). Five statewide NHSN trainings were held from July 26 to August 11, 2010. The trainings lasted 8 hours each and provided an overview and live demonstration of the network, data entry, definitions, and analysis. Previously, there were 10 NHSN reporting facilities; however, in anticipation of the Centers for Medicare and Medicaid Services (CMS) Hospital Inpatient Prospective payment System (IPPS) 2011 rule (to report HAI through NHSN), our goal was to provide assistance and educational support for facilities that would be reporting data to NHSN for reimbursement requirements. Two CDC staff members dialed-in for question-and-answer periods at the conclusion of each training to assist infection preventionists with clinically-related questions.

NHSN education will be ongoing as we have 3 webinars and statewide CLABSI trainings planned to increase competencies with reporting and usage of CDC’s standardized definitions. In addition to the NHSN trainings, IDES has offered 4 statewide Epidemiology statistics trainings, which allows infection preventionists to see practical applications of Epidemiology in infection control. Collaboration is being addressed through the establishment of The Greater New Orleans Central Line-Associated Bloodstream Infection (CLABSI) Prevention in ICUs and NICUs that was kicked off in June, 2010. Five facilities are participating in the initiative; the collaborative will conclude May, 2011. The River Region CLABSI Prevention Collaborative was kicked off on September 17, 2010. The geographical area includes the South Central portion of Louisiana; 16 facilities are participating in the River Region CLABSI Collaborative.

As part of the grant leadership, IDES formed a multidisciplinary advisory group which is comprised of experts and stakeholders in infection control. This multidisciplinary advisory group has recently been integrated into a legislative study group to report the most burdensome and costly HAI in Louisiana. IDES is compiling epidemiologic reports to report such infection rates for acute care and long-term care facilities. For complete information on the HAI grant, visit the Healthcare-Associated Infections Resource Center at http://www.dhh.louisiana.gov/offices/page.asp?id=249&detail=7522.

Infectious Disease Epidemiology Training - Louisiana, 2010


Dr. Armand Sprecher, EIS Officer (CDC) presenting an ‘Outbreak Exercise’ during the Field Epidemiology Training class in Metairie, October 6, 2010.
HIV/AIDS Surveillance

Louisiana, 2000-2009

Jessica C. Fridge, MSPH

The Louisiana Office of Public Health HIV/AIDS Program’s (HAP) Surveillance Program conducts general case ascertainment through the receipt of reports of potential cases of HIV infection from clinical providers, laboratories and other public health providers throughout the state. Basic demographic and risk information are also collected. In addition, the program monitors perinatal exposure to and transmission of HIV, HIV incidence, medication resistant strains of HIV, clinical manifestations of HIV disease, mortality, the utilization and impact of care and treatment, and measures of high-risk behavior.

The HIV Epidemic in Louisiana

In the most recent Centers of Disease Control and Prevention (CDC) HIV Surveillance Report (Vol. 20), Louisiana ranked fourth highest in estimated state AIDS case rates and 11th in the estimated number of AIDS cases in 2008. The metropolitan Baton Rouge area ranked second and the New Orleans metropolitan area ranked third in estimated AIDS case rates in 2008 among the large metropolitan areas in the nation.

HAP has recently begun analyses for the 2009 Annual Report that will be published in early 2011. The preliminary findings of this analysis are reported here.

In 2009, there were 1,242 new HIV diagnoses and 798 new AIDS diagnoses in the state of Louisiana. A total of 17,155 persons were living with HIV infection in Louisiana as of December 31, 2009. There are persons living with HIV infection in every parish in Louisiana.

In 2009, there were new HIV diagnoses in all nine public health regions and in 58 of Louisiana’s 64 parishes. Almost 57% of all new HIV diagnoses occurred in the New Orleans and Baton Rouge regions and 60% of all persons living with HIV infection live in those two regions. The region with the third largest number of new diagnoses and persons living with HIV infection is the Shreveport region.

The number of new HIV infections has varied across the past 10 years with a significant decrease in 2005 due to the impact of Hurricane Katrina. The number of new HIV diagnoses in 2009 is the highest it has been in the past 10 years (Figure 1).

Figure 1: Number of New HIV and AIDS Diagnoses by Year of Diagnosis - Louisiana, 2000-2009

Since 2007, there has been a significant increase in HIV testing in the state due to a federally-funded testing initiative which has expanded rapid testing in emergency rooms, correctional facilities, and other clinical settings. The number of tests conducted at publicly funded HIV testing sites in Louisiana increased from 69,391 in 2008 to 100,787 in 2009, a 45% increase.

How to Become a Sentinel Site for Influenza Surveillance

The Infectious Disease Epidemiology Section (IDES) of the Louisiana Office of Public Health (OPH) conducts year-round enhanced surveillance for influenza through the sentinel provider network (SPN). Participating sites include private physicians’ offices, urgent care clinics and hospital emergency rooms. Sentinel sites provide weekly data on cases of influenza like illness (ILI) and laboratory confirmation of ILI is fever (>100˚F, 37.8˚C), and sore throat or cough, in the absence of a known cause. Although all cases of ILI are not attributable to influenza viruses, it is a good proxy measure of influenza activity.

Sentinel sites provide IDES OPH with weekly numbers of ILI cases by 4 age groups: preschoolers (0-4 years-old), school-aged children and adolescents (5-24 years-old), adults (24-64 years-old), and 65 years-old or older. Sites also provide the total number of patients seen for any reason. Using this data, weekly ILI proportions and total case counts are calculated. Data generated is also shared with the CDC as part of the U.S. Outpatient ILI Surveillance Network (ILINet). The Louisiana SPN has 81 private providers, or one per 70,000 population, that regularly contribute weekly the total number of patient visits and number of patients with ILI; this exceeds the recommendation by the CDC of one site per 250,000.

In addition, sentinel sites submit throat swabs on patients with ILI to the State OPH Laboratory for laboratory confirmation of influenza. These specimens are important as they ensure that Louisiana strains are characterized each year (there are many different strains of influenza virus). These specimens also ensure that Louisiana strains are considered for inclusion in each year’s vaccine.

A weekly report of ILI for Louisiana can be found at website http://www.dhh.louisiana.gov/offices/page.asp?id=249&detail=7358. For more information or to become a Sentinel Site, please contact Julie Hand at (504) 219-4542 or e-mail to julie.hand@la.gov.
The goal of this initiative is to increase testing among African-Americans and decrease the percent of people who are unaware of their status. The CDC currently estimates that 21% of all people infected with HIV in the U.S. are unaware of their HIV status.

Although HIV testing has increased in Louisiana, people are still being diagnosed late in their HIV disease progression. In 2009, 24% of the new HIV diagnoses were concurrently given an AIDS diagnosis; an additional 7% had an AIDS diagnosis within the next 6 months. More work must be done to get people tested earlier, link them to primary medical care, and provide them with important prevention services.

The Disproportionate Impact of HIV

The HIV rate for African-Americans in Louisiana continues to be disproportionally high; the rate for African-Americans was 8 times higher than among whites in 2009 and almost twice as high as Hispanics. Although African-Americans make up only 32% of the state’s population, 75% of the newly diagnosed HIV cases and 76% of the newly diagnosed AIDS cases were among African-Americans in 2009 (Figure 2).

Over the past 10 years, the proportion of adult HIV cases attributed to male-to-male sexual contact (MSM) has increased from 41% in 2000 to 48% in 2009, and in 2007, it was as high as 50%. The proportion of cases associated with injection drug use (IDU) has declined since 2000 and the proportion of cases associated with high-risk heterosexual contact (HRH) has increased slightly since 2000 (Figure 3).

Women made up 32% of the new HIV diagnoses and 31% of new AIDS diagnoses in 2009. The HIV rate among women has remained relatively stable with a small increase since 2005. The HIV rate for men is over twice as high as it is for women (Figure 4).

The HAP office regularly reports and publishes data on: www.hiv.dhh.louisiana.gov and www.HIV411.org. HAP produces quarterly reports, an Annual Report, and numerous fact sheets that are available on both websites. For more information, please contact Jessica Fridge at (504) 568-5566 or email to jessica.fridge@la.gov.

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**Announcements**

**Aim at Lead Safety**

The Office of Public Health, Environmental Epidemiology and Toxicology Section, has developed a fact sheet aimed at providing information to those who may be exposed to lead particles at firing ranges. A pdf can be downloaded from webpage http://www.dhh.louisiana.gov/offices/page.asp?id=205&detail=8411

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

ANNUAL REPORTS: Amebiasis; Clostridium difficile; Giardia; H1N1

Summary; Measles; Mumps; Rubella; Streptococcal Invasive Disease-Group A, Group B and Unspecified; Tetanus; Vibrios

**Epidemiology Manual:** Chagas Disease; Clostridium difficile; Cysticercosis; Enterobacteriaceae; Klebsiella; Rabies; Varicella (Chickenpox) Herpes Zoster; Water Bacteria

HEALTHCARE ASSOCIATED INFECTION: Surveillance Survey Report

INFLUENZA: Weekly Report

SPECIAL STUDIES: Description of Non-arbo-related Encephalitis Associated Hospitalizations in Louisiana, 1999-2007

VETERINARY INFORMATION: Microbiological Makeup of Common Veterinary Infections, Second Quarter, 2010 - Feline
Subject Index for the Louisiana Morbidity Report, 2009-2010

Antibiotic Sensitivity/Resistance:
Healthcare Associated Infections: Getting to Zero Initiative - St. Tammany Parish Hospital - Louisiana, 2009, 09/04
Erratum -Healthcare Associated Infections- page 1 July-August, 2009, 09/05

Chronic Diseases/Other Conditions:
A Pre- and Post-Test Assessment of Asthma Educational Training for Healthcare Providers - Louisiana, 2010, 10/05
Diagnosis and Treatment of Hypertension in Adolescents, School-Based Health Centers - Louisiana, July 1, 2009 - March 31, 2010, 10/05
Examining the Burden and Mortality of Asthma Among Adult Racial Groups - Behavioral Risk Factor Survey - Louisiana, 2006, 09/03
Examining the Trends in Obesity Among Adults - Behavioral Risk Factor Survey - Louisiana, 2003-2007, 09/05
Folic Acid: A Preconception Health Intervention - Louisiana, 2009, 10/04

Foodborne & Zoonotic Diseases/Outbreaks:
Botulism Case Identification - Louisiana, 09/01
Four-Dose Post-Exposure Rabies Vaccine, 10/02
Examining the Prevalence of Animal Bites/Exposure in Relation to the Risk of Human Rabies-Central Louisiana - January, 2000-September, 2008, 09/02

General Surveillance/Screening:

Miscellaneous:
Central Laboratory Progress Report - Louisiana, 2009, 09/05
Environmental Health Program Receives 5-Year Federal Grant Louisiana, 2010, 10/03
Field Epidemiology Training, 10/05
Field Epidemiology Training - October, 2008, 09/01
How to Become a Sentinel Site for Influenza Surveillance, 10/06

Other Diseases:
Hand, Foot and Mouth Disease - Louisiana, 2010, 10/02
Pedicure Foot Spa Infections (Mycobacteria) - Louisiana, 2009, 09/02

Sexually Transmitted Diseases:
April is STD Awareness Month, 10/01

Note: Year and Issue Number are listed after the comma on each line - 09/06 = Issue Number 6 (Nov-Dec) for the Year 2009. Indices for the years 1967-1981 and 2000-2006 can be found on http://www.dhh.louisiana.gov/offices/page.asp?id=249&detail=7428
### Table. Communicable Disease Surveillance, Incidence by Region and Time Period, September-October, 2010

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>HEALTH REGION</th>
<th>TIME PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine-preventable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases</td>
<td>Sep-Oct 2010</td>
<td>1 1 0 0 0 0 0 1 0 0</td>
</tr>
<tr>
<td>Rate</td>
<td></td>
<td>0.1 0.2 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td>0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td>0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td>0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Pertussis</td>
<td></td>
<td>1 2 0 1 0 0 0 0 0 1</td>
</tr>
</tbody>
</table>

| Sexually-transmitted           |               |             |
| HIV/AIDS                       |               |             |
| Cases                          | Sep-Oct 2010  | 26 24 7 11 3 2 10 9 9 | 101 184 890 1061 -16.1 |
| Rate                           |               | 2.6 4.2 1.8 2.0 1.1 0.7 2.0 2.6 2.1 | 2.3 4.2 20.4 24.3 N/A |
| Chlamydia                      |               | 1297 533 246 464 282 387 683 670 282 | 4844 4526 12162 24524 -50.4 |
| Rate                           |               | 160.7 82.8 62.3 80.3 99 128.9 128.0 193.0 54.1 | 109.8 102.6 275.7 556 N/A |
| Gonorrhea                      |               | 462 167 63 127 76 84 263 292 50 | 1584 1459 3479 7954 -56.3 |
| Rate                           |               | 57.2 60.0 16.0 22.0 26.7 28.0 49.3 84.1 9.6 | 35.9 33.1 78.9 180.3 N/A |
| Syphilis (P&S)                 |               | 6 4 4 9 15 7 12 2 8 | 67 95 353 653 -45.9 |
| Rate                           |               | 0.7 0.6 1.0 1.6 5.3 2.3 2.2 0.6 1.5 | 1.5 2.2 8.0 14.8 NA* |

| Enteric                        |               |             |
| Campylobacter                  |               |             |
| Cases                          | Sep-Oct 2010  | 0 2 1 15 3 1 3 1 4 | 30 15 181 87 108.0 |
| Rate                           |               | 0 0 0 1 0 0 0 0 0 2 | 3 2 8 5 NA* |
| Salmonella                     |               | 29 35 45 70 13 13 25 27 39 | 296 291 1149 1021 12.5 |
| Rate                           |               | 2.8 6.2 11.9 13.6 4.9 4.3 4.9 7.7 10.1 | 6.9 6.7 26.6 23.7 NA* |
| Shigella                       |               | 19 2 7 4 0 2 2 8 5 | 49 17 229 161 42.2 |
| Rate                           |               | 1.8 0.4 1.9 0.8 0 0 0.7 0.4 2.3 1.3 | 1.1 0.4 5.3 3.7 NA* |
| Vibrio cholera                 |               | 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 NA* |
| Rate                           |               | 3 6 22 24 16 | 50.0 |
| Vibrio, other                  |               | 0 0 2 0 1 0 0 0 0 0 | 3 6 22 47 -53.2 |

| Other                          |               |             |
| H. influenzae (other)          |               |             |
| Cases                          | Sep-Oct 2010  | 0 1 0 0 0 0 1 1 0 | 3 2 24 16 50.0 |
| Rate                           |               | 0 0 0 0 0 0 0 0 0 | 0 5 12 26 NA* |

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 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.

3 = 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.

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legionellosis</td>
<td>9</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>2</td>
</tr>
<tr>
<td>Malaria</td>
<td>4</td>
</tr>
<tr>
<td>Rabies, animal</td>
<td>4</td>
</tr>
<tr>
<td>Varicella</td>
<td>69</td>
</tr>
</tbody>
</table>

Table 3. Animal Rabies, September - October, 2010

<table>
<thead>
<tr>
<th>Parish</th>
<th>No. Cases</th>
<th>Species</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iberia</td>
<td>1</td>
<td>Skunk</td>
</tr>
</tbody>
</table>
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
- Avian Influenza
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Haemophilus influenzae (invasive disease)
- Influenza-associated Mortality
- Measles (rubella)
- Neisseria meningitidis (invasive disease)
- Plague
- Polymyelitis, paralytic
- Q Fever (Coxiella burnetii)
- Rubella (congenital syndrome)
- Rubella (German measles)
- Rubella (invasive disease)
- Sudden Infant Death Syndrome (SIDS)
- Syphilis¹

### 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.

- Adenovirus
- Anthropod-Borne Neuroinvasive Disease and other infections (including West Nile, St. Louis, California, Eastern Equine, Western Equine and others)
- Aseptic meningitis
- Chancroid¹
- Escherichia coli, Shig-toxin producing (STEC), including \textit{E. coli} 0157:H7
- Hantavirus Pulmonary Syndrome
- Hemolytic-Uremic Syndrome
- Hepatitis A (acute disease)
- Hepatitis B (acute illness & carriage in pregnancy)
- Hepatitis B (invasive infection)
- Hepatitis E
- Herpes (neonatal)
- Legionellosis (acute disease)
- Listeria
- Mumps
- Pertussis
- Salmonellosis
- Shigellosis
- Syphilis¹
- Tetanus
- Tuberculosis¹
- Typhoid Fever

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

Diseases of 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)³
- Blastoemyctosis
- Campylobacteriosis
- Chlamydial infection¹
- Coccidiodomycosis
- Cryptococcosis
- Cyclosporiasis
- Dengue
- Ehrlichiosis
- Entercoccus, Vancomycin Resistant ([VRE), invasive disease]
- Giardia
- Gonorrhea¹
- Hansen Disease (leprosy)
- Hepatitis B (carriage, other than in pregnancy)
- Hepatitis C (acute illness)
- Hepatitis C (past or present infection)
- HIV Syndrome infection¹
- Listeria
- Lymphogranuloma Venerænum¹
- Malaria
- Neisseria meningitidis (invasive disease)
- Neisseria meningitidis (invasive disease)
- Pertussis
- Salmonellosis
- Shigellosis
- Syphilis¹
- Tuberculosis¹
- Typhoid Fever
- Varicella (chickenpox)
- Vibriosis (other than cholera)
- Viral Hemorrhagic Fever

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

- Adenovirus
- Anthropod-Borne Neuroinvasive Disease and other infections (including West Nile, St. Louis, California, Eastern Equine, Western Equine and others)
- Aseptic meningitis
- Chancroid¹
- Escherichia coli, Shig-toxin producing (STEC), including \textit{E. coli} 0157:H7
- Hantavirus Pulmonary Syndrome
- Ichthyosis
- Listeria
- Malaria
- Pertussis
- Salmonellosis
- Shigellosis
- Syphilis¹
- Tetanus
- Tuberculosis¹
- Typhoid Fever
- Varicella (chickenpox)
- Vibriosis (other than cholera)
- Viral Hemorrhagic Fever

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.

³Report on CDC72.5 (f.5.2431) card.
²Report on STD-43 form. Report cases of syphilis with active lesions by telephone. (504) 219-4413 or facsimile at (504) 219-4452.
³Report to the Louisiana Genetic Diseases Program Office by telephone at (504) 219-4413 or facsimile at (504) 219-4452.
⁵Report to the Section of Environmental Epidemiology & Toxicology: www.seet.dhh.louisiana.gov or 888-293-7020.

This public health document was published at a total cost of . Seven thousand copies of this public document were published in this first printing at a cost of . The total cost of all printings of this document, including reprints is . This document was published by to inform physicians, hospitals, and the public of current Louisiana morbidity status under authority of R.S. 40-36. This material was printed in accordance with the standards for printing for state agencies established pursuant to R.S. 43:31. Printing of this material was purchased in accordance with the provisions of Title 43 of Louisiana Revised Statutes.