

# Louisiana Morbidity Report



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## *Capnocytophaga Canimorsus* and Man's Best Friend

*Doriselys Pagan-Pena, MPH; Alexa Ramirez, MPH; Gary Balsamo, DVM, MPH&TM*

### Case History:

A 41 year-old female, with no prior significant medical conditions, presented to the hospital with complaints of high-grade fever measuring 102.9 degrees fahrenheit, chills, shortness of breath, nausea, vomiting, abdominal cramps and petechiae on her trunk. Despite initial normal chest x-ray (CXR) results, she rapidly developed respiratory distress requiring intubation. Convalescent CXR images revealed bilateral opacities. In addition, gram negative rods were observed on peripheral blood smears.

Blood cultures collected at presentation resulted negative after 24 hours. At 48 hours, a fastidious gram negative bacillus was growing. The strain was identified as *Capnocytophaga canimorsus* at the Centers for Disease Control (CDC) laboratory, on a blood culture, using biochemistry tests and RNA 16S. Testing for other micro-organisms including *Brucella*, *Francisella*, and *Legionella* were all negative.



Photo: Courtesy of CDC

The patient was first treated with a combination of piperacillin and tazobactam followed by vancomycin, meropenem, clindamycin, levaquin, and doxycycline. She developed disseminated intravascular coagulation and further treatments included vasopressors, cryoprecipitate blood products, platelets, and protein C complex medications. In addition, she was started on hemodialysis for chronic kidney disease using slow, low, efficient, daily dialysis (SLEDD). On the fifth day of illness she died of septic shock. The patient had been bitten by a stray dog the day before her onset of symptoms.

### Animal mouth flora:

Dogs have more than 600 different types of bacteria in their mouths, which is about the same number as humans. Flora more

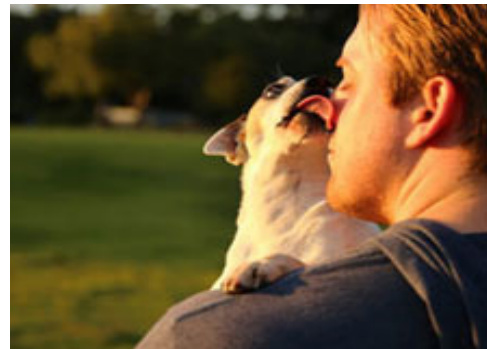


Photo: Courtesy of CDC

frequently isolated include *klebsiella pneumoniae*, *e.coli*, *staphylococcus aureus*, *citrobacter freundii*, *enterobacter cloacae*, *acinetobacter calcoaceticus*, and *pasteurella* spp. *Capnocytophaga* is common in dog and cat saliva and is usually not harmful to humans.

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# An Epidemiologic Study of Delusional Parasitosis as Evaluated by Louisiana Infectious Disease Epidemiology

*Raoult Ratard, MD, MS, MPH&TM*

In the [2018 November-December issue of the Louisiana Morbidity Report](#), an example of Ekbom syndrome or "delusional" parasitosis (DP) was presented in "Delusional Parasitosis: The Invisible Bug". This disorder is also referred to as Morgellons Disease.

## - Why is IDEpi concerned about reports of delusional parasitosis?

The key reason for concern is because these patients are firmly convinced they are infected with parasites and want help. Some contact federal agencies first such as the Centers for Disease Control (CDC) or the Environmental Protection Agency (EPA). Others seek out their local Regional Medical Director with the Louisiana Office of Public Health (LaOPH), or reach out to friends or relatives for help. Although there are actual cases of humans infected with an animal parasite, such as described in an article published in the [2019 November-December issue of the Louisiana Morbidity Report](#) about *Gnathostoma*, there is no infection identified with DP patients. Nonetheless, callers are referred to IDEpi for further follow-up.



Photos: Skin scabs (left), scabies (right)

## - How does IDEpi involvement start?

The first step is a call from, or about, a patient who is desperate for answers. The patients are confidently convinced that a worm-like parasite is underneath their skin. Usually they have consulted dermatologists, parasitologists, and infectious disease physicians. Often they have been thoroughly evaluated for common organic causes of pruritus and prurigo: external causes such as scabies, lice infestation, or dermatologic conditions, as well as, internal causes such as renal deficiency, iron deficiency, endocrinopathy, cholestasis, and hemopathy. A careful patient interrogation has also checked medical history, treatments, travel, contact with pets, and for any exposure to contagious disease.

*(continued on page 4)*

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## Web Announcements & Updates

### *Infectious Disease Epidemiology (IDEpi) Webpages*

<http://infectiousdisease.ldh.la.gov>

**Disease Summary & Web Updates:** Hepatitis A in Louisiana, Immunization Schedule 2020

**HAI/AR Updates:** Antibiotic Stewardship Summit Announcement

**Veterinary-Rabies Updates:** Information for Ordering Rabies Vaccines and HRIG

**Viral Respiratory/Influenza Updates:** Weekly Influenza Surveillance Reports, Health Advisory: Elevated Influenza Activity, 2019-Novel Coronavirus Identification Guidance for Healthcare Providers, 2019-Novel Coronavirus Q&A Fact Sheet

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### Louisiana Morbidity Report

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

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## Trends in HIV and AIDS Diagnoses in Louisiana, 2010-2019

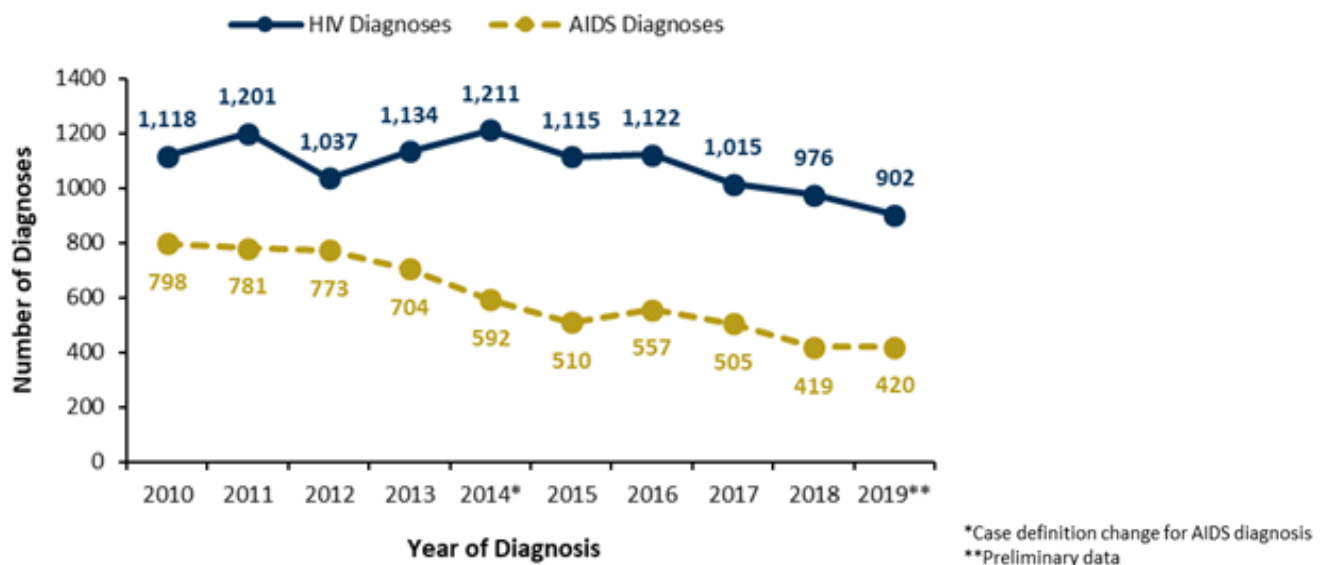
Lauren Ostrenga, MPH; Jessica Fridge, MSPH

The first reported Louisiana resident with AIDS was diagnosed in 1979. In the 40 years since then, more than 40,000 people have been diagnosed with HIV in Louisiana and over 22,000 people were living with HIV (PLWH) in 2019. In recent years, the number of new diagnoses has remained relatively stable from 2010-2015 with an average of 1,136 ( $\pm 58.3$ ) new HIV diagnoses per year. There have been sustained declines in new HIV diagnoses from 2016-2018, decreasing 13%. In 2018, there were 976 new HIV diagnoses, a record low. The last year there were fewer than 1,000 HIV diagnoses in Louisiana was at the start of the epidemic in 1988, excluding years 2005-2006 when hurricane Katrina displaced many residents in southern Louisiana and disrupted HIV testing efforts. Despite the declines in case counts and case rates in recent years, Louisiana's national ranking has remained stable due in large part to decreases in HIV diagnoses across the nation. Louisiana's national ranking was unchanged from 2017 to 2018 with the 4th highest HIV case rate in the United States and District of Columbia, 22.1 per 100,000 and 21.2 per 100,000, respectively.

The number of new AIDS diagnoses in Louisiana has declined as well. From 2016-2018 new AIDS diagnoses decreased 25% from 557 diagnoses in 2016 to 419 diagnoses in 2018. The decline in new AIDS diagnoses has improved Louisiana's national rankings for AIDS case rates. In 2018, Louisiana had the 4th highest AIDS case rate in the nation (9.1 per 100,000), the first time in six years Louisiana was not ranked in the top three.

Preliminary data for 2019 indicate this downward trend in new HIV diagnoses will be sustained for another year. These promising

Figure: Number of new HIV and AIDS diagnoses in Louisiana, 2010-2019



developments are the culmination of numerous prevention and treatment strategies. Timely linkage to HIV medical care and achievement of viral suppression are essential to curbing the HIV epidemic. From 2010-2018, the percentage of new HIV diagnoses linked to HIV care within 30 days of diagnosis increased by 29% with three-quarters of new HIV diagnoses in 2018 linked to HIV care within 30 days of diagnosis. In addition, viral suppression among PLWH in Louisiana has steadily improved from 40% in 2010 to 65% in 2018, a 25% increase. An individual who is virally suppressed cannot transmit HIV to a sex partner.

The STD, HIV, and Hepatitis Program (SHHP) has implemented innovative strategies to achieve gains in timely linkage to HIV medical care and achievement of viral suppression. Initiatives include: the **Rapid Start** intervention which aims to link newly diagnosed individuals into HIV medical care within 7 days after diagnosis, the U=U (undetectable=untransmittable) campaign to help reduce HIV-related stigma and empower PLWH, and the **LA Links** program that utilizes regionally located care coordinators to engage PLWH into care and achieve viral suppression. In 2013, SHHP began implementing **Health Models**, a public health program providing financial incentives to PLWH for adhering to their medical care and achieving and/or maintaining viral suppression. The program is currently active in the New Orleans, Baton Rouge, and Lafayette public health regions. Viral suppression among Health Models participants is consistently higher than PLWH across the state with 90% of current Health Models participants achieving viral suppression as compared to 65% of all PLWH in Louisiana.

(continued on page 4)

*(Trends in HIV ... continued from page 3)*

Highly focused and innovative HIV prevention efforts have also contributed to the declines in new HIV diagnoses. Statewide efforts to raise HIV awareness and increase access to HIV testing improve knowledge of serostatus. From 2010 to 2017 it is estimated the percentage of PLWH in Louisiana who knew their serostatus increased from 75% in 2010 to 81% in 2017.

In 2012, a novel biomedical intervention became available for HIV-negative individuals at high risk for acquiring HIV when the FDA approved **Truvada for PrEP** use. Pre-exposure prophylaxis or PrEP is a once daily pill that when taken as prescribed is >99% effective in preventing the sexual transmission of HIV. SHHP launched the **TelePrEP Program** ([www.lahhub.org/teleprep](http://www.lahhub.org/teleprep)) in 2018 which increases access to PrEP by allowing HIV-negative people across the state to virtually communicate with a provider through a telemedicine program. This provider is able to prescribe PrEP and monitor patients over time. In 2018, Louisiana had the 8th highest PrEP coverage in the United States with 22.8% of persons with indications for PrEP prescribed PrEP.

SHHP has also been part of implementing harm reduction strategies to reduce stigma around drug use and address HIV transmission among people who use drugs. As of writing, four urban centers (Alexandria, Baton Rouge, New Orleans, and Shreveport) across the state have approved local ordinances to permit **syringe service programs (SSPs)**. Through provision of sterile syringes, SSPs provide access to proven methods of reducing transmission of HIV and other blood borne diseases such as Hepatitis C, as well as linkage to other services such as wound care, overdose prevention education, and addiction treatment services. The comprehensive prevention and treatment strategies described previously and many others not mentioned here have contributed to the impressive and promising decreases in new HIV diagnoses across the state of Louisiana.

If you have questions about this article, or if you would like more information, contact Lauren Ostrenga at [lauren.ostrenga@la.gov](mailto:lauren.ostrenga@la.gov) or Jessica Fridge at [jessica.fridge@la.gov](mailto:jessica.fridge@la.gov).

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## It's TIME

**What: World TB Day**  
**When: March 24, 2020**  
**Theme: "It's Time"**

On March 24, 1882, Dr. Robert Koch announced his finding of the bacillus, *Mycobacterium tuberculosis*, which causes tuberculosis (TB).

Annually on March 24th organizations worldwide collaborate to raise awareness about the impact of TB and to provide education about treatment, prevention, and control.

To learn more about the Tuberculosis Control Program in Louisiana visit <http://ldh.la.gov/index.cfm/page/1005>.

*(An Epidemiologic Study ... continued from page 2)*

### - The request for evidence

Patients willingly volunteer their entire history including their frustration with the medical system. After careful listening, IDEpi will ask for samples of the "parasites" in an effort to evaluate what they are. Patients are eager to submit photos or a sample. No judgement is made during this early fact finding.

Photos of the "parasites" are usually sent to IDEpi via email. Some even send short videos, which are often difficult to interpret. Patients are asked to send still pictures with enough magnification to enable easier evaluation. Upon careful examination of the pictures, the "parasites" appear to be just fibers. They have no structure, such as a digestive tube, or reproductive organs as would be expected in an actual parasite.

Some physicians have prescribed Ivermectin as a treatment for the "parasites." Ivermectin is a medication used to treat round worms. Conversely since Ivermectin has no effects on fibers, this prompts the DP patient to become even more frustrated with the medical system.

In some cases, DP patients have submitted pictures of skin scabs with no structure. Actual samples received have included skin scabs submitted in a vial and in a match box. In another instance, a stack of what appeared to be dirty ear swabs was sent in. After a thorough follow-up has been completed by IDEpi, the time comes to bring the matter to its conclusion.

### - Introducing the concept of a "hyperactive" neuro system

Once the discussion about the nature of these fibers and scabs comes to a close, it is important to reassure patients that they are not "going crazy." The approach is to explain that their brain and central nervous system are "hyperactive" and as a result, send out messages which cause the itching, the feeling of bugs crawling under the skin, and their reaction to pick at and aggravate the lesions. Of course this explanation ignites more discussion with the patient, thus requiring a lot of patience from the epidemiologist.

### - Referral to a neurologist or a neuro-psychiatrist

If the DP patient is convinced, help is needed for a psychiatric referral. This process is facilitated through the Regional Medical Director who has been kept informed of the progress, or lack thereof, of the investigation. Antipsychotic drugs may lead to improvement. Pimozide is recommended as the drug of choice, but atypical antipsychotics, such as risperidone, have also been prescribed because of their better side-effect profiles. Full remission is obtained in only half of the cases with antipsychotic treatment.

### - Analysis of 13 years of delusional parasitosis

From 2006 to 2019 there were 31 cases of DP reported to IDEpi. Though the numbers vary from year to year, the trend shows an increase from an average of 1.5 cases in 2006 to an average of three per year in the most recent years.

*(continued on page 6)*



*Capnocytophaga...continued from page 1*

About 10 million dog bites are reported in the United States every year. Of those, approximately 15,000 occur in Louisiana. The incidence of *Capnocytophaga canimorsus* is estimated to be 0.5 case, per one million people, per year, according to reports in one Danish study. This would translate to 150 cases per year in the United States. Although bites are a common source of exposure, other modes of transmission may occur such as scratches, or even simple contact with dogs or cats.

Photo: Courtesy of CDC



#### ***Capnocytophaga* microbiology:**

*Capnocytophaga* is a gram negative coccobacilli with fastidious growth. The genus has seven other species with *C. cynodegmi* being the most important. Among the many antibiotics *capnocytophaga* are sensitive to are cefoxitin, imipenem, amoxicillin/clavulanic, cilastatin, and clindamycin. Resistant strains are most commonly resistant to third generation cephalosporins and monobactams. Resistance is linked to beta-lactamases encoded in the chromosomes or in plasmids (CfxA gene).

#### ***Capnocytophaga* pathology:**

Due to its unique lipopolysaccharide, the organism possesses virulence attributes of catalase and sialidase production, gliding motility, cytotoxin production, and resistance to killing by serum complement. Though not usually harmful to humans, the organism may affect immune-competent individuals. However, infections are more frequent in immune-compromised patients. Common risk factors include young infants, persons with asplenia, chronic alcoholic liver disease, steroid use, Beta thalassemia (iron is necessary for *capnocytophaga* to grow), and smokers.

Localized infections could lead to osteomyelitis, arthritis, lung abscesses, meningitis, endocarditis, conjunctivitis, or peritonitis. Infections in periodontal disease in gingival abscesses may lead to alveolar bone infection and tooth loss. Systemic complications include kidney disease, hemolytic uremic syndrome, thrombopenic purpura, and severe sepsis. Cases with severe sepsis develop high fever, petechiae, disseminated intravascular coagulation with necrosis, and loss of extremities.

Contact [gary.balsamo@la.gov](mailto:gary.balsamo@la.gov) with inquiries about this article. Information about diseases commonly associated with dogs and information on preventing dog bites can be found at [https://www.cdc.gov/healthypets/pets/dogs.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fdog-bite-prevention%2Findex.html#preventing-bites](https://www.cdc.gov/healthypets/pets/dogs.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fdog-bite-prevention%2Findex.html#preventing-bites).

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## **Call for Hospital Antibigrams**

<http://www.ldh.la.gov/hai>

The Healthcare Associated Infections and Antibiotic Resistance (HAI/AR) Program is collecting 2018 Louisiana hospital antibiograms. Contact Ashley Terry, MPH, CPH, CIC at (504) 568-3189 or [ashley.terry@la.gov](mailto:ashley.terry@la.gov) with inquiries or for guidance with submissions.

Frequently asked questions and answers, about the antibiogram report, can be found at <http://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/AntibioticSensitivity/LaAntibiogramQA1.pdf>.

The latest statewide Antibigram Report is available for viewing at [http://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/AntibioticSensitivity/LAAntibiogram/LouisianaAntibioticResistance2016\\_FINAL.pdf](http://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/AntibioticSensitivity/LAAntibiogram/LouisianaAntibioticResistance2016_FINAL.pdf).

(An Epidemiologic Study ... continued from page 4)

Figure: Trend of delusional parasitosis case investigations, 2006 to 2019

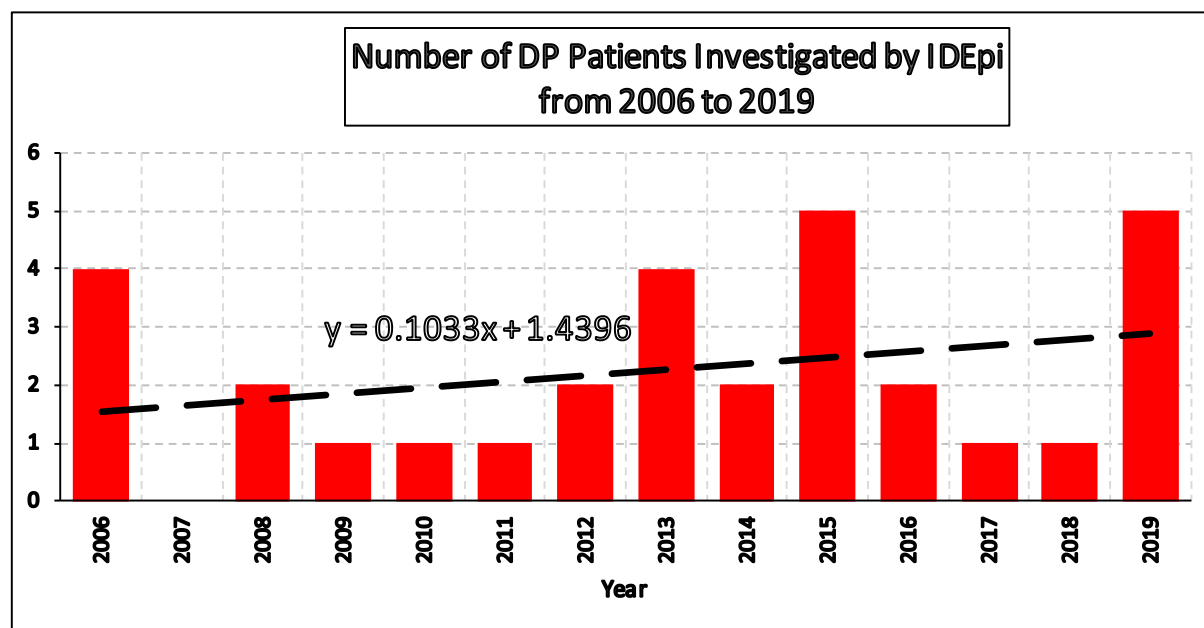


Table: Geographical locations of DP cases. Refer to the regional map of Louisiana on page 7.

Region	Number of cases
1: Orleans	3
2: Baton Rouge	2
3: Houma/Thibodaux	0
4: Lafayette	4
5: Lake Charles	1
6: Alexandria	4
7: Shreveport	0
8: Monroe	0
9: Mandeville	0
Unspecified	17

**Summary of available data extracted from case investigations:**

-GENDER: Men (6), Women (25)  
 -AGE: 20-29 years old (collected for only three patients)  
 -REFERRED FROM: CDC (2), EPA (1), mosquito control (1), termite/pest control (1)  
 -HISTORY OF TRAVEL: Latin America (1), Middle East (1)  
 -IMMUNOCOMPROMISED: HIV (1), Diabetes (1)  
 -TREATMENT USED: Isopropyl alcohol, vinegar, apple cider, hydrogen peroxide (none of which were deemed effective)  
 -LESIONS: Skin erosions/ulcers (30)  
 -SUICIDAL THOUGHTS: (1)  
 -OTHERS INVOLVED: Family members (4), dogs (5)  
 -ENVIRONMENTAL SUSPECTS: Bedding or seating (5), bath water (2)  
 -ASSUMED CAUSES: Round worms (2), Foot-long worm (2), Spirurida (1), Gnastostoma (1), Cotton worm (1), Fungi (3), Maggots /Myiasis (3), Scabies (3)

Most DP patients complain of having symptoms for years, however it is difficult to pinpoint the exact dates of symptom onsets. The longest duration was seven years for one patient. It would be interesting to organize a follow-up study, however, it would be 1-unethical to stir up memories that have faded, 2-unethical since such a study would have no public health benefit, and 3-impractical because of the time involved in contacting each case. Contact [raoult.ratard@la.gov](mailto:raoult.ratard@la.gov) with inquiries about this article.

Reference: Trabert W. Psychopathology. 1995;28(5):238-46. 100 years of delusional parasitosis. Meta-analysis of 1,223 case reports. PMID: 8559947, DOI: 10.1159/000284934. Delusional parasitosis (DP) is mostly described in single cases or small samples. Data on epidemiology, nosological classification, therapy and course are therefore difficult to interpret. A thorough literature review is recommended to delineate common features of the syndrome. All case reports concerning DP (except toxic forms) were collected and analyzed according to a standardized protocol. DP is a disorder which may occur in every period of life but is much more frequent in older subjects. Sex differences with a predominance of females increase with age. Mean duration of delusion was 3.0 +/- 4.6 years (median: 1 year). Social isolation seems to be more a premorbid feature than a secondary phenomenon related to the delusion. Diagnostic classification revealed a high proportion of so-called 'pure' forms ('delusional disorders' in DSM-III-R or ICD-10) but the syndrome was also reported in schizophrenia, affective or organic psychosis or even as a neurotic symptom. Frequency of induced DP can be estimated between 5 and 15%. Course of DP is not so unfavorable as commonly thought; in about half the patients a full remission was described during the observation period or at catamnesis. Short preclinical courses may indicate better outcome. Comparing the patients of the prepsychopharmacological era (before 1960) with those after, the rate of full remissions increased from 33.9 to 51.9%.



## Save the Date

# Antimicrobial Stewardship Summit

Thursday April 23, 2020

8:30 - 3:30

Holiday Inn Downtown-Superdome, 330 Loyola Avenue, New Orleans, Louisiana

For more information contact [erica.washington@la.gov](mailto:erica.washington@la.gov)

Table 1. Communicable Disease Surveillance, Incidence by Region and Time Period, November-December, 2019

HEALTH REGION										TIME PERIOD				
DISEASE	1	2	3	4	5	6	7	8	9	Nov-Dec 2019	Nov-Dec 2018	Jan-Dec Cum 2019	Jan-Dec Cum 2018	Jan-Dec % Chg*
<b><u>Vaccine-preventable</u></b>														
Hepatitis B Acute <sup>3</sup> Cases	0	2	0	0	0	0	1	1	2	6	11	69	56	23.2%
Rate <sup>1</sup>	0.0	0.4	0.0	0.0	0.0	0.0	0.2	0.3	0.5	0.1	0.3	1.6	1.3	NA*
Measles (rubeola) <sup>4</sup>	0	0	0	0	0	0	0	0	0	0	0	0	2	NA*
Mumps <sup>4</sup>	0	0	0	0	0	0	0	0	0	0	8	206	29	610.3%
Rubella <sup>3</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Pertussis <sup>4</sup>	1	1	3	0	0	1	0	0	1	7	15	83	122	-32.0%
<b><u>Sexually-transmitted</u></b>														
HIV/AIDS Cases <sup>2</sup>	34	34	7	12	10	9	21	7	11	145	156	942	976	-3.5%
Rate <sup>1</sup>	3.8	5.0	1.8	2.0	3.3	3.0	3.9	2.0	1.9	3.1	3.3	20.2	20.9	NA*
Chlamydia Cases	1115	804	388	544	161	291	640	401	417	4761	5215	34951	36280	-3.7%
Rate <sup>1</sup>	124.6	118.0	97.4	89.8	52.9	96.8	119.2	114.8	70.9	102.2	111.9	750.0	778.5	N/A
Gonorrhea Cases	464	284	136	188	65	146	275	185	174	1917	1965	12407	12038	3.1%
Rate <sup>1</sup>	51.8	41.7	34.1	31.0	21.3	48.6	51.2	53.0	29.6	41.1	42.2	266.2	258.3	N/A
Syphilis (P&S) Cases	4	6	4	8	4	4	6	2	5	43	109	594	669	-11.2%
Rate <sup>1</sup>	0.4	0.9	1.0	1.3	1.3	1.3	1.1	0.6	0.8	0.9	2.3	12.7	14.4	N/A
<b><u>Enteric</u></b>														
Campylobacter <sup>4</sup>	13	11	4	51	6	6	2	7	5	105	96	848	799	6.1%
Hepatitis A <sup>3</sup> Cases	9	15	1	1	0	2	13	24	13	78	32	655	54	1113.0%
Rate <sup>1</sup>	0.9	2.6	0.3	0.2	0.0	0.7	2.6	6.8	3.4	1.8	0.7	15.2	1.3	1113.0%
Salmonella <sup>4</sup> Cases	19	14	18	44	23	12	32	23	14	199	175	1291	1195	8.0%
Rate <sup>1</sup>	1.8	2.5	4.8	8.5	8.6	3.9	6.3	6.6	3.6	4.6	4.1	29.9	27.7	NA*
Shigella <sup>4</sup> Cases	10	11	3	19	18	11	3	2	11	88	48	534	241	121.6%
Rate <sup>1</sup>	1.0	1.9	0.8	3.7	6.7	3.6	0.6	0.6	2.9	2.0	1.1	12.4	5.6	121.6%
Vibrio cholera <sup>3</sup>	0	0	0	0	0	0	0	0	0	0	1	0	3	NA*
Vibrio, other <sup>4</sup>	1	0	2	0	2	0	0	0	1	6	23	103	121	NA*
<b><u>Other</u></b>														
<i>H. influenzae (invasive)</i> <sup>4</sup>	2	0	2	1	3	1	0	3	1	13	18	80	89	-10.1%
<i>N. Meningitidis (invasive)</i> <sup>4</sup>	0	0	0	0	0	0	0	0	0	0	0	3	0	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 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=Confirmed cases

4=Confirmed and Probable cases

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

Figure: Department of Health Regional Map

Table 2: Diseases of Low Frequency (January-December, 2019)

Disease	Total to Date
Legionellosis <sup>3</sup>	49
Lyme Disease <sup>4</sup>	8
Malaria <sup>3</sup>	6
Rabies, animal	7
Varicella <sup>4</sup>	68

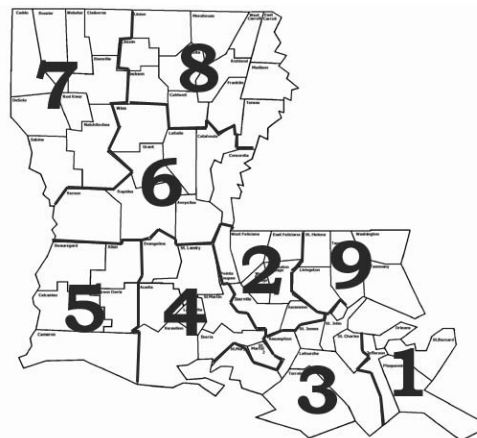
Table 3: Animal Rabies, (November-December, 2019)

Parish	No. Cases	Species
Lafayette	1	Skunk

Erratum to the November-December 2019 issue:

Table 3: Animal Rabies

Brazilian Freetail bat was reported in error as Nov-Dec 2019. Correct date range is Sept-Oct 2019.



# Sanitary Code - State of Louisiana

## Part II - The Control of Disease

### ***LAC 51:II.105: The following diseases/conditions are hereby declared reportable with reporting requirements by Class:***

#### **Class A Diseases/Conditions - Reporting Required Within 24 Hours**

***Diseases of major public health concern because of the severity of disease and potential for epidemic spread-report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result is known; [in addition, all cases of rare or exotic communicable diseases, unexplained death, unusual cluster of disease and all outbreaks shall be reported.***

<i>Acinetobacter</i> spp., carbapenem-resistant	<i>C. sake</i> , <i>C. parapsilosis</i> , <i>C. catenulata</i> ,	Measles (Rubeola imported or indigenous)	Rubella (German Measles)
Acute Flaccid Paralysis including Acute Flaccid Myelitis	<i>C. guilliermondii</i> , and <i>Rhodotorula glutinis</i> )	Melioidosis ( <i>Burkholderia pseudomallei</i> )	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)
Amoeba (free living) infection (including <i>Acanthamoeba</i> , <i>Naegleria</i> , <i>Balamuthia</i> & others)	Cholera	<i>Neisseria meningitidis</i> (invasive infection)	Smallpox
Anthrax	<i>Clostridium perfringens</i> (foodborne infection)	Outbreaks of Any Infectious Disease	<i>Staphylococcus aureus</i> , Vancomycin Intermediate or Resistant (VISA/VRSA)
Avian or Novel Strain Influenza A (initial detection)	Diphtheria	Pertussis	Staphylococcal Enterotoxin B (SEB) Pulmonary Poisoning
Botulism	Enterobacteriaceae, carbapenem-resistant	Plague ( <i>Yersinia pestis</i> )	Tularemia ( <i>Francisella tularensis</i> )
Brucellosis	Fish/Shellfish Poisoning (domoic acid, neurotoxic shellfish poisoning, ciguatera, paralytic shellfish poisoning, scombroid)	Poliomyelitis (paralytic & non-paralytic)	Viral Hemorrhagic Fever (Ebola, Lassa, Marburg, Crimean Congo, etc.)
<i>Candida auris</i> , as well as common misidentifications of <i>C. auris</i> (e.g., <i>C. haemulonii</i> , <i>C. dubautii</i> , <i>C. famata</i> , <i>C. lusitanae</i> ,	Foodborne Illness	<i>Pseudomonas aeruginosa</i> , carbapenem-resistant	Yellow Fever
	<i>Haemophilus influenzae</i> (invasive infection)	Q Fever ( <i>Coxiella burnetii</i> )	
	Influenza-associated Mortality	Rabies (animal and human)	
		Ricin Poisoning	
		Rubella (congenital syndrome)	

#### **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.***

Anaplasmosis	<i>Escherichia coli</i> , Shiga-toxin producing (STEC), including <i>E. coli</i> O157:H7	Herpes (neonatal)	Syphilis <sup>1</sup>
Arthropod-Borne Viral Infections (West Nile, Dengue, St. Louis, California, Eastern Equine, Western Equine, Chikungunya, Usutu, Zika & others)	Granuloma Inguinale	Human Immunodeficiency Virus [(HIV), infection in pregnancy] <sup>2,6</sup>	Syphilis [( <i>Treponema pallidum</i> ), infection in pregnancy] <sup>1,6</sup>
Aseptic Meningitis	Hantavirus (infection or Pulmonary Syndrome)	Human Immunodeficiency Virus[(HIV), perinatal exposure] <sup>2,6</sup>	Syphilis [( <i>Treponema pallidum</i> ), perinatal exposure] <sup>1,6</sup>
Babesiosis	Hemolytic-Uremic Syndrome	Legionellosis	Tetanus ,
Chagas Disease	Hepatitis A (acute illness)	Listeriosis	Tuberculosis <sup>3</sup> (due to <i>M. tuberculosis</i> , <i>M. bovis</i> , or <i>M. africanum</i> )
Chancroid	Hepatitis B (acute illness and carriage in pregnancy)	Malaria	Typhoid Fever
Cryptosporidiosis	Hepatitis B (perinatal infection)	Mumps	<i>Vibrio</i> infections (other than cholera)
Cyclosporiasis	Hepatitis C (acute illness)	Salmonellosis	Zika Virus-associated Birth Defects
	Hepatitis C (perinatal infection)	Shigellosis	
	Hepatitis E		

#### **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 <sup>3</sup> (AIDS)	Giardiasis	Lyme Disease	Staphylococcal Toxic Shock Syndrome
<i>Anaplasma Phagocytophilum</i>	Gonorrhea <sup>1</sup> (genital, oral, ophthalmic, pelvic inflammatory disease, rectal)	Lymphogranuloma Venereum <sup>1</sup>	Streptococcal Disease, Group A (invasive disease)
Aspergillosis	Guillain-Barré Syndrome	Meningitis, Eosinophilic (including those due to <i>Angiostrongylus</i> infection)	Streptococcal Disease, Group B (invasive disease)
Blastomycosis	Hansen's Disease (leprosy)	Nontuberculous Mycobacteria	Streptococcal Toxic Shock Syndrome
Campylobacteriosis	Hepatitis C ((infection, other than as in Class B)	Nipah Virus Infection	<i>Streptococcus pneumoniae</i> , invasive disease
Chlamydial infection <sup>1</sup>	Histoplasmosis	Non-gonococcal Urethritis	Transmissible Spongiform Encephalopathies (Creutzfeldt-Jacob Disease & variants)
Coccidioidomycosis	Human Immunodeficiency Virus <sup>2</sup> (HIV (infection other than as in Class B)	Ophthalmia neonatorum	Trichinosis
Cryptococcosis ( <i>C. neoformans</i> and <i>C. gattii</i> )	Human T Lymphocyte Virus (HTLV I and II infection)	Psittacosis	Varicella (chickenpox)
Ehrlichiosis (human granulocytic, human monocytic, <i>E. chaffeensis</i> and <i>E. ewingii</i> )	Leptospirosis	Spotted Fevers [ <i>Rickettsia</i> species including Rocky Mountain Spotted Fever (RMSF)]	Yersiniosis
<i>Enterococcus</i> , Vancomycin Resistant [(VRE), invasive disease]		<i>Staphylococcus aureus</i> (MRSA), Invasive Infection	

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

Cancer	Heavy Metal (arsenic, cadmium, mercury)	Phenylketonuria <sup>4</sup>	Severe Traumatic Head Injury
Carbon Monoxide Exposure and/or Poisoning <sup>5</sup>	Exposure and/or Poisoning (all ages) <sup>5</sup>	Pneumoconiosis (asbestosis, berylliosis, silicosis, byssinosis, etc.) <sup>5</sup>	Severe Undernutrition (severe anemia, failure to thrive)
Complications of Abortion	Hemophilia <sup>4</sup>	Radiation Exposure, Over Normal Limits <sup>5</sup>	Sickle Cell Disease <sup>4</sup> (newborns)
Congenital Hypothyroidism <sup>4</sup>	Lead Exposure and/or Poisoning (all ages) <sup>4,5</sup>	Reye's Syndrome	Spinal Cord Injury
Galactosemia <sup>4</sup>	Pesticide-Related Illness or Injury (all ages) <sup>5</sup>		Sudden Infant Death Syndrome (SIDS)

#### **Class E Diseases/Conditions - Reporting Required Within 10 Business Days<sup>5</sup>**

***Any disease/condition where the work environment is suspected to be the cause of an illness or injury or where the work environment is thought to be the cause of an illness exacerbation.***

Case reports not requiring special reporting instructions (see below) can be reported by mail or fax on Confidential Disease Report forms (2430), fax (504) 568-8290, telephone (504) 568-8313 or call (800) 256-2748 .

<sup>1</sup>Report on STD-43 form. Report cases of syphilis with active lesions by telephone, within one business day, to (504) 568-8374.

<sup>2</sup>Report to the Louisiana STD/HIV Program: Visit [www.hiv.dhh.louisiana.gov](http://www.hiv.dhh.louisiana.gov) or call 504-568-7474 for regional contact information.

<sup>3</sup>Report on form TB 2431 (8/94). Mail form to TB Control Program, DHH-OPH, P.O. Box 60630, New Orleans, LA. 70160-0630 or fax both sides of the form to (504) 568-5016

<sup>4</sup>Report to the Louisiana Genetic Diseases Program and Louisiana Childhood Lead Poisoning Prevention Programs: [www.genetics.dhh.louisiana.gov](http://www.genetics.dhh.louisiana.gov) or facsimile (504) 568-8253, telephone (504) 568-8254, or (800) 242-3112

<sup>5</sup>Report to the Section of Environmental Epidemiology and Toxicology, Occupational Health and Injury Surveillance Program: [www.seet.dhh.louisiana.gov](http://www.seet.dhh.louisiana.gov) or call (504) 568-8150 or (888) 293-7020 or fax (504) 568-8149

<sup>6</sup>Report to the Louisiana STD/HIV Program on HIV/Syphilis during Pregnancy Reporting Form: Visit [www.hiv.dhh.louisiana.gov](http://www.hiv.dhh.louisiana.gov) or call 504-568-7474

Reference Cultures/Specimens to State Laboratory: Visit [http://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/IsolatesToSendToStateLab\\_2019.pdf](http://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/IsolatesToSendToStateLab_2019.pdf).

All **laboratory facilities** shall, in addition to reporting tests indicative of conditions found in §105, report positive or suggestive results for additional conditions of public health interest. The following findings shall be reported as detected by laboratory facilities: 1. adenoviruses; 2. coronaviruses; 3. enteroviruses; 4. hepatitis B (carriage other than in pregnancy); 5. hepatitis C (past or present infection); 6. human metapneumovirus; 7. parainfluenza viruses; 8. respiratory syncytial virus; and 9. rhinoviruses.