STATE OF LOUISIANA

DEPARTMENT OF HEALTH AND HOSPITALS

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
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March-April 2009 **Volume 20 Number 2**

May is Hepatitis Awareness Month!

Dielda Robertson, BS

According to the Centers for Disease Control and Prevention, an estimated 3.2 million people in the United States have chronic hepatitis C virus (HCV) infection and 800,000 to 1.4 million persons have chronic hepatitis B virus infection (HBV), and are not aware of it. Many people who are infected never have symptoms and therefore never come to the attention of medical or public health officials; they do not know that they are infected because they do not look or feel sick. A 'Hepatitis Testing Day' has been created for Louisiana as an opportunity for people to learn their hepatitis status, to gain knowledge and to take control of their health and their lives.

In Louisiana, one in four people will be infected with some form of hepatitis (A, B or C) in their lifetime. Before Hurricane Katrina in 2005, free testing was offered at Charity Hospital in New Orleans. Since that time, resources for the uninsured and underinsured have been minimal and free testing is no longer available. Laboratory tests for a hepatitis panel range from $50 to $100, a major barrier to hepatitis testing. A lack of awareness of the high prevalence of hepatitis is another barrier to testing in the state.

The "1 in 4" Hepatitis Awareness Campaign has been designed with a goal of increasing public awareness (about the disease in Louisiana) and providing free testing for a day. The testing event will be in three cities (New Orleans, Baton Rouge and Shreveport) across the state.

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Pedicure Foot Spa Infections Louisiana, 2009

Grace Ejigiri, MPH

Outbreaks of skin infections on legs and feet of individuals following pedicures have been documented in California and Ohio. Non-tuberculosis Mycobacteria have been found to cause skin infections in association with nail salon footbaths. These organisms can occur naturally in water and soil. It is suspected that organisms enter footbaths through the municipal water supply where the plumbing may be colonized and thrive in the large amount of organic debris accumulated behind footspa recirculation screens.

In February 2009, the Infectious Disease Epidemiology Section, Office of Public Health, received a call from a man concerned about pedicure services he had received in a Region 3 salon (map of regions on page 7). Following the procedure, he developed a fungal infection in his toe. His infection had been treated, but he wanted to file a complaint and determine what could be done. He was referred to the Louisiana State Board of Cosmetology to file his complaint. The Board maintains professional and occupational standards for cosmetology professionals and creates licensing requirements and sanitary regulations for salons in Louisiana. They also investigate complaints and take necessary disciplinary action against licensees found to violate these standards.

Louisiana Sanitary Code requires all equipment/instruments used in cosmetology schools and salons be kept clean and sanitized. All tools and implements that come in direct contact with a client should be sterilized, sanitized in accordance to manufacturer's instruction, or disposed of after each use. The Environmental Protection Agency (EPA), and the Centers for Disease Control and Prevention provide the following guidance for salon customers to help reduce the potential for infections associated with pedicure foot spa use.

Summary of Recommendations:

Protect your skin

- Microorganisms in footbaths can enter through the skin. Do not use a footbath if your skin has open wounds, cuts, scratches, etc.

- Do not shave, use hair removal creams, or wax your legs during the twenty-four hours before receiving treatment in a footbath.

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The Prevalence of Animal Bites/Exposure in Relation to the Risk of Human Rabies - Central Louisiana January, 2000 - September, 2008

Shirley Burton, MPH, Regional Epidemiologist

Introduction:

In the United States, dog bites are a common public health problem. Each year approximately 4.5 million people are bitten. Rabies is an acute encephalomyelitis caused by a neurotropic virus which is present in the saliva of rabid animals and is, for all practical purposes, always fatal if contracted by humans. The handful of patients that have survived had received some type of rabies immunization prior to exposure. The virus is transmitted when the animal's saliva comes in contact with an open wound, mucous membrane or cuts in one's skin. The virus has an affinity for nerve tissues and tends to travel from the site of entry via peripheral nerves to the spinal cord and the brain where it multiplies, subsequently going into efferent nerves to the salivary glands and into the saliva.

In humans, the incubation period for rabies varies from ten days to more than one year with most illnesses occurring one to three months after exposure. Early symptoms of the disease include muscle aches/pain, headache, fatigue, anorexia, cough, chills and sore throat. Neurological symptoms include erratic behavior, agitation, disorientation, hallucinations, difficulty swallowing and excessive salivation. Coma may occur within four to ten days and patients may either recover or die due to asphyxia, exhaustion or general paralysis.

In the United States, wild animals account for over ninety percent of reported cases of rabies, with raccoons, bats and skunks being the most frequently reported animals. Among domestic animals, the number of reported cases of rabies is three to four times higher in cats, compared to dogs and farm animals such as cattle. Human exposure to rabies in the U.S. has been low and usually occurs as a result of bites, with the most common reservoirs being skunks, foxes, raccoons and bats. In Louisiana, the last reported human case of rabies occurred in 1953. The Compendium of Animal Rabies Prevention and Control - 2008 *(http://www.dhh.louisiana.gov/offices/page.asp?id=249&detail=7486)* states that the most effective way to control the spread of rabies to humans is through animal vaccination which should be done under the direct supervision of a licensed veterinarian.

Purpose:

To assess the prevalence of animal bites in relation to the risk of human rabies in Central Louisiana (Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, Winn parishes); 2008 estimated population of 301,253.

Method of Data Collection:

Data were collected from January, 2000 to September, 2008 using a form completed by Public Health sanitarians throughout the eight parishes. SPSS Version 10.0 was used for data analysis. Some of the bites were reported directly to the regional or sanitarians' offices while most were referred to the sanitarians from parish veterinarians, animal control and the sheriffs' offices. A few referrals were made by area hospitals; some summary data was made available by the animal control office.

Results:

A total of 296 cases of animal bite/exposures were reported throughout the eight parishes in Region VI (map of regions on page 7) during the study period, with a majority of the cases being reported in Vernon, 39.9% and Rapides parish, 33.4%, two of the most populated parishes. (Table 1)

Table 1: Distribution of animal bite/exposure* by year (N=296)
Region VI - Louisiana, January, 2000 - September, 2008

Year of Bite	Number of Reported Bites
2000	70
2001	76
2002	15
2003	28
2004	16
2005	26
2006	31
2007	24
2008	10
Total	**296**

** Four of the animals posed a risk due to exposure and not biting*

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Assistant Secretary, OPH	***M. Rony Francois, MD MSPH PhD***
State Epidemiologist	***Raoult Ratard, MD MPH***
Editors	***Susanne Straif-Bourgeois, PhD MPH*** ***Theresa Sokol, MPH*** ***Rosemarie Robertson, BS MT(C) CNMT***
Layout & Design	***Ethel Davis, CST***

Most of the bites occurred in the months of May and September. Overall, males were bitten slightly more frequently than females (n=151 (51%) vs. n=133 (44.9%)). Among the persons bitten, adults (40.9%, n=121) sustained more bites than children aged less than or equal to eighteen years of age (33.8%, n=100). The mean age among those bitten was 26.6 with a minimum age of one year and a maximum age of eighty-six years. Anatomically, bite injuries (N=146) occurred most commonly in the hand/arm (56.2%), the foot/leg (40.4%), and the neck/face (17.1%) area. Bites to both the lower and upper extremities occurred most frequently among adults (54%); children (63.2%) were more likely to be bitten in the neck/face area.

Most people (64%, n=93) who were bitten sought medical care for their injury with very few (1%) being hospitalized; three (2%) completed post-exposure prophylaxis treatment; one started the prophylaxis treatment but did not complete it; treatment was suggested for another. Fourteen percent (n=20) of the bite victims did not seek medical care; no one died as a result of the injuries sustained.

In the region, dogs accounted for 69.3% (n=205) of the reported bites followed by cats 18.9% (n=56). The remaining bites and/or exposure to suspect rabid animals, 11.8% (n=35), resulted from the following animals: raccoons, monkeys, skunks, squirrels, bats, ferrets, horses, foxes, coyotes, rats.

Domestic animals, mostly cats and dogs, accounted for 60.6% (n=117) of the bites, followed by stray animals 22.8% (n=44), wild animals 16.1% (n=31), and unknown/other animals 0.5% (n=1).

Data analysis revealed that only a small percentage, 30.8% (n=36) of the domestic animals were vaccinated by a licensed veterinarian, most of which were vaccinated in Vernon Parish; another 1.7% (n=2) were vaccinated by someone other than a veterinarian. A vast majority (53%, n=62) of the domestic animals were not vaccinated.

Among the cats and dogs, those of an unknown breed and mixed breed accounted for a majority of the bites (31.4% and 19.6%, respectively), followed by other animals (12.8%). All other breeds of dog or cat accounted for less than ten percent of the total bites, individually. Curs, Chows, Labradors and Rottweilers were the dogs most frequently involved in biting incidents.

One third of the reported bites were described as being provoked (33.3%, n=36); a majority of the bites were described as punctures (71.5%, n=108); eleven (7.3%) were described as serious, requiring stitches; 17.2% (n=26) were classified as scratches. Risk of rabies for at least four cases was due to exposure to the saliva of the suspect rabid animal.

Among the animals posing a risk for rabies, a majority were either quarantined or euthanized. Of the ninety-nine that were euthanized (33.3%), thirty-four were tested for rabies and only one of the animals, a bat that bit someone on the finger in an unprovoked incident, tested positive for the rabies virus. The bite was a puncture wound and the patient completed post-exposure rabies treatment.

Conclusion:

The results presented in this report are subject to limitations due to the following: the sources of information may not include information from most hospitals and other healthcare facilities in the region where injuries from animal bites are most likely to be treated; not all animal bites are reported and those reported are generally due to circumstances such as severity of the injury and/or unfamiliarity with the animal; non-severe bites from long-time family pets or those settled between the owner and victim, may not be reported to avoid legal issues; bite victims may not seek medical care; it is not always clear whether the person(s) who are treated or hospitalized receive any rabies treatment for the bite sustained; information about individual bites are limited since forms are not always completed thoroughly. The number of reported bites per parish is limited to the thoroughness of each parish's reporting system.

It is clear that dogs contributed to most of the reported animal bites in the region, with adults and males being the most frequent victims. Although the number of animals testing positive for rabies is considerably low, the true risk of human rabies is not necessarily evident from this study and should not be underestimated. Moreover, the number of satisfactorily vaccinated animals is low and the cost of post-exposure treatment for possible rabies exposure can be costly, resulting in a financial burden on not only the individuals, but also on the public heath system.

In an effort to determine the number of animal bite injuries in the region and the potential risk of rabies to bite victims, it would be necessary for entities such as emergency departments, healthcare providers, animal control, law enforcement and the public health department to keep up with such injuries. Since rabies can only be transmitted to humans when a rabid animal introduces the virus via a bite or scratch, it is important to have domestic animals vaccinated by a licensed veterinarian or have persons exposed to animal bites, especially stray and wild animals, treated promptly. Consequently, education intervention regarding animal vaccination, proper animal handling techniques, awareness of pre- and post- exposure rabies treatment and incident reporting, should be done at the community/individual level and more specifically in the medical (both veterinarian and human), and animal control arenas. The enforcement of animal control laws already in place should be followed in an effort to ensure the public's safety from exposure to potential rabid animals.

For references or more information, please contact Ms. Burton at (318) 487-5262 or email *sburton@dhh.la.gov*.

Swine Flu Updates / Information

Please go to website:
www.flula.com or call
(800) 256-2748

Pesticide Exposures Among Children Less than Seven Years of Age - Louisiana Pesticide Surveillance Data, 2003-2007

Roshan Badakhsh, MPH; Michelle Lackovic, MPH

Statewide surveillance of pesticide exposures is conducted by the Louisiana Office of Public Health's Section of Environmental Epidemiology & Toxicology (SEET). The main sources of pesticide exposure reports are calls made to the Louisiana Poison Control Center (PCC), and complaints filed with Louisiana Department of Agriculture and Forestry (LDAF), the state agency responsible for enforcing pesticide misapplications or misuse. SEET works closely with LDAF to evaluate health effects associated with complaints of pesticide exposure. Pesticide poisoning is a reportable condition in Louisiana, although very few cases are reported directly by physicians.

Pesticides include any substance or mixture of substances intended to control a variety of pests such as insects, rodents, fungi, weeds and microorganisms. Typical household pesticide products are insect sprays, cleaning products and mosquito repellents. One of the most common locations of pesticide exposure, especially to children, is within the family residence. This report examines pesticide exposures among children less than seven years of age during a five-year period (2003-2007). Only cases with at least two health effects associated with pesticide exposure were included in the data analysis.

Results

During the five-year period, 250 children aged six years and under were reported to SEET's Pesticide Surveillance Program. The number of childhood exposures averaged fifty per year and ranged from a low of thirty-eight cases in 2006 to a high of fifty-six cases in 2004.

Circumstance of Exposure

To better understand how young children were exposed to pesticides, three main categories were created to describe the circumstance of exposure. Most children (n = 179, or 72%) were exposed when they personally accessed (e.g. sprayed, drank, touched) a pesticide or were exposed by another young child. The second most common circumstance involved a child who was present in a room where an adult was using a pesticide or touched a pesticide-treated surface (n = 39, 16%). The third circumstance involved a pesticide product intended for use on humans that was applied to a child by an adult (n = 32, 13%). (Table 1)

Table 1: Characteristics of child pesticide exposures - Louisiana, 2003-2007

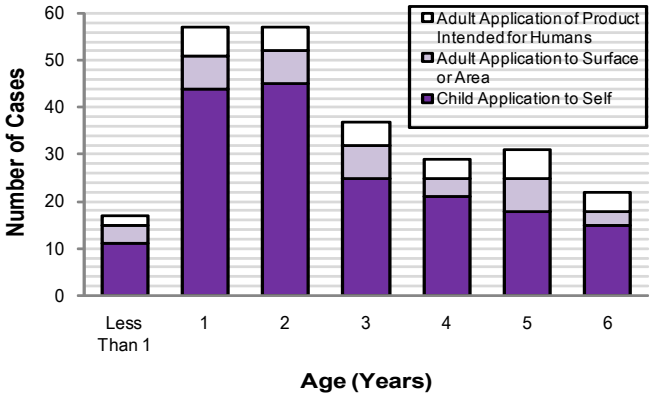
	Circumstance of Exposure			
	Child Application to Self (N=179)	Adult Application to Surface or Area (N=39)	Adult Application of Product Intended for Humans (N=32)	Total (N=250)
Type of Pesticide	**N *(%)***	**N *(%)***	**N *(%)***	**N *(%)***
Insecticides	**71 *(40)***	**25 *(64)***	**32 *(100)***	**128 *(51)***
Lice Shampoo	5 *(3)*	-	20 *(63)*	25 *(10)*
Mosquito Repellent	21 *(12)*	-	12 *(38)*	33 *(13)*
Bug Bombs (Foggers)	-	7 *(18)*	-	7 *(3)*
Mothballs	4 *(2)*	2 *(5)*	-	6 *(2)*
Other Insecticide	41 *(23)*	16 *(41)*	-	57 *(23)*
Disinfectants	**85 *(47)***	**7 *(18)***	**-**	**92 *(37)***
Bleach	37 *(21)*	-	-	37 *(15)*
Pine Oil	22 *(12)*	-	-	22 *(9)*
Pool Product	11 *(6)*	4 *(10)*	-	15 *(6)*
Other Disinfectant	15 *(8)*	3 *(8)*	-	18 *(7)*
Animal Medication	**12 *(7)***	**2 *(5)***	**-**	**14 *(6)***
Herbicide	**8 *(4)***	**5 *(13)***	**-**	**13 *(5)***
Rodenticide	**3 *(2)***	**-**	**-**	**3 *(1)***
Route of Exposure*	**N *(%)***	**N *(%)***	**N *(%)***	**N *(%)***
Dermal	42 *(23)*	22 *(56)*	17 *(53)*	81 *(32)*
Inhalational	16 *(9)*	20 *(51)*	-	36 *(14)*
Ingestion	105 *(59)*	1 *(3)*	-	106 *(42)*
Ocular	57 *(32)*	5 *(13)*	17 *(53)*	79 *(32)*
Medical Care Received	**N *(%)***	**N *(%)***	**N *(%)***	**N *(%)***
Physician Office Visit	6 *(3)*	3 *(8)*	1 *(3)*	10 *(4)*
ER	64 *(36)*	10 *(26)*	13 *(41)*	87 *(35)*
Hospital Admission	17 *(9)*	5 *(13)*	-	22 *(9)*
Poison Control Center Call	92 *(51)*	15 *(38)*	18 *(56)*	125 *(50)*
No Medical Care Sought**	-	6 *(15)*	-	6 *(2)*

**A single exposure can involve multiple routes*

***LDAF complaint*

Children under three years of age made up about fifty-two percent of the cases; males constituted approximately sixty percent of the cases. Applications involving an adult were evenly distributed by age, whereas scenarios that involved a "child application to self" occurred disproportionately more among one- and two-year olds than other children. (Figure 1)

Figure 1: Number of cases by age and circumstance of exposure
Louisiana, 2003-2007



Pesticide Type and Exposure Route

Insecticides

Insecticides accounted for fifty-one percent of the exposures. The most common insecticides included lice shampoos, mosquito repellents and bug sprays.

Exposures among young children often involved spraying themselves in the eyes or face with N,N-diethyl-meta-toluamide (DEET), the active ingredient in most mosquito repellents. Other common scenarios with DEET included a child playing with the bottle then rubbing his or her eyes or ingesting a product from the bottle. "Child application to self" also included a large number of exposures to "Other Insecticides" such as bug sprays and powders. About half of these exposures occurred via ingestion.

Circumstances involving an adult application primarily involved children who touched pesticide-treated surfaces. For example, a two-year old developed health effects after she played on grass that had recently been treated with ant granules. Another incident involved a child who was exposed to flea powder on a carpet. Children were also exposed to insecticides when they were in a room or area that was being treated or sprayed by an adult. For example, seven children were exposed to bug bombs (foggers) that were set off while the child was in the area.

All exposures involving an adult application to a child occurred with lice shampoos or mosquito repellents. Most of the lice shampoo exposures occurred when the product dripped into a child's eyes during treatment. These exposures can be severe as our review shows that nearly fifty percent of reported exposures to lice shampoo resulted in a medical visit. Health effects from lice shampoos also occurred when a product was left on the child for too long. For example, one child developed a severe rash after lice shampoo was left on for several hours. The product's label advises to keep the product on the scalp for ten minutes before rinsing.

Disinfectants

Disinfectants include household cleaning products such as bleach, pine oil (Pine Sol®), Lysol® and pool cleaning products. Disinfectant exposures primarily occurred when a child accessed this type of product and often involved ingestion: approximately seventy-five percent of the bleach and pine oil exposures occurred because a child consumed the liquid. In many cases, the product was poured from its original container into a smaller vessel that was more likely to be familiar to a child. For example, one child "ingested Lysol® from a sippy cup." Another child "drank bleach that was stored in a mason jar."

Most pool product exposures involved inhaling chlorine fumes from a container of pool cleaning product in tablet or powder form. These exposures also occurred when a child was with an adult who opened a bucket or container.

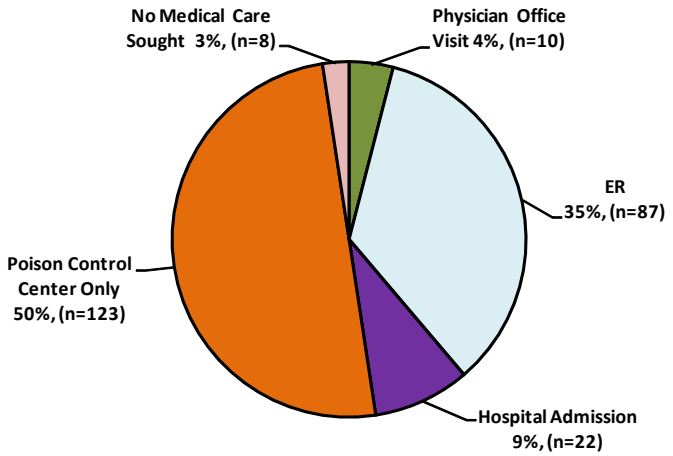
Other Pesticides

Less common exposures included pet products, herbicides and rodenticides. Exposure to pet products frequently occurred when a child touched a pet that was recently treated with a flea medication or mistakenly used flea shampoo for bubble bath. Herbicide exposure scenarios included an aerial application of 2,4-Dichlorophenoxyacetic acid to a neighboring rice field that drifted to a neighboring residence and ingestion of glyphosate (or Roundup®) that was stored in a coke bottle. All the rodenticide exposures involved ingestion of rodent-poisoning pellets.

Medical Treatment

Approximately half of the cases were treated in the emergency room (ER) or hospitalized. (Figure 2)

Figure 2: Percent distribution of cases by medical care received
Louisiana, 2003-2007



Of the cases that sought medical care, seventy-three percent involved a child who personally accessed a product containing a pesticide. Most of the hospitalizations resulted from ingestion of a pesticide (64%). These ingestions included a wide variety of products: insecticides (pyrethroids and organophosphates), insect repellents containing DEET, bleach and Pine Sol®.

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Pesticide Exposures Among Children.....Continued from page 5)

The other hospitalizations included inhalation of fumes from swimming pool treatment (e.g. pool shock), four cases of dermal and inhalational exposure to an insecticide applied to the environment by an adult and an accidental application of a disinfectant to a child's mouth during a dental visit.

Health Effects

There was one fatality that occurred when an infant ingested an insecticide that contained both a pyrethroid and petroleum distillates. Seven cases had severe, potentially life-threatening exposures and twenty-four cases had moderate symptoms. The remaining 219 cases had relatively benign reactions that resolved rapidly.

Discussion

While this review does not capture all childhood pesticide exposures occurring in Louisiana, it does provide insight into how children are exposed to pesticides.

Results indicate that most childhood exposures were corollaries of access to pesticides. The hand-to-mouth, exploratory behavior of young children and their close contact with their surroundings makes them vulnerable to pesticides and other chemicals. Almost half of all cases in this study were one- and two-year olds. The one fatality and high proportion of ingestions that sought medical care point to the potential seriousness of these exposures. Ingestion of a pesticide often occurred shortly after a parent left a child unattended in a room with, for example, a bucket of bleach or an opened bottle of Pine Sol®.

Childhood pesticide poisonings often involve common household items such as insect sprays and disinfectants. There are several steps parents and caregivers can take to protect children: 1) store chemicals in a locked or inaccessible location; 2) keep pesticides in their original containers; 3) do not leave children unattended in a room with pesticides, including disinfectants. In addition - to ensure that children do not have access to pesticides, parents can also protect their children by minimizing or eliminating their use of pesticides in and around the home. Integrated Pest Management (IPM) is a pest control method that minimizes the use of chemicals. IPM encourages preventing or controlling pests by creating inhospitable environments for pests, removing elements that pests need to survive, or sealing crevices where pests can access buildings.

For more information about IPM visit: *http://www.epa.gov/pesticides/controlling/index.htm* or *http://www.ipm.ucdavis.edu/.* For references please contact Roshan Badakhsh at (504) 219-4782 or email *roshan.badakhsh@la.gov.*

(Pedicure Foot Spa Infections.....Continued from page 1)

Know how the salon cleans and disinfects foot spas

- Ask salon workers how foot spas are maintained and how often.

- A foot spa should be disinfected between each customer as well as nightly.

- Salons should use an EPA-registered hospital disinfectant. Disinfectants used in foot spas should indicate on the label that they are approved for hospital use.

Do not use the foot spa if you are not sure that it is disinfected and safe to use. Do not risk your health. Report any problems to the Louisiana Board of Cosmetology.

For more information, visit *www.lsbc.louisiana.gov* or call (866) 257-7901 (toll-free). For references, contact Grace Ejigiri at *ogechigrace.ejigiri@ la.gov* or call (504) 219-4544.

(Hepatitis Awareness.....Continued from page 1)

The testing day event, modeled after the HIV National Testing Day, was to be held on May 19, 2009 (postponed due to swine flu) in three locations (The NO AIDS Task Force - New Orleans, Metro Health - Baton Rouge and the Philadelphia Center - Shreveport) where free hepatitis B & C testing will be offered. There will be pre- and post-test counseling available for all participants when the new date is chosen. Those who test negative will be counseled on ways to maintain their negative status; those testing positive will be counseled and referred for follow-up care. Also, free hepatitis A & B vaccinations will be offered to high-risk individuals.

A media campaign will launch approximately one month before the event, to heighten awareness of the public. The media campaign will include print materials, newspaper articles, radio PSAs and possible television appearances. Messages will inform the public of the prevalence of hepatitis in Louisiana, risk factors for contracting hepatitis and information regarding the free testing event on May 19th.

For more information please go to *http://www.dhh.louisiana.gov/offices/page.asp?id=249&detail=7274* or contact Dielda Robertson at (504) 219-4517 or email *dielda.robertson@la.gov*.

Announcements

Updates: Infectious Disease Epidemiology Webpage

http://www.infectiousdisease.dhh.louisiana.gov

ANNUAL REPORTS: Brucellosis; Campylobacter; Leptospirosis; Rabies; Rocky Mountain Spotted Fever; West Nile Encephalitis
EPIDEMIOLOGY MANUAL: Botulism; Confidentiality; Group B Streptococcal Infections; Investigation & Control of Vancomycin-Intermediate & -Resistant *Staphylococcus aureus* (VISA/VRSA); Meningococcal Invasive Disease; Viral (Aseptic) Meningitis; *Staphylococcus aureus*, Vancomycin-intermediate (VISA), Vancomycin-resistant (VRSA)
HEPATITIS: "1 in 4" Hepatitis Awareness Project
INFLUENZA: Weekly Report
PROFESSIONAL EDUCATION: Information on Meningococcal Invasive Disease for Medical Staff
PUBLIC INFORMATION: Meningitis Public Information; Meningococcal Meningitis Public Information; Viral (Aseptic) Meningitis Public Information
SPECIAL STUDIES: Hurricane Katrina Deaths, Louisiana, 2005
VETERINARY INFORMATION: Microbiological Makeup of Common Veterinary Infections - Canine & Feline

LOUISIANA COMMUNICABLE DISEASE SURVEILLANCE

January - February, 2009

Table 1. Disease Incidence by Region and Time Period

DISEASE		HEALTH REGION 1	2	3	4	5	6	7	8	9	TIME PERIOD Jan-Feb 2009	Jan-Feb 2008	Jan-Dec Cum 2009	Jan-Dec Cum 2008	Jan-Dec % Chg*
Vaccine-preventable															
Hepatitis B	Cases	0	1	2	3	0	0	0	0	0	6	15	6	15	-60.0
	Rate[1]	0	0.2	0.5	0.6	0	0	0	0	0	0.1	0.3	0.1	0.3	NA*
Measles		0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Mumps		1	0	0	0	0	0	0	0	0	1	0	1	0	NA*
Rubella		0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Pertussis		3	2	0	4	0	1	1	0	1	12	1	12	1	1100.0
Sexually-transmitted															
HIV/AIDS	Cases[2]	9	14	3	5	1	5	5	5	5	52	168	52	168	-68.0
	Rate[1]	0.9	2.4	0.8	0.9	0.4	1.7	1.0	1.4	1.1	1.2	3.8	1.2	3.8	NA*
Chlamydia	Cases	615	325	238	418	120	167	535	460	275	3256	2793	3256	2793	16.6
	Rate[1]	88.8	50.7	59.3	72.8	42.2	55.8	100.6	131.6	53.5	75.9	65.1	75.9	65.1	NA*
Gonorrhea	Cases	216	104	65	171	42	59	214	130	68	1108	1519	1108	1519	-27.2
	Rate[1]	31.2	16.2	16.1	29.8	14.8	19.7	40.3	37.2	13.2	25.8	35.4	25.8	35.4	NA*
Syphilis (P&S)	Cases	14	2	0	6	1	0	10	1	5	39	76	39	76	-48.7
	Rate[1]	2.0	0.3	0	1.1	0.3	0	1.9	0.3	0.9	0.9	1.8	0.9	1.8	NA*
Enteric															
Campylobacter		0	0	0	4	0	0	1	1	3	9	15	9	15	-40.0
Hepatitis A	Cases	1	1	0	0	0	0	0	0	0	2	1	2	1	NA*
	Rate[1]	0.1	0.2	0	0	0	0	0	0	0	0	0	0	0	NA*
Salmonella	Cases	8	6	3	9	2	2	0	11	8	49	61	49	61	-19.7
	Rate[1]	0.8	1.1	0.8	1.7	0.7	0.7	0	3.1	2.1	1.1	1.4	1.1	1.4	NA*
Shigella	Cases	2	2	9	5	11	1	4	0	4	38	48	38	48	-20.8
	Rate[1]	0.2	0.4	2.4	1.0	4.1	0.3	0.8	0	1.0	0.9	1.1	0.9	1.1	NA*
Vibrio cholera		0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Vibrio, other		0	0	0	0	0	0	0	0	0	0	1	0	1	NA*
Other															
H. influenzae (other)		0	0	0	0	1	0	0	0	1	2	2	2	2	NA*
N. Meningitidis		0	0	0	1	0	0	5	0	0	6	9	6	9	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.

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

Table 2. Diseases of Low Frequency (January-February, 2009)

Disease	Total to Date
Legionellosis	0
Lyme Disease	0
Malaria	0
Rabies, animal	0
Varicella	13

Table 3. Animal rabies (January-February, 2009)

Parish	No. Cases	Species
	0	

DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
P.O. BOX 60630 NEW ORLEANS LA 70160

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

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 (rubeola)
- Neisseria meningitidis (invasive disease)
- Plague
- Poliomyelitis, paralytic
- Q Fever (*Coxiella burnetii)*
- Rabies (animal and human)
- Rubella (congenital syndrome)
- Rubella (German measles)
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)
- Smallpox
- *Staphylococcus Aureus*, Vancomycin Intermediate or Resistant (VISA/VRSA)
- Tularemia
- Viral Hemorrhagic Fever
- Yellow Fever

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)
- Aseptic meningitis
- Chancroid[1]
- *Escherichia coli*, Shig-toxin producing (STEC), including *E. coli* 0157:H7
- Hantavirus Pulmonary Syndrome
- Hemolytic-Uremic Syndrome
- Hepatitis A (acute disease)
- Hepatitis B (acute illness & carriage in pregnancy)
- Hepatitis B (perinatal infection)
- Hepatitis E
- Herpes (neonatal)
- Legionellosis (acute disease)
- Malaria
- Mumps
- Pertussis
- Salmonellosis
- Shigellosis
- Syphilis[1]
- Tetanus
- Tuberculosis[2]
- Typhoid Fever

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)3
- Blastomycosis
- Campylobacteriosis
- Chlamydial infection[1]
- Coccidioidomycosis
- Cryptococcosis
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Ehrlichiosis
- Enterococcus, Vancomycin Resistant [(VRE), invasive disease]
- Giardia
- Gonorrhea[1]
- Hansen Disease (leprosy)
- Hepatitis B (carriage, other than in pregnancy)
- Hepatitis C (acute illness)
- Hepatitis C (past or present infection)
- Human Immunodeficiency Virus (HIV Syndrome infection)[3]
- Listeria
- Lyme Disease
- Lymphogranuloma Venereum[1]
- Psittacosis
- Rocky Mountain Spotted Fever (RMSF)
- *Staphylococcus Aureus*, Methicillin/Oxacillin Resistant[(MRSA), invasive infection]
- Staphylococcal Toxic Shock Syndrome
- Streptococcal disease, Group A (invasive disease)
- Streptococcal disease, Group B (invasive disease)
- Streptococcal Toxic Shock Syndrome
- *Streptococcus pneumoniae*, penicillin resistant [DRSP]), invasive infection]
- *Streptococcus pneumoniae* (invasive infection in children < 5 years of age)
- Transmissible Spongiform Encephalopathies
- Trichinosis
- Varicella (chickenpox)
- Vibrio Infections (other than cholera)

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

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

Case reports not requiring special reporting instructions (see below) can be reported by Confidential Disease Case Report forms (2430), facsimile (504) 219-4522, telephone (504) 219-4563, or 1-800-256-2748) or web based at *https://ophrdd.dhh.state.la.us.*

[1]Report on STD-43 form. Report cases of syphilis with active lesions by telephone.
[2]Report on CDC72.5 (f.5.2431) card.
[3]Report to the Louisiana Genetic Diseases Program Office by telephone at (504) 219-4413 or facsimile at (504) 219-4452.
[4]Report to the Louisiana HIV/AIDS Program: see www.hiv.dhh.louisiana.gov for regional contact information, or call 504-568-7474.
[5]Report to the Section of Environmental Epidemiology & Toxicology: www.seet.dhh.louisiana.gov or 888-293-7020.

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