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STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
Louisiana Morbidity Report

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July-August 2008 **Volume 19 Number 4**

Adult Blood Lead Testing Louisiana, 2007

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In June 2006, changes in disease reporting requirements mandated that laboratories and physicians report all adult lead test results to the Office of Public Health's (OPH) Section of Environmental Epidemiology & Toxicology (SEET). Since that time, SEET has received laboratory reports from six reference laboratories and has developed a database and data parsing software to process and manage the large volume of laboratory data. This report summarizes the 5,611 adult blood lead tests SEET received from January to December, 2007.

Background

Lead is primarily absorbed into the body through ingestion by children and through inhalation in the workplace by adults. Additional exposure sources may be folk medicines from other countries, lead-glazed pottery or hobbies involving lead-containing materials. An elevated blood lead level (BLL) reflects recent exposure to lead from an environmental source. Lead serves no physiological purpose in the body and may exert adverse effects on multiple organ systems, especially the nervous system. Symptoms of lead toxicity vary from person to person and depend on dose and exposure duration. Frequently no symptoms are observed, even with relatively

(Continued on page 2)

Contents

Notice to Physicians

To be able to send out HEALTH ALERTS rapidly, we are requesting your email address. Please send your email address to *rroberts@dhh.la.gov* to receive future alerts.

Life Stress Factors Associated With Physical Abuse During Pregnancy - Louisiana 2000 - 2004

Caleb Wiedeman, MPH; Dionka Pierce, MPH; Tri Tran, MD MPH; Lyn Kieltyka, PhD MPH

The Healthy People (HP) 2010 target for the percent of women reporting abuse by a husband or intimate partner is 0.33% with the target for the percent of women reporting physical abuse (PA) by an ex-husband or ex-intimate partner also being 0.33%. The 2002 Pregnancy Risk Assessment and Monitoring System (PRAMS) data indicate that 5.4% of Louisiana women reported PA by a husband or intimate partner during pregnancy, revealing that Louisiana is not on target to meet HP 2010 goals. Furthermore, the prevalence of PA during pregnancy has been consistently higher in Louisiana, with the average percent of PA reported among all states participating in PRAMS in 2002 reported at 3.7%.

Physical abuse during pregnancy is a complex social problem with strong public health implications. Previous studies have shown that women reporting PA before or during pregnancy have increased risk of antenatal hospitalization not related to delivery, high blood pressure, edema, severe nausea, vaginal bleeding, vomiting, dehydration, kidney infection, urinary tract infection, inadequate weight gain, excessive weight gain, antepartum hemorrhaging, perinatal death, depression one month after delivery and increased child abuse potential scores.

Most women who report PA during pregnancy also report PA prior to pregnancy. Published literature suggests that women reporting PA are likely to be under the age of twenty years, not married, non-white, have less than a high school education, have an unintended pregnancy, use tobacco while pregnant, receive Medic-

(Continued on page 6)

(Adult Blood Lead....Continued from page 1)

high blood lead levels. Reported symptoms include weakness, fatigue, irritability, difficulty concentrating, constipation, abdominal discomfort, fine tremors, hypertension, reduced sex drive and weakness in fingers, wrists, or ankles.

SEET participates in the Centers for Disease Control and Prevention's (CDC) state-based Adult Blood Lead Epidemiology and Surveillance (ABLES) program, which tracks BLLs for individuals sixteen years of age and older. ABLES defines an elevated adult BLL as greater than or equal to 25 µg/dL, which reflects the CDC's *Healthy People 2010* goal of reducing the BLLs of all employed adults to below this level. The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) promulgates and enforces occupational lead exposure regulations, which vary by industry. Employers are required to monitor BLLs of workers if airborne lead exposure is greater than or equal to 30 µg/m^3 of air for more than thirty days per year. For general industry, removal from the site of exposure is required if a BLL is greater than or equal to 60 µg/dL, or if the average of three tests is greater than or equal to 50 µg/dL. For the construction industry, removal from exposure is required if a BLL is greater than or equal to 50 µg/dL.

According to ABLES data collected from thirty-seven states during the years 2003 to 2004, over ninety percent of adults with elevated BLLs are exposed in the workplace. The majority of these exposures occur through inhalation of lead-containing dust and fumes. Nationally, workers at the greatest risk of exposure include those employed in the battery manufacturing and soldering industries (electrical components and automobile radiators), refinery workers, lead smelters, sandblasters, painters and bridge and construction workers.

Results

SEET currently receives test results from the major reference laboratories that perform blood lead analysis for Louisiana physicians and hospitals. It is possible, however, that results are not being received from smaller laboratories or hospitals that perform blood lead analysis at their own facilities.

A total of 5,611 blood lead tests ordered during 2007 were reported for 4,490 unique individuals aged sixteen years or older. Fewer than four percent had a BLL greater than or equal to 25 µg/dL. (Table 1)

Table 1: Blood lead level test results Louisiana - January-December, 2007

(BLL (µg/dL)	Number
<5	3585
5-9	505
10-14	128
15-19	53
20-24	49
25-29	45
30-34	47
35-39	33
40-44	20
45-49	16
50-54	4
55+	5
Total	**4490**

NOTE: For individuals with multiple tests, only the highest level was counted.

These data show that younger male workers may be at the greatest risk of lead exposure. Males accounted for about eighty percent of individuals tested and ninety-eight percent of elevated BLLs. Adults between twenty-five and fifty-four years of age accounted for about sixty percent of the individuals tested and seventy-two percent of those with BLLs greater than or equal to 25 µg/dL. Only three women had a BLL greater than or equal to 25 µg/dL. (Women of child-bearing age are considered a vulnerable population because *in utero* exposure to lead may result in neurodevelopmental effects on the fetus, or miscarriage.) Data on the race and ethnicity of patients were inconsistently provided. (Table 2)

Table 2**:** Gender and age of adults tested for blood lead level Louisiana - January-December, 2007

	Total Number	BLL 25 µg/dL	Percent Positive
Gender			
Male	3568	167	4.7
Female	898	3	0.3
Unknown	24	0	0
Age			
16-24	753	24	3.2
25-34	1009	44	4.4
35-44	889	43	4.8
45-54	798	36	4.5
55-64	503	17	3.4
65-74	253	5	2.0
75-84	169	0	0
85+	42	0	0
Unknown	74	1	1.4
Total	**4490**	**170**	

The 170 (3.8%) cases with a BLL greater than or equal to 25 µg/dL were investigated to determine the source of exposure using laboratory reports, medical records and interviews with healthcare providers. Out of these cases, 92.4% were exposed to lead at work. Industry information was obtained for 154 of the 157 work-related cases. (Table 3)

Louisiana Morbidity Report
Volume 19 Number 4 **July-August 2008**

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

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Table 3: Source of exposure for individuals with BLL results greater than or equal to 25 µg/dL - Louisiana - January-December, 2007

	Number	Percent
Occupational	**157**	**92.4**
Metal smelting	77	45.3
Construction-related trades*	24	14.1
Painting and wall covering contractors	20	11.8
Repair and maintenance of industrial machinery and equipment	19	11.2
Nonclay refractory manufacturing	7	4.1
Remediation services	3	1.8
Iron and steel mills	1	0.6
Wholesale of scrap and waste materials	1	0.6
Shooting range	1	0.6
Educational services	1	0.6
Unknown	3	1.8
Non-occupational	**3**	**1.8**
Retained bullet	2	1.2
Lead in the home	1	0.6
Unknown	**10**	**5.9**
Total	**170**	**100**

** Construction-related trades include institutional construction, construction of structures related to oil and gas pipelines, plumbing contractors, carpentry contractors and other special trades contractors. Percents may not equal 100 due to rounding.*

Four industries accounted for approximately eighty-two percent of the BLLs greater than or equal to 25 µg/dL in Louisiana. The industry with the largest number of elevated cases was metal smelting and refining, followed by construction-related trades, painting and wall covering contractors and repair and maintenance of industrial machinery and equipment. Five (0.11%) individuals had a BLL above the OSHA level required for removal from the site of exposure: two worked for painting and wall-covering contractors, two worked in construction-related industries and the industry of the fifth person was unknown.

Discussion:

This report represents the first time surveillance of adult blood lead levels among Louisiana residents has been conducted using laboratory data. Of the results reported, 170 (3.8%) are above the *Healthy People 2010* goal of 25 ug/dL; five (0.11%) cases met the OSHA criteria for medical removal. Based on the experience of other states with adult lead surveillance programs, and observations in Louisiana, it is likely that the number of reported elevated lead tests is an underestimate of the actual number of Louisiana residents with elevated blood lead levels. Some businesses with workers at risk of exposure to lead might not provide blood lead testing and certain workers do not fall under the workplace medical monitoring requirements. In addition, non-occupationally exposed individuals may not be tested.

SEET's surveillance system permits ongoing and timely identification of elevated results among tested individuals, as well as identification of their exposure sources. This information identifies jobs and situations where Louisiana residents may be at risk for exposure, which directs targeted education and other preventive measures. To improve the coverage of testing, SEET will conduct outreach to at-risk workers who may not be aware of lead poisoning hazards or the need for testing. Specific focus will be on individuals working in the construction industry in the Greater New Orleans area who are rebuilding from Hurricane Katrina. In addition to workers, SEET will target individuals who may be non-occupationally exposed through home renovation projects or hobbies such as casting ammunition, shooting firearms, or working with stained glass.

SEET is also targeting education to health care providers to increase the lead testing of patients who may be at-risk based on their activities or occupations. A web-based document developed by SEET, *Information For Health Care Professionals: Lead Exposure And Toxicity,* summarizes information on OSHA's medical monitoring guidelines, common sources of lead, exposure pathways, laboratory testing and case reporting requirements. The document is available on SEET's Heavy Metal Surveillance Program's webpage (*www.seet.dhh.louisiana.gov*).

For references or more information, please contact Cara Locklin at (504)219-4783 or by email clocklin@dhh.la.gov.

NOTICE: Legislative Changes in Immunization Laws for School-Aged Children

As a result of legislative changes in 2008, important modifications have been made in the 2009-2010 immunization schedule affecting school-aged children. To best implement and remain compliant with the latest immunization requirements, please note the summary of changes to ensure that school students are properly immunized.

Middle School Requirement:

Effective July 1, 2008, Act 152 and Act 342 requires that beginning with the 2009 – 2010 school year and continuing thereafter, a student shall provide satisfactory evidence of current immunizations against meningococcal disease and any other age appropriate vaccine as a condition of entry into the sixth grade. Further, any student who has attained the age of eleven years or who is entering a grade other than grade six shall provide satisfactory evidence of current immunizations against meningococcal disease and any other age appropriate vaccine as a condition of entry into that grade. This requirement also affects susceptible individuals through eighteen years of age who are enrolled in any Louisiana school.

At the time of registration, students must show proof of immunization of the following vaccines: Tetanus Diphtheria Acellular Pertussis vaccine (Tdap); two (2) doses of Varicella; two (2) Measles-Mumps-Rubella (MMR); three (3) Hepatitis B (HBV); one (1) Meningococcal Vaccine (MCV-4).

Kindergarten / First Time Enterers:

Beginning in school year 2009 – 2010, two doses of varicella vaccine will be required in Louisiana schools for entry into pre-k, kindergarten, daycare and headstart programs. In addition, prior to school entry, these students must have documented proof of immunizations for: two (2) doses of MMR; three (3) HBV; two (2) Varicella; booster doses of DtaP and Polio vaccines administered on or after their fourth birthday *and* prior to school entry. If a child is not

(Continued on page 5)

Newborn Heel Stick Screening in Louisiana: Disease Detection, 2003 - 2007

Charles Myers, GSW; Cheryl Harris, MPH; Connie Simonson, CLS; Dolinda Werling Baye, MPH RD LDN; Louis Trachtman, MD MPH; Terry Crockett, CLS; Ngoc Huynh, MPH; Arthur Hagar, PhD

The Genetic Diseases Program in collaboration with the State Public Health Laboratory, operates a statewide newborn heel stick screening and follow-up program in accordance with the pertaining legislation and regulations: R.S. 40:1299.1.,2.,3.,4 and LAC 48: V. 6303. Laboratories located anywhere must be approved by the Office of Public Health to perform newborn screening. Currently only the Public Health (PH) Laboratory in Metairie, Louisiana and the PerkinElmer Genetics Laboratory (formerly Pediatrix Medical Group, Inc.) in Bridgeville, Pennsylvania are approved to perform this service.

Table 1 indicates the number of infants diagnosed with a disease that was detected by newborn heel stick screening from 2003-2007. The data reflects the phased in expansion of the newborn screening panel to a core panel of twenty-nine disorders as recommended by the American College of Medical Genetics (ACMG).

Table 1: Newborn screening detection by year – Louisiana, 2003 - 2007

Diseases	2003		2004		2005		2006		2007	
	White	Non-white	White	Non-white	White	Non-white	White	Non-white	White	Non-white
DISORDERS OF AMINO ACID METABOLISM										
PHENYLKETONURIA (PKU)	2	1	1	0	5	0	4	0	3	1
CIT: Citrullinemia					1	0	1	0	0	0
TYROSINEMIA Type I (TYR I)									1	1
DISORDERS OF FATTY ACID METABOLISM										
MCADD: Medium Chain Acyl-CoA Dehydrogenase Deficiancy					5	0	6	0	4	2
VLCAD: Very Long-Chain Acyl-CoA Dehydrogenase Deficiency									3	0
DISORDERS of ORGANIC ACID METABOLISM										
Glutaric Acidemia Type I									1	0
OTHER METABOLIC DISORDERS										
BIOTINIDASE DEFICIENCY	3	0	1	0	3	1	4	3	1	1
GALACTOSEMIA	0	0	1	1	1	0	5	0	3	0
ENDOCRINE DISORDERS										
CONGENITAL HYPOTHYROIDISM*	25	16	22	25	17	18	10	4	14	11
CONGENITAL ADRENAL HYPERPLASIA							0	0	1	2
SICKLE CELL DISEASE (SS,SC,S-THAL)	0	79	1	96	0	72	0	78	0	79
PULMONARY DISORDERS CYSTIC FIBROSIS									11	1
TOTAL BIRTH	37,066	27,623	37,400	28,173	34,383	25,058	36434**	25924**	N/A	N/A

* Definition for congenital hypothyroidism: patient requiring thyroid replacement medication for adequate thyroid functioning

** Provisional Data from Vital Records

With the adoption of tandem mass spectrometry in 2004, the first phase of the expansion increased the number of disorders from five to ten. In 2006, sixteen more metabolic disorders were added as well as congenital adrenal hyperplasia. Finally, cystic fibrosis was added in 2007. The ACMG core newborn screening panel has emerged as a national standard and adoption across the nation is nearly complete as indicated on the website of the National Newborn Screening Advisory Committee and Genetic Testing Resource Center (http://genes-r-us.uthscsa.edu/).

Reestablishing the PH Laboratory to perform newborn screening represents a major public health success story. These latest expansions of the newborn screening panel occurred within the two years after Hurricane Katrina and therefore, involved new challenges not anticipated when the methodology of tandem mass spectrometry was first adopted by the PH Laboratory. Within a few days after the hurricane, the PH Laboratory and the Genetics Program made arrangements with the University of Iowa PH Hygienic Laboratory to perform the testing that had been done previously in Louisiana. This arrangement continued until November 12, 2007 when the PH Laboratory in Louisiana resumed testing.

A large team effort was needed to secure staff, reestablish procedures and protocols, install new equipment and finally gain approval to start testing from the Center for Medicare and Medicaid Services (CMS) under the Clinical Laboratory Improvement Amendments (CLIA). The addition of a new follow-up position has allowed the Genetics Program to keep pace with the increased number of suspects and true cases that have occurred with the expanded screening panel.

For more information on the Newborn Heel Stick Screening Program, please view the Genetics Program website at http://www.genetics.dhh.louisiana.gov/ or contact the Genetics Program Office at (504) 219-4413.

Announcements

Updates: Infectious Disease Epidemiology Webpage
http://www.infectiousdisease.dhh.louisiana.gov

ANNUAL REPORTS: Vibrio
BIOTERRORISM MANUAL: Viral Hemorrhagic Fever (VHF)
EPIDEMIOLOGY MANUAL: Group A Streptococcal (GAS) Infection; Guidelines for Treatment of Malaria in the United States; Hepatitis B; Hepatitis C; HIPAA; Malaria; Pertussis; Pertussis Summary; Preventing Tick Bites
LOUISIANA MORBIDITY REPORT: Index 1978-1979
VETERINARY INFORMATION: Canine Antimicrobial Sensitivity Profiles and Trends -2007; Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel -2008
MRSA : Community-Acquired MRSA: A Virulent Pathogen; Therapy for Community-Associated MRSA Infections: Antibiotics and More
WEST NILE VIRUS: West Nile in Louisiana, 2002-2008

Changes in Immunization Laws...(Continued from page 3)

complete (up-to-date for age), he/she must present a record indicating the child is in the process of receiving vaccines and follow-up must be provided for compliance with the above requirements.

Full text of this update can be found at:
https://linksweb.oph.dhh.louisiana.gov/linksweb/LINKS_FAQ.html.

For more information call the Immunization Program at (504) 838-5300.

Herpes Simplex in Children Aged Five Years and Under Louisiana, 1999-2004

Anna Lara, MD-MPH Candidate

Herpes simplex virus is one of the most common infections of all age groups. Infections in the pediatric population can include mucocutaneous infections, CNS infections and occasionally disseminated infection of visceral organs. The goal of this study was to describe the epidemiology of hospitalizations of children less than five years old with a diagnosis of Herpes simplex in Louisiana from 1999-2004.

Methods:

Records were collected from the Louisiana Hospital Inpatient Discharge Database (LAHIDD) from 1999-2004 for children under five years of age who were diagnosed with herpes simplex.

Results:

During the five years, there were 108 records that met the search criteria. Infants less than one year old accounted for thirty-nine percent of the admissions; of these infants, thirty-five percent were less than one week old, forty-eight percent were male and fifty-two percent female. The ethnic make-up of the study group was thirty-eight percent Caucasian, twenty-six percent African-American. African-Americans were less likely to be admitted for a main diagnosis of herpes (RR 0.48, 95% CI 0.22 - 0.93). Hospital admissions of children less than five years of age with a diagnosis of herpes peaked in 2002, with an incidence of 9.4 admissions per 100,000. The incidence then decreased to a low of 1.8 admissions per 100,000 in 2004 (of which 58.3% of patients had herpes not otherwise specified (NOS), 10.2% were listed as having complicated herpes NOS, 15.7% had eye infections, 9.3% had gingivostomatitis, 4.6% had meningitis and 2.8% had genital herpes). Eye infections occurred in 29.4% of infants less than one year of age, 41.2% in one year-olds, 11.8% in two year-olds, with the remaining 17.6% in three year-olds. No cases of eye infections occurred in four year-olds. All five of the patients with herpes meningitis were younger than one year-old. The ten cases of gingivostomatitis were fairly evenly distributed throughout all age groups. The number of admissions appeared to increase during spring months.

(Continued on page 6)

(Life Stress Factors....Continued from page 1)

aid, have an early onset of sexual activity, report no contraceptive use at last intercourse, obtain prenatal care from a public source, live in crowded conditions and experience stressful life events. The relationship between the stressful life events measured by PRAMS and PA during pregnancy has not been explored among Louisiana women.

Data from 9,712 women who responded to the Louisiana PRAMS survey for the years from 2000 to 2004 were included in analyses. Exposure to physical abuse during pregnancy was assessed by classifying responses to the questions, "During your most recent pregnancy, did an ex-husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way" or "During you most recent pregnancy, were you physically hurt in any way by your husband or partner". A positive response to either of these questions was classified as "PA during pregnancy", whereas those responding negatively to both questions were classified as "no PA during pregnancy".

The relationship between PA during pregnancy and stressful life events was assessed using multivariable logistic regression with backwards elimination (alpha=0.05) in SAS callable SUDAAN version 9.0.1. Variables considered in the analysis included maternal race, education, age, marital status, maternal pregnancy intention and thirteen stressful life events variables (a close family member being very sick, someone close died, moving to a new address, being homeless, being separated or divorced, having lots of unpaid bills, having a husband or partner lose their job, losing a job despite wanting to keep on working, increased arguing with husband or partner, being in a physical fight, husband or partner said he did not want her to become pregnant, husband/partner/self went to jail and someone close had a bad drinking or drug problem).

Although a husband or intimate partner is most often reported as the source of PA, the prevalence of women reporting PA during pregnancy by anyone, including but not limited to intimate partners, has remained high and stable from 2000 to 2004. (Table 1)

Table 1: Percent of women reporting any physical abuse (PA) during pregnancy - Louisiana, 2000-2004

Year	Percent	95% Confidence Interval
2000	6.3	(5.2, 7.8)
2001	7.1	(5.9, 8.6)
2002	6.8	(5.5, 8.3)
2003	6.5	(5.3, 8.1)
2004	6.5	(5.2, 8.1)
Average 2000-2004	6.6	(6.1, 7.3)

Multivariable regression results indicated that the stressful life events statistically associated with PA during pregnancy included 1) being in a physical fight 2) increased arguing 3) having someone close with a drinking or drug problem and 4) having someone close die. (Table 2)

Table 2: Adjusted odds ratios of factors associated with any physical abuse reported during pregnancy - Louisiana, 2000-2004

Effects	Odds Ratio	95% Confidence Interval
In physical fight	6.6	(4.6, 9.4)
Increased arguing	2.0	(1.5, 2.7)
Someone close has problem with drinking/drugs	1.6	(1.2, 2.2)
Someone close died	1.4	(1.1, 1.9)
Physical abuse in twelve months before pregnancy	21.9	(16.3, 29.4)
No paternal information on birth certificate	1.6	(1.1, 2.2)
Unmarried	1.7	(1.2, 2.3)

In addition, abuse during the twelve months before pregnancy, being unmarried and not having paternal information on the birth certificate were all significantly associated with increased odds of PA during pregnancy. Maternal age, race, education and pregnancy intention were not statistically significant in the final adjusted model.

A substance use, depression, and physical abuse screening and intervention program for pregnant and postpartum women has recently been made available through a collaborative effort of the Maternal and Child Health Program, Office of Public Health, the Office for Addictive Disorders and the Office of Mental Health.

This program is currently available in four regions of the state with expansion for state-wide coverage being planned and progressing. It is important that all women are screened for physical abuse during pregnancy; knowledge of factors associated with higher chances of a woman being abused, such as a known history of abuse, having been in a physical fight, having increased arguing with their spouse or partner, having someone close with a drinking or drug problem, or having someone close to them die, may help identify women at highest risk for abuse and thereby improve the effectiveness of screening for physical abuse during pregnancy in Louisiana.

For references or more information, please contact Dr. Lyn Kieltyka (504) 219-4566 or email rlkielty@dhh.la.gov.

(Herpes Simplex....Continued from page 5)

Conclusions:

Previous studies indicate that African-Americans are more likely than Caucasians to have herpes simplex infections, but this study did not definitively support these previous findings. The study did show that African- Americans are less likely to be admitted with herpes as a main diagnosis, which suggests that this population may have more complicated diagnoses and less access to healthcare. In the future, more specific ICD-9 coding would be beneficial in analyzing study data.

For references or more information call (504)219-4563 or email rratard@dhh.la.gov.

LOUISIANA COMMUNICABLE DISEASE SURVEILLANCE

May-June, 2008

Table 1. Disease Incidence by Region and Time Period

DISEASE		HEALTH REGION 1	2	3	4	5	6	7	8	9	TIME PERIOD May-Jun 2008	May-Jun 2007	Jan-Jun Cum 2008	Jan-Jun Cum 2007	Jan-Jun % Chg*
Vaccine-preventable															
Hepatitis B	Cases	2	1	2	4	3	0	0	1	2	15	23	42	54	-22.2
	Rate1	0.2	0.2	0.5	0.8	1.1	0	0	0.3	0.5	0.3	0.5	1.0	1.3	NA*
Measles		0	1	0	0	0	0	0	0	0	1	0	1	0	NA*
Mumps		0	0	0	0	0	0	0	0	0	0	0	0	1	NA*
Rubella		0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Pertussis		0	1	0	1	0	0	2	0	1	5	3	9	10	NA*
Sexually-transmitted															
HIV/AIDS	Cases2	16	5	0	7	0	2	4	3	1	38	190	337	581	-42.0
	Rate1	1.6	0.9	0	1.3	0	0.7	0.8	0.9	0.2	0.9	4.3	7.7	13.3	NA*
Gonorrhea	Cases	361	217	96	213	48	95	226	162	119	1537	1561	4546	5391	-15.7
	Rate1	34.9	35.9	25.0	38.9	16.9	31.5	43.2	45.8	27.2	34.4	34.9	101.7	120.6	NA*
Syphilis (P&S)	Cases	10	6	1	20	1	2	13	8	12	73	102	252	223	13.0
	Rate1	1.0	1.0	0.3	3.6	0.4	0.7	2.5	2.3	2.7	1.6	2.3	5.6	5.0	NA*
Enteric															
Campylobacter		2	0	3	3	0	1	2	2	6	19	19	41	51	-19.6
Hepatitis A	Cases	0	0	0	2	0	0	0	0	0	2	8	8	15	-46.7
	Rate1	0	0	0	0.4	0	0	0	0	0	0	0.2	0.2	0.3	NA*
Salmonella	Cases	12	6	8	15	10	3	15	14	47	130	165	267	313	-14.7
	Rate1	1.2	1.1	2.1	2.9	3.7	1.0	3.0	4.0	12.2	3.0	3.8	6.2	7.3	NA*
Shigella	Cases	2	4	8	23	42	1	13	1	7	101	152	251	271	-7.4
	Rate1	0.2	0.7	2.1	4.5	15.7	0.3	2.6	0.3	1.8	2.3	3.5	5.8	6.3	NA*
Vibrio cholera		0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Vibrio, other		2	0	2	0	0	0	0	0	0	4	8	9	13	NA*
Other															
H. influenzae (other)		0	0	0	0	0	0	0	0	1	1	0	5	3	NA*
N. Meningitidis		0	0	0	0	0	0	0	0	1	1	9	14	22	-36.4

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

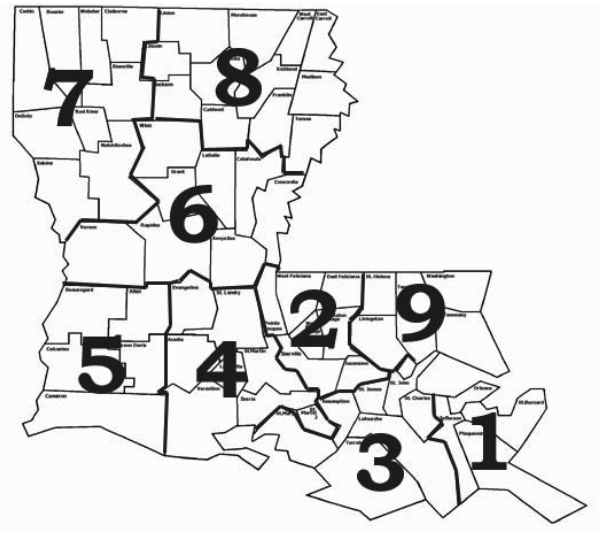
Table 2. Diseases of Low Frequency (January-June, 2008)

Disease	Total to Date
Legionellosis	3
Lyme Disease	0
Malaria	2
Rabies, animal	4
Varicella	8

Table 3. Animal rabies (May-June, 2008)

Parish	No. Cases	Species
Jefferson Davis	1	Skunk

Note: Correction for rabies – additional cases
January-February, 2008 – Calcasieu – 1 skunk
March-April, 2008 – Vernon – 1 bat



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)
- 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)
- 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
- Complications of Abortion
- Congenital Hypothyroidism[3]
- Galactosemia[3]
- Hemophilia[3]
- Heavy Metal (Arsenic, Cadmium, Mercury) Exposure and/or Poisoning (All ages)
- Lead Exposure and/or Poisoning (All ages)
- Pesticide-Related Illness or Injury (All ages)
- Phenylketonuria[3]
- Reye's Syndrome
- Severe Traumatic Head Injury
- Severe Undernutrition (severe anemia, failure to thrive)
- Sickle Cell Disease (newborns)[3]
- 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 base 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.

This public health document was published at a total cost of $1,250.00. Seven thousand copies of this public document were published in this first printing at a cost of $1,250.00. The total cost of all printings of this document, including reprints is $1,250.00. This document was published by Moran Printing, Inc., 5425 Florida Blvd., Baton Rouge, LA 70806, 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.

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