Louisiana Morbidity Report

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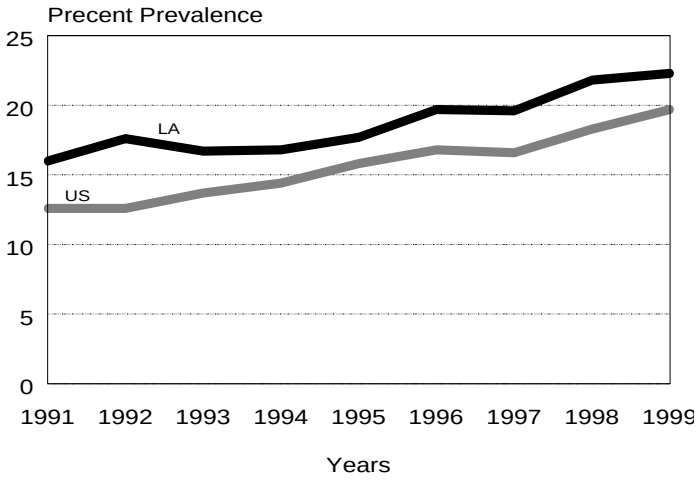
November-December 2000 **Volume 11 Number 6**

Overweight and Obesity

Overweight and obesity are major contributors to many preventable causes of death. Over one-half of all Louisiana residents are overweight or obese. This increases the risk for developing chronic diseases, such as heart disease, stroke, arthritis, diabetes, and some cancers. Body Mass Index (BMI) is a measure of weight relative to height. It is calculated by dividing weight in kilograms by height in meters squared. A BMI of 30.0 or greater classifies an individual as obese.

The percentage of respondents with weight above recommended weight categories has increased steadily. As evidenced in Figure 1, obesity is a growing epidemic both in Louisiana and the U.S. as a whole. Currently, 1 out of 5 Louisiana citizens is obese. An additional one-third is at increased risk (overweight) with weights above recommendations.

Figure1: Prevalence of obesity among adults, LA vs US, 1991-1999



From 1991 to 1999, the prevalence of obesity in females (avg = 19.7%) has remained slightly higher than for males (avg = 17.6%; see Figure 2). However, a greater difference is seen in the prevalence of obesity among race. Over the last 9 years, African-American obesity rates consistently exceeded White rates. Figure 3 shows that most recently, in 1999, there was a 10% difference in obesity rates between races (African Americans, 29.4% vs Whites, 19.4%).

The consequences of obesity result in very high morbidity and mortality rates. Louisiana currently ranks as the most unhealthy state in the nation according to the Northwestern National Life State Health rankings. This ranking, to a large degree, may be due to the higher rates of obesity, sedentary lifestyle, and poor nutrition among Louisiana citizens. *(Continue on next page)*

Figure2: Obesity in Louisiana adults by sex, 1991-1999

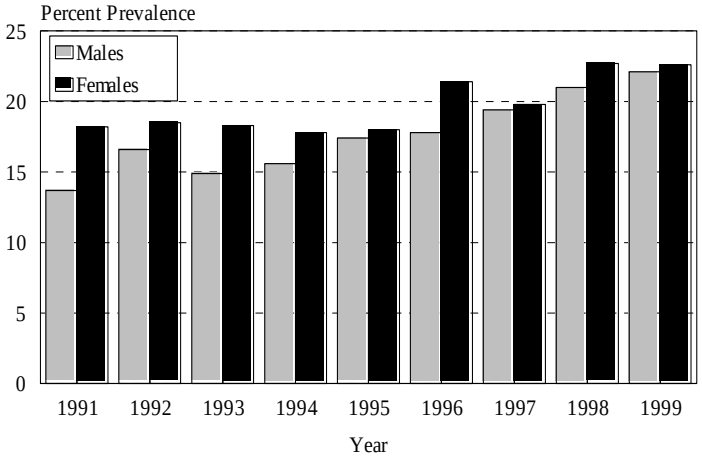


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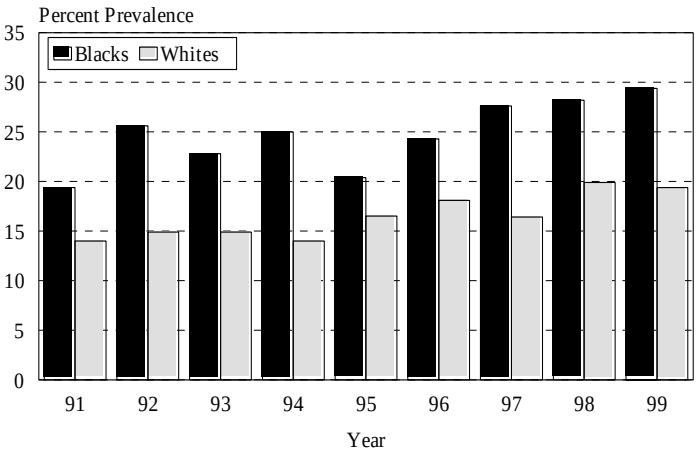
Figure3: Obesity in Louisiana adults by race, 1991-1999



Stalking in Louisiana

Stalking threatens the safety of the victim and may lead to injury or homicide. In addition, it has been documented that victims often suffer social and psychological consequences from being stalked.

The Louisiana Office of Public Health conducted a statewide population-based random-digit-dialed telephone survey on the experiences and perceptions of safety and violence among Louisiana residents 18 years or older. One thousand eight hundred and eight people agreed to participate (1171 women and 637 men). The response rate for the survey was 38%.

Participants were asked "Have you ever been stalked, harassed or threatened with violence for more than one month by someone who would not leave you alone?" Those responding yes to this question went on to answer a series of more specific questions regarding the "most recent" time it happened. This report encompasses female stalking victims only.

One hundred seventy-six (15%) of the women reported having been stalked in their lifetime and stalking was reported as currently happening to 23 (2%) women. Based on these percentages it is estimated that about 250,000 women in Louisiana have experienced stalking in their lifetime, and 33,000 women in Louisiana are currently being stalked.

Of the 176 women who reported having been stalked, 132 (75%), reported that they believed the stalking to be "somewhat dangerous" or "life-threatening." Table 1 gives information on the relationship of the stalkers to the victims who perceived the stalking to be "somewhat dangerous" or "life-threatening."

Women who had been in an intimate relationship with the stalker were over four times more likely to report that they had sustained an injury than were women who had not been in an intimate relationship with their stalker (RR=4.5, 95% confidence interval 2.2-9.3). None of the women who reported having been stalked by a stranger and felt that the stalking was "somewhat dangerous" or "life threatening", reported having sustained an injury as a result of being stalked.

Prevention efforts should focus on education of the general population about healthy relationships. These relationships do not involve control and intimidation exhibited by stalkers. Such education should start while children are young and may aid in ameliorating other forms of violence that occur between intimates. Additionally, services for victims of stalking should be widely advertised as this crime often causes great fear among those experiencing it.

Table: Relationship of stalker to victim among women reporting the experience as *life-threatening* or *dangerous*

Relationship	N	%
Current or former intimate partner (IP)	67	51
Someone known other than IP	43	33
Stranger	17	13
Unidentified	5	4

Note: For a more complete report, see Prevalence and Health Consequences of Stalking-Louisiana, 1998-1999. Morbidity and Mortality Weekly Report 2000; 49:653-655.

Dog Bites, Orleans, 1999

For Orleans Parish, 516 persons were reported injured from dog bites. Data was collected from five local hospital Emergency Rooms (ER) and from the Orleans Parish Chapter of the Louisiana Society for the Prevention of Cruelty to Animals (LASPCA). Two of the five ERs treat only pediatric cases. Of the 516 reports, 120 cases were identified only in the LASPCA records, 356 cases were identified only in ER records, and 40 cases were identified in both data sources. The remainder of this report deals only with cases for which medical (ER) records were available (N=396).

Figure 1 shows the distribution of cases among the five surveyed ERs. The two pediatric ERs contributed 55% of the total cases. Consistent with national findings, the majority (65%, N=175) of dog bite victims were male and half of all victims were under 13 years of age. The surveillance indicated that most victims were

Louisiana Morbidity Report
Volume 11 Number 6 November-December 2000

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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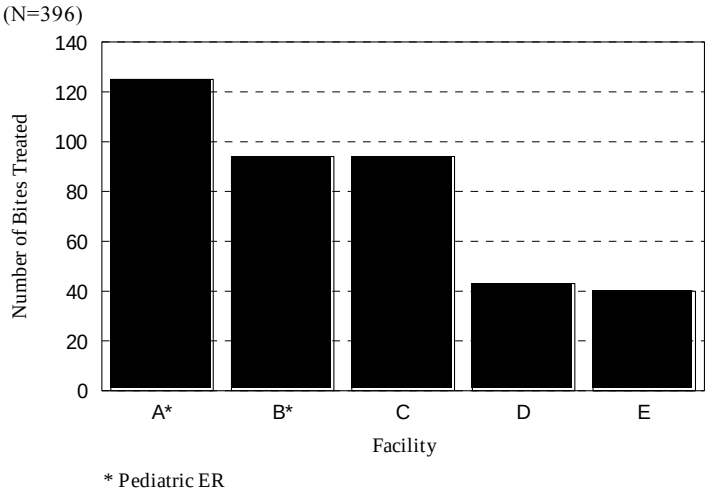
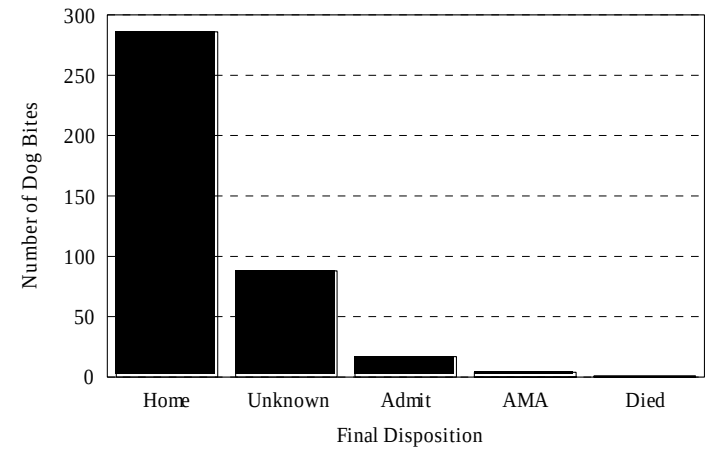
treated in the ER and released home. About 5% of the bite victims had outcomes severe enough to warrant hospital admission. There was also one death of a ten year old male resulting from dog bite injuries (Figure 2).

Figure 1: Number of dog bites treated by facility, Orleans Parish, 1999



Dog bite injuries can have serious consequences, especially for young children. It is estimated that almost 2% of the US population suffer a dog bite annually. Applying this incidence rate to New Orleans, we expect that more than 9,000 residents are bitten every year. For this reason, it is believed that the current dog bite surveillance system grossly underestimates the true incidence of dog bites. Of the cases identified by hospital data, only 10% were reported to the LASPCA. The individual hospital reporting rates ranged from 3% to 12%. This illustrates the need to capture information from multiple sources to track the rates of dog bite injuries in the community. To acquire a thorough estimate of the magnitude of the problem, public health officials rely on physicians, veterinarians, victims, as well as the biting dog's owner, to ensure that the bite is properly reported. Physicians can therefore aid public health surveillance efforts by reporting all dog bite injuries seen in their practice to animal control officers. Physicians can also be instrumental in prevention efforts by educating their clients to never leave children unattended with any dog and to avoid strange dogs.

Figure 2: Final disposition of dog bite victims, Orleans Parish, 1999



Emerging Pathogens Surveillance

Louisiana's emerging pathogens surveillance system was implemented in 1996 to track drug-resistance to *Streptococcus pneumoniae, Staphylococcus aureus*, and *Enterococcus* species. The table represents sentinel site laboratory data collected between July and September of 2000. Penicillin resistance seen in *S. pneumoniae* has remained consistent throughout the year with 24% being intermediately resistant and 20% completely resistant. Methicillin resistant *S. aureus* was seen in 35% of the 2790 isolates reported and no vancomycin resistant isolates were reported. Vancomycin resistant Enterococcus has a relatively low resistance pattern ranging from 0% to 3%, except for *E. faecium*, which was resistant in 30% of its isolates. The Infectious Disease Epidemiology Section would like to acknowledge the participating hospitals for their hard work and dedication in making this a successful surveillance system.

Table: Emerging Pathogens Surveillance Aggregate Laboratory Data, July-September, 2000

	Total # of Isolates	Resistant # of Isolates	% Resistance
Streptococcus pneumoniae (DRSP)	187		
Penicillin intermediately resistant		44	24%
Resistant to penicillin		38	20%
Staphylococcus aureus (MRSA)	2790		
Methicillin resistant		987	35%
Enterococcus species (VRE)	207		
Vancomycin resistant		9	3%
Enterococcus faecalis	1489		
Vancomycin intermediately resistant		1	0%
Vancomycin resistant		16	1%
Enterococcus faecium	118		
Vancomycin intermediately resistant		2	1%
Vancomycin resistant		35	30%

*Data represents 90% of expected reports from sentinel hospitals.

Arthropod-Borne Encephalitis Update

Eastern Equine Encephalitis (EEE) is an arthropod-borne viral (arboviral) disease which is transmitted from bird to bird and from birds to mammals by mosquitoes. No mammal- to- mammal transmission is known to occur. The September-October 1999 issue of the LMR reported on the 1999 outbreak of EEE in Louisiana. The final case counts of the 1999 outbreak in Louisiana of EEE were: 2 humans, 97 horses, one sheep, and 200+ emus. Also mentioned was another arboviral disease outbreak, West Nile Virus (WNV), in New York City which was ongoing at the time. That outbreak totaled 62 human cases with 7 fatalities.

In the aftermath of the New York outbreak, officials at CDC, concerned that WNV could spread to other parts of the U. S., most

(Continue on next page)

likely by infected migratory birds, established the National West Nile Virus Surveillance System. Nineteen states, including Louisiana, received federal grants to enhance and expand surveillance activities for WNV and other arboviruses. Participants in the Louisiana surveillance program include the Office of Public Health Infectious Disease Epidemiology Section and the Division of Laboratories, LSU Veterinary Diagnostic Laboratory, Department of Wildlife and Fisheries, parish mosquito control programs, hospitals, and veterinarians.

Surveillance activities include: laboratory testing of blood from horses and humans showing symptoms of central nervous system infection; maintaining sentinel chicken flocks and testing them periodically for acquired infection; collecting and laboratory testing of mosquitoes for presence of arboviruses; and investigation of die-offs of wild birds, including laboratory testing for the presence of WNV. (Unlike most of the other arboviruses, WNV is fatal to some bird species, notably crows, jays, and hawks.)

As of December 2000, testing in Louisiana has been performed on 97 humans, 36 horses, 2176 bloods from 462 chickens, 16,726 mosquitoes, and 5 dead birds (Table). No human cases of arboviral encephalitis have been detected. Only 5 cases of Eastern Equine Encephalitis (EEE), all in horses, have been confirmed, one in each of the following parishes (date of onset in parentheses): Vernon (3/22/00); Tangipahoa (4/25/00); East Baton Rouge (5/1/00); Livingston (5/11/00); St. Landry (9/7/00). One chicken tested positive for EEE in Jefferson Davis Parish during the week of 9/2-8. All dead birds were negative for WNV. In addition, 832 live birds were captured and released by E. Baton Rouge Mosquito Control with one bird testing positive for EEE from the week of October 15.

Table: Arboviral testing, 2000

Summary of Arboviral Surveillance in 2000					
Number of Individuals Tested by OPH Laboratory					
	Human		Horse		
Quarter	Neg.	Pos.	Neg.	Pos.	Parish (Date of Collection)
1st	10	0	0	1	Vernon (3/22/00)
2nd	15	0	11	3	BatonRouge (5/1/00),Tangipahoa (5/2/00),Livingston (5/11/00)
3rd	57	0	17	1	St. Landry (9/7/00)
4th	15	0	3	0	
Total	**97**	**0**	**31**	**5**	

WNV has continued in the northeastern U.S. with 18 human cases so far this year in New York and New Jersey, and infected birds, mosquitoes and horses found in NY, NJ, CT, NH, VT, MA, RI, ME, PA, MD, DC, NC, and VA. Because there is significant serological cross reactivity between the members of the Flavivirus, California virus and Alpha virus groups, routine EIA, IFA and HI titers test results will be reported only as positive for these groups. Specific identification requires the use of neutralization tests or molecular assays.

Surveillance activities in Louisiana will continue through the fall and resume in the early spring. Persons who encounter dead birds are encouraged to contact their parish health unit, local mosquito control program, or the Infectious Disease Epidemiology Section at (504) 568- 5005.

Biding Farewell

The Office of Public Health bids a fond farewell to Dr. Louise McFarland who recently retired after 40 years of state service. Over the past three decades she has served as a laboratory scientist, an infection control practitioner, an instructor and professor, and an epidemiologist. She has been recognized nationally and internationally for her work with HIV/AIDS, seafood-borne illnesses and infectious disease control in day care settings. She has served on many civic organizations and committees that have impacted the health of Louisiana's citizens. The agency extends its best wishes in her retirement even as some of us, individually and collectively, mourn our loss.

Welcome Aboard

The Office of Public Health is pleased to announce that Dr. Raoult Ratard, MD, MS, MPH, is the new State Epidemiologist. He received his medical degree in 1968, is Board Certified in Preventive Medicine and has certification in Infection Control. He has worked in publiic health for 28 years in malaria, tuberculosis, leprosy, STD, in hospital infection control and environmental epidemiology in Vanuatu, Texas, Louisiana, Cameroon, Saudi Arabia, and North Carolina. He has also served as Assistant Professor of Infectious Disease Epidemiology at the University of South Florida. He can be reached at the Infectious Disease Epidemiology Program office at 504-568-5005.

Statistics About HIV and AIDS

- Number of people living with HIV in Louisiana as of October 31, 2000: **12,414***
- Number of deaths as of October 31, 2000: **7,461***
- Number of Louisiana children under the age of 13 who are living with HIV/AIDS: **130***
- Number of Louisiana residents over age 60 who are living with HIV/AIDS: **303***
- Percentage of Louisiana residents with HIV who are African American: **64**
- Percentage of women residents with HIV who are African-American: **83**
- Age group with largest number of cases: **Age 35-44, with 1187 reported cases***
- Number of parishes with more than 1000 residents infected with HIV: **3***
- Number of parishes with more than 100 residents infected with HIV: **19***
- Rate of infection in Baton Rouge among major US cities: **12th**

* *From Louisiana Office of Public Health, HIV/AIDS Line, Vol. IX, No. 2.*

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LOUISIANA COMMUNICABLE DISEASE SURVEILLANCE
September - October, 2000
PROVISIONAL DATA
Table 1. Disease Incidence by Region and Time Period

HEALTH REGION TIME PERIOD

DISEASE		1	2	3	4	5	6	7	8	9	Sep-Oct 2000	Sep-Oct 1999	Jan-Oct Cum 2000	Jan-Oct Cum 1999	% Chg
Vaccine-preventable															
H. influenzae (type B)		0	0	0	0	0	0	0	0	0	0	0	0	0	–
Hepatitis B	Cases	16	3	0	3	0	0	3	0	1	26	19	118	154	-23.4
	Rate[1]	1.5	0.5	–	0.6	–	–	0.6	–	0.3	0.6	0.4	2.7	3.6	
Measles		0	0	0	0	0	0	0	0	0	0	0	0	0	–
Mumps		0	0	0	0	0	0	0	0	0	0	3	5	10	-50
Rubella		0	0	0	0	0	0	0	0	0	0	0	1	0	–
Pertussis		0	0	0	0	0	0	0	1	1	2	1	14	10	+40
Sexually-transmitted															
HIV/AIDS	Cases[2]	45	28	4	14	7	4	6	6	9	125	190	833	1008	-17
	Rate[1]	4.5	4.8	1	2.6	2.5	1.3	1.2	1.7	2.1	2.9	4.3	19.1	23.1	
Gonorrhea	Cases	797	356	137	203	83	74	496	201	106	2455	2657	11249	11137	+1.0
	Rate[1]	76.7	62.7	36.3	39.3	31	24.3	98	57.3	27.5	58.2	63.0	266.6	263.9	
Syphilis (P&S)	Cases	3	9	6	17	3	0	0	0	1	39	59	185	259	-28.6
	Rate[1]	0.3	1.6	1.6	3.3	1.1	–	–	–	0.3	0.9	1.4	4.4	6.1	
Enteric															
Campylobacter		4	2	0	6	0	2	1	0	1	22	17	119	113	+5.3
Hepatitis A	Cases	13	0	2	1	0	2	0	0	1	19	39	71	187	-62
	Rate[1]	1.3	–	0.5	0.2	–	0.7	–	–	0.3	0.4	0.9	1.6	4.3	
Salmonella	Cases	14	9	21	26	1	2	11	4	25	114	153	404	476	-15.1
	Rate[1]	1.3	1.6	5.6	5	0.4	0.7	2.2	1.1	6.5	2.6	3.5	9.4	11	
Shigella	Cases	10	0	2	1	0	1	1	2	5	33	30	246	144	+70.8
	Rate[1]	1	–	0.5	0.2	–	0.3	0.2	0.6	1.3	0.8	0.7	5.7	3.3	
Vibrio cholera		0	0	0	0	0	0	0	0	0	0	0	3	0	–
Vibrio, other		5	0	1	1	0	0	0	0	0	7	3	29	23	+26.1
Other															
H. influenzae (other)		0	0	0	0	0	0	0	0	0	0	1	13	12	+8.3
N. Meningitidis		3	0	0	0	0	0	0	0	0	4	4	38	55	-30.9
Tuberculosis		12	0	2	1	1	1	4	2	1	24	78	188	229	-17.9

1 = Cases Per 100,000

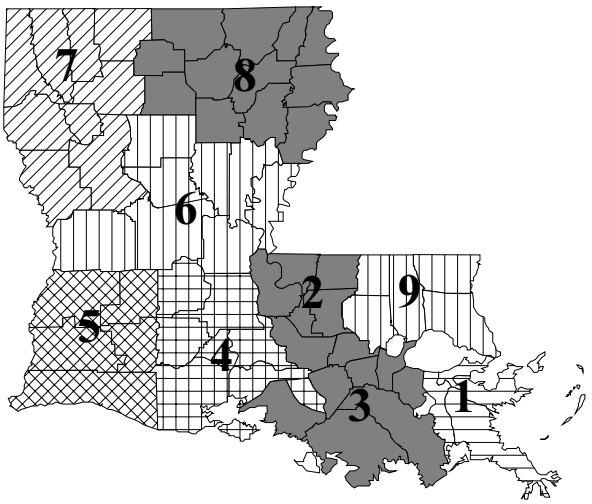
2=These totals reflect persons with HIV infection whose status was first detected during the specified time period. This includes persons who were diagnosed with AIDS at time HIV was first detected.

Table 2. Diseases of Low Frequency

Disease	Total to Date
E.coli 0157:H7	11
Lead Toxicity	2
Legionellosis	7
Lyme Disease	5
Malaria	10
Rabies, animal	2
Varicella	92

Table 3. Animal Rabies (Sept.-Oct., 2000)

Parish	No. Cases	Species
No rabies reports for this period.		



ANNUAL SUMMARY

Meningococcal Infections - 1999

Seventy-one cases of invasive meningococcal infections were reported in 1999. Louisiana's overall rate (1.6 cases per 100,000) was the same as in 1998 (Figure 1). The state rate was higher than the 1998 national rate of 1.2 cases per 100,000 and the Healthy People 2010 target of 1.0 case per 100,000. Fifty-nine percent of the cases occurred in individuals less than 19 years of age (Figure 2). Race-specific rates were 2.5 times higher for Blacks than Whites (2.8 vs. 1.1 per 100,000), but sex-specific rates were nearly identical for females and males (1.6 vs. 1.7 per 100,000). Two deaths (3%) were noted among the cases for which outcome was reported. Of the 63 cases with reported source of isolation, *Neisseria meningitidis* was most frequently isolated from the blood (60%) than from CSF (38%). Twenty-nine isolates were serogrouped: Group B (11) was most frequently identified followed by Group Y (8), Group C (8) and Group W135 (2). The reported onsets of ill cases were lowest in the late summer months and higher in the winter and spring (Figure 3). Two peaks occurred in February and June, but no outbreaks or clusters were reported or identified. Parishes with the highest numbers of reported cases were: Jefferson (12), Orleans (11), Calcasieu (7), Caddo (4), and Lafourche (4).

Figure 1: Cases of *Niesseria meningitidis* by year, 1990-1999

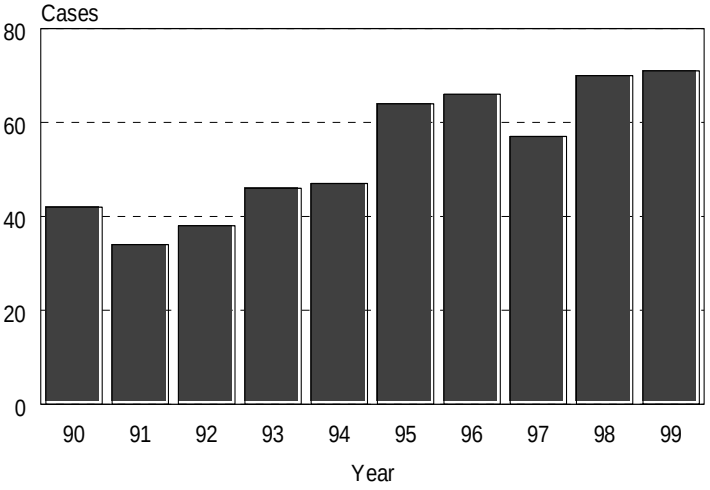
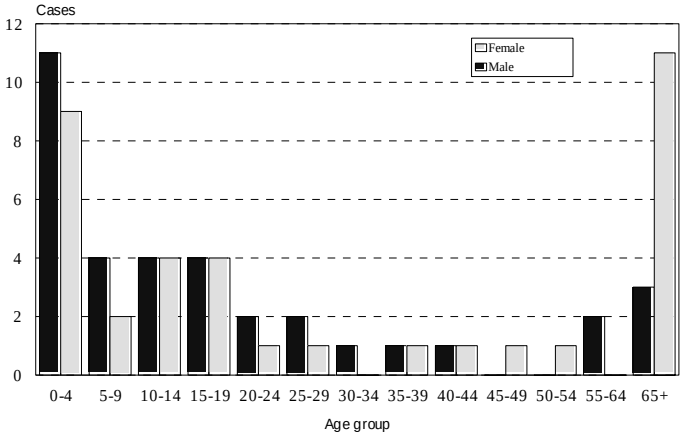


Figure 2: Cases of niesseria meningitidis by sex and age groups, 1999

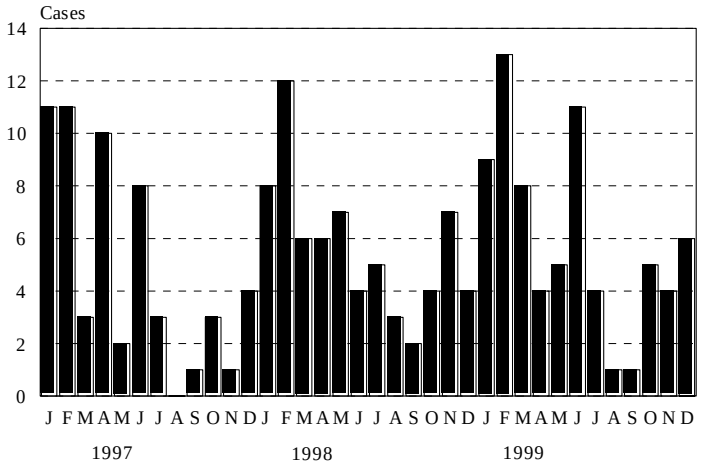


Comment:

The currently licensed meningococcal vaccine is not effective in children less than two years of age. The vaccine is indicated for those travelling to endemic areas as well as children with weakened immune systems. Many colleges are requiring that newly enrolled first year students be vaccinated since college students (those living in dormitories) are at higher risk for infection. It is recommended that college students consult with their physicians regarding the need for immunization against meningococcal meningitis. The vaccine is effective only against serotypes A,C,Y and W-135. Thus the vaccine would have no effect on people infected with type B (the most common type usually seen in Louisiana).

Routine immunization of the public is generally not recommended. Serotyping of meningococcal isolates is most beneficial in establishing clustering of cases and/or identifying outbreaks. Due to problems with increasing drug resistance with the overuse of broad spectrum antibiotics, (such as ciprofloxacin), the drug of choice for prophylaxis is Rifampin.

Figure 3: Cases of *Niesseria meningitidis* by month of onset, 1997-1999



Louisiana Fact

In 1866 New Orleans was visited by a severe outbreak of Asiatic cholera. A total of about thirteen hundred persons died in New Orleans. The Board of Health continued to maintain a quarantine, but it was of little use after the epidemic had begun. The Board's functions were severely restricted by inadequate powers and non-existent funds.

Source: The Formative Years by Gordon E. Gillson

LIST OF REPORTABLE DISEASES/CONDITIONS

REPORTABLE DISEASES

Acquired Immune Deficiency Syndrome (AIDS)
Amebiasis
Arthropod-borne encephalitis (Specify type)
Blastomycosis
Botulism[1]
Campylobacteriosis
Chancroid[2]
Chlamydial infection[2]
Cholera[1]
Cryptosporidiosis
Diphtheria
Enterococcus (infection; resistant to vancomycin)
Escherichia coli 0157:H7 infection
Gonorrhea[2]
Haemophilus influenzae infection[1]
Hemolytic-Uremic Syndrome
Hepatitis, Acute (A, B, C, Other)
Hepatitis B carriage in pregnancy
Herpes (neonatal)
Human Immunodeficiency Virus (HIV) infection[3]
Legionellosis
Lyme Disease
Lymphogranuloma venereum[2]
Malaria
Measles (rubeola)[1]
Meningitis, other bacterial or fungal
Mumps
Mycobacteriosis, atypical[4]
Neisseria meningitidis infection[1]
Pertussis
Rabies (animal & man)
Rocky Mountain Spotted Fever (RMSF)
Rubella (German measles)
Rubella (congenital syndrome)
Salmonellosis
Shigellosis
Staphylococcus aureus (infection; resistant to methicillin/ oxacillin or vancomycin)
Streptococcus pneumoniae (infection; resistant to penicillin)
Syphilis[2]
Tetanus
Tuberculosis[4]
Typhoid fever
Varicella (chickenpox)
Vibrio infections (excluding cholera)[1]

OTHER REPORTABLE CONDITIONS

Cancer
Complications of abortion
Congenital hypothyroidism*
Severe traumatic head injury**
Galactosemia*
Hemophilia*
Lead Poisoning
Phenylketonuria*
Reye's Syndrome
Severe under nutrition (severe anemia, failure to thrive)
Sickle cell disease (newborns)*
Spinal cord injury**
Sudden infant death syndrome (SIDS)
Traumatic Brain Injury

Case reports not requiring special reporting instructions (see below) can be reported by Confidential Disease Case Report forms (2430), facsimile, phone reports, or electronic transmission.

[1] Report suspected cases immediately by telephone. In addition, all cases of rare or exotic communicable diseases and all outbreaks shall be reported.

[2] Report on STD-43 form. Report cases of syphilis with active lesions by telephone.

[3] Report on EPI-2430 card. Name and street address are optional but city and ZIP code must be recorded.

[4] Report on CDC 72.5 (f. 5.2431) card.

All reportable diseases and conditions other than the venereal diseases, tuberculosis and those conditions with *'s should be reported on an EPI-2430 card and forwarded to the local parish health unit or the Epidemiology Section, P.O. Box 60630, New Orleans, LA 70160, Phone: 504-568-5005 or 1-800-256-2748 or FAX: 504-568-5006.

* Report to the Louisiana Genetic Diseases Program Office by telephone (504) 568-5070 or FAX (504) 568-7722.

** Report on DDP-3 form; preliminary phone report from ER encouraged (504-568-2509). Information contained in reports required under this section shall remain confidential in accordance with the law.

Numbers for reporting communicable diseases

1-800-256-2748 Local # 568-5005 FAX # 504-568-5006

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

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