

Louisiana Practice of Medicine in the Future: Surveillance

Reportable Diseases is only a small part of the overall goal of painting a comprehensive picture of the health status of the Louisiana population.

A comprehensive program is necessary

- **To provide the medical community a situational awareness**
- **To support specific disease prevention programs**
- **To guide public health policy and programs**
- **To evaluate control and prevention measures**

DHH Infectious Disease Prevention Programs

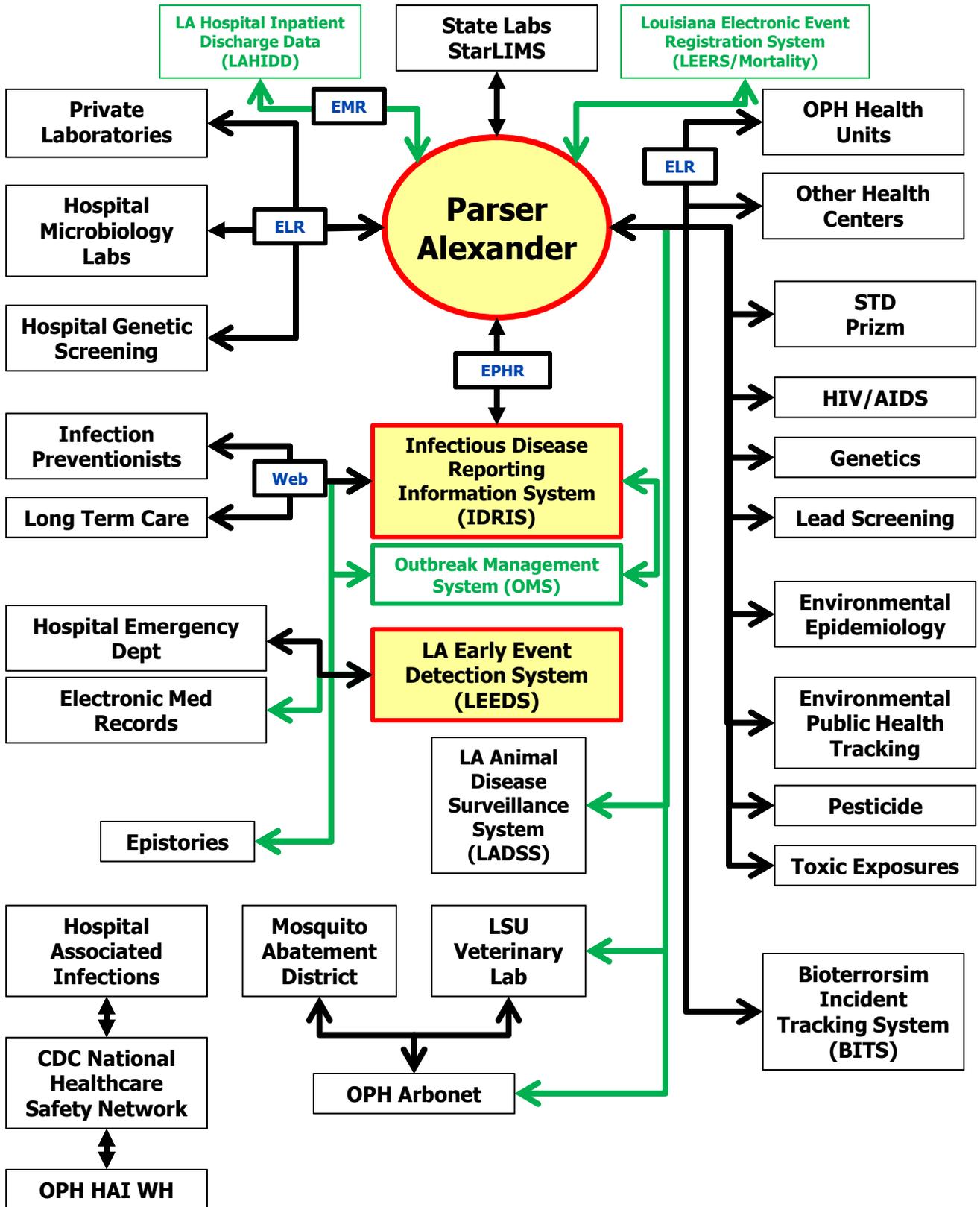
- 1. Infectious Disease Epidemiology**
- 2. TB control**
- 3. STD control**
- 4. HIV/AIDS control**
- 5. Immunization**

Examples of activities that provided the medical community useful information to guide clinical practice:

- | | | |
|---|--|--------------------------------|
| •SLE outbreak, Monroe 2001 | •Community and hospital antibiotic sensitivity trend | •Pertussis 2008 |
| •Anthrax 2001 | •Community outbreaks of Shigella: Alexandria 2003, Monroe 2010 | •Novel H1N1 2009 |
| •WNV 2002 | •Foodborne outbreaks PFGE: Listeria & hogs head cheese 2010 | •Norovirus in oysters 2010 |
| •Seasonal influenza surveillance | •Katrina shelter surveillance 2005 | •Oill Spill 2010 |
| •Vibrio vulnificus | •Meningococcal meningitis outbreaks 2001, 2006, 2009 | •Human rabies from Mexico 2010 |
| •Leprosy evolving epidemiology | | |
| •Take over by community associated MRSA | | |
| •MRSA pneumonias 2008 | | |

279 outbreak investigations from 2000 to 2009

More Automation, Less Paperwork



Reportable Disease Surveillance

The classifications for time periods to report diseases/conditions are:

Class A: Diseases/conditions requiring urgent notification within 24 hours

Class B: Diseases/conditions requiring priority notification within 1 business day

Class C: Diseases/conditions requiring routine notification within 5 business days

Other Reportable Diseases/conditions

Sanitary Code, State of Louisiana, Chapter II, The Control of Disease

2:003 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	Neisseria meningitidis (invasive disease)	Smallpox
Botulism	Plague	Staphylococcus Aureus
Brucellosis	Poliomyelitis, paralytic	Vancomycin Resistant
Cholera	Q Fever	Tularemia
Diphtheria	Rabies (animal & man)	Viral Hemorrhagic Fever
Haemophilus influenzae (invasive)	Rubella (German measles)	Yellow Fever
Measles (rubeola)	Rubella (congenital syndrome)	

Class B Diseases/Conditions - Reporting Required Within 1 Business Day

Diseases of public health concern needing timely response because of potential of epidemic spread-report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

Aseptic meningitis	Hepatitis B (carriage)	Salmonellosis
Chancroid ¹	Hepatitis B (perinatal infection)	Shigellosis
E. Coli 0157:H7	Hepatitis E	Syphilis ¹
E. Coli Enterohemorrhagic (other)	Herpes (neonatal)	Tetanus
Encephalitis, Arthropod borne	Legionellosis (acute disease)	Tuberculosis ²
Hantavirus Pulmonary Syndrome	Malaria	Typhoid Fever
Hemolytic-Uremic Syndrome	Mumps	
Hepatitis A (acute disease)	Pertussis	

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 S. (AIDS)	Gonorrhea ¹	Staph Aureus MRSA invasive
Campylobacteriosis	Hansen Disease (leprosy)	Staph Aureus, MRSA pneumonia/
Chlamydial infection ¹	Hepatitis B (acute)	Staphylococcal Toxic Shock Syndrome
Coccidioidomycosis	Hepatitis C (acute and infection)	Strepto Group A invasive
Cryptosporidiosis	Human Immunodeficiency Virus Inf (HIV)	Streptococcal Toxic Shock Syndrome
Cyclosporiasis	Listeria	Strepto Group B invasive
Dengue	Lyme Disease	Strepto pneumoniae invasive
Ehrlichiosis	Lymphogranuloma Venereum ¹	Trichinosis
Enterococcus, Vancomycin Resistant (VRE)	Psittacosis	Varicella (chickenpox)
Giardia	Rocky Mountain Spotted Fever (RMSF)	Vibrio Infections (other than cholera)

Other Reportable Conditions

Cancer	Lead Poisoning	Severe Undernutrition (anemia, failure to thrive)
Complications of Abortion	Phenylketonuria*	Spinal Cord Injury**
Congenital Hypothyroidism*	Reye's Syndrome	Sudden Infant Death Syndrome (SIDS)
Galactosemia*	Severe Traumatic Head Injury**	
Hemophilia*	Sickle Cell Disease (newborns)*	

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.

¹Report on STD-43 form. Report cases of syphilis with active lesions by telephone.

²Report on CDC72.5 (f.5.2431) card.

*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

COMMUNITY HEALTH- State Epidemiologist

Infectious Disease Epidemiology

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Reportable Disease Surveillance

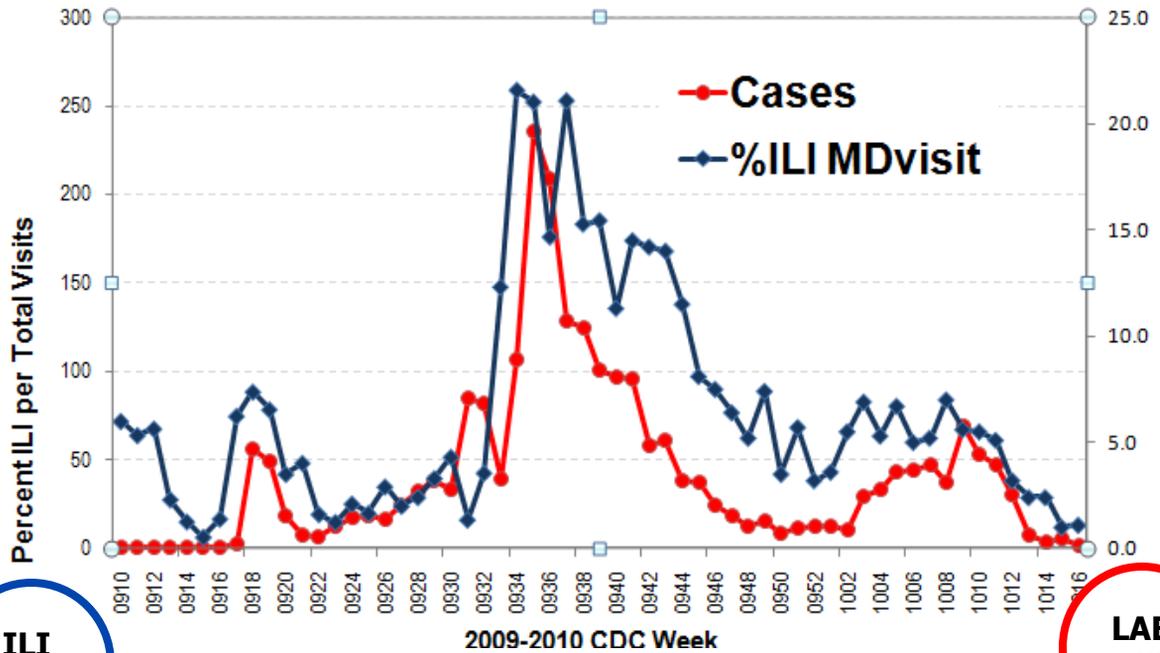
Reportable Disease Surveillance is a passive surveillance system which includes:

- [How to report a Disease](#)
- [How to report an Outbreak](#)
- [Reportable Diseases in Louisiana \(Sanitary Code\)](#)

Novel H1N1 Pandemic

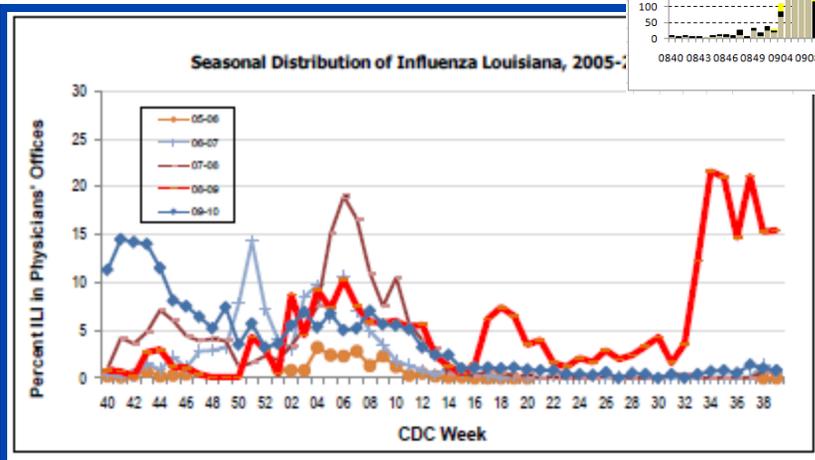
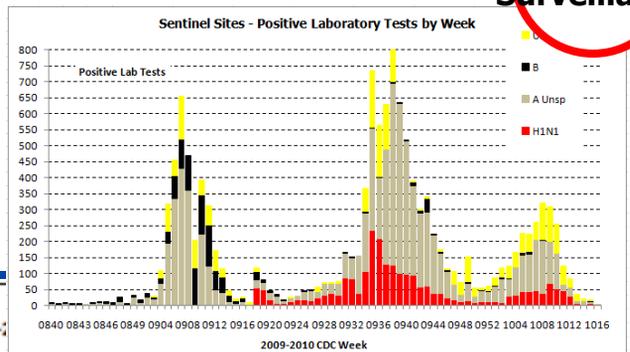
2009 novel H1N1 was first detected in the United States in April 2009. This virus was a unique combination of influenza virus genes never previously identified in either animals or people. The first positive sample in Louisiana was collected on April 22, 2009. By June 3, 2009 all 50 states had reported cases of 2009 H1N1. The World Health Organization (WHO) declared a pandemic on June 11, 2009, the first global flu epidemic in 41 years. Fourteen months later, on August 10, 2010 WHO declared an end to the 2009 H1N1 pandemic.

Louisiana experienced two waves of activity during the pandemic: one when it was first detected (week 17, Apr 22) and another in the fall of 2009 (week 34). There were 2,412 confirmed cases of novel H1N1 in Louisiana but based on and extrapolation from CDC data, the real **case count is closer to 313,000**. Distribution of cases by gender is similar to the population distribution by gender. The highest proportion of outpatient and hospitalized cases occurred in the 5-24 age group. Clinical data collected on cases show that the majority (71%) of cases experienced typical influenza-like illness. There were 736 hospitalized cases and 54 deaths. The most common risk factors among cases were asthma (7%) and obesity (6%). Eighty-three of the confirmed cases were pregnant.



ILI Surveillance

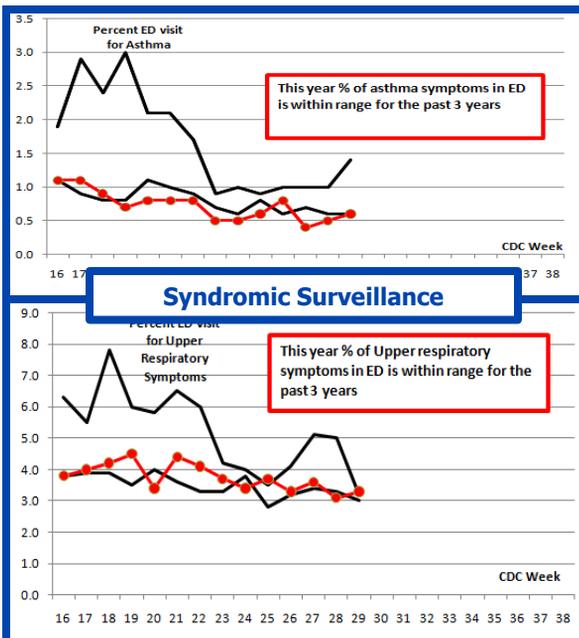
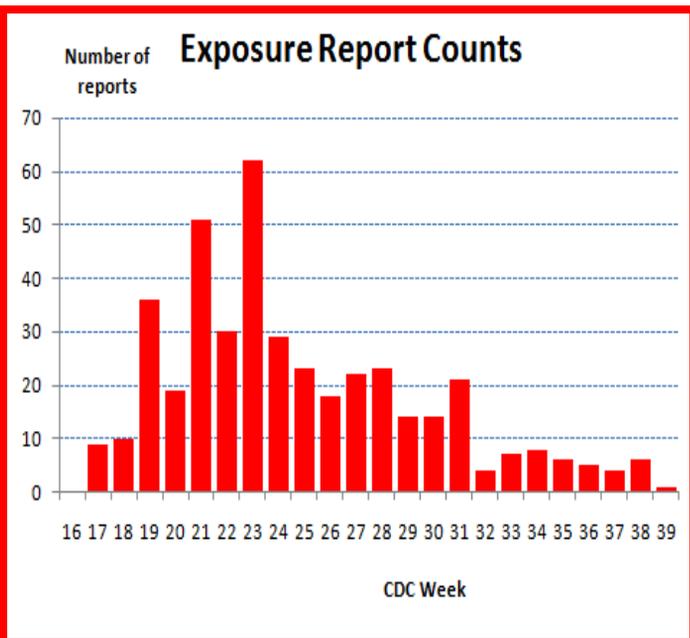
LAB Surveillance



Targeted Special Surveillance: Oil Spill Immediate Health Effects

In Louisiana, there have been **422 reports of health complaints believed** to be related to exposure to pollutants from the oil spill, including cases of heat stress. Three hundred and thirty-five (335) reports came from workers and 87 from the general population (see limitations of these data explained on page 2). Most frequently reported symptoms include headache, dizziness, nausea, vomiting, weakness/fatigue and upper respiratory irritation. One hundred seventy-one (171) workers had heat-related complaints. Eighteen (18) workers had short hospitalizations. The general population complaints were primarily related to odors with mostly mild symptoms being reported. The syndromic surveillance system is monitoring emergency department visits in 7 hospitals in Regions 1, 3 and 9 to determine if there are increases in upper respiratory illnesses (URI) and asthma in the region. This year's weekly data (percentage of asthma and URI among emergency department visits) are compared with the past 3 years. There is no increase to report

Because of the nature of environmental exposures, the **exact cause of symptoms or exposures cannot be confirmed**. Health complaints are the symptoms and signs reported by the person affected. Some of these are objective (vomiting, for example), others are subjective (nausea, for example). There are large variations in how subjective symptoms are perceived and reported.



Illness Information		Work	Pop
Respirator	Nose irritation	14	9
	Nose bleed	2	2
	Throat irritation	38	23
	Shortness of breath/difficulty breathing	26	15
	Aggravation of existing asthma	4	11
	Aggravation of existing respiratory illness (COPD)/other	1	4
	Cough	31	14
	Wheezing	4	4
Eye	Eye irritation	20	22
	Blurry vision	9	2
GI	Nausea	95	31
	Vomiting	66	12
	Diarrhea	21	4
Cvase	Chest pain	23	0
	Irregular beat/rapid beat	8	0
Skin	Rashes	35	2
	Other	17	4
	Neuro	Headache	121
Dizziness		77	6
Tremors		4	0
Altered Taste		7	1
Syncope		15	0
General	Weakness/Fatigue	73	2
	Diaphoresis	9	0
	Fever	10	2
Total Reported Symptoms*		730	208
*Cases may report more than one symptom			
Total Cases		335	87

Health care utilization		Work	Pop
Type of health care obtained			
Call, no care delivered		11	58
Emergency department/Hospital		173	11
Clinic /Physician office/Urgent Care		151	18
Total		335	87
Hospitalization: All were short, generally 1 day			
		18	0

Source of possible exposure (note: these exposures could not be validated)		
	Work	Pop
Polluted water	21	4
Tar ball	1	0
Liquid oil	53	4
Odor and fumes	72	76
Emulsified oil/Dispersant	56	1
Heat	171	0
Fish/Shellfish	0	5
Other**	18	0
Total*	392	90
*Cases may report more than 1 exposure		
**E.g., smoke, dust, cleaning chemicals		