

# Louisiana Morbidity Report



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

March-April 2012

Volume 23 Number 2

## Third Case\* of Granulomatous Amebic Encephalitis Louisiana, 2011-2012

Susanne Straif-Bourgeois PhD MPH

A 67 year-old male presented to an emergency department with complaints of dizziness, ataxia, nausea, vomiting and fever. He was transferred to another hospital, where the brain MRI revealed two to three ring-enhanced lesions. A brain biopsy sent to the Centers for Disease Control and Prevention (CDC) tested positive for *Balamuthia mandrillaris* by polymerase chain reaction (PCR). The patient was treated with miltefosine (a treatment normally used for visceral Leishmaniasis and a new investigational drug for amebic encephalitis), but the patient's health declined and he died after 40 days of hospitalization.

The patient, who had immigrated to the U.S. in 1979, had a history of sinusitis and chronic kidney disease, but seemed to be immunocompetent. He lived in Central Louisiana, where he owned a plant nursery for the past five years. After notification from the CDC about the Granulomatous Amebic Encephalitis (GAE) diagnosis, staff from the Infectious Disease Epidemiology Section (IDES) and Department of Health and Hospital Region 5\*\* office collected environmental samples (water and soil) from the

patient's residency and adjacent nursery. All water samples were found to be negative. However, two of the soil samples, one from the work station and one from the greenhouse, were tested positive for *Balamuthia mandrillaris* by PCR. (Figure)

Figure: Greenhouse With Positive Soil Sample- Region 5 – Louisiana, 2011-2012



Photo Courtesy  
of Steven Joubert

*Balamuthia* is the third and latest discovered genera of free-living ameba, which can cause GAE in humans and animals. *Balamuthia mandrillaris* was first isolated in 1986 from a mandrill baboon that had died of encephalitis in a U.S. zoo. In 1991, the first human infection of *Balamuthia* was diagnosed; since then more than 200 cases worldwide have been identified. In the U.S., at least 70 cases have been diagnosed to date, with more cases occurring in warmer climates.

The incubation period ranges usually from weeks to months but can be two years or longer. Prognosis is very poor if diagnosis occurs after the amebae have invaded the brain; the case fatality rate is greater than 95%. Both healthy and immunocompromised people can develop the disease. Exposure to soil as in gardening, playing with dirt or inhaling dirt increases the risk for this fatal infection.

It is most likely that *Balamuthia* enters the body when soil containing these free living amebas gets into contact with skin wounds or cuts, or when dust containing these amebas is inhaled. Unlike *Naegleria fowleri*, which has a preference for invasion of the central nervous system (CNS) via the olfactory nerves, it is suggested  
(Continued on Page 5)

\* Louisiana Morbidity Reports – Sept./Oct., 2011- Vol. 22 No. 5 and Nov./Dec., 2011 vol. 22 No. 6

\*\* Map of Regions on Page 7

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# Considerable Increase in Methamphetamine Events Louisiana, 2011

William "Clay" Trachtman, M.S.; Xiaoping Nie, Ph.D; Syed Atif Ahsan, MPH; Allison N. Koehler, MPH

## Background

The Louisiana Toxic Substance Incidents Program (LaTSIP) is designed to protect people from harm caused by spills and leaks of toxic substances. The program is funded by the Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry and modeled partially after the Louisiana Hazardous Substance Emergency Events Surveillance Program (LaHSEES) (2000-2009), the program that LaTSIP was designed to replace. LaTSIP collects information about chemical spills and maintains it in a centralized database. Trends in data can then be analyzed to develop approaches to minimize risk to public health.

The chemical byproducts of methamphetamine (meth) production represent a significant health risk; the number of meth laboratories in Louisiana has been increasing. A definition posted on the web for the City of Lakewood, Colorado Police Department is the following: "Methamphetamine is an illegal stimulant that can be injected, smoked, ingested or snorted. Ingredients are obtained legally and then are "cooked" to form the finished product. Make-shift meth laboratories have been found in homes, motel rooms, apartments and motor vehicles. These clandestine meth labs are very dangerous. Flammable chemicals are used in the manufacturing process, and fires are not uncommon. Poisonous gas is created during the process, and toxic chemicals are used, created and discarded during manufacturing."

In 2006, LaHSEES observed a drastic decrease in the raw number of meth lab events in Louisiana compared to numbers in 2004 and 2005. This decline coincided with the enactment of the Louisiana law, Senate Bill 24, which went into effect August 15, 2005. This bill required all dealers of anhydrous ammonia (a critical component in meth production), to inspect their customers' tanks and receptacles, and to place an inspection sticker of authorization on the tank or receptacle. The bill also created the crime of unauthorized possession of anhydrous ammonia. In addition, pharmacies and other retail establishments were restricted in the amount of pseudoephedrine, ephedrine, or phenylpropanolamine, (also required for meth production), that could be sold to a single customer.

Louisiana further restricted access to meth ingredients on July 2, 2009, by enacting a bill into law that required pseudoephedrine drugs (commonly found in cold medication and the main ingredient in the production of meth), to only be sold by licensed pharmacies. In addition, the pharmacies must enter the sale information into a new central computer monitoring system that is accessible by law enforcement.

Although both of these laws helped to initially decrease the number of meth labs in the state, over the past three years, LaTSIP has recorded a dramatic increase in the number of meth lab events that qualify for inclusion in its database.

## Methods

LaTSIP surveillance consists of staff collecting data on toxic

substance events and entering the information into an online database based on criteria set up by the National Toxic Substance Incidents Program (NTSIP). Currently, LaTSIP has five major data sources:

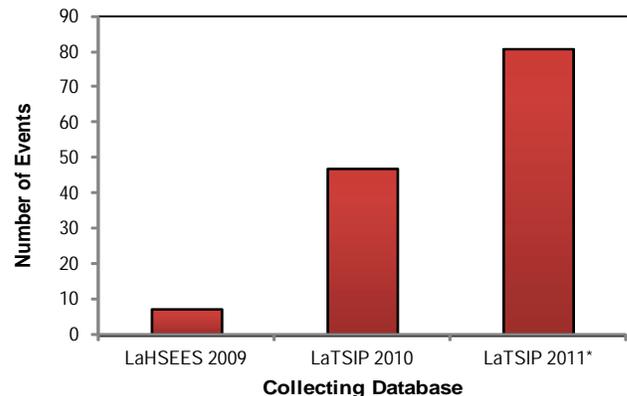
- Louisiana State Police
- National Response Center
- Department of Transportation
- Louisiana Poison Control Center
- Media

Data from these sources (as well as others) are entered into the database. Meth lab events that happened from 2009 to 2011 were examined. In order for a meth lab event to qualify for inclusion in the LaTSIP database (or the previous LaHSEES database), the lab must be active when discovered and require a clean-up.

## Results / Discussion

Over the past three years, qualifying meth lab events have gone up significantly (Figure 1).

Figure 1: Meth Events - Louisiana, 2009-2011



In 2009, only seven meth events qualified for inclusion in the LaHSEES/NTSIP database. This number jumped up to 47 in

Louisiana Morbidity Report	
Volume 23 Number 2	March - April 2012
<p>The Louisiana Morbidity Report is published bimonthly by the Infectious Disease Epidemiology Section of the Department of Health and Hospitals 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.</p>	
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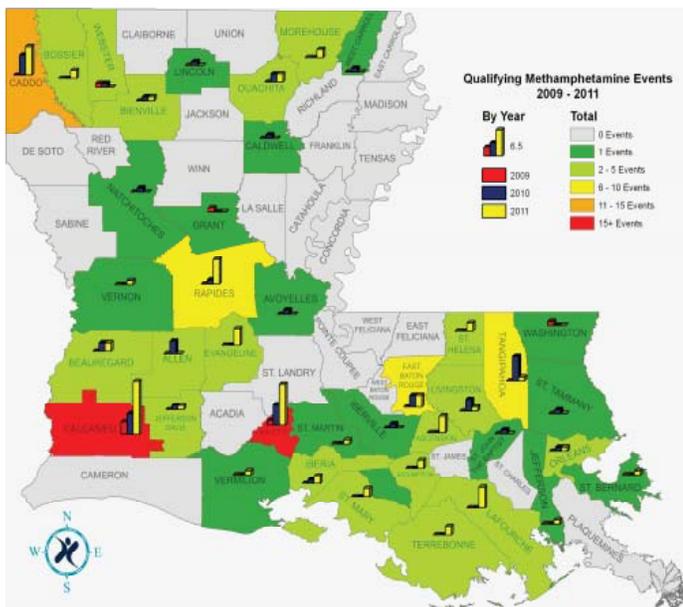
2010, and 81 in 2011 (2011 data is not finalized) for a total of 135 qualifying events over three years. In reality, the number of meth labs is higher than these numbers, as only a small percentage of meth lab events actually qualify for inclusion into the LaHSEES/LaTSIP database.

Following are several of many possible causes for this increase:

**Cheaper and Easier Meth Manufacturing Methods:** One such manufacturing method, known as "shake and bake" or "one-pot" allows "cooks" to simply put all of the ingredients together in a sealed container and then flip it over. This process produces a smaller amount of meth, but it is still dangerous since the chemical reaction in the container is under a very high pressure and can explode. In addition, because the method is very portable (and usually done in a vehicle), when the reaction has finished, the container is simply thrown out of the window, with a toxic residue inside.

On July 1, 2010, the State of Mississippi began requiring a prescription for cold and allergy medicines containing pseudoephedrine. In the first eight months of this law passing, police raids of meth labs in that state dropped nearly 70% when compared to the same time period of the previous year (203 vs. 630 meth labs). Mississippi state officials say that as much as 98% of the meth labs seized during that time period were using pseudoephedrine purchased from a 'neighboring state'; however, LaTSIP data showed that Louisiana had a statewide problem, not just along the border with Mississippi (Figure 2).

Figure 2: Meth Events by Parish Qualifying for Either HSEES (2009) or NTSIP (2010-2011) Databases by Year and Total - Louisiana, 2009-2011



**Increased Media Awareness:** LaTSIP/LaHSEES surveillance methods for meth labs have improved over the years of data collection. Between 2004 and 2006, the primary source of meth lab data for LaTSIP/LaHSEES was the El Paso Intelligence Center (EPIC), Texas. EPIC no longer releases data to non-law enforcement agencies; however, this loss has been mitigated by increased reporting

by the media of meth lab events during the last few years. An attempt was made by LaTSIP to get EPIC data through the Freedom of Information Act; however, there has been no response as of the writing of this article.

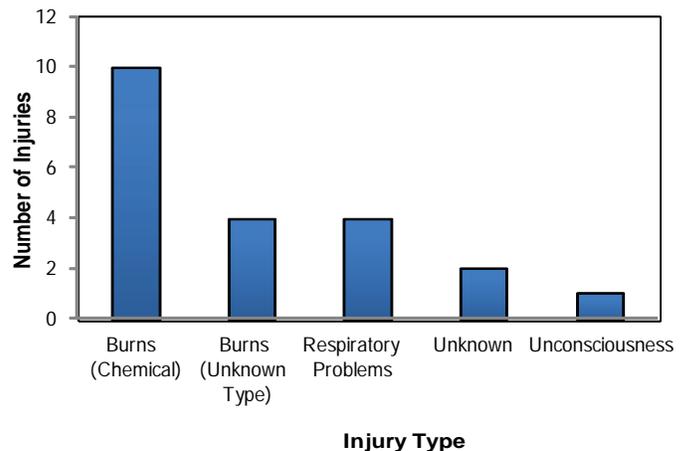
Unfortunately for Louisiana, the increase in meth lab events also coincides with the depletion of federal funds dedicated solely to the cleanup of former meth lab sites. In February 2011, the Drug Enforcement Administration (DEA) announced that Congressional funding for its Community Oriented Policing Services Methamphetamine Program had been exhausted and that renewed funding in the next few years was unlikely. According to DEA statistics, Louisiana received over \$415,000 in 2010 through this program. With the average cleanup costing local agencies approximately \$2,000 per site, these agencies now have a major financial burden that they previously did not have to deal with.

**Victims / Injuries**

There were 13 victims out of 135 meth events. In most cases, the victim(s) were the alleged lab creator(s); however, in one event, two police officers were injured.

Burns were by far the most common injury (67%) of the total injuries. Further broken down by type, chemical burns comprise nearly 48% of all injuries (Figure 3).

Figure 3: Injuries Associated With Meth Events - LaTSIP Database Louisiana, 2009 - 2011



This result is consistent with an ongoing problem across the nation: a large increase in the number of burn victims from meth events. In a recent informal Associated Press survey, up to one-third of patients in some burn units were there as a result of burns from meth manufacture. Not only are most of the victims uninsured, but the care of these patients is 60% more expensive when compared to a patient with similar burns, but no meth-involvement. Average costs are around \$130,000 per patient, not including additional costs such as rehabilitation, plastic surgery and doctor's fees.

**Conclusion**

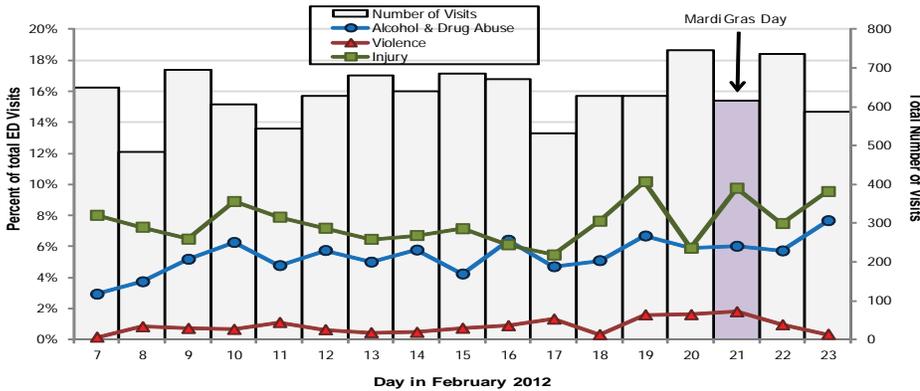
There has been an increase in the numbers of reported meth lab events in Louisiana in recent years. While there are many possible causes of this increase, each event poses a significant risk  
(Continued on Page 6)

# Hospital Emergency Department Syndromic Surveillance Mardi Gras - Metro New Orleans- February, 2012

Christine Scott-Waldron, MSPH; Jenna Iberg Johnson, MSPH

Daily analysis for the two weeks preceding Mardi Gras\* 2012 (February 21) of Emergency Department (ED) chief complaint data for Regions 1, 3 and 9\*\* have been extracted from LEEDS (Louisiana Early Event Detection System) for visits indicative of the symptoms 'Alcohol and Drug Abuse', 'Violence' and 'Injury'. The limitation to this report is the low availability of data from facilities in Regions 3 and 9 (Figures 1,2 and 3).

Figure 1: Daily Summaries of ED Visits - Region 1 - Louisiana- February 7 - February 23, 2012



Number of Hospitals: 5 (except for 4 on 2/17)

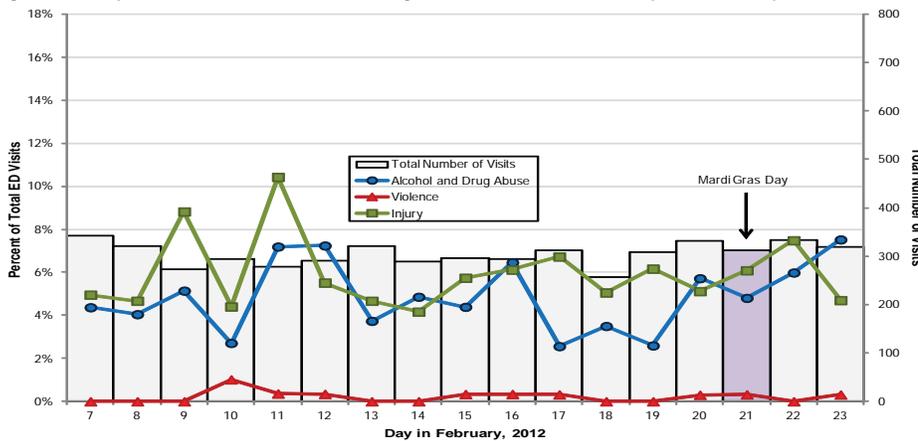
Number of Visits per Day: 10759;  
Range: 483 to 747; Mean: 632.9

Number of Visits per Day for Alcohol and Drug Abuse: 583; 5.4% of Total ED Visits

Number of Visits per Day for Violence: 92; 0.9% of Total ED Visits

Number of Visits per Day for Injury: 807; 7.5% of Total ED Visits

Figure 2: Daily Summaries of ED Visits - Region 3 - Louisiana-February 7 - February 23, 2012



Number of Hospitals : 1

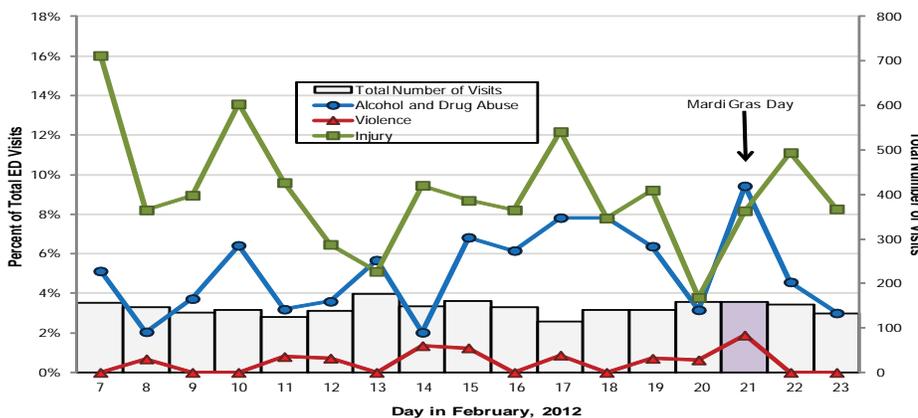
Number of Visits per Day: 247;  
Range: 115 to 176; Mean: 145.4

Number of Visits per Day for Alcohol and Drug Abuse: 127; 5.1% of Total ED Visits

Number of Visits per Day for Violence: 13; 0.5% of Total ED Visits

Number of Visits per Day for Injury: 223; 9.0% of Total ED Visits

Figure 3: Daily Summaries of ED Visits - Region 9 - Louisiana - February 7 - February 23, 2012



Number of Hospitals : 2

Number of Visits per Day: 5172;  
Range: 257 to 343; Mean: 304.2

Number of Visits per Day for Alcohol and Drug Abuse: 252; 4.9% of Total ED Visits

Number of Visits per Day for Violence: 11; 0.2% of Total ED Visits

Number of Visits per Day for Injury: 305; 5.9% of Total ED Visits

\* Mardi Gras festivities begin on January 6 each year with the end finishing the day before the Lenten season, which varies depending on Easter Sunday.

\*\*Map of Regions on page 7

In Region 1, the total number of ED visits for February 20th and 22nd was 747 and 735 visits, respectively, which is approximately 110 visits a day higher than expected in comparison with the 632 visit average of the previous two months of data. The increased number of ED visits was observed at three out of five hospitals reporting from the metropolitan New Orleans area. Among Region 1 ED visits, a total of 11 (with 7 occurring on Mardi Gras day) were identified specifically related to parades. In Regions 3 and 9, there were no ED visits related to parades.

Examples of the chief complaints were “marching in parade and became SOB (short of breath)”; “fell off of dad’s/grandfather’s shoulders/neck”; “fell out of float”; “passed out at parade”; “head hit with coconut at parade”; “swelling in eye hit at parade”. In Region 1 the following ED visits were related to parades: 2/11/12 – one visit; 2/12/12 – two visits; 2/19/12 – one visit; 2/21/12 – seven visits.

In Region 1 there was a slight increase in the percentage of ED visits related to alcohol and drug abuse on days where there were parades (2/10, 2/16 and 2/19 through 2/21). Inclement weather on Friday, February 17th and the cancellation of parades on Saturday, February 18th may have contributed to the lower rates displayed in the table. An increase is more clearly displayed 2/19 through 2/21 in the percentage of ED visits related to alcohol only.

For more information, please call Ms. Scott-Waldron at (504) 568-8301 or email to [christine.scott-waldron@la.gov](mailto:christine.scott-waldron@la.gov).

(Third Case ... Continued from Page 1)

that *Balamuthia amebae* travel through disrupted skin or through lung membranes into the vasculature, and subsequently enter the CNS.

People who have regular contact with soil such as agricultural workers or hobby gardeners should cover any skin lesions and wear protective clothing while working with soil to prevent a *Balamuthia* infection.

Little is known about the epidemiology of *Balamuthia mandrillaris*. In contrast to other GAE-causing ameba such as *Naegleria fowleri* and *Acanthamoeba* sp., *Balamuthia* is difficult to isolate from environmental samples. To date, the organism has been isolated from rich, fertile soil (such as compost or potting soil), but never from water samples. Nutrient-rich soil is a perfect environment for bacterial growth and therefore also a good environment for amebae that feed on bacteria. It is also unclear why it is such a rare disease even though the exposure to soil seems to be prevalent in the general population. It might be that there are still undiscovered specific factors that make people more susceptible to *Balamuthia* infection and disease.

For more information, please contact Dr. Susanne Straif-Bourgeois at (504) 568-8313 or email to [susanne.straifbourgeois@la.gov](mailto:susanne.straifbourgeois@la.gov).

## Haff Disease – Louisiana, 2012

Mallory Becnel, MPH

In January, a 62 year-old female in Louisiana ate several pieces of fried buffalo fish that were purchased frozen from a traveling vendor. She first ate four pieces of fish at midnight and then ate more at 7:00 A.M. Later that morning, her arms, neck, back and chest began aching, and she was nauseated. She went to her local emergency department and was given a gastrointestinal cocktail, with which she felt almost immediate relief. As her creatinine phosphokinase (CPK) was found to be elevated, she was transferred to another hospital.

The patient’s CPK was 6300 IU/L, which indicated damage to her muscle cells. CPK is an enzyme found in all muscle cells including cardiac. Often, a high CPK suggests that a patient had a myocardial infarction. In this case, the enzymes that are more specific to cardiac muscles (CK-MB and troponin) were normal. After the physician obtained her history, she was diagnosed with Haff Disease rhabdomyolysis secondary to buffalo fish consumption. The patient was treated with fluids to protect her kidneys until the CPK was corrected. A sample of the fish was then sent to the U.S. Food and Drug Administration to help with their research of the disease.

This is the first case of Haff disease reported in Louisiana since 2002. There was also a small outbreak of Haff disease in 2001. Seven people were hospitalized for chest pain, shortness

of breath, nausea, and sweating. All of them had eaten crawfish purchased from the same establishment and developed symptoms within three to sixteen hours of their meal. They also all had a rise in CPK to 6,000-8,000 IU/L which went back down after a few days. They were diagnosed with acute rhabdomyolysis of undetermined etiology.

In 1997, there were several cases of Haff disease reported in the U.S.; they all had eaten buffalo fish that originated from Louisiana and Missouri.

Recent cases were identified in November 2011 in a New York hospital, according to an advisory from the New York City Department of Health and Mental Hygiene. After consuming cooked buffalo fish, two patients from the same household were seen in the emergency department for vomiting and severe muscle pain. Both patients had elevated CPK and developed symptoms seven hours after they ate the fish.

Although its etiology is unconfirmed, Haff disease is believed to be caused by ingesting fish and other seafood that have consumed the roots of water hemlock. Water hemlock, which is also called ‘beaver poison’, ‘muskrat weed’ or ‘musquash poison’, is a fall plant that grows in swamps or wetlands. Beneath the stem, there is a bundle of chambered tuberous roots. The roots contain a toxin called cicutoxin, an unsaturated long chain aliphatic alcohol. Rhabdomyolysis is one of the major effects of cicutoxin.

For more information, please contact Ms. Becnel at (504)568-8314 or email to [mallory.becnel@la.gov](mailto:mallory.becnel@la.gov).

## Strategic National Stockpile Exercise - Louisiana, 2012

Glennis Gray, MSN

The development of capabilities to rapidly distribute and dispense medical countermeasures to large populations in response to emergencies remains a national priority. One component and requirement of the Public Health Emergency Preparedness (PHEP) Cooperative Agreement is that a Full Scale Exercise (FSE) medical countermeasure dispensing exercise is required to be performed in any one year of the five-year PHEP 2011-2016 cycle. The FSE is designed to meet the guidelines set by the Centers for Disease Control and Prevention (CDC) to define a capability-based approach to building public health preparedness standards. The Louisiana Strategic National Stockpile (SNS) FSE 2012 sponsored by the Louisiana Office of Public Health, Center for Community Preparedness, was held February 28, 2012 to March 1, 2012 in Regions 1,2,3,6 and 9\*. Members from Regions 4,5,7 and 8 participated as observers and evaluators (Figure).

Figure: Full-Scale Exercise - Region 1 - Louisiana



\* Map of Regions on Page 7

Full-scale emergency response exercises are critical components that serve as culminating events in the emergency preparedness planning life cycle. The medical countermeasure distribution exercise provided jurisdictions with the opportunity to customize demonstration of operational capabilities associated with the distribution of medical countermeasures during a high demand/high consequence public health emergency. Activities included critical warehousing and distribution-related activities. Jurisdictions partnered with their local planning administrations to develop a coordinated end-to-end demonstration of medical countermeasure distribution and dispensing competency.

Results from the full-scale exercise are still pending from the CDC - awaiting submission of documents and data metrics performed from the exercise. The results of individual performance activities measured will be viewed within the context of a Medical Countermeasure Distribution and Dispensing Composite Measure Guide calculation that will provide state preparedness leaders the definition of gaps and gains achieved by individual public health planning areas.

For more information, please contact Ms. Gray at (225) 763-5725 or [glennis.gray@la.gov](mailto:glennis.gray@la.gov).

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## Announcements

### World Hepatitis Testing Day - May 19, 2012

Updates: **Infectious Disease Epidemiology (IDES) Webpages**  
<http://www.infectiousdisease.dhh.louisiana.gov>

**ANNUAL REPORTS:** Pertussis, Rabies

**EPIDEMIOLOGY MANUAL:** Delusional Parasitosis and Morgellons Disease

**INFLUENZA:** Weekly Report

**SPECIAL STUDIES:** Deaths Directly Caused by Hurricane Katrina

**WEST NILE VIRUS:** Fight The Bite Poster Contest

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(Considerable Increase ... Continued from Page 3)

to public health as the production process involves explosive and toxic chemical risks. Not only do the meth labs endanger the actual 'cooks', they also endanger first responders and unwitting bystanders.

In addition to the public health risk, meth lab events cost state taxpayers a significant amount of money in the form of both clean-up costs of the former meth lab sites and the cost of treating the victims, as most of victims are uninsured. In a 2005 RAND Corporation study, the social costs of meth (treatment, care, productivity, crime, justice, and others) in the United States was estimated at over \$23 million. All of this comes at a time when the federal government no longer provides funding for the cleanup of meth labs.

For references or more information, please contact Mr. Trachtman at (225) 342-7125 or email to [clay.trachtman@la.gov](mailto:clay.trachtman@la.gov).



### Disease in Wildlife - New Orleans February 15, 2012

Gary Balsamo, DVM MPH&TM Presenting to the City of New Orleans Mosquito, Termite and Rodent Control Board

Table. Communicable Disease Surveillance, Incidence by Region and Time Period, January - February, 2012

DISEASE	HEALTH REGION									TIME PERIOD					
	1	2	3	4	5	6	7	8	9	Jan-Feb 2012	Jan-Feb 2011	Jan-Dec Cum 2012	Jan-Dec Cum 2011	Jan-Dec % Chg*	
	<b>Vaccine-preventable</b>														
Hepatitis B	Cases	0	0	0	1	0	1	0	1	3	6	14	6	14	-57.1
	Rate <sup>1</sup>	0	0	0	0.2	0	0.3	0	0.3	0.8	0.1	0.3	0.1	0.3	NA*
Measles	Cases	0	0	0	0	0	0	0	0	0	0	0	0	NA*	
Mumps	Cases	0	0	0	0	0	0	0	0	0	0	0	0	NA*	
Rubella	Cases	0	0	0	0	0	0	0	0	0	0	0	0	NA*	
Pertussis	Cases	0	0	0	1	0	0	0	0	1	2	8	2	8	-75.0
<b>Sexually-transmitted</b>															
HIV/AIDS	Cases <sup>2</sup>	58	41	7	10	4	7	13	12	10	162	219	162	219	-26.0
	Rate <sup>1</sup>	5.8	7.1	1.8	1.9	1.4	2.3	2.6	3.4	2.3	3.7	5.0	3.7	5.0	NA*
Chlamydia	Cases <sup>3</sup>	461	214	55	209	131	84	263	214	129	1,760	3,139	1760	3139	-43.9
	Rate <sup>1</sup>	55.2	32.3	13.5	35.8	44.8	27.1	48.3	60.2	23.8	38.8	69.2	38.8	69.2	N/A
Gonorrhea	Cases <sup>3</sup>	147	43	15	42	20	29	119	72	31	518	924	518	924	-43.9
	Rate <sup>1</sup>	17.6	6.5	3.7	7.2	6.8	9.4	21.9	20.2	5.7	11.4	20.4	11.4	20.4	N/A
Syphilis (P&S)	Cases <sup>3</sup>	2	2	0	7	3	1	16	0	1	32	40	32	40	-20.0
	Rate <sup>1</sup>	0.2	0.3	0.0	1.2	1.0	0.3	2.9	0.0	0.2	0.7	0.9	0.7	0.9	N/A
<b>Enteric</b>															
Campylobacter	Cases	1	8	8	4	1	3	0	2	7	34	29	34	29	17.2
Hepatitis A	Cases	0	0	0	0	0	0	0	0	0	0	1	0	1	NA*
	Rate <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Salmonella	Cases	5	24	5	15	4	7	8	11	15	94	66	94	66	42.4
	Rate <sup>1</sup>	0.5	4.2	1.3	2.9	1.5	2.3	1.6	3.1	3.9	2.2	1.5	2.2	1.5	NA*
Shigella	Cases	1	2	1	12	3	3	1	1	9	33	28	33	28	17.9
	Rate <sup>1</sup>	0.1	0.4	0.3	2.3	1.1	1.0	0.2	0.3	2.3	0.8	0.6	0.8	0.6	NA*
Vibrio cholera	Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Vibrio, other	Cases	1	1	1	0	0	0	0	0	0	3	2	3	2	NA*
<b>Other</b>															
<i>H. influenzae (other)</i>	Cases	0	2	1	2	0	0	3	1	5	14	17	14	17	NA*
<i>N. Meningitidis</i>	Cases	0	0	0	0	1	0	0	0	0	1	3	1	3	NA*

<sup>1</sup> = Cases Per 100,000.

<sup>2</sup> = 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 the 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.

<sup>3</sup> = Preliminary data.

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

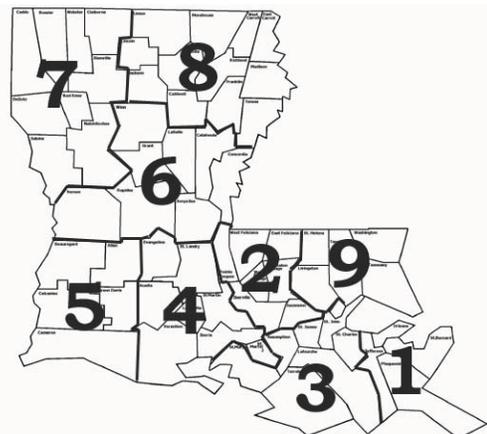
Table 2. Diseases of Low Frequency, January-December, 2012

Disease	Total to Date
Legionellosis	1
Lyme Disease	0
Malaria	0
Rabies, animal	0
Varicella	13

Table 3. Animal Rabies, January - February, 2012

Parish	No. Cases	Species
	0	

Figure: Department of Health and Hospitals Regional Map



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

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

Class A Diseases/Conditions - Reporting Required Within 24 Hours

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

Anthrax	Measles (rubeola)	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV)
Avian Influenza	Neisseria meningitidis (invasive disease)	Smallpox
Botulism	Plague	Staphylococcus Aureus, Vancomycin Intermediate or Resistant (VISA/VRSA)
Brucellosis	Poliomyelitis, paralytic	Tularemia
Cholera	Q Fever (Coxiella burnetii)	Viral Hemorrhagic Fever
Diphtheria	Rabies (animal and human)	Yellow Fever
Haemophilus influenzae (invasive disease)	Rubella (congenital syndrome)	
Influenza-associated Mortality	Rubella (German measles)	

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)	Hepatitis A (acute disease)	Malaria
Aseptic meningitis	Hepatitis B (acute illness & carriage in pregnancy)	Mumps
Chancroid <sup>1</sup>	Hepatitis B (perinatal infection)	Pertussis
Escherichia coli, Shig-toxin producing (STEC), including E. coli 0157:H7	Hepatitis E	Salmonellosis
Hantavirus Pulmonary Syndrome	Herpes (neonatal)	Shigellosis
Hemolytic-Uremic Syndrome	Human Immunodeficiency Virus [(HIV), infection in pregnancy] <sup>2</sup>	Syphilis <sup>1</sup>
	Human Immunodeficiency Virus [(HIV), perinatal exposure] <sup>2</sup>	Tetanus
	Legionellosis (acute disease)	Tuberculosis <sup>2</sup>
		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) <sup>3</sup>	Gonorrhea <sup>1</sup>	Staphylococcal Toxic Shock Syndrome
Blastomycosis	Hansen Disease (leprosy)	Streptococcal disease, Group A (invasive disease)
Campylobacteriosis	Hepatitis B (carriage, other than in pregnancy)	Streptococcal disease, Group B (invasive disease)
Chlamydial infection <sup>1</sup>	Hepatitis C (acute illness)	Streptococcal Toxic Shock Syndrome
Coccidioidomycosis	Hepatitis C (past or present infection)	Streptococcus pneumoniae, penicillin resistant [DRSP], invasive infection]
Cryptococcosis	Human Immunodeficiency Virus [(HIV syndrome infection)] <sup>2</sup>	Streptococcus pneumoniae (invasive infection in children < 5 years of age)
Cryptosporidiosis	Listeria	Transmissible Spongiform Encephalopathies
Cyclosporiasis	Lyme Disease	Trichinosis
Dengue	Lymphogranuloma Venereum <sup>1</sup>	Varicella (chickenpox)
Ehrlichiosis	Psittacosis	Vibrio Infections (other than cholera)
Enterococcus, Vancomycin Resistant [(VRE), invasive disease]	Rocky Mountain Spotted Fever (RMSF)	
Giardia	Staphylococcus aureus, Methicillin/Oxacillin Resistant[( MRSA), invasive infection]	

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

Cancer	Hemophilia <sup>4</sup>	Severe Traumatic Head Injury
Carbon Monoxide Exposure and/or Poisoning <sup>5</sup>	Lead Exposure and/or Poisoning (children) <sup>4</sup> (adults) <sup>5</sup>	Severe Undernutrition (severe anemia, failure to thrive)
Complications of Abortion	Pesticide-Related Illness or Injury (All ages) <sup>7</sup>	Sickle Cell Disease (newborns) <sup>4</sup>
Congenital Hypothyroidism <sup>1</sup>	Phenylketonuria <sup>4</sup>	Spinal Cord Injury
Galactosemia <sup>4</sup>	Reye's Syndrome	Sudden Infant Death Syndrome (SIDS)

Case reports not requiring special reporting instructions (see below) can be reported by mail or facsimile on Confidential Disease Report forms (2430), facsimile (504) 568-8290, telephone (504) 568-8313, or 1-800-256-2748 for forms and instructions.

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

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

<sup>3</sup>Report on CDC72.5 (f.5.2431) card

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

<sup>5</sup>Report to the Section of Environmental Epidemiology and Toxicology: [www.seet.dhh.louisiana.gov](http://www.seet.dhh.louisiana.gov) or call 1-888-293-7020

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.