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Louisiana Morbidity Report

Louisiana Office of Public Health - Infectious Disease Epidemiology Section

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<http://www.dhh.louisiana.gov/offices/reports.asp?ID=249&Detail=7428>



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SECRETARY

Infectious Disease Epidemiology Main Webpage

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

September-October 2009

Volume 20 Number 5

2009 H1N1 Summary Louisiana-CDC Week 39*, 2009

Julie Hand, MSPH; Caroline Holsinger, MPH

Taken together, Influenza-Like Illness (ILI) surveillance and laboratory surveillance provide a clear picture of the influenza activity occurring in Louisiana each week. Ninety-nine percent of all influenza identified were 2009 H1N1.

There are 1,472 lab confirmed cases of 2009 H1N1 in Louisiana. Based on an extrapolation from CDC data, the real case count in Louisiana is closer to 97,000. The state public health laboratory continues to test only hospitalized cases and specimens from sentinel outpatient physician's offices.

ILI is defined as an illness characterized by cough and/or cold symptoms and a fever of 100°F or greater in the absence of a known cause. While not every case of ILI is a case of influenza, the CDC has found that trends in ILI from sentinel sites are a good proxy measure of the amount of influenza activity in an area. For this reason, all states and territories participating in the national surveillance program monitor weekly ILI proportions from their sentinel surveillance sites.

Not all sentinel sites have access to laboratory testing. However, many hospitals and physicians' offices do perform some influenza testing. Sites that test for influenza report the number of positive tests each week and the total number of tests performed each week.

Figure 1 shows the percentage of visits for ILI over the total

* Week 39 ended October 3, 2009

(Continued on page 6)

Central Laboratory Progress Report - Louisiana, 2009

Catherine Evans, PhD

Several changes have taken place in the Central Laboratory, currently located in Metairie, Louisiana, over the past few months. With the emergence of 2009 H1N1, its Molecular and Virology Departments have exploded with activity. Personnel from all departments of clinical testing have been recruited for cross-training in RNA extractions and real-time reverse transcription polymerase chain reactions (RT-PCR). New equipment has been purchased for greater testing capacity such as the Roche MagNA Pure LC® automated extraction instrument and the 7500 Fast DX® from Applied Biosystems for Real Time PCR. With hiring trained personnel and high-throughput instrumentation, the Central Laboratory is making great strides in public health surveillance this influenza season.

While most eyes are focused on influenza, it is by no means the only development taking place in this laboratory. The end of August marked the beginning of site preparation for a modular biosafety level 3 (BSL3) facility. The construction of the site was recently completed and the BSL3, manufactured by Certek®, was delivered. This will expand the Office of Public Health Laboratory Bioterrorism testing capacity to two strategically located facilities, one in the northern part of the state and now, one in the south.

The Laboratory Information Management System (LIMS) has steadily been expanding to assist with the increase in testing. Influenza has been added to the tests logged into the system and has improved the response time for reporting results to the submitters, allowing data to be electronically transferred to the Infectious Disease Epidemiology section. LIMS has continued to increase capability by allowing all health units in Regions I, IV, V and VII (map of regions on page 7) to order their tests online and view results electronically. It is the laboratory's plan to have all of the health units statewide using the LIMS for ordering tests by November 1, 2009.

The Central Laboratory is currently testing for Tuberculosis, HIV, Syphilis, *Chlamydia trachomatis*, *Neisseria gonorrhoeae* and several clinical chemistry tests. These are available to order electronically from the LIMS website. The laboratory has begun testing the drinking water for the state as well. In the near future, the laboratory plans to add testing for Hepatitis A, B and C.

For more information, please contact Catherine Evans at (504) 219-4692 or catherine.evans@la.gov.

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Examining the Trends in Obesity Among Adults - Behavioral Risk Factor Survey – Louisiana, 2003-2007

Vijeth Iyengar, Todd Griffin MSPH, Pamela Romero, LDN, RD, CDE

Introduction

Rates of obesity among Louisiana adults have risen to epic proportions within the last twenty years. Obesity and overweight as defined by the Centers for Disease Control and Prevention (CDC), is a Body Mass Index (BMI) between twenty-five to 29.9 for those termed overweight and a BMI equal to or greater than thirty for those termed obese. This report presents trends across racial, gender and age groups and in addition, examines the five-year trends in general physical activity and fruit and vegetable consumption among Louisiana adults.

In a study conducted by the United Health Foundation in 2008, Louisiana is ranked the third highest in the country in adult obesity when compared to the other states within the United States. Since 1990, as reported by the Louisiana Council on Obesity Prevention and Management (a critical partner in this study), the rate of obesity has increased from 12.3% to 30.7% of the Louisiana adult population. As a consequence of this trend, sixty-four percent of Louisiana adults are obese or overweight.

The steady increase in the rates of obesity clearly illustrates the need for more prevention and education programs with regards to obesity, physical activity and healthy eating habits. Targeted obesity prevention programs may have a greater impact when they can identify the prevalence of chronic conditions and associated health risk factors among their respective citizens.

Using data compiled by the Behavioral Risk Factor Surveillance System (BRFSS), this report examines the trends in fruit and vegetable consumption, inadequate physical activity and obesity among different race and age groups from the state of Louisiana within the five-year time period of 2003 to 2007. Fruit and vegetable consumption and physical activity were chosen as parameters to explore the correlation with the rise in obesity as these parameters were highlighted by the Trust for America's Health Organization in its 2009 report, "F as in Fat: How Obesity Policies Are Failing In America." In this report (sponsored by the Robert Wood Johnson Foundation), health advocates wrote that a reduction in the consumption of adequate fruits and vegetables (five servings per day are considered as adequate) in addition to a reduction in general physical activity are two factors in the rapid rise of obesity in the United States.

Methodology

Data from the BRFSS was used in this report in highlighting the rising trends in obesity among Louisiana adults. BRFSS, a comprehensive and flexible questionnaire, is a result of extensive collaborations between experts from federal, state and independent organizations. It was established in 1984 by the CDC to allow states to collect state-level data on health related matters, including obesity, diabetes and asthma prevalence. The primary method of data acquisition is through phone surveys and questionnaires solicited from non-institutionalized Louisiana adults, or individuals aged

eighteen years and older. All of the data presented were analyzed using Microsoft Excel and SAS version 9.1.3 software.

Results

The proportions of overweight and obese persons in 2007 were respectively 34.5% and 30.7%. (Table 1).

The age distribution showed a definite increase from age group eighteen to twenty-four to older age groups:

- overweight: seventeen percent for age group eighteen to twenty-four years and 33.3% to 37.5% for older age groups (without any increasing trend among all the age groups above twenty-five years: Cochran-Armitage test for linear trend: $\chi^2 = 2.15$, $p = 0.143$)

- obesity: 19.6% for age group eighteen to twenty-four and 25.4% to 36.7% for older age groups (without any increasing trend among all the age groups above twenty-five years: Cochran-Armitage test for linear trend: $\chi^2 = 2.83$, $p = 0.092$).

Among genders there was a higher proportion of overweight among males (39.7% versus 29.3% among females, ratio = 1.35, 95% C. I. = 1.20 to 1.52), and a higher proportion of obesity among males but not as large as for overweight (32.1% versus 29.3% for females, ratio = 1.10, 95% C. I. = 1.01 to 1.18).

A comparison between Whites and African-Americans showed no significant difference in proportions of overweight (36.2% versus 32.0%, ratio = 1.14, 95% C. I. = 0.97 to 1.33) but a significant difference in proportions of obesity (27.6% among Whites and 39.7% among African-Americans, ratio = 0.70, 95% C. I. = 0.64 to 0.76).

Data by education level, household income and health insurance are also presented in Table 1.

When analyzing the five-year trend in obesity (categorized as

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Table 1: Proportion of overweight and obese, BRFSS - Louisiana, 2007

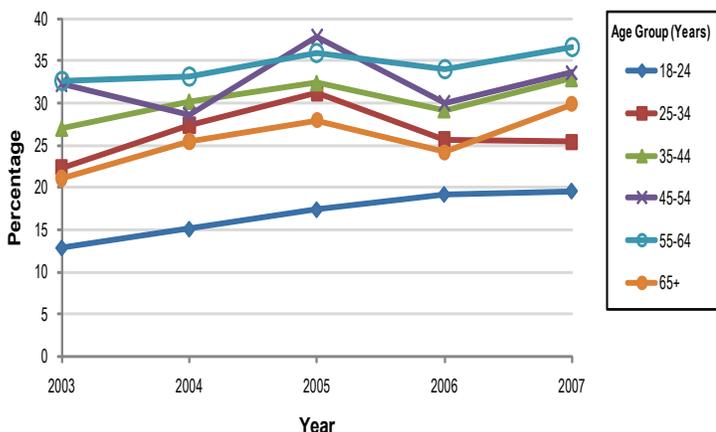
Demographic Characteristics	Overweight *			Obese **		
	Sample Size	Percentage	95% CI	Sample Size	Percentage	95% CI
Total	6235	34.5	32.9-36.0	6235	30.7	29.1-32.3
Age Group (Years)						
18-24	236	17.0	11.5-22.5	236	19.6	13.7-25.5
25-34	710	36.5	32.0-40.9	710	25.4	20.8-30.0
35-44	1030	33.3	29.8-36.8	1030	32.9	29.3-36.5
45-54	1417	37.3	34.2-40.4	1417	33.6	30.6-36.6
55-64	1360	37.3	34.2-40.5	1360	36.7	33.6-39.8
65+	1482	37.5	34.6-40.4	1482	29.9	27.1-32.7
Gender						
Male	908	39.7	37.0-42.3	2179	32.1	29.5-34.7
Female	1250	29.3	27.6-31.1	4056	29.3	27.6-31.0
Race-Ethnicity						
White	1611	36.2	34.4-37.9	4514	27.6	26.0-29.2
Black	392	32.0	28.4-35.7	1232	39.7	35.9-43.5
Hispanic	59	29.3	20.6-38.0	176	26.8	17.3-36.2
Other	80	29.4	21.2-37.7	261	30.0	20.3-39.7
Education						
Did not graduate High School	756	29.0	24.6-33.5	756	34.6	29.8-39.3
Graduated from High School	2023	34.7	31.9-37.6	2023	30.3	27.6-33.0
Attended college	1600	33.9	30.9-37.0	1600	32.9	29.9-36.0
Graduated college	1842	36.9	34.1-39.7	1842	27.7	24.7-30.6
Household Income						
< \$15,000	649	26.4	21.7-31.2	649	42.7	37.0-48.4
\$15,000-\$24,999	912	28.4	24.5-32.4	912	35.8	31.4-40.2
\$25,000-\$34,999	664	34.5	29.8-39.2	664	34.5	29.8-39.2
\$35,000-\$49,999	763	34.7	30.3-39.1	763	33.8	29.2-38.4
\$50,000+	2033	39.5	36.8-42.1	2033	26.1	23.5-28.6
Health Insurance						
Have Insurance	5158	35.4	33.7-37.1	5158	30.23	28.6-31.9
No Insurance	1059	31.3	27.4-35.2	1059	32.6	28.4-36.7

* The proportion whose BMI were greater than or equal to 25.0 but less than 30.0

** The proportion whose BMI were greater than or equal to 30.0

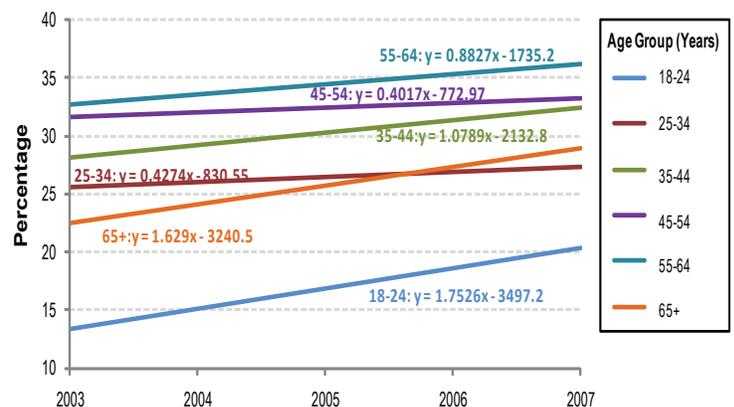
having a BMI ≥30) rates among Louisiana adults, it is observed that there were no significant increases in the rates of obesity among most of the age categories. The exception is the eighteen to twenty-four year-old age group which had a significant increase in obesity

Figure 1: Percentage of adults who are obese (BMI>30) by age BRFSS - Louisiana, 2003-2007



For all age groups, the trend lines show an increasing slope. (Figure 2)

Figure 2: Trend lines for proportion of adults who are obese (BMI>30) by age BRFSS, Louisiana, 2003-2007

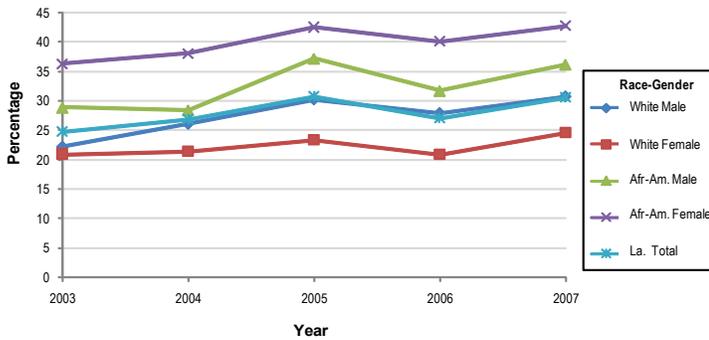


There was an increase in the rates of obesity in all race/gender groups over the five years of observation. It should be noted that White males have closely matched the overall statewide trend in obesity over the past five years. Both African-American males and females had the higher percentage increase when compared to both White males and females.(Figure 3)

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Examining the Trends in Obesity continued from page 3

Figure 3: Percentage of adults who are obese (BMI>30) by race and gender BRFSS, Louisiana, 2003-2007



Consumption of Fruits and Vegetables

Adequate fruit and vegetable consumption is defined as the consumption of at least five servings of fruits and vegetables on a daily average. Inadequate fruit and vegetable consumption has marginally decreased from 2003 to 2007 in every age and race group. (Table 2)

Table 2: Percentage of adults reported with inadequate fruit and vegetable consumption - BRFSS, Louisiana, 2003, 2005 and 2007

Year		2003	2005	2007
Age Group (Years)	18-24	88.0	79.6	77.1
	25-34	85.1	82.2	83.9
	35-44	85.1	80.7	83.6
	45-54	84.1	82.5	79.3
	55-64	80.7	79.3	79.3
	65+	78.0	72.7	75.7
Race and Gender	White Male	86.4	81.8	83.5
	White Female	80.2	78.5	77.5
	Afr-Am. Male	89.4	75.4	87.4
	Afr-Am. Female	83.1	78.1	77.6
	Louisiana Total	83.6	79.8	80.4

Physical Activity

The percentage of adults who did not complete the recommended level of physical activity (defined as the proportion of those surveyed who reported not participating in any leisure-time physical activity such as running, calisthenics, golf, gardening, or walking during the past month) shows a variety of patterns - some are increasing, some decreasing, without any definite overall pattern. (Table 3)

Table 3: Percentage of adults who did not complete the recommended level of physical activity - BRFSS, Louisiana, 2003, 2005 and 2007

Year		2003	2005	2007
Age Group (Year)	18-24	51.0	49.9	51.5
	25-34	49.2	48.6	55.5
	35-44	59.5	63.3	60.0
	45-54	62.7	66.9	60.8
	55-64	64.5	67.6	67.7
	65+	73.3	74.0	70.0
Race and Gender	White Male	52.9	57.5	60.7
	White Female	61.8	62.2	60.5
	Afr-Am. Male	60.2	57.1	55.3
	Afr-Am. Female	68.6	73.5	69.2
	Louisiana Total	59.8	61.7	61.4

Conclusion

Although it can be seen that statewide obesity levels have increased among Louisiana adults over the past five years, there are encouraging yet subtle signs that Louisianans are combating the rise in obesity. When examining results from the past five years in terms of fruit and vegetable consumption and physical activity, the majority of adults do not meet the recommended levels of fruits/vegetable consumption and physical activity. However, there have been marginal improvements (among certain groups).

Increasing consumption of fruits and vegetables and increasing physical activity are two target behaviors identified by the CDC to impact obesity. The results of this study may provide guidance for the future development of obesity prevention programs on targeted populations as well as influence policy and environmental change, thereby creating an environment that supports opportunities for all Louisiana residents to make healthy food choices and to be physically active in order to achieve or maintain a healthy weight. Addressing obesity in Louisiana requires a collaborative effort of public and private sector organizations working together to positively influence target behaviors essentially creating an environment that reinforces behaviors that result in a healthy weight.

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Announcements

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

ANNUAL REPORTS: Arthropod-Borne Encephalitis in Louisiana; Blastomycosis; Camphylobacter; *Clostridium Difficile*; Comparison of Rates in Louisiana and Other Southern States -2007; Creutzfeldt-Jakob Disease; Cryptosporidiosis; *E. Coli*; Encephalitis; Encephalitis Other (EEE, LAC); Eosinophilic Meningitis; Giardiasis; *Haemophilus Influenzae*; Hepatitis C; Hepatitis D; Hepatitis E; Histoplasmosis; Influenza; Legionella; Listeria; Norovirus; Rotavirus; Salmonellosis; Shigella

EPIDEMIOLOGY MANUAL: Herpes B Monkey Virus; Mumps Summary; Norovirus; Q Fever; Tickborne Disease

HEALTH CARE ASSOCIATED GRANT: Health Care Associated Grant Summary

INFLUENZA: Influenza Season 2009/2010 What To Do and Why: Day Care; Health Care Staff/Practitioners; Long Term Care Facility/Nursing Home; Public; Schools; Prevention and Control of Seasonal Influenza with Vaccines -ACIP, 2009; Weekly Report

HEPATITIS: Adult Hepatitis Vaccination Program Protocol

PUBLIC INFORMATION: Influenza Season 2009/2010 What To Do and Why: Public

REPORTABLE DISEASE SURVEILLANCE: Confidential Disease Case Report

WEST NILE VIRUS: Louisiana Arbovirus Surveillance Summary, 2009

VETERINARY INFORMATION: Canine, Equine and Feline Antimicrobial Sensitivity Profiles and Trends; Microbiological Makeup of Common Veterinary Infections, Third Quarter, 2009 - Canine, Equine and Feline; Contact Information for Ordering Rabies Vaccines

Erratum: July-August, 2009 page 1 - 'VHA MRSA Elimination Project' replaces 'Veterans Hospital Administration'

Septicemia Louisiana, 1999-2007

Lauren Cole, MPH Candidate

Introduction:

Septicemia is a systemic disease caused by an infection in the bloodstream from a pathogenic microorganism. In the United States, there are 650,000 to 750,000 incident cases of septicemia each year and it is the tenth leading cause of death. This disease is also a major economic burden on the nation, costing approximately seventeen billion dollars annually for care. Most patients with septicemia need to spend several days in the hospital, resulting in an average cost of fifty thousand dollars per patient. In an effort to describe the epidemiology of septicemia in Louisiana, hospital inpatient data from the Louisiana Hospital Inpatient Discharge Database (LAHIDD) was abstracted and analyzed for the period from 1999 to 2007.

Methods:

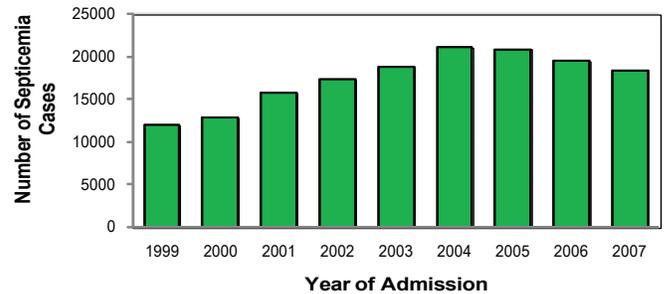
Records were abstracted for all diagnosed septicemia cases from the LAHIDD for the years 1999 to 2007. All cases were abstracted from the database based on a table of ICD9 codes and then de-identified to be used in the analysis. All data analysis was conducted using SAS version 9.1 (SAS Institute, Cary, NC).

Results:

During the eight-year time period, there was a total of 157,067 cases that met the search criteria. An aver-

age of 17,452 septicemia cases per year were identified in Louisiana. The highest number of septicemia cases, 21,216, occurred in 2004. (Figure 1)

Figure 1: Distribution of septicemia cases by year of admission - Louisiana, 1999 - 2007



The gender distribution of these patients was 48.03% male and 51.97% female. The age group of less than one year had a higher rate of hospitalizations due to septicemia, 4333.1 cases per 100,000 population, compared to all other age groups. (Table 1)

Table 1: Incidence rates of septicemia by age group Louisiana, 1999-2007

Age Group	Incidence Rate of Septicemia per 100,000 Hospitalizations
Younger Than 1 Year	4,333.1
1 - 4 Years	102.2
5-14 Years	22.0
15-24 Years	49.2
25-44 Years	221.8
45-64 Years	394.1
65 Years and Older	1,657.5

(Continued on page 6)

Infectious Disease Epidemiology Web Statistics April – June, 2009

For the period of time from April 1, 2009 to June 30, 2009, the 367 pages that comprise the website for Infectious Disease Epidemiology (IDE) webpages (<http://www.dhh.louisiana.gov/offices/?ID=249>) were visited 12,537 times. This was 2.2 percent of all of the web hits for the Department of Health and Hospitals (DHH) for Louisiana. The daily average of visits to the IDE site, doubled during the last two weeks of April - coinciding with the beginning of the H1N1 pandemic.

Of the webpages for IDE, the Epidemiology Manual had the most visits followed by Annual Reports, Site Map, West Nile Virus, Influenza, Louisiana Morbidity Reports, Publications and Contacts.

The Veterinary (7.41%), Site Map (10.5%) and Louisiana Morbidity Report (11.36%) webpages had the best bounce rates. (A bounce rate is the percentage of visitors that leave a site without visiting any other pages within. A bounce rate below 20% is very good.) A list of the most popular webpages and their addresses can be found at <http://www.dhh.louisiana.gov/offices/reports.asp?ID=249 &Detail=611>.

Infectious Disease Epidemiology Rapid Response Training -New Orleans - July, 2009

Erin Stanley, Central Office Epidemiologist, Presenting West Nile Virus Update



Among the septicemic patients, African-Americans had a higher rate of hospitalizations due to septicemia, (402.3 cases per 100,000 population) compared to Caucasian/Whites, (295.2 cases per 100,000 population). Since the number of hospitalized patients with other races and ethnicities are so small, the rates are often unreliable and were not included in the analysis. Out of the 157,067 cases identified, 15.8% (24,856) died while at the hospital.

In the LAHIDD, the pathogenic microorganism responsible for causing septicemia in the patients was specified in 45,081 cases (28.7%), while the rest were listed as "Unspecified" or "Other" (111,986 cases, 71.3%). Of the cases with specified causal pathogens, staphylococcus species accounted for the highest frequency of septicemia cases. In this analysis, all of the infections were bacterial except for the herpes virus, which accounted for the lowest number of cases. (Table 2)

Table 2: Septicemia cases by causal pathogen (n= 45,081) Louisiana, 1999-2007

Causal Pathogen	Number	Percent
Staphylococcus	14,057	31.18
Gram-negative	8,511	18.88
Streptococcus	7,758	17.21
<i>Escherichia coli</i>	7,604	16.87
<i>Pseudomonas</i>	2,226	4.94
Pneumococcal	2,223	4.93
<i>Mycobacterium avium</i> complex (MAC)	1,101	2.44
Anaerobes	783	1.74
Serratia	432	0.96
Salmonella	190	0.42
<i>Haemophilus influenzae</i>	182	0.40
Herpes virus	14	0.03
TOTAL	45,081	

An interesting finding was the demographic of cases with MAC septicemia. MAC is a complex of mycobacterium species that usually causes disease in individuals with advanced AIDS. The majority of AIDS patients are predominately twenty-five to forty-four years of age, male and African-American. Comparing the demographics of typical AIDS patients to this analysis of MAC septicemia reveals that the demographics follow the same pattern. A little more than half of the cases (55.1%) were twenty-five to forty-four years of age, 61.5% were male and 36.1% were African-American.

Before the introduction of the *Haemophilus influenzae* type B (Hib) vaccine, many of the septicemia cases from this pathogen were seen in infants and young children. Since the Hib vaccine, rates of infection in these age groups have declined by ninety-five percent. After analyzing the age distribution of the cases with septicemia due to *H. influenzae*, about fifty-five percent were sixty-five years and older and only about five percent were in children aged four years and younger. This is consistent with the findings that the vaccine has reduced rates of infection in infants and young children by *H. influenzae*.

Discussion:

Previous studies indicate that individuals sixty-five years and older and African-American men are more likely to develop septicemia than other groups. This analysis showed that African-American men were indeed more likely to develop septicemia than Caucasian/White men, but the findings showed that individuals one year of age

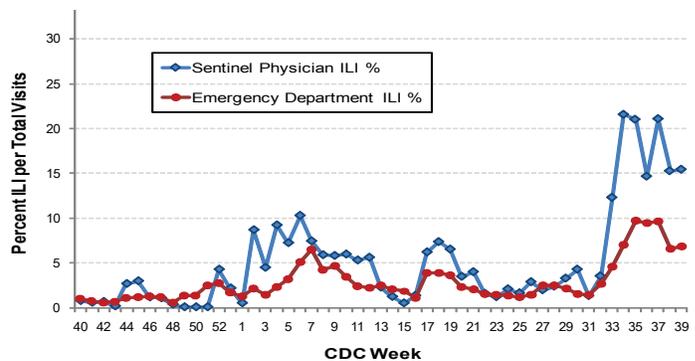
or younger were more prone to developing septicemia than older age groups. This study also showed some interesting findings on the types of pathogens causing septicemia, with respect to MAC and *H. influenzae*. In the future, more specific information on the causal pathogen would be useful considering most cases were missing this information and the analysis could only be done on about twenty-nine percent of the cases.

For references or more information on this topic, please e-mail Lauren Cole at lcole@lsuhsc.edu.

2009 H1N1 continued from page 1

number of visits for sentinel physicians' offices and emergency departments. This is the best approach to estimate the magnitude of influenza transmission. ILI counts do include some viral infections other than influenza, but experience over the past fifty years has shown that this approach is a reliable method to estimate influenza transmission. It does not show which strain of influenza virus is responsible. Louisiana novel H1N1 specimens from weeks seventeen, twenty-six and twenty-seven were tested at the CDC and found to be resistant to Adamantanes and sensitive to Oseltamivir and Zanamivir.

Figure 1: Influenza sentinel surveillance - Louisiana, 2008-2009 season



It appears that H1N1 is spread in all areas of the state, both in urban and rural areas. The distribution by gender is similar to the population distribution by gender. The distribution by age group shows the highest proportion of cases in the five to twenty-four year-old age group. (Tables 1 and 2)

Table 1: Gender and age distribution, H1N1- Louisiana, 2008-2009 season

	Gender Distribution		Age Distribution (Years)				
	% Male	% Female	0-4	5-24	25-64	65+	
Population	48%	52%	7%	30%	51%	12%	100%
Previous Seasonal			31%	36%	27%	6%	100%
2009 H1N1 OutPatient	45%	55%	12%	71%	17%	1%	100%
2009 H1N1 Hospital	45%	55%	17%	42%	38%	3%	100%

Table 2: Mortality, H1N1- Louisiana, 2008-2009 season

Deaths	LA	USA
Number	16	2377
per 100 Hospitalized	4.7	9.4

The full weekly report can be found at <http://www.dhh.louisiana.gov/offices/page.asp?id=249&detail=7358>

If you have any questions about our surveillance system or would like more information, please contact Julie Hand at (504)219-4563 or email at julie.hand@la.gov.

LOUISIANA COMMUNICABLE DISEASE SURVEILLANCE

July - August, 2009

Table 1. Disease Incidence by Region and Time Period

DISEASE	HEALTH REGION									TIME PERIOD					
	1	2	3	4	5	6	7	8	9	Jul-Aug 2009	Jul-Aug 2008	Jan-Aug Cum 2009	Jan-Aug Cum 2008	Jan-Aug % Chg*	
	Vaccine-preventable														
Hepatitis B	Cases	0	0	0	1	0	0	0	0	4	5	10	36	63	-42.9
	Rate ¹	0	0	0	0.2	0	0	0	0	1.0	0.1	0.2	0.8	1.5	NA*
Measles		0	0	0	0	0	0	0	0	0	0	0	1	NA*	
Mumps		0	0	0	0	0	0	0	0	0	0	1	1	NA*	
Rubella		0	0	0	0	0	0	0	0	0	0	0	0	NA*	
Pertussis		1	7	1	1	0	1	1	2	9	23	31	109	52	109.6
Sexually-transmitted															
HIV/AIDS	Cases ²	13	8	1	4	3	1	5	8	4	47	229	689	792	-13.0
	Rate ¹	1.3	1.4	0.3	0.7	1.1	0.3	1.0	2.3	0.9	1.1	5.2	15.8	18.1	NA*
Chlamydia	Cases ³	916	514	302	396	167	193	576	403	285	3790	4257	18962	15174	24.9
	Rate ¹	132.2	80.2	75.3	69.0	58.7	64.5	108.4	115.3	55.4	93.4	99.3	442.2	353.9	NA*
Gonorrhea	Cases ³	278	163	78	145	32	54	215	144	104	1221	1590	6172	6495	-4.9
	Rate ¹	40.1	25.4	19.4	25.3	11.3	18.0	40.5	41.2	20.2	28.5	37.0	143.9	145.3	NA*
Syphilis (P&S)	Cases ³	2	6	0	21	5	1	11	6	4	57	128	409	407	NA*
	Rate ¹	0.3	0.9	0.0	3.7	1.8	0.3	2.1	1.7	0.8	1.3	3.0	9.5	9.4	NA*
Enteric															
Campylobacter		0	3	2	0	2	2	0	3	5	17	16	67	65	NA*
Hepatitis A	Cases	0	0	0	0	0	0	0	0	1	1	1	3	8	-62.5
	Rate ¹	0	0	0	0	0	0	0	0	0.3	0	0	0.1	0.2	NA*
Salmonella	Cases	29	41	27	31	15	5	11	28	48	235	358	654	735	-11.0
	Rate ¹	2.8	7.2	7.2	6.0	5.6	1.6	2.2	8.0	12.5	5.4	8.3	15.2	17.0	NA*
Shigella	Cases	2	8	0	0	3	2	2	4	0	21	161	127	489	-74.0
	Rate ¹	0.2	1.4	0	0	1.1	0.7	0.4	1.1	0.0	0.5	3.7	2.9	11.3	NA*
Vibrio cholera		0	0	0	0	0	0	0	0	0	0	0	0	0	NA*
Vibrio, other		4	0	2	1	1	0	0	0	4	12	11	37	34	NA*
Other															
<i>H. influenzae (other)</i>		0	0	1	0	0	0	0	0	0	1	0	12	8	NA*
<i>N. Meningitidis</i>		0	0	0	0	0	0	1	0	0	1	2	11	17	-35.3

¹ = Cases Per 100,000

² = These totals reflect persons w hose status w as first detected during the specified time period. This includes persons w ho w ere diagnosed with AIDS at time HIV w as 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.

³ = Data should be considered provisional

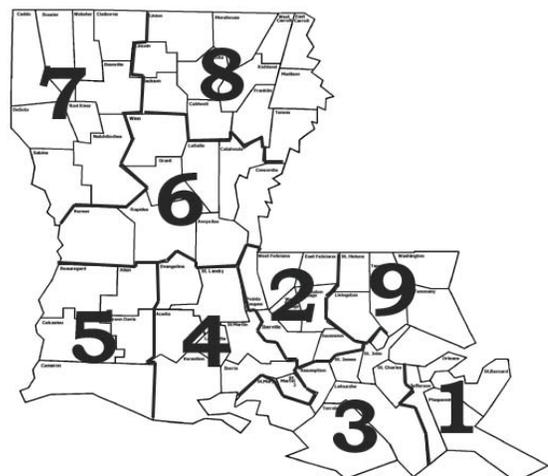
* Percent Change not calculated for rates or count differences less than 5

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

Disease	Total to Date
Legionellosis	4
Lyme Disease	0
Malaria	4
Rabies, animal	1
Varicella	101

Table 3. Animal Rabies (July-August, 2009)

Parish	No. Cases	Species
Calcasieu	1	Bat



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Part II - The Control of Diseases

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

Class A Diseases/Conditions - Reporting Required Within 24 Hours

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

Anthrax	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)	Hemolytic-Uremic Syndrome	Pertussis
Aseptic meningitis	Hepatitis A (acute disease)	Salmonellosis
Chancroid ¹	Hepatitis B (acute illness & carriage in pregnancy)	Shigellosis
Escherichia coli, Shig-toxin producing (STEC), including E. coli O157:H7	Hepatitis B (perinatal infection)	Syphilis ¹
Hantavirus Pulmonary Syndrome	Hepatitis E	Tetanus
	Herpes (neonatal)	Tuberculosis ²
	Legionellosis (acute disease)	Typhoid Fever
	Malaria	
	Mumps	

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

Diseases of significant public health concern-report by the end of the workweek after the existence of a case, suspected case, or a positive laboratory result is known.

Acquired Immune Deficiency Syndrome (AIDS) ³	Gonorrhea ¹	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 ¹	Hepatitis C (acute illness)	Streptococcal Toxic Shock Syndrome
Coccidioidomycosis	Hepatitis C (past or present infection)	Streptococcus pneumoniae, penicillin resistant [DRSP], invasive infection ³
Cryptococcosis	Human Immunodeficiency Virus (HIV Syndrome infection) ³	Streptococcus pneumoniae (invasive infection in children < 5 years of age)
Cryptosporidiosis	Listeria	Transmissible Spongiform Encephalopathies
Cyclosporiasis	Lyme Disease	Trichinosis
Dengue	Lymphogranuloma Venereum ¹	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	Heavy Metal (Arsenic, Cadmium, Mercury) Exposure and/or Poisoning (All ages) ⁵	Severe Traumatic Head Injury
Carbon Monoxide Exposure and/or Poisoning (All ages) ⁵	Lead Exposure and/or Poisoning (All ages)	Severe Undernutrition (severe anemia, failure to thrive)
Complications of Abortion	Pesticide-Related Illness or Injury (All ages) ⁵	Sickle Cell Disease (newborns) ⁴
Congenital Hypothyroidism ⁴	Phenylketonuria ⁴	Spinal Cord Injury
Galactosemia ⁴	Reye's Syndrome	Sudden Infant Death Syndrome (SIDS)
Hemophilia ⁴		

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

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

²Report on CDC72.5 (f.5.2431) card.

³Report to the Louisiana Genetic Diseases Program Office by telephone at (504) 219-4413 or facsimile at (504) 219-4452.

⁴Report to the Louisiana HIV/AIDS Program: see www.hiv.dhh.louisiana.gov for regional contact information, or call 504-568-7474.

⁵Report to the Section of Environmental Epidemiology & Toxicology: www.seet.dhh.louisiana.gov or 888-293-7020.

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