



Louisiana Morbidity Report

Louisiana Office of Public Health - Infectious Disease Epidemiology Section
P.O. Box 60630, New Orleans, LA 70160 (504) 568-5005
www.dhh.state.la.us/OPH/infectepi/default.htm



M. J. "Mike" Foster, Jr.
GOVERNOR

David W. Hood
SECRETARY

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Outbreak of Aseptic Meningitis Associated With Echovirus Type 13, Louisiana, 2001

Nevin K. Krishna MS, MPH, Maureen Little MPH

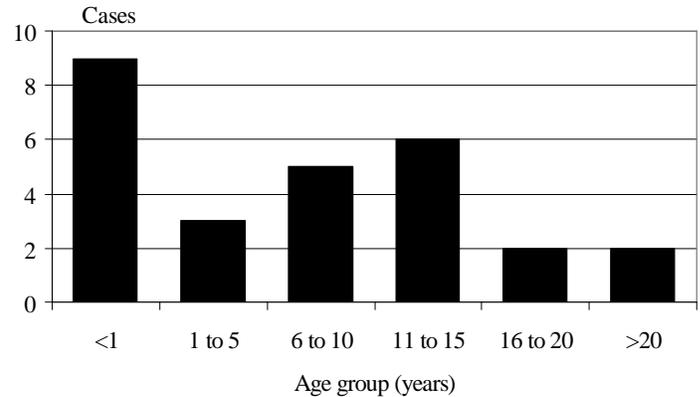
In early June, the Louisiana Office of Public Health Infectious Disease Epidemiology Section was notified of a cluster of meningitis-like illnesses at a Louisiana hospital. In late May, cases fitting diagnostic criteria for meningitis started presenting at the hospital. Chief symptoms included: fever (100%), headache (76.9%) and vomiting (76.9%), stiffneck and photosensitivity.

To determine whether an epidemic was underway, hospital admission records for May-June 2001 were compared with those of May-June 2000. The records revealed a nine-fold increase in aseptic meningitis cases admitted to the hospital. While viral meningitis was not reportable in Louisiana, hospital staff were concerned about the unusual rise in cases and with the admission of five cases on the same day.

A total of 27 cases were identified. Among these 27 cases, nine (33.3%) were female and 18 (66.7%) were male. While the majority of cases occurred in children less than one year of age, cases also occurred in older children, young adults and teens (Figure 1). All of the cases were localized to the southeast region of the state with 20 (74%) of the cases residing in the same parish.

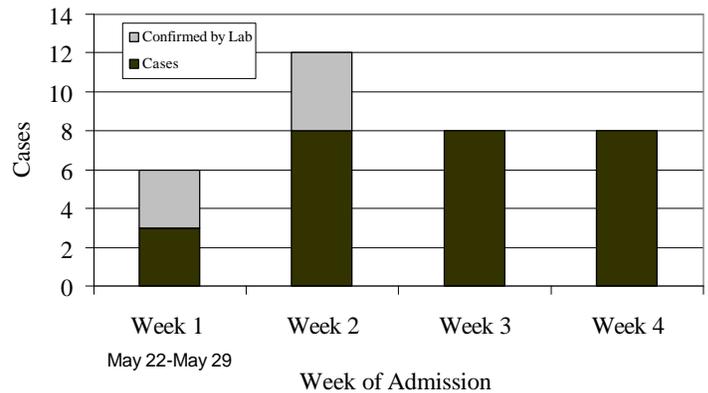
Cerebrospinal (CSF) fluid and blood samples were collected on each patient and tested for bacteria. Bacterial cultures were all negative. Samples of CSF were sent to the state laboratory for viral testing. Among the original 13 samples submitted, two could not be

Figure 1: Distribution of cases by age group



tested due to an insufficient amount, three were negative for enteroviruses and eight were positive for Echovirus type 13. Lab results from CSF testing are shown in Figure 2.

Figure 2: Aseptic meningitis cases associated with echovirus type 13, Louisiana 2001 (n=27)



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From CDC Morbidity & Mortality Report (MMWR) September 14, 2001 / 50(36);777-780. Echovirus Type 13 - United States, 2001

Echoviruses constitute one of the major groups of the genus Enterovirus and are associated with illnesses including aseptic meningitis, nonspecific rashes, encephalitis, and myositis (1). Echovirus 13 is an enterovirus that rarely has been detected in the United States, accounting for only 65 of approximately 45,000 enterovirus isolates reported to CDC during 1970-2000. No associated outbreaks have been reported in this country. As of June 2001, eight state public health laboratories and one private laboratory had reported (Continue on next page)

(Outbreak of Aseptic Meningitis... Cont.)

an increased number of echovirus 13 isolates to CDC, most associated with aseptic meningitis. This report summarizes echovirus 13 activity in the United States and highlights the investigation of aseptic meningitis outbreaks in Louisiana, Mississippi, Montana, and Tennessee. Echovirus 13 should be considered in the differential diagnosis of persons with aseptic meningitis.

The outbreak in Louisiana was accompanied by a similar outbreak in Mississippi.

Mississippi. During May 5-July 31, 56 cases of aseptic meningitis were reported to the Mississippi State Department of Health from one regional medical center. Of the 56 patients, 41 (73%) resided in a county adjacent to the Louisiana parish that accounted for most of the cases in Louisiana. The hospitalization rate for this Mississippi county was 111 per 100,000 population. Reported clinical symptoms included fever (75%), headache (70%), vomiting (55%), nausea (52%), and stiff neck (20%).

Editorial Note:

This is the first report of widespread circulation of echovirus 13 and of outbreaks associated with this enterovirus in the United States. Increased echovirus 13 activity also was reported in Europe during 2000 when echovirus 13 was associated for the first time with outbreaks of aseptic meningitis in England, Wales, and Germany.

Clinical manifestations of enterovirus infections are protean, ranging from asymptomatic carriage to life-threatening illness. Because echovirus 13 rarely has been isolated, the spectrum of disease associated with this virus has not been well established. Conditions previously associated with echovirus 13 are typical of enterovirus infections and include asymptomatic carriage, mild febrile illness, aseptic meningitis, respiratory diseases (e.g., coryza, pharyngitis, bronchitis, and bronchiolitis), poliomyelitis-like illness, diarrhea with fever, rash, encephalitis, and enteroviral sepsis. Aseptic meningitis is the predominant illness that has been associated with the current echovirus 13 activity in the United States and with echovirus activity reported in Europe in 2000. However, patients with meningitis are more likely to be tested for enteroviruses than are patients with milder illnesses.

In temperate climates, enteroviruses demonstrate a marked seasonality, with widespread circulation during summer and fall. A typical enterovirus season in the United States lasts from June through October. In 2001, the first isolations of echovirus 13 in the United States were reported in March. The reported outbreaks of aseptic meningitis associated with this serotype started early in the enterovirus season.

The age distribution of patients with echovirus 13 isolates and of the other cases involved in the three aseptic meningitis outbreaks indicates that young children are at highest risk for infection. A similar age distribution was observed during the aseptic meningitis outbreak associated with echovirus 13 in Germany in 2000, but the outbreaks in England and Wales predominantly affected older children.

In addition to echovirus 13, other enterovirus serotypes have been identified in these outbreaks of aseptic meningitis. The isolation of several enteroviruses in community outbreaks is not unusual because numerous serotypes commonly co-circulate. Predominant enterovirus serotypes tend to change over time. In the United

States, the serotypes most commonly reported to NESS were echoviruses 30, 6, and 7 in 1997, echoviruses 30, 9, and 11 in 1998, and echoviruses 11, 16, and 9 in 1999. Although the clinical spectrum of diseases associated with various enterovirus serotypes overlap, some manifestations of enterovirus infection are associated commonly with certain serotypes (i.e., aseptic meningitis and echovirus 30, hand-foot-and-mouth disease and coxsackievirus A16, and acute hemorrhagic conjunctivitis and enterovirus 70 and coxsackievirus A24).

Enterovirus surveillance is important for understanding circulation patterns of these viruses in the United States. In addition, this information may be helpful for evaluating potential antienterovirus drugs and in understanding the links of enteroviruses with disease. More information is needed to clarify the epidemiologic characteristics and to define better the clinical spectrum of associated diseases.

No specific prevention or control measures are available for nonpolio enteroviruses, including echovirus 13. Adherence to good hygienic practices, such as frequent and thorough hand washing (especially after diaper changes), disinfection of contaminated surfaces by household cleaners (e.g., diluted bleach solution), and avoidance of sharing utensils and drinking containers may be effective in reducing the spread of infection.

Four Types of Encephalitis Found in Louisiana in 2001

As of date, four types of arboviruses have been identified throughout the state.

The **West Nile Virus** (WNV) reached Louisiana and seems to be well entrenched. In August /September, WNV was detected in five dead birds (blue jay and crow) in Kenner (Jefferson Parish). Soon after it was detected in 3 horses in Vermillion parish.

Sporadic cases of **Eastern Equine Encephalitis** (EEE) in horses were diagnosed in 12 horses throughout the state, in the following

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Assistant Secretary, OPH

Madeline McAndrew

State Epidemiologist

Raoult Ratard, MD MPH MS

Editors

*Karen Kelso, RNC MS
Susan Wilson, MSN
Buddy Bates, MSPH*

Layout & Design

Ethel Davis, CST

parishes: Jefferson (1), Washington (1), Acadia (1), Evangeline (1), Rapides (1), Avoyelles (1), Webster (1), Bienville (1) and Ouachita (5).

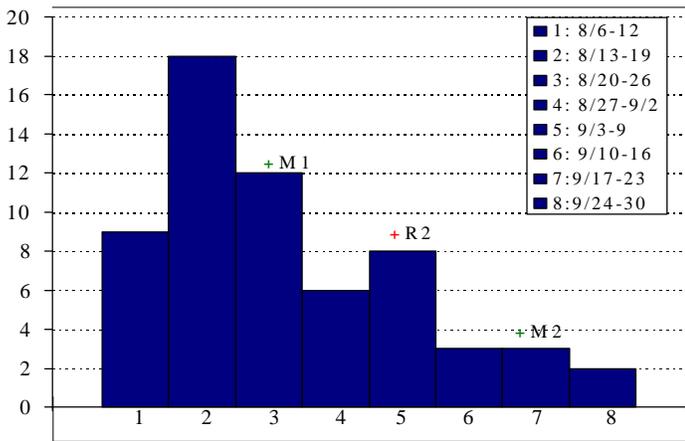
One case of **California encephalitis** (CE) viral infection was diagnosed in a child in Allen parish. Besides, 30% of Ouachita residents age 60 and over had antibodies against CE resulting from old infections.

The largest outbreak of **Saint Louis encephalitis** (SLE) occurred in Monroe starting in August and lasting up to now (end of September 2001).

Saint Louis Encephalitis Outbreak in Monroe

The SLE outbreak is now in its eighth week with a preliminary total of 61 cases in Monroe and West Monroe and 5 additional cases in adjacent parishes. The epidemic curve based on blood collection date (date disease was suspected) shows a definite slowing down (Figure 1). Cases from Morehouse parish are shown as M on the figure, and cases from Richland Parish as R on the figure.

Figure 1: Collection date; epidemic curve, by week of onset



Cases are now found at the rate of approximately 1 to 3 per week. An epidemic curve was constructed for date of infection (date of onset - 7 days). It showed that by the time the first case was diagnosed, 34 cases were already infected. Most of the cases come from low socio-economic areas. Houses are often run down, many with screens in disrepair. Backyards are usually large, with heavy brush and many trees.

There is an abundance of sources of mosquito larvae, particularly for *Cx quinquefasciatus* which is thought to be the main vector. Small containers filled with heavily polluted water are commonplace. Houses are built on short posts with leaking plumbing or air conditioning creating puddles under the houses. There are also many drainage ditches clogged with vegetation and garbage.

Clinically most cases presented with fever, meningitis syndrome with altered mental status. Tremors were common (56% of cases). There were 2 deaths. Age group distribution shows a predominance among 45 and older. Cases are presumptively diagnosed on the basis of a positive IgM for Flavi-virus. The first 4 cases were further tested by CDC lab in Ft. Collins with sero-neutralization tests. Acute and convalescent serums were collected and forwarded to CDC lab for confirmation. Brain tissue from one of the deceased patient was

also forwarded to CDC lab. Mosquito pools (*Culex quinquefasciatus*) have been sent to CDC also.

As soon as the first case was reported, a campaign of health education and increased mosquito adulticiding were implemented. Within 3 weeks, more than 95% of the population interviewed was aware of the problem and of the precautionary measures. However, riding through the affected areas in the evening, one could see people sitting in their front porch socializing, children playing in the streets.

Adulticiding targeted against pest mosquitoes was on-going before the outbreak with pyrethroid applications by trucks. After the first cases were reported to mosquito control, truck application were increased and aerial applications were started (Anvil). A team of CDC entomologists came on site August 28. Ovitrap showed that the vector species were still present in large numbers and modifications were made to adulticiding: aerial applications of dibrom, house to house spraying with back held machines. Adulticiding and larviciding activities are strengthened almost daily.

A complete summary of this outbreak will be presented in the next Louisiana Morbidity Report.

Figure 2: Cases of encephalitis by week number

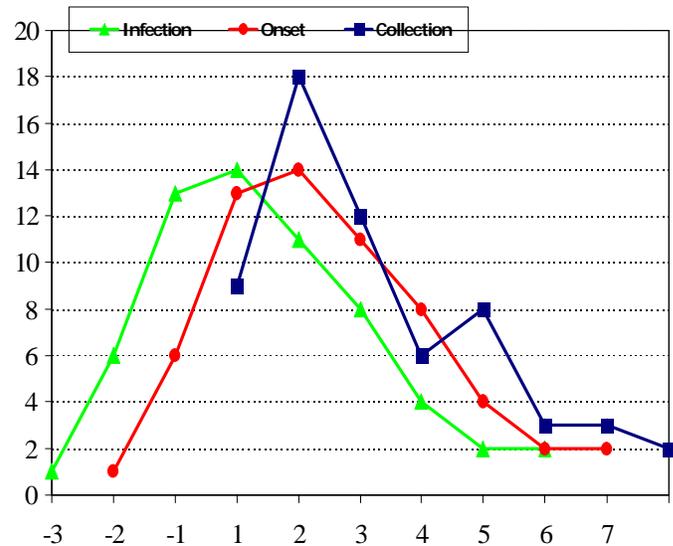
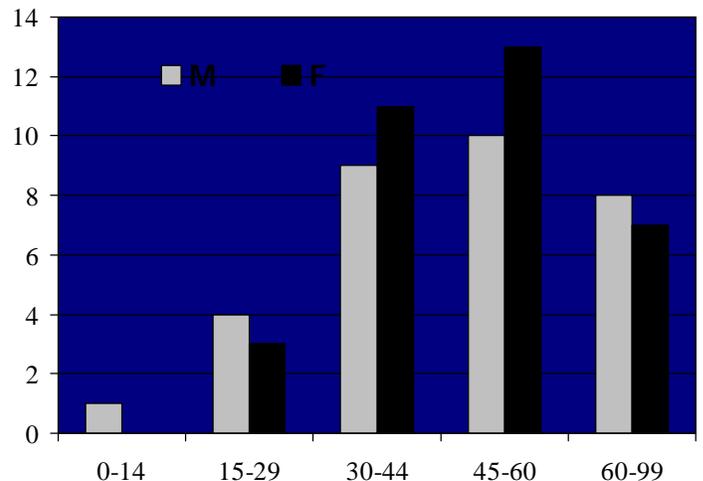


Figure 3: Cases of encephalitis by age groups



BRFSS

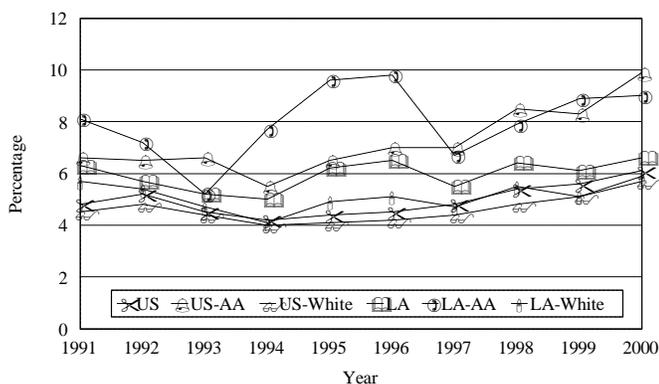
Diabetes Prevalence in Louisiana - Indicators of Care

Srikant Nannapaneni, MPH

According to the Behavioral Risk Factor Surveillance System (BRFSS), in the year 2000, an estimated 208,500 (6.7%) adult Louisianans reported having diabetes compared to 6.1% of the US population. The actual prevalence of diabetes is underestimated due to the number of individuals with undiagnosed diabetes. Louisiana ranked 7th in the nation for self-reported diabetes among adults. Diabetes was the 5th leading cause of death in Louisiana and was responsible for 2010 deaths. The mean age at the time of diagnosis for Louisianans was 47 years with a range from one year to 89 years of age.

Prevalence of self reported diabetes among African Americans in Louisiana was 9.0% compared to 5.9% for Whites. Furthermore, prevalence of diabetes among African Americans in Louisiana has been higher than that of the U.S median for African Americans for a

Figure: Prevalence of diabetes, LA and US, African Americans and Caucasians



greater part of the past decade (Figure).

Several co-existing risk factors such as high blood pressure, high cholesterol, obesity, smoking and a sedentary lifestyle can influence the course and rate of progression of diabetes. According to 1999 BRFSS results, 59% of adult diabetics were diagnosed with high blood pressure by a health professional, 38% were told that their blood cholesterol was high, 15% of diabetics were current smokers and 75% were found to be obese and/or overweight (BMI > 25 kg/m²) as calculated from self reported height and weight.

As seen in Table, several variables are used to measure the quality of diabetic care including; blood glucose measurement by the patient several times a day, annual eye exam, quarterly foot exam, biannual HbA_{1c} measurement, annual flu shot and pneumonia vaccination. Management of diabetes involves a high degree of patient awareness about the disease process and regular follow up with the physician for evaluation. Routine monitoring both by the patient and the physician are critical to prevent future complications and can be used to measure the quality of care being received by the patient.

Data from BRFSS 1999, shows that 17% of the diabetics had

difficulty in reading printed matter all the time, 7% had difficulty in recognizing people and objects across the street all the time and, 5% had vision disturbance that impaired their watching television all

Table: Indicators of diabetic care, BRFSS 2000

Indicator of Care	% Yes
Twice Daily Blood Glucose Measurement	15%
Annual Eye Exam	16%
Quarterly Foot Exam	12%
Bi-annual HbA _{1c} Measurement	12%
Annual Flu Shot	56%*
Pneumonia Vaccination	23%*

*BRFSS 1999

the time. These numbers reflect the prevalence of retinopathy resulting from uncontrolled or poorly controlled diabetes.

Diabetes is a chronic disease and usually manifests as one of the two major types: type 1, mainly occurring in children and adolescents 18 years and younger, in which the body does not produce insulin; or type 2, occurring usually in adults over 30 years of age, in which body's tissues become unable to use the limited amount of insulin effectively. The former group requires life long supplementation with insulin whereas the latter can be treated with drugs or a combination of drugs and insulin.

Diabetes can affect nearly every organ system of the body. Uncontrolled or poorly controlled diabetes is the most frequent cause of blindness among working-age adults; the leading cause of non-traumatic lower extremity amputation and end-stage renal disease; and a principal cause of congenital malformations, perinatal mortality, premature mortality, and disability. Diabetes is also a known risk factor for cardiovascular disease and accounts for a large proportion of deaths due to cardiovascular disease.

The Diabetes Control Program at Louisiana Office of Public Health is a part of the Chronic Disease Control Program and works closely with the Cardiovascular Health and Tobacco Control Program to reduce the burden of diabetes in the state. Current activities include the development of a statewide diabetes information database using various data sources and the development of a statewide strategic plan. For further information about the activities of the Diabetes Control Program, please contact Ms. Shawn B. Williams at (504) 568-7210.

Bioterrorism References

JAMA Consensus Statements

- Anthrax as a biological weapon, 1999; 281: 1735-1745
- Botulism toxin as a biological weapon. 2001; 285: 1059-1070
- Plague as a biological weapon. 2000; 283: 2281-2290
- Smallpox as a biological weapon. 1999; 281: 2127-2137
- Tularemia as a biological weapon. 2001; 285: 2763-2773

CDC: www.cdc.gov

- www.bt.cdc.gov/Agent/Agentlist.asp
- APIC: www.apic.org/bioterror/
- Michigan DOH: www.mapp.org/epi/info
- Military: ccc.apgea.army.mil/documents/html_restricted/index_2htm

Haff Disease ... What's Causing It?

In the last issue of the Louisiana Morbidity Report we reported on a small outbreak of Haff disease.

In summary: Within seven days of the first case, there were seven people who were hospitalized with a similar history of chest pain and shortness of breath, nausea and sweating. They all ate crawfish purchased at the same establishment and developed symptoms within 3 to 16 hours (mean 8hours) of their meal. Five were hospitalized and recovered swiftly without sequelae. They all had a rise in CPK to 6-8000 which went back down in a few days. They were diagnosed with acute rhabdomyolysis of undetermined etiology. A bibliographic review showed that this outbreak is characteristic of **Haff disease**, a rare little known disease. Several cases had been reported in the USA in 1997. All had eaten buffalo fish that originated from Louisiana and Missouri. Buffalo fish (*Ictiobus cyprinellus*) is a bottom-feeding freshwater fish similar to carp.

Although the etiology has never been confirmed, it appears that the buffalo fish or the crawfish have consumed the roots of water hemlock which contains a toxin capable of causing rhabdomyolysis.

Water hemlock, also named Beaver poison or Musgrath poison is a fall plant that is grown in swamps or wet grounds. In the underground there is a bundle of chambered tuberous roots. The roots are toxic. The toxin, called cicutoxin is an unsaturated long chain aliphatic alcohol. Rhabdomyolitis is one of the major effects of cicutoxin. Poisoning of cattle by water hemlock is a common occurrence.

Pregnant Women and Smoking - Louisiana

Srikant Nannapaneni, MPH

In Louisiana data on smoking during pregnancy is gathered through two sources; the State Center for Health Statistics (Vital Statistics) and the Louisiana Pregnancy Risk Assessment and Monitoring System (La PRAMS). Vital Statistics data is gathered through information reported on birth certificates. La PRAMS is a survey designed to identify and monitor selected maternal behaviors that occur before and during pregnancy and during a child's early infancy.

According to 1999 Vital Statistics Data, a total of 6722 (10.1%) pregnant women smoked during pregnancy. Overall smoking rates among pregnant women in Louisiana have decreased by 33% over the last decade mirroring similar declines across the rest of the nation. As seen in Figure 1, Caucasian women (13.7%) in Louisiana were more likely to smoke during pregnancy compared to African American women (5.2%). While smoking among pregnant women overall has decreased, smoking among pregnant teenagers is increasing. As seen in Figure 2, smoking rates have increased from 8.6% in 1994 to 10.6% in 1999. Furthermore a large racial disparity exists with one in five white teenagers (21.6%) smoking during pregnancy compared to 2.9% of African American pregnant teenagers.

According to 1999 La PRAMS data, an estimated total of 7784 (12.3%) pregnant women (with live births) in Louisiana smoked during the last three months of pregnancy. Higher rates of smoking during pregnancy were observed among Whites (17.9%), women less than 20 years of age (14.5%), women with less than high school level of education (19.9%), and women who are not married (15.9%).

Smoking during pregnancy is associated with increased risks for pregnancy complications, premature rupture of membranes, and modest increase in risk for preterm delivery. Evidence shows that maternal tobacco use is associated with low birth weight, mental retardation and birth defects such as oral clefts in the newborn. Research suggests intrauterine exposure and passive exposure to secondhand smoke after pregnancy are associated with an increased risk of Sudden Infant Death Syndrome (SIDS) in infants.

The Tobacco Control Program at the Louisiana Office of Public Health is currently involved in developing activities for increasing public awareness about the harmful effects of smoking or exposure to Environmental Tobacco Smoke during pregnancy and operates a quit line to help individuals who are willing to quit or need information on how to quit. For more information about quitting tobacco use please call the Toll Free help line 1-800-LUNG-USA (586-4872). Further information about quitting smoking during pregnancy can be obtained by calling the Louisiana Maternal and Child Health Program at 1-800-251-BABY (2229).

Figure 1: Smoking rates among pregnant women in Louisiana, 1999

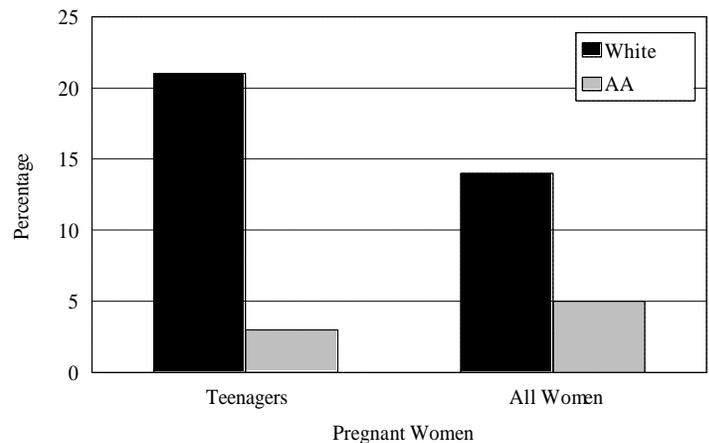
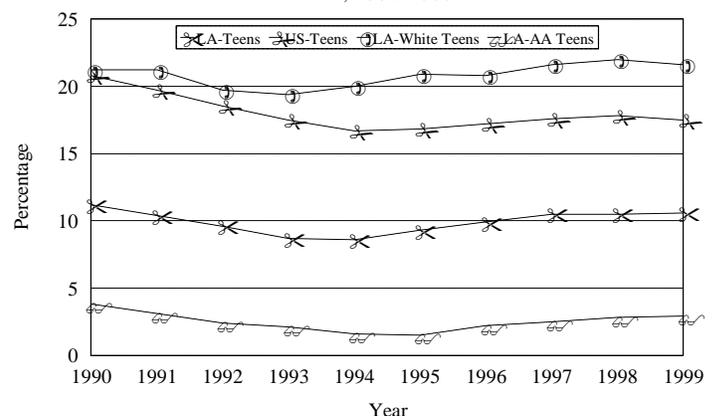


Figure 2: Trends in smoking during pregnancy among teenagers, Louisiana, 1990-1999



LOUISIANA COMMUNICABLE DISEASE SURVEILLANCE
July - August, 2001
PROVISIONAL DATA

Table 1. Disease Incidence by Region and Time Period
HEALTH REGION TIME PERIOD

DISEASE	HEALTH REGION									TIME PERIOD					
	1	2	3	4	5	6	7	8	9	Jul-Aug 2001	Jul-Aug 2000	Jan-Aug Cum 2001	Jan-Aug Cum 2000	% Chg	
Vaccine-preventable															
<i>H. influenzae (type B)</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	-	
Hepatitis B Cases	6	0	0	2	0	0	1	1	2	14	9	73	81	-10	
Rate ¹	0.6	-	-	0.4	-	-	0.2	0.3	-	0.3	0.2	1.7	1.9		
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	0	0	4	-	
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	1	-	
Pertussis	0	0	0	0	0	0	0	1	0	1	5	4	12	-67	
Sexually-transmitted															
HIV/AIDS Cases ²	37	16	1	3	0	4	9	5	2	77	197	510	798	-36.0	
Rate ¹	3.7	2.8	0.3	0.6	-	1.3	1.8	1.4	0.5	1.8	4.5	11.7	18.3		
Gonorrhea Cases	741	299	110	161	63	60	414	169	85	2102	2434	8209	8794	-6.7	
Rate ¹	71.3	52.6	29.2	31.2	23.5	19.7	81.8	48.1	22.1	49.8	57.7	194.5	208.4		
Syphilis (P&S) Cases	4	16	4	1	1	0	0	0	2	28	51	95	145	-34.5	
Rate ¹	0.4	2.8	1.1	0.2	0.4	-	-	-	0.5	0.7	1.2	2.3	3.4		
Enteric															
Campylobacter	6	2	0	4	0	0	1	0	3	32	6	103	68	+51	
Hepatitis A Cases	10	0	1	0	0	0	0	1	1	14	10	69	48	+44	
Rate ¹	1.0	-	0.3	-	-	-	-	0.3	0.3	0.3	0.3	1.6	0.9		
Salmonella Cases	12	26	18	17	2	7	6	9	10	208	66	531	237	+124	
Rate ¹	1.2	4.6	4.8	3.3	0.7	2.3	1.2	2.6	2.6	4.9	0.9	12.6	2.6		
Shigella Cases	8	4	1	2	0	0	2	0	1	31	16	166	130	+28	
Rate ¹	0.8	0.7	0.3	0.4	-	-	0.4	-	0.3	0.7	0.4	3.9	2.0		
Vibrio cholera	0	0	0	0	0	0	0	0	0	0	0	0	3	-	
Vibrio, other	2	0	1	1	0	0	0	0	1	6	3	19	19	0	
Other															
<i>H. influenzae (other)</i>	0	0	0	0	0	0	0	0	0	0	3	1	11	-91	
<i>N. Meningitidis</i>	2	0	1	1	0	0	1	0	0	5	4	60	32	+87	
Tuberculosis	26	2	0	12	3	0	0	3	0	46	42	240	164	+46	

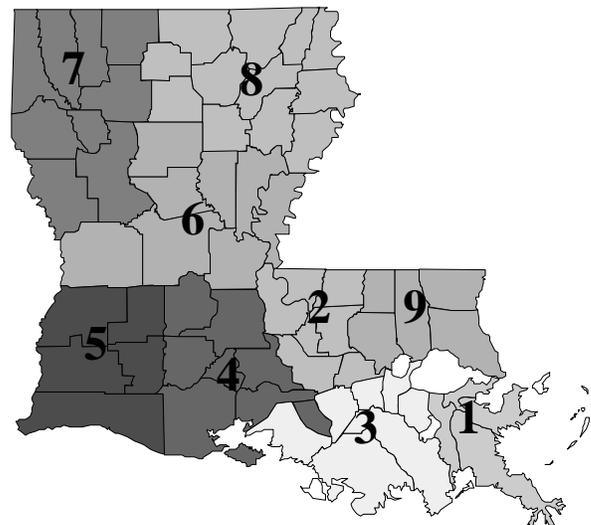
1 = Cases Per 100,000

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
Legionellosis	6
Lyme Disease	3
Malaria	5
Rabies, animal	7
Varicella	52

Rabies data for July/August is not available



ANNUAL SUMMARY

Pertussis - 2000

The number of pertussis cases reported in Louisiana for Year 2000 more than doubled from the total in 1999 of 9 cases (Figure 1). Females accounted for 53% of the reported cases while males accounted for 47%. Fifty-three percent of the cases were Caucasian versus 26% for African Americans. Eleven children less than five years old accounted for the majority of the cases (Figure 2). Five cases were between five and 19 years of age while one case occurred in the 55 to 65 year old age group. Parishes reporting cases were: Jefferson and St. Tammany (3 cases each), East Baton Rouge, Morehouse, and St. John the Baptist (two case each). Five cases were up-to-date for age with the DTP (diphtheria, tetanus, and pertussis) vaccine, two cases were too young to be have been vaccinated, and five cases had unknown vaccination histories. Six cases were hospitalized. Eight cases were reported to have coughing episodes and of these cases, six cases manifested characteristic whooping cough. No cases were associated with daycare.

Figure 1: Cases of pertussis in Louisiana 1990-2000

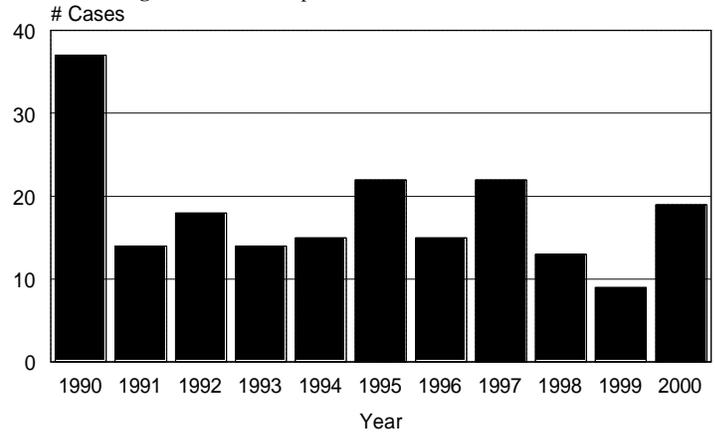
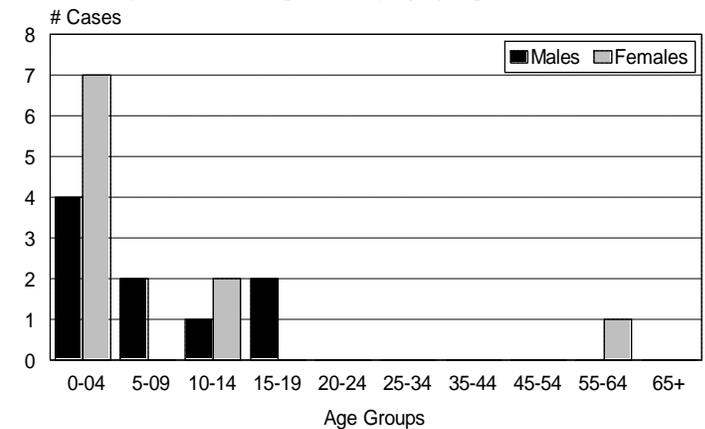


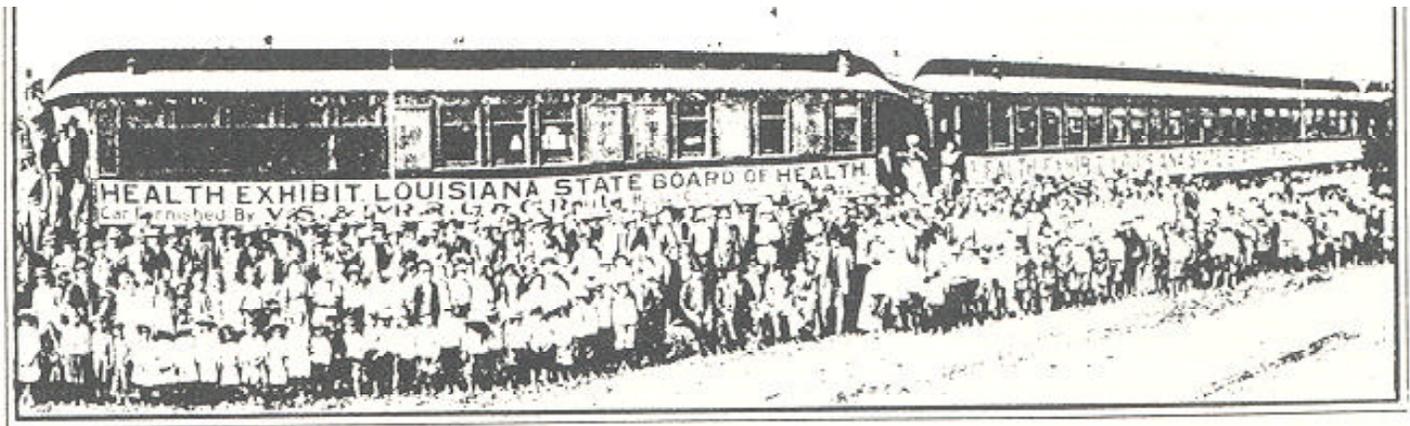
Figure 2: Cases of pertussis by age group and sex, 2000



Louisiana Fact

Dr. Oscar Dowling, State Health Officer, proposed equipping a "health train" to teach the lessons of public health to school children in every Louisiana community serviced by the railroad. An exhibition car, according to the State Health Officer, would contain exhibits on tuberculosis, hookworm, pellagra, hygienic methods, and other relevant topics. Free transportation was furnished to campaign workers by Louisiana rail lines for a total of 10,623 miles during the eight months of the initial tour. Dr. Dowling announced October 19, 1910 that every town of 250 or more inhabitants would be visited by the Health Train.

The train moved slowly across north Louisiana stopping at town after town throughout November and part of December. On some days more than 1,000 students crowded into the two exhibit cars bearing across the outside huge banners proclaiming "Health Exhibit, Louisiana State Board of Health." (Excerpt from *The Progressive Years* by Gordon E. Gillson)



View of health exhibit train on visit to Lafayette, La.

LIST OF REPORTABLE DISEASES/CONDITIONS

REPORTABLE DISEASES

OTHER REPORTABLE CONDITIONS

Acquired Immune Deficiency Syndrome (AIDS)	Hepatitis, Acute (A, B, C, Other)	Rubella (German measles)	Cancer
Amebiasis	Hepatitis B carriage in pregnancy	Rubella (congenital syndrome)	Complications of abortion
Arthropod-borne encephalitis (Specify type)	Herpes (neonatal)	Salmonellosis	Congenital hypothyroidism*
Blastomycosis	Human Immunodeficiency Virus (HIV) infection ³	Shigellosis	Severe traumatic head injury**
Botulism ¹	Legionellosis	Staphylococcus aureus (infection; resistant to methicillin/oxacillin or vancomycin)	Galactosemia*
Campylobacteriosis	Lyme Disease	Streptococcus pneumoniae (infection; resistant to penicillin)	Hemophilia*
Chancroid ²	Lymphogranuloma venereum ²	Syphilis ²	Lead Poisoning
Chlamydial infection ²	Malaria	Tetanus	Phenylketonuria*
Cholera ¹	Measles (rubeola) ¹	Tuberculosis ⁴	Reye's Syndrome
Cryptosporidiosis	Meningitis, other bacterial or fungal	Typhoid fever	Severe under nutrition (severe anemia, failure to thrive)
Diphtheria	Mumps	Varicella (chickenpox)	Sickle cell disease (newborns)*
Enterococcus (infection; resistant to vancomycin)	Mycobacteriosis, atypical ⁴	Vibrio infections (excluding cholera) ¹	Spinal cord injury**
Escherichia coli 0157:H7 infection	Neisseria meningitidis infection ¹		Sudden infant death syndrome (SIDS)
Gonorrhea ²	Pertussis		Traumatic Brain Injury
Haemophilus influenzae infection ¹	Rabies (animal & man)		
Hemolytic-Uremic Syndrome	Rocky Mountain Spotted Fever (RMSF)		

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

Web site: <http://www.dhh.state.la.us/oph/infectepi/default.htm>

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**DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
P.O. BOX 60630 NEW ORLEANS LA 70160**

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