



## MONTHLY MORBIDITY REPORT

**PUBLIC HEALTH STATISTICS and  
DIVISION OF DISEASE CONTROL**

### WORLD'S FAIR DISEASE SURVEILLANCE PROJECT

The Louisiana World's Fair is expected to draw several million visitors to the New Orleans area between May and November 1984. Crowds of this magnitude, concentrated in a relatively small area, will increase the potential for outbreaks of various infectious diseases. An active surveillance system is currently being developed to monitor for these occurrences in the Greater New Orleans Metropolitan area.

The project is being coordinated by the Disease Control Division of the Louisiana Office of Health Services and Environmental Quality, in association with the New Orleans Health Department and the Centers for Disease Control. The primary objective of the project is rapid identification and investigation of suspected outbreaks of food borne, waterborne, and febrile rash illnesses that may be contracted on the Fairsite. These illnesses require incubation and may not be detected by the onsite medical facility. The data collected should also be useful in estimating the overall health impact of the Fair on Metro New Orleans.

The focus of active surveillance will be a network of Emergency Service providers in the Greater New Orleans Metropolitan area, primarily hospital Emergency Rooms. It is hoped that a sufficient number of hospitals will participate in the project in order to screen at least 90% of the 56,000 monthly Emergency Room visits in the New Orleans area for Fair contact. The surveillance area will extend north to Covington, east to Slidell and Chalmette, west to Metairie, the

Central Business District and Uptown areas of New Orleans, and the Westbank. To date, 14 of 16 target hospitals, which see a combined total of 52,000 patients per month, have agreed to participate.

Persons seen in these facilities will be questioned about Fairsite contact in the 3 days prior to the onset of their illness. Patients identified with Fair contact will have a short surveillance form attached to their ER chart and their illness will be categorized into one of 6 broad groups: gastrointestinal, respiratory, heat-related, trauma/injury, rash/exanthem and "other". Additional information to be included on the form will be the patient's age, diagnosis, and date of onset of illness. In the case of gastrointestinal and febrile rash illnesses, the patient's name, address, and telephone number should be included to facilitate case investigation. This will not conflict with patient confidentiality, as Chapter 2 of the Louisiana Sanitary Code already mandates reporting of these illnesses (suspected foodborne illness, measles, rubella) with personal identifiers.

The data will be collected from each cooperating facility on a daily basis by telephone, combined with data from other facilities, and analyzed for trends. All, or a representative sample, of these cases will be investigated. Surveillance forms will be collected from each facility on a weekly basis or as necessary. Investigation of individual cases will be conducted by Disease Control personnel and state sanitarians. Assistance may be requested from parish

health unit personnel if suspect cases are identified in their areas.

Active surveillance of patients seen in offices of private physicians in the New Orleans Metro area, physicians and health care facilities outside the New Orleans area, and in individual parish health units will not be possible for logistic reasons. The Disease Control Division would, however, like to encourage participation of these groups on a voluntary basis. Any illness that could possibly have been contracted on the Fairsite - especially gastroenteritis or febrile rashes - should be reported. Any suspected case of measles should be reported immediately, even if there has been no Fair contact. Surveillance forms will be supplied

on request.

Monthly project status reports will be published in the Louisiana Monthly Morbidity Report. More frequent reports will be provided to project hospitals and to interested physicians.

There is no reason to believe that outbreaks of any kind will occur on the Fairsite. But it is prudent to have a system in place to provide rapid evaluation and control should a problem arise. For more information, or to report suspected Fair-related illness, call the Disease Control Division, Louisiana Office of Health Services and Environmental Quality at 504-568-5005 weekdays, or 504-488-4516 nights or weekends.

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## AIDS UPDATE

Since reporting began in 1982, a total of 25 patients meeting the Centers for Disease Control (CDC) surveillance definition of the Acquired Immunodeficiency Syndrome\* (AIDS) have been reported to the Louisiana Office of Health Services and Environmental Quality. An additional four patients with opportunistic infections and probable AIDS have also been reported, but information for these cases is incomplete and will not be included in this summary.

Twenty-three of these 25 patients, or 92%, are male. Their mean age is 36 years, with a range of 23 to 58 years. Thirteen (52%) are between 30 and 39 years old; and twenty-three, or 92%, are between 20 and 49

years old. Fourteen patients (56%) are white and 11 are black. Fourteen (56%) have died.

Seventeen (68%) of these 25 patients are homosexual or bisexual. Three patients are known to have used intravenous drugs in addition to being homosexual or bisexual. One patient's only apparent risk factor was receiving two units of blood approximately 3 years prior to the onset of his immune suppression. Seven patients (28%) have no apparent, or unknown, risk factors. There have been no cases reported in Haitians, hemophiliacs, health care workers or pediatric patients.

Cases have been reported from seven

\*Any patient counted as a case of AIDS must meet the following criteria:

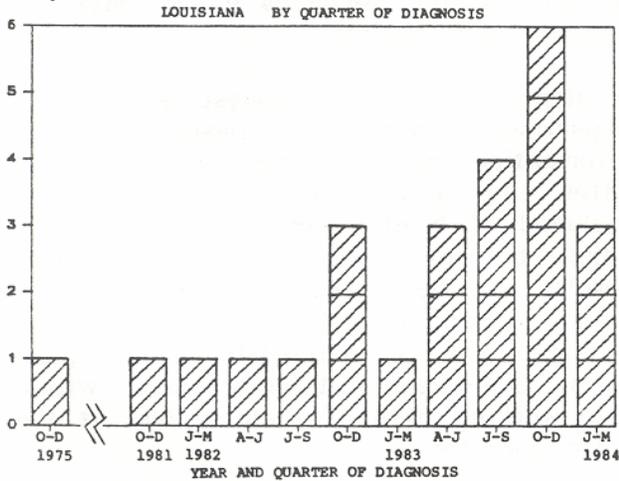
- 1) The presence of a reliably diagnosed disease at least moderately indicative of cellular immune deficiency, such as Pneumocystis carinii pneumonia, or Kaposi's sarcoma in a patient less than 60 years of age, AND
- 2) Absence of known causes of underlying immune deficiency and of any other reduced resistance reported to be associated with the disease, such as immunosuppressive therapy or lymphoreticular malignancy.

parishes. Twenty (80%) of the 25 are from the New Orleans Metropolitan area (Orleans-15, Jefferson-4, St. Bernard-1). Two patients resided in Caddo parish, with one each from Iberia, Natchitoches and St. Mary parishes.

Fourteen patients (56%) have had Pneumocystis carinii pneumonia, either alone or in association with another opportunistic infection, as their primary diagnosis. Four have had Kaposi's sarcoma. The remaining seven patients have had a variety of other opportunistic infections as their primary diagnosis: cerebral toxoplasmosis-2, Candida esophagitis-2, Cryptococcus neoformans meningitis-2, and disseminated Mycobacterium avium-intracellulare infection-1.

Fourteen (56%) of the 25 cases were diagnosed in 1983. Three have been diagnosed thus far in 1984. The Disease Control Division has received reports of an average of one new case per month since mid - 1983. See epidemic curve below.

**ACQUIRED IMMUNODEFICIENCY SYNDROME**



In 22 patients for whom complete information is available, the average time

from onset of symptoms until diagnosis of AIDS has been 2.6 months, with a range of less than one to 8 months. The average time from diagnosis to death in 11 of the 14 who have died is 8 months, with a range of less than one to 42 months.

Nationally, 4,271 cases of AIDS have been reported to the CDC as of May 1. The patient characteristics, or risk groups, have remained relatively stable for the last several months. Homosexual or bisexual men account for 77% of all cases; intravenous drug users, 15%; Haitians, 4%; hemophiliacs, 1%; no, or unknown, risk factors, 4%. Forty-four percent have died. The majority of AIDS cases have been reported from New York State and California, with 43% and 23% of the total, respectively. Approximately 93% of the cases reported from New York State have been from New York City. Louisiana currently ranks 16th in the nation in states or territories reporting AIDS. It should be noted, however, that these 25 cases account for less than 1% of all cases.

AIDS is now a reportable disease in Louisiana and the Disease Control Division continues to encourage telephone reporting of suspected cases. The Centers for Disease Control discourages direct telephone reports of cases from physicians. All reports should be submitted through the state health department. In order to insure patient confidentiality, no patients' names are reported to the CDC. Names are coded and the patients are assigned a state case number before the surveillance form is forwarded to CDC. Any investigation or patient follow-up is done by the Epidemiology Section.

To report a possible case of AIDS, please call the Disease Control Division, Louisiana Office of Health Services and Environmental Quality, at 504-568-5005, Monday through Friday, 8:00 AM to 4:30 PM.

## VECTOR-BORNE ENCEPHALITIS SURVEILLANCE-1983

No confirmed human cases of arboviral encephalitis of any type were reported in Louisiana in 1983. More than 6,100 bird bloods were submitted to the state laboratory for testing from nine parishes; eighteen adult birds were found to have low-titer antibody levels. Eight horses, mostly in the southern half of the state, were serologically confirmed or presumptive positive for Eastern Equine encephalitis .

Nationally, 102 human cases of arboviral encephalitis were reported to the Centers for Disease Control (CDC) Division of Vector-Borne Viral Diseases in Fort Collins, Colorado. Nineteen cases of St. Louis encephalitis were reported, most from an outbreak in California and Arizona. One case was reported from Texas and one from Florida. Sixty-two cases of California encephalitis (CE) were reported, primarily from residents of states bordering the Great Lakes. One case was reported from Arkansas. Eighty-two percent of all cases of CE reported were in children less than 10 years old. Fourteen cases of Eastern Equine encephalitis were reported, five of which were fatal. Six of these cases were from Massachusetts, three from Florida, and the remainder from Georgia, Rhode Island, Indiana and New York. Seven cases of Western Equine encephalitis (WEE) were reported, five of which were from North or South Dakota. One case of WEE occurred in Texas.

With the return of warm weather and increased mosquito activity, arboviral encephalitis season will soon follow. Again this year, the Epidemiology section would like to encourage physicians to report suspect cases of encephalitis and submit sera for testing. We would encourage submission of sera from patients with any febrile

central nervous system syndrome: headache, meningismus, confusion, coma, seizures, and/or low-grade Cerebral Spinal Fluid pleocytosis.

The state laboratory offers Hem-agglutination Inhibition testing, free of charge, for St. Louis, Eastern, Western, Venezuelan and California encephalitis. A four-fold rise in HI titer in paired specimens, drawn 2-3 weeks apart, is diagnostic. A single high-titer convalescent specimen is presumptive positive. Single acute specimens are of no diagnostic value and will not be tested alone. Single acute specimens will be held at the state lab for several weeks and be tested immediately if a convalescent specimen is submitted.

A concerted effort is being made by the state laboratory and the Disease Control Division to minimize reporting time. Specimens that are positive or presumptive positive will be reported to the physician by telephone the day the results are obtained. Notification in writing will follow within five working days. Specimens that are negative will be reported to the physician in writing within seven working days of completion of testing.

A standard state lab request is the only paperwork needed. Basic patient information (name, address, age) and the dates the sera were drawn should be included. A brief history of the patient is helpful but not mandatory. Return of these results will be greatly facilitated if the name, address, and telephone number of the physician is given on the laboratory request form. Specimens will be processed within five working days of their arrival at the state laboratory.

Taken in part from the annual Hyman Arboviral Encephalitis Summary from the Centers for Disease Control, Division of Vector-Borne Viral Diseases.

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