Amebiasis

Amebiasis is no longer a reportable disease in Louisiana. Outbreaks, however, should still be reported.

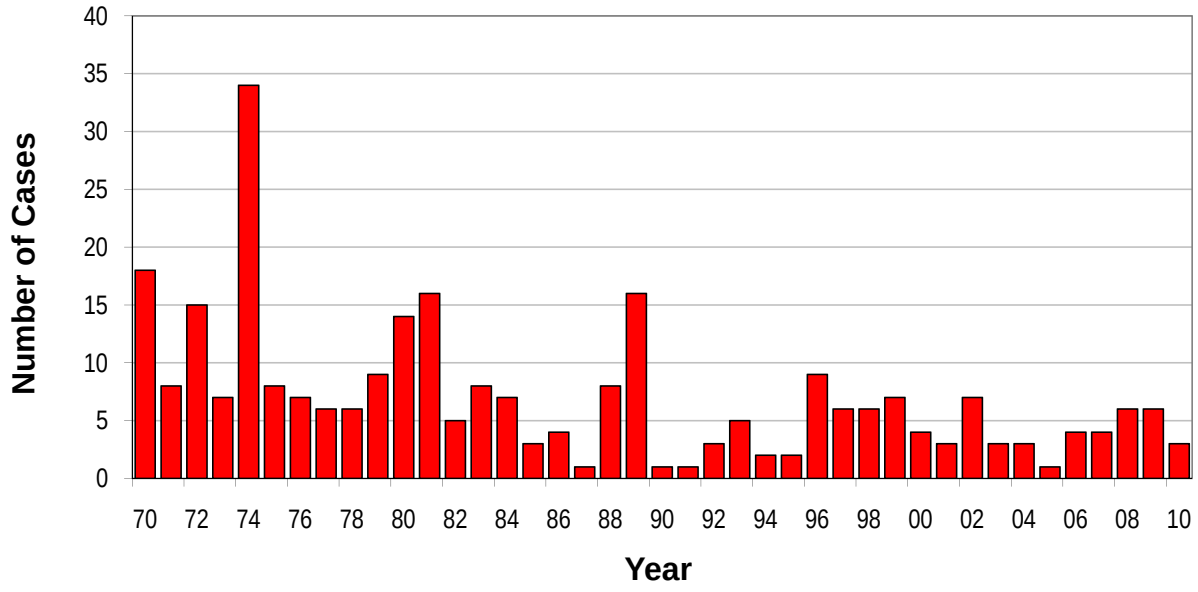
Amebiasis (amoebiasis) is a parasitic infection caused by *Entamoeba histolytica* or *Entamoeba dispar*.

Entamoeba histolytica can be found world-wide but is more prevalent in persons of lower socioeconomic status who live in developing countries where the prevalence of amebic infection may be as high as fifty percent.

There is no recent data on prevalence of Entamoeba in the U.S., however, prevalence is estimated at one percent of the population. High risk groups are refugees, recent immigrants, travelers (particularly those who have spent long periods of time in an endemic area), institutionalized people (particularly developmentally or mentally-impaired people), and men who have sex with men.

The number of cases reported within Louisiana is usually low, less than ten cases per year with a few exceptions. (Figure 1)

Figure 1: Amebiasis cases - Louisiana, 1970-2010



Hospitalization

Hospitalization surveillance is based on the Louisiana Inpatient Hospital Discharge Data (LaHIDD). In 1997, the Louisiana legislature mandated the reporting of hospital discharge data. LaHIDD serves as the state registry containing hospital discharge data submitted to the

Department of Health and Hospitals (DHH). The Office of Public Health (OPH) is responsible for making the data available to OPH sections as needed. The Infectious Disease Epidemiology Section uses these data sets for the surveillance of infectious diseases in hospitals. The data is available with a delay of two years. LaHIDD data sets contain demographic information (names, gender, age, date of birth, address, admit diagnosis, discharge diagnoses (main plus eight more diagnoses), procedures (main plus five), charges, length of stay and hospital name. The diagnoses and procedures are coded with ICD-9 codes.

Repeat hospitalizations are not included. Records of patients with Amebiasis were extracted using the following ICD9 codes, whether in the main diagnosis or in the eight additional secondary diagnoses:

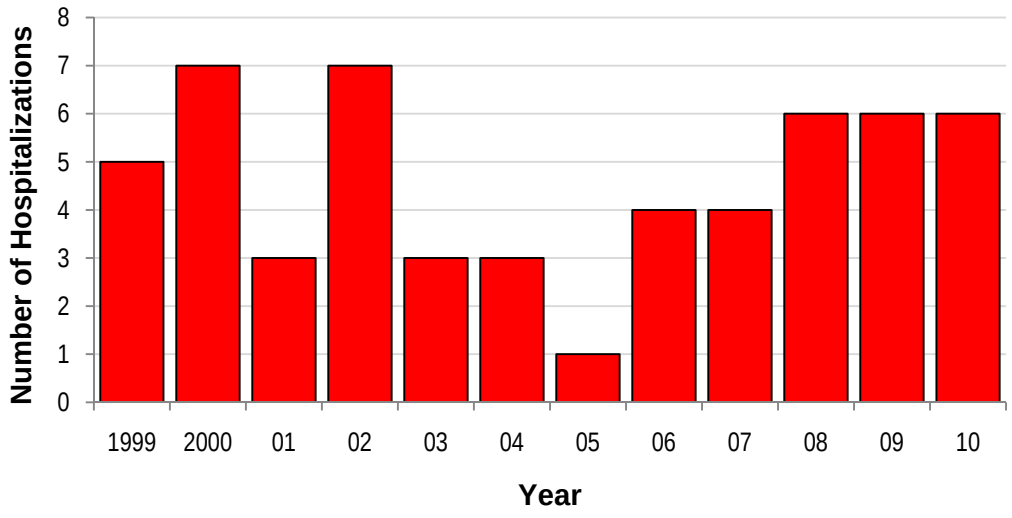
CODE	DISEASE
006	Amebiasis
006.0	Acute Amebic Dysentary without mention of abscess
006.1	Chronic Intestinal Amebiasis without mention of abscess
006.2	Amebic Nondysenteric Colitis
006.3	Amebic Liver Abscess
006.4	Amebic Lung Abscess
006.5	Amebic Brain Abscess
006.6	Amebic Skin Ulceration
006.8	Amebic Infection of other sites
006.9	Amebiasis, unspecified

Hospitalization Numbers, Rates and Trends

The following statistics are based on unduplicated patients.

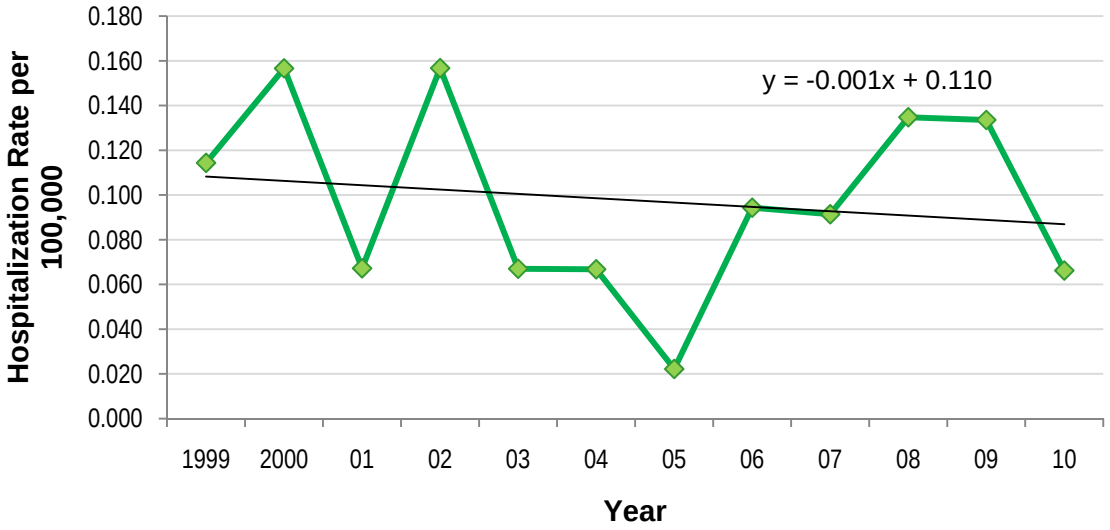
For the entire period, the hospitalization rate was 0.10 per 100,000 population; rates ranged from 0.02 to 0.16 per 100,000 population. The number of hospitalizations ranged from one to seven. (Figure 2)

Figure 2: Amebiasis hospitalizations – Louisiana, 1999-2010



Hospitalization rates due to Amebiasis have been steady since 2008. Peak hospitalization rates were seen in 2000 and 2002 (0.16 per 100,000). The lowest hospitalization rates occurred in 2005, (0.02 per 100,000). The regression line shows a slope of decreasing rate of 0.0019 per 100,000 population per year. (Figure 3)

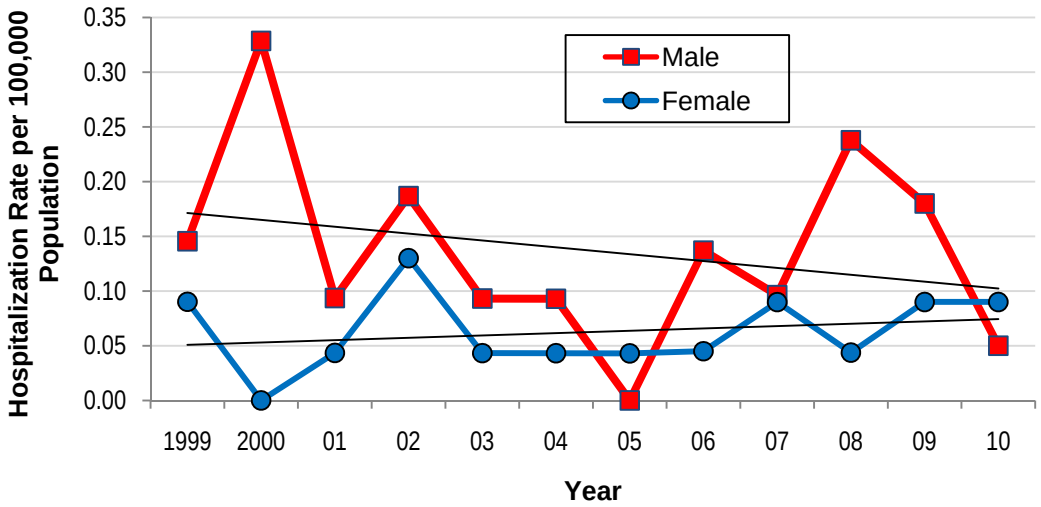
Figure 3: Rate of Amebiasis hospitalizations per 100,000 population - Louisiana, 1999-2010



Gender

The trends in hospitalization by gender have been variable in the years 1999 to 2010. The overall rate of Amebiasis hospitalization was 0.14 for males and 0.06 for females. Currently, based on trend lines, male hospitalization rates for Amebiasis are decreasing and rates for females remain at a steady rate, increasing at a rate of 0.0021 per 100,000 population. (Figure 4)

Figure 4: Hospital rates for Amebiasis by gender – Louisiana, 1999-2010



Race

Rates were not calculated due to the small number of cases and high proportions of unknown.

Age Group

Amebiasis generally targets those individuals who live in tropical areas with poor sanitary conditions, although anyone can acquire this disease. Rates by age group were very low, showing no major differences by age group: 0 per 100,000 in children in age group newborn to 14 years; 0.07 in older children and adult age group 15 to 64 years; 0.19 in the elderly 65 years and over.

Seasonality

Seasonal variation has been recorded in other tropical areas overseas where Amebiasis is more prevalent. However, this seasonal component generally surrounded water shortages where the consumption of contaminated water became more prevalent. Consistent with the United States, Louisiana's cumulative data for the years 1999 to 2010 show that Amebiasis hospitalization rates do not have a seasonal component.

Clinical data

Most cases are intestinal (75%) with 23% amebic liver abscesses and only one lung abscess.

Mortality

There was one death attributed to Amebiasis in 2000.