



Memorandum

Date: January 22, 2015

To: Southern Nevada District Board of Health

From: **Cassius Lockett, PhD, MS**, *Director of Community Health*
Joseph P Iser, MD, DrPH, MSc, *Chief Health Officer*

Subject: Community Health Division Monthly Report – Part 2 of 2

I. OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION (OCDPHP)

1. Tobacco Control Program (TCP):

- A. Staff worked with the SNHD Public Information Office (PIO) to develop a press release related to the November 20 Great American Smokeout, an annual event to promote tobacco use cessation. Several news outlets covered the story. The SNHD PIO also developed social media graphics to promote the Nevada Tobacco Quitline from November 3-20 to support the Great American Smokeout. National Jewish Health began providing telephonic cessation services to Nevada residents on September 10 under the name Nevada Tobacco Quitline. They launched their new website, with an online enrollment component, in October.
- B. Tobacco Control Program staff continues to provide technical assistance (TA) for organizations interested in protecting the health of employees and patrons through voluntary smoke-free policies. In November, staff provided TA and signage to the Boulder City Hospital, which will be implementing a tobacco-free campus policy in December.

2. Chronic Disease Prevention Program (CDPP):

- A. In partnership with the SNHD Information Technology office, the Chronic Disease Prevention team has developed and launched two mobile applications (apps) – the Neon to Nature and the Sugar Savvy Beverage apps. Both apps were promoted during the month of November, leading to dramatic increases in the number of mobile app downloads. Neon to Nature mobile app downloads increased by over 800 during the month, and Sugar Savvy Beverage app downloads increased by over 80.
- B. SNHD issued a press release to commemorate Diabetes Awareness Month and staff wrote an article that appeared in the November Urban Voice newsletter. These efforts resulted in staff participating in two Spanish interviews and one live

interview on Channel 13 to talk about diabetes. Staff also coordinated an awareness campaign using social and earned media for Diabetes Awareness Month in November. Efforts included placement of spotlights on the Get Healthy website, which were viewed 563 times in November. Staff also coordinated messages on social media. The Diabetes Resource Directory (in English and Spanish) was downloaded 1,167 times in November. Staff also participated in several community events during November to share diabetes and chronic disease prevention materials. Between outreach events and materials provided to partners, staff distributed over 6,000 pieces of educational materials.

3. Injury Prevention Program (IPP):

- A. As of the end of November there have been 33 submersion incidents with one fatal drowning. Twenty-six (79%) of the incidents have occurred in pools: 19 (73%) in residential pools and 7 (27%) in public pools. Twenty-nine (88%) of the incidents (including the fatality) involved children under 4 years of age. Race/ethnicity data is available for 20 of the cases: Caucasian; 9 (45%), Hispanic; 7 (35%), Asian /PI; 1 (5%), Black; 3 (15%).

II. OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)

1. December Meetings:

A. Drug/Device/Protocol (DDP) Committee

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The Drug/Device/Protocol Committee elected Dr. Bryan Bledsoe as the new chairman and Dr. Michael Barnum as the new vice-chairman for two-year terms beginning January 1, 2015. The committee voted to send the "Termination of Resuscitation" protocol to the Education Committee to develop an educational approach to increasing understanding of the protocol focusing on EMS field crews, emergency department physicians, and the general public. Further discussion about the effectiveness of therapeutic hypothermia in managing cardiac arrest patients who have a return of spontaneous circulation was referred to the EMS QI Directors Committee to determine if the issue can be studied locally.

B. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

Dr. Iser reported that the Health District is continuing to address public concerns with regard to the Ebola issue.

The MAB removed the mandatory requirement that 12 hours of continuing education for recertification be done in a classroom setting. Those hours can now be obtained through distributive education, as outlined in the recertification procedure appropriate to the certification level.

C. Clark County Trauma System Plan & Trauma Performance Improvement Plan Work Session

Members of the RTAB and Trauma Medical Audit Committee met to continue the review and revision of both the Southern Nevada Trauma System Plan and the Southern Nevada Health District Trauma Performance Improvement Plan. A final draft of the documents will be presented to the Trauma Procedure/Protocol Review Committee at the January 2015 meeting. A public workshop has also been scheduled for January 14, 2015 to allow for an additional review of the documents prior to presenting the final drafts to the RTAB on January 21, 2015.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

December EMS Statistics	Dec 2013	Dec 2014		FY 13-14	FY 14-15	
Total certificates issued	21	30	↑	663	911	↑
New licenses issued	2	23	↑	50	77	↑
Renewal licenses issued (recert only)	0	15	↑	543	174	↓
Active Certifications: EMT/EMT-Basic	491	492	↑			
Active Certifications: AEMT/EMT-Intermediate	1331	1260	↓			
Active Certifications: Paramedic/EMT-Paramedic	1167	1159	↓			
Active Certifications: RN	38	42	↑			

I. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

- Pertussis in Clark County – Update:** Clark County continues to identify pertussis cases in low numbers. In 2014 we indentified fewer than half the number of pertussis cases we identified in 2013. Our community appears to have been unaffected by the record-breaking number of pertussis cases in neighboring California; that state’s outbreak lasted several months, peaking last June. Although infrequent at present, we continue our usual pertussis-response activities including providing preventive medications to persons deemed likely to have been exposed to pertussis. Case counts by illness onset date from 2010 to present are shown below (Figure 1). Approximately 30 percent of reported laboratory tests ordered for pertussis since July 30, 2012 were either probable or confirmed cases (N=171).

Month of Illness Onset for Pertussis Cases, Clark County, NV 2010-2014 (to date)

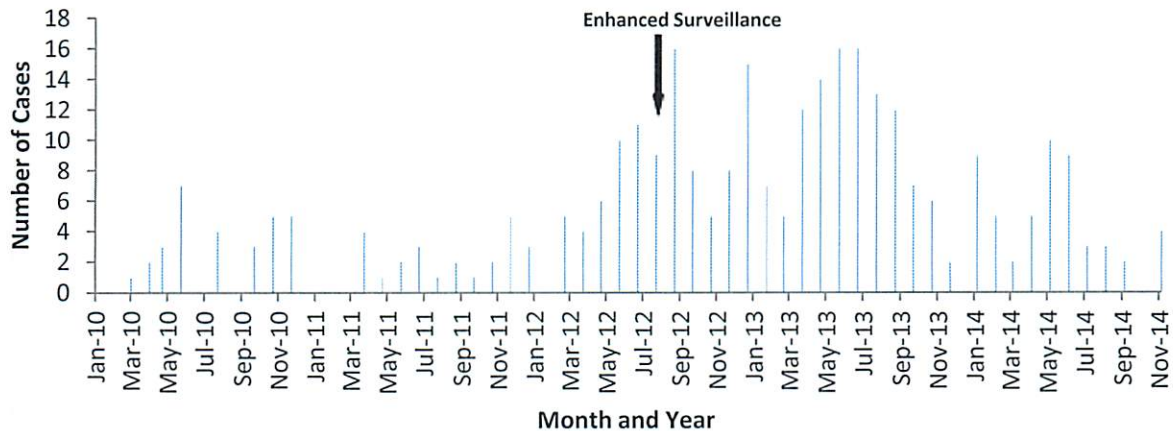


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

- Pediatric Early Warning Surveillance System (PEWSS)**²: PEWSS surveillance sentinel sites submitted a moderate number of respiratory test specimens to the SNPHL for testing in December, an increase from the month of November. Influenza A activity increased over the course of the month, with all specimens having been identified as H3. Parainfluenza 2 and Rhinovirus/Enterovirus continue to circulate in the community at low levels, and RSV began to circulate at moderate levels. Weekly PEWSS reports are posted online at <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>.
- Disease reports and updates: Ebola virus:** The OOE continues to participate in Ebola Virus Disease community preparedness exercises with local hospitals and healthcare facilities and monitoring of returned travelers who are at low (but not zero) risk of Ebola Virus exposure. We also continue to develop and update our Ebola Virus Disease (EVD) procedures and protocols as new information becomes available.
- Enterovirus D68 (EV-D68):** SNHD continued to monitor for EV-D68 in December and two specimens forwarded to the Centers for Disease Control and Prevention (CDC) were negative, bringing a total of specimens submitted to the CDC to fourteen, all of which were negative. The State of Nevada identified the first case-patient with EV-D68 in the state, a resident of Washoe County. Nationwide, enterovirus season seems to be over.

¹ Due to the delay between pertussis symptom onset and diagnosis, most cases associated with illness onset in this month will not be identified until the following month. Enhanced surveillance (investigating potential cases when we are notified that a pertussis laboratory test has been ordered) was implemented to speed the process of detecting disease and implementing actions to prevent spread.

² PEWSS is a year-round surveillance system developed by the SNHD to identify 16 respiratory pathogens circulating in the community. Each week, several sentinel healthcare providers submit nasal swabs collected from ill children to the Southern Nevada Public Health Laboratory (SNPHL) for testing for the following respiratory pathogens: Adenovirus, Human metapneumovirus, 4 Human parainfluenza viruses (1, 2, 3, 4), Influenza A, Influenza B, Respiratory Syncytial Virus (RSV), 4 Coronaviruses (HKU1, NL63, 229E, OC43), Rhinovirus/Enterovirus, *Chlamydomphila pneumoniae*, and *Mycoplasma pneumoniae*. We use molecular methodologies to accurately identify numerous pathogens in submitted specimens, and to rapidly summarize and distribute these results to the medical and general community every week throughout the year.

5. **Vital Records:** December showed a decrease of 8.8% in birth certificate sales in comparison to December 2013. Death certificate sales increased by 11% for the same time frame. There was a 3.8% increase in the number of online orders for birth certificates and a 15% increase in online orders of death certificates when compared with December last year. Online orders represented 17.2% of total sales for birth certificates and 60.4% of death certificates sold for the month. The Valley View location processed 79.6% of December birth certificate orders and 39.3% of December death certificate orders for walk-in clients. SNHD received new revenues of \$21,455 for birth registrations and \$11,354 for death registrations, and an additional \$2307 in miscellaneous request fees for December.

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Dec 2013	Dec 2014		FY 13-14	FY 14-15	
Births Registered	2312	2161	↓	13,985	14,231	↑
Deaths Registered	1316	1391	↑	7,246	7,654	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Dec 2013	Dec 2014		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	3536	2913	↓	21,556	19,811	↓
Birth Certificates Sold Mesquite (walk-in)	22	8	↓	115	102	↓
Birth Certificates Online Orders	457	630	↑	2,152	3,960	↑
Birth Certificates Billed	0	109	↑	8	620	↑
Birth Certificates Number of Total Sales	4015	3660	↓	23,831	24,493	↑
Death Certificates Sold Valley View (walk-in)	2472	2597	↑	23,023	16,067	↓
Death Certificates Sold Mesquite (walk-in)	13	6	↓	295	31	↓
Death Certificates Online Orders	3455	3988	↑	11,932	20,846	↑
Death Certificates Billed	0	10	↑	91	129	↑
Death Certificates Number of Total Sales	5940	6601	↑	35,341	37,073	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Dec 2013	Dec 2014		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	88.1 %	79.6 %	↓	90.5 %	80.9 %	↓
Birth Certificates Sold Mesquite (walk-in)	0.5 %	0.2 %	↓	0.5 %	0.4 %	↓
Birth Certificates Online Orders	11.4 %	17.2 %	↑	9.0 %	16.2 %	↑
Birth Certificates Billed	0.0 %	3.0 %	↑	0.0 %	2.5 %	↑
Death Certificates Sold Valley View (walk-in)	41.6 %	39.3 %	↓	65.1 %	43.3 %	↓
Death Certificates Sold Mesquite (walk-in)	0.2 %	0.1 %	↓	0.8 %	0.1 %	↓
Death Certificates Online Orders	58.2 %	60.4 %	↑	33.8 %	56.2 %	↑
Death Certificates Billed	0.0 %	0.2 %	↑	0.3 %	0.3 %	→

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Revenue	Dec 2013	Dec 2014		FY 13-14	FY 14-15	
Birth Certificates (\$20)	\$80,300	\$73,200	↓	\$476,620	\$489,860	↑
Death Certificates (\$20)	\$118,800	\$132,020	↑	\$706,820	\$741,460	↑
Births Registrations (\$7)	0	\$21,455	↑	0	\$138,964	↑
Deaths Registrations (\$7)	0	\$11,354	↑	0	\$64,820	↑
Miscellaneous	\$1,145	\$2,307	↑	\$6,229	12,485	↑
Total Vital Records Revenue	\$200,245	\$240,336	↑	\$1,189,669	\$1,447,735	↑

6. **Other:** The majority (9/14) of OOE staff have been actively participating in accreditation activities, participating in one of three teams, the Community Health Assessment (CHA) subcommittee, the Community Health Improvement Plan subcommittee, and the CHA steering committee. At this time, OOE is probably the most well represented program at SNHD with regard to accreditation activities.
7. **Communicable Disease Statistics:** December and Fourth Quarter 2014 Disease Statistics are attached.

II. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

1. Various Pentaho reports of the TB group have been completed and put into production. Legacy Hepatitis data has been imported into TriSano. Work to normalize the TriSano database environment between development, acceptance testing, and production machines was completed. A variety of Pentaho reports for STD and HIV have been authored and put into production. The messaging bus has been modified to deposit rapid flu test results into specific EPI folders for easy analysis. Several enhancements and bug fixes have been made to TriSano. Accepting testing on the physician input form continues.

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. **Planning and Preparedness:**
 - A. OPHP staff continues to provide information and technical assistance to area healthcare systems and Emergency Medical Services (EMS) in Clark County, conducting drills and exercises in response to an Ebola scenario. In addition, SNHD Offices of Epidemiology, EMS, and the Southern Nevada Public Health Laboratory provided hands-on technical assistance. The healthcare systems continue to test preparedness plans and procedures for managing a suspected/confirmed EVD patient with community support.
 - B. OPHP Manager served as Evacuation Chief for an unannounced fire drill planned by SNHD Safety Committee and conducted at the 330 S. Valley View building. The building staff and visitors were successfully and safely evacuated in less than three minutes. Upon exit from the building, and according to plans and procedures, all departments accounted for staff and visitors in the area.
 - C. OPHP staff continues to participate in weekly Incident Command System Department Operation Center operational meetings and statewide conference calls to share information and coordinate planning in response to the potential threat, screening, and identification of an EVD case in Southern Nevada. Staff

continues to share information to community partners and provide briefings to various sectors of the community upon request.

- D. Following the Service Award Recognitions for employees this month, staff received their certificates and service pins for 5 and 10 years, employees with 15 service years or more also received a gift card. This successful event was planned by an SNHD committee and was well received and appreciated by staff. Several Board members were in attendance.
- E. OPHP Manager and Supervisor continue to work with Finance and other SNHD departments to build the FY2015/2016 budgets.
- F. OPHP Planners continue to receive Memorandums of Understanding for Closed Points of Dispensing. These agreements allow for the facility to receive and distribute medication to their employees and their families in the event of a public health emergency.
- G. The monthly Incident Command Team, Directors, Managers, and Supervisors call down resulted in a 78% response. Call downs are deliverables required by CRI grants to ensure public health staff readiness to respond to a disaster.
- H. OPHP staff continues to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security Urban Area Security Initiative, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition, and individual hospital emergency management committee meetings.

2. PHP Training And PH Workforce Development:

- A. **OPHP Education and Training:** OPHP Training Officer continues teaching CPR on the first Monday and last Friday of every month at the Health District.
- B. **OPHP Nurse Activities:** The OPHP Nurse conducted a Bloodborne Pathogens class for seven employees on December 12; and performed 24 respirator fit tests.

3. Grants and Administration: OPHP continues to work on activities related to the three grants received for BP3. OPHP has received three carry-forward grants from BP2 that have been fully executed by the State. OPHP is currently working with the Nevada State Division of Public & Behavioral Health to identify Ebola activities that may be charged to current sub-grants that meet the activities for preparedness efforts with the community and healthcare organizations.

4. Medical Reserve Corps of Southern Nevada (MRC of SO NV):

- A. In preparation for New Year's Eve, 43 MRC volunteers have committed to being available to support SNHD or the community, if needed.
- B. MRC of SO NV Program Coordinator, Paula Martel, attended the Southern Nevada Healthcare Preparedness Coalition and UMC emergency preparedness meetings; met with the Oquendo Center board members to solicit support for a MRC Veterinary Unit; assisted local Animal Control supervisors and the City of Las Vegas Office of Emergency Management to write an emergency plan for household pets; provided MRC and emergency preparedness information to the Veterans Tribute Career and Technical Academy open house; and served on the SNHD events committee for employee recognition service awards.

- C. MRC volunteers continue to support the Southern Nevada Health District on a monthly basis by checking records of clients in the Immunization Department and providing information to Vital Record and Food Handler Safety Program clients.
- D. Community events supported by MRC of SO NV volunteers in December included providing first aid for American Junior Golf Seniors Tournament and providing flu vaccinations for Clark County Fire Dept. Station 18, and Straight From the Streets Homeless Vigil.
- E. *Statistics for December 2014:* 13 volunteers provided 81hours of service to the health district and our community with an economic impact of \$1,928.

IV. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

- 1. **Clinical Testing:** SNPHL continues to support the SNHD Nursing Division with Sexually Transmitted Disease (STD) testing. SNHD STD department and SNPHL cooperatively participate in the CDC Gonococcal Isolate Surveillance Project (GISP). SNPHL performs *N. gonorrhoeae* culture and submits isolates to CDC and Nursing provides the client information required by the project.
- 2. **Courier service:** Clinical samples for laboratory testing are transported by SNPHL courier from SNHD Health Centers or Southern Nevada hospital or commercial laboratories.
- 3. **Epidemiological Testing and Consultation:**
 - A. SNPHL continues to support the disease investigation activities of the SNHD OOE and Nursing Division.
 - B. SNPHL continues to participate in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce.
 - C. SNPHL continues to report results of PEWSS testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).
- 4. **State Branch Public Health Laboratory Testing:**
 - A. SNPHL continues to perform reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped or confirmed; stored on-site; and results reported and/or samples submitted to CDC through various national programs including Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance.
 - B. SNPHL continues to perform CDC Laboratory Response Network (LRN) testing for biological agents on clinical and unknown environmental samples.
 - C. SNPHL continues to perform Pulsed Field Gel Electrophoresis (PFGE) testing of *Salmonella*, *Shigella*, and Shiga toxin producing *E. coli* (STEC) isolates submitted by local clinical laboratories. SNPHL reports the PFGE data to the CDC PulseNet program and to the SNHD OOE.
- 5. **All-Hazards Preparedness:**
 - A. SNPHL continues to participate with SNHD OPHP, local First Responders, and sentinel laboratories to ensure support for response to possible biological or chemical agents.
 - B. SNPHL staff continues to receive training on LRN protocols for biological agent confirmation.

- C. SNPHL maintains sufficient technical laboratory staff competent to perform LRN testing 24 hours per day/7 days per week.
 - D. SNPHL continues to coordinate with First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
 - E. SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.
- 6. November SNPHL Activity Highlights:**
- A. SNPHL staff continued to submit suspect samples to CDC for Enterovirus detection and identification. CDC performs Enterovirus PCR and sequencing on the samples for epidemiological purposes and reports the results back to SNPHL.
 - B. SNPHL lab manager and staff participated in multiple Ebola-related preparedness activities, including reviewing the laboratory portion of the Ebola hospital assessment tool, consultation to local laboratories regarding laboratory licensure requirements for Point of Care testing, providing guidance to local hospital labs on approved packaging that meets the Department of Transportation regulations for Infectious substance Category A shipping, participating in Ebola full-scale exercise drills at multiple hospitals, participating in national conference calls, and participating in a CDC site visit to determine risk assessment for validating Ebola laboratory testing at SNPHL.
 - C. SNPHL laboratory manager provided handwashing and germ presentation to 125 kindergarten and first grade students at local elementary school.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Nov 2013	Nov 2014		FY 13-14	FY 14-15	
Clinical Testing Services ¹	3227	2314	↓	19,048	15,060	↓
Courier Services ²	3678	2232	↓	17,927	14,973	↓
Epidemiology Services ³	1182	1461	↑	5313	6199	↑
State Branch Public Health Laboratory Services ⁴	1147	758	↓	4977	3838	↓
All-Hazards Preparedness Services ⁵	8	10	↑	44	66	↑

CL/dm

ATT: December and Fourth Quarter 2014 Disease Statistics

¹ Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, Gram stain testing.

² Includes the number of clinical test specimens transported from facilities by SNPHL courier.

³ Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations or consultations.

⁴ Includes PFGE and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations and inspections, samples submitted to CDC or other laboratories.

⁵ Includes Preparedness training, BSL-3 maintenance and repair, teleconferences, Inspections.

Clark County Disease Statistics*, DECEMBER 2014

Disease	2012		2013		2014		Rate(Cases per 100,000 per month) (2009-2013 aggregated)	Monthly Rate Comparison Dec (2014) Significant change bet. current & past 5-year?
	Dec No.	YTD No.	Dec No.	YTD No.	Dec No.	YTD No.		
VACCINE PREVENTABLE								
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00
HAEMOPHILUS INFLUENZA (INVASIVE)	. 13	. 9	. 9	. 12			0.09	0.05
HEPATITIS A	0	5	0	15	0	.	0.01	0.00
HEPATITIS B (ACUTE)	. 24	. 21	0	17			0.08	0.00
INFLUENZA**	43	418	91	650	91	628	3.27	4.46
MEASLES	0	0	0	0	0	0	0.00	0.00
MUMPS	.	.	0	.	0	.	0.01	0.00
PERTUSSIS	8	86	. 124	0	52		0.20	0.00
POLIOMYELITIS	0	0	0	0	0	0	0.00	0.00
RUBELLA	0	0	0	0	0	0	0.00	0.00
TETANUS	0	0	0	0	0	0	0.00	0.00
SEXUALLY TRANSMITTED								
AIDS	14	202	16	212	18	202	0.86	0.88
CHLAMYDIA	719	8580	734	9373	778	10096	36.93	38.16
GONORRHEA	197	1967	227	2285	258	2745	8.95	12.66
HIV	21	230	16	257	33	296	1.06	1.62
SYPHILIS (EARLY LATENT)	20	207	18	225	17	289	0.79	0.83
SYPHILIS (PRIMARY & SECONDARY)	8	97	35	179	10	241	0.78	0.49
ENTERICS								
AMEBIASIS	. 8	0	8	0	.	.	0.03	0.00
BOTULISM-INTESTINAL (INFANT)	0	0	0	.	0	0	0.00	0.00
CAMPYLOBACTERIOSIS	6	84	. 88	6	100		0.31	0.29
CHOLERA	0	0	0	0	0	0	0.00	0.00
CRYPTOSPORIDIOSIS	0	.	0	6	0	.	0.00	0.00
GIARDIA	7	68	. 54	5	44		0.19	0.25
ROTAVIRUS	. 57	. 85	.	53			0.10	0.05
SALMONELLOSIS	11	148	11	461	.	119	0.55	0.15
SHIGA-TOXIN PRODUCING E. COLI#	. 46	. 46	0	19			0.15	0.00
SHIGELLOSIS	5	51	. 46	.	28		0.13	0.10
TYPHOID FEVER	0	.	0	0	0	.	0.00	0.00
VIBRIO (NON-CHOLERA)	0	.	0	.	0	.	0.00	0.00
YERSINIOSIS	0	.	0	8	0	.	0.00	0.00
OTHER								
ANTHRAX	0	0	0	0	0	0	0.00	0.00
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00
COCCIDIOIDOMYCOSIS	. 106	. 77	.	61			0.29	0.05
DENGUE FEVER	0	.	.	0	.	.	0.01	0.00
ENCEPHALITIS	0	.	0	.	0	.	0.01	0.00
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.00	0.00
HEPATITIS C (ACUTE)	0	5	0	.	0	.	0.01	0.00
HEPATITIS D	0	0	0	0	0	0	0.00	0.00
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.00	0.00
LEGIONELLOSIS	0	13	. 17	.	21		0.04	0.10
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	.	0.00	0.00
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00
LISTERIOSIS	0	.	0	.	0	.	0.00	0.00
LYME DISEASE	0	.	0	7	0	.	0.01	0.00
MALARIA	. 6	0	6	0	8		0.07	0.00
MENINGITIS, ASEPTIC/VIRAL	. 21	. 46	.	41			0.10	0.10
MENINGITIS, BACTERIAL	0	.	12	0	12		0.03	0.00
MENINGOCOCCAL DISEASE	0	.	0	0	0	.	0.00	0.00
PLAGUE	0	0	0	0	0	0	0.00	0.00
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00
Q FEVER	0	0	0	0	0	0	0.00	0.00
RABIES (HUMAN)	0	0	0	0	0	0	0.00	0.00
RELAPSING FEVER	0	0	0	0	0	0	0.00	0.00
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	0	0.00	0.00
RSV (RESPIRATORY SYNCYTIAL VIRUS)	240	1090	73	1288	161	816	6.72	7.90
STREPTOCOCCUS PNEUMONIAE, IPD###	8	51	8	60	5	77	0.36	0.25
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	0	8	.	11	0.01	0.10
TUBERCULOSIS	5	70	7	75	.	65	0.37	0.20
TULAREMIA	0	0	0	0	0	0	0.00	0.00
UNUSUAL ILLNESS	0	0	0	0	0	0	0.01	0.00
WEST NILE VIRUS (ENCEPHALITIS)	0	.	0	8	0	.	0.00	0.00
WEST NILE VIRUS (FEVER)	0	.	0	.	0	0	0.00	0.00

*Rate denominators were spline-interpolated population estimates/projections based on demographic data subject to ongoing revision by the state demographer (last revision as of Oct-2013). Use of onset date to count OOE-reported cases (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable and suspect (since Feb-08) cases. HIV/AIDS case counts provided by Office of HIV/AIDS/STD; TB case counts provided by TB clinic. Data suppression denoted by '.' applies if number of cases <5. Monthly disease total reported by OOE=282 (reported total=1400). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported monthly cases [suppression applied] for 2012-2014 were respectively 0,0,0; YTD totals ,,,).

**Reporting of novel type A influenza (reclassified as INFLU OUTBRK per CDC recommendations as of Jan-11) started in May-09.

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Clark County Disease Statistics* - Quarter4, 2014

Disease	2012		2013		2014		Rate(Cases per 100,000 per quarter)	Quarterly Rate Comparison		
	Q4 No.	YTD No.	Q4 No.	YTD No.	Q4 No.	YTD No.		Qtr4 (2009-2013 aggregated)	Qtr4 (2014)	Significant change bet. current & past 5-year?
VACCINE PREVENTABLE										
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00		
HAEMOPHILUS INFLUENZA (INVASIVE)	13		9		12		0.16	0.05	↓	
HEPATITIS A	0	5	15	0			0.08	0.00	↓X	
HEPATITIS B (ACUTE)	24		21		17		0.29	0.20	↓	
INFLUENZA**	57	418	135	650	114	628	42.89	5.60	↓X	
MEASLES	0	0	0	0	0	0	0.00	0.00		
MUMPS			0		0		0.01	0.00	↓	
PERTUSSIS	21	86	14	124		52	0.55	0.20	↓	
POLIOMYELITIS	0	0	0	0	0	0	0.00	0.00		
RUBELLA	0	0	0	0	0	0	0.00	0.00		
TETANUS	0	0	0	0	0	0	0.00	0.00		
SEXUALLY TRANSMITTED										
AIDS	50	202	52	212	42	202	2.58	2.06	↓	
CHLAMYDIA	2129	8580	2290	9373	2389	10096	103.61	117.28	↑X	
GONORRHEA	536	1967	631	2285	767	2745	23.78	37.65	↑X	
HIV	66	230	54	257	82	296	3.12	4.03	↑	
SYPHILIS (EARLY LATENT)	72	207	60	225	60	289	2.48	2.95	↑	
SYPHILIS (PRIMARY & SECONDARY)	32	97	63	179	56	241	1.91	2.75	↑	
ENTERICS										
AMEBIASIS	8		8		0		0.10	0.00	↓X	
BOTULISM-INTESTINAL (INFANT)	0	0			0	0	0.01	0.00	↓	
CAMPYLOBACTERIOSIS	17	84	18	88	20	100	1.07	0.98	↓	
CHOLERA	0	0	0	0	0	0	0.00	0.00		
CRYPTOSPORIDIOSIS	0		0		6		0.02	0.00	↓	
GIARDIA	16	68	10	54	14	44	0.62	0.69	↑	
ROTAVIRUS	6	57		85	6	53	0.21	0.29	↑	
SALMONELLOSIS	27	148	133	461	26	119	2.61	1.28	↓X	
SHIGA-TOXIN PRODUCING E. COLI#	10	46		46		19	0.39	0.10	↓	
SHIGELLOSIS	9	51	7	46	10	28	0.45	0.49	↑	
TYPHOID FEVER	0		0		0		0.01	0.05	↑	
VIBRIO (NON-CHOLERA)	0		0		0		0.01	0.00	↓	
YERSINIOSIS	0			8			0.03	0.05	↑	
OTHER										
ANTHRAX	0	0	0	0	0	0	0.00	0.00		
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00		
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00		
COCCIDIOIDOMYCOSIS	17	106	23	77	15	61	1.06	0.74	↓	
DENGUE FEVER	0				0		0.04	0.00	↓	
ENCEPHALITIS	0		0		0		0.01	0.00	↓	
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00		
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0		0.01	0.00	↓	
HEPATITIS C (ACUTE)	5				0		0.06	0.00	↓X	
HEPATITIS D	0	0	0	0	0	0	0.00	0.00		
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.00	0.00		
LEGIONELLOSIS	13		17		21		0.08	0.20	↑	
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.00	0.00		
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00		
LISTERIOSIS	0				0		0.01	0.00	↓	
LYME DISEASE	0		0		7		0.01	0.00	↓	
MALARIA	5	6		6		8	0.10	0.05	↓	
MENINGITIS, ASEPTIC/VIRAL	7	21	11	46	9	41	0.51	0.44	↓	
MENINGITIS, BACTERIAL			6	12		12	0.09	0.10	↑	
MENINGOCOCCAL DISEASE	0		0	0			0.00	0.05	↑	
PLAGUE	0	0	0	0	0	0	0.00	0.00		
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00		
Q FEVER	0	0	0	0	0	0	0.00	0.00		
RABIES (HUMAN)	0	0	0	0	0	0	0.00	0.00		
RELAPSING FEVER	0	0	0	0	0	0	0.00	0.00		
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	0	0.00	0.00		
RSV (RESPIRATORY SYNCYTIAL VIRUS)	300	1090	111	1288	203	816	10.22	9.97	↓	
STREPTOCOCCUS PNEUMONIAE, IPD###	17	51	19	60	13	77	0.76	0.64	↓	
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00		
TOXIC SHOCK SYN (STREPTOCOCCAL)	0		5	8		11	0.06	0.10	↑	
TUBERCULOSIS	16	70	17	75	9	65	0.97	0.44	↓	
TULAREMIA	0	0	0	0	0	0	0.00	0.00		
UNUSUAL ILLNESS	0	0	0	0	0	0	0.01	0.00	↓	
WEST NILE VIRUS (ENCEPHALITIS)	0		0		8		0.00	0.00		
WEST NILE VIRUS (FEVER)			0		0		0.02	0.00	↓	

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