



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 1 of 2

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

1. Tobacco Control Program (TCP):

- A. BreakDown is a new youth program with a mission to educate and empower high school students to advocate against the tobacco industry. Staff has reviewed and selected eight Clark County high schools as BreakDown chapters for the 2014-2015 school year. These schools will be working with SNHD on a mass education campaign to increase awareness about the myths and dangers of electronic vapor products and hookah. Multiple in-person student trainings have started and will continue throughout November. Staff worked with the SNHD Office of Epidemiology to develop an evaluation tool to monitor effectiveness of this program.
- B. CRUSH, a Lesbian, Gay, Bi-sexual, and Transgender (LGBT) tobacco prevention initiative, has created and launched a social media campaign featuring local viral sensation Brendan Jordan who became popular for his extravagant personality after being filmed behind a live newscast at a local mall. Brendan Jordan has agreed to promote a smoke-free lifestyle to other LGBT youth. He is encouraging people to promote the movement (#CigsAreOver). To date his video has over 224,000 views on YouTube.

2. Chronic Disease Prevention Program (CDPP):

- A. Staff participated in several community outreach events in October including the Binational Health Fair and the Get Outdoors Nevada Day. In total, both events reached over 4,700 people. The Binational Health Fair is one of the largest health events for the Hispanic community in Las Vegas. As part of Binational Health Week leading up to the event, staff also participated in several outreach opportunities at the Mexican Consulate and was able to distribute information about our programs and resources. Participation in the Get Outdoors Nevada Day

was a joint effort between our staff and the Partners for a Healthy Nevada Coalition.

- B. Staff presented an overview of New Beginnings, an evidence-based guide designed to include the emotional aspects of diabetes, to five church leaders represented at the Body & Soul monthly meeting in October. Binders filled with diabetes resources (directories, risk tests, educational materials, etc.) were provided to the church leaders to assist them in sharing resources and information with their congregations during national diabetes month in November.
- C. The 2014 Get Healthy Holidays Challenge program launched in October. This 12-week program helps participants maintain and track a healthy lifestyle during the holiday season. The program runs from October 13, 2014 through January 4, 2015. To date there are 162 people signed up for the program. A press release was issued and generated several earned media opportunities that SNHD staff was able to participate in, including the Neon and Beyond radio show and a segment on Clark County Channel 4.

3. Injury Prevention Program (IPP):

- A. Stepping On senior fall prevention Leader Training was held on October 11-12, 2014 at Nevada Hand. Eight new leaders were trained, including two from Nevada Hand. Nevada Hand will start to conduct fall risk assessments using the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) falls risk assessment tool developed by the Centers for Disease Control and Prevention. They also plan to conduct Stepping On fall prevention sessions at their five properties for low income, independent living seniors.

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

1. November 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.

After a lengthy discussion about the efficacy of therapeutic hypothermia, the Committee agreed to continue to research all components of cardiac resuscitation, including therapeutic hypothermia. The issue will be discussed in greater detail at the December meeting.

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.

It was reported that Michelle Nath, EMSTS Program/Project Coordinator, was honored by the Safe Community Partnership/Vulnerable Road Users Project for her active involvement with the Pedestrian Safety Task Force.

Reports were given from the Education and Drug/Device/Protocol Committees. Board members were advised that nominations will be accepted in January for a new MAB chairperson and vice-chairperson.

C. Regional Trauma Advisory Board (RTAB)

The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high quality system of patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

The RTAB is working on revisions to the Southern Nevada Trauma System Plan and the Trauma Performance Improvement Plan. There will be a future workshop scheduled for December to review these documents and the Trauma System Regulations. A final draft of the regulations and trauma system plans will be presented to the RTAB in January for endorsement.

D. Southern Nevada Injury Prevention Partnership (SNIPP)

The SNIPP is a committee with the primary purpose of advising and assisting the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma Plan and assuring the provision of injury prevention efforts with emphasis on those that directly impact the trauma system. The SNIPP is in the process of establishing its membership and bylaws. The representative for health education and prevention services on the RTAB will serve as the chairperson of SNIPP and nominations are open for the position.

At the October SNIPP meeting, a presentation that was developed to support primary seatbelt legislation during the 2015 session was reviewed by the participants. It will be shared with a legislator who plans to support the bill for additional feedback. The final product will be available before the start of the legislative session.

An epidemiology injury report for the leading causes of childhood deaths in Clark County from 2004-2013 demonstrated that the leading cause of death was unintentional injuries for individuals between the ages of 1-24. Drowning is the primary cause for children between the ages of 1-4; suicide is the second leading cause of death for children between 10-14 years old and the third leading cause in the 15-19 age group.

COMMUNITY HEALTH - OEMSTS - Fiscal Year Data

November EMS Statistics	Nov 2013	Nov 2014		FY 13-14	FY 14-15	
Total certificates issued	13	28	↑	622	864	↑
New licenses issued	10	10	→	41	50	↑
Renewal licenses issued (recert only)	0	8	↑	543	159	↓
Active Certifications: EMT/EMT-Basic	491	486	↓			
Active Certifications: AEMT/EMT-Intermediate	1319	1239	↓			
Active Certifications: Paramedic/EMT-Paramedic	1150	1154	↑			
Active Certifications: RN	37	40	↑			

I. OFFICE OF EPIDEMIOLOGY (OEE) PROGRAM REPORTS

- Pertussis in Clark County – Update:** Clark County continues to identify pertussis cases but the numbers have returned to low levels over the past few months. 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 represented either probable or confirmed cases (N=169). Some of these pertussis cases would not have been detected were we not performing enhanced surveillance.

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

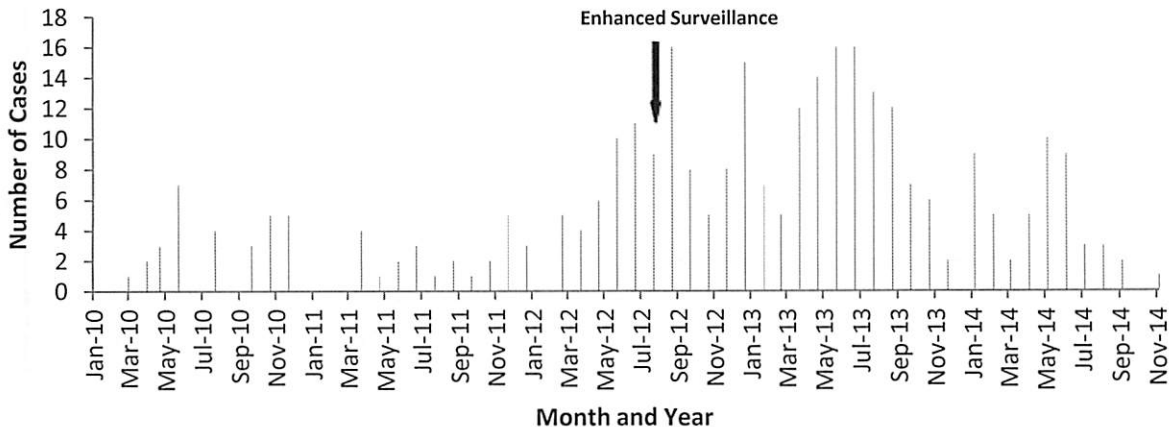


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

- Pediatric Early Warning Surveillance System (PEWSS)¹:** PEWSS surveillance sentinel sites submitted a low to moderate number of respiratory test specimens to the

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.

SNPHL for testing in November, a decrease from the month of October. Both Influenza A and Influenza B were identified in November for the first time during the 2014-2015 influenza season. Parainfluenza 2, Adenovirus, and Rhinovirus/Enterovirus continue to circulate in the community at low levels. Weekly PEWSS reports are posted online at <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>.

3. Disease reports and updates:

A. Ebola virus: The Office of Epidemiology continued its participation in Ebola Virus Disease (EVD) preparedness activities with local hospitals and healthcare facilities. We also began monitoring travelers with low (but not zero) risk for EVD exposure this month. We continue to develop and update protocols and procedures for responding to EVD reports.

B. Enterovirus D68 (EV-D68): Two laboratory specimens were submitted to the Centers for Disease Control and Prevention (CDC) in November. Both were negative for EV-D68. To date we have submitted twelve specimens to the CDC. All were negative for EV-D68.

C. West Nile Virus: There were no human cases of WNV and no additional mosquito pools positive for WNV identified in November. A horse that died in Logandale tested positive for WNV in November. The 2014 WNV season is ending as the mosquitoes are driven to hibernation with cooler weather.

4. Vital Records: November 2014 showed an overall increase in birth certificate sales of 7% in comparison to November 2013. Death certificate sales also increased by 10% for the same time frame. Online ordering was implemented in October 2013. For November, there was a 25% increase in the number of online orders for birth certificate orders and a 2% decrease in online orders of death certificates when compared with November last year. Online orders represented 16% of total sales for birth certificates and 56% of death certificates sold for the month. Overall, 79% of November birth certificate sales and 43% of November death certificate sales came from Valley View walk-in clients. With the implementation of birth and death registration fees beginning July 2014, SNHD received new revenues of \$19,383 for birth registrations and \$10,031 for death registrations for the month of November; and an additional \$1,132 in miscellaneous request fees. For the fiscal year thus far, revenues are up \$217,975 compared to last year at this time. See tables below.

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Nov 2013	Nov 2014		FY 13-14	FY 14-15	
Births Registered	2058	2121	↑	11673	12070	↑
Deaths Registered	1027	1165	↑	5930	6263	↑

1 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.

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Nov 2013	Nov 2014		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	2666	2635	↓	18,020	16,898	↓
Birth Certificates Sold Mesquite (walk-in)	19	20	↑	93	94	↑
Birth Certificates Online Orders	436	546	↑	1,695	3334	↑
Birth Certificates Billed	0	139	↑	8	511	↑
Birth Certificates Number of Total Sales	3121	3340	↑	19,816	20,837	↑
Death Certificates Sold Valley View (walk-in)	1872	2482	↑	20,551	13,516	↓
Death Certificates Sold Mesquite (walk-in)	1	2	↑	282	25	↓
Death Certificates Online Orders	3300	3226	↓	8,477	16,858	↑
Death Certificates Billed	13	7	↓	91	119	↑
Death Certificates Number of Total Sales	5186	5717	↑	29,401	30,518	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Nov 2013	Nov 2014		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	85%	79%	↓	90.9%	81.1%	↓
Birth Certificates Sold Mesquite (walk-in)	1%	1%	→	0.5%	0.5%	→
Birth Certificates Online Orders	14%	16%	↑	8.5%	16%	↑
Birth Certificates Billed	0%	4%	↑	0.04%	2.5%	↑
Death Certificates Sold Valley View (walk-in)	36.1%	43.4%	↑	69.9%	44.2%	↓
Death Certificates Sold Mesquite (walk-in)	.02%	.03%	↑	.96%	.08%	↓
Death Certificates Online Orders	63.3%	56.4%	↓	28.8%	55.2%	↑
Death Certificates Billed	.25%	.12%	↓	.31%	.39%	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Revenue	Nov 2013	Nov 2014		FY 13-14	FY 14-15	
Birth Certificates (\$20)	\$62,420	\$66,800	↑	\$396,320	\$416,740	↑
Death Certificates (\$20)	\$103,720	\$114,340	↑	\$588,020	\$610,360	↑
Births Registrations (\$7)	\$0	\$19,383	↑	0	\$116,732	↑
Deaths Registrations (\$7)	\$0	\$10,031	↑	0	\$53,389	↑
Miscellaneous	\$820	\$1,132	↑	\$5,084	\$10,178	↑
Total Vital Records Revenue	\$166,960	\$211,686	↑	\$989,424	\$1,207,399	↑

5. **Communicable Disease Statistics:** November 2014 Disease Statistics are attached.

II. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

1. Informatics has been working with the state of NV and local hospitals to help them migrate to a new version of EMS software and assist the state in accepting data transmission from the Hospitals. Work on the RCKMS Grant has started and staff

have participated in several phone meetings assisting in the specification of reportable disease criteria for the initial set of diseases. Accepting testing on the physician input form is underway. We continue to assist in the electronic health record (EHR) implementation planning process. Custom code changes to the Utah ELR to allow automated processing tailored to our surveillance group needs have been implemented. Various bugs in the ELR software have been identified and fixed. Planning for legacy TB data import has been undertaken. Planning for data sharing with the fusion center was undertaken. Planning and data gathering for at risk populations/needs grant was performed. Software to generate HIV partners' data for notification to the State was completed and put into production.

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP staff provided information and technical assistance to two healthcare systems and Emergency Medical Services (EMS) 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 system was able to test preparedness plans and procedures for managing a suspected/confirmed Ebola Virus Disease (EVD) patient with community support.
- B. OPHP staff participated in an Initial Planning Meeting November 5 with the Nevada Division of Public and Behavioral Health (NDPBH) for a biological agent full-scale exercise planned for 2015. This exercise will involve multiple community partner agencies and will allow SNHD to meet many grant deliverables and test community response capabilities to a biological threat to public health.
- C. OPHP staff continues to participate in weekly Incident Command System Department Operations Center 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. On November 19, OPHP Manager provided an Ebola brief to first responders at Mt. Charleston's annual meeting.
- D. OPHP staff reviewed and revised the District's Exposure Control Plan.
- E. OPHP Manager served on two interview panels for SNHD's Communicable Disease Supervisor and NDPBH State Epidemiologist vacancies.
- F. OPHP Planner presented the Closed Point of Dispensing information to Sun City MacDonald Ranch on November 18 to introduce the community leaders to assisting the District in providing medical countermeasures to their community during an emergency. Twenty representatives attended.
- 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. She participated in two community outreach events this month including MacDonald Ranch Emergency Expo and Clark County Employee Health and Wellness for two days.
- B. **OPHP Nurse Activities:** OPHP Nurse conducted Bloodborne Pathogens classes for 16 employees on November 20 and performed 36 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 are meeting the activities for preparedness efforts with the community and healthcare organizations.

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

- A. Brian Labus, SNHD Senior Epidemiologist, presented on Ebola and area planning at the MRC of SO NV quarterly training.
- B. MRC volunteer, Bruce Nisberg, delivered Psychological First Aid training.
- C. MRC of SO NV Program Coordinator, Paula Martel, presented the MRC program to Mt. Charleston first responders.
- D. 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 Records and Food Handler Safety Program clients.
- E. Community events supported by MRC of SO NV volunteers in November included Get Healthy, Get Connected health fair, Senior Harvest Festival sponsored by Lois Tarkanian, SNHD, Project Homeless Connect, Wobble Before You Gobble 5K; Pilgrim's Rock half marathon, American Heart Association Teaching Gardens Program. Support for these events included first aid, blood pressure education, veterinary assistance, and BMI data collection.
- F. *Statistics for November 2014:* 68 volunteers provided 245 hours of service to the health district and our community with an economic impact of \$2287.

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. October SNPHL Activity Highlights:

- A. SNPHL staff continues 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 sponsored by the SNHD including presentations to local hospital staff, providing guidance to local laboratories on Department of Transportation infectious substance Category A shipping regulations, providing information to local law enforcement regarding environmental testing procedures, and guidance on Personal Protective Equipment (PPE) to multiple agencies.
- C. SNPHL laboratory manager provided handwashing and germ presentation to over 200 first grade students at local elementary school.

COMMUNITY HEALTH - SNP HL – Fiscal Year Data

SNPHL Services	Oct 2013	Oct 2014		FY 13-14	FY 14-15	
Clinical Testing Services ^{1, 2}	3585	3207	↓	15,821	12,746	↓
Courier Services ³	3544	3254	↓	14,249	12,741	↓
Epidemiology Services ⁴	1421	2059	↑	4161	4738	↑
State Branch Public Health Laboratory Services ⁵	967	762	↓	3830	3080	↓
All-Hazards Preparedness Services ⁶	12	9	↓	36	56	↑

CL/dm

ATT: November 2014 Disease Statistics

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

2 Note: Decrease in clinical test activity due to changes in clinical test ordering algorithm instituted by SNHD nursing in October 2013.

3 Includes the number of clinical test specimens transported from facilities by SNP HL courier.

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

5 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.

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

Clark County Disease Statistics*, NOVEMBER 2014

Disease	2012		2013		2014		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Nov	YTD	Nov	YTD	Nov	YTD	Nov (2009-2013 aggregated)	Nov (2014)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	11	0	8	0	11	0.04	0.00	↓
HEPATITIS A	0	5	.	15	0	.	0.04	0.00	↓
HEPATITIS B (ACUTE)	.	23	.	20	0	16	0.17	0.00	↓X
INFLUENZA**	11	375	37	559	12	534	10.35	0.59	↓X
MEASLES	0	0	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	.	0	.	0.00	0.00	
PERTUSSIS	5	78	5	122	0	48	0.17	0.00	↓X
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	18	188	14	196	11	184	0.88	0.54	↓
CHLAMYDIA	737	7861	708	8639	716	9266	33.20	35.15	↑
GONORRHEA	165	1770	188	2058	228	2478	7.45	11.19	↑X
HIV	16	209	12	241	17	263	0.88	0.83	↓
SYPHILIS (EARLY LATENT)	22	187	15	207	13	260	0.70	0.64	↓
SYPHILIS (PRIMARY & SECONDARY)	11	89	10	144	13	225	0.48	0.64	↑
ENTERICS									
AMEBIASIS	0	6	0	8	0	.	0.01	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	.	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	.	78	9	84	7	92	0.32	0.34	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	0	6	0	.	0.01	0.00	↓
GIARDIA	.	61	0	51	.	38	0.20	0.05	↓
ROTAVIRUS	.	53	0	82	5	52	0.04	0.25	↑
SALMONELLOSIS	7	137	9	450	5	110	0.36	0.25	↓
SHIGA-TOXIN PRODUCING E. COLI#	.	42	0	44	0	17	0.05	0.00	↓X
SHIGELLOSIS	.	46	.	43	.	25	0.21	0.20	↓
TYPHOID FEVER	0	.	0	0	.	.	0.00	0.05	↑
VIBRIO (NON-CHOLERA)	0	.	0	.	0	.	0.00	0.00	
YERSINIOSIS	0	.	0	8	0	.	0.02	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	7	102	9	74	5	57	0.37	0.25	↓
DENGUE FEVER	0	.	.	.	0	.	0.03	0.00	↓
ENCEPHALITIS	0	.	0	.	0	.	0.00	0.00	
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.01	0.00	↓
HEPATITIS C (ACUTE)	.	5	.	.	0	.	0.03	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	.	13	0	15	0	18	0.02	0.00	↓
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	.	0.00	0.00	
MALARIA	.	.	.	6	.	7	0.03	0.05	↑
MENINGITIS, ASEPTIC/VIRAL	.	19	7	43	0	37	0.20	0.00	↓X
MENINGITIS, BACTERIAL	.	.	.	9	.	12	0.02	0.10	↑
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)	48	850	31	1215	36	655	2.22	1.77	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	7	43	5	52	.	71	0.25	0.15	↓
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	.	8	0	9	0.03	0.00	↓
TUBERCULOSIS	5	65	7	68	5	62	0.28	0.25	↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	0	.	0	8	0	.	0.00	0.00	
WEST NILE VIRUS (FEVER)	.	.	0	.	0	0	0.01	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=82 (reported total=1085). 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 OUBTRK per CDC recommendations as of Jan-11) started in May-09.
 #E. COLI O157:H7 instead of STEC was reported prior to 2006.
 ##Reported since Mar-07.
 ###S. pneumo invasive diseases (reported since Sep-05) previously reported under separate categories grouped together as of Jan-11 per CDC recommendations.
 ~Confidence intervals (not shown) for the monthly disease incidence rates provided a basis for an informal statistical test to determine if the current monthly rates changed significantly from those of the previous 5 years aggregated. Text in green where rates decreased and in red where rates increased. Statistically significant changes indicated by 'X' (rate comparisons made if 5+ cases reported in the current month of this year or previous 5 years aggregated).