




Memorandum

Date: February 26, 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

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

1. Tobacco Control Program (TCP):

Only about half of smokers seen by a physician report receiving advice or counseling from their health care providers to quit tobacco use. Even fewer -- 2 to 15 percent -- are offered any form of assistance such as provision of specific counseling on how to quit, referral to treatment programs, or prescriptions for smoking cessation medications (Goldstein et al, 2006). In an effort to increase the utilization of brief intervention strategies by clinicians, TCP staff and local partners have developed various educational materials for professionals and their patients that are available free of charge. A total of 589 providers (28 this month, including six participants at the Alliance Against Diabetes clinic, which predominantly serves Latinos) have been trained in how to deliver a brief tobacco use intervention with their patients. The goal to reach 400 providers by June 30, 2015 has been exceeded.

2. Chronic Disease Prevention Program (CDPP):

- A.** The annual Coaches Challenge program wrapped up in December. The Coaches Challenge program is a collaborative effort among SNHD, UNLV, and the Clark County School District that promotes and encourages physical activity and healthy eating among elementary students. Over 10,000 students were signed up to participate in the program this year representing 373 classrooms in 87 different elementary schools. Winning classrooms received tickets to either a UNLV men's or women's basketball game in December. The grand prize winning classrooms will receive a visit from a UNLV Head Coach later in the spring.
- B.** The free Neon to Nature mobile app continues to be very popular with over 1,000 downloads to date. Southern Nevada has over 1,000 miles of trails. Neon to Nature is an online tool that helps users find walking and bicycle trails throughout Southern Nevada. Each trail listing includes trail information and photos, along with detailed map descriptions of the trail's location, length, and various amenities. In December, staff taped an interview on the City of Las Vegas television program,

"City Scene" to talk about the Neon to Nature map and other SNHD efforts to promote trail use for physical activity and active transport.

3. Injury Prevention Program (IPP):

CDC reports the death rate from falls among older adults has increased by 42 percent from 2000 to 2006. Each year, one in three Americans aged 65 and over falls. In 2010, over 2.3 million nonfatal fall injuries among older adults were treated in emergency departments with more than 650,000 of those patients hospitalized. IPP staff has worked with local partners to provide training and technical assistance related to Stepping On, an evidence-based senior fall prevention initiative. Staff reached out to Nevada Hand in December and confirmed that they are developing a marketing plan and will implement the Stepping On program at their senior residence properties in late January 2015.

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

1. January Meetings:

A. Education Committee

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the EMS QI Directors Committee in researching, developing, editing and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and EMS educators.

The Committee met to discuss proposed revisions to the District Procedure for EMS-RN initial training and endorsement. The recommendations will be presented at the February MAB meeting.

B. 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 elected Abby Hudema, UMC Trauma Program Manager, to fill the vacant vice chair position. The RTAB reviewed and unanimously endorsed the proposed revisions to the Trauma System Regulations, Southern Nevada Trauma System Plan, and the Trauma System Performance Improvement Plan as recommended by the Trauma Procedure/Protocol Review Committee. The Board also established the Southern Nevada Injury Prevention Partnership as a formal committee of the RTAB and adopted bylaws for the committee.

C. 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 System Plan and assuring the provision of injury prevention efforts with emphasis on those that directly impact the trauma system. The SNIPP continues to expand its membership, and nominations for the position of chair and vice chair are being accepted. The SNIPP bylaws were presented and approved by the members and were referred to the RTAB for adoption.

During the January SNIPP meeting, the members reviewed an updated version of a presentation to support a primary seat belt law. It will be presented to legislators during the 2015 session when the bill is introduced.

Clark County pediatric drowning data for 2014 indicated there were only two deaths, which represented the lowest number of recorded drowning deaths involving children less than 15 years of age. There was also a significant decrease in the number of non-fatal drowning incidents, which resulted in the lowest number of reported cases since the OEMSTS began collecting data in 1994.

The most recent national suicide data for all ages illustrates that Nevada has dropped to sixth place from its previous rank in the top five. As firearms are used in more than half of Nevada suicide deaths, the Office of Suicide Prevention has partnered with gun shops and ranges to provide suicide awareness training.

The SNIPP members have been monitoring the issue of increasing sales of prescription opioids with Nevada ranking second per capita in the nation. There has been a nationwide focus on this issue and a local coalition may need to be created to develop a response plan.

D. Trauma Procedure Protocol Review Committee (TPPRC)

The purpose of the TPPRC is to assist the OEMSTS, RTAB, Trauma Medical Audit Committee, and MAB in reviewing, researching, editing and developing new and existing procedures, and protocols. The proposed changes to the Trauma System Regulations, Southern Nevada Trauma System Plan, and the Trauma System Performance Improvement Plan were reviewed by the TPPRC in January. The documents were referred back to the RTAB for final review and endorsement.

E. Trauma System Advocacy Committee (TSAC)

The TSAC assists the OEMSTS and RTAB in promoting trauma system development by advocating for sustainable financial, legislative, and public support for the trauma system serving the residents and visitors of Southern Nevada. The committee is working on outreach efforts to increase awareness about the Southern Nevada EMS & Trauma System. There is a Southern Nevada Trauma System (SNTS) micro-site under development, and all of the pertinent trauma system documents will be published on the site. The committee continues to work on legislative efforts related to EMS and Trauma System development and funding in Nevada.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

January EMS Statistics	Jan 2014	Jan 2015		FY 13-14	FY 14-15	
Total certificates issued	27	80	↑	690	991	↑
New licenses issued	4	20	↑	54	97	↑
Renewal licenses issued (recert only)	0	0	→	543	174	↓
Active Certifications: EMT/EMT-Basic	457	477	↑			
Active Certifications: AEMT/EMT-Intermediate	1291	1252	↓			
Active Certifications: Paramedic/EMT-Paramedic	1159	1164	↑			
Active Certifications: RN	38	41	↑			

I. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

1. **Pertussis in Clark County – Update:** Clark County continues to identify pertussis cases, investigating nine cases in January with illness onset in November, December, and January. Three of these case-patients were Coronado High School students. The timing of their illness onsets was consistent with transmission of pertussis between students. As usual, we provided preventive medications to persons deemed likely to have been exposed to pertussis. However, the occurrence of three cases in a single school (with likely spread having occurred between students) is considered to be representative of an outbreak, which necessitates additional response. In accordance with NRS 392.446, we excluded students without evidence of Tdap vaccination from Coronado High School through February 17. In addition to the increased possibility of contracting diseases, not being up-to-date on vaccinations puts students at risk of having to miss school during outbreaks.

Case counts by illness onset date from 2010 to present are shown below (Figure 1). Approximately 29 percent of reported laboratory tests ordered for pertussis since July 30, 2012 were either probable or confirmed cases (N=176). Some of these pertussis cases would not have been detected were we not performing enhanced surveillance.

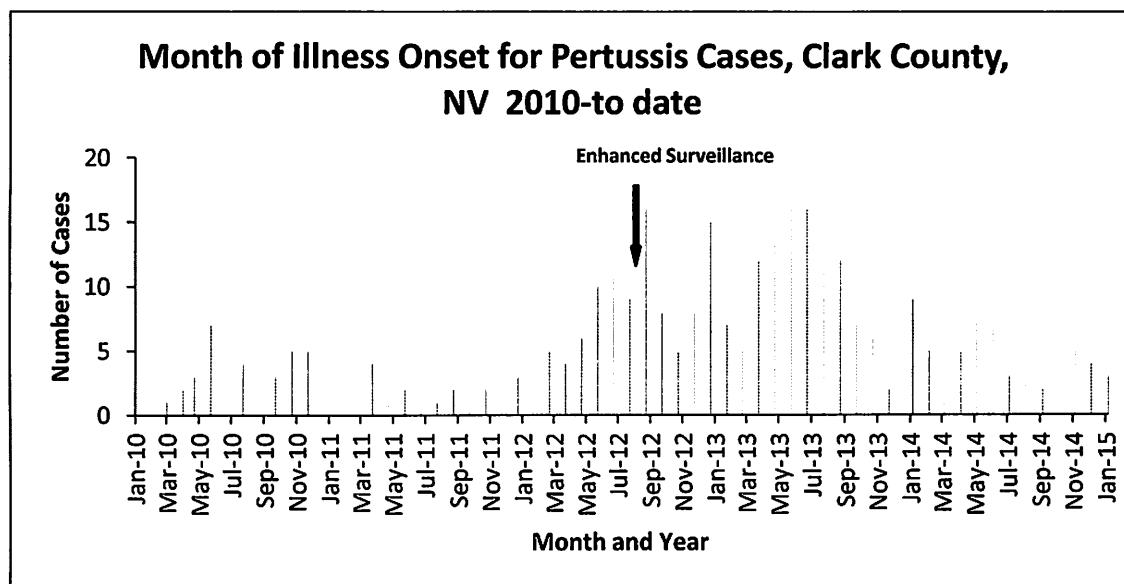


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

2. **Pediatric Early Warning Surveillance System (PEWSS)**²: PEWSS surveillance sentinel sites submitted a high number of respiratory test specimens to the SNPHL for testing in January, a similar level as December. Influenza A activity was high over the course of the month, with all specimens having been identified as H3. Rhinovirus

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, *Chlamydia 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.

and/or Enterovirus continued to circulate in the community at low levels and RSV at moderate levels. Several other respiratory pathogens were identified sporadically over the course of the month. Weekly PEWSS reports are posted online at <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>.

3. **Disease reports and updates:**

- A. **Ebola virus:** The OOE continues monitoring of returned travelers who are at low (but not zero) risk of Ebola Virus exposure. We also continue to develop and update our EVD procedures and protocols as new information becomes available.
- B. **Measles:** The OOE investigated two unrelated cases of measles in January. One case-patient was a fully immunized Valley High School student, which (per NRS 392.446) required us to exclude unimmunized and under-immunized students from that school until February 3. The second case-patient was an unimmunized adult male who was hospitalized for his illness. Investigation efforts continue into February and include contacting over 90 persons potentially exposed to the second case-patient to inform them of this exposure and determine whether they are at risk for measles. Those not at risk are people who have been vaccinated or who have had measles in the past.
- C. **Influenza:** Influenza A continued to circulate in Southern Nevada in January, and laboratory testing indicates H3 as the dominant strain both locally and nationally. Higher than normal emergency department volumes due to influenza and other causes brought much attention to influenza, and SNHD released information to the public about the appropriate times to seek care in emergency rooms to try and alleviate some of the overcrowding. The severity of the season appears to be similar to that of the previous two years, with 412 cases and 10 deaths (including 4 pediatric deaths) having been reported for the season through January. Influenza B has not yet been detected this season.

- 4. **Vital Statistics:** January showed a decrease of 12% in birth certificate sales in comparison to January 2014. The rollout of a new electronic registry system by the state caused a significant delay in our ability to register births, which may have contributed to the decrease in birth certificate sales. Staff had to work overtime to catch up on the birth registrations. Death certificate sales increased by 3% for the same time frame. There was a 47% increase in the number of online orders for birth certificates. The proportion of online orders of death certificates, when compared with January last year, was relatively unchanged. Online orders represented 20% of total sales for birth certificates and 60% of death certificates sold for the month. The Valley View location processed 77% of January birth certificate orders and 40% of January death certificate orders for walk-in clients. SNHD received new revenues of \$27,279 for birth registrations and \$13,223 for death registrations, and an additional \$3298 in miscellaneous request fees for January.

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Jan 2014	Jan 2015		FY 13-14	FY 14-15	
Births Registered	2234	2607	↑	16,219	16,835	↑
Deaths Registered	1507	1564	↑	8753	9258	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Jan 2014	Jan 2015		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	4512	3553	↓	26,068	23,364	↓
Birth Certificates Sold Mesquite (walk-in)	21	32	↑	136	134	↓
Birth Certificates Online Orders	709	915	↑	2861	4875	↑
Birth Certificates Billed	0	110	↑	8	730	↑
Birth Certificates Number of Total Sales	5242	4610	↓	29,073	29,103	↑
Death Certificates Sold Valley View (walk-in)	2959	3039	↑	25,982	19,106	↓
Death Certificates Sold Mesquite (walk-in)	2	5	↑	297	36	↓
Death Certificates Online Orders	4439	4599	↑	16,371	25,445	↑
Death Certificates Billed	0	6	↑	91	135	↑
Death Certificates Number of Total Sales	7400	7643	↑	42,741	44,716	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Jan 2014	Jan 2015		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	86%	77%	↓	90%	80%	↓
Birth Certificates Sold Mesquite (walk-in)	0.4%	0.7%	↑	0.5%	0.5%	↓
Birth Certificates Online Orders	14%	20%	↑	10%	17%	↑
Birth Certificates Billed	0%	2%	↑	0.03%	3%	↑
Death Certificates Sold Valley View (walk-in)	40%	40%	↓	619%	43%	↓
Death Certificates Sold Mesquite (walk-in)	0.03%	0.07%	↑	0.7%	0.1%	↓
Death Certificates Online Orders	60%	60%	↑	38%	57%	↑
Death Certificates Billed	0%	0.08%	↑	0.2%	0.3%	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Revenue	Jan 2014	Jan 2015		FY 13-14	FY 14-15	
Birth Certificates (\$20)	\$104,840	\$92,200	↓	\$581,460	\$582,060	↑
Death Certificates (\$20)	\$148,000	\$152,860	↑	\$854,820	\$894,320	↑
Births Registrations (\$7)	\$0	\$27,279	↑	\$0	\$166,243	↑
Deaths Registrations (\$7)	\$0	\$13,223	↑	\$0	\$78,043	↑
Miscellaneous	\$1260	\$3298	↑	\$7489	\$15,783	↑
Total Vital Records Revenue	\$254,100	\$288,860	↑	\$1,443,769	\$1,736,595	↑

5. Other: OOE staff remain busy with accreditation activities.

6. Communicable Disease Statistics: January 2015 Disease Statistics are attached.

II. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

1. A survey has been prepared for large regional health districts to determine what electronic health record (EHR) products are being used and how they are being used nationally. The survey will be distributed via NACCHO and the results will be

used by management the select the EHR product that will be adopted by SNHD. Work has been performed gathering and formatting zip-code level data to be included on the Healthy Communities website that is being implemented for Southern Nevada. Pentaho and SAS reports for TB and STD have been updated. The TB electronic lab reports are now being routed into TriSano. TriSano report generation for Out of Jurisdiction events and Report of Verified Case of Tuberculosis for co-infection events involving, TB, STD, and HIV have been implemented. The messaging bus has been modified to send Out Of Jurisdiction messages to the state of NV. Some testing has been performed in conjunction with the state on transmission of TB case data to the state NBS system. Work has started with the Fusion Center on a firearm injury study.

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. SNHD hosted the PHP Partners meeting on January 14. This quarterly meeting brings together Nevada's local health authorities, Nevada Division of Public & Behavioral Health (NDPBH), Inter-Tribal Emergency Response Commission, and the Nevada Hospital Association to discuss current preparedness issues.
- C. OPHP manager and public health nurse continue to collaborate with administration to review components of SNHD's respiratory plan and evaluation of district staff that need to maintain an annual fit test certification.
- D. 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.
- 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 (MOU) for Closed Points of Dispensing. These agreements allow for each 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 an 87% 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:** OPHP Nurse conducted a Bloodborne Pathogens class for seven employees on January 21; and performed 19 respirator fit tests. She continues to work on protocols and procedures for employee health and assisting with personal protective equipment for first aid responders and employees involved in TB investigations.

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 NDPBH 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.** MRC of SO NV Program Coordinator, Paula Martel, attended the State Citizen Corps Council and Nevada State Local Health Authority/PHP Partner's meetings. She also worked with the SNHD nursing manager to develop requirements for MRC volunteers who wish to serve on a Blood Draw Team.
- B.** 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 Health Card clients.
- C.** Community events supported by MRC of SO NV volunteers included UNLV Poverty Simulation and first aid for a high school TB clinic.
- D.** Statistics for January 2015: 14 volunteers provided 58 hours of service to the health district and our community with an economic impact of \$1648.

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. December SNPHL Activity Highlights:

- A. SNPHL staff assisted OOE with multiple investigations including Enterovirus D-68, *Shigella sonnei*, *Legionella*, *Bordetella pertussis*, *Campylobacter*, suspect botulism, Lyme disease, and *Listeria*.
- B. SNPHL lab manager and staff participated in multiple Ebola exercise drills at local hospitals. SNPHL received approval from CDC to perform Ebola Zaire molecular testing which will reduce the turnaround time for suspect Ebola cases. SNPHL lab manager provided an Ebola presentation to local First Responders.
- C. SNPHL staff participated in multiple mandatory annual safety training and exercise drills, including full-scale Personal Protective Equipment (PPE) donning and doffing, evacuation drill, emergency chemical spill cleanup response, autoclave training, and Select Agent training.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Dec 2013	Dec 2014		FY 13-14	FY 14-15	
Clinical Testing Services¹	2840	2742	↓	21,888	17,802	↓
Courier Services²	2992	2745	↓	20,919	17,718	↓
Epidemiology Services³	1735	3124	↑	7078	9323	↑
State Branch Public Health Laboratory Services⁴	1061	866	↓	6038	4704	↓
All-Hazards Preparedness Services⁵	11	15	↑	55	81	↑

CL/dm

ATT: January 2015 Disease Statistics

1 Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, Gram stain testing. Note decrease in clinical test activity due to changes in clinical test ordering algorithm instituted by SNHD Nursing in October 2013.

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*, JANUARY 2015

Disease	2013		2014		2015		Rate(Cases per 100,000 per month) (2010-2014 aggregated)	Jan (2015)	Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Jan YTD No. No.	Jan YTD No. No.	Jan YTD No. No.	Jan YTD No. No.					
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	.	.	.	.	.	0.06	0.05	↓
HEPATITIS A	0	0	.	.	0	0	0.02	0.00	↓
HEPATITIS B (ACUTE)	.	.	.	.	0	0	0.11	0.00	↑X
INFLUENZA**	271	271	256	256	268	268	7.35	13.14	↑X
MEASLES	0	0	0	0	.	.	0.01	0.05	↑
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	15	15	10	10	.	.	0.29	0.15	↓
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	16	16	21	21	11	11	0.97	0.54	↓
CHLAMYDIA	714	714	787	787	660	660	34.76	32.35	↓
GONORRHEA	187	187	188	188	210	210	7.97	10.29	↑X
HIV	21	21	25	25	15	15	1.13	0.74	↓
SYPHILIS (EARLY LATENT)	24	24	23	23	5	5	0.94	0.25	↓X
SYPHILIS (PRIMARY & SECONDARY)	8	8	21	21	9	9	0.52	0.44	↓
ENTERICS									
AMEBIASIS	.	.	0	0	0	0	0.06	0.00	↑X
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	5	5	9	9	.	.	0.43	0.10	↓X
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	.	.	.	.	.	.	0.02	0.05	↑
GIARDIA	.	.	.	.	.	.	0.20	0.10	↓
ROTAVIRUS	11	11	0	0	.	.	0.12	0.10	↓
SALMONELLOSIS	9	9	5	5	5	5	0.41	0.25	↓
SHIGA-TOXIN PRODUCING E. COLI#	.	.	0	0	.	.	0.07	0.05	↓
SHIGELLOSIS	.	.	.	.	.	.	0.13	0.05	↓
TYPHOID FEVER	0	0	0	0	0	0	0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	.	.	0	0	0.01	0.00	↓
YERSINIOSIS	.	.	.	.	0	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	.	.	.	.	.	.	0.34	0.20	↓
DENGUE FEVER	0	0	.	.	0	0	0.02	0.00	↓
ENCEPHALITIS	.	.	0	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	0	0	0	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	0.03	0.00	↓
LEGIONELLOSIS	.	.	0	0	.	.	0.04	0.10	↑
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.01	0.00	↓
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	0	0	0	0	0	0.01	0.00	↓
LYME DISEASE	0	0	0	0	0	0	0.01	0.00	↓
MALARIA	.	.	0	0	0	0	0.03	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	.	.	0	0	.	.	0.09	0.10	↑
MENINGITIS, BACTERIAL	.	.	0	0	.	.	0.01	0.15	↑
MENINGOCOCCAL DISEASE	0	0	0	0	0	0	0.02	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)	487	487	173	173	335	335	14.45	16.42	↑
STREPTOCOCCUS PNEUMONIAE, IPD###	9	9	12	12	20	20	0.41	0.98	↑X
TOXIC SHOCK SYN	0	0	0	0	0	0	0.01	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	.	0	0	0	0	0.02	0.00	↓
TUBERCULOSIS	5	5	.	.	8	8	0.24	0.39	↑
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	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (FEVER)	0	0	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=653 (reported total=1571). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported monthly cases [suppression applied] for 2013-2015 were respectively 0,0,0; YTD totals 0,0,0).

**Reporting of novel type A influenza (reclassified as INFLU OUTBRK 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).