




Memorandum

Date: March 23, 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):

- A.** BreakDown is a youth program designed to educate and empower students to promote tobacco-free lifestyles. BreakDown hosted events at Western High School and the Suncoast Bowling Alley in January. At each event students were encouraged to take photos holding a fact card about hookah or electronic cigarettes. Students were then asked to share the photos on social media. Since then, over 200 student photo facts have been collected. This promotion will continue throughout February and March.
- B.** Tobacco Control Program (TCP) staff continues to provide technical assistance for organizations interested in protecting the health of employees and patrons through voluntary smoke-free policies. University Medical Center (UMC) administration approved an improved tobacco-free campus policy that went into effect January 1, 2015. TCP staff was asked to provide technical assistance in the development of the policy. The policy removes the one remaining outdoor smoking area that had been part of the labor contract.
- C.** TCP staff supported an event targeting healthcare providers hosted by Mesquite community partners called "*Building a Healthier Mesquite*." Senator Joe Hardy and Dr. Iser were guest speakers for the event. Dr. Iser delivered a presentation at the event focusing on the important role of healthcare providers in helping patients to quit smoking, new and emerging tobacco products like e-cigarettes, and the significant public health impact of smoke-free workplace laws. Attendees included hospital administrators and city council members.

2. Chronic Disease Prevention Program (CDPP):

- A. CDPP staff provided technical assistance to The Green Chefs Farmers' Market who received authorized retailer approval from United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) in January allowing them to accept electronic benefits transfer (EBT). Staff is also providing technical assistance to the Farms at Fantastic Farmers' Market to help them obtain their authorized retailer approval. Nevada is transitioning from one EBT processor to a new provider so staff is assisting farmers' market managers with the process of acquiring wireless point of service (POS) equipment.
- B. Staff was asked to provide an hour-long presentation on adolescent obesity at the statewide Adolescent Health Summit in January. There were approximately 100 health care providers, social service providers, and community advocates in attendance. The Summit was also broadcast to a location in Northern Nevada.

3. Injury Prevention Program (IPP):

- A. Officially for 2014, there were 33 submersion incidents with 2 fatal drowning cases recorded. One fatal drowning was in the 0-4 age group. The rate per 100,000 for fatal drowning in the 0-4 age group was 0.66. This was the lowest rate recorded since data collection began in 1994. The 2013 rate of 2.05 was previously the lowest recorded rate in that age group. The rate per 100,000 for submersion incidents for children 14 years and younger in 2014 was 7.43. This also is the lowest rate recorded since data collection began in 1994.

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

1. February Meetings:

A. 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.

The MAB reviewed and revised the clinical and didactic training requirements for EMS RNs. Also discussed was the need to develop additional training for field personnel to help increase their understanding of recent revisions to Clark County emergency medical care protocols. In addition, a proposal was presented to allow paramedics to transport medically screened psychiatric patients directly to mental health facilities. The board referred the detailed discussion of the development of field screening criteria, mental health receiving facility criteria, training, and quality assurance metrics to workgroups and committees. Reports will be given at the April MAB meeting. Staff presented the draft "District Procedure for Maintaining EMS Operations During Periods of Multiple Hospital Internal Disaster Declarations" in response to emergency department overcrowding issues. The procedure was unanimously endorsed by the board.

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.

Over the course of 18 months, the RTAB worked on revisions to the Trauma System Regulations, Southern Nevada Trauma System Plan, and the Trauma System Performance Improvement Plan. The Office of EMS & Trauma System held seven public noticed meetings, four work sessions and six Trauma Medical Audit Committee meetings to complete this process. The RTAB unanimously endorsed the proposed revisions to all three documents during their January 2015 meeting. The documents were presented to the District Board of Health and adopted at the February 26, 2015 meeting.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

January EMS Statistics	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Total certificates issued	22	40	↑	712	1031	↑
New licenses issued	22	13	↓	76	110	↑
Renewal licenses issued (recert only)	0	12	↑	543	186	↓
Active Certifications: EMT/EMT-Basic	468	503	↑			
Active Certifications: AEMT/EMT-Intermediate	1308	1257	↓			
Active Certifications: Paramedic/EMT-Paramedic	1169	1178	↑			
Active Certifications: RN	40	41	↑			

I. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

1. **Pertussis in Clark County – Update:** Clark County continues to identify pertussis cases investigating three cases in February with illness onset in January. One of these was a Coronado High School student bringing the total number of cases at Coronado to four. We were unable to identify any associations among the four pertussis cases at Coronado when comparing class schedules, involvement in extracurricular activities or knowledge of other students with pertussis or pertussis-like illness. Students excluded because they were un-immunized or under-immunized were allowed to return to school on February 17.

Case counts by illness onset date from 2010 to present are shown below (Figure 1). Approximately 28% 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.

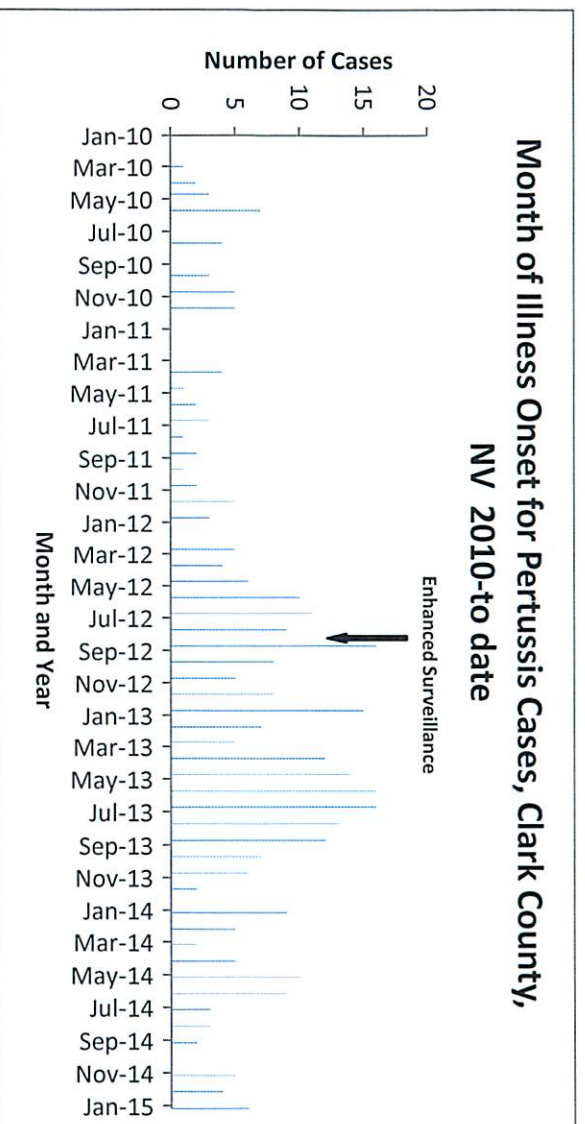


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

2. **Pediatric Early Warning Surveillance System (PEWSS)**²: PEWSS surveillance sentinel sites submitted a moderate of respiratory test specimens to the SNPHL for testing in February, a lower level than January. Influenza A activity was lower over the course of the month, with all specimens having been identified as H3. Influenza B was detected, but has not started to circulate widely in the community. Rhinovirus 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. In February, we received notifications of ten returning travelers for monitoring purposes. We also continue to develop and update our EVD procedures and protocols as new information becomes available. OOE was just notified that a small grant for monitoring activities and to work on creating or updating related protocols and procedures was awarded and became retroactively effective February 1. OOE staff members already track their Ebola-related activities, so Finance will transfer time that was spent on Ebola-monitoring to the grant. The grant will cover Ebola-monitoring activities through April only. However, two other Ebola-related grants are pending that would partially affect OOE. The work would continue the work covered by the first small grant as well as expanding to additional activities.

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.

- B. Measles:** The OOE investigated seven cases of measles in February, for a total of nine cases this year. Five of these cases are linked to Emeril's New Orleans Fish House at the MGM Grand Hotel and Casino. The index case to this cluster was an infant related to an adult server working at the restaurant. It is unknown how the index case or the other two cases identified in February were infected. None of the cases traveled during their incubation periods. The response effort for measles has resulted in very large amounts of staff time. During the month of February, we mailed 313 exposure notification letters relating to the confirmed cases and contacted many of people by phone as well. Some of our routine disease investigation work has had to be set aside during the outbreak. During one of the major phone-calling efforts, some of the staff from the HIV/STD/TB program stepped in to help, as did a number of MRC volunteers, for which OOE is very appreciative.
- C. Influenza:** Influenza A continued to circulate in Southern Nevada in February at low levels, and laboratory testing indicates H3 as the dominant strain both locally and nationally. Although influenza B has been detected, it does not appear to be circulating widely in the community.
4. **Vital Statistics:** February 2015 showed an increase of 10% in birth certificate sales in comparison to February 2014. Death certificate sales also increased by 15% for the same time frame. There was a 28% increase in the number of online orders for birth certificate orders and a 6% increase in online orders of death certificates when compared with February of last year. Online orders represented 19% of total sales for birth certificates and 58% of death certificates sold for the month. The Valley View location processed 78% of February birth certificate orders and 42% of February death certificate orders for walk-in clients. SNHD received new revenues of \$28,021 for birth registrations and \$11,851 for death registrations for the month of February; and an additional \$4,231 in miscellaneous request fees. Total revenues for the month were \$272,623, an increase of \$69,013 when compared to revenues in February of last year.
5. **Other:** OOE staff remain busy with accreditation activities.
6. **Communicable Disease Statistics:** February 2015 Disease Statistics are attached.

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Births Registered	1963	2043	↑	18,182	18,877	↑
Deaths Registered	1286	1420	↑	10,039	10,676	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	3526	3638	↑	29,594	27,002	↓
Birth Certificates Sold Mesquite (walk-in)	28	20	↓	164	154	↓
Birth Certificates Online Orders	688	878	↑	3,549	5,753	↑
Birth Certificates Billed	0	117	↑	8	847	↑
Birth Certificates Number of Total Sales	4242	4653	↑	33,315	33,756	↑
Death Certificates Sold Valley View (walk-in)	2177	2851	↑	28,159	21,957	↓
Death Certificates Sold Mesquite (walk-in)	2	6	↑	299	42	↓
Death Certificates Online Orders	3695	3912	↑	20,066	29,357	↑
Death Certificates Billed	0	4	↑	91	139	↑
Death Certificates Number of Total Sales	5874	6773	↑	48,615	51,489	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	83.12%	78.19%	↓	88.83%	79.99%	↓
Birth Certificates Sold Mesquite (walk-in)	0.66%	0.43%	↓	0.49%	0.46%	↓
Birth Certificates Online Orders	16.22%	18.87%	↑	10.65%	17.04%	↑
Birth Certificates Billed	0%	2.51%	↑	0.02%	2.51%	↑
Death Certificates Sold Valley View (walk-in)	37.06%	42.09%	↑	57.92%	42.64%	↓
Death Certificates Sold Mesquite (walk-in)	0.03%	0.09%	↑	0.62%	0.08%	↓
Death Certificates Online Orders	62.90%	57.76%	↓	41.28%	57.02%	↑
Death Certificates Billed	0%	0.06%	↑	0.19%	0.27%	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Revenue	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Birth Certificates (\$20)	\$84,800	\$93,060	↑	\$666,300	\$675,120	↑
Death Certificates (\$20)	\$117,480	\$135,460	↑	\$972,300	\$1,029,780	↑
Births Registrations (\$7)	\$0	\$28,021	↑	\$0	\$194,264	↑
Deaths Registrations (\$7)	\$0	\$11,851	↑	\$0	\$89,894	↑
Miscellaneous	\$1,290	\$4,231	↑	\$8,779	\$20,014	↑
Total Vital Records Revenue	\$203,610	\$272,623	↑	\$1,647,379	\$2,009,218	↑

II. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

1. Various data have been gathered for inclusion on the Healthy Communities website. This data has undergone quality control procedures and is almost ready for deployment. The Automated Electronic Laboratory Routing system software has been deployed to the User Acceptance Testing TriSano servers and is undergoing testing. A demonstration was given to the state of the software suite for the SNHD messaging bus, disease surveillance, report generation, and state/CDC notification systems.

Various improvements to the messaging bus for exchanging lab data with the state of NV have been implemented. Dr. Lockett and Sony Varghese traveled to Atlanta to participate in a meeting for the Reportable Conditions Knowledge Management System project. Discussions with the state about closer cooperation in sharing data and tools for the Trauma registry have been ongoing. Planning for enhanced notification data to the state NBS system is underway. Work with the Fusion Center and the Coroner's office on the collection of firearms offender data has been performed. Work on additional features for the Physician's input form has been started.

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, planning future drills and exercises in response to an Ebola scenario. In addition, SNHD Offices of Epidemiology, EMS, and the Southern Nevada Public Health Laboratory will be included in healthcare system response. The healthcare systems continue to test preparedness plans and procedures for managing a suspected/confirmed Ebola Virus Disease (EVD) patient with community support. Healthcare system partners continue to provide the Health District with information necessary for proposed activities and needed training for future grant funding opportunities.
- B. OPHP began local planning for the statewide full-scale exercise that will be conducted September 29 – October 1, 2015. SNHD will be testing our capability to manage a large-scale public health emergency following a release of aerosolized tularemia. SNHD plans to activate open public and closed points of dispensing (POD) to evaluate the local capability to provide prophylaxis to the resident and visitor population of Clark County.
- C. The OPHP manager and the public health nurse continue to collaborate with administration to review components of Health District plans and policies. This includes evaluation of district staff preparedness and readiness to respond to public health incidents within the community.
- D. OPHP staff continues to participate in statewide partner planning meetings and conference calls to share information and coordinate response efforts 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 on FY2015 and 2016 budgets and activities for proposed grants in which the Health District is applying for funding.
- F. OPHP Planners continue to receive Memorandums of Understanding (MOU) 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 an 80% 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:** The OPHP Training Officer continues teaching CPR twice a month and First Aid once a month at the Health District.
- B. The Mass Antibiotic Dispensing and Vaccination Course is designed to provide SNHD employees with the understanding of when and how the Strategic National Stockpile is requested and the steps to activate and close a POD. This is a yearly refresher course. This year 90% of all employees completed the training.
- C. **OPHP Nurse Activities:** The Public Health Nurse and OPHP Manager continue to ensure deployment readiness of Health District personnel responding to recent public health incidents. This includes ensuring that personnel are current on fit testing and immunizations. In addition, the OPHP nurse continues to collaborate with administration on several components of the Health District's General Safety Program.

- 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 Division of Public and Behavioral Health (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. Coordinator announced her retirement effective April 2, 2015.
- B. MRC of SO NV Program Coordinator, Paula Martel, attended the Urban Area Working Group meeting, initial planning meeting for 2015 full-scale exercise, and SNHPC meeting.
- C. MRC volunteers continue to support SNHD on a monthly basis by checking records of clients in the Immunization Department and providing information to Vital Record and Health Card clients. Also, they recognized American Heart Month with blood pressure education and assisted with the Epidemiology Department measles investigation.
- D. Community events supported by MRC of SO NV volunteers included Western Veterinary Conference Vet Tech Fair.
- E. Statistics for February 2015: 16 volunteers provided 55 hours of service to the health district and our community with an economic impact of \$1353.

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. **January SNPHL Activity Highlights:**
 - A. SNPHL received approval from the CDC to perform Ebola molecular testing on samples collected from Clark County residents who meet the epidemiological criteria for possible Ebola infection.
 - B. SNPHL staff provided sample collection, transport, and shipping assistance to SNHD Nursing division for the TB investigation at Desert Oasis High School.

- C. SNPHL provided assistance to OOE staff for multiple suspect measles cases. Laboratory staff transported samples collected at local hospitals, collected samples using the SNPHL mobile laboratory response trailer, and arranged for shipment of samples to a Vaccine Preventable Disease (VPD) regional testing laboratory for measles molecular testing.
- D. SNPHL successfully passed a two-day inspection by federal and state inspectors. Inspections are required every two years to ensure that the laboratory is in compliance with federal Clinical Laboratory Improvement Amendments (CLIA) and Nevada state laboratory regulations.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Jan 2014	Jan 2015		FY 13-14	FY 14-15	
Clinical Testing Services ¹	3098	2850	↓	24986	21023	↓
Courier Services ²	3507	3011	↓	24226	20729	↓
Epidemiology Services ³	2573	2906	↑	9651	10363	↑
State Branch Public Health Laboratory Services ⁴	1036	925	↓	7074	5629	↓
All-Hazards Preparedness Services ⁵	4	3	↓	59	84	↑

CL/dm

ATT: February 2015 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*, FEBRUARY 2015

Disease	2013	2014	2015	Rate(Cases per 100,000 per month)		Monthly Rate Comparison	
	Feb YTD No. No.	Feb YTD No. No.	Feb YTD No. No.	Feb (2010-2014 aggregated)	Feb (2015)	Significant change bet. current & past 5-year?~X	
VACCINE PREVENTABLE							
DIPHTHERIA	0	0	0	0	0	0.00	0.00
HAEMOPHILUS INFLUENZA (INVASIVE)	.	.	.	.	.	0.07	0.10
HEPATITIS A	.	0	.	0	0	0.04	0.00
HEPATITIS B (ACUTE)	.	.	.	0	0	0.12	0.00
INFLUENZA**	110	381	85	341	68	4.51	3.33
MEASLES	0	0	0	0	.	0.00	0.05
MUMPS	0	0	0	0	0	0.00	0.00
PERTUSSIS	7	22	.	14	0	0.11	0.00
POLIOMYELITIS	0	0	0	0	0	0.00	0.00
RUBELLA	0	0	0	0	0	0.00	0.00
TETANUS	0	0	0	0	0	0.00	0.00
SEXUALLY TRANSMITTED							
AIDS	19	35	12	33	11	0.79	0.54
CHLAMYDIA	766	1480	857	1644	636	37.49	31.15
GONORRHEA	180	367	208	396	182	8.50	8.91
HIV	14	35	17	42	30	0.95	1.47
SYPHILIS (EARLY LATENT)	20	44	32	55	13	1.05	0.64
SYPHILIS (PRIMARY & SECONDARY)	11	19	26	47	.	0.58	0.10
ENTERICS							
AMEBIASIS	0	.	0	0	0	0.00	0.00
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0.00	0.00
CAMPYLOBACTERIOSIS	5	10	9	18	.	0.34	0.20
CHOLERA	0	0	0	0	0	0.00	0.00
CRYPTOSPORIDIOSIS	0	.	0	.	0	0.00	0.00
GIARDIA	5	8	.	.	6	0.21	0.15
ROTAVIRUS	14	25	.	.	12	0.18	0.59
SALMONELLOSIS	9	18	7	12	.	0.38	0.10
SHIGA-TOXIN PRODUCING E. COLI#	.	.	.	.	.	0.14	0.05
SHIGELLOSIS	.	7	0	.	.	0.06	0.05
TYPHOID FEVER	0	0	0	0	0	0.00	0.00
VIBRIO (NON-CHOLERA)	0	0	0	.	0	0.00	0.00
YERSINIOSIS	0	.	0	.	0	0.01	0.00
OTHER							
ANTHRAX	0	0	0	0	0	0.00	0.00
BOTULISM INTOXICATION	0	0	0	0	0	0.00	0.00
BRUCELLA	0	0	0	0	0	0.00	0.00
COCCIDIOIDOMYCOSIS	.	7	10	13	.	0.33	0.20
DENGUE FEVER	0	0	0	.	0	0.00	0.00
ENCEPHALITIS	0	.	0	0	0	0.00	0.00
HANTAVIRUS	0	0	0	0	0	0.00	0.00
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0.00	0.00
HEPATITIS C (ACUTE)	0	0	0	0	0	0.03	0.00
HEPATITIS D	0	0	0	0	0	0.00	0.00
INVASIVE GROUP A STREP.##	0	0	0	0	0	0.03	0.00
LEGIONELLOSIS	.	.	.	.	0	0.05	0.00
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0.00	0.00
LEPTOSPIROSIS	0	0	0	0	0	0.00	0.00
LISTERIOSIS	.	.	0	0	0	0.01	0.00
LYME DISEASE	0	0	0	0	0	0.00	0.00
MALARIA	0	.	0	0	0	0.00	0.00
MENINGITIS, ASEPTIC/VIRAL	.	.	.	.	.	0.13	0.10
MENINGITIS, BACTERIAL	.	.	.	0	.	0.03	0.00
MENINGOCOCCAL DISEASE	0	0	.	.	0	0.02	0.00
PLAGUE	0	0	0	0	0	0.00	0.00
PSITTACOSIS	0	0	0	0	0	0.00	0.00
Q FEVER	0	0	0	0	0	0.00	0.00
RABIES (HUMAN)	0	0	0	0	0	0.00	0.00
RELAPSING FEVER	0	0	0	0	0	0.00	0.00
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	0.00	0.00
RSV (RESPIRATORY SYNCYTIAL VIRUS)	371	858	178	351	195	16.70	9.55
STREPTOCOCCUS PNEUMONIAE, IPD###	7	16	7	19	11	0.29	0.54
TOXIC SHOCK SYN	0	0	0	0	0	0.00	0.00
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	.	.	0	0.02	0.00
TUBERCULOSIS	.	9	.	.	11	0.26	0.15
TULAREMIA	0	0	0	0	0	0.00	0.00
UNUSUAL ILLNESS	0	0	0	0	0	0.00	0.00
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0	0	0	0.00	0.00
WEST NILE VIRUS (FEVER)	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=306 (reported total=1183). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported monthly cases [suppression applied] for 2013-2015 were respectively ,,,0; YTD totals ,,,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).