




Memorandum

Date: April 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. SNHD released a public health advisory on e-cigarettes in February. TCP staff participated in the development of the e-cigarette advisory and provided e-cigarette data. Several media outlets and statewide organizations covered the release and shared it within their networks. Dr. Iser was interviewed for several media stories. The Nevada Health and Human Services legislative committee requested a presentation by Dr. Iser about e-cigarettes during its March 2 meeting.
- B. February was Heart Month and, as part of that observance, TCP staff promoted the Million Hearts® initiative locally. Million Hearts® is a national initiative that was launched by the U.S. Department of Health and Human Services in September 2011 to prevent 1 million heart attacks and strokes by 2017. That goal will be reached by promoting the "ABCS" of clinical prevention: **A**spirin when appropriate, **B**lood pressure control, **C**holesterol management, and **S**moking cessation. TCP staff presented at the Latin Chamber of Commerce *Desayuno con Amigos* event to promote the Million Hearts® message. Staff encouraged business owners to implement tobacco use minimum distance policies, offered free signage to support those policies, and distributed quit cards.

2. Chronic Disease Prevention Program (CDPP):

- A. CDPP also promoted the Million Hearts® initiative as part of Heart Month. The CDPP multi-component initiative consisted of a coordinated social media campaign with weekly messages on our English and Spanish websites, Facebook, Twitter, and the English and Spanish blogs; a paid media campaign that ran for 3 weeks on 3 different radio stations that reach the priority population; and educational outreach and blood pressure (BP) screening conducted at SNHD by Medical Reserve Corps volunteers for clients and employees every Friday during February. A total of 169 BP checks were conducted. A convenience sample of 143 of the 169 yielded the following results:

Normal: 53/143 or 37% normal BP (<120/<80)
Pre: 51/143 or 36% with pre hypertensive BP (130-139/80-89)
High: 31/143 or 22% with high BP (140-159/90-99)
Very High: 8/143 or 5% with very high BP (160+/100+)

B. The 2015 10 in 10 program launched on February 9. The 10 in 10 Challenge is a free online program designed to help participants lose 10 pounds in 10 weeks. A paid media campaign to promote the program ran on radio and in electronic media. The program will run through the beginning of April. As of the end of February, there were 215 participants.

3. **Injury Prevention Program (IPP):**

A. Recognizing that falls among seniors are a leading cause of loss of independence among seniors, IPP staff has partnered with the Nevada Goes Falls Free Coalition (NGFF) to promote implementation of Stepping On, an evidence-based senior fall prevention program. IPP staff and NGFF leaders met with two management and fund raising professionals to discuss applying for 501(c)(3) status. It was suggested that NGFF consider partnering with an existing 501(c)(3) such as the Henderson Community Foundation (HCF). IPP staff was contacted by Holly Lyman, Director of Greenspun Women's Care Center, about conducting Stepping On at their facility if NGFF will provide the trained leaders. Both of these opportunities were discussed further at the March 9, 2015 NGFF meeting.

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

1. **March 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 the development of a program to train paramedics to conduct medical screenings of psychiatric patients based on criteria approved by the Medical Advisory Board. The medical screenings will be performed to determine if the patient can be transported directly to an approved psychiatric receiving facility rather than an emergency department. Also discussed was the development of a curriculum to educate EMS providers about the management of prehospital death, including appropriate care and support of family or friends on scene. A status update was also given on the field training officer project.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

March EMS Statistics	March 2014	March 2015		FY 13-14	FY 14-15	
Total certificates issued	520	786	↑	1232	1817	↑
New licenses issued	14	14	→	90	124	↑
Renewal licenses issued (recert only)	447	772	↑	990	958	↓
Active Certifications: EMT/EMT-Basic	439	450	↑			
Active Certifications: AEMT/EMT-Intermediate	1257	1226	↓			
Active Certifications: Paramedic/EMT-Paramedic	1133	1152	↑			
Active Certifications: RN	42	40	↓			

I. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

- Pertussis in Clark County – Update:** Clark County continues to identify pertussis cases, investigating two cases in March—one with illness onset in February and one in March. 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 28% of reported laboratory tests ordered for pertussis since July 30, 2012 were either probable or confirmed cases (N=180). Some of these pertussis cases would not have been detected were we not performing enhanced surveillance.

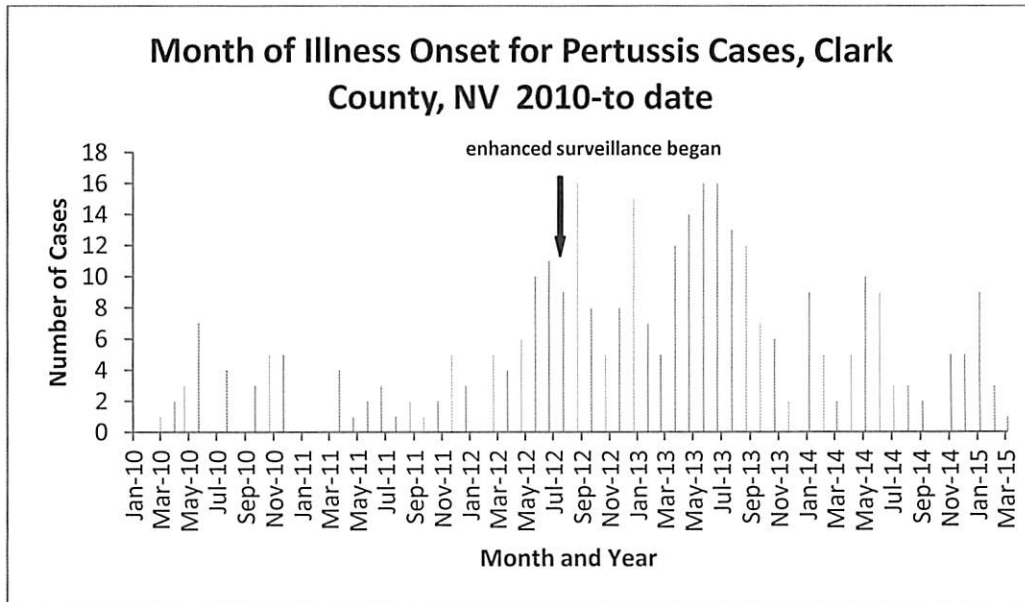


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

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. **Pediatric Early Warning Surveillance System (PEWSS)**¹: PEWSS surveillance sentinel sites submitted a low number of respiratory test specimens to the SNPHL for testing in March, a lower level than February. Influenza A activity was low for the month, with all specimens having been identified as H3. Influenza B was not detected, and has not circulated in the community so far this influenza season. Rhinovirus and/or Enterovirus continued to circulate in the community at low levels, and RSV has returned to baseline. 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:**

Ebola virus: The OOE continues monitoring of returned travelers who are at low (but not zero) risk of Ebola Virus exposure. In March, we received notifications of eight returning travelers for monitoring purposes. At this time, travelers from Guinea, Liberia, and Sierra Leone still require monitoring. We also continue to develop and update our Ebola Virus Disease (EVD) procedures and protocols as new information becomes available. In March, we began charging EVD-related time (for monitoring travelers from West Africa and development/updating of protocols and procedures related to Ebola response) to the recently-awarded CDC grant and will continue to do so through the end of April, at which time the grant ends. Another EVD-related multi-part grant, supplemental to CDC's Epidemiology and Laboratory Capacity, was just awarded to the State of Nevada. SNHD's OOE and Informatics programs will be receiving significant portions of two parts (A and C) of the award, specifically to work with the State to reestablish an antibiogram and participate in healthcare-associated infection monitoring and prevention (Part A), and to develop or enhance migration and surveillance activities related to infectious diseases, including Ebola (Part C). This grant will cover a 3-year period.

Measles: The OOE identified no new cases of measles in March, and the case count stands at nine for the year. Clinicians continued to report suspect cases throughout the month, although testing did not identify any additional cases. Clinician reports decreased over the course of the month, and zero reports were received during the last week of March. Two incubation periods have passed since the onset of the last community-acquired case, and one incubation period has passed since the onset of the last case identified in the cluster related to Emeril's New Orleans Fish House at the MGM. If no additional cases are identified, the Clark County outbreak will be declared over on April 13, 2015.

Influenza: Influenza A was identified in Southern Nevada in March at low levels, and laboratory testing indicates H3 as the dominant strain both locally and nationally for the 2014-2015 influenza season. Influenza B has been sporadically detected, but has yet to circulate widely in the community. This is atypical, as an increase in influenza B circulation typically occurs in March. The decrease in influenza A activity to very low levels and the lack of community spread of influenza B suggest that influenza season is likely over for southern Nevada.

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.

4. **Vital Statistics:** March 2015 showed an increase of 2% in birth certificate sales in comparison to March 2014. Death certificate sales also increased 12% for the same time frame. There was a 29% increase in the number of online orders for birth certificates and a 4% increase in online orders of death certificates when compared with March of last year. Online orders represented 22% of total sales for birth certificates and 57% of death certificates sold for the month. The Valley View location processed 77% of March birth certificate orders and 41% of March death certificate orders for walk-in clients. SNHD received new revenues of \$27,762 for birth registrations and \$13,363 for death registrations for the month of March; and an additional \$4,153 in miscellaneous request fees.

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Mar 2014	Mar 2015		FY 13-14	FY 14-15	
Births Registered	2,069	2,289	↑	20,251	21,163	↑
Deaths Registered	1,319	1,443	↑	11,358	12,119	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Mar 2014	Mar 2015		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	3658	3502	↓	33,252	30,504	↓
Birth Certificates Sold Mesquite (walk-in)	23	35	↑	187	189	↑
Birth Certificates Online Orders	771	994	↑	4320	6,747	↑
Birth Certificates Billed	0	9	↑	8	856	↑
Birth Certificates Number of Total Sales	4452	4540	↑	37,767	38,296	↑
Death Certificates Sold Valley View (walk-in)	2588	3120	↑	30,747	25,077	↓
Death Certificates Sold Mesquite (walk-in)	4	15	↑	303	57	↓
Death Certificates Online Orders	4112	4272	↑	24,178	33,659	↑
Death Certificates Billed	0	121	↑	91	260	↑
Death Certificates Number of Total Sales	6704	7528	↑	55,319	59,017	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Mar 2014	Mar 2015		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	82.2%	77.1%	↓	88.1%	79.7%	↓
Birth Certificates Sold Mesquite (walk-in)	0.5%	0.8%	↑	0.5%	0.5%	→
Birth Certificates Online Orders	17.3%	21.9%	↑	11.4%	17.6%	↑
Birth Certificates Billed	0%	0.2%	↑	0.0%	2.2%	↑
Death Certificates Sold Valley View (walk-in)	38.6%	41.4%	↑	55.6%	42.5%	↓
Death Certificates Sold Mesquite (walk-in)	0.1%	0.2%	↑	0.5%	0.1%	↓
Death Certificates Online Orders	61.3%	56.7%	↓	43.7%	57.0%	↑
Death Certificates Billed	0%	1.6%	↑	0.2%	0.4%	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Revenue	Mar 2014	Mar 2015		FY 13-14	FY 14-15	
Birth Certificates (\$20)	\$89,040	\$90,800	↑	\$755,340	\$765,920	↑
Death Certificates (\$20)	\$134,080	\$150,560	↑	\$1,106,380	\$1,180,340	↑
Births Registrations (\$7)	-	\$27,762	↑	-	\$222,026	↑
Deaths Registrations (\$7)	-	\$13,363	↑	-	\$103,257	↑
Miscellaneous	\$1,483	\$4,153	↑	\$10,262	\$24,167	↑
Total Vital Records Revenue	\$224,603	\$286,638	↑	\$1,871,982	\$2,295,710	↑

5. **Other:** OOE staff remain busy with accreditation activities.
6. **Communicable Disease Statistics:** March 2015 and Quarter 1 2015 Disease Statistics are attached.

II. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

1. The Electronic Laboratory Routing (ELR) system has gone into production mode, and the processing of Hepatitis lab reports has become largely automatic. Work on the ELR also included an upgrade to the MirthConnect software used by our messaging-bus and many of our existing MirthConnect channels have been migrated to the new version. Migrating labs from other diseases to the ELR automation process is ongoing. A new version of the physician input form has gone into production. The new version of the form requires physician credentials and registration with SNHD to use. Messages received by this form are routed to Epidemiology, where they are reviewed and potentially sent on to TriSano. Much data has been gathered, cleaned, and deployed to the Healthy Communities website. Work has been performed in conjunction with the Fusion Center for creating a shared at-risk-population database. Various reports used by the STD/HIV/TB group and the OEMSTS have been improved and deployed. Discussions are ongoing with the State concerning cooperation between SNHD and the Nevada Division of Public and Behavioral Health (NDPBH) on the shared installation and maintenance of a BioSurveillance system and a Trauma Registry.

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 OOE, OEMSTS, 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 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 continues to plan 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 (PODs) to evaluate the local capability to provide prophylaxis to the resident and visitor population of Clark County.
 - C. The OPHP manager and public health nurse continue to collaborate with administration to review components of Health District plans and policies. This includes evaluation of district staff preparedness to respond to public health incidents within the community.
 - D. The 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 with community partners and provide briefings to various sectors of the community upon request.
 - E. The OPHP Manager and Supervisor continue to work with Finance and other SNHD departments on FY2015/2016 budgets and activities for proposed grants for which the Health District is applying for funding.
 - F. The OPHP Planners continue to receive Memorandums of Understanding (MOUs) for Closed PODs. 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 Cities Readiness Initiative 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:**
 - a. Trish Beckwith, OPHP Training Officer, conducted three CPR courses and one First Aid course at the Health District. She participated in Summerlin Hospital's Annual Spring Health and Wellness Fair. Trish represented the Health District as a judge for the annual Health Occupations Students of America Conference at College of Southern Nevada, where more than 600 individuals from across the nation participated in this 2-day event.
 - b. As part of the Health District accreditation, Linda Newton, OPHP Training Officer and member of the A-Team, is involved in the Quality Improvement Committee. This team is developing the District work plan for quality improvement to include a timeframe, the activities, and outcome measures to meet the Public Health Accreditation Board standards and measurements.
 - B. **OPHP Nurse Activities:** The Public Health Nurse conducted a Bloodborne Pathogens class for 8 employees in February and 25 in March. Respirator fit testing was performed on 22 employees and MRC volunteers in February and 22

in March. The Public Health Nurse and OPHP Manager continue to ensure deployment readiness of Health District personnel responding to recent public health incidents.

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. The Coordinator attended a Care and Sheltering of Animals during a Crisis working group meeting to create a plan and a Southern Nevada Community Organization Active in Disasters meeting to discuss role of the organization.
 - B. Volunteers directly supported the SNHD at 330 Valley View by helping with Health Card's line control and providing immunizations. Volunteers supported four local, not-for-profit agencies by providing first aid support for their events.
 - C. Statistics for March 2015: 15 volunteers provided 103 hours of service to the Health District and our community with an economic impact of \$2860.88.

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.

February SNPHL Activity Highlights:

- A. SNPHL staff collaborated with SNHD OOE staff to arrange for either collection or transport of 21 samples for suspect measles testing. In 2008, SNPHL and OOE developed a mobile laboratory response trailer that is used to safely collect samples from potentially infectious persons, such as the suspect measles cases. The trailer is self-contained with a HEPA filtration unit and is equipped for either phlebotomy or respiratory sample collection.
- B. One SNPHL scientist attended training at the CDC for 16S rRNA Sequence Based Bacterial Identification which provided information on the next generation of molecular testing that will become available to public health laboratories.
- C. One SNPHL scientist attended the CDC PulseNet Region IX meeting which allowed laboratory staff from the western region to get together to discuss ongoing and future issues related to PulseNet testing.

COMMUNITY HEALTH - SNP HL – Fiscal Year Data

SNPHL Services	Feb 2014	Feb 2015		FY 13-14	FY 14-15	
Clinical Testing Services^{1,2}	3099	2945	↓	28085	23968	↓
Courier Services³	3137	2945	↓	27563	23674	↓
Epidemiology Services⁴	2189	1579	↓	11840	11942	↑
State Branch Public Health Laboratory Services⁵	675	740	↑	7749	6369	↓
All-Hazards Preparedness Services⁶	8	8	→	67	92	↑

CL/dm

ATT: March 2015 and Quarter 1 2015 Disease Statistics

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

2 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*, MARCH 2015

Disease	2013		2014		2015		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Mar No.	YTD No.	Mar No.	YTD No.	Mar No.	YTD No.	Mar (2010-2014 aggregated)	Mar (2015)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	.	.	.	0	.	0.06	0.00	↓X
HEPATITIS A	.	.	.	.	0	.	0.06	0.00	↓X
HEPATITIS B (ACUTE)	5	8	.	.	0	0	0.12	0.00	↓X
INFLUENZA**	74	455	43	384	27	382	3.82	1.31	↓X
MEASLES	0	0	0	0	0	9	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	.	26	.	16	.	14	0.12	0.10	↓
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	20	55	13	46	10	32	0.90	0.48	↓
CHLAMYDIA	735	2215	881	2528	727	2176	40.11	35.21	↓X
GONORRHEA	168	535	170	566	186	617	8.12	9.01	↑
HIV	27	62	12	54	20	65	1.04	0.97	↓
SYPHILIS (EARLY LATENT)	22	66	16	71	12	64	0.76	0.58	↓
SYPHILIS (PRIMARY & SECONDARY)	10	29	11	59	10	35	0.45	0.48	↑
ENTERICS									
AMEBIASIS	0	.	0	0	0	0	0.03	0.00	↓
BOTULISM-INTestinal (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	5	15	8	26	5	16	0.37	0.24	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	.	.	0	.	0	.	0.03	0.00	↓
GIARDIA	.	11	.	6	.	8	0.13	0.05	↓
ROTAVIRUS	13	38	.	7	17	33	0.37	0.82	↑
SALMONELLOSIS	11	29	.	16	.	18	0.41	0.15	↓
SHIGA-TOXIN PRODUCING E. COLI#	.	6	.	.	0	6	0.18	0.00	↓X
SHIGELLOSIS	.	10	.	5	0	5	0.11	0.00	↓X
TYPHOID FEVER	0	0	.	.	0	0	0.02	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	0	.	0	0	0.00	0.00	
YERSINIOSIS	0	.	0	.	0	0	0.01	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	8	15	6	19	.	15	0.35	0.15	↓
DENGUE FEVER	.	.	0	.	0	0	0.01	0.00	↓
ENCEPHALITIS	0	.	0	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)	0	0	0	0	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	0.02	0.00	↓
LEGIONELLOSIS	.	.	0	.	0	5	0.08	0.00	↓X
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	.	0	0	0	.	0.00	0.00	
LYME DISEASE	0	0	0	0	0	0	0.00	0.00	
MALARIA	0	.	0	0	0	0	0.01	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	.	5	6	10	.	5	0.10	0.05	↓
MENINGITIS, BACTERIAL	0	.	.	5	.	.	0.07	0.05	↓
MENINGOCOCCAL DISEASE	0	0	.	.	0	0	0.03	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)	219	1077	151	502	93	674	9.25	4.50	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	.	20	11	30	10	42	0.28	0.48	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	.	.	.	.	0.03	0.05	↑
TUBERCULOSIS	9	18	9	12	.	15	0.38	0.19	↓
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	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.00	0.00	

*Due to software transition STD data since 2014 are not comparable with those in previous years. Rate denominators are interpolated population estimates/projections using demographic data under ongoing revisions by the state demographer. 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=164 (reported total=1133). 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).

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

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~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).

Clark County Disease Statistics* - Quarter1, 2015

Disease	2013		2014		2015		Rate(Cases per 100,000 per quarter)		Quarterly Rate Comparison current & past 5-year?~
	Q1 No.	YTD No.	Q1 No.	YTD No.	Q1 No.	YTD No.	Qtr1 (2010-2014 aggregated)	Qtr1 (2015)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	.	.	.	.	.	0.19	0.19	
HEPATITIS A	.	.	.	.	.	.	0.12	0.10	↓
HEPATITIS B (ACUTE)	8	8	.	.	0	0	0.35	0.00	↓X
INFLUENZA**	455	455	384	384	382	382	15.63	18.52	↑X
MEASLES	0	0	0	0	9	9	0.01	0.44	↑X
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	26	26	16	16	14	14	0.52	0.68	↑
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	55	55	46	46	32	32	2.65	1.55	↓X
CHLAMYDIA	2215	2215	2528	2528	2176	2176	112.12	105.48	↓X
GONORRHEA	535	535	566	566	617	617	24.53	29.91	↑X
HIV	62	62	54	54	65	65	3.11	3.15	↑
SYPHILIS (EARLY LATENT)	66	66	71	71	64	64	2.74	3.10	↑
SYPHILIS (PRIMARY & SECONDARY)	29	29	59	59	35	35	1.57	1.70	↑
ENTERICS									
AMEBIASIS	.	.	0	0	0	0	0.09	0.00	↓X
BOTULISM-INTestinal (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	15	15	26	26	16	16	1.15	0.78	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	.	.	.	.	.	.	0.05	0.05	
GIARDIA	11	11	6	6	8	8	0.54	0.39	↓
ROTAVIRUS	38	38	7	7	33	33	0.67	1.60	↑X
SALMONELLOSIS	29	29	16	16	18	18	1.21	0.87	↓
SHIGA-TOXIN PRODUCING E. COLI#	6	6	.	.	6	6	0.39	0.29	↓
SHIGELLOSIS	10	10	5	5	5	5	0.30	0.24	↓
TYPHOID FEVER	0	0	.	.	0	0	0.03	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	.	.	0	0	0.01	0.00	↓
YERSINIOSIS	.	.	.	.	0	0	0.04	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	15	15	19	19	15	15	1.02	0.73	↓
DENGUE FEVER	.	.	.	.	0	0	0.03	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	0.01	0.00	↓
HEPATITIS C (ACUTE)	0	0	0	0	.	.	0.07	0.05	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.08	0.00	↓X
LEGIONELLOSIS	.	.	.	.	5	5	0.17	0.24	↑
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	.	.	0.02	0.05	↑
LYME DISEASE	0	0	0	0	0	0	0.01	0.00	↓
MALARIA	.	.	0	0	0	0	0.04	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	5	5	10	10	5	5	0.32	0.24	↓
MENINGITIS, BACTERIAL	.	.	5	5	.	.	0.11	0.19	↑
MENINGOCOCCAL DISEASE	0	0	.	.	0	0	0.07	0.00	↓X
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)	1077	1077	502	502	674	674	40.28	32.67	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	20	20	30	30	42	42	0.98	2.04	↑X
TOXIC SHOCK SYN	0	0	0	0	0	0	0.01	0.00	↓
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	.	.	.	.	.	0.07	0.05	↓
TUBERCULOSIS	18	18	12	12	15	15	0.88	0.73	↓
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	

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