



Memorandum

Date: May 28, 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.** On March 18, BreakDown, a youth program designed to educate and empower students to promote tobacco-free lifestyles, participated in Kick Butts Day, a nationwide tobacco awareness day coordinated by the Campaign for Tobacco-Free Kids. On Kick Butts Day, teachers, youth leaders, and health advocates are encouraged to organize events that raise awareness of the problem of tobacco use in their communities; encourage youth to reject the tobacco industry's deceptive marketing strategies and stay tobacco-free; and urge elected officials to take action to protect kids from tobacco. BreakDown staff went to a local high school to distribute educational information on hookah and vaping. A press release was issued and media covered the event.
- B.** Staff delivered a training presentation on emerging tobacco products and their implications when used during pregnancy for the SNHD Maternal Child Health Program. Community nurses were also in attendance. The presentation was delivered to 60 attendees as part of a brief intervention training that was provided by the American Lung Association.
- C.** Tobacco Control Program staff continues to provide technical assistance for organizations interested in protecting the health of employees and patrons through voluntary smoke-free policies. Blueberry Hill restaurants recently implemented a "No e-cigarette" policy at all four of their locations in Clark County.

2. Chronic Disease Prevention Program (CDPP):

- A.** CDPP staff and Partners for a Healthy Nevada (PHN) obesity coalition members participated in Nevada Moves Day events at Ruby Thomas Elementary School in March. The event was designed to promote walking and biking to school. More than 1,000 students and parents participated.

B. The Chronic Disease Prevention Program began a Facebook advertising campaign. The campaign launched on March 20 and is comprised of four different Facebook ads that encourage users to 'like' the Get Healthy Facebook page. As a result of the ads, the number of likes on the Facebook page grew from 620 to 1,013 in just under two weeks. Dialogue and interaction also increased. The campaign will continue into April.

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

A. Through the end of March there have been 5 total submersion incidents with 2 of those incidents resulting in fatal drowning. One of the fatal drowning victims was 2 years old and the other was 5 years old. All 5 submersion incidents occurred in residential pools and 4 of the 5 victims were under 4 years of age. The media for the 2015 annual drowning prevention public information campaign will begin on April 1, 2015, coinciding with the 2015 April Pools Day Press Conference.

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

1. **April 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.

Dr. Iser addressed the Board to provide an update on the current 2015 legislative issues. The bills affecting the EMS & Trauma System include: AB 305 that would enable community paramedic programs, AB 308 that revises special event medical coverage requirements, SB 189 that creates a fund for the EMS and trauma system, SB 327 that revises staffing requirements for air ambulances, AB 158 that allows entities to keep epinephrine auto-injectors in place where allergens capable of causing anaphylaxis may be present for administration by trained individuals, and AB 463 that enables the creation of an interstate compact that would allow an individual licensed as an EMS provider in another member state to practice in this state. Reports from the sub-committees were also heard.

B. **Drug/Device/Protocol (D/D/P) Committee**

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

Revisions were made to the Smoke Inhalation and Overdose/Poisoning protocols relating to the use of Hydroxocobalamin for cyanide-exposed patients. Dextrose 10% was added to the drug inventory. The frequent shortages and relatively high cost of Dextrose 50% prompted the agencies to research alternative ways of delivering sugar to hypoglycemic patients. After the agencies deplete their supply

of Dextrose 50%, Dextrose 25%, and Dextrose 12.5% they will switch over to Dextrose 10%.

The committee reviewed the draft Psychiatric Patient Destination protocol that will allow paramedics to medically screen psychiatric patients in the field utilizing consensus criteria to determine whether patients need to go to a hospital ED or a psychiatric facility.

C. Regional Trauma Advisory Board (RTAB)

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

Nominations were opened for the non-standing members of the RTAB for those seats with terms expiring on June 30, 2015. The RTAB Nominating Committee will review the nominations and the members will be appointed by the Chief Health Officer based on the committee's recommendations. There is an opportunity to develop a trauma team to provide education in hospital settings throughout the rural counties of Nevada. The project is available through funding provided by the statewide Emergency Medical Services for Children Grant, and various members of the RTAB have expressed interest in participating in this program.

The Board viewed a presentation regarding protocol development for hostile mass-casualty incidents. The protocol was developed by the Southern Nevada Fire Operations group, with input from law enforcement, to create an integrated response system during a mass-casualty incident. A legislative update was provided to the Board, and it was reported that the State Bureau of Preparedness, Assurance, Inspection, and Statistics is still working to address problems with the state trauma registry.

D. Southern Nevada Injury Prevention Partnership (SNIPP)

The SNIPP is a committee with the primary purpose of advising and assisting the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma System Plan and assuring the provision of injury prevention efforts, with emphasis on those that directly impact the trauma system. The SNIPP elected Mike Bernstein, M.Ed., Southern Nevada Health District, as the chairperson and Dineen McSwain, RN, University Medical Center, as the vice chairperson.

The members reviewed a resource list for the wide range of injury prevention resources that are available in Southern Nevada. As the document was created in 2011 for the American College of Surgeons trauma system consultation visit, the committee agreed to update the list. This tool will guide the committee in defining future goals and objectives for the SNIPP.

The Southern Nevada Trauma System website was introduced to the SNIPP. The site will provide a mechanism to link to the websites of partnering agencies and will provide another mechanism for publishing information related to injury prevention. There was discussion about the various injury prevention activities scheduled within the upcoming months, and they include child abuse prevention, heat stroke awareness, and pedestrian and bicycle safety.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

April EMS Statistics	April 2014	April 2015		FY 13-14	FY 14-15	
Total certificates issued	42	38	↓	1274	1855	↑
New licenses issued	31	14	↓	110	138	↑
Renewal licenses issued (recert only)	0	0	→	990	958	↓
Active Certifications: EMT/EMT-Basic	446	461	↑			
Active Certifications: AEMT/EMT-Intermediate	1267	1239	↓			
Active Certifications: Paramedic/EMT-Paramedic	1139	1163	↑			
Active Certifications: RN	40	41	↑			

I. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

- Pertussis in Clark County – Update:** We investigated ten Clark County pertussis cases in April; one person had illness onset in February, five had onset in March, and four had onset in April. We continue our usual pertussis-response activities, including assisting CCSD with developing letters informing parents and guardians of students who may have been exposed to pertussis in three different Clark County schools, and 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=188). Some of these pertussis cases would not have been detected were we not performing enhanced surveillance.

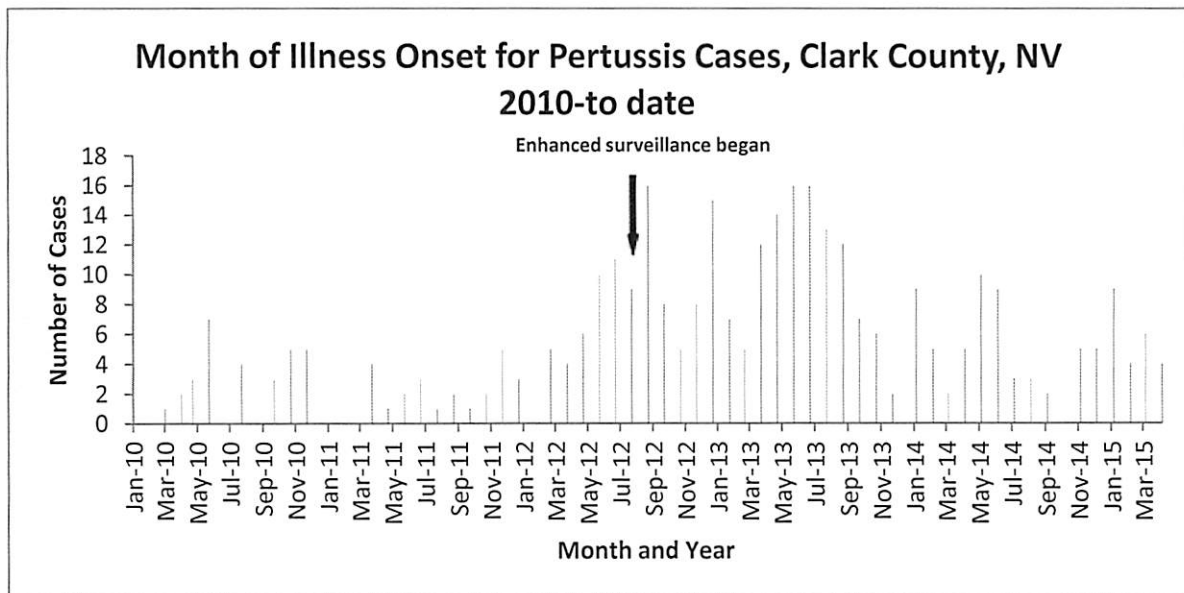


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

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

1. **Pediatric Early Warning Surveillance System (PEWSS)¹**: PEWSS surveillance sentinel sites submitted a low number of respiratory test specimens to the SNPDL for testing in April. Influenza A was detected in one specimen early in the month, and a low level of Influenza B activity was detected. Parainfluenza virus 3 circulated at low to 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>.
2. **Disease reports and updates:**
 - A. **Ebola virus:** The OOE continues monitoring returned travelers who are at low (but not zero) risk of Ebola Virus exposure. In April, we received notifications of eleven returning travelers for monitoring purposes. At this time, travelers from Guinea, Liberia, and Sierra Leone still require monitoring. Liberia has not reported any cases since March 20 and if none are identified by May 9, the outbreak will be considered to be over in that country. We also continue to develop and update our Ebola Virus Disease (EVD) procedures and protocols as new information becomes available.
 - B. **Measles:** The OOE identified no new cases of measles in April, and the case count stands at nine for the year. Clinicians continued to report suspect cases in April; however none of these reports met the case definition. The Clark County outbreak was declared over on April 13, 2015.
 - C. **Influenza:** Low numbers of influenza cases were reported to SNHD or detected by PEWSS in April. Influenza A activity has nearly ceased for the season, and cases of Influenza B continue to be reported sporadically.
3. **Vital Statistics:** April 2015 showed an increase of 13% in birth certificate sales in comparison to April 2014. Death certificate sales were equal for the same time frame. There was a 50% increase in the number of online orders for birth certificates and an 11% increase in online orders of death certificates when compared with April of last year. Online orders represented 22% of total sales for birth certificates and 54% of death certificates sold for the month. The Valley View location processed 74% of April birth certificate orders and 46% of April death certificate orders for walk-in clients. SNHD received new revenues of \$26,047 for birth registrations and \$12,236 for death registrations for the month of April; and an additional \$3,012 in miscellaneous request fees.

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	April 2014	April 2015		FY 13-14	FY 14-15	
Births Registered	2,202	2,272	↑	22,453	23,435	↑
Deaths Registered	1,322	1,396	↑	12,680	13,515	↑

laboratory test has been ordered) was implemented to speed the process of detecting disease and implementing actions to prevent spread.

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

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	April 2014	April 2015		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	3,280	3,324	↑	36,532	33,834	↓
Birth Certificates Sold Mesquite (walk-in)	21	21	→	208	210	↑
Birth Certificates Online Orders	654	981	↑	4,974	7,731	↑
Birth Certificates Billed	0	154	↑	8	1,206	↑
Birth Certificates Number of Total Sales	3,955	4,480	↑	41,722	42,981	↑
Death Certificates Sold Valley View (walk-in)	2,493	2,932	↑	33,240	28,029	↓
Death Certificates Sold Mesquite (walk-in)	12	4	↓	315	48	↓
Death Certificates Online Orders	3,921	3,476	↓	28,099	37,101	↑
Death Certificates Billed	0	13	↑	91	88	↓
Death Certificates Number of Total Sales	6,426	6,425	↓	61,745	65,266	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	April 2014	April 2015		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	82.9%	74.2%	↓	87.6%	78.7%	↓
Birth Certificates Sold Mesquite (walk-in)	0.5%	0.5%	→	0.5%	0.5%	→
Birth Certificates Online Orders	16.5%	21.9%	↑	11.9%	18.0%	↑
Birth Certificates Billed	0.0%	3.4%	↑	0.0%	2.8%	↑
Death Certificates Sold Valley View (walk-in)	38.8%	45.6%	↑	53.8%	42.9%	↓
Death Certificates Sold Mesquite (walk-in)	0.2%	0.1%	↓	0.5%	0.1%	↓
Death Certificates Online Orders	61.0%	54.1%	↓	45.5%	56.8%	↑
Death Certificates Billed	0.0%	0.2%	↑	0.1%	0.1%	→

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Revenue	April 2014	April 2015		FY 13-14	FY 14-15	
Birth Certificates (\$20)	\$79,100	\$89,600	↑	\$834,440	\$859,620	↑
Death Certificates (\$20)	\$128,520	\$128,500	↓	\$1,234,900	\$1,305,320	↑
Births Registrations (\$7)	\$0	\$26,047	↑	\$0	\$248,073	↑
Deaths Registrations (\$7)	\$0	\$12,236	↑	\$0	\$115,493	↑
Miscellaneous	\$939	\$3,012	↑	\$11,201	\$14,213	↑
Total Vital Records Revenue	\$208,559	\$259,395	↑	\$2,080,541	\$2,542,719	↑

4. Other:

- A. OOE staff members remained very busy in April with accreditation activities. Among these activities, Disease Investigation and Intervention Specialist, Tami Bruno attended multi-day training on the Mobilizing for Action through Planning and Partnerships (MAPP) model. The knowledge she gained is already being applied to SNHD's accreditation efforts, but MAPP is intended to be a perpetually

utilized tool in the broader effort to foster effective long-term community public health partnerships in Southern Nevada.

- B. Our CDC-assigned Epidemic Intelligence Service Fellow, Monica Adams, is on a second month-long assignment in Sierra Leone, helping CDC's Ebola outbreak response efforts. She returns to SNHD in June.
- C. In April, HIV Senior Epidemiologist, Angel Stachnik, joined the OOE to work full-time on one of SNHD's newest HIV grants. She was previously with the Nevada Division of Public and Behavioral Health's (NDPBH) HIV program in Las Vegas. This is a new grant-funded position for OOE.

5. Communicable Disease Statistics: April 2015 Disease Statistics are attached.

II. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- 1. The Electronic Laboratory Routing (ELR) system is now processing all Hepatitis (A, B, and C), RSV, and Rotavirus messages. There has been continuing work on Mirth Connect channels to integrate them with the ELR. Work on migration of STD lab messaging to the ELR is ongoing. Changes to our web page for disease reporting have been made to make web-based reporting more visible, and steps are being taken to migrate non-electronic reporting to the web-form. A new version of Pentaho has been installed, and the process of integrating it with the SNHD domain-credentialing scheme is underway. A lot of work has been performed preparing for the import of legacy TB data to TriSano. Work on the Healthy Communities website continues. Work in conjunction with the Fusion Center on the at-risk-population database continues. New EMS reports have been developed. Discussions are ongoing with the state concerning cooperation between SNHD and NDBPH 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 attended the Public Health Preparedness Summit in Atlanta, GA. Due to the current state of the world, the 2015 theme was Global Health Security: Preparing a Nation for Emerging Threats. This conference provides opportunities on how to implement model practices to enhance emergency capabilities nationwide.
- B. The annual all-staff waterfall call down drill was conducted on April 28. This drill is a requirement for the CDC's Cities Readiness Initiative program as part of the Public Health Emergency Preparedness cooperative agreement. The purpose of the drill is to ensure that SNHD leaders, directors, managers, supervisors and staff are familiar with the call down process and can assemble during an event. The result was 82% staff indicated they would be able to respond.
- C. On April 29, OPHP staff assisted the Las Vegas Valley Water District in a closed POD drill. A closed POD site is a location operated by private businesses to provide medications to their employees, families and clients in the event of an emergency.
- D. 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, 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 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.

- E. 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 (POD) to evaluate the local capability to provide prophylaxis to the resident and visitor population of Clark County.
 - F. 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 readiness to respond to public health incidents within the community.
 - G. 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.
 - H. 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.
 - I. 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.
 - J. 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:** Trish Beckwith, OPHP Training Officer, conducted three CPR courses and one First Aid course at the Health District.

As part of the Health District accreditation, Linda Newton, OPHP Training Officer and member of the OPHP A-Team, is involved in the Quality Improvement Committee. This team is developing the District work plan for quality improvement to include the timeframe, 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 41 employees. Respirator fit testing was performed on 21 employees. 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 EVD 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):** MRC participated in four events in April. Statistics for April 2015: 16 volunteers provided 82.5 hours of service to the health district and our community with an economic impact of \$2825.58.

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. March SNPHL Activity Highlights:

- A. SNPHL staff provided sample collection and shipping support for multiple SNHD Epidemiological investigations for measles, mumps, and pertussis. Because these diseases have airborne transmission, the SNPHL mobile lab response trailer, which contains a HEPA filtration system, was utilized to safely collect patient samples.
- B. SNPHL staff supported the SNHD Nursing division with collection and transport of samples for TB testing from students associated with the Desert Oasis TB investigation.
- C. SNPHL successfully passed the Nevada Bureau of Healthcare Quality and Compliance inspection, which was required due to a change in the Laboratory Director.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	March 2014	March 2015		FY 13-14	FY 14-15	
Clinical Testing Services ^{1,2}	3,258	3,379	↑	31,343	27,347	↓
Courier Services ³	3,224	3,381	↑	30,787	27,055	↓
Epidemiology Services ⁴	1,501	1,104	↓	13,341	13,046	↓
State Branch Public Health Laboratory Services ⁵	752	959	↑	8,501	7,328	↓
All-Hazards Preparedness Services ⁶	8	13	↑	75	105	↑

CL/dm

ATT: April 2015 Disease Statistics

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

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

3 Includes the number of clinical test specimens transported from facilities by SNPHL 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*, APRIL 2015

Disease	2013		2014		2015		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~X
	Apr No.	YTD No.	Apr No.	YTD No.	Apr No.	YTD No.	Apr (2010-2014 aggregated)	Apr (2015)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	6	0	.	.	9	.	0.06	0.19	↑
HEPATITIS A	.	0	.	0	.	.	0.07	0.00	↓X
HEPATITIS B (ACUTE)	9	.	6	.	.	.	0.08	0.05	↓
INFLUENZA**	36	491	56	440	38	420	2.12	1.84	↓
MEASLES	0	0	0	0	0	9	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	12	38	5	21	5	25	0.27	0.24	↓
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	19	74	24	70	.	35	1.00	0.15	↓X
CHLAMYDIA	715	2930	858	3387	817	3180	37.09	39.54	↑
GONORRHEA	150	685	233	799	184	849	8.06	8.91	↑
HIV	21	83	25	79	12	77	0.94	0.58	↓
SYPHILIS (EARLY LATENT)	22	88	28	99	9	92	0.96	0.44	↓
SYPHILIS (PRIMARY & SECONDARY)	13	42	33	92	14	61	0.76	0.68	↓
ENTERICS									
AMEBIASIS	.	.	0	0	.	.	0.06	0.10	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	7	22	7	33	6	24	0.40	0.29	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	.	0	.	.	0.01	0.00	↓
GIARDIA	6	17	5	11	5	13	0.19	0.24	↑
ROTAVIRUS	19	57	13	20	11	48	0.55	0.53	↓
SALMONELLOSIS	217	246	10	26	7	30	2.74	0.34	↓X
SHIGA-TOXIN PRODUCING E. COLI##	.	8	0	.	0	8	0.12	0.00	↓X
SHIGELLOSIS	0	10	.	6	0	5	0.06	0.00	↓X
TYPHOID FEVER	0	0	0	.	0	0	0.00	0.00	
VIBRIO (NON-CHOLERA)	.	.	0	.	0	0	0.01	0.00	↓
YERSINIOSIS	0	.	0	.	0	0	0.00	0.00	
OTHER									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	9	24	12	31	.	19	0.41	0.19	↓
DENGUE FEVER	0	.	.	0	0	0	0.01	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)	.	.	.	.	.	.	0.02	0.10	↑
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.01	0.00	↓
LEGIONELLOSIS	.	5	.	.	9	.	0.07	0.05	↓
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	.	.	.	.	.	0.03	0.05	↑
LYME DISEASE	0	0	0	0	0	0	0.00	0.00	
MALARIA	0	.	0	0	0	0	0.00	0.00	
MENINGITIS, ASEPTIC/VIRAL	.	7	8	18	.	9	0.15	0.05	↓
MENINGITIS, BACTERIAL	0	.	0	5	.	6	0.02	0.10	↑
MENINGOCOCCAL DISEASE	0	0	0	.	0	0	0.00	0.00	
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	0.00	0.00	
RABIES (HUMAN)	0	0	0	0	0	0	0.00	0.00	
RELAPSING FEVER	0	0	0	0	0	0	0.00	0.00	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	0	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	57	1134	60	562	28	737	3.40	1.36	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	6	26	8	38	11	53	0.21	0.53	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	.	.	5	.	.	0.03	0.05	↑
TUBERCULOSIS	13	31	7	19	13	28	0.46	0.63	↑
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=130 (reported total=1182). 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.

#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).