




Memorandum

Date: June 25, 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.** 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. In April, Arthur Murray Dance Studios and the National Coalition of Hispanic Organizations both implemented minimum distance policies for their businesses. In addition, staff worked with the Harrah's Hotel and Casino in Laughlin, Nevada to designate their family pool areas as smoke-free.
- B.** To date, thirteen venues in Clark County have signed on to be smoke-free meeting venues. In April, one new venue listing was added. Nevada Cancer Coalition (NCC) staff has reached out to the downtown project about adding all of their businesses to the listing and have contacted five other smoke-free locations to provide information and a copy of the smoke-free venue application. NCC staff is currently mapping local smoke-free meeting venues for use on the Get Healthy Clark County and the Nevada Tobacco Prevention Coalition websites to help meeting planners find smoke-free venues in Clark County.
- C.** BreakDown, a youth program designed to educate and empower students to promote tobacco-free lifestyles, hosted four events in April at Sierra Vista, Shadow Ridge, Desert Oasis, and Western High Schools. 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. In total, over 1,013 student photo facts have been collected.

2. Chronic Disease Prevention Program (CDPP):

- A.** Outside Las Vegas Foundation (OLVF), a Partnerships to Improve Community Health (PICH) grant partner, worked with the City of North Las (CNLV) Vegas to expand the 'Adopt a Trail' program to that city. OLVF is now working with CNLV to finalize a scope of work and establish deliverables and timelines for the program.

The overall purpose of this effort is to build community support, awareness, and sustainability capacity for local trails.

- B. The CDDP ran a Facebook campaign in April consisting of six different Facebook ads encouraging users to like the Get Healthy Facebook page. As a result of the ads, the number of likes on the Facebook page expanded from 620 to 2,098. The Total Reach of the campaign was calculated at 19,178 and total engagement was calculated at 895. The campaign also consisted of three posts relating to our Farmers' Markets and Neon To Nature programs. The Farmers' Market post garnered 258 likes, 12 comments, and 62 shares. The Neon to Nature post garnered 103 likes and 8 comments. The cost of this campaign was minimal and the results were very positive. As a result, we will now consider social marketing advertising as part of our overall media strategy to reach specific audiences.

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

- A. All media for the 2015 Drowning Prevention Public Information Campaign began on April 1, 2015 coinciding with the 2015 April Pools Day Press Conference. The April Pools Day Press Conference took place at the new Garside Pool in the City of Las Vegas at 2:00 pm on April 1, 2015. Dr. Lockett, Director of Community Health, was included as one of the speakers for the event.

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

1. **May 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 review the cervical stabilization training video. The video was produced in response to recent changes in the EMS protocol related to the prehospital management of patients with suspected spinal injury. Portions of the informational video will be revised and brought back to the committee for approval before going to the MAB for final endorsement. Also discussed was a bill that passed related to the establishment of a stroke registry in Nevada. Data gathered in the next couple of years may lead to modifications regarding treatment and hospital destination for patients with stroke symptoms.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

May EMS Statistics	August 2013	August 2014		FY 13-14	FY 14-15	
Total certificates issued	39	38	↓	1309	1893	↑
New licenses issued	16	15	↓	126	153	↑
Renewal licenses issued (recert only)	0	0	→	990	958	↓
Active Certifications: EMT/EMT-Basic	466	477	↑			
Active Certifications: AEMT/EMT-Intermediate	1268	1243	↓			
Active Certifications: Paramedic/EMT-Paramedic	1150	1175	↑			
Active Certifications: RN	38	43	↑			

I. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

1. Pertussis in Clark County – Update: We investigated 20 Clark County pertussis cases in May; one person had illness onset in March, fourteen had onsets in April, and five had onset in May. The majority of cases (11) were among Mesquite residents. It is not clear why there were such a large number of cases. They were distributed across the community: two in Virgin Valley High school students, three in Hughes Middle School students, two in Joseph Bowler Elementary School students, and one Grant Bowler Elementary School student. A couple of additional cases were among adult household members of affected students, and a few others had no association with school-aged children. The increase in case identification may be reflective of the increased amount of testing conducted by one community clinician. In addition to the 11 positive tests, an estimated 40 other Mesquite-area residents were tested whose illnesses ultimately were not determined to be pertussis. This high volume of reports created sufficient burden on our staff for several weeks that we had to streamline our data collection process to collect less information than normal on cases we thought were likely not actually pertussis. We implemented our usual pertussis-response activities, including assisting CCSD with developing letters to inform parents and guardians of students who may have been exposed to pertussis in the three affected 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.

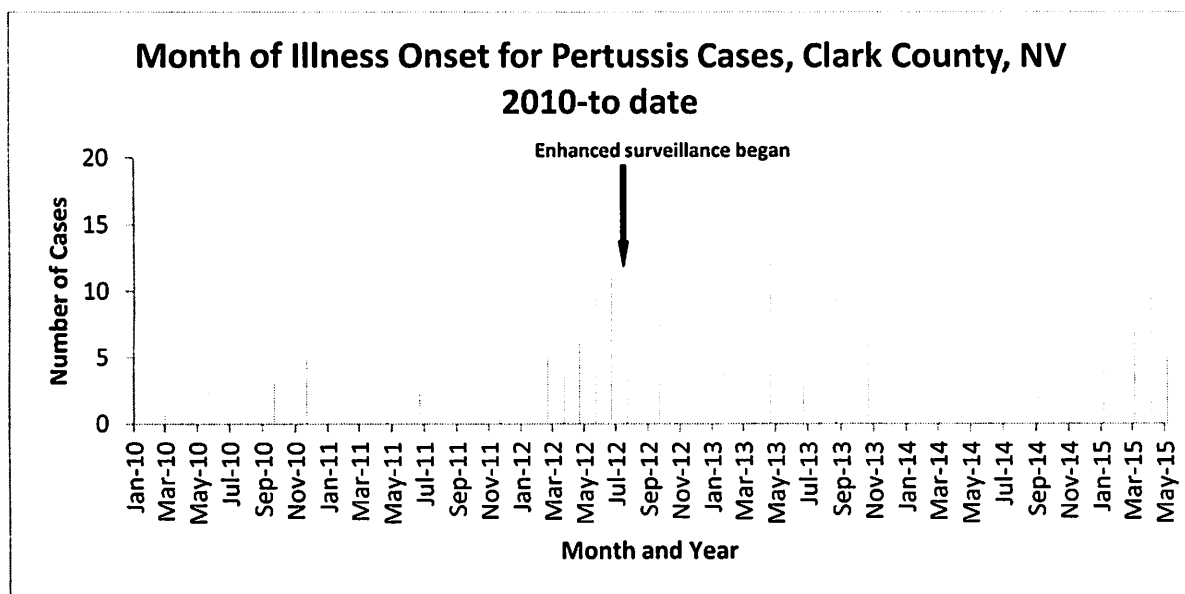


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

2. Pediatric Early Warning Surveillance System (PEWSS)¹: PEWSS surveillance sentinel sites submitted a low number of respiratory test specimens to the SNPHL for

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.

testing in May. A moderate level of Influenza B activity was detected. Parainfluenza virus 3 and rhinovirus/enterovirus circulated at low levels. Adenovirus was 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 May, we monitored fourteen returned travelers. The outbreak is considered to be over in Liberia; however, returned travelers from that country are still being monitored at this time, as are those returning from Guinea and Sierra Leone, where the outbreak continues. We also continue to develop and update our Ebola Virus Disease (EVD) procedures and protocols as new information becomes available.

B. 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.

4. Vital Records: in comparison to May 2014, May 2015 showed increases of 5% in birth certificate sales and 2% in death certificate sales, and online orders increased by 33% for birth certificates and decreased by 2% for death certificates. Online orders represented 23% of total sales for birth certificates and 57% of death certificates sold, while walk-in clients represented 74% of total birth certificate sales and 42% of total death certificate sales for May. SNHD received new revenues of \$24,276 for birth registrations, \$11,417 for death registrations, and an additional \$2816 in miscellaneous request fees for the month of May.

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	May 2014	May 2015		FY 13-14	FY 14-15	
Births Registered	1,973	2,132	↑	24,426	25,567	↑
Deaths Registered	1,213	1,251	↑	13,893	14,766	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	May 2014	May 2015		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	3,215	3,059	↓	39,747	36,887	↓
Birth Certificates Sold Mesquite (walk-in)	18	26	↑	226	236	↑
Birth Certificates Online Orders	728	967	↑	5,702	8,699	↑
Birth Certificates Billed	0	126	↑	8	1,088	↑
Birth Certificates Number of Total Sales	3,961	4,178	↑	45,683	46,910	↑

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	May 2014	May 2015		FY 13-14	FY 14-15	
Death Certificates Sold Valley View (walk-in)	2,419	2,608	↑	35,659	30,663	↓
Death Certificates Sold Mesquite (walk-in)	3	3	→	318	51	↓
Death Certificates Online Orders	3,611	3,543	↓	31,710	40,648	↑
Death Certificates Billed	0	11	↑	91	89	↓
Death Certificates Number of Total Sales	6,033	6,165	↑	67,778	71,451	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	May 2014	May 2015		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	81.17%	73.22%	↓	87.01%	78.63%	↓
Birth Certificates Sold Mesquite (walk-in)	.45%	.62%	↑	.49%	.50%	↑
Birth Certificates Online Orders	18.28%	23.15%	↑	12.48%	18.54%	↑
Birth Certificates Billed	-	3.02%	↑	.02%	2.32%	↑
Death Certificates Sold Valley View (walk-in)	40.10%	42.30%	↑	52.61%	42.91%	↓
Death Certificates Sold Mesquite (walk-in)	.05%	.05%	→	.47%	0.07%	↓
Death Certificates Online Orders	59.85%	57.47%	↓	46.79%	56.89%	↑
Death Certificates Billed	-	.18%	↑	.13%	.12%	↓

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Revenue	May 2014	May 2015		FY 13-14	FY 14-15	
Birth Certificates (\$20)	\$79,220	\$83,560	↑	\$913,660	\$938,200	↑
Death Certificates (\$20)	\$120,660	\$123,300	↑	\$1,355,560	\$1,429,020	↑
Births Registrations (\$7)	-	\$24,276	↑	-	\$272,349	↑
Deaths Registrations (\$7)	-	\$11,417	↑	-	\$126,910	↑
Miscellaneous	\$723	\$2,816	↑	\$11,924	\$17,029	↑
Total Vital Records Revenue	\$200,603	\$245,369	↑	\$2,281,144	\$2,783,508	↑

5. Other:

- A. OOE staff members remained very busy in May with accreditation activities, and the May 2015 draft of the Community Health Assessment (CHA) was presented to the Board of Health during the May meeting. We are very involved in completion of the CHA and development of the Community Health Improvement Plan (CHIP). A meeting of community partners to formally launch the CHIP process is scheduled for June 18.
- B. OOE staff members are busy compiling data on a number of health indicators to fulfill a request from the Big Cities Health Coalition (BCHC), of which SNHD recently became a member, representing the Las Vegas metro area. SNHD and 26 other U.S. "big cities" comprise the BCHC, which is a project sponsored by the National Association of County and Health Officials (NACCHO)

(<http://www.bigcitieshealth.org/about-us-big-cities-health-coalition-bchc/>). A total of 35 indicators have been requested, but many are similar to those being reported in the CHA and posted on the healthysouthernnevada.org website.

- C. Our CDC-assigned Epidemic Intelligence Service Fellow, Monica Adams, finished her second month-long assignment in Sierra Leone at the end of May, helping CDC's Ebola outbreak response efforts. She is back in our office as of June 3.
- D. OOE is helping to develop activities for UNSOM internal medicine residents who will be rotating through OOE and other SNHD programs starting in July.

6. **Communicable Disease Statistics:** May 2015 Disease Statistics are attached.

II. **OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)**

- 1. The Electronic Laboratory Routing (EMSA) system is now processing all Chlamydia, Gonorrhea, Hepatitis, RSV, and Rotavirus messages. There has been continuing work configuring the Mirth Connect channels to integrate them with the EMSA. Ongoing evaluation of the work plan to complete a Firearm Injury Study in partnership with the Fusion Center continues. An informatician participated in a meeting in Kansas with the Kansas and Utah state health departments on planning improvements to EpiTrax (formerly called TriSano) and EMSA. Installation of the new version of Pentaho has been completed. Work continues on the import of legacy TB data to EpiTrax. Coordination with the state concerning the shared installation and maintenance of a BioSurveillance system is underway.

III. **OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)**

1. **Planning and Preparedness:**

- A. Office of Public Health Preparedness (OPHP) Manager participated in NACCHO's Quarterly Big Cities Preparedness Working Group Meeting to share information and ideas with other health departments that serve populations of similar size to Clark County. In addition, staff participated in the statewide Crisis Standards of Care Working Group that is collaborating to develop a plan for Nevada. Crisis Standards of Care will be necessary during large-scale emergencies that have the potential to exhaust limited local resources in a short period of time.
- B. OPHP, in partnership with the Southern Nevada Healthcare Preparedness Coalition and State of Nevada Radiation Control Program, coordinated three days of training for local hospital, EMS, fire department, and HAZMAT personnel for management of Radiation emergencies. Local hospitals provided space for these trainings. This 8-hour course is designed to introduce hospital medical care providers to ionizing radiation, its biological effects, facility preparation, radiological instrumentation, patient decontamination, and patient care/treatment. Over 100 responders participated in the 3-day training. A hands-on exercise following the training allowed hospital care providers the opportunity to demonstrate prompt and appropriate care for accident victims while minimizing exposure and preventing the spread of contamination. The course targeted all medical care providers who may be responsible for managing or treating a patient that has been exposed to radiation or is contaminated with radioactive material. This training was a follow up improvement plan item from the local TREMOR-14 full-scale community exercise conducted in April 2014.
- C. 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. Approximately 50 agencies are expected to participate in this exercise. The Midterm Planning Meeting was held on May 13 with 52 attendees.

- D. OPHP continues to plan for a BioWatch Tabletop Exercise which will take place on July 29, 2015. The midterm planning meeting was held on May 20.
 - E. The OPHP Manager participated in American Red Cross Las Vegas Chapter's "Operation Mud Flap" disaster exercise on May 16, 2015, testing staff notification, emergency operation center coordination, and shelter set up for a natural disaster scenario impacting several local communities. SNHD observed agency response and reviewed operational plans in order that the health district may better assist community partners in responding to such disasters.
 - F. 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.
 - G. The OPHP Manager and Supervisor continue to manage federal cooperative deliverables and close out budgets for the current year. The OPHP Manager, Director of Community Health and Supervisor completed interviews and will fill the Senior Public Health Preparedness Planner position in June. This Senior Planner will serve as a liaison to community and healthcare system partners in developing, strengthening, and exercising emergency response plans.
 - H. OPHP continues to conduct the monthly Incident Command Team, Directors, Managers, and Supervisors call down. Call downs are deliverables required by CRI grants to ensure public health staff readiness to respond to a disaster.
 - 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:**
 - a. Trish Beckwith, OPHP Training Officer, continues to conduct CPR courses and a First Aid course at the Health District.
 - b. Linda Newton, OPHP Training Officer, has been appointed to another term to the NACCHO advisory group for preparedness planning, outcomes, and measurement workgroup from July 1, 2015 through June 30, 2017.
 - B **OPHP Nurse Activities:** The Public Health Preparedness (PHP) Nurse conducted a Bloodborne Pathogens Class for 20 employees. Respirator fit testing was

performed on 22 employees, Medical Reserve Corps volunteers, and pharmacy students. The PHP Nurse and OPHP Manager continue to ensure deployment readiness of Health District personnel responding to recent public health incidents.

2. **Grants and Administration:** OPHP continues to work on activities related to the three grants received for Budget Period three (BP3). OPHP has received a five-year Ebola grant, which will begin July 2015. We are currently spending down all of the BP3 funding to minimize the possibility of any carry-forward funding going into BP4. BP4 grant funds have received initial approval by the NDPBH and we are awaiting the Notice of Grant Award for the July 1 start date of the grants.
3. **Medical Reserve Corps of Southern Nevada (MRC of SO NV):** MRC continues to participate in community events.

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. August SNPHL Activity Highlights:**

A. In September 2014, SNPHL received an Association of Public Health Laboratories (APHL) Quality Innovations grant to provide safety training to eight local clinical laboratories. The grant included development of multiple training materials, such as laminated Sentinel laboratory bioterrorism agent bench cards, laminated foodborne pathogen tables, binders containing safety references, and laminated posters listing reportable disease criteria. In addition, a PowerPoint presentation was developed by the laboratory manager and SNPHL safety officer, which they provided to the eight local clinical laboratories from April 1-16, 2015. A total of 60 clinical laboratory staff participated in the on-site trainings, which included basic laboratory safety and risk assessment, reportable disease isolate submission to SNPHL, sentinel laboratory bioterrorism identification tools, and foodborne disease investigation. The training presentation was well received by all laboratory staff with an excellent overall evaluation rating of 95% (57/60).

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

	April 2014	April 2015		FY 13-14	FY 14-15	
SNPHL Services						
Clinical Testing Services ^{1,2}	3,236	3,163	↓	34,579	30,510	↓
Courier Services ³	3,599	3,044	↓	34,386	30,099	↓
Epidemiology Services ⁴	1,483	1,360	↓	14,824	14,406	↓
State Branch Public Health Laboratory Services ⁵	1,243	816	↓	9,744	8,144	↓
All-Hazards Preparedness Services ⁶	11	6	↓	86	111	↑

CL/dm

ATT: May 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*, MAY 2015

Disease	2013		2014		2015		Rate(Cases per 100,000 per month) (2010-2014 aggregated)	May (2015)	Monthly Rate Comparison Significant change bet. current & past 5-year?~X
	May YTD No.	May YTD No.	May YTD No.	May YTD No.	May YTD No.	May YTD No.			
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	8	.	6	.	10	0.07	0.05	↓
HEPATITIS A	.	8	.	.	0	.	0.05	0.00	↓X
HEPATITIS B (ACUTE)	.	11	.	9	0	.	0.13	0.00	↓X
INFLUENZA**	14	505	38	478	15	439	1.08	0.73	↓
MEASLES	0	0	0	0	0	9	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	16	54	10	31	6	44	0.36	0.29	↓
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	22	96	22	92	26	61	0.91	1.26	↑
CHLAMYDIA	936	3866	926	4313	701	3964	40.06	33.90	↓X
GONORRHEA	176	861	221	1020	203	1077	8.17	9.82	↑
HIV	25	108	34	113	26	103	1.16	1.26	↑
SYPHILIS (EARLY LATENT)	10	98	31	130	16	123	0.80	0.77	↓
SYPHILIS (PRIMARY & SECONDARY)	13	55	19	111	13	84	0.59	0.63	↑
ENTERICS									
AMEBIASIS	.	.	0	0	0	.	0.04	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	9	31	6	39	10	36	0.38	0.48	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	0	.	0	.	0.03	0.00	↓
GIARDIA	.	20	6	17	.	14	0.22	0.05	↓
ROTAVIRUS	12	69	11	31	8	58	0.83	0.39	↓
SALMONELLOSIS	19	265	10	36	.	40	0.84	0.19	↓X
SHIGA-TOXIN PRODUCING E. COLI#	.	11	.	6	0	8	0.10	0.00	↓X
SHIGELLOSIS	.	11	.	7	.	7	0.09	0.10	↑
TYPHOID FEVER	0	0	0	.	0	.	0.01	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	.	28	.	34	.	25	0.30	0.15	↓
DENGUE FEVER	0	.	0	.	0	0	0.00	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	0.00	0.00	
HEPATITIS C (ACUTE)	.	.	0	.	0	.	0.02	0.00	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.01	0.00	↓
LEGIONELLOSIS	.	7	.	.	0	9	0.09	0.00	↓X
LEPROSY (HANSEN'S DISEASE)	0	0	.	.	0	0	0.01	0.00	↓
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	.	0	.	0	.	0.01	0.00	↓
LYME DISEASE	.	.	0	0	0	0	0.02	0.00	↓
MALARIA	0	0	0.02	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	5	12	0	18	.	12	0.10	0.15	↑
MENINGITIS, BACTERIAL	.	.	.	6	.	11	0.04	0.19	↑
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	.	0.00	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)	22	1156	26	588	5	957	1.07	0.24	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	.	28	7	45	6	60	0.17	0.29	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	.	6	.	5	0.02	0.10	↑
TUBERCULOSIS	5	36	6	25	6	34	0.41	0.29	↓
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=70 (reported total=1061). 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 ,,,).

**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).