

Memorandum

Date: January 24, 2013

To: Southern Nevada District Board of Health

From: Thomas R. Coleman, MD, MS, Director, Division of Community Health
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Subject: Division of Community Health Monthly Activity Report – November and December 2012

I. OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION

- A. ODCPHP staff work to improve the health of the community by mobilizing residents to respond to health issues; working collaboratively to educate, increase skills and motivate people to maintain healthy lifestyles; and influencing changes to policies and the physical environment to support healthy behaviors.
- To commemorate the American Cancer Society's 37th annual Great American Smokeout, members of Southern Nevada Evolvement, a local youth advocacy group, held cigarette butt clean-up events at two local parks. In less than four hours, Evolvement members collected hundreds of cigarette butts at each park. Evolvement members took their efforts a step further by presenting their experiences and the collected cigarette butts at the Las Vegas City Council meeting on November 19th. Several youth volunteers stood up in front of the council and voiced their opinions on tobacco-free parks. As a component of a larger regulation, the Las Vegas City Council voted to include no-smoking zones in certain areas of the parks.
 - In October, four new farmers' markets in three different locations began to offer electronic benefit transfer (EBT) machines that allow them to accept SNAP benefits. This brings the total number of farmers' markets offering EBT to seven in Clark County. In addition, staff has worked with two individual farmers to assist them in offering EBT. Those farmers now offer EBT at their individuals booths at farmers' markets not included in the seven above as well as at their mobile markets and farm stands.
 - The Chronic Disease Prevention Program launched the Spanish language version of the Walk Around Nevada on-line walking program in November. A press release highlighting the new program was sent out and generated an earned media opportunity on Telemundo.
 - At the end of November 2012 there have been 54 submersion incidents with seven coroner certified drowning fatalities in Clark County. Of the seven drowning fatalities, five victims were under four years of age. The two additional drowning victims were both five years old. Forty-one (41) of the fifty-four (54) submersion incidents have been among children four years of age and younger (76%). SNHD has race/ethnicity data on 38 cases (69%) and 19 of those were among Hispanics (50%).

- The Tobacco Control Program won three Telly Awards for three original TV spots (*Smokefree Cities, Bill, and Cycle*). The Telly Awards honor the very best film and video productions; groundbreaking online video content; and outstanding local, regional, and cable TV commercials and programs.
- The Nevada Chapter of the American Planners Association (APA) awarded the Neon to Nature website with the DeBoer award for excellence in public outreach for 2012. Staff was present at the award luncheon to help accept the award along with community partners assisting in the effort.

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

A. NOVEMBER MEETINGS:

- **Drug/Device/Protocol Committee:** In response to the ongoing national drug shortage, the Committee continued its review of alternate drug protocols and their integration into the current protocol manual.
- **Pediatric Destination Task Force:** The Task Force discussed the requirements for healthcare facilities to continue to be recognized as pediatric receiving facilities for EMS transports.
- **Medical Advisory Board:** The Board approved revisions made to the Trauma Field Triage Protocol and reviewed the draft CPAP (continuous positive airway pressure) and behavioral emergency protocols. The Board also discussed a proposal to conduct a study of IO (intraosseous) use in conscious patients, which was referred to the QI Directors Committee for further discussion.
- **Trauma System Advocacy Committee:** The Committee reviewed language for a bill draft to be considered during the 2013 legislative session to support the statewide trauma registry.

B. DECEMBER MEETINGS:

- **EMS Regulations Workshop:** Revisions to EMS Regulations were reviewed by the community and the Medical Advisory Board for recommendation to the Board of Health for final approval.
- **Trauma System Advocacy Committee:** The Committee continued discussion of the language to be utilized in the bill draft request to support the statewide trauma registry.

C. NOVEMBER EMS STATISTICS:

ACTIVITY	NOVEMBER 2012	NOVEMBER 2011	YTD 2012
Total certificates issued	17	18	1767
New licenses issued	4	12	172
Renewal licenses issued (recert only)	0	0	1389
Active Certifications: EMT-Basic	516	561	561
Active Certifications: EMT-Intermediate	1330	1353	1353
Active Certifications: EMT-Paramedic	1115	1103	1103
Active Certifications: RN	39	37	37

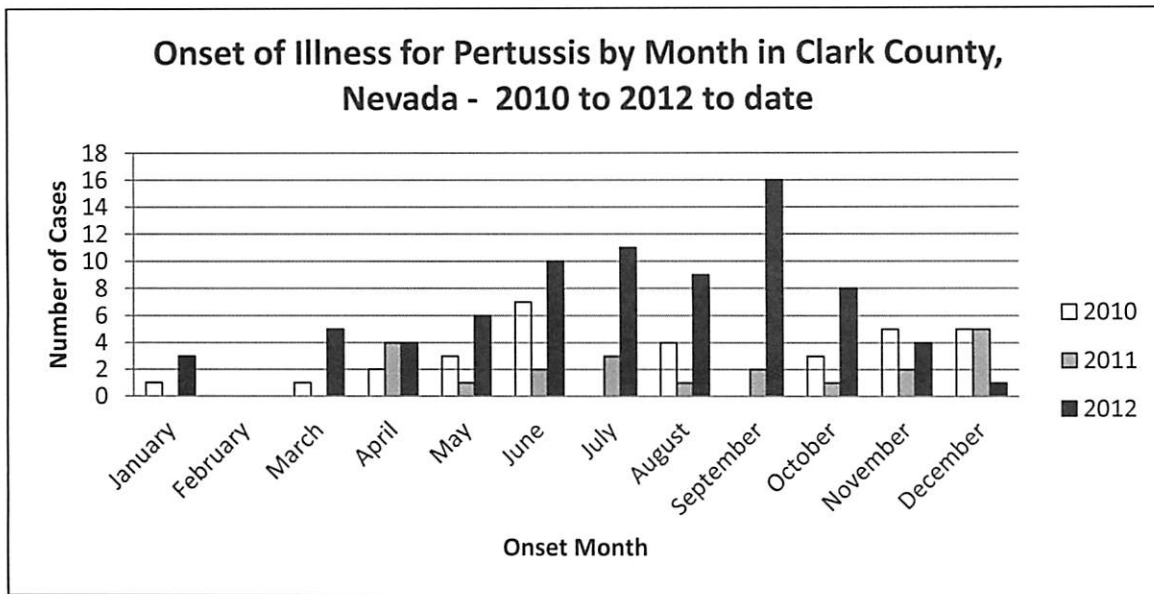
D. DECEMBER EMS STATISTICS:

ACTIVITY	DECEMBER 2012	DECEMBER 2011	YTD 2012	2011	2010
Total certificates issued	26	14	1793	1764	1848
New licenses issued	17	3	189	171	215
Renewal licenses issued (recert only)	0	0	1389	1389	1270
Active Certifications: EMT-Basic	518	566	518	566	681
Active Certifications: EMT-Intermediate	1342	1347	1342	1347	1328
Active Certifications: EMT-Paramedic	1118	1106	1118	1106	1040
Active Certifications: RN	38	38	38	38	36

III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

A. Increase of Pertussis in Clark County Update: Clark County continues to experience an increase in pertussis cases consistent with what is being seen nationwide. In 2012, based on illness onset, we have 3.7 times the number of pertussis cases (n=77) compared to January through December of 2011 (n=21) and 2.5 times the number of cases in 2010 (n=31) (Figure 1). The average patient age is 18 (range 9 days to 66 years) and 51% (n=39) of patients are male. Eleven cases were under one year of age when symptoms started. The OOE began conducting active laboratory surveillance for pertussis testing on July 30th. Through December we investigated 135 reports of pertussis testing. Of these, 41 cases were identified (9 confirmed and 32 probable). Active surveillance for pertussis cases continues.

Figure 1: Onset of illness for pertussis cases reported in Clark County from 2010 to 2012.



B. Pertussis Case Investigation Responses: In November, an O’Callaghan Middle School sixth grade teacher was diagnosed with pertussis. Letters informing staff members and parents and guardians of students of potential exposure were distributed on November 15th. To date, no additional pertussis cases have been reported in association with this school.

C. Gastroenteritis Outbreak Associated with Backgammon Tournament: On November 20, 2012, the OOE received a report that 40 to 50 persons experienced gastroenteritis in

association with a backgammon tournament held at the Flamingo Hotel and Casino from November 14-18, 2012. Besides backgammon gaming pieces, the only item that the attendees had in common was water from dispensers. Although the tournament organizer acknowledged that 20% of the 160 tournament players became sick with symptoms consistent with a "stomach virus", a retrospective cohort study could not be conducted as the player contact information could not be obtained. No additional clusters of gastrointestinal (GI) illness associated with the Flamingo Hilton were reported in November.

- D. **Norovirus Outbreak Associated with an Anthem Country Club Wedding:** On November 26, 2012, the SNHD began investigating a report of GI illness among attendees of a wedding banquet held on November 24th at the Anthem Country Club, located in Henderson, Nevada. Stool specimens collected from ill attendees were positive for norovirus genogroup II. It was determined that three wedding guests were already ill with symptoms consistent with norovirus infections prior to the wedding reception and an emetic event at the party may have aided the spread of norovirus among guests at the reception. No foods were implicated.
- E. **Multistate Outbreak of Fungal Meningitis:** OOE has continued to follow the meningitis outbreak associated with epidural injections of methylprednisolone acetate produced by the New England Compounding Center pharmacy (NECC). Through the 17th of December, 620 meningitis cases and 39 deaths have occurred. No Nevada residents have been affected and only one facility in Southern Nevada received contaminated methylprednisolone acetate, none of which was ever used. OOE recently received notification that three additional medications from NECC were found to have been contaminated with bacteria or fungus. No cases of illness associated with these organisms have been identified but, as a precaution, we notified the four local medical facilities that had received those medications of the affected medications and lot numbers. Although they were supposed to have returned all NECC products to the manufacturer or FDA already, it is important for them to monitor carefully any patients who received doses of those medications prior to the recall. At this point, the outbreak is winding down and OOE expects no further activities to be required of us.
- F. **West Nile Virus (WNV) Surveillance:** Nationwide, the second highest number of cases of West Nile virus (WNV) disease has been reported to the Centers for Disease Control and Prevention (CDC) since WNV transmission was discovered in the U.S. in 1999, the highest number was in 2003. In Clark County we had 8 reported cases of WNV disease (WNV Fever or WNV Encephalitis) this season, with one fatality. SNHD Vector Control staff trapped WNV-positive mosquitoes in the 89107, 89011, 89141, 89121, and the 89145 zip code. A horse also tested positive in the 89130 zip code. We had one late case reported in December as well as two positive mosquito pools trapped in November. These results were unusual and unexpected as the WNV season was considered to be over. Vector Control is no longer doing active mosquito surveillance for this year.
- G. **Pediatric Early Warning Surveillance System (PEWSS):** In November, 60 specimens were collected, an increase of five specimens over the previous month. Parainfluenza 2 was isolated from 17 specimens (28.3%), Parainfluenza 3 was isolated from six specimens (10.0%), RSV and adenovirus were each isolated from three specimens (5.0% each), Parainfluenza 1 was isolated from two specimens (3.3%), and influenza B was isolated from one specimen (1.7%); no other viruses were identified during the month.

In December, 98 specimens were collected, an increase of 38 specimens over November. RSV was isolated from 33 specimens (33.7%), Adenovirus was isolated from 10 specimens (10.2%), Parainfluenza 3 and Influenza B were each isolated from six specimens (6.1%),

Influenza A was isolated from five specimens (5.1%), Parainfluenza 2 was isolated from four specimens (4.1%), and Parainfluenza 1 was isolated from one specimen (1.0%); Human Metapneumovirus was not identified during the month. Eight PEWSS bulletins were distributed to healthcare providers between November 1, 2012 and December 31, 2012 and are posted to the SNHD website at: <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>.

- H. **Communicable Disease Statistics:** Disease statistics for November and December 2012 (Attachments A and B); Quarter 4 2012 (Attachment C).

IV. **OFFICE OF PUBLIC HEALTH PREPAREDNESS**

A. **Planning and Preparedness**

- **November activities:** Staff attended an After Action Conference for SNHD's Pox Battle Exercise conducted on November 28, exercising community and public health response capabilities to a threat from the CDC Category A-agent, Smallpox. OPHP, in collaboration with NSHD, conducted HAVBED training to community healthcare partners including long-term care facilities on November 12. OPHP planners continue to participate in the monthly Southern Nevada Healthcare Preparedness Association and individual hospital emergency management committee meetings.
- **December activities:** Staff attended the SNHD and Yale New Haven training for *Planning for the Unique Evacuation and Shelter-in-Place Needs of People with Medical Dependencies during a Disaster* held on December 3. OPHP, in collaboration with NSHD, conducted HAVBED training to community healthcare partners including long-term care facilities on December 10. Senior Planner attended Nevada Department of Public Safety, Division of Emergency Management review of the 2011 and development of Nevada's 2012 Annual Preparedness Report for Nevada's Homeland Security UASI Grant, December 17 & 18. OPHP is planning a Pertussis Table Top Exercise called "Pertussis Among Us" which will be conducted on January 22. Staff participated, evaluated and tested hospital resource requesting procedures during several hospital exercises in December. Planners continue to participate in the monthly Southern Nevada Healthcare Preparedness Association and individual hospital emergency management committee meetings.

B. **PHP Training And PH Workforce Development**

- **OPHP Education and Training:** Training officers continue to chair the Functional Needs Advisory Group, provide new employee orientation and develop new online trainings. OPHP staff continues to distribute public health preparedness information to the community through community health fairs and the SNHD website.
- **OPHP Nurse Activities:** In November, 28 employees received bloodborne pathogens training as well as respirator fit testing for 35 employees and MRC volunteers. Immunizations, including influenza, were administered to 318 employees. In December, five employees received bloodborne pathogens training as well as respirator fit testing for 26 employees. Influenza immunizations were administered to seven employees.

C. Grants and Administration

- **OPHP Grants and Administration Overview:** OPHP continues to spend down the current grants with scheduled activities. OPHP has received two no-cost extensions for the ASPR and CRI grants in total of \$340,000 dollars to perform activities that could not be completed prior to grants-end. SNHD has not been informed of any budget assessments from the CDC for the next fiscal Year. OPHP will be starting the budget process and plan on maintaining level funding until otherwise advised.

D. Medical Reserve Corps (MRC) of Southern Nevada

- **Planning & Preparedness:** In November, 14 MRC volunteers volunteered 68.25 hours at three events including providing first aid support and distributing pet emergency preparedness information at the Las Vegas Balloon Festival, which benefits Friends of Metro Search & Rescue. During December, MRC volunteers volunteered 39.6 hours at four events, including providing adult influenza and Tdap vaccine at a health district community vaccination clinic and first aid for an American Junior Golf Championship.

V. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY

- A. 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.

Monthly Clinical Testing Activity includes <i>N. gonorrhoeae</i> culture, GISP isolates, Syphilis, HIV, Gram stain testing	OCT 2012	OCT 2011	YTD 2012	YTD 2011
TOTAL CLINICAL TESTING ACTIVITY	3688	3726	34983	34727

Monthly Clinical Testing Activity includes <i>N. gonorrhoeae</i> culture, GISP isolates, Syphilis, HIV, Gram stain testing	NOV 2012	NOV 2011	YTD 2012	YTD 2011
TOTAL CLINICAL TESTING ACTIVITY	2986	3228	37969	37965

- B. Courier Service:** Courier service – Clinical samples for laboratory testing are transported by SNPHL courier from SNHD Health Centers or Southern Nevada hospital or commercial laboratories

Monthly Courier Activity # clinical tests transported from facilities by SNPHL courier	OCT 2012	OCT 2011	YTD 2012	YTD 2011
TOTAL TESTS TRANSPORTED	3456	3469	30883	33357

Monthly Courier Activity # clinical tests transported from facilities by SNPHL courier	NOV 2012	NOV 2011	YTD 2012	YTD 2011
TOTAL TESTS TRANSPORTED	2637	3205	33530	36562

C. Epidemiological Testing and Consultation

- SNPHL continues to support the disease investigation activities of the SNHD Office of Epidemiology (OOE) and Nursing Division.
- SNPHL continues to participate in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce (FIT).
- SNPHL continues to report results of Pediatric Early Warning Surveillance System (PEWSS) and Hospital Early Warning Sentinel Surveillance (HEWSS) testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

Monthly Epidemiology Activity includes Stool culture, ELISA, Norovirus PCR, Respiratory virus PCR, Epidemiological investigations or consultations, and samples sent to CDC	OCT 2012	OCT 2011	YTD 2012	YTD 2011
TOTAL EPIDEMIOLOGY ACTIVITY	827	817	10758	10158

Monthly Epidemiology Activity includes Stool culture, ELISA, Norovirus PCR, Respiratory virus PCR, Epidemiological investigations or consultations, and samples sent to CDC	NOV 2012	NOV 2011	YTD 2012	YTD 2011
TOTAL EPIDEMIOLOGY ACTIVITY	1046	1309	11804	11467

D. State Branch Public Health laboratory testing

- 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 to CDC through various national programs including Public Health Laboratory Information System (PHLIS) and National Antimicrobial Resistance Monitoring System (NARMS).
- SNPHL continues to perform CDC Laboratory Response Network (LRN) testing for biological agents on clinical and unknown environmental samples
- 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.

Monthly State Branch Public Health Laboratory Activity includes PFGE and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations and inspections	OCT 2012	OCT 2011	YTD 2012	YTD 2011
TOTAL STATE BRANCH LABORATORY ACTIVITY	724	700	7187	6847

Monthly State Branch Public Health Laboratory Activity includes PFGE and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations and inspections	NOV 2012	NOV 2011	YTD 2012	YTD 2011
TOTAL STATE BRANCH LABORATORY ACTIVITY	482	608	7669	7455

Quarterly Activity CDC National Antimicrobial Resistance Monitoring (NARMS)	3rd Quarter 2012	3rd Quarter 2011	YTD 2012	YTD 2011
NARMS isolates submitted	3	8	8	12

E. All Hazards Preparedness: SNPHL continues to participate with Office of Public Health Preparedness (OPHP), local First Responders and sentinel laboratories to ensure support for response to possible biological or chemical agents

- SNPHL staff continues to receive training on Laboratory Response Network (LRN) protocols for biological agent confirmation.
- SNPHL maintains sufficient technical laboratory staff competent to perform LRN testing 24 hours per day/7 days per week.
- SNPHL continues to coordinate with First Responders including local Civil Support Team (CST), HazMat, Federal Bureau of Investigation (FBI) and Las Vegas Metropolitan Police Department (LVMPD).
- SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.

Monthly All hazards Preparedness Activity includes Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections	OCT 2012	OCT 2011	YTD 2012	YTD 2011
TOTAL PREPAREDNESS ACTIVITIES	10	7	90	64

Monthly All hazards Preparedness Activity includes Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections	NOV 2012	NOV 2011	YTD 2012	YTD 2011
TOTAL PREPAREDNESS ACTIVITIES	11	11	101	75

F. SNPHL Monthly Activity Highlights

October 2012 Highlights

- SNPHL provided multiple CDC Health Alert Network (HAN) notifications to local laboratorians regarding fungal contamination of Ameridose products.
- SNPHL PulseNet staff assisted OOE with an investigation of a unique Campylobacter infection associated with runners participating in an endurance race.

- SNPHL laboratory manager provided a handwashing and germ presentation to 30 local kindergarten students.
- SNPHL and CST staff participated in the annual National LRN meeting in Denver, Colorado.

November 2012 Highlights

- SNPHL successfully validated the FilmArray analyzer which will provide molecular test results for 20 respiratory viruses and bacteria from a single sample in under two hours. The test methodology was successfully implemented and used in the first joint OOE and SNPHL investigation of a possible pertussis case.
- SNPHL and SNHD Information Technology staff implemented the first phase of the SNPHL Laboratory Information Management System (LIMS) upgrade from PowerLab v648c to Sunrise v3.0.
- SNPHL staff developed and provided unknown proficiency testing samples to the Nevada CST. The CST successfully performed field screening of the samples using molecular techniques and received a 100% passing score.

TRC/dm

Attachment A. November 2012 Disease Statistics
Attachment B. December 2012 Disease Statistics
Attachment C. Quarter 4 2012 Disease Statistics

Clark County Disease Statistics*, NOVEMBER 2012

Disease	2010		2011		2012		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Nov No.	YTD No.	Nov No.	YTD No.	Nov No.	YTD No.	Nov (2007-2011 aggregated)	Nov (2012)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0		0.00	0.00
HAEMOPHILUS INFLUENZA (INVASIVE)	.	8	.	15	.	13		0.05	0.05
HEPATITIS A	0	9	0	5	0	6		0.02	0.00
HEPATITIS B (ACUTE)	.	31	.	18	.	22		0.10	0.10
INFLUENZA**	.	151	.	455	6	369		16.04	0.30
MEASLES	0	.	0	.	0	0		0.00	0.00
MUMPS	0	0	0	0	0	0		0.05	0.00
PERTUSSIS	0	18	.	19	10	74		0.02	0.50
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	197	23	191	18	188		0.98	0.90
CHLAMYDIA	668	7458	685	8128	738	7864		30.96	36.99
GONORRHEA	146	1597	159	1698	166	1778		7.15	8.32
HIV	18	240	21	213	16	209		1.08	0.80
SYPHILIS (EARLY LATE)	8	156	16	157	23	188		0.57	1.15
SYPHILIS (PRIMARY & SECONDARY)	10	106	13	120	11	89		0.33	0.55
ENTERICS									
AMEBIASIS	.	7	0	9	.	8		0.07	0.05
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0		0.00	0.00
CAMPYLOBACTERIOSIS	6	95	9	88	5	77		0.43	0.25
CHOLERA	0	0	0	0	0	0		0.00	0.00
CRYPTOSPORIDIOSIS	0	13	0	0	0	5		0.01	0.00
GIARDIA	6	54	5	46	.	55		0.38	0.10
ROTAVIRUS	.	83	0	44	.	52		0.08	0.05
SALMONELLOSIS	11	190	11	128	14	128		0.65	0.70
SHIGA-TOXIN PRODUCING E. COLI#	.	28	.	47	.	39		0.12	0.15
SHIGELLOSIS	.	43	.	31	.	44		0.32	0.05
TYPHOID FEVER	0	.	.	.	0	.		0.02	0.00
VIBRIO (NON-CHOLERA)	0	.	0	.	0	.		0.02	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	15	63	10	85	7	98		0.37	0.35
DENGUE FEVER	0	.	0	.	0	.		0.01	0.00
ENCEPHALITIS	0	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		0.01	0.00
HEPATITIS C (ACUTE)	.	0	.	0	0	5		0.05	0.00
HEPATITIS D	0	0	0	0	0	0		0.00	0.00
INVASIVE GROUP A STREP.##	0	11	0	0	0	0		0.03	0.00
LEGIONELLOSIS	0	16	0	10	0	12		0.03	0.00
LEPROSY (HANSEN'S DISEASE)	0	0	0	.	0	0		0.00	0.00
LEPTOSPIROSIS	0	0	0	0	0	0		0.00	0.00
LISTERIOSIS	0	.	0	.	0	.		0.01	0.00
LYME DISEASE	0	.	0	.	0	.		0.01	0.00
MALARIA	0	.	0	6	.	.		0.00	0.05
MENINGITIS, ASEPTIC/VIRAL	14	34	.	24	.	18		0.30	0.15
MENINGITIS, BACTERIAL	0	11	0	.	.	.		0.02	0.05
MENINGOCOCCAL DISEASE	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)	20	986	21	1170	18	858		1.61	0.90
STREPTOCOCCUS PNEUMONIAE, IPD###	.	22	.	48	.	41		0.11	0.10
TOXIC SHOCK SYN	0	0	0	.	0	0		0.01	0.00
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	0	.	0	.		0.00	0.00
TUBERCULOSIS	6	89	5	78	5	65		0.23	0.25
TULAREMIA	0	0	0	0	0	0		0.00	0.00
UNUSUAL ILLNESS	0	.	0	.	0	0		0.00	0.00
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0	10	0	.		0.01	0.00
WEST NILE VIRUS (FEVER)	0	0	0	.	.	.		0.00	0.05

*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=79 (reported total=1056). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported monthly cases [suppression applied] for 2010-2012 were respectively .,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).

Clark County Disease Statistics*, DECEMBER 2012

Disease	2010		2011		2012		Rate(Cases per 100,000 per month)		Monthly Rate Comparison	
	Dec No.	YTD No.	Dec No.	YTD No.	Dec No.	YTD No.	Dec (2007-2011 aggregated)	Dec (2012)	Significant change bet. current & past 5-year?~	
VACCINE PREVENTABLE										
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00		
HAEMOPHILUS INFLUENZA (INVASIVE)	.	9	0	15	.	14	0.03	0.05		↑
HEPATITIS A	0	9	0	5	0	6	0.04	0.00		↓
HEPATITIS B (ACUTE)	.	34	.	20	0	22	0.15	0.00		↓X
INFLUENZA**	28	179	.	459	28	397	4.23	1.40		↓X
MEASLES	0	.	0	.	0	0	0.00	0.00		
MUMPS	0	0	0	0	0	0	0.04	0.00		↓
PERTUSSIS	5	23	.	20	9	83	0.06	0.45		↑X
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	17	214	12	203	14	202	1.20	0.70		↓
CHLAMYDIA	728	8186	689	8817	721	8584	33.64	36.08		↑
GONORRHEA	158	1755	149	1847	199	1976	7.28	9.96		↑X
HIV	24	264	23	236	21	230	1.28	1.05		↓
SYPHILIS (EARLY LATENT)	22	178	8	165	20	207	0.69	1.00		↑
SYPHILIS (PRIMARY & SECONDARY)	22	128	8	128	8	97	0.53	0.40		↓
ENTERICS										
AMEBIASIS	.	9	0	9	.	9	0.05	0.05		
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00		
CAMPYLOBACTERIOSIS	6	101	11	99	10	87	0.52	0.50		↓
CHOLERA	0	0	0	0	0	0	0.00	0.00		
CRYPTOSPORIDIOSIS	0	13	0	0	.	6	0.01	0.05		↑
GIARDIA	5	59	.	49	.	59	0.27	0.20		↓
ROTAVIRUS	.	84	0	44	5	57	0.07	0.25		↑
SALMONELLOSIS	18	208	7	135	13	141	0.72	0.65		↓
SHIGA-TOXIN PRODUCING E. COLI#	0	28	5	52	.	41	0.07	0.10		↑
SHIGELLOSIS	.	44	.	35	.	46	0.39	0.10		↓
TYPHOID FEVER	0	.	0	.	0	.	0.00	0.00		
VIBRIO (NON-CHOLERA)	0	.	0	.	0	.	0.00	0.00		
YERSINIOSIS	.	.	0	0	0	.	0.03	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	6	69	11	96	12	110	0.37	0.60		↑
DENGUE FEVER	0	.	0	.	0	.	0.03	0.00		↓
ENCEPHALITIS	.	.	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	0.00	0.00		
HEPATITIS C (ACUTE)	0	.	0	.	.	6	0.04	0.05		↑
HEPATITIS D	0	0	0	0	0	0	0.00	0.00		
INVASIVE GROUP A STREP.##	0	11	0	0	0	0	0.04	0.00		↓
LEGIONELLOSIS	0	16	.	11	.	14	0.07	0.10		↑
LEPROSY (HANSEN'S DISEASE)	0	0	0	.	0	0	0.00	0.00		
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00		
LISTERIOSIS	0	.	0	.	0	.	0.00	0.00		
LYME DISEASE	0	.	.	.	0	.	0.04	0.00		↓
MALARIA	0	.	0	6	.	6	0.01	0.10		↑
MENINGITIS, ASEPTIC/VIRAL	5	39	.	26	.	21	0.10	0.15		↑
MENINGITIS, BACTERIAL	.	13	0	.	0	.	0.07	0.00		↓X
MENINGOCOCCAL DISEASE	0	.	0	.	0	.	0.01	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)	124	1110	99	1269	201	1059	5.58	10.06		↑X
STREPTOCOCCUS PNEUMONIAE, IPD###	5	27	12	60	9	50	0.30	0.45		↑
TOXIC SHOCK SYN	0	0	0	.	0	0	0.00	0.00		
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	0	.	0	.	0.00	0.00		
TUBERCULOSIS	8	97	7	85	5	70	0.39	0.25		↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00		
UNUSUAL ILLNESS	0	.	0	.	0	0	0.00	0.00		
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0	10	0	.	0.01	0.00		↓
WEST NILE VIRUS (FEVER)	0	0	0	.	.	.	0.00	0.05		↑

*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=307(reported total=1295). Due to unavailability of current birth data, congenital syphilis rates were not calculated(reported monthly cases [suppression applied] for 2010-2012 were respectively 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).

Clark County Disease Statistics* - Quarter 4, 2012

Disease	2010		2011		2012		Rate(Cases per 100,000 per quarter)		Quarterly Rate Comparison Significant change bet. current & past 5-year?~
	Q4 No.	YTD No.	Q4 No.	YTD No.	Q4 No.	YTD No.	Qtr4 (2007-2011 aggregated)	Qtr4 (2012)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	9	.	15	.	14	0.11	0.10	↓
HEPATITIS A	.	9	0	5	0	6	0.09	0.00	↓X
HEPATITIS B (ACUTE)	6	34	.	20	.	22	0.38	0.15	↓
INFLUENZA**	31	179	6	459	36	397	46.57	1.80	↓X
MEASLES	0	.	0	.	0	0	0.01	0.00	↓
MUMPS	0	0	0	0	0	0	0.10	0.00	↓X
PERTUSSIS	5	23	.	20	32	83	0.12	1.60	↑X
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	43	214	49	203	50	202	3.09	2.51	↓
CHLAMYDIA	1938	8186	2102	8817	2132	8584	96.17	106.87	↑X
GONORRHEA	416	1755	449	1847	538	1976	21.62	26.97	↑X
HIV	63	264	60	236	66	230	3.74	3.31	↓
SYPHILIS (EARLY LATENT)	51	178	32	165	72	207	1.98	3.61	↑X
SYPHILIS (PRIMARY & SECONDARY)	47	128	37	128	32	97	1.38	1.60	↑
ENTERICS									
AMEBIASIS	5	9	0	9	.	9	0.16	0.10	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	16	101	33	99	17	87	1.40	0.85	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	13	0	0	.	6	0.08	0.05	↓
GIARDIA	15	59	12	49	10	59	0.92	0.50	↓
ROTAVIRUS	.	84	0	44	6	57	0.26	0.30	↑
SALMONELLOSIS	46	208	30	135	35	141	2.13	1.75	↓
SHIGA-TOXIN PRODUCING E. COLI#	6	28	13	52	6	41	0.25	0.30	↑
SHIGELLOSIS	13	44	12	35	8	46	1.27	0.40	↓X
TYPHOID FEVER	0	.	.	.	0	.	0.02	0.00	↓
VIBRIO (NON-CHOLERA)	.	.	.	.	0	.	0.06	0.00	↓X
YERSINIOSIS	.	.	0	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	27	69	28	96	26	110	0.99	1.30	↑
DENGUE FEVER	0	.	.	.	0	.	0.05	0.00	↓X
ENCEPHALITIS	.	.	0	0	.	.	0.03	0.05	↑
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	.	0	.	0	0	0.01	0.00	↓
HEPATITIS C (ACUTE)	.	.	0	.	.	6	0.10	0.05	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	11	0	0	0	0	0.10	0.00	↓X
LEGIONELLOSIS	.	16	.	11	.	14	0.12	0.10	↓
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	.	0.03	0.00	↓
LYME DISEASE	.	.	.	.	.	.	0.07	0.05	↓
MALARIA	.	.	0	6	.	6	0.03	0.15	↑
MENINGITIS, ASEPTIC/VIRAL	22	39	7	26	10	21	0.63	0.50	↓
MENINGITIS, BACTERIAL	.	13	.	.	.	.	0.15	0.05	↓
MENINGOCOCCAL DISEASE	0	.	0	.	0	.	0.01	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	0.02	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)	157	1110	138	1269	228	1059	8.38	11.43	↑X
STREPTOCOCCUS PNEUMONIAE, IPD###	9	27	18	60	12	50	0.50	0.60	↑
TOXIC SHOCK SYN	0	0	0	.	0	0	0.01	0.00	↓
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	0	.	0	.	0.00	0.00	
TUBERCULOSIS	24	97	17	85	16	70	0.95	0.80	↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	.	0	.	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	0	0	.	10	.	.	0.07	0.15	↑
WEST NILE VIRUS (FEVER)	0	0	.	.	.	.	0.01	0.20	↑

*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. Quarterly disease total reported by OOE=450 (reported total=3356). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported quarterly cases [suppression applied] for 2010-2012 were respectively ,,,; YTD totals ,,,).

**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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####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 quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly 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 quarter of this year or previous 5 years aggregated).