

# Memorandum

**Date:** February 28, 2013

**To:** Southern Nevada District Board of Health

**From:** Thomas R. Coleman, MD, MS, Director of Community Health *JRC*  
John Middaugh, MD, Interim Chief Health Officer *JRC on behalf of JM*

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**Subject:** Division of Community Health Monthly Activity Report – January 2013

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## **I. OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION (OCDPHP)**

- A.** OCDPHP staff work to improve the health of the community by mobilizing residents to respond to health issues; working collaboratively with community partners to educate, increase skills and motivate people to maintain healthy lifestyles; and influencing changes to policies and the physical environment to support healthy behaviors.
- The 2012 Coaches Challenge program wrapped up in December. This year, over 13,100 students in 555 different local elementary school classrooms were signed up to participate in the program. Students were asked to monitor their physical activity and fruit/vegetable consumption for a 4-week period and track their progress on a classroom poster. The four classrooms with the most progress from each grade level received tickets to a UNLV men's basketball game in December. Classroom visits by UNLV Head Coaches to grand prize winning classrooms will be scheduled in the spring.
  - CRUSH, a tobacco prevention program developed by the Southern Nevada Health District (SNHD) Tobacco Control Program for the Lesbian, Gay, Bisexual, and Transgender (LGBT) community, was selected to be featured in the 2012 American Legacy Foundation publication highlighting effective and innovative programs that work within LGBT communities. The publication was released on December 11 with an accompanying webinar hosted by the Human Rights Campaign, the largest LGBT organization in the nation. CRUSH was developed after the 2005 Clark County Adult Tobacco Survey revealed an alarmingly high smoking rate among LGBT community members. Although rates have declined, the LGBT community continues to have disproportionately high smoking rates compared to other groups.
  - At the end of December 2012, there have been fifty-four 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 of the fifty-four submersion incidents have been among children four

years of age and younger (76%). SNHD has race/ethnicity data on thirty-eight cases (69%) and nineteen of those were among Hispanics (50%).

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

### **A. January Meetings:**

- **Medical Advisory Board (MAB)**

The MAB approved draft revisions made to EMS Regulations. The approved regulations will go to the February Board of Health meeting for final endorsement. The MAB agreed to extend the current pediatric destination criteria for one year to allow the four pediatric receiving hospitals to work through the logistics of providing 24/7 coverage by a board certified physician in pediatric emergency medicine.

- **Regional Trauma Advisory Board (RTAB)**

The RTAB received a report from staff on the current status of the trauma system. The members unanimously endorsed the plan to conduct a Clark County trauma system self-assessment as recommended by the American College of Surgeons following their July 2011 trauma system consultation visit. The assessment will be performed on April 17, 2013 from 1:00 – 5:00 PM at the Southern Nevada Health District. A facilitator will guide community stakeholders through the evaluation of 16 system-specific benchmarks and performance indicators. This process will provide the opportunity to identify our strengths and weaknesses and will assist in prioritizing the action steps necessary to enhance system performance.

- **Trauma System Advocacy Committee**

The committee continued work on recommended language for a bill draft request (BDR) to support funding of the state trauma registry. Senator Joyce Woodhouse has agreed to sponsor the BDR. A resolution was created by the Nevada State Medical Association at the April 2012 statewide annual meeting "To support staffing and funding for the Nevada trauma registry." The RTAB and MAB have also pledged their support.

### **B. January EMS Statistics:**

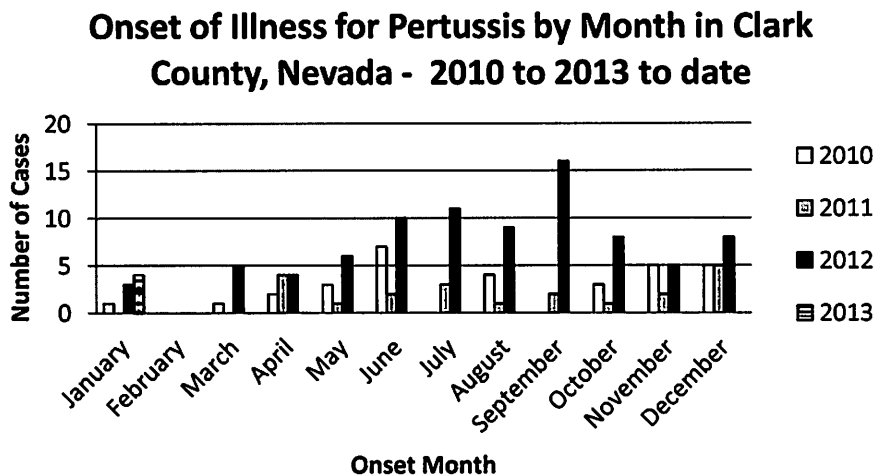
<b><u>ACTIVITY</u></b>	<b><u>JANUARY 2013</u></b>	<b><u>JANUARY 2012</u></b>	<b><u>YTD 2013</u></b>
Total certificates issued	92	121	92
New licenses issued	18	18	18
Renewal licenses issued (recert only)	0	23	0
Active Certifications: EMT-Basic	501	538	501
Active Certifications: EMT-Intermediate	1330	1324	1330
Active Certifications: EMT-Paramedic	1119	1112	1119
Active Certifications: RN	38	41	38

## **III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS**

**A. Pertussis in Clark County – Update:** Clark County continues to experience elevated numbers of pertussis cases compared with previous years, consistent with nationwide trends. We investigated four cases of pertussis that had symptom onset in January 2013, which is a higher number than normal. This preliminary total will likely increase slightly because we usually discover additional cases after each month ends. The peak number of cases counted in a single month (16 cases) occurred in September 2012 (Figure 1). In 2012, we counted a total of 85 cases, which was three times the 2011 count and four times the 2010 count. The

OOE began conducting active laboratory surveillance for pertussis testing on July 30, 2012. Through January 2013, we have investigated 159 reports of pertussis testing because of active surveillance. Active surveillance allowed us to begin investigations earlier than we would have with routine surveillance and resulted in our identifying 49 cases, some of which would not have been detected otherwise. Active surveillance for pertussis cases continues.

**Figure 1: Onset of illness for pertussis cases reported in Clark County from 2010 to 2013.**



- B. Pertussis Case Investigation Responses:** In January, three of the laboratory-confirmed cases of pertussis we investigated involved students enrolled in three different Clark County School District schools, Roy Martin Middle School (RMM), East Career and Technical Academy (ECT), and Sandy Miller Elementary School (SM). One of these investigations led to the identification of two additional household members, one in attendance at the same school. Another investigation led to the identification of two additional cases in the same school as described in the next paragraph. The OOE wrote letters to parents and staff describing the illness, potential exposure to students and staff, and preventive measures that were distributed from all schools.

We collected four specimens from symptomatic classmates and two symptomatic students attending other classrooms at SM. All specimens were analyzed by the Southern Nevada Public Health Laboratory via FilmArray. Of these specimens, one was positive for pertussis and rhinovirus, one was positive for rhinovirus alone, two were positive for influenza B, and two were negative. In addition, a probable pertussis case was also identified at this school bringing the total number of cases at SM to three. These results are consistent with the types of respiratory pathogens being identified via other SNHD respiratory illness surveillance projects.

OOE provided post-exposure prophylactic antibiotics to three family members during the RMM response, six family members and close contacts during the ECT response, and nine household and ten school contacts during the SM response. Six pertussis immunizations were also provided to family members and staff associated with SM. To date, there have been no additional cases identified in any of these schools, possibly due to our preventive efforts.

- C. West Nile Virus (WNV) Surveillance:** Nationwide, the second highest number of West Nile virus (WNV) disease cases was reported to the Centers for Disease Control and Prevention (CDC) in 2012 since WNV transmission was discovered in the U.S. in 1999. The highest

number was in 2003. In Clark County, we had eight reported cases of WNV disease (WNV Fever or WNV Encephalitis) this season, with one fatality. The 2012 WNV season is considered to be over.

- D. **Hospital Early Warning Surveillance System (HEWSS):** The purpose of the HEWSS is to identify and evaluate respiratory viral pathogens responsible for severe illness including uncommon or new strains of influenza. In December 2012 and January 2013, 22 specimens were collected from two local hospital adult intensive care units. Test results included 15 (68%) negative, 4 (18%) positive for influenza, and 3 (14%) positive for respiratory syncytial virus (RSV). These results indicate that influenza and RSV contributed to illness in adult ICU patients in this two-month period in Southern Nevada.
- E. **Pediatric Early Warning Surveillance System (PEWSS):** Surveillance sentinel sites submitted a large number (119) of respiratory test specimens to the SNPHL in January. Results indicated that Influenza A and RSV were circulating at high levels in Southern Nevada. Influenza B, Adenovirus, and Parainfluenza 3 were circulating at low levels. Human Metapneumovirus, Parainfluenza 1, and Parainfluenza 2 were sporadically identified. We prepared and disseminated four weekly PEWSS reports in January and they were distributed to the medical community, public health partners, and the general public via email, fax, and posted online at <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>
- F. **A Review of the Clark County School District Height and Weight Data Collection, 2010-2011 School Year:** This newly released report (attached) summarizes the results of the data analysis performed by the SNHD on body mass index measurements collected by the Clark County School District and provides recommendations for future data collection and analysis efforts. These types of analyses can help the Office of Chronic Disease Prevention & Health Promotion develop school-focused interventions to reduce overweight and obesity and measure their effectiveness after their implementation. See Attachment A.
- G. **Communicable Disease Statistics:** Disease statistics for January 2013 are attached.

#### IV. **OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)**

##### A. **Planning and Preparedness**

- **OPHP Planning:**

OPHP conducted the "Pertussis Amongst Us" Tabletop Exercise on January 22, 2013. The exercise focused on the response to an outbreak of Pertussis and included participation from the Clark County School District, St. Rose Dominican Hospitals, the Nevada State Health Division, and University Medical Center (UMC), as well as several SNHD staff members. The After Action Report will be available by March 22, 2013. OPHP planners continue to participate in the monthly Southern Nevada Healthcare Preparedness Association and individual hospital emergency management committee meetings. Staff also participates in the UASI Working Group Committee and planning for collaborative preparedness. OPHP staff will participate in the Interoperable Communications Full-Scale Exercise taking place at the Motor Speedway, focusing on evaluating emergency response procedures.

**B. PHP Training And Public Health 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:** Twenty-nine employees received bloodborne pathogens training as well as respirator fit testing for thirty-six employees and Medical Reserve Corps (MRC) volunteers. Influenza immunizations were administered to nine employees bringing the total immunization rate for employees to 67%.

**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 Assistant Secretary for Preparedness and Response (ASPR) and Cities Readiness Initiative (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 January 2013, eight MRC of Southern Nevada volunteers volunteered thirty-one hours at four events, including administering adult influenza vaccine to City of North Las Vegas employees.

**V. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY**

NOTE: The January monthly report will provide an annual activity report and highlights from the previous year.

- 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 SNHD Nursing provides the client information required by the project.

<b>Annual Clinical Testing Activity includes</b> <i>N. gonorrhoeae</i> culture, GISP isolates, Syphilis, HIV, Gram stain testing	<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<b>TOTAL CLINICAL TESTING ACTIVITY</b>	<b>40748</b>	<b>41278</b>	<b>35724</b>	<b>28406</b>

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

<b>Annual Courier Activity</b> # clinical tests transported from facilities by SNPHL courier	<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<b>TOTAL TESTS TRANSPORTED</b>	<b>36222</b>	<b>39653</b>	<b>33808</b>	<b>29926</b>

**Annual Report Clinical Testing Highlights**

- In April, 2012, the SNHD main facility at 625 Shadow Lane was closed unexpectedly and all sample collection ceased at that site. The closure of the main facility impacted the

ability of SNHD Nursing staff to collect samples for HIV, syphilis, and *N. gonorrhoeae* testing. The SNPHL 2012 clinical testing and courier activity is lower than 2011 due to the decreased sample collection activity by SNHD Nursing while clinical services sites were established at alternate locations.

**B. Epidemiological Testing and Consultation:**

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

**Epidemiology Activity Report**

<b>Annual Epidemiology Activity includes</b> Stool culture, ELISA, Norovirus PCR, Respiratory virus PCR, Epidemiological investigations or consultations, and samples sent to CDC	<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<b>TOTAL EPIDEMIOLOGY ACTIVITY</b>	<b>13370</b>	<b>11798</b>	<b>7904</b>	<b>5138</b>

**Annual Report Epidemiological Activity Highlights**

- As the only local laboratory with the capability to perform molecular Norovirus testing, SNPHL provided laboratory support to OOE for multiple gastrointestinal outbreaks in 2012, most notably the Griffin Mansion outbreak which occurred in May 2012.
- In 2012, SNPHL purchased and verified a new molecular testing platform, BioFire FilmArray, which will provide results for 20 respiratory viruses and bacteria from a single sample. The new methodology provides the ability to differentiate *Bordetella pertussis* infection from other respiratory viruses that can cause similar symptoms and can provide same day test results. The new methodology will be used for respiratory outbreak investigation and may be utilized in the PEWSS program.

**C. 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 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.
- 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.



**State Branch Public Health Laboratory Activity Report**

<b>Annual State Branch Public Health Laboratory Activity includes</b> PFGE and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations, inspections, and samples submitted to CDC or other laboratories	<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<b>TOTAL STATE BRANCH LABORATORY ACTIVITY</b>	<b>10129</b>	<b>9379</b>	<b>9079</b>	<b>9413</b>

**Annual Report State Branch Public Health Laboratory Activity Highlights**

- In 2012, SNPHL microbiology staff completed method validation for non-O157 Shiga-toxin producing *E. coli* (STEC) serotyping and PFGE testing. Use of the new methods will improve the ability of SNHD OOE to rapidly identify STEC outbreaks because the testing will be performed at SNPHL rather than submitting samples to CDC.
- In 2012, SNPHL provided a number of training opportunities and presentations to local laboratorians, healthcare providers, and First Responders including the following:
  - SNPHL laboratory manager provided presentation on "Public Health Outbreak Investigation" to over 50 College of Southern Nevada Biology and Clinical Laboratory Science students.
  - SNPHL staff provided infectious substance shipping and handling training to 10 local laboratorians.
  - SNPHL laboratory manager provided Laboratory Awareness training to 13 local law enforcement staff.
- In 2012, SNPHL tested over 350 Proficiency testing samples. Proficiency testing involves the analysis of unknown samples utilizing the same techniques and methods used for routine sample testing. The unknown sample test results are submitted to the Proficiency Testing agency and compared to the expected result. In 2012, SNPHL had an average passing score of 98% correct clinical and LRN Proficiency Testing results.
- Test turnaround time is an indicator of the efficiency of laboratory operations. In 2012, SNPHL met expected turnaround time for seven indicator tests 99% of the time.
- In 2012, SNPHL and SNHD Information Technology staff began the upgrade of the SNPHL Laboratory Information Management System (LIMS) to a new version. The project was initiated in November 2012 with an expected completion time of April 2013. The upgrade will improve SNPHL Electronic Laboratory Reporting (ELR) capabilities.

**D. All Hazards Preparedness**

SNPHL continues to participate with 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 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.

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- 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.

<b>Monthly All Hazards Preparedness Activity includes</b> Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections	<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>
<b>TOTAL PREPAREDNESS ACTIVITIES</b>	<b>109</b>	<b>84</b>	<b>66</b>	<b>50</b>

**Annual Report All Hazards Preparedness Activity Highlights**

- SNPHL was inspected by the CDC Select Agent Program in September 2012 and received a registration renewal for another three years. In order to maintain participation in the LRN, every three years SNPHL must pass the Select Agent Program inspection.
- SNPHL staff successfully participated in the following preparedness exercises:
  - SNHD "Zombie Apocalypse" tabletop exercise in February 2012.
  - Clark County "Simple Truth" Full-Scale Exercise in March 2012.
  - SNHD emergency call real-world exercise due to Ravenholt building closure in April 2012.
  - LRN Smallpox tabletop exercise in December 2012.

TRC/dm

Attachment A: A Review of the Clark County School District Height and Weight Data Collection, 2010–2011 School Year

Attachment B: January 2013 Disease Statistics



## Clark County Disease Statistics\*, JANUARY 2013

Disease	2011		2012		2013		Rate(Cases per 100,000 per month)	Monthly Rate Comparison	
	Jan No.	YTD No.	Jan No.	YTD No.	Jan No.	YTD No.	Jan (2008-2012 aggregated)	Jan (2013)	Significant change bet. current & past 5-year?~
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	.	.	.	.	.	0.08	0.10	↑
HEPATITIS A	0	0	0	0	0	0	0.00	0.00	
HEPATITIS B (ACUTE)	.	.	7	7	0	0	0.17	0.00	↓X
INFLUENZA**	111	111	14	14	234	234	2.73	11.69	↑X
MEASLES	0	0	0	0	0	0	0.01	0.00	↓
MUMPS	0	0	0	0	0	0	0.10	0.00	↓X
PERTUSSIS	.	.	7	7	5	5	0.13	0.25	↑
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	
<b>SEXUALLY TRANSMITTED</b>									
AIDS	15	15	24	24	16	16	0.87	0.80	↓
CHLAMYDIA	653	653	675	675	717	717	34.35	35.82	↑
GONORRHEA	142	142	132	132	187	187	7.73	9.34	↑
HIV	19	19	21	21	21	21	1.07	1.05	↓
SYPHILIS (EARLY LATENT)	10	10	20	20	24	24	0.62	1.20	↑
SYPHILIS (PRIMARY & SECONDARY)	10	10	8	8	8	8	0.40	0.40	
<b>ENTERICS</b>									
AMEBIASIS	.	.	.	.	0	0	0.04	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	9	9	12	12	5	5	0.50	0.25	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	0	0	0	0	0	0.00	0.00	
GIARDIA	6	6	.	.	.	.	0.30	0.20	↓
ROTAVIRUS	.	.	0	0	10	10	0.07	0.50	↑X
SALMONELLOSIS	7	7	6	6	8	8	0.52	0.40	↓
SHIGA-TOXIN PRODUCING E. COLI#	.	.	5	5	.	.	0.12	0.10	↓
SHIGELLOSIS	6	6	0	0	.	.	0.36	0.15	↓
TYPHOID FEVER	0	0	0	0	0	0	0.00	0.00	
VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.00	0.00	
YERSINIOSIS	0	0	0	0	0	0	0.02	0.00	↓
<b>OTHER</b>									
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	0.01	0.00	↓
COCCIDIOIDOMYCOSIS	.	.	7	7	.	.	0.25	0.20	↓
DENGUE FEVER	0	0	0	0	0	0	0.01	0.00	↓
ENCEPHALITIS	0	0	0	0	.	.	0.00	0.05	↑
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	0	0.06	0.00	↓X
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.07	0.00	↓X
LEGIONELLOSIS	.	.	.	.	.	.	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	0	0	0	0	0.00	0.00	
LYME DISEASE	0	0	.	.	0	0	0.01	0.00	↓
MALARIA	.	.	.	.	0	0	0.07	0.00	↓X
MENINGITIS, ASEPTIC/VIRAL	.	.	.	.	0	0	0.13	0.00	↓X
MENINGITIS, BACTERIAL	0	0	0	0	.	.	0.03	0.05	↑
MENINGOCOCCAL DISEASE	0	0	0	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	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)	395	395	218	218	423	423	12.89	21.13	↑X
STREPTOCOCCUS PNEUMONIAE, IPD###	8	8	9	9	9	9	0.28	0.45	↑
TOXIC SHOCK SYN	.	.	0	0	0	0	0.01	0.00	↓
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	.	.	.	.	0.01	0.05	↑
TUBERCULOSIS	5	5	7	7	5	5	0.33	0.25	↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	.	.	0	0	0	0	0.04	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	

\*Use of report 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=713 (reported total=1691). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported monthly cases [suppression applied] for 2011-2013 were respectively 0,0,0; YTD totals 0,0,0).

\*\*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).