

Memorandum

Date: April 22, 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 *JM*

Subject: Division of Community Health Monthly Activity Report – March 2013

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.
- B. Staff worked with Virgen Media, Inc. to re-air several Spanish-language television and radio tobacco cessation campaigns that were produced using Communities Putting Prevention to Work (CPPW) funds. Staff worked with the Nevada Tobacco Users Helpline to prepare for the anticipated increase in call volume. Staff conducted several Spanish-language television and radio interviews as part of the media campaign.
- C. Staff developed and launched a social media awareness campaign in February to coincide with heart month. Campaign messaging was based on Million Hearts, a national initiative to prevent one million heart attacks and strokes by 2017. Each week during February, staff sent out coordinated messages related to chronic disease prevention and self-management via multiple social media outlets including Facebook, Twitter, and Spanish/English blogs. Messages corresponded with a spotlight on both the Get Healthy and Viva Saludable websites that provided resources and additional information. A press release highlighting the activity was sent out. Overall, the initiative yielded the following results: 2,400 blog views (English); 467 blog views (Spanish); 153 spotlight views; 30 resource downloads; one community presentation for 22 people; and two earned media opportunities – one on KXNT radio and one on Channel 8.
- D. In conjunction with February heart month activities, staff sent out more than 475 letters to local health care providers to inform them of the availability of the Get Healthy Rx Pads. The “Prescriptions for a Healthy Lifestyle” Rx Pads program was created to assist health care providers in talking to their patients about healthy lifestyle choices. These pre-printed “prescription” pads list three lifestyle changes and provide links to other free programs. The pads also refer patients to the “Get Healthy” website, where patients can learn more about

physical activity, nutrition, tobacco use, and other chronic diseases. In response to the letters, staff was asked to send out 113 Rx pads to health care providers. Staff tracks the number of people who were referred to and contacted the Nevada Tobacco Users Helpline (NVTUH) by a health care provider who was using the Rx pad. In February, 11 individuals who called the NVTUH were referred by a health care provider who was using the Get Healthy Rx pad. A sample of the Rx pad is attached.

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

A. February Meetings:

- **Drug/Device/Protocol Committee (DDP):** The DDP continued its process of reviewing the BLS/ILS/ALS Protocol Manual prior to next year's rollout. Their recommendations will be taken to the Medical Advisory Board for final approval.
- **Education Committee:** The Education Committee met to discuss upcoming changes to the National scope of practice and deadlines for the transition process.
- **Medical Advisory Board (MAB):** The MAB reviewed the recommendations from the DDP and discussed alternative medications for future protocols.

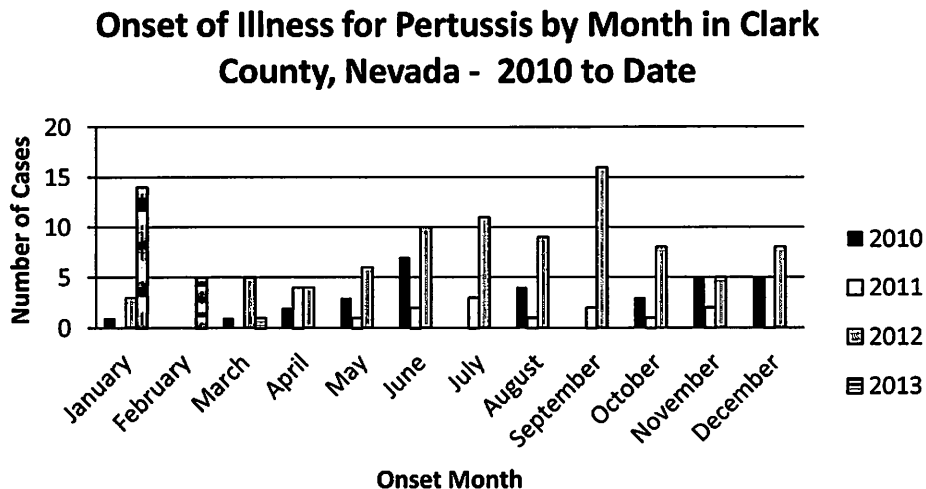
B. February EMS Statistics:

<u>ACTIVITY</u>	<u>MARCH 2013</u>	<u>MARCH 2012</u>	<u>YTD 2013</u>
Total certificates issued	745	30	44
New licenses issued	13	19	18
Renewal licenses issued (recert only)	730	0	0
Active Certifications: EMT-Basic	437	545	518
Active Certifications: EMT-Intermediate	1284	1340	1346
Active Certifications: EMT-Paramedic	1098	1120	1121
Active Certifications: RN	38	40	39

III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

A. Pertussis in Clark County – Update: Clark County continues to experience elevated numbers of pertussis cases. In March, the OOE reported nine cases of pertussis to the Nevada State Health Division (NSHD). Onset of symptoms is as follows: three in January, five in February, and one in March. Three cases were under one year of age at the time of illness onset. Figure 1 illustrates a nearly five-fold increase in illness onset in January 2013. The OOE began conducting active laboratory surveillance for pertussis testing on July 30, 2012. Through March 2013, we have investigated 206 reports of pertussis testing because of active surveillance. Active surveillance allowed us to begin investigations earlier than we would have with routine surveillance, resulting in identification of 65 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 Investigations and Interventions:** In March, the OOE surveyed two daycare facilities for additional illness in association with pertussis case investigations. Environmental Health and Immunization office staff also visited the facilities to review illness logs and immunizations respectively. A shot clinic was held at one of the facilities. No other illness consistent with pertussis was observed to be circulating at either facility. Pertussis post exposure prophylaxis (PEP) was provided to two adults and one child, none of which was associated with the daycare investigations.
- C. **Gastroenteritis Cluster in a Local Shelter:** On March 4, the OOE received a report that several local shelter residents were ill with gastroenteritis. Environmental Health and OOE staff surveyed the facility, provided in-service education to staff and residents, distributed FAQs and specimen collection kits, and posted a notice requesting ill persons contact the OOE. Interviews with shelter residents and staff identified 12 of 300 (4%) residents and 4 of 55 (9%) staff were ill. Although a single specimen was received and was positive for norovirus GII, this is not considered to be an adequate number of specimens to verify if norovirus GII was the causative agent of this illness cluster.
- D. **Rabid Bull Exposure Investigation:** A Clark County rancher was potentially exposed to a rabid bull while attempting to feed the animal by hand. The OOE investigated to determine if others were exposed, facilitated rabies post-exposure prophylaxis, and accompanied the Acting Nevada State Public Health Veterinarian on a site investigation. The specimen was sent to the Centers for Disease Control and Prevention (CDC) for rabies virus confirmation and speciation.
- E. **Chronic Disease Grant Funding Opportunity:** Several OOE staff contributed to the first draft of a five-year chronic disease grant being offered by the CDC. The document has been submitted to the Nevada State Health Division for review.
- F. **Senior Scientist Position Filled:** The SNHD recently hired Ying Zhang as Senior Scientist currently working in the OOE. She brings expertise in injury epidemiology as well as analysis of large data sets. Ying began working for SNHD on March 25.

G. 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. From December 2012 – March 2013, 46 specimens were collected from two local hospital adult intensive care units. Test results included 34 (74%) negative, 7 (15%) positive for influenza, and 5 (11%) positive for respiratory syncytial virus (RSV). These results indicate that influenza and RSV contributed to illness in adult ICU patients in this four-month period in Southern Nevada.

H. Pediatric Early Warning Surveillance System (PEWSS): Surveillance sentinel sites submitted a moderate number (94) of respiratory test specimens to the SNPHL in March. Results indicated that Influenza B and RSV were circulating at high levels in Southern Nevada. Adenovirus was circulating at low levels. Influenza A, Human Metapneumovirus, Parainfluenza-1, and Parainfluenza-3 were sporadically identified. We prepared and disseminated four weekly PEWSS reports in March, and they were distributed to the medical community, public health partners, and the general public via email, fax, and online posting at <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>

I. Communicable Disease Statistics: Disease statistics for March 2013 are attached.

IV. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness:

- OPHP met with their CDC Program Services Consultant for the Cities Readiness Initiative (CRI) annual Local Technical Assistance Review on March 26. This review is a means for CDC to monitor SNHD's capability to respond to an event requiring medical countermeasure dispensing to the resident and visitor population of Clark County. Sometime in May, SNHD will receive a score based on information gathered from the review.
- OPHP and Epidemiology staff represented SNHD at the NACCHO 2013 Preparedness Summit. Conference attendees discussed concepts for addressing preparedness and ways to improve the ability of health departments and coalitions to plan and prepare for, respond to, and recover from public health emergencies. Objectives for attending this conference included identification of new techniques and methods, partnerships, and coalition building to address challenges in responding to public health emergencies. OPHP staff identified sources from which to obtain research, materials, and resources to assist in ongoing preparedness activities.
- OPHP staff participated in the Provident Preparedness Fair at the Lorenzi Building in Northwest Las Vegas on March 9, 2013, distributing preparedness materials to faith-based planners and community members. Preparedness materials emphasized having a family disaster plan, building a go-bag, and improving shelter-in-place kits before emergencies.
- OPHP staff continued to plan for a full-scale exercise that will take place on June 17-19, 2013 in southern Nevada. This exercise is the final in a series that started with the Isolation and Quarantine Table Top Exercise in 2012. Many community partners have

been invited to participate in this exercise including hospitals, other healthcare facilities, police, fire, resorts, NSHD, and Nevada Division of Emergency Management (NDEM).

- OPHP staff coordinated with NDEM, Nellis Air Force Base, and the VA Healthcare System to bring a Texas A&M Engineering Extension Service (TEEX) Mass Prophylaxis training course to Southern Nevada on March 28-29, 2013. This 2-day course, *FEMA MGT-319 Bioterrorism: Mass Prophylaxis Preparedness & Planning* is a guide for local health officials and their partners in the local public health system to coordinate plans to provide mass distribution of medical countermeasures for the jurisdiction as they relate to the Division of Strategic National Stockpile (DSNS) Program. The purpose of this course is to enhance a jurisdiction's preparedness and emergency response efforts by developing (or revising) a plan addressing an all-hazards approach towards Mass Prophylaxis. The course was delivered by two public health professionals and consisted of a combination of lectures, small group activities, and a tabletop exercise/game.
- OPHP planners continue to participate in the monthly meetings of the Southern Nevada Healthcare Preparedness Association, Homeland Security Urban Areas Security Initiative (UASI), Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition, and individual hospital emergency management committee meetings. The OPHP Senior Planner attended the Continuity of Operations Planning (COOP) Workshop.

B. PH Training And PH Workforce Development

- **OPHP Education and Training:** OPHP launched two courses in the month of March to increase the workforce development of SNHD employees. The first course, Mass Antibiotic Dispensing and Vaccination, addresses the roles and responsibilities of specialized jobs to be performed within the Points of Dispensing (POD) facilities pre-identified throughout the county. The target audience for this course is the SNHD workforce, excluding the Strategic National Stockpile (SNS) Management Response Team and Incident Command (IC) Team. The second course, Medical Countermeasure Event Management, is tailored for specifically-identified employees who are members of the SNS and IC Teams. The SNS Management Response Team is composed of a limited number of SNHD employees who act as support for the NSHD. The IC Team is composed of key employees who have received advanced training in the Incident Command System (ICS). The module series covers event management and resource identification of medical countermeasures. These courses are created to accomplish the task of managing and dispensing countermeasure medications throughout Clark County. Every SNHD employee will take one of the two courses, which are available on the SNHD Intranet.
- 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, the SNHD website, and all SNHD locations.

- **OPHP Nurse Activities:** Twenty-three employees received bloodborne pathogens training as well as respirator fit testing for thirty-nine employees and Medical Reserve Corps (MRC) volunteers. Immunizations were administered to six employees.

C. Grants and Administration

- **OPHP Grants and Administration Overview:** OPHP continues to spend down the current grants with scheduled activities. OPHP along with the NSHD are working on the potential funding allocations for the grants for FY14. Currently, it appears there may be a 5% cut in grant funding going forward. OPHP continues to work with community partners on current grant deliverables to achieve an all-hazards community preparedness approach.

D. Medical Reserve Corps (MRC) of Southern Nevada

- **Planning & Preparedness:** During March 2013, seven MRC volunteers volunteered 60 hours providing first aid support for participants of the American Lung Association's annual Scale the Strat event.

V. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY(SNPHL)

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	Feb 2013	Feb 2012	YTD 2013	YTD 2012
TOTAL CLINICAL TESTING ACTIVITY	2907	3368	6253	6491

- 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	Feb 2013	Feb 2012	YTD 2013	YTD 2012
TOTAL TESTS TRANSPORTED	2684	3338	6038	6426

B. Epidemiological Testing and Consultation:

- SNPHL continues to support the disease investigation activities of the SNHD 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	Feb 2013	Feb 2012	YTD 2013	YTD 2012
TOTAL EPIDEMIOLOGY ACTIVITY	1310	1410	3501	2691

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.

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, inspections, and samples submitted to CDC or other laboratories	Feb 2013	Feb 2012	YTD 2013	YTD 2012
TOTAL STATE BRANCH LABORATORY ACTIVITY	585	709	1229	1430

D. All-Hazards Preparedness: SNPHL continues to participate with SNHD 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.
- 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	Feb 2013	Feb 2012	YTD 2013	YTD 2012
TOTAL PREPAREDNESS ACTIVITIES	10	11	16	18

E. February SNPHL Activity Highlights:

- The SNPHL laboratory manager participated in a two-day FBI Joint Criminal and Epidemiological Workshop held in Las Vegas on February 6 and 7, 2013. SNPHL, LVMPD, and CST staff provided the participants with an overview of local bioterrorism testing capabilities including the current field screening and confirmatory LRN testing process for unknown environmental samples.
- From February 11 to February 15, 2013, one SNPHL Clinical Laboratory Scientist attended CDC LRN Conventional Methods training at the New Mexico State Public Health Laboratory.
- SNPHL Lab Manager and SNHD OOE Epidemiologist received notification that their manuscript "Evaluation of the novel respiratory virus surveillance program Pediatric Early Warning Sentinel Surveillance (PEWSS)" was accepted for publication in *Public Health Reports*.
- SNPHL staff assisted OOE with multiple outbreak investigations including a gastroenteritis outbreak at a local office and collection of samples from suspect pertussis cases.

TRC/dm

Attachment A: Rx Pad Sample

Attachment B: February 2013 Disease Statistics

SOUTHERN NEVADA HEALTH DISTRICT

Prescription for a Healthy Lifestyle

Name _____ Date _____

- Eat better.** Start by eating 5 cups of fruits and vegetables each day. For help, sign up for the 'Nutrition Challenge' at www.gethealthyclarkcounty.org
- Get Moving.** Get at least 150 minutes of physical activity each week. To get started, join the 'Walk Around Nevada' and the 'Neon to Nature' programs at www.gethealthyclarkcounty.org
- Live Tobacco Free.** For help quitting tobacco call 1-800-QUIT-NOW (1-800-784-8669)

**For more information about healthy living, call (702) 759-1270
or visit us at www.gethealthyclarkcounty.org**



Clark County Disease Statistics*, MARCH 2013

Disease	2011		2012		2013		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?--
	Mar No.	YTD No.	Mar No.	YTD No.	Mar No.	YTD No.	Mar (2008-2012 aggregated)	Mar (2013)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	6	.	.	.	.	0.10	0.00	↓X
HEPATITIS A	.	.	0	.	0	.	0.05	0.00	↓X
HEPATITIS B (ACUTE)	.	7	.	11	.	.	0.12	0.05	↓
INFLUENZA**	142	437	133	186	69	455	3.80	3.44	↓
MEASLES	0	.	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	.	0.02	0.00	↓
PERTUSSIS	0	.	0	7	6	27	0.07	0.30	↑
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	21	51	17	58	20	55	0.88	1.00	↑
CHLAMYDIA	938	2320	801	2228	749	2245	38.97	37.34	↓
GONORRHEA	213	537	142	408	170	539	8.02	8.48	↑
HIV	21	60	22	65	27	62	1.05	1.35	↑
SYPHILIS (EARLY LATENT)	16	51	9	46	23	67	0.59	1.15	↑
SYPHILIS (PRIMARY & SECONDARY)	7	29	8	20	11	30	0.33	0.55	↑
ENTERICS									
AMEBIASIS	0	.	.	.	.	.	0.04	0.05	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	8	23	.	21	6	14	0.51	0.30	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	0	.	.	.	.	0.02	0.05	↑
GIARDIA	.	19	.	10	.	11	0.22	0.10	↓
ROTAVIRUS	9	10	.	14	36		0.78	0.70	↓
SALMONELLOSIS	11	25	8	19	6	25	0.48	0.30	↓
SHIGA-TOXIN PRODUCING E. COLI#	.	10	.	12	0	5	0.12	0.00	↓X
SHIGELLOSIS	0	6	0	0	.	10	0.27	0.10	↓
TYPHOID FEVER	.	.	0	0	0	0	0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.00	0.00	
YERSINIOSIS	0	0	.	.	0	0	0.01	0.00	↓
OTHER									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	5	18	9	27	.	10	0.32	0.10	↓
DENGUE FEVER	0	0	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	0.01	0.00	↓
HEPATITIS C (ACUTE)	.	.	.	.	0	0	0.04	0.00	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.09	0.00	↓X
LEGIONELLOSIS	.	.	.	.	.	.	0.05	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	.	0.00	0.00	
LYME DISEASE	0	0	0	.	0	0	0.00	0.00	
MALARIA	.	.	0	.	0	.	0.01	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	0	6	0	.	0	.	0.09	0.00	↓X
MENINGITIS, BACTERIAL	0	0	.	.	0	.	0.03	0.00	↓
MENINGOCOCCAL DISEASE	.	.	0	.	0	0	0.03	0.00	↓
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	0.00	0.00	
RABIES (HUMAN)	0	0	0	0	0	0	0.00	0.00	
RELAPSING FEVER	0	0	0	0	0	0	0.00	0.00	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	0	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	229	1022	174	693	181	1016	9.30	9.02	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	6	22	6	20	.	21	0.25	0.20	↓
TOXIC SHOCK SYN	0	.	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	0	.	0	.	0.00	0.00	
TUBERCULOSIS	5	17	7	22	9	18	0.35	0.45	↑
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	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	

*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=296 (reported total=1305). 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; YTD totals .,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).