

# Memorandum

Date: May 23, 2013

To: Southern Nevada District Board of Health

From: Thomas R. Coleman, MD, MS, Director of Community Health  
John P. Middaugh, MD, Interim Chief Health Officer

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

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

- A. To commemorate the 2013 Kick Butts Day, Tobacco Control Program (TCP) staff helped coordinate a display on the University of Nevada Las Vegas (UNLV) campus on March 20. Staff supported development of the display by an on-campus student organization and high school tobacco-prevention student leaders. The display featured 100 Rebel mustaches, with 82 of them a different color to display visually the percentage of students who do not smoke. The purpose of this display was to educate UNLV students, staff, faculty, and visitors about the importance of a tobacco free campus policy. Multiple news outlets covered the event including print, television, and radio.
- B. University Medical Center (UMC) implemented a tobacco-free campus policy on March 20. Signage was installed in numerous UMC locations to notify staff, patients, and visitors of the policy. The committee that developed the policy contacted TCP staff and requested technical assistance. That committee will convene in three months to review the policy's implementation on the main campus and outlying areas. Over 5,000 UMC employees and thousands of patients will be protected by the new policy that extends the indoor smoking ban to all outdoor areas with the exception of one smoking area required by union contract. The policy restricts smoking within personal vehicles on UMC grounds. All forms of tobacco and e-cigarettes are prohibited.
- C. The Regional Transportation Commission of Southern Nevada (RTC), a Communities Putting Prevention to Work (CPPW) funded partner, adopted a Complete Streets policy last summer to promote community design that supports walking and biking. Southern Nevada Health District (SNHD) provided CPPW funds and technical assistance to support development of a complete streets implementation manual specific to Southern Nevada to help local planners apply the policy. Several workshops were held after the "*Complete Streets For Livable Communities: A Design Manual*" guide was completed early this year. The guide was approved by the RTC Executive Advisory Committee in February and by the RTC Board in March.

- D. The 2013 drowning prevention public information campaign began airing on April 1 to coincide with April Pools Day in Clark County. Injury Prevention Program staff has been working with the SNHD Publications Specialist to complete the design for Water Watcher Badges which are intended to be worn by individuals who agree to take responsibility for watching children during gatherings at local private pools. The badges were distributed through community partners beginning in April. At the end of March, there had been three submersion incidents for 2013. There have been no drowning deaths so far this year.

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

**A. April Meetings:**

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

The Board unanimously approved UMC’s application for renewal of authorization as a Level I Trauma Center and Level II Pediatric Trauma Center. The Board of Health subsequently approved the application on April 22.

A status update was provided on Senate Bill 205 (SB 205). The purpose of SB 205 is to create a fund for the State Trauma Registry and support the Nevada State Health Division (NSHD) in developing and managing a standardized system for the collection of data related to the treatment of traumatic injuries before and after admission to a hospital. The bill directs the State Board of Health to adopt regulations necessary to perform these activities, including the preparation of quarterly reports to be submitted to the Legislative Committee on Health Care. The next step in the process will be a hearing before the Senate Finance Committee.

- **Trauma System Self-Assessment**

The OEMSTS partnered with Knowledge Capital Alliance (KCA) to conduct a self-assessment of the Clark County Trauma System. The evaluation was performed using the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), *Benchmarks, Indicators, and Scoring Supplemental Tool for Model Trauma System Planning and Evaluation*. The approach for this assessment was a combination of an online survey and a face-to-face session to build final consensus on a subset of the 113 indicators included in the evaluation tool. More than 50 trauma system stakeholders participated in the assessment, which produced valuable information that will be summarized in a final report to be presented to the RTAB.

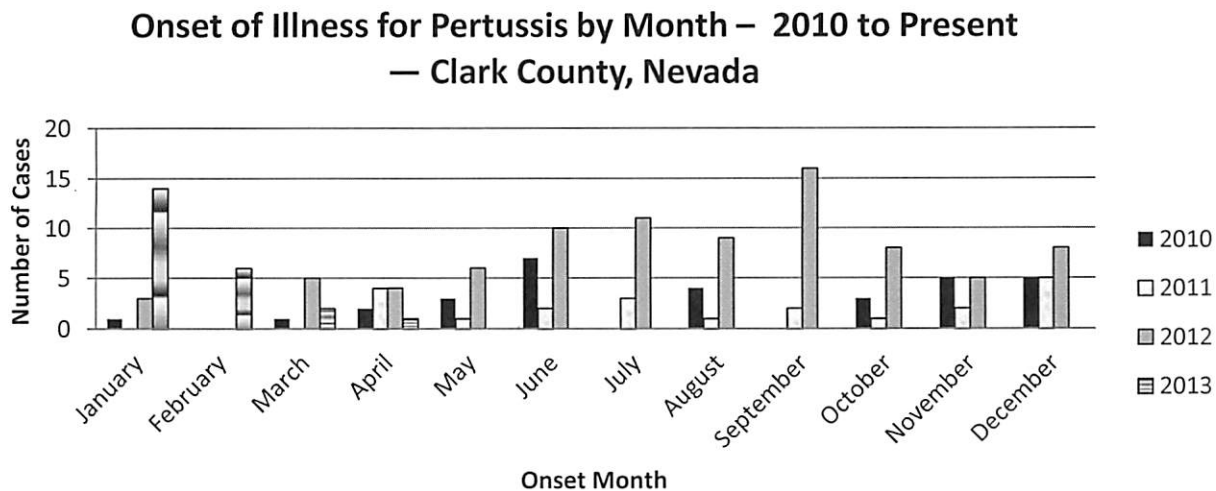
**B. April EMS Statistics:**

<b><u>ACTIVITY</u></b>	<b><u>APRIL 2013</u></b>	<b><u>APRIL 2012</u></b>	<b><u>YTD 2013</u></b>
Total certificates issued	23	32	835
New licenses issued	20	23	71
Renewal licenses issued (recert only)	0	0	730
Active Certifications: EMT-Basic	458	510	458
Active Certifications: EMT-Intermediate	1303	1321	1303
Active Certifications: EMT-Paramedic	1114	1098	1114
Active Certifications: RN	39	40	39

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

- A. Outbreak of Salmonellosis Associated with Las Vegas Tapas Restaurant:** On Friday, April 26, OOE received a complaint about gastrointestinal illness among a group of 10 persons attending a sporting tournament at a local hotel/casino. All 10 reported illness, several of whom had sought medical care or become hospitalized. While OOE staff members were preparing to investigate potential illness-causing exposures at the hotel, we received several additional reports of similar illnesses among other unrelated groups. All groups had eaten at a local tapas restaurant. OOE and Environmental Health (EH) staff members visited the restaurant late that afternoon and the restaurant was closed both because of the strength of evidence that the restaurant was the source of illness and because their EH inspection resulted in a greater number of violations than the threshold for closure. Closing the restaurant at the start of its peak days of business might have saved additional people from contracting illness. Working late into that evening and over the weekend, OOE staff interviewed restaurant employees as well as both ill and non-ill patrons to determine when they dined, what they ate, illness symptoms, and symptom onset. The first interim outbreak report has been posted to the SNHD public website (<http://www.southernnevadahealthdistrict.org/download/stats-reports/firefly-interim-report-043013.pdf>) and indicates that, as of April 30, 89 persons were known to have become ill, including 3 employees. The organism causing illness was identified as *Salmonella*. Restaurant management has been fully cooperative with SNHD during this ongoing investigation.
- B. Pertussis in Clark County – Update:** Clark County continues to experience elevated numbers of pertussis cases. In April, the OOE reported one case of pertussis to NSHD. The patient was under one year of age at the time of illness onset. Figure 1 shows pertussis case counts by onset date from 2010 to present. At the time of this report, an additional six case reports were being finalized by DIIS staff. The OOE began conducting active laboratory surveillance for pertussis testing on July 30, 2012. Through April 2013, we have investigated 220 reports of pertussis testing because of active surveillance, which has resulted in the identification of 67 cases, some of which would not have been detected otherwise. Active surveillance, which continues, allows us to begin investigations earlier than we can with routine (passive-only) surveillance.

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



- C. **Pertussis Case Investigations and Interventions:** In April, the OOE investigated a second probable pertussis case in 2013 associated with a childcare facility. We sent letters to the parents advising them of the importance of immunization and an immunization clinic was held at the facility. To date no other illness consistent with pertussis was observed to be circulating at the facility.
- D. **Investigation into Respiratory Illness in Travelers to China:** The OOE investigated a case of respiratory illness consistent with H7N9 influenza in a patient and the patient’s spouse who had just returned from spending three weeks in China. Per CDC request, an OOE staff member made arrangements with the hospital to collect clinical specimens from both individuals. The specimen was negative for influenza and all respiratory pathogens that the SNPHL is capable of testing via PCR and film array.
- E. **Presentation on Clark County Pedestrian Fatalities at Epidemic Intelligence Service (EIS) Conference:** This April, Kaci Hickox presented an analysis of pedestrian fatalities in Clark County from 2008 through 2011 at the CDC’s EIS Conference in Atlanta. This study revealed that homeless persons had 22 times the incidence of pedestrian fatalities compared with other Clark County residents.
- F. **Chronic Disease Grant Funding Opportunity:** Several OOE staff and a contract employee continued in their efforts to assist the State of Nevada in application to a five-year chronic disease grant offered by the CDC. The Nevada State Health Division submitted the final application to the CDC at the end of April.
- G. **Legionellosis Associated with Two Hotel/Casino Properties:** The OOE received a report from the CDC on a case of legionellosis in a visitor who stayed at two different hotel/casino properties during the visitor’s incubation period for this illness. Room information was obtained and EH staff obtained water samples and conducted an environmental assessment at both facilities. Test results are pending.

**H. 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 to April 2013, 53 specimens were collected from two local hospital adult intensive care units. Test results included 41 (77.4%) that had no positive results, 7 (13.2%) that were positive for influenza, and 5 (9.4%) that were positive for respiratory syncytial virus (RSV). These results indicate that influenza and RSV contributed to illness in adult ICU patients during this five-month period in Southern Nevada.

**I. Pediatric Early Warning Surveillance System (PEWSS):** Sentinel sites submitted a moderate number (56) of respiratory test specimens to the SNPHL in April. Results indicated that Influenza B, Adenovirus and Parainfluenza 3 were circulating at low levels in Southern Nevada. Influenza A, Human Metapneumovirus, Parainfluenza 1 and RSV have been sporadically identified. We prepared and disseminated four weekly PEWSS reports in April 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>.

**J. Communicable Disease Statistics:** Disease statistics for April 2013 are attached.

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

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

- OPHP Planner assisted the Education and Information Officer from the Nevada State Health Division's Public Health Preparedness Office in conducting HAvBED training to healthcare personnel in Clark County on April 2. HAvBED is a regional, state, and local system used to track bed availability in area healthcare facilities. This capability is a requirement of federal cooperative agreements and is utilized daily by hospitals and EMS agencies. During emergencies and disasters, federal partners such as FEMA Region IX Emergency Operation Center and The U.S. Department of Health and Human Services can also monitor this system.
- OPHP Manager and Senior Planner attended a presentation hosted by the American Red Cross (ARC) of Southern Nevada at the Gold Coast Hotel Convention Center on April 10. The guest speaker spoke to community partners about planning and the need for community partnerships as demonstrated in the recent responses to Hurricane Sandy and other natural disasters to which ARC was deployed to support. In addition, OPHP staff attended a presentation by Isaac Weisfuse, Vice President for Science Policy at SIGA technologies. He spent 24 years at the NYC Department of Health and Mental Hygiene, where he worked on a number of issues including infectious diseases and emergency preparedness as a Deputy Commissioner. He was incident commander for all emergencies ranging from the World Trade Center disaster to the influenza pandemic. He provided an informative presentation that allowed staff to discuss how newer smallpox countermeasures might or might not fit into management of a smallpox outbreak, as well as how smallpox planning and outbreak management could be improved.
- OPHP staff continued to plan for a full-scale exercise that will take place June 17-19 in southern Nevada. This is the final exercise in a series starting with the Isolation and

Quarantine tabletop exercise in 2012. Many community partners have been invited to participate in this exercise including hospitals and other healthcare facilities.

- 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. Planner met with Nevada Hospital Association's new Medical Surge Planner for Southern Nevada as an introduction and to share information regarding upcoming exercises and future planning dates.
- OPHP is working with Information Technology (IT) to develop an online medical screening form for use in points of dispensing (PODs) during an emergency. This tool will greatly decrease the amount of time it takes an individual to go through a POD and the number of staff needed to dispense prophylactic medications. This will be tested during the full-scale exercise.

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

- **OPHP Education and Training:** Since the launch in March, 88% of the target audience has completed the Mass Antibiotic Dispensing and Vaccination course, which addresses the roles and responsibilities of the specialized jobs needed to run PODs, and 72% of the target audience has completed the Medical Countermeasure Event Management course, designed to strengthen team members' skills to manage an Operational Command site during a real event.

OPHP Training Officer represented SNHD at the State of Nevada Mass Antibiotic Dispensing Workshop in Reno, held for local health district representatives throughout the state. Course topics included Strategic National Stockpile updates, a general overview of mass dispensing, state guidance for dispensing, volunteer staffing and Just-in-Time Training, the role of public information, demobilization, WebIZ countermeasures, and response administration.

OPHP Training Officer continues to provide new employee orientation. OPHP staff continues to distribute public health preparedness information to the community through community health fairs, the SNHD website, and all SNHD locations. Retired Training Officer volunteers as chair of the Functional Needs Advisory Group, which continues to meet on a monthly basis.

- **OPHP Nurse Activities:** Thirty-two employees received bloodborne pathogens training, twenty-nine employees received respirator fit testing, and immunizations were administered to six employees and Medical Reserve Corps volunteers.

#### **C. Grants and Administration Overview:**

- OPHP continues to spend down the current grants with scheduled activities. OPHP is working with the Nevada State Health Division 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:** Thirty-four MRC volunteers volunteered 144 hours in April by attending a training and providing first aid support for four community walk/run events.

**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.

<b>Monthly Clinical Testing Activity includes</b> <i>N. gonorrhoeae</i> culture, GISP isolates, Syphilis, HIV, Gram stain testing	<b>Mar 2013</b>	<b>Mar 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
<b>TOTAL CLINICAL TESTING ACTIVITY</b>	<b>3149</b>	<b>3987</b>	<b>9402</b>	<b>10478</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>Monthly Courier Activity</b> # clinical tests transported from facilities by SNPHL courier	<b>Mar 2013</b>	<b>Mar 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
<b>TOTAL TESTS TRANSPORTED</b>	<b>2947</b>	<b>3836</b>	<b>8985</b>	<b>10262</b>

**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 PEWSS and HEWSS testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

<b>Monthly Epidemiology Activity includes</b> Stool culture, ELISA, Norovirus PCR, Respiratory virus PCR, Epidemiological investigations or consultations	<b>Mar 2013</b>	<b>Mar 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
<b>TOTAL EPIDEMIOLOGY ACTIVITY</b>	<b>1376</b>	<b>1668</b>	<b>4877</b>	<b>4359</b>

**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.

<b>Monthly State Branch Public Health Laboratory Activity includes</b>	<b>Mar 2013</b>	<b>Mar 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
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				
<b>TOTAL STATE BRANCH LABORATORY ACTIVITY</b>	<b>701</b>	<b>904</b>	<b>1930</b>	<b>2334</b>

**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.
- 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>	<b>Mar 2013</b>	<b>Mar 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections				
<b>TOTAL PREPAREDNESS ACTIVITIES</b>	<b>10</b>	<b>10</b>	<b>26</b>	<b>28</b>

**E. March 2013 SNPHL Activity Highlights:**

- The SNPHL molecular supervisor attended CDC Dengue methods training at the CDC laboratory in Atlanta, Georgia, from March 18 to March 22.
- SNPHL staff continued testing of the SNPHL Laboratory Information Management System (LIMS) upgrade in preparation of expected Go-Live date of April 15.
- SNPHL staff assisted OOE with multiple outbreak investigations including a gastroenteritis outbreak at a local non-profit agency and collection of samples from suspect pertussis cases.

TRC/dm

Attachment A: April 2013 Disease Statistics



Clark County Disease Statistics\*, APRIL 2013

Disease	2011		2012		2013		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet current & past 5-year?~
	Apr No.	YTD No.	Apr No.	YTD No.	Apr No.	YTD No.	Apr (2008-2012 aggregated)	Apr (2013)	
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	0	6	.	6	.	6	0.06	0.10	↑
HEPATITIS A	.	.	.	.	.	.	0.06	0.10	↑
HEPATITIS B (ACUTE)	.	8	.	13	0	8	0.05	0.00	↓X
INFLUENZA**	9	446	105	291	36	495	2.00	1.79	↓
MEASLES	0	.	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	.	0.07	0.00	↓X
PERTUSSIS	.	5	6	13	.	29	0.09	0.05	↓
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	18	69	16	74	19	74	0.87	0.95	↑
CHLAMYDIA	667	2987	612	2840	717	2937	35.65	35.71	↑
GONORRHEA	120	657	114	522	150	686	7.71	7.47	↓
HIV	17	77	15	80	21	83	0.93	1.05	↑
SYPHILIS (EARLY LATENT)	17	68	12	58	23	89	0.80	1.15	↑
SYPHILIS (PRIMARY & SECONDARY)	17	46	6	26	13	42	0.42	0.65	↑
<b>ENTERICS</b>									
AMEBIASIS	0	.	0	.	0	.	0.00	0.00	
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	.	26	.	25	.	18	0.30	0.15	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	0	0	.	0	.	0.00	0.00	
GIARDIA	.	20	.	12	.	14	0.20	0.10	↓
ROTAVIRUS	12	22	.	19	57		1.26	0.95	↓
SALMONELLOSIS	6	31	13	32	5	34	0.70	0.25	↓X
SHIGA-TOXIN PRODUCING E. COLI#	9	19	.	15	0	5	0.15	0.00	↓X
SHIGELLOSIS	0	6	.	.	0	10	0.16	0.00	↓X
TYPHOID FEVER	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	0.00	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	0.00	0.00	
COCCIDIOIDOMYCOSIS	9	27	13	40	8	19	0.37	0.40	↑
DENGUE FEVER	0	0	0	0	0	0	0.00	0.00	
ENCEPHALITIS	0	0	0	0	0	.	0.01	0.00	↓
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	0	.	.	.	.	.	0.02	0.05	↑
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.05	0.00	↓X
LEGIONELLOSIS	.	6	0	.	0	.	0.06	0.00	↓X
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	.	0.01	0.00	↓
LYME DISEASE	0	0	0	.	0	0	0.01	0.00	↓
MALARIA	0	.	0	.	0	.	0.00	0.00	
MENINGITIS, ASEPTIC/VIRAL	.	8	.	5	.	7	0.19	0.15	↓
MENINGITIS, BACTERIAL	0	0	0	.	0	.	0.05	0.00	↓X
MENINGOCOCCAL DISEASE	0	.	0	.	0	0	0.00	0.00	
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	0.00	0.00	
RABIES (HUMAN)	0	0	0	0	0	0	0.00	0.00	
RELAPSING FEVER	0	0	0	0	0	0	0.00	0.00	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	0	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	70	1092	77	770	55	1135	3.75	2.74	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	.	26	.	23	5	28	0.19	0.25	↑
TOXIC SHOCK SYN	0	.	0	0	0	0	0.01	0.00	↓
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	.	.	0	.	0.01	0.00	↓
TUBERCULOSIS	10	27	.	25	13	31	0.58	0.65	↑
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	.	0	0	0	0	0.02	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=142(reported total=1098). 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,.).

\*\*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).