

Memorandum

Date: June 27, 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 – May 2013

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

- A. The Southern Nevada Health District (SNHD) OCDPHP collaborated with the Clark County School District (CCSD) to leverage the accomplishments of the Communities Putting Prevention to Work (CPPW) grant and successfully compete for a Community Transformation Grant (CTG). CTG activities will promote and support healthy choices among CCSD students and staff through policy, systems, and environmental changes within schools and at community sites frequented by youth. Recent activities include:
- Youth are continuing to complete store assessments to monitor the number of tobacco advertisements at each retail site. A website (www.counterbalancenv.com) has been developed that allows users to view maps of where these tobacco retail outlets are located and their proximity to schools, parks, daycare centers, etc. In April, 47 tobacco retail outlets were assessed as part of the CTG grant activities. As of March 19, 2013 (the end of the CPPW grant), 158 tobacco retail outlets had been assessed.
 - CCSD brought 44 new schools into the Safe Routes to Schools (SRTS) program with CPPW support. Four schools attended a SRTS workshop in April as part of CTG activities. A SRTS advisory coalition has been formed and met in April with 20 people in attendance. This multi-disciplinary group works to support the expansion of the SRTS programs.
- B. The 2013 A B C & Ds of Drowning Prevention annual drowning prevention campaign began on April 1, 2013, coinciding with April Pools Day in Clark County. A new element was added to the campaign this year with the development of a Water Watchers Program. Recognizing that many drowning deaths have occurred with many people in close proximity to the victim, SNHD has worked with partners to develop the Water Watchers Program designed to assure that someone is designated and accepts responsibility for watching children at group pool events. Laminated Water Watcher Badges will be available at no cost in English and Spanish. The badges are on lanyards so that the Water Watcher actually wears the card identifying them as

the designated person while watching the kids in the pool. At the end of April, there have been five submersion incidents for 2013. There have been no drowning deaths so far this year. Of the five submersion incidents, four were under five years of age and four occurred in residential pools.

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

A. May Meetings:

- **Priority Dispatch Task Force Committee**

The Task Force reviewed revisions made to emergency medical dispatch protocols from Version 12.2 of the Medical Priority Dispatch System ProQa. The new version of the protocols will be used by the area emergency dispatch centers.

- **Drug/Device/Protocol Committee**

The Drug/Device/Protocol Committee continued their review of the Basic Life Support/Intermediate Life Support/Advanced Life Support Protocol Manual. The recommendations will be taken to the Medical Advisory Board for final approval.

- **Medical Advisory Board**

The Board endorsed the revisions to the emergency medical dispatch protocols brought forth by the Priority Dispatch Task Force and recommended by the National Academies of Emergency Medical Dispatch.

The Board recognized Rory Chetelat, departing OEMSTS Manager, and Dr. Richard Henderson, departing Medical Director for Henderson Fire Department for their outstanding work for the Clark County EMS System.

B. May EMS Statistics:

<u>ACTIVITY</u>	<u>MAY 2013</u>	<u>MAY 2012</u>	<u>YTD 2013</u>
Total certificates issued	31	19	843
New licenses issued	4	12	55
Renewal licenses issued (recert only)	0	0	730
Active Certifications: EMT-Basic	463	514	463
Active Certifications: EMT-Intermediate	1317	1327	1317
Active Certifications: EMT-Paramedic	1124	1104	1124
Active Certifications: RN	41	35	41

III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

A. Salmonella Gastroenteritis Outbreak among Patrons of Firefly on Paradise Restaurant – Las Vegas, Nevada: On April 26, 2013, the Office of Epidemiology (OOE) received reports of gastrointestinal illness from eight independent groups of patrons of Firefly on Paradise or the adjacent affiliated restaurant Dragonfly on Paradise (Firefly) located at 3900 Paradise Road, Las Vegas, NV 89109. All patrons from these groups ate at the restaurant during April 21-24, 2013. These ill patrons reported symptoms of diarrhea and/or vomiting after they consumed food from Firefly restaurant, and many sought medical care for their illness. In response to

these illness reports, the SNHD initiated an investigation. The SNHD performed investigative inspections and closed Firefly and Dragonfly restaurants to minimize ongoing risk of illness. The SNHD OOE, Environmental Health (EH), and Southern Nevada Public Health Laboratory (SNPHL) have been collaborating on the investigation and response to this outbreak. The Centers for Disease Control and Prevention (CDC), the United States Department of Agriculture (USDA), and the Nevada State Health Division (NSHD) were also notified of the outbreak investigation. As of May 20, 2013 at least 290 patrons and 4 employees who consumed food and/or drinks at Firefly restaurant during April 21-26, 2013 were identified to be confirmed or probable cases of *Salmonella* 1:4,5,12:i:- infection. All identified ill persons ate at Firefly during April 21 through April 26, 2013. Illness onset dates occurred within the April 22 to May 1, 2013 time frame.

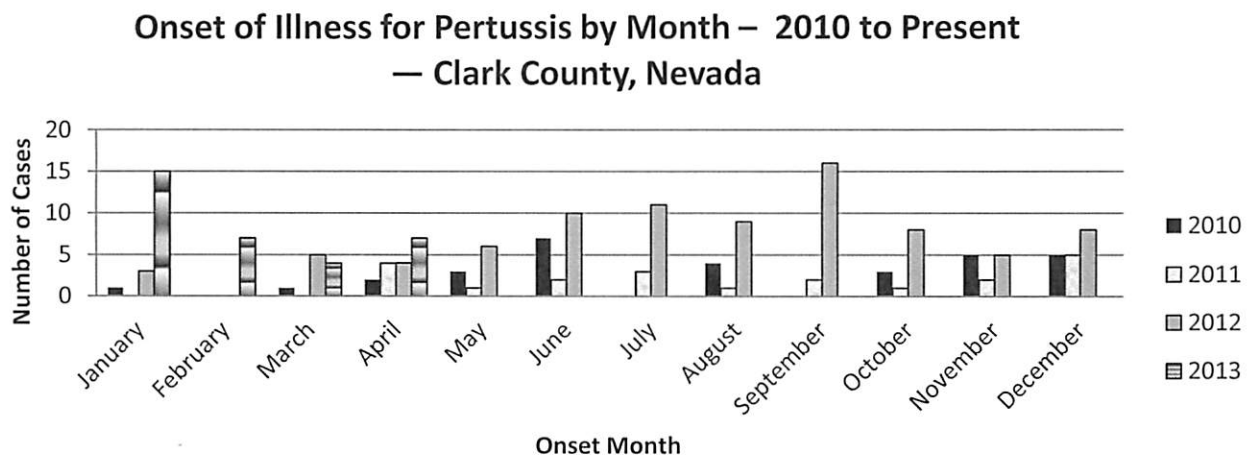
As of May 20, 61 clinical specimens had pulsed field gel electrophoresis (PFGE) patterns matching the outbreak strain and were from specimens collected from persons whose illnesses met the case definition. These 61 PFGE patterns were sent to CDC's PulseNet program to determine if they are related to other common source outbreaks in the U.S. To date, PulseNet results have identified no concurrent U.S. cases of salmonellosis matching the outbreak strain other than those linked to the Firefly restaurant. Interim reports 1-4 are available at: <http://www.southernnevadahealthdistrict.org/stats-reports/index.php> under Public Health Investigations and Studies.

- B. Norovirus Outbreak at Buca di Beppo Restaurant located in the Excalibur Hotel/Casino:** On May 14, 2013, the SNHD received via the SNHD online foodborne illness reporting system a report of gastrointestinal illnesses in 20 of 47 local high school students and their friends, subsequent to eating a group meal on May 11 at Buca di Beppo restaurant located within the Excalibur Hotel and Casino. The ensuing investigation led to the identification of 46 cases of illness: 41 in patrons and 5 in employees. The ill patrons were from seven unrelated groups who had dined during May 10-18. Twelve cases were confirmed positive for norovirus G-1. A cohort study of the student group revealed no significant statistical associations with individual foods served at the restaurant or with visits to the public restroom outside the restaurant in the hotel. It is unclear as to how norovirus entered the restaurant. However, we can conclude that at least one group of patrons and likely some employees were exposed to norovirus in the restaurant on May 10, and that other groups of patrons became infected with the same genogroup of norovirus on later dates. Control measures have included: excluding ill persons working in sensitive occupations (such as food handling) from work until 72 hours after their symptoms had subsided; instructing the restaurant to disinfect environmental surfaces (per norovirus guidelines) and reporting any ill employees to OOE immediately; requiring hotel management to clean and sanitize the public restroom nearest the restaurant; and advising management of other hotels to clean and sanitize guest rooms where ill patrons had stayed using disinfectants effective against norovirus. Norovirus control measure education was also provided to students and faculty at the school attended by the affected students and a daycare center where a child with illness linked to this outbreak attends. The outbreak report is currently being drafted.
- C. Hepatitis A Associated with Townsend Farms Frozen Berries:** On May 24, 2013, the OOE was notified of a multi-state outbreak investigation of increased hepatitis A cases.

Shopping at Costco was a common factor among cases, and subsequent information collected from patient interviews implicated a frozen berry antioxidant blend from the brand Townsend Farms as the likely source of the virus. This year, Clark County has seen an increase in hepatitis A cases since April 1 totaling seven cases to date. Comparatively, we reported five cases the entire year in 2012 and six cases in 2011. Of our seven recent cases, three are confirmed to be associated with this outbreak. As of June 7, a nationwide total of 83 outbreak-related cases from eight states have been identified, including six in Nevada. The FDA plans to start testing samples of the frozen berry mix for Hepatitis A virus soon. The Southern Nevada Health District submitted three berry samples (collected from Hepatitis A case-patients' homes) to the FDA for inclusion in that testing. In accordance with Centers for Disease Control and Prevention recommendations, we are offering Hepatitis A vaccination to persons up to 14 days after they last consumed Townsend Farms frozen berry mix or, if they are at high risk for developing severe liver disease from a hepatitis infection, offering them hepatitis immune globulin instead. The investigation is ongoing and we will continue to monitor for any additional incoming cases.

- D. Pertussis in Clark County – Update:** Clark County continues to experience elevated numbers of pertussis cases. In May, the OOE reported fifteen cases of pertussis to NSHD. Four of these were under one year of age at illness onset. At the time of this report, there were seven additional cases under investigation. Figure 1 shows pertussis case counts by illness onset date from 2010 to present. The OOE began conducting active laboratory surveillance for pertussis testing on July 30, 2012. Through May 2013, we have investigated 244 reports of pertussis testing because of active surveillance, which has resulted in the identification of 79 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.



- E. Pertussis Case Investigations and Interventions:** In May, the OOE investigated two pertussis cases associated with two separate childcare facilities. We sent letters to the parents advising them of the importance of immunization and an immunization clinic was held

at one of the facilities. Seven staff members received Tdap at this clinic. To date, no other illness consistent with pertussis has been observed to be circulating at either facility.

- F. **Chronic Disease Grant Funding Opportunity:** The final application for this two-part grant was submitted to the CDC by the Nevada State Health Division at the end of April. It has not yet been announced whether Nevada will be awarded just the basic (guaranteed) amount or a larger amount that 25 states will be awarded to do more extensive work.
- G. **Bat Rabies Press Release:** The Southern Nevada Health District investigated a potential exposure to a rabid bat found in the yard of a Las Vegas home. Because the bat tested positive for rabies, the health district is reminding Clark County residents that bats can be dangerous to people and provided guidelines for avoiding exposure. To date in 2013, we have had four reports of animal rabies in Clark County, three bats and one bull. The press release is available at <http://www.southernnevadahealthdistrict.org/news13/052013-health-alert-rabies-bats.php>.
- H. **EMS/Trauma Program Analysis:** We assisted the Trauma program by creating a summary of transportation time data for all trauma patients who were transported to three trauma centers in the Las Vegas metropolitan area. From July to December 2012, 2245 trauma transportations were directed to the three trauma centers (UMC, Sunrise hospital, and St. Rose hospital). Over 90% (2,056) of these transportations took less than 30 minutes, and about a quarter (594) of these transportations took less than 10 minutes. Monitoring the time it takes to transport an injured patient from the scene of an emergency to one of the three trauma centers in Clark County is one measure of EMS and trauma system efficiency. This information helps the OEMSTS evaluate if there are sufficient trauma care resources to meet the needs of the community.
- I. **Behavioral Risk Factor Surveillance System (BRFSS) Diabetes Analysis:** OOE's biostatistician contractor continues to assist OOE with analysis of BRFSS data. Her current focus is on factors associated with diagnoses of diabetes and prediabetes.
- J. **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.
- K. **Hospital Early Warning Surveillance System (HEWSS):** Very few tests were performed or cases identified during May. Compilation of May data has been postponed until June due to staff having been busy with outbreak investigations.
- L. **Pediatric Early Warning Surveillance System (PEWSS):** Surveillance sentinel sites submitted a moderate number (67) of respiratory test specimens to the SNPHL in May. Results indicated that Adenovirus is circulating at high level in Southern Nevada. Influenza B, Human Metapneumovirus and Parainfluenza 3 has been circulating at low levels. Parainfluenza 1 and RSV have been sporadically identified. We prepared and disseminated four weekly PEWSS reports in May, 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>

M. Communicable Disease Statistics: Disease statistics for May 2013 are attached.

IV. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness:

- 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 tabletop exercise in 2012. Many community partners have been invited to participate in this exercise including hospitals and other healthcare facilities. Planners are training closed point of dispensing (POD) partners.
- 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.
- OPHP, in conjunction with SNHD Information Technology (IT), has developed an online medical screening form for use in PODs during an emergency. This tool will greatly decrease the amount of time it takes an individual to go through a POD while also decreasing the number of staff needed to dispense prophylactic medications. This will be tested during the full-scale exercise.

B. PHP Training And Public Health Workforce Development:

- **OPHP Education and Training:** The Training Officer continues to provide new employee orientation; and OPHP staff continues to distribute public health preparedness information to the community through community health fairs, the SNHD website, and all SNHD locations. The retired Training Officer volunteers as chair of the Functional Needs Advisory Group, continuing to meet on a monthly basis.
- **OPHP Nurse Activities:** Forty-eight employees received bloodborne pathogens training as well as respirator fit testing for forty employees. Immunizations were administered to seven employees and Medical Reserve Corps (MRC) volunteers.

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:

- During May 2013, Medical Reserve Corps of Southern Nevada volunteers provided first aid support for 5 community events utilizing 14 volunteers for a total of 54 hours.

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	Apr 2013	Apr 2012	YTD 2013	YTD 2012
TOTAL CLINICAL TESTING ACTIVITY	3464	2987	12866	13465

- 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	Apr 2013	Apr 2012	YTD 2013	YTD 2012
TOTAL TESTS TRANSPORTED	3345	2417	12330	12679

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).

Monthly Epidemiology Activity includes Stool culture, ELISA, Norovirus PCR, Respiratory virus PCR, Epidemiological investigations or consultations	Apr 2013	Apr 2012	YTD 2013	YTD 2012
TOTAL EPIDEMIOLOGY ACTIVITY	761	1201	5638	5560

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 and inspections, samples submitted to CDC or other laboratories	Apr 2013	Apr 2012	YTD 2013	YTD 2012
TOTAL STATE BRANCH LABORATORY ACTIVITY	812	1236	2742	3570

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.
 - a. SNPHL staff continues to receive training on LRN protocols for biological agent confirmation.
 - b. SNPHL maintains sufficient technical laboratory staff competent to perform LRN testing 24 hours per day/7 days per week.
 - c. 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).
 - d. 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	Apr 2013	Apr 2012	YTD 2013	YTD 2012
TOTAL PREPAREDNESS ACTIVITIES	13	12	39	40

E. April 2013 SNPHL Activity Highlights:

- SNPHL and SNHD IT staff successfully implemented the Allscripts Sunrise v3.0 upgrade of the SNPHL Laboratory Information Management System (LIMS) on April 13 and 14, 2013.
- SNPHL staff participated in multiple teleconferences in April with the Association of Public Health Laboratories (APHL) and CDC regarding laboratory testing capabilities for Influenza A (H7N9) and novel coronavirus. SNPHL received the CDC Emergency Use Authorization (EUA) Influenza A (H7N9) testing kit in April. CDC will send SNPHL a verification panel in May 2013, which will be used to verify the test kit. This kit will allow SNPHL to perform Influenza A (H7N9) testing for patients that meet the epidemiological criteria for testing.
- SNPHL was inspected by the Department of Health and Human Services, Centers for Medicare and Medicaid Services on April 29 and 30, 2013. The federal on-site inspection is required every two years to maintain a federal and state laboratory license. SNPHL successfully passed the inspection and was re-licensed for two years.

TRC/dm

Attachment A: April 2013 Disease Statistics

Clark County Disease Statistics*, MAY 2013

Disease	2011		2012		2013		Rate(Cases per 100,000 per month) (2008-2012 aggregated)	Monthly Rate Comparison	
	May No.	YTD No.	May No.	YTD No.	May No.	YTD No.		May (2013)	Significant change bet. current & past 5-year?~
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	7	.	7	.	8	0.03	0.10	↑
HEPATITIS A	.	0	.	0	.	5	0.02	0.05	↑
HEPATITIS B (ACUTE)	0	8	0	13	.	11	0.10	0.15	↑
INFLUENZA**	.	449	49	340	15	511	2.51	0.75	↓X
MEASLES	0	.	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	.	0.02	0.00	↓
PERTUSSIS	.	9	.	17	6	43	0.13	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	13	82	16	90	22	96	0.81	1.09	↑
CHLAMYDIA	705	3692	716	3556	937	3872	33.86	46.62	↑X
GONORRHEA	117	774	166	688	177	863	6.82	8.81	↑X
HIV	17	94	13	93	25	108	1.02	1.24	↑
SYPHILIS (EARLY LATENT)	8	76	16	74	11	99	0.68	0.55	↓
SYPHILIS (PRIMARY & SECONDARY)	13	59	6	32	12	54	0.40	0.60	↑
ENTERICS									
AMEBIASIS	.	7	.	.	0	.	0.07	0.00	↓X
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	17	43	8	33	11	30	0.47	0.55	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	0	.	.	0	.	0.01	0.00	↓
GIARDIA	.	22	7	19	.	18	0.28	0.10	↓
ROTAVIRUS	16	38	10	13	11	68	1.89	0.55	↓X
SALMONELLOSIS	14	45	18	50	11	47	0.81	0.55	↓
SHIGA-TOXIN PRODUCING E. COLI#	.	20	.	19	.	8	0.10	0.10	
SHIGELLOSIS	.	8	.	.	.	11	0.28	0.05	↓
TYPHOID FEVER	0	.	0	0	0	0	0.00	0.00	
VIBRIO (NON-CHOLERA)	0	0	0	0	.	.	0.01	0.05	↑
YERSINIOSIS	0	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	8	35	12	52	5	25	0.38	0.25	↓
DENGUE FEVER	0	0	0	0	.	.	0.00	0.05	↑
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	.	0.02	0.00	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.02	0.00	↓
LEGIONELLOSIS	.	7	.	5	.	5	0.04	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	.	0.02	0.00	↓
LYME DISEASE	0	0	0	.	0	0	0.03	0.00	↓
MALARIA	0	.	0	.	0	.	0.00	0.00	
MENINGITIS, ASEPTIC/VIRAL	.	11	.	6	5	12	0.09	0.25	↑
MENINGITIS, BACTERIAL	0	0	0	.	.	.	0.05	0.05	
MENINGOCOCCAL DISEASE	0	.	0	.	0	0	0.02	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	0.01	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)	15	1107	21	791	21	1168	1.64	1.04	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	.	30	.	25	.	31	0.16	0.10	↓
TOXIC SHOCK SYN	0	.	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	0	0	0	.	0.02	0.00	↓
TUBERCULOSIS	11	38	10	35	5	36	0.42	0.25	↓
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=102(reported total=1291). 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).