

Memorandum

Date: July 25, 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 – June 2013

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

- A. Commonwealth, Lady Silvia, The Park, and Mingo, popular downtown Las Vegas bars, have decided to go smoke-free. Bar owners contacted Tobacco Control Program (TCP) staff to facilitate social venue counter-marketing events at those venues to promote the health and social benefits of smoke-free social venues.
- B. To date, staff has identified 3,667 smoke-free apartment units in Clark County. All apartment communities with smoke-free units are listed under the Smoke Free Housing Directory on the Get Healthy website at <http://www.gethealthyclarkcounty.org/smoke-free-housing-directory/index.php>. TCP staff provided smoke-free signage in May to three apartment communities that implemented smoke-free policies.
- C. The amended version of Senate Bill (SB) 177 (*youth penalization for purchasing and possessing tobacco products*) passed the Assembly on 5/24/13. The bill allows county commissions to adopt an ordinance that prohibits a minor from purchasing or possessing tobacco products. The amendment offered by Altria, the parent company of Philip Morris, is problematic, as it appears to lay the groundwork for exclusion of electronic cigarettes from local regulation under Nevada law. The bill has been enrolled and was signed by the Governor.
- D. The Coaches Challenge Program school visits for the top schools took place in May 2013. The UNLV Head Coaches for men's and women's basketball, men's volleyball, and men's tennis each visited one of the four grand prize-winning classrooms. The Coaches Challenge program encourages youth to eat healthy and be active. This year, more than 13,100 students participated in the program from over 555 local elementary school classrooms.
- E. Staff provided three chronic disease presentations at a local Hispanic church in May. Topics included general disease prevention strategies and specific strategies to prevent chronic diseases, including diabetes. Tobacco cessation resources were also provided. All

presentations and materials distributed were provided in Spanish. In total, over 100 people attended at least one presentation.

- F. Staff participated in the Southern Highlands Town Hall at Stuckey Elementary School on the evening of May 22 to talk about the A B C & D's of Drowning Prevention. The Town Hall was sponsored by County Commissioner Susan Brager.

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

A. June 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. They will reconvene next month to review the final revisions, which 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.

B. June EMS Statistics:

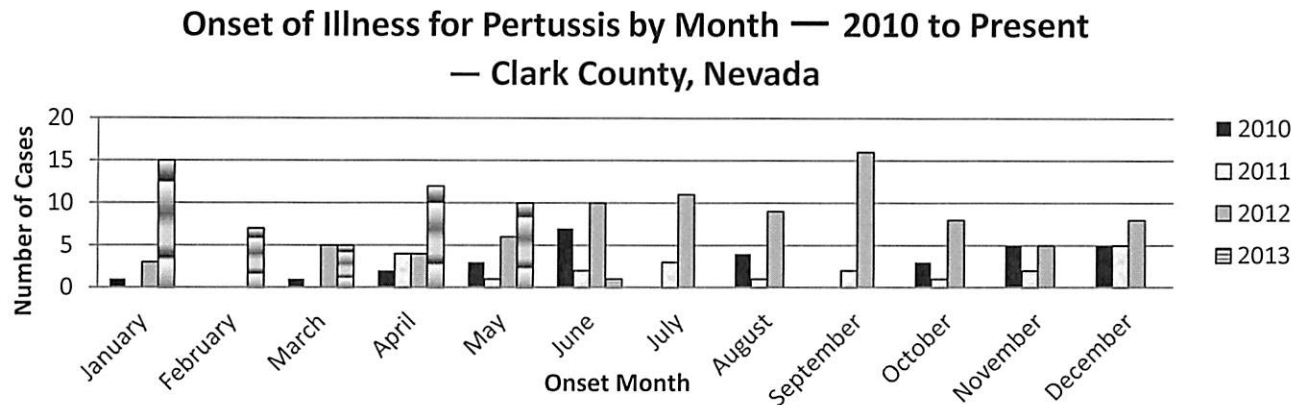
<u>ACTIVITY</u>	<u>JUNE 2013</u>	<u>JUNE 2012</u>	<u>YTD 2013</u>
Total certificates issued	12	19	892
New licenses issued	2	12	73
Renewal licenses issued (recert only)	0	0	730
Active Certifications: EMT-Basic	466	458	486
Active Certifications: EMT-Intermediate	1314	1303	1314
Active Certifications: EMT-Paramedic	1131	1114	1131
Active Certifications: RN	43	39	43

III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

- A. **Hepatitis A Associated with Townsend Farms Frozen Berries:** On May 24, the OOE was notified of a multi-state outbreak investigation of increased hepatitis A cases. Shopping at Costco was a common factor among case-patients and subsequent information collected from patient interviews implicated *Townsend Farms* brand 'Organic Anti-Oxidant Blend', a frozen berry mix, as the likely source of the virus. A recall was issued. To date, OOE has identified three confirmed Clark County cases as being associated with this outbreak. The Food and Drug Administration (FDA) reported that the most likely vehicle for the hepatitis A virus was a shipment of pomegranate seeds from Turkey. FDA is working with the firms who have distributed pomegranate seeds from this shipment from Turkey to help ensure that all recipients of these seeds are notified. Additional recalls are possible, but no products other than Townsend Farms' frozen berry mix have been identified yet as having been distributed to Nevada. Results of the FDA's testing of confirmed case-patients' bags of berries are pending. The investigation is ongoing and we continue to monitor for any additional incoming cases.

- B. West Nile Virus (WNV) Surveillance:** On June 11, a pool of mosquitoes trapped by the Environmental Health Vector Control program tested positive for WNV, the first positive result of 2013. Through the end of June, we had no human results. The first two human cases for 2013 were identified on July 2.
- C. Salmonella Gastroenteritis Outbreak among Patrons of Firefly on Paradise Restaurant – Las Vegas, Nevada:** In our May 2013 monthly report, we reported knowledge of 298 ill persons (294 patrons and 4 employees), all of whom had eaten at the restaurant during April 21–26, 2013 and had illness onsets within the April 26–May 1 time frame. Since then, additional cases were reported.
- As of July 1, 2013, 330 patrons and 4 employees who consumed food and/or drinks at Firefly restaurant during April 21-26, 2013 have been identified as having had confirmed or probable cases of *Salmonella* infection. All identified ill persons had eaten at Firefly during April 21–26 and their illness onset dates fell within the April 22–May 1 time frame.
 - As of July 1, 2013, a total of 135 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 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 salmonellosis cases in the U.S. with the same PFGE pattern other than those linked to the Firefly restaurant. Interim outbreak reports 1-4 are available at <http://www.southernnevadahealthdistrict.org/stats-reports/index.php> under Public Health Investigations and Studies. The final outbreak report is currently being written.
- D. Pertussis in Clark County – Update:** Clark County continues to experience elevated numbers of pertussis cases. In June, the OOE reported fourteen cases of pertussis to Nevada State Health Division (NSHD). Six of these were under one year of age at illness onset. At the time of this report, there were three additional cases under investigation. Figure 1 shows pertussis case counts by illness onset date from 2010 to present. The OOE has conducted active laboratory surveillance for pertussis testing since July 30, 2012. Through June 2013, we have investigated 262 reports of pertussis testing because of active surveillance, which has resulted in the identification of 85 cases, some of which would not have been detected otherwise. Active surveillance, which continues, allows us to begin investigations earlier than routine (passive-only) surveillance. Of note, Elko County recently reported a pertussis outbreak involving six children in the same school. In contrast, in Clark County, despite consistently elevated but steady counts of illness during the last year, we have not experienced a true outbreak. Our case count for the last 25 weeks of 2012 (60) was nearly identical to the case count for the first 25 weeks of 2013 (59). The greatest number of concurrent cases identified in a single Clark County school during that time has been three.

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



- E. **Pertussis Case Investigations and Interventions:** In June, the OOE investigated pertussis cases associated a childcare facility and two elementary schools. One of the elementary school investigations was conducted after the school year had ended, and no interventions were instituted. There was no increase in cough illness in either the childcare facility or the other elementary school. Neither case was laboratory confirmed but met the probable pertussis case definition. Both the school and childcare were advised to monitor for cough illness and report to SNHD should an increase be identified.
- F. **Norovirus Outbreak at Buca di Beppo Restaurant located in the Excalibur Hotel/Casino Update:** The investigation of the norovirus outbreak at Buca di Beppo restaurant located within the Excalibur Hotel and Casino has concluded. The outbreak report is complete and has been posted to the SNHD website at: <http://www.southernnevadahealthdistrict.org/stats-reports/index.php>.
- G. **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. Regrettably, we just learned that Nevada will not be included in the 25 states to be awarded the enhanced portion of the grant, some of which would have been directed to SNHD, although the State will receive the basic funding offered to all 50 states.
- H. **Behavioral Risk Factor Surveillance System (BRFSS) Diabetes Analysis:** OOE's biostatistician contractor continues to assist OOE with analysis of BRFSS data. She is also preparing the newest State demographer's data set for use by herself, SNHD epidemiologists, and biostatistician.
- I. **Hospital Early Warning Surveillance System (HEWSS):** We temporarily discontinued collecting specimens for testing while we evaluate the usefulness of the program. Even after refining the program last fall and working with the participating hospitals to improve the system, relatively few specimens have been submitted, and the patients from whom they were taken have not always been part of our target population.
- J. **Pediatric Early Warning Surveillance System (PEWSS):** Surveillance sentinel sites submitted a low number (33) of respiratory test specimens to the SNPHL in June. Results

indicated that Adenovirus and Human Metapneumovirus are circulating at low levels in Southern Nevada. Influenza B, Parainfluenza 1, and Parainfluenza 3 have been sporadically identified. We prepared and disseminated four weekly PEWSS reports in June, 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>

K. **Other:** Medical Epidemiologist, Dr. Nancy Williams, represented SNHD at the Nevada State Public Health System Assessment on June 27 in Carson City. Representatives from state and local public health agencies met with public health partners including other government agencies, healthcare, nonprofits, and educational institutions to assess the state of public health in Nevada with respect to the "Ten Essential Public Health Services". Weaknesses and priorities were discussed. The meeting was productive and the Nevada State Health Division will be working on the next steps.

L. **Communicable Disease Statistics:** Disease statistics for June 2013 are attached.

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

A. **Planning and Preparedness:**

- Senior planner participated in Homeland Security Urban Areas Security Initiative (UASI) and Homeland Security Working Group meetings June 11 and 13 to support Nevada partner agencies seeking funding for proposed priority projects strengthening capabilities in Nevada.
- OPHP staff continued planning for and provided several closed Point of Dispensing (POD) trainings for hospitals and community partners in advance of the full-scale Encore exercise that took place June 17-19, 2013 in southern Nevada. This exercise was the final in a series that started with the Isolation and Quarantine tabletop exercise in 2012. Many community agencies participated in this exercise including hospitals and other healthcare facilities. SNHD tested plans and processes, including the Medical Surge Area Command, Judicial Bench Book procedures for Isolation and Quarantine, and Telepresence capability with Rocky Mountain Poison Center in multiple venues, including the Multi-Agency Coordination Center, SNHD Department Operations Center (DOC), and Closed PODs with community partner agencies. The Encore exercise had several observers present including SNHD Board of Health Alternate Kathleen Petersen, CDC Quarantine Public Health Officer HMC Perry P. Camagong from Los Angeles, CA, and Medical Surge Planner Steve Rossberg from Southern Utah Department of Public Health. The Southern Nevada Type-3 Incident Management Team also supported this exercise and provided our DOC participants with personal instruction. They were a valuable addition to assist us in streamlining command staff roles and responsibilities during a biological incident.
- OPHP provided SMART Triage tags and equipment to southern Nevada acute care hospitals for use in training and real-world mass casualty incidents. This equipment, delivered in June, addresses a gap previously identified. Additional training on the system will be provided in coming months.

- OPHP planners continue to participate in the monthly meetings of the Southern Nevada Healthcare Preparedness Association, UASI, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition, and individual hospital emergency management committee meetings.

B. PHP Training And PH Workforce Development

- **OPHP Education and Training:**
- OPHP staff provided training to Closed POD organizations throughout Clark County in preparation for the full-scale exercise Encore held June 17-19. These trainings focus on the benefits of becoming a Closed POD organization. The Closed POD is conveniently located at the organization's workplace for employees to access. Closed PODs give an organization the ability to continue to function in its normal business role for the duration of an event. Closed PODS are not advertised to the public. Their purpose is to protect the organizational workforce, their families, and in some cases their customers. As a Closed POD organization, a business also benefits the community as a preparedness partner.
- Training Officer Linda Newton has been accepted into the FEMA Master Trainer Program, part of the Emergency Management Institute course offering. The program offers seven levels of training expertise certification, including instruction, instructional design, and training management curriculum. Ms. Newton has just completed the courses for the training management certification and is currently working on the research-to-application paper.
- Training Officers continue 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. The retired Training Officer volunteers as chair of the Functional Needs Advisory Group, continuing to meet on a monthly basis.
- **OPHP Nurse Activities:** Thirty-nine regular and contract employees received bloodborne pathogens training. OPHP Nurse performed respirator fit testing for 23 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:** Nineteen MRC volunteers participated in two events for a total of 117.5 hours in June. One of the events was Psychological First Aid training facilitated by an MRC volunteer. Nursing and EMS continuing education credits were provided.

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	May 2013	May 2012	YTD 2013	YTD 2012
TOTAL CLINICAL TESTING ACTIVITY	3627	3440	16493	16905

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	May 2013	May 2012	YTD 2013	YTD 2012
TOTAL TESTS TRANSPORTED	3377	1899	15707	14578

NOTE: Decrease in Courier activity in May 2012 was due to SNHD Ravenholt building closure.

B. Epidemiological Testing and Consultation:

- SNPHL continues to support the disease investigation activities of the 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	May 2013	May 2012	YTD 2013	YTD 2012
TOTAL EPIDEMIOLOGY ACTIVITY	677	1321	6315	6881

NOTE: Decrease in Epidemiology activity in May 2013 was due to changes in the Respiratory virus-testing algorithm.

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 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	May 2013	May 2012	YTD 2013	YTD 2012
PFGE and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations and inspections, and samples submitted to CDC or other laboratories				
TOTAL STATE BRANCH LABORATORY ACTIVITY	1063	1357	3805	4927

- **All-Hazards Preparedness:** SNPHL continues to participate with the 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	May 2013	May 2012	YTD 2013	YTD 2012
Preparedness training, BSL-3 maintenance and repair, teleconferences, and inspections				
TOTAL PREPAREDNESS ACTIVITIES	8	7	47	47

D. April 2013 SNPHL Activity Highlights:

- SNPHL staff assisted SNHD OOE with laboratory testing of samples associated with the Firefly *Salmonella* outbreak investigation. SNPHL staff submitted multiple food samples to Nevada State Public Health Laboratory (NSPHL) for *Salmonella* testing. Multiple *Salmonella* isolates were also submitted by SNPHL staff to CDC for Multi-Locus Variable-Number Tandem Repeat Analysis (MLVA).
- SNPHL staff assisted OOE with collection of samples from persons potentially linked to the multi-state Hepatitis A outbreak. SNPHL staff shipped multiple clinical samples to CDC for additional testing. Food samples were shipped to the FDA by SNPHL staff. FDA will perform additional testing on the food samples.
- SNPHL lab manager presented the “Steps in a Foodborne Outbreak Investigation” to American Association of Bioanalysts National Conference in Las Vegas.

- SNPHL staff assisted SNHD OOE with laboratory testing of samples associated with a Norovirus outbreak at a local restaurant.

TRC/dm

Attachment A: June 2013 Disease Statistics

Clark County Disease Statistics*, JUNE 2013

Disease	2011		2012		2013		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Jun No.	YTD No.	Jun No.	YTD No.	Jun No.	YTD No.	Jun (2008-2012 aggregated)	Jun (2013)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	10		8		9		0.07	0.05	↓
HEPATITIS A	0		0		0	8	0.01	0.00	↓
HEPATITIS B (ACUTE)	11	0	13		12		0.12	0.05	↓
INFLUENZA**	0	449	16	356	5	517	1.47	0.25	↓X
MEASLES	0		0		0	0	0.00	0.00	
MUMPS	0	0	0	0	0		0.04	0.00	↓
PERTUSSIS	0	9	7	24	10	58	0.17	0.50	↑
POLIOMYELITIS	0	0	0	0	0	0	0.00	0.00	
RUBELLA	0	0	0	0	0	0	0.00	0.00	
TETANUS	0	0	0	0	0	0	0.00	0.00	
SEXUALLY TRANSMITTED									
AIDS	15	97	16	106	10	106	0.88	0.50	↓
CHLAMYDIA	807	4499	744	4300	727	4599	34.59	36.14	↑
GONORRHEA	147	921	194	882	191	1054	7.57	9.49	↑X
HIV	23	117	25	118	17	125	1.30	0.84	↓
SYPHILIS (EARLY LATENT)	21	97	14	88	10	109	0.79	0.50	↓
SYPHILIS (PRIMARY & SECONDARY)	11	70	8	40	8	62	0.47	0.40	↓
ENTERICS									
AMEBIASIS	8	0			5		0.02	0.05	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	9	52	12	45	5	37	0.45	0.25	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	0			0		0.02	0.00	↓
GIARDIA	24	6	25	8	26		0.31	0.40	↑
ROTAVIRUS	5	43	17	30	8	76	0.74	0.40	↓
SALMONELLOSIS	16	61	16	66	11	62	0.91	0.55	↓
SHIGA-TOXIN PRODUCING E. COLI#	5	25		21	11		0.11	0.05	↓
SHIGELLOSIS	11		6		13		0.37	0.05	↓X
TYPHOID FEVER	0				0	0	0.03	0.00	
VIBRIO (NON-CHOLERA)	0	0	0	0	0		0.01	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	9	44	9	61	5	31	0.36	0.25	↓
DENGUE FEVER	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	0.00	0.00	
HEPATITIS C (ACUTE)	0	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	0	7		7		7	0.06	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		0.01	0.00	↓
LYME DISEASE	0	0			0	0	0.01	0.00	↓
MALARIA	0	0			0		0.00	0.00	
MENINGITIS, ASEPTIC/VIRAL	12		8		14		0.12	0.10	↓
MENINGITIS, BACTERIAL	0	0			0		0.04	0.00	↓
MENINGOCOCCAL DISEASE	0	0			0		0.01	0.00	↓
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	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)	1110	5	796	8	1177		0.51	0.40	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	34	5	30	5	36		0.13	0.25	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0			0		0.02	0.00	↓
TUBERCULOSIS	11	49		38		39	0.37	0.15	↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.01	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	0.01	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=74 (reported total=1040). 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,.).

**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).