


# Memorandum

**Date:** August 22, 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 – August 2013

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

- A. While education about healthy lifestyles is important, it will not be effective without associated community supports in place to allow individuals to make healthy choices. For example, if an individual is taught about the importance of including fresh fruits and vegetables as part of a healthy diet but lives in a neighborhood with no grocery stores and must do their grocery shopping at a local convenience store (i.e., living in a food desert), it is going to be very difficult to include fruits and vegetables in their diet. OCDPHP staff recently successfully completed the work plans for the Communities Putting Prevention to Work (CPPW) tobacco and obesity grants. As a result of their efforts, healthy choices are much easier in local day care centers, after-school settings, schools, worksites, churches, farmers' markets, and multi-unit housing complexes in Clark County. Significant improvements have also been made in awareness of and usability of trails and bike lanes in Clark County.
- B. Staff helped to coordinate Feria Telemundo, an annual outdoor Hispanic event, on June 22, 2013. Telemundo signed a Tobacco-Free Policy agreement with SNHD declaring a smoke-free event for the third year in a row. As part of that agreement, Telemundo provided 50 on-air "No Smoking" advertisements and on-site "No Smoking" signage. Staff distributed health promotion information in Spanish to participants. An estimated 1,500 people attended the event.
- C. To date, more than 300 local worksites/organizations are displaying Point of Purchase (POP)/Point of Decision (POD) signage that encourages consumers to make healthier selections at vending, cafeteria and other food and beverage retail locations. POP/POD signage in English and Spanish is available for download on the Get Healthy website (<http://www.gethealthyclarkcounty.org/worksites-wellness/healthy-vending.php>).
- D. As part of the healthy vending initiative, staff conducted assessments at vending machines at four recreation centers in Henderson. An assessment of vending machines at five recreation centers in Clark County will be conducted in July. Staff is working with both jurisdictions to provide technical assistance to help them use the results of these assessments and adopt healthier vending practices at the assessed locations.

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

**A. July Meetings:**

- **Drug/Device/Protocol Committee:** The Drug/Device/Protocol Committee continued their review of the Basic/Intermediate/Advanced Life Support Protocol Manual. After the protocol manual has been completed, the recommendations will be presented to the Medical Advisory Board for final approval.
- **Medical Advisory Board (Board):** The Board received a report from the Drug/Device/Protocol Committee regarding their progress on the revision of the current protocol manual. The Board unanimously approved revisions made to the Priority Dispatch Cards (MPDS) ProQA Version 12.2 used in the EMS dispatch centers in Clark County.

OEMSTS staff briefed the Board on the new national education standards for EMS and related changes in the titles of EMS providers. The *Clark County EMS Regulations* will need to be revised to include the new levels of certification and requirements for transition training for the new levels. The OEMSTS will serve as a resource to assist permitted EMS agencies and authorized EMS training centers in preparing to conduct the required training.

The OEMSTS announced that Trish Beckwith, former EMS Field Representative, accepted a new position in the Office of Public Health Preparedness. She was presented with an award recognizing her nine years of service in the OEMSTS.

- **Regional Trauma Advisory Board (RTAB):** The RTAB unanimously approved Sunrise Hospital & Medical Center's application for renewal of authorization as a Level II Trauma Center and St. Rose Dominican Hospital-Siena Campus' application for renewal of authorization as a Level III Trauma Center. Both applications will be presented to the Board of Health for approval on August 22.

The RTAB reviewed the 2013 Clark County Trauma System Self-Assessment Report, which documented the current strengths and opportunities for improvement in the Clark County Trauma System using the same benchmarks, indicators, and scoring methodology employed in the 2007 and 2011 system self-assessments. The report was distributed to various trauma system stakeholders and posted to the OEMSTS web site. Members of the Trauma System Advocacy Committee and Trauma Procedure/Protocol Review Committee were tasked with prioritizing action steps and making recommendations to the RTAB to address the areas for improvement identified in the report.

**B. July EMS Statistics:**

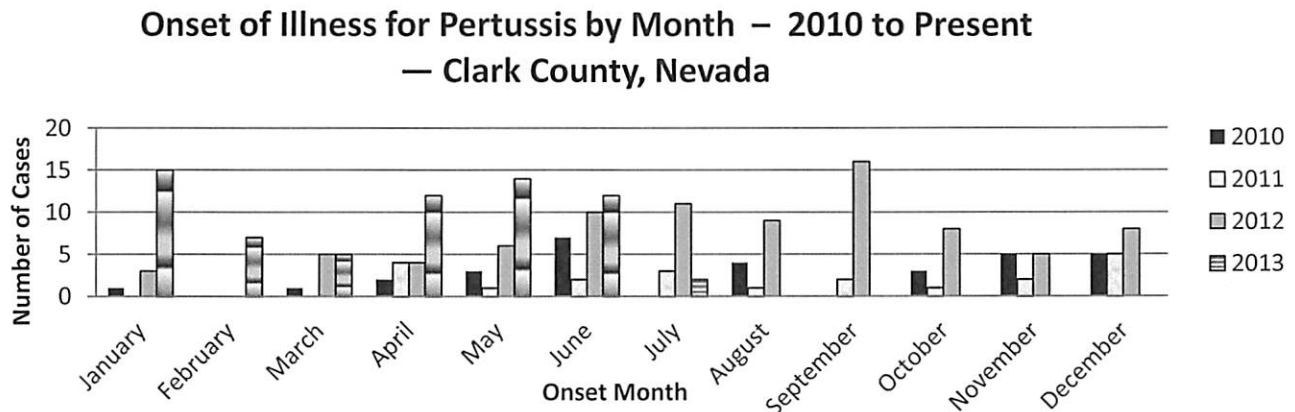
<u>ACTIVITY</u>	<u>JULY 2013</u>	<u>JULY 2012</u>	<u>YTD 2013</u>
Total certificates issued	39	31	931
New licenses issued	10	12	83
Renewal licenses issued (recert only)	0	5	730
Active Certifications: EMT-Basic	476	530	476
Active Certifications: EMT-Intermediate	1326	1342	1326

<u>ACTIVITY</u>	<u>JULY 2013</u>	<u>JULY 2012</u>	<u>YTD 2013</u>
Active Certifications: EMT-Paramedic	1133	1116	1133
Active Certifications: RN	42	34	42
Total Active Records	2977	3022	2977

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

- A. West Nile Virus (WNV) Surveillance:** Last month, we reported that the first positive pool of WNV-infected mosquitoes had been identified for this season. In July, the first six human cases of WNV illness were reported, five of which were neuroinvasive, including one fatal case. All six patients were over fifty years of age. We also received a report of a case of non-neuroinvasive disease in a resident of Washington State who contracted the illness in Clark County. The Centers for Disease Control and Prevention (CDC) expressed concern about the higher than normal number of infections this early in the season. According to the July 30 update from the CDC on WNV in the U.S., Clark County reported nearly a quarter (five out of twenty-one) of all neuroinvasive cases in the U.S. Additionally, Nevada had the third highest number of cases of all states. Eight additional positive mosquito pools were identified in July, one of which was collected from a case-patient's home. SNHD Vector Control recently demonstrated, for the first time in Clark County, "vertical transmission" of WNV, the situation where an infected female mosquito transmits the virus to her larvae that subsequently hatch already infected with the virus. Vertical transmission allows the virus to survive the winter months when mosquitoes are dormant. WNV surveillance continues in Clark County.
- B. Shiga toxin-producing Escherichia coli (STEC) Outbreak Associated with a Utah Girls Camping Expedition:** The OOE is currently investigating an outbreak of Shiga-toxin Escherichia coli (STEC) associated with a girls camping trip to Kolob Mountain, Utah between June 25 and June 29 . There were 392 persons in attendance, of which 128 have responded to our investigative survey at the time of this report. We continue to work with the event coordinators to urge participants to complete the survey. There is no evidence of continued spread of illness. To date we have identified two laboratory-confirmed and twenty-one probable cases of illness. The investigation is ongoing.
- C. Pertussis in Clark County – Update:** Clark County continues to experience elevated numbers of pertussis cases. In July, the OOE reported 17 cases of pertussis to Nevada Division of Public and Behavioral Health (NDPBH), formerly NSHD. Three of these were under one year of age at illness onset. At the time of this report, there were 15 additional pertussis reports under investigation that will be reported with August data. Figure 1 shows pertussis case counts by illness onset date from 2010 to present. The OOE has been conducting active laboratory surveillance for pertussis testing since July 30, 2012. As of this 12-month anniversary of active surveillance, we have investigated 284 reports of pertussis testing and identified 95 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) disease surveillance.

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



- D. Pertussis Case Investigations and Interventions:** In June, we investigated pertussis illness in two siblings who attended the same martial arts studio with a child recently diagnosed with pertussis. Because the siblings had become symptomatic more than four weeks before their illnesses were reported to us, it was too late to collect specimens from them to confirm pertussis. Although the studio had distributed letters, per our protocol, to parents of attendees describing potential exposure to the first child and requesting they contact SNHD if their children became symptomatic, we learned that these particular parents had not been given the letter and, therefore, they did not know to contact us. Instead, we learned of the siblings' pertussis cases through our active laboratory surveillance program. Fortunately, to date, we have not identified any additional cases associated with the studio.
- E. Hepatitis A Associated with Townsend Farms Frozen Berries – Update:** The Clark County case count remains at three confirmed cases, as we first reported in May. Results of U.S. Food and Drug Administration (FDA) testing of confirmed case-patients' bags of berries to look for hepatitis A virus are still pending. The conference calls between the CDC, FDA, and affected states are now very infrequent. The CDC requested our assistance in administering a new survey to our three case-patients for a follow-up study to determine health and economic impacts of this hepatitis A outbreak on the case-patients. This should help CDC and state and local health agencies devise better strategies to prevent future outbreaks.
- F. Salmonella Gastroenteritis Outbreak among Patrons of Firefly on Paradise Restaurant – Las Vegas, Nevada – Update:** We are still wrapping up the Firefly outbreak response efforts; having completed our epidemiologic study, we are now managing the large volume of data that was collected and responding to attorneys' requests for their clients' records.
- G. Hospital Early Warning Surveillance System (HEWSS):** We met to evaluate the HEWSS program, which we expect to discontinue, as its cost-benefit seems very low compared with the very effective PEWSS program. We have begun to work on formulating an overall strategy for respiratory illness surveillance that is based on recommendations for achieving appropriate statistical samples of data (respiratory laboratory test results).



H. **Pediatric Early Warning Surveillance System (PEWSS):** Sentinel surveillance sites submitted a low number (5) of respiratory test specimens to the SNPHL in July. Results indicated that Adenovirus was circulating at a low level in Southern Nevada. Influenza A and Parainfluenza 3 were sporadically identified. We prepared and disseminated four weekly PEWSS reports in July 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. **Vital Records:** There has been a general increase in the number of births and deaths registered, as well as birth certificates sold when comparing July of 2013 with the same month in 2012. Of note is that there has been a 48% increase in the number of death certificates sold. A table comparing July 2012 and 2013 is attached.

J. **Other:**

- Patricia Rowley updated tables and charts showing Clark County population growth by race/ethnicity and age group to the year 2030 as requested by Elaine Glaser.
- We began assisting the TB program with a complex case investigation and evaluating case contacts for illness. This effort is ongoing.
- Eight of our staff attended a half-day media training session designed to enhance their skills in providing media interviews.
- Disease Surveillance Supervisor, Linda Verchick, attended the National Association of City and County Health Officials (NACCHO) conference in Dallas, Texas. The conference was an excellent venue for sharing and learning how public health agencies utilize limited resources to achieve the best possible outcome when responding to outbreaks and disasters.
- Tami Bruno attended the Arizona Infectious Disease Exercise and Training Conference in Phoenix, AZ where she gave a presentation on the use of Incident Command System during a foodborne illness outbreak investigation.

K. **Communicable Disease Statistics:** Disease statistics for July 2013 are attached.

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

A. **Planning and Preparedness:**

- **OPHP Planning:**

Senior Planner participated in a planning meeting for upcoming National Disaster Medical System's Full Scale "Swift Savior" exercise in September 2013. Hospitals in Clark County will be receiving simulated patients from a neighboring state that experiences a scenario involving an extended power outage and hospital evacuation. In addition to public information and communications, SNHD and the Nevada Division of Public and Behavioral Health (NDPBH), formerly NSHD, will be beta-testing a patient tracking system used by NDMS for potential use locally and in conjunction with state's HAvBED bed availability and tracking system.

Senior Planner participated in Clark County Office of Coroner and Medical Examiners Training and Tabletop Exercise on the Universal Victim Identification System (UVIS) in advance of their full-scale exercise in August 2013. The UVIS system is used by call center and family assistance center to aid Coroner's investigators with identifying victims of mass fatality events.

Senior Planner participated in Dignity Health-San Martin Medical Center's demonstration drill for assembling and planning of decontamination corridor equipment that may be used following an event that requires patient decontamination.

Senior Planner assisted the NDPBH Education and Information officer with conducting an annual test of the HAvBED system for Southern Nevada Hospitals. Upon receiving a notification requesting they update their hospitals bed availability, 100% of hospitals updated system within the one-hour time limit allowed for this mandatory exercise.

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

#### **B. PHP Training And Public Health Workforce Development**

- **OPHP Education and Training:**

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. Training was provided to the Medical Reserve Corps of Southern Nevada (MRC) on the SMART Triage system, which is used in this community by all pre-hospital first responders. Patricia Beckwith, Training Officer, will be attending a Train-the-Trainer course for ICS 100 in October.

Linda Newton, Training Officer, has completed her second series of residency courses for the Master Training Program. This series is composed of two courses: Analysis and Design, and Development and Evaluation. These two residency courses are the final courses required toward the completion of the Instructional Design.

- **OPHP Nurse Activities:** Thirty-eight employees received bloodborne pathogens training. Fifty-one employees and MRC volunteers received respirator fit testing. Influenza immunizations were administered to four 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 NDPBH 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:** Thirty-nine MRC volunteers provided 120 hours of service in

July, including providing first aid support for residents of an American Red Cross shelter who were evacuated from their homes as a result of heavy winds and rain that damaged their homes on the east side of Las Vegas.

**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>June 2013</b>	<b>June 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
<b>TOTAL CLINICAL TESTING ACTIVITY</b>	<b>3356</b>	<b>3373</b>	<b>19849</b>	<b>20278</b>

**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>June 2013</b>	<b>June 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
<b>TOTAL TESTS TRANSPORTED</b>	<b>3087</b>	<b>2753</b>	<b>18794</b>	<b>17331</b>

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

<b>Monthly Epidemiology Activity includes</b> Stool culture, EIA, Norovirus PCR, Respiratory pathogen PCR, Epidemiological investigations or consultations	<b>June 2013</b>	<b>June 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
<b>TOTAL EPIDEMIOLOGY ACTIVITY</b>	<b>294</b>	<b>714</b>	<b>6609</b>	<b>7595</b>

NOTE: Decrease in Epidemiology activity in June 2013 was due to changes in the SNPHL Respiratory pathogen testing algorithm (subtyping is only performed if the initial Influenza A PCR is positive).

**D. 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>June 2013</b>	<b>June 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>858</b>	<b>1037</b>	<b>4663</b>	<b>5964</b>

**E. 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>June 2013</b>	<b>June 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>8</b>	<b>13</b>	<b>55</b>	<b>60</b>

**F. June 2013 SNPHL Activity Highlights:**

- SNPHL staff continued to assist SNHD OOE with laboratory testing of samples associated with the Firefly Salmonella outbreak investigation. Multiple Salmonella isolates were submitted by SNPHL staff to CDC for multi-locus variable-number tandem repeat analysis (MLVA) and to NARMS for antimicrobial resistance testing.
- SNPHL staff participated in the SNHD Encore full-scale exercise from June 17-19, 2013. SNPHL provided de-activated environmental samples to ARMOR which were used to test field response during the exercise. Appropriate chain of custody procedures were followed by both ARMOR and SNPHL staff for receipt of exercise samples.
- SNPHL staff successfully verified the CDC Middle East Respiratory Syndrome Coronavirus (Mers-CoV) and Influenza A H7N9 test kits. These test kits are only available



to public health laboratories that are part of the LRN or the World Health Organization (WHO) influenza surveillance program. This testing capability is a vital component of the CDC's national Emerging Infectious Disease Preparedness and is not routinely available in clinical or commercial laboratories. SNPHL is the only laboratory in Southern Nevada with this testing capability.

TRC/dm

Attachments: Vital Records Stat Report

July 2013 Disease Statistics

<b>VR STAT REPORT JULY 2013</b>						
				<b>Fiscal</b>		
	<b>Jul-13</b>	<b>Jul-12</b>	<b>% INCREASE</b>	<b>2013-2014 YEAR TO DATE</b>	<b>2012-2013 YEAR TO DATE</b>	<b>% INCREASE</b>
BIRTHS REGISTERED	2579	2293	12.47%	2579	2293	12.47%
DEATHS REGISTERED	1260	1113	13.21%	1260	1113	13.21%
BIRTH CERTIFICATES SOLD	4206	3819	10.13%	4206	3819	10.13%
DEATH CERTIFICATES SOLD	6532	4399	48.49%	6532	4399	48.49%
BURIAL PERMITS ISSUED	2	6	-66.67%	2	6	-66.67%
**This report reflects office productivity information by month						
This report does not provide a statistical breakdown of birth/death occurrences by month						

Clark County Disease Statistics\*, JULY 2013

Disease	2011		2012		2013		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Jul No.	YTD No.	Jul No.	YTD No.	Jul No.	YTD No.	Jul (2008-2012 aggregated)	Jul (2013)	
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	. 11	.	9	0	9		0.05	0.00	↓X
HEPATITIS A	. 5	.	5	.	10		0.03	0.10	↑
HEPATITIS B (ACUTE)	0	11	.	15	0	13	0.13	0.00	↓X
INFLUENZA**	0	449	5	361	5	522	1.93	0.25	↓X
MEASLES	0	.	0	0	0	0	0.02	0.00	↓
MUMPS	0	0	0	0	.	.	0.00	0.05	↑
PERTUSSIS	. 13	11	35	21	79		0.19	1.04	↑X
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	14	111	14	120	17	123	0.88	0.84	↓
CHLAMYDIA	664	5163	798	5098	823	5423	36.09	40.86	↑X
GONORRHEA	140	1061	209	1091	192	1245	8.08	9.53	↑
HIV	14	131	13	131	27	152	0.90	1.34	↑
SYPHILIS (EARLY LATENT)	11	108	17	105	30	138	0.66	1.49	↑X
SYPHILIS (PRIMARY & SECONDARY)	10	80	10	50	27	89	0.50	1.34	↑X
<b>ENTERICS</b>									
AMEBIASIS	.	9	.	5	0	5	0.03	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	. 56	8	53	15	52		0.51	0.74	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	0	0	.	.	.	0.02	0.05	↑
GIARDIA	. 27	7	32	11	37		0.27	0.55	↑
ROTAVIRUS	0	43	14	44	.	78	0.46	0.10	↓X
SALMONELLOSIS	16	77	28	94	15	287	0.97	0.74	↓
SHIGA-TOXIN PRODUCING E. COLI#	7	32	.	22	.	17	0.14	0.20	↑
SHIGELLOSIS	. 12	9	15	0	13		0.38	0.00	↓X
TYPHOID FEVER	0	.	0	.	0	0	0.02	0.00	↓
VIBRIO (NON-CHOLERA)	.	.	.	.	.	.	0.02	0.10	↑
YERSINIOSIS	0	0	0	.	.	.	0.00	0.05	↑
<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	8	52	12	73	9	40	0.26	0.45	↑
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	.	0.01	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	. 8	.	8	.	8		0.07	0.05	↓
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	.	0	.	.	.	.	0.01	0.05	↑
LYME DISEASE	.	0	.	.	.	.	0.04	0.15	↑
MALARIA	. 5	0	.	.	.	.	0.02	0.05	↑
MENINGITIS, ASEPTIC/VIRAL	. 15	.	9	7	21		0.15	0.35	↑
MENINGITIS, BACTERIAL	.	0	.	.	5		0.04	0.05	↑
MENINGOCOCCAL DISEASE	0	.	0	.	0	0	0.01	0.00	↓
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	0.02	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	0.01	0.00	↓
RSV (RESPIRATORY SYNCYTIAL VIRUS)	7	1117	.	799	6	1184	0.41	0.30	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	. 38	.	32	.	38		0.14	0.10	↓
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	6	55	.	40	8	47	0.35	0.40	↑
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	5	5	0.04	0.25	↑
WEST NILE VIRUS (FEVER)	0	0	0	0	.	.	0.01	0.05	↑

\*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=117(reported total=1241). 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).