

# Memorandum

Date: September 26, 2013

To: Southern Nevada District Board of Health

From: Thomas R. Coleman, MD, MS, Director of Community Health  
Nancy Williams, MD, MPH, Acting 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. On July 1, XPOZ, a local youth tobacco prevention coalition, participated in the Las Vegas engagement of a national music show called *The End of the Beginning Tour*. The event included tobacco-free signage promoting the smoke-free music scene. In addition, XPOZ volunteers worked the crowd and gathered sign-up cards and tobacco-free pledges from guests at the event. There were an estimated 700 people in attendance.
- B. An annual evaluation of the free eight-week online Nutrition Challenge program was recently completed. Nutrition Challenge was designed to increase consumption of fruits and vegetables and was awarded a Model Practice Program Award from the National Association of County and City Health Officials (NACCHO) in 2007. Of 395 participants included in the evaluation, 99% are using the English version of the program; 87% are female; and 81% are in the 30-50 year old age range. An overwhelming majority (95%) indicated that the program was easy to use and 98% reported they would recommend it to others. The program currently has over 3,700 users.
- C. Both the City of Henderson and Clark County have agreed to participate in a healthy vending initiative designed to integrate healthier food and beverage selections into vending machines. Staff and partners have identified 4 recreation centers in Henderson with 21 vending machines and 5 recreation centers in Clark County with 13 vending machines that will serve as pilot sites for the initiative. Staff is working with both entities to provide technical assistance, help develop nutrition standards and guidelines, and conduct assessments. Staff and a program intern completed a Nutrition Environment Measurement Survey-Vending (NEMS-V) assessment at the pilot sites in July. The NEMS-V establishes a baseline of not only what is being offered in the machines, but also what the nutrition environment around the machines is. A report is being developed and will be shared with partners in August.
- D. Staff launched a Soda Free Summer initiative in July. The initiative is part of the Community Transformation Grant (CTG) project and consists of two components – a media campaign to promote healthy beverage choices and educational programs in summer camps to teach youth about sugar consumption and the health effects of consuming too much sugar. Television ads

began airing on KTNV Channel 13. Staff appeared on “The Morning Blend,” a local morning show. English print ads are running in Pinpoint, a local zip code magazine. Staff is finalizing Spanish television and print ads which will begin running in August. Staff taught the “Sugar Savvy” curriculum to nearly 650 kids participating in different summer programs in Henderson, Clark County, and Las Vegas. As of the end of July, 975 kids had participated in a Sugar Savvy workshop and 840 Soda Free Summer surveys have been collected. Of those, 353 youth (42%) pledged to have a Soda Free Summer; 267 (32%) said maybe or pledged to reduce soda consumption over the summer; and 99 (12%) said no to a soda free summer. 121 (14%) of the students did not complete the entire survey.

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

**A. August Meetings:**

- **Trauma System Advocacy Committee Meeting:** The Trauma System Advocacy Committee chair reported Senate Bill No. 205, which was introduced during the last legislative session to secure sustainable funding for the State Trauma Registry, did not pass. The committee will continue its efforts by formulating a concrete plan to move forward with legislation to support trauma system development. Part of the plan will include educating legislators and policymakers about the importance of a well-developed trauma system with a fully operational State Trauma Registry. Educational materials will be created to aid in the process. In addition, other ideas were explored to fund trauma system activities, including the possibility of creating a 501(c)(3) organization and researching the collection of a portion of fees or fines on traffic violations. The committee will also focus on increasing public awareness about the value of the trauma system.

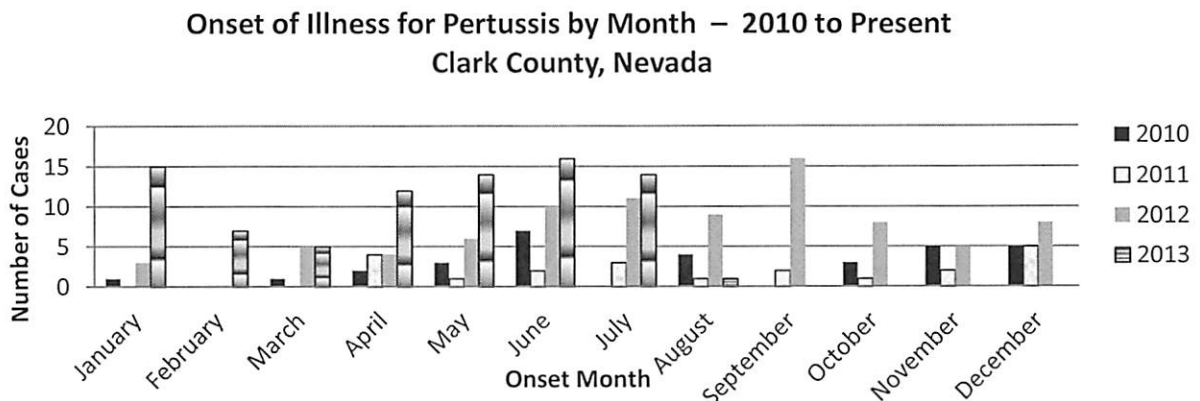
**B. August EMS Statistics:**

| <u>ACTIVITY</u>                         | <u>AUGUST 2013</u> | <u>AUGUST 2012</u> | <u>YTD 2013</u> |
|---|--------------------|--------------------|-----------------|
| Total certificates issued               | 37                 | 18                 | 968             |
| New licenses issued                     | 7                  | 14                 | 90              |
| Renewal licenses issued (recert only)   | 0                  | 0                  | 730             |
| Active Certifications: EMT-Basic        | 485                | 535                | 485             |
| Active Certifications: EMT-Intermediate | 1329               | 1349               | 1329            |
| Active Certifications: EMT-Paramedic    | 1141               | 1122               | 1141            |
| Active Certifications: RN               | 40                 | 39                 | 40              |
| Total Active Records                    | 2995               | 3045               | 2995            |

**III. OFFICE OF EPIDEMIOLOGY (OEE) PROGRAM REPORTS**

- A. **West Nile Virus Surveillance:** In July we received reports of six human cases, five of which are the neuroinvasive disease with one fatality. All cases this season have been over fifty years old. There were no new human cases of disease reported during the month of August. Surveillance continues.

- B. Shiga toxin-producing *Escherichia coli* (STEC) Outbreak Associated with a Utah Girls Camping Expedition - Update:** 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 132 responded to our investigative survey. There is no evidence of continued spread of illness. To date we have identified two laboratory-confirmed and fourteen probable cases of illness. The investigation is ongoing.
- C. 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 Food and Drug Administration (FDA) testing of confirmed case-patients' bags of berries to look for hepatitis A virus are still pending. There has been no activity on this outbreak in August. No meetings scheduled, no additional Nevada cases, and no new information has been sent out from the Centers for Disease Control and Prevention (CDC) or FDA.
- D. Pertussis in Clark County - Update:** Clark County continues to experience elevated numbers of pertussis cases. In August, the OOE reported seventeen cases of pertussis to NSHD. Three of these were under one year of age at illness onset. At the time of this report there were nine additional pertussis reports under investigation that will be reported with September 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 a result of this active surveillance, we have investigated 310 reports of pertussis testing and identified 106 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.

\*Because there is always a delay between pertussis symptom onset and diagnosis, most cases associated with illness onset in this month will not be counted until next month.

- E. Pertussis Case Investigations and Interventions:** In August, the OOE investigated a child with a laboratory-confirmed case of pertussis. The child had been attending an extended school session during his infectious period as well as an evening dance school. The investigator provided a letter for the child's classmates to the Clark County School District Director of Nursing, who would determine the best way for delivering the letters to the parents

because the school term had ended. We also contacted the dance school and provided the director with a letter to distribute to the parents of the children in the child's dance class. Dr. Fredrick came in on Saturday morning to provide post-exposure prophylaxis (PEP) for close contacts. Also, on the Friday evening before the Labor Day holiday weekend, it was necessary to order pertussis PEP prescriptions for several contacts of a person with a laboratory-confirmed case of pertussis. Both of these encounters highlight the array of public services the OOE can now provide.

- 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, now managing the large volume of data that was collected and responding to attorney's requests for their clients' records. The final report is being written.
- G. **Pediatric Early Warning Surveillance System (PEWSS):** Surveillance sentinel sites submitted a low number (18) of respiratory test specimens to the SNPHL in August. Results indicated that Adenovirus has been sporadically identified. We prepared and disseminated five weekly PEWSS reports in August, 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>.
- H. **Office of Public Health Informatics:** Most of the Informatics team has been busy trying to complete the final work needed to migrate tuberculosis (TB) and Sexually Transmitted Disease (STD)/HIV surveillance to TriSano. Data export software to allow automation of data reporting to the state has been completed for both program groups and tested locally. We are in the process of scheduling testing with the state programs to ensure that the transition goes smoothly. Software for import of historical data for both programs is currently being written and should be finished shortly. Informatics has also been coordinating with SNPHL on the laboratory data interface. We have been working on defining the duties and scope of work for a future data warehouse manager. Work on the advanced architecture upgrade for the messaging bus continues.
- I. **Vital Records:**
- Online ordering for birth and death certificates became available on August 16, 2013. In the last two weeks of August, nearly 400 certificates were ordered online.
  - Vital Records, Public Information Office (PIO), and Information Technology (IT) staff are initiating a project to develop online training for staff and healthcare providers on death certificate completion. We hope that this will improve the quality of death reporting in Clark County.

**Vital Records Statistical Report, August 2013**

|                         | Aug 2013 | Aug 2012 | % CHANGE | FY 2014 YTD | FY 2013 YTD | % CHANGE |
|-------------------------|----------|----------|----------|-------------|-------------|----------|
| Births Registered       | 2444     | 2454     | -0.41%   | 5023        | 4747        | 5.81%    |
| Deaths Registered       | 1249     | 1309     | -4.58%   | 2509        | 2422        | 3.59%    |
| Birth Certificates Sold | 5343     | 4995     | 6.97%    | 9549        | 8736        | 9.31%    |
| Death Certificates Sold | 5741     | 6288     | -8.70%   | 12273       | 11491       | 6.81%    |
| Burial Permits Issued   | 8        | 2        | 300.00%  | 10          | 8           | 25.00%   |

\*This report reflects office productivity information by month.

\*\*YTD = fiscal year to date (July 1-June 30)

Note: The number of births and deaths registered is not equivalent to the number of birth and death occurrences.

**J. Other:**

- Since mid-July, we have been assisting SNHD's TB program with a complex case investigation, coordinating TB testing hospital staff members at multiple hospitals who had contact with the three case-patients involved. The first round of testing was completed and the second (final) round is underway. Several hospital staff members were found to have evidence of TB disease and were referred to SNHD's TB program for treatment and follow-up. OOE's involvement with this situation will end once all hospital staff testing is complete.
- Medical Epidemiologist Nancy Williams, MD, MPH, was appointed Acting Chief Health Officer following Dr. John Middaugh's retirement on August 23<sup>rd</sup> until a permanent Chief Health Officer is appointed. This is anticipated to be a 1- to 2-month assignment.
- Southern Nevada Public Health Laboratory (SNPHL) Manager Patricia Armour, MPA, MT (ASCP), authored and OOE Infectious-Disease Epidemiologist Linh Nguyen, PhD, MPH, co-authored an article about our PEWSS program that was published in the peer-reviewed journal *Public Health Reports* (<http://www.publichealthreports.org/issueopen.cfm?articleID=2998>).

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

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

• **Planning and Preparedness:**

OPHP Senior Planners presented at Washoe County Health District's workshop on closed PODs for northern Nevada local health authorities (LHAs) and healthcare partners. SNHD shared best practices and lessons learned with participants including planning, tools developed, and significant results from this past year's exercises. One of our Senior Planners participated in several planning meetings for the upcoming National Disaster Medical System's Full Scale "Swift Savior" exercise to be held on September 19, 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 Nevada Division of Public and Behavioral Health (DPBH, formerly Nevada State Health Division) will be beta-testing a patient tracking system used by the National Disaster Medical System for potential use locally and in conjunction with the State's HAVBED bed availability and tracking system. One of our Senior Planners assisted the DPBH Education and Information Officer with conducting quarterly HAVBED system training for southern Nevada hospitals, healthcare, and mental health partners. OPHP staff met with the DPBH Public Health Preparedness Program Manager and staff for an annual site visit to review cooperative agreement 2012-2013 End of Year Reports. OPHP staff, the Director of Community Health, and other LHAs met with the DPBH and the CDC for review of statewide preparedness program.

- 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.

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

- **OPHP Education and Training:** Linda Newton, OPHP Training Officer, completed the Instructor and Instructional Design Certification residency courses for the Master Training Program through the National Fire Academy Emergency Management Institute in Emmitsburg, MD. Each certification was composed of two resident courses. Both Training Officers continue to provide new employee orientation and preparedness education for SNHD staff. OPHP staff continues to distribute public health preparedness information to the public through community health fairs, the SNHD website, and all SNHD locations.
- **OPHP Nurse Activities:** Ten employees received bloodborne pathogens training. Fifty-one employees and pharmacy students received respirator fit testing. Influenza immunizations were administered to two employees.
- **Grants and Administration:** OPHP continues to spend down the current grants with scheduled activities. OPHP, along with the DPBH, are working on the potential funding allocations for the fiscal year 2014 grants. 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.

- C. Medical Reserve Corps (MRC) of Southern Nevada:** Thirty-eight MRC volunteers provided 139 hours of service in August including providing first aid support and assisting clients during the health district's Back To School immunization campaign.

#### **V. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)**

##### **A. Clinical Testing:**

SNPHL continues to support the SNHD Nursing Division with 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><br><i>N. gonorrhoeae</i> culture, GISP isolates, Syphilis, HIV, Gram stain testing | <b>July 2013</b> | <b>July 2012</b> | <b>YTD 2013</b> | <b>YTD 2012</b> |
| <b>TOTAL CLINICAL TESTING ACTIVITY</b>   | <b>3873</b>      | <b>3745</b>      | <b>23722</b>    | <b>24023</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><br># clinical tests transported from facilities by SNPHL courier | <b>July 2013</b> | <b>July 2012</b> | <b>YTD 2013</b> | <b>YTD 2012</b> |
| <b>TOTAL TESTS TRANSPORTED</b>   | <b>3511</b>      | <b>3442</b>      | <b>22305</b>    | <b>20773</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 Pediatric Early Warning Surveillance System (PEWSS) testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

|   |                  |                  |                 |                 |
|---|------------------|------------------|-----------------|-----------------|
| <b>Monthly Epidemiology Activity includes</b><br>Stool culture, EIA, Norovirus PCR, Respiratory pathogen PCR, Epidemiological investigations or consultations | <b>July 2013</b> | <b>July 2012</b> | <b>YTD 2013</b> | <b>YTD 2012</b> |
| <b>TOTAL EPIDEMIOLOGY ACTIVITY</b>  | <b>285</b>       | <b>812</b>       | <b>6894</b>     | <b>8407</b>     |

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

**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>July 2013</b> | <b>July 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>885</b>       | <b>676</b>       | <b>5910</b>     | <b>6698</b>     |

**D. All-Hazards Preparedness:**

- SNPHL continues to participate with SNHD OPHP, local First Responders, and sentinel laboratories to ensure support for response to possible biological or chemical agents.
- SNPHL staff continues to receive training on LRN protocols for biological agent confirmation.
- SNPHL maintains sufficient technical laboratory staff competent to perform LRN testing 24 hours per day/7 days per week.
- SNPHL continues to coordinate with First Responders including local Civil Support Team (CST), HazMat, Federal Bureau of Investigation (FBI), and Las Vegas Metropolitan Police Department (LVMPD).
- SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.

| <b>Monthly All-Hazards Preparedness Activity includes</b>                         | <b>July 2013</b> | <b>July 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>7</b>         | <b>7</b>         | <b>62</b>       | <b>67</b>       |

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

- SNPHL received a certificate from the CDC in recognition of the laboratory's participation in NREVSS for 2012-2013. Along with over 500 laboratories nationwide, SNPHL staff submitted weekly respiratory virus test data to CDC. The aggregate data were reported on the NREVSS public website and utilized for multiple public health reports which helped improve our understanding of viral disease trends in the United States. See attachment.
- One SNPHL Clinical Laboratory Scientist attended a CDC-sponsored LRN rapid methods training course in California.
- The SNPHL Laboratory Manager, EH Supervisor, and OOE Epidemiologist presented an overview of the Firefly *Salmonella* outbreak activities performed by the SNHD outbreak investigation team to attendees of the Nevada Environmental Health Association annual meeting in Las Vegas.
- In coordination with OOE outbreak investigation activities, SNPHL staff performed sample collection and testing for multiple infectious diseases including mumps, pertussis, and STEC.

TRC/dm

Attachments: August 2013 Disease Statistics, NREVSS certificate and letter



Clark County Disease Statistics\*, AUGUST 2013

| Disease                           | 2011    |         | 2012    |         | 2013    |         | Rate(Cases per 100,000 per month) |            | Monthly Rate Comparison<br>Significant change bet.<br>current & past 5-year?-- |    |
|-----------------------------------|---------|---------|---------|---------|---------|---------|-----------------------------------|------------|--|----|
|                                   | Aug No. | YTD No. | Aug No. | YTD No. | Aug No. | YTD No. | Aug (2008-2012 aggregated)        | Aug (2013) |  |    |
| <b>VACCINE PREVENTABLE</b>        |         |         |         |         |         |         |                                   |            |  |    |
| DIPHTHERIA                        | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.00       | 0.00   |    |
| HAEMOPHILUS INFLUENZA (INVASIVE)  | 0       | 11      | 10      | 10      | 0       | 9       |                                   | 0.04       | 0.00   | ↓  |
| HEPATITIS A                       | 0       | 5       | 0       | 5       | 0       | 10      |                                   | 0.04       | 0.00   | ↓  |
| HEPATITIS B (ACUTE)               | 14      | 14      | 18      | 14      | 14      | 14      |                                   | 0.15       | 0.05   | ↓  |
| INFLUENZA**                       | 0       | 449     | 0       | 361     | 524     | 524     |                                   | 1.05       | 0.10   | ↓X |
| MEASLES                           | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.01       | 0.00   | ↓  |
| MUMPS                             | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.02       | 0.00   | ↓  |
| PERTUSSIS                         | 0       | 13      | 8       | 43      | 9       | 91      |                                   | 0.12       | 0.45   | ↑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                              | 23      | 134     | 19      | 139     | 23      | 146     |                                   | 1.08       | 1.14   | ↑  |
| CHLAMYDIA                         | 822     | 5985    | 750     | 5848    | 872     | 6295    |                                   | 38.47      | 43.25  | ↑X |
| GONORRHEA                         | 177     | 1238    | 188     | 1279    | 221     | 1466    |                                   | 8.23       | 10.96  | ↑X |
| HIV                               | 26      | 157     | 24      | 155     | 31      | 183     |                                   | 1.25       | 1.54   | ↑  |
| SYPHILIS (EARLY LATENT)           | 16      | 124     | 15      | 120     | 21      | 158     |                                   | 0.78       | 1.04   | ↑  |
| SYPHILIS (PRIMARY & SECONDARY)    | 6       | 86      | 5       | 55      | 11      | 101     |                                   | 0.36       | 0.55   | ↑  |
| <b>ENTERICS</b>                   |         |         |         |         |         |         |                                   |            |  |    |
| AMEBIASIS                         | 0       | 9       | 6       | 6       | 6       | 6       |                                   | 0.04       | 0.05   | ↑  |
| BOTULISM-INTESTINAL (INFANT)      | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.00       | 0.00   |    |
| CAMPYLOBACTERIOSIS                | 5       | 61      | 7       | 60      | 6       | 59      |                                   | 0.54       | 0.30   | ↓  |
| CHOLERA                           | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.00       | 0.00   |    |
| CRYPTOSPORIDIOSIS                 | 0       | 0       | 0       | 0       | 5       | 5       |                                   | 0.05       | 0.05   |    |
| GIARDIA                           | 7       | 34      | 13      | 45      | 40      | 40      |                                   | 0.54       | 0.15   | ↓X |
| ROTAVIRUS                         | 44      | 44      | 47      | 0       | 78      | 78      |                                   | 0.10       | 0.00   | ↓X |
| SALMONELLOSIS                     | 18      | 95      | 17      | 111     | 14      | 307     |                                   | 1.12       | 0.69   | ↓  |
| SHIGA-TOXIN PRODUCING E. COLI#    | 5       | 37      | 10      | 32      | 24      | 24      |                                   | 0.28       | 0.20   | ↓  |
| SHIGELLOSIS                       | 9       | 21      | 14      | 29      | 6       | 19      |                                   | 0.56       | 0.30   | ↓  |
| TYPHOID FEVER                     | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.00       | 0.00   |    |
| VIBRIO (NON-CHOLERA)              | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.03       | 0.00   | ↓  |
| YERSINIOSIS                       | 0       | 0       | 0       | 0       | 7       | 7       |                                   | 0.01       | 0.20   | ↑  |
| <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                | 10      | 62      | 9       | 82      | 43      | 43      |                                   | 0.34       | 0.15   | ↓  |
| DENGUE FEVER                      | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.02       | 0.00   | ↓  |
| ENCEPHALITIS                      | 0       | 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       | 0       | 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                     | 9       | 9       | 10      | 10      | 10      | 10      |                                   | 0.07       | 0.05   | ↓  |
| LEPROSY (HANSEN'S DISEASE)        | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.01       | 0.00   | ↓  |
| LEPTOSPIROSIS                     | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.00       | 0.00   |    |
| LISTERIOSIS                       | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.00       | 0.00   |    |
| LYME DISEASE                      | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.00       | 0.00   |    |
| MALARIA                           | 0       | 5       | 0       | 0       | 5       | 5       |                                   | 0.00       | 0.05   | ↑  |
| MENINGITIS, ASEPTIC/VIRAL         | 17      | 17      | 9       | 5       | 26      | 26      |                                   | 0.19       | 0.25   | ↑  |
| MENINGITIS, BACTERIAL             | 0       | 0       | 0       | 0       | 6       | 6       |                                   | 0.01       | 0.05   | ↑  |
| MENINGOCOCCAL DISEASE             | 0       | 0       | 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       |                                   | 0.01       | 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) | 1119    | 1119    | 801     | 5       | 1189    | 1189    |                                   | 0.50       | 0.25   | ↓  |
| STREPTOCOCCUS PNEUMONIAE, IPD###  | 41      | 41      | 34      | 40      | 40      | 40      |                                   | 0.08       | 0.05   | ↓  |
| TOXIC SHOCK SYN                   | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.01       | 0.00   | ↓  |
| TOXIC SHOCK SYN (STREPTOCOCCAL)   | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.00       | 0.10   | ↑  |
| TUBERCULOSIS                      | 8       | 63      | 8       | 48      | 8       | 55      |                                   | 0.35       | 0.40   | ↑  |
| TULAREMIA                         | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.00       | 0.00   |    |
| UNUSUAL ILLNESS                   | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.00       | 0.00   |    |
| WEST NILE VIRUS (ENCEPHALITIS)    | 0       | 0       | 0       | 0       | 5       | 5       |                                   | 0.10       | 0.00   | ↓X |
| WEST NILE VIRUS (FEVER)           | 0       | 0       | 0       | 0       | 0       | 0       |                                   | 0.04       | 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=70 (reported total=1257). 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).

NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES  
DIVISION OF VIRAL DISEASES

This certificate is awarded to  
*Southern Nevada Health District*  
*Southern Nevada Public Health Laboratory*

In recognition of participation in



July 2012—June 2013



  
Mark Pallansch, PhD  
Director, Division of Viral Diseases





Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333

Wednesday, June 19, 2013

NREVSS Lab #329106  
Ms. Patricia Armour  
Southern Nevada Health District  
Southern Nevada Public Health Laboratory  
700 Desert Lane  
P O Box 3902  
Las Vegas, NV 89106

Dear Ms. Patricia Armour:

Thank you for your participation in the National Respiratory and Enteric Virus Surveillance System (NREVSS) during the July 2012 - June 2013 season! With your support we have continued to improve our understanding of viral disease trends in the United States.

Here are a few highlights from the past season:

- Over 550 laboratories reported to NREVSS
- Human metapneumovirus (hMPV) trends have been added to the NREVSS public website (<http://www.cdc.gov/surveillance/nrevss/hmpv/>)
- Respiratory syncytial virus (RSV) data were published in the *Morbidity and Mortality Weekly Report (MMWR)*: "Respiratory Syncytial Virus Activity -- United States, July 2011-January 2013." MMWR. 62 (8) March 1, 2013 (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6208a1.htm>)
- RSV data were published in the *American Journal of Epidemiology*: Hampp C, Asal N, Lipowski E, Kauf T, Schneider E, Kubilis P, Winterstein A. "Validity of Laboratory-based Surveillance for Detection of Respiratory Syncytial Virus Seasons." *Am J Epidemiol*, 177(8):841-51; 2013
- Rotavirus data are in press for the *Pediatric Infectious Disease Journal*: Tate JE, Haynes A, Payne DC, Cortese MM, Lopman BA, Patel MM, Parashar UD. "Trends in National Rotavirus Activity Before and After Introduction of Rotavirus Vaccine into the National Immunization Program in the United States, 2000-2012." PIDJ

In the current season, your laboratory reported 49 weeks as of June 2013. Thank you! If you have any additional reports from the current or prior season that you would like to submit or edit, please do so at <https://wwwn.cdc.gov/nrevss/>.

Also, please make sure your contact information is up to date the next time you log-on to the NREVSS ODSS. You can access your laboratory's information from the navigation menu at the top of the website under the section labeled "Account Profile."

Antigen detection, virus isolation, and PCR worksheets are enclosed to assist your laboratory in tracking surveillance results during the July 2013 - June 2014 season. We look forward to receiving your reports during the upcoming season. If you have any questions, comments, or concerns please feel free to contact me using the information below. Lastly, as a small token of our appreciation, we would like to present you with the enclosed certificate. Congratulations!

Sincerely,

Mila M. Prill, MSPH  
Epidemiologist, CDC  
[mprill@cdc.gov](mailto:mprill@cdc.gov)  
404.639-8292