

Memorandum

Date: October 24, 2013

To: Southern Nevada District Board of Health

From: Thomas R. Coleman, MD, MS, Director of Community Health
Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer

TRC

TPH

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

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

- A. From 2010 through 2013, Clark County was one of only fifty communities selected to receive Communities Putting Prevention to Work (CPPW) grants to address obesity or tobacco, and one of only eleven communities funded to address both issues. CPPW was a national initiative designed and administered by the Centers for Disease Control and Prevention (CDC) and funded through the American Recovery and Reinvestment Act (ARRA) and the Prevention and Public Health Fund (PPHF). The goal of CPPW was to promote policy, system, and environmental changes at the local level across multiple sectors to make healthier choices easier. SNHD, as the grant recipient and lead agency, assured successful completion of multiple grant objectives developed to reduce tobacco use, reduce exposure to secondhand smoke, increase levels of physical activity, and improve dietary choices. A Youth Risk Behavior Survey (YRBS) report recently released by CDC indicated a reduction in youth tobacco use, an increase in consumption of fruits and vegetables, and a decrease in consumption of soda among Clark County high school students from 2010 through 2013.
- B. The Soda Free Summer initiative wrapped up in August. Soda Free Summer participants were educated about the health risk posed by the large quantities of sugar contained in sugar-sweetened soda and other beverages. We collected 915 surveys/pledge cards from the 1,050 youth who participated in the initiative. Of those, 375 youth (41%) pledged to go soda free for the summer; 292 (32%) said maybe or pledged to reduce soda consumption over the summer; 120 (13%) indicated they would not change their soda consumption; and 128 (14%) did not complete the entire survey.
- C. Efforts continue to institutionalize the CATCH (Coordinated Approach to Child Health) Kids Club evidence-based physical activity and nutrition curriculum for after-school programs in local Safe Key programs. Partners, including City of Las Vegas, City of North Las Vegas, and City of Henderson, are implementing the program. During August, SNHD staff and contractors focused efforts on training and building capacity at the partner level to ensure sustainability.

More than 500 local Safe Key staff received training on nutrition and how to implement the CATCH Kids Club curriculum.

- D. Tobacco Control Program (TCP) staff developed and submitted a grant proposal in response to the state's Request for Applications (RFA) for Master Settlement Agreement funding for tobacco control and prevention in Nevada. The RFA required that grant applications focus on two main areas: 1) increasing tobacco cessation, and 2) reducing exposure to environmental tobacco smoke. SNHD requested \$450,000 for each year of the two-year grant.
- E. At the end of August, there had been 29 submersion incidents in Clark County during 2013. There have been two fatal drowning events this year. The first occurred in June and was a 13-year-old child swimming after-hours in a closed apartment pool. No more details are known at this time. The second occurred July 7 and was a nineteen-month-old child in a residential pool. Of the 29 submersion incidents, 23 (79%) victims were under 5 years of age. Seventeen of the incidents occurred in residential pools and 11 occurred in apartment pools. At this point, race/ethnicity data has been recorded for 26 cases. There have been 9 (35%) Hispanic, 8 (31%) Caucasian, 7 (27%) African-American, and 2 (8%) Asian victims.

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

A. September 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 is completed, the recommendations will be presented to the Medical Advisory Board for final approval.
- **Medical Advisory Board (Board):** Guest speaker Dr. William Berliner advised the Board that AB 344, enacted during this past legislative session, authorizes the use of Physician Orders for Life-Sustaining Treatment (POLST) in Nevada. The POLST form will be created by the State Board of Health and, when issued, can be recognized by all health care providers in all health care settings. Once the POLST program is in place, the EMS Regulations will need to be revised to allow EMS providers to accept the POLST form in the prehospital setting.

The OEMSTS staff reported that an EMS Regulations Workshop was held on September 24 to discuss revisions to the regulations. A second public workshop was held on October 2. Following a thorough review, the draft regulations were unanimously endorsed by the Medical Advisory Board.

- **Trauma Procedure/Protocol Review Committee:** The Trauma Procedure/Protocol Review Committee discussed the 2013 Clark County Trauma System Self-Assessment Report and focused on the areas needing improvement. The lack of a dedicated funding stream for trauma system development continues to be a challenge. The committee agreed that it was important to inform policymakers and the public about the value of the trauma system in order to gain their support for future legislative efforts. Improving trauma data management is also a priority. SB 205, which did not pass in the 2013 legislative session, would have created a sustainable trauma system fund to assist in re-

establishing the State's trauma registry. In the absence of such funding, the committee members are committed to identifying other strategies to improve trauma data collection, analysis, and reporting.

At the next meeting, the committee chair will be recommending that the Regional Trauma Advisory Board direct a workgroup to begin to review and revise the Clark County Trauma Plan. The plan was created in the early stages of system development and should be updated to reflect the changes in the system and to address future trauma care needs in the community.

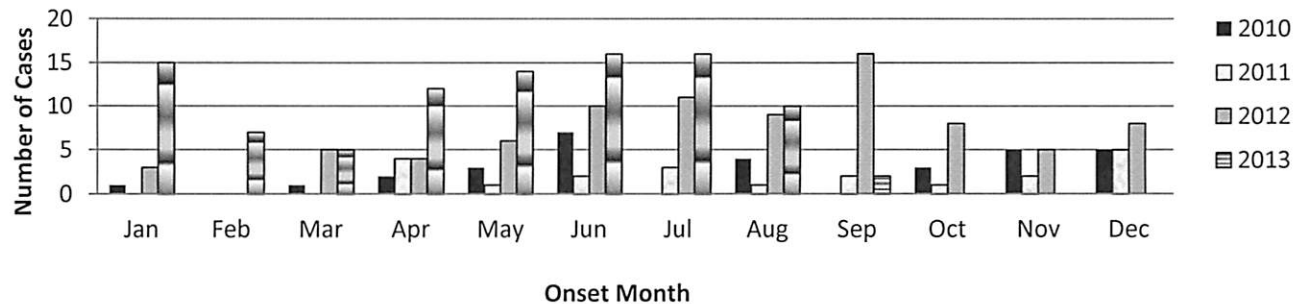
B. September EMS Statistics:

| <u>ACTIVITY</u> | <u>SEPTEMBER 2013</u> | <u>SEPTEMBER 2012</u> | <u>YTD 2013</u> |
|---|------------------------------|------------------------------|------------------------|
| Total certificates issued | 543 | 767 | 1511 |
| New licenses issued | 14 | 2 | 104 |
| Renewal licenses issued (recert only) | 543 | 767 | 1273 |
| Active Certifications: EMT-Basic | 483 | 508 | 483 |
| Active Certifications: EMT-Intermediate | 1314 | 1311 | 1314 |
| Active Certifications: EMT-Paramedic | 1145 | 1097 | 1145 |
| Active Certifications: RN | 39 | 40 | 39 |
| Total Active Records | 2981 | 2956 | 2981 |

III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

- A. West Nile Virus Surveillance:** We received the first reports of the season in July (six human cases, five of which were the neuroinvasive disease, including one fatality). No additional cases were reported in August, but during September, we learned of three additional human neuroinvasive disease cases, bringing our total human cases for 2013 to nine. We also received four presumptive viremic donor (PVD) reports. Surveillance continues.
- B. Hepatitis A Associated with Townsend Farms Frozen Berries – Update:** The only update since our August report is that Nevada received kudos from the CDC because we were the first state to complete the additional medical and economic impact questionnaire for confirmed cases. We are also participating in an additional study detailing the economic burden of this outbreak on local health agencies.
- C. Pertussis in Clark County – Update:** Clark County continues to experience elevated numbers of pertussis cases. In September, the OOE reported 11 cases of pertussis to the Nevada Division of Public and Behavioral Health (NDPBH), 3 of which were in patients less than one year of age. Pertussis case counts by illness onset date from 2010 to present are shown below (Figure 1). 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 338 reports of pertussis testing and identified 117 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 by Month – 2010 to Present,
Clark County, Nevada**



*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 and most of the 11 cases reported to the state in September were associated with illness onsets that occurred in August.

- D. Pertussis Case Investigations and Interventions:** In September, case investigations resulted in our usual pertussis-response activities, including testing persons (with the assistance of SNPHL staff) who had pertussis-compatible symptoms, providing preventive medications to persons deemed likely to have been exposed to pertussis, and sending letters to schools to alert them to the fact that one or more of their students was diagnosed with pertussis. A few cases were clustered within families but otherwise were sporadic, not indicative of an outbreak.
- E. Salmonella Gastroenteritis Outbreak among Patrons of Firefly on Paradise Restaurant - Las Vegas, Nevada - Update:** The final report is near completion and should be posted shortly.
- F. Tuberculosis Investigation Associated with a Local Hospital:** Throughout September, we continued to assist SNHD's TB program with a complex case investigation, coordinating TB testing of hospital staff members at multiple hospitals who had contact with the three case-patients involved. We thought that OOE's involvement with this situation would end in September after testing of hospital staff was complete. However, one hospital employee had evidence of active TB disease, which necessitated the expansion of the hospital portion of the investigation to include patients. Due to the expanded scope, we requested an "Epi-Aid", a process through which the CDC provided a 3-person team of epidemiologists to help guide the epidemiologic portion of our investigation. Combining their advice with advice from the Curry International Tuberculosis Center, we developed plans for additional testing of hospital staff and patients to be carried out by our TB Program starting in October.
- G. Pediatric Early Warning Surveillance System (PEWSS):** Surveillance sentinel sites submitted a low number (18) of respiratory test specimens to the SNPHL in September. Results indicated that Adenovirus and Parainfluenza 1 have been sporadically identified but no influenza had been detected yet this fall (although the influenza season, for surveillance

purposes, is considered to start in early October). Weekly PEWSS reports were prepared and distributed as usual, including online at: <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>.

- H. **Informatics:** The informatics team continues the final stages of importing legacy TB and Sexually Transmitted Disease (STD) data to TriSano and exporting that data for state reporting. Efforts have been hampered by delays in exporting data to the State and new requirements for importing legacy TB contact data. The informatics team assisted with the TB outbreak response by developing an Access database application to process outbreak response data. They are also making improvements to the Foodborne Illness Complaint database and creating a call-logging system for OOE. Additional advancements have been made to the messaging bus architecture.
- I. **Vital Records:** Online ordering for birth and death certificates became available on August 16, 2013. In the month of September, 14% of birth certificates and 22% of death certificates were ordered online.

Vital Records Statistical Report, September 2013

| | Sep 2013 | Sep 2012 | % CHANGE | 2013-2014 YTD | 2012-2013 YTD | % CHANGE |
|-------------------------|-------------|-------------|-------------|------------------|------------------|-------------|
| BIRTHS REGISTERED | 2392 | 2286 | 4.64% | 7415 | 7033 | 5.43% |
| DEATHS REGISTERED | 1097 | 1126 | -2.58% | 3607 | 3548 | 1.66% |
| BIRTH CERTIFICATES SOLD | 3549 | 3208 | 10.63% | 13098 | 11944 | 9.66% |
| DEATH CERTIFICATES SOLD | 5736 | 5600 | 2.43% | 18009 | 17091 | 5.37% |
| BURIAL PERMITS ISSUED | 2 | 2 | 0.00% | 12 | 10 | 20.00% |

*This report reflects office productivity information by month

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

This report does not provide a statistical breakdown of birth/death occurrences by month

J. **Other:**

- Linda Verchick presented a pertussis update during the September 2013 BOH meeting and participated in several media interviews on the topic.
- Tony Fredrick participated in a BioWatch surveillance exercise during a large outdoor event.

- K. **Communicable Disease Statistics:** Communicable disease statistics for September 2013 and Quarter 3 are attached.

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

A. **Planning and Preparedness:**

- OPHP Planners continue to participate in the monthly meetings of the Southern Nevada Healthcare Preparedness Association, Homeland Security Urban Areas Security Initiative

(UASI), Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition, and individual hospital emergency management committee meetings.

- OPHP staff conducted the call down for the Incident Command Team/Strategic National Stockpile/Management (ICT/SNS/MGMT) teams on the second Tuesday, 9/8/2013. Call downs are deliverables required by the CRI grants to ensure public health staff readiness to respond to a disaster. This month, the response rate decreased to 60% respondents.

B. PHP Training And PH Workforce Development

- **OPHP Education and Training:** Both Training Officers continue to provide new employee orientation and continuing preparedness education for SNHD staff; OPHP staff participated in nine Community Outreach presentations and events this month for Preparedness Month.
- **OPHP Nurse Activities:** Thirty-eight employees received bloodborne pathogens training, and twenty-three employees and pharmacy students received respirator fit testing. Influenza immunizations were administered to 111 employees and volunteers with Medical Reserve Corps assistance.

C. Grants and Administration

- **OPHP Grants and Administration Overview:** OPHP has received sub-grant awards for the Budget Period 2 (BP2) grant year for the CDC Public Health Emergency Preparedness (PHEP), Cities Readiness Initiative (CRI), and Hospital Preparedness Program (HPP) grants. The awards are for a 6-month timeframe due to a delay in the request by the State for the authority to release full funds to subgrantees. The State will ask the Interim Finance Committee for authority to release all funding and, at that point, will amend the sub-grants for the entire year's funding. SNHD has also received, within the sub-grant award, any unexpended funds from the BP1 grant awards.

D. Medical Reserve Corps (MRC) of Southern Nevada

- **Planning & Preparedness:** During September, 38 MRC of Southern Nevada volunteers provided 294 hours of service. Volunteers provided first aid support for two community events, attended trauma first aid training, and assisted in administering flu vaccine to SNHD staff.

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.

| | | | | |
|--|-----------------|-----------------|-----------------|-----------------|
| Monthly Clinical Testing Activity includes <i>N. gonorrhoeae</i> culture, GISP isolates, Syphilis, HIV, Gram stain testing | Aug 2013 | Aug 2012 | YTD 2013 | YTD 2012 |
| TOTAL CLINICAL TESTING ACTIVITY | 4019 | 3583 | 27741 | 27606 |

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 | Aug 2013 | Aug 2012 | YTD 2013 | YTD 2012 |
|---|---------------------|---------------------|---------------------|---------------------|
| # clinical tests transported from facilities by SNPHL courier | | | | |
| TOTAL TESTS TRANSPORTED | 3437 | 3283 | 25742 | 24056 |

B. Epidemiological Testing and Consultation:

- SNPHL continues to support the disease investigation activities of the SNHD Office of Epidemiology (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).

| Monthly Epidemiology Activity includes | Aug 2013 | Aug 2012 | YTD 2013 | YTD 2012 |
|--|---------------------|---------------------|---------------------|---------------------|
| Stool culture, EIA, Norovirus PCR, Respiratory pathogen PCR, Epidemiological investigations or consultations | | | | |
| TOTAL EPIDEMIOLOGY ACTIVITY | 1206 | 604 | 8554 | 9011 |

C. State Branch Public Health laboratory testing:

- SNPHL continues to perform reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped or confirmed; stored on-site; and results reported and/or samples submitted to CDC through various national programs including Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance.
- SNPHL continues to perform CDC Laboratory Response Network (LRN) testing for biological agents on clinical and unknown environmental samples.
- SNPHL continues to perform Pulsed Field Gel Electrophoresis (PFGE) testing of *Salmonella*, *Shigella*, and Shiga toxin producing *E. coli* (STEC) isolates submitted by local clinical laboratories. SNPHL reports the PFGE data to the CDC PulseNet program and to the SNHD OOE.

| Monthly State Branch Public Health Laboratory Activity includes | Aug 2013 | Aug 2012 | YTD 2013 | YTD 2012 |
|--|---------------------|---------------------|---------------------|---------------------|
| 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 | | | | |
| TOTAL STATE BRANCH LABORATORY ACTIVITY | 834 | 770 | 7214 | 7468 |

D. All-Hazards Preparedness:

- SNPHL continues to participate with OPHP, local First Responders, and sentinel laboratories to ensure support for response to possible biological or chemical agents.

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

| | | | | |
|--|-----------------|-----------------|-----------------|-----------------|
| Monthly All-Hazards Preparedness Activity includes Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections | Aug 2013 | Aug 2012 | YTD 2013 | YTD 2012 |
| TOTAL PREPAREDNESS ACTIVITIES | 6 | 6 | 68 | 73 |

E. August 2013 SNPHL Activity Highlights:

- SNPHL continued to provide laboratory support to SNHD OOE for *Bordetella pertussis* (whooping cough) active surveillance. Laboratory support included collection and testing of samples from multiple suspected pertussis cases.
- SNPHL microbiology staff participated in a CDC national conference call to discuss strategies for investigation of an antibiotic resistant *Shigella* cluster identified through the CDC NARMS program.
- SNPHL staff assisted OOE with investigation of a Shiga toxin producing *E. coli* (STEC) outbreak among attendees of a summer camp. Laboratory activities included sample testing and coordinating with out-of-state laboratories to submit isolates to SNPHL for additional characterization.
- SNPHL laboratory manager participated in discussions with SNHD nursing to improve the Syphilis test-ordering algorithm utilized at SNHD. The goals of the discussion are to develop and utilize an efficient and effective algorithm for Syphilis detection and treatment.

TRC/dm

Attachments: September 2013 Disease Statistics
Quarter 3 2013 Disease Statistics

Clark County Disease Statistics*, SEPTEMBER 2013

| Disease | 2011 | | 2012 | | 2013 | | Rate(Cases per 100,000 per month) | Monthly Rate Comparison | |
|-----------------------------------|---------|---------|---------|---------|---------|---------|-----------------------------------|-------------------------|---|
| | Sep No. | YTD No. | Sep No. | YTD No. | Sep No. | YTD No. | Sep (2008-2012 aggregated) | Sep (2013) | Significant change bet. current & past 5-year?~ |
| VACCINE PREVENTABLE | | | | | | | | | |
| DIPHTHERIA | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| HAEMOPHILUS INFLUENZA (INVASIVE) | . | 12 | 0 | 10 | 0 | 9 | 0.04 | 0.00 | ↓ |
| HEPATITIS A | 0 | 5 | 0 | 5 | . | 12 | 0.07 | 0.05 | ↓ |
| HEPATITIS B (ACUTE) | 0 | 14 | . | 20 | . | 18 | 0.15 | 0.10 | ↓ |
| INFLUENZA** | 0 | 449 | 0 | 361 | 0 | 525 | 4.80 | 0.00 | ↓X |
| MEASLES | 0 | . | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| MUMPS | 0 | 0 | 0 | 0 | 0 | . | 0.02 | 0.00 | ↓ |
| PERTUSSIS | . | 14 | 13 | 56 | . | 103 | 0.20 | 0.20 | |
| 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 | 20 | 154 | 13 | 152 | 14 | 160 | 0.93 | 0.69 | ↓ |
| CHLAMYDIA | 730 | 6715 | 604 | 6452 | 812 | 7100 | 35.14 | 40.23 | ↑X |
| GONORRHEA | 160 | 1398 | 159 | 1438 | 198 | 1661 | 7.91 | 9.81 | ↑X |
| HIV | 19 | 176 | 9 | 164 | 20 | 203 | 0.87 | 0.99 | ↑ |
| SYPHILIS (EARLY LATENT) | 9 | 133 | 15 | 135 | 8 | 166 | 0.67 | 0.40 | ↓ |
| SYPHILIS (PRIMARY & SECONDARY) | 5 | 91 | 10 | 65 | 15 | 116 | 0.53 | 0.74 | ↑ |
| ENTERICS | | | | | | | | | |
| AMEBIASIS | 0 | 9 | 0 | 6 | . | 7 | 0.01 | 0.05 | ↑ |
| BOTULISM-INTESTINAL (INFANT) | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| CAMPYLOBACTERIOSIS | 11 | 72 | 10 | 70 | 5 | 67 | 0.46 | 0.25 | ↓ |
| CHOLERA | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| CRYPTOSPORIDIOSIS | 0 | 0 | . | . | . | 6 | 0.09 | 0.05 | ↓ |
| GIARDIA | 5 | 39 | . | 49 | . | 45 | 0.33 | 0.20 | ↓ |
| ROTAVIRUS | 0 | 44 | . | 51 | . | 80 | 0.11 | 0.10 | ↓ |
| SALMONELLOSIS | 10 | 105 | 8 | 119 | 12 | 321 | 0.77 | 0.59 | ↓ |
| SHIGA-TOXIN PRODUCING E. COLI# | . | 41 | . | 36 | . | 32 | 0.10 | 0.20 | ↑ |
| SHIGELLOSIS | 6 | 27 | 12 | 41 | 6 | 32 | 0.80 | 0.30 | ↓X |
| TYPHOID FEVER | . | . | 0 | . | 0 | 0 | 0.01 | 0.00 | ↓ |
| VIBRIO (NON-CHOLERA) | 0 | . | . | . | 0 | . | 0.02 | 0.00 | ↓ |
| YERSINIOSIS | 0 | 0 | 0 | . | 0 | 7 | 0.00 | 0.00 | |
| OTHER | | | | | | | | | |
| ANTHRAX | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| BOTULISM INTOXICATION | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| BRUCELLOSIS | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| COCCIDIOIDOMYCOSIS | 8 | 70 | . | 85 | 6 | 49 | 0.25 | 0.30 | ↑ |
| DENGUE FEVER | 0 | 0 | . | . | 0 | . | 0.03 | 0.00 | ↓ |
| ENCEPHALITIS | 0 | 0 | 0 | 0 | 0 | . | 0.02 | 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 | . | 10 | . | 12 | . | 13 | 0.05 | 0.05 | |
| LEPROSY (HANSEN'S DISEASE) | 0 | . | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| LEPTOSPIROSIS | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| LISTERIOSIS | 0 | . | 0 | . | 0 | . | 0.00 | 0.00 | |
| LYME DISEASE | 0 | . | . | . | . | . | 0.03 | 0.05 | ↑ |
| MALARIA | . | 6 | 0 | . | 0 | 6 | 0.04 | 0.00 | ↓ |
| MENINGITIS, ASEPTIC/VIRAL | . | 18 | . | 12 | 7 | 33 | 0.17 | 0.35 | ↑ |
| MENINGITIS, BACTERIAL | . | . | 0 | . | 0 | 6 | 0.05 | 0.00 | ↓X |
| MENINGOCOCCAL DISEASE | 0 | . | 0 | . | 0 | 0 | 0.00 | 0.00 | |
| PLAGUE | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| PSITTACOSIS | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| Q FEVER | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| RABIES (HUMAN) | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| RELAPSING FEVER | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| ROCKY MOUNTAIN SPOTTED FEVER | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| RSV (RESPIRATORY SYNCYTIAL VIRUS) | 10 | 1129 | 9 | 810 | . | 1193 | 0.94 | 0.05 | ↓X |
| STREPTOCOCCUS PNEUMONIAE, IPD### | . | 43 | . | 36 | . | 46 | 0.09 | 0.20 | ↑ |
| 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 | 5 | 68 | 6 | 54 | . | 58 | 0.35 | 0.15 | ↓ |
| 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) | . | 8 | . | . | . | 8 | 0.12 | 0.15 | ↑ |
| WEST NILE VIRUS (FEVER) | 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=65 (reported total=1135). 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).

Clark County Disease Statistics* - Quarter3, 2013

| Disease | 2011 | | 2012 | | 2013 | | Rate(Cases per 100,000 per quarter) (2008-2012 aggregated) | Qtr3 (2013) | Quarterly Rate Comparison current & past 5-year?~ |
|-----------------------------------|-----------|------------|-----------|------------|-----------|------------|---|----------------|--|
| | Q3 No. | YTD No. | Q3 No. | YTD No. | Q3 No. | YTD No. | | | |
| VACCINE PREVENTABLE | | | | | | | | | |
| DIPHTHERIA | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| HAEMOPHILUS INFLUENZA (INVASIVE) | 12 | 12 | 10 | 10 | 9 | 9 | 0.13 | 0.00 | ↓X |
| HEPATITIS A | 5 | 5 | 5 | 5 | 12 | 12 | 0.14 | 0.20 | ↑ |
| HEPATITIS B (ACUTE) | 14 | 14 | 6 | 20 | 5 | 18 | 0.44 | 0.25 | ↓ |
| INFLUENZA** | 0 | 449 | 5 | 361 | 8 | 525 | 7.78 | 0.40 | ↓X |
| MEASLES | 0 | 0 | 0 | 0 | 0 | 0 | 0.03 | 0.00 | ↓ |
| MUMPS | 0 | 0 | 0 | 0 | 0 | 0 | 0.04 | 0.05 | ↑ |
| PERTUSSIS | 5 | 14 | 32 | 56 | 45 | 103 | 0.52 | 2.23 | ↑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 | |
| SEXUALLY TRANSMITTED | | | | | | | | | |
| AIDS | 57 | 154 | 46 | 152 | 54 | 160 | 2.89 | 2.68 | ↓ |
| CHLAMYDIA | 2216 | 6715 | 2152 | 6452 | 2500 | 7100 | 109.70 | 124.00 | ↑X |
| GONORRHEA | 477 | 1398 | 556 | 1438 | 608 | 1661 | 24.22 | 30.16 | ↑X |
| HIV | 59 | 176 | 46 | 164 | 78 | 203 | 3.03 | 3.87 | ↑ |
| SYPHILIS (EARLY LATENT) | 36 | 133 | 47 | 135 | 58 | 166 | 2.11 | 2.88 | ↑ |
| SYPHILIS (PRIMARY & SECONDARY) | 21 | 91 | 25 | 65 | 54 | 116 | 1.38 | 2.68 | ↑X |
| ENTERICS | | | | | | | | | |
| AMEBIASIS | 9 | 9 | 6 | 6 | 7 | 7 | 0.08 | 0.10 | ↑ |
| BOTULISM-INTESTINAL (INFANT) | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| CAMPYLOBACTERIOSIS | 20 | 72 | 25 | 70 | 30 | 67 | 1.50 | 1.49 | ↓ |
| CHOLERA | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| CRYPTOSPORIDIOSIS | 0 | 0 | 0 | 0 | 0 | 6 | 0.16 | 0.15 | ↓ |
| GIARDIA | 15 | 39 | 24 | 49 | 19 | 45 | 1.15 | 0.94 | ↓ |
| ROTAVIRUS | 44 | 21 | 51 | 51 | 80 | 80 | 0.67 | 0.20 | ↓X |
| SALMONELLOSIS | 44 | 105 | 53 | 119 | 45 | 321 | 2.86 | 2.23 | ↓ |
| SHIGA-TOXIN PRODUCING E. COLI# | 16 | 41 | 15 | 36 | 18 | 32 | 0.53 | 0.89 | ↑ |
| SHIGELLOSIS | 16 | 27 | 35 | 41 | 19 | 32 | 1.74 | 0.94 | ↓X |
| TYPHOID FEVER | 0 | 0 | 0 | 0 | 0 | 0 | 0.03 | 0.00 | ↓ |
| VIBRIO (NON-CHOLERA) | 0 | 0 | 0 | 0 | 0 | 0 | 0.07 | 0.10 | ↑ |
| YERSINIOSIS | 0 | 0 | 0 | 0 | 5 | 7 | 0.01 | 0.25 | ↑X |
| 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 | 26 | 70 | 24 | 85 | 18 | 49 | 0.85 | 0.89 | ↑ |
| DENGUE FEVER | 0 | 0 | 0 | 0 | 0 | 0 | 0.05 | 0.00 | ↓X |
| ENCEPHALITIS | 0 | 0 | 0 | 0 | 0 | 0 | 0.03 | 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 | 0.03 | 0.00 | ↓ |
| HEPATITIS D | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| INVASIVE GROUP A STREP.## | 0 | 0 | 0 | 0 | 0 | 0 | 0.06 | 0.00 | ↓X |
| LEGIONELLOSIS | 10 | 5 | 12 | 7 | 13 | 13 | 0.19 | 0.35 | ↑ |
| 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 | 0.01 | 0.05 | ↑ |
| LYME DISEASE | 0 | 0 | 0 | 0 | 0 | 0 | 0.07 | 0.20 | ↑ |
| MALARIA | 6 | 0 | 0 | 0 | 6 | 6 | 0.06 | 0.15 | ↑ |
| MENINGITIS, ASEPTIC/VIRAL | 6 | 18 | 12 | 20 | 33 | 33 | 0.52 | 0.99 | ↑ |
| MENINGITIS, BACTERIAL | 0 | 0 | 0 | 0 | 0 | 6 | 0.10 | 0.10 | |
| MENINGOCOCCAL DISEASE | 0 | 0 | 0 | 0 | 0 | 0 | 0.02 | 0.00 | ↓ |
| PLAGUE | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| PSITTACOSIS | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| Q FEVER | 0 | 0 | 0 | 0 | 0 | 0 | 0.03 | 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) | 19 | 1129 | 14 | 810 | 12 | 1193 | 1.85 | 0.60 | ↓X |
| STREPTOCOCCUS PNEUMONIAE, IPD### | 9 | 43 | 6 | 36 | 10 | 46 | 0.31 | 0.50 | ↑ |
| 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 | 19 | 68 | 16 | 54 | 19 | 58 | 1.04 | 0.94 | ↓ |
| 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) | 8 | 8 | 0 | 0 | 8 | 8 | 0.26 | 0.40 | ↑ |
| WEST NILE VIRUS (FEVER) | 0 | 0 | 0 | 0 | 0 | 0 | 0.06 | 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. Quarterly disease total reported by OOE=298 (reported total=3669). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported quarterly 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 quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly 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 quarter of this year or previous 5 years aggregated).