

Memorandum

Date: November 26, 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

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

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

- A. Bite of Las Vegas, the state's largest food and music festival, was held in September at Desert Breeze Park as a 100% smoke-free outdoor event for the 4th year in a row. In the past, SNHD has provided sponsorship to encourage organizers to go smoke-free. SNHD is no longer providing financial incentives but event organizers have continued to have the event be smoke-free. An estimated 20,000 people attended the smoke-free outdoor event this year.
- B. The Las Vegas Gay and Lesbian Pride festival was held in September at the Clark County Amphitheater as a 100% smoke-free outdoor event. Organizers have agreed to continue promoting and hosting their annual celebration as a smoke-free event. SNHD provided signage for the event to promote the smoke-free policy. Organizers estimated that more than 8,500 people attended the smoke-free outdoor event this year.
- C. Staff partnered with the owner of GKDance studio to offer two Viva Saludable classes for Hispanic parents of students attending area elementary schools. Class content addressed physical activity, nutrition, and tobacco. Staff distributed educational materials and promoted the tobacco cessation helpline during the classes. Staff promoted the classes on the television program *Entre Mujeres* on Mundo Fox; on Univision radio; on the radio program *Encuentro con Nuestra Comunidad* on Lotus Broadcasting; and on *Vanessa y Sus Amigos* on radio 1340 AM. Staff also distributed flyers at several Hispanic events.
- D. The 2013 Coaches Challenge Program launched in September. The Coaches Challenge program is a unique collaboration between SNHD, Clark County School District, and the UNLV Athletics Department to encourage elementary school students in grades 1-5 to eat more fruits and vegetables and increase their physical activity. The 4-week program will be implemented in the participating classrooms between September and mid-December 2013. To date, 414 teachers have registered their classrooms. More than 9,860 students will participate.
- E. Staff and Communities Putting Prevention to Work (CPPW) partners developed and submitted a manuscript on the CPPW Trails Initiative and evaluation findings. In September, the manuscript was accepted for publication in the *Journal of Physical Activity and Health*. The

paper is currently in press and will be published in 2014. (Citation: Clark, S., Bungum, T.J., Coker, L., & Meacham, M. [In press.] Happy Trails: The Effect of a Media Campaign on Urban Trail Use in Southern Nevada. Journal of Physical Activity and Health.)

- F. September 22, the first day of fall, was National Fall Prevention Awareness Day. The Nevada Goes Falls Free Coalition designated the week of September 22 – September 28 as “Fall Prevention Awareness Week.” Eight different sites were set up throughout the week to provide free fall risk assessments for seniors. The fall risk assessments followed the Centers for Disease Control and Prevention’s newly developed STEADI (Stopping Elderly Accidents, Deaths & Injuries) protocol. Participants screening positive for fall risk were directed to Stepping On classes set up and being taught by trained Stepping On leaders. Staff participated in the screening conducted at Humana Guidance Center in Green Valley. Of the 17 seniors screened, 11 were determined to be at risk and signed up for the Stepping On program that will start at that location on October 1 and run through November 12. Results for the other sites are being compiled at this time.

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

A. October Meetings:

- **Drug/Device/Protocol Committee (DDP):** The DDP Committee continued their review of the Basic/Intermediate/Advanced Life Support (BLS/ILS/ALS) Protocol Manual. After the protocol manual is completed, the recommendations will be presented to the Medical Advisory Board for final approval.
- **Medical Advisory Board (MAB):**
 - a. The OEMSTS staff introduced Brandon Bowyer as a new EMS Field Representative.
 - b. The DDP reported on their review of both the treatment and operations protocols that will be included in the BLS/ILS/ALS Protocol Manual.
 - c. Guest speaker, Dr. William Berliner advised the MAB 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.
 - d. 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 MAB.
- **Regional Trauma Advisory Board (RTAB):** 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 website. 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. The RTAB will form a workgroup to review both the Performance Improvement Plan and the Trauma System Plan.

B. October EMS Statistics:

<u>ACTIVITY</u>	<u>OCTOBER 2013</u>	<u>OCTOBER 2012</u>	<u>YTD 2013</u>
Total certificates issued	13	40	1524
New licenses issued	10	8	114
Renewal licenses issued (recert only)	0	0	1273
Active Certifications: EMT-Basic	491	513	491
Active Certifications: EMT-Intermediate	1319	1319	1319
Active Certifications: EMT-Paramedic	1150	1108	1150
Active Certifications: RN	37	42	37
Total Active Records	2997	2982	2997

III. OFFICE OF EPIDEMIOLOGY (OEO) PROGRAM REPORTS

A. West Nile Virus (WNV) Surveillance: During the month of October, we received no additional human cases. A synopsis of all the cases over the past 10 years is shown in Figure 1. The weather is getting colder and the WNV season is ending but additional cases might still be reported.

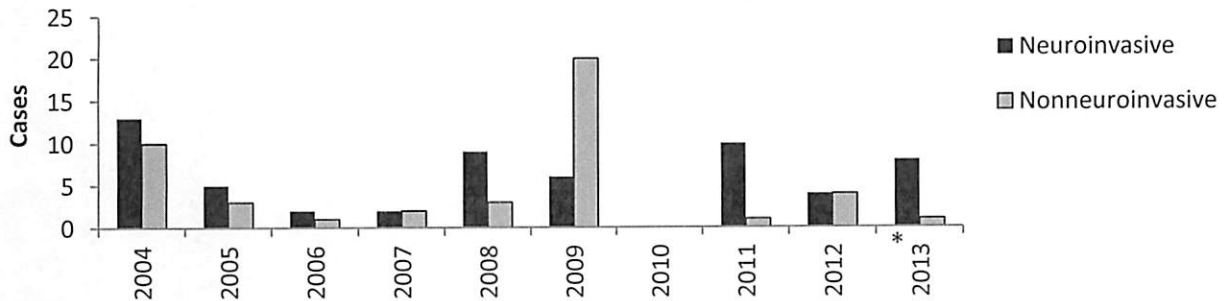


Figure 1: West Nile Virus Surveillance

* Partial-year data.

Due to the delay between WNV symptom onset and diagnosis, most cases associated with illness onset in a given month will not be counted until the following month.

B. Hepatitis A Associated with Townsend Farms Frozen Berries: There have been no updates since the after-action meeting on September 26. The outbreak is considered over and the investigation closed.

C. Salmonella Gastroenteritis Outbreak among attendees of a potluck picnic – Logandale, Nevada: On October 21, we received a report from Mesa View Hospital in Mesquite that many attendees of a recent picnic had become ill and were seeking medical care. We began

an investigation and posted a notice on Nevada's Hospital Available Beds for Emergencies and Disasters (HAvBED) network, asking medical facilities to report any similar cases to help us determine the extent of the outbreak. OOE, Southern Nevada Public Health Laboratory (SNPHL), and Environmental Health Division (EH) collaborated to set up a specimen collection site in Logandale to expedite the process of identifying the responsible organism. *Salmonella infantis* was identified as the causative agent. We sent a second HAvBED notification to inform providers of the causative agent. As of November 1, OOE has identified at least 85 associated cases, 42 of which were laboratory-confirmed, but the event's organizer reports that as many as 150 of the picnic's 250 attendees reported illness. A number of people have sought medical care including 6 who were hospitalized. There were no deaths.

D. Pertussis in Clark County – Update: Clark County continues to experience elevated numbers of pertussis cases compared with previous years. The OOE reported 7 cases of pertussis to the Nevada Division of Public and Behavioral Health (NDPBH) in October (a lower number than recent months), but an additional 8 cases are still under investigation at the time of this report and will be included in next month's count. Case counts by illness onset date from 2010 to present are shown below (Figure 2). Thirty-five percent of reported laboratory tests ordered for pertussis since July 30, 2012 have been positive (N=124). Some of these pertussis cases would not have been detected were we not performing enhanced surveillance. We continued our usual pertussis-response activities: 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, collaborating with Nursing to investigate a daycare situation, 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 and others sporadic, not indicative of an outbreak.

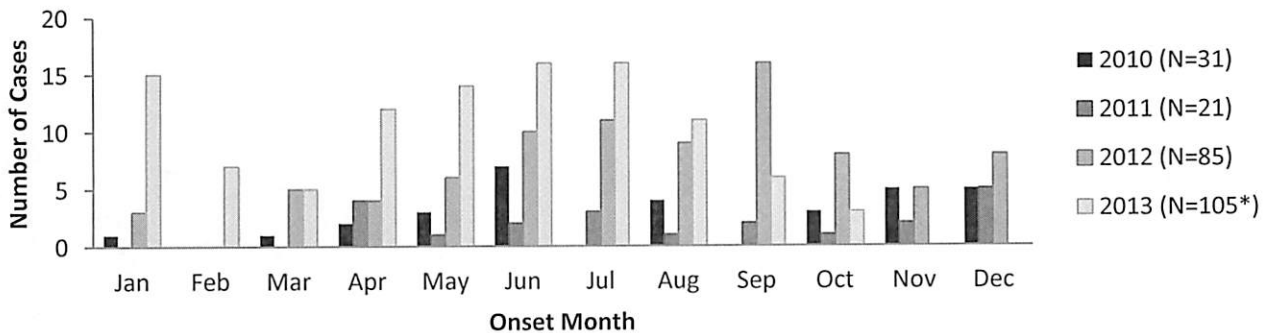


Figure 2: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada – 2010 to Date

*Partial-year data.

Due to the delay between pertussis symptom onset and diagnosis, most cases associated with illness onset in this month will not be counted until next month; most of the seven cases reported to the state in October were associated with illness onsets that occurred in September.

E. Nationwide Outbreak of Salmonellosis associated with Foster Farms Chicken: Clark County had seven cases that match this outbreak strain. Only one case had a known Foster Farms connection, with the chicken having been prepared in the home but not consumed by

the case-patient. Four case-patients denied any Foster Farms product exposures. The sources of two case-patients' illnesses were unknown.

- F. **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.
- G. **Tuberculosis Investigation Associated with a Local Hospital:** Throughout October, 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. One hospital employee was found to have evidence of active TB disease. Due to the expanded scope, we requested an "Epi-Aid" from the Centers for Disease Control and Prevention (CDC) to help us perform the epidemiologic investigation. During those 10 days, we developed plans for additional testing of hospital staff and patients, including 140 infants who had been hospitalized when at least one infectious person was present in the hospital NICU and hundreds of other potentially exposed people, including their parents and other NICU visitors. Subsequently, we have continued to assist our TB Program with identification and tracking of persons who had contact with one or more of the persons with active TB disease. Our Informatics team provided invaluable assistance by creating a database in which TB staff track patient information and from which, starting in November, investigation data will be compiled for reporting purposes. This investigation has garnered a lot of media attention. Please see the Nursing report for more information.
- H. **Pediatric Early Warning Surveillance System (PEWSS):** Surveillance sentinel sites submitted 25 respiratory test specimens to the SNPHL in October. Adenovirus and Parainfluenza 1 were sporadically identified but no influenza has been detected yet this fall through PEWSS. The influenza season, for surveillance purposes, was considered to have started in early October. Weekly PEWSS reports were prepared and distributed as usual and posted online at: <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>.
- I. **Informatics:** Brian Labus continues to be busy with the TB outbreak, improving the database for data collection. He also worked on foodborne-illness and call-logging systems. Malinda Curtis has been working on the improved message-bus architecture. Sony Varghese has been working on importing TB historical data. Lei Zhang continued working on sexually transmitted disease (STD) historical data import and helped develop data reports for the TB outbreak database. Jay Boyer has been working on the enterprise master patient index (EMPI)¹ and coordinating with Utah and Kansas to share and merge our respective improvements to the open-access TriSano² data system. We sent and the state received several test messages in the new TB case-reporting format. We are working with them on finalizing the interface.
- J. **Vital Records:** Online ordering for birth and death certificates became available on August 16, 2013. During October, 13% of birth certificate orders were submitted online compared with 14% in September. The number of online death certificate orders, however, increased from

¹ EMPI is a database that is used across a healthcare organization to maintain consistent, accurate, and current demographic and essential medical data on the patients seen and managed within its various departments

² <http://www.trisano.com/overview>

22% to 62%. We attribute this large increase to more funeral homes opting to use the online ordering system.

Vital Records Statistical Report, October 2013					
Birth Certificates Sold					
Valley View	Mesquite	Online Orders	Billed	Total	Income
3064	23	474	6	3567	\$ 71,340
86%	0.6%	13%	0.2%		
Death Certificates Sold					
Valley View	Mesquite	Online Orders	Billed	Total	Income
2343	1	3824	4	6172	\$123,440
38%	0.02%	62%	0.1%		
Burial Permits Sold					
		6		6	\$ 120
Total Vital Records Income:					\$194,900

K. Other:

- OOE investigated the case of a patient whose illness met CDC's case definition for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) "Patient Under Investigation" (PUI). The patient had traveled to Saudi Arabia and, shortly afterwards, developed severe respiratory symptoms and required mechanical ventilation. OOE and SNPHL coordinated efforts with the CDC and the hospital to obtain appropriate specimens and complete testing immediately. The MERS testing came back negative and the case was closed as "Not a case."
- OOE conducted an investigation of meningitis in coordination with Clark County School District (CCSD). The student's meningitis was determined to not be communicable; therefore, no students required postexposure prophylaxis. We provided a letter to that effect to CCSD. Tony Fredrick, MD, Disease Investigator and Intervention Specialist, was interviewed by media regarding this situation.
- Linda Verchick provided media interviews regarding the nationwide outbreak of salmonellosis associated with Foster Farms chicken.

L. Communicable Disease Statistics: October 2013 statistics are attached.

IV. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness:

- OPHP staff has been actively participating in SNHD's TB Investigation, and the Health District has stood up Incident Command to assist in management of this event. The investigation continues to progress to protect the health and safety of those affected and the public.

- A Senior Planner met with statewide partners in Reno on October 15 to review and revise the State of Nevada Resource Request Procedures. Plan changes include FEMA Action Request Form inclusion to ensure that agencies and jurisdictions requesting resources in Nevada are using the same state and federally approved form. In the coming months, the Senior Planner will provide community training regarding plan review changes and a workshop to test the use of this new form.
- A Senior Planner attended the Nevada State National Alliance on Mental Illness Conference in Reno on October 18. Many mental health organizations serving Nevada residents were present. OPHP participated in Southern Nevada's Adult Mental Health Coalition and new contacts were made through attendance at this event. This participation is vital to the development of the SNHD Healthcare System Coalition.
- OPHP staff continues to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security Urban Areas Security Initiative (UASI), Local Emergency Preparedness Committee, and individual hospital emergency management committee meetings.
- OPHP staff cancelled the call down for the Incident Command Team (ICT)/Strategic National Stockpile (SNS)/management (MGMT) teams on the second Tuesday in October due to the TB Investigation.
- OPHP Planners and one Trainer participated in five health fairs, including an NV Energy employee event and Boulder City Art in the Park, at which OPHP teamed up with Clark County Office of Emergency Management (CCOEM) to coordinate resources and produce a successful event.

B. PHP Training And PH Workforce Development:

- **OPHP Education and Training:** On October 21-24, the OPHP Training Officers and Healthcare Liaison completed a 4-day course for IMS-500 (ICS Curriculum Train-the-Trainer). The IMS-500 course aims to prepare individuals to deliver FEMA's Incident Command System (ICS) curriculum. The curriculum focuses on the preparation and delivery of ICS courses, including ICS-100 and ICS-200, with major emphasis placed on ICS-300 and ICS-400. This traditional ICS course instruction also includes ICS-402, G402 (Overview for Executives/Senior Officials), and G191 (Incident Command System/Emergency Operations Center Interface).

- C. OPHP Nurse Activities:** Twelve employees received bloodborne pathogens training, and 19 employees and pharmacy students received respirator fit testing. Influenza immunizations were administered to 69 employees and volunteers with Medical Reserve Corps assistance.

D. Grants and Administration:

- OPHP has received subgrant 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 subgrants for the entire year's funding. SNHD has also received, within the subgrant award, any unexpended funds from the BP1 grant awards.

E. Medical Reserve Corps (MRC) of Southern Nevada:

- **Planning & Preparedness:** Thirteen MRC of Southern Nevada volunteers provided 83 hours of service for 6 events including staffing a call center in support of the Health District's ongoing TB investigation.

V. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing:

SNPHL continues to support the Southern Nevada Health District (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	Sept 2013	Sept 2012	YTD 2013	YTD 2012
B. TOTAL CLINICAL TESTING ACTIVITY	4344	3689	32085	31295

Courier service – Clinical samples for laboratory testing are transported by SNPHL courier from SNHD Health Centers or Southern Nevada hospital or commercial laboratories.

Monthly Courier Activity # clinical tests transported from facilities by SNPHL courier	Sept 2013	Sept 2012	YTD 2013	YTD 2012
TOTAL TESTS TRANSPORTED	3757	3380	29499	27436

B. Epidemiological Testing and Consultation:

- SNPHL continues to support the disease investigation activities of the SNHD OOE and Nursing Division.
- SNPHL continues to participate in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce (FIT).
- SNPHL continues to report results of PEWSS testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

Monthly Epidemiology Activity includes Stool culture, EIA, Norovirus PCR, Respiratory pathogen PCR, Epidemiological investigations or consultations	Sept 2013	Sept 2012	YTD 2013	YTD 2012
TOTAL EPIDEMIOLOGY ACTIVITY	795	800	9349	9811

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	Sept 2013	Sept 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	874	685	8088	8153

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	Sept 2013	Sept 2012	YTD 2013	YTD 2012
Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections				
TOTAL PREPAREDNESS ACTIVITIES	11	7	79	80

E. September 2013 SNPHL Activity Highlights:

- SNPHL and OOE staff jointly authored a manuscript titled "Evaluation of the Novel Respiratory Virus Surveillance Program: Pediatric Early Warning Surveillance System (PEWSS)" which was published in the September/October 2013 *Public Health Reports Supplement*.
- SNPHL microbiology staff participated as a testing site for a CDC sponsored multi-laboratory evaluation of azithromycin and erythromycin disk diffusion of *Shigella* isolates.

The evaluation was coordinated by the CDC NARMS program and will be utilized to provide the Clinical and Laboratory Standards Institute (CLSI) with the microbiological data necessary for determining clinical breakpoints for *Shigella* and azithromycin.

- SNPHL staff received a Certificate of Appreciation from CDC for submission of influenza specimens during the 2012-2013 influenza season to the World Health Organization (WHO) Collaborating Center for Influenza. Copy of certificate is attached.
- SNPHL Laboratory Manager presented a Handwashing and Germs program to a local elementary school second grade class.

TRC/dm

Attachments: October 2013 Disease Statistics, Certificate of Appreciation from CDC

Clark County Disease Statistics*, OCTOBER 2013

Disease	2011		2012		2013		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Oct (2013) vs Oct (2008-2012 aggregated)	Significant change bet. current & past 5-year? ~X
	Oct No.	YTD No.	Oct No.	YTD No.	Oct No.	YTD No.	Oct (2008-2012 aggregated)	Oct (2013)		
VACCINE PREVENTABLE										
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00		
HAEMOPHILUS INFLUENZA (INVASIVE)	.	13	0	10	0	9	0.04	0.00		↓
HEPATITIS A	0	5	0	5	.	13	0.02	0.05		↑
HEPATITIS B (ACUTE)	0	14	.	22	0	18	0.10	0.00		↓X
INFLUENZA**	.	450	.	364	7	532	27.55	0.35		↓X
MEASLES	0	.	0	0	0	0	0.00	0.00		
MUMPS	0	0	0	0	0	.	0.00	0.00		
PERTUSSIS	.	17	12	68	13	117	0.17	0.64		↑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	14	168	18	170	22	182	0.87	1.09		↑
CHLAMYDIA	728	7443	673	7125	856	7947	31.08	42.36		↑X
GONORRHEA	141	1539	174	1612	220	1876	6.72	10.89		↑X
HIV	16	192	29	193	26	229	1.19	1.29		↑
SYPHILIS (EARLY LATENT)	8	141	30	165	27	192	0.85	1.34		↑
SYPHILIS (PRIMARY & SECONDARY)	16	107	13	78	18	134	0.54	0.89		↑
ENTERICS										
AMEBIASIS	0	9	0	6	0	7	0.07	0.00		↓X
BOTULISM-INTestinal (INFANT)	0	0	0	0	0	0	0.00	0.00		
CAMPYLOBACTERIOSIS	12	84	7	77	.	71	0.52	0.15		↓
CHOLERA	0	0	0	0	0	0	0.00	0.00		
CRYPTOSPORIDIOSIS	0	0	0	.	0	6	0.00	0.00		
GIARDIA	.	43	.	53	.	49	0.21	0.20		↓
ROTAVIRUS	0	44	0	51	.	81	0.10	0.05		↓
SALMONELLOSIS	12	117	10	129	12	335	0.64	0.59		↓
SHIGA-TOXIN PRODUCING E. COLI#	7	48	.	40	0	33	0.17	0.00		↓X
SHIGELLOSIS	.	31	.	43	8	42	0.41	0.40		↓
TYPHOID FEVER	.	.	0	.	0	0	0.01	0.00		↓
VIBRIO (NON-CHOLERA)	.	.	0	.	0	.	0.04	0.00		↓
YERSINIOSIS	0	0	0	.	0	7	0.01	0.00		↓
OTHER										
ANTHRAX	0	0	0	0	0	0	0.00	0.00		
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00		
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00		
COCCIDIOIDOMYCOSIS	8	78	8	93	8	57	0.25	0.40		↑
DENGUE FEVER	.	.	0	.	0	.	0.01	0.00		↓
ENCEPHALITIS	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	.	0.02	0.00		↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00		
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.02	0.00		↓
LEGIONELLOSIS	0	10	0	12	0	14	0.01	0.00		↓
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	.	.	.	0.00	0.05		↑
LYME DISEASE	0	.	0	.	.	6	0.00	0.05		↑
MALARIA	0	6	0	.	0	6	0.01	0.00		↓
MENINGITIS, ASEPTIC/VIRAL	.	21	.	15	.	34	0.19	0.05		↓
MENINGITIS, BACTERIAL	0	.	0	.	.	7	0.04	0.05		↑
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)	21	1150	14	824	.	1197	1.40	0.20		↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	.	45	.	38	.	49	0.07	0.15		↑
TOXIC SHOCK SYN	0	.	0	0	0	0	0.01	0.00		↓
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	0	.	.	.	0.00	0.05		↑
TUBERCULOSIS	5	73	6	60	.	61	0.33	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)	.	10	0	.	0	8	0.02	0.00		↓
WEST NILE VIRUS (FEVER)	0	.	0.03	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=69 (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; YTD totals ,.,.,.).

**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).



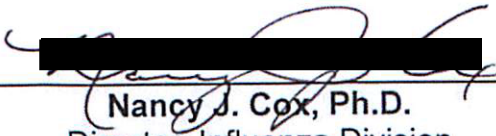
CERTIFICATE OF APPRECIATION

Presented to

Southern Nevada Public Health Laboratory



For Submitting Influenza Specimens
to the WHO Collaborating Center for Influenza, CDC
2012-2013 Season



Nancy J. Cox, Ph.D.
Director, Influenza Division
Director, WHO Collaborating Center for Surveillance,
Epidemiology, and Control of Influenza



August 23, 2013

Dear Ms. Patricia Armour,

On behalf of the APHL and CDC, we want to thank your laboratory for participation in the US national influenza virologic surveillance system throughout the 2012-2013 season! Participation across the country was excellent this season. The US public health laboratories (PHL) submitted over 3,000 recently collected virologic specimens to CDC, and the specimens were used to inform WHO and FDA vaccine recommendations for the 2013-2014 influenza vaccine. We greatly appreciate your laboratory's support and contributions to the national surveillance system. CDC is pleased to present the enclosed certificate of appreciation to all laboratories that have submitted specimens during this season.

Listed below is a summary of your laboratory's national influenza virologic surveillance activities for the 2013-2014 season. Please note that this summary is only intended to provide a snapshot and may not correspond exactly with your internal records; numbers reflected in this report are approximate and some discrepancies are expected.

Public Health Laboratory Name: Southern Nevada Public Health Laboratory

Influenza Testing Data Reported (i.e. via PHLIP, PHLIS2, Internet) Specimen Collection Dates: September 30, 2012 – June 15, 2013	Approximate Number
Total Number of Specimens Tested & Reported to CDC	814
Number of Positive Influenza Specimens Reported to CDC	183
Positive Virologic Specimen Submissions Date Specimens Received at CDC or Reference Center: September 30, 2012 – June 15, 2013	Approximate Number
Number of Positive Specimens Submitted to CDC	12
Number of Positive Specimens Submitted to CDC-Designated National Influenza Surveillance Laboratories (Wisconsin, California, or Utah)	50
CDC Flu rRT-PCR Dx Panel Testing Kit Provided from IRR* Date Kits Shipped: September 2, 2012 – June 15, 2013	Approximate Number
CDC Human Influenza A/B Typing rRT-PCR Panel Testing Kit	2
CDC Human Influenza A Subtyping rRT-PCR Panel Testing Kit	2
<i>* Kit order numbers reflect the total number of IVD kits shipped to your laboratory by CDC's IRR. CDC recognizes that laboratories order kits in advance of testing, and therefore understands that your kit order numbers may not align with your total number tested to date.</i>	

If you have any questions about this report, please contact the appropriate representative listed below.

- **General Surveillance Questions & Number of Specimens Tested/Reported to CDC:**
Desiree Mustaquim (dwc6@cdc.gov) or Craig Steffens (wnv4@cdc.gov)
- **IRR Reagents:** Mary Hoelscher (mzr1@cdc.gov)
- **APHL Questions:** fluquestions@aphl.org

As a friendly reminder, at this time laboratories are requested to continue submitting specimens in accordance with the Summer Specimen Submission Guidance (<http://bit.ly/1bQJidU>). APHL and CDC thank you for your continued support and participation in the US national influenza surveillance system. We encourage you to share this report and the enclosed certificate with supervisors and influenza testing staff in your laboratories.

Sincerely,

Scott J. Becker, MS
Executive Director