

# Memorandum

Date: January 8, 2014

To: Southern Nevada District Board of Health

From: Nancy Williams, MD, MPH, Acting 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 – January 2014**

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

- A. There is strong evidence from many clinical trials that brief smoking cessation counseling delivered by physicians, dentists and other clinicians increases smoking cessation rates among their adult patients. In an effort to increase the utilization of brief intervention strategies by clinicians, Tobacco Control Program (TCP) staff and partners have developed an online brief smoking cessation counseling training module. A total of 223 providers (48 this month) have completed the online brief intervention training module on the Get Healthy Clark County website. Our goal was to reach 200 providers by June 30, 2014, so we have already exceeded that goal.
- B. TCP staff continues to provide technical assistance for organizations interested in protecting the health of employees and patrons through voluntary smoke-free policies. Recently the University of Nevada Las Vegas (UNLV) issued an email communication to all students and staff announcing a ban on the use of electronic cigarettes in the Student Union as well as within 20 feet of doorways. Also, the Clark County Renaissance Festival adopted a smoke-free event policy. The Southern Nevada Health District (SNHD) provided tobacco-free signage to be used throughout the festival grounds. Festival organizers estimate 7,000 people were in attendance at the smoke-free outdoor event.
- C. The Get Healthy Holiday Challenge program began in October. The Holiday Challenge is a free online program that challenges you to adopt new healthy behaviors during the holiday season. The program will run through early January 2014. As of the end of October, there were 207 people signed up for the program.
- D. Staff provided several nutrition presentations during the month of October. Staff and four dietetic interns from UNLV gave presentations at four local elementary schools including information about school gardens. They presented nutrition information and lessons on the parts of plants that are eaten to over 500 students in grades 2-5. Staff also gave nutrition presentations to several parent groups during October including a presentation at the United Way Parent Engagement Night and to the Parent Action Committee at Rundle Elementary School.

- E. Staff participated in and assisted with the organization of several events to commemorate Food Day in October. Educational materials were provided to two local farmers' markets and one farmer vendor. Staff worked with the Las Vegas Farmers' Market manager to organize a Food Day booth to promote fruit and vegetable intake at the Bruce Trent Park farmers' market. Additionally, staff provided information to families that attended the Lutheran Social Services Open Air Market that provided food to 318 families. Staff also participated in other community events in October including the Desert Springs Diabetes Health Fair and the Southern Nevada Trails Day celebration.
- F. During the 2013 Legislative Session Assembly Bill 29 created the Statewide Committee to Review Suicide Fatalities. That bill was signed into law by the Governor and went into effect on October 1, 2013. Mike Bernstein, the Injury Prevention Program Health Educator, was appointed by Mike Willden, Director of Nevada Department of Health and Human Services, to fill a Committee position for a person who represents injury prevention for an initial three-year term. The first meeting was held in October. Plans to develop bylaws, a confidentiality agreement, a time line, and methodology for case review were all discussed.

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

### A. November/December 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.

During December, the DDP Committee discussed the Cardiac Arrest protocol in the BLS/ILS/ALS Protocol Manual. After the educational supplements are created, they will be included in the protocol manual and presented to the Medical Advisory Board for final approval.

- **Trauma Performance Improvement Plan Revision Workgroup:** The Trauma Performance Improvement Plan was originally written in the early stages of the development of the trauma system. The plan has not been revised since 2009. The Regional Trauma Advisory Board (RTAB) recommended the formation of a workgroup to review the Trauma Performance Improvement Plan and identify any revisions to be made to the document. A workgroup consisting of members from both the RTAB and Trauma Medical Audit Committee (TMAC) convened to begin the review process and the initial changes will be presented to the TMAC and RTAB at the January meetings.
- **Medical Advisory Board:** The Board reviewed the draft operations and treatment protocols in the BLS/ILS/ALS Protocol Manual. A workgroup was formed to develop supplementary educational material to be included in the protocol manual.

### B. November EMS Statistics:

<u>ACTIVITY</u>	<u>NOVEMBER 2013</u>	<u>NOVEMBER 2012</u>	<u>YTD 2013</u>
Total certificates issued	20	17	1544
New licenses issued	7	4	121
Renewal licenses issued (recert only)	0	0	1273
Active Certifications: EMT-B	491	516	491
Active Certifications: EMT-I	1326	1330	1326
Active Certifications: EMT-P	1164	1115	1164
Active Certifications: RN	38	39	38

**C. December EMS Statistics:**

<u>ACTIVITY</u>	<u>DECEMBER 2013</u>	<u>DECEMBER 2012</u>	<u>YTD 2013</u>
Total certificates issued	21	26	1565
New licenses issued	2	17	123
Renewal licenses issued (recert only)	0	0	1273
Active Certifications: EMT-B	491	518	491
Active Certifications: EMT-I	1331	1342	1331
Active Certifications: EMT-P	1167	1118	1167
Active Certifications: RN	38	38	38

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

**A. Norovirus gastrointestinal illness outbreak at Rio All-Suite Hotel and Casino:** SNHD responded to an illness outbreak associated with the National Youth Football Championships (NYFC) hosted by the Rio All-Suite Hotel and Casino over Thanksgiving weekend. Hundreds of people reported becoming ill during the event weekend. Stool specimens tested by SNPHL were positive for Norovirus G1.

We worked with the Rio and other local hotels, schools and city parks where NYFC events were held, to provide instructions for proper cleaning of these environments where people had been ill, to prevent further spread of Norovirus. We are working with the coaches and conference coordinators to characterize the outbreak. We answered media inquiries and posted information regarding the outbreak investigation to our website.

**B. Pertussis in Clark County - Update:** Clark County continues to experience elevated numbers of pertussis cases compared with previous years. The OOE reported 14 cases of pertussis to the

Nevada Division of Public and Behavioral Health (NDPBH) in November (twice the number reported in October) and five cases in December. An additional four cases are still under investigation at the time of this report and will be included in next month's count. We continued our usual pertussis-response activities including providing preventive medications to persons deemed likely to have been exposed to pertussis.

Case counts by illness onset date from 2010 to present are shown below (Figure 2). Thirty-two percent of reported laboratory tests ordered for pertussis since July 30, 2012 have been positive (N=133). Some of these pertussis cases would not have been detected were we not performing enhanced surveillance.

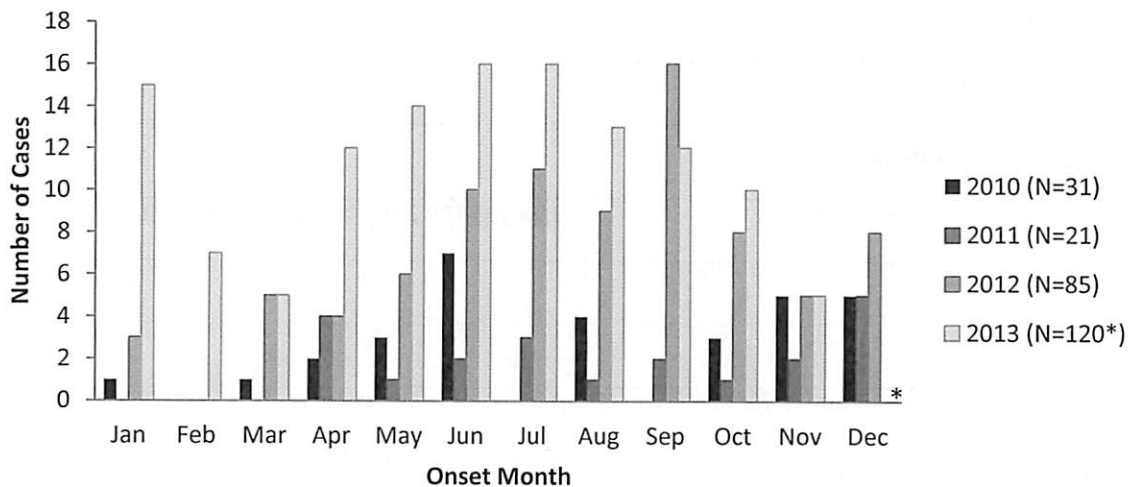


Figure 2: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada – 2010 to Date

\*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 14 cases reported to the state in November were associated with illness onsets that occurred in October and the majority of the 5 cases reported to the state in December had illness onset in November.

- C. **Tuberculosis (TB) Investigation Associated with a Local Hospital:** We continued to assist SNHD's TB program with the coordination of TB testing of hospital staff members at multiple hospitals who had contact with the three hospitalized case-patients involved. Please see the Nursing Division's report for more information.
  
- D. **Pediatric Early Warning Surveillance System (PEWSS):** Surveillance sentinel sites submitted low numbers of respiratory test specimens to the SNPHL in November and December (40 and 48, respectively). Results indicated that Parainfluenza 1 has been circulating at low levels, and that Influenza A, Adenovirus, Human Metapneumovirus, and RSV were sporadically identified during November. Results for December showed the same levels except Human Metapneumovirus increased from sporadic to low level circulation. SNPHL and OOE staff members visited two pediatric offices to evaluate the possibility of adding them as new PEWSS surveillance sites. Both offices have extended hours that include "early walk-in" and Saturdays. The offices agreed to become PEWSS surveillance sites. SNPHL will be supplying the necessary equipment and supplies. We prepared and disseminated five weekly PEWSS reports in November and four weekly reports in December, which were distributed to the

medical community, public health partners, and the general public, via email, fax, and online (<http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>).

- E. **Informatics:** Implementation of the database for collection of data from the large TB outbreak was completed. We continue to work on improving message-bus architecture to increase accuracy and efficiency of receipt and interpretation of laboratory data received electronically. We have been able to eliminate some manual data handling by EPI of Quest data. Handling of messages from SNPHL has been improved. Progress continues with importation of historical TB data into TriSano. STD historical data import is complete and we anticipate the STD program going live with TriSano in January. We continue to coordinate with Utah and Kansas to share and merge our respective improvements to the open-source TriSano data system. We are testing the new TB case-reporting format with the state. The State has received several test messages from us in the new format and we are modifying the data format in response to State inputs. We have done preliminary work with EMS and Vital Records (on migrating their data to SQL servers) so that their data input can be automated and they will have access to much better reporting tools.
- F. Vital Records: December showed a mild decrease in the proportion of online orders for birth certificate orders at 11% of total sales (compared with 14% in November) and in the proportion of online orders for death certificates at 58% of total sales (compared with 64% in November).
- G. Other:
- OOE was notified of a single case of suspected infant botulism on 11/7/2013. The case was later confirmed but the source of the infection was never determined. The infant recovered and was discharged from Saint Rose Hospital.
  - An OOE representative attended the Integrated Foodborne Outbreak Response and Management 2013 Conference along with staff representing EH and the Lab. The conference was held November 18-22 in San Antonio, TX.
  - With the Director of Community Health having been vacated on December 24, Dr. Nancy Williams, Medical Epidemiologist in the Office of Epidemiology, is filling the role of Acting Director of Community Health until a replacement is hired.

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

##### A. Planning and Preparedness:

- In November, OPHP staff continued participating in SNHD's Tuberculosis Investigation and supported the health district through Incident Command activities. Although the event investigation is ongoing and is currently being continued through normal department operations, Incident Command has been demobilized.
- November 2, 2013 a Senior Planner supported Las Vegas Metropolitan Police Department and University Medical Center by evaluating plans and hospital Code Silver procedures for the "Veteran in Crisis" full scale exercise.
- November 7, 2013, a Senior Planner assisted the State of Nevada's Division of Public and Behavioral Health's Public Health Preparedness personnel and Centers for Disease Control

and Prevention with the relocation of medical counter measures from an EMS location to their new facility.

- November 12, 2013, a Planner conducted the monthly call down for the Incident Command Team (ICT)/Strategic National Stockpile (SNS)/management (MGMT) teams with a response of 53%.
- November 15, 2013, OPHP staff met to plan quarterly activities for the Functional Needs Advisory Group.
- November 18 & 19, 2013, a Senior Planner assisted State of Nevada personnel to conduct HAvBED training (Nevada's Bed Availability and Tracking System) in Clark County. In addition to providing training to local hospitals, training was also provided to Mesa View Hospital and Mesquite Fire and Rescue in Mesquite, NV.
- November 20, 2013, a Senior Planner attended and participated in Nevada Hospital Association's Statewide Medical Surge Plan Workshop. Community partners performed annual review and provided recommendations to revise this plan based on exercises After Action Reports, best practices and lessons learned the previous year.
- On December 9, 2013, OPHP conducted a workshop to develop a process for inventory management during a public health emergency.
- In December, a survey tool was created and disseminated to all staff involved in responding to the Summerlin NICU TB incident. An After-Action Report and Improvement Plan are under development based on staff responses.
- OPHP staff continues to participate in the monthly meetings of the Southern Nevada Healthcare Preparedness Coalition, Homeland Security, Urban Area Securities Initiative, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition and individual hospital emergency management committee meetings.

**B. PHP Training And PH Workforce Development:**

- **OPHP Education and Training:** OPHP Training Officers and Healthcare Liaison attended FEMA's Train-the-Trainer Course for ICS 100-402.
- **OPHP Nurse Activities:** Nineteen employees received blood borne pathogens training and 36 employees, pharmacy students and CDC representatives received respirator fit testing. Influenza immunizations were administered to 10 employees.

**C. Grants and Administration:**

- November: OPHP continues to spend down the current 6-month grants received from the Nevada State Division of Public & Behavioral Health. OPHP anticipates that the next 6-month grants should be received during December to cover January through June 2014 time frames. OPHP continues to perform activities as outlined within the grant guidance of the Public Health Emergency Preparedness (PHEP), Cities Readiness Initiative (CRI) and Hospital Preparedness Program (HPP) grants.

**D. Medical Reserve Corps (MRC) of Southern Nevada:**

- **Planning & Preparedness:** In November 2013, eighteen MRC of Southern Nevada volunteers provided 103 hours of service for six community events. In addition, forty volunteers attended the MRC Quarterly Training where they were introduced to our new Chief Health Officer, Dr. Joe Iser, and heard a presentation on common sports injuries by UMC resident, Adam Berkovits, DO. MRC of Southern Nevada volunteers often staff first aid stations for local sporting events that support agencies that give back to our community and encourage a healthy lifestyle.
- The Medical Reserve Corps of SO NV became a member of the Southern Nevada Healthcare Preparedness Coalition, which immediately offered opportunities to present the program to nurses in local hospitals for recruitment purposes. Standard Operating Guidelines were reviewed and revised and a new ID badge identifying the volunteer's medical license/certification was redesigned.

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

**A. Clinical Testing:**

SNPHL continues to support the Southern Nevada Health District (SNHD) Nursing Division with Sexually Transmitted Disease (STD) testing. SNHD STD department and SNPHL cooperatively participate in the Centers for Disease Control and Prevention (CDC) Gonococcal Isolate Surveillance Project (GISP). SNPHL performs *N. gonorrhoeae* culture and submits isolates to CDC and Nursing provides the client information required by the project.

<b>Monthly Clinical Testing Activity includes</b> <i>N. gonorrhoeae</i> culture, GISP isolates, Syphilis, HIV, Gram stain testing	Nov 2013	Nov 2012	YTD 2013	YTD 2012
<b>TOTAL CLINICAL TESTING ACTIVITY</b>	<b>3227</b>	<b>2986</b>	<b>38897</b>	<b>37969</b>

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

<b>Monthly Courier Activity</b> # clinical tests transported from facilities by SNPHL courier	Nov 2013	Nov 2012	YTD 2013	YTD 2012
<b>TOTAL TESTS TRANSPORTED</b>	<b>3678</b>	<b>2637</b>	<b>36721</b>	<b>33530</b>

**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 Pediatric Early Warning Surveillance System (PEWSS) testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

<b>Monthly Epidemiology Activity includes</b> Stool culture, EIA, Norovirus PCR, Respiratory pathogen PCR, Epidemiological investigations or consultations	Nov 2013	Nov 2012	YTD 2013	YTD 2012
<b>TOTAL EPIDEMIOLOGY ACTIVITY</b>	<b>1179</b>	<b>1094</b>	<b>11949</b>	<b>11722</b>

**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> 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	Nov 2013	Nov 2012	YTD 2013	YTD 2012
<b>TOTAL STATE BRANCH LABORATORY ACTIVITY</b>	<b>1147</b>	<b>588</b>	<b>10210</b>	<b>9640</b>

**D. All-Hazards Preparedness:**

- SNPHL continues to participate with Office of Public Health Preparedness (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 Laboratory Response Network (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	Nov 2013	Nov 2012	YTD 2013	YTD 2012
<b>TOTAL PREPAREDNESS ACTIVITIES</b>	<b>8</b>	<b>11</b>	<b>99</b>	<b>101</b>

**E. November, 2013 SNP HL Activity Highlights:**

- SNP HL provided laboratory testing support to the SNHD TB program for their response to the Coronado High School TB investigation.
- SNP HL Senior Clinical Laboratory Scientist, OOE Disease investigator, and EH supervisor attended the CDC annual national PulseNet meeting in Texas. The meeting provided an opportunity for inter-professional collaboration with other colleagues as well as up-to-date information on PulseNet activities.
- SNP HL staff assisted OOE with their investigation of a gastroenteritis outbreak among participants of a youth sports tournament. SNP HL performed laboratory testing on multiple stool samples and identified the causative organism.
- SNP HL and OOE staff collaborated on the expansion of the PEWSS testing menu to include surveillance for 9 additional respiratory pathogens. The new menu will include testing for four Coronavirus strains, Rhinovirus/enterovirus, Parainfluenza 4, and 3 bacterial respiratory pathogens as well as all the respiratory pathogens previously included in the PEWSS test menu.

Attachments:

November 2013 Statistics

December 2013 Statistics

Fourth quarter 2013 Statistics

NW/mg

Clark County Disease Statistics\*, NOVEMBER 2013

Disease	2011		2012		2013		Rate(Cases per 100,000 per month) (2008-2012 aggregated)	Nov (2013)	Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Nov No.	YTD No.	Nov No.	YTD No.	Nov No.	YTD No.			
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	14	.	11	0	9	0.04	0.00	↓
HEPATITIS A	0	5	0	5	.	14	0.03	0.05	↑
HEPATITIS B (ACUTE)	.	16	.	23	.	19	0.09	0.05	↓
INFLUENZA**	.	453	6	370	28	561	13.90	1.38	↓X
MEASLES	0	.	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	.	0.00	0.00	
PERTUSSIS	0	18	10	78	6	123	0.14	0.30	↑
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	191	18	188	14	196	0.96	0.69	↓
CHLAMYDIA	685	8128	737	7861	707	8640	32.06	34.95	↑
GONORRHEA	159	1698	165	1770	188	2060	6.75	9.29	↑X
HIV	21	213	16	209	12	241	1.01	0.59	↓
SYPHILIS (EARLY LATENT)	16	157	22	187	15	207	0.72	0.74	↑
SYPHILIS (PRIMARY & SECONDARY)	13	120	11	89	10	144	0.38	0.49	↑
<b>ENTERICS</b>									
AMEBIASIS	0	9	.	7	.	9	0.03	0.05	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	.	.	0.00	0.05	↑
CAMPYLOBACTERIOSIS	10	94	.	81	9	83	0.34	0.44	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	0	0	.	0	6	0.00	0.00	
GIARDIA	.	47	.	57	7	56	0.27	0.35	↑
ROTA VIRUS	0	44	.	53	0	82	0.06	0.00	↓X
SALMONELLOSIS	7	124	6	135	12	352	0.47	0.59	↑
SHIGA-TOXIN PRODUCING E. COLI#	.	49	.	43	0	34	0.08	0.00	↓X
SHIGELLOSIS	.	33	.	44	0	43	0.15	0.00	↓X
TYPHOID FEVER	0	.	0	.	0	0	0.00	0.00	
VIBRIO (NON-CHOLERA)	0	.	0	.	0	.	0.00	0.00	
YERSINIOSIS	0	0	0	.	.	8	0.01	0.05	↑
<b>OTHER</b>									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	10	88	9	102	9	66	0.44	0.44	
DENGUE FEVER	0	.	0	.	0	.	0.01	0.00	↓
ENCEPHALITIS	0	0	0	.	0	.	0.00	0.00	
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.02	0.00	↓
HEPATITIS C (ACUTE)	0	.	.	5	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	0.01	0.00	↓
LEGIONELLOSIS	.	11	.	13	0	14	0.06	0.00	↓X
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	.	0	7	0.00	0.00	
MALARIA	0	6	.	.	0	6	0.01	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	.	24	.	18	.	38	0.25	0.20	↓
MENINGITIS, BACTERIAL	0	.	.	.	.	8	0.02	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)	29	1179	42	866	16	1214	1.96	0.79	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	6	52	.	41	.	53	0.18	0.20	↑
TOXIC SHOCK SYN	0	.	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	0	.	.	6	0.00	0.10	↑
TUBERCULOSIS	5	78	5	65	7	68	0.24	0.35	↑
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	.	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	0	10	0	.	0	8	0.01	0.00	↓
WEST NILE VIRUS (FEVER)	0	.	0	.	0	.	0.00	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=103 (reported total=1056). 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 ,.,.).

\*\*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\*, DECEMBER 2013

Disease	2011		2012		2013		Rate(Cases per 100,000 per month) (2008-2012 aggregated)	Dec (2013)	Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Dec YTD No.	YTD No.	Dec YTD No.	YTD No.	Dec YTD No.	YTD No.			
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	. 16	. 12	0	9			0.06	0.00	↓X
HEPATITIS A	. 6	0	5	15			0.03	0.05	↑
HEPATITIS B (ACUTE)	. 17	. 25	0	19			0.10	0.00	↓X
INFLUENZA**	. 455	33	403	72	636		3.46	3.56	↑
MEASLES	0	0	0	0	0		0.00	0.00	
MUMPS	0	0	0	0	0		0.00	0.00	
PERTUSSIS	. 21	5	83	128			0.11	0.10	↓
POLIOMYELITIS	0	0	0	0	0		0.00	0.00	
RUBELLA	0	0	0	0	0		0.00	0.00	
TETANUS	0	0	0	0	0		0.00	0.00	
<b>SEXUALLY TRANSMITTED</b>									
AIDS	12	203	14	202	16	212	0.90	0.79	↓
CHLAMYDIA	689	8817	719	8580	694	9333	36.34	34.27	↓
GONORRHEA	149	1847	197	1967	213	2271	8.02	10.52	↑X
HIV	23	236	21	230	16	257	1.25	0.79	↓
SYPHILIS (EARLY LATENT)	7	164	20	207	15	222	0.76	0.74	↓
SYPHILIS (PRIMARY & SECONDARY)	8	128	8	97	27	171	0.49	1.33	↑X
<b>ENTERICS</b>									
AMEBIASIS	. 10	. 8	0	9			0.04	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0		0.00	0.00	
CAMPYLOBACTERIOSIS	7	101	. 85	. 86			0.29	0.10	↓
CHOLERA	0	0	0	0	0		0.00	0.00	
CRYPTOSPORIDIOSIS	. .	. 5	0	6			0.02	0.00	↓
GIARDIA	. 48	. 60	. 58				0.14	0.10	↓
ROTAVIRUS	0	44	. 57	. 84			0.06	0.10	↑
SALMONELLOSIS	6	130	11	146	6	361	0.65	0.30	↓
SHIGA-TOXIN PRODUCING E. COLI#	. 53	. 46	0	35			0.08	0.00	↓X
SHIGELLOSIS	. 36	. 48	. 46				0.27	0.05	↓
TYPHOID FEVER	0	0	0	0	0		0.00	0.00	
VIBRIO (NON-CHOLERA)	0	0	0	0	0		0.00	0.00	
YERSINIOSIS	0	0	0	0	8		0.01	0.00	↓
<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	7	95	6	108	7	76	0.28	0.35	↑
DENGUE FEVER	0	0	0	0	0	0	0.02	0.05	↑
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)	. 5	0	5				0.03	0.05	↑
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.00	0.00	
LEGIONELLOSIS	0	11	. 14	0	14		0.02	0.00	↓
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	0	0	0	0	0	0.00	0.00	
LYME DISEASE	. .	. 0	. 0	7			0.01	0.00	↓
MALARIA	0	6	. 7	0	7		0.03	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	. 25	. 21	5	43			0.08	0.25	↑
MENINGITIS, BACTERIAL	0	0	0	9			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	0.00	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)	107	1286	215	1081	59	1283	5.85	2.91	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	11	63	7	48	5	60	0.28	0.25	↓
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	0	0	8		0.01	0.10	↑
TUBERCULOSIS	7	85	5	70	7	75	0.35	0.35	↓
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	10	0	0	8		0.00	0.00	
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.01	0.00	↓

\*Use of report date to count OOE-reported cases (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable and suspect (since Feb-08) cases. HIV/AIDS case counts provided by Office of HIV/AIDS/STD; TB case counts provided by TB clinic. Data suppression denoted by '.' applies if number of cases <5. Monthly disease total reported by OOE=169 (reported total=1157). 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).

Clark County Disease Statistics\* - Quarter4, 2013

Disease	2011		2012		2013		Rate(Cases per 100,000 per quarter)		Quarterly Rate Comparison current & past 5-year?~
	Q4 No.	YTD No.	Q4 No.	YTD No.	Q4 No.	YTD No.	Qtr4 (2008-2012 aggregated)	Qtr4 (2013)	
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	16	12	0	9			0.14	0.00	↓X
HEPATITIS A	6	5	15				0.08	0.15	↑
HEPATITIS B (ACUTE)	17	25	19				0.29	0.05	↓
INFLUENZA**	6 455	42 403	111 636				44.90	5.49	↓X
MEASLES	0	0	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	6 21	27 83	24 128				0.43	1.19	↑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	49 203	50 202	52 212				2.74	2.57	↓
CHLAMYDIA	2102 8817	2129 8580	2250 9333				99.49	111.23	↑X
GONORRHEA	449 1847	536 1967	617 2271				21.49	30.50	↑X
HIV	60 236	66 230	54 257				3.45	2.67	↓
SYPHILIS (EARLY LATENT)	31 164	72 207	57 222				2.33	2.82	↑
SYPHILIS (PRIMARY & SECONDARY)	37 128	32 97	55 171				1.40	2.72	↑X
<b>ENTERICS</b>									
AMEBIASIS	10	8	9				0.14	0.10	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.05	↑
CAMPYLOBACTERIOSIS	29 101	15 85	19 86				1.16	0.94	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	5	6					0.02	0.00	↓
GIARDIA	9 48	11 60	13 58				0.63	0.64	↑
ROTA VIRUS	0 44	6 57	84				0.22	0.15	↓
SALMONELLOSIS	25 130	27 146	36 361				1.75	1.78	↑
SHIGA-TOXIN PRODUCING E. COLI#	12 53	10 46	35				0.33	0.10	↓
SHIGELLOSIS	9 36	7 48	12 46				0.83	0.59	↓
TYPHOID FEVER	0	0	0	0	0	0	0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.04	0.00	↓
YERSINIOSIS	0	0	0	0	8		0.03	0.05	↑
<b>OTHER</b>									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	25 95	23 108	27 76				0.97	1.33	↑
DENGUE FEVER	0	0	0	0	0	0	0.04	0.05	↑
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	0.02	0.00	↓
HEPATITIS C (ACUTE)	5	5					0.07	0.05	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.03	0.00	↓
LEGIONELLOSIS	11	14	14				0.09	0.00	↓X
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	0	0	0	0	0	0.00	0.05	↑
LYME DISEASE	0	0	7				0.01	0.10	↑
MALARIA	0 6	7	7				0.05	0.05	
MENINGITIS, ASEPTIC/VIRAL	7 25	9 21	10 43				0.53	0.49	↓
MENINGITIS, BACTERIAL	0	0	9				0.07	0.15	↑
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	0.00	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)	157 1286	271 1081	90 1283				9.21	4.45	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	19 63	12 48	14 60				0.54	0.69	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.01	0.00	↓
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	5	8			0.01	0.25	↑X
TUBERCULOSIS	17 85	16 70	17 75				0.93	0.84	↓
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)	10	0	0	8			0.03	0.00	↓
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. Quarterly disease total reported by OOE=383 (reported total=3485). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported quarterly cases [suppression applied] for 2011-2013 were respectively ...,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.  
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 ~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).