

Memorandum

Date: February 27, 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

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

- A. The Tobacco Control Program (TCP) staff continues to provide technical assistance for organizations interested in protecting the health of employees and patrons through voluntary smoke-free policies.
- In November 2013, Roseman University of Health Sciences implemented a tobacco-free campus policy at all of their southern Nevada locations.
 - In November 2013, the Financial Guidance Center implemented a 30-foot minimum distance policy at their headquarters. Formerly the Consumer Credit Counseling Service, the Center assists the public with personal financial assistance.
 - Staff provided minimum distance signage to the Nevada State Medical Association Alliance, a group of physicians' spouses, upon request. The group has expressed interest in implementing minimum distance policies in physicians' offices across the valley.
 - Staff has been working with the Mexican Consulate to discuss possible implementation of a tobacco-free campus policy that would protect hundreds of Latinos from secondhand smoke exposure each day.
- B. Nicole Bungum, OCDPHP Supervisor, and two community partners were presenters on a national webinar to provide an overview of the successful SNHD CATCH Kids Club efforts to increase physical activity and healthy eating in local after-school programs. More than 140 people from across the nation registered for the webinar.
- C. The 2013 Coaches Challenge Program, designed to help students be more active and make better dietary choices, wrapped up in December. This is the 7th year of the Coaches Challenge Program, which was developed by OCDPHP in partnership with the UNLV Athletics Department. The program is offered to teachers of 2nd – 5th grade classrooms in the Clark County School District (CCSD). A total of 9,800 students in 414 elementary school classrooms from 105 different CCSD elementary schools were signed up by their teacher to participate in the program this year. In 18 of the 105 schools, every eligible grade (2nd – 5th)

participated in the challenge. The winning classrooms from each grade received tickets to a UNLV men's basketball game in December. UNLV Head Coaches will visit the winning classrooms in the spring.

- D. Staff met with Clark County Parks and Recreation and their vending contractor to finalize plans for the healthy vending rollout in January 2014. A soft rollout occurred in January 2014 to ensure that all machines meet the new standards. A public launch and promotional campaign to promote healthy vending at the recreation centers is planned for February 2014.
- E. Rayleen Earney, an OCDPHP Chronic Disease Prevention health educator, successfully completed Level 2 Diabetes Education Certification through the American Association of Diabetes Educators (AADE). The program, which was the equivalent of 48 continuing education hours, required completion of 2 on-line courses, 22 webinars, 9 readings, and successfully passing all exams.
- F. As of the end of December, there were unofficially 38 submersion incidents and 4 fatal drownings reported in 2013. The first drowning death occurred in mid-June and was a 13-year-old child swimming after hours in a closed apartment pool. The other three drowning deaths were of children under 4 years old. One occurred in July, one was as a result of an incident in late August after which the child succumbed two weeks later in September, and the third occurred in October.

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

A. February Meetings:

- **Education Committee:**
 - a. The Education Committee assists the OEMSTS, the Medical Advisory Board, and the QI Directors Committee in researching, developing, editing and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals and individuals involved with the training of EMS professionals.
 - b. The Committee is currently working on revisions to the Field Training Officer evaluation forms and processes. When completed, it will be beta-tested on the next graduating class of paramedics.
 - c. In addition, the Committee was also tasked with creating the educational supplements to be included in the next iteration of the BLS/ILS/ALS Protocol Manual.
- **Regional Trauma Advisory Board (RTAB):**
 - a. The RTAB's primary purpose is to support the Health Officer's duty to ensure a high quality system of patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, evaluation, and revision of the system from initial patient access to definitive patient care. Members are appointed by the Health Officer.
 - b. The RTAB is working on revisions to the Trauma Performance Improvement (PI) Plan. The Board is waiting for the American College of Surgeons Committee on

Trauma guidelines to be published in the *Resources for Optimal Care of the Injured Patient* book which will be vital to finalizing the PI Plan. While the plan is in queue, the Board recommended moving forward with revisions to the Trauma System Plan.

- c. The Board has also directed the Trauma System Advocacy Committee (TSAC) to resume consideration of legislative activities in support of the Clark County Trauma System. The TSAC needs to focus on increasing public awareness about the value of the trauma system. The Committee will also continue researching opportunities for obtaining a sustainable funding source for trauma system development. The Committee is scheduled to meet in February to begin these activities.

B. February EMS Statistics:

<u>ACTIVITY</u>	<u>JANUARY 2014</u>	<u>JANUARY 2013</u>	<u>YTD 2014</u>
Total certificates issued	27	44	27
New licenses issued	4	18	4
Renewal licenses issued (recert only)	0	0	0
Active Certifications: EMT/EMT-Basic	457	501	457
Active Certifications: AEMT/EMT-Intermediate	1291	1330	1291
Active Certifications: Paramedic/EMT-Paramedic	1159	1119	1159
Active Certifications: RN	38	38	38

III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

- A. **Pertussis in Clark County – Update:** Clark County continues to identify pertussis cases and, although no cases were reported with onset of illness in December, the OOE is currently investigating six cases with onset in January and one with onset in November. We continue 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 1). Approximately 32 percent of reported laboratory tests ordered for pertussis since July 30, 2012 have been positive (N=136). Some of these pertussis cases would not have been detected were we not performing enhanced surveillance.

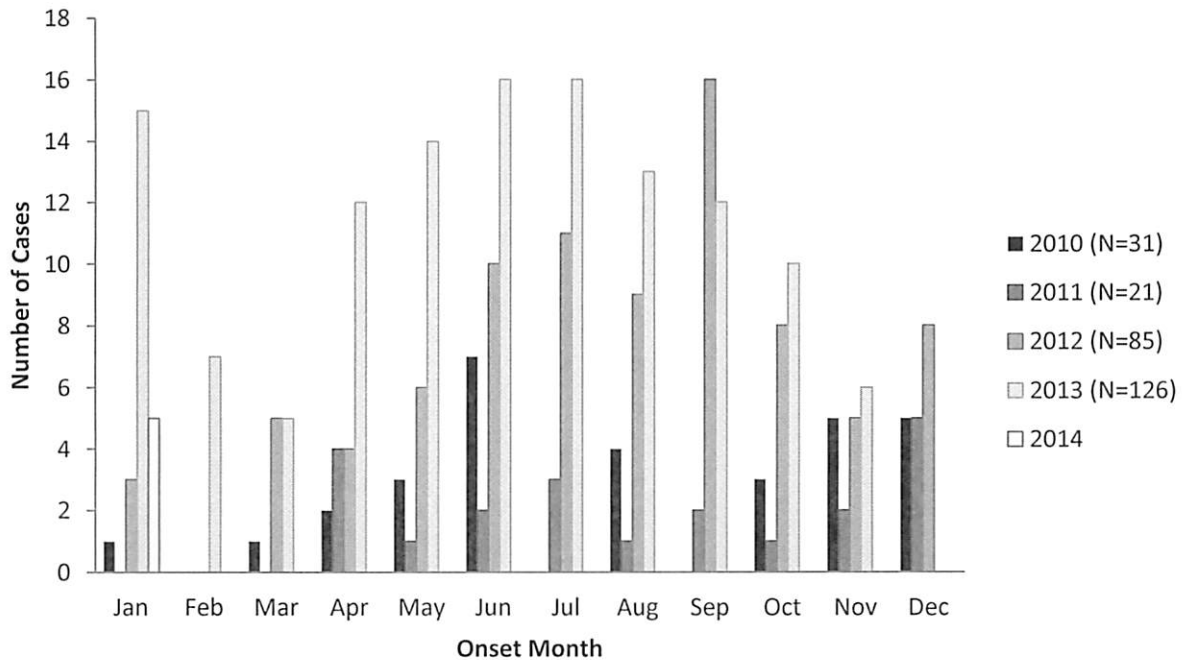


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada – 2010 to Date

B. Tuberculosis Investigation Associated with a Local Hospital: The involvement of OOE is now minimal, but we are still following the investigation and ready to cooperate with the TB program as necessary as the investigation winds down. For more information, please refer to the Nursing report.

C. Pediatric Early Warning Surveillance System (PEWSS): This surveillance system was developed by the SNHD to identify the respiratory pathogens circulating in the community. Each week, several sentinel healthcare providers submit nasal swabs to the Southern Nevada Public Health Laboratory (SNPHL) for testing. The specimens are collected from children who present with a fever >100°F accompanied by a cough and/or sore throat. The use of molecular methodologies has allowed us to accurately identify numerous pathogens in submitted specimens, and to rapidly summarize and distribute these results to the medical and general community every week throughout the year. In June 2010, PEWSS began testing for the following respiratory viruses: Adenovirus; Human metapneumovirus; Human parainfluenza virus 1, 2, and 3; Influenza A (H1, 2009 H1N1, and H3); Influenza B; and respiratory syncytial virus. In January 2014, PEWSS was expanded to include the following additional respiratory viruses and bacteria: Coronavirus HKU1, NL63, 229E, and OC43; human parainfluenza virus 4; Rhinovirus/Enterovirus; *Chlamydomphila pneumoniae*; and *Mycoplasma pneumoniae*.

PEWSS surveillance sentinel sites submitted a moderate number of respiratory test specimens to the SNPHL for testing in January. Results indicated that in January, Influenza A, Human Metapneumovirus and RSV have been circulating at moderate levels. Influenza B, Adenovirus, and Human parainfluenza virus 1 have been sporadically identified. Coronavirus HKU1, NL63, and OC43; Rhinovirus/Enterovirus; and *Mycoplasma pneumoniae* have been detected. We prepared and disseminated four weekly PEWSS reports in January, which were

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

- D. **Informatics:** The improved message-bus architecture is now undergoing testing with data from CPL. We assisted Epidemiology in data processing for the Logandale *Salmonella* outbreak. All STD legacy data has been imported to our test server. Additional forms and enhancements to TriSano for the STD group have been implemented. The STD group migration date to TriSano has been pushed back to mid-February. A tool to automate generating VCA graphs for syphilis cases has been developed, which automates the generation of exposure and infectious periods that STD staff need to perform contact investigations. This automation both saves time and provides a very useful visual guide to illustrate the overlap between infectious periods and contact-person's exposure periods, which guide staff in determining which of them needs testing, prophylaxis, or follow-up. Progress continues on preparing legacy TB data for import. We are in the planning stages for improving data automation for the Vital Records and Perinatal Hepatitis B groups. We are working with the IT group and contractors on the requirements for the Electronic Health Record system that SNHD is adopting. The tool for PEWSS reporting (section C, above) has been improved by redesigning it as an easy-to-read table with results for all of the respiratory pathogens now included in the much-expanded respiratory panel. The report-generating tool is now fully automated, saving staff time and allowing anyone to run the report with a push of a button.
- E. **Vital Records:** January 2014 showed an overall increase of 21% in birth certificate sales in comparison to January 2013. This was likely due to a requirement by the Culinary Union that birth certificates be provided to add children to health insurance coverage. There was an increase in the proportion of online orders for birth certificates at 14% of total sales (compared with 11% in December) and in the proportion of online orders for death certificates at 60% of total sales (compared with 58% in December). Vital Records Statistics report for January 2014 is attached.
- F. **Communicable Disease Statistics:** January 2014 disease statistics are attached.

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

A. **Planning and Preparedness:**

- OPHP staff held an Inventory Management Workshop to identify appropriate staff needed and to develop processes to track Strategic National Stockpile (SNS) medical equipment along with Point of Dispensing (POD) supplies during an emergency. Participants included SNHD staff from Finance, Information Technology (IT), and Facilities departments. An Excel inventory list was created to be used as both an electronic and paper tool.
- OPHP staff, in conjunction with IT, provided WebCRA training to staff identified at the Inventory Management Workshop to track equipment and supplies at a POD.
- At the request of a local healthcare facility that was renovating and remodeling an area of their building, the OPHP Senior Planner assisted Nevada Division of Public and Behavioral Health (DPBH) with a relocation of a CHEMPACK container. The CHEMPACK is a stockpile of life-saving medications to be administered in response to an accidental

pesticide release or nerve agent attack.

- The OPHP Senior Planner and Nevada DPBH Education and Information Officer provided quarterly HAvBED training to healthcare workers, state and local government employees, and mental health professionals. HAvBED is used daily in Nevada and is an important information-sharing system during public health emergencies, disasters, and medical surge events. It has multiple applications, including alert notification, and provides up-to-date hospital bed availability figures. This tracking system is required of states by the Department of Health and Human Services.
- The OPHP Senior Planner and other Southern Nevada Healthcare Preparedness Coalition exercise subcommittee members participated in the Mid-term Planning Conference for “Tremor-14”, facilitated by Nevada Securities technologies. Every three years, the Department of Energy / National Nuclear Security Administration must conduct a full-scale exercise for each facility that has completed an Emergency Planning Hazards Assessment. This assessment includes facilities that have hazardous materials (radiological/chemical) that, if released, would exceed exposure guidelines and require use of protective action criteria to mitigate threat. “Tremor-14” will be conducted on April 23, 2014 and will use an earthquake scenario near the Nevada National Security Site that will allow federal, state, and local participants to test their emergency operation plans, communication plans, incident command center coordination, and medical surge and decontamination capabilities at healthcare facilities in the Southern Nevada region.
- The January call down participation response was 71%.
- 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:** The current job action sheets used in the POD program are being standardized to include a new user-friendly format and consistent duties outlined for each individual job. This new design allows for an easier match to skill sets of district employees. During a high level of stress felt during an emergency, the employee will perform familiar tasks more closely matching their everyday job duties. To complement yet another strategic level of support for the POD program, besides the job action sheets, we are developing an online program describing emergency plans. This online program is in its developmental stages with the focus of closing the gap and formatting the role of the organization within the community.

OPHP staff participated in two community outreach events.

- **OPHP Nurse Activities:** Report of Nurse Activities will resume in March upon her return from FMLA leave.

C. Grants and Administration: OPHP received the second half of the grant year’s subgrants to extend through June 30, 2014. 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 of Southern Nevada (MRC of SO NV):

- MRC of Southern Nevada volunteers assisted OPHP staff by assembling 30 first aid kits and changing out supplies from the Points of Dispensing cages.
- The Program Coordinator participated in multiple meetings related to a full-scale earthquake exercise scheduled for April. During this exercise, MRC of SO NV volunteers will assist hospital personnel with staffing alternate care sites at Centennial Hills and Spring Valley Hospitals.
- MRC Program Coordinator met with Clark County Office of Emergency Management to clarify the role of MRC of SO NV veterinary volunteers during a disaster.
- MRC Program Coordinator collaborated with SNHD OOE supervisor to identify roles to which volunteers may be pre-trained to fill during investigations.
- MRC Program Coordinator reviewed the MOU between the American Red Cross of Southern Nevada (ARC) and MRC of SO NV with ARC leaders, which is to be signed by the current SNHD Administration.
- MRC Program Coordinator participated in weekly meetings with Nevada DPBH staff related to the development of a statewide volunteer management system for MRC units and the state healthcare pool of volunteers.

V. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

NOTE: The January monthly report provides an annual activity report and highlights from the previous year.

A. Clinical Testing:

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

Annual Clinical Testing Activity includes <i>N. gonorrhoeae</i> culture, GISP isolates, Syphilis, HIV, Gram stain testing. Processing and shipping of send out samples (2013)	2013	2012	2011	2010	2009
TOTAL CLINICAL TESTING ACTIVITY	41737	40748	41278	35724	28406

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

Annual Courier Activity # clinical tests transported from facilities by SNPHL courier	2013	2012	2011	2010	2009
TOTAL TESTS TRANSPORTED	39713	36222	39653	33808	29926

- **Annual Report Clinical Testing Highlights:**

- In April 2012, the SNHD main facility at 625 Shadow Lane was closed unexpectedly and all sample collection ceased at that site. The closure of the main facility impacted the ability of SNHD Nursing staff to collect samples for HIV, syphilis and *N. gonorrhoeae* testing. The SNPHL 2012 clinical testing and courier activity is lower than 2011 due to the decreased sample collection activity by SNHD Nursing while clinical services sites were established at alternate locations. The 2013 activity levels increased due to stabilization of SNHD Nursing clinical sites.
- In 2013, SNPHL began assisting SNHD Nursing with sending samples for TB testing to an off-site commercial laboratory. SNPHL staff provided sample processing and shipping assistance to SNHD Nursing for the Summerlin NICU and Coronado High School TB investigations.

B. Epidemiological Testing and Consultation:

- SNPHL continues to support the disease investigation activities of the SNHD Office of Epidemiology 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 to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

Annual Epidemiology Activity includes Stool culture, Parasite EIA, Norovirus PCR, Respiratory pathogen PCR, Epidemiological investigations or consultations, and samples sent to CDC	2013	2012	2011	2010	2009
TOTAL EPIDEMIOLOGY ACTIVITY	13687	13232	11798	7904	5138

- **Annual Report Epidemiological Activity Highlights**

- In 2013, SNPHL and SNHD OOE expanded the PEWSS test menu and revised the weekly report to include eight additional respiratory pathogens. The BioFire FilmArray molecular testing platform was utilized to expand the PEWSS test menu. The FilmArray was also utilized for numerous SNHD OOE respiratory outbreak investigations to provide same-day test results for *Bordetella pertussis* infection.

- b. In 2013, SNPHL assisted SNHD OOE with numerous gastrointestinal outbreak investigations including Norovirus, *Salmonella*, and Shiga toxin-producing *E. coli*.
- c. 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.

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.

Annual State Branch Public Health Laboratory Activity includes PFGE and LRN testing, Reportable disease isolate testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations and inspections, samples submitted to CDC or other laboratories	2013	2012	2011	2010	2009
TOTAL STATE BRANCH LABORATORY ACTIVITY	11316	10339	9519	9079	9413

- **Annual Report State Branch Public Health Laboratory Activity Highlights**
 - a. As the CDC PulseNet certified laboratory for Southern Nevada, SNPHL provided significant testing and support for SNHD OOE and EH for their investigation of the Firefly restaurant *Salmonella* outbreak in May 2013.
 - b. 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.
 - c. In 2013, SNPHL tested over 300 Proficiency testing samples. Proficiency testing involves the analysis of unknown samples utilizing the same techniques and methods

used for routine sample testing. The unknown sample test results are submitted to the Proficiency Testing agency and compared to the expected result. In 2013, SNPHL had an average passing score of 98% correct clinical and LRN Proficiency Testing results.

- d. Test turnaround time is an indicator of the efficiency of laboratory operations. In 2013, SNPHL met expected turnaround time for seven indicator tests 98% of the time.
- e. In 2013, SNPHL and SNHD Information Technology staff completed the upgrade of the SNPHL Laboratory Information Management System (LIMS) to a new version. The upgrade will improve SNPHL Electronic Laboratory Reporting (ELR) capabilities.

D. All-Hazards Preparedness:

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

All-Hazards Preparedness Activity includes Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections, Select Agent activities, preparedness exercises	2013	2012	2011	2010	2009
TOTAL PREPAREDNESS ACTIVITIES	110	109	84	66	50

E. April 2013 SNPHL Activity Highlights:

- **Annual Report All Hazards Preparedness Activity Highlights**
 - a. SNPHL lab manager presented on local laboratory bioterrorism testing capabilities at the FBI Joint Criminal and Epidemiological Investigations Workshop held in Las Vegas in February 2013.
 - b. SNPHL staff successfully participated in the SNHD/Clark County Encore full-scale exercise in June 2013.
 - c. SNPHL was inspected by the Department of Transportation in December 2013 for compliance with infectious substance shipping regulations. SNPHL passed the inspection and is considered to be in compliance for the next three years.

- d. In 2013, SNPHL received reagents from the CDC for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and Influenza A H7N9 testing. SNPHL staff successfully completed competency and proficiency testing and is the only local clinical laboratory in Las Vegas that can perform molecular testing for these emerging respiratory pathogens that are of public health significance.

NW/dm

ATT: Vital Records Statistics Report

January 2014 Disease Statistics

Clark County Disease Statistics*, JANUARY 2014

Disease	2012		2013		2014		Rate(Cases per 100,000 per month)		Monthly Rate Comparison
	Jan No.	YTD No.	Jan No.	YTD No.	Jan No.	YTD No.	Jan (2009-2013 aggregated)	Jan (2014)	Significant change bet. current & past 5-year? ~
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	.	.	.	.	.	0.07	0.05	↓
HEPATITIS A	0	0	0	0	.	.	0.01	0.05	↑
HEPATITIS B (ACUTE)	7	7	.	.	.	.	0.13	0.05	↓
INFLUENZA**	16	16	272	272	211	211	5.05	10.45	↑X
MEASLES	0	0	0	0	0	0	0.01	0.00	↓
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	.	.	15	15	0	0	0.19	0.00	↓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	24	24	16	16	21	21	0.92	1.04	↑
CHLAMYDIA	675	675	714	714	790	790	33.39	39.12	↑X
GONORRHEA	132	132	187	187	186	186	7.09	9.21	↑X
HIV	21	21	21	21	25	25	1.09	1.24	↑
SYPHILIS (EARLY LATENT)	20	20	24	24	20	20	0.75	0.99	↑
SYPHILIS (PRIMARY & SECONDARY)	8	8	8	8	22	22	0.39	1.09	↑X
ENTERICS									
AMEBIASIS	.	.	.	.	0	0	0.07	0.00	↓X
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	10	10	5	5	6	6	0.44	0.30	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	0	.	.	0	0	0.01	0.00	↓
GIARDIA	.	.	.	.	.	.	0.22	0.05	↓
ROTAVIRUS	0	0	11	11	0	0	0.15	0.00	↓X
SALMONELLOSIS	8	8	9	9	.	.	0.46	0.05	↓X
SHIGA-TOXIN PRODUCING E. COLI#	.	.	.	.	0	0	0.08	0.00	↓X
SHIGELLOSIS	.	.	.	.	.	.	0.17	0.15	↓
TYPHOID FEVER	0	0	0	0	0	0	0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	0	0	.	.	0.00	0.05	↑
YERSINIOSIS	0	0	.	.	0	0	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	13	13	.	.	.	.	0.39	0.05	↓X
DENGUE FEVER	0	0	0	0	0	0	0.01	0.00	↓
ENCEPHALITIS	0	0	.	.	0	0	0.01	0.00	↓
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	.	.	0	0	0	0	0.01	0.00	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.04	0.00	↓
LEGIONELLOSIS	.	.	.	.	0	0	0.04	0.00	↓
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	0.01	0.00	↓
LYME DISEASE	.	.	0	0	0	0	0.01	0.00	↓
MALARIA	.	.	.	.	0	0	0.03	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	.	.	.	.	0	0	0.12	0.00	↓X
MENINGITIS, BACTERIAL	0	0	.	.	0	0	0.03	0.00	↓
MENINGOCOCCAL DISEASE	.	.	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	0.00	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)	214	214	487	487	149	149	15.06	7.38	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	7	7	9	9	9	9	0.33	0.45	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.01	0.00	↓
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	.	.	.	0	0	0.02	0.00	↓
TUBERCULOSIS	7	7	5	5	.	.	0.24	0.10	↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.01	0.00	↓
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.00	0.00	

*Rate denominators were spline-interpolated population estimates/projections based on demographic data subject to ongoing revision by the state demographer (last revision as of Oct-2013). Use of onset date to count OOE-reported cases (since Ja 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=385 (reported total=1451). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported monthly cases [suppression applied] for 2012-2014 were respectively 0,0,0; YTD totals 0,0,0).

**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).

Vital Records Statistics Report - January 2014

Table 1. Vital Records Office Monthly & Year-to-Date Productivity

	Compared with last year			
	Month		Fiscal Year-to-Date	
	<u>Jan 2014</u>	<u>Jan 2013</u>	<u>2013-2014</u>	<u>2012-2013</u>
Births Registered	2234	2382	16219	16119
Deaths Registered	1507	1559	8749	8698
Birth Certificates Sold	5242	4316	29073	26472
Death Certificates Sold	7400	7847	42741	43232

Table 2. Vital Records Office Monthly Sales & Income

Birth Certificates Sold During the Month						<u>price per document</u>
<u>Valley View</u>	<u>Mesquite</u>	<u>Online Orders</u>	<u>Billed</u>	<u>Total</u>	<u>Income</u>	
4512	21	709	0	5242	\$ 104,840	\$ 20 per birth certificate
86%	0.4%	14%	0.0%			
Death Certificates Sold During the Month						
<u>Valley View</u>	<u>Mesquite</u>	<u>Online Orders</u>	<u>Billed</u>	<u>Total</u>	<u>Income</u>	
2959	2	4439	0	7400	\$ 148,000	\$ 20 per death certificate
40%	0.03%	60%	0.0%			
Total Vital Records Income for the Month:					\$ 252,840	