

Memorandum

Date: March 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



Subject: Division of Community Health Monthly Activity Report – February 2014

I. COMMUNITY HEALTH ADMINISTRATION

- A. We are excited to report that Cassius T. Lockett, BS, MS, PhD, has accepted SNHD's offer to be the next Director of Community Health. He is scheduled to join us in mid-April. Dr. Lockett is currently the Epidemiology Program Manager and one of the de facto Deputy Division Directors for the Sacramento County Public Health Department. He has a PhD in Human Nutrition/Epidemiology, a Master's degree in Nutritional Science, and a Bachelor's degree in Dietetics, all from the University of California, Davis. He also graduated from Centers for Disease Control and Prevention's 2-year Epidemic Intelligence Service field epidemiology training program and recently completed Biomedical Informatics training at Oregon Health Sciences University, School of Medicine.

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

- A. Tobacco Control Program staff continues to provide technical assistance for organizations interested in protecting the health of employees and patrons through voluntary smoke-free policies.
- In January, FirstMed Health and Wellness, My Gym Children's Fitness Center, and the Las Vegas Metropolitan Police Department - North Tower Bureau all implemented 30-foot minimum distance policies for their workplaces. Staff provided signage for each.
 - In January, the Regional Transportation Commission of Southern Nevada added e-cigarettes to their existing minimum distance policy. Staff provided technical assistance.
- B. January 11, 2014 marked the 50th anniversary of the first Surgeon General's Report on Smoking and Health. The 1964 landmark report, released by Surgeon General Dr. Luther Terry, was the first federal government report linking smoking and ill health, including lung cancer and heart disease. This scientifically rigorous report laid the foundation for tobacco control efforts in the United States. In the last 50 years, 31 Surgeon General's Reports have been released, increasing our understanding of the devastating health and financial burdens caused by tobacco use. We now know that smoking causes a host of cancers and other

illnesses and is still the leading preventable cause of death in the United States. In January, the 32rd Surgeon General's Report on smoking and health, *The Health Consequences of Smoking—50 Years of Progress* was released. Staff worked with PIO to develop and issue a press release on the 50th Anniversary of the Surgeon General's report on tobacco and the release of the new report.

- C. As part of the Get Healthy Clark County Initiative, ODCPHP staff hosts the Get Healthy Clark County blog, where readers can get additional nutrition and physical activity information. The Get Healthy Clark County blog reached a milestone in January, as over 10,000 unique visits recorded to the blog. This is the highest monthly total ever recorded. Additionally, traffic on our Spanish blog increased to over 550 unique visits in January.
- D. Places to Play is an online resource developed to help users find parks in their neighborhoods. The Places to Play program has been updated to include information about parks in outlying parts of the county. Additional information will be added to the on-line site as it is available. Nearly 250 people utilized the Places to Play resource online in January.
- E. By the end of December, 40 submersion incidents and 4 fatal drowning events had been reported for 2013. Three of the four drowning deaths occurred among children under the age of four. The drowning death rate for children 0-4 years of age for 2013 was 2.05 per 100,000 population in Clark County. This is the lowest we have ever recorded and was under the Centers for Disease Control and Prevention (CDC) national rate for the first time ever. Race/ethnicity data was recorded on 33 of the 40 submersion incidents; 12 (36%) were Caucasian, 10 (31%) Hispanic, 8 (25%) African-American, and 3 (8%) Asian. This was the lowest proportion of Hispanic children involved in submersion incidents since race/ethnicity data collection began, six years ago.

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

A. February Meetings:

- **Drug/Device/Protocol (DDP) Committee:**

The DDP Committee assists the OEMSTS, the Medical Advisory Board, and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals and individuals involved with the training of EMS professionals.

The Drug/Device/Protocol 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):**

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, evaluation, and revision of the EMS system, from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised

agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The MAB heard reports from the Education Committee and Drug/Device/Protocol Committee. They also discussed Assembly Bill 344 that was unanimously passed by the Nevada State Legislature giving authority for use of the Physician Orders for Life-Sustaining Treatment (POLST) form. The POLST form will be honored by any healthcare provider who treats a patient in any healthcare setting.

- **Trauma Plan Revision Work Session:**

The Regional Trauma Advisory Board (RTAB) recommended the formation of a workgroup to review the Clark County Trauma System Plan, which was written during the early stages of the development of the trauma system, and to identify any revisions to be made to the document. A workgroup consisting of members from both the RTAB and Trauma Medical Audit Committee (TMAC) assembled to begin the review process and the initial changes will be presented to the TMAC and RTAB at the April meetings.

- **Trauma System Advocacy Committee (TSAC):**

The Trauma System Advocacy Committee assists the OEMSTS and Regional Trauma Advisory Board (RTAB) in promoting trauma system development by advocating for sustainable financial, legislative, and public support for the trauma system serving the residents and visitors of Southern Nevada. The TSAC convened to resume consideration of legislative activities in support of the Clark County Trauma System. A primary focus is to increase public awareness about the value of the trauma system as well as researching opportunities to obtain a sustainable funding source for trauma system development. A mini-campaign to educate the public and policy makers is being developed. The initial phase of the campaign is scheduled for release in conjunction with Trauma Awareness month which occurs in May.

B. February EMS Statistics:

<u>ACTIVITY</u>	<u>FEBRUARY 2014</u>	<u>FEBRUARY 2013</u>	<u>YTD 2014</u>
Total certificates issued	22	30	49
New licenses issued	22	16	26
Renewal licenses issued (recert only)	0	0	0
Active Certifications: EMT/EMT-Basic	468	518	468
Active Certifications: AEMT/EMT-Intermediate	1308	1346	1308
Active Certifications: Paramedic/EMT-Paramedic	1169	1121	1169
Active Certifications: RN	40	39	40

IV. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

- A. Pertussis in Clark County – Update:** Clark County continues to identify pertussis cases. In February we investigated three additional cases of pertussis bringing the total case count to six in 2014. We continue our usual pertussis-response activities including providing preventive medications to persons deemed likely to have been exposed to pertussis. In February, the OOE worked with a local hospital, an elementary school, and childcare facilities associated with a local church and fitness club to investigate potential pertussis exposure to staff and clients. No additional cases were identified during these investigations. Case counts by illness onset date from 2010 to present are shown below (Figure 1). Approximately 31 percent of reported laboratory tests ordered for pertussis since July 30, 2012 were either probable or confirmed cases (N=136). Some of these pertussis cases would not have been detected were we not performing enhanced surveillance.

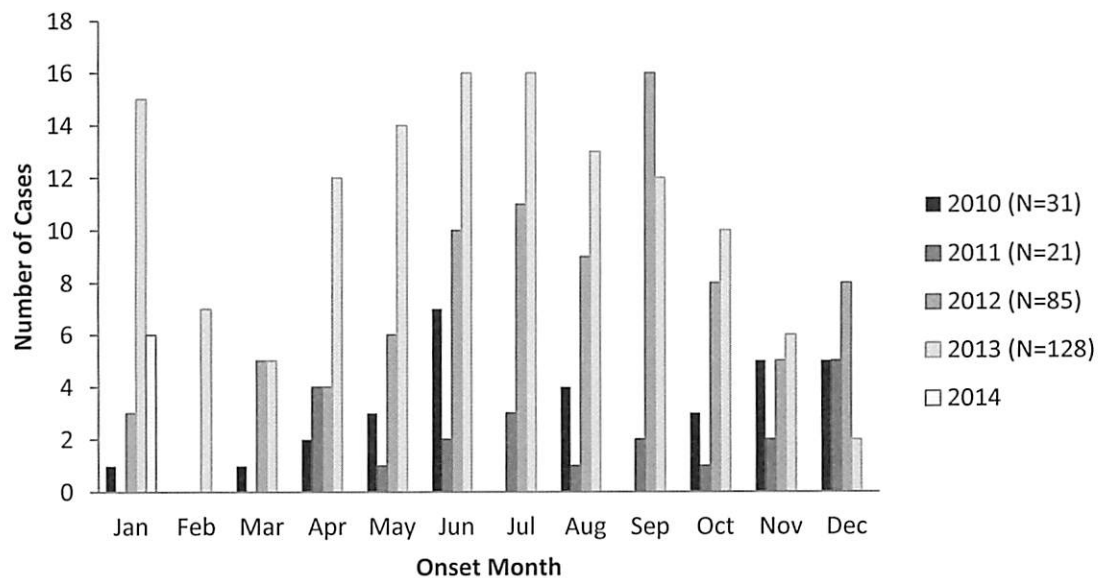


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada – 2010 to Date

*Partial-month data. Due to the delay between pertussis symptom onset and diagnosis, most cases associated with illness onset in this month will not be identified until the following month.

- B. Pediatric Early Warning Surveillance System (PEWSS):** PEWSS is a year-round surveillance system developed by SNHD to determine which respiratory pathogens are circulating in the community. Each week, several sentinel healthcare providers submit nasal-swab samples collected from ill children to the Southern Nevada Public Health Laboratory (SNPHL) to be tested for the following 16 respiratory pathogens: Adenovirus, Human metapneumovirus, four Human parainfluenza viruses (1, 2, 3, 4), Influenza A, Influenza B, Respiratory syncytial virus (RSV), four coronaviruses (HKU1, NL63, 229E, OC43), Rhinovirus/Enterovirus, *Chlamydomphila pneumoniae*, and *Mycoplasma pneumoniae*. 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 communities every week throughout the year. PEWSS surveillance sentinel sites

submitted a moderate number of respiratory test specimens to the SNPHL for testing in February. Results indicated that in February, Human Metapneumovirus and RSV were circulating at moderate levels. Influenza A, Influenza B, and Adenovirus were circulating at low levels. Human parainfluenza virus 3 was sporadically identified. Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, and Rhinovirus/Enterovirus were detected. We prepared and disseminated four weekly PEWSS reports in January 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>

- C. **Informatics:** We achieved a major milestone in February. Sexually Transmitted Disease (STD)/ Human Immunodeficiency Virus (HIV) surveillance data are now being managed by Nursing's STD/HIV staff with TriSano software. Over the long run, the efficiencies of the new toolsets will significantly reduce the person-hours required to perform the STD/HIV group's work. The improved message bus is expected to be in production in March with data from Clinical Pathology Laboratories. Migration of data processing for all of our other laboratory data partners will rapidly follow. The new messaging bus architecture has already enabled us to implement a simpler and more useful method for storing and analyzing blood-lead-level lab results. We are working on implementing a Utah-developed tool to automate lab report/disease report routing and processing within TriSano. We are working with Utah and Kansas in planning enhancements to be jointly developed for TriSano. The TB group is planning to perform their migration to TriSano within the next two months.
- D. **Vital Records:** February 2014 showed a slight increase of 7.36% in birth certificate sales in comparison to February 2013. There was an increase in the proportion of online orders for birth certificates at 16% of total sales (compared with 14% in January) and in the proportion of online orders for death certificates at 63% of total sales (compared with 60% in January). Vital Records statistical report for February is attached.
- E. **Other:** The OOE is proud and excited to have been selected again to host one of CDC's Epidemic Intelligence Service Officers (field-epidemiology trainees) and we were matched in February with our soon-to-be new EIS Officer, Monica Adams, who will begin training with us for two years starting in August 2014. She will replace current EIS Officer, Kaci Hickox, whom we have hosted since August 2014.
- F. **Communicable Disease Statistics:** Disease statistics for February are attached.

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

A. **Planning and Preparedness:**

- The OPHP Senior Planner and the Division of Public and Behavioral Health Education and Information Officer provided quarterly Hospital Available Beds for Emergencies and Disasters (HAvBED) training to healthcare, 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 numbers. 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 Master Scenario Events List meeting facilitated by National Securities Technologies. Every three years, 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 the threat. "Tremor-14" will be conducted on April 23, 2014 using an earthquake scenario near Nevada National Security Site, which 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 OPHP Senior Planner worked with the United States Postal Service to plan an exercise of their Biohazard Detection System for April 10, 2014 that will include a dispensing component.
- The OPHP Senior Planners and Training Officer provided an overview of all emergency plans to the SNHD Leadership Team.
- The OPHP Planners continue to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security UASI, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition, and individual hospital emergency management committee meetings.
- OPHP staff conducted the monthly call-down for the Incident Command Team/Strategic National Stockpile/Management teams. Call-downs are deliverables required by the Cities Readiness Initiative grant to ensure public health staff readiness to respond to a disaster. The February call-down participation response was 56%.

B. PHP Training And Workforce Development:

- **OPHP Education and Training:** Training officers are standardizing the current job action sheets used in the Points of Dispensing (POD) program with a new user-friendly format and consistent duties outlined for each individual job. This approach facilitates matching POD positions to skills sets of district employees. During a high level of stress felt during an emergency, the employee will be doing familiar tasks similar to their everyday job duties. An online program to describe emergency plans is in development to support the POD program. This online program will focus on closing the gap and formatting the role of the organization within the community.
- **OPHP Nurse Activities:** Report of Nurse activities will resume in April.

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, Cities Readiness Initiative, and Hospital Preparedness Program grants.

D. Medical Reserve Corps (MRC) of Southern Nevada: Report of MRC activities will resume in April.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing: SNPHL continues to support the SNHD Nursing Division with STD testing. SNHD STD department and SNPHL cooperatively participate in the CDC Gonococcal Isolate Surveillance Project (GISP). SNPHL performs *N. gonorrhoeae* culture and submits isolates to CDC, and Nursing provides the client information required by the project.

Monthly Clinical Testing Activity includes <i>N. gonorrhoeae</i> culture, GISP isolates, Syphilis, HIV, Gram stain testing	Jan 2014	Jan 2013	YTD 2014	YTD 2013
TOTAL CLINICAL TESTING ACTIVITY	3098	3346	3098	3346

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	Jan 2014	Jan 2013	YTD 2014	YTD 2013
TOTAL TESTS TRANSPORTED	2956	3354	2956	3354

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.
- 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	Jan 2014	Jan 2013	YTD 2014	YTD 2013
TOTAL EPIDEMIOLOGY ACTIVITY	2573	2191	2573	2191

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	Jan 2014	Jan 2013	YTD 2014	YTD 2013
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	667	664	667	664

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.

Monthly All-Hazards Preparedness Activity includes	Jan 2014	Jan 2013	YTD 2014	YTD 2013
Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections				
TOTAL PREPAREDNESS ACTIVITIES	4	6	4	6

E. January 2014 SNPHL Activity Highlights:

- SNPHL provided laboratory-testing support to the SNHD Tuberculosis (TB) program for their response to the Coronado High School TB investigation.
- SNPHL staff provided sample collection, testing, and/or consultation to SNHD OOE for multiple foodborne illness events.
- SNPHL staff provided sample collection and laboratory-testing support to OOE for suspect pertussis investigations.

NW/dm

Attachments: February 2014 Vital Records statistical report and disease statistics

Vital Records Statistics Report - February 2014

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

	Compared with last year			
	Month		Fiscal Year-to-Date	
	<u>Feb 2014</u>	<u>Feb 2013</u>	<u>2013-2014</u>	<u>2012-2013</u>
Births Registered	1963	1965	18182	18084
Deaths Registered	1286	1282	10035	9980
Birth Certificates Sold	4242	3930	33315	30402
Death Certificates Sold	5874	6228	48615	49460

Table 2. Vital Records Office Monthly Sales & Income

Birth 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>
3526	28	688	0	4242	\$ 84,840
83%	0.7%	16%	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>
2177	2	3695	0	5874	\$ 117,480
37%	0.03%	63%	0.0%		
Total Vital Records Income for the Month:					\$ 202,320

price per document

\$ 20 per birth certificate

\$ 20 per death certificate

Clark County Disease Statistics*, FEBRUARY 2014

Disease	2012		2013		2014		Rate(Cases per 100,000 per month)	Monthly Rate Comparison	
	Feb YTD No.	Feb YTD No.	Feb YTD No.	Feb YTD No.	Feb YTD No.	Feb YTD No.	Feb (2009-2013 aggregated)	Feb (2014)	Significant change bet. current & past 5-year?~v
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	.	.	.	.	.	0.07	0.05	↓
HEPATITIS A	.	.	.	.	0	.	0.04	0.00	↓
HEPATITIS B (ACUTE)	.	10	.	.	.	.	0.13	0.05	↓
INFLUENZA**	43	59	110	381	84	339	4.44	4.16	↓
MEASLES	0	0	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	0	.	7	22	.	7	0.07	0.05	↓
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	17	41	19	35	12	33	0.91	0.59	↓
CHLAMYDIA	752	1427	766	1480	559	1348	37.49	27.66	↑X
GONORRHEA	133	265	180	367	127	313	8.60	6.28	↑X
HIV	22	43	14	35	17	42	0.97	0.84	↓
SYPHILIS (EARLY LATENT)	17	37	20	44	15	35	0.87	0.74	↓
SYPHILIS (PRIMARY & SECONDARY)	.	12	11	19	20	42	0.41	0.99	↑X
ENTERICS									
AMEBIASIS	0	.	0	.	0	0	0.00	0.00	
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	6	16	5	10	7	15	0.33	0.35	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	0	0	.	0	0	0.00	0.00	
GIARDIA	5	10	5	8	0	.	0.22	0.00	↑X
ROTAVIRUS	0	0	14	25	.	.	0.16	0.15	↓
SALMONELLOSIS	6	14	9	18	6	10	0.40	0.30	↓
SHIGA-TOXIN PRODUCING E. COLI#	6	8	.	.	.	.	0.11	0.10	↓
SHIGELLOSIS	0	.	.	7	0	.	0.12	0.00	↓X
TYPHOID FEVER	0	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	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	10	23	.	7	6	9	0.29	0.30	↑
DENGUE FEVER	0	0	0	0	0	0	0.00	0.00	
ENCEPHALITIS	0	0	0	.	0	0	0.01	0.00	↓
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	.	.	0	0	0	0	0.03	0.00	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.03	0.00	↓
LEGIONELLOSIS	.	.	.	.	.	.	0.05	0.05	
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	0.02	0.00	↓
LYME DISEASE	0	.	0	0	0	0	0.01	0.00	↓
MALARIA	0	.	0	.	0	0	0.00	0.00	
MENINGITIS, ASEPTIC/VIRAL	.	.	.	.	.	.	0.12	0.20	↑
MENINGITIS, BACTERIAL	.	.	.	.	.	.	0.02	0.05	↑
MENINGOCOCCAL DISEASE	.	.	0	0	.	.	0.01	0.05	↑
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)	298	512	371	858	174	343	18.88	8.61	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	5	12	7	16	5	17	0.26	0.25	↓
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	0	.	.	.	0.00	0.10	↑
TUBERCULOSIS	8	15	.	9	.	.	0.32	0.05	↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0	0	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=299 (reported total=1050). 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; YTD totals 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).