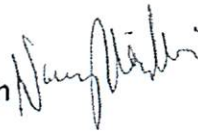


# Memorandum

Date: April 28, 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 – March 2014

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

- A. 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 February, the Salvation Army's North Las Vegas campus implemented a no-smoking policy that also banned E-cigarettes in common areas. They also banned smoking at one of their residential facilities. Additionally, Shenandoah Southwest and Alverson, Taylor, Mortensen & Sanders implemented 30-foot minimum distance policies banning smoking within 30 feet of all doorways at their workplaces. Staff provided model policy language and signage.
- B. 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. TCP staff recommend that health care providers ask patients about tobacco use at every visit, advise patients reporting that they use tobacco to stop, and assist those patients by offering medications to aid in quitting and/or referrals to community cessation programs. Dr. Iser recorded a brief intervention training video for health care providers for placement on the Get Healthy website and on YouTube. Both went live in mid-February.
- C. The State of Nevada Tobacco Program has provided an additional \$220,904 to SNHD through amendments to the current Centers for Disease Control and Prevention (CDC) Tobacco and Fund for a Healthy Nevada Tobacco subgrants. They required that we utilize the additional funds for media and subcontract a small portion to the American Lung Association to support activities of the Nevada Tobacco Prevention Coalition through June 2015.
- D. The annual '10 in 10' Program launched in February. This 10-week program helps participants lose up to 10 pounds in 10 weeks by making small changes to their diet and physical activity levels. As of the end of February, there were 425 participants in the program, which is nearly 100 more than participated last year. The program ran through March.
- E. OCDPHP submitted a proposal for funding through the National Prevention Partnership Awards program administered by the Office of the Assistant Secretary. The proposal includes a plan to reach disparate groups using text messaging as a social media initiative. The

program will help people with diabetes manage their condition and reduce complications. There will also be smoking cessation assistance available via text messaging for diabetics who smoke. The application included a request for \$1.4 million over a three-year period. If selected for funding, the program will begin in July 2014.

- F. Over the past 14 years, the SNHD Injury Prevention Program (IPP) and Office of Emergency Medical Services & Trauma System (OEMSTS) have developed the annual 'ABC&Ds of Drowning Prevention' media campaign. Clark County has seen a significant reduction in drowning deaths, especially among children less than 4 years of age, since that campaign was launched. IPP staff sent letters to potential sponsors for the 2014 campaign during the last week of January. University Medical Center Children's Hospital quickly signed on with a \$6,000 sponsorship for this year. They were followed by St. Rose Hospital with a \$9,000 sponsorship and Clark County Building Department with a \$6,000 drowning prevention campaign sponsorship. These much-appreciated donations are critical for sustaining the annual drowning prevention campaign.

## II. 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 Quality Improvement (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.

- **Education Committee:** 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.

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 classes of paramedics. 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.

- **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 in March to resume consideration of legislative activities in support of the Clark County Trauma System. The committee has identified two goals:

1) increase public awareness about the value of the trauma system; and 2) research opportunities to obtain a sustainable funding source for trauma system development. A committee work session is scheduled for April to develop a mini-campaign to promote the trauma system. The objective will be to release the initial phase of the campaign in conjunction with Trauma Awareness month which occurs in May.

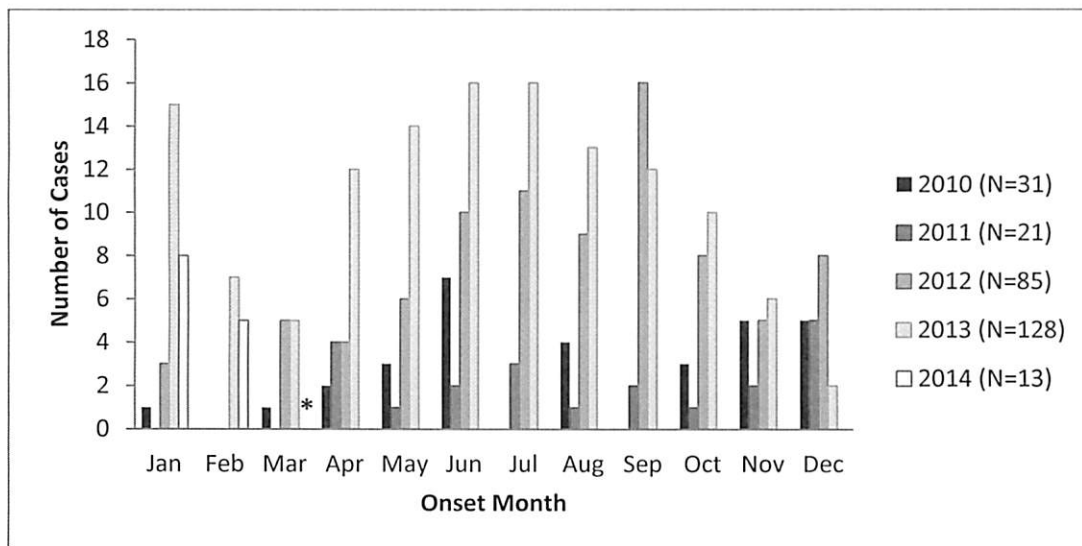
**B. March EMS Statistics:**

<u>ACTIVITY</u>	<u>MARCH 2014</u>	<u>MARCH 2013</u>	<u>YTD 2014</u>
Total certificates issued	520	745	629
New licenses issued	14	13	43
Renewal licenses issued (recert only)	447	730	447
Active Certifications: EMT/EMT-Basic	439	437	439
Active Certifications: AEMT/EMT-Intermediate	1257	1284	1257
Active Certifications: Paramedic/EMT-Paramedic	1133	1098	1133
Active Certifications: RN	42	38	42

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

**A. Pertussis in Clark County – Update:** Clark County continues to identify pertussis cases and reported five cases with illness onsets in January and February to the Nevada Division of Public and Behavioral Health. At the time of this report, two additional cases were under investigation. 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 30 percent of reported laboratory tests ordered for pertussis since July 30, 2012 were either probable or confirmed cases (N=142). 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. Norovirus Outbreak Associated with an Air Traffic Controller Conference at Planet Hollywood:** On March 29, 2014, the SNHD began investigating the report of a gastroenteritis outbreak associated with a conference attended by National Air Traffic Controllers at the Planet Hollywood Hotel and Casino from March 24, 2014 through March 27, 2014. Of approximately 1250 attendees, 250 (20%) reported becoming ill with symptoms consistent with norovirus, including violent vomiting and diarrhea. Electronic surveys and a few stool kits were distributed to attendees in an effort to identify the source of illness. This investigation is ongoing.
- C. Pediatric Early Warning Surveillance System (PEWSS):** Background: PEWSS is a year-round surveillance system developed by the SNHD to identify 16 respiratory pathogens circulating in the community. Each week, several sentinel healthcare providers submit nasal swabs collected from ill children to the Southern Nevada Public Health Laboratory for testing for the following respiratory pathogens: Adenovirus, Human metapneumovirus, four Human parainfluenza viruses (1, 2, 3, 4), Influenza A, Influenza B, Respiratory syncytial virus, 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 community every week throughout the year.
- March update: PEWSS surveillance sentinel sites submitted a low number of respiratory test specimens to the Southern Nevada Public Health Laboratory (SNPHL) for testing in March. Results for March indicated the following levels of circulation: Influenza B, moderate; Influenza A, Human Metapneumovirus, and Human parainfluenza virus 3, sporadic; and Adenovirus and RSV, low. All four Coronaviruses (HKU1, NL63, 229E, OC43) and Rhinovirus were detected. We prepared and disseminated four weekly PEWSS reports in March and they 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:** We continue to make enhancements to TriSano for the STD/HIV group, and we are working through the process of exporting TriSano data into the reporting format required by the state. We are spending some effort performance tuning TriSano. The Clinical Pathology Laboratories channel is in production in the new architecture and we are currently in the process of updating our Mirth Connect software. We are continuing to work on implementing the Utah-developed electronic-lab automation tool. We have done a lot of work in the last month on the TB group migration to TriSano. We have also been working on the Health Alert Network application.
- E. Vital Records:** March 2014 showed a small increase of 1.18% in birth certificate sales in comparison to March 2013. There was a mild increase in the proportion of online orders for birth certificate orders at 18% of total sales (compared with 16% in February) and a mild decrease in the proportion of online orders for death certificates at 62% of total sales (compared with 63% in February). The Valley View location processed 82% of March birth certificate orders and 38% of March death certificate orders. See attached report.

F. **Communicable Disease Statistics:** Communicable disease statistics are attached.

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

##### A. **Planning and Preparedness:**

- OPHP planners conducted a seminar on March 11 to recruit local businesses and other organizations to the Closed Point of Dispensing (POD) program.<sup>1</sup> There were 12 organizations represented at the seminar.
- OPHP launched the [www.southernnevadapod.com](http://www.southernnevadapod.com) website to provide education to the public about PODs, information, and resources for closed POD partners.
- OPHP is collaborating with the US Postal Service planning a full-scale anthrax exercise for April 10.
- One OPHP Senior Planner and the Division of Public and Behavioral Health Program Specialist completed the Center for Disease Control and Prevention's annual CHEMPACK sustainment at local participating hospitals. The CHEMPACK provides communities with life-saving medication following a bioterrorism event.
- One OPHP Senior Planner attended a weeklong training on "All-Hazards Incident Management Team" with members of Clark County's Type 3 Incident Management Team. Participants are given complex scenarios and, through incident management organization, manages these events through several operational periods, including meetings, briefings, and development of an Incident Action Plan.
- One OPHP Senior Planner and other Southern Nevada Healthcare Preparedness Coalition exercise subcommittee members participated in the Final Planning Conference and other meetings facilitated by Nevada Securities technologies. Every three years, Department of Energy and the National Nuclear Security Administration must conduct a Full-Scale Exercise for facilities that have 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, medical surge, and decontamination capabilities at healthcare facilities in the Southern Nevada region.
- 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. The Senior Planner was nominated and elected to serve as vice-chair for the Southern Nevada Healthcare Preparedness Coalition.

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<sup>1</sup> Closed PODs are not open to the public; they are company facilities where medication is made available exclusively to a company's employees and family members. [http://www.cdc.gov/phpr/partnerships/story\\_closedPODs.htm](http://www.cdc.gov/phpr/partnerships/story_closedPODs.htm)

- 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 March call-down participation response was 80%.

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

- OPHP Education and Training:** OPHP participated in a community outreach event on March 8 for Provident Living Health Fair. OPHP’s training officer conducted three days of SMART Triage and Command Board training for Dignity Health Systems, local area hospitals, and the VA hospital.
- OPHP Nurse Activities:** Twenty employees received Bloodborne Pathogens training and 39 employees received respirator fit tests. Three immunizations were administered to an employee and an MRC volunteer.

**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 of Southern Nevada (MRC of SO NV):** In March, MRC of SO NV volunteers supported the OCDPHP by staffing a first aid station and offering blood pressure screening to at-risk attendees at their Move More Miles event, held at Craig Ranch Park. Volunteers also distributed pet emergency preparedness information and staffed a first aid station for the Wag-A-Tail Walk-A-Thon, benefiting the Humane Society.

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

**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 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	Feb 2014	Feb 2013	YTD 2014	YTD 2013
<b>TOTAL CLINICAL TESTING ACTIVITY</b>	<b>3099</b>	<b>2907</b>	<b>6197</b>	<b>6253</b>

**B. 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	Feb 2014	Feb 2013	YTD 2014	YTD 2013
<b>TOTAL TESTS TRANSPORTED</b>	<b>2887</b>	<b>2684</b>	<b>5843</b>	<b>6038</b>

**C. Epidemiological Testing and Consultation:**

- SNPHL continues to support the disease investigation activities of the SNHD OOE and Nursing Division.

- SNPHL continues to participate in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce.
- SNPHL continues to report results of PEWSS testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

<b>Monthly Epidemiology Activity includes</b>	<b>Feb 2014</b>	<b>Feb 2013</b>	<b>YTD 2014</b>	<b>YTD 2013</b>
Stool culture, EIA, Norovirus PCR, Respiratory pathogen PCR, Epidemiological investigations or consultations				
<b>TOTAL EPIDEMIOLOGY ACTIVITY</b>	<b>2189</b>	<b>1310</b>	<b>4762</b>	<b>3501</b>

**D. 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>	<b>Feb 2014</b>	<b>Feb 2013</b>	<b>YTD 2014</b>	<b>YTD 2013</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				
<b>TOTAL STATE BRANCH LABORATORY ACTIVITY</b>	<b>675</b>	<b>595</b>	<b>1711</b>	<b>1259</b>

**E. 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 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, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
- SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.

<b>Monthly All-Hazards Preparedness Activity includes</b> Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections	<b>Feb</b> <b>2014</b>	<b>Feb</b> <b>2013</b>	<b>YTD</b> <b>2014</b>	<b>YTD</b> <b>2013</b>
<b>TOTAL PREPAREDNESS ACTIVITIES</b>	<b>8</b>	<b>10</b>	<b>12</b>	<b>16</b>

**F. February 2014 SNP HL Activity Highlights:**

- SNP HL received an unannounced State Health Division laboratory inspection in February. SNP HL is licensed by the State to perform high complexity laboratory testing and is inspected every 2 years by both federal and state agencies. The State inspector reviewed multiple SNP HL processes and procedures, including staff competencies, proficiency testing results, proof of enrollment in proficiency testing for 2014, lab test menu, lab test requests and reports, staff job descriptions, staff licenses, staff work schedule, recent method verifications, and Quality Assurance activities. The inspector also looked at the SNP HL mobile lab response trailer because it can be used as a draw station for phlebotomy. The inspector was impressed with SNP HL documentation on the proficiency testing material as well as QA and competency documentation. There were no deficiencies identified by the State inspector.
- SNP HL staff provided sample collection and laboratory testing support to OOE for multiple suspect pertussis investigations.

NW/dm

ATT: March 2014 Vital Records Statistics Report, March 2014 Communicable Disease Statistics



**Vital Records Statistics Report - March 2014**

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

	Compared with last year			
	Month		Fiscal Year-to-Date	
	Mar 2014	Mar 2013	2013-2014	2012-2013
Births Registered	2068	1838	20250	19922
Deaths Registered	1320	1364	11355	11344
Birth Certificates Sold	4394	3717	37709	34119
Death Certificates Sold	6680	6492	55295	55952

**Table 2. Vital Records Office Monthly Sales & Income**

Birth Certificates Sold During the Month					
Valley View	Mesquite	Online Orders	Billed	Total	Income
3600	23	771	0	4394	\$ 87,880
82%	0.5%	18%	0.0%		
Death Certificates Sold During the Month					
Valley View	Mesquite	Online Orders	Billed	Total	Income
2564	4	4112	0	6680	\$ 133,600
38%	0.06%	62%	0.0%		
Total Vital Records Income for the Month:					\$ 221,480

price per document

\$ 20 per birth certificate

\$ 20 per death certificate

Clark County Disease Statistics\*, MARCH 2014

Disease	2012		2013		2014		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Mar No.	YTD No.	Mar No.	YTD No.	Mar No.	YTD No.	Mar (2009-2013 aggregated)	Mar (2014)	
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	.	.	.	.	.	0.08	0.05	↓
HEPATITIS A	0	.	.	.	0	.	0.06	0.00	↓X
HEPATITIS B (ACUTE)	0	10	5	8	0	.	0.11	0.00	↓X
INFLUENZA**	133	192	74	455	41	381	4.34	2.03	↓X
MEASLES	0	0	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	5	8	.	26	0	13	0.10	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	
<b>SEXUALLY TRANSMITTED</b>									
AIDS	17	58	20	55	13	46	0.96	0.64	↓
CHLAMYDIA	801	2228	735	2215	627	2096	39.96	30.99	↓X
GONORRHEA	142	407	168	535	126	487	7.88	6.23	↓
HIV	22	65	27	62	12	54	1.08	0.59	↓
SYPHILIS (EARLY LATENT)	9	46	22	66	10	58	0.68	0.49	↓
SYPHILIS (PRIMARY & SECONDARY)	8	20	10	29	6	52	0.40	0.30	↓
<b>ENTERICS</b>									
AMEBIASIS	.	.	0	.	0	0	0.03	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	.	18	5	15	.	22	0.39	0.20	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	.	.	.	.	0	0	0.03	0.00	↓
GIARDIA	.	12	.	11	.	.	0.19	0.10	↓
ROTA VIRUS	.	.	13	38	.	7	0.37	0.20	↓
SALMONELLOSIS	10	24	11	29	.	15	0.47	0.20	↓
SHIGA-TOXIN PRODUCING E. COLI#	.	12	.	6	0	.	0.18	0.00	↓X
SHIGELLOSIS	0	.	.	10	0	.	0.11	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	.	0.01	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	10	33	8	15	.	15	0.38	0.15	↓
DENGUE FEVER	0	0	.	.	0	0	0.01	0.00	↓
ENCEPHALITIS	0	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	0.01	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	0.04	0.00	↓
LEGIONELLOSIS	.	.	.	.	0	.	0.08	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	0.00	0.00	
LYME DISEASE	0	.	0	0	0	0	0.00	0.00	
MALARIA	0	.	0	.	0	0	0.01	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	0	.	.	5	.	6	0.08	0.10	↑
MENINGITIS, BACTERIAL	.	0	.	0	.	.	0.04	0.15	↑
MENINGOCOCCAL DISEASE	0	.	0	0	.	.	0.02	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)	173	685	219	1077	130	475	9.38	6.43	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	6	18	.	20	5	23	0.22	0.25	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	.	0	.	.	.	0.01	0.10	↑
TUBERCULOSIS	7	22	9	18	9	12	0.36	0.44	↑
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=202 (reported total=1005). 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,...).

\*\*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).