

Memorandum

Date: June 26, 2014

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, MS, Director of Community Health *CL*
Joseph P Iser, MD, DrPH, MSc, Chief Health Officer *JPI*

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

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

- A. The Centers for Disease Control and Prevention (CDC) recently reported that the percentage of U.S. middle and high school students who used e-cigarettes more than doubled from 4.7% in 2011 to 10% in 2012. Results from the National Youth Tobacco Survey estimated 1.78 million U.S. youth had ever used e-cigarettes as of 2012. More recently, CDC also reported that the number of phone calls to U.S. poison control centers related to e-cigarette use increased on average from 1 call per month in 2010 to nearly 215 calls per month in early 2014. More than half of the calls involved children less than 5 years of age. These findings prompted the Clark County School District (CCSD) to review the existing CCSD tobacco-free campus policy and, with technical assistance from the Southern Nevada Health District (SNHD) Tobacco Control Program staff, add e-cigarette language to the policy. The CCSD Board of Trustees voted to accept the amended language at the April 24 Board meeting. OCDPHP staff, in conjunction with the American Lung Association, provided public comment during the meeting. Several trustees and the Superintendent acknowledged that SNHD was involved in providing model language for policy adoption and were appreciative of our collaboration.
- B. The annual 10 in 10 program wrapped up in April. The 10 in 10 Challenge is an annual online program designed to help participants lose 10 pounds in 10 weeks by cutting calories and increasing daily caloric burn. During the 10-week program, participants received two emails with tips and suggestions about how to swap foods they eat regularly with healthier, less calorie-dense choices and ways to increase their physical activity. Participants were able to track their progress online and set short- and long-term goals. In addition, they could post quotes or photos to help them stay motivated and achieve their goals. Participants also shared their ideas and thoughts or asked questions via the Get Healthy blog on the website. A

total of 474 people participated in the program. Of those who reported a final weight, the total aggregate loss was 382.8 pounds.

- C. In April, staff received notification that a second manuscript on the Communities Putting Prevention to Work (CPPW) trails project was accepted for publication. The paper will be printed in *Preventive Medicine*. Staff is included as an author on the paper and SNHD's role in the project is acknowledged. The citation is: Clark, S., Bungum, T.J., Shan, G., Meacham, M., & Coker, L. (In press) The Effect of a Trail Use Intervention on Urban Trail Use in Southern Nevada. *Preventive Medicine*.
- D. As of the end of April there have been seven submersion incidents with no drowning fatalities. All incidents occurred in residential pools. Five of the seven children involved were under four years of age. All media (English and Spanish television and Spanish radio) for the 2014 ABC&Ds (addult supervision, barriers, classes, and rescue/safety device availability) of Drowning Prevention public information campaign began on April 1, coinciding with the 2014 April Pools Day Press Conference.

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

A. May Meetings:

- Drug/Device/Protocol (DDP) Committee:

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), 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 revisions of the Emergency Medical Care Protocol Manual. The final draft of the manual was presented to the MAB for review at the May 7 meeting. Additional revisions were made and the final draft will be presented to the MAB for review at the June meeting.

- Medical Advisory Board:

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, and evaluation 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 elected Dr. Dale Carrison as the new Vice Chairman of the Board. The Board will be reviewing the drug and equipment inventories at their next meeting.

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

The TSAC assists the OEMSTS and Regional Trauma Advisory Board 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 is working to increase public awareness about the value of the trauma system, and a marketing campaign is being developed to promote the system. On May 16, a press conference was held to launch the trauma system awareness campaign. The speakers included representatives from the three trauma centers in Clark County, trauma survivors, EMS agencies, and current and former legislators. There was enthusiastic participation from many community partners. The trauma system logo was introduced at the press conference that includes graphics illustrating the continuum of care, including injury prevention, EMS, trauma centers, and rehabilitation services. The adopted slogan is "Serious Injuries + Superior Care, Trauma Systems Matter."

Obtaining a sustainable funding source for the EMS & Trauma System continues to be a priority for the committee. Fact sheets will be developed to inform policymakers about the impact of traumatic injuries in Southern Nevada. Committee members are actively exploring legislative options.

B. May EMS Statistics:

<u>ACTIVITY</u>	<u>MAY 2014</u>	<u>MAY 2013</u>	<u>YTD 2014</u>
Total certificates issued	35	31	706
New licenses issued	16	4	90
Renewal licenses issued (recert only)	0	0	447
Active Certifications: EMT/EMT-Basic	466	463	466
Active Certifications: AEMT/EMT-Intermediate	1268	1317	1268
Active Certifications: Paramedic/EMT-Paramedic	1150	1124	1150
Active Certifications: RN	38	41	38

III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

- A. Pertussis in Clark County – Update:** We continue to monitor Clark County pertussis cases, identifying three cases in May. 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). Overall, 30 percent of reported laboratory tests ordered for pertussis since July 30, 2012 were either probable or confirmed cases (N=145) although the average number of cases identified since January 2014 has declined by 17 percent. Some of these pertussis cases would not have been detected were we not conducting enhanced surveillance. Despite low numbers during the past two months, we continue to be vigilant in light of the increased numbers of cases identified this year in California, where 1,711 cases have been reported as of May 16, 2014, 3 times the amount California reported in 2013.

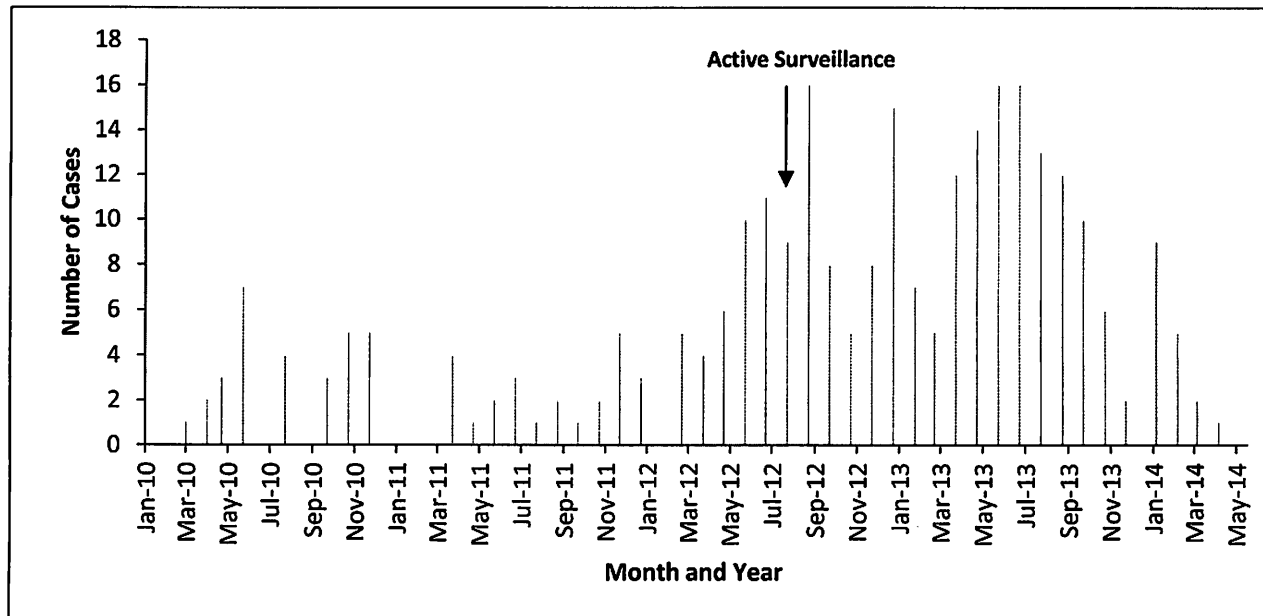


Figure 1: Onsets of Illness for Pertussis Cases by Month, Clark County, Nevada – 2010 to Date

Note: 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. Community Wide Norovirus Outbreak:** In May 2014, there were eight acute gastroenteritis (AGE) outbreaks reported in Clark County, of which four were investigated by SNHD OOE and three by Nevada State Office of Public Health Informatics and Epidemiology (OPHIE). Seven of the outbreaks reported were consistent with norovirus. Specimens were available for testing from three of the four OPHIE investigations, and all tested positive for norovirus GII. The OOE was unsuccessful in obtaining specimens. Since mid-May, the number of clusters of AGE reported to the OOE has diminished significantly. The OOE continues to monitor for additional illness via the foodborne illness complaint system.
- C. Middle East Respiratory Syndrome Coronavirus (MERS-CoV):** Two cases of MERS-CoV infection were identified in the United States in May. On May 22, a MERS-CoV technical bulletin, developed by the Nevada Division of Public and Behavioral Health, was disseminated to local healthcare providers with an algorithm developed by OOE and Southern Nevada Public Health Laboratory (SNPHL), designed to assist healthcare providers in determining which patients to test. These documents are available on the SNHD website at: <http://www.southernnevadahealthdistrict.org/download/epi/052214-mers-cov-bulletin.pdf>
- D. Pediatric Early Warning Surveillance System (PEWSS):** PEWSS is a year-round surveillance system developed by 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 SNPHL to test for the following 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 community every week throughout the year.

PEWSS surveillance sentinel sites submitted a low number of respiratory test specimens to SNPHL for testing in May. Results indicated that Adenovirus and Parainfluenza 3 were circulating at high levels in May. Influenza B was circulating at moderate levels. RSV was sporadically identified. Coronavirus 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>.

- E. **West Nile Virus (WNV):** Mosquito surveillance has started, but WNV has not yet been detected in mosquitoes or humans in 2014.
- F. **Informatics:** Performance improvements to TriSano have been completed, and the improved version was deployed to the users June 2. We continue to work on routing data from the web-based Physician Input Form through the messaging bus and into TriSano. We are beginning the process of analyzing the information from the data inventory survey. Our goal is to provide a centralized repository so that it becomes easy for SNHD employees to identify what data we have and to access it. Also, we will be identifying areas of labor-intensive data storage, gathering, and analysis and proposing tools and methods to modernize and automate data handling where appropriate. We continue to work with IT on Electronic Health Record (EHR) implementation. We have been working on the Health Alert Network regarding the provider index and state licensing ID's. We have also been working with the CDC on the ongoing development of messaging guides for disease reporting to the National Electronic Disease Surveillance System.
- G. **Vital Records:** May 2014 showed a small decline of 1.11% in birth certificate sales in comparison to May 2013. There was a mild increase in the proportion of online orders for birth certificates at 18% of total sales (compared with 17% in April) and a slight decrease in the proportion of online orders for death certificates at 60% of total sales (compared with 61% in April). The Valley View location processed 81% of May birth certificate orders and 40% of May death certificate orders. See the attached Vital Records Statistics Report – May 2014.
- H. **Other:** Kaci Hickox, RN, MSN, MPH, our Epidemic Intelligence Service (EIS) Fellow (CDC trainee), will complete her assignment with SNHD June 30, 2014. Monica Adams, PhD, MPH will be the new EIS Fellow for the Epidemiology program beginning August 2014.
- I. **Communicable Disease Statistics:** May 2014 disease statistics are attached.

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

A. **Planning and Preparedness:**

- An OPHP Planner met with the Southern Nevada Adult Mental Health Services (SNAMHS) emergency preparedness coordinator to review Tremor 14 exercise objectives and explain exercise planning methodology and processes. This meeting educated the coordinator to better understand how notification from Nevada's bed availability, tracking,

and reporting system (HAvBED) was utilized during this community exercise and as reference for future incidents.

- OPHP Senior Planners and other Southern Nevada Healthcare Preparedness Coalition members participated in the "Tremor-14" exercise after-action conference, hosted by the United States Department of Energy, Nevada National Security Site. The exercise was completed in April 2014. The 6.0 earthquake scenario near the Nevada National Security Site provided federal, state, and local participants an opportunity 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 Southern Nevada Healthcare Preparedness Coalition members, including 12 of southern Nevada's acute care hospitals, will now begin working to address identified areas for improvement prior to the next planned community exercise.
- OPHP staff conducted the monthly call-down for the Incident Command Team, Strategic National Stockpile, and Management teams on the second Tuesday in May. Call downs are deliverables required by the Cities Readiness Initiative (CRI) grants to ensure public health staff readiness to respond to a disaster. The May call-down response was 74%.
- OPHP Planners continue to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security Urban Areas Security 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 participated in two community outreach events in May. One Training Officer began offering monthly CPR classes at the Health District.

C. OPHP Nurse Activities: Twenty-nine employees received Bloodborne Pathogens training, and forty-seven employees and MRC volunteers received respirator fit tests.

D. Grants and Administration: OPHP is expecting to expend all of the current grant funds by June 30. SNHD is expecting to receive the FY15 grant funds for the Public Health Emergency Preparedness, CRI, and Hospital Preparedness Program grants by the second week of July, as well as any carry-forward funds.

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

- In May 2014, MRC of SO NV volunteers staffed first aid stations at three community events, and veterinary volunteers assisted the Animal Foundation to provide rabies and other vaccines to pets in an at-risk area of our community. The Program Coordinator presented the MRC to the American Red Cross Disaster Assistance Team and attendees of a University Medical Center preparedness group. Respiratory Therapist volunteers continue to provide lung function screening once a month to patients of Volunteers in Medicine. Volunteers directly supported SNHD in May by directing and providing information to clients at the Valley View office and completing a project for our Epidemiology Department. OPHP Trainer, Trish Beckwith began offering monthly CPR

classes to MRC volunteers at the Health District. Space in CPR classes will also be offered to SNHD employees when available.

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	April 2014	April 2013	YTD 2014	YTD 2013
TOTAL CLINICAL TESTING ACTIVITY	3236	3464	12691	12866

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	April 2014	April 2013	YTD 2014	YTD 2013
TOTAL TESTS TRANSPORTED	2876	3345	11739	12330

B. Epidemiological Testing and Consultation:

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

Monthly Epidemiology Activity includes Stool culture, EIA, Norovirus PCR, Respiratory pathogen PCR, Epidemiological investigations or consultations	April 2014	April 2013	YTD 2014	YTD 2013
TOTAL EPIDEMIOLOGY ACTIVITY	1571	761	7834	5638

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, National Antimicrobial Resistance Monitoring System, 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* 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	April 2014	April 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	1240	812	3703	2742

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, 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.

Monthly All-Hazards Preparedness Activity includes	April 2014	April 2013	YTD 2014	YTD 2013
Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections				
TOTAL PREPAREDNESS ACTIVITIES	11	13	31	39

E. April 2013 SNPHL Activity Highlights:

- SNPHL staff provided sample collection and laboratory testing support to SNHD OOE and Environmental Health for multiple suspect norovirus outbreak investigations.
- SNPHL staff assisted SNHD Nursing staff with collection and transportation of clinical samples from the Liberty High School TB investigation.
- SNPHL staff participated in National Laboratory Week celebrations, April 21-25.
- One SNPHL staff person participated in Influenza methods training at CDC in Atlanta from April 23-25.
- SNPHL and OOE staff participated in CDC LRN Orthopoxvirus training webinar and follow-up proficiency testing.

- SNPHL staff participated in a full-scale exercise sponsored by the U.S. Postal Service. SNPHL staff successfully received simulated samples and followed appropriate chain-of-custody procedures.

CL/dm

ATT: Vital Records Statistics Report – May 2014
Disease Statistics, May 2014

Vital Records Statistics Report - May 2014

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

	Compared with last year			
	Month		Fiscal Year-to-Date	
	May 2014	May 2013	2013-2014	2012-2013
Births Registered	1973	2181	24425	24566
Deaths Registered	1213	1280	13890	13982
Birth Certificates Sold	3961	4056	45625	42144
Death Certificates Sold	6033	6908	67754	70207

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>
3215	18	728	0	3961	\$ 79,220
81%	0.5%	18%	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>
2419	3	3611	0	6033	\$ 120,660
40%	0.05%	60%	0.0%		
Total Vital Records Income for the Month:					\$ 199,880

price per document

\$ 20 per birth certificate

\$ 20 per death certificate

Clark County Disease Statistics*, MAY 2014

Disease	2012		2013		2014		Rate(Cases per 100,000 per month) (2009-2013 aggregated)	May (2014)	Monthly Rate Comparison Significant change bet. current & past 5-year?~
	May No.	YTD No.	May No.	YTD No.	May No.	YTD No.			
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	8	.	8	.	10	0.06	0.10	↑
HEPATITIS A	0	.	.	8	0	6	0.04	0.00	↓
HEPATITIS B (ACUTE)	.	13	.	11	6	18	0.14	0.30	↑
INFLUENZA**	49	341	14	505	72	950	2.49	3.55	↑
MEASLES	0	0	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.01	0.00	↓
PERTUSSIS	6	18	16	54	0	34	0.26	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	16	90	22	96	22	92	0.89	1.09	↑
CHLAMYDIA	716	3556	936	3866	35	2680	36.86	1.73	↓X
GONORRHEA	166	684	176	861	12	651	7.18	0.59	↓X
HIV	13	93	25	108	34	113	1.04	1.68	↑
SYPHILIS (EARLY LATENT)	16	74	10	98	0	82	0.62	0.00	↓X
SYPHILIS (PRIMARY & SECONDARY)	6	32	13	55	.	79	0.47	0.10	↓X
ENTERICS									
AMEBIASIS	0	.	.	.	0	0	0.04	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	7	30	9	31	8	74	0.42	0.39	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	.	.	0	.	0	.	0.03	0.00	↓
GIARDIA	6	21	.	20	7	29	0.21	0.35	↑
ROTAVIRUS	11	15	12	69	18	56	1.12	0.89	↓
SALMONELLOSIS	20	58	19	265	12	59	0.91	0.59	↓
SHIGA-TOXIN PRODUCING E. COLI#	.	16	.	11	0	8	0.11	0.00	↓X
SHIGELLOSIS	.	.	.	11	.	14	0.10	0.10	
TYPHOID FEVER	.	.	0	0	0	.	0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	.	.	0	.	0.02	0.00	↓
YERSINIOSIS	0	.	0	.	0	.	0.00	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	7	51	.	28	0	56	0.31	0.00	↓X
DENGUE FEVER	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	0.01	0.00	↓
HEPATITIS C (ACUTE)	0	.	.	.	0	.	0.02	0.00	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.03	0.00	↓
LEGIONELLOSIS	.	6	.	7	.	6	0.07	0.10	↑
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	0.03	0.00	↓
MALARIA	0	.	.	.	0	0	0.01	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	.	7	5	12	0	36	0.12	0.00	↓X
MENINGITIS, BACTERIAL	0	.	.	.	.	12	0.04	0.10	↑
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	0.01	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)	20	770	22	1156	48	1162	1.62	2.37	↑
STREPTOCOCCUS PNEUMONIAE, IPD###	.	23	.	28	7	79	0.11	0.35	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	0	.	.	12	0.01	0.10	↑
TUBERCULOSIS	10	35	5	36	6	25	0.42	0.30	↓
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 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=188 (reported total=299). 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).