Memorandum

Date: **July 24, 2014**

To: **Southern Nevada District Board of Health**

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

Subject: **Division of Community Health Monthly Activity Report – June 2014**

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

A. During the May 22 meeting, the Clark County School District (CCSD) Board of Trustees formally finalized and adopted the recommended changes to the CCSD tobacco-free campus policy to incorporate electronic cigarettes. 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 2011 to 2012. According to results from the National Youth Tobacco Survey, an 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 has increased from just one call per month on average in 2010 to nearly 215 calls per month in early 2014. More than half of the calls involved children younger than 5 years. These findings prompted the CCSD to review the existing tobacco-free campus policy and reach out to SNHD Tobacco Control Program (TCP) staff for technical assistance and model e-cigarette policy language to add to the policy.

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 recommends that health care providers ask patients about tobacco use at every visit; advise patients that report they use tobacco to stop; and assist those patients by offering medications to aid in quitting and/or referrals to community cessation programs. Resources to help providers follow these recommendations are available on the Get Healthy website (www.gethealthyclarkcounty.org). TCP staff has trained a total of 642 providers (190 in May) in how to deliver a brief tobacco use intervention. The goal to reach 200 providers by June 30, 2014 has been surpassed.

C. The Coaches Challenge program is a unique, annual collaboration between SNHD, CCSD, and the University of Nevada, Las Vegas (UNLV) Athletics Department to encourage elementary school students in grades 1-5 to eat more fruits and vegetables and increase their physical activity. The 2013-2014 Coaches Challenge program wrapped up in May with four UNLV Head Coaches (Men's soccer and basketball; Women's track/field and basketball)

visiting one of the grand prize winning classrooms. A press release was distributed and generated earned media on Channel 8. In total, 9,860 students participated in the program this year from 414 different elementary school classrooms.

D. The Injury Prevention Program staffer was a guest for the full half hour on the Healthier Tomorrow Radio broadcast on KCEP May 28 to promote child drowning prevention. As of the end of May, there had been nine submersion incidents with no drowning fatalities. All incidents occurred in residential pools. Seven of the nine children involved were under 4 years of age. Race/ethnicity data was recorded on six cases: three Caucasian, three Hispanic.

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

A. June Meetings:

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

  The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), 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 DDP Committee approved all revisions made to the Emergency Medical Care Protocol Manual and forwarded it to the Medical Advisory Board for final endorsement.

- **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, 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 (RTAB); and 4) An SNHD employee whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

  The MAB approved the finalized Emergency Medical Care Protocol Manual. The MAB also approved revisions made to the drug and equipment inventories.

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

  The TSAC assists the OEMSTS and 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 June and continued its work on obtaining a sustainable funding source for the EMS & Trauma System. An option under consideration is the creation of a tax-exempt 501(c)(3) organization to support EMS and trauma system activities. The committee members have agreed to meet on a monthly basis as they continue to research legislative options.

- **Trauma System Plan/Regulations Workgroup:**

  During the April RTAB meeting, the RTAB recommended the formation of a workgroup to review the Clark County Trauma System Plan and Clark County Trauma System Regulations concurrently. A workgroup consisting of members from both the RTAB and Trauma Medical Audit Committee (TMAC) assembled in June to review the documents. The workgroup continued revisions to the plan with a focus on those sections related to performance improvement. The completion of revisions is contingent upon the publication of new guidelines in the American College of Surgeons, Committee on Trauma, *Resources for Optimal Care of the Injured Patient* book. The publication of this book is anticipated later this year.

B. June EMS Statistics:

ACTIVITY	JUNE 2014	JUNE 2013	YTD 2014
Total certificates issued	33	19	739
New licenses issued	29	2	119
Renewal licenses issued (recert only)	0	0	447
Active Certifications: EMT/EMT-Basic	479	458	479
Active Certifications: AEMT/EMT-Intermediate	1273	1303	1273
Active Certifications: Paramedic/EMT-Paramedic	1161	1114	1161
Active Certifications: RN	40	39	40

III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

A. Pertussis in Clark County – Update: We continue to monitor Clark County pertussis cases and identified 14 cases in June for a total of 31 cases to date in 2014. California is currently experiencing a pertussis epidemic, having recorded over 4,500 cases to date this year, double the number of cases reported in entirety last year. California reports that 84% of cases have occurred in infants and children under the age of 18, including 236 infant cases and 3 infant deaths. In comparison, 65% of our 31 cases were in infants and children under the age of 18, including 6 infant cases (19% of cases) but, fortunately, no infant deaths. To prevent pertussis in infants, current ACIP recommendations include Tdap immunization for women in the third trimester of pregnancy, which provides passive pertussis immunity for the infant for 6 to 12 months. Infants start the DTaP vaccination series, which helps protect against pertussis, at 2 months of age and vaccination reaches 80-85% effectiveness after the third dose at 6 months of age.

We continue our usual pertussis-response activities including providing preventive medications to persons deemed likely to have been exposed to pertussis.

Pertussis case counts by illness onset date from 2010 to present are shown below (Figure 1). Enhanced pertussis surveillance indicates that 30 percent of reported laboratory tests ordered for pertussis since July 30, 2012 were either probable or confirmed cases (N=157). Some of these pertussis cases would not have been detected were we not conducting enhanced

surveillance. Despite low numbers the past two months, we continue to be vigilant in light of the increased numbers of cases identified this year in California.

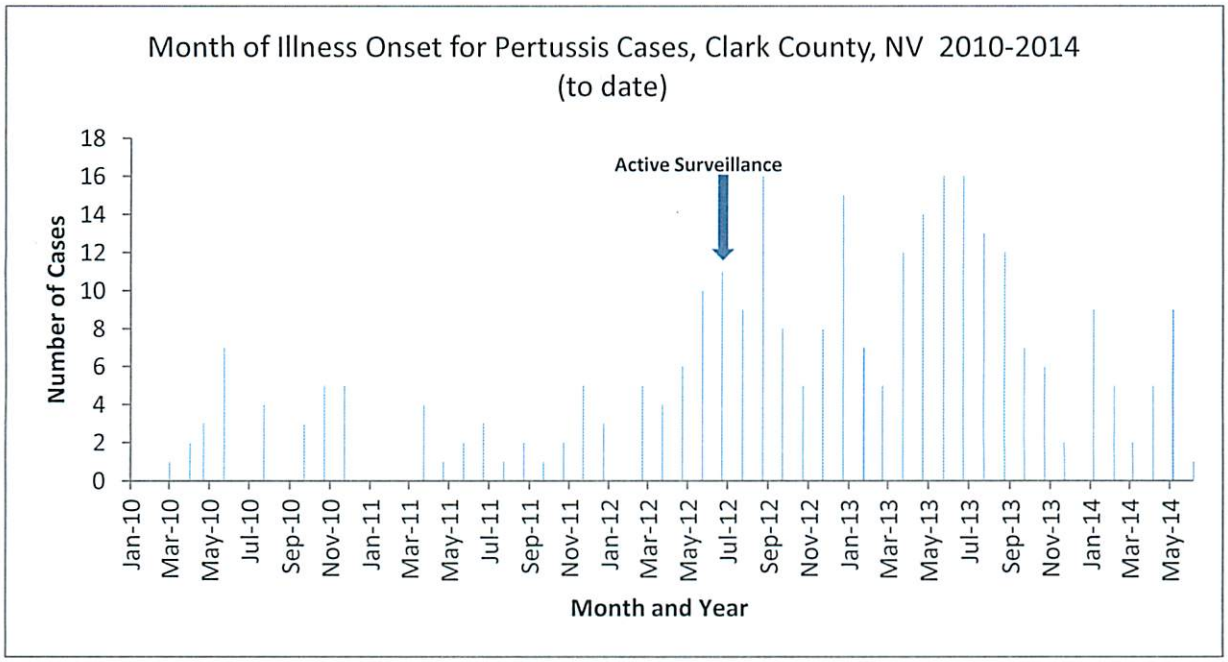

Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada – 2010 to Date

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. **<u>Pediatric Early Warning Surveillance System (PEWSS)</u>:** 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 Southern Nevada Public Health Laboratory (SNPHL) 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 (RSV), four Coronaviruses (HKU1, NL63, 229E, OC43), Rhinovirus/Enterovirus, *Chlamydophila 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 the SNPHL for testing in June. Results indicated that in June, Parainfluenza 3 has been circulating at high levels. Influenza B was circulating at moderate levels.

Adenovirus, Human Metapneumovirus and Influenza A have been sporadically indentified. Parainfluenza 4 and Rhinovirus have been detected. We prepared and disseminated four weekly PEWSS reports in June, 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.

C. **West Nile Virus (WNV):** Mosquito surveillance has started but WNV has not yet been detected in mosquitoes or humans in 2014.

D. **Chikungunya Virus:** This is another mosquito-borne illness that primarily causes fever and joint pain, which can be severe. It has been in the news in recent months due to the emergence of the illness in Caribbean nations and is expected to become more common in the US in coming years because of the close proximity of the Caribbean to the southeastern United States and the high numbers of travelers moving between the Caribbean and the US. Although cases of chikungunya have been identified among patients in the US, to date, all have occurred in persons who had traveled to areas where chikungunya is present. One case has been identified in a Clark County resident who had traveled. Although not specified as a reportable illness here, it is reportable as an "extraordinary occurrence of illness." Therefore, Clark County healthcare providers and laboratories should report any confirmed or suspected cases of chikungunya to SNHD. More information on chikungunya can be found on CDC's website: http://www.cdc.gov/chikungunya/.

E. **Vital Records:** June 2014 showed a small increase of 11% in birth certificate sales in comparison to June 2013. There was a minimal decrease in the proportion of online orders for birth certificates at 17% of total sales (compared with 18% in May) and a slight increase in the proportion of online orders for death certificates at 61% of total sales (compared with 60% in May). The Valley View location processed 82% of June birth certificate orders and 39% of June death certificate orders. The Vital Records Statistics Report is attached.

F. **Other:** Kaci Hickox, RN, MSN, MPH, our Epidemic Intelligence Service (EIS) Fellow (CDC trainee), completed her assignment with SNHD June 30, 2014. During her 2 years in EIS, she assisted SNHD by having researched and presented or published information on topics including syphilis testing, tuberculosis, pedestrian fatalities, and teen pregnancy. She has several journal articles in the review cycle for publication, including an article on pedestrian fatalities in Clark County for CDC's Morbidity and Mortality Weekly Report (MMWR), scheduled to be published on July 18. Her work on teen pregnancy and rapid-repeat birth among teens will be published on SNHD's website later this month. Monica Adams, PhD, MPH will be the new EIS Fellow for the Epidemiology program beginning August 2014.

G. **Communicable Disease Statistics:** June 2014 Disease Statistics and Second Quarter 2014 Disease Statistics are attached.

IV. OFFICE OF PUBLIC HEALTH INFORMATICS

A. Historical Human Immunodeficiency Virus (HIV) surveillance data has been imported into TriSano (the disease surveillance software used by SNHD). Various client-requested improvements to TriSano have been implemented and deployed. Discussions with hospitals not yet reporting electronically to SNHD have been resumed. We continue to participate in the electronic health record (EHR) implementation planning process. Additional reporting capabilities of our business intelligence software, Pentaho, are being utilized and we are training one of the OOE staff to utilize this tool. We are working with the OEMSTS group to help them share data from the state and also to provide them with better tools for analysis and storage of that data. We have begun to work on Syndromic Surveillance with the BioSense

and RODS (Real-time Outbreak Disease Surveillance) programs in conjunction with OOE and the State of Nevada. We are making progress on deploying the Utah-developed Electronic Lab Routing application.

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness:

- An OPHP Planner and the State of Nevada Education Information Officer provided quarterly National Hospital Available Beds for Emergencies and Disasters (HAvBED) system training to healthcare and mental health personnel. HAvBED is Nevada's bed availability, tracking, and reporting system. Recent changes to the system include updated definitions and reporting times for Legal 2000 (mental health) patients. Emergency Medical Services agencies will be using HAvBED's Legal 2000 reported numbers to assist with level loading in the Las Vegas valley emergency departments. This may alleviate imbalances in overcrowding of mental health patients that several hospitals encounter on a daily basis.
- An OPHP Planner met with the Manager of University Medical Center's Burn Center to review agency plans and tour the burn facility for informational awareness of the local hospital's trauma and burn capabilities.
- An OPHP Planner continues to coordinate planning with state and local health authorities on a preparedness presentation for the Nevada Healthcare Association's quarterly meeting. Group facilities and nursing homes will be the target audience and speakers' presentations will emphasize "improved outcomes" through coordination of community planning and exercise participation.
- Co-chairs for the Southern Nevada Healthcare Preparedness Coalition met with the U.S. Department of Energy, Nevada National Security Site Fire, Clark County Fire Department, and the State of Nevada Radiation Control Program staff to discuss regional training opportunities for healthcare personnel. Recent decontamination exercises by first receivers (emergency department staff) have indicated that there remains a need for additional valley-wide training. State and local responders have proposed to work together to address this identified gap.
- OPHP staff conducted the call-down for the Incident Command, Strategic National Stockpile, and Management teams on the second Tuesday in June. Call-downs are deliverables required by the Cities Readiness Initiative grant to ensure public health staff readiness to respond to a disaster. The June call down response was 80%.
- OPHP Planners continue to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security Urban Area 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 three community outreach events. One Training Officer is offering monthly CPR classes at the health district.

- **OPHP Nurse Activities:** The OPHP nurse conducted Bloodborne Pathogens (BBP) classes at the East Las Vegas location for three employees on June 2 and for four on June 10. BBP classes were conducted at the Valley View location for twenty-two employees on June 11 and twenty employees on June 26. BBP classes for HIV and Sexual Health clinics were conducted for twenty employees on June 19, and Henderson received their BBP classes for four employees on June 23 and three employees on June 24. Twenty-eight respirator fit tests were performed for employees throughout the month of June.

C. **Grants and Administration:** OPHP continued to expend the current grants that expired June 30. SNHD is expecting to receive the FY15 grant funds for the Public Health Emergency Preparedness, Cities Readiness Initiative, and Hospital Preparedness Program grants by the second week of July along with any carry-forward funds.

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

- Volunteers supported three local not-for-profit agencies by providing first aid support and distributing appropriate emergency preparedness material along with health information provided by the SNHD OCDPHP.
- The MRC of SO NV program coordinator presented MRC to medical assistant, massage and phlebotomy students of the Healthcare Preparatory Institute, where an MRC volunteer is an instructor.
- Twenty-two volunteers attended training to learn the system used by our Clark County Coroner and Medical Examiner's office to collect information from individuals calling to report possible missing persons following a mass casualty event.
- A respiratory therapist volunteer continues to provide lung function screening once a month to patients of Volunteers in Medicine.
- Volunteers directly supported the immunization, vital records, and health card departments at the SNHD's main office on Valley View Boulevard.
- There are a total of 203 MRC of SO NV volunteers.

VI. 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 *N. gonorrhoeae* culture, GISP isolates, Syphilis, HIV, Gram stain testing	**May 2014**	**May 2013**	**YTD 2014**	**YTD 2013**
TOTAL CLINICAL TESTING ACTIVITY	**3243**	**3627**	**15934**	**16493**

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	**May 2014**	**May 2013**	**YTD 2014**	**YTD 2013**
TOTAL TESTS TRANSPORTED	**3331**	**3377**	**16798**	**15707**

B. <u>Epidemiological Testing and Consultation</u>:

- 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 (FIT).
- 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	**May 2014**	**May 2013**	**YTD 2014**	**YTD 2013**
TOTAL EPIDEMIOLOGY ACTIVITY	**1878**	**677**	**9624**	**6315**

C. <u>State Branch Public Health Laboratory Testing</u>:

- 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 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	**May 2014**	**May 2013**	**YTD 2014**	**YTD 2013**
TOTAL STATE BRANCH LABORATORY ACTIVITY	**1267**	**1076**	**4973**	**4167**

D. <u>All-Hazards Preparedness</u>:

- 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 Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections	**May 2014**	**May 2013**	**YTD 2014**	**YTD 2013**
TOTAL PREPAREDNESS ACTIVITIES	**6**	**8**	**37**	**47**

E. <u>May 2014 SNPHL Activity Highlights</u>:

- SNPHL staff participated in national conference calls with the CDC regarding Middle Eastern Respiratory Syndrome (MERS) testing. As the only CDC-approved testing laboratory in Nevada for the causative organism of the syndrome (MERS-coronavirus or MERS-CoV), SNPHL staff developed a written process and procedures for submission of samples to SNPHL for testing. Multiple meetings were held with all Nevada health authorities, the Nevada Division of Public and Behavioral Health and the Nevada State Public Health Laboratory to coordinate the epidemiology pre-screening component and the transportation process for shipping samples from Northern Nevada to SNPHL for testing. Written directions were provided to all health jurisdictions as well as Southern Nevada healthcare providers.
- SNPHL staff provided biosafety consultation to UNLV researchers on the safe use of sonicators in the laboratory and American Society for Microbiology (ASM) testing procedures for *Bacillus anthracis* in soil samples.
- SNPHL staff assisted SNHD Nursing staff with collection and transportation of clinical samples from the Liberty High School TB investigation.

CL/dm

ATT: Vital Records Statistics Report

June 2014 Disease Statistics

Second Quarter 2014 Disease Statistics

Vital Records Statistics Report - June 2014

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

	Compared with last year			
	Month		Fiscal Year-to-Date	
	Jun 2014	Jun 2013	2013-2014	2012-2013
Births Registered	1922	1865	26347	26431
Deaths Registered	1217	1177	15107	15159
Birth Certificates Sold	4145	3721	49770	45865
Death Certificates Sold	6063	5512	73817	75719

Table 2. Vital Records Office Monthly Sales & Income

Birth Certificates Sold During the Month						price per document
Valley View	Mesquite	ine Orders	Billed	Total	Income	
3405	16	724	0	4145	$ 82,900	$ 20 per birth certificate
82%	0.4%	17%	0.0%			
Death Certificates Sold During the Month						
Valley View	Mesquite	ine Orders	Billed	Total	Income	
2363	4	3693	3	6063	$ 121,260	$ 20 per death certificate
39%	0.07%	61%	0.0%			
			Total Vital Records Income for the Month:		$ 204,160	

Clark County Disease Statistics*, JUNE 2014

Disease	2012 Jun No.	2012 YTD No.	2013 Jun No.	2013 YTD No.	2014 Jun No.	2014 YTD No.	Rate(Cases per 100,000 per month) Jun (2009-2013 aggregated)	Jun (2014)	Monthly Rate Comparison Significant change bet. current & past 5-year?~~
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	9	0	8	0	6	0.04	0.00	↓
HEPATITIS A	.	5	0	8	0	.	0.01	0.00	↓
HEPATITIS B (ACUTE)	.	14	.	13	0	7	0.09	0.00	↓X
INFLUENZA**	15	356	.	509	23	500	1.38	1.13	↓
MEASLES	0	0	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	10	28	15	69	.	31	0.36	0.05	↓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	106	10	106	23	115	0.75	1.13	↑
CHLAMYDIA	743	4299	728	4594	573	4037	35.65	28.25	↓X
GONORRHEA	193	877	191	1052	172	1021	8.03	8.48	↑
HIV	25	118	17	125	34	147	1.22	1.68	↑
SYPHILIS (EARLY LATENT)	14	88	10	108	7	129	0.76	0.35	↓
SYPHILIS (PRIMARY & SECONDARY)	8	40	7	62	6	116	0.48	0.30	↓
ENTERICS									
AMEBIASIS	0	.	0	.	0	0	0.02	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	15	45	8	39	.	40	0.47	0.05	↓X
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	0	.	0	.	0.03	0.00	↓
GIARDIA	5	26	7	27	0	16	0.22	0.00	↓X
ROTAVIRUS	17	32	7	76	9	37	0.59	0.44	↓
SALMONELLOSIS	13	71	16	281	6	40	0.90	0.30	↓X
SHIGA-TOXIN PRODUCING E. COLI#	.	19	12	23	0	.	0.27	0.00	↓X
SHIGELLOSIS	8	12	.	12	.	9	0.15	0.10	↓
TYPHOID FEVER	0	.	0	0	0	.	0.02	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	0	.	0	.	0.01	0.00	↓
YERSINIOSIS	0	.	.	.	0	.	0.03	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	11	62	9	37	.	31	0.41	0.05	↓X
DENGUE FEVER	0	0	0	.	0	.	0.00	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	0.00	0.00	
HEPATITIS C (ACUTE)	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	0.01	0.00	↓
LEGIONELLOSIS	0	6	0	7	0	.	0.02	0.00	↓
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	.	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	.	0	.	0	.	0.00	0.00	
LYME DISEASE	.	.	.	.	0	0	0.05	0.00	↓X
MALARIA	0	.	.	.	0	.	0.01	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	.	8	.	16	.	19	0.09	0.05	↓
MENINGITIS, BACTERIAL	0	.	.	5	0	6	0.04	0.00	↓
MENINGOCOCCAL DISEASE	0	.	0	0	0	.	0.01	0.00	↓
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	0.00	0.00	
RABIES (HUMAN)	0	0	0	0	0	0	0.00	0.00	
RELAPSING FEVER	0	0	0	0	0	0	0.00	0.00	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	0	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	6	776	10	1166	7	589	0.55	0.35	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	6	29	.	32	.	47	0.16	0.20	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	.	0	.	.	8	0.01	0.10	↑
TUBERCULOSIS	.	38	.	39	11	36	0.35	0.54	↑
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	0.05	0.00	↓X
WEST NILE VIRUS (FEVER)	0	0	.	.	0	0	0.03	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=57(reported total=883). 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,.,.).

**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.

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Clark County Disease Statistics* - Quarter2, 2014

Disease	2012 Q2 No.	2012 YTD No.	2013 Q2 No.	2013 YTD No.	2014 Q2 No.	2014 YTD No.	Rate(Cases per 100,000 per quarter) Qtr2 (2009-2013 aggregated)	Qtr2 (2014)	Quarterly Rate Comparison Significant change bet. current & past 5-year?~~
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	5	9	5	8	.	6	0.17	0.10	↓
HEPATITIS A	.	5	6	8	.	.	0.13	0.05	↓
HEPATITIS B (ACUTE)	.	14	5	13	.	7	0.30	0.15	↓
INFLUENZA**	164	356	54	509	117	500	6.30	5.77	↓
MEASLES	0	0	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.02	0.00	↓
PERTUSSIS	20	28	43	69	15	31	0.84	0.74	↓
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	48	106	51	106	69	115	2.53	3.40	↑
CHLAMYDIA	2071	4299	2379	4594	1874	4037	108.28	92.47	↓X
GONORRHEA	470	877	517	1052	517	1021	22.32	25.51	↑X
HIV	53	118	63	125	93	147	3.13	4.59	↑X
SYPHILIS (EARLY LATENT)	42	88	42	108	57	129	2.26	2.81	↑
SYPHILIS (PRIMARY & SECONDARY)	20	40	33	62	56	116	1.46	2.76	↑X
ENTERICS									
AMEBIASIS	.	.	.	.	0	0	0.12	0.00	↓X
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	27	45	24	39	14	40	1.32	0.69	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	.	.	0	.	.	.	0.06	0.05	↓
GIARDIA	14	26	16	27	10	16	0.64	0.49	↓
ROTAVIRUS	30	32	38	76	30	37	2.39	1.48	↓X
SALMONELLOSIS	47	71	252	281	24	40	4.72	1.18	↓X
SHIGA-TOXIN PRODUCING E. COLI#	7	19	17	23	0	.	0.52	0.00	↓X
SHIGELLOSIS	11	12	.	12	.	9	0.33	0.20	↓
TYPHOID FEVER	.	.	0	0	0	.	0.03	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	.	.	0	.	0.04	0.00	↓
YERSINIOSIS	0	.	.	.	0	.	0.03	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	29	62	22	37	13	31	1.07	0.64	↓
DENGUE FEVER	0	0	0	.	.	.	0.00	0.05	↑
ENCEPHALITIS	0	0	.	.	0	0	0.02	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	.	.	.	.	.	0.04	0.05	↑
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.06	0.00	↓X
LEGIONELLOSIS	.	6	.	7	.	.	0.15	0.15	
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	.	.	0.00	0.05	↑
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	.	0	.	.	.	0.03	0.10	↑
LYME DISEASE	.	.	.	.	0	0	0.08	0.00	↓X
MALARIA	0	.	.	.	.	.	0.02	0.05	↑
MENINGITIS, ASEPTIC/VIRAL	.	8	11	16	9	19	0.33	0.44	↑
MENINGITIS, BACTERIAL	0	.	.	5	.	6	0.12	0.05	↓
MENINGOCOCCAL DISEASE	0	.	0	0	0	.	0.01	0.00	↓
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	0.01	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)	91	776	89	1166	91	589	5.83	4.49	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	11	29	12	32	19	47	0.46	0.94	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.01	0.00	↓
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	.	.	.	.	8	0.04	0.20	↑
TUBERCULOSIS	16	38	21	39	24	36	1.31	1.18	↓
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	0.05	0.00	↓X
WEST NILE VIRUS (FEVER)	0	0	.	.	0	0	0.03	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. Quarterly disease total reported by OOE=367(reported total=3057). Due to unavailability of current birth data, congenital syphilis rates were not calculated(reported quarterly cases [suppression applied] for 2012-2014 were respectively 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.

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