




Memorandum

Date: September 25, 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: Community Health Division Monthly Activity Report – August 2014

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

A. Tobacco Control Program (TCP):

- CRUSH, the Lesbian, Gay, Bi-sexual, and Transgender (LGBT) tobacco prevention initiative, started a month-long promotion encouraging members of the LGBT community to quit smoking for a week. The promotion highlighted the benefits of quitting on various social media and web pages, including a web video. In four weeks, the web video has received more than 20,000 views on YouTube. CRUSH received 98 sign-ups from people wanting to quit smoking. CRUSH partnered with the American Lung Association to offer Freedom from Smoking cessation classes at the local LGBT community center.
- The LGBT Pride Board made their first annual Mt. Charleston Pride festival smoke-free. The CRUSH logo was included on media and promotions for the event, which was advertised as smoke-free. The festival drew approximately 750 people.
- To date, TCP staff has identified 3,804 smoke-free apartments in Clark County. TCP staff continued working with the Nevada State Apartment Association (NSAA) to encourage membership to adopt voluntary smoke-free apartment policies. Staff met with the NSAA Executive Director in July to discuss upcoming plans for an owner/manager survey and a postcard campaign for his members.

B. Chronic Disease Prevention Program (CDPP):

- The Chronic Disease Prevention Program staff collaborated with the Tobacco Control Program staff to develop applications in response to the Partnerships in

Community Health (PICH) and Racial and Ethnic Approaches to Community Health (REACH) Funding Opportunity Announcements (FOAs) published by the Centers for Disease Control and Prevention (CDC). CDPH staff also participated in the development, writing, and submission of several grant proposals that were due in July, including a Supplemental Nutrition Assistance Program Education (SNAP-Ed) proposal offered through the Nevada Department of Welfare and Social Services and 1305 and 1422 CDC grant applications that were submitted by the Nevada Division of Public and Behavioral Health. The funds will support evidence-based efforts to make healthy choices easier in Clark County. Funding decisions are expected by the end of September.

- Soda Free Summer activities kicked off in July. This year, most of the activity and outreach will be done on-line or using social media. The Sugar Savvy Beverage mobile app has been developed and will be launched in August. Soda Free Summer materials were developed and delivered to 18 community and recreation centers including all of the centers that are participating in the healthy vending initiative. Additionally, staff highlighted the Sugar Sweetened Beverage Display and distributed Soda Free Summer materials to youth participating at the Hoops for Hope event and to Levi's employees. The Healthy Beverage media campaign will run through the beginning of September in print and on television. Soda Free Summer activities will run through September with additional outreach events to reach priority populations scheduled for September.

C. Injury Prevention Program (IPP):

- SNHD IPP staff participated in the development of Sudden Death in Young (SDY) Registry grant and Collecting Violent Death Information Using the National Violent Death Reporting System (NVDRS) grant applications submitted by the Clark County Coroner's Office. If these grant proposals are funded, they will facilitate collection of data and development of reports that will be utilized by the Southern Nevada Injury Prevention Partnership (SNIPP) and other injury prevention agencies in the local community to develop an effective annual Injury Prevention strategy report and plan for Clark County.

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

A. August 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 reviewed and approved the Special Event Medical Plan Approval Packet, which includes a questionnaire, an application for medical plan

approval, a list of the minimum EMS requirements, a heat index chart, a wind chill chart, and directions on how to complete a post-special event report.

- **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 employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

EMS agency representatives expressed concern regarding the danger of emergent transport using lights and siren to the hospital for certain patients. Literature indicates that the timesavings by returning to the hospital using emergency lights and siren (ELS) are generally not clinically significant when weighed against the risk of emergent transport. The OEMSTS and EMS agencies will work towards better educating EMS providers about which situations would warrant the use of ELS.

In addition, the Board will continue its research on the efficacy of prehospital therapeutic hypothermia.

- **Trauma Performance Improvement Plan Workgroup**

Members of the RTAB and Trauma Medical Audit Committee met to continue the review and revision of the trauma system performance improvement plan. A final draft of the document will be presented to the RTAB at the October meeting.

COMMUNITY HEALTH – OEMSTS - Calendar Year Data

August EMS Statistics	August 2013	August 2014		YTD 2014	YTD 2015	
Total certificates issued	37	24	↓	968	795	↓
New licenses issued	7	11	↑	90	142	↑
Renewal licenses issued (recert only)	0	8	↑	730	455	↓
Active Certifications: EMT/EMT-Basic	485	500	↑			
Active Certifications: AEMT/EMT-Intermediate	1329	1285	↓			
Active Certifications: Paramedic/EMT-Paramedic	1141	1174	↑			
Active Certifications: RN	40	39	↓			

III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

- A. Pertussis in Clark County – Update:** We continue to monitor Clark County pertussis cases and confirmed 5 cases in August for a total of 42 cases to date in 2014. From January 1 to August 23, 2014, 17,942 cases of pertussis have been reported to CDC

by 50 states and Washington, D.C.; this represents a 5% increase compared with the same time period in 2013 (Centers for Disease Control and Prevention, 2014). Cases in California account for a large proportion of the 2014 U.S. pertussis cases reported to date. In contrast, Clark County has experienced a 58% decrease in cases compared with the same time period last year.

Despite low numbers the past few months, we continue to be vigilant in light of the increased numbers of cases identified this year in parts of California, continuing our usual surveillance and 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 approximately 30 percent of reported laboratory tests ordered for pertussis since July 30, 2012 were either probable or confirmed cases (N=161). Some of these pertussis cases would not have been detected were we not conducting enhanced surveillance.

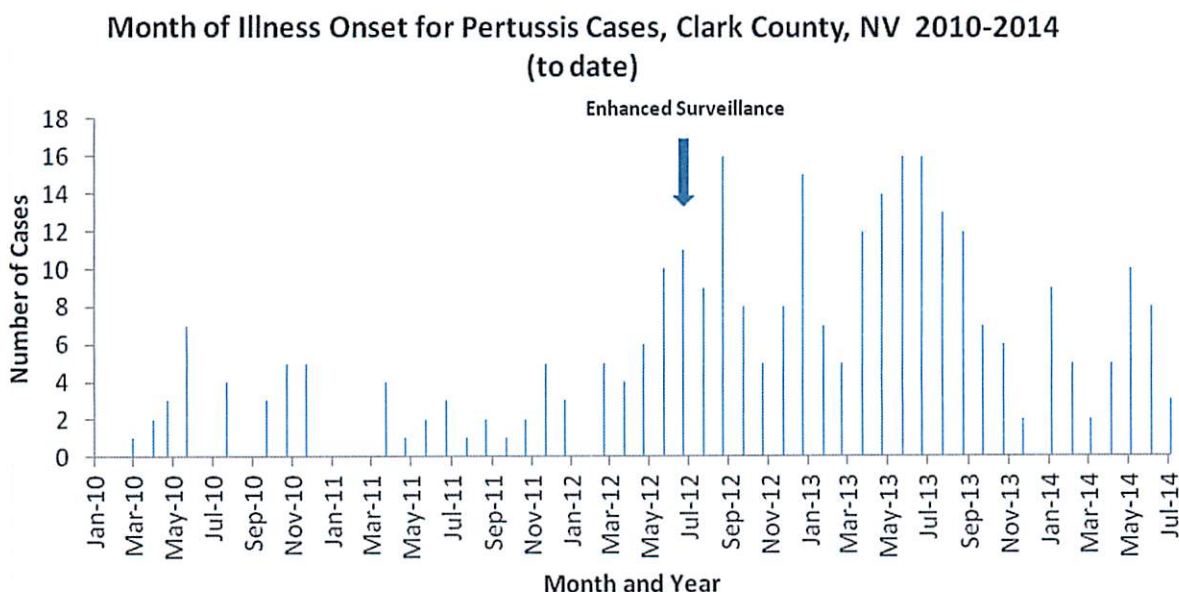


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

B. Pediatric Early Warning Surveillance System (PEWSS)²: PEWSS surveillance sentinel sites submitted a low number of respiratory test specimens to the SNPHL for testing in August. Results indicated that in August, Adenovirus circulated at moderate

¹ 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. Enhanced surveillance (investigating potential cases when we are notified that a pertussis laboratory test has been ordered) was implemented to speed the process of detecting disease and implementing actions to prevent spread.

² 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 (SNPHL) for testing for the following respiratory pathogens: Adenovirus, Human metapneumovirus, 4 Human parainfluenza viruses (1, 2, 3, 4), Influenza A, Influenza B, Respiratory Syncytial Virus (RSV), 4 Coronaviruses (HKU1, NL63, 229E, OC43), Rhinovirus/Enterovirus, *Chlamydia pneumoniae*, and *Mycoplasma pneumoniae*. We use molecular methodologies 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.

level. Parainfluenza 2, Chlamydomydia pneumoniae, and Rhinovirus/Enterovirus were also detected. We prepared and disseminated four weekly PEWSS reports in August 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 Update:** West Nile virus was found in many mosquitoes during the month of August. There are a total of 16 zip codes where positive mosquitoes were trapped. We also investigated our first human case of WNV which was reported to the state at the beginning of September.
- D. **Vital Records:** August 2014 showed a small decrease of 2.81% in birth certificate sales in comparison to August 2013. There was a minimal decrease in the proportion of online orders for birth certificate orders at 14.6% of total sales (compared with 16% in July) and a slight increase in the proportion of online orders for death certificates at 57.4% of total sales (compared with 56% in July). The Valley View location processed 84.9% of August birth certificate orders and 42.5% of August death certificate orders. With the implementation of birth and death registration fees beginning July 2014, SNHD received new revenues of \$31,444 for birth registrations and \$10,801 for death registrations for the month of August; and an additional \$2,917 in miscellaneous request fees.

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Aug 2013	Aug 2014		FY 2013-14	FY 2014-15	
Births Registered	2444	2860	↑	5023	5216	↑
Deaths Registered	1249	1220	↓	2510	2525	↑
Birth Certificates Sold	5343	5193	↓	9549	9547	↓
Death Certificates Sold	5741	6036	↑	12273	11920	↓

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	% of Sales	Aug 2013	Aug 2014		FY 2013-14	FY 2014-15	
Birth Certificates Sold Valley View (\$20 each)	84.9	5039	4407	↓	9231	8051	↓
Birth Certificates Sold Mesquite (\$20)	.46	23	24	↑	37	39	↑
Birth Certificates Online Orders (\$20)	14.6	281	760	↑	281	1455	↑
Birth Certificates Billed (\$20)	.04	0	2	↑	0	2	↑
Birth Certificates Number of Total Sales		5343	5193	↓	9549	9547	↓
Death Certificates Sold Valley View (\$20 each)	42.5	5497	2567	↓	11893	5175	↓
Death Certificates Sold Mesquite (\$20)	0	135	0	↓	271	2	↓
Death Certificates Online Orders (\$20)	57.4	109	3462	↑	109	6731	↑
Death Certificates Billed (\$20)	.12	0	7	↑	0	12	↑
Death Certificates Number of Total Sales		5741	6036	↓	12273	11920	↓

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Revenue	Aug 2013	Aug 2014		FY 2013-14	FY 2014-15	
Birth Certificates	\$106,860	\$103,860	↓	\$190,980	\$190,940	↓
Death Certificates	\$114,820	\$120,720	↑	\$245,460	\$238,400	↓
Births Registrations	0	\$31,444		0	\$51,723	
Deaths Registrations	0	\$10,801		0	\$19,579	
Miscellaneous	0	\$2,917		0	\$ 3502	
Total Vital Records Revenue	\$221,680	\$269,742	↑	\$436,440	\$504,144	↑

E. Other:

- Jennifer Karcher and Linh Nguyen will be leaving the Office of Epidemiology as of the first week of September. Jennifer has accepted a position with Maine General Health as a program manager for the Ryan White (HIV/AIDS) program, and Linh has accepted a teaching position with UNLV.
- We will be working with the SNHD HIV/AIDS program to develop a plan for providing epidemiology services to meet the requirements of a recently awarded grant for which work is scheduled to begin later this year.
- In August, we began acquiring the most current data and updating the analyses performed in conjunction with creating the 2012-version Community Health Assessment. Our goal is to have a 2014 version of this report ready for publication by the end of 2014 to contribute to the renewed effort for SNHD to achieve public health accreditation.
- Office of Epidemiology staff members continue to monitor the international Ebola outbreak situation, integrating local preparedness activities into our routine work and disseminating CDC Health Advisories as they become available. Using CDC guidance, we developed an algorithm for patient evaluation, an internal protocol for handling suspected cases, and a data collection form for patient investigations. We also participated in a district-wide meeting with Infection Control Practitioners and EMS provider representatives to disseminate current guidance and answer questions about a potential Ebola response.

F. Communicable Disease Statistics: August 2014 Disease Statistics are attached.

IV. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A. Historical 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.
- B. 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 EPI staff to utilize this tool. We are working with the Emergency Medical Services and Trauma group to

help them share data from the state and to provide them with better tools for analysis and storage of that data.

- C. We have begun to work on Syndromic Surveillance with the BioSense and Real-time Outbreak Disease Surveillance programs in conjunction with EPI and the state of NV.
- D. We are making progress on deploying the Utah-developed Electronic Lab Routing application.

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness:

- OPHP Planner provided information to be included in State of Nevada Division of Public and Behavioral Health's (NDPBH) Training, Exercises, and Planning Workshop (TEPW) held on August 12, 2014. The TEPW identifies agency objectives for the current year along with future years. The calendar produced may be used by other agency planners to coordinate and collaborate for exercise and training needs.
- OPHP Planner, in collaborative partnership with NDPBH Education and Information Officer, conducted quarterly HAVBED training in Southern Nevada. The HAVBED is Nevada's Bed Availability and Tracking System that is used to track medical surge and bed availability. This system is also a notification system providing up to date health information alerts to Nevada's healthcare providers and community partners.
- OPHP Planner supported MRC Coordinator and volunteers by facilitating a panel discussion during their quarterly meeting. In addition to hearing from SNHD's Chief Health Officer and Administration personnel, MRC volunteers were able to ask SNHD Planner and local healthcare subject matter experts questions regarding the challenges and planning necessary to request MRC volunteers from SNHD during an emergency or local disaster. University Medical Center Emergency Preparedness Coordinator and CEO from HealthSouth Desert Canyon Rehabilitation Center provided volunteers with examples of their experiences and agency plans to augment healthcare staff during emergencies.
- 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:** One Training Officer conducts monthly CPR classes at the health district.
- **OPHP Nurse Activities:** The OPHP nurse conducted Bloodborne Pathogens classes for sixteen employees on August 18 and seven employees on August 28.

Thirty-five respirator fit tests were performed for employees including three for pharmacy students throughout the month of August.

C. Grants and Administration: OPHP has closed out the PHEP, CRI, and HPP grants received from the NDPBH. The funds from these grants have been fully expended to meet the grant deliverables. The NDPBH is currently sending out the new Sub-grants for Budget Period 3 of the cooperative agreement.

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

- MRC of SO NV Program Coordinator:
 - Attended a local animal control supervisor meeting to discuss creation of plans to shelter pets following a disaster. MRC veterinary volunteers are prepared to set up a pet shelter next to a human shelter so that shelter residents are not separated from their pets. Current animal control plans are to set up a reception area next to a human shelter where pets will be staged prior to being transported to a community shelter. Discussions will continue.
 - Facilitated a quarterly training related to the use of MRC volunteers in hospitals/healthcare facilities. Dr. Iser and Andy Glass attended to greet, thank, and answer any questions of volunteers.
 - Attended Homeland Security Exercise and Evaluation Program training.
- Volunteers continue to support the Southern Nevada Health District on a monthly basis by checking records of clients in the Immunization Department and providing information to Vital Record and Health Card clients. In addition, volunteers assisted with Back to School centers as well as a clinic held for the culinary school.
- MRC supported the Las Vegas Rescue Mission by providing first aid support for their annual fundraiser walk event.
- Forty volunteers provided 219 hours of service to the health district and our community with an economic impact of \$6,253.99.

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

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).

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.

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 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.

F. August SNPHL Activity Highlights:

- SNPHL laboratory manager provided multiple notifications to local laboratorians regarding biosafety incidents of public health significance that occurred at CDC.

- SNPHL staff assisted OOE staff with multiple consultation requests including laboratory related information about Chikungunya, measles, pertussis, leprosy, mumps, and Shiga-toxin producing *E. coli* (STEC).
- SNPHL lab manager provided initial CDC Health Alert Network notification of the Ebola outbreak to local laboratorians.
- SNPHL staff completed bi-annual infectious substance packaging and shipping training which is required by the Department of Transportation.
- SNPHL staff continues to develop plans for implementation of in-house molecular testing for gonorrhea and chlamydia.

COMMUNITY HEALTH - SNPHL – Calendar Year Data

SNPHL Services	July 2013	July 2014		YTD 2013	YTD 2014	
Clinical Testing Services ¹	3873	3446	↓	23,722	22,493	↓
Courier Services ²	3442	3489	↑	22,305	23,367	↑
Epidemiology Services ³	285	749	↑	6894	11,631	↑
State Branch Public Health Laboratory Services ⁴	885	809	↓	5910	6593	↑
All-Hazards Preparedness Services ⁵	7	16	↑	62	71	↑

CL/dm

ATT: August 2014 Disease Statistics

1 Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, Gram stain testing.

2 Includes the number of clinical test specimens transported from facilities by SNPHL courier.

3 Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations or consultations.

4 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.

5 Includes Preparedness training, BSL-3 maintenance and repair, teleconferences, Inspections.

Clark County Disease Statistics*, AUGUST 2014

Disease	2012		2013		2014		Rate(Cases per 100,000 per month)	Monthly Rate Comparison	
	Aug No.	YTD No.	Aug No.	YTD No.	Aug No.	YTD No.	Aug (2009-2013 aggregated)	Aug (2014)	Significant change bet. current & past 5-year?~
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	10	0	8	9			0.02	0.05	↑
HEPATITIS A	0	5	11	0			0.04	0.00	↓
HEPATITIS B (ACUTE)	18	5	18	0	12		0.19	0.00	↓X
INFLUENZA**	0	361	515	508			1.27	0.10	↓X
MEASLES	0	0	0	0	0		0.00	0.00	
MUMPS	0	0	0	0	0		0.01	0.00	↓
PERTUSSIS	9	48	13	98	0	42	0.28	0.00	↓X
POLIOMYELITIS	0	0	0	0	0		0.00	0.00	
RUBELLA	0	0	0	0	0		0.00	0.00	
TETANUS	0	0	0	0	0		0.00	0.00	
SEXUALLY TRANSMITTED									
AIDS	19	139	23	146	18	146	1.05	0.89	↓
CHLAMYDIA	750	5847	864	6280	598	5413	41.00	29.43	↓X
GONORRHEA	186	1272	218	1460	177	1435	9.26	8.71	↓
HIV	24	155	31	183	31	194	1.33	1.53	↑
SYPHILIS (EARLY LATENT)	15	120	21	157	14	185	0.77	0.69	↓
SYPHILIS (PRIMARY & SECONDARY)	5	55	11	101	16	161	0.39	0.79	↑
ENTERICS									
AMEBIASIS	5		6	0			0.04	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0		0.00	0.00	
CAMPYLOBACTERIOSIS	12	62	8	60	13	67	0.53	0.64	↑
CHOLERA	0	0	0	0	0		0.00	0.00	
CRYPTOSPORIDIOSIS			6	0			0.08	0.00	↓X
GIARDIA	12	48	38	21			0.41	0.10	↓
ROTAVIRUS	47	0	78	0	47		0.07	0.00	↓X
SALMONELLOSIS	15	113	13	313	65		0.86	0.20	↓X
SHIGA-TOXIN PRODUCING E. COLI#	9	33	6	39	13		0.24	0.15	↓
SHIGELLOSIS	10	32	14	27	0	15	0.53	0.00	↓X
TYPHOID FEVER	0	0	0	0	0		0.00	0.00	
VIBRIO (NON-CHOLERA)	0	0	0	0	0		0.01	0.00	↓
YERSINIOSIS	0	0	7	0	0		0.04	0.00	↓
OTHER									
ANTHRAX	0	0	0	0	0		0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0		0.00	0.00	
BRUCELLOSIS	0	0	0	0	0		0.00	0.00	
COCCIDIOIDOMYCOSIS	12	84	7	51	42		0.33	0.10	↓
DENGUE FEVER	0	0	0	0	0		0.02	0.00	↓
ENCEPHALITIS	0	0	0	0	0		0.01	0.00	↓
HANTAVIRUS	0	0	0	0	0		0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0		0.00	0.00	
HEPATITIS C (ACUTE)	0	0	0	0	0		0.01	0.00	↓
HEPATITIS D	0	0	0	0	0		0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0		0.00	0.00	
LEGIONELLOSIS	11	5	14	13			0.10	0.20	↑
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0		0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0		0.00	0.00	
LISTERIOSIS	0	0	0	0	0		0.00	0.00	
LYME DISEASE	0	0	6	0	0		0.01	0.00	↓
MALARIA	0	0	5	0	5		0.01	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	0	9	8	28	0	21	0.18	0.00	↓X
MENINGITIS, BACTERIAL	0	0	6	8			0.03	0.10	↑
MENINGOCOCCAL DISEASE	0	0	0	0	0		0.01	0.00	↓
PLAGUE	0	0	0	0	0		0.00	0.00	
PSITTACOSIS	0	0	0	0	0		0.00	0.00	
Q FEVER	0	0	0	0	0		0.01	0.00	↓
RABIES (HUMAN)	0	0	0	0	0		0.00	0.00	
RELAPSING FEVER	0	0	0	0	0		0.00	0.00	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0		0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	779	1176	602				0.48	0.15	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	32	38	6	59			0.10	0.30	↑
TOXIC SHOCK SYN	0	0	0	0	0		0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	0	0	9		0.01	0.00	↓
TUBERCULOSIS	8	48	8	55	8	52	0.37	0.39	↑
TULAREMIA	0	0	0	0	0		0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0		0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	0	0	6	0	0		0.10	0.05	↓
WEST NILE VIRUS (FEVER)	0	0	0	0	0		0.02	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=43 (reported total=905). 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).