



Memorandum

Date: November 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: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

- A. The Centers for Disease Control and Prevention (CDC) announced on September 25 that the Southern Nevada Health District is one of 39 organizations selected to receive funding under the Partnerships to Improve Community Health (PICH) initiative. The SNHD OCDPHP was awarded \$2,650,555 per year for three years to reduce tobacco use and exposure; improve nutrition; increase physical activity; and improve access to chronic disease prevention, risk reduction, and management opportunities.

2. Chronic Disease Prevention Program (CDPP):

- A. In addition to the PICH grant, which includes funding for chronic disease interventions, the CDPP received notification in September that it will receive a 2-year Farmers' Market Promotion Program (FMPP) grant in the amount of \$99,523; a 1-year Supplemental Nutrition Assistance Program - Education (SNAP-Ed) subgrant from the Nevada Division of Welfare & Social Services in the amount of \$81,441; and a 9-month subgrant from the Nevada Division of Public and Behavioral Health in the amount of \$19,999. The additional funding will be used to increase the number of farmers' markets in Southern Nevada that offer Electronic Benefit Transfer (EBT), develop nutrition education tools for low-income residents using social media, and conduct a baseline assessment of healthy vending in government facilities.
- B. Using funding provided through the Community Transformation Grant, several community partners and CDPP staff supported the installation of distance marker signage on over 50 miles of local trails. The project was completed in September. To date, over 88 miles of local trails have been marked with distance and way-finding signage which enhances the user experience on the trails and makes them more accessible for recreation and active transport use. With CDPP assistance,

the City of Henderson has now placed distance and way-finding signage on over 50% of their local trails.

- C. In partnership with the SNHD Information Technology Department, and using funding from the Community Transformation Grant, CDPD staff developed a new mobile application (app) that was completed in September. The Neon to Nature mobile app allows users to access the Neon to Nature database from their mobile phone and provides information on over 600 miles of local trails including location, maps, photographs, amenities, distance, and degree of difficulty. The Neon to Nature mobile app is available for free download for both android and iPhones.

3. Injury Prevention Program (IPP):

- A. The annual Nevada Coalition for Suicide Prevention Walk in Memory, Walk for Hope community suicide prevention awareness event was held statewide on Saturday September 13, 2014. There were 12 communities participating this year. IPP staff participated on the planning committee for the Las Vegas walk and coordinated ambulance coverage from AMR for the event. The number of participants in Las Vegas was 990, the highest ever. Over \$12,000 in donations were collected at the Las Vegas walk which was also a record.

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

1. August Meetings:

A. 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.

After a lengthy discussion about the efficacy of therapeutic hypothermia, the Committee agreed to continue to research all components of cardiac resuscitation, including therapeutic hypothermia, for one year.

B. 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; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

It was reported that Michelle Nath, EMSTS Program/Project Coordinator, was honored by the Safe Community Partnership/Vulnerable Road Users Project for her active involvement with the Pedestrian Safety Task Force.

Reports were given from the Education and Drug/Device/Protocol Committees. Board members were advised that nominations will be accepted in January for a new MAB Chair and Vice-chair.

C. Regional Trauma Advisory Board (RTAB)

The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high quality system of patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

The RTAB is working on revisions to the Clark County Trauma System Plan and the Trauma Performance Improvement Plan. There will be a future workshop scheduled for December to review the Clark County Trauma System Regulations. A final draft of the regulations and trauma system plans will be presented to the RTAB in January for endorsement.

D. Southern Nevada Injury Prevention Partnership (SNIPP)

The SNIPP is a committee with the primary purpose of advising and assisting the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma Plan and assuring the provision of injury prevention efforts with emphasis on those that directly impact the trauma system. The SNIPP is in the process of establishing its membership and bylaws. The representative for health education and prevention services on the RTAB will serve as the Chairman of SNIPP, and nominations are open for the position.

At the October SNIPP meeting, a presentation that was developed to support primary seatbelt legislation during the 2015 session was reviewed by the participants. It will be shared with a legislator who plans to support the bill for additional feedback. The final product will be available before the start of the legislative session.

An epidemiology injury report for the leading causes of childhood deaths in Clark County between 2004-2013 demonstrated that the leading cause of death was unintentional injuries for children between the ages of 1-24. Drowning is the primary cause for children between the ages of 1-4; suicide is the second leading cause of death for children between 10-14 years old and the third leading cause in the 15-19 age group.

COMMUNITY HEALTH – OEMSTS - Calendar Year Data

August EMS Statistics	August 2013	August 2014		FY 13-14	FY 14-15	
Total certificates issued	13	28	↑	622	864	↑
New licenses issued	10	10	→	41	50	↑
Renewal licenses issued (recert only)	0	8	↑	543	159	↓
Active Certifications: EMT/EMT-Basic	491	486	↓			
Active Certifications: AEMT/EMT-Intermediate	1319	1239	↓			
Active Certifications: Paramedic/EMT-Paramedic	1150	1154	↑			
Active Certifications: RN	37	40	↑			

I. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

1. **Pertussis in Clark County – Update:** The OOE investigated 1 case of pertussis in October, bringing the total number of cases investigated this year to 48, which is less than half the total of cases investigated by this time in 2013.

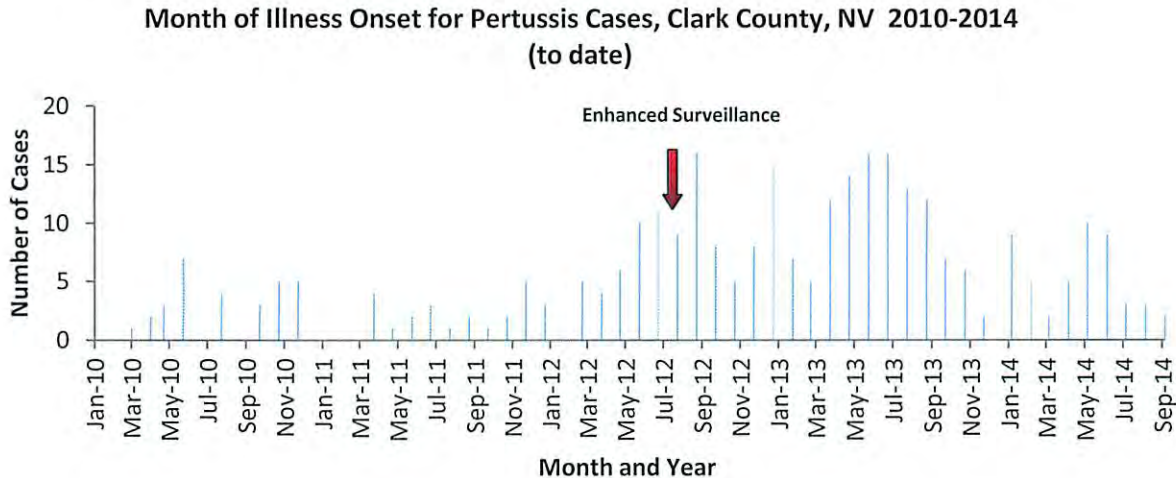


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

2. **Pediatric Early Warning Surveillance System (PEWSS)²:** PEWSS surveillance sentinel sites submitted a moderate number of respiratory test specimens to the SNPHL for testing in October, a higher number than in recent months. This increase could be due to outreach activities we did in September and October with our participating providers. Enterovirus-D68 would be detected through PEWSS testing as part of rhinovirus/enterovirus testing, but cannot be differentiated from other enteroviruses or rhinovirus. Weekly PEWSS reports are posted online at <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>.
3. **Disease reports and updates:**
 - A. ***Ebola virus:*** Our staff have fielded numerous calls and continue to provide education and guidance to local healthcare professionals and others about Ebola preparedness. No testing for Ebola has been indicated in Clark County to date.
 - B. ***Enterovirus D68 (EV-D68):*** EV-D68 is the virus that has caused a nationwide outbreak³ of severe respiratory illness this year. Although an increase in

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, 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*. 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.

³ From mid-August to November 3, 2014, CDC or state public health laboratories have confirmed a total of 1,105 people in 47 states and the District of Columbia with respiratory illness caused by EV-D68.

rhinovirus/enterovirus has been detected through PEWSS surveillance ('Pediatric Early Warning Surveillance System [PEWSS]', above), EV-D68 has not yet been detected in the State of Nevada. To date, 11 specimens have been submitted to CDC for EV-D68 testing, of which 9 were negative for EV-D68 and 2 are still pending results. Most specimens have tested positive for other respiratory viruses. Nevada is one of three states not to have any documented EV-D68 cases yet. Colorado and California have both reported pediatric neurologic illnesses possibly associated with EV-D68, something we remain alert for in Southern Nevada.

- C. **West Nile virus** was found in one additional mosquito pool during the month of October. There are now a total of 24 zip codes where positive mosquitoes were trapped. No additional human cases of WNV have been reported, so the season's total remains at two cases. It is surprising we have not seen more human cases given the large numbers of positive mosquitoes we have been seeing this season.
4. **Vital Records:** It has been just over a year since online birth- and death-certificate ordering was made available to clients online. To date, in the fiscal year starting July 2014, online sales have represented 16% of birth certificate and 55% of death certificate sales. Since the implementation of birth and death registration fees in July 2014, SNHD has received new revenues of well over \$100,000 in birth- and death-registration and miscellaneous request fees ('Revenue' in table below).

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Oct 2013	Oct 2014		FY 13-14	FY 14-15	
Births Registered	2200	2247	↑	9615	9949	↑
Deaths Registered	1296	1351	↑	4903	5098	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Services	Aug 2013	Aug 2014		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	3064	3039	↓	15,354	14,263	↓
Birth Certificates Sold Mesquite (walk-in)	23	19	↓	74	74	→
Birth Certificates Online Orders	474	670	↑	1259	2788	↑
Birth Certificates Billed	6	113	↑	8	372	↑
Birth Certificates Number of Total Sales	3567	3841	↑	16,695	17,497	↑
Death Certificates Sold Valley View (walk-in)	2343	2979	↑	18,679	11,034	↓
Death Certificates Sold Mesquite (walk-in)	1	8	↑	281	23	↓
Death Certificates Online Orders	3824	3554	↓	5177	13,632	↑
Death Certificates Billed	4	12	↑	78	112	↑
Death Certificates Number of Total Sales	6172	6553	↑	24,215	24,801	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Sept 2013	Sept 2014		FY 13-14	FY 14-15	
Birth Certificates Sold Valley View (walk-in)	85.9%	79.1%	↓	92.0%	81.5%	↓
Birth Certificates Sold Mesquite (walk-in)	0.6%	0.5%	↓	0.4%	0.4%	→
Birth Certificates Online Orders	13.3%	17.4	↑	7.5%	15.9%	↑
Birth Certificates Billed	0.2%	2.9%	↑	0.0%	2.1%	↑
Death Certificates Sold Valley View (walk-in)	38.0%	45.5%	↑	77.1%	44.5%	↓
Death Certificates Sold Mesquite (walk-in)	0.0%	0.1%	↑	1.2%	0.1%	↓
Death Certificates Online Orders	62.0%	54.2%	↓	21.4%	55.0%	↑
Death Certificates Billed	0.1%	0.2%	↑	0.3%	0.5%	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Revenue	Aug 2013	Aug 2014		FY 13-14	FY 14-15	
Birth Certificates (\$20)	\$71,340	\$76,820	↑	\$333,900	\$349,940	↑
Death Certificates (\$20)	\$123,440	\$131,060	↑	\$483,300	\$496,020	↑
Births Registrations (\$7)	\$0	\$21,595	↑	\$0	\$97,349	↑
Deaths Registrations (\$7)	\$0	\$11,669	↑	\$0	\$43,358	↑
Miscellaneous	\$470	\$1438	↑	\$4264	\$9046	↑
Total Vital Records Revenue	\$195,250	\$242,582	↑	\$821,464	\$995,713	↑

5. **Other:** We are pleased to report that our Epidemic Intelligence Service Officer (CDC epidemiology fellow) just completed her 21-day monitoring period symptom-free following her return in early October from Sierra Leone in West Africa where she assisted with the Ebola response

6. **Communicable Disease Statistics:** October 2014 Disease Statistics are attached.

II. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

1. The TB group has gone into production mode with TriSano and is now using the improved tool set for disease surveillance and report generation. We will automate TB data transmission to the State of NV when the State becomes ready. We have applied for and received the RCKMS Grant for "Clinical Decision Support Feasibility Demonstration Pilot for Electronic Laboratory Reporting". We will be performing work for that grant for approximately the next 9 months. We have been working with Boulder City Hospital, Mesa View Hospital, and North Vista Hospital to bring them onboard with electronic reporting and have been working with HCA (Sunrise hospital system) on accepting an upgraded messaging format from them. Work with the EMS group was performed to enhance their automated reports and import Coroner's data for their use. We have worked with Legal to generate MOUs to enable collection of BioSurveillance data from the local Health Information Exchange and one private clinic. Data transmission should start soon and our Syndromic Surveillance activities will be greatly enhanced. One Informatician has started working part time at the Fusion Center and we are preparing a plan for data sharing between the various Fusion Center partners and SNHD. Work continues on the Physician input form and modifying the Utah ELR system so that we may further automate electronic lab routing

and processing. We continue to assist in the electronic health record (EHR) implementation planning process.

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. Staff attended the BioWatch National Workshop in Leesburg, VA.
- B. SNHD identified two staff members to work with the Southern Nevada Counterterrorism Center. Each staff member spends one day a week at the Southern Nevada Counter Terrorism Center location.
- C. OPHP staff is assisting the District and the healthcare community to increase the local capability to effectively receive and treat a patient with Ebola Virus Disease.
- D. OPHP held a Closed Point of Dispensing Seminar on October 8 to introduce business and community leaders to assist the District in providing medical countermeasures to their staff and families during an emergency. Twenty representatives from the resort/casino, hospital, volunteer and faith-based organizations attended.
- E. The monthly Incident Command Team, Directors, Managers, and Supervisors call-down was not performed this month.
- F. OPHP staff continues 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.

2. PHP Training And PH Workforce Development:

- A. **OPHP Education and Training:** OPHP Training Officer continues teaching CPR on the first Monday and last Friday of every month at the health district. She participated in one community outreach event this month at the Hard Rock Hotel Expo.
- B. **OPHP Nurse Activities:** OPHP Nurse conducted Bloodborne Pathogens classes for SNPHL employees on 10/10 and 10/25; conducted employee flu clinics with MRC assistance for 195 employees, vaccinating 260 out of 468 employees; and performed 15 respirator fit tests.

3. Grants and Administration: OPHP has received all the subgrants from the Nevada State Division of Public & Behavioral Health for the BP3 budget year. SNHD has received one of the carry-forward grants for the Information Sharing work to be conducted at the Fusion Center. OPHP anticipates that the remaining carry-forward funds should be administered in November.

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

- A. Members of the MRC vaccination team assisted in administering flu vaccine to SNHD employees and City of North Las Vegas employees.
- B. MRC 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.
- C. Volunteers provided first aid support at the following events: 6th Annual Rose Regatta Dragon Boat Races; Nature Conservancy clean up/planting at the Clark

County Wetlands Park; Get Outdoors Nevada Day at Craig Ranch Park; and Family, Fur & Fun Festival. Volunteers provided blood pressure checks at the Fall Into Health Fair and BMI data collection at the American Heart Association Teaching Gardens Program.

- D. Program Coordinator presented MRC to graduating Roseman nursing students; attended the groundbreaking of the new Volunteers in Medicine location; and reported MRC flood response at the State Citizen Corps Council meeting.
- E. **Statistics for October 2014:** 25 volunteers provided 131 hours of service to the health district and our community with an economic impact of \$2,978.

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

1. **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.
2. **Courier service:** Clinical samples for laboratory testing are transported by SNPHL courier from SNHD Health Centers or Southern Nevada hospital or commercial laboratories.
3. **Epidemiological Testing and Consultation:**
 - A. SNPHL continues to support the disease investigation activities of the SNHD OOE and Nursing Division.
 - B. SNPHL continues to participate in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce.
 - C. SNPHL continues to report results of PEWSS testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).
4. **State Branch Public Health Laboratory Testing:**
 - A. 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.
 - B. SNPHL continues to perform CDC Laboratory Response Network (LRN) testing for biological agents on clinical and unknown environmental samples.
 - C. 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.
5. **All-Hazards Preparedness:**
 - A. SNPHL continues to participate with SNHD OPHP, local First Responders and sentinel laboratories to ensure support for response to possible biological or chemical agents.
 - B. SNPHL staff continues to receive training on LRN protocols for biological agent confirmation.

- C. SNPHL maintains sufficient technical laboratory staff competent to perform LRN testing 24 hours per day/7 days per week.
- D. SNPHL continues to coordinate with First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
- E. SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.

6. September SNPHL Activity Highlights:

- A. SNPHL staff continues to submit suspect samples to CDC for Enterovirus detection and identification. CDC performs Enterovirus PCR and sequencing on the samples for epidemiological purposes and reports the results back to SNPHL.
- B. SNPHL lab manager participated in multiple Ebola-related preparedness activities sponsored by the SNHD, including development of SNPHL sample collection and transport instructions for local laboratories, revision of the Ebola surveillance and testing algorithm, and participation in hospital and EMS workshops.
- C. SNPHL and OOE coordinated respiratory surveillance activities that will be provided for the 2014-2015 influenza season through PEWSS. Two additional sentinel sites were added to the PEWSS program.
- D. SNPHL received a certificate of appreciation from the CDC for submission of multiple samples for further characterization during the 2013-2014 influenza season (attached).

COMMUNITY HEALTH - SNPHL – Calendar Year Data

SNPHL Services	Sept 2013	Sept 2014		FY 13-14	FY 14-15	
Clinical Testing Services¹	4344	3063	↓	12236	9539	↓
Courier Services²	3757	3077	↓	10705	9487	↓
Epidemiology Services³	795	1013	↑	2740	2679	↓
State Branch Public Health Laboratory Services⁴	879	742	↓	2863	2318	↓
All-Hazards Preparedness Services⁵	11	10	↓	24	47	↑

CL/dm

ATT: October 2014 Disease Statistics

CDC Certificate of Appreciation

¹ Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, Gram stain testing. Decrease in clinical test activity due to changes in clinical test ordering algorithm instituted by SNHD nursing in October 2013.

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*, OCTOBER 2014

Disease	2012		2013		2014		Rate(Cases per 100,000 per month) (2009-2013 aggregated)	Oct (2014)	Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Oct No.	YTD No.	Oct No.	YTD No.	Oct No.	YTD No.			
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	0	10	0	8	0	11	0.03	0.00	↓
HEPATITIS A	0	5	.	13	0	.	0.03	0.00	↓
HEPATITIS B (ACUTE)	.	21	0	18	0	13	0.04	0.00	↓
INFLUENZA**	.	364	7	522	8	522	29.29	0.39	↓X
MEASLES	0	0	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	.	0	.	0.00	0.00	
PERTUSSIS	8	73	7	117	0	48	0.17	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	18	170	22	182	13	173	0.84	0.64	↓
CHLAMYDIA	673	7124	848	7931	763	8463	33.47	37.49	↑X
GONORRHEA	174	1605	216	1870	250	2228	7.38	12.28	↑X
HIV	29	193	26	229	32	246	1.18	1.57	↑
SYPHILIS (EARLY LATENT)	30	165	27	192	12	233	0.99	0.59	↓
SYPHILIS (PRIMARY & SECONDARY)	13	78	18	134	13	195	0.66	0.64	↓
ENTERICS									
AMEBIASIS	.	6	.	8	0	.	0.06	0.00	↓X
BOTULISM-INTESTINAL (INFANT)	0	0	.	.	0	0	0.01	0.00	↓
CAMPYLOBACTERIOSIS	8	75	5	75	.	81	0.43	0.05	↓X
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	0	6	0	.	0.01	0.00	↓
GIARDIA	7	59	7	51	5	34	0.22	0.25	↑
ROTAVIRUS	0	51	.	82	0	47	0.07	0.00	↓X
SALMONELLOSIS	9	130	113	441	.	97	1.70	0.20	↓X
SHIGA-TOXIN PRODUCING E. COLI#	5	41	.	44	0	17	0.19	0.00	↓X
SHIGELLOSIS	.	43	.	41	.	19	0.11	0.05	↓
TYPHOID FEVER	0	.	0	0	0	.	0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	.	0	.	0	.	0.01	0.00	↓
YERSINIOSIS	0	.	.	8	0	.	0.01	0.00	↓
OTHER									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	6	95	11	65	.	49	0.39	0.20	↓
DENGUE FEVER	0	.	0	.	0	.	0.00	0.00	
ENCEPHALITIS	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	.	0.02	0.00	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.00	0.00	
LEGIONELLOSIS	.	12	0	15	0	17	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	.	0.01	0.00	↓
LYME DISEASE	0	.	0	7	0	.	0.00	0.00	
MALARIA	0	.	0	5	0	6	0.00	0.00	
MENINGITIS, ASEPTIC/VIRAL	.	18	.	36	.	36	0.20	0.20	
MENINGITIS, BACTERIAL	0	.	.	8	0	10	0.04	0.00	↓
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	0.00	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)	12	802	7	1184	.	615	1.27	0.20	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	.	36	6	47	.	68	0.14	0.20	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	.	5	0	9	0.02	0.00	↓
TUBERCULOSIS	6	60	.	61	.	57	0.31	0.05	↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	0	.	0	8	0	.	0.00	0.00	
WEST NILE VIRUS (FEVER)	.	.	0	.	0	0	0.01	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=35 (reported total=1119). 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 .,.,.).

**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).



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

September 15, 2014

Southern Nevada Public Health Laboratory
700 Desert Lane
Las Vegas, NV 89106

Dear Ms. Patricia Armour,

On behalf of the Centers for Disease Control and Prevention (CDC), we want to thank your laboratory for participation in the U.S. national influenza virologic surveillance system throughout the 2013-2014 influenza season! Participation across the country was excellent this season. The US public health laboratories (PHL) submitted over 2,900 virologic surveillance specimens for further characterization. The specimens submitted to CDC were used to inform WHO's vaccine recommendations for 2014-2015 influenza season. The recommendation for the 2014-15 influenza vaccine will be the same antigenic composition as those used in 2013-14. The trivalent vaccines should contain an A/California/7/2009-like (2009 H1N1) virus, an A/Texas/50/2012-like (H3N2) virus, and a B/Massachusetts/2/2012-like (B/Yamagata lineage) virus and in addition the quadrivalent vaccines should contain a B/Brisbane/60/2008-like (B/Victoria lineage) virus (1). For more information about the 2013-14 influenza season please see the CDC MMWR published on the influenza season at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6322a2.htm?s_cid=mm6322a2_w.

We greatly appreciate your laboratory's support and contributions to the national surveillance system. These contributions are essential and greatly appreciated. To thank you, CDC is pleased to present your laboratory with the enclosed certificate of appreciation for all of your laboratory's contributions this season. Many thanks to your laboratory!

Sincerely,

A handwritten signature in cursive script, reading "Nancy J. Cox", is located below the "Sincerely," text.

Nancy Cox



CERTIFICATE OF APPRECIATION

Presented to

**Southern Nevada Public
Health Laboratory**



**For participating and submitting specimens to the 2013-2014 United
States Influenza Surveillance System.**

Nancy J. Cox, Ph.D.
Director, Influenza Division
Director, WHO Collaborating Center for Surveillance,
Epidemiology, and Control of Influenza

Anne Schuchat, M.D.
Director, National Center for Immunization
and Respiratory Diseases
Centers for Disease Control and Prevention