



Memorandum

Date: March 8, 2022

To: Southern Nevada District Board of Health

From: **Cassius Lockett, PhD, Director of Disease Surveillance & Control** *CL*
Fermin Leguen, MD, MPH, District Health Officer *FL*

Subject: Disease Surveillance & Control Division Monthly Activity Report – February 2022

A. Division of Disease Surveillance and Control

1. Number of Confirmed and Probable Cases of Selective Illnesses Reported

	Feb 2021	Feb 2022		FYTD 20-21	FYTD 21-22	
Sexually Transmitted						
Chlamydia	1069	854	↓	8841	7623	↓
Gonorrhea	655	419	↓	4657	4276	↓
Primary Syphilis	14	5	↓	156	164	↑
Secondary Syphilis	52	12	↓	286	248	↓
Early Non-Primary, Non-Secondary ¹	48	13	↓	328	378	↑
Syphilis Unknown Duration or Late ²	77	45	↓	630	820	↑
Congenital Syphilis (presumptive)	0	0	→	29	20	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	3	4	↑	21	15	↓
Syphilis Pregnant Cases	10	14	↑	83	133	↑
Perinatally Exposed to HIV	2	0	↓	6	9	↑
¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary ² Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	0	0	→	1	2	↑
Hepatitis A	0	0	→	1	1	→
Hepatitis B, acute	0	1	↑	3	3	→
Hepatitis B, chronic	36	55	↑	73	113	↑
Influenza	3	17	↑	15	32	↑

	Feb 2021	Feb 2022		FYTD 20-21	FYTD 21-22	
Enteric Illness						
Campylobacteriosis	12	3	↓	15	7	↓
Cryptosporidiosis	2	0	↓	4	1	↓
Giardiasis	3	3	→	7	10	↑
Rotavirus	1	12	↑	1	14	↑
Salmonellosis	13	5	↓	26	10	↓
Shiga toxin-producing Escherichia coli (STEC)	2	1	↓	4	9	↑
Shigellosis	6	0	↓	8	3	↓
Other						
Coccidioidomycosis	13	5	↓	28	16	↓
Hepatitis C, acute	0	0	→	0	1	↑
Hepatitis C, chronic	265	218	↓	598	441	↓
Invasive Pneumococcal Disease	13	8	↓	24	42	↑
Lead Poisoning	7	6	↓	22	19	↓
Legionellosis	1	1	→	2	4	↑
Lyme Disease	0	0	→	1	0	↓
Meningitis, aseptic	7	0	↓	10	1	↓
RSV	1	111	↑	5	453	↑
Streptococcal Toxic Shock Syndrome (STSS)	3	4	↑	5	5	→
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
New Active TB Cases Counted (>= 15 yo)	0	0	→	3	0	↓

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/ FUP ³
Chlamydia	40	0	78	0
Gonorrhea	45	1	109	0
Syphilis	59	2	187	1
HIV/AIDS (New to Care/Returning to Care)	11	0	38	0
Tuberculosis	40	0	10	0
TOTAL	195	3	422	1

¹ Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)
² Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms
³ OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters
 Fup= Investigations initiated to follow up on previous reactors, partners, or clusters

Monthly DIIS Investigations Other Communicable Diseases				
Confirmed Case (Clinical and Lab Required)	Confirmed Case (Lab Only)	Full Investigation	OOJ with Investigation	OOJ without Investigation
83	21	47	0	0

3. COVID-19 Specific Staffing and Response

- a. Contact Tracers (CTs) – SNHD
 - i. SNHD Staff, Current Total: 45
 - 1. Lead CTs – 8
 - 2. Contact Tracers; investigators and outreach – 37
 - ii. Contracted Contact Tracers, Current Total: 250
 - 1. CSAA team of 100
 - 2. CSAA team of 150
- b. Testing
 - i. 50% of team working the College of Southern Nevada (CSN) (3 sites) outreach testing on any testing day, overall >80% CTs rotating to testing sites.
 - ii. 6% assisting SNHD with in-house clinical testing at METS clinic.
- c. Contact Tracing/Outreach
 - i. School Team – A dedicated team of Contact Tracers who have been assigned to support the schools are currently scheduled onsite at CCSD and will remain indefinitely to support CCSD response.
 - ii. Priorities – CTs prioritize outbreak reports, and reports of multiple cases in settings of high-risk transmissions and vulnerable populations. This may include, but is not limited to, CCDC, homeless shelters, daycares, and congregate settings.

4. Disease and Outbreak Investigations

- a. **Influenza:** Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. In Clark County, for the season as of 2/19/2022, 49 influenza-associated hospitalizations and 6 deaths associated with influenza have been reported. The percentage of emergency room (ER) and urgent care clinic visits for ILI declined to 1.4% in week 7. Approximately 28% of area ER and urgent care clinic visits for ILI were made by children 0-4 years of age. Influenza A has been the dominant type circulating.
- b. **2019 Novel Coronavirus (COVID-19):** As of February 28, Clark County had 488,194 cases; 7,489 deaths, and 107 cases of MIS-C (Multisystem Inflammatory Syndrome in Children). The Health District continues to utilize the Incident Command System to

expand our efforts in COVID-19 response and gain access to additional staffing and resources. The Health District continues to meet with Clark County emergency managers, Fire, EMS, School Officials, hospital emergency response and infection control staff to communicate the current response and plan for continued partnership. The Office of Disease Surveillance (ODS) at the SNHD is receiving and following up on reports of confirmed illness, conducting disease investigations, contact tracing, and working with local medical providers to determine levels of risk and recommended actions for anyone who may be ill or exposed. ODS is making recommendations of isolation and quarantine for individuals that are diagnosed with COVID-19 or have been identified as exposed to someone with COVID-19. Currently SNHD has contact tracers including staff from SNHD, CSAA and other partnering agencies responding to reports of positive cases and maintain community testing sites, and strike teams for testing. This is an ongoing response effort.

- c. **COVID-19 Variants:** The Southern Nevada Health District continues to monitor for new and/or emerging variants.
- d. **THC Investigation:** DSC is investigating reports of THC toxicity among patrons that consumed food or drink from a local restaurant. Symptoms being reported include hallucinations, tachycardia, blurry vision, confusion, dry mouth, numbness or tingling in extremities, and loss of consciousness. Some of the ill sought medical attention and tested positive for THC, denying any marijuana use 30 days prior to their test. The Las Vegas Metro Police Department (LVMPD) is conducting food testing to identify the source of contamination. A self-reporting survey has been created to identify additional ill individuals and information on food or drink items that could be the possible source. DSC is working collaboratively with LVMPD and Environmental Health (EH) to investigate these findings. This is an ongoing investigation.
- e. **Norovirus Investigation:** ACDC is investigating a possible Norovirus outbreak at the Shade Tree. The reported symptoms include nausea, vomiting, abdominal pain, fever, and diarrhea. A total of four illnesses have been reported. Two ill individuals sought medical attention and were diagnosed with acute viral illness. However, the causative agent is still unknown. All available stool samples have been submitted to SNPHL for testing and the results are pending. A walkthrough of the facility was conducted by EH and the facility has begun implementing the prevention and control recommendations provided. This is an ongoing investigation, an update to follow.
- f. **Listeria Outbreak:** ACDC, in collaboration with EH, SNPHL and NSPHL, is assisting in CDC's ongoing investigating of an outbreak of *Listeria monocytogenes*. This outbreak is associated with prepackaged lettuce from various brands. The investigation includes 13 cases from 6 jurisdictions [CA (4), DC, GA, HI (4), MD, WA & NV]. Specimen collection dates range from August 19, 2014-December 20, 2021. Eleven illnesses occurred in 2021. Information on hospitalization is available for 11 patients and all 11 were

hospitalized, there is one reported death. One illness is pregnancy-associated. Retail sampling of two local grocery stores will be conducted. This is an ongoing investigation, an update to follow.

5. Non-communicable Reports and Updates

- a. Naloxone Training: SNHD is training and distributing naloxone (Narcan) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. SNHD is receiving naloxone via State Targeted Response funding through the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno. ODS has implemented a policy for SNHD staff to carry and administer Naloxone. ODS has also been given permission at the Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone trainings/distributions have taken place in the month of February:

- 02/18/22 – Fremont Street Experience (5 trained, 10 doses distributed)
- 02/22/22 – Venetian/Palazzo Security (100 doses distributed)
- 02/22/22 – Henderson Police Department (350 doses distributed)
- 02/22/22 – SNHD (180 doses distributed)
- 02/22/22 – Nevada Dept. of Wildlife (25 doses distributed)

- b. Overdose Data to Action Grant (ODTA): The ODTA team has been creating materials and a video demonstrating how to use the fentanyl test strips. This training will be used for both internal and external stakeholders to ensure those providing test strips in the community provide education regarding the proper use of fentanyl test strips. The L2A team has been reaching out to community partners in rural Clark County to identify locations such as Mesquite and Boulder City where mobile services would be best utilized. These conversations are in the planning phase with the goal to provide substance use linkage services at least quarterly to identified sites. The L2A team recently participated in North Las Vegas' first pop up mobile support services for the homeless and housing challenged within their city limits. Going forward, the L2A team will be participating in this effort monthly.

B. Prevention - Community Outreach/Provider Outreach/Education

Ongoing promotion of Collect2Protect (C2P) online service for those requesting testing for gonorrhea, chlamydia, and HOME HIV test kits. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners. The Center, Huntridge Family Clinic and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community.

Express Testing in SHC/Annex A services continues to do well. Walk in Services have resumed making it much easier for the community to access services with limited barriers. Outreach events this month include Hawks Gym and Fun Hog Ranch Bar. Both are monthly recurring events targeting MSM. HIV and syphilis testing are offered along with information on PrEP/PEP and condoms. ODS staff

work with the managers of the businesses to help promote prior to the outreach event.

C. High Impact HIV/STD/Hepatitis Screening Sites

Testing is currently being offered at Trac-B for HIV and Hep C. Also, The Center is offering screenings for HIV, Hep C, Gonorrhea, Chlamydia and Syphilis to the community Mon-Thurs from 1pm-5pm and every Saturday from 9am-2pm. AHF is also offering HIV and STD screenings at their Wellness clinic locations on Mondays, Wednesdays, and Fridays, and on their MTU.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	Feb-21	Feb-22		FY 20-21	FY 21-22	
Outreach/Targeted Testing	813	316	↓	5637	6968	↑
Clinic Screening (SHC/FPC/TB)	433	174	↓	2430	1721	↓
Outreach Screening (Jails, SAPTA)	35	30	↓	311	400	↑
TOTAL	1281	520	↓	8378	9089	↑
Outreach/Targeted Testing POSITIVE	4	4	→	36	60	↑
Clinic Screening (SHC/FPC/TB) POSITIVE	4	1	↓	11	6	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	1	2	↑
TOTAL POSITIVES	8	5	↓	48	68	↑

D. Staff Facilitated/Attended the following Trainings/Presentations

- 02/2/2022: "Congenital Syphilis Panel" for UNLV's School of Nursing NURS 350 "Population Based Nursing in the Community" facilitated by ODS Health Educator, ~30 people in attendance.
- 02/02/2022: "Harm Reduction 201 Training" facilitated by 2 ODS Health Educators; 15 people in attendance.
- 02/02/2022: Community Health Improvement Plan (CHIP) Sub-Group Goals Meeting facilitated by ODS Health Educator; 15 people in attendance, 3 SNHD ODS staff attendees.
- 02/3/2022: Southern Nevada Opioid Advisory Committee (SNOAC) General Council Meeting facilitated by ODS Health Educator; 71 people in attendance; 2 SNHD ODS staff attendees.
- 02/3/2022: Senate Bill (SB) 275 Advisory Task Force HIV Exposure Modernization represented by ODS Health Educator as task force member, 15 people in attendance.
- 02/04/2022: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by ODS Health Educator Staff as representative; ~42 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
- 02/07/2022: "National Black HIV/AIDS Awareness Day", facilitated by the Southern Nevada health Consortium, 40 people in attendance, 7 SNHD ODS staff attendees.

8. 02/8/2022 – 02/9/2022: National Network of Disease Intervention Training Centers COVID-19 Leadership: Best Practices for Team Leads; 1 SNHD ACDC staff attendee.
9. 02/9/2022: “Morbidity and Mortality Reporting and Overview of Public Health Detailing” for UNLV’s School of Nursing NURS 350 “Population Based Nursing in the Community” presented by 2 ODS Health Educator, 9 people in attendance.
10. 02/10/2022: “Motivational Interviewing Training” facilitated by ODS Health Educator Staff; 8 people in attendance; 4 SNHD ODS staff attendees.
11. 02/15/2022: Child Death Review (CDR) Board virtual meeting attended by ODS Health Educator Staff as a representative; ~45 people in attendance from multiple agencies; 2 SNHD ODS staff attendees.
12. 02/16/2022: “Adult Mental Health First Aid” training organized and facilitated by ODS Health Educator Staff and Dignity Health representative; 10 people in attendance; 5 SNHD staff attendees.
13. 02/17/2022: “Clark County’s Plan to End the HIV Epidemic” presentation for the Center for AIDS Research UCSD; 2 SNHD ODS Health Educators presented; ~15 people in attendance.
14. 02/17/2021: Senate Bill (SB) 275 Advisory Task Force HIV Exposure Modernization represented by ODS Health Educator as task force member, 15 people in attendance.
15. 02/17/2022: Nevada Interim Legislature Session – Joint Health and Human Services (HHS) Committee on Harm Reduction Options presented by ODS Health Educator; ~15 people in attendance.
16. 02/19/2022: “HIV and STIs in Nevada” for the Center’s Advocacy Network; presented by ODS Health Educator; 22 participants in attendance.
17. 02/22/2022: “SafeTALK Suicide Prevention” training facilitated by 2 ODS Health Educator Staff; 11 people in attendance; 6 SNHD ODS staff attendees.
18. 02/22/22-02/23/22: CSTE Vector Borne Disease Forecasting Workshop; 1 SNHD ACDC staff attendee.
19. 02/23/2022: Public Health Detailing for First Person Medical Henderson; ODS Health Educator as representative; 6 people in attendance.
20. 02/23/2022: “Joint Southern and Northern Nevada HIV Prevention Planning Group Meeting”, facilitated by the Southern Nevada HIV Prevention Planning Group, Fentanyl Test Strip Training provided by ODS Health Educator ~30 in attendance, 4 SNHD staff attendees.
21. 02/24/2022: U.S. Consumer Product Safety Commission (CPSC) - State Designee Conference Call attended by OEDS Health Educator Staff as a representative; ~60 people in attendance representing each US state.

E. Other

Communicable Disease Statistics: Quarter 4 2021 and January 2022 disease statistics are attached (see Table 1).

II. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A. Continue to maintain and enhance Trisano disease surveillance system.
- B. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems, and updated EMSA to process Coronavirus ELRs.
- C. Continue to work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Informatics is also assisting with the changes that need to be made to the LIMS to accommodate new instruments and testing offered by the Clinical Laboratory.
- D. Assist SNPHL to develop COVID-19 interface between instruments, COVID-19 POD app and Orchard, COVID-19 testing and reporting as needed.
- E. Work with IT to implement and maintain the Electronic Health Record (EHR) system for COVID-19 test ordering and COVID-19 vaccination. Working on import COVID-19 testing demographic data from POC application into eCW.
- F. Continue to work on CDC Influenza SARS-CoV-2 multiplex assay, CDC Subtyping, and CDC Genotyping order mapping.
- G. Assist Office of Epidemiology and Office of Disease Surveillance (OEDS), Office of EMS/Trauma System, Environmental Health (EH), Clinic Services with various data requests, data exports, and report generation.
- H. Continue to enhance the iCircle web application for OEDS by adding new form for STD TracB site questions, and transmission of STD, HIV and Hepatitis testing data to CDC, and enhance a QA process between iCircle with eCW data.
- I. Continue to support Clark County Coroner's Office (CCCO) on new CME implementation, data requests and reports.
- J. Continue to work with OEDS on SVM projects.
- K. Enhance COVID-19 surveillance by automating COVID-19 hospitalization notification, and extract demographics, lab tests and treatment information from HIE CCDs for public health surveillance.
- L. Completed interface between COVID-19 POD App to eCW.
- M. Complete Vector Control GIS maps for EH.
- N. Work with Wellpartner on prescription notification from eCW.
- O. Work with Epi team to automate Trisano update for COVID-10 death reporting.
- P. Maintain and update COVID-19 dashboard, COVID-19 maps, lab testing and ED admission trend analysis and other urgent data requests.
- Q. Maintain automated COVID-19 patient notification application and perform QA for contact tracing and identification.
- R. Maintain and enhance COVID-19 lab results portal to include NSPHL overflow test results. Clients can access their results online.
- S. Maintain applications to automate COVID-19 contacts upload for contact tracing and testing referral and produce COVID-19 DECIPHER report.

- T.** Continue working on EpiTrax migration from Trisano and address issues identified from UAT test.
 - 1. Testing Pentaho reports from EpiTrax data warehouse.
 - 2. Deployed EpiTrax NMI system for testing.
 - 3. Added security measures to EpiTrax warehouse.
- U.** Continue to work with state on DMI project including eCR onboarding and RCKMS training.
- V.** Enhance Syndromic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) for new providers and future support.
- W.** Onboarded 12 providers from backlog for COVID-19 test reporting.
- X.** Continue bi-weekly meetings with NV HIE for improving COVID-19 race/ethnicity collection and reporting.
- Y.** Continue to work with UNLV for COVID-19 data geocoding, analysis and reporting. UNLV updated workplan with a new PI.
- Z.** Completed various reports including: 2021 UDS; Lab Report; Provider report for Pharmacy; FPAR Annual Report; EHE CDC Reporting; National Weather Service Reports; ELC Grant Reports; Suicide Report; and Homeless Deaths Report.
- AA.** Continue working with Epi office to improve grant reporting process for Yale project.
- BB.** Continue working on Health Disparity project with the state.
- CC.** Completed PHEP Grant work plan for next year.
- DD.** Completed ELC monthly grant reports.

Table 1



January 2022: Clark County Disease Statistics*

Disease	2020		2021		2022	
	Jan	YTD	Jan	YTD	Jan	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	0	0	1	1	2	2
Hepatitis A	7	7	1	1	1	1
Hepatitis B, acute	0	0	3	3	0	0
Hepatitis B, chronic	48	48	37	37	58	58
Influenza	516	516	12	12	15	15
Pertussis	3	3	0	0	0	0
SEXUALLY TRANSMITTED						
Chlamydia	1236	1236	1020	1020	858	858
Gonorrhea	457	457	598	598	460	460
Syphilis (Early non-primary, non-secondary)	35	35	59	59	36	36
Syphilis (Primary & Secondary)	52	52	58	58	45	45
CONGENITAL CONDITIONS						
Congenital Syphilis	3	3	5	5	2	2
Hepatitis C, Perinatal Infection	0	0	1	1	0	0
ENTERICS						
Amebiasis	2	2	0	0	1	1
Campylobacteriosis	11	11	3	3	4	4
Cryptosporidiosis	3	3	2	2	1	1
Giardiasis	3	3	4	4	7	7
Rotavirus	2	2	0	0	2	2
Salmonellosis	9	9	13	13	5	5
Shiga toxin-producing <i>E. coli</i> (STEC)	6	6	2	2	8	8
Shigellosis	3	3	2	2	3	3
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	2	2	0	0	0	0
Yersiniosis	2	2	0	0	0	0
OTHER						
Coccidioidomycosis	11	11	15	15	9	9
Exposure, Chemical or Biological	0	0	1	1	0	0
Hepatitis C, acute	0	0	0	0	1	1
Hepatitis C, chronic	462	462	333	333	223	223
Invasive Pneumococcal Disease	47	47	11	11	34	34
Lead Poisoning	22	22	15	15	13	13
Legionellosis	4	4	1	1	2	2
Listeriosis	0	0	0	0	1	1
Lyme Disease	2	2	1	1	0	0
Malaria	1	1	0	0	1	1
Meningitis, Aseptic	5	5	3	3	1	1
Meningitis, Bacterial Other	4	4	0	0	0	0
RSV	788	788	4	4	342	342
Rabies, exposure to a rabies susceptible animal	9	9	25	25	33	33
Streptococcal Toxic Shock Syndrome (STSS)	2	2	2	2	1	1

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions. HIV/AIDS/TB case counts are provided on a quarterly basis.

-Diseases not reported in the past two years or during the current reporting period are not included in this report.

--Hepatitis C, chronic, numbers have changed due to surveillance decisions within the Office of Epidemiology & Disease Surveillance.

---Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.



Quarter 4, 2021: Clark County Disease Statistics*

Disease	2019		2020		2021		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr 4	YTD	Qtr 4	YTD	Qtr 4	YTD	Qtr 4 (2016-2020 aggregated)	Qtr 4 (2021)	Change bit current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive	0	25	4	12	4	13	0.14	.	↓
Hepatitis A	6	101	4	18	1	2	0.10	.	↓
Hepatitis B, acute	3	18	3	12	5	16	0.08	.	↑
Hepatitis B, chronic	113	599	120	468	128	542	1.35	1.80	↑
Influenza	642	1478	20	884	24	71	5.69	0.34	↓X
Influenza-associated pediatric mortality	1	3	0	0	0	0	.	.	↓
Meningococcal disease (<i>N. meningitidis</i>)	2	3	0	1	0	0	.	.	↓
Mumps	1	2	0	0	0	0	.	.	↓
Pertussis	8	44	0	5	9	22	0.14	.	↑
SEXUALLY TRANSMITTED									
Chlamydia	3520	14080	3290	13164	2903	12439	60.06	41.44	↓X
Gonorrhea	1383	5467	1790	5301	1609	7009	25.32	22.97	↓X
HIV	78	391	58	293	73	421	1.54	1.04	↓X
Stage 3 HIV (AIDS)	46	155	18	108	29	174	0.68	0.41	↓X
Syphilis (Early non-primary, non-secondary)	92	398	130	407	135	651	2.06	1.93	↑
Syphilis (Primary & Secondary)	153	636	168	642	161	723	2.73	2.30	↑
CONGENITAL CONDITIONS									
Hepatitis C, Perinatal Infection	0	2	2	2	2	5	.	.	↑
Congenital Syphilis	11	38	13	43	8	32	0.16	.	↓
ENTERICS									
Amebiasis	1	7	1	8	0	2	.	.	↓
Campylobacteriosis	45	150	35	127	19	122	0.60	0.27	↓X
Cryptosporidiosis	4	16	2	11	3	16	.	.	↑
Giardiasis	8	55	8	30	14	43	0.20	0.20	↑
Rotavirus	11	64	6	21	7	29	0.18	.	↓
Salmonellosis	31	145	18	120	31	149	0.55	0.44	↑
Shiga toxin-producing <i>E. coli</i> (STEC)	11	39	8	28	5	54	0.16	.	↓
Shigellosis	33	79	11	52	14	70	0.37	0.20	↓
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	4	0	3	2	4	.	.	↑
Yersiniosis	4	7	1	5	3	11	.	.	↑
OTHER									
Coccidioidomycosis	26	97	46	166	42	163	0.68	0.60	↑
Encephalitis	1	2	0	1	0	1	.	.	↓
Exposure, Chemical or Biological	1	10	0	0	0	2	.	.	↓
Hepatitis C, acute	7	24	0	4	0	2	0.09	.	↓
Hepatitis C, chronic	1403	6408	875	4167	709	3247	11.23	10.12	↑
Invasive Pneumococcal Disease	72	247	29	179	48	129	0.95	0.69	↓
Lead Poisoning	25	136	22	98	16	94	0.58	0.23	↓X
Legionellosis	8	25	4	25	6	22	0.08	.	↑
Listeriosis	1	6	1	2	2	2	.	.	↑
Lyme Disease	0	12	1	4	3	13	.	.	↑
Malana	2	10	0	1	1	2	.	.	↓
Meningitis, Aseptic	14	78	11	68	7	33	0.18	.	↓
Meningitis, Bacterial Other	7	29	10	24	3	11	0.12	.	↓
Meningitis, Fungal	0	4	1	4	0	4	.	.	↓
RSV	720	2707	7	1733	1699	2304	6.10	24.25	↑X
Spotted Fever Rickettsiosis	3	6	0	0	0	1	.	.	↓
Streptococcal Toxic Shock Syndrome (STSS)	7	30	3	22	1	18	0.07	.	↓
Tuberculosis, Active	11	45	12	51	15	53	0.26	.	↑
West Nile Virus neuroinvasive disease	0	34	0	0	0	0	.	.	No Change

*Use of illness onset date in data aggregation for cases other than STD or TB (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable, and suspect cases that are reportable to CDC. HIV/AIDS/TB case counts are provided on a quarterly basis. Rate suppression denoted by '.' for rates corresponding to case counts < 12.

~Diseases not reported in the past five years (aggregate data) and not reported during the current reporting period are not included in this report.

0~Confidence intervals (not shown) for the quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly rates changed significantly from those of the previous 5-year aggregated rates. Green text represents rates that decreased significantly, whereas red text represents rates that increased significantly. Statistically significant changes are indicated by 'X.'