



# Memorandum

**Date:** August 5, 2022

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

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

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

**A. Division of Disease Surveillance and Control**

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

	July 2021	July 2022		FYYTD 21-22	FYYTD 22-23	
<b>Sexually Transmitted</b>						
Chlamydia	1122	973	↓	1122	973	↓
Gonorrhea	689	455	↓	689	455	↓
Primary Syphilis	31	15	↓	31	15	↓
Secondary Syphilis	28	16	↓	28	16	↓
Early Non-Primary, Non-Secondary <sup>1</sup>	60	16	↓	60	16	↓
Syphilis Unknown Duration or Late <sup>2</sup>	112	43	↓	112	43	↓
Congenital Syphilis (presumptive)	2	1	↓	2	1	↓
<b>Moms and Babies Surveillance</b>						
HIV Pregnant Cases	1	0	↓	1	0	↓
Syphilis Pregnant Cases	29	9	↓	29	9	↓
Perinatally Exposed to HIV	1	1	→	1	1	→
<sup>1</sup> Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary <sup>2</sup> Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late						
<b>Vaccine Preventable</b>						
Haemophilus influenzae, invasive disease	2	0	↓	4	8	↑
Hepatitis A	0	1	↑	1	4	↑
Hepatitis B, acute	2	0	↓	10	12	↑
Influenza	4	14	↑	41	417	↑
Pertussis	4	1	↓	10	43	↑
<b>Enteric Illness</b>						

	July 2021	July 2022		FYYTD 21-22	FYYTD 22-23	
Campylobacteriosis	13	11	↓	92	63	↓
Cryptosporidiosis	3	0	↓	8	9	↑
Giardiasis	2	3	↑	20	22	↑
Rotavirus	4	4	→	18	125	↑
Salmonellosis	13	5	↓	97	81	↓
Shiga toxin-producing Escherichia coli (STEC)	14	4	↓	41	48	↑
Shigellosis	6	2	↓	47	27	↓
<b>Other</b>						
Coccidioidomycosis	8	8	→	96	70	↓
Hepatitis C, acute	0	0	→	2	2	→
Invasive Pneumococcal Disease	9	3	↓	65	105	↑
Lead Poisoning	11	5	↓	65	72	↑
Legionellosis	4	1	↓	13	16	↑
Lyme Disease	3	0	↓	8	2	↓
Meningitis, aseptic	1	0	↓	21	8	↓
Streptococcal Toxic Shock Syndrome (STSS)	0	4	↑	16	7	↓
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
New Active TB Cases Counted (>= 15 yo)	1	3	↓	1	3	↓

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters <sup>1</sup>	Reactors/ Symptomatic/ Xray <sup>2</sup>	OOJ/ FUP <sup>3</sup>
Chlamydia	63	0	87	0
Gonorrhea	59	1	143	0
Syphilis	62	4	229	0
HIV/AIDS (New to Care/Returning to Care)	22	0	58	0
Tuberculosis	121	0	7	0
<b>TOTAL</b>	<b>327</b>	<b>5</b>	<b>524</b>	<b>0</b>

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

3. ACDC COVID-19 CT Staffing and Activities

- a. Contact Tracers (CTs) – SNHD
  - i. SNHD staff, Current Total: 36
    - 1. Lead CTs – 6
    - 2. Contact Tracers; investigators and outreach – 30
  - ii. Contracted Contact Tracers, Current Total: 100
    - 1. CSAA team of 100



- b. Testing
  - i. Contact tracing team continues to work the College of Southern Nevada (CSN) (3 sites) outreach testing on any testing day, overall >80% CTs rotating to testing sites
  - ii. CT Team continues to assist SNHD with in-house clinical testing at METS clinic
  - iii. Strike teams for testing are deployed for outbreak and clusters identified
  - iv. Vending Machines- providing accessible antigen home kits to vulnerable populations
  - v. Coordinating Covid Antigen test kit Distribution through CBO partnerships
- c. Contact Tracing/Outreach/Outbreak investigations
  - i. School Team – A dedicated team of Contact Tracers who have been assigned to support the schools and work closely with CCSD and other local schools.
  - 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, detention centers, homeless shelters, daycares, and congregate settings.

#### 4. Disease and Outbreak Investigations

- a. **Influenza:** 2021-2022 influenza season surveillance in Nevada has been extended through the summer months and into the 2022-2023 season, which will begin on October 2, 2022. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. In Clark County, the influenza activity decreased dramatically in July 2022 after experiencing higher case rates, influenza-like illness rates and hospitalization rates than what is typically expected in April, May and June. This is an ongoing surveillance.
- b. **2019 Novel Coronavirus (COVID-19):** As of July 31, Clark County had 568,567 cases; 8,791 deaths, and 112 cases of MIS-C (Multisystem Inflammatory Syndrome in Children). The Health District continues to utilize the Incident Command System to expand our efforts as needed and sustain the COVID-19 response. 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 Acute Communicable Disease Control (ACDC) program at the SNHD is receiving and following up on reports of confirmed illness, conducting disease investigations and contact tracing for outbreaks and vulnerable populations. ACDC 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 through use of technology as capacity allows. Currently SNHD has contact tracers including staff from SNHD, CSAA to follow up on the



reports of positive cases and maintain community testing sites, and strike teams for testing. This is an ongoing response effort.

- c. **Monkeypox:** As of July 31, Clark County had 23 cases of monkeypox. ACDC monitors contacts to these cases as well as residents of Clark County that have been identified as contacts to out of state cases.
- d. **Heavy Metal Exposure:** ACDC is working with outside partners attempting to identify the source of heavy metal exposure in a cluster of individuals, many with recent foreign travel. Samples of food and environmental swabs have been sent for testing.

## 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 July:

7/7/22 - North Las Vegas Court (6 trained, 16 doses distributed)

7/20/22 - Desert Parkway (20 doses distributed)

- b. **Overdose Data to Action (ODTA):** The ODS ODTA Health Education team monitors the Fentanyl Test Strip Program.

The following participating agencies and internal SNHD programs received FTS during the month of July:

7/13/2022: Signs of Hope (300 Strips)

7/20/2022: SNHD Pharmacy (600 Strips)

7/27/2022: The Center (600 Strips)

## 6. 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 targeting MSM at Hawks Gym and Fun Hog Bar have been moved to quarterly. This month ODS staff concentrated on outreaches in high-risk populations with high morbidity of HIV reporting. Staff met with gate keepers at two 7-11 locations to discuss the option of parking the MTU during various nontraditional hours to test for HIV and syphilis. 7-11 managers



have also offered incentives to those who test. Education on HIV, STDs, PrEP/PEP are also included as well as condom distribution. This pilot outreach effort will last from 4-6 weeks to see if it produces the testing and awareness to justify a regular scheduled site moving forward.

**B. 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 Monday-Thursday from 1pm-5pm and every Saturday from 9am-2pm. AHF is also offering HIV and STD screenings at their Wellness clinic locations on Monday, Wednesday, and Friday, and on their MTU.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	July -21	July-22		FY 21-22	FY 22-23	
Outreach/Targeted Testing	909	358	↓	909	358	↓
Clinic Screening (SHC/FPC/TB)	250	238	↓	250	238	↓
Outreach Screening (Jails, SAPTA)	56	234	↑	56	234	↑
Collect2Protect	6	7	↑	6	7	↑
<b>TOTAL</b>	<b>1221</b>	<b>837</b>	<b>↓</b>	<b>1221</b>	<b>837</b>	<b>↓</b>
Outreach/Targeted Testing POSITIVE	10	1	↓	10	1	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	1	0	↓	1	0	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	0	0	→
Collect2Protect POSITIVE	0	0	→	0	0	→
<b>TOTAL POSITIVES</b>	<b>11</b>	<b>1</b>	<b>↓</b>	<b>11</b>	<b>1</b>	<b>↓</b>

**C. Staff Facilitated/Attended the following Trainings/Presentations**

- 07/07/2022 – 07/08/2022: "Empower Change Training" facilitated by Southern Nevada Health District; 10 people in attendance; 4 SNHD ODS staff attendees and 3 ODS staff presenters.
- 07/11/2022: Sexual Violence 101 Training; 23 people in attendance; 3 SNHD ODS Health Educator attendees.
- 07/13/2022: Human Trafficking 101 Training; 24 people in attendance; 3 SNHD ODS Health Educator attendees.
- 7/13/2022: Signs of Hope Site visit facilitated by ODS Health Educator; 5 people in attendance.
- 7/14/2022. Attended National Coalition of STD Directors Congenital Syphilis Policy Academy Online. 15 in attendance from NCSD and a variety of local and state health departments including Iowa, Idaho, Orange County NY, and South Carolina; 1 SNHD ODS Health Educator in attendance.
- 07/15/2022: Children's Policy Priorities for the 2023 Legislative Session meeting; ~32 people in attendance from multiple agencies; 1 SNHD ODS staff attendee.
- 7/18/2022: ORN SOR-TA: SNOAC Technical Assistance; 5 people in attendance; 2 ODS Health Educator attendees.
- 07/19/2022 – 07/20/2022: Nevada Harm Reduction Summit - ODS Staff Panel discussion about harm reduction in Nevada; 55 people (Las Vegas) & 75 people (Reno) in attendance; 2 SNHD ODS staff attendee.



9. 7/19/2022. Online Presentation "HIV and STIs in Southern Nevada" for US Vets Staff. Approximately 47 in attendance. 1 ODS Health Educator Presenter.
10. 07/20/2022: Presentation to clients at Empowered at Roseman University on Sexual Health and syphilis/congenital syphilis; 11 people in attendance; 2 SNHD ODS staff attendees.
11. 07/27/2022: HCS Learning Collaborative: Naloxone Vending Machines training presentation by ODS Health Educator in collaboration with Trac-B Staff; 100 people in attendance.
12. 7/28-29/2022: Attended NCSD Policy Academy in Washington DC. 14 in attendance from a variety of local and state health departments and NCSD including Iowa, Idaho, Orange County NY, and South Carolina. 1 SNHD ODS Health Educator in attendance.

**D. Other**

Communicable Disease Statistics: June 2022 disease statistics and Quarter 2 2022 disease stats are attached (see Table 1).

**MONTHLY REPORT – July 2022**

**OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)**

- A. Continue to maintain and enhance Trisano disease surveillance system. Ongoing user account support, access issues, and data corrections. Added monkeypox forms to allow disease-specific data to be captured.
- B. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems.
- C. Testing for EMSA functionality and iCircle integration with IT's new API server.
- D. 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. Reverse validation with CDC in progress. Additional tests added to PHLIP feed. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) validation. Set up interface between SNPHL and NSPHL for Monkeypox testing order.
- E. Assist SNPHL to develop and maintain COVID interface between instruments, COVID POD app and Orchard, with COVID testing and reporting as needed.
- F. Work with IT to implement and maintain the Electronic Health Record (EHR) system for COVID test ordering and COVID vaccination. Working on import of COVID testing demographic data from POC application into eCW. Working on configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services.
- G. Continue to work on CDC Influenza SARS-CoV-2 multiplex assay, CDC Subtyping, and CDC Genotyping order mapping.
- H. Assist Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, Environmental Health (EH), Clinic Services with various data requests, data exports, and report generation.
- I. Continue to maintain and 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. Created a general Q&A form for staff, related to logic and process.



- J. Continue to support Clark County Coroner's Office (CCCO) on new CME implementation, testing, data requests and reports. Engage with SME's from each department to help review, communicating identified issues with vendor and following up on resolved issues.
- K. Enhance COVID19 surveillance by automating COVID19 hospitalization notification, and extract demographics, lab tests and treatment information from HIE CCDs for public health surveillance.
- L. Continue working with Wellpartner on prescription notification from eCW. Encounter reports completed.
- M. Maintain and update COVID19 dashboard to include COVID19 Reinfections. COVID19 maps, lab testing and ED admission trend analysis and other urgent data requests.
- N. Maintain automated COVID19 patient notification application and perform QA for contact tracing and identification.
- O. Maintain and enhance COVID19 lab results portal to include SNPHL overflow test results. Debugged COVID lab result issues, to ensure that clients can obtain their results online.
- P. Maintain applications to automate COVID19 contacts upload for contact tracing and testing referral and produce COVID19 DECIPHER report.
- Q. Continue to work with Epi and Surveillance teams to test EpiTrax and Data warehouse. Data Migration scripts from Trisano being validated through Disease Surveillance workflows. Data Warehouse schemas rebuilt to meet Epi Team needs. Pentaho report conversion for EpiTrax in progress. Antibigram data from 2020 being exported to data warehouse.
- R. Continue working on EpiTrax migration from Trisano and address issues identified from UAT test. Updated COVID notification logic and JAVA runtime from version 7 to version 8 for new IT API server migration that is set for August. Continue API testing for 3<sup>rd</sup> party app. Processed UMC HIV test eICR to EpiTrax successfully. Received Monkeypox CCDs from NV HIE.
- S. Continue to work with state on DMI project including eCR onboarding and RCKMS training.
- T. Onboarded 1 new lab for COVID ELR reporting.
- U. Enhance Syndromic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) for new providers and future support.
- V. Continue bi-weekly meetings with NV HIE for improving COVID19 race/ethnicity data collection and reporting.
- W. Submitted grant budget to Clark County for RWCQM grant.
- X. Completed various reports including PrEP ICD report, GISP/eGISP report, Weekly Micro Counts reports, SBIRT 2018 report, FPNV Annual reports, HPV 3-year report and Audit C report.
- Y. Continue to work with Epi office on the Yale project for case conferencing.
- Z. Worked with the state to address the discrepancies of the weekly COVID case reporting.
- AA. Staff attended NACCHO Conference and HL7 Training for workforce development.
- BB. Completed Public Health Infrastructure Grant application for submission.



JUNE 2022: Clark County Disease Statistics\*

Disease	2020		2021		2022	
	June	YTD	June	YTD	June	YTD
<b>VACCINE PREVENTABLE</b>						
Haemophilus influenzae, invasive	0	8	1	2	1	8
Hepatitis A	2	13	0	1	0	3
Hepatitis B, acute	2	4	2	8	0	12
Influenza	0	862	3	37	30	401
Meningococcal disease ( <i>N. meningitidis</i> )	0	1	0	0	0	0
Pertussis	0	6	4	6	5	42
<b>SEXUALLY TRANSMITTED</b>						
Chlamydia	1256	6410	1132	6778	1015	6021
Gonorrhea	447	2393	618	3676	511	3094
Syphilis (Early non-primary, non-secondary)	40	186	49	331	39	288
Syphilis (Primary & Secondary)	61	324	66	388	52	318
<b>CONGENITAL CONDITIONS</b>						
Hepatitis C, Perinatal Infection	0	0	0	2	0	0
Congenital Syphilis	5	19	1	17	3	26
<b>ENTERICS</b>						
Amebiasis	1	5	0	2	1	1
Campylobacteriosis	13	49	20	79	17	50
Cryptosporidiosis	1	7	1	5	1	9
Giardiasis	2	17	1	18	3	19
Rotavirus	0	14	5	14	14	121
Salmonellosis	11	50	21	84	8	73
Shiga toxin-producing <i>E. coli</i> (STEC)	2	13	12	27	3	43
Shigellosis	3	27	5	41	8	25
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	3	0	0	0	0
Yersiniosis	1	3	2	7	0	3
<b>OTHER</b>						
Brucellosis	0	0	0	0	0	1
Coccidioidomycosis	21	81	19	88	7	61
Exposure, Chemical or Biological	0	0	0	1	5	6
Hepatitis C, acute	0	2	1	2	0	2
Invasive Pneumococcal Disease	7	134	5	56	13	102
Lead Poisoning	7	58	8	54	9	65
Legionellosis	2	18	0	9	3	15
Listeriosis	0	0	0	0	1	3
Lyme Disease	0	3	2	5	0	2
Malaria	0	1	0	0	0	2
Meningitis, Aseptic	7	42	3	20	3	8
Meningitis, Bacterial Other	0	10	0	5	0	2
Meningitis, Fungal	0	2	0	4	0	0
Q Fever, acute	0	0	1	1	0	0
RSV	1	1720	38	62	66	835
Rabies, exposure to a rabies susceptible animal	10	73	21	123	27	171
Spotted Fever Rickettsiosis	0	0	0	1	0	0
Streptococcal Toxic Shock Syndrome (STSS)	4	17	4	16	0	3

\*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 2, 2022: Clark County Disease Statistics\*

| Disease                                                 | 2020  |      | 2021  |      | 2022  |      | Rate (Cases per 100,000 per quarter) |              | Quarter Rate Comparison           |
|---------------------------------------------------------|-------|------|-------|------|-------|------|--------------------------------------|--------------|-----------------------------------|
|                                                         | Qtr 2 | YTD  | Qtr 2 | YTD  | Qtr 2 | YTD  | Qtr 2 (2017-2021 aggregated)         | Qtr 2 (2022) | Change b/t current & past 5-year? |
| <b>VACCINE PREVENTABLE</b>                              |       |      |       |      |       |      |                                      |              |                                   |
| Haemophilus influenzae, invasive                        | 0     | 8    | 1     | 2    | 4     | 8    | 0.036089                             | .            | ↑                                 |
| Hepatitis A                                             | 3     | 13   | 0     | 1    | 1     | 3    | 0.167558                             | .            | ↓                                 |
| Hepatitis B, acute                                      | 4     | 4    | 5     | 8    | 3     | 12   | 0.079912                             | .            | ↓                                 |
| Hepatitis B, chronic                                    | 87    | 225  | 142   | 268  | 162   | 345  | 1.665264                             | 2.289886     | ↑X                                |
| Influenza                                               | 10    | 862  | 16    | 37   | 261   | 403  | 1.111036                             | 3.689261     | ↑X                                |
| Meningococcal disease ( <i>N. meningitidis</i> )        | 0     | 1    | 0     | 0    | 0     | 0    | .                                    | .            | ↓                                 |
| Pertussis                                               | 0     | 6    | 6     | 6    | 22    | 42   | 0.097957                             | 0.310972     | ↑X                                |
| <b>SEXUALLY TRANSMITTED</b>                             |       |      |       |      |       |      |                                      |              |                                   |
| Chlamydia                                               | 3006  | 6410 | 3428  | 6778 | 3078  | 6044 | 42.16779                             | 43.50783     | ↓                                 |
| Gonorrhea                                               | 1185  | 2393 | 1779  | 3675 | 1535  | 3103 | 17.29967                             | 21.69738     | ↑X                                |
| HIV                                                     | 74    | 168  | 122   | 227  | 95    | 204  | 1.319838                             | 1.342834     | ↓                                 |
| Stage 3 HIV (AIDS)                                      | 28    | 62   | 55    | 95   | 40    | 77   | 0.507828                             | 0.565404     | ↑                                 |
| Syphilis (Primary & Secondary)                          | 155   | 324  | 200   | 388  | 166   | 326  | 1.902423                             | 2.346426     | ↑                                 |
| Syphilis (Early non-primary, non-secondary)             | 94    | 186  | 168   | 331  | 139   | 291  | 1.528641                             | 1.964779     | ↑                                 |
| <b>CONGENITAL CONDITIONS</b>                            |       |      |       |      |       |      |                                      |              |                                   |
| Congenital Syphilis                                     | 7     | 19   | 11    | 17   | 11    | 28   | 0.092801                             | .            | ↑                                 |
| Hepatitis C, Perinatal Infection                        | 0     | 0    | 1     | 2    | 0     | 0    | .                                    | .            | ↓                                 |
| <b>ENTERICS</b>                                         |       |      |       |      |       |      |                                      |              |                                   |
| Amebiasis                                               | 2     | 5    | 1     | 2    | 1     | 1    | .                                    | .            | ↓                                 |
| Campylobacteriosis                                      | 26    | 49   | 53    | 79   | 35    | 51   | 0.464006                             | 0.494728     | ↓                                 |
| Cryptosporidiosis                                       | 3     | 7    | 1     | 5    | 6     | 9    | 0.033512                             | .            | ↑                                 |
| Giardiasis                                              | 8     | 17   | 6     | 18   | 6     | 19   | 0.12889                              | .            | ↓                                 |
| Rotavirus                                               | 2     | 14   | 11    | 14   | 76    | 121  | 0.203647                             | 1.074268     | ↑X                                |
| Salmonellosis                                           | 20    | 50   | 43    | 84   | 42    | 75   | 0.50525                              | 0.593674     | ↑                                 |
| Shiga toxin-producing <i>E. coli</i> (STEC)             | 5     | 13   | 19    | 27   | 17    | 43   | 0.136624                             | 0.240297     | ↑                                 |
| Shigellosis                                             | 14    | 27   | 28    | 41   | 19    | 25   | 0.288715                             | 0.268567     | ↓                                 |
| Vibriosis (Non-cholera <i>Vibrio</i> species infection) | 1     | 3    | 0     | 0    | 0     | 0    | .                                    | .            | ↓                                 |
| Yersiniosis                                             | 1     | 3    | 6     | 7    | 1     | 3    | .                                    | .            | ↓                                 |
| <b>OTHER</b>                                            |       |      |       |      |       |      |                                      |              |                                   |
| Coccidioidomycosis                                      | 46    | 81   | 46    | 88   | 30    | 61   | 0.440805                             | 0.424053     | ↓                                 |
| Exposure, Chemical or Biological                        | 0     | 0    | 0     | 1    | 5     | 6    | .                                    | .            | ↑                                 |
| Hepatitis C, acute                                      | 1     | 2    | 1     | 2    | 0     | 2    | 0.064445                             | .            | ↓                                 |
| Hepatitis C, chronic                                    | 870   | 2101 | 771   | 1602 | 768   | 1498 | 10.9892                              | 10.85576     | ↓                                 |
| Invasive Pneumococcal Disease                           | 32    | 134  | 21    | 56   | 45    | 102  | 0.54134                              | 0.636079     | ↑                                 |
| Lead Poisoning                                          | 14    | 58   | 24    | 54   | 25    | 66   | 0.417605                             | 0.353377     | ↓                                 |
| Legionellosis                                           | 7     | 18   | 4     | 9    | 9     | 15   | 0.064445                             | .            | ↑                                 |
| Listeriosis                                             | 0     | 0    | 0     | 0    | 2     | 3    | .                                    | .            | ↑                                 |
| Lyme Disease                                            | 1     | 3    | 3     | 5    | 2     | 2    | 0.036089                             | .            | ↓                                 |
| Malaria                                                 | 0     | 1    | 0     | 0    | 1     | 2    | .                                    | .            | No Change                         |
| Meningitis, Aseptic                                     | 18    | 42   | 7     | 20   | 6     | 9    | 0.149513                             | .            | ↓                                 |
| Meningitis, Bacterial Other                             | 3     | 10   | 2     | 5    | 0     | 2    | 0.067023                             | .            | ↓                                 |
| Meningitis, Fungal                                      | 1     | 2    | 2     | 4    | 0     | 0    | .                                    | .            | ↓                                 |
| RSV                                                     | 18    | 1720 | 53    | 62   | 244   | 835  | 0.979567                             | 3.448964     | ↑X                                |
| Spotted Fever Rickettsiosis                             | 0     | 0    | 1     | 1    | 0     | 0    | .                                    | .            | ↓                                 |
| Streptococcal Toxic Shock Syndrome (STSS)               | 9     | 17   | 9     | 16   | 1     | 3    | 0.116001                             | .            | ↓                                 |
| Tuberculosis, Active                                    | 18    | 28   | 15    | 30   | 6     | 17   | 0.190758                             | .            | ↓                                 |

\*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'.