



Memorandum

Date: May 22, 2025

To: Southern Nevada District Board of Health

From: **Anilkumar Mangla, MS, PhD, MPH, FRIPH**, *Director of Disease Surveillance & Control*
Cassius Lockett, PhD, *District Health Officer*

Subject: Disease Surveillance & Control Division Monthly Activity Report – April 2025

A. Division of Disease Surveillance and Control

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

*This section has been modified to reflect calendar year reporting instead of fiscal year reporting, effective February 2023. This change is in line with MMWR reporting.

	April 2024	April 2025		YTD 24	YTD 25	
Sexually Transmitted						
Chlamydia	1012	940	↓	4204	3706	↓
Gonorrhea	396	372	↓	1824	1502	↓
Primary Syphilis	13	4	↓	57	33	↓
Secondary Syphilis	27	6	↓	95	32	↓
Early Non-Primary, Non-Secondary¹	67	23	↓	228	114	↓
Syphilis Unknown Duration or Late²	129	113	↓	511	452	↓
Congenital Syphilis (presumptive)	6	3	↓	14	15	↑
Moms and Babies Surveillance³						
Pregnant Persons Living with HIV⁴	6	4	↓	24	20	↓
Pregnant Syphilis Cases	14	14	→	47	52	↑
Perinatally Exposed to HIV	1	2	↑	14	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

³ Counts under this section represent investigations conducted by ODS concerning pregnant persons with HIV or syphilis and do not reflect actual counts of cases diagnosed in the specified period. These investigations are aimed at monitoring and preventing adverse health outcomes, such as perinatal HIV transmission and congenital syphilis.

	April 2024	April 2025		YTD 24	YTD 25	
⁴ The count reflects ODS efforts around pregnant persons with HIV and is not a reflection of total number of pregnant persons with HIV in our community. Persons living with HIV who become pregnant is not a reportable condition in Clark County.						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	2	1	↓	15	10	↓
Hepatitis A	1	0	↓	2	0	↓
Hepatitis B, acute	2	2	→	8	10	↑
Influenza	85	119	↑	504	977	↑
Pertussis	2	1	↓	23	8	↓
RSV	208	322	↑	1807	2059	↑
Enteric Illness						
Campylobacteriosis	19	10	↓	53	52	↓
Cryptosporidiosis	2	0	↓	9	2	↓
Giardiasis	5	1	↓	14	10	↓
Rotavirus	17	26	↑	29	51	↑
Salmonellosis	11	14	↑	30	32	↑
Shiga toxin-producing Escherichia coli (STEC)	7	0	↓	20	9	↓
Shigellosis	10	3	↓	38	14	↓
Yersiniosis	3	4	↑	12	10	↓
Other						
Carbapenem-resistant Enterobacterales (CRE)	59	39	↓	142	117	↓
Candida auris	265	98	↓	462	255	↓
Coccidioidomycosis	24	6	↓	65	54	↓
Hepatitis C, acute	1	2	↑	1	4	↑
Invasive Pneumococcal Disease	35	24	↓	97	91	↓
Lead Poisoning	17	9	↓	43	44	↑
Legionellosis	0	1	↑	3	4	↑
Lyme Disease	0	0	→	2	0	↓
Meningitis, aseptic	4	2	↓	7	4	↓
Meningitis, Bacterial Other	1	1	→	1	3	↑
Streptococcal Toxic Shock Syndrome (STSS)	3	2	↓	12	11	↓
New Active TB Cases Counted (<15 yo)	0	0	→	2	0	↓
New Active TB Cases Counted (>= 15 yo)	3	9	↑	18	24	↑

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	28	0	54	0
Gonorrhea	11	0	29	0
Syphilis	16	2	148	0
HIV/AIDS (New to Care/Returning to Care)	34	2	92	0
Tuberculosis	108	0	8	0
TOTAL	197	4	331	0
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				

3. ACDC COVID-19 Activities

- a. ACDC is transitioning Covid public health response to align with state guidance and CDC recommendations. Universal case investigation has not been recommended by the CDC since 2022. Surveillance for Covid-19 will prioritize hospitalizations and deaths while maintaining ongoing laboratory surveillance and adjusting as needed per the NVDPBH requirements.

4. Disease and Outbreak Investigations

- a. **Mpox:** As of April 30, 2025, Clark County had 322 cases of Mpox.
- b. **Gastrointestinal illness at local restaurants:** On 4/25/25, ACDC was notified of a foodborne illness complaint and coordinated with EH and OIE. SNHD is investigating multiple restaurants and have found a possible association with oysters. Two people were confirmed Norovirus. This investigation is ongoing.
- c. **Gastrointestinal illness at a hotel:** On 4/30/25, ACDC was notified of a foodborne illness report of 3 individuals who were ill after attending a conference held at a local hotel. ACDC partnered with OIE and EH. Case finding efforts were deployed to determine other ill attendees. All reported ill people have had interviews completed or attempted. Two stool kits were returned and both were positive for Norovirus. This investigation is closed.
- d. **Influenza:** SNHD started the influenza surveillance for the 2024-2025 season on September 29, 2024. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, seasonal influenza activity continues to decline. Statewide, outpatient respiratory illness activity in Nevada is minimal. Locally, as of 05/03/2025, for the 2024 - 2025 influenza season, 1852 influenza-associated hospitalizations and 101 deaths associated with influenza were reported and processed, with 74.3% of those mortalities occurring in individuals aged 65 and older. The total number of cases presented in this report is subject to changes due to possible delays in reporting and processing. Influenza A has been the dominant type circulating. As of 05/15/2025, there have been 70 confirmed reported human cases of H5 bird flu, and 1 death associated with H5N1 bird flu infection in the United States. Although H5 influenza was detected in the wastewater surveillance in Clark County, there have not been

any confirmed H5 influenza cases locally. The current public health risk of H5 influenza is low. There is no known person-to-person spread at this time. The influenza surveillance will continue through 5/17/2025.

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. Funding from SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA), SAMHSA's State Opioid Response (SOR) via sub-awards from the University of Nevada Reno's Center for the Application of Substance Abuse Technologies, BJA's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), and the CDC's Overdose Data to Action (OD2A) program has been instrumental. 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 distributions took place in the month of April:

Naloxone Distribution	Agency	# of Naloxone doses distributed
April 2025	45 Various Agencies	5,907
Total		5,907

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

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

FTS Distribution		
4/1/2025	SNHD L2A Team	300
4/2/2025	SNHD L2A Team	200
4/2/2025	City of Henderson	600
4/2/2025	Naph Care at CCDC	300
4/2/2025	Hope Christian Health Center	300
4/2/2025	Henderson Equality Center	300
4/2/2025	SNHD Pharmacy	300
4/3/2025	SNHD Community Health Workers	300
4/7/2025	SNHD Office of Disease Surveillance	200
4/9/2025	Trac-B/Impact Exchange	15000
4/9/2025	UNLV Student Health Center	600

4/9/2025	Sin City Sisters of Perpetual indulgence Inc	300
4/9/2025	Comprehensive Treatment Center	300
4/10/2025	SNHD L2A Team	200
4/16/2025	HIV Consortium	200
4/16/2025	SNHD Office of Disease Surveillance	200
4/16/2025	Fifth Sun Project	200
4/16/2025	Happy Camper Overdose Response	200
4/17/2025	Trac-B/Impact Exchange	400
4/23/2025	Signs of Hope	300
Total FTS:		20,700 Strips

XTS Distribution		
4/2/2025	SNHD L2A Team	100
4/2/2025	City of Henderson	800
4/2/2025	Naph Care at CCDC	300
4/2/2025	Hope Christian Health Center	300
4/2/2025	Henderson Equality Center	300
4/3/2025	SNHD Community Health Workers	300
4/7/2025	SNHD Office of Disease Surveillance	200
4/9/2025	UNLV Student Wellness Center	600
4/9/2025	Sin City Sisters of Perpetual Indulgence Inc	300
4/16/2025	HIV Consortium	200
4/16/2025	SNHD Office of Disease Surveillance	100
4/16/2025	Happy Campers Overdose Response	200
4/17/2025	Trac-B/Impact Exchange	400
4/23/2025	Signs of Hope	300
4/23/2025	SNHD L2A Team	300
Total XTS:		4,700 Strips

6. Prevention - Community Outreach/Provider Outreach/Education

- a. Ongoing promotion continues of the [Collect2Protect](#) (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home HIV test kit conveniently and privately, at no cost and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee. Express Testing will also be available at SNHD's main public health center, 280 S. Decatur Blvd., Las Vegas, for those

who are asymptomatic and would like to get tested and know their HIV status. 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, Sagebrush Health, and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community. Free HIV testing is also available from 8 a.m. – 4:30 p.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, NV 89107 through the Express Testing/Annex A clinic.

- b. ODS continues to collaborate with community partners to participate at various outreach events. This month we were able to again partner with UMC for their annual Spring Family Wellness Event held April 5th, 2025 at the Clark County Government Center. Our team was onsite with condoms, education materials, PrEP navigation services, HIV, syphilis, and HCV testing, as well as harm reduction supplies. We would additionally like to highlight our participation April 12th at the 4th annual Eta Eta Eta Sorority Community Health Fair held at the West Las Vegas Library located at 951 W Lake Mead Blvd. Las Vegas, NV 89106. We provided the same testing, prevention, educational, and harm reduction services listed above. Our continued collaboration and presence at events like these in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic.
- c. Distribution is ongoing - TB Surveillance developed a laminated flyer titled “Is it TB?” The content includes messaging that encourages providers to “think TB” when talking to their patients about their risks and symptoms. Additionally, there is reporting information and a QR code that links to the provider education training: <https://lp.constantcontactpages.com/su/p26ucWo/TBRRegistration>

B. High Impact HIV/STD/Hepatitis Screening Sites

1. Testing is currently 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	April-24	April-25		YTD 24	YTD 25	
Outreach/Targeted Testing	1002	686	↓	3992	4187	↑
Clinic Screening (SHC/FPC/TB)	956	452	↓	3520	2189	↓
Outreach Screening (Jails)	291	234	↓	1025	978	↓
Collect2 Protect	14	2	↓	18	19	↑
TOTAL	2263	1374	↓	8584	7373	↓
Outreach/Targeted Testing POSITIVE	3	2	↓	18	20	↑
Clinic Screening (SHC/FPC/TB) POSITIVE	2	0	↓	7	1	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	1	2	↑
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	5	2	↓	26	23	↓

C. Staff Facilitated/Attended the following Trainings/Presentations

1. April 1, 2025: Facilitated training on CS clinical education session at Southern Hills hospital L&D, PP and NICU; 23 people in attendance; 3 SNHD staff in attendance
2. April 2, 2025: Facilitated safeTALK as a trainer for SNHD; 12 attendees; 2 ODS attendees
3. April 2, 2025: Facilitated Perinatal HIV Prevention Education; 39 attendees; 5 ODS attendees
4. April 4, 2025: Facilitated the Clark County Children's Mental Health Consortium (CCCMHC) monthly meeting as the current Chair; 46 people attending; 2 SNHD ODS staff attendees.
5. April 4, 2025: Attended the Big Cities Health Coalition Violence Prevention Workgroup meeting; 60 people in attendance; 1 SNHD ODS staff attendee
6. April 7, 2025: Attended HIV Epidemic Workgroup Monthly Meeting; 27 attendees; 4 ODS Staff
7. April 8 – May 13, 2025: Project ECHO, University of Nevada Reno online series: series of 6 noon programs to address Syphilis for Primary Care: OIE faculty facilitator for 6 Tuesdays and presenter on April 8 (State of Syphilis in Nevada), April 22 (Complications of Syphilis: Signs and Symptoms Across All Stages) (average of 70 participants across different sessions)
8. April 8-9, 2025: Attended and presented at the Nevada Public Health Conference; 80 people in attendance; 4 ODS Staff in attendance.
9. April 9, 2025: Co-chaired Attorney General's Substance Use Response Group (SURG) meeting as appointed representative from Clark County, NV; 60 attendees; 1 ODS Staff.
10. April 9, 2025: Presented "NV HIV Policy and Legislative Overview" to Tabletop; 37 attendees; 10 ODS Staff
11. April 10, 2025: Presented at NACCHO Syphilis community of practice meeting; 50 people in attendance; 3 ODS staff in attendance
12. April 10, 2025: Facilitated Infant Sleep Workgroup meeting; 10 people in attendance; 3 ODS Health Educator attendees
13. April 14, 2025: Presented to the Public Health Advisory Board (PHAB) on the results of the 3 community health assessments (CHA) reports on behalf of Carmen; 25 attendees, 1 ODS Staff member.
14. April 15, 2025: Facilitated training on CS clinical education session at Summerlin hospital L&D; 24 people in attendance; 3 ODS staff in attendance
15. April 15, 2025: Facilitated national Public Health Vending Machine (PHVM) Round Table; 20 people in attendance; 1 ODS Staff in attendance.
16. April 15, 2025: Attended the Clark County Children's Mental Health Consortium Public Awareness Workgroup meeting; 12 people in attendance; 2 SNHD ODS staff attendees
17. April 17, 2025: Facilitated SNOAC Quarterly meeting on opioids and overdose prevention; 50 attendees; 4 ODS Staff.
18. April 17, 2025: Presented on CredibleMind at the Southern Nevada Human Trafficking Task Force Victim Service Committee Meeting; 25 people in attendance; 1 SNHD ODS staff attendees
19. April 18, 2025: Presented on CredibleMind at the Southern Nevada Consortium Meeting; 25 people in attendance; 3 SNHD ODS staff attendees
20. April 20 – 24, 2025: Attended RX and Illicit Drug Summit in Nashville, TN
21. April 22 – 25, 2025: Attended Evaluating EHE Implementation Workshop.
22. April 22, 2025: Facilitated on demand training Syphilis 101; 1 person in attendance; 1 HE in attendance
23. April 23, 2025: Facilitated Joint NNHPPG and SoN HPPG; 51 attendees; 7 ODS Staff
24. April 29, 2025: Facilitated Harm Reduction Symposium Training; 15 people in attendance; 4 ODS staff in attendance
25. April 29 – 30, 2025: Attended National Latinos Conference on HIV, HCV, and Substance Use; 2 ODS Staff in attendance; 1 OIE staff presented and facilitated a workshop on Rapid Start of HIV Antiretrovirals (69 attendees)
26. April 30, 2025: Facilitated, presented, and attended SNHD Community Health Assessment (CHA) Prioritization Meeting; 175 attendees; 5 ODS Staff.

D. Office of Epidemiology

1. Epidemiology Reports

- a. Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables.
- b. Monthly - Drug Overdose Report – External
- c. Monthly and quarterly disease statistics
- d. Weekly Mpox case and vaccination report
- e. Ongoing monthly and quarterly reports for FOCUS HIV grant project
- f. Monthly NVDRS, SUDORS and NCLPP reports
- g. Outreach site HIV testing stats-weekly
- h. EPT report- weekly
- i. Weekly Arbovirus Update (seasonal)

2. Other Project Updates

- a. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
- b. CSTE EHI Access Workgroup Meeting
- c. 2025 SNHD Health Equity Report in progress

Disease Statistics

1. Communicable Disease Statistics: March 2025 disease statistics are below. Please note that these data are retrieved as of March 27, 2025. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (March 2025)

Disease	2023		2024		2025	
	March	YTD	March	YTD	March	YTD
VACCINE PREVENTABLE						
COVID-19	3,436	11,862	608	5,025	536	2,126
Haemophilus influenzae, invasive	0	12	2	15	1	10
Hepatitis A	0	0	1	2	0	0
Hepatitis B, acute	2	4	2	8	2	10
Hepatitis B, chronic	92	230	112	331	96	279
Influenza	12	92	85	503	137	996
Meningococcal disease (<i>N. meningitidis</i>)	0	0	0	1	0	0
MPOX	0	2	0	1	0	0
Mumps	0	0	2	2	0	0
Pertussis	0	6	2	23	5	12
RSV	44	582	208	1,807	339	2,078
SEXUALLY TRANSMITTED						
Chlamydia	1,159	3,260	1,090	3,192	906	2,766
Gonorrhea	450	1,441	450	1,428	426	1,130
HIV	60	128	57	156	33	107
Stage 3 HIV (AIDS)	12	41	13	45	13	41
Syphilis (Early non-primary, non-secondary)	49	159	55	161	30	87
Syphilis (Primary & Secondary)	54	155	38	112	17	56
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	0	0	1	0	0
Congenital Syphilis	3	22	1	8	1	12
ENTERICS						
Amebiasis	1	1	1	1	1	3
Campylobacteriosis	18	45	19	53	11	53
Cryptosporidiosis	0	2	2	9	0	2
Giardiasis	6	19	5	14	4	13
Rotavirus	3	8	17	29	30	55
Salmonellosis	15	42	11	30	25	43
Shiga toxin-producing <i>E. coli</i> (STEC)	1	8	7	20	2	11
Shigellosis	8	16	10	38	9	20
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	1	1	1	3	0	4
Yersiniosis	1	2	3	12	5	12
OTHER						
Coccidioidomycosis	28	77	24	65	18	71
Exposure, Chemical or Biological	0	1	0	1	0	1
Hepatitis C, acute	0	1	1	1	1	3
Hepatitis C, chronic	222	614	132	395	213	455
Invasive Pneumococcal Disease	30	84	35	97	24	91
Lead Poisoning	20	42	17	43	17	52
Legionellosis	4	9	0	3	3	6
Listeriosis	0	0	1	1	0	0
Lyme Disease	0	0	0	2	1	1
Malaria	1	2	0	0	0	1
Meningitis, Aseptic	1	3	4	7	2	4
Meningitis, Bacterial Other	1	1	1	1	2	4
Meningitis, Fungal	0	0	1	2	0	0
Rabies, exposure to a rabies susceptible animal	25	83	16	77	59	121
Streptococcal Toxic Shock Syndrome (STSS)	3	10	3	12	2	11
Tuberculosis (Active)	5	14	9	20	6	15

*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.

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

~~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.

1. Quarterly Communicable Disease Statistics (Quarter 1 2025)

Disease	2023		2024		2025		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr 1	YTD	Qtr 1	YTD	Qtr 1	YTD	Qtr 1 (2020-2024 aggregated)	Qtr 1 (2025)	Change b/t current & past 5-year
VACCINE PREVENTABLE									
COVID-19	11,862	11,862	5,025	5,025	2,126	2,126	802.11	29.19	↓X
Haemophilus influenzae, invasive	12	12	15	15	10	10	0.14	.	-
Hepatitis A	0	0	2	2	0	0	0.05	.	-
Hepatitis B, acute	4	4	8	8	10	10	0.09	.	-
Hepatitis B, chronic	230	230	331	331	279	279	3.74	3.83	↑
Influenza	92	92	503	503	998	998	5.60	13.68	↑X
Influenza-associated pediatric mortality	0	0	1	1	1	1	.	.	-
Meningococcal disease (<i>N. meningitidis</i>)	0	0	1	1	0	0	.	.	-
MPOX	2	2	1	1	0	0	.	.	-
Mumps	0	0	2	2	0	0	.	.	-
Pertussis	6	6	23	23	12	12	0.19	0.16	↓
RSV	582	582	1,807	1,807	2,078	2,078	16.35	28.53	↑X
SEXUALLY TRANSMITTED									
Chlamydia	3,260	3,260	3,192	3,192	2,766	2,766	56.78	37.98	↓X
Gonorrhea	1,441	1,441	1,428	1,428	1,130	1,130	26.33	15.52	↓X
HIV	127	127	154	154	107	107	2.05	1.47	↓X
Stage 3 HIV (AIDS)	39	39	40	40	41	41	0.66	0.56	↓
Syphilis (Early non-primary, non-secondary)	159	159	161	161	87	87	2.55	1.19	↓X
Syphilis (Primary, Secondary)	155	155	112	112	56	56	2.75	0.77	↓X
CONGENITAL CONDITIONS									
Hepatitis C, Perinatal Infection	0	0	1	1	0	0	.	.	-
Congenital Syphilis	22	22	8	8	0	0	73.28	.	-
ENTERICS									
Amebiasis	1	1	1	1	3	3	.	.	-
Campylobacteriosis	45	45	53	53	53	53	0.57	0.73	↑
Cryptosporidiosis	2	2	9	9	2	2	0.08	.	-
Giardiasis	19	19	14	14	13	13	0.23	0.18	↓
Rotavirus	8	8	29	29	55	55	0.34	0.76	↑X
Salmonellosis	42	42	30	30	43	43	0.61	0.59	↓
Shiga toxin-producing <i>E. coli</i> (STEC)	8	8	20	20	11	11	0.24	.	-
Shigellosis	16	16	38	38	20	20	0.30	0.27	↓
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	1	1	3	3	4	4	.	.	-
Yersiniosis	2	2	12	12	12	12	0.07	0.16	↑
OTHER									
Coccidioidomycosis	77	77	65	65	71	71	0.88	0.97	↑
Exposure, Chemical or Biological	1	1	1	1	1	1	.	.	-
Hepatitis C, acute	1	1	1	1	3	3	.	.	-
Hepatitis C, chronic	614	614	395	395	455	455	13.33	6.25	↓X
Invasive Pneumococcal Disease	84	84	97	97	91	91	1.30	1.25	↓
Lead Poisoning	42	42	43	43	52	52	0.69	0.71	↑
Legionellosis	9	9	3	3	6	6	0.12	.	-
Listeriosis	0	0	1	1	0	0	.	.	-
Lyme Disease	0	0	2	2	1	1	.	.	-
Malaria	2	2	0	0	1	1	.	.	-
Meningitis, Aseptic	3	3	7	7	4	4	0.17	.	-
Meningitis, Bacterial Other	1	1	1	1	4	4	0.05	.	-
Meningitis, Fungal	0	0	2	2	0	0	.	.	-
Streptococcal Toxic Shock Syndrome (STSS)	10	10	12	12	11	11	0.14	.	-
Tuberculosis, Active	14	14	20	20	15	15	0.25	0.21	↓

*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.

~~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.'