



# County Line

\$5

Serving Physicians and Their Patients Since 1955

Newsletter 120

January 2010

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## Healthcare in a Culture of Caring

By Florence Jameson, MD

At the beginning of each New Year, people everywhere take a look at where they are and where they are going. They make resolutions that will improve their lives and the lives of those around them. It is human nature that we continue year after year, day after day, to try to better ourselves and the world around us.

First, we must acknowledge and give special recognition to Assemblyman Dr. Garn Mabey and Speaker Barbara Buckley for the grant awarded to CCMS for a project to assist the uninsured of Nevada. CCMS chose to distribute the grant monies to Volunteers in Medicine of Southern Nevada as seed money to open a clinic.

Two years ago Dr. Florence Jameson and a group of concerned citizens resolved to create a free clinic in Southern Nevada for the working uninsured. They resolved to create a place where those without access to medical care could get free medical care, needed diagnostic testing, and free medications in a culture of caring. Their mission statement: "May we have healing hands to reach out and touch the lives of the uninsured, and in the process heal ourselves."

This New Year we are excited to announce the opening of the first Volunteers in Medicine of Southern Nevada clinic. The Volunteers in Medicine of Southern Nevada (VMSN) clinic will be staffed almost entirely by volunteers. Will you make a resolve this New Year to join VMSN in order to bring the gift of health and hope to so many people

who are struggling, sick and dying all around you in Southern Nevada? You can make a huge difference in someone's life.

Services are made available through volunteer doctors, nurses, pharmacists, medical assistants, receptionists, eligibility workers, clerical assistants, housekeepers, security, etc. These healthcare professionals have volunteered their time and expertise because they know from first-hand experience the dire situations of those who cannot afford healthcare. There are now over 300 volunteers. Our goal is to have over a thousand volunteers by January of 2012. Will you be one of the thousand? If everyone gives 2-4 hours a month or more we can create fully staffed and functional clinics without anyone being burdened. In the process we can relieve the burden to relatives, fellow employees, neighbors, our hospitals, and our community. Sign up at [www.VMSN.org](http://www.VMSN.org), by filling out a volunteer form.

More than 400,000 Nevadans have no access to healthcare. As the depressed economy continues, and Nevada ranks high in unemployment, the number of uninsured grows. Many are employed in a workplace that is unable to provide an insurance plan, or they are simply priced out of the health insurance market. These individuals and their families are forced to use our local emergency rooms for routine care because they cannot pay cash for their health care needs. It is no surprise that few people can afford to pay 100% of their healthcare expenses out of

*CONTINUED ON PAGE 3*

### **NOTICE TO ALL MEMBERS**

Are you aware that the County Line monthly newsletter is available on our website at [www.clarkcountymedical.org](http://www.clarkcountymedical.org) under the "newsletters" tab? As you know, we are attempting to make the Medical Society as green as possible and to further these efforts we would like you to take a moment and let us know if you would like to opt out of having your monthly issue of the County Line mailed to you. Please call us 739-9989 or email us at [dotjiris@cox.net](mailto:dotjiris@cox.net). If we don't hear from you, you will continue to receive your monthly County Line in the mail. Thank you!

**How To Reach Us**  
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- NMIC wrote over \$25,000,000 of written premium in 2007 alone.
- NMIC began returning dividends to insureds in 2007.
- NMIC completed the repayment of the hospital surplus notes totaling over \$2,900,000 in 3rd quarter of 2007.
- NMIC maintains a Net Written Premium to Surplus ratio of 1.29:1 (Excellent).
- NMIC will continue to be a leader in the 2009 legislative year.
- NMIC has reintroduced rate stability in Nevada.
- NMIC was the first mutual insurance company in Nevada to offer medical liability insurance.
- NMIC is 100% Nevada insured owned.

All numbers are based on 12/31/2007 financials.

Contact Chip Wallace

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### FROM THE COVER

pocket. It is even more hopeless if the patient has a chronic illness such as diabetes, asthma, or high blood pressure.

Patients of the VMSN clinics must have an income which is less than 200% of the federal poverty level, they must be a Clark county resident, and have no access to health insurance, including Medicaid or Medicare.

There has been an amazing response from our community, collaboration of private and the government, i.e., volunteers, discounted laboratory services, radiological services, free medications, credentialing assistance, and office space. All of this has created a beautiful free clinic at Paradise Park, 4700 Harrison Drive. You are invited to come see the Clinic, bring a friend. I promise you it will be a wonderful experience. Also, you may contribute to the clinic in a number of ways. You can become a Dollar A Day sponsor, \$365, when you log on to [www.VMSN.org](http://www.VMSN.org). For additional information please call (702) 994-3760. Make VMSN your News Year's resolution. Every hour and every dollar adds up to a priceless gift of health and life for someone who really matters. They are worth it! Thank you for your resolution!

♦♦♦



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Annette Teijeiro, MD  
2009-10 CCMS President

It is that time of year when we reflect on the year that is ending and examine what we accomplished. This end of year time is a time of thanksgiving, self-examination, and goal setting for the year to come. For most people this is a time to spend with loved ones and reach out to those less fortunate and welcome them into the fold of humanity.

Many wonderful things happen at this time of year in our nation. People are more apt to stop for the person in need of assistance, people provide the necessities for those that have not been so fortunate (food and clothing), and people greet strangers with well wishes. Some of the strict social confines and circumscribed focus is relaxed and society looks at the whole population not just their inner circle.

America is one of the most generous nations in the world. When disaster strikes on the other side of the globe, it is America that is there to assist the victims. The world has come to expect this of us but at the same time trivialize our generosity with an entitlement attitude that can be painful.

Human beings are interesting life forms. The acts of voluntarily giving and receiving are mutually beneficial to the recipient and the donor. It brightens the human spirit and gives perspective to our lives. It makes the recipient feel important in this huge world and makes the donor more compassionate and altruistic toward others. We learn about others and ourselves in the giving process and this is the priceless treasure of this type of human exchange.

Notice the giving must be voluntary in order for the positive exchange to occur. If the exchange is mandated or forced the result is not a valuable exchange. Tyrants and dictators who force their citizens to comply with their views or demands are not accomplishing compassion or reinforcing altruistic behavior. There is no free choice in the act because by definition someone else is forcing the exchange.

Unfortunately, the mandated or legislated exchange creates an entirely different product. When someone is forced to give something, they are not willing participants and resentment ensues. On the other end the recipient of a mandate develops an entitlement attitude and may not be satisfied with the gift that is provided. The giver loses the charitable and altruistic benefit of the exchange and the recipient loses the gratitude and satisfaction of a freely given gift.

So what does this all mean in healthcare? How does this relate to physicians and their patients?

Sometimes people with the best intentions are convinced by others who have ulterior motives to "do the right

thing" for the less fortunate. In many medical practices physicians give free services without recognition by the community and this can be a positive exchange if the physician does this of his/her own free will. One of the most difficult things for physicians today is that because of financial constraints they cannot give as much as physicians just a few decades ago could give. So the physician and the patient are robbed of the gift giving experience.

Organizations like our own Volunteer in Medicine of Southern Nevada can make this gift giving experience a wonderful opportunity again. With federal protection from lawsuits, reduced financial constraints and volunteerism, patients and physicians can give freely and openly without fear of mandates from outside oppressors. What a wonderful opportunity in our own community to have this marvelous project open its doors!

But we must expand the good will and the freedom of choice to our insured patients somehow. Our government officials have healthcare all wrong. Their attempt to fix healthcare may be a larger disaster than their previous attempts for our patients. Over 4000 pages of legalese disguised as a humanitarian project will not create good healthcare for all. Why do we need 4000 pages to help correct the flaws in the healthcare delivery system? Just the size of the bills informs us that there are special products for politicians and special interest groups hidden under the disguise of healthcare reform.

These bills create more government bureaucracy, guarantee new clients to the insurance industry, and mandate more unnecessary coverage. All of the above, guarantee a more costly and difficult healthcare delivery system for our patients who will be forced to participate or else. This is the reason for the new \$90 to \$100 billion yearly cost with the taxes and penalties starting first but the start of full benefits in 2013.

Here are some of the problems with the "gift" our government is giving us. First of all this is not a gift, it is a costly mandate. There are no tax benefits for healthy people who are judicious about their lifestyle and medical treatment options. Remember gifts do not cost the recipient, only the donor, but in this case the taxpayer is both so again there is no gift just a mandatory charge or change to the taxpayer's health insurance coverage. There is no preparation of the healthcare system to accommodate the additional covered people, no health education for the people to use healthcare more judiciously and no promise of financial solvency for the providers of healthcare.

The government bureaucracy will create another costly overlay to the portion of Gross Domestic Product (GDP) that gets consumed under the category of healthcare, but no additional hands for medical care is provided in exchange for the increase in cost. In fact more red tape may

*CONTINUED ON PAGE 15*

# Dividends to Physicians

**Premier Physicians is now paying dividends to vested shareholders. Our members are impressed.**

One of Nevada's leading medical malpractice insurance carriers will begin issuing dividend checks totaling hundreds of thousands of dollars to vested shareholders in the third quarter of 2009. Premier Physicians has saved its members more than \$3 million in premiums to date. Our members chose to reclaim control of their own medical malpractice insurance and they are being rewarded.

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## Applicant to go before the Credentialing Committee

### George D Foster MD - Ob-Gyn

*If you have any pertinent information about the membership candidate listed above, please send written information to:*

Clark County Medical Society  
2590 East Russell Road  
Las Vegas, NV 89120

## Congratulations and Welcome to the Clark County Medical Society Reinstated Members

**John Adan MD – Cardiology**

**John V Martin MD – Ob-Gyn**

For information on becoming a member, call  
Janiceanne Poblete,  
CCMS' Membership Coordinator  
at 739-9989 or download an  
application from the CCMS website:  
[www.clarkcountymedical.org](http://www.clarkcountymedical.org) or [.com](http://.com)



Practicing medicine is much more complex these days because of legislation, managed care, HIPAA, EMTALLA, Medicaid/Medicare legislation regulation and reimbursement, and medical malpractice tort reform, to mention a few. We can work together to come up with resolutions for positive changes.

We would love to have you get involved with this year's Clark County Medical Society Delegation. The next Delegate's meeting will be on January 19 at 7:15pm. To find out more about this please call Nancy Sommer at the Clark County Medical Society office, 739-9989.

## 2009-10 CCMS OFFICERS

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and. . . . . April Stewart

## CCMS STAFF

Warren Evins, MD, PhD . . . . . Executive Director  
Nancy Sommer . . . . . Office Manager  
Janiceanne Poblete. . . . . Membership Coordinator  
Dot Freel . . . . . County Line Editor

The Clark County Medical Society,  
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## Changes Coming at NSMA

The NSMA Executive Committee have pursued aggressively suggestions raised by members at the NSMA annual meeting to increase & improve key benefits for NSMA members. A Task Force on Membership Issues is meeting with the NSMA Commission on Internal Affairs to identify services that can help Nevada physicians better meet daily challenges. At the recent NSMA Council meeting, some important changes for NSMA were approved.

We will be recruiting a new staff member located in Las Vegas & provide Practice Management services for NSMA members. We'll start recruitment for the NSMA Practice Management/Education Specialist next week. We'll send an eupdate to all NSMA & NSMAA members with the job description. The ideal candidate will have experience working in a physician office or other healthcare environment, be a certified coder, hold a 4-year degree, have experience working with physicians, have experience conducting educational sessions & the ability to interact effectively with all levels of people ranging from physicians to office staff to payer representatives. This new staff position will also assure a constant NSMA presence in Southern Nevada, something that my peripatetic role doesn't permit.

NSMA serves a 2nd key function for Nevada physicians in dealing with the government legislative & regulatory bodies. As this role increases in importance, NSMA will be enhancing this at both the support & volunteer levels. The

Council approved a new contract with ALRUS Consulting, headed by Scott M. Craigie & Michael Hackett (who have served NSMA since December 2001). A new staff NSMA Governmental Relations staff position will be created next fall. The extended Legislative Core Group process & participation that was used during the 2007 Leg Session, will be used with greater frequency as a model for developing & implementing NSMA advocacy positions. The NSMA Commission on Governmental Affairs (Co-Chaired by John Ellerton, MD & Ronald L. Smith, MD) approved a draft of The NSMA Strategic Legislative Plan and 2011 Legislative Strategy. This will now be shared with all NSMA & NSMAA members, all State Specialty Societies, lobbyists for all physician groups, Nevada MGMA, & the Nevada Association of Medical Staff Services. The document will be available on the NSMA web site next week. The final version of the document will be presented at the NSMA Annual Meeting (April 30-May 2, 2010 at The Wigwam Golf Resort & Spa, Litchfield Park, Arizona). If you haven't served as a Delegate to the Annual Meeting, please consider making the trip this year.

The Commission also approved a process for developing a draft NSMA Strategic Plan for Federal Legislative and Regulatory Issues. At it January 14th meeting, the group

*CONTINUED ON PAGE 15*

The following CCMS member referrals were provided to the public in the last quarter of 2009  
(through December 12)

Specialty	Totals
Allergy	3
Addiction - Medicine	3
Anesthesiology	2
Cardiology	8
Card Vascular Surgery	2
Colon & Rectal Surgery	3
Dermatology	3
Endocrinology	2
Family Practice	27
Gastroenterology	6
General Surgery	7
Gynecologic Oncology	3
Infectious Medicine	1
Internal Medicine	23

Neurology	4
Neurosurgery	4
Ob-Gyn	10
Ophthalmology	8
Oral/Maxillofacial	2
Orthopedic Surgery	7
Otolaryngology	7
Pain Mngt.	11
Pediatrics	3
Physical Med/Rehab	1
Plastic Surgery	7
Psychiatry	4
Pulmonology	2
Radiology	9
Rheumatology	3
Urology	3
Web Referrals	26
<b>TOTALS</b>	<b>243</b>

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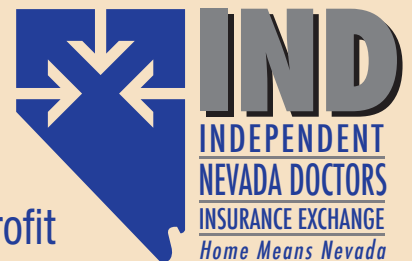


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**Board of Trustees  
Meeting Minutes Synopsis  
October 20, 2009**

The meeting was called to order by Dr. Teijeiro at 6:08 pm.

**ACTION ITEMS**

Annual Compilation – by PBTk: The 2008-09 annual compilation was presented to the BOT.

Minutes – by Dr. Teijeiro: The Minutes from the September 15, 2009 meeting were reviewed and unanimously approved.

Financial Report (Fiscal Year 2009-10/September 2009) – by Dr. Alexander: General Revenue - \$109,033.98; Operating Expenses - \$84,396.97. Overall, fiscal year revenues exceed expenses by \$24,637.01. The bank balance for the end of September was \$605,295.22. The financial reports were unanimously approved.

Credentials Committee Report – by Dr. Baron: The following new member were processed/approved: Jeffrey Ryu, MD – Nephrology, Stephen Alphonsa, MD – Pediatrics, and Luiz Lopez-Benitez, MD – Ob-Gyn. The following members were reinstated: John Oh, MD – Diagnostic

Radiology, Miriam Bar-on, MD – Pediatrics, Michael Lee, MD – Orthopaedic Surgery, and Marwan Takiyyuddin, MD – Nephrology.

Other actions included 1) a member requesting a leave of absence which was tabled until clarification was submitted to see if it adheres to the bylaws-approved qualification(s); 2) the membership application revisions proposed by the Ethics & Grievances Committee were reviewed/amended and approved; 3) the rates for newsletter advertising and sponsorship for the installation dinner were reviewed and approved for the balance of the fiscal year 2009-10.

MedPAC – by Warren Evins, MD MedPAC 2010/11 year is being solicited early due to the accelerated legislative filing schedule. The Board of Directors includes appointment of four members of CCMS BOT. The BOT appointed Warren Evins, MD, Annette Teijeiro, MD, Fred Redfern, MD, and Mitchell Forman, MD.

Scholarship Fund – Dr. Ellerton was not present; therefore no report was given. Discussion ensued regarding reporting requirements and fundraising. Dr. Jones will be responsible for quarterly reporting of the Scholarship Fund activity.

**CCMS/ADMINISTRATIVE**

President's Report – by Dr. Teijeiro: Nevada Health Care Forum – CCMS was an affiliate sponsor and exhibited at the event. The event gave good exposure to CCMS, resulting in several new potential newsletter advertisers and members. Compliance Coding Seminar – the Board voted/approved a motion to not support/endorse any single company offering seminars, but would encourage them to advertise in the CCMS newsletter. Parking Lot Repaving – The BOT approved going forward with the paving of the parking lot.

**NEW BUSINESS**

Mini-Internship – Dr. Bernstein The mini-internship is scheduled for November 16 – 18, with a debriefing dinner November 19. Dr. Bernstein requested and the BOT approved up to \$500.00 to help cover the cost of the dinner.

Special Counsel for CCMS Members – Dr. Colletti proposed CCMS retaining Dr. Weldon Havins at a cost of \$2,000/month (on a month to month basis) to provide special counsel for members. After discussion, it was decided to have Dr. Colletti prepare a written proposal, and place the matter on the November 17th Agenda.

ADJOURNMENT Meeting adjourned at 7:59 pm.

## CME CALENDAR

Bechtel Nevada	702-295-0208
NV Chapter AACE	702-434-8400
NV Cancer Institute	702-822-5163
Pri-Med Institute	877-4PRI-MED
Sierra Health Services	702-242-7735
Southern Nevada AHEC	702-318-8452
Southwest Medical Assoc	702-242-7735
Sunrise Hospital	702-731-8210
www.sunriseccme.com	
UMC	702-383-2604
Jan 15 - "Evaluation and Management of Urinary Incontinence"	
Jan 16 - Annual Scientific Session of the NV Chapter of American College of Physicians	
www.umcsn.com/events/cme/asp	
Valley Hospital	702-388-4847

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## Lisa Gollard & April Stewart 2009-10 CCMS Alliance Co-Presidents

Thank you to all who contributed to the Holiday Greeting Card Project. This project could not be accomplished without the support of the medical community. We raised over \$16,000.00 this year for local nursing scholarship awards. Thanks also to all the members who came to Greeting Card Stuffing Event at Lisa Gollard's home on Tuesday, December 1. Over 3,500 cards and envelopes were stuffed in one day! Our nursing awards luncheon will be held in April 2010. Congratulations to Christina Duke, Chair of the Greeting Card Project, on a job well done.

Our December lunch was a brunch held at Bouchon at the Venetian Tower Hotel and Casino on Tuesday, December 8, with 47 members and guests and members in attendance. Our special guest was Sundi Morgan, manager of Tory Burch boutiques in the Shoppes at the Palazzo and Fo-

rum Shops at Caesar's. Helen Duffy, our treasurer, was the winner of the raffle prize, a signature Tory Burch red leather purse. Thank you to Ercy Rosen and Shanila Choudhury for organizing another wonderful event.

The Fashion Show is Tuesday, March 9, 2010 at the Four Seasons Hotel, featuring the designs of Tory Burch. Any interested persons who would like to volunteer at the Fashion Show please contact the co-chairs, Lisa Gollard at [lgollard@lvcoxmail.com](mailto:lgollard@lvcoxmail.com) or April Stewart at [wifeola@gmail.com](mailto:wifeola@gmail.com). All proceeds from the event benefit The American Lung Association of Nevada Camp Super Kids for local children with asthma.

Legislatively speaking, we would like our members to voice their opinions about the current issues facing our health care system. Call 1-800-833-6453 to contact our federal legislators. You can also go to [www.amaalliance.org](http://www.amaalliance.org) and click on the Advocacy link to email your response. Our local and state legislative chair and Med-Pac representative, Annette Mohs, can also help you and can be at [admohs@medicusins.com](mailto:admohs@medicusins.com).

We are still taking applications for new members for CCMSA and that form may be downloaded at [www.ccmsa-lv.org](http://www.ccmsa-lv.org) until the end of March of 2010. Kudos to Jacqueline Lee, Bonnie Ng, and Annette Mohs for putting together a fabulous directory for 2009-2010. Also, thank you to all our directory ad sponsors for this year. We really appreciate your support!

Our Nevada State Medical Association Alliance (NSMAA) Board Meeting will be held January 26, 2010 at the Clark County Medical Society Office on Russell Road beginning at noon. To access the teleconference, please dial 702-736-0958.

Happy New Year from your Co-Presidents!  
Lisa Gollard and April Stewart

♦♦♦

### Nevada Congressional Delegation Contact Info

The following contact information is provided to assist you in sharing your opinions about health care system reform proposals with the Nevada Congressional delegation.

#### U.S. Senator Harry Reid

[www.senate.gov/~reid](http://www.senate.gov/~reid)

E-mail: [reid.senate.gov/contact/index.cfm](mailto:reid.senate.gov/contact/index.cfm)

Phone: 202-224-3452 Fax: 202-224-7327

Toll Free for Nevadans: 1-866-736-7343

#### U.S. Senator John Ensign

<http://ensign.senate.gov/>

E-mail: [ensign.senate.gov/public/index.cfm?FuseAction=Contact.ContactForm](http://ensign.senate.gov/public/index.cfm?FuseAction=Contact.ContactForm)

Phone: 202-224-6244 Fax: 202-228-2193

#### Representative Shelley Berkley (D-NV 1<sup>st</sup>)

<http://berkley.house.gov/>

E-mail: [berkley.house.gov/contact/email.html](http://berkley.house.gov/contact/email.html)

#### Representative Dean Heller (R-NV 2<sup>nd</sup>)

<http://heller.house.gov/>

E-mail: [heller.house.gov/zipauth.shtml](http://heller.house.gov/zipauth.shtml) / <https://forms.house.gov/titus/contact-form.shtml>

Phone: (202) 225-6155 Fax: (202) 225-5679

#### Rep Dina Titus (D-NV 3<sup>rd</sup>)

<http://titus.house.gov/index.html>

Phone: 202-225-3252 Fax: 202-225-2185

**FROM PAGE 4**

accompany the delivery of care as more agencies regulate and control aspects of our patient's medical treatment.

There are financial penalties and threats of imprisonment for those who refuse to comply with the compulsory health insurance plan, hence the insurance industry will receive new young healthy clients who will be forced to buy coverage that presently chose not to do so. Although we may disagree with their present choice of not purchasing health insurance, our government does not give financial incentives to this group of people so they choose the expensive car payment over the health insurance premium. The new healthy customers are great for the insurance companies but will not benefit the providers of healthcare.

Patients will not be able to select out the mandatory coverage requirements of the so called "exchanges" or "public options" the government provides. So choice is surrendered for the supposed "coverage for all" which still leaves 12 million uninsured. None of this will encourage the judicious use of healthcare and again the result will be increased cost and no financial incentives to control cost.

So before we wish for healthcare for all perhaps we should look at the intended consequences of the government Trojan horse "gift" that is being given.

**FROM PAGE 8**

will consider adopting this strategy on federal legislative & regulatory matters. NSMA will be issuing position statements on the various health system reform bills & a campaign to engage your patients on behalf of a Congressional fix of the Medicare SGR. Finally, all NSMA newsletters will be recast & go live as we create list serves to communicate better with you in real time. Thanks for the patience.



*From the CCMS Staff*

## Up against the Board of Medical Examiners?

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**Lawrence K Sands, DO, MPH**  
**Chief Health Officer**  
**Southern Nevada Health District**

## Influenza activity in Southern Nevada

The Southern Nevada Health District continues to offer 2009 H1N1 influenza vaccine to all members of the community. Though demand for the vaccine began to decline in November, the health district is continuing to provide vaccine to the public and encourages health care providers to continue to offer the vaccine as the 2009 influenza A H1N1 virus will likely be the dominant flu strain next season.

Influenza activity began to decline in Southern Nevada in November and Clark County began experiencing levels of influenza-like-illness well below those recorded last October and November. Nationally, for the last week of November 25 states reported widespread geographic distribution of influenza activity, down from 32 states the previous week.

The health district believes its clinics and outreach efforts have been successful despite lower than expected demand across the state of Nevada and throughout the United States. As of December 2009, the health district had administered almost 80,000 doses of vaccine since it began providing immunizations on October 10. The health district typically administers between 25,000 and 30,000 doses of influenza vaccine during a traditional flu season. By mid-December the health district had vaccinated approximately 13 percent of people estimated to be in the high-risk populations.

During the months of October and November the health district held a total of 62 PODS or strike team events for priority groups. These included large-scale clinics at the Ravenholt and Henderson public health centers, five clinics

at area high schools and smaller targeted clinics held at Shade Tree Shelter, Opportunity Village, Child Haven and three additional schools that serve children with special needs. Additionally, vaccine was made available through health district family planning, STD and tuberculosis clinics and high school clinics and targeted outreach events were held throughout December.

Also in December, vaccine availability was expanded to persons 65 years of age and older with chronic medical conditions and on December 18 vaccine was made available to the general public.

As demand at large-scale clinics declines the health district is shifting its planning efforts to focus on smaller more targeted venues and re-evaluating its initial strategies developed with the school district to provide vaccine only on weekends at area schools. This includes working with the school district to offer vaccine to students at clinics held on-site and during school hours. Additional, smaller venues that cater specifically to priority groups will continue to be scheduled until the health district feels the demand for vaccine has been met.

Declines in demand will likely be sustained through the first of the year; however, the health district intends to continue its outreach efforts to the groups at highest risk for infection and/or complications from the 2009 H1N1 virus and will continue to offer vaccine at its public health centers.

Generally the influenza season runs through May and because the season can always be unpredictable it is more important than ever to encourage patients to receive the vaccine even if the rates of illness continue to decline. Health care providers should continue to stress the likelihood the current vaccine will provide effective protection against H1N1 influenza next season, along with the merits of receiving the vaccine when supplies are plentiful and available at no cost, or for minimal fees in some instances.

The health district's influenza surveillance program will continue through May and updated reports are available at: <http://www.snhd.info/h1n1/resources.php#surv>. Updated information is also available on the health district's website at [www.snhd.info](http://www.snhd.info).

◆◆◆

### **CCMS Needs Your Help!**

We have gone paperless which means we need your email address. Emailing provides you with instant updates on important issues rather than relying on a fax that may never reach your desk.

Please call Janiceanne Poblete at 739-9989 or email us at [ccms@lvcm.com](mailto:ccms@lvcm.com) to give us your email address. Please be assured your information will be kept confidential. Thank you!



DISEASE STATISTICS\*

NOVEMBER, 2009

Disease	'07		'08		'09		Rate(Cases/100,000/month)		Monthly rate change between current & previous 5 years significant? --
	Nov No.	YTD No.	Nov No.	YTD No.	Nov No.	YTD No.	Nov ('04-'08 aggregated)	Nov ('09)	
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	7	0	14	.	14	0.03	0.05	↑
HEPATITIS A	0	.	.	9	.	7	0.01	0.05	↑
HEPATITIS B (ACUTE)	5	30	0	33	.	24	0.09	0.05	↓
INFLUENZA***	0	79	.	272	1570	5205	0.02	78.71	↑X
MEASLES	0	.	0	.	0	.	0.00	0.00	
MUMPS	5	5	0	32	0	.	0.06	0.00	↓X
PERTUSSIS	0	9	.	19	0	9	0.10	0.00	↓X
POLIOMYELITIS	0	0	0	0	0	0	0.00	0.00	
RUBELLA	0	.	0	0	0	0	0.00	0.00	
TETANUS	0	0	0	0	0	0	0.00	0.00	
<b>SEXUALLY TRANSMITTED</b>									
AIDS	19	229	12	215	13	177	0.78	0.65	↓
CHLAMYDIA	615	6874	585	7069	451	7450	29.93	22.61	↓X
GONORRHEA	201	1989	117	1786	74	1413	10.31	3.71	↓X
HIV	22	334	25	261	19	224	1.28	0.95	↓
SYPHILIS (EARLY LATENT)	7	157	17	152	8	127	0.59	0.40	↓
SYPHILIS (PRIMARY & SECONDARY)	6	90	0	66	.	81	0.23	0.15	↓
<b>ENTERICS</b>									
AMEBIASIS	.	11	.	10	0	.	0.06	0.00	↓X
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	8	112	9	103	10	111	0.54	0.50	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	.	17	0	.	0	.	0.01	0.00	↓
GIARDIA	13	89	11	83	.	66	0.49	0.10	↓X
ROTAVIRUS	.	273	.	283	.	109	0.82	0.05	↓X
SALMONELLOSIS	14	149	17	165	11	158	0.80	0.55	↓
SHIGA-TOXIN PRODUCING E. COLI**	.	15	.	10	0	14	0.09	0.00	↓X
SHIGELLOSIS	.	54	22	215	.	58	0.71	0.05	↓X
TYPHOID FEVER	0	0	0	0	0	0	0.00	0.00	
VIBRIO (NON-CHOLERA)	0	.	.	.	0	.	0.03	0.00	↓
YERSINIOSIS	0	.	0	.	0	.	0.02	0.00	↓
<b>OTHER</b>									
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	0.00	0.00	
COCCIDIOIDOMYCOSIS	5	54	.	44	.	52	0.24	0.15	↓
ENCEPHALITIS	0	.	0	5	0	.	0.00	0.00	
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	.	.	0	.	0.01	0.00	↓
HEPATITIS C (ACUTE)	.	.	.	15	0	0	0.03	0.00	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	.	16	.	21	0	.	0.06	0.00	↓X
INVASIVE STREP. PNEUMONIAE#	0	.	0	5	0	0	0.14	0.00	↓
LEGIONELLOSIS	.	9	.	10	0	8	0.05	0.00	↓X
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	.	7	0	.	0	.	0.01	0.00	↓
LYME DISEASE	.	6	0	.	0	.	0.01	0.00	↓
MALARIA	0	0	0	.	0	0	0.01	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	.	59	7	55	.	38	0.23	0.05	↓
MENINGITIS, BACTERIAL	.	14	.	17	0	8	0.07	0.00	↓X
MENINGOCOCCAL DISEASE	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	.	0.00	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	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	21	1151	21	959	75	1157	1.66	3.76	↑X
STREPTOCOCCUS PNEUMONIAE (DRUG-RESISTANT, INVASIVE)#	.	22	.	37	.	29	0.15	0.10	↓
TOXIC SHOCK SYN	0	0	.	.	0	.	0.01	0.00	↓
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	0	.	0	0	0.00	0.00	
TUBERCULOSIS	.	85	.	86	5	77	0.35	0.25	↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	.	0	.	0	0	0.02	0.00	↓
WEST NILE VIRUS (ENCEPHALITIS)	0	0	.	10	0	6	0.04	0.00	↓
WEST NILE VIRUS (FEVER)	0	.	0	.	0	.	0.03	0.00	↓

\*Numbers are provisional including confirmed, probable and suspect (since Feb-08) cases. HIV/AIDS statistics provided by Office of AIDS, and TB statistics by TB clinic. Data suppression denoted by '.' applies if number of cases <5. Monthly disease total reported by OOE=1679. #Reported since Sep-05. Children <5 years with S. pneumo invasive disease are reported under Invasive S. pneumo if not drug resistant. Population=5 yrs as denominator in rates calculation. ##Reported since Mar-07. \*\*E. COLI O15:H7 instead of STEC was reported prior to 2006. \*\*\*Novel type A influenza (H1N1) added since May-09. --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. Rows highlighted 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).

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All advertising copy and payments must be received on or before the deadline date of the 12th of each month. CCMS reserves the right to hold placement of an ad for printing until payment has been made. Sorry, no credit cards accepted. Please send checks to CCMS at 2590 E Russell Rd, Las Vegas, NV 89120. All ads must be approved by CCMS.

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