Memorandum

Date: February 23, 2017

To: Southern Nevada District Board of Health

From: **Michael Johnson, PhD,** *Director of Community Health*
Joseph P Iser, MD, DrPH, MSc, *Chief Health Officer*

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

The Nevada Clean Indoor Air Act (NCIAA) was passed on November 7, 2006. The NCIAA bans smoking and protects people from exposure to secondhand smoke in most public places. An event celebrating the 10th anniversary of the NCIAA was held on December 8th at the Governor's Mansion in Carson City. TCP staff assisted with the development of a press release (http://southernnevadahealthdistrict.org/news16/20161208-health-district-10-anniversary-of-clean-indoor-act.php) and in the development of remarks Dr. Iser delivered at that event. Nearly 100 individuals were in attendance.

On November 30, 2016, then U.S. Housing and Urban Development (HUD) Secretary Castro announced that public housing developments would be required to provide smoke-free environments for their residents. Over 3,100 public housing agencies will be required to implement smoke-free policies (excluding e-cigarettes) within 18 months. Those policies will apply to residential units, common areas, administrative areas, and outdoor areas within 25 feet of doorways. Exclusions include mixed finance housing units and Section 8 housing. TCP staff participated in a HUD smoke-free final rule conference call on 12/1/16.

To date, TCP staff and partners have trained over 100 youth leaders in how to plan, develop, and implement youth-led tobacco prevention advocacy projects. Students also learn about various tobacco control issues including the dangers of tobacco and myths surrounding emerging tobacco products. Staff trained 13 youth in December.

2. Chronic Disease Prevention Program (CDPP):

The annual UNLV Coaches Health Challenge wrapped up in December. The program is a collaborative effort between SNHD, UNLV Athletics, and the Clark County School District (CCSD). The annual program encourages elementary school students to be physically active and eat fruits and vegetables. A total of 13,301 students were signed up to participate in the program by their teachers this year, representing 503 classrooms in 210 CCSD elementary schools. The winning classrooms were presented with tickets to a UNLV men's or women's basketball game in December. UNLV Head Coaches will make visits to the classrooms later in the spring. SNHD staff is also providing technical

assistance to Washoe County Health District as they implement the program in Reno for the first time. Staff has provided all of our program materials to Washoe County who is working with the UNR Athletic Department to replicate the SNHD program.

A December media campaign featured the Care4Life diabetes self-management program. The campaign consisted of newspaper ads, online ads, and a Review Journal takeover. The campaign will continue in January with the addition of radio and television ads. The Care4Life program currently has 228 participants. Referrals are being made through a network of clinical and lay health partners as well as general community referrals. Currently we have a total of 16 clinical and lay health providers referring clients into the program.

3. Injury Prevention Program (IPP):

IPP staff established national partnerships with the Consumer Product Safety Commission's Pool Safely campaign and the National Institute on Aging's Go4Life. Both partnerships entitle SNHD to free, evidence-based campaign materials on the topics of drowning prevention and fall prevention among older adults.

The Nevada State Substance Abuse Prevention and Treatment Agency (SAPTA) certification application for prevention was completed and submitted to qualify SNHD for federal pass-through dollars for substance abuse prevention. IPP staff coordinated development and submission of a grant to support Opioid misuse prevention community education and outreach.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Disease Surveillance and Investigations

Community Health -- OEDS – Fiscal Year Data

Morbidity Surveillance	Jan 2016	Jan 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Chlamydia	756	786	↑	5975	6843	↑
Gonorrhea	228	253	↑	1857	2280	↑
Primary Syphilis	4	3	↓	50	69	↑
Secondary Syphilis	15	17	↑	118	164	↑
Early Latent Syphilis	50	14	↓	281	190	↓
Late Latent Syphilis	9	11	↑	73	178	↑
Congenital Syphilis (presumptive)	0	1	↑	3	6	↑
New Active TB Cases Counted - Adult	0	0	→	1	3	↑
Number of TB Active Cases Counted - Pediatric	0	2	↑	24	26	↑

Community Health -- OEDS – Fiscal Year Data

Moms and Babies Surveillance	Jan 2015	Jan 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
HIV Pregnant Cases	2	2	→	13	16	↑

Syphilis Pregnant Cases	3	3	→	46	38	↓
Perinatally Exposed to HIV	0	4	↑	17	20	↑

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters[1]	Reactors/ Symptomatic/ X-ray[2]	OOJ /FUP [3]
Chlamydia	22	1	27	2
Gonorrhea	29	1	20	1
Syphilis	83	7	95	5
HIV/AIDS (New to Care/Returning to Care)	32	3	40	42
Tuberculosis	81	0	33	0
TOTAL	247	12	215	50

2. PREVENTION- Community Outreach/Provider Outreach (HIV/STD/TB)

In January 2017, SNHD OEDS received recognition from the State Section Manager at the NV Department of Health and Human Services- HIV Prevention Program after they received the "Year 5 Interim Rapid Feedback Report" for the HIV Prevention grant, PS12-1201. The report describes HIV prevention efforts including HIV testing, linkage to HIV medical care, interview for partner services and referral to HIV prevention services. The data collected for these efforts shows that NV is exceeding national averages in all categories. Since the majority of the disease burden is in Southern Nevada, most of the data collected and reflected in this report is from Southern Nevada.

OEDS participated in:

A. High Impact HIV/Hepatitis Screening Sites

a. Mondays-Thursdays and first Saturday; The Center- LGBTQ Community of Nevada- MSM, transgender.

B. Staff Facilitated Training/Presentations

a. January 11th - Hep C Training Training-Provided by Avella.5 staff attended.

b. January 11th – Overdose prevention training proved by SNHD. 7 staff attended.

c. January 25th – Dr. Cheryl Radeloff presented on HIV transmission and risk reduction including PrEP and PED to the Rape Crisis Center. 15 people were in attendace.

d. January 25th – Harm Reduction Coalition meeting hosted by SNHD. Community members in attendace: PACT Coalition, Golden Rainbow, Nevada Department of Behavioral Health and Human Services, Center for Behavioral Health, Clark county Social Services, Estudy, AFAN, TRAC-B Exchange, SNHD, Community Counseling Center, AHF, St. Rose Hospital, Foundation for Recovery and Straight from the Streets.

e. January 27th-CPR/First Aid provided by SNHD-1 staff attended.

---

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/X-Ray= Investigations initiated from positive labs, reported symptoms or chest X-Ray referrals
3 OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters; FUP= Investigations initiated to follow up on previous reactors, partners, or clusters

f. January 31st - SNHD presented an overview of the functions of the Office of Disease Surveillance to students enrolled in the Introduction to Public Health at UNLV. - 30 people were in attendance. Melissa C, DIIS, asked by Dr. Linh Nguyen to be a guest speaker and give a presentation at UNLV to her students about the DIIS job description. She teaches PBH 205: An Introduction to Public Health. The presentation is a basic overview of what the role of a Disease Investigation and Intervention Specialist does at SNHD. The same presentation was given for 4 classes and approximately 45 minutes long with additional time for questions. Each class had approximately 30 students in each class

Community Health -- OEDS – Fiscal Year Data

Prevention - SNHD HIV Testing	Jan 2016	Jan 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Outreach/Targeted Testing	595	406	↓	3,967	4,304	↑
Clinic Screening (SHC/FPC/TB)	482	382	↓	4,578	4,502	↓
Outreach Screening (Jails, SAPTA)	103	131	↑	1,260	1,156	↓
TOTAL	1,180	919	↓	9,805	9,962	↑
Outreach/Targeted Testing POSITIVE				64	50	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				52	49	↓
Outreach Screening (Jails, SAPTA)POSITIVE				8	15	↑
TOTAL POSITIVES				124	114	↓

3. EPIDEMIOLOGY

A. **Disease reports and updates:**

a. ***Global Zika Virus Outbreak***: Outbreaks are occurring in 69 countries and territories. Current travel information about Zika virus spread is at http://wwwnc.cdc.gov/travel/page/zika-travel-information. As of 1/25/17, there were 4,710 travel-associated Zika virus disease cases reported in the US and 35,644 locally acquired cases reported in US territories. SNHD has reported 19 travel-associated cases. The CDC developed guidance for healthcare providers and the public regarding sexual transmission as well as screening and testing exposed pregnant females and children when indicated. Utilizing this guidance, the OEDS developed algorithms for healthcare providers and these are located at (https://www.southernnevadahealthdistrict.org/zika/cdc-advisories.php). The OEDS arranged testing for 164 individuals with possible exposure to Zika virus. Nineteen individuals in Clark County have tested positive from both commercial and public health laboratories. We continue to develop Zika virus investigation protocols and procedures for identification and testing individuals for Zika virus infection. We are currently developing a one-hour presentation for health care providers about Zika virus as updates come from the CDC. The presentation has been approved for one hour of AMA Category 1CME and will be offered online through our website by March 2017.

b. ***A Taste of Sonora GI Investigation:*** Investigation is now closed. Taste of Sonora Catering was issued a cease and desist order on 12/15/16 by an EH Specialist. The situation was discussed with NSHPL, and it was mutually

decided that there was no need to test the food since it could not be tested for Norovirus, thus the items were discarded.

c. ***Japanese Students, Influenza:*** As of 1/30/2017, results from the CDC on the 3 specimens are still pending. No additional reports were received from the Tropicana Hotel and Casino regarding an increase in influenza like activity.

d. ***McKenzie's River Rage Laughlin:*** No additional reports of GE illness have been received from either the hotel properties or race attendees and the investigation is now closed.

e. ***Influenza:*** Influenza surveillance in Southern Nevada for the 2016/2017 season is showing an expected gradual increase in cases throughout the season. The total number of confirmed cases was 238 as of January 21, 2017. Compared to the previous season, there was a 90.4% increase in cases diagnosed despite the genetically similarity between virus strains in the influenza vaccine and circulating influenza viruses, as stated by the CDC. Influenza A is the dominant type circulating locally (90-95%).Influenza B accounted for approximately 5% of cases. No pediatric death associated with influenza has occurred this season. SNHD has continued to update the public on the progression of the season and has encouraged the population to be vaccinated.

B. Communicable Disease Statistics: December 2016 and 4th quarter Disease Statistics are attached. (see table 1)

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

A. Work continues on the configuration and installation of the new SNPHL LIMS system.

B. The web-based trauma application is ready for production. A Demonstration of the web-based trauma application and reporting software was given to the state and all of the trauma-registry stakeholders. At this point we are awaiting feedback from the state and Stake holders.

C. The new format Quest HL7 messages have been in production at SNHD for one month and the State of NV is ready to move them to production also.

D. A new SFTP server has been set up and we are migrating data reporters to the new server.

E. Work on consuming Antibiotic resistance data provided by local labs and hospitals continues.

F. We have been assisting with the review and modification of the Statement of Work for the EHR contract.

G. Project implementation is in progress for the Pharmacy system.

H. Project implementation is in progress for the SNPHL LIMS.

I. Assisted OEDS with various data requests and report generation.

J. Continuing to work with the State on the prescription drug monitoring grant.

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

1. January Meetings:

A. Regional Trauma Advisory Board (RTAB)

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

The Board heard a committee report from the Trauma Needs Assessment Taskforce (see below).

Nominations were opened for the non-standing member seat for Health Education and Injury Prevention Services.

There was considerable discussion with regard to the shortage of post acute care beds in rehabilitation centers, skilled nursing facilities, and licensed post acute care facilities. It was agreed there is a need to forward the issue to the legislative and policy decision makers.

B. Trauma Needs Assessment Taskforce (TNAT)

The TNAT is a taskforce with the primary purpose of advising and assisting the RTAB in developing objective criteria to assess the future need for the expansion of the trauma system.

The TNAT revised and approved the meeting bylaws for alternates.

The Taskforce is continuing to work on developing criteria for population data and EMS call volume by zip code; injury severity score trends; and traumatic injury patients at non-trauma centers. They decided to create a small workgroup to assemble a framework of the ideas suggested in the Needs Based Assessment of Trauma Systems tool using the six domain areas.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

January EMS Statistics	Jan 2016	Jan 2017		FY15-16 (July-June)	FY16-17 (July-June)	
Total certificates issued	83	72	↓	242	1104	↑
New licenses issued	21	22	↑	285	190	↓
Renewal licenses issued (recert only)	21	0	↓	752	937	↑
Active Certifications: EMT	605	551	↓			
Active Certifications: Advanced EMT	1303	1274	↓			
Active Certifications: Paramedic	1188	1241	↑			
Active Certifications: RN	44	45	↑			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

A. OPHP staff attended an ASPR TRACIE hosted webinar about the 2017-2022 Healthcare Preparedness and Response Capabilities. This is the new ASPR Hospital Preparedness Program (HPP) Response capabilities focusing on the next five years. The Division of Public and Behavioral Health convened a teleconference to discuss the Federal Medical Stations (FMS), Alternate Care Sites, and development of an action plan to conduct site assessments. DPBH is looking for three sites in Southern Nevada. The locations must accommodate a 250-bed FMS (roughly 40,000 sq. ft.). OPHP participated in a telephone discussion with Clark County Office of Emergency Management (CCOEM) and Health Care Quality and Compliance (HCQC) in reference to the identification of locations for the three FMS or Alternate Care Sites for Southern Nevada. Locations discussed included Casino Properties, Cashman Center, Las Vegas

Convention and Visitors Center, Thomas & Mack, Central Christian Church, and community centers and RV campsites within Las Vegas. Most of these community locations are part of jurisdictional response plans, however, there are multiple opportunities with commercial warehouses that are vacant. Recommendations will include several of these properties.

B. OPHP staff was selected to participate in a review of a new CDC product that will be implemented nationwide with the next Public Health Emergency Preparedness Cooperative Agreement. The Medical Countermeasures (MCM) Operational Planning Guide will be a resource for planners across the country to use in development and operationalizing their MCM plans.

C. OPHP and IT staff submitted an abstract which was accepted as a learning session at the NACCHO Preparedness Summit in April. The session titled "Dispensing in the 20th Century: Building Partnerships through Innovation and Technology" will demonstrate SNHD's online system for dispensing and tracking MCM during a public health emergency.

D. OPHP attended the Emergency Management Committee (EMC) meeting at Henderson Hospital. The EMC agenda included: Resource and Asset Sustainability, Hazard Vulnerability Analysis review, Emergency Operations Plan Review, and review of the Armed Intruder/Active Assailant policy. A majority of the meeting was used to discuss the actions taken or not taken by Henderson Hospital staff when an unknown subject brought to the front and dumped a stuffed animal at the main entrance of the hospital. Review of Code Black procedures and determination on 9-1-1 call was submitted to leadership.

E. OPHP participated in a coordination meeting and walk-through tour of Summerlin Hospital in preparation for the Pediatric Disaster Response & Emergency Preparedness (MGT-439) class on February 1-2, 2017. The training is provided by the Texas A&M Engineering Extension Service (TEEX) and focuses on a training gap for emergency responders, first receivers, and emergency management personnel that reduced their effectiveness in responding to pediatric patients and their unique needs/considerations. This course addresses pediatric emergency planning and medical response considerations through a combination of lectures, small group exercises, and a table-top exercise. There are forty-eight community partner employees registered for the class out of a class size of fifty.

F. OPHP participated with members of the Southern Nevada Healthcare Coalition in preparing the Community Hazard Vulnerability Analysis to be presented to the Southern Nevada Healthcare Coalition meeting members on 2 February 2017. Members attending this meeting included: SNHD, Nevada Hospital Association, Veterans Affairs Southern Nevada Healthcare System, University Medical Center, Dignity Health System – San Martin Campus, and Summerlin Hospital. OPHP also participated with FEMA Region IX and Center for Medicare and Medicaid Services in a webinar on the 1135 Waiver process during disasters/emergencies that affect healthcare systems in the area. Key points were made, like Presidential Declaration requirement, duration of the waiver, and duration of the Emergency Medical Treatment & Active Labor Act (EMTALA). A status spreadsheet was also provided to the participants.

G. OPHP continues to participate in planning meetings with Nevada's Local Health Authorities and the State of Nevada, Division of Public and Behavioral Health for exercises to be completed in 2017. The exercise will use CMS data for information sharing and to assist planners in identification of functional and access need populations that may need assistance during and following natural disasters.

Discussion topics included an overview of the process for requesting the CMS datasets and compliance issues related to use of CMS dataset information. A tabletop or functional exercise will be completed in March 2017. Additional components will be tested in future planned exercises.

H. OPHP continues to conduct the monthly Incident Command Team, Directors, Managers and Supervisors call-down notifications. Call-down drills are deliverables required by CRI grant to ensure public health staff readiness to respond to a disaster. This monthly test of the system ensures that District staff contact information is current in the event a notification to all SNHD staff is needed to be able to respond to public health threat.

I. OPHP staff continues to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security Urban Area Security Initiative, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition and individual hospital emergency management committee meetings. Ebola and Zika preparedness planning remains a priority.

J. OPHP staff continues to participate in Accreditation activities and Domain working groups to support SNHD.

2. **PHP Training And PH Workforce Development:**

A. **OPHP Education and Training:** OPHP Training Officers continue to conduct ICS, CPR and First Aid courses at the Health District. Training officers continue to monitor SNHD staff compliance with completion of required ICS courses.

B. **Employee Health Nurse**: The Nurse is performing required fit tests for SNHD staff and medical residents. Nurse is in process of reviewing training provided including Bloodborne Pathogens courses required for OSHA compliance. The purpose of these courses is to ensure safety precautions are maintained by staff as part of General Safety Program.

3. **Grants and Administration:**

A. OPHP continues to spend down current BP5 PHEP, CRI and HPP grants. Staff continues to proceed with identified SOW within each of the grant. OPHP works with EH and EPI on activities within the PHPR and PHEP ZIKA grants received during the current year. Work deliverables are ongoing this winter in preparation for resumption of Mosquito Season in April 2017. Staff is continuing to develop and perform training for additional staff that will be utilized in upcoming mosquito season mosquito surveillance. OPHP continues to work with the identified HPP EBOLA contractor and the efforts of the contractor to work with acute care facilities with EBOLA planning. OPHP is in the process of developing the new grant budgets utilizing SNHD's new financial system. Grant guidance for new cooperative agreements should be released from the CDC soon. We expect to receive level funding in future Cooperative Agreements.

B. OPHP Manager and Supervisor continue to plan for upcoming BOH member discussion-based seminar on roles and responsibilities for public health emergencies and disasters. This training should be completed sometime in February 2017.

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

A. MRC continues to participate in community events having provided services and volunteers in support of SNHD Mission and grant deliverables.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

1. **Clinical Testing:** SNPHL continues to support the SNHD Nursing Division with Sexually Transmitted Disease (STD) testing. SNHD STD department and SNPHL cooperatively participate in the CDC Gonococcal Isolate Surveillance Project (GISP). SNPHL performs *N. gonorrhoeae* culture and submits isolates to CDC and Nursing provides the client information required by the project. In October, 2015, SNPHL began performing *C. trachomatis/N. gonorrhoeae* (CT/GC) molecular testing to support SNHD clinical programs.

2. **Epidemiological Testing and Consultation:**

   A. SNPHL continues to support the disease investigation activities of the SNHD OEDS and Nursing Division.

   B. SNPHL continues to participate in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce (FIT).

   C. SNPHL continues to report results of PEWSS testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

3. **State Branch Public Health Laboratory Testing:**

   A. SNPHL continues to perform reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped or confirmed; stored on-site; and results reported and/or samples submitted to CDC through various national programs including Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS) and Influenza Surveillance.

   B. SNPHL continues to perform CDC Laboratory Response Network (LRN) testing for biological agents on clinical and unknown environmental samples.

   C. SNPHL continues to perform Pulsed Field Gel Electrophoresis (PFGE) testing of *Salmonella, Shigella, Listeria*, and Shiga toxin producing *E. coli* (STEC) isolates submitted by local clinical laboratories. SNPHL reports the PFGE data to the CDC PulseNet program and to the SNHD OEDS.

   D. SNPHL provides courier services to SNHD public health centers and Southern Nevada hospital or commercial laboratories.

4. **All-Hazards Preparedness:**

   A. SNPHL continues to participate with SNHD OPHP, local First Responders and sentinel laboratories to ensure support for response to possible biological or chemical agents.

   B. SNPHL staff continues to receive training on Laboratory Response Network (LRN) protocols for biological agent confirmation.

   C. SNPHL maintains sufficient technical laboratory staff competent to perform LRN testing 24 hours per day/7 days per week.

   D. SNPHL continues to coordinate with First Responders including local Civil Support Team (CST), HazMat, Federal Bureau of Investigation (FBI), and Las Vegas Metropolitan Police Department (LVMPD).

   E. SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.

5. **January 2016 SNPHL Activity Highlights:**

   A. SNPHL has begun preliminary implementation of ZIKA-IGM testing.

B. SNPHL staff provided continued input and participation to Epidemiology for isolated investigations.

C. SNPHL has posted a position for laboratory supervisor to replace vacancy.

D. SNPHL has completed development of an updated database for the new LIMS and is working on physical installation and training.

E. SNPHL has purchased and received instrumentation for TB-IGRA testing and has completed training, test evaluation and development.

F. SNPHL has continued use of an automated call system that eliminates laboratory standby call and overtime compensation.

G. SNPHL has been successfully inspected and approved to perform a new gastrointestinal panel test and the Quantiferon TB testing.

H. SNPHL has been successful in receiving the grant from APHL for development of a laboratory training video and tabletop exercise.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Jan 2016	Jan 2017		FY 15-16 (July-June)	FY 16-17 (July-June)	
Clinical Testing Services[1]	2,850	5,200	↑	21,851	40,384	↑
Epidemiology Services[2]	2,906	224	↓	6,770	5,166	↓
State Branch Public Health Laboratory Services[3]	925	29	↑	472	1,658	↓
All-Hazards Preparedness Services[4]	3	18	↓	1,251	125	↓

VII. VITAL STATISTICS

January 2017 showed a 17% increase in birth certificate sales in comparison to January 2016. Death certificate sales showed a 7% increase for the same time frame. SNHD received revenues of $51,311 for birth registrations, $23,998 for death registrations; and an additional $3,300 in miscellaneous fees for the month of January.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Jan 2015	Jan 2016		FY15-16 (July-June)	FY16-17 (July-June)	
Births Registered	2,308	2,275	↑	16,781	16,734	↓
Deaths Registered	1,596	1,720	↓	9,493	9,837	↑

1 Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, Gram stain testing.
2 Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations or consultations.
3 Includes PFGE and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations and inspections, samples submitted to CDC or other laboratories.
4 Includes Preparedness training, BSL-3 maintenance and repair, teleconferences, Inspections.

Vital Statistics Services	Jan 2015	Jan 2016		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold (walk-in)	2,856	3,437	↓	21,113	21,726	↑
Birth Certificates Mail*	123	126	↓	1,042	928	↓
Birth Certificates Online Orders	1,075	1,166	↓	7,080	7,332	↑
Birth Certificates Billed	61	102	↑	795	807	↓
Birth Certificates Number of Total Sales	4,115	4,831	↓	30,030	30,793	↑
Death Certificates Sold (walk-in)	2,836	1,454	↓	18,172	11,255	↓
Death Certificates Mail	190	105	↓	1,114	680	↓
Death Certificates Online Orders	4,110	6,064	↑	26,010	35,540	↑
Death Certificates Billed	9	28	↑	69	112	↑
Death Certificates Number of Total Sales	7,145	7,651	↑	45,365	47,587	↑

Vital Statistics Sales by Source	Jan 2015	Jan 2016		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold Decatur (walk-in)	69.4%	71.1%	↑	70.3%	70.6%	↑
Birth Certificates Mail	3%	2.6%	↓	3.5%	3%	↓
Birth Certificates Online Orders	26.1%	24.1%	↓	23.6%	23.8%	↑
Birth Certificates Billed	1.5%	2.1%	↑	2.6%	2.6%	→
Death Certificates Sold Decatur (walk-in)	39.7%	19%	↓	40.1%	23.7%	↓
Death Certificates Mail	2.7%	1.4%	↓	2.5%	1.4%	↓
Death Certificates Online Orders	57.5%	79.3%	↑	57.3%	74.7%	↑
Death Certificates Billed	.1%	.4%	↑	.2%	.2%	→

Revenue	Jan 2015	Jan 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Birth Certificates ($20)	$82,300	$96,620	↑	$600,600	$615,860	↑
Death Certificates ($20)	$142,900	$153,020	↑	$907,300	$951,740	↑
Births Registrations ($13)	$44,801	$51,311	↑	$324,553	$330,382	↑
Deaths Registrations ($13)	$22,875	$23,998	↑	$143,507	$147,882	↑
Miscellaneous	$2,895	$3,300	↑	$21,082	$24,508	↑
Total Vital Records Revenue	$295,771	$328,249	↑	$1,997,042	$2,070,372	↑

*As of January 31, 2016, SNHD will only issue certificates from the central office at 280 S. Decatur, and thus will not report on Mesquite office certificate sales in future board of Health reports.

**Corrected/updated birth registration fees from previous reports.

MDJ/edm

Clark County Disease Statistics*, DECEMBER 2016

Disease	2014 Dec No.	2014 YTD No.	2015 Dec No.	2015 YTD No.	2016 Dec No.	2016 YTD No.	Rate(Cases per 100,000 per month) Dec (2011-2015 aggregated)	Dec (2016)	Monthly Rate Comparison Significant change bet. current & past 5-year?~~
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	12	.	24	.	27	0.10	0.09	↓
HEPATITIS A	0	.	.	11	.	12	0.02	0.05	↑
HEPATITIS B (ACUTE)	0	17	.	19	.	18	0.05	0.05	
INFLUENZA	91	628	47	519	106	705	2.68	4.98	↑X
MEASLES	0	0	0	9	0	0	0.00	0.00	
MUMPS	0	.	0	0	0	.	0.01	0.00	↓
PERTUSSIS	0	52	.	89	.	30	0.16	0.14	↓
POLIOMYELITIS	0	0	0	0	0	0	0.00	0.00	
RUBELLA	0	0	0	0	0	0	0.00	0.00	
TETANUS	0	0	0	0	0	0	0.00	0.00	
SEXUALLY TRANSMITTED									
CHLAMYDIA	812	10145	885	10089	930	11337	37.15	43.66	↑X
GONORRHEA	271	2762	265	2987	336	3632	10.72	15.77	↑X
SYPHILIS (EARLY LATENT)	26	308	39	401	31	445	1.05	1.46	↑
SYPHILIS (PRIMARY & SECONDARY)	16	269	31	296	31	375	0.88	1.46	↑
ENTERICS									
AMEBIASIS	0	.	0	11	0	8	0.03	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	6	100	.	101	10	121	0.29	0.47	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	.	6	0	.	0.01	0.00	↓
GIARDIA	5	44	.	31	.	50	0.20	0.14	↓
ROTAVIRUS	.	53	0	68	16	54	0.08	0.75	↑X
SALMONELLOSIS	.	119	.	176	5	148	0.33	0.23	↓
SHIGA-TOXIN PRODUCING E. COLI	0	19	0	35	.	47	0.11	0.09	↓
SHIGELLOSIS	.	28	.	31	.	52	0.12	0.14	↑
TYPHOID FEVER	0	.	0	.	0	.	0.00	0.00	
VIBRIO (NON-CHOLERA)	0	.	0	.	0	.	0.00	0.00	
YERSINIOSIS	0	.	0	0	0	.	0.00	0.00	
OTHER									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0	0	.	0.00	0.00	
COCCIDIOIDOMYCOSIS	.	61	6	100	9	75	0.19	0.42	↑
DENGUE FEVER	0	.	0	.	0	0	0.01	0.00	↓
ENCEPHALITIS	0	.	0	.	0	.	0.00	0.00	
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	.	0	.	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	0	.	0	7	.	22	0.01	0.05	↑
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.	0	0	0	0	0	0	0.00	0.00	
LEGIONELLOSIS	.	21	0	21	0	24	0.04	0.00	↓
LEPROSY (HANSEN'S DISEASE)	0	.	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	.	0	.	0	.	0.00	0.00	
LYME DISEASE	0	.	0	5	0	12	0.01	0.00	↓
MALARIA	0	8	0	5	.	6	0.06	0.05	↓
MENINGITIS, ASEPTIC/VIRAL	.	41	.	31	.	29	0.08	0.05	↓
MENINGITIS, BACTERIAL	0	12	0	15	0	31	0.03	0.00	↓
MENINGOCOCCAL DISEASE	0	.	0	0	.	7	0.00	0.09	↑
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	.	0.00	0.00	
Q FEVER	0	0	0	.	0	.	0.00	0.00	
RABIES (HUMAN)	0	0	0	0	0	0	0.00	0.00	
RELAPSING FEVER	0	0	0	0	0	0	0.00	0.00	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	.	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	161	816	36	1159	379	1200	6.16	17.79	↑X
STREPTOCOCCUS PNEUMONIAE, IPD	5	77	11	99	22	149	0.41	1.03	↑X
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	11	.	15	.	18	0.03	0.09	↑
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	0	.	0	.	0	.	0.00	0.00	
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS DISEASE, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS DISEASE, NON-CONGENITAL~	0	0	0	0	0	16	0.00	0.00	
ZIKA VIRUS INFECTION, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS INFECTION, NON-CONGENITAL~	0	0	0	0	0	.	0.00	0.00	

*Due to software transition STD data since 2014 are not comparable with those in previous years. Rate denominators are interpolated population estimates/projections using demographic data under ongoing revisions by the state demographer. Use of 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 provided by Office of Disease Surveillance on a quarterly basis. Data suppression denoted by '.' applies if number of cases <5. Monthly disease total (excluding STD and TB cases)=569(reported total=2028). Monthly congenital syphilis cases (suppression applied) for 2014-2016 were 0,0,0(YTD totals of .,6,9) respectively.

~Zika case definitions added in 2016.

~~Confidence intervals (not shown) for the monthly disease incidence rates provided a basis for an informal statistical test to determine if the current monthly rates changed significantly from those of the previous 5 years aggregated. Text in green where rates decreased and in red where rates increased. Statistically significant changes indicated by 'X' (rate comparisons made if 5+ cases reported in the current month of this year or previous 5 years aggregated).

Clark County Disease Statistics* - Quarter4, 2016

Disease	2014 Q4 No.	2014 YTD No.	2015 Q4 No.	2015 YTD No.	2016 Q4 No.	2016 YTD No.	Rate(Cases per 100,000 per quarter) Qtr4 (2011-2015 aggregated)	Qtr4 (2016)	Quarterly Rate Comparison Significant change bet. current & past 5-year?~~
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	12	7	24	6	27	0.16	0.28	↑
HEPATITIS A	0	.	.	11	.	12	0.07	0.14	↑
HEPATITIS B (ACUTE)	.	17	5	19	6	18	0.20	0.28	↑
INFLUENZA	114	628	67	519	137	705	3.71	6.44	↑X
MEASLES	0	0	0	9	0	0	0.00	0.00	
MUMPS	0	.	0	0	.	.	0.01	0.05	↑
PERTUSSIS	.	52	9	89	7	30	0.55	0.33	↓
POLIOMYELITIS	0	0	0	0	0	0	0.00	0.00	
RUBELLA	0	0	0	0	0	0	0.00	0.00	
TETANUS	0	0	0	0	0	0	0.00	0.00	
SEXUALLY TRANSMITTED									
CHLAMYDIA	2432	10145	2612	10089	2938	11337	112.89	138.06	↑X
GONORRHEA	785	2762	801	2987	1002	3632	31.24	47.08	↑X
HIV	82	296	79	314	82	429	3.34	3.85	↑
SYPHILIS (EARLY LATENT)	77	308	108	401	90	445	3.38	4.23	↑
SYPHILIS (PRIMARY & SECONDARY)	63	269	85	296	112	375	2.66	5.26	↑X
Stage 3 HIV (AIDS)	42	202	37	166	41	207	2.25	1.93	↓
ENTERICS									
AMEBIASIS	0	.	.	11	.	8	0.07	0.05	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.01	0.00	↓
CAMPYLOBACTERIOSIS	20	100	19	101	33	121	1.03	1.55	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	.	6	.	.	0.04	0.05	↑
GIARDIA	14	44	8	31	12	50	0.56	0.56	
ROTAVIRUS	6	53	.	68	24	54	0.19	1.13	↑X
SALMONELLOSIS	26	119	40	176	30	148	2.44	1.41	↓X
SHIGA-TOXIN PRODUCING E. COLI	.	19	5	35	9	47	0.35	0.42	↑
SHIGELLOSIS	10	28	10	31	10	52	0.42	0.47	↑
TYPHOID FEVER	.	.	.	.	0	.	0.03	0.00	↓
VIBRIO (NON-CHOLERA)	0	.	0	.	0	.	0.01	0.00	↓
YERSINIOSIS	.	.	0	0	.	.	0.02	0.05	↑
OTHER									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0	0	.	0.00	0.00	
COCCIDIOIDOMYCOSIS	15	61	39	100	24	75	1.12	1.13	↑
DENGUE FEVER	0	.	0	.	0	0	0.02	0.00	↓
ENCEPHALITIS	0	.	0	.	0	.	0.00	0.00	
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	.	0	.	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	0	.	0	7	.	22	0.03	0.19	↑
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.	0	0	0	0	0	0	0.00	0.00	
LEGIONELLOSIS	.	21	.	21	.	24	0.12	0.14	↑
LEPROSY (HANSEN'S DISEASE)	0	.	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	.	0	.	.	.	0.01	0.05	↑
LYME DISEASE	0	.	0	5	0	12	0.01	0.00	↓
MALARIA	.	8	.	5	.	6	0.12	0.05	↓
MENINGITIS, ASEPTIC/VIRAL	9	41	.	31	10	29	0.37	0.47	↑
MENINGITIS, BACTERIAL	.	12	.	15	.	31	0.10	0.05	↓
MENINGOCOCCAL DISEASE	.	.	0	0	.	7	0.01	0.14	↑
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	.	0.00	0.00	
Q FEVER	0	0	0	.	0	.	0.00	0.00	
RABIES (HUMAN)	0	0	0	0	0	0	0.00	0.00	
RELAPSING FEVER	0	0	0	0	0	0	0.00	0.00	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	.	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	203	816	56	1159	529	1200	8.31	24.86	↑X
STREPTOCOCCUS PNEUMONIAE, IPD	13	77	24	99	43	149	0.92	2.02	↑X
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	11	7	15	.	18	0.14	0.14	
TUBERCULOSIS	10	66	12	71	8	44	0.71	0.38	↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	0	.	0	.	0	.	0.00	0.00	
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.02	0.00	↓
ZIKA VIRUS DISEASE, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS DISEASE, NON-CONGENITAL~	0	0	0	0	0	16	0.00	0.00	
ZIKA VIRUS INFECTION, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS INFECTION, NON-CONGENITAL~	0	0	0	0	.	.	0.00	0.05	↑

*Due to software transition STD data since 2014 are not comparable with those in previous years. Rate denominators are interpolated population estimates/projections using demographic data under ongoing revisions by the state demographer. Use of 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 (since Feb-08) cases that are reportable to CDC. HIV/AIDS/TB case counts provided by Office of Disease Surveillance. Data suppression denoted by '.' applies if number of cases <5. Quarterly disease total (excluding STD and TB cases)=904(reported total=5177). Quarterly congenital syphilis cases (suppression applied) for 2014-2016 were .,.,.(YTD totals of .,6,9) respectively.
~Zika case definitions added in 2016.

~~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 years aggregated. Text in green where rates decreased and in red where rates increased. Statistically significant changes indicated by 'X' (rate comparisons made if 5+ cases reported in the current quarter of this year or previous 5 years aggregated).