





# Memorandum

**Date:** March 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* 

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**Subject:** Community Health Division Monthly Report

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

### **1. Tobacco Control Program (TCP):**

In January, staff participated at the Día de los Reyes community event at the Boulevard Mall, with an estimated 3,000 attendees from the Hispanic community. Quitline information along with other information on chronic disease prevention was distributed.

Brief Tobacco Use Intervention is an evidence-based process through which providers identify current smokers and refer them to cessation resources. SNHD TCP staff has developed a provider training, developed an on-line training module available on the Get Healthy website, and expanded availability of that training to include a broad range of health-related service providers. In January, 26 healthcare providers were trained in person on how to deliver a brief tobacco use intervention (BI) and another 4,996 providers were trained through the online module. To date, 5,297 providers have been trained on how to deliver Brief Tobacco Use Interventions.

In January, the TCP ran a media campaign leveraging the Centers for Disease Control and Prevention (CDC) 'TIPS From Former Smokers' campaign materials. The objective of the campaign was to encourage cessation efforts and promote the Quitline resources. The campaign reached 674,883 people during January.

Staff developed two Spanish language blogs for Viva Saludable in January. The "Begin the Year Quitting Smoking" and "A Healthy Heart is a Happy Heart" blogs related to the American Heart Association's Go Red Por Tu Corazón initiative and created awareness about heart disease in Latinas. The Viva Saludable blog had 15,770 unique visitors in January.

### **2. Chronic Disease Prevention Program (CDPP):**

In January, staff met with representatives from Southern Hills Hospital to discuss healthy vending initiatives. Staff conducted a Nutrition Environment Measurement Survey – Vending (NEMS-V) assessment on two public vending machines at the hospital. Staff analyzed the NEMS-V data and provided the results to the hospital representatives.

The CDPD nutrition incentive grant from Wholesome Wave ended in December, 2016. In January, staff compiled and submitted the final report, final financial report, and final data to be entered into the Wholesome Wave data portal per the grant requirement. The CDPD met the grant deliverable of implementing a nutrition incentive program in all markets that accepted Supplemental Nutrition Assistance Program (SNAP) benefits and was able to increase SNAP purchases at participating markets by almost 20% over the course of the project. SNHD requested a no-cost-extension from Wholesome Wave to spend the remaining \$650 on nutrition incentives for low-income families. If approved, the nutrition incentive program will operate temporarily at 3 partner markets until all incentive funding from the grant is exhausted.

In January, a multi-component media campaign (television, radio, social media, and online ads) ran to promote the Care4Life program and diabetes awareness, prevention, and self-management. Care4Life is an evidence-based diabetes self-management program that is offered in English or Spanish and can be accessed via the internet or through a mobile device. There are now 15 clinical and lay health providers that are making referrals to the Care4Life program. To date, 1,777 referrals have been made and, in January, CDPD reached its goal of 275 participants in the program.

**3. Injury Prevention Program (IPP):**

Staff coordinated with community partners to complete an Opioid poisoning fact sheet for the 2017 Nevada Legislature on behalf of the SNHD Community Health Improvement Plan Policy and Funding Committee. The fact sheet was completed in January and can be accessed at:

<http://www.healthysouthernnevada.org/index.php?module=ResourceLibrary&controller=index&action=view&id=97595036148808449>.

In an effort to create a new drowning prevention campaign to present to the Southern Nevada Child Drowning Prevention Coalition, staff conducted interviews with key informants and focus groups with priority population members, including the Hispanic population. Staff worked with a media contractor to develop new messaging and images for the drowning prevention campaign based on the feedback gathered during the interviews and focus groups. The final concepts were presented to the Southern Nevada Child Drowning Prevention Coalition. In January, the coalition voted to adopt the new campaign messages and images. This campaign material will be used during the upcoming annual drowning prevention media efforts later this spring.

**II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)**

**1. Disease Surveillance and Investigations**

Community Health -- OEDS – Fiscal Year Data						
Morbidity Surveillance	Feb 2016	Feb 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Chlamydia	932	766	↓	6,907	7,739	↑
Gonorrhea	268	242	↓	2,125	2,593	↑
Primary Syphilis	5	7	↑	55	82	↑
Secondary Syphilis	23	8	↓	141	180	↑

Early Latent Syphilis	48	10	↓	329	219	↓
Late Latent Syphilis	18	16	↓	91	214	↑
Congenital Syphilis (presumptive)	1	1	→	4	9	↑
New Active TB Cases Counted - Adult	0	0	→	1	3	↑
Number of TB Active Cases Counted - Pediatric	1	3	↑	25	32	↑

**Community Health -- OEDS – Fiscal Year Data**

	Feb 2016	Feb 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	2	1	↓	15	18	↑
Syphilis Pregnant Cases	4	3	↓	50	42	↓
Perinatally Exposed to HIV	1	2	↑	18	22	↑

**Community Health -- OEDS – Monthly Data**

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters <sup>1</sup>	Reactors/ Symptomatic/ X-ray <sup>2</sup>	OOJ /FUP <sup>3</sup>
Chlamydia	9	1	32	0
Gonorrhea	14	1	26	2
Syphilis	70	3	112	2
HIV/AIDS (New to Care/Returning to Care)	21	3	35	40
Tuberculosis	37	0	29	0
<b>TOTAL</b>	<b>151</b>	<b>8</b>	<b>234</b>	<b>44</b>

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

On February 1, 2017, Southern Nevada's first syringe exchange center, Trac-B Exchange, opened. Trac-B Exchange will be a center for participants to receive new syringes as well as drop off used syringes. Trac-B will be a starting point for people who use injection equipment to learn about harm reduction with the overall goal being the prevention of infections and health complications related to unclean injection material. SNHD OEDS partnered with Trac-B to offer rapid HIV and Hepatitis C testing at this location.

Tuesday, February 7 marked the annual observance of National Black HIV/AIDS Awareness Day. This year's theme was "I Am My Brother's and Sister's Keeper, Fight HIV/AIDS." In observance, the SNHD SHC offered free rapid testing from 8-12 and OEDS offered free rapid HIV screenings at The Center

OEDS participated in:

**A. High Impact HIV/Hepatitis Screening Sites**

- a. Mondays-Thursdays and first Saturday; The Center- LGBTQ Community of

<sup>1</sup> Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

<sup>2</sup> Reactors/Symptomatic/X-Ray= Investigations initiated from positive labs, reported symptoms or chest X-Ray referrals

<sup>3</sup> OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters; FUP= Investigations initiated to follow up on previous reactors, partners, or clusters

Nevada-target population- MSM, transgender.

- b. Wednesday-TracBExchange-target population IDU.
- c. 2/11 – in collaboration with AHF and the mobile testing unit-Mingo's Lounge-target population-Transgender.
- d. 2/16 – collaboration with Avella-Sun City Senior Center- Target population- baby boomers, IDU.

**B. Staff Facilitated Training/Presentations**

- a. 2/1, 2/2, and 2/6- SNHD presented an overview of the functions of the Office of Disease Surveillance to students enrolled in the Introduction to Public Health at UNLV.- 82 people were in attendance (28,28,26).
- b. 2/3- Mandatory Reporting Training provided by The Department of Family Services-45 staff attended.
- c. 2/4- Dr. Radeloff presented to the ANAC (Association of Nurses in AIDS Care) at UMC on Kink Awareness, and Prevention of HIV and HCV through a Culturally Competent Sexual History. 70 people were in attendance.
- d. 2/9-2/10- Harm Reduction Navigator Training provided by the National Harm Reduction Coalition and The New York City Department of Public Health. 17 people were in attendance with agency representation from SNHD, Clark County Social Services, Help of Southern Nevada, and UMC Wellness.
- e. 2/13-2/14- Medical Assisted Peer Recovery Services core training provided by the Medical Assisted Recovery Services International Training Institute and Foundation for Recovery. 1 staff attended.
- f. 2/15- Transitional Care Coordination Community Roundtable- 31 people were in attendance including agency representation from Help Of Southern Nevada, Planned Parenthood, Ryan White A, Community Counseling Center, Clark County Detention Center, AIDS Healthcare Foundation.
- g. 2/21- Southern Nevada Opioid Advisory Meeting-created through the Office of Chronic Disease Prevention and Health Promotion-1 staff attended
- h. 2/22- Harm Reduction Coalition meeting. 8 people attended including agency representation from AIDS Healthcare Foundation, Foundation for Recovery, Shadow of Hope, City of Las Vegas, and Center for Behavioral health.
- i. 2/24- Hepatitis/ Overdose Prevention Training-Provided by SNHD-10 people attended including agency representation from Caridad, Avella, Community Counseling Center, PACT Coalition, in addition to members of the community.
- j. 2/27- HIV 101-Provided by SNHD. 9 people attended.
- k. 2/28-3/1- Harm Reduction Training of Trainers- provided by the National Harm Reduction Coalition and The New York City Department of Public Health. 6 staff attended.

**Community Health -- OEDS – Fiscal Year Data**

	Feb 2016	Feb 2017		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
<b>Prevention - SNHD HIV Testing</b>						
Outreach/Targeted Testing	717	507	↓	4,685	4,996	↑
Clinic Screening (SHC/FPC/TB)	661	493	↓	5,240	5,401	↓
Outreach Screening (Jails, SAPTA)	118	139	↑	1,378	1,302	↓
<b>TOTAL</b>	<b>1496</b>	<b>1139</b>	<b>↓</b>	<b>11,303</b>	<b>11,699</b>	<b>↑</b>
<b>Outreach/Targeted Testing POSITIVE</b>				78	61	↓
<b>Clinic Screening (SHC/FPC/TB) POSITIVE</b>				55	59	↓
<b>Outreach Screening (Jails, SAPTA) POSITIVE</b>				8	18	↑
<b>TOTAL POSITIVES</b>				<b>141</b>	<b>138</b>	<b>↓</b>

**3. EPIDEMIOLOGY**

**A. Disease reports and updates:**

- a. **Global Zika Virus Outbreak:** Outbreaks are occurring in 61 countries and territories. Current travel information about Zika virus spread is at <http://wwwnc.cdc.gov/travel/page/zika-travel-information>. As of 2/22/17, there were 4,747 travel-associated Zika virus disease cases reported in the US and 37,447 locally acquired cases reported in US territories. There have also been 221 locally acquired cases in the U.S. in Florida (215) and Texas (6). SNHD has reported 21 travel-associated cases and 1 case acquired through sexual transmission. 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 179 individuals with possible exposure to Zika virus. Twenty-two 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 is pending approval for one hour of AMA Category 1CME and will be offered online through our website beginning in March 2017.
- b. **Influenza:** Influenza surveillance in Southern Nevada for the 2016/2017 season recorded an expected increase in cases up to a peak during week 2 and 3 of 2017. A subsequent gradual decrease was then noted through week 5 followed a sharp increase in week 6 then a significant decrease during week 7 and 8. The total number of confirmed cases was 458 as of February 25, 2017. Compared to the previous season, there was a 41.8% increase in cases. Influenza A is the dominant type circulating locally (87-94%). Influenza B accounted for approximately 6%. No influenza-associated pediatric death occurred this season. SNHD has continued to update the public on the progression of the season and has encouraged the population to get vaccinated.

- c. ***Bonner Elementary School, Viral Gastroenteritis (GE):*** On 2/8/17 OEDS received notification from the school nurse at Bonner Elementary School that 21 out of 35 children in the same 5<sup>th</sup> grade classroom were absent on the same day. The majority of these had symptoms of GE. Based upon additional information obtained from parent interviews and anecdotally, the illness resembled viral gastroenteritis consistent with norovirus. Two days prior, the class had a party whereby homemade cake pops were shared by the class. This was the only common risk factor identified during this investigation. None of the ill children were seen by their healthcare providers. We monitored school absenteeism and illness reported to the school health office for 10 days. No other 5<sup>th</sup> grade classrooms or other grades in the school were affected the same way. This investigation is closed.

**B. Other:**

- a. Kim Anichowski completed the ICS 300 training, which focuses on emergency response utilizing the Incident Command System.
- b. Ashley Cuyler and Zuwen Qui-Schultz completed the First Receiver Decontamination Training designed to provide guidance to hospital staff and others who may be required to support the hospital response to a mass casualty incident involving contamination as a result of a natural, accidental, or intentional incident.
- c. Several staff attended the HARM Reduction Coalition training and the Mandatory Reporting of Child Abuse Training.
- d. Ying Zhang and Salomon Compaore have been serving on the Mobile Health Collaborative Coalition.
- e. Christian Murua attended a best practices review along with staff from Environmental Health for the Standard 5 with Mentees from First District Health Unit, North Dakota. This was a review of the FDA's Standard 5 for foodborne illness/food defense preparedness and response. It covers FDA recommendations on such responses.
- f. Dr. Tony Fredrick completed the Collaborative Institutional Training Initiative course on Human Subjects Research – Social-Behavioral-Education Basic Training.

- C. **Communicable Disease Statistics:** January 2017 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. We have received word from the state that they will maintain management of the State trauma system.
- C. A new SFTP server has been set up and we are migrating data reporters to the new server.
- D. Work on consuming Antibiotic resistance data provided by local labs and hospitals continues.

- E. We have been assisting with the EHR contract negotiations.
- F. Project implementation is in progress for the Pharmacy system. A go-live date of 3/1/2017 has been set.
- G. Project implementation is in progress for the SNPHL LIMS. A go-live date of 4/17/2017 has been set.
- H. We have started work on adding SNHD code changes to the new Java EE version of EpiTrax.
- I. Assisted OEDS with various data requests and report generation.
- J. Continuing to work with the State on the prescription drug-monitoring grant.
- K. Continuing to work with the State on poison control.
- L. Assist the Trauma/EMS group with their data needs and the Trauma Needs Assessment report.
- M. We are in the process of upgrading some of our database servers and systems.

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

##### **1. February Meetings:**

##### **A. Medical Advisory Board (MAB)**

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The MAB discussed the importance of EMS reporting the actual time of death so it coincides with the data received by the Coroner's Office so the proper information can be properly documented on the death certificate. It was agreed the Coroner's Office should be contacted with the appropriate time of death as noted in the CAD (computer-aided design) system.

A presentation was given on the EMS R.A.C.E. (Rapid Arterial Occlusion Evaluation) tool to help identify large vessel occlusion in the prehospital setting. Henderson Fire Department has started a pilot program and will compile their data to report back to the MAB.

##### **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 continues to work on developing acceptable criteria for population and median transport times. It was suggested to also consider response times and scene times to review the total response time of getting the patient from a scene of an injury to definitive care.

**COMMUNITY HEALTH – OEMSTS - Fiscal Year Data**

February EMS Statistics	Feb 2016	Feb 2017		FY15-16 FY16-17		
				(July- June)	(July- June)	
Total certificates issued	15	36	↑	871	1140	↑
New licenses issued	11	33	↑	296	223	↓
Renewal licenses issued (recert only)	0	0	→	752	937	↑
Active Certifications: EMT	592	569	↓			
Active Certifications: Advanced EMT	1297	1295	↓			
Active Certifications: Paramedic	1202	1244	↑			
Active Certifications: RN	45	37	↓			

**V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)**

**1. Planning and Preparedness:**

- A. OPHP Manager and Supervisor continue to coordinate with emergency managers to plan for upcoming BOH member discussion-based seminar on roles and responsibilities for public health emergencies and disasters. This training is scheduled for April 10, 2017.
- B. OPHP coordinated and participated in the Pediatric Disaster Response & Emergency Preparedness (MGT-439) presented by Texas A&M Engineering Extension Service (TEEX) and held at Summerlin Hospital. The training brought together 30 members of the community in various capacities from law enforcement to hospital emergency management and nurses all being taught the same curriculum providing a common operating picture throughout the Las Vegas Urban Area. Focusing 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.
- C. OPHP attended the Vigilant Guard 17 After Action Review/Improvement Plan meeting to close out the annual full-scale exercise. The meeting was conducted by the State Department of Public Safety, Division of Emergency Management and allowed participants the opportunity to review the after action review and discuss the improvement plan items assigned to each participating agency.
- D. OPHP staff participated in the Nevada Emergency Preparedness Summit and FEMA Region IX Public-Private Sector Workshop on February 7-9. These sessions provided an opportunity for staff to network with emergency management colleagues from across the state and region as well as discuss best practices and lessons learned in working with private organizations to support public objectives.
- E. 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. An exercise will be completed in March 2017. Additional components will be tested in future planned exercises.

- F. 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.
- G. 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.
- H. 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. The 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. The Funding Opportunity Announcement (FOA) for the 2017-2022 Hospital Preparedness Program – Public Health Emergency Preparedness Cooperative Agreement was released in February with new requirements for developing and operationalizing public health and healthcare sector emergency response plans. Staff are working diligently to identify projects that will meet the deliverables identified in the 5-year Cooperative Agreement and develop scopes of work and budgets for the first budget period that begins July 1, 2017.
- B. 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. A contractor has been hired to assist vector control staff to make operational recommendations for staff that will be utilized in upcoming mosquito season 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.

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

- A. MRC serves as a vital resource during times of emergencies. The Parsons Place Apartment fire displaced 51 residents on Feb. 11. Red Cross contacted the MRC Coordinator to help staff a temporary shelter. Although volunteers were set to cover shifts ranging from Tuesday through Saturday the next week, the residents were placed in temporary housing instead.
- B. MRC Coordinator is developing a Volunteer Management Annex for the SNHD Emergency Operations Plan; develops the monthly MRC newsletter and bulletins for volunteers, and continues to plan activities for the coming months.
- C. Six (6) volunteers provided 72 hours of service to the Health District and the community with an economic impact of \$1722.96. These services included performing blood pressure checks and health education during Heart Month; volunteering for the Immunization Clinic and the Foodhandler Safety offices for both the main and East clinics.
- D. The quarterly MRC meeting provided training for 19 volunteers. The training included MRC Core Competencies, learning about earthquakes in Region IX and personal preparedness.

## **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).
- 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. February 2017 SNPHL Activity Highlights:**
- A. SNPHL has begun preliminary implementation of ZIKA-IGM testing and has requested instrumentation upgrades needed to proceed.
  - B. SNPHL staff provided continued input and participation to Epidemiology for isolated investigations.
  - C. SNPHL has selected interview candidates for the 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 begun in-house TB-IGRA testing.
  - F. SNPHL continues work on the project grant from APHL for development of a laboratory training video and tabletop exercise.
  - G. SNPHL has completed the move for staff work area to maintain separation from the lab testing area.

**COMMUNITY HEALTH - SNPHL – Fiscal Year Data**

	Feb 2016	Feb 2017		FY 15-16 (July-June)	FY 16-17 (July-June)	
<b>SNPHL Services</b>						
<b>Clinical Testing Services<sup>1</sup></b>	3,113	5,209	↑	24,964	45,593	↑
<b>Epidemiology Services<sup>2</sup></b>	1,258	494	↓	8,028	5,660	↓
<b>State Branch Public Health Laboratory Services<sup>3</sup></b>	866	41	↓	5,658	1,669	↓
<b>All-Hazards Preparedness Services<sup>4</sup></b>	15	5	↓	1,266	130	↓

<sup>1</sup> Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, Gram stain testing.

<sup>2</sup> Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations or consultations.

<sup>3</sup> 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.

<sup>4</sup> Includes Preparedness training, BSL-3 maintenance and repair, teleconferences, Inspections.

**VII. VITAL STATISTICS**

February 2017 showed a 4.6% increase in birth certificate sales in comparison to February 2016. Death certificate sales showed a 7.4% decrease for the same time frame. SNHD received revenues of \$54,002 for birth registrations, \$21,541 for death registrations; and an additional \$3,816 in miscellaneous fees for the month of February.

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

<b>Vital Statistics Services</b>	<b>Feb 2016</b>	<b>Feb 2017</b>		<b>FY15-16 (July-June)</b>	<b>FY16-17 (July-June)</b>	
<b>Births Registered</b>	2,169	2,193	↑	18,950	18,927	↓
<b>Deaths Registered</b>	1,551	1,462	↓	11,043	11,298	↑

<b>Vital Statistics Services</b>	<b>Feb 2016</b>	<b>Feb 2017</b>		<b>FY15-16 (July-June)</b>	<b>FY16-17 (July-June)</b>	
Birth Certificates Sold (walk-in)	3,502	3,776	↑	24,615	25,502	↓
Birth Certificates Mail	147	109	↓	1,189	1,037	↓
Birth Certificates Online Orders	1,166	1,116	↓	8,246	8,448	↑
Birth Certificates Billed	74	114	↑	896	921	↑
<b>Birth Certificates Number of Total Sales</b>	<b>4,889</b>	<b>5,115</b>	<b>↑</b>	<b>34,919</b>	<b>35,908</b>	<b>↑</b>
Death Certificates Sold (walk-in)	2,974	1,168	↓	21,146	12,423	↓
Death Certificates Mail	105	105	→	1219	785	↓
Death Certificates Online Orders	4,768	5,979	↑	30,778	41,519	↑
Death Certificates Billed	9	22	↑	78	134	↑
<b>Death Certificates Number of Total Sales</b>	<b>7,856</b>	<b>7,274</b>	<b>↓</b>	<b>53,221</b>	<b>54,861</b>	<b>↑</b>

<b>Vital Statistics Sales by Source</b>	<b>Feb 2016</b>	<b>Feb 2017</b>		<b>FY15-16 (July-June)</b>	<b>FY16-17 (July-June)</b>	
Birth Certificates Sold Decatur (walk-in)	71.6%	73.8%	↑	70.5%	71%	↑
Birth Certificates Mail	3.0%	2.1%	↓	3.4%	2.9%	↓
Birth Certificates Online Orders	23.8%	21.8%	↓	23.6%	23.5%	↓
Birth Certificates Billed	1.5%	2.2%	↑	2.5%	2.6%	↑
Death Certificates Sold Decatur (walk-in)	37.9%	16.1%	↓	39.7%	22.6%	↓
Death Certificates Mail	1.3%	1.4%	↑	2.3%	1.4%	↓
Death Certificates Online Orders	60.7%	82.2%	↑	57.8%	75.7%	↑
Death Certificates Billed	.1%	.3%	↑	.1%	.2%	↑

<b>Revenue</b>	<b>Feb 2016</b>	<b>Feb 2017</b>		<b>FY15-16 (Jul-June)</b>	<b>FY16-17 (Jul-June)</b>	
Birth Certificates (\$20)	\$97,780	\$102,300	↑	\$698,380	\$718,160	↑
Death Certificates (\$20)	\$157,120	\$145,480	↓	\$1,064,420	\$1,097,220	↑
Births Registrations (\$13)	\$53,378	\$54,002	↑	\$377,931	\$384,384	↑
Deaths Registrations (\$13)	\$24,547	\$21,541	↓	\$168,054	\$169,423	↑
Miscellaneous	\$3,634	\$3,816	↑	\$24,716	\$28,324	↑
<b>Total Vital Records Revenue</b>	\$336,459	\$327,139	↓	\$2,333,501	\$2,397,511	↑

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Table 1

## Clark County Disease Statistics\*, JANUARY 2017

Disease	2015		2016		2017		Rate(Cases per 100,000 per month) Jan (2012-2016 aggregated)	Monthly Rate Comparison Jan (2017)	Significant change bet. current & past 5-year?~
	Jan YTD No.	Jan YTD No.	Jan YTD No.	Jan YTD No.	Jan YTD No.	Jan YTD No.			
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)							0.08	0.18	↑
HEPATITIS A					0	0	0.05	0.00	↓X
HEPATITIS B (ACUTE)	0	0			0	0	0.10	0.00	↓X
INFLUENZA	283	283	78	78	239	239	8.80	11.03	↑X
MEASLES			0	0	0	0	0.04	0.00	↓
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	9	9			0	0	0.40	0.00	↓X
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	
<b>SEXUALLY TRANSMITTED</b>									
CHLAMYDIA	840	840	756	756	836	836	36.75	38.59	↑
GONORRHEA	268	268	228	228	298	298	9.79	13.75	↑X
SYPHILIS (EARLY LATENT)	31	31	50	50	27	27	1.45	1.25	↓
SYPHILIS (PRIMARY & SECONDARY)	19	19	19	19	26	26	0.73	1.20	↑
<b>ENTERICS</b>									
AMEBIASIS			0	0			0.03	0.05	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS			11	11	9	9	0.38	0.42	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS			0	0	0	0	0.03	0.00	↓
GIARDIA							0.16	0.09	↓
ROTAVIRUS					10	10	0.15	0.46	↑X
SALMONELLOSIS	7	7	10	10			0.38	0.09	↓
SHIGA-TOXIN PRODUCING E. COLI					0	0	0.10	0.00	↓X
SHIGELLOSIS			5	5			0.14	0.09	↓
TYPHOID FEVER	0	0	0	0	0	0	0.00	0.00	
VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.01	0.00	↓
YERSINIOSIS	0	0	0	0			0.02	0.05	↑
<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	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	6	6	7	7	9	9	0.32	0.42	↑
DENGUE FEVER	0	0	0	0	0	0	0.01	0.00	↓
ENCEPHALITIS	0	0	0	0	0	0	0.01	0.00	↓
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	0	0					0.04	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			0	0	0	0	0.06	0.00	↓X
LEPROSY (HANSEN'S DISEASE)	0	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	0.02	0.00	↓
LYME DISEASE	0	0	0	0	0	0	0.01	0.00	↓
MALARIA	0	0	0	0	0	0	0.02	0.00	↓
MENINGITIS, ASEPTIC/VIRAL			0	0			0.06	0.09	↑
MENINGITIS, BACTERIAL							0.06	0.09	↑
MENINGOCOCCAL DISEASE	0	0			0	0	0.02	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	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	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	389	389	197	197	438	438	14.22	20.22	↑X
STREPTOCOCCUS PNEUMONIAE, IPD	20	20	23	23	27	27	0.69	1.25	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	0	0			0.02	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	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	0.00	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	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)=751 (reported total=1938). Monthly congenital syphilis cases (suppression applied) for 2015-2017 were 0,0,(YTD totals of 0,0,.) 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).