



Memorandum

Date: August 23, 2018

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):

A teen tobacco prevention social media and counter-marketing youth engagement initiative was launched on various social media platforms. This initiative was hosted on XPOZ's (SNHD's teen tobacco prevention program) website and promoted through paid social media ads and organic posts on the XPOZ Facebook page and a Thunderclap page. The ads focus on the tobacco industry's targeting practices around the topic of mental health.

Staff is providing ongoing technical assistance and developing materials to support implementation of a tobacco-free policy at UNLV. On June 4th staff presented the tobacco-free policy to the full UNLV Student Senate. The Senate will take a vote on the policy in July. Students involved in the SNHD youth council submitted a letter in support of the policy passage. On June 22nd, the UNLV Student Senate Health and Safety committee voted to support a resolution to pass the tobacco-free campus policy.

Staff developed a Spanish-language tobacco blog on experiential marketing tactics used by the tobacco industry and the influence on young people. The blog also promoted the Nevada Tobacco Quitline as a free cessation aid. The blog is posted on www.vivasaludable.org. Staff was interviewed on KC TV Network about why it is difficult to quit smoking. The Network is a live Spanish-language internet show with 6,000 subscribers.

2. Chronic Disease Prevention Program (CDPP):

The Soda Free Summer (SFS) Initiative continued in June. Our educational efforts are focused on the Hispanic community which typically has higher rates of sugar-sweetened beverage consumption than other population groups. In June, staff provided a presentation to Spanish-speaking clients at the Alliance Against Diabetes Clinic. The presentation was streamed live on their Facebook page which has 2,300 followers. Staff was also a guest on the Healthier Tomorrow Radio program in June to speak about SFS. Social media and blog posts continue with 3 blogs being posted to the Viva Saludable blog in June.

We have been working with the Clark County School District to support school wellness activities. Based on feedback from wellness coordinators, staff is developing a packet of

resources for school wellness coordinators to support implementation of the school wellness policy. We've also been working with CCSD Food Service to increase utilization of the rotating salad bars at elementary schools. Due to our efforts, 18 new elementary schools signed up to take the rotating salad bar during the school year. A video on school wellness is being edited and will be available to share via social media in time for the new school year to start in August.

Our first mobile app in Spanish went live in June. The SNAP cooking app helps users on a budget find low-cost, easy recipes (all featuring a fruit or vegetable), create a healthy shopping grocery list and find retailers near them that accept SNAP benefits. The SNAP cooking app in English currently has 954 users and we send push notifications regularly with information on healthy eating and healthy food resources available in the community. Both apps are available on the Apple and Google Play stores for free download.

SNHD and our PHN coalition was selected as one of only two communities in the country to work with the U.S. Department of Health and Human Services Chronic Disease Prevention Program on the development and pilot testing of a toolkit to support implementation of revised Physical Activity Guidelines for Americans due to be released in the fall. We provided the names and contact information for key stakeholder interviews conducted in May and in June, CDPP hosted a community meeting of physical activity stakeholders to provide feedback on the toolkit. The meeting was attended by representatives from HHS, CDC as well as about 30 coalition and community partners. The next phase is to implement a pilot test using the toolkit. Further details on this project will be provided by HHS in August. SNHD will be provided with \$20,000 to support the pilot project implementation.

As part of the PICH grant, CDPP worked with City of North Las Vegas (NLV) to develop and adopt a Complete Streets Policy in May 2017. As part of that overall project, 4 miles of bike lanes were also installed in priority corridors identified by NLV. With assistance from the University of Nevada, Las Vegas an evaluation of the entire project was conducted and the evaluation report was recently completed. The evaluation showed that there had been an increase in both the number of pedestrians and bicyclists in the priority corridors since the passage of the policy and installation of the bike lanes. Additionally, the report indicated that the Implementation Plan that NLV had developed to ensure policy implementation was working as intended. The report has been shared with NLV and posted to the HSN website. An abstract on the project was accepted for poster presentation at the Nevada Public Health Association Conference in September.

3. Injury Prevention Program (IPP):

In June, SNHD developed a press release in conjunction with Healthy Homes Month to highlight the dangers of lead exposure to young children. The release was picked up by KXND radio. Staff also participated in a live radio interview in June on KCEP radio to talk about how to prevent lead poisoning. In June, staff also participated in a Lead Grant site visit meeting and provided a presentation at the meeting for Advisory Board members as well as CDC Project Officers. Staff continues to make follow up calls to families with a child(ren) who had elevated blood lead levels between 5-9 ug/dL.

The drowning prevention media campaign continued in June. The campaign includes television, radio and online ads. In addition, staff conducted earned media interviews in June with a Spanish-language newspaper and radio program to talk about drowning prevention awareness efforts in the Hispanic community.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Surveillance and Investigations:

Community Health -- OEDS -- Fiscal Year Data

Morbidity Surveillance	July 2017	July 2018		FY17-18 (Jul-June)	FY18-19 (Jul-June)	
Chlamydia	1,065	1,127	↑	1,065	1,127	↑
Gonorrhea	400	443	↑	400	443	↑
Primary Syphilis	18	12	↓	18	12	↑
Secondary Syphilis	29	8	↓	29	8	↓
Early Non-Primary, Non-Secondary ¹	33	18	↓	33	18	↓
Syphilis Unknown Duration or Late ²	21	16	↓	21	16	↓
Congenital Syphilis (presumptive)	1	0	↓	1	0	↓
New Active TB Cases Counted - Pediatric	0	0	→	0	0	→
Number of TB Active Cases Counted - Adult	8	2	↓	8	2	↓

¹ Early Non-Primary, Non-primary, Non-Secondary=CDC changed the case definition from early Latent Syphilis to Early Non-Primary, Non-Secondary

² Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late

Community Health -- OEDS -- Fiscal Year Data

Moms and Babies Surveillance	July 2017	July 2018		FY17-18 (Jul-June)	FY18-19 (Jul-June)	
HIV Pregnant Cases	4	5	↑	4	5	↑
Syphilis Pregnant Cases	7	8	↑	7	8	↑
Perinatally Exposed to HIV	3	0	↓	3	0	↓

Community Health -- OEDS -- Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	42	0	36	0
Gonorrhea	26	0	28	1
Syphilis	77	3	96	1
HIV/AIDS (New to Care/Returning to Care)	32	1	56	25
Tuberculosis	69	0	37	1
TOTAL	246	4	253	28

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

2. Prevention-Community Outreach/Provider Outreach and Education:

On July 12th and 13th SNHD OEDS, in collaboration with EH, hosted the first ever Legionella Summit held at the Southpoint Hotel and Casino. This summit provided attendees the opportunity to learn from leading experts in epidemiology and environmental health. Highlights from this Summit included case review of the Legionella outbreak in New York City, and an urban community and theme park, as well as the opportunity to earn ANSI (American National Standards Institute) certification for sustainable comprehensive water management programs. 173 people attended this summit, including epidemiologists, environmental health specialists, public health professionals, facility managers, industry professionals, and infection control personnel.

OEDS participated in -

A. High Impact Screening Sites (HIV, STD, Hepatitis):

- a. Mondays – Thursdays: The Center - LGBTQ Community of Nevada – Rapid HIV - Target population - MSM, transgender.
- b. Wednesdays: Trac-B Exchange - Rapid HIV and Hepatitis C testing - target population IDU.
- c. 07/24 - In collaboration with AHF Mobile Testing Unit and SNHD-Doolittle Community Center - Rapid HIV and Syphilis testing - Target population-people of color.
- d. 07/27 - In collaboration with Northern Nye County and SNHD-Social Services Health Fair held in Tonopah, NV. Rapid HIV testing - Target Population - rural.
- e. 07/30 - In collaboration with AHF Mobile Testing Unit, HELP of Southern Nevada, and Trac-B Exchange - multiple street outreaches in the community - Rapid HIV, Rapid Hepatitis C testing - target population-homeless, those who inject drugs.

B. Staff Facilitated/Attended Training/Presentations

- a. 07/07 - Presentation of “HIV/STIs in Nevada” for First Offender Program (FOPP) at the Regional Justice Center. Approximately 5 court ordered participants in attendance as well as one representative from both METRO and City of Las Vegas Alternative Sentencing Program.
- b. 7/13 - HIV Prevention Planning Group meeting at Southern Nevada Health District. Members in attendance included: Southern Nevada Health District, SNHD Teen Pregnancy Prevention Group, the Gay and Lesbian Center of Southern Nevada, Huntridge Family Clinic, Community Counseling Center of Southern Nevada, and the Nevada Division of Public and Behavioral Health.
- c. 7/16-7/20 - SNHD provided the week long “HIV Rapid Testing, Counseling, Safety, and Certificate Program”. Approximately 8 people were in attendance. Organizations represented included: Community Outreach Medical Center, Southern Nevada Health District, Promise Land Christian Church.
- d. 7/17 - LVMPD Homeless Comstat Meeting - OEDS staff gave a brief presentation describing SNHD services that are geared toward serving people experiencing homelessness, including Hepatitis A vaccination outreach, Transitional Care Coordination in jails, STD/HIV/HepC testing, birth certificate services, harm reduction training, etc.
- e. 07/20 - 1 staff member attended the Opioid Focus Group at the Las Vegas Metropolitan Police Department Headquarters.

- f. 7/24-7/25 - Attended Ryan White Part A Planning Counsel PRSA meeting. 2 SNHD representatives in attendance along with representatives from the Ryan White Part A Las Vegas TGA Office, Community Counseling Center, Nevada Department of Health and Human Services, Golden Rainbow, UMC, Nye County, Arizona Department of Health Services.

Community Health -- OEDS -- Fiscal Year Data

Prevention - SNHD HIV Testing	July 2017	July 2018		FY17-18 (Jul-June)	FY18-19 (Jul-June)	
Outreach/Targeted Testing	647	430	↓	647	430	↑
Clinic Screening (SHC/FPC/TB)	756	446	↓	756	446	↓
Outreach Screening (Jails, SAPTA)	59	154	↑	59	154	↑
TOTAL	1462	1030	↓	1462	1030	↓
Outreach/Targeted Testing POSITIVE				3	12	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				5	4	↓
Outreach Screening (Jails, SAPTA) POSITIVE				1	2	↑
TOTAL POSITIVES				9	18	↑

3. Disease and Outbreak Investigations

A. Disease reports and updates:

- a. **Global Zika Virus Outbreak:** Vector borne transmission is occurring in 84 countries and territories. Current travel information about Zika virus spread is at <http://wwwnc.cdc.gov/travel/page/zika-travel-information>. There have been 28 Zika virus disease cases reported with illness onset in 2018 in the U.S; all were travelers returning from affected areas. There have been 67 cases of Zika virus disease reported in U.S. territories. The CDC has updated their guidance for healthcare providers and the public regarding sexual transmission as well as screening and testing for exposed pregnant females. The OEDS has posted the CDC's algorithms to the SNHD website and sent out a HAN notice to providers informing them of the changes to testing recommendations. To date in 2018, the OEDS has arranged testing for 6 individuals with possible exposure to Zika virus. We continue to develop Zika virus investigation protocols and procedures for identification and testing individuals for Zika virus infection. We have developed 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 is offered online through our website located at <https://www.southernnevadahealthdistrict.org/health-care-providers/training.php>.
- b. **Arbovirus Update:** Mosquito surveillance is ongoing in Clark County. The Southern Nevada Public Health Lab (SNPHL) reported the first arbovirus positive mosquitoes of the year. One mosquito submission pool of 50 *Culex erythrothorax* in the 89122 zip code were positive for West Nile Virus. Jurisdictional counterparts were notified, and the Public Information Office will generate a press release reminding the community to be vigilant with backyard breeding and bite prevention. There are currently no human cases under investigation.

- c. ***Norovirus Outbreak Investigation - Daycare:*** OEDS initiated a gastrointestinal illness outbreak associated with a daycare on 06/28/2018. OEDS worked in collaboration with EH and a site visit was conducted. A total of 20 people was reported to be ill and two laboratory specimens were confirmed positive for norovirus. No further illness has been reported. This investigation has been closed.
- d. ***Norovirus Outbreak Investigation – Resort/Casino:*** OEDS initiated an investigation of multiple reported gastrointestinal illness (GI) associated with the Westgate Las Vegas Resort and Casino on 07/02/2018 after Environmental Health (EH) had received a notification via the on-call phone on 07/01/2018. OEDS worked closely with EH to establish control measures and the buffet was closed. OEDS sent a health advisory via the Health Alert Network about norovirus and established a survey for those reporting illnesses to take. Hundreds of people completed the survey and were verified with complaints of GI illness. OEDS investigators collected several samples and were able to confirm norovirus as the pathogen. This outbreak investigation was closed on 07/18/2018, and data analysis and a final report is in progress.
- e. ***Legionnaires' Disease Investigation:*** On July 11, 2018, OEDS initiated an investigation of a Legionnaires' disease outbreak associated with Harrah's Laughlin Hotel and Casino. In June OEDS, was notified that two confirmed cases within the last twelve months had stayed at that facility. OEDS worked with Environmental Health (EH), and an environmental assessment was conducted, and water samples were taken for testing. *Legionella* bacteria was detected in the water samples and reported to SNHD on 07/11/2018. OEDS is working with the facility to notify guests and staff that may have been exposed. EH is working with the facility to ensure remediation of the water systems. SNHD drafted and posted a media release alerting those who may have possibly been exposed or stayed at that facility. A survey is currently activated on SNHD's website for anyone reporting illness. This investigation is ongoing.

B. Other:

- a. OEDS provided statistics on heat-related death for the July 5 SNHD press release, reminding the public who is at risk and how to prevent heat-related illness and death. July is consistently the most dangerous month. Using death certificate data, OEDS reported 123 heat-related deaths among Clark County residents in 2017, an increase from 78 deaths in 2016.
- b. OEDS welcomes Medical Investigator, Dr. Vit Kraushaar.

C. Communicable Disease Statistics: June and Quarter 2 2018 disease statistics are attached. (see table 1 & 2)

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- 1. Work continues on the new Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Informatics is also assisting with the changes that need to be made to the LIMS to accommodate new instruments and testing offered by the Clinical Laboratory.
- 2. Assisting SNPHL with data extraction and reporting needed for the laboratory.
- 3. Migrations to the new SFTP server continue.
- 4. Assisting with the implementation of the Electronic Health Record (EHR) system.

5. Assisting the Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, and Clinical Services with various data requests, data exports, and report generation.
6. Completed migration of Mirth channels for ELR exchange and data submission with the State.
7. Work continues on the iCircle web application for OEDS, and transmission of HIV testing data to CDC.
8. Working with Clinic services, OEDS and EH for childhood lead poisoning prevention grant.
9. Develop an online dashboard for childhood lead poisoning prevention project.
10. Continue to enhance Trisano and Electronic Message Staging Area (EMSA) Systems.
11. We are working with the State to migrate STD data into the State NEDSS Base System (NBS).
12. Continue to enhance Trisano disease surveillance system.
13. Completed the 2018 CDC ELC and Nevada Prescription Drug Abuse Prevention grant.
14. Developed software application and worked with the CDC for Syringe Exchange Vending Machine project.

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

1. July Meetings:

A. Drug/Device/Protocol Committee (DPP)

The DPP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The Committee continued its annual review of the Emergency Medical Care Protocols.

B. 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 Board discussed the proposed changes to the Trauma Center authorization fees.

C. Airway Committee

The Airway Management Committee assists the Southern Nevada Health District's Office of Emergency Medical Services and Trauma System (OEMSTS), the Medical Advisory Board (MAB), and the QI Director's Committee in researching new and existing means and methods of airway management. Additionally,

research of new drugs and devices for inclusion in the Clark County emergency medical services system occurs in this committee.

The Committee met to discuss the Quicktrach for percutaneous cricothyrotomy, a less invasive surgical airway device than the currently utilized jet insufflator. Additional data will be collected prior to making a final decision.

D. 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, an evaluation of the system from initial patient access to definitive patient care.

The Chairman introduced the new members for the 2018 – 2020 term. The Board is currently working on revisions to the Trauma System Regulations, Trauma System Plan, and the Trauma Performance Improvement Plan. Workshops are scheduled for August and September to continue that effort.

The Board reviewed and discussed the trauma transport data for 1st quarter 2018.

E. Trauma System Advocacy Committee (TSAC)

The TSAC assists the OEMSTS and RTAB in promoting trauma system development by advocating for sustainable financial, legislative, and public support for the trauma system serving the residents and visitors of Southern Nevada.

The Committee elected a Chair and Vice-Chair and discussed future legislative efforts related to EMS & Trauma System development and funding in Nevada.

F. Southern Nevada Injury Prevention Partnership (SNIPP)

The SNIPP is a committee with the primary purpose of advising and assisting the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma System Plan and assuring the provision of injury prevention efforts with emphasis on those that directly impact the trauma system.

The Committee will continue to gather data and focus their prevention efforts on the most prevalent causes of injury.

A work group will meet in September to discuss revisions to the current bylaws that outline the governance of its members and the regulation of its affairs.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

EMS Statistics	July	July		FY17-	FY18-	
	2017	2018		18	19	
				(July-	(July-	
				June)	June)	
Total certificates issued	31	18	↓	31	18	↓
New licenses issued	23	20	↓	23	20	↓
Renewal licenses issued (recert only)	0	0	→	0	0	→
Active Certifications: EMT	551	606	↑			
Active Certifications: Advanced EMT	1304	1424	↑			
Active Certifications: Paramedic	1269	1302	↑			
Active Certifications: RN	39	38	↓			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP Senior Planner attended the City of Henderson Disaster Recovery Workshop and Table Top Exercise (TTX) as subject matter experts (SME) in Public Health Preparedness and Economic Recovery support players. The City of Henderson convened the workshop/exercise at the Henderson Convention Center. Community partners, members of City of Henderson government, Las Vegas Valley Water District, SW Gas, St. Rose Hospitals, Clark County School District, and numerous other players provided insight and input into the Disaster Recovery Plan for The City of Henderson.
- B. OPHP provided training in the form of an Active Shooter TTX at Desert Regional Center, Flamingo location. The leadership, emergency preparedness coordinator, and key DRC staff were present during the exercise. Focusing on the organization's Active Shooter Policy, the TTX provided a forum for the DRC team to be given a scenario and discuss the methodology behind the organization's policy and actual implementation.
- C. 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.
- D. 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. The Ebola and Zika preparedness planning and grant deliverable activities remain a priority. State Division of Public and Behavioral Health managers and federal Assistant Secretary for Preparedness and Response project officer, FEMA Region IX-Regional Exercise Coordinators attended last SNHPC meeting and completed annual site visit to review Hospital Preparedness Program budget and work-plan progress.
- E. 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 as well as monitor SNHD staff compliance with completion of required ICS courses.

- 3. **Employee Health Nurse:** The Employee Health Nurse position is currently vacant, but an offer has been made to a candidate to fill this vacancy. Employee Health Nurse, required fit tests for SNHD staff and medical residents is being covered using SNHD SNPHLS staff until Employee Health Nurse can be brought on board and trained. Chief Administrative 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.

4. Grants and Administration:

- A. OPHP has closed out the BP5 cooperative agreements on June 30th. SNHD received a No-Cost Extension for funds remaining to be utilized from BP5 through June 2018 on activities that were not completed. SNHD is receiving the new cooperative agreements for BP1 that began July 1st. Overall, SNHD received additional funding through all three grants in an amount of 80,000 for 2018.

5. Medical Reserve Corps of Southern Nevada (MRC of So NV):

- A. Five volunteers worked at the SNHD Main immunization clinic and SNHD East and Main Foodhandler Safety offices. One MRC volunteer staffed a blood pressure check booth at Levi Strauss & Co. health fair. Volunteer hours for July totaled 65 with a monetary value of \$1543.49.
- B. The MRC Coordinator joined Directors of Volunteers in Agencies (DOVIA). The national MRC Program Office and the American Red Cross issued a renewed Letter of Agreement and a Partnership Implementation Plan.

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 influenza 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. July 2018 SNPHLS Activity Highlights:

- A. Laboratory staff has received 7 hours of training this month.
- B. Clinical Lab has begun new testing services for total syphilis, 5th generation HIV 1&2, p24, and RPR automated screening.
- C. The SNPHL continues services for mosquito arboviruses for the Environmental Health Division and has made the first detection of West Nile Virus.
- D. A new lab assistant has begun work on July 9 and will be transferred to the Decatur building after training.
- E. Validation testing has begun for hepatitis A, B, and C testing.
- F. College of Southern Nevada (CSN) MLT students were given a tour of the laboratory.
- G. An additional grant-funded MiSeq analyzer was received and installed in the Public Health laboratory.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	July 2017	July 2018		FY 17-18 (July-June)	FY18-19(July-June)	
Clinical Testing Services¹	3997	3897	↓	3997	3897	↓
Epidemiology Services²	497	347	↓	497	347	↓
State Branch Public Health Laboratory Services³	65	10	↓	65	10	↓
All-Hazards Preparedness Services⁴	32	90	↑	32	90	↑
Environmental Health Services⁵	N/A	276	↑	N/A	276	↑

VII. VITAL STATISTICS

July 2018 showed a 15% increase in birth certificate sales in comparison to July 2017. Death certificate sales showed a 1% increase for the same time frame. SNHD has received

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.

5 Includes mosquito sample testing for arboviruses.

revenues of \$52,039 for birth registrations, \$22,009 for death registrations; and an additional \$4,336 in miscellaneous fees for the month of July.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	July	July		FY17-18	FY18-19	
	2017	2018		(July-June)	(July-June)	
Births Registered	2206	2315	↓	2206	2315	↓
Deaths Registered	1425	1506	↑	1425	1506	↑

Vital Statistics Services	July	July		FY17-18	FY18-19	
	2017	2018		(July-June)	(July-June)	
Birth Certificates Sold (walk-in)	3343	3651	↓	3342	3651	↓
Birth Certificates Mail	148	135	↓	148	135	↑
Birth Certificates Online Orders	963	1324	↑	963	1324	↓
Birth Certificates Billed	82	120	↑	82	120	↓
Birth Certificates Number of Total Sales	4536	5230	↓	4536	5230	↓
Death Certificates Sold (walk-in)	1264	1106	↓	1264	1106	↓
Death Certificates Mail	125	59	↓	125	59	↓
Death Certificates Online Orders	5843	6146	↑	5843	6146	↑
Death Certificates Billed	15	21	↑	15	21	↑
Death Certificates Number of Total Sales	7247	7332	↑	7247	7332	↑

Vital Statistics Sales by Source	July	July		FY17-18	FY18-19	
	2017	2018		(July-June)	(July-June)	
Birth Certificates Sold Decatur (walk-in)	73.7%	69.8%	↓	73.7%	69.8%	↑
Birth Certificates Mail	3.3%	2.6%	→	3.3%	2.6%	↓
Birth Certificates Online Orders	21.2%	25.3%	↑	21.2%	25.3%	↓
Birth Certificates Billed	1.8%	2.3%	↑	1.8%	2.3%	↓
Death Certificates Sold Decatur (walk-in)	17.4%	15.1%	↓	17.4%	15.1%	↓
Death Certificates Mail	1.7%	.8%	↓	1.7%	.8%	↓
Death Certificates Online Orders	80.6%	83.8%	↑	80.6%	83.8%	↑
Death Certificates Billed	.2%	.3%	↑	.2%	.3%	↑

Revenue	July 2017	July 2018		FY17-18 (Jul-June)	FY18-19 (Jul-June)	
Birth Certificates (\$20)	\$90,720	\$104,600	↓	\$90,720	\$104,600	↓
Death Certificates (\$20)	\$144,940	\$146,640	↑	\$144,940	\$146,640	↑
Births Registrations (\$13)	\$47,814	\$52,039	↓	\$47,814	\$52,039	↓
Deaths Registrations (\$13)	\$21,411	\$22,009	↑	\$21,411	\$22,009	↑
Miscellaneous	\$3,644	\$4,336	↓	\$3,644	\$4,336	↑
Total Vital Records Revenue	\$308,529	\$329,624	↓	\$308,529	\$329,624	↑

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Statistics, Surveillance, & Reports, Clark County Disease Statistics* July 2018

Disease	2016		2017		2018		Monthly Rate Comparison
	July	YTD	July	YTD	July	YTD	Change b/t current & past 5-year avg rate?
VACCINE PREVENTABLE							
Haemophilus influenzae, invasive	.	17	.	18	0	8	↓ X
Hepatitis A	0	7	5	6	6	28	↑
Hepatitis B, acute	.	11	.	13	0	13	↓ X
Hepatitis B, chronic	0	16	.	38	27	190	↑ X
Influenza	.	559	.	588	.	853	↓
Influenza-associated pediatric mortality	0	.	0	0	0	0	-
Measles (rubeola)	0	0	0	0	0	0	-
Meningococcal disease (N. meningitidis)	0	.	0	.	0	.	-
Mumps	0	.	0	.	0	.	↓ X
Pertussis	0	20	.	32	0	21	↓ X
SEXUALLY TRANSMITTED							
Chlamydia	852	6,172	1,065	7,198	1,174	8,004	↑ X
Gonorrhea	295	1,905	400	2,522	463	2,982	↑ X
SYPHILIS (Early non-primary, non-secondary)	35	303	33	244	36	255	↑
SYPHILIS (PRIMARY & SECONDARY)	25	188	47	273	40	311	↑
ENTERICS							
Amebiasis	.	.	0	.	0	.	↓ X
Campylobacteriosis	12	69	7	62	10	64	↓
Cryptosporidiosis	0	0	0	.	.	5	↑
Giardiasis	.	26	.	16	5	28	↑
Rotavirus	5	29	.	48	.	19	↓
Salmonellosis	19	93	15	82	18	99	↓
Shiga toxin-producing E. coli (STEC)	.	30	.	18	.	9	↓
Shigellosis	.	22	7	43	8	50	↑
OTHER							
Coccidioidomycosis	.	36	13	72	5	96	↓
Dengue	.	.	0	0	0	0	↓ X
Exposure, Chemical or Biological	0	↑
Hepatitis C, acute	.	14	7	19	0	10	↓ X
Hepatitis C, chronic	9	71	17	138	120	779	↑ X
Hepatitis E, acute	.	.	0	0	0	.	↓ X
Invasive Pneumococcal Disease	5	92	.	126	.	98	↓
Lead Poisoning	8	86	10	74	17	114	↑ X
Legionellosis	5	13	0	10	.	7	↓
Listeriosis	0	0	0	0	0	.	↓ X
Lyme Disease	.	9	.	8	0	5	↓ X
Malaria	0	.	.	.	0	.	↓ X
Meningitis, Aseptic	5	12	.	13	.	15	↑
Meningitis, Bacterial Other	.	26	.	15	0	12	↓ X
Meningitis, Fungal	0	5	0	.	.	5	↑ X
RSV	.	678	.	930	.	1,281	↓
Streptococcal Toxic Shock Syndrome (STSS)	.	12	.	18	.	23	↑
Streptococcal disease, invasive (Group B)	0	0	0	0	.	.	↑ X

*Use of illness in data aggregation for cases other than STD or TB (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable, and suspect cases that are reportable to CDC. HIV/AIDS/TB case counts are provided on a quarterly basis. Data suppression denoted by '.' Applies if number of cases < 5.

~Diseases not reported in the past five years (aggregate data) and not reported during the current reporting period are not included in this report.

~~Confidence intervals (not shown) for monthly disease incidence rates (not shown) provided a basis for an informal statistical test to determine if the current monthly rates changed significantly from those of the previous 5-year aggregated rates. Green text represents rates that decreased significantly, whereas red text represents rates that increased significantly. Statistically significant changes are indicated by 'X.'