





Memorandum

Date: May 28, 2020

To: Southern Nevada District Board of Health

From: **Michael Johnson, PhD**, *Director of Community Health* 
Fermin Leguen, MD, MPH, *Interim Chief Health Officer* 

Subject: Community Health Division Monthly Activity Report – April 2020

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

Covid-19

Though not part of the official response to Covid-19 as of this report, OCDPHP staff were active in supporting communication and outreach efforts and liaising with partners, program participants and coalition members in support of the SNHD Covid-19 community response. Examples of the activities OCDPHP staff have coordinated since mid-March include:

- Reworked 3 major media campaigns to support Covid-19 communication efforts:
 - Offered media spots to OOC to promote Covid-19 public health recommendations via Facebook ads, online banners and print media
 - Reworked nutrition media to promote emergency food distribution sites and other community and social services
 - Revamped other campaigns to ensure they were in line with public health and social distancing guidelines (i.e. staying 6-feet away from others when outside exercising)
- Updated both the Get Healthy Clark County and Viva Saludable websites to add Covid-19 sliders and other information
- Increased social media posts about Covid-19 and how to access information and resources as well as how to continue healthy behaviors (i.e. physical activity while practicing social distancing guidelines, quitting smoking/vaping)
- Increased the frequency of our blogs in English and Spanish to share information, resources and how to continue healthy behaviors (i.e. physical activity while practicing social distancing)
- Increased frequency of push notifications in English and Spanish to share information and resources related to Covid-19
- Shared resources and information related to Covid-19 with our online program participants (over 15K), coalition networks (over 300) and other program participants

- Developed and sent weekly e-mails to partners, volunteers and participants in the BSHOP and BeSHOP programs (African Americans with hypertension and/or prediabetes at greatest risk of Covid-19) with information, resources and encouragement to continue to self-manage their chronic conditions
- Shared resources from partners with the ICS Liaison Assistant including information about childcare for first responders and free diabetes supplies for first responders
- Began including 'Chronic Disease and Covid-19' fact sheets developed by the National Association of Chronic Disease Directors in E.H.R. referral packets for SNHD clients with hypertension, diabetes, or prediabetes. Also shared fact sheet with COO who posted it on the SNHD website.
- Connected multiple community partners and key stakeholders with the ICS Liaison or Assistant Liaison Officer for follow up. Most of the agencies have partnerships with the ODCPHP and came to us first for assistance. Others had tried multiple times to get through on the SNHD COVID-19 information line and had not been successful, so they reached out to us for help connecting to SNHD (YMCA, Mental Health Services, Southern Nevada Regional Housing Authority, Domestic Violence Shelter, etc.)
- Offered staff time to translate Covid-19 information into Spanish and to assist with other tasks
- Along with partners, raised the issue of Nevada not accepting online SNAP benefits at retailers already set up to accept online SNAP benefits (Walmart and Amazon) and, after raising the issue through various channels found that Nevada was preparing an application to be a part of the USDA pilot program. Offered our continued support and advocacy for that effort.

Staff has developed a reference sheet documenting the relationship between Chronic Disease and COVID-19 including articles and research demonstrating that our REACH grant priority populations (African American/Hispanics) are disproportionately affected by the disease.

Tobacco Control Program (TCP):

Staff has responded to an increase in secondhand tobacco and cannabis smoke complaints in multi-unit housing (MUH) settings since stay-at-home orders have taken effect. Staff are providing technical assistance for MUH management to implement and expand no smoking/vaping policies as well as providing guidance to tenants on how to advocate for enforcement of existing policies. Additionally, due to our previous collaboration with the Southern Nevada Regional Housing Authority (SNRHA) on tobacco policy, they reached out to our office to request assistance with COVID-19. Staff connected SNRHA leadership with ICS staff. The SNRHA also expressed willingness to revisit expanding tobacco policy beyond federal HUD rules once recovery from COVID-19 is underway.

Prior to CCSD schools closing as a result of COVID-19, 7 youth-led social branding and counter-marketing initiatives in communities and schools occurred. To date, 21 of 10 youth-led counter marketing initiatives have occurred. To date, 34 of 20 youth-led educational marketing events in communities and schools have been completed. To date, 68,000 of 5,000 people have been reached at these events

Staff developed one Spanish-language tobacco blog regarding smoking, vaping and the corona virus and why is a good time to quit. The blog is posted on www.vivasaludable.org and promote the 1-855-DÉJELO-YA, Nevada Tobacco Quitline in Spanish.

Staff provided technical assistance to Nevada State College and student leaders. Staff helped create a survey instrument that will help faculty, staff and student leaders determine the

favorability for policy expansion on the NSC campus. Staff and community partners conducted on campus outreach at Nevada State College where 116 surveys were collected to gauge student support for smoke free campuses. Results of this on campus tobacco survey have been distributed to student leaders and staff at NSC.

As part of the REACH grant, project partners participated in a Latino Chamber of Commerce networking event on 3/26/2020 to promote various tobacco control initiatives including expanding tobacco-free policies. This networking roundtable event took place online via Zoom due to the COVID-19 situation.

Staff is working with statewide partners to develop a statewide youth-focused electronic vapor product prevention media campaign. The campaign is a major focus of the SB 263 funding that resulted from the 2019 NV legislative session. This is especially timely since recent studies have shown that vaping can make the lungs more susceptible to COVID-19.

Chronic Disease Prevention Program (CDPP):

Many of our ongoing programs including Barbershop and Beauty Salon Screenings, Diabetes Self-Management and Education classes and several school-based programs and initiatives including the Walk and Roll program, Slam Dunk Health Program and the Move Your Way Youth initiative all had to be cancelled or postponed due to the Covid-19 pandemic. We are currently working with partners to identify opportunities to continue program efforts and to relaunch programs when appropriate.

Work continues on the REACH grant-funded project to develop a Decision Support Tool (DST) for the City of Las Vegas Public Works Department that will allow them to assess projects using health and equity data and prioritize walk and biking infrastructure projects where most needed. The UNLV Team started work on a DST user guide to support the tool. CDPP staff and UNLV co-presented at the RTC Metropolitan Planning Subcommittee in early March. The presentation discussed the Charleston HIA and presented the DST concept.

CDPP is involved with and continues to support other policy and built environment strategies to improve walk and bike access and safety. Through a REACH grant funded-project, North Las Vegas is developing a wayfinding signage plan and specifically working on a schedule for production and installation of the wayfinding signage to occur later this summer. The North Las Vegas City Council adopted a citywide Pedestrian and Bicycle Plan in March and it was included as an amendment in the North Las Vegas Comprehensive Master Plan. In another REACH-funded project, the City of Henderson also finalized their Master Transportation Plan. The updated plan will include updates for new trail locations and a developer requirement to build trail connections that fall along property lines, which will create greater public access to trails, parks and open spaces in Henderson. Public meetings will be taking place to inform public and developers of the updates. The Master Transportation plan will go to City Council for final approval in May.

CDPP staff have been reaching out to faith-based food pantries to secure partnerships for the 3rd year of the REACH grant workplan. As of the end of March, the CDPP CHW has provided materials to 29 faith-based food pantries in REACH zip codes. A list of pantries that are interested in future collaboration has been created based on our outreach and once the 'stay-at-

home' order is lifted, CDPP staff will be meeting with interested food pantries to talk about Year 3 activities.

CDPP staff along with staff from UNR Extension presented in early March to the Governor's Council on Food Security's Policy Subcommittee. The presentation highlighted policy recommendations to improve and promote school wellness in Nevada.

CDPP staff completed a Diabetes Self-Management and Education Maps (DSME) class at SNHD in early March. Three people attended and 2 people completed both workshops. Due to Covid-19, our other DSME classes are on hold and because they are on hold, we are waiting to submit the American Diabetes Association (ADA) Recognition Program expansion application to add YMCA as an umbrella site for our DSME classes. This will be completed as soon as the stay-at-home order is lifted. CDPP staff did submit the required annual report to ADA for the Recognition Program. Our report was approved by the ADA.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE – April 2020 Activities

Report

A. Surveillance and Investigations

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

	April 2019	April 2020		YTD 2019 FY 18-19	YTD 2020 FY 19-20	
Sexually Transmitted						
Chlamydia	1135	609	↓	11479	11252	↓
Gonorrhea	458	282	↓	4527	4320	↓
Primary Syphilis	18	15	↓	202	235	↑
Secondary Syphilis	23	13	↓	269	302	↑
Early Non-Primary, Non-Secondary ¹	30	10	↓	369	285	↓
Syphilis Unknown Duration or Late ²	83	35	↓	604	711	↑
Congenital Syphilis (presumptive)	3	0	↓	22	35	↑
Moms and Babies Surveillance						
HIV Pregnant Cases	2	2	→	26	19	↓
Syphilis Pregnant Cases	17	5	↓	123	137	↑
Perinatally Exposed to HIV	0	4	↑	7	16	↑
¹ Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary						
² Syphilis Unknown Duration or Late= CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	2	0	↓	11	7	↓
Hepatitis A	9	1	↓	28	10	↓
Hepatitis B, acute	2	0	↓	5	0	↓
Hepatitis B, chronic	53	11	↓	154	140	↓
Influenza	85	0	↓	770	761	↓
Meningococcal disease (Neisseria Meningitidis)	0	0	→	1	1	→

Mumps	0	0	→	0	0	→
Pertussis	8	0	↓	26	5	↓
Enterics						
Campylobacteriosis	5	2	↓	36	25	↓
Giardiasis	6	3	↓	16	9	↓
Rotavirus	9	0	↓	15	12	↓
Salmonellosis	16	2	↓	34	23	↓
Shiga toxin-producing Escherichia coli (STEC)	3	0	↓	7	7	→
Shigellosis	6	0	↓	17	9	↓
Other						
Hepatitis C, acute	2	0	↓	6	0	↓
Hepatitis C, chronic	619	249	↓	2329	1584	↓
Invasive Pneumococcal Disease	27	18	↓	110	119	↑
Lead Poisoning	14	1	↓	54	37	↓
Legionellosis	1	0	↓	4	6	↑
Meningitis, aseptic	5	3	↓	13	26	↑
Meningitis, Bacterial Other	5	1	↓	12	8	↓
RSV	103	14	↓	1801	1256	↓
Streptococcal Toxic Shock Syndrome (STSS)	5	1	↓	16	12	↓
New Active TB Cases Counted (<15 yo)	0	0	→	3	1	↓
New Active TB Cases Counted (>= 15 yo)	7	1	↓	41	35	↓

2. Number of Cases Investigated by OEDS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/FUP ³		
Chlamydia	7	0	10	0		
Gonorrhea	14	1	4	0		
Syphilis	58	0	59	0		
HIV/AIDS (New to Care/Returning to Care)	9	0	7	1		
Tuberculosis	21	0	7	0		
TOTAL	109	1	87	1		

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

²Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms

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

Monthly DIIS Investigations Other Communicable Diseases				
Confirm Case (Clinical and Lab Required)	Confirmed Case (Lab Only)	Full Investigation	OOJ with Investigation	OOJ without Investigation
48	43	8	1	0

3. Disease and Outbreak Investigations

- a. *Influenza:*** Seasonal Influenza activity in Clark County has been decreasing. For the season, as of 05/01/2020, 1368 influenza-associated hospitalizations and 48 influenza-associated deaths including one pediatric death were reported. Influenza A has become the dominant type circulating. SNHD will continue to update the public on the progression of this influenza season and encourage influenza vaccination for all persons 6 months of age and older with rare exception.
- b. *2019 Novel Coronavirus (COVID-19):*** CDC has been closely monitoring an outbreak of respiratory illness caused by a novel coronavirus first identified in Wuhan, Hubei Province, China. The number of confirmed cases in the United States is being updated by the CDC regularly. As of April 30, SNHD had 4118 cases and 206 deaths. The Health District activated the Incident Command System to expand our efforts in COVID-19 Response and access additional staffing and resources. The Health District has met with the Clark County emergency managers, Fire, EMS, School Officials and Hospital emergency response and infection control staff to communicate the current response and plan for continued partnership. The Office of Public Health and Preparedness (OPHP) is sending out communications regularly to preparedness partners. The OPHP is working with all community health partners in monitoring and tracking of PPE supplies and inventory. The Office of Epidemiology and Disease Surveillance (OEDS) at SNHD is receiving and following up on reports of suspected illness, providing assessment and evaluation information, and working with local medical providers to determine levels of risk and recommended actions for anyone who may be at risk. OEDS is monitoring travelers from high risk countries for signs and symptoms of COVID-19 to detect and confirm any cases in Clark County. OEDS is making recommendations of isolation and quarantine for individuals that may be at risk for COVID-19. OEDS and the Southern Nevada Public Health Laboratory are working in coordination with Clark County hospitals and other medical providers to provide guidance for testing and sample collection for at risk patients. OEDS' Betsy McLellan and Tabitha Ewing have been conducting the drive-up testing for clients that are under investigation and/or their symptomatic contacts identified through contact tracing efforts. This is an ongoing response effort.

4. Non-communicable reports and updates:

- a. *Naloxone training:*** The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) awarded SNHD with the First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grant in September of 2017. The purpose of this 4-year FR-CARA grant is to train and distribute naloxone to first responders and members of other key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. Trainings continue in Nye County communities, Tonopah, and numerous first responder, medical, and treatment organizations. OEDS has implemented a policy for SNHD staff to carry and administer Naloxone. OEDS has also been given permission at The Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone trainings/distributions have taken place in the month of April:

- 4/17/20 – SNHD Clinical staff (0 trained, 50 distributed)
- 4/17/20 – WestCare (0 trained, 200 distributed)

b. Overdose Data to Action Grant (OD2A): Due to COVID-19 response, there are no new updates.

B. Prevention- Community Outreach/Provider Outreach/Education

There have been no outreaches scheduled during this time. The Center has been closed for Services.

C. High Impact HIV/STD/Hepatitis Screening Sites

No testing sites to report at this time.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	Apr-19	Apr-20		FY 18-19	FY 19-20	
Outreach/Targeted Testing	940	9	↓	7860	6880	↓
Clinic Screening (SHC/FPC/TB)	506	219	↓	5501	4974	↓
Outreach Screening (Jails, SAPTA)	698	2	↓	2539	2833	↑
TOTAL	2144	230	↓	15900	14687	↓
Outreach/Targeted Testing POSITIVE	8	0	↓	78	65	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	5	0	↓	45	6	↓
Outreach Screening (Jails, SAPTA) POSITIVE	6	0	↓	14	16	↑
TOTAL POSITIVES	19	0	↓	137	87	↓

D. Staff Facilitated/Attended the following Trainings/Presentations

- a. 4/1/2020: “Pacific Southwest MHTTC Wellness Wednesdays” webinar attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- b. 4/3/2020: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by OEDS Health Educator Staff as a representative; 1 SNHD OEDS staff attendee.
- c. 4/5/2020: “Implementation, Translation, and Evaluation of Suicide Prevention Programs” webinar attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- d. 4/7/2020: “County Health Rankings & Roadmaps 101” webinar attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- e. 04/07/2020: Southern Nevada Substance Misuse and Overdose Prevention Summit planning meeting coordinated and hosted by OEDS Health Educator Staff; 8 people in attendance from multiple agencies; 1 SNHD OEDS staff attendee.
- f. 4/8/2020: “Triple P (1 of 3)” hosted by NICRP attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.

- g.** 4/9/2020: Southern Nevada Opioid Advisory Council (SNOAC) Virtual Monthly Executive Meeting hosted on WebEx by OEDS Health Educator Staff; ~Twelve attendees representing multiple agencies including law enforcement, treatment, and prevention; 2 SNHD OEDS staff attendees.
- h.** 4/9/2020: “Adapt 2020: How to Shift to a Virtual Event Strategy” webinar hosted by HubSpot Team; attended by OEDS Health Educator Staff; ~300 people in attendance; 1 SNHD OEDS staff attendee.
- i.** 4/10/2020: Southern Nevada HIV Prevention Planning Group Meeting hosted by NDPBH Zoom site and facilitated by OEDS staff. 16 in attendance with representatives from SNHD TPP, the Gay and Lesbian Center of Southern Nevada, Planned Parenthood of Southern Nevada, ASP Cares, Avella Specialty Pharmacy, Community Liaison for Merck Pharmaceuticals, NDPBH, and UNR Intern with SNHD.
- j.** 4/13/2020: Ending the Epidemic Monthly Conference Call. Attended by 1 OEDS Health Educator staff.
- k.** 4/13/2020: “Triple P (2 of 3)” hosted by NICRP attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- l.** 4/14/2020: “Treating Suicidal Patients During COVID-19: Best Practices and Telehealth” webinar attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- m.** 4/14– 4/16/2020: Virtual 2020 National Rx Summit hosted by OEDS Health Educator Staff; ~2000 people in attendance from multiple sectors; 2 SNHD OEDS staff attendees.
- n.** 4/15/2020: Virtual PACT Coalition Meeting attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- o.** 4/15/2020: “Triple P (3 of 3)” hosted by NICRP attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- p.** 4/15/2020: “Go to Webinar - PrEP, sexual health and risk reduction in the time of COVID-19” webinar attended by 1 SNHD OEDS Health Educator
- q.** 4/16/2020: “Remote Learning w/ Adobe Connect” webinar attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- r.** 4/16/2020: “Constant Contact: Putting Your Action Plan to Work” webinar attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- s.** 4/21/2020: Southern Nevada Substance Misuse and Overdose Prevention Summit planning meeting coordinated and hosted by OEDS Health Educator Staff; attended by 7 people from multiple agencies; 2 SNHD OEDS staff attendees.
- t.** 4/20-4/22/2020: Mental Health First Aid (MHFA) Train-the-Trainer completed by OEDS Health Educator Staff; 15 participants from multiple agencies; 1 SNHD OEDS staff attendee.
- u.** 4/22/20: Virtual SNHD Community Health Assessment Steering Committee meeting hosted on WebEx by OEDS Health Educator Staff; ~5 people in attendance from multiple agencies; 3 SNHD OEDS staff attendees.
- v.** 4/22/2020: “DIS Combat Congenital Syphilis” webinar attended by 1 OEDS Health Educator
- w.** 4/23/2020: “Learn How to Build Research and Evaluation into Communications Campaigns” webinar hosted by CDC attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- x.** 4/23/2020: Southern Nevada Substance Misuse and Overdose Prevention Summit emergency planning meeting coordinated and hosted by OEDS Health Educator Staff; 6 people in attendance from multiple agencies; 3 SNHD OEDS staff attendees.
- y.** 4/24/2020: “HIV Continuity of Care in the Time of COVID 19” webinar attended by 1 OEDS health educator.

- z. 4/27/2020: "Virtual Platform on 24" webinar attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- aa. 4/28/2020 "Public Health 3.0 Community Engagement" webinar attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- bb. 4/29/2020: "Facilitating State and Local Integration – PDMP Data Sharing" webinar hosted by CDC attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- cc. 4/29/2020: "E-Detailing for Clinician Engagement: Virtual Connections for Clinical Change" webinar hosted by NaRCAD attended by OEDS Health Educator Staff; 2 SNHD OEDS staff attendee.
- dd. 4/29/20: NOVA Victim Assistance Academy (NVAA) 1 of 9 attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- ee. 4/29/2020: "Self-Care for Nurses during the COVID-19 Pandemic: Support in the Present, Learning from the Past" webinar attended by 1 OEDS Health Educator
- ff. 4/29/2020: Las Vegas Ryan White Part A TGA Planning Council Meeting"; 1 SNHD OEDS health educator in attendance.
- gg. 4/30/2020: UNLV Student's Policy WebEx Neonatal Abstinence Syndrome (NAS) Presentation hosted by UNLV attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- hh. 4/30/2020: "COVID 19 and the Impact on Intimate Partner Violence for Latinos" webinar attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- ii. 4/30/2020: "Adapt 2020: Building an Educational Content Strategy" webinar hosted by HubSpot Team; attended by OEDS Health Educator Staff; ~300 people in attendance; 1 SNHD OEDS staff attendee.

E. Other:

- a. **Communicable Disease Statistics:** March 2020 disease statistics are attached. (see table 1)

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A. Continue to maintain and enhance Trisano disease surveillance system.
- B. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems, and updated EMSA to process Coronavirus ELRs.
- C. Continue to test EpiTrax system (new version of Trisano) internally, and work with Utah and EpiTrax consortium for Trisano to EpiTrax migration
- D. Continue to work on the 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.
- E. Assist SNPHL with new instrument preparation, data extraction and reporting needed.
- F. Work with IT to implement and maintain the Electronic Health Record (EHR) system.
- G. Assist Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, Environmental Health (EH), Clinic Services with various data requests, data exports, and report generation.



March 2020: Clark County Disease Statistics*

Disease	2018		2019		2020	
	March	YTD	March	YTD	March	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive disease	2	5	1	9	6	8
Hepatitis A	5	7	8	19	0	9
Hepatitis B, acute	1	5	1	3	0	0
Hepatitis B, chronic	19	90	49	101	38	129
Influenza	136	744	163	685	60	767
Meningococcal disease (Neisseria meningitidis)	1	2	0	1	0	1
Mumps	0	3	0	0	0	0
Pertussis	5	12	8	18	2	5
SEXUALLY TRANSMITTED						
Chlamydia	1094	3257	1141	3396	1014	3304
Gonorrhea	278	839	273	876	236	856
Syphilis (Early non-primary, non-secondary)	37	98	35	109	24	89
Syphilis (Primary & Secondary)	48	145	55	147	56	166
CONGENITAL CONDITIONS						
Congenital Syphilis	1	3	0	4	2	8
Hepatitis C virus infection, perinatal	0	0	1	1	0	0
ENTERICS						
Amebiasis	0	1	1	4	0	3
Campylobacteriosis	9	19	12	31	7	23
Cryptosporidiosis	0	0	0	1	0	4
Giardiasis	6	14	3	10	1	6
Rotavirus	2	3	1	6	2	12
Salmonellosis	12	25	8	18	9	21
Shiga toxin-producing Escherichia coli (STEC)	0	2	2	4	0	7
Shigellosis	5	20	3	11	0	9
Vibriosis (non-cholera Vibrio species infections)	0	0	0	1	0	2
Yersiniosis	0	0	0	1	0	1
OTHER						
Brucellosis	0	0	1	1	0	0
Coccidioidomycosis	9	63	9	20	13	33
Encephalitis	1	1	0	0	0	0
Exposure, Chemical or Biological	1	3	1	5	0	0
Hepatitis C, acute	0	2	1	4	0	0
Hepatitis C, chronic	289	625	599	1710	422	1335
Invasive Pneumococcal Disease	20	89	25	83	25	101
Lead poisoning	28	55	20	40	11	38
Legionellosis	0	4	0	3	1	6
Listeriosis	0	1	1	3	0	0
Lyme disease	1	5	1	3	0	2
Malaria	0	0	1	1	0	0
Meningitis, Aseptic	5	9	3	8	10	24
Meningitis, Bacterial Other	3	9	4	7	1	7
Meningitis, Fungal	0	3	1	3	1	1
Q Fever	0	0	1	1	0	0
RSV	258	1200	463	1698	235	1242
Spotted Fever Rickettsiosis	0	1	0	0	0	0
Streptococcal Toxic Shock Syndrome (STSS)	6	13	3	11	4	11

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions. HIV/AIDS/TB case counts are provided on a quarterly basis.

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

--- Due to changes in the disease reporting processing guideline in 2018, there was an artificial increase of case counts of Hepatitis B, chronic and Hepatitis C, chronic in 2018 vs. 2017.

---- Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.

- H. Continue to enhance the iCircle web application for OEDS, and transmission of STD, HIV and Hepatitis testing data to CDC.
- I. Continue to support Clark county coroner's office (CCCO) on Cognos reports and new CME replacement.
- J. Monitor automatic upload process for STD data transfer from Trisano to state NBS and developing Hepatitis data transfer template.
- K. Continue to work with OEDS and IT to develop Expedited Partner Therapy (EPT) application. EPT is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.
- L. Continue to work with OEDS on OD2A and SVM projects.
- M. Work with NVHIE to enhance COVID surveillance by automating COVID hospitalization notification, and extract demographics, lab tests and treatment information from HIE CCDs for public health surveillance.
- N. Work with OEDS to develop a COVID19 dashboard, lab testing trend analysis and other urgent data requests.
- O. Work with IT to develop an application to automate COVID patient notification and contact tracing and identification.
- P. Developed an application to upload COVID lab results to Wynn Contact Center for notification.
- Q. Produce daily COVID GIS maps by city and zip codes.
- R. Maintain applications to automate COVID contacts upload and produce COVID DECIPHER report.
- S. Completed CDC PHEP and NVCLPPP quarterly grant progress reports.
- T. Completed ELC C2 data modernization and ELC Care grant applications.

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

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

April EMS Statistics	April 2019	April 2020	
Total certificates issued	65	49	↓
New licenses issued	54	46	↓
Renewal licenses issued (recert only)	4	3	↓
Driver Only	36	26	↓
Active Certifications: EMT	568	748	↑
Active Certifications: Advanced EMT	1405	1604	↑
Active Certifications: Paramedic	1708	1811	↑
Active Certifications: RN	45	56	↑

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. Following President Trump's directive and considering the State of Nevada Governors Emergency Declaration and supporting amendments several OPHP staff began working from home in support of the COVID-19 response. Manager, supervisor, senior planners, trainers, MRC volunteer coordinator, analyst and administrative staff may be serving in their SNHD and/or ICS positions in support of both SNHD and/or the MACC/MSST tirelessly serving the Southern Nevada community and hospital needs.
- B. Following SNHD leadership direction, all non-essential meetings have been postponed or changed to teleconference for staff to attend all essential COVID-19, SNHD, community partner, and hospital meetings.
- C. SNHD staff is supporting multiple ICS roles throughout the community and managing Testing Collection sites throughout Clark County and cities with Medical Surge Area Command. Staff are supporting both targeted outreach for populations based on COVID19 Positive Heat maps as well as community collections sites to sample general population in cities. The Southern Nevada Public Health lab is providing the testing for SNHD supported events.

2. PHP Training and PH Workforce Development:

- A. Following SNHD leadership direction, all non-essential training has been postponed focusing on the COVID-19 response and training needs
- B. Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing.

3. Grants and Administration:

- A. OPHP staff are supporting SNHD and MACC/MSST COVID-19 response and logistical needs.
- B. OPHP continues to complete cooperative agreement Quarterly Progress Reporting for the OPHP grants as well as development of Scope of Work and supporting budgets for new grants that support COVID19 response activities.
- C. OPHP Manager and Supervisor are working with Contracts to renew existing agreements that are expiring and grants that will close out on June 30, 2020.
- D. OPHP completing Scope of Work and budgets for COVID19 cooperative agreements to support healthcare system response to threat and purchase PPE consumed during first wave of pandemic.

4. Medical Reserve Corps (MRC) of Southern Nevada: MRC coordinator works in conjunction with SNHD and community partners for volunteers needed for the COVID-19 response. Currently MRC is expanding membership to support multiple events that have staffing needs include CLV Cashman ISO-Q, Office of Epidemiology and Disease Surveillance disease investigations and local collection sites.

VI. VITAL STATISTICS

Due to the pandemic, birth and death certificates were only offered by mail or online in April 2020. Online birth certificate sales increased by 72.8% in comparison to April 2019. Death certificate sales decreased by 7.8% for the same time frame.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	April 2019	April 2020		FY 18-	FY 19-	
				19 (April)	20 (April)	
Births Registered	2,042	2,065	↑	22,647	22,292	↓
Deaths Registered	1,717	1,732	↑	15,073	15,673	↑

Vital Statistics Services	April 2019	April 2020		FY 18-	FY 19-	
				19 (April)	20 (April)	
Birth Certificates Sold (walk-in)	3,493	0	↓	32,946	27,621	↓
Birth Certificates Mail	80	57	↓	980	773	↓
Birth Certificates Online Orders	1,158	2,002	↑	11,689	12,224	↑
Birth Certificates Billed	79	109	↑	1,027	1,114	↑
Birth Certificates Number of Total Sales	4,810	2,168	↓	46,642	41,732	↓
Death Certificates Sold (walk-in)	1,193	5	↓	10,498	10,664	↑
Death Certificates Mail	49	77	↑	609	597	↓
Death Certificates Online Orders	6,926	7,438	↑	62,946	59,941	↓
Death Certificates Billed	29	36	↑	279	380	↑
Death Certificates Number of Total Sales	8,197	7,556	↓	74,332	71,582	↓

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	April 2019	April 2020		FY18-	FY19-	
				19 (April)	20 (April)	
Birth Certificates Sold (walk-in)	72.6%	0%	↓	70.6%	66.2%	↓
Birth Certificates Mail	1.7%	2.6%	↑	2.1%	1.9%	↓
Birth Certificates Online Orders	24.1%	92.3%	↑	25.1%	29.3%	↑
Birth Certificates Billed	2%	5%	↑	2%	2.7%	↑
Death Certificates Sold (walk-in)	14.6%	.1%	↓	14.1%	14.9%	↑
Death Certificates Mail	.6%	1%	↑	.8%	.8%	→
Death Certificates Online Orders	84.5%	98.4%	↑	84.7%	83.7%	↓
Death Certificates Billed	.4%	.5%	↑	.4%	.5%	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	April 2019	April 2020		FY 18-19 (April)	FY 19-20 (April)	
Birth Certificates (\$25)	\$96,200	\$54,200	↓	\$932,840	\$920,115	↓
Death Certificates (\$25)	\$163,940	\$188,900	↑	\$1,486,640	\$1,752,650	↑
Births Registrations (\$13)	\$47,866	\$22,490	↓	\$465,504	\$412,841	↓
Deaths Registrations (\$13)	\$24,076	\$21,762	↓	\$223,223	\$221,321	↓
Miscellaneous	\$4,148	\$4,801	↑	\$40,276	\$49,727	↑
Total Vital Records Revenue	\$336,230	\$292,153	↓	\$3,148,483	\$3,356,654	↑

Note:

COVID_19 Closed Office to public on March 17th, 2020

Number subject to change once all transactions clear.

- On December 12th, 2019 birth and death certificates increased to \$25 each.

COMMUNITY HEALTH Passport Program – Fiscal Year Data

Passport Services

Closed due to pandemic

Revenue	April 2019	April 2020		FY 18-19 (April)	FY 19-20 (April)	
Passport Execution Fee (\$35)	\$32,760	\$0	↓	\$164,815	\$166,075	↑
Passport Photo Fee (\$12)	\$6,492	\$0	↓	\$30,912	\$32,028	↑
Total Passport Program Revenue	\$39,252	\$0	↓	\$195,727	\$198,103	↑

VII. HEALTH CARDS

FOOD HANDLING & BODY ART CARDS:

- Operations suspended during the month of April due to COVID-19 response activities.

COVID-19 ACTIVITIES:

- Food Handling and Business Group staff members continue to work assignments to support the District's COVID-19 response.

- SNHD Call Center
 - 24/7 operation through month of April 2020.
 - 'Graveyard' shift to conclude after Friday, May 1.
 - Few, if any, COVID-19 calls during graveyard shift.
 - Staff to be re-assigned to Wynn call center beginning Monday, May 4.

- Preparations for Wynn Call Center
 - Working with Marlo Tonge and Kim Hertin to provide support to the Wynn call center beginning Monday, May 4. Project to run for two weeks.
 - Outbound calls to clients to provide them with negative test results, answer COVID-19 questions, and request participation in a survey created by Commissioner Kirkpatrick's office.

- Door Screeners
 - 4 staff members assigned to screen employees and clients at front and rear entrances Monday through Friday from 6:00 am to 4:30 pm.
 - Reduced to 2 staff members as Teen Pregnancy Prevention staff joined screening team.

Door screeners discontinued April 30, 2020.

REOPENING

COVID-19 Employee Screening Questionnaire



Screening employees daily can help in preventing the spread of the coronavirus in the workplace. The following is a list of recommended questions that can be used to screen employees for COVID-19.

Each day, before the start of the shift, ask each employee the following questions:

1. Do you have a new cough that you cannot attribute to another health condition?	YES / NO
2. Do you have new shortness of breath that you cannot attribute to another health condition?	YES / NO
3. Do you have any two of the following symptoms: Fever (100.4°F or higher), chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?	YES / NO
4. Have you come into close contact (within 6 feet) with someone who has a laboratory-confirmed COVID-19 diagnosis in the past 14 days?	YES / NO

If an employee answers YES to ANY of the above questions, exclude the employee from work.

- Sick employees should follow the steps recommended by the Centers for Disease Control and Prevention (CDC): [What To Do if You Are Sick](#)
- Employees who test positive for COVID-19 should not return to work until the criteria to discontinue home isolation are met: [Discontinuation of Home Isolation for Persons with COVID-19](#)
- Employees who have had close contact with a laboratory-confirmed COVID-19 case for an extended period of time should be excluded from work for 14 days: [Public Health Recommendations for People in U.S. Communities Exposed to a Person with Known or Suspected COVID-19, other than Health Workers or other Critical Infrastructure Workers](#)
- For general guidance for businesses, see: [CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)

If an employee answered NO to ALL the above screening questions, allow the employee to start their shift and remind them to:

- ✓ Wash hands properly when necessary.
- ✓ Not shake hands or make direct contact with any other employees or customers.
- ✓ Continue to practice social distancing.

The above recommendations are specific to the COVID-19 outbreak and should be used **in addition** to your employee health policy.