

2013

**REPORT TO THE
COMMUNITY**

*This report covers activities from calendar year 2013 and fiscal year
2013-2014. Current leadership is reflected.*

TABLE OF CONTENTS

Message from the Chief Health Officer 3
Southern Nevada District Board of Health 4

ADMINISTRATION

Finance 7
Community Outreach 8
Food Handler Safety Training Cards 9

CLINICS & NURSING SERVICES

Community Health Nursing & Home Visitation 11
Family Planning 12
HIV/AIDS/STD Surveillance..... 14
Immunizations 16
Nursing Development & Community Outreach..... 17
Sexual Health Clinic..... 17
Tuberculosis Surveillance & Clinical Services..... 18

COMMUNITY HEALTH

Chronic Disease Prevention & Health Promotion 20
Emergency Medical Services & Trauma System 24
Epidemiology..... 27
Vital Records..... 32
Public Health Preparedness 33
Southern Nevada Public Health Laboratory 37

ENVIRONMENTAL HEALTH

Childhood Lead Poisoning Prevention Program..... 41
Illegal Dumping Investigations & Enforcement 41
Inspection & Plan Review Programs 42
Public Water Systems..... 48
Subdivision Review..... 49
Target Sector Inspections..... 49
Vector Control 50
Waste Management Audits..... 50

PUBLIC HEALTH IN ACTION

Public Health Heroes..... 52

DIRECTORY

Telephone Directory 55
Online Services..... 57
Locations..... 58

Message from the

CHIEF HEALTH OFFICER

My first year as chief health officer of the Southern Nevada Health District has been both challenging and rewarding. We faced budget concerns and have worked with management, staff, and the District Board of Health to implement a budget for Fiscal Year 2015 that decreases the health district's projected deficit through a wide variety of cost-saving measures. At the same time, we are still working diligently to provide much needed public health services to the community and respond to public health events and emergencies.



*Joseph Iser, MD, MPH
Chief Health Officer*

This past year these events included tuberculosis contact investigations involving a local hospital and high school, as well as several high profile norovirus outbreaks. We have also improved the services we offer our clients by offering enhanced training for food service professionals and more automated options for our vital records clientele.

After many months of research, tours, meetings, and negotiations, we are also in the final stages of securing a permanent home for our main office and clinic locations. The resolution of this issue will provide us with greater stability moving forward – as it lessens the burden of multiple leases on our budget and allows us to better plan moving forward; in the form of a permanent home for our staff; and for the vital services we provide to the community.

It has been a pleasure to serve the community and I look forward to another productive and healthy year.

Southern Nevada District

BOARD OF HEALTH

The Southern Nevada District Board of Health is the public health policy board representing all entities in Clark County, as well as the medical community, and the environmental and business industries. Board members and alternates serve two-year terms.



OFFICERS | CHAIR Rod Woodbury, Boulder City Councilmember; VICE CHAIR Bob Beers, City of Las Vegas Councilmember; SECRETARY Lois Tarkanian, City of Las Vegas Councilmember

BOARD MEMBERS | Susan Crowley, Environmental Specialist Member at Large; Chris Giunchigliani, Clark County Commissioner; Tim Jones, Business/ Industry Member at Large; Allan Litman, Mesquite City Councilman; John Marz, Henderson City Councilman; Marietta Nelson, MD, Physician Member at Large; Frank Nemec, MD, Physician Member at Large; Bill Noonan, Gaming Member at Large; Mary Beth Scow, Clark County Commissioner; Wade Wagner, North Las Vegas Councilman; Lori Winchell, DrPH, FNP, RN, Registered Nurse Member at Large.



ALTERNATES | Michael Collins, RN, Registered Nurse Member at Large; Douglas Dobyne, Business/Industry Member at Large; Andy Hafen, Mayor, City of Henderson; Kraig Hafen, Mesquite City Councilman; Peggy Leavitt, Boulder City Councilwoman; Kenneth Osgood, MD, MPH, Physician Member at Large; Kathleen Peterson, Environmental Member at Large; Steven Ross, Las Vegas City Councilman; Stan Smith; Gaming Member at Large; Lawrence Weekly, Clark County Commissioner; Anita Wood, North Las Vegas Mayor Pro Tem.



ADMINISTRATION

The operations of the Food Handler Safety Training Card Program fall under the umbrella of the Administration Division. Support services are provided by the Finance, Human Resources, Information Technology and Facilities sections, as well as the Public Information Office, which includes the Community Outreach Program.

Finance

The health district is funded through regulatory revenue and fees, a county property tax allocation set in state statute, federal grants received through the state, and direct federal grants. The health district receives less than 1 percent of its funding from the state general fund. The finance section of the health district is responsible for the financial administration of all health district funds and has received a Certificate of Achievement of Excellence in Financial Reporting for the past 10 years.

According to *Investing in America's Health: A State by State Look at Public Health Funding and Key Health Facts*, published by Trust for America's Health:

- **State Funding for Public Health** | In FY 2012, Nevada ranked the lowest (51st) at \$3.28 per capita. The national median per capita was \$27.40.
- **Federal Funding for States from Health Resources and Services Administration** | In FY 2012, Nevada ranked the lowest (50th) at \$12.44 per capita. The national average per capita was \$23.18.
- **Federal Funding for States from the U.S. Centers for Disease Control and Prevention** | In FY 2012, Nevada ranked 25th at \$21.31 per capita. The national average per capita was \$19.54.



Financial Summary | FY 2014

| REVENUE | Actual 2011-2012 | Actual 2012-2013 | Budgeted 2014 |
|-----------------------------------|---------------------|---------------------|---------------------|
| Federal Grants - Indirect | \$8,092,743 | \$9,874,038 | \$9,364,171 |
| Federal Grants - Direct | 10,995,381 | 4,649,249 | 2,366,002 |
| State Funding | 437,330 | 643,646 | 400,000 |
| Fee for Service | 5,808,880 | 5,350,713 | 5,775,226 |
| Regulatory Revenue | 22,897,904 | 21,614,151 | 19,583,000 |
| Program Contract Services | 1,879,517 | 383,310 | 1,360,226 |
| County Tax Revenue | 5,692,534 | 32,167,828 | 18,224,456 |
| Donations | 13,157 | 18,273 | 11,000 |
| General Receipts | 14,594 | 360,072 | 10,500 |
| Interest Income | 477,086 | 107,506 | 200,000 |
| Total Revenue | \$56,309,126 | \$75,168,786 | \$57,294,581 |
| Total Capital Improvements | \$104,710 | \$58,391 | \$62,000 |
| EXPENDITURES | | | |
| Clinics & Nursing Services | \$19,926,399 | \$20,607,106 | \$22,092,352 |
| Environmental Health | 15,206,451 | 15,310,788 | 17,506,779 |
| Community Health | 14,393,695 | 9,214,932 | 9,113,271 |
| Administration | 18,697,521 | 21,008,563 | 17,210,676 |
| Total Expenditures | \$68,224,066 | \$66,141,389 | \$65,923,078 |
| Total Capital Improvements | \$754,194 | \$1,131,572 | \$629,000 |
| ENDING FUND BALANCE | | | |
| General Fund | \$13,382,077 | \$21,076,238 | \$15,135,403 |
| Capital Improvements Fund | \$7,526,560 | \$6,534,951 | \$6,171,560 |

Community Outreach

COMMUNITY VOLUNTEERS

Community volunteers support numerous programs and projects to enhance the health district's service to the public. Program volunteers include individuals from the community, AARP's Senior Community Service Employment Program, and students from University of Nevada, Las Vegas and the College of Southern Nevada. Volunteer opportunities at the health district vary for people who wish to contribute their time, talent and skills to promote public health.

In 2013, volunteers provided approximately 18,977 hours of service, which equates to more than \$361,511 in paid labor. As part of their service, volunteers provided educational information and support to various programs including: Immunizations, Food Handler Safety Training Cards, Nurse Family Partnership Program, Sexual Health Clinic and Family Planning.

STAFF VOLUNTEER CONTRIBUTIONS

In order to further support its non-profit and not-for-profit community partners, the health district offers volunteer opportunities to its staff throughout the year. Organizations selected provide services in the community that are aligned with the public health goals of the district. Staff members donate their personal time to these events and are not compensated by the district for their service.

- **Southern Nevada Cooperative Extension Orchard** | The health district volunteered at the University of Nevada Cooperative Extension Orchard on Saturday, May 4, 2013. Health district volunteers participated in a number of tasks including; moving dirt and mulch, cleaning, tossing away rocks. The orchard also provided educational opportunities for staff and their children.
- **Opportunity Village Donation Drive** | A donation drive for Opportunity Village was held Aug. 19, 2013 through Sept. 2, 2013. Donation bins were placed at several health district locations. Collected donation drive items included: house wares, books and clothing. The drive was very successful, and Opportunity Village collected over six bins full of various items from the health district.



Marie Ricci, RN, delivers a wheelbarrow full of mulch during the staff volunteer event at the orchard.

Food Handler Safety Training Cards

The new food handler safety training card program was the result of an overhaul of the 50-year-old health card program that started in 2012 and became fully functional in 2013. The program is geared towards those occupations where food handling occurs, and an online training module was created to correspond with current food regulations.

In 2013, 115,415 Food Handler Safety Training Cards were issued. Of those, 43,964 were first-time applicants.

CLINICS & NURSING

The Clinics & Nursing Services Division provides services to more than 336,500 clients each year. Services are provided regardless of a client's ability to pay. Nursing services and clinics are available at several locations throughout the Valley. The health district also partners with community agencies to provide testing, immunizations and outreach at various locations and special events throughout the year.

Community Health Nursing & Home Visitation

The Community Health Nursing/Home Visitation Program consists of the Lead Case Management Program, the Maternal Child Health Program, the Nurse-Family Partnership Program, and the Refugee Health Program.

LEAD CASE MANAGEMENT

Nursing staff works with the Office of Epidemiology and Environmental Health Division to eliminate childhood lead exposure as a health risk in Clark County. The nurse assigned to this program receives referrals for children with elevated blood lead levels to ensure they receive appropriate medical intervention and their exposure source is eliminated. The program has now been integrated into the Maternal Child Health Program.

In 2013, seven children were referred for case management.

MATERNAL CHILD HEALTH

The Maternal Child Health Program provides case management services to families upon referrals from neonatal intensive care units and Child Protective Services. The majority of the clients have cognitive and emotional issues or are children who demonstrate delayed growth and development. Nurses provide education, physical assessments and referrals to other services when appropriate, and monitor the child's growth and development. Staff also conducts Healthy Kids exams in congregate settings throughout the community and at public health centers.

During 2013, staff performed 1,055 examinations and 1,812 home visits. Additionally, the Healthy Kids team performed 601 developmental screening assessments for children.

NURSE-FAMILY PARTNERSHIP

The national initiative Nurse-Family Partnership Program provides education, guidance and life coaching to low-income, high-risk first-time mothers. Women are enrolled within the first 28 weeks of pregnancy and home visitation continues until the child reaches the age of 2. This evidence-based program has documented success in reducing incidences of child abuse, neglect, childhood injuries and hospitalizations. It has been successful at encouraging young women to return to school to finish their education and to join the work force.

In 2013, the program enrolled 111 new clients and served 218 families.

REFUGEE HEALTH

The Refugee Health Program, a joint partnership with Catholic Charities, was developed in response to the growing number of refugees entering the community with numerous unmet health care needs. These clients face language and cultural barriers to accessing the health care system. Without proper case management, this can ultimately have an adverse impact on the health of the whole community.

In 2013, staff screened 587 refugees. A total of 141 clients required follow-up for possible communicable disease: 79 for tuberculosis; 16 for hepatitis B; 41 for ova and parasites; and 17 for sexually transmitted disease. (Note: Some clients may have been referred for more than one disease.)

Family Planning

The Family Planning Program, funded by a federal Title X grant, assures access to family planning services and promotes healthy pregnancies and the prevention of unintended pregnancies. Staff provides education, information, contraception, pregnancy testing and counseling to residents.

In 2013, the clinic and its delegate agency served 11,948 unduplicated clients. The health district staff served 7,363 clients and Planned Parenthood of Southern Nevada provided services to 4,585 clients.

Staff recruits agencies and providers to participate in the family planning program to increase client access to services. The health district develops training, guidelines, protocols and procedures for the provision of services provided by staff, partner agencies and providers.



Teen ambassadors help spread "Condom Sense" at a teen-centered concert at the Las Vegas Mini Grand Prix in May 2013.

TEEN PREGNANCY PREVENTION

The health district receives funding from the federal Office of Adolescent Health to address the high teen pregnancy rates in Southern Nevada. Nevada teens have the second highest pregnancy rate in the U.S. at 90 pregnancies per 1,000 females, age 15-19 years. This same group has sexually transmitted infection rates up to five times higher than the adult population, representing over 32 percent of all newly acquired sexually transmitted infections. A vital component in reducing teen pregnancy and birth rates is to educate teens about reducing their sexual risk behavior, delaying sexual activity, reducing the number of partners and increasing condom use. The health district educates this at-risk population using two evidence-based programs: "Be Proud, Be Responsible" and "iCuidate!" These programs are available to high-risk youth in the Juvenile Justice System and Division of Youth and Family Services.

A total of 930 teens initiated participation in the 2012-2013 program and 705 completed the full program. The overall program goal is to reduce teen pregnancy and birth rates in Southern Nevada by 10 percent.

Safe sex messages and sexual health education are available to teens through teen-centered social media platforms, including the CondomSenseNV website, YouTube, Twitter, Instagram and Facebook.

HIV/AIDS/STD Surveillance

The Office of HIV/AIDS provides ongoing prevention and awareness programs throughout the community. The health district has provided testing, counseling and case management services for HIV-positive individuals for 30 years. The office distributes educational and prevention materials, makes medical and community service referrals, and partners with other organizations to offer testing and education in non-traditional settings such as prisons, homeless shelters, nightclubs and outreach events.

EARLY INTERVENTION CLINIC

The staff introduces newly diagnosed HIV patients to the medical care system. Clients receive education about their individualized treatment plans and doctor visit schedules. This program is funded by the Ryan White Part A federal grant. In 2013, 690 unduplicated clients were served.

HIV/AIDS SURVEILLANCE

Since 1981 in Clark County, 3,974 people have been diagnosed with HIV and 6,108 people have been diagnosed with AIDS. Of those diagnosed with AIDS, nearly 48 percent have died.

The Office of HIV/AIDS receives more than 2,700 HIV/STD-related leads from laboratories and health care providers each month, which require staff investigation to track the epidemic.

HIV CASE MANAGEMENT

Nursing case managers receive referrals from medical providers and HIV community-based organizations to facilitate the delivery of coordinated medical care for severely ill clients. This program is funded by the Ryan White Part A federal grant. In 2013, case management staff made 5,740 client contacts.



The Center opens new facility

In April 2013, community leaders shared in the excitement of the grand opening of the Gay & Lesbian Community Center of Southern Nevada's new facility. A long-time community partner, the Center boasts a testing clinic with a separate entrance, permanent staffing and private areas for blood draws and counseling.

HIV TESTING AND COUNSELING

In 2013, staff administered 18,629 HIV tests, of which 239 were positive. Of the tests administered, 5,450 were rapid HIV tests, which produces results in 20 minutes. Rapid tests improve access in both clinical and non-clinical settings, helping to increase the number of people who learn their HIV status.

SEXUALLY TRANSMITTED DISEASE SURVEILLANCE

Staff conducts interviews and investigative services following the diagnosis of syphilis, gonorrhea and chlamydia. Staff also provides partner notification. In 2013, 2,271 cases of gonorrhea and 9,333 cases of chlamydia were reported.

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY

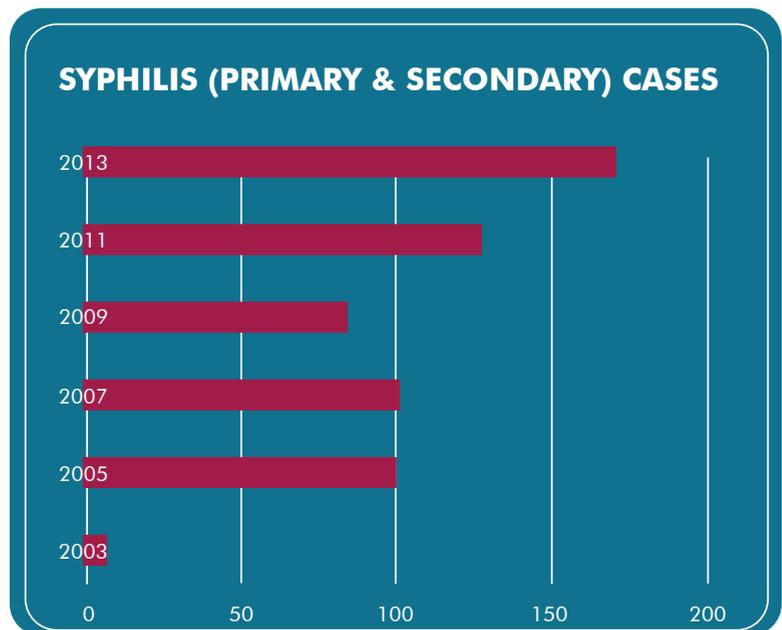
The health district administers the Substance Abuse Prevention and Treatment Agency (SAPTA) program, which provides essential services to 11 SAPTA-funded substance abuse agencies in Clark County. Through this outreach program, staff regularly provides HIV testing and counseling, tuberculosis (TB) testing and/or chest X-rays, disease and transmission education, and referrals to community agencies.

In 2013, staff administered 787 HIV tests, of which two were positive.

SYPHILIS ELIMINATION

This program specifically addresses the current syphilis outbreak in Clark County. The program prioritizes and targets interventions and testing to populations at greatest risk. The Office of HIV/AIDS partners with the Gay & Lesbian Community Center of Southern Nevada to provide an onsite clinic that offers rapid testing for HIV; testing and treatment for syphilis, gonorrhea and chlamydia; and vaccination for hepatitis A and B. Other community partners

include Clark County Juvenile Detention Center; Clark County Detention Center; City of Las Vegas Detention Center and Richard Steele Boxing Club & Community Center.



In 2013, 171 primary and secondary syphilis cases, 222 early latent syphilis cases and 1 congenital syphilis case were reported in Clark County.

Immunizations

The Immunization Program is designed to work with diverse community partners to prevent illness, disability and death from vaccine preventable diseases. All recommended childhood, adolescent and adult immunizations, including influenza vaccine, are available at the district.

In 2013, staff administered a total of 150,762 immunizations to 59,920 clients.

ADOLESCENT IMMUNIZATION

The Adolescent Immunization Program was initiated in 2008 in response to the new state mandate requiring students to have a booster of Tdap (tetanus-diphtheria-pertussis) before entering seventh grade. The program partners with all public and private schools in Clark County to provide the vaccinations in the school setting.

In 2013, a 98 percent compliance rate was maintained for the booster dose among students attending Clark County schools.

IMMUNIZATION IN CHILD CARE

The Immunization in Child Care Program was created to support a state statute mandating children attending child care be up-to-date on all age-appropriate vaccinations. Staff ensures all children have a record on file and audits the record for completeness. If necessary, staff vaccinates children or refers them to their private provider. The child care's immunization rates and records are then re-audited in 90 days.

Currently there are more than 400 licensed child care centers on file to be audited. Though significant deficiencies in the immunization rates of children in the child care population have been identified since the program's inception, immunization rates in selected child care centers either had a minimum baseline rate of 90 percent or improved by 10 percent in 2013.

PERINATAL HEPATITIS B

The Perinatal Hepatitis B Prevention Program is a national program providing services for infants and household contacts of women infected with hepatitis B. Babies born to infected mothers receive hepatitis B immune globulin to prevent disease transmission.

In 2013, staff provided case management services to approximately 204 newborns, expectant mothers and household contacts.

VACCINES FOR CHILDREN

The Vaccines for Children Program, which began Oct. 1, 1994, represents an unprecedented approach to improving vaccine availability nationwide by providing vaccine at no cost to VFC-eligible children through enrolled public and private health care providers. Staff provides consultation to private providers who enroll in the program. The assessment and feedback of a private provider's practice is required by the CDC to ensure program guidelines are followed, and children are being properly immunized in a timely manner. In 2013, there were 136 VFC providers in Southern Nevada.

Nursing Development & Community Outreach

Nursing staff educational opportunities are offered using various formats, such as satellite broadcasts, speakers and didactic programs. Continuing education units are available for many of these programs. Staff also participates in community outreach to promote health district services. In 2013, 25 educational opportunities were offered to 141 attendees.

Staff provides nursing, medical, pediatric and physician assistant students with various experiences to introduce them to the concepts of public health. In 2013, more than 60 students rotated through the Clinics & Nursing Services Division.

Sexual Health Clinic

The Sexual Health Clinic provides testing, counseling, treatment, follow-up services and partner notification for clients seeking services for sexually transmitted infections. The program works to reduce the incidence of disease by early intervention in the disease process.

In 2013, clinic staff provided services to more than 16,877 unduplicated clients. The laboratory staff processed 1,511 tests in-house while the clinic staff conducted 1,355 point of care tests. In addition,



In 2013, the Sexual Health Clinic launched a customer service campaign to encourage clients to provide honest feedback via an online survey or contacting a clinic supervisor.

the laboratory staff accessioned approximately 17,500 tests for outsourced reference laboratories.

Tuberculosis Surveillance & Clinical Services

The Tuberculosis Treatment & Control Clinic integrates clinic services, field services, case management, directly observed therapy, surveillance and educational outreach activities to rapidly identify and diagnose tuberculosis (TB) disease, treat active cases and conduct contact investigations.

In 2013, there were 75 cases of active TB reported in Clark County. Of these cases, three new clients were treated for multi-drug resistant TB. A total of 1,382 contacts were evaluated in 2013. The program again held four cohort reviews. The successful identification of disease, along with completion of therapy, is necessary to prevent further spread of TB and to curb drug-resistant strains.

Additionally, staff presented 27 educational outreach programs to various agencies across Southern Nevada in 2013.

COMMUNITY HEALTH

The Community Health Division encompasses programs that monitor and improve community health status, assure readiness and response to public health emergencies, and promote healthy behaviors.

Chronic Disease Prevention & Health Promotion

The Office of Chronic Disease Prevention & Health Promotion (OCDPHP) works in partnership with multidisciplinary agencies and organizations and members of the community to foster and provide creative, culturally appropriate, population and evidence-based health promotion programming to promote healthy behaviors. The office has developed the Get Healthy Clark County Initiative, administered by professionally trained health educators, which includes the Get Healthy Clark County website, multiple community partnerships, ongoing programming, and activities throughout the year to encourage people to get moving, be safe, eat better, and live smoke-free. Staff leverages the Get Healthy initiative to successfully compete for grants to expand and enhance chronic disease prevention efforts, often in collaboration with community partners.

CHRONIC DISEASE PREVENTION

Chronic diseases, which include cardiovascular disease, cancer and diabetes are now among the most prevalent and costly of health problems. Most are preventable by changing risk behaviors, such as tobacco use, physical inactivity and poor dietary choices. Many program activities have been grant funded and are designed to affect successful policy, systems or environmental changes. Core Get Healthy Initiative programs and activities have been supplemented by various grants which have served to expand the health district's reach and include a focus on policy, systems and environmental changes that positively impact the health status of the community.

Activities in 2013 included:

- Working with the Regional Transportation Commission of Southern Nevada (RTC) to support adoption of a Complete Streets policy and development of a complete streets implementation manual specific to Southern Nevada. Several workshops with a range of partners and stakeholders were held to complete the guide, "Complete Streets For Livable Communities: A Design Manual."

- Working with the Clark County School District (CCSD) to provide support and resources to expand the Safe Routes to School Program. The Safe Routes to School program works individually with local schools to develop a school-specific plan to encourage and support safe walking and biking to school. Through this partnership school participation has increased to more than 50, up from eight schools in 2010.
- Launching a Healthy Beverage Initiative to encourage consumption of healthier beverages, increase awareness of the link between consumption of sugar-sweetened beverages and obesity, and promote access to healthier beverage options in public places where children frequent including parks, recreation and community centers. As part of the initiative, over 1,000 youth enrolled in local summer camp programs participated in Sugar Savvy workshops; healthy vending policy/practices efforts were expanded to two local jurisdictions; a Soda Free Summer social media outreach effort was launched; and a healthy beverage media campaign was initiated in both English and Spanish. Additionally, over 300 local worksites are now posting point-of-decision prompts to encourage healthier beverage options.
- Expanding the Get Healthy Initiative. The Get Healthy Initiative is a multi-component initiative that includes ongoing programming; partnerships and coalitions; social media activities including Facebook, Twitter and blogs; and the Get Healthy website. A sister-initiative in Spanish is called Viva Saludable. On average the Get Healthy website has nearly 3,500 unique visitors per month and the Viva Saludable website has over 7,000 unique visitors per month. Since 2012, participation has increased in all of the Get Healthy programs: Walk Around Nevada, Neon to Nature, Nutrition Challenge, Healthy Holiday Challenge and 10 in 10. Each week, the office reaches over 33,000 people through coalitions, websites, programs and social media.



INJURY PREVENTION

The Injury Prevention Program focuses on three areas of prevention: drowning, falls



UNLV COACHES CHALLENGE

The message is simple: fruit, vegetables and physical activity are good for you. Clark County School District elementary school children from several schools took the message to heart and won the 6th annual UNLV Coaches Challenge, a program that encourages children to choose healthy food and participate in physical activity. In return a UNLV head coach visited each winning classroom to congratulate students and to encourage them to continue make healthy choices. Students also received tickets to UNLV sporting events.

The 2013 Coaches Challenge included more than 13,000 students from 112 elementary schools. Participating classes collectively earned 182,966 points—the most since the program began in 2007. Each point equals a serving of fruit or vegetables or 15 minutes of physical activity.

2013 WINNING CLASSROOMS:

- 2nd Grade | Lamping Elementary School
- 3rd Grade | Schorr Elementary School (*pictured above*)
- 4th Grade | Gilbert Elementary School
- 5th Grade | Galloway Elementary School

The annual Coaches Challenge is a collaborative effort among Southern Nevada Health District, Clark County School District and UNLV Athletics.

among seniors, and suicide.

Drowning Prevention

For 14 years, health promotion and emergency medical services staff worked with community partners to conduct the annual A B C & D's of Drowning Prevention awareness and educational campaign. The campaign emphasizes constant adult supervision; the use of barriers such as isolation fencing, door alarms, and electrically operated pool covers; CPR training; and proper rescue equipment that is easily accessible. The campaign is supported by a combination of funding from the health district, Clark County Safe Kids, and other community partners and local businesses.

Provisional data at the close of 2013 reflected 40 submersion incidents and four drowning deaths. Three of the drowning deaths were among children under 4 years of age. Sixty-four percent of the submersion incidents involved children from minority populations.

Fall Prevention

Falls and fall-related injuries impose an enormous burden on individuals, society and the nation's health care systems. One-third of adults over the age of 65 fall each year. In response, the health district is working with community partners to replicate an evidence-based senior fall prevention education program in Clark County.

Suicide Prevention

By collaborating with community partners, staff strives to reduce the suicide rate in Clark County. In addition to supporting the creation of a statewide suicide prevention program, staff coordinated a public information campaign to increase awareness and reduce the stigma associated with suicide.

TOBACCO CONTROL

The Tobacco Control Program has four major goals: prevent youth initiation of smoking; promote smoking cessation among youth and adults; eliminate secondhand smoke exposure; and eliminate health disparities among diverse populations.

Activities in 2013 included:

- Training 800 high school student volunteers to conduct tobacco-related advocacy events in communities and schools. Youth completed 80 outreach events in 2013.
- Developing a youth-based initiative to track the number of tobacco retail outlets in Clark County. Youth complete store assessments to monitor the number of tobacco advertisements at tobacco retail outlets. A newly developed website (counterbalancenv.com) allows users to view maps of where these tobacco retail outlets are located and their proximity to schools, parks, day care centers, etc. To date, 625 tobacco retail outlets have been assessed.
- Increasing participation in smoking cessation programs and developing a cessation referral network. Over 5,000 Clark County residents attempted to quit smoking in 2013.
- Supporting the expansion of tobacco-free campus policies at numerous community organizations, hospitals, educational institutions, and businesses.
- Working with multi-unit housing to develop smoke-free policies. A total of 3,804 smoke-free units are available in Clark County.
- Providing community education on a variety of tobacco issues including emerging tobacco products such as electronic cigarettes.

Emergency Medical Services & Trauma System

The primary mission of the Office of Emergency Medical Services & Trauma System (OEMSTS) is to protect the public through regulatory oversight of Emergency Medical Services (EMS) agencies and EMS providers to ensure competent and efficient delivery of prehospital emergency medical care and transport of the sick and injured to the most appropriate health care facility.

CERTIFICATION, LICENSING AND PERMITTING

The office, in compliance with applicable regulations, determines an individual's qualifications to be certified as an emergency medical technician, advanced emergency medical technician or paramedic. All ambulance services, air ambulance services and firefighting agencies that provide emergency medical care must be permitted by the health district. All EMS providers who are employed by these agencies must be licensed. Licenses are issued by the OEMSTS to EMS providers who complete the necessary requirements and pass the protocol exam appropriate to their level of certification.

Initial Training and Continuing Medical Education

Initial training and continuing medical education classes conducted by a public or private agency must be approved by the district. All certified EMS providers must submit documentation of completion of continuing medical education biennially.

MEDICAL ADVISORY BOARD

The Southern Nevada Health District Medical Advisory Board (MAB) provides recommendations to the chief health officer and assists in the ongoing design, operation, and evaluation of the EMS system. Membership consists of a medical director and an operations director from each 9-1-1 dispatched EMS agency.

2013 EMS Certifications

CERTIFICATION STATUS

- Applications received for certification via reciprocity 269
- EMS training courses completed... 59
- New certifications issued 206
- Renewal certifications issued... 1,335
- Total certifications issued 1,541

ACTIVE CERTIFICATIONS

- EMT/EMT-Basic 491
- AEMT/EMT-Intermediate 1,331
- Paramedic/EMT-Paramedic..... 1,167

LICENSURE STATUS

- New licenses issued 123
- Renewal licenses issued 1,273
- Paid full-time fire departments 6
- Volunteer fire departments..... 11
- Private ambulance services 3
- Special purpose stand-by ambulance services..... 2
- Helicopter ambulance services..... 2
- Fixed-wing air ambulance services..... 2

QUALITY IMPROVEMENT

The office provides continuous quality improvement oversight of the EMS & Trauma System, including response to complaints. Each permitted ambulance service must have a quality improvement director to ensure compliance with EMS regulations and protocols regarding patient care.

The cornerstone of the trauma system performance improvement process is the Trauma Medical Audit Committee (TMAC). The TMAC is a multidisciplinary medical review committee that meets regularly to review, monitor and evaluate trauma system performance and make recommendations for system improvements.

REGIONAL TRAUMA ADVISORY BOARD

The Southern Nevada Health District Regional Trauma Advisory Board (RTAB) supports the chief health officer's role to ensure a quality system of patient care for the victims of trauma within Clark County and surrounding areas by making recommendations and assisting in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

Regional Trauma Advisory Board | Current RTAB Membership

- A trauma medical director from each designated trauma center:
 - John Fildes, MD, University Medical Center
 - Chris Fisher, MD, Sunrise Hospital & Medical Center
 - Sean Dort, MD, St. Rose Dominican Hospitals-Siena Campus
- A trauma program manager from each designated trauma center:
 - Melody Talbott, RN, University Medical Center
 - Melinda Case, RN, Sunrise Hospital & Medical Center
 - Kim Dokken, RN, St. Rose Dominican Hospitals-Siena Campus
- Chairman of the Medical Advisory Board: E.P. Homansky, MD
- One administrator from a non-trauma center hospital: Sajit Pullarkat, Centennial Hills Hospital
- One person representing the public providers of advanced emergency care: Scott Morris, North Las Vegas Fire Department
- One person representing the private franchised providers of advanced emergency care: Eric Dievendorf, American Medical Response-Las Vegas
- One person representing health education and prevention services: Linda Kalekas, RN, Clark County School District
- One person representing the payers of medical benefits for the victims of trauma: Kathleen Silver, Health Services Coalition
- One person representing rehabilitation services: Margaret Russitano, Sunrise Hospital & Medical Center
- One person representing the general public: Kelly Thomas Boyers, Adam's Place
- One person with knowledge of legislative issues/advocacy: Erin Breen, University of Nevada, Las Vegas
- One person involved in public relations/media: Danita Cohen, University Medical Center
- One person with knowledge of system financing/funding: Vacant
- An ex officio member from the Southern Nevada Health District: Mary Ellen Britt, EMSTS Manager

Epidemiology

Epidemiology is the core science of public health, studying and describing the patterns of disease in the community and discovering the reason for those patterns. The Office of Epidemiology works with a broad range of diseases from anthrax to herpes zoster, infectious to non-infectious and acute to chronic. Staff conducts disease surveillance, investigates individual disease cases and outbreaks, and analyzes disease data in order to better understand and control the diseases and conditions that are most important to the community's health and well-being. Staff also informs health care providers, agency partners and the general public about diseases of public health concern. Staff works with other health district programs to provide information about the risk factors that contribute to chronic and acute illnesses as well as injuries and to assist in the evaluation of health promotion and injury prevention programs.

DISEASE SURVEILLANCE AND DATA INTERCHANGE

Over the past four years, the Southern Nevada Health District has continued to modernize its disease surveillance systems, with the ultimate goal being to improve the capacity to accurately facilitate rapid disease reporting, the administration of counter measures, and the ability to track health outcomes related to biological, chemical, or other environmental exposures.

Key elements of this system are TriSano® and Pentaho®, disease investigation/surveillance and business reporting applications. These allow for efficient collection and analysis of standardized data on reportable diseases. TriSano®/Pentaho® went live in the fall of 2010 in the Office of Epidemiology and are being evaluated and modified for use in other health district offices. TriSano® is an open source tool, one of the strengths of the system is the ability to extend and enhance the system through collaboration with other health departments. TriSano®/Pentaho® are currently being adopted by the STD and TB surveillance groups, and this has enabled program staff to work with much greater efficiency. Cost and labor savings to this point have been extensive and further enhancements developed in conjunction with Kansas and Utah are forthcoming.

As developed by the health district, this system allows multiple types of electronic reports, including electronic laboratory reports, to be submitted in an automated fashion, saving time and effort on the part of hospitals throughout the valley. Hospitals are currently in different stages of development, with some facilities already providing test data to the health district on a regular basis, with the goal of having all hospitals in the valley electronically submitting laboratory reports in the near future.

The complete implementation of this system in Southern Nevada will not only allow hospitals to meet meaningful use target goals set by the Health Information Technology

Health district responds to tuberculosis exposure in hospital

In 2013, the Office of Epidemiology assisted the Tuberculosis Treatment and Control Clinic with a large tuberculosis (TB) contact investigation following the autopsy diagnosis of TB in a postpartum woman and subsequent TB diagnosis in her surviving infant, who remained in a local hospital's neonatal intensive care unit.

The investigation involved more than 1,000 contacts: family members and friends of the postpartum woman, health care workers, health care facility patients (including infants with possible exposure in a hospital's neonatal intensive care unit), and patient visitors.

TB contact investigations support TB control through promptly identifying and treating people with infectious TB disease, and identifying and treating people with the dormant form of TB (latent TB infection) to prevent future activation of the disease. To this end, staff developed a database that accommodated and allowed for analysis of the data collected in the investigation.

The Office of Epidemiology also assisted health care facilities to identify and prioritize staff needing TB testing, and provide guidance on CDC TB testing recommendations. Staff also analyzed testing results from exposed hospital staff in the neonatal intensive care unit and, because transmission was documented, the health district recommended testing and preventive treatment of more than 140 exposed infants.

for Economic and Clinical Health (HITECH) Act, but will provide the framework to better protect the health of Southern Nevada residents and visitors for years to come.

HEALTH ALERT NETWORK

The Office of Epidemiology distributes timely health-related information to the medical community through its Health Alert Network (HAN) using broadcast fax, email and a web-based system. Typical distributions to health care providers include newsletters, notices and alerts.

In 2013, 91 alerts, technical bulletins and newsletters were distributed, to Clark County health care providers (HCPs) and public health partners (PHPs). Participants are enrolled in the HAN by specialty and/or interest area enabling the health district to transmit information to the selective HCPs and PHPs.

OUTBREAK INVESTIGATION AND PUBLIC HEALTH EVENT RESPONSE

The Office of Epidemiology investigates and implements interventions to control outbreaks and unusual occurrences of disease, including foodborne illness, vaccine-preventable diseases, and health care-acquired infections.

Epidemiologic surveillance and disease investigation activities monitor the health status of the community, and contribute to the overall public health preparedness activities. The office responded to numerous public health events and outbreaks, and employed the Incident Command System to quickly manage and control these events.

SURVEILLANCE PROGRAMS

Chronic Disease Surveillance

The Office of Epidemiology tracks various chronic disease indicators at the county level, including physical activity, fruit and vegetable consumption, asthma, diabetes, weight status, cancer and tobacco use. Survey data, from sources such as the Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS), are analyzed to determine health disparities by sex and race-ethnic groups to identify preventable risk behaviors within population subgroups that can lead to chronic disease. These data are also used in grant applications for chronic disease programs to expand the capacity of the Office of Epidemiology and Office of Chronic Disease Prevention & Health Promotion to address chronic disease conditions in Southern Nevada. Program capacity is also being expanded through analysis of death certificate and hospital discharge data in order to assess the overall health of the community. Summary reports regarding chronic disease conditions and related behaviors are currently being developed for publication.

Program staff evaluates the Community Transformation Grant by assisting the Clark County School District (CCSD) in examining process and outcome components related to obesity/physical activity initiatives. Through this endeavor, the program is partnering with CCSD to collect and analyze height, weight and body mass index data of schoolchildren on an ongoing basis, as well as comparing weight status to changes in student fitness and activity levels for selected schools.

Foodborne Illness Surveillance

An important function of the Office of Epidemiology

is to receive and investigate complaints from the public regarding possible foodborne illness. Staff monitors the complaints to detect foodborne outbreaks and works with the Environmental Health Division and Southern Nevada Public Health Laboratory staff to conduct investigations.

In 2013, epidemiology staff documented 1,376 complaints and identified 51 incidents through the foodborne illness notification system. One of the incidents detected through this surveillance system was a salmonellosis outbreak associated with a restaurant which affected over 300 people.

FACT

Interim and final investigation reports are posted on the health district website: <http://www.southernnevadahealthdistrict.org/stats-reports/index.php>

Injury Surveillance

Injury data collected by Office of Epidemiology staff are analyzed to enhance the understanding of the risk factors and causes of injury-related deaths and hospitalizations experienced in Clark County. The overarching goal of this effort is to collect and analyze local data and to report the findings in order to support strategic planning to reduce injury morbidity and mortality rates. Hospital discharge and death certificate data are the core elements analyzed. Other ancillary data sets, such as those from the coroner's office, police reports, and community surveys, were also actively sought and incorporated into injury surveillance. Recently, some of these data sets were analyzed in response to local media attention on the topic of pedestrian fatalities, suicide, and prescription drug overdose. These studies identified associated risk factors, and offered an example of the type of study results that staff can share with outside partners, such as the Pedestrian Safety Task Force, mental health institutes, and the Board of Pharmacy, to assist in community partners' efforts to implement injury prevention interventions.

Reportable Disease Investigation and Surveillance

State and local laws require Clark County health care providers, hospitals, medical laboratories, blood banks, schools, child care centers, nursing homes and correctional facilities to report all cases of more than 60 different diseases and conditions to the health district when they occur. The Office of Epidemiology is responsible for compiling, and analyzing data, and for reporting findings related to reportable diseases. Disease reports are investigated to determine the sources of infection, identify outbreaks, and implement control measures to stop the spread of disease. Statistics on reportable diseases and conditions are compiled and distributed monthly and annually to agency partners and the public.

In 2013, the Office of Epidemiology staff processed an estimated 45,000 disease reports, which amounts to about half of the reports processed in 2012. This increase in efficiency can be attributed to advances in Electronic Laboratory Report (ELR) processing whereby incoming laboratory reports are processed electronically prior to being uploaded to TriSano. Of these reports, 3,349 electronic confidential morbidity Q files were created, 2,398 were determined to meet nationally established disease case definitions and 1,653 cases required additional investigation by staff prior to being reported to the Nevada State Health Division.

Clark County Reportable Disease Statistics*

| | Annual Average Rate (2009-2013) | Annual Average Total (2009-2013) | Annual Rate (2013) | Annual Total (2013) |
|-----------------------------------|------------------------------------|-------------------------------------|-----------------------|------------------------|
| AIDS | 10.98 | 213.8 | 10.56 | 212 |
| AMEBIASIS | 0.43 | 8.4 | 0.35 | 7 |
| BOTULISM-INTESTINAL (INFANT) | 0.00 | 0 | 0.05 | 1 |
| BRUCELLOSIS | 0.00 | 0 | 0.00 | 0 |
| CAMPYLOBACTERIOSIS | 5.20 | 101.2 | 4.33 | 87 |
| CHLAMYDIA | 426.50 | 8,317 | 464.67 | 9,332 |
| COCCIDIOIDOMYCOSIS | 3.75 | 73.4 | 3.59 | 72 |
| CRYPTOSPORIDIOSIS | 0.24 | 4.6 | 0.30 | 6 |
| DENGUE FEVER | 0.10 | 2 | 0.10 | 2 |
| ENCEPHALITIS | 0.09 | 1.8 | 0.10 | 2 |
| GIARDIA | 3.10 | 60.2 | 2.59 | 52 |
| GONORRHEA | 92.94 | 1811.8 | 113.08 | 2271 |
| HAEMOPHILUS INFLUENZA (INVASIVE) | 0.69 | 13.4 | 0.45 | 9 |
| HEMOLYTIC UREMIC SYNDROME (HUS) | 0.04 | 0.8 | 0.00 | 0 |
| HEPATITIS A | 0.40 | 7.8 | 0.75 | 15 |
| HEPATITIS B (ACUTE) | 1.40 | 27.2 | 1.00 | 20 |
| HEPATITIS C (ACUTE) | 0.25 | 4.8 | 0.20 | 4 |
| HEPATITIS D | 0.00 | 0 | 0.00 | 0 |
| HUMAN IMMUNODEFICIENCY VIRUS | 13.03 | 253.6 | 12.80 | 257 |
| INFLUENZA** | 71.01 | 1376 | 31.52 | 633 |
| INVASIVE GROUP A STREP.## | 0.41 | 7.8 | 0.00 | 0 |
| LEGIONELLOSIS | 0.62 | 12 | 0.70 | 14 |
| LEPROSY (HANSEN'S DISEASE) | 0.01 | 0.2 | 0.00 | 0 |
| LEPTOSPIROSIS | 0.00 | 0 | 0.00 | 0 |
| LISTERIOSIS | 0.06 | 1.2 | 0.15 | 3 |
| LYME DISEASE | 0.11 | 2.2 | 0.35 | 7 |
| MALARIA | 0.17 | 3.4 | 0.30 | 6 |
| MEASLES | 0.05 | 1 | 0.00 | 0 |
| MENINGITIS, ASEPTIC/VIRAL | 1.85 | 35.8 | 2.19 | 44 |
| MENINGITIS, BACTERIAL | 0.41 | 8 | 0.45 | 9 |
| MENINGOCOCCAL DISEASE | 0.12 | 2.4 | 0.00 | 0 |
| MUMPS | 0.36 | 6.8 | 0.05 | 1 |
| PERTUSSIS | 1.54 | 30.2 | 6.02 | 121 |
| Q FEVER | 0.04 | 0.8 | 0.00 | 0 |
| ROCKY MOUNTAIN SPOTTED FEVER | 0.01 | 0.2 | 0.00 | 0 |
| ROTAVIRUS | 6.00 | 115.6 | 4.18 | 84 |
| RSV (RESPIRATORY SYNCYTIAL VIRUS) | 58.71 | 1,144.6 | 63.44 | 1,274 |
| RUBELLA | 0.00 | 0 | 0.00 | 0 |
| SALMONELLOSIS | 8.43 | 164.2 | 17.88 | 359 |
| SHIGA-TOXIN PRODUCING E. COLI# | 1.48 | 29 | 1.59 | 32 |
| SHIGELLOSIS | 4.26 | 82 | 2.14 | 43 |
| STREPTOCOCCUS PNEUMONIAE, IPD### | 2.14 | 41.8 | 2.94 | 59 |
| SYPHILIS (EARLY LATENT) | 8.74 | 170.6 | 11.05 | 222 |
| SYPHILIS (PRIMARY & SECONDARY) | 5.22 | 102 | 8.51 | 171 |
| TOXIC SHOCK SYN | 0.04 | 0.8 | 0.00 | 0 |
| TOXIC SHOCK SYN (STREPTOCOCCAL) | 0.07 | 1.4 | 0.40 | 8 |
| TUBERCULOSIS | 4.42 | 86 | 3.73 | 75 |
| TYPHOID FEVER | 0.08 | 1.6 | 0.00 | 0 |
| UNUSUAL ILLNESS | 0.04 | 0.8 | 0.00 | 0 |
| VIBRIO (NON-CHOLERA) | 0.13 | 2.6 | 0.15 | 3 |
| WEST NILE VIRUS (ENCEPHALITIS) | 0.30 | 5.8 | 0.40 | 8 |
| WEST NILE VIRUS (FEVER) | 0.11 | 2.2 | 0.05 | 1 |
| YERSINIOSIS | 0.07 | 1.4 | 0.40 | 8 |

METHODOLOGY NOTES | Rates are cases per 100,000 population per month or per year. County population monthly estimates were obtained via linear spline estimation with the computed time series aligned at the middle of each month. The July 1 population estimates/projections were adopted as denominators in annual rates calculations. Demographic estimates for 2000 going forward were provided by the state demographer as of October 2012.

*Office of Epidemiology reported cases include confirmed, probable and suspect (since February 2008) status. HIV/AIDS case counts provided by Office of HIV/AIDS/STD; TB case counts provided by TB clinic. STD data (excluding HIV/AIDS) extracted from STD-MIS as of Jan. 23, 2013.

**Reporting of novel type A influenza (reclassified as INFLU OUTBRK per CDC recommendations as of January 11) started in May 2009.

#E. COLI 015:H7 instead of STEC was reported prior to 2006.

###Reported since March 2007.

###S. pneumo invasive diseases (reported since September 2005) previously reported under separate categories grouped together as of January 2011 per CDC recommendations.

Respiratory Illness Surveillance

The Pediatric Early Warning Sentinel Surveillance (PEWSS) program is an innovative respiratory surveillance program that monitors the level of respiratory pathogen activity in Southern Nevada year-round. PEWSS was expanded in 2013 to provide laboratory surveillance data for a total of 16 respiratory organisms: Adenovirus, 4 coronaviruses (HKU1, NL63, 229E, OC43), human metapneumovirus, 4 human parainfluenza viruses (1, 2, 3, 4), influenza A, influenza B, respiratory syncytial virus, rhinovirus/Enterovirus, *Chlamydomphila pneumoniae*, and *Mycoplasma pneumoniae*. The use of molecular methodologies has allowed the health district to accurately identify the seasonal emergence and circulation of numerous pathogens, and to rapidly summarize and distribute these results to the medical and general community every week throughout the year.

VITAL STATISTICS

In the United States, legal authority for the registration of births, deaths, and fetal deaths, resides individually with the states. States are the full legal proprietors of the vital statistics records and the information contained therein, and are responsible for maintaining registries according to state law, and issuing copies of birth, and death certificates. States share vital statistics data with The National Vital Statistics System of the National Center for Health Statistics (NCHS) to create a national registry. NCHS publications developed using this data can be viewed and downloaded at <http://www.cdc.gov/nchs/index.htm>. The data and publications compiled by NCHS are used by researchers, life and health insurance companies, and policymakers to monitor health trends; understand how disease and demographics affect health outcomes and life expectancy; and ultimately to develop programs and laws to improve the Nation's health.

The Vital Statistics Program at the health district is the repository for all Clark County's birth and death records and staff members are appointed Nevada State Deputy Registrars for births and deaths. They are responsible for distributing birth and death certificates according to the criteria set forth in the Nevada Revised Statutes and the Nevada Administrative Code. Records are available at the health district for births since 1973 and for deaths since 1988. Nevada records prior to these dates are available at the State Office of Vital Statistics in Carson City.

In 2013, 26,431 births and 15,159 deaths were registered in Clark County. Staff processed 75,066 death certificates and 47,642 birth certificates.

Public Health Preparedness

The Office of Public Health Preparedness (OPHP) works with health district programs and community partners to prepare for and respond to the consequences of man-made and naturally occurring emergencies including infectious disease outbreaks, bioterrorism events and other public health threats.

The office is funded by several federal grant sources from the Department of Health and Human Services (HHS), which includes the Centers for Disease Control and Prevention (CDC). Funds are intended to build community resilience, strengthen the core capabilities necessary for preparedness according to Presidential Policy Directive/PPD 8 and upgrade local public health jurisdictions' preparedness and response to public health threats. The grants include:

- **Public Health Emergency Preparedness (PHEP)** | PHEP funding is now aligned with the national response framework target capabilities. The grant provides for the planning and training of health district personnel to increase response capability to real incidents. The grant also provides for the development of incident management, internal communication, crisis and emergency risk communication, exercise design, performance and improvement of health district plans, epidemiology surveillance and laboratory capabilities.
- **Cities Readiness Initiative (CRI)** | A CDC-sponsored grant that enables cities to provide preventive medications to their populations within 48 hours of a public health emergency. The health district continues to work with local and federal law enforcement, the Clark County Office of Emergency Management, the Clark County School District, and other community partners to enhance CRI planning activities. The health district has initiated partnerships with the resort properties, health care systems and other local businesses to continue development of the business/resort partner dispensing site project to provide medications to their staff, families and visitors during an emergency. A few of these partnerships were tested in a full-scale exercise on June 17-19, 2013. The health district earned a score of 100 out of 100 possible points during the annual CDC Technical Assistance Review conducted in March 2013.
- **Hospital Preparedness Program (HPP)** | A CDC-sponsored grant assists health care systems, e.g. hospitals, ambulatory surgery centers, long-term care, etc., to develop and exercise plans and respond to public health emergencies. Program priorities include interoperable communication systems, hospital bed availability/tracking, personnel/volunteer management, fatality management planning in conjunction with the Clark County Office of the Coroner and Medical Examiner. The health district is working with local public and private partners to develop a formalized Healthcare Coalition that will assist the health care system during an event within Southern Nevada.

MEDICAL RESERVE CORPS OF SOUTHERN NEVADA

The Medical Reserve Corps (MRC) of Southern Nevada is a community-based civilian volunteer program that recruits, trains and utilizes health care and other volunteers to strengthen public health, emergency response and community resiliency in the community. The MRC has 194 medical, non-medical, veterinary, mental health and non-medical volunteers.

During 2013, MRC volunteers supported 36 events, logging a total of 1,245 hours. Volunteers provided vaccinations at health district and community immunization clinics, and supported local partners by providing first aid support at events that benefit the community. Volunteers participated in emergency response exercises, and received training for shelter management, disaster assessment, disaster services and health services offered by MRC's local and national partner, the American Red Cross.



PLANNING

Planning staff worked with local, state and federal emergency agencies to plan, evaluate and participate in numerous full scale and table top exercises throughout the year. Exercise scenarios with community partners included medical surge capability (a hospital's ability to receive a large influx of patients), biological agent release, a plane crash, and isolation and quarantine exercises.

Additionally, staff collaborated with multiple agencies to provide input in the Statewide Medical Surge Plan, an annex to the State Comprehensive Emergency Management Plan.

Health Care Facilities

Staff continued to assist local health care facilities in developing emergency operations plans and exercises to test their response to natural and man-made disasters. Staff also participates in the facilities' emergency management committee meetings and serves as a resource to hospital emergency planners through the Southern Nevada Healthcare Preparedness Association.

SouthernNevadaPOD.com

The SouthernNevadaPOD.com website provides information on the role a Point of Dispensing, or POD, would play during a public health emergency such as a disease outbreak or bioterrorism event.

A POD site is a location where individuals can go to get medications of vaccines during an emergency involving an outbreak of an infectious disease. POD sites are usually held in locations that are accessible and can accommodate larger numbers of people such as schools, community centers, churches, etc.

Private businesses can become closed PODs by agreeing to dispense medications to their employees, their families, their guests and/or clients. Closed PODs fit into to the overarching public health response goals of the health district by relieving some of the pressure on local public PODs by reaching portions of the population independently.

For more information on PODs visit the health district's website:
www.SouthernNevadaPOD.com.

In 2013, staff spoke to medical professionals on hospital preparedness topics. Staff partnered with the Nevada State Health Division to train acute care hospital emergency personnel and long-term care facilities on the HAvBED-bed availability tracking system, a tool to provide and share medical information during a large scale disaster. Staff began working with the State of Nevada Bureau of Healthcare Quality and Compliance to develop tools to assist long-term care facilities in Nevada to strengthen their emergency operations plans and supporting annexes. These tools will help facilities integrate their plans with local and community preparedness plans for identified hazards.

PUBLIC HEALTH PREPAREDNESS NURSE

The Public Health Preparedness Nurse administers programs designed to protect the health of staff in support of routine and emergency operations. Activities include providing immunizations, annual respirator fit-testing through a respiratory protection program to employees and Medical Reserve Corps volunteers, and providing bloodborne pathogen training to health district staff. The Public Health Preparedness Nurse consults with the district's respiratory program medical director and collaborates with health district programs to provide appropriate respiratory protection for employees responding to outbreaks in the community.

To date, 511 of 515 employees have been screened through the respiratory protection program.

TRAINING

The Office of Public Health Preparedness records currently show 99 percent of health district staff is trained in the Incident Command System in accordance with the National Incident Management System, the nationally recognized system of disaster management. Training staff offers online preparedness educational opportunities for district employees covering topics such as Mass Antibiotic Dispensing and Vaccination, and Medical Countermeasure Event Management. These courses are designed to strengthen the skills of district employees and further their community service skills following the initial biopreparedness course required of all new employees.

Staff participates in health and wellness fairs throughout Clark County and distributes bilingual educational materials about citizen and pet emergency preparedness, hand washing and flu prevention. Upon request, materials are also available in closed captioned DVDs for the hearing impaired as well as in Braille and audio tapes for the blind.

As part of building partnerships within the community, staff continues to meet with local businesses to develop and pre-identify Closed Points of Dispensing during major incidents. These community partners will serve as dispensing locations during an incident providing medication or vaccine to their employees and families.

Training staff regularly meets with service organizations, as well as individuals with functional and/or access needs, through the Functional Needs Advisory Group. This group reviews health district preparedness plans and ensures they are inclusive and appropriate for people with functional and access needs.

Southern Nevada Public Health Laboratory

The Southern Nevada Public Health Laboratory (SNPHL) is operated by the Southern Nevada Health District in partnership with the University of Nevada School of Medicine. SNPHL is a designated branch of the Nevada State Public Health Laboratory (NSPHL). The laboratory enhances the district's public health outbreak and surveillance capabilities and its ability to respond and identify potential public health hazards.

SNPHL is licensed by the State of Nevada to perform moderate and high complexity clinical testing and is registered with the Centers for Disease Control and Prevention (CDC) Laboratory Response Network (LRN) to perform bioterrorism testing. The LRN provides assistance, training and testing methods for member laboratories to prepare and respond to acts of bioterrorism and emerging diseases. In addition to performing LRN analyses, SNPHL staff coordinates with local first responders to standardize the collection of environmental samples for bioterrorism testing.

In 2013, SNPHL coordinated and provided testing materials to local first responder agencies for a county-wide environmental sample proficiency testing system. SNPHL staff also train local laboratorians on transportation of pathogenic biological agents.

IN-HOUSE COURIER

SNPHL maintains an in-house courier system to ensure the prompt delivery of samples for laboratory testing. The courier staff transports the samples from district clinics, surveillance sites and local laboratories.

In 2013, staff provided more than 5,000 courier services.

NURSING DIVISION TESTING

In partnership with the health district's Clinics & Nursing Division, SNPHL participates in the CDC Gonococcal Isolate Surveillance Project (GISP). Nursing staff collects samples from people who may be infected with gonorrhea and SNPHL performs culture on the samples. If *Neisseria gonorrhoeae* is isolated from the sample, then the culture is sent to a CDC contract laboratory for antimicrobial susceptibility testing. CDC utilizes the susceptibility testing information from isolates provided by SNPHL and the other participating laboratories to identify trends in gonorrhea antibiotic resistance.

In 2013, SNPHL provided more than 350 gonorrhea isolates to CDC. Staff also performed nearly 40,000 HIV and syphilis tests for health district nursing programs.

OUTBREAK INVESTIGATION

As a member of the district's outbreak investigation team, the laboratory provides molecular and microbiological testing for investigation of foodborne illness outbreaks and emerging infectious diseases. During 2013, laboratory staff participated in more than 200 epidemiological investigations or consultations by providing subject matter expertise and/or testing capabilities. As the only local laboratory with the capability to perform molecular norovirus testing, SNPHL provided laboratory support to the Office of Epidemiology for multiple gastroenteritis outbreaks in 2013. Outbreak laboratory support included provision of sample collection kits and instructions, loaner refrigerators for sample storage, sample pickup and test analysis.

As a partner in the 2013 active pertussis surveillance performed by the Office of Epidemiology, lab staff assisted with sample collection from multiple suspect pertussis cases. The SNPHL mobile laboratory response trailer was used to safely collect nasopharyngeal samples from these potentially infectious cases.

In 2013, SNPHL staff began providing sample processing and shipping assistance to health district nursing staff for TB outbreak investigations at a neonatal intensive care unit (NICU) and local high school.

PROFICIENCY TESTING

In 2013, SNPHL staff analyzed more than 300 proficiency testing samples. Proficiency testing involves the analysis of unknown samples utilizing the same techniques and methods used for routine sample testing. The unknown sample test results are submitted to the proficiency testing agency and compared to the expected test result. In 2013, SNPHL received an average passing score of 98 percent correct for all clinical and LRN proficiency testing.

REPORTABLE DISEASE ISOLATES

State and local laws require Southern Nevada clinical laboratories to submit microbiologic subcultures of certain bacteria to SNPHL for further testing. In 2013, SNPHL performed additional testing, which included typing and confirmation, on over 500 reportable disease isolates. Reportable disease isolate submission includes subcultures of *Salmonella*, *Shigella* and Shiga-toxin producing *E. coli* (STEC). SNPHL performs serotyping and molecular subtyping by Pulsed Field Gel Electrophoresis (PFGE) on these isolates utilizing protocols provided by the CDC PulseNet program. SNPHL staff performed PFGE analysis on more than 350 isolates in 2013. The PFGE data is submitted to CDC PulseNet and the data is utilized for national foodborne outbreak disease surveillance.

SNPHL staff provided significant testing and support to health district epidemiology and environmental health programs for their investigation of a *Salmonella* outbreak at a restaurant in May, 2013. SNPHL microbiology staff participated as a testing site for a CDC sponsored multi-laboratory evaluation of azithromycin and erythromycin disk diffusion of *Shigella* isolates. The evaluation was coordinated by the CDC National Antimicrobial Resistance Monitoring System (NARMS) and will be utilized to provide the Clinical and Laboratory Standards Institute (CLSI) with the microbiological data necessary for determining clinical breakpoints for *Shigella* and azithromycin.

REPORTING

SNPHL reports test results on a regular weekly, monthly or quarterly basis to a number of CDC programs including GISP; National Respiratory and Enteric Virus Surveillance System (NREVSS); Public Health Laboratory Information System (PHLIS); NARMS; PulseNet and LRN.

RESPIRATORY SURVEILLANCE

The SNHD Pediatric Early Warning Sentinel Surveillance (PEWSS) sites provided more than 750 nasal swab samples in 2013 and SNPHL staff performed more than 8,100 individual respiratory virus molecular analyses on the samples. In 2013, SNPHL and epidemiology staff expanded the PEWSS test menu utilizing the BioFire FilmArray molecular testing platform and revised the weekly report to include eight additional respiratory pathogens. The FilmArray was also utilized to provide testing for numerous Office of Epidemiology respiratory outbreak investigations.

SNPHL and epidemiology staff jointly authored a manuscript titled "Evaluation of the Novel Respiratory Virus Surveillance Program: Pediatric Early Warning Surveillance System (PEWSS)" which was published in the September/October 2013 Public Health Reports Supplement.

ENVIRONMENTAL HEALTH

The programs of the Environmental Health Division are designed to identify and sustain environmental conditions that promote public health. They ensure proper sanitation, safe food, proper disposal of waste and toxic materials, and the management of public health hazards in the environment. As the county's solid waste management authority, the health district provides regulatory oversight of all permitted solid waste disposal facilities and recycling centers.

Childhood Lead Poisoning Prevention

The Environmental Health Division works with the Clinics and Nursing Services Division and the Office of Epidemiology to investigate and eliminate childhood lead exposures in Clark County. In accordance with state statute, environmental health staff conduct Lead Risk Assessments for children 6 years of age or younger, who have been shown to have an elevated blood lead level.

- Elevated blood lead level investigations: 6

Illegal Dumping Investigations & Enforcement

The Environmental Compliance section of the Environmental Health Division enforces regulations pertaining to proper handling and disposal of solid waste. The section investigates all complaints of illegal dumping in Clark County. Illegal dumping in Clark County continues to be a significant problem and the investigation of complaints is a major focus of the Solid Waste and Compliance Section of the health district.

Public complaints provide the most common source of information. However, complaints are also received from health district employees, county representatives, local fire and police departments, legislators and local government representatives.

When a complaint is received, it is investigated, and if enough evidence is assembled, submitted to the Solid Waste Management Authority Hearing Officer who may impose administrative penalties and/or corrective action.

- Illegal dumping complaints received: 1,657
- Cases presented to the hearing officer for adjudication: 157
- Penalties assessed for illegal dumping by the hearing officer: \$342,677

Inspection & Plan Review Programs

BODY ART

The health district regulates body art establishments to prevent disease transmission. Effective Jan. 2, 2013, tattoo, permanent makeup and body piercing establishment employees no longer need the defunct health card. They are now required to get a Body Art Card to ensure they are a minimum of 18 years of age; have a minimum of six months experience or training; obtain a minimum score of 80 percent on a written examination; and are current in infectious disease training.

In 2013, 190 establishments were licensed in Clark County.

- Routine tattoo, permanent make-up and body piercing establishment inspections: 527
- Temporary artist applications and inspections: 214
- Number of body art cards processed: 424

CHILD CARE AND NURSERY FACILITIES

The health district's child care program staff routinely inspects the 405 permitted child care facilities to ensure compliance with health, sanitation and safety regulations. An emphasis is placed on educating child care providers about infection control measures and injury prevention.

- Routine child care inspections: 431
- Complaint-driven inspections: 42
- Child care plan reviews, preliminary, status checks, letters, revised plans: 24
- Child care site inspections under construction: 13
- Existing facility equipment and construction evaluations: 2
- New child care permits issued or amended (includes change of ownership): 20

FOOD AND BEVERAGE ESTABLISHMENTS



Think Risk Initiative

In 2013, the health district enhanced the Food Safety Inspection Program by increasing the focus on controlling the five foodborne illness risk factors that have the most impact on food safety and consumer protection.

This initiative included:

- Developing the "Reducing Foodborne Illness Risk Factors" handout and providing it to all food establishments during their first inspection in 2013.
- Modifying the food inspection report form to provide greater focus on gaining active managerial control over these five risk factors.

For more information on this initiative view the "HD-tv Think Risk" episode on the health district's YouTube channel: <http://youtube/0OX-GTdYDQ>

Food Establishment Operations staff is responsible for regulating and inspecting food establishments in Clark County. Staff works with industry partners to develop and update local food inspection regulations and to promote a healthier community by educating food establishments and food service workers.

Environmental health specialists inspect about 18,745 permits within food establishments in Clark County a minimum of once a year as required by state law.

- Routine inspections: 21,336
- Special event inspections: 4,403
- Complaint-driven inspections: 1,714
- Mobile vendor inspections: 293

The Food Safety Inspection Program kicked off the new year by increasing focus on controlling the five foodborne illness risk (FBI) factors. As a result, an educational handout was provided to all food establishments during their first inspection in 2013, and the food inspection report form was modified to provide greater focus for gaining active managerial control over these risk factors.

Explanation was provided during inspections on how the violations on the inspection form relate to FBI risk factors. Complex food establishments having potential for all five FBI risk factors, previously in good standing, incurring violations that would result in a B or C downgrade were provided a one-time risk assessment "audit." These facilities were then inspected 15-30 calendar days later to assess compliance and receive their grade card.

- Food inspection audits: 1,295

Plans for new construction and remodeling of food establishments are submitted for approval to the Environmental Health Division. Food service establishment plan review is the formal process for reviewing architectural drawings, equipment layout, equipment certifications, menus, and other regulation-mandated activities related to pre-permitting evaluation and construction inspection.

- Food establishment plan reviews, preliminary, status checks, letters, revised plans: 3,259
- Food establishment site visits under construction: 4,077
- Existing facility equipment and construction evaluations: 336
- New food establishment permits issued or amended (includes change of ownership): 2,879

INSTITUTIONS

The Institutional Inspection Program inspects more than 485 permitted facilities, which include public, private and charter schools, local correctional facilities, summer camps and children's homes.

- Routine school inspections: 940
- Complaint-driven inspections: 50
- School plan reviews, preliminary, status checks, letters, revised plans: 17
- School site inspections under construction: 28
- Existing facility equipment and construction evaluations: 2
- New school permits issued or amended: 23
- Routine correctional facility inspections: 9
- Correctional facility plan reviews, preliminary status checks, letters, revised plans: 0
- Site inspections under construction: 0
- New correctional facility permits issued or amended: 0
- Routine summer camps and children's home inspections: 12

PUBLIC ACCOMMODATIONS AND DRY CAMPING FACILITIES

Hotels and motels are inspected at least once a year to ensure rooms are clean, the furniture is in good repair, no insects or vermin are present, rooms are equipped with proper ventilation, fire alarms are present and linens are clean. In 2013, there were 326 permitted hotels and motels in Clark County, with a total of 166,051 rental rooms. Additionally, there were 152 permitted mobile home and RV parks with a total of 23,762 rental spaces.

- Routine hotel and motel inspections: 353
- Complaint-driven inspections: 260
- Public accommodation facility plan reviews, preliminary, status checks, letters, revised plans: 45
- Public accommodation site inspections under construction: 5
- Existing facility equipment and construction evaluations: 7
- New public accommodation facility permits issued or amended (includes change of ownership): 3
- Routine mobile home and RV park inspections: 176

PUBLIC BATHING PLACES

The health district's Aquatic Health Program is responsible for regulating the 4,666 public swimming pools and spas located at public parks, apartment complexes, hotels, RV parks, homeowner's associations and sports complexes throughout the Las Vegas valley. These facilities are routinely inspected to ensure compliance with Nevada Administrative Code 444.

- Routine pool and spa inspections: 3,844
- Reinspections: 333
- Complaint-driven inspections: 304

Plans for public swimming pools and spas are submitted by architects, engineers and contractors for review. Final construction inspections are conducted to ensure adherence to statewide regulations. Preliminary inspections and progress checks are conducted in conjunction with the overall approval process. Additionally, the Environmental Health Division issues new and renewal certifications for pool companies, operators, technicians and technician apprentices.

- Public bathing facility plan reviews, preliminary, status checks, letters, revised plans: 669



SNHD partners with City

Las Vegas Mayor Carolyn Goodman and the City Council recognized a team of environmental health specialists, along with many other employees from community partners, who assisted in the massive cleanup of a hoarder's home.

- Public bathing site inspections under construction: 1,541
- Existing facility equipment and construction evaluations: 18
- New public bathing facility permits issued or amended (includes change of ownership): 1,098

PERMITTED SOLID WASTE DISPOSAL FACILITIES

Permitted Disposal Facilities collect, process or recycle solid waste, and include landfills, recycling centers, transfer stations, materials recovery facilities, composting facilities, and other waste facilities. Environmental health staff conducts inspections on an annual, or as needed basis on all permitted disposal sites in Clark County. Inspections involve identifying areas for potential to harm the environment, or that are in violation of the active permit. Items reviewed during an inspection can include observing the management of the waste stream (including prevention of waste and wastewater runoff); containment of waste within the property; verification of landfill liners for proper function (typically includes groundwater monitoring); and the monitoring of landfill gasses. Any violations of health district regulations are addressed in writing and can lead to the closure of the facility. Permitted disposal facility inspections are critical to the protection of the environment, ground water and well water supplies.

In addition, staff investigates unpermitted solid waste handling facilities, follow-ups on rejected load reports and issues waste asbestos transport permits.

Permitted disposal facilities in Clark County:

- Landfills: 9, with 5 applications
- Transfer stations: 5, with 1 application
- Public waste storage bin facilities: 4
- Material recovery facilities: 8

- Recycling centers: 62, with 4 applications
- Waste tire management facilities: 2
- Waste tire haulers: 14
- Compost facilities: 1
- Construction and demolition waste short-term storage facilities: 2
- Waste asbestos transportation permits issued: 571
- Rejected load reports: 0
- Business license referrals: 350
- Temporary Solid Waste Disposal Site Permits: 3, with 3 applications

SEPTIC SYSTEMS

In areas where public sewers are not available, individual sewage disposal systems provide the functions of both sewer collection and treatment plant. Staff provides on-site wastewater system plan reviews, permitting and inspections for these systems.

- Parcel maps reviewed: 14
- Septic systems permitted: 93
- Loan certificates issued: 52
- Liquid waste pumping/hauling companies permitted: 47
- Pumping/hauling trucks permitted: 150

UNDERGROUND STORAGE TANKS

Staff conducts annual Environmental Protection Agency (EPA) compliance inspections of underground storage tanks (USTs) for the Nevada Department of Environmental Protection (NDEP). This program inspects installations, repairs, upgrades and suspected leaks of USTs. Inspections are conducted to verify that a tank system is not leaking petroleum based products (gasoline, diesel, motor oil) into the ground. USTs are most commonly found at gas stations, bus yards, military bases, and airports.

Tanks are inspected using visual and electronic reports. Visual inspections include looking at sumps, spill buckets and the dispensers. Electronic reporting will indicate if a certain tank has issues and requires repair or replacement.

UST inspections help to detect and prevent leaks which can lead to the accumulation of explosive petroleum vapors and petroleum contaminated sites. Preventing leaks and mitigating the impact of a leak are vital to protecting the health of the community.

- Active UST facilities in Clark County: 778, with 9 pending
- Number of compliance inspections conducted: 785
- New USTs and status changes: 9 new, 21 changes of ownership
- Permanent closures: 18
- Plan reviews: 57
- Final inspections conducted: 55
- Facilities reported to NDEP for formal enforcement: 4
- Closure inspections and site assessments: 18
- Contaminated sites: 14

FACT

The clean-up cost for a petroleum contaminated site can exceed \$1 million when groundwater is contaminated.

USED MATTRESSES, BEDDING AND UPHOLSTERED FURNITURE

The health district, through its regulatory process, sets standards for the location, design, construction, operation and maintenance of facilities for the receipt, disassembly, sanitation, refurbishment, storage, and/or distribution of used mattresses, bedding and upholstered furniture. Facilities are permitted and inspected by the health district.

- One site visit in California was conducted. A letter of approval of reciprocity was issued.

Public Water Systems

The health district has worked with the Nevada Division of Environmental Protection Bureau of Safe Drinking Water since 1977 to administer the Safe Drinking Water Program in Clark County. Staff oversees all Clark County groundwater systems not in the direct influence of surface water (approximately 100 public water systems). This involves: conducting sanitary surveys of water systems; conducting site visits to assess conditions that can lead to the growth of biological contaminants; reviewing sampling plans to test for biological contaminants; providing technical assistance to owners and operators



Fire taints public water

In July 2013, residents living on Mt. Charleston were impacted by the Carpenter 1 fire. Five water systems were determined to be potentially impacted by the fire and staff conducted site visits to assess the damage. The inspections revealed that only one of the systems was significantly impacted by the fire and related flooding.

water systems; educating operators of water systems; managing lab results for compliance with applicable Nevada Administrative Code.

- Public ground water systems monitored: 101

Subdivision Review

The health district reviews, approves and regulates certain environmental and health aspects of commercial and residential subdivision developments in Clark County. Staff maintains a geographical information system (GIS) database and reviews every tentative map, final map and improvement plan package submitted for subdivisions. Plans are reviewed with regard to sewage disposal capacity, water pollution control permitting by the Nevada Division of Environmental Protection, final maps are approved by the health district for sewage disposal, water quality and water supply facilities.

- Maps/plans reviewed: 521
- Maps approved: 113
- Units/lots approved: 3,833

Target Sector Inspections

Interlocal contract with NDEP was terminated on June 31, 2013 due to the elimination of pass-through funding from US EPA of water systems; educating operators of water systems; managing lab results for compliance with applicable Nevada Administrative Code.

- Public ground water systems monitored: 101 subdivision

• Review

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Vector Control

Vector control staff conducts surveillance and public education of diseases communicable to humans from animals including plague, hantavirus, West Nile virus (WNV), Western Equine Encephalitis (WEE), St. Louis Encephalitis (SLE) and rabies. In many instances specimens are transmitted to the appropriate laboratory for testing including the State Animal Disease Laboratory in Reno, Nev.

- Mosquitoes submitted for WNV, WEE, SLE analysis: 7,225; 175 positive for WNV; 1 pool of 7 mosquitoes tested positive for WEE
- Rodent samples submitted for hantavirus analysis: 6; 0 positive
- Rodent samples submitted for plague analysis: 1; 0 positive

FACT Federal requirements for CESQGs:

- **Identify all hazardous waste generated.**
- **Ensure no more than 100 kg of hazardous waste and 1 kg of acute hazardous waste are stored at any time.**
- **Ensure delivery of hazardous waste to a facility authorized to treat and/or dispose of CESQG waste.**

Waste Management Audits

Waste management audit inspections are conducted for businesses that generate special handling waste and hazardous waste in quantities below 220 pounds per month. These businesses are called conditionally exempt small quantity generators (CESQG). CESQG generate small amounts of hazardous waste but represent a potential impact to the public health. They are regulated under the Resource Conservation and Recovery Act and Chapter 40 of the Code of Federal Regulations. CESQGs are inspected annually to ensure area businesses properly manage waste to protect public health and the environment.

- Waste management audits: 3,805

2013

PUBLIC HEALTH HEROES

Public Health Heroes are presented during National Public Health Week to honor individuals and organizations whose contributions help to protect and promote public health in the community. Heroes are nominated by health district staff for their efforts in supporting one or more of the 10 essential public health services.



CLARK COUNTY JUVENILE JUSTICE SERVICES AND CLARK COUNTY DEPARTMENT OF FAMILY SERVICES/FOSTER CARE

Both of these youth services have worked with the health district's Teen Pregnancy Prevention Program to reduce the rates of teen pregnancies in the community. During a two-year partnership, the agencies and their staff have given health district staff access to youth in their care and have provided feedback to health educators to improve outreach to teens who are at high risk for pregnancies and sexually transmitted infections. In addition, they provided referrals, offered adolescents incentives for their voluntary participation, and have continually promoted teen pregnancy prevention to the youth they serve. Agency staff members have provided the health district with advice and counsel on the best ways to implement curriculum and improve services to at-risk youth. As a result of this partnership, the Teen Pregnancy Prevention Program provided services to more than 1,300 at risk youth in Clark County.

**SGT. DAN LAKE, EMERGENCY
MANAGEMENT COORDINATOR,
NORTH LAS VEGAS POLICE
DEPT./HOMELAND SECURITY
DIVISION**

Sgt. Lake supported public health goals by working closely with the Office of Public Health Preparedness as it planned exercises and trainings designed

to meet the needs of the community in an emergency and worked to show the public a unified and coordinated response. He offered a law enforcement perspective that was incorporated into plans. Lake also provided the health district opportunities to test its Cities Readiness Initiative points of distribution plan, which would offer immunizations or medications to the public in an emergency. He is a supporter of the Medical Reserve Corps and offered opportunities for its volunteers to participate in events and hone their incident management skills.



**LINDA LOPEZ / HMS HOST
INTERNATIONAL MCCARRAN
INTERNATIONAL AIRPORT**

Linda Lopez is food safety manager for HMS Host at McCarran International Airport. In her position, she manages more than 90 health permits at the airport, which serves more than 40 million passengers in a year. She demonstrates an uncompromising dedication

to food safety that ranges from simple situations to complex and challenging tasks. Prior to the implementation of the health district's new food regulations in 2010, Lopez developed and implemented internal protocols and policies to provide the appropriate education to her staff. In addition, she evaluated the airport's operating procedures and developed plans to have the airport adapt the new regulations into its internal codes and procedures. Lopez was recognized for her work as an educator who teaches ServeSafe classes for all the McCarran food handlers, including those who are not employed by HMS Host International. She is an advocate for food safety and is dedicated to protecting public health.

2014
DIRECTORY

MISSION

*To protect and promote the
health and well-being of
Southern Nevada residents
and visitors*

VISION

*Healthy people in a healthy
Southern Nevada*

Telephone Listings

GENERAL INFORMATION

| | |
|------------------------|-----------------------|
| Main Number..... | (702) 759-1000 |
| Emergency Hotline..... | (702) 759-4636 (INFO) |

ADMINISTRATION

| | |
|---|----------------|
| Administration..... | (702) 759-1204 |
| Chief Health Officer..... | (702) 759-1201 |
| Food Handler Safety Training Cards (formerly Health Cards)..... | (702) 759-1099 |
| Human Resources..... | (702) 759-1120 |
| Public Information Office..... | (702) 759-1390 |
| • Community Outreach & Volunteers..... | (702) 759-0880 |
| • Media (after hours)..... | (702) 303-7061 |

CLINICS & NURSING SERVICES

| | |
|--|----------------|
| Administration | (702) 759-1301 |
| East Las Vegas Clinic..... | (702) 759-0900 |
| Henderson Clinic..... | (702) 759-1040 |
| Immunizations..... | (702) 759-0850 |
| Mesquite Clinic..... | (702) 759-1682 |
| • Locally in Mesquite..... | (702) 346-9161 |
| North Las Vegas Clinic..... | (702) 759-0700 |
| Perinatal Hepatitis B | (702) 759-0858 |
| Sexual Health Clinic..... | (702) 759-0708 |
| Tuberculosis Treatment & Control Clinic..... | (702) 759-1369 |

COMMUNITY HEALTH

| | |
|--|----------------|
| Administration..... | (702) 759-1364 |
| Chronic Disease Prevention & Health Promotion..... | (702) 759-1270 |
| Emergency Medical Services & Trauma System..... | (702) 759-1050 |
| Epidemiology..... | (702) 759-1300 |
| Public Health Preparedness..... | (702) 759-1671 |
| Southern Nevada Public Health Laboratory..... | (702) 759-1020 |
| Vital Records..... | (702) 759-1010 |

ENVIRONMENTAL HEALTH

| | |
|---|----------------|
| Administration..... | (702) 759-0589 |
| Aquatic Health..... | (702) 759-0571 |
| Body Art..... | (702) 759-0677 |
| Environmental Compliance (formerly Solid Waste & Compliance)..... | (702) 759-0600 |
| Food & Beverage Establishments..... | (702) 759-1110 |
| Information and Complaints..... | (702) 759-0588 |
| Laughlin..... | (702) 759-1643 |
| Mesquite..... | (702) 759-1682 |
| • Locally in Mesquite..... | (702) 346-9161 |
| Restaurant Plan Review..... | (702) 759-1258 |
| Safe Drinking Water Hotline..... | (702) 759-1320 |
| Septic Tanks..... | (702) 759-0660 |
| Subdivision and Solid Waste Plan Review..... | (702) 759-0661 |
| Training Office..... | (702) 759-0500 |
| Underground Storage Tanks..... | (702) 759-0603 |
| Water Systems..... | (702) 759-0677 |

Online Resources

www.snhd.info

Access:

- Board of Health agendas, minutes and audio recordings of meetings
- public notices
- "The Perspective" e-newsletter
- emergency preparedness planning and kit information
- restaurant inspections and see a 5-year inspection history

Download:

- birth and death certificate applications
- EMS regulations, manuals and forms
- immunization forms and vaccine information sheets
- budget reports, monthly disease statistics and lead regulations
- regulations, forms, applications, checklists and fee schedules for regulated businesses and individuals

Learn about:

- the Food Handler Safety Training Card process
- the Body Art Card
- pool operation certification process
- starting a home-based food business
- visiting the sexual health, TB and family planning clinics
- dates and locations of specialty clinics
- what you can recycle and where to take it
- job opportunities and apply online
- Health Alert Network

Report:

- an EMS incident
- foodborne illness
- illegal dumping
- illegal vendors
- unsanitary conditions at a restaurant
- smoking violation

Find:

- local medical service providers for the uninsured and underinsured
- directions to public health centers
- available internships and resident rotations
- hours of operation

Request:

- public records
- immunization records
- public health data
- morbidity reports

www.gethealthyclarkcounty.org

Join:

- Get Healthy Meal Planner
- Nutrition Challenge
- Walk Around Nevada
- the Kids Challenge, a program to help children eat healthy and stay active

Access:

- information about smoking cessation
- local trail information on the online Neon to Nature program
- a community calendar of healthy events for adults and children
- the blog and send in your questions

Visit:

- www.vivasaludable.org for health and wellness information in Spanish

www.youtube.com/snHealthDistrict

Browse 200+ educational videos on topics such as:

- chronic and infectious diseases
- physical activity
- condoms
- emergency preparedness
- summer safety
- immunizations
- drowning prevention

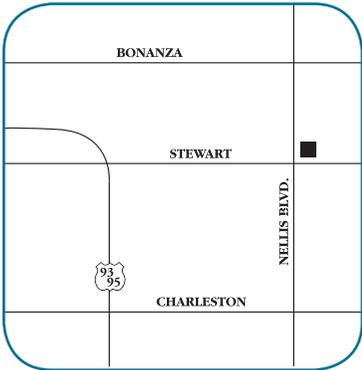
www.facebook.com

- GetHealthyClarkCounty | Access tips, information and events promoting a healthy lifestyle
- SouthernNevadaHealthDistrict | Get updates, event information and tips on healthy living
- Medical-Reserve-Corps-of-Southern-Nevada | Learn about the activities of the local MRC unit
- ez2stop | Get the latest information about safe sex and HIV testing clinics

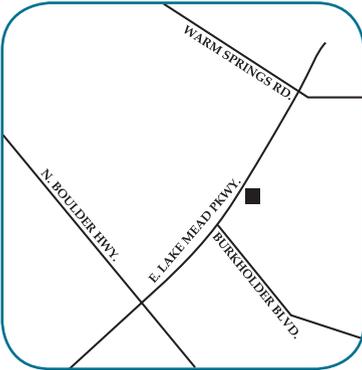
www.twitter.com

- Follow the health district's general announcements @SNHDinfo.
- Get clinic information during flu season @SNHDflu.
- Receive health district updates in Spanish @tuSNHD.
- Learn about HIV testing clinics and other related events @ez2stop.
- Follow @GetHealthyCC for healthy living events and information.

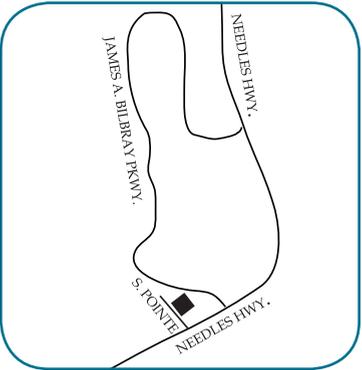
Locations & Maps



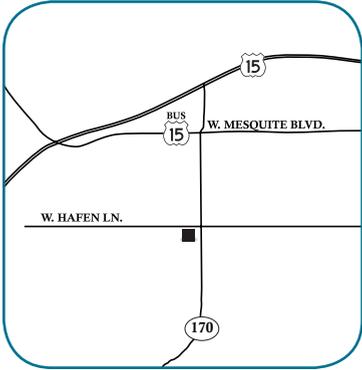
**EAST LAS VEGAS
PUBLIC HEALTH CENTER**
560 Nellis Blvd., Suites D1 & E12
Las Vegas, NV



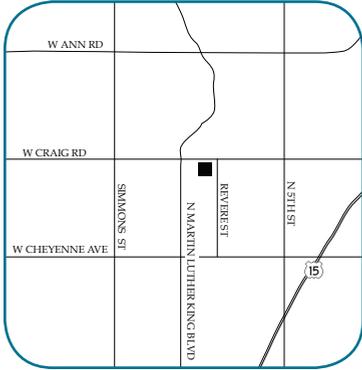
**HENDERSON
PUBLIC HEALTH CENTER**
520 E. Lake Mead Pkwy.
Henderson, NV



**LAUGHLIN
PUBLIC HEALTH CENTER**
3650 South Pointe Circle,
Building C, Ste. 113
Laughlin, NV



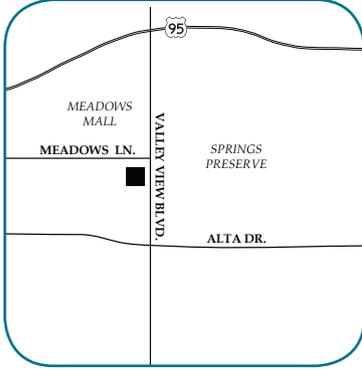
**MESQUITE
PUBLIC HEALTH CENTER**
830 Hafen Ln.
Mesquite, NV



**NORTH LAS VEGAS
PUBLIC HEALTH CENTER**
955 W. Craig Rd., Suite 103D
North Las Vegas, NV



**SHADOW PROFESSIONAL
CENTER**
400 Shadow Ln., Suite 106
Las Vegas, NV



**SOUTHERN NEVADA
HEALTH DISTRICT**
330 S. Valley View Blvd.
Las Vegas, NV