

Memorandum

Date: August 28, 2014

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, MS, Director of Community Health
Joseph P Iser, MD, DrPH, MSc, Chief Health Officer



Subject: Division of Community Health Monthly Activity Report – July 2014

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

A. Tobacco Control Program (TCP):

- TCP staff continues to provide technical assistance to organizations interested in protecting the health of employees and patrons through voluntary smoke-free policies. In June, Boulder City Hospital began implementation of a 100% tobacco-free campus policy and plans to be tobacco-free by the end of the year. BioAdaptives, a local nutraceutical research and development company, adopted a tobacco-free campus policy. Over the past year, fifteen minimum distance or tobacco-free policies have been adopted in Clark County.
- Evolvment, a youth tobacco prevention initiative, will be introducing a new project called “Break Down” for Clark County students in the 2014-2015 school year. The project will focus on dispelling myths about emerging tobacco products, including hookah and electronic cigarettes. Staff is working closely with partners to develop content and strategies to get youth interested in joining this movement. Items being developed include websites, social media pages, educational material, training documents, and promotional items.

B. Chronic Disease Prevention Program (CDP):

- Healthy vending is now available in ten Clark County Parks and Recreation (CCPR) center locations with a total of 20 machines. This pilot group of CCPR locations is part of the SNHD CDP Program healthy vending initiative. CCPR developed a letter announcing their healthy vending guidelines and provided it to staff and patrons at each participating center. CDP staff have been providing technical assistance and helping to monitor compliance, which remains high. As part of the Community Transformation Grant funding, staff is providing CCPR with banners, posters and vending wraps to help promote healthy vending in these locations. Most of the promotional materials should be in place by the end of July.

C. Injury Prevention Program (IPP):

- As of the end of June, there had been thirteen submersion incidents with no fatal drownings. Twelve incidents have occurred in residential pools and one occurred in a bathtub. Eleven of the thirteen children were under four years of age. With no fatal child drownings occurring in the first six months of 2014, Clark County has set a new record for the longest we have gone in a calendar year without a fatal child drowning since data started to be collected in 1994.
- IPP staff chaired the Clark County Children's Mental Health Consortium's Public Awareness Workgroup meeting on June 16. Staff led a discussion of the recently released 2013 YRBS information related to depression and suicide. According to the survey, 31% of Clark County high school students felt sad or hopeless every day for at least two weeks during the year preceding the survey. Additionally, 19% had thoughts of suicide; 16.1% made a suicide plan; and 11.4% attempted suicide.

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

A. July Meetings:

- **EMS Procedure Manual Workshop:** Staff conducted a workshop to review the draft EMS Procedure Manual. Revisions included the addition of the new certification levels and application processes that were not incorporated in prior iterations. The next workshop was scheduled for Wednesday, August 6, 2014.
- **Regional Trauma Advisory Board (RTAB):** The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high quality system of patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, and evaluation of the system, from initial patient access to definitive patient care.

The newly appointed non-standing members of the RTAB were introduced at the start of the July 16 meeting. Former Senator Shirley Breeden will serve as the new general public representative and Dr. Shauna Davis is the new member representing health education and prevention services.

The RTAB is working on revisions to the Clark County Trauma System Plan, and a work group will convene in August to continue that effort. The work group will focus on revisions to the Trauma Performance Improvement Plan and will be making changes based on recommendations found in the recently revised American College of Surgeons-Committee on Trauma *Resources for Optimal Care of the Injured Patient* book.

- **Trauma System Advocacy Committee (TSAC):** The TSAC assists the OEMSTS and RTAB to promote trauma system development by advocating for sustainable financial, legislative, and public support for the trauma system serving the residents and visitors of Southern Nevada. The committee is working on outreach efforts to increase awareness about the Southern Nevada EMS & Trauma System. A twitter account has been created and fact sheets will be developed to inform policymakers about the impact of traumatic

injuries in Southern Nevada. The committee is also working on legislative efforts related to EMS and Trauma System development and funding in Nevada.

B. July EMS Statistics:

<u>ACTIVITY</u>	<u>JULY 2014</u>	<u>JULY 2013</u>	<u>YTD 2014</u>
Total certificates issued	32	39	771
New licenses issued	12	10	131
Renewal licenses issued (recert only)	0	0	447
Active Certifications: EMT/EMT-Basic	488	476	488
Active Certifications: AEMT/EMT-Intermediate	1283	1326	1283
Active Certifications: Paramedic/EMT-Paramedic	1169	1133	1169
Active Certifications: RN	39	42	39

III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

A. Pertussis in Clark County – Update: We continue to monitor Clark County pertussis cases and confirmed 6 cases in June for a total of 37 cases to date in 2014. Compared with January–June of previous years, this total is higher than all years except 2013, during which 69 cases had been identified. The vast majority of persons we identified as having had pertussis were fully vaccinated or had unknown vaccination status. The main pertussis-preventing vaccination is done with DTaP. DTaP has been shown to decrease the risk of developing the disease across all age cohorts, and having received all recommended doses confers more protection than being only partially vaccinated.¹

Despite low numbers the past few months, we continue to be vigilant in light of the increased numbers of cases identified this year in parts of California, continuing our usual surveillance and providing preventive medications to persons deemed likely to have been exposed to pertussis.

Pertussis case counts by illness onset date from 2010 to present are shown below (Figure 1). Enhanced pertussis surveillance indicates that approximately 30 percent of reported laboratory tests ordered for pertussis since July 30, 2012 were either probable or confirmed cases (N=158). Some of these pertussis cases would not have been detected were we not conducting enhanced surveillance.

1 . *Clinical Infectious Diseases*, April 18, 2014

**Month of Illness Onset for Pertussis Cases, Clark County, NV 2010-2014
 (to date)**

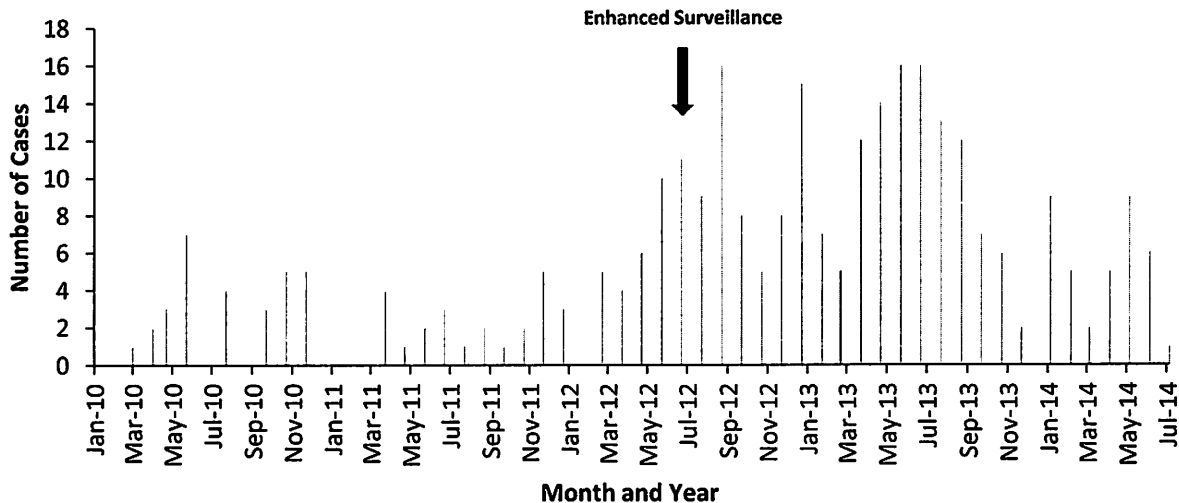


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada – 2010 to Date

Note: Due to the delay between pertussis symptom onset and diagnosis, most cases associated with illness onset in this month will not be identified until the following month. Enhanced surveillance (investigating potential cases when we are notified that a pertussis laboratory test has been ordered) was implemented to speed the process of detecting disease and implementing actions to prevent spread.

B. Pediatric Early Warning Surveillance System (PEWSS): PEWSS is a year-round surveillance system developed by the SNHD to identify 16 respiratory pathogens circulating in the community. Each week, several sentinel healthcare providers submit nasal swabs collected from ill children to the Southern Nevada Public Health Laboratory (SNPHL) for testing for the following respiratory pathogens: Adenovirus, Human metapneumovirus, 4 Human parainfluenza viruses (1, 2, 3, 4), Influenza A, Influenza B, Respiratory Syncytial Virus (RSV), 4 Coronaviruses (HKU1, NL63, 229E, OC43), Rhinovirus/Enterovirus, *Chlamydomphila pneumoniae*, and *Mycoplasma pneumoniae*. We use molecular methodologies to accurately identify numerous pathogens in submitted specimens, and to rapidly summarize and distribute these results to the medical and general community every week throughout the year.

PEWSS surveillance sentinel sites submitted a low number of respiratory test specimens to the SNPHL for testing in July. Results indicated that in July, Adenovirus, Influenza A, and Parainfluenza 3 were sporadically identified. *Chlamydomphila pneumoniae* and Rhinovirus/Enterovirus were also detected. We prepared and disseminated four weekly PEWSS reports in July, which were distributed to the medical community, public health partners, and the general public via email, fax, and online posting at <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>

C. West Nile Virus Update: Mosquito surveillance has detected 10 positive mosquito pools throughout the valley in 5 different zip codes. To date, no human cases have been reported.

- D. **Vital Records:** July 2014 showed a small decrease of 8.65% in birth certificate sales in comparison to July 2013. There was a minimal increase in the proportion of online orders for birth certificates at 16% of total sales (compared with 17% in June) and a slight decrease in the proportion of online orders for death certificates at 56% of total sales (compared with 61% in June). The Valley View location processed 84% of July birth certificate orders and 44% of July death certificate orders. With the implementation of birth and death registration fees beginning July 2014, SNHD received new revenues of \$20,279 for birth registrations and \$8,778 for death registrations. Vital Records Statistics Report for July is attached.

Since moving into 330 S. Valley View, sometimes there has been excessive congestion in the area around the cashiers due to clients lining up to pay. This impedes the clients' ability to obtain services quickly, and has resulted in staff having to occasionally work overtime to finish serving customers who initiated their business prior to closing hours. In December 2013, we initiated a quality improvement project in an effort to reduce the cashier waiting times. The first update on the project's progress, Vital Statistics Kiosk Quality Improvement Project update, is attached.

E. **Other:**

- Monica Adams, PhD, MPH, Epidemic Intelligence Service (EIS) Fellow (CDC trainee), began her assignment with SNHD in the Office of Epidemiology on August 4, 2014.
- A CDC Health Advisory regarding Ebola Virus Disease in a traveler to Nigeria was disseminated to local healthcare providers via the Health Alert Network. <http://emergency.cdc.gov/han/han00363.asp>

- F. **Communicable Disease Statistics:** Communicable disease statistics for July are attached.

IV. **OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)**

- A. Historical HIV surveillance data has been imported into TriSano (the disease surveillance software used by SNHD). Various client-requested improvements to TriSano have been implemented and deployed. Discussions with hospitals not yet reporting electronically to SNHD have been resumed.
- B. We continue to participate in the electronic health record (EHR) implementation planning process. Additional reporting capabilities of our business intelligence software, Pentaho, are being utilized, and we are training one of the SNHD OOE staff to utilize this tool. We are working with the Emergency Medical Services and Trauma System group to help them share data from the state and also to provide them with better tools for analysis and storage of that data.
- C. We have begun to work on Syndromic Surveillance with the BioSense and RODS (Real-time Outbreak Disease Surveillance) programs in conjunction with SNHD OOE and the state of NV. We are making progress on deploying the Utah-developed Electronic Lab Routing application.

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness July Activities:

- A Planner supported two community partners through participation in tabletop exercises in July. The Veterans Affairs Medical Center conducted a tabletop exercise for Veterans Affairs officials to demonstrate the hospital's staff readiness to respond to an all-hazards event. Community partners in attendance included Nellis Air Force Base Emergency Management, University Medical Center, and National Disaster Medical System. OPHP Planner participated in the U.S. Department of Energy, Nevada National Security Site and Transportation Emergency Preparedness Program contractor's tabletop exercise discussing community response to a traffic accident scenario involving a federal transportation vehicle containing low-level radioactive waste.
- OPHP learned that the Nevada Division of Public and Behavioral Health (NDPBH) and SNHD will participate in a pilot test of the Centers for Disease Control and Prevention's (CDC's) new evaluation criteria for Medical Countermeasure Dispensing and Distribution called the Operational Readiness Review (ORR). This evaluation will take the place of the Technical Assistance Review, during which SNHD has received 100 out of 100 possible points for the past two years. The ORR is scheduled to take place this October and will test the State's and SNHD's readiness to respond to a public health emergency in which medical countermeasures must be provided to the general population.
- In partnership with the State of Nevada Bureau of Healthcare Quality and Compliance, a Planner met with Nevada Healthcare Association members during their quarterly meeting. Group care facilities and nursing home administrators were briefed on local planning efforts to coordinate standard development of basic emergency operation plans and conducting hazard vulnerability assessments for their facilities, along with services provided and populations they serve. Meeting emphasis focused on improved outcomes through coordination of community planning and exercise participation.
- A Planner assisted the NDPBH with relocation of a federal preparedness resource at a local hospital.
- OPHP Planners continue to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security Urban Area Security Initiative, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition, and individual hospital emergency management committee meetings.

B. OPHP Training And PH Workforce Development:

- **OPHP Education and Training:** OPHP participated in two community outreach events. One Training Officer is offering monthly CPR classes at the health district.

C. OPHP Nurse Activities: The OPHP nurse conducted Bloodborne Pathogens classes for thirteen employees on July 18 and ten pharmacy students on July 30. Thirty-seven respirator fit tests were performed for employees and two for pharmacy students throughout the month of July.

D. Grants and Administration: OPHP has closed out the Public Health Emergency Preparedness, Cities Readiness Initiative, and Hospital Preparedness Program grants received from the NDPBH. The funds from these grants have been fully expended to meet the grant deliverables. The NDPBH is currently sending out the new sub-grants for BP3 of the cooperative agreement, and we should receive them the first week of August.

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

- MRC of SO NV Program Coordinator:
 - a. Presented MRC to local animal control agencies in an attempt to receive their buy-in to utilize MRC veterinary volunteers during emergencies. A follow-up planning meeting is scheduled for August 20, 2014.
 - b. Attended an American Red Cross Southern Nevada Chapter (ARC) leadership meeting and presented MRC, including what we do, how we are organized, what types of volunteers are on our local roster, and how we are deployed during emergency and non-emergency situations. Also, we discussed expectations of the ARC when utilizing MRC volunteers.
- Volunteers directly supported the Southern Nevada Health District at 330 S. Valley View in July by checking records of clients in the Immunization Department and providing information to Vital Record and Health Card clients.
- MRC of SO NV volunteers supported one local not-for-profit agency by providing first aid support for their event.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing: SNPHL continues to support the SNHD Nursing Division with Sexually Transmitted Disease (STD) testing. SNHD STD department and SNPHL cooperatively participate in the CDC Gonococcal Isolate Surveillance Project (GISP). SNPHL performs *N. gonorrhoeae* culture and submits isolates to CDC and Nursing provides the client information required by the project.

Monthly Clinical Testing Activity includes <i>N. gonorrhoeae</i> culture, GISP isolates, Syphilis, HIV, Gram stain testing	June 2014	June 2013	YTD 2014	YTD 2013
TOTAL CLINICAL TESTING ACTIVITY	3113	3356	19047	19849

Courier service – Clinical samples for laboratory testing are transported by SNPHL courier from SNHD Health Centers or Southern Nevada hospital or commercial laboratories.

Monthly Courier Activity # clinical tests transported from facilities by SNPHL courier	June 2014	June 2013	YTD 2014	YTD 2013
TOTAL TESTS TRANSPORTED	2080	3087	19878	18794

B. Epidemiological Testing and Consultation:

- SNPHL continues to support the disease investigation activities of the SNHD OOE and Nursing Division.
- SNPHL continues to participate in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce (FIT).
- SNPHL continues to report results of PEWSS testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

Monthly Epidemiology Activity includes Stool culture, EIA, Norovirus PCR, Respiratory pathogen PCR, Epidemiological investigations or consultations	June 2014	June 2013	YTD 2014	YTD 2013
TOTAL EPIDEMIOLOGY ACTIVITY	1258	294	10882	6609

C. State Branch Public Health Laboratory Testing:

- SNPHL continues to perform reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped or confirmed; stored on-site; and results reported and/or samples submitted to CDC through various national programs including Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance.
- SNPHL continues to perform CDC Laboratory Response Network (LRN) testing for biological agents on clinical and unknown environmental samples.
- SNPHL continues to perform Pulsed Field Gel Electrophoresis (PFGE) testing of *Salmonella*, *Shigella*, and Shiga toxin-producing *E. coli* (STEC) isolates submitted by local clinical laboratories. SNPHL reports the PFGE data to the CDC PulseNet program and to the SNHD OOE.

Monthly State Branch Public Health Laboratory Activity includes PFGE and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations and inspections, samples submitted to CDC or other laboratories	June 2014	June 2013	YTD 2014	YTD 2013
TOTAL STATE BRANCH LABORATORY ACTIVITY	811	1111	5784	5278

D. All-Hazards Preparedness:

- SNPHL continues to participate with SNHD OPHP, local First Responders, and sentinel laboratories to ensure support for response to possible biological or chemical agents.
- SNPHL staff continues to receive training on Laboratory Response Network (LRN) protocols for biological agent confirmation.

- SNPHL maintains sufficient technical laboratory staff competent to perform LRN testing 24 hours per day/7 days per week.
- SNPHL continues to coordinate with First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
- SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.

Monthly All-Hazards Preparedness Activity includes Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections	June 2014	June 2013	YTD 2014	YTD 2013
TOTAL PREPAREDNESS ACTIVITIES	18	8	55	55

E. June 2014 SNPHL Activity Highlights:

- In celebration of the 10-year anniversary of its establishment in 2004, SNPHL staff hosted a Media Day Tour of the laboratory facility on June 11, 2014 to local print and TV journalists. The tour consisted of an overview of the laboratory history and test menu. Multiple demonstration stations were set up within the laboratory to allow the journalists to obtain stock footage of public health laboratory operations. SNPHL staff provided explanations of the three steps of molecular detection testing (extraction, assay set up, and analysis) for respiratory pathogens and norovirus; immunology testing for HIV and Syphilis; microbiology testing for gonorrhea and enteric pathogens; and CDC PulseNet testing or DNA fingerprinting of *Salmonella*, *Shigella* and STEC.
- SNPHL lab manager provided information to a local Physician Office Laboratory related to the recent laboratory biosafety changes in Nevada Administrative Code (NAC) 652 – Medical Laboratories.

CL/dm

ATT: Vital Records Statistics Report

Vital Statistics Kiosk Quality Improvement Project

July 2014 Communicable Disease Statistics

Vital Records Statistics Report - July 2014

Fee Schedule

Price per birth certificate	\$20.00
Price per death certificate	\$20.00
First copy registration	\$7.00

Table 1. Vital Records Office Monthly & Year-to-Date Productivity

	Compared with last year			
	Month		Fiscal Year-to-Date	
	<u>Jul 2014</u>	<u>Jul 2013</u>	<u>2013-2014</u>	<u>2012-2013</u>
Births Registered	2356	2579	2356	2579
Deaths Registered	1305	1261	1305	1261
Birth Certificates Sold	4354	4206	4354	4206
Death Certificates Sold	5879	6532	5879	6532

Table 2. Vital Records Office Monthly Sales & Income

Birth Certificates Sold During the Month					
<u>Valley View</u>	<u>Mesquite ine Orders</u>	<u>Billed</u>	<u>Total</u>	<u>Income</u>	
3644	15	695	0	4354	\$ 87,080
84%	0.3%	16%	0.0%		
Death Certificates Sold During the Month					
<u>Valley View</u>	<u>Mesquite ine Orders</u>	<u>Billed</u>	<u>Total</u>	<u>Income</u>	
2608	2	3269	5	5884	\$ 117,680
44%	0.03%	56%	0.1%		
					<u>Income</u>
Birth Registration					\$ 20,279
Death Registration					\$ 8,778
Total Vital Records Income for the Month:					\$ 233,817

Vital Statistics Kiosk Project Update

Team Leaders: Jason Frame, Interim IT Manager; Susan Zannis, Senior Vital Records Assistant

Team Members: Prut Udomwattawee, Software Engineer; Tharindu Abeygunawardana, Software Engineer; Patricia Rowley, Disease Surveillance & Vital Records Manager; Ray Chua, Health Records Supervisor

Problem Statement

Five programs utilize the cashiers in the main lobby at 330 S Valley View. These are Nursing Immunizations, Food Handlers, Environmental Health, Emergency Medical Services and Vital Statistics.

Since moving into 330 S Valley View, sometimes there is excessive congestion in the area around the cashiers due to clients lining up to pay. This impedes the clients' ability to obtain services quickly, and has resulted in staff having to work overtime occasionally to finish serving customers who initiated their business prior to closing hours.

Aim

SNHD will install iPad kiosks in the lobby area and at the Vital Statistics (VS) service desks. Eighty percent of VS credit or debit card paying customers will pay at the kiosk instead of the cashier. The number of cash-paying customers will decrease by 10% (as they opt to pay by other means at the kiosks).

Project Overview

This project was formally initiated on December 18, 2013 and the go-live date for the kiosks was June 18, 2014. A total of eight Apple iPad Kiosks were installed, three in the lobby area of 330 S Valley View, and one at each of the customer service desks in VS, including the wheel chair accessible VS reception desk (see photos in Appendix). The kiosks at the VS customer service desks allow the customers to make credit card payments for their order, which is easier for the customers and also reduces the number of people waiting in line for the cashiers. Additionally, one iPad was given to Susan Zannis to be used to monitor the process and check on the data from the lobby or waiting area.

Critical Success Factors

Strategic Partnership

During the system development process Jason Frame and Susan Zannis met regularly to discuss progress and how the VS business processes would need to change to make the new system a success. This **strategic partnership** between IT and VS is one of the Critical Success Factors for this project.

Business Process Reengineering

As the VS businesses processes evolved, the requirements of the system were updated and the Software Engineers were able to develop and test the various aspects of the system against the new requirements.

Staff flexibility and buy-in

The VS staff was apprehensive of the system at first, wondering if it will add more work for them, but after the first few days, they were happy with the workflow. During the initial development and rollout, the VS staff was kept in the loop and asked for input on how to make the process easier for the users.

Quality Improvement

There were some minor system issues during the first week after the go-live date, but IT situated a software engineer within VS so that the issues could be resolved immediately upon discovery of the problem. This rollout model effectively minimized downtime of the system and was well received by the VS staff. The software engineer continued to monitor the workflow over the subsequent four weeks and made several enhancements during this period including:

- Improving on screen instruction and confirmation text to better suit the business flow
- Updating the Birth Certificate data entry form so that the customer can add another child quickly by auto-completing most of the information after the first child has been submitted
- Modifying the receipt PDF to match the updated business processes, including automatically adding the new registration fees to the order and adjusting font sizes for cashier readability
- Updating the look and feel of the online payment page at the Bank of America site, so that it was easier to use on the iPads
- Adding security shields to the lobby kiosks to ensure data security

During the first two weeks, VS staff was on hand in the lobby area to assist customers using the kiosks and to answer any questions that they might have and to guide them through the process. Volunteers were on hand to direct clients to the new kiosks and signage. VS staff continue to assist customers on an as-needed basis. We were getting time-out errors at the kiosks for the first 10 days and had to reroute some clients to the cashier window. This issue has now been resolved. The kiosks had not initially been set up to accept American Express cards. A request was made to SNHD Finance to arrange for us to accept American Express cards. The cashiers already do, so we don't anticipate this being an issue.

Measurements

From June 21 through July 18, 2014 the following observations were made:

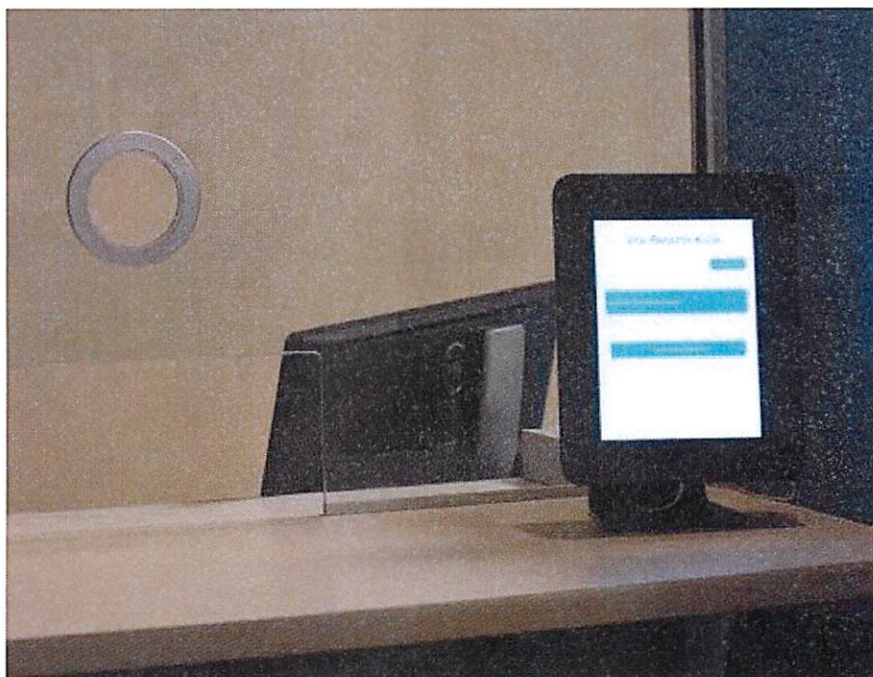
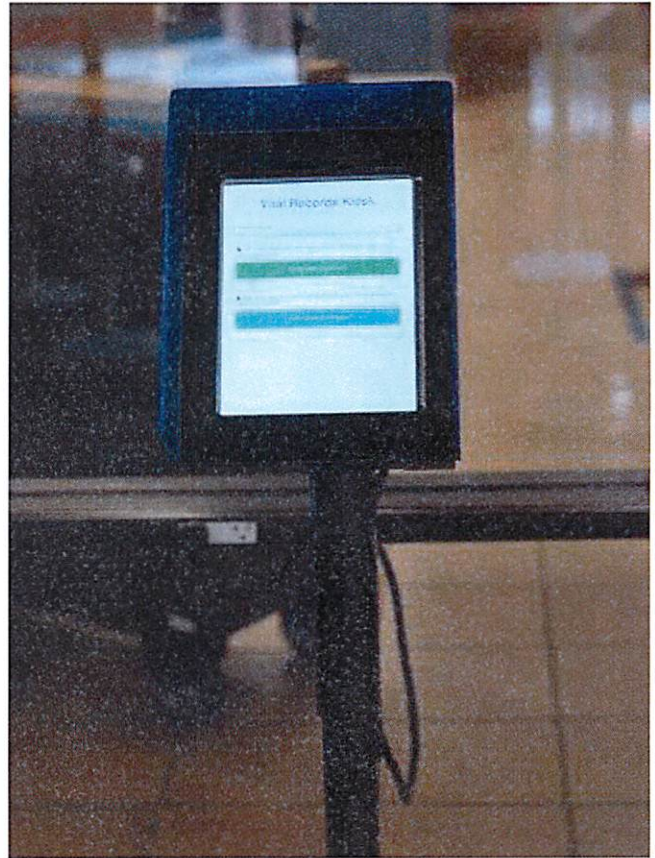
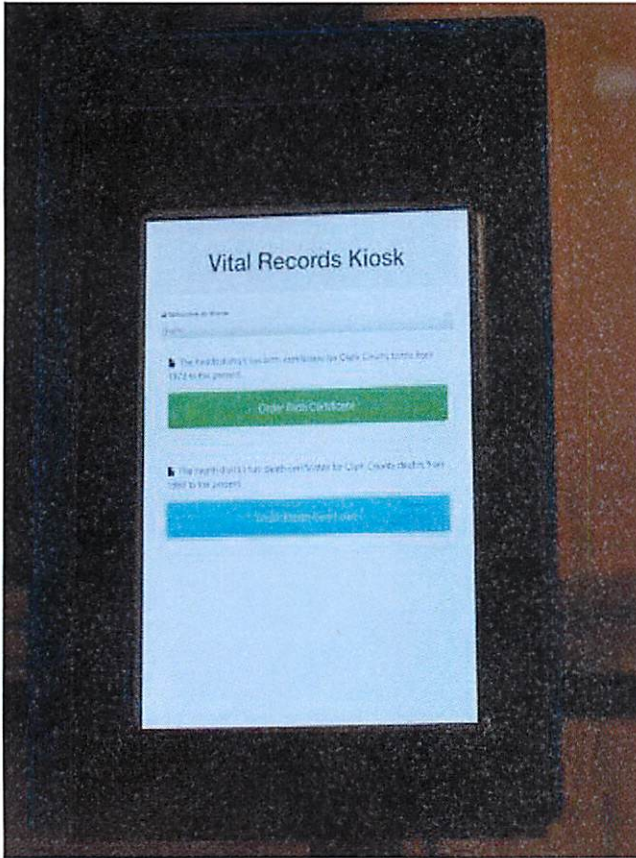
Transaction type	Number
Cashier Window Payments (all payment types)	2161
Kiosk Payments (Credit and Debit)	1352
Total Completed Transactions for VS	3513

Of all payment transaction types for vital records purchases in this time period, 38.5% were paid at the kiosks. Ray Chua noted that fewer VS clients coming to the cashier window has helped keep cashier lines more manageable.

Hardware costs

Item	Quantity	Unit Price	Total Price
iPad Floor Stand Kiosks	3	\$222.43	\$667.29
iPad Desktop Kiosks	5	\$164.52	\$822.60
iPad Air (Desktop and Supervisor)	6	\$475.92	\$2,855.52
iPad Gen 3/4 (Floor Stand Kiosks)	3	\$424.00	\$1,272.00
Dell 24" Monitors	4	\$203.49	\$813.95
Extended length iPad charging cables	5	\$19.40	\$97.00
USB Enabled Power Strips	3	\$24.99	\$74.97
Misc. Installation Hardware	--	\$12.34	\$12.34
Total			<u>\$6,615.67</u>

Pictures of the Kiosks



Clark County Disease Statistics*, JULY 2014

Disease	2012		2013		2014		Rate(Cases per 100,000 per month) Jul (2009-2013 aggregated)	Monthly Rate Comparison Jul (2014)	Significant change bet. current & past 5-year?~
	Jul No.	YTD No.	Jul No.	YTD No.	Jul No.	YTD No.			
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	0	9	0	8	.	16	0.04	0.20	↑
HEPATITIS A	0	5	.	10	.	7	0.04	0.05	↑
HEPATITIS B (ACUTE)	.	16	0	13	0	18	0.08	0.00	↓X
INFLUENZA**	5	361	5	514	8	1010	1.37	0.39	↓X
MEASLES	0	0	0	0	0	0	0.02	0.00	↓
MUMPS	0	0	.	.	.	.	0.02	0.10	↑
PERTUSSIS	11	39	16	85	.	74	0.31	0.10	↓
POLIOMYELITIS	0	0	0	0	0	0	0.00	0.00	
RUBELLA	0	0	0	0	0	0	0.00	0.00	
TETANUS	0	0	0	0	0	0	0.00	0.00	
SEXUALLY TRANSMITTED									
AIDS	14	120	17	123	13	128	0.80	0.64	↓
CHLAMYDIA	798	5097	822	5416	546	4658	37.76	26.90	↓X
GONORRHEA	209	1086	190	1242	185	1223	8.28	9.11	↑
HIV	13	131	27	152	16	163	0.95	0.79	↓
SYPHILIS (EARLY LATE)	17	105	28	136	15	154	0.83	0.74	↓
SYPHILIS (PRIMARY & SECONDARY)	10	50	28	90	8	136	0.68	0.39	↓
ENTERICS									
AMEBIASIS	.	.	.	5	0	0	0.04	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	5	50	13	52	6	94	0.48	0.30	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	.	5	0	.	0.05	0.00	↓X
GIARDIA	10	36	7	34	.	38	0.38	0.10	↓
ROTAVIRUS	12	44	.	78	10	94	0.39	0.49	↑
SALMONELLOSIS	27	98	19	300	22	108	1.13	1.08	↓
SHIGA-TOXIN PRODUCING E. COLI#	5	24	10	33	0	16	0.28	0.00	↓X
SHIGELLOSIS	10	22	.	13	.	22	0.22	0.20	↓
TYPHOID FEVER	0	.	0	0	0	.	0.02	0.00	↓
VIBRIO (NON-CHOLERA)	.	.	.	0	.	.	0.04	0.00	↓
YERSINIOSIS	0	.	0	.	0	.	0.00	0.00	
OTHER									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLA	0	0	0	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	10	72	7	44	.	70	0.34	0.10	↓
DENGUE FEVER	0	0	0	.	0	.	0.01	0.00	↓
ENCEPHALITIS	0	0	0	.	.	.	0.00	0.10	↑
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	0	.	0	.	0	.	0.00	0.00	
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.01	0.00	↓
LEGIONELLOSIS	.	8	.	9	6	18	0.10	0.30	↑
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	.	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	.	.	.	0	6	0.02	0.00	↓
LYME DISEASE	0	.	.	5	0	.	0.03	0.00	↓
MALARIA	0	.	.	.	.	8	0.03	0.20	↑
MENINGITIS, ASEPTIC/VIRAL	.	9	.	20	.	42	0.14	0.20	↑
MENINGITIS, BACTERIAL	0	.	0	5	0	12	0.03	0.00	↓
MENINGOCOCCAL DISEASE	0	.	0	0	0	.	0.01	0.00	↓
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	0.01	0.00	↓
RABIES (HUMAN)	0	0	0	0	0	0	0.00	0.00	
RELAPSING FEVER	0	0	0	0	0	0	0.00	0.00	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	0	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	.	777	8	1174	12	1198	0.46	0.59	↑
STREPTOCOCCUS PNEUMONIAE, IPD###	.	30	.	34	6	104	0.14	0.30	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	.	0	.	.	18	0.00	0.10	↑
TUBERCULOSIS	.	40	8	47	8	44	0.35	0.39	↑
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	.	.	.	5	0	0	0.07	0.00	↓X
WEST NILE VIRUS (FEVER)	0	0	0	.	0	0	0.01	0.00	↓

*Rate denominators were spline-interpolated population estimates/projections based on demographic data subject to ongoing revision by the state demographer (last revision as of Oct-2013). Use of onset date to count OOE-reported cases (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable and suspect (since Feb-08) cases. HIV/AIDS case counts provided by Office of HIV/AIDS/STD; TB case counts provided by TB clinic. Data suppression denoted by '.' applies if number of cases <5. Monthly disease total reported by OOE=99 (reported total=890). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported monthly cases [suppression applied] for 2012-2014 were respectively 0,0,0; YTD totals 0,,).
 **Reporting of novel type A influenza (reclassified as INFLU OUTBRK per CDC recommendations as of Jan-11) started in May-09.
 #E. COLI O157:H7 instead of STEC was reported prior to 2006.
 ##Reported since Mar-07.
 ###S. pneumo invasive diseases (reported since Sep-05) previously reported under separate categories grouped together as of Jan-11 per CDC recommendations.

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