# Memorandum

**Date:** October 9, 2015

**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*

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**Subject:** Community Health Division Monthly Report

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

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

A. Only about half of smokers seen by a physician report receiving advice or counseling from their health care providers to quit tobacco use. Even fewer – 2 to 15 percent – are offered any form of assistance such as provision of specific counseling on how to quit, referral to treatment programs, or prescriptions for smoking cessation medications (Goldstein et al, 2006). In an effort to increase the utilization of brief intervention strategies by clinicians, TCP staff and local partners have developed training modules and various educational materials for professionals and their patients that are available free of charge. Since April 2015, a total of 299 providers have been trained on how to deliver a brief tobacco use intervention. This includes 175 in person and 124 through the online module. Fifty-five individuals were trained in July. American Lung Association staff trained 33 of those healthcare and social service providers in July in brief interventions at Las Vegas Paiute Health and Human Services, ALAN, and Rawson Neal Psychiatric Hospital. They distributed 500 educational materials promoting the Quitline for cessation support.

B. Rescue Social Change Group published a paper titled "*Social Branding to Decrease Lesbian, Gay, Bisexual and Transgender Young Adult Smoking*" in the *Journal of Nicotine and Tobacco Research*. The study shows a direct correlation between exposure to our CRUSH tobacco prevention messages and members of the local LGBT community identifying as smoke-free. The study was promoted by national LGBT health organizations such as HealthLink and CenterLink and national publications, like the *Huffington Post*. In addition, local organizations also shared the findings via social media.

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

A. Chronic Disease Prevention Program staff and staff from the SNHD Office of Information Technology have completed a new mobile app. The SNAP Cooking

app is developed specifically, but not exclusively, for Supplemental Nutrition Assistance Program (SNAP) users and includes a database they can search for healthy recipes that use inexpensive ingredients, a shopping list, and a feature they can use to see all the retailers near them that accept SNAP benefits including farmers' markets. The app is currently in a soft-launch phase but marketing materials are being developed for a public launch in early September. Downloads for existing mobile apps continue to increase. The Neon to Nature downloads increased to 3,676 and the Sugar Savvy Beverage mobile app increased to 231 downloads in July. The Walk Around Nevada mobile app is in the final stages of development and should be ready for a soft-launch in September.

B. Staff and UNLV nutrition student volunteers provided Sugar Savvy nutrition education and materials focused on water consumption and reduced consumption of sugar sweetened beverages (SSB) to a total of 160 4th and 8th grade youth and 50 parents at the annual Hoops for Hope basketball camp and parent workshop at the Doolittle Community Center in July. Staff also promoted the Sugar Savvy Beverage app and the Soda Free Summer initiative.

C. The Chronic Disease Prevention Program launched several media campaigns in July as part of our PICH grant activities. Campaigns focused on raising awareness of the health impact of SSB consumption and promoting physical activity, diabetes prevention, and local resources. Campaign elements include television, radio, print, out-of-home (billboards), bus ads, gas toppers, electronic and social media. Corresponding spotlights have been developed and placed on the home pages of the Get Healthy Clark County and the Viva Saludable websites to provide additional information and direct individuals to local resources. Some campaign elements will run in Spanish. Campaigns will continue through the early part of September.

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

A. The Southern Nevada Injury Prevention Partnership (SNIPP) was established under the authority of the Regional Trauma Advisory Board (RTAB) to advise and assist the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma Plan and promote increased collaboration among programs. Staff chaired the SNIPP quarterly meeting on July 13. At this meeting the Injury Prevention Emphasis Areas Resource List was discussed and updated. There was also a discussion of obtaining information relating to children's injuries that occur on Clark County School District properties. A couple of options were discussed and staff will follow up.

## II. OFFICE OF DISEASE SURVEILLANCE (ODS)

The Office of Disease Surveillance, formerly Nursing-Office of HIV/AIDS/STD/TB, is new to the Community Health Division. We continue to work diligently toward streamlining integration efforts across programs within Community Health as well as programs within Nursing. Efforts to provide seamless services to our clients, community stakeholders, and funders while we are transitioning are in conjunction with several programs: Office of Epidemiology, TB Clinic Services, Sexual Health Clinic Services, SAPTA, and Nursing Case Management. This transition has required enhanced communication processes and partnerships across all of these important programs.

## 1. Surveillance and Investigations

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

| Morbidity Surveillance | Aug 2014 | Aug 2015 | | FY 14-15 (Jul-Aug) | FY 15-16 (Jul-Aug) | |
|---|---|---|---|---|---|---|
| Chlamydia | 906 | 856 | ↓ | 1,785 | 1,712 | ↓ |
| Gonorrhea | 244 | 235 | ↓ | 505 | 527 | ↑ |
| Primary Syphilis | 12 | 1 | ↓ | 17 | 13 | ↓ |
| Secondary Syphilis | 12 | 12 | → | 24 | 24 | → |
| Early Latent Syphilis | 35 | 19 | ↓ | 63 | 57 | ↓ |
| Late Latent Syphilis | 11 | 4 | ↓ | 22 | 12 | ↓ |
| New HIV Diagnosis | 31 | 15 | ↓ | 54 | 29 | ↓ |
| New HIV/AIDS Diagnosis | 11 | 5 | ↓ | 15 | 12 | ↓ |
| New AIDS Diagnosis | 7 | 7 | → | 17 | 16 | ↓ |
| New to NV Seeking Care, HIV and AIDS | 47 | 18 | ↓ | 124 | 47 | ↓ |
| Perinatally Exposed to HIV | 2 | 4 | ↑ | 3 | 4 | ↑ |
| Congenital Syphilis (presumptive) | 0 | 0 | → | 0 | 0 | → |

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

| Pregnant Moms Surveillance Count represents # cases being followed[1] | Aug 2014 | Aug 2015 | | FY 14-15 (Jul-Aug) | FY 15-16 (Jul-Aug) | |
|---|---|---|---|---|---|---|
| HIV/AIDS Pregnant Cases | 1 | 4 | ↑ | 4 | 7 | ↑ |
| Syphilis Pregnant Cases | 3 | 4 | ↑ | 9 | 12 | ↑ |

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

| Tuberculosis | Aug 2014 | Aug 2015 | | FY 14-15 (Jul-Aug) | FY 15-16 (Jul-Aug) | |
|---|---|---|---|---|---|---|
| Number of Active Cases - Adult | 4 | 2 | ↓ | 10 | 9 | ↓ |
| Number of Active Cases - Pediatric | 4 | 0 | ↓ | 6 | 0 | ↓ |
| Number of Suspect TB Reports[2] | | 36 | | | 57 | |
| Number of Electronic Disease Notifications | 29 | 49 | ↑ | 65 | 73 | ↑ |

Of the newly diagnosed Active TB Cases

- Two Were U.S. born.

1 #Reports initiated in the month
2 This data was not tracked FY 14-15

**Community Health -- ODS – Monthly Data**

| TB Contact Investigations | # Interviews | Contacts Identified | Contacts Notified/ Screened | Contacts w/ LTBI | Contacts w/ LTBI started on tx | Contacts with Active TB |
|---|---|---|---|---|---|---|
| Suspect TB | 7 | 3 | 3 | 0 | 0 | 1 |
| Active TB | 3 | 450 | 121 | 7 | 5 | 0 |
| TOTAL | 10 | 453 | 124 | 7 | 5 | 1 |

**Community Health -- ODS – Monthly Data**

| Monthly DIIS Investigations CT/GC/Syphilis/HIV | Partners | Clusters[1] | Reactors[2] | OOJ/FUP[3] |
|---|---|---|---|---|
| Chlamydia | 21 | 0 | 26 | 3 |
| Gonorrhea | 12 | 0 | 12 | 0 |
| Syphilis | 94 | 3 | 63 | 7 |
| HIV/AIDS (New to Care/Returning to Care) | 29 | 1 | 33 | 4 |
| TOTAL | 156 | 4 | 134 | 14 |

**Community Health -- ODS – Monthly Data**

| DIIS Partner Services CT/GC/Syphilis/HIV | #Interviews | #Partners/ Clusters Notified/ Examined | Partners/ Clusters | Partners Previously Diagnosed/ Treated |
|---|---|---|---|---|
| Chlamydia | 26 | 6 | 7 | 2 |
| Gonorrhea | 11 | 6 | 3 | 3 |
| Syphilis | 69 | 17 | 35 | 14 |
| HIV/AIDS (New to Care/Returning to Care) | 25 | 7 | 3 | 8 |
| TOTAL | 131 | 36 | 48 | 27 |

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

   A. **High Impact HIV Screening Sites**

      a. Richard Steele Health and Wellness Center – target population AA/Hispanic youth

      b. The Center- LGBTQ Community of Nevada – MSM, transgender

      c. FLEX Bar Outreach – MSM

      d. Charlie's Bar Outreach – MSM

      e. Cashman Field – Hispanic Outreach

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1 Clusters= Investigations initiated on named clusters (clusters = named contacts who are not sex or needle sharing partners to the index patient)
2 Reactor s= Investigations initiated from positive labs
3 OOJ = Investigations initiated Out of Jurisdiction reactors/partners/clusters; FUP= Investigations initiated to follow up on previous reactors, partners, or clusters

B. **Staff Facilitated Training**

a. August 11-12, The CDC Project Officer for PS12-1201 visited SNHD ODS for the annual HIV Prevention Grant Site Visit along with our State Project Officer. Staff discussed program successes, challenges, and potential changes with regard to this grant. We took the project officer to our offsite testing locations: The Gay and Lesbian Community Center and Richard Steele Health and Wellness.

b. On August 28, ODS facilitated a PrEP discussion/training with the San Francisco Department of Public Health. The San Francisco DPH and SNHD ODS will be working together to build community provider capacity on offering Pre-Exposure Prophylaxis (PrEP), Non-occupational Post-Exposure Prophylaxis (nPEP), and Post-Exposure Prophylaxis (PEP) services in Clark County. There will be a series of trainings held to focus on Education/Training, marketing, building infrastructure, developing policies and procedures, identifying potential funding sources, and the impact of tourism.

C. **Staff Attended Training**

a. August 10 to 14, DIIS attended the *Passport to Partner Services* training. *Passport to Partner Services* is a national curriculum developed by CDC's Division of HIV/AIDS Prevention and Division of STD Prevention, in collaboration with the National Network of STD/HIV Prevention Training Centers (NNPTC) – Partner Services and Program Support Centers.

b. August 27, staff attended a webinar on the Overview of HRSA/CDC Prevention with Positives for Health Departments and Planning Bodies.

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

| Prevention - SNHD HIV Testing | Aug 2014 | Aug 2015 | | FY 14-15 (Jul-Aug) | FY 15-16 (Jul-Aug) | |
|---|---|---|---|---|---|---|
| Outreach/Targeted Testing | 711 | 591 | ↓ | 1,501 | 977 | ↓ |
| Clinic Screening (SHC/FPC/TB) | 600 | 360 | ↓ | 1,322 | 897 | ↓ |
| Jails, SAPTA Screening | 214 | 202 | ↓ | 491 | 418 | ↓ |
| TOTAL | 1,525 | 1,153 | ↓ | 3,314 | 2,292 | ↓ |
| Outreach/Targeted Testing POSITIVE | | | | 13 | 23 | ↓ |
| Clinic Screening (SHC/FPC/TB) POSITIVE | | | | 18 | 18 | → |
| Jails, SAPTA Screening POSITIVE | | | | 3 | 2 | ↓ |
| TOTAL POSITIVES | | | | 34 | 43 | ↑ |

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

1. **August Meetings:**

A. **Drug/Device/Protocol Committee (DDP)**

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted

agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The committee discussed the proposed first response assessment & release procedure for low risk alpha level calls. The EMS provider agencies are seeing their call volumes continue to increase, and this will help to alleviate the overburdened 9-1-1 system. They will continue to work on the logistics and create an assessment form to ensure patients meet the criteria.

**B. Medical Advisory Board (MAB)**

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

It was reported that the Education Committee is working on the development of psychiatric patient destination training and hostile mass casualty incident educational pearls. They will meet again in October and report back to the MAB.

Workgroups are being created to explore alternatives to transporting patients to emergency departments. Additionally, the MAB was in favor of the fire alarm office creating an emergency communication nurse system to assist when a low acuity call comes in. The nurse will make a determination whether the patient needs to be transported by ambulance or can drive to a medical center on his/her own.

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

| August EMS Statistics | Aug 2014 | Aug 2015 | | FY 14-15 (Jul-Aug) | FY 15-16 (Jul-Aug) | |
|---|---|---|---|---|---|---|
| Total certificates issued | 24 | 38 | ↑ | 56 | 79 | ↑ |
| New licenses issued | 11 | 124 | ↑ | 23 | 174 | ↑ |
| Renewal licenses issued (recert only) | 8 | 0 | ↓ | 8 | 0 | ↓ |
| Active Certifications: EMT/EMT-Basic | 500 | 518 | ↑ | | | |
| Active Certifications: AEMT/EMT-Intermediate | 1285 | 1281 | ↓ | | | |
| Active Certifications: Paramedic/EMT-Paramedic | 1174 | 1217 | ↑ | | | |
| Active Certifications: RN | 39 | 42 | ↑ | | | |

## I. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

1. **Pertussis in Clark County – Update**: Year-to-date we have identified 73 cases of pertussis, six of which were investigated in August. Of the cases investigated in August, one became ill in March, one in May, two in July, and two in August. We implemented our usual pertussis-response activities including providing preventive medications to persons deemed likely to have been exposed to pertussis.

2. Case counts by illness onset date from 2010 to present are shown below (Figure 1). Approximately 27% of reported laboratory tests ordered for pertussis since July 30,

2012 were either probable or confirmed cases. Some of these pertussis cases would not have been detected were we not performing enhanced surveillance.

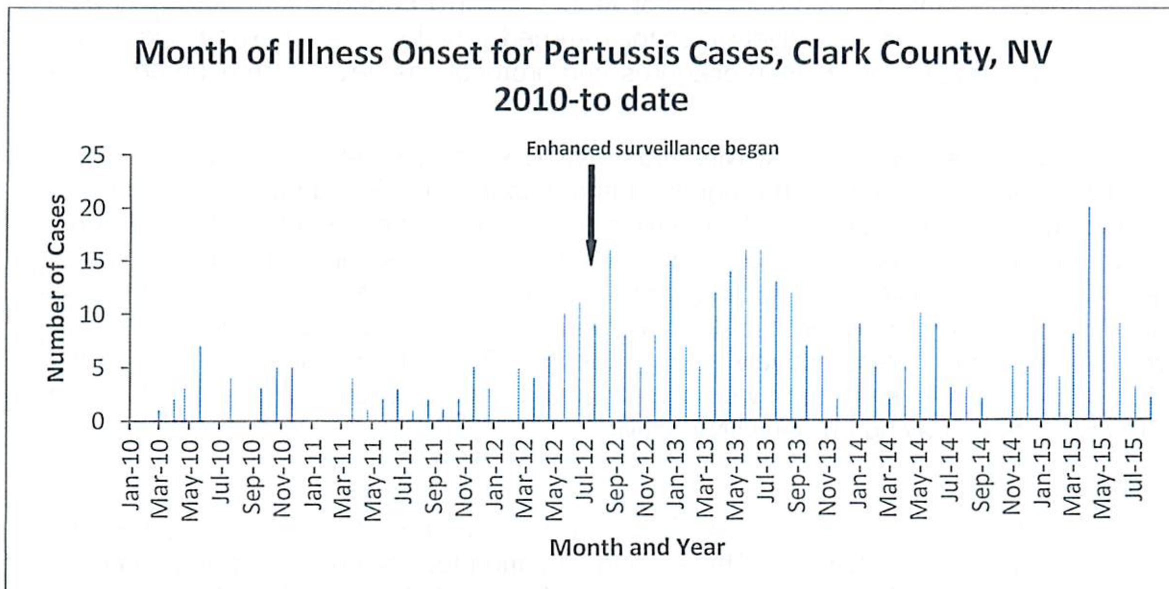


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date[1]

1. **Pediatric Early Warning Surveillance System (PEWSS)[2]:** PEWSS surveillance sentinel sites submitted very a low number of respiratory test specimens to the SNPHL for testing in August, which is typical for the month. Adenovirus was detected at low levels, and Coronavirus NL63, parainfluenzavirus 1, parainfluenzavirus 3, RSV, and rhinovirus/enterovirus were identified sporadically over the course of the month. Weekly PEWSS reports are posted online at http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php.

3. **Disease reports and updates:**

   **Salmonella Poona:** The OOE is investigating four salmonellosis cases in Clark County residents that match a nationwide outbreak of *Salmonella* Poona. As of September 4, 285 people have been identified as having been infected with the outbreak strain from 27 states. Public health officials are interviewing ill persons to obtain information about foods they have eaten within the week before illness onset. Cucumbers imported from Mexico have been implicated as the likely source of illness and are now being recalled (http://www.cdph.ca.gov/Pages/NR15-067.aspx).

   **Ebola virus:** In August, we monitored six returned travelers. Since June 29, an additional six cases of Ebola Virus Disease (EVD) were detected in Liberia. Since that time there have been no new cases, and Liberia was again considered by WHO to be EVD-free as of September 3, when two incubation periods (42 days) had passed since

1 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.

2 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, *Chlamydophila 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.

the last day of infectivity of the last EVD case. Risk to travelers returning from that country remains very low, but they are still required to self-monitor and report to SNHD should they become symptomatic and/or febrile. Sierra Leone Ebola activity is also waning. We continue to actively monitor returned travelers from Guinea and Sierra Leone and to update our EVD procedures and protocols as new information becomes available.

**West Nile Virus:** Since West Nile virus (WNV) season began earlier this summer, SNHD's Environmental Health program staff members have found many positive pools of mosquitoes. Although there have still been no reported cases of illness, in August OOE received another report of an individual who had recently donated blood that tested positive for WNV but had no symptoms of the disease. Three cases like this (involving "presumptively viremic donors") were previously identified in July. To date, we have had four "presumptively viremic donors". This information is reported to the CDC. Therefore, even though we have not had any WNV cases, we are listed on the CDC website as having human WNV activity.

4. **Other:**

   **A.** OOE staff members continue to assist in development of the Community Health Improvement Plan (CHIP). Three implementation teams, consisting of community members and SNHD, were formed to work on details of each of the top three priority areas chosen at earlier meetings.

   **B.** OOE staff hosted a meeting with all six Clark County-based animal control agencies in August to discuss reporting of animal bites and of referrals of bite victims for post-exposure prophylaxis. We determined that there is a need for additional coordination efforts as well as education regarding rabies prevention among this group.

5. **Communicable Disease Statistics:** August 2015 Disease Statistics are attached.

## II. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

Work on setting up a system to import Vital Records data from the State system to SNHD has been started. Work on the Physician Input Form to enable updating existing cases in EpiTrax has continued. The contract among Johns Hopkins, NV DBPH, and SNHD has been finalized so that work can proceed on hosting the NV instance of Essence at SNHD. EHARs data extraction and 6-month report generation was performed. Work has started on processing plain-text reportable disease files sent to us by Quest. So far, lead messages are now automated and work on HIV/CD4 messages is underway.

## III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. **Planning and Preparedness:**

   **A.** OPHP continued planning efforts for the Operation Rabbit's Foot Full-Scale Exercise to be conducted September 28-30, 2015. The second Master Scenario Events List Meeting occurred on August 4 to firm up the exercise timeline. The Nevada Division of Public and Behavioral Health (NDPBH) had the statewide Final Planning Meeting on August 12 while the local Final Planning Meeting will occur on September 15.

   **B.** OPHP and Southern Nevada Healthcare Preparedness Coalition Planners participated in planning with community agencies for McCarran International Airport's Triennial Full-Scale Exercise to be completed in October 2015. Medical

surge, patient tracking, and coordination with family assistance center operations, communication, and coordination will be exercise objectives.

C. The Senior Public Health Preparedness Planner supported Centennial Hills and Dignity Health Hospitals in planning future Active Shooter exercises. These exercises focus on violence towards healthcare personnel and provide participants with necessary education for the workplace using "Run, Hide, Fight to LIVE" training components. These exercises have also included participation by local law enforcement, fire department, and emergency medical service.

D. OPHP staff continues to participate in statewide partner planning meetings and conference calls to share information and coordinate response efforts to a potential threat. Staff continues to share information to community partners and provide briefings to various sectors of the community upon request.

E. OPHP continues to conduct the monthly Incident Command Team, Directors, Managers, and Supervisors call down. Call downs are deliverables required by CRI grants to ensure public health staff readiness to respond to a disaster.

F. OPHP Planners continue to receive Memorandums of Understanding (MOUs) for closed points of dispensing (PODs). These agreements allow for the facility to receive and distribute medication to their employees and their families in the event of a public health emergency.

G. OPHP staff continues to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security Urban Area Security Initiative, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition, and individual hospital emergency management committee meetings.

2. **PHP Training And PH Workforce Development:**

A. **OPHP Education and Training:**

a. The Training Officer continues to conduct CPR and First Aid courses at the Health District.

b. Training Officers continue to provide Operation Rabbit's Foot Full-Scale Exercise training for Closed POD partners and SNHD staff.

B. **OPHP Nurse Activities:** Respirator fit testing was performed by an OPHP Training officer and HR personnel while the OPHP Nurse is on medical leave. These individuals ensure continuity of operations is performed.

3. **Grants and Administration:** OPHP continues to process BP4-awarded subgrants and continues activities identified as deliverables to meet Health District's scopes of work. Ebola subgrants will provide community healthcare organizations with necessary supplies, training, and personal protective equipment to respond to a potential Ebola or other highly pathogenic illness patient or visitor within the community and healthcare organizations. The OPHP manager continues to participate in Statewide Crisis Standards of Care Advisory Working Group led by the NDPBH. The goal is to have necessary discussions with healthcare system and stakeholder agencies and to develop an emergency response plan that may be necessary under specific circumstances and limited available resources.

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

A. MRC continues to participate in community events.

## IV. <u>SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)</u>

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

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

3. **Epidemiological Testing and Consultation:**

   A. SNPHL continues to support the disease investigation activities of the SNHD OOE and Nursing Division.

   B. SNPHL continues to participate in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce.

   C. SNPHL continues to report results of PEWSS testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

4. **State Branch Public Health Laboratory Testing:**

   A. SNPHL continues to perform reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped or confirmed; stored on-site; and results reported and/or samples submitted to CDC through various national programs, including Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance.

   B. SNPHL continues to perform CDC Laboratory Response Network (LRN) testing for biological agents on clinical and unknown environmental samples.

   C. SNPHL continues to perform Pulsed Field Gel Electrophoresis (PFGE) testing of *Salmonella*, *Shigella*, 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.

5. **All-Hazards Preparedness:**

   A. SNPHL continues to participate with SNHD OPHP, local First Responders and sentinel laboratories to ensure support for response to possible biological or chemical agents.

   B. SNPHL staff continues to receive training on LRN protocols for biological agent confirmation.

   C. SNPHL maintains sufficient technical laboratory staff competent to perform LRN testing 24 hours per day/7 days per week.

   D. SNPHL continues to coordinate with First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.

   E. SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.

6. **July SNPHL Activity Highlights:**

A. SNPHL received delivery and installation of the Hologic Panther analyzer in July 2015. The Panther analyzer platform will allow SNPHL to expand its test menu to include molecular *Chlamydia trachomatis* and *Neisseria gonorrhoeae* (CT/GC) testing in support of SNHD STD surveillance and prevention activities. An SNPHL Senior Clinical Laboratory Scientist attended key operator training in San Diego, California. SNPHL staff began method verification activities associated with the CT/GC testing. It is anticipated that testing will begin in September 2015.

B. SNPHL was inspected by the CDC Select Agent program on July 28-29, 2015. The Select Agent program inspection must be performed every 3 years. The inspectors reviewed Biosafety, Security, and Incident Response activities performed by SNPHL and will provide a written report identifying any facility departures from the federal Select Agent regulation.

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

| SNPHL Services | July 2014 | July 2015 | | FY 14-15 (July) | FY 15-16 (July) | |
|---|---|---|---|---|---|---|
| Clinical Testing Services[1] | 3446 | 2995 | ↓ | 3446 | 2995 | ↓ |
| Courier Services[2] | 3489 | 2921 | ↓ | 3489 | 2921 | ↓ |
| Epidemiology Services[3] | 749 | 999 | ↑ | 749 | 999 | ↑ |
| State Branch Public Health Laboratory Services[4] | 809 | 1181 | ↑ | 809 | 1181 | ↑ |
| All-Hazards Preparedness Services[5] | 16 | 13 | ↓ | 16 | 13 | ↓ |

## V. VITAL STATISTICS

August 2015 showed an increase of 7% in birth certificate sales in comparison to August 2014. Death certificate sales decreased by 5% for the same time frame. The Mesquite office does not show revenue for July and August due to the absence of a Vital Statistics Registrar on site. SNHD implemented the second step of the fee increase, which was approved by the Board of Health in 2014. The registration fee increased from $7.00 to $13.00, and SNHD has received new revenues of $111,627 for birth registrations, $39,848 for death registrations; and an additional $3,641 in miscellaneous fees for the month of August.

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

| Vital Statistics Services | Aug 2014 | Aug 2015 | | FY 14-15 (Jul-Aug) | FY 15-16 (Jul-Aug) | |
|---|---|---|---|---|---|---|
| Births Registered | 2,859 | 2,343 | ↓ | 5,214 | 4,797 | ↓ |
| Deaths Registered | 1,219 | 1,194 | ↓ | 2,524 | 2,614 | ↑ |

1 Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, Gram stain testing.
2 Includes the number of clinical test specimens transported from facilities by SNPHL courier.
3 Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations or consultations.
4 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.
5 Includes Preparedness training, BSL-3 maintenance and repair, teleconferences, Inspections.

## COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

| Vital Statistics Services | July 2014 | July 2015 | | FY 14-15 (Jul-Aug) | FY 15-16 (Jul-Aug) | |
|---|---|---|---|---|---|---|
| Birth Certificates Sold Valley View (walk-in) | 4,407 | 4,102 | ↓ | 8,045 | 7,447 | ↓ |
| Birth Certificates Sold Mesquite (walk-in) | 24 | 0 | ↓ | 39 | 0 | ↓ |
| Birth Certificates Mail[1] | | 173 | | | 304 | |
| Birth Certificates Online Orders | 760 | 1,146 | ↑ | 1,455 | 2,167 | ↑ |
| Birth Certificates Billed | 2 | 141 | ↑ | 2 | 274 | ↑ |
| **Birth Certificates Number of Total Sales** | 5,193 | 5,562 | ↑ | 9,541 | 10,192 | ↑ |
| Death Certificates Sold Valley View (walk-in) | 2,567 | 2,176 | ↓ | 5,175 | 4,963 | ↓ |
| Death Certificates Sold Mesquite (walk-in) | 0 | 0 | = | 2 | 0 | ↓ |
| Death Certificates Mail[1] | | 90 | | | 363 | |
| Death Certificates Online Orders | 3,462 | 3,440 | ↓ | 6,731 | 7,190 | ↑ |
| Death Certificates Billed | 7 | 14 | ↑ | 7 | 25 | ↑ |
| **Death Certificates Number of Total Sales** | 6,036 | 5,720 | ↓ | 11,915 | 12,541 | ↑ |

## COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

| Vital Statistics Sales by Source | Aug 2014 | Aug 2015 | | FY 14-15 (Jul-Aug) | FY 15-16 (Jul-Aug) | |
|---|---|---|---|---|---|---|
| Birth Certificates Sold Valley View (walk-in) | 84.86% | 73.75% | ↓ | 84.32% | 73.07% | ↓ |
| Birth Certificates Sold Mesquite (walk-in) | .46% | 0% | ↓ | .41% | 0% | ↓ |
| Birth Certificates Mail[1] | | 3.11% | | | 2.98% | |
| Birth Certificates Online Orders | 14.64% | 20.60% | ↑ | 15.25% | 21.26% | ↑ |
| Birth Certificates Billed | .04% | 2.54% | ↑ | .02% | 2.69% | ↑ |
| Death Certificates Sold Valley View (walk-in) | 42.53% | 38.04% | ↓ | 43.43% | 39.57% | ↓ |
| Death Certificates Sold Mesquite (walk-in) | 0% | 0% | → | .02% | 0% | → |
| Death Certificates Mail[1] | | 1.57% | | | 2.89% | |
| Death Certificates Online Orders | 57.36% | 60.14% | ↓ | 56.49% | 57.33% | ↓ |
| Death Certificates Billed | .12% | .24% | ↑ | .06% | .20% | ↑ |

1 This information was not tracked separately until June 2015

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

| Revenue | Aug 2014 | Aug 2015 | | FY 14-15 (Jul-Aug) | FY 15-16 (Jul-Aug) | |
|---|---|---|---|---|---|---|
| Birth Certificates ($20) | $103,860 | 111,240 | ↑ | $190,820 | $203,840 | ↑ |
| Death Certificates ($20) | $120,720 | 114,400 | ↑ | $238,300 | $250,820 | ↑ |
| Births Registrations ($13) | $31,444 | 61,920 | ↑ | $51,723 | $111,627 | ↑ |
| Deaths Registrations ($13) | $10,801 | 19,020 | ↑ | $19,579 | $39,848 | ↑ |
| Miscellaneous | $2,917 | 3,641 | ↑ | $5,071 | $6,541 | ↑ |
| Total Vital Records Revenue | $269,742 | $310,221 | ↑ | $505,493 | $612,676 | ↑ |

CL/dm

ATT: August 2015 Disease Statistics

## Clark County Disease Statistics*, AUGUST 2015

| Disease | 2013 | | 2014 | | 2015 | | Rate(Cases per 100,000 per month) | | Monthly Rate Comparison |
|---|---|---|---|---|---|---|---|---|---|
| | Aug No. | YTD No. | Aug No. | YTD No. | Aug No. | YTD No. | Aug (2010-2014 aggregated) | Aug (2015) | Significant change bet. current & past 5-year?~~ |
| *VACCINE PREVENTABLE* | | | | | | | | | |
| DIPHTHERIA | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| HAEMOPHILUS INFLUENZA (INVASIVE) | 0 | 8 | . | 9 | . | 16 | 0.03 | 0.10 | ↑ |
| HEPATITIS A | . | 11 | 0 | . | . | 8 | 0.02 | 0.05 | ↑ |
| HEPATITIS B (ACUTE) | 5 | 18 | . | 13 | . | 11 | 0.16 | 0.14 | ↓ |
| INFLUENZA** | . | 515 | . | 509 | . | 448 | 0.05 | 0.05 | |
| MEASLES | 0 | 0 | 0 | 0 | 0 | 9 | 0.00 | 0.00 | |
| MUMPS | 0 | . | 0 | . | 0 | 0 | 0.00 | 0.00 | |
| PERTUSSIS | 13 | 98 | . | 46 | . | 73 | 0.30 | 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 | 23 | 146 | 18 | 146 | 12 | 113 | 1.05 | 0.58 | ↓ |
| CHLAMYDIA | 864 | 6280 | 907 | 6911 | 858 | 6478 | 40.96 | 41.41 | ↑ |
| GONORRHEA | 218 | 1460 | 244 | 1746 | 244 | 1855 | 9.98 | 11.78 | ↑ |
| HIV | 31 | 183 | 31 | 194 | 15 | 182 | 1.39 | 0.72 | ↓X |
| SYPHILIS (EARLY LATENT) | 21 | 157 | 35 | 207 | 27 | 241 | 1.02 | 1.30 | ↑ |
| SYPHILIS (PRIMARY & SECONDARY) | 11 | 101 | 29 | 185 | 18 | 175 | 0.62 | 0.87 | ↑ |
| *ENTERICS* | | | | | | | | | |
| AMEBIASIS | . | 6 | 0 | . | 0 | 9 | 0.04 | 0.00 | ↓ |
| BOTULISM-INTESTINAL (INFANT) | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| CAMPYLOBACTERIOSIS | 8 | 60 | 18 | 72 | 10 | 72 | 0.56 | 0.48 | ↓ |
| CHOLERA | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| CRYPTOSPORIDIOSIS | . | 6 | 0 | . | 0 | . | 0.07 | 0.00 | ↓X |
| GIARDIA | . | 38 | . | 23 | . | 21 | 0.32 | 0.10 | ↓ |
| ROTAVIRUS | 0 | 78 | 0 | 47 | . | 64 | 0.04 | 0.10 | ↑ |
| SALMONELLOSIS | 13 | 313 | 13 | 76 | 19 | 109 | 0.79 | 0.92 | ↑ |
| SHIGA-TOXIN PRODUCING E. COLI# | 6 | 39 | . | 14 | . | 20 | 0.24 | 0.10 | ↓ |
| SHIGELLOSIS | 14 | 27 | . | 16 | . | 16 | 0.44 | 0.10 | ↓X |
| TYPHOID FEVER | 0 | 0 | 0 | . | 0 | . | 0.00 | 0.00 | |
| VIBRIO (NON-CHOLERA) | 0 | . | 0 | . | 0 | 0 | 0.00 | 0.00 | |
| YERSINIOSIS | . | 7 | 0 | . | 0 | 0 | 0.04 | 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 | |
| BRUCELLOSIS | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| COCCIDIOIDOMYCOSIS | 7 | 51 | . | 45 | 7 | 51 | 0.29 | 0.34 | ↑ |
| DENGUE FEVER | 0 | . | 0 | . | 0 | 0 | 0.02 | 0.00 | ↓ |
| ENCEPHALITIS | 0 | . | 0 | . | 0 | . | 0.01 | 0.00 | ↓ |
| HANTAVIRUS | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| HEMOLYTIC UREMIC SYNDROME (HUS) | 0 | 0 | 0 | . | 0 | 0 | 0.00 | 0.00 | |
| HEPATITIS C (ACUTE) | . | . | 0 | . | 0 | 7 | 0.01 | 0.00 | ↓ |
| HEPATITIS D | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| INVASIVE GROUP A STREP.## | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| LEGIONELLOSIS | 5 | 14 | 5 | 14 | 0 | 17 | 0.14 | 0.00 | ↓X |
| 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 | . | 0 | . | 0.00 | 0.00 | |
| LYME DISEASE | . | 6 | 0 | . | 0 | . | 0.01 | 0.00 | ↓ |
| MALARIA | . | 5 | . | 6 | 0 | . | 0.02 | 0.00 | ↓ |
| MENINGITIS, ASEPTIC/VIRAL | 8 | 28 | . | 25 | . | 23 | 0.15 | 0.14 | ↓ |
| MENINGITIS, BACTERIAL | . | 6 | . | 8 | . | 14 | 0.05 | 0.05 | |
| MENINGOCOCCAL DISEASE | 0 | 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 | . | 0.01 | 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) | . | 1176 | . | 604 | . | 1097 | 0.25 | 0.10 | ↓ |
| STREPTOCOCCUS PNEUMONIAE, IPD### | . | 38 | 6 | 59 | . | 72 | 0.15 | 0.14 | ↓ |
| TOXIC SHOCK SYN | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | |
| TOXIC SHOCK SYN (STREPTOCOCCAL) | . | . | 0 | 9 | 0 | 7 | 0.01 | 0.00 | ↓ |
| TUBERCULOSIS | 8 | 55 | 8 | 52 | . | 56 | 0.38 | 0.10 | ↓ |
| 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) | . | 6 | . | . | 0 | 0 | 0.12 | 0.00 | ↓X |
| WEST NILE VIRUS (FEVER) | 0 | . | 0 | 0 | 0 | 0 | 0.01 | 0.00 | ↓ |

*Due to software transition STD data since 2014 are not comparable with those in previous years. Rate denominators are interpolated population estimates/projections using demographic data under ongoing revisions by the state demographer. Use of onset date 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=62(reported total=1238). Due to unavailability of current birth data, congenital syphilis rates were not calculated(reported monthly cases [suppression applied] for 2013-2015 were respectively 0,0,0; YTD totals .,.,.).

**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).