





Memorandum

Date: October 22, 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* 

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

- A. Secondhand smoke exposure is a serious health issue, and one that is especially common in homes that have shared ventilation systems or where smoke can seep through windows, doors, and vents, such as apartment buildings. The Smoke-Free Housing Directory, available on the Get Healthy website, was created by TCP staff to highlight apartment and condominium communities in Clark County that offer smoke-free housing options for residents. In August, TCP staff added 52 buildings with 1,030 smoke-free units to the Smoke-free Housing Directory. Since April 2015, staff has added 53 buildings with 1,345 smoke-free units to the Smoke-free Housing Directory, for a total of 5,105 smoke-free apartment homes available in Clark County.
- B. 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 on the Get Healthy website. A total of 1,109 providers were trained on how to deliver a brief tobacco use intervention in August through the online module. The tremendous increase in August can be attributed to an online advertising campaign that directly linked providers to the training page.

2. Chronic Disease Prevention Program (CDPP):

- A. Staff worked with two local Farmers' Market managers to provide technical assistance and resources necessary for them to accept Supplemental Nutrition Assistance Program Electronic Benefit Transfer (SNAP/EBT) benefits at their markets. The Green Chefs Farmers' Market and the Farms at Fantastic are now accepting SNAP/EBT benefits, allowing access to fresh fruits and vegetables by SNAP eligible families. SNHD staff continues to provide ongoing technical assistance, and the Farmers' Market Promotion Program (FMPP) grant is providing resources including promotional signage to support these efforts.
- B. The annual Soda Free Summer initiative wrapped up in August. The Soda Free Summer Challenge encourages children and adults to choose water or other healthier beverages and reduce or eliminate sugary drinks. A total of 265 individuals (youth and adults) received Sugar Savvy education through the initiative. In addition, over 300 materials were provided to community partners, and SNHD staff participated in several community events in August to promote the Sugar Savvy Beverage mobile app as well as provide related nutrition information.
- C. The Chronic Disease Prevention Program continued to run multi-component, multi-media campaigns in August to promote CDPP initiatives and programs, including Sugar Savvy Beverage/Healthy Vending, Physical Activity, and Diabetes Prevention and Self-Management. As a result of these campaigns and other Tobacco Control Program campaigns, visitors to our websites, participation in our online programs, and social media hits have dramatically increased. Staff also participated in six large community events in August to promote Chronic Disease Prevention programs and initiatives in the community. The total estimated attendance at these events was over 10,000 people, many of which were Spanish speaking. Staff interacted with community members and provided educational materials on a range of topics and initiatives in both English and Spanish.

3. Injury Prevention Program (IPP):

- A. Staff submitted a grant proposal to the Nevada Child Death Review Executive team to support the Spanish A, B, C, & Ds of Drowning Prevention media campaign in FY16. SNHD was awarded \$8,000 to support the 2016 Spanish media campaign. The grant award was approved at the Nevada Child Death Review Executive Committee meeting on August 28, 2015.

II. OFFICE OF DISEASE SURVEILLANCE (ODS)

The Office of Disease Surveillance is new to the Community Health Division (formerly Nursing Service-Office of HIV/AIDS/STD/TB). We continue to work diligently toward streamlining integration efforts across programs within Community Health as well as programs within Nursing. While we are in transition we are making efforts to provide seamless services to our clients, community stakeholders, and funders. Our transition has required enhanced communication processes and partnerships across the Office of Epidemiology, TB Clinic Services, Sexual Health Clinic Services, SAPTA, and Nursing Case Management.

1. Surveillance and Investigations

Community Health -- ODS – Fiscal Year Data

Morbidity Surveillance	Sept 2014	Sept 2015		FY 14-15 (Jul-Sep)	FY 15-16 (Jul-Sep)	
Chlamydia	803	845	↑	2,588	2,571	↓
Gonorrhea	231	268	↑	736	804	↑
Primary Syphilis	7	1	↓	24	17	↓
Secondary Syphilis	12	7	↓	36	38	↑
Early Latent Syphilis	26	11	↓	89	84	↓
Late Latent Syphilis	11	4	↓	33	21	↓
New HIV Diagnosis	19	53	↑	54	82	↑
New HIV/AIDS Diagnosis	8	12	↑	15	24	↑
New AIDS Diagnosis	6	4	↓	17	20	↑
New to NV Seeking Care, HIV and AIDS	36	36	→	124	83	↓
Perinatally Exposed to HIV	1	7	↑	6	11	↑
Congenital Syphilis (presumptive)	1	0	↓	1	0	↓

Community Health -- ODS – Fiscal Year Data

Pregnant Mom Surveillance (Counts)represents # cases being followed ¹	Sept 2014	Sept 2015		FY 14-15 (Jul-Sep)	FY 15-16 (Jul-Sep)	
HIV/AIDS Pregnant Cases	1	1	→	5	8	↑
Syphilis Pregnant Cases	2	4	↑	11	16	↑

Community Health -- ODS – Fiscal Year Data

Tuberculosis	Sept 2014	Sept 2015		FY 14-15 (Jul-Sep)	FY 15-16 (Jul-Sep)	
Number of Active Cases - Adult	4	3	↓	14	12	↓
Number of Active Cases - Pediatric	0	0	→	6	0	↓
Number of Suspect TB Reports ²		31			88	
Number of Electronic Disease Notifications	34	46	↑	99	119	↑

Of the newly diagnosed Active TB Cases

- 3 were foreign born

¹ #Reports initiated in the month

² This data that 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	5	2	2	0	0	0
Active TB	2	10	100	13	5	0
TOTAL	7	12	102	13	5	0

Community Health -- ODS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Partners	Clusters ¹	Reactors ²	OOJ/FUP ³
Chlamydia	37	0	19	0
Gonorrhea	7	0	10	1
Syphilis	74	4	70	5
HIV/AIDS (New to Care/Returning to Care)	87	0	40	5
TOTAL	205	4	139	11

Community Health -- ODS – Monthly Data

DIIS Partner Services CT/GC/Syphilis/HIV	#Interviews	#Partners/ Clusters Notified/ Examined	Partners/ Clusters	Partners Previously Diagnosed/ Treated
Chlamydia	16	11	17	1
Gonorrhea	9	0	3	2
Syphilis	56	16	38	8
HIV/AIDS (New to Care/Returning to Care)	30	17	16	14
TOTAL	111	44	74	25

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

- A. ODS, in conjunction with OOE and nursing, hosted “The Gathering 2015”. There were 49 attendees at the event, and we had representatives from every major hospital and laboratory. The overall feedback was positive and it is our goal to host these events annually. Topics recommended by attendees for future conferences are: inter-hospital communications, transfer forms including reportable diseases and TB, MDRO (Multi-drug resistant organisms), research drugs, ongoing summaries of updates and changes (in real time), electronic reporting, and Ebola.

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

2 Reactors= 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

The conference included information on:

- a. Changes to state regulations regarding reporting of communicable diseases.
- b. An update on the morbidity in Clark County (HIV/STD/TB and Co-Infections) and Disease Surveillance/Investigation at SNHD.
- c. Syphilis- serologic diagnosis, the reverse sequence algorithm.
- d. Reporting Suspect TB.
- e. Syndromic Surveillance; Clark County's Measles Response.
- f. SNHD Informatics- applications that will assist in reporting.

B. High Impact HIV Screening Sites

- a. Weekly: Richard Steele Health and Wellness Center—target population African American/Hispanic youth
- b. Mondays-Thursdays: The Center—LGBTQ Community of Nevada—MSM, transgender
- c. September 16: ECDC African Eritrean Community Center—Refugee/Immigrant
- d. September 19: Gay Pride—LGBTQ Population
- e. September 25: Flex—MSM
- f. September 29: Charlie's Bar—MSM

C. Staff Facilitated Training

- a. September 12: First Offenders Prostitute Program—HIV and STDs 101, 5 attendees.
- b. September 22: Infection Control Conference—The Gathering 2015, 49 attendees.
- c. September 23: NV Public Health Association—Trans Sensitivity and Electronic Medical Records, 25 attendees.
- d. September 28: Rape Crisis Center—HIV, STDs, and Intimate Partner Violence—Cheryl Radeloff, 15 attendees.

D. Staff Attended Training

- a. September 3: Clearview Determine and Orasure HCV Rapid test Annual Competency Training, all licensed personnel.
- b. September 9-13; USCA (United States Conference on AIDS). Four ODS staff attended this annual conference held in Washington DC. Here, staff gained insight on what other programs/jurisdictions are doing. Staff also heard presentations on reducing stigma, enhanced surveillance processes, and prevention strategies. There was a focus on data to care and needle exchange as well.

Community Health -- ODS – Fiscal Year Data

Prevention - SNHD HIV Testing	Sept 2014	Sept 2015		FY 14-15 (Jul-Sep)	FY 15-16 (Jul-Sep)	
Outreach/Targeted Testing	719	757	↑	2,220	1,833	↓
Clinic Screening (SHC/FPC/TB)	651	332	↓	1,973	1,642	↓
Jails, SAPTA Screening	245	116	↓	736	636	↓
TOTAL	1,615	1,205	↓	4,929	4,111	↓
Outreach/Targeted Testing POSITIVE				21	37	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				26	19	↓
Jails, SAPTA Screening POSITIVE				3	3	→
TOTAL POSITIVES				50	59	↑

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

1. September Meetings:

A. EMS Regulations Workshop

Staff conducted a workshop to review the draft EMS Regulations. Revisions included the addition of new laws passed at the 2015 Nevada legislative session such as training related to Community Paramedicine and the Emergency Communication Nurse System. Training was also spelled out for certification related to the administration of an opioid antagonist and auto-injectable Epinephrine. The next workshop is scheduled for Wednesday, October 7, 2015.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

September EMS Statistics	Sept 2014	Sept 2015		FY 14-15 (Jul-Sep)	FY 15-16 (Jul-Sep)	
Total certificates issued	780	596	↓	836	675	↓
New licenses issued	17	31	↑	40	205	↑
Renewal licenses issued (recert only)	143	564	↑	151	707	↑
Active Certifications: EMT/EMT-Basic	484	517	↑			
Active Certifications: AEMT/EMT-Intermediate	1232	1268	↑			
Active Certifications: Paramedic/EMT-Paramedic	1145	1210	↑			
Active Certifications: RN	41	42	↑			

I. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

- Pertussis in Clark County – Update:** Year-to-date we have identified 77 cases of pertussis, four of which were investigated in September. Of the cases investigated in September, two became ill in August and two in September. Case counts by illness onset date from 2010 to present are shown below (Figure 1). Approximately 26% of reported laboratory tests ordered for pertussis since July 30, 2012 were either probable or confirmed cases (N=215). Some of these pertussis cases would not have been detected were we not performing enhanced surveillance.

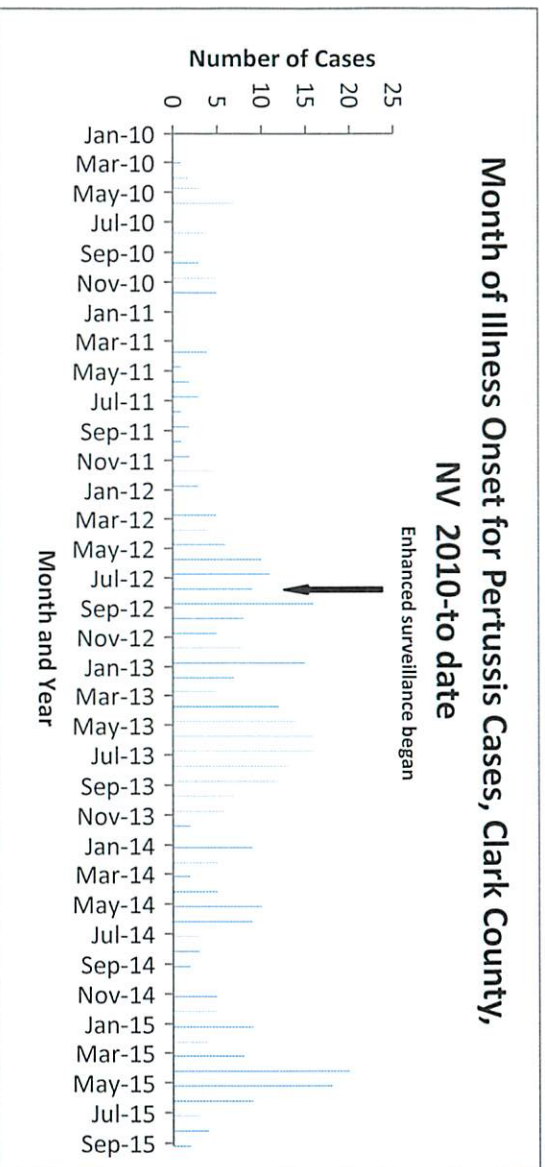


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

2. **Pediatric Early Warning Surveillance System (PEWSS)²:** PEWSS surveillance sentinel sites submitted a moderate number of respiratory specimens to the SNPHL for testing in September, an expected increase over August. Adenovirus was sporadically detected and parainfluenza virus 1 was detected at low levels 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:**

A. **Salmonella Poona:** The OOE investigated eight salmonellosis cases in Clark County residents that match a nationwide outbreak of *Salmonella* Poona. Nationwide, as of September 30 there have been 671 people infected with the outbreak strain from 34 states. Epidemiologic, laboratory, and trace back investigations identified cucumbers imported from Mexico and distributed by Andrew & Williamson Fresh Produce as a likely source of the infections in this outbreak. Cucumbers distributed in 24 states including Nevada were recalled as a result of the investigation. Because cases continued to be identified after the last recall on September 11, the CDC requested states with recent *S. Poona* cases survey facilities and randomly collect cucumbers imported from Mexico for additional testing. Between September 21 and September 28, SNHD EH staff collected 42 cucumbers from 15 different facilities. Of these, all 42 have tested negative for *Salmonella* by PCR. Culture results for 31 of the samples are also negative for *Salmonella*. Culture results for 11 cucumbers are pending.

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, *Chlamydia 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.

- B. Ebola virus:** In September we monitored five returned travelers. The WHO declared Liberia free of Ebola virus transmission on September 3 after 42 days had passed since the second negative test. Liberia has now entered a 90-day period of heightened surveillance. As of September 21, enhanced entry screening was discontinued for travelers coming from Liberia. These travelers are advised to self-monitor and report to SNHD should they become symptomatic and/or febrile for 21 days after they leave Liberia. Returned travelers from Guinea and Sierra Leone continue to be actively monitored. We also continue to update our Ebola Virus Disease (EVD) procedures and protocols as new information becomes available.
- C. West Nile virus:** West Nile virus (WNV) season has begun and we have identified many positive pools of mosquitoes. In September, we investigated the first case of neuroinvasive disease in a male over 50. This season we have investigated four presumptively viremic donors (PVDs), meaning they donated blood and tested positive for exposure to WNV but had no symptoms.

4. Other:

- A.** On September 22, Angel Stachnik and Linda Verchick made presentations at The Gathering, a half-day conference for Infection Preventionists and Laboratorians, which was held at the Las Vegas Valley Water District. CEU and PACE credits were issued to attendees. Angel provided an EPI update on HIV, STD, and TB, and Linda co-presented with Pat Armour on communicable disease reporting, syndromic surveillance, and laboratory isolate submission.
- B.** The OOE has lost two remarkable staff members. Tami Bruno, DIIS II, took a position with UNLV and Nancy Williams, MD, Medical Epidemiologist, took a position with El Dorado County Public Health to serve as Health Officer.

- 5. Communicable Disease Statistics:** September 2015 and Quarter 3 2015 Disease Statistics are attached.

II. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

The firearm injury study is almost completed. The upgrade to enable the Online Reporting Form to update events in addition to creating new events is almost completed. A lot of effort has been expended on electronic health record (EHR) systems requirements development and EHR systems assessment. Numerous classes of lab tests reported in the plain text Quest lab test files have been converted to standard formats and automated. The process of accepting electronic lab reporting from Mountain's Edge Hospital has been started. Additional disease processing has been automated through EMSA. Preparatory work has been performed on modifying our surveillance system to readily handle processing rabies cases and animal-bite cases. Bi-yearly STD performance reports for the Nevada Division of Public and Behavioral Health (NDPBH) and the CDC have been generated.

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A.** OPHP and statewide community partners successfully conducted the Operation Rabbit's Foot Full Scale Exercise on September 28-30, 2015. This exercise required 12 months of preparation, including numerous meetings and trainings. The exercise included participation from 8 federal agencies, 8 state agencies, 7 local jurisdictions, numerous volunteers, and over 26 private organizations. This

simulated, biological release exercise allowed SNHD, NDPBH, federal, state, and local law enforcement, Fire, EMS, healthcare system, Nellis AFB, and emergency management partners the opportunity to exercise emergency response plans, complete exercise objectives, and test core capabilities to a public health threat to community. Statewide participants will incorporate the lessons learned from this exercise in the review and revision of plans, processes, and staff training and will retest in future exercises.

- B. OPHP and Southern Nevada Healthcare Preparedness Coalition Planners participated in planning with community agencies for McCarran International Airport's Triennial Full-Scale Exercise that was planned to be completed in October 2015. However, a real event at McCarran international airport recently tested the airport's current response capabilities, so they have postponed the exercise until 2018. Medical surge, patient tracking, and coordination with family assistance center operations, communication, and coordination were to be exercise objectives tested.
- C. OPHP Senior Public Health Preparedness Planner continues to support local healthcare system hospitals in planning future trainings and exercises. This includes those exercises which focus on mitigating the violence towards healthcare personnel and will provide participants with necessary education for workplace using "Run, Hide, Fight to LIVE" training components. The "active shooter" exercises in the recent past have also included participation by local law enforcement, fire department, and emergency medical services.
- 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. OPHP Training Officer continues to conduct CPR courses 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 with district staff by OPHP Training officer and HR personnel with absence of OPHP Nurse, who is on medical leave. These individuals ensure continuity of operations is performed.

3. **Grants and Administration:** OPHP continues to process BP4 awarded sub-grants and continue activities identified as deliverables to meet the health district's scopes of work. Ebola subgrants will provide community healthcare organizations with necessary supplies, training, and personal protective equipment to respond to potential Ebola or other highly pathogenic illness 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. **SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)**

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

- A. SNPHL received certificates of appreciation for 2014-2015 participation in the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS) and the CDC/World Health Organization Influenza Surveillance System. SNPHL provides electronic data reporting to NREVSS and submits de-identified positive influenza samples to CDC for use in determining the vaccine strains to include in the next year influenza vaccine. The letters and certificates are attached.
- B. SNPHL staff participated in multiple *Salmonella* cluster investigations including the national foodborne outbreak associated with cucumbers. Assistance included performing PFGE testing for PulseNet, communication with OOE, and arranging for transport of *Salmonella* isolates from out of state laboratories back to SNPHL for serotyping.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	August 2014	August 2015		FY 14-15 (Jul-Aug)	FY 15-16 (Jul-Aug)	
Clinical Testing Services ¹	3030	2727	↓	6476	5722	↓
Courier Services ²	2921	2753	↓	6410	5671	↓
Epidemiology Services ³	917	660	↓	1666	1659	↓
State Branch Public Health Laboratory Services ⁴	767	1172	↑	1576	2353	↑
All-Hazards Preparedness Services ⁵	21	11	↓	37	24	↓

V. VITAL STATISTICS

September 2015 showed an increase of 6% in birth certificate sales in comparison to September 2014. Death certificate sales remained stable for the same time frame. In June of 2014 SNHD began tracking mail-in requests separately from walk-in requests. The Mesquite office resumed Vital Statistics sales in September. SNHD has received revenues

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.

of \$45,488 for birth registrations, \$20,071 for death registrations; and an additional \$2,938 in miscellaneous fees for the month of September.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Sept 2014	Sept 2015		FY 14-15 (Jul-Sep)	FY 15-16 (Jul-Sep)	
Births Registered	2,480	2,682	↑	7,688	7,479	↓
Deaths Registered	1,268	901	↓	3,828	3,382	↓

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Sept 2014	Sept 2015		FY 14-15 (Jul-Sep)	FY 15-16 (Jul-Sep)	
Birth Certificates Sold Valley View (walk-in)	3,173	2,874	↓	11,218	10,321	↓
Birth Certificates Sold Mesquite (walk-in)	16	15	↓	55	15	↓
Birth Certificates Mail	0	161	↑	0	465	↑
Birth Certificates Online Orders	663	1,096	↑	2,118	3,263	↑
Birth Certificates Billed	146	111	↓	148	385	↑
Birth Certificates Number of Total Sales	3,998	4,257	↑	13,539	14,449	↑
Death Certificates Sold Valley View (walk-in)	2,880	2,414	↓	8,055	7377	↓
Death Certificates Sold Mesquite (walk-in)	0	5	↑	2	5	↑
Death Certificates Mail	0	116	↑	0	479	↑
Death Certificates Online Orders	3,347	3,698	↑	10,078	10,888	↑
Death Certificates Billed	7	7	→	14	32	↑
Death Certificates Number of Total Sales	6,234	6,240	↑	18,149	18,781	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Sept 2014	Sept 2015		FY 14-15 (Jul-Sep)	FY 15-16 (Jul-Sep)	
Birth Certificates Sold Valley View (walk-in)	79.4%	67.5%	↓	89.9%	71.4%	↓
Birth Certificates Sold Mesquite (walk-in)	.4%	.4%	→	.4%	.1%	↓
Birth Certificates Mail	0%	3.8%	↑	0%	3.2%	↑
Birth Certificates Online Orders	16.6%	25.7%	↑	15.6%	22.6%	↑
Birth Certificates Billed	3.7%	2.6%	↓	1.1%	2.7%	↑
Death Certificates Sold Valley View (walk-in)	46.2%	38.7%	↓	44.4%	39.3%	↓
Death Certificates Sold Mesquite (walk-in)	0%	.1%	↑	0%	0%	→
Death Certificates Mail	0%	1.9%	↑	0%	2.6%	↑
Death Certificates Online Orders	53.7%	59.3%	↑	55.5%	58.0%	↑
Death Certificates Billed	.1%	.1%	→	.1%	.2%	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	Sept 2014	Sept 2015		FY 14-15 (Jul-Sep)	FY 15-16 (Jul-Sep)	
Birth Certificates (\$20)	79,960	85,140	↑	270,780	288,980	↑
Death Certificates (\$20)	124,680	124,800	↑	362,980	375,620	↑
Births Registrations (\$13)	23,772	45,488	↑	75,495	157,115	↑
Deaths Registrations (\$13)	11,144	20,071	↑	30,723	59,919	↑
Miscellaneous	2,585	2,938	↑	7,656	9,479	↑
Total Vital Records Revenue	242,141	278,437	↑	747,634	891,113	↑

CL/dm

ATT: September 2015 Disease Statistics

Quarter 3 2015 Disease Statistics

CDC NREVSS recognition letter and certificate

CDC United States Influenza Surveillance System recognition letter and certificate

Clark County Disease Statistics*, SEPTEMBER 2015

Disease	2013		2014		2015		Rate(Cases per 100,000 per month) Sep (2010-2014 aggregated)	Monthly Rate Comparison Sep (2015)	Significant change bet. current & past 5-year?~
	Sep No.	YTD No.	Sep No.	YTD No.	Sep No.	YTD No.			
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	0	8	11	17			0.03	0.05	↑
HEPATITIS A	12	0	0	8			0.03	0.00	↓
HEPATITIS B (ACUTE)	0	18	0	13	0	11	0.03	0.00	↓
INFLUENZA**	0	515	5	514	451		0.07	0.14	↑
MEASLES	0	0	0	0	0	9	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	12	110	48	75			0.33	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	160	14	160	16	129	0.76	0.77	↑
CHLAMYDIA	803	7083	803	7714	855	7346	36.01	41.23	↑X
GONORRHEA	194	1654	231	1977	272	2128	8.74	13.12	↑X
HIV	20	203	20	214	53	235	0.81	2.56	↑X
SYPHILIS (EARLY LATENT)	8	165	25	232	11	259	0.70	0.53	↓
SYPHILIS (PRIMARY & SECONDARY)	15	116	21	206	8	190	0.65	0.39	↓
ENTERICS									
AMEBIASIS	0	6	0	0	0	9	0.00	0.00	
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	10	70	8	80	76		0.36	0.19	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	6	0	0	0	0	0.02	0.05	↑
GIARDIA	6	44	7	30	0	21	0.23	0.00	↓X
ROTAVIRUS	81	0	47	0	64		0.08	0.00	↓X
SALMONELLOSIS	15	328	17	93	11	126	0.65	0.53	↓
SHIGA-TOXIN PRODUCING E. COLI#	42	17	24				0.14	0.10	↓
SHIGELLOSIS	12	39	18	0	18		0.39	0.00	↓X
TYPHOID FEVER	0	0	0	0	0	0	0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.03	0.00	↓
YERSINIOSIS	0	7	0	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	
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	54	46	7	58			0.23	0.34	↑
DENGUE FEVER	0	0	0	0	0	0	0.02	0.00	↓
ENCEPHALITIS	0	0	0	0	0	0	0.00	0.00	
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	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	15	17	0	17			0.06	0.00	↑X
LEPROSY (HANSEN'S DISEASE)	0	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	0	0	0.00	0.00	
LYME DISEASE	7	0	0	0	0	0	0.02	0.00	↓
MALARIA	0	5	7	0	0	0	0.05	0.00	↓X
MENINGITIS, ASEPTIC/VIRAL	7	35	7	32	25		0.24	0.10	↓
MENINGITIS, BACTERIAL	0	6	10	0	14		0.05	0.00	↓X
MENINGOCOCCAL DISEASE	0	0	0	0	0	0	0.00	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	0.00	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)	1177	9	613	6	1103		0.60	0.29	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	41	5	64	75			0.14	0.14	
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	9	8			0.00	0.05	↑
TUBERCULOSIS	58	56	57				0.24	0.05	↓
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)	8	0	0	0	0	0	0.06	0.00	↑X
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.02	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=43 (reported total=1259). 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; 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).

Clark County Disease Statistics* - Quarter3, 2015

Disease	2013		2014		2015		Rate(Cases per 100,000 per quarter)		Quarterly Rate Comparison Significant change bet. current & past 5-year?~
	Q3 No.	YTD No.	Q3 No.	YTD No.	Q3 No.	YTD No.	Qtr3 (2010-2014 aggregated)	Qtr3 (2015)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	0	8	5	11	5	17	0.09	0.24	↑
HEPATITIS A	.	12	.	.	.	8	0.10	0.10	
HEPATITIS B (ACUTE)	5	18	.	13	.	11	0.22	0.19	↓
INFLUENZA**	6	515	12	514	6	451	0.27	0.29	↑
MEASLES	0	0	0	0	0	9	0.01	0.00	↓
MUMPS	.	.	.	.	0	0	0.02	0.00	↓
PERTUSSIS	41	110	8	48	7	75	0.95	0.34	↑X
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	54	160	45	160	44	129	2.57	2.12	↓
CHLAMYDIA	2489	7083	2587	7714	2581	7346	114.98	124.56	↑X
GONORRHEA	602	1654	736	1977	808	2128	28.01	38.99	↑X
HIV	78	203	67	214	82	235	3.10	3.96	↑
SYPHILIS (EARLY LATENT)	57	165	88	232	84	259	2.71	4.05	↑X
SYPHILIS (PRIMARY & SECONDARY)	54	116	73	206	56	190	2.14	2.70	↑
ENTERICS									
AMEBIASIS	.	6	.	.	5	9	0.08	0.24	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	31	70	35	80	28	76	1.34	1.35	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	.	6	0	.	.	.	0.14	0.10	↓
GIARDIA	17	44	12	30	.	21	0.85	0.10	↓X
ROTAVIRUS	5	81	5	47	.	64	0.45	0.10	↓X
SALMONELLOSIS	47	328	50	93	53	126	2.53	2.56	↑
SHIGA-TOXIN PRODUCING E. COLI#	19	42	9	17	13	24	0.68	0.63	↓
SHIGELLOSIS	27	39	9	18	9	18	1.05	0.43	↑X
TYPHOID FEVER	0	0	0	.	.	.	0.03	0.05	↑
VIBRIO (NON-CHOLERA)	.	.	0	.	.	.	0.07	0.05	↓
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	17	54	9	46	20	58	0.87	0.97	↑
DENGUE FEVER	0	.	0	.	0	0	0.05	0.00	↓X
ENCEPHALITIS	0	.	.	.	0	.	0.02	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)	.	.	.	.	7	.	0.02	0.05	↑
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	15	11	17	.	17	0.31	0.14	↓
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	.	0.02	0.00	↓
LYME DISEASE	5	7	.	.	.	.	0.08	0.10	↑
MALARIA	.	5	5	7	.	.	0.13	0.10	↓
MENINGITIS, ASEPTIC/VIRAL	19	35	13	32	7	25	0.53	0.34	↓
MENINGITIS, BACTERIAL	.	6	.	10	.	14	0.12	0.10	↓
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)	11	1177	18	613	10	1103	1.16	0.48	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	9	41	15	64	10	75	0.44	0.48	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	.	.	9	.	8	0.02	0.10	↑
TUBERCULOSIS	19	58	20	56	10	57	1.00	0.48	↓
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)	.	8	.	.	0	0	0.20	0.00	↓X
WEST NILE VIRUS (FEVER)	0	.	0	0	0	0	0.03	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. Quarterly disease total reported by OOE=199 (reported total=3864). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported quarterly cases [suppression applied] for 2013-2015 were respectively 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 quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly 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 quarter of this year or previous 5 years aggregated).



Friday, August 07, 2015

NREVSS Lab #329106
Ms. Patricia Armour
Southern Nevada Health District
700 Desert Lane
Las Vegas, NV 89106

Dear Ms. Armour:

Thank you for your participation in the National Respiratory and Enteric Virus Surveillance System (NREVSS) during the July 2014 - June 2015 season! With your support we have continued to improve our understanding of viral disease trends in the United States.

Here are a few highlights from the past season:

- Over 300 laboratories have reported directly to NREVSS since July 2014
- Online data submission site (ODSS) reports were modified to include data from 5 previous seasons
- The NREVSS webpage migrated to an enriched aesthetic and responsive design that allows for adjustable viewing on tablets and other devices
- RSV data were published in the Morbidity and Mortality Weekly Report: Haynes AK, Prill MM, Gerber SI; Centers for Disease Control and Prevention (CDC). "Respiratory Syncytial Virus—United States, July 2012- June 2014" *Morb Mortal Wkly Rep*, 63(48):1133-6; 2014.
- RSV data were published in the *PLoS Pathogens*: Pitzer VE, Viboud C, Alonso WJ, Wilcox et al. "Environmental Drivers of the Spatiotemporal Dynamics of Respiratory Syncytial Virus in the United States" *PLoS Pathog*, 11(1): e1004591; 2015.
- Rotavirus data were published in the Morbidity and Mortality Weekly Report: Alibadi N, Tate JE, Haynes AK, Parashar UD; Centers for Disease Control and Prevention (CDC). "Sustained decrease in laboratory detection of rotavirus after implementation of routine vaccination—United States, 2000-2014" *Morb Mortal Wkly Rep*. 64(13):337-42; 2015.
- Influenza reports that inform influenza surveillance strategies are posted at: <http://www.cdc.gov/flu/weekly/fluactivitiesurv.htm>
- RSV reports that inform health professionals and preparation for preventative measures are posted at: <http://www.cdc.gov/surveillance/nrevss/rsv/index.html>

In the 2014-15 season, your laboratory reported 52 weeks as of July 16, 2015. If you have any additional reports from the current or prior season that you would like to submit or edit, please do so at <https://wwwn.cdc.gov/nrevss/>.

Also, please remember to update your contact information the next time you log-on to the NREVSS ODSS. **In particular, please confirm that your e-mail address is listed correctly; we will use that address to relay any urgent updates in the future.** You can access your laboratory's information from the navigation menu at the top of the website under the section labeled "Account Profile."

Antigen detection, virus isolation, and PCR worksheets are enclosed to assist your laboratory in tracking surveillance results during the July 2015 - June 2016 season. We apologize for the delayed mailing this year and appreciate your patience and understanding. Please note that there have been no changes to the list of pathogens that will be included in surveillance during the upcoming season. We look forward to receiving your reports this year. Lastly, as a small token of our appreciation, we would like to present you with the enclosed certificate.

If you have any questions or comments please feel free to contact us using the information below:

Mila Prill, MSPH
Epidemiologist, CDC
mprill@cdc.gov
404.639.8292

Amber Haynes, MPH
Epidemiologist, P³S Corporation
ahaynes1@cdc.gov
404.639-6050

Christina Chommanard, MS, MPH
Epidemiologist, P³S Corporation
cchommanard@cdc.gov
404.639.2137

Congratulations on completing the 2014-2015 NREVSS season!

Sincerely,



Mila M. Prill, MSPH

Certificate of Appreciation

This certificate is awarded to

Southern Nevada Health District

Southern Nevada Public Health Laboratory

In recognition of participation in



National Respiratory and Enteric Virus Surveillance System

June 2014—July 2015

A handwritten signature in black ink, appearing to read "Mark A. Pallansch".

Mark A. Pallansch
Director
Division of Viral Diseases
National Center for Immunizations and
Respiratory Diseases





DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

September 1, 2015

Southern Nevada Public Health Laboratory
700 Desert Lane
Las Vegas, NV 89106

Dear Ms. Patricia Armour,

On behalf of the Centers for Disease Control and Prevention (CDC), we want to thank your laboratory for participation in the U.S. national influenza virologic surveillance system throughout the 2014-2015 influenza season! Participation across the country was excellent this season. Since October 1, 2014 the US public health laboratories (PHL) submitted over 2,100 virologic surveillance specimens for further characterization. The specimens submitted to CDC were used to inform WHO's vaccine recommendations for 2014-2015 influenza season. The recommendation for the 2015-16 influenza vaccine will have a change in both the influenza A (H3) and the influenza B (Yamagata lineage) components compared to the 2014-2015 vaccine. The trivalent vaccines should contain an A/California/7/2009 (H1N1)pdm09-like virus, an A/Switzerland/9715293/2013 (H3N2)-like virus, and a B/Phuket/3073/2013-like (B/Yamagata lineage) virus and in addition the quadrivalent vaccines should contain a B/Brisbane/60/2008-like (B/Victoria lineage) virus. For more information about the 2015-16 influenza season please see the CDC MMWR published on the influenza season at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6421a5.htm>.

We greatly appreciate your laboratory's support and contributions to the national surveillance system. These contributions are essential and greatly appreciated. To thank you, CDC is pleased to present your laboratory with the enclosed certificate of appreciation for all of your laboratory's contributions this season. Many thanks to your laboratory!

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel B. Jernigan".

Daniel B. Jernigan, MD, MPH
Influenza Division Director



CERTIFICATE OF APPRECIATION

Presented to

Southern Nevada Public Health Laboratory



For participating and submitting specimens to the 2014-2015 United States Influenza Surveillance System.

Daniel Jernigan, MD, MPH
Director, Influenza Division
NCIRD/CDC

Jacqueline Katz, Ph.D.
Director, WHO Collaborating Center for
Surveillance, Epidemiology, and Control
of Influenza
Acting Deputy Director Influenza Division
NCIRD/CDC

Anne Schuchat, M.D.
Director, National Center for Immunization
and Respiratory Diseases
CDC