





Memorandum

Date: November 19, 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. Tobacco Control Program (TCP) staff continue to provide technical assistance for organizations interested in protecting the health of employees and patrons through voluntary smoke-free policies. During the month of September, 12 local businesses implemented a minimum distance policy and/or e-cigarette policy. These businesses included Landero Learning Center, RSG Accounting and Consulting, Southwest Airlines Cargo, Kramer Land Company, iHeart Media, Domino's Pizza, CrossFit Modulus, Studio 105, Cut Me Loose Salon, Solutions Specialty Pharmacy, The Dental Spa, and Green Valley Carpet.
- B. The Las Vegas Lesbian, Gay, Bisexual, Transgender (LGBT) Pride Festival took place on September 19, 2015. Festival organizers have continued to provide a tobacco-free environment for festival participants. TCP staff provided signage, promoted the Quitline, and provided technical assistance throughout the planning and implementation of the event. There were an estimated 11,000 people in attendance.

2. Chronic Disease Prevention Program (CDPP):

- A. As part of the PICH grant, CrossFit functional fitness instruction for students began in September in 28 new participating schools and continued in 11 schools that had previously begun implementation of the program. Before and After School functional fitness programming will begin in all 39 schools in October. A two-hour "Brain Break" professional development workshop was conducted on September 10 for 55 elementary school teachers. Research shows that physical activity affects the brain in ways that allow students to be more engaged and ready to learn. The workshops provided tools to help teachers incorporate movement into all classroom settings. Project evaluation efforts are ongoing.

- B. SNHD and The Children's Advocacy Alliance completed development of a childcare provider toolkit to help childcare centers meet new guidelines and/or regulations that promote healthier nutrition options and increased opportunities for physical activity. The toolkit includes a guide to help parents select childcare centers that provide physical activity and healthy eating opportunities for children. Information about the toolkit has been shared with over 250 childcare providers to date and is now posted to the Get Healthy Clark County website for download at <http://www.gethealthyclarkcounty.org/pdf/color-me-healthy/provider-toolkit.pdf>.

The toolkit is a living document and updates will continue to be made as needed. Posters and flyers were developed and will be distributed to parents and childcare providers to promote availability of the toolkit. A small online and social media campaign also aired during September to promote availability of the toolkit and other related resources available on our website. SNHD staff will begin to translate parts of the toolkit into Spanish and will make those sections available on the Viva Saludable website as they are translated.

3. **Injury Prevention Program (IPP)**: Through the end of September, there have been 41 total submersion incidents with 7 (17.1%) of those officially resulting in fatal drownings. Five of the fatal drowning victims were under 4 years of age. Thirty-nine (39) submersion incidents occurred in pools, with 64% (29) of those occurring in residential pools and the other 36% (10) occurring in public pools. Of the 33 submersions (80%) for which SNHD had race/ethnicity data, 48% (16) were Caucasian, 27% (9) African-American, 18% (6) Hispanic, and 7%(2) Asian

II. **OFFICE OF DISEASE SURVEILLANCE (ODS)**

The ODS, formerly Nursing-Office of HIV/AIDS/STD/TB, continues 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, Tuberculosis (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	Oct. 2014	Oct. 2015		FY 14-15 (Jul-Oct)	FY 15-16 (Jul-Oct)	
Chlamydia	848	805	↓	3,436	3,400	↓
Gonorrhea	276	250	↓	1,012	1,069	↑
Primary Syphilis	10	5	↓	34	25	↓
Secondary Syphilis	18	14	↓	54	58	↑
Early Latent Syphilis	30	9	↓	119	113	↓
Late Latent Syphilis	12	0	↓	42	26	↓
New HIV Diagnosis	32	27	↓	105	109	↑
New HIV/AIDS Diagnosis	8	3	↓	31	27	↓
New AIDS Diagnosis	5	7	↑	28	28	→
New to NV Seeking Care, HIV and AIDS	42	30	↓	202	113	↓
Perinatally Exposed to HIV	1	2	↑	7	13	↑
Congenital Syphilis (presumptive)	0	0	→	1	1	→

Community Health -- ODS – Fiscal Year Data						
Pregnant Moms Surveillance Count represents # cases being followed ¹	Oct. 2014	Oct. 2015		FY 14-15 (Jul-Oct)	FY 15-16 (Jul-Oct)	
HIV/AIDS Pregnant Cases	0	3	↑	5	11	↑
Syphilis Pregnant Cases	4	7	↑	15	23	↑

Community Health -- ODS – Fiscal Year Data						
Tuberculosis	Oct. 2014	Oct. 2015		FY 14-15 (Jul-Oct)	FY 15-16 (Jul-Oct)	
Number of Active Cases - Adult	0	4	↑	14	16	↑
Number of Active Cases - Pediatric	1	0	↓	7	0	↓
Number of Suspect TB Reports ²		28			116	
Number of Electronic Disease Notifications	14	50	↑	113	169	↑

Of the newly diagnosed Active TB Cases

- Two are foreign-born (Ecuador, Mexico).

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	8	4	1	0	0	0
Active TB	4	35	32	2	3	0
TOTAL	12	39	33	2	3	0

Community Health -- ODS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Partners	Clusters ¹	Reactors ²	OOJ/FUP ³
Chlamydia	35	1	29	3
Gonorrhea	21	1	17	2
Syphilis	105	4	85	6
HIV/AIDS (New to Care/Returning to Care)	40	0	47	6
TOTAL	201	6	178	17

Community Health -- ODS – Monthly Data

DIIS Partner Services CT/GC/Syphilis/HIV	#Interviews	#Partners/ Clusters Notified/ Examined	Partners/ Clusters	Partners Previously Diagnosed/ Treated
Chlamydia	27	7	18	6
Gonorrhea	21	8	8	2
Syphilis	80	22	56	15
HIV/AIDS (New to Care/Returning to Care)	27	13	10	12
TOTAL	155	50	92	35

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

- A. The ODS participated in a large-scale medical outreach effort by Remote Area Medical. This event provided services for adults and children who are uninsured, under-insured, unemployed, or those who cannot afford health care. The services offered included: dental, eye exams, general medical, immunizations and more. We participated in conjunction with Avella and offered testing for HIV and Hepatitis as well as linkage to care services. We tested 169 people for HIV and 62 for Hepatitis C. We did not identify any new positives in this event. However, we distributed information on HIV, Hepatitis, and STDs to the attendees.

B. High Impact HIV Screening Sites

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

- a. Weekly; Richard Steele Health and Wellness Center – target population AA/Hispanic youth
- b. Mondays-Thursdays and first Saturday; The Center – LGBTQ Community of Nevada- MSM, transgender
- c. October 2-4; RAM (Remote Area Medical) – Uninsured
- d. October 17; National Latino AIDS Awareness Outreach – Hispanic
- e. October 23; Flex Bar – MSM
- f. October 28; Charlie's bar – MSM

C. Staff Facilitated Training

- a. October 7; Building Blocks – HIV 101/STD and Kink Awareness – 20 attendees
- b. October 19-23; Community Training – SNHD Comprehensive Rapid HIV Test Training and Certification (Client Centered Counseling, TOPSAFE, Blood borne Pathogens, Rapid Testing Training) – 20 attendees

Community Health -- ODS – Fiscal Year Data

	Oct. 2014	Oct. 2015		FY 14-15 (Jul-Oct)	FY 15-16 (Jul-Oct)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	757	592	↓	2,977	2,433	↓
Clinic Screening (SHC/FPC/TB)	682	437	↓	2,655	2,446	↓
Jails, SAPTA Screening	253	176	↓	989	906	↓
TOTAL	1,692	1,205	↓	6,621	5,785	↓
Outreach/Targeted Testing POSITIVE				29	39	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				30	24	↓
Jails, SAPTA Screening POSITIVE				4	5	↑
TOTAL POSITIVES				63	68	↑

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

1. October 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.

The committee also approved the draft Hostile Mass Casualty Incident (MCI) protocol, a triage methodology that will address MCIs that occur in an austere

environment. The protocol was forwarded to the Medical Advisory Board for final approval.

B. Education Committee

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the EMS QI Directors Committee in researching, developing, editing and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and EMS educators.

The Committee approved the preceptor field training officer evaluation forms, which were designed to evaluate the performance of paramedic interns. The agencies will train their preceptors to utilize the new forms and sunset the current forms by July 1, 2016.

C. 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 a curriculum for Community Paramedicine education in an effort to identify 9-1-1 patients who do not require emergent transport, such as chronic public inebriate and mental health patients.

The Board also approved the draft EMS Regulations, which will be forwarded to the Board of Health for final approval.

D. 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 RTAB unanimously approved UMC's application for renewal of authorization as a Level I Trauma Center and Level II Pediatric Trauma Center. The application will be presented to the Board of Health for approval on November 19. There were three separate applications submitted for initial authorization as a center for the treatment of trauma. As the RTAB considered the applications, the Board requested that the following items be brought forward at the next meeting: 1) an outline of the regulations and procedures pertaining to processing applications for initial trauma center designation and 2) a report on the current status of the trauma system. The Board would also like to engage in a question and answer period with each of the facilities that have submitted an application during the next scheduled meeting. The RTAB will hold its next meeting on January 20, 2016.

E. Southern Nevada Injury Prevention Partnership (SNIPP)

The SNIPP is a committee with the primary purpose of advising and assisting the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma System Plan and assuring the provision of injury prevention efforts with emphasis on those that directly impact the trauma system.

The members discussed the increased trends of non-accidental trauma patients being treated at UMC. In response, UMC is working closely with Prevent Child Abuse Nevada and they have also developed their Time Out Campaign “Save A Child’s Life,” which provides families with information about available resources at the time of the patient’s discharge.

The committee viewed a presentation on an “Analysis of Trauma Data in Nevada: Bicycle Crashes, Helmets and Implications for Public Health”, which was presented by Nadia Fulkerson, MPH, University of Nevada School of Medicine and Center for Traffic Safety Research. The presentation noted that 48% of bicycle crash patients had serious to critical injuries, and helmet use was low at 31% in Nevada.

An update was provided on prescription drug abuse and overdose. Senate Bill 459 enacts the Good Samaritan Drug Overdose Act and indicates that before a healthcare provider prescribes a controlled substance, they will be required to check the prescription drug-monitoring program to determine medical necessity of the prescription. As a result, opportunities have been identified to enhance surveillance activities and the SNIPP will continue to monitor the progression of this complex issue.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

October EMS Statistics	Oct. 2014	Oct. 2015		FY 14-15 (Jul-Oct)	FY 15-16 (Jul-Oct)	
Total certificates issued	28	30	↑	881	705	↓
New licenses issued	10	25	↑	54	230	↑
Renewal licenses issued (recert only)	8	0	↓	159	707	↑
Active Certifications: EMT/EMT-Basic	486	537	↑			
Active Certifications: AEMT/EMT-Intermediate	1239	1277	↑			
Active Certifications: Paramedic/EMT-Paramedic	1154	1212	↑			
Active Certifications: RN	40	41	↑			

I. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

- Pertussis in Clark County – Update:** Year-to-date we have identified 80 cases of pertussis, three of which were investigated in October. Of the cases investigated in October, 1 became ill in August and 1 in September and 1 in October. 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=218). Some of these pertussis cases would not have been detected were we not performing enhanced surveillance.

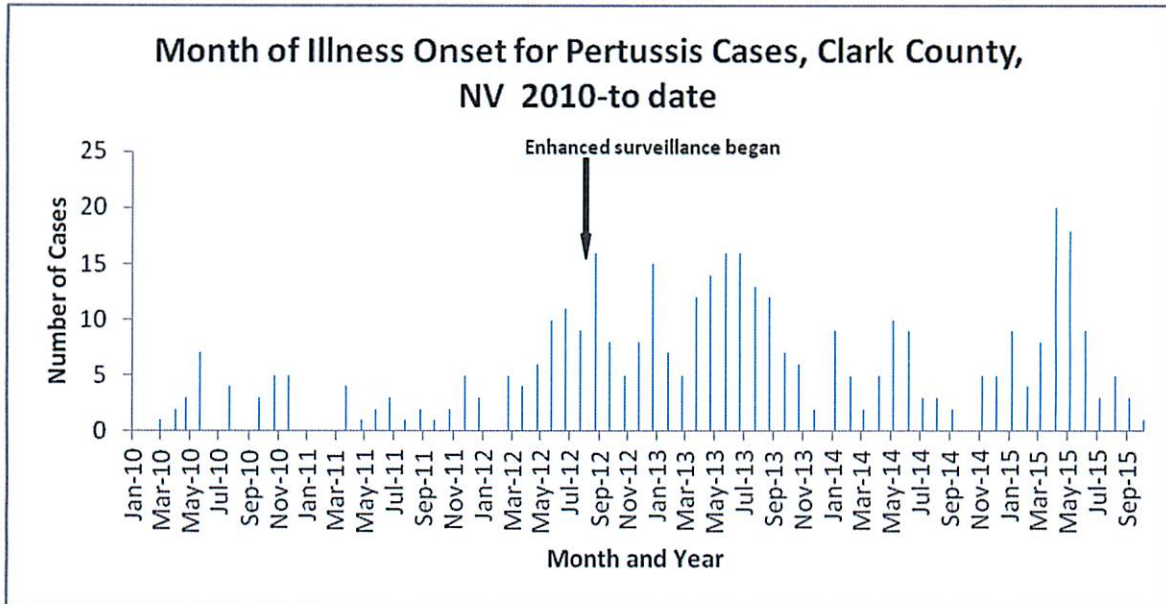


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

1. **Pediatric Early Warning Surveillance System (PEWSS)**²: PEWSS surveillance sentinel sites submitted a low number of respiratory specimens to the SNPHL for testing in October. Adenovirus, *Chlamydomphila pneumoniae*, and Coronavirus NL63 were sporadically detected, Rhinovirus/Enterovirus were detected at very low levels, and Parainfluenza virus 1 was detected at high levels over the course of the month. Weekly PEWSS reports are posted online at <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>.
2. **Disease reports and updates:**
 - A. ***Rash Illness at Garehime Elementary School:*** On September 2, the Clark County School District (CCSD) contacted the SNHD OOE to report that a number of students at Garehime Elementary School had developed a rash illness. The illness consisted of a raised, red, pruritic rash, with few other identified symptoms. An on-going epidemiological investigation is being conducted and has determined that 80 students and 10 staff members had been reported to the office as having a rash (between August 27 and October 9). As of October 29, one additional student was reported. The OOE conducted interviews with teachers in affected classrooms, and Environmental Health conducted two in-depth environmental evaluations, along with CCSD and OOE, identifying no environmental source. SNHPL and OOE are working with the Centers for Disease Control and Prevention to have samples tested for enterovirus. Specimen collection arrangements have been made. The school has increased pest control measures, environmental

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, *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.

sanitation, and surveillance (to identify any new cases), and continues to collaborate until testing information is known.

- B. *Hand Foot Mouth Disease Outbreak at Helen Marie Smith Elementary School:*** On October 7, CCSD contacted OOE to report that there were five students at an elementary school with reported Hand Foot and Mouth Disease (HFMD); the first case was identified September 23. The following week, several more students in the kindergarten classroom and a 4th grade classroom developed similar symptoms. Environmental Health and OOE conducted a site visit. The school has increased environmental sanitation efforts in high-contact areas, notified teachers, promoted hand washing and hand washing education with teachers, and sent parent notifications regarding the outbreak. Fourteen students in seven different classrooms have been affected; only one case was identified since October 19. The OOE will reassess the situation on November 9.
- C. *Gastroenteritis Outbreak at Ries Elementary School:*** On October 22, the director of the Health Services at Clark County School District (CCSD) reported 71 students and 3 staff members complained of gastroenteritis (GE) at Ries Elementary School between September 28 and October 21, during which 39 students were sent home. An epidemiological investigation was conducted during which it was determined that 15 students and 4 staff members were ill with gastrointestinal symptoms meeting the case definition for acute gastroenteritis (AGE). Three stool specimens were collected for testing of norovirus and other enteric agents, the results are pending. The CCSD sent their HAZMAT team to use Virex to clean the common areas on October 26. Since October 29, two additional students were ill with AGE. The investigation is ongoing.
- D. *Nationwide Salmonella Poona Outbreak update:*** The OOE investigated 10 salmonellosis cases in Clark County residents that match a nationwide outbreak of *Salmonella* Poona. Nationwide as of October 16, there have been 767 people infected with the outbreak strain from 36 states. Epidemiologic, laboratory, and traceback investigations identified cucumbers imported from Mexico and distributed by Andrew & Williamson Fresh Produce as a likely source of the infections in this outbreak. 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 and culture.
- E. *Ebola virus:*** In October, we monitored three returned travelers. Ebola Virus Disease (EVD) continues to be widespread in Guinea and Sierra Leone. Returned travelers from these countries continue to be actively monitored. We also continue to update our EVD procedures and protocols as new information becomes available.
- F. *West Nile virus:*** West Nile virus (WNV) season will be ending soon; we have found many positive pools of mosquitoes and had one case of neuroinvasive disease. We also had four presumptively viremic donors (PVDs), meaning they donated blood and tested positive for exposure to WNV but had no symptoms. There were no additional cases in October.

3. Other:

- A.** The OOE has lost another remarkable staff member. Brian Labus, Senior Epidemiologist, took a position with UNLV.

- B. On October 19, Angel Stachnik, OOE Senior Epidemiologist, gave a presentation titled "HIV Epidemiologic Profile, 2014" to a new HIV rapid testing team.
- C. On October 28, Monica Adams, CDC EIS Officer assigned to SNHD OOE, gave a lecture on qualitative research methods to a group of graduate students at UNLV School of Community Health Sciences.

4. **Communicable Disease Statistics:** October 2015 Disease Statistics are attached.

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

Representatives from Kansas, Utah, and Tarrant County Texas came to SNHD for a 3-day meeting of the EpiTrax Consortium. We generated a plan to merge our various feature additions to the EpiTrax surveillance suite and drafted the organizational and operating agreement documents for the consortium. The firearm injury study was completed. Work has continued on Electronic Health Record (EHR) systems requirements development and EHR systems assessment. Additional classes of lab tests reported in the plain text Quest lab test files have been converted to standard formats and automated. Additional disease processing has been automated through EMSA. Preliminary work has been performed on the ELC Ebola grant. Work on importing Legacy TB data into EpiTrax has been performed. Preparatory work to enable EpiTrax to be used on mobile devices and add additional data gathering capabilities on mobile devices has been started.

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

1. **Planning and Preparedness:**

- A. OPHP manager continues to participate in Statewide Crisis Standards of Care Advisory Working Group led by the State of Nevada Division of Public and Behavioral Health. 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.
- B. OPHP participated in Clark County Office of Emergency Management 2015 Threat and Hazard Identification and Risk Assessment (THIRA) working group on behalf of SNHD and public health. The THIRA is developed each year with community stakeholder input and is used to identify additional planning, training, and exercise needs to better prepare community for hazards that may have significant impact within our jurisdiction.
- C. SNHD staff participated in the Statewide Nevada Shakeout. Health District employees were prompted to take appropriate action, labeled as DROP, COVER, and HOLD ON. An annual event, the Nevada Shakeout allows all residents of the state to practice earthquake response drills to save their lives.
- 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:** OPHP Training Officers continue to conduct ICS, CPR, and First Aid courses at the Health District.
- B. **OPHP Nurse Activities:** Respirator fit testing was performed with Health District staff. These individuals ensure continuity of operations is performed.

3. **Grants and Administration:** OPHP continues to monitor BP4 awarded sub-grants and continue activities identified as deliverables to meet the Health District's scopes of work. Ebola subgrants awarded will provide community healthcare organizations with necessary supplies, training, and personal protective equipment to respond to potential Ebola or other highly pathogenic illness patient or visitor within the community and healthcare organizations. OPHP, in partnership with Division of Public and Behavioral Health and an ERA team from the Centers for Disease Control and Prevention, met with a few Nevada hospitals and EMS personnel to review current Ebola plans and processes. These visits were to provide technical assistance and recommendations to improve response capabilities.

4. **Medical Reserve Corps of Southern Nevada (MRC of SO NV):** 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 successfully passed the Nevada Division of Public and Behavioral Health laboratory inspection on September 24, 2015. The inspection was performed due to a change in SNPHL laboratory director and addition of new test methods (HIV 4th generation and *C. trachomatis*/*N. gonorrhoeae* molecular testing) for SNHD Nursing and HIV programs.
- B. SNPHL lab manager and SNHD disease surveillance supervisor presented "Communicable Disease Reporting, Surveillance, Detection and Laboratory Isolate Submission" overview to the SNHD Conference for Infection Control and Laboratories on September 22, 2015.
- C. SNPHL staff successfully participated in the SNHD Operation Rabbit's Foot full-scale exercise on September 28-30, 2015.
- D. SNPHL lab manager attended the CDC annual Laboratory Response Network (LRN) conference from September 8-11, 2015 in Atlanta, Georgia.

COMMUNITY HEALTH - SNP HL – Fiscal Year Data

SNPHL Services	Sep 2014	Sep 2015		FY 14-15 (Jul-Sep)	FY 15-16 (Jul-Sep)	
Clinical Testing Services ¹	3063	2836	↓	9539	8558	↓
Courier Services ²	3077	2722	↓	9487	8396	↓
Epidemiology Services ³	1013	944	↓	2679	2603	↓
State Branch Public Health Laboratory Services ⁴	742	860	↑	2318	3213	↑
All-Hazards Preparedness Services ⁵	10	19	↑	47	43	↓

V. VITAL STATISTICS

October 2015 showed an increase of 3% in birth certificate sales in comparison to October 2014. Death certificate sales decreased by 3% for the same time frame. SNHD has received revenues of \$42,108 for birth registrations, \$20,141 for death registrations; and an additional \$3,299 in miscellaneous request fees for the month of October.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Oct. 2014	Oct. 2015		FY 14-15 (Jul-Oct)	FY 15-16 (Jul-Oct)	
Births Registered	2,247	2,380	↑	9,932	9,856	↓
Deaths Registered	1,353	1,266	↓	5,099	5,207	↑

1 Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, Gram stain testing.

2 Includes the number of clinical test specimens transported from facilities by SNP HL 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	Oct. 2014	Oct. 2015		FY 14-15 (Jul-Oct)	FY 15-16 (Jul-Oct)	
Birth Certificates Sold Valley View (walk-in)	3,039	2,629	↓	14,257	12,950	↓
Birth Certificates Sold Mesquite (walk-in)	19	23	↑	74	38	↓
Birth Certificates Mail	n/a	176	↑	n/a	641	↑
Birth Certificates Online Orders	670	1,001	↑	2,788	4,264	↑
Birth Certificates Billed	113	119	↑	261	504	↑
Birth Certificates Number of Total Sales	3,841	3,948	↑	17,380	18,397	↑
Death Certificates Sold Valley View (walk-in)	2,979	2,474	↓	11,034	9,851	↓
Death Certificates Sold Mesquite (walk-in)	8	13	↑	10	18	↑
Death Certificates Mail	n/a	130	↑	n/a	609	↑
Death Certificates Online Orders	3,554	3,757	↑	13,632	14,645	↑
Death Certificates Billed	12	15	↑	26	47	↑
Death Certificates Number of Total Sales	6,553	6,389	↓	24,702	25,170	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Oct. 2014	Oct. 2015		FY 14-15 (Jul-Oct)	FY 15-16 (Jul-Oct)	
Birth Certificates Sold Valley View (walk-in)	79.1%	66.6%	↓	82%	70.4%	↓
Birth Certificates Sold Mesquite (walk-in)	.5%	.6%	↑	.4%	.2%	↓
Birth Certificates Mail	n/a	4.5%	↑	n/a	3.5%	↑
Birth Certificates Online Orders	17.4%	25.4%	↑	16%	23.2%	↑
Birth Certificates Billed	2.9%	3.0%	↑	1.5%	2.7%	↑
Death Certificates Sold Valley View (walk-in)	45.5%	38.7%	↓	44.6%	39.1%	↓
Death Certificates Sold Mesquite (walk-in)	.1%	.2%	↑	.04%	.1%	↑
Death Certificates Mail	n/a	2.0%	↑	n/a	2.4%	↑
Death Certificates Online Orders	54.2%	58.8%	↑	55.2%	58.2%	↑
Death Certificates Billed	.2%	.2%	→	.1%	.2%	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	Oct. 2014	Oct. 2015		FY 14-15 (Jul-Oct)	FY 15-16 (Jul-Oct)	
Birth Certificates (\$20)	\$76,820	\$78,960	↑	347,600	367,940	↑
Death Certificates (\$20)	\$131,060	\$127,780	↓	494,040	503,400	↑
Births Registrations (\$13)	\$22,372	\$42,108	↑	97,867	199,223	↑
Deaths Registrations (\$13)	\$11,746	\$20,141	↑	42,469	80,060	↑
Miscellaneous	\$2,428	3,299	↑	10,084	12,778	↑
Total Vital Records Revenue	\$244,426	\$272,288	↑	992,060	1,163,401	↑

CL/dm

ATT: October 2015 Disease Statistics

Clark County Disease Statistics*, OCTOBER 2015

Disease	2013		2014		2015		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Oct (2015) Significant change bet. current & past 5-year? ~X
	Oct No.	YTD No.	Oct No.	YTD No.	Oct No.	YTD No.	Oct (2010-2014 aggregated)	Oct (2015)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	0	8	0	11	.	20	0.02	0.14	↑
HEPATITIS A	.	13	0	.	0	8	0.01	0.00	↓
HEPATITIS B (ACUTE)	0	18	.	17	0	12	0.07	0.00	↓X
INFLUENZA**	7	522	8	522	8	460	0.20	0.39	↑
MEASLES	0	0	0	0	0	9	0.00	0.00	
MUMPS	0	.	0	.	0	0	0.00	0.00	
PERTUSSIS	7	117	0	48	.	80	0.17	0.05	↓
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	22	182	13	173	10	139	0.74	0.48	↓
CHLAMYDIA	848	7931	848	8561	843	8299	36.28	40.63	↑X
GONORRHEA	216	1870	276	2253	259	2432	9.16	12.48	↑X
HIV	26	229	32	246	27	262	1.24	1.30	↑
SYPHILIS (EARLY LATENT)	27	192	29	260	9	295	1.15	0.43	↓X
SYPHILIS (PRIMARY & SECONDARY)	18	134	28	234	19	222	0.90	0.92	↑
ENTERICS									
AMEBIASIS	.	8	0	.	0	10	0.06	0.00	↓X
BOTULISM-INTESTINAL (INFANT)	.	.	0	0	0	0	0.01	0.00	↓
CAMPYLOBACTERIOSIS	5	75	5	85	5	86	0.34	0.24	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	6	0	.	0	.	0.00	0.00	
GIARDIA	7	51	8	38	0	21	0.28	0.00	↓X
ROTAVIRUS	.	82	0	47	0	65	0.02	0.00	↓
SALMONELLOSIS	113	441	13	106	7	141	1.65	0.34	↓X
SHIGA-TOXIN PRODUCING E. COLI#	.	44	0	17	.	30	0.19	0.05	↓
SHIGELLOSIS	.	41	.	21	.	23	0.12	0.19	↑
TYPHOID FEVER	0	0	0	.	0	.	0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	.	0	.	0	.	0.01	0.00	↓
YERSINIOSIS	.	8	.	.	0	0	0.02	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	11	65	7	53	12	73	0.41	0.58	↑
DENGUE FEVER	0	.	0	.	0	.	0.00	0.00	
ENCEPHALITIS	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	.	0.00	0.00	
HEPATITIS C (ACUTE)	0	.	0	.	0	7	0.02	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	0	15	.	18	.	19	0.02	0.05	↑
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	.	0.01	0.00	↓
LYME DISEASE	0	7	0	.	0	5	0.00	0.00	
MALARIA	0	5	0	7	0	.	0.00	0.00	
MENINGITIS, ASEPTIC/VIRAL	.	36	5	37	.	28	0.21	0.05	↓
MENINGITIS, BACTERIAL	.	8	0	10	.	15	0.04	0.05	↑
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	.	0.00	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)	7	1184	6	619	10	1113	0.59	0.48	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	6	47	5	69	.	78	0.17	0.14	↓
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	5	0	9	.	10	0.02	0.10	↑
TUBERCULOSIS	.	61	.	57	.	63	0.25	0.19	↓
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)	0	8	0	.	0	.	0.00	0.00	
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=59 (reported total=1230). 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).