



# Memorandum

**Date:** January 28, 2016

**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*

A handwritten signature in black ink, appearing to be 'C. Lockett', is written over the name of the Director of Community Health.

---

**Subject:** Community Health Division Monthly Report – Part II

---

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

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

- A.** After spending the last six years encouraging local housing authorities to voluntarily adopt smoke-free policies, the US Department of Housing and Urban Development (HUD) proposed a new rule in November requiring all local housing authorities across the country to be 100% smoke-free. This would affect all communities within the Southern Nevada Regional Housing Authority's (SNRHA) purview. TCP staff has already contacted SNRHA to provide technical assistance with the transition when the law is final. HUD is accepting public comment until January 19, 2016 and then will issue the final rule. Communities will have 18 months to come into compliance with the rule.
- B.** Brief Tobacco Use Intervention is an evidence-based process through which providers identify current smokers and refer them to cessation resources. TCP staff participated on a conference call with staff from the Nevada Department of Public and Behavioral Health (NDPBH) Tobacco Control Program and the Nevada Division of Welfare to discuss a Brief Tobacco Use Intervention project. That project will include training Welfare Division staff and developing media to be aired in Welfare Division offices. TCP staff has begun development of concepts for media placement on televisions located within Welfare Division offices.

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

- A.** The CDPP is a sponsor of the Fire Up Your Feet Program through the Clark County School District (CCSD) Safe Routes to Schools Program. The Fire Up Your Feet program is a physical activity challenge program for schools that engages students, staff, and families. The Fall Challenge ran through the month of October. A total of 15 schools participated in the Fall Challenge and over 6,700 students, staff, and parents at those 15 schools logged over 15 million minutes of activity – an average of over 1 million minutes per participating school. Schools with the highest participation were selected to win prizes. The Spring Fire Up Your Feet Challenge will occur in April 2016.

- B. In November, CDPD staff was notified that they had been awarded a Nutrition Incentive Program Support & Innovations grant from Wholesome Wave in the amount of \$10,000 for the Farm Fresh Out Of the Desert, PLUS (F<sup>2</sup>OOD+) program. F<sup>2</sup>OOD+ is a supplemental component of the existing Farm Fresh Out Of the Desert initiative to increase access to healthy foods among low-income residents by increasing the number of local farmers' markets that accept Supplemental Nutrition Assistance Program (SNAP) benefits. The F<sup>2</sup>OOD+ funding will be used to provide incentive funding at local farmers' markets for fruit and vegetables purchased by SNAP recipients. This effort will also complement the Farmers' Market Promotion Program (FMPP) grant work. The F<sup>2</sup>OOD+ program will run from March through September 2016.

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

- A. Through the end of November, there have been 44 total submersion incidents in Clark County with 8 of those officially resulting in fatal drownings. Six (6) of the fatal drownings were victims under 4 years of age. Forty-one (41) submersion incidents occurred in pools with 76% (31) occurring in residential pools and the other 24% (10) occurring in public pools. The other 3 incidents occurred in bathtubs. We have race/ethnicity data for 35 submersions (80%). That data breaks down as follows: White 51% (18), African-American 26% (9), Hispanic 17% (6), and Asian 6% (2). While we have seen a significant decrease in incidents involving Hispanic children so far, the number of African-American children has more than doubled from 4 in 2014 to 9 so far in 2015.
- B. The National Association of County and City Health Officials (NACCHO) asked IPP staff to submit a story about our ABC&D's of Drowning Prevention Program for the Stories from the Field section of the NACCHO website. Staff submitted a story and worked with NACCHO staff on editing that story. The final version was posted on the NACCHO website (<http://www.nacchostories.org/category/injury-and-violence-prevention/>.) on November 23, 2015.

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

- 1. 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.

## 2. Surveillance and Investigations

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

Morbidity Surveillance	Dec 2014	Dec 2015		FY 14-15 (Jul-Dec)	FY 15-16 (Jul-Dec)	
Chlamydia	813	856	↑	5,022	5,175	↑
Gonorrhea	270	255	↓	1,521	1,607	↑
Primary Syphilis	5	8	↑	45	49	↑
Secondary Syphilis	10	12	↑	75	93	↑
Early Latent Syphilis	29	28	↓	170	207	↑
Late Latent Syphilis	7	4	↓	55	46	↓
New HIV Diagnosis	33	39	↑	155	158	↑
New HIV/AIDS Diagnosis	8	7	↓	46	41	↓
New AIDS Diagnosis	10	9	↓	42	42	→
New to NV Seeking Care, HIV and AIDS	44	71	↑	268	186	↓
Perinatally Exposed to HIV	3	6	↑	11	19	↑
Congenital Syphilis (presumptive)	0	0	→	2	3	↑

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

Pregnant Moms Surveillance Count represents # cases being followed <sup>1</sup>	Dec 2014	Dec 2015		FY 14-15 (Jul-Dec)	FY 15-16 (Jul-Dec)	
HIV/AIDS Pregnant Cases	2	0	↓	7	11	↑
Syphilis Pregnant Cases	3	5	↑	22	43	↑

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

Tuberculosis	Dec 2014	Dec 2015		FY 14-15 (Jul-Dec)	FY 15-16 (Jul-Dec)	
Number of Active Cases - Adult	3	6	↑	22	24	↑
Number of Active Cases - Pediatric	1	0	↓	10	1	↓
Number of Suspect TB Reports <sup>2</sup>		28			163	
Number of Electronic Disease Notifications	60	19	↓	200	247	↑

Of the newly diagnosed Active TB Cases

- 2 Foreign born (Vietnam, Philippines)
- 3 born in USA
- 1 UNK (Pending data)

<sup>1</sup> #Reports initiated in the month

<sup>2</sup> 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	9	3	3	0	0	0
Active TB	6	103	60	4	3	0
<b>TOTAL</b>	15	106	63	4	3	0

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

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Partners	Clusters <sup>1</sup>	Reactors <sup>2</sup>	OOJ/FUP <sup>3</sup>
Chlamydia	46	1	21	0
Gonorrhea	22	0	12	1
Syphilis	86	3	88	3
HIV/AIDS (New to Care/Returning to Care)	38	1	40	8
<b>TOTAL</b>	192	5	161	12

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

DIIS Partner Services CT/GC/Syphilis/HIV	#Interviews	#Partners/ Clusters Notified/ Examined	Partners/ Clusters	Partners Previously Diagnosed/ Treated
Chlamydia	22	18	14	3
Gonorrhea	9	6	5	2
Syphilis	95	34	26	8
HIV/AIDS (New to Care/Returning to Care)	27	10	5	7
<b>TOTAL</b>	153	68	50	20

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

- A. The Office of Disease Surveillance participated in a Winter Wellness Land Health Event at the LGBTQ Center December 3. Three additional staff members were scheduled to help accommodate additional testing on this day. The event offered blood pressure screening, glucose testing, mammograms, and referral services. This date was a traditional testing day for us, but services were continued during lunchtime to meet the needs of the event. A total of 35 tests were conducted on this day.
- B. World AIDS day was on a Tuesday this year, and additional staff members were scheduled at The LGBTQ Center and Richard Steele.

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



**C. High Impact HIV Screening Sites**

- 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. First Friday of every month: Avella-Offering Rapid HIV and Rapid Hepatitis C testing—target population-all

**D. Staff Facilitated Training/Presentations**

- a. December 3—Hepatitis Forum
- b. December 5-9—HIV Prevention Conference in Atlanta, GA
- c. December 18—Providing a Positive HIV Rapid Test, SHC staff
- d. December 18—HIV 101

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

	Dec 2014	Dec 2015		FY 14-15 (Jul-Dec)	FY 15-16 (Jul-Dec)	
<b>Prevention - SNHD HIV Testing</b>						
Outreach/Targeted Testing	635	439	↓	4,151	3,380	↓
Clinic Screening (SHC/FPC/TB)	591	590	↓	3,782	3,885	↑
Outreach Screening (Jails, SAPTA)	146	45	↓	1,262	1,092	↓
<b>TOTAL</b>	<b>1,372</b>	<b>1,074</b>	<b>↓</b>	<b>9,195</b>	<b>8,357</b>	<b>↓</b>
Outreach/Targeted Testing POSITIVE				39	53	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				41	45	↑
Outreach Screening (Jails, SAPTA) POSITIVE				6	5	↓
<b>TOTAL POSITIVES</b>				<b>86</b>	<b>103</b>	<b>↑</b>

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

**Medical Advisory Board (MAB) Meeting**

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.

Dr. Iser reported on the status of the new building and noted that the first phase of moving will begin the weekend of January 9. Going forward, the District will focus on the budget, Community Health Assessment, Community Health Improvement Plan, and Strategic Plan.

The training packet for the Paramedic Mentorship/Internship Program was distributed to all Clark County endorsed instructors and preceptors. It includes a presentation to introduce the new forms and provide a field training process with clearly defined goals, progression, rating systems, and a video exercise. The new process will go live July 2016.

The Board was given an update on the development of the Community Paramedicine Program. At this time there are only a few national educational curriculums, so a workgroup was established to discuss what the minimum educational standards will include.

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

December EMS Statistics	Dec 2014	Dec 2015		FY 14-15 (Jul-Dec)	FY 15-16 (Jul-Dec)	
Total certificates issued	30	42	↑	911	773	↓
New licenses issued	23	20	↓	77	264	↑
Renewal licenses issued (recert only)	15	20	↑	174	731	↑
Active Certifications: EMT/EMT-Basic	492	557	↑			
Active Certifications: AEMT/EMT-Intermediate	1260	1296	↑			
Active Certifications: Paramedic/EMT-Paramedic	1159	1221	↑			
Active Certifications: RN	42	44	↑			

**IV. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS**

- 1. Pertussis in Clark County – Update:** Year-to-date, we have identified 88 cases of pertussis, three of which were investigated in December. Of these cases, two became ill in November and one in December. 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=222). Some of these pertussis cases would not have been detected were we not performing enhanced surveillance.

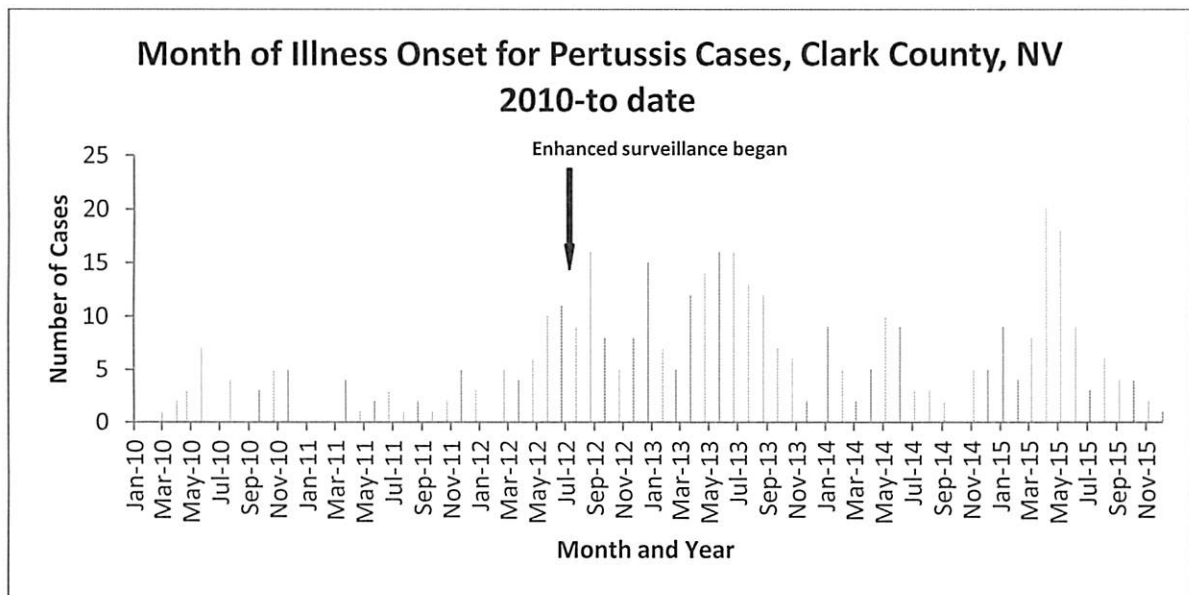


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date<sup>1</sup>

- 2. Pediatric Early Warning Surveillance System (PEWSS)<sup>1</sup>:** PEWSS surveillance sentinel sites submitted a low number of respiratory specimens to the SNPHL for

<sup>1</sup> 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.



testing in November. Parainfluenza Virus 1, Rhinovirus/Enterovirus, Influenza A, Coronaviruses OC43 and NL63, Respiratory Syncytial Virus (RSV), and Human Metapneumovirus were all 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. ***Nationwide Salmonella Poona Outbreak update:*** Ten cases of Salmonella Poona related to the outbreak were identified. No new cases have been reported as of October 2. OOE will conduct routine surveillance unless more cases with the national outbreak strains are identified.
- B. ***National Youth Football Championships (NYFC):*** SNHD received three online complaints on 11/30/15 from persons who attended the Western National Youth Football Championships (NYFC) from November 25-28, claiming many participants were ill during the conference with vomiting, diarrhea, and fever. The initial investigation identified that 92 teams attended conference with approximately 3800 total attendees. A survey of all teams revealed that 2 of the teams from California (CA) reported illness. In total, 38 people were identified as ill; 2 sought care; and 2 submitted specimens for testing. One of these unofficially reported norovirus confirmation, however, results were never provided to the OOE. This investigation found that a player from Team A, one of the CA teams, was reportedly sick November 24 on the way to NV and most likely exposed Team B during the game played on November 25. Team B first reported illness on November 26. An EH inspection on December 1 at the Rio hotel, where many of the NYFC players stayed, showed that environmental sanitation methods were appropriate and there were no other illness reports among hotel guests or employees. Illness spread does not appear ongoing and transmission does not appear to be linked to the Rio. NDPBH was notified about possible outbreak.
- C. ***Pulse on Tour Dance Competition, Bally's:*** On December 8, SNHD received calls from 3 different families complaining of gastrointestinal illness after attending the Pulse on Tour dance competition held at Bally's 12/5/15 and 12/6/15. The initial investigation showed that 15 dance studios competed with approximately 800 attendees. Approximately 35 people were ill from one studio in Victorville, CA. Twelve proxies reporting illness were interviewed whereby the first reported illness was December 6 at 4:30 PM. Four tour staff also reported illness starting around the same time and an unrelated Bally's guest reported ill the next morning. An Environmental Health assessment was conducted on December 8 and protocols were deemed appropriate for environmental sanitation. Hotel Security claimed no emetic events were reported, however several attendees stated there were multiple emetic events on December 6 in the Camp Pulse Room and the bathrooms. SNHD recommendations to increase illness surveillance and enhance communication when persons are ill at events were provided to both the hotel and the tour coordinators to reduce likelihood of future events. NDPBH and Victorville, CA public health were notified of the situation. Upon receipt of dance studio attendance, a survey was sent out to all 15 dance studios to identify ill individuals

---

I 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.

and illness timing. The survey was sent on December 24; 6 of 15 studios have completed the survey identifying 106 ill individuals. Analyses are still in progress.

**D. L37 Creative Holiday Party at Foundation Room, House of Blues, at Mandalay Bay:** L37 Creative held a holiday dinner on December 11 at the House of Blues Foundation Room at Mandalay Bay. There were 23 in attendance both local and from Chicago, and of the 14 ill persons; 9 are local. The first reported illness was December 12 at approximately 3:30 am; most illnesses onset approximately 30 hrs post-event. A survey was developed and deployed to all attendees. No food item was implicated from the survey data. Stool specimens were collected from six attendees and forwarded to SNPHL. All six samples tested positive for Norovirus G2 by real time PCR, and negative for Shiga toxin producing E coli (STEC) by EIA, as well as Salmonella, Shigella, Campylobacter, Yersinia, STEC and Vibrio by culture. An Epi and EH investigation was conducted on December 15. No emetic events or employee call-outs were reported around the time of the event. Recommendations included improving Norovirus protocols at the Foundation Room.

**E. Ebola virus:** In December, we monitored two returned travelers. On December 29, 2015, WHO declared Guinea free of Ebola virus transmission after 42 days had passed since the last patient with Ebola tested laboratory-negative twice. The country has now entered a 90-day period of heightened surveillance. As of December 29, enhanced entry screening and monitoring have changed for travelers entering the United States from Guinea. These travelers will continue to enter the United States through one of the designated U.S. airports conducting enhanced entry screening. However, CDC no longer recommends active monitoring for travelers arriving in the United States from Guinea. We also continue to update our EVD procedures and protocols as new information becomes available.

**3. Other:** The OOE promoted Christian Murua and Ashley Cuyler, two former Disease Data Collection Specialists, to fill recently vacated Disease Investigation and Intervention Specialist positions. Christian started in December and Ashley will begin in January.

**4. Communicable Disease Statistics:** December 2015 and Fourth Quarter 2015 Disease Statistics are attached.

#### **V. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)**

We submitted an application to host a fellow from the Applied Public Health Informatics Fellowship. Work has continued on Electronic Health Record (EHR) systems requirements development and EHR systems assessment. We have begun assisting Southern Nevada Public Health Laboratory (SNPHL) with the process of upgrading their Laboratory Information Management system. Enhancements were made to the web-based provider reporting form and to the animal bite data collection web interface. Work began on data preparation for SNHD's upcoming installation of Socrata. Jay Boyer, Lei Zhang, and Sony Varghese authored abstracts for publication at the Council of State and Territorial Epidemiologists 2016 annual conference. Work commenced on developing patient history/treatment reports for Sexual Health Clinic Patients. We are working with the state of Nevada to transfer out WebIZ data into their WebIZ system.



## **VI. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)**

### **1. Planning and Preparedness:**

- A. The 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 staff members participate on the State Medical Surge Workgroup to provide updates on the Region IX Medical Surge Plan annex.
- C. The OPHP senior planner attended the National Healthcare Coalition Preparedness Conference in San Diego December 2-4. The focus of the breakout sessions included Ebola readiness, emergency management and healthcare federal initiatives, regional cooperation, long-term care, and the continuity planning process.
- D. OPHP staff attended New Year's Eve (NYE) planning meetings and participated in the Multi-Agency Coordination Center/Medical Surge Area Command (MACC/MSAC) drill. OPHP Manager and supervisor will staff the MACC on NYE.
- 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 district staff to ensure continuity of operations. Bloodborne pathogens classes are given to ensure safety precautions are maintained by staff.

- 3. **Grants and Administration:** OPHP continues to monitor BP4 awarded sub-grants and continue activities identified as deliverables to meet 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 patients or visitors within the community and healthcare organizations. OPHP continues planning with community partners for maintaining readiness for NYE 2016 event. Staff members are beginning the process to build proposed budgets for next year.

4. **Medical Reserve Corps of Southern Nevada (MRC of SO NV):** MRC continues to participate in community events.

## **VII. 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. November SNPHL Activity Highlights:**

- A. The SNPHL Manager and Clinical Laboratory Scientist provided a hand washing and germ presentation to 100 kindergarten students at a local elementary school. The students learned about the types of germs that can make you sick and about the three main interventions that can prevent illness: Wash your hands; Cover your cough; and Stay home when you are sick. Each student became a trained PDI (Protect Don't Infect) agent after completing a short quiz.
- B. SNPHL improved HIV testing capability with the initiation of HIV Antigen/Antibody (Ag/Ab) 4<sup>th</sup> generation testing. The change in test methodology is based on the July 2014 CDC recommendation that laboratories should initiate testing for HIV with a 4<sup>th</sup> generation Ag/Ab combination immunoassay. The 4<sup>th</sup> generation Ag/Ab combo test provides earlier detection of acute HIV infection.

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

SNPHL Services	Nov 2014	Nov 2015		FY 14-15 (Jul-Nov)	FY 15-16 (Jul-Nov)	
Clinical Testing Services <sup>1</sup>	2314	3277	↑	15060	15218	↑
Courier Services <sup>2</sup>	2232	2851	↑	14973	14214	↓
Epidemiology Services <sup>3</sup>	1461	1132	↓	6199	4976	↓
State Branch Public Health Laboratory Services <sup>4</sup>	758	696	↓	3838	4667	↑
All-Hazards Preparedness Services <sup>5</sup>	10	14	↑	66	65	↓

**VIII. VITAL STATISTICS**

December 2015 showed an increase of 6% in birth certificate sales in comparison to December 2014. Death certificate sales increased by 4% for the same time frame. SNHD has received revenues of \$42,049 for birth registrations, \$21,884 for death registrations; and an additional \$3,085 in miscellaneous fees for the month of December. For the first half of fiscal year 2015, the revenues generated by the program were up 18% compared to the first 6 months of Fiscal year 2014.

As of December 31, 2015, the Nevada State Office of Vital Statistics mandated that all death registrations would henceforth be done electronically. Prior to this mandate, approximately 80% of death registrations were done on paper. This will change the workflow for the program considerably, but it is anticipated that there will be significant improvements in turnaround times for death registrations. Coinciding with the mandate, the SNHD Vital Statistics program became 100% paperless as well.

The program has been working toward meeting the program standards set by the National Association for Public Health Statistics and Information Systems ([NAPHSIS](#)), especially in

---

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.



the area of security. These efforts are directed at reducing the potential for identity theft and fraud.

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

Vital Statistics Services	Dec 2014	Dec 2015		FY 14-15 (Jul-Dec)	FY 15-16 (Jul-Dec)	
Births Registered	2,159	2,338	↑	14,209	14,478	↑
Deaths Registered	1,430	1,428	↓	7,694	7,416	↓

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

Vital Statistics Services	Dec 2014	Dec 2015		FY 14-15 (Jul-Dec)	FY 15-16 (Jul-Dec)	
Birth Certificates Sold Valley View (walk-in)	2,913	2,697	↓	19,805	18,162	↓
Birth Certificates Sold Mesquite (walk-in)	8	29	↑	102	95	↓
Birth Certificates Mail <sup>1</sup>		144			919	
Birth Certificates Online Orders	630	896	↑	3,964	6,005	↑
Birth Certificates Billed	109	125	↑	472	734	↑
<b>Birth Certificates Number of Total Sales</b>	<b>3,660</b>	<b>3,891</b>	<b>↑</b>	<b>24,343</b>	<b>25,915</b>	<b>↑</b>
Death Certificates Sold Valley View (walk-in)	2,597	2,952	↑	16,113	15,306	↓
Death Certificates Sold Mesquite (walk-in)	6	9	↑	18	30	↑
Death Certificates Mail <sup>1</sup>		115			809	
Death Certificates Online Orders	3,988	3791	↓	20,846	21,900	↑
Death Certificates Billed	6	8	↑	42	60	↑
<b>Death Certificates Number of Total Sales</b>	<b>6,597</b>	<b>6,875</b>	<b>↑</b>	<b>37,019</b>	<b>38,220</b>	<b>↑</b>

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

Vital Statistics Sales by Source	Dec 2014	Dec 2015		FY 14-15 (Jul-Dec)	FY 15-16 (Jul-Dec)	
Birth Certificates Sold Valley View (walk-in)	79.59%	69.31%	↓	81.36%	70.08%	↓
Birth Certificates Sold Mesquite (walk-in)	.22%	.75%	↑	.42%	.37%	↓
Birth Certificates Mail <sup>1</sup>		3.70%			3.55%	
Birth Certificates Online Orders	17.21%	23.03%	↑	16.28%	23.17%	↑
Birth Certificates Billed	2.98%	3.21%	↑	1.94%	2.83%	↑
Death Certificates Sold Valley View (walk-in)	39.37%	42.94%	↑	43.53%	40.05%	↓
Death Certificates Sold Mesquite (walk-in)	.09%	.13%	↑	.05%	.08%	↑
Death Certificates Mail <sup>1</sup>		1.67%			2.12%	
Death Certificates Online Orders	60.45%	55.14%	↓	56.31%	57.30%	↑
Death Certificates Billed	.09%	.12%	↑	.11%	.16%	↑

<sup>1</sup> This data was not tracked in FY 2014-15

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

<b>Revenue</b>	<b>Dec 2014</b>	<b>Dec 2015</b>		<b>FY 14-15 (Jul-Dec)</b>	<b>FY 15-16 (Jul-Dec)</b>	
Birth Certificates (\$20)	\$73,200	\$77,820	↑	\$486,860	\$518,300	↑
Death Certificates (\$20)	\$131,940	\$137,500	↑	\$740,380	\$764,400	↑
Births Registrations (\$13)	\$21,455	\$42,049	↑	\$138,705	\$279,752	↑
Deaths Registrations (\$13)	\$11,354	\$21,884	↑	\$63,854	\$120,632	↑
Miscellaneous	\$2,307	\$3,085	↑	\$13,523	\$18,187	↑
<b>Total Vital Records Revenue</b>	<b>\$240,256</b>	<b>\$282,338</b>	<b>↑</b>	<b>1,443,322</b>	<b>\$1,701,271</b>	<b>↑</b>

CL/dm

ATT: December 2015 Disease Statistics

Fourth Quarter 2015 Disease Statistics



Clark County Disease Statistics\*, DECEMBER 2015

Disease	2013		2014		2015		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year??~
	Dec No.	YTD No.	Dec No.	YTD No.	Dec No.	YTD No.	Dec (2010-2014 aggregated)	Dec (2015)	
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	9		12		24		0.07	0.19	↑
HEPATITIS A	0	15	0		11		0.01	0.05	↑
HEPATITIS B (ACUTE)	21		0		17		0.06	0.10	↑
INFLUENZA**	91	650	91	628	47	519	2.62	2.26	↓
MEASLES	0	0	0	0	0	9	0.00	0.00	
MUMPS	0		0		0		0.01	0.00	↓
PERTUSSIS	124		0	52		89	0.20	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	
<b>SEXUALLY TRANSMITTED</b>									
AIDS	16	212	18	202	16	166	0.77	0.77	↑
CHLAMYDIA	692	9331	812	10145	823	10002	36.22	39.61	↑
GONORRHEA	214	2272	271	2762	247	2955	9.84	11.89	↑X
HIV	16	257	33	296	41	314	1.16	1.97	↑X
SYPHILIS (EARLY LATENT)	15	222	26	308	15	367	0.90	0.72	↓
SYPHILIS (PRIMARY & SECONDARY)	27	171	16	269	15	273	0.81	0.72	↓
<b>ENTERICS</b>									
AMEBIASIS	0	8	0		0	11	0.03	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0		0		0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	88		6	100		101	0.31	0.14	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	6	0			6	0.00	0.05	↑
GIARDIA	54		5	44		31	0.19	0.19	
ROTAVIRUS	85			53		68	0.10	0.00	↑X
SALMONELLOSIS	11	461		119		176	0.49	0.14	↓
SHIGA-TOXIN PRODUCING E. COLI#	46		0	19		35	0.13	0.00	↓X
SHIGELLOSIS	46			28		31	0.12	0.05	↓
TYPHOID FEVER	0	0	0		0		0.00	0.00	
VIBRIO (NON-CHOLERA)	0		0		0		0.00	0.00	
YERSINIOSIS	0	8	0		0	0	0.00	0.00	
<b>OTHER</b>									
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	77		61	6	100		0.22	0.29	↑
DENGUE FEVER		0		0			0.01	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		0.00	0.00	
HEPATITIS C (ACUTE)	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	17		21	0	21		0.06	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	0	7	0		0	5	0.01	0.00	↓
MALARIA	0	6	0	8	0	5	0.07	0.00	↓X
MENINGITIS, ASEPTIC/VIRAL	46		41		31		0.11	0.05	↓
MENINGITIS, BACTERIAL	12	0	12	0	15		0.03	0.00	↓
MENINGOCOCCAL DISEASE	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		0.00	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)	73	1288	161	816	36	1159	7.36	1.73	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	8	60	5	77	11	99	0.36	0.53	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	8		11		15	0.03	0.05	↑
TUBERCULOSIS	7	75	5	66	5	71	0.32	0.24	↓
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		0.00	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 in data aggregation for cases other than STD or TB (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 Disease Surveillance. Data suppression denoted by '.' applies if number of cases <5. Monthly disease total (excluding STD and TB cases)=122(reported total=1284). Monthly congenital syphilis cases (suppression applied) for 2013-2015 were 0,0,0(YTD totals of '.,,6) respectively.

\*\*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\* - Quarter4, 2015

Disease	2013		2014		2015		Rate(Cases per 100,000 per quarter)		Quarterly Rate Comparison Significant change bet. current & past 5-year?~
	Q4 No.	YTD No.	Q4 No.	YTD No.	Q4 No.	YTD No.	Qtr4 (2010-2014 aggregated)	Qtr4 (2015)	
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	9	.	12	7	24	0.13	0.34	↑
HEPATITIS A	.	15	0	.	.	11	0.04	0.14	↑
HEPATITIS B (ACUTE)	.	21	.	17	5	19	0.24	0.24	
INFLUENZA**	135	650	114	628	67	519	3.49	3.23	↓
MEASLES	0	0	0	0	0	9	0.00	0.00	
MUMPS	0	.	0	.	0	0	0.01	0.00	↓
PERTUSSIS	14	124	.	52	9	89	0.58	0.43	↓
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	
<b>SEXUALLY TRANSMITTED</b>									
AIDS	52	212	42	202	37	166	2.35	1.78	↓
CHLAMYDIA	2248	9331	2432	10145	2536	10002	108.05	122.14	↑X
GONORRHEA	618	2272	785	2762	775	2955	27.93	37.33	↑X
HIV	54	257	82	296	79	314	3.24	3.80	↑
SYPHILIS (EARLY LATENT)	57	222	77	308	78	367	2.87	3.76	↑
SYPHILIS (PRIMARY & SECONDARY)	55	171	63	269	64	273	2.33	3.08	↑
<b>ENTERICS</b>									
AMEBIASIS	.	8	0	.	.	11	0.10	0.05	↓
BOTULISM-INTESTINAL (INFANT)	.	.	0	0	0	0	0.01	0.00	↓
CAMPYLOBACTERIOSIS	18	88	20	100	19	101	1.01	0.92	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	6	0	.	.	6	0.01	0.14	↑
GIARDIA	10	54	14	44	8	31	0.63	0.39	↓
ROTA VIRUS	.	85	6	53	.	68	0.20	0.14	↓
SALMONELLOSIS	133	461	26	119	40	176	2.52	1.93	↓
SHIGA-TOXIN PRODUCING E. COLI#	.	46	.	19	5	35	0.39	0.24	↓
SHIGELLOSIS	7	46	10	28	10	31	0.39	0.48	↑
TYPHOID FEVER	0	0	.	.	.	.	0.02	0.05	↑
VIBRIO (NON-CHOLERA)	0	.	0	.	0	.	0.01	0.00	↓
YERSINIOSIS	.	8	.	.	0	0	0.03	0.00	↓
<b>OTHER</b>									
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	23	77	15	61	39	100	1.02	1.88	↑X
DENGUE FEVER	.	.	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	.	0.01	0.00	↓
HEPATITIS C (ACUTE)	.	.	0	.	0	7	0.05	0.00	↓X
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	.	17	.	21	.	21	0.11	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	.	0.01	0.00	↓
LYME DISEASE	0	7	0	.	0	5	0.01	0.00	↓
MALARIA	.	6	.	8	.	5	0.10	0.14	↑
MENINGITIS, ASEPTIC/VIRAL	11	46	9	41	.	31	0.54	0.19	↓
MENINGITIS, BACTERIAL	6	12	.	12	.	15	0.11	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)	111	1288	203	816	56	1159	9.76	2.70	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	19	60	13	77	24	99	0.79	1.16	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	5	8	.	11	7	15	0.08	0.34	↑X
TUBERCULOSIS	17	75	10	66	12	71	0.84	0.58	↓
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	0.02	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 in data aggregation for cases other than STD or TB (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 Disease Surveillance. Data suppression denoted by '.' applies if number of cases <5. Quarterly disease total (excluding STD and TB cases)=318 (reported total=3899). Quarterly congenital syphilis cases (suppression applied) for 2013-2015 were 0,.,.(YTD totals of ,.,,6) respectively.

\*\*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).