



Memorandum

Date: January 28, 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*

A handwritten signature in black ink, appearing to be 'Cassius Lockett', is written over the 'From:' line.

Subject: Community Health Division Monthly Report – Part I

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

1. Tobacco Control Program (TCP):

- A.** Only about half of smokers seen by a physician report receiving advice or counseling from their health care providers to quit tobacco use. Even fewer – 2 to 15 percent – are offered any form of assistance, such as provision of specific counseling on how to quit, referral to treatment programs, or prescriptions for smoking cessation medications (Goldstein et al, 2006). In an effort to increase the utilization of brief intervention strategies by clinicians, TCP staff and local partners have developed training modules and various educational materials for professionals and their patients that are available free of charge. In October, 168 healthcare providers were trained in person and another 99 were trained through the online module. In October, in-person brief intervention trainings were provided at Roseman University of Health Sciences for pharmacy students (36 trained); ALAN (8 trained); Volunteers in Medicine of Southern Nevada (11 trained); UMC (11 trained); St. Rose Siena Hospital for registered respiratory therapists (5 trained); Sunrise Hospital for registered respiratory therapists (24 trained); Carrington College for allied medical students (56 trained); Centennial Hills Hospital for registered respiratory therapists (5 trained); and Mountain View Hospital for registered respiratory therapists (12 trained).
- B.** The Las Vegas Renaissance Festival adopted a smoke-free events policy. The festival took place at Sunset Park October 9 -11, 2015. An estimated 35,000 people were in attendance.

2. Chronic Disease Prevention Program (CDPP):

- A.** The Coaches Health Challenge program is an annual program provided in partnership with UNLV Athletics and the Clark County School District (CCSD). The program encourages elementary school youth to eat fruits and vegetables and engage in daily physical activity over the course of the program. This year, more than 11,490 CCSD students signed up to participate in the program. The students are from 352 classrooms in 78 local elementary schools. The program will run through the first part of December.

- B. The Get Healthy Holiday Challenge Program launched in October. The program encourages healthy habits over the holiday season. As of the end of October, 62 people had signed up for the program. The program will run through the first part of January 2016.
- C. Staff submitted a Nutrition Incentive Program Support and Innovation Grant application to Wholesome Wave in October. If funded, the project will establish a nutrition incentive program at local farmers' markets that accept Supplemental Nutrition Assistance Program (SNAP) benefits. Staff continues to provide technical assistance and support to local farmers' markets in support of accepting EBT/SNAP benefits as part of our Farmers' Market Promotion Program (FMPP) grant. An analysis of aggregated SNAP redemption rates at local farmers' markets show that rates have increased dramatically since implementation of the FMPP project – increasing from \$625 at baseline to \$1,267 as of the end of September 2015.

3. Injury Prevention Program (IPP):

The Southern Nevada Injury Prevention Partnership (SNIPP) was established under the authority of the Regional Trauma Advisory Board (RTAB) to advise and assist the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma Plan. IPP staff chaired the SNIPP quarterly meeting on October 12, 2015. There was follow up discussion from the July meeting regarding Trends in Non Accidental Trauma. There were six more cases admitted to UMC since July and this shows nearly a 100% increase over last year at this time. There was a discussion of developing a possible screening tool for use in emergency rooms as well as a process for notifying appropriate authorities in these cases.

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	Nov 2014	Nov 2015		FY 14-15 (Jul-Nov)	FY 15-16 (Jul-Nov)	
Chlamydia	773	784	↑	4,209	4,256	↑
Gonorrhea	239	238	↓	1,251	1,332	↑
Primary Syphilis	6	3	↓	40	36	↓
Secondary Syphilis	11	2	↓	65	67	↑
Early Latent Syphilis	22	14	↓	141	159	↑
Late Latent Syphilis	6	1	↓	48	29	↓
New HIV Diagnosis	17	11	↓	116	119	↑
New HIV/AIDS Diagnosis	7	7	→	51	34	↓
New AIDS Diagnosis	4	4	→	39	32	↓
New to NV Seeking Care, HIV and AIDS	22	2	↓	115	121	↑
Perinatally Exposed to HIV	1	0	↓	8	13	↑
Congenital Syphilis (presumptive)	0	0	→	5	1	↓

Community Health -- ODS – Fiscal Year Data

Pregnant Moms Surveillance Count represents # cases being followed ¹	Nov 2014	Nov 2015		FY 14-15 (Jul-Nov)	FY 15-16 (Jul-Nov)	
HIV/AIDS Pregnant Cases	0	0	→	5	11	↑
Syphilis Pregnant Cases	3	4	↑	19	27	↑

Community Health -- ODS – Fiscal Year Data

Tuberculosis	Nov 2014	Nov 2015		FY 14-15 (Jul-Nov)	FY 15-16 (Jul-Nov)	
Number of Active Cases - Adult	5	2	↓	19	18	↓
Number of Active Cases - Pediatric	2	1	↓	9	1	↓
Number of Suspect TB Reports ²		19			135	
Number of Electronic Disease Notifications	27	59	↑	140	228	↑

Of the newly diagnosed Active TB Cases

- All were foreign born (China, Mexico, Philippines)

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	10	3	0	0	0	0
Active TB	2	19	19	3	4	0
TOTAL	12	22	19	3	4	0

¹ #Reports initiated in the month

² This data that was not tracked FY 14-15

Community Health -- ODS – Monthly Data				
Monthly DIIS Investigations CT/GC/Syphilis/HIV	Partners	Clusters ¹	Reactors ²	OOJ/FUP ³
Chlamydia	25	0	23	1
Gonorrhea	5	0	5	1
Syphilis	69	0	51	4
HIV/AIDS (New to Care/Returning to Care)	34	0	45	35
TOTAL	133	0	124	41

Community Health -- ODS – Monthly Data				
DIIS Partner Services CT/GC/Syphilis/HIV	#Interviews	#Partners/ Clusters Notified/ Examined	Partners/ Clusters	Partners Previously Diagnosed/ Treated
Chlamydia	19	7	12	2
Gonorrhea	2	0	2	1
Syphilis	53	18	21	13
HIV/AIDS (New to Care/Returning to Care)	37	14	4	10
TOTAL	111	39	39	26

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

A. 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. November 16: The Studios—target population-transgender, AA/Hispanic.

B. Staff Facilitated Training

- a. November 9-10: Guardian Quest-Leadership Training-November 9 and 10—40 attendees.
- b. November 13: HIV Summit-Dr. Cheryl Radeloff presented—five additional staff attended.
- c. November 16-20: Office of Disease Surveillance (ODS)-HIV Rapid Testing, Counseling, Safety, & Certificate Program—13 attendees.

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

Community Health -- ODS – Fiscal Year Data						
Prevention - SNHD HIV Testing	Nov 2014	Nov 2015		FY 14-15 (Jul-Nov)	FY 15-16 (Jul-Nov)	
Outreach/Targeted Testing	539	195	↓	3,516	2,702	↓
Clinic Screening (SHC/FPC/TB)	536	217	↓	3,191	2,495	↓
Outreach Screening (Jails, SAPTA)	127	34	↓	1,116	947	↓
TOTAL	1,202	446	↓	7,823	6,144	↓
Outreach/Targeted Testing POSITIVE				35	46	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				34	26	↓
Outreach Screening (Jails, SAPTA) POSITIVE				5	5	→
TOTAL POSITIVES				74	77	↑

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

1. November Meetings:

A. 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.

Also discussed was the Community Paramedicine education curriculum. Community Paramedicine services will assist in helping the community to appropriate health care access, as necessary. They will assist with establishing a primary care physician, transportation to that primary care physician, establishing a pharmacy, ensuring they are able to refill their medications, and connect them with an insurance navigator for those that are uninsured.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data						
November EMS Statistics	Nov 2014	Nov 2015		FY 14-15 (Jul-Nov)	FY 15-16 (Jul-Nov)	
Total certificates issued	17	26	↑	881	731	↓
New licenses issued	4	14	↑	54	244	↑
Renewal licenses issued (recert only)	0	4	↑	159	711	↑
Active Certifications: EMT/EMT-Basic	489	548	↑			
Active Certifications: AEMT/EMT-Intermediate	1242	1286	↑			
Active Certifications: Paramedic/EMT-Paramedic	1148	1207	↑			
Active Certifications: RN	39	44	↑			

IV. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

1. **Pertussis in Clark County – Update:** Year-to-date we have identified 85 cases of pertussis, five of which were investigated in November. Of the cases investigated in November, one became ill in August, one in September, and three 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.

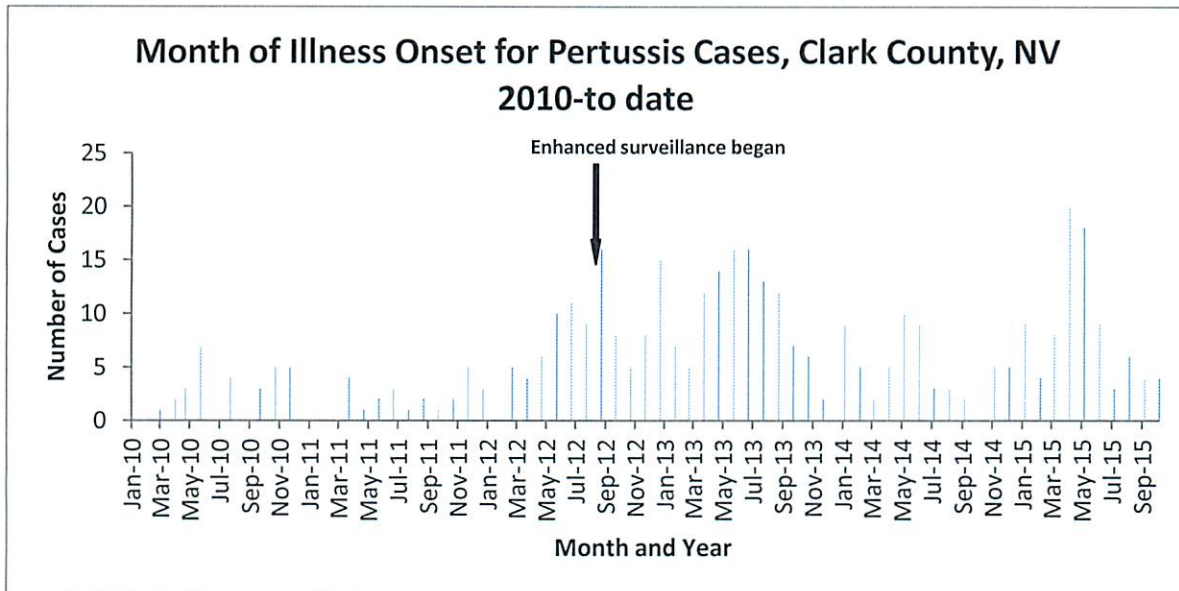


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

2. **Pediatric Early Warning Surveillance System (PEWSS)²:** PEWSS surveillance sentinel sites submitted a low number of respiratory specimens to the SNPHL for testing in November. *Mycoplasma pneumoniae* and Parainfluenza virus 4 were sporadically detected; Adenovirus and Rhinovirus/Enterovirus were detected at 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>.
3. **Disease reports and updates:**
 - A. ***Rash Illness at Garehime Elementary School update:*** OOE is continuing to investigate a rash illness at Garehime Elementary School. No new cases were reported in November. SNHPL and OOE are awaiting enterovirus testing results from the Centers for Disease Control and Prevention.
 - B. ***Hand Foot Mouth Disease Outbreak at Helen Marie Smith Elementary School update:*** Fourteen cases of HFMD were reported at Helen Marie Smith

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.

Elementary School between September 23 and October 26. Persistent spread of the illness was not observed throughout the school (school-wide student attack rate 2.5%), and no cases were hospitalized. Increased control measures implemented by the school likely contributed to preventing further transmission.

- C. ***Gastroenteritis Outbreak at Ries Elementary School update:*** On October 22, the director of the Health Services at Clark County School District (CCSD) reported an increase of gastroenteritis (GE) at Ries Elementary School between September 28 and October 21. An epidemiological investigation was conducted, during which it was determined that 22 students and 4 staff members were ill with gastrointestinal symptoms meeting the case definition for acute GE. Three stool specimens were collected for testing and were negative for norovirus by PCR, negative for STEC by EIA, and negative for other enteric pathogens by culture. The investigation ended on November 12, when it was determined that the level of students ill with GE were at or below baseline.
- D. ***Nationwide Salmonella Poona Outbreak update:*** The OOE investigated 10 salmonellosis cases in Clark County residents that match a nationwide outbreak of *Salmonella* Poona. The most recent case had an illness onset date of October 2. The OOE continues to conduct routine surveillance for new cases.
- E. ***Ebola virus:*** In November we monitored three returned travelers. As of November 7, 2015, WHO declared the end of Ebola virus transmission in Sierra Leone. Ebola Virus Disease (EVD) continues to be widespread in Guinea and returned travelers from this country 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 is considered over for 2015. We have found many positive pools of mosquitoes and had one case of WNV 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 November.

- 4. **Other:** The OOE has lost yet another staff member. Mike Tsai, Chronic Disease Epidemiologist, will be moving to Chicago to be with his wife, who is attending medical school.
- 5. **Communicable Disease Statistics:** November 2015 Disease Statistics are attached.

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

TB data covering the last 5 years was imported into EpiTrax. The animal bite data collection web interface went live. In cooperation with the TB group, the report on the TB outbreak was finalized. Data was collected and uploaded to the Healthy Southern Nevada web site. The Perinatal Hepatitis B group commenced using EpiTrax. Testing of Syphilis and HIV processing rules for Electronic Message Staging Area (EMSA) continues. Work has continued on Electronic Health Records (EHR) systems requirements development and EHR systems assessment. We held a meeting with Nevada Department of Public and Behavioral Health to discuss plans to better improve our data exchange with the State. Sony Varghese attended the American Medical Informatics Association conference.

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

1. **Planning and Preparedness:**

- A. The OPHP manager continues to participate in the 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 in the State Medical Surge Workgroup to provide updates on the Region IX Medical Surge Plan annex.
 - C. OPHP participated in the University Medical Center (UMC) Active Shooter Exercise held on Saturday, November 7. This event involved 120 volunteers from UMC, Las Vegas Metro Police Dept. (LVMPD), Las Vegas Fire, local high school students, Community Emergency Response Team (CERT) members, multiple other governmental agencies, and the SNHD. The exercise was executed twice, allowing multiple training objectives to be met. Key training objectives were: validate procedures; communications plan (internal/external), community partner/volunteer relationships, coordination between UMC security and LVMPD, coordination and communication with Multi Assault Counter Terrorism Action Capabilities (MACTAC), and, finally, communication and coordination between MACTAC and FIREMED.
 - D. OPHP participated in a Tribal Liaison Workshop in Henderson in November. The learning objectives of the workshop included: 1. Understanding why Tribal collaboration is important to the Red Cross. 2. Liaison and Tribal Liaison basics. 3. Introduce the Tribal Liaison role. 4. Share resources associated with enhancing coordination with American Indians. 5. Review how to best work with Tribal members. 6. Understand why it is important to partner with Tribes. 7. An Introduction to Tribal profiles. 8. Tribes of our state. 9. Cultural uniqueness. 10. Do's and Don'ts with Tribal members. 11. Identifying Partnership opportunities. 12. Experience a tabletop exercise on Tribal coordination and emergency management. The Tribal Liaison Workshop provided useful and culturally competent information and resources to all partners who engage local Tribal Governments in preparedness, response, and recovery activities. OPHP staff members continue to participate in statewide partner planning meetings and conference calls to share information and coordinate response efforts to a potential threat.
 - 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 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 SNHD'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.
4. **Medical Reserve Corps of Southern Nevada (MRC of SO NV):**
 - A. 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. October SNPHL Activity Highlights:

- A. The SNPHL Manager and Senior Clinical Laboratory Scientist provided a hand washing and germ presentation to 200 first grade students at a local elementary school. The students learned about the types of germs that can make people sick and the three main interventions that can prevent illness: Wash your hands; Cover your cough; and Stay home when you are sick. The students also participated in an experiment using “Glo-germ” to demonstrate how germs can spread from one person to another. Each student became a trained PDI (Protect Don’t Infect) agent after completing a short quiz.
- B. SNPHL staff provided laboratory-testing support including sample collection, transport, and testing for samples collected for multiple OOE investigations including mumps, gastrointestinal illness, and unexplained rash illness. SNPHL staff provided subject matter expertise to OOE as well as arranging for testing at CDC if needed.
- C. SNPHL initiated *Chlamydia trachomatis* (CT)/*Neisseria gonorrhoeae* (GC) molecular testing of urine, genital, and extragenital samples collected by the SNHD STD program.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Oct 2014	Oct 2015		FY 14-15 (Jul-Oct)	FY 15-16 (Jul-Oct)	
Clinical Testing Services ¹	3207	3383	↑	12746	11941	↓
Courier Services ²	3254	2967	↓	12741	11363	↓
Epidemiology Services ³	2059	1240	↓	4738	3843	↓
State Branch Public Health Laboratory Services ⁴	762	758	↓	3080	3971	↑
All-Hazards Preparedness Services ⁵	9	8	↓	56	51	↓

VIII. VITAL STATISTICS

November 2015 showed an increase of 9% in birth certificate sales in comparison to November 2014. Death certificate sales increased by 8% for the same time frame. SNHD has received new revenues of \$38,480 for birth registrations, \$18,688 for death registrations; and an additional \$2,324 in miscellaneous request fees for the month of November.

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

2 Includes the number of clinical test specimens transported from facilities by SNPHL courier.

3 Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations or consultations.

4 Includes PFGE and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations and inspections, samples submitted to CDC or other laboratories.

5 Includes Preparedness training, BSL-3 maintenance and repair, teleconferences, Inspections.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Nov 2014	Nov 2015		FY 14-15 (Jul-Nov)	FY 15-16 (Jul-Nov)	
Births Registered	2,118	2,285	↑	12,050	12,141	↑
Deaths Registered	1,165	1,262	↑	6,264	6,469	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Nov 2014	Nov 2015		FY 14-15 (Jul-Nov)	FY 15-16 (Jul-Nov)	
Birth Certificates Sold Valley View (walk-in)	2635	2,515	↓	16,892	15,465	↓
Birth Certificates Sold Mesquite (walk-in)	20	28	↑	94	66	↓
Birth Certificates Mail ¹		134			775	
Birth Certificates Online Orders	546	845	↑	3,334	5109	↑
Birth Certificates Billed	139	105	↓	400	609	↑
Birth Certificates Number of Total Sales	3,340	3,627	↑	20,720	22,024	↑
Death Certificates Sold Valley View (walk-in)	2,482	2,503	↑	13,516	12,354	↓
Death Certificates Sold Mesquite (walk-in)	2	3	↑	12	21	↑
Death Certificates Mail ¹		200			809	
Death Certificates Online Orders	3,226	3,464	↑	16,858	18,109	↑
Death Certificates Billed	7	5	↓	33	52	↑
Death Certificates Number of Total Sales	5,717	6,175	↑	30,419	31,345	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Nov 2014	Nov 2015		FY 14-15 (Jul-Nov)	FY 15-16 (Jul-Nov)	
Birth Certificates Sold Valley View (walk-in)	78.9%	69.3%	↓	81.5%	70.2%	↓
Birth Certificates Sold Mesquite (walk-in)	.6%	.77%	↑	.45%	.30%	↓
Birth Certificates Mail ¹		3.7%			3.5%	
Birth Certificates Online Orders	16.3%	23.3%	↑	16.1%	23.2%	↑
Birth Certificates Billed	4.1%	2.9%	↓	1.9%	2.8%	↑
Death Certificates Sold Valley View (walk-in)	43.4%	40.5%	↓	44.4%	39.4%	↓
Death Certificates Sold Mesquite (walk-in)	.03%	.05%	↑	.04%	.07%	↑
Death Certificates Mail ¹		3.2%			2.6%	
Death Certificates Online Orders	56.4%	56.1%	↓	55.4%	57.8%	↑
Death Certificates Billed	.12%	.08%	↓	.11%	.17%	↑

¹ This data was not tracked in FY 2014-15

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	Nov 2014	Nov 2015		FY 14-15 (Jul-Nov)	FY 15-16 (Jul-Nov)	
Birth Certificates (\$20)	\$66,800	\$72,540	↑	\$414,400	\$440,480	↑
Death Certificates (\$20)	\$114,340	\$123,500	↑	\$608,380	\$626,900	↑
Births Registrations (\$13)	\$19,383	\$38,480	↑	\$117,250	\$237,703	↑
Deaths Registrations (\$13)	\$10,031	\$18,688	↑	\$52,500	\$98,748	↑
Miscellaneous	\$1,132	\$2,324	↑	\$11,216	\$15,102	↑
Total Vital Records Revenue	\$211,686	\$255,596	↑	\$1,203,746	\$1,418,933	↑

CL/dm

ATT: November 2015 Disease Statistics

Clark County Disease Statistics*, NOVEMBER 2015

Disease	2013		2014		2015		Rate(Cases per 100,000 per month) (2010-2014 aggregated)	Nov (2015)	Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Nov YTD No.	Nov No.	Nov YTD No.	Nov No.	Nov YTD No.	Nov No.			
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	0	8	0	11	0	20	0.04	0.00	↓
HEPATITIS A	.	15	0	.	0	8	0.02	0.00	↓
HEPATITIS B (ACUTE)	.	20	0	17	0	14	0.11	0.00	↓X
INFLUENZA**	37	559	15	537	8	469	0.67	0.39	↓
MEASLES	0	0	0	0	0	9	0.00	0.00	
MUMPS	0	.	0	.	0	0	0.00	0.00	
PERTUSSIS	5	122	.	52	.	85	0.21	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	14	196	11	184	11	150	0.85	0.53	↓
CHLAMYDIA	708	8639	772	9333	796	9129	35.56	38.34	↑
GONORRHEA	188	2058	238	2491	242	2693	8.92	11.66	↑X
HIV	12	241	17	263	11	273	0.84	0.53	↓
SYPHILIS (EARLY LATENT)	15	207	22	282	15	343	0.83	0.72	↓
SYPHILIS (PRIMARY & SECONDARY)	10	144	19	253	8	246	0.63	0.39	↓
ENTERICS									
AMEBIASIS	0	8	0	.	.	11	0.01	0.05	↑
BOTULISM-INTESTINAL (INFANT)	0	.	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	9	84	9	94	.	94	0.36	0.14	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	6	0	.	0	.	0.01	0.00	↓
GIARDIA	0	51	.	39	.	27	0.16	0.10	↓
ROTAVIRUS	0	82	5	52	.	68	0.08	0.14	↑
SALMONELLOSIS	9	450	10	116	.	156	0.38	0.10	↓
SHIGA-TOXIN PRODUCING E. COLI#	0	44	.	19	0	34	0.07	0.00	↓X
SHIGELLOSIS	.	43	5	26	0	28	0.15	0.00	↓X
TYPHOID FEVER	0	0	.	.	0	.	0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	.	0	.	0	.	0.00	0.00	
YERSINIOSIS	0	8	0	.	0	0	0.01	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	9	74	7	60	19	95	0.39	0.92	↑X
DENGUE FEVER	.	.	0	.	0	.	0.01	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	.	0.01	0.00	↓
HEPATITIS C (ACUTE)	.	.	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	.	19	.	21	0.03	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	.	0.00	0.00	
LYME DISEASE	0	7	0	.	0	5	0.00	0.00	
MALARIA	.	6	.	8	0	.	0.03	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	7	43	.	39	.	30	0.22	0.10	↓
MENINGITIS, BACTERIAL	.	9	.	12	0	15	0.04	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	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)	31	1215	36	655	10	1123	1.80	0.48	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	5	52	.	72	7	86	0.26	0.34	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	8	0	9	.	14	0.03	0.19	↑
TUBERCULOSIS	7	68	.	61	.	66	0.27	0.14	↓
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=63(reported total=1149). 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 ,,,5).

**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).