



# Memorandum

**Date:** February 25, 2016  
**To:** Southern Nevada District Board of Health  
**From:** Joseph P Iser, MD, DrPH, MSc, Chief Health Officer 

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**Subject:** Community Health Division Monthly Report

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

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

- A. Brief Tobacco Use Intervention is an evidence-based process through which providers identify current smokers and refer them to cessation resources. While SNHD TCP staff is providing this training to physicians, they have also expanded availability of the training to include a broad range of health-related service providers.
  - a. In December, SNHD staff trained 20 client specialists with the Las Vegas Urban League prisoner reentry program on the delivery of brief tobacco use interventions and emerging tobacco products. Staff distributed 2,000 educational materials promoting the Quitline.
  - b. In December, staff provided training to 40 Clark County Head Start staff as part of a national Truth Initiative project. Truth staff provided the major component of the training and TCP staff provided a presentation on local resources, brief tobacco use interventions, the NV Tobacco Quitline, and emerging tobacco products. Staff distributed 1,000 educational materials promoting the Quitline.
  - c. Staff is working with the Nevada Division of Welfare and northern Nevada partners to coordinate a program that will include training Welfare Division staff on how to deliver a brief tobacco use intervention and develop media to be aired in division offices. Staff followed up with Virgen Media to discuss concepts for media placement on televisions located within Welfare Division offices.

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

- A. The annual UNLV Coaches Health Challenge program wrapped up in December. The program encourages elementary school students in grades 1-5 to engage in daily physical activity and eat fruits and vegetables. The 2015 program had 11,490 students signed up from 352 different elementary school classrooms representing 78 different elementary schools. Participating students tracked their fruit and vegetable consumption and their physical activity to earn points for their classrooms. The winning classrooms were selected in December, and each received tickets to either a UNLV men's or women's basketball game. In addition, UNLV Head Coaches will visit all the winning classrooms in the spring of 2016.
- B. For people with diabetes, self-management is crucial to staying well and keeping the disease in check. The Southern Nevada Health District CDP offers a free diabetes self-management program called Care4life, which can be accessed online or via mobile phones. The program is designed for people with Type 2 diabetes as a tool to help them better manage their diabetes and offers education, recipes, nutrition tips, and physical activity information as well as tools to set reminders to check blood glucose levels or for medical appointments. Care4life can be used to set weight and exercise goals. A small media campaign to promote availability of the Care4Life program ran in December on radio and in on-line ads. A second phase of the campaign to include television will commence in January. There are currently have 40 people enrolled in Care4Life.

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

SafeTALK is a suicide alertness training for everyone. In only a few hours, participants learn how to provide practical help to persons with thoughts of suicide. SafeTALK trainings are being conducted 3 to 5 times per month statewide. IPP staff assists with trainings in Clark County. This training not only educates participants but also helps to reduce the stigma associated with suicide. A safeTALK Training will be held in Las Vegas in late January 2016. The Clark County School District (CCSD) is sending five staff to the training in order to conduct CCSD staff safeTALK trainings with their staff in the future. More than 500 Metro Supervisors will be trained in safeTALK by April 2016.

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

- 1. The Office of Disease Surveillance, formerly Nursing-Office of HIV/AIDS/STD/TB, is new to the Community Health Division. We continue to work diligently toward streamlining integration efforts across programs within Community Health as well as programs within Nursing. Efforts to provide seamless services to our clients, community stakeholders, and funders while we are transitioning are in conjunction with several programs: Office of Epidemiology, TB Clinic Services, Sexual Health Clinic Services, SAPTA, and Nursing Case Management. This transition has required enhanced communication processes and partnerships across all of these important programs.
- 2. Syphilis automation is up and running, and we finalized the HIV routing also (not live). We are currently working on TB labs and overall ELR (Electronic Lab Reporting) quality monitoring.

### 3. Surveillance and Investigations

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

Morbidity Surveillance	Jan 2015	Jan 2016		FY 14-15 (Jul-Jan)	FY 15-16 (Jul-Jan)	
Chlamydia	840	718	↓	5,862	5,935	↑
Gonorrhea	268	210	↓	1,789	1,836	↑
Primary Syphilis	2	2	→	47	54	↑
Secondary Syphilis	18	4	↓	93	109	↑
Early Latent Syphilis	32	25	↓	202	240	↑
Late Latent Syphilis	5	0	↓	60	58	↓
New HIV Diagnosis	15	46	↑	170	204	↑
New HIV/AIDS Diagnosis	4	7	↑	50	48	↓
New AIDS Diagnosis	7	13	↑	49	55	↑
New to NV Seeking Care, HIV and AIDS	4	105	↑	272	291	↑
Perinatally Exposed to HIV	3	2	↓	14	21	↑
Congenital Syphilis (presumptive)	0	0	→	2	3	↑

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

Pregnant Moms Surveillance Count represents # cases being followed <sup>1</sup>	Jan 2015	Jan 2016		FY 14-15 (Jul-Jan)	FY 15-16 (Jul-Jan)	
HIV/AIDS Pregnant Cases	1	2	↑	11	13	↑
Syphilis Pregnant Cases	4	2	↓	28	45	↑

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

Tuberculosis	Jan 2015	Jan 2016		FY 14-15 (Jul-Jan)	FY 15-16 (Jul-Jan)	
Number of Active Cases - Adult	8	0	↓	31	24	↓
Number of Active Cases - Pediatric	0	0	→	10	1	↓
Number of Suspect TB Reports	10	34	↑	10	197	↑
Number of Electronic Disease Notifications	24	39	↑	224	286	↑

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

**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	3	3	0	0	0	0
Active TB	0	33	34	5	5	0
<b>TOTAL</b>	<b>3</b>	<b>36</b>	<b>34</b>	<b>5</b>	<b>5</b>	<b>0</b>

**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	18	0	30	2
Gonorrhea	10	0	14	3
Syphilis	69	3	53	2
HIV/AIDS (New to Care/Returning to Care)	43	0	38	13
<b>TOTAL</b>	<b>140</b>	<b>3</b>	<b>135</b>	<b>20</b>

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

DIIS Partner Services CT/GC/Syphilis/HIV	#Interviews	#Partners/ Clusters Notified/ Examined	Partners/ Clusters	Partners Previously Diagnosed/ Treated
Chlamydia	25	6	5	1
Gonorrhea	14	3	4	1
Syphilis	63	23	25	6
HIV/AIDS (New to Care/Returning to Care)	23	8	12	17
<b>TOTAL</b>	<b>125</b>	<b>40</b>	<b>46</b>	<b>25</b>

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

**A. High Impact HIV Screening Sites**

- a. Mondays-Thursdays and first Saturday; The Center- LGBTQ Community of Nevada- MSM, transgender.
- b. Monthly- First Friday: Avella Pharmacy –target population MSM and IDU. HIV and Hepatitis C Rapid Testing.
- c. 01/08/2016-In conjunction with the HARTT Outreach Team-Classic Cuts. Target population MSM and minority. HIV Rapid Testing.

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

- d. 01/11/2016-The Studios-Target population-transgender. HIV and Syphilis Testing.
- e. 01/16/2016-Support for the HARTT Outreach Team-Pearson Center. Target population MSM and minority. HIV Rapid Testing.
- f. 01/17/2016-Charlies Bar-target population MSM. HIV and Syphilis Testing.
- g. 01/21/2016-Support for the HARTT Outreach Team-Horizon Ridge-target population IDU. HIV Rapid Testing.
- h. 01/21/2016-Support for the HARTT Outreach Team-Erotic Heritage Museum-target population all. HIV Rapid Testing.
- i. 01/22/2016-Flex-target population MSM. HIV and Syphilis Testing.
- j. 01/29/2016-The Decatur-target population-transgender. HIV Rapid Testing.

**B. Staff Facilitated Training**

- a. January 9<sup>th</sup>-10<sup>th</sup>-Youth Leadership Conference-21 participants
- b. January 29<sup>th</sup>-Resident Lecture with Valley Hospital-10 participants. The requested topic was LGBTQ issues in healthcare.

Community Health -- ODS – Fiscal Year Data						
Prevention - SNHD HIV Testing	Jan 2015	Jan 2016		FY 14-15 (Jul-Jan)	FY 15-16 (Jul-Jan)	
Outreach/Targeted Testing	680	564	↓	4,831	3,931	↓
Clinic Screening (SHC/FPC/TB)	627	421	↓	4,409	4,523	↑
Jails, SAPTA Screening	184	59	↓	1,446	1,217	↓
<b>TOTAL</b>	<b>1,491</b>	<b>1,044</b>	<b>↓</b>	<b>10,686</b>	<b>9,671</b>	<b>↓</b>
Outreach/Targeted Testing POSITIVE				49	62	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				53	50	↓
Jails, SAPTA Screening POSITIVE				7	7	→
<b>TOTAL POSITIVES</b>				<b>109</b>	<b>119</b>	<b>↑</b>

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

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

January EMS Statistics	Jan 2015	Jan 2016		FY 14-15 (Jul-Jan)	FY 15-16 (Jul-Jan)	
Total certificates issued	80	83	↑	178	242	↑
New licenses issued	20	21	↑	97	285	↑
Renewal licenses issued (recert only)	0	21	↑	174	752	↑
Active Certifications: EMT/EMT-Basic	477	605	↑			
Active Certifications: AEMT/EMT-Intermediate	1252	1303	↑			
Active Certifications: Paramedic/EMT-Paramedic	1164	1188	↑			
Active Certifications: RN	41	44	↑			

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

- 1. Pertussis in Clark County – Update:** In January, we identified two cases of pertussis. The enhanced pertussis surveillance project was discontinued as of January 31 to increase efficiency within our office, since our numbers have been low. Should local transmission increase in the future, we may initiate this project again. Case counts by illness onset date from 2010 to present are shown below (Figure 1).

**Month of Illness Onset for Pertussis Cases, Clark County, NV  
2010-to date**

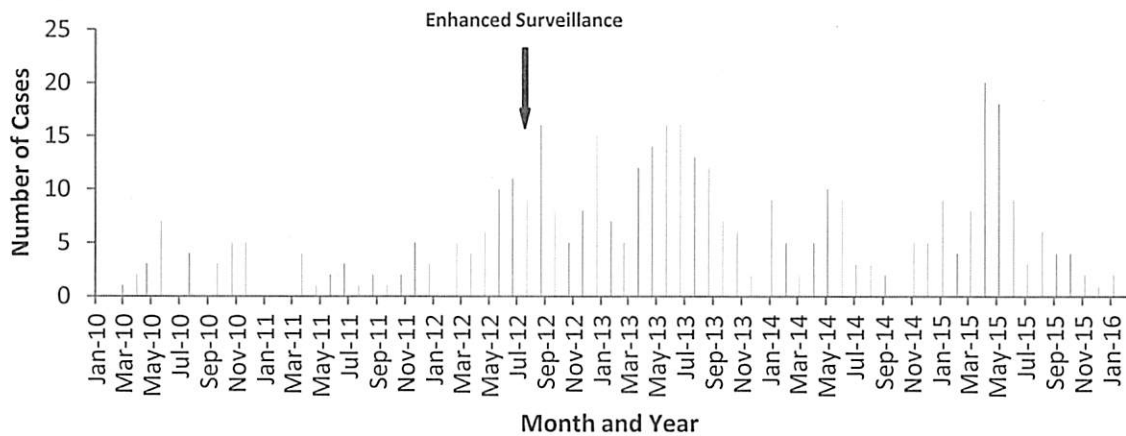


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date<sup>1</sup>

- 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 testing in January. Parainfluenza Virus 1; Parainfluenza Virus 4; Rhinovirus/Enterovirus; Influenza A H1N1; Coronaviruses OC43, HKU1, and NL63;

<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.

Respiratory Syncytial Virus (RSV); Adenovirus; *Mycoplasma pneumoniae*; and Human Metapneumovirus were all identified 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. ***Nationwide Salmonella Poona Outbreak update:*** Ten cases of *Salmonella* Poona related to the outbreak were identified. No new cases have been reported as of 10/02/15. OOE will continue routine surveillance unless more cases with the national outbreak strains are identified.
- B. ***Pulse on Tour Dance Competition – Bally’s:*** On 12/8/16, the OOE received 3 calls complaining about gastroenteritis (GE) symptoms after attending a dance competition, Pulse on Tour (PoT), held at Bally’s Hotel from 12/5-12/6/15. The first illness onsets were reported to be on 12/4/15 in Las Vegas by a CA team, prior to the competition and were likely the index cases. A total of six out of 15 studios, 3 PoT staff members, and one hotel guest reported GE illnesses among participants and/or family contacts for a total of 116 primary and secondary cases. An EH inspection found appropriate norovirus protocols in place; however, further investigation showed that emetic events and illnesses were not always communicated to security. Norovirus guidelines were provided to PoT and Bally’s staffs. Bally’s conducted enhanced cleaning and sanitation procedures at implicated areas. There have been no further reports of GE illness received in association with Bally’s.
- C. ***Outbreak of Norovirus associated with the L37 Creative Holiday Party at Foundation Room, House of Blues, at Mandalay Bay:*** L37 Creative hosted their holiday dinner on 12/11/15 at the House of Blues Foundation Room at Mandalay Bay. There were 23 people in attendance, both local and Chicago residents (employees and spouses), and 14 people were ill with GE after the party. A site visit was conducted by OOE and EH, to gather staff illness logs and reported emetic events, and assesses environmental sanitation. A survey was sent to party guests, and six individuals provided stool specimens. Five of the six samples typed as Norovirus GII.17 Kawasaki. This is the major Norovirus strain currently circulating in California. All of the guests completed the survey. There were a total of 12 confirmed cases and 1 probable case; two additional individuals were excluded as they had incubation periods indicative of infection prior to the event, and were possible sources of the illness. No food item was implicated in the outbreak. Recommendations for improvements for Norovirus protocols at Foundation Room, and environmental sanitation was recommended and conducted for L37 Creative.
- D. ***Triggs Elementary Influenza-like-illness (ILI) Report:*** The Clark County School District notified us on January 13, 2016 that several students from kindergarten classrooms were sent home from the nurse’s office due to ILI. Between January 4th and January 28th, 2016, 28 of 46 kindergarteners in 2 classrooms were absent

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1 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.

from school, however further review of this information showed no more than 4 students absent on any single day and most days only one or two students had been absent. It is not known if all these absences were due to ILI. Also during this time, five students were seen in the health office who met the ILI case definition, which includes fever of  $\geq 100^{\circ}\text{F}$  and cough or sore throat. An additional student was diagnosed with laboratory confirmed Influenza A, as was a non-school-aged sibling. One teacher with an epi-link to a kindergarten classroom was also absent (reported ill) from school during this time. The school disinfected classrooms and sent home letters to parents informing them of the increase in ILI among students. SNHD is continuing to monitor the situation, however, no additional ILI cases have been seen in the health office as of 1/31/16.

E. **Hand, Foot, and Mouth Disease (HFMD) outbreaks reported in two childcare facilities.** The OOE investigated two HFMD outbreaks among attendees at two unrelated childcare facilities in Clark County. Children's Learning Adventure located on South Eastern Ave. had a total of 4 cases among 7 attendees in one classroom whereby one student had exposed the other three. The other outbreak occurred at La Petite Academy located at Harbor Island Drive whereby 7 cases of HFMD were reported among 17 attendees in two different classrooms. Both facilities immediately initiated control measures to include increasing the frequency of hand washing among attendees and staff members and enhanced cleaning and disinfection of the environment and shared toys. No additional cases were identified once infection control measures were instituted.

F. **Ebola virus disease (EVD):** The CDC no longer recommends active monitoring for travelers arriving in the United States from any of the countries in Africa that had EVD outbreaks. Returning travelers from Guinea are being asked to self-monitor and report to the local health department should they become symptomatic. We will continue to update our EVD procedures and protocols as new information becomes available.

4. **Other:**

A. Zuwen Qiu-Shultz was promoted to HAI Epidemiologist effective December 21, 2015. Zuwen has been with SNHD since September 1994 and holds two MPH degrees, one in nutrition and the most recent in epidemiology.

B. Dr. Tony Fredrick has been promoted to Medical Epidemiologist effective February 8, 2016. Dr. Fredrick has an extensive history of reportable disease and outbreak investigations since he began working at SNHD in May 2005, during which time he was an active member of Substance Abuse Prevention and Treatment Agency (SAPTA) and the Clark County Child Death Review Team (CCCDRT).

5. **Communicable Disease Statistics:** January 2016 Disease Statistics are attached.

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

We have moved to the new building. Work continues on EHR systems requirements and assisting SNPHL with the LIMS system upgrade. We have been working on exporting data from our Web IZ system to the NV State Web IZ system. We have assisted the HIV and STD groups on generating their annual reports. Work has been performed on a firearms study. EMSA processing/vocabulary for HIV/STD labs is being debugged. Sony Varghese and Lei Zhang attended the SAS users' conference. Pentaho reports for extracting patient history data from EpiTrax for the Sexual Health Clinic have been started. Budget planning was completed. The yearly updates to data reporting channels for the State of NV and



CDC have been completed. We are continuing to work with Johns Hopkins and the state in setting up the Essence system and testing with some old data, fixing issues as we discover them. We are also working with the HIE in trying to get the data feeds to Essence in place.

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

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

- A. OPHP manager and Chair of Southern Nevada Healthcare Preparedness Coalition continue to meet with community partners to coordinate planning for upcoming multiagency Ebola preparedness drills and exercises. In addition, staff continues to participate in planning meetings for Vigilant Guard full-scale exercise to be conducted in 2016. OPHP senior planner continues to participate on the Statewide Medical Surge Working Group to provide updates on the Region One, Medical Surge Plan Annex.
- B. 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.
- C. 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.
- D. 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:** This position is currently vacant through retirement of our PHP nurse. Respirator fit testing continues to be performed with other trained district staff during interim period, and recruitment for a replacement is currently in progress. Staff complete these duties to ensure SNHD continuity of operations. Bloodborne pathogens courses, previously provided in person, have been transitioned to online access so SNHD can continue to receive annual training. The purpose of this course is to ensure safety precautions are maintained by staff as part of General Safety Program.

- 3. **Grants and Administration:** OPHP continues to monitor awarded sub-grants and continue activities identified as deliverables in meeting health district's scopes of work. Ebola subgrants awarded continue to provide community healthcare organizations and community partners with necessary supplies, training and personal protective equipment to respond to potential Ebola or other highly pathogenic illness patient. OPHP continues our internal process to build budgets for next year.

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

- A. MRC continues to participate in community events having provided services and volunteers in support of SNHD Mission and grant deliverables.

#### **IV. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)**

1. **Clinical Testing:** SNPHL continues to support the SNHD Nursing Division with STD testing. SNHD STD department and SNPHL cooperatively participate in the Centers for Disease Control and Prevention (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. In October, 2015, SNPHL began performing *C. trachomatis/N. gonorrhoeae* (CT/GC) molecular testing to support SNHD clinical programs
2. **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).
3. **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 suspect biological agents on clinical and unknown environmental samples
  - C. SNPHL continues to perform Pulsed Field Gel Electrophoresis (PFGE) testing of *Salmonella*, *Shigella*, *Listeria*, 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.
  - D. SNPHL provides courier services to SNHD public health centers and Southern Nevada hospital or commercial laboratories.
4. **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.

**5. December 2015 SNPHL Activity Highlights:**

- A. SNPHL staff provided assistance to SNHD OOE for investigation of multiple gastrointestinal (GI) outbreaks. Assistance included sample collection, transport, and testing for bacterial enteric pathogens (*Salmonella*, *Shigella*, STEC, *Campylobacter*, and *Yersinia*) and viral pathogens (Norovirus).
- B. SNPHL staff completed verification of the CDC Ebola test method that was released to LRN laboratories under Food and Drug Administration (FDA) Emergency Use Authorization (EUA).
- C. SNPHL laboratory manager provided multiple email notifications to local laboratorians including Association of Public Health Laboratories (APHL) white paper on syphilis reporting language and level of influenza activity within Clark County.

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

SNPHL Services	Dec 2014	Dec 2015		FY 14-15 (Jul-Dec)	FY 15-16 (Jul-Dec)	
Clinical Testing Services <sup>1,2</sup>	3113	3796	↑	18,173	19,014	↑
Epidemiology Services <sup>3</sup>	1258	1157	↓	7457	6133	↓
State Branch Public Health Laboratory Services <sup>4</sup>	866	1136	↑	4704	5803	↑
All-Hazards Preparedness Services <sup>5</sup>	15	16	↑	81	81	→

**V. VITAL STATISTICS**

January 2016 showed an 11% decrease in birth certificate sales in comparison to January 2015. Death certificate sales also showed an 11% decrease for the same time frame. SNHD has received revenues of \$44,801 for birth registrations, \$22,875 for death registrations; and an additional \$2,895 in miscellaneous fees for the month of January.

The program continues to work toward meeting the program standards set by the National Association for Public Health Statistics and Information Systems ([NAPHSIS](#)), especially in the area of security. These efforts are directed at reducing the potential for identity theft and fraud. Our new premises at 280 South Decatur have many security features that we formerly did not have.

As of January 31, 2016, SNHD will only issue certificates from the central office at 280 South Decatur, and thus will not report on Mesquite office certificate sales in future Board of Health reports.

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

2 Note: Increase in FY16 monthly activity due to addition of CT/GC molecular testing to SNPHL test menu in October 2015.

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	Jan 2015	Jan 2016		FY 14-15 (Jul-Jan)	FY 15-16 (Jul-Jan)	
Births Registered	2,597	2,308	↓	16,806	16,786	↓
Deaths Registered	1,562	1,596	↑	9,256	9,493	↑

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

Vital Statistics Services	Jan 2015	Jan 2016		FY 14-15 (Jul-Jan)	FY 15-16 (Jul-Jan)	
Birth Certificates Sold Valley View (walk-in)	3,553	2,839	↓	23,358	21,001	
Birth Certificates Sold Mesquite (walk-in)	32	17	↓	134	112	↓
Birth Certificates Mail		123			1,042	
Birth Certificates Online Orders <sup>1</sup>	915	1,075	↑	4,879	7,080	↑
Birth Certificates Billed	117	61	↓	590	795	↑
<b>Birth Certificates Number of Total Sales</b>	<b>4,617</b>	<b>4,115</b>	<b>↓</b>	<b>28,961</b>	<b>30,030</b>	<b>↑</b>
Death Certificates Sold Valley View (walk-in)	3,039	2,825	↓	19,152	18,131	↑
Death Certificates Sold Mesquite (walk-in)	5	11	↑	23	41	↓
Death Certificates Mail <sup>1</sup>		190	↑		1,114	↑
Death Certificates Online Orders	4,599	4,110	↓	25,445	26,010	↑
Death Certificates Billed	4	9	↑	46	69	↑
<b>Death Certificates Number of Total Sales</b>	<b>7,647</b>	<b>7,145</b>	<b>↓</b>	<b>44,666</b>	<b>45,365</b>	<b>↑</b>

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

Vital Statistics Sales by Source	Jan 2015	Jan 2016		FY 14-15 (Jul-Jan)	FY 15-16 (Jul-Jan)	
Birth Certificates Sold Valley View (walk-in)	76.95%	68.99%	↓	80.65%	69.93%	↓
Birth Certificates Sold Mesquite (walk-in)	0.69%	.41%	↓	.46%	.37%	↓
Birth Certificates Mail <sup>1</sup>		2.99%			3.47%	
Birth Certificates Online Orders	19.82%	26.12%	↑	16.85%	23.58%	↑
Birth Certificates Billed	2.53%	1.48%	↓	2.04%	2.65%	↑
Death Certificates Sold Valley View (walk-in)	39.74%	39.54%	↓	42.88%	39.97%	↓
Death Certificates Sold Mesquite (walk-in)	.07%	.15%	↑	.05%	.09%	↑
Death Certificates Mail <sup>1</sup>		2.66%			2.46%	
Death Certificates Online Orders	60.14%	57.52%	↓	56.97%	57.33%	↑
Death Certificates Billed	.05%	.13%	↑	.10%	.15%	↑

<sup>1</sup> This data was not tracked separately in FY 14-15

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

Revenue	Jan 2015	Jan 2016		FY 14-15 (Jul-Jan)	FY 15-16 (Jul-Jan)	
Birth Certificates (\$20)	\$92,340	\$82,300	↓	\$579,220	\$600,600	↑
Death Certificates (\$20)	\$152,940	\$142,900	↓	\$893,320	\$907,300	↑
Births Registrations (\$13)	\$28,105	\$44,801	↑	\$167,013	\$324,553	↑
Deaths Registrations (\$13)	\$13,258	\$22,875	↑	\$78,057	\$143,507	↑
Miscellaneous	\$3,298	\$2,895	↓	\$16,821	\$21,082	↑
<b>Total Vital Records Revenue</b>	<b>\$289,941</b>	<b>\$295,771</b>	<b>↑</b>	<b>\$1,734,431</b>	<b>\$1,997,042</b>	<b>↑</b>

Jl/dm

ATT: January 2016 Disease Statistics

Clark County Disease Statistics\*, JANUARY 2016

Disease	2014		2015		2016		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~X
	Jan YTD No.	Jan YTD No.	Jan YTD No.	Jan YTD No.	Jan YTD No.	Jan YTD No.	Jan (2011-2015 aggregated)	Jan (2016)	
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	.	.	.	.	.	0.06	0.09	↑
HEPATITIS A	.	.	.	.	0	0	0.03	0.00	↓
HEPATITIS B (ACUTE)	.	.	0	0	0	0	0.11	0.00	↓X
INFLUENZA**	256	256	283	283	45	45	9.48	2.13	↓X
MEASLES	0	0	.	.	0	0	0.05	0.00	↓X
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	10	10	9	9	0	0	0.37	0.00	↓X
POLIOMYELITIS	0	0	0	0	0	0	0.00	0.00	
RUBELLA	0	0	0	0	0	0	0.00	0.00	
TETANUS	0	0	0	0	0	0	0.00	0.00	
<b>SEXUALLY TRANSMITTED</b>									
AIDS	21	21	11	11	20	20	0.86	0.95	↑
CHLAMYDIA	787	787	840	840	688	688	36.36	32.63	↓X
GONORRHEA	188	188	269	269	204	204	9.10	9.68	↑
HIV	25	25	15	15	46	46	1.00	2.18	↑X
SYPHILIS (EARLY LATENT)	23	23	31	31	19	19	1.07	0.90	↓
SYPHILIS (PRIMARY & SECONDARY)	21	21	20	20	.	.	0.66	0.19	↓X
<b>ENTERICS</b>									
AMEBIASIS	0	0	.	.	0	0	0.06	0.00	↓X
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	9	9	.	.	.	.	0.37	0.09	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	.	.	.	.	0	0	0.03	0.00	↓
GIARDIA	.	.	.	.	.	.	0.18	0.05	↓
ROTAVIRUS	0	0	.	.	.	.	0.14	0.05	↓
SALMONELLOSIS	5	5	7	7	.	.	0.34	0.09	↓
SHIGA-TOXIN PRODUCING E. COLI#	0	0	.	.	0	0	0.10	0.00	↓X
SHIGELLOSIS	.	.	.	.	0	0	0.14	0.00	↓X
TYPHOID FEVER	0	0	0	0	0	0	0.01	0.00	↓
VIBRIO (NON-CHOLERA)	.	.	0	0	0	0	0.01	0.00	↓
YERSINIOSIS	.	.	0	0	0	0	0.02	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	.	.	6	6	.	.	0.34	0.19	↓
DENGUE FEVER	.	.	0	0	0	0	0.01	0.00	↓
ENCEPHALITIS	0	0	0	0	0	0	0.01	0.00	↓
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	0	0	0	0	0	0	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	0	0	.	.	0	0	0.07	0.00	↓X
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	0	.	.	0	0	0.02	0.00	↓
LYME DISEASE	0	0	0	0	0	0	0.01	0.00	↓
MALARIA	0	0	0	0	0	0	0.02	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	0	0	.	.	0	0	0.08	0.00	↓X
MENINGITIS, BACTERIAL	0	0	.	.	0	0	0.04	0.00	↓
MENINGOCOCCAL DISEASE	0	0	0	0	0	0	0.01	0.00	↓
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	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)	173	173	389	389	63	63	16.64	2.99	↓X
STREPTOCOCCUS PNEUMONIAE, IPD##	12	12	20	20	18	18	0.56	0.85	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.01	0.00	↓
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	0	0	0	0	0.02	0.00	↓
TUBERCULOSIS	.	.	8	8	0	0	0.27	0.00	↓X
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.01	0.00	↓
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (FEVER)	0	0	0	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)=138 (reported total=1119). Monthly congenital syphilis cases (suppression applied) for 2014-2016 were 0,0,0 (YTD totals of 0,0,0) 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).