



# Memorandum

**Date:** March 24, 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):**

Staff worked with the SNHD Public Information Office to develop a press release related to local family physician Dr. Daliah Wachs' program called New Year, New Lungs. The project is a collaboration between Dr. Wachs, SNHD, the American Lung Association (ALA), and Steinberg Diagnostics. The objective is to encourage community members to quit the use of tobacco products via the Nevada Tobacco Quitline and ALA in-person cessation resources. Dr. Wachs will also promote cessation resources via her radio program. A program kick-off event occurred at Touro University on Jan 26<sup>th</sup> and SNHD provided cessation materials for the event.

A group of residents in Mesquite has requested technical assistance to help them explore opportunities to reduce their exposure to secondhand smoke within their community. In January TCP staff and community partners attended the Mesquite Chamber of Commerce luncheon and meeting; held an advocacy training for 16 interested stakeholders in Mesquite; and hosted a Red Ribbon student competition, awards ceremony, and reception with over 114 in attendance. Twenty area students received awards from Mayor Al Litman and Councilman Rich Green at a Mesquite City Council meeting. Dr. Iser was asked to meet with the Mayor and two council members on behalf of the coalition. TCP staff will continue to provide technical assistance as requested.

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

CDPP staff continues to work closely with Clark County School District (CCSD) staff to implement and evaluate the CrossFit Functional Fitness Project designed to increase levels of physical activity among participants. Additional schools will be identified and selected in February 2016 bringing the total number of CCSD elementary, middle and high schools participating in the project to 50. CCSD is also adding before and after school programming. In January 768 students, 60 staff, and 14 schools participated in before and after school CrossFit functional movement activities and programs. A professional development workshop on incorporating physical activity breaks into the classroom was conducted by CCSD staff in January with 58 CCSD teachers and staff in attendance.

The Walk Around Nevada mobile app was publically launched in January. Walk Around Nevada, first developed as an online program, promotes and provides a mechanism to track physical activity. A press release generated several earned media opportunities. This is the fourth mobile app developed by the Chronic Disease Prevention Program in partnership with SNHD Information Technology staff and other stakeholders and provides yet another way for the public to participate in CDP programs and initiatives. The app is now available for free on both the Apple App store and the Google Play store. As of the end of January, 142 people had downloaded the WAN app.

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

Falls are a significant cause of loss of independence among seniors and result in significant health care costs. IPP staff partnered with Touro University to pilot the evidence-based Stepping On senior fall prevention program. Since that pilot was completed, there are now ongoing Stepping On classes at the Ruvo Center, St. Rose Women's Care Center, Nevada Hand Senior Living Communities, Sun City Summerlin, Sun City Anthem, Centennial Hills Senior Center and Health South. St. Rose contacts any senior seen in their Emergency Room as a result of a fall and offers them the option to sign up for their Stepping On classes. Boulder City Hospital and Summerlin Hospital are interested in having staff trained as Stepping On leaders in order to offer classes at their facilities.

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

We have made significant progress in the enhancement of our Surveillance system, Epi-Trax, and our Surveillance processes overall.

Our February activities include: go live with HIV automation in EMSA, development/testing of TB automation in EMSA, revising out of jurisdiction FR assignment communication between DIIS and DDCS, and worked on out of care project. The out of care project is a yearly effort to re-engage HIV positive clients back to HIV care.

### **1. Surveillance and Investigations**

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

<b>Morbidity Surveillance</b>	<b>Feb 2015</b>	<b>Feb 2016</b>		<b>FY14-15 (Jul-Feb)</b>	<b>FY15-16 (Jul-Feb)</b>	
<b>Chlamydia</b>	777	854	↑	6,640	6,813	↑
<b>Gonorrhea</b>	218	248	↑	2,007	2,098	↑
<b>Primary Syphilis</b>	2	4	↑	49	60	↑
<b>Secondary Syphilis</b>	8	13	↑	101	129	↑
<b>Early Latent Syphilis</b>	34	21	↓	236	289	↑
<b>Late Latent Syphilis</b>	4	1	↓	64	61	↓
<b>New HIV Diagnosis</b>	30	36	↑	170	240	↑
<b>New HIV/AIDS Diagnosis</b>	6	11	↑	50	59	↑
<b>New AIDS Diagnosis</b>	5	14	↑	49	69	↑
<b>New to NV Seeking Care, HIV and AIDS</b>	35	11	↓	272	302	↑
<b>Perinatally Exposed to HIV</b>	0	0	→	14	21	↑
<b>Congenital Syphilis (presumptive)</b>	0	0	→	2	3	↑

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

Pregnant Moms Surveillance Count represents # cases being followed <sup>1</sup>	Feb 2015	Feb 2016		FY14-15 (Jul-Feb)	FY15-16 (Jul-Feb)	
HIV/AIDS Pregnant Cases <sup>1</sup>	4	2	↓	15	15	→
Syphilis Pregnant Cases <sup>1</sup>	3	3	→	31	48	↑

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

Tuberculosis	Feb 2015	Feb 2016		FY14-15 (Jul-Feb)	FY15-16 (Jul-Feb)	
Number of Active Cases - Adult	3	0	↓	34	25	↓
Number of Active Cases - Pediatric	0	0	→	10	1	↓
Number of Suspect TB Reports	17	23	↑	27	220	↑
Number of Electronic Disease Notifications	27	26	↓	251	312	↑

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

Active Cases	Feb 2015	Feb 2016		FY14-15 (Jul-Feb)	FY15-16 (Jul-Feb)	
Foreign Born	3	1	↓	28	18	↓
US Born	0	0	↓	14	8	↓

	# Interviews	Contacts Identified	Contacts Notified/ Screened	Contacts w/ LTBI	Contacts w/ LTBI started on tx	Contacts with Active TB
Suspect TB	7	2	0	0	0	0
Active TB	1	8	22	0	2	0
TOTAL	8	10	22	0	2	0

### Community Health -- ODS -- Monthly Data

#### Monthly DIIS Investigations

CT/GC/Syphilis/HIV	Partners	Clusters <sup>2</sup>	Reactors <sup>3</sup>	OOJ/FUP <sup>4</sup>
Chlamydia	56	4	26	10
Gonorrhea	59	3	14	3
Syphilis	138	5	64	9
HIV/AIDS (New to Care/Returning to Care)	39	1	48	116
TOTAL	292	13	152	138

<sup>2</sup> Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

<sup>3</sup> Reactors= Investigations initiated from positive labs

<sup>4</sup> OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters; FUP= Investigations initiated to follow up on previous reactors, partners, or clusters

## Community Health -- ODS – Monthly Data

DIIS Partner Services CT/GC/Syphilis/HIV	#Interviews	#Partners/ Clusters Notified/ Examined	Partners/ Clusters	Partners Previously Diagnosed/ Treated
Chlamydia	37	18	21	7
Gonorrhea	26	17	24	5
Syphilis	97	48	52	10
HIV/AIDS (New to Care/Returning to Care)	44	8	12	18
<b>TOTAL</b>	<b>204</b>	<b>91</b>	<b>109</b>	<b>40</b>

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

#### A. High Impact HIV Screening Sites

- Mondays-Thursdays and first Saturday; The Center- LGBTQ Community of Nevada- MSM, transgender.
- Monthly- First Friday: Avella Pharmacy–target population MSM and IDU. HIV and Hepatitis C Rapid Testing.
- 02/06/2016-In conjunction with the HARTT Outreach Team- Pearson Center. Target population MSM and AA. HIV Rapid Testing.
- 02/08/2016-The Studios-Target population-transgender. HIV and Syphilis Testing.
- 02/12/2016-Support for the HARTT Outreach Team- Mingo's. Target population transgender. HIV Rapid Testing.
- 02/24/2016-Charlies Bar-target population MSM. HIV and Syphilis Testing.
- 02/27/2016-Out of Care Clinic, DIIS attempting to re-engage HIV positive clients back to care.

#### B. Staff Facilitated Training

- January 9<sup>th</sup>-10<sup>th</sup>-Youth Leadership Conference-21 participants
- 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	Feb 2015	Feb 2016		FY14-15 (Jul-Feb)	FY15-16 (Jul-Feb)	
Outreach/Targeted Testing	643	521	↓	5,474	3,931	↓
Clinic Screening (SHC/FPC/TB)	633	397	↓	5,046	4,523	↑
Jails, SAPTA Screening	198	121	↓	1,644	1,217	↓
<b>TOTAL</b>	<b>1,474</b>	<b>1,039</b>	<b>↓</b>	<b>12,164</b>	<b>9,671</b>	<b>↓</b>
Outreach/Targeted Testing POSITIVE				60	62	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				61	50	↓
Jails, SAPTA Screening POSITIVE				8	7	→
<b>TOTAL POSITIVES</b>				<b>129</b>	<b>143</b>	<b>↑</b>



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

#### 1. February Meetings:

##### A. Trauma System Advocacy Committee (TSAC)

The TSAC assists the OEMSTS and RTAB in promoting trauma system development by advocating for sustainable financial, legislative, and public support for the trauma system serving the residents and visitors of Southern Nevada. The TSAC convened once in February and is working to increase public awareness about the value of the trauma system.

Obtaining a sustainable funding source for the EMS & Trauma System continues to be a priority for the committee. They plan to meet at least monthly to prepare for the 2017 legislative session. Committee members are actively exploring legislative options.

##### B. Regional Trauma Advisory Board (RTAB)

The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high quality system of patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

Applications for designation as a Level III center for the treatment of trauma were submitted by Centennial Hills Hospital, MountainView Hospital, and Southern Hills Hospital & Medical Center for consideration by the RTAB. Presentations were made that gave an overview of the authorization process as spelled out in the Trauma Regulations. After review of the trauma system data, the RTAB voted to deny all three applications based on the lack of evidence that there is an unmet need to expand the trauma system.

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

February EMS Statistics	Feb. 2015	Feb. 2016		FY14-15 (Feb.)	FY15-16 (Feb.)	
Total certificates issued	40	15	↓	1031	871	↓
New licenses issued	13	11	↓	110	296	↑
Renewal licenses issued (recert only)	12	0	↓	186	752	↑
Active Certifications: EMT	503	592	↑			
Active Certifications: Advanced EMT	1257	1297	↑			
Active Certifications: Paramedic	1178	1202	↑			
Active Certifications: RN	41	45	↑			

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

1. Pertussis in Clark County – Update: In February we identified 5 cases of pertussis, one with illness onset in December, three with illness onset in January and one in February. Two cases were identified in attendees at Gilbert Elementary School. Control measures were implemented including testing of symptomatic contacts, post-exposure

prophylaxis and distribution of letters informing parents and guardians of these cases. Case counts by illness onset date from 2010 to present are shown below (Figure 1).

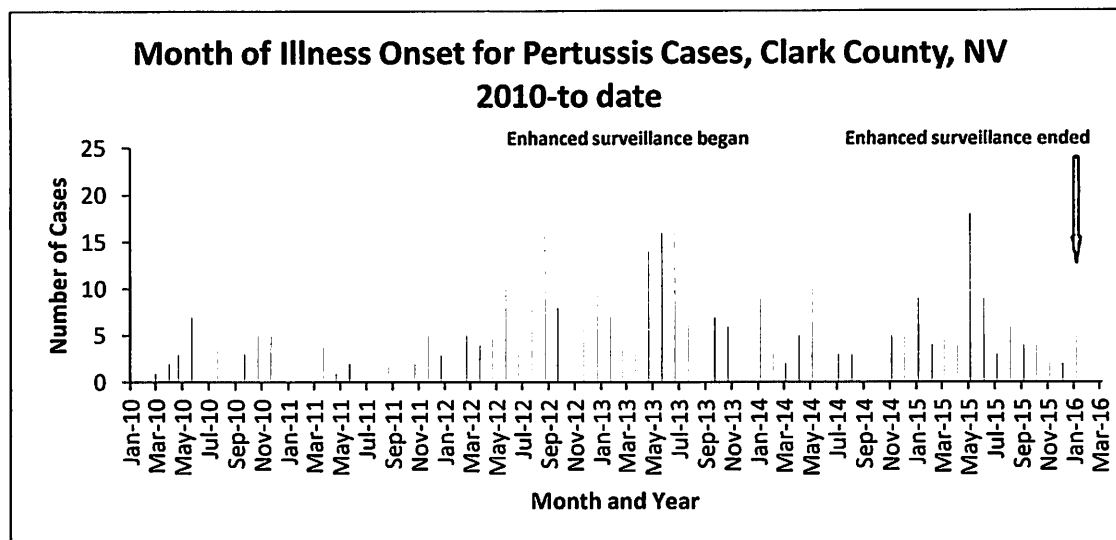


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date<sup>1</sup>

2. **Pediatric Early Warning Surveillance System (PEWSS)<sup>2</sup>**: PEWSS surveillance sentinel sites submitted a low number of respiratory specimens to the SNPHL for testing in February 2016. Parainfluenza Virus 1, Rhinovirus/Enterovirus, Influenza A H1N1, Influenza B Yamagata, Influenza B Victoria, Coronaviruses OC43, and HKU1, Respiratory Syncytial Virus (RSV), and Human Metapneumovirus were all detected 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. **Global Zika virus Outbreak:** On 2/1/16, the World Health Organization declared a public health emergency of international concern because of clusters of microcephaly and other neurological disorders in some areas affected by Zika virus. Zika virus is a mild arboviral disease transmitted by mosquitoes of the species *Aedes aegypti* and *A. albopictus*. Only one of four persons infected will show signs of illness to include fever, maculopapular rash, joint pain and/or conjunctivitis. The CDC elevated its response efforts to Level 1 activation, the highest response level at the agency on 2/8/16. Currently outbreaks are occurring in many countries and continents including US territories, Cape Verde, the Caribbean, Central America, Mexico, the Pacific Islands and South America. Current travel information about Zika virus spread is at: <http://wwwnc.cdc.gov/travel/page/zika-travel-information>. As of February 24, there were 107 travel-associated Zika virus disease cases reported in the US, 1 travel-associated case and 39 locally acquired cases reported in US territories. The CDC developed guidance for healthcare providers and the general public regarding

<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.

<sup>2</sup> PEWSS is a year-round surveillance system developed by the SNHD to identify 16 respiratory pathogens circulating in the community. Each week, several sentinel healthcare providers submit nasal swabs collected from ill children to the Southern Nevada Public Health Laboratory (SNPHL) for testing for the following respiratory pathogens: Adenovirus, Human metapneumovirus, 4 Human parainfluenza viruses (1, 2, 3, 4), Influenza A, Influenza B, Respiratory Syncytial Virus (RSV), 4 Coronaviruses (HKU1, NL63, 229E, OC43), Rhinovirus/Enterovirus, *Chlamydia pneumoniae*, and *Mycoplasma pneumoniae*. We use molecular methodologies to accurately identify numerous pathogens in submitted specimens, and to rapidly summarize and distribute these results to the medical and general community every week throughout the year.

sexual transmission and screening and testing exposed pregnant females and children when indicated. Utilizing this guidance the OOE developed algorithms for healthcare providers based upon this guidance (<https://www.southernnevadahealthdistrict.org/zika/cdc-advisories.php>). The OOE has also arranged testing of 11 individuals who may have been exposed to Zika virus. Thus far two persons tested negative and nine results are pending. We continue to develop Zika virus investigation protocols and procedures for identification and testing persons for Zika virus exposure.

- B. *Hand Foot and Mouth Disease (HFMD) in two Childcare Facilities:*** Two HFMD clusters were investigated by OOE in February. Five cases in three different classrooms were reported at La Petite Academy @ 76 N. Pecos Rd. Eleven cases total in four different classrooms were identified at Merryhill Preschool located at 2150 Windmill Pkwy. Eight of these cases were in one of the rooms whereas the other rooms had one case each. An Environmental Health Specialist visited each facility to assure the appropriate infection control measures had been instituted to include enhanced hand washing and sanitization of toys and environmental surfaces. Parents were notified by the facilities and provided HFMD information. No additional cases were reported from either facility after these interventions had been put in place.

**4. Other:**

- A.** The Office of Epidemiology welcomes Leonard Taylor and Kimberly Anichowski. Leonard will be serving as the OOE DDOS and Kimberly as a DIIS II.
- B.** Monica Adams, our EIS, has been called upon to work on Zika intervention with the CDC.

**Communicable Disease Statistics:** February 2016 Disease Statistics are attached. HIV and TB stats will no longer be reported on a monthly basis because they are not meaningful in terms of tracking monthly trends as any changes in the numbers do not reflect true increases or decreases. Instead, we will be reporting these numbers quarterly with the following schedule:

- Q1 (Jan-Mar) stats will be reported early May
- Q2 (Apr-Jun) stats will be reported early August
- Q3 (Jul-Sept) stats will be reported early November
- Q4 (Oct-Dec) stats will be reported early February 2017

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

Work continues on EHR systems requirements and assisting SNPHL with the LIMS system upgrade. The project to automate WebIZ data export from SNHD to the state of NV has been completed. Various EMSA enhancements have been made at the request of the STD/HIV group. Work on EMSA processing rules for TB continues. Pentaho reports for extracting patient history data from EpiTrax for the Sexual Health Clinic have been completed. Work on Essence continues. New processing requirements for Blood lead, Shigella, Meningococcal and Varicella have been received. TriSano forms and reporting software changes to meet the new requirements are being developed. Work was performed with the HIV group in preparation of the annual Ryan White report. Planning was performed with local hospitals for EMS data sharing. Preliminary data gathering and investigations into setting up data feeds (antibiotic susceptibility data, Hospital acquired infection data, traveler data) have been performed for the Ebola ELC grant. A template for case reporting data transfer has been developed and shared with Southwest Medical Association in furtherance of automating data flow between SWMA and SNHD.

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

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

- A. OPHP manager and Chair of Southern Nevada Healthcare Preparedness Coalition continues to meet with community partners to coordinate planning for upcoming multi-agency 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 for 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:**

- a. OPHP Training Officers continue to conduct ICS, CPR and First Aid courses at the Health District.

- B. **PHP Nurse:** 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.

## **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 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. PHL continues to coordinate with First Responders including local Civil Support Team (CST), HazMat, Federal Bureau of Investigation (FBI), and Las Vegas Metropolitan Police Department (LVMPD).
- E. SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.

**5. February 2016 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 provided logistics support for collection, transport and shipment of sample to CDC Vaccine Preventable Disease (VPD) reference laboratory for suspect rubella testing.

- C. SNPHL participated in multiple activities related to public health response to Zika virus. Activities included participation in national CDC conference call, discussions with OOE regarding testing capabilities, and shipment of samples to CDC for Zika virus testing.
- D. SNPHL performed LRN bioterrorism rule out testing for clinical isolates from 2 sentinel laboratories.

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

SNPHL Services	Jan 2015	Jan 2016		FY 14-15 (Jul-Jan)	FY 15-16 (Jul-Jan)	
Clinical Testing Services <sup>1, 2</sup>	2850	2937	↑	21,023	21,951	↑
Epidemiology Services <sup>3</sup>	2906	1565	↓	10,363	7,698	↓
State Branch Public Health Laboratory Services <sup>4</sup>	925	673	↓	5,629	6,476	↑
All-Hazards Preparedness Services <sup>5</sup>	3	10	↑	84	91	↑

#### VIII. VITAL STATISTICS

February 2016 showed a 5% increase in birth certificate sales in comparison to February 2015. Death certificate sales also showed an 16% increase for the same time frame. SNHD has received revenues of \$53,378 for birth registrations, \$24,547 for death registrations; and an additional \$3,634 in miscellaneous fees for the month of February.

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.

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

Vital Statistics Services	Feb 2015	Feb 2016		FY14-15 (Jul-Feb)	FY15-16 (Jul-Feb)	
Births Registered	2,039	2,169	↑	18,845	18,955	↑
Deaths Registered	1,421	1,551	↑	10,677	11,043	↑

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	Feb 2015	Feb 2016		FY14-15 (Jul-Feb)	FY15-16 (Jul-Feb)	
Birth Certificates Sold (walk-in)	3,658	3,502	↓	27,150	24,615	↓
Birth Certificates Mail		147			1,189	
Birth Certificates Online Orders	878	1,166	↑	5,757	8,246	↑
Birth Certificates Billed	121	74	↓	711	869	↑
<b>Birth Certificates Number of Total Sales</b>	<b>4,657</b>	<b>4,889</b>	<b>↑</b>	<b>33,618</b>	<b>34,919</b>	<b>↑</b>
Death Certificates Sold (walk-in)	2,857	2,974	↑	22,032	21,146	↓
Death Certificates Mail		105			1,219	
Death Certificates Online Orders	3,912	4,768	↑	29,357	30,778	↑
Death Certificates Billed	9	9	→	55	78	↑
<b>Death Certificates Number of Total Sales</b>	<b>6,778</b>	<b>7,856</b>	<b>↑</b>	<b>51,444</b>	<b>53,221</b>	<b>↑</b>

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

Vital Statistics Sales by Source	Feb 2015	Feb 2016		FY14-15 (Jul-Feb)	FY15-16 (Jul-Feb)	
Birth Certificates Sold Valley View (walk-in)	78.8%	71.6%	↓	80.8%	70.5%	↓
Birth Certificates Mail <sup>1</sup>		3.0%			3.4%	
Birth Certificates Online Orders	18.9%	23.8%	↑	17.1%	23.6%	↑
Birth Certificates Billed	2.6%	1.5%	↓	2.1%	2.5%	↑
Death Certificates Sold Valley View (walk-in)	42.2%	37.9%	↓	42.8%	39.9%	↓
Death Certificates Mail <sup>1</sup>		1.3%			2.3%	
Death Certificates Online Orders	57.7%	60.7%	↓	57.1%	57.8%	↑
Death Certificates Billed	.1%	.1%	↑	.1%	.1%	↑

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

Revenue	Feb 2015	Feb 2016		FY14-15 (Jul-Feb)	FY15-16 (Jul-Feb)	
<b>Birth Certificates (\$20)</b>	\$93,140	\$97,780	↑	\$672,360	\$698,380	↑
<b>Death Certificates (\$20)</b>	\$135,560	\$142,900	↑	\$1,028,880	\$1,064,420	↑
<b>Births Registrations (\$13)</b>	\$28,021	\$53,378	↑	\$195,034	\$377,931	↑
<b>Deaths Registrations (\$13)</b>	\$11,851	\$24,547	↑	\$89,908	\$168,054	↑
<b>Miscellaneous</b>	\$4,231	\$3,634	↓	\$21,052	\$24,716	↑
<b>Total Vital Records Revenue</b>	<b>\$272,803</b>	<b>\$336,459</b>	<b>↑</b>	<b>\$2,007,234</b>	<b>\$2,333,501</b>	<b>↑</b>

\*VS did not begin tracking mail in applications until June 2014

CL/dm

ATT: February 2016 Disease Statistics