



# Memorandum

**Date:** April 28, 2016

**To:** Southern Nevada District Board of Health

**From:** **Michael Johnson, PhD**, *Director of Community Health*  
**Joseph P Iser, MD, DrPH, MSc**, *Chief Health Officer* JPJ/JW

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**Subject:** Community Health Division Monthly Report

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

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

Brief Tobacco Use Intervention is an evidence-based process through which providers identify current smokers and refer them to cessation resources. SNHD TCP staff has developed a provider training and expanded availability of that training to include a broad range of health-related service providers. In February, staff delivered a total of six brief tobacco use trainings to Southern Nevada Division of Welfare (DWSS) program social workers. Four trainings took place at the Belrose District Office on February 17<sup>th</sup> and 18<sup>th</sup> and two trainings occurred at the Henderson office on February 24<sup>th</sup>. A total of 107 DWSS providers were trained in Southern Nevada. TCP staff also trained 100 healthcare providers at the Nevada Advanced Practice Nursing Association Conference on February 6<sup>th</sup> and 15 Dignity Health WIC providers on February 27<sup>th</sup>.

TCP staff has identified a total of 7,220 smoke-free apartment units in Clark County. Those units are listed in the Smoke-Free Housing Directory posted on the Get Healthy website. The Directory is currently being promoted through paid media. In February the Directory had more than twice the number of unique visitors when compared to previous months since it was developed. 12,125 unique visitors viewed the Directory in February.

The Centers for Disease Control and Prevention contacted TCP staff to request that a Lesbian, Gay, Bisexual, Transgender (LGBT) tobacco-related success story developed as part of our Communities Putting Prevention to Work grant be allowed to be used as a teaching tool for other communities. Our success story was distributed to Partnerships to Improve Community Health (PICH) grantees and used as an example for the Quarterly PICH Program Managers' call.

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

As part of the PICH grant, the Clark County School District (CCSD) selected new CrossFit Program schools through a competitive application process. With the addition of the new schools, a total of 50 CCSD schools will be implementing CrossFit functional movement

classes by the end of the 2015-2016 school year. In February, over 1,200 CCSD students and staff participated in before/after school CrossFit functional movement activities at participating schools and 118 CCSD teachers participated in PICH-related professional development trainings. Also as part of the PICH project, CCSD developed and distributed Wellness Resource Binders to Wellness Coordinators at over 360 schools to support implementation of the CCSD Student Wellness Regulation.

In February, staff coordinated the annual Million Hearts Initiative to raise awareness of the importance of 'knowing your numbers' such as blood pressure and to encourage participation in chronic disease self-management classes. The 3-component initiative included a coordinated 4-week social media education effort with information on how to prevent, detect, screen and manage chronic diseases; a paid media campaign that included on-line and radio ads; and an in-person component that provided free blood pressure checks and education for almost 100 SNHD employees and clients at the main SNHD campus.

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

Through the end of February there has been 3 reported submersion incidents resulting in 1 drowning fatality. In January there was one reported submersion incident which resulted in a fatality. It was an unusual situation in which a 12 year old female had a seizure in a bathtub and fatally drowned. There were two reported submersion incidents in February. They were both non-fatal.

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

In an effort to streamline our reporting efforts and fall in line with state and CDC reporting strategies, SNHD ODS will no longer report monthly HIV morbidity. This is to ensure meaningful and accurate reporting that will allow for tracking disease trends. We will continue to report investigative efforts for HIV on a monthly basis. The surveillance program continues to enhance the integration of systems and create a lean process for quality assurance and reporting.

### **A. Surveillance and Investigations**

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

<b>Morbidity Surveillance</b>	<b>Mar 2015</b>	<b>Mar 2016</b>		<b>FY14-15 (Jul-Mar)</b>	<b>FY15-16 (Jul-Mar)</b>	
<b>Chlamydia</b>	867	910	↑	7,507	7,773	↑
<b>Gonorrhea</b>	218	228	↑	2,225	2,341	↑
<b>Primary Syphilis</b>	5	12	↑	54	72	↑
<b>Secondary Syphilis</b>	16	9	↓	117	148	↑
<b>Early Latent Syphilis</b>	29	17	↓	264	335	↑
<b>Late Latent Syphilis</b>	13	6	↓	80	76	↓
<b>Congenital Syphilis (presumptive)</b>	2	0	↓	4	4	↓
<b>Number Active TB Cases Counted - Adult</b>	4	2	↓	-	20	↓
<b>Number of TB Active Cases Counted - Pediatric</b>	0	0	→	-	-	→

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

Moms and Babies Surveillance	Mar 2015	Mar 2016		FY14-15 (Jul-Mar)	FY15-16 (Jul-Mar)	
HIV Pregnant Cases	1	6	↑	10	20	→
Syphilis Pregnant Cases	3	2	↓	36	50	↑
Perinatally Exposed to HIV	0	6	↑	26	37	↑

### Community Health -- ODS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Partners	Clusters <sup>1</sup>	Reactors/ Symptomatic <sup>2</sup>	OOJ/FUP <sup>3</sup>
Chlamydia	41	1	21	3
Gonorrhea	46	2	18	0
Syphilis	149	5	82	4
HIV/AIDS (New to Care/Returning to Care)	30	2	44	6
Tuberculosis	114	0	14	5
<b>TOTAL</b>	<b>380</b>	<b>10</b>	<b>179</b>	<b>18</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	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>

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

##### 1. 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.

<sup>1</sup> Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

<sup>2</sup> Reactors= Investigations initiated from positive labs

<sup>3</sup> OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters; FUP= Investigations initiated to follow up on previous reactors, partners, or clusters

- c. Monthly- The Studios- target population MSM, transgender. March 4, 2016- Mingo's Bar-Transgender
- d. March 12, 2016-"In the Game" Barber Shop- in conjunction with the HARTT team, Rapid HIV testing, and Syphilis testing.
- e. March 21, 2016 - TB IGRA Project. In conjunction with the TB clinic-TB testing for Class B immigrant youth.
- f. March 23, 2016-Charlies Bar-target population MSM
- g. March 23, 2016 - Tonopah Park-in conjunction with the HARTT team, Rapid HIV testing, and Syphilis testing.
- h. March 25, 2016 - Jaycee Park- in conjunction with the HARTT team, Rapid HIV testing, and Syphilis testing.
- i. March 30, 2016 - Jean Nevada Lead Testing-in conjunction with the SNHD Lead program and Office of Epidemiology.

## 2. Staff Facilitated Training/Presentation

- a. March 4, 2016-SoN HPPG –condom survey presentation. 1 staff presented
- b. March 09, 2016-TB 101 for internal staff-an overview of the disease including diagnostic methods-11 staff attended
- c. March 10, 2016-N.A.T.E training for front desk staff- confirm how to identify the role of the reception staff person in the HIV care continuum-2 staff
- d. March 12, 2016-First offenders Prostitution Program at the Regional Justice Center-HIV/STD 101-2 staff presented
- e. March 15, 2016-STI's and Kink at the Erotic Heritage Museum-1 staff presented
- f. March 18, 2016-Feminist vs. Queer Health at The Center-1 staff presented
- g. March 23, 2016-Condom Survey provided to the Ryan White A planning counsel-1 staff presented attended
- h. March 30, 2016- STD 101 and protection. Provided for Y.O.S.A at The Center

## Community Health -- ODS – Fiscal Year Data

Prevention - SNHD HIV Testing	Mar 2015	Mar 2016		FY14-15 (Jul-Mar)	FY15-16 (Jul-Mar)	
Outreach/Targeted Testing	760	702	↓	6,235	5,390	↓
Clinic Screening (SHC/FPC/TB)	691	746	↑	5,737	5,962	↑
Jails, SAPTA Screening	325	149	↓	1,969	1,540	↓
<b>TOTAL</b>	<b>1,776</b>	<b>1,597</b>	<b>↓</b>	<b>13,941</b>	<b>12,892</b>	<b>↓</b>
Outreach/Targeted Testing POSITIVE				66	85	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				66	61	↓
Jails, SAPTA Screening POSITIVE				11	9	↓
<b>TOTAL POSITIVES</b>				<b>143</b>	<b>155</b>	<b>↑</b>



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

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

March EMS Statistics	Mar 2015	Mar 2016		FY14-15 (Mar)	FY15-16 (Mar)	
Total certificates issued	520	579	↑	1817	1450	↓
New licenses issued	14	9	↓	124	305	↑
Renewal licenses issued (recert only)	447	490	↑	958	1242	↑
Active Certifications: EMT	439	517	↑			
Active Certifications: Advanced EMT	1257	1243	↓			
Active Certifications: Paramedic	1133	1188	↑			
Active Certifications: RN	42	44	↑			

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

1. **Pertussis in Clark County – Update:** In February we identified four cases of pertussis, one with illness onset in January, and three with illness onsets in February. To date in 2016 we have investigated a total of seven pertussis cases. Two of the probable cases reported last month were ruled out as cases via additional laboratory testing. Case counts by illness onset date from 2010 to present are shown below (Figure 1).

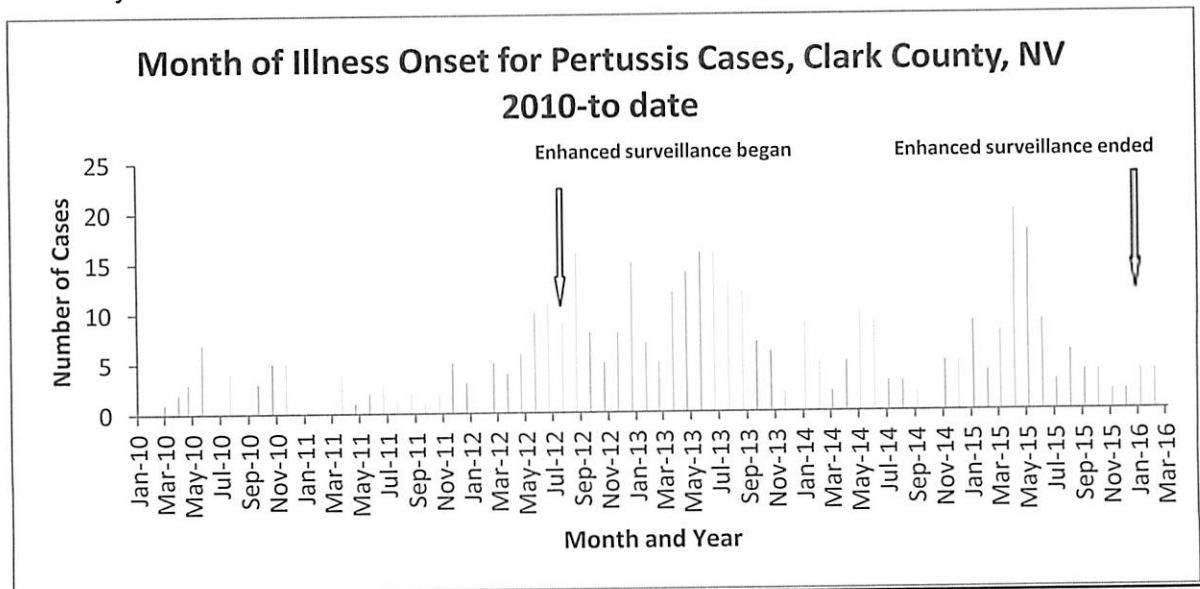


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date<sup>1</sup>

<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.

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 March 2016. Adenovirus, Rhinovirus/Enterovirus, Influenza A H1N1, Influenza B Yamagata, Influenza B Victoria, Coronaviruses OC43 and HKU1, Respiratory Syncytial Virus (RSV), Mycoplasma pneumoniae, 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:*** Outbreaks are occurring in 34 countries of the Americas and Caribbean. Current travel information about Zika virus spread is at: <http://wwwnc.cdc.gov/travel/page/zika-travel-information>. As of March 30, there were 312 travel-associated Zika virus disease cases reported in the US and 3 travel-associated cases and 349 locally acquired cases reported in US territories. The CDC developed guidance for healthcare providers and the general public regarding 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 25 individuals who may have been exposed to Zika virus. Thus far two persons tested positive, 1 person had an indeterminate result (evidence of recent Flavivirus infection but unable to determine which one between Dengue and Zika), twelve results are negative and 10 are pending. We continue to develop Zika virus investigation protocols and procedures for identification and testing persons for Zika virus exposure.
  - B. ***Norovirus Outbreak at a Local Sushi Restaurant:*** On March 4<sup>th</sup> an OOE Disease Investigator (DIIS) identified a cluster of gastroenteritis (GE) at Sushi Kaya Restaurant via the Foodborne Illness Complaint surveillance system. A total of eight persons from three separate groups dining between February 27<sup>th</sup> and February 29<sup>th</sup> reported illness consistent with either viral GE or vibriosis. An Environmental Health (EH) inspection on March 4<sup>th</sup> identified a number of factors that could have promoted illness. In addition, the restaurant manager reported receiving one foodborne illness (FBI) complaint. No employees reported illness that week. Stool specimens were obtained from six of the eight complainants and submitted to the Southern Nevada Public Health Laboratory for bacterial culture and norovirus testing. Five of these specimens were positive for Norovirus GII Kawasaki. All stool cultures were negative for *Salmonella*, *Shigella*, *Campylobacter*, STEC, *Yersinia* and *Vibrio*. A follow-up EH inspection on March 24<sup>th</sup> indicated the restaurant had corrected the deficiencies identified on March 4<sup>th</sup>.
  - C. ***Goodsprings Elementary School Lead Exposure Investigation:*** SNHD was notified on March 1<sup>st</sup> that a sample of water obtained from the Goodsprings Community Center contained 0.0016 mg/L of lead which exceeds the threshold allowable by the Federal Safe Drinking Water Act which is 0.0015 mg/L. The Goodsprings Elementary School is served by the same water system. Environmental Health Division representatives placed these facilities on a bottled water only order until such time that the facility can demonstrate the water meets the Federal Safe Drinking Water Act levels for lead. Letters were sent home to parents and guardians of students and staff and volunteers at the school offering

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<sup>1</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.

testing to determine blood lead levels. A clinic was held on March 30<sup>th</sup> whereby 7 students and 4 staff submitted specimens for testing. Persons demonstrating blood lead levels greater than or equal to 5µg/dl will be contacted to make arrangements for Environmental Lead Assessment. This investigation is ongoing.

- D. *Suspect Acute Viral Gastroenteritis Outbreak at Doris French Elementary School:*** The OOE responded to a report of gastroenteritis (GE) at in 21 students and 5 staff members at Doris French Elementary School. Illness onsets ranged from March 2<sup>nd</sup> through March 4<sup>th</sup>. Illness was described as mild with duration of approximately 24 to 48 hours. Symptoms were consistent with norovirus. An Environmental health assessment revealed gaps in their SOP for emetic event cleanup and disinfection. The facility put measures in place to correct these deficiencies. Attempts to collect specimens from ill staff members were unsuccessful and we were unable to identify the etiologic agent. Letters were distributed to parents and guardians of students advising them of the situation, recommending they monitor their children for illness, to seek advice from a medical professional should their child become ill, requesting they do not send ill children to school until a minimum of 24 hours after symptoms had resolved, and providing guidance to prevent illness in the home.

**4. Other:**

- A.** Devin Raman gave a presentation entitled "Zika Virus: An Emerging Infectious Disease" to staff at the Community College of Southern Nevada on March 4, 2016.

**Communicable Disease Statistics:** March 2016 Disease Statistics are attached. Quarter 1 2016 disease statistics will be reported in early May.

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

The EHR rfp has been sent out to a number of vendors . We continue to SNPHL with the LIMS system upgrade. TB processing in EMSA has been in testing and various EMSA enhancements continue to be performed at the request of the STD/HIV group. Pentaho reports for extracting patient history data from EpiTrax for the Sexual Health Clinic were tested and debugged and put into production. We continue to work with the state of NV in onboarding new Quest formats for electronic laboratories. Informatics has assisted EPI with the firearms injury study. Work on Essence continues. Trisano forms for the new reporting requirements for Blood lead, Shigella, Meningococcal and Varicella have been completed. Various STD Pentaho reports have been upgraded. Geocoding work has been done on Trauma data. Planning was performed with local hospitals for EMS data sharing. Work has been done to store Quest Anti-biogram data on a SQL server for the Ebola ELC grant. Other preliminary work on the Ebola grant continues.

**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 district staff and community partners to coordinate planning for upcoming multi-agency Ebola preparedness drills and exercises. Manager continues to review Ebola activities and ensure that grant funds awarded are spent down. 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. Manager will participate in Medical Surge Tabletop Exercise in Northern Nevada this month.

- 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. The annual call down will occur this month through NXT Communicator. This test of the system ensures that district staff contact information is current in the event a notification to all SNHD staff is needed to be able to respond to public health threat.
- 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. OPHP staff in partnership with IT staff developed an mobile application to assist with Points of Dispensing information distribution and medical screening forms. A poster for this best practice was developed and details for this resource tool will be showcased at NACCHO Preparedness Summit in Dallas, TX.
- 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.
- E. OPHP Staff participated in Class and Compensation presentations and are beginning to compile information necessary for SNHD contractor regarding their positions and the important work and services we provide.

## **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 was recently filled and duties will resume following additional training on job duties. Respirator fit testing continues to performed with other trained district staff during interim period and recruitment for a replacement is currently in progress. Staff completes 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 finalize budgets for next year. OPHP continues to develop application for Public Health Associate Program individual to work with program staff to complete grant deliverables and collaborative projects. The PHAP provides Public Health, on the job experience with public health preparedness practice.

## **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)**

**A. 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 (FIT).
- C. SNPHL continues to report results of Pediatric Early Warning Surveillance System (PEWSS) testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

### **C. 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 the Office of Public Health Preparedness (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 Laboratory Response Network (LRN) protocols for suspect 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 (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 participated in multiple Zika virus related activities including providing subject matter expertise (SME) to SNHD OOE for sample collection and laboratory result interpretation; coordination with CDC for sample processing and sample shipment; developing testing algorithm and sample collection risk assessment protocols; and providing communications to local laboratorians regarding Zika virus testing process.
- B. SNPHL staff provided laboratory assistance to OOE for respiratory sample collection and testing of ill persons who were in contact with local *Bordetella pertussis* case.
- C. SNPHL staff coordinated with SNHD OOE, State Epidemiology and Nevada State Public Health Laboratory (NSPHL) to develop process for submission of *Shigella* isolates to NSPHL for additional susceptibility testing.
- D. SNPHL laboratory manager developed laboratory portion of SNHD Public Health Advisory regarding the syphilis outbreak identified in Clark County.

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

SNPHL Services	Feb 2015	Feb 2016		FY 14-15 (Jul-Feb)	FY 15-16 (Jul-Feb)	
Clinical Testing Services <sup>1, 2</sup>	2945	3753	↑	23968	25704	↑
Epidemiology Services <sup>3</sup>	1579	1645	↑	11942	9343	↓
State Branch Public Health Laboratory Services <sup>4</sup>	740	657	↓	6369	7133	↑
All-Hazards Preparedness Services <sup>5</sup>	8	13	↑	92	104	↑

#### VIII. VITAL STATISTICS

March 2016 showed an 11% increase in birth certificate sales in comparison to March 2015. Death certificate sales also showed an 5% increase for the same time frame. SNHD has received revenues of \$55,679 for birth registrations, \$26,208 for death registrations; and an additional \$3,761 in miscellaneous fees for the month of March.

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.

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	Mar 2015	Mar 2016		FY14-15 (Jul-Mar)	FY15-16 (Jul-Mar)	
Births Registered	2287	2172	↓	21,132	21,126	↓
Deaths Registered	1442	1624	↑	12,119	12,667	↑

Vital Statistics Services	Mar 2015	Mar 2016		FY14-15 (Jul-Mar)	FY15-16 (Jul-Mar)	
Birth Certificates Sold (walk-in)	3,537	3,634	↑	30,687	28,249	↓
Birth Certificates Mail		161			1,350	
Birth Certificates Online Orders	994	1,197	↑	6,751	9,443	↑
Birth Certificates Billed	97	151	↑	808	1,020	↑
<b>Birth Certificates Number of Total Sales</b>	4,628	5,143	↑	38,246	40,062	↑
Death Certificates Sold (walk-in)	3,135	2,745	↓	25,167	23,891	↓
Death Certificates Mail		151			1,370	
Death Certificates Online Orders	4,272	4,923	↑	33,629	35,701	↑
Death Certificates Billed	5	30	↑	60	108	↑
<b>Death Certificates Number of Total Sales</b>	7,412	7,849	↑	58,856	61,070	↑

Vital Statistics Sales by Source	Mar 2015	Mar 2016		FY14-15 (Jul-Mar)	FY15-16 (Jul-Mar)	
Birth Certificates Sold (walk-in)	76.4%	70.7%	↓	80.2%	70.5%	↓
Birth Certificates Mail		3.1%			3.4%	
Birth Certificates Online Orders	21.5%	23.3%	↑	17.7%	23.6%	↑
Birth Certificates Billed	2.1%	2.9%	↑	2.1%	2.5%	↑
Death Certificates Sold (walk-in)	42.3%	35%	↓	42.8%	39.1%	↓
Death Certificates Mail		1.9%			2.2%	
Death Certificates Online Orders	57.6%	62.7%	↑	57.1%	58.5%	↑
Death Certificates Billed	.1%	.4%	↑	.1%	.2%	↑

Revenue	Mar 2015	Mar 2016		FY14-15 (Jul-Mar)	FY15-16 (Jul-Mar)	
Birth Certificates (\$20)	\$92,560	\$102,860	↑	\$764,920	\$801,240	↑
Death Certificates (\$20)	\$148,240	\$156,980	↑	\$1,177,120	\$1,221,400	↑
Births Registrations (\$13)	\$27,762	\$55,679	↑	\$222,796	\$433,610	↑
Deaths Registrations (\$13)	\$13,363	\$26,208	↑	\$103,271	\$271,325	↑
Miscellaneous	\$4,153	\$3,761	↓	\$25,205	\$28,477	↑
<b>Total Vital Records Revenue</b>	<b>\$286,078</b>	<b>\$345,488</b>	<b>↑</b>	<b>\$2,293,312</b>	<b>\$2,756,052</b>	<b>↑</b>

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

MJ/mn