Office of Disease Surveillance



NRS 441A.160 Investigation: Powers of health authority to conduct investigation of communicable disease; order to require person to submit to examination; order of isolation, quarantine or treatment.

A health authority who knows, suspects or is informed of the existence within the jurisdiction of the health authority of any communicable disease shall immediately investigate the matter and all circumstances connected with it, and shall take such measures for the prevention, suppression and control of the disease as are required by the regulations of the Board or a local board of health.



How do we Collect Disease Data?







Providers

- Online Morbidity Report Form
- Fax
- Phone

Reporting



Laboratories

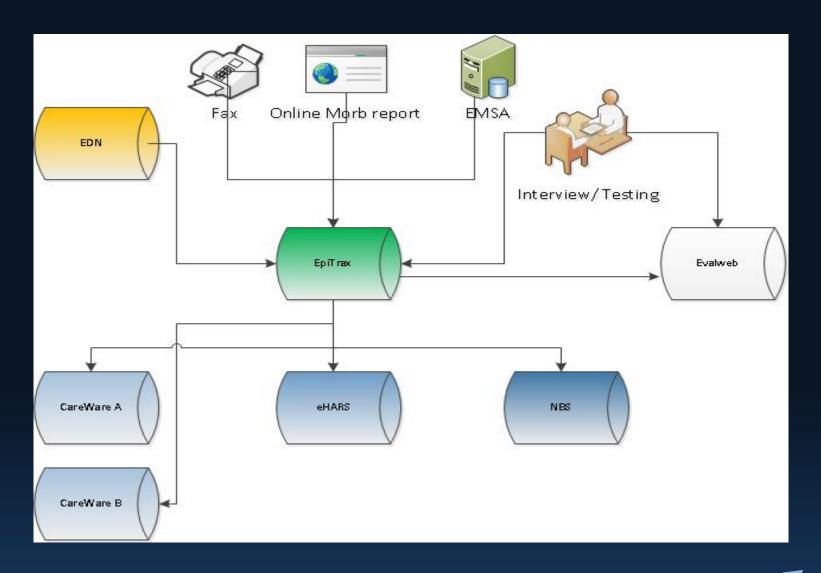
- ELR-Electronic Laboratory Reporting
- Fax
- Phone



Pharmacies

 TB Drug Dispensing Report







Protecting the health of Clark County residents and visitors



Investigation

- Disease Investigation Intervention Specialists
- Field work
 - Phone calls
 - Special Sites
- Interviews
 - Index Patient
 - Contacts or Partners
 - Clusters (associates or social contacts)
- Record Searches
- Medical Chart Reviews



Data Collected from Reports and Investigation

- Who is being diagnosed in our community?
- Where in Clark County?
- What are the common variables?
- How are people getting infected? Mode of transmission?
- -What interventions work best for these specific populations??



Why do we collect Data?

Enhanced Surveillance & Data Interpretation

Community Partnerships & Collaborative Efforts

Community

Data analysis

Multi-Intervention Approach

Identify disparities

Agency & Partnerships Feedback

2015 DATA

Early Syphilis: 710

- 2015 Overall rate per 100k pop: 34.3
- 2015 Male rate: 60.4
- 2015 Female rate: 8.0
- Overall rate more than doubled from 2011 (14.8 per 100k pop)
- Group most at risk: MSM 18-34 yrs old and 45-54 yrs old

HIV: 430

- 2015 Overall rate per 100k pop: 20.8
- 2015 Male rate: 35.8
- 2015 Female rate: 5.6
- Overall rate more increased 17% from 2011 (17.8 per 100k pop)
- Group most at risk: MSM 18-54 yrs

Gonorrhea: 2996

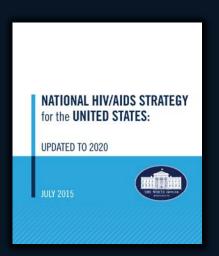
- 2015 Overall rate per 100k
 pop: 144.7
- 2015 Male rate: 178.1
- 2015 Female rate: 110.2
- Overall rate increased 61.5% from 2011 (89.6 per 100k pop)
- Group most at risk: 15-39 yrs old

Chlamydia: 10,094

- 2015 Overall rate per 100k pop: 487.6
- 2015 Male rate: 303.2
- 2015 Female rate: 671.5
- Overall rate increased 9% from 2011 (448.1 per 100k pop)
- Group most at risk: females have higher rates than males but all sexes 15-54 yrs old

Strategies & Interventions

- New Staff
- Targeted Outreaches
- High Impact Prevention
- Internet Partner Services
- Testing in no-traditional sites
- Partnering with CBO's (Increase Communities ability to screen for HIV)
- Testing Teams
- Enhance Partner Services
- GC Rectal / Pharyngeal testing (Self Collected)
- Mobile Testing
- Pharmacy (PrEP /PeP)











A Future Free of HIV, Viral Hepatitis, STDs, and TB

Mission: Save lives, protect people, and reduce health disparities associated with HIV, viral hepatitis, STDs and TB

Goals

Strategies

Decrease Incidence of Infection

Decrease Morbidity and Mortality Decrease Health Disparities

Using Data for Program Improvement Target, prioritize, and improve programs using surveillance data;
 other program data; and modeling, evaluation and research results

Scientific Discovery and Evaluation Address critical scientific gaps by identifying, developing and evaluating interventions, policies and technologies

Increasing Knowledge and Adoption of Healthy Behaviors Increase knowledge and promote adoption of behaviors that prevent infection and associated morbidity and mortality

Prevention through Healthcare

Maximize opportunities afforded by **the healthcare system** for preventing infections, morbidity and mortality

Program Collaboration and Service Integration Promote better collaboration across divisions in design and implementation of surveillance, research, communication, and prevention programs to support service integration and utilize Center and partner resource most effectively

Organizational Excellence

 Support excellence in science and program; ensure efficient business and scientific administration; implement effective communication and policies; enhance skills of current staff; and develop the NCHHSTP public health workforce

DHAP Plan

DASH Plan

DVH Plan

DSTDP Plan

DTBE Plan

Guiding Principle: High Impact Prevention – Maximize impact through efficient implementation of cost-effective and feasible interventions, policy and research

