



Memorandum

Date: May 26, 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*

A handwritten signature in blue ink, appearing to read "MJ", is written over the name Michael Johnson.

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

To date, 539 youth peer leaders have been trained to plan, develop, and implement youth led tobacco prevention advocacy projects. Students learned about various tobacco control issues including the dangers of tobacco and myths surrounding emerging tobacco products such as hookah and electronic cigarettes. The students are enrolled at Desert Oasis High School, Rancho High School, Shadow Ridge High School, Veterans Tribute Career and Technical Academy, Valley High School, Spring Valley High School, or Las Vegas High School.

In March, TCP staff met with the SNHD Nursing Managers and provided information about the tobacco program's capacity to provide training for clinical staff about Brief Tobacco Use Intervention (BI) and how to refer clients to community resources such as the tobacco quit line and chronic disease self management programs. To date, 7,047 clinical and service providers have been trained. An online survey instrument was developed after that meeting and sent to SNHD Nursing Managers to identify their current level of BI implementation as well as to understand how tobacco use status is currently documented in client records. Staff will use the results of that survey to continue to enhance collaboration between OCDPHP and SNHD clinical programs.

The 2015 Youth Risk Behavior Survey (YRBS) data was released in February. Survey data showed that 5.9% of Clark County high school students reported current conventional cigarette use. While the rate of high school students reporting current conventional cigarette use continued to decline it was disturbing to note that 24.8% of high school students reported current e-cigarette use, a significant increase over recent years.

2. Chronic Disease Prevention Program (CDPP):

SNHD CDPP staff was invited to participate in the School Walk Audit Working Group, convened and facilitated through a joint effort between the Regional Transportation Commission and the Clark County School District. The first meeting was held in March with

over 25 representatives from local cities, Department of Transportation, local police forces, and community stakeholders. The purpose of the group is to provide feedback on the school walk audit approach and prioritization of projects for 15 new walk audits and the 50 walk audits previously conducted with SNHD Communities Putting Prevention to Work grant funding. The walk audits assess the walkability and safety near selected schools. The findings inform Safe Routes to School program efforts.

The Farm Fresh Out Of the Desert + (Food Plus) program kicked off in March. This program, funded through a grant received by SNHD from Wholesome Wave, provides a \$2 incentive to SNAP recipients to purchase fruits and vegetables at local farmers' markets that accept SNAP benefits. This project supports overall efforts to increase access to healthy foods, especially for low income residents in our community. A project kick-off meeting was held in March with local farmers' market managers and two local farmers' markets began providing the incentive in March. Other markets will begin offering the program as their equipment is available and/or as their markets open for the spring/summer season. The program will run through September or until incentive grant funding is exhausted. As part of the launch, SNHD issued a press release and staff was interviewed about the program for an article that appeared in Seven Magazine.

3. Injury Prevention Program (IPP):

Staff obtained a copy of the State of Nevada Plan to Reduce Prescription Drug Abuse strategic plan developed after the Nevada In-State Policy Workshops held last May. The SNHD Prescription Drug Abuse Committee, convened and facilitated by IPP staff, met on March 21st. IPP staff invited Jamie Ross, Executive Director of the Prevention Advocacy Choices Treatment Coalition (PACT), to the meeting to review progress on the strategic plan and to update SNHD on prevention activities related to opioid abuse that PACT is currently engaged in Southern Nevada. The SNHD committee will continue to monitor the issue and identify possible public health roles to address the issue.

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.

1. Surveillance and Investigations

Community Health -- ODS – Fiscal Year Data

Morbidity Surveillance	Apr 2015	Apr 2016		FY14-15 (Jul-Apr)	FY15-16 (Jul-Apr)	
Chlamydia	895	805	↓	8,403	8,665	↑
Gonorrhea	217	235	↑	2,443	2,616	↑
Primary Syphilis	11	10	↓	65	85	↑
Secondary Syphilis	19	8	↓	136	163	↑
Early Latent Syphilis	28	11	↓	292	374	↑
Late Latent Syphilis	7	5	↓	87	94	↑

Congenital Syphilis (presumptive)
New Active TB Cases Counted - Adult
Number of TB Active Cases Counted - Pediatric

0	0	↓	4	4	→
13	0	↓	-	27	↓
0	0	→	-	1	↓

Community Health -- ODS – Fiscal Year Data

Moms and Babies Surveillance	Apr 2015	Apr 2016		FY14-15 (Jul-Apr)	FY15-16 (Jul-Apr)	
HIV Pregnant Cases	2	0	↓	12	20	↑
Syphilis Pregnant Cases	1	2	↑	37	54	↑
Perinatally Exposed to HIV	3	2	↓	26	39	↑

Community Health -- ODS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ/FUP ³
Chlamydia	38	2	27	0
Gonorrhea	39	0	13	0
Syphilis	105	1	73	8
HIV/AIDS (New to Care/Returning to Care)	20	0	39	14
Tuberculosis	81	0	20	0
TOTAL	283	3	172	22

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.
- 04/11/2016-The Studios-Target population-transgender. HIV and Syphilis Testing.
- 04/27/2016-Charlies Bar-target population- MSM. HIV and Syphilis 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/Symptomatic/X-Ray= Investigations initiated from positive labs, reported symptoms or chest X-Ray referrals

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

B. Staff Facilitated Training/Presentations

- a. 04/05/2016-04/06/2016-Tuberculosis Investigation/Interviewing training- Provided by the Curry Center-17 staff attended
- b. 04/06/2016- UNLV Science Café- presentation on Syphilis Investigations- 20 staff attended
- c. 04/12/2016-Hepatitis C training-14 staff attended
- d. 04/15/2016-Rapid Syphilis Test Technology training-17 staff attended
- e. 04/28/2016-Las Vegas Metropolitan Police Department Human Trafficking Task Force-1 staff attended.

Community Health -- ODS – Fiscal Year Data

Prevention - SNHD HIV Testing	Apr 2015	Apr 2016		FY14-15 (Jul-Apr)	FY15-16 (Jul-Apr)	
Outreach/Targeted Testing	738	683	↓	6,973	6,682	↓
Clinic Screening (SHC/FPC/TB)	572	479	↓	6,310	6,561	↑
Jails, SAPTA Screening	272	75	↓	2,241	1,619	↓
TOTAL	1,582	1,237	↓	15,524	14,862	↓
Outreach/Targeted Testing POSITIVE				75	96	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				76	65	↓
Jails, SAPTA Screening POSITIVE				12	9	↓
TOTAL POSITIVES				163	170	↑

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

1. April Meetings:

A. Education Committee

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the EMS QI Directors Committee in researching, developing, editing and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and EMS educators.

The Committee approved the draft Skills Proficiency Record (SPR) to be more aligned with Clark County protocols and procedures. The SPR will go to the MAB for final endorsement.

B. Drug/Device/Protocol Committee (DDP)

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The Committee had formed a workshop to review Clark County protocols because of changes made by the American Heart Association (AHA). Revisions were made to three protocols to reflect the new guidelines that include target temperature management and post-resuscitation care, cardiac arrest in patients who are

pregnant, and pain management. The revised protocols will go to the MAB for final endorsement.

C. Southern Nevada Injury Prevention Partnership (SNIPP)

The SNIPP is a committee with the primary purpose of advising and assisting the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma System Plan and assuring the provision of injury prevention efforts with emphasis on those that directly impact the trauma system.

The Committee's Chairman, Mike Bernstein announced he is retiring from the Health District. The members thanked him for all he has contributed to SNIPP and the District.

The Committee heard a presentation on firearm injury analysis given by the Office of Epidemiology. Firearm mortality is a prominent public health problem in Clark County. We also have a higher rate of firearm suicide and a lower rate of firearm homicide than the nation. Firearm mortality varies by demographic group. It is most common among males, non-Hispanic whites, and older adults. Among homicide, it is most common among non-Hispanic blacks.

In 2013 there were 347 suicides in Clark County. Of these, 182 were completed by firearm; the remaining 163 were by other means of suicide. Males used firearms in suicide more than females. Firearm suicides were most common among whites. Of those who committed firearm suicide, 29% had military service, and almost one-third were widowed.

Also discussed was the update on trends in non-accidental trauma. Prevent Child Abuse Nevada data were reported for the fiscal year July 2014 through June 2015. It was noted there has been a 50% increase in admissions in the neonatal intensive care unit of mothers on drugs, primarily benzodiazepines and opiates.

It was reported that Senate Bill 459 passed in the 2015 Nevada Legislative session. It authorizes certain health care professionals to prescribe and dispense an opioid antagonist, and provides immunity from civil and criminal liability and professional discipline for such prescribing and dispensing of an opioid antagonist for people who seek medical assistance for a person who is experiencing a drug or alcohol overdose.

D. 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.

The Board heard reports from the Trauma System Advocacy and SNIPP subcommittees (see above), and approved the St. Rose Dominican-Siena Campus' renewal of authorization as a Level III trauma center.

E. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma

Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The Board heard reports from the Education and DDP subcommittees (see above). The SPR and revised protocols discussed in both subcommittees were endorsed by the Board.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

April EMS Statistics	Apr 2015	Apr 2016		FY14-15 (Apr)	FY15-16 (Apr)	
Total certificates issued	38	29	↓	1855	1479	↓
New licenses issued	14	7	↓	138	312	↑
Renewal licenses issued (recert only)	0	0	→	958	1242	↑
Active Certifications: EMT	461	524	↑			
Active Certifications: Advanced EMT	1239	1250	↑			
Active Certifications: Paramedic	1163	1198	↑			
Active Certifications: RN	41	44	↑			

IV. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

1. **Pertussis in Clark County – Update:** In April we identified four cases of pertussis, three with illness onsets in March, and one with illness onset in April. To date in 2016 we have investigated a total of eleven pertussis cases. Case counts by illness onset date from 2010 to present are shown below (Figure 1).

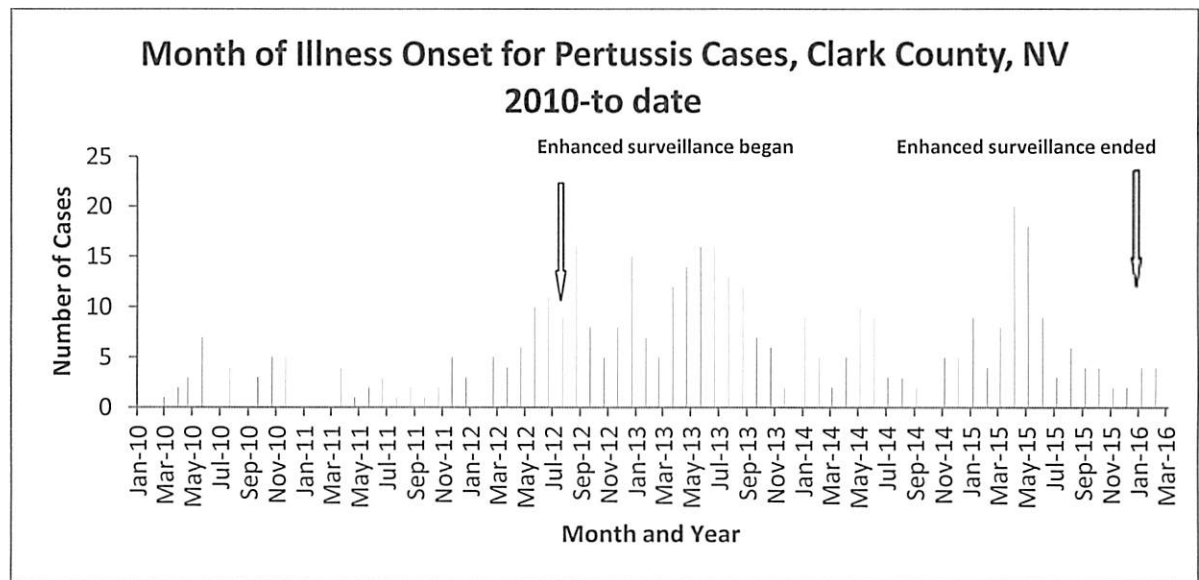


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

¹ Due to the delay between pertussis symptom onset and diagnosis, most cases associated with illness onset in this month will not be identified until the following month. Enhanced surveillance (investigating potential cases when we are notified that a pertussis laboratory test has been ordered) was implemented to speed the process of detecting disease and implementing actions to prevent spread.

2. **Pediatric Early Warning Surveillance System (PEWSS)¹:** PEWSS surveillance sentinel sites submitted a low number of respiratory specimens to the SNPHL for testing in April 2016. Adenovirus, Rhinovirus/Enterovirus, Influenza A H1N1, Influenza A H3, Influenza B Yamagata, Influenza B Victoria, 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:** Outbreaks are occurring in 35 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 April 20, there were 388 travel-associated Zika virus disease cases reported in the US and 3 travel-associated cases and 503 locally acquired cases reported in US territories. Clark County has reported 4 travel-associated cases. 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 34 individuals who may have been exposed to Zika virus. Thus far 4 persons tested positive, 1 person had an indeterminate result (evidence of recent Flavivirus infection but unable to determine which one between Dengue and Zika), 21 results are negative and 8 are pending. We continue to develop Zika virus investigation protocols and procedures for identification and testing persons for Zika virus exposure.
 - B. **Brucellosis Case Associated with Cheese and Rumpope Imported from Mexico:** On April 14, the OOE in conjunction with SNPHL began investigating a report of a positive *Brucella spp.* in a clinical specimen received from a commercial laboratory. *Brucella spp.* is a select agent and must be handled in a laboratory capable of Biosafety Level 3 precautions. An investigation began at the hospital laboratory where the organism was isolated prior to being shipped to the commercial laboratory for identification. Exposed laboratory employees were started on a three week course of antibiotics for post-exposure prophylaxis (PEP). They also began a 24 week symptom watch and submitted specimens for the Brucella microagglutination test (BMAT), which detects antibodies to *Brucella spp.* and will be conducted every 6 weeks for 24 weeks. The case-patient's clinical specimen was collected as a result of an Emergency Room visit. A child of the patient was also affected. Their only risk factors included consumption of Queso Fresco and gelatin topped with Rumpope at a family gathering, which included approximately 10 persons, on January 22, 2016. These items were imported from Mexico and neither of these foods was available for testing. Several attempts were made to contact those exposed to make recommendations for BMAT testing and receipt of PEP to all who consumed these items. Subsequent BMAT testing of the case-patient and child verified *Brucella*

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.

spp. exposure and we are currently trying to confirm that both are under treatment. Brucellosis is not communicable person to person. The investigation is ongoing.

- C. ***Hand Foot and Mouth Disease Outbreak at LaPetite Academy, Rainbow:*** The OOE received a report of Hand, Foot and Mouth Disease outbreak at La Petite Academy located at 4270 S. Rainbow Blvd on April 12th. Eight children in three different classrooms were affected. The childcare facility reported instituting measures to prevent additional cases to include cleaning and sanitizing, posting notices, and excluding children. An Environmental Health inspection confirmed the facility was implementing the appropriate measures to eliminate disease spread. No additional cases were reported in April.
- D. ***Norovirus Outbreak at a Local Sushi Restaurant:*** On March 4th the OOE began investigating a cluster of gastroenteritis (GE) at Sushi Kaya Restaurant via the Foodborne Illness Complaint surveillance system. A total of ten persons from five separate groups dining between February 27th and March 22nd reported illness consistent with viral GE. Stool specimens obtained from six of the eight complainants were positive for Norovirus GII Kawasaki. We were unable to obtain specimens from the cases who dined in March. No additional complaints were received in April. Due to the fact that more than two incubation periods have passed since the onset of the last case, the outbreak is considered to be over.
- E. ***Goodsprings Elementary School Lead Exposure Investigation:*** SNHD was notified on March 1st 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 testing to determine blood lead levels. A clinic was held on March 30th 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.

4. **Other:**

- A. Kimberly Anichowski received ServSafe certification, an OOE requirement for conducting foodborne illness complaint reports.
 - B. Kimberly Anichowski and Ashley Cuyler attended Hepatitis C training sponsored by Avella Pharmacy. This training included information on disease transmission, new treatment therapies and linkage to care services available via Avella.
1. **Communicable Disease Statistics:** April 2016 and Quarter 1 2016 Disease Statistics are attached. (see table 1)

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

- A. RFPs for the SNPHL LIMS (Laboratory Information Management System) have been returned and we have helped analyze and score them.
- B. Jay Boyer attended a Public Health Informatics Leadership conference in Atlanta.
- C. In cooperation with IT, extensive work has been done in preparation to score the proposals we will be receiving soon for our EHR system.
- D. We continue to work with the state of NV in onboarding new Quest formats for electronic laboratories. Work has been performed to transform Quest HL7 messages into formats that can be consumed by the State and SNHD data systems.

- E. We have been discussing methods for electronic case reporting to SNHD by community partners including Planned Parenthood and Southwest Medical. We are working with local hospitals to commence collection of anti-biogram data from those hospitals.
- F. Work has been performed assisting the Disease Investigation group on transmitting STD/HIV/TB and Epi data to the state of NV.
- G. Data extracts from the state vital records system have been performed on behalf of the SNHD vital records group.
- H. Work has been performed on the data feeds from local hospitals into Essence. Input for the ELC continuation grant has been completed.
- I. Data import into the Socrata application is underway.
- J. We have participated in preliminary planning concerning the potential SNHD Pharmacy.
- K. We have assisted the Trauma group with their data processing

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. This plan review is complete and will be tested in May 2016. Planners provided technical assistance to City of Henderson, Office of Emergency Management in Development of Pandemic Influenza Annex for city EOP. Planners also continue to support Clark County in planning for Mass Migration Tabletop Exercise that is an activity that will tie into VG 17. Manager and planner will participate in Medical Surge Tabletop Exercise in Northern Nevada on May 13, 2016.
- B. OPHP continues to conduct the monthly Incident Command Team, Directors, Managers and Supervisors call down. Call down drills are deliverables required by CRI grant to ensure public health staff readiness to respond to a disaster. This year, the annual call down was completed through NXT Communicator. Also, 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. Contact information has been updated in the system.
- 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 a mobile application to assist with Points of Dispensing information distribution and medical screening forms. A poster for this best practice was developed and showcased at NACCHO Preparedness Summit in Dallas, TX. The poster is now displayed in the lobby of SNHD, 280 S. Decatur.
- 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 continue to participate in Class and Compensation and submit requested information necessary for SNHD contractor regarding their positions and the important work and services we all 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 have resumed. The Nurse is busy performing required fit tests for SNHD staff and medical residents. The Nurse is in process of reviewing training provided including Bloodborne Pathogens courses required for OSHA compliance. These trainings will also resume now that position has been filled. The purpose of these courses 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. Quarterly progress reports were completed and sent to the state for 5 grants. Ebola sub-grant awards 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 next year. The PHAP provides Public Health, on the job experience with public health preparedness practice. The Manager and supervisor participated in LVMPD Annual, Communications Rodeo of valley mobile command vehicles at the Las Vegas Motor Speedway. The Exercise allows participants to test multiple systems to ensuring interoperable communications between response agencies

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 (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).

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 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 technical laboratory assistance to SNHD OOE and Environmental Health (EH) for investigation of a Norovirus outbreak at a local restaurant. SNPHL coordinated sample transport and processing; performed testing and identification of the causative agent; and reported final results using multiple modalities.
- C. 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.
- D. SNPHL Senior Clinical Laboratory Scientist attended national CDC HIV conference in Atlanta, Georgia to obtain updated information on HIV screening and testing methodologies.

- E. SNPHL staff performed LRN bioterrorism rule out testing on multiple clinical and environmental samples and reported results within expected timeframes.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Mar 2015	Mar 2016		FY 14-15 (Jul-Mar)	FY 15-16 (Jul-Mar)	
Clinical Testing Services ^{1, 2}	3379	4288	↑	27347	29992	↑
Epidemiology Services ³	1104	1528	↑	13046	10871	↓
State Branch Public Health Laboratory Services ⁴	959	983	↑	7328	8116	↑
All-Hazards Preparedness Services ⁵	13	14	↑	105	118	↑

VIII. VITAL STATISTICS

April 2016 showed a 2% decrease in birth certificate sales in comparison to April 2015. Death certificate sales showed a 13% increase for the same time frame. SNHD has received revenues of \$47,502 for birth registrations, \$22,479 for death registrations; and an additional \$3,914 in miscellaneous fees for the month of April.

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. In April SNHD VS worked with the State Office Of Vital Statistics on state and federal compliance related to unwed parents. Changes were rolled out in May.

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	Apr 2015	Apr 2016		FY14-15 (Jul-Apr)	FY15-16 (Jul-Apr)	
Births Registered	2,270	2,007	↓	23,402	23,133	↓
Deaths Registered	1,396	1,451	↑	13,515	14,118	↑

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.

Vital Statistics Services	Apr 2015	Apr 2016		FY14-15 (Jul-Apr)	FY15-16 (Jul-Apr)	
Birth Certificates Sold (walk-in)	3,345	3,001	↓	34,032	31,250	↓
Birth Certificates Mail		173			1523	
Birth Certificates Online Orders	981	1,108	↑	7,732	10,551	↑
Birth Certificates Billed	154	112	↓	962	1,132	↑
Birth Certificates Number of Total Sales	4,480	4,394	↓	42,726	44,456	↑
Death Certificates Sold (walk-in)	2,936	2,523	↓	28,103	26,414	↓
Death Certificates Mail		163			1,533	
Death Certificates Online Orders	3,476	4,591	↑	37,105	40,292	↑
Death Certificates Billed	13	11	↓	73	119	↑
Death Certificates Number of Total Sales	6,425	7,288	↑	65,281	68,358	↑

Vital Statistics Sales by Source	Apr 2015	Apr 2016		FY14-15 (Jul-Apr)	FY15-16 (Jul-Apr)	
Birth Certificates Sold (walk-in)	74.7%	68.3%	↓	79.7%	70.3%	↓
Birth Certificates Mail		3.9%			3.4%	
Birth Certificates Online Orders	21.9%	25.2%	↑	18.1%	23.7%	↑
Birth Certificates Billed	3.4%	2.5%	↓	2.3%	2.5%	↑
Death Certificates Sold (walk-in)	45.7%	34.6%	↓	43%	38.6%	↓
Death Certificates Mail		2.2%			2.2%	
Death Certificates Online Orders	54.1%	63%	↑	56.8%	58.9%	↑
Death Certificates Billed	.2%	.2%	→	.1%	.2%	↑

Revenue	Apr 2015	Apr 2016		FY14-15 (Jul-Apr)	FY15-16 (Jul-Apr)	
Birth Certificates (\$20)	\$89,600	\$87,880	↓	\$854,520	\$889,120	↑
Death Certificates (\$20)	\$128,500	\$145,760	↑	\$1,305,620	\$1,367,160	↑
Births Registrations (\$13)	\$26,040	\$47,502	↑	\$248,836	\$481,112	↑
Deaths Registrations (\$13)	\$12,236	\$22,479	↑	\$115,507	\$216,741	↑
Miscellaneous	\$3,014	\$3,914	↑	\$28,219	\$32,391	↑
Total Vital Records Revenue	\$259,390	\$307,535	↑	\$2,552,702	\$2,986,524	↑

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

MJ/em

Table 1

Clark County Disease Statistics*, APRIL 2016

Clark County Disease Statistics , APRIL 2016

Disease	2014		2015		2016		Rate(Cases per 100,000 per month) (2011-2015 aggregated)	Apr (2016)	Monthly Rate Comparison Significant change bet. current & past 5-year?~X
	Apr No.	YTD No.	Apr No.	YTD No.	Apr No.	YTD No.			
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	0	.	.	9	.	9	0.09	0.09	
HEPATITIS A	0	.	0	.	.	.	0.07	0.09	↑
HEPATITIS B (ACUTE)	.	6	.	.	0	.	0.06	0.00	↓X
INFLUENZA**	56	440	41	424	64	488	2.38	3.03	↑
MEASLES	0	0	0	9	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	5	21	20	41	.	12	0.44	0.05	↓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	
SEXUALLY TRANSMITTED									
CHLAMYDIA	858	3386	894	3379	812	3450	37.00	38.41	↑
GONORRHEA	233	799	217	922	242	988	8.21	11.45	↑X
SYPHILIS (EARLY LATENT)	28	99	28	121	15	142	1.06	0.71	↓
SYPHILIS (PRIMARY & SECONDARY)	33	92	30	80	23	96	0.98	1.09	↑
ENTERICS									
AMEBIASIS	0	0	.	.	.	.	0.08	0.05	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	7	33	7	26	5	31	0.40	0.24	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	.	.	0	.	0	0	0.01	0.00	↓
GIARDIA	5	11	5	13	.	11	0.20	0.19	↓
ROTAVIRUS	13	20	15	52	.	.	0.58	0.05	↓X
SALMONELLOSIS	10	26	13	37	5	30	2.59	0.24	↓X
SHIGA-TOXIN PRODUCING E. COLI#	0	.	.	9	.	12	0.09	0.14	↑
SHIGELLOSIS	.	6	0	5	.	12	0.04	0.05	↑
TYPHOID FEVER	0	.	.	.	0	0	0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	.	0	0	0	0	0.01	0.00	↓
YERSINIOSIS	0	.	0	0	0	0	0.00	0.00	
OTHER									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	12	31	7	23	6	23	0.44	0.28	↓
DENGUE FEVER	.	.	0	0	0	.	0.01	0.00	↓
ENCEPHALITIS	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)	.	.	.	5	.	.	0.05	0.05	
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	.	.	.	9	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	0.03	0.00	↓
LYME DISEASE	0	0	.	.	0	0	0.01	0.00	↓
MALARIA	0	0	0	0	0	.	0.00	0.00	
MENINGITIS, ASEPTIC/VIRAL	8	18	.	9	0	.	0.14	0.00	↓X
MENINGITIS, BACTERIAL	0	5	.	7	.	15	0.03	0.19	↑
MENINGOCOCCAL DISEASE	0	.	0	0	0	.	0.00	0.00	
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	.	0.00	0.00	
Q FEVER	0	0	.	.	0	0	0.01	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)	60	562	47	1087	22	275	2.90	1.04	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	8	38	12	54	9	71	0.31	0.43	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	5	.	.	.	8	0.03	0.09	↑
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	0	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/TB case counts provided by Office of Disease Surveillance on a quarterly basis. Data suppression denoted by '.' applies if number of cases <5. Monthly disease total (excluding STD and TB cases)=133(reported total=1225). Monthly congenital syphilis cases (suppression applied) for 2014-2016 were 0,0,0(YTD totals of ,,,,) 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.

~XConfidence 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).