



# Memorandum

**Date:** June 23, 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*

*MD. 6-8-16*  
*[Signature]*

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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):**

TCP staff works with community partners to support smoke-free events including outdoor events. The Clark County Fair and Rodeo was held in April. The outdoor fairgrounds and rodeo arena were both smoke-free for the 5-day event, with an estimated 10,000 Clark County residents in attendance.

SNHD is currently facilitating development of a Community Health Improvement Plan (CHIP). Participating community stakeholders selected chronic disease as one of the three CHIP priority areas. The Chronic Disease CHIP Subcommittee chose tobacco as one of the risk factors to be addressed in the chronic disease section of the CHIP. TCP staff worked with Chronic Disease CHIP team members to provide updated data and to recommend evidence-based strategies for inclusion in the tobacco component of the chronic disease section of the CHIP.

Staff provided a plenary session presentation on e-cigarettes, emerging tobacco products, and the Tobacco Quitline at the American Lung Association Lung Force Expo on April 29<sup>th</sup>, 2016. Quitline materials were distributed.

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

As a partner in the SNHD PICH grant, the Clark County School District (CCSD) is expanding physical education and physical activity offerings in 50 local schools. As part of that project they hosted the "Friday Night Lights CrossFit Showcase Event" on April 29, 2016. Thirty-five CrossFit certified CCSD teachers and 430 students participated in the showcase event to celebrate fitness and individual achievement. Additionally, in April, over 1,038 CCSD students and 183 CCSD staff participated in before/after school CrossFit Functional Movement activities at 18 local schools. More than 140 CCSD teachers participated in professional development training to learn how to integrate activity breaks into the classroom.

Chronic Disease staff provided two training events in April on healthy vending in hospital and health care settings and improving the food environment. The first training was

provided at the Nevada Dietetic Association's (NDA) annual meeting and the second training was provided for the Nevada Hospital Association's 5<sup>th</sup> Friday Club which is a meeting of Chief Nursing Officers and nurse leaders in Southern Nevada. Healthy vending materials were provided to attendees and attendees were surveyed post-training. Approximately 75 health professionals (mostly dietitians and dietetic interns) attended the NDA presentation and 20 nurses attended the 5<sup>th</sup> Friday Club presentation.

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

IPP staff works closely with the Southern Nevada Drowning Prevention Coalition to coordinate the annual ABC&Ds of Drowning Prevention campaign.

A = Adult supervision

B = Barriers such as fencing limiting access to pools

C = Classes including swim lessons and CPR

D = Devices such as personal flotation devices and rescue tools

The campaign kicks off each year with the April Pools Day event. This year the event was held on March 31 at the Henderson Multigenerational Activity Pool. All media for the 2016 public information campaign began on April 1, 2016 and will run through July 10, 2016. As of the end of April there have been 10 submersion incidents with 2 fatal drownings. One of the fatal drowning victims was a child under 4 years of age.

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

ODS continues to enhance disease investigation processes. We are working on strategies to address our Syphilis outbreak including: analyzing our Syphilis reactor grid to better prioritize case assignments, implementation of Internet Partner Services, and overall improvement of case management performance indicators.

In the month of May, we also provided a community wide training on Rapid HIV testing to increase the number of community providers who can conduct HIV rapid testing and counseling. Those in attendance included: SNHD Clinical Staff, The LGBTQ Center, Horizon ridge Clinic, Washoe County HD, and AIDS Healthcare Foundation.

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

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

<b>Morbidity Surveillance</b>	<b>May 2015</b>	<b>May 2016</b>		<b>FY14-15 (Jul-May)</b>	<b>FY15-16 (Jul-May)</b>	
<b>Chlamydia</b>	741	827	↑	9,144	9,538	↑
<b>Gonorrhea</b>	224	247	↑	2,667	2,881	↑
<b>Primary Syphilis</b>	11	5	↓	75	101	↑
<b>Secondary Syphilis</b>	12	5	↓	148	180	↑
<b>Early Latent Syphilis</b>	31	17	↓	322	419	↑
<b>Late Latent Syphilis</b>	8	4	↓	95	108	↑
<b>Congenital Syphilis (presumptive)</b>	0	0	→	4	5	↑
<b>New Active TB Cases Counted - Adult</b>	6	2	↓	55	34	↓
<b>Number of TB Active Cases Counted - Pediatric</b>	0	0	→	9	1	↓

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

Moms and Babies Surveillance	May 2015	May 2016		FY14-15 (Jul-May)	FY15-16 (Jul-May)	
HIV Pregnant Cases	0	2	↑	12	25	↑
Syphilis Pregnant Cases	3	0	↓	40	56	↑
Perinatally Exposed to HIV	0	1	↑	26	40	↑

### Community Health -- ODS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters <sup>1</sup>	Reactors/ Symptomatic/ X-ray <sup>2</sup>	OOJ/FUP <sup>3</sup>
Chlamydia	59	2	36	1
Gonorrhea	41	4	25	1
Syphilis	100	8	71	7
HIV/AIDS (New to Care/Returning to Care)	30	0	44	17
Tuberculosis	112	0	14	1
<b>TOTAL</b>	<b>342</b>	<b>14</b>	<b>190</b>	<b>27</b>

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

### A. High Impact HIV/Hepatitis 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.
- 05/09/2016-The Studios-Target population-transgender. HIV and Syphilis Testing.
- 05/21/2016-Asian Pacific Islander HIV Awareness Testing event at Craig Ranch Park.
- 5/25/2016-Charlies Bar-target population MSM. HIV and Syphilis Testing.
- 5/28/2016- Community Health Fair in collaboration with Urban League staff-target population all. HIV Rapid Testing and Syphilis Testing.

### B. Staff Facilitated Training/Presentations

- May 2<sup>nd</sup> and 3<sup>rd</sup>-Social Networks Strategy Training-14 participants
- May 5<sup>th</sup> -Needle Exchange Focus Group-8 participants
- May 12<sup>th</sup> and 13<sup>th</sup>-Phlebotomy Training-6 participants
- May 16<sup>th</sup> -20<sup>th</sup>-Rapid Testing, Counseling, Field Safety, and Certificate Program-19 participants
- May 20<sup>th</sup>-Needle Exchange Focus Group-6 participants

<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/Symptomatic/X-Ray= Investigations initiated from positive labs, reported symptoms or chest X-Ray referrals

<sup>3</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 -- Fiscal Year Data

Prevention - SNHD HIV Testing	May 2015	May 2016		FY14-15 (Jul-May)	FY15-16 (Jul-May)	
Outreach/Targeted Testing	393	426	↑	7,366	6,518	↓
Clinic Screening (SHC/FPC/TB)	589	452	↓	6,899	7,296	↑
Outreach Screening (Jails, SAPTA)	238	107	↓	2,479	1,790	↓
<b>TOTAL</b>	<b>1,220</b>	<b>985</b>	<b>↓</b>	<b>16,744</b>	<b>15,604</b>	<b>↓</b>
Outreach/Targeted Testing POSITIVE				81	104	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				86	75	↓
Outreach Screening (Jails, SAPTA) POSITIVE				14	9	↓
<b>TOTAL POSITIVES</b>				<b>181</b>	<b>188</b>	<b>↑</b>

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

#### 1. May Meetings:

##### A. 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 made revisions to the Chronic Public Inebriate protocol. The revised protocol will go to the MAB for final endorsement on June 1<sup>st</sup>. Dr. Peter Antevy gave a presentation on the Handtevy, a comprehensive pediatric resuscitation system that delivers customized pediatric resuscitation and utilizes a highly interactive training program that results in reduction of medical errors, enhanced quality of pediatric care, and improved sense of teamwork. The decision to add the Handtevy system-wide will be discussed at the next MAB meeting.

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

May EMS Statistics	May 2015	May 2016		FY14-15 (May)	FY15-16 (May)	
Total certificates issued	38	21	↓	1893	1500	↓
New licenses issued	15	21	↑	153	333	↑
Renewal licenses issued (recert only)	0	0	→	958	1242	↑
Active Certifications: EMT	477	534	↑			
Active Certifications: Advanced EMT	1243	1251	↑			
Active Certifications: Paramedic	1175	1205	↑			
Active Certifications: RN	43	45	↑			

#### 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).

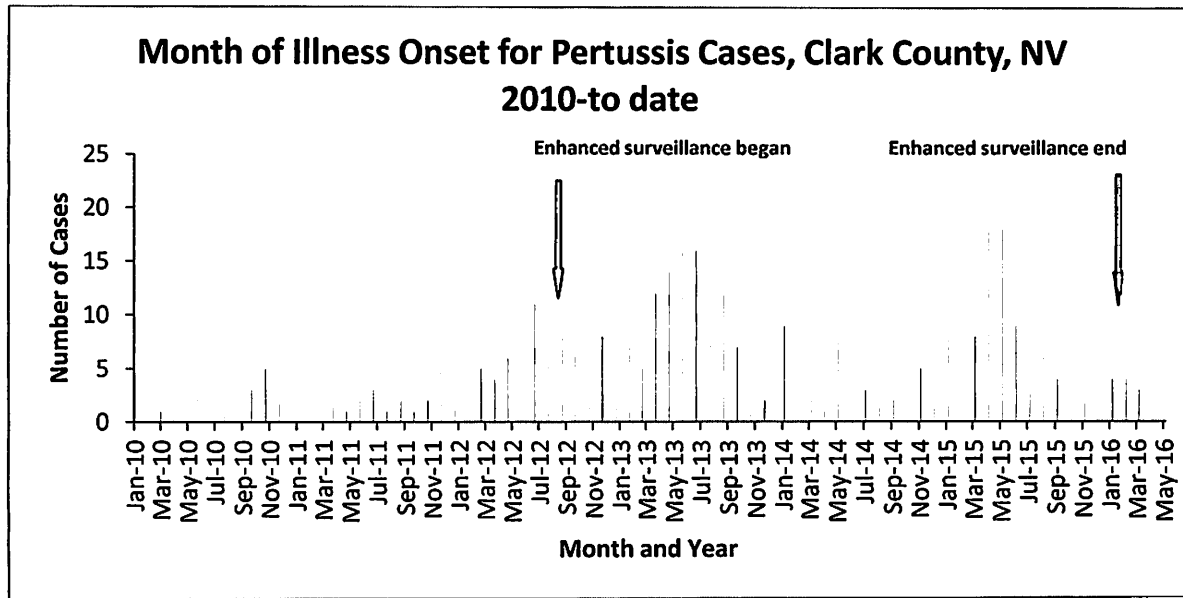


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date<sup>1</sup>

2. **Pediatric Early Warning Surveillance System (PEWSS)<sup>2</sup>:** PEWSS surveillance sentinel sites submitted a very low number of respiratory specimens to the SNPHL for testing in May 2016. Adenovirus, *Chlamydomphila pneumoniae*, Rhinovirus/Enterovirus, Influenza B Victoria, Respiratory Syncytial Virus (RSV), Parainfluenza 3 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 39 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 May 25, there were 591 travel-associated Zika virus disease cases reported in the US and 935 locally acquired cases reported in US territories. Clark County has reported 5 travel-associated cases. The CDC developed guidance for healthcare providers and the general public regarding sexual transmission and screening and testing

<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, *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.

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 48 individuals who may have been exposed to Zika virus. Thus far 5 persons tested positive, 1 person had an indeterminate result (evidence of recent Flavivirus infection but unable to determine which one between Dengue and Zika), 35 results are negative and 7 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. Exposed laboratory employees submitted specimens for BMAT testing, were provided antibiotics for post-exposure prophylaxis (PEP) and asked to monitor for symptoms for 24 weeks. The OOE was able to conduct interviews with the case-patient, which mentioned her son was also expressing similar symptoms. The suspect sources were cheese and rumpope-topped jello imported from Mexico. SNHD collected samples from both case-patient and her son for testing.
- In May the CDC reported the isolates for the case-patient was identified as *Brucella melitensis*. The case-patient's mother claimed the case had started treatment. However, completion of treatment could not be verified as case-patient stopped responding to calls and voicemails. In addition, start and completion of treatment of her child could not be verified due to the same reason. Multiple attempts were made to contact all potentially exposed persons through different avenues, including a certified letter; however the OOE was unable to speak to these contacts. BMAT lab results on specimens collected 6 weeks post-exposure were negative. Sample collection and testing of lab employees will continue at 12, 18, and 24 weeks post-exposure.
- C. *Chickenpox (Varicella) outbreak at Silver Sands Montessori School:*** The OOE investigated a report of seven cases of chickenpox among students at Silver Sands Montessori School with illness onsets between May 18<sup>th</sup> and May 24<sup>th</sup>. Affected students were in kindergarten (n=5), 2<sup>nd</sup> grade (n=1), and 4<sup>th</sup> grade (n=1). Only one of these students was immunized. There are 313 students at the school and 54 (17.3%) of these students are unimmunized. A letter was distributed on May 27<sup>th</sup> to inform parents/guardians and staff about the outbreak, exclude unimmunized students and staff from school for the remainder of the school year, and request they report to the OOE should they become ill with chickenpox. Students and staff were allowed to return after receiving varicella vaccine or providing proof of previous immunization or previous chickenpox illness.
- D. *Hand Foot and Mouth Disease Outbreak at Helen Marie Smith Elementary School:*** On May 9<sup>th</sup>, the OOE received a report of a possible outbreak of HFMD at Helen Marie Smith Elementary School. 6 students were diagnosed by their health care providers with HFMD. The school implemented control measures provided by Environmental Health during a similar outbreak situation of HFMD at the school back in January which included cleaning, sanitizing and excluding students to the discretion of the school. No further investigation was necessary from OOE or EH. No additional cases were reported in the month of May.
- E. *Hand Foot and Mouth Disease Outbreak at Kidsville Learn and Play Center, Bonanza Ave:*** On May 12<sup>th</sup>, the OOE received a report of a Hand, Foot, and Mouth Disease outbreak at Kidsville Learn and Play Center located at 4339 E Bonanza Ave. Three children in one room were affected. The childcare facility was instructed to call OOE if any more children become ill. Hand washing was

encouraged among kids and staff, along with cleaning and sanitizing the room to eliminate disease spread. No additional cases were reported in May.

- F. *Goodsprings Elementary School Lead Exposure Investigation Update:*** 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 0.015 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 on March 1<sup>st</sup>.

Additional samples of water collected on April 28<sup>th</sup> from a water fountain and three sinks at the Community Center and a water fountain and sink at Goodsprings Elementary School were all below the threshold limit. Although the facility did demonstrate the water is met the Federal Safe Drinking Water Act levels for lead from samples collected on April 28<sup>th</sup>, they continued offering bottled water through the end of the school year. CCSD plans are in place to install an auto-flushing mechanism on the line and until then, staff will manually flush the lines each morning until installation is complete. Monitoring of the water system will continue semiannually to determine future compliance trends.

**4. Other:**

- A. Leonard Taylor received his ServSafe certification, an OOE requirement for conducting foodborne illness complaint (FBI) reports. He is currently in training for taking FBI complaints.
- B. Christian Murua completed phlebotomy training and completed the initial 50 venous blood draws and will be performing supervised blood draws for the next 6 months, a requirement for licensure.
- C. Christian Murua passed his six month probationary period as a DIIS.
- D. Devin Raman and Monica Adams presented "Zika Virus: An Emerging Infectious Disease" at the May APIC meeting.
- E. Linda Verchick gave a presentation about the SNHD Biosurveillance program to the NACCHO Biosurveillance Workgroup.

- 1. Communicable Disease Statistics:** May 2016 Disease Statistics are attached. (see table 1)

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

- A. In cooperation with IT, Informatics continues to evaluate the EHR proposals we have received.
- B. We are preparing our presentations for the upcoming CSTE conference in June.
- C. We continue to work with the state of NV in on-boarding new Quest formats for electronic laboratories.
- D. Work has been performed to transform Quest HL7 messages into formats that can be consumed by the State and SNHD data systems.
- E. Work continues on accepting anti-biogram data from local hospitals.
- F. We have hired a new employee and some time has been spent training them and familiarizing them with our work environment and tools.
- G. We are working with local hospitals to commence collection of anti-biogram data from those hospitals.
- H. We have been assisting the HIV group in generating grant-required reports, particularly regarding access to care for HIV patients.
- I. We have also been assisting the TB group to report their data to the State of NV.
- J. Work continues on the data feeds from local hospitals into Essence.

- K. We are evaluating our access to the state Trauma system to determine if we will be able to extract data to fully meet our EMS group's needs.

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

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

- A. OPHP Senior Planner and Manager attended the statewide Medical Surge Plan Tabletop Exercise held May 13, 2016 in Reno, NV. Numerous issues were addressed and changes to the State plan will be implemented and submitted for inclusion in the regional plans.
- B. OPHP and SNHD staff participated in the statewide Foodborne Illness Tabletop Exercise conducted by the Division of Public and Behavioral Health.
- C. OPHP participated in the American Red Cross Leadership Panel held at Dignity Health System San Martin Campus. An overview of the Health District and Strategic National Stockpile in conjunction with Points of Dispensing and the integration of the Southern Nevada Healthcare Preparedness Coalition were presented.
- D. OPHP Manager and Chair of Southern Nevada Healthcare Preparedness Coalition continue to meet with district staff and community partners to coordinate planning for upcoming multi-agency Ebola preparedness training 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 November 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 state Tabletop exercise. Planners also continue to support Clark County in planning for Mass Migration Tabletop Exercise that is an activity that will tie into VG 17.
- E. OPHP continues to conduct the monthly Incident Command Team, Directors, Managers and Supervisors call-down notifications. Call-down drills are deliverables required by CRI grant to ensure public health staff readiness to respond to a disaster. This monthly 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.
- F. 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.
- G. 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. Ebola and Zika Preparedness Planning remains a priority.
- H. 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:** 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. End of year progress reports will be completed and sent to state for 5 grants in July 2016. 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 purchased Ebola PPE on behalf of Law Enforcement and will be distributing to Metropolitan Police Department in July. OPHP Manager and supervisor prepared an application for initial Zika funding through the State of Nevada Division of Public and Behavioral Health. The purpose of these funds will allow the district to continue to monitor population and travelers for Zika virus and to begin planning necessary to ensure Health District and community partners can mount effective surveillance and response. Activities will include coordination in planning, educational outreach to medical providers and residents, surveillance for invasive mosquitoes in Southern Nevada and control activities to reduce transmission of viruses.

**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. **April 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.
  - 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 provided technical laboratory assistance to SNHD OOE and local laboratory regarding identification of *Brucella* in local resident.
  - D. SNPHL Clinical Laboratory Scientist attended CDC PulseNet PFGE and Bionumerics training in Atlanta, Georgia
  - E. SNPHL staff performed LRN bioterrorism rule out testing on multiple clinical and environmental samples and reported results within expected timeframes.

## COMMUNITY HEALTH - SNPDL – Fiscal Year Data

SNPDL Services	Apr 2015	Apr 2016		FY 14-15 (Jul-Apr)	FY 15-16 (Jul-Apr)	
Clinical Testing Services <sup>1,2</sup>	3163	3520	↑	30510	33512	↑
Epidemiology Services <sup>3</sup>	1360	1154	↓	14406	12025	↓
State Branch Public Health Laboratory Services <sup>4</sup>	816	1152	↑	8144	9268	↑
All-Hazards Preparedness Services <sup>5</sup>	6	13	↑	111	131	↑

### VIII. VITAL STATISTICS

May 2016 showed a 5.5% increase in birth certificate sales in comparison to May 2015. Death certificate sales showed a 2% increase for the same time frame. SNHD has received revenues of \$47,697 for birth registrations, \$21,060 for death registrations; and an additional \$3,984 in miscellaneous fees for the month of May.

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.

## COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	May 2015	May 2016		FY14-15 (Jul-May)	FY15-16 (Jul-May)	
Births Registered	2,131	2,290	↑	25,533	25,424	↓
Deaths Registered	1,251	1,372	↑	14,766	15,490	↑

Vital Statistics Services	May 2015	May 2016		FY14-15 (Jul-May)	FY15-16 (Jul-May)	
Birth Certificates Sold (walk-in)	3,085	3,032	↓	37,117	34,282	↓
Birth Certificates Mail		150			1,673	
Birth Certificates Online Orders	967	1,112	↑	8,699	11,663	↑
Birth Certificates Billed	126	116	↓	1,088	1,248	↑
Birth Certificates Number of Total Sales	4,178	4,410	↑	46,904	48,866	↑
Death Certificates Sold (walk-in)	2,611	2,199	↓	30,714	28,613	↓

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 SNPDL 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.

Death Certificates Mail		113			1,646	
Death Certificates Online Orders	3,543	3,979	↑	40,648	44,271	↑
Death Certificates Billed	11	14	↑	84	133	↑
<b>Death Certificates Number of Total Sales</b>	<b>6,165</b>	<b>6,305</b>	<b>↑</b>	<b>71,446</b>	<b>74,663</b>	<b>↑</b>

<b>Vital Statistics Sales by Source</b>	<b>May 2015</b>	<b>May 2016</b>		<b>FY14-15 (Jul-May)</b>	<b>FY15-16 (Jul-May)</b>	
Birth Certificates Sold (walk-in)	73.8%	68.8%	↓	79.1%	70.2%	↓
Birth Certificates Mail		3.4%			3.4%	
Birth Certificates Online Orders	23.1%	25.2%	↑	18.5%	23.9%	↑
Birth Certificates Billed	3.0%	2.6%	↓	2.3%	2.6%	↑
Death Certificates Sold (walk-in)	42.4%	34.9%	↓	43.0%	38.3%	↓
Death Certificates Mail		1.8%			2.2%	
Death Certificates Online Orders	57.5%	63.1%	↑	56.9%	59.3%	↑
Death Certificates Billed	.2%	.2%		.1%	.2%	↑

<b>Revenue</b>	<b>May 2015</b>	<b>May 2016</b>		<b>FY14-15 (Jul-May)</b>	<b>FY15-16 (Jul-May)</b>	
<b>Birth Certificates (\$20)</b>	\$83,560	\$88,200	↑	\$938,080	\$977,320	↑
<b>Death Certificates (\$20)</b>	\$123,300	\$126,100	↑	\$1,428,920	\$1,493,260	↑
<b>Births Registrations (\$13)</b>	\$24,276	\$47,697	↑	\$273,112	528,809	↑
<b>Deaths Registrations (\$13)</b>	\$11,417	\$21,060	↑	\$126,924	\$237,801	↑
<b>Miscellaneous</b>	\$2,816	\$3,984	↑	\$31,035	\$36,375	↑
<b>Total Vital Records Revenue</b>	<b>\$245,369</b>	<b>\$287,041</b>	<b>↑</b>	<b>\$2,798,071</b>	<b>\$3,273,565</b>	<b>↑</b>

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

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

MDJ/edm