





Memorandum

Date: July 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* 

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

To date, 648 student leaders have been trained from ten Clark County School District high schools on how to plan, develop, and implement youth-led tobacco prevention advocacy projects. In addition, students learned about various tobacco control issues including the dangers of tobacco and myths surrounding emerging tobacco products. The ten schools include Desert Oasis High School, Rancho High School, Shadow Ridge High School, Veterans Tribute Career and Technical Academy, Valley High School, Spring Valley High School, Las Vegas High School, Southwest Career and Technical Academy, Coronado High School, Cimarron Memorial High School, Foothill High School, West Career and Technical Academy, Clark High School, Legacy High School, and Sierra Vista High School.

TCP staff worked with SNHD Facilities staff to provide model language for enhanced SNHD tobacco-free property signage that will be placed in the front parking lot and at the entrance of the main building. This is in response to several incidents of clients using tobacco on campus due to lack of adequate signage. The SNHD policy was passed in 2011 but staff recommends that it be reissued via the SNHD electronic policy management system so that all employees are aware of the policy's content.

Staff developed testimony on behalf of the Nevada Tobacco Prevention Coalition (NTPC) related to the Grant Management Advisory Committee (GMAC) and their advisory role in making funding recommendations to the Nevada Division of Health and Human Services (DHHS) Director's office. The testimony urged members of the GMAC to explicitly list tobacco as a funding priority for numerous reasons including that the original intention behind the tobacco Master Settlement Agreement (MSA) funding was that it be dedicated to tobacco prevention and cessation efforts. The GMAC members supported the NTPC recommendations and suggested that tobacco be listed as a priority in a letter that will be sent to DHHS.

2. Chronic Disease Prevention Program (CDPP):

As part of the PICH grant, SNHD sponsored the Spring Fire Up Your Feet Program through the Clark County School District's Safe Routes to School Program. Fire Up Your Feet is a

national program that was first implemented locally in 2015. It encourages students, staff, and parents at local schools to be physically active. Schools that track the most points earned for physical activity are eligible for prizes. The Spring Fire Up Your Feet Challenge launched in April and ran through early May. A total of 18 schools participated in the Spring Challenge (increase of 20% over Fall Challenge) and over 7,965 students, staff, and parents at these schools participated in the challenge (increase of 18% over Fall Challenge).

Staff was asked to review the Clark County Transportation Element which will be updated in the Clark County Comprehensive Master Plan (2016-2035). Staff was able to advocate for and encourage inclusion of language that supported a transportation system in Clark County that supports all modes of transportation including bicycling and walking. The Transportation Element is now posted on the Clark County Government website for public review and feedback.

Staff was asked to present highlights of the SNHD Million Hearts Initiative on a National Association of County and City Health Officers (NACCHO) webinar in May. Approximately 60 individuals representing health departments across the country participated in the webinar. Million Hearts promotes improved quality of care for the ABCS of heart health:

- Aspirin when appropriate
- Blood pressure control
- Cholesterol management
- Smoking cessation

3. Injury Prevention Program (IPP):

After almost 27 years of service, Mike Bernstein will retire from his position as the Injury Prevention Program Coordinator effective July 5, 2016. Injury prevention efforts at SNHD began in 1989 with Mike being hired to coordinate a comprehensive community occupant protection program supported by a 3-year grant. Since that time Mike has worked with a variety of community partners and organizations in Clark County to utilize the public health approach to develop and administer injury prevention programs. Recruitment efforts are underway to hire an Injury Prevention Program Coordinator to replace Mike.

II. OFFICE OF DISEASE SURVEILLANCE (ODS)

June 27th was National HIV Testing Day. The Southern Nevada Health District and AIDS Healthcare Foundation launched an HIV/STD mobile testing unit to coincide with National HIV Testing Day. The Health District and AIDS Healthcare Foundation initiated mobile testing as a method to increase testing throughout Southern Nevada. The Health District and AIDS Healthcare Foundation will offer rapid HIV screening as well as syphilis, gonorrhea, and Chlamydia testing on the unit during outreach events. This unique partnership allows for access to high risk clients who might not otherwise seek HIV testing.

In the month of June, we continue to enhance our integrated surveillance database. We recently implemented the automation of TB laboratory report processing. Informatics has been instrumental in our effort to streamline and automate our processes. This is an ongoing effort.

1. Surveillance and Investigations

Community Health -- ODS -- Fiscal Year Data

	June 2015	June 2016		FY14-15 (Jul- June)	FY15-16 (Jul- June)	
Morbidity Surveillance						
Chlamydia	746	792	↑	9,144	10,385	↑
Gonorrhea	215	294	↑	2,667	3196	↑
Primary Syphilis	9	9	↓	75	110	↑
Secondary Syphilis	26	18	↓	148	209	↑
Early Latent Syphilis	23	24	↓	322	474	↑
Late Latent Syphilis	5	11	↑	95	145	↑
Congenital Syphilis (presumptive)	1	0	↓	4	7	↑
New Active TB Cases Counted - Adult	13	6	↓	55	41	↓
Number of TB Active Cases Counted - Pediatric	0	0	→	9	1	↓

Community Health -- ODS -- Fiscal Year Data

	June 2015	June 2016		FY14-15 (Jul- June)	FY15-16 (Jul- June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	3	5	↑	15	30	↑
Syphilis Pregnant Cases	2	6	↑	42	65	↑
Perinatally Exposed to HIV	2	2	→	28	47	↑

Community Health -- ODS -- Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ/FUP ³
Chlamydia	33	0	34	4
Gonorrhea	20	1	25	3
Syphilis	112	6	95	6
HIV/AIDS (New to Care/Returning to Care)	24	3	40	29
Tuberculosis	117	0	17	3
TOTAL	306	10	211	45

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

A. High Impact HIV/Hepatitis Screening Sites

- a. Mondays-Thursdays and first Saturday; The Center- LGBTQ Community of Nevada- MSM, transgender.

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. Monthly- First Friday: Avella Pharmacy–target population MSM and IDU. HIV and Hepatitis C Rapid Testing.
- c. 06/13/2016-The Studios-Target population-transgender. HIV and Syphilis Testing.
- d. 06/27/2016- National HIV Testing Day in collaboration with Aids Healthcare Foundation with their mobile testing unit. Target Population MSM. Location-Wal-Mart on Craig and Martin Luther King. Asian Pacific Islander HIV Awareness Testing event at Craig Ranch Park.

B. Staff Facilitated Training/Presentations

- a. June 21st-PrEP training provided by the Center for Learning and Innovation-VB you have the roster but agencies that participated were: Southern Nevada Health District, Huntridge Clinic, Aids Healthcare Foundation, Avella, The Center, and two others.
- b. June 27th and 28th-Grant Writing Training provided by Capacity for Health.
- c. June 30th-HIV/STD education for sexual assault and trauma advocates for the Rape Crisis Center- 17 participants 5th -Needle Exchange Focus Group-8 participants.

Community Health -- ODS – Fiscal Year Data

	June 2015	June 2016		FY14-15 (Jul- June)	FY15-16 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	647	509	↓	7,898	7,100	↓
Clinic Screening (SHC/FPC/TB)	669	234	↓	7,568	7,749	↑
Outreach Screening (Jails, SAPTA)	316	33	↓	2,795	1, 851	↓
TOTAL	1,632	776	↓	18,261	16,700	↓
Outreach/Targeted Testing POSITIVE				84	110	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				94	84	↓
Outreach Screening (Jails, SAPTA)POSITIVE				16	10	↓
TOTAL POSITIVES				194	204	↑

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

1. June Meetings:

A. 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 a report from the Drug/Device/Protocol (DDP) subcommittee. They discussed changing the title of the "Chronic Public Inebriate" protocol to "Public

Intoxication.” The Board felt the former title lends itself to misinterpretation because it implies that only the chronically public inebriated patient qualifies, as opposed to a one-time event. Minor revisions were agreed upon as well, to align with the rest of the protocols.

It was reported that Dr. Peter Antevy, founder and Chief Medical Officer of the Handtevy Dosing System Pediatric Customization for EMS tool, gave a PowerPoint presentation to the DDP. The pediatric resuscitation system 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. It will empower field providers to perform rapidly and efficiently on all pediatric calls. The Board endorsed the tool for use system-wide.

Additional reports were given by the ED/EMS Regional Leadership Committee and QI Directors meetings.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

May EMS Statistics	June 2015	June 2016		FY14-15 (June)	FY15-16 (June)	
Total certificates issued	38	37	↓	1931	1537	↓
New licenses issued	22	27	↑	175	360	↑
Renewal licenses issued (recert only)	0	0	→	958	1242	↑
Active Certifications: EMT	489	559	↑			
Active Certifications: Advanced EMT	1253	1251	↓			
Active Certifications: Paramedic	1179	1214	↑			
Active Certifications: RN	44	44	→			

IV. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS

1. **Pertussis in Clark County – Update:** In June we identified three cases of pertussis, two with illness onsets in May and one in June. To date in 2016 we conducted a total of thirty nine pertussis investigations and identified 19 cases. Case counts by illness onset date from 2010 to present are shown below (Figure 1).

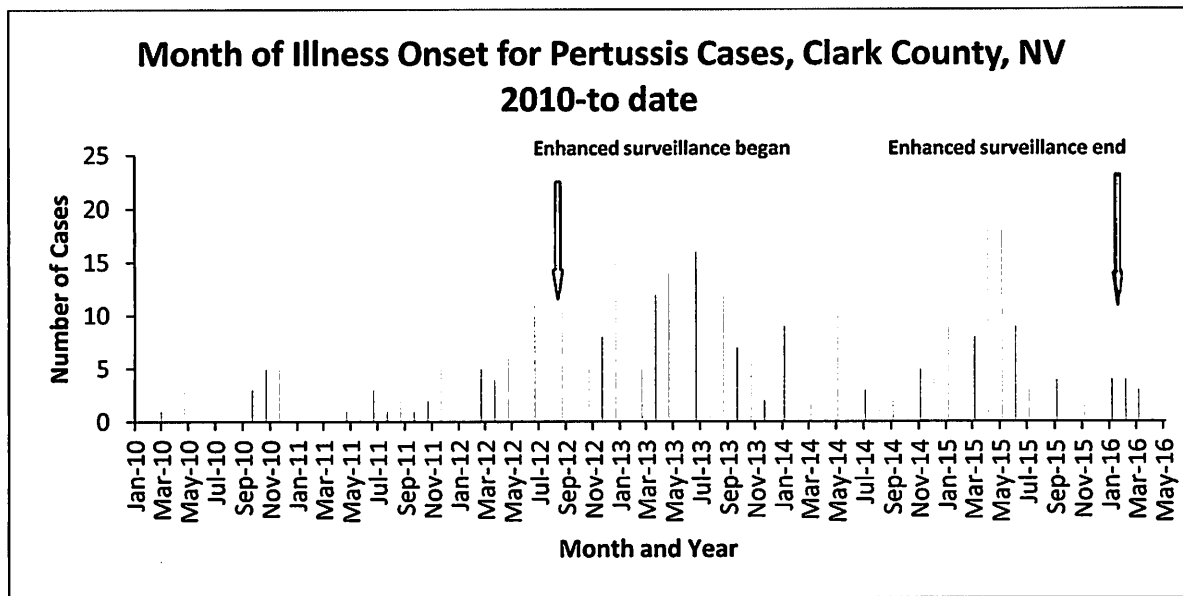


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

2. **Pediatric Early Warning Surveillance System (PEWSS)²**: PEWSS surveillance has been suspended until further notice.
3. **Disease reports and updates:**
 - A. ***Global Zika virus Outbreak:*** Outbreaks are occurring in 40 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 June 29, there were 934 travel-associated Zika virus disease cases reported in the US and 2,020 locally acquired cases reported in US territories. Clark County has reported 6 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 67 individuals who may have been exposed to Zika virus. Thus far 6 persons tested positive, 1 person had an indeterminate result (evidence of recent Flavivirus infection but unable to determine which one between Dengue and Zika), 53 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. ***Saint Louis Encephalitis Virus (SLEV) Positive Mosquito Submission Pools:*** The Environmental Health Vector Surveillance program has identified 139 SLEV positive mosquito submission pools this season for total of 4,787 mosquitoes. The

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 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.

positive mosquito submission pools were collected from 18 different zip codes in Clark County. Most persons infected with SLEV are asymptomatic. Symptoms of mild SLEV infection include fever and headache. The very young, immunocompromised and elderly are at risk for severe disease. The severe form of SLEV disease includes dizziness, nausea, stiff neck, confusion, tremors, coma and in rare cases long-term disability or death. No human SLEV cases have been identified this year. A press release was disseminated on June 29th and is available on the SNHD website at: <http://southernnevadahealthdistrict.org/news16/20160629-health-district-identifies-sharp-increase-in-st-ouis-encephalitis-positive-mosquitoes.php>. A public health advisory was also distributed to healthcare providers and can be found at: <https://southernnevadahealthdistrict.org/health-care-providers/public-health-advisories.php>.

- C. ***Hiroba Sushi Scombroid Intoxication Investigation:*** The OOE received three foodborne illness (FBI) complaints via the online FBI complaint form from two different parties who became ill after dining at Hiroba Sushi. One of the parties dined on May 30th and one on June 1st for a total of five ill persons. A review of Yelp also identified two additional persons who complained of illness from Hiroba Sushi. All ill individuals visited from other states. Two persons had symptoms consistent with Scombroid intoxication including flushed skin, itchy skin and/or hives in association with vomiting, diarrhea, and/or fever. Incubation periods were reported as either 0.5 or 1.5 hours. EH conducted a site visit on June 2nd and a manager interview on June 3rd. Several problems were identified during the survey including temperature violations and bare hand contact resulting in a facility downgrade. There have been no other complaints identified since June 1st.
- D. ***Chickenpox (Varicella) outbreak at Silver Sands Montessori School-Update:*** The OOE investigated a report of seven cases of chickenpox among students at Silver Sands Montessori School with illness onsets between May 18th and May 24th. A letter was distributed on May 27th 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. On June 21st we received a call from St. Rose Pediatrics reporting an additional ten cases of chickenpox with onsets of illness between May 30th and June 15th and range of ages between 4 and 43 years. Further investigation confirmed all cases were associated with Silver Sands Montessori School. None of these were immunized. To date we have identified 17 cases in this outbreak. The OOE will continue to monitor for cases until July 27th which is two incubation periods (42 days) from the onset of the last case.
- E. ***Brucellosis Case Associated with Cheese and Rumpope Imported from Mexico-Update:*** 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. 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. BMAT lab results for specimens collected at 12 weeks post-exposure are pending. In June, we received a report from the CDC confirming the isolate as *Brucella melitensis*.

4. **Other:**

- A. Ashley Cuyler passed her six month probationary period as a DIIS I.
- B. The Office of Epidemiology welcomed two new Epidemiologists: Kathryn Barker, MPH and Ruchi Pancholy, MPH.

5. **Communicable Disease Statistics:** June 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 have created an anti-biotic resistance database for Clark County and are populating it with all anti-biotic resistance data that comes in with reportable condition messages.
- C. We are working with local hospitals to commence collection of anti-biogram data from those hospitals.
- D. We have created a database to contain disease vector data from a variety of sources and have started populating this database and working on the reports which will be generated from this data.
- E. We have created a database to contain poison control data.
- F. We have been assisting the STD, HIV and TB groups in generating grant-required reports.
- G. Work continues on the data feeds from local hospitals into Essence.
- H. We have begun importing Trauma data from local hospitals and the EMS system into our databases. We are working on importing data from the Trauma Centers.
- I. With IT we have begun work on the disease symptoms self reporting mobile application.
- J. Three members of the Informatics team attended CSTE and presented there.

VI. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. SNHD hosted an Ebola Waste Management Tabletop Exercise at the Clark County Government Center. Participants included UMC, Dignity Health System, valley Health System, Summerlin Hospital, Spring Valley Hospital, Clark County Water Reclamation, Republic Services, OPHIE and Division of Public & Behavioral Health.
- B. OPHP provided Ebola First Receiver and PPE training throughout the Las Vegas Urban Area. The three host facilities were Veterans Affairs Southern Nevada Healthcare System, Dignity Health System – San Martin Campus, and Desert Springs Hospital. Multiple jurisdictional partners attended from healthcare, city and county government, mortuaries and coroner-medical examiner's office.
- C. OPHP provided a briefing to the Emergency Managers from the Veteran's Integrated Service Network (VISN) that the VA Southern Nevada Healthcare System was newly assigned to in California. Informational brief included overview of the Southern Nevada Area of Responsibility, composition of the Health District, Mission of the Office of Public Health Preparedness and the Southern Nevada Healthcare Preparedness Coalition.
- D. OPHP Manager coordinated with community partners to release surplus equipment and supplies in advance of Henderson location move. OPHP equipment stored in Henderson was relocated to other SNHD locations. Manager provided a tour of SNHD to high school students interested in public health as career. Manager participated on statewide working group to discuss Emergency Broadband Communication system in Nevada. OPHP in process of collaborating with city of Henderson to identify and secure an alternate Department Operations Center location for SNHD.

- 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. 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 the 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 biological agents on clinical and unknown environmental samples.
 - C. SNPHL continues to perform Pulsed Field Gel Electrophoresis (PFGE) testing of *Salmonella*, *Shigella*, *Listeria*, and Shiga toxin producing *E. coli* (STEC) isolates submitted by local clinical laboratories. SNPHL reports the PFGE data to the CDC PulseNet program and to the SNHD OOE.
 - D. SNPHL provides courier services to SNHD public health centers and Southern Nevada hospital or commercial laboratories.
4. **All-Hazards Preparedness:**
 - A. SNPHL continues to participate with SNHD OPHP, local First Responders and sentinel laboratories to ensure support for response to possible biological or chemical agents.
 - B. SNPHL staff continues to receive training on 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. **MAY 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 and NSPHL for sample processing and sample shipment for Zika Testing. Staff also participated in multiple national conference calls regarding Zika response.
- B. SNPHL staff provided assistance to OOE for with shipping and transport of a sample to CDC that is possibly related to national frozen berries investigation.
- C. SNPHL staff provided assistance to SNHD TB Surveillance staff with sample collection and shipping of multiple samples from a local TB outbreak investigation.
- D. SNPHL staff performed LRN testing on two clinical isolates.
- E. SNPHL staff participated in the State sponsored Mass Mayhem foodborne illness tabletop exercise.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	May 2015	May 2016		FY 14-15 (Jul-May)	FY 15-16 (Jul-May)	
Clinical Testing Services ¹	2522	3727	↑	33032	37239	↑
Epidemiology Services ²	1107	769	↓	15513	12794	↓
State Branch Public Health Laboratory Services ³	816	860	↑	8960	10128	↑
All-Hazards Preparedness Services ⁴	18	7	↓	129	138	↑

VIII. VITAL STATISTICS

June 2016 showed a 1% increase in birth certificate sales in comparison to June 2015. Death certificate sales showed a 3% increase for the same time frame. SNHD has received revenues of \$51,545 for birth registrations, \$22,700 for death registrations; and an additional \$4,266 in miscellaneous fees for the month of June.

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	June 2015	June 2016		FY14-15 (Jul-May)	FY15-16 (Jul-May)	
Births Registered	2,260	2,423	↑	27,793	27,846	↑
Deaths Registered	1,339	1,357	↑	16,105	16,847	↑

¹ Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, Gram stain testing.

² Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations or consultations.

³ 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.

⁴ Includes Preparedness training, BSL-3 maintenance and repair, teleconferences, Inspections.

	Jun 2015	June 2016		FY14-15 (Jul- June)	FY15-16 (Jul- June)	
Vital Statistics Services						
Birth Certificates Sold (walk-in)	3,613	3,341	↓	40,730	37,623	↓
Birth Certificates Mail*	129	193	↑	129	1,866	↑
Birth Certificates Online Orders	996	1,186	↑	9,695	12,849	↑
Birth Certificates Billed	109	94	↓	1,197	1,342	↑
Birth Certificates Number of Total Sales	4,847	4,814	↓	51,751	53,680	↑
Death Certificates Sold (walk-in)	2,685	2,186	↓	33,399	30,799	↓
Death Certificates Mail	187	417	↑	187	2,063	↑
Death Certificates Online Orders	4,090	4,571	↑	44,738	48,842	↑
Death Certificates Billed	11	11		95	144	↑
Death Certificates Number of Total Sales	6,973	7,181	↑	78,419	81,848	↑

Revenue	June 2015	June 2016		FY14-15 (Jul-June)	FY15-16 (Jul-June)	
Birth Certificates (\$20)	\$96,940	\$96,280	↓	\$1,035,020	\$1,073,600	↑
Death Certificates (\$20)	\$139,460	\$143,620	↑	\$1,568,380	\$1,636,960	↑
Births Registrations (\$13)	\$27,917	\$51,545	↑	\$302,268	\$580,354	↑
Deaths Registrations (\$13)	\$12,754	\$22,700	↑	\$139,671	\$260,501	↑
Miscellaneous	\$2,882	\$4,266	↑	\$19,911	\$40,641	↑
Total Vital Records Revenue	\$279,953	\$318,411	↑	\$3,065,250	\$3,592,056	↑

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

MDJ/edm

Table 1

Clark County Disease Statistics*, JUNE 2016

Disease	2014		2015		2016		Rate(Cases per 100,000 per month) (2011-2015 aggregated)	Jun (2016)	Monthly Rate Comparison current & past 5-year?~
	Jun No.	YTD No.	Jun No.	YTD No.	Jun No.	YTD No.			
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	0	6	.	12	.	15	0.05	0.19	↑
HEPATITIS A	0	.	.	6	.	7	0.03	0.05	↑
HEPATITIS B (ACUTE)	.	12	.	7	.	8	0.10	0.05	↓
INFLUENZA**	24	502	6	446	.	503	0.48	0.09	↓X
MEASLES	0	0	0	9	0	0	0.00	0.00	
MUMPS	.	.	0	0	0	0	0.01	0.00	↓
PERTUSSIS	9	40	9	68	.	20	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	814	5126	747	4866	793	5165	37.84	37.44	↓
GONORRHEA	221	1241	214	1359	294	1565	9.52	13.88	↑X
SYPHILIS (EARLY LATENT)	13	143	23	175	24	236	0.80	1.13	↑
SYPHILIS (PRIMARY & SECONDARY)	22	133	35	138	27	161	0.82	1.27	↑
ENTERICS									
AMEBIASIS	0	0	0	.	.	.	0.01	0.05	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	6	45	11	48	8	49	0.47	0.38	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	0	.	0	0	0.00	0.00	
GIARDIA	.	18	.	19	.	21	0.20	0.14	↓
ROTAVIRUS	11	42	.	63	9	24	0.41	0.42	↑
SALMONELLOSIS	7	43	25	73	10	58	0.77	0.47	↓
SHIGA-TOXIN PRODUCING E. COLI#	.	8	.	12	6	24	0.27	0.28	↑
SHIGELLOSIS	.	9	.	9	.	18	0.14	0.05	↓
TYPHOID FEVER	0	.	0	.	0	.	0.00	0.00	
VIBRIO (NON-CHOLERA)	0	.	0	0	0	0	0.00	0.00	
YERSINIOSIS	0	.	0	0	0	0	0.02	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	.	0.00	0.00	
COCCIDIOIDOMYCOSIS	.	37	10	39	0	33	0.43	0.00	↓X
DENGUE FEVER	0	.	0	0	0	.	0.00	0.00	
ENCEPHALITIS	0	0	0	.	0	0	0.00	0.00	
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	.	.	0	0	0	0	0.01	0.00	↓
HEPATITIS C (ACUTE)	0	.	.	6	.	11	0.02	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	.	6	.	14	.	6	0.06	0.05	↓
LEPROSY (HANSEN'S DISEASE)	0	.	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	.	.	0	.	0	0	0.01	0.00	↓
LYME DISEASE	0.07	0.05	↓
MALARIA	.	.	0	0	.	.	0.02	0.05	↑
MENINGITIS, ASEPTIC/VIRAL	.	19	.	19	.	6	0.12	0.09	↓
MENINGITIS, BACTERIAL	0	6	0	12	.	23	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	0.00	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	.	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	7	595	.	1093	.	289	0.28	0.09	↓
STREPTOCOCCUS PNEUMONIAE, IPD###	.	49	.	65	5	88	0.21	0.24	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	8	0	6	0	11	0.03	0.00	↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.01	0.00	↓
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0	0	0	0	0.04	0.00	↓
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.01	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)=64 (reported total=1202). Monthly congenital syphilis cases (suppression applied) for 2014-2016 were 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.

~Confidence 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).