



Memorandum

Date: August 25, 2016

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

In June, staff worked with the SNHD Public Information Office (PIO) to issue a Father's Day press release promoting the 1-800-QUIT-NOW tobacco quitline to men. According to the Campaign for Tobacco Free Kids, 20.2 percent of Nevada men smoke, and approximately 1,900 men die each year due to smoking-related illnesses. Since children from families who smoke are twice as likely to become smokers themselves, fathers were encouraged to remember the important role they play in influencing the choices their children make and consider quitting use of tobacco products. Promotion of the initiative occurred via social media as well.

Secondhand smoke exposure is a serious health issue, and one that is especially common in homes that have shared ventilation systems or where smoke can seep through windows, doors and vents such as apartment complexes. The Smoke-Free Housing Directory was created to highlight apartment and condominium communities in Clark County that offer smoke-free housing options for residents. A total of 8,946 smoke-free units in Clark County are now listed in the Smoke-Free Housing Directory on the Get Healthy website (<http://www.gethealthyclarkcounty.org/smoke-free-housing-directory/>). Of the 8,946 total units in the Smoke-free Housing Directory, 1,367 are categorized as low income/affordable housing or government subsidized housing.

In June, staff met with representatives from UNLV's Student Senate to discuss tobacco-free policy at UNLV and provided them with model policy language and links to tobacco-free policies. Staff drafted a letter of testimony in support of tobacco-free policy expansion on behalf of Dr. Iser and requested a letter of support from the US DHHS Tobacco-free College Initiative. Both letters were submitted and distributed to all members of the UNLV Senate. On June 27th, the UNLV Senate formally voted to establish a committee to address this issue. UNLV Senate representatives have asked that SNHD have a seat on the soon to be formed UNLV Tobacco Policy committee.

2. Chronic Disease Prevention Program (CDPP):

As part of the Partnerships to Improve Community Health (PICH) grant, SNHD is working with the Regional Transportation Commission (RTC) to update and revise the Regional Bicycle and Pedestrian Plan for Southern Nevada. A Charrette (workshop) event was held in June with over 50 representatives from local jurisdictions and members from Stakeholder Advisory Groups. The draft network map, prioritization criteria, programs, and policies were shared with participants for feedback. Charrette materials were also posted online for public review and feedback. The revised Regional Bike and Pedestrian Plan will be finalized by the Spring of 2017 and will be included as an appendix in the Regional Transportation Plan that the RTC will be submitting in 2017.

SNHD is working with the Body & Soul Program to support disease prevention and health promotion efforts in the African American community. The Body & Soul Program is a faith-based, healthy living program developed by the federal government and other agencies for African American churches and deemed evidenced-based. Body & Soul advocates have been trained to make referrals to the Care4Life diabetes texting program and began referring congregation members to the program in June. SNHD developed promotional and educational materials for use by Body & Soul advocates specifically for this project.

SNHD staff worked with Amerigroup who identified 187 of their members with diabetes. These members were then sent a personalized letter with both the Amerigroup and SNHD logo on it referring them to the Care4Life program and encouraging them to join. The letters went out in June and follow up via IVF (automated calls) to these 187 members will occur in July.

The Soda Free Summer (SFS) initiative was launched in June. The initiative is designed to inspire participants to make a lasting commitment to health by reducing or eliminating sweetened beverages over the summer months. The general campaign will be promoted via the Get Healthy (GH) website and SFS spotlights and resources were posted to the GH website in June. This year, we are expanding the SFS outreach in the Hispanic community. Staff has organized several presentations for Spanish speaking clients of the Alliance Against Diabetes clinic that will occur throughout the summer. The first presentation took place in June with 15 people in attendance. All 15 participants took the SFS pledge. In addition, staff secured several earned media opportunities in June to promote the initiative including interviews on the "Encuentro con Nuestra Comunidad" radio program; newspaper articles in El Tiempo and El Mundo newspapers; and a news story on the Telemundo television station. The SFS initiative will run through August.

3. Injury Prevention Program (IPP):

Through the end of June there have been 30 total submersion incidents among youth 14 years of age and younger. Three of those incidents officially resulted in fatal drownings. Two of the fatal drowning victims were under 4 years of age. Twenty-two submersion incidents occurred in pools with 77% of those occurring in residential pools and the other 23% occurring in public pools. SNHD has race/ethnicity data for 27 of the submersion incidents: White 30% (8), African-American 41% (11), Hispanic 18% (5), and Other 11% (3).

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

The Office of Disease Surveillance officially merged with The Office of Epidemiology to create The Office of Epidemiology and Disease Surveillance (OEDS). This move allows for the enhancement of surveillance processes, improvements in disease control by opening

the pool of DIIS available to work large investigations, and the ability to analyze data that will guide prevention efforts.

1. Disease Surveillance and Investigations

Community Health -- OEDS – Fiscal Year Data

Morbidity Surveillance	July	July		FY15-16	FY16-17	
	2015	2016		(Jul- June)	(Jul- June)	
Chlamydia	856	755	↓	856	755	↓
Gonorrhea	292	251	↓	292	251	↓
Primary Syphilis	13	7	↓	13	7	↓
Secondary Syphilis	13	8	↓	13	8	↓
Early Latent Syphilis	43	16	↓	43	16	↓
Late Latent Syphilis	11	12	↑	11	12	↑
Congenital Syphilis (presumptive)	0	0	→	0	0	→
New Active TB Cases Counted - Adult	7	8	↑	7	8	↑
Number of TB Active Cases Counted - Pediatric	0	0	→	0	0	→

Community Health -- OEDS – Fiscal Year Data

Moms and Babies Surveillance	July	July		FY15-16	FY16-17	
	2015	2016		(Jul- June)	(Jul- June)	
HIV Pregnant Cases	4	1	↓	4	1	↓
Syphilis Pregnant Cases	11	1	↓	11	1	↓
Perinatally Exposed to HIV	1	2	↑	1	2	↑

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	23	0	32	1
Gonorrhea	30	0	21	2
Syphilis	61	5	70	4
HIV/AIDS (New to Care/Returning to Care)	34	2	65	12
Tuberculosis	56	0	18	2
TOTAL	204	7	206	21

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

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

In the month of July, OEDS was trained by Internet Partner Services SMEs from the CDC. This is one strategy we have planned in response to our Syphilis outbreak. 40% of our Early Syphilis cases met their partners online. Having an internet partner services program will ensure we have another method in locating high risk contacts to notify of exposure. Our plan is to implement sometime in the month of August.

A. High Impact HIV/Hepatitis Screening Sites

- a. Mondays-Thursdays and first Saturday; The Center- LGBTQ Community of Nevada- MSM, transgender.
- b. Monthly-First Friday: Avella Pharmacy–target population MSM and IDU. HIV and Hepatitis C Rapid Testing.
- c. July 22-Fruit Loop-Target population-MSM. Collaborative effort with the Mobile Testing Unit (AHF) HIV and Syphilis Testing.
- d. July 23-Studios-Target population-Transgender. Collaborative effort with the Mobile Testing Unit (AHF) HIV and Syphilis Testing.
- e. July 27-Charlies Bar-Target population MSM. Collaborative effort with the Mobile Testing Unit (AHF) HIV and Syphilis Testing.
- f. July 25-Entourage-Target population MSM. Collaborative effort with the Mobile Testing Unit (AHF) HIV and Syphilis Testing.

B. Staff Facilitated Training/Presentations

- a. July 8-STD/HIV reporting methods presentation for the University School of Medicine-2 attendees.
- b. July 15-Internet Partner Services Training-provided by the CDC-31 staff attended.
- c. July 19/20-Diversity Leadership Training-provided by Guardian Quest-11 staff attended.
- d. July 25-Dr. Radeloff presented a proposal with the SNHD Academic Affairs Committee, to Dr. Iser.
- e. July 27-PrEP provider Breakfast-Co presented by The Center for Learning and Innovation and SNHD-23 attended with representation from Community Outreach Medical, University Medical Center, UNLV, The Division of Public and Behavioral Health and UMC Wellness Center.
- f. July 29-HPG-12 attendees (all group members)

Community Health -- OEDS – Fiscal Year Data

	July 2015	July 2016		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	520	541	↑	520	541	↑
Clinic Screening (SHC/FPC/TB)	687	404	↓	687	404	↓
Outreach Screening (Jails, SAPTA)	291	97	↓	291	97	↓
TOTAL	1,498	1,042	↓	1,498	1,042	↓
Outreach/Targeted Testing POSITIVE				11	8	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				14	12	↓

Outreach Screening (Jails, SAPTA) POSITIVE

1	2	↑
26	22	↓

TOTAL POSITIVES

3. EPIDEMIOLOGY

A. Pertussis in Clark County – Update: In July there were no pertussis cases identified. To date in 2016 we've identified 19 cases. Case counts by illness onset date from 2010 to present are shown below (Figure 1).

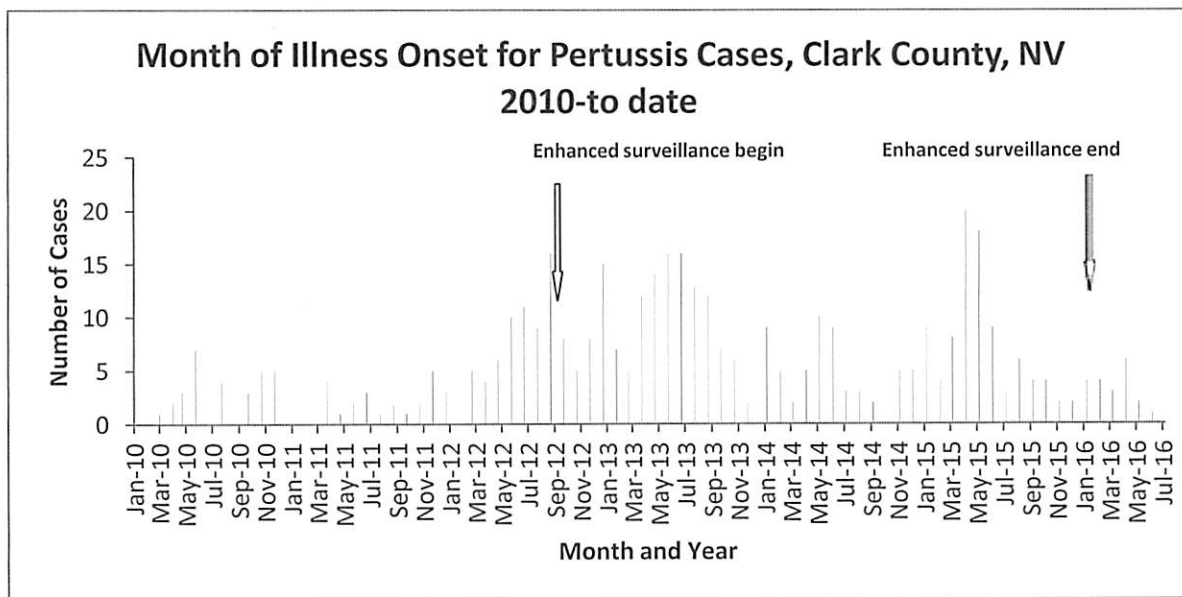


Figure 1: Onset of Illness for Pertussis Cases by Month in Clark County, Nevada–2010 to Date¹

B. Disease reports and updates:

- a. **Global Zika virus Outbreak:** Outbreaks are occurring in 42 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 1,658 travel-associated Zika virus disease cases reported in the US and 4,750 locally acquired cases reported in US territories. Clark County has reported 9 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 OEDS developed algorithms for healthcare providers based upon this guidance (<https://www.southernnevadahealthdistrict.org/zika/cdc-advisories.php>). The OEDS has also arranged testing of 86 individuals who may have been exposed to Zika virus. Thus far 9 persons tested positive, 1 person had an indeterminate result (evidence of recent Flavivirus infection but unable to determine which one between Dengue and Zika), 79 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. **Saint Louis Encephalitis Virus (SLEV) and West Nile Virus (WNV) Positive Mosquito Submission Pools:** The Environmental Health Vector Surveillance

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.

program has identified 174 SLEV positive mosquito submission pools this season for total of 5,458 mosquitoes. They have also identified 2 positive mosquito pools, totaling 10 mosquitoes with WNV. Two additional mosquito pools showed both SLEV and WNV in the 73 mosquitoes collected. The positive mosquito submission pools were collected from 29 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 health care providers and can be found at: <https://southernnevadahealthdistrict.org/health-care-providers/public-health-advisories.php>.

- c. **West Nile Virus Human Cases:** The OEDS is currently investigating three human cases that had positive WNV test results. All three are the more severe neuroinvasive disease. Because of the amount of SLEV in mosquitoes and the fact that WNV tests can cross react with SLEV in patients, the OEDS has sent all three samples to the CDC for confirmation of the causative agent. Once the confirmatory results are received from the CDC the cases will be reported out appropriately.
- d. **Chickenpox (Varicella) outbreak at Silver Sands Montessori School-Update:** The OEDS investigated a report of seven cases of chickenpox among students at Silver Sands Montessori School with illness onsets between May 18th and May 24th. On June 21st an additional ten cases of chickenpox with onsets of illness between May 30th and June 15th were identified. After two incubation periods, no additional cases have been reported. This investigation has been closed.
- e. **Brucellosis Case Associated with Cheese and Rumpope Imported from Mexico-Update:** On April 14, the OEDS 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 Negative. The original case, previously confirmed to have Brucellosis in April, began treatment late June. The child, which was previously classified as a probable case and is currently on treatment as well, has now been confirmed as a case based on a report from the CDC confirming the isolate also as *Brucella melitensis*. Communication continues between the mother and DIIS to ensure treatment compliance for both individuals.

C. Other:

- a. Leonard Taylor resigned from his position as a DDCCS to accept a DDCCS II position with the Special Projects of National Significance (SPNS) Linkage to Care in Jails.

D. Communicable Disease Statistics: July 2016 and Quarter 2, 2016 Disease Statistics are attached. (see table 1)

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A. In cooperation with IT, Informatics continues to evaluate the proposals for the following systems: HER, SNPHL LIMS and Pharmacy.
- B. TB automated electronic laboratory processing through EMSA has gone live.
- C. We have been importing disease vector data from a variety of sources into the recently created disease vector database.
- D. We have assisted EPI in updating data sets available through the Healthy Southern Nevada website.
- E. We have implemented additional data feeds into the Clark County anti-biotic resistance database and are working with local hospitals to gain access to further data.
- F. We have assisted EPI with analysis of EMS data.
- G. We have assisted the IT group with migration to a new customer payment processing system.
- H. We have been in discussion with the state about providing informatics support to some to their programs (Trauma, Biosurveillance, OPHIE).
- I. We have implemented improvements to the provider online reporting system.
- J. We are continuing work on the Essence biosurveillance system.
- K. Assisted client groups (TB/STD/OOE) with data transmission to the State and report generation.

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

1. July Meetings:

a. 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. The RTAB makes recommendations, and assists in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

The Chairman introduced the new members for the 2016 - 2018 term. Dr. Iser gave a summary of the events that took place at the June Board of Health (BOH) meeting regarding their recommendation for a trauma system consultant to determine the need for future expansion of the trauma system. The RTAB felt that the American College of Surgeons would be the only third-party consultant deemed as unbiased. They requested that Dr. Iser make a recommendation to the BOH that the Trauma Needs Assessment Taskforce (TNAT) continue its work to develop objective criteria to assess the future needs for expansion of the trauma system.

The Board heard reports from the Trauma Needs Assessment Taskforce (see below) and the Trauma System Advocacy Committee (TSAC) that met back in April 2016.

b. 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 members reviewed and updated their list of current injury trends to follow. An update was given on the upcoming legislative session. Both the Chair and Vice-Chair

positions are up for nomination. All members will discuss potential nominees at the next meeting in October.

c. Trauma Needs Assessment Taskforce (TNAT)

The TNAT is a taskforce with the primary purpose of advising and assisting the RTAB in developing objective criteria to assess the future need for the expansion of the trauma system.

The TNAT elected John Fildes, MD, Trauma Medical Director for UMC, to fill the position of Chairman. Amy Doane, VP of Business Development for HCA, was elected as Vice Chairman. The Taskforce is working on reviewing the Needs Based Assessment of Trauma Systems (NBATS) tool from the American College of Surgeons and making recommendations that will make it more applicable to the needs of Clark County.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

July EMS Statistics	July 2015	July 2016		FY15-16	FY16-17	
				(July- June)	(July- June)	
Total certificates issued	41	35	↓	41	35	↓
New licenses issued	50	31	↓	50	31	↓
Renewal licenses issued (recert only)	0	0	→	0	0	→
Active Certifications: EMT	500	571	↑			
Active Certifications: Advanced EMT	1267	1267	→			
Active Certifications: Paramedic	1190	1224	↑			
Active Certifications: RN	41	44	↑			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- a. SNHD hosted the Regional Decontamination Working Group meeting on July 7, 2016 to formulate a new streamlined all-hospital training approach throughout the Valley. The agenda included medical clearance requirements, Regional course content, hazardous awareness, donning/doffing, triage, stripping/cutout, wash/rise, technical DECON, Regional core competencies, Regional exercise evaluation checklist, proposed schedule & locations, and hosting agreements. The approach of this training is to train hospital staff on all required material 8 hours which will include donning, doffing and completing the core competencies. Members of the Regional Committee have scheduled a Decontamination Course on July 27, 2016 at the VA Medical Center. The class starts at 0800 and ends at 1630.
- b. OPHP and University Medical Center hosted an initial planning meeting for the SNHD Ebola Transport Exercise to include UMC and coordination with Region 9 Treatment Hospital. The mid- and final planning meetings have been scheduled and the support organizations contacted for participation.

- 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. Employee Health Nurse: The Nurse is busy performing required fit tests for SNHD staff and medical residents. She is in the 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 a 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, trap and identify mosquitoes that carry Zika and identify travelers whom have returned to Nevada from areas that have Zika. SNHD continues active surveillance and planning to ensure Health District and community partners can mount effective 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.

VI. 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. **June 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 received recognition from CDC for participation in National Respiratory and Enteric Virus Surveillance System (NREVSS) during July, 2015-June, 2016 season. Certificate attached.
 - C. SNPHL staff provided assistance to local hospital laboratory to arrange for transport and submission of sample to CDC for amebic meningoencephalitis testing.
 - D. SNPHL laboratory manager provided laboratory subject matter expertise to OOE for preparation of technical bulletin regarding increase in St. Louis encephalitis in mosquitoes.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

	June 2015	June 2016		FY 14-15 (July-June)	FY 15-16 (July-June)	
SNPHL Services						
Clinical Testing Services¹	3,057	4,244	↑	36,089	41,483	↑
Epidemiology Services²	1,282	635	↓	16,795	13,430	↓
State Branch Public Health Laboratory Services³	1,268	827	↓	10,228	10,955	↑
All-Hazards Preparedness Services⁴	11	8	↓	140	146	↑

VII. VITAL STATISTICS

July 2016 showed a 4% decrease in birth certificate sales in comparison to July 2015. Death certificate sales showed a 10% decrease for the same time frame. SNHD has

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.

received revenues of \$47,697 for birth registrations, \$19,692 for death registrations; and an additional \$3,455 in miscellaneous fees for the month of July.

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	July 2015	July 2016		FY15-16 (July-June)	FY16-17 (July-June)	
Births Registered	2,453	2,273	↑	2,453	2,273	↓
Deaths Registered	1,420	1,183	↑	1,420	1,183	↑

Vital Statistics Services	July 2015	July 2016		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold (walk-in)	3,345	3,149	↓	3,345	3,149	↓
Birth Certificates Mail*	131	135	↑	131	135	↑
Birth Certificates Online Orders	1,021	1,043	↑	1,021	1,043	↑
Birth Certificates Billed	133	114	↓	133	114	↓
Birth Certificates Number of Total Sales	4,630	4,441	↓	4,630	4,441	↓
Death Certificates Sold (walk-in)	2,787	1,828	↓	2,787	1,828	↓
Death Certificates Mail	273	107	↓	273	107	↓
Death Certificates Online Orders	3,750	4,213	↑	3,750	4,213	↑
Death Certificates Billed	11	3	↓	11	3	↓
Death Certificates Number of Total Sales	6,821	6,151	↓	6,821	6,151	↓

Vital Statistics Sales by Source	July 2015	July 2016		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold Valley View (walk-in)	72.2%	70.9%	↓	72.2%	70.9%	↓
Birth Certificates Mail	2.8%	3.0%	↑	2.8%	3.0%	↑
Birth Certificates Online Orders	22.1%	23.5%	↑	22.1%	23.5%	↑
Birth Certificates Billed	2.9%	2.6%	↓	2.9%	2.6%	↓
Death Certificates Sold Valley View (walk-in)	40.9%	29.7%	↓	40.9%	29.7%	↓
Death Certificates Mail	4%	1.7%	↓	4%	1.7%	↓
Death Certificates Online Orders	55%	68.4%	↑	55%	68.4%	↑
Death Certificates Billed	.2%	.05%	↓	.2%	.05%	↓

Revenue	July 2015	July 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Birth Certificates (\$20)	\$92,600	\$88,820	↓	\$92,600	\$88,820	↓
Death Certificates (\$20)	\$136,420	\$123,020	↓	\$136,420	\$123,020	↓
Births Registrations (\$13)	\$49,707	\$47,697	↓	\$49,707	\$47,697	↓
Deaths Registrations (\$13)	\$20,828	\$19,692	↓	\$20,828	\$19,692	↓
Miscellaneous	\$2,900	\$3,455	↑	\$2,900	\$3,455	↑
Total Vital Records Revenue	\$302,455	\$282,684	↓	\$302,455	\$282,684	↓

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

MDJ/edm

Table 1

Clark County Disease Statistics* - Quarter2, 2016

Disease	2014		2015		2016		Rate(Cases per 100,000 per quarter)		Quarterly Rate Comparison Significant change bet. current & past 5-year?~
	Q2 No.	YTD No.	Q2 No.	YTD No.	Q2 No.	YTD No.	Qtr2 (2011-2015 aggregated)	Qtr2 (2016)	
VACCINE PREVENTABLE									
DIPHtheria	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	6	7	12	8	15	0.23	0.38	↑
HEPATITIS A	.	.	.	6	5	7	0.16	0.24	↑
HEPATITIS B (ACUTE)	8	12	5	7	6	8	0.25	0.28	↑
INFLUENZA**	118	502	63	446	78	503	4.05	3.69	↓
MEASLES	0	0	0	9	0	0	0.00	0.00	
MUMPS	.	.	0	0	0	0	0.01	0.00	↓
PERTUSSIS	24	40	47	68	9	20	1.39	0.43	↓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	2598	5126	2381	4866	2566	5210	114.54	121.27	↑X
GONORRHEA	675	1241	654	1359	834	1587	26.64	39.42	↑X
HIV	93	147	88	153	85	169	3.49	4.02	↑
SYPHILIS (EARLY LATENT)	72	143	82	175	116	254	2.80	5.48	↑X
SYPHILIS (PRIMARY & SECONDARY)	74	133	88	138	84	165	2.53	3.97	↑X
Stage 3 HIV (AIDS)	69	115	53	85	51	95	2.63	2.41	↓
ENTERICS									
AMEBIASIS	0	0	.	.	.	.	0.12	0.09	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	19	45	29	48	27	53	1.28	1.28	
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	.	.	0	.	0	0	0.04	0.00	↓
GIARDIA	12	18	11	19	14	23	0.58	0.66	↑
ROTAVIRUS	35	42	26	63	21	24	1.57	0.99	↓
SALMONELLOSIS	27	43	49	73	42	67	4.09	1.99	↑X
SHIGA-TOXIN PRODUCING E. COLI#	.	8	.	12	16	26	0.45	0.76	↑
SHIGELLOSIS	.	9	.	9	8	19	0.27	0.38	↑
TYPHOID FEVER	0	.	.	.	.	.	0.02	0.05	↑
VIBRIO (NON-CHOLERA)	0	.	0	0	0	0	0.02	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	18	37	23	39	18	35	1.16	0.85	↓
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	0.01	0.00	↓
HEPATITIS C (ACUTE)	.	.	.	6	8	11	0.08	0.38	↑X
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	5	6	6	14	.	7	0.20	0.19	↓
LEPROSY (HANSEN'S DISEASE)	.	.	0	0	0	0	0.01	0.00	↓
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	.	.	.	.	0	0	0.05	0.00	↓X
LYME DISEASE	.	.	.	.	.	.	0.10	0.19	↑
MALARIA	.	.	0	0	.	.	0.04	0.05	↑
MENINGITIS, ASEPTIC/VIRAL	9	19	11	19	.	6	0.40	0.09	↓
MENINGITIS, BACTERIAL	.	6	8	12	11	23	0.14	0.52	↑X
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	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	.	0.00	0.05	↑
RSV (RESPIRATORY SYNCYTIAL VIRUS)	93	595	53	1093	34	289	4.00	1.61	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	19	49	23	65	26	89	0.74	1.23	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	8	.	6	5	11	0.10	0.24	↑
TUBERCULOSIS	24	36	32	47	14	17	1.23	0.66	↓
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. Data suppression denoted by '.' applies if number of cases <5. Quarterly disease total (excluding STD and TB cases)=351 (reported total=4101). Quarterly congenital syphilis cases (suppression applied) for 2014-2016 were 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 quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly 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 quarter of this year or previous 5 years aggregated).

Certificate of Appreciation

This certificate is awarded to
Southern Nevada Health District
Southern Nevada Public Health Laboratory

In recognition of participation in



NREVSS

The National Respiratory and Enteric Virus Surveillance System

July 2015 – June 2016

A handwritten signature in black ink, appearing to read 'Mark A. Pallansch'.

Mark A. Pallansch, PhD
Director, Division of Viral Diseases, National
Center for Immunization and Respiratory Disease





Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

Friday, June 17, 2016

NREVSS Lab #329106
Ms. Patricia Armour
Southern Nevada Health District
700 Desert Lane
Las Vegas, NV 89106

Dear Ms. Armour:

Thank you for your participation in the National Respiratory and Enteric Virus Surveillance System (NREVSS) during the July 2015 - June 2016 season! With your support we have continued to improve our understanding of viral disease trends in the United States.

Here are a few highlights from the past season:

- Over 400 laboratories have reported directly to NREVSS since July 2015.
- Over 10 public health laboratories have reduced their data entry burden by sharing their respiratory virus diagnostic results through their existing Public Health Laboratory Interoperability Project (PHLIP) portal.
- The NREVSS webpage now displays national, regional and state level results from nucleic acid amplification tests for RSV, shown as "PCR" online.
- Enterovirus data were published in the *Morbidity and Mortality Weekly Report*: Abedi GR, Watson JT, Pham H, Nix WA et al. "Enterovirus and human parechovirus surveillance---United States, 2009-2013" *Morb Mortal Wkly Rep*, 64(34): 940-943; 2015.
- HMPV data were published in *Pediatrics*: Haynes AK, Fowlkes AL, Schneider E, Mutuc JD, Armstrong GL and Gerber SI. Human metapneumovirus circulation in the United States, 2008 to 2014 *Pediatrics*, 2016. May;137(5). pii: e20152927. Epub 2016 Apr 4.
- Parainfluenza data were published in the *Journal of the Pediatric Infectious Disease Society*: Abedi GR, Prill MM, Langley GE, et al. Estimates of parainfluenza virus-associated hospitalizations and cost among children aged less than 5 years in the United States, 1998-2010. *J Pediatric Infect Dis Soc*. 2016 Mar;5(1): 7-13 DOI: 10.1093/jpids/piu047. Epub 2014 Jun 2.
- Rotavirus data were presented at IDWeek 2015: Aliabadi N, Parashar UD, Tate JE, Haynes AK. "Sustained decrease in rotavirus activity after implementation of rotavirus vaccines through the National Respiratory and Enteric Virus Surveillance System (NREVSS)---United States, 2000-2015" Oral abstract presented at the *Vaccines: New and Established* session of IDWeek 2015, San Diego, CA.
- Influenza reports that inform influenza surveillance strategies are posted at: <http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>
- RSV reports that inform health professionals and preparation for preventative measures are posted at: <http://www.cdc.gov/surveillance/nrevss/rsv/index.html>

In the 2015-16 season, your laboratory reported 48 weeks as of June 2016. If you have any additional reports from the current or prior season that you would like to submit or edit, please do so at <https://wwwn.cdc.gov/nrevss/>.

Also, please remember to update your contact information the next time you log-on to the NREVSS ODSS. **In particular, please confirm that your e-mail address is listed correctly; we will use that address to relay any urgent updates in the future.** You can access your laboratory's information from the navigation menu at the top of the website under the section labeled "Account Profile."

Antigen detection, virus isolation, and PCR worksheets are enclosed to assist your laboratory in tracking surveillance results during the July 2016 - June 2017 season. Please note that there have been no changes to the list of pathogens that will be included in surveillance during the upcoming season. We look forward to receiving your reports this year. Lastly, as a small token of our appreciation, we would like to present you with the enclosed certificate.

If you have any questions or comments please feel free to contact us using the information below:

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Christina Chommanard, MS, MPH
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Congratulations on completing the 2015-2016 NREVSS season!

Sincerely,



Mila M. Prill, MSPH