



Memorandum

Date: September 22, 2016
To: Southern Nevada District Board of Health
From: Michael Johnson, PhD, *Director of Community Health* *MD*
Joseph P Iser, MD, DrPH, MSc, *Chief Health Officer* *JS*

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

Brief Tobacco Use Intervention is an evidence-based process through which health care providers identify current smokers and refer them to cessation resources. TCP staff has developed provider training resources available in-person and on-line. To date, 4,787 providers have been trained on how to deliver a brief tobacco use intervention. In July, 70 health care providers were trained on how to deliver a tobacco brief intervention. Fifty-two (52) of those were trained through the online module.

The TCP utilizes social media networks to educate youth about tobacco. Those networks are monitored and updated daily. This includes scheduling educational posts, hosting contests, and responding to inquiries. In July, more than 13,218 unique youth were reached through these channels. To date, 4,340,293 youth impressions have been tracked.

Staff provided a webinar presentation to national Job Corps related to emerging tobacco products, brief tobacco use intervention, and model policy recommendations.

2. Chronic Disease Prevention Program (CDPP):

The 1.0 version of the Half My Plate mobile app was recently uploaded to the iTunes and Google Play stores. Several minor revisions to the app were completed after the soft-launch. The Half My Plate app promotes fruit and vegetable consumption by allowing users to track how many fruits and vegetables they eat each day. The app allows users to personalize consumption recommendations based on age and gender and also provides a database of healthy recipes that feature fruits and vegetables. SNHD staff is working with a contractor to develop a promotional video for the app and once that is completed will launch the app publically.

Complete Streets are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. SNHD staff worked with Nevada Department of Transportation (NDOT) staff to support their efforts related to Complete Streets. NDOT is developing a Complete Streets Policy and requested letters of support to accompany their draft policy when it is sent for final review and

approval. SNHD staff organized and facilitated submission of letters of support to NDOT from SNHD, the Partners for a Healthy Nevada obesity coalition, and the Nevada Public Health Association. It is anticipated that NDOT will be making a final decision on their Complete Streets Policy in the fall of 2016. SNHD staff has offered to provide support and access to technical assistance resources.

SNHD staff is working with the Outside Las Vegas Foundation (OLVF) and a national Technical Assistance (TA) provider made available through the Partnerships to Improve Community Health (PICH) grant to develop and adopt a regional trail signage policy. The TA provider facilitated the July meeting of the Regional Open Space and Trails (ROST) workgroup to gather input and come to consensus on key elements of the policy. Representatives from all local government agencies along with several federal partners were in attendance. A draft signage policy will be reviewed at the September ROST meeting. The TA provider will also facilitate the September ROST meeting.

Staff is working with Amerigroup to refer their Medicaid clients in Southern Nevada with diabetes to the Care4Life diabetes self-management texting program. In July, Amerigroup sent referral letters to 187 of their members with diabetes that included information about the program and encouraged them to enroll. Another referral letter is planned for August and will reach approximately 500 additional Amerigroup members with diabetes. SNHD staff is working with our Care4Life contractor to follow up with individuals who received a referral letter via an automated phone call to answer questions and further encourage enrollment.

3. Injury Prevention Program (IPP):

After more than 27 years of service as the Injury Prevention Program Coordinator, Mike Bernstein retired on July 5, 2016. Recruitment for that position has been completed and Jessica Johnson will start as the new Injury Prevention Coordinator in late August.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

In August of 2016, ODS staff attended the 2016 Nevada Summer Institute- the Intersection of Behavioral Health and HIV/AIDS. At this conference, our ODS Communicable Disease Manager, Marlo Tonge, was recognized with the Mentorship Award. This award honors a member of the HIV service community who exemplifies consistent and extraordinary mentoring and professional support to other staff, state, local and national colleagues. ODS also launched our needle exchange survey in August. The information collected from this project will inform and guide a Needle Recovery and Harm Reduction program in Clark County in conjunction with various community partners.

1. Disease Surveillance and Investigations

Community Health -- OEDS – Fiscal Year Data						
	Aug 2015	Aug 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Morbidity Surveillance						
Chlamydia	873	960	↑	1,729	1767	↑
Gonorrhea	247	323	↑	539	604	↑
Primary Syphilis	5	8	↑	16	16	→
Secondary Syphilis	20	8	↓	33	23	↓
Early Latent Syphilis	37	14	↓	78	46	↓

Late Latent Syphilis	13	9	↓	25	34	↑
Congenital Syphilis (presumptive)	1	0	↓	1	0	↓
New Active TB Cases Counted - Adult	3	2	↓	10	10	→
Number of TB Active Cases Counted - Pediatric	0	0	→	0	0	→

Community Health -- OEDS – Fiscal Year Data

	Aug 2015	Aug 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	1	0	↓	5	2	↓
Syphilis Pregnant Cases	3	4	↑	14	8	↓
Perinatally Exposed to HIV	6	2	↓	9	5	↓

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	34	1	34	0
Gonorrhea	35	1	29	0
Syphilis	73	4	80	6
HIV/AIDS (New to Care/Returning to Care)	35	2	52	34
Tuberculosis	18	0	28	4
TOTAL	195	8	223	44

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.
- August 12-Fruit Loop-Target In collaboration with AHF and the mobile testing unit-Target population-MSM. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.
- August 13-Pearson Community Center-target population-All. HIV and Syphilis testing.
- August 19- The Fruit loop-In collaboration with AHF and the mobile testing unit-Target population-MSM. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.
- August 22-Entourage-In collaboration with AHF and the mobile testing unit-Target population-MSM. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.

¹ Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

² Reactors/Symptomatic/X-Ray= Investigations initiated from positive labs, reported symptoms or chest X-Ray referrals

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

- g. August 26-The Studios- In collaboration with AHF and the mobile testing unit-target population-transgender. HIV, Syphilis, Gonorrhea, and Chlamydia Testing MSM. Collaborative effort with the Mobile Testing Unit (AHF) HIV and Syphilis Testing.
- h. August 31-Charlies- In collaboration with AHF and the mobile testing unit-target population-transgender. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.

B. Staff Facilitated Training/Presentations

- a. 8/5- TB Class B immigrant training provided by Haley Blake, Senior DIIS-9 SNHD staff participated.
- b. 8/4-8/5- Phlebotomy training-Provided by Kelli O'Conner, DDCS II- 4 SNHD staff participated.
- c. 8/4-8/5- 5 staff attended the 2016 Nevada Summer Institute- The Intersection of Behavioral Health and HIV/AIDS.
- d. 8/10- Provider showcase in collaboration with UMC Wellness, UNLV, Nevada Care, UNLV school of Dental medicine, and The Women's Development Center. This was a Ryan White meet and greet to discuss agency services. Joey Arias, DIIS II represented our department.
- e. 8/15-8/19- Rapid Testing, Counseling, Safety, and Certificate Program- Provided by Dr. Cheryl Radeloff, 8 participants-Agencies participating were Huntridge Family Clinic, Nevada Department of Behavior Health and Human Services, Urban League, SNHD, and First Person Care Clinic.
- f. 8/16-8/18- eVCA online training required for ISTD I participants-provided by CDC-4 SNHD staff participated.
- g. 8/26- Internet Partner Services Training- Provided by Arthuro Mehretu, Communicable Disease Supervisor, Kim Hertin, Senior DIIS, and Melissa Constantin, DIIS II-29 SNHD participants)
- h. August 29th-Sept 2nd – ISTD I training-Provided by NNPTC-National Network of STD/HIV Prevention Training Centers-13 participants with representation from Nellis AFB, out of state DIIS, and 4 SNHD staff
- i. August 29- Presentation for The Center Provided by Dr. Cheryl Radeloff-6 attendees

Community Health -- OEDS – Fiscal Year Data

	July 2015	Aug 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	559	548	↓	1079	1114	↑
Clinic Screening (SHC/FPC/TB)	643	551	↓	1330	1212	↓
Outreach Screening (Jails, SAPTA)	229	114	↓	520	212	↓
TOTAL	1431	1213	↓	2929	2538	↓
Outreach/Targeted Testing POSITIVE				22	15	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				16	20	↑
Outreach Screening (Jails, SAPTA) POSITIVE				2	1	↓
TOTAL POSITIVES				40	36	↓

3. EPIDEMIOLOGY

- A. Pertussis in Clark County – Update:** In August one pertussis case was reported to OEDS. To date in 2016 we've identified 20 cases which is similar to the number of cases we had to date in August 2010 and 2011 prior to outbreak in 2012. The numbers of pertussis cases has continued to decline annually since it reached the peak number of cases (N=125) cases in 2013. Monthly pertussis updates will be discontinued on this report unless we see another dramatic increase in cases.
- B. Legionellosis Cluster Associated with the Mirage Hotel and Casino:** The OEDS received two reports of legionellosis from the CDC in out of state residents who stayed at the Mirage during their incubation period. The first person stayed at the hotel in June, the second in August. It was noted during the environmental investigation that both cases had rooms on the same hot water system. Preliminary environmental results indicate no *Legionella spp.* present in any samples taken. If any environmental *samples were* to come back positive for *Legionella pneumophila serogroup 1*, this will be elevated to outbreak status.
- C. 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 August 31, there were 2,722 travel-associated Zika virus disease cases reported in the US and 14,110 locally acquired cases reported in US territories. Clark County has reported 11 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. (<https://www.southernnevadahealthdistrict.org/zika/cdc-advisories.php>). The OOE has also arranged testing of 111 individuals who may have been exposed to Zika virus. Thus far 11 individuals tested positive, 1 person has a presumptive positive (pending CDC confirmation), and 1 person had an indeterminate result (evidence of recent Flavivirus infection but unable to determine which one between Dengue and Zika), 93 results are negative and 5 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 program has identified 177 SLEV positive mosquito submission pools this season for total of 5,555 mosquitoes. They have also identified eight positive mosquito pools, totaling 54 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 35 different zip codes in Clark County. Most individuals 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. Two human SLEV cases have been identified this year. A press release was disseminated on September 2nd and is available on the SNHD website at: <http://southernnevadahealthdistrict.org/news16/20160902-health-district-reports-second-st-louis-encephalitis-case.php>. A public health advisory was also distributed to healthcare providers and can be found at:

<https://southernnevadahealthdistrict.org/health-care-providers/public-health-advisoreries.php>.

- c. **West Nile Virus Human Cases:** The OEDS has reported one confirmed WNV neuroinvasive disease in Clark County. The OOE is currently investigating one human case that had positive WNV test results. This investigation is pending confirmation from the CDC of the causative agent. Because of the amount of SLEV in mosquitoes and the fact that WNV tests can cross react with SLEV in patients, the OOE has sent all positive WNV samples to the CDC for confirmation. Once the confirmatory results are received from the CDC the case will be reported out appropriately.
 - d. **Brucellosis Case Associated with Cheese and Rumpope Imported from Mexico-Update:** On April 14, the OEDS in conjunction with SNPDL began investigating a report of a positive *Brucella spp.* in a clinical specimen received from a hospital laboratory. Laboratory employees, potentially exposed between March 25th and March 28th, submitted specimens for BMAT testing, were provided antibiotics for post-exposure prophylaxis (PEP) and asked to self monitor for symptoms for 24 weeks. BMAT lab results on specimens collected 6, 12, and 18, weeks post-exposure were negative for all employees. The 24 weeks post-exposure specimens will be collected September 12th. Both brucellosis cases were confirmed with *Brucella melitensis* by the CDC. Communication continues between the DIIS investigating these cases to ensure treatment compliance for both individuals. Thus far the mother has been complying with treatment for both herself and her son after initial reports of non-compliance with recommendations. The treatment course for these cases has not yet been determined.
- C. **Other:**
- a. Devin Raman and Sony Varghese attended "ISDS Region 9 Biosurveillance Workgroup" held in Phoenix, AZ on August 2 and 3. This meeting offered the opportunity for collaboration and sharing of syndromic surveillance ideas with neighboring states. The workgroup is continuing to meet to share ideas, improve coding and work on reports together.
 - b. An offsite meeting was conducted in regards to the integration of the OOE and ODS to form the Office of Epidemiology and Disease Surveillance (OEDS).
 - c. Ashley Cuyler completed the SNHD Phlebotomy Training offered the first week of August. In September she will be working towards completing the required number of blood draws for obtaining a Laboratory Assistant License.
 - d. Linda Verchick moderated the Community Health Improvement Plan (CHIP) community meeting held at the County Chambers on August 10. The meeting was attended by approximately 130 community members.
 - e. Linda Verchick presented information about the "Clark County Communitywide Antibioqram" to the Nevada Antimicrobial Stewardship Program 2016 HAI Caucus on August 11. The presentation outlined the importance of a regional antibiogram as well as the history of the first antibiogram project and the proposed plan for the 2015-2016 antibiogram.
 - f. The OEDS welcomes a new Epidemiologist, Salomon Compaore, MPH.
- D. **Communicable Disease Statistics:** August 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, SNP HL LIMS and Pharmacy.
- B. The production MirthConnect server has been upgraded to the latest version.
- C. Work has been done to consume quest messages with new formatting.
- D. A feature to generate HARS card pdfs from TriSano data has been added to TriSano.
- E. We have been working on software to consume Antibiotic resistance data provided by local labs and hospitals.
- F. Work has started on a web-based Zika test request form.
- G. Preliminary work was performed on creating a web-based trauma data entry system.
- H. Initial strategic planning has been completed for OPHI.
- I. We have implemented improvements to the provider online reporting system.
- J. We are continuing work on the Essence biosurveillance system.
- K. Began work on accepting data transmission from the AIDS Healthcare Foundation.

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

1. August Meetings:

A. 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 reviewed and approved the meeting bylaws with added language for alternates under Section 4 in Article V that states, "Any alternate must be submitted to the OEMSTS a minimum of 48 hours prior to scheduled taskforce meetings.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

July EMS Statistics	Aug 2015	Aug 2016		FY15-16		FY16-17	
				(July-June)	(July-June)		
Total certificates issued	38	50	↑	79	85	↑	
New licenses issued	124	51	↓	174	82	↓	
Renewal licenses issued (recert only)	0	38	↑	0	38	↑	
Active Certifications: EMT	518	587	↑				
Active Certifications: Advanced EMT	1281	1288	↑				
Active Certifications: Paramedic	1217	1236	↑				
Active Certifications: RN	42	43	↑				

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. SNHD staff along with OPHP Senior Planner and MRC Coordinator attended the Homeland Security Exercise Evaluation Program (HSEEP) 2-day course. This

course provided a foundation for planning exercises within the Homeland Security guidelines and allowed members of SNHD to interact with other jurisdictional agencies attending the training at Clark County Office of Emergency Management at Fire Station 18.

- B. OPHP attended the Final Clark County Entities Master Scenario Events List Meeting at the North Las Vegas EOC/Training Room. The goal was to put together the final consolidated MSEL for the Vigilant Guard 17 Exercise in November 2016. Key players from across Clark County attended this meeting including City of Las Vegas, City of North Las Vegas (Host), City of Henderson, LVMPD, CCOEM, NDEM, CCSD, NV National Guard, and SNHD. The focus of the meeting was to finalize the Master Scenario Events List. The Mass Migration portion of Vigilant Guard 17 received an in depth discussion since the Mass Migration workshop Plan/Document has yet to be published impacting training time for the jurisdictions. This issue will be discussed at State and National Guard Director's level.
- C. 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.
- D. OPHP planners continue to work with IT staff on developed a mobile application to assist with Points of Dispensing information distribution and medical screening forms. Senior Planner presented a workshop at Medical Counter Measure Conference in San Diego, CA on the program sharing as best practice to other jurisdictions.
- E. 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.
- F. OPHP staff continues to participate in Accreditation activities and Domain working groups to support SNHD.

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:

- A. OPHP continues to monitor awarded sub-grants and continue activities identified as deliverables in meeting health district's scopes of work. 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 staff is currently planning an Ebola Transport and Transfer Exercise with University Medical Center and American

Medical Response EMS to be conducted on September 15, 2016. In addition, as September is Preparedness Month and in an effort to highlight the need for the public to make a plan, build a preparedness kit and stay informed during disasters and emergencies, SNHD Senior Leadership will be participating in the 2016 Emergency Preparedness Kit Cook-off competition on September 15, 2016 at MGM.

- B. OPHP Manager and Supervisor continue to monitor awarded Zika funding from 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 perform surveillance to identify mosquitoes that may carry Zika Virus. 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 vector transmission of other 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 OEDS 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 OEDS.
- 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. July and August 2016 SNPHL Activity Highlights:

- A. SNPHL staff participated in multiple Zika virus related activities including providing subject matter expertise (SME) to SNHD OEDS 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 underwent some major staffing changes including the retirement of two long term technologists and the resignation of the department manager.
- C. SNPHL staff provided assistance to local hospital laboratory to arrange for transport and submission of sample to CDC for investigative infectious disease testing.
- D. SNPHL laboratory manager provided laboratory subject matter expertise to to CBERNE in the format of a training seminar for first responders.
- E. Laboratory staff provided input and participation to Epidemiology for the VRE investigation.
- F. A review of proficiency testing activity showed 100% performance grading for the FY 2015-2016 for the SNPHL.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

	Aug 2015	Aug 2016		FY 15-16 (July-June)	FY 16-17 (July-June)	
SNPHL Services						
Clinical Testing Services¹	2727	5838	↑	5722	10445	↑
Epidemiology Services²	660	662	↑	1659	1398	↓
State Branch Public Health Laboratory Services³	1172	742	↓	2353	1358	↓
All-Hazards Preparedness Services⁴	11	8	↓	19	25	↑

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.

VII. VITAL STATISTICS

August 2016 showed a 8% increase in birth certificate sales in comparison to August 2015. Death certificate sales showed a 12.5 % increase for the same time frame. SNHD has received revenues of \$65,312 for birth registrations, \$23,082 for death registrations; and an additional \$4,208 in miscellaneous fees for the month of August.

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	Aug	Aug		FY15-16	FY16-17	
	2015	2016		(July- June)	(July- June)	
Births Registered	2,342	2,635	↑	4,795	4,908	↑
Deaths Registered	1,194	1,530	↑	2,614	2,713	↑

Vital Statistics Services	Aug	Aug		FY15-16	FY16-17	
	2015	2016		(July- June)	(July- June)	
Birth Certificates Sold (walk-in)	4,102	4,449	↑	7,447	7,598	↑
Birth Certificates Mail*	173	172	↓	304	307	↑
Birth Certificates Online Orders	1,146	1,284	↑	2,167	2,327	↑
Birth Certificates Billed	141	105	↓	274	219	↓
Birth Certificates Number of Total Sales	5,562	6,010	↑	10,192	10,451	↑
Death Certificates Sold (walk-in)	2,176	1,332	↓	4,963	3,160	↓
Death Certificates Mail	90	145	↑	363	252	↓
Death Certificates Online Orders	3,440	4,948	↑	7,190	9,161	↑
Death Certificates Billed	14	11	↓	25	14	↓
Death Certificates Number of Total Sales	5,720	6,436	↑	12,541	12,587	↑

Vital Statistics Sales by Source	Aug	Aug		FY15-16	FY16-17	
	2015	2016		(July- June)	(July- June)	
Birth Certificates Sold Valley View (walk-in)	73.8%	74%	↑	73.1%	72.7%	↓
Birth Certificates Mail	3.1%	2.9%	↓	3%	2.9%	↓
Birth Certificates Online Orders	20.6%	21.4%	↑	21.3%	22.3%	↑
Birth Certificates Billed	2.5%	1.7%	↓	2.7%	2.1%	↓
Death Certificates Sold Valley View (walk-in)	38%	20.7%	↓	39.6%	25.1%	↓
Death Certificates Mail	1.6%	2.3%	↑	2.9%	2%	↓
Death Certificates Online Orders	60.1%	76.9%	↑	57.3%	72.8%	↑
Death Certificates Billed	.2%	.2%	→	.2%	.1%	↓

Revenue	Aug 2015	Aug 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Birth Certificates (\$20)	\$111,240	\$120,200	↑	\$203,840	\$209,020	↑
Death Certificates (\$20)	\$114,400	\$128,720	↑	\$250,820	\$251,740	↑
Births Registrations (\$13)	\$61,920	\$65,312	↑	\$111,627	\$113,009	↑
Deaths Registrations (\$13)	\$19,020	\$23,082	↑	\$39,848	\$42,774	↑
Miscellaneous	\$3,641	\$4,208	↑	\$6,541	\$7,663	↑
Total Vital Records Revenue	\$310,221	\$341,522	↑	\$612,676	\$624,206	↑

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

MDJ/edm