



Memorandum

Date: October 27, 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* JPI

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

TCP staff has identified opportunities to utilize surveillance data to impact program decisions. Program evaluation results indicate that we may need to place an increased emphasis on hookah education as 48% of high school students who were tobacco users in a recent survey reported using hookah. Program materials will be modified and efforts will be made to enhance surveillance efforts. Staff participated in the state Youth Risk Behavior Survey (YRBS) steering committee planning meeting and advocated for a hookah prevalence question to be added as well as for modification of marijuana questions to incorporate terms that refer to using forms of marijuana in e-cigarettes. Both suggestions were well received and it appears the 2017 survey will include those modifications.

In August, TCP staff coordinated a tobacco-free community event for the Latino community at the Alliance Against Diabetes Clinic. Staff distributed educational materials about secondhand smoke and promoted the Nevada Tobacco Quitline. A total of 45 people participate.

2. Chronic Disease Prevention Program (CDPP):

At the request of the Vegas Public Broadcasting System (Vegas PBS), CDPP staff performed a Nutrition Environment Measurement Survey for Vending (NEMS-V) at Vegas PBS campus. NEMS-V is a standardized vending assessment tool. Results were analyzed and presented to the Vegas PBS finance manager who oversees the vending contract at Vegas PBS. Vegas PBS is interested in incorporating healthier items into their five vending machines and has requested technical assistance from SNHD staff. Next steps include working with Vegas PBS leadership to develop and administer an employee survey to gauge interest in healthy vending and healthy vending policy options.

To commemorate National Farmers' Market Week in August, SNHD ran a social media campaign the first week in August to raise awareness of the farmers' market options available in the valley and, in particular, those that accept Supplemental Nutrition Assistance Program Electronic Benefit Transfer (SNAP/EBT) and are participating in our nutrition incentive project. In addition SNHD issued a press release, included content about

Farmers' Market Week in our Get Healthy and Viva Saludable blogs, and created a spotlight on our websites to help promote the markets and the availability of the nutrition incentive program for SNAP users. SNHD has worked to support farmers' markets through the process of accepting SNAP/EBT which is now accepted at 3 local markets; 1 mobile market; and 1 community garden. All of these markets/locations are also providing a nutrition incentive for SNAP users.

Our 2016 Soda Free Summer Initiative wrapped up in August. This year we focused our efforts on reaching the Hispanic community. Over the summer, SNHD staff gave educational presentations in Spanish at the Alliance Against Diabetes Clinic to raise awareness of the dangers of over consuming sugar-sweetened beverages. A total of 74 people participated in one of these workshops and 69 participants signed a pledge to reduce or eliminate soda and sugar-sweetened beverage consumption over the summer. SNHD also issued a press release and staff participated in an earned media interview on the Contigo y para Ti television program on Telemundo to talk about the initiative. Soda Free Summer spotlights were also posted on the Get Healthy Clark County and Viva Saludable websites and information was shared via the Get Healthy and Viva Saludable blogs.

3. Injury Prevention Program (IPP):

Jessica Johnson started as the new Injury Prevention Coordinator on August 29th. She is working with the Office of Epidemiology to review Clark County injury data to guide development of a new strategic plan for injury.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Disease Surveillance and Investigations

Community Health -- OEDS – Fiscal Year Data

Morbidity Surveillance	Sept 2015	Sept 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Chlamydia	875	1140	↑	2604	2945	↑
Gonorrhea	289	322	↑	828	954	↑
Primary Syphilis	3	6	↑	19	27	↑
Secondary Syphilis	18	10	↓	51	47	↓
Early Latent Syphilis	39	22	↓	117	79	↓
Late Latent Syphilis	10	15	↑	35	65	↑
Congenital Syphilis (presumptive)	0	0	→	1	2	↑
New Active TB Cases Counted - Adult	3	4	↑	13	16	↑
Number of TB Active Cases Counted - Pediatric	0	1	↑	0	1	↑

Community Health -- OEDS – Fiscal Year Data

Moms and Babies Surveillance	Sept 2015	Sept 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
HIV Pregnant Cases	2	2	→	7	4	↓
Syphilis Pregnant Cases	7	6	↑	21	15	↓

Perinatally Exposed to HIV	3	2	↓	15	10	↓
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Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	24	2	49	0
Gonorrhea	26	1	35	0
Syphilis	83	7	98	4
HIV/AIDS (New to Care/Returning to Care)	29	2	45	20
Tuberculosis	315	0	39	8
TOTAL	477	12	266	32

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

OEDS continued distributing the **needle exchange** survey throughout September. We utilized social network techniques to recruit current or past needle users to participate in the survey. Incentives were distributed. We worked with several community partners to survey this population in the field including: Southern Nevada HIV prevention planning group members, Straight from the Streets, Help of So NV Homeless services, First Person Complete Care, Community Counseling Center of Las Vegas, the Center for Behavioral Health, Serving Hope LV and the Gay and Lesbian Center of Southern Nevada. With the help of these partners, we were able to access people living in various areas of Las Vegas, including the tunnels and homeless camps. The surveys yielded over 343 persons who inject drugs participants with over 104 of those recruited through the use of social networking strategies. The surveys are currently being entered into our database and results are pending.

On September 1, 2016 SNHD OEDS went live with the **Internet Partner Services (IPS)** project. IPS attempts to contact people using social networking sites and sex seeking apps. Since the inception, IPS has made attempts to contact 26 clients.

Our **Transitional Care Coordination** team started their services in the Clark County Detention facility on 9/19/16. Our objectives in the facility are: **Testing-** our jail team will offer HIV and Syphilis tests to those inmates who requested this testing at booking; **Transitional Care Coordination-** our jail team will be working with HIV positive clients while incarcerated to develop a discharge plan and follow them as they transition back to the community. We will work to link these clients to HIV primary care upon discharge from the correctional facility; also, we will work to address any barriers they may have to care.

A. High Impact HIV/Hepatitis Screening Sites

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

- 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. 09/10/2016-Doolittle Community Center-In collaboration with AHF and the mobile testing unit. Target population-All. HIV and Syphilis testing.
- d. 09/12/2016- Entourage-In collaboration with AHF and the mobile testing unit. Target population-MSM. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.
- e. 09/23/2016-The Fruit loop-In collaboration with AHF and the mobile testing unit. Target population-MSM. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.
- f. 09/24/2016-The Studios- In collaboration with AHF and the mobile testing unit. Target population-transgender. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.
- g. 09/26/2016 - Volunteer IDU survey participation at The Center for Behavioral Health with their methadone clinic, and at the organization Serving Hope. The survey is attempting to capture IDU harm reduction methods as well as needed services for this population.
- h. 09/28/2016-Charlies- In collaboration with AHF and the mobile testing unit. Target population-transgender. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.
- i. 09/29/2016- IDU survey participation at The Community Counseling Center. The survey is attempting to capture IDU harm reduction methods as well as needed services for this population.

B. Staff Facilitated Training/Presentations

- a. 9/6 and 9/28- Defensive Driving Course provided by the Safety Consultation and Training Section (SCATS) of the Division of Industrial Relations. 12 staff attended.
- b. 9/7- HIV Summit at The Center-1 staff attended.
- c. 9/14- 17th-The United States Conference on AIDS-Marlo Tonge, Communicable Disease Manager, attended.
- d. 9/19- Dr. Cheryl Radeloff presented to the Rape Crisis Center on HIV/STD transmission, testing, and prevention. 5 attendees.
- e. 9/20-9/24- STD Prevention Conference-Marlo Tonge, Communicable Disease Manager, and Arturo Mehretu, Disease Surveillance Supervisor, attended.
- f. 9/23- Dr. Cheryl Radeloff presented at the NPHA (National Public Health Alliance) on the Statewide Condom Survey outcomes. 20 attendees.
- g. 9/29- The Office of Epidemiology and Disease Surveillance Transitional Care Coordination team provided a presentation to community based organizations and HIV care providers related to linkage to care for those recently released from incarceration. 24 attendees.
- h. 9/29- OEDS in conjunction with The TB Clinic presented at UMC Wellness to all of their providers. The TB Clinic discussed basic information regarding TB including transmission, diagnosis, and treatment, including the importance of screening for and treatment of LTBI in HIV infected individuals. Surveillance staff discussed the importance of reporting and gave a brief overview of enhanced reporting for HIV/TB co-infected individuals. All staff in office were in attendance including administrative staff, nurses, and physicians.

Community Health -- OEDS – Fiscal Year Data						
Prevention - SNHD HIV Testing	Sept 2015	Sept 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Outreach/Targeted Testing	769	535	↓	1,848	1,755	↓
Clinic Screening (SHC/FPC/TB)	677	583	↓	2,007	2,049	↑
Outreach Screening (Jails, SAPTA)	210	119	↓	730	346	↓
TOTAL	1656	1237	↓	4,585	4,150	↓
Outreach/Targeted Testing POSITIVE				31	24	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				17	22	↑
Outreach Screening (Jails, SAPTA) POSITIVE				4	1	↓
TOTAL POSITIVES				52	47	↓

3. EPIDEMIOLOGY

A. **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. Final environmental results indicated no *Legionella spp.* present in any samples taken. Because no evidence of *Legionella spp.* contamination of the water system has been confirmed at this facility, this investigation has been closed.

B. Disease reports and updates:

a. ***Rash-like illness ate Garehime Elementary School:*** On September 2, the Clark County School District (CCSD) contacted OEDS to report a rash-like illness among students at Garehime Elementary School. As of September 29, there were 30 probable cases (23 students, 5 teachers, 2 school-visitors), all of whom report spending time in Pre-K/Kindergarten classrooms or on the Kindergarten playground. Symptoms range from one to seven raised, red, pruritic spots, resembling bug bites that appear most commonly on the arms, armpit, back, waistline, and groin area. This is the second time OEDS has investigated complaints of a rash-like illness among students in this wing of the school. EH inspected the classrooms and playground and found no signs of bed bug, roach, or rodent infestations. After consultation with the NV state veterinarian and entomologist, OEDS has asked CCSD to conduct targeted flea trapping in the affected classrooms and playground.

b. ***Global Zika Virus Outbreak:*** Outbreaks are occurring in 58 countries and territories. Current travel information about Zika virus spread is at <http://wwwnc.cdc.gov/travel/page/zika-travel-information>. As of September 28, there were 3,565 travel-associated Zika virus disease cases reported in the US and 21,988 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 as well as 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 127 individuals who may have been exposed to Zika virus. Thus far 11 individuals tested positive, 2

people had an indeterminate result (evidence of recent Flavivirus infection but unable to determine which one between Dengue and Zika), 106 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.

- c. **Saint Louis Encephalitis Virus (SLEv) and West Nile Virus (WNV) Positive Mosquito Submission Pools:** The Environmental Health Vector Surveillance program has identified 178 SLEv positive mosquito submission pools this season for total of 5,582 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.
 - d. **Saint Louis Encephalitis Virus (SLEv) Human Cases:** 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. Three human SLEV cases have been identified this year in Clark County. A press release was distributed on September 2 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-advisories.php>.
 - e. **West Nile Virus Human Cases:** The OEDS has reported one confirmed WNV neuroinvasive disease in Clark County. There are no cases currently under investigation. 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 positive WNV samples to the CDC for confirmation
 - f. **Brucellosis Case Associated with Cheese and Rumprope 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 hospital laboratory. The subsequent investigation revealed two cases of brucellosis in a parent and child most likely exposed to unpasteurized cheese purchased in Mexico. The CDC confirmed both cases to have *Brucella melitensis*. They have completed antimicrobial therapy. The exposed laboratory employees were provided antibiotics for post-exposure prophylaxis (PEP) and asked to self-monitor for symptoms for 24 weeks. None of these employees experienced symptoms consistent with brucellosis and BMAT lab results on specimens collected 6, 12, 18, and 24 weeks post-exposure specimens were negative. This investigation is now closed
- C. **Other:**
- a. An intern from UNLV's MPH program began working with the OEDS on an enhanced coccidioidomycosis surveillance project requested by the CDC. She is contacting all confirmed cases since January of 2015 and administering a questionnaire provided by the CDC to gain a better understanding of exposures and risk factors that may predispose someone to developing disease.
 - b. Dr. Michael Johnson, Dr. Tony Fredrick and Marlo Tonge have had several planning meetings regarding the integration of the OOE and ODS programs to

form the Office of Epidemiology and Disease Surveillance (OEDS). They have been refining a first steps task list and a revised organizational chart for OEDS.

- D. **Communicable Disease Statistics:** September 2016 and Quarter 3 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: EHR and Pharmacy.
- B. Work on consuming new format quest electronic laboratory messages continues.
- C. A feature to generate OOJ pdf's from TriSano data is being updated.
- D. We have been working on software to consume Antibiotic resistance data provided by local labs and hospitals.
- E. Work has started on a web-based Zika test request form.
- F. Work on hosting all state Trauma data continues.
- G. Work continues on the web-based trauma data entry system.
- H. We have assisted OEDS in gathering data and generating reports for a variety of grants.
- I. Work has been performed on automating the placement of EH disease vector transmission data into databases and making this data publically viewable through web dashboards.

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

1. **September 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 worked on further developing standardized measures for assessing the needs of the trauma system. They began creating clinically relevant measures and to describe the methodology for the measures within the following domains:

- 1. Population
- 2. Severely Injured patients (ISS>15) discharged from acute care facilities not designated as Level I, II, or III trauma centers
- 3. Level I Trauma Centers
- 4. Numbers of severely injured patients (ISS>15) seen in trauma centers (Level I and II) already in the trauma service area (TSA)

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

Sept EMS Statistics				FY15-16	FY16-17	
	Sept 2015	Sept 2016		(July-June)	(July-June)	
Total certificates issued	596	918	↑	705	1003	↑
New licenses issued	31	31	=	230	113	↓
Renewal licenses issued (recert only)	564	899	↑	707	937	↑
Active Certifications: EMT	517	537	↑			
Active Certifications: Advanced EMT	1268	1255	↓			
Active Certifications: Paramedic	1210	1216	↑			
Active Certifications: RN	42	46	↑			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. On September 15th, SNHD OPHHP and the Office of Epidemiology and Disease Surveillance participated in an Ebola assessment hospital Exercise. The exercise began with a jurisdictional conference call that included community, state, federal and jurisdictional partners. MEDICWEST tested transport plans and Personal Protective Equipment donning-doffing process. The Ebola Assessment Hospital tested their plan components including security and Infection Control. On September 21st, OPHHP also participated with the Veteran’s Affairs Southern Nevada Healthcare System and another Ebola Assessment Hospital exercise testing transportation with a focus of moving a suspected Ebola patient from a VA Clinic to the assessment hospital. Members of the Southern Nevada Public Health Lab System participated along with members of other community partners as observers and evaluators.
- B. OPHHP participated in the State of Nevada Adult Mental Health Service and College of Southern Nevada, Campus-Wide Emergency Management Meeting. Information sharing and collaboration for campus and neighboring properties were discussed. Outcome of meeting was improved planning and implementation of a joint training plan and security plan between State of Nevada Capitol Police and CSN Security. Better communication and sharing of information will assist all in development of a multiyear training calendar.
- C. OPHHP participated in a webinar on the Role of Research in Emergency Management Education. The goal of the webinar was to continue to educate leaders on why research in Emergency Management is vital to the continuing education needs.
- D. OPHHP provided a representative to participate in the Fusion Liaison Officer Training. The Fusion Liaison Officer works as part of the Southern Nevada Counter-Terrorism Center (SNCTC). The OPHHP liaison works side by side with Law Enforcement providing public health expertise and knowledge to mitigate and respond to incidents that include public health threats within the Southern Nevada and Clark County Region.
- E. OPHHP 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 work with IT staff on developing 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.
- 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 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 was visited by the State of Nevada for an annual site visit required by the PHEP, CRI, ASPR and Ebola cooperative agreements. This was to review OPHP's scope of work, budget and End of Year reports submitted for Budget Period 4. 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.
- B. OPHP Manager and Supervisor met with jurisdictional emergency managers to plan for upcoming BOH member discussion-based seminar on roles and responsibilities for public health emergencies and disasters.
- C. 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. September 2016 SNPHL Activity Highlights:

- A. SNPHL staff participated in multiple Zika virus related activities including providing subject matter expertise, laboratory result interpretation, and 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 participated in an EBOLA exercise with OPHP with hospital community partners of Dignity Health.
- C. APHL IGRA Grant was completed on September 30.
- D. SNPHL completed participation in the Brucella exposure follow-up investigation with OEDS.
- E. Laboratory staff provided input and participation to Epidemiology for the VRE investigation.
- F. SNPHL completed the first phase of TB screening with the SNHD TB Clinic following a local outbreak investigation.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services				FY 15-16	FY 16-		
	Sept 2015	Sept 2016		(July-June)	17	(July-June)	
Clinical Testing Services ¹	2836	6471	↑	8,558	16,916	↑	
Epidemiology Services ²	944	804	↓	2,603	2,202	↓	
State Branch Public Health Laboratory Services ³	860	50	↓	3213	1408	↓	
All-Hazards Preparedness Services ⁴	19	30	↑	30	55	↑	

VII. VITAL STATISTICS

September 2016 showed a 3% increase in birth certificate sales in comparison to September 2015. Death certificate sales showed a 8% increase for the same time frame. SNHD received revenues of \$59,384 for birth registrations, \$20,885 for death registrations; and an additional \$3,723 in miscellaneous fees for the month of September.

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.

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.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Sept 2015	Sept 2016		FY15-16 (July-June)	FY16-17 (July-June)	
Births Registered	2,679	2,512	↓	7,474	7,420	↓
Deaths Registered	1,327	1,388	↑	3,941	4,100	↑

Vital Statistics Services	Sept 2015	Sept 2016		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold (walk-in)	2,889	3,033	↑	10,336	10,631	↑
Birth Certificates Mail*	161	147	↓	465	454	↓
Birth Certificates Online Orders	1,096	1,075	↓	3,263	3,432	↑
Birth Certificates Billed	111	148	↑	385	367	↓
Birth Certificates Number of Total Sales	4,257	4,403	↑	14,449	14,884	↑
Death Certificates Sold (walk-in)	2,419	2,006	↓	7,382	6,027	↓
Death Certificates Mail	116	76	↓	479	328	↓
Death Certificates Online Orders	3,698	4,664	↑	10,888	13,857	↑
Death Certificates Billed	7	20	↑	32	34	↑
Death Certificates Number of Total Sales	6,240	6,766	↑	18,781	20,246	↑

Vital Statistics Sales by Source	Sept 2015	Sept 2016		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold Valley View (walk-in)	67.9%	68.9%	↑	71.5%	71.4%	↓
Birth Certificates Mail	3.8%	3.3%	↓	3.2%	3.1%	↓
Birth Certificates Online Orders	25.7%	24.3%	↓	22.6%	23%	↑
Birth Certificates Billed	2.6%	3.4%	↑	2.7%	2.5%	↓
Death Certificates Sold Valley View (walk-in)	38.8%	29.5%	↓	39.3%	29.7%	↓
Death Certificates Mail	1.9%	1.1%	↓	2.6%	1.6%	↓
Death Certificates Online Orders	59.3%	69%	↑	58%	68.5%	↑
Death Certificates Billed	.1%	.3%	↑	.2%	.2%	→

Revenue	Sept 2015	Sept 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Birth Certificates (\$20)	\$85,140	\$88,060	↑	\$288,980	\$297,680	↑
Death Certificates (\$20)	\$124,800	\$135,320	↑	\$375,620	\$404,920	↑
Births Registrations (\$13)	\$45,488	\$59,384	↑	\$157,115	\$172,393	↑
Deaths Registrations (\$13)	\$20,071	\$20,885	↑	\$59,919	\$63,659	↑
Miscellaneous	\$2,938	\$3,723	↑	\$9,479	\$11,386	↑
Total Vital Records Revenue	\$278,437	\$307,372	↑	\$891,113	\$950,038	↑

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

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Table 1

Clark County Disease Statistics*, SEPTEMBER 2016

Disease	2014	2015	2016	Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Sep YTD No. No.	Sep YTD No. No.	Sep YTD No. No.	Sep (2011-2015 aggregated)	Sep (2016)	
VACCINE PREVENTABLE						
DIPHTHERIA	0	0	0	0	0	0.00 0.00
HAEMOPHILUS INFLUENZA (INVASIVE)	11	17	20			0.04 0.14 ↑
HEPATITIS A	0	0	8	0	8	0.01 0.00 ↓
HEPATITIS B (ACUTE)	0	13	14	0	11	0.05 0.00 ↓X
INFLUENZA**	5 514	452	0 502			0.08 0.00 ↓X
MEASLES	0	0	9	0	0	0.00 0.00
MUMPS	0	0	0	0	0	0.00 0.00
PERTUSSIS	48	80	0 22			0.36 0.00 ↓X
POLIOMYELITIS	0	0	0	0	0	0.00 0.00
RUBELLA	0	0	0	0	0	0.00 0.00
TETANUS	0	0	0	0	0	0.00 0.00
SEXUALLY TRANSMITTED						
CHLAMYDIA	8037713	8797477	11388176			37.50 53.58 ↑X
GONORRHEA	2311977	2892186	3212546			10.14 15.11 ↑X
SYPHILIS (EARLY LATENT)	25 231	38 293	18 343			0.93 0.85 ↓
SYPHILIS (PRIMARY & SECONDARY)	21 206	22 211	11 230			0.72 0.52 ↓
ENTERICS						
AMEBIASIS	0		10 0			0.01 0.00 ↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0.00 0.00
CAMPYLOBACTERIOSIS	8 80	9 82	77			0.40 0.05 ↓X
CHOLERA	0	0	0	0	0	0.00 0.00
CRYPTOSPORIDIOSIS	0					0.01 0.05 ↑
GIARDIA	7 30	0 23	34			0.20 0.09 ↓
ROTAVIRUS	0 47	0 65	29			0.07 0.05 ↓
SALMONELLOSIS	17 93	21 136	106			0.70 0.14 ↓X
SHIGA-TOXIN PRODUCING E. COLI#	17 6	30 0	35			0.18 0.00 ↓X
SHIGELLOSIS	18	21	0 39			0.31 0.00 ↓X
TYPHOID FEVER	0	0	0			0.01 0.00 ↓
VIBRIO (NON-CHOLERA)	0	0	0			0.02 0.00 ↓
YERSINIOSIS	0	0	0			0.00 0.00
OTHER						
ANTHRAX	0	0	0	0	0	0.00 0.00
BOTULISM INTOXICATION	0	0	0	0	0	0.00 0.00
BRUCELLA	0	0	0	0	0	0.00 0.00
COCCIDIOIDOMYCOSIS	46 9	51	48			0.23 0.09 ↓
DENGUE FEVER	0	0	0			0.02 0.00 ↓
ENCEPHALITIS	0	0	0			0.00 0.00
HANTAVIRUS	0	0	0	0	0	0.00 0.00
HEMOLYTIC UREMIC SYNDROME (HUS)	0					0.01 0.00 ↓
HEPATITIS C (ACUTE)		0 7	0 15			0.01 0.00 ↓
HEPATITIS D	0	0	0	0	0	0.00 0.00
INVASIVE GROUP A STREP.##	0	0	0	0	0	0.00 0.00
LEGIONELLOSIS	17	18	0 20			0.06 0.00 ↓X
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0.00 0.00
LEPTOSPIROSIS	0	0	0	0	0	0.00 0.00
LISTERIOSIS	0	0	0	0	0	0.00 0.00
LYME DISEASE	0	0	5 0 7			0.01 0.00 ↓
MALARIA	7	0	5			0.02 0.05 ↑
MENINGITIS ASEPTIC/VIRAL	7 32	27	18			0.23 0.05 ↓
MENINGITIS BACTERIAL	10	0 14	29			0.03 0.05 ↑
MENINGOCOCCAL DISEASE	0	0	0	0	0	0.00 0.00
PLAGUE	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	0.00 0.00
RELAPSING FEVER	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)	9 613	6 1103	290			0.36 0.05 ↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	5 64	75	103			0.14 0.19 ↑
TOXIC SHOCK SYN	0	0	0	0	0	0.00 0.00
TOXIC SHOCK SYN (STREPTOCOCCAL)	0 9	8	0 12			0.01 0.00 ↓
TULAREMIA	0	0	0	0	0	0.00 0.00
UNUSUAL ILLNESS	0	0	0	0	0	0.00 0.00
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0			0.07 0.00 ↓X
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0.02 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)=21 (reported total=1509). Monthly congenital syphilis cases (suppression applied) for 2014-2016 were .,0,0 (YTD totals of .,.,6) 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).