




Memorandum

Date: November 17, 2016

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

TCP According to the 2016 Adult Tobacco Survey (ATS) results, the adult smoking rate in Clark County is 12.6%. The 2001 ATS results indicated that the adult smoking rate was 29.4%.

In September, TCP staff worked with Revolt Nightclub owners and their management team to encourage and implement the first smoke free (including electronic cigarettes) LGBT nightclub in Las Vegas. Staff worked with Revolt staff on their opening launch party and helped to promote the new venue and policy to the LGBT community. Revolt opened inside the Planet Hollywood Hotel and Casino on the Las Vegas Strip on September 23rd.

Brief Tobacco Use Intervention (BI) is an evidence-based process through which health care providers identify current smokers and refer them to cessation resources. TCP staff has developed provider BI training resources available in-person and on-line. To date, 5,206 providers have been trained on how to deliver a brief tobacco use intervention. In September, 131 healthcare providers were trained on how to deliver a brief tobacco use intervention, with 52 of those completing the training through the online module.

Staff provided presentations on Brief Intervention, Smoke-free Housing, and youth tobacco use prevention activities at the Nevada Public Health Association conference on Sept 22-23rd at Springs Preserve.

2. Chronic Disease Prevention Program (CDPP):

The annual Coaches Health Challenge program kicked off in September. As of the end of September, more than 13,301 students have signed up to participate. The annual program, which is a collaborative effort among SNHD, UNLV, and the Clark County School District, encourages students in elementary school to eat fruits and vegetables and be physically active. The program will run through December with winning classrooms receiving visits from UNLV Head Coaches and tickets to UNLV sporting events.

CDPP staff worked with Dr. Iser to develop and submit written testimony in support of the proposed amendments to the Nevada Administrative Code pertaining to physical activity and nutrition standards for licensed child care centers at a Public Hearing on the matter held in September. The Partners for a Healthy Nevada obesity coalition also submitted written testimony in support of physical activity and healthy eating opportunities in early child care settings.

On September 9th, the Downtown 3rd Farmers Market began accepting Supplemental Nutrition Assistance Program Electronic Benefit Transfer (SNAP/EBT) benefits at their market on Casino Center Drive and Stewart Street. CDPP staff has been working with and providing technical assistance to the Downtown 3rd Farmers Market to support their efforts to be able to accept SNAP/EBT benefits for almost two years. With the addition of the Downtown 3rd market we now have a total of 4 different farmers markets (with 7 locations), 1 community garden, 1 mobile market and 2 individual farmers that are now accepting SNAP/EBT benefits in Clark County.

CDPP staff and a dietetic intern provided technical assistance to the Aroma Café operator to help promote the healthier items on the menu and ensure compliance with nutrition standards. The intern conducted a needs assessment, provided nutrition label training, went shopping with the operator to assist with identifying items that meet nutrition standards, and provided the operator with a shopping list/buying guide of items that would meet the nutrition standards. They also assisted with the creation of a separate rack for items meeting nutrition standards and created "Good Choice" stickers and table tent signage to identify and promote these items. CDPP staff will continue to work with the operator to create 'skinny' versions of future menu items and provide ongoing technical assistance to support café operations.

Staff provided presentations on the health equity analysis conducted as part of the update of the Regional Bicycle and Pedestrian Plan and the on-line diabetes prevention program at the Nevada Public Health Association conference on Sept 22-23rd at Springs Preserve. Staff also provided poster presentations about social media efforts to promote Million Hearts, efforts to improve physical activity and nutrition in child care centers, results of a survey of vending machine operators, and the Walk Around Nevada mobile app.

3. Injury Prevention Program (IPP):

IPP staff met with Office of Epidemiology and Disease Surveillance staff to assess key indicators for injury prevention and created a strategic plan (2017-2020) to address injury in Clark County, aligned with Healthy People 2020 goals, the National Prevention Framework, and Centers for Disease Control and Prevention's Injury Center.

Staff attended the Governor's Summit on the Opioid and Heroin Epidemic. Staff is collaborating with the PACT Coalition and other partners to create a task force of southern Nevada stakeholders to align efforts in addressing opiates and heroin use in Clark County.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Disease Surveillance and Investigations

Community Health -- OEDS – Fiscal Year Data

	Oct 2015	Oct 2016		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Morbidity Surveillance						
Chlamydia	879	982	↑	3483	4090	↑
Gonorrhea	277	286	↑	1104	1302	↑
Primary Syphilis	12	7	↓	31	36	↑
Secondary Syphilis	21	18	↓	72	82	↑
Early Latent Syphilis	38	21	↓	155	105	↓
Late Latent Syphilis	6	7	↑	41	98	↑
Congenital Syphilis (presumptive)	0	0	→	1	3	↑
New Active TB Cases Counted - Adult	3	2	↓	13	20	↑
Number of TB Active Cases Counted - Pediatric	0	1	↑	0	2	↑

Community Health -- OEDS – Fiscal Year Data

	Oct 2015	Oct 2016		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	3	4	↑	10	8	↓
Syphilis Pregnant Cases	10	3	↓	31	18	↓
Perinatally Exposed to HIV	4	7	↑	19	19	→

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	52	0	53	1
Gonorrhea	30	0	41	1
Syphilis	86	2	99	8
HIV/AIDS (New to Care/Returning to Care)	24	0	44	42
Tuberculosis	52	0	53	1
TOTAL	244	2	290	53

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

OEDS participated in-

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- Target population-MSM, transgender.
- b. Monthly- First Friday: Avella Pharmacy –target population- MSM and IDU. HIV and Hepatitis C Rapid Testing.
- c. 10/01/2016-La Oportunidad-Cashman Center-target population-all-HIV and Syphilis Testing.
- d. 10/03/2016- Entourage-In collaboration with AHF and the mobile testing unit- Target population-MSM. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.
- e. 10/07/2016-The Fruit loop-In collaboration with AHF and the mobile testing unit for National Coming out Day-Target population-MSM. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.
- f. 10/15/2016-The Center- National Latino AIDS Awareness Day. HIV, Syphilis, Testing. Target population-MSM, transgender.
- g. 10/17/2016-Skate Night at Crystal Palace- In collaboration with AHF and the mobile testing unit-target population-all. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.
- h. 10/22/2016 and 10/23/2016-Gay Pride- In collaboration with AHF and the mobile testing unit-Target population-MSM. HIV, Syphilis, and extra-genital Gonorrhea, and Chlamydia Testing.
- i. 10/26/2016-Charlies Bar- In collaboration with AHF and the mobile testing unit-target population-MSM. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.

B. Staff Facilitated Training/Presentations

- a. October 13th-Training provided by the SNPHL regarding the techniques for collection of Throat Swab testing for Gonorrhea and Clamydia-13 staff attended.
- b. October 20th- Rapid Hepatitis C training provided by Orasure Technologies.

Community Health -- OEDS – Fiscal Year Data

	Sept 2015	Sept 2016		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	643	917	↑	2,456	2,707	↑
Clinic Screening (SHC/FPC/TB)	721	453	↓	2,760	2,727	↓
Outreach Screening (Jails, SAPTA)	195	167	↓	929	561	↓
TOTAL	1,559	1,217	↓	6,145	5,996	↓
Outreach/Targeted Testing POSITIVE				39	32	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				26	31	↑
Outreach Screening (Jails, SAPTA)POSITIVE				6	1	↓
TOTAL POSITIVES				71	64	↓

3. EPIDEMIOLOGY

A. 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. CCSD did not conduct flea trapping and there have been no new cases recently, the investigation is closed at this time. We recommended that CCSD conduct targeted flea and insect trapping in early August prior to the 2017-2018 school year in an attempt to prevent a third occurrence.

- b. **Global Zika Virus Outbreak:** Outbreaks are occurring in 59 countries and territories. Current travel information about Zika virus spread is at <http://wwwnc.cdc.gov/travel/page/zika-travel-information>. As of October 26, there were 3,951 travel-associated Zika virus disease cases reported in the US and 28,627 locally acquired cases reported in US territories. Clark County has reported 12 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 OEDS has also arranged testing of 137 individuals who may have been exposed to Zika virus. Thus far 12 individuals tested positive, 2 people had an indeterminate result (evidence of recent Flavivirus infection but unable to determine which one between Dengue and Zika), 121 results are negative and 4 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. Vector Surveillance has concluded for the 2016 season.
- 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 is one case 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. ***Frias Elementary School Hand, Foot and Mouth Disease (HFMD) outbreak investigation:*** Five provider diagnosed cases of Hand Food and Mouth Disease (HFMD) among kindergarten (n=4) and second grade (n=1) students were reported by the Frias Elementary school nurse on 10/4/16. The school reported increasing environmental cleaning at that time. An SNHD Environmental Health Specialist visited the school on 10/5/16 and advised increased hand washing among students and staff and rendering the potty training seat inaccessible to students when not in use. On 10/6/16, two additional cases were reported, one in kindergarten and the other in second grade bringing the total to seven provider diagnosed cases. Two of these cases were siblings. We followed up with the school on 10/13/16, no additional cases reported. This investigation is closed.

B. Other:

- a. Melanie Meza has joined the OEDS program as the Health Alert Network (HAN) /Disease Data Collection Specialist (DDCS). The HAN-DDCS position is responsible for processing incoming disease reports, maintaining the HAN Database and distributing notifications to the provider community.

- C. **Communicable Disease Statistics:** October 2016 and Quarter 3 2016 Disease Statistics are attached. (see table 1 & 2)

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A. In cooperation with IT, and SNPHL is participating in the configuration and installation of the new SNPHL LIMS system.
- B. Good progress has been made on creating the web-based trauma application. We are now in the position to accept Trauma data from all hospitals in the State when they are ready to transmit that data. We have transmission agreements in place with 2 of the 3 Clark County trauma centers and are working on the third.
- C. We now have an active feed of the new format Quest HL7 messages and are making good progress on writing the transforms, which will allow them to be consumed by SNHD and the State.
- D. The TriSano OOJ pdf generation feature was completed and put into production.
- E. Work on consuming Antibiotic resistance data provided by local labs and hospitals continues.
- F. Work has started on a web-based Zika test request form.
- G. We have assisted OEDS in gathering data and generating reports for a variety of grants.
- H. We have been assisting with the EHR contract negotiations.

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

1. October Meetings:

A. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each

firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

There was considerable discussion regarding the opening of alternate receiving facilities. A draft protocol for transporting patients to alternate receiving facilities was referred to the Drug/Device/Protocol Committee in November.

It was reported that both the Chair and Vice-Chair positions are up for nomination in January. All members will vote at the next meeting in December.

TJ Smith from Henderson Fire gave a presentation on Rapid Arterial Occlusion Evaluation and Pam Star from the Nevada Donor Network provided a video presentation about her organization.

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 the updated State of Nevada Traffic Accident Report (Form 5) that included recommendations made from this committee. Both the Chair and Vice-Chair positions are up for nomination. All members will discuss potential nominees at the next meeting in January.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

Sept EMS Statistics				FY15-16	FY16-17	
	Oct 2015	Oct 2016		(July-June)	(July-June)	
Total certificates issued	30	39	↑	705	1042	↑
New licenses issued	25	28	↑	230	141	↓
Renewal licenses issued (recert only)	0	0	→	707	937	↑
Active Certifications: EMT	537	550	↑			
Active Certifications: Advanced EMT	1,277	1,261	↓			
Active Certifications: Paramedic	1,212	1,221	↑			
Active Certifications: RN	41	46	↑			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

A. OPHP participated in the Vigilant Guard 17 final documents review at N. Las Vegas Fire Administration Building. The goal of the meeting was a last chance to see exercise documentation and participate in a Q & A session over the exercise schedule. This meeting is five weeks away from exercise execution. The Nevada Division of Emergency Management provided a facilitator for the southern participants and the Exercise Director facilitated the meeting in northern Nevada as well as the VTC.

- B. OPHP and numerous Southern Nevada healthcare community partners participated in the National telecom/webinar on the new Centers for Medicare & Medicaid Services (CMS) Conditions of Participation, Emergency Preparedness Rules for hospitals. The CMS lecturers discussed the requirements to be met under the Conditions of Participation in Medicare/Medicaid system. Some of the requirements only cover Acute Care Hospitals, Skilled Nursing Facilities and Long Term Care facilities. Discussion also included the role of Health Care (Healthcare) Coalitions as a response agency.
- C. OPHP participated in the New Henderson Hospital's Inaugural Emergency Management Committee Meeting as the hospital prepares to open on October 31, 2016. OPHP provided updates on Vigilant Guard 17, The Great Nevada Shakeout, Controller/Evaluator training for VG 17, Standardized DECON training Seminar, and the Pediatric Disaster Response and Emergency Preparedness Course. Specific topic also keyed in on the new Centers for Medicare & Medicaid Services (CMS) Conditions of Participation, Emergency Preparedness Rules for hospitals.
- D. OPHP participated in the University Medical Center Emergency Management Committee Meeting providing updates on Vigilant Guard 17, The Great Nevada Shakeout, Controller/Evaluator training for VG 17, Standardized DECON training Seminar and the Pediatric Disaster Response and Emergency Preparedness Course. Also the Office of Public Health Informatics and Epidemiology (OPHIE) will be conducting an Ebola Rapid Assessment Team follow up visit in November with the Southern Nevada Ebola Assessment Hospitals.
- 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 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 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 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. October 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 completed development of ZIKA PCR testing and is now available for direct testing at SNPHL.
- C. SNPHL provided testing services for GC, Chlamydia and Syphilis for 1200 specimens collected in the Gay Pride Community Program.
- D. Completed plans with Facilities and the architect firm for remodeling of the first floor of the laboratory building to create additional space for clinical lab testing. The plans have been put out for construction bidding.
- E. Laboratory staff provided continued input and participation to Epidemiology for isolated investigations.
- F. SNPHL completed the first phase of TB screening with the SNHD TB Clinic following a local outbreak investigation.
- G. SNPHL is developing an updated database for the new LIMS.
- H. SNPHL has finalized an automated after-hours call handling system in effect as of 10/28/16.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Oct 2015	Oct 2016		FY 15-16 (July- June)	FY 16- 17 (July- June)	
Clinical Testing Services ¹	3,277	6,513	↑	11,394	23,459	↑
Epidemiology Services ²	1,132	180	↓	3,747	2,382	↓
State Branch Public Health Laboratory Services ³	696	79	↓	4,073	1,487	↓
All-Hazards Preparedness Services ⁴	14	51	↑	49	106	↑

VII. VITAL STATISTICS

October 2016 showed a 10% decrease in birth certificate sales in comparison to October 2015. Death certificate sales showed a 6% increase for the same time frame. SNHD received revenues of \$38,246 for birth registrations, \$20,503 for death registrations; and an additional \$3,086 in miscellaneous fees for the month of October.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Oct 2015	Oct 2016		FY15-16 (July- June)	FY16-17 (July- June)	
Births Registered	2,380	2,283	↓	9,856	9,703	↓
Deaths Registered	1,266	1,292	↑	5,207	5,392	↑

Vital Statistics Services	Oct 2015	Oct 2016		FY15-16 (July- June)	FY16-17 (July- June)	
Birth Certificates Sold (walk-in)	2,652	2,422	↑	12,988	13,053	↑
Birth Certificates Mail*	176	122	↓	641	576	↓
Birth Certificates Online Orders	1,001	920	↓	4,264	4,352	↑
Birth Certificates Billed	119	95	↑	504	462	↓
Birth Certificates Number of Total Sales	3,948	3,559	↑	18,397	18,443	↑
Death Certificates Sold (walk-in)	2,487	1,468	↓	9,869	7,495	↓
Death Certificates Mail	130	104	↓	609	432	↓
Death Certificates Online Orders	3,757	5,218	↑	14,645	19,075	↑
Death Certificates Billed	15	8	↑	47	42	↑
Death Certificates Number of Total Sales	6,389	6,798	↑	25,170	27,044	↑

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.

Vital Statistics Sales by Source	Oct 2015	Oct 2016		FY15- 16 (July- June)	FY16-17 (July- June)	
Birth Certificates Sold Valley View (walk-in)	67.2%	68.1%	↑	70.6%	70.8%	↑
Birth Certificates Mail	4.5%	3.4%	↓	3.5%	3.1%	↓
Birth Certificates Online Orders	25.4%	25.8%	↑	23.2%	23.6%	↑
Birth Certificates Billed	3%	2.7%	↓	2.7%	2.5%	↓
Death Certificates Sold Valley View (walk-in)	38.9%	21.6%	↓	39.2%	27.7%	↓
Death Certificates Mail	2%	1.5%	↓	2.4%	1.6%	↓
Death Certificates Online Orders	58.8%	76.8%	↑	58.2%	70.5%	↑
Death Certificates Billed	.2%	.1%	↓	.2%	.2%	→

Revenue	Oct 2015	Oct 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Birth Certificates (\$20)	\$78,960	\$71,180	↓	\$367,940	\$368,860	↑
Death Certificates (\$20)	\$127,780	\$135,960	↑	\$503,400	\$540,880	↑
Births Registrations (\$13)	\$42,108	\$38,246	↓	\$199,223	\$210,639	↑
Deaths Registrations (\$13)	\$20,141	\$20,503	↑	\$80,060	\$84,162	↑
Miscellaneous	\$3,299	\$3,086	↓	\$12,778	\$14,472	↑
Total Vital Records Revenue	\$272,288	\$268,975	↓	\$1,163,401	\$1,219,013	↑

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

MDJ/edm

Table 1

Clark County Disease Statistics*, SEPTEMBER 2016

Disease	2014	2015	2016	Rate(Cases per 100,000 per month)		Significant change bet. current & past 5-year?~		
	Sep YTD No.	Sep YTD No.	Sep YTD No.	Sep (2011-2015 aggregated)	Sep (2016)			
VACCINE PREVENTABLE								
DIPHTHERIA	0	0	0	0	0.00	0.00		
HAEMOPHILUS INFLUENZA (INVASIVE)	11	17	21	0.04	0.14		↑	
HEPATITIS A	0	0	8	0	0.01	0.00		
HEPATITIS B (ACUTE)	0	13	14	0	0.05	0.00	↓X	
INFLUENZA**	5	514	452	0	0.08	0.00	↓X	
MEASLES	0	0	9	0	0.00	0.00		
MUMPS	0	0	0	0	0.00	0.00		
PERTUSSIS	48	80	22	0	0.36	0.00	↓X	
POLIOMYELITIS	0	0	0	0	0.00	0.00		
RUBELLA	0	0	0	0	0.00	0.00		
TETANUS	0	0	0	0	0.00	0.00		
SEXUALLY TRANSMITTED								
CHLAMYDIA	8037713	8797477	11418188		37.50	53.72	↑X	
GONORRHEA	2311977	2892186	3242551		10.14	15.25	↑X	
SYPHILIS (EARLY LATENT)	25	231	38	293	22	0.93	1.04	↑
SYPHILIS (PRIMARY & SECONDARY)	21	206	22	211	17	0.72	0.80	↑
ENTERICS								
AMEBIASIS	0		10	0	0.01	0.00	↓	
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0.00	0.00		
CAMPYLOBACTERIOSIS	8	80	9	82	78	0.40	0.09	↓
CHOLERA	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	107	0.70	0.14	↓X
SHIGA-TOXIN PRODUCING E. COLI#	17	6	30	0	36	0.18	0.00	↓X
SHIGELLOSIS	18		21	0	39	0.31	0.00	↓X
TYPHOID FEVER	0	0	0	0	0.01	0.00	↓	
VIBRIO (NON-CHOLERA)	0	0	0	0	0.02	0.00	↓	
YERSINIOSIS	0	0	0	0	0.00	0.00		
OTHER								
ANTHRAX	0	0	0	0	0.00	0.00		
BOTULISM INTOXICATION	0	0	0	0	0.00	0.00		
BRUCELLOSIS	0	0	0	0	0.00	0.00		
COCCIDIOIDOMYCOSIS	46	9	61	48	0.23	0.09	↓	
DENGUE FEVER	0	0	0	0	0.02	0.00	↓	
ENCEPHALITIS	0	0	0	0	0.00	0.00		
HANTAVIRUS	0	0	0	0	0.00	0.00		
HEMOLYTIC UREMIC SYNDROME (HUS)	0		0	0	0.01	0.00	↓	
HEPATITIS C (ACUTE)		0	7	15	0.01	0.00	↓	
HEPATITIS D	0	0	0	0	0.00	0.00		
INVASIVE GROUP A STREP.##	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	0.00	0.00		
LEPTOSPIROSIS	0	0	0	0	0.00	0.00		
LISTERIOSIS	0	0			0.00	0.05	↑	
LYME DISEASE	0	0	5	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		0.00	0.05	↑	
PLAGUE	0	0	0	0	0.00	0.00		
PSITTACOSIS	0	0	0	0	0.00	0.00		
Q FEVER	0	0	0	0	0.00	0.00		
RABIES (HUMAN)	0	0	0	0	0.00	0.00		
RELAPSING FEVER	0	0	0	0	0.00	0.00		
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0.00	0.00		
RSV (RESPIRATORY SYNCYTIAL VIRUS)	9	613	61103	663	0.36	0.09	↓	
STREPTOCOCCUS PNEUMONIAE, IPD###	5	64	75	103	0.14	0.19	↑	
TOXIC SHOCK SYN	0	0	0	0	0.00	0.00		
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	9	8	13	0.01	0.05	↑	
TULAREMIA	0	0	0	0	0.00	0.00		
UNUSUAL ILLNESS	0	0	0	0	0.00	0.00		
WEST NILE VIRUS (ENCEPHALITIS)	0		0	0	0.07	0.00	↓	
WEST NILE VIRUS (FEVER)	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)=26(reported total=1530). 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).

Table 2

Clark County Disease Statistics* - Quarter3, 2016

Disease	2014		2015		2016		Rate(Cases per 100,000 per quarter) Qtr3 (2011-2015 aggregated)	Qtr3 (2016)	Significant change bet. current & past 5-year?~
	Q3 YTD No.	YTD No.	Q3 YTD No.	YTD No.	Q3 YTD No.	YTD No.			
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	5	11	5	17	6	21	0.13	0.28	↑
HEPATITIS A	.	.	.	8	.	9	0.08	0.09	↑
HEPATITIS B (ACUTE)	.	13	7	14	.	11	0.22	0.14	↓
INFLUENZA	12	514	6	452	7	509	0.29	0.33	↑
MEASLES	0	0	0	9	0	0	0.00	0.00	
MUMPS	.	.	0	0	0	.	0.02	0.00	↓
PERTUSSIS	8	48	12	80	.	22	1.01	0.09	↓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	2587	7713	2611	7477	2734	7971	118.53	128.85	↑X
GONORRHEA	736	1977	827	2186	915	2508	31.42	43.12	↑X
HIV	67	214	82	235	95	319	3.26	4.48	↑X
SYPHILIS (EARLY LATENT)	88	231	118	293	79	349	3.40	3.72	↑
SYPHILIS (PRIMARY & SECONDARY)	73	206	73	211	85	247	2.42	4.01	↑X
Stage 3 HIV (AIDS)	45	160	44	129	42	152	2.42	1.98	↓
ENTERICS									
AMEBIASIS	.	.	6	10	.	5	0.13	0.09	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	35	80	34	82	31	85	1.39	1.46	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	.	.	.	.	0.06	0.05	↓
GIARDIA	12	30	.	23	14	37	0.71	0.66	↓
ROTAVIRUS	5	47	.	65	6	30	0.31	0.28	↓
SALMONELLOSIS	50	93	63	136	41	114	2.48	1.93	↓
SHIGA-TOXIN PRODUCING E. COLI	9	17	18	30	11	37	0.73	0.52	↓
SIGELLOSIS	9	18	12	21	20	41	0.92	0.94	↑
TYPHOID FEVER	0	.	.	.	0	.	0.02	0.00	↓
VIBRIO (NON-CHOLERA)	0	.	.	.	.	.	0.07	0.09	↑
YERSINIOSIS	0	.	0	0	.	.	0.04	0.05	↑
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	0.00	0.00	
COCCIDIOIDOMYCOSIS	9	46	22	61	16	51	0.93	0.75	↓
DENGUE FEVER	0	.	.	.	0	0	0.03	0.00	↓
ENCEPHALITIS	.	.	0	.	.	.	0.02	0.05	↑
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	.	.	.	0	0	0.01	0.00	↓
HEPATITIS C (ACUTE)	.	.	.	7	6	17	0.03	0.28	↑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	11	17	.	18	12	20	0.30	0.57	↑
LEPROSY (HANSEN'S DISEASE)	0	.	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	.	0	.	.	.	0.02	0.05	↑
LYME DISEASE	.	.	.	5	5	9	0.09	0.24	↑
MALARIA	5	7	.	.	.	5	0.12	0.05	↓
MENINGITIS, ASEPTIC/VIRAL	13	32	8	27	11	19	0.50	0.52	↑
MENINGITIS, BACTERIAL	.	10	.	14	7	30	0.09	0.33	↑
MENINGOCOCCAL DISEASE	0	.	0	0	.	.	0.00	0.05	↑
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	.	.	.	0.00	0.05	↑
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	.	.	0.00	0.09	↑
RSV (RESPIRATORY SYNCYTIAL VIRUS)	18	613	10	1103	7	665	0.70	0.33	↓
STREPTOCOCCUS PNEUMONIAE, IPD	15	64	10	75	17	106	0.47	0.80	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	9	.	8	.	15	0.04	0.19	↑
TUBERCULOSIS	20	56	12	59	19	36	0.85	0.90	↑
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	.	.	.	.	.	.	0.21	0.05	↓
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.03	0.00	↓
ZIKA VIRUS DISEASE, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS DISEASE, NON-CONGENITAL~	0	0	0	0	.	11	0.00	0.19	↑
ZIKA VIRUS INFECTION, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS INFECTION, NON-CONGENITAL~	0	0	0	0	0	0	0.00	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) =246(reported total=4215). Quarterly congenital syphilis cases (suppression applied) for 2014-2016 were ,,,,(YTD totals of ,,,7) respectively. ~Zika case definitions added in 2016.

~~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).