





Memorandum

Date: January 26, 2017

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):

Brief Tobacco Use Intervention is an evidence-based process through which providers identify current smokers and refer them to cessation resources. TCP staff has developed a provider training and expanded availability of that training to include a broad range of health-related service providers. On November 15th staff conducted a Brief Tobacco Use Intervention training at the Southern Nevada Veterans Administration to 74 primary care providers. That training session included a module on emerging tobacco products.

Staff appeared on a live one hour radio show hosted by Bob Fisher called *America's Diabetes Hour* on Nov 6, 2016 to promote the Quitline and to discuss how tobacco use affects diabetes.

SNHD issued a Great American Smokeout press release promoting the Nevada Tobacco Quitline on November 16, 2016.

2. Chronic Disease Prevention Program (CDPP):

Staff planned and coordinated the *Celebrando Tu Salud* community health event held on November 12th at the Alliance Against Diabetes clinic. Telemundo, Univision Radio, and Alliance Against Diabetes sponsored the event. The purpose of the outdoor, tobacco-free event was to raise awareness about diabetes and to help connect individuals to diabetes prevention and self-management resources including the Care4Life self management program. Free blood glucose and other health screening services were provided. Information on other healthy living resources and programs including Quit cards promoting the Helpline were distributed. Approximately 180 people, mostly Spanish-speaking, attended to the event. Of the 123 people who received a free blood glucose screening:

- 37 people were identified as having a blood glucose reading in the Type 2 Diabetes range
- 51 people were identified as having a blood glucose reading in the pre-diabetes range
- 97 people were overweight
- 32 people had high blood pressure

- 19 people were identified as being at risk for diabetes neuropathy
- 94 people were referred to the Care4Life program.

All those who were screened were offered follow up appointments at the Alliance Against Diabetes Clinic and 30 of them scheduled appointments at the low-cost clinic.

Staff provided educational and promotional materials at a booth at the Pauite Tribe diabetes health fair. Approximately 75 people attended and approximately 100 pieces of educational material were distributed.

In November a social media campaign promoted the nutrition incentive program currently being offered at local farmers' markets that accept Supplemental Nutrition Assistance Program (SNAP) benefits. The campaign generated over 12,700 visits to the Farmers' Market webpage on the Get Healthy Clark County website. Nutrition incentives will continue to be offered to SNAP recipients at the four participating farmers' markets (7 different locations), community garden, and mobile farmers' market that are participating in the project through December.

3. Injury Prevention Program (IPP):

IPP staff worked with local substance abuse prevention leaders to host the first Southern Nevada Opioid Task Force meeting, attended by over 30 community organizations. Further discussions from this meeting have highlighted the ongoing need for this task force in the community. Staff and partners will continue to host these meetings.

SNHD staff wrote and submitted a proposal requesting over \$70,000 in funding from the State Division of Public and Behavioral Health to work with local partners to address the Opioid crisis. Funding will help support increased data surveillance and the establishment of community partnerships and collaborations to address the issue.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Disease Surveillance and Investigations

Community Health -- OEDS – Fiscal Year Data

Morbidity Surveillance	Dec	Dec		FY15-16	FY16-17	
	2015	2016		(Jul-June)	(Jul-June)	
Chlamydia	891	832	↓	5219	5930	↑
Gonorrhea	265	294	↑	1629	1974	↑
Primary Syphilis	9	6	↓	46	59	↑
Secondary Syphilis	20	9	↓	103	137	↑
Early Latent Syphilis	44	14	↓	231	156	↓
Late Latent Syphilis	12	7	↓	64	146	↑
Congenital Syphilis (presumptive)	0	0	→	3	4	↑
New Active TB Cases Counted - Adult	6	1	↓	24	22	↓
Number of TB Active Cases Counted - Pediatric	0	0	→	1	3	↑

Community Health -- OEDS – Fiscal Year Data

	Dec 2015	Dec 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	1	6	↑	11	14	↑
Syphilis Pregnant Cases	6	4	↑	43	31	↓
Perinatally Exposed to HIV	3	0	↓	17	15	↓

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	38	3	48	0
Gonorrhea	29	2	27	0
Syphilis	78	10	95	0
HIV/AIDS (New to Care/Returning to Care)	24	2	39	47
Tuberculosis	21	0	40	2
TOTAL	190	17	249	49

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

December 1 was the 28th annual World AIDS Day. This is an awareness campaign recognized/adopted by 140 countries starting in 1988. SNHD participated in the campaign by offering free HIV testing at The Center.

A. High Impact HIV/Hepatitis Screening Sites

- a. Mondays-Thursdays and first Saturday; The Center- LGBTQ Community of Nevada- MSM, transgender
- b. Monthly- First Friday: Avella Pharmacy –target population MSM and IDU. HIV and Hepatitis C Rapid Testing.
- c. HIV, Syphilis, Gonorrhea, and Chlamydia Testing. Monthly- First Friday: Avella Pharmacy- target population-MSM and IDU. HIV and Hepatitis C Rapid Testing.
- d. 12/9/2016- Mexican Consulate- In collaboration with AHF and the mobile testing unit-HIV, Syphilis, Gonorrhea, and Chlamydia Testing. Target population-Latino.

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

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

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

B. Staff Facilitated Training/Presentations

- a. 12/5-12/9-Rapid HIV Testing, Counseling, Safety, and Certificate Program provided by SNHD OEDS staff. 8 people were in attendance, including representation from Westcare, SNHD, and Huntridge Family Clinic.
- b. 12/12- Policy in Action Training provided by Rebecca Horowitz from the National Coalition for STD Directors. There were 12 participants with representation from SNHD, The Center, CCC, and CDPBH.
- c. 12/20-Training in obtaining sexual history for CTR form data collection to the SNHD TB clinic. 9 participants.
- d. 12/29-Determine Training on Rapid Hive Test Technology Provided by the manufacturer. 12 participants including representation from the Center, SNHD, CCC, Westcare, and the Huntridge Family Clinic.

Community Health -- OEDS – Fiscal Year Data

	Dec 2015	Dec 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	411	407	↓	3,372	3,832	↑
Clinic Screening (SHC/FPC/TB)	746	377	↓	4096	3846	↓
Outreach Screening (Jails, SAPTA)	111	288	↑	1157	1020	↓
TOTAL	1268	1072	↓	8625	8698	↑
Outreach/Targeted Testing POSITIVE				55	43	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				44	44	→
Outreach Screening (Jails, SAPTA) POSITIVE				6	9	↑
TOTAL POSITIVES				105	96	↓

3. EPIDEMIOLOGY

A. Disease reports and updates:

- a. **Outbreak of Norovirus Associated with a Birthday Party Held at Bahama Breeze Restaurant Update:** There are no new updates. Investigation is now closed.
- b. **Global Zika Virus Outbreak:** Outbreaks are occurring in 61 countries and territories. Current travel information about Zika virus spread is at <http://wwwnc.cdc.gov/travel/page/zika-travel-information>. As of December 28, 2016, there were 4,592 travel-associated Zika virus disease cases reported in the US and 34,841 locally acquired cases reported in US territories. SNHD has reported 16 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 arranged testing for 157 individuals with possible exposure to Zika virus. Thus far 16 individuals tested positive, 2 people had an indeterminate result (evidence of recent Flavivirus infection but unable to determine which one between Dengue and Zika), 144 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. We are currently developing a one-hour presentation for health care providers about Zika virus. The presentation was approved for one hour of AMA Category 1CME and will be offered online through our website by February 2017.

- c. ***A Taste of Sonora GI Investigation:*** OEDS received a call from a party host regarding eight guests that became ill after attending a child's birthday party on 12/3/16; 30 to 35 guests total. Upon further investigation, we discovered A Taste of Sonora was operating a catering business without a permit. OEDS was able to interview six of eight ill guests and symptom information was collected. Four of the six were from out of state. An electronic survey was distributed to the party attendees but OEDS only received two responses. A stool specimen from one party attendee tested positive for Norovirus GII on 12/12/16. No bacteria were isolated. Environmental Health contacted the owner/operator of A Taste of Sonora and issued a verbal cease and desist order on 12/12/16. EH also provided education to the unpermitted business owner regarding obtaining a legal permit. OEDS coordinated with SNPHL and collected 13 food samples for testing. A Chain of Custody and test requisition forms were completed for each sample, which were delivered to the Nevada State Public Health Laboratory (NSPHL) for testing; as of 12/29/16, the food specimens will not be tested at the NSPHL since the etiologic agent was Norovirus GII and no bacteria were isolated. SNHD PIO is looking into funding sources for an educational campaign geared for the public on hiring legal food vendors for events and bringing awareness to illegal food vending.
- d. ***Japanese Students, Influenza:*** OEDS received a call from the Emergency Department at Spring Valley Hospital regarding a group of Japanese students who presented to the ED and tested positive for Influenza A. Eighty students and five chaperones composed the travel group. Out of the 80 students, 20 were symptomatic with ILI; six students sought treatment at the ED, and three had positive rapid influenza testing; results of the other three are not known. First onset was 12/5/16 (while still in Japan). Students and chaperones stayed at the Tropicana Hotel 12/6 – 12/8/16 and did sightseeing at the Grand Canyon and the Stratosphere. OEDS DIIS notified Risk Management at the Tropicana Hotel and Casino of the recent exposure. DIIS recommended influenza immunizations to staff especially housekeeping. The laboratory at Spring Valley hospital still had the three specimens and SNPHL obtained them. All three of the specimens tested positive for influenza A subtype H3. The specimens were sent to the CDC for further analysis.
- e. ***McKenzie's River Rage Laughlin:*** On 12/13/16, the Office of Epidemiology and Disease Surveillance (OEDS) received a report of gastroenteritis (GE) from an individual who attended an off road racing event organized by Southern Nevada Off Road Enthusiasts (SNORE) held December 8th through December 11th in Laughlin, Nevada. The individual stated that several other event attendees also reported GE on the event's web forum (race-dezert.com). The OEDS verified 26 gastrointestinal illness related posts on the event's web-based forum, between 12/14-12/16/16. The majority of individuals (N=20) posted on the day following the race. SNORE reported 328 participants competed in the race. Attendees stayed at various hotels in Laughlin and ate at various restaurants. OEDS composed an online survey and placed it on the event web forum, the SNORE Facebook page, and the Motorsports Safety Solutions Facebook page. The earliest illness onset date was 12/7/16, and the last known onset was 12/13/16 with the majority of cases (N=44, 53%) becoming ill on 12/11/16. Symptoms were consistent with viral GE. Four stool specimens were collected, two from Clark County participants and two from

San Diego County participants. Of these two specimens were positive for Norovirus genogroup I, one from Clark County and the other from San Diego County. On 12/14/16, Environmental Health (EH) conducted a field visit to the Tropicana Hotel in Laughlin to review norovirus protocols and procedures and noted eight complaints of guests experiencing gastroenteritis symptoms had been filed with the hotel. EH also conducted a similar site visit to the Aquarius Hotel whereby no reports of illness were filed among any guests. This investigation is ongoing.

- f. ***Influenza:*** Influenza surveillance in Southern Nevada for the 2016/2017 season is showing an expected gradual increase in cases throughout the season. The total number of confirmed cases was 72 as of December 24, 2016. Compared to the previous season, there was an 18% decrease in cases diagnosed which likely is a reflection of the fact that virus strains in the influenza vaccine are genetically similar to circulating viruses as stated by the CDC. Influenza A is the dominant type circulating locally (85-90%); type B influenza was detected in approximately 8% of cases. No pediatric death associated with influenza has been recorded this season. SNHD has continued to update the public on the progression of the season and has encouraged the population to be vaccinated.
 - g. ***Probable Mumps Case at an Elementary School:*** In December 2016, OEDS investigated a probable case of mumps in a fully immunized child attending a local elementary school. The OEDS was unable to collect specimens for confirmatory testing. The Clark County School District Health Services Office was notified and was able to verify that no additional reports of illness were observed in the school for two incubation periods from the onset of illness of the case-patient. There has been no additional mumps activity in Clark County.
 - h. ***Two Pertussis Case Investigations in a Local Elementary School and Childcare Facility:*** The OEDS investigated two separate cases of laboratory confirmed pertussis at the end of November. One case attended a childcare facility and the other case attended elementary school. Letters were drafted for both facilities to distribute to facility staff and parents of students in attendance in the affected classrooms. The facilities were advised to monitor for illness and notify OEDS of any additional students with severe cough illness. No additional cases were identified at either facility within two incubation periods of the illness onset of these case-patients. There were 29 cases of pertussis reported in Clark County in 2016.
- B. **Communicable Disease Statistics:** December 2016 Disease Statistics are attached. (see table 1)

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. Progress continues on the web-based trauma application. Demonstrations of the software has been given to the state of NV and one local hospital system. Demonstrations are being scheduled for remaining local hospitals.
- C. The new format Quest HL7 messages entered production at SNHD and are completing the test process for NVDBPH.
- D. Work on consuming Antibiotic resistance data provided by local labs and hospitals continues.
- E. We have been assisting with the EHR contract negotiations.
- F. We assisted with finalizing the contract for the new Pharmacy system.
- G. We are working with IT and various client groups on interoperability planning for our EHR, LIMS systems, Pharmacy and other information systems.
- H. We Assisted OEDS with various data requests and report generation.

- I. Work has started on adapting the new Java version of EpiTrax for SNHD needs.
- J. We have been working on the prescription drug monitoring grant.

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

1. December 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.

Dr. Iser noted the Nevada Division of Public and Behavioral Health is in discussion with SNHD to delegate the authority of maintaining the trauma registry to the Health District. Jay Boyer, SNHD Informatics Supervisor, gave a presentation on the department’s trauma based web application, which will enable the non-trauma centers to enter their trauma data. He demonstrated how reports can be generated and filtered to meet the National Registry Criteria. Encryption features were added for security purposes, and the Informatics Department will continue to work on expanding the reporting capability. To address quality assurance, they have included a feedback loop that includes real-time validation. Mr. Boyer anticipates a February 2017 production date. They will continue to meet with the hospitals to address their concerns.

The time had arrived for Dr. Dale Carrison to secede his role as MAB Chairman. Dr. Tressa Naik was elected as the new Chairman. Dr. Alex Malone, Vice Chairman, thanked Dr. Carrison for the tremendous contributions he has made for the community in his distinctive roles as a law enforcement officer, tactical physician, air medical physician, medical director, and mentor. Dr. Iser, along with the rest of Board, echoed his sentiments.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

Sept EMS Statistics	Dec 2015	Dec 2016		FY15-16 FY16-17		
				(July-June)	(July-June)	
Total certificates issued	42	27	↓	773	1077	↑
New licenses issued	20	25	↑	264	165	↓
Renewal licenses issued (recert only)	20	0	↓	731	937	↑
Active Certifications: EMT	557	564	↑			
Active Certifications: Advanced EMT	1296	1281	↓			
Active Certifications: Paramedic	1221	1231	↑			
Active Certifications: RN	44	44	→			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP staff participated in the State Division of Emergency Management VG17 AAR/IP meeting at the National Guard Las Vegas Readiness Center. The group conducted an After-Action Review for VG-17 for Southern Nevada participants. The purpose of this review is to gain more insight into the activities of Vigilant Guard and to capture final perspectives into what went well and areas for improvement prior to creating the After-Action Report and Improvement Plan for the entire exercise.
- B. OPHP senior planner attended the 2016 Annual National Healthcare Preparedness Conference in Washington DC. Highlights included: Keynote Speaker, Gov. Tom Ridge, a discussion on Leadership in a Crisis, and a working lunch with the Assistant Secretary for Preparedness and Response, Dr. Nicole Lurie discussing Charging Coalitions Forward. Breakout sessions attended were Perspectives in Preparedness: HPP's Healthcare Coalition Surge Evaluation Tool; The CMS Rule on Emergency Preparedness: Challenges & Opportunities for Healthcare Coalitions; Lessons Learned from 2016 including the Ten Commandments of Zika, CMS Emergency Preparedness Regulations: A New Framework To Help Withstand Whatever Comes Your Way; All Responses are Local: Start Here With Your Coalition; and Hospital Preparedness Program 3.0: Response Ready, Community Driven, Healthcare Prepared. The conference hosted over 1,100 participants from across the United States. Information gained from this conference will be shared with Southern Nevada Healthcare Preparedness Coalition.
- C. OPHP staff attended a planning meeting with the NDPBH on an upcoming Volunteer Reception Center exercise. The initial planning meeting focused on a functional exercise for the establishment and management of a Volunteer Reception Center servicing the areas of responsibilities. In Clark County, the Medical Reserve Corps will be exercised for the Volunteer Reception Center.
- D. OPHP participated in a planning meeting with Nevada's Local Health Authorities and the State of Nevada, Division of Public and Behavioral Health for exercises to be completed in 2017. The exercise will use CMS data for information sharing and to assist planners in identification of functional and access need populations that may need assistance during and following natural disasters. Discussion topics included an overview of the process for requesting the CMS datasets and compliance issues related to use of CMS dataset information. A tabletop or functional exercise will be completed in March 2017. Additional components will be tested in future planned exercises.
- 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 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.
- G. 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. Training officers continue to monitor SNHD staff compliance with completion of required ICS courses.

B. Employee Health Nurse: The Nurse is performing required fit tests for SNHD staff and medical residents. Nurse is in process of reviewing training provided including Bloodborne Pathogens courses required for OSHA compliance. The purpose of these courses is to ensure safety precautions are maintained by staff as part of General Safety Program.

3. Grants and Administration:

A. OPHP continues to spend down current BP5 PHEP, CRI and HPP grants. Staff continues to proceed with identified SOW within each of the grant. OPHP works with EH and EPI on activities within the PHPR and PHEP ZIKA grants received during the current year. Work deliverables are ongoing this winter in preparation for resumption of Mosquito Season in April 2017. Staff is continuing to develop and perform training for additional staff that will be utilized in upcoming mosquito season mosquito surveillance. OPHP continues to work with the identified HPP EBOLA contractor and the efforts of the contractor to work with acute care facilities with EBOLA planning. OPHP is in the process of developing the new grant budgets utilizing SNHD's new financial system. Grant guidance for new cooperative agreements should be released from the CDC soon. We expect to receive level funding in future Cooperative Agreements.

B. OPHP Manager and Supervisor continue to plan for upcoming BOH member discussion-based seminar on roles and responsibilities for public health emergencies and disasters. This training should be completed sometime in February 2017.

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).

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 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. December 2016 SNPHL Activity Highlights:

- A. SNPHL has begun preliminary implementation of ZIKA-IGM testing.
- B. SNPHL staff provided continued input and participation to Epidemiology for isolated investigations.
- C. SNPHL has filled open positions for laboratory assistants to replace vacancies.
- D. SNPHL has completed development of an updated database for the new LIMS.
- E. SNPHL has purchased and received instrumentation for TB-IGRA testing and has completed training and test evaluation.
- F. SNPHL has completed development and implementation of an automated call system that eliminates laboratory standby call and overtime compensation.
- G. SNPHL has completed upgrades and repair to the BSL3 ventilation system.
- H. SNPHL supervisor attended training class to prepare for the installation of the new Laboratory Information System (LIMS).
- I. SNPHL submitted a grant application to APHL for development of a laboratory training video and tabletop exercise.

COMMUNITY HEALTH - SNP HL – Fiscal Year Data

SNPHL Services				FY 15-16	FY 16-	
	Dec 2015	Dec 2016		(July-June)	17 (July-June)	
Clinical Testing Services ¹	3,796	5,822	↑	18,055	34,562	↑
Epidemiology Services ²	650	274	↓	6,120	2,892	↓
State Branch Public Health Laboratory Services ³	15	53	↑	4,777	1,605	↓
All-Hazards Preparedness Services ⁴	430	13	↓	821	112	↓

VII. VITAL STATISTICS

December 2016 showed a 6.5% decrease in birth certificate sales in comparison to December 2015. Death certificate sales showed a 1% increase for the same time frame. SNHD received revenues of \$39,325 for birth registrations, \$20,774 for death registrations; and an additional \$3,373 in miscellaneous fees for the month of December.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services				FY15-16	FY16-17	
	Dec 2015	Dec 2016		(July-June)	(July-June)	
Births Registered	2,338	2,405	↑	14,473	14,459	↓
Deaths Registered	1,427	1,388	↓	7,896	8,117	↑

Vital Statistics Services				FY15-16	FY16-17	
	Dec 2015	Dec 2016		(July-June)	(July-June)	
Birth Certificates Sold (walk-in)	2,726	2,563	↓	18,257	18,829	↑
Birth Certificates Mail*	144	106	↓	919	802	↓
Birth Certificates Online Orders	896	834	↓	6,005	6,166	↑
Birth Certificates Billed	125	132	↑	734	705	↓
Birth Certificates Number of Total Sales	3,891	3,635	↓	25,915	25,962	↑
Death Certificates Sold (walk-in)	2,961	1,279	↓	15,336	9,801	↓
Death Certificates Mail	115	57	↓	924	575	↓
Death Certificates Online Orders	3,791	5,578	↑	21,900	29,476	↑
Death Certificates Billed	8	37	↑	60	84	↑
Death Certificates Number of Total Sales	6,875	6,951	↑	38,220	39,936	↑

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				FY15-16	FY16-17	
	Dec 2015	Dec 2016		(July-June)	(July-June)	
Birth Certificates Sold Decatur (walk-in)	70.1%	70.5%	↑	70.4%	72.5%	↑
Birth Certificates Mail	3.7%	2.9%	↓	3.5%	3.1%	↓
Birth Certificates Online Orders	23%	22.9%	↓	23.2%	23.8%	↑
Birth Certificates Billed	3.2%	3.6%	↑	2.8%	2.7%	↓
Death Certificates Sold Decatur (walk-in)	43.1%	18.4%	↓	40.1%	24.5%	↓
Death Certificates Mail	1.7%	.8%	↓	2.4%	1.4%	↓
Death Certificates Online Orders	55.1%	80.2%	↑	57.3%	73.8%	↑
Death Certificates Billed	.1%	.5%	↑	.2%	.2%	→

Revenue				FY15-16	FY16-17	
	Dec 2015	Dec 2016		(Jul-June)	(Jul-June)	
Birth Certificates (\$20)	\$77,820	\$72,700	↓	\$518,300	\$519,240	↑
Death Certificates (\$20)	\$137,500	\$139,020	↑	\$764,400	\$798,720	↑
Births Registrations (\$13)	\$42,049	\$39,325	↓	\$279,752	\$291,057	↑
Deaths Registrations (\$13)	\$21,884	\$20,774	↓	\$120,632	\$123,884	↑
Miscellaneous	\$3,085	\$3,373	↑	\$18,187	\$21,208	↑
Total Vital Records Revenue	\$282,338	\$275,192	↓	\$1,701,271	\$1,754,109	↑

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

MDJ/edm