





Memorandum

Date: December 12, 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 staff and community partners have created the Smoke-Free Meeting Directory, which provides a one-stop resource with information for meeting planners to find smoke-free meeting venues in Clark County. The Directory is on the Get Healthy Clark County website (<http://gethealthyclarkcounty.org/smoke-free-meetings/>). In October Summerlin Library Performing Arts Center, West Charleston Library Performing Arts Center, West Las Vegas Performing Arts Center, Whitney Library Performing Arts Center, and Windmill Library Performing Arts Center were added to the Smoke-free Meeting Directory.

Staff was asked to provide technical assistance to Las Vegas PRIDE organizers to adopt and implement a smoke-free (including electronic products) festival. The two-day event included both the PRIDE Festival and the PRIDE Pets Day. Both events were promoted heavily as smoke-free throughout the community and there was considerable smoke-free signage throughout the festival to inform participants that there was to be no use of tobacco products at the event venues. Cessation resources (1-800-QUIT-NOW) were also promoted. Festival organizers estimate that more than 10,000 people attended the events over the course of two days.

2. Chronic Disease Prevention Program (CDPP):

CDPP staff coordinated the health section of the Fiesta Telemundo health fair at the Container Park in downtown Las Vegas in October. This event is always a well-attended event in the Latino community. Staff helped secure vendors to provide free and low-cost health screenings and staffed a table at the event. Approximately 500 pieces of educational materials including information on Care4life, Nutrition Challenge, Walk Around Nevada, Neon to Nature, and tobacco cessation were distributed at the event. Approximately 3,500 people participated in the event.

The Half My Plate mobile app was officially launched in October to help commemorate Food Day, a national initiative that encourages Americans to be healthier by eating more locally and sustainably grown food including fruits and vegetables. CDPP staff also provided educational materials to support the UNLV Dietetic Association's outreach efforts

on Food Day. The Half My Plate app provides customized information on how many fruits and vegetables people should consume daily and allows users to track consumption in a fun and engaging way. The app also provides a healthy recipe database with recipes featuring fruits and vegetables. SNHD sent out a press release announcing the availability of the free app and staff coordinated a social media promotion. As of the end of October, the Half My Plate app had over 600 downloads.

CDPP staff participated in Get Outdoors Nevada Day in October. The event was held at Lorenzi Park in Las Vegas. This free community event introduces people to outdoor activities in Nevada and the free resources in our community for physical activity and active transport. Information on the Neon to Nature and Walk Around Nevada programs, sugar sweetened beverages, Get Healthy website, and other programs and resources were shared. Nearly 1,000 pieces of educational materials were distributed among the more than 2,000 people who attended the event.

3. Injury Prevention Program (IPP):

IPP staff conducted Key Informant interviews on drowning prevention with members of the priority population to improve drowning prevention message uptake and the overall media strategy. The community input will inform upcoming annual drowning prevention media campaign planning.

IPP staff became the Nevada State Designee for the National Consumer Product Safety Commission (CPSC). CPSC is charged with protecting the public from unreasonable risks of injury or death associated with the use of the thousands of types of consumer products under the agency's jurisdiction. Deaths, injuries, and property damage from consumer product incidents cost the nation more than \$1 trillion annually. As the State Designee, staff will have access to information and training.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Disease Surveillance and Investigations

Community Health -- OEDS – Fiscal Year Data

Morbidity Surveillance	Nov 2015	Nov 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Chlamydia	845	896	↑	4328	5061	↑
Gonorrhea	260	315	↑	1364	1659	↑
Primary Syphilis	6	4	↓	37	44	↑
Secondary Syphilis	11	14	↑	83	112	↑
Early Latent Syphilis	32	13	↓	187	132	↓
Late Latent Syphilis	11	10	↓	52	122	↑
Congenital Syphilis (presumptive)	2	0	↓	3	4	↑
New Active TB Cases Counted - Adult	2	1	↓	18	22	↑
Number of TB Active Cases Counted - Pediatric	1	0	↓	1	3	↑

Community Health -- OEDS – Fiscal Year Data

	Nov 2015	Nov 2016		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	0	2	↑	10	9	↓
Syphilis Pregnant Cases	6	5	↓	37	26	↓
Perinatally Exposed to HIV	1	2	↑	14	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	47	1	39	0
Gonorrhea	39	1	29	0
Syphilis	98	1	96	1
HIV/AIDS (New to Care/Returning to Care)	27	5	58	13
Tuberculosis	32	0	36	2
TOTAL	243	8	258	16

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. 11/4/2016-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.
- d. 11/05/2016-Studios-In collaboration with AHF and the mobile testing unit-Target population-MSM. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.
- e. 11/15/2016-Stand Down for the homeless-Target population-all-HIV, Syphilis, Testing.
- f. 11/17/2016-Sun City MacDonald Ranch Community Health Fair-In collaboration with Avella-Target population-Seniors. HIV, Syphilis, and Hepatitis C testing.
- g. 11/19/2016-Convoy of Hope-target population-all. HIV, Syphilis Testing.
- h. 11/22/2016-Pearson Community Center-In collaboration with AHF and the mobile testing unit as well as TPP (Teen Pregnancy Prevention)-Target population-AA,MSM. HIV, Syphilis, Gonorrhea, and Chlamydia Testing.

B. Staff Facilitated Training/Presentations

- a. 10/31-11/4-Rapid HIV Testing, Counseling, Safety, and Certificate Program provided to SAPTA staff from Rural Nevada Counties. The training was provided by SNHD OEDS staff. 14 people were in attendance.
- b. 11/3-11/4-Diversity and Leadership Training Provided by Guardian Quest. 8 staff attended.
- c. 11/17-OEDS provided presentation to the College of Southern Nevada Safety Committee. This included a 25 minute presentation to 15 attendees summarizing the OEDS program.
- d. 11/3-11/6- Harm Reduction Training through the Harm Reduction Coalition- Training included topics such as overdose prevention, safer injection practices, and wound care. 1 staff member attended.
- e. 11/14-Motivational Interviewing provided by The Center-4 staff attended.
- f. 11/15- Presentation on HIV and STD's provided by Dr. Radeloff for Dr. Regners Biology class at UNLV. 50 in attendance.
- g. 11/30- Transitional Care Coordination's 2nd Roundtable. 9 agencies in attendance.

Community Health -- OEDS – Fiscal Year Data

	Nov 2015	Nov 2016		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	427	629	↑	2961	3389	↑
Clinic Screening (SHC/FPC/TB)	662	736	↑	3350	3540	↑
Outreach Screening (Jails, SAPTA)	134	179	↑	1046	753	↓
TOTAL	1223	1544	↑	7357	7682	↑
Outreach/Targeted Testing POSITIVE				47	35	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				38	28	↓
Outreach Screening (Jails, SAPTA) POSITIVE				6	4	↓
TOTAL POSITIVES				91	67	↓

3. EPIDEMIOLOGY

A. Disease reports and updates:

- a. ***Outbreak of Norovirus Associated with a Birthday Party Held At Bahama Breeze Restaurant:*** On November 3, 2016, the Southern Nevada Health District (SNHD) received a report via the SNHD online food-borne illness complaint reporting system (FBI database) of gastrointestinal illnesses (GIs) among a group of 13 birthday party attendees, subsequent to consuming a group meal at Bahama Breeze restaurant located at 375 Hughes Center Dr, Las Vegas, Nevada. The group meal was consumed on October 30, 2016 between 3:30-4:30 PM. Although all 13 birthday party attendees reported illness after consuming the meal, 10 (77%) reported gastrointestinal symptoms consistent with the case definition. On November 3, in response to these illness reports, the SNHD initiated an epidemiological investigation. One clinical specimen was received and was positive for Norovirus Genotype II. No particular food item was associated as the source of infection. In order to prevent future outbreaks, the facility was placed on Level 3- Red Standard operation procedures and preventative recommendations were made to the facility.
- b. ***Earl ES Hand, Foot, and Mouth Disease (HFMD) Outbreak Investigation:*** On November 7, 2016 OEDS received a report from the FASA at Ira J Earl ES 1463 Marion Dr, Las Vegas, NV 89110 indicating 11 students had HFMD beginning October 19. Eight of these cases were among three sets of siblings, one of which was healthcare provider (HCP) diagnosed. The other three students were single cases. The last illness onset was November 7. Cases occurred throughout grade levels. The attack rate was about 1%. The staff was provided FAQ sheets on HFMD. Environmental Health (EH) conducted a site visit on November 9, 2016. The EH specialist noted faulty faucet handles and provided recommendations, stressing the importance of hand washing. No other cases were reported for two incubation periods and this outbreak is considered to be over.
- c. ***Hand, Foot, Mouth Disease Outbreak Associated with Creative Kids Childcare Facility:*** On November 18, OEDS received a report from a private citizen that three children in the 3-year-old classroom had HFMD. The facility is Creative Kids at 8355 Farm Road, Las Vegas, NV 89131. The DIIS spoke with the Director who confirmed they had three children with HFM disease in the 18 month – 2-year-old room. All affected children had been sent home. To date, a total of six cases have been reported. The first case onset was November 15 and the last case was November 22. No additional cases have been reported since then. The Environmental Health Division sent a representative to the facility on December 5 and recommended using disinfectant to clean affected rooms, and keeping an illness/injury log, which they are currently not doing.
- d. ***Ringworm Outbreak associated with Somerset Academy Losee Campus:*** The school nurse at Somerset Academy reported 6 cases of ringworm among kindergartners. Cases occurred in students throughout the five kindergarten classrooms. Four cases were HCP diagnosed. This school is not a part of CCSD and uses a private janitorial business for cleaning. On November 29, EH conducted a site assessment and confirmed that the affected rooms were being cleaned and sanitized properly. They also verified there is a written policy regarding ringworm. OEDS assisted the school with drafting a letter to disseminate to parent/guardians and staff. An FAQ on Ringworm accompanied the letter. No additional cases have been reported as of December 2.

- e. **Global Zika Virus Outbreak:** Outbreaks are occurring in 61 counties and territories. The Current travel information about Zika virus spread is at <http://wwwnc.cdc.gov/travel/page/zika-travel-information>. As of November 30, there were 4,310 travel-associated Zika virus disease cases reported in the US and 33,133 locally acquired cases reported in US territories. Clark County has reported 15 travel-associated cases. The CDC developed guidance for healthcare providers and the 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 arranged testing for 150 individuals that may have been exposed to Zika virus. Thus far 15 individuals tested positive, two people had an indeterminate result (evidence of recent Flavivirus infection but unable to determine which one between Dengue and Zika), 127 results are negative and six 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 providers about Zika virus. The presentation has been approved for one CME and will be offered online through our website in January 2017.
 - f. **West Nile Virus Human Cases:** The OEDS has reported two cases of WNV neuroinvasive disease in Clark County. 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. We do not anticipate any additional cases this year.
- B. Communicable Disease Statistics:** November 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. An internal demo of this software will be given on Nov 29.
- C. Writing transforms for the new format Quest HL7 messages is 99% complete. SNHD and the State are continuing to process these messages in test mode in preparation for moving to productions.
- 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. The latest version of Pentaho has been installed and existing reports have been migrated to the new software.
- G. We are working with IT and various client groups on interoperability planning for our EHR, LIMS systems, Pharmacy and other information systems.
- H. Assisted OEDS with various data requests and report generation.
- I. TB legacy data has been imported into TriSano.

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

1. November Meetings:

A. Drug/Device/Protocol (DDP) Committee

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing

protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The committee reviewed the draft "Transport Destinations" protocol which will enable EMS providers to transport to remote outpatient emergency departments if they meet certain criteria. The committee made revisions to the criteria, which includes 100% telemetry contact for all incoming patients. Following approval by the Medical Advisory Board, the committee will reconvene in 90 days to discuss the need for additional revisions.

B. Education Committee

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the EMS QI Directors Committee in researching, developing, editing and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and EMS educators.

The committee discussed the need to address issues related to the definition of "successful ventilatory management". They agreed to arrive at a single definition throughout the Emergency Medical Care protocols. Each agency will provide its personnel with the appropriate education.

Also discussed was to incorporate the monitored lecture/skills hours into the instructor course, as opposed to after the course has been completed. The committee will form a workgroup for further discussion and report back to the Medical Advisory Board for final approval.

C. Regional Trauma Advisory Board (RTAB)

The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high quality system of patient care for the victims of trauma within Clark County and the surrounding areas. The RTAB makes recommendations, and assists in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

The Board heard a committee report from the Trauma Needs Assessment Taskforce (see below) and reviewed and approved their meeting bylaws.

The Board heard a committee report from the Southern Nevada Injury Prevention Partnership that met back in October 2016. It was reported that they are still seeking a new chairman for this committee.

The Health District's Informatics Department gave a presentation on a new web portal for non-trauma centers to be used for their data input.

D. 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 has started to make good progress on developing criteria. The taskforce reviewed professional assessments from other trauma systems of similar size and demographics. They are continuing to work on population data by zip code; EMS call

volume by zip code; injury severity score ISS) trends as well as traumatic injury patients at non-trauma centers.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

November EMS Statistics	Nov 2015	Nov 2016		FY15-16	FY16-17	
				(July- June)	(July- June)	
Total certificates issued	26	35	↑	731	1077	↑
New licenses issued	14	24	↑	244	165	↓
Renewal licenses issued (recert only)	4	0	↓	711	937	↑
Active Certifications: EMT	548	553	↑			
Active Certifications: Advanced EMT	1286	1271	↓			
Active Certifications: Paramedic	1207	1229	↑			
Active Certifications: RN	44	43	↓			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP staff participated in planning and exercise play for Nevada’s statewide, Vigilant Guard 17 full-scale exercise testing community response to a simulated, large scale disaster-Earthquake. Staff participated in many functional areas including the Clark County Multi-Agency Coordination Center, SNHD Department Operations Center and MRC volunteers assisted Red Cross with simulated sheltering operations. SNHD Vital records staff in partnership with Clark County Office of the Coroner-Medical Examiner simulated a complete power loss and the need to develop death certificates manually. This exercise includes participation by federal, state and local agencies and allows participants in Nevada to exercise public health and emergency management plans and processes. This exercise was conducted on 11/09/2016 through 11/15/2016.
- B. OPHP staff participated in Clark County’s Threat and Hazard Identification and Risk Assessment (THIRA) review and revision process for 2017. This process assists state and local planners in identifying hazards and threats to a jurisdiction. The risk assessment process helps the whole community—including individuals, businesses, faith-based organizations, nonprofit groups, schools and academia, and all levels of government—understand its risks and estimate capability requirements. The THIRA process helps communities map their risks to the core capabilities. The outputs of this process inform a variety of emergency management efforts, including: emergency operations planning, mutual aid agreements, and hazard mitigation planning. Ultimately, the THIRA process helps communities answer the following questions: What do we need to prepare for? What shareable resources are required in order to be prepared? What actions could be employed to avoid, divert, lessen, or eliminate a threat or hazard?
- C. The Southern Nevada Health District in partnership with the State of Nevada Division of Public and Behavioral Health and the office of Public Health Informatics

and Epidemiology conducted several follow up interviews with local hospitals to monitor progress in mitigating identified gaps related to the Infectious Disease Rapid Assessment Team site visits conducted earlier this year. SNHD received several subgrants to prepare healthcare community for responding to emerging infectious disease threats including Ebola. The hospitals provided updates to the initial assessments through identified improvement plans, including details on exercises performed to test components of Ebola response plans, and the current state of Personal Protective Equipment training provided to healthcare staff.

- 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 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 and Zika 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. Staff have started to prepare work plans and Budgets for the next fiscal year.

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. November 2016 SNPHL Activity Highlights:

- A. SNPHL has begun validation for STEC-PCR testing.
- B. Laboratory staff provided continued input and participation to Epidemiology for isolated investigations.
- C. SNPHL completed work on second phase of TB screening for the SNHD TB Clinic following a local outbreak investigation.
- 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 begun training and test evaluation.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Nov 2015	Nov 2016		FY 15-16	FY 16-17	
				(July-June)	(July-June)	
Clinical Testing Services ¹	3384	5311	↑	14,671	28,740	↑
Epidemiology Services ²	1241	291	↓	4,879	2,601	↓
State Branch Public Health Laboratory Services ³	8	39	↑	4,769	1,566	↓
All-Hazards Preparedness Services ⁴	758	3	↓	63	109	↑

VII. VITAL STATISTICS

November 2016 showed a 7% increase in birth certificate sales in comparison to November 2015. Death certificate sales showed a 3% decrease for the same time frame. SNHD received revenues of \$41,093 for birth registrations, \$18,948 for death registrations; and an additional \$3,363 in miscellaneous fees for the month of November.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Nov 2015	Nov 2016		FY15-16	FY16-17	
				(July-June)	(July-June)	
Births Registered	2,284	2,351	↑	12,135	12,054	↓

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.

Deaths Registered

1,262	1,339	↑	6,469	6,731	↑
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	Nov 2015	Nov 2016		FY15-16 (July-June)	FY16-17 (July-June)	
Vital Statistics Services						
Birth Certificates Sold (walk-in)	2,543	2,673	↑	15,531	15,726	↑
Birth Certificates Mail*	134	120	↓	775	969	↑
Birth Certificates Online Orders	845	980	↑	5,109	5,332	↑
Birth Certificates Billed	105	111	↑	609	573	↓
Birth Certificates Number of Total Sales	3,627	3,884	↑	22,024	22,327	↑
Death Certificates Sold (walk-in)	2,506	1,027	↓	12,375	8,522	↓
Death Certificates Mail	200	86	↓	809	518	↓
Death Certificates Online Orders	3,464	4,823	↑	18,109	23,898	↑
Death Certificates Billed	5	5	→	52	47	↓
Death Certificates Number of Total Sales	6,175	5,941	↓	31,345	32,985	↑

	Nov 2015	Nov 2016		FY15-16 (July-June)	FY16-17 (July-June)	
Vital Statistics Sales by Source						
Birth Certificates Sold Decatur (walk-in)	70.0%	68.8%	↓	70.5%	70.4%	↓
Birth Certificates Mail	3.7%	3.1%	↓	3.5%	3.1%	↓
Birth Certificates Online Orders	23.3%	25.2%	↑	23.2%	23.9%	↑
Birth Certificates Billed	2.9%	2.9%	→	2.8%	2.6%	↓
Death Certificates Sold Decatur (walk-in)	40.6%	17.3%	↓	39.5%	25.8%	↓
Death Certificates Mail	3.2%	1.4%	↓	2.6%	1.6%	↓
Death Certificates Online Orders	56.1%	81.2%	↑	57.8%	72.5%	↑
Death Certificates Billed	.1%	.1%	→	.2%	.1%	↓

	Nov 2015	Nov 2016		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Revenue						
Birth Certificates (\$20)	\$72,540	\$77,680	↑	\$440,480	\$446,540	↑
Death Certificates (\$20)	\$123,500	\$118,820	↓	\$626,900	\$659,700	↑
Births Registrations (\$13)	\$38,480	\$41,093	↑	\$237,703	\$251,732	↑
Deaths Registrations (\$13)	\$18,688	\$18,948	↑	\$98,748	\$103,110	↑
Miscellaneous	\$2,324	\$3,363	↑	\$15,102	\$17,835	↑
Total Vital Records Revenue	\$255,596	\$259,904	↑	\$1,418,933	\$1,478,917	↑

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