



Memorandum

Date: April 27, 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*

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Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

Staff maintains and promotes the Get Healthy Clark County Smoke-free Housing Directory to multi-unit housing residents, while also encouraging multi-housing owners and managers to adopt smoke-free policies for their communities. In February, staff added three new apartment communities to the Directory. A total of 12,312 smoke-free units are available in Clark County and listed in the Directory. The Directory can be accessed at <http://www.gethealthyclarkcounty.org/smoke-free-housing-directory/index.php>.

Staff participated in the LGBT PRIDE All Ages Bingo event, which was held on February 1, 2017. Tobacco cessation materials were distributed and a smoke-free lifestyle was promoted. To date, staff has participated in 13 events in disparate communities, surpassing the goal to participate in and distribute tobacco related information at 8 community events.

In December 2016, the State Tobacco Program requested that the SNHD Tobacco Control Program submit a proposal for \$30,000 to support a local tobacco retail merchant education project. In February, staff received notification from the state that the tobacco retail merchant education project will be funded. This project may expand to multiple years.

2. Chronic Disease Prevention Program (CDPP):

In an effort to increase access to healthy foods and beverages, CDPP staff has been working with the Nevada Department of Employment, Training, and Rehabilitation (DETR) for over 2 years to develop a Nutrition Standards Policy for DETR's Business Enterprise Program (BEN). The BEN program provides clients of DETR's Bureau of Services to the Blind and Visually Impaired with training and on-the-job-experience managing businesses in public buildings.

In January, DETR added the Nutrition Standards policy to their RFP for unassigned locations in Nevada and in February, the DETR Committee of Blind Vendors voted to adopt the Nutrition Standards Policy for all assigned locations in Nevada. The policy still needs to be approved by the U.S. Department of Education, but once that is complete, the policy will be in effect for 31 cafes and snack bars, and more than 900 vending machines in

government buildings that are operated as part of the BEN program throughout the state. The policy establishes nutrition standards for beverages, meals and other menu items, and snack foods served in BEN cafes, micro-markets and vending machines. 50% of all items in vending machines will have to comply with the Nutrition Standards Policy.

CDPP staff developed Technical Assistance Guides and will be working directly with BEN operators and subcontractors to support policy implementation. SNHD has also reached out to the large organizations in Clark County (cities, libraries, etc.) that will be impacted by the policy to provide information and technical assistance. We've also reached out to statewide partners to share information on the status of the policy including a presentation on the February agenda of the Nevada Nutrition Consortium. In February, CDPP staff and the DETR/BEN Executive Officer gave a joint presentation on healthy vending and the DETR/BEN Nutrition Standards Policy at the annual conference of the Randolph-Sheppard Vendors.

In February, CDPP staff kicked off the annual Million Hearts Initiative with coordinated paid and social media efforts as well as community outreach events to raise awareness of heart health and how to prevent cardiovascular disease and complications. The paid campaign included radio and social media. Additionally, staff coordinated messages in English and Spanish which were shared via blogs, Facebook, and Twitter. A press release sent out by SNHD generated 3 earned media opportunities for radio and print media.

Community outreach events included 2 heart health outreach activities at SNHD for SNHD employees and clients. The activities featured heart health education sessions, chair yoga, and cooking demonstrations. MRC volunteers administered blood pressure checks for 59 SNHD staff and 20 visitors.

On February 3rd, Wear Red Day in support of women's heart disease, staff distributed 'Red Dress' pins to staff and visitors wearing red. In addition to the activities at SNHD, staff also worked with the Body and Soul program to support Body and Soul outreach activities to educate and raise awareness on heart disease in the faith-based community. A presentation on heart attack warning signs and a workshop on uncommon heart attack warning signs in women were provided at First African Methodist Episcopal (FAME), one of the largest African-American churches in Clark County. In addition, educational materials were distributed to members throughout the month. Other churches also shared social media messages on Facebook to commemorate 'Go Red' for Women day.

3. Injury Prevention Program (IPP):

IPP staff met twice members of the Opioid Epidemic Task Force (TF) in February. The TF merged with Metro's Opioid Advisory Council on February 21st with 45 people participating in the first joint meeting. The Task Force will convene three smaller subcommittees; Advocacy/Education, Legislation/Policy, and Infrastructure. IPP staff serves on the TF Steering Committee and remains the main point of contact for information distribution.

Staff submitted a \$45,300 grant application to the Clark County Outside Agency Grant program. The requested funds will be used to support drowning prevention efforts through the end of the summer.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Disease Surveillance and Investigations

The Office of Epidemiology and Disease Surveillance (OEDS) has been working on multiple efforts to increase efficiency including capturing additional variables within surveillance systems and eliminating duplication of efforts. We collaborated with The Office of Informatics to create an electronic database for counseling and testing variables that currently are collected on paper and then hand entered into a database. We are also working on the design and implementation of a Zika Virus related Birth Defect registry-system QC/QI systems have been implemented for all infectious diseases within OEDS. A remote workstation was created for Disease Investigators to access a secure search system, allowing for more timely response for locating, notifying, and referring clients to care.

Community Health -- OEDS – Fiscal Year Data

Morbidity Surveillance	Mar	Mar		FY15-16	FY16-17	
	2016	2017		(Jul-June)	(Jul-June)	
Chlamydia	970	962	↓	7,879	8,907	↑
Gonorrhea	259	305	↑	2,384	2,970	↑
Primary Syphilis	14	11	↓	69	99	↑
Secondary Syphilis	17	21	↑	158	218	↑
Early Latent Syphilis	44	22	↓	373	259	↓
Late Latent Syphilis	25	24	↓	116	259	↑
Congenital Syphilis (presumptive)	0	1	↑	4	11	↑
New Active TB Cases Counted - Adult	0	0	→	1	3	↑
Number of TB Active Cases Counted - Pediatric	2	2	→	27	35	↑

Community Health -- OEDS – Fiscal Year Data

Moms and Babies Surveillance	Mar	Mar		FY15-16	FY16-17	
	2016	2017		(Jul-June)	(Jul-June)	
HIV Pregnant Cases	7	2	↓	25	20	↓
Syphilis Pregnant Cases	4	5	↑	54	48	↓
Perinatally Exposed to HIV	5	2	↓	21	25	↑

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	1	45	1
Gonorrhea	18	1	23	1

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

Syphilis	162	3	126	4
HIV/AIDS (New to Care/Returning to Care)	31	0	45	28
Tuberculosis	30	0	44	1
TOTAL	293	5	283	35

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

The Office of Epidemiology and Disease Surveillance has actively been integrating staff and data collection systems. DIIS recently attended an Epi Ready Workshop provided by The National Environmental Health Association that highlighted how to respond to food borne illness outbreaks.

OEDS participated in:

A. High Impact HIV/STD/Hepatitis Screening Sites

- a. Mondays-Thursdays and first Saturday; The Center- LGBTQ Community of Nevada-target population- MSM, transgender.
- b. Wednesday-TracBExchange-target population IDU.
- c. 3/10 – in collaboration with AHF Mobile Testing Unit-National Women and Girls HIV Awareness Day-RAPID HIV, Syphilis, Gonorrhea, and Chlamydia testing-Target population-women and girls.
- d. 3/11 – in collaboration with Teen Pregnancy Prevention’s program THNK; The Center - HIV and Syphilis testing -Target population-youth.

B. Staff Facilitated Training/Presentations

- a. 03/03 and 03/10-Office of Epidemiology and Disease Surveillance Lexis/Nexis training provided by SNHD -25 staff attended.
- b. 3/04-Provided HIV 101 to those required to attend the First Offenders Program (FOPP)-3 people attended.
- c. 03/06-03/10-Office of Epidemiology and Disease Surveillance HIV Rapid Testing, Counseling, Safety, and Certificate Program-7 people participated including agency representation from Westcare, Aid for AIDS of Nevada, Community Counseling Center (Reno), and Care Coalition.
- d. 03/06-03/07-Phlebotomy Training-Provided by SNHD-6 people attended. 2 SNHD staff and 4 staff from The Gay and Lesbian Center.
- e. 03/17-HIV Planning Group (HPG)-8 people were in attendance including agency representation from SNHD, Planned Parenthood, The Gay and Lesbian Center, and The Nevada Division of Public and Behavioral Health.
- f. 03/17/-SBIRT Training (Screening, Brief Intervention, And Referral to Treatment for Substance Abuse Disorders-I staff attended.
- g. 03/22-Harm Reduction Coalition Meeting-15 people attended.
- h. 03/30 and 03/31- -Epi Ready Workshop- provided by NEHA (National Environmental Health Association)-8 staff attended.

Community Health -- OEDS – Fiscal Year Data

	Mar 2016	Mar 2017		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	842	570	↓	5,488	5,545	↑
Clinic Screening (SHC/FPC/TB)	836	477	↓	6,166	6,388	↑
Outreach Screening (Jails, SAPTA)	143	151	↑	1,511	1,388	↓
TOTAL	1,821	1,198	↓	13,165	13,321	↑
Outreach/Targeted Testing POSITIVE				86	68	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				60	70	↑
Outreach Screening (Jails, SAPTA) POSITIVE				9	18	↑
TOTAL POSITIVES				155	154	↓

3. EPIDEMIOLOGY

A. Disease reports and updates:

- a. **Global Zika virus Outbreak: Outbreaks are occurring in 84 countries and territories.** Current travel information about Zika virus spread is at <http://wwwnc.cdc.gov/travel/page/zika-travel-information>. As of 3/22/17, there were 4,861 travel-associated Zika virus disease cases reported in the US and 38,065 locally acquired cases reported in US territories. There have also been 222 cases acquired through local mosquito-borne transmission in the U.S. in Florida (216) and Texas (6). There have also been 75 cases in the U.S. acquired through other routes, including sexual transmission (45), congenital infection (28), laboratory transmission (1) and person to person through an unknown route (1). SNHD has reported 21 travel-associated cases and 1 case acquired through sexual transmission. 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 OEDS developed algorithms for healthcare providers and these are located at (<https://www.southernnevadahealthdistrict.org/zika/cdc-advisories.php>). The OEDS arranged testing for 189 individuals with possible exposure to Zika virus. Twenty-two individuals in Clark County have tested positive from both commercial and public health laboratories. We continue to develop Zika virus investigation protocols and procedures for identification and testing individuals for Zika virus infection. We are currently developing a one-hour presentation for health care providers about Zika virus as updates come from the CDC. The presentation has been approved for one hour of AMA Category 1CME and will be offered online through our website beginning in May 2017.
- b. **Influenza:** Influenza surveillance in Southern Nevada for the 2016/2017 season recorded an expected increase in cases up to a peak during week 2 and 3 of 2017. A subsequent gradual decrease was then noted through week 5 followed by a sharp increase in week 6 then a significant decrease until week 9. The number of cases has remained below the peak level throughout the month of March. The total number of confirmed influenza cases was 70 for March 2017 yielding a 39.6% decrease from February 2017. Compared to the same month of the previous season, there has been a 66.8% decrease in overall cases.

Considering the whole influenza season, Influenza A is the dominant type circulating locally (81.2%). Influenza B accounted for approximately 13%. No influenza-associated pediatric death occurred this season. SNHD has continued to update the public on the progression of the season and has encouraged the population to get vaccinated.

- c. ***Gastrointestinal Outbreak at Givens E.S.:*** OEDS received a call on March 16 regarding 12 out of 35 students plus the instructor in one 5th grade classroom that called out sick with symptoms of fever, vomiting, and diarrhea. Upon investigation, there was no identifiable event at the school leading up to the illnesses. There was an event in the 5th grade classroom a few days prior whereby one student brought assorted Dunkin Donuts to the class the morning of March 14th. Not all persons who consumed the donuts became ill, including a parent. The students and instructor reported being well several days later. No other clusters of gastrointestinal illness were identified throughout the school. The cause of the illnesses has not been determined. This investigation is closed.
- d. ***Decrease in Positive Pertussis PCR Accuracy in Association with a Local Pediatric Practice:*** The OEDS is currently investigating a decrease in the percent accuracy of PCR positive test results associated with one pediatrician group. Historically PCR positive results have an estimated 78% accuracy in meeting the CDC case definition. During the first quarter of 2017 only 29% of positive pertussis PCR results from patient testing at this practice have met the CDC case definition. A team of SNHD staff visited the provider's office on March 29th to gain insight on specimen collection, immunization and testing practices. This investigation is ongoing

B. Other:

a. *Zika-Related Birth Defects Surveillance:* SNHD received a 5-year cooperative agreement from the CDC to establish a birth defect surveillance system for infants with certain defects that may be potentially related to congenital Zika virus exposure, i.e., brain abnormalities, including microcephaly, eye defects, hearing loss, or other problems resulting from damage to the brain. SNHD is the bona fide agent and will lead this project on behalf of the state. Data from birth defects surveillance will be used to understand the full range of health effects associated with Zika, recognize how these conditions may affect communities, and help connect families to local medical and social services. More information on this nationwide effort can be found at <https://www.cdc.gov/zika/reporting/birth-defects.html>.

- C. **Communicable Disease Statistics:** February 2017 disease statistics are attached. (see table 1)

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A. Work continues on the configuration and installation of the new SNPDL LIMS system.
- B. Migrations to the new SFTP server continued.
- C. We have assisted OEDS in the creation of an Antibigram and have made it publically available on the SNHD web site.
- D. We have been assisting with the EHR system.
- E. The Pharmacy system went live on 3/1/2017. The system requires a small amount of maintenance support from Informatics.
- F. Continuing to work on project implementation for the SNPDL LIMS.
- G. Work on the new Java EE version of EpiTrax continues.

- H. Assisted OEDS with various data requests and report generation.
- I. Continuing to work with the State on the prescription drug-monitoring grant.
- J. Continuing to work with the State on poison control.
- K. Assist the Trauma/EMS group with their data needs and the Trauma Needs Assessment report.
- L. We are in the process of upgrading some of our database servers and systems.
- M. We have been assisting the state on their consumption of Quest HL7 messages.
- N. Migrating data for display through Socrata web display dashboard.
- O. We have created a system to match reportable disease surveillance patients with death records and put it into production.
- P. We have begun work with OEDS on the Zika Birth Defects grant.

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

1. March 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 discussed the evaluation tools for stroke patients, which included the Dhillon Scale for evaluating Large Vessel Occlusion in the prehospital setting, and the R.A.C.E. tool. The issues with both tools will be referred back to the Medical Advisory Board (MAB) for further review.

Also discussed was whether to allow Advanced EMTs to perform intraosseous procedures when handling cardiac arrests. It is currently an advanced life support skill which includes the process of injecting directly into the marrow of a bone to provide a non-collapsible entry point into the systemic venous system. This technique is used to provide fluids and medication when intravenous access is not available or not feasible. The discussion was referred back to the MAB for final approval.

The Committee will once again start their annual review of the Clark County protocols.

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.

After much discussion, the Committee agreed to refer the current EMS Instructor course curriculum back to the Workgroup for further review.

The Committee agreed to refer the Paramedic Mentorship/Internship Program to the Medical Advisory Board for final approval.

C. 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 continues to work on developing relevant and objective criteria. It was decided to disband the small workgroup and continue to pursue their objectives through the taskforce.

The TNAT reviewed and discussed a sample presentation of a Level III Business Case Analysis from Amy Doane.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

February EMS Statistics	Mar 2016	Mar 2017		FY15-16	FY16-17	
				(July- June)	(July- June)	
Total certificates issued	579	812	↑	1450	1952	↑
New licenses issued	9	46	↑	305	269	↓
Renewal licenses issued (recert only)	490	778	↑	1242	1715	↑
Active Certifications: EMT	517	504	↓			
Active Certifications: Advanced EMT	1243	1260	↑			
Active Certifications: Paramedic	1188	1224	↑			
Active Certifications: RN	44	37	↓			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP provided support to the Point of Dispensing (POD) drill held in conjunction with the Clark County School District at Centennial High School in Las Vegas. SNHD staff served in many of the identified positions including a Drive-through area. Staff served as Leads, evaluating mobilizing, timing, delivering, and demobilizing of the POD for this drill. SNHD OPHP, Community Health, Environmental Health and Clinical Services Staff were trained and tested performing duties in 3 critical ICS positions for this exercise.
- B. OPHP, DPBH, and Health Care Quality and Compliance conducted site assessments for potential locations to serve as Federal Medical Stations or Alternate Care Sites during a disaster affecting Southern Nevada.
- C. OPHP participated in an exercise with Nevada’s Local Health Authorities and the State of Nevada, Division of Public and Behavioral Health. This exercise used 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. Future discussion and exercise topics will be to identify the process for requesting the CMS datasets and compliance issues related to use of CMS dataset information. Another exercise will be completed by June 2017.
- D. 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. Our Annual Call-Down Drill with all SNHD staff and BOH members will occur in April 2017.

- E. OPHP staff continues to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security Urban Area Security Initiative, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition and individual hospital emergency management committee meetings. The Ebola and Zika preparedness planning and grant deliverable activities remains a priority.
- F. OPHP staff continues to participate in Accreditation activities and Domain working groups to support SNHD.

2. PHP Training And PH Workforce Development:

- A. **OPHP Education and Training:** OPHP Training Officer continues to conduct ICS, CPR and First Aid courses at the Health District as well as monitor SNHD staff compliance with completion of required ICS courses.

Our trainer supported planners by teaching a POD Manager, Operations and logistics chief refresher course for SNHD staff in advance of a Point of Dispensing Exercise that was completed with Clark County School District this past month

- 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. Porta-count Fit testing instrumentation was sent out for annual preventative maintenance and secondary equipment from SNP HLS is being used to complete fit testing for staff and interns in the interim.

3. Grants and Administration:

- A. OPHP continues to spend down the current grants through the BP5 Cooperative Agreements. The District completed budget templates and work plans for the new CDC PHEP, CRI, and ASPR HPP 5-Year Cooperative Agreements through CDC. These were submitted to the CDC from the state on March 31, 2017. State will be working on preparing sub-grants so SNHD may begin work on grant deliverables starting July 1, 2017. The funding for the first year (BP1) will remain level but may change depending on how CDC funds are allocated in Federal Budget. The State Division of Public and Behavioral Health had some unspent funding that was given to the LHA's. SHND has received approximately \$230,000 to continue enhancements on current projects.

4. Medical Reserve Corps of Southern Nevada (MRC of SO NV):

- A. In the month of March, four MRC volunteers worked at the SNHD Main immunization clinic and SNHD East and Main Foodhandler Safety offices; three volunteers assisted OPHP staff with updating shelter-in-place kits; and another four volunteers participated in the POD drill at Centennial High School totaling 119.5 hours with a monetary value of \$2859.64.
- B. The MRC Coordinator participated in a "test drive" of the new Emergency Law Inventory (ELI) for the University Of Pittsburgh School Of Public Health. The ELI was created to assist volunteer program managers with legal questions in all 50 states. The MRC Coordinator also attended planning meetings for the upcoming Rockin' Rabbit half marathon and Komen Race for the Cure; planned other activities for

upcoming months, sent out the monthly newsletter along with the bulletins and continues to work on developing the Volunteer Management Annex.

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 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 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. **March 2017 SNPHL Activity Highlights:**

- A. SNPHL has received new instrumentation to replace outdated equipment in order to comply with LRN guidelines.
- B. Laboratory staff provided continued input and participation to Epidemiology for isolated investigations and participated in investigations of ZIKA related pregnancies.
- C. SNPHL has selected interview candidates for the position for laboratory supervisor to replace vacancy.
- D. SNPHL has completed installation and training for the new LIMS and has begun validation of new LIMS output.
- E. SNPHL presented inservice training to Las Vegas Fire and Rescue regarding building safety and hazardous rescue.
- F. SNPHL continues work on the project grant from APHL for development of a laboratory training video and tabletop exercise.
- G. SNPHL has begun remodeling work for new Clinical Laboratory.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services				FY 15-16	FY 16-		
	Mar 2016	Mar 2017		(July-June)	17	(July-June)	
Clinical Testing Services ¹	3,379	6,187	↑	28,077	50,802		↑
Epidemiology Services ²	1,104	199	↓	9,286	9,154		↓
State Branch Public Health Laboratory Services ³	959	41	↓	6,524	1,710		↓
All-Hazards Preparedness Services ⁴	13	16	↑	1,281	135		↓

VII. VITAL STATISTICS

March 2017 showed a 13% increase in birth certificate sales in comparison to March 2016. Death certificate sales showed a 4% decrease for the same time frame. SNHD received revenues of \$56,852 for birth registrations, \$23,387 for death registrations; and an additional \$4,460 in miscellaneous fees for the month of March.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services				FY15-16	FY16-17		
	Mar 2016	Mar 2017		(July-June)	(July-June)		
Births Registered	2,172	2,405	↑	21,122	21,332		↑
Deaths Registered	1,624	1,692	↑	12,667	12,989		↑

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 Services	Mar 2016	Mar 2017		FY15-16 (July- June)	FY16-17 (July- June)	
Birth Certificates Sold (walk-in)	3,634	4,196	↑	28,137	29,698	↑
Birth Certificates Mail	161	161	→	1,350	1,198	↓
Birth Certificates Online Orders	1,197	1,330	↑	9,443	9,778	↑
Birth Certificates Billed	151	128	↓	1,020	1,049	↑
Birth Certificates Number of Total Sales	5,143	5,815	↑	40,062	41,723	↑
Death Certificates Sold (walk-in)	2,745	1,422	↓	23,850	13,845	↓
Death Certificates Mail	151	108	↓	1,370	893	↓
Death Certificates Online Orders	4,923	6,012	↑	35,701	47,531	↑
Death Certificates Billed	30	13	↓	108	147	↑
Death Certificates Number of Total Sales	7,849	7,555	↓	61,070	62,416	↑

Vital Statistics Sales by Source	Mar 2016	Mar 2017		FY15- 16 (July- June)	FY16-17 (July- June)	
Birth Certificates Sold Decatur (walk-in)	70.7%	72.2%	↓	70.5%	71.2%	↑
Birth Certificates Mail	3.1%	2.8%	↓	3.4%	2.9%	↓
Birth Certificates Online Orders	23.3%	22.9%	↓	23.6%	23.4%	↓
Birth Certificates Billed	2.9%	2.2%	↓	2.5%	2.5%	→
Death Certificates Sold Decatur (walk-in)	35%	18.8%	↓	39.1%	22.2%	↓
Death Certificates Mail	1.9%	1.4%	↓	2.2%	1.4%	↓
Death Certificates Online Orders	62.7%	79.6%	↑	58.5%	76.2%	↑
Death Certificates Billed	.4%	.2%	↓	.2%	.2%	→

Revenue	Mar 2016	Mar 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Birth Certificates (\$20)	\$102,860	\$116,300	↑	\$801,240	\$834,460	↑
Death Certificates (\$20)	\$156,980	\$151,100	↓	\$1,221,400	\$1,248,320	↑
Births Registrations (\$13)	\$55,679	\$56,852	↑	\$433,610	\$441,236	↑
Deaths Registrations (\$13)	\$26,208	\$23,387	↓	\$194,262	\$192,810	↓
Miscellaneous	\$3,761	\$4,460	↑	\$28,477	\$32,784	↑
Total Vital Records Revenue	\$345,488	\$352,099	↑	\$2,678,989	\$2,749,610	↑

Table 1

Clark County Disease Statistics*, FEBRUARY 2017

Disease	2015		2016		2017		Rate(Cases per 100,000 per month) (2012-2016 aggregated)	Feb (2017)	Monthly Rate Comparison current & past 5-year?
	Feb YTD No.	YTD No.	Feb YTD No.	YTD No.	Feb YTD No.	YTD No.			
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	.	.	6	.	6	0.10	0.09	↓
HEPATITIS A	.	.	0	.	0	0	0.04	0.00	↓
HEPATITIS B (ACUTE)	.	.	0	.	0	0	0.08	0.00	↓X
INFLUENZA	73	356	184	262	101	337	4.81	4.66	↓
MEASLES	5	9	0	0	0	0	0.05	0.00	↓X
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	.	13	.	8	.	.	0.18	0.05	↓
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	776	1616	932	1688	894	1847	39.73	41.21	↑
GONORRHEA	218	486	268	496	285	616	9.78	13.14	↑X
SYPHILIS (EARLY LATENT)	33	64	48	98	22	49	1.46	1.01	↓
SYPHILIS (PRIMARY & SECONDARY)	10	29	28	47	25	58	0.78	1.15	↑
ENTERICS									
AMEBIASIS	.	.	.	.	0	.	0.02	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	7	11	7	18	7	17	0.33	0.32	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	0	0	0	0	0.00	0.00	
GIARDIA	.	7	5	9	.	.	0.20	0.05	↓
ROTAVIRUS	13	16	0	.	8	18	0.29	0.37	↑
SALMONELLOSIS	9	16	7	17	.	6	0.37	0.14	↓
SHIGA-TOXIN PRODUCING E. COLI	.	6	.	.	0	.	0.14	0.00	↓X
SHIGELLOSIS	.	5	.	9	.	.	0.11	0.05	↓
TYPHOID FEVER	0	0	0	0	0	0	0.00	0.00	
VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.00	0.00	
YERSINIOSIS	0	0	0	0	0	.	0.00	0.00	
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	7	13	7	14	6	15	0.36	0.28	↓
DENGUE FEVER	0	0	0	0	0	0	0.00	0.00	
ENCEPHALITIS	0	0	0	0	0	0	0.00	0.00	
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	.	.	0	.	.	.	0.02	0.05	↑
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	.	5	.	.	.	.	0.07	0.05	↓
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	.	0	0	0	0	0.01	0.00	↓
LYME DISEASE	0	0	0	0	.	.	0.00	0.05	↑
MALARIA	0	0	.	.	0	0	0.01	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	.	.	.	.	.	.	0.12	0.05	↓
MENINGITIS, BACTERIAL	0	.	6	8	0	.	0.09	0.00	↓X
MENINGOCOCCAL DISEASE	0	0	0	.	0	0	0.02	0.00	↓
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	.	.	0	0	0.01	0.00	↓
Q FEVER	0	0	0	0	0	0	0.00	0.00	
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	0	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	435	824	249	446	268	703	14.89	12.35	↓X
STREPTOCOCCUS PNEUMONIAE, IPD	12	32	22	45	14	40	0.52	0.65	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	.	.	0	.	0.04	0.00	↓
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	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.00	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	0.00	0.00	
ZIKA VIRUS INFECTION, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS INFECTION, NON-CONGENITAL~	0	0	0	0	0	.	0.00	0.00	

*Due to software transition STD data since 2014 are not comparable with those in previous years. Use of illness 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 cases that are reportable to CDC. HIV/AIDS/TB case counts provided on a quarterly basis. Data suppression denoted by '.' applies if number of cases <5. Monthly disease total (excluding STD and TB cases)=416(reported total=1642). Monthly congenital syphilis cases (suppression applied) for 2015-2017 were 0,,,(YTD totals of 0,,,) respectively.

~Zika case definitions added in 2016.
 ~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).