Memorandum

Date: May 25, 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):

Staff is currently working with multiple entities to secure a health systems change by implementing a system for electronic referral to the Tobacco Quitline directly from the healthcare provider. In March, staff met with the Paramedicine program coordinator to discuss e-referral to the Quitline. UMC requested additional information related to e-referral to the Quitline for incorporation into their electronic health record (EHR). Staff also met with SNHD Clinical Services division leadership to discuss e-referral to the Quitline and modification of tobacco use status questions on SNHD intake forms.

Staff is working with Telemundo to prepare for and promote the upcoming Spanish language CDC Quitline promotion called *Linea de Ayuda*. Staff has modified the Viva Saludable website to assure that the Quitline is listed as the first Spotlight on that site and that staff is prepared for an increase in community inquiries during the May CDC promotion. The CDC/Telemundo media project is designed to drive Spanish-language calls to the Quitline, but results in other communities have shown that tobacco programs also receive increased community contact.

The Fund for a Healthy Nevada tobacco prevention Request for Proposals (RFP) was issued in March. The funding limits have been pre-determined by the state. SNHD will apply for the maximum allowable ($450,000). The RFP is narrow in scope and allows for youth prevention activities, smoke-free jurisdiction work, electronic referral to the Quitline, and surveillance activities. SNHD will apply for all components and staff is working on the application which is due April 17, 2017.

2. Chronic Disease Prevention Program (CDPP):

Two major policy and planning efforts supported by the Partnerships to Improve Community Health grant are nearing completion. A final draft version of the Regional Bike and Pedestrian Plan was posted online in March (http://www.rtcsnv.com/cycling/regional-bicycle-pedestrian-plan/). The plan represents the culmination of an 18-month process that has involved multiple public input opportunities as well as meetings and charrettes with key stakeholders. The final draft plan will be available for public comment through April 1st. The

project team, including SNHD staff, will incorporate final feedback as appropriate and release the final plan. The plan will be presented to the Regional Transportation Commission (RTC) Executive Advisory Board for approval in April, with the plan scheduled to go to the full RTC Board in May for adoption. The revised Regional Bike and Pedestrian Plan will be included as an appendix in the Regional Transportation Plan that the RTC will be submitting in 2017.

Additionally, the City of North Las Vegas (CNLV) has been working with project partners, including SNHD, to develop a Complete Streets Policy for over a year. The final draft policy has been reviewed by city staff, SNHD, and the National Complete Streets Coalition and was presented for a conformity review at the Southern Nevada Regional Planning Commission Planning Directors Meeting in March. The conformity review was required by Nevada Revised Statute because CNLV plans to make amendments to the Comprehensive Master Plan to memorialize the policy and assist with future implementation of the complete streets policy guidelines. The policy received a finding of Conformity by the Planning Directors and will be presented to the CNLV Planning Commission Meeting for a public hearing on April 12th. Pending approval at that meeting, the policy, and resulting changes to the Comprehensive Master Plan, will be presented to the CNLV City Council in May for final approval.

Staff attended the American Heart Association/American Stroke Association's Las Vegas Get with the Guidelines Cardiovascular & Stroke Workshop. Staff disseminated both high blood pressure and stroke toolkits at the conference. Approximately 183 healthcare professionals attended the conference.

3. <u>Injury Prevention Program (IPP)</u>:

Staff participated in multiple planning meetings for the annual April Pools Day event, including organizing social media posts, coordinating meeting locations, and balancing multiple community partner's needs. April Pools Day activities will be held on April 3, 2017. IPP staff will once again implement the annual drowning prevention media campaign. Staff secured an additional $18,000 in donations to support the campaign. Staff ordered materials to launch the new campaign messaging – Patrol, Protect, Prepare. Materials will be distributed to the community throughout the campaign.

Staff was invited to present on the IPP-developed Opioid Fact Sheet at the Community Health Improvement Plan (CHIP) Semi-Annual Update meeting. Staff also participated in a panel discussion with other presenters to address attendees' follow-up questions.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Disease Surveillance and Investigations

This month, The Office of Epidemiology and Disease Surveillance (OEDS) attended a Zika pregnancy and Birth Defect workshop hosted by the CDC in Atlanta. The outcome of this workshop is the creation of a Birth Defect Surveillance system within OEDS. This process requires collaboration with other SNHD programs designed to enhance system integration. Recently SNHD received word that the CDC will discontinue this funding for States after year 1.

The office of Epidemiology and Disease Surveillance continues to monitor and improve the evaluation of surveillance and response activities.

Community Health -- OEDS – Fiscal Year Data

Morbidity Surveillance	Apr 2016	Apr 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Chlamydia	863	942	↑	8,764	10,235	↑
Gonorrhea	260	320	↑	2,644	3,390	↑
Primary Syphilis	15	8	↓	85	110	↑
Secondary Syphilis	17	12	↓	176	245	↑
Early Latent Syphilis	42	14	↓	415	295	↓
Late Latent Syphilis	19	10	↓	134	302	↑
Congenital Syphilis (presumptive)	1	1	→	1	3	↑
New Active TB Cases Counted - Adult	0	0	→	1	3	↑
Number of TB Active Cases Counted - Pediatric	6	3	↓	33	38	↑

Community Health -- OEDS – Fiscal Year Data

Moms and Babies Surveillance	Apr 2016	Apr 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
HIV Pregnant Cases	1	3	↑	23	23	→
Syphilis Pregnant Cases	5	9	↑	59	59	→
Perinatally Exposed to HIV	0	1	↑	21	26	↑

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters[1]	Reactors/ Symptomatic/ X-ray[2]	OOJ /FUP[3]
Chlamydia	63	0	56	0
Gonorrhea	39	0	36	1
Syphilis	75	0	88	5
HIV/AIDS (New to Care/Returning to Care)	32	2	44	52

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

Tuberculosis	30	0	35	1
TOTAL	239	2	259	59

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

April was STD Awareness Month. April 10th was National Youth Awareness Testing Day, and April 18th was National Transgender Testing Day. In recognition, The Office of Epidemiology and Disease Surveillance provided site specific (extragenital) Gonorrhea and Chlamydia testing in addition to HIV and Syphilis testing, at no charge. A press release was distributed to provide local and national disease statistics, along with testing locations and hours.

On April 12, SNHD OEDS in collaboration with Trac-B Exchange held a press conference to reveal our latest strategy in the needle recovery efforts, the vending machine. In an ongoing effort to reduce the transmission of blood borne infections and their related health complications to people who share needles we collaborated with Trac-B Exchange and NARES to launch Southern Nevada's first comprehensive needle exchange program, including a delivery component brand new to the United States-vending machines.

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. Wednesdays-TracBExchange-target population IDU.

c. 04/08-The Center-LGBTQ Community of Nevada's 4th Anniversary Wellness Fiesta-Target population-MSM, transgender.

d. 04/26-In collaboration with AHF Mobile Testing Unit-UNLV-Target Population-Youth.

e. 04/27-In collaboration with AHF Mobile Testing Unit, Trac-B, and HELP of Southern Nevada-testing in the tunnels-target population-IDU

B. Staff Facilitated Training/Presentations

a. 04/12-SNHD and Trac-B participated in a press conference introducing Nevada's first needle recovery vending machine. A demonstration was provided along with time for questions.

b. 04/14 and 04/19-Dr. Cheryl Radeloff presented to Nevada State College students on regarding Disease Surveillance and Investigation-7students were in attendance for each date.

c. 04/17-04/19-Presciption Rx Opioid and Heroin Summit in Atlanta George provided by Operation Unite, a national collaboration of professionals from local, state, and federal agencies, businesses, academia, and treatment providers.

d. 04/24-Drug Related HIV/HCV/Harm Reduction, & Stigma/Overdose prevention-provided by SNHD- 17 people attended.

e. 04/26 Dr. Cheryl Radeloff presented to UNLV Sociology Graduate students on careers outside of academia. 8 students attended.

f. 04/27-Harm Reduction Coalition Meeting-17 people attended.

Community Health -- OEDS – Fiscal Year Data						
Prevention - SNHD HIV Testing	Apr 2016	Apr 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Outreach/Targeted Testing	553	467	↓	6,041	6,045	↑
Clinic Screening (SHC/FPC/TB)	789	332	↓	6,955	7,025	↑
Outreach Screening (Jails, SAPTA)	137	75	↓	1,648	1,483	↓
TOTAL	1,479	874	↓	14,644	14,553	↓
Outreach/Targeted Testing POSITIVE				96	75	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				68	78	↑
Outreach Screening (Jails, SAPTA)POSITIVE				9	17	↑
TOTAL POSITIVES				173	170	↓

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 4/26/17, there were 4,963 travel-associated Zika virus disease cases reported in the US and 36,432 locally acquired cases reported in US territories. There have also been 224 cases acquired through local mosquito-borne transmission in the U.S. in Florida (218) and Texas (6). There have also been 77 cases in the U.S. acquired through other routes, including sexual transmission (46), congenital infection (29), 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). In 2017, the OEDS arranged testing for 56 individuals with possible exposure to Zika virus. 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 April. The total number of confirmed influenza cases was 54 for April 2017 yielding a 22.9% decrease from March 2017. Compared to the same month of the previous season, there has been a 42.6% decrease in overall cases. Considering the whole influenza season, Influenza A is the dominant type circulating locally (84.6%). Influenza B accounted for approximately 15.2%. No influenza-associated pediatric deaths 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. ***Viral Gastroenteritis Outbreak in community Schools:*** OEDS received the first notice of GE illness within a valley school on April 24 with a steady following of reports since then. The Southern Nevada Health District has confirmed Norovirus as the cause of an outbreak in one local school. School officials made the decision to self-close so that in-depth cleaning could be conducted. Another local school that was experiencing an outbreak of gastrointestinal illness also self-closed to clean its facility. The Health District is working with the second school to obtain appropriate information and specimens. Prior to these investigations, small outbreaks of Norovirus and suspected outbreaks have been reported to the Health District. In addition to investigating reports of illness, Health District staff is working with schools to ensure they have appropriate cleaning protocols and other measures in place to stop the spread of illnesses in their facilities. This investigation is ongoing.

d. ***Influenza Like Illness (ILI)at Bonner ES:*** OEDS received a call from the CCSD Health Services on April 24th initially reporting 18 students in two separate kindergarten classrooms were absent with symptoms consistent with influenza like illness (ILI). ILI is defined as a fever of 100 degrees or greater with either a cough or a sore throat. OEDS launched an investigation due to the unusual increase. Information was requested from CCSD Health Services and absences were screened throughout the week. On 4/27/17 a letter was sent to all kindergarten classrooms. Contact was made to parents of symptomatic students in order to gain additional information. OEDS DIIS staff was able to collect 3 specimens for Respiratory Panel Testing. Results from this test are still pending as of 4/30/2017. This investigation is ongoing.

e. ***Hand Foot Mouth Disease at Children's Learning Adventure:*** On April 20 OEDS received a call from the Director of Children's Learning Adventure on Russell Road. The Director reported that 12 toddlers in the same classroom were infected with HFMD; 4 were clinically diagnosed. This location has approximately 128 children. The first onset was April 14th with the last reported case April 19th.The Director reported that all staff were advised to enhance environmental cleaning and ensure adequate hand washing was being performed by children and staff. On 4/21/17 an SNHD Environmental Health representative (EH) conducted an environmental assessment, provided the school with education regarding proper hand washing and verified proper exclusion and re-admittance procedures. No additional cases were reported. This investigation is complete.

f. ***Decrease in Positive Pertussis PCR Accuracy In Association with a Local Pediatric Practice:*** The OEDS is currently *i*nvestigating 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. Additional data analysis from one local laboratory demonstrated that the pediatric practice ordered 184 pertussis PCR tests in a four-month period (December through March). Of these 48 (26%)

were positive. All culture results for the PCR positive cases were negative. Further investigation of each positive result indicated that approximately 64% of these patients had less than two weeks of cough and did not meet the CDC case definition for pertussis. Although approximately 36% of patients did cough for over two weeks, only 21.4% had at least one of the other symptoms necessary to meet the CDC pertussis case definition. These include whoop, post-tussive emesis, paroxysmal cough, and apnea. The CDC recommends only utilizing the pertussis PCR when patients meet the clinical criteria for pertussis. To avoid false positive results, it should not be used for pertussis screening. Future plans including provision of CDC recommendations to this provider group. This investigation is ongoing.

B. Communicable Disease Statistics: March 2017 and Quarter 1 2017 disease statistics are attached. (see table 1 & 2)

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

A. The new SNPHL LIMS system has gone live. Messages from the LIMS are being routed and processed within the surveillance system.
B. Migrations to the new SFTP server continued.
C. We have been assisting with the EHR system.
D. Work on the new Java EE version of EpiTrax continues.
E. Assisted OEDS with various data requests and report generation.
F. Continuing to work with the State on the prescription drug-monitoring grant.
G. Continuing to work with the State on poison control.
H. Have been assisting the state on their consumption of Quest HL7 messages.
I. Made some improvements to the online provider reporting form.
J. We have added improved vital records/reportable surveillance system data matching for OEDS.
K. We have begun work on a Counseling, Testing, and Referral (CTR) web application for OEDS.
L. Performed work on the OEDS reportable disease surveillance self-reporting mobile application.

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

1. April Meetings:

A. 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 reached a consensus with regard to the layout of secondary and primary instructor courses. In addition, revisions were made to the paramedic mentorship program. The revised format will be forwarded to the next Medical Advisory Board meeting for final approval.

B. 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.

The Board referred the discussion of destination criteria for patients with STEMI (ST-elevation Myocardial Infarction) to the Drug/Device/Protocol Committee for further review.

Additionally, the Board approved the new instructor curriculum and revisions to the paramedic mentorship program. The new formats will be included in the next draft of the EMS Regulations pending final approval by the Board of Health.

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 by making recommendations and assisting 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).

The Chairman introduced Erica Nansen as the new RTAB non-standing member for Health Education and Injury Prevention Services.

Nominations were opened for the following non-standing member seats:

Administrator from a Non-Trauma Hospital System
Public EMS Transport Representative
Private EMS Transport Representative
Rehabilitation Representative
Funding/Financing Representative

The Board reviewed and discussed out of area trauma transports for 2nd quarter 2016 and trauma data for 4th quarter 2016

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 continues to work on creating measures that would be credible, useful, and obtainable by the Health District to guide the RTAB with decision making for predicting the need for new trauma centers.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

April EMS Statistics	April 2016	April 2017		FY15-16 (July-June)	FY16-17 (July-June)	
Total certificates issued	29	67	↑	1479	2019	↑
New licenses issued	7	45	↑	312	314	↑
Renewal licenses issued (recert only)	0	0	→	1242	1715	↑
Active Certifications: EMT	524	522	↓			
Active Certifications: Advanced EMT	1250	1281	↑			
Active Certifications: Paramedic	1198	1248	↑			
Active Certifications: RN	44	38	↓			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

A. OPHP met with the owner and director of nursing of the new Desert Hills Post-Acute Rehabilitation Hospital to discuss inculcating the hospital into the community. SNHD provided insight to the mission of the District along with templates for plans, a copy of the Hazard Vulnerability Assessment and invitation to the Southern Nevada Healthcare Preparedness Coalition.

B. OPHP provided evaluator support to the Active Shooter Exercise at Desert Springs Hospital, the 2017 Rodeo Communication Exercise, and the USPS Distribution Exercise.

C. 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.

D. 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 remain a priority.

E. 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.

B. Employee Health Nurse: The Nurse is performing the duties of both Chief Administrative Nurse and Employee Health Nurse. As the Employee Health Nurse, she

performs required fit tests for SNHD staff and medical residents. The 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 has completed the budgets and scope of work for the new cooperative agreements beginning July 01, 2017. These agreements are for the PHEP, CRI, and HPP grants. OPHP continues to spend down current grant funding to complete the close out activities from the BP5 Cooperative agreements for PHEP, CRI, and HPP grants. We continue to work with jurisdictional partners on EBOLA and Zika activities and planning for the current grants we have. OPHP is working with CCOEM to apply for Homeland Security grants during the next fiscal year. As of today, there is no Notice of Award or indication on what funding may be coming to Nevada.

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

   A. Three volunteers worked at the SNHD Main immunization clinic and SNHD East and Main Foodhandler Safety offices. Four MRC volunteers staffed first aid stations at the Rockin Rabbit half marathon while two staffed a first aid station and distributed preparedness materials at the National Guard's Spring Fling. Two more MRC volunteers assisted PACT Coalition with prescription drug safety presentations for seniors. MRC collaborated with Las Vegas Office of Emergency Management at the Clark County Fair to distribute preparedness information to the public. Volunteer hours for April total 93.25 with a monetary value of $2231.47.

   B. The MRC Coordinator attended the NACCHO Preparedness Summit. The MRC Coordinator also gave presentations on preparedness and MRC to two Nevada State College classes, attended planning meetings for the Komen Race for the Cure, planned other activities for coming months, sent the monthly newsletter and bulletins, and continues to work on a Volunteer Management Plan.

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).

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. **April 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 a supervisor for the position of SNPHL laboratory supervisor to replace vacancy.

D. SNPHL has completed installation and training for the new LIMS and has begun using the new LIMS in routine operations.

E. SNPHL has passed the CLIA inspection with no deficiencies.

F. SNPHL continues work on the project grant from APHL for development of a laboratory training video and tabletop exercise.

G. SNPHL continues with remodeling work for the new Clinical Laboratory.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Apr 2016	Apr 2017		FY 15-16 (July-June)	FY 16-17 (July-June)	
Clinical Testing Services[1]	3,163	5,460	↑	31,456	56,898	↑
Epidemiology Services[2]	1,360	424	↓	10,390	6,353	↓
State Branch Public Health Laboratory Services[3]	816	55	↓	7,483	1,751	↓
All-Hazards Preparedness Services[4]	6	13	↑	1,294	151	↓

VII. VITAL STATISTICS

April 2017 showed a 1% decrease in birth certificate sales in comparison to April 2016. Death certificate sales showed a 3% decrease for the same time frame. SNHD received revenues of $45,292 for birth registrations, $21,619 for death registrations; and an additional $4,359 in miscellaneous fees for the month of April. The significant reduction in numbers for walk-in death certificates and increase in online death certificate orders is a result of moving all funeral homes orders to an online ordering system.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Apr 2016	Apr 2017		FY15-16 (July-June)	FY16-17 (July-June)	
Births Registered	2,007	1,943	↑	23,133	23,275	↑
Deaths Registered	1,451	1,390	↑	14,118	14,378	↑

Vital Statistics Services	Apr 2016	Apr 2017		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold (walk-in)	3,001	3,097	↑	31,250	32,795	↑
Birth Certificates Mail	173	148	↓	1,523	1,346	↓
Birth Certificates Online Orders	1,108	1,062	↓	10,551	10,840	↑
Birth Certificates Billed	112	53	↓	1,132	1,102	↓
Birth Certificates Number of Total Sales	4,394	4,360	↓	44,456	46,083	↑
Death Certificates Sold (walk-in)	2,523	1,117	↓	26,414	14,962	↓
Death Certificates Mail	163	122	↓	1,533	1,015	↓
Death Certificates Online Orders	4,591	5,833	↑	40,292	53,364	↑
Death Certificates Billed	11	18	↑	119	165	↑
Death Certificates Number of Total Sales	7,288	7,090	↓	68,358	69,506	↑

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	Apr 2016	Apr 2017		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold Decatur (walk-in)	68.3%	71%	↑	70.3%	71.2%	↑
Birth Certificates Mail	3.9%	3.4%	↓	3.4%	2.9%	↓
Birth Certificates Online Orders	25.2%	24.4%	↓	23.7%	23.5%	↓
Birth Certificates Billed	2.5%	1.2%	↓	2.5%	2.4%	↓
Death Certificates Sold Decatur (walk-in)	34.6%	15.8%	↓	38.6%	21.5%	↓
Death Certificates Mail	2.2%	1.7%	↓	2.2%	1.5%	↓
Death Certificates Online Orders	63%	82.3%	↑	58.9%	76.8%	↑
Death Certificates Billed	.2%	.3%	↑	.2%	.2%	→

Revenue	Apr 2016	Apr 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Birth Certificates ($20)	$87,880	$87,200	↑	$889,120	$921,660	↑
Death Certificates ($20)	$145,760	$141,800	↓	$1,367,160	$1,390,120	↑
Births Registrations ($13)	$47,502	$45,292	↑	$481,112	$486,528	↑
Deaths Registrations ($13)	$22,479	$21,619	↓	$216,741	$214,429	↓
Miscellaneous	$3,914	$4,359	↑	$32,391	$37,143	↑
Total Vital Records Revenue	$307,535	$300,270	↓	$2,986,524	$3,049,880	↑

MDJ/edm

Clark County Disease Statistics*, MARCH 2017

Disease	2015 Mar No.	2015 YTD No.	2016 Mar No.	2016 YTD No.	2017 Mar No.	2017 YTD No.	Rate(Cases per 100,000 per month) Mar (2012-2016 aggregated)	Mar (2017)	Monthly Rate Comparison Significant change bet. current & past 5-year?~~
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	5	.	7	6	12	0.05	0.28	↑X
HEPATITIS A	0	.	0	.	0	0	0.02	0.00	↓
HEPATITIS B (ACUTE)	.	.	.	.	.	.	0.08	0.05	↓
INFLUENZA	27	383	207	469	80	432	4.70	3.68	↓
MEASLES	0	9	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	.	0.00	0.00	
PERTUSSIS	8	21	.	11	6	15	0.21	0.28	↑
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	868	2484	971	2659	986	2847	41.31	45.39	↑X
GONORRHEA	218	704	260	756	319	950	9.29	14.69	↑X
SYPHILIS (EARLY LATENT)	28	92	44	142	38	99	1.16	1.75	↑
SYPHILIS (PRIMARY & SECONDARY)	18	47	31	78	41	111	0.75	1.89	↑X
ENTERICS									
AMEBIASIS	0	.	0	.	0	.	0.01	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	8	19	9	27	5	25	0.31	0.23	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	0	0	0	0	0.03	0.00	↓
GIARDIA	.	8	.	10	.	7	0.10	0.05	↓
ROTAVIRUS	21	37	.	.	9	27	0.41	0.41	
SALMONELLOSIS	8	24	10	27	9	19	0.42	0.41	↓
SHIGA-TOXIN PRODUCING E. COLI	.	8	7	10	.	7	0.16	0.09	↓
SHIGELLOSIS	0	5	.	11	.	11	0.07	0.14	↑
TYPHOID FEVER	0	0	0	0	0	0	0.02	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.00	0.00	
YERSINIOSIS	0	0	0	0	0	.	0.01	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	0.02	0.00	↓
COCCIDIOIDOMYCOSIS	.	16	.	17	13	30	0.29	0.60	↑
DENGUE FEVER	0	0	0	0	0	0	0.01	0.00	↓
ENCEPHALITIS	.	.	0	0	0	0	0.01	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	.	0.04	0.00	↓
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	.	8	0	.	0	.	0.05	0.00	↓X
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	0.00	0.00	
LYME DISEASE	0	0	0	0	0	.	0.00	0.00	
MALARIA	0	0	.	.	0	0	0.01	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	.	8	.	.	.	6	0.13	0.09	↓
MENINGITIS, BACTERIAL	.	.	.	12	.	.	0.10	0.09	↓
MENINGOCOCCAL DISEASE	0	0	.	.	0	0	0.03	0.00	↓
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	.	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	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)	216	1040	158	604	95	801	8.91	4.37	↓X
STREPTOCOCCUS PNEUMONIAE, IPD	10	42	18	63	25	68	0.48	1.15	↑X
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	.	.	6	.	5	0.09	0.14	↑
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	.	6	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	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)=262(reported total=1738). Monthly congenital syphilis cases (suppression applied) for 2015-2017 were .,0,.(YTD totals of .,.,6) 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).

Clark County Disease Statistics* - Quarter1, 2017

Disease	2015 Q1 No.	2015 YTD No.	2016 Q1 No.	2016 YTD No.	2017 Q1 No.	2017 YTD No.	Rate(Cases per 100,000 per quarter) Qtr1 (2012-2016 aggregated)	Qtr1 (2017)	Quarterly Rate Comparison Significant change bet. current & past 5-year?~~
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	5	5	7	7	12	12	0.22	0.55	↑
HEPATITIS A	.	.	.	.	0	0	0.11	0.00	↓X
HEPATITIS B (ACUTE)	.	.	.	.	.	.	0.25	0.14	↓
INFLUENZA	383	383	469	469	432	432	18.31	19.91	↑
MEASLES	9	9	0	0	0	0	0.09	0.00	↓X
MUMPS	0	0	0	0	.	.	0.00	0.05	↑
PERTUSSIS	21	21	11	11	15	15	0.80	0.69	↓
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	2484	2484	2659	2659	2847	2847	117.80	131.23	↑X
GONORRHEA	704	704	756	756	950	950	28.87	43.79	↑X
HIV	65	65	104	104	97	97	3.40	4.47	↑
SYPHILIS (EARLY LATENT)	92	92	142	142	99	99	4.07	4.56	↑
SYPHILIS (PRIMARY & SECONDARY)	47	47	78	78	111	111	2.26	5.12	↑X
Stage 3 HIV (AIDS)	32	32	53	53	41	41	2.37	1.89	↓
ENTERICS									
AMEBIASIS	.	.	.	.	.	.	0.06	0.05	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	19	19	27	27	25	25	1.02	1.15	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	.	.	0	0	0	0	0.06	0.00	↓X
GIARDIA	8	8	10	10	7	7	0.46	0.32	↓
ROTAVIRUS	37	37	.	.	27	27	0.85	1.24	↑
SALMONELLOSIS	24	24	27	27	19	19	1.17	0.88	↓
SHIGA-TOXIN PRODUCING E. COLI	8	8	10	10	7	7	0.39	0.32	↓
SHIGELLOSIS	5	5	11	11	11	11	0.31	0.51	↑
TYPHOID FEVER	0	0	0	0	0	0	0.02	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.01	0.00	↓
YERSINIOSIS	0	0	0	0	.	.	0.03	0.05	↑
OTHER									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	.	.	0	0	0.02	0.00	↓
COCCIDIOIDOMYCOSIS	16	16	17	17	30	30	0.97	1.38	↑
DENGUE FEVER	0	0	0	0	0	0	0.02	0.00	↓
ENCEPHALITIS	.	.	0	0	0	0	0.02	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)	.	.	.	.	.	.	0.10	0.18	↑
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	8	8	.	.	.	.	0.18	0.09	↓
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	0.03	0.00	↓
LYME DISEASE	0	0	0	0	.	.	0.01	0.18	↑
MALARIA	0	0	.	.	0	0	0.04	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	8	8	.	.	6	6	0.30	0.28	↓
MENINGITIS, BACTERIAL	.	.	12	12	.	.	0.24	0.18	↓
MENINGOCOCCAL DISEASE	0	0	.	.	0	0	0.07	0.00	↓X
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)	1040	1040	604	604	801	801	38.01	36.92	↓
STREPTOCOCCUS PNEUMONIAE, IPD	42	42	63	63	68	68	1.68	3.13	↑X
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	.	6	6	5	5	0.15	0.23	↑
TUBERCULOSIS	15	15	.	.	10	10	0.68	0.46	↓
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	6	6	0	0	0.06	0.00	↓X
ZIKA VIRUS INFECTION, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS INFECTION, NON-CONGENITAL~	0	0	0	0	0	0	0.00	0.00	

*Due to software transition STD data since 2014 are not comparable with those in previous years. 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 (since Feb-08) cases that are reportable to CDC. HIV/AIDS/TB case counts updated quarterly. Data suppression denoted by '.' applies if number of cases <5. Quarterly disease total (excluding STD and TB cases)=1485(reported total=5640). Quarterly congenital syphilis cases (suppression applied) for 2015-2017 were .,.,6(YTD totals of .,.,6) respectively.

~Zika case definitions added in 2016.

~~Confidence intervals (not shown) for the quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly rates changed significantly from those of the previous 5 years aggregated. Text in green where rates decreased and in red where rates increased. Statistically significant changes indicated by 'X' (rate comparisons made if 5+ cases reported in the current quarter of this year or previous 5 years aggregated).