



Memorandum

Date: June 22, 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):

TCP staff, community partners, and members of the Nevada Tobacco Prevention Coalition (NTPC) have continued to provide technical assistance regarding tobacco and clean indoor air policy development to members of the Mesquite Citizens for Clean Indoor Air Coalition. In April, staff worked with the American Lung Association to convene local, state, regional, and national partners for a full day meeting to discuss the smoke-free efforts in Mesquite. As a result, partners received support from national organizations and came away with a more concrete plan and timeline for the efforts. TCP staff was interviewed by the *Desert Valley Times* for a story related to smoke-free efforts in Mesquite in April.

In April, 22 youth leaders were trained in tobacco control advocacy. The trainings included how to plan, develop, and implement youth-led tobacco prevention advocacy projects. Students also learned about various tobacco control issues including the dangers of tobacco and myths surrounding emerging tobacco products. The project goal is to reach 100 youth leaders and to date 127 have been trained.

Brief Tobacco Use Intervention is an evidence-based process through which providers identify current smokers and refer them to cessation resources. SNHD TCP staff has developed a provider training, developed an on-line training module available on the Get Healthy Clark County website, and expanded availability of that training to include a broad range of health-related service providers. In April, 2,366 health care and social service providers were trained on how to deliver a brief intervention through the online module. The goal of the project was to reach 300 providers, but staff has far exceeded that figure by training 13,116 providers. The Southern Nevada Veteran's Administration (VA) requested a copy of the Brief Intervention training presentation that staff conducted in November for VA primary care providers. The VA would like to offer the training to all nurses.

2. Chronic Disease Prevention Program (CDPP):

As part of the Partnerships to Improve Community Health (PICH) grant, Clark County School District (CCSD) and SNHD staff collaborated to expand CrossFit programming to 51 elementary, middle, and high schools. CrossFit is a fitness program that includes a regimen

of constantly varied, functional movements performed at high intensity in a communal environment. The programming includes weight training, gymnastic drills, and endurance conditioning in as many combinations as possible. CCSD hosted a CrossFit Showcase in April to highlight many of the high school students who have been participating in PICH-sponsored CrossFit courses at local high schools. The event, 'Friday Night Lights,' was held on April 28th at Rancho High School. Over 400 CrossFit athletes participated in the event. Also in April, 14 CCSD schools hosted free before/after school CrossFit activities with 951 CCSD students and 91 CCSD teachers/staff participating in those activities. Seven CCSD schools also hosted Family Fitness Nights in April with a combined attendance of over 220 students, parents, and staff.

The free on-line (http://www.gethealthyclarkcounty.org/walk_new/en/index.php) Walk Around Nevada (WAN) program was designed to help participants reach their physical activity goals by tracking daily physical activities. Staff worked with MGM to promote the WAN program to employees through a six-week health challenge led by MGM health coaches to increase physical activity among MGM employees. Over 500 MGM employees participated in the program. Staff is working with MGM health coaches to promote the same program at other MGM properties in Southern Nevada.

Soda Free Summer (SFS) Initiative activities kicked off in April. The SFS challenge is designed to inspire participants to make a lasting commitment to health by reducing or eliminating sugar sweetened beverages from their diets. The annual initiative will feature information on both the Get Healthy and Viva Saludable websites and targeted outreach to the Hispanic community. In April, staff distributed SFS information at two community events and began working on a press release in Spanish.

3. Injury Prevention Program (IPP):

Staff worked with community partners and the Southern Nevada Child Drowning Prevention Coalition to successfully launch the rebranded drowning prevention campaign: "Be a Water Watcher: Patrol, Protect, Prepare" in April. The campaign kicked-off at the annual April Pools Day media event. The campaign is a media-centered campaign targeted at parents of young children. The campaign includes new television spots, social media materials for Facebook (the first time the campaign has been on social media), and Pandora online radio that began running in April and will run through much of the summer. As part of the campaign, staff participated in several earned media opportunities including an on-air television interview on the FOX 5 MORE show. New drowning prevention educational materials were also developed and distributed to community partners. As of the end of April, over 7,000 flyers and 2,700 Water Watcher pledge cards in English and Spanish had been distributed. An MPH intern worked with SNHD staff to assist with planning and implementing the new campaign.

Staff completed all requirements to execute the opioid prevention Substance Abuse Prevention and Treatment Agency (SAPTA) subgrant from the Prevention, Advocacy, Choices, Teamwork (PACT) Coalition. As part of the subgrant, staff was able to attend the 2017 RX Abuse & Heroin Summit in Atlanta, GA. Lessons learned and evidence-based examples from other communities are currently being discussed as models for going forward in Southern Nevada to address opioids.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Disease Surveillance and Investigations

In 2016 The Office of Disease Surveillance Merged with The Office of Epidemiology, creating The Office of Epidemiology and Disease Surveillance. Since this merge, OEDS continues to move forward with integration. An example of this integration is the recent training for Nasopharyngeal and Buccal Swabs. Historically, there was a very limited number of staff able to perform this swab collection. OEDS was able to bring training to the staff for these specimen collections, increasing the program capability from 2 staff to 19 staff.

Informatics continues to review disease surveillance processes by looking at how current flow and documentation occurs among all reportable infections, and determining how a streamlined approach can be implemented.

Community Health -- OEDS -- Fiscal Year Data

	May 2016	May 2017		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Morbidity Surveillance						
Chlamydia	898	983	↑	9,662	11,262	↑
Gonorrhea	273	334	↑	2,918	3,748	↑
Primary Syphilis	6	5	↓	91	122	↑
Secondary Syphilis	14	11	↓	190	267	↑
Early Latent Syphilis	44	24	↓	459	345	↓
Late Latent Syphilis	26	25	↓	160	348	↑
Congenital Syphilis (presumptive)	1	0	↓	6	13	↑
New Active TB Cases Counted - Pediatric	0	0	→	1	3	↑
Number of TB Active Cases Counted - Adult	2	3	↑	35	41	↑

Community Health -- OEDS -- Fiscal Year Data

	May 2016	May 2017		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	2	7	↑	25	33	↑
Syphilis Pregnant Cases	2	7	↑	61	66	↑
Perinatally Exposed to HIV	1	0	↓	22	29	↑

Community Health -- OEDS -- Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	52	0	55	2
Gonorrhea	34	0	34	2
Syphilis	109	1	112	6

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

HIV/AIDS (New to Care/Returning to Care)	33	1	61	35
Tuberculosis	34	0	33	0
TOTAL	262	2	295	45

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

During the weeks of May 15-18 and May 22-24th, the Education team of SNHD's Office of Epidemiology and Disease Surveillance traveled to Northern Nevada with the Health Program Specialist I from the Nevada Division of Public and Behavioral Health, to conduct site visits with SAPTA providers who are providing rapid HIV testing to the clients of their programs/facilities. Staff traveled to Reno, Fallon, Fernley, and Carson City the week of May 15-18th and toured facilities at Ridge House, Northern Nevada HOPES, Vitality Unlimited Carson, New Frontier Treatment Center (Fallon) China Spring Youth Camp, and Rural Nevada Counseling (Fernley). The next week, staff traveled to Elko, NV and visited New Frontier Treatment Center (Elko) and Vitality Unlimited (Elko) In addition to touring the facilities, we reviewed documentation of procedures and processes of the facility and observed lab testing preparedness. The education team was able to consult with SAPTA personnel, on occasion, observe counseling sessions (upon signature of confidentiality waivers of the agency and client permission) and review counseling and testing services, and offer counsel and suggestions as needed. SNHD Office of Epidemiology and Disease Surveillance Education Team also conducted two HIV 201 presentations for staff during both the Reno/Northern Nevada and Elko weeks of site visits. Some of the conclusions/observations from the trip indicated that several of the SAPTA testing sites are still waiting for HCQC clearance to institute testing at their sites. A few sites have encountered some unanticipated physical as well as procedural obstacles in the testing process that are for the most part, manageable and correctable. In addition, several of the providers will be sending personnel to SNHD to attend the weeklong HIV Rapid Testing, Counseling, Safety and Certificate Program in August. SNHD and NDPBH have offered resources, such as phone consultation times for providers as well as ideas for community resource mobilization.

May is designated Hepatitis Awareness Month. A press release was sent out from The Southern Nevada Health Districts Public Information Office, highlighting important statistical data as well as emphasized testing along with discussions about risk factors. The Office of Epidemiology and Disease Surveillance provided HCV rapid testing Monday thru Thursday at The Center-LGBTQ Community of Nevada, and offered vaccines for Hepatitis A and B for at risk adults. We also provided HCV testing each Wednesday at TracBExchange.

OEDS participated in:

A. High Impact HIV/STD/Hepatitis Screening Sites

- Mondays-Thursdays and first Saturday; The Center- LGBTQ Community of Nevada- Target population-MSM, transgender.
- Wednesdays-TracBExchange-target population IDU.
- 05/25-in Collaboration with HELP of Southern Nevada, AIDS Healthcare Foundation, TracBExchange, U.S. Vets, Caridad Charity, and SNHD-Mobile Rapid Hepatitis C and HIV testing. Sites included near The Salvation Army, and The Las Vegas Rescue Mission, 15th street and Mesquite. Target Population- Homeless and People who use or inject drugs.

B. Staff Facilitated Training/Presentations

- a. 05/04 and 05/05-Recognizing and Responding to Stigma-Provided by the California Prevention Training Center-30 staff attended.
- b. 05/08-05/12-HIV Rapid Testing, Counseling, Safety, and Certificate Program-provided by SNHD-9 people attended. Agency Representation included Planned Parenthood, The Center-LGBTQ community of Nevada, New Frontier, Aid for AIDS of Nevada, Ryan White Planning Counsel, and Huntridge Clinic.
- c. 05/10-Drug Related Harm Reduction Training-provided by SNHD staff-This training was provided to the Community Counseling Center-32 people attended.
- d. 05/16-Drug Related Harm Reduction Training-in collaboration with SNHD and HELP of Southern Nevada-This training was delivered to providers who serve people who use or inject drugs. 17 people attending including agency representation from HELP of Southern Nevada, Care Coalition, The Center for Behavioral Health, and SNHD.
- e. 05/18 and 05/23-SNHD Provided HIV 201 to SAPTA sites in Northern Nevada. A total of 16 people attended.
- f. 05/19-SBIRT (Screening, Brief Intervention, and Referral to Treatment for Substance use Disorders)-Provided by Roberta Miranda from UNLV. 8 staff attended.
- g. 05/18-Nasopharyngeal and Buccal Swab training-provided by SNHD-19 staff attended.
- h. 05/30-Dr. Cheryl Radeloff presented on HIV epidemic profile and pregnancy to the Nye Communities Coalition in Pahrump. 12 people attended.
- i. 05/31-SNHRA (Southern Nevada Harm Reduction Alliance)-17 people attended.

Community Health -- OEDS -- Fiscal Year Data

	May 2016	May 2017		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	533	387	↓	6,573	6,545	↓
Clinic Screening (SHC/FPC/TB)	763	542	↓	7,718	7,713	↓
Outreach Screening (Jails, SAPTA)	130	90	↓	1,778	1,573	↓
TOTAL	1426	1019	↓	16,069	15,831	↓
Outreach/Targeted Testing POSITIVE				103	77	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				77	88	↑
Outreach Screening (Jails, SAPTA)POSITIVE				10	18	↑
TOTAL POSITIVES				190	183	↓

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 5/24/17, there

were 120 travel-associated Zika virus disease cases reported in the US and 498 locally acquired cases reported in US territories. There have been no cases acquired through local mosquito-borne transmission in the U.S. in 2017. There has been 1 case in the U.S. acquired through other routes, including sexual transmission, congenital infection, laboratory transmission or person to person through an unknown route. SNHD has reported 1 travel-associated case in 2017. 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>). To date in 2017, the OEDS has arranged testing for 62 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 July 2017.

- b. **Arbovirus update:** OEDS has investigated and confirmed 1 human case of neuroinvasive West Nile virus for this season. The case was locally acquired and has died. Mosquito traps were set at the case's home, none of the mosquitoes found at the home were positive. No other cases have been reported so far.
- c. **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 May. The total number of confirmed influenza cases was 21 for May 2017 yielding a 61.1% decrease from April 2017. Compared to the same month of the previous season, there has been a 326.9% increase in overall cases. Considering the whole influenza season, Influenza A is the dominant type circulating locally (71.4%). Influenza B accounted for approximately 23.8%. 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.
- d. **Viral Gastroenteritis Outbreak in Clark County:** Between April 24th and May 19th the OEDS received reports of viral gastroenteritis outbreaks in 11 schools, one childcare facility and one shelter. Two of the schools voluntarily closed for two days each so that the buildings could be cleaned and sanitized thoroughly. Specimens received from ill persons associated with four of the schools and one shelter was positive for Norovirus GI and GII. In addition, one of the schools also had two positive astrovirus results. Further typing of the Norovirus was done by a CaliciNet laboratory in California which identified 4 different types of viral gastroenteritis agents were circulating within the schools including Norovirus GII.2, GII.3A, GII.3B, and astrovirus HAsV-3. They were unable to type the Norovirus GI specimens due to low viral load. Teams consisting of an Environmental Health Specialist and Epidemiologist or Disease Investigator and Intervention Specialist (DIIS) visited each facility to investigate and make recommendations to prevent further spread. Case finding efforts included receiving daily numbers of students seen at the health office with symptoms of vomiting and/or diarrhea and dissemination of parent and staff illness surveys to 10 of the schools. Preliminary analysis of survey results indicate that of 842

persons who completed the surveys, 337 persons (40%) reported illness they perceived to be consistent with viral gastroenteritis. These data are currently being analyzed to identify persons meeting the outbreak case definition. Intervention measures included review and updates of SOPs for cleaning of emetic events and exclusion of students until 48 hours post-symptom resolution and staff for 72 hours post-symptom resolution. As of May 31st there were no additional outbreaks identified. Final investigation results will be reported next month.

- e. ***Decrease in Positive Pertussis PCR Accuracy in Association with a Local Pediatric Practice-Update:*** The OEDS continues investigating a decrease in the percent accuracy of PCR positive test results associated with one pediatrician group. For the months of April and May, the OOE received reports of 22 PCR positive tests of which 21 were from this practice. Of the 21 positive PCR test reports, 8 (38%) met the CDC case definition for pertussis and were reported to the State. Thirteen (62%) did not meet the criteria to be considered a case of pertussis. Further analysis of those cases not meeting the pertussis case definition revealed that 9 patients had no symptoms of pertussis when tested, 1 had only cough, 2 had three symptoms consistent with pertussis but did not cough for 2 weeks and 2 had four of the pertussis symptoms without cough for 2 weeks. None of the positive PCR tests were positive by culture for *Bordetella pertussis*. 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 include provision of CDC recommendations to this provider group. This investigation is ongoing.
- f. ***Hand, Foot, and Mouth Disease (HFMD) at Local Day Care Center:*** On May 30, OEDS received a call from an anonymous person reporting HFMD had been transmitted for about a week at Children's Learning Adventure North Las Vegas Campus. Per the center director, the situation had been reported to SNHD Environmental Health. Three classrooms were affected, totaling 12 ill children of different age groups and a total of 62 children potentially exposed. The director also reported having already informed parents of students in attendance in the three affected classrooms regarding the illnesses. Increased hand washing among staff and children was emphasized. Environmental Health was advised and will dispatch an EHS to confirm mitigation efforts.
- g. ***Fifth Disease (Parvovirus B19) at a local Charter School:*** On May 31, 2017 OEDS received a call from a School Nurse asking for recommendations regarding the exclusion policy for students diagnosed with Fifth Disease (Parvovirus B19). According to the School Nurse, there were recently 2 students clinically diagnosed with Parvovirus B19 by a Health Care Provider. The Nurse also mentioned that they have seen 8 other students with similar symptoms over the last few weeks. Per Nurse, the affected students are in the lower grades K – 3. A request for specific epidemiological information was made, to the Nurse and FASA. At this time, the school is collecting the requested information and will provide it to OEDS. Recommendations were made to increase hand washing among students and staff. It is also recommended that parents/guardians of immune-compromised students be notified and any pregnant staff should also be made aware of the presence of the disease within the school. Investigation is ongoing.

- B. **Other:** Salomon Compaore resigned his position as Epidemiologist early May 2017.

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

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A. Work continues on the new SNPHL LIMS 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. Assisted the state on their consumption of Quest HL7 messages.
- I. Work continues on the Counseling, Testing, and Referral web application for OEDS.
- J. Performed work on the OEDS reportable disease surveillance self-reporting mobile application.

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

1. May Meetings:

A. Drug/Device/Protocol 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 started their annual review of the Emergency Medical Care Protocols.

There was discussion regarding the need to develop STEMI (ST-Elevation Myocardial Infarction) receiving criteria to allow emergency response crews and receiving facilities to work together to facilitate advance activation of the cardiac catheterization labs. The issue will be forwarded to the Medical Advisory Board to determine the need to form a workgroup of community stakeholders to address the destination criteria.

The Committee approved the Rapid Arterial Occlusion Evaluation (RACE) tool to be used in conjunction with the Cincinnati Stroke Scale to more accurately identify stroke severity and localize the area affected by the stroke.

B. 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

May EMS Statistics	May 2016	May 2017		FY15-16 (July- June)	FY16-17 (July- June)	
Total certificates issued	21	46	↑	1500	2065	↑
New licenses issued	21	42	↑	333	365	↑
Renewal licenses issued (recert only)	0	0	→	1242	1715	↑
Active Certifications: EMT	534	528	↓			
Active Certifications: Advanced EMT	1251	1285	↑			
Active Certifications: Paramedic	1205	1255	↑			
Active Certifications: RN	45	37	↓			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP Senior Planner has been invited to attend several CCSD meetings in regards to unaccompanied minors as public health subject matter expert (SME) and is assisting the Department of Public and Behavioral Health (DPBH) in finalizing potential locations for Federal Medical Stations or Alternate Care Sites located in the Valley.
- B. OPHP Senior Planner is attending planning meetings for an upcoming Active Shooter Tabletop Exercise at Henderson Hospital scheduled for June 22.
- 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 occurred 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. Four volunteers worked at the SNHD Main immunization clinic and SNHD East and Main Foodhandler Safety offices. Nine MRC volunteers staffed first aid stations at the Komen Race for the Cure Las Vegas and one MRC volunteer staffed a first aid station and distributed preparedness materials at the Veterans Administration Healthy Living Fair and 2K. Volunteer hours for May total 103 with a monetary value of \$2464.79.
- B. The MRC Coordinator attended SNHD Back to School Immunization planning meetings, 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. May 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 5 separate gastrointestinal illness outbreak investigations.
- C. SNPHL has completed installation and training for the new LIMS and continues to expand utilization within the department.
- D. SNPHL continues to work with the Finance Department to structure purchasing and supply in One Solution.
- E. SNPHL continues work on the project grant from APHL for development of a laboratory training video and tabletop exercise.
- F. SNPHL continues with remodeling work for the new Clinical Laboratory. The commercial construction phase is completed and facility installations have begun.
- G. Equipment and furnishings have been ordered to expand the laboratory operations.

COMMUNITY HEALTH - SNP HL – Fiscal Year Data

SNPHL Services	May 2016	May 2017		FY 15-16 (July- June)	FY 16- 17 (July- June)	
Clinical Testing Services ¹	2,522	4,225	↑	33,978	61,214	↑
Epidemiology Services ²	936	705	↓	11,326	7,058	↓
State Branch Public Health Laboratory Services ³	816	108	↓	8,299	1,859	↓
All-Hazards Preparedness Services ⁴	18	19	↑	1,300	170	↓

VII. VITAL STATISTICS

May 2017 showed a 4.6% increase in birth certificate sales in comparison to May 2016. Death certificate sales showed a 22% increase for the same time frame. SNHD received revenues of \$47,567 for birth registrations, \$22,750 for death registrations; and an additional \$3,286 in miscellaneous fees for the month of May. 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	May 2016	May 2017		FY15-16 (July- June)	FY16-17 (July- June)	
Births Registered	2,290	2,292	↑	25,424	25,567	↑
Deaths Registered	1,372	1,527	↑	15,490	15,904	↑

Vital Statistics Services	May 2016	May 2017		FY15-16 (July- June)	FY16-17 (July- June)	
Birth Certificates Sold (walk-in)	3,032	3,327	↑	34,282	36,122	↑
Birth Certificates Mail	150	173	↑	1,673	1,519	↓
Birth Certificates Online Orders	1,112	981	↓	11,663	11,821	↑
Birth Certificates Billed	116	133	↑	1,248	1,235	↓
Birth Certificates Number of Total Sales	4,410	4,614	↑	48,866	50,697	↑
Death Certificates Sold (walk-in)	2,199	1,498	↓	28,613	16,460	↓
Death Certificates Mail	113	83	↓	1,646	1,098	↓
Death Certificates Online Orders	3,979	6,073	↑	44,271	59,437	↑
Death Certificates Billed	14	33	↑	133	198	↑
Death Certificates Number of Total Sales	6,305	7,687	↑	74,663	77,193	↑

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	May 2016	May 2017		FY15- 16 (July- June)	FY16-17 (July- June)	
Birth Certificates Sold Decatur (walk-in)	68.8%	72.1%	↑	70.2%	71.3%	↑
Birth Certificates Mail	3.4%	3.7%	↑	3.4%	3%	↓
Birth Certificates Online Orders	25.2%	21.3%	↓	23.9%	23.3%	↓
Birth Certificates Billed	2.6%	2.9%	↑	2.6%	2.4%	↓
Death Certificates Sold Decatur (walk-in)	34.9%	19.5%	↓	38.3%	21.3%	↓
Death Certificates Mail	1.8%	1.1%	↓	2.2%	1.4%	↓
Death Certificates Online Orders	63.1%	79%	↑	59.3%	77%	↑
Death Certificates Billed	.2%	.4%	↑	.2%	.3%	↑

Revenue	May 2016	May 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Birth Certificates (\$20)	\$88,200	\$92,280	↑	\$977,320	\$1,013,940	↑
Death Certificates (\$20)	\$126,100	\$153,740	↑	\$1,493,260	\$1,543,860	↑
Births Registrations (\$13)	\$47,697	\$47,567	↓	\$528,809	\$534,095	↑
Deaths Registrations (\$13)	\$21,060	\$22,750	↑	\$237,801	\$237,179	↓
Miscellaneous	\$3,984	\$3,286	↓	\$36,375	\$40,429	↑
Total Vital Records Revenue	\$287,041	\$319,623	↑	\$3,273,565	\$3,369,503	↑

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Table 1

Clark County Disease Statistics*, APRIL 2017

Disease	2015 Apr YTD No.	2016 Apr YTD No.	2017 Apr YTD No.	Rate (Cases per 100,000 per month) Apr (2012-2016 aggregated)	Monthly Rate Comparison Apr (2017)	Significant change bet. current & past 5-year?~
VACCINE PREVENTABLE						
DIPHTHERIA	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	9	9	13	0.11	0.05	↓
HEPATITIS A	0	0	0	0.00	0.00	↓X
HEPATITIS B (ACUTE)	5	5	5	0.09	0.05	↓
INFLUENZA	41	424	543	2.98	2.44	↓
MEASLES	0	0	0	0.00	0.00	
MUMPS	0	0	0	0.00	0.00	
PERTUSSIS	20	41	17	0.46	0.32	↓
POLIOMYELITIS	0	0	0	0.00	0.00	
RUBELLA	0	0	0	0.00	0.00	
TETANUS	0	0	0	0.00	0.00	
SEXUALLY TRANSMITTED						
CHLAMYDIA	895	858	947	38.17	43.54	↑X
GONORRHEA	216	920	1013	9.40	14.85	↑X
SYPHILIS (EARLY LATENT)	28	120	184	1.29	1.52	↑
SYPHILIS (PRIMARY & SECONDARY)	26	73	110	1.05	1.66	↑
ENTERICS						
AMEBIASIS	0	0	0	0.00	0.00	↓X
BOTULISM-INTESTINAL (INFANT)	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	7	26	36	0.34	0.37	↑
CHOLERA	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	0	0	0.01	0.05	↑
GIARDIA	5	13	15	0.23	0.09	↓
ROTAVIRUS	15	52	9	0.48	0.41	↓
SALMONELLOSIS	13	37	40	2.59	0.64	↓X
SHIGA-TOXIN PRODUCING E. COLI	9	14	8	0.09	0.05	↓
SHIGELLOSIS	0	5	16	0.08	0.05	↓
TYPHOID FEVER	0	0	0	0.02	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	0	0.01	0.00	↓
YERSINIOSIS	0	0	0	0.00	0.00	
OTHER						
ANTHRAX	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	7	23	25	0.46	0.41	↓
DENGUE FEVER	0	0	0	0.01	0.00	↓
ENCEPHALITIS	0	0	0	0.01	0.00	↓
HANTAVIRUS	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	5	6	10	0.11	0.09	↓
HEPATITIS D	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.	0	0	0	0.00	0.00	
LEGIONELLOSIS	9	5	5	0.06	0.14	↑
LEPROSY (HANSEN'S DISEASE)	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0.00	0.00	
LISTERIOSIS	0	0	0	0.03	0.00	↓
LYME DISEASE	0	0	0	0.02	0.00	↓
MALARIA	0	0	0	0.00	0.00	
MENINGITIS, ASEPTIC/VIRAL	9	0	6	0.12	0.00	↓X
MENINGITIS, BACTERIAL	7	5	17	0.08	0.09	↑
MENINGOCOCCAL DISEASE	0	0	0	0.00	0.05	↑
PLAGUE	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0.01	0.00	↓
RABIES (HUMAN)	0	0	0	0.00	0.00	
RELAPSING FEVER	0	0	0	0.00	0.00	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	47	1087	649	2.66	1.79	↓
STREPTOCOCCUS PNEUMONIAE, IPD	12	54	73	0.37	1.10	↑X
TOXIC SHOCK SYN	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	8	0.05	0.14	↑
TULAREMIA	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0	0.00	0.00	
WEST NILE VIRUS (FEVER)	0	0	0	0.00	0.00	
ZIKA VIRUS DISEASE, CONGENITAL~	0	0	0	0.00	0.00	
ZIKA VIRUS DISEASE, NON-CONGENITAL~	0	0	7	0.00	0.00	
ZIKA VIRUS INFECTION, CONGENITAL~	0	0	0	0.00	0.00	
ZIKA VIRUS INFECTION, NON-CONGENITAL~	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)=181 (reported total=1520). Monthly congenital syphilis cases (suppression applied) for 2015-2017 were 0,.,.(YTD totals of ...,7) 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).