





Memorandum

Date: July 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* 

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

In May, the Stratosphere Hotel and Casino designated their sports book as a non-smoking environment.

The Fund for a Healthy Nevada (FHN) tobacco prevention and control Request for Proposals (RFP) was issued by the Nevada Division of Public and Behavioral Health in March. The funding limits and scopes of work were pre-determined by the state. SNHD applied for the maximum allowable \$450,000 and was awarded \$413,133 per year for the next biennium.

In May, 37 youth were trained on how to plan, develop, and implement youth-led tobacco prevention advocacy projects. The goal is to reach a total of 100 youth for the grant project period, and to date, 164 youth leaders have been trained. In addition to implementing advocacy projects, students also learn about various tobacco control issues including the dangers of tobacco and myths surrounding emerging tobacco products.

2. Chronic Disease Prevention Program (CDPP):

After receiving approval from the Regional Transportation Commission (RTC) Executive Advisory Board, the Regional Bicycle and Pedestrian Plan was presented to the RTC Board on May 18th and was adopted unanimously. This represents the completion of a major Partnerships to Improve Community Health (PICH) grant objective. The Regional Bicycle and Pedestrian Plan was developed over the course of 18 months in coordination with 4 advisory groups consisting of local jurisdictions, other key stakeholders, and active users of the bicycle and pedestrian system. The plan includes recommendations to expand the bicycle network to 2,023 miles of bike facilities – a 133% increase. With a focus on rider experience, the plan recommends increasing the network from 46% to 73% high comfort bike facilities. The plan also identifies policies and programs to support biking and walking in Southern Nevada.

In May, after receiving approval from the City of North Las Vegas Planning Commission, the City of North Las Vegas (CNLV) adopted a Complete Streets Policy and amended their

Comprehensive Master Plan to include the policy. CNLV is the first city in Southern Nevada to adopt a policy that includes all 10 of the recommended elements in a model Complete Streets Policy. The National Complete Streets Coalition reviewed and scored the final revised draft. Adoption of this policy by CNLV also represents the completion of a major PICH grant objective.

In February 2017, the Nevada Department of Employment, Training, and Rehabilitation (DETR) adopted a Nutrition Standards Policy for DETR's Business Enterprise Program (BEN). In May, CDPP staff met with City of Henderson to discuss implementation of the DETR/BEN Nutrition Standards Policy. Staff provided technical assistance guides for the policy and spoke about the policy at the May 17th meeting of the Healthy Henderson committee.

The Soda Free Summer initiative kicked off on May. This year we are again focusing our efforts and outreach in the Hispanic community. A press release was sent out and spotlights were placed on both the Get Healthy and the Viva Saludable websites. Staff wrote an article on the initiative that was included in the El Mundo newspaper and also participated in a community Cinco de Mayo event that reached over 1,500 people. Educational presentations and other community outreach activities are scheduled throughout the summer.

3. Injury Prevention Program (IPP):

Staff supported and coordinated many community events around the southern Nevada response to the opioid crisis. These events included leading and listening to key community leaders during author Sam Quinones' local speaking events, presenting to executive staff of the Las Vegas Metropolitan Police Department regarding alternatives to incarceration programs, and hosting the Southern Nevada Addictive Disorders Training Project's Screening, Brief Intervention and Referral to Treatment (SBIRT) training provided by staff from the UNLV Lincy Institute for SNHD staff and community leaders.

Staff collaborated with multiple community partners to develop a grant application to support evidence-based fall prevention programming. The application was submitted to the Administration for Community Living's opportunity on evidence-based falls prevention programs. If funded, the project will expand availability of fall prevention classes for seniors.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Disease Surveillance and Investigations

OEDS and Informatics launched iCircle in select clinics in June. This is an application that has allowed for the electronic collection of counseling and testing data and automatic submission of the testing data into the CDC database. This effort also paved the way for the centralization of a result access portal. OEDS is also working on data process standardization: LOINC database review and development of validation tool, review of lab processing decision tool for all reportable conditions (other than HIV/STD/TB).

Community Health -- OEDS – Fiscal Year Data

Morbidity Surveillance	June	June		FY15-16	FY16-17	
	2016	2017		(Jul-June)	(Jul-June)	
Chlamydia	877	945	↑	10539	12307	↑
Gonorrhea	321	360	↑	3239	4155	↑
Primary Syphilis	10	9	↓	101	141	↑
Secondary Syphilis	21	14	↓	211	298	↑
Early Latent Syphilis	40	34	↓	499	395	↓
Late Latent Syphilis	33	21	↓	194	400	↑
Congenital Syphilis (presumptive)	0	0	→	6	13	↑
New Active TB Cases Counted - Pediatric	0	1	↑	1	4	↑
Number of TB Active Cases Counted - Adult	7	3	↓	42	46	↑

Community Health -- OEDS – Fiscal Year Data

Moms and Babies Surveillance	June	June		FY15-16	FY16-17	
	2016	2017		(Jul-June)	(Jul-June)	
HIV Pregnant Cases	9	3	↓	34	37	↑
Syphilis Pregnant Cases	7	5	↓	68	74	↑
Perinatally Exposed to HIV	2	1	↓	24	31	↑

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	50	1	46	2
Gonorrhea	38	2	35	1
Syphilis	120	4	125	9
HIV/AIDS (New to Care/Returning to Care)	41	1	52	42
Tuberculosis	90	0	52	2
TOTAL	339	8	310	56

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

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

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. 06/09-In Collaboration with AIDS Healthcare Foundation and the Mobile Testing Unit-Shade tree-HIV, Syphilis, Gonorrhea, and Chlamydia Testing-Target Population-Women, IDU, Homeless.
- d. 06/15-06/18-Electric Daisy Carnival-SNHD handed out condoms, provided risk reduction counseling, and answered sexual health questions to participants. Target Population-Youth.
- e. 06/27-For National HIV Testing Day- In Collaboration with AIDS Healthcare Foundation and the Mobile Testing Unit-Crowd Pleezers Barber Shop-Target Population-all.
- f. 06/29-in Collaboration with HELP of Southern Nevada, AIDS Healthcare Foundation, TracBExchange, and SNHD-Mobile Rapid Hepatitis C and HIV testing. Sites included the tunnels and camps throughout the valley. Target Population-Homeless and People who use or inject drugs.

B. Staff Facilitated Training/Presentations

- a. 06/14 and 06/15-NACCHO (National Association of County and City Health Officials)-The Role of Local Health Department in Providing School Based Adolescent HIV/STD Prevention Services Work Shop held in Washington D.C.-1 staff attended.
- b. 06/15-HIV 101, STD's Consent, and Health Relations-Provided by SNHD to volunteers and staff at the Electric Daisy Carnival. 30 Participants.
- c. 06/15-Helping with difficult emotional or drug-related experiences-Provided by Health Nightlight Staff as part of Project Open Talk and in preparation for the Electric Daisy Carnival. 5 staff attended.
- d. 06/23-Harm Reduction Training-Provided by SNHD- 27 people attended, including agency representation from Center- LGBTQ Community of Nevada, AIDS Healthcare Foundation, Mission Treatment, and SNHD.
- e. 06/23-Community THINKers Summit and Luncheon-creating connection with providers and youth.2 staff attended.
- f. 06/20-SNHD provided HIV/STD training for the Rape Crisis Center-15 participants.
- g. 06/28-Stigma Training in relation to IDU-Provided by SNHD-12 participants attended.

- h. 06/30-HIV 201-Provided by SNHD-to HIV testing providers, 4 participants.

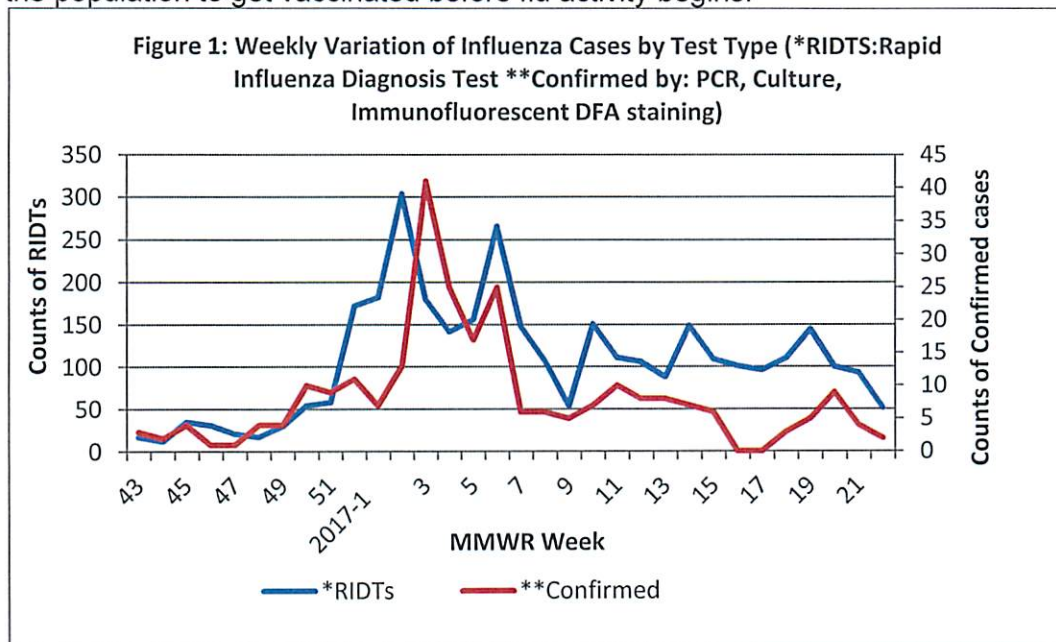
Community Health -- OEDS – Fiscal Year Data						
Prevention - SNHD HIV Testing	June 2016	June 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Outreach/Targeted Testing	687	309	↓	7,403	7,239	↓
Clinic Screening (SHC/FPC/TB)	746	175	↓	8,313	8,002	↓
Outreach Screening (Jails, SAPTA)	135	144	↓	1,951	1,738	↓
TOTAL	1,568	628	↓	17,667	16,979	↓
Outreach/Targeted Testing POSITIVE				111	78	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				86	97	↑
Outreach Screening (Jails, SAPTA) POSITIVE				10	30	↑
TOTAL POSITIVES				207	205	↓

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 6/21/17, there were 140 travel-associated Zika virus disease cases reported in the US and 510 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 69 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 in July 2017.
- b. **Arbovirus update:** OEDS still has only reported 1 case of WNV for this season. No cases under investigation.
- c. **Influenza:** Flu season is an annually recurring time period characterized by the prevalence of outbreaks of influenza (flu). In the United States, the flu season is considered October through May. Usually, flu activity peaks between December and March. For the 2016-2017 season, Influenza surveillance in Southern Nevada recorded the peak during weeks 2 and 3 of 2017 which was earlier than the 2015-2016 season. 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, April and May. As of June 3, 2017, the total number of confirmed flu cases this season was 689 which was 8% higher than the case count in the previous season. Influenza A was the dominant type circulating locally (76.3%). Influenza B accounted for approximately 23.5%. No influenza-associated pediatric death occurred this season. SNHD will continue to update the public on the progression of the next flu season and encourage the population to get vaccinated before flu activity begins.



- 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 were 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 that were circulating within the schools including norovirus GII.2, GII.3A, GII.3B, and astrovirus HAstV-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 June 8, the last day of school year 2016-2017, there were no additional outbreaks identified. The final report is pending.

- 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. From December 2016 to May 2017, the OOE received reports of 58 PCR positive tests from a commercial laboratory, all of which were from this practice. Of the 58 positive PCR test reports, 12 (21%) met the CDC case definition for pertussis and were reported to the State. Forty-six (79%) 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 11 patients had no cough, 18 had coughing less than 2 weeks, 9 had at least one additional symptom consistent with pertussis other than cough, but did not cough for 2 weeks, and 8 had cough over 2 weeks only without any other symptoms. 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. ***Legionnaires' Disease Outbreak at the Rio All-Suite Hotel and Casino:*** On May 23, 2017, the Centers for Disease Control and Prevention (CDC) Respiratory Diseases Branch, as part of the national surveillance system to detect cases among travelers, informed the SNHD OEDS of 2 case reports of laboratory-confirmed Legionnaires' disease in persons who had stayed at the Rio All-Suite Hotel and Casino (Rio) in Clark County during their incubation period. Case #1 had illness onset in March and Case #2 in April 2017 approximately one month apart. At the time of the report, both cases had survived the illness. Both cases were laboratory confirmed through urine antigen testing; no culture isolates from cases were available. Environmental testing arranged by the hotel subsequent to the first case report was positive for *Legionella pneumophila* serogroup 1 in a fountain and one of the hot water risers. Environmental testing on specimens collected by SNHD on May 24, 2017 was positive for *Legionella pneumophila* serogroup 4 in 17 of 31 samples. Based on the *SNHD Protocol for Legionella Investigations*, an outbreak is declared when two cases are associated with the same facility whereby environmental evidence suggests a common source of infection. The CDC was contacted for guidance and an outbreak investigation was initiated on June 7. The hotel remediated the Ipanema and Masquerade towers and subsequent testing of the Ipanema towers water systems have been negative for *Legionella*. The Rio has sent letters to guests staying at the hotel since March 1. Case finding efforts included and EPI-X notification on June 8 and a press release on June 9. Through these efforts we have identified an additional 2 suspect Legionnaires' disease and 2 confirmed and 2 suspect Pontiac fever cases for a total of 8 cases. This investigation is ongoing.
- g. ***Outbreak of Gastroenteritis (GE) associated with Nelly's Tacos, a Non-permitted Caterer:*** The OEDS investigated an outbreak of GE associated with persons attending a graduation party on June 10, 2017. Nelly's Tacos, a non-permitted catering facility, provided an array of foods at the party to include tacos. Initial reports indicated that 15 persons of 40 in attendance at the event became ill with symptoms of GE including vomiting and diarrhea. Other foods, not provided by Nelly's Tacos, were also served at the event. Attempts were made to get all attendees to complete an online survey designed to identify which food or drink may have been associated with the illness. Clinical specimens were also requested. We were able to test one stool specimen which was positive for norovirus GI. SNHD Environmental Health Specialist contacted the business owner and issued a Cease and Desist order for food

catering. The business owner was also provided with information necessary to apply for a catering permit. Since the OEDS was unable to obtain more than five responses to the survey we were unable to determine which food item(s) were implicated? This investigation is closed.

- h. ***Respiratory Illness at Golden Nugget Hotel and Casino:*** On June 22, 2017, SNHD OEDS received a report that many people became ill with respiratory symptoms after attending a Vietnam Veteran's Reunion at Golden Nugget Hotel and Casino from June 15 to June 18, 2017. Seventy-three people attended the reunion. OEDS began an investigation after receiving the report. As of 6/26/2017, it was reported that 31 participants were ill with respiratory symptoms. Of 31 ill persons, 7 were hospitalized. One person was diagnosed and tested positive with influenza A. This investigation is ongoing.
- B. **Other:** Four OEDS staff members attended the 2017 Council for State and Territorial Epidemiologists (CSTE) Conference in Boise, Idaho. Zuwen Qiu-Schultz attended the APIC 2017 Annual Conference in Portland, OR.
- C. **Communicable Disease Statistics:** May disease statistics are attached.(see table 1)

III. **OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)**

- A. Work continues on the new SNPDL 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. Preparations have started for another Quest HL7 upgrade which will take place this autumn.
- J. Work continues on the Counseling, Testing, and Referral web application for OEDS.
- K. Performed work on the OEDS reportable disease surveillance self-reporting mobile application.
- L. Two Informatics scientists attended the National CSTE conference in Boise, ID.

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

1. **June 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.

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.

C. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

Dr. Edwin "Flip" Homansky announced his retirement after 35 years of service in various advisory positions for the Southern Nevada Health District.

Communications meetings with all primary 911 call centers will be resuming in the near future. The Fire Alarm Office has offered to host these meetings for valley-wide review sessions.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

June EMS Statistics	June 2016	June 2017		FY15-16	FY16-17	
				(July-June)	(July-June)	
Total certificates issued	37	35	↓	1537	2100	↑
New licenses issued	27	29	↑	360	385	↑
Renewal licenses issued (recert only)	0	0	→	1242	1715	↑
Active Certifications: EMT	559	539	↓			
Active Certifications: Advanced EMT	1251	1295	↑			
Active Certifications: Paramedic	1214	1260	↑			
Active Certifications: RN	44	35	↓			

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. June 2017 SNPHL Activity Highlights:

- A. SNPHL has received new refrigeration and incubation equipment to replace outdated and non-operational equipment in order to comply with LRN guidelines.
- B. Laboratory staff provided continued input and participation to Epidemiology for 2 separate gastrointestinal illness outbreak investigations.
- C. SNPHL has completed installation and training for the new LIMS and continues to expand utilization within the department. Test validation for Microbiology and Molecular testing has begun.

- D. SNPHL continues to work with the Finance Department to structure purchasing and supply in One Solution. The use of Stores program has been implemented.
- E. SNPHL completed work on the project grant from APHL for development of a laboratory training video and tabletop exercise and has posted it on the SNHD website.
- F. SNPHL continues with remodeling work for the new Clinical Laboratory. The commercial construction phase is completed and facility installations have begun on the biological safety cabinet and water systems. Move-in for the office areas have begun.
- G. Equipment and furnishings to expand the laboratory operations have been received and implementation plans are being developed.
- H. SNPHL has returned MIDI instrumentation no longer in use to the NSPHL.
- I. SNPHL has hired a new Laboratory Supervisor and SNHDCL has hired a new Laboratory Technologist II

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

	June 2016	June 2017		FY 15-16 (July-June)	FY 16-17 (July-June)	
SNPHL Services						
Clinical Testing Services¹	4,244	4,504	↑	38,222	65,718	↑
Epidemiology Services²	635	1,371	↓	11,961	8,429	↓
State Branch Public Health Laboratory Services³	827	61	↓	9,115	1,920	↓
All-Hazards Preparedness Services⁴	8	13	↑	1,318	189	↓

VII. VITAL STATISTICS

June 2017 showed a 1% increase in birth certificate sales in comparison to June 2016. Death certificate sales showed a 3.6% increase for the same time frame. SNHD received revenues of \$50,414 for birth registrations, \$22,321 for death registrations; and an additional \$3,987 in miscellaneous fees for the month of June. 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

	June 2016	June 2017		FY15-16 (July-June)	FY16-17 (July-June)	
Vital Statistics Services						
Births Registered	2,423	2,355	↑	27,846	27,918	↑
Deaths Registered	1,357	1,540	↑	16,847	17,432	↑

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.

	June 2016	June 2017		FY15-16 (July-June)	FY16-17 (July-June)	
Vital Statistics Services						
Birth Certificates Sold (walk-in)	3,341	3,565	↑	37,623	39,687	↑
Birth Certificates Mail	193	145	↓	1,866	1,664	↓
Birth Certificates Online Orders	1,186	1,062	↓	12,849	12,883	↑
Birth Certificates Billed	94	93	↓	1,342	1,328	↓
Birth Certificates Number of Total Sales	4,814	4,865	↑	53,680	55,562	↑
Death Certificates Sold (walk-in)	2,186	1,513	↓	30,799	17,973	↓
Death Certificates Mail	417	92	↓	2,063	1,190	↓
Death Certificates Online Orders	4,571	5,833	↑	48,842	65,270	↑
Death Certificates Billed	11	6	↓	144	204	↑
Death Certificates Number of Total Sales	7,185	7,444	↑	81,848	84,637	↑

	June 2016	June 2017		FY15-16 (July-June)	FY16-17 (July-June)	
Vital Statistics Sales by Source						
Birth Certificates Sold Decatur (walk-in)	69.4%	73.3%	↑	70.1%	71.4%	↑
Birth Certificates Mail	4%	3%	↓	3.5%	3%	↓
Birth Certificates Online Orders	24.6%	21.8%	↓	23.9%	23.2%	↓
Birth Certificates Billed	2%	1.9%	↓	2.5%	2.4%	↓
Death Certificates Sold Decatur (walk-in)	30.4%	20.3%	↓	37.6%	21.2%	↓
Death Certificates Mail	5.8%	1.2%	↓	2.5%	1.4%	↓
Death Certificates Online Orders	63.6%	78.4%	↑	59.7%	77.1%	↑
Death Certificates Billed	.2%	.1%	↓	.2%	.2%	→

	June 2016	June 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Revenue						
Birth Certificates (\$20)	\$96,280	\$97,300	↑	\$1,073,600	\$1,111,240	↑
Death Certificates (\$20)	\$143,700	\$148,880	↑	\$1,636,960	\$1,692,740	↑
Births Registrations (\$13)	\$51,545	\$50,414	↓	\$580,354	\$584,509	↑
Deaths Registrations (\$13)	\$22,700	\$22,321	↓	\$260,501	\$259,500	↓
Miscellaneous	\$4,266	\$3,987	↓	\$40,641	\$44,416	↑
Total Vital Records Revenue	\$318,411	\$322,902	↑	\$3,592,056	\$3,692,405	↑

Table 1

Clark County Disease Statistics*, MAY 2017

Disease	2015		2016		2017		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~
	May YTD No.	May YTD No.	May YTD No.	May YTD No.	May YTD No.	May YTD No.	May (2012-2016 aggregated)	May (2017)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	11	11	0	13			0.10	0.00	↓X
HEPATITIS A			6	0	0		0.08	0.00	↓X
HEPATITIS B (ACUTE)			7	8			0.09	0.14	↑
INFLUENZA	16	440	13	556	62	571	1.26	2.85	↑X
MEASLES	0	9	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0		0.00	0.00	
PERTUSSIS	18	59	19	26			0.50	0.09	↓X
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	740	4119	894	4411	1069	4890	40.77	49.03	↑X
GONORRHEA	223	1143	272	1285	381	1669	10.24	17.49	↑X
SYPHILIS (EARLY LATENT)	31	151	44	228	42	178	1.30	1.93	↑
SYPHILIS (PRIMARY & SECONDARY)	22	95	20	130	35	192	0.76	1.61	↑X
ENTERICS									
AMEBIASIS	0	0	0	0	0	0	0.01	0.05	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	11	37	8	44	10	45	0.40	0.46	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	0	0	0	0	0	0.02	0.05	↑
GIARDIA	15	19	11	11	11	11	0.20	0.05	↓
ROTAVIRUS	9	61	11	15	8	44	0.52	0.37	↓
SALMONELLOSIS	11	48	13	53	9	53	0.71	0.41	↓
SHIGA-TOXIN PRODUCING E. COLI	0	9	18	0	7		0.11	0.00	↓X
SHIGELLOSIS	8	18	16				0.08	0.18	↑
TYPHOID FEVER	0	0	0	0	0	0	0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.01	0.00	↓
YERSINIOSIS	0	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	6	29	8	33	8	47	0.27	0.37	↑
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	5	11	9			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	10	6	9				0.09	0.18	↑
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.01	0.00	↓
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	0	0	0	0	0	0.00	0.00	
LYME DISEASE	0	0	0	0	5		0.04	0.00	↓
MALARIA	0	0	0	0	0	0	0.03	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	6	15	0	8			0.13	0.09	↓
MENINGITIS, BACTERIAL	5	12	19	9			0.10	0.14	↑
MENINGOCOCCAL DISEASE	0	0	0	0	0	0	0.00	0.00	
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	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	0.02	0.00	↓
RSV (RESPIRATORY SYNCYTIAL VIRUS)	5	1092	12	661	13	854	0.82	0.60	↓
STREPTOCOCCUS PNEUMONIAE, IPD	8	62	10	83	18	110	0.29	0.83	↑X
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	6	11	8	16			0.07	0.37	↑X
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	7	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	

*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)=158(reported total=1685). Monthly congenital syphilis cases (suppression applied) for 2015-2017 were 0,,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).