



Memorandum

Date: August 24, 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

MS
JPI

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

TCP staff and community partners have created the Smoke-Free Meeting Directory which provides a one-stop resource with information to help meeting planners find smoke-free meeting venues in Clark County. The Directory can be accessed on the Get Healthy Clark County website at <http://gethealthyclarkcounty.org/smoke-free-meetings/>. Staff sent an e-mail blast to 150 members of the Nevada Minority Health and Equity Coalition to encourage them to be listed in the Smoke Free Meeting Directory. To date, there are 178 total venues listed in the Smoke Free Meeting Directory.

Staff was asked to provide technical assistance to Las Vegas PRIDE organizers to adopt and implement a smoke-free (including electronic products) festival last fall. The TRUTH Initiative recently featured the Smoke-free Las Vegas LGBT Pride Festival as a highlight in their nationwide newsletter as a success and model policy in tobacco control.

Staff provided technical assistance and model language regarding how to capture smoking status and how to refer patients to the Quitline to Dr. Elizabeth Fildes, who serves on the WestCare Board. WestCare provides mental and behavioral health services.

TCP and CDPP staff members were asked to participate in the Southern Nevada Veteran's Administration Health and Safety Conference at the Tropicana Hotel June 20-21. Staff provided information on all OCDPHP programs and received positive feedback from conference organizers and participants.

2. Chronic Disease Prevention Program (CDPP):

Soda Free Summer (SFS) Initiative activities continued in June. 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 over the summer months. The annual initiative features information on both the Get Healthy and Viva Saludable websites and targeted outreach to the Hispanic community. In June, a press release in Spanish was developed and distributed. Staff participated in several earned media interviews on the Entre Mujeres television and radio programs and on the Encuentro con Nuestra

Comunidad radio program. Staff also wrote an article on the Soda Free Summer initiative in Spanish which was published in the El Tiempo newspaper. In addition, staff developed and presented an educational class about sugar-sweetened beverages to a group of approximately 25 people at the Alliance Against Diabetes Clinic.

Staff presented Care4life diabetes self-management and diabetes prevention program resources to 40 seniors attending the Catholic Charities monthly meeting. Chronic disease prevention materials were distributed.

Staff developed an educational initiative to commemorate Stroke Awareness month. Efforts included developing and printing stroke prevention and awareness posters that were sent to Body & Soul church partners for display, a stroke awareness spotlight on the Get Healthy website and a small social media campaign. As African Americans have a greater risk of stroke, the campaign and overall initiative was geared towards African Americans.

3. Injury Prevention Program (IPP):

Staff presented at the Las Vegas Metropolitan Police Department Downtown Area Command’s First Tuesday to a community audience of about 40 people on the topic of water safety and drowning prevention. Staff also appeared on Fox5’s MORE show to promote drowning prevention messaging.

Staff participated in two media requests from PIO office on the topic of heat-related illness and safety practices.

Staff continues to support efforts in opioid poisoning prevention. In June, staff attended harm reduction trainings, facilitated Southern Nevada Opioid Taskforce Advisory Council and subcommittee meetings, presented to the PACT coalition on injury prevention programming efforts, and continued to provide injury prevention messaging for the community.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Disease Surveillance and Investigations

Community Health -- OEDS – Fiscal Year Data						
Morbidity Surveillance	July 2016	July 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Chlamydia	851	1042	↑	851	1042	↑
Gonorrhea	295	381	↑	295	381	↑
Primary Syphilis	9	15	↑	9	15	↑
Secondary Syphilis	16	19	↑	16	19	↑
Early Latent Syphilis	35	20	↓	35	20	↓
Late Latent Syphilis	28	4	↓	28	4	↓
Congenital Syphilis (presumptive)	1	0	↓	1	0	↑
New Active TB Cases Counted - Pediatric	0	0	→	0	0	→
Number of TB Active Cases Counted - Adult	8	8	→	8	8	→

Community Health -- OEDS – Fiscal Year Data

	July 2016	July 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	2	4	↑	2	4	↑
Syphilis Pregnant Cases	4	5	↑	4	5	↑
Perinatally Exposed to HIV	1	2	↑	1	2	↑

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	28	0	28	3
Gonorrhea	43	0	35	3
Syphilis	98	0	114	5
HIV/AIDS (New to Care/Returning to Care)	22	1	25	47
Tuberculosis	141	0	46	1
TOTAL	332	1	248	59

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. July 27-In collaboration with AIDS Healthcare Foundation, TracBExchange and SNHD- provided mobile rapid Hepatitis C and HIV testing. Sites included “the tunnels” and homeless camps throughout the valley, target population-homeless and IDU.

B. Staff Facilitated Training/Presentations

- a. Kathryn Barker gave a presentation to the Facilities Advisory Board on July 25 on the “Transitional Care Coordination Model,” an HIV intervention taking place at Clark County Detention Center.
- b. Ying Zhang gave presentations on epidemiology and disease surveillance to 4 Touro University PA students and one UNLV School of Medicine resident who are having their public health rotations at SNHD.
- c. Melissa Constantin presented at the National Internet Partner Services (NIPS) Webinar. There were approximately 80 people in attendance on the webinar which included NIPS members and staff. The presentation was an overview of how SNHD OEDS has implemented Internet Partner Services and included

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

successes we have had to date. Topics discussed included using GPS locating apps, social media and email to notify clients of possible exposures reportable infections. (The webinar is posted on the **National Prevention Information Network** website for those who didn't attend).

- d. Dr. Cheryl Radloff presented on OEDS and DIIS work at the Research Skills Resource Fair at UNLV. 50 people were in attendance on July 11.
- e. Drug Related Harm Reduction Training provided to community based organizations including AFAN and Foundation for Recovery as well as SNHD staff.

Community Health -- OEDS – Fiscal Year Data						
	July 2016	July 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	561	395	↓	561	395	↓
Clinic Screening (SHC/FPC/TB)	701	407	↓	701	407	↓
Outreach Screening (Jails, SAPTA)	96	55	↓	96	55	↓
TOTAL	1,358	857	↓	1,358	857	↓
Outreach/Targeted Testing POSITIVE				8	4	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				11	1	↓
Outreach Screening (Jails, SAPTA) POSITIVE				1	2	↑
TOTAL POSITIVES				20	7	↓

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 7/26/17, there were 181 travel-associated Zika virus disease cases reported in the US and 532 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 one case in the U.S. acquired through sexual transmission. SNHD has reported one travel-associated case in 2017. The CDC has updated their guidance for healthcare providers and the public regarding sexual transmission as well as screening and testing for exposed pregnant females. . The OEDS will be posting the CDC's algorithms to the SNHD website and sending out a HAN notice to providers informing them of the changes to testing recommendations. To date in 2017, the OEDS has arranged testing for 82 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 August 2017.
- b. **Arbovirus update:** OEDS still has only reported 1 case of WNV for this season. No cases under investigation.

- c. ***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. A letter was sent to the provider on July 14, 2017.
- d. ***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 an EPI-X notification on June 8 and a press release on June 9. A survey link was provided in the letter the Rio sent out to guests that requested anyone who became ill with respiratory illness after staying at the Rio to complete a survey. As of 7/31/17 there have been 126 responses. OEDS is currently in the process of analyzing responses for classification of illness. Through these efforts we have identified an additional 2 confirmed and 8 suspect Legionnaires' disease and 2 confirmed and 15 suspect Pontiac fever cases for a total of 27 cases. This investigation is ongoing.
- e. ***Respiratory Illness at Golden Nugget Hotel and Casino:*** On June 22, 2017, SNHD OEDS received a report that 31 people became ill with respiratory symptoms after attending a Vietnam Veteran's Reunion at the Golden Nugget Hotel and Casino from June 15 to June 18, 2017. There were 73 participants at the reunion. On June 23, 2017, OEDS was notified by CDC that there was a travel-associated legionellosis case who stayed at the Golden Nugget Hotel

and Casino in May, 2017. Concerned for a possible legionellosis outbreak, on June 27, 2017, SNHD environmental specialists collected water samples at the Golden Nugget Hotel and Casino for testing of Legionella pneumophila. The test was performed at EMSL Analytical, Inc and the result was negative for Legionella pneumophila. On 6/28/17, a survey was sent to participants of the reunion via email to determine how widespread the illness was and what may have caused the illnesses. As of 7/31/2017, 44 participants completed the survey. This investigation is ongoing.

B. Other:

Christian Murua attended a Coccidiomycosis (aka "Valley Fever") workshop hosted by the Washoe County Health District (WCHD) in collaboration with the Centers for Disease Control and Prevention (CDC), the Nevada Division of Public and Behavioral Health (NDPBH) and the Nevada State Public Health Laboratory (NSPHL) held in Reno, NV.

The Southern Nevada Harm Reduction Alliance met on July 10 and July 26.

Cheryl Radeloff and Jennifer Gratzke attended the National Sexual Health Conference in Denver, CO.

Matthew Kappel has been promoted from a DIIS II to an Epidemiologist with OEDS, effective July 31, 2017.

Linda Verchick, Disease Surveillance Supervisor, is retiring effective August 2, 2017.

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

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

1. Work continues on the new SNPHL LIMS system to interoperate with other internal and external systems.
2. Migrations to the new SFTP server continued.
3. We have been assisting with the EHR system.
4. Work on the new Java EE version of EpiTrax continues.
5. Assisted OEDS with various data requests and report generation.
6. Continuing to work with the State on the prescription drug-monitoring grant.
7. Continuing to work with the State on poison control.
8. Assisted the state on their consumption of Quest HL7 messages.
9. Preparations have started for another Quest HL7 upgrade which will take place this autumn.
10. Work continues on the ICircle web application for OEDS.
11. Performed work on the OEDS reportable disease surveillance self-reporting mobile application.
12. Continued work to support on-boarding of hospitals for the syndromic surveillance program.

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

1. July 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 continued its annual review of the Emergency Medical Care Protocols.

B. EMS Regulations Workshop

The OEMSTS held an EMS Regulations Workshop on July 21st to review proposed revisions. The Medical Advisory Board (MAB) will review all revisions at the August 2nd meeting. After MAB approval, the draft EMS Regulations will go before the August 24th Board of Health for final adoption.

C. Regional Trauma Advisory Board (RTAB)

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

The Chairman introduced the new members for the 2017 - 2019 term for the following non-standing member seats:

- Administrator from a Non-Trauma Hospital System - Sajit Pullarkat
- Public EMS Transport Representative - Frank Simone
- Private EMS Transport Representative - August Corrales
- Rehabilitation Representative - Billy Meyer
- Funding/Financing Representative - Jeff Ellis

The Board heard a committee report from the Trauma Needs Assessment Taskforce (see below).

The RTAB approved Sunrise Hospital and Medical Center's application for renewal of authorization as a Level II Trauma Center.

The Board Review and Discussed the 1st quarter 2017 trauma transport data

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 advance their understanding of relevant measures in terms of defining what data sources should be used reliably and how they should be used. The TNAT is assigning a weight to each of the six domains of the SNHD Trauma Needs Assessment Tool. This information was passed back to the OEMSTS for guidance on how to evolve the tool both through a data dictionary and writing a process.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

June EMS Statistics	July 2016	July 2017		FY15-16 FY16-17		
				(July- June)	(July- June)	
Total certificates issued	35	31	↓	35	31	↓
New licenses issued	31	23	↓	31	23	↓
Renewal licenses issued (recert only)	0	0	→	0	0	→
Active Certifications: EMT	571	551	↓			
Active Certifications: Advanced EMT	1267	1304	↑			
Active Certifications: Paramedic	1224	1269	↑			
Active Certifications: RN	44	39	↓			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP Senior Planner attended the City of Henderson Disaster Recovery Workshop and Table Top Exercise (TTX) as subject matter experts (SME) in Public Health Preparedness and Economic Recovery support players. The City of Henderson convened the workshop/exercise at the Henderson Convention Center. Community partners, members of City of Henderson government, Las Vegas Valley Water District, SW Gas, St. Rose Hospitals, Clark County School District, and numerous other players provided insight and input into the Disaster Recovery Plan for The City of Henderson.
- B. OPHP provided training in the form of an Active Shooter TTX at Desert Regional Center, Flamingo location. The leadership, emergency preparedness coordinator, and key DRC staff were present during the exercise. Focusing on the organization's Active Shooter Policy, the TTX provided a forum for the DRC team to be given a scenario and discuss the methodology behind the organization's policy and actual implementation.
- 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.
- 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. State Division of Public and Behavioral Health managers and federal Assistant Secretary for Preparedness and Response project officer, FEMA Region IX-Regional Exercise Coordinators attended last SNHPC meeting and completed annual site visit to review Hospital Preparedness Program budget and work-plan progress.

- 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:** The 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 Employee Health Nurse position is currently vacant but an offer has been made to a candidate to fill this vacancy. Required fit tests for SNHD staff and medical residents is being covered using SNHD SNPMLS staff until a new Employee Health Nurse can be brought on board and trained. The Chief Administrative 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 closed out the BP5 cooperative agreements on June 30th. SNHD received a No-Cost Extension for funds remaining to be utilized from BP5 through June 2018 on activities that were not completed. SNHD is receiving the new cooperative agreements for BP1 that began July 1st. Overall, SNHD received additional funding through all three grants in an amount of 80,000 for 2018.

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

- A. Five volunteers worked at the SNHD Main immunization clinic and SNHD East and Main Foodhandler Safety offices. One MRC volunteer staffed a blood pressure check booth at Levi Strauss & Co. health fair. Volunteer hours for July totaled 65 with a monetary value of \$1543.49.
- B. The MRC Coordinator joined Directors of Volunteers in Agencies (DOVIA). The national MRC Program Office and the American Red Cross issued a renewed Letter of Agreement and a Partnership Implementation 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).
 - C. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).
- 3. **State Branch Public Health Laboratory Testing:**

- A. SNPHL continues to perform reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped or confirmed; stored on-site; and results reported and/or samples submitted to CDC through various national programs including Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS) and Influenza Surveillance.
 - B. SNPHL continues to perform CDC Laboratory Response Network (LRN) testing for biological agents on clinical and unknown environmental samples.
 - C. SNPHL continues to perform Pulsed Field Gel Electrophoresis (PFGE) testing of *Salmonella*, *Shigella*, *Listeria*, and Shiga toxin producing *E. coli* (STEC) isolates submitted by local clinical laboratories. SNPHL reports the PFGE data to the CDC PulseNet program and to the SNHD OEDS.
 - D. SNPHL provides courier services to SNHD public health centers and Southern Nevada hospital or commercial laboratories.
4. **All-Hazards Preparedness:**
- A. SNPHL continues to participate with SNHD OPHP, local First Responders and sentinel laboratories to ensure support for response to possible biological or chemical agents.
 - B. SNPHL staff continues to receive training on Laboratory Response Network (LRN) protocols for biological agent confirmation.
 - C. SNPHL maintains sufficient technical laboratory staff competent to perform LRN testing 24 hours per day/7 days per week.
 - D. SNPHL continues to coordinate with First Responders including local Civil Support Team (CST), HazMat, Federal Bureau of Investigation (FBI), and Las Vegas Metropolitan Police Department (LVMPD).
 - E. SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.
5. **July 2017 SNPHL Activity Highlights:**
- A. SNPHL has transferred the security operations to department control. Work continues on modifications and improvements.
 - B. Laboratory staff provided continued input and participation to Epidemiology for transplant illness investigations involving a select agent organism.
 - 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 been completed. Work has begun on the use and validation of the reference lab interface.
 - 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. We have begun work on report extraction.
 - E. The laboratory system has continued training for the new supervisor and lab tech II. A job opening has been posted for a lab assistant I to replace a transferred employee.
 - F. SNPHL continues with remodeling work for the new Clinical Laboratory. The commercial construction phase is completed. Facility installations continue on the biological safety cabinet and water systems. Move-in for the office areas has been 50% completed.

- G. Equipment and furnishings to expand the laboratory operations have been received, implementation plans have been established, and work has begun.

COMMUNITY HEALTH - SNP HL – Fiscal Year Data

SNPHL Services				FY 15-16	FY 16-		
	July 2016	July 2017		(July-June)	17	(July-June)	
Clinical Testing Services ¹	4674	3997	↓	4674	3997	↓	
Epidemiology Services ²	736	497	↓	736	497	↓	
State Branch Public Health Laboratory Services ³	616	65	↓	616	65	↓	
All-Hazards Preparedness Services ⁴	17	32	↑	17	32	↑	

VII. VITAL STATISTICS

July 2017 showed a 5% increase in birth certificate sales in comparison to July 2016. Death certificate sales showed a 17% increase for the same time frame. SNHD has received revenues of \$47,814 for birth registrations, \$21,411 for death registrations; and an additional \$3,644 in miscellaneous fees for the month of July.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services				FY15-16	FY16-17		
	July 2016	July 2017		(July-June)	(July-June)		
Births Registered	2,272	2,206	↓	2,272	2,206	↓	
Deaths Registered	1,182	1,380	↑	1,182	1,380	↑	

Vital Statistics Services				FY15-16	FY16-17		
	July 2016	July 2017		(July-June)	(July-June)		
Birth Certificates Sold (walk-in)	3,149	3,460	↑	3,149	3,460	↑	
Birth Certificates Mail	135	148	↓	135	148	↑	
Birth Certificates Online Orders	1,043	963	↓	1,043	963	↓	
Birth Certificates Billed	114	82	↓	114	82	↓	
Birth Certificates Number of Total Sales	4,441	4,653	↑	4,441	4,653	↑	
Death Certificates Sold (walk-in)	1,828	1,264	↓	1,828	1,264	↓	
Death Certificates Mail	107	125	↑	107	125	↑	
Death Certificates Online Orders	4,245	5,843	↑	4,245	5,843	↑	
Death Certificates Billed	3	15	↑	3	15	↑	
Death Certificates Number of Total Sales	6,183	7,247	↑	6,183	7,247	↑	

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	July 2016	July 2017		FY15- 16 (July- June)	FY16-17 (July- June)	
Birth Certificates Sold Decatur (walk-in)	70.9%	74.4%	↑	70.9%	74.4%	↑
Birth Certificates Mail	3.0%	3.2%	↑	3.0%	3.2%	↑
Birth Certificates Online Orders	23.5%	20.7%	↓	23.5%	20.7%	↓
Birth Certificates Billed	2.6%	1.8%	↓	2.6%	1.8%	↓
Death Certificates Sold Decatur (walk-in)	29.7%	17.4%	↓	29.7%	17.4%	↓
Death Certificates Mail	1.7%	1.7%	→	1.7%	1.7%	→
Death Certificates Online Orders	68.4%	80.6%	↑	68.4%	80.6%	↑
Death Certificates Billed	.05%	.2%	↑	.05%	.2%	↑

Revenue	July 2016	July 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Birth Certificates (\$20)	\$88,820	\$93,060	↑	\$88,820	\$93,060	↑
Death Certificates (\$20)	\$123,660	\$144,940	↑	\$123,660	\$144,940	↑
Births Registrations (\$13)	\$47,697	\$47,814	↑	\$47,697	\$47,814	↑
Deaths Registrations (\$13)	\$19,692	\$21,411	↑	\$19,692	\$21,411	↑
Miscellaneous	\$3,455	\$3,644	↑	\$3,455	\$3,644	↑
Total Vital Records Revenue	\$283,324	\$310,869	↑	\$283,324	\$310,869	↑

MDJ/edm

Table 1

Clark County Disease Statistics*, JUNE 2017

Disease	2015	2016	2017		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~	
	Jun YTD No.	Jun YTD No.	Jun YTD No.	Jun YTD No.	Jun (2012-2016 aggregated)	Jun (2017)		
VACCINE PREVENTABLE								
DIPHTHERIA	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	12	15	16			0.06	0.14	
HEPATITIS A	6	7				0.04	0.05	
HEPATITIS B (ACUTE)	7	8	10			0.10	0.09	
INFLUENZA	6 446	558 31	608			0.49	1.42	
MEASLES	0	9	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	0.02	0.00	
PERTUSSIS	9	68	20	28		0.43	0.09	
POLIOMYELITIS	0	0	0	0	0	0.00	0.00	
RUBELLA	0	0	0	0	0	0.00	0.00	
TETANUS	0	0	0	0	0	0.00	0.00	
SEXUALLY TRANSMITTED								
CHLAMYDIA	7464865	8695280	9595861			37.69	43.97	
GONORRHEA	2151358	3201605	3732045			11.02	17.10	
SYPHILIS (EARLY LATENT)	23	174	40	268	39	214	0.99	1.79
SYPHILIS (PRIMARY & SECONDARY)	32	127	31	161	31	228	0.95	1.42
ENTERICS								
AMEBIASIS	0			0		0.01	0.00	
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	11	48	12	56	7	55	0.50	0.32
CHOLERA	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0		0	0		0.00	0.00	
GIARDIA	19	5	24	0	12		0.21	0.00
ROTAVIRUS	63	9	24	48			0.44	0.18
SALMONELLOSIS	25	73	21	74	59		0.79	0.18
SHIGA-TOXIN PRODUCING E. COLI	12	8	26	0	6		0.27	0.00
SHIGELLOSIS	9		21	25			0.15	0.09
TYPHOID FEVER	0	0	0	0	0		0.00	0.00
VIBRIO (NON-CHOLERA)	0	0	0	0	0		0.00	0.00
YERSINIOSIS	0	0	0	0	0		0.02	0.00
OTHER								
ANTHRAX	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	10	39	35	12	59		0.34	0.55
DENGUE FEVER	0	0	0	0	0		0.00	0.00
ENCEPHALITIS	0			0			0.01	0.00
HANTAVIRUS	0	0	0	0	0		0.00	0.00
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0		0.01	0.00
HEPATITIS C (ACUTE)	6		12	0	9		0.02	0.00
HEPATITIS D	0	0	0	0	0		0.00	0.00
INVASIVE GROUP A STREP.	0	0	0	0	0		0.00	0.00
LEGIONELLOSIS	14		8	0	9		0.08	0.00
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0		0.00	0.00
LEPTOSPIROSIS	0	0	0	0	0		0.00	0.00
LISTERIOSIS	0			0	0		0.01	0.00
LYME DISEASE				0	6		0.06	0.00
MALARIA	0	0		0	0		0.03	0.00
MENINGITIS, ASEPTIC/VIRAL	19		8	11			0.14	0.14
MENINGITIS, BACTERIAL	0	12	23	10			0.05	0.05
MENINGOCOCCAL DISEASE	0	0	0	0	0		0.00	0.00
PLAGUE	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		0.00	0.05
RABIES (HUMAN)	0	0	0	0	0		0.00	0.00
RELAPSING FEVER	0	0	0	0	0		0.00	0.00
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0		0.00	0.00
RSV (RESPIRATORY SYNCYTIAL VIRUS)	1093		664	920			0.26	0.05
STREPTOCOCCUS PNEUMONIAE, IPD	65	6	89	11	123		0.22	0.50
TOXIC SHOCK SYN	0	0	0	0	0		0.00	0.00
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	6	0	11	16		0.03	0.05
TULAREMIA	0	0	0	0	0		0.00	0.00
UNUSUAL ILLNESS	0	0	0	0	0		0.00	0.00
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0	0	0		0.04	0.00
WEST NILE VIRUS (FEVER)	0	0	0	0	0		0.01	0.00
ZIKA VIRUS DISEASE, CONGENITAL~	0	0	0	0	0		0.00	0.00
ZIKA VIRUS DISEASE, NON-CONGENITAL~	0	0	9	0	0		0.00	0.00
ZIKA VIRUS INFECTION, CONGENITAL~	0	0	0	0	0		0.00	0.00
ZIKA VIRUS INFECTION, NON-CONGENITAL~	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)=86(reported total=1662). 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).

Table 2

Clark County Disease Statistics* - Quarter2, 2017

Disease	2015		2016		2017		Rate(Cases per 100,000 per quarter)		Quarterly Rate Comparison Significant change bet. current & past 5-year?~
	Q2 YTD No.	Q2 YTD No.	Q2 YTD No.	Q2 YTD No.	Q2 YTD No.	Q2 YTD No.	Qtr2 (2012-2016 aggregated)	Qtr2 (2017)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	7	12	8	15	16		0.26	0.18	↓
HEPATITIS A	6	5	7				0.17	0.05	↓
HEPATITIS B (ACUTE)	5	7	6	8	7	10	0.27	0.32	↑
INFLUENZA	63	446	89	558	168	608	4.72	7.71	↑X
MEASLES	0	9	0	0	0		0.00	0.00	
MUMPS	0	0			0		0.02	0.00	↓
PERTUSSIS	47	68	9	20	11	28	1.38	0.51	↓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	2381	4865	2621	5280	2997	5861	116.63	137.60	↑X
GONORRHEA	654	1358	849	1605	1084	2045	30.66	49.77	↑X
HIV	88	153	125	229	121	237	4.09	5.56	↑X
SYPHILIS (EARLY LATENT)	82	174	126	268	112	214	3.57	5.14	↑X
SYPHILIS (PRIMARY & SECONDARY)	80	127	83	161	110	228	2.76	5.05	↑X
Stage 3 HIV (AIDS)	53	85	61	114	41	83	2.73	1.88	↓
ENTERICS									
AMEBIASIS	.	.	.	.	.	.	0.08	0.05	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	29	48	29	56	28	55	1.24	1.29	↑
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	0	0	.	.	0.03	0.14	↑
GIARDIA	11	19	14	24	5	12	0.65	0.23	↓X
ROTAVIRUS	26	63	21	24	21	48	1.45	0.96	↓
SALMONELLOSIS	49	73	47	74	30	59	4.09	1.38	↓X
SHIGA-TOXIN PRODUCING E. COLI	.	12	16	26	.	6	0.46	0.05	↓X
SHIGELLOSIS	.	9	10	21	14	25	0.30	0.64	↑
TYPHOID FEVER	.	.	.	.	.	.	0.03	0.05	↑
VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.02	0.00	↓
YERSINIOSIS	0	0	0	0	.	.	0.02	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	0.00	0.00	
COCCIDIOIDOMYCOSIS	23	39	18	35	29	59	1.07	1.33	↑
DENGUE FEVER	0	0	0	0	0	0	0.01	0.00	↓
ENCEPHALITIS	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	0.01	0.00	↓
HEPATITIS C (ACUTE)	.	6	8	12	.	9	0.15	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	6	14	5	8	7	9	0.22	0.32	↑
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	0.04	0.00	↓
LYME DISEASE	.	.	.	.	.	6	0.12	0.09	↓
MALARIA	0	0	.	.	0	0	0.06	0.00	↓X
MENINGITIS, ASEPTIC/VIRAL	11	19	.	8	5	11	0.38	0.23	↓
MENINGITIS, BACTERIAL	8	12	11	23	6	10	0.22	0.28	↑
MENINGOCOCCAL DISEASE	0	0	0	.	.	.	0.00	0.05	↑
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	.	.	0.01	0.05	↑
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	0.02	0.00	↓
RSV (RESPIRATORY SYNCYTIAL VIRUS)	53	1093	60	664	59	920	3.74	2.71	↓
STREPTOCOCCUS PNEUMONIAE, IPD	23	65	26	89	54	123	0.88	2.48	↑X
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	.	6	5	11	11	16	0.15	0.51	↑X
TUBERCULOSIS	32	47	14	17	12	22	1.04	0.55	↓
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	.	0.04	0.00	↓
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.01	0.00	↓
ZIKA VIRUS DISEASE, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS DISEASE, NON-CONGENITAL~	0	0	.	9	.	.	0.03	0.05	↑
ZIKA VIRUS INFECTION, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS INFECTION, NON-CONGENITAL~	0	0	.	.	0	0	0.01	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 updated quarterly. Data suppression denoted by '.' applies if number of cases <5. Quarterly disease total (excluding STD and TB cases)=476 (reported total=4953). Quarterly congenital syphilis cases (suppression applied) for 2015-2017 were, (YTD totals of,7) 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).