





Memorandum

Date: September 28, 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):

Brief Tobacco Use Intervention is an evidence-based process through which health and social service 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 July, SNHD staff provided Brief Intervention training to 50 nurses at the Southern Nevada Veterans Administration main campus. A module on emerging tobacco products and e-referral to the Quitline was integrated into the training.

In July, Mesquite Citizens for Clean Indoor Air coalition members attended two Mesquite city council meetings and provided education on marijuana and e-cigarette exposure to council members during public comment. These presentations resulted in multiple Letters to the Editors and other earned media.

TPP staff provided technical assistance to Chamberlain College of Nursing on how to develop a comprehensive smoke free policy. This information was shared with Dr. Elizabeth Fildes, who teaches for Chamberlain and is interested in promoting such policies. The current Chamberlain policy allows smoking and e-cigarette use in designated outdoor areas.

2. Chronic Disease Prevention Program (CDPP):

The *Road to Diabetes Prevention* online diabetes prevention course launched in Spanish in late July. The *Road to Diabetes Prevention* program is a 6-session, self-paced course designed specifically for individuals with pre-diabetes, or individuals who may be at risk for developing type 2 diabetes. The program is free and the content is based on the Centers for Disease Control and Prevention's Road to Health Toolkit. The program was promoted with a news release that garnered two earned media opportunities with El Tiempo newspaper and KXNT radio. In addition, a small social media campaign began airing in Spanish to promote the availability of the program. The campaign will run through early September. As of the end of July, a total of 328 people had registered for the *Road to Diabetes Prevention* program (326 in English; 2 in Spanish).

In an effort to increase access to healthy foods and beverages, CDPD staff worked with the Nevada Department of Employment, Training, and Rehabilitation (DETR) for over 2 years to develop a Nutrition Standards Policy for DETR's Business Enterprise Program (BEN). In January 2017, DETR added the Nutrition Standards policy to their RFP for unassigned locations in Nevada and in February, the DETR Committee of Blind Vendors voted to adopt the Nutrition Standards Policy for all assigned locations in Nevada. The policy will be in effect for 31 cafes and snack bars, and more than 900 vending machines in government buildings that are operated as part of the BEN program throughout the state. CDPD staff was invited to present on the BEN Nutrition Standards Policy at the Nevada Recreation and Parks Society meeting in July. Staff also provided information on healthy food environments and the importance of providing healthy food options at parks and recreation centers and events. Approximately 20 parks and recreation professionals from around the valley attended the meeting.

SNHD is a sponsor of the Regional Transportation Commission's (RTC) Summer Heat Safety Campaign. The campaign urges bicyclists and other public transit users to be sun safe by taking precautions when walking or biking outside including wearing sun screen and staying hydrated. SNHD provided sunscreen and other educational materials that will be distributed throughout the summer at different transit station outreach events.

3. Injury Prevention Program (IPP):

IPP staff worked with SNHD Leadership to develop a letter for opioid prescribers in Southern Nevada that contained recommendations and resources related to reducing the risk of opioid misuse.

IPP staff presented and defended a funding request to the Executive Committee to Review Child Death to support development of a database for swim lessons.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Summary Table of Disease Investigation Efforts by Referral Basis:

The Office of Epidemiology and Disease Surveillance (OEDS) will be focusing additional efforts in Gonorrhea and Chlamydia due to the increase morbidity rates for these infections. We have designated a Disease Data Collection Specialist II who will be working with providers in the community to ensure complete morbidity reporting, provide education on CDC recommended treatments, as well as reach out to patients who do not return for treatment with their providers. We will also be offering partner services to these patients. The goal is to improve reporting, and reduce disease incidence.

Community Health -- OEDS -- Fiscal Year Data

Morbidity Surveillance	Aug 2016	Aug 2017		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Chlamydia	996	1069	↑	1894	2129	↑
Gonorrhea	341	349	↑	658	745	↑
Primary Syphilis	14	5	↓	23	22	↓
Secondary Syphilis	22	15	↓	38	39	↑
Early Latent Syphilis	18	16	↓	56	48	↓

Late Latent Syphilis

Congenital Syphilis (presumptive)

New Active TB Cases Counted - Pediatric

Number of TB Active Cases Counted - Adult

37	9	↓	65	21	↓
1	0	↓	2	1	↓
0	0	→	0	0	→
4	2	↓	12	10	↓

Community Health -- OEDS – Fiscal Year Data

	Aug 2016	Aug 2017		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	0	5	↑	2	9	↑
Syphilis Pregnant Cases	4	4	→	8	11	↑
Perinatally Exposed to HIV	0	0	→	1	3	↑

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	32	1	32	0
Gonorrhea	52	3	21	1
Syphilis	101	4	102	2
HIV/AIDS (New to Care/Returning to Care)	23	0	34	32
Tuberculosis	32	0	33	4
TOTAL	240	8	222	39

2. Community Outreach and Education:

August 31st is Overdose Awareness Day. OEDS has collaborated with several community partners including HIDTA, PACT Coalition, Trac-B Exchange, Center for Behavioral Health, The organization- There is No Hero in Heroin, the City of Las Vegas, and the Foundation for Recovery to provide overdose prevention training to the community. The City of Las Vegas donated The Stupak Community Center for the space to provide the training. Naloxone, a medication designed to reverse opioid overdose, was donated by Trac-B Exchange and will be provided to the first 60 people who receive the training as part of their kits. The goal is to continue to educate and train the community on safe use practices, as well as how to administer lifesaving medication for those who may be overdosing.

A. High Impact Screening Sites (HIV, STD, Hepatitis):

- Mondays-Thursdays and first Saturday; The Center- LGBTQ Community of Nevada- Target population-MSM, transgender.
- Wednesdays-Trac-B Exchange-target population IDU.
- 8/29-Mobile Rapid Hepatitis C and HIV testing. In Collaboration with AIDS

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

Healthcare Foundation, Trac-B Exchange, and SNHD this was a pop-up event near Foremaster Lane and Las Vegas BLVD - target population-Homeless, IDU.

B. Staff Facilitated/Attended Training/Presentations

- a. 08/04 - Foundation for Recovery Yearly Event to discuss their mission
- b. 08/05 - Foundation for Recovery Gala - recognizing exemplary performance from community partners. This Gala was attended by multiple organizations and the judicial system. Awards were presented to those voted by the community for Addiction Professionals.
- c. 08/14 - Community Advisory Board for Harm Reduction held at Trac-B Exchange; 5 community members attended.
- d. 08/14-08/18 - Rapid HIV Testing, Counseling, and Safety Certificate Training - provided by SNHD and held in Reno, NV. 18 people attended including agency representation from Westcare, Aid for AIDS of Nevada, Community Counseling Center, and The LGBTQ Center.
- e. 08/21-08/25 - Passport To Partner Services Training - provided by The California Prevention Training Center; 3 staff attended.
- f. 08/23 - Southern Nevada Harm Reduction Alliance - 14 people attended including community representation from Center for Behavioral Health, PACT Coalition, Huntridge Clinic, Oglethorpe Incorporated, City of Las Vegas, AIDS Healthcare Foundation, Trac-B Exchange, LV Recovery, Foundation for Recovery, Care Coalition, and SNHD.
- g. 08/28-09/01 - Rapid HIV Testing, Counseling, and Safety Certificate Training - provided by SNHD and held in Reno, NV. 14 people attended including agency representation from Westcare, Vitality, Rural Nevada, and Ridgehouse.
- h. 08/31 - Harm Reduction Training - provided by HELP of Southern Nevada and SNHD -approximately 35 people attended, including representation from Caridad, The LGBTQ Center, SNHD.

Community Health -- OEDS -- Fiscal Year Data

	Aug 2016	Aug 2017		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	625	322	↓	1,186	753	↓
Clinic Screening (SHC/FPC/TB)	874	447	↓	1,575	1,158	↓
Outreach Screening (Jails, SAPTA)	126	153	↑	222	217	↓
TOTAL	1,625	922	↓	2,983	2,128	↓
Outreach/Targeted Testing POSITIVE				19	13	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				20	9	↓
Outreach Screening (Jails, SAPTA)POSITIVE				2	6	↑
TOTAL POSITIVES				41	28	↓

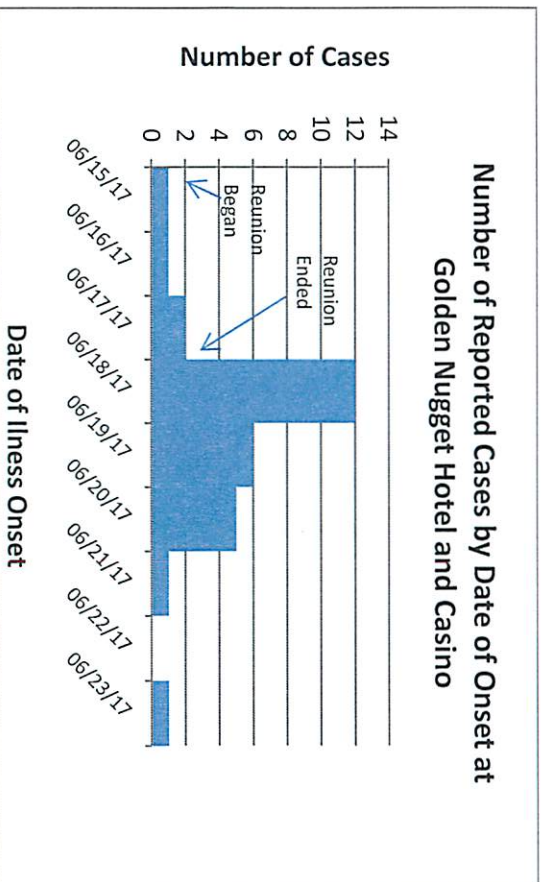
3. Disease and Outbreak Investigations

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 8/30/17, there were 223 travel-associated Zika virus disease cases reported in the US and 554 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 have been 2 cases in the U.S. acquired through sexual transmission. SNHD has reported 1 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 has posted the CDC's algorithms to the SNHD website and sent out a HAN notice to providers informing them of the changes to testing recommendations. To date in 2017, the OEDS has arranged testing for 89 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 September 2017.
- b. **Arbovirus update:** OEDS has reported 1 case of WNV for this season and 1 case is currently 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. A letter was sent to the provider on July 14, 2017. Since the letter was sent, OEDS has noticed a marked decrease in positive test results from the provider in question. Pertussis reports dropped from 21 in June, to 6 in July and 4 in August, so the letter seems to have been effective in guiding a more efficient use of the PCR testing.
- 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 and spas continues to show sporadic positive results 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. Another remediation was done on 8/7/17, results are pending for this post remediation testing. As of 8/31/17 there have been 144 responses. OEDS is currently in the process of analyzing responses for classification of illness. Through these efforts, we have identified an additional 5 confirmed and 26 suspect Legionnaires' disease and 50 suspect Pontiac fever cases for a total of 83 cases. This investigation is ongoing.

- e. ***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 the Golden Nugget Hotel and Casino from June 15 to June 17, 2017. There were 73 participants at the reunion. On June 23, 2017, OEDS was notified by CDC of a travel-associated legionellosis case and the ill person stayed at the Golden Nugget Hotel and Casino in May 2017 during the incubation period. 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 negative for *Legionella pneumophila*. On June 28, 2017, a survey was sent to all attendees of the reunion via email to determine how widespread the illness was and what may have caused the illnesses. As of July 31, 2017, 44 attendees completed the survey. After combining the survey result and the email information provided by the event organizer, we identified 34 ill reunion attendees. The median incubation period was 4 days (range 1 – 9 days). Among ill attendees, 7 were hospitalized, 9 tested negative for legionella, and 3 tested positive for influenza A. Positive influenza laboratory test results were confirmed by healthcare providers. Since the typical incubation period for influenza is 1 – 4 days, most attendees became ill 4 – 6 days after attending the reunion, and three ill attendees tested positive for influenza A, we concluded that this respiratory illness outbreak was probably caused by influenza A viruses and spread through person to person by droplets made when people with flu coughed, sneezed or talked. This investigation is complete.



F. *Salmonella* suspected to be associated with papayas: On July 11, 2017 the SNHD was contacted by Nevada Division of Public and Behavioral Health (NDBPH) about a current national *Salmonella braenderup* cluster suspected to be associated with papayas. As of August 11, 2017, there has been two Nevada matches and 55 national matches identified by PulseNet. One of the two Nevada matches were a resident of Clark County. The other resides in Carson City. The NDBPH provided a specific CDC questionnaire regarding papayas. The local case was interviewed and admitted to eating papaya purchased from two local supermarkets. On July 27, 2017, the local case was discussed with the NDBPH, the SNHD, and the Food and Drug Administration, where it was determined additional information was required. The SNHD Environmental Health department sent specialists to each supermarket to gather information on the papayas sold (label information, lot codes, and distribution information). After receiving the additional information, it was determined whole papayas were to be collected from each supermarket for testing. On August 2, 2017, a total of 30 papayas were collected from the two supermarkets. Twenty papayas were collected from supermarket 1 because the facility carried two different brands of whole papayas. Supermarket 2 carried only one brand of whole papaya and ten papayas were collected. On August, 3, 2017, the collected papaya samples were sent to the FDA lab in San Francisco for analysis. On August 7, 2017, the SNHD received message from the FDA those samples collected were negative for *Salmonella*. This investigation is ongoing.

B. Communicable Disease Statistics: July disease statistics are attached. (see table 1).

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

1. Work continues on the new Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems.
2. Work continues on the ability to place laboratory orders directly into the LIMS by clinic staff.
3. Migrations to the new SFTP server continued.
4. We have been assisting with the Electronic Health Record (EHR) system.
5. Work on the new Java Enterprise Edition (EE) version of EpiTrax continues.

6. Assisted Office of Epidemiology and Disease Surveillance (OEDS) with various data requests, data exports, and report generation.
7. Continuing to work with the State on poison control.
8. Assisted the state on their consumption of Quest HL7 messages.
9. Quest reportable conditions format upgrade (HL7) which will allow for a more standardized way of reporting..
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. August 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. Medical Advisory Board (MAB)

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

The Dignity Health facilities were added to the list of approved remote outpatient emergency department receiving facilities. A protocol will be developed to outline the approval process.

It was reported that Las Vegas Fire & Rescue, American Medical Response, and other community partners worked together to deploy 22 automated external defibrillators to sports parks in the Las Vegas valley.

The MAB continued its discussion of revisions to the Emergency Medical Care Protocols.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

EMS Statistics				FY15- 16 (July- June)	FY16- 17 (July- June)	
	Aug 2016	Aug 2017				
Total certificates issued	50	66	↑	85	97	↑
New licenses issued	51	51	→	82	74	↓
Renewal licenses issued (recert only)	38	0	↓	38	0	↓
Active Certifications: EMT	587	577	↓			
Active Certifications: Advanced EMT	1288	1317	↑			
Active Certifications: Paramedic	1236	1280	↑			
Active Certifications: RN	43	38	↓			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP Senior Planner attended the Initial Planning Meeting for the Shake, Rattle, and Roll Full Scale Exercise with the Nevada Hospital Association, The Division of Public and Behavioral Health, Washoe County, and other Healthcare Partners serving as Trusted Agents to begin the planning process for the exercise.
- B. OPHP provided training in the form of an Active Shooter Table Top exercise at Mountain's Edge Hospital. The leadership, emergency preparedness coordinator, and key Mountain's Edge Hospital staff were present. Focusing on the organization's Active Shooter Policy, the table top provided a forum for the Mountain's Edge Hospital team to be given a scenario and discuss the methodology behind the organization's policy and actual implementation.
- C. OPHP attended the Veterans Affairs Southern Nevada Healthcare System 5th Annual Behavioral Health Summit. The Director of the VA in Las Vegas, the NV State Educator of Suicide Prevention, the Assistant Chief of Behavioral Health Services at the VA welcomed the 45 attendees from various behavioral health organizations around the State. The goal is to decrease Veteran suicides.
- D. OPHP met with the Las Vegas Surgical Center to discuss participation with the Southern Nevada Healthcare Preparedness Coalition, community full scale exercises, the Community Hazard Vulnerability Analysis to focus on the exercises, and their Emergency Operations Plan.
- E. 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.
- F. 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.

- G. 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. OPHP staff participated on National, ASPR/NETEC TRACIE webinar for jurisdictions that completed Ebola or other Highly Infectious Disease Transport Exercises. SNHD presented useful information for webinar participants who may be considering planning future exercises using the NETEC tools
- C. **Employee Health Nurse:** The Employee Health Nurse position has been filled and the nurse will start in her new position September 18, 2017. Employee Health Nurse, required fit tests for SNHD staff and medical residents is being covered using SNHD SNPHLS staff until the Employee Health Nurse can be trained. The Chief Administrative Nurse continues to review 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 continues to manage cooperative agreements including BP5 No Cost Extension deliverables needing to be completed by June 2018. SNHD has received the new cooperative agreements for BP1 that began July 1st. OPHP continues to meet with State of Nevada Division of Public Health on collaborative, statewide activities, including opportunities for future collaboration and solutions to funding needs.

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. Nine volunteers assisted SNHD at the back to school clinics. One public health volunteer is currently assisting SNHD OPHP with accreditation documentation and six assisted with antibiotic packaging. Volunteer hours for August totaled 284 with a monetary value of \$6790.15.
- B. The MRC Coordinator recruited new volunteers, planned other activities for upcoming months and sent the monthly newsletter and bulletins. In response to Hurricane Harvey, MRC referred volunteers to the American Red Cross for deployment.

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. August 2017 SNPHL Activity Highlights:

- A. Work continues on modifications and improvements of SNPHL building security operations.
- B. Laboratory staff provided continued input and participation to Epidemiology for transplant illness investigations involving a select agent organism.
- C. Work continues on the use and validation of the LIMS and the reference lab interface, including working with Clinical Services to add the Ryan White program to direct entry.

- 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 and applications are being evaluated.
- 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 100% completed. Electrical adjustments have also been made.
- G. A two-day onsite training program was provided by Life Sciences for mosquito vector testing on the new Quantstudio instrumentation. The training included participation by Dr. Anette Rink, formerly of the Nevada Department of Agriculture Lab as an invited consultant. The lab has begun work on validation of the testing system.
- H. The SNPHL was inspected by the Federal Select Agent program and is awaiting the evaluation report.
- I. Biohazard Safety Training and Shipping and Handling Training was conducted for the Staff.
- J. SNPHL participated in the SNHD shadowing program: William Bendik, Laboratory Supervisor, shadowed the EH vector sampling team and Christian Murua, Epi Supervisor, shadowed the laboratory operations.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

	Aug 2016	Aug 2017		FY 15-16 (July- June)	FY 16- 17 (July- June)	
SNPHL Services						
Clinical Testing Services¹	5838	6166	↑	10445	10163	↓
Epidemiology Services²	662	326	↓	1398	823	↓
State Branch Public Health Laboratory Services³	742	89	↓	1358	154	↓
All-Hazards Preparedness Services⁴	8	86	↑	25	118	↑

VII. VITAL STATISTICS

August 2017 showed an 8% decrease in birth certificate sales in comparison to August 2016. Death certificate sales showed a 4% decrease for the same time frame. SNHD has received revenues of \$59,904 for birth registrations, \$21,801 for death registrations; and an additional \$3,887 in miscellaneous fees for the month of August.

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.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Aug 2016	Aug 2017		FY15-16 (July- June)	FY16-17 (July- June)	
Births Registered	2,635	2,503	↓	4,907	4,709	↓
Deaths Registered	1,530	1,497	↓	2,711	2,877	↑

Vital Statistics Services	Aug 2016	Aug 2017		FY15-16 (July- June)	FY16-17 (July- June)	
Birth Certificates Sold (walk-in)	4,449	4,162	↓	7,598	7,622	↑
Birth Certificates Mail	172	166	↓	307	314	↑
Birth Certificates Online Orders	1,314	1,057	↓	2,357	2,020	↓
Birth Certificates Billed	105	152	↑	219	234	↑
Birth Certificates Number of Total Sales	6,040	5,537	↓	10,481	10,190	↓
Death Certificates Sold (walk-in)	2,193	1,249	↓	4,021	2,513	↓
Death Certificates Mail	145	82	↓	252	207	↓
Death Certificates Online Orders	4,948	5,640	↑	9,193	11,483	↑
Death Certificates Billed	11	24	↑	14	39	↑
Death Certificates Number of Total Sales	7,297	6,995	↓	13,480	14,242	↑

Vital Statistics Sales by Source	Aug 2016	Aug 2017		FY15- 16 (July- June)	FY16-17 (July- June)	
Birth Certificates Sold Decatur (walk-in)	74%	75.2%	↓	72.5%	74.8%	↑
Birth Certificates Mail	3%	3%	→	2.9%	3.1%	↑
Birth Certificates Online Orders	22%	19.1%	↓	22.5%	19.8%	↓
Birth Certificates Billed	2%	2.7%	↑	2.1%	2.3%	↑
Death Certificates Sold Decatur (walk-in)	30.1%	17.9%	↓	29.8%	17.6%	↓
Death Certificates Mail	2%	1.2%	↓	1.9%	1.5%	↓
Death Certificates Online Orders	67.8%	80.6%	↑	68.2%	80.6%	↑
Death Certificates Billed	.2%	.3%	↑	.1%	.3%	↑

Revenue	Aug 2016	Aug 2017		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Birth Certificates (\$20)	\$120,800	\$110,740	↓	\$209,620	\$203,800	↓
Death Certificates (\$20)	\$145,940	\$139,900	↓	\$269,600	\$284,840	↑
Births Registrations (\$13)	\$65,312	\$59,904	↓	\$111,627	\$107,718	↓
Deaths Registrations (\$13)	\$23,082	\$21,801	↓	\$39,848	\$43,212	↑
Miscellaneous	\$4,208	\$3,887	↓	\$7,663	\$7,531	↓
Total Vital Records Revenue	\$351,888	\$336,232	↓	\$638,358	\$647,101	↑

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Table 1

Clark County Disease Statistics*, JULY 2017

Disease		2015		2016		2017		Rate(Cases per 100,000 per month) Jul (2012-2016 aggregated)	Jul (2017)	Monthly Rate Comparison Significant change bet. current & past 5-year?~
		Jul No.	YTD No.	Jul No.	YTD No.	Jul No.	YTD No.			
VACCINE PREVENTABLE										
	DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
	HAEMOPHILUS INFLUENZA (INVASIVE)	.	14	.	17	.	17	0.06	0.05	↓
	HEPATITIS A	.	7	0	7	.	.	0.04	0.14	↑
	HEPATITIS B (ACUTE)	.	8	.	10	.	11	0.05	0.05	
	INFLUENZA	.	448	.	561	.	612	0.19	0.09	↓
	MEASLES	0	9	0	0	0	0	0.00	0.00	
	MUMPS	0	0	0	.	0	.	0.02	0.00	↓
	PERTUSSIS	.	71	0	20	.	32	0.32	0.18	↓
	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	856	5721	842	6122	1012	6874	40.50	46.34	↑X
	GONORRHEA	291	1649	290	1895	368	2418	11.97	16.85	↑X
	SYPHILIS (EARLY LATENT)	41	215	35	303	19	234	1.43	0.87	↓
	SYPHILIS (PRIMARY & SECONDARY)	24	151	25	186	31	260	0.99	1.42	↑
ENTERICS										
	AMEBIASIS	5	9	.	.	0	.	0.09	0.00	↓X
	BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
	CAMPYLOBACTERIOSIS	15	63	12	68	6	61	0.52	0.27	↓
	CHOLERA	0	0	0	0	0	0	0.00	0.00	
	CRYPTOSPORIDIOSIS	.	.	0	0	0	.	0.03	0.00	↓
	GIARDIA	0	19	.	26	.	15	0.20	0.14	↓
	ROTAVIRUS	0	63	5	29	.	50	0.23	0.09	↓
	SALMONELLOSIS	17	90	19	93	9	75	0.98	0.41	↓X
	SHIGA-TOXIN PRODUCING E. COLI	8	20	.	30	.	14	0.28	0.05	↓
	SHIGELLOSIS	5	14	.	23	.	38	0.23	0.18	↓
	TYPHOID FEVER	.	.	0	.	0	.	0.01	0.00	↓
	VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.02	0.00	↓
	YERSINIOSIS	0	0	0	0	0	.	0.00	0.00	
OTHER										
	ANTHRAX	0	0	0	0	0	0	0.00	0.00	
	BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
	BRUCELLOSIS	0	0	0	.	0	0	0.00	0.00	
	COCCIDIOIDOMYCOSIS	6	45	.	37	13	72	0.30	0.60	↑
	DENGUE FEVER	0	0	0	0	0	0	0.00	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	0.00	0.00	
	HEPATITIS C (ACUTE)	.	7	.	14	.	12	0.03	0.09	↑
	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	.	17	5	13	0	11	0.14	0.00	↓X
	LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.00	0.00	
	LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
	LISTERIOSIS	0	.	0	0	0	0	0.01	0.00	↓
	LYME DISEASE	.	5	.	6	0	7	0.09	0.00	↓X
	MALARIA	.	.	0	.	0	.	0.06	0.00	↓X
	MENINGITIS, ASEPTIC/VIRAL	.	21	5	13	.	12	0.14	0.05	↓
	MENINGITIS, BACTERIAL	.	13	.	26	.	14	0.04	0.14	↑
	MENINGOCOCCAL DISEASE	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	0.00	0.00	
	Q FEVER	0	.	.	.	0	.	0.01	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	0.01	0.00	↓
	RSV (RESPIRATORY SYNCYTIAL VIRUS)	.	1095	.	666	.	931	0.18	0.18	
	STREPTOCOCCUS PNEUMONIAE, IPD	.	69	5	94	.	127	0.15	0.18	↑
	TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
	TOXIC SHOCK SYN (STREPTOCOCCAL)	.	7	.	12	.	18	0.03	0.09	↑
	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	.	0.03	0.00	↓
	WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.00	0.00	
	ZIKA VIRUS DISEASE, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
	ZIKA VIRUS DISEASE, NON-CONGENITAL~	0	0	6	15	0	.	0.00	0.00	
	ZIKA VIRUS INFECTION, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
	ZIKA VIRUS INFECTION, NON-CONGENITAL~	0	0	0	.	0	0	0.00	0.00	

*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)=65(reported total=1495). Monthly congenital syphilis cases (suppression applied) for 2015-2017 were 0,,0(YTD totals of .,5,7) 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).