



Memorandum

Date: October 26, 2017

To: Southern Nevada District Board of Health

From: Michael Johnson, PhD, *Director of Community Health* MJ
Joseph P Iser, MD, DrPH, MSc, *Chief Health Officer* JP/I

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

University Medical Center (UMC) launched Phase I of their new EPIC Electronic Health Record (EHR) system in all UMC Urgent Care centers. TCP staff worked with UMC staff to modify tobacco intake and tobacco use status questions to assure that all forms of tobacco use are captured. Staff also helped modify patient discharge materials to assure that patients who use tobacco are referred to the Quitline. Project statistics will be forthcoming from UMC.

In August, staff met with the WestCare Nursing Director and IT staff to discuss the potential for electronic referral to the Quitline. WestCare was receptive and excited to move forward with integration of e-referral to the Quitline. SNHD staff provided contact information for the technical staff at the Quitline and arranged for a teleconference between WestCare and the Quitline. TCP staff also followed up with recommended tobacco prompt language and Quitline information to be included with patient discharge materials. WestCare staff is considering electronic referral for not only their Nevada properties but also their properties nationwide.

Staff is providing ongoing technical assistance and developing materials to support implementation of a tobacco-free higher education campus policy. In August, staff met with the UNLV CSUN (Consolidated Students of the University of Nevada (CSUN), the autonomous representative governing body of the undergraduate student population of UNLV) and student body president to discuss future steps in propelling a policy at UNLV. The president was the former CSUN senator who was a champion of this policy.

2. Chronic Disease Prevention Program (CDPP):

The 2017 Soda Free Summer (SFS) initiative wrapped up in August. SFS spotlights were posted on the Get Healthy Clark County and Viva Saludable websites and information was shared throughout the summer on the Viva Saludable blog. A press release was sent out and additional outreach to Spanish media contacts resulted in several earned media interviews over the summer. Additional outreach activities in the Hispanic community included educational classes at the Alliance Against Diabetes (AAD). 2017 SFS outcomes Included:

- 3 blog posts on the Viva Saludable blog reached a total of 638 people
- 4 earned media opportunities in Spanish language media (2 newspaper, 1 radio and 1 television)
- 2 educational classes in Spanish at the Alliance Against Diabetes reached 133 people

3. Injury Prevention Program (IPP):

IPP staff developed and launched an opioid awareness media campaign in August. As part of the campaign, staff appeared on the Fox 5 MORE show to talk about opioids. SNHD staff also participated in the International Overdose Awareness Day Event. Staff was invited to present information about opioids and current community efforts at an annual meeting hosted by the Foundation for Recovery.

4. OCDPHP

The updated Get Healthy Clark County (GHCC) website launched in August. OCDPHP staff worked closely with a contractor to develop the new mobile responsive GHCC website (www.gethealthyclarkcounty.org). After the website files were transferred, OCDPHP staff worked closely with SNHD IT and PIO staff to complete necessary final tasks before launch. The new site features a more use-friendly layout, better visuals, and interactive features. It is also mobile friendly so people using mobile devices can easily access the content. A press release was sent out and generated an earned media opportunity for a radio interview on KXNT FM. Work on updates to the Viva Saludable (VS) Spanish language website and translation of necessary pages has already begun.

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) has successfully implemented the use of iCircle within WEBIZ. iCircle is a software system that captures HIV testing risk reported to the CDC. Historically, this data was captured on a separate paper form that clinic staff completed. The paper form was then routed to OEDS for entry into a CDC testing data management system. The ability to navigate to iCircle within WEBIZ, eliminates the need to manually enter data on a paper form. This new process not only saves time and materials, it also reduced the risk of paper forms not being accounted for in a timely manner. Data is entered in real time, and data QA can be validated daily. OEDS plans to implement the use of iCircle for all testing locations, with The LGBTQ Center next to implement its use.

Community Health -- OEDS – Fiscal Year Data

Morbidity Surveillance	Sep	Sep		FY15-16	FY16-17	
	2016	2017		(Jul- June)	(Jul- June)	
Chlamydia	1249	970	↓	3144	3238	↑
Gonorrhea	376	366	↓	1035	1197	↑
Primary Syphilis	9	4	↓	32	36	↑
Secondary Syphilis	32	9	↓	70	67	↓
Early Latent Syphilis	28	20	↓	84	88	↑
Late Latent Syphilis	38	13	↓	103	57	↓
Congenital Syphilis (presumptive)	1	0	↓	3	1	↓
New Active TB Cases Counted - Pediatric	1	0	↓	1	0	↓

Number of TB Active Cases Counted - Adult

6	2	↓	18	18	→
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Community Health -- OEDS – Fiscal Year Data

Moms and Babies Surveillance	Sep 2016	Sep 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
HIV Pregnant Cases	2	1	↓	4	11	↑
Syphilis Pregnant Cases	7	6	↓	16	18	↑
Perinatally Exposed to HIV	2	3	↑	7	7	→

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	34	0	18	4
Gonorrhea	25	0	18	3
Syphilis	90	1	104	8
HIV/AIDS (New to Care/Returning to Care)	21	0	36	33
Tuberculosis	113	0	7	0
TOTAL	283	1	183	48

2. Community Outreach and Education:

The Office of Epidemiology and Disease Surveillance sent several staff to the United States Conference on AIDS, held in Washington D.C, September 7th-10th. This conference highlights exhibits and abstracts submitted from all over the United States, focusing on issues related to HIV/AIDS such as, housing, linkage to care, legal issues, support services, and PrEP. The theme of this year’s Conference was Family, emphasizing that we are all connected. The USCA conference provides multiple sessions daily relating to various topics. Many of these sessions were provided by peers in other jurisdictions. The sessions were designed to provide guidance or suggestions for implementing new or changing strategies related to HIV topics. These topics included PrEP and PeP, HIV Trans Care, HIV/Hepatitis co-infection management, HIV stigma, disclosure, HIV and housing, developing strategies for prevention navigators, to name a few. OEDS staff attend this Conference to learn about new strategies, and potential changes to existing practices at the local level.

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

- a. Mondays-Thursdays and first Saturday; The Center- LGBTQ Community of Nevada- Target population-MSM, transgender.
- b. Wednesdays-Trac-B Exchange-target population IDU.
- c. 9/15- In collaboration with AHF-Rapid HIV, Syphilis testing at Shade Tree-Target

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

Population-women

- d. 9/19- In collaboration with, AHF, HELPSoNV, TracB Exchange and SNHD- Mobile Rapid Hepatitis C and HIV testing. Target population-IDU.

B. Staff Facilitated/Attended Training/Presentations

- a. 9/07 – 9/10- USCA-United States Conference on AIDS, held in Washington D.C.-9 staff attended.
- b. 9/20 - Southern Nevada Harm Reduction Alliance monthly meeting-agency representation from Huntridge clinic, TracB Exchange, Las Vegas Recovery Center, Westcare, Foundation for Recovery, Center for Behavioral Health, and SNHD. 9 people were in attendance.
- c. 9/27 - “Condom and Lube 101” at the Getting to Zero-5th Annual HIV Summit held at the LGBTQ Center, NV-Presented by Dr. Cheryl Radeloff from SNHD and James Foley from the LGBTQ Center. 120 in attendance.
- d. 9/29 - Poster Presentation at Nevada Public Health Association, Reno, NV. “The First Step to Creating a Comprehensive Preceptor Development Program” & “Preceptor Needs Assessment” Presented by Laura Valentino and Dr. Cheryl L. Radeloff. 180 in attendance.
- e. 9/29 - Poster Presentation at Nevada Public Health Association, Reno, NV. “The First Step to Creating a Comprehensive Preceptor Development Program” & “Preceptor Needs Assessment” Presented by Laura Valentino and Dr. Cheryl L. Radeloff. 180 in attendance.

Community Health -- OEDS – Fiscal Year Data

	Sep 2016	Sep 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	571	281	↓	1,758	1,122	↓
Clinic Screening (SHC/FPC/TB)	744	137	↓	2,322	1,665	↓
Outreach Screening (Jails, SAPTA)	164	46	↓	386	278	↓
TOTAL	1,479	464	↓	4,466	3,065	↓
Outreach/Targeted Testing POSITIVE				25	21	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				24	14	↓
Outreach Screening (Jails, SAPTA) POSITIVE				2	7	↑
TOTAL POSITIVES				51	42	↓

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 9/27/17, there were 278 travel-associated Zika virus disease cases reported in the US and 556 locally acquired cases reported in US territories. There has been 1 case acquired through local mosquito-borne transmission in the U.S. in 2017. There have been

3 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 October 2017.

- b. **Arbovirus Update:** OEDS has reported 3 cases of WNV for this season, there are none currently under investigation.
- c. **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 guest notification letter has been developed and will be sent out to guests from 6/23/17 to present since the Rio continues to identify positive samples in their water systems. As of 10/1/17 there have been 150 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 29 suspect Legionnaires' disease and 56 suspect Pontiac fever cases for a total of 92 cases. This investigation is ongoing.
- d. **Salmonella suspected to be associated with papayas:** On July 11, 2017, the SNHD OEDS 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 was 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, 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 notification from the FDA that the samples collected were negative for Salmonella. This investigation is now closed.

- e. **Hepatitis A at Reedom ES:** On September 8, 2017, OEDS received a call from CCSD Health Services regarding a person diagnosed with Hepatitis A at Reedom Elementary School. Upon investigation, OEDS confirmed the diagnosis and interviewed the case. Two additional contacts from the school were identified as experiencing Hepatitis A symptoms, both were interviewed. A list of student vaccination statuses for Hepatitis A was requested, which indicated all students were previously vaccinated. A letter was drafted by OEDS and sent to CCSD Health Services along with a fact sheet to distribute to students in the classroom. The letter included notification of the event and what parents should do if their child developed Hepatitis A symptoms. The letter and fact sheet were distributed to students on September 15, 2017. This investigation is now closed
- f. **Organ transplant associated Tularemia cases:** In collaboration with several federal, state and local health agencies, OEDS investigated the first known person to person tularemia transmission through organ transplant. The organ donor, patient A, was a 42 year old male who resided in a rural area close to Las Vegas. He died from cardiac arrest and hemorrhagic shock on July 5. His heart and two kidneys were donated to three patients; B, C, and D. Patient B received a kidney transplant in a Clark County hospital on July 7, and died on July 13. Patient C and D are both California residents. Patient C, the other kidney recipient, was tested positive for tularemia after becoming ill and was subsequently treated. Patient D has been asymptomatic since receiving the heart transplant. After receiving the notification that patient C was positive for tularemia, SNHD and the local health departments in California coordinated all four patients' samples to be sent to CDC lab for testing. Patient A, B, and C are all culture confirmed *Francisella tularensis* A.2. OEDS conducted multiple interviews with patient A's family members and revealed no noteworthy exposure. OEDS also coordinated an environmental investigation of the community where patient A had lived. The team found and collected several animal carcasses in the vicinity of patient A's residence. Two relatively intact rabbit carcasses both tested positive by PCR for *F. tularensis* A.2 strain. Whole-genome sequencing of the *F. tularensis* gene product from one of the rabbits revealed >99% homology to *F. tularensis* cultured from patient A. Under the guidance of CDC, OEDS contributed to the development of two tularemia fact sheets (one for the general public and one for the health care providers) and one community education event. This investigation is closed. OEDS is working with CDC and other agencies involved in this investigation to write at least one manuscript for peer-reviewed journal publication.

g. **Salmonella cluster CDC investigation:** On September 13, 2017, OEDS was notified of a Salmonella I 4, [5], 12:i - cluster investigation by CDC. There are about 36 cases nationally, with 5 of those living in Mesquite, NV. NDPBH asked OEDS to interview all 5 cases for common exposures. All five have been initially interviewed with no obvious common link found. OEDS has attempted to re-interview all 5 cases with a more extensive CDC-based questionnaire. Three of 5 cases have agreed to fill out the questionnaire and return to OEDS. The return of these completed questionnaires is pending. OEDS will continue to reach out to the two additional cases for re-interview. Environmental Health – Special Programs staff have inspected multiple restaurants that the cases mentioned visiting during the incubation period. The CDC investigation is now closed, but the OEDS investigation is ongoing.

B. **Other:** Kathryn Barker, Epidemiologist, attended the CSTE ICD-10-CM Drug Poisoning Indicators Workgroup Meeting in Atlanta, GA 9/20-9/21. Angel Stachnik, Senior Epidemiologist, attended the WUSS 2017 Educational Forum and Conference in Long Beach, CA 9/19-9/22

C. **Communicable Disease Statistics:** August 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. Informatics is also assisting with the changes that need to be made to the LIMS to accommodate the Clinical laboratory move to the first floor of the SNPHL building.
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. Participation in CDC Drug Poisoning workshop.
6. Assisted Office of Epidemiology and Disease Surveillance (OEDS) with various data requests, data exports, and report generation.
7. Collaborated with the NV Dept. of Health and Human Services (NVDHHS) to launch the NV Opioid Surveillance Dashboard.
8. Work continues to obtain and analyze data to produce a community wide Antibigram.
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. **September 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.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

EMS Statistics	Sep 2016	Sep 2017		FY15-	FY16-	
				16 (July- June)	17 (July- June)	
Total certificates issued	918	630	↑	2,003	727	↓
New licenses issued	31	56	↑	113	130	↑
Renewal licenses issued (recert only)	899	578	↓	937	578	↓
Active Certifications: EMT	537	583	↑			
Active Certifications: Advanced EMT	1,255	1,316	↑			
Active Certifications: Paramedic	1,216	1,276	↑			
Active Certifications: RN	46	39	↓			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP, the Veterans Affairs, Dignity Health and other members of the SNHPC met to discuss the EVD/HID exercise between the VA and Dignity Health to finalize the exercise requirements for the Health District to support this collaborative exercise. The Health District will participate with a SimCell, Laboratory Support and ODES. This will meet the EVD/HID requirement for an annual exercise.
- B. OPHP performed a Point of Dispensing Drill at Green Valley High School. Under the PHEP Grant, the ability to staff and open public Point of Dispensing locations is critical to the mission of the Health District. OPHP trained SNHD staff to open, set up, disassemble and close the POD for familiarity with the staff and to allow the school district to participate in a POD drill. A very successful drill.
- C. OPHP was invited to Wellbrook Transitional Rehabilitation Facility and Mother's Care Home Health to discuss Center for Medicare & Medicaid Services Emergency Preparedness Conditions of Participations. OPHP met with the administrators, discussed their emergency operations plan (EOP) and policies to support the plan. One organization has an EOP, a notification roster, earthquake procedures, and started an institutional Hazard Vulnerability Analysis (HVA). OPHP provided the Community HVA to assist them along with insight on emergency preparedness, healthcare coalition participation and exercises.
- D. OPHP met with the Nevada State Veterans Home in Boulder City to discuss Center for Medicare & Medicaid Services Emergency Preparedness Conditions of Participations and the incorporation of the rules into their EOP. The discussion focused on three areas: Expectation of CMS, Southern Nevada Healthcare Preparedness Coalition participation and value of the coalition along with exercises

and expectations. OPHP also met with the Valley View Surgical Center to discuss their participation in the upcoming full-scale exercise.

- E. OPHP met with University Medical Center of Southern Nevada at the Health District to discuss the Medical Surge Area Command (MSAC), the history of the evolution of the MSAC, and the benefits to the community.
- F. 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.
- G. 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
- H. 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 trained SNHD staff participating in a Point of Dispensing drill at Green Valley High School.
- C. Employee Health Nurse: The Employee Health Nurse performs required fit tests for SNHD staff and medical residents. 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. MRC continues to participate in community events having provided services and volunteers in support of SNHD Mission and grant deliverables.

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. September 2017 SNPHL Activity Highlights:

- A. Work continues on modifications and improvements of SNPHL building security operations.
- B. Clinical laboratory staff assisted TB Clinic and Epidemiology in specimen collection and QFT testing of 160 patients.

- 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. Work on report extraction continues.
- 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 for potential candidates.
- F. SNPHL continues with remodeling work for the new Clinical Laboratory and has begun move-in operations. The biological safety cabinet has passed certification and water system has been completed.
- G. The lab has begun work on validation of the testing system for arboviruses.
- H. The SNPHL was inspected by the Federal Select Agent program and has completed inspection response.
- I. Biohazard Training was conducted by Employee Health for the staff and annual immunizations were administered.
- J. An arrangement was made for FedEx to pick up laboratory shipments saving a daily courier run for lab personnel.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Sep	Sep		FY 15-16	FY 16-	
	2016	2017		(July- June)	17	(July- June)
Clinical Testing Services ¹	6471	4030	↓	16916	14193	↓
Epidemiology Services ²	804	109	↓	2202	932	↓
State Branch Public Health Laboratory Services ³	50	78	↑	1408	232	↓
All-Hazards Preparedness Services ⁴	30	35	↑	75	153	↑

VII. VITAL STATISTICS

September 2017 showed a 12% decrease in birth certificate sales in comparison to September 2016. Death certificate sales showed a 3% decrease for the same time frame. SNHD has received revenues of \$39,208 for birth registrations, \$19,877 for death registrations; and an additional \$2,986 in miscellaneous fees for the month of September.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Sep	Sep		FY15-16	FY16-17	
	2016	2017		(July- June)	(July- June)	
Births Registered	2512	2389	↓	7420	7098	↓

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.

Deaths Registered

1388	1279	↓	4100	4156	↑
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Vital Statistics Services	Sep 2016	Sep 2017		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold (walk-in)	3,033	2,801	↓	10,631	10,423	↓
Birth Certificates Mail	147	123	↓	454	437	↓
Birth Certificates Online Orders	1,075	809	↓	3,432	2,829	↓
Birth Certificates Billed	148	124	↓	367	358	↓
Birth Certificates Number of Total Sales	4,403	3,857	↓	14,884	14,047	↓
Death Certificates Sold (walk-in)	2,006	1,004	↓	6,027	3,517	↓
Death Certificates Mail	76	80	↑	328	287	↓
Death Certificates Online Orders	4,664	5,442	↑	13,857	16,925	↑
Death Certificates Billed	20	33	↑	34	72	↑
Death Certificates Number of Total Sales	6,766	6,559	↓	20,246	20,801	↑

Vital Statistics Sales by Source	Sep 2016	Sep 2017		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold Decatur (walk-in)	68.9%	73%	↑	71.4%	74.2	↑
Birth Certificates Mail	3.3%	3%	↓	3.1%	3.1%	→
Birth Certificates Online Orders	24.3%	21%	↓	23%	20.1%	↓
Birth Certificates Billed	3.4%	3%	↓	2.5%	2.5%	→
Death Certificates Sold Decatur (walk-in)	29.5%	15%	↓	29.7%	16.9%	↓
Death Certificates Mail	1.1%	1%	↓	1.6%	1.4%	↓
Death Certificates Online Orders	69%	83%	↑	68.5%	81.4%	↑
Death Certificates Billed	.3%	1%	↑	.2%	.3%	↑

Revenue	Sep 2016	Sep 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Birth Certificates (\$20)	\$88,060	\$77,140	↓	\$297,680	\$280,940	↓
Death Certificates (\$20)	\$135,320	\$131,180	↓	\$404,920	\$416,020	↑
Births Registrations (\$13)	\$47,398	\$39,208	↓	\$160,407	\$146,926	↓
Deaths Registrations (\$13)	\$20,885	\$19,877	↓	\$63,659	\$63,089	↓
Miscellaneous	\$3,723	\$2,986	↓	\$11,386	\$10,491	↓
Total Vital Records Revenue	\$295,386	\$270,391	↓	\$938,052	\$917,466	↓

Table 1

Clark County Disease Statistics*, AUGUST 2017

Disease	2015		2016		2017		Rate(Cases per 100,000 per month) Aug (2012-2016 aggregated)	Monthly Rate Aug (2017)	Significant change bet. current & past 5-year?~
	Aug YTD No.	YTD No.	Aug YTD No.	YTD No.	Aug YTD No.	YTD No.			
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	16	.	18	0	17	0.05	0.00	↓X
HEPATITIS A	.	8	.	9	0	5	0.04	0.00	
HEPATITIS B (ACUTE)	.	11	.	11	.	13	0.12	0.05	↓
INFLUENZA	.	449	.	563	7	619	0.06	0.32	↑X
MEASLES	0	9	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	.	0	.	0.00	0.00	
PERTUSSIS	5	76	.	22	0	32	0.31	0.00	↑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	873	6594	1031	7153	1204	8416	42.64	55.06	↑X
GONORRHEA	247	1896	360	2255	431	2948	12.08	19.71	↑X
SYPHILIS (EARLY LATENT)	37	252	23	326	34	283	1.26	1.55	↑
SYPHILIS (PRIMARY & SECONDARY)	25	176	36	222	44	321	0.97	2.01	↑X
ENTERICS									
AMEBIASIS	0	9	.	5	0	.	0.03	0.00	↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	10	73	12	80	.	66	0.58	0.18	↓X
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	.	0	0	0	.	0.02	0.00	↓
GIARDIA	.	23	9	35	.	17	0.31	0.09	↓
ROTAVIRUS	.	65	0	29	.	53	0.05	0.14	↑
SALMONELLOSIS	25	115	16	109	13	92	0.79	0.59	↓
SHIGA-TOXIN PRODUCING E. COLI	.	24	6	36	.	17	0.28	0.09	↓
SHIGELLOSIS	.	18	16	39	7	47	0.43	0.32	↓
TYPHOID FEVER	0	.	0	.	0	.	0.00	0.00	
VIBRIO (NON-CHOLERA)	0	0	0.03	0.00	↓
YERSINIOSIS	0	0	.	.	0	.	0.05	0.00	↓X
OTHER									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLA	0	0	0	.	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	7	52	9	46	7	79	0.36	0.32	↓
DENGUE FEVER	.	.	0	0	0	0	0.01	0.00	↓
ENCEPHALITIS	0	.	0	.	0	.	0.01	0.00	↓
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	0	7	.	17	0	16	0.04	0.00	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.	0	0	0	0	0	0	0.00	0.00	
LEGIONELLOSIS	0	17	8	21	0	11	0.20	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	.	.	0.00	0.05	↑
LYME DISEASE	0	5	.	8	.	8	0.03	0.05	↑
MALARIA	0	.	0	.	0	.	0.02	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	.	24	.	17	.	14	0.17	0.05	↓
MENINGITIS, BACTERIAL	.	14	.	28	.	17	0.07	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	.	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	0.01	0.00	↓
RSV (RESPIRATORY SYNCYTIAL VIRUS)	.	1097	.	667	.	933	0.10	0.09	↓
STREPTOCOCCUS PNEUMONIAE, IPD	.	72	5	99	7	135	0.19	0.32	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	7	0	12	.	19	0.01	0.05	↑
TULAREMIA	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	.	0.05	0.00	↓X
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	.	16	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	0.00	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)=62(reported total=1775). Monthly congenital syphilis cases (suppression applied) for 2015-2017 were ,,,0(YTD totals of ,6,8) 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).