



Memorandum

Date: November 16, 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

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

In September, Bite of Las Vegas, one of Nevada's largest outdoor food and music festivals, was designated as smoke-free. There were an estimated 20,000 people in attendance at that event.

TCP staff participated in SNHD's first Environmental Health Expo. During the event, staff conducted two newspaper interviews about the tobacco prevention program, one with the Las Vegas Sun and one in Spanish with El Tiempo newspaper.

2. Chronic Disease Prevention Program (CDPP):

SNHD CDPP staff is a member of the Clark County School District (CCSD) District Wellness Committee and attended their meeting in September. The Wellness Coordinator online training course was finalized and launched in September. SNHD CDPP staff reviewed and contributed to the development of the course. While the course is voluntary, Wellness Coordinators that complete the course will earn one CEU. To date, 24 Wellness Coordinators have taken the course. Additionally, a second online course was developed by CCSD to help ensure sustainability of some of the Partnerships to Improve Community Health (PICH) grant objectives implemented at CCSD. The Functional Fitness Course was launched in September and to date, 28 teachers have completed the training.

As part of the Complete Streets project in the City of North Las Vegas funded by the PICH grant, bike lanes were installed in 3 priority corridors in downtown North Las Vegas. These corridors were identified as priority areas by the city in the complete streets study and were an outcome of the overall Complete Streets policy project. Pre and post user counts along with pre and post crash data have been collected and are being analyzed as part of an evaluation of the overall project.

CDPP staff worked with SNHD clinical staff to support several community/clinical interventions including revising the Living Well with HIV booklet to include information on diabetes, heart disease and tobacco cessation resources. Wall-mounted brochure racks were placed in clinic waiting areas with chronic disease program, resource and referral

information. SNHD OCDPHP staff, at the request of the SNHD Family Planning Clinic, also reviewed existing educational materials and made recommendations for updating several fact sheets. As a result, patient education documents now include referral to the Quitline and Family Planning clinic staff are distributing Quit cards to their clients. Additionally, CDPP staff also coordinated focus groups in September at the Alliance Against Diabetes for the purpose of providing feedback to the Family Planning clinic on healthy cooking, heart, blood pressure, and other resources.

To support implementation of the DETR/BEN nutrition standards policy, SNHD CDPP staff coordinated the printing of vending machine wraps that promote the new policy and encourage healthier options. The wraps will be placed on at least 28 vending machines in high traffic government buildings throughout Southern Nevada. Additionally, stickers and signage were developed to place on vending machines that are not wrapped. Staff met with City of Las Vegas representatives to discuss the DETR/BEN Nutrition Standards Policy and identify collaborative ways to work together to support implementation at the City of Las Vegas. CDPP staff has developed a one-page fact sheet on the policy that will be distributed to City of Las Vegas employees at an Employee Benefits Fair in October. CDPP staff provided technical assistance to Washoe County Health District on their healthy vending efforts.

3. Injury Prevention Program (IPP):

Staff planned, presented, and prepared talking points for the successful 2017 Southern Nevada Substance Use and Behavioral Health Summit at UNLV's Student Union. Staff participated in multiple media interviews and collaborative conversations at the Summit. Staff also attended the Governor's Opioid State Action Accountability Taskforce meeting to understand efforts and best highlight the work of the Advisory Council. Staff also co-presented at Touro University to students and faculty on the opioid epidemic in Clark Co.

Staff coordinated a falls prevention press release and on-site screening at SNHD to promote the 10th Annual Falls Prevention Day on September 22, 2017. Staff also appeared on the Healthier Tomorrow Radio broadcast to discuss falls prevention screening and programming.

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 has moved almost exclusively to iCircle for entry of test data that we capture for Prevention efforts.

In October The Center, LGBTQ Community, went live with iCircle. The use of iCircle removes the need for an additional person to manually enter data to a CDC sponsored site. Additionally, by removing the additional entry, we expect to see fewer data entry errors as information is updated in real time. OEDS Surveillance published a TB tool in collaboration

with the Office of Informatics. This tool will be used to identify targeted groups based on travel risk for acquired TB infection.

Finally, OEDS Surveillance is working on a collaborative Lead Surveillance grant with UNLV's School of Community Health Sciences.

Community Health -- OEDS – Fiscal Year Data

Morbidity Surveillance	Oct 2016	Oct 2017		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Chlamydia	941	776	↓	3689	3819	↑
Gonorrhea	249	258	↑	1084	1311	↑
Primary Syphilis	11	5	↓	42	50	↑
Secondary Syphilis	29	6	↓	96	85	↓
Early Latent Syphilis	34	13	↓	109	116	↑
Late Latent Syphilis	30	8	↓	126	80	↓
Congenital Syphilis (presumptive)	1	0	↓	4	1	↓
New Active TB Cases Counted - Pediatric	2	0	↓	3	0	↓
Number of TB Active Cases Counted - Adult	3	1	↓	21	20	↓

Community Health -- OEDS – Fiscal Year Data

Moms and Babies Surveillance	Oct 2016	Oct 2017		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
HIV Pregnant Cases	6	1	↓	10	11	↑
Syphilis Pregnant Cases	7	3	↓	23	20	↓
Perinatally Exposed to HIV	6	4	↓	13	13	→

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	22	0	24	0
Gonorrhea	25	0	21	0
Syphilis	96	2	73	4
HIV/AIDS (New to Care/Returning to Care)	23	1	22	18
Tuberculosis	4	0	13	1
TOTAL	170	3	153	23

¹ Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

² Reactors/Symptomatic/X-Ray= Investigations initiated from positive labs, reported symptoms or chest X-Ray referrals

³ OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters; FUP= Investigations initiated to follow up on previous reactors, partners, or clusters

2. Community Outreach and Education:

National Latino HIV/AIDS Awareness Day was October 15th. A press release from The Southern Nevada Health District's Public Information office went out to encourage Hispanic residents to learn their HIV status by getting tested. In observance, the Health District and its partners provided free HIV testing from 10am to 3pm at the Center-LGBTQ Community Center. In 2015, Hispanics accounted for 24% of people living with HIV, 32% of new HIV diagnosis, and 26% of AIDS diagnosis in Clark County.

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

- a. Mondays - Thursdays; The Center- LGBTQ Community of Nevada - Rapid HIV, Hepatitis, and Syphilis testing. Target population - MSM, transgender.
- b. Wednesdays-Trac-B Exchange- Rapid HIV and Hepatitis testing. Target population IDU.
- c. 10/14 - National Latino HIV/AIDS Awareness Day; The Center - LGBTQ Community of Nevada - Rapid HIV and Syphilis testing. Target Population - Latino, MSM.
- d. 10/17 - In collaboration with HELP of Southern Nevada, TracB Exchange, AIDS Healthcare Foundation and The Southern Nevada Health District - HIV and Hepatitis testing. Target Population - Homeless, IDU.
- e. 10/25 - In collaboration with AIDS HealthCare Foundation Mobile Testing Unit and The Southern Nevada Health District, Rapid HIV and Syphilis testing. Target Population -Latino; all.

B. Staff Facilitated/Attended Training/Presentations

- a. 10/07 - "HIV/STIs" for First Offender Program (FOPP) at the Regional Justice Center, Las Vegas, NV presented by Dr. Cheryl L. Radeloff from SNHD. 1 person in attendance.
- b. 10/9 - "HIV/STIs and Sexual Assault" at the Rape Crisis Center, Las Vegas, NV-presented by Dr. Cheryl L. Radeloff from SNHD. Approximately 15 in attendance.
- c. 10/10 - "Careers and Research" for Presentation for UNLV's Office of Undergraduate Research "Research Week" in Las Vegas, NV-presented by Dr. Cheryl L. Radeloff. Approximately 130 high school students, faculty, staff, and administrators in attendance.

Community Health -- OEDS – Fiscal Year Data

	Oct 2016	Oct 2017		FY15-16 (Jul- June)	FY16-17 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	910	126	↓	1668	1284	↓
Clinic Screening (SHC/FPC/TB)	673	373	↓	2995	2591	↓
Outreach Screening (Jails, SAPTA)	155	61	↓	541	278	↓
TOTAL	1738	560	↓	6204	3270	↓
Outreach/Targeted Testing POSITIVE				36	24	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				28	16	↓

Outreach Screening (Jails, SAPTA) POSITIVE

TOTAL POSITIVES

*note: As of Oct 26, 2017, the information within this report is preliminary and doesn't include all October data and activities.

3	7	↑
67	44	↓

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 10/25/17, there were 322 travel-associated Zika virus disease cases reported in the US and 583 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 November 2017.
- b. **Arbovirus Update:** OEDS has reported 3 cases of WNV for this season, there are none currently under investigation. Arbovirus season is considered to be over for the year.
- 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 tower's 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 10/31/17 there have been 155 responses to the survey. OEDS is currently in the process of analyzing responses for classification of illness. Through these efforts, we have identified an additional 5 confirmed and 28 suspect Legionnaires' disease and 59 suspect Pontiac fever cases for a total of 94 cases. This investigation is ongoing.
- d. ***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 hypothesis generating questionnaire. OEDS later learned of two more cases located in Mesquite. As a result, on Wednesday October 18, 2017, an OEDS DIIS conducted field visits to families in Mesquite that had not completed the hypothesis generating questionnaire. To date, OEDS has received 5 of 7 questionnaires. With the current data, no common exposure has been identified. This investigation is ongoing.
- e. ***Foodborne Illness Investigation at Romano's Macaroni Grill:*** Between October 25 and 26, 2017, OEDS received eight foodborne illness complaints from two different parties for a Romano's Macaroni Grill restaurant. Environmental Health was notified. The restaurant was inspected on 10/26 because of the complaints. Several factors that could have contributed to foodborne illness were documented including dirty dishes and utensils when stored as clean, a blocked hand sink, and an uncovered bread station accessible to customers. This investigation is ongoing.
- f. ***Gastrointestinal Illness at Shade Tree:*** On October 26, 2017, OEDS received an anonymous call regarding numerous gastrointestinal illnesses at Shade Tree. Three of the ill are staff members. Environmental Health was notified, but no site visit has been conducted to date. Staff are taking precautions by cleaning bathrooms and doorknobs with water and bleach. In addition, the ill have been moved to a different floor. OEDS provided Norovirus control guidelines to the Operations Manager at Shade Tree for immediate implementation. As of 10/30, no new illnesses have been reported. This investigation is ongoing.
- g. ***Flu A Outbreak at Skilled Nursing Facility:*** On October 19, 2017, OEDS received a call regarding a Flu A outbreak at a skilled nursing facility in Mesquite. Total ill were 18 out of 55 exposed, including employees. Of the 18 ill, 9 returned positive for Flu A, while 1 returned positive for Flu A/B. Staff quickly implemented procedures to help prevent additional illnesses, including the use of proper PPE, emphasizing handwashing, disinfecting surfaces, and providing flu shots to all residents and employees. No new illnesses have been reported since October 29, 2017. This investigation is ongoing.
- h. ***Influenza:*** Activity has been low in Clark County, Nevada during the 2017 – 2018 influenza season. The total number of confirmed cases was 9 as of October 21, 2017. However, there was an increase of emergency room visit with Influenza-like Illness (ILI) in Week 42 (October 15 – 21, 2017) than Week 41 (October 8 – 14, 2017). Influenza A is the dominant type circulating locally. No influenza-associated pediatric death occurred this season. SNHD will continue to update

the public on the progression of the season and encourage the population to get vaccinated.

- i. ***Norovirus at CCSD Elementary School:*** On September 29, 2017, the Southern Nevada Health District (SNHD) was notified by a concerned parent regarding 12 ill students at a local elementary school. The concerned parent complained of gastrointestinal illness among those students. The Clark County School District (CCSD) contacted SNHD shortly after the initial call. The CCSD confirmed an unusual amount of absence in one classroom. The CCSD verified 13 out of 25 students were ill. The CCSD provided an update toward the end of the day and an additional 18 students went home throughout the day. The SNHD Environmental Health Department was notified and inspected the school. The SNHD Office of Epidemiology and Disease Surveillance (OEDS) investigated ill persons and distributed 12 stool sample kits and received 5 back. The Southern Nevada Public Health Laboratory tested those samples for a gastrointestinal panel. Three of the five samples tested positive for Norovirus. The CCSD immediately implemented their cleaning protocol and SNHD's Environmental Health Department found no further actions were necessary. The SNHD OEDS monitored additional ill. The last report of gastrointestinal illness reported to the health office was October 10, 2017. The total ill since the initial report was 58 (56 students and 2 teachers). The source was not identified during the investigation. This investigation is closed.

B. **Other:** Several staff participated in a recent Ebola Training Exercise which took place on October 11th.

C. **Communicable Disease Statistics:** September 2017 and Quarter 3 2017 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 CSTE "General" Injury ICD-10-CM Transition Workgroup.
6. Assisted Office of Epidemiology and Disease Surveillance (OEDS) with various data requests, data exports, and report generation.
7. Work continues to obtain and analyze data to produce a community wide Antibigram.
8. Quest reportable conditions format upgrade (HL7) which will allow for a more standardized way of reporting.
9. Work continues on the iCircle web application for OEDS, and transmission of HIV testing data to CDC.
10. Released the OEDS reportable disease surveillance self-reporting mobile application, and worked on Ebola data migration process.
11. Started work on Pharmacy application for Clinic Service.
12. Continued work to support on-boarding of hospitals for the syndromic surveillance program.

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

1. October 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. Southern Nevada Injury Prevention Partnership (SNIPP) Workshop

The SNIPP is a committee with the primary purpose of advising and assisting the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma System Plan and assuring the provision of injury prevention efforts with emphasis on those that directly impact the trauma system.

The last SNIPP meeting was held in October 2016. The quarterly meeting has been cancelled since then due to a lack of quorum. The SNIPP Workshop was held to discuss how to revive the committee. Nominations for Chair and Vice Chair will take place at the October 23rd meeting.

C. 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 OEMSTS presented a draft data dictionary and procedure to the Taskforce. The Taskforce was directed to review the documents and direct their comments, in writing, to the OEMSTS that was reviewed at the October 18th meeting. The TNAT continues to discuss assigning a weight to each of the six domains of the SNHD Trauma Needs Assessment Tool.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

EMS Statistics	Oct 2016	Oct 2017		FY15- 16 (July- June)	FY16- 17 (July- June)	
Total certificates issued	39	59	↑	1,042	786	↓
New licenses issued	28	43	↑	141	173	↑
Renewal licenses issued (recert only)	0	0	→	937	578	↓
Active Certifications: EMT	550	591	↑			
Active Certifications: Advanced EMT	1,261	1,332	↑			
Active Certifications: Paramedic	1,221	1,286	↑			
Active Certifications: RN	46	39	↓			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP staff participated in the response and recovery efforts of the October 1 mass shooting, the Mandalay Bay Incident, located at the Las Vegas Village during a country music festival. Staff reported to the Clark County Multi-Agency Coordination Center (MACC) as well as the Medical Surge Area Command (MSAC), in a Tier II activation by the MACC. During this event, the members of the MSAC coordinated with local acute care hospitals, micro hospitals, urgent care locations, Metro, FEMA, ASPR and the State to support local law enforcement in the collecting, consolidating, collating and disseminating information for identifying all 500+ victims of the crime at the Route 91 concert. OPHP staff continue to support the Coroner's Office as well as the MACC.
- B. OPHP staff conducted a dispensing throughput drill on October 21 at Palo Verde High School. 196 clients came through the POD to receive medical countermeasures within 45 minutes. More than 60 SNHD employees participated in the event with representatives from CCSD, LVMPD, LVVWD, Citizens Emergency Response Team (CERT), Palo Verde Junior ROTC, Boyd Gaming and the LVCVA.
- C. OPHP staff along with staff from the Office of Epidemiology and Disease Surveillance, PH Informatics, SNPLS, Veterans Administration, Dignity Health Systems (San Martin campus and corporate offices), NSPBH, MedicWest Ambulance Services, and Summerlin Hospital Pharmacy participated in an Ebola/Highly Infectious Disease Full-Scale Exercise. Grant deliverable activities included isolation, nurse staff notification, blood draw and shipment, CHEMPACK delivery, supply and replacement.
- D. OPHP participated in the Nevada Hospital Association's Full-Scale Exercise titled Shake, Rattle, and Roll 2017 on October 19. This exercise coupled with the Great Nevada Shakeout is based on a series of earthquakes creating destruction and injuries within the Las Vegas Urban Area. During the exercise, OPHP with other Healthcare Partners deployed to and activated the Medical Surge Area Command, provided Just-In-Time (JIT) training on the Medical Surge Area Command (MSAC) to new members, contacted the hospitals for their Operating Status Capability And Readiness (OSCAR) report, submitted a Resource Request through WebEOC on an Action Request Form (ARF) through ESF-8 (Public Health and Medical Services) to the MACC.
- 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 provided support for Dignity Health System's Rose De Lima campus evening evacuation drill. This drill was crucial to the successful training of staff in the event of an evacuation level event, i.e. fire or earthquake collapse, allowing each staff member to move quickly to their evacuation point for accountability purposes for the organization. The drill took place during 9:00-11:00pm.
- 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 new employee Emergency Preparedness Training, Intro to OPHP departmental presentations, co-instruct Regional Decon Training for SNHPC partners, conduct CPR and First Aid courses at the Health District as well as monitor SNHD staff compliance with completion of required ICS courses.
- B. Training Officers and SNHD staff participated in a Point of Dispensing (POD) drill at Palo Verde High School. The drill included training staff on each of the leadership positions in a POD, how to set up and run the POD, and demobilize the POD when operations have ceased.
- C. The Training Officer provided support from October 1 – October 4 to the activated MSAC and MACC during response and recovery for the Mandalay Bay Incident.
- D. Employee Health Nurse: Employee Flu vaccination clinics have been underway, ten (10) scheduled for the month of October in various locations and time of day for employee convenience. More than 200 doses have been administered to employees through the Employee Health as of 10-24-17.

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. In September 2017, three Volunteers worked at the SNHD Main immunization clinic and SNHD East and Main Foodhandler Safety offices. One Public Health Volunteer assisted the PHP Manager with accreditation activities. Two volunteers assisted SNHD with antibiotic packaging for the emergency stockpile. Volunteer hours for September total 99 with a monetary value of \$2369.08. The MRC Coordinator recruited new volunteers, planned other activities for coming months, and sent the monthly newsletter and bulletins.
- B. In October 2017, two Volunteers worked at the SNHD Main immunization clinic and SNHD East and Main Foodhandler Safety offices. One Public Health Volunteer assisted the PHP Manager with accreditation activities. Two volunteers assisted SNHD with antibiotic packaging for the emergency stockpile. Three Volunteers provided first aid and preparedness information at the Family, Fur & Fun Festival. Two volunteers provided first aid at the Rose Regatta fundraiser for St Rose's RED Rose program. Two Volunteers provided first aid and distributed preparedness information at Get Outdoors Nevada Day.
- C. On October 2 at 1:42am, the MRC Coordinator was contacted to staff positions at the Family Assistance Center (FAC) for the Mass Casualty Incident of October 1. A call went out to the volunteers by 2:30am October 2, and volunteers began calling

in immediately. Over 60 volunteers answered the call that morning. Volunteers were deployed October 2 and 3. On October 5, the MRC Coordinator was asked to provide volunteers to staff the call center for the FAC. Volunteers manned the phone lines on October 6, 7, and 8. It should also be noted that new volunteer applications soared following the Incident, with as many new applications submitted in October as usually seen in several months.

- D. Volunteer hours for October totaled 257 with a monetary value of \$7766.15. The MRC Coordinator provided preparedness training for Nevada State College nursing students, helped with training at the FAC call center, attended meetings, planned new events, and sent periodic bulletins to volunteers.

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. October 2017 SNPHL Activity Highlights:

- A. 700 MLK Building Security program has been completed.
- B. New laboratory worktables for the Public Health Laboratory have been installed to replace the furniture and benches removed from the laboratory for use in the Clinical Laboratory.
- C. The Ryan White program project for the direct entry to the LIMS has been completed. Work will begin on the addition of other clinical service areas.
- D. SNPHL participated in an Ebola training exercise with PHEP and Epidemiology for one of the sentinel hospitals.
- E. Interviews are being scheduled for Laboratory Assistant Candidates for the Clinical Laboratory.
- F. Remodeling and renovation of the Clinical Laboratory area is in the final stages of completion. The operations and equipment have been moved into the new area.
- G. The SNPHL continues work on the validation of the testing system for arboviruses.
- H. The SNPHL has completed training of the staff in the Sexual Health Clinic for participation in the GISP and eGISP grant projects. Work will begin November 6.
- I. The MiSeq whole genome sequencing system has been installed in the Public Health Laboratory and training of staff has begun.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

	Oct 2016	Oct 2017		FY 15-16 (July- June)	FY 16- 17 (July- June)	
SNPHL Services						
Clinical Testing Services¹	6513	4963	↓	23,429	19,156	↓
Epidemiology Services²	180	244	↑	2,382	1,176	↓
State Branch Public Health Laboratory Services³	79	68	↓	1,487	300	↓
All-Hazards Preparedness Services⁴	51	21	↓	126	174	↑

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.

VII. VITAL STATISTICS

October 2017 showed a 7.7% increase in birth certificate sales in comparison to October 2016. Death certificate sales showed a 5% increase for the same time frame. SNHD has received revenues of \$38,805 for birth registrations, \$21,333 for death registrations; and an additional \$3,244 in miscellaneous fees for the month of October.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Oct 2016	Oct 2017		FY15-16 (July- June)	FY16-17 (July- June)	
Births Registered	2,283	2,277	↓	9,702	9,375	↓
Deaths Registered	1,292	1,343	↑	5,391	5,494	↑

Vital Statistics Services	Oct 2016	Oct 2017		FY15-16 (July- June)	FY16-17 (July- June)	
Birth Certificates Sold (walk-in)	2,422	2,779	↑	13,053	13,202	↑
Birth Certificates Mail	122	155	↑	576	593	↑
Birth Certificates Online Orders	920	816	↓	4352	3645	↓
Birth Certificates Billed	95	83	↓	462	441	↓
Birth Certificates Number of Total Sales	3,559	3,833	↑	18,443	17,880	↓
Death Certificates Sold (walk-in)	1,468	1,134	↓	7,495	4,651	↓
Death Certificates Mail	104	70	↓	432	357	↓
Death Certificates Online Orders	5,218	5,910	↑	19,075	22,835	↑
Death Certificates Billed	8	34	↑	42	106	↑
Death Certificates Number of Total Sales	6,798	7,148	↑	27,044	27,949	↑

Vital Statistics Sales by Source	Oct 2016	Oct 2017		FY15- 16 (July- June)	FY16-17 (July- June)	
Birth Certificates Sold Decatur (walk-in)	68.1%	72.5%	↑	70.8%	73.8%	↑
Birth Certificates Mail	3.4%	4%	↑	3.1%	3.3%	↑
Birth Certificates Online Orders	25.8%	21.3%	↓	23.6%	20.4%	↓
Birth Certificates Billed	2.7%	2.2%	↓	2.5%	2.5%	→
Death Certificates Sold Decatur (walk-in)	21.6%	15.9%	↓	27.7%	16.6%	↓
Death Certificates Mail	1.5%	1%	↓	1.6%	1.3%	↓
Death Certificates Online Orders	76.8%	82.7%	↑	70.5%	81.7%	↑
Death Certificates Billed	.1%	.5%	↑	.2%	.4%	↑

Revenue	Oct 2016	Oct 2017		FY15-16 (Jul-June)	FY16-17 (Jul-June)	
Birth Certificates (\$20)	\$71,180	\$76,660	↑	\$368,860	\$357,600	↓
Death Certificates (\$20)	\$135,960	\$142,960	↑	\$540,880	\$558,980	↑
Births Registrations (\$13)	\$38,246	\$38,805	↑	\$198,653	\$185,003	↓
Deaths Registrations (\$13)	\$20,503	\$21,333	↑	\$84,162	\$84,097	↓
Miscellaneous	\$3,086	\$3,244	↑	\$14,472	\$13,607	↓
Total Vital Records Revenue	\$268,975	\$283,002	↑	\$1,207,027	\$1,199,287	↓

MDJ/edm

Table 1

Clark County Disease Statistics*, SEPTEMBER 2017

Disease		2015		2016		2017		Rate(Cases per 100,000 per month)		Monthly Rate Comparison current & past 5-year?~~
		Sep No.	YTD No.	Sep No.	YTD No.	Sep No.	YTD No.	Sep (2012-2016 aggregated)	Sep (2017)	
VACCINE PREVENTABLE										
	DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
	HAEMOPHILUS INFLUENZA (INVASIVE)	.	17	.	21	.	19	0.06	0.09	
	HEPATITIS A	0	8	0	9	.	8	0.01	0.09	
	HEPATITIS B (ACUTE)	.	14	.	12	.	15	0.06	0.05	
	INFLUENZA	.	452	5	568	7	602	0.13	0.32	
	MEASLES	0	9	0	0	0	0	0.00	0.00	
	MUMPS	0	0	0	.	0	.	0.00	0.00	
	PERTUSSIS	.	80	.	23	0	32	0.35	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	875	7469	1245	8398	1030	9444	41.62	47.04	X
	GONORRHEA	289	2185	375	2630	383	3337	12.01	17.49	X
	SYPHILIS (EARLY LATENT)	39	291	29	355	34	325	1.12	1.55	
	SYPHILIS (PRIMARY & SECONDARY)	21	197	41	263	29	360	1.02	1.32	
ENTERICS										
	AMEBIASIS	.	10	.	7	0	.	0.03	0.00	
	BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
	CAMPYLOBACTERIOSIS	9	82	8	88	.	73	0.38	0.18	
	CHOLERA	0	0	0	0	0	0	0.00	0.00	
	CRYPTOSPORIDIOSIS	0	.	0.02	0.00	
	GIARDIA	0	23	.	38	.	18	0.19	0.05	
	ROTAVIRUS	0	65	.	30	0	39	0.08	0.00	X
	SALMONELLOSIS	21	136	9	118	9	105	0.67	0.41	
	SHIGA-TOXIN PRODUCING E. COLI	6	30	.	38	.	20	0.16	0.09	
	SHIGELLOSIS	.	21	.	42	.	56	0.29	0.09	
	TYPHOID FEVER	0	.	0	.	.	.	0.00	0.05	
	VIBRIO (NON-CHOLERA)	0	.	0	.	0	.	0.02	0.00	
	YERSINIOSIS	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	9	61	5	51	15	94	0.22	0.68	X
	DENGUE FEVER	0	.	0	0	0	0	0.01	0.00	
	ENCEPHALITIS	0	.	0	.	.	.	0.00	0.05	
	HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
	HEMOLYTIC UREMIC SYNDROME (HUS)	.	.	0	0	0	0	0.01	0.00	
	HEPATITIS C (ACUTE)	0	7	.	18	0	17	0.02	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	.	18	0	21	.	13	0.05	0.09	
	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	.	0.02	0.00	
	LYME DISEASE	0	5	.	12	.	9	0.05	0.05	
	MALARIA	0	.	.	5	0	.	0.02	0.00	
	MENINGITIS, ASEPTIC/VIRAL	.	27	.	19	.	16	0.23	0.09	
	MENINGITIS, BACTERIAL	0	14	.	30	.	18	0.04	0.05	
	MENINGOCOCCAL DISEASE	0	0	.	.	0	.	0.01	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	0.00	0.00	
	RSV (RESPIRATORY SYNCYTIAL VIRUS)	6	1103	.	671	.	936	0.30	0.14	
	STREPTOCOCCUS PNEUMONIAE, IPD	.	75	7	106	6	141	0.19	0.27	
	TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
	TOXIC SHOCK SYN (STREPTOCOCCAL)	.	8	.	15	.	20	0.04	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	.	0.05	0.00	X
	WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.02	0.00	
	ZIKA VIRUS DISEASE, CONGENITAL~	0	0	0	0	0	0	0.00	0.00	
	ZIKA VIRUS DISEASE, NON-CONGENITAL~	0	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	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)=63(reported total=1681). Monthly congenital syphilis cases (suppression applied) for 2015-2017 were 0,,0(YTD totals of .,7,8) 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).

Clark County Disease Statistics* - Quarter 3, 2017

Disease	Q3 YTD 2015	Q3 YTD 2016	Q3 YTD 2017	Rate (Cases per 100,000 per quarter)	Qtr3 (2012-2016 aggregated)	Qtr3 (2017)	Significant change bet. current & past 5-year?
VACCINE PREVENTABLE							
DIPHTHERIA	0	0	0	0	0.00	0.00	↑
HAEMOPHILUS INFLUENZA (INVASIVE)	5	17	6	21	0.16	0.14	↑
HEPATITIS A	8	9	7	8	0.09	0.32	↑
HEPATITIS B (ACUTE)	7	14	12	6	0.22	0.27	↓
INFLUENZA	6	452	10	568	0.38	0.73	↓
MEASLES	0	9	0	0	0.00	0.00	↓
MUMPS	0	0	0	0	0.00	0.00	↓
PERTUSSIS	12	80	23	32	0.02	0.18	↑
POLIO	0	0	0	0	0.00	0.00	↑
RUBELLA	0	0	0	0	0.00	0.00	↑
TETANUS	0	0	0	0	0.00	0.00	↑
SEXUALLY TRANSMITTED							
CHLAMYDIA	2604	7469	3118	8398	3301	9444	124.76
GONORRHEA	827	2185	1025	2630	1218	3337	36.05
HIV	82	235	118	347	87	324	3.77
SYPHILIS (EARLY LATENT)	117	291	87	355	109	325	3.81
SYPHILIS (PRIMARY & SECONDARY)	70	197	102	263	128	360	2.99
Stage 3 HIV (AIDS)	44	129	52	166	34	117	2.32
ENTERICS							
AMEBIASIS	6	10	7	0	0.14	0.00	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0.00	0.00	↑
CAMPYLOBACTERIOSIS	34	82	32	88	18	73	1.48
CHOLERA	0	0	0	0	0.00	0.00	↑
CRYPTOSPORIDIOSIS	0	0	0	0	0.00	0.00	↑
GIARDIA	23	14	38	6	18	0	0.70
ROTAVIRUS	65	6	30	39	39	0	0.36
SALMONELLOSIS	63	136	44	118	38	105	2.45
SHIGA-TOXIN PRODUCING E. COLI	18	30	12	38	7	20	0.72
SHIGELLOSIS	12	21	21	42	22	56	0.95
TYPHOID FEVER	0	0	0	0	0.00	0.00	↑
VIBRIO (NON-CHOLERA)	0	0	0	0	0.00	0.00	↑
YERSINIOSIS	0	0	0	0	0.00	0.00	↑
OTHER							
ANTHRAX	0	0	0	0	0.00	0.00	↑
BOTULISM INTOXICATION	0	0	0	0	0.00	0.00	↑
BRUCELLOSIS	0	0	0	0	0.00	0.00	↑
COCCIDIOIDOMYCOSIS	22	61	16	51	35	94	0.88
DENGUE FEVER	0	0	0	0	0.00	0.00	↑
ENCEPHALITIS	0	0	0	0	0.00	0.00	↑
HANTAVIRUS	0	0	0	0	0.00	0.00	↓
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0.00	0.00	↑
HEPATITIS C (ACUTE)	7	6	18	7	17	0	0.09
HEPATITIS D	0	0	0	0	0.00	0.00	↓
INVASIVE GROUP A STREP	0	0	0	0	0.00	0.00	↑
LEGIONELLOSIS	18	13	21	13	0.40	0.09	↑
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0.00	0.00	↑
LEPTOSPIROSIS	0	0	0	0	0.00	0.00	↑
LISTERIOSIS	0	0	0	0	0.00	0.00	↓
LYME DISEASE	5	8	12	9	0.16	0.09	↓
MALARIA	8	27	11	19	5	0.10	0.05
MENINGITIS, ASEPTIC	8	27	11	19	16	0.55	0.18
MENINGITIS, BACTERIAL	14	7	30	7	18	0.14	0.32
MENINGOCOCCAL DISEASE	0	0	0	0	0.00	0.00	↑
PLAQUE	0	0	0	0	0.00	0.00	↑
PSITTACOSIS	0	0	0	0	0.00	0.00	↑
Q FEVER	0	0	0	0	0.00	0.00	↑
RABIES (HUMAN)	0	0	0	0	0.00	0.00	↑
RELAPSING FEVER	0	0	0	0	0.00	0.00	↑
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0.00	0.00	↑
RSV (RESPIRATORY SYNCYTIAL VIRUS)	101	103	7	671	9	936	0.41
STREPTOCOCCUS PNEUMONIAE, IPD	10	75	17	106	17	141	0.78
TOXIC SHOCK SYN	0	0	0	0	0.00	0.00	↓
TOXIC SHOCK SYND (STREPTOCOCCAL)	8	15	20	8	15	0	0.08
TUBERCULOSIS	12	59	19	36	21	43	0.83
TULAREMIA	0	0	0	0	0.00	0.00	↓
UNUSUAL ILLNESS	0	0	0	0	0.00	0.00	↓
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0	0	0.00	0.00	↑
WEST NILE VIRUS (FEVER)	0	0	0	0	0.00	0.00	↑
ZIKA VIRUS DISEASE, CONGENITAL~	0	0	0	0	0.00	0.00	↑
ZIKA VIRUS DISEASE, NON-CONGENITAL~	0	0	7	16	0	0	0.00
ZIKA VIRUS INFECTION, CONGENITAL~	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 updated quarterly. Data suppression denoted by '~' applies if number of cases < 5. Quarterly disease total (excluding STD and TB cases)=226 (reported total=5124). Quarterly congenital syphilis cases (suppression applied) for 2015-2017 were ~~~~ (YTD totals of ~, 7, 8) 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).