



# Memorandum

**Date:** January 25, 2018

**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** *js*

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**Subject:** Community Health Division Monthly Report

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

### 1. Tobacco Control Program (TCP):

Maria Azzarelli, TCP Coordinator, was nominated and elected into the UNLV Chapter of the Delta Omega Honor Society. Delta Omega was founded at Johns Hopkins University to recognize outstanding achievement in the field of public health and reflects the dedication of an individual to increasing the quality of the field and the protection and advancement of the health of all people.

Staff provided interviews to the following media outlets regarding the Great American Smoke Out (GASO) in response to the SNHD press release developed and released in English and Spanish: KXNT-AM/FM radio; KVVU-TV 5/The More Show (live segment); and El Tiempo and El Mundo Spanish language newspapers. To date, staff has conducted 55 website or social media postings promoting the Nevada Tobacco Quitline, including a series of videos by tobacco program staff promoting the Great American Smokeout in November.

TCP staff coordinated a statewide Question and Answer conference call between the Tobacco Control Legal Consortium (TCLC) staff attorney and the Nevada Tobacco Prevention Coalition board to discuss tobacco policy issues that are preempted at the local level. The TCLC suggested that the coalition work to update the Nevada Clean Indoor Air Act (NCIAA) by removing pre-NCIAA language. The TCLC also advised that raising the minimum sale age to 21 is preempted at the local level in Nevada.

Staff requested community input via a survey from over 60 stakeholders to assist the Nevada Division of Public and Behavioral Health in the development of the Nevada 5-year strategic tobacco control plan.

### 2. Chronic Disease Prevention Program (CDPP):

CDPP staff worked with UNLV and Clark County School District (CCSD) staff on development of an electronic toolkit for school-based Safe Routes to School (SRTS) Coordinators to help them promote safe walking and biking at their schools. The toolkit includes sample newsletter articles, social media posts, and graphics and letters to parents in English and Spanish that can be quickly and easily used at schools to encourage active

transport, safety, and promote the SRTS program. The toolkit was completed in October and was provided to SRTS coordinators in 115 CCSD elementary and middle schools in November 2017.

November was American Diabetes Month. CDDP staff participated in a live television interview on the Fox 5 MORE show and was a guest on the Healthier Tomorrow radio program to talk about diabetes prevention and self-management. Bilingual staff participated in interviews with Spanish-language television and newspaper outlets as well. Staff also increased distribution of SNHD and community diabetes prevention and self-management resources throughout the month including adding a permanent display at the Huntridge Clinic and The Center for diabetes and other chronic disease resource distribution. Community and media outreach led to an increase in the page-specific views of our diabetes webpages.

Staff partnered with the Alliance Against Diabetes Clinic to coordinate the annual Celebrando Tú Salud event that was held in November. The event provides free and low-cost screenings, access to healthcare, and culturally and linguistically appropriate prevention information. The event attracted over 260 people, mostly from the Hispanic community. Of those screened for high blood sugar, blood pressure, and vision, 19 had high blood sugar readings, 9 had high blood pressure readings, and 5 had vision problems. These individuals were scheduled with follow up visits to the clinic or another health care provider. The event also garnered earned media coverage from 2 local Spanish-language newspapers and one Spanish-language television station.

**3. Injury Prevention Program (IPP):**

IPP staff met with Matthew Manning, a Product Safety Investigator with the U.S. Consumer Product Safety Commission (CPSC). CPSC provides information and resources on injuries, including drowning. Matthew also expressed an interest in working with us on the new lead project as he investigates new sources of lead exposure.

**II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)**

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

**Community Health – OEDS – Fiscal Year Data**

Morbidity Surveillance	Dec 2016	Dec 2017		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
Chlamydia	1,017	933	↓	6,188	6,368	↑
Gonorrhea	364	388	↑	2,067	2,439	↑
Primary Syphilis	14	10	↓	68	92	↑
Secondary Syphilis	20	16	↓	151	164	↑
Early Latent Syphilis	36	17	↓	181	164	↓
Late Latent Syphilis	27	14	↓	188	208	↑
Congenital Syphilis (presumptive)	0	0	→	6	7	↑
New Active TB Cases Counted - Pediatric	0	0	→	3	0	↓
Number of TB Active Cases Counted - Adult	3	5	↑	25	38	↑

**Community Health – OEDS – Fiscal Year Data**

	Dec 2016	Dec 2017		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
<b>Moms and Babies Surveillance</b>						
HIV Pregnant Cases	4	4	→	16	18	↑
Syphilis Pregnant Cases	7	5	↓	35	35	→
Perinatally Exposed to HIV	2	0	↓	17	19	↑

**Community Health – OEDS – Monthly Data**

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters <sup>1</sup>	Reactors/ Symptomatic/ X-ray <sup>2</sup>	OOJ /FUP <sup>3</sup>
Chlamydia	36	0	15	0
Gonorrhea	27	0	22	2
Syphilis	135	6	104	5
HIV/AIDS (New to Care/Returning to Care)	12	0	24	21
Tuberculosis	91	0	7	3
<b>TOTAL</b>	<b>301</b>	<b>6</b>	<b>172</b>	<b>31</b>

**2. Community Outreach and Education:**

December 1<sup>st</sup> was World AIDS day. In commemoration, The Southern Nevada Health District provided support to our community partners. These partners provided a series of events that offered people the opportunity to get tested and learn about their HIV status. This year's theme, "Increasing Impact Through Transparency, Accountability, and Partnerships," was chosen to reflect efforts of response agencies to move epidemics from crisis toward control.

The Center-LGBTQ Community of Nevada displayed the NAMES Project AIDS Memorial Quilt throughout the month of December. Many Las Vegas Landmarks will turn their marquees red to show support for people living with HIV/AIDS in the community. The Southern Nevada Health District offered free rapid HIV testing at the Sexual Health Clinic from 9am-1pm.

OEDS participated in -

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

- a. Mondays - Thursdays; The Center - LGBTQ Community of Nevada - Target population-MSM, transgender.
- b. Wednesdays - TracB Exchange - target population IDU.
- c. 12/6 - POINTS Resource Fair. In collaboration with SNHD, the Mobile Testing

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

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

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

Unit, and the Southern Nevada Harm Reduction Alliance - Hepatitis and Rapid HIV testing. Target population - people who inject, homeless, immigrants.

- d. 12/19 - In collaboration with the AIDS Healthcare Foundation and The Mobile Testing Unit, TracB Exchange, HELP of Southern Nevada, and SNHD - Rapid HIV and Hepatitis testing along with Needle Exchange available at various locations in the valley. Hepatitis A vaccines were provided. Target population - homeless, people who inject.
- e. 12/20 - In collaboration with AIDS Health Care Foundation and the Mobile Testing Unit - Rapid HIV and Syphilis testing at the Adult Education Center at 2701 E. St. Louis. Target Population – all.

**B. Staff Facilitated/Attended Training/Presentations**

- a. 12/01 - Dr. Cheryl Radeloff presented on HIV and Stigma at The Center-LGBTQ Community of Nevada. 25 people were in attendance.
- b. 12/01 - Opioid Crisis Summit - Provided by the Attorney General’s Office at the Grant Sawyer Building. 2 SNHD staff attended.
- c. 12/07 and 12/08 - Phlebotomy training provided by SNHD. Agency representation included Community Counseling Center, TracB Exchange, and SNHD.
- d. 12/11 - Community Advisory Board for Harm Reduction. 1 SNHD staff attended and 2 PWID attendees at the Southern Nevada Health District. Las Vegas, NV.
- e. 12/15 - Dr. Cheryl Radeloff presented on HIV 201 to Westcare staff. 4 people were in attendance.

**Community Health -- OEDS – Fiscal Year Data**

	Dec 2016	Dec 2017		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
<b>Prevention - SNHD HIV Testing</b>						
<b>Outreach/Targeted Testing</b>	428	289	↓	3743	4625	↑
<b>Clinic Screening (SHC/FPC/TB)</b>	749	354	↓	4445	3661	↓
<b>Outreach Screening (Jails, SAPTA)</b>	294	98	↓	993	624	↓
<b>TOTAL</b>	1471	741	↓	9181	8910	↓
<b>Outreach/Targeted Testing POSITIVE</b>				44	70	↑
<b>Clinic Screening (SHC/FPC/TB) POSITIVE</b>				49	32	↓
<b>Outreach Screening (Jails, SAPTA) POSITIVE</b>				11	13	↑
<b>TOTAL POSITIVES</b>						
<small>*note: As of Oct 26, 2017, the information within this report is preliminary and doesn't include all October data and activities.</small>				104	115	↑

**3. Disease and Outbreak Investigations**

**A. Disease reports and updates:**

- a. **Global Zika Virus Outbreak: Vector borne transmission is 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 12/20/17, there were 385 travel-associated Zika virus disease cases reported in the US and 611 locally acquired cases reported in US territories. There have been 2 cases

acquired through local mosquito-borne transmission in the U.S. in 2017 (1 in FL and 1 in TX). There have been 4 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 90 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 have developed 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 is offered online through our website located at <https://www.southernnevadahealthdistrict.org/health-care-providers/training.php>.

- b. **Arbovirus Update** 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 was sent out to guests from 6/23/17 to 9/21/17; the last testing date when environmental sampling found no *Legionella spp.* in any samples. As of 12/27/17 there have been 248 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 31 suspect Legionnaires' disease and 65 suspect Pontiac fever cases for a total of 103 cases. OEDS is currently working on a final outbreak report.
- d. **Influenza:** Activity increased sharply in Clark County, Nevada in December 2017. The total number of confirmed cases was 375 as of December 30, 2017 and the percentage of emergency room visits for influenza-like illness increased from 2.8% at the end of November to 5.9% at the end of December. Influenza A

is the dominant type circulating locally. Eight influenza-associated deaths have occurred so far this season. SNHD will continue to update the public on the progression of the season and encourage the population to get vaccinated.

**B. Communicable Disease Statistics:** November 2017 disease statistics are attached (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. Assisting SNPHL with data extraction and reporting needed for the laboratory.
3. Migrations to the new SFTP server continue.
4. Assisting with the implementation of the Electronic Health Record (EHR) system.
5. Participated in CSTE "General" Injury ICD-10-CM Transition Workgroup.
6. Assisting the Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, and Clinic Services with various data requests, data exports, and report generation.
7. Published the 2017 Semi Annual Antibigram Summary.
8. Continued work on the 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. Continued work on Pharmacy application for Clinical Services.
11. Work continues to support on-boarding of hospitals for the syndromic surveillance program.
12. Developed a dashboard for lead poisoning surveillance.

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

#### **1. November 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	Dec 2016	Dec 2017		FY16-	FY17-	
				17 (July- June)	18 (July- June)	
Total certificates issued	27	42	↑	1,104	884	↓
New licenses issued	25	21	↓	190	230	↑
Renewal licenses issued (recert only)	0	0	→	937	578	↓
Active Certifications: EMT	564	607	↑			
Active Certifications: Advanced EMT	1,281	1,367	↑			
Active Certifications: Paramedic	1,231	1,305	↑			
Active Certifications: RN	44	38	↓			

**V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)**

**1. Planning and Preparedness:**

- A. OPHP hosted a Hotwash for members of the Community's Healthcare Systems regarding the Route 91 Harvest Festival/Mandalay Bay Mass Casualty Incident. Members of the Healthcare Systems provided invaluable insight into the processes that were strong, areas that need improvement, and communication issues that arose from the event.
- B. OPHP staff continue to support recovery efforts from the Route 91 Festival shooting through participation in the Vegas Strong Resiliency Center and the Responders Support Working Groups.
- C. OPHP and community partners provided support to CCOEM during the New Year's Eve 2017 activities on the Las Vegas Strip. The medical treatment tents, established on the east side of the strip and near Fremont, took care of the visitors to Las Vegas to celebrate NYE on the Strip. The MSAC activated at 8:00pm and demobilized at 2:30am Jan 1, 2018. Fifteen personnel were transported to the hospitals from the medical tents. Down significantly from previous years.
- D. OPHP staff worked with OEDS staff to develop a Fentanyl Fact Sheet for first responders ahead of the New Year's Eve America's Party event.
- E. OPHP participated with ASTHO and the State of Nevada Division of Public and Behavioral Health on an introduction conference call on a future data collection process called the Peer Assessment. This project will commence early 2018.
- F. OPHP was invited to participate in the State of Nevada's Ebola Table Top Exercise (TTX) in Carson City. Two scenarios were used to drive the TTX, which focused on the local health authority, assessment hospital, EMS, and laboratory coming together to coordinate the strategic medical transport of an Ebola patient to the Regional Treatment Center.
- G. OPHP will conduct an Active Shooter scenario, Discussion-based Tabletop Exercise for SNHD's Safety Committee. Identified gaps from exercise may be addressed by the committee in future meetings and through planning.
- H. OPHP met with Davita Dialysis Clinic to discuss Center for Medicare & Medicaid Services Emergency Preparedness Conditions of Participations. OPHP provided

bylaws, goals and 2018 Hazard Vulnerability Analysis in order to complete their internal HVA.

- I. 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.
- J. 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.
- K. OPHP staff continues to participate in Accreditation activities and Domain working groups to support SNHD.

## **2. PHP Training and PH Workforce Development:**

- A. OPHP Education and Training: OPHP Training Officers continue 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; conduct Dr. Bluebird training as well as monitor SNHD staff compliance with completion of required ICS courses.
- B. Employee Health Nurse: Twenty-eight staff received respirator fit testing; seven staff received TB testing; five staff received vaccinations and performed one Bloodborne Pathogens classroom training. EHN attended the Respiratory Fit Testing training in San Jose, CA.

## **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 1<sup>st</sup>. 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 December 2017, four volunteers worked at the SNHD Main and East immunization clinics and SNHD Main Foodhandler Safety office; one Public Health volunteer assisted the PHP Manager with accreditation activities; and one volunteer assisted SNHD with antibiotic packaging for the first responder emergency stockpile. Volunteer hours for December totaled 72 with a monetary value of \$1,758.60. MRC Coordinator attended VOAD and SNHPC meetings, planned volunteer activities for the coming months and sent the monthly newsletter and bulletins.

## **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. December 2017 SNPHL Activity Highlights:**

- A. The Public Health Laboratory is being rearranged and reorganized to prepare work areas to accommodate additional testing and services.
- B. The overhead electrical chases have been installed in the Clinical Laboratory completing the final phase of construction in that area.

- C. A contract has been approved and signed for the Clinical Laboratory to receive upgraded testing instrumentation for Sexual Health Clinic services.
- D. The SNPHL and the Sexual Health Clinic continues participation in the eGISP grant from the ELC continuation program from the CDC and the State.
- E. The SNPHL continues work on the validation and implementation of the testing system for aboviruses.
- F. Validation and implementation procedures have begun in the SNPHL to accommodate new instrumentation for LRN procedures.
- G. Inservice training was held for Select Agent training and exercise activities for the SNPHL.

### COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Dec 2016	Dec 2017		FY 16-17 (July- June)	FY17- 18(July- June)	
Clinical Testing Services <sup>1</sup>	5,822	3,882	↓	34,562	26,686	↓
Epidemiology Services <sup>2</sup>	274	138	↓	2,892	1,458	↓
State Branch Public Health Laboratory Services <sup>3</sup>	53	48	↓	1605	398	↓
All-Hazards Preparedness Services <sup>4</sup>	13	67	↑	112	453	↑

### VII. VITAL STATISTICS

December 2017 showed a 1% decrease in birth certificate sales in comparison to December 2016. Death certificate sales showed a 5% increase for the same time frame. SNHD has received revenues of \$36,543 for birth registrations, \$21,775 for death registrations; and an additional \$3,085 in miscellaneous fees for the month of December.

### COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Nov 2016	Dec 2017		FY16-17 (July- June)	FY17-18 (July- June)	
Births Registered	2,405	2,111	↓	14,459	13,827	↓
Deaths Registered	1,388	1,516	↑	8,117	8,484	↑

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.

<b>Vital Statistics Services</b>	<b>Dec 2016</b>	<b>Dec 2017</b>		<b>FY15-16</b>	<b>FY16-17</b>	
				<b>(July- June)</b>	<b>(July- June)</b>	
Birth Certificates Sold (walk-in)	2,563	2,527	↓	18,829	18,421	↓
Birth Certificates Mail	106	129	↑	802	855	↑
Birth Certificates Online Orders	834	840	↑	6166	5312	↓
Birth Certificates Billed	132	90	↓	705	654	↓
<b>Birth Certificates Number of Total Sales</b>	<b>3,635</b>	<b>3,586</b>	<b>↓</b>	<b>25,962</b>	<b>25,242</b>	<b>↓</b>
Death Certificates Sold (walk-in)	1,279	1,144	↓	9,801	6,724	↓
Death Certificates Mail	57	85	↑	575	506	↓
Death Certificates Online Orders	5,578	6,049	↑	29,476	34,194	↑
Death Certificates Billed	37	15	↓	84	157	↑
<b>Death Certificates Number of Total Sales</b>	<b>6,951</b>	<b>7,293</b>	<b>↑</b>	<b>39,936</b>	<b>41,581</b>	<b>↑</b>

<b>Vital Statistics Sales by Source</b>	<b>Dec 2016</b>	<b>Dec 2017</b>		<b>FY16-17</b>	<b>FY17-18</b>	
				<b>(July- June)</b>	<b>(July- June)</b>	
Birth Certificates Sold Decatur (walk-in)	70.5%	70.5%	→	72.5%	73%	↑
Birth Certificates Mail	2.9%	3.6%	↑	3.1%	3.4%	↑
Birth Certificates Online Orders	22.9%	23.4%	↑	23.8%	21%	↓
Birth Certificates Billed	3.6%	2.5%	↓	2.7%	2.6%	↓
Death Certificates Sold Decatur (walk-in)	18.4%	15.7%	↓	24.5%	16.2%	↓
Death Certificates Mail	.8%	1.2%	↑	1.4%	1.2%	↓
Death Certificates Online Orders	80.2%	82.9%	↑	73.8%	82.2%	↑
Death Certificates Billed	.5%	.2%	↓	.2%	.4%	↑

<b>Revenue</b>	<b>Dec 2016</b>	<b>Dec 2017</b>		<b>FY16-17 (Jul-June)</b>	<b>FY17-18 (Jul-June)</b>	
Birth Certificates (\$20)	\$72,700	\$71,720	↓	\$519,240	\$504,840	↓
Death Certificates (\$20)	\$139,020	\$145,860	↑	\$798,720	\$831,620	↑
Births Registrations (\$13)	\$39,325	\$36,543	↓	\$279,071	\$261,105	↓
Deaths Registrations (\$13)	\$20,774	\$21,775	↑	\$123,884	\$126,477	↑
Miscellaneous	\$3,373	\$3,085	↓	\$21,208	\$19,787	↓
<b>Total Vital Records Revenue</b>	<b>\$275,192</b>	<b>\$278,983</b>	<b>↑</b>	<b>\$1,742,123</b>	<b>\$1,743,829</b>	<b>↑</b>

Table 1

## Clark County Disease Statistics\*, NOVEMBER 2017

Disease	2015		2016		2017		Rate(Cases per 100,000 per month) Nov (2012-2016 aggregated)	Rate Nov (2017)	Monthly Rate Comparison Significant change bet. current & past 5-year?--
	Nov	YTD	Nov	YTD	Nov	YTD			
	No.	No.	No.	No.	No.	No.			
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	0	20	25	25			0.05	0.14	↑
HEPATITIS A	10	10	11	0	12		0.05	0.00	↓X
HEPATITIS B (ACUTE)	17	17	17	21			0.10	0.05	↓
INFLUENZA	11	472	24	599	95	763	0.94	4.33	↑X
MEASLES	0	9	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.01	0.00	↓
PERTUSSIS	88	88	27	34			0.19	0.05	↓
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	
<b>SEXUALLY TRANSMITTED</b>									
CHLAMYDIA	845	9193	953	10407	1014	11559	38.53	46.18	↑X
GONORRHEA	260	2722	340	3296	423	4160	11.43	19.27	↑X
SYPHILIS (EARLY LATENT)	32	361	24	413	17	396	1.10	0.77	↓
SYPHILIS (PRIMARY & SECONDARY)	17	247	41	345	33	443	0.92	1.50	↑
<b>ENTERICS</b>									
AMEBIASIS	11	11	8	7			0.02	0.05	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	6	98	13	111	5	84	0.38	0.23	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	5	0	0	0	5		0.01	0.00	↓
GIARDIA	27	27	47	26			0.07	0.05	↓
ROTAVIRUS	68	6	38	0	52		0.15	0.00	↓X
SALMONELLOSIS	15	173	19	143	14	136	0.58	0.64	↑
SHIGA-TOXIN PRODUCING E. COLI	35	35	45	31			0.07	0.05	↓
SHIGELLOSIS	30	30	49	83			0.15	0.18	↑
TYPHOID FEVER	0	0	0	0			0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	0	0			0.00	0.14	↑
YERSINIOSIS	0	0	0	0			0.01	0.00	↓
<b>OTHER</b>									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	18	94	10	66	15	121	0.49	0.68	↑
DENGUE FEVER	0	0	0	0	0	0	0.01	0.00	↓
ENCEPHALITIS	0	0	0	0	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	0	0.00	0.00	
HEPATITIS C (ACUTE)	0	7	21	0	22		0.05	0.00	↓X
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	21	21	24	0	15		0.04	0.00	↓
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	0.01	0.00	↓
LYME DISEASE	0	5	0	12	0	10	0.00	0.00	
MALARIA	5	5	5	0			0.05	0.00	↓X
MENINGITIS, ASEPTIC/VIRAL	30	30	28	18			0.15	0.05	↓
MENINGITIS, BACTERIAL	0	15	0	31	20		0.04	0.05	↑
MENINGOCOCCAL DISEASE	0	0	5	0			0.01	0.00	↓
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	0.00	0.00	
RABIES (HUMAN)	0	0	0	0	0	0	0.00	0.00	
RELAPSING FEVER	0	0	0	0	0	0	0.00	0.00	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	0	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	10	1123	119	821	14	957	2.34	0.64	↓X
STREPTOCOCCUS PNEUMONIAE, IPD	9	88	13	127	9	159	0.35	0.41	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	14	14	16	24			0.08	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	0	0	0.00	0.00	
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.01	0.00	↓
ZIKA VIRUS DISEASE, CONGENITAL-	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS DISEASE, NON-CONGENITAL-	0	0	0	16	0	0	0.00	0.00	
ZIKA VIRUS INFECTION, CONGENITAL-	0	0	0	0	0	0	0.00	0.00	
ZIKA VIRUS INFECTION, NON-CONGENITAL-	0	0	0	0	0	0	0.00	0.00	

\*Use of illness onset date in data aggregation for cases other than STD or TB (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable and suspect cases that are reportable to CDC. HIV/AIDS/TB case counts provided on a quarterly basis. Data suppression denoted by '.' applies if number of cases <5. Monthly disease total (excluding STD and TB cases)=172(reported total=1659). Monthly congenital syphilis cases (suppression applied) for 2015-2017 were ...,0(YTD totals of 6,9,15) 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).