



# Memorandum

**Date:** December 16, 2017

**To:** Southern Nevada District Board of Health

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

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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):**

TCP staff coordinated eighteen (18) tobacco prevention advocacy events at various locations including at local high schools and high-profile community events in October. The events reached 25,400 individuals. Gay Pride festivities were designated as tobacco-free including a prohibition on use of e-cigarettes.

TCP staff worked with the SNHD HIV program to assure that Tobacco Cessation Quit cards are disseminated to HIV infected inmates. Four thousand Quit cards that promote the Nevada Tobacco Quitline at 1-800-Quit-NOW will be placed in resource bags that are distributed to inmates as they are released from jail.

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 use status questions on UMC intake forms to assure all forms of tobacco use are captured. Staff also reviewed patient discharge material and worked with UMC staff to assure that tobacco-using patients are referred to the Quitline upon discharge.

TCP staff continues to provide technical assistance to worksites that want to implement new or enhanced tobacco-free policies. In October, three Stu Punkin Patch locations; Flair Nightclub, a new LGBT venue; and Manoa Falls LLC implemented tobacco-free or e-cigarette policies.

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

Staff is working with the Health Coaches at all MGM properties to integrate the Walk Around Nevada (WAN) on-line physical activity program into ongoing health and wellness efforts at MGM properties. Staff and the MGM Health Coaches worked together to develop walking challenges using the WAN program. Those challenges have been promoted among MGM employees. To date, over 1,000 MGM employees have signed up for the MGM walking challenge using WAN. The MGM employees have logged over 88,000 miles since the start of the project.

CDPP staff continues to collaborate with community partners to disseminate chronic disease prevention information and promote CDPP programs. Staff attended and sponsored the Get Outdoors Nevada Day 2017 event on October 7th. Over 2,000 people attended the event held at Henderson's Cornerstone Park. Chronic disease prevention and education materials were distributed. CDPP staff also exhibited at the 26<sup>th</sup> Annual Diabetes and Health Fest sponsored by Desert Springs Hospital's Diabetes Treatment Center and shared OCDPHP program flyers and information. A dietitian student provided a healthy beverage display and answered questions for at least 150 participants.

CDPP staff conducted a training for Clark County School District (CCSD) elementary school teachers on 10/21/17 at the CCSD Fall 2017 Elementary Conference. Twenty elementary school teachers were present at the training. Detailed information on the CCSD Wellness Policy, such as the different nutrition and physical activity components within the policy, the role of the wellness coordinators, the CCSD wellness goals, the Curriculum and Professional Development website where the wellness policy and policy resources are housed, and suggestions on how to meet wellness goals via nutrition education and salad bar use was provided during the training.

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

IPP staff updated the annual program work plan and provided training and orientation for staff assigned to coordinate the 2018 annual drowning prevention campaign. Staff reviewed the 2017 campaign summary statistics to help with planning for the 2018 campaign. IPP staff will coordinate with members of the Southern Nevada Child Drowning Prevention Coalition starting in January 2018 to finalize the campaign.

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

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

In November, The office of Epidemiology and Disease Surveillance (OEDS) added two additional staff. The first position is a Health Educator II, and the other position is a Disease Data Collection Specialist I. These positions were added to provided response to the continued increase in disease morbidity.

November 1<sup>st</sup>, The Office Epidemiology and Disease Surveillance (OEDS) conducted a TB Cohort Review of cases. The date range for case reviews were from 7/1/2016-12/31/2016. The cohort consisted of OEDS staff, SNHD Clinical Services, community providers and infection preventionists. 28 active cases were reviewed as well as data on 18 new reports on LTBI in a child under the age of 5.

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

	Nov 2016	Nov 2017		FY16-17 (Jul- June)	FY17-18 (Jul- June)	
<b>Morbidity Surveillance</b>						
<b>Chlamydia</b>	962	988	↑	5,171	5,387	↑
<b>Gonorrhea</b>	341	417	↑	1,702	2,029	↑
<b>Primary Syphilis</b>	11	11	→	54	75	↑
<b>Secondary Syphilis</b>	31	20	↓	131	132	↑
<b>Early Latent Syphilis</b>	26	15	↓	145	179	↑
<b>Late Latent Syphilis</b>	28	26	↓	161	174	↑
<b>Congenital Syphilis (presumptive)</b>	2	0	↓	6	5	↓

**New Active TB Cases Counted - Pediatric**  
**Number of TB Active Cases Counted - Adult**

0	0	↓	3	0	↓
1	5	↑	22	33	↑

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

	Nov 2016	Nov 2017		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
<b>Moms and Babies Surveillance</b>						
HIV Pregnant Cases	2	2	→	12	14	↑
Syphilis Pregnant Cases	5	4	↓	28	28	→
Perinatally Exposed to HIV	2	5	↑	15	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	40	2	40	0
Gonorrhea	17	1	21	0
Syphilis	103	4	120	1
HIV/AIDS (New to Care/Returning to Care)	28	0	40	24
Tuberculosis	12	0	19	1
<b>TOTAL</b>	<b>200</b>	<b>7</b>	<b>240</b>	<b>26</b>

**2. Community Outreach and Education:**

**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. 11/14 - In collaboration with AIDS Healthcare Foundation and TracB - “Project Homeless Connect”- Rapid HIV testing provided by AHF, and sterile syringe and naloxone provided by TracB. Target Population - Homeless, IDU.

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

- a. 11/1 – SNHRA November monthly meeting held at Foundation for Recovery. Co-facilitated a group of 13 which includes but not limited to TracB, SNHD, Foundation for Recovery, Huntridge Clinic, Westcare, and PWID community members.

<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

- b. 11/2 – “Intersections: The 2017 Southern Nevada Youth Homelessness Summit at the Venetian in Las Vegas. 1 SNHD staff attended.
- c. 11/9 – “Opioid AC: Steering Committee Meeting” facilitated by SNHD at PACT Coalition Offices, Las Vegas, NV. 13 attendees.
- d. 11/9 – Conference Call “NV Syringe Vending Machine (SVM) Program Collaboration”. 6 SNHD staff attended, and a CDC representative.
- e. 11/13- Community Advisory Board for Harm Reduction. 1 SNHD staff attended and 4 PWID attendees at TracB Exchange, Las Vegas, NV.
- f. 11/13-Dr. Cheryl L. Radeloff Acted as a Judge (and was introduced as a representative of SNHD) at the final round of the UNLV Rebel Grad Slam (a 3-minute Thesis Competition which challenges graduate students to present their research in a condensed and compelling way using only three minutes and one slide). 10 UNLV Graduate and Professional students presented to an audience of 50 UNLV faculty, staff, and visitors at UNLV, Las Vegas, NV.
- g. 11/13-11/17 HIV Rapid Testing, Counseling, and Safety Training was conducted by SNHD Office of Epidemiology and Disease Surveillance. 12 people attended including agency representation from SNHD, TracB, Nevada Urban Indians, Inc., Huntridge Clinic, The Gay and Lesbian Center of S. Nevada, Community Counseling Center at SNHD, Las Vegas, NV.
- h. 11/13 – 11/16 – “LEAD 101 and Community Observation” in Seattle, WA with members of LVMPD, and PACT Coalition. 1 SNHD staff attended.
- i. 11/19 – “Demystifying Operational Response to Opioids - FEMA Training” 2 SNHD staff attended.
- j. 11/28/17. “HIV Testing, Treatment, and Linkage to Care”. Presentation by Dr. Cheryl Radeloff for UNLV BIO 251 class. Approximately 135 UNLV students (and their professor) in attendance, Las Vegas, NV.
- k. 11/28 – “Mental Health First Aid Training” at City of Las Vegas in Las Vegas. 1 SNHD staff attended.

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

	Nov 2016	Nov 2017		FY16-17 (Jul- June)	FY17-18 (Jul- June)	
<b>Prevention - SNHD HIV Testing</b>						
<b>Outreach/Targeted Testing</b>	648	349	↓	3,315	1,986	↓
<b>Clinic Screening (SHC/FPC/TB)</b>	701	508	↓	3,696	3,292	↓
<b>Outreach Screening (Jails, SAPTA)</b>	158	75	↓	699	526	↓
<b>TOTAL</b>	1507	932	↓	7,710	5,804	↓
<b>Outreach/Targeted Testing POSITIVE</b>				40	38	↓
<b>Clinic Screening (SHC/FPC/TB) POSITIVE</b>				36	25	↓
<b>Outreach Screening (Jails, SAPTA) POSITIVE</b>				5	10	↑
<b>TOTAL POSITIVES</b>				81	73	↓

### 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 11/29/17, there were 362 travel-associated Zika virus disease cases reported in the US and 594 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 present since the Rio continues to identify positive samples in their water systems. As of 12/1/17 there have been 239 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 62 suspect Pontiac fever cases for a total of 100 cases. This investigation is ongoing.

- d. ***Foodborne Illness Investigation at a Local Restaurant:*** Between October 25 and 26, 2017, OEDS received eight foodborne illness complaints from two different parties who ate at the same local restaurant. Environmental Health was notified and the restaurant was inspected on 10/26 in response to these 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. The total number of complaints increased to 16 from four different parties. Restaurant management implemented their own control measures. The implicated source was not determined. This investigation is now closed.
- e. ***Gastrointestinal Illnesses at a Local Shelter:*** On October 26, 2017, OEDS received an anonymous call regarding numerous gastrointestinal illnesses at a local shelter. Three of the reported ill were 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 the shelter for immediate implementation. As of 10/31, no new illnesses have been reported and all ill residents recovered. The source was not determined. This investigation is now closed.
- f. ***Flu A Outbreak at a 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 as of October 31, 2017. This investigation is now closed.
- g. ***Influenza:*** Activity has been increasing in Clark County, Nevada during the 2017–2018 influenza season. The total number of confirmed cases was 164 as of December 2, 2017 and the percentage of emergency room visits for influenza-like illness increased from 2% at the beginning of November to 2.8% at the end of November. Influenza A is the dominant type circulating locally. Three influenza-associated deaths occurred 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:** October 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. 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. Assisting with the implementation of the Electronic Health Record (EHR) system.

5. Participation 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 Clinic Service.
11. Continued work to support on-boarding of hospitals for the syndromic surveillance program.

#### **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.

##### **B. Education Committee**

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the EMS QI Directors Committee in researching, developing, editing and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and EMS educators.

The Committee approved the final drafts of both the SNHD Paramedic Mentorship/ Internship Program and EMS Procedure Manual. They also discussed alternate destinations for the transfer of mental health patients.

##### **C. Medical Advisory Board (MAB)**

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

The Board heard Committee reports and reviewed transfer of care compliance statistics.



**COMMUNITY HEALTH – OEMSTS - Fiscal Year Data**

EMS Statistics	Nov	Nov		FY16-	FY17-	
	2016	2017		17	18	
				(July-	(July-	
				June)	June)	
Total certificates issued	35	56	↑	1,077	842	↓
New licenses issued	24	36	↑	165	209	↑
Renewal licenses issued (recert only)	0	0	→	937	578	↓
Active Certifications: EMT	553	599	↑			
Active Certifications: Advanced EMT	1,271	1,354	↑			
Active Certifications: Paramedic	1,229	1,296	↑			
Active Certifications: RN	43	39	↓			

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

**1. Planning and Preparedness:**

- A. OPHP staff continued to support community efforts after the 1 October mass shooting through participation in multiple working groups.
- B. OPHP Senior Planner presented at the National Fusion Center Association Annual Training (November 7-9, 2017) as part of a panel discussion on the benefits of having a public health representative embedded in local fusion centers.
- C. OPHP Senior Planner is working with OEDS staff to develop a fact sheet for first responders on how to recognize and respond safely to a potential fentanyl overdose situation.
- D. OPHP met with In House Home Health, Valley View Home Health, Guardian Angels Home Health, Torrey Pines and APEX Home Health along with Harmony Hospice to discuss Center for Medicare & Medicaid Services Emergency Preparedness Conditions of Participations. OPHP met with the team to discussed their Emergency Operations Plan and policies to support the plan.
- E. OPHP Hospital Preparedness Program staff attended the National Healthcare Coalition Preparedness conference to receive National Level information, updates, and hear about the future of HPP from ASPR. The New Director of ASPR was a keynote speaker as was the CEO and co-founder of Team Rubicon. The Director of HPP for ASPR closed the conference with an update on HPP at Fifteen Years old.
- 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 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. Employee Health Nurse: Twenty-four (24) staff received respirator fit testing; twenty (20) staff received TB testing; seven (7) staff received vaccinations and performed two Bloodborne Pathogens trainings. EHN attended the 2017 Nevada Health Conference held Nov. 13 and 14 at Green Valley Ranch Hotel and Casino.

## **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 November 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; one volunteer assisted SNHD with antibiotic packaging for the first responder emergency stockpile; three Nurse volunteers staffed the first aid station at Project Homeless Connect and two Nurse volunteers staffed a first aid station at the Veterans Village 5K run fundraiser. Volunteer hours for November totaled 71 with a monetary value of \$2,130.38.
- B. The MRC Coordinator attended the Nevada Health Conference, staffing an exhibit table to recruit new volunteers for the three Nevada MRC units; 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. November 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 Clinical Services Division has requested a "pause" from training for direct order entry in order to prepare for the installation of the EMR system.
- C. A Laboratory Assistant for the Clinical Laboratory has been hired and will start work in December.
- D. The ribbon cutting ceremony for the Clinical Laboratory was held on November 6<sup>th</sup> and the new laboratory is fully operational.

- E. The SNPHL continues work on the validation and implementation of the testing system for arboviruses.
- F. The SNPHL has completed training programs for the Sexual Health Clinic for their participation in the eGISP grant from the ELC continuation program from the CDC and the State. The project was initiated during the first week of November.
- G. The additional equipment for the LRN procedures has been unpacked and installed in the SNPHL. Staff has participated in formal training programs by the manufacturers and is initiating validation and implementation procedures.

**COMMUNITY HEALTH - SNPHL – Fiscal Year Data**

SNPHL Services	Nov 2016	Nov 2017		FY 16-17 (July-June)	FY17-18 (July-June)	
Clinical Testing Services <sup>1</sup>	5,311	3,648	↓	34,051	22,804	↓
Epidemiology Services <sup>2</sup>	291	144	↓	2,892	1,320	↓
State Branch Public Health Laboratory Services <sup>3</sup>	39	50	↑	1,609	350	↓
All-Hazards Preparedness Services <sup>4</sup>	3	212	↑	112	386	↑

**VII. VITAL STATISTICS**

November 2017 showed a .2% increase in birth certificate sales in comparison to November 2016. Death certificate sales showed a 7% increase for the same time frame. SNHD has received revenues of \$38,831 for birth registrations, \$20,280 for death registrations; and an additional \$2,967 in miscellaneous fees for the month of November.

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

Vital Statistics Services	Nov 2016	Nov 2017		FY16-17 (July-June)	FY17-18 (July-June)	
Births Registered	2,351	2,342	↓	12,053	11,717	↓
Deaths Registered	1,338	1,477	↑	6,729	6,971	↑

Vital Statistics Services	Nov 2016	Nov 2017		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold (walk-in)	2,673	2,809	↑	15,726	15,894	↑
Birth Certificates Mail	120	134	↑	696	726	↑
Birth Certificates Online Orders	980	827	↓	5,332	4,472	↓
Birth Certificates Billed	111	123	↑	573	564	↓
<b>Birth Certificates Number of Total Sales</b>	<b>3,884</b>	<b>3,893</b>	<b>↑</b>	<b>22,327</b>	<b>21,656</b>	<b>↓</b>
Death Certificates Sold (walk-in)	1,027	929	↓	8,522	5,580	↓

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.

Death Certificates Mail	86	64	↓	518	421	↓
Death Certificates Online Orders	4,823	5,310	↑	23,898	28,145	↑
Death Certificates Billed	5	36	↑	47	142	↑
<b>Death Certificates Number of Total Sales</b>	<b>5,941</b>	<b>6,339</b>	<b>↑</b>	<b>32,985</b>	<b>34,288</b>	<b>↑</b>

<b>Vital Statistics Sales by Source</b>	<b>Nov 2016</b>	<b>Nov 2017</b>		<b>FY15-16</b>	<b>FY16-17</b>	
				<b>(July-June)</b>	<b>(July-June)</b>	
Birth Certificates Sold Decatur (walk-in)	68.8%	72%	↑	70.4%	73.4%	↑
Birth Certificates Mail	3%	3%	→	3.1%	3.4%	↑
Birth Certificates Online Orders	25.2%	21%	↓	23.9%	20.7%	↓
Birth Certificates Billed	2.9%	3%	↑	2.6%	2.6%	→
Death Certificates Sold Decatur (walk-in)	17.3%	15%	↓	25.8%	16.3%	↓
Death Certificates Mail	1.4%	1%	↓	1.6%	1.2%	↓
Death Certificates Online Orders	81.2%	84%	↑	72.5%	82.1%	↑
Death Certificates Billed	1%	1%	→	2%	4%	↑

<b>Revenue</b>	<b>Nov 2016</b>	<b>Nov 2017</b>		<b>FY16-17</b>	<b>FY17-18</b>	
				<b>(Jul-June)</b>	<b>(Jul-June)</b>	
Birth Certificates (\$20)	\$77,680	\$77,860	↑	\$446,540	\$433,120	↓
Death Certificates (\$20)	\$118,820	\$126,780	↑	\$659,700	\$685,760	↑
Births Registrations (\$13)	\$41,093	\$38,831	↓	\$239,746	\$224,562	↓
Deaths Registrations (\$13)	\$18,948	\$20,280	↑	\$103,110	\$104,702	↑
Miscellaneous	\$3,363	\$2,967	↓	\$17,835	\$16,702	↓
<b>Total Vital Records Revenue</b>	<b>\$259,904</b>	<b>\$266,718</b>	<b>↑</b>	<b>\$1,466,931</b>	<b>\$1,464,846</b>	<b>↓</b>

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Table 1

## Clark County Disease Statistics\*, OCTOBER 2017

Disease	2015		2016		2017		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Oct YTD No.	YTD No.	Oct YTD No.	YTD No.	Oct YTD No.	YTD No.	Oct (2012-2016 aggregated)	Oct (2017)	
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	20	0	21	21			0.03	0.05	↑
HEPATITIS A	0	8	10	10			0.02	0.09	↑
HEPATITIS B (ACUTE)	15	13	18				0.07	0.05	↓
INFLUENZA	9	461	7	575	51	655	0.33	2.33	↑X
MEASLES	0	9	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.00	0.00	
PERTUSSIS	84	25	0	32			0.20	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	
<b>SEXUALLY TRANSMITTED</b>									
CHLAMYDIA	8798348	10569454	1008	10460			41.31	45.97	↑X
GONORRHEA	2772462	3262956	351	3694			12.18	16.01	↑X
SYPHILIS (EARLY LATENT)	38	329	34	389	40	373	1.55	1.82	↑
SYPHILIS (PRIMARY & SECONDARY)	33	230	41	304	31	395	1.28	1.41	↑
<b>ENTERICS</b>									
AMEBIASIS	0	10	0	7	6		0.03	0.05	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.01	0.00	↓
CAMPYLOBACTERIOSIS	10	92	10	98	77		0.37	0.05	↓X
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS					5		0.02	0.05	↑
GIARDIA	25	7	45	21			0.30	0.14	↓
ROTAVIRUS	0	65	32	0	52		0.03	0.00	↓
SALMONELLOSIS	22	158	6	124	116		1.57	0.09	↓X
SHIGA-TOXIN PRODUCING E. COLI	34	42	0	24			0.14	0.00	↓X
SHIGELLOSIS	7	28	45	5	69		0.15	0.23	↑
TYPHOID FEVER		0	0	0			0.01	0.00	↓
VIBRIO (NON-CHOLERA)	0	0	0	0	0		0.00	0.00	
YERSINIOSIS	0	0	0	0	0		0.02	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	15	76	5	56	9	103	0.42	0.41	↓
DENGUE FEVER	0	0	0	0	0	0	0.00	0.00	
ENCEPHALITIS	0	0	0	0	0	0	0.00	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	0	18	20		0.00	0.09	↑
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.	0	0	0	0	0	0	0.00	0.00	
LEGIONELLOSIS	20	23	0	15			0.06	0.00	↓X
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	0	0	0	0	0	0.01	0.05	↑
LYME DISEASE	0	5	0	12	0	9	0.00	0.00	
MALARIA	0	0	5	0			0.01	0.00	↓
MENINGITIS, ASEPTIC/VIRAL	28	5	24	17			0.15	0.05	↓
MENINGITIS, BACTERIAL	15	31	0	18			0.04	0.00	↓
MENINGOCOCCAL DISEASE	0	0	0	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	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)	101113	31	702	6	942		0.63	0.27	↓
STREPTOCOCCUS PNEUMONIAE, IPD	79	8	114	9	150		0.24	0.41	↑
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	10	0	15	21			0.04	0.05	↑
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)=97(reported total=1527). Monthly congenital syphilis cases (suppression applied) for 2015-2017 were 0,...(YTD totals of .,8,13) 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).