



Memorandum

Date: February 22, 2018

To: Southern Nevada District Board of Health

From: **Michael Johnson, PhD, Director of Community Health** *MS.*
Joseph P Iser, MD, DrPH, MSc, Chief Health Officer *[Signature]*

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

To date, 4 voluntary policies or expansions of existing policies have been adopted in youth venues (CDC). In December, Craig Ranch Park and event promoters of an upcoming month-long event agreed to a policy to restrict the use of all tobacco and electronic cigarettes. The event will run from January 19 – February 25. Cowabunga Bay Waterpark also agreed to a policy to restrict the use of all tobacco and electronic cigarettes at upcoming youth-focused special events. Also in December, four organizations and/ or businesses adopted minimum distance policies establishing no smoking within 30 feet of the entrance to their physical locations. These locations included Carrington College, Epion Institute for Spine and Joint Pain, Miracle Flights, and Public Employees' Retirement Systems of Nevada (Clark County location).

On December 11th, SNHD staff trained 30 respiratory therapists on Brief Tobacco Use Intervention and Quitline resources.

In Mesquite in December, staff and partners held a holiday and volunteer appreciation event, with 105 in attendance. As a result of the activities this month, staff and partners have met with a total of 377 stakeholders. This has far surpassed the goal to meet with 100 stakeholders.

SNHD staff met with the Southern Nevada Regional Housing Authority (SNRHA) to provide technical assistance and to discuss the implementation of the federally mandated smoke-free housing rules going into effect by June 2018. Staff provided a sample of available resources, including smoke-free housing signage, and offered to provide educational materials for the residents in Spanish. Staff is working with the American Lung Association to provide in-person cessation counseling at SNRHA communities and to attend resident council meetings in advance of the smoke-free policy implementation.

In December, staff obtained the results from the UNLV multi-unit housing assessment that was conducted in late summer/early fall of 2017. As a result of that assessment, 35,146 smoke-free units were added to the Smoke-Free Housing Directory. A total of 47,906 smoke-

free units are available in Clark County and are listed in the Smoke-Free Housing Directory on the Get Healthy website.

2. Chronic Disease Prevention Program (CDPP):

The 2017 Coaches Health Challenge program kicked off in September and ran through December. The annual program works with the Clark County School District and the UNLV Athletic Department to encourage youth in grades 1-5 to be physically active and to eat fruits and vegetables. Program materials were sent to teachers in registered classrooms in September. As of the end of the program:

- 13,899 students signed up
- 526 classrooms signed up
- 95 CCSD elementary schools participating (with at least one classroom)

The top winning classrooms from each grade received tickets to a UNLV men's or women's basketball game in December or January. Classroom visits from UNLV Head Coaches will be scheduled for the grand prize classrooms in the spring.

CDPP staff are participating in a multi-partner effort to improve health, safety and economic opportunities for residents in the Pathway from Poverty service area. The initiative is being spearheaded by Commissioner Marilyn Kirkpatrick and involves community partners including Las Vegas Metro, University of Nevada, Cooperative Extension, Job Connect, Green Our Planet, and other organizations. OCDPHP sponsored a Sports and Nutrition Winter Break Camp for students at 2 elementary schools in the area from Dec. 26 – 29, 2017. The camp was free for children who attended Manch and Lowman Elementary Schools and provided a safe and nurturing place for them to be during the holiday break as well as education and fun activities that taught about the importance of healthy eating and staying physically active. Approximately 30 children participated in the camp. Another camp is tentatively planned for Spring Break in March 2018.

CDPP is launching the Black Barbershop Health Outreach Project to bring blood pressure screenings and raise awareness of high blood pressure and cardiovascular disease in the African American community. The pilot project will work with local barbershops to provide screening, education, outreach and referral, all focused on preventing and managing high blood pressure. As of the end of December, staff has recruited 3 barbershops to participate in the 3-month pilot project. The project launch is in February 2018 in conjunction with Heart Month. Staff is working with SNHD OPHP to secure MRC volunteers to conduct the blood pressure screenings and provide community and health care referrals for participants as needed. CDPP staff continues to strengthen community partnerships with Nevada Health Center and American Heart Association to assist with the pilot project and outreach efforts.

3. Injury Prevention Program (IPP):

Staff which have been assigned to oversee the Drowning Prevention Program have been meeting with project and coalition partners to discuss the upcoming annual campaign. The annual campaign and related project activities are tentatively scheduled to begin in April 2018. Sponsorship letters to support the annual media campaign will be sent to partners in January.

The scope of work and work plan for the Health Educator assigned to the Childhood Lead Prevention Program (CLPP) grant was finalized in December. OCDPHP staff have been meeting with other CLPP partners, including UNLV and SNHD Clinical Services to develop project timelines to coincide with the scope of work. OCDPHP staff accompanied SNHD Clinical Services and Environmental Health staff on two lead education and assessment visits in December.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

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

The Office of Epidemiology and Disease Surveillance (OEDS) has implemented several new processes in the new year. The process for referring perinatal Hepatitis B cases to SNHD Nursing Case Management was streamlined. This new process will ensure timely referrals for those needing follow up.

In collaboration with Ryan White Part B the direct test data upload to CAREWare was successfully implemented. This new process will replace the QM data monitoring tool used previously.

OEDS released its first semi-automated weekly flu report in January, and is continuing to review work flow standards in the Office of Epidemiology jurisdiction of TriSano. Finally, each year in January, OEDS reviews all early Syphilis cases from the prior reporting year to determine if our response efforts need to expand based on disease trends. With the continued increase in Syphilis rates, additional age groups were identified and added to our Syphilis investigation grid for active disease investigation.

Community Health -- OEDS -- Fiscal Year Data

Morbidity Surveillance	Jan 2017	Jan 2018		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
Chlamydia	992	915	↓	7,180	7,337	↑
Gonorrhea	326	370	↑	2,393	2,843	↑
Primary Syphilis	6	4	↓	74	106	↑
Secondary Syphilis	26	18	↓	177	208	↑
Early Non-Primary, Non-Secondary ¹	29	15	↓	210	251	↑
Syphilis Unknown Duration or Late ²	34	12	↓	222	274	↑
Congenital Syphilis (presumptive)	2	3	↑	8	12	↑
New Active TB Cases Counted - Pediatric	0	0	→	3	0	↓
Number of TB Active Cases Counted - Adult	4	1	↓	29	39	↑

¹ Early Non-Primary, Non-primary, Non-Secondary=CDC changed the case definition from early Latent Syphilis to Early Non-Primary, Non-Secondary

² Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late

Community Health -- OEDS -- Fiscal Year Data

Moms and Babies Surveillance	Jan 2017	Jan 2018		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
HIV Pregnant Cases	2	3	↑	18	24	↑
Syphilis Pregnant Cases	4	0	↓	39	45	↑
Perinatally Exposed to HIV	4	3	↓	21	26	↑

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	24	2	26	2
Gonorrhea	15	1	14	0
Syphilis	57	5	93	1
HIV/AIDS (New to Care/Returning to Care)	20	0	33	29
Tuberculosis	17	0	4	2
TOTAL	133	8	170	34

2. Community Outreach and Education:

The Office of Epidemiology and Disease Surveillance (OEDS) added SNHD's Family Planning Clinics to the iCircle user group. All SNHD sites are now using this electronic portal for testing data.

In collaboration with the SNHD Sexual Health Clinic, Pharmacy and OEDS, we successfully implemented Expedited Partner Therapy/Field Delivered Therapy for partners to Chlamydia and/or Gonorrhea who are unlikely or unwilling to seek a medical exam. We are excited to see what this process yields as we hope to expand this practice to high morbidity providers in the community.

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. 1/8 - In collaboration with AIDS Healthcare Foundation, Mobile Testing Unit, TracB Exchange, and SNHD - Rapid HIV and Hepatitis C testing offered on 13th Street and Mesquite. Target Population - Homeless; persons who inject drugs.

B. Staff Facilitated/Attended Training/Presentations

- a. 1/05 - Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Substance Use Disorders Training was provided by The Center for Recovery, Las Vegas, NV - 7 staff attended.
- b. 1/09 and 1/10 - Syphilis Case Definition Changes – updated information provided by Angel Stachnik to internal staff – approximately 45 staff attended.

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

- c. 1/10 - HIV Rapid Test Overview and Lab Preparedness – training provided by SNHD staff to 4 staff members of AID for AIDS of Nevada.
- d. 1/22-1/26 - HIV Rapid Testing Training, Counseling and Safety Certification at SNHD - Presented by Joshua Montgomery, Michele Shingu, and Dr. Cheryl Radeloff. 8 people attended including agency representation from the LGBTQ Center, Northern Nevada Westcare, SNHD, Ryan White Part A Planning Counsel, and AFAN.

Community Health -- OEDS – Fiscal Year Data

	Jan 2017	Jan 2018		FY16-17 (Jul- June)	FY17-18 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	559	224	↓	4,302	5,122	↑
Clinic Screening (SHC/FPC/TB)	786	347	↓	5,231	4,349	↓
Outreach Screening (Jails, SAPTA)	134	65	↓	1,127	769	↓
TOTAL	1,479	636	↓	10,660	10,240	↓
Outreach/Targeted Testing POSITIVE				43	64	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				33	28	↓
Outreach Screening (Jails, SAPTA) POSITIVE				5	5	→
TOTAL POSITIVES				81	97	↑

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>. There have been no Zika virus disease cases reported with illness onset in 2018. 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 2018, the OEDS has arranged testing for 1 individual 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 69 suspect Pontiac fever cases for a total of 107 cases. OEDS is currently working on a final outbreak report.

- d. **Influenza:** Influenza activity has been very high in Clark County, Nevada. As of January 20, 2018, the total number of confirmed cases was 753 and the proportion of emergency room visits for influenza-like illness was 4.4%, which is above the national baseline of 2.2%. Influenza A is the dominant type circulating locally. Sixteen influenza-associated deaths including three deaths of children under age eighteen occurred this season. SNHD will continue to update the public on the progression of the season and encourage influenza vaccination for all persons 6 months of age and older.
- e. **Influenza-like Illness (ILI) at an Elementary School:** On January 12, 2018, OEDS received a call regarding 6 of 17 students in a first-grade classroom being absent that same day. The school contacted the parents and learned that the students had flu-like symptoms. The school recommended ill students be excluded until free of fever for 24 hours. The affected classroom is being sanitized. No further reports were received after this incident.
- f. **Influenza-like Illness (ILI) at an Assisted Living Center:** On January 12, 2018, OEDS received a call regarding 18 residents out of 132 (and 55 staff) having flu-like symptoms. The facility had already begun environmental sanitation. This event was reported to OPHIE for further investigation.
- g. **Influenza-like Illness at a Preschool/Elementary School:** On January 12, 2018, OEDS received an anonymous call regarding numerous ill students with flu-like symptoms in the elementary school building. Upon calling the school, it was confirmed that in one classroom, 8 of 22 students were absent, while 3 of 35 staff were also absent. The school had already begun environmental sanitation and recommended increased handwashing in students and staff. The school has been excluding students until free of fever for 24 hours.

B. Communicable Disease Statistics:

- a. Matthew Kappel, Christian Murua, Kimberly Hertin, and William Bendik attended the Society for Healthcare Epidemiology of America and CDC Outbreak Response Workshop in Hollywood, CA on 01/23/17 and 01/24/17.
- b. The framework for Childhood Lead Poisoning Prevention Program surveillance reporting has been finalized and a public facing visualization map is being developed.
- c. OEDS, in collaboration with Informatics, reviewed the work flow standards for the OOE jurisdiction in TriSano and restructured the Hep B perinatal referral to NCM (Final preparation to remove access to TriSano).
- d. The first semi-automated weekly flu report was released this month.
- e. On 01/05/17, Sr. Scientist, Ying Zhang and Kimberly Hertin, in collaboration with Environmental Health, met with industry leaders in Mesquite, NV regarding foodborne illnesses and prevention in response to Environmental Health's recent inspection activities
- f. OEDS, in collaboration with Environmental Health provided a presentation on Foodborne Illness investigations at the Quarterly Food Safety Partnership Meeting for the community and restaurant industry.

C. **Communicable Disease Statistics:** December 2017 and Quarter 4 2017 disease statistics are attached. (see table 1 and 2)

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. Assisting the Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, and Clinical Services with various data requests, data exports, and report generation.
6. Work continues on the Quest reportable conditions format upgrade (HL7) which will allow for a more standardized way of reporting.
7. Work continues on the iCircle web application for OEDS, and transmission of HIV testing data to CDC.
8. Work continues on a pharmacy application for Clinical Services.
9. Work continues to support on-boarding of hospitals for the syndromic surveillance program.
10. Collaborative efforts continue with multiple agencies.
11. Developed a dashboard for childhood lead poisoning surveillance.

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

1. **January Meetings:**

A. **Southern Nevada Injury Prevention Partnership (SNIPP)**

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.

This committee was revived after having not met since October 2016. A new chairman and vice chairman were elected. The members reviewed the list of injury trends. Each was assigned a specific injury area to report on at the next meeting.

B. Regional Trauma Advisory Board (RTAB)

The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high-quality system of patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, an evaluation of the system from initial patient access to definitive patient care.

A new chairman and vice chairman were elected to serve a two-year term. Nominations are now being accepted for the following open positions: 1) General Public; 2) Health Education and Prevention Services; 3) Legislative/Advocacy; 4) Payers of Medical Benefits for Victims of Trauma; and 5) Public Relations/Media

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

EMS Statistics	Jan	Jan		FY16-	FY17-	
	2017	2018		17	18	
				(July-	(July-	
				June)	June)	
Total certificates issued	72	92	↑	1,104	976	↓
New licenses issued	22	13	↓	190	243	↑
Renewal licenses issued (recert only)	0	0	→	937	578	↓
Active Certifications: EMT	551	609	↑			
Active Certifications: Advanced EMT	1274	1371	↑			
Active Certifications: Paramedic	1241	1316	↑			
Active Certifications: RN	45	42	↓			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP met with the leadership of Information Technology at Southern Nevada Health District to discuss new informational exchange platforms to be used with community partners. This includes a webinar platform for meetings as well as a document storage platform in Sharepoint. Both systems can be used by internal and external members and this will be tested through a Virtual Southern Nevada Healthcare Preparedness Coalition in May 2018.
- B. An abstract submitted by OPHP staff to present at the NACCHO Preparedness Summit in April was accepted. OPHP is working with NACCHO to elevate this from a workshop to a Plenary Session for all Conference Attendees as in comparison to other large disasters this year as it is of national significance. The presentation will be a multidisciplinary panel discussion on the recovery from the Route 91 Harvest Festival shooting, best practices and continued recovery activities. The panel will

include representatives from SNHD, Clark County Office of Emergency Management, Clark County Coroner, and Clark County Social Services.

- C. OPHP was invited to attend the National Disaster Medical System and Federal Coordination Center Planning Seminar for Community Partners at the VA Hospital. The Planning Seminar provided NDMS Hospitals and Community Partners that are part of the Medical Surge Area Command to preview the current state of the plan, provide input to bed accessibility, and to be part of the planning process with McCarran International Airport and Nellis Air Force Base.
- D. OPHP led the Point of Dispensing (POD) drill at Las Vegas High School. This grant deliverable allows members of the Health District to map the location, receive training, mobilize, and demobilize the POD. OPHP will be conducting 4-5 of these drills each year and Board Members are highly encouraged to observe these exercises as this resource will be utilized in every jurisdiction within Southern Nevada.
- E. OPHP staff participated in an information exchange project which included participation by a delegation from New York City who arrived to learn about best practices and lessons learned following the healthcare system's response and recovery to 1 October. This activity was coordinated through the Nevada Hospital Association in partnership with NYC hospital association. SNHD, Southern Nevada Healthcare Preparedness Coalition, Emergency Management, and local hospitals assisted in planning this two-day event and participation.
- 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: 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. Training Officer supported MSAC activities for NYE updating MSAC contact information and emergency department points of contact. MSAC staff provided data on hospital ED status throughout and tracked patient transport activities from the three Strip medical tents.
3. **Employee Health Nurse:** Thirty-three staff received respirator fit testing; nineteen staff received annual TB testing; seven staff received vaccinations and performed three

Bloodborne Pathogens classroom training. EHN participated in Active Shooter Table Top Exercise as part of the Safety Committee

4. 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 January 2018, three volunteers worked at the SNHD Main and East immunization clinics and SNHD Main Foodhandler Safety office; three volunteers assisted SNHD with antibiotic packaging for the first responder emergency stockpile and nine volunteers along with Coordinator attended the Nevada Access and Functional Needs (AFN) Support Team Training which provided understanding of how to assist those with AFN in a Point of Distribution. Volunteer hours totaled 151 with a monetary value of \$3,859.32. MRC Coordinator attended Citizen Corps meeting, planned volunteer activities for 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. January 2018 SNPHL Activity Highlights:

- A. The Public Health Laboratory is being rearranged and reorganized to prepare work areas to accommodate additional testing and services.
- B. Implementation plans have begun for organization of the first-floor warehouse area.
- C. Two technologists have received training for whole genome sequencing and have begun implementation.
- D. The BIOPLEX instrument and interface was ordered for the Clinical Laboratory for upgraded testing for Sexual Health Clinic services.
- E. The SNPHL continues work on the validation, implementation and informatics system support of the testing system for arboviruses.
- F. The SNPHL and the Sexual Health Clinic continues participation in the eGISP grant from the ELC continuation program from the CDC and the State.
- G. Validation and implementation procedures have begun in the SNPHL to accommodate new instrumentation for LRN procedures. Authorized training was provided by the manufacturer for the staff. Three staff members have received certification. Three more will be trained in another session.

COMMUNITY HEALTH - SNP HL – Fiscal Year Data

SNPHL Services	Jan 2017	Jan 2018		FY 17-18 (July-June)	FY18-19 (July-June)	
Clinical Testing Services¹	5,200	3,971	↓	40,384	30,657	↓
Epidemiology Services²	224	676	↑	5,186	2,134	↓
State Branch Public Health Laboratory Services³	29	40	↑	1,658	438	↓
All-Hazards Preparedness Services⁴	18	11	↓	125	464	↑

VII. VITAL STATISTICS

January 2018 showed a 5.8% increase in birth certificate sales in comparison to January 2017. Death certificate sales showed a 10% increase for the same time frame. SNHD received revenues of \$51,779 for birth registrations, \$27,547 for death registrations; and an additional \$4,290 in miscellaneous fees for the month of January.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Jan 2017	Jan 2018		FY16-17 (July-June)	FY17-18 (July-June)	
Births Registered	2,275	2,445	↑	16,732	16,272	↓
Deaths Registered	1,719	2,025	↑	9,837	10,506	↑

Vital Statistics Services	Jan 2017	Jan 2018		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold (walk-in)	3,437	3,694	↓	21,726	22,115	↑
Birth Certificates Mail	126	139	↑	982	994	↑
Birth Certificates Online Orders	1,166	1,186	↑	7,332	6,498	↓
Birth Certificates Billed	102	93	↓	807	747	↓
Birth Certificates Number of Total Sales	4,831	5,112	↑	30,793	30,354	↓
Death Certificates Sold (walk-in)	1,454	1,391	↓	11,255	8,115	↓
Death Certificates Mail	105	87	↓	680	593	↓
Death Certificates Online Orders	6,662	7,598	↑	36,138	41,792	↑
Death Certificates Billed	28	20	↓	112	169	↑
Death Certificates Number of Total Sales	8,249	9,093	↑	48,185	50,669	↑

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.

Vital Statistics Sales by Source	Jan 2017	Jan 2018		FY16- 17	FY17-18	
				(July- June)	(July- June)	
Birth Certificates Sold Decatur (walk-in)	71.1%	72.3%	↑	70.6%	72.9%	↑
Birth Certificates Mail	2.6%	2.7%	↑	3%	3.3%	↑
Birth Certificates Online Orders	24.1%	23.2%	↓	23.8%	21.4%	↓
Birth Certificates Billed	2.1%	1.8%	↓	2.6%	2.5%	↓
Death Certificates Sold Decatur (walk-in)	17.6%	15.3%	↓	23.4%	16%	↓
Death Certificates Mail	1.3%	1%	↓	1.4%	1.2%	↓
Death Certificates Online Orders	80.8%	83.6%	↑	75%	82.5%	↑
Death Certificates Billed	.3%	.2%	↓	.2%	.3%	↑

Revenue	Jan 2017	Jan 2018		FY16-17	FY17-18	
				(Jul-June)	(Jul-June)	
Birth Certificates (\$20)	\$96,620	\$102,240	↑	\$615,860	\$607,080	↓
Death Certificates (\$20)	164,980	\$181,920	↑	\$963,700	\$1,013,360	↑
Births Registrations (\$13)	\$51,311	\$51,779	↑	\$330,382	\$314,596	↓
Deaths Registrations (\$13)	\$23,998	\$27,547	↑	\$147,882	\$154,102	↑
Miscellaneous	\$3,300	\$4,290	↑	\$24,508	\$24,077	↓
Total Vital Records Revenue	\$340,209	\$367,776	↑	\$2,082,332	\$2,113,215	↑

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Table 1

Clark County Disease Statistics*, DECEMBER 2017

Disease	2015		2016		2017		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Dec (2012-2016 aggregated)	Dec (2017)	Monthly Rate Comparison current & past 5-year?~
	Dec YTD No.	No.	Dec YTD No.	No.	Dec YTD No.	No.	Dec	Dec			
VACCINE PREVENTABLE											
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00			
HAEMOPHILUS INFLUENZA (INVASIVE)	24		27		26		0.10	0.05			↓
HEPATITIS A	11		12		13		0.02	0.05			↑
HEPATITIS B (ACUTE)	19		18		22		0.05	0.05			
INFLUENZA	47	519	106	705	294	1085	3.62	13.37			↑X
MEASLES	0	9	0	0	0	0	0.00	0.00			
MUMPS	0	0	0	0	0	0	0.01	0.00			↓
PERTUSSIS	89		30		38		0.13	0.09			↓
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	891	10084	957	11364	979	12567	38.93	44.53			↑X
GONORRHEA	265	2987	347	3643	414	4592	12.37	18.83			↑X
SYPHILIS (EARLY LATENT)	44	405	36	449	35	448	1.39	1.59			↑
SYPHILIS (PRIMARY & SECONDARY)	29	276	32	377	51	518	1.07	2.32			↑X
ENTERICS											
AMEBIASIS	0	11	0	8	0	7	0.02	0.00			↓
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00			
CAMPYLOBACTERIOSIS	101	10	121	9	94		0.28	0.41			↑
CHOLERA	0	0	0	0	0	0	0.00	0.00			
CRYPTOSPORIDIOSIS	6	0	0	0	5		0.01	0.00			↓
GIARDIA	31		50	0	27		0.21	0.00			↓X
ROTAVIRUS	0	68	16	54	56		0.23	0.18			↓
SALMONELLOSIS	176	5	148	5	150		0.32	0.23			↓
SHIGA-TOXIN PRODUCING E. COLI	0	35	47	0	33		0.08	0.00			↓X
SHIGELLOSIS	31		52		93		0.13	0.09			↓
TYPHOID FEVER	0	0	0	0	0	0	0.00	0.05			↑
VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.00	0.00			
YERSINIOSIS	0	0	0	0	0	0	0.00	0.00			
OTHER											
ANTHRAX	0	0	0	0	0	0	0.00	0.00			
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00			
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00			
COCCIDIOIDOMYCOSIS	6	100	9	75	15	142	0.22	0.68			↑X
DENGUE FEVER	0	0	0	0	0	0	0.01	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	22	0	26		0.01	0.00			↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00			
INVASIVE GROUP A STREP.	0	0	0	0	0	0	0.00	0.00			
LEGIONELLOSIS	0	21	0	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	0.00	0.00			
LYME DISEASE	0	5	0	12	0	10	0.00	0.00			
MALARIA	0	5	6	6	6	6	0.05	0.09			↑
MENINGITIS, ASEPTIC/VIRAL	31		29	0	18		0.09	0.00			↓X
MENINGITIS, BACTERIAL	0	15	0	31	22		0.03	0.05			↑
MENINGOCOCCAL DISEASE	0	0	0	7	0	0	0.02	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)	36	1159	379	1200	73	1040	8.51	3.32			↓X
STREPTOCOCCUS PNEUMONIAE, IPD	11	99	22	149	23	185	0.52	1.05			↑X
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00			
TOXIC SHOCK SYN (STREPTOCOCCAL)	15		18		25		0.05	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	0.00	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)=435(reported total=2071). Monthly congenital syphilis cases (suppression applied) for 2015-2017 were 0,0,0(YTD totals of 6,9,17) 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).

Table 2

Clark County Disease Statistics* - Quarter4, 2017

Disease	2015		2016		2017		Rate(Cases per 100,000 per quarter)		Quarterly Rate Comparison Significant change bet. current & past 5-year?~~
	Q4 No.	YTD No.	Q4 No.	YTD No.	Q4 No.	YTD No.	Qtr4 (2012-2016 aggregated)	Qtr4 (2017)	
VACCINE PREVENTABLE									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	7	24	6	27	5	26	0.17	0.23	↑
HEPATITIS A	11		12	5	13		0.09	0.23	↑
HEPATITIS B (ACUTE)	5	19	6	18		22	0.21	0.18	↓
INFLUENZA	67	519	137	705	480	1085	4.89	21.86	↓X
MEASLES	0	9	0	0	0	0	0.00	0.00	
MUMPS	0	0	0	0	0	0	0.02	0.00	↓
PERTUSSIS	9	89	7	30	5	38	0.53	0.23	↓
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	2615	10084	2966	11364	3102	12567	118.77	141.28	↑X
GONORRHEA	802	2987	1013	3643	1239	4592	35.99	56.43	↑X
HIV	79	314	82	429	101	425	3.48	4.60	↑
SYPHILIS (EARLY LATENT)	114	405	94	449	116	448	4.04	5.28	↑
SYPHILIS (PRIMARY & SECONDARY)	79	276	114	377	156	518	3.27	7.11	↑X
Stage 3 HIV (AIDS)	37	166	41	207	37	154	2.13	1.69	↓
ENTERICS									
AMEBIASIS		11		8		7	0.07	0.09	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.01	0.00	↓
CAMPYLOBACTERIOSIS	19	101	33	121	17	94	1.03	0.77	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS		6				5	0.04	0.05	↑
GIARDIA	8	31	12	50	8	27	0.58	0.36	↓
ROTAVIRUS		68		24		54	0.41	0.18	↓
SALMONELLOSIS	40	176	30	148	32	150	2.46	1.46	↓X
SHIGA-TOXIN PRODUCING E. COLI	5	35	9	47	6	33	0.29	0.27	↓
SHIGELLOSIS	10	31	10	52	26	93	0.44	1.18	↑X
TYPHOID FEVER				0			0.02	0.05	↑
VIBRIO (NON-CHOLERA)	0	0	0				0.00	0.14	↑
YERSINIOSIS	0	0				0	0.03	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	0.00	0.00	
COCCIDIOIDOMYCOSIS	39	100	24	75	45	142	1.13	2.05	↑X
DENGUE FEVER	0	0	0	0	0	0	0.02	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		22	5	26	0.06	0.23	↑
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		24	0	15	0.13	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	0.02	0.05	↑
LYME DISEASE	0	5	0	12		10	0.00	0.05	↑
MALARIA		5		6		6	0.11	0.14	↑
MENINGITIS, ASEPTIC/VIRAL		31		10		29	0.39	0.09	↓
MENINGITIS, BACTERIAL		15		31		22	0.11	0.14	↑
MENINGOCOCCAL DISEASE	0	0	0	7	0	0	0.04	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	0.05	↑
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	0.05	↑
RSV (RESPIRATORY SYNCYTIAL VIRUS)	56	1159	529	1200	104	1040	11.50	4.74	↓X
STREPTOCOCCUS PNEUMONIAE, IPD	24	99	43	149	44	185	1.11	2.00	↑X
TOXIC SHOCK SYN	0	0	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	7	15		18		25	0.16	0.18	↑
TUBERCULOSIS	12	71	8	44	19	62	0.60	0.87	↑
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	0.02	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	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	0.01	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.

~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).