



Memorandum

Date: March 22, 2018

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

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

1. Tobacco Control Program (TCP):

Staff worked on deliverables associated with the Tobacco Substance Abuse Prevention and Treatment Agency (SAPTA) grant. This month, staff finalized and released a new modified Standardized Tobacco Assessment for Retail Settings (STARS) mobile application where trained youth and young adults can conduct store assessments at various tobacco retail outlets. STARS was designed to characterize the availability, placement, promotion and price of tobacco products. This mobile app will streamline and ease the tobacco retail assessment process for those collecting the 500+ assessments in Clark County. The mobile app will be able to store STARS assessment data and produce findings from the collections. To date, 67 of 100 modified STARS assessments have been completed.

A recent article published in the American Journal of Public Health titled '*Tobacco Policies and Alcohol Sponsorship at Lesbian, Gay, Bisexual, and Transgender Pride Festivals: Time for Intervention*' reviewed the 100 most populous cities to determine the level of tobacco and alcohol related policies at the Pride events. The research found that of all the cities included in the study, only the Las Vegas and San Francisco pride events received positive ratings in the three categories: Written Policy Online, Tobacco-Free Policy, and Smoke-free Policy. It is important to note that the San Francisco Pride festival is categorized as having an existing smoke-free park ordinance which required the Pride event organizers to abide by the regulation as the event occurred at a park. Las Vegas Pride is not covered by any existing tobacco-free or smoke-free city or state ordinance, thus making this a truly voluntary policy. Staff has worked with Las Vegas Pride organizers for over a decade to develop the tobacco-free policy. The article concludes by stating that state and local health departments should continue to work with LGBT communities and continue participating in Pride events to support and promote positive public health policies and lifestyles.

To date, eight businesses (of only four needed to accomplish the objective) have implemented a minimum distance policy and/or e-cigarette policy for their workplace. In January, Galleria Mall outdoor courtyard and Magtech Industries implemented outdoor and minimum distance policies, respectively. Additionally, the Westin hotel replaced their casino floor with a restaurant and lounge and designated their entire hotel non-smoking.

Staff conducted an interview with a *Las Vegas Review-Journal* reporter regarding the ALA Nevada Tobacco Report Card. The interview covered the following topics: clean indoor air, tobacco product pricing, and tobacco prevention funding. The article was published in January.

2. Chronic Disease Prevention Program (CDPP):

In January, staff was invited to present on a national Centers for Disease Control & Prevention (CDC)-organized webinar for those around the country interested in and/or working on healthy vending and healthy food access strategies. Staff presented the Nevada Department of Education Training and Rehabilitation (DETR) Business Enterprise Program (BEN) Nutrition Standards Policy and provided background on the process that SNHD went through with DETR BEN to develop, adopt and implement the policy as well as our experiences working with the Blind Vendors and the state BEN program. As far as we know, this is the first such policy in the nation. Approximately 30 people participated on the webinar and there were several follow up TA requests.

Staff is ready to launch our new Barbershop Health Outreach Project (BSHOP). This project aims to reach African American men with information, screening and resources on high blood pressure and cardiovascular disease in the non-traditional setting of a barbershop. In January, staff provided an orientation to the project to MRC volunteers who are assisting with the screening and participating barbershop owners and barbers. The purpose of the orientation was to provide education about the BSHOP initiative, discuss the burden of heart disease and stroke among AA men, educate barbershop owners on basic hypertension knowledge, review outreach documentation, demonstrate how to approach patrons and encourage them to participate in the program, review referral resources, and serve as a meet and greet for shop owners and volunteers. All educational materials have been developed, 3 barbershops are committed to participating in the pilot and volunteers have been secured and trained. We are finalizing a referral process with Nevada Health Centers for participants who are screened and require follow up but don't have a health care provider or medical home. The project will kick off in February in conjunction with Heart Month.

In January, staff met with the SNHD Clinical Services Division to request modification of patient intake forms to include a modernized tobacco use question that captures all forms of tobacco use in English and Spanish and asks additional questions about chronic diseases including diabetes and heart disease. As a result, the CS Division modified the Sexual Health Clinic intake forms. Staff developed a chronic disease resource sheet for distribution in SNHD clinics that includes information about the chronic disease prevention and self-management programs and resources available through the Get Healthy Clark County website as well as information about the Quitline. The resource sheet will be printed and provided to the SNHD clinics in February.

3. Injury Prevention Program (IPP):

Staff sent sponsorship request letters to potential sponsors of the 2018 Drowning Prevention Campaign. All sponsorships will be confirmed by early March. Staff is also working with EH Pool staff to develop educational materials that they can distribute throughout the campaign to the clients they serve. Staff presented the 2018 Drowning Prevention Campaign plan to the Southern Nevada Drowning Prevention Coalition in January.

A draft of the SNHD Lead Outreach and Education Plan was developed and submitted to UNLV. Staff continues to review and work with PIO to develop appropriate lead prevention educational materials. All materials will be ordered and printed by the end of February in time for the first scheduled community outreach event. Staff also reviewed the lead pages

on the SNHD website and provided revisions and recommendations to PIO. PIO staff is working to update the webpages.

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	Feb 2017	Feb 2018		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
Chlamydia	983	906	↓	8213	8401	↑
Gonorrhea	312	305	↓	2730	3214	↑
Primary Syphilis	14	4	↓	88	112	↑
Secondary Syphilis	23	13	↓	201	239	↑
Early Non-Primary, Non-Secondary ¹	28	10	↓	239	270	↑
Syphilis Unknown Duration or Late ²	38	10	↓	260	314	↑
Congenital Syphilis (presumptive)	2	1	↓	11	13	↑
New Active TB Cases Counted - Pediatric	0	0	→	3	0	↓
Number of TB Active Cases Counted - Adult	4	1	↓	33	40	↑

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	Feb 2017	Feb 2018		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
HIV Pregnant Cases	1	1	→	19	25	↑
Syphilis Pregnant Cases	4	4	→	44	52	↑
Perinatally Exposed to HIV	3	0	↓	24	27	↑

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	7	0	26	2
Gonorrhea	13	0	22	0
Syphilis	60	10	72	1

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

HIV/AIDS (New to Care/Returning to Care)	15	0	23	18
Tuberculosis	7	0	2	0
TOTAL	102	10	145	21

2. Prevention-Community Outreach/Provider Outreach and Education:

February 7th was National Black HIV/AIDS Awareness Day. This year's theme was "Stay the Course, the Fight is Not Over!" In 2014, only 72 percent of new HIV diagnoses in African Americans were linked to a medical provider within a month of their initial diagnosis. Additionally, African Americans accounted for 44 percent of new HIV diagnosis in 2016.

The Southern Nevada Health District offered free HIV testing at The Center, LGBTQ Community of Nevada. SNHD also collaborated with AIDS Healthcare Foundation with free HIV testing with their mobile unit at the Urban Lounge and Mingo Kitchen and Lounge. For those individuals diagnosed, SNHD provided linkage to care services.

OEDS participated in -

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

- a. Mondays - Thursdays; The Center - LGBTQ Community of Nevada – Rapid HIV and Syphilis testing - Target population-MSM, transgender.
- b. Wednesdays - TracB Exchange – Rapid HIV and Hepatitis C testing - target population IDU.
- c. 2-07 - In collaboration with AIDS Healthcare Foundation, The Center- LGBTQ Community of Nevada, and The Mobile Testing Unit - Rapid HIV testing at the Urban Lounge - Target Population - African American; MSM.
- d. 02/09 - In collaboration with AIDS Healthcare Foundation, Mobile Testing Unit - Rapid HIV testing at the Mingo Kitchen and Lounge - Target Population - African American; MSM.
- e. 02/15 - In collaboration with TracB Exchange, AIDS HealthCare Foundation, SNHD's Nursing and Immunizations, and HELP of Southern Nevada - Circle Park and Mesquite and 15th Street - Provided Rapid HIV and Hepatitis C testing as well as provided sterile syringes, overdose prevention kits, and homeless services. SNHD Immunizations provided Twinrix, Hepatitis A and B, Tdap and Flu vaccines - Target Population - Homeless; IDU.

B. Staff Facilitated/Attended Training/Presentations

- a. 2-03 - "HIV and STDs" for The First Offenders Program at the Regional Justice Center, LV. Presented by SNHD; 3 people were in attendance.
- b. 02/12-02/16 - HIV Rapid Testing Training, Counseling and Safety Certification at Washoe County Health District (Reno, NV). Presented by Michele Shingu, and Dr. Cheryl Radeloff of SNHD. 10 participants attended including agency representation from China Springs Youth Camp, Westcare Northern Nevada, Vitality (Elko), Vitality (Carson City) Nevada Urban Indians, and Rural Nevada Counseling.

- c. 02/23 - Opioids and the Law-Battling the Opioid Epidemic-Provided by UNLV Boyd School of Law; 3 staff attended.

Community Health -- OEDS – Fiscal Year Data

Prevention - SNHD HIV Testing	Feb 2017	Feb 2018		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
Outreach/Targeted Testing	574	211	↓	4,876	5,494	↑
Clinic Screening (SHC/FPC/TB)	769	178	↓	5,994	4,834	↓
Outreach Screening (Jails, SAPTA)	114	36	↓	1,241	845	↓
TOTAL	1,451	425	↓	12,111	11,173	↓
Outreach/Targeted Testing POSITIVE				50	72	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				37	33	↓
Outreach Screening (Jails, SAPTA) POSITIVE				6	5	↓
TOTAL POSITIVES				93	110	↑

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 3 Zika virus disease cases reported with illness onset in 2018 in the U.S, all were travelers returning from affected areas. There has been 1 case of Zika virus disease reported in U.S. territories. 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 has not started for the year.
- c. **Influenza:** Influenza activity has been high in Clark County, Nevada. As of February 17, 2018, the total number of confirmed cases was 1046 and the proportion of emergency room visits for influenza-like illness was 5.2%, which is above the national baseline of 2.2%. Influenza B has become the dominant type circulating locally since the middle of February. Twenty-four 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.
- d. **Influenza-like illness (ILI) at an Elementary School:** On February 26, 2018, OEDS received a call regarding 9 of 25 students in a kindergarten classroom being absent from 2/23/18 – 2/27/18. The school was contacted and the FASA of the school stated that some students were sent home due to fever and sore

throat. The school recommended ill students be excluded until free of fever for 24 hours. SNHD is working with the school to minimize transmission.

B. Other:

- a. Matthew Kappel, Epidemiologist, attended the SHEA/CDC Outbreak Response Training Program (ORTP) held in North Hollywood, CA on January 23 & 24, 2018.

C. Communicable Disease Statistics: January 2018 disease statistics are attached. (see table 1)

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

1. Work continues on the new Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Informatics is also assisting with the changes that need to be made to the LIMS to accommodate the Clinical laboratory move to the first floor of the SNPHL building.
2. 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 iCircle web application for OEDS, and transmission of HIV testing data to CDC.
7. Completed the Ebola grant deliverables.
8. Developed a query portal in WebIZ for Clinical Services.
9. Continue to enhance Trisano and Electronic Message Staging Area (EMSA) Systems.
10. We are working with the State to migrate STD data into the State NEDSS Base System (NBS).
11. Collaborative efforts continue with the Coroner's Office.
12. Developed a dashboard for childhood lead poisoning surveillance.

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

1. February Meetings:

A. Drug/Device/Protocol Committee (DDP)

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. Medical Advisory Board (RTAB)

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 approved the Epistaxis Protocol which will be rolled out when the DDP completes its annual review of the protocol manual. Also discussed was the use of Tranexamic Acid in trauma patients and the consideration of the addition of Narcan to the EMT formulary. These were referred to DDP for protocol development.

C. Trauma Needs Assessment Taskforce (TNAT)

The TNAT is a taskforce with the primary purpose of advising and assisting the RTAB in developing objective criteria to assess the future need for the expansion of the trauma system.

The TNAT completed its task of developing a Needs Based Assessment Tool for Clark County, a Data Dictionary for use with the tool, and a District Procedure for how it is to be used. These three items will be reviewed by the Regional Trauma Advisory Board for approval, after which the Chief Health Officer will notify the Board of Health that the RTAB has approved a means of assessing trauma need in Clark County.

COMMUNITY HEALTH - OEMSTS - Fiscal Year Data

EMS Statistics	Feb 2017	Feb 2018		FY16-	FY17-	
				17 (July- June)	18 (July- June)	
Total certificates issued	36	30	↓	1,140	1,006	↓
New licenses issued	33	21	↓	223	264	↑
Renewal licenses issued (recert only)	0	0	→	937	578	↓
Active Certifications: EMT	569	626	↑			
Active Certifications: Advanced EMT	1295	1382	↑			
Active Certifications: Paramedic	1244	1319	↑			
Active Certifications: RN	37	41	↑			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP staff continues to provide support to the Route 91 Harvest Festival shooting recovery process.
- B. A multi-disciplinary panel of staff from SNHD OPHP, the Coroner's Office, Clark County Office of Emergency Management and Clark County Assistant Manager will be presenting on the recovery and best practices from the Route 91 Harvest Festival shooting at the NACCHO Preparedness Summit in Atlanta on April 19th. An abstract was submitted by OPHP staff and was accepted for a Plenary Session for all conference attendees.
- C. OPHP was invited to participate with members of the local Healthcare community and a contingent from the city of New York to initiate a communication and

information exchange partnership. During the information exchange partnership, the Nevada Hospital Association and SNHD provided a tour of the 01 OCT 2017 Mass Shooting Incident area, the Mandalay Bay, routes to University Medical Center, Desert Springs Hospital, and Sunrise Hospitals. UMC provided a briefing on the events that evening and the impact on UMC. Desert Springs provided a venue for open discussion that covered topics like Incident Command, security of the hospital, the interaction with the Clark County Emergency Operations Center and the Medical Surge Area Command. On the 2nd of February, Sunrise provided a briefing and venue for the group to better understand the response, the expansion of emergency service, establishment of a temporary morgue, coordination with the Clark County Officer of the Coroner/Medical Examiner, and interaction with family and staff members alike. The event was very successful and New York City will host the next event.

- D. OPHP attended the Nevada Emergency Preparedness Association's Emergency Preparedness Summit in Pahrump, Nevada. The conference provided updates on State programs, overview of different area of concern like sensory impaired working groups, brought in industry experts in the area of Emergency Operations Centers in Business, and Nevada 2-1-1. This was a highly informative and collaborative conference.
- E. OPHP continues to conduct the monthly Incident Command Team, Directors, Managers and Supervisors call-down notifications. Call-down drills are deliverables required by CRI grant to ensure public health staff readiness to respond to a disaster. This monthly test of the system ensures that District staff contact information is current in the event a notification to all SNHD staff is needed to be able to respond to public health threat.
- F. OPHP 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.
- G. 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:** Nine staff received respirator fit testing; eleven received annual TB testing; nineteen staff received vaccinations and performed one 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 February, three volunteers worked at the SNHD Main and East immunization clinics and SNHD Main Foodhandler Safety office and four volunteers assisted SNHD with antibiotic packaging for the first responder emergency stockpile. The MRC coordinator and 33 MRC volunteers attended the MRC Quarterly Training Meeting held at the District. This meeting included recognition from the Nevada Governor's Office Commission on Service given to an outstanding individual who has volunteered over 400 hours per year for the last three years; followed by Active Assailant Training from LVMPD's MACTAC Unit. Volunteer hours totaled 169 with a monetary value of \$4,504.61. MRC Coordinator attended the Nevada Preparedness Summit on Feb. 7 and 8, 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. February 2018 SNPHL Activity Highlights:

- A. The Public Health Laboratory continues rearrangement and reorganization to prepare work areas to accommodate additional testing and services.
- B. Organization of the first floor warehouse area is near completion. Asset inventory has begun and records retention program has been implemented.
- C. Laboratory staff has received 32 hours of training this month.
- D. An update for the Hologic Panther System was ordered for increase of testing menu for STD's.
- 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. Plans have begun for renovation and remodeling of the Clinical Laboratory area in the Decatur building.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services				FY 17-18	FY18-		
	Feb 2017	Feb 2018		(July-June)	19(July-June)		
Clinical Testing Services ¹	5,209	3,289	↓	45,593	33,946	↓	
Epidemiology Services ²	494	205	↓	5,660	2,309	↓	
State Branch Public Health Laboratory Services ³	41	3	↓	1,669	441	↓	
All-Hazards Preparedness Services ⁴	5	89	↑	130	553	↑	

¹ Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, Gram stain testing.

² Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations or consultations.

³ Includes PFGE and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations and inspections, samples submitted to CDC or other laboratories.

⁴ Includes Preparedness training, BSL-3 maintenance and repair, teleconferences, Inspections.

VII. VITAL STATISTICS

February 2018 showed a 5% decrease in birth certificate sales in comparison to February 2017. Death certificate sales showed a 1.5% decrease for the same time frame. SNHD received revenues of \$50,752 for birth registrations, \$23,517 for death registrations; and an additional \$4,232 in miscellaneous fees for the month of February.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Feb 2017	Feb 2018		FY16-17 (July-June)	FY17-18 (July-June)	
Births Registered	2,193	2,054	↓	18,927	18,326	↓
Deaths Registered	1,461	1,458	↓	11,284	11,862	↑

Vital Statistics Services	Feb 2017	Feb 2018		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold (walk-in)	3,776	3,480	↓	25,502	25,595	↑
Birth Certificates Mail	109	165	↑	1,037	1,159	↑
Birth Certificates Online Orders	1,116	1,123	↑	8,448	7,621	↓
Birth Certificates Billed	114	85	↓	921	832	↓
Birth Certificates Number of Total Sales	5,115	4,853	↓	35,908	35,207	↓
Death Certificates Sold (walk-in)	1,168	1,167	↓	12,423	9,282	↓
Death Certificates Mail	105	75	↓	785	668	↓
Death Certificates Online Orders	5,979	5,902	↓	41,519	47,975	↑
Death Certificates Billed	22	14	↓	134	183	↑
Death Certificates Number of Total Sales	7,274	7,158	↓	54,861	58,108	↑

Vital Statistics Sales by Source	Feb 2017	Feb 2018		FY16-17 (July-June)	FY17-18 (July-June)	
Birth Certificates Sold Decatur (walk-in)	73.8%	71.7%	↓	71%	72.7%	↑
Birth Certificates Mail	2.1%	3.4%	↑	2.9%	3.3%	↑
Birth Certificates Online Orders	21.8%	23.1%	↑	23.5%	21.6%	↓
Birth Certificates Billed	2.2%	1.8%	↓	2.6%	2.4%	↓
Death Certificates Sold Decatur (walk-in)	16.1%	16.3%	↑	22.6%	16%	↓
Death Certificates Mail	1.4%	1%	↓	1.4%	1.1%	↓
Death Certificates Online Orders	82.2%	82.5%	↑	75.7%	82.6%	↑
Death Certificates Billed	.3%	.2%	↓	.2%	.3%	↑

Revenue	Feb 2017	Feb 2018		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
Birth Certificates (\$20)	\$102,300	\$97,060	↓	\$718,160	\$704,140	↓
Death Certificates (\$20)	\$145,480	\$143,160	↓	\$1,097,220	\$1,162,160	↑
Births Registrations (\$13)	\$54,002	\$50,752	↓	\$384,384	\$366,245	↓
Deaths Registrations (\$13)	\$21,541	\$23,517	↑	\$169,423	\$178,542	↑
Miscellaneous	\$3,816	\$4,232	↑	\$28,324	\$28,504	↑
Total Vital Records Revenue	\$327,139	\$318,721	↓	\$2,397,511	\$2,439,591	↑

MDJ/edm

Statistics, Surveillance & Reports, Clark County Disease Statistics* Jan 2018

Disease	2016		2017		2018		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?
	Jan	YTD	Jan	YTD	Jan	YTD	Jan (2013-2017 aggregated)	Jan (2018)	
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive disease	.	.	.	.	.	.	0.10	0.05	↓ X
Hepatitis A	.	.	0	0	.	.	0.05	0.05	↓
Hepatitis B, acute	.	.	0	0	.	.	0.04	0.18	↑ X
Hepatitis B, chronic	.	.	.	.	24	24	0.06	1.11	↑ X
Influenza	78	78	215	215	436	436	10.75	20.08	↑ X
Influenza-associated pediatric mortality	0	0	0	0	0	0	0.04	.	↓ X
Measles (rubeola)	0	0	0	0	0	0	0.04	.	↓
Meningococcal disease (Neisseria meningitidis)	.	.	0	0	.	.	0.01	0.05	↑ X
Mumps	0	0	0	0	.	.	.	0.05	↑ X
Pertussis	.	.	.	.	.	.	0.40	0.14	↓ X
SEXUALLY TRANSMITTED									
Chlamydia	762	762	1042	1042	1075	1075	39.65	49.51	↑ X
Gonorrhea	228	228	351	351	435	435	11.68	20.03	↑ X
SYPHILIS (Early non-primary, non-secondary)	50	50	30	30	19	19	1.52	0.88	↓ X
SYPHILIS (PRIMARY & SECONDARY)	19	19	33	33	43	43	0.95	1.98	↑ X
ENTERICS									
Amebiasis	0	0	.	.	.	.	0.03	0.05	↑ X
Campylobacteriosis	12	12	10	10	8	8	0.40	0.37	↓
Cryptosporidiosis	0	0	0	0	0	0	0.03	.	↓ X
Giardiasis	.	.	.	.	.	.	0.13	0.14	↑
Rotavirus	.	.	10	10	.	.	0.24	0.05	↓
Salmonellosis	10	10	.	.	.	.	0.36	0.18	↓ X
Shiga toxin-producing Escherichia coli (STEC)	.	.	.	.	.	.	0.10	0.05	↓ X
Shigellosis	5	5	5	5	13	13	0.17	0.60	↑ X
OTHER									
Coccidioidomycosis	7	7	9	9	28	28	0.29	1.29	↑ X
Dengue	0	0	0	0	0	0	0.01	.	↓
Exposure, Chemical or Biological	0	0	0	0	.	.	.	0.09	↑ X
Hepatitis C, acute	.	.	.	.	.	.	0.04	0.09	↑
Hepatitis C, chronic	5	5	.	.	104	104	0.12	4.79	↑ X
Invasive Pneumococcal Disease	23	23	27	27	35	35	0.87	1.61	↑ X
Lead poisoning	10	10	8	8	5	5	0.19	0.23	↑
Legionellosis	0	0	0	0	.	.	0.05	0.14	↑ X
Listeriosis	0	0	0	0	0	0	0.01	.	↓
Lyme disease	0	0	.	.	.	.	0.02	0.14	↑ X
Malaria	0	0	0	0	0	0	0.01	0.01	↓
Meningitis, Aseptic	0	0	.	.	.	.	0.06	0.05	↓ X
Meningitis, Bacterial Other	.	.	.	.	.	.	0.08	0.09	↑
Meningitis, Fungal	.	.	0	0	.	.	0.01	0.05	↑ X
RSV	206	206	462	462	428	428	16.56	19.71	↑
Streptococcal Toxic Shock Syndrome (STSS)	0	0	.	.	.	.	0.03	0.09	↑ X
Zika Virus Disease, non-congenital	.	.	0	0	0	0	0.01	.	↓

*Use of illness 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.

~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).