





Memorandum

Date: April 26, 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* 

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

While the Tobacco SAPTA grant objective was to complete 100, to date, over 200 STARS assessments have been completed. In February, staff trained youth and young adults continued to use the new STARS mobile application to conduct store assessments at various tobacco retail outlets. This mobile app streamlines the tobacco retail assessment process for those collecting the 500+ assessments in Clark County. The mobile app stores STARS assessment data and produces findings from the information collected.

In Mesquite in February, coalition members attended two city council meetings and provided education to council members during public comment. During the February 27 council meeting, TCP staff presented a UNLV research study on potential healthcare savings that could be realized for Mesquite residents if the city passed a comprehensive smoke-free law.

Staff is providing ongoing technical assistance and developing materials to support implementation of a tobacco-free higher education campus. In February, staff attended a meeting with the UNLV Health Committee Chair at the request of the Student Body President to finalize the draft campus wide tobacco-free policy that will be presented for a vote to the Health Committee later this spring.

Staff provided a budget at the request of a UNR researcher for collaboration on an NIH R15 grant related to the marijuana retail environment. Staff prepared a budget document and justification. The focus of the project would be to assess marijuana dispensary advertising levels. The SNHD budget request was \$33,878.

2. Chronic Disease Prevention Program (CDPP):

CDPP staff presented a session on healthy vending and marketing/promotional ideas for healthy vending at the annual meeting of the Randolph Sheppard Vendors of America (Sagebrush) in February. In attendance were 80-100 operators from Business Enterprise Programs across the country. CDPP staff also provided a training for DETR BEN operators at their annual meeting in February on healthy menu options for cafes/snack bars that meet the DETR BEN Nutrition Standards policy requirements. The CDPP developed and provided

Nevada Operators with a booklet of healthy recipes and healthy cooking and shopping tips at this training.

To commemorate American Heart Month and support the Million Hearts Initiative, CDPP staff coordinated 2 heart health outreach activities for SNHD employees and clients on Feb. 2nd (Decatur location) and Feb. 16 (East Las Vegas location). The education and outreach activity featured free blood pressure screenings provided by MRC volunteers and heart health education. A total of 56 participants (staff and clients) participated in the activity. During the month, social media messages in English and Spanish were shared via blogs, Facebook, and Twitter that included information on cardiovascular risk factors, steps to adopt a heart healthy lifestyle and hypertension awareness. 'Red Dress' pins were also distributed on February 2nd, Wear Red Day in support of women's heart disease. Two OCDPHP staff members were guests on the Healthier Tomorrow radio program in February on KCEP 88.1 to talk about tobacco cessation and cardiovascular disease prevention.

The Barber Shop Health Outreach Project (BSHOP) continued at three participating barber shops. Each barber shop was asked to sign a Letter of Understanding and representatives from the barber shops participated in training provided by CDPP staff to provide an overview of the project as well as outline roles and responsibilities of partners. As of February 28th, 6 outreach events have taken place at 3 different barber shops. MRC volunteers provide blood pressure screenings and heart health education. Staff also worked with MRC to develop screening criteria and with Nevada Health Centers on a referral process. A Letter of Understanding with NVHC was also developed. As of the end of February, 64 people (mostly African American men) have participated. To date, 1 participant has been referred to Nevada Health Centers and 13 participants received referral cards for the Tobacco Quit line.

In our ongoing effort to increase collaboration and address the needs of the community, OCDPHP staff met with the SNHD Chief Nurse to discuss opportunities to include updated tobacco use questions and other chronic disease questions on their medical intake forms. At the request of the Chief Nurse, OCDPHP provided model tobacco use questions and other chronic disease questions in English and Spanish and, as a result, these questions were added/revised on the updated SNHD medical intake forms for at least one clinic. To better assist with referral to community-based programs, CDPP Staff developed a printed 'referral' document for SNHD clinics to share with patients. The document includes resources and information for several Chronic Disease programs in English and Spanish. In February, CDPP printed 1800 of these 'referral' documents and provided them to the SNHD Chief Nurse for distribution to the SNHD clinics.

CDPP staff developed the 'Healthy Headlines' electronic newsletter which was sent out for the first time in February. This newsletter includes information on CDPP programs and resources available to the community as well as tips and other information to support healthy lifestyles. The newsletter distribution includes 8,000 program participants, coalition members and other partners. The newsletter will be sent quarterly.

3. Injury Prevention Program (IPP):

Sponsorship request letters for the 2018 Drowning Prevention Campaign have been sent and potential sponsors have until early March to respond. Several potential sponsors have reached out and staff is working with them to confirm their sponsorship. Staff is also working with our media firm to develop a media plan for the campaign that can be scalable, depending on the sponsorships that are received. The campaign will launch in April. Staff also participated in the Southern Nevada Child Drowning Prevention Coalition meeting in February and provided an update on the campaign plan. Staff also shared drowning data with members at that meeting.

As part of the Lead Grant, staff continues to conduct and identify outreach opportunities to share information on lead poisoning prevention. In February, lead poisoning prevention materials were shared at the Choose and Move Festival held at the Cambridge Recreation Center. Approximately 150 people attended the event. Other outreach opportunities are scheduled throughout the spring and summer. Lead poisoning prevention messages also began being shared via the SNHD and OCDPHP social media channels in February. Staff coordinated a Project Echo webinar for health care providers to occur in August and a training for the Dignity Health Promotoras to occur in April. Educational materials will be finalized and printed in March and outreach to families which children who have an elevated blood lead level between 5 – 9.99 ug/dL (venous) will begin in April.

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 is working with the State along with social service providers to discuss intervention strategies to reduce the number of Congenital Syphilis cases in Clark County. This includes provider education to increase their knowledge and testing practices, as well as networking with local agencies where clients may access other social services

Community Health – OEDS – Fiscal Year Data

	Mar 2017	Mar 2018		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
Morbidity Surveillance						
Chlamydia	1,086	1,050	↓	9,294	9,643	↑
Gonorrhea	346	378	↑	3,078	3,676	↑
Primary Syphilis	14	5	↓	102	133	↑
Secondary Syphilis	33	10	↓	234	270	↑
Early Non-Primary, Non-Secondary ¹	44	10	↓	283	300	↑
Syphilis Unknown Duration or Late ²	42	17	↓	302	389	↑
Congenital Syphilis (presumptive)	1	1	→	12	14	↑
New Active TB Cases Counted - Pediatric	0	0	→	3	0	↓
Number of TB Active Cases Counted - Adult	1	6	↑	34	47	↑

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

	Mar 2017	Mar 2018		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	3	5	↑	22	33	↑
Syphilis Pregnant Cases	8	6	↓	55	72	↑
Perinatally Exposed to HIV	2	1	↓	32	29	↓

Community Health -- OEDS -- Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	23	0	19	0
Gonorrhea	21	1	17	0
Syphilis	76	5	119	1
HIV/AIDS (New to Care/Returning to Care)	20	1	30	40
Tuberculosis	59	0	5	0
TOTAL	199	7	190	41

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

February 28th The Department of Health and Human Services Division of Public and Behavioral Health, Office of HIV/AIDS, Ryan White Part B conducted their annual site visit. This site visit consisted of evaluations in four areas including Administrative, Quality Management, Consumer File Review, and an overall programmatic site visit. There were no findings or deficiencies at any level that would require a corrective action. Feedback received was that SNHD was extremely organized, and aligned with the National Monitoring Standards exceptionally well.

March 14th and 15th, the grantors for the Dissemination of Evidence Informed Intervention project "TCC" or Transitional Care Coordination, came to Las Vegas for their annual site visit. SNHD is implementing this intervention in the correctional facility setting. The grantors took a tour of the facility, as well as met with some of our stakeholders for the Clark County Detention Center to talk about the care model. The grantors were appreciative that we share openly so they can better understand our local context and how implementation has progressed.

The Office of Epidemiology and Disease Surveillance hired two PrEP navigators. This role will help link those individuals who are candidates for PrEP (pre-exposure prophylaxis for exposure to HIV), to this service. PrEP can stop HIV from taking hold and spreading throughout the body. It is highly effective for preventing HIV if used as prescribed.

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.

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. 3-09 - 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. 03/22 - In collaboration with AIDS Healthcare Foundation, Mobile Testing Unit, Trac-B-Exchange, and SNHD Immunizations-Rapid HIV, HEP C testing to various locations in the community. Immunizations provided Twinrx, Hepatitis A and B, Tdap and Flu vaccines-Target Population-Homeless; IDU.

B. Staff Facilitated/Attended Training/Presentations

- a. 3/03 - "HIV and STDs" for The First Offenders Program at the Regional Justice Center, LV. Presented by SNHD; 15 people were in attendance.
- b. 03/05-03/08 - "Empower Las Vegas: Sex Trafficking Training" put together by iEmpathize based out of Colorado. Held at the World Market Center-40 SNHD staff attended.
- c. 03/08 - Presentation of "HIV and STD's", by SNHD for Community Counseling Center's Living Room. 15 people attended.
- d. 03/14 – Kim Hertin, Communicable Disease Supervisor OEDS-presented to the Clark County Healthy Rankings community event. This was done alongside representatives from Nevada Division of Public and Behavioral Health and State Senator Pat Spearman.
- e. 03/16 - Rapid Hepatitis C test training provided by the Orasure Technologies vendor -7 staff attended.
- f. 03/19 - Presentation of "HIV and STD's", by SNHD for Golden Rainbow. 8 people attended.

Community Health -- OEDS -- Fiscal Year Data

	Mar 2017	Mar 2018		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	709	417	↓	5,585	6,733	↑
Clinic Screening (SHC/FPC/TB)	869	550	↓	6,863	5,700	↓
Outreach Screening (Jails, SAPTA)	168	142	↓	1,409	1,027	↓
TOTAL	1,746	1,109	↓	13,857	13,460	↓
Outreach/Targeted Testing POSITIVE				53	88	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				44	38	↓
Outreach Screening (Jails, SAPTA) POSITIVE				6	5	↓
TOTAL POSITIVES				103	131	↑

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 12 Zika virus disease cases reported with illness onset in 2018 in the U.S, all were travelers returning from affected areas. There have been no cases 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 2 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 has not started for the year.
- c. **Influenza:** Influenza activity has been decreasing in Clark County, Nevada. As of March 24, 2018, the total number of confirmed cases was 1251 and the proportion of emergency room visits for influenza-like illness was 4%, which is above the national baseline of 2.2%. Influenza B has become the dominant type circulating locally since the middle of February. Twenty-six 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. **Multi-state Mumps Investigation:** On 03/07/2018, SNHD was notified by the Nevada Division of Public and Behavioral Health that some cheerleading teams from Clark County that participated in the National Cheerleader's Association (NCA) 2018 All-Star National Championship in Dallas, TX may have been exposed to a case of probable mumps. OEDS communicated with three separate coaches of Clark County teams and sent them a notification of exposure letter for distribution to the cheer teams and their parents/guardians as well as an educational document with FAQs on Mumps. OEDS has not received any reports of ill individuals or positive laboratory tests.
- e. **Measles Contact Investigation:** OEDS received notification on 03/23/2018, that a Las Vegas resident may have been exposed to a case of measles on an international flight. The person was notified of the exposure and has not developed symptoms within the possible incubation period. This investigation is closed

B. Other:

- a. Arturo Mehretu, Angel Stachnik, Matthew Kappel and Kimberly Hertin attended the CASPER (Community Assessment for Public Health Emergency Response) training on March 21, 2018.

- c. **Communicable Disease Statistics:** February 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 new instruments and testing offered by the Clinical Laboratory.
- 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. Assisting the Office of Emergency Medical Services and Trauma Systems with EMS data acquisition.
7. Work continues on the iCircle web application for OEDS, and transmission of HIV testing data to CDC.
8. Completed the Ebola grant deliverables.
9. Worked with the CDC to get Healthcare Associated Infections (HAI) data.
10. Continue to enhance Trisano and Electronic Message Staging Area (EMSA) Systems.
11. We are working with the State to migrate STD data into the State NEDSS Base System (NBS).
12. Collaborative efforts continue with the Coroner's Office.
13. Developed a dashboard for childhood lead poisoning surveillance.
14. We have enhanced workflow for Influenza surveillance and reporting.
15. Developed software application workflow and applied CDC Info-Aid for syringe exchange vending machine project.
16. We optimized the Antibioqram data upload process.

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

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

	Mar 2017	Mar 2018		FY16- 17 (July- June)	FY17- 18 (July- June)	
EMS Statistics						
Total certificates issued	812	550	↓	1,952	1,556	↓
New licenses issued	46	50	↑	269	314	↑
Renewal licenses issued (recert only)	778	507	↓	1,715	1,085	↓
Active Certifications: EMT	504	546	↑			
Active Certifications: Advanced EMT	1,260	1,362	↑			
Active Certifications: Paramedic	1,224	1,275	↑			
Active Certifications: RN	37	41	↑			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP attended the Veterans Affairs Southern Nevada Healthcare System National Disaster Medical System/Federal Coordinating Center (NDMS/FCC) Workshop to work on the NDMS/FCC plan to receive patients into Southern Nevada in case of a federally declared emergency in another part of the United States that required patients from that healthcare system to be evacuated to another location within the NDMS area of responsibility.

- B. OPHP provided training in the form of an active shooter table top exercise with one of the Coalition and Community partners.
- C. OPHP staff attended the Clark County Office of Emergency Management 4-day FEMA Integrated Emergency Management Course Complex Terror Attack Training focusing on response during this type event. The first two days were medical while the last two included business response and executive policy group training. The focus groups for this training included Public Health, Law Enforcement, Fire, Casinos, Healthcare Organizations, and other jurisdictions. OPHP provided insight into the Public Health response to an incident of this magnitude.
- D. The Southern Nevada Health District OPHP hosted the Texas A&M Educational Extension Services (TEEX) for their MGT 439 course, Pediatric Disaster Response and Emergency Preparedness Course.
- E. OPHP staff attended CDC's Community Assessment for Public Health Emergency Response (CASPER) training. The presentation included an overview, cluster identification, sampling methods, selection of clusters, phases of CASPER, and people, supplies, and equipment requirements to conduct a CASPER. Staff provided updates to hospital emergency management committees on the Radiological Assistance Program Training for Emergency Response (RAPTER), the National Disaster Medical System/Federal Coordinating Center workshop, and Regional DECON training sponsored by the Southern Nevada Healthcare Preparedness Coalition.
- 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.
3. **Employee Health Nurse:** Seven staff received respirator fit testing; twelve received annual TB testing; twenty-two staff received vaccinations and performed three Bloodborne Pathogens classroom training. EHN received Pediatric Disaster Response Training.
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 March, three volunteers worked at the SNHD Main and East immunization clinics and SNHD Main Foodhandler Safety office and two volunteers assisted SNHD with antibiotic packaging for the first responder emergency stockpile. Nine volunteers performed blood pressure screening and referrals at local barbershops as part of the Barbershop Outreach in coordination with SNHD OCDPHP. Six MRC Volunteers and the MRC Coordinator attended CDC CASPER Training, learning how to perform a Community Assessment for Public Health Emergency Response. Volunteer hours for January total 154 with a monetary value of \$4,031.81. The MRC Coordinator gave a presentation on the MRC local response to the October 1 mass casualty incident at the Utah MRC Summit, gave preparedness presentations to two Nevada State College nursing classes, recruited and processed new volunteers, 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. March 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 have received 24 hours of training this month.
- D. Clinical Lab have completed the TB instrument interface and have begun validation of an updated QFT protocol for TB testing.
- E. The SNPHL completed work on the validation, implementation and informatics system support of the testing system for arboviruses and is ready to provide services to the Environmental Health Division.
- F. The SNPHL and the Sexual Health Clinic continues participation in the eGISP grant from the ELC continuation grant from the CDC and the State.
- G. Plans have begun for renovation and remodeling of the Clinical Laboratory area in the Decatur building. Laboratory services have been discussed with the Clinical Services Division and implementation has begun. Lab assistant and lab tech positions have been posted and applications received. Billing price lists are being developed.
- H. Laboratory staff (2) attended and participated in local USPS bioterrorism and white powder testing training exercise.
- I. Reference materials regarding updated infectious organism handling was prepared and delivered to sentinel laboratories.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Mar 2017	Mar 2018		FY 17-18 (July-June)	FY18-19 (July-June)	
Clinical Testing Services ¹	6,187	4,033	↓	50,802	37,979	↓
Epidemiology Services ²	199	231	↑	6,154	2,540	↓
State Branch Public Health Laboratory Services ³	41	11	↓	1,710	452	↓
All-Hazards Preparedness Services ⁴	16	94	↑	135	647	↑

VII. VITAL STATISTICS

March 2018 showed a 5.6% decrease in birth certificate sales in comparison to March 2017. Death certificate sales showed a 7.6% increase for the same time frame. SNHD received revenues of \$56,563 for birth registrations, \$24,531 for death registrations; and an additional \$4,715 in miscellaneous fees for the month of March.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Mar 2017	Mar 2018		FY16-17 (July-June)	FY17-18 (July-June)	
Births Registered	2,403	2,160	↓	21,327	20,487	↓
Deaths Registered	1,689	1,663	↓	12,973	13,638	↑

Vital Statistics Services	Mar 2017	Mar 2018		FY15-16 (July-June)	FY16-17 (July-June)	
Birth Certificates Sold (walk-in)	4,196	3,869	↓	29,698	29,464	↓
Birth Certificates Mail	161	183	↑	1,198	1,342	↑
Birth Certificates Online Orders	1,330	1,316	↓	9,778	8,937	↓
Birth Certificates Billed	128	121	↓	1,049	953	↓
Birth Certificates Number of Total Sales	5,815	5,489	↓	41,723	40,696	↓
Death Certificates Sold (walk-in)	1,422	1,231	↓	13,845	10,513	↓
Death Certificates Mail	108	77	↓	893	745	↓
Death Certificates Online Orders	6,012	6,805	↑	48,129	54,780	↑
Death Certificates Billed	13	22	↑	147	205	↑
Death Certificates Number of Total Sales	7,555	8,135	↑	63,014	66,243	↑

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	Mar	Mar		FY16-17	FY17-18	
	2017	2018		(July-June)	(July-June)	
Birth Certificates Sold Decatur (walk-in)	72.2%	70.5%	↓	71.2%	72.4%	↑
Birth Certificates Mail	2.8%	3.3%	↑	2.9%	3.3%	↑
Birth Certificates Online Orders	22.9%	24%	↑	23.4%	22%	↓
Birth Certificates Billed	2.2%	2.2%	→	2.5%	2.3%	↓
Death Certificates Sold Decatur (walk-in)	18.8%	15.1%	↓	22%	15.9%	↓
Death Certificates Mail	1.4%	.9%	↓	1.4%	1.1%	↓
Death Certificates Online Orders	79.6%	83.7%	↑	76.4%	82.7%	↑
Death Certificates Billed	.2%	.3%	↑	.2%	.3%	↑

Revenue	Mar	Mar		FY16-17	FY17-18	
	2017	2018		(Jul-June)	(Jul-June)	
Birth Certificates (\$20)	\$116,300	\$109,780	↓	\$834,460	\$813,920	↓
Death Certificates (\$20)	\$151,100	\$162,700	↑	\$1,260,280	\$1,324,860	↑
Births Registrations (\$13)	\$56,852	\$56,563	↓	\$441,236	\$422,808	↓
Deaths Registrations (\$13)	\$23,387	\$24,531	↑	\$192,810	\$203,073	↑
Miscellaneous	\$4,460	\$4,715	↑	\$32,784	\$33,219	↑
Total Vital Records Revenue	\$352,099	\$358,289	↑	\$2,761,570	\$2,797,880	↑

MDJ/edm

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

Disease	2016		2017		2018		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?
	Feb	YTD	Feb	YTD	Feb	YTD	Feb (2013-2017 aggregated)	Feb (2018)	
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive disease	.	6	.	6	.	.	0.10	0.09	↓
Hepatitis A	0	.	0	0	.	.	0.02	0.05	↑ X
Hepatitis B, acute	0	.	.	.	0	.	0.08	.	↓ X
Hepatitis B, chronic	.	.	.	.	38	64	0.07	1.75	↑ X
Influenza	184	262	117	332	173	609	5.46	7.97	↑ X
Influenza-associated pediatric mortality	.	.	0	0	0	0	0.04	.	↓ X
Measles (rubeola)	0	0	0	0	0	0	0.05	.	↓
Meningococcal disease (Neisseria meningitidis)	0	.	0	0	0	.	0.01	.	↓
Mumps	0	0	.	.	.	.	0.01	0.14	↑ X
Pertussis	.	8	7	9	0	5	0.25	.	↓ X
SEXUALLY TRANSMITTED									
Chlamydia	942	1704	981	2020	1096	2178	41.38	50.48	↑ X
Gonorrhea	269	497	313	665	387	822	11.33	17.82	↑ X
SYPHILIS (Early non-primary, non-secondary)	48	98	28	58	23	45	1.54	1.06	↓ X
SYPHILIS (PRIMARY & SECONDARY)	29	48	37	70	36	81	1.08	1.66	↑ X
ENTERICS									
Amebiasis	.	.	0	.	0	.	0.02	.	↓ X
Campylobacteriosis	6	18	10	20	.	10	0.35	0.09	↓ X
Cryptosporidiosis	0	0	0	0	0	0	.	.	-
Giardiasis	5	9	.	6	.	7	0.19	0.18	↓
Rotavirus	0	.	8	18	0	.	0.37	.	↓ X
Salmonellosis	7	17	8	12	7	12	0.38	0.32	↓ X
Shiga toxin-producing Escherichia coli (STEC)	.	.	.	5	.	.	0.11	0.05	↓ X
Shigellosis	.	9	.	9	.	14	0.15	0.05	↓ X
OTHER									
Coccidioidomycosis	7	14	8	17	24	52	0.33	1.11	↑ X
Dengue	.	.	0	0	0	0	0.01	.	↓
Exposure, Chemical or Biological	0	0	0	0	0	.	.	.	-
Hepatitis C, acute	0	.	.	5	0	.	0.05	.	↓ X
Hepatitis C, chronic	.	9	7	14	115	221	0.15	5.30	↑ X
Invasive Pneumococcal Disease	22	45	17	44	17	53	0.62	0.78	↑
Lead poisoning	10	20	7	16	7	12	0.17	0.32	↑
Legionellosis	.	.	.	.	.	.	0.08	0.05	↓
Listeriosis	0	0	0	0	0	0	0.01	.	↓
Lyme disease	0	0	.	.	0	.	0.04	.	↓ X
Malaria	.	.	0	0	0	0	0.01	.	↓
Meningitis, Aseptic	.	.	.	.	.	.	0.12	0.05	↓ X
Meningitis, Bacterial Other	6	8	0	.	.	5	0.08	0.14	↑
Meningitis, Fungal	0	.	0	0	.	.	.	0.09	↑ X
RSV	249	455	297	759	494	938	14.69	22.75	↑ X
Streptococcal Toxic Shock Syndrome (STSS)	.	.	0	.	6	8	0.04	0.28	↑ X
Zika Virus Disease, non-congenital	.	.	0	0	0	0	0.03	.	↓

*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.

~ Diseases not reported in the past five years (aggregate data) and not reported during the current reporting period are not included in this report.

~~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).