



Memorandum

Date: May 24, 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 participated in national Kick Butt's Day on March 21, 2018. Kick Butt's Day is a nationwide initiative sponsored by the Campaign for Tobacco-Free kids to stop tobacco use by children, teens, and young adults. SNHD issued a press release about our upcoming program launch titled The Next Step. The Next Step is about local high school students showing support the tobacco free colleges and universities. Staff conducted radio an interview explaining the program.

The online Smoke-free Apartment Directory available on Get Healthy Clark County.org has been updated with additional apartment units. Of the 47,906 total units in the directory, 8,018 are categorized as low income/affordable housing or government subsidized housing. In March, the Southern Nevada Regional Housing Authority (SNRHA) requested smoke-free housing signage and Quitline posters for display at their various properties that will go smoke-free pending the implementation of the smoke-free HUD rules this summer. Staff attended a meeting with SNRHA staff in March and discussed policy implementation.

2. Chronic Disease Prevention Program (CDPP):

SNHD provides sponsorship and support for the Clark County School District (CCSD), Safe Routes to School (SRTS) program. OCDPHP staff and PHN coalition members participated in a Nevada Moves Day (NVMD) event at McWilliams Elementary School on March 21st. We were paired with the school through the CCSD SRTS program. Staff distributed small incentive items (stickers, pencils) to students who walked or rode their bike to school that day and who were observing pedestrian safety rules (crossing in cross walks, using sidewalks, etc.). Over 500 students and parents participated by walking, riding or rolling to school that day.

CDPP staff are participating in this multi-partner effort to improve health, safety and economic opportunities for residents in the Pathway from Poverty service area. In March, the CDPP sponsored a free Sports and Nutrition Camp for students at 2 elementary schools in the area over Spring Break. Approximately 70 students participated in the camp that provided opportunities for physical activity, healthy eating education as well as a safe and nurturing

place for students during the break. In addition, staff also participated in 2 outreach events/health fairs at 2 large apartment complexes in the area in March. Information and resources for chronic disease prevention and management were provided to over 200 residents.

CDPP spearheaded an initiative to commemorate National Nutrition Month in March by developing coordinated blog and social media posts. Each week had a different theme and included: National Nutrition Month theme, School Breakfast Week, seasonal produce and local farmers' markets/community gardens, and school salad bars. In addition, staff was also a guest on the Healthier Tomorrow radio program in March to talk about National Nutrition Month.

CDPP participated in several outreach events in March including the Latino Network event, held in the East Community Center and the Kick Off Spring Break event held at the Boulevard Mall. In total, approximately 450 people attended one of the events. Information and education regarding chronic disease prevention and self-management resources were distributed.

3. Injury Prevention Program (IPP):

A total of \$15,000 in sponsorships to support the 2018 Drowning Prevention Media campaign has been received. The media campaign plan is being finalized but the campaign will begin in April and run throughout the summer months.

Staff attended the Healthy Homes conference in Atlanta in March to learn more about lead poisoning prevention. Education and materials received will assist with education and outreach for the lead poisoning prevention project.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Surveillance and Investigations:

The Office of Epidemiology and Disease Surveillance worked on several projects this month to enhance processes. A workflow design for Childhood Lead Poisoning Prevention referral and outcomes between our office, the Clinical Division, and Environmental Health was initiated, along with enhancing the Influenza Death Ascertainment and follow up process.

Community Health -- OEDS -- Fiscal Year Data

	Apr 2017	Apr 2018		FY16-17 (Jul- June)	FY17-18 (Jul- June)	
Morbidity Surveillance						
Chlamydia	991	1,006	↑	10,285	10,689	↑
Gonorrhea	344	344	→	3,422	4,041	↑
Primary Syphilis	13	4	↓	115	150	↑
Secondary Syphilis	26	10	↓	260	296	↑
Early Non-Primary, Non-Secondary ¹	33	19	↓	316	349	↑
Syphilis Unknown Duration or Late ²	30	22	↓	332	460	↑
Congenital Syphilis (presumptive)	2	1	↓	14	15	↑
New Active TB Cases Counted - Pediatric	0	0	→	3	0	↓
Number of TB Active Cases Counted - Adult	3	2	↓	37	51	↑

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

	Apr 2017	Apr 2018		FY16-17 (Jul- June)	FY17-18 (Jul- June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	4	2	↓	26	35	↑
Syphilis Pregnant Cases	10	8	↓	65	86	↑
Perinatally Exposed to HIV	3	1	↓	29	30	↑

Community Health – OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	31	0	20	1
Gonorrhea	35	0	11	1
Syphilis	78	2	82	1
HIV/AIDS (New to Care/Returning to Care)	23	0	31	33
Tuberculosis	100	0	4	0
TOTAL	267	2	148	36

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

April is STD Awareness month. Rates of sexually transmitted infections are increasing all over the country. During this month, The Office of Epidemiology and Disease Surveillance collaborated with community partners to offer screenings in the community at no charge. This included outreach with Nevada Partnership for Homeless Youth, Street Teens, and working with the PACT coalition to offer testing in various locations in the community. This year's theme for STD Awareness was "Treat Me Right", a call for health care providers and patients to work together to help increasing access to care, testing, diagnosis, and treatment.

OEDS participated in -

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

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

- a. Mondays – Thursdays: The Center - LGBTQ Community of Nevada – Rapid HIV and Syphilis testing - Target population - MSM, transgender.
- b. 4/12: In collaboration with AIDS Healthcare Foundation Mobile Testing Unit and SNHD: outreach at the Center for Peace on East Charleston Blvd offering rapid HIV/CT/GC/syphilis tests - Target population - youth.
- c. 4/13: In collaboration with AIDS Healthcare Foundation Mobile Testing Unit and SNHD: outreach at Street Teens on S. Pecos Road offering rapid HIV/CT/GC/syphilis tests - Target population - Homeless teens.
- d. 4/25: In collaboration with AIDS Healthcare Foundation Mobile Testing Unit and SNHD: outreach for NV Partnership for Homeless Youth at Maryland and Tropicana offering rapid HIV, Syphilis, GC/CT tests - Target Population - homeless youth.
- e. 04/26: In collaboration with AIDS Healthcare Foundation, Help of Southern Nevada, and CARE Complex: outreach to multiple sites in the community offering rapid HIV, HEP C, and immunizations - target population - homeless, people who inject drugs.

B. Staff Facilitated/Attended Training/Presentations

- a. 04/02-04/06: "Prescription Opioid and Heroin Abuse Summit" in Atlanta GA - 2 SNHD staff in attendance.
- b. 4/13: HIV Prevention Planning Group meeting at Southern Nevada Health District. Members in attendance included: Southern Nevada Health District, the Gay and Lesbian Center of Southern Nevada, Huntridge Family Clinic and Community Counseling Center of Southern Nevada.
- c. 4/16-4/20: Presentation of "HIV Rapid Testing, Counseling, Safety, and Certificate Program" at the Gay and Lesbian Center of Southern Nevada; approximately 14 in attendance. Organizations represented included The Gay and Lesbian Center of Southern Nevada, Southern Nevada Health District, Huntridge Family Clinic, Community Outreach Medical Center, the Nevada Division of Public and Behavioral Health and Promised Land Christian Church.
- d. 4/20: Presentation by Center for Behavioral Health staff on Substance Use Treatment; 15 OEDS staff in attendance.
- e. 4/23: Dr. Cheryl Radeloff presented "HIV/STI/CCC/Sexual History Education for Juvenile Youth Detention Providers" at Juvenile Youth Detention Services; approximately 4 staff from Juvenile Youth Detention in attendance.
- f. 4/24: Presentation of "Role of Local Public Health in Opioids" for UNLV Thomas and Mack Moot Court Law Students and public; approximately 15 in attendance.
- g. 04/24: In collaboration with Southern Nevada Harm Reduction Alliance provided HIV/HEP C Harm Reduction Training for community providers; 11 people attended including agency representation from AFAN, Center for Behavioral Health and SNHD.
- h. 4/25: Presentation of "HIV 201" for SAPTA HIV Rapid Test Providers at China Springs Youth Camp; approximately 4 in attendance from China Springs Youth Camp.
- i. 4/27: Presentation of "HIV 201" for SAPTA HIV Rapid Test Providers at Washoe County Health District; approximately 15 in attendance. Organizations

represented included New Frontier Treatment Center, Ridge House, Rural Nevada Counseling and Vitality.

Community Health -- OEDS -- Fiscal Year Data

	Apr 2017	Apr 2018		FY16-17 (Jul- June)	FY17-18 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	722	274	↓	6,307	7,367	↑
Clinic Screening (SHC/FPC/TB)	685	321	↓	7,548	6,050	↓
Outreach Screening (Jails, SAPTA)	75	20	↓	1,484	1,086	↓
TOTAL	1,482	615	↓	15,339	14,503	↓
Outreach/Targeted Testing POSITIVE				62	93	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				48	41	↓
Outreach Screening (Jails, SAPTA) POSITIVE				6	5	↓
TOTAL POSITIVES				116	139	↑

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 14 Zika virus disease cases reported with illness onset in 2018 in the U.S; all were travelers returning from affected areas. There have been 15 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:** Mosquito surveillance has just begun in Clark County. To date, no positive mosquitoes or humans have been identified.
- c. **Influenza:** Influenza activity has been decreasing in Clark County, Nevada. As of April 21, 2018, the total number of confirmed cases was 1299 and the proportion of emergency room visits for influenza-like illness was 2.4%, which is slightly above the national baseline of 2.2%. Influenza B has become the dominant type circulating locally since the middle of February. Due to increased flu activity this season, the Southern Nevada Health District Office of Epidemiology and Disease Surveillance is working with the Office of Vital Records and the Nevada Division of Public and Behavioral Health to review and update previously reported cases of influenza. Based on this review, the number

of reported influenza-associated deaths for Clark County this season has been updated to 51 including three deaths of children under age eighteen. This number does not reflect a true increase of the total influenza-associated death count for the 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. ***Measles Contact Investigation:*** OEDS received notifications that 8 Las Vegas residents may have been exposed to 3 different cases of measles on international flights in the month of April. All contacts have been sought for notification of exposure and are being monitored for development of symptoms. These investigations are ongoing.
- e. ***British Columbia Raw Oyster Norovirus Investigation:*** On 04/23/2018, OEDS received notification by the California Dept. of Public Health regarding an individual that reported eating raw oysters in a Clark County restaurant and became ill. California and several other states are investigating a norovirus outbreak from raw oysters harvested in British Columbia. A query in the SNHD foodborne illness database found a similar complaint made a month ago from the same restaurant. EH was notified and conducted an investigation at the restaurant. To date, OEDS does not have any laboratory confirmed cases associated with the oysters. This investigation is ongoing and information has been posted to the SNHD website under hot topics.

B. Other:

- a. Devin Raman attended CSTE's Pacific & West Vector borne Disease Regional Meeting in Denver, CO on April 3-4, 2018.
- b. Kathryn Barker and Christian Murua presented surveillance updates on a conference call with the NACCHO bio-surveillance workgroup.
- c. OEDS welcomes new staff: Michelle Livings, Danielle Hansen, David Rivas, Tiffany Flournoy, Alexis York, Jim Foley, Tanica Harris, and Sherilyn De Los Santos.

C. Communicable Disease Statistics: March 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. Submitted CDC Epidemiology and Laboratory Capacity (ELC) grant application.
15. Developed software application workflow and applied CDC Info-Aid for syringe exchange vending machine project.
16. We optimized the Antibigram data upload process.

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

1. April Meetings:

A. Drug/Device/Protocol Committee (DPP)

The DPP 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

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

The Board heard Committee reports and reviewed draft protocols discussed at the earlier DPP meeting.

C. 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.

The committee gave individual reports related to a specific injury area. They will continue to gather data and focus prevention on the most prevalent causes of injury.

D. Regional Trauma Advisory Board (RTAB) Member Nominating Committee

The RTAB Member Nominating Committee met to discuss and vote on new members to fill the following expiring seats on 7/1/18: 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.

E. 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.

The Board discussed the applications submitted by UMC for authorization as a Level I Trauma Center and Level II Pediatric Trauma Center; and St. Rose Siena for reauthorization as a Level III Trauma Center receiving hospitals, and individuals involved with the training of EMS professionals.

The Board also discussed the Data Dictionary developed by the Trauma Needs Assessment Taskforce related to the development of standardized measures for assessing the needs of the Trauma System.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

EMS Statistics	Apr 2017	Apr 2018		FY16- 17 (July- June)	FY17- 18 (July- June)	
Total certificates issued	67	62	↓	2019	1618	↓
New licenses issued	45	43	↓	314	357	↑
Renewal licenses issued (recert only)	0	0	→	1,715	1,085	↓
Active Certifications: EMT	522	574	↑			
Active Certifications: Advanced EMT	1281	1384	↑			
Active Certifications: Paramedic	1248	1287	↑			
Active Certifications: RN	38	44	↑			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP participated in the Initial Planning Meeting (IPM) with McCarran International Airport in preparation for their Triennial Airport Exercise. This culminating event will be in September/October of 2018.
- B. OPHP participated in Tranquil Terminus, an Ebola Virus Disease (EVD) exercise in Los Angeles. The OPHP team observed the exercise, participated in a tour of the aircraft used to transport the simulated patient into the airport, observed the patient being packaged and transported to Cedar Sinai Hospital, the FEMA Region IX Ebola Treatment Facility.
- C. OPHP staff met with the Shepard Eye Center to discuss the Center for Medicare & Medicaid Services Conditions of Participation for reimbursement through the federal government. The focus of the discussion was the types of participation in the realm of emergency management and interaction with the coalition the eye center must

perform along with exercises that make them eligible for funding from the government.

- D. OPHP staff gave a presentation to the Nevada Environmental Health Association and National Food Safety Task Force at Palace Station on the Southern Nevada Health District's role during the 01 October mass shooting event in Las Vegas.
- 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.
3. **Employee Health Nurse:** Eight staff received respirator fit testing; two received annual TB testing; 19 staff received vaccinations and performed two Bloodborne Pathogens classroom trainings.
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. MRC continues to conduct volunteer activities and will be reported in June.

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. April 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.
- C. Laboratory staff have received 48 hours of training this month.
- D. Clinical Lab has completed the TB instrument interface and is completing test validation of an updated QFT protocol for TB testing.
- E. The SNPHL has begun providing services for mosquito arboviruses for 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. Results obtained currently have been included in a CDC abstract presentation and SNPHL staff has been given authorship.
- 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 are being scheduled for interviews. Billing price lists have been developed. Test menu has been established.
- H. Laboratory staff (1) attended and participated in training on the BioRad Bioplex instrument system.
- I. BioRad Bio-Plex instrument System was received and installed in the Clinical Laboratory. Staff received 40 hours of training provided by BioRad in-house.
- J. SNPHL has begun providing testing services to the Clark County Coroner's office in a fee-for-service arrangement.
- K. SNPHL participated in a TB specimen collection surveillance activity with OEDS at an area adult daycare center.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Apr 2017	Apr 2018		FY 17-18 (July- June)	FY18- 19(July- June)	
Clinical Testing Services ¹	5,460	4,096	↓	56,989	42,012	↓
Epidemiology Services ²	424	313	↓	6,353	2,771	↓
State Branch Public Health Laboratory Services ³	55	9	↓	1,751	463	↓
All-Hazards Preparedness Services ⁴	13	112	↑	151	741	↑
Environmental Health Services ⁵	N/A	159	↑	N/A	159	↑

VII. VITAL STATISTICS

April 2018 showed a 5% increase in birth certificate sales in comparison to April 2017. Death certificate sales showed a 11.5% increase for the same time frame. SNHD received revenues of \$46,527 for birth registrations, \$23,608 for death registrations; and an additional \$4,004 in miscellaneous fees for the month of April.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Apr 2017	Apr 2018		FY16-17 (July- June)	FY17-18 (July- June)	
Births Registered	1942	2158	↑	23,269	22,644	↓

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.

5 Includes mosquito sample testing for arboviruses.

Deaths Registered

1,388	1,636	↓	14,360	15,162	↑
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Vital Statistics Services	Apr 2017	Apr 2018		FY15-16 (July- June)	FY16-17 (July- June)	
Birth Certificates Sold (walk-in)	3,097	3,272	↑	32,795	32,736	↓
Birth Certificates Mail	148	131	↓	1,346	1,473	↑
Birth Certificates Online Orders	1,062	1,086	↑	10,840	10,023	↓
Birth Certificates Billed	53	86	↑	1,102	1,039	↓
Birth Certificates Number of Total Sales	4,360	4,575	↑	46,083	45,271	↓
Death Certificates Sold (walk-in)	1,117	1,322	↑	14,962	11,835	↓
Death Certificates Mail	122	74	↓	1,015	819	↓
Death Certificates Online Orders	5,833	6,483	↑	53,364	61,263	↑
Death Certificates Billed	18	33	↑	165	238	↑
Death Certificates Number of Total Sales	7,090	7,912	↑	69,506	74,155	↑

Vital Statistics Sales by Source	Apr 2017	Apr 2018		FY16-17 (July- June)	FY17-18 (July- June)	
Birth Certificates Sold Decatur (walk-in)	71%	71.5%	↑	71.2%	72.3%	↑
Birth Certificates Mail	3.4%	2.9%	↓	2.9%	2.3%	↓
Birth Certificates Online Orders	24.4%	23.7%	↓	23.5%	22.1%	↓
Birth Certificates Billed	1.2%	1.9%	↑	2.4%	2.3%	↓
Death Certificates Sold Decatur (walk-in)	15.8%	16.7%	↑	21.5%	16%	↓
Death Certificates Mail	1.7%	.9%	↓	1.5%	1.1%	↓
Death Certificates Online Orders	82.3%	81.9%	↓	76.8%	82.6%	↑
Death Certificates Billed	.3%	.4%	↑	.2%	.3%	↑

Revenue	Apr 2017	Apr 2018		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
Birth Certificates (\$20)	\$87,200	\$91,500	↑	\$921,660	\$905,260	↓
Death Certificates (\$20)	\$141,800	\$158,240	↑	\$1,390,120	\$1,483,100	↑
Births Registrations (\$13)	\$45,292	\$46,527	↑	\$486,528	\$422,808	↓
Deaths Registrations (\$13)	\$21,619	\$23,608	↑	\$214,429	\$203,073	↓
Miscellaneous	\$4,359	\$4,004	↓	\$37,143	\$37,223	↑
Total Vital Records Revenue	\$300,270	\$358,289	↑	\$3,049,880	\$3,097,991	↑

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

	2016		2017		2018		Rate(Cases per 100,000 per month)		Monthly Rate Comparison
Disease	Mar	YTD	Mar	YTD	Mar	YTD	Mar (2013-2017 aggregated)	Mar (2018)	Significant change bet. current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive disease	.	7	6	12	.	5	0.09	0.09	↓
Hepatitis A	0	.	0	0	5	7	0.02	0.23	↑ X
Hepatitis B, acute	.	.	.	.	.	5	0.09	0.05	↓
Hepatitis B, chronic	.	8	8	11	18	84	0.16	0.83	↑ X
Influenza	210	469	85	417	134	741	4.19	6.17	↑
Influenza-associated pediatric mortality	.	.	0	0	0	0	0.01	.	↓
Measles (rubeola)	0	0	0	0	0	0	.	.	-
Meningococcal disease (Neisseria meningitidis)	.	.	.	.	.	.	0.04	0.05	↑
Mumps	0	0	0	.	0	.	0.01	.	↓
Pertussis	.	11	8	17	.	11	0.24	0.18	↓
SEXUALLY TRANSMITTED									
Chlamydia	978	2682	1086	3106	1097	3282	43.47	50.52	↑ X
Gonorrhea	259	756	346	1011	398	1228	11.06	18.33	↑ X
SYPHILIS (Early non-primary, non-secondary)	44	142	44	102	36	94	1.47	1.66	↑
SYPHILIS (PRIMARY & SECONDARY)	32	80	47	117	43	139	1.11	1.98	↑ X
ENTERICS									
Amebiasis	0	.	0	.	0	.	.	.	-
Campylobacteriosis	9	27	7	27	9	19	0.35	0.41	↑ X
Cryptosporidiosis	0	0	0	0	0	0	0.02	.	↓
Giardiasis	.	10	.	7	.	9	0.09	0.09	↑
Rotavirus	.	.	9	27	.	.	0.48	0.09	↓ X
Salmonellosis	10	27	17	29	10	23	0.49	0.46	↓
Shiga toxin-producing Escherichia coli (STEC)	7	10	.	5	0	.	0.12	.	↓ X
Shigellosis	.	10	.	12	.	17	0.09	0.14	↑ X
OTHER									
Coccidioidomycosis	.	17	13	30	8	61	0.32	0.37	↑
Dengue	0	.	0	0	0	0	0.01	.	↓
Exposure, Chemical or Biological	.	.	0	0	0	.	0.02	.	↓ X
Hepatitis C, acute	.	.	.	6	0	.	0.03	.	↓ X
Hepatitis C, chronic	7	18	15	37	92	327	0.34	4.24	↑ X
Invasive Pneumococcal Disease	18	63	25	69	15	67	0.64	0.69	↑
Lead poisoning	16	37	7	34	27	52	0.24	1.24	↑ X
Legionellosis	0	.	0	.	0	.	0.04	.	↓ X
Listeriosis	0	0	0	0	0	.	.	.	-
Lyme disease	0	0	0	.	.	.	.	0.05	↑ X
Malaria	.	.	0	0	0	0	0.01	.	↓
Meningitis, Aseptic	.	.	.	6	.	8	0.14	0.18	↑
Meningitis, Bacterial Other	.	12	.	.	.	7	0.10	0.09	↓
Meningitis, Fungal	.	.	0	0	0	.	0.02	.	↓
RSV	160	615	109	867	258	1200	8.22	11.88	↑ X
Streptococcal Toxic Shock Syndrome (STSS)	.	6	.	5	5	12	0.10	0.23	↑ X
West Nile virus neuroinvasive disease	0	0	.	.	0	0	0.01	.	↓
Zika Virus Disease, non-congenital	.	6	0	0	0	0	0.02	.	↓

*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).