



Memorandum

Date: June 28, 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*

MJ
JPI

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

Staff implemented 12 youth-focused tobacco advocacy events in local high schools. Event attendees were educated on tobacco products such as electronic cigarettes and hookah. These events reached an estimated 24,000 youth.

Staff is providing ongoing technical assistance and developing materials to support implementation of a tobacco-free higher education campus at UNLV. On April 6, 2018 staff participated in a meeting at the request of the UNLV Student Senate Health Committee Chair to discuss and secure the availability of Nicotine Replacement Therapy (NRT) and other cessation services on campus in preparation for a tobacco-free campus.

On April 26th Nevada HAND apartment properties requested smoke-free signage for 11 of their complexes. Additionally, they have requested that all their properties be listed on the SNHD smoke-free housing online directory. Nevada HAND already has some properties listed on the directory, but have converted all of their properties as smoke-free. Most are indoor and outdoor smoke-free policies. In April, 1,534 new smoke-free units were added to the directory. In April, staff sent 160 smoke-free policy signs to Nevada HAND headquarters for dissemination to all their properties. To date, 49,440 smoke-free units are listed on the directory.

2. Chronic Disease Prevention Program (CDPP):



Staff is working with CCSD Food Service, schools, wellness coordinators and other key stakeholders to increase utilization of the rotating salad bar among CCSD Elementary Schools. Since starting our outreach efforts in December 2017, 14 new schools have requested a salad bar (8 new in April). Staff developed a one-page handout on how to order the salad bar and distributed it to schools, wellness coordinators and other key stakeholders. The information was also included in a CCSD Wellness Newsletter distributed in April. Staff shot a promotional video at Lunt Elementary School that features the rotating salad bar along with other school wellness activities. The video is currently being edited and will be sent to school wellness coordinators and shared via social media when complete.



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Staff and student interns participated in 5 community outreach events in April to share information on chronic disease and injury prevention programs and resources. Information was shared in English and Spanish. Community events were selected because of the opportunity to reach out and engage with low-income and minority communities at greater risk for chronic disease and injury. An estimated 950 people attended at least one the events.

Staff continues to work to expand healthy vending practices/policies in hospitals, educational settings and worksites. We are also working closely with the Nevada Department of Education Training and Rehabilitation (DETR) Business Enterprise Program (BEN) to ensure full implementation of the DETR BEN Nutrition Standards Policy. We have completed an assessment of locations most likely to consider implementation of nutrition guidelines and are prioritizing our efforts in these locations. In April, staff gave a presentation on healthy vending and healthy hospital food environments to members of the SNHD Facilities Advisory Board (FAB). The FAB is comprised of the CEOs of Southern Nevada Hospitals. Staff also met with several representatives at UNLV including Student Government representatives to discuss a possible healthy vending initiative.

3. Injury Prevention Program (IPP):

In April, staff trained 10 Promotoras from the Vision y Compromiso Program on lead poisoning prevention. Staff continues to provide technical assistance for the promotoras who are now sharing the information in their communities. In addition, lead poisoning prevention information was shared with 20 pediatricians who attended the Nevada Academy of Pediatrics Wellness Retreat in April.

OCDPHP and EH staff participated in the April Pools Day event in North Las Vegas in April. The event raises awareness of childhood drowning prevention and coincides with the beginning of the 'pool season'. Approximately 50 people attended the event. The event was also covered by local media. Staff manned a booth and distributed drowning prevention educational materials. To date, over 2,300 educational materials have been distributed to partners and the community.

The drowning prevention media campaign launched in April. SNHD coordinates the campaign for the Southern Nevada Child Drowning Prevention Coalition and solicits sponsorships from community partners to support the campaign. Over \$15,000 in sponsorship money has been received to date to support the campaign. The campaign includes television, radio and online ads. The campaign will run throughout the summer months.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Surveillance and Investigations:

Community Health - OEDS - Fiscal Year Data

	May 2017	May 2018		FY16-17 (Jul- June)	FY17-18 (Jul- June)	
Morbidity Surveillance						
Chlamydia	1,077	1,180	↑	11,362	12,039	↑
Gonorrhea	387	431	↑	3,809	4,530	↑
Primary Syphilis	13	10	↓	128	169	↑
Secondary Syphilis	25	19	↓	285	330	↑
Early Non-Primary, Non-Secondary ¹	37	17	↓	353	384	↑

Syphilis Unknown Duration or Late²

Congenital Syphilis (presumptive)

New Active TB Cases Counted - Pediatric

Number of TB Active Cases Counted - Adult

56	19	↓	388	515	↑
0	0	→	14	16	↑
0	0	→	3	0	↓
5	3	↓	42	58	↑

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

	May 2017	May 2018		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	8	2	↓	37	39	↑
Syphilis Pregnant Cases	10	9	↓	90	98	↑
Perinatally Exposed to HIV	2	1	↓	34	32	↓

Community Health -- OEDS -- Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	19	1	40	1
Gonorrhea	103	1	22	0
Syphilis	160	13	112	0
HIV/AIDS (New to Care/Returning to Care)	34	1	37	25
Tuberculosis	61	0	6	1
TOTAL	377	16	217	27

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

May is Hepatitis Awareness Month, and May 19th is Hepatitis Testing Day. This year on Hepatitis Testing Day, the Health District encouraged health care providers and patients to discuss risk factors for viral hepatitis and to encourage testing for people at risk. The SNHD Office of Epidemiology and Disease Surveillance (OEDS) offered free Hepatitis C testing on Friday May 18th. OEDS also collaborated with the Southern Nevada Harm Reduction Alliance (SNHRA), and AIDS Healthcare Foundation Mobile Testing Unit, to provide screenings for HIV and Hepatitis C at several "pop-up" events during the month of May.

OEDS is also gearing up to provide PrEP (pre-exposure prophylaxis) to people who are

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

at high risk of acquiring HIV. The Center for Disease Control (CDC) considers PrEP a highly effective option for preventing HIV transmission when used as prescribed. OEDS has been training staff to provide this intervention as well as partnering with SNHD's Sexual Health Clinic and SNHD Pharmacy. OEDS plans to go live with this intervention June 2018.

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. 05/18: In support of Hepatitis Testing Day, SNHD provided Rapid HIV/Hep C testing at 280 S Decatur with utilizing SNHD Immunizations mobile testing unit. Target population: all.
- c. 05/31: In collaboration with AIDS Healthcare Foundation - S.H.A.T (SNHD, HELP of Southern Nevada, AIDS Healthcare Foundation, Trac-B Exchange) outreach was offered in the Tunnels - Rapid HIV, HEP C - Target population - homeless; IDU.

B. Staff Facilitated/Attended Training/Presentations

- a. 4/30: Kathryn Barker and Christian Murua presented surveillance updates during the NACCHO bio-surveillance workgroup conference call.
- b. 05/03: HIV 201 - Provided by SNHD for the SAPTA HIV Rapid Test Providers at Vitality and New Frontier Treatment Center in Elko, NV. 4 people were in attendance.
- c. 05/05: HIV/STI's 101 - Provided by SNHD for the First Offender Program (FOPP) at the Regional Justice Center. 6 court ordered participants and 1 representative each from METRO and The City of Las Vegas Alternative Sentencing Program.
- d. 05/08: Overdose prevention training provided by SNHD. 22 were in attendance from the PACT Coalition.
- e. 05/07: Devin Raman presented an overview of the CSTE Regional Vector-borne meeting held in Denver. Members in attendance were OEDS staff.
- f. 05/09: Nevada Narcotics Officers Association Training - held at the Southpoint Casino. Approximately 100 people were in attendance with multiple law enforcement agencies present. 1 SNHD staff member attended.
- g. 05/09: LRN Orthopox Algorithm Training Webinar. 3 OEDS staff members attended.
- h. 05/10: Southern Nevada Summit on Children's Mental Health and Injury Prevention at the Cambridge Community Center. 40 people attended with agency representation from The City of Las Vegas, NICRP, The Office of Suicide Prevention, NHP, UMC, and SNHD.
- i. 05/12: HIV/STI's 101 - Provided by SNHD for The Center Advocacy Network at the LGBTQ Center Las Vegas. 9 people were in attendance, including 1 LGBTQ Center staff member.
- j. 05/15: Drug Related HIV/Hepatitis Harm Reduction Training provided by SNHD. 9 people were in attendance including agency representation from The Center for

Behavioral Health, Aid for AIDS of Nevada, Department of Health and Human Services, and SNHD staff.

- k. 05/17-05/18: Two-day Phlebotomy training provided by SNHD staff. 8 SNHD staff were in attendance.
- l. 05/17: HIV/STI's 101 - Provided by SNHD for The Center Advocacy Network at the LGBTQ Center Las Vegas. 11 people were in attendance including 2 LGBTQ Center staff members.
- m. 05/30: The Heart of Trauma Informed Care - provided by Nevada Public Health Foundation at the Tuscany Suites in Las Vegas. 1 SNHD staff attended.

Community Health -- OEDS -- Fiscal Year Data

	May 2017	May 2018		FY16-17 (Jul-June)	FY17-18 (Jul-June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	717	231	↓	7,679	8,823	↑
Clinic Screening (SHC/FPC/TB)	817	339	↓	9,173	7,651	↓
Outreach Screening (Jails, SAPTA)	81	74	↓	1,694	1,423	↓
TOTAL	1,615	644	↓	18,546	17,897	↓
Outreach/Targeted Testing POSITIVE				69	79	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				66	52	↓
Outreach Screening (Jails, SAPTA) POSITIVE				6	7	↓
TOTAL POSITIVES				141	138	↓

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 21 Zika virus disease cases reported with illness onset in 2018 in the U.S; all were travelers returning from affected areas. There have been 45 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 5 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 continued to decrease in Clark County, Nevada. As of May 19, 2018, the total number of confirmed cases was 1345 and the proportion of emergency room visits for influenza-like illness was 1.8%, which was below 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 60 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. ***Shigella Investigation:*** OEDS received a report of two separate Shigellosis cases that match an identified national cluster. This investigation is ongoing and OEDS is working to identify commonalities.

B. Other:

- a. OEDS welcomed two new DDCS staff: Lisa Cole and Sabra Stanford.

C. Communicable Disease Statistics: April 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. Continue to enhance Trisano disease surveillance system.
- 13. Developed program to assist Zika/Lead Poisoning data export from Trisano.
- 14. Developed software application workflow and applied CDC Info-Aid for syringe exchange vending machine project.

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

1. May Meetings:

A. Drug/Device/Protocol Committee (DPP)

The Drug, Device, and Protocol Committee assists the Southern Nevada Health District's Office of Emergency Medical Services and Trauma System in researching, developing, and editing new and existing protocols, as well as researching new medications and devices for inclusion in the Clark County Emergency Medical System.

The Committee continued protocol revision for the 2017-2018 year. Discussion of reforming the Airway Committee was referred to the Medical Advisory Board for consideration.

B. Trauma System Advocacy Committee

The Trauma System Advocacy Committee assists the Southern Nevada Health District's Office of Emergency Medical Services and Trauma System with promoting trauma system development by advocating for sustainable financial, legislative, and public support for the trauma system serving the residents and visitors of Southern Nevada.

The Committee met and elected new board members for the upcoming year, and discussed possible funding alternatives for the Southern Nevada Trauma System.

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

The Regional Trauma Advisory Board Nominating Committee met and reviewed 15 applications for the five open positions on the Regional Trauma Advisory Board (RTAB). 5 members were selected for the General Public, Health Education and Prevention, Legislative/Advocacy, Payers of Medical Benefits, and Public Relations/Media seats. These selections were referred back to the RTAB for committee approval.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

EMS Statistics	May 2017	May 2018		FY16-	FY17-	
				17 (July- June)	18 (July- June)	
Total certificates issued	46	48	↑	904	778	↓
New licenses issued	28	35	↑	115	147	↑
Renewal licenses issued (recert only)	1	2	↑	533	560	↑
Active Certifications: EMT	504	596	↑			
Active Certifications: Advanced EMT	1260	1399	↑			
Active Certifications: Paramedic	1224	1290	↑			
Active Certifications: RN	37	36	↓			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP conducted a Point of Dispensing (POD) drill with Mojave High School, one of sixteen high schools within the Clark County School District. Members of OPHP, SNHD, CCSD, and other community members establish, conducted a time study throughput drill, and demobilized the POD, conducted a HOTWASH, and collected lessons learned. Part of this drill was to establish an external, handicapped drive through lane in conjunction with the POD.
- B. OPHP was invited to meet with Visiting Nurses of Nevada, Hospice Services of Nevada, Inc., Advanced Healthcare of Summerlin and Las Vegas skilled nursing facilities and Fresenius Kidney Care to discuss Center for Medicare & Medicaid Services Emergency Preparedness Conditions of Participations. OPHP discussed their Emergency Operations Plan and policies to support the plan. OPHP provided them with the Community Hazard Vulnerability Analysis to assist with their future planning.
- C. 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.
- D. 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.
- E. 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:** 28 staff received respirator fit testing; eight received annual TB testing; 25 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. Three volunteers worked at the SNHD Main and East immunization clinics and SNHD Main Foodhandler Safety office. Two volunteers assisted SNHD with

antibiotic packaging for the first-responder emergency stockpile. One volunteer performed blood pressure screening and referrals at a local barbershop as part of the Barbershop Outreach in coordination with SNHD OCDPHP. Nine volunteers provided first aid support at the Komen Race for the Cure in downtown Las Vegas. Volunteer hours total 112 with a monetary value of \$3,089.66.

- B. The MRC Coordinator attended planning meetings for an upcoming Volunteer Reception Center exercise, attended fire extinguisher and supervisory awareness training, attended VOAD (Volunteer Organizations Active in Disaster) and SNHPC meetings, recruited and processed new volunteers, planned volunteer activities for the coming months, and sent the monthly newsletter and bulletins

5. OPHP CDC ASSOCIATE:

- A. Compiled a directory of organizations that serve at-risk populations.
- B. Preparing a Community Assessment for Public Health Emergency Response (CASPER) relating to extreme heat. To be completed September 2018.

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. May 2018 SNPHLS 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 44 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. Training of clinical nursing staff has been conducted for specimen collection
- E. The SNPHL has begun providing services for mosquito arboviruses for the Environmental Health Division.
- F. 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 an implementation plan has been developed.
- G. SNPHL has been given authorship and acknowledgement for participation in the Francisella transplant investigation.
- H. BioRad Bio-Plex instrument System was received and installed in the Clinical Laboratory. Staff received 40 hours of training provided by BioRad in-house. RPR and Syphilis tests have been validated and are ready for state inspection.
- I. SNPHL continues to provide testing services to the Clark County Coroner's office in a fee-for-service arrangement. A fee schedule has been developed.
- J. The HVAC has been completed for the first-floor offices at the 700 building.
- K. SNPHL staff has received training from Illumina on the performance of sequencing.

COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services				FY 17-18	FY18-	
	May 2017	May 2018		(July-June)	19(July-June)	
Clinical Testing Services¹	4,225	4,431	↓	61,214	46,443	↓
Epidemiology Services²	705	372	↓	7,058	3,143	↓
State Branch Public Health Laboratory Services³	108	20	↓	1,859	483	↓
All-Hazards Preparedness Services⁴	19	126	↑	170	867	↑
Environmental Health Services⁵	N/A	287	↑	N/A	446	↑

VII. VITAL STATISTICS

May 2018 showed a 3% increase in birth certificate sales in comparison to May 2017. Death certificate sales showed a 7% decrease for the same time frame. SNHD received revenues of \$46,813 for birth registrations, \$22,282 for death registrations; and an additional \$4,015 in miscellaneous fees for the month of May.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services				FY16-17	FY17-18	
	May 2017	May 2018		(July-June)	(July-June)	
Births Registered	2,292	2,134	↓	25,567	24,778	↓
Deaths Registered	1,527	1,536	↑	15,904	16,698	↑

Vital Statistics Services				FY15-16	FY16-17	
	May 2017	May 2018		(July-June)	(July-June)	
Birth Certificates Sold (walk-in)	3,327	3,317	↓	36,122	36,053	↓
Birth Certificates Mail	173	122	↓	1,519	1,595	↑
Birth Certificates Online Orders	981	1,237	↑	11,821	11,281	↓
Birth Certificates Billed	133	98	↓	1,235	1,137	↓
Birth Certificates Number of Total Sales	4,614	4,774	↑	50,697	50,066	↓
Death Certificates Sold (walk-in)	1,498	1,174	↓	16,460	13,009	↓
Death Certificates Mail	83	93	↑	1,098	912	↓
Death Certificates Online Orders	6,073	5,815	↓	60,035	67,220	↑
Death Certificates Billed	33	38	↑	198	276	↑
Death Certificates Number of Total Sales	7,687	7,120	↓	77,840	81,417	↑

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.

Vital Statistics Sales by Source				FY16-17	FY17-18	
	May 2017	May 2018		(July-June)	(July-June)	
Birth Certificates Sold Decatur (walk-in)	76.3%	69.5%	↓	71.3%	72%	↑
Birth Certificates Mail	4%	2.6%	↓	3%	3.2%	↓
Birth Certificates Online Orders	22.5%	25.9%	↑	23.3%	22.5%	↓
Birth Certificates Billed	3.1%	2.1%	↓	2.4%	2.3%	↓
Death Certificates Sold Decatur (walk-in)	19.5%	16.5%	↓	21.1%	16%	↓
Death Certificates Mail	1.1%	1.3%	↑	1.4%	1.1%	↓
Death Certificates Online Orders	79%	81.7%	↑	77.1%	82.6%	↑
Death Certificates Billed	.4%	.5%	↑	.3%	.3%	→

Revenue				FY16-17	FY17-18	
	May 2017	May 2018		(Jul-June)	(Jul-June)	
Birth Certificates (\$20)	\$92,280	\$95,480	↑	\$1,013,940	\$1,001,320	↓
Death Certificates (\$20)	\$153,740	\$142,400	↓	\$1,556,800	\$1,628,340	↑
Births Registrations (\$13)	\$47,697	\$46,813	↓	\$528,809	\$516,148	↓
Deaths Registrations (\$13)	\$21,060	\$22,282	↑	\$237,801	\$248,963	↑
Miscellaneous	\$3,286	\$4,015	↑	\$40,429	\$41,238	↑
Total Vital Records Revenue	\$318,063	\$310,990	↓	\$3,377,779	\$3,436,009	↑

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

Disease	2016		2017		2018		Rate (Cases per 100,000 per month)		Monthly Rate Comparison
	April	YTD	April	YTD	April	YTD	April (2013-2017 aggregated)	April (2018)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive	.	9	.	14	.	6	0.10	.	↓
Hepatitis A	.	.	0	0	.	10	0.04	.	↑
Hepatitis B, acute	.	6	.	5	.	8	0.09	.	↑
Hepatitis B, chronic	.	11	.	17	30	115	0.13	1.38	↑X
Influenza	72	541	71	488	48	790	2.61	2.21	↓
Influenza-associated pediatric mortality	0	.	0	0	0	0	0	0	-
Measles (rubeola)	0	0	0	0	0	0	0	0	-
Meningococcal disease (N. meningitidis)	0	0.01	.	↑
Mumps	0	0	0	.	.	.	0.03	.	↑
Pertussis	6	17	7	24	.	14	0.48	.	↓X
SEXUALLY TRANSMITTED									
Chlamydia	863	3,545	991	4,097	1,162	4,447	41.39	53.52	↑X
Gonorrhea	260	1,016	344	1,355	401	1,629	11.54	18.47	↑X
SYPHILIS (Early non-primary, non-secondary)	42	184	33	135	34	129	1.48	1.57	↑
SYPHILIS (PRIMARY & SECONDARY)	32	112	39	156	34	175	1.35	1.57	↑
ENTERICS									
Amebiasis	.	.	0	.	0	.	0.05	0	↓X
Campylobacteriosis	10	37	8	35	8	27	0.37	0.37	↓
Cryptosporidiosis	0	0	.	.	0	0	0.04	0	↓X
Giardiasis	5	15	.	10	5	18	0.23	0.23	↑
Rotavirus	.	.	9	36	.	6	0.59	.	↓X
Salmonellosis	13	40	16	45	8	32	2.55	0.37	↓X
Shiga toxin-producing E. coli (STEC)	.	14	.	6	0	.	0.08	0	↓X
Shigellosis	5	15	.	13	8	27	0.07	0.37	↑
OTHER									
Coccidioidomycosis	8	25	9	39	10	73	0.43	0.46	↑
Dengue	0	.	0	0	0	0	0	0	-
Exposure, Chemical or Biological	0	.	0	0	0	.	0.06	0	↓X
Hepatitis C, acute	6	10	.	9	.	.	0.13	.	↓
Hepatitis C, chronic	7	29	11	56	73	414	0.35	3.36	↑X
Hepatitis E, acute	0	0	0	0	.	.	0	.	↑
Invasive Pneumococcal Disease	10	73	24	92	15	83	0.57	0.69	↑
Lead Poisoning	17	54	14	48	14	67	0.36	0.64	↑
Legionellosis	.	.	.	5	0	.	0.08	0	↓X
Listeriosis	0	0	0	0	0	.	0.03	0	↓
Lyme Disease	.	.	.	5	0	.	0.03	0	↓
Malaria	0	.	0	0	0	0	0	0	-
Meningitis, Aseptic	0	.	0	6	0	9	0.11	0	↓X
Meningitis, Bacterial Other	5	17	.	6	.	10	0.10	.	↓
Meningitis, Fungal	.	.	0	0	0	.	0.01	0	↓
RSV	47	662	42	909	68	1,267	2.45	3.13	↑
Streptococcal Toxic Shock Syndrome (STSS)	.	8	.	8	.	14	0.08	.	↑
Streptococcal disease, invasive (Group B)	0	0	0	0	.	.	0	.	↑

*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 are provided on a quarterly basis. Data suppression denoted by '.' Applies if number of cases < 5.

~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-year aggregated rates. Green text represents rates that decreased significantly, whereas red text represents rates that increased significantly. Statistically significant changes are indicated by 'X.'