





# Memorandum

**Date:** October 25, 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):

TCP staff developed educational packets about the risks associated with electronic cigarettes and other vapor products. The information was distributed to all Clark County School District High School Wellness Coordinators. The same educational packet will be sent to all high school principals in the future.

The UNLV Nevada Institute for Children's Research and Policy developed the 2018 Nevada Adult Tobacco User Survey Report. The grant-funded survey was conducted to increase knowledge surrounding current tobacco and marijuana users' practices, perceptions of harm, and cessation attempts in populations at a greater risk of using tobacco products. While tobacco product use has declined over time among the general population, use remains high for certain sub-groups including some racial and sexual orientation minorities. This report summarizes the results of the 571 Nevadans who completed the survey and highlights key findings for the entire sample as well as provide information about the priority populations.

### 2. Chronic Disease Prevention Program (CDPP):

CDPP is providing the Sidekick mobile app to participants in the Dignity Health Diabetes Prevention Program (DPP) classes and to participants in OCDPHP's Road to Diabetes Prevention online program. The Sidekick app corresponds to DPP curriculum and is designed to increase participant engagement and improve completion rates and health outcomes. As of the end of August, over 40 DPP program participants have downloaded the app. Results include: logging of over 517 servings of fruit and 747 servings of vegetables and logging over 423 miles of physical activity. A digital and social media campaign to promote the SNHD Road to Diabetes Prevention program and other community resources for diabetes also began in August.

Two media campaigns supporting our SNAP-Ed grant objectives launched in August. A campaign promoting the SNAP app ran in both English and Spanish in digital and social media. The SNAP app is available in Spanish and is our first mobile app to be developed in Spanish. Another campaign promoting the availability of the rotating salad bar at CCSD elementary schools also began in August and will run through mid-September. As a result

of the campaign and our work to promote this resource, the salad bars are completely booked for the 2018-2019 school year.

### 3. Injury Prevention Program (IPP):

Staff participated in two community events in August to provide culturally-relevant education on lead poisoning prevention, the importance of lead screening, and common sources of lead exposure. Approximately 800 people attended the Back to School Health and Wellness Fair at TMCI Church. The event was coordinated by the Promotoras de Salud/Vision y Compromiso. Over 200 people attended the Kick off to Kindergarten event at the Las Vegas/Clark County Library. In total, over 500 pieces of educational materials were distributed at both events. Additionally, the drowning prevention media campaign will run through Labor Day weekend to correspond with peak pool season.

## II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

### 1. Surveillance and Investigations:

- a. Congenital Syphilis Surveillance Update: The Southern Nevada Health District Office of Epidemiology and Disease Surveillance (OEDS) recently created a Fetal Death Lab Matching process in response to the increase in Congenital Syphilis cases in Clark County. This process captures gestational age at the time of death, a mother's history of prenatal care, date of 1<sup>st</sup> prenatal visits, historical syphilis testing, and if known, the testing history of the infant's father. This new process will help assist with intervention efforts in the future, as well as ensuring surveillance is receiving all reports for Syphilis and Congenital Syphilis.
- b. CRE Surveillance Activities: OEDS also started sending the Nevada State Public Health Division a Carbapenem-resistant Enterobacteriaceae (CRE) data export. This report will help assist with identifying and investigating hospitals and long-term care facilities that may be experiencing CRE outbreaks.

### Community Health -- OEDS -- Fiscal Year Data

Morbidity Surveillance	Sept 2017	Sept 2018		FY17-18 (Jul- June)	FY18-19 (Jul- June)	
Chlamydia	1,041	1,172	↑	3,314	3,631	↑
Gonorrhea	389	414	↑	1,228	1,406	↑
Primary Syphilis	13	9	↓	51	48	↓
Secondary Syphilis	23	10	↓	85	60	↓
Early Non-Primary, Non-Secondary <sup>1</sup>	46	17	↓	120	99	↓
Syphilis Unknown Duration or Late <sup>2</sup>	43	21	↓	111	39	↓
Congenital Syphilis (presumptive)	1	1	→	3	2	↓
New Active TB Cases Counted - Pediatric	0	0	→	0	0	→
Number of TB Active Cases Counted - Adult	3	5	↑	19	13	↓

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

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

### Community Health -- OEDS – Fiscal Year Data

Moms and Babies Surveillance	Sept 2017	Sept 2018		FY17-18 (Jul-June)	FY18-19 (Jul-June)	
HIV Pregnant Cases	4	2	↓	10	8	↓
Syphilis Pregnant Cases	7	9	↑	19	29	↑
Perinatally Exposed to HIV	5	2	↓	10	8	↓

### Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters <sup>1</sup>	Reactors/ Symptomatic/ X-ray <sup>2</sup>	OOJ /FUP <sup>3</sup>
Chlamydia	47	1	42	0
Gonorrhea	26	1	20	1
Syphilis	53	4	93	1
HIV/AIDS (New to Care/Returning to Care)	30	2	48	14
Tuberculosis	13	0	30	6
<b>TOTAL</b>	<b>169</b>	<b>8</b>	<b>233</b>	<b>22</b>

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

“Express Testing” was implemented in the SHC on September 17th by OEDS staff. The idea for Express Testing is to test clients for STD’s who are **asymptomatic** in a timely manner to assist with clinic flow. Express Testing is meant to offer rapid HIV testing, screening for syphilis, gonorrhea and chlamydia. Testing is site specific and includes some self-collection. Results are available in one week with a call back to the SHC. The continued fee for service is \$40.00 and includes treatment if necessary.

The Las Vegas Rally for Recovery was held on Saturday, September 29, 2018. The OEDS staff collaborated with AIDS Health Care Foundation on the MTU to offer free rapid HIV and Hepatitis C testing to the community. This event was held at the Historic Fifth Street School, 401 S 4<sup>th</sup> Street, Las Vegas, NV 89101.

The week of September 24<sup>th</sup> SNHD OEDS staff had a Touro Medical Student shadowing all aspects of the Office of EPI Program.

OEDS participated in -

<sup>1</sup> Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

<sup>2</sup> Reactors/Symptomatic/X-Ray= Investigations initiated from positive labs, reported symptoms or chest X-Ray referrals

<sup>3</sup> OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters; FUP= Investigations initiated to follow up on previous reactors, partners, or clusters

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

- a. Mondays – Thursdays: The Center - LGBTQ Community of Nevada – Rapid HIV - Target population - MSM, transgender.
- b. Wednesdays - Trac-B Exchange - Rapid HIV and Hepatitis C testing - target population IDU.
- c. 09/24 - In collaboration with AHF Mobile Testing Unit, HELP of Southern Nevada, and Trac-B Exchange - multiple street outreaches in the community - Rapid HIV, Rapid Hepatitis C testing - target population - homeless, those who inject drugs.

**B. Staff Facilitated/Attended Training/Presentations**

- a. 9/6-9/9 Attendance at the United States Conference on AIDS in Orlando, FL. 6 representatives from OEDS SNHD in attendance along with representatives from SNHD Clinical Services, Community Counseling Center, Huntridge Family Clinic.
- b. 9/7-9/8. Poster Presentation on "Syringe Exchange" for United States Conference on AIDS in Orlando, FL.
- c. 9/8 Presentation of "HIV/STIs in Nevada" for First Offender Program (FOPP) at the Regional Justice Center. Approximately 5 court ordered participants in attendance as well 1 representative from both METRO and City of Las Vegas Alternative Sentencing Program.
- d. 9/12 Attendance at SNHRA Meeting at Foundation for Recovery.
- e. 9/14 Attendance at Medically Assisted Treatment Symposium.
- f. 9/19 Facilitated 2018 QTR 1TB Cohort Review meeting at SNHD. 17 SNHD representatives in attendance, along with 2 representatives from Mountain View Hospital Infection Control, 1 representative from Kindred of Sahara, 1 representative from Catholic Charities.
- g. 9/21 Attendance at Nevada Coalition on Suicide Prevention at DCFS Youth Parole. 1 representative from SNHD OEDS.
- h. 9/24 Attended Academic Health Department Joint Advisory Committee at SNHD. 2 SNHD OEDS in attendance, along with 2 representatives from SNHD and 5 representatives from UNLV (School of Medicine, School of Dental Medicine, School of Nursing, School of Allied Health).
- i. 9/25 Presentation on "HIV/STDs" for American Postal Workers Union (POWER-Post Office Women for Equal Rights) at Bally's Casino. Approximately 60 participants in attendance.
- j. 9/26 Attended Ryan White Part A Planning Counsel PRSA meeting. 1 SNHD representatives in attendance along with representatives from the Ryan White Part A Las Vegas TGA Office, Community Counseling Center, Nevada Department of Health and Human Services, Golden Rainbow, UMC, Nye County, Arizona Department of Health Services.
- k. 9/28 Attended HIV Summit at the Gay and Lesbian Center of Southern Nevada. Approximately 12 SNHD OEDS representatives in attendance along with representatives from SNHD clinical services, Community Counseling Center,



Community Outreach Medical, Trac-B, Planned Parenthood, Huntridge Family Clinic, Las Vegas Legal Aid, the Nevada Division of Public and Behavioral Health.

- I. 09/17-09/18 - One staff person attended ICS 400: Advanced Incident Command System for Expanding Incidents training.
- m. 09/27- 4 OEDS staff attended the National Public Health Association Conference.
- n. 09/13-09/14 - Phlebotomy Training SNHD OEDS and clinical services staff.

### Community Health -- OEDS -- Fiscal Year Data

	Sept 2017	Sept 2018		FY17-18 (Jul- June)	FY18-19 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	683	267	↓	2,152	1,684	↓
Clinic Screening (SHC/FPC/TB)	717	346	↓	2,330	1,694	↓
Outreach Screening (Jails, SAPTA)	107	72	↓	334	433	↑
<b>TOTAL</b>	<b>1,507</b>	<b>685</b>	<b>↓</b>	<b>4,816</b>	<b>3,811</b>	<b>↓</b>
Outreach/Targeted Testing POSITIVE				22	26	↑
Clinic Screening (SHC/FPC/TB) POSITIVE				19	10	↓
Outreach Screening (Jails, SAPTA) POSITIVE				8	4	↓
<b>TOTAL POSITIVES</b>				<b>49</b>	<b>40</b>	<b>↓</b>

### 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 41 Zika virus disease cases reported with illness onset in 2018 in the U.S; all were travelers returning from affected areas. There have been 82 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 6 individuals with possible exposure to Zika virus. 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:** There have been two reported human cases of West Nile Virus and both were visiting from out of state and did not acquire the illness here. No response from SNHD was done. Mosquito surveillance is ongoing in Clark County. The Southern Nevada Public Health Lab (SNPHL) reported a second pool of West Nile virus positive mosquitoes. The positive mosquito submission pools were found in the 89122 and 89117 zip codes.
- c. **Gastrointestinal Illness (GI) Outbreak in a School:** SNHD received an initial report of multiple GI illnesses from a local elementary school. In a class of 25

students, it was reported that 15 students called out with illness and of those 9 were reported to have specific GI Symptoms. SNHD has collected specimens from two ill persons, and preliminary results indicate sapovirus. This investigation is ongoing.

- d. ***Gastrointestinal Illness (GI) Outbreak in a School:*** On September 20, 2018, OEDS received a call from a local school regarding an increased number of ill students with GI symptoms. The school already initiated cleaning procedures on their own. Environmental Health Division was notified and visited the school for follow up. Since the initial notification from the school, the number of ill students returned to baseline. A source of the illness was not identified. This investigation is now closed.
- e. ***Multi-State Salmonella Newport Cluster:*** SNHD is currently investigating 7 cases of Salmonella that have been identified from laboratory evidence as being part of a national cluster most closely associated with ground beef. The CDC has provided questionnaires that are specific to their larger national investigation and SNHD's investigation of the 7 cases in Clark County is ongoing.
- f. ***Infant Botulism Investigation:*** SNHD received an inquiry from a local hospital regarding botulism testing and initiated an investigation. The inquiry was regarding an infant suspected to have the disease. SNHD worked with the treating provider at the local hospital, the Nevada Department of Behavioral and Public Health and the California Infant Botulism treatment center. Baby BIG was provided to the baby and the child recovered and was discharged. Test results were confirmed to be positive for Bot Neurotoxin Type A.
- g. ***Acute Flaccid Myelitis:*** SNHD received an inquiry about polio testing and consultation with OEDS began about a case that did not have any risk for Polio but did meet multiple criteria for Acute Flaccid Myelitis. OEDS worked with the treating provider at the hospital, consulted with the Nevada Department of Behavioral and Public Health and the Center for Disease Control and Prevention to determine if this might be a case. The CDC is reviewing the clinical information of this case and the case status is pending.
- h. ***Tularemia Investigation:*** OEDS received a report from the California Department of Public Health regarding a resident of Clark County who had an infected wound that tested positive by PCR for *F. tularensis*. The case had recently been to a farm in a rural area of Nevada and adopted a kitten from the farm. The kitten had bitten him, and the wound developed into an infection. The kitten was tested and treated as a precaution at a local Veterinary Hospital. The kitten's PCR test came back negative and it never developed illness. OEDS investigated the case's property in Las Vegas and did not observe any dead animals. No additional exposures were identified. California did not complete a final culture, and the case has been closed as probable. NDPBH was notified regarding the farm and SNHD recommended that NDPBH provide education about the illness and the possibility of infected animals on site.

**B. Other:**

- a. **Narcan training:** The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) awarded SNHD with the First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grant in September of 2017. The purpose of this 4-year FR-CARA grant is to train and distribute naloxone to first responders and members of other key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses.

The following Narcan/overdose trainings have been conducted in the month of September:

- a. 9/12/18: Drug Court (District Court #8) (21 people – 60 kits)
- b. 9/13/18: Recovery Institute (4 people – 10 kits)
- c. 9/16/18: Lights of Hope Event (18 people – 46 kits)
- d. 9/18/18: Bridge Counseling (47 people - 154 kits)
- e. 9/20/18: Gaming Control Board Elko (4 people – 15 kits)
- 9/20/18: Rural EMS Conference (122 people – 385 kits)

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

### **III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)**

- 1. Continue to enhance Trisano disease surveillance system.
- 2. 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.
- 3. Assisting SNPHL with data extraction and reporting needed for the laboratory.
- 4. Migrations to the new SNHD SFTP server continued.
- 5. Assisting with the implementation of the Electronic Health Record (EHR) system.
- 6. Assisting the Office of Public Health Preparedness (OPHP) to develop SNHD Weekly Domestic Disease Outbreak and Investigation Report and Monthly Public Health Fusion Center Summary Report.
- 7. Assisting the Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, and Clinic Services with various data requests, data exports, and report generation.
- 8. Work continues on the iCircle web application for OEDS, and transmission of HIV testing data to CDC.
- 9. Continue to enhance Trisano and Electronic Message Staging Area (EMSA) systems.
- 10. We are working with the State to migrate STD data into the State NEDSS Base System (NBS).
- 11. We developed a software application and worked with the Harm Reduction Center and the CDC for the Syringe Exchange Vending Machine Project.
- 12. Developed an online dashboard for childhood lead poisoning prevention project.
- 13. Developed an online query portal for iCircle testing results.
- 14. Received the HRSA Ryan White Title III HIV Capacity Development and Planning Grants awards.
- 15. Received the CDC Childhood Lead Poisoning Prevention supplement grant award.
- 16. Received a subgrant from the State to the Nevada Opioid Overdose Surveillance Dashboard.
- 17. Completed the 2018-2019 CDC ELC subgrant Q1 report.

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

#### **1. September 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. Education Committee**

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the EMS QI Directors Committee in researching, developing, editing and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and EMS educators.

The Committee will be working together over the next few months to discuss the paramedic clinical education and to create a rubric for the portfolio requirement to become a Master Instructor.

### **COMMUNITY HEALTH – OEMSTS - Fiscal Year Data**

EMS Statistics				FY17- 18 (July- June)	FY18- 19 (July- June)	
	Sept 2017	Sept 2018				
Total certificates issued	18	16*	↓	74	53*	↓
New licenses issued	42	26*	↓	105	68*	↓
Renewal licenses issued (recert only)	558	920*	↑	570	920*	↑
Active Certifications: EMT	583	609*	↑			
Active Certifications: Advanced EMT	1316	1477*	↑			
Active Certifications: Paramedic	1276	1711*	↑			
Active Certifications: RN	39	51*	↑			

\*The Office of Emergency Medical Services and Trauma System is currently transitioning to a new software system, so all certification and licensure counts are approximate

#### **V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)**

##### **1. Planning and Preparedness:**

- A. OPHP participated in the Incident Command System/Emergency Operations Center interface workshop. This course allows the members of OPHP to provide guidance to healthcare systems during a jurisdictional all-hazards event response that affects their organization, outlining the integration of Incident Command into their Hospital's Emergency Operations Center.
- B. OPHP participated in the McCarran International Airport Triennial Airport Exercise as a member of the McCarran Emergency Operations Center assisting with tracking the role player/patients that were evacuated into the community. The staff of OPHP also assisted the fire department medical personnel with the use of EMTrack patient tracking system being implemented in the jurisdiction. EMTrack allows members of the system to track patient flow from the scene to the hospital.
- C. OPHP staff participated in the state sponsored Texas A&M Engineering Extension Services (TEEX) Train the Trainer course. The course focused on preparing members of the community to become qualified to provide Incident Command



System course at the ICS 300 & 400 level. Training took place at Clark County Office of Emergency Management.

- D. OPHP staff continue to collect and provide public health-related information through the Southern Nevada Counterterrorism Center.
- E. OPHP staff continue to support the recovery effort for 1 October and is collaborating with Clark County in revising their Emergency Operations Plan and appropriate annexes.
- 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 continue to work with the Southern Nevada Counterterrorism Center to provide public health updates and alerts of local, national, and global interest.
- H. OPHP staff continue 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 even though the grant for Zika has ended.
- I. OPHP staff continue 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:** 11 staff received respirator fit testing; 6 received annual TB testing; 34 staff received vaccinations and performed 1 Bloodborne Pathogens classroom trainings. The annual updates of the Exposure Control and Respiratory Protection Plans are in progress.

## **4. Grants and Administration:**

A. OPHP has received the new sub-grants from the State. Currently we have the PHEP, CRI, and HPP grants in place and fully executed. OPHP has begun to work with other areas within the district to begin the spending of the grants as identified within the SOW. SNHD has not received the new UASI Homeland Security grants from DHS. This year will be the last year of the current cooperative agreement.

## **5. Medical Reserve Corps of Southern Nevada (MRC of So NV):**

A. Two MRC volunteers worked a total of 62 hours at the SNHD Main and East immunization clinics. Three volunteers worked 33 hours at the SNHD Main Foodhandler Safety office. One volunteer assisted the MRC Coordinator at the Environmental Health Expo educating the public and employees on preparedness. MRC volunteer hours total 115 with a monetary value of \$2,751.95.

- B. The MRC Coordinator attended the SERV-NV, SNHPC and Citizen Corps meetings, planned with the Veteran's Administration for a fall flu exercise, recruited and processed new volunteers, planned volunteer activities for the coming months, and sent the monthly newsletter and bulletins.
- C. CERT and Las Vegas Metropolitan Police Department Volunteer programs collaborated with MRC on the antibiotic packaging for the first-responder emergency stockpile. Five non-MRC volunteers totaled 49.75 hours (\$1,228.33) for September.

**6. OPHP CDC ASSOCIATE:**

- A. Preparing a Community Assessment for Public Health Emergency Response (CASPER) relating to extreme heat. To be completed on 11/2 and 11/3/2018.

**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. **September 2018 SNPHLS Activity Highlights:**
- A. Laboratory staff have received 4 hours of training this month.
  - B. The SNPHL continues services for mosquito arboviruses for the Environmental Health Division. This seasonal program ended on 9/28/18 and should start again April 2019.
  - C. Validation testing is awaiting state approval for hepatitis A, B, and C testing.
  - D. 2 members of the Environmental Health staff were given a tour of the laboratory.

#### COMMUNITY HEALTH - SNPHL – Fiscal Year Data

SNPHL Services	Sept 2017	Sept 2018		FY 17-18 (July-June)	FY18-19 (July-June)	
Clinical Testing Services <sup>1</sup>	4,030	3,661	↓	14,093	12,046	↓
Epidemiology Services <sup>2</sup>	109	354	↑	932	1,067	↑
State Branch Public Health Laboratory Services <sup>3</sup>	78	17	↓	232	60	↓
All-Hazards Preparedness Services <sup>4</sup>	32	2	↓	153	107	↓
Environmental Health Services <sup>5</sup>	N/A	327	↑	N/A	2,119	↑

#### VII. VITAL STATISTICS

September 2018 showed a 2% decrease in birth certificate sales in comparison to September 2017. Death certificate sales showed a 2% increase for the same time frame. SNHD has received revenues of \$37,063 for birth registrations, \$20,202 for death registrations; and an additional \$3,686 in miscellaneous fees for the month of September.

#### COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Sept 2017	Sept 2018		FY17-18 (July-June)	FY18-19 (July-June)	
Births Registered	2,389	2163	↑	7098	7114	↑

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**

1275	1306	↑	4156	4376	↑
------	------	---	------	------	---

<b>Vital Statistics Services</b>	<b>Sept 2017</b>	<b>Sept 2018</b>		<b>FY17-18 (July- June)</b>	<b>FY18-19 (July- June)</b>	
Birth Certificates Sold (walk-in)	2,801	2,486	↑	10,306	10,585	↑
Birth Certificates Mail	123	96	↓	437	332	↓
Birth Certificates Online Orders	809	1085	↑	2,829	3,791	↑
Birth Certificates Billed	124	101	↓	358	355	↑
<b>Birth Certificates Number of Total Sales</b>	<b>3,857</b>	<b>3,768</b>	<b>↑</b>	<b>13,930</b>	<b>15,063</b>	<b>↑</b>
Death Certificates Sold (walk-in)	1,004	819	↓	3,517	3,033	↓
Death Certificates Mail	80	74	↓	287	192	↓
Death Certificates Online Orders	5,442	5,759	↑	16,925	18,200	↑
Death Certificates Billed	33	42	↓	72	73	↓
<b>Death Certificates Number of Total Sales</b>	<b>6,559</b>	<b>6,694</b>	<b>↑</b>	<b>20,801</b>	<b>21,498</b>	<b>↑</b>

<b>Vital Statistics Sales by Source</b>	<b>Sept 2017</b>	<b>Sept 2018</b>		<b>FY17- 18 (July- June)</b>	<b>FY18-19 (July- June)</b>	
Birth Certificates Sold Decatur (walk-in)	73%	66%	↓	74.2	70.3%	↓
Birth Certificates Mail	3%	2.5%	↓	3.1%	2.2%	↓
Birth Certificates Online Orders	21%	28.8%	↑	20.1%	25.2%	↑
Birth Certificates Billed	3%	2.7%	↓	2.5%	2.4%	↓
Death Certificates Sold Decatur (walk-in)	15%	12.2%	↓	16.9%	14.1%	↓
Death Certificates Mail	1%	1.1%	↑	1.4%	.9%	↓
Death Certificates Online Orders	83%	86%	↑	81.4%	84.7%	↑
Death Certificates Billed	1%	.6%	↓	.3%	.3%	→

<b>Revenue</b>	<b>Sept 2017</b>	<b>Sept 2018</b>		<b>FY17-18 (Jul-June)</b>	<b>FY18-19 (Jul-June)</b>	
Birth Certificates (\$20)	\$77,140	\$75,360	↓	\$280,940	\$301,260	↑
Death Certificates (\$20)	\$131,180	\$133,880	↑	\$416,020	\$429,960	↑
Births Registrations (\$13)	\$39,208	\$37,063	↓	\$146,926	\$149,487	↑
Deaths Registrations (\$13)	\$19,877	\$20,202	↑	\$63,089	\$64,961	↑
Miscellaneous	\$2,986	\$3,686	↑	\$10,491	\$12,363	↑
<b>Total Vital Records Revenue</b>	<b>\$270,391</b>	<b>\$270,191</b>	<b>↓</b>	<b>\$917,466</b>	<b>\$958,031</b>	<b>↑</b>

**COMMUNITY HEALTH Passport Program – Fiscal Year Data**

**Passport Services**

SNHD opened Passport Services on August 1, 2018. In the first month 440 applications and 185 passport photos were processed.

<b>Revenue</b>	<b>August 2017</b>	<b>August 2018</b>		<b>FY 17-18 (August)</b>	<b>FY 18-19 (August)</b>	
Passport Execution/Acceptance fee (\$35)	n/a	\$10,885	↑	n/a	\$26,075	↑
Passport Photo Fee (\$12)	n/a	\$2,304	↑	n/a	\$4,452	↑
Total Passport Program Revenue	n/a	\$13,189	↑	n/a	\$30,527	↑

\*Passport program opened to public on August 1, 2018

MDJ/edm



# Statistics, Surveillance, & Reports, Clark County Disease Statistics\* August 2018

Disease	2016		2017		2018	
	August	YTD	August	YTD	August	YTD
<b>VACCINE PREVENTABLE</b>						
Haemophilus influenzae, invasive	.	18	0	18	.	10
Hepatitis A	.	8	0	6	0	28
Hepatitis B, acute	.	13	.	15	.	14
Hepatitis B, chronic	.	20	5	44	25	220
Influenza	.	561	8	596	.	854
Influenza-associated pediatric mortality	0	.	0	0	0	0
Measles (rubeola)	0	0	0	0	0	0
Meningococcal disease (N. meningitidis)	0	.	0	.	0	.
Mumps	0	.	.	.	0	.
Pertussis	.	21	0	32	0	21
<b>SEXUALLY TRANSMITTED</b>						
Chlamydia	1,043	7,215	1,208	8,406	1,278	9,289
Gonorrhea	364	2,269	439	2,961	518	3,508
SYPHILIS (Early non-primary, non-secondary)	21	324	41	285	43	297
SYPHILIS (PRIMARY & SECONDARY)	36	224	53	326	41	360
<b>ENTERICS</b>						
Amebiasis	.	5	.	.	.	.
Campylobacteriosis	11	80	7	69	13	77
Cryptosporidiosis	0	0	0	.	0	7
Giardiasis	9	35	.	19	5	34
Rotavirus	0	29	.	51	.	20
Salmonellosis	16	109	18	100	22	127
Shiga toxin-producing E. coli (STEC)	6	36	.	22	.	13
Shigellosis	16	38	16	59	.	57
<b>OTHER</b>						
Coccidioidomycosis	9	45	8	80	8	106
Dengue	.	.	0	0	0	0
Exposure, Chemical or Biological	0	.	.	.	0	.
Hepatitis C, acute	.	17	.	21	.	15
Hepatitis C, chronic	11	90	27	180	107	920
Hepatitis E, acute	0	.	0	0	0	.
Invasive Pneumococcal Disease	5	97	7	133	.	101
Lead Poisoning	8	94	10	84	6	120
Legionellosis	8	21	.	11	.	8
Listeriosis	0	0	.	.	0	.
Lyme Disease	.	11	.	9	0	7
Malaria	0	.	.	.	0	.
Meningitis, Aseptic	.	16	.	14	.	19
Meningitis, Bacterial Other	.	28	.	18	.	15
Meningitis, Fungal	.	6	.	.	0	5
RSV	.	679	.	932	.	1,282
Streptococcal Toxic Shock Syndrome (STSS)	0	12	.	19	.	27
Streptococcal disease, invasive (Group B)	0	0	0	0	0	.

\*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions. 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 or during the current reporting period are not included in this report.

~~Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.