



Memorandum

Date: December 15, 2018

To: Southern Nevada District Board of Health

From: Michael Johnson, PhD, *Director of Community Health* M.J.
Joseph P Iser, MD, DrPH, MSc, *Chief Health Officer* J.P.I.

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

Dr. Iser recorded a Brief Tobacco Use Intervention training video for healthcare providers. The video was placed on the Get healthy website. The video discussed the benefits of e-referral to the Quitline and promotes 1-800-QuitNow.

Staff worked on expanding the current smoke-free housing directory by adding more comprehensive data to existing multi-unit housing listing. Staff identified and recorded new data for 247 multi-unit housing complexes that are currently not listed under the SNHD smoke free housing directory for future outreach and assistance.

Staff developed three Spanish-language tobacco blogs: "Electronic cigarettes - unintended consequences or strategic marketing"? "How can I prevent or delay the onset of type 2 diabetes"? and "Tobacco use and oral cancer" with resources for quitting. Blog is posted on www.vivasaludable.org and it also promoted the 1-855-DÉJELO-YA, Nevada Tobacco Quitline in Spanish.

2. Chronic Disease Prevention Program (CDPP):

The CDPP has developed a partnership with the Health Coaches at all MGM properties to integrate the Walk Around Nevada (WAN) program and mobile app as part of ongoing health and wellness efforts at MGM properties. A WAN Challenge with MGM employees kicked off in late October. Employees at MGM properties 'compete' against each other to see who can accumulate the most physical activity during the challenge. Approximately 850 MGM employees are participating in the month-long challenge.

CDPP is a partner in the Food Insecurity Nutrition Incentive (FINI) grant received by Together We Can to provide nutrition incentives called 'Double Up Food Bucks' to SNAP-recipients at farmers markets and local markets. CDPP supports the effort by serving on the advisory board and assisting with promotion of program activities via push notification on our SNAP-app as well as sharing information about the project via our website and social media outreach. In October, staff participated in an Advisory Committee Meeting, updated online

website calendars with DUFB events and demos and sent multiple push notifications to app users promoting the program.

CDPP staff participated at the Desert Springs Hospital's 27th annual Health and Diabetes Fest. During the event, staff and interns demoed a healthy beverage display and provided over 600 resources to 300 event attendees.

The Barbershop Health Outreach Project (BSHOP) kicked off in October after a break following the pilot program to plan for program expansion. The project has been expanded to an additional 2 barbershops with one more still to join the program. The goal of the project is to reach African American men at risk for cardiovascular disease with free BP screenings, heart health education and referrals in a culturally-sensitive manner utilizing a non-traditional setting. Nevada College of Nursing has come on board as a project partner and a temporary Community Health Worker has been hired to assist with screening events. In October, staff conducted volunteer training for 35 volunteers and barbers. One screening event was held and 32 people were screened and provided with education and resources. Of the 32 screened, 4 were referred for follow up (2 to Nevada Health Centers and 2 to the Tobacco Quit Line.

The 4th Quarter edition of the Healthy Headlines e-newsletter was sent in October to nearly 8,000 recipients. The newsletter highlights information on CDP programs, resources and services. The next issue will be sent out in February 2019.

3. Injury Prevention Program (IPP):

The 2018 Drowning Prevention campaign wrapped up in September, but staff continues to work with OEDS to obtain and share drowning data with partners and coalition members. The next drowning prevention campaign is tentatively planned for May 2019.

OCDPHP role in the Lead Poisoning Prevention Program was officially transferred to OEDS in October. Staff met with OEDS to discuss the transition and has provided additional documents as requested to support the transfer of duties.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

a. Surveillance and Investigations:

Community Health -- OEDS – Fiscal Year Data

	Nov 2017	Nov 2018		FY17-18 (Jul- June)	FY18-19 (Jul- June)	
Morbidity Surveillance						
Chlamydia	1,030	974	↓	5,429	5,791	↑
Gonorrhea	434	413	↓	2,057	2,285	↑
Primary Syphilis	14	9	↓	86	98	↑
Secondary Syphilis	16	12	↓	155	120	↓
Early Non-Primary, Non-Secondary ¹	36	25	↓	202	191	↓
Syphilis Unknown Duration or Late ²	47	29	↓	230	236	↑
Congenital Syphilis (presumptive)	1	0	↓	9	10	↑
New Active TB Cases Counted - Pediatric	0	0	→	0	0	→
Number of TB Active Cases Counted - Adult	5	0	↓	34	15	↓

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

	Nov 2017	Nov 2018		FY17-18 (Jul-June)	FY18-19 (Jul-June)	
Moms and Babies Surveillance						
HIV Pregnant Cases	2	2	→	14	18	↑
Syphilis Pregnant Cases	6	14	↑	32	63	↑
Perinatally Exposed to HIV	5	2	↓	20	11	↓

Community Health -- OEDS -- Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	28	0	28	1
Gonorrhea	19	0	20	0
Syphilis	68	2	112	1
HIV/AIDS (New to Care/Returning to Care)	21	0	42	83
Tuberculosis	6	0	24	0
TOTAL	142	2	226	85

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

November 20, 2018, SNHD OEDS participated in the Project Homeless Connect event at the Champion Center. Project Homeless Connect is a service and resource fair for people who are at risk of or currently experiencing homelessness. The services provided aim to break down barriers to self-sufficiency including housing, shelter, health care, legal aid, job readiness, food, behavioral health, and more. SNHD offered free, rapid Hep C testing to the community along with education and resources for those living with Hep C. 29 tests were performed, 1 linked to HCV care; 5 OEDS staff on site.

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 - Target population - MSM, transgender.
- b. Monday and Wednesdays - Trac-B Exchange - Rapid HIV and Hepatitis C testing - target population - IDU.
- c. 11/20/18 - 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.
- d. Express Testing Services in the Sexual Health Clinic continue to expand and grow.
- e. Nov 1st and 8th UNLV Nursing Students shadowing DIIS staff in the SHC.

B. Staff Facilitated/Attended Training/Presentations

- a. 11/02-11/03 - 13 OEDS staff participated in the CASPER survey as incident command staff and surveyors in the field.
- b. 11/3 - Presentation of “HIV/STIs in Nevada” for First Offender Program (FOPP) by Michele Shingu at the Regional Justice Center. There were 2 court ordered participants in attendance as well 1 representative from both METRO and City of Las Vegas Alternative Sentencing Program.
- c. 11/7 - OEDS Presentation of Client Centered Counseling and I Circle at SNHD for SHC Medical Assistants. Approximately 6 in attendance.
- d. 11/15 - “Train the Trainer” Training conducted by OEDS staff Jenny Gratzke and Brandon Delise on “Overdose” and “Drug Related Harm Reduction” at Foundation for Recovery, Las Vegas, NV. Providers in attendance; the Center, Trac-B Exchange, Community, Foundation for Recovery, Help of Southern NV, ASP Pharmacy, Dignity Health; 9 in attendance.
- e. 11/16 - POD Gender Affirming Presentation to 15-20 staff.
- f. 11/21 - Presentation of “HIV and STDs in NV” by Dr. Cheryl Radeloff for Dr. Robleto’s Biology 251 course at UNLV. Approximately 40 participants in attendance.

Community Health -- OEDS -- Fiscal Year Data

	Oct 2017	Oct 2018		FY17-18 (Jul- June)	FY18-19 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	781	320	↓	4,348	3,849	↓
Clinic Screening (SHC/FPC/TB)	600	263	↓	3,521	2,462	↓
Outreach Screening (Jails, SAPTA)	75	80	↑	522	718	↑
TOTAL	1,456	663	↓	8,391	7,029	↑
Outreach/Targeted Testing POSITIVE				63	58	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				31	28	↓
Outreach Screening (Jails, SAPTA) POSITIVE				10	11	↑
TOTAL POSITIVES				104	97	↓

2. 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 52 Zika virus disease cases reported with illness onset in 2018 in the U.S; all were travelers returning from affected areas. There have been 106 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 7 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:** Mosquito surveillance has ended in Clark County for 2018 and arbovirus season is considered to be over.
- c. **Multi-state Salmonella Newport Cluster:** SNHD is currently investigating 12 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 12 cases in Clark County is ongoing.
- d. **Acute Flaccid Myelitis:** SNHD received an inquiry about polio testing and thus, 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 Centers for Disease Control and Prevention to determine if this might be a case. The CDC determined this to be a confirmed case. OEDS received a report of a second possible case. All four specimens sent to the CDC for AFM viral targets were negative and the CDC determined that the second person was not a case; therefore, Clark County has had only one case of confirmed AFM.
- e. **Influenza Surveillance:** From the beginning of the 2018-2019 season, Influenza activity has been low locally and nationally. In the state of Nevada, the geographic spread of influenza was sporadic, and the ILI activity level was minimal. In Clark County, as of 11/17/2018, twenty influenza-associated hospitalizations and zero influenza-associated deaths were reported. Southern Nevada Health District 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.

B. Non-communicable Reports and updates:

- a. **Narcan training:** The Substance Abuse and Mental Health Services Administration (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. Trainings continue in Nye County

communities, Tonopah and numerous first responder, medical and treatment organizations.

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

11/7/18: Tonopah Drug Court (9 people trained, 18 kits distributed)

11-16-18: Foundation for Recovery (200 kits distributed)

C. Other:

- a. OEDS staff submitted an abstract to present on quality assurance and strengthening blood lead surveillance to the Centers for Disease Control and Prevention (CDC) for their annual Childhood Lead Poisoning Prevention Program (CLPPP) grant recipient meeting in Atlanta, GA. The abstract was accepted and OEDS staff will present on December 6, 2018

D. Communicable Disease Statistics: October 2018 disease statistics are attached. (see table 1)

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

1. Continue to enhance Trisano disease surveillance system.
2. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems.
3. 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.
4. Assisting SNPHL with data extraction and reporting needed for the laboratory.
5. Migrations to the new SNHD SFTP server continued.
6. Assisting with the implementation of the Electronic Health Record (EHR) system.
7. 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.
8. 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.
9. Work continues on the iCircle web application for OEDS, and transmission of HIV testing data to CDC.
10. Submitted the IAPD project contract for internal approval.
11. Started working on the IAPD project with NV healthIE.
12. We are working with the State to migrate STD data into the State NEDSS Base System (NBS).
13. We developed a software application and worked with the Harm Reduction Center and the CDC for the Syringe Exchange Vending Machine Project.
14. Developed an online dashboard for childhood lead poisoning prevention project.
15. Developed an online query portal for iCircle testing results.
16. Completed the 2018-2019 ELC grant 2nd Quarter progress report.

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

1. November 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 (MAB)

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 selected a new Chair and Vice Chair to serve for the next two calendar years. In addition, they reviewed draft protocols approved by the Drug/Device/ Protocol Committee.

C. 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 RTAB reviewed and unanimously endorsed the proposed revisions to the Trauma System Regulations. The RTAB listened to comments made by the public regarding the Health District accepting applications for new trauma centers.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

EMS Statistics	Nov 2017	Nov 2018		FY17-	FY18-	
				18 (July- June)	19 (July- June)	
Total certificates issued	56	59	↑	842	1854	↑
New licenses issued	36	43	↓	209	501	↑
Renewal licenses issued (recert only)	0	0	→	578	1094	↑
Active Certifications: EMT	599	591	↓			
Active Certifications: Advanced EMT	1354	1332	↓			
Active Certifications: Paramedic	1296	1286	↓			
Active Certifications: RN	39	39	→			
Driver Only	0	26	↑			

*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 established the Department Operations Center for support to the Community Assessment for Public Health Emergency Response (CASPER). OPHP members were assigned General Staff positions in the DOC.
- B. OPHP staff participated in training Incident Command System to community partners as part of the teaching task force in Southern Nevada. Trained 21 members of the community including two members of the Health District staff on ICS For Expanding Incidents, ICS 300.
- C. OPHP and members of the Southern Nevada Health District attended the National Healthcare Coalition Preparedness Conference in New Orleans. Presentations by the Assistant Secretary for Preparedness and Response, leaders from other coalitions, and an update on the Hospital Preparedness Program highlighted the week.
- D. OPHP staff met with College Park Rehab and Skilled Nursing Facility to discuss the Center for Medicare & Medicaid Services (CMS) Conditions of Participation for emergency preparedness for this type of healthcare provider type. The meeting included a discussion on membership/participation in the Southern Nevada Healthcare Preparedness Coalition, Community Wide Exercise, the Hazard Vulnerability Analysis, and Communication Plan, each area required to meet CMS requirements. Also, the organization requested a review of their emergency operations plan for subject matter expert comments.
- E. OPHP staff convened the Midterm Planning Meeting for the Pediatric Specialty Table Top Exercise. The goals and objectives were discussed along with the scope and scenario of the exercise.
- F. OPHP convened the Initial Planning Meeting for the Medical Surge Functional Exercise. The goals and objectives were discussed along with the scope and scenario of the exercise.
- G. OPHP continue 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.
- H. OPHP staff continue to work with the Southern Nevada Counterterrorism Center to provide public health updates and alerts of local, national, and global interest.
- I. 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.
- J. 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.
 - B. Incident Command Department Operations Center training was provided to SNHD staff in June
 - C. Radiological Hospital training was provided July 17, 18 and 19 for Southern Nevada Hospital Preparedness Committee members.
3. **Employee Health Nurse:** 23 staff received respirator fit testing; 20 received annual TB testing; and 32 staff received vaccinations. 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. Nine MRC volunteers assisted SNHD at the Main and East immunization clinics, Main Foodhandler Safety office, Pharmacy, and two community outreaches and first aid events. MRC volunteer hours totaled 93 with a monetary value of \$2,296.17. MRC hosted a Psychological First Aid class, training 11 MRC, 2 SNAMHS, and 16 LVMPD Volunteers. The MRC Coordinator attended the SNHPC and Project Homeless Connect meetings, recruited and processed new volunteers, planned volunteer activities for the coming months, and sent the monthly newsletter and bulletins.
 - B. CERT and Las Vegas Metropolitan Police Department Volunteer programs collaborated with MRC on the antibiotic packaging for the first-responder emergency stockpile. Three non-MRC volunteers totaled 39.75 hours (\$981.43).
 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. November 2018 SNPHLS Activity Highlights:

- A. Laboratory staff have received 2 hours of training this month.
- B. Clinical laboratory testing services returned to normal testing volumes in the last week of November (down in October and most of November due to insurance billing practice changes District-wide).
- C. SNPHL filled a vacancy Senior Technologist position and began onboarding of the new hire.
- D. The laboratory conducted a tour with 2 UNSOM residents.

COMMUNITY HEALTH - SNP HL – Fiscal Year Data

SNPHL Services	Nov 2017	Nov 2018		FY 17-18 (July-June)	FY18-19 (July-June)	
Clinical Testing Services ¹	3,648	3,088	↓	22,804	17,995	↓
Epidemiology Services ²	144	229	↑	1,320	1,213	↓
State Branch Public Health Laboratory Services ³	50	15	↓	350	99	↓
All-Hazards Preparedness Services ⁴	212	8	↓	386	125	↓
Environmental Health Services ⁵	N/A	0		N/A	2,157	↑

VII. VITAL STATISTICS

November 2018 showed a 2.5% increase in birth certificate sales in comparison to November 2017. Death certificate sales showed an 8% increase for the same time frame. SNHD has received revenues of \$39,234 for birth registrations, \$20,098 for death registrations; and an additional \$3,326 in miscellaneous fees for the month of November.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Nov 2017	Nov 2018		FY17-18 (July-June)	FY18-19 (July-June)	
Births Registered	2,342	2,186	↓	11,717	11,638	↓
Deaths Registered	1,350	1,405	↑	6,761	7,230	↑

Vital Statistics Services	Nov 2017	Nov 2018		FY17-18 (July-June)	FY18-19 (July-June)	
Birth Certificates Sold (walk-in)	2,809	2,702	↑	15,894	16,204	↑
Birth Certificates Mail	134	105	↓	726	527	↓
Birth Certificates Online Orders	827	1,106	↑	4,472	6,007	↑
Birth Certificates Billed	123	77	↓	564	526	↓
Birth Certificates Number of Total Sales	3,893	3,990	↑	21,656	23,264	↑
Death Certificates Sold (walk-in)	929	908	↓	5,580	4,908	↓
Death Certificates Mail	64	73	↑	421	328	↓
Death Certificates Online Orders	5,310	5,822	↑	28,426	30,047	↑
Death Certificates Billed	28	35	↑	134	136	↑
Death Certificates Number of Total Sales	6,331	6,838	↑	34,561	35,419	↑

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			FY17-18		FY18-19	
	Nov 2017	Nov 2018	(July-June)	(July-June)	(July-June)	(July-June)
Birth Certificates Sold Decatur (walk-in)	72%	67.7%	↓	73.4%	69.7%	↓
Birth Certificates Mail	3%	2.6%	↓	3.4%	2.3%	↓
Birth Certificates Online Orders	21%	27.7%	↑	20.7%	25.8%	↑
Birth Certificates Billed	3%	1.9%	↓	2.6%	2.3%	↓
Death Certificates Sold Decatur (walk-in)	14.7%	13.3%	↓	16.1%	13.9%	↓
Death Certificates Mail	1%	1.1%	↑	1.2%	.9%	↓
Death Certificates Online Orders	84%	85.7%	↑	82.2%	84.8%	↑
Death Certificates Billed	.4%	.5%	↑	.4%	.4%	→

Revenue	Nov 2017	Nov 2018		FY17-18 (Jul-June)	FY18-19 (Jul-June)	
Birth Certificates (\$20)	\$77,860	\$79,800	↑	\$433,120	\$465,280	↑
Death Certificates (\$20)	\$126,620	\$136,760	↑	\$691,220	\$708,380	↑
Births Registrations (\$13)	\$38,831	\$39,234	↑	\$226,274	\$230,919	↑
Deaths Registrations (\$13)	\$20,228	\$20,813	↑	\$105,573	\$107,055	↑
Miscellaneous	\$2,967	\$3,326	↑	\$16,702	\$19,515	↑
Total Vital Records Revenue	\$266,506	\$279,933	↑	\$1,472,889	\$1,531,149	↑

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.

Revenue	August 2017	August 2018		FY 17-18 (August)	FY 18-19 (August)	
Passport Execution/Acceptance fee (\$35)	n/a	\$12,915	↑	n/a	\$12,915	↑
Passport Photo Fee (\$12)	n/a	\$2,244	↑	n/a	\$2,244	↑
Total Passport Program Revenue	n/a	\$15,159	↑	n/a	\$15,159	↑

*Passport program opened to public on August 1, 2018

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

Disease	2016		2017		2018	
	Oct	YTD	Oct	YTD	Oct	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	0	21	.	22	.	15
Hepatitis A	.	9	.	11	.	31
Hepatitis B, acute	.	15	.	20	.	17
Hepatitis B, chronic	.	27	18	74	27	268
Influenza	7	573	63	667	9	869
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	.	0	.
Pertussis	.	24	.	34	5	36
SEXUALLY TRANSMITTED						
Chlamydia	1,065	9,529	1,085	10,532	1,110	11,641
Gonorrhea	326	2,971	395	3,745	437	4,384
SYPHILIS (Early non-primary, non-secondary)	35	387	50	381	41	379
SYPHILIS (PRIMARY & SECONDARY)	41	306	55	417	48	463
ENTERICS						
Amebiasis	0	7	.	6	0	.
Campylobacteriosis	10	98	.	80	.	93
Cryptosporidiosis	.	.	.	5	0	7
Giardiasis	7	45	6	27	5	43
Rotavirus	.	32	0	51	.	23
Salmonellosis	6	124	8	126	8	159
Shiga toxin-producing E. coli (STEC)	5	43	.	31	.	17
Shigellosis	.	44	17	85	.	70
OTHER						
Coccidioidomycosis	5	56	12	109	8	124
Dengue	.	.	0	.	0	0
Exposure, Chemical or Biological	.	.	0	5	.	5
Hepatitis C, acute	0	18	.	28	.	18
Hepatitis C, chronic	13	124	34	252	113	1,169
Hepatitis E, acute	0	.	0	0	0	.
Invasive Pneumococcal Disease	8	112	9	148	6	112
Lead Poisoning	6	107	15	103	18	138
Legionellosis	.	23	0	14	.	10
Listeriosis	0	.	.	.	0	.
Lyme Disease	0	15	.	12	0	8
Malaria	0	5	0	.	.	6
Meningitis, Aseptic	5	23	.	17	7	29
Meningitis, Bacterial Other	.	31	0	19	.	18
Meningitis, Fungal	.	7	0	.	.	6
RSV	31	714	7	942	7	1,290
Streptococcal Toxic Shock Syndrome (STSS)	0	15	.	22	.	29
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.