



Memorandum

Date: May 23, 2019

To: Southern Nevada District Board of Health

From: **Michael Johnson, PhD**, *Director of Community Health* *MJ*
Joseph P Iser, MD, DrPH, MSc, *Chief Health Officer* *JPI*

Subject: Community Health Division Monthly Report – April 2019

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

Staff developed and submitted the CDC Racial and Ethnic Approaches to Community Health (REACH) grant continuation application for Year 2 of the project period. The second year of the project will continue to work toward objectives in Tobacco, Nutrition, and Physical activity.

1. Tobacco Control Program (TCP):

This month TCP staff implemented seven youth tobacco prevention events in local high schools. A youth-focused social media initiative highlighting the misperceptions of e-cigarettes and vapor products continued in March.

Staff recruited 221 youth from 8 local high schools to attend a Nevada State Legislature bill hearing on March 28, 2019 at the Grant Sawyer Building to show support for a tax on electronic tobacco products (SB 263). In addition, youth leaders representing 15 different high schools also submitted written testimony in support of the bill. One student provided verbal testimony on behalf of all the students in attendance. He also showcased a variety of electronic and vapor products that were confiscated at a local high school at the bill hearing.

A Tobacco 21 educational website (standontobacco21.org) has been developed. Video testimonials showing support for the importance of raising the legal sale age of tobacco products from 18 to 21 were recorded featuring SNHD Chief Health Officer and a representative from the American Cancer Society Cancer Action Network. Both video testimonials are now live on the website and social media pages.

Staff provided technical assistance to the Boy Scouts Las Vegas Area Council. This business implemented a no e-cigarette policy and provides a smoke-free meeting center, the John L Goolsby Conference Center. The number of patrons impacted yearly by this policy is about 52,000.

2. Chronic Disease Prevention Program (CDPP):

In March, staff participated in 4 Move Your Way Events at Lunt Elementary School (660 participants); Shake Your Shamrock at the YMCA (85 participants); Nevada Moves Day (845 participants) and the Spring into Health Fair at the Cleveland Clinic (300 participants). At each event, staff distributed Move Your Way educational material in English and Spanish on the importance of physical activity and the physical activity guidelines. Other MYW events are scheduled for April and May.

In March, in partnership with the Clark County School District Safe Routes to School Program, the CDPP sponsored the launch of the Walk and Roll program in 9 CCSD elementary schools. The Walk and Roll program is a weekly program that encourages students to walk or bike to school at least once a week during the program. CDPP staff are collecting evaluation data and providing ongoing support and technical assistance to the schools. Large banners in English and Spanish promoting the program and encouraging safe walking and biking to school have been placed on the outside of each participating school. Additionally, CDPP staff is working collaboratively with University of Nevada, Cooperative Extension staff to conduct School Physical Activity and Nutrition (SPAN-ET) assessments at local schools and conducted assessments at 2 local schools in March.

CDPP staff provided a nutrition presentation to 30 participants at Sun City Summerlin in March and included information on the Nutrition Challenge online program as well as all other Get Healthy online programs, apps and resources.

In celebration of Diabetes Alert Day in March, CDPP staff coordinated the Celebrando Tu Salud event in March in partnership with the Alliance Against Diabetes Clinic. The event which was 100% smoke-free featured health screenings including glucose, blood pressure and cholesterol, education and referral to other community resources by over 15 community organizations. An interest list of people who were interested in participating in our evidence-based diabetes workshops was also generated and includes 25 people who will be contacted in April and provided with workshop information. Over 300 people participated in the event. A majority of the participants were Hispanic. A news release promoting the event generated at least 3 earned media opportunities on English and Spanish-language media.

Two CDPHP staff were invited to present at the Nevada Chronic Disease Summit in Reno in March.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

1. Surveillance and Investigations:

Community Health -- OEDS -- Fiscal Year Data						
Morbidity Surveillance	Apr-18	Apr-19		FY 17-18	FY 18-19	
Chlamydia	1,165	1,076	↓	10,871	11,384	↑
Gonorrhea	406	412	↑	4,113	4,439	↑
Primary Syphilis	13	7	↓	159	189	↑
Secondary Syphilis	28	10	↓	320	252	↓
Early Non-Primary, Non-Secondary ¹	38	11	↓	375	346	↓

Syphilis Unknown Duration or Late²	48	30	↓	505	532	↑
Congenital Syphilis (presumptive)	1	0	↓	14	19	↑
New Active TB Cases Counted (<15 yo)	0	0	→	0	2	↑
New Active TB Cases Counted (>= 15 yo)	4	0	↓	56	34	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	4	1	↓	37	29	↓
Syphilis Pregnant Cases	11	8	↓	89	109	↑
Perinatally Exposed to HIV	3	2	↓	32	25	↓

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 -- Monthly Data

	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Monthly DIIS Investigations				
CT/GC/Syphilis/HIV				
Chlamydia	19	0	28	0
Gonorrhea	18	0	37	0
Syphilis	58	4	123	1
HIV/AIDS (New to Care/Returning to Care)	25	1	57	96
Tuberculosis	21	0	28	2
TOTAL	141	5	273	99

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

In observance of STD Awareness Month, the OEDS participated in various outreach testing activities throughout the month. Our primary focus was syphilis testing due to the increasing rates in NV. OEDS also launched the promotion of the Congenital Syphilis Academic Detailing efforts. OEDS, in collaboration with PIO, orchestrated a press conference with Dr. Iser as the key speaker. The morning consisted of a "Call to Action" to the medical community and a proclamation from the Governor's office. Other key speakers that addressed the media were Marlo Tonge, OEDS Manager, and Dr. Alireza Farabi, from UMC Wellness Center. The press conference was well attended with media interests from TV, radio and print. Marlo Tonge discussed the active role her team from OEDS will have via the academic detailing project. Dr. Farabi discussed the need for the medical community to increase syphilis screening within medical practices and what signs and symptoms to look for.

In addition, OEDS worked with The Center to provide a "Week of Syphilis" testing to those presenting for HIV testing. Each day the OEDS team screened 15-20 people who

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

were at risk. On April 16th OEDS collaborated with the SNHD TPP program to offer syphilis testing to a large, youth specific event held at The Pearson Center in North Las Vegas. And on April 18th, OEDS, The Center and Huntridge Family Clinic offered a "Trans Awareness Clinic" with extended hours and site-specific testing to those needing screening.

3. High Impact HIV/STD/Hepatitis Screening Sites

- a. Mondays – Thursdays: The Center - LGBTQ Community of Nevada – Rapid HIV; Target population - MSM, transgender.
- b. Mondays and Wednesdays: Trac-B Exchange - Rapid HIV and Hepatitis C testing; target population - IDU.
- c. 4/7: OEDS provided testing at Dignity Health in collaboration with The State for a community Health Awareness event. -03/21-In collaboration with SNHD Immunizations-Hepatitis C testing at the Las Vegas Rescue Mission.
- d. 4/30: Harm Reduction Outreach in collaboration with community partners HELP of Southern Nevada, Foundation for Recovery, AIDS Healthcare Foundation, and Trac-B Exchange - HIV/HCV testing, distribution of Sterile syringes, Needle Recovery, Naloxone, Homeless services. Target population - Homeless, IDU. f. Harm Reduction monthly Outreach event with community partners AHF, HELP of SO. NV, Trac-B and SNHD/OEDS.
- e. 4/6: OEDS partnered with AHF on the MTU to offer testing at Entourage Bath House targeting high risk MSM

4. Staff Facilitated/Attended the following Training/Presentations

- a. 4/01-04/02: Marlo Tonge attended the National Coalition of STD Directors Day of Action in Washington DC. Marlo participated in discussions with Nevada representatives centered around rising STD rates, the impact on Nevadans and strategies that can help to address these issues.
- b. 4/4: SNOAC Steering Committee Meeting. Facilitated by SNHD OEDS staff. Approximately 10 community members in attendance. Organizations represented include: LVMPD, PACT, FFR, CBH, etc.
- c. 4/8: Prevention Ethics Training hosted by CASAT. 1 SNHD OEDS staff in attendance.
- d. 4/08: SNHRA education monthly meeting at Foundation for Recovery. 1 OEDS staff in attendance
- e. 4/9: SVM Tonopah Stakeholders Meeting. Facilitated by SNHD OEDS staff. Approximately 3 community members in attendance.
- f. 4/10: Mineral County Opioid and Harm Reduction presentation by SNHD OEDS staff and Trac-B staff. Approximately 40 community members in attendance.
- g. 4/9-4/11: Jessica Johnson attend the Mineral County Rural Opioid Harm Reduction Summit.
- h. 4/11: SVM Tonopah Stakeholders Meeting. Facilitated by SNHD OEDS staff. Approximately 3 community members in attendance.
- i. 4/12: "Drug Related Stigma" training to SNHD OEDS staff by Jennifer Gratzke. Approximately 10 staff in attendance.
- j. 4/18: Presentation of "HIV and STIs" for youth and parents at Nellis Baptist Church by Cheryl Radeloff. Approximately 25 in attendance.
- k. 4/18: SNOAC Quarterly Meeting. Facilitated by SNHD OEDS staff. Approximately 52 community members in attendance. Organizations represented include: LVMPD,

- PACT, FFR, CBH, OAG, UMC, DHHS, CDMC, CCSD, Westcare, Seven Hills Hospital, Positively Kids, AMR/MedicWest, CASAT, Comagine Health,
- l. 4/21-4/26: – Rx Drug Abuse and Heroin Summit in Atlanta, GA. Attended by 3 SNHD OEDS staff.
 - m. 4/22: Jim Foley, PrEP Navigator provided a presentation to 25 UNLV students on the efficacy of PrEP and the role SNHD OEDS plays within the community for HIV education and testing services.
 - n. 4/22-4/27: Michelle Livings attended the 2019 National Tuberculosis Conference.
 - o. 4/23-4/26: Rapid HIV Testing Training CLR
 - p. 4/24: Hepatitis A, B and C Training Westcare Community Involvement Center. 10 participants on attendance.
 - q. 4/23-4/25: Presentation of “HIV Rapid Testing, Counseling, Safety, and Certificate Program” at SNHD. Approximately 16 in attendance. Organizations represented included: Community Outreach Medical Center, Community Counseling Center, Southern Nevada Health District, Huntridge Family Clinic, the Gay and Lesbian Center of Southern Nevada, the Nevada Division of Public and Behavioral Health.
 - r. 4/24-04/26: OEDS sent one staff to the Annual Shea Conference that focused heavily on antibiotic stewardship and hospital epidemiology.
 - s. 4/29: “STI/HIV/HCV Pilot Training for Staff and PRSS’ by Jennifer Gratzke at Center for Recovery. Approximately 16 in attendance from Center for Recovery and Recovery Voices.
 - t. 4/29: “iCircle” training to SNHD SHC staff by OEDS Joshua Montgomery and Michele Shingu. Approximately 5 Trac B employees in attendance.
 - u. 4/30: Harm Reduction outreach homeless services, peer-to-peer services, HIV/HCV testing and linkage, Immunizations community partners we worked with are Foundation for Recovery, HelpSoNV, Aids Healthcare Foundation, and SNHD Immunizations.
 - v. 4/28-5/03: Ying Zhang attended the Annual EIS Conference.
 - w. 4/30: SNHD staff attended a non-branded Inservice from Gilead. This Inservice focused on HCV and addiction.
 - x. 4/30: Presentation by Cheryl Radeloff “Social Determinants of Health and HIV” for UNLV Sociology Course: Society and Health approximately 15 in attendance.

Community Health – Office of Disease Surveillance – HIV Prevention

Prevention - SNHD HIV Testing	Apr-18	Apr-19		FY 17-18	FY 18-19	
Outreach/Targeted Testing	799	239	↓	7,930	6,783	↓
Clinic Screening (SHC/FPC/TB)	725	12	↓	6,534	4,442	↓
Outreach Screening (Jails, SAPTA)	143	97	↓	1,215	1,157	↓
TOTAL	1,667	348	↓	15,679	12,382	↓
Outreach/Targeted Testing POSITIVE				112	108	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				58	57	↓
Outreach Screening (Jails, SAPTA) POSITIVE				18	16	↓
TOTAL POSITIVES				188	181	↓

1. Disease and Outbreak Investigations

A. Disease reports and updates:

- a. ***Influenza Surveillance:*** Influenza activity continues to decrease in the United States. In the state of Nevada, the geographic spread of influenza was regional, and the influenza-like illness activity level was minimal. In Clark County, for the season, as of 4/20/2019, 916 influenza-associated hospitalizations and 33 influenza-associated deaths were reported. Three reported deaths occurred in children under age 18 (this number decreased from 4 reported last month, to 3 based on new information provided from the coroner's office.) Influenza A was the dominant type circulating. 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. ***Hepatitis A, community wide increase:*** SNHD OEDS continues to see increasing numbers of Hepatitis A cases across the community. So far this year OEDS has reported 20 confirmed cases, which is a significant increase from this time last year when only 10 cases had been reported. In 2018, OEDS reported 39 total cases and 13 cases for all of 2017. People who are homeless and/or using drugs are particularly at risk. SNHD has sent out multiple HAN's to local providers informing them and encouraging them to vaccinate this population. SNHD has also conducted additional immunization outreaches at homeless shelters to protect this vulnerable population.
- c. ***Foodborne Illness Outbreak at a Local Steakhouse:*** On April 3, OEDS received four complaints from the same family that dined at a local steakhouse. One other complaint from a separate family had been filed two weeks prior. SNHD's Environmental Health Division visited the restaurant and found multiple issues that may have contributed to foodborne illness. This investigation is now closed.
- d. ***Gastrointestinal Outbreak at a Local Charter School:*** On April 25, OEDS received notification of 19 students and 1 staff member ill with gastrointestinal symptoms among two grades. In addition, student absences in the affected grades were higher than normal either due to additional illnesses or "take your child to work day". The Environmental Health division conducted a site visit on the same day. Illnesses returned to baseline the following day and still are baseline as of May 2. This investigation is now closed.

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 trainings/distributions have taken place in the month of April:
4/3/19: Foundation for Recovery (160 kits distributed)
4/02/19: Coroner's Office (24 trained)
4/03/19: West Charleston Library (3 trained)

4/05/19: St. Lutheran Social Services (11 trained)
4/4/19: FBI – Detective Mead (1 trained, 5 kits distributed)
4/10/19: Westcare (7 trained)
4/15/19: CCSD Police Department (2 trained, 10 kits distributed)
4/18/19: Prism & American Heart Association (46 kits distributed)
4/28/19: Burning Man Group (17 trained, 110 kits distributed)
4/29/19: Fremont Street Experience (2 trained, 10 kits distributed)

C. Other:

- a. **Communicable Disease Statistics:** March 2019 and Qtr 1 2019 disease statistics are attached. (see table 1 and 2)
- b. **New Staff:** OEDS welcomed a new DDCS, Sarie Barnett and a new Prep Navigator, Cassandra Martinez.

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- a. Continue to maintain and enhance Trisano disease surveillance system.
- b. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems.
- c. Continue to work on the 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.
- d. Assist SNPHL with data extraction and reporting needed for the laboratory.
- e. Migrations to the new SNHD SFTP server continued.
- f. Work with IT to implement the Electronic Health Record (EHR) system.
- g. Assist Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, and Clinic Services with various data requests, data exports, and report generation.
- h. Continue to work on the iCircle web application for OEDS, and transmission of HIV testing data to CDC.
- i. Continue to work with the State to migrate STD data into the State NEDSS Base System (NBS).
- j. Update an online dashboard and provider report card for childhood lead poisoning prevention project.
- k. Completed the 2018-2019 PHEP grant 3rd Quarter progress report.
- l. Completed the new ELC grant application.
- m. Work with OEDS for CDC STD Surveillance Network (SSuN) grant application.
- n. Prepared and attended preventive medicine residency site visit.

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

April Meetings:

A. Drug/Device/Protocol Committee (DDP)

The DDP 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. Regional Trauma Advisory Board (RTAB) Member Nominating Committee

The RTAB Member Nominating Committee met to discuss and vote on new members to fill seats that expire on June 30, 2019.

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 heard comments made by the public regarding applications for new trauma centers.

The Board heard a committee report from the Southern Nevada Injury Prevention Partnership (see below).

The Chairman introduced the new members for the 2019–2021 term for the following non-standing member seats:

Administrator from a Non-Trauma Hospital System – Sajit Pullarkat
Public EMS Transport Representative – Frank Simone
Private EMS Transport Representative – Larry Johnson
Rehabilitation Representative – Amy Henley
Funding/Financing Representative – Jessica Colvin

The Board reviewed and discussed the high percentage of out of area (OOA) trauma transports for 4th quarter 2018 and asked staff to review the past six months' data.

The Board was presented and examined the 2018 Clark County Needs Assessment Review.

The Board heard presentations from the (5) Trauma Center Applicants.

D. Southern Nevada Injury Prevention Partnership (SNIPP)

The SNIPP is a committee with the primary purpose of advising and assisting the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma System Plan and assuring the provision of injury prevention efforts with emphases on those that directly impact the trauma system.

The SNIPP continues to work with community partners who support the efforts of SNIPP which includes fall prevention, suicide review, and child death review.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

EMS Statistics				FY 17-18		
	April 2018	April 2019		18 (April)	FY 18-19 (April)	
Total certificates issued	62	65	↑	1618	3155	↑
New licenses issued	43	54	↑	357	807	↑
Renewal licenses issued (recert only)	0	4	↑	1085	1951	↑
Active Certifications: EMT	574	568	↓			
Active Certifications: Advanced EMT	1384	1405	↑			
Active Certifications: Paramedic	1287	1708	↑			
Active Certifications: RN	44	45	↑			
Driver Only	0	36	↑			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP Senior Planner and Training Officer in participation with the City of Las Vegas OEM conduct monthly ICS 300 and 400 classes. Once certified, OPHP will be able to independently provide ICS trainings for the Southern Nevada Health District workforce along with members of the community.
- B. OPHP staff and other community partners gave a presentation at the Mohave County Mass Casualty Incident Conference on the response and recovery to the October 1, 2017 mass shooting on April 3, 2019.
- C. OPHP staff are continuing to plan for a Full-Scale Point of Dispensing (POD) Exercise that will test the use of non-essential Clark County personnel to work in a non-medical POD. The exercise will be June 2, 2019 at the Thomas and Mack Arena.
- D. OPHP staff assisted with developing action plans based on findings from the Public Health Accreditation Board site visit.
- E. OPHP convened the mid-term planning meeting for the upcoming Ebola Virus Drill. UMC, Las Vegas Fire and Rescue, SNPHL and OEDS attended the meeting.
- F. OPHP met with Healthy Living Home Health, Coronado Surgery Center and G & G Home Health to discuss the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation for Emergency Preparedness. The discussions covered membership in the Southern Nevada Healthcare Preparedness Coalition, emergency preparedness exercises, the coalition's Hazard Vulnerability Analysis, and Communication Plan.
- G. OPHP planned and participated in a Medical Surge Functional Exercise focusing on burns and trauma. Role players included PIMA Medical Institute participating as victims of an emergency and a moulage team from North Las Vegas. Moulage was provided by Las Vegas Fire Services. American Medical Response participated with ambulance teams, Montevista Behavioral Hospital with a BH Team, and the Medical Surge Area Command (MSAC) was activated for the exercise. This exercise was over four hours in duration.
- H. OPHP staff participated in the State of Nevada Division of Emergency Management's Train-the-Trainer course on the design and execution of table top exercises.
- I. OPHP staff 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.
- J. OPHP staff continue to work with the Southern Nevada Counterterrorism Center to provide public health updates and alerts of local, national, and global interest.
- K. 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.

- L. OPHP staff continue to work with SNHD Quality Improvement Coordinator to develop improvement plan action items for performance measures based on feedback provided from most recent Public Health Accreditation Board Accreditation site visit.

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; support community partners to conduct and ensure SNHD staff have opportunities to attend training for agency required ICS courses.

3. Employee Health Nurse: SNHD staff continue to receive respirator fit testing (17), annual TB testing (10), and other workforce vaccinations based on Health District response to these threats (10).

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 ensure spending of the grants as identified within the SOW occur. SNHD received grant guidance and has been preparing budgets and scopes of work for FY20 grants.
- B. OPHP staff are in process of preparing Homeland Security grant applications for Urban Area Security Initiative (UASI) working group. This process is completed annually and is a highly competitive process with many proposals unfunded with limited grant funding available for state and local agencies. Planning begins prior to receiving notice of funding opportunity as there is a short turn-around time once NOFO is released. OPHP will be submitting two proposals for FY20 as continuation for awards received in FY19.
- C. Health District leadership and preparedness staff participated in State of Nevada Division of Public and Behavioral Health's Crisis Standards of Care Workshop on April 29, 2019. This workshop discussed what would be needed for community and healthcare system sectors to be able to recommend changes to standards of care prior to, during, and following disasters where resources will be significantly reduced or unavailable.

5. Medical Reserve Corps (MRC) of Southern Nevada:

- A. MRC volunteers assisted SNHD at the East immunization clinic, Main Foodhandler Safety office, and Pharmacy. MRC volunteers provided first aid at Walk MS and National Guard Spring Fling. MRC volunteer hours total 124 with a monetary value of \$2961.35.
- B. The MRC Coordinator attended UNLV's Effective Volunteer Management class and gave presented MRC along with preparedness to the students at the Chamberlain College of Nursing. Planning for future events, active recruitment and processing of new volunteers continues along with the sending of the MRC monthly newsletter and bulletins.

- C. CERT and Las Vegas Metropolitan Police Department Volunteer programs collaborated with MRC on the antibiotic packing for the first-responder emergency stockpile. Three non-MRC volunteers totaled 16.25 hours with a monetary value of \$401.21.

VI. VITAL STATISTICS

April 2019 showed a 5.1% increase in birth certificate sales in comparison to April 2018. Death certificate sales showed a 3.6% increase for the same time frame. SNHD received revenues of \$47,866 for birth registrations, \$24,076 for death registrations; and an additional \$4,148 in miscellaneous fees for the month of April.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	April 2018	April 2019		FY 17- 18 (April)	FY 18-19 (April)	
Births Registered	2,158	2,042	↓	22,644	22,651	↑
Deaths Registered	1,588	1,715	↑	15,349	15,073	↓

Vital Statistics Services	April 2018	April 2019		FY 17- 18 (April)	FY 18-19 (April)	
Birth Certificates Sold (walk-in)	3,272	3,493	↑	32,736	32,946	↑
Birth Certificates Mail	131	80	↓	1,473	980	↓
Birth Certificates Online Orders	1,086	1,158	↑	10,064	11,689	↑
Birth Certificates Billed	86	79	↓	1,039	1,027	↓
Birth Certificates Number of Total Sales	4,575	4,810	↑	45,312	46,642	↑
Death Certificates Sold (walk-in)	1,322	1,193	↓	11,835	10,498	↓
Death Certificates Mail	74	49	↓	819	609	↓
Death Certificates Online Orders	6,483	6,926	↑	61,406	62,946	↑
Death Certificates Billed	33	29	↓	238	279	↑
Death Certificates Number of Total Sales	7,912	8,197	↑	74,297	74,332	↑

Vital Statistics Sales by Source	April 2018	April 2019		FY 17- 18 (April)	FY 18- 19 (April)	
Birth Certificates Sold Decatur (walk-in)	71.5%	72.6%	↑	72.2%	70.6%	↓
Birth Certificates Mail	2.9%	1.7%	↓	3.3%	2.1%	↓
Birth Certificates Online Orders	23.7%	24.1%	↑	22.2%	25.1%	↑
Birth Certificates Billed	1.9%	2%	↑	2.3%	2%	↓
Death Certificates Sold Decatur (walk-in)	16.7%	14.6%	↓	15.9%	14.1%	↓
Death Certificates Mail	.9%	.6%	↓	1.1%	.8%	↓
Death Certificates Online Orders	81.9%	84.5%	↑	82.6%	84.7%	↑
Death Certificates Billed	.4%	.4%		.3%	.4%	↑

Revenue	April 2018	April 2019		FY 17-18 (April)	FY 18-19 (April)	
Birth Certificates (\$20)	91,500	\$96,200	↑	\$905,260	\$932,840	↑
Death Certificates (\$20)	158,240	\$163,940	↑	\$1,483,100	\$1,486,640	↑
Births Registrations (\$13)	\$46,527	\$47,866	↑	\$469,335	\$465,504	↓
Deaths Registrations (\$13)	\$23,608	\$24,076	↑	\$203,073	\$223,223	↑
Miscellaneous	\$4,004	\$4,148	↑	\$37,223	\$40,276	↑
Total Vital Records Revenue	\$323,879	\$336,230	↑	\$3,097,991	\$3,148,483	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

Passport Services

Passport Services processed 936 passport applications and provided 541 photos.

Revenue	April 2018	April 2019		FY 17- 18 (April)	FY 18-19 (April)	
Passport Execution/Acceptance fee (\$35)	n/a	32,760		n/a	\$164,815	
Passport Photo Fee (\$12)	n/a	6,492		n/a	\$30,912	
Total Passport Program Revenue	n/a	39,252		n/a	\$195,727	

*Passport program opened to public on August 1, 2018

MDJ/jrw

March 2019: Clark County Disease Statistics*

Disease	2017		2018		2019	
	March	YTD	March	YTD	March	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	6	12	2	5	1	9
Hepatitis A	0	0	5	7	8	18
Hepatitis B, acute	1	3	1	5	0	2
Hepatitis B, chronic	9	22	19	90	36	80
Influenza	85	417	136	744	130	691
Influenza-associated death in a person under 18	0	0	0	0	0	2
Meningococcal disease (<i>N. meningitidis</i>)	1	1	1	2	0	1
Mumps	0	1	0	3	0	0
Pertussis	8	17	5	12	3	13
SEXUALLY TRANSMITTED						
Chlamydia	1,086	3,106	1,102	3,289	1,143	3,407
Gonorrhea	346	1,011	398	1,235	395	1,262
SYPHILIS (Early non-primary, non-secondary)	44	102	37	98	36	104
SYPHILIS (Primary & Secondary)	47	117	47	144	48	141
CONGENITAL CONDITIONS						
Congenital Syphilis	2	7	1	3	0	4
Hepatitis C, Perinatal Infection	0	0	0	0	1	1
ENTERICS						
Amebiasis	1	2	0	1	1	4
Campylobacteriosis	7	27	9	19	9	24
Cryptosporidiosis	0	0	0	0	1	1
Giardiasis	1	7	6	14	4	10
Rotavirus	9	27	2	3	1	4
Salmonellosis	17	29	12	25	7	15
Shiga toxin-producing <i>E. coli</i> (STEC)	1	5	0	2	2	4
Shigellosis	3	12	5	20	3	10
Typhoid	0	0	0	0	0	2
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	0	0	0	1
Yersiniosis	0	1	0	0	0	1
OTHER						
Coccidioidomycosis	13	30	9	63	10	21
Encephalitis	1	1	1	1	0	0
Exposure, Chemical or Biological	0	0	1	3	0	4
Hepatitis C, acute	1	6	0	2	1	3
Hepatitis C, chronic	33	76	286	617	341	791
Invasive Pneumococcal Disease	25	68	20	89	25	83
Lead Poisoning	7	34	26	48	14	31
Legionellosis	0	2	0	4	0	3
Listeriosis	0	0	0	1	1	3
Lyme Disease	0	4	1	5	0	2
Malaria	0	0	0	0	1	1
Meningitis, Aseptic	2	6	5	9	2	7
Meningitis, Bacterial Other	2	4	3	9	3	6
Meningitis, Fungal	0	0	0	3	2	4
RSV	109	867	258	1,200	460	1,694
Spotted Fever Rickettsiosis	1	1	0	1	0	0
Streptococcal Toxic Shock Syndrome (STSS)	3	5	6	13	4	12
West Nile Virus neuroinvasive disease	1	1	0	0	1	1

*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.

~Diseases not reported in the past two 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.

Disease	2017		2018		2019		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr1	YTD	Qtr1	YTD	Qtr1	YTD	Qtr1 (2014-2018 aggregated)	Qtr1 (2019)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive	12	12	5	5	9	9	0.31	.	↑
Hepatitis A	0	0	7	7	18	18	0.13	0.82	↑X
Hepatitis B, acute	3	3	5	5	2	2	0.18	.	↓
Hepatitis B, chronic	22	22	90	90	80	80	1.35	3.64	↑X
Influenza	417	417	744	744	691	691	22.75	31.46	↑X
Influenza-associated pediatric mortality	0	0	0	0	2	2	.	.	↑
Meningococcal disease (<i>N. meningitidis</i>)	1	1	2	2	1	1	.	.	↓
Mumps	1	1	3	3	0	0	.	0	↓
Pertussis	17	17	12	12	13	13	0.74	0.59	↓
SEXUALLY TRANSMITTED									
Chlamydia	3,106	3,106	3,289	3,289	3,407	3,407	132.91	155.10	↑X
Gonorrhea	1,011	1,011	1,235	1,235	1,262	1,262	40.31	57.45	↑X
HIV	116	116	105	105	81	81	4.19	3.69	↓
Stage 3 HIV (AIDS)	42	42	30	30	24	24	1.92	1.09	↓X
Syphilis (Primary & Secondary)	117	117	144	144	141	141	4.21	6.42	↑X
Syphilis (Early non-primary, non-secondary)	102	102	98	98	104	104	4.77	4.73	↓
CONGENITAL CONDITIONS									
Congenital Syphilis	7	7	3	3	4	4	0.13	.	↑
Hepatitis C, Perinatal Infection	0	0	0	0	1	1	.	.	↑
ENTERICS									
Amebiasis	2	2	1	1	4	4	.	.	↑X
Campylobacteriosis	27	27	19	19	24	24	1.13	1.09	↓
Cryptosporidiosis	0	0	0	0	1	1	.	.	↑
Giardiasis	7	7	14	14	10	10	0.44	.	↑
Rotavirus	27	27	3	3	4	4	0.74	.	↓X
Salmonellosis	29	29	25	25	15	15	1.17	0.68	↓
Shiga toxin-producing <i>E. coli</i> (STEC)	5	5	2	2	4	4	0.28	.	↓
Shigellosis	12	12	20	20	10	10	0.50	.	↓
Typhoid	0	0	0	0	2	2	0	.	↑
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	0	0	1	1	0	.	↑
Yersiniosis	1	1	0	0	1	1	.	.	↑
OTHER									
Coccidioidomycosis	30	30	63	63	21	21	1.38	0.96	↓
Encephalitis	1	1	1	1	0	0	.	0	↓
Exposure, Chemical or Biological	0	0	3	3	4	4	.	.	↑
Hepatitis C, acute	6	6	2	2	3	3	0.13	.	↑
Hepatitis C, chronic	76	76	617	617	791	791	6.63	36.01	↑X
Invasive Pneumococcal Disease	68	68	89	89	83	83	2.75	3.78	↑
Lead Poisoning	34	34	48	48	31	31	1.17	1.41	↑
Legionellosis	2	2	4	4	3	3	0.17	.	↓
Listeriosis	0	0	1	1	3	3	.	.	↑
Lyme Disease	4	4	5	5	2	2	0.11	.	↓
Malaria	0	0	0	0	1	1	.	.	↑
Meningitis, Aseptic	6	6	9	9	7	7	0.35	.	↓
Meningitis, Bacterial Other	4	4	9	9	6	6	0.32	.	↓
Meningitis, Fungal	0	0	3	3	4	4	.	.	↑
RSV	867	867	1,200	1,200	1,694	1,694	39.84	77.12	↑X
Rocky Mountain Spotted Fever	1	1	1	1	0	0	.	0	↓
Streptococcal Toxic Shock Syndrome (STSS)	5	5	13	13	12	12	0.28	0.55	↑
Tuberculosis, Active	9	9	12	12	7	7	0.38	.	↓
West Nile Virus neuroinvasive disease	1	1	0	0	1	1	.	.	↑

*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. Rate suppression denoted by '.' for rates corresponding to case counts < 12.

~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 quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly 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.'