



Memorandum

Date: August 22, 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* ↗

Subject: Community Health Division Monthly Activity Report – June 2019

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

1. Tobacco Control Program (TCP):

The Southern Nevada Health District's STARS (Tobacco retail assessment) mobile application was recognized nationally by the ASPIRE organization in their nationwide newsletter. ASPIRE is a national organization focusing on tobacco use at the retail environment. It highlighted that our STARS collection effort was trailblazing and one-of-a kind. They encouraged other communities to mirror its development and use.

Staff met with the Southern Nevada Regional Housing Authority (SNRHA) leadership to discuss expansion of existing smoke-free federal-level smoke-free policy. Following the meeting staff was asked to provide several documents related to the federal HUD policy. SNRHA leadership was on board with policy expansion and will take the concept to other internal stakeholders. Staff will coordinate with American Lung Association to provide tobacco prevention and cessation for public housing residents.

In June, staff assisted 9 businesses with voluntary expansion of tobacco policy. Staff developed downloadable and printed signs, and window clings that can be requested by businesses and organizations who expand their policy. An example of expanded tobacco policy would be to prohibit smoking and the use of electronic cigarettes near entrances and exits to buildings.

2. Chronic Disease Prevention Program (CDPP):

The Soda Free Summer/Verano sin Soda initiative launched in June. Initiative activities are directed towards Latinos and encourage people to reduce or eliminate consumption of soda and other sugar-sweetened beverages over the summer and to encourage consumption of water. This year we are partnering with promotores from Visión y Compromiso. In June, 13 promotores were trained on the initiative and provided with materials to share with the communities and churches that they work with. A spotlight promoting the Verano sin Soda initiative was added to the Viva Saludable website with links to program materials and pledge cards. Since May, staff has participated in 3 earned media opportunities to promote the

challenge and posted 2 blogs on the Viva Saludable website. The initiative will run through August.

In June, CDPP staff hosted a volunteer and barber appreciation event for the Barbershop Health Outreach Project (BSHOP). Attendees included BSHOP volunteers, owners of participating barbershops and barbers. The event included an opportunity to solicit feedback from the attendees. Positive feedback as well as opportunities for improvement were shared. Also in June, CDPP staff were contacted by representatives from Congressman Steven Horsford's office to inquire about the BSHOP project. CDPP staff met with representatives and discussed opportunities for future collaboration. A follow up meeting will be scheduled in August. In June, 62 participants were screened at 6 participating barbershops for hypertension and/or prediabetes and provided with education and referral as appropriate.

OCDPHP staff worked with OEDS staff to develop maps and a list of community assets within REACH (Racial and Ethnic Approaches to Community Health) grant zip codes. Community assets are organizations or physical locations that are assets to healthy living in the area and may include schools, parks, recreation and senior centers, libraries, healthcare clinics and other social services. In June, the OCDPHP Community Health Worker visited 9 community asset locations in priority geographic locations to distribute information about our programs and resources. Locations visited in June included 3 Nevada Health Center locations, 4 Nevada Job Connect locations, the Welfare District Office and Clark County Social Services.

In June, CDPP staff provided the first workshop in a two-workshop Maps Diabetes Self-Management Course in Spanish. The workshop was held at SNHD and Spanish-language education and support materials were provided to participants. There were 2 participants in the course. The second and final workshop is scheduled for July.

CDPP staff updated Diabetes Prevention Program (DPP), Diabetes Self-Management Education (DSME), High Blood Pressure (HBP) and Stroke Healthcare provider toolkits to include the latest clinical guidelines and updated provider and patient education materials. Updated toolkits were uploaded to a thumb drive and CDPP staff sent the toolkits to 25 healthcare providers in Clark County who had previously received the toolkits. A letter accompanying the thumb drive provided an overview of the updates made to the toolkits as well as highlighted available resources on each toolkit. The updated toolkits were also uploaded to the GHCC website. In June CDPP staff shared toolkits with Comagine (formerly HealthInsight) and e-mailed a link for the toolkits to 300 members of the Clark County Diabetes Group, iDo and Diabetes Educators.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE MONTHLY REPORT

A. Surveillance and Investigations- July 2019 Activities Report

Office of Disease Surveillance

Morbidity Surveillance	July 2018	July 2019		FY17-18	FY18-19	
Chlamydia	1,180	1,027	↓	1,180	1,027	↓
Gonorrhea	472	399	↓	472	399	↓
Primary Syphilis	26	9	↓	26	9	↓
Secondary Syphilis	22	16	↓	22	16	↓
Early Non-Primary, Non-Secondary ¹	34	5	↓	34	5	↓
Syphilis Unknown Duration or Late ²	51	43	↓	51	43	↓
Congenital Syphilis (presumptive)	1	1	→	1	1	→
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
Number of TB Active Cases Counted (>=15 yo)	4	0	↓	4	0	↓

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

Moms and Babies -- OEDS – Data

Moms and Babies Surveillance	July 2018	July 2019		FY17-18	FY18-19	
HIV Pregnant Cases	4	2	↓	4	2	↓
Syphilis Pregnant Cases	9	8	↓	9	8	↓
Perinatally Exposed to HIV	2	0	↓	2	0	↓

OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	44	1	79	0
Gonorrhea	47	1	107	0
Syphilis	73	4	124	0
HIV/AIDS (New to Care/Returning to Care)	21	2	49	25
Tuberculosis	6	0	18	0
TOTAL	191	8	377	25

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

²Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms

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

B. Prevention-Community Outreach/Provider Outreach/Education

This month OEDS and community partner TRAC-B Exchange participated in the National Association of Counties (NACo) conference held at both the Paris and Bally's Hotel by displaying one of the vending machines from the needle exchange program. The NACo conference brings together county officials and partners to explore ways county governments can connect residents in the spirit of building healthy, safe, vibrant communities. The syringe vending machine generated conversations about how this model can work in other cities. A poster display was also on site and handout materials were available for attendees to take and review.

The syringe vending machine was also displayed at The State of the Health Dept event on July 18th. An OEDS representative was onsite to discuss how the machine works and the impact it has made on the community. The poster display along with information on TRAC-B was also available.

Lastly, the Self Collect STD Project *Collect2Protect* is still very busy offering those at risk for gonorrhea and chlamydia the ability to self-collect. Those with symptoms are referred to SNHD SHC for testing.

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

- 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. Saturdays: Bi-weekly testing at CCDC for HIV, Syphilis, Hep C. Target Population -incarcerated.
- d. 7/25: OEDS staff collaborated with the SNHD Immunizations Project at the Las Vegas Rescue Mission to offer HIV and Hep C testing.
- e. 7/30: Harm Reduction monthly Outreach event with community partners AHF, HELP of SO. NV, Trac-B and SNHD/OEDS.

D. Staff Facilitated/Attended Training/Presentations

- a. 07/08: Southern Nevada Harm Reduction Alliance Education subcommittee; attended by one OEDS staff.
- b. 07/9: Harm Reduction Planning Summit Conference Call; one OES Staff in attendance.
- c. 07/9 and 07/10: SBIRT (Screening, Brief Intervention and Referral to Treatment) training given by Dignity Health with 10 OEDS staff in attendance.
- d. 07/10: Conference call with AIDS United Trainers to discuss Cultural Humility Training for SNHD OEDS; 3 OEDS staff participated.
- e. 07/11: International Overdose Awareness Day event planning meeting led by Jenny Gratzke and Brandon Delise; 3 OEDS Staff in attendance.

- f. 07/11: SN Opioid AC Quarterly Meeting - coordinated by Jessica Johnson; 65 Overall attendees, 5 OEDS staff attended.
- g. 07/14 and 7/15: SBIRT Training; 12 SNHD staff attended.
- h. 07/14 – 7/19: Community Anti-Drug Coalitions of America training in Dallas, Texas. Sponsored travel by PACT Coalition; 2 OEDS staff attended.
- i. 07/15: Conference call with statewide “Getting to Zero” workgroup; one OEDS staff participated.
- j. 07/17: NV Homeless Alliance provider meeting; one OEDS staff in attendance.
- k. 07/19: Enhanced training for PRSS on Harm Reduction trainer OEDS staff Jenny Gratzke with FFR staff Will Alphin; 16 people in attendance.
- l. 07/21-7/24: International Association for Food Protection Conference; one OEDS staff in attendance.
- m. 07/22: Opioid Summit Planning Call; to plan presentation panel for SNHD staff; one OEDS Staff participated.
- n. 07/23-07/25: Presentation of “*HIV Rapid Testing, Counseling, Safety, and Certificate Program*” at SNHD; 13 in attendance. Organizations represented included: Community Outreach Medical Center, Southern Nevada Health District, and the Gay and Lesbian Center of Southern Nevada.
- o. 07/23: Harm Reduction Planning Summit Conference Call; one OEDS Staff in attendance.
- p. 07/24: Presentation “*Overview of SNHD Office of Epidemiology and Disease Surveillance*” by Cheryl Radeloff for Community Counseling Center’s staff meeting; approximately 30 people in attendance.
- q. 07/25: Las Vegas Rescue Mission offering HCV testing; two OEDS staff participated and tested 11 people.
- r. 07/26: Presentation “*Behavioral Health Profile*” by OEDS Intern Elizabeth Moore (Preceptor Jessica Johnson) for SNHD; approximately 10 in attendance.
- s. 07/26: SNHRA Leadership Meeting; one OEDS staff in attendance.
- t. 07/30: Harm Reduction outreach; 2 OEDS staff participated with Aids Healthcare Foundation, HelpSoNV, Foundation for Recovery, Trac-B Exchange providing HIV/HCV testing and linkage, homeless services, peer to peer recovery services, sterile syringes, needle disposal, naloxone and overdose prevention.
- u. 7/30: PrEP Educational Training presented by Rob Phoenix from Huntridge Family Clinic; 16 SNHD staff in attendance.
- v. 07/31: Presentation “*Fundamentals of HIV Client Centered Counseling and Elements of Taking a Sexual History*” by Cheryl Radeloff for Community Counseling Center’s staff meeting; approximately 30 people in attendance.

HIV Prevention -- OEDS -- Data

Prevention - SNHD HIV Testing	July 2018	July 2019		FY17-18	FY18-19	
Outreach/Targeted Testing	679	311	↓	679	311	↓
Clinic Screening (SHC/FPC/TB)	599	253	↓	599	253	↓
Outreach Screening (Jails, SAPTA)	184	0	↓	184	0	↓
TOTAL	1,462	564	↓	1,462	564	↓
Outreach/Targeted Testing POSITIVE				19	3	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				6	4	↓
Outreach Screening (Jails, SAPTA) POSITIVE				2	0	↓
TOTAL POSITIVES				27	7	↓

E. Disease and Outbreak Investigations

A. Disease reports and updates:

- a. **Hepatitis A, outbreak declared:** In 2019, Clark County has seen significant increases in Acute Hepatitis A cases. On June 19, 2019, SNHD declared an outbreak of HAV in those experiencing homelessness and/or drug use. As of July 30, 2019, there are 73 cases of Acute HAV associated with this outbreak. 93% were identified as drug users, and 78% were identified as homeless. The Office of Epidemiology and Disease Surveillance is working with the Clinical Services division to do targeted vaccine outreach to this population. OEDS has also engaged local hospitals and their emergency room departments encouraging vaccine administration to those most at risk for this disease. This outbreak is ongoing.
- b. **Acute Flaccid Myelitis (AFM):** SNHD received a report on June 13th of possible meningitis from a hospital. Upon further review by OEDS staff, it was determined this could be a suspect AFM case. OEDS worked with the hospital and CDC to procure specimens for testing and records for CDC to review and determine case status. CDC lab results were received, and all Enterovirus testing was negative. Case status is still pending review from CDC as of July 30.
- c. **Vector-borne disease update:** Since April, OEDS has investigated eight cases of West Nile Virus (WNV) this season. Six individuals had the neuroinvasive form of disease, two individuals had the non-neuroinvasive form of disease. Environmental Health's Vector Control program has submitted more than 34,000 mosquitoes to the Southern Nevada Public Health Laboratory for arboviral analysis. WNV-positive mosquitoes have been identified in 25 unique zip codes and St. Louis Encephalitis-positive mosquitoes have been identified in 10 unique zip codes. As of July 30, 2019, OEDS has not reported a case of St. Louis Encephalitis. Jurisdictional counterparts have been and will continue to be notified of activity, and the Office of Communications has generated press releases reminding the community to be vigilant in bite prevention. Mosquito surveillance is ongoing.

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 July:

- 7/9/19: Foundation for Recovery (Distributed 120 kits)
- 7/10/19: Crossroads of S. Nevada (Trained 13, Distributed 22 kits)
- 7/12/19: Parole and Probation (Distributed 360 kits)
- 7/16/19: SNHD (Trained 1, Distributed 5 kits)
- 7/17/19: Mesquite PD (Distributed 50 kits)
- 7/17/19: LVMPD (Trained 1, Distributed 11 kits)
- 7/19/19: Crossroads of S. Nevada (Trained 12, Distributed 50 kits)

- b. **Overdose Data to Action Grant:** The Southern Nevada Health District received notice from the CDC that it will be awarded grant funding under the "Overdose Data to Action" initiative beginning September 1, 2019. SNHD applied for over \$2.9 million for the first year and will be eligible to receive additional funds for up to 3 years. With this funding, SNHD will have the tools and resources required to effectively use surveillance data for overdose prevention and response efforts. Specifically, this opportunity will enable SNHD to increase the comprehensiveness and timeliness of overdose surveillance data; build state and local capacity for evidence-based public health programs; make the Nevada Prescription Monitoring Program (NV-PMP) easier to use and access; and work with health systems and communities to improve opioid prescribing. Additionally, this project includes new initiatives focused on linkages to care through creation of a harm reduction/overdose response outreach team and other areas of innovation supported by evidence-based practice, including expansion of its harm reduction syringe vending machine services program

C. Other:

- a. **Communicable Disease Statistics:** June 2019 and Quarter 3 2019 disease statistics are attached. (see table 1 and 2)

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- A. Continue to maintain and enhance Trisano disease surveillance system.



June 2019: Clark County Disease Statistics*

Disease	2017		2018		2019	
	June	YTD	June	YTD	June	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive disease	3	17	1	8	2	14
Hepatitis A	1	1	5	22	22	66
Hepatitis B, acute	2	10	2	12	1	9
Hepatitis B, chronic	8	39	20	169	41	209
Influenza	33	586	7	854	19	810
Meningococcal disease (Neisseria meningitidis)	0	2	0	3	0	1
Mumps	0	1	0	4	0	0
Pertussis	2	28	2	21	3	25
SEXUALLY TRANSMITTED						
Chlamydia	946	6075	1139	6749	1081	6683
Gonorrhea	280	1499	277	1723	314	1814
Syphilis (Early non-primary, non-secondary)	39	211	42	218	31	206
Syphilis (Primary & Secondary)	32	226	47	273	44	283
CONGENITAL CONDITIONS						
Congenital Syphilis	2	10	4	9	0	13
Hepatitis C virus infection, perinatal	0	0	0	1	0	1
ENTERICS						
Amebiasis	0	4	1	2	1	5
Campylobacteriosis	7	55	15	57	14	65
Cryptosporidiosis	0	3	3	4	1	3
Giardiasis	0	14	5	26	4	24
Rotavirus	4	47	3	18	7	35
Salmonellosis	10	67	20	83	8	51
Shiga toxin-producing Escherichia coli (STEC)	1	14	1	8	2	15
Shigellosis	12	36	5	45	5	29
Typhoid (cases and carriers; caused by Salmonella typhi)	0	1	0	0	0	2
Vibriosis (non-cholera Vibrio species infections)	0	0	2	2	0	1
Yersiniosis	0	2	0	0	0	1
OTHER						
Brucellosis	0	0	0	0	0	1
Coccidioidomycosis	12	59	10	92	9	37
Ehrlichiosis/Anaplasmosis	0	0	2	3	0	0
Encephalitis	0	1	0	1	0	0
Exposure, Chemical or Biological	0	0	0	3	1	7
Hepatitis C, acute	2	12	4	11	2	13
Hepatitis C, chronic	0	2	335	1530	496	3401
Hepatitis E, acute	0	0	0	1	0	0
Invasive Pneumococcal Disease	12	122	9	129	18	146
Lead poisoning	7	64	17	115	15	87
Legionellosis	2	10	1	6	1	6
Listeriosis	0	0	0	1	1	5
Lyme disease	0	7	1	7	3	6
Malaria	1	1	0	1	2	4
Meningitis, Aseptic	3	12	1	11	13	33
Meningitis, Bacterial Other	3	12	2	13	2	15
Meningitis, Fungal	0	1	0	4	0	4
Q Fever	1	2	1	1	0	2
RSV	1	926	4	1281	9	1839
Rabies, animal	0	1	1	4	0	0
Rabies, exposure to a rabies susceptible animal	0	0	0	1	0	0
Spotted Fever Rickettsiosis	0	1	1	2	0	1
Streptococcal Toxic Shock Syndrome (STSS)	1	16	4	21	1	19
Tularemia	1	1	0	0	0	0
West Nile virus neuroinvasive disease	0	1	0	0	1	2

*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.

--- Due to changes in the disease reporting processing guideline in 2018, there was an artificial increase of case counts of Hepatitis B, chronic and Hepatitis C, chronic in 2018 vs. 2017.

---- 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
	Qtr 2	YTD	Qtr 2	YTD	Qtr 2	YTD	Qtr 2 (2014-2018 aggregated)	Qtr 2 (2019)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive	5	17	3	8	5	14	0.23	.	No Change
Hepatitis A	1	1	15	22	47	66	0.23	2.10	↑x
Hepatitis B, acute	7	10	7	12	6	9	0.31	.	↓
Hepatitis B, chronic	17	39	79	169	124	209	1.13	5.53	↑x
Influenza	169	586	110	854	126	810	5.16	5.62	↑
Meningococcal disease (<i>N. meningitidis</i>)	1	2	1	3	0	1	.	.	↓
Mumps	0	1	1	4	0	0	.	.	↓
Pertussis	11	28	9	21	10	25	0.93	.	↓x
SEXUALLY TRANSMITTED									
Chlamydia	3027	6133	3538	6823	3335	6741	131.85	148.73	↑x
Gonorrhea	1111	2122	1287	2521	1321	2584	42.61	58.91	↑x
HIV	121	237	93	198	102	212	4.83	4.55	↓
AIDS	41	83	29	59	44	73	2.35	1.96	↓
Syphilis (Primary & Secondary)	109	226	129	273	137	283	4.36	6.11	↑x
Syphilis (Early non-primary, non-secondary)	109	211	120	218	99	206	4.76	4.41	↓
CONGENITAL CONDITIONS									
Congenital Syphilis	3	10	6	9	9	13	0.12	.	↑
Hepatitis C, perinatal infection	0	0	1	1	0	1	.	.	↓
ENTERICS									
Amebiasis	2	4	1	2	1	5	.	.	↓
Campylobacteriosis	28	55	38	57	35	65	1.35	1.57	↑
Cryptosporidiosis	3	3	4	4	2	3	.	.	↑
Giardiasis	7	14	12	26	14	24	0.53	0.63	↑
Rotavirus	20	47	15	18	31	35	1.22	1.39	↑
Salmonellosis	38	67	58	83	34	51	2.05	1.52	↓
Shiga toxin-producing <i>E. coli</i> (STEC)	9	14	6	8	11	15	0.36	.	↑
Shigellosis	24	36	25	45	19	29	0.62	0.85	↑
Typhoid	1	1	0	0	0	2	.	.	↓
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	2	2	0	1	.	.	↓
Yersiniosis	1	2	0	0	0	1	.	.	↓
OTHER									
Brucellosis	0	0	0	0	0	1	.	.	No Change
Coccidioidomycosis	29	59	29	92	17	37	1.08	0.76	↓
Ehrlichiosis and Anaplasmosis	0	0	1	1	0	0	.	.	↓
Encephalitis	0	1	0	1	0	0	.	.	No Change
Exposure, Chemical or Biological	0	0	0	3	2	7	.	.	↑
Hepatitis C, acute	6	12	9	11	9	13	0.26	.	↑
Hepatitis C, chronic	1	2	916	1530	1723	3413	8.54	76.84	↑x
Hepatitis E, acute	0	0	1	1	0	0	.	.	↓
Invasive Pneumococcal Disease	54	122	40	129	63	146	1.48	2.81	↑x
Lead Poisoning	30	64	45	93	43	75	1.20	1.92	↑
Legionellosis	8	10	2	6	3	6	0.23	.	↓
Listeriosis	0	0	0	1	2	5	.	.	↑
Lyme Disease	3	7	2	7	3	6	0.14	.	No Change
Malaria	1	1	1	1	3	4	.	.	↑
Meningitis, Aseptic	6	12	2	11	25	33	0.27	1.11	↑x
Meningitis, Bacterial Other	8	12	4	13	8	15	0.30	.	↑
Meningitis, Fungal	1	1	1	4	0	4	.	.	↓x
Q fever	2	2	1	1	1	2	.	.	No Change
RSV	59	926	81	1281	143	1837	3.31	6.38	↑x
Rabies, animal	1	1	4	4	0	0	.	.	↓x
Rabies, exposure to a rabies susceptible animal	0	0	1	1	0	0	.	.	↓
Spotted Fever Rickettsiosis	0	1	1	2	1	1	.	.	↑
Streptococcal Toxic Shock Syndrome (STSS)	11	16	8	21	8	19	0.30	.	↑
Tularemia	1	1	0	0	0	0	.	.	↓
Tuberculosis, Active	12	21	18	30	11	18	0.73	.	↓
West Nile Virus neuroinvasive disease	0	1	0	0	2	2	.	.	↑

*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.



Quarter 2, 2019: Clark County Disease Statistics*

~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.'

~~~Due to changes in the disease reporting processing guideline in 2018, there was an artificial increase of case counts of Hepatitis B, chronic and Hepatitis C, chronic in 2018 vs. 2017.

- 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, Environmental Health (EH) 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. Continue to work with OEDS and IT to develop Expedited Partner Therapy (EPT) application. EPT is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take his/her partner without the health care provider first examining the partner.
- K. Continue working on vital Records parsing program for CDC auto-import site.
- L. Work on Antibigram data collection and validation.
- M. Work with OEDS to develop application for Collect 2 Protect (Online Testing Kit).

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

##### **1. July Meetings:**

##### **A. Regional Trauma Advisory Board (RTAB) Member Nominating Committee**

The RTAB Committee met to discuss and vote on a new member to fill a vacant position for payers of medical benefits for victims of trauma.

##### **B. Southern Nevada Injury Prevention Partnership (SNIPP)**

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

The SNIPP Committee held its state of the union address to provide highlights of the committee's accomplishments over the past two years.

Jennifer Nash from the Nevada Goes Falls Free Coalition gave a presentation about her organization and Tara Phebus gave a presentation on child abuse prevention.

##### **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. The RTAB makes recommendations, and assists in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

The Chairman introduced the new members for the 2019-2021 term.

The RTAB approved Sunrise Hospital and Medical Center's application for renewal of authorization as a Level II Trauma Center.

The Board reviewed and discussed the trauma transport data for 1<sup>st</sup> quarter 2019.

The Board reviewed and discussed the 2018 Clark County Trauma Needs Assessment Review, Version 2.

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

| July EMS Statistics                   | July 2018 | July 2019 |   | FY17-18 (July) | FY18-19 (July) |   |
|---------------------------------------|-----------|-----------|---|----------------|----------------|---|
| Total certificates issued             | 18        | 39        | ↑ | 18             | 39             | ↑ |
| New licenses issued                   | 20        | 36        | ↑ | 20             | 36             | ↑ |
| Renewal licenses issued (recert only) | 0         | 0         | = | 0              | 0              | = |
| Active Certifications: EMT            | 606       | 604       | ↓ |                |                |   |
| Active Certifications: Advanced EMT   | 1424      | 1448      | ↑ |                |                |   |
| Active Certifications: Paramedic      | 1302      | 1741      | ↑ |                |                |   |
| Active Certifications: RN             | 38        | 44        | ↑ |                |                |   |
| Driver Only                           | N/A       | 40        | ↑ |                |                |   |

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

**1. Planning and Preparedness:**

- A. OPHP staff attended a Master Scenario Events List Synchronization meeting on July 18 with the State Division of Emergency Management, the Federal Emergency Management Agency and other jurisdictional partners to discuss the step-by-step components for the statewide Silver Crucible Full Scale Exercise. This exercise will be conducted November 12-14, 2019 and will have a complex coordinated terrorist attack. There will be a biological scenario in Southern Nevada as well as a biological scenario occurring in the North.
- B. OPHP staff gave a presentation on the recovery to the October 1 shooting at the National Association of County and City Health Officials on July 10.
- C. OPHP Staff participated in a conference call on July 17 with the CDC discussing the current Ebola situation in the Democratic Republic of Congo and what CDC is doing to respond to the outbreak.
- D. OPHP staff have participated in and continue to participate in the Incident Command Team for the Hepatitis A Outbreak in the homeless population.
- E. OPHP participated in the Training and Exercise Planning Workshop conducted by the Division of Public and Behavioral Health to identify training and exercise needs for the state and local health authorities for the upcoming grant year.
- F. OPHP met with Centennial Hospice, Triple C Home Health, Vascular Access Care Center, Ambulatory Surgical Center, Complex Care, Allied Home Health and

Fresenius Kidney Care 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.

- G. OPHP staff toured the Trellis Skilled Nursing Facility in preparation for an Active Shooter Table Top Exercise that requires understanding of the facility layout, patient room array, and locations for hiding if during the Run, Hide, Fight phases, personnel are required to hide. This table top exercise will aid in Trellis' compliance with the Center for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP) for emergency preparedness.
- H. OPHP conducted an Active Shooter Table Top Exercise (TTX) to Encompass Rehabilitation Hospital in Henderson using their policies and procedures to provide feedback to their current action plan. OPHP also participated in the Veterans Affairs Southern Nevada Healthcare System's Emergency Management Committee meeting discussing the August 2019 Southern Nevada Healthcare Preparedness Coalition meeting, Incident Command System – 400 course, Incident Command System – 300 Course, the Medical Preparedness & Response to bombing incidents course in October, the Great Nevada ShakeOut in October, and Silver Crucible, the state wide exercise in November.
- I. OPHP met with Encompass Health Rehabilitation of Henderson 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.
- J. 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.
- K. OPHP staff continue to work with the Southern Nevada Counterterrorism Center to provide public health updates and alerts of local, national, and global interest.
- L. 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.
- M. 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 (32), annual TB testing (18), and other workforce vaccinations based on Health District response to these threats (30).

4. **Grants and Administration:**

- A. OPHP is working with finance to close out end of the fiscal for multiple sub-grants from the state that ended on June 30, 2019. Currently, we are waiting to receive new Notice of Awards for FY20 PHEP, CRI, and HPP grants from the state. Personnel costs will continue to be paid but no major purchases will occur until we have fully executed awards.

- B. OPHP staff is working to complete End of Year progress reports for FY19 grants.

- A. **Medical Reserve Corps (MRC) of Southern Nevada:** Eight MRC volunteers assisted SNHD at the Main and East immunization clinic, Main Foodhandler Safety office, and Pharmacy. MRC volunteer hours total 121.5 with a monetary value of \$3,089.74. The MRC Coordinator planned for coming events, recruited and processed new volunteers, and sent the monthly newsletter and bulletins.

IV. **VITAL STATISTICS**

July 2019 showed a 1% increase in birth certificate sales in comparison to July 2018. Death certificate sales showed a 2.5% decrease for the same time frame. SNHD received revenues of \$52,169 for birth registrations, \$22,174 for death registrations; and an additional \$4,342 in miscellaneous fees for the month of July.

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

| Vital Statistics Services | July 2018 | July 2019 |   | FY 18-19 (July) | FY 19-20 (July) |   |
|---------------------------|-----------|-----------|---|-----------------|-----------------|---|
| Births Registered         | 2,316     | 2,393     | ↑ | 2,316           | 2,393           | ↑ |
| Deaths Registered         | 1,506     | 1,570     | ↑ | 1,506           | 1,570           | ↑ |

| Vital Statistics Services                       | July 2018    | July 2019    |          | FY18-19 (July) | FY19-20 (July) |          |
|-------------------------------------------------|--------------|--------------|----------|----------------|----------------|----------|
| Birth Certificates Sold (walk-in)               | 3,651        | 3,804        | ↑        | 3,651          | 3,804          | ↑        |
| Birth Certificates Mail                         | 135          | 110          | ↓        | 135            | 110            | ↓        |
| Birth Certificates Online Orders                | 1,335        | 1,245        | ↓        | 1,335          | 1,245          | ↓        |
| Birth Certificates Billed                       | 120          | 131          | ↑        | 120            | 131            | ↑        |
| <b>Birth Certificates Number of Total Sales</b> | <b>5,241</b> | <b>5,290</b> | <b>↑</b> | <b>5,241</b>   | <b>5,290</b>   | <b>↑</b> |
| Death Certificates Sold (walk-in)               | 1,106        | 1,277        | ↑        | 1,106          | 1,277          | ↑        |
| Death Certificates Mail                         | 59           | 59           |          | 59             | 59             |          |
| Death Certificates Online Orders                | 6,146        | 5,777        | ↓        | 6,146          | 5,777          | ↓        |
| Death Certificates Billed                       | 21           | 36           | ↑        | 21             | 36             | ↑        |

|                                                 |       |       |   |       |       |   |
|-------------------------------------------------|-------|-------|---|-------|-------|---|
| <b>Death Certificates Number of Total Sales</b> | 7,332 | 7,149 | ↓ | 7,332 | 7,149 | ↓ |
|-------------------------------------------------|-------|-------|---|-------|-------|---|

**COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data**

| <b>Vital Statistics Sales by Source</b>       | <b>July 2018</b> | <b>July 2019</b> |   | <b>FY18-19 (July)</b> | <b>FY19-20 (July)</b> |   |
|-----------------------------------------------|------------------|------------------|---|-----------------------|-----------------------|---|
| Birth Certificates Sold Valley View (walk-in) | 69.7%            | 71.9%            | ↑ | 69.7%                 | 71.9%                 | ↑ |
| Birth Certificates Mail                       | 2.6%             | 2.1%             | ↓ | 2.6%                  | 2.1%                  | ↓ |
| Birth Certificates Online Orders              | 25.5%            | 23.5%            | ↓ | 25.5%                 | 23.5%                 | ↓ |
| Birth Certificates Billed                     | 2%               | 2%               |   | 2%                    | 2%                    |   |
| Death Certificates Sold Decatur (walk-in)     | 15.1%            | 17.9%            | ↑ | 15.1%                 | 17.9%                 | ↑ |
| Death Certificates Mail                       | .8%              | .8%              |   | .8%                   | .8%                   |   |
| Death Certificates Online Orders              | 83.8%            | 80.8%            | ↓ | 83.8%                 | 80.8%                 | ↓ |
| Death Certificates Billed                     | .3%              | .5%              | ↑ | .3%                   | .5%                   | ↑ |

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

| <b>Revenue</b>                     | <b>July 2018</b> | <b>July 2019</b> |          | <b>FY 18-19 (July)</b> | <b>FY 19-20 (July)</b> |          |
|------------------------------------|------------------|------------------|----------|------------------------|------------------------|----------|
| Birth Certificates (\$20)          | \$104,820        | \$105,800        | ↑        | \$104,820              | \$105,800              | ↑        |
| Death Certificates (\$20)          | \$146,640        | \$171,576        | ↑        | \$146,640              | \$171,576              | ↑        |
| Births Registrations (\$13)        | \$52,039         | \$52,169         | ↑        | \$52,039               | \$52,169               | ↑        |
| Deaths Registrations (\$13)        | \$22,009         | \$22,174         | ↑        | \$22,009               | \$22,174               | ↑        |
| Miscellaneous                      | \$4,356          | \$4,342          | ↓        | \$4,356                | \$4,342                | ↓        |
| <b>Total Vital Records Revenue</b> | <b>\$329,864</b> | <b>\$356,061</b> | <b>↑</b> | <b>\$329,864</b>       | <b>\$356,061</b>       | <b>↑</b> |

**Note:**

Increase in death certificate revenue is due to implementation of fee increase for death certificates from \$20 to \$24 each, effective July 1, 2019 (SB 463, NRS 440.700, NRS 440.715 and BOH approved).

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

**Passport Services**

Passport Services processed 668 passport applications and provided 341 photos.

| <b>Revenue</b>                           | <b>July 2018</b> | <b>July 2019</b> |  | <b>FY 18-19 (July)</b> | <b>FY 19-20 (July)</b> |  |
|------------------------------------------|------------------|------------------|--|------------------------|------------------------|--|
| Passport Execution/Acceptance fee (\$35) | \$210            | \$23,380         |  | \$210                  | \$23,380               |  |
| Passport Photo Fee (\$12)                | \$0              | \$4,092          |  | \$0                    | \$4,092                |  |

**Total Passport Program Revenue**

|       |          |  |       |          |  |
|-------|----------|--|-------|----------|--|
| \$210 | \$27,472 |  | \$210 | \$27,472 |  |
|-------|----------|--|-------|----------|--|

\*SNHD opened Passport Services on August 1, 2018.