



Memorandum

Date: October 24, 2019

To: Southern Nevada District Board of Health

From: Michael Johnson, PhD, Director of Community Health *MJ.*
Fermin Leguen, MD, MPH, Interim Chief Health Officer *FL*

Subject: Community Health Division Monthly Activity Report – September 2019

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

1. Tobacco Control Program (TCP):

Staff worked in collaboration with local and statewide partners to develop an e-cigarette pulmonary injury advisory aimed at healthcare providers. The Centers for Disease Control and Prevention (CDC) has reported potential cases and three deaths associated with severe lung illness. At this time, investigators have not identified any specific product or compound that is linked to all cases; however, all patients have reported e-cigarette product use or vaping. In many cases, but not all, patients reported recently using products containing tetrahydrocannabinol (THC). Staff will continue to coordinate with partners statewide to monitor the issue.

Staff worked to develop comprehensive campaigns on a variety of media platforms that encourage voluntary tobacco policy expansion in areas that are exempt from Nevada's clean indoor air law. Scripts, revised collateral, web, radio, and print were developed, and the campaign will run through September 2019. Staff worked to target businesses with this messaging and much of the outreach will be to local chambers of commerce.

Staff held an education session at Sunrise Hospital in collaboration with the American Lung Association. Approximately 50+ high school students volunteering for the summer received education around e-cigarette /vape use and its dangers, as well as information about tobacco free campus policies. Students signed up for various activities related to promoting tobacco-free campuses at local schools.

Staff participates on the Agents of Change planning committee. The Agents of Change is a conference held by a partner organization, Rescue the Behavior Change Agency that gathers change agents from the public and private sector to share strategies and innovations to improve public health initiatives. The Agents of Change summit is scheduled for February 2020.

2. Chronic Disease Prevention Program (CDPP):

A Certified Lactation Consultant (CLC) Course was held at SNHD in July/August 2019 and through the OCDPHP REACH Grant, 11 SNHD Clinical Services employees in the Nurse Family Partnership Program were able to attend the week-long course. We also provided 3 scholarships to the course for members of the Southern Nevada Breastfeeding Coalition. A total of 65 people attended the week-long course. CDPP also worked with the Southern Nevada Breastfeeding Coalition to develop social media ads to promote breastfeeding during World Breastfeeding Month in August. Ads ran throughout the month of August in English and Spanish.

CDPP staff hosted a Barber Engagement meeting to kick off Year 2 of the BSHOP (Barbershop Health Outreach Project). A total of 25 people participated including barbers and owners from 6 participating barbershops, volunteers and community partners. Congressman Steven Horsford was a special guest at the kick-off event. Congressman Horsford shared his support for the BSHOP initiative and encouraged barbers and barbershop owners to continue their engagement and support of the project. During August, 30 participants were screened for hypertension and/or prediabetes. Four of those individuals were referred to Nevada Health Centers for follow up and one individual was referred to the Nevada Tobacco Quitline. Also during August, one blood pressure screening event was held at Mary Crystylez beauty salon. CDPP staff continue to reach out to local black-owned beauty salons to support expansion of the BSHOP project into beauty salons.

Staff submitted an abstract on the Complete Streets Policy Initiative that was completed in North Las Vegas in 2018 to the National Conference on Health and Active Transportation. The abstract was accepted for a poster presentation at the conference. The conference is in December.

During August, the CDPP Community Health Worker (CHW) visited 20 community asset locations in priority geographic locations to distribute information about OCDPHP programs and resources. Locations visited in August included WIC, Recreation Centers, NV Job Connect, clinics, and libraries. CHW & CDPP staff distributed chronic disease prevention resources at 7 community events during the month.

The Partners for a Healthy Nevada (PHN) quarterly meeting was held in August with 32 participants. The agenda included an update on the Nevada Legislative Session and presentations by the Children's Advocacy Alliance (CACPF Gap Analysis Study) and Three Square (Food Equity). The next meeting will be held in November. The PHN School Wellness Taskforce also met in August with 15 people in attendance. A presentation on the CCSD Food Service new menu options for the 2019-2020 school year was presented.

The Soda Free Summer (SFS) (Verano sin Soda) initiative wrapped up in August. The initiative was geared toward the Hispanic community and we partnered with promoters from Visión y Compromiso to deliver education and share materials with the communities and churches that they work with. The promoters encouraged people to take the Soda Free Summer/Verano sin Soda Challenge to eliminate or reduce consumption of soda and other sugary beverages this summer. During the initiative a spotlight promoting the SFS Challenge was added to the Viva Saludable website with links to program materials and pledge cards and CDPP staff participated in 3 earned media opportunities to promote the challenge. Staff also wrote 3 blogs promoting the initiative

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE – September 2019
Activities Report

A. Surveillance and Investigations

1. Number of Confirmed and Probable Cases of Selective Illnesses Reported

	Sep-18	Sep-19		FY 18-19	FY 19-20	
Sexually Transmitted						
Chlamydia	1233	1046	↓	3698	3595	↓
Gonorrhea	433	382	↓	1430	1383	↓
Primary Syphilis	19	14	↓	63	66	↑
Secondary Syphilis	27	12	↓	81	78	↓
Early Non-Primary, Non-Secondary ¹	38	12	↓	113	59	↓
Syphilis Unknown Duration or Late ²	50	17	↓	162	161	↓
Congenital Syphilis (presumptive)	4	1	↓	7	11	↑
Moms and Babies Surveillance						
HIV Pregnant Cases	5	0	↓	14	5	↓
Syphilis Pregnant Cases	9	6	↓	32	32	→
Perinatally Exposed to HIV	3	0	↓	9	4	↓
¹ Early 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						
Vaccine Preventable						
Haemophilus influenzae, invasive disease	4	1	↓	14	16	↑
Hepatitis A	1	4	↑	29	94	↑
Hepatitis B, acute	2	0	↓	15	15	→
Hepatitis B, chronic	19	48	↑	246	391	↑
Influenza	6	10	↑	863	837	↓
Meningococcal disease (Neisseria Meningitidis)	0	0	→	3	1	↓
Mumps	0	0	→	4	0	↓
Pertussis	8	0	↓	32	34	↑
Enterics						
Campylobacteriosis	13	8	↓	96	101	↑
Giardiasis	2	3	↑	41	41	→
Rotavirus	1	3	↑	21	49	↑
Salmonellosis	15	6	↓	155	100	↓
Shiga toxin-producing Escherichia coli (STEC)	1	1	→	16	22	↑
Shigellosis	6	0	↓	75	43	↓
Other						
Hepatitis C, acute	2	1	↓	17	15	↓
Hepatitis C, chronic	220	437	↑	2295	5000	↑
Invasive Pneumococcal Disease	7	15	↑	145	175	↑
Lead Poisoning	13	4	↓	158	121	↓

Legionellosis	1	2	↑	9	14	↑
Meningitis, aseptic	3	4	↑	22	59	↑
Streptococcal Toxic Shock Syndrome (STSS)	1	1	→	29	22	↓
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
New Active TB Cases Counted (>= 15 yo)	5	4	↓	13	13	→
West Nile virus neuroinvasive disease	0	2	↑	0	34	↑

2. Number of Cases Investigated by OEDS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptoma tic/ Xray ²	OOJ/FUP ³		
Chlamydia	58	1	46	0		
Gonorrhea	30	1	24	1		
Syphilis	60	9	107	2		
HIV/AIDS (New to Care/Returning to Care)	29	2	48	14		
Tuberculosis	14	0	30	10		
TOTAL	191	13	255	27		

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

Monthly DIIS Investigations Other Communicable Diseases				
Confirm Case (Clinical and Lab Required)	Confirmed Case (Lab Only)	Full Investigation	OOJ with Investigation	OOJ without Investigation
81	34	73	5	9

3. Disease and Outbreak Investigations

- a. Hepatitis A, outbreak declared:** On June 19, 2019, SNHD declared an outbreak of Hepatitis A Virus in those experiencing homelessness and/or drug use. As of September 30, 2019, there have been 95 cases of acute hepatitis A associated with this outbreak. Among these cases, 89% were identified were people who used drugs (both injection and non-injection), and 76% were identified as people experiencing homelessness, and 14% were among people with a history of current or recent incarceration. Eighty six percent of hepatitis A cases associated with this outbreak were hospitalized during their illness, and one person died. SNHD has implemented an Incident Command structure to respond to this outbreak. The Office of Epidemiology and Disease Surveillance is working with the Clinical Services division to do targeted vaccine outreach to this population. SNHD is working with community partners to provide hepatitis A vaccinations to the at-risk population. Since the outbreak was declared, SNHD has administered over 1,994 hepatitis A vaccines to adults over 18 years of age, and a total of 3,731 vaccines have been administered to adults in Clark County by all providers. SNHD has also engaged local hospitals and their

emergency departments, Federally Qualified Health Centers, and other community partners to encourage administration of hepatitis A vaccines to those most at risk for this disease. SNHD is continuing to work with WellPath and Clark County Detention Center (CCDC) to promote hepatitis A vaccination at CCDC and Las Vegas City Jail. This outbreak is ongoing. Weekly updates on the hepatitis A outbreak can be found at: www.snhd.info/hep-a-control.

- 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. CDC determined this to be not a case of AFM.

OEDS received a new report of a suspect AFM case on 9/3/19. The Infectious Disease provider reported the case to OEDS with a request for assistance in testing for AFM. OEDS shipped specimens to CDC for testing and a case status is pending from CDC.

- c. *Vector-borne disease update*:** On August 22, OEDS declared a West Nile Virus (WNV) outbreak. As of September 30, OEDS has investigated 43 cases of WNV. Thirty-four individuals had the neuroinvasive form of disease, nine individuals had the non-neuroinvasive form of disease. Environmental Health's Vector Control program has submitted more than 42,000 mosquitoes to the Southern Nevada Public Health Laboratory for arboviral analysis. WNV-positive mosquitoes have been identified in 43 unique zip codes and St. Louis Encephalitis-positive mosquitoes have been identified in 15 unique zip codes. As of September 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 and arboviral surveillance is ongoing.

- d. *Illnesses in Clark County linked to e-cigarette use*:** The OEDS confirmed three cases of severe respiratory illness linked to e-cigarette products. The first case reported was in an individual under the age of 18 years old, and the two additional cases were in adults, 18 years or older. One of the individuals reported using e-cigarettes with nicotine products only. Two of the individuals reported using tetrahydrocannabinol (THC) products, and one also reported using cannabinoid (CBD) oils. All three individuals reported purchasing or acquiring their products from different sources, including friends, retail outlets, and through online purchases. OEDS has collected e-cigarette products from two cases and is working with our Nevada state partners, the Center for Disease Control and Prevention and the U.S. Food and Drug Administration on this national outbreak.

4. 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 September:

- 9/3/19 - PACT Coalition (100 kits distributed)
- 9/3/19 - Rural EMS Conference – Elko, NV (90 trained, 500 kits distributed)
- 9/6/19 - SNHD (1 trained, 2 kits distributed)
- 9/17/19 - Henderson PD (350 kits distributed)
- 9/23/19 - EMS Training Center (125 kits distributed)
- 9/25/19 - Las Vegas Rescue Mission (20 trained, 80 kits distributed)
- 9/26/19 - Nevada Homeless Alliance (22 trained, 45 kits distributed)

b. Overdose Data to Action Grant (OD2A): The Southern Nevada Health District received the official notice of award for funding beginning 9/1. The application was fully funded at over \$2.9 million for the first year of this three-year project. OEDS has been focusing on hiring about 15 new staff and executing over \$1.2 million in subcontracts to community partners who will support this project.

B. Prevention- Community Outreach/Provider Outreach/Education

No outreaches/ educational events to report.

C. High Impact HIV/STD/Hepatitis Screening Sites

- a. Mondays – Thursdays: The Center - LGBTQ Community of Nevada – Rapid HIV testing; target population - MSM, transgender. Collect 2 Protect ongoing testing for Chlamydia and Gonorrhea.
- b. Mondays: Trac-B Exchange - Rapid HIV and Hepatitis C testing; target population - IDU. No testing on Wednesdays at Trac-B.
- c. Saturdays: Bi-weekly testing at CCDC for HIV, Syphilis, Hep C. Target Population - incarcerated.
- d. 9/24/19: Harm Reduction monthly Outreach event with community partners AHF, HELP of SO. NV, Trac-B and SNHD/OEDS.
- e. 9/21/19: OEDS staff tabled for The Rally for Recovery - no testing, just information and education on services and linkages to care.
- f. 9/28/19: SNHD OEDS staff utilized the MTU to offer rapid HIV testing at the Flamingo Library targeting LGBTQ families.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	Set-18	Sep-19		FY 18-19	FY 19-20	
Outreach/Targeted Testing	776	165	↓	2244	1713	↓
Clinic Screening (SHC/FPC/TB)	609	385	↓	1915	1730	↓
Outreach Screening (Jails, SAPTA)	119	0	↓	483	0	↓
TOTAL	1504	550	↓	4642	3443	↓

Outreach/Targeted Testing POSITIVE				41	23	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				21	16	↓
Outreach Screening (Jails, SAPTA) POSITIVE				4	0	↓
TOTAL POSITIVES				66	39	↓

D. Staff Facilitated/Attended the following Trainings/Presentations

- a. 9/4/19: Jessica Johnson presented SNHD Harm Reduction Vending Project to Mineral County Commissioners in Hawthorne, NV with 25 people in attendance.
- b. 9/5/19: Presentation "Hepatitis A" with Dr. Vit Kraushaar and Kimberly Hertin for The Health Care Coalition; 45 in attendance.
- c. 9/5/19-9/8/19: Joshua Montgomery and Cheryl Radeloff attended United States Conference on AIDS in Washington D.C.
- d. 9/5/19: Jessica Johnson met with local law enforcement in Hawthorne, NV regarding SNHD Harm Reduction Vending.
- e. 9/6/19: Rebecca Cruz-Nañez attended Clark County Children's Mental Health Consortium (CCCMHC) as a representative.
- f. 9/7/19: Presentation "HIV and STIs" for the First Offender Program by Michelle Shingu; 8 in attendance.
- g. 9/9/19: Rebecca Cruz-Nañez attended Nevada Youth Suicide Prevention Task Force as a representative.
- h. 9/10/19: Motivational Interviewing Training by Rebecca Cruz-Nañez with four resident physician interns in attendance.
- i. 9/11/19: Presentation "Hepatitis A" with Dr. Vit Kraushaar for UMC and UNLV residents.
- j. 9/11/19: Co-Facilitated "PLWHA Panel" with Joshua Montgomery for Community Counseling Center; 30 in attendance.
- k. 9/11/19: Cheryl Radeloff participated on a teleconference call regarding implementation of AB 124.
- l. 9/11/19: TB Cohort Review presentation by Christian Murua, Epidemiologist, Haley Blake, Senior DIIS, and TB Clinic staff; 15 in attendance from SNHD, local hospitals, and other community partners.
- m. 9/11/19: Statewide "Improving Lives: Statewide Community Training" with topics on Leadership, Case Management and Landlord Engagement held in Las Vegas attended by Rebecca Cruz-Nañez, Joey Arias and Jenny Gratzke.
- n. 9/12/19: Mental Health Symposium in Las Vegas attended by Jessica Johnson and Rebecca Cruz-Nañez.
- o. 9/13/19: Communication Training by Rebecca Cruz-Nañez with one staff member.
- p. 9/14/19: Presentation "HIV and STIs" for the First Offender Program by Cheryl Radeloff; 2 in attendance.
- q. 09/16/19: Presentation "Hepatitis A" with Dr. Vit Kraushaar for Silver State Health (a FQHC); 10 in attendance.

August 2019: Clark County Disease Statistics*

Disease	2017		2018		2019	
	August	YTD	August	YTD	August	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive disease	0	18	2	10	0	15
Hepatitis A	0	6	0	28	6	90
Hepatitis B, acute	2	15	1	13	2	14
Hepatitis B, chronic	5	48	28	227	42	327
Influenza	8	596	1	857	5	826
Meningococcal disease (Neisseria meningitidis)	0	2	0	3	0	1
Mumps	1	2	0	4	0	0
Pertussis	0	32	1	24	1	34
SEXUALLY TRANSMITTED						
Chlamydia	1199	8329	1269	9182	1234	9207
Gonorrhea	316	2092	345	2380	376	2559
Syphilis (Early non-primary, non-secondary)	41	285	41	293	25	252
Syphilis (Primary & Secondary)	53	326	50	372	62	409
CONGENITAL CONDITIONS						
Congenital Syphilis	2	12	2	12	4	22
Hepatitis C virus infection, perinatal	0	0	0	1	0	1
ENTERICS						
Amebiasis	1	5	1	3	0	5
Campylobacteriosis	7	69	15	83	12	93
Cryptosporidiosis	0	3	1	9	1	5
Giardiasis	3	20	7	39	4	38
Rotavirus	3	51	1	20	2	46
Salmonellosis	18	100	33	140	16	92
Shiga toxin-producing Escherichia coli (STEC)	4	22	5	15	2	21
Shigellosis	16	59	11	69	2	42
Typhoid (cases and carriers; caused by Salmonella typhi)	0	1	0	0	0	4
Vibriosis (non-cholera Vibrio species infections)	1	1	2	4	0	2
Yersiniosis	0	2	0	0	1	2
OTHER						
Brucellosis	0	0	0	0	1	2
Coccidioidomycosis	8	80	11	110	9	56
Dengue	0	0	0	0	1	5
Ehrlichiosis/Anaplasmosis	0	0	0	3	0	0
Encephalitis	0	2	0	1	0	1
Exposure, Chemical or Biological	1	2	0	4	0	7
Hepatitis C, acute	2	21	2	15	0	14
Hepatitis C, chronic	0	2	280	2075	518	4560
Hepatitis E, acute	0	0	0	1	0	0
Invasive Pneumococcal Disease	7	133	6	138	7	160
Lead poisoning	10	84	10	145	14	116
Legionellosis	1	11	0	8	4	12
Listeriosis	1	1	0	1	0	5
Lyme disease	1	9	0	8	0	11
Malaria	1	3	1	3	0	7
Meningitis, Aseptic	1	14	4	19	8	54
Meningitis, Bacterial Other	3	18	3	16	3	20
Meningitis, Fungal	1	2	0	5	0	3
Q Fever	0	2	0	1	0	2
RSV	2	932	1	1283	1	1850
Rabies, animal	0	1	1	5	2	4
Rabies, exposure to a rabies susceptible animal	1	1	0	3	1	12
Spotted Fever Rickettsiosis	0	1	0	2	1	2
Streptococcal Toxic Shock Syndrome (STSS)	1	19	3	28	1	21
Tularemia	0	2	1	1	0	0
West Nile virus neuroinvasive disease	2	3	0	0	19	32

*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.



- r. 9/17/19: Rebecca Cruz-Nañez attended Child Death Review and FIMR as a representative.
- s. 09/18/19: Presentation "Hepatitis A" with Dr. Vit Kraushaar for the Huntridge Family Clinic; 8 in attendance.
- t. 9/18/19: Co-Facilitated/Presented "Giving HIV Results" with Joshua Montgomery for Community Counseling Center; 25 in attendance.
- u. 9/18/19: Jessica Johnson and Rebecca Cruz-Nañez attended PACT Coalition Meetings as representatives.
- v. 9/19/19: SNOAC Executive Committee attended by Jessica Johnson as a representative with 10 community partner agencies.
- w. 9/19/19: STOP Grant Implementation Meeting attended by Rebecca Cruz-Nañez as a representative.
- x. 9/19/19: HUD Specialized Housing and Services for Victims of Human Trafficking grant proposal meeting attended by Rebecca Cruz-Nañez.
- y. 9/20/19: Rebecca Cruz-Nañez facilitated and attended the NV Coalition for Suicide Prevention Meeting.
- z. 9/20/19: Co-presentation "Hepatitis A" with Dr. Vit Kraushaar and Cheryl Radeloff for Clark County Public Works; 8 in attendance.
- aa. 9/24/19-9/25/19: Cheryl Radeloff co-presented "Health District After Dark" poster with Laura Valentino at the Nevada Public Health Association; approximately 150 in attendance.
- bb. 9/25/19: First Responders understanding Veterans: Mental Health & Suicide Prevention attended by Rebecca Cruz-Nañez.
- cc. 9/26/19: Opioid presentation by Jessica Johnson provided to Nursing Students at Nevada State College with 40 students in attendance.
- dd. 9/30/19: Community stakeholder presentation on Harm Reduction Vending Project in Ely, NV by Jessica Johnson.

**E. Other:**

- a. **Communicable Disease Statistics:** August 2019 disease statistics are attached. (see table 1)

**II. 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, Environmental Health (EH) and Clinic Services with various data requests, data exports, and report generation.
- H. Continue to enhance iCircle web application for OEDS, and transmission of STD, HIV and Hepatitis testing data to CDC.
- I. Continue to support Clark County Coroner's Office on Cognos reports and new CME replacement.
- J. Continue to work with the State/CDC to migrate Trisano STD data into NBS.
- K. 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 to his/her partner without the health care provider first examining the partner.
- L. Continue to work on uploading Vital Records data to the National Violent Death Reporting System (NVDRS).
- M. Continue to work on Antibigram data collection and validation.
- N. Continue to work with OEDS to develop application for Collect 2 Protect (Online Testing Kit).
- O. Work with UMC, North Vista and NV HIE to set up eCR data transmission.
- P. Work with Vital Records Office for SNHD requests for CME replacement features and future system integration.
- Q. Developed and updated GIS mapping web application for Administration and EH.
- R. Close out Nevada Child Poisoning Prevention Program (NVCLPPP) supplemental grant.
- S. Continue recruitment of PHIS position for OD2A grant.

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

#### **1. September Meetings:**

##### **A. 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 Board reviewed and approved the 2018 Clark County Trauma Needs Assessment Review Version 2.0.

The Board was presented with a draft advisory statement to be presented to the Board of Health. Members were asked to review the statement for any changes, recommendations, and/or any dissenting opinions to be brought back to the next meeting in October for a final vote.

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

| September EMS Statistics              | September<br>2018 | September<br>2019 |   | FY 18-19<br>(September) | FY 19-20<br>(September) |
|---------------------------------------|-------------------|-------------------|---|-------------------------|-------------------------|
| Total certificates issued             |                   |                   |   |                         |                         |
| New licenses issued                   |                   |                   |   |                         |                         |
| Renewal licenses issued (recert only) |                   |                   |   |                         |                         |
| Active Certifications: EMT            | 609               | 635               | ↑ |                         |                         |
| Active Certifications: Advanced EMT   | 1477              | 1472              | ↓ |                         |                         |
| Active Certifications: Paramedic      | 1711              | 1727              | ↑ |                         |                         |
| Active Certifications: RN             | 51                | 46                | ↓ |                         |                         |
| Driver Only                           | 29                | 39                | ↑ |                         |                         |

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

**1. Planning and Preparedness:**

- A. The Southern Nevada Healthcare Preparedness Coalition met for the monthly meeting. Included in this month's Coalition was an information presentation on the Hepatitis A outbreak in Clark County, an EMTrack contractor update from OPHP and Clark County along with updates on available training provided at no cost to the Coalition members.
- B. OPHP met with Delmar Gardens Assisted Living & Skilled Nursing Facility, Covenant Hospice Care and Liberty Creek Hospice to discuss the Centers 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.
- C. OPHP provided support to the City of Las Vegas in training community members on Incident Command System Level 400 - Advanced Incident Command System for Complex Incidents. Members of the audience included Fire Services, Law Enforcement, and other community partners.
- D. OPHP Senior Planner and Training Officer continue to participate as instructors at the City of Las Vegas Office of Emergency Management for the community's ICS 300 Intermediate Incident Command System for Expanding Incidents.
- E. 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.
- F. OPHP staff continue to work with the Southern Nevada Counterterrorism Center to provide public health updates and alerts of local, national, and global interest.
- G. 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.

- H. 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 (12), annual TB testing (20), and other workforce vaccinations based on Health District response to these threats (145).

## 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: MRC volunteers continue to assist SNHD at the Main and East immunization clinic, Main Foodhandler Safety office, and Pharmacy. The MRC Coordinator planned for coming events, recruited, decommissioned, processed new volunteers, organized and trained volunteers to deploy with immunization strike team and sent the monthly newsletter and bulletins.

## IV. VITAL STATISTICS

September 2019 showed a 12.2% increase in birth certificate sales in comparison to September 2018. Death certificate sales showed a 1% decrease for the same time frame. SNHD received revenues of \$41,015 for birth registrations, \$21,732 for death registrations; and an additional \$3,843 in miscellaneous fees for the month of September.

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

| Vital Statistics Services | September<br>2018 | September<br>2019 |   | FY 18-19<br>(September) | FY 19-20<br>(September) |   |
|---------------------------|-------------------|-------------------|---|-------------------------|-------------------------|---|
| Births Registered         | 2,164             | 2,321             | ↑ | 7,114                   | 7,207                   | ↑ |
| Deaths Registered         | 1,307             | 1,391             | ↑ | 4,376                   | 4,490                   | ↑ |



| <b>Vital Statistics Services</b>                | <b>September<br/>2018</b> | <b>September<br/>2019</b> |          | <b>FY 18-19<br/>(September)</b> | <b>FY 19-20<br/>(September)</b> |          |
|-------------------------------------------------|---------------------------|---------------------------|----------|---------------------------------|---------------------------------|----------|
| Birth Certificates Sold (walk-in)               | 2,486                     | 2,960                     | ↑        | 10,585                          | 11,193                          | ↑        |
| Birth Certificates Mail                         | 96                        | 84                        | ↓        | 332                             | 293                             | ↓        |
| Birth Certificates Online Orders                | 1,085                     | 1,116                     | ↑        | 3,791                           | 3,650                           | ↓        |
| Birth Certificates Billed                       | 101                       | 68                        | ↓        | 355                             | 332                             | ↓        |
| <b>Birth Certificates Number of Total Sales</b> | <b>3,768</b>              | <b>4,228</b>              | <b>↑</b> | <b>15,063</b>                   | <b>15,468</b>                   | <b>↑</b> |
| Death Certificates Sold (walk-in)               | 819                       | 1,192                     | ↑        | 3,033                           | 3,665                           | ↑        |
| Death Certificates Mail                         | 74                        | 51                        | ↓        | 192                             | 162                             | ↓        |
| Death Certificates Online Orders                | 5,759                     | 5,325                     | ↓        | 18,200                          | 16,257                          | ↓        |
| Death Certificates Billed                       | 42                        | 49                        | ↑        | 73                              | 128                             | ↑        |
| <b>Death Certificates Number of Total Sales</b> | <b>6,694</b>              | <b>6,617</b>              | <b>↓</b> | <b>21,498</b>                   | <b>20,212</b>                   | <b>↓</b> |

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

| <b>Vital Statistics Sales by Source</b> | <b>September<br/>2018</b> | <b>September<br/>2019</b> |   | <b>FY18-19<br/>(September)</b> | <b>FY19-20<br/>(September)</b> |   |
|-----------------------------------------|---------------------------|---------------------------|---|--------------------------------|--------------------------------|---|
| Birth Certificates Sold (walk-in)       | 66%                       | 70%                       | ↑ | 70.3%                          | 74.4%                          | ↑ |
| Birth Certificates Mail                 | 2.5%                      | 2%                        | ↓ | 2.2%                           | 1.9%                           | ↓ |
| Birth Certificates Online Orders        | 28.8%                     | 26.4%                     | ↓ | 25.2%                          | 23.6%                          | ↓ |
| Birth Certificates Billed               | 3%                        | .2%                       | ↓ | 2%                             | 2%                             |   |
| Death Certificates Sold (walk-in)       | 12.2%                     | 18%                       | ↑ | 14.1%                          | 18.1%                          | ↑ |
| Death Certificates Mail                 | 1.1%                      | .8%                       | ↓ | .9%                            | .8%                            | ↓ |
| Death Certificates Online Orders        | 86%                       | 80.5%                     | ↓ | 84.7%                          | 80.4%                          | ↓ |
| Death Certificates Billed               | .6%                       | .7%                       | ↑ | .3%                            | .6%                            | ↑ |

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

| <b>Revenue</b>                     | <b>September<br/>2018</b> | <b>September<br/>2019</b> |          | <b>FY 18-19<br/>(September)</b> | <b>FY 19-20<br/>(September)</b> |          |
|------------------------------------|---------------------------|---------------------------|----------|---------------------------------|---------------------------------|----------|
| Birth Certificates (\$20)          | \$75,360                  | \$84,560                  | ↑        | \$301,260                       | \$309,360                       | ↑        |
| Death Certificates (\$20)          | \$133,880                 | \$158,808                 | ↑        | \$429,960                       | \$485,088                       | ↑        |
| Births Registrations (\$13)        | \$37,063                  | \$41,015                  | ↑        | \$150,579                       | \$151,515                       | ↑        |
| Deaths Registrations (\$13)        | \$20,189                  | \$21,732                  | ↑        | \$65,026                        | \$65,326                        | ↑        |
| Miscellaneous                      | \$3,686                   | \$3,843                   | ↑        | \$12,363                        | \$12,796                        | ↑        |
| <b>Total Vital Records Revenue</b> | <b>\$270,178</b>          | <b>\$309,958</b>          | <b>↑</b> | <b>\$959,188</b>                | <b>\$1,024,085</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 429 passport applications and provided 234 photos.

| Revenue                               | September<br>2018 | September<br>2019 |   | FY 18-19<br>(Sept) | FY 19-20<br>(Sept) |   |
|---------------------------------------|-------------------|-------------------|---|--------------------|--------------------|---|
| Passport Execution Fee (\$35)         | \$10,885          | \$15,015          | ↑ | \$26,075           | \$58,940           | ↑ |
| Passport Photo Fee (\$12)             | \$2,304           | \$2,808           | ↑ | \$4,452            | \$11,100           | ↑ |
| <b>Total Passport Program Revenue</b> | \$13,189          | \$17,823          | ↑ | \$30,527           | \$70,040           | ↑ |

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