



Memorandum

Date: December 19, 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 – November 2019

I. Tobacco Control Program (TCP):

The Southern Nevada Health District youth tobacco prevention recruitment began this month. Youth council members will be identified and trained on an ongoing basis. The goal of the training is to identify youth to assist in the implementation of policy change and to support social branding strategies and outreach activities. This month 42 youth leaders were trained. Additionally, staff conducted tobacco prevention events at 14 high schools throughout southern Nevada.

Staff participated on a panel in-studio live interview on Nevada Public Radio, State of Nevada program on October 14, 2019. Staff talked about the pulmonary injuries associated with vaping and provided other tobacco-related information.

Staff worked with the Las Vegas Gay and Lesbian PRIDE Festival organizations to be tobacco-free. This outdoor event occurred on October 11 and 12th at the Downtown Events Center.

Staff worked with 7 apartment complexes to develop or expand their tobacco policy with a total of 695 smoke free units and 32 buildings.

Chronic Disease Prevention Program (CDPP):

The CDPP provides ongoing sponsorship and support for the Clark County School District (CCSD) Safe Routes to School (SRTS) program to increase the number of youth who use active transportation to get to and/or from school. In October, CDP staff participated in 2 SRTS workshops. During the workshops, schools review walk-audits and develop a SRTS plan for their school to increase walking and biking to/from school. On October 10th, 3 schools participated in the workshop (Hewetson ES, Scott ES and Woolley ES) and on October 17th, 4 schools participated in the workshop (Bozarth ES, Elizondo ES, Priest ES and Gragson ES). Along with CCSD/school staff, 10 community partners and 10 parents also participated in the workshops.

Staff provides training on the NDPP (National Diabetes Prevention Program), healthcare provider toolkits and other community resources to medical residents and healthcare providers students during rotations through SNHD. During October, CDP staff provided training to 5 PA students.

CDPP staff have identified faith-based locations with food pantries and are conducting outreach and developing partnerships necessary to work towards increasing access to healthier foods at pantries. During October, CDP staff visited 26 faith-based pantries in priority zip codes and provided program materials to 9 faith-based pantries. CDP staff also provided nutrition messaging bulletin boards to 5 faith-based food pantries to display nutrition information at the pantry.

CDPP staff provided a 2-part diabetes self-management and education (DSME) Maps workshop in Spanish (SP) to 5 participants in October. All 5 participants successfully completed both parts of the workshop. In recognition of National Diabetes Awareness Month in November, CDP staff have scheduled another free DSME workshop at the Heinrich YMCA and 2 diabetes presentations at the Flamingo and Ardiente Senior Centers in November.

**OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE – November 2019
Activities Report**

A. Surveillance and Investigations

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

	Nov-18	Nov-19		FY 18-19	FY 19-20	
Sexually Transmitted						
Chlamydia	1006	964	↓	5828	6009	↑
Gonorrhea	436	375	↓	2319	2329	↑
Primary Syphilis	15	8	↓	107	105	↓
Secondary Syphilis	26	13	↓	140	148	↑
Early Non-Primary, Non-Secondary ¹	42	6	↓	200	130	↓
Syphilis Unknown Duration or Late ²	63	23	↓	287	326	↑
Congenital Syphilis (presumptive)	1	0	↓	12	17	↑
Moms and Babies Surveillance						
HIV Pregnant Cases	1	1	→	17	12	↓
Syphilis Pregnant Cases	15	8	↓	64	62	↓
Perinatally Exposed to HIV	0	1	↑	3	9	↑
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	6	1	↓	21	20	↓
Hepatitis A	3	0	↓	36	98	↑
Hepatitis B, acute	1	2	↑	18	17	↓
Hepatitis B, chronic	18	25	↑	292	534	↑
Influenza	33	292	↑	905	1218	↑

Meningococcal disease (Neisseria Meningitidis)	0	0	→	3	3	→
Mumps	0	0	→	4	2	↓
Pertussis	6	3	↓	46	41	↓
Enterics						
Campylobacteriosis	11	11	→	112	130	↑
Giardiasis	5	4	↓	53	50	↓
Rotavirus	0	3	↑	23	58	↑
Salmonellosis	19	6	↓	183	129	↓
Shiga toxin-producing Escherichia coli (STEC)	4	2	↓	22	30	↑
Shigellosis	9	8	↓	87	68	↓
Other						
Hepatitis C, acute	0	1	↑	19	19	→
Hepatitis C, chronic	221	435	↑	2792	5987	↑
Invasive Pneumococcal Disease	18	30	↑	174	218	↑
Lead Poisoning	5	4	↓	186	142	↓
Legionellosis	2	2	→	14	22	↑
Meningitis, aseptic	1	2	↑	29	67	↑
Streptococcal Toxic Shock Syndrome (STSS)	0	2	↑	30	26	↓
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
New Active TB Cases Counted (>= 15 yo)	2	1	↓	18	22	↑
West Nile virus neuroinvasive disease	0	0	→	0	34	↑

2. Number of Cases Investigated by OEDS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters ¹	Reactors/ Symptomatic/ Xray ²	OOJ/FUP ³		
Chlamydia	32	3	60	0		
Gonorrhea	30	1	91	0		
Syphilis	55	4	127	0		
HIV/AIDS (New to Care/Returning to Care)	10	0	29	22		
Tuberculosis	54	0	24	0		
TOTAL	181	8	331	22		

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
351	58	85	4	16

3. Disease and Outbreak Investigations

- a. *Hepatitis A, outbreak declared:*** On June 19, 2019, SNHD declared an outbreak of HAV in those experiencing homelessness and/or drug use. As of December 2, there have been 99 cases of hepatitis A associated with this outbreak. Among these cases, 89% were identified as people who used drugs (both injection and non-injection), and 74% were identified as people experiencing homelessness, and 13% were among people with a history of current or recent incarceration. Eighty seven percent of hepatitis A cases associated with this outbreak were hospitalized during their illness, and one person died. SNHD had implemented an Incident Command Structure (ICS) to respond to this outbreak and due to the decline in cases, ICS was inactivated on November 19, 2019. SNHD continues working with community partners to provide hepatitis A vaccinations to the at-risk population. Between June 19, 2019, when the outbreak was declared, and December 22, 2019, SNHD administered over 3,254 hepatitis A vaccines to adults over 18 years of age, and a total of 6,067 vaccines were 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 has begun offering hepatitis A vaccines in Clark County Detention Center (CCDC), in coordination with CCDC staff and WellPath. This outbreak is ongoing. Weekly updates on the hepatitis A outbreak can be found at: www.snhd.info/hep-a-control.
- b. *Concerning Gonorrhea Isolate case identified in Clark County:*** OEDS is currently working with the CDC regarding a case of Gonorrhea with a potential cause of concern for emerging antibiotic resistance to the main drug class (i.e., cephalosporins) used for gonorrhea treatment. OEDS is referring this case and all contacts in for evaluation and treatment, as well as identifying sexual networks through interviewing, to determine if this particular strain is circulating in our jurisdiction.
- c. *Illnesses in Clark County linked to e-cigarette use:*** The OEDS confirmed five cases of e-cigarette, or vaping, product use associated lung injury (EVALI). The first case reported was in an individual under the age of 18 years old, and the four additional cases were in adults, 18 years or older. One of the individuals reported using e-cigarettes with nicotine products only. Four of the individuals reported using tetrahydrocannabinol (THC) products and/or cannabinoid (CBD) oils. All five 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 three 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.
- d. *Influenza:*** Seasonal Influenza activity in Clark County has been increasing. For the season, as of 11/30/2019, 365 influenza-associated hospitalizations and four influenza-associated deaths were reported. In addition, two elementary schools reported an increase of student absenteeism due to Influenza Like Illness (ILI) symptoms. Influenza B was the dominant type circulating.

e. *Gastrointestinal Illness outbreaks at schools:* The OEDS investigated four different gastrointestinal illness outbreaks at four different schools in Clark County in November. OEDS worked closely with Environmental Health to ensure control measures were implemented and cleaning/disinfecting protocols were being adhered to.

f. *Norovirus Outbreak at elementary school:* On October 17, 2019, the Clark County School District (CCSD) notified OEDS of increased gastrointestinal illness among students and faculty at an elementary school in Clark County, Nevada. OEDS partnered with SNHD's Environmental Health Division and conducted two site visits to investigate illnesses and make recommendations to mitigate the spread of illness. CCSD hired a professional cleaning service to conduct an in-depth facility wide cleaning and disinfecting after hours the evening of the initial notification. OEDS identified and contacted ill individuals to collect stool specimens for laboratory analysis to confirm the cause of illnesses. Three stool specimens submitted to the Southern Nevada Public Health Laboratory screened positive for norovirus. Of those ill individuals reported to OEDS, 112 reported cases met the outbreak case definition. This investigation has been closed due to no additional cases reported to OEDS post two incubation periods since last known exposure.

g. *Shigella Outbreak at a homeless shelter:* The Office of Epidemiology and Disease Surveillance (OEDS) was notified of a potential gastrointestinal illness outbreak at the Las Vegas Rescue Mission via a call from Valley Hospital ER staff. OEDS and environmental health performed two site visits to assess conditions and make recommendations. OEDS was able to collect 3 stool kits for analysis by SNPHL onsite and connect another sample collected at UMC to the shelter as well via patient interview. The shelter COO, CEO, and staff were open to all OEDS and EH suggestions. They implemented new measures and isolation precautions to help reduce spread of illness. To date there were 26 total effected clients and staff. This investigation is still ongoing.

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 November:

11/4/19 - VA – Nursing Students (26 trained, 60 kits distributed)

11/6/19 - Spring Mountain Youth Camp Juvenile Probation Officers (11 trained, 40 kits distributed)

- 11/6/19 - SNHD Pharmacy (10 kits distributed)
- 11/7/19 – WestCare (250 kits distributed)
- 11/7/19 - Foundation for Recovery (200 kits distributed)
- 11/8/19 – CCFD (50 kits distributed)
- 11/8/19 - Nevada Highway Patrol (150 kits distribute)
- 11/12/19 - Juvenile Probation Officers (29 trained, 60 kits distributed)
- 11/13/19 - LVFR – Community Paramedicine Program (4 trained, 20kits distributed)
- 11/14/19 - CCSD Police (100 kits distributed)
- 11/18/19 - Nye County Sherriff's Office (50 kits distributed)
- 11/19/19 - University Police Services – UNLV (1 trained, 100 kits distributed)
- 11/20/19 - Juvenile Probation Officers (27 trained, 69 kits distributed)
- b. 11/21/19 - Las Vegas Metropolitan Police Department – Narcotics (100 kits distributed)

b. Overdose Data to Action Grant (OD2A): The OEDS has been actively recruiting and hiring for this project. For this reporting period we have added 1 Senior Health Educator, 2 DDCS II's who will provide linkage services within the correctional setting, and 2 Senior DIIS who will be providing oversight of staff delivering services in the community. We are still recruiting for 1 Health Educator, 1 Epidemiologist, 1 Informatician, and 1 more DDCS II. OEDS will also be collaborating with several community partners and has started to initiate contracts so they can build their capacity to address the needs of this population.

B. Prevention- Community Outreach/Provider Outreach/Education

For the month of November OEDS participated in the annual Project Homeless Connect (PHC). PHC uses a unique approach to service delivery to meet the needs of homeless in Las Vegas. In one day at a Community Day of Service event, a person experiencing homelessness can find services that would otherwise take months to secure. Volunteers, nonprofits, and government agencies provide participants with services through PHC. These services include dental care, eyeglasses, HIV testing, Hep C testing, Hep A vaccines, housing information, groceries, hygiene products, medical care, mental health services, SSI benefits, legal advice, California identification cards, voice mail accounts, employment counseling/job placement, wheelchair repair, addiction services, and more. The OEDS tested 22 people for Hep C and worked with community partners on providing information and education on harm reduction, treatment information, needle exchange and referrals.

Also, this month, OEDS implemented a testing "pilot project" at Entourage targeting high risk MSM for HIV testing and STD screening. OEDS staff have been working diligently with Entourage management to increase testing so persons are aware of their serostatus, help facilitate and increase linkage to medical care and treatment while decreasing the transmission of HIV.

Lastly, on Saturday, November 30th OEDS provided HIV testing and PrEP education at The Center the annual World AIDS Day observance. This year's theme was "Communities Make the Difference". Communities contribute to the AIDS response in various ways. Leadership and advocacy ensure that the response remains relevant and grounded, keeping people at the center and leaving no one behind. This event

also included the hard work and efforts of the Southern Nevada HIV Awareness Consortium.

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. 10/29/19: Harm Reduction monthly Outreach event with community partners AHF, HELP of SO. NV, Trac-B and SNHD/OEDS.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	Nov-18	Nov-19		FY 18-19	FY 19-20	
Outreach/Targeted Testing	699	289	↓	4268	3638	↓
Clinic Screening (SHC/FPC/TB)	409	132	↓	2768	2586	↓
Outreach Screening (Jails, SAPTA)	127	0	↓	765	100	↓
TOTAL	1235	421	↓	7801	6324	↓
Outreach/Targeted Testing POSITIVE	8	8	→	60	53	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	5	2	↓	31	27	↓
Outreach Screening (Jails, SAPTA) POSITIVE	4	0	↓	11	1	↓
TOTAL POSITIVES	17	10	↓	102	81	↓

D. Staff Facilitated/Attended the following Trainings/Presentations

- a. 11/1/19: Clark County Children's Mental Health Consortium (CCCMHC) attended by Rebecca Cruz-Nañez as a representative; 1 SNHD OEDS attendee.
- b. 11/5/19: Motivational Interviewing Training facilitated by Rebecca Cruz-Nañez; 2 resident physician interns from UNLV in attendance.
- c. 11/5/19-11/7/19: "HIV Rapid Testing, Counseling, Safety, and Certificate Program" at Roseman University of Health Sciences presented by Cheryl Radeloff and Michele Shingu; 16 pharmacy students in attendance.
- d. 11/5/19: OEDS staff member Rebecca Cruz-Nañez began a 6-week community advocacy training program through The Center Advocacy Training program accredited through NACP; hosted once a week by The Center through 12/17/19.
- e. 11/7/19: Youth Homeless Summit attended by Rebecca Cruz-Nañez.
- f. 11/8/19: OEDS staff member Rebecca Cruz-Nañez facilitated and attended the NV Coalition for Suicide Prevention Meeting.
- g. 11/13/19: Congenital Syphilis Academic Detailing Presentation for ABC Therapy; approximately 8 in attendance.
- h. 11/13/19-11/14/19: 2 OEDS Staff attended safe TALK Train-the-Trainer hosted by Dignity Health St Rose Dominican & OSP. Completed by Jessica Johnson and Rebecca Cruz-Nañez.

October 2019: Clark County Disease Statistics*

Disease	2017		2018		2019	
	October	YTD	October	YTD	October	YTD
VACCINE ♦ PREVENTABLE						
Haemophilus influenzae, invasive disease	1	22	1	15	3	19
Hepatitis A	4	11	4	33	3	98
Hepatitis B, acute	2	20	2	17	1	15
Hepatitis B, chronic	18	76	28	274	47	510
Influenza	63	667	9	872	85	925
Meningococcal disease (Neisseria meningitidis)	0	2	0	3	2	3
Mumps	0	2	0	4	1	2
Pertussis	1	34	8	40	2	38
SEXUALLY ♦ TRANSMITTED						
Chlamydia	1078	10449	1109	11530	1251	11688
Gonorrhea	285	2648	309	2984	359	3255
Syphilis (Early non-primary, non-secondary)	50	381	45	376	32	334
Syphilis (Primary & Secondary)	55	417	62	480	44	527
CONGENITAL CONDITIONS						
Congenital Syphilis	4	17	4	20	4	29
Hepatitis C virus infection, perinatal	0	0	0	1	0	1
ENTERICS						
Amebiasis	1	7	0	3	0	6
Campylobacteriosis	3	80	5	101	14	118
Cryptosporidiosis	1	5	1	10	1	12
Giardiasis	6	28	7	48	0	46
Rotavirus	0	51	2	23	4	55
Salmonellosis	8	126	9	164	7	121
Shiga toxin-producing Escherichia coli (STEC)	4	31	2	18	0	28
Shigellosis	18	86	3	78	14	60
Typhoid (cases and carriers; caused by Salmonella typhi)	0	2	0	0	0	4
Vibriosis (non-cholera Vibrio species infections)	0	1	0	4	0	4
Yersiniosis	0	2	0	0	1	4
OTHER						
Brucellosis	0	0	0	0	0	2
Coccidioidomycosis	12	110	8	127	11	81
Dengue	0	1	0	0	0	6
Ehrlichiosis/Anaplasmosis	0	0	0	3	0	0
Encephalitis	0	3	1	2	0	1
Exposure, Chemical or Biological	0	5	1	5	1	9
Hepatitis C, acute	4	28	2	19	3	18
Hepatitis C, chronic	1	4	277	2571	507	5551
Hepatitis E, acute	0	0	0	1	0	0
Invasive Pneumococcal Disease	9	148	11	156	13	188
Lead poisoning	29	122	23	181	12	137
Legionellosis	0	14	3	12	2	19
Listeriosis	1	2	1	2	0	5
Lyme disease	2	13	0	8	1	13
Malaria	0	3	1	6	0	8
Meningitis, Aseptic	1	17	6	28	3	65
Meningitis, Bacterial Other	0	19	3	22	2	23
Meningitis, Fungal	0	3	2	7	0	4
Q Fever	1	3	0	1	0	2
RSV	7	942	10	1295	31	1890
Rabies, animal	0	1	0	5	0	4
Rabies, exposure to a rabies susceptible animal	0	1	0	3	1	16
Spotted Fever Rickettsiosis	1	2	0	3	1	4
Streptococcal Toxic Shock Syndrome (STSS)	1	22	1	30	1	24
Tularemia	0	2	0	1	0	0
West Nile virus neuroinvasive disease	0	3	0	0	0	34

*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.

- i. 11/19/19: "SNHD Overview, Hepatitis A and West Nile Virus Presentation" by Laura Valentino and Cheryl Radeloff for the Nevada State College's Public Health Student Association at NSC; approximately 10 in attendance.
- j. 11/19/19: OEDS staff member Jessica Johnson coordinated and planned So NV Opioid Advisory Council Executive Committee meeting; 7 in attendance from law enforcement, PACT, FQHC, CBH, WestCare, etc.
- k. 11/21/19: "Harm Reduction 101/Drug Related Stigma" by Jenny Gratzke and Cheryl Radeloff at Foundation for Recovery; 18 in attendance from SNHD, Foundation for Recovery, Help of Southern Nevada, Nevada Partners for Homeless Youth.
- l. 11/21/19: OEDS staff member Jessica Johnson prepared an update on Fast Track Nevada for Board of Health.
- m. 11/22/19: Nevada Harm Reduction Summit was hosted at East Las Vegas Community Center and coordinated by OEDS staff. 10 OEDS Staff presented and were in attendance with 45 people in attendance from various organizations.
- n. 11/22/19: "Adding HIV Testing at Your Agency" by Cherie Filler-Maietta and Cheryl Radeloff at the Nevada Harm Reduction Summit; 8 in attendance.

E. Other:

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

b. **New Staff:** OEDS added 1 new DDCS II for the Overdose Data to Action Grant.

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. Deploy EpiTrax system (new version of Trisano) for internal testing.
- D. 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.
- E. Assist SNPHL with data extraction and reporting needed for the laboratory.
- F. Migrations to the new SNHD SFTP server continued.
- G. Work with IT to implement the Electronic Health Record (EHR) system.
- H. Assist Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, Environmental Health (EH), Clinic Services and Administration with various data requests, data exports, and report generation.
- I. Continue to enhance the iCircle web application for OEDS, and transmission of STD, HIV and Hepatitis testing data to CDC.
- J. Continue to support Clark County Coroner's Office on Cognos reports and new CME replacement.

- K. Continue to work with the State/CDC to migrate Trisano STD data into NBS.
- L. 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).
- M. Continue to work on uploading Vital Records data to the National Violent Death Reporting System (NVDRS).
- 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. Complete PHEP20 grant Quarter 1 progress report.
- Q. Continue recruitment of PHIS position for OD2A grant.

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

1. November Meetings:

A. EMS Regulations Workshop

The OEMSTS held the second of three workshops to review the draft EMS Regulations.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

November EMS Statistics	November 2018	November 2019		FY 18-19 (November)	FY 19-20 (November)
Total certificates issued	92	22	↓		
New licenses issued	30	21	↓		
Renewal licenses issued (recert only)	0	0	=		
Driver Only	26	39	↑		
Active Certifications: EMT	589	664	↑		
Active Certifications: Advanced EMT	1409	1501	↑		
Active Certifications: Paramedic	1687	1744	↑		
Active Certifications: RN	46	46	=		

IV. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP's Senior PHP Planner attended the Association of Hospital Emergency Preparedness Professionals conference in Orlando Florida. Important conference topics associated with the Hospital Preparedness Grant were the Role of Homecare and Hospice in Disasters Cross-sector investment, Strengthening the healthcare workforce's ability to respond to and recover from a mass shooting, enhancing health system resiliency through local health center preparedness, and

obtaining and maintaining true leadership support for your Emergency Management program, which was the workshop.

- B. OPHP participated in Silver Crucible Statewide Full-Scale Exercise with Health District staff assuming multiple roles from players to observers to controllers to make the operation a success. OPHP received activation notification of the Medical Surge Support Team, reported to the Multi-agency Coordination Center, and contacted the majority of the MSST to report. Receipt of reports, updates to the MACC manager, and coordination with the healthcare organization was the primary mission of OPHP. Exercise included staff members activation of Policy Group, District Operations Center, and Incident Command Posts.
- C. OPHP attended the McCarran International Airport Automated Transit System Emergency Response Tabletop Exercise at McCarran International Airport. The organization plus community partners discussed Policies, Standard Operating Procedures, Operational Coordination, and Operational Communication as part of the table top exercise.
- D. OPHP met with Covenant Hospice to discuss CMS, membership in the Southern Nevada Healthcare Preparedness Coalition, the Hazard Vulnerability Analysis, and Communication Plan; each area required to meet CMS requirements.
- 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 work with the Southern Nevada Counterterrorism Center to provide public health updates and alerts of local, national, and global interest.
- H. OPHP staff continue to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security Urban Area Security Initiative, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition and individual hospital emergency management committee meetings.
- I. 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 (25), annual TB testing (26), and other workforce vaccinations based on Health District response to these threats (22).

4. Grants and Administration:

- A. OPHP continues to work on current activities within PHEP, CRI and HPP grants. We are on target to spend the funds down by the June 2020 end of the grants. OPHP has not identified any barriers within the activities we have budgeted for this fiscal year.
- B. **Medical Reserve Corps (MRC) of Southern Nevada:** Four volunteers assisted SNHD at the Main and East immunization clinic, Main Foodhandler Safety office, and Pharmacy. One MRC nurse deployed with the hepatitis A strike team to administer vaccines, donating 18.5 hours. Medical volunteers provided first aid at Veterans Village 5K Run and Project Homeless Connect. Other activities included the Silver Crucible full-scale exercise. The MRC Coordinator provided volunteer coordination assistance to exercise planners, 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

November 2019 showed a 12% decrease in birth certificate sales in comparison to November 2018. Death certificate sales showed a 2% decrease for the same time frame. SNHD received revenues of \$34,567 for birth registrations, \$19,877 for death registrations; and an additional \$5,647 in miscellaneous fees for the month of November.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	November 2018	November 2019		FY 18-19 (November)	FY 19-20 (November)	
Births Registered	2,186	2,004	↓	11,636	11,687	↑
Deaths Registered	1,405	1,361	↓	7,230	7,360	↑

Vital Statistics Services	November 2018	November 2019		FY 18-19 (Nov)	FY 19-20 (Nov)	
Birth Certificates Sold (walk-in)	2,702	2,474	↓	16,204	16,544	↑
Birth Certificates Mail	105	57	↓	527	439	↓
Birth Certificates Online Orders	1,106	898	↓	6,007	5,547	↓
Birth Certificates Billed	77	58	↓	526	601	↑
Birth Certificates Number of Total Sales	3,990	3,487	↓	23,264	23,131	↓
Death Certificates Sold (walk-in)	908	1,142	↑	4,908	6,228	↑
Death Certificates Mail	73	72	↓	328	272	↓
Death Certificates Online Orders	5,822	5,380	↓	30,047	27,431	↓
Death Certificates Billed	35	30	↓	136	180	↑
Death Certificates Number of Total Sales	6,838	6,624	↓	35,419	34,111	↓

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	November 2018	November 2019		FY18-19 (November)	FY19-20 (November)	
Birth Certificates Sold (walk-in)	67.7%	70.9%	↑	69.7%	71.5%	↑
Birth Certificates Mail	2.6%	1.6%	↓	2.3%	1.9%	↓
Birth Certificates Online Orders	27.7%	25.8%	↓	25.8%	24%	↓
Birth Certificates Billed	1.9%	2%	↑	2.3%	3%	↑
Death Certificates Sold (walk-in)	13.3%	17.2%	↑	13.9%	18.3%	↑
Death Certificates Mail	1.1%	1.1%		.9%	.8%	↓
Death Certificates Online Orders	85.7%	81.2%	↓	84.8%	80.4%	↓
Death Certificates Billed	.5%	.5%		.4%	.5%	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	November 2018	November 2019		FY 18-19 (November)	FY 19-20 (November)	
Birth Certificates (\$20)	\$79,800	\$69,740	↓	\$465,280	\$462,620	↓
Death Certificates (\$24)	\$136,760	\$158,976	↑	\$708,380	\$818,664	↑
Births Registrations (\$13)	\$39,234	\$34,567	↓	\$230,919	\$227,175	↓
Deaths Registrations (\$13)	\$20,813	\$19,877	↓	\$107,055	\$106,978	↓
Miscellaneous	\$3,326	\$5,647	↑	\$19,515	\$23,272	↑
Total Vital Records Revenue	\$279,933	\$288,807	↑	\$1,531,149	\$1,638,709	↑

Note:

Number subject to change once all transactions clear.

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 452 passport applications and provided 282 photos.

Revenue	November 2018	November 2019		FY 18-19 (Nov)	FY 19-20 (Nov)	
Passport Execution Fee (\$35)	\$12,915	\$15,820	↑	\$51,205	\$91,070	↑
Passport Photo Fee (\$12)	\$2,244	\$3,384	↑	\$8,364	\$17,664	↑
Total Passport Program Revenue	\$15,159	\$19,204	↑	\$59,569	\$108,734	↑

*SNHD opened Passport Services on August 1, 2018.