



Memorandum

Date: February 20, 2020

To: Southern Nevada District Board of Health

From: **Michael Johnson, PhD**, *Director of Community Health* ^{MS}
Fermin Leguen, MD, MPH, *Interim Chief Health Officer* ^{FL}

Subject: Community Health Division Monthly Activity Report – January 2020

I. Tobacco Control Program (TCP):

During the 2019 legislative session the Nevada Clean Indoor Air Act was modified to include electronic vaping products. Effective January 1, 2020 the use of any electronic vaping product would be prohibited from use in most public places and indoor places of employment. SNHD TCP in collaboration with the Nevada Tobacco Prevention Coalition lead a statewide awareness campaign called 'Breathe in the New Year' to educate the public and business owners about the change to the law. The 'Breathe in the New Year' campaign consisted of radio, print, on-line web banners and social media advertisements including a social media video. In addition, a total of 11 in-kind media interviews (radio, print and TV) occurred about the new law. The awareness campaign reached a total of 1,456,777 people.

The TCP continues to work with Clark County School District high schools to educate teens about the dangers of using electronic vaping products. This month two new schools were added to the BreakDown teen prevention program outreach list – Palo Verde High School (December 12) and Desert Pines High School (December 13). BreakDown educational outreach events include training opportunities for key identified students and fun interactive activities for the entire student body. Breakdown activities have reached over 4,000 students.

Chronic Disease Prevention Program (CDPP):

City of Las Vegas (CLV) is updating their 2050 Comprehensive Master Plan and staff have participated in efforts to include and support goals that promote active transportation, increase access to healthy foods and increase health equity. CDPP staff participated in a meeting with CLV Planners in December to talk specifically about the public health goals in the CLV Comprehensive Master Plan. After the meetings, data and several resources were shared with the city to help further inform this section including the reports and findings from the Health Impact Assessment conducted on the Charleston/Medical District Corridor Plan. CDPP staff had previously met with the city in group and one-on-one meetings to provide input. Some of the draft master plan's goals include, 'Create safe, walkable, transit-friendly communities', Prioritize the needs of the most vulnerable members of the community',

and 'Improve access and connectivity of open spaces for health and quality of life benefits.' Adoption of the updated Comprehensive Master Plan is scheduled for 2020. Collaboration is ongoing.

Staff was invited to present a poster on the Complete Streets Policy Initiative in North Las Vegas at the National Conference on Health and Active Transportation in Washington DC in December.

CDPP is piloting the use of an evidence-based curriculum designed for faith-based settings that serve Hispanics. CDPP is working with promotoras from Vision y Compromiso to implement the program. Two churches have agreed to participate in the program, TCMI Church and International Church of Las Vegas. In December, CDPP staff trained 5 promotoras to teach the program in the churches. The training provided an overview of curriculum topics including nutrition and physical activity. An assessment of the physical activity and nutrition environment of the churches will take place in January and the workshops will begin in January and February.

During December, CDPP staff participated in 5 community events or presentations, reaching over 600 people and conducted outreach at 10 community asset locations distributing over 3,900 educational materials and resources:

OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE – January 2020 Activities Report

A. Surveillance and Investigations

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

| | Jan 2019 | Jan 2020 | | YTD 2019 FY 18-19 | YTD 2020 FY 19-20 | |
|---|----------|----------|---|-------------------|-------------------|---|
| Sexually Transmitted | | | | | | |
| Chlamydia | 1171 | 1170 | ↓ | 8093 | 8464 | ↑ |
| Gonorrhea | 479 | 418 | ↓ | 3278 | 3270 | ↓ |
| Primary Syphilis | 20 | 6 | ↓ | 139 | 155 | ↑ |
| Secondary Syphilis | 34 | 16 | ↓ | 198 | 202 | ↑ |
| Early Non-Primary, Non-Secondary ¹ | 37 | 17 | ↓ | 268 | 193 | ↓ |
| Syphilis Unknown Duration or Late ² | 59 | 27 | ↓ | 401 | 481 | ↑ |
| Congenital Syphilis (presumptive) | 1 | 1 | → | 16 | 26 | ↑ |
| Moms and Babies Surveillance | | | | | | |
| HIV Pregnant Cases | 2 | 1 | ↓ | 21 | 15 | ↓ |
| Syphilis Pregnant Cases | 11 | 14 | ↑ | 83 | 105 | ↑ |
| Perinatally Exposed to HIV | 0 | 1 | ↑ | 6 | 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 | 3 | 0 | ↓ | 1 | 0 | ↓ |
| Hepatitis A | 6 | 3 | ↓ | 1 | 3 | ↑ |
| Hepatitis B, acute | 2 | 0 | ↓ | 4 | 0 | ↓ |

| | | | | | | |
|--|-----|-----|---|-----|-----|---|
| Hepatitis B, chronic | 36 | 33 | ↓ | 30 | 33 | ↑ |
| Influenza | 272 | 436 | ↑ | 438 | 436 | ↓ |
| Meningococcal disease (Neisseria Meningitidis) | 0 | 0 | → | 1 | 0 | ↓ |
| Mumps | 0 | 0 | → | 0 | 0 | → |
| Pertussis | 7 | 2 | ↓ | 6 | 2 | ↓ |
| Enterics | | | | | | |
| Campylobacteriosis | 10 | 5 | ↓ | 8 | 5 | ↓ |
| Giardiasis | 4 | 1 | ↓ | 3 | 1 | ↓ |
| Rotavirus | 3 | 2 | ↓ | 1 | 2 | ↑ |
| Salmonellosis | 4 | 3 | ↓ | 6 | 3 | ↓ |
| Shiga toxin-producing Escherichia coli (STEC) | 1 | 1 | → | 1 | 1 | → |
| Shigellosis | 4 | 1 | ↓ | 13 | 1 | ↓ |
| Other | | | | | | |
| Hepatitis C, acute | 2 | 0 | ↓ | 2 | 0 | ↓ |
| Hepatitis C, chronic | 582 | 296 | ↓ | 122 | 296 | ↑ |
| Invasive Pneumococcal Disease | 37 | 26 | ↓ | 48 | 26 | ↓ |
| Lead Poisoning | 6 | 10 | ↑ | 11 | 10 | ↓ |
| Legionellosis | 2 | 2 | → | 3 | 2 | ↓ |
| Meningitis, aseptic | 2 | 0 | ↓ | 2 | 0 | ↓ |
| Streptococcal Toxic Shock Syndrome (STSS) | 6 | 6 | → | 2 | 6 | ↑ |
| New Active TB Cases Counted (<15 yo) | 0 | 0 | → | 3 | 0 | ↓ |
| New Active TB Cases Counted (>= 15 yo) | 2 | 0 | ↓ | 29 | 26 | ↓ |
| West Nile virus neuroinvasive disease | 0 | 0 | → | 0 | 0 | → |

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 | 41 | 1 | 81 | 0 | | |
| Gonorrhea | 37 | 0 | 72 | 0 | | |
| Syphilis | 58 | 4 | 128 | 1 | | |
| HIV/AIDS (New to Care/Returning to Care) | 46 | 0 | 44 | 35 | | |
| Tuberculosis | 38 | 0 | 13 | 0 | | |
| TOTAL | 220 | 5 | 338 | 36 | | |

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 |
| | | | | |

| | | | | |
|-----|----|----|---|---|
| 257 | 45 | 94 | 1 | 8 |
|-----|----|----|---|---|

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 January 31, 2020, there have been 104 cases of hepatitis A associated with this outbreak. Among these cases, 88% were identified as people who used drugs (both injection and non-injection), and 73% were identified as people experiencing homelessness, and 13% were among people with a history of current or recent incarceration. Eighty eight 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 January 29th, 2020, SNHD administered 4,251 hepatitis A vaccines to adults over 18 years of age, and a total of 8,449 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 continued to offer hepatitis A vaccines in Clark County Detention Center (CCDC), in coordination with CCDC staff and WellPath. This outbreak is ongoing.
- b. Concerning Gonorrhea Isolate case identified in Clark County:** OEDS is continuing to work 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 has concluded the interviewing of the identified case and their contacts. We will work to review our provider HAN registry against those providers who report morbidity to determine our target audience for academic detailing.
- c. Influenza:** Seasonal Influenza activity in Clark County has been increasing. For the season, as of 1/25/2020, 828 influenza-associated hospitalizations and 13 influenza-associated deaths including one pediatric death were reported. Influenza A has become the dominant type circulating. SNHD will continue to update the public on the progression of this influenza season and encourage influenza vaccination for all persons 6 months of age and older with rare exception.
- d. 2019 Novel Coronavirus (2019-nCoV):** CDC has been closely monitoring an outbreak of respiratory illness caused by a novel coronavirus first identified in Wuhan, Hubei Province, China. Currently there are 12 confirmed cases identified in the U.S. SNHD investigated a PUI (person under investigation) for nCoV. This person had travel to Wuhan City and was symptomatic. Test results from CDC were negative for 2019 nCoV and this investigation has been closed.

4. Non-communicable reports and updates:

- a. **Naloxone 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. OEDS has implemented a policy for SNHD staff to carry and administer Naloxone. OEDS has also been given permission at The Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone trainings/distributions have taken place in the month of January:

- 1/10/20 - Rancho High School (48 kits distributed)
- 1/10/20 - Moapa PD (100 kits distributed)
- 1/13/20 - NV Department of Wildlife (1 trained, 4 kits distributed)
- 1/16/20 - Westcare (200 kits distributed)
- 1/22/20 - LVMPD (3,000 kits distributed)

- b. **Overdose Data to Action Grant (OD2A):** The OEDS has been working with our contractors to help ramp up their capacity to start delivering services in the 3rd and 4th quarters of this award year. Additionally, our office has been training our new team on internal processes, goals for award year 1 of ODTA, engaging in community forums and meetings, and creating policies and procedures for day-to-day operations for this project.

B. Prevention- Community Outreach/Provider Outreach/Education

This month The Center reopened their doors with expanded services to the community. This collaborative effort is with The Center, SNHD and Huntridge Family Clinic. Services include testing for HIV, STD, Hep C, Rapid Start for those newly diagnosed and same day PrEP and PEP. PrEP Navigators are now on site at The Center to help with education and information to clients and will have the ability to spend more time with clients interested in PrEP. SNHD staff are also on-site offering HIV prevention services, testing, education and support. The response from the community has been very successful and The Center is already discussing expanding hours to meet the needs of those they are serving. On Jan 16, SNHD partnered with AHF to offer HIV and syphilis testing to rural Nevada in collaboration with Nye County Health and Human Services

C. High Impact HIV/STD/Hepatitis Screening Sites

- a. Renovations are completed and testing for HIV and STDs has resumed at The Center. This collaborative effort includes The Center, SNHD and Huntridge Family Clinic.
- b. Daily 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. e. Ongoing testing at Entourage every Monday and Wednesday. Testing for HIV, syphilis, gonorrhea and chlamydia; target population is high risk MSM.

| Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts | | | | | | |
|--|-------------|------------|----------|--------------|--------------|----------|
| Prevention - SNHD HIV Testing | Jan-19 | Jan-20 | | FY 18-19 | FY 19-20 | |
| Outreach/Targeted Testing | 766 | 345 | ↓ | 5412 | 4883 | ↓ |
| Clinic Screening (SHC/FPC/TB) | 691 | 280 | ↓ | 3899 | 3749 | ↓ |
| Outreach Screening (Jails, SAPTA) | 137 | 14 | ↓ | 1036 | 2494 | ↑ |
| TOTAL | 1594 | 639 | ↓ | 10347 | 11126 | ↑ |
| Outreach/Targeted Testing POSITIVE | 6 | 2 | ↓ | 48 | 28 | ↓ |
| Clinic Screening (SHC/FPC/TB) POSITIVE | 1 | 1 | → | 28 | 13 | ↓ |
| Outreach Screening (Jails, SAPTA) POSITIVE | 1 | 0 | ↓ | 5 | 7 | ↑ |
| TOTAL POSITIVES | 8 | 3 | ↓ | 81 | 48 | ↓ |

*Outreach/Targeted HIV testing numbers were lower in December of 2019 due to The Center (high volume testing site) being closed for most of the month for renovations.

**Clinic Screening HIV testing numbers were lower in December of 2019 due to a training issue with new staff in the SHC. This has since been addressed.

D. Staff Facilitated/Attended the following Trainings/Presentations

- a. 1/8/20: Mental Health in Corrections Training facilitated by Rebecca Cruz-Nañez; attended by 15 SNHD OEDS staff attendees.
- b. 1/8/20: Motivational Interviewing Training facilitated by Rebecca Cruz-Nañez; attended by 8 SNHD OEDS staff attendees.
- c. 1/9/20: iCircle Training presented by Dr. Cheryl Radeloff; 1 SNHD SHC staff in attendance.
- d. 1/9/20: Southern Nevada Opioid Advisory Council Meeting coordinated by Jessica Johnson; 4 SNHD OEDS staff attendees; ~40 attendees from a variety of agencies including law enforcement, treatment, prevention, harm reduction, medical, and recovery.
- e. 1/10/20: Mandated Reporter Training completed by approximately 25 SNHD OEDS staff attendees.
- f. 1/10/20: Clark County Behavioral Health Board Meeting attended by Rebecca Cruz-Nañez as a representative; 1 SNHD OEDS staff attendee.
- g. 1/13/20: Board of Health Meeting attended by 6 SNHD OEDS staff as representatives.
- h. 1/13/20: Nevada Goes Falls Free Coalition attended by Rebecca Cruz-Nañez as a representative.
- i. 1/14/20-1/16/20: HIV Rapid Testing, Counseling and Safety Certificate Program presented by Dr. Cheryl Radeloff and Joshua Montgomery; 3 OEDS staff, SNHD Sexual Health Clinic staff, and approximately 14 community partners in attendance.
- j. 1/15/20: safeTALK Training co-facilitated by Rebecca Cruz-Nañez with Nevada Suicide Coalition Prevention Instructor; 26 Department of Family Services personnel in attendance; 1 SNHD OEDS staff attendee.

- k. 1/21/20: CASAT Substance Use Among LGBT Populations Training; 1 SNHD OEDS staff attendee.
- l. 1/21/20: Trauma Informed Care and Crisis Intervention training facilitated by Dr. Cheryl Radeloff; 7 SNHD OEDS staff attendees.
- m. 1/21/20: Drug Enforcement Administration 360 Strategy Stakeholder Meeting attended by 2 SNHD OEDS staff.
- n. 1/21/20: Child Death Review and FIMR attended by 2 SNHD OEDS staff attendees.
- o. 1/23/20: safeTALK Training co-facilitated by Jessica Johnson with Nevada Suicide Coalition Prevention Instructor; 23 Department of Family Services personnel in attendance; 1 SNHD OEDS staff attendee.
- p. 1/23/20: Strengthening Local Public Health Practice to Prevent Violence and Improve Safety: New Directions in Data for Monitoring and Evaluation attended by Rebecca Cruz-Nañez.
- q. 1/24/20: Clark County Behavioral Health Board Meeting attended by 1 OEDS staff.
- r. 1/24/20: NV Coalition for Suicide Prevention Meeting facilitated by SNHD and attended by Rebecca Cruz-Nañez as a representative.
- s. 1/24/20: Discussion with Touro PA Students-Academic Detailing Opportunity: Prescribing Opioids; facilitated by Jessica Johnson; attended by 2 SNHD OEDS staff.
- t. 1/24/20: Trauma Informed Care and Crisis Intervention training facilitated by Dr. Cheryl Radeloff; ~10 SNHD OEDS staff attendees.
- u. 1/27/20: HIV, STI and Sexual Violence presentation given by Dr. Cheryl Radeloff at the Rape Crisis Center; 15 attendees.
- v. 1/27/20 – 1/30/20: SAMHSA's Substance Abuse Prevention Skills Training (SAPST) coordinated by Jessica Johnson and provided by PACT Coalition, hosted by UNR Extension Office; attended by 4 OEDS staff with a total of about 25 people in attendance.
- w. 1/31/20: HIV Prevention Planning Group (SoNHPPG) meeting held at SNHD; attended by SNHD OEDS staff, NVDPBH, AHF, Planned Parenthood, Gay and Lesbian Center.

E. Other:

- a. **Communicable Disease Statistics:** December 2020 disease statistics are attached. (see table 1)
- b. **New Staff:** OEDS welcomed two Disease Investigators (DIIS) Marissa Valencia and Daniel Weddle, two Health Educators Dontia Yates and Katarina Pulver, and Marco Mendez, Epidemiologist.

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 test EpiTrax system (new version of Trisano) internally.
- D. Continue to work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and

December 2019: Clark County Disease Statistics*

| Disease | 2017 | | 2018 | | 2019 | |
|--|----------|---------|----------|-------|----------|-------|
| | December | YTD2017 | December | YTD | December | YTD |
| VACCINE PREVENTABLE | | | | | | |
| Haemophilus influenzae, invasive disease | 2 | 27 | 5 | 26 | 5 | 25 |
| Hepatitis A | 1 | 12 | 3 | 39 | 3 | 101 |
| Hepatitis B, acute | 2 | 24 | 1 | 19 | 1 | 18 |
| Hepatitis B, chronic | 25 | 113 | 22 | 314 | 26 | 558 |
| Influenza | 335 | 1135 | 151 | 1056 | 265 | 1477 |
| Measles (rubeola) | 0 | 0 | 1 | 1 | 0 | 0 |
| Meningococcal disease (Neisseria meningitidis) | 0 | 2 | 0 | 3 | 0 | 3 |
| Mumps | 0 | 2 | 0 | 4 | 0 | 2 |
| Pertussis | 3 | 39 | 1 | 47 | 2 | 44 |
| SEXUALLY TRANSMITTED | | | | | | |
| Chlamydia | 0 | 0 | 1084 | 13614 | 1088 | 13934 |
| Gonorrhea | 0 | 0 | 338 | 3636 | 321 | 3907 |
| Syphilis (Early non-primary, non-secondary) | 0 | 0 | 31 | 449 | 24 | 390 |
| Syphilis (Primary & Secondary) | 0 | 0 | 36 | 557 | 43 | 625 |
| CONGENITAL CONDITIONS | | | | | | |
| Congenital Syphilis | 3 | 3 | 3 | 24 | 3 | 37 |
| Hepatitis C virus infection, perinatal | 0 | 0 | 0 | 1 | 0 | 1 |
| ENTERICS | | | | | | |
| Amebiasis | 1 | 9 | 0 | 3 | 0 | 6 |
| Campylobacteriosis | 11 | 97 | 10 | 122 | 15 | 149 |
| Cryptosporidiosis | 1 | 6 | 0 | 11 | 2 | 15 |
| Giardiasis | 1 | 31 | 3 | 56 | 1 | 55 |
| Rotavirus | 5 | 56 | 1 | 24 | 2 | 62 |
| Salmonellosis | 7 | 154 | 4 | 187 | 7 | 144 |
| Shiga toxin-producing Escherichia coli (STEC) | 0 | 33 | 0 | 22 | 5 | 38 |
| Shigellosis | 4 | 97 | 6 | 93 | 4 | 77 |
| Typhoid (cases and carriers; caused by Salmonella typhi) | 1 | 3 | 0 | 0 | 0 | 4 |
| Vibriosis (non-cholera Vibrio species infections) | 0 | 4 | 0 | 4 | 0 | 4 |
| Yersiniosis | 0 | 2 | 1 | 1 | 1 | 7 |
| OTHER | | | | | | |
| Brucellosis | 0 | 0 | 0 | 0 | 0 | 2 |
| Coccidioidomycosis | 23 | 153 | 10 | 145 | 8 | 96 |
| Dengue | 0 | 1 | 1 | 2 | 0 | 6 |
| Ehrlichiosis/Anaplasmosis | 0 | 0 | 0 | 3 | 0 | 0 |
| Encephalitis | 1 | 5 | 0 | 2 | 1 | 2 |
| Exposure, Chemical or Biological | 5 | 11 | 0 | 7 | 0 | 10 |
| Hepatitis C, acute | 2 | 31 | 4 | 23 | 4 | 24 |
| Hepatitis C, chronic | 5 | 9 | 246 | 3037 | 438 | 6449 |
| Hepatitis E, acute | 0 | 0 | 0 | 1 | 0 | 0 |
| Invasive Pneumococcal Disease | 28 | 187 | 35 | 209 | 23 | 246 |
| Lead poisoning | 19 | 175 | 3 | 189 | 3 | 149 |
| Legionellosis | 0 | 14 | 2 | 16 | 3 | 25 |
| Listeriosis | 0 | 2 | 0 | 2 | 1 | 6 |
| Lyme disease | 0 | 14 | 0 | 9 | 0 | 12 |
| Malaria | 2 | 5 | 1 | 7 | 1 | 10 |
| Meningitis, Aseptic | 0 | 18 | 5 | 34 | 7 | 77 |
| Meningitis, Bacterial Other | 2 | 23 | 2 | 29 | 0 | 27 |
| Meningitis, Fungal | 1 | 7 | 0 | 7 | 0 | 4 |
| Q Fever | 0 | 4 | 0 | 1 | 0 | 2 |
| RSV | 126 | 1093 | 149 | 1473 | 403 | 2401 |
| Rabies, animal | 0 | 1 | 0 | 5 | 0 | 4 |
| Rabies, exposure to a rabies susceptible animal | 0 | 1 | 0 | 3 | 1 | 23 |
| Spotted Fever Rickettsiosis | 0 | 3 | 0 | 3 | 1 | 6 |
| Streptococcal Toxic Shock Syndrome (STSS) | 1 | 25 | 1 | 31 | 4 | 30 |
| 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.

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 new instrument preparation, data extraction and reporting needed.
- F. Work with IT to implement and maintain the Electronic Health Record (EHR) system.
- G. Work with OPHEP and Clark county coroner's office (CCCO) to integrate EmTrack and CME.
- H. Assist Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, Environmental Health (EH), Clinic Services 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. Completed the 2019 Trisano STD data migration into NBS and will set up an automatic upload process for future data transfer.
- L. Completed SNHD Clinic HIV data upload into Clark county CareWare.
- M. 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.
- N. Continue to work on uploading Vital Records data to the National Violent Death Reporting System (NVDRS).
- O. Continue to work with OEDS to develop application for Collect 2 Protect (Online Testing Kit).
- P. Completed eCW upgrade for bi-directional data exchange between NVHIE and eCW, and work on eCR reporting from NVHIE to Trisano.
- Q. Completed transition and verification of QLS ELR reporting.
- R. Completed PHEP Quarter 2 grant progress report.
- S. Complete FY2021 office budget.
- T. Attended the EpiTrax peer-to-peer meeting to explore new features of the system and discuss a road plan for Trisano migration.

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

1. January Meetings:

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 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.

Dr. Sean Dort was elected as the new Chairman. Dr. Doug Fraser was elected as the new Vice Chairman. Dr. John Fildes was recognized for his more than two decades of service to trauma services in Clark County.

Nominations were opened for the non-standing member seats:

- General Public
- Health Education
- Legislative Issues/Advocacy
- Payers of Medical Benefits for Victims of Trauma
- Public Relations/Media

The Board reviewed and discussed trauma data for the 3rd quarter of 2019. The Board felt it appropriate to start collecting and assessing the data for burn patients. They also reviewed and discussed the high percentage of out-of-area (OOA) trauma transports for the 3rd quarter of 2019.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

| December EMS Statistics | January 2019 | January 2020 | | FY 18-19 (December) | FY 19-20 (December) |
|---------------------------------------|--------------|--------------|---|---------------------|---------------------|
| Total certificates issued | 82 | 68 | ↓ | | |
| New licenses issued | 64 | 22 | ↓ | | |
| Renewal licenses issued (recert only) | 8 | 19 | ↑ | | |
| Driver Only | 25 | 45 | ↑ | | |
| Active Certifications: EMT | 591 | 679 | ↑ | | |
| Active Certifications: Advanced EMT | 1428 | 1509 | ↑ | | |
| Active Certifications: Paramedic | 1700 | 1772 | ↑ | | |
| Active Certifications: RN | 45 | 50 | ↑ | | |

CLARK COUNTY TRAUMA TRANSPORT DATA (07/01/2019 to 12/31/2019)

| Total Transports | Step 1 | Step 2 | Step 3 | Step 4 | Discharged | Admitted | OR | ICU | Death | Transfer |
|------------------|--------|--------|--------|--------|------------|----------|----|-----|-------|----------|
| 6502 | 6% | 6% | 37% | 52% | 63% | 23% | 3% | 9% | 1% | 1% |

| Out of Area (OOA) Transports | |
|------------------------------|----|
| 595 | 9% |

Prepared by the Office of Emergency Medical Services & Trauma System and Office of Informatics

Notes:

1. Out of Area Transports does not include non-trauma hospitals.
2. Out of Area defines compliance with EMS catchment zones. All EMS transports are protocol identified trauma patients delivered to a trauma center outside of their designated catchment zone.
3. Out of Area review threshold is 5% as was established by the Regional Trauma Advisory Board (RTAB). All data is reviewed by the RTAB on a quarterly basis. Current Out of Area overage is being evaluated by the RTAB as an ongoing perspective review of data.

IV. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP led the Southern Nevada Healthcare Preparedness Coalition (SNHPC) for the month of January 2020. Key discussion points included the nomination of a new SNHPC Secretary, All Hospital Radio Test (AHRT) for November and December 2019, an update on NETEC training, a reminder about the Pediatric Disaster and Emergency Response course in March at San Martin Campus, and the April Crisis Standards of Care workshop. Also, OPHP hosted a meeting with SNHPC healthcare members to discuss the Las Vegas Urban Area's Essential Functions of Healthcare Delivery. The goals are to identify the level of essential care functions healthcare organizations must provide, the current level of care, and to develop a white paper on the way forward.
- B. OPHP participated in the final planning meeting at San Martin for the upcoming Ebola Virus Disease exercise. The concept is the transport and transfer of a patient from the hospital to the air transport to the treatment center.
- C. OPHP conducted an Active Shooter Tabletop Exercise with Covenant Hospice. The covered issues included egress, ingress, run, hide, fight, and organizational policies for responding to an active shooter.
- D. OPHP met with Life Care Center to discuss CMS, membership in the Southern Nevada Healthcare Preparedness Coalition, community-wide exercise, 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 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 (38), annual TB testing (23), and other workforce vaccinations based on Health District response to these threats (18).
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:** January MRC volunteer hours total 107 with a monetary value of \$2560.51. Six MRC volunteers assisted SNHD at the Main and East immunization clinic, Main Foodhandler Safety Program, and Pharmacy. The MRC Coordinator planned for coming events, recruited and processed new volunteers, de-commissioned volunteers, and sent the monthly newsletter and bulletins.

IV. VITAL STATISTICS

January 2020 showed a .5% decrease in birth certificate sales in comparison to January 2019. Death certificate sales showed a 3.5% decrease for the same time frame. SNHD received revenues of \$48,373 for birth registrations, \$25,677 for death registrations; and an additional \$6,600 in miscellaneous fees for the month of January.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

| Vital Statistics Services | January 2019 | January 2020 | | FY 18-19 (January) | FY 19-20 (January) | |
|---------------------------|-----------------|-----------------|---|-----------------------|-----------------------|---|
| Births Registered | 2,331 | 2,356 | ↑ | 16,302 | 16,234 | ↓ |
| Deaths Registered | 1,722 | 1,814 | ↑ | 10,325 | 10,757 | ↑ |

| Vital Statistics Services | January 2019 | January 2020 | | FY 18-19 (Jan) | FY 19-20 (Jan) | |
|---|-----------------|-----------------|----------|-------------------|-------------------|----------|
| Birth Certificates Sold (walk-in) | 3,516 | 3,480 | ↓ | 22,828 | 22,463 | ↓ |
| Birth Certificates Mail | 97 | 76 | ↓ | 709 | 601 | ↓ |
| Birth Certificates Online Orders | 1,183 | 1,219 | ↑ | 8,136 | 7,633 | ↓ |
| Birth Certificates Billed | 126 | 123 | ↓ | 777 | 842 | ↑ |
| Birth Certificates Number of Total Sales | 4,922 | 4,898 | ↓ | 31,904 | 31,539 | ↓ |
| Death Certificates Sold (walk-in) | 1,182 | 1,271 | ↑ | 7,006 | 8,720 | ↑ |
| Death Certificates Mail | 76 | 76 | → | 467 | 386 | ↓ |
| Death Certificates Online Orders | 7,113 | 6,730 | ↓ | 42,996 | 40,125 | ↓ |
| Death Certificates Billed | 39 | 42 | ↑ | 200 | 244 | ↑ |
| Death Certificates Number of Total Sales | 8,410 | 8,119 | ↓ | 50,669 | 49,475 | ↓ |

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

| Vital Statistics Sales by Source | January 2019 | January 2020 | | FY18-19 (January) | FY19-20 (January) | |
|---|---------------------|---------------------|---|--------------------------|--------------------------|---|
| Birth Certificates Sold (walk-in) | 71.43% | 71.05% | ↓ | 71.55% | 71.22% | ↓ |
| Birth Certificates Mail | 1.97% | 1.55% | ↓ | 2.22% | 1.91% | ↓ |
| Birth Certificates Online Orders | 24.03% | 24.89% | ↑ | 25.50% | 24.20% | ↓ |
| Birth Certificates Billed | 2.56% | 2.51% | ↓ | 2.44% | 2.67% | ↑ |
| Death Certificates Sold (walk-in) | 14.1% | 15.7% | ↑ | 13.8% | 17.6% | ↑ |
| Death Certificates Mail | .9% | .9% | → | .9% | .8% | ↓ |
| Death Certificates Online Orders | 84.6% | 82.9% | ↓ | 84.9% | 81.1% | ↓ |
| Death Certificates Billed | .5% | .5% | → | .4% | .5% | ↑ |

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

| Revenue | January 2019 | January 2020 | | FY 18-19 (January) | FY 19-20 (January) | |
|------------------------------------|---------------------|---------------------|----------|---------------------------|---------------------------|----------|
| Birth Certificates (\$20) | \$98,440 | \$122,450 | ↑ | \$638,080 | \$665,290 | ↑ |
| Death Certificates (\$25) | \$168,200 | \$202,978 | ↑ | \$1,013,380 | \$1,199,975 | ↑ |
| Births Registrations (\$13) | \$49,842 | \$48,373 | ↓ | \$316,719 | \$309,647 | ↓ |
| Deaths Registrations (\$13) | \$25,558 | \$25,677 | ↑ | \$152,139 | \$154,620 | ↑ |
| Miscellaneous | \$4,364 | \$6,600 | ↑ | \$26,986 | \$34,612 | ↑ |
| Total Vital Records Revenue | \$346,404 | \$406,078 | ↑ | \$2,147,304 | \$2,364,144 | ↑ |

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).
- On December 12th, 2019 birth and death certificates increased to \$25 each.

COMMUNITY HEALTH Passport Program – Fiscal Year Data

Passport Services

January 2020 showed a 24% increase in passport applications and a 3.8% increase in photos in comparison to January 2019.

| Revenue | January 2019 | January 2020 | | FY 18-19 (Jan) | FY 19-20 (Jan) | |
|---------------------------------------|---------------------|---------------------|----------|-----------------------|-----------------------|----------|
| Passport Execution Fee (\$35) | \$18,410 | \$22,820 | ↑ | \$79,695 | \$127,470 | ↑ |
| Passport Photo Fee (\$12) | \$3,816 | \$3,960 | ↑ | \$14,244 | \$24,120 | ↑ |
| Total Passport Program Revenue | \$22,226 | \$26,780 | ↑ | \$93,939 | \$151,590 | ↑ |

V. HEALTH CARDS

| COMMUNITY HEALTH Food Handler Education Program | | | | | | |
|--|---------------------|---------------------|----------|-----------------------------|-----------------------------|----------|
| Services | January 2019 | January 2020 | | FYE 19 YTD (to Jan.) | FYE 20 YTD (to Jan.) | |
| Food Handler Cards (New/Renewal) | 9,995 | 10,201 | ↑ | 61,989 | 64,699 | ↑ |
| Duplicates | 828 | 815 | ↓ | 4,557 | 4,860 | ↑ |
| CFSM (Manager) Cards | 221 | 291 | ↑ | 1,421 | 1,535 | ↑ |
| Re-Tests | N/A | 1,844 | | | 12,184 | |
| Body Art Cards | N/A | 89 | | | 527 | |
| Totals | 11,044 | 13,240 | ↑ | 67,967 | 83,805 | ↑ |

| COMMUNITY HEALTH Food Handler Education Program | | | | | | |
|---|---------------------|---------------------|----------|-----------------------------|-----------------------------|----------|
| REVENUE – Point of Sale (not including invoiced amounts) | January 2019 | January 2020 | | FYE 19 YTD (to Jan.) | FYE 20 YTD (to Jan.) | |
| Food Handler Cards (New/Renewal) | \$199,900 | \$204,020 | ↑ | \$1,239,780 | \$1,293,980 | ↑ |
| Duplicates | \$16,560 | \$16,300 | ↓ | \$91,140 | \$97,200 | ↑ |
| Late Fee | \$35,880 | \$38,910 | ↑ | \$217,080 | \$233,025 | ↑ |
| CFSM (Manager) Cards | \$4,420 | \$5,820 | ↑ | \$28,420 | \$30,700 | ↑ |
| Re-Tests | N/A | \$9,220 | | | \$61,146 | |
| Body Art Cards | N/A | \$1,780 | | | \$10,540 | |
| Totals | \$256,760 | \$276,050 | ↑ | \$1,576,420 | \$1,726,591 | ↑ |

- Re-Test Fees started June 2019.
- Body Art Cards transferred from Environmental Health “Special Programs” effective July 1, 2019.
- Invoiced “vouchers” for Food Handler cards are reconciled at end-of-month and submitted to Finance for invoicing. Payments made to Finance 30 days or more after being billed.

| Failure Rates: | January 2019 | January 2020 | |
|------------------------------|---------------------|---------------------|---|
| Food Safety Test | | | |
| Number of Failures | 2,460 | 2,068 | ↓ |
| As Percentage of Tests Taken | 19.6% | 17.6% | ↓ |