



Memorandum

Date: March 26, 2020

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 – February 2020

I. Tobacco Control Program (TCP):

Staff worked with our media firm to develop a media campaign to bring awareness about the dangers of vaping to the teen audience. Ads ran on Snapchat, Instagram and Spotify. The campaign will run through February 2020.

- SnapChat Impressions: 1,215,818
- Breakdown Impressions: 240,755
- Spotify Ad Served: 186,726

Staff presented to the Northwest Las Vegas Metro area command community engagement forum to educate them about the changes to Nevada Tobacco laws with a focus on vaping.

Staff developed a new section for the Gethealthyclarkcounty.org website that provides high level education to the public and tobacco retailers about the new federal Tobacco 21 law which raises the federal minimum age of sale of tobacco products from 18 to 21 years. It is now illegal for a retailer to sell any tobacco product – including cigarettes, cigars and electronic vaping products to anyone under 21. The Food and Drug Administration (FDA) will provide additional details on this issue as they become available.

Staff assisted 7 businesses to voluntarily expand their smoke/vape free policy and provide technical assistance to 8 additional businesses who are considering policy expansion.

Staff provided a presentation to SNHD Environmental Health Division leadership regarding changes to the Nevada Clean Indoor Air Act as well as other tobacco issues.

Chronic Disease Prevention Program (CDPP):

The CDPP is sponsoring Safe Routes to School (SRTS) Workshops at local schools. The workshops are put on by CCSD and assist schools with developing school specific SRTS plans to encourage safe walking and biking to/from school. A SRTS workshop was conducted in January with 5 CCSD elementary schools in attendance (Long, Tate, Saville, Lake, Bunker). In addition to CDPP staff, the following community partners also participated in the workshops:

American Heart Association, Clark County Public Works Traffic Management, RTC, City of Las Vegas and NDOT. In addition, CDPP staff conducted a SRTS Safety presentation in January at Hollingsworth ES. The presentation addressed safety issues for pedestrians and cyclist and how to walk and bike to school safely. Approximately 20 students were in attendance.

CDPP is working with Vision y Compromiso promotoras to piloting the use of an evidence-based curriculum designed for faith-based settings that serve Hispanics. The curriculum is being piloted in 2 churches: Truth Christian Ministries International (TCMI) and International Church of Las Vegas (ICLV). Pre-intervention assessments were administered to 32 participants in January. Monthly workshops in Spanish also began in late January. The program consists of 6 monthly workshops with promotora-led participant follow up in between sessions. An assessment of the church's physical activity and nutrition environment will also be conducted, and results will be used to identify strategies to improve access to healthy foods and physical activity opportunities within each setting.

The CDPP has provided support to the farmers market in downtown Henderson and as of January, the market is now accepting SNAP/EBT benefits. CDPP is working with the City of Henderson to identify and provide necessary supplies to enhance to shopping experience at the market and increase participation including new signage, benches and a dedicated area to house the SNAP/EBT Point of Service Device. CDPP will be running media to promote the market as well as other farmers markets in the valley that accept SNAP benefits. The campaign will begin in April and run through the summer.

CDPP staff completed the second part of a 2-part DSME class in January. The course was held at the Heinrich YMCA. We are in the process of Heinrich YMCA as an expansion site under our American Diabetes Association (ADA) Diabetes Recognition designation. Participant data from this DSME course will be used to complete the expansion center process as well as the required ADA annual report.

CDPP staff worked with the dietitian at a local Albertsons to promote two Heart Healthy grocery store tour/tasting in January. In total 13 people participated in one of the tours. The tours included a tour of the grocery store highlighting heart-healthy foods, a tasting station and a presentation on hypertension by the store pharmacist:

Community Outreach:

In January, the CDPP CHW visited 2 community asset sites and provided them with nearly 500 pieces of educational materials for distribution to their clients. In addition, CDPP staff participated in one outreach event during January with 80 people in attendance. Information on all OCDPHP programs as well as other community resources are distributed.

OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE – February 2020 Activities Report

A. Surveillance and Investigations

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

	Feb 2019	Feb 2020		YTD 2019 FY 18-19	YTD 2020 FY 19-20	
Sexually Transmitted						
Chlamydia	1099	1018	↓	9193	9538	↑
Gonorrhea	395	378	↓	3673	3673	→
Primary Syphilis	17	12	↓	156	175	↑
Secondary Syphilis	21	16	↓	216	232	↑
Early Non-Primary, Non-Secondary ¹	36	9	↓	304	223	↓
Syphilis Unknown Duration or Late ²	60	35	↓	461	550	↑
Congenital Syphilis (presumptive)	3	1	↓	19	27	↑
Moms and Babies Surveillance						
HIV Pregnant Cases	1	1	→	22	16	↓
Syphilis Pregnant Cases	12	8	↓	95	117	↑
Perinatally Exposed to HIV	1	1	→	7	10	↑
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	5	2	↓	8	2	↓
Hepatitis A	5	2	↓	11	8	↓
Hepatitis B, acute	0	0	→	2	0	↓
Hepatitis B, chronic	16	44	↑	52	84	↑
Influenza	250	184	↓	522	665	↑
Meningococcal disease (Neisseria Meningitidis)	1	1	→	1	1	→
Mumps	0	0	→	0	0	→
Pertussis	3	0	↓	10	3	↓
Enterics						
Campylobacteriosis	9	5	↓	19	16	↓
Giardiasis	3	3	→	7	5	↓
Rotavirus	2	7	↑	5	9	↑
Salmonellosis	6	2	↓	10	6	↓
Shiga toxin-producing Escherichia coli (STEC)	1	1	→	2	6	↑
Shigellosis	4	3	↓	8	6	↓
Other						
Hepatitis C, acute	1	0	↓	3	0	↓
Hepatitis C, chronic	530	432	↓	1111	894	↓
Invasive Pneumococcal Disease	21	26	↑	58	73	↑

Lead Poisoning	14	5	↓	20	18	↓
Legionellosis	1	1	→	3	5	↑
Meningitis, aseptic	3	5	↑	5	8	↑
Streptococcal Toxic Shock Syndrome (STSS)	2	4	↑	8	6	↓
New Active TB Cases Counted (<15 yo)	0	0	→	3	0	↓
New Active TB Cases Counted (>= 15 yo)	4	0	↓	33	28	↓
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	51	0	98	0		
Gonorrhea	44	0	118	0		
Syphilis	74	0	144	0		
HIV/AIDS (New to Care/Returning to Care)	19	0	42	29		
Tuberculosis	13	0	33	1		
TOTAL	201	0	435	30		

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
177	257	66	2	6

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 February 29, 2020, there have been 106 cases of hepatitis A associated with this outbreak. 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. 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 Well Path. This outbreak is ongoing.

- b. Influenza:** Seasonal Influenza activity in Clark County has been increasing. For the season, as of 02/22/2020, 1241 influenza-associated hospitalizations and 35 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.
- c. 2019 Novel Coronavirus (COVID-19):** CDC has been closely monitoring an outbreak of respiratory illness caused by a novel coronavirus first identified in Wuhan, Hubei Province, China. The number of confirmed cases in the United States is being updated by the CDC regularly. Nevada has reported eight cases in Clark County as of March 12, 2020. The Health District activated the Incident Command System to expand our efforts in COVID-19 Response and access additional staffing and resources. The Health District has met with the Clark County emergency managers, Fire, EMS, School Officials and Hospital emergency response and infection control staff to communicate the current response and plan for continued partnership. The Office of Public Health and Preparedness is sending out regularly communications to preparedness partners. The Office of Public health and Preparedness is working with all community health partners in monitoring and tracking of PPE supplies and inventory. The Office of Epidemiology and Disease Surveillance (OEDS) at SNHD is receiving and following up on reports of suspected illness, providing assessment and evaluation information, and working with local medical providers to determine levels of risk and recommended actions for anyone who may be at risk. OEDS is monitoring travelers from high risk countries for signs and symptoms of COVID-19 to detect and confirm any cases in Clark County. OEDS is making recommendations of isolation and quarantine for individuals that may be at risk for COVID-19. OEDS and the Southern Nevada Public Health Laboratory are working in coordination with Clark County hospitals and other medical providers to provide guidance for testing and sample collection for at risk patients.

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 February:

2/24/20 – West care (200 kits distributed)

2/10/20-2/14/20 – CCDC (5 trained, 5 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

The Center is still very busy for the month of February providing expanded services to the community for HIV, syphilis, gonorrhea, chlamydia, Hep C, PrEP/PEP and same day rapid start (ART) for those newly diagnosed with HIV or for those who are returning to care and want to restart medication.

This month OEDS participated in a community event held on February 8 for the observance of National Black HIV/AIDS Awareness Day. OEDS partnered with AHF for this event providing syphilis testing and information on HIV, STDs, PrEP and PEP

C. High Impact HIV/STD/Hepatitis Screening Sites

- a. The Center: rapid HIV testing, syphilis, gonorrhea, chlamydia and Hep C.
- 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. Entourage: Ongoing testing at every Monday 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	Feb-19	Feb-20		FY 18-19	FY 19-20	
Outreach/Targeted Testing	601	339	↓	6013	5937	↓
Clinic Screening (SHC/FPC/TB)	599	266	↓	4498	4228	↓
Outreach Screening (Jails, SAPTA)	328	98	↓	1364	2747	↑
TOTAL	1528	703	↓	11875	12912	↑
Outreach/Targeted Testing POSITIVE	3	0	↓	52	43	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	7	0	↓	35	18	↓
Outreach Screening (Jails, SAPTA) POSITIVE	1	2	↑	6	12	↑
TOTAL POSITIVES	11	2	↓	93	73	↓

D. Staff Facilitated/Attended the following Trainings/Presentations

- a. 2/4/20: Opioid Meeting Campaign review facilitated by PACT attended by Jessica Johnson.
- b. 2/5/20: Evaluation Webinar facilitated by the Centers for Disease Control and Prevention (CDC) attended by Jessica Johnson.
- c. 2/5/20: Health District After Dark Committee Meeting. Approximately 7 SNHD employees in attendance, co-facilitated by Dr. Cheryl Radeloff

- d. 2/6/20: Discussion with Touro PA Students-Academic Detailing Project: Prescribing Opioids; facilitated by Jessica Johnson; attended by Katarina Pulver; 2 SNHD OEDS staff attendees.
- e. 2/6/20: Discussion with PACT Staff, NICRP Staff and contracted SBIRT trainer regarding evaluation and training plan; facilitated by Jessica Johnson; 1 SNHD OEDS staff attendee.
- f. 2/6/20: Suicide Prevention Committee Meeting facilitated by Clark County Detention Center attended by Rebecca Cruz-Nañez as a representative.
- g. 2/6/20: "When Law is the Treatment" presentation by Scott Burris at UNLV Boyd School of Law. Attended by Dr. Cheryl Radeloff and Dr. Kellie Watkins.
- h. 2/7/20: Clark County Behavioral Health Board Meeting attended by Rebecca Cruz-Nañez as a representative.
- i. 2/7/20: ODTA Evaluation Plan meeting with NICRP Staff attended by Jessica Johnson.
- j. 2/10/20: Southern Nevada Injury Prevention Partnership Meeting attended by Rebecca Cruz-Nañez as a representative.
- k. 2/10/20: ODTA State Coordinator and STR/SOR Grant Manager Collaboration Meeting attended by Katarina Pulver and Jessica Johnson, 3 representatives from the State of the Nevada; 9 SNHD OEDS staff attendees.
- l. 2/10/20: Contract Execution Meeting with PACT Staff facilitated by Jessica Johnson.
- m. 2/10/20: Ending the Epidemic Workgroup Teleconference Call. Attended by Dr. Cheryl Radeloff
- n. 2/11/20: "Mirtazapine for Methamphetamine Use Disorder and HIV Prevention" webinar hosted by SFcba. Attended by Dr. Cheryl Radeloff
- o. 2/12/20: Community Health All Hands Meeting - Zero Suicide Presentation by Rebecca Cruz-Nanez; ~65 OEDS staff attendees and ~40 SNHD Community Health division staff.
- p. 2/12/20: AB 124 Document Review via Teleconference facilitated by the Nevada Division of Public and Behavioral Health. 1 OEDS staff in attendance along with representatives from local and state domestic and sexual violence organizations.
- q. 2/13/20: Southern Nevada Opioid Advisory Council Executive Committee Meeting (SNOAC) coordinated by Jessica Johnson; attended by Katarina Pulver; 10 people in attendance from law enforcement, treatment, primary care, substance use prevention, and others.
- r. 2/13/20: Opioid Crisis and the Aging Community webinar hosted by the National Council on Aging attended by Katarina Pulver.
- s. 2/13/20: Mineral County Coalition Meeting attended by Jessica Johnson via teleconference to discuss SVM placement. Staff was requested to present at Mineral County Coalition meeting on 3/4/2020.
- t. 2/13/20: Academic Detailing Meeting via Teleconference with AZ AETC. 3 OEDS staff in attendance.
- u. 2/14/20: Social Determinants of Health webinar facilitated by the Centers for Disease Control and Prevention (CDC) and Association of State and Territorial

Health Officials attended by Katarina Pulver, Jessica Johnson, Marco Mendez, and Yang Zhang.

- v. 2/14/20: "Health District After Dark: Provocatively Promoting Public Health" Project Echo Webinar presentation facilitated by Laura Valentino and Cheryl Radeloff. Approximately 160 in attendance.
- w. 2/14/20: "iCircle Training" presentation by Joshua Montgomery for Huntridge Clinic. 3 in Attendance
- x. 2/18/20: Community Engagement Plan Feedback Meeting attended by Dontia Yates.
- y. 2/18/20: Trac-B Staff Meeting attended by Jessica Johnson to review data collection form.
- z. 2/19/20-2/12/20: HIV Rapid Testing, Counseling and Safety Certificate Program presented by Dr. Cheryl Radeloff and Michele Shingu in Reno, NV; Approximately 8 community partners in attendance from Ridge House, Rural Nevada Counseling Center, and New Frontier Treatment Center.
- aa. 2/19/20: PACT Coalition Meeting attended by Dontia Yates and Rebecca Cruz-Nañez with approximately 20 community partners represented from Clark County in attendance.
- bb. 2/19/20: HIV & Methamphetamine Lunch & Learn hosted by Nevada ATEC attended by Jessica Johnson and Katarina Pulver.
- cc. 2/20/20: The Power of Partnerships: Collaborating to Enhance Opioid Overdose Prevention Health webinar facilitated by the Centers for Disease Control and Prevention (CDC) attended by Jessica Johnson.
- dd. 2/20/20: Implement Workforce Diversity Strategies to Effectively Address Disparities in Mental Health webinar attended by Rebecca Cruz-Nañez.
- ee. 2/21/20: Adult Mental Health First Aid Training facilitated by Dignity Health attended by Dontia Yates and Katarina Pulver; ~18 people in attendance from multiple agencies.
- ff. 2/25/20: safeTALK Trainer Update 2020 webinar attended by Rebecca Cruz-Nañez.
- gg. 2/25/20: "Averting the Crisis: The Importance of Understanding Mental Health in Yourself and Those Around You" presented by Patrick Bozarth (Community Counseling Center) and Dr. Cheryl Radeloff for the Ryan White Services Community Forum. Approximately 30 consumers in attendance at Community Counseling Center
- hh. 2/26/20: Toxic Stress & ACEs Training (NICRP) completed by Rebecca Cruz-Nañez, Cheryl Radeloff, Jessica Johnson, and Dontia Yates; ~10 SNHD OEDS staff attendees.
- ii. 2/27/20: Building a Movement: Launch Event for the National Overdose Prevention Network webinar hosted by Dialogue4Health attended by Katarina Pulver.
- jj. 2/28/20: Overdose Data to Action Learning Community Kickoff Call hosted by the CDC and ASTHOs attended by Katarina Pulver and Jessica Johnson: ~ 20 people in attendance including representatives from Alaska, California, County of Riverside Department of Public Health, County of San Diego Health and

Human Services Agency, Commonwealth of Northern Mariana Islands, Hawaii, Oregon, Nevada, Idaho, and Washington.

- kk. 2/28/20: "Community Training and Focus Group" hosted by SoN HPPG. Legislative Processes in Nevada presented by Battle Born Progress and Focus Group facilitated by Nevada AETC. Approximately 30 in attendance for each session.

E. Other:

- a. **Communicable Disease Statistics:** January 2020 and Quarter 4 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, and updated EMSA to process Coronavirus ELRs.
- C. Continue to test EpiTrax system (new version of Trisano) internally, and work with Utah and EpiTrax consortium for Trisano to EpiTrax migration
- 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 new instrument preparation, data extraction and reporting needed.
- F. Work with IT to implement and maintain the Electronic Health Record (EHR) system.
- G. 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.
- H. Continue to enhance the 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 (CCCO) on Cognos reports and new CME replacement.
- J. Completed automatic upload process for STD data transfer from Trisano to state NBS and developing Hepatitis data transfer template.
- 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 with OEDS to develop application for Collect 2 Protect (Online Testing Kit).
- N. Continue to work with OEDS on OD2A and SVM projects.
- O. Continue to work with NV HIE FOR data exchange between NVHIE and eCW, and eCR reporting from NVHIE to Trisano.

	2017		2018		2019		Rate (Cases per 100,000 per quarter except congenital conditions)		Quarter Rate Comparison
Disease	Qtr 4	YTD	Qtr 4	YTD	Qtr 4	YTD	Qtr 4 (2014-2018 aggregated)	Qtr 4 (2019)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive	6	27	12	26	9	25	0.31	.	↑
Hepatitis A	5	12	10	39	6	101	0.20	.	↑
Hepatitis B, acute	6	24	4	19	4	19	0.26	.	↓
Hepatitis B, chronic	55	113	68	314	97	558	1.33	4.33	↑x
Influenza	528	1132	192	1055	638	1474	9.92	28.45	↑x
Influenza-associated pediatric mortality	3	3	1	1	1	3	.	.	↓
Measles (rubeola)	0	0	1	1	0	0	.	.	↓
Meningococcal disease (<i>N. meningitidis</i>)	0	2	0	3	2	3	.	.	↑
Mumps	0	2	0	4	1	2	.	.	↑
Pertussis	6	39	15	47	9	45	0.45	.	↓
SEXUALLY TRANSMITTED									
Chlamydia	3106	12563	3220	13761	3509	14068	134.11	156.49	↑x
Gonorrhea	1250	4607	1365	5335	1337	5461	48.7	61.41	↑x
HIV	101	425	97	390	78	391	4.1	3.48	↓
Stage 3 HIV (AIDS)	37	154	41	129	46	155	1.84	2.05	↑
Syphilis (Primary & Secondary)	158	520	139	557	145	626	5.13	6.47	↑
Syphilis (Early non-primary, non-secondary)	118	449	118	449	85	390	4.9	3.79	↓
CONGENITAL CONDITIONS									
Congenital Syphilis	7	20	8	24	11	38	1.56**	.	↑x
Hepatitis C, Perinatal Infection	0	0	0	1	0	1	.	.	No Change
ENTERICS									
Amebiasis	3	9	0	3	0	6	.	.	↓x
Campylobacteriosis	20	97	26	122	44	149	1.14	1.96	↑x
Cholera	0	0	0	0	0	1	.	.	No Change
Cryptosporidiosis	2	6	2	11	3	15	.	.	↑
Giardiasis	9	31	15	56	8	55	0.58	.	↓
Rotavirus	5	56	3	24	9	62	0.38	.	↑
Salmonellosis	36	154	32	187	30	144	1.71	1.34	↓
Shiga toxin-producing <i>E. coli</i> (STEC)	6	33	6	22	11	39	0.33	.	↑
Shigellosis	29	97	18	93	31	77	0.72	1.38	↑x
Typhoid	1	3	0	0	0	4	.	.	↓
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	3	4	0	4	0	4	.	.	↓
Yersiniosis	0	2	1	1	4	7	.	.	↑
OTHER									
Botulism, infant	0	0	0	1	0	0	.	.	No Change
Brucellosis	0	0	0	0	0	2	.	.	No Change
Coccidioidomycosis	55	153	26	145	25	96	1.55	1.11	↓
Ehrlichiosis and Anaplasmosis	0	0	0	1	0	0	.	.	No Change
Encephalitis	2	5	1	2	1	2	.	.	↑
Exposure, Chemical or Biological	6	11	3	7	1	10	.	.	↓
Hepatitis C, acute	7	31	6	23	7	24	0.18	.	↑
Hepatitis C, chronic	6	9	743	3037	1405	6441	6.98	62.66	↑x
Hepatitis E, acute	0	0	0	1	0	0	.	.	No Change
Invasive Pneumococcal Disease	48	187	64	209	72	247	1.87	3.21	↑x
Lead Poisoning	55	143	25	150	24	135	1.24	1.07	↓
Legionellosis	0	14	7	15	8	25	0.19	.	↑
Listeriosis	1	2	1	2	1	6	.	.	No Change
Lyme Disease	3	14	1	9	0	12	.	.	↓x
Malaria	2	5	2	7	2	10	.	.	No Change
Meningitis, Aseptic	3	19	12	35	14	77	0.37	0.62	↑
Meningitis, Bacterial Other	4	23	10	29	7	28	0.19	.	↑
Meningitis, Fungal	4	7	2	7	0	4	.	.	↓x
Q fever, acute	2	3	0	1	0	1	.	.	↓
Q fever, chronic	0	1	0	0	0	1	.	.	No Change
RSV	158	1093	188	1473	546	2406	11.57	24.35	↑x
Rabies, animal	0	1	0	5	0	4	.	.	No Change
Rabies, exposure to a rabies susceptible animal	0	1	0	3	8	23	.	.	↑x
Rocky Mountain Spotted Fever	0	0	3	3	0	0	.	.	↓
Spotted Fever Rickettsiosis	2	3	0	3	3	6	.	.	↑
Streptococcal Toxic Shock Syndrome (STSS)	4	25	2	31	7	30	0.19	.	↑

OTHER (Cont.)									
Toxic Shock Syndrome	0	0	0	0	2	2	.	.	↑
Trichinosis	0	0	1	1	0	0	.	.	↓
Tuberculosis, Active	21	61	17	60	10	44	0.62	.	↓
Tularemia	0	2	0	1	0	0	.	.	No Change
Vape-Associated Respiratory Illness	0	0	0	0	1	6	.	.	↑
West Nile Virus neuroinvasive disease	0	3	0	0	0	34	.	.	No Change
West Nile Virus non-neuroinvasive disease	0	0	0	0	0	9	.	.	No Change
Zika Virus Disease, congenital	0	1	0	0	0	0	.	.	No Change
Zika Virus Disease, non-congenital	0	1	0	0	0	2	.	.	No Change

*Use of illness in data aggregation for cases other than STD or TB (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable, and suspect cases that are reportable to CDC. HIV/AIDS/TB case counts are provided on a quarterly basis. Rate suppression denoted by '.' for rates corresponding to case counts < 12.

**Rate for congenital conditions=cases per 10,000 live births.

~Diseases not reported in the past five years (aggregate data) and not reported during the current reporting period are not included in this report.

~~Confidence intervals (not shown) for the quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly rates changed significantly from those of the previous 5-year aggregated rates. Green text represents rates that decreased significantly, whereas red text represents rates that increased significantly. Statistically significant changes are indicated by 'X.'

- P. Start to receive and process ELRs from Mesa View Hospital again. The ELR feeds was stopped due to technical issues at the facility.
- Q. Assisted Federally Qualified Health Center (FQHC) site visit.
- R. Complete the 2020 ELC grant Quarterly report.

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

1. February Meetings:

A. Drug/Device/Protocol Committee (DDP)

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The DDP elected Dr. Jessica Leduc as the new Chair, and Dr. Michael Holtz as the new Vice-Chair for the fiscal year 2020. The committee continued its discussion of the Prehospital Death Determination and Termination of Resuscitation protocols, as well as the use of hemostatic agents/bandages for bleeding control.

B. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The MAB heard a presentation by Dr. Jay Coates about the new Burn and Reconstructive Center at Sunrise Hospital.

C. Southern Nevada Injury Prevention Partnership (SNIPP)

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

As the committee's attempt to nominate a Chair and Vice-Chair was unproductive, it was proposed they instead meet as a workgroup, quarterly at a minimum, to discuss future endeavors involving injury prevention. The proposal will be forwarded to the Regional Trauma Advisory Board for approval.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

December EMS Statistics	February 2019	February 2020		FY 18-19 (February)	FY 19-20 (February)
Total certificates issued	104	32	↓		
New licenses issued	50	29	↓		
Renewal licenses issued (recert only)	0	2	↑		
Driver Only	27	45	↑		
Active Certifications: EMT	615	727	↑		
Active Certifications: Advanced EMT	1432	1551	↑		
Active Certifications: Paramedic	1721	1781	↑		
Active Certifications: RN	46	50	↑		

IV. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. Prior to the confirmation of the Las Vegas Valley's first COVID-19 patient, OPHP has been involved in preparedness and response activities related to COVID-19: Incident Command was established and remains activated with weekly planning and operations briefings; convened informational meetings held with emergency management, hospitals, resort security chiefs, EMS providers and others; and developed products with recommendations on how to control the spread of COVID-19 for multiple sectors within the community.
- B. OPHP met with THEMA Hospice to discuss the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoP) 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 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.
- D. OPHP staff continue to work with the Southern Nevada Counterterrorism Center to provide public health updates and alerts of local, national, and global interest.
- E. 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.
- F. 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.

1. 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.

2. Employee Fit Testing: SNHD staff continue to receive respirator fit testing (5).

3. 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.

4. Medical Reserve Corps (MRC) of Southern Nevada: MRC volunteers continue to assist 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.

III. VITAL STATISTICS

February 2020 showed a 4% decrease in birth certificate sales in comparison to February 2019. Death certificate sales showed a 6% decrease for the same time frame. SNHD received revenues of \$42,757 for birth registrations, \$22,111 for death registrations; and an additional \$5,185 in miscellaneous fees for the month of February.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	February 2019	February 2020		FY 18-19 (February)	FY 19-20 (February)	
Births Registered	2,219	1,826	↓	18,517	18,060	↓
Deaths Registered	1,510	1,709	↑	11,752	12,364	↑

Vital Statistics Services	February 2019	February 2020		FY 18-19 (Feb)	FY 19-20 (Feb)	
Birth Certificates Sold (walk-in)	3,224	3,130	↓	25,506	25,593	↑
Birth Certificates Mail	95	59	↓	804	660	↓
Birth Certificates Online Orders	1,079	1,012	↓	9,215	8,645	↓
Birth Certificates Billed	75	89	↑	852	931	↑
Birth Certificates Number of Total Sales	4,473	4,290	↓	36,377	35,829	↓
Death Certificates Sold (walk-in)	1,143	1,274	↑	8,149	9,994	↑
Death Certificates Mail	42	58	↑	509	444	↓
Death Certificates Online Orders	6,428	5,784	↓	49,424	45,909	↓
Death Certificates Billed	37	42	↑	237	286	↑
Death Certificates Number of Total Sales	7,650	7,158	↓	58,319	56,633	↓

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Death Certificates Mail	42	58	↑	509	444	↓
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Death Certificates Number of Total Sales	7,650	7,158	↓	58,319	56,633	↓

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	February 2019	February 2020		FY18-19 (February)	FY19-20 (February)	
Birth Certificates Sold (walk-in)	72.1%	73%	↑	70.1%	71.4%	↑
Birth Certificates Mail	2.1%	1.4%	↓	2.2%	1.8%	↓
Birth Certificates Online Orders	24.1%	23.6%	↓	25.3%	24.1%	↓
Birth Certificates Billed	2%	2.1%	↑	.2%	2.6%	↑
Death Certificates Sold (walk-in)	14.9%	17.8%	↑	14%	17.6%	↑
Death Certificates Mail	.5%	.8%	↑	.9%	.8%	↓
Death Certificates Online Orders	84%	80.8%	↓	84.7%	81.1%	↓
Death Certificates Billed	.5%	.6%	↑	.4%	.5%	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	February 2019	February 2020		FY 18-19 (February)	FY 19-20 (February)	
Birth Certificates (\$20)	\$89,460	\$107,250	↑	\$727,540	\$772,540	↑
Death Certificates (\$25)	\$153,000	\$178,950	↑	\$1,166,380	\$1,378,925	↑
Births Registrations (\$13)	\$46,137	\$42,757	↓	\$362,856	\$352,404	↓
Deaths Registrations (\$13)	\$22,867	\$22,111	↓	\$175,006	\$176,731	↑
Miscellaneous	\$4,230	\$5,185	↑	\$31,216	\$39,797	↑
Total Vital Records Revenue	\$315,694	\$356,253	↑	\$2,462,998	\$2,720,397	↑

Note:

Number subject to change once all transactions clear.

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

COMMUNITY HEALTH Passport Program – Fiscal Year Data

Passport Services

February 2020 showed a 2.6% increase in passport applications and a 4.7% increase in photos in comparison to February 2019.

Total Passport Program Revenue

\$26,703	\$27,514	↑	\$120,642	\$179,104	↑
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IV. HEALTH CARDS

COMMUNITY HEALTH Food Handler Education Program

Services	February 2019	February 2020		FYE 19 YTD (to Feb.)	FYE 20 YTD (to Feb.)	
Food Handler Cards New-	8,752	3,857	↓	70,741	68,556	↑
Food Handler Cards - Renewals		4,822			4,822	
Duplicates	701	723	↑	5,258	5,583	↑
CFSM (Manager) Cards	206	207	↑	1,627	1,742	↑
Re-Tests	N/A	1,775		N/A	13,959	
Body Art Cards	N/A	84		N/A	611	
Totals	9,659	11,468	↑	77,626	95,273	↑

COMMUNITY HEALTH Food Handler Education Program

REVENUE – Point of Sale (not including invoiced amounts)	February 2019	February 2020		FYE 19 YTD (to Feb.)	FYE 20 YTD (to Feb.)	
Food Handler Cards New-	\$175,040	\$77,140	↓	\$1,414,820	\$1,371,120	↑
Food Handler Cards - Renewal		\$96,438			\$96,438	
Duplicates	\$14,020	\$14,460	↑	\$105,160	\$111,660	↑
Late Fee	\$31,965	\$31,575	↓	\$249,045	\$264,600	↑
CFSM (Manager) Cards	\$4,120	\$4,140	↑	\$32,540	\$34,840	↑
Re-Tests	N/A	\$8,875		N/A	\$70,021	
Body Art Cards	N/A	\$1,680		N/A	\$12,220	
Totals	\$225,145	\$234,308	↑	\$1,801,565	\$1,960,899	↑

- 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:
Food Safety Test**

	February 2019	February 2020	
Tests Taken	11,020	10,865	
Number of Failures	2,172	2,030	
As Percentage of Tests Taken	19.71%	18.68%	↓

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