



Memorandum

Date: June 25, 2020

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Activity Report – May 2020

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

Chronic Disease Prevention Program (CDPP)

CDPP staff and REACH contractor UNLV, assisted the RTC with the development of a Request for Proposals (RFP) for a contractor to conduct a Health Impact Assessment or Health Audit on the Regional Transportation Plan. In April, they assisted RTC with conducting initial research on existing health data focused on air quality, asthma, physical activity, and injuries/crashes that could be included in the draft RFP. UNLV also met with RTC to further discuss the contents of the RFP and to prepare the study scope through a hands-on work session. In addition, CDPP staff along with UNLV staff provided feedback on the draft Scope of Services for the RFP and the potential intersection between the Decision Support Tool currently being finalized for use in the City of Las Vegas and the RFP. The RFP is scheduled to be released in May 2020 with a consultant selected by July 2020. CDPP staff along with UNLV staff will be a part of the RTC selection committee for this RFP. The first meeting is expected to take place in June.

CDPP staff continue to work with the director of the UNLV Food Pantry on the healthy nutrition standards policy. In April, the CDC provided a guidance document entitled "Food Service Guidelines in Food Pantries: Implementation and Evaluation, Additional Guidance for SPAN, HOP and REACH." The UNLV Food Pantry policy draft was compared to the CDC guidance document and is in alignment with CDC requirements for food pantries. The draft policy was also sent to the CDC to review. Our REACH project officer also engaged a CDC contracted technical assistance provider. No substantial changes to the draft policy were recommended and so the draft policy is now the final policy. We continue to work with the UNLV Food Pantry on the adoption process, however that process has been delayed due to Covid-19.

In April, CDPP staff was invited to present on an Association for State Public Health Nutritionists' national webinar to share the work we have done in Nevada with respect to healthy

vending and our work with bind operators in Nevada. CDPP staff continues to participate in monthly state healthy vending workgroup calls.

In April, CDPP staff completed reports based on the Physical Activity and Nutrition Environment Assessment conducted at two local churches hosting the Comunidad en Accion workshops. The reports included recommendations about PSE (policy, systems, environmental change) strategies that could be implemented in the churches to improve the nutrition and physical activity environment. Both churches have reviewed the report and recommendations and have each selected at least 1 PSE strategy to implement at their church. CDPP staff continue to work with the churches on PSE implementation efforts. In addition, while the in-person workshops are on hold due to the Covid-19 pandemic staff and the promotoras continue maintain regular contact with workshop participants via Zoom. CDPP staff is also in the process of developing two short videos to highlight information shared during the first two workshops. These videos will be posted to YouTube in May and the link will be shared with all program participants.

CDPP continue to run media campaigns, many of which were modified due to the Covid-19 pandemic. Nutrition campaigns were modified to promote emergency food distribution locations, physical activity campaigns were modified to promote social distancing and other media was provided to OOC to promote Covid-19 resources, information and instructions to the community. In addition, CDPP staff developed two (2) one-week challenges to promote physical activity and healthy eating during April. One week was dedicated to physical activity challenges and one week was dedicated to healthy eating challenges. Each day had a specific challenge. These were thing that were related to healthy eating or physical activity and could be accomplished during the stay at home order. For example, instead of sending people to the grocery store to purchase food, one of the healthy eating challenges was to make a healthy recipe (provided) using pantry staples. One of the physical activity challenges was to do strength training exercises without going to a gym using hand weights or even soup cans. The challenges were promoted on social media and were also uploaded to the blog. The challenges were available in Spanish on the Viva Saludable blog.

Tobacco Control Program (TCP):

TCP staff developed two Spanish-language tobacco blogs regarding smoking, vaping and their relationship to COVID-19 and the importance of quitting. The blogs are posted on our Spanish-language website www.vivasaludable.org and promote the 1-855-DÉJELO-YA, the Nevada Tobacco Quitline Spanish-language cessation resource .

TCP staff continue to work with the Nevada Tobacco Prevention Coalition (NTPC) Policy Committee and other statewide partners including the Nevada Attorney General's office on a comprehensive and cohesive Tobacco 21 (T21) approach with education and enforcement. Tobacco 21 is the federal law the raised the minimum sales age to purchase tobacco products in the US to 21. Staff also worked with the NTPC and national partners to recommend all businesses including casinos to consider reopening with tobacco-free policies in place.

In April, five Facebook posts reaching 1,564 individuals and five Twitter posts reaching 1,720 people were developed regarding tobacco issues.

In April, 344 Clark County health care providers referred patients to the Nevada Tobacco Quitline for tobacco cessation via electronic referral methods.

In April, four businesses expanded their smoke and vape free policy. Staff provided model policy language and signage. An example of expanded policy is prohibiting smoking and vaping outdoors near building entrances. The Covid-19 pandemic has led to businesses examining their no smoking policy.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE – May 2020 Activities

Report

A. Surveillance and Investigations

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

	May 2019	May 2020		YTD 2019 FY 18-19	YTD 2020 FY 19-20	
Sexually Transmitted						
Chlamydia	1119	655	↓	12598	12042	↓
Gonorrhea	453	240	↓	4980	4623	↓
Primary Syphilis	29	14	↓	231	256	↑
Secondary Syphilis	29	23	↓	298	331	↑
Early Non-Primary, Non-Secondary ¹	38	15	↓	407	309	↓
Syphilis Unknown Duration or Late ²	80	49	↓	684	783	↑
Congenital Syphilis (presumptive)	6	1	↓	28	39	↑
Moms and Babies Surveillance						
HIV Pregnant Cases	2	0	↓	28	19	↓
Syphilis Pregnant Cases	11	8	↓	134	149	↑
Perinatally Exposed to HIV	1	0	↓	8	15	↑
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	1	0	↓	12	8	↓
Hepatitis A	16	0	↓	44	10	↓
Hepatitis B, acute	3	1	↓	8	1	↓
Hepatitis B, chronic	62	29	↓	216	169	↓
Influenza	22	4	↓	792	797	↑
Meningococcal disease (Neisseria Meningitidis)	0	0	→	1	1	→
Pertussis	1	0	↓	27	5	↓
Enterics						
Campylobacteriosis	16	7	↓	52	34	↓
Giardiasis	6	2	↓	22	11	↓
Rotavirus	15	0	↓	30	13	↓
Salmonellosis	12	3	↓	46	28	↓
Shiga toxin-producing Escherichia coli (STEC)	7	0	↓	14	8	↓
Shigellosis	10	1	↓	27	10	↓
Other						
Hepatitis C, acute	3	0	↓	9	1	↓

Hepatitis C, chronic	642	255	↓	2970	1886	↓
Invasive Pneumococcal Disease	18	4	↓	128	124	↓
Lead Poisoning	22	0	↓	76	41	↓
Legionellosis	1	0	↓	5	8	↑
Meningitis, aseptic	7	1	↓	20	30	↑
Meningitis, Bacterial Other	2	0	↓	14	8	↓
RSV	31	1	↓	1832	1272	↓
Streptococcal Toxic Shock Syndrome (STSS)	2	2	→	18	15	↓
New Active TB Cases Counted (<15 yo)	0	1	↑	3	2	↓
New Active TB Cases Counted (>= 15 yo)	3	1	↓	44	41	↓

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	11	0	14	0		
Gonorrhea	8	0	11	0		
Syphilis	29	0	74	0		
HIV/AIDS (New to Care/Returning to Care)	4	0	17	2		
Tuberculosis	25	0	6	0		
TOTAL	77	0	122	2		

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
56	19	21	0	0

3. Disease and Outbreak Investigations

a. Influenza: Seasonal Influenza activity in Clark County has been decreasing. For the season, as of 05/22/2020, 1398 influenza-associated hospitalizations and 54 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.

b. 2019 Novel Coronavirus (COVID-19): As of June 1, SNHD had 6719 cases and 343 deaths. The Health District activated the Incident Command System to expand our efforts in COVID-19 Response and gain access to additional staffing

and resources. The Health District continues to meet with the Clark County emergency managers, Fire, EMS, School Officials, hospital emergency response and infection control staff to communicate the current response and plan for continued partnership. The Office of Epidemiology and Disease Surveillance (OEDS) at SNHD is receiving and following up on reports of confirmed illness, conducting disease investigations, contact tracing, providing assessment and evaluation information, and working with local medical providers to determine levels of risk and recommended actions for anyone who may be ill or exposed. 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 are diagnosed with COVID-19 or have been identified as exposed to someone with 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 Clark County residents and visitors. OEDS staff, Betsy McLellan and Tabitha Ewing, have been conducting the drive-up testing for clients that are under investigation and/or their symptomatic contacts identified through contact tracing efforts. Contact tracing efforts include training and implementing additional contact tracers from the Environmental Health Program, Medical Reserve Corp, UNLV students, and City of North Las Vegas Library Staff. This is an ongoing response effort.

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 May:

- No trainings or naloxone distributions occurred in the month of May.

- b. **b. Overdose Data to Action Grant (OD2A):** Due to COVID-19 response, there are no new updates.

B. Prevention- Community Outreach/Provider Outreach/Education

There have been no outreaches scheduled during this time. The Center still remains closed for services.

C. High Impact HIV/STD/Hepatitis Screening Sites

No testing sites to report at this time.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	May-19	May-20		FY 18-19	FY 19-20	
Outreach/Targeted Testing	797	14	↓	8657	6901	↓
Clinic Screening (SHC/FPC/TB)	481	126	↓	5982	5707	↓
Outreach Screening (Jails, SAPTA)	645	0	↓	3184	2834	↓
TOTAL	1923	140	↓	17823	15442	↓
Outreach/Targeted Testing POSITIVE	7	0	↓	85	50	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	2	1	↓	47	24	↓
Outreach Screening (Jails, SAPTA) POSITIVE	3	0	↓	17	17	→
TOTAL POSITIVES	12	1	↓	149	91	↓

D. Staff Facilitated/Attended the following Trainings/Presentations

- a. 05/01/2020: Clark County Children's Mental Health Consortium (CCCMHC) meeting attended by OEDS Health Educator Staff as a representative; ~30 people in attendance.
- b. 05/01/2020: "Be the Helper: Implementing Psychological First Aid during the COVID-19 Crisis" hosted by the Nevada Psychological Association; attended by OEDS Health Educator Staff; ~40 people in attendance; 1 SNHD OEDS staff attendee.
- c. 05/01/2020: CDC OD2A-TAC Virtual Launch Meeting attended by two OEDS Health Educator Staff; ~100 people in attendance.
- d. 05/01/2020: Opioid Funding Stakeholders Meeting hosted by SEI; attended by two OEDS Health Educator Staff; ~40 people in attendance.
- e. 05/05/2020: Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup Meeting; attended by OEDS Health Educator Staff as a representative; ~10 people in attendance.
- f. 05/05/2020: Southern Nevada Substance Misuse and Overdose Prevention Summit planning meeting coordinated and hosted by OEDS Health Educator Staff; 8 people in attendance from multiple agencies.
- g. 05/06/2020: NOVA Victim Assistance Academy (NVAA) 2 of 9; attended by OEDS Health Educator Staff; ~40 people in attendance.
- h. 05/06/2020: CHA Steering Committee attended by OEDS Health Educator Staff; 5 people in attendance, 3 SNHD OEDS staff attendees.
- i. 05/06/2020: PACT Media Campaign RFP Review attended by OEDS Health Educator Staff; ~30 people in attendance from various media groups; 3 PACT Coalition staff attendees; 1 SNHD OEDS staff attendee.
- j. 05/06/2020: "HIV is not a Crime: A Community Discussion and Update" webinar; attended by Dr. Cheryl Radeloff.
- k. 05/07/2020: "It Only Takes One - How to Launch an HIV Self-Testing Program with Limited Resources" webinar; attended by Dr. Cheryl Radeloff.

- l.** 05/07/2020: "Think Trauma and Latinos During the Nation's Pandemic Emergency" webinar hosted by MHTTC; attended by OEDS Health Educator Staff; ~100 people in attendance; 1 SNHD OEDS staff attendee.
- m.** 05/07/2020: PACT Media Campaign RFP Review attended by OEDS Health Educator Staff; ~15 people in attendance from various media groups; 3 PACT Coalition staff attendees; 1 SNHD OEDS staff attendee.
- n.** 05/11/2020: "Zero Suicide Academy Session 2: TRAIN" webinar hosted by CASAT; attended by two OEDS Health Educator Staff; ~20 people in attendance from multiple agencies; 4 SNHD staff attendees.
- o.** 05/12/2020: "Mental Health in a Time of COVID-19 Series: When Trauma, Fear, and Anxiety Become Overwhelming" webinar hosted by the U.S. Department of Health and Human Services; attended by OEDS Health Educator Staff; ~150 people in attendance; 1 SNHD OEDS staff attendee.
- p.** 05/12/2020: "County Health Rankings Place Matters" webinar; attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- q.** 05/12/2020: "Lying and Running Stop Signs: Stigma and Overwork in our Workplaces"; attended by Dr. Cheryl Radeloff.
- r.** 05/13/2020: NOVA Victim Assistance Academy (NVAA) 3 of 9; attended by OEDS Health Educator Staff; ~40 people in attendance; 1 SNHD OEDS staff attendee.
- s.** 05/13/2020: "How to Run a Virtual Event" webinar hosted by Whova; attended by two OEDS Health Educator Staff; ~200 people in attendance; 2 SNHD OEDS staff attendees.
- t.** 05/13/2020: ODTA CDC Check in Call; attended by two OEDS Health Educator Staff; ~8 people in attendance; 2 SNHD OEDS staff attendees.
- u.** 05/13/2020: "Suicide and the Impact of the COVID-19 Pandemic" webinar hosted by NOVA; attended by two OEDS Health Educator Staff; ~200 people in attendance; 2 SNHD OEDS staff attendees.
- v.** 05/14/2020: Academic Affairs Webex meeting hosted by Laura Valentino; attended by 3 SNHD staff, OEDS staff Dr. Cheryl Radeloff.
- w.** 05/14/2020: "Navigating Risk of Suicide in the Context of Substance Use: Best Practices for Supporting Youth and Young Adults" webinar hosted by CASAT; attended by OEDS Health Educator Staff; ~50 people in attendance; 1 SNHD OEDS staff attendee.
- x.** 05/14/2020: SNHRA Leadership Meeting; attended by OEDS Health Educator Staff; 7 people in attendance; 1 SNHD OEDS staff attendee.
- y.** 05/14/2020: Southern Nevada Opioid Advisory Council Executive Meeting coordinated by SNHD; attended by two OEDS Health Educator Staff; ~12 people in attendance from eight agencies; 2 SNHD OEDS staff attendees.
- z.** 05/15/2020: Nevada Coalition for Suicide Prevention (NCSP) virtual meeting attended by OEDS Health Educator Staff as a representative; ~18 people in attendance; 1 SNHD OEDS staff attendee.
- aa.** 05/15/2020: "Applying First Aid to the Wound of COVID-19: The A-B-C's to Community Coping and Providing Emotional First Aid" webinar attended by OEDS Health Educator Staff; ~ 50 people in attendance; 1 SNHD OEDS staff attendee.
- bb.** 05/18/2020: Nevada Goes Falls Free Coalition FGFFC virtual meeting attended by OEDS Health Educator Staff as a representative; ~12 people in attendance; 1 SNHD OEDS staff attendee.
- cc.** 05/18/2020: "Ending the Epidemic" conference call; attended by Dr. Cheryl Radeloff.

- dd.** 05/18/2020: Nikki Rachal onboarded as a new health educator focusing on Fast-Track Cities and their commitment to end the HIV, tuberculosis, and viral hepatitis epidemic by 2030.
- ee.** 05/19/2020: "COVID-19 and Mental Health" town hall; attended by Dr. Cheryl Radeloff.
- ff.** 05/19/2020: Child Death Review (CDR) Board virtual meeting attended by OEDS Health Educator Staff as a representative; ~ 35 people in attendance; 2 SNHD OEDS staff attendees.
- gg.** 05/19/2020: "Opioid Overdose Prevention Messaging for Veterans" webinar hosted by CDC; attended by OEDS Health Educator Staff; ~100 people in attendance; 1 SNHD OEDS staff attendee.
- hh.** 05/19/2020: Southern Nevada Substance Misuse and Overdose Prevention Summit planning meeting coordinated and hosted by OEDS Health Educator Staff; 7 people in attendance from multiple agencies; 1 SNHD OEDS staff attendee.
- ii.** 05/20/2020: NOVA Victim Assistance Academy (NVAA) 4 of 9; attended by OEDS Health Educator Staff; ~40 people in attendance; 1 SNHD OEDS staff attendee.
- jj.** 05/20/2020: CHA Steering Committee attended by OEDS Health Educator Staff; 5 people in attendance; 2 SNHD OEDS staff attendees.
- kk.** 05/20/2020: "The Steps of a Detailing Visit" webinar hosted by NaRCAD; attended by two OEDS Health Educator Staff; ~200 people in attendance; 2 SNHD OEDS staff attendees.
- ll.** 05/20/2020: PACT Coalition Meeting attended by two OEDS Health Educator Staff; ~40 people in attendance from multiple agencies; 2 SNHD OEDS staff attendees.
- mm.** 05/21/2020: SBIRT collaboration meeting held by SNHD OEDS staff and included Informatics and SNHD FQHC. ~15 people in attendance; 2 SNHD OEDS staff attendees.
- nn.** 05/21/2020: "Engaging Prevention in a Virtual Space" webinar hosted by PTTC; attended by OEDS Health Educator Staff; ~200 people in attendance; 1 SNHD OEDS staff attendee.
- oo.** 05/22/2020: "Strategic Data Collection and Tracking: Best Practices" webinar hosted by NaRCAD; attended by OEDS Health Educator Staff; ~200 people in attendance; 1 SNHD OEDS staff attendee.
- pp.** 05/22/2020: "HIV Integrated Plan Monitoring 2019 Annual Report Meeting", attended by Dr. Cheryl Radeloff.
- qq.** 05/26/2020: "A Comprehensive Approach to Preventing Suicide: The Role of Law, Policy, and Social Determinants of Health Confirmation" webinar hosted by Kauffman & Associates, Inc.; attended by OEDS Health Educator Staff; ~300 people in attendance; 1 SNHD OEDS staff attendee.
- rr.** 05/27/2020: "Grief and Loss in the COVID-19 Storm" webinar hosted by NOVA; attended by OEDS Health Educator Staff; ~200 people in attendance; 1 SNHD OEDS staff attendee.
- ss.** 05/27/2020: NOVA Victim Assistance Academy (NVAA) 5 of 9; attended by OEDS Health Educator Staff; ~40 people in attendance; 1 SNHD OEDS staff attendee.
- tt.** 05/27/2020: VTGA SPA Committee Meeting; attended by OEDS Health Educator Staff; ~40 people in attendance, 3 SNHD OEDS staff attendees.
- uu.** 05/27/2020: "Ryan White Part A Planning Counsel LVTGA SPA Committee Meeting and LVTGA CDC Ad Hoc Committee Meeting" attended by Dr. Cheryl Radeloff as a member and representative of HIV Prevention Planning Group.
- vv.** 05/28/2020: "Engaging Prevention in a Virtual Space part 2" hosted by PTTC; attended by OEDS Health Educator Staff; ~200 people in attendance; 1 SNHD OEDS staff attendee.
- ww.** 05/28/2020: Southern Nevada Harm Reduction Alliance Meeting; attended by two OEDS Health Educator Staff; ~6 people in attendance; 2 SNHD OEDS staff attendee.
- xx.** 05/28/2020: Presentation "HIV/STIs and Sexual Violence" given by Dr. Cheryl Radeloff was recorded by the Rape Crisis Center to use for their Advocacy Training Program.

E. Other:

- a. Communicable Disease Statistics:** April 2020 and Quarter 1 2020 disease statistics are attached. (see table 1)

III. 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 and implement eCW Telehealth.
- 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.** Continue to work with OEDS on OD2A and SVM projects.
- K.** Work with NVHIE to enhance COVID surveillance by automating COVID hospitalization notification, and extract demographics, lab tests and treatment information from HIE CCDs for public health surveillance.
- L.** Maintain and update COVID19 dashboard, lab testing and ED admission trend analysis and other urgent data requests.
- M.** Maintain automate COVID patient notification application and perform QA for contact tracing and identification.
- N.** Developed an application to upload COVID lab results to Wynn Contact Center for notification.
- O.** Develop an online portal of COVID lab results. Clients will be able to access their results online.
- P.** Produce daily COVID GIS maps by city and zip codes.
- Q.** Maintain applications to automate COVID contacts upload and produce COVID DECIPHER report.
- R.** Produce a HIV out of care (OOC) report for Clark county RW program.
- S.** Completed CDC ELC Care and enhance detection grant applications.
- T.** Work with CDC and UMC to onboard COVID electronic case reporting.

April 2020: Clark County Disease Statistics*

Disease	2018		2019		2020	
	April	YTD	April	YTD	April	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive disease	1	6	2	11	0	8
Hepatitis A	4	11	9	28	1	10
Hepatitis B, acute	2	7	2	5	0	0
Hepatitis B, chronic	32	122	53	154	11	140
Influenza	51	795	85	770	3	793
Meningococcal disease (Neisseria meningitidis)	1	3	0	1	0	1
Mumps	1	4	0	0	0	0
Pertussis	3	15	8	26	0	5
SEXUALLY TRANSMITTED						
Chlamydia	1161	4418	1123	4519	732	4041
Gonorrhea	289	1128	338	1214	237	1097
Syphilis (Early non-primary, non-secondary)	38	136	30	139	16	107
Syphilis (Primary & Secondary)	41	186	41	188	39	206
CONGENITAL CONDITIONS						
Congenital Syphilis	1	4	3	7	1	11
Hepatitis C virus infection, perinatal	1	1	0	1	0	0
ENTERICS						
Amebiasis	0	1	0	4	0	3
Campylobacteriosis	9	28	5	36	4	27
Cryptosporidiosis	0	0	1	2	1	5
Giardiasis	5	19	6	16	3	9
Rotavirus	3	6	9	15	1	13
Salmonellosis	10	35	16	34	4	25
Shiga toxin-producing Escherichia coli (STEC)	0	2	3	7	0	8
Shigellosis	8	28	6	17	0	9
Vibriosis (non-cholera Vibrio species infections)	0	0	0	1	0	2
Yersiniosis	0	0	0	1	0	1
OTHER						
Brucellosis	0	0	0	1	1	1
Coccidioidomycosis	10	73	3	23	9	42
Ehrlichiosis/Anaplasmosis	1	1	0	0	0	0
Encephalitis	0	1	1	1	0	0
Exposure, Chemical or Biological	0	3	0	5	0	0
Hepatitis C, acute	1	3	2	6	1	1
Hepatitis C, chronic	250	876	619	2328	296	1631
Hepatitis E, acute	1	1	0	0	1	1
Invasive Pneumococcal Disease	18	107	27	110	19	120
Lead poisoning	16	71	14	54	1	41
Legionellosis	0	4	1	4	0	6
Listeriosis	0	1	0	3	0	0
Lyme disease	0	5	0	3	0	2
Malaria	0	0	0	1	0	0
Meningitis, Aseptic	0	9	5	13	4	29
Meningitis, Bacterial Other	1	10	5	12	1	8
Meningitis, Fungal	0	3	0	3	1	2
Q Fever	0	0	1	2	0	0
RSV	68	1268	103	1801	15	1271
Rabies, animal	1	1	0	0	1	1
Spotted Fever Rickettsiosis	0	1	1	1	0	0
Streptococcal Toxic Shock Syndrome (STSS)	2	15	5	16	2	13
West Nile virus neuroinvasive disease	0	0	1	1	0	0

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions. HIV/AIDS/TB case counts are provided on a quarterly basis.

~ Diseases not reported in the past two years or during the current reporting period are not included in this report.

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

--- Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.

Disease	2018		2019		2020		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr 1	YTD	Qtr 1	YTD	Qtr 1	YTD	Qtr 1 (2015-2019 aggregated)	Qtr 1 (2020)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive	5	5	9	9	8	8	0.35	.	↑
Hepatitis A	7	7	19	19	9	9	0.28	.	↑
Hepatitis B, acute	5	5	3	3	0	0	0.16	.	↓
Hepatitis B, chronic	90	90	101	101	129	129	2.13	5.69	↑X
Influenza	744	744	683	683	790	790	24.76	34.83	↑X
Influenza-associated pediatric mortality	0	0	2	2	0	0	.	.	↓
Meningococcal disease (<i>N. meningitidis</i>)	2	2	1	1	1	1	.	.	↓
Mumps	3	3	0	0	0	0	.	.	↓
Pertussis	12	12	18	18	5	5	0.73	.	↓
SEXUALLY TRANSMITTED									
Chlamydia	3295	3295	3422	3422	3351	3351	137.20	147.75	↑X
Gonorrhea	1241	1241	1270	1270	1189	1189	45.63	52.43	↑X
HIV	105	105	110	110	53	53	4.58	.	↓
Stage 3 HIV (AIDS)	30	30	29	29	26	26	1.70	.	↓
Syphilis (Primary & Secondary)	145	145	147	147	167	167	4.90	7.36	↑X
Syphilis (Early non-primary, non-secondary)	98	98	108	108	90	90	4.96	3.97	↓
CONGENITAL CONDITIONS									
Congenital Syphilis	3	3	4	4	12	12	0.16	0.53	↑X
Hepatitis C, Perinatal Infection	0	0	1	1	0	0	.	.	↓
ENTERICS									
Amebiasis	1	1	4	4	3	3	.	.	↑
Campylobacteriosis	19	19	31	31	23	23	1.13	1.01	↓
Cryptosporidiosis	0	0	1	1	4	4	.	.	↑
Giardiasis	14	14	10	10	8	8	0.47	.	↓
Rotavirus	3	3	6	6	12	12	0.70	0.53	↓
Salmonellosis	25	25	18	18	23	23	1.14	1.01	↓
Shiga toxin-producing <i>E. coli</i> (STEC)	2	2	4	4	8	8	0.27	.	↑
Shigellosis	20	20	11	11	10	10	0.54	.	↓
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	0	1	1	2	2	.	.	↑
Yersiniosis	0	0	1	1	1	1	.	.	↑
OTHER									
Coccidioidomycosis	63	63	20	20	33	33	1.35	1.46	↑
Encephalitis	1	1	0	0	0	0	.	.	↓
Exposure, Chemical or Biological	3	3	5	5	0	0	.	.	↓
Hepatitis C, acute	2	2	4	4	0	0	0.16	.	↓
Hepatitis C, chronic	626	626	1708	1708	1335	1335	21.38	58.86	↑X
Invasive Pneumococcal Disease	89	89	83	83	101	101	3.16	4.45	↑X
Lead Poisoning	48	48	32	32	40	40	1.42	1.76	↑
Legionellosis	4	4	3	3	6	6	0.18	.	↑
Listeriosis	1	1	3	3	0	0	.	.	↓
Lyme Disease	5	5	3	3	2	2	0.13	.	↓
Malaria	0	0	1	1	0	0	.	.	↓
Meningitis, Aseptic	9	9	8	8	25	25	0.32	1.10	↑X
Meningitis, Bacterial Other	9	9	7	7	7	7	0.33	.	↓
Meningitis, Fungal	3	3	3	3	1	1	.	.	↓
RSV	1200	1200	1698	1698	1256	1256	49.60	55.38	↑X
Spotted Fever Rickettsiosis	1	1	0	0	0	0	.	.	↓
Streptococcal Toxic Shock Syndrome (STSS)	13	13	11	11	10	10	0.34	.	↑
Tuberculosis, Active	12	12	7	7	10	10	0.41	.	↑

*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.

~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.'

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

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

May EMS Statistics	May 2019	May 2020	
Total certificates issued	65	39	↓
New licenses issued	54	10	↓
Renewal licenses issued (recert only)	4	0	↓
Driver Only	36	26	↓
Active Certifications: EMT	568	676	↑
Active Certifications: Advanced EMT	1405	1565	↑
Active Certifications: Paramedic	1708	1766	↑
Active Certifications: RN	45	57	↑

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. Following President Trump's directive, OPHP staff began working from home in support of the COVID-19 response. Manager, supervisor, senior planners, trainers, MRC volunteer coordinator, analyst and administrative staff may be serving in their SNHD and/or ICS positions in support of both SNHD and/or the MACC/MSST for the Southern Nevada community and hospital needs.
- B. Following SNHD leadership direction, all non-essential meetings have been postponed for staff to attend all essential COVID-19, SNHD, community partner, and hospital meetings.

2. PHP Training and PH Workforce Development:

- A. Following SNHD leadership direction, all non-essential training has been postponed focusing on the COVID-19 response and training needs
- B. Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing. 60 fit tests completed.

3. Grants and Administration:

- A. OPHP staff are supporting SNHD and MACC/MSST COVID-19 response and logistical needs.

4. Medical Reserve Corps (MRC) of Southern Nevada: MRC coordinator works in conjunction with SNHD and community partners for volunteers needed for the COVID-19 response. Volunteers donated approximately 581.83 hours at the Cashman Center ISO-Q Complex.

VI. VITAL Records

Due to the pandemic, birth and death certificates were only offered by mail or online in May 2020. Online birth orders doubled in comparison to May of 2019. However, overall birth certificate sales decreased by 50% in comparison to May 2019. Overall death certificate sales decreased by 14% for the same time frame.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	May 2019	May 2020		FY 18-	FY 19-20	
				19 (May)	(May)	
Births Registered	2,024	2,125	↑	24,675	24,417	↓
Deaths Registered	1,610	1,557	↓	16,636	17,229	↑

Vital Statistics Services	May 2019	May 2020		FY 18-	FY 19-20	
				19 (May)	(May)	
Birth Certificates Sold (walk-in)	3,594	Closed		36,540	27,621	↓
Birth Certificates Mail	81	123	↑	1,061	896	↓
Birth Certificates Online Orders	1,191	2,234	↑	12,880	14,458	↑
Birth Certificates Billed	85	94	↑	1,112	1,208	↑
Birth Certificates Number of Total Sales	4,951	2,451	↓	51,593	44,183	↓
Death Certificates Sold (walk-in)	1,398	Closed		11,896	10,664	↓
Death Certificates Mail	49	83	↑	658	680	↑
Death Certificates Online Orders	6,484	6,648	↑	69,430	66,589	↓
Death Certificates Billed	12	66	↑	291	446	↑
Death Certificates Number of Total Sales	7,943	6,797	↓	82,275	78,379	↓

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	May 2019	May 2020		FY18-	FY19-	
				19 (May)	20 (May)	
Birth Certificates Sold (walk-in)	72.6%	Closed		70.8%	62.5%	↓
Birth Certificates Mail	1.6%	5%	↑	2.1%	2%	↓
Birth Certificates Online Orders	24.1%	91.1%	↑	25%	32.7%	↑
Birth Certificates Billed	2%	3.8%	↑	2%	2.7%	↑
Death Certificates Sold (walk-in)	17.6%	Closed		14.5%	13.6%	↓
Death Certificates Mail	.6%	1.2%	↑	.8%	.9%	↑
Death Certificates Online Orders	81.6%	97.8%	↑	84.4%	85%	↑
Death Certificates Billed	.2%	1%	↑	.4%	.6%	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	May 2019	May 2020		FY 18-19 (May)	FY 19-20 (May)	
Birth Certificates (\$25)	\$99,020	\$61,275	↓	\$1,031,860	\$981,390	↓
Death Certificates (\$25)	\$158,860	\$169,925	↑	\$1,645,500	\$1,922,575	↑
Births Registrations (\$13)	\$48,828	\$24,531	↓	\$514,332	\$437,372	↓
Deaths Registrations (\$13)	\$23,751	\$20,774	↓	\$246,974	\$242,095	↓
Miscellaneous	\$5,307	\$4,962	↓	\$45,583	\$54,689	↑
Total Vital Records Revenue	\$335,626	\$281,467	↓	\$3,484,109	\$3,638,121	↑

Note:

Number subject to change once all transactions clear.

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

COMMUNITY HEALTH Passport Program – Fiscal Year Data

Passport Services

Closed due to pandemic

Revenue	May 2019	May 2020		FY 18-19 (May)	FY 19-20 (May)	
Passport Execution Fee (\$35)	\$28,840	\$0		\$193,655	\$166,075	
Passport Photo Fee (\$12)	\$5,136	\$0		\$36,048	\$32,028	
Total Passport Program Revenue	\$33,976	\$0		\$229,703	\$198,103	

VII. HEALTH CARDS

FOOD HANDLING & BODY ART CARDS:

- Operations suspended during the month of May due to COVID-19 response activities.
- Planned re-opening on June 1 deferred “until further notice”.
- Henderson Updates:
 - Lease terminated at Henderson City Hall.
 - Remodel and floor plan changes completed.
- Cox to install network connection.

COVID-19 ACTIVITIES:

- Food Handling and Business Group staff members continue to work assignments to support the District’s COVID-19 response.
 - SNHD Call Center

- Currently operating seven days a week, two shifts (days – 7:00 am to 3:00 pm, swing – 3:00 pm to 11:00 pm).
- Door screening staff re-assigned to call center operations.
- Seven staff members to begin contact tracing training with Victoria Burris on June 8.
- Wynn Call Center
 - Worked with Wynn call center staff to do outbound calls to clients to provide them with negative test results, answer COVID-19 questions, and request participation in a survey created by Commissioner Kirkpatrick’s office.
 - Seven staff members assigned to project.
 - Project ran from May 4 to 15. From May 18 to 22, two staff members reported to the Wynn during call center operations for support.

SUMMARY – Wynn Call Center, May 2020

	<u>Status</u>		<u>Record Count</u>
82%	Closed	Contacted	4,602
17%	Open	New	402
		First Call	206
		Second Call	34
		Unsuccessful	310
		TOTAL	5,554