



Memorandum

Date: May 10, 2021

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Activity Report – April 2021

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

A. Chronic Disease Prevention Program (CDPP)

Our Move Your Way (MYW) initiative continued in March with 'Move Your Way Week' in Southern Nevada which ran from March 1 to March 6. The social media-driven, 'Move Your Way Week' encouraged physical activity and provided prizes to those who engaged with our social media accounts. CDPP staff also sponsored the 'Shake Your Shamrock' event in March at the YMCA as part of MYW. Fifty people participated in the event (COVID-19-limited capacity) and CDPP staff provided MYW educational materials and physical activity incentives. Additional MYW events are planned for April and May.

The CDPP program, in partnership with the YMCA of Southern Nevada is sponsoring the first "Healthy Hearts Ambassador" program (HHA). This 16-week, evidence-based, blood pressure self-monitoring program will be offered free of charge to up to 25 participants. CDPP staff trained as HHA coaches and HHA promotional and educational materials were also shared with SNHD clinics to provide to their patients with hypertension. The program will kick off in April.

CDPP staff have been working with three local places of faith that operate food pantries and serve our REACH grant priority populations (low-income, Hispanic and African Americans) to implement the SWAP (Supporting Wellness At Pantries) program. CDPP staff provided training to pantry volunteers, pantry directors and promotoras working in the pantries on the SWAP program on how to properly rank, sort and display foods according to the 'Red, Yellow, Green' food ranking system. In addition, we have used grant funding to provide equipment (refrigerators and shelves) and supplies (SWAP shelf tags, posters and educational materials) needed to properly implement SWAP and increase access to healthier foods based on an earlier assessment of the pantry. In March, 2 of the 3 faith-based food pantries became fully operational as SWAP pantries. We anticipate the third faith-based food pantry will become SWAP operational by May. CDPP staff is providing ongoing technical assistance to support SWAP implementation. Additionally, at one of the places of faith, CDPP staff worked

with church officials to establish a walking path around the perimeter of the church grounds. Distance signage with educational messages were developed and installed around the route.

B. Tobacco Control Program (TCP)

Tobacco staff is working collaboratively with statewide partners on the development of a tobacco flavoring educational initiative titled, "Attracting Addiction." The first phase of the project includes the development of a website dedicated to describing the issue around tobacco flavoring.

Program staff, in conjunction with project partner American Lung Association, are working together to secure health care providers to disseminate tobacco cessation information promoting the Nevada Tobacco Quitline to their patients and clients. Collateral material is being customized for pediatric, OB/GYN, school nurses, social workers, and dentists. Staff also promoted cessation at the Cesar Chavez drive thru event, food pop-up at Gary Reece Freedom Park. The event took place on 3/27 and reached over 500 people. Staff promoted and distributed culturally appropriate materials to promote cessation and smoke-free living. Staff participated in the Las Vegas Hawaiian Civic Club's Spring into Wellness Health Fair on March 13, 2021. The goal of the event was to provide health resources including tobacco cessation materials to all attendees. Event organizers estimate a total of 400 people attended.

Tobacco-related media initiatives aimed at reaching the African American, Hispanic and Native Hawaiian/Pacific Islander population ran in March on a variety of tobacco topics. Staff participated in the Las Vegas Latin Chamber of Commerce's Influencers Show to highlight and promote smoke-free workplace policy adoption and expansion. Additionally, staff worked with a contracted media firm to develop a new Spanish-language media campaign theme called, "Our Kids Are Watching." On March 31, 2021, local Spanish speaking children were recorded encouraging their parents to quit smoking. This media campaign will run on TV, radio, social media, print and direct mail and will go live April 2021. Several media campaigns on a variety of topics launched in March including a comprehensive campaign encouraging business policy expansion.

Tobacco staff are involved in the Nevada Legislative session and have been working with partners to provide technical assistance to stakeholders on a variety of policy issues including tobacco retail issues, prevention funding, and pricing.

C. Other Efforts

OCDPHP submitted a new, non-competitive funding proposal to the CDC to continue our efforts to reach priority populations for our REACH grant (Hispanics and African Americans) with flu and COVID-19 information and to facilitate and promote vaccination. We received a notice of award at the end of March. This project will begin in April with a needs assessment.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

A. Surveillance and Investigations

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

	Apr. 2020	Apr. 2021		FYTD 2019 19-20	FYTD 2020 20-21	
Sexually Transmitted						
Chlamydia	790	941	↑	11503	10765	↓
Gonorrhea	353	473	↑	4421	5680	↑
Primary Syphilis	21	19	↓	244	202	↓
Secondary Syphilis	23	23	→	314	344	↑
Early Non-Primary, Non-Secondary ¹	18	33	↑	298	412	↑
Syphilis Unknown Duration or Late ²	56	51	↓	750	751	↑
Congenital Syphilis (presumptive)	1	3	↑	38	34	↓
Moms and Babies Surveillance						
HIV Pregnant Cases	3	6	↑	20	29	↑
Syphilis Pregnant Cases	10	13	↑	144	114	↓
Perinatally Exposed to HIV	1	1	→	8	14	↑
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	0	0	→	8	1	↓
Hepatitis A	1	0	↓	11	1	↓
Hepatitis B, acute	1	1	→	1	4	↑
Hepatitis B, chronic	12	38	↑	147	162	↑
Influenza	5	3	↓	856	24	↓
Pertussis	0	0	→	5	0	↓
Enterics						
Campylobacteriosis	4	12	↑	27	37	↑
Giardiasis	2	0	↓	11	8	↓
Rotavirus	1	1	→	13	4	↓
Salmonellosis	5	5	→	35	45	↑
Shiga toxin-producing Escherichia coli (STEC)	0	1	↑	8	7	↓
Shigellosis	3	5	↑	16	18	↑
Other						
Coccidioidomycosis	8	7	↓	43	48	↑
Hepatitis C, acute	1	0	↓	2	0	↓
Hepatitis C, chronic	305	243	↓	1651	1153	↓
Invasive Pneumococcal Disease	19	9	↓	121	41	↓
Lead Poisoning	3	3	→	46	34	↓
Legionellosis	0	1	↑	10	6	↓
Meningitis, aseptic	5	0	↓	29	13	↓

	Apr. 2020	Apr. 2021		FYTD 2019 19-20	FYTD 2020 20-21	
Meningitis, Bacterial Other	1	1	→	8	4	↓
RSV	15	1	↓	1278	5	↓
Streptococcal Toxic Shock Syndrome (STSS)	1	2	↑	9	8	↓
New Active TB Cases Counted (<15 yo)	0	0	→	1	0	↓
New Active TB Cases Counted (>= 15 yo)	8	0	↓	43	4	↓

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	61	0	45	0
Gonorrhea	28	3	28	0
Syphilis	81	5	130	0
HIV/AIDS (New to Care/Returning to Care)	29	0	36	0
Tuberculosis	15	0	13	1
TOTAL	214	8	252	1
¹ Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient) ² Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms ³ OOJ= 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				
Confirmed Case (Clinical and Lab Required)	Confirmed Case (Lab Only)	Full Investigation	OOJ with Investigation	OOJ without Investigation
34	14	40	0	0

3. Disease and Outbreak Investigations

- a. 2019 Novel Coronavirus (COVID-19): As of April 30th, Clark County had 244,300 cases, 4,309 deaths and 64 cases of MIS-C (Multisystem Inflammatory Syndrome in Children). The Health District continues to utilize 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 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 suspected and 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 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. Currently SNHD has contact tracers including staff from SNHD, UNLV and other partnering agencies. This is an ongoing response effort.

- b. Influenza: The Southern Nevada Health District (SNHD) Office of Epidemiology and Disease Surveillance (OEDS) began surveillance for the 2020–2021 influenza season on September 27, 2020 and will continue through May 22, 2021. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. In Clark County, for the season as of 4/24/2021, 44 influenza-associated hospitalizations and 6 deaths associated with influenza had been reported. Influenza A has been the dominant type circulating.
- c. Acute Non-Viral Hepatitis of Unknown Etiology Outbreak: Five cases of acute non-viral hepatitis of unknown etiology in children were reported to the Southern Nevada Health District (SNHD) between November and December 2020. The Centers for Disease Control and Prevention (CDC) is assisting SNHD in investigating a potential link between these illnesses and the consumption of an alkaline water product called “Real Water” and other possible etiologies. The FDA is also involved in this investigation and recommends that consumers, restaurants, distributors, and retailers should not drink, cook with, sell, or serve “Real Water” alkaline water, until more information is known about the cause of the illnesses. Further, the FDA advises that this water not be served to pets. These products include, but are not limited to, 5-gallon and 3-gallon containers (sold through home delivery/subscription), bottles of various sizes (sold on-line and in stores), and the “Real Water” concentrate (sold on-line). SNHD has a survey on our website for community to self-report their illnesses and the SNHD OEDS investigation team is following up with these reports. SNHD now has 11 probable cases (including the 5 original children) and one suspect case associated with this outbreak. This investigation is ongoing.
- d. Norovirus Outbreak involving a CCSD Elementary School: OEDS investigated a classroom of five children and two staff with vomiting and diarrhea. The CCSD voluntarily closed the affected classroom for cleaning and disinfection. The school collaborated with OEDS and EH team. OEDS was able to collect four stool samples for testing by SNPHL. All four of the stool samples were positive for Norovirus. Since the re-opening of the classroom, no additional reports of ill students or staff members have been reported, and the investigation has closed.
- e. Norovirus Outbreak at a social gathering event: OEDS is investigating a wedding reception of 70 guests that reported 22 ill persons after attending the event. Sick guests experienced vomiting and diarrhea, with one person being hospitalized. OEDS was able to collect three stool samples for testing by SNPHL. Two

of three have tested positive for Norovirus. The ill person hospitalized also tested positive for Norovirus. OEDS is working collaboratively with EH. This is an ongoing investigation.

- f. Multi state Salmonella outbreak associated with Turtles Update: Salmonella Typhimurium infections were found in 24 cases from 9 states (PA, CA, NJ, NC, CT, FL, MD, IL, and NV). The common report was exposure to turtles. OEDS investigated two of these cases with one case reporting secondary exposure to a household pet turtle. The second case reported close contact with an ill family member but denied any exposure to turtles. There have been no additional cases associated with this outbreak at this time. OEDS is working with EH and SNPHL to obtain additional information on the turtles sold at a local swap meet, linked to this outbreak. A site visit is scheduled to obtain samples. This is an ongoing investigation.

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 the 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 April:

4/02/21 - SNHD Outreach/CCDC (50 kits distributed)

4/02/21 - SNHD pharmacy (10 kits distributed)

4/09/21 - Westcare (200 kits distributed)

4/14/21 - LVMPD (2500 kits distributed)

4/16/21 - SNHD – Outreach/CCDC (40 kits distributed)

- b. Overdose Data to Action Grant (ODTA): No new updates for this reporting period.

B. Prevention - Community Outreach/Provider Outreach/Education

Ongoing promotion of Collect2Protect (C2P) online service for those requesting testing for gonorrhea, chlamydia, and HOME HIV test kits. OEDS has been working with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners.

The Center, Huntridge Family Clinic and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community.

Express Testing in SHC/Annex A has resumed and doing well with increasing capacity per the limited restrictions

There were 2 outreach events this month. One targeting youth at CSN Cheyenne Campus and the other in collaboration with the L2A Team mobile testing unit (MTU), OEDS and Nevada Partners. HIV testing, information on PrEP/PEP, safe sex kits and substance use/abuse referrals were offered.

C. High Impact HIV/STD/Hepatitis Screening Sites

Testing is currently being offered at Trac-B for HIV and Hep C. Also, The Center is offering screenings for HIV, Hep C, Gonorrhea, Chlamydia and Syphilis to the community Mon-Thurs from 1pm-5pm. AHF is also offering HIV and STD screenings at their clinic locations.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts

Prevention - SNHD HIV Testing	Apr-20	Apr-21		FY 19-20	FY 20-21	
Outreach/Targeted Testing	10	517	↑	7050	7153	↑
Clinic Screening (SHC/FPC/TB)	246	274	↑	5091	3215	↓
Outreach Screening (Jails, SAPTA)	2	67	↑	2834	525	↓
TOTAL	258	858	↑	14975	10893	↓
Outreach/Targeted Testing POSITIVE	0	6	↑	49	52	↑
Clinic Screening (SHC/FPC/TB) POSITIVE	2	2	→	22	13	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	1	↑	16	2	↓
TOTAL POSITIVES	2	9	↑	87	67	↓

D. Staff Facilitated/Attended the following Trainings/Presentations

- 04/02/2021: Clark County Children's Mental Health Consortium (CCCMHC) attended by OEDS Health Educator Staff as a representative; ~35 people in attendance from multiple agencies; 1 SNHD OEDS staff attendee.
- 04/05/2021–04/08/2021: Rx Summit attended and presented public health vending project poster by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- 04/06/2021: "Adult Mental Health First Aid" organized and co-facilitated by OEDS Health Educator Staff and representative from PACT Coalition; 16 people in attendance; 15 SNHD staff attendees.
- 04/09/2021: Nevada Public Health Association "Increasing Resilience" webinar facilitated by OEDS Health Educator Staff; ~ 25 people in attendance; 3 SNHD OEDS staff attendees.
- 04/13/2020: "Nevada Resilience Project" Southern Nevada Maternal and Child Health presentation facilitated by Health Educator Staff; ~25 people in attendance; 1 SNHD OEDS staff attendee.
- 04/16/2021: "Does A New Sex Revolution Beckon as The Pandemic Wanes" KNPR live State of Nevada discussion panelist facilitated by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
- 04/20/2021: Child Death Review (CDR) Board virtually attended by OEDS Health Educator Staff as a representative; ~ 42 people in attendance from multiple agencies; 2 SNHD OEDS staff attendees.

8. 04/21/2021: "SafeTALK Suicide Prevention" training organized and co-facilitated by OEDS Health Educator Staff with the Nevada Coalition for Suicide Prevention; 10 people in attendance; 8 SNHD OEDS staff attendees.
9. 04/21/2021: Congenital Syphilis Academic Detailing and Congenital Syphilis Review Board with Dr. Kathleen Thimsen (UNLV School of Nursing) attended by OEDS Health Educator Staff; 4 people in attendance; 3 SNHD OEDS staff attendees.
10. 04/21/2021: Health District after Dark "Climate Change and Public Health" cofacilitated by OEDS Health Educator Staff; ~28 people in attendance; 2 SNHD OEDS staff attended.
11. 04/23/2021: "iCircle Training" facilitated by OEDS Health Educator Staff; 3 Student Health Center (SHC) staff members in attendance; 1 SNHD OEDS staff attendee.
12. 04/26/2021: Epidemiology presentation facilitated by Epi staff to a Las Vegas High School class. Approx. 30 people in attendance.
13. 04/27/2021: National Public Health Vending project roundtable facilitated by OEDS Health Educator Staff; 18 attendees from 15 states; 1 SNHD OEDS staff attendee.
14. 04/28/2021: Ally Action Group Legislative Check In attended by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.
15. 04/29/2021: Neutral testimony on AB345 provided to Nevada legislature by OEDS Health Educator Staff; 1 SNHD OEDS staff attendee.

E. Other

Communicable Disease Statistics: March 2021 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 work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Informatics is also assisting with the changes that need to be made to the LIMS to accommodate new instruments and testing offered by the Clinical Laboratory.
- D. Assist SNPHL to develop COVID-19 interface between instruments, COVID-19 POD app and Orchard, COVID-19 testing and reporting needed.
- E. Work with IT to implement and maintain the Electronic Health Record (EHR) system for COVID-19 test ordering and COVID-19 vaccination.
- F. 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.
- G. Continue to enhance the iCircle web application for OEDS, and transmission of STD, HIV and Hepatitis testing data to CDC, and enhance a QA process between iCircle with eCW data.
- H. Continue to support Clark County Coroner's Office (CCCO) on data requests and reports.
- I. Continue to work with OEDS on OD2A and SVM projects. Deployed C2P application adding condom option feature and implemented C2P and Express Lab Testing online lab result portal for client and staff to be able to look up results.
- J. Enhance COVID-19 surveillance by automating COVID-19 hospitalization notification, and extract demographics, lab tests and treatment information from HIE CCDs for public health surveillance.
- K. Maintain and update COVID-19 dashboard, COVID-19 maps, lab testing and ED admission trend analysis and other urgent data requests.
- L. Maintain automate COVID-19 patient notification application and perform QA for contact tracing and identification.
- M. Maintain and enhance COVID-19 lab results portal. Clients can access their results online.
- N. Maintain applications to automate COVID-19 contacts upload for contact tracing and testing referral and produce COVID-19 DECIPHER report.
- O. Continue working on EpiTrax migration from Trisano and assist the state to migrate state NBS to EpiTrax. The whole state will use a single state-wide system (EpiTrax) next year. Completed COVID-19, HIV & TB custom logic migration for EpiTrax.
- P. Working on new RWCQM reports for Clark County Social Services.
- Q. Completed Essence School Absentee Report.
- R. Updated Trisano for Real Water Outbreak Investigation.
- S. Implemented an open source Inventory Management System for SNPHL.
- T. Developed an application to auto-generate reports with different views in Orchard for Sequencing Tests.
- U. Completed COVID-19 Health Disparities Grant application.

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

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 continues its work on proposed revisions to the adult/pediatric cardiac arrest protocols based on current AHA guidelines. Also discussed was the addition of lactated ringers to the EMS formulary.

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 ET3 (Emergency Triage/Treat/Transport) Pilot Program was introduced to address the emergency health care needs of Medicare beneficiaries following a 911 call. The goal of the program is to encourage the appropriate utilization of resources to meet health care needs more effectively.

C. Regional Trauma Advisory Board (RTAB) Member Nominating Committee

The RTAB Member Nominating Committee met to discuss and vote on new members to fill the following expiring seats on 6/30/21: 1) Administrator from a Non-Trauma Hospital System; 2) Public EMS Transport Representative; 3) Private EMS Transport Representative; 4) Rehabilitations Representative; and 5) Funding/Financing Representative.

D. Regional Trauma Advisory Board (RTAB)

The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high-quality system of patient care for the victims of trauma within Clark County and the surrounding areas. The RTAB makes recommendations, and assists in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

The Chairman introduced the new members for the 2020-2022 term.

The Board heard a committee report from the Southern Nevada Injury Prevention Partnership (SNIPP) meeting held in February 2020 and discussed the restructuring of both the SNIPP and Trauma System Advocacy Committee (TSAC).

The Board reviewed the Hemorrhage Control Protocol and made recommendations to be referred to the Medical Advisory Board for further discussion. The Board reviewed and discussed the trauma transport data for 4th quarter 2019 and 1st quarter 2020.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

April EMS Statistics	April 2020	April 2021	
Total Certificates Issued	49	61	↑
New Licenses Issued	46	59	↑
Renewal Licenses Issued (recert only)	3	2	↓
Driver Only	26	14	↓
Active Certifications: EMT	748	891	↑
Active Certifications: Advanced EMT	1604	1700	↑
Active Certifications: Paramedic	1811	1832	↑
Active Certifications: RN	56	64	↑

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. Following President Biden's directive, OPHP staff began working from home in support of the COVID-19 response. Manager, 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.
2. 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.

B. PHP Training and PH Workforce Development

1. Following SNHD leadership direction, all non-essential training has been postponed focusing on the COVID-19 response and training needs
2. Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing. 15 fit tests completed.

C. Hospital Preparedness Program (HPP)

1 APR – OPHP hosted the Southern Nevada Healthcare Preparedness Coalition for the month of April 2021. Topics of discussion included All-Hospital Radio Test, Upcoming events, Nomination for Vice Chair of the Coalition, updates from community partners, and information on upcoming training and exercises. The next meeting was also identified as 6 MAY 2021.

08 APR – OPHP attend a cybersecurity briefing on attacks and variants of malicious software on healthcare organization presented by the Healthcare Sector Cybersecurity Coordination Center and the impact on healthcare to date. HPP Liaison participated in the University Medical Center of Southern Nevada's Emergency Management Committee Meeting providing updates on the upcoming May 2021 Southern Nevada Healthcare Preparedness Coalition meeting, the CCOC/ME presentation in May 2021, the HPP Liaison and Training Officer's presentation to the National Association of City and County Health Officials (NACCHO) Preparedness Summit, The Medical Surge-Burn Table-top exercise, the Western Region Disaster Burn Consortium TTX, and the National Healthcare Coalition Preparedness Conference in Nov/Dec 2021 in Florida.

09 APR – HPP Liaison provided a technical assistance visit to Elite Colonoscopy Center discussing Centers of Medicare & Medicaid Services Conditions of participation, communication plans, the healthcare coalition, community exercises, and community Hazard Vulnerability Analysis.

13 APR – HPP Liaison and HPP Training Officer presented a “Quick Hit” Session at the National Association of City and County Health Officials Preparedness Summit via ZOOM. The session focused on the implementation of Incident Command System and Lessons Learned in Clark County, Nevada.

14 APR – OPHP HPP Liaison held a Concepts & Objectives/Initial Planning Meeting with community members for a Recover Table-Top Exercise in June 2021. The objectives, mission areas, grant functions, and documentation requirements were discussed at the meeting.

15 APR – OPHP HPP Liaison attended the San Martin Emergency Management Committee Meeting. Discussed were the following topics: May 2021 Southern Nevada Healthcare Preparedness Coalition meeting, the HPP Liaison and Training Officer’s presentation to the National Association of City and County Health Officials (NACCHO) Preparedness Summit, The Medical Surge-Burn Table-top exercise, the Western Region Disaster Burn Consortium TTX, and the National Healthcare Coalition Preparedness Conference in Nov/Dec 2021 in Florida. OPHP also attended the NACCHO preparedness summit’s presentation on Practical Advice and Benefits of Activating Unified Area Command during the COVID-19 Pandemic Response, Fulton County, Georgia. The session highlighted the importance of Public Health in the lead for the pandemic response.

21 APR – OPHP HPP Liaison hosted a Healthcare Coalition Medical Surge – Burn Table-Top Exercise for the members of the community. This TTX focused on an aircraft incident, impacting on multiple jurisdictions, and the response of jurisdictions, fire, law enforcement, and healthcare with expert guidance from McCarran International Airport and the Western Region Burn Disaster Consortium.

22 APR – OPHP hosted an Alternate Care Site System meeting with members of the healthcare community. The goal is to identify an Alternate Care Site for hospitals, establish an Alternate Care Site System for the healthcare coalition jurisdiction, and update the coalition alternate care site plan.

23 APR – OPHP HPP Liaison met with Las Vegas Home Health Agency to discuss Centers of Medicare and Medicaid Services Conditions of participation, communication plans, the healthcare coalition, community exercises, and community Hazard Vulnerability Analysis.

27 APR – OPHP participated in the weekly micro-planning session with the State of Nevada regarding COVID-19 Vaccinations. Topics discussed included: Local Health Authority ordering and cap, private provider cap, using J & J (Janssen) vaccine again, weekly metrics, and FAKE immunization cards being of concern along with multiple other subjects.

29 APR – HPP Liaison in OPHP made contact with the Director of Nursing for Omnia Home Health and Hospice, a future organization in Mesquite, to discuss the healthcare coalition, emergency preparedness, and technical assistance in the development of emergency preparedness documentation.

D. Grants and Administration

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

E. 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.

MRC Activities for March 2021:

In March, Medical and non-medical volunteers were deployed to support COVID-19 response activities as vaccinators, medics, and in non-medical support positions. In February and January, volunteers served at vaccine sites as well as at the Sunrise Hospital Monoclonal Antibody Clinic, SNPHL, and specimen collection events. MRC volunteers are still suspended from regular positions at SNHD Main and East Clinics and Food Handler Safety Program due to restrictions of COVID-19. Total "accepted" volunteers increased to about 583. MRC Coordinator recruited, vetted, assigned, and deployed volunteers to all sites. MRC Coordinator continues to recruit volunteers and participates in planning and operations meetings as available. MRC also attended monthly NACCHO MRC Workgroup meetings. The table below summarizes volunteer hours served in the past quarter.

MRC Volunteer Hours FY2021 COVID-19 Response

Activity	January	February	March
COVID-19 VAX POD	1877.5	1232.75	2260
SNPHL	29.5	11	0
Specimen Coll.	6.75	0	0
MAB Clinic	0	51.25	0
Total	1913.75	1295	2260

VI. VITAL RECORDS

A. Vital Statistics

April 2021 showed a 100% increase in birth certificate sales in comparison to April 2020. Death certificate sales showed a 15% increase for the same time frame. SNHD received revenues of \$43,264 for birth registrations, \$24,791 for death registrations; and an additional \$9,537 in miscellaneous fees for the month of April.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Apr 2020	Apr 2021		FY 19-20 (Apr)	FY 20-21 (Apr)	
Births Registered	2,003	1,973	↓	21,629	20,496	↓
Deaths Registered	1,732	1,891	↑	15,671	20,397	↑
Fetal Deaths Registered (<i>new to report</i>)	19	36	↑	175	185	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Apr 2020	Apr 2021		FY 19-20 (Apr)	FY 20-21 (Apr)	
Birth Certificates Sold (walk-in)	0	12	↑	27,621	53	↓
Birth Certificates Mail	57	122	↑	773	1,028	↑
Birth Certificates Online Orders	2,002	4,113	↑	12,224	34,934	↑
Birth Certificates Billed	109	107	↓	1,114	993	↓
Birth Certificates Number of Total Sales	2,168	4,354	↑	41,732	37,008	↓
Death Certificates Sold (walk-in)	5	20	↑	10,664	57	↓
Death Certificates Mail	77	79	↑	597	1,020	↑
Death Certificates Online Orders	7,438	8,563	↑	59,941	92,533	↑
Death Certificates Billed	36	62	↑	380	469	↑
Death Certificates Number of Total Sales	7,556	8,724	↑	71,582	94,079	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Apr 2020	Apr 2021		FY 19-20 (Apr)	FY 20-21 (Apr)	
Birth Certificates Sold Valley View (walk-in)	0%	.3%	↑	66.2%	.1%	↓
Birth Certificates Mail	2.6%	2.8%	↑	1.9%	2.8%	↑
Birth Certificates Online Orders	92.3%	94.5%	↑	29.3%	94.4%	↑
Birth Certificates Billed	5%	2.5%	↓	2.7%	2.7%	
Death Certificates Sold Valley View (walk-in)	.1%	.2%	↑	14.9%	.1%	↓
Death Certificates Mail	1%	.9%	↓	.8%	1.1%	↑
Death Certificates Online Orders	98.4%	98.2%	↓	83.7%	98.4%	↑
Death Certificates Billed	.5	.7%	↑	.5%	.5%	

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	Apr 2020	Apr 2021		FY 19-20 (Apr)	FY 20-21 (Apr)	
Birth Certificates (\$25)	\$54,200	\$108,850	↑	\$920,115	\$925,200	↑
Death Certificates (\$25)	\$188,900	\$218,100	↑	\$1,752,650	\$2,351,975	↑
Births Registrations (\$13)	\$22,490	\$43,264	↑	\$412,841	\$370,968	↓
Deaths Registrations (\$13)	\$21,762	\$24,791	↑	\$221,321	\$273,483	↑
Miscellaneous	\$4,801	\$9,537	↑	\$49,727	\$81,151	↑
Total Vital Records Revenue	\$292,153	\$404,542	↑	\$3,356,654	\$4,002,777	↑

B. Passport Services

Due to the pandemic, Passport Services moved to appointment only. Safety features for a full reopen are still in progress.

COMMUNITY HEALTH Passport Program – Fiscal Year Data

Revenue	Apr 2020	Apr 2021		FY 19-20 (Apr)	FY 20-21 (Apr)	
Passport Execution/Acceptance fee (\$35)	\$0	\$17,430	↑	\$166,075	\$103,390	↓
Passport Photo Fee (\$12)	\$0	\$0		\$32,028	\$0	
Total Passport Program Revenue	\$0	\$17,430	↑	\$198,103	\$103,390	↓

VII. HEALTH CARDS

A. Food Handling

1. Appointment scheduling system re-activated on Friday, April 2nd.
2. Soft opening on Monday, April 5th.
3. Officially re-opened on Tuesday, April 6th. Seeing first-time, renewing and Body Art clients by appointment. Clients needing duplicates are now seen on a walk-in basis.
4. Continually monitoring appointments and client flow.
 - o Making adjustments as needed.
 - o Challenges include limited appointments due to June 30th deadline and clients scheduling multiple appointments.
5. Working with I.T. for improvements with appointment scheduling system.
6. Environmental Health
 - o In agreement that it may be necessary to extend June 30th deadline based on demand and availability of appointments.
 - o Participated in quarterly "Food Safety Partnership" meeting with presentation on Health Cards' re-opening.
7. Remote Health Cards Projects
 - o In-N-Out food protection manager cards.
 - o Casa Grande (correctional facility).
 - o Chosen for Success.
 - o eFoodHandler.com – off site, in-person food safety training.

COMMUNITY HEALTH Food Handler Education Program

SERVICES	April 1 - 30
Food Handler Cards – New	768
Food Handler Cards - Renewals	2,413
Duplicates	160
CFSM (Manager) Cards	102
Re-Tests	103
Body Art Cards	133
Totals	3,679

COMMUNITY HEALTH Food Handler Education Program

REVENUE – Point of Sale

(not including invoiced amounts)

April 1 - 30

Food Handler Cards – New	\$15,340.00
Food Handler Cards - Renewal	\$48,260.00
Duplicates	\$3,200.00
Late Fee	N/A
CFSM (Manager) Cards	\$2,040.00
Re-Tests	\$515.00
Body Art Cards	\$2,660.00
Totals	\$72,015.00

B. COVID-19 Activities

1. Call center support fully demobilized at close-of-business Friday, April 2nd as staff transitioned back to Health Card duties effective Monday, April 5th.
2. Supervisory call center duties switched to “ICS” staff member for continued oversight and coordination with State of Nevada/CSAA call centers.

C. Immunization Clinic Activities

Immunizations Phone Line (ext. 0850/0849) coverage discontinued at close-of-business Friday, April 2nd as staff transitioned back to Health Card duties effective Monday, April 5th.

Table 1



March 2021: Clark County Disease Statistics*

Disease	2019		2020		2021	
	March	YTD	March	YTD	March	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	1	9	6	8	0	1
Hepatitis A	8	19	0	10	0	1
Hepatitis B, acute	1	3	0	0	0	3
Hepatitis B, chronic	49	101	40	135	52	124
Influenza	163	683	93	851	6	21
Meningococcal disease (<i>N. meningitidis</i>)	0	1	0	1	0	0
Pertussis	8	18	2	5	0	0
SEXUALLY TRANSMITTED						
Chlamydia	1151	3422	1086	3408	1097	3084
Gonorrhea	398	1270	336	1210	583	1905
Syphilis (Early non-primary, non-secondary)	35	109	25	82	51	157
Syphilis (Primary & Secondary)	55	147	59	169	63	188
CONGENITAL CONDITIONS						
Congenital Syphilis	0	4	2	12	1	7
Hepatitis C, Perinatal Infection	1	1	0	0	0	1
ENTERICS						
Amebiasis	1	4	0	3	0	0
Campylobacteriosis	12	31	7	23	11	25
Cryptosporidiosis	0	1	0	4	0	3
Giardiasis	3	10	1	9	3	8
Rotavirus	1	6	2	12	2	3
Salmonellosis	8	18	10	30	14	40
Shiga toxin-producing <i>E. coli</i> (STEC)	2	4	0	8	4	6
Shigellosis	3	11	2	13	5	13
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	1	0	2	0	0
Yersiniosis	0	1	0	2	1	1
OTHER						
Brucellosis	1	1	0	0	0	0
Coccidioidomycosis	9	20	13	35	14	41
Exposure, Chemical or Biological	1	5	0	0	0	1
Hepatitis C, acute	1	4	1	1	0	0
Hepatitis C, chronic	500	1711	430	1345	311	909
Invasive Pneumococcal Disease	25	83	26	102	8	31
Lead Poisoning	15	32	11	41	6	27
Legionellosis	0	3	3	10	3	5
Listeriosis	1	3	0	0	0	0
Lyme Disease	1	3	0	2	0	1
Malaria	1	1	0	1	0	0
Meningitis, Aseptic	3	8	9	24	3	13
Meningitis, Bacterial Other	4	7	1	7	3	3
Meningitis, Fungal	1	3	1	1	2	2
Q Fever	1	1	0	0	0	0
RSV	463	1698	244	1263	0	4
Rabies, exposure to a rabies susceptible animal	0	0	15	33	12	47
Spotted Fever Rickettsiosis	0	0	0	1	0	1
Streptococcal Toxic Shock Syndrome (STSS)	3	11	1	6	1	6

*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.

~~Hepatitis C, chronic, numbers have changed due to surveillance decisions within the Office of Epidemiology & Disease Surveillance.

~~~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.



Quarter 1, 2021: Clark County Disease Statistics\*

| Disease                                          | 2019  |      | 2020  |      | 2021  |      | Rate (Cases per 100,000 per quarter) |              | Quarter Rate Comparison           |
|--------------------------------------------------|-------|------|-------|------|-------|------|--------------------------------------|--------------|-----------------------------------|
|                                                  | Qtr 1 | YTD  | Qtr 1 | YTD  | Qtr 1 | YTD  | Qtr 1 (2016-2019 aggregated)         | Qtr 1 (2021) | Change b/c current & past 5-year? |
| <b>VACCINE PREVENTABLE</b>                       |       |      |       |      |       |      |                                      |              |                                   |
| Haemophilus Influenzae, invasive                 | 9     | 9    | 8     | 8    | 1     | 1    | 0.15                                 | -            | ↓                                 |
| Hepatitis A                                      | 19    | 19   | 10    | 10   | 1     | 1    | 0.14                                 | -            | ↓                                 |
| Hepatitis B, acute                               | 3     | 3    | 0     | 0    | 3     | 3    | 0.05                                 | -            | ↑                                 |
| Hepatitis B, chronic                             | 101   | 101  | 135   | 135  | 124   | 124  | 1.34                                 | 1.77         | ↑                                 |
| Influenza                                        | 683   | 683  | 651   | 651  | 21    | 21   | 11.74                                | 0.30         | ↓X                                |
| Influenza-associated pediatric mortality         | 2     | 2    | 0     | 0    | 0     | 0    | -                                    | -            | ↓                                 |
| Meningococcal disease (N. meningitidis)          | 1     | 1    | 1     | 1    | 0     | 0    | -                                    | -            | ↓                                 |
| Pertussis                                        | 18    | 18   | 5     | 5    | 0     | 0    | 0.23                                 | -            | ↓                                 |
| <b>SEXUALLY TRANSMITTED</b>                      |       |      |       |      |       |      |                                      |              |                                   |
| Chlamydia                                        | 3422  | 3422 | 3409  | 3408 | 3080  | 3080 | 59.08                                | 43.97        | ↓X                                |
| Gonorrhea                                        | 1270  | 1270 | 1210  | 1210 | 1605  | 1605 | 20.39                                | 25.77        | ↓X                                |
| HIV                                              | 110   | 110  | 94    | 94   | 88    | 88   | 1.96                                 | 1.26         | ↓X                                |
| Stage 3 HIV (AIDS)                               | 29    | 29   | 34    | 34   | 36    | 36   | 0.70                                 | 0.51         | ↓                                 |
| Syphilis (Primary & Secondary)                   | 147   | 147  | 169   | 169  | 187   | 187  | 2.44                                 | 2.67         | ↑                                 |
| Syphilis (Early non-primary, non-secondary)      | 109   | 109  | 92    | 92   | 154   | 154  | 2.01                                 | 2.20         | ↑                                 |
| <b>CONGENITAL CONDITIONS</b>                     |       |      |       |      |       |      |                                      |              |                                   |
| Congenital Syphilis                              | 4     | 4    | 12    | 12   | 7     | 7    | 0.10                                 | -            | ↑                                 |
| Hepatitis C, Perinatal Infection                 | 1     | 1    | 0     | 0    | 1     | 1    | -                                    | -            | ↑                                 |
| <b>ENTERICS</b>                                  |       |      |       |      |       |      |                                      |              |                                   |
| Amebiasis                                        | 4     | 4    | 3     | 3    | 0     | 0    | -                                    | -            | ↓                                 |
| Campylobacteriosis                               | 31    | 31   | 23    | 23   | 25    | 25   | 0.47                                 | 0.35         | ↓                                 |
| Cryptosporidiosis                                | 1     | 1    | 4     | 4    | 3     | 3    | -                                    | -            | ↑                                 |
| Giardiasis                                       | 10    | 10   | 9     | 9    | 8     | 8    | 0.19                                 | -            | ↓                                 |
| Rotavirus                                        | 6     | 6    | 12    | 12   | 3     | 3    | 0.19                                 | -            | ↓                                 |
| Salmonellosis                                    | 18    | 18   | 30    | 30   | 40    | 40   | 0.48                                 | 0.57         | ↑                                 |
| Shiga toxin-producing E. coli (STEC)             | 4     | 4    | 8     | 8    | 6     | 6    | 0.11                                 | -            | ↑                                 |
| Shigellosis                                      | 11    | 11   | 13    | 13   | 13    | 13   | 0.24                                 | 0.19         | ↓                                 |
| Vibriosis (Non-cholera Vibrio species Infection) | 1     | 1    | 2     | 2    | 0     | 0    | -                                    | -            | ↓                                 |
| Yersiniosis                                      | 1     | 1    | 2     | 2    | 1     | 1    | -                                    | -            | No change                         |
| <b>OTHER</b>                                     |       |      |       |      |       |      |                                      |              |                                   |
| Coccidioidomycosis                               | 20    | 20   | 35    | 35   | 41    | 41   | 0.61                                 | 0.59         | ↑                                 |
| Exposure, Chemical or Biological                 | 5     | 5    | 0     | 0    | 1     | 1    | -                                    | -            | ↓                                 |
| Hepatitis C, acute                               | 4     | 4    | 1     | 1    | 0     | 0    | 0.06                                 | -            | ↓                                 |
| Hepatitis C, chronic                             | 1711  | 1711 | 1345  | 1345 | 911   | 911  | 13.68                                | 13.00        | ↓                                 |
| Invasive Pneumococcal Disease                    | 83    | 83   | 102   | 102  | 31    | 31   | 1.50                                 | 0.44         | ↓X                                |
| Lead Poisoning                                   | 32    | 32   | 41    | 41   | 27    | 27   | 0.72                                 | 0.39         | ↓X                                |
| Legionellosis                                    | 3     | 3    | 10    | 10   | 5     | 5    | 0.08                                 | -            | ↑                                 |
| Listeriosis                                      | 3     | 3    | 0     | 0    | 0     | 0    | -                                    | -            | ↓                                 |
| Lyme Disease                                     | 3     | 3    | 2     | 2    | 1     | 1    | 0.06                                 | -            | ↓                                 |
| Malaria                                          | 1     | 1    | 1     | 1    | 0     | 0    | -                                    | -            | ↓                                 |
| Meningitis, Aseptic                              | 8     | 8    | 24    | 24   | 13    | 13   | 0.19                                 | 0.19         | ↑                                 |
| Meningitis, Bacterial Other                      | 7     | 7    | 7     | 7    | 3     | 3    | 0.14                                 | -            | ↓                                 |
| Meningitis, Fungal                               | 3     | 3    | 1     | 1    | 2     | 2    | -                                    | -            | No Change                         |
| RSV                                              | 1698  | 1698 | 1263  | 1263 | 4     | 4    | 20.97                                | -            | ↑                                 |
| Spotted Fever Rickettsiosis                      | 0     | 0    | 1     | 1    | 1     | 1    | -                                    | -            | ↑                                 |
| Streptococcal Toxic Shock Syndrome (STSS)        | 11    | 11   | 8     | 8    | 6     | 6    | 0.16                                 | -            | ↓                                 |
| Tuberculosis, Active                             | 7     | 7    | 10    | 10   | 15    | 15   | 0.15                                 | 0.21         | ↑                                 |

\*Use of illness onset date 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.

↓X--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.'