



# Memorandum

**Date:** January 10, 2022

**To:** Southern Nevada District Board of Health

**From:** Cassius Lockett, PhD, *Director of Disease Surveillance & Control* *CL*  
 Fermin Leguen, MD, MPH, *District Health Officer* *FL*

**Subject:** Disease Surveillance & Control Division Monthly Activity Report – December 2021

## I. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

### A. Surveillance and Investigations

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

	Dec 2020	Dec 2021		FYTD 20-21	FYTD 21-22	
<b>Sexually Transmitted</b>						
Chlamydia	1121	904	↓	6751	5721	↓
Gonorrhea	595	484	↓	3402	3307	↓
Primary Syphilis	21	9	↓	121	133	↑
Secondary Syphilis	30	15	↓	197	185	↓
Early Non-Primary, Non-Secondary <sup>1</sup>	49	19	↓	221	285	↑
Syphilis Unknown Duration or Late <sup>2</sup>	76	37	↓	476	623	↑
Congenital Syphilis (presumptive)	6	1	↓	24	12	↓
<b>Moms and Babies Surveillance</b>						
HIV Pregnant Cases	3	3	→	15	6	↓
Syphilis Pregnant Cases	8	11	↑	62	98	↑
Perinatally Exposed to HIV	0	0	→	4	2	↓
<sup>1</sup> Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary <sup>2</sup> Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late						
<b>Vaccine Preventable</b>						
Haemophilus influenzae, invasive disease	4	0	↓	12	12	→
Hepatitis A	0	0	→	18	2	↓
Hepatitis B, Acute	1	2	↑	12	15	↑
Hepatitis B, Chronic	44	38	↓	468	542	↑

	Dec 2020	Dec 2021		FYYTD 20-21	FYYTD 21-22	
Influenza	14	14	→	884	70	↓
Pertussis	0	1	↑	5	22	↑
<b>Enteric Illness</b>						
Campylobacteriosis	12	4	↓	127	119	↓
Giardiasis	3	7	↑	30	43	↑
Rotavirus	0	1	↑	21	29	↑
Salmonellosis	2	7	↑	120	146	↑
Shiga Toxin-producing Escherichia Coli (STEC)	4	0	↓	26	51	↑
Shigellosis	3	2	↓	52	68	↑
<b>Other</b>						
Coccidioidomycosis	16	4	↓	166	161	↓
Hepatitis C, Acute	0	0	→	4	2	↓
Hepatitis C, Chronic	288	202	↓	4167	3238	↓
Invasive Pneumococcal Disease	9	20	↑	179	123	↓
Lead Poisoning	10	4	↓	96	90	↓
Legionellosis	1	0	↓	25	21	↓
Meningitis, Aseptic	3	1	↓	66	33	↓
Meningitis, Bacterial Other	1	0	↓	24	11	↓
RSV	4	733	↑	1733	2245	↑
Streptococcal Toxic Shock Syndrome (STSS)	2	0	↓	22	17	↓
New Active TB Cases Counted (<15 yo)	0	0	→	0	0	→
New Active TB Cases Counted (>= 15 yo)	0	0	→	4	0	↓

## 2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters <sup>1</sup>	Reactors/ Symptomatic/ Xray <sup>2</sup>	OOJ/ FUP <sup>3</sup>
Chlamydia	34	0	48	0
Gonorrhea	38	1	55	0
Syphilis	69	5	137	3
HIV/AIDS (New to Care/Returning to Care)	10	0	49	0
Tuberculosis	9	0	9	0
<b>TOTAL</b>	<b>160</b>	<b>6</b>	<b>298</b>	<b>3</b>

<sup>1</sup> Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

<sup>2</sup> Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms

<sup>3</sup> 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
104	106	42	0	0

### 3. Disease and Outbreak Investigations

- a. 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 12/25/2021, 21 influenza-associated hospitalizations and one death associated with influenza have been reported. The percentage of emergency room (ER) and urgent care clinic visits for ILI was at an alarming level of 4.3% in week 51 which was higher than week 50 (2.6%). Approximately 42% area ER and urgent care clinic visits for ILI were made by adults 18-44 years of age. Influenza A has been the dominant type circulating.
- b. 2019 Novel Coronavirus (COVID-19): As of December 31, Clark County had 372,675 cases; 6,461 deaths, and 101 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 Disease Surveillance (ODS) at the SNHD is receiving and following up on reports of confirmed illness, conducting disease investigations, contact tracing, and working with local medical providers to determine levels of risk and recommended actions for anyone who may be ill or exposed. ODS 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. Currently SNHD has contact tracers including staff from SNHD, CSAA and other partnering agencies responding to reports of positive cases and maintain community testing sites, and strike teams for testing. This is an ongoing response effort.
- c. COVID-19 Omicron Variant: The Southern Nevada Health District responded to Nevada's first confirmed case of COVID-19 caused by the Omicron variant on December 14, 2021. The individual who tested positive was a female in her mid-20s and had two doses of vaccination. The individual did have travel outside of the US.
- d. *Listeria Monocytogenes* (*L. monocytogenes*): DSC in collaboration with Environmental Health assisted the CDC with a multistate *L. monocytogenes* outbreak investigation. Clark county had 1 associated case in October 2021. Ill people ranged in age from 50 years to 94. In total, 12 (86%) ill people were reported as hospitalized, and 5 (36%) have died, 1 person died as a direct result

of listeriosis. The outbreak has been highly associated with 'Pre-Packaged' and 'Pre-made' salads. The Clark County part of this investigation has been closed.

4. Non-communicable Reports and Updates

- a. Naloxone Training: SNHD is training and distributing naloxone (Narcan) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. SNHD is receiving naloxone via State Targeted Response funding through the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno. ODS has implemented a policy for SNHD staff to carry and administer Naloxone. ODS 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 December:

12/16/21 – Desert Parkway (11 trained, 96 doses distributed)

- b. Overdose Data to Action Grant (ODTA): The ODTA team has been creating materials and a video demonstrating how to use the fentanyl test strips. This training will be used for both internal and external stakeholders to ensure those providing test strips in the community provide education around the proper use of fentanyl test strips. The L2A team has been reaching out to community partners in rural Clark County to identify locations within areas such as Mesquite and Boulder City where mobile services would be best utilized. These conversations are in the planning phase with the goal to provide substance use linkage services at least quarterly to identified sites. The L2A team recently participated in North Las Vegas' first pop up mobile support services for the homeless and housing challenged within their city limits. The L2A team will be participating in this effort on a monthly basis going forward.

**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. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners. Promotion continues with the RTC Collect 2 Protect campaign for bus wraps and bus stop shelters. We are hopeful this will create awareness and increase testing. In addition, we are still contracting with an organization to help promote PrEP/PEP and condom distribution on dating apps specific to MSM via digital ads. We continue to contract with Brain Trust, a local marketing and advertising company, to promote Collect 2 Protect, PrEP/PEP and condom distribution with a statewide approach. This month the National Latino AIDS Awareness Day event was rescheduled for November 5 and was supported by SNHD ODS staff and consortium members to offer HIV testing, PrEP and PEP services, and condom distribution community wide. World AIDS Day was observed December 1. Marketing and promotional activities included testing in collaboration with the SHC team at All Saints Episcopal Church, Express Testing and the online Collect 2 Protect project. In addition, we provided awareness for two events with the Southern Nevada HIV Awareness Consortium regarding an art exhibit for those PLWH and the Living Red Ribbon. Our ODS team also launched

the Fast-Track NV Dashboard and invited community partners, political leaders, and staff to the event that was held in the Red Rock Conference room at SNHD. The response from the launching was a huge success and continues our efforts for Ending the HIV Epidemic, Getting to Zero and the 90/90/90 project.

The Center, Huntridge Family Clinic and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community. This month ODS staff met with Henderson Equality to help support their HIV Prevention efforts. We are currently establishing a MOU so we can begin collaborative work with the LGBTQ community in Henderson.

Express Testing in SHC/Annex A services continues to do well. Walk in Services have resumed making it much easier for the community to access services with limited barriers. Outreach events this month include Hawks Gym and Fun Hog Ranch Bar. Both events are ongoing monthly targeting MSM. HIV and syphilis testing are offered along with information on PrEP/PEP and condoms. ODS staff work with the managers of the businesses to help promote prior to the outreach event.

**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 and every Saturday from 9am-2pm. AHF is also offering HIV and STD screenings at their Wellness clinic locations on Mondays, Wednesdays, and Fridays, and on their MTU.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	Dec-20	Dec-21		FY 20-21	FY 21-22	
Outreach/Targeted Testing	659	479	↓	4134	5441	↑
Clinic Screening (SHC/FPC/TB)	307	119	↓	1639	1327	↓
Outreach Screening (Jails, SAPTA)	6	53	↑	272	345	↑
<b>TOTAL</b>	<b>972</b>	<b>651</b>	<b>↓</b>	<b>6045</b>	<b>7113</b>	<b>↑</b>
Outreach/Targeted Testing POSITIVE	5	3	↓	28	43	↑
Clinic Screening (SHC/FPC/TB) POSITIVE	3	0	↓	6	5	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	1	3	↑
<b>TOTAL POSITIVES</b>	<b>8</b>	<b>3</b>	<b>↓</b>	<b>35</b>	<b>51</b>	<b>↑</b>

**D. Staff Facilitated/Attended the following Trainings/Presentations**

- 12/01/2021: Fast-Track Nevada HIV Dashboard Launch facilitated by ODS Health Educator Staff; ~60 people in attendance; 6 SNHD ODS staff attendees.
- 12/01/2021: Congenital Syphilis End the Semester Public Health Detailing Project hosted by ODS Health Educator Staff with UNLV; ~13 people in attendance from the Nevada Division of Public and Behavioral Health and UNLV School of Nursing; 4 SNHD ODS staff attendees.
- 12/07/2021: Black, Indigenous and People of Color (BIPOC) Town Hall Planning Meeting attended by ODS Health Educator Staff; 4 people in attendance; 1 SNHD ODS staff attendee.

4. 12/07/2021: “Trauma-Informed Approaches Across HIV Prevention and Care, Viral Hepatitis, and Harm Reduction Programs” for NASTAD Technical Assistance Meeting presentation facilitated by ODS Health Educator Staff with panel from local, state, and community-based organizations; ~100 people in attendance; 1 SNHD ODS staff attendee.
5. 12/08/2021: “Undetectable=Untransmittable Community Advocates” Media Focus Group attended by ODS Health Educator Staff; 1 SNHD ODS staff attendee.
6. 12/10/2021: Congenital Syphilis Review Board facilitated by SNHD Office of Epidemiology staff attended by ODS Health Educator Staff; ~11 people in attendance; 4 SNHD ODS staff attendees.
7. 12/15/2021: Prevention, Advocacy, Choices, Teamwork (PACT) Coalition Meeting facilitated by the PACT Coalition Staff attended by ODS Health Educator Staff; ~35 people in attendance; 1 SNHD ODS staff attendee.
8. 12/15/2021: “Sex/uality, Gender, and the Law” legislative panel discussion facilitated by SNHD Health District after Dark and UNLV Boyd School of Law’s Health Law Program attended by ODS Health Educator Staff; ~40 people in attendance, 3 SNHD ODS staff attendees.
9. 12/20/2021: “TOPSAFE” training facilitated by ODS Health Educator Staff; 7 people in attendance; 7 SNHD ODS staff attendees.

#### E. Other

Communicable Disease Statistics: November 2021 disease statistics are attached (see Table 1).

## **II. COVID-19 AND DISASTER RELIEF**

### A. Contact Tracers – SNHD

Current Total: 50

50% of team working CSN (3 sites) outreach testing on any testing day, overall >80% CT’s rotating to testing sites.

6% assisting SNHD in-house clinical testing

Contact Tracers have been assigned to work onsite at CCSD and will remain indefinitely to support CCSD response.

Remaining team focused on new cases coming in.

*\*\* Remaining Contact Tracers continue to work new cases as they come in, support CCSD, CCDC, Casinos, Las Vegas Professional sports team and other industries and community needs. \*\**

### B. CONTACT TRACERS – Contracted Service

AAA – 2 Teams – 250 CT’s total.

Table 1



## November 2021: Clark County Disease Statistics\*

Disease	2019		2020		2021	
	NOV	YTD	NOV	YTD	NOV	YTD
<b>VACCINE PREVENTABLE</b>						
Haemophilus influenzae, invasive	1	20	0	8	2	12
Hepatitis A	0	98	3	18	1	2
Hepatitis B, acute	2	18	0	11	1	13
Hepatitis B, chronic	29	551	35	434	40	504
influenza	293	1210	6	870	7	56
Meningococcal disease (N. meningitidis)	0	3	0	1	0	0
Pertussis	4	42	0	5	4	21
<b>SEXUALLY TRANSMITTED</b>						
Chlamydia	1144	12976	1001	12043	896	11455
Gonorrhea	450	5030	593	5206	525	6489
Syphilis (Early non-primary, non-secondary)	23	374	37	358	32	593
Syphilis (Primary & Secondary)	51	587	59	591	49	681
<b>CONGENITAL CONDITIONS</b>						
Congenital Syphilis	2	34	6	37	0	28
Hepatitis C, Perinatal infection	0	2	2	2	0	6
<b>ENTERICS</b>						
Amebiasis	0	6	0	8	0	2
Campylobacteriosis	13	134	11	115	5	115
Cryptosporidiosis	0	13	1	10	1	14
Giardiasis	6	54	4	27	0	36
Rotavirus	4	61	2	21	2	28
Salmonellosis	12	137	7	118	8	138
Shiga toxin-producing E. coli (STEC)	5	33	2	22	1	51
Shigellosis	13	73	5	45	2	66
Vibriosis (Non-cholera Vibrio species infection)	0	4	0	3	0	3
Yersiniosis	2	6	0	4	1	10
<b>OTHER</b>						
Brucellosis	0	2	0	0	0	0
Coccidioidomycosis	4	88	17	150	19	157
Exposure, Chemical or Biological	0	10	0	0	0	2
Hepatitis C, acute	0	20	0	4	0	2
Hepatitis C, chronic	463	5967	261	3879	217	3036
invasive Pneumococcal Disease	39	223	15	170	15	103
Lead Poisoning	9	133	6	86	6	86
Legionellosis	1	22	1	24	2	21
Listeriosis	0	5	1	2	1	2
Lyme Disease	0	12	0	3	3	13
Malaria	1	9	0	1	0	2
Meningitis, Aseptic	3	71	3	63	3	31
Meningitis, Bacterial Other	4	28	7	23	2	11
Meningitis, Fungal	0	4	0	4	0	4
Q Fever, acute	0	2	0	0	0	1
R/SV	139	2165	2	1729	516	1512
Rabies, exposure to a rabies susceptible animal	5	22	10	132	20	246
Spotted Fever Rickettsiosis	1	5	0	0	0	1
Streptococcal Toxic Shock Syndrome (STSS)	2	26	0	20	0	17

\*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.