



# Memorandum

**Date:** July 8, 2022

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

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

*FL*

---

**Subject:** Disease Surveillance & Control Division Monthly Activity Report – June 2022

---

**A. Division of Disease Surveillance and Control**

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

	June 2021	June 2022		FYYTD 20-21	FYYTD 21-22	
<b>Sexually Transmitted</b>						
Chlamydia	1132	952	↓	13525	12181	↓
Gonorrhea	618	484	↓	7069	6564	↓
Primary Syphilis	23	11	↓	260	249	↓
Secondary Syphilis	43	8	↓	446	373	↓
Early Non-Primary, Non-Secondary <sup>1</sup>	49	19	↓	552	595	↑
Syphilis Unknown Duration or Late <sup>2</sup>	112	37	↓	1037	1324	↑
Congenital Syphilis (presumptive)	1	0	↓	41	39	↓
<b>Moms and Babies Surveillance</b>						
HIV Pregnant Cases	5	1	↓	37	25	↓
Syphilis Pregnant Cases	15	13	↓	149	221	↑
Perinatally Exposed to HIV	0	0	↑	6	12	↑
<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	1	1	→	2	8	↑
Hepatitis A	0	0	→	1	3	↑
Hepatitis B, acute	2	0	↓	8	11	↑
Influenza	3	21	↑	37	391	↑
Pertussis	4	2	↓	6	35	↑
<b>Enteric Illness</b>						

	June 2021	June 2022		FYTD 20-21	FYTD 21-22	
Campylobacteriosis	20	15	↓	79	48	↓
Cryptosporidiosis	1	1	→	5	9	↑
Giardiasis	1	3	↑	18	18	→
Rotavirus	5	14	↑	14	121	↑
Salmonellosis	21	4	↓	84	69	↓
Shiga toxin-producing Escherichia coli (STEC)	12	2	↓	27	42	↑
Shigellosis	5	7	↑	41	24	↓
Other						
Coccidioidomycosis	19	6	↓	88	59	↓
Hepatitis C, acute	1	0	↓	2	2	→
Invasive Pneumococcal Disease	5	14	↑	56	103	↑
Lead Poisoning	8	4	↓	54	59	↑
Legionellosis	0	2	↑	9	14	↑
Lyme Disease	2	0	↓	5	2	↓
Meningitis, aseptic	3	2	↓	20	7	↓
Streptococcal Toxic Shock Syndrome (STSS)	4	0	↓	16	3	↓
New Active TB Cases Counted (<15 yo)	0	0	→	1	4	↑
New Active TB Cases Counted (>= 15 yo)	5	0	↓	52	38	↓

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	32	2	111	0
Gonorrhea	34	1	148	0
Syphilis	42	6	220	2
HIV/AIDS (New to Care/Returning to Care)	13	0	53	0
Tuberculosis	18	0	08	0
<b>TOTAL</b>	<b>127</b>	<b>9</b>	<b>540</b>	<b>2</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

3. COVID-19 Specific Staffing and Response

- a. Contact Tracers (CTs) – SNHD
  - i. SNHD staff, Current Total: 37
    - 1. Lead CTs – 7
    - 2. Contact Tracers; investigators and outreach – 30
  - ii. Contracted Contact Tracers, Current Total: 100
    - 1. CSAA team of 100

- b. Testing
  - i. Contact tracing team continues to work the College of Southern Nevada (CSN) (3 sites) outreach testing on any testing day, overall >80% CTs rotating to testing sites
  - ii. CT Team continues to assist SNHD with in-house clinical testing at METS clinic
  - iii. Strike teams for testing are deployed for outbreak and clusters identified
- c. Contact Tracing/Outreach/Outbreak investigations
  - i. School Team – A dedicated team of Contact Tracers who have been assigned to support the schools and work closely with CCSD and other local schools.
  - ii. Priorities – CTs prioritize outbreak reports, and reports of multiple cases in settings of high-risk transmissions and vulnerable populations. This may include, but is not limited to, detention centers, homeless shelters, daycares, and congregate settings.

#### 4. Disease and Outbreak Investigations

- a. **Influenza:** 2021-2022 influenza season was to end on 5/21/2022; however, current influenza surveillance efforts have shown that Nevada, along with the nation, is experiencing higher case rates, influenza-like illness rates, and hospitalization rates than what is typically expected during this time of the year. It is unclear how influenza rates and hospitalizations will trend moving into the summer months. Given this uncertainty, along with the increasing trends, the current influenza surveillance season in Nevada will be extended through the summer months and into the 2022-2023 season, which will begin on October 2, 2022. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. In Clark County, as of 6/25/2022 (week 25), 411 influenza-associated hospitalizations and 13 deaths associated with influenza have been reported. The percentage of emergency room (ER) and urgent care clinic visits for ILI decreased to 2.7% in week 25. Approximately 22% of area ER and urgent care clinic visits for ILI were made by children 0-4 years of age. Influenza A has been the dominant type circulating.
- b. **2019 Novel Coronavirus (COVID-19):** As of June 30, Clark County had 553,221 cases; 8,655 deaths, and 110 cases of MIS-C (Multisystem Inflammatory Syndrome in Children). The Health District continues to utilize the Incident Command System to expand our efforts as needed and sustain the COVID-19 response. 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 Acute Communicable Disease Control (ACDC) program at the SNHD is receiving and following up on reports of

confirmed illness, conducting disease investigations and contact tracing for outbreaks and vulnerable populations. ACDC 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 through use of technology as capacity allows. Currently SNHD has contact tracers including staff from SNHD, CSAA to follow up on the reports of positive cases and maintain community testing sites, and strike teams for testing. This is an ongoing response effort.

- c. **THC Investigation:** DSC investigated reports of THC toxicity among patrons that consumed food or drink from a local restaurant. Symptoms reported included hallucinations, tachycardia, blurry vision, confusion, dry mouth, numbness or tingling in extremities, and loss of consciousness. Some of the ill sought medical attention and tested positive for THC, denying any marijuana use 30 days prior to their test. Multiple dishes tested through Las Vegas Metro Police Department were positive for THC. The restaurant is now reopened. SNHD's investigation is now closed. SNHD's final report is pending internal reviews.
- d. **Hepatitis of Unknown Cause:** ACDC worked with Informatics to identify any reported adenovirus cases that met criteria for further investigation. SNHD has had 0 reported cases. ACDC continues to participate in CDC calls and monitor for possible cases.
- e. **Monkeypox:** To date, ACDC has investigated five cases of either confirmed or probable monkeypox. ACDC monitors contacts to these cases as well as residents of Clark County that have been identified as contacts to out of state cases.
- f. **Heavy Metal Exposure:** ACDC is working with outside partners attempting to identify the source of heavy metal exposure in a cluster of individuals, many with recent foreign travel. Samples of food and environmental swabs have been sent for testing.

## 5. 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 June:

6/3/22 - UNLV (14 trained, 34 doses distributed)

6/3/22 - SNHD L2A (192 doses distributed)

6/9/22 - City of Las Vegas Dept of Public Safety (192 doses distributed)

6/9/22 - Roseman University (50 doses distributed)

6/9/22 - Help of Southern Nevada (192 doses distributed)

6/9/22 - LVMPD (842 doses distributed)

6/10/22 - SNHD Pharmacy (50 doses distributed)

6/27/22 – Westcare (84 doses distributed)

- b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl Test Strip Program.

The following participating agencies and internal SNHD programs received FTS during the month of May:

06/01/2022: Trac-B/Impact Exchange (300 strips)

## 6. 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. 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 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 are monthly recurring events 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. This month several outreaches took place for HIV Prevention/EHE efforts including Henderson Pride Festival at the Galleria Mall. Staff were onsite in the MTU to offer rapid Hep C testing, syphilis testing, information and education on PrEP/PEP and condom distribution. Target population was LGBTQ. In addition, the ODS PrEP Navigators participated in a “PrEP Rally” at The Center promoting PrEP/PEP services within the community. Several local agencies were onsite to network and distribute information. Lastly, June 27<sup>th</sup> was observed for National HIV Testing Day. SNHD staff worked with 3 high morbidity Walgreen locations to offer free, rapid HIV testing on the MTU. 20 tests were completed with no positive results. Each Walgreens stop was a 3–4-hour period and included information on PrEP/PEP and STIs. SNHD also worked with the Southern Nevada HIV Awareness Consortium to promote various access points with community partners for individuals to get tested. Social media and media advisories were provided by OOC. The Center and TRAC-B had very successful events as consortium members. The Center tested 25 people with one reactive, 2 return to HIV care client engagements and multiple PrEP referrals. TRAC-B tested 40 people at their store front location and offered incentives. Express Testing in the SHC was a steady flow all day and Collect2Protect had a nice bump in online orders for the day from the additional promoting from OOC.

## B. 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 Monday-Thursday from 1pm-5pm and every Saturday from 9am-2pm. AHF is also offering HIV and STD screenings at their Wellness clinic locations on Monday, Wednesday, and Friday, and on their MTU.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	June -21	June-22		FY 20-21	FY 21-22	
Outreach/Targeted Testing	1035	426	↓	9292	10460	↑
Clinic Screening (SHC/FPC/TB)	377	188	↓	4148	2597	↓
Outreach Screening (Jails, SAPTA)	118	179	↑	733	898	↑
Collect2 Protect	5	6	↑	36	242	↑
<b>TOTAL</b>	<b>1535</b>	<b>799</b>	<b>↓</b>	<b>14209</b>	<b>14197</b>	<b>↓</b>
Outreach/Targeted Testing POSITIVE	11	2	↓	70	73	↑
Clinic Screening (SHC/FPC/TB) POSITIVE	3	0	↓	22	9	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	2	3	↑
Collect2 Protect POSITIVE	0	0	→	0	1	↑
<b>TOTAL POSITIVES</b>	<b>14</b>	<b>2</b>	<b>↓</b>	<b>94</b>	<b>86</b>	<b>↓</b>

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

- 06/01-02/2022: Mission Possible: Reducing the Impact of Substance Abuse + Mental Illness - attended by ODS Health Educator Staff; ~260 people in attendance; 1 SNHD ODS staff attendee.
- 06/06/2022: Presented "Field Safety for UNLV School of Nursing Students", ~35 students and 1 faculty member trained by 1 SNHD ODS Health Educator.
- 06/06/2022 – 06/08/2022: 2022 Public Health Improvement Training (PHIT) Conference; ~300 people in attendance; 1 ODS Health Educator attendee.
- 06/07/2022: Attended SURG (Attorney General's Working Group on Substance Use) Meeting to review priorities and recommendations from committee members; 15 attendees; 1 ODS Health Educator attendee.
- 06/09/2022: "Motivational Interviewing Training" facilitated by ODS Health Educator Staff; 4 people in attendance; 4 SNHD ODS staff attendees.
- 06/15/2022: Attended "Field Safety" online training by National Network of Disease Intervention Training Centers; ~30 people in attendance; 1 ODS Health Educator attendee.
- 06/17/2022: Collaborated with Councilman James Adams to lead a Boulder City Community Meeting on Substance Use; 30 attendees from community to discuss prevention, recovery, and harm reduction; 1 ODS Health Educator attendee.
- 06/18/2022-06/22/2022: Attended and presented at the annual Council for State and Territorial Epidemiologists conference in Louisville, KY. The presentation was part of a panel of best practices for investigating Legionella infections. 2 ACDC attendees,
- 06/20/2022-06/21/2022: Presented to College of Southern Nevada (CSN) students about working at SNHD and job as a Health Educator; 25 attendees; 1 ODS Health Educator.
- 06/21/2022: Hosted the National Public Health Vending collaborative; 50 attendees; hosted by 1 ODS Health Educator.

11. 06/21/2022: Guest speaker for Dr. Jason Flatt's PBH 210 "Principles of Health Promotion" Class; ~15 students in attendance; 1 ODS Health Educator attendee.
12. 06/22/2022: "Mental Health First Aid for Adults" facilitated by ODS Health Educator Staff; 11 people in attendance; 5 SNHD ODS staff attendees.
13. 06/23/2022: "ICS Planning Forms Training" by SNHD OPHP; ~25 people in attendance; 1 ODS Health Educator attendee.
14. 06/23/2022: Co-presented with ODS Supervisor to CDC Strategy 5 Community of Practice hosted by ICF on harm reduction and linkage programs; 60 attendees; 2 ODS staff attendees.
15. 06/24/2022: Fentanyl Test Strip (FTS) program discussion facilitated by ODS Health Educator; 5 people in attendance; 1 ODS Health Educator in attendance.
16. 06/25/2022: Hosted a table at the Battle Mountain (Lander County) Wellness Fair to discuss Overdose Prevention with 80 doses of naloxone distributed; 40 attendees; 1 ODS Health Educator attendee.
17. 06/29/2022: "Stigma Reduction with Community Counseling Center of Southern Nevada" facilitated by Southern Nevada Health District, 10 people in attendance, 1 ODS Staff attendee.
18. 06/29/2022: Presented "UMC Quick Care HIV Disclosure Training" for ~14 UMC Urgent Care and Wellness Staff by 1 AETC staff and 1 SNHD ODS Health Educator attendee.
19. 06/29/2022: "Prenatal HIV Education Logo" for Las Vegas TGA Part A Planning Council Strategic Planning and Assessment Committee Meeting; ~25 people in attendance; Co-facilitated by SNHD OOC and 2 ODS Health Educator staff attendee.
20. 06/30/2022: National Coalition of STD Directors (NCSD) Policy Academy Enrollment Module and training on "Bicillin Delivery Programs" attended by ~10 policy academy participants; 1 ODS Health Educator staff attendee.

**D. Other**

Communicable Disease Statistics: May 2022 disease statistics are attached (see Table 1).

**MONTHLY REPORT – June 2022**

**OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)**

- A. Continue to maintain and enhance Trisano disease surveillance system. Ongoing user account support, access issues, and data corrections. Debugged issues from Trisano server configuration and VPN setting.
- 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. Harvest PHLIP initial validation completed, reverse validation with CDC in progress. Additional tests added to PHLIP feed. New PC installs of 7500 Fast for data migration and COVID Interpretive software that has been upgraded. Started National Respiratory and Enteric Virus Surveillance System (NREVSS) validation.

- D. Assist SNPHL to develop COVID interface between instruments, COVID POD app and Orchard, with COVID testing and reporting as needed.
- E. Work with IT to implement and maintain the Electronic Health Record (EHR) system for COVID test ordering and COVID vaccination. Working on import of COVID testing demographic data from POC application into eCW. Working on configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services.
- F. Continue to work on CDC Influenza SARS-CoV-2 multiplex assay, CDC Subtyping, and CDC Genotyping order mapping.
- 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 maintain and enhance the iCircle web application for OEDS by adding new form for STD TracB site questions, and transmission of STD, HIV and Hepatitis testing data to CDC, and enhance a QA process between iCircle with eCW data.
- I. Continue to support Clark County Coroner's Office (CCCO) on new CME implementation, data requests and reports. Configured and created training material for an issue tracking site that is being used internally during the testing of the customized case management software.
- J. Enhance COVID19 surveillance by automating COVID19 hospitalization notification, and extract demographics, lab tests and treatment information from HIE CCDs for public health surveillance.
- K. Continue working with Wellpartner on prescription notification from eCW. Encounter reports completed.
- L. Maintain and update COVID19 dashboard to include COVID19 Reinfections. COVID19 maps, lab testing and ED admission trend analysis and other urgent data requests.
- M. Maintain automated COVID19 patient notification application and perform QA for contact tracing and identification.
- N. Maintain and enhance COVID19 lab results portal to include NSPHL overflow test results. Clients can access their results online.
- O. Maintain applications to automate COVID19 contacts upload for contact tracing and testing referral and produce COVID19 DECIPHER report.
- P. Continue to work with Epi and Surveillance teams to test EpiTrax and Data warehouse. Data Migration scripts from Trisano being validated through Disease Surveillance workflows. Data Warehouse schemas rebuilt to meet Epi Team needs. ETL process optimized with data refresh. Pentaho report conversion for EpiTrax in progress.
- Q. Continue working on EpiTrax migration from Trisano and address issues identified from UAT test. API for 3<sup>rd</sup> party app is under testing.
- R. Continue to work with state on DMI project including eCR onboarding and RCKMS training.
- S. Onboarded 2 new labs for COVID ELR reporting.
- T. Enhance Syndromic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) for new providers and future support. New Hospital added.
- U. Continue bi-weekly meetings with NV HIE for improving COVID19 race/ethnicity data collection and reporting.
- V. Grant development and work plan discussion with Clark county for RWCQM grant.



- W.** Completed various reports including: 25 UDS Monthly Report; TB monthly report, GISP/eGISP Report; Weekly Micro Counts Report, SBIRT Quarterly Report.
- X.** Continue to work with Epi office on the Yale project for case conferencing.
- Y.** Adding SNHD vending location for SVM project.
- Z.** Worked with the state to address the discrepancies of the weekly COVID case reporting.
- AA.** Staff attended CSTE Conference, Data + AI Summit and HL7 Training for workforce development.
- BB.** Started working on the Public Health Infrastructure Grant application.
- CC.** Updated the workplan for CDC Health Disparity Grant.



May 2022: Clark County Disease Statistics\*

Disease	2020		2021		2022	
	May	YTD	May	YTD	May	YTD
<b>VACCINE PREVENTABLE</b>						
Haemophilus influenzae, invasive	0	8	0	1	2	7
Hepatitis A	0	11	0	1	0	3
Hepatitis B, acute	1	2	1	6	2	11
Influenza	5	862	2	34	83	370
Meningococcal disease ( <i>N. meningitidis</i> )	0	1	0	0	0	0
Pertussis	0	6	1	2	6	33
<b>SEXUALLY TRANSMITTED</b>						
Chlamydia	959	5154	1117	5646	979	4980
Gonorrhea	384	1946	598	3058	445	2571
Syphilis (Early non-primary, non-secondary)	36	146	55	282	51	245
Syphilis (Primary & Secondary)	50	263	63	322	50	259
<b>CONGENITAL CONDITIONS</b>						
Hepatitis C, Perinatal Infection	0	0	0	2	0	0
Congenital Syphilis	1	14	3	16	2	21
<b>ENTERICS</b>						
Amebiasis	1	4	1	2	0	0
Campylobacteriosis	9	36	20	59	11	33
Cryptosporidiosis	1	6	0	4	3	8
Giardiasis	4	15	3	17	1	15
Rotavirus	1	14	5	9	25	107
Salmonellosis	4	39	13	63	14	65
Shiga toxin-producing <i>E. coli</i> (STEC)	3	11	4	15	6	40
Shigellosis	8	24	17	36	3	17
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	3	0	0	0	0
Yersiniosis	0	2	1	5	0	3
<b>OTHER</b>						
Brucellosis	0	0	0	0	1	1
Coccidioidomycosis	17	60	14	69	14	53
Exposure, Chemical or Biological	0	0	0	1	0	1
Hepatitis C, acute	0	2	0	1	0	2
Invasive Pneumococcal Disease	6	127	5	51	16	89
Lead Poisoning	4	51	8	46	8	55
Legionellosis	5	16	3	9	5	12
Listeriosis	0	0	0	0	1	2
Lyme Disease	0	3	0	3	0	2
Malaria	0	1	0	0	0	2
Meningitis, Aseptic	6	35	3	17	0	5
Meningitis, Bacterial Other	2	10	0	5	0	2
Meningitis, Fungal	0	2	0	4	0	0
RSV	1	1719	9	24	83	769
Rabies, exposure to a rabies susceptible animal	14	63	23	102	33	144
Spotted Fever Rickettsiosis	0	0	1	1	0	0
Streptococcal Toxic Shock Syndrome (STSS)	4	13	3	12	0	3

\*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.