



# Memorandum

**Date:** September 7, 2022

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

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

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

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

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

	Aug 2021	Aug 2022		FYTD 21-22	FYTD 22-23	
<b>Sexually Transmitted</b>						
Chlamydia	1081	1107	↑	2203	2161	↓
Gonorrhea	600	500	↓	1289	1003	↓
Primary Syphilis	21	14	↓	52	44	↓
Secondary Syphilis	46	20	↓	74	61	↓
Early Non-Primary, Non-Secondary <sup>1</sup>	58	32	↓	118	81	↓
Syphilis Unknown Duration or Late <sup>2</sup>	106	62	↓	218	174	↓
Congenital Syphilis (presumptive)	2	0	↓	4	4	→
<b>Moms and Babies Surveillance</b>						
HIV Pregnant Cases	0	2	↑	1	2	↑
Syphilis Pregnant Cases	20	15	↓	49	33	↓
Perinatally Exposed to HIV	0	0	→	1	1	→
<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	3	2	↓	7	11	↑
Hepatitis A	0	1	↑	1	5	↑
Hepatitis B, acute	0	1	↑	10	14	↑
Influenza	3	1	↓	44	419	↑
Pertussis	2	1	↓	12	46	↑

	Aug 2021	Aug 2022		FYTD 21-22	FYTD 22-23	
<b>Enteric Illness</b>						
<b>Campylobacteriosis</b>	8	13	↑	100	77	↓
<b>Cryptosporidiosis</b>	3	2	↓	11	11	→
<b>Giardiasis</b>	5	5	→	25	28	↑
<b>Rotavirus</b>	4	0	↓	22	125	↑
<b>Salmonellosis</b>	9	4	↓	106	94	↓
<b>Shiga toxin-producing Escherichia coli (STEC)</b>	3	0	↓	44	50	↑
<b>Shigellosis</b>	6	14	↑	53	46	↓
<b>Other</b>						
<b>Coccidioidomycosis</b>	12	5	↓	108	84	↓
<b>Hepatitis C, acute</b>	0	0	→	2	2	→
<b>Invasive Pneumococcal Disease</b>	9	5	↓	74	114	↑
<b>Lead Poisoning</b>	5	5	→	71	81	↑
<b>Legionellosis</b>	1	0	↓	14	16	↑
<b>Lyme Disease</b>	2	0	↓	10	3	↓
<b>Meningitis, aseptic</b>	2	0	↓	23	9	↓
<b>Streptococcal Toxic Shock Syndrome (STSS)</b>	1	9	↑	17	16	↓
<b>New Active TB Cases Counted (&lt;15 yo)</b>	0	0	→	0	0	→
<b>New Active TB Cases Counted (&gt;= 15 yo)</b>	4	1	↓	5	4	↓

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>
<b>Chlamydia</b>	49	0	122	0
<b>Gonorrhea</b>	55	1	172	0
<b>Syphilis</b>	78	1	345	0
<b>HIV/AIDS (New to Care/Returning to Care)</b>	24	0	59	0
<b>Tuberculosis</b>	68	0	25	0
<b>TOTAL</b>	274	2	723	0

<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. ACDC COVID-19 CT Staffing and Activities

- a. Contact Tracers (CTs) – SNHD
  - i. SNHD staff, Current Total: 36
    - 1. Lead CTs – 6
    - 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
  - iv. Vending Machines- providing accessible antigen home kits to vulnerable populations
  - v. Coordinating Covid Antigen test kit Distribution through CBO partnerships
- 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 surveillance in Nevada has been 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, the influenza activity decreased dramatically in July 2022 and continue to stay at a very low level in Aug 2022 after experiencing higher case rates, influenza-like illness rates and hospitalization rates than what is typically expected in April, May and June. This is an ongoing surveillance.
- b. **2019 Novel Coronavirus (COVID-19):** As of August 31, Clark County had 574,992 cases; 8,927 deaths, and 112 cases of MIS-C (Multisystem Inflammatory Syndrome in Children). 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 and

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. **Monkeypox:** As of August 30, Clark County had 166 cases of 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. Additionally, DSC staff have been trained in monkeypox investigations to assist with the response.

## 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 August:

8/5/22: Doral Academy Fire Mesa (20 doses distributed)

8/5/22: SNHD Outreach (10 doses distributed)

8/10/22: SNSMOPS Event (3 trained, 4 doses distributed)

8/11/22: SNHD Employee (2 doses distributed)

8/16/22: SNHD Employee (6 doses distributed)

8/16/22: High Desert Prison (15 trained)

- 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 August:

08/08/2022: Behavioral Health Group (300 Strips)

08/09/2022: SNHD Linkage to Action Team (100 Strips)

08/25/2022: SNHD Office of Disease Surveillance (100 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 targeting MSM at Hawks Gym and Fun Hog Bar have been moved to quarterly. This month ODS staff concentrated on outreaches in high-risk populations with high morbidity of HIV reporting. Staff continue to meet with gate keepers at two 7-11 locations to discuss the option of parking the MTU during various nontraditional hours to test for HIV and syphilis. 7-11 managers have also offered incentives to those who test. Education on HIV, STDs, PrEP/PEP are also included as well as condom distribution. This pilot outreach effort will be extended for another month due to the positive response we are seeing from the community in that location. People are asking about additional SNHD services and information related to public health. This month testing at Hawks Gym was related to an event with additional promotion. SNHD ODS staff were onsite with the MTU to offer HIV, syphilis, Hep C testing, condoms and PrEP/PEP awareness. In addition, Huntridge Family Clinic was onsite in their MTU offering Monkey Pox vaccines.

**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.

<b>Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts</b>						
<b>Prevention - SNHD HIV Testing</b>	<b>Aug -21</b>	<b>Aug-22</b>		<b>FY 21-22</b>	<b>FY 22-23</b>	
<b>Outreach/Targeted Testing</b>	1045	440	↓	1954	1274	↓
<b>Clinic Screening (SHC/FPC/TB)</b>	185	149	↓	435	449	↑
<b>Outreach Screening (Jails, SAPTA)</b>	49	175	↑	105	428	↑
<b>Collect2 Protect</b>	8	11	↑	14	45	↑
<b>TOTAL</b>	1287	775	↓	2508	2196	↓
<b>Outreach/Targeted Testing POSITIVE</b>	7	3	↓	17	7	↓
<b>Clinic Screening (SHC/FPC/TB) POSITIVE</b>	2	0	↓	3	0	↓
<b>Outreach Screening (Jails, SAPTA) POSITIVE</b>	0	0	→	0	0	→
<b>Collect2 Protect POSITIVE</b>	0	0	→	0	0	→
<b>TOTAL POSITIVES</b>	9	3	↓	20	7	↓

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

- 08/02/2022: Overdose Data to Action (ODTA) Funded Partners Meeting facilitated by ODS Health Educator; ~30 people in attendance; 2 ODS Health Educators in attendance.
- 08/04/2022: “SB 275 Advisory Task Force on HIV Exposure Modernization” as a Task Force Member; 20 people in attendance; 1 ODS Health Educator attendee.
- 08/08/2022: Public Health Advisory Board presentation facilitated by ODS Health Educator Staff; ~27 people in attendance; 5 SNHD ODS staff attendees.

4. 08/09/2022: KTNV-TV Interview for Southern Nevada Substance Misuse Overdose Prevention Summit (SNSMOPS) facilitated by KTNV reporter; 3 people in attendance; 1 Health Educator interviewed.
5. 08/10/2022: 2022 Southern Nevada Substance Misuse and Overdose Prevention Summit; ~150 people in attendance; 7 ODS Health Educators in attendance.
6. 08/10/2022: Hope Means Nevada Youth Suicide Prevention "You Are Not Alone" news conference presentation by ODS Health Educator Staff; 4 speakers including Governor Sisolak; 1 SNHD ODS staff attendee.
7. 08/10/2022: Telemundo Interview for SNSMOPS facilitated by Telemundo Reporter; 3 people in attendance; 2 ODS Health Educators attendees.
8. 08/10/2022: "Harm Reduction in Action" facilitated by ODS Health Educators and Epidemiologists; 22 people in attendance.
9. 08/15/2022: "STI Training" facilitated by the Southern Nevada Health District; 13 people in attendance; 3 ODS staff attendees.
10. 08/15/2022: "We Choose all of Us: Integrating Intimate Partner Violence Referral into our Work" training facilitated by 2 ODS Health Educators; 11 people in attendance; 9 SNHD ODS staff attendees.
11. 08/15/2022: "We Choose All of Us" presentation facilitated by ODS Health Educators; 11 people in attendance; 2 ODS Health Educator attendees.
12. 08/16/2022: Public Health Vending Machine Working Group. SNHD provided technical assistance for this group; 50 people in attendance; 1 SNHD ODS attendee.
13. 08/17/2022 – 08/18/2022: National Sexual Assault Conference hosted by the National Sexual Assault Conference; ~600 people in attendance; 3 ODS Health Educator attendees.
14. 08/18/2022: "Making Every Door the Right Door" workshop presented by ODS Health Educator; ~165 people in attendance.
15. 08/18/2022: "National Coalition of STD Directors Congenital Syphilis Policy Academy" online and presented with the Bicillin Delivery Group; 15 people in attendance; 1 SNHD ODS Health Educator attendee.
16. 08/19/2022-08/21/2022: Mental Health Academy Suicide Prevention Summit attended by ODS Health Educator Staff; ~2000 people in attendance; 1 SNHD ODS staff attendees.
17. 08/19/2022: National Sexual Assault Conference hosted by the National Sexual Assault Conference; ~600 people in attendance; 1 ODS Health Educator in attendance.
18. 08/23/2022: "SafeTALK Suicide Prevention" training facilitated by ODS Health Educator Staff; 14 people in attendance; 11 SNHD ODS staff attendees.
19. 08/23/2022: "Harm Reduction 201" training facilitated by ODS Health Educators; 11 people in attendance; 3 ODS Health Educators in attendance.
20. 08/25/2022 – 08/26/2022: "Empower Change: Rapid HIV Testing and Counseling Training" facilitated by 3 ODS Staff and 2 ODS Health Educators; 15 people in attendance.
21. 08/29/2022: ORN SOR-TA: SNOAC Technical Assistance attended by SNHD Health Educators; 5 people in attendance; 2 ODS Health Educators in attendance.

22. 08/31/2022: "International Overdose Awareness Day" hosted by Southern Nevada Harm Reduction Alliance; ~30 people in attendance; 2 ODS Health Educators in attendance.

**D. Other**

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

Published "A Multistage Public Health Response to Pediatric Lead Exposure: A Case Study on Lead Tainted Turmeric in an Immigrant Family" in the Journal of Community Medicine & Public Health on August 10, 2022.

Early release published in Emerging Infectious Diseases on August 15, 2022. "Rapid Increase in Suspected SARS-CoV-2 Reinfections, Clark County, Nevada, USA, December 2021."

**MONTHLY REPORT – August 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. Proxy server set up to test communication with new API server.
- B.** Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems. Logic in EMSA updated to open a case for STD Investigation and to be able to process special characters in electronic lab reporting. Continue working on exceptions that are requested by staff.
- 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. Apply SNOMED and LOINC codes to microbiology tests. Set up virology department in LIMS and created Monkeypox sequencing tests in LIM. Reverse validation with CDC in progress. Additional test added to PHLIP feed. Continue National Respiratory and Enteric Virus Surveillance System (NREVSS) validation. Modified SNPHL lab routing rules.
- D.** Assist SNPHL to develop and maintain COVID interface between instruments, COVID POD app and Orchard, with COVID testing and reporting as needed.
- E.** Completed SNPHL data warehouse cleanup and maintenance for 2022. Previous years to be backloaded.
- F.** 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 and configuration modifications to improve charting, reporting efficiency and to accommodate new locations and services. A plan is being developed to migrate eCW to the eCW cloud.
- G.** Continue to work on CDC Influenza SARS-CoV-2 multiplex assay, CDC Subtyping, and CDC Genotyping order mapping.
- H.** 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.

- I.** 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.
- J.** Continue to support Clark County Coroner's Office (CCCO) on new CME implementation, testing, data requests and reports. Reviewing and testing additional phases of the new case management software. Revised report tracking for investigation leadership. Extracted prior federal data from case management database for future compliance. Implemented the updated test result delivery system for Forensics and continue to troubleshoot issues that arise.
- K.** Enhance COVID19 surveillance by automating COVID19 hospitalization notification, and extract demographics, lab tests and treatment information from HIE CCDs for public health surveillance.
- L.** Continue working with Wellpartner on prescription notification from eCW.
- M.** Maintain and update COVID19 dashboard to include COVID19 Reinfections. COVID19 maps, lab testing and ED admission trend analysis and other urgent data requests.
- N.** Maintain automated COVID19 patient notification application and perform QA for contact tracing and identification.
- O.** Maintain and enhance COVID19 lab results portal to include SNPHL overflow test results.
- P.** Maintain applications to automate COVID19 contacts upload for contact tracing and testing referral and produce COVID19 DECIPHER report. Added Monkeypox DECIPHER report.
- Q.** 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. Continue Pentaho report conversion for EpiTrax. Antibigram data from 2020 being exported to data warehouse. Production servers being set up.
- R.** Continue working on EpiTrax migration from Trisano and address issues identified from UAT test. EpiTrax SFTP setup for data exchange with the state. Continue working on End User validation. Completed cleanup of data formatting for forms and translations.
- S.** Set up Mirth channels to COVID csv files and vaccination data from state SFTP.
- T.** Continue new API server testing for internal processes and 3<sup>rd</sup> party app.
- U.** Continue to work with state on DMI project including eCR onboarding and RCKMS training.
- V.** Continue to convert COVID lab results from csv files into HL7 messages and onboarded 4 new labs for COVID ELR reporting.
- W.** Enhance Syndromic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE) for new providers and future support. ESSENCE SSL Certificate renewed.
- X.** Continue bi-weekly meetings with NV HIE for improving COVID19 race/ethnicity data collection and reporting.
- Y.** Completed various reports including PrEP ICD report, Quarterly Grant reports, OCSDPHP Smoking Referral report, SBIRT reports, Monkeypox OEDS reports, UDS report, Finance Wrap report and Monthly TB report.
- Z.** Continue to work with Epi office on the Yale project for case conferencing.
- AA.** Updated lab requisition form for the Collect 2 Protect (C2P) program.
- BB.** InvenTree overhaul with new installation and data migration.
- CC.** Completed FOCUS application revision with SHC.



**DD.** New sending facilities set up in Mirth transformer. CLIA certificate added to Mirth.

**EE.** For workforce development, staff attended Substance Misuse and Overdose Prevention Summit, HL7 training, and the Ai4 Conference.



**August 2022: Clark County Disease Statistics\***

Disease	2020		2021		2022	
	Aug	YTD	Aug	YTD	Aug	YTD
<b>VACCINE PREVENTABLE</b>						
Haemophilus influenzae, invasive	0	8	3	7	4	13
Hepatitis A	0	13	0	1	1	5
Hepatitis B, acute	0	7	0	10	0	14
Hepatitis B, chronic	32	313	57	377	45	441
Influenza	2	864	3	44	2	420
Meningococcal disease ( <i>N. meningitidis</i> )	0	1	0	0	0	0
Pertussis	0	6	2	12	3	48
<b>SEXUALLY TRANSMITTED</b>						
Chlamydia	1141	8644	1081	8980	1149	8348
Gonorrhea	534	3400	600	4965	530	4176
HIV	26	230	39	312	51	305
Stage 3 HIV (AIDS)	6	91	18	130	20	115
Syphilis (Early non-primary, non-secondary)	26	238	58	449	51	404
Syphilis (Primary & Secondary)	53	418	67	514	46	468
<b>CONGENITAL CONDITIONS</b>						
Hepatitis C, Perinatal Infection	0	0	0	3	0	0
Congenital Syphilis	4	28	2	21	1	35
<b>ENTERICS</b>						
Amebiasis	0	7	0	2	0	1
Campylobacteriosis	22	82	8	100	17	81
Cryptosporidiosis	1	9	3	11	3	12
Giardiasis	1	21	5	25	5	28
Rotavirus	0	14	4	22	0	125
Salmonellosis	16	84	9	106	12	102
Shiga toxin-producing <i>E. coli</i> (STEC)	2	16	3	44	0	50
Shigellosis	4	36	6	53	14	46
Vibriosis (Non-cholera <i>Vibrio</i> species infection)	0	3	1	2	2	4
Yersiniosis	0	4	0	8	1	6
<b>OTHER</b>						
Brucellosis	0	0	0	0	0	1
Coccidioidomycosis	8	103	12	108	5	84
Exposure, Chemical or Biological	0	0	0	2	0	9
Hepatitis C, acute	0	4	0	2	0	2
Hepatitis C, chronic	290	2663	300	2146	237	1958
Invasive Pneumococcal Disease	6	144	9	74	7	116
Lead Poisoning	7	70	5	71	9	87
Legionellosis	1	20	1	14	1	17
Listeriosis	0	1	0	0	0	3
Lyme Disease	0	3	2	10	1	4
Malaria	0	1	0	1	0	5
Meningitis, Aseptic	5	51	2	23	0	9
Meningitis, Bacterial Other	2	13	1	7	0	4
Meningitis, Fungal	1	3	0	4	3	3
Q Fever, acute	0	0	0	1	0	0
RSV	2	1723	211	351	45	932
Rabies, exposure to a rabies susceptible animal	17	102	24	173	29	227
Spotted Fever Rickettsiosis	0	0	0	1	0	0
Streptococcal Toxic Shock Syndrome (STSS)	1	19	1	17	12	19
Tuberculosis (Active)	2	34	4	35	2	29

\*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.