



Memorandum

Date: November 15, 2018

To: Southern Nevada District Board of Health

From: **Michael Johnson, PhD**, *Director of Community Health* 
Joseph P Iser, MD, DrPH, MSc, *Chief Health Officer* 

Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

This month an online educational initiative was implemented and promoted on youth-focused social media platforms. The theme of this campaign was about the health effects of the emerging electronic tobacco products called Juul's and Sourin's. The intervention dispelled the myths surrounding the safety of using these products for teens. It also conveyed the message about the harmful effect of nicotine and its addictive properties.

Staff presented on Brief Tobacco Use Intervention and Emerging Tobacco Products at the Nevada Cancer Control Summit on 9/17/18.

Staff completed activities associated with the first year of the Tobacco Retail assessment project. Staff developed a data collection mobile application that was shared statewide. In Clark County, staff trained youth and young adults on how to conduct an onsite survey at over 500 tobacco retail locations throughout Clark County.

2. Chronic Disease Prevention Program (CDPP):

Staff participated in the annual Pathways from Poverty Harvest Festival, a school/community event to promote good nutrition and healthy lifestyles and connect people to health, safety, and employment resources. The event was held at the Lowman and Manch Elementary Schools. Chronic disease prevention and self-management resources were distributed in English and Spanish to over 500 families.

Staff worked with Create a Change and the City of Las Vegas Reinvent schools to take the rotating salad bar once per month for the '18-19 school year. All Reinvent schools have committed to taking the salad bar, and 9 additional CAC schools have already committed, with more to come. It was written into the CAC contract with their schools that they would take the salad bar a minimum of two times per year. Custom signage was created to promote the salad bar and other school wellness initiatives was provided to all 24 CAC schools in September.

Staff distributed 1500 materials in English and Spanish to attendees at the Healthy Kids Festival in September. The annual event commemorates Childhood Obesity Prevention Month and connects low-income children and families with community programs and resources to promote good nutrition and physical activity. Staff distributed educational materials in English and Spanish and had an interactive a Sugar Sweetened Beverage display. Approximately 2,000 people attended the event, with 200 visiting the SNHD booth.

A media campaign to promote our online diabetes prevention program ran in September. The Road to Diabetes Prevention Program is available in English and Spanish and, in total, has 411 participants and approximately a 25% completion rate.

As part of our expansion of the Barbershop Health Outreach Project (BSHOP), staff is now providing regular education and training to students attending the Barber College. In September, 25 students were trained. Topics of education include signs and symptoms of high blood pressure, stroke and diabetes and information on how to reduce risk of these chronic diseases. Students are provided with information about how to talk to their future clients about these topics and provide basic education and referral to available local resources. This effort supports overall BSHOP programming but will also help ensure that future Barbers have basic skills and education to talk to their clients about health topics including hypertension and diabetes.

3. Injury Prevention Program (IPP):

The 2018 Drowning Prevention campaign wrapped up in September. The multi-media campaign ran in English and Spanish across multiple media platforms. Approximately 299,000 people received information about drowning prevention through the campaign and over 3,500 educational materials were distributed to the community throughout the summer. Thank you notes have been sent to partners who helped sponsor the drowning campaign.

Staff gave a presentation on the Lead Poisoning Prevention project to 19 staff members of SNHD Clinical Services programs. Educational materials were also provided to Clinical Services.

Staff provided lead poisoning prevention materials in English and Spanish to Environmental Health for distribution at the 2nd Environmental Health Expo in September. Staff also participated in the Healthy Kids Festival in September and distributed lead poisoning prevention materials

4. OCDPHP

The Office of Chronic Disease Prevention & Health Promotion received a competitive REACH (Racial and Ethnic Approaches to Community Health) grant from the Centers for Disease Control. The 5-year project will begin on October 1. We will receive \$791,860 in Year 1 to implement evidence-based strategies to support improved health outcomes in our 2 priority populations, African Americans and Hispanics.

Maria Azzarelli, Manager of OCDPHP received the 2018 Nevada Public Health Association (NPHA) Leadership Award. The award was presented at the 2018 NPHA conference held in September. Nicole Bungum, Supervisor of OCDPHP was awarded the NPHA Best Public Health Program Public Health Program Poster of the Year for the project titled, "Adoption of a Complete Streets Policy in North Las Vegas."

6 OCDPHP staff attended the NPHA conference in September. OCDPHP staff presented 3 posters, 2 oral presentations and moderated 2 conference sessions.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

a. Surveillance and Investigations:

Community Health -- OEDS – Fiscal Year Data

Morbidity Surveillance	Oct 2017	Oct 2018		FY17-18 (Jul- June)	FY18-19 (Jul- June)	
Chlamydia	1,085	1,029	↓	4,399	4,724	↑
Gonorrhea	395	400	↑	1,623	1,822	↑
Primary Syphilis	21	15	↓	72	75	↑
Secondary Syphilis	34	13	↓	119	90	↓
Early Non-Primary, Non-Secondary ¹	50	16	↓	170	132	↓
Syphilis Unknown Duration or Late ²	72	13	↓	182	157	↓
Congenital Syphilis (presumptive)	5	1	↓	8	6	↓
New Active TB Cases Counted - Pediatric	0	0	→	0	0	→
Number of TB Active Cases Counted - Adult	10	0	↓	29	13	↓

¹ Early Non-Primary, 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

Community Health -- OEDS – Fiscal Year Data

Moms and Babies Surveillance	Oct 2017	Oct 2018		FY17-18 (Jul- June)	FY18-19 (Jul- June)	
HIV Pregnant Cases	2	2	→	12	16	↑
Syphilis Pregnant Cases	7	13	↑	26	45	↑
Perinatally Exposed to HIV	5	0	↓	15	9	↓

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	69	0	39	1
Gonorrhea	33	0	9	0
Syphilis	101	5	126	4
HIV/AIDS (New to Care/Returning to Care)	23	1	48	63
Tuberculosis	8	0	28	1
TOTAL	212	6	252	69

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/X-Ray= Investigations initiated from positive labs, reported symptoms or chest X-Ray referrals

³ OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters; FUP= Investigations initiated to follow up on previous reactors, partners, or clusters

1. Prevention-Community Outreach/Provider Outreach and Education:

National Latino AIDS Awareness Day was observed on October 13th. This event was a collaborative effort with the Southern NV HIV Consortium. The event was located at Bonanza Plaza and offered a variety of health services to the Latino community, specifically HIV and syphilis testing. The testing was offered by SNHD and AHF via the MTU. The feedback from the community was well received. The press release and media relations were organized by SNHD PIO. Members from the Southern NV HIV Consortium provided both radio and TV interviews promoting the testing, education and prevention efforts.

On October 6th, SNHD OEDS collaborated with agencies in Pahrump, NV for the Remote Area Medical event (RAM). SNHD staff offered free, rapid HIV testing to those interested. Education and prevention information was also distributed to the attendees and 3000 condoms were given out.

Lastly, on October 14th a health Fair at the Rio Hotel and Casino was organized by the NV State Health Division for the Asian Pacific Islander community. The event offered a wide variety of health services while SNHD OEDS provided free, rapid HIV testing.

OEDS participated in -

A. High Impact Screening Sites (HIV, STD, Hepatitis):

- a. Mondays – Thursdays: The Center - LGBTQ Community of Nevada – Rapid HIV - Target population - MSM, transgender.
- b. Monday and Wednesdays - Trac-B Exchange - Rapid HIV and Hepatitis C testing - target population - IDU.
- c. 10/29 - In collaboration with AHF Mobile Testing Unit, HELP of Southern Nevada, and Trac-B Exchange - multiple street outreaches in the community - Rapid HIV, Rapid Hepatitis C testing - target population - homeless, those who inject drugs.
- d. Express Testing Services in the Sexual Health Clinic continue to expand and grow.

B. Staff Facilitated/Attended Training/Presentations

- a. 10/01 - One staff member was requested as a guest speaker at a local high school to talk about foodborne illness and outbreak response.
- b. 10/3 - Presentation to Nye Communities Coalition meeting in Tonopah, NV on Syringe Vending Project. 30 people in attendance from a variety of northern Nye Community Organizations.
- c. 10/4 - Southern Nevada Opioid Advisory Council Quarterly meeting at LVMPD. 2 SNHD Staff in Attendance. Other organizations include LVMPD, Joe Hardy's Office, Attorney General, Centers for Behavioral Health, Bridge Counseling, NV HIDTA, Trac-B Exchange, FFR. 36 people in attendance.
- d. 10/5 - Training conducted by OEDS staff on "HIV/HCV 101" and "Drug Related Harm Reduction" at the Gay and Lesbian Center Las Vegas. Providers in attendance; The Center LGBTQ Community of Nevada, TRAC B Exchange, AIDS Healthcare Foundation, Foundation for Recover, SNHD, North County Health Care, AZ. 17 in attendance.

- e. 10/6 - SNHD Participated in the Remote Access Medical Event in Pahrump, NV. Offered Rapid HIV Testing.
- f. 10/8 - Presentation of "HIV and STDs in NV" by Cheryl Radeloff for the Rape Crisis Center in Las Vegas, NV. Approximately 12 participants in attendance along with 1 SNHD OEDS staff and 1 staff from the Rape Crisis Center.
- g. 10/08 – OEDS and Informatics staff presented a year 1 review of major surveillance activities (investigation, referral, challenges, and lessons) for the Nevada Childhood Lead Prevention Poisoning Program's (NvCLPPP) at the NvCLPPP Advisory Committee Meeting.
- h. 10/11 - Workshop conducted by OEDS "Substance Use in ChemSex and How to Help Out LGBTQ Clients Make Healthier Choices" at the 36th Annual Gay and Lesbian Medical Association conference, Las Vegas, NV. Approximately 40 participants in attendance.
- i. 10/10-10/12 - OEDS staff attended the NASTAD 2018 HIV and Hepatitis TA Meeting.
- j. 10/12 - HIV Prevention Planning Group meeting at Southern Nevada Health District. Members in attendance included: Southern Nevada Health District, SNHD Teen Pregnancy Prevention Group, the Gay and Lesbian Center of Southern Nevada, Huntridge Family Clinic, Community Counseling Center of Southern Nevada, AIDS Healthcare Foundation, community member at large, and the Nevada Division of Public and Behavioral Health.
- k. 10/14 - Participated in the ACDC Asian Pacific Islander Health Fair at the Rio Suites Hotel. Offered Rapid HIV Testing.
- l. 10/15-10/19 - OEDS Presentation of "HIV Rapid Testing, Counseling, Safety, and Certificate Program" at SNHD. Approximately 9 in attendance. Organizations represented included: Community Outreach Medical Center, Southern Nevada Health District, New Frontier Treatment Center, Horizon Ridge Clinic, Huntridge Family Clinic.
- m. 10/17 - OEDS Presentation of "Sexually Transmitted Infections" by Dr. Cheryl Radeloff for Touro University Medical Students at Touro University in Henderson, NV. Approximately 50 participants in attendance as well as 1 representative from SNHD OEDS and 1 SNHD Representative from Clinical Services.
- n. OEDS staff attended an annual Mandatory Reporting training provided by the PACT Coalition and the Nevada Public Health Foundation. 9 staff were in attendance.
- o. 10/19- Training by OEDS on "Overdose Prevention and Response" and "Drug Related Stigma training" The Center LGBTQ Community of Las Vegas. Providers in attendance; the Center, TRAC B Exchange, AHF, Community, Foundation for Recover, SNHD, North County Health Care, AZ. 17 in attendance.
- p. 10/21 - OEDS Presentation on "Opioids and Community Risk" at the Mob Museum. 1 SNHD representative was in attendance to distribute naloxone. 60 community members present, over 100 doses of naloxone distributed.
- q. 10/22 - OEDS staff attended a vendor hands on training from Insti for rapid HIV testing. Attendees received certificates upon completion for their employee lab files

- r. 10/22 - Attended So NV Harm Reduction Alliance education/outreach subcommittee monthly meeting. 2 OEDS staff and other community providers.
- s. 10/23 - Presentation "Field Safety" by OEDS for SNHD CASPER Participants. @ 7 SNHD employees in attendance and 2 SNHD OEDS Staff.
- t. 10/24 - OEDS staff attended a vendor hands on training from Insti for rapid HIV testing. Attendees received certificates upon completion for their employee lab files
- u. 10/29 - Harm Reduction Outreach in the mobile testing unit providing 8 HIV/HCV Testing, Immunizations, sterile syringes, naloxone, homeless services; participating providers AHF, OEDS, SNHD Immunizations, HELP So NV.
- v. 10/31 - Meeting of Governor's Accountability Task Force at Grant Sawyer Building. Hosted by the State of Nevada. Attendees include representatives from medical, epidemiology, university, Attorney General's office, and coalitions from Las Vegas and Carson City (via video conference). Approximately 22 representatives were in attendance.
- w. 10/31 - Ryan White Part A Planning Counsel PRSA meeting. One SNHD OEDS representative was in attendance along with representatives from the Ryan White Part A Las Vegas TGA Office, Community Counseling Center, Nevada Department of Health and Human Services, Golden Rainbow, UMC, Nye County, Arizona Department of Health Services.

Community Health – OEDS – Fiscal Year Data

	Oct 2017	Oct 2018		FY17-18 (Jul- June)	FY18-19 (Jul- June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	1,415	342	↓	3,567	2,152	↓
Clinic Screening (SHC/FPC/TB)	585	230	↓	2,915	2,054	↓
Outreach Screening (Jails, SAPTA)	114	45	↓	449	526	↑
TOTAL	2,114	617	↓	6,931	4,732	↓
Outreach/Targeted Testing POSITIVE				47	42	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				23	13	↓
Outreach Screening (Jails, SAPTA) POSITIVE				9	5	↓
TOTAL POSITIVES				79	60	↓

2. Disease and Outbreak Investigations

A. Disease reports and updates:

- a. **Global Zika Virus Outbreak:** Vector borne transmission is occurring in 84 countries and territories. Current travel information about Zika virus spread is at <http://wwwnc.cdc.gov/travel/page/zika-travel-information>. There have been 46 Zika virus disease cases reported with illness onset in 2018 in the U.S; all were travelers returning from affected areas. There have been 98 cases of Zika virus disease reported in U.S. territories. The CDC has updated their guidance for healthcare providers and the public regarding sexual transmission as well as screening and testing for exposed pregnant females. The OEDS has posted the

CDC's algorithms to the SNHD website and sent out a HAN notice to providers informing them of the changes to testing recommendations. To date in 2018, the OEDS has arranged testing for 7 individuals with possible exposure to Zika virus. We have developed a one-hour presentation for health care providers about Zika virus as updates come from the CDC. The presentation has been approved for one hour of AMA Category 1CME and is offered online through our website located at <https://www.southernnevadahealthdistrict.org/health-care-providers/training.php>.

- b. **Arbovirus Update:** There have been two reported human cases of West Nile Virus and both were visiting from out of state and did not acquire the illness here. No response from SNHD was done. Mosquito surveillance has ended in Clark County for 2018.
- c. **Multi-State Salmonella Newport Cluster:** SNHD is currently investigating 11 cases of Salmonella that have been identified from laboratory evidence as being part of a national cluster most closely associated with ground beef. The CDC has provided questionnaires that are specific to their larger national investigation and SNHD's investigation of the 11 cases in Clark County is ongoing.
- d. **Infant Botulism Investigation:** SNHD received an inquiry from a local hospital regarding botulism testing and initiated an investigation. The inquiry was regarding an infant suspected to have the disease. SNHD worked with the treating provider at the local hospital, the Nevada Department of Behavioral and Public Health and the California Infant Botulism Treatment and Prevention Program. Baby Immuno Globulin was provided to the baby and the child recovered and was discharged. Test results were confirmed to be positive for Bot Neurotoxin Type A. Samples of the baby formula were sent to the CDC and results for botulism were negative. This investigation has been closed.
- e. **Acute Flaccid Myelitis:** SNHD received an inquiry about polio testing and consultation with OEDS began about a case that did not have any risk for Polio but did meet multiple criteria for Acute Flaccid Myelitis. OEDS worked with the treating provider at the hospital, consulted with the Nevada Department of Behavioral and Public Health and the Centers for Disease Control and Prevention to determine if this might be a case. The CDC determined this to be a confirmed case. OEDS received a report of a second possible case that is currently under investigation. All four specimens sent to the CDC for AFM viral targets were negative. The CDC is currently reviewing clinical information and the case status is pending.
- f. **Gastrointestinal (GI) Outbreak at a Local Sushi Restaurant:** On October 3, 2018, OEDS received a foodborne illness report regarding a local sushi restaurant. The report indicated that eight from the same party became ill, though detailed information for only one was provided. OEDS determined that there were 3 other recent reports filed from a single household for this restaurant. In all, 11 were reported sick within two households, while only four filed reports with SNHD even after attempting to contact the others ill. OEDS immediately notified the EH division for investigation, which conducted an inspection the same day on October 3. Multiple issues were noted during the inspection. OEDS was unable to collect stool specimens for testing. No new reports have been received since. This investigation is now closed.
- g. **Influenza Surveillance:** The Southern Nevada Health District (SNHD), Office of Epidemiology and Disease Surveillance (OEDS), has begun surveillance for the 2018 – 2019 influenza season. Surveillance extends from September 30, 2018 through May 18, 2019. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Weekly snapshot reports provide accurate, up-to-date, and useful surveillance

information to healthcare providers and the public. The report will be released each week through the Health Alert Network and the Health District's website over the course of the 2018 – 2019 influenza season. From the beginning of the season, Influenza activity has been low locally and nationally. In the state of Nevada, the geographic spread of influenza was sporadic, and the ILI activity level was minimal. In Clark County, as of 10/20/2018, three influenza-associated hospitalizations and zero influenza-associated deaths were reported. Southern Nevada Health District will continue to update the public on the progression of the season and encourage influenza vaccination for all persons 6 months of age and older.

B. Other:

- a. Narcan training: The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) awarded SNHD with the First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grant in September of 2017. The purpose of this 4-year FR-CARA grant is to train and distribute naloxone to first responders and members of other key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. Trainings continue in Nye County communities, Tonopah and numerous first responder, medical and treatment organizations.

The following Narcan/overdose trainings have been conducted in the month of October:

- a. 10/2/18: Nye Communities Coalition (0 people trained, 20 kits distributed)
 - b. 10/10/18: Public Safety City of Las Vegas Officers (5 people trained, 25 kits distributed)
 - c. 10/11/18: Chuck Minker Sports Complex (0 people trained, 50 kits distributed)
 - d. 10/17/18: Public Safety City of Las Vegas Officers (15 people trained, 55 kits distributed)
 - e. 10/18/18: Drug Court (0 people trained, 200 kits distributed)
 - f. 10/19/18: The Center (G&L) (12 people trained, 50 kits distributed)
 - g. 10/21/18: Community Safety Forum at Mob Museum (34 people trained, 108 kits distributed)
 - h. 10/23/18: Nevada State Association Alliance (0 people trained, 25 kits distributed)
 - i. 10/23/18: Clark County Medical Society (0 people trained, 25 kits distributed)
 - j. 10/23/18: Office of Senator Joe Hardy (0 people trained, 200 kits distributed)
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- b. Ying Zhang, Senior Scientist, is the Co-chair of the Injury Epidemiology & Surveillance Subcommittee at the Council of State and Territorial Epidemiologists.
 - c. Chris Ruiz joined OEDS as a part time DDCS for the birth defects project

C. Communicable Disease Statistics:

September and Quarter 3 2018 disease statistics are attached. (see table 1 & 2)

III. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)

- 1. Continue to maintain and enhance Trisano disease surveillance system.

2. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems.
3. 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.
4. Assist SNPHL with data extraction and reporting needed for the laboratory.
5. Migrations to the new SNHD SFTP server continue.
6. Worked with IT to implement the Electronic Health Record (EHR) system.
7. Assisted the Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, and Clinic Services with various data requests, data exports, and report generation.
8. Assisted the Office of Public Health Preparedness (OPHP) to develop SNHD Weekly Domestic Disease Outbreak and Investigation Report and Monthly Public Health Fusion Center Summary Report.
9. Assisted OPHP with CASPER survey sampling.
10. Continue to work on the iCircle web application for OEDS, and transmission of HIV testing data to CDC.
11. Developed an online query portal for iCircle testing results.
12. Continue to work with the State to migrate STD data into the State NEDSS Base System (NBS).
13. Developed software application and work with Harm Reduction Center- Las Vegas and CDC for Syringe Exchange Vending Machine (SVM) project.
14. Developed an online dashboard for childhood lead poisoning prevention project.
15. Worked with the State on the IAPD project contract including scope of work and projected budget.
16. Completed the 2018 (June-Sept) progress report of the Nevada Opioid Overdose Surveillance Dashboard subgrant.

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

1. October Meetings:

A. Education Committee

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the EMS QI Directors Committee in researching, developing, editing and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and EMS educators.

The Committee completed their discussion of revisions to the paramedic clinical education requirements and portfolio requirement to become a Master Instructor.

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 Board continued its review of the Clark County Protocols and heard sub-committee reports.

C. 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 RTAB reviewed and approved the changes made to the Trauma Medical Advisory Committee bylaws.

The RTAB reviewed Section 4 of the Trauma Needs Assessment Tool. After considerable discussion it was decided to table the discussion until they clarify the aspect of the questions listed in that section.

The Board reviewed and discussed the trauma transport data for 2nd quarter 2018.

D. Trauma System Advocacy Committee (TSAC)

The TSAC assists the OEMSTS and RTAB in promoting trauma system development by advocating for sustainable financial, legislative, and public support for the trauma system serving the residents and visitors of Southern Nevada.

The Committee elected a new committee member as the representative with knowledge of legislative issues and advocacy. They continue to discuss future legislative efforts related to EMS & Trauma System development and funding in Nevada.

E. Southern Nevada Injury Prevention Partnership (SNIPP)

The SNIPP is a committee with the primary purpose of advising and assisting the RTAB in the structure and development of the injury prevention component of the Southern Nevada Trauma System Plan and assuring the provision of injury prevention efforts with emphasis on those that directly impact the trauma system.

The TSAC revised and approved the meeting bylaws which will be sent to the RTAB for final approval. The committee agreed to meet in a work group setting in December to discuss in detail the five SNIPP priority areas in injury surveillance

intent. They will continue to gather data and focus prevention on the most prevalent causes of injury.

F. Public Workshop/Trauma System Regulations

There were three public workshops to discuss proposed revisions to the Trauma System Regulations: 0/9/2018; 10/12/2018; and 10/17/2018.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

EMS Statistics				FY17- 18 (July- June)	FY18- 19 (July- June)	
	Oct 2017	Oct 2018				
Total certificates issued	59	26	↓	1042	927	↓
New licenses issued	43	23	↓	141	173	↑
Renewal licenses issued (recert only)	0	0	→	937	843	↓
Active Certifications: EMT	591	613	↑			
Active Certifications: Driver	0	29	↑			
Active Certifications: Advanced EMT	1332	1484	↑			
Active Certifications: Paramedic	1286	1726	↑			
Active Certifications: RN	39	54	↑			

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP participated in the Las Vegas Thunder Tabletop Exercise (TTX) hosted by UMC as part of the Department of Energy's National Nuclear Security Administration and Federal Bureau of Investigation Silent Thunder Exercise Program. The focus was a radiological event which aligns with the Southern Nevada Healthcare Preparedness and SNHD Hazard Vulnerability Analysis under Hazardous Materials.
- B. OPHP participated in The Great Nevada ShakeOut, Tectonic Timebomb Exercise, and conducted the Coalition Surge Test 2019 for the Southern Nevada Healthcare Preparedness Coalition (SNHPC). The Medical Surge Area Command (MSAC) at the Multi-Agency Coordination Center (MACC) conducted training for new members to the Coalition that have not been trained in MSAC activities, duties, and responsibilities. Training included Electronic Platforms like: WebEOC, HAvBED, EMTrack, and the receipt and processing of the OSCAR form from the jurisdiction to the State. OPHP hosted the Coalition Surge Test After Action Review with discussion on tasks the organizations did well, tasks that need improving and general observation.
- C. OPHP staff attended the first meeting of the Nevada Statewide Resilience Commission. The Commission was established as part of an Executive Order from the Governor as a result of the October 1 shooting.
- D. OPHP staff met with Healthline of Southern Nevada, CarePro Home Health, and Las Ventanas at Summerlin to discuss the Center for Medicare & Medicaid Services (CMS) Conditions of Participation for emergency preparedness for this type of healthcare provider type. The meetings included a discussion on membership/participation in the Southern Nevada Healthcare Preparedness

Coalition, Community Wide Exercise, the Hazard Vulnerability Analysis, and Communication Plan, each area required to meet CMS requirements.

- E. OPHP staff convened the Concepts and Objectives meeting for the 2019 Pediatric (Specialty) TTX. The concept of the event was identified that will create the exercise discussion and the objectives that are to be met.
- F. OPHP staff continue to support the recovery effort for 1 October and is collaborating with Clark County in revising their Emergency Operations Plan and appropriate annexes.
- G. OPHP continue to conduct the monthly Incident Command Team, Directors, Managers and Supervisors call-down notifications. Call-down drills are deliverables required by CRI grant to ensure public health staff readiness to respond to a disaster. This monthly test of the system ensures that District staff contact information is current in the event a notification to all SNHD staff is needed to be able to respond to public health threat. OPHP staff continue to work with the Southern Nevada Counterterrorism Center to provide public health updates and alerts of local, national, and global interest.
- H. OPHP staff continue to work with the Southern Nevada Counterterrorism Center to provide public health updates and alerts of local, national, and global interest.
- I. OPHP staff continue to participate in the monthly Southern Nevada Healthcare Preparedness Coalition, Homeland Security Urban Area Security Initiative, Local Emergency Preparedness Committee, Southern Nevada Adult Mental Health Coalition and individual hospital emergency management committee meetings. The Ebola and Zika preparedness planning and grant deliverable activities remain a priority even though the grant for Zika has ended.
- J. OPHP staff continue to participate in Accreditation activities and Domain working groups to support SNHD.

2. PHP Training and PH Workforce Development:

- A. OPHP Education and Training: OPHP Training Officers continue to conduct new employee Emergency Preparedness Training, Intro to OPHP departmental presentations, co-instruct Regional Decon Training for SNHPC partners, conduct CPR and First Aid courses at the Health District; conduct Dr. Bluebird training as well as monitor SNHD staff compliance with completion of required ICS courses.
- B. Incident Command Department Operations Center training was provided to SNHD staff in June.
- C. Radiological Hospital training was provided July 17, 18 and 19 for Southern Nevada Hospital Preparedness Committee members.

- 3. **Employee Health Nurse:** 16 staff received respirator fit testing; 4 received annual TB testing; 139 staff received vaccinations and performed 2 Bloodborne Pathogens classroom trainings. The annual updates of the Exposure Control and Respiratory Protection Plans are in progress.

4. Grants and Administration:

- A. OPHP has received the new sub-grants from the State. Currently we have the PHEP, CRI, and HPP grants in place and fully executed. OPHP has begun to work with other areas within the district to begin the spending of the grants as identified within the SOW. SNHD has not received the new UASI Homeland Security grants from DHS. This year will be the last year of the current cooperative agreement.

5. Medical Reserve Corps of Southern Nevada (MRC of So NV):

- A. MRC volunteers assisted SNHD at the Main and East immunization clinics, Main Foodhandler Safety office, Pharmacy, and three community outreaches and first aid events. MRC quarterly meeting included training on Naloxone administration and a refresher on bleeding control and CPR/AED. In addition, three volunteers assisted the Veteran's Administration hospital with a flu clinic at a Point of Dispensing exercise over two weeks, donating 48 hours; this was significant as the first hospital to make use of the MRC medical volunteers locally. MRC volunteer hours totaled 179.5 with a monetary value of \$4,431.86. The MRC Coordinator attended the VOAD, SNHPC, and CASPER planning meetings, COOP TTX, recruited and processed new volunteers, planned volunteer activities for the coming months, and sent the monthly newsletter and bulletins.
- B. The MRC Coordinator attended the VOAD, SNHPC and CASPER planning meetings, and the COOP Tabletop Exercise. Recruited and processed new volunteers, planned volunteer activities for the coming months, and sent the monthly newsletter and bulletins.
- C. CERT and Las Vegas Metropolitan Police Department Volunteer programs collaborated with MRC on the antibiotic packaging for the first-responder emergency stockpile. Four non-MRC volunteers totaled 37 hours (\$913.53).

6. OPHP CDC ASSOCIATE:

- A. Preparing a Community Assessment for Public Health Emergency Response (CASPER) relating to extreme heat. To be completed on 11/2 and 11/3/2018.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

- 1. **Clinical Testing:** SNPHL continues to support the SNHD Nursing Division with Sexually Transmitted Disease (STD) testing. SNHD STD department and SNPHL cooperatively participate in the CDC Gonococcal Isolate Surveillance Project (GISP). SNPHL performs *N. gonorrhoeae* culture and submits isolates to CDC and Nursing provides the client information required by the project. In October 2015, SNPHL began performing *C. trachomatis/N. gonorrhoeae* (CT/GC) molecular testing to support SNHD clinical programs.
- 2. **Epidemiological Testing and Consultation:**
 - A. SNPHL continues to support the disease investigation activities of the SNHD OEDS and Nursing Division.
 - B. SNPHL continues to participate in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce (FIT).
 - C. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).
- 3. **State Branch Public Health Laboratory Testing:**
 - A. SNPHL continues to perform reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped or confirmed; stored on-site; and results reported and/or samples submitted to CDC through various national programs including Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS) and Influenza Surveillance.
 - B. SNPHL continues to perform CDC Laboratory Response Network (LRN) testing for biological agents on clinical and unknown environmental samples.

- C. SNPHL continues to perform Pulsed Field Gel Electrophoresis (PFGE) testing of *Salmonella*, *Shigella*, *Listeria*, and Shiga toxin producing *E. coli* (STEC) isolates submitted by local clinical laboratories. SNPHL reports the PFGE data to the CDC PulseNet program and to the SNHD OEDS.
- D. SNPHL provides courier services to SNHD public health centers and Southern Nevada hospital or commercial laboratories.

4. All-Hazards Preparedness:

- A. SNPHL continues to participate with SNHD OPH, local First Responders and sentinel laboratories to ensure support for response to possible biological or chemical agents.
- B. SNPHL staff continues to receive training on Laboratory Response Network (LRN) protocols for biological agent confirmation.
- C. SNPHL maintains sufficient technical laboratory staff competent to perform LRN testing 24 hours per day/7 days per week.
- D. SNPHL continues to coordinate with First Responders including local Civil Support Team (CST), HazMat, Federal Bureau of Investigation (FBI), and Las Vegas Metropolitan Police Department (LVMPD).
- E. SNPHL continues to provide information to local laboratorians on packaging and shipping infectious substances and chain of custody procedures.

5. October 2018 SNPHLS Activity Highlights:

- A. Laboratory staff received an average of 6 hours of training this month.
- B. The laboratory successfully passed required State of Nevada inspection for change of director with zero deficiencies.
- C. The State of Nevada approved hepatitis A, B, C, and HIV Viral load for testing in the Clinical laboratory.
- D. Clinical laboratory testing services saw a decrease in testing volumes due to insurance billing practice changes District-wide.
- E. 1 UNSOM resident visited and toured the SNPHL.

COMMUNITY HEALTH - SNPHL - Fiscal Year Data

SNPHL Services	Oct 2017	Oct 2018		FY 17-18 (July- June)	FY18- 19(July- June)	
Clinical Testing Services¹	4,963	2,871	↓	19,056	14,907	↓
Epidemiology Services²	244	146	↓	1,176	1,213	↑
State Branch Public Health Laboratory Services³	68	39	↓	300	99	↓
All-Hazards Preparedness Services⁴	21	10	↓	174	117	↓
Environmental Health Services⁵	N/A	38	↑	N/A	2157	↑

¹ Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, Gram stain testing.

² Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations or consultations.

³ Includes PFGE and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, trainings, presentations and inspections, samples submitted to CDC or other laboratories.

⁴ Includes Preparedness training, BSL-3 maintenance and repair, teleconferences, Inspections.

⁵ Includes mosquito sample testing for arboviruses.

VII. VITAL STATISTICS

October 2018 showed a 5.9% increase in birth certificate sales in comparison to October 2017. Death certificate sales showed a 9% decrease for the same time frame. SNHD has received revenues of \$38,896 for birth registrations, \$20,098 for death registrations; and an additional \$3,431 in miscellaneous fees for the month of October.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Oct 2017	Oct 2018		FY17-18 (July- June)	FY18-19 (July- June)	
Births Registered	2,277	2,290	↑	9,374	9,405	↑
Deaths Registered	1,343	1,413	↑	5,491	5,671	↑

Vital Statistics Services	Oct 2017	Oct 2018		FY17-18 (July- June)	FY18-19 (July- June)	
Birth Certificates Sold (walk-in)	2,779	2,858	↑	13,085	13,443	↑
Birth Certificates Mail	155	90	↓	592	422	↓
Birth Certificates Online Orders	816	1,016	↑	3,645	4,807	↑
Birth Certificates Billed	83	94	↑	441	449	↑
Birth Certificates Number of Total Sales	3,833	4,058	↑	17,763	19,121	↑
Death Certificates Sold (walk-in)	1,134	927	↓	4,651	3,960	↓
Death Certificates Mail	70	63	↓	357	255	↓
Death Certificates Online Orders	6,191	5,720	↓	23,116	23,920	↓
Death Certificates Billed	34	28	↓	106	101	↓
Death Certificates Number of Total Sales	7,429	6,738	↓	28,230	28,236	↑

Vital Statistics Sales by Source	Oct 2017	Oct 2018		FY17-18 (July- June)	FY18-19 (July- June)	
Birth Certificates Sold Decatur (walk-in)	72.5%	70.4%	↓	73.7%	70.3%	↓
Birth Certificates Mail	4%	2.2%	↓	3.3%	2.2%	↓
Birth Certificates Online Orders	21.3%	25%	↑	20.5%	25.1%	↑
Birth Certificates Billed	2.2%	2.3%	↑	2.5%	2.3%	↓
Death Certificates Sold Decatur (walk-in)	15.3%	13.8%	↓	16.5%	14%	↓
Death Certificates Mail	.9%	.9%	→	1.3%	.9%	↓
Death Certificates Online Orders	83.3%	84.9%	↑	81.9%	84.7%	↑
Death Certificates Billed	.5%	.4%	↓	.4%	.4%	→

Revenue	Oct 2017	Oct 2018		FY17-18 (Jul-June)	FY18-19 (Jul-June)	
Birth Certificates (\$20)	\$76,660	\$81,160	↑	\$355,260	\$382,420	↑
Death Certificates (\$20)	\$148,580	\$134,760	↓	\$564,600	\$564,720	↑
Births Registrations (\$13)	\$38,805	\$38,896	↑	\$187,443	\$189,475	↑
Deaths Registrations (\$13)	\$22,126	\$20,098	↓	\$85,345	\$85,124	↓
Miscellaneous	\$3,244	\$3,431	↑	\$13,735	\$15,794	↑
Total Vital Records Revenue	\$289,415	\$278,345	↓	\$1,206,383	\$1,237,533	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

Passport Services

SNHD opened Passport Services on August 1, 2018. In the first month 440 applications and 185 passport photos were processed.

Revenue	Oct 2017	Oct 2018		FY 17-18 (July- June)	FY 18-19 (July- June)	
Passport Execution/Acceptance fee (\$35)	n/a	\$11,655	↑	n/a	\$37,940	↑
Passport Photo Fee (\$12)	n/a	\$1,500	↑	n/a	\$6,024	↑
Total Passport Program Revenue	n/a	\$13,155	↑	n/a	\$43,964	↑

*Passport program opened to public on August 1, 2018

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Table 1

Statistics, Surveillance, & Reports, Clark County Disease Statistics* September 2018

Disease	2016		2017		2018	
	Sept	YTD	Sept	YTD	Sept	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	.	21	.	21	.	14
Hepatitis A	0	8	.	7	.	29
Hepatitis B, acute	.	14	.	18	.	15
Hepatitis B, chronic	.	24	10	55	17	240
Influenza	5	566	8	604	6	860
Influenza-associated pediatric mortality	0	.	0	0	0	0
Measles (rubeola)	0	0	0	0	0	0
Meningococcal disease (N. meningitidis)	.	.	0	.	0	.
Mumps	0	.	0	.	0	.
Pertussis	.	22	.	33	.	26
SEXUALLY TRANSMITTED						
Chlamydia	1,249	8,464	1,041	9,447	1,229	10,526
Gonorrhea	376	2,645	389	3,350	429	3,943
SYPHILIS (Early non-primary, non-secondary)	28	352	46	331	33	330
SYPHILIS (PRIMARY & SECONDARY)	41	265	36	362	41	408
ENTERICS						
Amebiasis	.	7	.	5	.	.
Campylobacteriosis	8	88	8	77	12	90
Cryptosporidiosis	.	.	.	.	0	7
Giardiasis	.	38	.	21	.	38
Rotavirus	.	30	0	51	.	21
Salmonellosis	9	118	18	118	13	150
Shiga toxin-producing E. coli (STEC)	.	38	5	27	.	16
Shigellosis	.	41	9	68	.	67
OTHER						
Coccidioidomycosis	6	51	17	97	8	116
Dengue	0	.	.	.	0	0
Exposure, Chemical or Biological	.	.	.	5	0	.
Hepatitis C, acute	.	18	.	24	.	16
Hepatitis C, chronic	7	102	14	209	103	1,045
Hepatitis E, acute	.	.	0	0	0	.
Invasive Pneumococcal Disease	7	104	6	139	5	106
Lead Poisoning	7	101	.	88	8	129
Legionellosis	0	21	.	14	0	8
Listeriosis	.	.	0	.	0	.
Lyme Disease	.	15	.	11	0	7
Malaria	.	5	0	.	.	.
Meningitis, Aseptic	.	18	.	16	.	22
Meningitis, Bacterial Other	.	30	.	19	.	16
Meningitis, Fungal	0	6	.	.	0	5
RSV	.	683	.	935	.	1,283
Streptococcal Toxic Shock Syndrome (STSS)	.	15	.	21	.	28
Streptococcal disease, invasive (Group B)	0	0	0	0	0	.

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions. HIV/AIDS/TB case counts are provided on a quarterly basis. Data suppression denoted by '.' Applies if number of cases < 5.

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

~~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.

Table 2

Statistics, Surveillance, & Reports, Clark County Disease Statistics* Quarter 3, 2018

Disease	2016		2017		2018		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr3	YTD	Qtr3	YTD	Qtr3	YTD	Qtr3 (2013-2017 aggregated)	Qtr3 (2018)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive	6	21	.	21	6	14	0.18	0.28	↑
Hepatitis A	.	8	6	7	7	29	0.23	0.67	↑
Hepatitis B, acute	5	14	8	18	.	15	0.25	.	↓
Hepatitis B, chronic	7	24	19	55	72	240	0.39	3.32	↑X
Influenza	9	566	18	604	9	860	0.49	0.41	↓
Influenza-associated pediatric mortality	0	.	0	0	0	0	0	0	-
Measles (rubeola)	0	0	0	0	0	0	0	0	-
Meningococcal disease (N. meningitidis)	.	.	0	.	0	.	0.01	0	↓
Mumps	0	.	.	.	0	.	0.04	0	↓
Pertussis	.	22	5	33	5	26	0.65	0.23	↓
SEXUALLY TRANSMITTED									
Chlamydia	3,144	8,464	3,314	9,447	3,693	10,526	135.42	170.08	↑X
Gonorrhea	1,035	2,645	1,228	3,350	1,422	3,943	42.41	65.49	↑X
HIV	118	347	87	324	95	293	4.14	4.38	↑
SYPHILIS (Early non-primary, non-secondary)	84	352	120	331	115	330	4.47	5.30	↑
SYPHILIS (PRIMARY & SECONDARY)	102	265	136	362	133	408	4.03	6.13	↑X
Stage 3 HIV (AIDS)	52	166	34	114	29	88	2.19	1.34	↓X
ENTERICS									
Amebiasis	.	7	.	5	.	.	0.14	.	↓
Campylobacteriosis	31	88	22	77	36	90	1.47	1.66	↑
Cryptosporidiosis	.	.	.	.	.	7	0.07	.	↑
Giardiasis	14	38	8	21	15	38	0.57	0.69	↑
Rotavirus	6	30	.	51	.	21	0.21	.	↓
Salmonellosis	44	118	51	118	69	150	2.45	3.18	↑
Shiga toxin-producing E. coli (STEC)	12	38	13	27	8	16	0.70	0.37	↓
Shigellosis	21	41	32	68	25	67	0.97	1.15	↑
OTHER									
Acute Flaccid Myelitis	0	0	0	0	.	.	0	.	↑X
Botulism, Infant	0	0	0	0	.	.	0	.	↑X
Brucellosis	0	.	0	0	0	0	0	0	-
Coccidioidomycosis	17	51	38	97	24	116	1.00	1.11	↑
Dengue	.	.	.	.	0	0	0.04	0	↓
Encephalitis	0	0	.	.	0	.	0.03	0	↓
Exposure, Chemical or Biological	.	.	5	5	.	.	0.07	.	↓
Hepatitis C, acute	6	18	12	24	6	16	0.20	0.28	↑
Hepatitis C, chronic	29	102	67	209	349	1,045	1.55	16.07	↑X
Invasive Pneumococcal Disease	17	104	17	139	10	106	0.63	0.46	↓
Lead Poisoning	23	101	24	88	33	129	0.71	1.52	↑X
Legionellosis	13	21	.	14	.	8	0.38	.	↓
Listeriosis	.	.	.	.	0	.	0.04	0	↓X
Lyme Disease	10	15	.	11	.	7	0.26	.	↓
Malaria	.	5	.	.	.	.	0.11	.	↑
Meningitis, Aseptic	11	18	.	16	11	22	0.53	0.51	↓
Meningitis, Bacterial Other	7	30	7	19	.	16	0.20	.	↓
Meningitis, Fungal	.	6	.	.	.	5	0.03	.	↑
Meningitis, Viral	0	0	0	0	.	.	0	.	↑X
Psittacosis	0	.	0	0	0	0	0	0	-
RSV	6	683	9	935	.	1,283	0.53	.	↓
Rocky Mountain Spotted Fever	.	.	0	.	.	.	0.02	.	↑
Streptococcal Toxic Shock Syndrome (STSS)	.	15	5	21	8	28	0.12	0.37	↑
Streptococcal Disease, Invasive, Group B	0	0	0	0	.	.	0	.	↑X
Tuberculosis, Active	19	37	19	40	13	44	0.60	0.60	-
Tularemia	0	0	.	.	.	.	0.01	.	↑
West Nile Virus (neuroinvasive)	0	0	0.11	0	↓X
Yersiniosis	.	.	0	.	0	0	0.05	0	↓X
Zika Virus Disease, Non-Congenital	8	17	0	.	0	0	0.08	0	↓X

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

~~Confidence intervals (not shown) for the quarterly disease incidence rates provided a basis for an informal statistical test to determine if the current quarterly rates changed significantly from those of the previous 5-year aggregated rates. Green text represents rates that decreased significantly, whereas red text represents rates that increased significantly. Statistically significant changes are indicated by 'X.'