



Memorandum

Date: February 28, 2019

To: Southern Nevada District Board of Health

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

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Subject: Community Health Division Monthly Report

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

1. Tobacco Control Program (TCP):

Staff is working with SNHD Informatics, IT and Clinical Services staff to support implementation of the SNHD Electronic Health Record (EHR). Staff attend regular meetings and have developed model questions related to tobacco, diabetes, hypertension and other chronic disease risk factors for use in the EHR. Staff will also be supporting implementation by assisting with the development of educational and resource guides that will be provided to patients. In December, a bi-directional referral to the Nevada Tobacco Quitline for a test patient was successfully completed.

As part of the REACH grant, staff worked with our contracted media firm to develop a cessation focused media campaign using web ads, email blasts, popular radio DJs in both English and Spanish. Staff reviewed creative and translated scripts and text into Spanish. The English language campaign will be aimed at reaching African American adults.

The Tobacco 21 educational website and social media pages are being developed. The Tobacco 21 educational initiative will be called "Stand on Tobacco 21. Tobacco 21 is a policy priority identified by the Nevada Tobacco Prevention Coalition. Youth will work on ways to promote the "Stand on Tobacco 21" movement with the goal to show support for increasing the sales age of tobacco products. Two youth-led counter-marketing events occurred this month with over 800 in attendance.

2. Chronic Disease Prevention Program (CDPP):

CDPP staff worked with the Health Coaches at all MGM properties to integrate the Walk Around Nevada (WAN) program as part of ongoing health and wellness efforts at MGM properties. A WAN Challenge with MGM employees kicked off in late October and ran through early December. Approximately 1,048 MGM employees participated in the challenge. At the end of the challenge MGM employees reported walking 151,015 total miles during the 5-week challenge.

As part of the REACH grant, CDPP is working with the City of Las Vegas (CLV), University of Nevada, Las Vegas (UNLV) and the Regional Transportation Commission of Southern Nevada (RTC) to conduct a Health Impact Assessment (HIA) in the City of Las Vegas – Public Works Department to help prioritize public works projects that will contribute to safer and easier walking and biking in priority zip codes within the city. An HIA Kick Off meeting took place on December 13th with team members from UNLV, SNHD, RTC and CLV in attendance. UNLV provided an HIA training and overview and SNHD provided a background and data presentation. A follow up meeting to discuss specific projects with CLV has been scheduled for January.

As part of the Pathways from Poverty program, CDPP is sponsoring the 'Girls on the Run' team at a local elementary school. The first season kicked off in late September with 10 girls participating on the SNHD-sponsored team. The team participated in a celebratory 5K event on December 2nd. A new season will kick off in February. SNHD is also sponsoring a Sports and Nutrition Winter and Spring Break Camp for students at two elementary schools in the Pathway from Poverty catchment area. The Winter Break Camp is scheduled for the first week in January.

CDPP staff worked with the UNLV CSUN Student Senate Health Committee Chair to develop and adopt a Healthy Food Access Resolution which also addresses healthy vending. The resolution specifies that three 100% healthy snack vending machines will be piloted in high-profile locations on campus and that 35% of food/beverage offerings in all other machines on campus meet nutrition standards. The nutrition standards align with First Class Vending's "Well Within Reach" guidelines. Staff is working with the UNLV Office of the Vice President of Student Affairs on a press release and promotion plan for the initiative and will also be placing ads in the UNLV Scarlet & Gray Free Press. There are currently two 100% healthy snack machines on the UNLV campus – one in the Student Union, and in the Student Recreation and Wellness Center. A third machine was planned for Lied Library, but due to electrical issues, it cannot be installed. A replacement third location is currently being sought by Aramark. Ads promoting the initiative will run starting in late January in the UNLV Scarlet & Gray Free Press.

CDPP is expanding the BSHOP project to 6 local, Black-Owned Barbershops. To date, 2 new barbershops have been recruited and are participating (n=5). A 6th barbershop will be added in the new year. CDPP staff have expanded the volunteer base and conducted trainings for volunteers and barbers/barbershops. Two temporary outreach workers have also been hired to support weekend screening activities. In December, 56 participants were screened for hypertension and 53 of those participants were also screened for prediabetes. Two people were referred to Nevada Health Centers and 6 people were referred to the Nevada Tobacco Quitline. A patron at one of the barbershops donated funding to support 100 free haircuts to patrons that get their blood pressure checked. We provided coupons for the free haircuts to the BSHOP owner in December to be distributed at future screening events at this shop.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE (OEDS)

a. Surveillance and Investigations:

Foodborne Surveillance: Three OEDS staff participated in Environmental Health's FDA, Standard 5 Audit to discuss OEDS role and activities in Foodborne Surveillance and Investigations. Updates to the Community Health Stand-by Duty protocol and Foodborne

Illness Team documents were updated and implemented to meet the Standard 5 Measures

Community Health -- OEDS – Fiscal Year Data

Morbidity Surveillance	Jan	Jan		FY17-18	FY18-19	
	2018	2018		(Jul-June)	(Jul-June)	
Chlamydia	1,038	1,027	↓	7,449	7,918	↑
Gonorrhea	422	406	↓	2,892	3,159	↑
Primary Syphilis	10	11	↑	113	130	↑
Secondary Syphilis	36	18	↓	227	180	↓
Early Non-Primary, Non-Secondary ¹	22	26	↑	262	254	↓
Syphilis Unknown Duration or Late ²	55	28	↓	333	365	↑
Congenital Syphilis (presumptive)	0	0	→	10	15	↑
New Active TB Cases Counted - Pediatric	0	0	→	0	1	↑
Number of TB Active Cases Counted - Adult	1	0	↓	41	27	↓

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	Jan	Jan		FY17-18	FY18-19	
	2018	2018		(Jul-June)	(Jul-June)	
HIV Pregnant Cases	4	2	↓	25	22	↓
Syphilis Pregnant Cases	5	6	↑	51	84	↑
Perinatally Exposed to HIV	5	0	↓	28	17	↓

Community Health -- OEDS – Monthly Data

Monthly DIIS Investigations CT/GC/Syphilis/HIV	Contacts	Clusters ¹	Reactors/ Symptomatic/ X-ray ²	OOJ /FUP ³
Chlamydia	26	0	33	0
Gonorrhea	22	0	20	0
Syphilis	68	8	89	2
HIV/AIDS (New to Care/Returning to Care)	20	0	42	71
Tuberculosis	8	0	19	3
TOTAL	144	8	203	76

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:

In Jan SNHD OEDS collaborated with The Center to offer syphilis testing to those Jan 7th-Jan 10th. The Center promoted this effort due to the holiday closure of 2 weeks in Dec. The idea was to encourage those who may have put themselves at risk to come to The Center for additional services. SNHD performed 90 tests for syphilis and made 27 PrEP referrals to the SHC SNHD PrEP Navigators were on site for a few days to offer education, referrals and support.

On January 10th SNHD OEDS staff started a collaboration with the UMC Wellness Center by having one DIIS available weekly every Thursday to assist with partner services, education, referrals, etc. UMC Wellness staff have been very supportive towards this effort. This partnership is similar to the service we currently provide weekly at AHF on Wednesdays. Partner Services is a free and confidential health department program that assists in linking STD and/or HIV infected persons and their partners to testing, treatment, medical care, prevention interventions and/or other appropriate support services in order to improve their health outcomes and reduce the risk of transmission to others. These programs strengthen community partnerships and build community trust.

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. Mondays and Wednesdays: Trac-B Exchange - Rapid HIV and Hepatitis C testing; target population - IDU.
- c. Express Testing Services in the Sexual Health Clinic continue to expand and grow.
- d. No student in Jan - UNLV Nursing Student shadowing DIIS staff in SHC.

B. Staff Facilitated/Attended Training/Presentations

- a. 1/17/19 - Attended Quarterly Southern Nevada Opioid Advisory Committee at LVMPD; approximately 40 attendees.
- b. 1/17/19- SNHRA - panel discussion at the screening of “Written Off”, a documentary about one man’s struggle with opioids, followed by a panel discussion. Jennifer Gratzke participated as the Harm Reduction expert on the panel. The panel included a community member practicing harm reduction, a peer recovery support specialist, a person in long term recover and who overdosed, a mother of somebody in recovery and an expert in substance use prevention. Approximately 50 people in attendance from the community representing those in recovery, active use, and community partners who serve those who struggle with substance abuse.
- c. 1/18/19 - Southern Nevada HIV Prevention Planning Group meeting at Southern Nevada Health District. Members in attendance included: Southern Nevada Health District OEDS, SNHD Teen Pregnancy Prevention Group, the Gay and Lesbian Center of Southern Nevada, Planned Parenthood of Southern Nevada, Community Counseling Center of Southern Nevada, community members at

- large (Avilla Pharmacy, Community Outreach Workers, Ryan White Part A office, Trac B) and the Nevada Division of Public and Behavioral Health.
- d. 1/22-1/24 - Presentation of "HIV Rapid Testing, Counseling, Safety, and Certificate Program" at SNHD. Approximately 6 in attendance. Organizations represented included: Community Counseling Center, Southern Nevada Health District, Trac B and the Gay and Lesbian Center of Southern Nevada.
 - e. 1/24 - Southern Nevada Harm Reduction Alliance Meeting.
 - f. 1/28 - Harm Reduction Outreach –OEDS with community partners AHF, TRAC-B Exchange and Help of Southern Nevada – provided HCV/HIV counseling and testing, Homeless services, sterile syringes and injectable naloxone. Target population – homeless, injection drug users, at risk persons.
 - g. 1/28-1/30 - Attendance, Presentation, and Moderation at "Integrating Prevention and Care as We Work towards Getting to Zero in Nevada: Ryan White Summit". SNHD Panelists (Joshua Montgomery and James Foley) /Moderator (Cheryl Radeloff) for "Strategies for Addressing HIV Stigma" and a Presentation by Jennifer Gratzke "Population Focus: Substance Users-SNHD/Trac B and Hopes Change Point" at the Southpoint Casino, Las Vegas.
 - h. 1/30 – Ryan White HIV Summit – Jenny Gratzke presented on Harm Reduction and drug related stigma.

Community Health – OEDS – Fiscal Year Data

	Jan 2018	Jan 2019		FY17-18 (Jul-June)	FY18-19 (Jul-June)	
Prevention - SNHD HIV Testing						
Outreach/Targeted Testing	731	412	↓	5,595	5,015	↓
Clinic Screening (SHC/FPC/TB)	665	484	↓	4,749	3,480	↓
Outreach Screening (Jails, SAPTA)	111	112	↑	813	1,009	↑
TOTAL	1,507	1008	↓	11,157	9,504	↓
Outreach/Targeted Testing POSITIVE				86	76	↓
Clinic Screening (SHC/FPC/TB) POSITIVE				40	41	↑
Outreach Screening (Jails, SAPTA) POSITIVE				13	13	→
TOTAL POSITIVES				139	130	↓

2. Disease and Outbreak Investigations

A. Disease reports and updates:

- a. **Multi-state Salmonella Newport Cluster:** SNHD is currently investigating 13 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. The National outbreak investigation is ongoing however, SNHD's investigation of the 13 cases in Clark County have been closed.
- b. **Acute Flaccid Myelitis:** OEDS investigated a third suspect AFM case. This person is a resident of CA and was visiting Las Vegas when hospitalized locally. OEDS had been working closely with the California Department of Public Health (CDPH) and CDC to assign a case status. Specimens were collected and

shipped to CDPH for AFM testing. All CDPH testing results were negative, including for Enterovirus and Poliovirus. The CDC classified this person as a confirmed case of AFM. Since the person lives in CA, we will not claim the case here. In 2018, OEDS has investigated three potential AFM cases, and to date, Clark County has had only one case of confirmed AFM.

- c. ***Influenza Surveillance:*** Influenza activity remains elevated locally and nationally. In the state of Nevada, the geographic spread of influenza was widespread. In Clark County, for the season, as of 1/26/2019, 371 influenza-associated hospitalizations and 12 influenza-associated deaths were reported. One of the reported deaths occurred in a child in the 0-4 age group. Influenza A was the dominant type circulating. 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.
- d. ***Imported Case of Measles, confirmed:*** OEDS confirmed the first case of measles in Clark County since 2015. The case had travelled internationally and had close contact with a confirmed case there. The case returned to the US during the infectious period and visited several public locations. OEDS developed notification letters specific to the case's religious group and for local businesses visited while potentially infectious. OEDS also sent out a HAN notice for providers to watch for secondary cases and released a notification to the media. Currently no secondary spread has been identified. The potential incubation period for any person exposed to the measles case ended on 1/8/19.
- e. ***Hand, Foot, and Mouth Disease (HFMD) Outbreak at a Local Private Elementary School:*** On January 17, OEDS received a report from a parent whose child was diagnosed with HFMD at the school's daycare. According to the parent, there were other ill kids as well. EH was notified, which conducted a site visit and inspection. Numerous violations were found. OEDS contacted the school which stated there were 5 ill kids, all from the same room and age group. No other illnesses have been reported to date. This investigation is now closed.

B. Non-communicable Reports and updates:

- a. **Narcan training:** The Substance Abuse and Mental Health Services Administration (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 January:

- 01/07/19: North Las Vegas Police Department (840 kits distributed)
- 01/14/19: SNHD Residents (16 kits distributed)
- 01/14/19: Westcare (Additional training)
- 01/15/19: Westcare (Additional training)
- 01/17/19: Reno Gaming Control Board & New Frontier (220 kits distributed)
- 01/23/19: US Probation Office

C. Communicable Disease Statistics:

- a. A peer-reviewed article titled "Transmission of *Francisella tularensis*, the Causative Agent of Tularemia, by Solid Organ Transplantation", co-authored by OEDS staff Christian Murua and Ying Zhang along with Dr. Joseph Iser and Dr. Michael Johnson was accepted for publication on Emerging Infectious Diseases.
 - b. OEDS staff (Ying Zhang) attended CSTE ICD-10-CM Drug Poisoning Indicators Workgroup Meeting and CDC/CSTE Injury Partners Meeting on January 16-18 in Atlanta, GA.
 - c. Rebecca Cruz-Nanez, Health Educator; Janet Castro, DDCS II; Hannah Peters, DDCS I and Savij Apichon.
- D. **Communicable Disease Statistics:** December 2018 and 4th Quarter disease statistics are attached. (see table 1 & 2)

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

1. Continue to enhance Trisano disease surveillance system.
2. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems.
3. Work continues on the new 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. Assisting SNPHL with data extraction and reporting needed for the laboratory.
5. Migrations to the new SNHD SFTP server continued.
6. Assisting with the implementation of the Electronic Health Record (EHR) system.
7. Assisting 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.
8. Assisting 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.
9. Work continues on the iCircle web application for OEDS, and transmission of HIV testing data to CDC.
10. Continue to work with the State to migrate STD data into the State NEDSS Base System (NBS).
11. Developed a software application and worked with the Harm Reduction Center- Las Vegas and the CDC for the Syringe Exchange Vending Machine (SVM) project. The application is under testing.
12. Developed an online dashboard for childhood lead poisoning prevention project.
13. Completed the 2019 IPHEP "ESF8 Who?" functional exercise successfully.
14. Received a syndromic surveillance subgrant from the state.
15. Recruiting PHIS new hires.

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

1. **January Meetings:**

A. **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 by making recommendations and assisting in the ongoing design, operation, an evaluation of the system from initial patient access to definitive patient care.

The RTAB listened to comments made by the public regarding the Health District accepting applications for new trauma centers.

The Board reviewed and approved the changes made to the Southern Nevada Injury Prevention Partnership (SNIPP) bylaws.

The Board reviewed and unanimously approved the revisions made to the Trauma Needs Assessment Tool.

The Board reviewed and discussed the trauma transport data for 3rd quarter 2018.

COMMUNITY HEALTH - OEMSTS - Fiscal Year Data

EMS Statistics	Jan	Jan		FY17-	FY18-	
	2018	2019		(July- June)	(July- June)	
Total certificates issued	92	82	↓	976	1,961	↑
New licenses issued	13	64	↑	243	589	↑
Renewal licenses issued (recert only)	0	8	↑	578	1,108	↑
Active Certifications: EMT	609	591	↓			
Active Certifications: Advanced EMT	1,371	1,428	↑			
Active Certifications: Paramedic	1,316	1,700	↑			
Active Certifications: RN	42	45	↑			
Driver Only	0	25	↑			

*The Office of Emergency Medical Services and Trauma System is currently transitioning to a new software system, so all certification and licensure counts are approximate

V. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

1. Planning and Preparedness:

- A. OPHP staff supported the NDPBH Receiving, Staging and Storage Full-Scale Exercise conducted in Southern Nevada. The State exercised the ability to perform data entry into a newly acquired system, the capability of receiving managed inventory and delivering to public and closed PODs.
- B. OPHP hosted the Public Health Preparedness Partners meeting with Local Health Authorities. These meetings are conducted on a quarterly basis throughout the year in a face-to-face environment to continue meaningful collaboration between agencies. NDPBH conducted Functional and Access Needs training the next day while in Southern Nevada.
- C. OPHP staff participated in the PHAB Accreditation Community Partner Site visit in support of District accreditation.
- D. OPHP staff in collaboration with NDPBH staff completed second round of community CASPER surveys. The total number of completed, household surveys is 80%. Data from these community surveys will be used to assist OPHP with improved preparedness planning.

- E. OPHP Sr. Planner met with leaders from Royale Health System, Inc. to conduct a walk-through of the facility to accurately prepare for an Active Shooter Tabletop Exercise. This provides continuity of training across the facilities OPHP provides.
- F. OPHP staff attended the Southern Nevada Healthcare Preparedness Coalition meeting. Biennial elections were conducted and election of a new chair from Desert Springs Hospital and SNHD OPHP senior planner as vice chair.
- G. OPHP staff 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.
- 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.

3. **Employee Health Nurse:** SNHD staff continue to receive respirator fit testing (36), annual TB testing (28), and vaccinations (25). 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 continues to work with other areas within the district to spend funding and complete grant deliverables. SNHD received the new UASI Homeland Security grants from DHS.

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

- A. MRC continues to assist the immunization clinics, safety office, pharmacy, community outreaches and first aid events upon request. Four volunteers assisted SNHD East immunization clinic, Food-handler Safety Office at the main location, along with pharmacy antibiotic packing for first responder emergency stockpile. Four volunteers assisted at the State Receiving, Staging and Storage exercise. MRC volunteer hours totaled 128.5 with a monetary value of \$3166.49.
- B. The MRC Coordinator continues to attend SNHPC and community meetings as well as recruiting and processing new volunteers, planning volunteer activities and

sending monthly newsletters and bulletins. Attended the SERV-NV and National Council on Disability meetings.

- C. CERT and LVMPD Volunteer programs collaborated with MRC on the antibiotic packing. Three non-MRC volunteers totaled 44.25 hours with a monetary value of \$1092.53.

6. OPHP CDC ASSOCIATE:

- A. A Community Assessment for Public Health Emergency Response (CASPER) relating to extreme heat was 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 OPHP, 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. **January 2019 SNPHLS Activity Highlights:**
- A. Laboratory staff received approximately 6 hours of training this month.
 - B. Clinical laboratory is in the validation process for Hepatitis C testing.
 - C. Training of both SNPHL new hires continues.
 - D. SNPHL continues to move forward with mandated transition from PFGE to WGS. The current established deadline for this change is 3/2019. SNPHL will send one staff member to WGS training in February.
 - E. SNPHL has worked closely with OEDS department and local community partners on recent cases of Acute HAV, Measles testing, and one investigation of Chronobacter.
 - F. Respiratory surveillance has increased significantly with positive detection of Influenza A cases on the rise.

COMMUNITY HEALTH - SNPHL - Fiscal Year Data

SNPHL Services	Jan 2019	Jan 2019		FY 17-18 (July-June)	FY18-19(July-June)	
Clinical Testing Services ¹	3,971	4,443	↑	44,355	35,100	↓
Epidemiology Services ²	676	490	↓	5,862	2,624	↓
State Branch Public Health Laboratory Services ³	40	52	↑	1,698	490	↓
All-Hazards Preparedness Services ⁴	11	10	↓	136	474	↑
Environmental Health Services ⁵	N/A	0		N/A	2,157	↑

VII. VITAL STATISTICS

In January 2019 a total of 51 birth certificates were issued to homeless applicants. This is an 82% increase from January 2018. In comparison to Fiscal Year 17-18 there is a 1.3% increase in Vital Records revenue for the current fiscal year.

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.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Jan 2018	Jan 2019		FY17-18 (July-June)	FY18-19 (July-June)	
Births Registered	2,445	2,331	↓	16,272	16,302	↑
Deaths Registered	1,883	1,722	↓	10,497	10,325	↓

Vital Statistics Services	Jan 2018	Jan 2019		FY17-18 (July-June)	FY18-19 (July-June)	
Birth Certificates Sold (walk-in)	3,694	3,516	↓	22,115	22,282	↑
Birth Certificates Mail	139	97	↓	994	709	↓
Birth Certificates Online Orders	1,206	1,183	↓	6,518	8,136	↑
Birth Certificates Billed	93	126	↑	747	777	↑
Birth Certificates Number of Total Sales	5,132	4,922	↓	30,374	31,904	↑
Death Certificates Sold (walk-in)	1,391	1,182	↓	8,115	7,006	↓
Death Certificates Mail	87	76	↓	593	467	↓
Death Certificates Online Orders	7,598	7,113	↓	42,073	42,996	↑
Death Certificates Billed	20	39	↑	169	200	↑
Death Certificates Number of Total Sales	9,096	8,410	↓	50,950	50,669	↓

Vital Statistics Sales by Source	Jan 2018	Jan 2019		FY17-18 (July-June)	FY18-19 (July-June)	
Birth Certificates Sold Decatur (walk-in)	72%	71.4%	↓	72.8%	69.8%	↓
Birth Certificates Mail	2.7%	2%	↓	3.3%	2.2%	↓
Birth Certificates Online Orders	23.5%	24%	↑	21.5%	25.5%	↑
Birth Certificates Billed	1.8%	3%	↑	2.5%	2%	↓
Death Certificates Sold Decatur (walk-in)	15.3%	14.1%	↓	15.9%	13.8%	↓
Death Certificates Mail	1%	.9%	↓	1.2%	.9%	↓
Death Certificates Online Orders	83.5%	84.6%	↑	82.6%	84.9%	↑
Death Certificates Billed	.2%	.5%	↑	.3%	.4%	↑

Revenue	Jan 2018	Jan 2019		FY17-18 (Jul-June)	FY18-19 (Jul-June)	
Birth Certificates (\$20)	\$102,640	\$98,440	↓	\$607,480	\$638,080	↑
Death Certificates (\$20)	\$181,920	\$168,200	↓	\$1,019,000	\$1,013,380	↓
Births Registrations (\$13)	\$51,779	\$49,842	↓	\$314,596	\$316,719	↑
Deaths Registrations (\$13)	\$27,547	\$25,558	↓	\$154,102	\$152,139	↓
Miscellaneous	\$4,290	\$4,364	↑	\$24,077	\$26,986	↑
Total Vital Records Revenue	\$363,886	\$346,404	↓	\$2,119,255	\$2,147,304	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

Passport Services

Passport Services exceeded revenue expectations and January was our most successful month to date.

Revenue	Jan 2018	Jan 2019		FY 17-18 (Jul- June)	FY 18-19 (Jul- June)	
Passport Execution/Acceptance fee (\$35)	n/a	\$18,410	↑	n/a	\$79,695	↑
Passport Photo Fee (\$12)	n/a	\$3,816	↑	n/a	\$14,244	↑
Total Passport Program Revenue	n/a	\$22,226	↑	n/a	\$93,939	↑

*Passport program opened to public on August 1, 2018

MDJ/edm

Disease	2016		2017		2018	
	Dec	YTD	Dec	YTD	Dec	YTD
VACCINE PREVENTABLE						
Haemophilus influenzae, invasive	.	27	.	27	5	26
Hepatitis A	.	11	.	12	.	38
Hepatitis B, acute	.	20	.	24	.	19
Hepatitis B, chronic	.	36	24	111	16	304
Influenza	120	717	333	1,131	122	1,029
Influenza-associated pediatric mortality	0	.	.	.	.	.
Measles (rubeola)	0	0	0	0	.	.
Meningococcal disease (N. meningitidis)	.	7	0	.	0	.
Mumps	0	.	0	.	0	.
Pertussis	.	30	.	39	0	45
SEXUALLY TRANSMITTED						
Chlamydia	1,017	11,508	982	12,544	1,066	13,724
Gonorrhea	365	3,677	413	4,592	448	5,274
SYPHILIS (Early non-primary, non-secondary)	36	449	37	450	31	449
SYPHILIS (Primary & Secondary)	34	382	53	520	35	554
CONGENITAL CONDITIONS						
Congenital Syphilis	0	9	.	20	.	24
ENTERICS						
Amebiasis	.	9	.	8	0	.
Campylobacteriosis	12	124	11	97	8	118
Cryptosporidiosis	0	.	.	6	0	10
Giardiasis	.	52	.	31	.	50
Rotavirus	16	54	5	56	.	24
Salmonellosis	6	149	7	154	.	184
Shiga toxin-producing E. coli (STEC)	.	50	0	33	0	20
Shigellosis	.	51	.	95	.	87
OTHER						
Coccidioidomycosis	11	78	23	152	7	138
Dengue	0	.	0	.	0	.
Exposure, Chemical or Biological	0	.	5	11	0	6
Hepatitis C, acute	.	22	.	31	.	22
Hepatitis C, chronic	18	177	91	425	256	3,126
Invasive Pneumococcal Disease	22	147	27	186	27	156
Lead Poisoning	13	129	14	143	.	148
Legionellosis	0	24	0	14	.	15
Listeriosis	0	.	0	.	0	.
Lyme Disease	0	15	0	14	0	9
Malaria	.	6	.	5	.	7
Meningitis, Aseptic	.	28	0	18	4	33
Meningitis, Bacterial Other	0	31	.	23	.	25
Meningitis, Fungal	0	7	0	6	0	7
Meningitis, Viral	0	0	0	.	0	.
RSV	386	1,224	126	1,093	148	1,472
Streptococcal Toxic Shock Syndrome (STSS)	.	18	.	25	.	30
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.

Disease	2016		2017		2018		Rate (Cases per 100,000 per quarter)		Quarter Rate Comparison
	Qtr4	YTD	Qtr4	YTD	Qtr4	YTD	Qtr4 (2013-2017 aggregated)	Qtr4 (2018)	Change b/t current & past 5-year?
VACCINE PREVENTABLE									
Haemophilus influenzae, invasive	6	27	6	27	12	26	0.21	0.55	↑
Hepatitis A	.	11	5	12	9	38	0.13	0.41	↑
Hepatitis B, acute	6	20	6	24	.	19	0.26	.	↓
Hepatitis B, chronic	9	36	54	111	60	304	0.71	2.76	↑X
Influenza	151	717	527	1,131	168	1,029	9.69	7.74	↓
Influenza-associated pediatric mortality	0	.	.	.	.	.	0.06	.	↓
Measles (rubeola)	0	0	0	0	.	.	0	.	↑
Meningococcal disease (<i>N. meningitidis</i>)	.	7	0	.	0	.	.	0	↓
Mumps	.	.	0	.	0	.	.	0	↓
Pertussis	8	30	6	39	13	45	0.45	0.60	↑
SEXUALLY TRANSMITTED									
Chlamydia	3,044	11,508	3,097	12,544	3,191	13,724	128.66	146.96	↑X
Gonorrhea	1,032	3,677	1,242	4,592	1,324	5,274	42.90	60.98	↑X
HIV	82	429	101	425	97	390	3.81	4.47	↑
SYPHILIS (Early non-primary, non-secondary)	97	449	119	450	118	449	4.50	5.43	↑
SYPHILIS (PRIMARY & SECONDARY)	117	382	158	520	137	554	4.49	6.31	↑X
Stage 3 HIV (AIDS)	41	207	37	154	41	129	2.00	1.89	↓
CONGENITAL CONDITIONS									
Congenital Syphilis	.	9	7	20	8	24	0.12	0.37	↑
ENTERICS									
Amebiasis	.	9	.	8	0	3	0.10	0	↓
Campylobacteriosis	36	124	20	97	23	118	1.13	1.06	↓
Cryptosporidiosis	.	.	.	6	.	10	0.07	.	↓
Giardiasis	13	52	9	31	12	50	0.55	0.55	↑
Rotavirus	24	54	5	56	.	24	0.40	.	↓
Salmonellosis	31	149	36	154	30	184	2.73	1.38	↓X
Shiga toxin-producing <i>E. coli</i> (STEC)	12	50	6	33	.	20	0.33	.	↓
Shigellosis	10	51	27	95	16	87	0.61	0.74	↑
OTHER									
Acute Flaccid Myelitis	0	0	0	0	0	.	0	0	-
Botulism, Infant	0	0	0	0	0	.	.	0	-
Coccidioidomycosis	27	78	55	152	22	138	1.56	1.01	↓
Dengue	.	.	0	.	.	.	.	.	↑
Encephalitis	0	0	.	5	.	.	.	.	↑
Exposure, Chemical or Biological	.	.	6	11	.	6	0.07	.	↑
Hepatitis C, acute	.	22	7	31	5	22	0.13	0.23	↑
Hepatitis C, chronic	48	177	180	425	773	3,126	2.93	35.60	↑X
Invasive Pneumococcal Disease	43	147	47	186	48	156	1.48	2.21	↑
Lead Poisoning	28	129	55	143	25	148	1.12	1.15	↑
Legionellosis	.	24	0	14	7	15	0.14	0.32	↑
Listeriosis	.	.	.	.	.	.	.	.	↑
Lyme Disease	0	15	.	14	.	9	.	.	↑
Malaria	.	6	.	5	.	7	0.09	.	↑
Meningitis, Aseptic	10	28	.	18	11	33	0.37	0.51	↑
Meningitis, Bacterial Other	.	31	.	23	9	25	0.14	0.41	↑
Meningitis, Fungal	.	7	.	6	.	7	0.06	.	↑
Meningitis, Viral	0	0	.	.	0	.	.	0	↑
RSV	541	1,224	158	1,093	187	1,472	11.20	8.61	↓X
Rocky Mountain Spotted Fever	0	.	.	.	.	6	.	.	↑
Streptococcal Toxic Shock Syndrome (STSS)	.	18	.	25	.	30	0.22	.	↓
Streptococcal Disease, Invasive, Group B	0	0	0	0	0	.	0	0	-
Tuberculosis, Active	9	46	21	61	16	59	0.48	0.74	↑
Tularemia	0	0	0	.	0	.	0	0	-

*Use of illness in data aggregation for cases other than STD or TB (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable, and suspect cases that are reportable to CDC. HIV/AIDS/TB case counts are provided on a quarterly basis. Data suppression denoted by '.' Applies if number of cases < 5.

~Diseases not reported in the past five years (aggregate data) and not reported 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.'