



Memorandum

Date: September 26, 2019

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Activity Report – August 2019

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

1. Tobacco Control Program (TCP):

This month, staff collaborated with the Las Vegas Hawaiian Culture Club in the development of a new Native Hawaiian/ Pacific Islander health initiative titled, Island eNVy. Staff will work with the Hawaiian Culture Club to encourage healthy lifestyles for this community. The Hawaiian Culture Club is an organization whose mission is to foster and promote Hawaiian history, culture, traditions, and pride.

This month, staff developed a smoke-free multi-unit housing (apartments/condominiums) toolkit. This toolkit includes information on the benefits of smoke/tobacco-free policies, applicable laws around smoke-free housing, and promotes the Nevada Tobacco Quitline. The toolkit will be distributed to property managers as a method to expand smoke-free policies in multi-unit housing. Additionally, 169 smoke-free units were added to the searchable online smoke-free housing directory located on the getthehealthclarkcounty.org website.

This month 3 local businesses voluntarily expanded tobacco/ smoke-free policy. Examples of the policy expansion include no smoking/vaping outdoors or near doorways. Staff provided technical assistance and offered free signage to support the policy expansion.

2. Chronic Disease Prevention Program (CDPP):

As mentioned in a previous update, SNHD/CDPP was selected to be one of two partners to work with U.S. Health and Human Services (HHS) and their contractors to support the launch of the Physical Activity Guidelines for Americans, the development of a consumer driven toolkit to support physical activity in local communities and launch a pilot project in Southern Nevada in alignment with the Move Your Way campaign. A launch event was held in February and 7 additional campaign/outreach events were held between February and May. The partnership between SNHD and U.S. HHS on the Move Your Way campaign was highlighted in a U.S. HHS blog post in July. Also in July, CDPP staff presented on a national webinar with U.S. HHS staff and the other pilot community to share lessons learned about our involvement with the campaign.

In July, CDPP received notification from the American Diabetes Association (ADA) that our application for recognition for our Diabetes Self-Management & Education Program (DSME) was approved. This recognition means that the ADA has certified that our DSME program meets the national standards for DSME programs. SNHD will be listed on the ADA’s website with other accredited DSME programs from around the country. ADA program recognition is good for 4 years. CDPP staff provided a DSME workshop at the Heinrich YMCA on May 24th. CDPP staff facilitated a Spanish-language DSME workshop in June. The workshop was held at SNHD and Spanish-language education and support materials were provided to participants. The second and final Spanish-language DSME workshop is scheduled for September.

As part of the REACH-funded Health Impact Assessment (HIA) project, a stakeholder feedback session was held in July. The feedback session included a questionnaire meant to capture participant feedback about barriers and opportunities to increase walking and biking in the study corridor. The feedback from the session informed draft recommendations which will be provided to the City of Las Vegas Public Works Department. In addition, the data from an intercept survey in the Charleston Corridor was finalized in July. Partners from UNLV analyzed this data and are currently in the process of producing a summary of survey results to share with the HIA Working Group and to include in the HIA report.

In July, CDPP staff along with the University of Nevada, Cooperative Extension staff presented at the Governor’s Council on Food Security. The topic of the presentation was school wellness. The presentation also focused on evidence-based policy and legislative strategies to improve school wellness.

In July the CDPP expanded blood pressure and prediabetes screening, education and referral activities to a black-owned beauty salon based on the Barbershop Health Outreach Program (BSHOP) model. A total of 2 screening events were held at Mary Crystylez beauty salon in July. Also in July, CDPP staff presented on the BSHOP program at the National Association of County and City Health Officials (NACCHO) conference in Florida. The plenary session was focused on innovative approaches to prevent cardiovascular disease. CDPP staff was invited to participate in the plenary session at the conference and received a full scholarship to attend.

II. OFFICE OF EPIDEMIOLOGY AND DISEASE SURVEILLANCE – August 2019 Activities Report

A. Surveillance and Investigations

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

| | Aug-18 | Aug-19 | | FY 18-19 | FY 19-20 | |
|-----------------------------|--------|--------|---|----------|----------|---|
| Sexually Transmitted | | | | | | |
| Chlamydia | 1285 | 1159 | ↓ | 2465 | 2455 | ↓ |
| Gonorrhea | 525 | 438 | ↓ | 997 | 935 | ↓ |
| Primary Syphilis | 18 | 23 | ↑ | 44 | 39 | ↓ |
| Secondary Syphilis | 32 | 19 | ↓ | 54 | 53 | ↓ |

| | | | | | | |
|--|-----|-----|---|------|------|---|
| Early Non-Primary, Non-Secondary ¹ | 41 | 16 | ↓ | 75 | 35 | ↓ |
| Syphilis Unknown Duration or Late ² | 61 | 37 | ↓ | 112 | 120 | ↑ |
| Congenital Syphilis (presumptive) | 2 | 2 | → | 3 | 7 | → |
| Moms and Babies Surveillance | | | | | | |
| HIV Pregnant Cases | 5 | 3 | ↓ | 9 | 5 | ↓ |
| Syphilis Pregnant Cases | 14 | 8 | ↓ | 23 | 26 | ↑ |
| Perinatally Exposed to HIV | 2 | 4 | ↑ | 6 | 7 | ↑ |
| ¹ Early 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 | | | | | | |
| Vaccine Preventable | | | | | | |
| Haemophilus influenzae, invasive disease | 2 | 0 | ↓ | 10 | 15 | ↑ |
| Hepatitis A | 0 | 3 | ↑ | 28 | 88 | ↑ |
| Hepatitis B, acute | 1 | 0 | ↓ | 13 | 11 | ↓ |
| Hepatitis B, chronic | 28 | 36 | ↑ | 227 | 313 | ↑ |
| Influenza | 1 | 2 | ↑ | 857 | 823 | ↓ |
| Meningococcal disease (Neisseria Meningitidis) | 0 | 0 | → | 3 | 1 | ↓ |
| Mumps | 0 | 0 | → | 4 | 0 | ↓ |
| Pertussis | 1 | 0 | ↓ | 24 | 27 | ↑ |
| Enterics | | | | | | |
| Campylobacteriosis | 15 | 10 | ↓ | 83 | 91 | ↑ |
| Giardiasis | 7 | 2 | ↓ | 39 | 36 | ↓ |
| Rotavirus | 1 | 1 | → | 20 | 45 | ↑ |
| Salmonellosis | 33 | 3 | ↓ | 140 | 78 | ↓ |
| Shiga toxin-producing Escherichia coli (STEC) | 5 | 1 | ↓ | 15 | 18 | ↑ |
| Shigellosis | 11 | 1 | ↓ | 69 | 36 | ↓ |
| Other | | | | | | |
| Hepatitis C, acute | 2 | 0 | ↓ | 15 | 12 | ↓ |
| Hepatitis C, chronic | 280 | 381 | ↑ | 2076 | 4413 | ↑ |
| Invasive Pneumococcal Disease | 6 | 1 | ↓ | 138 | 154 | ↑ |
| Lead Poisoning | 10 | 11 | ↑ | 145 | 108 | ↓ |
| Legionellosis | 0 | 0 | → | 8 | 8 | → |
| Meningitis, aseptic | 4 | 5 | ↑ | 19 | 49 | ↑ |
| Streptococcal Toxic Shock Syndrome (STSS) | 3 | 0 | ↓ | 28 | 20 | ↓ |
| New Active TB Cases Counted (<15 yo) | 0 | 0 | → | 0 | 0 | → |
| New Active TB Cases Counted (≥ 15 yo) | 4 | 2 | ↓ | 4 | 2 | ↓ |
| West Nile virus neuroinvasive disease | 0 | 11 | ↑ | 0 | 23 | ↑ |

2. Number of Cases Investigated by OEDS

| Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB | Contacts | Clusters ¹ | Reactors/ Symptoma tic/ Xray ² | OOJ/FUP ³ | | |
|--|----------|-----------------------|---|----------------------|--|--|
| Chlamydia | 52 | 0 | 75 | 0 | | |
| Gonorrhea | 60 | 1 | 105 | 3 | | |

| | | | | | | |
|--|------------|----------|------------|-----------|--|--|
| Syphilis | 68 | 5 | 139 | 2 | | |
| HIV/AIDS (New to Care/Returning to Care) | 33 | 0 | 42 | 25 | | |
| Tuberculosis | 29 | 0 | 36 | 2 | | |
| TOTAL | 242 | 6 | 397 | 32 | | |

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

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

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

| Monthly DIIS Investigations Other Communicable Diseases | | | | |
|---|------------------------------|-----------------------|---------------------------|------------------------------|
| Confirm Case (Clinical and Lab Required) | Confirmed Case (Lab Only) | Full Investigation | OOJ with Investigation | OOJ without Investigation |
| 90 | 15 | 133 | 9 | 3 |

3. Disease and Outbreak Investigations

- a. **Hepatitis A, outbreak declared:** In 2019, Clark County has seen significant increases in Acute Hepatitis A cases. On June 19, 2019, SNHD declared an outbreak of HAV in those experiencing homelessness and/or drug use. As of July 30, 2019, there are 73 cases of Acute HAV associated with this outbreak. 93% were identified as drug users, and 78% were identified as homeless. The Office of Epidemiology and Disease Surveillance is working with the Clinical Services division to do targeted vaccine outreach to this population. OEDS has also engaged local hospitals and their emergency room departments encouraging vaccine administration to those most at risk for this disease. Members of OEDS and Clinical Services have met with representatives from WellPath and Clark County Detention Center (CCDC) to promote hepatitis A vaccination at CCDC and Las Vegas City Jail. This outbreak is ongoing.
- b. **Acute Flaccid Myelitis (AFM):** SNHD received a report on June 13th of possible meningitis from a hospital. Upon further review by OEDS staff, it was determined this could be a suspect AFM case. OEDS worked with the hospital and CDC to procure specimens for testing and records for CDC to review and determine case status. CDC lab results were received, and all Enterovirus testing was negative. Case status is still pending review from CDC as of August 31.
- c. **Vector-borne disease update:** On August 22, OEDS declared a West Nile Virus (WNV) outbreak. To date, OEDS has investigated 36 cases of WNV. Twenty-six individuals had the neuroinvasive form of disease, ten individuals had the non-neuroinvasive form of disease. Environmental Health's Vector Control program has submitted more than 40,000 mosquitoes to the Southern Nevada Public Health Laboratory for arboviral analysis. WNV-positive mosquitoes have been identified in 41 unique zip codes and St. Louis Encephalitis-positive mosquitoes have been identified in 15 unique zip codes. As of August 31, 2019, OEDS has not reported a case of St. Louis Encephalitis. Jurisdictional counterparts have been and will

continue to be notified of activity, and the Office of Communications has generated press releases reminding the community to be vigilant in bite prevention. Mosquito surveillance and arboviral surveillance is ongoing.

d. Gastrointestinal Illness (GI) Outbreak reported in Mesquite: OEDS received a report of approximately 25 GI illness from people attending an event in a local casino. OEDS attempted to collect human specimens for testing but was not able to obtain any. Environmental Health was notified and OEDS and EH investigated collaboratively on this investigation. No known causative agent or source of illness was identified. OEDS has not received any additional reports and this investigation has been closed.

4. 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 trainings/distributions have taken place in the month of August:

- 8/2/19: CCSDPD (4 trained)
- 8/5/19: Foundation for Recovery (192 kits distributed)
- 8/12/19: Henderson Municipal Court (12 kits distributed)
- 8/16/19: SNHD (1 trained, 5 kits distributed)
- 8/19/19: SNHD (22 trained, 5 kits distributed)
- 8/26/19: Westcare (200 kits distributed)

b. Overdose Data to Action Grant (OD2A): The Southern Nevada Health District received notice from the CDC that it will be awarded grant funding under the "Overdose Data to Action" initiative beginning September 1, 2019. SNHD applied for over \$2.9 million for the first year and will be eligible to receive additional funds for up to 3 years. With this funding, SNHD will have the tools and resources required to effectively use surveillance data for overdose prevention and response efforts. Specifically, this opportunity will enable SNHD to increase the comprehensiveness and timeliness of overdose surveillance data; build state and local capacity for evidence-based public health programs; make the Nevada Prescription Monitoring Program (NV-PMP) easier to use and access; and work with health systems and communities to improve opioid prescribing. Additionally, this project includes new initiatives focused on linkages to care through creation of a harm reduction/overdose response outreach team and other areas of innovation supported by evidence-based practice, including expansion of its harm reduction syringe vending machine services program.

B. Prevention- Community Outreach/Provider Outreach/Education

In October 2017, the opioid epidemic was declared a national emergency highlighting the importance of providing viable resources, prevention education, and tools to combat addiction through treatment and recovery efforts. The Southern Nevada Harm Reduction Alliance and other community partners including SNHD, participated in the International Awareness Day event held at the Chuck Minker Sports Complex on August 29, 2019. During this event there were up to 20 vendors who provide services such as, recovery, social services, harm reduction, medication assisted treatment, in-patient and out-patient treatment, and Naloxone training to the Las Vegas community. SNHD provided an Overdose Response and Naloxone training and provided 120 doses of Narcan.

C. High Impact HIV/STD/Hepatitis Screening Sites

- 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. Saturdays: Bi-weekly testing at CCDC for HIV, Syphilis, Hep C. Target Population - incarcerated.
- d. 8/3/19: Collaborative HIV testing effort with AHF on the MTU. Target population people of color; location Hope Church.
- e. 8/29: OEDS staff collaborated with the SNHD Immunizations Project at the Las Vegas Rescue Mission to offer HIV and Hep C testing.
- f. 8/27: Harm Reduction monthly Outreach event with community partners AHF, HELP of SO. NV, Trac-B and SNHD/OEDS.

| Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts | | | | | | |
|--|--------------|------------|----------|--------------|--------------|----------|
| Prevention - SNHD HIV Testing | Aug-18 | Aug-19 | | FY 18-19 | FY 19-20 | |
| Outreach/Targeted Testing | 789 | 202 | ↓ | 1,468 | 1,014 | ↓ |
| Clinic Screening (SHC/FPC/TB) | 707 | 242 | ↓ | 1,306 | 834 | ↓ |
| Outreach Screening (Jails, SAPTA) | 181 | 0 | ↓ | 364 | 0 | ↓ |
| TOTAL | 1,677 | 444 | ↓ | 3,138 | 1,848 | ↓ |
| Outreach/Targeted Testing POSITIVE | | | | 34 | 10 | ↓ |
| Clinic Screening (SHC/FPC/TB) POSITIVE | | | | 17 | 7 | ↓ |
| Outreach Screening (Jails, SAPTA) POSITIVE | | | | 4 | 0 | ↓ |
| TOTAL POSITIVES | | | | 55 | 17 | ↓ |

D. Staff Facilitated/Attended the following Trainings/Presentations

- a. 8/1/19: Presentation “Hepatitis A” with Dr. Vit Kraushaar for Immunize NV; 26 in attendance.
- b. 8/1/19: Communication Training by Rebecca Cruz-Nañez, SNHD Health Educator, with 1 staff member.

- c. 8/2/19: HIV Prevention Planning Group meeting at Southern Nevada Health District (SNHD). Members in attendance included: SNHD, Planned Parenthood of Southern Nevada, the Gay and Lesbian Center of Southern Nevada, , AHF, Avilla, and the Nevada Division of Public and Behavioral Health.
- d. 8/5/19: Rebecca Cruz-Nañez, SNHD Health Educator, attended Nevada Youth Suicide Prevention Task Force as representative.
- e. 08/05/19: and 08/07/19: "Four Lenses" training provided by SNHD Human Resources; approximately 60 SNHD OEDS staff participated.
- f. 8/6/19: Presentation "Hepatitis A" for Bridge Counseling by Cheryl Radeloff, Senior Health Educator, for ICS; 29 in attendance.
- g. 8/6/19: Motivational Interviewing Training by Rebecca Cruz-Nañez, SNHD Health Educator, four resident physician interns attended.
- h. 8/6/19: Rebecca Cruz-Nañez, SNHD Health Educator, presented a suicide prevention proposal to the Board of the Child Death Review (CDR) for to request funding for public awareness, education, and prevention campaign.
- i. 8/6/19: Rebecca Cruz-Nañez gave a presentation on her role as a Health Educator; focusing on violence and injury prevention to DIIS Staff with 20 in attendance.
- j. 8/8/19: Communication Training by Rebecca Cruz-Nañez, SNHD Health Educator, with 1 staff member.
- k. 8/9/19: Jessica Johnson, SNHD Health Educator, attended Mineral County Coalition Meeting as a representative.
- l. 8/9/19: Jessica Johnson, SNHD Health Educator, coordinated Touro University Hepatitis A Vaccine Outreach.
- m. 8/9/19: Presentation "Hepatitis A" for Center for Behavioral Health by Dr. Cheryl Radeloff, Senior Health Educator, for ICS; 7 in attendance.
- n. 8/12-8/16/19: Passport to Partner Services-4 OEDS staff were able to attend and complete.
- o. 8/13/19: Symposium-MOST, CRT, LEAD attended by SNHD Health Educators Rebecca Cruz-Nañez and Jessica Johnson.
- p. 08/13/19: Presentation "*Foodborne Illness Surveillance and Outbreak Investigation*" by Christian Murua at the Las Vegas Foodborne Illness Outbreak Prevention and Response Conference; approximately 100 people in attendance.
- q. 8/13/19: Opioid Abuse Prevention Summit hosted by NDPBH at the Tuscany Suites Las Vegas attended by Jessica Johnson, SNHD Health Educator, approximately 40 attendees in all.
- r. 8/14/19: iCircle Training by Joshua Montgomery, SNHD DIIS, for SNHD TB Clinic; 11 participants.
- s. 08/14/19: Panel Discussion "SSP in the Continuum of Care" at the Nevada Opioid Summit by Jenny Gratzke, SNHD DIIS.
- t. 8/14/19: Jessica Johnson, SNHD Health Educator, participated as a Panel Discussion presenter at Opioid Abuse Prevention Summit hosted by NDPBH at the Tuscany Suites Las Vegas.

- u. 8/14/19: SNHD Health Educator Rebecca Cruz-Nañez was awarded funding from the State fiscal year (SFY) 2020 Child Death Review (CDR) for public awareness, education, and prevention campaign Suicide Prevention Model Policy.
- v. 8/15/19: Presentation "Hepatitis A" to the Clark County Outreach Team by Dr. Cheryl Radeloff, Senior Health Educator, for ICS; 29 in attendance.
- w. 08/15/19: Academic Detailing "Congenital Syphilis" by Jenny Gratzke, SNHD DIIS, to the Urban League; 17 participants
- x. 8/16/19: iCircle Training by Joshua Montgomery, SNHD DIIS, for SNHD for SHC; 3 participants.
- y. 8/19/19: Training "Overdose Prevention and Response" by Jenny Gratzke, SNHD DIIS, and Brandon Delise, SNHD Epidemiologist; 23 OEDS staff in attendance.
- z. 8/19/19: Rebecca Cruz-Nañez, SNHD Health Educator, participated as an audience member for KSNV News 3 Las Vegas "Guns in America" Town Hall Meeting.
- aa. 8/20/19: SNHD Health Educator Rebecca Cruz-Nañez attended Child Death Review and Fetal and Infant Mortality Review (FIMR) as a representative.
- bb. 08/20-08/23/19: SNHD Education Team Presented "HIV Rapid Testing, Counseling, Safety, and Certificate Program" at Trac-B Exchange; 4 in attendance. Organizations represented included Trac-B and Community Counseling Center.
- cc. 8/21/19: SNHD Health Educator Jessica Johnson attended PACT Coalition Meetings as a representative.
- dd. 8/22/19: Clark County Behavioral Health Profile Presentation by Elizabeth Moore (Intern) with SNHD Health Educator Jessica Johnson.
- ee. 8/26/19: Train the Trainer Presentation "Hepatitis A" by Dr. Cheryl Radeloff, Senior Health Educator, for SNHD staff; 4 in attendance from SNHD OEDS and Academic Affairs.
- ff. 8/27/19: SNHD Senior Health Educator Dr. Cheryl Radeloff, SNHD Health Educator Jessica Johnson, and Health Educator Rebecca Cruz-Nañez coordinated, facilitated, and attended Cultural Humility Training by the AIDS United Foundation; approximately 40 SNHD staff were in attendance.
- gg. 8/28/19: Train the Trainer Presentation "Hepatitis A" by Dr. Cheryl Radeloff, Senior Health Educator, for SNHD staff, 6 in attendance from SNHD OEDS, OPHP, EH, and OEMSTS
- hh. 8/29/19: Train the Trainer Presentation "Hepatitis A" by Dr. Cheryl Radeloff, SNHD Senior Health Educator, for SNHD staff; 5 in attendance from OEDS, TPP, and EH.
- ii. 8/29/19: Communication Training by SNHD Health Educator Rebecca Cruz-Nañez with 1 staff member.
- jj. 08/29/19: SNHD OEDS participated in the International Overdose Awareness Day event planned and coordinated by SNHD staff and which was host to approximately 20 vendors offering various types of services; 5 OEDS staff in attendance.

E. Other:

- a. **Communicable Disease Statistics:** July 2019 disease statistics are attached. (see table 1)



July 2019: Clark County Disease Statistics*

| Disease | 2017 | | 2018 | | 2019 | |
|--|------|------|------|------|------|------|
| | July | YTD | July | YTD | July | YTD |
| VACCINE PREVENTABLE | | | | | | |
| Haemophilus influenzae, invasive disease | 1 | 18 | 0 | 8 | 1 | 15 |
| Hepatitis A | 5 | 6 | 6 | 28 | 19 | 85 |
| Hepatitis B, acute | 3 | 13 | 0 | 12 | 1 | 11 |
| Hepatitis B, chronic | 4 | 43 | 30 | 199 | 68 | 277 |
| Influenza | 2 | 588 | 2 | 856 | 10 | 821 |
| Meningococcal disease (Neisseria meningitidis) | 0 | 2 | 0 | 3 | 0 | 1 |
| Mumps | 0 | 1 | 0 | 4 | 0 | 0 |
| Pertussis | 4 | 32 | 2 | 23 | 2 | 27 |
| SEXUALLY TRANSMITTED | | | | | | |
| Chlamydia | 1055 | 7130 | 1165 | 7913 | 1278 | 7965 |
| Gonorrhea | 277 | 1776 | 312 | 2035 | 361 | 2181 |
| Syphilis (Early non-primary, non-secondary) | 33 | 244 | 34 | 252 | 18 | 225 |
| Syphilis (Primary & Secondary) | 47 | 273 | 48 | 322 | 50 | 339 |
| CONGENITAL CONDITIONS | | | | | | |
| Congenital Syphilis | 0 | 10 | 1 | 10 | 5 | 18 |
| Hepatitis C virus infection, perinatal | 0 | 0 | 0 | 1 | 0 | 1 |
| ENTERICS | | | | | | |
| Amebiasis | 0 | 4 | 0 | 2 | 0 | 5 |
| Campylobacteriosis | 7 | 62 | 11 | 68 | 16 | 81 |
| Cryptosporidiosis | 0 | 3 | 4 | 8 | 0 | 3 |
| Giardiasis | 3 | 17 | 6 | 32 | 9 | 34 |
| Rotavirus | 1 | 48 | 1 | 19 | 9 | 44 |
| Salmonellosis | 15 | 82 | 24 | 107 | 21 | 75 |
| Shiga toxin-producing Escherichia coli (STEC) | 4 | 18 | 2 | 10 | 2 | 17 |
| Shigellosis | 7 | 43 | 13 | 58 | 5 | 35 |
| Typhoid (cases and carriers; caused by Salmonella typhi) | 0 | 1 | 0 | 0 | 1 | 4 |
| Vibriosis (non-cholera Vibrio species infections) | 0 | 0 | 0 | 2 | 0 | 1 |
| Yersiniosis | 0 | 2 | 0 | 0 | 0 | 1 |
| OTHER | | | | | | |
| Brucellosis | 0 | 0 | 0 | 0 | 0 | 1 |
| Coccidioidomycosis | 13 | 72 | 7 | 99 | 7 | 46 |
| Dengue | 0 | 0 | 0 | 0 | 2 | 2 |
| Ehrlichiosis/Anaplasmosis | 0 | 0 | 0 | 3 | 0 | 0 |
| Encephalitis | 1 | 2 | 0 | 1 | 0 | 0 |
| Exposure, Chemical or Biological | 1 | 1 | 1 | 4 | 0 | 7 |
| Hepatitis C, acute | 7 | 19 | 2 | 13 | 1 | 12 |
| Hepatitis C, chronic | 0 | 2 | 261 | 1796 | 525 | 4032 |
| Hepatitis E, acute | 0 | 0 | 0 | 1 | 0 | 0 |
| Invasive Pneumococcal Disease | 4 | 126 | 3 | 132 | 7 | 153 |
| Lead poisoning | 10 | 74 | 20 | 135 | 6 | 97 |
| Legionellosis | 0 | 10 | 2 | 8 | 1 | 8 |
| Listeriosis | 0 | 0 | 0 | 1 | 0 | 5 |
| Lyme disease | 1 | 8 | 1 | 8 | 0 | 6 |
| Malaria | 1 | 2 | 1 | 2 | 0 | 4 |
| Meningitis, Aseptic | 1 | 13 | 4 | 15 | 11 | 44 |
| Meningitis, Bacterial Other | 3 | 15 | 0 | 13 | 2 | 17 |
| Meningitis, Fungal | 0 | 1 | 1 | 5 | 0 | 3 |
| Q Fever | 0 | 2 | 0 | 1 | 0 | 2 |
| RSV | 4 | 930 | 1 | 1282 | 9 | 1849 |
| Rabies, animal | 0 | 1 | 0 | 4 | 2 | 2 |
| Rabies, exposure to a rabies susceptible animal | 0 | 0 | 2 | 3 | 8 | 9 |
| Spotted Fever Rickettsiosis | 0 | 1 | 0 | 2 | 0 | 1 |
| Streptococcal Toxic Shock Syndrome (STSS) | 2 | 18 | 4 | 25 | 1 | 20 |
| Tularemia | 1 | 2 | 0 | 0 | 0 | 0 |
| West Nile virus neuroinvasive disease | 0 | 1 | 0 | 0 | 10 | 12 |

*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.

~~ Due to changes in the disease reporting processing guideline in 2018, there was an artificial increase of case counts of Hepatitis B, chronic and Hepatitis C, chronic in 2018 vs. 2017.

~~~ 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.

## **II. OFFICE OF PUBLIC HEALTH INFORMATICS (OPHI)**

- A. Continue to maintain and enhance Trisano disease surveillance system.
- B. Continue to maintain and enhance Electronic Message Staging Area (EMSA) systems.
- C. Continue to work on the Southern Nevada Public Health Laboratory (SNPHL) Laboratory Information Management System (LIMS) system to interoperate with other internal and external systems. Informatics is also assisting with the changes that need to be made to the LIMS to accommodate new instruments and testing offered by the Clinical Laboratory.
- D. Assist SNPHL with data extraction and reporting needed for the laboratory.
- E. Migrations to the new SNHD SFTP server continued.
- F. Work with IT to implement the Electronic Health Record (EHR) system.
- G. Assist Office of Epidemiology and Disease Surveillance (OEDS), Office of EMS/Trauma System, Environmental Health (EH) and Clinic Services with various data requests, data exports, and report generation.
- H. Continue to enhance iCircle web application for OEDS, and transmission of STD, HIV and Hepatitis testing data to CDC.
- I. Complete STD\*MIS legacy data migration into the State NEDSS Base System (NBS). Continue to work with the State/CDC to migrate Trisano data into NBS.
- J. Continue to work with OEDS and IT to develop Expedited Partner Therapy (EPT) application. EPT is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take his/her partner without the health care provider first examining the partner.
- K. Continue to work on uploading Vital Records data to the National Violent Death Reporting System (NVDRS).
- L. Continue to work on Antibigram data collection and validation.
- M. Continue to work with OEDS to develop application for Collect 2 Protect (Online Testing Kit).
- N. Update Informatics office strategic plan and write office annual report.
- O. Work with OEDS to export Health Alert Network (HAN) data to the Vista system.
- P. Assist OEDS to set up Hepatitis A dashboard.
- Q. Generate maps of all health care facilities in NV and update Vector traps maps.
- R. Discuss with Clark county coroner's office on grant activities and future workplan.
- S. Fill a new PHIS position for OD2A grant.

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

### **1. August Meetings:**

#### **A. Drug/Device/Protocol Committee (DDP)**

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The Committee discussed the need to develop a destination protocol for both sepsis and stroke patients.

**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 from each firefighting/franchised agency; 2) One operational director from 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 MAB discussed AB 317 related to the duties that will shift to the Nevada Division of Public and Behavioral Health as they take over the role of trauma center designation in Clark County.

**COMMUNITY HEALTH – OEMSTS - Fiscal Year Data**

| August EMS Statistics                 | August 2018 | August 2019 |   | FY 18-19 (August) | FY 19-20 (August) |   |
|---------------------------------------|-------------|-------------|---|-------------------|-------------------|---|
| Total certificates issued             | 117         | 25          | ↓ | 1713              | 3269              | ↑ |
| New licenses issued                   | 12          | 24          | ↑ | 444               | 912               | ↑ |
| Renewal licenses issued (recert only) | 0           | 0           | = | 1085              | 1951              | ↑ |
| Active Certifications: EMT            | 613         | 618         | ↑ |                   |                   |   |
| Active Certifications: Advanced EMT   | 1484        | 1476        | ↓ |                   |                   |   |
| Active Certifications: Paramedic      | 1726        | 1762        | ↑ |                   |                   |   |
| Active Certifications: RN             | 54          | 46          | ↓ |                   |                   |   |
| Driver Only                           | 26          | 40          | ↑ |                   |                   |   |

**IV. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)**

**1. Planning and Preparedness:**

- A. The Southern Nevada Healthcare Preparedness Coalition met for the monthly meeting. The coalition had two presentations, one by Mr. Yuri Grave, President of the Nevada Emergency Preparedness Association updating the coalition on NEPA activities and their new certification program and one by Dr. Chris Lake, Nevada Hospital Association regarding the Plain Language initiative in healthcare organization. The goal is to transition to plain language instead of the traditional color codes currently utilized. Updates by community partners, upcoming exercises, and training events were provided to the healthcare coalition.
- B. OPHP staff met with University Medical Center of Southern Nevada to assist in their annual Ebola assessment for the State of Nevada Division of Public and Behavioral Health, the FEMA Region 9 Teams, and the Assistant Secretary of Preparedness and Response. This assessment ties into the exercise completed on 4 June 2019 with the community.

- C. OPHP Staff attended the Annual Security Table Top Exercise at McCarran International Airport. The organization plus community partners discussed policies, standard operating procedures, operational coordination, and operational communication as part of the table top exercise.
- D. OPHP staff have participated in and continue to participate in the Incident Command Team for the Hepatitis A Outbreak in the homeless population.
- E. OPHP Senior Planner and Training Officer participate as instructors at the City of Las Vegas Office of Emergency Management for the community's ICS 300 Intermediate Incident Command System for Expanding Incidents.
- F. OPHP met with Lorian Home Health and VeraCare Hospice to discuss the Center for Medicare & Medicaid Services (CMS) Conditions of Participation for emergency preparedness for this type of healthcare provider type. The meeting 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.
- G. OPHP provided an Active Shooter Table Top Exercise (TTX) to Trellis Skilled Nursing Facility. This training focused on their active shooter policies and response in the event this incident type would transpire at their facility.
- H. 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.
- I. OPHP staff continue to work with the Southern Nevada Counterterrorism Center to provide public health updates and alerts of local, national, and global interest.
- J. 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.
- K. OPHP staff continue to work with SNHD Quality Improvement Coordinator to develop improvement plan action items for performance measures based on feedback provided from most recent Public Health Accreditation Board Accreditation site visit.

**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; support community partners to conduct and ensure SNHD staff have opportunities to attend training for agency required ICS courses.

- 3. Employee Health Nurse:** SNHD staff continue to receive respirator fit testing (32), annual TB testing (6), and other workforce vaccinations based on Health District response to these threats (9).

**4. Grants and Administration:**

A. OPHP is working with finance to close out end of the fiscal for multiple sub-grants from the state that ended on June 30, 2019. Currently, we are waiting to receive new Notice of Awards for FY20 PHEP, CRI, and HPP grants from the state. Personnel costs will continue to be paid but no major purchases will occur until we have fully executed awards.

B. OPHP staff is working to complete End of Year progress reports for FY19 grants.

A. **Medical Reserve Corps (MRC) of Southern Nevada:** Five MRC volunteers assisted SNHD at the Main and East immunization clinic, Main Foodhandler Safety office, and Pharmacy. Fifteen volunteers and the Coordinator helped with back-to-school immunizations. MRC volunteer hours totaled 322 with a monetary value of \$8,011.20. The MRC Coordinator planned for coming events, recruited, decommissioned, processed new volunteers, organized and trained volunteers to deploy with immunization strike team and sent the monthly newsletter and bulletins.

**IV. VITAL STATISTICS**

August 2019 showed a 1.7% decrease in birth certificate sales in comparison to August 2018. Death certificate sales showed a 13% decrease for the same time frame. SNHD received revenues of \$58,331 for birth registrations, \$21,225 for death registrations; and an additional \$4,675 in miscellaneous fees for the month of August.

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

| Vital Statistics Services | August 2018 | August 2019 |   | FY 18-19 (August) | FY 19-20 (August) |   |
|---------------------------|-------------|-------------|---|-------------------|-------------------|---|
| Births Registered         | 2,636       | 2,493       | ↓ | 4,951             | 4,886             | ↓ |
| Deaths Registered         | 1,562       | 1,528       | ↓ | 3,070             | 3,097             | ↑ |

| Vital Statistics Services                       | August 2018  | August 2019  |          | FY 18-19 (August) | FY 19-20 (August) |          |
|-------------------------------------------------|--------------|--------------|----------|-------------------|-------------------|----------|
| Birth Certificates Sold (walk-in)               | 4,448        | 4,429        | ↓        | 8,099             | 8,233             | ↑        |
| Birth Certificates Mail                         | 101          | 99           | ↓        | 236               | 209               | ↓        |
| Birth Certificates Online Orders                | 1,371        | 1,289        | ↓        | 2,706             | 2,534             | ↓        |
| Birth Certificates Billed                       | 134          | 133          | ↓        | 254               | 264               | ↑        |
| <b>Birth Certificates Number of Total Sales</b> | <b>6,054</b> | <b>5,950</b> | <b>↓</b> | <b>11,295</b>     | <b>11,240</b>     | <b>↓</b> |
| Death Certificates Sold (walk-in)               | 1,108        | 1,196        | ↑        | 2,214             | 2,473             | ↑        |
| Death Certificates Mail                         | 59           | 52           | ↓        | 118               | 111               | ↓        |
| Death Certificates Online Orders                | 6,295        | 5,155        | ↓        | 12,441            | 10,932            | ↓        |
| Death Certificates Billed                       | 10           | 43           | ↑        | 31                | 79                | ↑        |
| <b>Death Certificates Number of Total Sales</b> | <b>7,472</b> | <b>6,446</b> | <b>↓</b> | <b>14,804</b>     | <b>13,595</b>     | <b>↓</b> |

**COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data**

| <b>Vital Statistics Sales by Source</b> | <b>August 2018</b> | <b>August 2019</b> |   | <b>FY18-19 (August)</b> | <b>FY19-20 (August)</b> |   |
|-----------------------------------------|--------------------|--------------------|---|-------------------------|-------------------------|---|
| Birth Certificates Sold (walk-in)       | 73.5%              | 74.4%              | ↑ | 71.7%                   | 73.2%                   | ↑ |
| Birth Certificates Mail                 | 1.7%               | 1.7%               |   | 2.1%                    | 1.9%                    | ↓ |
| Birth Certificates Online Orders        | 22.6%              | 21.7%              | ↓ | 24%                     | 22.5%                   | ↓ |
| Birth Certificates Billed               | 2%                 | 2%                 |   | 2%                      | 2%                      |   |
| Death Certificates Sold (walk-in)       | 14.8%              | 18.6%              | ↑ | 15%                     | 18.2%                   | ↑ |
| Death Certificates Mail                 | .8%                | .8%                |   | .8%                     | .8%                     |   |
| Death Certificates Online Orders        | 84.2%              | 80%                | ↓ | 84%                     | 80.4%                   | ↓ |
| Death Certificates Billed               | .1%                | .7%                | ↑ | .4%                     | .6%                     | ↑ |

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

| <b>Revenue</b>                     | <b>August 2018</b> | <b>August 2019</b> |          | <b>FY 18-19 (August)</b> | <b>FY 19-20 (August)</b> |          |
|------------------------------------|--------------------|--------------------|----------|--------------------------|--------------------------|----------|
| Birth Certificates (\$20)          | \$121,080          | \$119,000          | ↓        | \$225,900                | \$224,800                | ↓        |
| Death Certificates (\$20)          | \$149,440          | \$154,704          | ↑        | \$296,080                | \$326,280                | ↑        |
| Births Registrations (\$13)        | \$60,385           | \$58,331           | ↓        | \$112,424                | \$110,500                | ↓        |
| Deaths Registrations (\$13)        | \$22,750           | \$21,225           | ↓        | \$44,759                 | \$43,564                 | ↓        |
| Miscellaneous                      | \$4,321            | \$4,675            | ↑        | \$8,677                  | \$8,953                  | ↑        |
| <b>Total Vital Records Revenue</b> | <b>\$357,976</b>   | <b>\$357,935</b>   | <b>↓</b> | <b>\$687,840</b>         | <b>\$714,097</b>         | <b>↑</b> |

**Note:**

Increase in death certificate revenue is due to implementation of fee increase for death certificates from \$20 to \$24 each, effective July 1, 2019 (SB 463, NRS 440.700, NRS 440.715 and BOH approved).

**COMMUNITY HEALTH Passport Program – Fiscal Year Data**

**Passport Services**

Passport Services processed 587 passport applications and provided 350 photos.

| <b>Revenue</b>                           | <b>August 2018</b> | <b>August 2019</b> |          | <b>FY 18-19 (August)</b> | <b>FY 19-20 (August)</b> |          |
|------------------------------------------|--------------------|--------------------|----------|--------------------------|--------------------------|----------|
| Passport Execution/Acceptance fee (\$35) | \$15,190           | \$20,545           | ↑        | \$15,400                 | \$43,925                 | ↑        |
| Passport Photo Fee (\$12)                | \$2,148            | \$4,200            | ↑        | \$2,220                  | \$8,292                  | ↑        |
| <b>Total Passport Program Revenue</b>    | <b>\$17,338</b>    | <b>\$24,745</b>    | <b>↑</b> | <b>\$17,620</b>          | <b>\$52,217</b>          | <b>↑</b> |

\*SNHD opened Passport Services on August 1, 2018.