

# Memorandum

**Date:** March 28, 2013  
**To:** Southern Nevada District Board of Health  
**From:** Thomas R. Coleman, MD, MS, Director of Community Health *JRC*  
John Middaugh, MD, Interim Chief Health Officer *JM*

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**Subject:** Division of Community Health Monthly Activity Report – February 2013

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

- A. OCDPHP staff work to improve the health of the community by mobilizing residents to respond to health issues; working collaboratively with community partners to educate, increase skills and motivate people to maintain healthy lifestyles; and influencing changes to policies and the physical environment to support healthy behaviors.
- B. The University Medical Center (UMC) Tobacco-Free Campus committee asked staff to provide model hospital-policy language and assist in drafting their new tobacco-free campus policy. The draft policy was forwarded to hospital administration and is set to be implemented on March 20, 2013. The policy extends the current indoor smoking ban to all outdoor areas, including within personal vehicles on UMC grounds. All forms of tobacco and e-cigarettes will be prohibited on the entire UMC campus. Over 5,000 UMC employees and thousands of patients will be protected by the new policy.
- C. The Healthy Holidays program wrapped up in January. A total of 232 people participated in the 3-month program. The annual 10-week 10 in 10 Challenge opened for registration at the end of January and will kick-off on February 4. A press release highlighting the 10 in 10 Challenge was sent out in January and garnered several earned media opportunities. Staff participated in radio interviews on the Healthier Tomorrow Program and on the KXNT morning show. Fox 5 also posted information about the program on their website.
- D. Staff has organized a program to provide nutrition education for seniors that participate in the Cambeiro Day Care Center program and give them an opportunity to grow their own produce in several garden beds at the Vegas Roots Community Garden. Staff presented the first educational class to the senior participants in January. The seniors will visit the garden for the first time in February and will begin planting their garden plots. Educational classes on nutrition-related topics relevant to the population will be presented at the Cambeiro Day Care Center on Mondays and the seniors will travel to the Vegas Roots Community Garden to work in their garden plots on Tuesdays. This program will run through the spring.

E. On January 18, the Office of Chronic Disease Prevention and Health Promotion received the 2013 Silver Ace Award from the Nevada State Health Division as the Outstanding Local Health District Health Promotion program. The award recognized the policy, systems and environmental changes achieved through the Communities Putting Prevention to Work grants.

**II. OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEM (OEMSTS)**

**A. February Meetings:**

- **Drug/Device/Protocol Committee (DDP):**

A focus group met in January to discuss necessary changes to next year's rollout of the 2014 BLS/ILS/ALS Protocol Manual. The DDP reviewed the recommended changes and will continue to meet on an ongoing basis to complete this process.

- **Trauma Rehabilitation Committee (TRC):**

The Trauma Rehabilitation Committee met to continue exploring methods to collect a select number of data points requested by the trauma centers. The data will help provide a more comprehensive picture of the functional outcomes of patients treated within the trauma system.

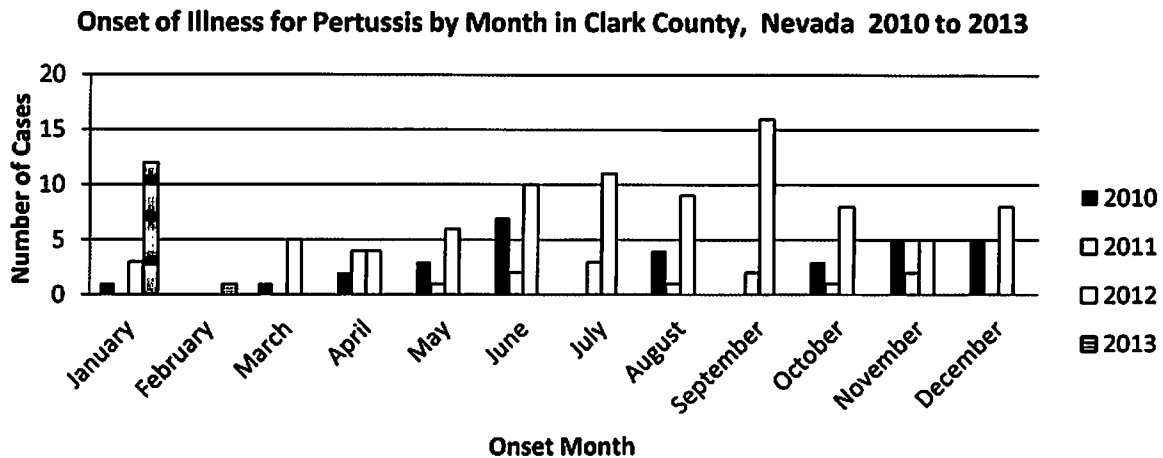
**B. February EMS Statistics:**

<u>ACTIVITY</u>	<u>FEBRUARY 2013</u>	<u>FEBRUARY 2012</u>	<u>YTD 2013</u>
Total certificates issued	30	30	44
New licenses issued	16	19	18
Renewal licenses issued (recert only)	0	0	0
Active Certifications: EMT-Basic	518	545	518
Active Certifications: EMT-Intermediate	1346	1340	1346
Active Certifications: EMT-Paramedic	1121	1120	1121
Active Certifications: RN	39	40	39

**III. OFFICE OF EPIDEMIOLOGY (OOE) PROGRAM REPORTS**

A. **Pertussis in Clark County – Update:** Clark County continues to experience elevated numbers of pertussis cases. In February, we investigated ten cases of pertussis, one with symptom onset in December 2012, eight with symptom onsets in January, and one with symptom onset in February. Figure 1 illustrates the four-fold increase in illness reported in January 2013 as compared to January 2012. Due to the extended incubation period and length of cough illness, pertussis case investigations generally identify illness onset that occurred the previous month, creating a lag in monthly illness onset reporting. The OOE began conducting active laboratory surveillance for pertussis testing on July 30, 2012. Through February 2013, we have investigated 193 reports of pertussis testing because of active surveillance. Active surveillance allowed us to begin investigations earlier than we would have with routine surveillance, resulting in identification of 57 cases, some of which would not have been detected otherwise. Active surveillance for pertussis cases continues.

**Figure 1: Onset of illness for pertussis cases reported in Clark County from 2010 to 2013.**



- B. Norovirus GII outbreak Associated with a Law Office Pizza Party:** On February 25, the Office of EPI was notified that five of eight persons were ill with symptoms of diarrhea and vomiting after attending a party at which food from a local pizza eatery was served. Further investigation revealed that both restaurant and homemade food was served at the gathering. In addition, leftover foods from the gathering were plated and shared with one additional person who did not attend the gathering and subsequently became ill. Three clinical specimens tested by SNPHL were positive for norovirus GII and negative for bacterial agents. Although an Environmental Health survey of the restaurant identified several food handling deficiencies, we were unable to implicate the restaurant due to many factors in this investigation, including a significant amount of bare-hand contact with food among the party attendees.
- C. Hospital Early Warning Surveillance System (HEWSS):** The purpose of the HEWSS is to identify and evaluate respiratory viral pathogens responsible for severe illness, including uncommon or new strains of influenza. In December 2012 and February 2013, 41 specimens were collected from two local hospital adult intensive care units (ICU). Test results included 30 (73%) negative, 6 (15%) positive for influenza, and 5 (12%) positive for respiratory syncytial virus (RSV). These results indicate that influenza and RSV contributed to illness in adult ICU patients in this three-month period in Southern Nevada.
- D. Pediatric Early Warning Surveillance System (PEWSS):** Surveillance sentinel sites submitted a moderate number (70) of respiratory test specimens to the SNPHL in February. Results indicated that Influenza A and B, and RSV were circulating at high levels in Southern Nevada. Adenovirus was circulating at low level. Human Metapneumovirus and Parainfluenza 3 were sporadically identified. We prepared and disseminated four weekly PEWSS reports in February, and they were distributed to the medical community, public health partners, and the general public via email, fax, and online posting at <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>
- E. Communicable Disease Statistics:** Disease statistics for February 2013 are attached.

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

##### **A. Planning and Preparedness**

- **OPHP Planning:**

OPHP staff participated in the joint City of North Las Vegas, Las Vegas Metropolitan Police Department (LVMPD) and the Las Vegas Motor Speedway (LVMS) 2013 Zombies Go Rogue Full-Scale Exercise on Feb 6, 2013. OPHP Planner gave a Preparedness Planning and disaster preparedness kit-building presentation on February 8, 2013 at the Alice & Harry Goldberg Senior Center. OPHP staff participated in planning a full-scale exercise scheduled for June 17-19, 2013 in southern Nevada. The OPHP Senior Planner attended the Continuity of Operations Planning (COOP) Workshop. OPHP planners continue to participate in monthly meetings of the Southern Nevada Healthcare Preparedness Association, individual hospital emergency management committees, and the Southern Nevada Adult Mental Health Services coalition.

##### **B. PHP Training And PH Workforce Development**

- **OPHP Education and Training:**

Training officers continue to chair the Functional Needs Advisory Group, provide new employee orientation, and develop new online trainings. OPHP staff continues to distribute public health preparedness information to the population through community health fairs and the SNHD website.

- **OPHP Nurse Activities:**

Eleven employees received bloodborne pathogens training as well as respirator fit testing for forty employees and MRC volunteers. Immunizations were administered to three employees.

##### **C. Grants and Administration**

- **OPHP Grants and Administration Overview:**

OPHP continues to spend down the current grants with scheduled activities. OPHP has received two no-cost extensions for the Assistant Secretary of Preparedness and Response (ASPR) and Cities Readiness Initiative (CRI) grants in total of \$340,000 and is currently completing the activities that could not be completed last year. SNHD has not been informed of any budget assessments from the Centers for Disease Control and Prevention (CDC) for the next fiscal Year.

Currently, OPHP is planning on level funding for budget purposes for the FY14 budget year until told otherwise.

##### **D. Medical Reserve Corps (MRC) of Southern Nevada**

- **Planning & Preparedness:**

In February, ten MRC of Southern Nevada volunteers volunteered fifty hours at four events including organizing a food pantry and clothes closet at Veteran's Village.

#### **V. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)**

- A. 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.

<b>Monthly Clinical Testing Activity includes</b> <i>N. gonorrhoeae</i> culture, GISP isolates, Syphilis, HIV, Gram stain testing	<b>Jan 2013</b>	<b>Jan 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
<b>TOTAL CLINICAL TESTING ACTIVITY</b>	<b>3346</b>	<b>3123</b>	<b>3346</b>	<b>3123</b>

- B. Courier service:** Clinical samples for laboratory testing are transported by SNPHL courier from SNHD Health Centers or Southern Nevada hospital or commercial laboratories.

<b>Monthly Courier Activity</b> # clinical tests transported from facilities by SNPHL courier	<b>Jan 2013</b>	<b>Jan 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
<b>TOTAL TESTS TRANSPORTED</b>	<b>3354</b>	<b>3081</b>	<b>3354</b>	<b>3081</b>

**C. Epidemiological Testing and Consultation:**

- SNPHL continues to support the disease investigation activities of the SNHD OOE and Nursing Division.
- SNPHL continues to participate in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce (FIT).
- SNPHL continues to report results of PEWSS and HEWSS testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS).

<b>Monthly Epidemiology Activity includes</b> Stool culture, ELISA, Norovirus PCR, Respiratory virus PCR, Epidemiological investigations or consultations	<b>Jan 2013</b>	<b>Jan 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
<b>TOTAL EPIDEMIOLOGY ACTIVITY</b>	<b>2191</b>	<b>1281</b>	<b>2191</b>	<b>1281</b>

Note: Increase in Epidemiology activity in January 2013 due to additional respiratory molecular testing performed for outbreak investigation.

**D. State Branch Public Health laboratory testing:**

- 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.
- SNPHL continues to perform CDC Laboratory Response Network (LRN) testing for biological agents on clinical and unknown environmental samples.
- SNPHL continues to perform Pulsed Field Gel Electrophoresis (PFGE) testing of *Salmonella*, *Shigella*, 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 OOE.

<b>Monthly State Branch Public Health Laboratory Activity includes</b> 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	<b>Jan 2013</b>	<b>Jan 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
<b>TOTAL STATE BRANCH LABORATORY ACTIVITY</b>	<b>644</b>	<b>721</b>	<b>644</b>	<b>721</b>

**E. All Hazards Preparedness:**

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

<b>Monthly All hazards Preparedness Activity includes</b> Preparedness training, BSL-3 maintenance and repair, teleconferences, inspections	<b>Jan 2013</b>	<b>Jan 2012</b>	<b>YTD 2013</b>	<b>YTD 2012</b>
<b>TOTAL PREPAREDNESS ACTIVITIES</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>7</b>

**F. January SNPHL Activity Highlights:**

- In collaboration with SNHD OOE, SNPHL staff participated in multiple pertussis investigations in January 2013. The investigations included collection of respiratory samples and molecular analysis utilizing new testing methodology which was verified at SNPHL in November 2012. The new test method adds nine additional respiratory pathogens to the SNPHL molecular test menu.
- SNPHL, SNHD Information Technology staff, and an outside vendor continue to implement the upgrade of the SNPHL Laboratory Information Management System (LIMS). January activities included Instrument interface installation and training; HL7 installation and training; and configuration training.
- SNPHL laboratory manager participated in the SNHD "Pertussis Amongst Us" tabletop exercise on January 22, 2013.
- SNPHL microbiology supervisor attended Incident Command System (ICS) 300 training on January 14-15, 2013.

TRC/dm

Attachment A: February 2013 Disease Statistics



Clark County Disease Statistics\*, FEBRUARY 2013

Disease	2011		2012		2013		Rate(Cases per 100,000 per month)		Monthly Rate Comparison Significant change bet. current & past 5-year?~
	Feb No.	YTD No.	Feb No.	YTD No.	Feb No.	YTD No.	Feb (2008-2012 aggregated)	Feb (2013)	
<b>VACCINE PREVENTABLE</b>									
DIPHTHERIA	0	0	0	0	0	0	0.00	0.00	
HAEMOPHILUS INFLUENZA (INVASIVE)	.	.	.	.	.	.	0.06	0.05	↓
HEPATITIS A	0	0	.	.	.	.	0.03	0.05	↑
HEPATITIS B (ACUTE)	0	.	.	9	0	.	0.11	0.00	↓X
INFLUENZA**	184	295	39	53	116	383	4.74	5.79	↑
MEASLES	.	.	0	0	0	0	0.02	0.00	↓
MUMPS	0	0	0	0	0	.	0.07	0.00	↓X
PERTUSSIS	0	.	0	7	8	18	0.03	0.40	↑X
POLIOMYELITIS	0	0	0	0	0	0	0.00	0.00	
RUBELLA	0	0	0	0	0	0	0.00	0.00	
TETANUS	0	0	0	0	0	0	0.00	0.00	
<b>SEXUALLY TRANSMITTED</b>									
AIDS	15	30	17	41	19	35	0.90	0.95	↑
CHLAMYDIA	729	1382	752	1427	779	1496	35.76	38.88	↑
GONORRHEA	182	324	134	266	182	369	8.52	9.08	↑
HIV	20	39	22	43	14	35	1.05	0.70	↓
SYPHILIS (EARLY LATENT)	25	35	17	37	20	44	0.73	1.00	↑
SYPHILIS (PRIMARY & SECONDARY)	12	22	.	12	11	19	0.40	0.55	↑
<b>ENTERICS</b>									
AMEBIASIS	.	.	0	.	.	.	0.03	0.05	↑
BOTULISM-INTESTINAL (INFANT)	0	0	0	0	0	0	0.00	0.00	
CAMPYLOBACTERIOSIS	6	15	6	18	.	8	0.31	0.10	↓
CHOLERA	0	0	0	0	0	0	0.00	0.00	
CRYPTOSPORIDIOSIS	0	0	0	0	0	0	0.00	0.00	
GIARDIA	9	15	5	8	.	8	0.20	0.15	↓
ROTAVIRUS	0	.	0	0	12	22	0.23	0.60	↑
SALMONELLOSIS	7	14	5	11	.	13	0.43	0.20	↓
SHIGA-TOXIN PRODUCING E. COLI#	.	7	.	8	.	5	0.08	0.05	↓
SHIGELLOSIS	0	6	0	0	.	7	0.22	0.15	↓
TYPHOID FEVER	0	0	0	0	0	0	0.00	0.00	
VIBRIO (NON-CHOLERA)	0	0	0	0	0	0	0.00	0.00	
YERSINIOSIS	0	0	0	0	0	0	0.01	0.00	↓
<b>OTHER</b>									
ANTHRAX	0	0	0	0	0	0	0.00	0.00	
BOTULISM INTOXICATION	0	0	0	0	0	0	0.00	0.00	
BRUCELLOSIS	0	0	0	0	0	0	0.00	0.00	
COCCIDIOIDOMYCOSIS	9	13	11	18	.	7	0.35	0.15	↓
DENGUE FEVER	0	0	0	0	0	0	0.00	0.00	
ENCEPHALITIS	0	0	0	0	0	.	0.02	0.00	↓
HANTAVIRUS	0	0	0	0	0	0	0.00	0.00	
HEMOLYTIC UREMIC SYNDROME (HUS)	0	0	0	0	0	0	0.00	0.00	
HEPATITIS C (ACUTE)	.	.	.	.	0	0	0.04	0.00	↓
HEPATITIS D	0	0	0	0	0	0	0.00	0.00	
INVASIVE GROUP A STREP.##	0	0	0	0	0	0	0.06	0.00	↓X
LEGIONELLOSIS	0	.	.	.	0	.	0.05	0.00	↓X
LEPROSY (HANSEN'S DISEASE)	0	0	0	0	0	0	0.00	0.00	
LEPTOSPIROSIS	0	0	0	0	0	0	0.00	0.00	
LISTERIOSIS	0	0	.	.	0	0	0.01	0.00	↓
LYME DISEASE	0	0	0	.	0	0	0.01	0.00	↓
MALARIA	0	.	.	.	.	.	0.02	0.05	↑
MENINGITIS, ASEPTIC/VIRAL	.	6	.	.	.	.	0.15	0.10	↓
MENINGITIS, BACTERIAL	0	0	.	.	.	.	0.06	0.05	↓
MENINGOCOCCAL DISEASE	0	0	.	.	0	0	0.02	0.00	↓
PLAGUE	0	0	0	0	0	0	0.00	0.00	
PSITTACOSIS	0	0	0	0	0	0	0.00	0.00	
Q FEVER	0	0	0	0	0	0	0.00	0.00	
RABIES (HUMAN)	0	0	0	0	0	0	0.00	0.00	
RELAPSING FEVER	0	0	0	0	0	0	0.00	0.00	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	0	0	0	0.00	0.00	
RSV (RESPIRATORY SYNCYTIAL VIRUS)	398	793	301	519	313	779	19.40	15.62	↓X
STREPTOCOCCUS PNEUMONIAE, IPD###	8	16	5	14	6	17	0.24	0.30	↑
TOXIC SHOCK SYN	0	.	0	0	0	0	0.00	0.00	
TOXIC SHOCK SYN (STREPTOCOCCAL)	0	0	0	.	0	.	0.02	0.00	↓
TUBERCULOSIS	7	12	8	15	.	9	0.37	0.20	↓
TULAREMIA	0	0	0	0	0	0	0.00	0.00	
UNUSUAL ILLNESS	0	.	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (ENCEPHALITIS)	0	0	0	0	0	0	0.00	0.00	
WEST NILE VIRUS (FEVER)	0	0	0	0	0	0	0.00	0.00	

\*Use of report date to count OOE-reported cases (since Jan-2013) causes changes in cases reported here from previously released reports. Numbers are provisional including confirmed, probable and suspect (since Feb-08) cases. HIV/AIDS case counts provided by Office of HIV/AIDS/STD; TB case counts provided by TB clinic. Data suppression denoted by '.' applies if number of cases <5. Monthly disease total reported by OOE=478 (reported total=1507). Due to unavailability of current birth data, congenital syphilis rates were not calculated (reported monthly cases [suppression applied] for 2011-2013 were respectively .,0,0; YTD totals .,0,0).

\*\*Reporting of novel type A influenza (reclassified as INFLU OUTBRK per CDC recommendations as of Jan-11) started in May-09.

#E. COLI O157:H7 instead of STEC was reported prior to 2006.

##Reported since Mar-07.

###S. pneumo invasive diseases (reported since Sep-05) previously reported under separate categories grouped together as of Jan-11 per CDC recommendations.

--Confidence intervals (not shown) for the monthly disease incidence rates provided a basis for an informal statistical test to determine if the current monthly rates changed significantly from those of the previous 5 years aggregated. Text in green where rates decreased and in red where rates increased. Statistically significant changes indicated by 'X' (rate comparisons made if 5+ cases reported in the current month of this year or previous 5 years aggregated).