



Memorandum

Date: July 8, 2021

To: Southern Nevada District Board of Health

From: **Michael Johnson, PhD**, *Director of Community Health* *MD*
Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Community Health Division Monthly Activity Report – June 2021

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

A. Chronic Disease Prevention Program (CDPP)

The Move Your Way/Muévete A Tu Manera campaign to reach the Latinx community continued with 4 events in May.

- Girls on the Run 5K event (300 people): Move Your Way fact sheets distributed in English and Spanish.
- Commissioner Kirkpatrick's Cinco de Mayo Celebration (1,000 people): Physical activity demonstrations, Move Your Way table, promotional and educational materials distribution.
- Camine Con Un Doctor (48 people): Virtual 'Walk with a Doc'; presentation on physical activity guidelines for youth and Move Your Way resources in Spanish.
- Ventanas de Salud Physical Activity Event (273 people): Virtual physical activity class in Spanish.

Staff also distributed Move Your Way fact sheets and materials to community partners to share with clients/networks. Additional campaign events are planned for this summer. CDPP is partnering with the US Health & Human Services Department on the initiative to promote physical activity and Move Your Way resources.

The CDPP is sponsoring the Healthy Hearts Ambassador (HHA) program – a self-monitoring blood pressure program at the YMCA. We have been promoting the program at our BSHOP and BeSHOP locations and with SNHD clients with hypertension referred to our office from an SNHD clinic. The program began in April and in May reached full capacity of 25 participants. Participants receive a home BP monitor (if needed) and a 4-month membership to the YMCA to support physical activity.

CDPP continues to work with faith-based food pantries to adopt the Supporting Wellness at Pantries (SWAP) program. The SWAP program has been implemented in the ICLV and TCMI church food pantries as well as Al-Maun Neighborly Needs at the Masjid As-Sabur mosque. In May, Al-Maun Neighborly Needs adopted a nutrition standards policy for their food pantry that prioritizes SWAP and increases access to healthier foods.

CDPP and EH worked together to develop a plan to provide a \$50 discount on the annual permit fee for farmers markets that accept SNAP and to waive plan review fees for new farmers markets that open in a REACH priority zip code. The new discount form has been developed and the team is working on a promotional flyer to share the news with farmers markets and Southern Nevada Food Council members. The new discount program will go into effect in July.

The Breastfeeding Subject Matter Expert from NACCHO working on the REACH project invited SNHD to be included in an abstract for the annual NACCHO conference to share successes from our breastfeeding efforts in Southern Nevada. The abstract was accepted for a presentation that will be videotaped in June and shown during the annual NACCHO conference in July.

CDPP launched the Soda Free Summer/Verano Sin Soda campaign in May. CDPP staff are working with promotoras to promote the campaign in the Spanish-speaking community. During May, campaign materials were distributed at 2 health fairs where over 100 community members signed a pledge to reduce or eliminate sugar sweetened beverages over the summer. In addition, the team participated in 3 earned media opportunities to promote the campaign; 2 radio interviews on Radio Fiesta and one interview in El Mundo newspaper. The campaign will run into August.

In May, CDPP staff facilitated two (2) in-person Diabetes Self-Management & Education classes during May. One class was offered in Spanish and the other in English. CDPP submitted a proposal to Dignity Health for the B.U.D.D.Y program and was selected to receive resources. The program will provide up to \$5,000 worth of incentives (i.e. gift cards, test strips, monitors, transportation support) to DSME class clients who complete the classes and provide follow up at specific intervals. The incentives should arrive in June.

B. Tobacco Control Program (TCP)

A youth electronic vapor product prevention program was developed and went live on May 25. The goal of the virtual training is to increase awareness and prevent initiation of electronic vapor products and other emerging products. The virtual training will be available until September 2021.

This month, staff had a meeting with the UNLV School of Public Health Dean and various other stakeholders to discuss collaboration and action items in support of establishing a permanent tobacco-free campus policy. The UNLV University Policy Committee (UPC) has agreed to hear the policy on June 4th. If the UPC passes the policy, it will then be open to public comment for 30 days. A follow-up meeting with UNLV and community stakeholders will be held in June to reconvene and discuss updates on action items.

Staff is creating a plan of action on strategically distributing the smoke-free multi-unit housing toolkit to specific properties. Properties that are already smoke-free, but require additional resources (i.e. policy enforcement, expansion, and cessation assistance) will be directly contacted. This month three properties implemented or expanded their smoke-free policies. The online housing directory totals 63,488

smoke-free units. Staff continues to encourage and support the implementation of tobacco-free policies in multi-unit housing by direct calls, in-person visits, and media campaigns. Signage and cessation materials are provided free of charge as an incentive for policy adoption. A media campaign began running in May and will run through early July. The English campaign is titled, "Live Healthy Breathe Easy" and the Spanish campaign titled, "Viva Saludable Respire Mas Facil." The media campaign, directed at those currently renting apartments or potentially renting, is comprised of radio, social media, online banners (specifically on rent.com and apartmentguide.com) and bus shelters.

Cessation resource brochures for distribution by a variety of healthcare providers were developed. Each brochure was customized, printed, and delivered to staff for distribution and included pertinent information to resonate with patient populations including pediatricians, OB/GYN's, school nurses, social workers, and dentists.

No Menthol Sunday is a national movement from the Center for Black Health & Equity with a goal to increase awareness of the dangers of menthol products and to promote quitting among the African American community. Data shows that menthol use among African Americans is at 77% compared to other groups such as, white at 25%, and Hispanic at 35% (CDC). SNHD's Tobacco Control Program expanded this effort from just one Sunday in May, to every Sunday in May for a total of 5 Sundays. Our SNHD No Menthol May project identified and partnered with 4 African American faith-based churches - Bethesda Ministry, Nehemiah Ministry, F.A.M.E., and the True Love Missionary Baptist Church. Starting in late April, SNHD staff alongside community volunteers worked with church leaders to set up tabling events to educate and encourage parishioners to not use menthol products. Parishioners were asked to sign pledge cards that stated that they would be menthol-free. Each Sunday in May, Church leaders/pastors would incorporate Menthol and other tobacco facts into their sermons and/or church announcements. In addition, each congregation would post corresponding social media posting on their church's social media pages to reinforce the message. Furthermore, SNHD staff alongside community volunteers and church members would provide educational materials that promoted quitting to service attendees as they would enter or exit the buildings. Finally, all 4 churches that participated created a tobacco-free campus policy or a minimum distance policy which will eliminated or minimize secondhand smoke exposure on the church grounds.

Staff participated in a sponsorship for the Jazz in the Park series. This event cultivated a substantial African American presence and culturally relevant material was distributed to attendees that increases awareness about tobacco prevention, cessation and policies. This project consists of 5 community events.

Staff coordinated or participated in several community events in May including Marilyn Kirkpatrick's Cinco de Mayo event held at Bob Price Park on May 1st. Staff distributed culturally tailored cessation information to promote the 1-855-DEJELO-YA. The event was family friendly and had approximately 8,000 attendees. On May 8th staff participated in a Cinco de Mayo event at the Rafael Rivera Park. Staff promoted cessation resources that were culturally tailored for the Hispanic community. This outdoor event was also smoke and vape-free. Smoke and vape-free signage and banners were posted throughout event area.

C. Other Efforts

OCDPHP has received additional funding from the CDC to support COVID-19 and flu vaccine education and delivery among our REACH grant priority populations (African Americans and Hispanics). OCDPHP staff are working with community

partners to train influential messengers in the community, promote vaccine update and increase accessibility to vaccines among these populations. In May, a total of 10 influential messengers participated in the DHHS Junto Si Podemos Community Health Worker training in Spanish. In addition, the team participated in a Spanish-language radio interview to talk about the importance of COVID-19 vaccination and at least one pop up COVID-19 vaccine clinic was offered at the Marketon Hispanic grocery store in May.

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

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 DDP continues its work on proposed revisions to the Emergency Medical Care Protocols.

B. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The Board heard reports from the various sub-committees and will meet again next month for further discussion on proposed protocol revisions.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

June EMS Statistics	June 2020	June 2021	
Total Certificates Issued	73	64	↓
New Licenses Issued	61	14	↓
Renewal Licenses Issued (recert only)	0	7	↑
Driver Only	24	15	↓
Active Certifications: EMT	769	752	↓
Active Certifications: Advanced EMT	1632	1575	↓
Active Certifications: Paramedic	1820	1760	↓
Active Certifications: RN	57	63	↑

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. Manager, senior planners, trainers, MRC volunteer coordinator, analyst and administrative staff may be serving in their SNHD and/or ICS positions in support of both SNHD and/or the MACC/MSST for the Southern Nevada community and hospital needs.
2. Following SNHD leadership direction, all non-essential meetings have resumed as a combination of in-person and virtual for staff to attend all essential COVID-19, SNHD, community partner, and hospital meetings.

B. PHP Training and PH Workforce Development

1. Following SNHD leadership direction, training will gradually resume although some training opportunities may be limited due to staff continuing to support COVID-19 response.
2. Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing; 13 fit tests completed.

C. Hospital Preparedness Program (HPP)

1. 1 JUN – OPHP participated in the weekly micro-planning session with the State of Nevada regarding COVID-19 Vaccinations. Topics discussed included: Local Health Authority ordering and cap, private provider cap, and weekly metrics. Also, HPP liaison attended the SNHD Tactics Meeting discussing support to the Incident Action Plan briefed at the Operations Briefing.
2. 03 JUN – OPHP hosted the June 2021 Southern Nevada Healthcare Preparedness Coalition (SNHPC) meeting. The topics included Leadership Comments, the current All-Hospital Radio Test results which saw 12 of the valley hospitals at 100% compliance, the final planning meeting date for the Recovery Table-top Exercise on 21 June 2021, and upcoming community COVID-19 Vaccination Points of Dispensing. HPP liaison also attended the SNHD Planning Meeting discussing support to the Incident Action Plan for the next operational period. HPP Liaison also provided training to the community in the form of an Earthquake Table-Top Exercise.
3. 04 JUN – OPHP hosted the Final Planning Meeting (FPM) for the Recovery Table Top Exercise hosted in June 2021. Members of the healthcare and jurisdictional partner communities were participants in the meeting finalizing the scope and depth of the exercise.
4. 07 JUN – OPHP HPP coordinated with acute care hospitals for pick-up of personal protective equipment (N95) and DECON equipment (TYCHEM suits) to provide the healthcare workers/frontline healthcare protection during any all-hazards event. HPP Liaison also attended the SNHD Operations Briefing to provide an overview of the Incident Action Plan to the Incident Command System at SNHD.
5. 08 JUN – OPHP participated in the weekly micro-planning session with the State of Nevada regarding COVID-19 Vaccinations. Topics discussed included: Local Health Authority ordering and cap, private provider cap, and weekly metrics. Also, HPP liaison attended the SNHD Tactics Meeting discussing support to the Incident Action Plan briefed at the Operations Briefing.

6. 09 JUN – OPHP HPP Liaison participated in the Division of Public & Behavioral Health's summer Public Health Program quarterly meeting. During this meeting, issues with the Public Health Preparedness Program, Hospital/Healthcare Preparedness Program, Finance, Access Functional Needs, and setting the date for the COVID-19 HOTWASH/After Action Report and Fall PHP quarterly meeting were all discussed. This included discussion on PanFlu plan and a Hospital/Healthcare Preparedness Program Presentation to hospital Chief Executive Officers in conjunction with the Nevada Hospital Association.
7. 10 JUN – OPHP HPP Liaison participated in the McCarran Virtual Table-Top Exercise – Breach in the Fence – utilizing the scenario of a small, propellor driven aircraft having issues with take off and breaching the fence surrounding the McCarran Property. It included a HAZMAT scenario, Rescue scenario, and total response to the incidents. Also, the OPHP HPP Liaison participated in the Planning Meeting for the established Incident Command System at the Southern Nevada Health District. This included the Planning Section Chief, other Command and General Staff member involved in the process. Following this meeting, the HPP Liaison attended a webinar on Tales from the frontlines: An alarming rise in hospitalizations related to opioid use disorder in the era of COVID-19 presented by the Journal of Emergency Management. Finally, the HPP Liaison attended the University Medical Center of Southern Nevada Emergency Management Committee meeting providing updates to ongoing operations, exercises, and preparatory activities. As the Chair, Southern Nevada Healthcare Preparedness Coalition, the HPP Liaison provide a ten (10) minute presentation on plans that are executed by the health district and coalition to the members of the EM Committee at UMC.
8. 14 JUN – HPP Liaison attended the SNHD Operations Briefing to provide an overview of the Incident Action Plan to the Incident Command System at SNHD.
9. 15 JUN - OPHP participated in the weekly micro-planning session with the State of Nevada regarding COVID-19 Vaccinations. Topics discussed included: Local Health Authority ordering and cap, private provider cap, and weekly metrics. Also, HPP liaison attended the SNHD Tactics Meeting discussing support to the Incident Action Plan briefed at the Operations Briefing.
10. 17 JUN – HPP Liaison, serving as Planning Section Chief, led the SNHD Planning meeting.
11. 21 JUN – HPP Liaison led the SNHPC Recovery Table-Top Exercise, The "NEW" Normal for the coalition member. HPP Liaison also participated the OPHP Staff meeting and provided updates to team members. Finally, attended the all-hands meeting.
12. 22 JUN – HPP Liaison participated in the SNHD ICS Tactics meeting.
13. 24 JUN – HPP Liaison participated in the San Martin Hospital's Emergency Management Committee meeting providing updates on the July Southern Nevada Healthcare Preparedness Coalition, future training, the City of Las Vegas Improvised Explosive Device Response workshop, and the Pediatric Disaster and Emergency Preparedness Course in April 2022. Following this meeting, the HPP Liaison led the Planning meeting for the

Incident Commander and Deputy Incident Command preparing the ICS team at SNHD for next week’s Incident Action Plan.

14. 25 JUN – HPP Liaison provided technical assistance and subject matter expertise to San Martin Hospital’s Emergency Management leadership and Joint Commission lead on COVID-19 and Funding issues effecting the community. This included discussion on REMA reimbursement process, Hospital Incident Command System documentation, and community Hazard Vulnerability Analysis preparation.
15. 28 JUN – HPP Liaison led the Operations Period Brief for the SNHD ICS command structure. This briefing was for the upcoming Ops period 68 for SNHD. Also, the HPP Liaison participated with the ASPR Project Officer, State PHP team, and other health districts/coalition leaders to discuss the Healthcare Coalition Surge Test seeking for ways to improve the surge test throughout the region.
16. 29 JUN – HPP Liaison participated in the SNHD ICS Tactics meeting.

D. Grants and Administration

1. OPHP staff are supporting SNHD Vaccination and Testing ICS branches of response. The MACC/MSST demobilized following demobilization of large venue PODS at Las Vegas Convention Center and Texas Station Drive through. Staff continue to support COVID-19 response and logistical needs.
2. Manager and Supervisor are actively involved in close out of federal grants and renewal of grants in new fiscal year that started July 1, 2021. OPHP staff is in process of renewing contracts and completing end of year reporting.

E. Medical Reserve Corps (MRC) of Southern Nevada

MRC coordinator works in conjunction with SNHD and community partners for volunteers needed for the COVID-19 response.

MRC Activities for May 2021:

In May, Medical and non-medical volunteers were deployed to support COVID-19 vaccination site at SNHD South Clinic (formerly the site of the non-congregate shelter) as medics and support personnel. One volunteer helped at SNHD Foodhandler program. Total “accepted” volunteers stand at about 598. MRC Coordinator recruited, vetted, assigned, and deployed volunteers to all sites. MRC Coordinator continues to recruit volunteers and participates in planning and operations meetings as available. MRC also attended monthly NACCHO MRC Workgroup and PPAG meetings. The table below summarizes volunteer hours served in May.

MRC Volunteer Hours FY2021 COVID-19 Response and Non-emergency

Activity	April	May	June
COVID-19 VAX POD	1435.75	135	
SNPHL	0	0	
Foodhandler Support	4	16	
Total Hours	1439.75	151	
Economic Impact	\$59,416.41	\$5,326.30	

IV. VITAL RECORDS

A. Vital Statistics

June 2021 showed a 49% increase in birth certificate sales in comparison to June 2020. Death certificate sales showed a 6% increase for the same time frame. SNHD received revenues of \$44,291 for birth registrations, \$23,140 for death registrations; and an additional \$10,023 in miscellaneous fees for the month of June

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	June 2020	June 2021		FY 19-20 (June)	FY 20-21 (June)	
Births Registered	2,047	2,122	↑	25,610	24,502	↓
Deaths Registered	1,654	1,654		18,882	23,666	↑
Fetal Deaths Registered (New to Report)	28	16	↓	250	255	↓

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	June 2020	June 2021		FY 19-20 (June)	FY 20-21 (June)	
Birth Certificates Sold (walk-in)	5	22	↑	27,626	86	↓
Birth Certificates Mail	115	114	↓	1,011	1,236	↑
Birth Certificates Online Orders	2,917	4,451	↑	17,390	43,512	↑
Birth Certificates Billed	94	105	↑	1,302	1,180	↓
Birth Certificates Number of Total Sales	3,131	4,692	↑	47,329	46,014	↓
Death Certificates Sold (walk-in)	1	32	↑	10,665	111	↓
Death Certificates Mail	132	166	↑	812	1,318	↑
Death Certificates Online Orders	7,345	7,758	↑	73,934	107,830	↑
Death Certificates Billed	76	44	↓	522	579	↑
Death Certificates Number of Total Sales	7,554	8,000	↑	85,933	109,838	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	June 2020	June 2021		FY 19-20 (June)	FY 20-21 (June)	
Birth Certificates Sold Valley View (walk-in)	.2%	.5%	↑	58.4%	.2%	↓
Birth Certificates Mail	3.7%	2.4%	↓	2.1%	2.7%	↑
Birth Certificates Online Orders	93.2%	94.9%	↑	36.7%	94.6%	↑
Birth Certificates Billed	3%	2.2%	↓	2.8%	2.6%	↓
Death Certificates Sold Valley View (walk-in)		.4%	↑	12.4%	.1%	↓
Death Certificates Mail	1.7%	2.1%	↑	.9%	1.2%	↑
Death Certificates Online Orders	97.2%	97%	↓	86%	98.2%	↑
Death Certificates Billed	1%	.6%	↓	.6%	.5%	↓

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	June 2020	June 2021		FY 19-20 (June)	FY 20-21 (June)	
Birth Certificates (\$25)	\$78,275	\$117,300	↑	\$1,060,040	\$1,150,350	↑
Death Certificates (\$25)	\$188,850	\$200,000	↑	\$2,111,425	\$2,745,950	↑
Births Registrations (\$13)	\$29,913	\$44,291	↑	\$467,285	\$457,054	↓
Deaths Registrations (\$13)	\$22,399	\$23,140	↑	\$264,494	\$319,100	↑
Convenience Fee (\$2) <small>New to Report</small>	\$6,054	\$9,048	↑	\$39,432	\$91,836	↑
Miscellaneous Admin	\$732	\$975	↑	\$22,098	\$8,946	↓
Total Vital Records Revenue	\$325,491	\$394,754	↑	\$3,964,774	\$4,773,236	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. Passport Services

Due to pandemic Passport Services moved to appointment only and passport photos has been temporarily suspended. Safety features for a full reopen are still in progress.

Revenue	June 2020	June 2021		FY 19-20 (June)	FY 20-21 (June)	
Passport Execution/Acceptance fee (\$35)	\$665	\$27,090	↑	\$166,740	\$151,130	↓
Passport Photo Fee (\$12)	\$0	\$0		\$32,028	\$0	
Total Passport Program Revenue	\$665	\$27,090	↑	\$198,768	\$151,130	↓

V. HEALTH CARDS

A. Food Handling

1. Appointments currently booked through July 31, 2021. Appointments added for August 2021.
2. FormsAdmin system has been up and running over the past few weeks without disruption.
3. Resumed audio test project
 - English version ready to roll out with next set of system enhancements.
 - Will record Spanish version with updated script.
4. Proposed “community engagement” project (Dr. Leguen’s request) – Do off-site food safety training.
 - Laughlin will be pilot site.
 - I.T. wants to expand project to include on-site photos and card issuance.
5. Lake Cumberland District Health Department (Kentucky)
 - Demonstration of on-line course and testing that includes facial recognition.
 - Developing specs and needs based on estimated volume and features needed.

- Business proposal to be created once all details have been worked out.
- Plan is to offer on-line course and testing to renewing clients. First time applicants will still need to visit one of our locations to have their ID checked and proctor their first exam.

<u>SERVICES</u>	Jun 1 - 30	May 1 - 31	Apr 1 - 30
Food Handler Cards - New	1,071	879	768
Food Handler Cards - Renewals	4,512	3,897	2,413
Duplicates	271	264	160
CFSM (Manager) Cards	161	180	102
Re-Tests	407	273	103
Body Art Cards	151	174	133
TOTALS	6,573	5,667	3,679

<u>REVENUE - Point of Sale</u>	Jun 1 - 30	May 1 - 31	Apr 1 - 30
Food Handler Cards - New	\$21,420.00	\$17,580.00	\$15,340.00
Food Handler Cards - Renewals	\$90,240.00	\$77,940.00	\$48,260.00
Duplicates	\$5,420.00	\$5,280.00	\$3,200.00
CFSM (Manager) Cards	\$3,220.00	\$3,600.00	\$2,040.00
Re-Tests	\$2,035.00	\$1,365.00	\$515.00
Body Art Cards	\$3,020.00	\$3,480.00	\$2,660.00
Late Fee	N/A	N/A	N/A
TOTALS	\$125,355.00	\$109,245.00	\$72,015.00

B. COVID-19 Activities

Oversight of Door Screeners

1. Not currently using temperature scanner due to warmer temperatures.
2. Informed door screener, volunteer, and front desk staff to ask all clients if they have COVID-19 symptoms before allowing them to enter building.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing

SNPHL supports the SNHD Nursing Division with molecular and microbiology culture, Sexually Transmitted Disease (STD) testing. SNHD STD department and SNPHL cooperatively participate in the CDC Gonococcal Isolate Surveillance Project (GISP) as well as enhanced Gonococcal Isolate Surveillance Project (eGISP). SNPHL performs *N. gonorrhoeae* culture and submits isolates to CDC and Nursing provides the client information required by the project.

Test Name	Monthly Count	Avg Year to Date
GC Cultures	49	55
NAAT NG/CT	980	954
Syphilis	509	456
RPR/RPR Titers	55/121	108/108
Hepatitis Total	309	331
HIV/differentiated	411/12	364/12
HIV RNA	30	34

SNPHL testing helps meet SNHD Mission to affect individual patient care and enhance population surveillance efforts to identify/reduce disease transmission in Clark County. SNPHL continues to perform COVID-19 PCR tests. SARS-Cov-2 PCR extraction is currently performed on the King Fisher Flex, BGI/MGI or QiaCube platforms. COVID-19 PCR extraction/direct specimen are interpreted on either the BioFire, Hologic Panther, 7500Fast or QuantStudio-Dx or QuantStudio-5. Proprietary reagents / supplies have improved to a new post-outbreak normal. SNPHL goal is to maintain capacity of 1700-2500 tests/day) with turn-around-time of <48 hours (TAT 2Day- currently at/near goal). 1). Additional staffing to run 2-10hr shifts/day 5d/wk plus one shift on Saturdays, [hiring and interviews ongoing] 2). IT to create easy patient accession and direct report verification from SNPHL LIS into SNHD patient report portal, [ongoing, CCDCC now on-line] 3). Automation of specimen fluid handling, [equipment in house, pending validation / training] 4). Sample pooling scheme for reagent cost effectiveness.

COVID-19	# PCR/#POS	COVID-19	# PCR/#POS
January	15,626 / 1802	July	
February	10,477 / 502	August	
March	12, 605/302	September	
April	11,346/476	October	
May	12,268/429	November	
June	13881/661	December	

Missing clinical testing of reportable disease-causing organisms for all of microbiology.

SNPHL continues to perform routine testing of reportable disease specimens submitted to SNPHL. *Campylobacter* spp., *Salmonella* spp., *Shigella* spp., STEC, *Vibrio* spp., and *Listeria* spp. are all routinely sequenced by Whole Genome Sequencing as part of local and national public health surveillance effort in conjunction with CDC PulseNet. Local matches, if any, of isolates are reported to OEDS on a weekly basis to aid in disease investigation, and SNPHL and OEDS coordinate with CDC PulseNet, if required.

2021		Jan	Feb	Mar	April	May	June
Campylobacter	Campy ID	7	6	13	4	14	19
	Campy Screen	9	7	21	9	19	25
Neisseria species	Gonorrhoeae Culture	42	59	82	55	40	49
	Gram Stain/WBC	0	0	0	5	0	2
	Neisseria ID	2	1	9	1	1	6
	Haemophilus ID	1	0	4	0	0	3
Unknown ID	Bacterial ID	5	0	5	3	0	9
	WGS (PulseNet)	15	26	27	25	45	62
Salmonella	Salmonella Screen	8	17	22	10	24	19
	Salmonella Serotype	8	13	21	10	18	20
Shigella	Shigella Screen	1	8	7	8	7	12
	Shigella Serotype	0	5	2	5	4	6
STEC	STEC Screen	0	1	1	2	3	17
	STEC Serotype	0	1	1	1	1	16
Unknown	Stool Culture	0	5	0	11	0	5
Vibrio	Vibrio ID	0	0	3	0	0	1
	Vibrio Screen	0	0	3	0	0	5
	Yersinia Culture/ID	0	1	1	2	2	2

B. Epidemiological Testing and Consultation

1. SNPHL cooperative/collaboration testing supports the investigation activity of SNHD OEDS and Nursing Division to identify close contacts at risk for SARS-COVID-19 infection to rapidly activate mitigation/quarantine behavior and reduce disease transmission. Improvements in the SNHD patient result portal connection to the SNPHL report laboratory information system has helped accession input of patient data with subsequent improved report result turn-around time.
2. SNPHL rolled out a new ticketing system for SNHD Epi to submit testing requests for their investigations and surveillance.
3. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. Conducted 3 outbreak investigations in March.

4. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). SNPHL performed in February #39 respiratory panels on the BioFire array and Flu #0 screening.
5. SNPHL cooperates with OEDS in testing of samples from sensitive cases and coordinating with various agencies for reportable diseases to refer samples for appropriate testing, as needed.

C. State Branch Public Health Laboratory Testing

1. SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance
2. SNPHL's additional mission is as a member of the CDC Laboratory Response Network (LRN) testing for identification of potential biological weapons/agents on environmental daily samples within its unique BSL3 environment.

2021	Jan	Feb	Mar	April	May	June
Select Agent Rule out (total PCR)	0	2	3	8	2	1

3. SNPHL is clinically validated for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species, and for DNA-based identification of Salmonella serotypes. SNPHL performed #45 Whole Genome Sequencing tests (WGS) as part of PulseNet in May 2021. SNPHL is working on expanding to DNA-based typing of STEC (Shiga toxin-producing E. coli) to improve workflow and turn around time of reporting, as was done for Salmonella in April 2020. SNPHL plans to expand WGS-identification of the remaining PulseNet bacteria (Vibrio spp. and Listeria spp.). Future plans include using WGS-based identification of non-PulseNet pathogens as well in an effort to modernize microbiology. SNPHL plans to improve data analysis and data flow to improve current methods of data input and data sharing with OEDS.
4. SNPHL is in the process of validating the Bruker MALDI-ToF instrument for streamlined screening of bacterial isolates, to decrease turnaround time and modernize microbiological identification methods.
5. SNPHL is validated for sequencing SARS-CoV-2 and identifying variants of interest through the identification of lineages and clades as of mid-March 2021 SNPHL has sustained capacity of sequencing #24 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing and method development. As of June 2021, SNPHL has sequenced 484 SARS-CoV-2-positive RNA extracts. Sequence data for each sample is routinely uploaded to the international GISAID database to contribute to global efforts of understanding SARS-CoV-2. Additional staff should enable capacity to double for sequencing. Grant requests have been submitted for additional equipment and

automation to be able to sequence all SARS-CoV-2 positive tests in the District. Currently, SNPHL works in collaboration with NSPHL in Reno and UNLV School of Medicine for overflow sequencing needs beyond current capacity. In the future, SNPHL plans to perform sequencing validation of other respiratory pathogens.

- 6. SNPHL coordinates and participates with Environmental Health and Veritas Labs for Legionella surveillance.

2021	Jan	Feb	Mar	April	May	June
Legionella	0	1	1	1	11	1

- 7. SNPHL provides vector testing for Environmental Services; testing for Zika, West Nile, Western/Eastern Equine Encephalitis. Our facility hosted a CDC demonstration for the Vector team.
- 8. SNPHL is maintaining dedicated courier services 6d/wk to SNHD public health centers, CCDC and Southern Nevada hospital/commercial laboratories.

D. All-Hazards Preparedness

- 1. SNPHL provides/assists testing for SNHD COVID-19 Emergency Incident Response, local community outreach, CCDC jail-detention centers, institutions of higher education and long-term nursing facilities Rapid-Antigen POC (CDC-EUA: Abbott IDNow; Qiagen Sofia; BD Vector) with outbreak confirmation RT-PCR testing supported by SNPHL.
- 2. SNPHL continues to expand testing for COVID-19 by looking into different testing methods, new vendors and new supply chain pathways, as well as improving existing workflows
- 3. SNPHL participates on a multitude of conference calls with CDC; NV State and SNHD OPHP, local First Responders and sentinel laboratories (as well as 3x/wk with SNHD ICS) to ensure SNPHL response to possible biological or chemical agents and COVID-19 for the collection/reporting of correct test samples.
- 4. SNPHL staff continue on-going training of LRN protocols for biological agent confirmation and participate frequently in proficiency/competency surveys.
- 5. SNPHL currently has technical laboratory staff (#35 + 6 NG volunteers) trained and on-call to respond for emergency testing 24 hours per day/7 days per week. SNPHL routine service hours have expanded to 0600-2200 and Saturday (0800-1600) with limited staff.
- 6. SNPHL has worked with the National Guard to phase the draw-down of their forces. They will draw down 1 Guard member per month for June, July, and August with the final 3 leaving on September 2021.
- 7. SNPHL coordinates with training/exercises for First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
- 8. SNPHL provides information to local laboratorians on CDC packaging and shipping infectious substances and on chain of custody procedures.

E. June 2021 SNP HL Activity Highlights

1. Laboratory staff continue universal precautions; daily symptoms screen, hand washing, protective garments and social distancing despite vigilance fatigue/after 12+ months of pandemic. The vast majority of training is now obtained from on-line opportunities.
2. Continue Influenza Surveillance with OEDS, interact on community communication message.
3. SNP HL has a stable FEMA supply of Viral Transport Medium (VTM) used in COVID-19 collection kits.
4. SNP HL works closely with Information Technology, OEDS departments and local community partners on the 2019 novel Coronavirus outbreak to perform on-site patient/specimen accession (into SNHD EMR) and to provide accurate rapid test results via the SNHD patient portal. SNP HL now has two on-site informaticians.
5. SNP HL continues to work with multiple distributors and manufacturers for COVID-19 testing supplies and consumables. There continues to be a shortage of various supplies and SNP HL is on allocation for specific reagents and consumables.
6. Lab Space Build-out: Total re-model into downstairs warehouse build out area is being explored, with different options examined. Construction completion date is planned for 1/31/2022.
7. The new Laboratory Director started on July 6. Dr. Kan brings 20 years of public health experience.
8. The laboratory manager position was vacated on March 12, 2021. Dr. Kan is working with OD for the optimal structure for SNP HL and may adjust positions and tasking for better workflow and efficiency.

COMMUNITY HEALTH – SNP HL – Calendar Year Data

SNP HL Services	YTD June 2020	YTD June 2021	
Clinical Testing Services ¹	11680	11733	↑
Epidemiology Services ²	98	236	↑
State Branch Public Health Laboratory Services ³	634	219	↓
All-Hazards Preparedness Services ⁴	10	3	↓
Environmental Health Services ⁵	842	531	↓

- ¹ Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing and COVID-19 Ab immunologic tests.
- ² Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.
- ³ Includes COVID-19 PCR, WGS 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' submissions.
- ⁴ Includes Preparedness training, teleconferences, Inspections.
- ⁵ Includes vector testing.