



Memorandum

Date: January 10, 2022

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Activity Report – December 2021

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

A. Chronic Disease Prevention Program (CDPP)

In recognition of Diabetes Month in November, staff worked with the Office of Communications to develop a press release. Information from the press release was shared during broadcasts of 2 local news stations during November. CDPP staff participated in the Día de los Muertos (Day of the Dead) 2-day festival to raise awareness of diabetes prevention and self-management resources among the Latinx community. During the 2-day event, CDPP staff provided 400 bags with diabetes information and resources. CDPP staff also provided a diabetes presentation at Reconciliation Apostolic Ministries (R.A.M.) Church to 13 attendees. R.A.M. is a new partner to the CDPP. Finally, during November, CDPP launched a Diabetes Self-Management Education & Support (DSMES) Lending Library for Certified Diabetes Educators and trained facilitators. This library will allow CDE's and trained facilitators to check out the evidence-based Maps Curriculum to teach classes in the community. Information about the library and a check out form was added to our website.

In November, the Downtown 3rd Farmers Market received SNAP authorization and began accepting SNAP benefits. Through our partnership with the University of Nevada Reno – Extension (UNR-E) and the Southern Nevada Food Council, we've been providing support to local farmers markets to increase the number of markets that accept SNAP and increase utilization of federal grant-funded nutrition incentive programs as part of our REACH grant. During November, SNAP signage identifying vendors who accept SNAP was provided to the three farmers markets accepting SNAP. Other handouts including recipe cards, program handouts and other nutrition incentive items were also provided to people who used their SNAP card to purchase produce at the markets.

The CDPP is working with two new places of faith serving the Latinx community. Both places of faith will be implementing the Faithful Families program, an evidence-based physical activity and nutrition curriculum, as well as implementing the Supporting Wellness At Pantries (SWAP) program in their food pantries. The

SWAP program uses a stoplight ranking system to help clients select healthier foods. Pre-implementation assessments were done at the places of faith in November. The assessment identified barriers and opportunities to implementing the SWAP program and making healthier food more accessible to pantry clients. As a result, shelves and a refrigerator were ordered to help the pantries fully implement the SWAP program.

CDPP staff was asked to serve on the Advisory Committee for the City of Las Vegas Vision Zero Plan. The first planning meeting was held in November. The group is developing goals and objectives to help reach zero traffic fatalities by 2050.

B. Tobacco Control Program (TCP)

In November, the TCP African American focused program titled, “Because We Matter (BWM)” launched a campaign to encourage tobacco cessation at six Black-owned businesses popular in the African American community. These businesses distributed an educational flyer promoting the Nevada Tobacco Quitline to their patrons. Participating businesses agreed to implement minimum distance policies and display cessation information and post No Smoking/Vaping signs. Additionally, events promoting cessation were held at four African American Churches and at two African American sorority events.

TCP staff provided technical assistance to 22 businesses to implement a new or expand on a smoke and vape-free policy in November. Model policy language and signage was provided. Since July 1, a total of 34 businesses have developed new or expanded tobacco policy in southern Nevada. Businesses types include restaurants, gyms, and nail spas.

Two videos on smoke-free multi-unit housing (MUH) were finalized in November 2021. The purpose of the videos is to encourage the adoption and expansion of smoke-free policies within multi-unit housing communities. Video participants included MUH residents, managers, public health professionals, and key stakeholders in the housing community. The videos will be shared via social media as part of a larger media campaign.

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 November, the Nevada Institute for Children’s Research and Policy (NICRP) began recruiting for the COVID-19 and Flu Vaccination Focus Group. This focus group will build upon the COVID-19 and Flu Vaccination Survey findings in an effort to better understand disparities in vaccine uptake among Hispanic/Latinx and African American/Black young adults who are not yet vaccinated or have received a COVID-19 vaccine within the past three months.

1. In November, 40 influential messengers in the faith community were trained by SNHD staff and contractors. To date, 137 influential messengers have been trained.
2. Staff and contractors participated in six community events to distribute information and promote vaccination in November. Forty-three events have occurred to date.

3. Nine pop up vaccine clinics were offered in REACH priority zip codes during November, vaccinating 386 people for COVID-19 and 258 people for flu. A total of 2,808 individuals have been vaccinated to date.
4. A targeted media campaign to promote flu vaccination among priority populations continued to air in November. The campaign resulted in over six million ad impressions this month.

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 elected a new Chair and Co-Chair for the year 2022. They continued working on proposed revisions to the Clark County EMS Emergency Medical Care Protocols.

B. Education Committee

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

The Committee discussed changing the scope of practice to allow EMTs to monitor already established saline locks for interfacility transports. They also continued their discussion of the education component for cardiac arrest management and reviewed the bylaws.

C. 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 elected a new Chair and Co-Chair for the year 2022 and heard sub-committee reports.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

December EMS Statistics	Dec. 2020	Dec. 2021	
Total Certificates Issued	50	84	↑
New Licenses Issued	44	82	↑
Renewal Licenses Issued (recert only)	0	1	↑
Driver Only	15	15	=
Active Certifications: EMT	882	838	↓
Active Certifications: Advanced EMT	1717	1622	↓
Active Certifications: Paramedic	1882	1866	↓
Active Certifications: RN	62	60	↓

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. OPHP staff continue to assist the District and the community in responding to the COVID-19 pandemic. Many staff remain in SNHD ICS functions, as well as County MACC/MSST positions.
2. Staff continue to host and attend community meetings virtually with community and hospital partners.
3. Staff are continuing to work with Organizational Development to locate and provide documentation for accreditation.
4. Staff are working with internal staff who have been responding to the COVID-19 response as well as external partners to develop an interim action report for SNHD and the region.
5. OPHP staffed the Emergency Support Function 8 Coordinator and the Medical Surge Support Team Manager positions for New Year's Eve in the Multi-Agency Coordination Center on 12/31/21-1/1/22.

B. PHP Training and PH Workforce Development

1. Following SNHD leadership direction, all non-essential training has been postponed focusing on the COVID-19 response and training needs
2. Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing. 4 fit tests completed.

C. Hospital Preparedness Program (HPP)

1. 1-2 DEC – HPP Liaison attended the National Healthcare Coalition Preparedness Conference in Orlando, FL. The event provided a Key Note Speaker on Post Traumatic Stress Disorder, Level of Care Transitions: Long Term Solutions; Next Generation Healthcare Coalitions: Learning and Evolving from COVID-19; Optimizing your Healthcare Coalition for Resources; and Playing Better Together: Combining Best Practices. Attendees from the Southern Nevada Healthcare Preparedness Coalition included Chair, Vice Chair, Secretary, Readiness & Response Coordinator, and a Community Partner invitee.

2. 20 DEC – HPP Liaison attended the State of Nevada’s COVID-19 Micro-Planning session to discuss upcoming events, milestones, and successes/challenges with testing/vaccinating residents for COVID-19 within the jurisdiction and state of Nevada. Also, HPP Liaison attended the Incident Command Structure COVID-19 Testing structure’s Operations Briefing.
3. 21 DEC – HPP Liaison and Training Officer conducted a walk-through of the El Jen Healthcare Facility in preparation for an Active Shooter Table-Top Exercise in the new year.
4. 29 DEC – HPP Liaison, as Planning Section Chief, hosted the Planning Meeting for the Incident Command System Testing Group. The plan was briefed and approved with reminders that IC 204 forms must be submitted by 0900 on January 3rd, 2022, for the Operations Briefing later that day.

D. Grants and Administration

OPHP staff are supporting SNHD and MACC/MSST COVID-19 response and logistical needs.

E. Medical Reserve Corps (MRC) of Southern Nevada

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

In November, 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 and to vaccinate at community outreach sites. Volunteers assisted at the SNPHL with test kit assembly and specimen accessioning. Volunteers provided first aid and distributed preparedness planners at Project Homeless Connect. Total “accepted” volunteers stand at about 570. MRC Coordinator recruited, vetted, assigned, deployed, and deactivated volunteers to all sites. MRC Coordinator continues to recruit and deactivate volunteers and participates in COVID-19 planning and operations meetings as available. MRC also attended monthly NACCHO MRC Workgroup and PPAG meetings. The table below summarizes volunteer hours served in the second quarter of this fiscal year.

MRC Volunteer Hours FY2022 Q2 COVID-19 Response and Non-Emergency

(Economic impact rates updated July 2021)

Activity	October	November	December
SNHD COVID-19 CLINIC	54.75	71	
SNPHL	36.5	9	
SNHD COVID-19 VAX OUTREACH	51.5	27.5	
First Aid		16	
Total Hours	142.75	123.5	
Economic impact	\$6,135.51	\$6,007.99	

IV. VITAL RECORDS

A. Vital Statistics

December 2021 showed a 3.5% increase in birth certificate sales in comparison to December 2020. Death certificate sales showed a 6% decrease for the same time frame. SNHD received revenues of \$28,730 for birth registrations, \$26,585 for death registrations; and an additional \$6,906 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Dec 2020	Dec 2021		FY 20-21 (Dec)	FY 21-22 (Dec)	
Births Registered	1,915	2,006	↑	12,792	13,091	↑
Deaths Registered	2,389	2,119	↓	11,596	12,297	↑
Fetal Deaths Registered	12	21	↑	83	104	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Dec 2020	Dec 2021		FY 20-21 (Dec)	FY 21-22 (Dec)	
Birth Certificates Sold (walk-in)	1	62	↑	39	221	↑
Birth Certificates Mail	103	57	↓	581	567	↓
Birth Certificates Online Orders	2,701	2,829	↑	19,349	22,524	↑
Birth Certificates Billed	120	81	↓	576	556	↓
Birth Certificates Number of Total Sales	2,925	3,029	↑	20,545	23,868	↑
Death Certificates Sold (walk-in)	3	26	↑	31	189	↑
Death Certificates Mail	92	90	↓	623	649	↑
Death Certificates Online Orders	9,864	9,238	↓	51,037	56,520	↑
Death Certificates Billed	43	53	↑	257	343	↑
Death Certificates Number of Total Sales	10,002	9,407	↓	51,948	57,701	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Dec 2020	Dec 2021		FY 20-21 (Dec)	FY 21-22 (Dec)	
Birth Certificates Sold Valley View (walk-in)		2%	↑	.2%	.9%	↑
Birth Certificates Mail	3.5%	1.9%	↓	2.8%	2.4%	↓
Birth Certificates Online Orders	92.3%	93.4%	↑	94.2%	94.4%	↑
Birth Certificates Billed	4.1%	2.7%	↓	2.8%	2.3%	↓
Death Certificates Sold Valley View (walk-in)		.3%	↑	.1%	.3%	↑
Death Certificates Mail	.9%	1%	↓	1.2%	1.1%	↓
Death Certificates Online Orders	98.6%	98.2%	↓	98%	98%	
Death Certificates Billed	.4%	.6%	↑	.5%	.6%	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	Dec 2020	Dec 2021		FY 20-21 (Dec)	FY 21-22 (Dec)	
Birth Certificates (\$25)	\$73,125	\$75,725	↑	\$513,625	\$596,700	↑
Death Certificates (\$25)	\$250,050	\$235,175	↓	\$1,298,700	\$1,442,525	↑
Births Registrations (\$13)	\$28,821	\$28,730	↓	\$205,491	\$224,471	↑
Deaths Registrations (\$13)	\$29,029	\$26,585	↓	\$153,831	\$164,697	↑
Convenience Fee (\$2)	\$5,722	\$6,288	↑	\$41,138	\$47,996	↑
Miscellaneous Admin	\$290	\$618	↑	\$3,826	\$4,958	↑
Total Vital Records Revenue	\$387,037	\$373,121	↓	\$2,216,611	\$2,481,347	↑

Totals subject to change once month balances out, pulled 11/2/21

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. Passport Services

Due to pandemic Passport Services moved to appointment only. Passport photos remain suspended.

Revenue	Dec 2020	Dec 2021		FY 20-21 (Dec)	FY 21-22 (Dec)	
Passport Execution/Acceptance fee (\$35)	\$3,080	\$18,655	↑	\$47,215	\$121,380	↑
Passport Photo Fee (\$12)						
Total Passport Program Revenue	\$3,080	\$18,655	↑	\$47,215	\$121,380	↑

V. HEALTH CARDS

A. Food Handling

1. Appointments
 - a. Currently booked through February 28, 2022.
 - b. Appointments posted for March 2022 across all offices with the exception of East Las Vegas.
 - c. Deadline to obtain a card has been updated to February 28, 2022. Considering extending to April 30, 2022 per Karla Shoup's suggestion. Waiting for feedback from Environmental Health leadership.
 - d. Late fees still being waived.
2. East Las Vegas Move
 - a. All East Las Vegas appointments have been completed as of mid-December.
 - b. East Las Vegas spots added to Decatur appointments until opening of new location.
3. Facial Recognition Software project with Lake Cumberland District Health Department

- a. Introductory meeting and demo scheduled for January 4, 2022.
- b. Invitations sent to Dr. Leguen, Dr. Johnson, Chris Saxton, Larry Rogers, Aaron DelCotto, Christine Sylvis and Jason Frame.

B. COVID-19 Activities

Continued oversight of door screener.

SERVICES	Dec 1 - 31	Nov 1 - 30	Oct 1 - 31	Sep 1 - 30	Aug 1 - 31
Food Handler Cards - New	944	1,088	1,294	1,296	1,325
Food Handler Cards - Renewals	2,848	3,350	3,788	4,330	3,953
Duplicates	144	167	164	203	229
CFSM (Manager) Cards	106	129	147	153	154
Re-Tests	408	473	537	609	597
Body Art Cards	132	146	145	170	170
TOTALS	4,582	5,353	6,075	6,761	6,428

REVENUE - Point of Sale	Dec 1 - 31	Nov 1 - 30	Oct 1 - 31	Sep 1 - 30	Aug 1 - 31
Food Handler Cards - New	\$18,880.00	\$21,760.00	\$25,880.00	\$25,920.00	\$26,500.00
Food Handler Cards - Renewals	\$56,960.00	\$67,000.00	\$75,760.00	\$86,600.00	\$79,060.00
Duplicates	\$2,880.00	\$3,340.00	\$3,280.00	\$4,060.00	\$4,580.00
CFSM (Manager) Cards	\$2,120.00	\$2,580.00	\$2,940.00	\$3,060.00	\$3,080.00
Re-Tests	\$2,040.00	\$2,365.00	\$2,685.00	\$3,045.00	\$2,985.00
Body Art Cards	\$2,640.00	\$2,920.00	\$2,900.00	\$3,400.00	\$3,400.00
Late Fee	N/A	N/A	N/A	N/A	N/A
TOTALS	\$85,520.00	\$99,965.00	\$113,445.00	\$126,085.00	\$119,605.00

VI. HEALTH EQUITY

The Health Equity program received funding from the Center for Disease Control to build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

- A. On December 8th, 2021 in collaboration with program partner Ericka Aviles Consulting, the Health Equity program help host the relaunch of the Esta En Tus Manos community task force. The meeting was attended by program partners, community leaders and community members.
- B. The program continues to participate in community-based coalitions and workgroups addressing COVID-19 health disparities, testing and vaccination initiatives.

VII. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing

SNPHL Supports:

1. The SNHD Nursing Division: molecular and microbiology culture, Sexually Transmitted Disease (STD) testing.
2. SNHD STD Department: the CDC Gonococcal Isolate Surveillance Project (GISP) as well as enhanced Gonococcal Isolate Surveillance Project (eGISP). SNPHL performs NAAT and culture testing of *N. gonorrhoeae* isolates and submits isolates to reference laboratory for determination of antibiotic susceptibility patterns. SNPHL has also joined eGISP Part B to expand culture-independent testing for antimicrobial resistance genes of gonococcal isolates.
3. Total monthly samples tested listed as follows:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	67	61
NAAT NG/CT	1129	10
Syphilis	736	516
RPR/RPR Titers	5/59	84/112
Hepatitis Total	238	324
HIV/Differentiated	371/9	351//10
HIV RNA	31	33

B. COVID-19 Testing

1. SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.
2. SNPHL goal is to maintain capacity of 1,500-2,000 tests/day) with turn-around-time of <48 hours (TAT 2Day- currently at/near goal).
3. For December, the average daily testing was 714 and the average turnaround time was 24 hours days for PCR testing from the collection date to release the test report. The average laboratory total test capacity for SARS-CoV-2 using Panther Aptima NAAT testing is 301 tests per day.
4. IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal
5. Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station

A monthly summary of COVID-19 PCR testing is listed as follows:

Month	# PCR/#POS	COVID-19	# PCR/#POS
January	15,626/1802	July	28,334/3,215
February	10,477/502	August	25,759/3,080
March	12, 605/302	September	30,532/2,504
April	11,346/476	October	19,370/1,657
May	12,268/429	November	13,521/1,371
June	13,881/661	December	17,147/3,273

C. Reportable Disease Reports

SNPHL continues to perform routine testing of reportable disease specimens submitted to SNPHL 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.

A monthly summary of reportable disease tests is as follows:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Campylobacter	Campy ID	7	6	13	4	14	19	10	7	2	2	1	1
	Campy Screen	9	7	21	9	19	25	15	10	4	4	3	2
Neisseria species	Gonorrhoeae Culture	42	59	82	55	40	49	47	68	65	68	92	67
	Gram Stain/WBC	0	0	0	5	0	2	0	5	0	0	0	5
	Neisseria ID	2	1	9	1	1	6	2	2	6	0	0	0
	Haemophilus ID	1	0	4	0	0	3	3	6	1	2	7	1
Unknown ID	Bacterial ID	5	0	5	3	0	9	5	37	14	15	32	20
	WGS (PulseNet)	15	26	27	25	45	62	27	36	51	19	20	25
Salmonella	Salmonella Screen	8	17	22	10	24	19	13	16	14	10	16	8
	Salmonella Serotype	8	13	21	10	18	20	11	15	9	9	16	7
Shigella	Shigella Screen	1	8	7	8	7	12	7	3	0	5	2	3
	Shigella Serotype	0	5	2	5	4	6	3	2	3	3	2	2
SEC	STEC Screen	0	1	1	2	3	17	8	4	3	2	3	2
	STEC Serotype	0	1	1	1	1	16	2	0	1	1	0	0
Unknown	Stool Culture	0	5	0	11	0	5	0	5	5	0	0	0
Vibrio	Vibrio ID	0	0	3	0	0	1	1	5	0	1	0	0
	Vibrio Screen	0	0	3	0	0	5	3	8	1	1	0	0
Yersinia	Yersinia Culture/ID	0	1	1	2	2	2	0	1	0	0	0	0

D. Epidemiological Testing and Consultation

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. Conducted 9 outbreak investigations in December.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). SNPHL performed 61 respiratory panels in November on the BioFire.

E. Emergency Response and Reportable Disease Isolate Testing Report

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 the identification of potential biological weapons/agents on environmental daily samples within its unique BSL3 environment.

2021	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	2	3	8	2	1	0	2	2	0	0	1

3. NPHL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
4. SNPHL performed 25 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in December 2021.
5. SNPHL has completed validation for all bacterial groups on the Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates, to decrease turnaround time and modernize microbiological identification methods.
6. SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.
7. SNPHL has sustained capacity of sequencing a number of 48 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of December 2021, SNPHL has sequenced 212 SARS-CoV-2-positive RNA extracts. A new, faster protocol was validated in December 2021. The new Laboratory Technologist and Laboratory Assistant have almost completed their training and have been aiding in SARS-CoV-2 sequencing.
8. SNPHL is clinically validated for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
9. SNPHL coordinates and participates with Environmental Health and Veritas Labs for Legionella surveillance.

2021	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Legionella	0	1	1	1	11	1	0	4	6	0	0	15

10. 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.
11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in December, a total of 23 clinical isolates, *Neisseria gonorrhoeae* (17 isolates) and *Neisseria meningitidis* (6 isolates), were collected and will be sent to either the regional laboratory for antimicrobial susceptibility testing (AST) or the CDC, respectively. Remnant NAATs or *N. gonorrhoeae* samples will be sent to the CDC for molecular-based AST testing as part of eGISP Part B.

F. 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 provides COVID-19 Biosafety Training/Guidelines to Non-Traditional testing sites.
3. SNPHL coordinates with training/exercises for First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
4. SNPHL provides information to local laboratorians on CDC packaging and shipping infectious substances and on the chain of custody procedures.

G. December 2021 SNPHL Activity Highlights

1. SNPHL has a stable FEMA supply of Viral Transport Medium (VTM) used in COVID-19 collection kits.
2. Lab Space Build-out: Total re-model into downstairs warehouse build-out area is being explored, with different options examined. A minor change of the office design has been submitted for approval. The construction completion reported is planned for 1/31/2022.
3. Our laboratory submitted a list of items to the facility manager that require to relocate to another wellhouse during the renovation period.
4. The new Laboratory Administrative Coordinator has reported working on Monday, January 3, 2022.
5. The epMotion liquid handler has been installed and validated last week. This instrument has been used for the aliquot COVID-19 samples.
6. The NextSeq 2000 whole genome sequencer has been installed and trained for micro staff early of December last year. The micro lab is working on the validation of 96-well plate for the sequencing now. We like to increase the WGS capacity up to 200 samples per week at the end of January 2022.

7. SNPHL's COVID-19 whole-genome sequencing data has been successfully uploaded to TERRA, the state sequencing database. Because NSPHL requires additional time to complete their stock of samples in their laboratory, SNPHL has temporarily halted sending sequencing samples to them.
8. Our laboratory received the APHL QI grant award in December 2021 for improving sample submission error rates for COVID-19 samples. We will work with IT and PH informatics teams to improve the data quality for the testing samples from long-term facilities and to make changes/add new forms to manage security appropriately.
9. Our laboratory identified the first Omicron variant in early December for Clark County and State. CDC, State lab, and SNHD disease surveillance have a joining meeting to discuss the patient's cases. Our Micro lab will do WGS as usual for all positive COVID-19 samples but will also look at the B.1.1.529 lineage.

H. COMMUNITY HEALTH – SNPHL – Calendar Year Data

SNPHL Services	YTD- December 2020	December 2021	
Clinical Testing Services ¹	NA	3,296	↑
Epidemiology Services ²	NA	400	↑
State Branch Public Health Laboratory Services ³	NA	17,304	↑
All-Hazards Preparedness Services ⁴	NA	9	↑
Environmental Health Services ⁵	NA	0	↑

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, training, presentations and inspections, samples submitted to CDC or other laboratories' submissions.

⁴ Includes preparedness training, teleconferences, inspections.

⁵ Includes vector testing.