



Memorandum

Date: February 4, 2022

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Activity Report – January 2022

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

A. Chronic Disease Prevention Program (CDPP)

CDPP staff provided an in-person Diabetes Self-Management, Education & Support (DSMES) class on December 1st and 8th. Five people attended the class and 4 of the 5 completed both sessions. A virtual DSMES class will be offered beginning in January.

CDPP staff are working with 3 faith-based food pantries to implement the Supporting Wellness at Pantries (SWAP) program. The program uses a stoplight food ranking system to help pantry clients make healthier choices. Food environment assessments were conducted in each pantry and based on those assessments, it was identified that pantries needed shelving and refrigerators to successfully implement SWAP. With grant funding, we were able to purchase shelving and refrigerators for each pantry. Shelving will be used to display food by category (red, yellow, green) and refrigerators will be used to expand access to healthier foods including frozen fruits and vegetables, low-fat dairy and lean proteins. Dietetic interns starting in January will be working with staff to develop and provide training to promotoras, pantry staff and volunteers on the SWAP program. Full implementation will begin in spring 2022.

Six blood pressure screening events were held during December at BSHOP and BeSHOP locations. Along with the YMCA of Southern Nevada, the CDPP program is sponsoring a Healthy Hearts Ambassador/Self-Monitoring Blood Pressure Program. The class will begin in February and recruitment began in December. Flyers and brochures have been distributed to SNHD clinics and partners.

CDPP is working with the City of Henderson and Green Valley Grocery (GVG) on a Healthy Convenience Store pilot project. Two GVG locations have been identified and a walkthrough of both stores was conducted in December. A formal assessment document is being developed to identify opportunities for increasing access to healthier foods within the stores including marketing, placement and expansion of refrigeration capacity. Work is ongoing.

B. Tobacco Control Program (TCP)

In December, the LGBT National Cancer Network released its 2021 state report card on LGBT outreach and educational initiatives. Nevada was 1 of 5 states who met all 7 best practices guidelines for educational LGBT tobacco and cancer programs. SNHD's tobacco prevention program developed in 2005 titled CRUSH is the only LGBT-focused tobacco prevention program in the state of Nevada.

Staff participated in a community holiday event hosted by the Mexican Patriotic Committee. The event took place in a heavily Hispanic area, the East Las Vegas community center. The event reached many underserved populations that were primarily Spanish speaking. Throughout the event, the Por Mi Por Ti Por Nosotros message was delivered and the Spanish-language Quitline was promoted through signage posted in event venue. Materials were distributed to more than 400 families and 1000 youth.

This month, eight businesses, two in priority zip codes implemented and/or expanded their smoke and vape free policy. Staff provided technical assistance to the businesses which included grocery store, restaurants, and a counseling center.

Staff developed culturally appropriate educational materials to encourage tobacco cessation through the Spanish tobacco Quitline and promote smoke-free living among the Latinx community. A collaboration with four local Latino-owned restaurants was established and is running for eight weeks. The collaboration is utilizing Por Mi Por Ti Por Nosotros messaging to encourage cessation and smoke-free living among patrons through the distribution of materials. Three out of four restaurants are located in REACH zip codes.

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 December, Nevada Institute for Children's Research and Policy (NICRP) held two focus groups with priority populations regarding COVID-19 and Flu vaccination. These focus group will build upon the COVID-19 and Flu Vaccination Survey findings in 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 December no new 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 3 community events to distribute information and promote vaccination in December. Forty-six events have occurred to date.
3. Twelve pop up vaccine clinics were offered in REACH priority zip codes during December vaccinating 542 people for COVID-19 and 314 people for flu. A total of 3,664 individuals have been vaccinated to date.
4. A targeted media campaign to promote flu vaccination among priority populations continued to air in December. The campaign resulted in over five million ad impressions this month.

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

A. Regional Trauma Advisory Board (RTAB)

The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high-quality system of patient care for the victims of trauma within Clark County and the surrounding areas. The RTAB makes recommendations, and assists in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

Dr. Doug Fraser was elected as the new Chairman; Dr. Chris Fisher was elected as new Vice Chairman.

Nominations were opened for the non-standing member seats for the following:

General Public Health Education and Prevention Services
 Legislative Issues/Advocacy Payers of Medical Benefits for Victims of Trauma
 Public Relations/Media

The Board reviewed and discussed trauma data for the 3rd quarter of 2021.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

January EMS Statistics	Jan. 2021	Jan. 2022	
Total Certificates Issued	88	73	↓
New Licenses Issued	74	41	↓
Renewal Licenses Issued (recert only)	14	4	↓
Driver Only	14	16	↑
Active Certifications: EMT	859	810	↓
Active Certifications: Advanced EMT	1733	1634	↓
Active Certifications: Paramedic	1880	1884	↑
Active Certifications: RN	63	57	↓

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 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. 03 JAN – HPP Liaison, as the Incident Command System (ICS) Testing Team's Planning Section Chief hosted the Operations Period Brief for OP Period 90 briefing the current plan to the ICS team.
2. 05 JAN – HPP Liaison participate in a webinar titled: "CMS Emergency Preparedness Rule Changes: COVID Vaccine Mandate Update" provided the current state of mandatory vaccines for healthcare workers in the face of Omicron variant of COVID-19. HPP Liaison also participated with in the TACTICS Meeting as the Incident Command System (ICS) Testing Team's Planning Section Chief.
3. 06 JAN – The HPP Liaison as Chair, Southern Nevada Healthcare Preparedness Coalition hosted the monthly Healthcare Coalition's meeting. Topics included update from the National Healthcare Coalition Preparedness Conference, Partner updates, training updates, Hazard Vulnerability Analysis presentation and approval, and COVID-19 Response updates.
4. 11 JAN – HPP Liaison participated in the State of Nevada's Microplanning session on COVID-19 Response. The HPP Liaison also hosted the Final Planning Meeting for the Radiological Response Table-Top Exercise.
5. 12 JAN – HPP Liaison, as the Planning Section Chief for Incident Command System (Testing), hosted the Planning Meeting for the incident command team.
6. 13 JAN – The HPP Liaison met with the new Coroner and new Assistant Coroner for Clark County Nevada to make introductions, discuss training opportunities for the community through the coroner's office, discuss presentation on Lessons Learned in COVID-19 and Decedent

Affairs/Capabilities, and general Assistant Secretary for Preparedness and Response grant requirements.

7. 18 JAN – HPP Liaison participated in the State of Nevada’s Microplanning session on COVID-19 Response. Also, HPP Liaison, as the integrated Deputy Planning Section Chief, participated in the Command and General Staff/Tactics Meeting for the consolidated Incident Command System Team.
8. 19 JAN – HPP Liaison, as the integrated Deputy Planning Section Chief, participated in the Planning Meeting and Operational Period Briefing.
9. 20 JAN – HPP Liaison provided information updates to the OPHP staff meeting. HPP Liaison participated in the emergency management committee meeting at San Martin hospital. Finally, the HPP Liaison participated in the Nevada Pandemic Response Plan working group follow-up meeting.
10. 24 JAN – HPP liaison, as Deputy Planning Section Chief, attending the Command and Staff/Tactics Meeting for the Consolidated Incident Command System for the Southern Nevada Health District.
11. 25 JAN – HPP Liaison participated in the State of Nevada’s Microplanning session on COVID-19 Response.
12. 26 JAN – HPP Liaison hosted the Final Planning Meetings for the Highly Infectious Disease Table-Top Exercise and SNHPC Call Down Drill.
13. 31 JAN – HPP Liaison participated, as the Deputy Planning Section Chief, in the Command and Staff/Tactics Meeting for the Consolidated Incident Command System for the Southern Nevada Health District.

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

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

In December, medical and non-medical volunteers were deployed to support the 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. 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 CLINIC	54.75	71	60
SNPHL	36.5	9	14
SNHD COVID VAX OUTREACH	51.5	27.5	38.5
First Aid	0	16	0
Total Hours	142.75	123.5	112.5
Economic impact	\$6,135.51	\$6,007.99	\$5,708.69

IV. VITAL RECORDS

A. Vital Statistics

January 2022 showed a 5.4% increase in birth certificate sales in comparison to January 2021. Death certificate sales showed a 6.7% decrease for the same time frame. SNHD received revenues of \$35,802 for birth registrations, \$32,305 for death registrations, and an additional \$8,118 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Jan 2021	Jan 2022		FY 20-21 (Jan)	FY 21-22 (Jan)	
Births Registered	2,131	2,473	↑	14,923	15,564	↑
Deaths Registered	2,630	2,328	↓	14,226	14,626	↑
Fetal Deaths Registered	16	17	↑	99	121	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Jan 2021	Jan 2022		FY 20-21 (Jan)	FY 21-22 (Jan)	
Birth Certificates Sold (walk-in)		19	↑	39	240	↑
Birth Certificates Mail	94	131	↑	675	698	↑
Birth Certificates Online Orders	3,406	3,525	↑	22,755	26,049	↑
Birth Certificates Billed	94	115	↑	670	671	↑
Birth Certificates Number of Total Sales	3,594	3,790	↑	24,139	27,658	↑
Death Certificates Sold (walk-in)	4	3	↓	35	192	↑
Death Certificates Mail	88	182	↑	711	831	↑
Death Certificates Online Orders	12,653	11,717	↓	63,690	68,237	↑
Death Certificates Billed	64	44	↓	321	387	↑
Death Certificates Number of Total Sales	12,809	11,946	↓	64,757	69,647	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	Jan 2021	Jan 2022		FY 20-21 (Jan)	FY 21-22 (Jan)	
Birth Certificates Sold Valley View (walk-in)		.5%	↑	.2%	.9%	↑
Birth Certificates Mail	2.6%	3.5%	↑	2.8%	2.5%	↓
Birth Certificates Online Orders	94.8%	93%	↓	94.3%	94.2%	↓
Birth Certificates Billed	2.6%	3%	↑	2.8%	2.4%	↓
Death Certificates Sold Valley View (walk-in)				.1%	.3%	↑
Death Certificates Mail	.7%	1.5%	↑	1.1%	1.2%	↑
Death Certificates Online Orders	98.8%	98.1%	↓	98%	98%	
Death Certificates Billed	.5%	.4%	↓	.5%	.6%	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	Jan 2021	Jan 2022		FY 20-21 (Jan)	FY 21-22 (Jan)	
Birth Certificates (\$25)	\$89,850	\$94,750	↑	\$603,475	\$691,450	↑
Death Certificates (\$25)	\$320,225	\$298,650	↓	\$1,618,925	\$1,741,175	↑
Births Registrations (\$13)	\$36,231	\$35,802	↓	\$241,722	\$260,273	↑
Deaths Registrations (\$13)	\$36,153	\$32,305	↓	\$189,984	\$197,002	↑
Convenience Fee (\$2)	\$7,342	\$7,408	↑	\$48,480	\$55,404	↑
Miscellaneous Admin	\$320	\$710	↑	\$4,146	\$5,668	↑
Total Vital Records Revenue	\$490,121	\$469,625	↓	\$2,706,732	\$2,950,972	↑

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. Passport Services

Due to pandemic Passport Services moved to appointment only. Passport photos remain suspended. Passport services is showing 146% increase from this time last year.

Revenue	Jan 2021	Jan 2022		FY 20-21 (Jan)	FY 21-22 (Jan)	
Passport Execution/Acceptance Fee (\$35)	\$11,375	\$23,205	↑	\$58,590	\$144,585	↑
Passport Photo Fee (\$12)						
Total Passport Program Revenue	\$11,375	\$23,205	↑	\$58,590	\$144,585	↑

V. HEALTH CARDS

A. Food Handling

1. Appointments
 - a. Currently booked through mid-April with available timeslots through April 30, 2022.
 - b. Deadline updated to April 30, 2022 for clients to obtain their Health Cards.
 - c. Late fees still being waived but advised clients during Food Safety Partnership meeting (held January 31, 8:30 to 10:00) that things will soon be going back to normal.
2. Facial Recognition Software project with Lake Cumberland District Health Department
 - a. Will be sending an e-mail to meeting attendees asking if there are any other questions.
 - b. Contacted developers to inform them that we have been busy with "Omicron" variant and haven't been able to dedicate time to review the proposal.

B. COVID-19 Activities

Continued oversight of door screener.

C. Other Items

Budget for Business Group (602) and Food Handling (612) submitted; Flat budget with only two changes.

1. Business Group – move all mileage amounts requested to '0000' (Main/Decatur).
2. Will contact Finance to move Temp Agency Serv (7311) from Food Handling to COVID-19 funding since the position is for door screening and should not be billed to FHE.

SERVICES	Jan 1 - 31	Dec 1 - 31	Nov 1 - 30	Oct 1 - 31	Sep 1 - 30
Food Handler Cards - New	1,034	944	1,088	1,294	1,296
Food Handler Cards - Renewals	3,160	2,848	3,350	3,788	4,330
Duplicates	134	144	167	164	203
CFSM (Manager) Cards	134	106	129	147	153
Re-Tests	525	408	473	537	609
Body Art Cards	161	132	146	145	170
TOTALS	5,148	4,582	5,353	6,075	6,761

REVENUE - Point of Sale	Jan 1 - 31	Dec 1 - 31	Nov 1 - 30	Oct 1 - 31	Sep 1 - 30
Food Handler Cards - New	\$20,680.00	\$18,880.00	\$21,760.00	\$25,880.00	\$25,920.00
Food Handler Cards - Renewals	\$63,200.00	\$56,960.00	\$67,000.00	\$75,760.00	\$86,600.00
Duplicates	\$2,680.00	\$2,880.00	\$3,340.00	\$3,280.00	\$4,060.00
CFSM (Manager) Cards	\$2,680.00	\$2,120.00	\$2,580.00	\$2,940.00	\$3,060.00
Re-Tests	\$2,625.00	\$2,040.00	\$2,365.00	\$2,685.00	\$3,045.00
Body Art Cards	\$3,220.00	\$2,640.00	\$2,920.00	\$2,900.00	\$3,400.00
Late Fee	N/A	N/A	N/A	N/A	N/A
TOTALS	\$95,085.00	\$85,520.00	\$99,965.00	\$113,445.00	\$126,085.00

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. The program continues to collaborate with SNHD programs and grant subrecipients to plan and coordinate COVID-19 community strategies and events.
- 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 are listed as follows:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	86	86
NAAT NG/CT	1027	1027
Syphilis	576	576
RPR/RPR Titers	54/109	54/109
Hepatitis Total	410	410
HIV/differentiated	366/8	366/8
HIV RNA	36	36

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 January, the average daily testing was 1,472 and the average turnaround time was 34 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 448 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
6. A monthly summary of COVID-19 PCR testing is listed as follows:

D. Epidemiological Testing and Consultation

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. Conducted 0 outbreak investigations in January.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). SNPHL performed January, 69 respiratory panels 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											

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 14 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in January 2022.
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 many 48 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of January 2022, SNPHL has sequenced 239 SARS-CoV-2-positive RNA extracts. A new, faster protocol was validated in December 2021. The new Laboratory Technologist and Laboratory Assistant have 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											

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 January, a total of 90 clinical isolates, Neisseria gonorrhoeae (86 isolates) and Neisseria meningitidis (4 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 the chain of custody procedures.

G. January 2022 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.
3. The facility team plans to move the first week of March and start construction Mid-March. The proposed warehouse also has a back lot that will allow us to move the mobile clinics and trailers.
4. The NextSeq 2000 whole genome sequencer has been used for micro staff in early December last year. The micro lab is working on the validation of a 96-well plate for the sequencing now. We like to increase the WGS capacity

up to 200 samples per week after receiving the reagents from vendors in February.

5. We received several Qiagen reagents, computers, and kits. We are in the process to apply the new capital asset forms and give the computer to IT to check the network connection. The dPCR and EZ-1 advance XL instruments have also delivered to the lab three weeks ago. Those instruments will be working on the COVID-19 wastewater project with Dr. Oh in UNLV.
6. Our laboratory received the APHL QI grant award in December 2021 for improving sample submission error dates 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. Our laboratory is preparing the CRF and will submit it to the legal office to sign the agreement with APHL.
7. Our laboratory identified the first Omicron variant BA.2 sublineage on Thursday, January 24, 2022, for Clark County and State. Our laboratory has informed the CDC and submitted the original VTM tube to the CDC on Monday, January 31, 2022. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up the investigation.

H. COMMUNITY HEALTH – SNPHL – Calendar Year Data

SNPHL Services	YTD- January 2021	January 2022	
Clinical Testing Services ¹	3296	3,300	↑
Epidemiology Services ²	400	481	↑
State Branch Public Health Laboratory Services ³	17304	35369	↑
All-Hazards Preparedness Services ⁴	9	9	
Environmental Health Services ⁵	0	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.