



Memorandum

Date: April 11, 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 – March 2022

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

A. Chronic Disease Prevention Program (CDPP)

Faithful Families nutrition and physical activity classes kicked off in February. The classes are being taught in Spanish at 2 places of faith that serve the Latinx community. Classes will run through April and will support PSE changes occurring as a result of the SWAP program in the food pantries at these places of faith (see bullet below).

In February, CDPP partnered with the 100 Black Men of Las Vegas to sponsor a virtual cooking class in commemoration of Heart Month. The class was free and open to families with youth aged 7 and up. All families who registered for the class received the ingredients to prepare the heart healthy meal at no cost. Included with the ingredients was heart health education materials and resources. The virtual cooking class was led by Chef Gentry Richardson who is also the President of 100 Black Men of Las Vegas. A total of 60 people participated in the class.

In February to commemorate American Heart Month and the Million Hearts initiative, CDPP staff coordinated activities to promote and raise awareness of cardiovascular health. Outreach activities focused on two priority groups, African American and Latinx communities. Outreach and coordinated activities included:

1. Wear Red Day at SNHD promoted via SNHD Instagram and Facebook.
2. Five blood pressure screening events at barbershops in the BSHOP program.
3. Two heart health presentations (in Spanish) and blood pressure screening events at 2 places of faith serving the Latinx community (ICLV church and Marantha Iglesia church).
4. One virtual youth cooking class featuring a heart healthy meal hosted by 100 Black Men of Las Vegas (see above).
5. One community outreach event and blood pressure screening event at the annual Black History event at Nevada Rise Academy.

6. The Healthy Heart Ambassador Self-Monitoring Blood Pressure Program kicked off at the YMCA in February. Class enrollment is capped at 25 people and the program will run through May.

In total, over 600 people participated in at least one of the activities listed above; Eighty-nine participants were screened for blood pressure and 9 of those were referred to the Nevada Health Center for follow up care. In addition, a coordinated social marketing campaign to promote heart health including social media and print ads ran during February. Earned media included an interview with KLAS Channel 8 News and on the Healthier Tomorrow Radio Program on KCEP 88.1 FM.

CDPP staff provided training to 1 healthcare provider and seventy-one nursing students (n= 72) that covered diabetes prevention, diabetes self-management and referral options including DPP and DSMES resources. Providers were also provided with jump drives that contain healthcare provider toolkits for diabetes, prediabetes, and hypertension.

B. Tobacco Control Program (TCP)

In February, staff worked with the Las Vegas Lights (Men's American Professional Soccer Team) to develop a smoke and tobacco-free stadium policy. The Las Vegas Lights FC adopted a smoke and tobacco-free stadium policy. The Las Vegas Lights FC stadium host eighteen games each season with an average attendance of 8,000+ fans per match. Outdoor sporting arenas and stadiums are currently exempt from the NV Clean Indoor Air Act. The policy will begin at the start of the new season set to kick-off on March 20, 2022. In addition to establishing a smoke and tobacco-free policy, the Las Vegas Lights will also forgo any cannabis sponsorships or collaborations throughout the season. Educational pieces about the new policy and promotion of cessation resources are being developed.

Staff is working with the American Heart Association on a legislative policy scan questionnaire. The goal of the scan is to gage state leaders and decision makers on their understanding of the toll of tobacco in Nevada and different prevention strategies to reduce use and initiation.

Also in February, staff provided technical assistance to 9 apartment properties who requested guidance on enforcing existing smoke-free policies or development of a new policy. One new apartment complex was added to the directory in February bringing the total number of smoke-free units available in Clark County to 52,492.

Staff participated in a radio interview on 96.3 KKLZ's radio which is part of the Beasley Media Group. Staff discussed African American focused topics concerning flavored-tobacco products, tobacco-related health risks, smoking initiation prevention, cessation and promoted the Because We Matter initiative and the Nevada Quitline to the public. The radio interview aired on all Beasley Media Group affiliated stations.

Staff participated in several community events reaching priority populations as follows:

1. Island eNVy, the SNHD Native Hawaiian and Pacific Islander cessation initiative held their monthly event called 'Ohana Outing' on February 26th at the UNLV Men's Basketball game inside the Thomas and Mack Center. All attendees watched a mini video on cessation before participating in the event. 120+ people attended the event.
2. Because We Matter, the SNHD African American focused tobacco prevention and cessation program, participated in two African American cultural events observing Black History Month. Staff distributed educational material and provided Nevada Quitline information to guests at both events. 4,254 attended the Black History Month Festival and an estimate of 300 at Black History Community Block Party.

C. Other Efforts

OCDPHP has been designated as a Healthy People 2030 Champion by the US Department of Health and Human Services for our commitment to public health priorities that address the major risks to health and well-being, and serving as a resource for preventing disease, promoting health, addressing the social determinants of health, eliminating health disparities, and achieving health equity.

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. During February:

1. Findings from 2 focus groups with African American young adults are being analyzed and will supplement the COVID-19 and Flu Vaccination Survey findings 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. Plans for a focus group with Hispanic/Latinx young adults are currently being developed.
2. No new community-level spokespersons were educated or trained by SNHD staff and contractors. To date, 137 community-level spokespersons have been trained.
3. Staff and contractors participated in 4 community events to distribute information and promote vaccination in February reaching 3,200 people. To date, 51 events have occurred serving 9,636 people.
4. Thirteen pop up vaccine clinics were offered in February vaccinating 245 people for COVID-19 and 62 people for flu. A total of 4,599 individuals have been vaccinated to date through these efforts.

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 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 elected new members for the 2022 calendar year. They also continued their discussion of the education component for cardiac arrest management and the SNHD Mentorship Program.

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 discussed the logistics of the BiPap Pilot Program and heard sub-committee reports.

COMMUNITY HEALTH – OEMSTS - Fiscal Year Data

March EMS Statistics	Mar. 2021	Mar. 2022	
Total Certificates Issued	984	644	↓
New Licenses Issued	99	85	↓
Renewal Licenses Issued (recert only)	845	369	↓
Driver Only	14	17	↑
Active Certifications: EMT	843	766	↓
Active Certifications: Advanced EMT	1684	1587	↓
Active Certifications: Paramedic	1818	1840	↑
Active Certifications: RN	64	59	↓

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. OPHP staff continue to assist the Health District and the community in responding to the COVID-19 pandemic. Many staff remain in SNHD activated ICS.
2. Staff continue to host and attend community meetings virtually with community and hospital partners.
3. 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.
4. OPHP staff continues to assist with distribution of home testing kits and providing to community-based organizations serving at-risk and vulnerable populations to COVID-19.

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. 6 fit tests completed.

C. Hospital Preparedness Program (HPP)

1. 01-02 MAR – HPP Liaison and Training Officer hosted through instruction Incident Command System (ICS) 300 – Intermediate Incident Command System for Expanding Incidents for members of the Southern Nevada Health District and one member of the community.
2. 02 MAR – HPP Liaison participated in the annual Public Health Preparedness Senior Advisory committee acting as a sounding board for the Public Health Preparedness Program to share updates and receive feedback on what is happening in the state of preparedness and response, provide high-level guidance on the Public Health Preparedness grant application process, share field experiences, and an opportunity for us all to network and connect with each other.
3. 03 MAR – HPP Liaison, as Chair, Southern Nevada Healthcare Preparedness Coalition, convened the monthly Healthcare Coalition (HCC) meeting. Topics included updates from jurisdictional partners, healthcare partners, open forum discussion, and updates from the Office of Public Health Preparedness. Special and Guest Presenter, Ms. Melanie Rouse, provided the coalition members an update plus an introduction to the group as Ms. Rouse is the new Clark County Coroner.
4. 07 MAR – HPP Liaison, as the Deputy Planning Section Chief, attended the Integrated Incident Command System Command and Staff meeting. This meeting discussed next week's operational period resource needs and to coordinate support to the Incident Action Plan.
5. 08 MAR – HPP Liaison participated in the State of Nevada Microplanning session meeting discussing accomplishments, needs, and successes of the collaborative efforts to provide testing and vaccinations in southern Nevada. Also, HPP Liaison attended the NACCHO webinar on Qualtrics - Qualtrics Experience Management technology has supported this mission and can advance your population health initiatives.

6. 09 MAR – HPP Liaison, as the Deputy Planning Section Chief, attended the Integrated Incident Command System Planning Meeting and Operational Period Brief.
7. 11 MAR – HPP Liaison participated in a discussion on Nevada's Alternate Care Site plans, factors, and way ahead with the ASPR Project Officer.
8. 14 MAR – HPP Liaison, as the Deputy Planning Section Chief, attended the Integrated Incident Command System Command and Staff meeting. This meeting discussed next week's operational period resource needs and to coordinate support to the Incident Action Plan.
9. 15-16 MAR – HPP Liaison and Training Officer hosted through instruction Incident Command System (ICS) 400 – Advanced Incident Command System For Complex Incidents for members of the Southern Nevada Health District and one member of the community. This course allowed the health district to train seven future leaders in the Incident Command System structure for current and future operations and provided training to one community partner member.
10. 16 MAR – HPP Liaison, as the Deputy Planning Section Chief, attended the Integrated Incident Command System Planning Meeting and Operational Period Brief.
11. 21 MAR – HPP Liaison, as the Deputy Planning Section Chief, attended the Integrated Incident Command System Command and Staff meeting. This meeting discussed next week's operational period resource needs and to coordinate support to the Incident Action Plan.
12. 22 MAR – HPP Liaison participated in the State of Nevada Microplanning session meeting discussing accomplishments, needs, and successes of the collaborative efforts to provide testing and vaccinations in southern Nevada.
13. 23 MAR – HPP Liaison hosted the Healthcare Coalition's Highly Infectious Disease Table-top Exercise for the coalition members. Also, the HPP Liaison, as the Deputy Planning Section Chief, participated in the Integrated Incident Command System Planning Meeting and Operational Period Brief.
14. 28 MAR – HPP Liaison, as the Deputy Planning Section Chief, attended the Integrated Incident Command System Command and Staff meeting.
15. 29 MAR – HPP Liaison participated in a discussion with other healthcare coalitions in the state of Nevada discussing the potential of providing coalition education to Hospital executives throughout the state. The target date is in September.
16. 30 MAR – The Southern Nevada Healthcare Preparedness Coalition conducted a call down drill. The goal was for hospitals/healthcare organizations to submit their Essential Elements of Information spreadsheet post-notification. Exercise was ended (ENDEX) at 1000.

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 February, medical and non-medical volunteers continue to support the COVID-19 vaccination site at SNHD South Clinic (formerly the site of the non-congregate shelter) as medics and support personnel. One medical volunteer deployed to support hospital operations at a local hospital during the Omicron surge. One volunteer 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. 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 third quarter of this fiscal year.

MRC Volunteer Hours FY2022 Q3 COVID-19 Response and Non-Emergency

(Economic impact rates updated July 2021)

Activity	January	February	March
SNHD COVID-19 CLINIC	22.75	23.25	
SNHD COVID-19 VAX OUTREACH	0	0	
SNPHL	2.25	4.25	
Hospital Support	101.75	31	
Total Hours	126.75	58.5	
Economic impact	\$4,927.96	\$2,998.06	

IV. VITAL RECORDS

A. Vital Statistics

March 2022 showed an 4.8% decrease in birth certificate sales in comparison to March 2021. Death certificate sales remained the same in comparison to March 2021. SNHD received revenues of \$46,176 for birth registrations, \$28,041 for death registrations; and an additional \$10,599 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	March 2021	March 2022		FY 20-21 (March)	FY 21-22 (March)	
Births Registered	2,102	2,051	↓	18,365	19,170	↑
Deaths Registered	2,031	2,095	↑	18,504	19,096	↑
Fetal Deaths Registered	32	17	↓	178	186	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	March 2021	March 2022		FY 20-21 (March)	FY 21-22 (March)	
Birth Certificates Sold (walk-in)	1	2	↑	41	243	↑
Birth Certificates Mail	132	172	↑	906	995	↑
Birth Certificates Online Orders	4,824	4,495	↓	30,821	34,428	↑
Birth Certificates Billed	95	137	↑	886	896	↑
Birth Certificates Number of Total Sales	5,052	4,806	↓	32,654	36,562	↑
Death Certificates Sold (walk-in)	1	11	↑	37	231	↑
Death Certificates Mail	127	194	↑	941	1,212	↑
Death Certificates Online Orders	9,668	9,573	↓	83,976	89,095	↑
Death Certificates Billed	51	62	↑	407	508	↑
Death Certificates Number of Total Sales	9,847	9,840	↓	85,361	91,046	↑

COMMUNITY HEALTH Vital Statistics Program - Fiscal Year Data

Vital Statistics Sales by Source	March 2021	March 2022		FY 20-21 (March)	FY 21-22 (March)	
Birth Certificates Sold Valley View (walk-in)				.1%	.7%	↑
Birth Certificates Mail	2.6%	3.6%	↑	2.8%	2.7%	↓
Birth Certificates Online Orders	95.5%	93.5%	↓	94.4%	94.2%	↓
Birth Certificates Billed	1.9%	2.9%	↑	2.7%	2.5%	↓
Death Certificates Sold Valley View (walk-in)		.1%	↑		.3%	↑
Death Certificates Mail	1.3%	2%	↑	1.1%	1.3%	↑
Death Certificates Online Orders	98.2%	97.3%	↓	98.4%	97.9%	↓
Death Certificates Billed	.5%	.6%	↑	.5%	.6%	↑

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	March 2021	March 2022		FY 20-21 (March)	FY 21-22 (March)	
Birth Certificates (\$25)	\$126,300	\$120,150	↓	\$816,350	\$914,050	↑
Death Certificates (\$25)	\$246,175	\$246,600	↑	\$2,134,025	\$2,276,150	↑
Births Registrations (\$13)	\$50,336	\$46,176	↓	\$327,704	\$346,034	↑
Deaths Registrations (\$13)	\$28,548	\$28,041	↓	\$248,757	\$257,244	↑
Convenience Fee (\$2)	\$10,068	\$9,648	↓	\$65,650	\$73,590	↑
Miscellaneous Admin	\$1,166	\$951	↓	\$6,049	\$7,731	↑
Total Vital Records Revenue	\$462,593	\$451,566	↓	\$3,598,535	\$3,874,799	↑

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 131% increase from this time last year.

Revenue	March 2021	March 2022		FY 20-21 (March)	FY 21-22 (March)	
Passport Execution/Acceptance fee (\$35)	\$16,310	29,890	↑	\$85,960	\$198,520	↑
Passport Photo Fee (\$12)						
Total Passport Program Revenue	\$16,310	29,890	↑	\$85,960	\$198,520	↑

V. HEALTH CARDS

A. Food Handling

1. Appointments

- a. Deadline extended to June 30, 2022 for clients to obtain their Health Cards. No further extensions past the end of June.
- b. Appointments fully booked through June 30, 2022. Appointments for July now available.
 - i. Follow-up meeting with MGM properties on Monday, April 4, 2022 to work out logistics of doing Health Cards at their site.
 - ii. Opened dialogue with Wynn/Encore regarding a similar project at their site.
 - iii. On-site testing done at Variety School on Stewart Avenue for students with "special needs."

2. Other Items

Assisting FQHC and Medical Billing Department with cashiering functions and deployment of credit card terminals.

SERVICES	Mar 1 - 31	Feb 1 - 28	Jan 1 - 31	Dec 1 - 31	Nov 1 - 30
Food Handler Cards - New	1,141	997	1,034	944	1,088
Food Handler Cards - Renewals	3,666	3,079	3,160	2,848	3,350
Duplicates	173	133	134	144	167
CFSM (Manager) Cards	170	145	134	106	129
Re-Tests	517	491	525	408	473
Body Art Cards	176	159	161	132	146
TOTALS	5,843	5,004	5,148	4,582	5,353

REVENUE - Point of Sale	Mar 1 - 31	Feb 1 - 28	Jan 1 - 31	Dec 1 - 31	Nov 1 - 30
Food Handler Cards - New	\$22,820.00	\$19,940.00	\$20,680.00	\$18,880.00	\$21,760.00
Food Handler Cards - Renewals	\$73,320.00	\$61,580.00	\$63,200.00	\$56,960.00	\$67,000.00
Duplicates	\$3,460.00	\$2,660.00	\$2,680.00	\$2,880.00	\$3,340.00
CFSM (Manager) Cards	\$3,400.00	\$2,900.00	\$2,680.00	\$2,120.00	\$2,580.00
Re-Tests	\$2,585.00	\$2,455.00	\$2,625.00	\$2,040.00	\$2,365.00
Body Art Cards	\$3,520.00	\$3,180.00	\$3,220.00	\$2,640.00	\$2,920.00
Late Fee	N/A	N/A	N/A	N/A	N/A
TOTALS	\$109,105.00	\$92,715.00	\$95,085.00	\$85,520.00	\$99,965.00

B. COVID-19 Activities

Continued oversight of door screener.

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.

1. The program continues to collaborate with SNHD programs and grant subrecipients to plan and coordinate COVID-19 community strategies and events.
2. 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	108	85
NAAT NG/CT	1373	1148
Syphilis	916	745
RPR/RPR Titers	176/81	112/89
Hepatitis Total	661	744
HIV/differentiated	552/24	441/13
HIV RNA	61	41

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 2000 tests/day with turn-around-time of <48 hours (TAT 2Day-currently at/near goal).
3. For February, the average daily testing was 501 and the average turnaround time was 26 hours days for PCR testing from the collection date to release the test report. The average laboratory total test for SARS-CoV-2 using Panther Aptima NAAT testing is 64 tests per day.
4. IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal

D. Epidemiological Testing and Consultation

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. Conducted 6 outbreak investigations in February.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). SNPHL performed 69 respiratory panels on the BioFire in January.

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	0	1									

3. SNPHL 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 fourteen Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in March 2022.
5. SNPHL 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 192 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of March 2022, SNPHL has sequenced 192 SARS-CoV-2-positive RNA extracts. 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	0	4									

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.

As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in March, a total of 108 clinical isolates, Neisseria gonorrhoeae (108 isolates) and Neisseria meningitidis (0 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. March 2022 SNPHL Activity Highlights

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID-19 collection kits.
2. The facility team plans to move the second week of March and start construction in early April. The proposed warehouse also has a back lot that will allow us to move the mobile clinics and trailers. Our laboratory has packed and classified the items that will move to the warehouse.
3. The NextSeq 2000 whole genome sequencer has been used in SARS-CoV-2 sequencing in the Micro laboratory. The WGS capacity of SARS-CoV-2 is 192 samples per week. The laboratory is in the process of purchasing one liquid handler to handle the COVID-19 samples and reduce human error.
4. We received several Qiagen reagents, computers, and kits. We are in the process of applying the new capital asset forms and giving the computer to IT to check the network connection. The digital PCR and EZ-1 advance XL

instruments were also delivered to the lab three weeks ago. Those instruments will be working on the COVID-19 wastewater project with Dr. Oh at UNLV.

5. The laboratory has sent out the second deliverable report to the APHL QI program on Thursday, March 31, 2022. The report includes the COVID-19 APP SOP, the 1st version of the COVID-19 Wed page, the updated COVID-19 web apps, and the survey form of the training.
6. The Nevada National Guard left us on March 15, 2022. We developed a centralized accessioning section consisting of five lab assistants (1 LA to be assigned, 2 from the COVID-19 teams, 1 from Immunology, and 1 from Molecular; the Micro LA will help out when free but will not be assigned) handling data entry, courier, sample processing, and sample delivery tasks.
7. Our laboratory identified more Omicron variant BA.2 sublineage in March, for Clark County and the State. Our laboratory will keep sequencing the closed contact samples to help ODS follow up on the investigation. Currently, sublineage BA.1.1 is more dominant in Clark County.

H. COMMUNITY HEALTH – SNP HL – Calendar Year Data

SNP HL Services	YTD-March 2021	March 2022	
Clinical Testing Services ¹	3331	4647	↑
Epidemiology Services ²	248	624	↑
State Branch Public Health Laboratory Services ³	12606	1479	↑
All-Hazards Preparedness Services ⁴	75	10	↓
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, and Inspections.
- ⁵ Includes vector testing.