



# Memorandum

**Date:** May 6, 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*

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**Subject:** Community Health Division Monthly Activity Report – April 2022

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

### **A. Chronic Disease Prevention Program (CDPP)**

CDPP staff kicked off the Faithful Families nutrition and physical activity program at 2 places of faith serving the Latinx community. These places of faith have also implemented the Supporting Wellness at Pantries (SWAP) program. Faithful Families classes are taught in Spanish by CDPP staff and trained promotoras. One place of faith completed the Faithful Families program in March. On average, 33 attended each Faithful Families class. Post-class assessment and evaluation is being conducted. Classes at the second place of faith will wrap up in April. The Faithful Families program supports other policy, systems, and environmental change (PSE) work happening at the place of faith as well as the SWAP program.

CDPP staff facilitated an in-person Diabetes Self-Management, Education & Support (DSMES) class at SNHD in March. Five people attended and completed the class.

The CDPP sponsors the CCSD Safe Routes to School Program including the Walk and Roll program at local elementary and middle schools. The spring Walk and Roll program wrapped up in March with over 200 bike helmets being distributed. Planning is underway for Nevada Moves Week activities in May.

The CDPP CHW participated in 3 community events in March at Nevada Partners and Seigel Suites to promote CDPP program and connect the community to available resources. Over 1,700 materials were distributed. In addition, the CHW visited 21 locations including libraries, senior centers, housing complexes, etc. that serve our priority populations to help build community partnerships and share community resources related to chronic disease prevention.

## **B. Tobacco Control Program (TCP)**

In March 2022, staff worked with the Las Vegas Aviators, the city's professional Triple-A baseball team of the Pacific Coast League (PCL) and affiliate of the Oakland Athletics, to declare the Las Vegas Ball Park a smoke-free facility. The new policy prohibits the use of all smoke and tobacco products, including cigarettes, chewing tobacco, e-cigarettes (including Juul) and all vapes on Ballpark property. The ballpark has a 10,000-seat capacity. Signage will be posted at all entrances of the Las Vegas Ballpark, and fans can expect to see educational messaging to be shared throughout Aviators' games all year. The policy took effect on opening day April 5, 2022.

Staff continues to update and distribute educational materials on flavored tobacco products at strategic locations and events. This month staff finalized the Spanish translated Attracting Addiction brochure. This culturally and linguistically competent resource will inform the Latinx community about flavored tobacco products, policies, and e-cigarettes. Staff shared translated files with the Washoe County Health District and Carson City Health and Human Services for state partner review and approval. Staff and media partners continue to maintain and update the statewide flavoring website ([AttractingAddictionNV.com](http://AttractingAddictionNV.com)). The website uses Nevada-specific data to provide information on flavored tobacco products, including menthol, suggested policy changes, and cessation and prevention resources to raise awareness and reduce sales of tobacco-related flavored products.

This month, 9 businesses implemented and/or expanded their smoke and vape free policy. Staff provided technical assistance including signage and model policy recommendations.

## **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. During March:

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. Seventy-two community-level spokespersons were educated or trained by SNHD staff and contractors in March. To date, 209 community-level spokespersons have been trained.
3. Staff and contractors participated in 1 community event to distribute information and promote vaccination in March reaching 120 people. To date, 52 events have occurred serving 9,756 people.
4. Eleven pop up vaccine clinics were offered in March vaccinating 187 people for COVID-19 and 43 people for flu. A total of 4,829 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 a new Vice Chair. They also continued their discussion of the education component for the SNHD Paramedic Mentorship/Internship 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 heard reports from the Education and Drug/Device/Protocol sub-committees.

### **D. Regional Trauma Advisory Board (RTAB) Member Nominating Committee**

The RTAB Member Nominating Committee is a committee that consists of RTAB standing members with the purpose of reviewing nominations for non-standing members to serve a two-year term and make their recommendations to the RTAB.

The RTAB Member Nominating Committee met to discuss and vote on new members to fill the following expiring seats on 4/20/2022: 1) General Public; 2) Health Education and Prevention Services; 3) Legislative/Advocacy; 4) Payers of Medical Benefits for Victims of Trauma; 5) Public Relations/Media; and 6) Private Franchised Providers of Advanced Emergency Care

### **E. 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.

The Board:

1. Approved the new non-standing selected for the July 2022–June 2024 term.
2. Heard a committee report from the February 2020 Southern Nevada Injury Prevention Partnership (SNIPP).
3. Reviewed and discussed the trauma transport data for 4<sup>th</sup> quarter 2021.
4. Approved the application submitted by UMC for renewal of authorization as a Level I Trauma Center and Level II Pediatric Trauma Center.
5. Discussed the proposed revisions to the Clark County Trauma System Regulations. They will meet again in May for further review.

**F. Clark County Trauma Transport Data (07/01/2021 to 12/31/2021)**

| Total Transports                    | Step 1 | Step 2 | Step 3 | Step 4 | Discharged | Admitted | OR | ICU | Death | Transfer |
|-------------------------------------|--------|--------|--------|--------|------------|----------|----|-----|-------|----------|
| 7149                                | 5%     | 7%     | 34%    | 54%    | 57%        | 28%      | 4% | 9%  | 1%    | 1%       |
| <b>Out of Area (OOA) Transports</b> |        |        |        |        |            |          |    |     |       |          |
| 837                                 | 12%    |        |        |        |            |          |    |     |       |          |

Prepared by the Office of Emergency Medical Services & Trauma System and Office of Informatics

Notes:

1. Out of Area Transports does not include non-trauma hospitals.
2. Out of Area defines compliance with EMS catchment zones. All EMS transports are protocol identified trauma patients delivered to a trauma center outside of their designated catchment zone.
3. Out of Area review threshold is 5% as was established by the Regional Trauma Advisory Board (RTAB). All data is reviewed by the RTAB on a quarterly basis. Current Out of Area overage is being evaluated by the RTAB as an ongoing perspective review of data.

**COMMUNITY HEALTH – OEMSTS - Fiscal Year Data**

| April EMS Statistics                  | April 2021 | April 2022 |   |
|---------------------------------------|------------|------------|---|
| Total Certificates Issued             | 61         | 81         | ↑ |
| New Licenses Issued                   | 59         | 70         | ↑ |
| Renewal Licenses Issued (recert only) | 2          | 0          | ↓ |
| Driver Only                           | 14         | 17         | ↑ |
| Active Certifications: EMT            | 891        | 778        | ↓ |
| Active Certifications: Advanced EMT   | 1700       | 1630       | ↓ |
| Active Certifications: Paramedic      | 1832       | 1806       | ↓ |
| Active Certifications: RN             | 64         | 58         | ↓ |

### **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.
5. OPHP staff attended the NACCHO Preparedness Summit April 4–7, 2022. Staff presented on After Action Reporting and the Power of Partnerships.
6. OPHP is continuing to work with the County and the SNHD contractor to develop the regional and SNHD COVID-19 After Action Report.
7. OPHP staff is working with the County to develop the Multi-Jurisdictional Hazard Mitigation Plan which had their kickoff meeting on April 18, 2022.
8. OPHP staff supported the County Multiagency Coordination Center for the NFL Draft

#### **B. PH 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, 13 fit tests completed.

#### **C. Hospital Preparedness Program (HPP)**

1. 07 APR – HPP Liaison, as Chair of the Southern Nevada Healthcare Preparedness Coalition hosted the monthly healthcare coalition meeting providing updates to the partners on training, exercises, change of location for future meetings, and receiving partner updates during the meeting.
2. 11 – 15 APR – HPP Liaison attended the National Emergency Training Center E0133 Course: Conduct, Exercise Evaluation, and Improvement Planning in completion of the didactic portion of the Master Exercise Practitioners Program. Capstone exercise to be completed during the next budget period
3. 19 – 20 APR – HPP Liaison hosted the Pediatric Disaster Response and Emergency Preparedness Course provided by Texas A&M Engineering Extension Services (TEEX). Members of the community in healthcare, EMS, and Emergency Management attended the two-day event.
4. 25 APR – HPP Liaison, as the Deputy Planning Section Chief, attended the Integrated Incident Command System Command and General Staff meeting followed by the Tactics Meeting. These meetings discussed next week's operational period resource needs and to coordinate support to the Incident Action Plan.

5. 27 APR – HPP Liaison, as the Deputy Planning Section Chief, attended the consolidated Planning Meeting and Operational Period Brief discussing the next two-week operational period.

**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 March, medical volunteers continue to support the COVID-19 vaccination community outreach sites as vaccinators. 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.

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

(Economic impact rates updated July 2021)

| Activity                          | January           | February          | March           |
|-----------------------------------|-------------------|-------------------|-----------------|
| <b>SNHD COVID-19 CLINIC</b>       | 22.75             | 23.25             | 0               |
| <b>SNHD COVID-19 VAX OUTREACH</b> | 0                 | 0                 | 10.5            |
| <b>SNPHL</b>                      | 2.25              | 4.25              | 2               |
| <b>Hospital Support</b>           | 101.75            | 31                | 0               |
| <b>Total Hours</b>                | <b>126.75</b>     | <b>58.5</b>       | <b>12.5</b>     |
| <b>Economic Impact</b>            | <b>\$4,927.96</b> | <b>\$2,998.06</b> | <b>\$349.61</b> |

**IV. VITAL RECORDS**

**A. Vital Statistics**

April 2022 showed an 11% decrease in birth certificate sales in comparison to April 2021. Death certificate sales showed a 3% decrease in comparison to April 2021. SNHD received revenues of \$36,205 for birth registrations, \$24,375 for death registrations; and an additional \$8,489 in miscellaneous fees.

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

|                                  | April 2021 | April 2022 |   | FY 20-21 (April) | FY 21-22 (April) |   |
|----------------------------------|------------|------------|---|------------------|------------------|---|
| <b>Vital Statistics Services</b> |            |            |   |                  |                  |   |
| <b>Births Registered</b>         | 1,959      | 1,699      | ↓ | 20,311           | 20,855           | ↑ |
| <b>Deaths Registered</b>         | 1,891      | 1,767      | ↓ | 20,395           | 20,863           | ↑ |
| <b>Fetal Deaths Registered</b>   | 36         | 11         | ↓ | 186              | 160              | ↓ |

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

|   | April 2021   | April 2022   |          | FY 20-21 (April) | FY 21-22 (April) |          |
|---|--------------|--------------|----------|------------------|------------------|----------|
| <b>Vital Statistics Services</b>                |              |              |          |                  |                  |          |
| Birth Certificates Sold (walk-in)               | 12           | 1            | ↓        | 53               | 244              | ↑        |
| Birth Certificates Mail                         | 122          | 147          | ↑        | 1,028            | 1,142            | ↑        |
| Birth Certificates Online Orders                | 4,158        | 3,621        | ↓        | 34,979           | 38,289           | ↑        |
| Birth Certificates Billed                       | 107          | 105          | ↓        | 993              | 1,001            | ↑        |
| <b>Birth Certificates Number of Total Sales</b> | <b>4,399</b> | <b>3,874</b> | <b>↓</b> | <b>37,053</b>    | <b>40,676</b>    | <b>↑</b> |
| Death Certificates Sold (walk-in)               | 20           | 7            | ↓        | 57               | 238              | ↑        |
| Death Certificates Mail                         | 79           | 159          | ↑        | 1,020            | 1,371            | ↑        |
| Death Certificates Online Orders                | 8,593        | 8,284        | ↓        | 92,569           | 97,442           | ↑        |
| Death Certificates Billed                       | 62           | 47           | ↓        | 469              | 555              | ↑        |
| <b>Death Certificates Number of Total Sales</b> | <b>8,754</b> | <b>8,497</b> | <b>↓</b> | <b>94,115</b>    | <b>99,606</b>    | <b>↑</b> |

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

|   | April 2021 | April 2022 |   | FY 20-21 (April) | FY 21-22 (April) |   |
|---|------------|------------|---|------------------|------------------|---|
| <b>Vital Statistics Sales by Source</b>       |            |            |   |                  |                  |   |
| Birth Certificates Sold Valley View (walk-in) | .3%        |            | ↓ | .1%              | .6%              | ↑ |
| Birth Certificates Mail                       | 2.8%       | 3.8%       | ↑ | 2.8%             | 2.8%             |   |
| Birth Certificates Online Orders              | 94.5%      | 93.5%      | ↓ | 94.4%            | 94.1%            | ↓ |
| Birth Certificates Billed                     | 2.4%       | 2.7%       | ↑ | 2.7%             | 2.5%             | ↓ |
| Death Certificates Sold Valley View (walk-in) | .2%        | .1%        | ↓ | .1%              | .2%              | ↑ |
| Death Certificates Mail                       | .9%        | 1.9%       | ↑ | .1%              | 1.4%             | ↑ |
| Death Certificates Online Orders              | 98.2%      | 97.5%      | ↓ | 98.4%            | 97.8%            | ↓ |
| Death Certificates Billed                     | .7%        | .6%        | ↓ | .5%              | .6%              | ↑ |

**COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data**

|                                    | <b>April<br/>2021</b> | <b>April<br/>2022</b> |          | <b>FY 20-21<br/>(April)</b> | <b>FY 21-22<br/>(April)</b> |          |
|------------------------------------|-----------------------|-----------------------|----------|-----------------------------|-----------------------------|----------|
| <b>Revenue</b>                     |                       |                       |          |                             |                             |          |
| <b>Birth Certificates (\$25)</b>   | \$109,975             | \$96,850              | ↓        | \$926,325                   | \$1,016,900                 | ↑        |
| <b>Death Certificates (\$25)</b>   | \$218,850             | \$212,425             | ↓        | \$2,352,875                 | \$2,490,150                 | ↑        |
| <b>Births Registrations (\$13)</b> | \$43,745              | \$36,205              | ↓        | \$371,449                   | \$384,644                   | ↑        |
| <b>Deaths Registrations (\$13)</b> | \$24,895              | \$24,375              | ↓        | \$273,652                   | \$281,749                   | ↑        |
| <b>Convenience Fee (\$2)</b>       | \$8,698               | \$7,828               | ↓        | \$74,348                    | \$81,902                    | ↑        |
| <b>Miscellaneous Admin</b>         | \$936                 | \$661                 | ↓        | \$6,985                     | \$8,392                     | ↑        |
| <b>Total Vital Records Revenue</b> | <b>\$407,099</b>      | <b>\$378,344</b>      | <b>↓</b> | <b>\$4,005,634</b>          | <b>\$4,263,737</b>          | <b>↑</b> |

**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.

| <b>Revenue</b>                           | <b>April<br/>2021</b> | <b>April<br/>2022</b> |          | <b>FY 20-21<br/>(April)</b> | <b>FY 21-22<br/>(April)</b> |          |
|--|-----------------------|-----------------------|----------|-----------------------------|-----------------------------|----------|
| Passport Execution/Acceptance fee (\$35) | \$17,430              | \$28,245              | ↑        | \$103,390                   | \$226,765                   | ↑        |
| Passport Photo Fee (\$12)                | 0                     |                       |          |                             |                             |          |
| <b>Total Passport Program Revenue</b>    | <b>\$17,430</b>       | <b>\$28,245</b>       | <b>↑</b> | <b>\$103,390</b>            | <b>\$226,765</b>            | <b>↑</b> |

**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 but will have meeting with Aaron DelCotto, EH Manager, to discuss possible solutions for casinos who may have to do “timeclock lock-outs” for those with expired cards.
  - b. Appointments fully booked through July 2022. Appointments for August currently available.
2. MGM
  - a. Nine dates scheduled for June 2022.
  - b. Site walk-through in mid-May.
3. Wynn/Encore
  - a. Site walk-through completed and tested using our equipment.
  - b. Will be doing Health Cards on-site May 3-5.
4. Met with staff to discuss ideas on how to best be prepared for June 30th deadline.



**B. Other Items**

1. Switchboard will be relocated from the front desk to Health Cards.
  - a. Will allow better monitoring of staff member to ensure calls are routed quickly and efficiently.
  - b. Will enable cross-training of other staff members who will have ready access to support from other team members as needed.

**SERVICES**

|                               | <b>Apr 1 - 30</b> | <b>Mar 1 - 31</b> | <b>Feb 1 - 28</b> | <b>Jan 1 - 31</b> | <b>Dec 1 - 31</b> | <b>Nov 1 - 30</b> |
|-------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Food Handler Cards - New      | 1,069             | 1,141             | 997               | 1,034             | 944               | 1,088             |
| Food Handler Cards - Renewals | 3,604             | 3,666             | 3,079             | 3,160             | 2,848             | 3,350             |
| Duplicates                    | 121               | 173               | 133               | 134               | 144               | 167               |
| CFSM (Manager) Cards          | 142               | 170               | 145               | 134               | 106               | 129               |
| Re-Tests                      | 535               | 517               | 491               | 525               | 408               | 473               |
| Body Art Cards                | 125               | 176               | 159               | 161               | 132               | 146               |
| <b>TOTALS</b>                 | <b>5,596</b>      | <b>5,843</b>      | <b>5,004</b>      | <b>5,148</b>      | <b>4,582</b>      | <b>5,353</b>      |

**REVENUE - Point of Sale**

|                               | <b>Apr 1 - 30</b>   | <b>Mar 1 - 31</b>   | <b>Feb 1 - 28</b>  | <b>Jan 1 - 31</b>  | <b>Dec 1 - 31</b>  | <b>Nov 1 - 30</b>  |
|-------------------------------|---------------------|---------------------|--------------------|--------------------|--------------------|--------------------|
| Food Handler Cards - New      | \$21,380.00         | \$22,820.00         | \$19,940.00        | \$20,680.00        | \$18,880.00        | \$21,760.00        |
| Food Handler Cards - Renewals | \$72,080.00         | \$73,320.00         | \$61,580.00        | \$63,200.00        | \$56,960.00        | \$67,000.00        |
| Duplicates                    | \$2,420.00          | \$3,460.00          | \$2,660.00         | \$2,680.00         | \$2,880.00         | \$3,340.00         |
| CFSM (Manager) Cards          | \$2,840.00          | \$3,400.00          | \$2,900.00         | \$2,680.00         | \$2,120.00         | \$2,580.00         |
| Re-Tests                      | \$2,675.00          | \$2,585.00          | \$2,455.00         | \$2,625.00         | \$2,040.00         | \$2,365.00         |
| Body Art Cards                | \$2,500.00          | \$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                | N/A                |
| <b>TOTALS</b>                 | <b>\$103,895.00</b> | <b>\$109,105.00</b> | <b>\$92,715.00</b> | <b>\$95,085.00</b> | <b>\$85,520.00</b> | <b>\$99,965.00</b> |

**C. 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.
3. On April 22<sup>nd</sup> and 23<sup>rd</sup>, the Health Equity program participated in the Divas Day Out event at the Las Vegas Convention Center. Health educators provided information related to resources and services provided at the Southern Nevada Health District.

**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        | 87            | 86               |
| NAAT NG/CT         | 1166          | 1152             |
| Syphilis           | 859           | 773              |
| RPR/RPR Titers     | 178/51        | 135/80           |
| Hepatitis Total    | 801           | 568              |
| HIV/differentiated | 541/13        | 466/13           |
| HIV RNA            | 46            | 43               |

**B. COVID-19 Testing**

1. SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.
2. The goal of the SNPHL is to maintain capacity of 2,000 tests/day with a turnaround-time of <48 hours (TAT 2Day- currently at/near goal).
3. For April, the average daily testing was 279 and the average turnaround time was 26 hours days for PCR testing from the collection date to the release the test report. The average laboratory total test for SARS-CoV-2 using Panther Aptima NAAT testing is 290 tests per week.
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/NAAT testing is listed as follows:



**D. Epidemiological Testing and Consultation**

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. Conducted 10 outbreak investigations in April.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). SNPHL performed April, 16 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   | 0   | 1   | 0   |     |     |      |     |     |     |     |     |

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 18 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in April 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 192 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of April 2022, SNPHL has sequenced 89 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   | 2     |     |      |      |     |     |     |     |     |

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 April, a total of 87 clinical isolates, Neisseria gonorrhoeae (87 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.
5. Provided onsite training for COVID-19 online ordering application for long-term care facilities.

**G. April 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 is in the process of finalizing the start date with the contractor. Currently, they are looking at May 16th. They will be placing a temporary office in the back lot for contracted security and have a guard placed on-site 24/7 during construction to monitor lot access and to watch over supplies stored on site. The facility team is also asking the City to allow us temporary use of the empty lot to the west of our facility.
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 to purchase 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 to apply the new capital asset forms and give the computer to IT to check the network connection. The digital PCR 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 at UNLV.
5. Sui Ching, the COVID-19 Supervisor, prepared the APHL midterm report and answered questions from the survey form. We submitted the midterm report last Friday, April 26, 2022. The due date for the APHL midterm report is April 30, 2022.
6. The Nevada National Guard left us on 3/15/2022. 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. According to the WGS and genomic data analysis, the Omicron variant BA.2 lineage are domain lineage in April, for Clark County and State. Our laboratory will keep sequencing the closed contact samples to help ODS

to follow up on the investigation. Currently, the lineage BA.1.1 is second only to BA.2 lineage in Clark County.

**H. COMMUNITY HEALTH – SNP HL – Calendar Year Data**

| <b>SNPHL Services</b>                                       | YTD-April<br>2021 | April<br>2022 |   |
|---|-------------------|---------------|---|
| Clinical Testing Services <sup>1</sup>                      | 2855              | 4285          | ↑ |
| Epidemiology Services <sup>2</sup>                          | 201               | 461           | ↑ |
| State Branch Public Health Laboratory Services <sup>3</sup> | 11346             | 5304          | ↓ |
| All-Hazards Preparedness Services <sup>4</sup>              | 81                | 9             | ↓ |
| Environmental Health Services <sup>5</sup>                  | 0                 | 0             | 0 |

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