



# Memorandum

**Date:** September 22, 2022

**To:** Southern Nevada District Board of Health

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

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

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

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

In partnership with the YMCA, the CDPP is co-sponsoring a Healthy Hearts Ambassador – Self Monitoring Blood Pressure Program. The program is free for individuals who meet class criteria (diagnosed with hypertension) and is being offered at three (3) local YMCAs. Currently there are 24 people enrolled in the 16-week program.

The Soda Free Summer/Verano Sin Soda initiative also persisted in July with multiple outreach events. At each event, participants are encouraged to sign a soda free summer pledge card pledging to reduce or eliminate soda and sugary beverages. Participants are also provided with educational and promotional materials. In July, three (3) outreach events were held serving over 1,000 people. 70 pledge cards were collected.

The Move Your Way/Muevete a Tu Manera Summer Initiative was sustained in July with multiple events in the community providing opportunities for physical activity and Move Your Way resources. July events included:

- Back to school event with Clark County serving over 300 people
- Back to school health fair serving 75 people
- Family resources health fair serving 65 people
- Yucatan health fair serving 75 people
- Four (4) free Yoga classes serving a total of 40 people

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

SNHD TCP staff has finalized a vaping toolkit for Clark County School District (CCSD) educators and administrators. This toolkit includes recommended an alternative to suspension

programming, along with an alternative to suspension sample policy language. This toolkit was mailed to every middle and high school, including CCSD and private schools. TCP Staff developed a PowerPoint training tool to accompany the toolkit, which also recommends an alternative to suspension policy, be instituted for youth who violate smoking/vaping rules.

TCP Staff encourages and advocates the deployment of tobacco-free policies in multi-unit housing through media campaigns, direct calls, and in-person visits as needed. Signage and cessation materials are provided free of charge as an incentive for policy adoption. This month, three (3) new apartment complexes, have enacted new or expanded their existing smoke-free policy adding over 1,083 units to the smoke-free housing directory. The online directory now contains 51,195 smoke-free units in southern Nevada.

This month, seven (7) businesses implemented and/or expanded their smoke and vape free policy. Staff provided technical assistance in the way of model policy language and signage.

Staff worked to develop an educational brochure for behavioral health and substance use treatment facilities to encourage the adoption of tobacco-free campus policies.

For the month of July, TCP staff collaborated with the Latino Youth Leadership conference to bring tobacco prevention education and cessation resources to youth participants through the Por Mi Por Ti Por Nosotros Viva Saludable initiative. Staff presented on the topic of vape related dangers and youth participated in an advocacy activity that involved supporting the smoke-free higher education campus initiative. Staff also provided culturally appropriate resources to the parents of the Latino youth conference attendees. The conference was held July 18th through July 24th with over 100 youth participants.

In July, staff with "Because We Matter" LV initiative, provided educational material and promotional items to promote the Nevada Tobacco Quitline, prevent smoking initiation, and educate on tobacco and e-cigarette related issues at two (2) events reaching 150 African Americans who participated in the Bethesda COGIC's community Team Hike event and adults attending the Youth Empowerment Summit at Nevada State College.

### **C. Other Efforts**

OCDPHP has received additional funding from the CDC to support COVID-19 and flu vaccine education. Funding was also provided for 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 July 2022:

1. The COVID/Flu Social Listening Insight report was completed. The project evaluation team analyzed SNHD's and other local partner COVID/Flu social media posts and the resulting public comments to identify recurring themes/sentiments related to vaccination. The report will help inform outreach and media interventions.
2. To date 230 community-level spokespersons were trained by SNHD staff and contractors.

3. One (1) community event to distribute information and promote vaccination occurred in July reaching 300 individuals. To date, 56 events have occurred serving 16,586 people. 85% of those reached at events have been from our priority populations.
4. Six (6) pop up vaccine clinics were offered in July vaccinating 65 people for COVID-19. A total of 5,186 individuals have been vaccinated to date through these efforts. 95% of individuals vaccinated at the pop-up clinics have been from our priority populations.

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

### **A. August Meetings:**

#### **1. Education Committee**

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

#### **2. Drug/Device/Protocol (DDP) Committee**

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 reviewed proposed changes to the Trauma Field Triage Criteria and Transport Destinations protocols.

#### **3. Medical Advisory Board (MAB)**

The primary mission of the MAB is to support the District 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 SNHD whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The Board heard reports from the Education, DDP and Quality Improvement Directors committee meetings.

**B. OEMSTS – August 2021 / 2022 Data**

<b>COMMUNITY HEALTH – OEMSTS - Fiscal Year Data</b>			
<b>August EMS Statistics</b>	<b>2021</b>	<b>2022</b>	
Total certificates issued	67	79	↑
New licenses issued	61	73	↑
Renewal licenses issued (recert only)	5	3	↓
Driver Only	14	26	↑
Active Certifications: EMT	766	891	↑
Active Certifications: Advanced EMT	1624	1720	↑
Active Certifications: Paramedic	1782	1924	↑
Active Certifications: RN	63	61	↓

**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. Our personnel corroborate by hosting and attending community meetings virtually with community and hospital partners.
3. 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.
4. The OPHP Team is continuing to work with the County and the SNHD contractor to develop the regional and SNHD COVID After Action Report.
5. OPHP provides manpower to the District’s response to the monkeypox outbreak by working with the state and CDC to obtain vaccine for post- and pre- exposure prophylaxis for eligible person.

**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. 63 fit tests completed.
3. August 10 - Planner I/II and PHP Supervisor met with Crisis Ready Group to discuss Clark County Mass Care plan.

4. August 11 - First Closed POD Working Group meeting held since beginning of COVID-19 response.
5. Fridays in August – PHEP/CRI staff with the assistance of MRC volunteers and Epi staff completed Community Surveys at Galleria Mall and Boulevard Mall
6. August 31 – Received completed Closed POD renewal for Boyd Gaming
7. Planner I/II is completing Job Action Sheets for Incident Command
8. Planner I/II completed SME review of Invasive Aedes Annex in which we will submit to policy group for final review.

**C. Hospital Preparedness Program (HPP):** OPHP dispensed a Hospital Preparedness Program Liaison

1. August 1 – as Deputy Planning Section, participated in the SNHD Incident Command System Command and Staff/Tactics meetings.
2. August 2 – who hosted the initial planning meeting for the Chemical Response Functional Exercise.
3. August 3 – as Deputy Planning Section, participated in the SNHD Incident Command System Planning Meeting/Operational Period Brief.
4. August 4 – to Chair for the Southern Nevada Healthcare Preparedness Coalition, hosted the monthly coalition meeting providing updates on upcoming training, exercises, voting on the Chemical Response Annex, and opening a forum for partners to announce key information for the membership.
5. August 9 – who participated in the State of Nevada Microplanning session for COVID-19.
6. August 11 – who had involvement in the University Medical Center of Southern Nevada Emergency Management Committee Meeting providing updates on the upcoming healthcare coalition meeting in September 2022, the upcoming Incident Command System training, and planning meetings for the Chemical Response Functional Exercise in January 2023.
7. August 15 – as Deputy Planning Section, participated in the SNHD Incident Command System Command and Staff/Tactics meetings.
8. August 17 – as Deputy Planning Section, participated in the SNHD Incident Command System Planning Meeting/Operational Period Brief.
9. August 18 – who met with Supervisor from the Office of Public Health Preparedness and other HPP Grant members to discuss the current state of deliverables. Also, HPP

attended the Monthly Cyber briefing from Health & Human Services discussing the Impact of Social Engineering in Healthcare. Finally, HPP Liaison participated in the Monkey Pox webinar discussing the current state of Monkey Pox in the United States.

10. August 22 – met with leaders of the Office of Public Health Preparedness and State Public Health Preparedness for the annual site visit. The meeting was a success for OPHP and SNHD Finance.
11. August 23-24 – The Office of Public Health Preparedness provided instruction in the Incident Command System, IC 300 - Intermediate Incident Command System for Expanding Incidents, to members of the Southern Nevada Health District.
12. August 25 – co-sponsored with the San Martin/Dignity Health System providing updates on upcoming healthcare coalition meetings, planning meetings, training opportunities, and general public health expertise for questions of the team. Also, HPP participated in a Table-top Exercise with Harry Reid International Airport’s emergency management team.
13. August 29 – HPP Liaison, as Deputy Planning Section Chief, participated in the Demobilization meeting for the Southern Nevada Health District’s Incident Command System structure.

**D. Grants and Administration:**

1. OPHP staff are supporting COVID-19 response and logistical needs.
2. OPHP staff are supporting monkeypox call line logistics.
3. OPHP is currently awaiting the Notice of Award for the PHEP, CRI, and HPP grants from the State DPBH.

**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 July, volunteers supported the Immunization Clinic at the intake desk during the Back-to-School rush and assembled safer sex kits for the ODS. Total “accepted” volunteers stand at about 548. 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 first quarter of this fiscal year.

**MRC Volunteer Hours FY2023 Q1 COVID-19 Response and Non-Emergency Economic impact rates updated July**

Activity	July	August	September
SNHD IMM CLINIC	49.5		
SNHD COVID VAX OUTREACH	6		
SNPHL	0		
SNHD ODS Support	9.5		
<b>Total Hours</b>	<b>65</b>		
<b>Economic impact</b>	<b>\$1,934.21</b>		

**IV. VITAL RECORDS**

- A. August 2022 is currently showing an 8% decrease in birth certificate sales in comparison to August 2021. Death certificate sales currently showing 17% decrease in comparison to August 2021. SNHD received revenues of \$46,293 for birth registrations, \$23,634 for death registrations; and an additional \$10,357 in miscellaneous fees.

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

Vital Statistics Services	Aug 2021	Aug 2022		FY 22-22 (Aug)	FY 22-23 (Aug)	
Births Registered	2,169	2,157	↓	4,288	4,202	↓
Deaths Registered	2,378	1,779	↓	4,134	3,457	↓
Fetal Deaths Registered	17	12	↓	43	35	↓

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

Vital Statistics Services	Aug 2021	Aug 2022		FY 21-22 (Aug)	FY 22-23 (Aug)	
Birth Certificates Sold (walk-in)	28	34	↑	50	90	↑
Birth Certificates Mail	110	165	↑	224	254	↑
Birth Certificates Online Orders	5,197	4,644	↓	9,909	8,353	↓
Birth Certificates Billed	122	131	↑	209	212	↑
<b>Birth Certificates Number of Total Sales</b>	<b>5,457</b>	<b>4,974</b>	<b>↓</b>	<b>10,412</b>	<b>8,909</b>	<b>↓</b>
Death Certificates Sold (walk-in)	31	12	↓	54	14	↓
Death Certificates Mail	112	157	↑	240	284	↑
Death Certificates Online Orders	9,954	8,175	↓	18,347	16,200	↓
Death Certificates Billed	54	36	↓	109	65	↓
<b>Death Certificates Number of Total Sales</b>	<b>10,151</b>	<b>8,380</b>	<b>↓</b>	<b>18,750</b>	<b>16,563</b>	<b>↓</b>

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

<b>Vital Statistics Sales by Source</b>	<b>Aug 2021</b>	<b>Aug 2022</b>		<b>FY 21-22 (Aug)</b>	<b>FY 22-23 (Aug)</b>	
Birth Certificates Sold Valley View (walk-in)	.5%	.7%	↑	.5%	1%	↑
Birth Certificates Mail	2%	3.3%	↑	2.2%	2.9%	↑
Birth Certificates Online Orders	95.2%	93.4%	↓	95.2%	93.8%	↓
Birth Certificates Billed	2.2%	2.6%	↑	2%	2.4%	↑
Death Certificates Sold Valley View (walk-in)	.3%	.1%	↓	.3%	.1%	↓
Death Certificates Mail	1.1%	1.9%	↑	1.3%	1.7%	↑
Death Certificates Online Orders	98.1%	97.6%	↓	97.9%	97.8%	↓
Death Certificates Billed	.5%	.4%	↓	.6%	.4%	↓

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

<b>Revenue</b>	<b>Aug 2021</b>	<b>Aug 2022</b>		<b>FY 21-22 (Aug)</b>	<b>FY 22-23 (Aug)</b>	
Birth Certificates (\$25)	\$136,425	\$124,350	↓	\$260,300	\$222,725	↓
Death Certificates (\$25)	\$253,775	\$209,500	↓	\$468,750	\$414,075	↓
Births Registrations (\$13)	\$50,739	\$46,293	↓	\$98,163	\$83,096	↓
Deaths Registrations (\$13)	\$29,939	\$23,634	↓	\$55,159	\$46,982	↓
Convenience Fee (\$2)	\$10,726	\$9,806	↓	\$20,492	\$17,818	↓
Miscellaneous Admin	\$1,156	\$561	↓	\$2,278	\$1,237	↓
<b>Total Vital Records Revenue</b>	<b>\$482,760</b>	<b>\$414,144</b>	<b>↓</b>	<b>\$905,142</b>	<b>\$785,933</b>	<b>↓</b>

\*Numbers will change once stable

**COMMUNITY HEALTH Passport Program – Fiscal Year Data**

**B. PASSPORT SERVICES** - Passport Services is appointment only. Passport photos remain suspended.

<b>Applications</b>	<b>Aug 2021</b>	<b>Aug 2022</b>		<b>FY 21-22 (Aug)</b>	<b>FY 22-23 (Aug)</b>	
Passport Applications	593	770	↑	1,240	1,456	↑
<b>Revenue</b>	<b>Aug 2021</b>	<b>Aug 2022</b>		<b>FY 21-22 (Aug)</b>	<b>FY 22-23 (Aug)</b>	
Passport Execution/Acceptance fee (\$35)	\$20,755	\$26,950	↑	\$43,400	\$50,960	↑



**V. HEALTH CARDS**

**A. COVID-19 Activities:**

1. Perpetual oversight of door screener as ICS is demobilizing, with plans to perpetuate until instructed to cease screening and triage at front door.
2. On-boarded new temporary employee to replace prior staff member who terminated assignment.

**B. Food Handling / Health Cards:**

1. Appointments
  - a. Consistently adding “next day” appointments at Decatur office every afternoon as space allows. Able to add at least 100 additional spots every workday.
  - b. Saturday sessions at least twice a month.
2. Utilizing the former café area at the Decatur location to increase capacity for Health Cards Testing.
3. Online Renewals.
  - a. For the month of August, averaging 136 “passing and paying” clients per day.
  - b. Total online renewals for the month of August = 4,222 clients.
4. Total for month: 4,222 online + 8,837 in-person = 13,059 paying clients.

<b><u>SERVICES</u></b>	<b>Aug 1 - 31</b>	<b>Jul 1 - 31</b>	<b>Jun 1 - 30</b>	<b>May 1 - 31</b>	<b>Apr 1 - 30</b>
Food Handler Cards - New	2,663	1,639	1,319	1,359	1,069
FH Cards – Renewals	4,364	4,567	4,913	4,685	3,604
FH Cards – Online Renewals	4,222	1,958	-	-	-
Duplicates	277	167	129	131	121
CFSM (Manager) Cards	195	156	201	146	142
Re-Tests	1,252	891	1,002	880	535
Body Art Cards	86	89	120	84	125
<b>TOTALS</b>	<b>13,059</b>	<b>9,467</b>	<b>7,684</b>	<b>7,285</b>	<b>5,596</b>

**VI. HEALTH EQUITY**

- A. 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.
- B. The Health Equity Program works towards reducing health disparities through increasing organizational capacity and implementing community strategies.
1. The program continues to collaborate with the Ryan White program in their HIV Stigma reduction project, providing technical assistance and support.
  2. During the month of August, the Health Equity program collaborated with NV Hands and participated in eight (8) of their Senior Wellness outreach events. Health Educators provided resources and blood pressure screenings to residents.
  3. During the month of August, the Health Equity program facilitated two (2) health equity trainings for SNHD staff.

**VII. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)**

**A. Clinical Testing:**

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 a reference laboratory for the 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. A total monthly samples tested is listed in the following table:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	47	75
NAAT NG/CT	1049	855
Syphilis	959	840
RPR/RPR Titers	260/94	187/89
Hepatitis Total	727	737
HIV/differentiated	575/23	536/16
HIV RNA	75	50

4. COVID-19 testing:

- SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.
- SNPHL's goal is to maintain the capacity of 2000 tests /day with a turnaround-time of <48 hours (TAT 2Day- currently at / near goal).
- For August, the average daily testing was 425 and the average turnaround time was 32 hours for PCR testing from the collection date to the release the of test report. The average laboratory total test for SARS-CoV-2 using Panther Aptima NAAT testing is 1249 tests per week.
- IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal
- Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station

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

Month	# PCR& NAAT/#POS	COVID	# PCR\$ NAAT/#POS
January	35322/14313	July	14236/1860
February	11532/1407	August	11492/790
March	6890/219	September	
April	5576/308	October	
May	9130/1165	November	
June	11975/1999	December	

5. Reportable disease reports:

- SNPHL continues to perform routine testing of reportable disease specimens submitted by community stakeholders. Isolates tested are reported to OEDS on a weekly basis to aid in disease investigation, and SNPHL and OEDS coordinate with CDC PulseNet if required.

A monthly summary of reportable diseases tests is listed as follows:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Campylobacter	Campy ID	5	1	1	5	1	6	4	4				
	Campy Screen	6	2	3	10	3	9	5	9				
Neisseria species	Gonorrhoeae Culture	86	61	108	87	61	76	49	47				
	Gram Stain/WBC	16	0	0	0	0	0	0	3				
	Neisseria ID	4	0	0	0	0	0	0	1				
	Haemophilus ID	4	0	3	1	2	4	1	8				
Unknown ID	Bacterial ID	3	0	0	0	0	0	0	0				
	WGS (PulseNet)	14	16	14	18	21	28	24	21				
Salmonella	Salmonella Screen	10	10	11	14	19	10	20	12				
	Salmonella Serotype	8	10	11	12	18	10	14	10				
Shigella	Shigella Screen	6	1	2	5	2	7	4	5				
	Shigella Serotype	5	1	1	1	0	6	3	10				
STEC	STEC Screen	7	10	6	10	7	4	4	2				
	STEC Serotype	2	10	1	0	2	2	3	2				
Unknown	Stool Culture	0	1	19	2	2	0	0	0				
Vibrio	Vibrio ID	0	0	0	0	0	0	1	0				
	Vibrio Screen	0	0	0	0	0	0	1	3				
Yersinia	Yersinia Culture/ID	0	0	1	0	0	0	0	0				

**B. Epidemiological Testing and Consultation:**

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. Conducted 0 outbreak investigations in August.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). SNPHL performed August, 28 respiratory panels on the BioFire.

**C. 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.

2022	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	1	0	4	1	0	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 21 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in August 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 August 2022, SNPHL has sequenced

169 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.

2022	Jan	Feb	Mar	Apl	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	0	0	4	2	0	14	0	13				

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. In August, we test a total 501 mosquito pools samples.
11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in August, a total of 47 clinical isolates, Neisseria gonorrhoeae 47 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.

**D. All-Hazards Preparedness:**

1. SNPHL provides / assists testing for SNHD COVID-19 Emergency Incident Response, local community outreach, CCDC jail-detention centers, institutions of higher education, and long-term nursing facilities Rapid-Antigen POC (CDC-EUA: Abbott IDNow; Qiagen Sofia; BD Vector) with outbreak confirmation RT-PCR testing supported by SNPHL.
2. SNPHL 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 applications for long-term care facilities.

**E. August 2022 SNP HL Activity Highlights:**

1. SNP HL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID-19 collection kits.
2. The renovation of the clinical laboratory is almost completed now. Laboratory plan to move the clinical laboratory to the new lab in September. This new 1,400 sf of the laboratory will be added to the urine analysis, clinical chemistry, and TB testing for uninsured patients in the future.
3. The new liquid handler, Tecan, has been installed in the laboratory. This instrument will reduce human error and increase the capacity of the process the COVIS whole genome sequencing. The field person from the company is installing the script for us till the end of August 2022.
4. SNP HL is working with CDC to develop an Electronic Laboratory Reporting (ELR) system for Monkeypox testing. This system allows us to report the Monkeypox testing report to CDC promptly. Currently, we are using a laboratory Network System to report the result which is time-consuming and labor insensitive.
5. Laboratory will still perform the SARS-CoV-2 PCR and Whole genome sequencing after demobilizing COVID ICS after the first week of September. Staff will keep filing the ICS 214 form for documenting the COVID grant record.
6. According to the WGS and genomic data analysis, the Omicron variant BA.5 lineage are domain lineage in August, 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.4.6 is also circulated in the Clark County.
7. The new SNP HL website provides an electronic order form and automatically populates the demographic information after providers select their facility name. Our NSPHL homepage on the APHL website has also been updated. The Monkeypox testing service also is available in the SNP HL website.
8. Currently our BSL-3 laboratory has detected a total of 30 possible Monkeypox cases. Those presumptive samples have been sent to CDC this week to CDC for a confirmation test. The current Monkeypox testing status is summarized as follows:

**Monkeypox testing from SNP HL\***

	June	July	August	Total
<b>Presumptive Positive</b>	1	8	21	<b>30</b>
<b>Negative</b>	5	15	29	<b>49</b>
<b>Total</b>	6	23	50	<b>79</b>
<b>Positive/Total</b>	16.67%	34.78%	42.00%	<b>37.97%</b>

F. **COMMUNITY HEALTH – SNPDL – Calendar Year Data**

Clinical Testing Services <sup>1</sup>	3061	4479	↑
Epidemiology Services <sup>2</sup>	332	661	↑
State Branch Public Health Laboratory Services <sup>3</sup>	34526	11525	↓
All-Hazards Preparedness Services <sup>4</sup>	35	11	↓
Environmental Health Services <sup>5</sup>	366	501	↑

<sup>1</sup> Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and Covid 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 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