

Memorandum



Date: November 16, 2022

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Activity Report – October 2022

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

A. Chronic Disease Prevention Program (CDPP)

In commemoration of Childhood Obesity Awareness Month, CDPP launched an initiative to raise awareness and promote the “5-2-1-0” guidelines. A press release garnered two (2) earned media opportunities on Channel 8 and with the Elko Daily Free Press newspaper. A paid social marketing campaign ran for the month of September in English, Spanish and Chinese. “5-2-1-0” Communications Toolkits were developed and shared with partners, and we published “5-2-1-0” messages on social media, blogs, and newsletters. “5-2-1-0” flyers, posters and magnets were developed, and educational resources were added to the Get Healthy and Viva Saludable websites. CDPP worked with 16 community and coalition partners to conduct different activities, programs, and events during September.

The Move Your Way (MYW) Summer initiative wrapped up in September with participation at the Healthy Kids Festival and the Mexican Independence Festival. Over 650 resource bags in English and Spanish were provided to participants. Bags included MYW educational materials, resources and physical activity items including jump ropes and stretch bands.

The Pop-Up Produce Markets began again for their 3-month fall run. Two (2) markets were held in September at the RTC Bonneville Transit Center and at SNHD. The markets provide low-income residents with SNAP benefits an opportunity to purchase fresh fruits and vegetables at reduced prices and receive a coupon for the Double Up Food Bucks program. This market will continue through November.

CDPP staff provided a Healthy Eating on a Budget presentation to 18 participants at the Iglesia Puertas de Albanza church. Topics included selecting healthy foods on a budget and food resource management strategies.

CDPP staff provided a DSMES class in Spanish at SNHD. Eight (8) people attended the first class and five (5) people completed the course (attending both classes).

B. Tobacco Control Program (TCP)

TCP staff shared e-cigarette prevention training videos with coaches of 12 local high school football and cheer teams to address the use of e-cigarettes and emerging tobacco products among youth. Coaches then watched this video with their teams to promote vape-free lifestyles. Additionally, staff provided educational training to 650 local high school football players to educate them on the dangers of electronic vapor products.

For September, TCP staff collaborated with the Mexican Patriotic Committee to bring a smoke and vape-free event to the community in celebration of Mexican Independence Day. Staff participated at the event and promoted cessation resources through the Por Mi Por Ti Por Nosotros initiative. Smoke and vape-free signage were placed throughout the event grounds. Staff was also provided with the opportunity to deliver a message and address all attendees on stage platform. The event took place on September 16th at the Sammy Davis Jr Festival Plaza and reached over 600 people.

This month staff partnered with the House of God Las Vegas for a community event that included the participation and attendance of four (4) faith-based African American organizations. Educational materials were distributed to attendees that encouraged smoke-free lifestyles and promoted cessation by sharing the Nevada Tobacco Quitline resource.

Our TCP Team partnered with five (5) local African American owned businesses to create minimum distance policies to protect their customers from the dangers of second-hand smoke. In addition, these businesses will distribute Because We Matter educational materials that promote the Nevada Tobacco Quitline to their patrons.

C. Other Efforts

OCDPHP has received additional funding from the CDC to support COVID 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 September:

- 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. Monthly social media listening/monitoring will continue.
- In September, NICRP staff conducted a survey among the Hispanic/Latinx young adult population. A total of 50 completed surveys were collected from people ages 18-35 that had received a COVID vaccine within the last three months or had not received a COVID vaccine yet.
- To date, 230 community-level spokespersons have been trained.
- One (1) community event to distribute information and promote vaccination occurred in September reaching 2,500 individuals. To date, 58 events have occurred serving 19,386 people. 87% of those reached at events have been from our priority populations.

- Four (4) pop up vaccine clinics were offered in September vaccinating 28 people for COVID and 16 for flu. A total of 5,262 individuals have been vaccinated to date through these efforts. 95% of individuals vaccinated at the pop-up clinics have been from our priority populations.
- Also in September, SNHD staff worked with the contracted media firm to develop a multi-faceted English/Spanish language Flu media campaign to reach priority populations (African American/Hispanics). The campaign consists of paid print, radio, social media (Instagram/Facebook), e-blasts and online banners. This year, a new campaign element focusing on pregnant people was incorporated. Healthcare providers are also being targeted through print publications.

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

A. 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 educational purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The Committee finalized education outlines for all agencies on the recent changes to the Transport Destination protocol, as well as discussing potential education for the Trauma Field Triage Protocol.

B. 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 including the addition of Ibuprofen as a non-narcotic analgesic.

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:

- One (1) medical director of each firefighting/franchised agency;
- One (1) operational director of each firefighting/franchised agency;
- Chairman of the Regional Trauma Advisory Board; and

- 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)

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 reviewed 2nd Quarter 2022 trauma transport data, as well as the 2022 Southern Nevada Trauma System Report. The Board also discussed changes to the Clark County EMS Trauma Field Triage Criteria Protocol.

E. OEMSTS – October 2021 / 2022 Data

September EMS Statistics	October 2021	October 2022	
Total certificates issued	47	69	↑
New licenses issued	44	59	↑
Renewal licenses issued (recert only)	0	2	↑
Driver Only	11	28	↑
Active Certifications: EMT	810	794	↓
Active Certifications: Advanced EMT	1606	1638	↑
Active Certifications: Paramedic	1775	1829	↑
Active Certifications: RN	60	65	↑

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 Monkeypox 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.

B. PHP Training and PH Workforce Development:

1. Following SNHD leadership direction, all non-essential training has been postponed focusing on the COVID response and training needs
2. Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing. 64 fit tests completed.
3. Planner I/II is completing Job Action Sheets for Incident Command.
4. October 13 the Annual Call Down Drill was successfully completed.
5. October 17 Began the renewal process for Closed POD with North Las Vegas.

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

1. October 4 – as Chair for the Southern Nevada Healthcare Preparedness Coalition, hosted the Monthly Healthcare Coalition at the Southern Nevada Health District. Information sharing included upcoming events in Las Vegas, training dates in May 2023, partner updates, and exercise planning/execution dates.
2. October 13 – participated in the University Medical Center of Southern Nevada’s Emergency Management Committee meeting. Information provided to the attendees included the date for the upcoming Southern Nevada Healthcare Preparedness Coalition, the Mid-term and Final Planning Meeting dates, the date for the Chemical Response Functional Exercise, and the dates for the Federal Coordinating Center’s Functional and Full-Scale Exercise.
3. October 18 – engaged in the Bi-Monthly microplanning session with the State of Nevada. Also, the HCC Coordinator hosted the Mid-term Planning Meeting for the SNHPC Chemical Response Functional Exercise for the participants.
4. October 20 –represented SNHD at the National Emerging Special Pathogens Training & Education Center (NETEC) webinar titled: Preparing Frontline Healthcare Workers for Ebola. This webinar discussed reviewing current plans, confirming hospital readiness, and staff donning/doffing readiness with a supply of Personal Protective Equipment (PPE). The issues are being address through the healthcare members of the Southern Nevada Healthcare Preparedness Coalition. Also, the Healthcare Coalition Coordinator participated in the Emergency Management Committee meeting with San Martin Hospital. The HCC Coordinator provided updates on the upcoming November Healthcare Coalition meeting, the date for the community review of the Hazard Vulnerability Analysis (HVA) for Southern Nevada, the date for the Federal Coordinating Center’s Functional Exercise hosted by the Veterans Affairs Southern Nevada Healthcare System, providing dates for the National Healthcare Coalition Preparedness Conference in Anaheim, CA and a tour of the Cedar Sinai Special Emerging Pathogens Center. The HCC Coordinator provided a date for the final planning meeting for the Chemical Response Functional Exercise in January 2023, elections of new Healthcare Coalition leadership in January 2023, and that the coalition would not convene in December due

to the National Healthcare Coalition Preparedness Conference coinciding with the healthcare coalition meeting.

C. Grants and Administration:

1. OPHP staff are supporting COVID 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.

D. Medical Reserve Corps (MRC) of Southern Nevada: MRC coordinator works in conjunction with SNHD and community partners for volunteers needed for the COVID response.

In September, volunteers supported the Immunization Clinic at the intake desk at the Main and Fremont locations. One volunteer administered monkeypox vaccine. Total “accepted” volunteers stand at about 445. MRC Coordinator recruited, vetted, assigned, deployed, and deactivated volunteers. MRC Coordinator continues to recruit and deactivate volunteers and participates in Monkeypox planning and operations meetings as available. MRC also attended monthly NACCHO MRC Workgroup meetings. The table below summarizes volunteer hours served in the first quarter of this fiscal year.

MRC Volunteer Hours FY2023 Q1 COVID Response and Non-Emergency Economic impact rates updated August 2022

Activity	July	August	September
SNHD IMM CLINIC	49.5	99.5	63.75
SNHD COVID VAX OUTREACH	6	12	0
SNPHL	0	3.75	0
SNHD ODS Support	9.5	0	0
SNHD Monkeypox	0	32	88
NAFP Outreach	0	8	0
Total Hours	65	155.25	151.75
Economic impact	\$1,934.21	\$4,588.11	\$4,360.99

IV. VITAL RECORDS

- A. October 2022 is currently showing an 4.2% increase in birth certificate sales in comparison to October 2021. Death certificate sales currently showing a 19% decrease in comparison to October 2021. SNHD received revenues of \$31,642 for birth registrations, \$21,957 for death registrations; and an additional \$7,359 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Oct 2021	Oct 2022		FY 22-22 (Oct)	FY 22-23 (Oct)	
Births Registered	2,087	2,275	↑	8,578	8,422	↓
Deaths Registered	2,019	1,436	↓	8,284	6,646	↓
Fetal Deaths Registered	13	18	↑	68	67	↓

COMMUNITY HEALTH Vital Statistics Services – Fiscal Year Data

Vital Statistics Services	Oct 2021	Oct 2022		FY 21-22 (Oct)	FY 22-23 (Oct)	
Birth Certificates Sold (walk-in)	36	60	↑	112	181	↑
Birth Certificates Mail	86	118	↑	422	475	↑
Birth Certificates Online Orders	3,110	3,158	↑	16,604	14,928	↓
Birth Certificates Billed	83	121	↑	375	451	↑
Birth Certificates Number of Total Sales	3,315	3,457	↑	17,513	16,035	↓
Death Certificates Sold (walk-in)	46	8	↓	132	48	↓
Death Certificates Mail	92	178	↑	439	613	↑
Death Certificates Online Orders	9,260	7,417	↓	37,861	31,012	↓
Death Certificates Billed	43	55	↑	231	141	↓
Death Certificates Number of Total Sales	9,441	7,658	↓	\$38,663	\$31,814	↓

COMMUNITY HEALTH Vital Statistics Sales by Source - Fiscal Year Data

Vital Statistics Sales by Source	Oct 2021	Oct 2022		FY 21-22 (Oct)	FY 22-23 (Oct)	
Birth Certificates Sold Valley View (walk-in)	1.1%	1.7%	↑	.6%	1.1%	↑
Birth Certificates Mail	2.6%	3.4%	↑	2.4%	3%	↑
Birth Certificates Online Orders	93.8%	91.4%	↓	94.8%	93.1%	↓
Birth Certificates Billed	2.5%	3.5%	↑	2.1%	2.8%	↑
Death Certificates Sold Valley View (walk-in)	.5%	.1%	↓	.3%	.2%	↓
Death Certificates Mail	1%	2.3%	↑	1.1%	1.9%	↑
Death Certificates Online Orders	98.1%	96.9%	↓	97.9%	97.5%	↓
Death Certificates Billed	.5	.7%	↑	.6%	.4%	↓

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	Oct 2021	Oct 2022		FY 21-22 (Oct)	FY 22-23 (Oct)	
Birth Certificates (\$25)	\$82,875	\$86,425	↑	\$437,825	\$400,875	↓
Death Certificates (\$25)	\$236,025	\$191,450	↓	\$966,575	\$795,350	↓
Births Registrations (\$13)	\$31,018	\$31,642	↑	\$166,114	\$148,785	↓
Deaths Registrations (\$13)	\$26,533	\$21,957	↓	\$112,047	\$90,233	↓
Convenience Fee (\$2)	\$6,882	\$6,824	↓	\$35,362	\$32,014	↓
Miscellaneous Admin	\$1,020	\$535	↓	\$3,985	\$2,261	↓
Total Vital Records Revenue	\$384,353	\$338,833	↓	\$1,721,908	\$1,469,518	↓

*Numbers will change once stable

COMMUNITY HEALTH Passport Program – Fiscal Year Data

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

Applications	Oct 2021	Oct 2022		FY 21-22 (Oct)	FY 22-23 (Oct)	
Passport Applications	564	788	↑	2,401	2,989	↑

Revenue	Oct 2021	Oct 2022		FY 21-22 (Oct)	FY 22-23 (Oct)	
Passport Execution/Acceptance fee (\$35)	\$19,740	\$27,580	↑	\$84,035	\$104,615	↑

V. HEALTH CARDS

A. COVID 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.

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.
2. Fremont location is fully operational as of October 4, 2022.
 - a. Appointments are added on a weekly basis. 18 appointments every 30 minutes that will be monitored and adjusted if needed.
 - b. All locations have transitioned to a 4/10 schedule except for the Mesquite location.

- c. Decatur location hours are Monday through Thursday, 7:00am to 5:30pm.
 - d. Fremont location hours are Tuesday through Friday, 7:00am to 5:30pm
 - e. Henderson location hours are Monday through Thursday, 7:00am to 5:30pm
 - f. Mesquite location hours remain Monday through Friday, 8:00am to 4:30pm.
3. Planned closure of central cashier and rollout of cashiering in SHC/Annex A, Immunization Clinic, and Environmental Health (using a payment kiosk) scheduled for January 2023.
 4. Online Renewals.
 - a. For the month of October, averaging 96 “passing and paying” clients per day.
 - b. Total online renewals for the month of October = 2,965 clients.
 5. Total for month: 2,965 online + 6,988 in-person = 9,953 paying clients.

<u>SERVICES</u>	Oct 1 - 31	Sep 1 - 30	Aug 1 - 31	Jul 1 - 31	Jun 1 - 30
Food Handler Cards - New	2,573	2,107	2,663	1,639	1,319
FH Cards – Renewals	3,126	3,266	4,364	4,567	4,913
FH Cards – Online Renewals	2,965	3,181	4,222	1,958	-
Duplicates	239	228	277	167	129
CFSM (Manager) Cards	132	154	195	156	201
Re-Tests	810	876	1,252	891	1,002
Body Art Cards	108	107	86	89	120
TOTALS	9,953	9,919	13,059	9,467	7,684

VI. HEALTH EQUITY

- A. The Health Equity program received funding from the Center for Disease Control (CDC) to build, leverage, and expand infrastructure support for COVID 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 community strategies and events.
- B. The Health Equity Program works towards reducing health disparities through increasing organizational capacity and implementing community strategies.
 1. On October 11, 2022, the Health Equity Coordinator in collaboration with Environmental Manager, Karla Shoup, presented findings from the organizational self-assessment carried out by the Health Equity Quality

Improvement Workgroup at the Supervisor, Manager and Director’s bi-monthly meeting.

2. During October 19th and 20th, the Health Equity program participated in Clark County Health Fair and provided county employees, information and resources available through SNHD programs and services.
3. On October 31, 2022, the Health Equity program participated in Lynch Elementary’s Truck and Treat. During this community outreach event, the team provided families with information and resources available through SNHD programs and services.

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	61	68
NAAT NG/CT	1176	1122
Syphilis	950	871
RPR/RPR Titers	226/87	196/88
Hepatitis Total	946	759
HIV/differentiated	621/14	550/15
HIV RNA	53	52

4. COVID testing:
 - SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.

- SNPHL is to maintain the capacity of 2000 tests /day with a turnaround-time of <48 hours (TAT 2Day- currently at / near goal).
- For October, the average daily testing was 299 and the average turnaround time was 39 hours days for PCR testing from the collection date to the release the of the test report. The average laboratory total test for SARS-CoV-2 using Panther Aptima NAAT testing is 1015 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 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	8991/410
April	5576/308	October	6291/549
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	6	4		
	Campy Screen	6	2	3	10	3	9	5	9	10	7		
Neisseria species	Gonorrhoeae Culture	86	61	108	87	61	76	49	47	47	61		
	Gram Stain/WBC	16	0	0	0	0	0	0	3	0	0		

	Neisseria ID	4	0	0	0	0	0	0	1	0	0		
	Haemophilus ID	4	0	3	1	2	4	1	8	1	2		
Unknown ID	Bacterial ID	3	0	0	0	0	0	0	0	1	10		
	WGS (PulseNet)	14	16	14	18	21	28	24	21	27	28		
Salmonella	Salmonella Screen	10	10	11	14	19	10	20	12	24	21		
	Salmonella Serotype	8	10	11	12	18	10	14	10	21	16		
Shigella	Shigella Screen	6	1	2	5	2	7	4	5	4	6		
	Shigella Serotype	5	1	1	1	0	6	3	10	0	3		
STEC	STEC Screen	7	10	6	10	7	4	4	2	0	6		
	STEC Serotype	2	10	1	0	2	2	3	2	0	2		
Unknown	Stool Culture	0	1	19	2	2	0	0	0	0	0		
Vibrio	Vibrio ID	0	0	0	0	0	0	1	0	0	2		
	Vibrio Screen	0	0	0	0	0	0	1	3	1	2		
Yersinia	Yersinia Culture/ID	0	0	1	0	0	0	0	0	0	0		

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There was no case for outbreak investigation in October.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). SNPHL performed September 35 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	1	3		

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 28 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in October 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 October 2022, SNPHL has sequenced 90 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	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	0	0	4	2	0	14	0	13	1	0		

10. SNPHL provides vector testing for Environmental Services; testing for Zika, West Nile, Western / Eastern Equine Encephalitis. Our facility hosted a CDC demonstration for the Vector team. In September, we test a total 653 mosquito pools samples.
11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in October, a total of 61 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 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 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 online ordering applications for long-term care facilities.
6. Supplied Biosafety Guidance to Sentinel Sites regarding Monkeypox.
7. Furnished Monkeypox and Bivalent COVID Booster vaccination to laboratory staff.
8. Perpetuated Biosafety Training and guidance to SNPHL personnel.

E. October 2022 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID 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 scripts of various WGS testing have been installed and laboratory staff has been trained in October.
4. SNPHL 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 intensive.
5. Laboratory will still perform the SARS-CoV-2 PCR and Whole genome sequencing after demobilizing COVID ICS after the first week of October. 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 October, from the samples received in the laboratory. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.
7. The new SNPHL 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 SNPHL website.
8. Currently our BSL-3 laboratory has detected a total of 39 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 SNPHL*						
	June	July	August	September	October	Total
Presumptive Positive	1	8	22	8	6	45
Negative	5	15	44	15	2	81
Total	6	23	66	23	8	118
Positive/Total	16.67%	34.78%	33.33%	34.78%	75.00%	38.14%
* Per patient						

10/31/2022 updated

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

October Services	2021	2022	
Clinical Testing Services ¹	3737	4815	↑
Epidemiology Services ²	224	450	↑
State Branch Public Health Laboratory Services ³	18933	7110	↓
All-Hazards Preparedness Services ⁴	11	7	↓
Environmental Health Services ⁵	281	41	↓

¹ Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and COVID Ab immunologic tests.

² Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

³ Includes COVID 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