



# Memorandum

**Date:** February 27, 2025

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

**From:** **Maria Azzarelli**, *Acting Community Health Director* *MA*  
**Cassius Lockett, PhD**, *District Health Officer* *CL*

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**Subject:** Community Health Division Monthly Activity Report – January 2025

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

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

The CDPP partners with Promotoras Las Vegas (PLV) to conduct community blood pressure and prediabetes screenings, education, and referral in community and faith-based settings serving the Hispanic community. In December, PLV conducted a screening at a local housing complex. Thirteen people were screened for blood pressure, six (6) for prediabetes and thirteen (13) people were referred to community diabetes resources/classes.

Community Health Workers (CHWs) of CDPP provide resources to community asset locations to share information and resources. In December, CDPP CHWs conducted outreach to 33 community organizations serving priority populations in 18 zip codes. Over 3,300 materials and chronic disease resources were distributed.

Our CDPP staff receive weekly referral reports from SNHD referring clinics and clinicians for clients with hypertension, diabetes, or prediabetes. CDPP CHWs provide a tailored packet of information with programs, resources, and education related to the topic they were referred for. CHWs also conduct secondary follow-up with clients when an email is provided. Monthly reports documenting client follow-up are provided to the SNHD referring clinic. In December, 47 referrals were made (23 for hypertension, 7 for diabetes, and 17 for prediabetes) and thirteen (13) follow up contacts were made.

This CDPP team develops, implements, and evaluates media and public awareness/education campaigns. In December, CDPP ran two (2) campaigns. The Heart Healthy Holidays campaign consisted of online, social media and bus stop shelter ads. The campaign ran in English and

Spanish and promoted heart healthy behaviors. The campaign reached over 185,700 people. The Blood Pressure Self-Monitoring (BPSM) Program campaign ran in English and Spanish and promoted the free BPSM program provided by SNHD and the YMCA. The campaign reached over 345,000 people and the BPSM class reached full capacity.

CDPP provides support for the CCSD Safe Routes to School (SRTS) program to expand programming among CCSD schools. In December, SRTS conducted Bike Rodeos at nine (9) schools and eleven (11) other schools received a SRTS assembly, positive presence campaign, family engagement activity and or educational presentation.

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

Staff participated in the 25<sup>th</sup> annual Christmas en el Barrio event to promote the PMPT initiative. This event hosted by the Mexican Patriotic Committee, provided free toys and community resources to families and the priority population. The event took place at Civica Nevada Career & Collegiate Academy in North Las Vegas. Staff provided linguistically appropriate tobacco cessation resources and tailored materials to educate on the dangers of vaping products and tobacco use. Smoke-free messaging and signage were posted throughout the venue. Live messages were done on stage promoting smoke-free lifestyles. The event was held on December 24<sup>th</sup> and had an estimated reach of over 2,000 attendees who were Spanish speakers in the majority.

In December 2024, eight (8) Black-owned restaurants concluded the Because We Matter (BWM): Community Business Partnership Promotion. From October 28, 2024, to December 28, 2024, the establishments shared culturally relevant, BWM-branded educational materials with their patrons, promoting tobacco issue awareness and engagement within the community, and implementing no-smoking policies. Additionally, Five (5) Latino-owned businesses continue participation in an 8-week partnership to promote the Por Mi Por Ti Por Nosotros initiative. The partnership aims to promote tobacco-free lifestyles in a non-traditional setting through the distribution of culturally and linguistically appropriate branded materials. All educational materials are provided to businesses for distribution to their patrons. Businesses have also implemented voluntary smoke-free minimum distance policies to reduce exposure to secondhand smoke in their establishments.

TCP staff are actively communicating with representatives of Nevada State University's (NSU). Staff continue to provide technical assistance to Nevada State to support the adoption of a smoke-free policy on campus. In December, the policy was approved by NSU's Faculty Senate. Once approved by NSU's legal team, it will be presented to the NSU President for signature.

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

#### **A. Regional Trauma Advisory Board (RTAB)**

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

ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

The Board addressed legislative issues related to traffic safety and reviewed the 3<sup>rd</sup> Quarter Trauma Field Triage Criteria data reports.

**B. OEMSTS – January 2024 / 2025 Data**

<b>EMS Statistics</b>	<b>Jan 2024</b>	<b>Jan 2025</b>	
<b>Total certificates issued:</b>	116	102	↓
<b>New licenses issued:</b>	69	73	↑
<b>Renewal licenses issued (recert only):</b>	16	6	↓
<b>Driver Only:</b>	39	54	↑
<b>Active Certifications: EMT:</b>	957	876	↓
<b>Active Certifications: Advanced EMT:</b>	1876	1899	↑
<b>Active Certifications: Paramedic:</b>	2064	2139	↑
<b>Active Certifications: RN:</b>	73	73	=

**III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)**

**A. Planning and Preparedness**

1. Staff continued collaborating with Clark County and a software developer on an Impacted Persons Database. They are currently working through the legal implications of providing patient data to Resiliency Center for extension of services and other limited uses of this information for response and recovery operations. SNHD and community partners from Clark County Office of Emergency Management will be answering questions at a booth for Emergency Management Day in Carson City, NV next month.
2. OPHP continued to review and revise plans, threat response guides, and both internal and external training.
3. The Planners continue to review and revise the CHEMPACK, Nuclear and Radiation, Administrative Preparedness, Mass Care Support, and Highly Infectious Disease plans.
4. Planners continue to update the Nevada Continuity tool in order to streamline the process of generating a usable Continuity of Operations Plan (COOP). Planner has created a working group to complete the COOP process.
5. Twenty-two SNHD employees were fit tested for personal protective equipment during the month of January.
6. Planner II completed PPHR review for a new applicant and met with NACCHO to confirm completion of evaluation on January 22<sup>nd</sup>.
7. OPHP Planners continue the process of automation of emergency notification system updates with IT and Human Resources.

8. Planners perpetuated revision of SNHD Basic EOP and Direction and Control Annexes.
9. Senior Planner met with representatives from the Closed POD Working group to discuss the direction of the working group and a revamp of the working group materials. Material review is underway.
10. Planners continued work on the development of the 2026 preparedness calendars.
11. Staff were accepted along with ODS staff into NACCHO's Virtual Learning Collaborative for the Inclusion of MCH Populations in Emergency Preparedness and Response. The Kick-Off meeting to the collaboration will be held in February.
12. Senior Planner and supervisor worked with informatics to develop emPOWER dashboard.
13. Our Senior Planner participated in State Strategic Plan – Supply Chain Workgroup. Staff also participated in several other working groups that resulted from the state of Nevada Division of Public and Behavioral Health Public Health Preparedness strategic plan.

**B. Training, Exercises and Public Health Workforce Development:**

1. Trainers continue to develop Position Specific Task Books and related training curricula. Planning is currently in process for the next round of ICS PST to pre-assigned Emergency Personnel staff on April 15<sup>th</sup> at SNHD Main location.
2. Trainers provided ICS 300 training at the Las Vegas Metropolitan Police Department on January 14<sup>th</sup> and continue to support City of Las Vegas training calendars throughout 2025.
3. Trainers provided New Hire Orientation on January 15<sup>th</sup> to all recently on-boarded SNHD employees.
4. Our Trainer continues to support planning and implementation of Skills Day scheduled for January 30<sup>th</sup> at SNHD.
5. Planners and Clinical Advisor attended TTX Exercise of City of Henderson on January 9<sup>th</sup>.
6. Planners continuing efforts to set up the Excessive Heat Seminar.
7. Senior Planners attended MGT-310 Threat and Hazard Identification and Risk assessment training. Class reviewed the steps of the THIRA process.
8. Senior Planner attended HAZWOPER training on January 28<sup>th</sup>.
9. Senior Planners participate on the SNHD's Website Committee.

**C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)**

1. The OPHP trainer consistently promotes the TEEX Medical Preparedness & Response to Bombing Incidents at North Las Vegas OEM February 26<sup>th</sup> - 27<sup>th</sup>. TEEX Medical Management of CBRNE Events and Radiological Training for Hospital Personnel tentatively planned for September or October 2025, location TBD.
2. OPHP staff approved the 2025 SNHPC HVA Profile and Summary documents for review and approval at the January 2<sup>nd</sup> Coalition meeting.

3. Trainers and Clinical Advisor confirmed upcoming dates for First Receiver Decontamination Training at Henderson Hospital on March 5<sup>th</sup>.
4. Planners and Clinical Advisor have finalized the planning efforts for the 2025 Medical Response Surge Exercise.
5. The Planners attended healthcare system partner's Emergency Management Committee Meetings.
6. Our Planners attended the UMC Emergency Preparedness Meetings.
7. Senior Planner and Clinical Advisor conducted a Decontamination Equipment Review with St. Rose Dominican De Lima.
8. SNHPC returned to a monthly scheduled basis, the next meeting is on February 6<sup>th</sup>.
9. Planners, Clinical Advisor and Trainer continuing development of the Resource Management Annex (SNHPC).
10. OPHP staff presented 2025 SNHPC HVA Profile and Summary documents for discussion and approval at the recent Coalition meeting on January 2<sup>nd</sup>.
11. Program manager and senior planner continue to leverage HPP award to support equipment and PPE needs of coalition members. Current requests for reimbursement include purchase of AEDs and CPR devices for local and rural fire department EMS to be used following mass casualty incidents and medical surge emergencies.

**D. Fusion Center Public Health Analyst:**

1. Disseminated public health information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC).
2. Provided public health input on threat assessments on special event assessment rating (SEAR) 2, 3, and 4 events such as Consumer Electronics Show.
3. Participation in the weekly counter terrorism analytic group (CTAG) meetings.
4. Developed appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
5. Collaboration with five (5) surrounding fusion centers on areas of public health concern. Produced and distributed monthly joint public health bulletins.
6. Provided SNHD Disease Surveillance and Control with white papers from fusion center sources for situational awareness.
7. Distributed information on major recalls.
8. Providing SNHD IT management team with relevant threat data from Fusion Center sources.

**E. Grants and Administration:**

1. OPHP received several notices of grant award renewals and no cost extensions from FY 2024.
2. Our Manager continues to participate in leadership training with SNHD contractors.

3. OPHP staff continue to complete budget activities for SNHD finance and coordination of quarterly progress reports for state.
4. The OPHP Manager continues to represent Community Health Division management on various SNHD working group committees.

**F. Medical Reserve Corps (MRC) of Southern Nevada:**

1. MRC Coordinator planned training and activities for upcoming months, sent out newsletters, and continues to recruit and deactivate volunteers.
2. SNHD and MRC hosted Cultural Competency training for Psychological First Aid class for MRC Volunteers, SNHD staff and CERT Volunteers.

**MRC Volunteer Hours FY2025 Q3**

(Economic impact rates updated April 2024):

Activity	January	February	March
Training	36		
Community Event			
SNHD Clinic			
<b>Total Hours</b>	<b>36</b>		
<b>Economic impact</b>	<b>\$1205.64</b>		

**IV. VITAL RECORDS**

- A. January is currently showing a 6.6% increase in birth certificate sales in comparison to January 2024. Death certificate sales currently showing a 5.5% increase in comparison to January 2024. SNHD received revenues of \$35,581 for birth registrations, \$28,405 for death registrations; and an additional \$8,576 in miscellaneous fees.

**COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Registered – Fiscal Year Data**

Vital Statistics Services	Jan 2024	Jan 2025		FY 23-24 (Jan)	FY 24-25 (Jan)	
Births Registered	1,787	2,335	↑	13,716	14,922	↑
Deaths Registered	1,919	2,175	↑	11,890	12,749	↑
Fetal Deaths Registered	14	30	↑	116	109	↓

**COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates – Fiscal Year Data**

<b>Vital Statistics Services</b>	<b>Jan 2024</b>	<b>Jan 2025</b>		<b>FY 23-24 (Jan)</b>	<b>FY 24-25 (Jan)</b>	
Birth Certificates Sold (walk-in)	57	8	↓	430	51	↓
Birth Certificates Mail	149	97	↓	892	784	↓
Birth Certificates Online Orders	3,484	3,872	↑	24,408	24,517	↑
Birth Certificates Billed	122	89	↓	781	839	↑
<b>Birth Certificates Number of Total Sales</b>	<b>3,812</b>	<b>4,066</b>	<b>↑</b>	<b>26,511</b>	<b>26,191</b>	<b>↓</b>
Death Certificates Sold (walk-in)	62	62		249	182	↓
Death Certificates Mail	147	125	↓	1,061	1,023	↓
Death Certificates Online Orders	9,219	9,753	↑	52,369	54,827	↑
Death Certificates Billed	39	49	↑	245	294	↑
<b>Death Certificates Number of Total Sales</b>	<b>9,467</b>	<b>9,989</b>	<b>↑</b>	<b>53,924</b>	<b>56,326</b>	<b>↑</b>

**COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Cert. Sales by Source – Fiscal Year Data**

<b>Vital Statistics Sales by Source</b>	<b>Jan 2024</b>	<b>Jan 2025</b>		<b>FY 23-24 (Jan)</b>	<b>FY 24-25 (Jan)</b>	
Birth Certificates Sold Valley View (walk-in)	1.5%	.2%	↓	1.6%	.2%	↓
Birth Certificates Mail	3.9%	2.4%	↓	3.4%	3%	↓
Birth Certificates Online Orders	91.4%	95.2%	↑	92.1%	93.6%	↑
Birth Certificates Billed	3.2%	2.2%	↓	2.9%	3.2%	↑
Death Certificates Sold Valley View (walk-in)	.7%	.6%	↓	.5%	.3%	↓
Death Certificates Mail	1.6%	1.3%	↓	2%	1.8%	↓
Death Certificates Online Orders	97.4%	97.6%	↑	97.1%	97.3%	↑
Death Certificates Billed	.4%	.5%	↑	.5%	.5%	

**COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates Sales – Fiscal Year Data**

<b>Revenue</b>	<b>Jan 2024</b>	<b>Jan 2025</b>		<b>FY 23-24 (Jan)</b>	<b>FY 24-25 (Jan)</b>	
<b>Birth Certificates (\$25)</b>	\$93,300	\$101,650	↑	\$662,775	\$654,775	↓
<b>Death Certificates (\$25)</b>	\$236,675	\$249,725	↑	\$1,348,100	\$1,408,150	↑
<b>Births Registrations (\$13)</b>	\$33,085	\$35,581	↑	\$229,944	\$224,081	↓
<b>Deaths Registrations (\$13)</b>	\$27,846	\$28,405	↑	\$154,856	\$162,370	↑
<b>Convenience Fee (\$2)</b>	\$7,258	\$8,018	↑	\$50,216	\$50,626	↑
<b>Miscellaneous Admin</b>	\$1,153	\$558	↓	\$4,923	\$4,626	↓
<b>Total Vital Records Revenue</b>	<b>\$399,317</b>	<b>\$423,937</b>	<b>↑</b>	<b>\$2,450,814</b>	<b>\$2,504,628</b>	<b>↑</b>

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

**B. PASSPORT SERVICES – Passport Services is appointment only.**

<b>Applications</b>	<b>Jan 2024</b>	<b>Jan 2025</b>		<b>FY 23-24 (Jan)</b>	<b>FY 24-25 (Jan)</b>	
Passport Applications	724	1,006	↑	4,373	4,712	↑
<b>Revenue</b>	<b>Jan 2024</b>	<b>Jan 2025</b>		<b>FY 23-24 (Jan)</b>	<b>FY 24-25 (Jan)</b>	
Passport Execution/Acceptance fee (\$35)	\$25,340	\$35,210	↑	\$153,055	\$164,920	↑

**V. HEALTH EQUITY**

A. The Health Equity program received a No Cost Extension from the CDC COVID Disparities Grant. This extension aims to enhance infrastructure support for COVID prevention and control among underserved populations at higher risk and undeserved.

1. The program maintains collaborations with SNHD programs and grant subrecipients to plan and coordinate COVID community strategies and events.

B. The Health Equity Program works toward reducing health disparities through increasing organizational capacity and implementing community strategies.

C. The Health Equity Program works towards establishing community partnerships and collaborations to increase the capacity of communities to address health disparities.

1. The Health Equity program finalized execution of contracts for the implementation of a new community health strategy with Al-Maun Neighborly Needs and the Clark County Law Foundation. The health strategy will focus on nutrition, education and advocacy.

2. The program continues to collaborate with Al Maun and Golden Rainbow to increase the capacity of the community to address health disparities through their diabetes prevention and Management program and a food distribution program to address food insecurities.

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

**A. Clinical Testing:**

1. SNHD Nursing Division:

a. Molecular and microbiology culture.

b. Sexually Transmitted Disease (STD) testing.

2. SNHD STD Department:

a. Participates in the CDC Gonococcal Isolate Surveillance Project (GISP) and the enhanced Gonococcal Isolate Surveillance Project (eGISP).



- b. SNPHL performs NAAT and culture testing of *N. gonorrhoeae* isolates and submits them to a reference laboratory for the determination of antibiotic susceptibility patterns.
  - c. SNPHL has joined eGISP Part B to expand culture-independent testing for antimicrobial resistance genes of gonococcal isolates.
3. The total monthly samples tested are listed in the table below:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	33	33
NAAT NG/CT	1407	1407
Syphilis	768	768
RPR/RPR Titers	121/122	121/122
Hepatitis Total	1542	1345
HIV/differentiated	679/15	679/15
HIV RNA	121	121

4. COVID testing:

- Performed SARS-CoV-2 PCR extraction on the KingFisher Flex platform exclusively.
- SNPHL maintains a capacity of 2000 tests/day with a turnaround-time of <48 hours (current TAT two-day currently at / near goal).
- For January, the average daily testing was 20 and the average turnaround time was 43 hours from collection date to release of the report.
- 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.
- Since the script problem of Tecan instrument cannot be resolved by manufacture, we asked SNHD Contracts and SNHD Purchasing to discuss with manufacture to return this instrument if it is feasible.

Monthly summary of COVID PCR/NAAT testing:

Month	# PCR & NAAT/#POS	COVID	# PCR & NAAT/#POS
January	471/74	July	
February		August	
March		September	





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 14 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in January 2025.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 175 bacterial organisms have been identified in January.
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 96 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of January 2025, SNPHL has sequenced 47 SARS-CoV-2-positive RNA extracts.
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.

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	3											

10. SNPHL provides vector testing for Environmental Services, Viral testing for Zika, West Nile, Western Equine Encephalitis, and Saint Louis encephalitis. Our facility hosted a CDC demonstration for the Vector team. In January, we tested a total of zero (0) mosquito pool samples. There were zero (0) positive WNV mosquito pool samples identified in January. Environmental Health released the test result to the public after we informed the test result to them.
11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in January, a total of four (4) clinical isolates, Neisseria gonorrhoeae zero (0) isolates and Neisseria meningitidis zero (0) isolate, 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.

12. SNPHL performs *C. auris* PCR screening using Real-Time PCR platform. We performed a total of 1743 samples in January.

**D. All-Hazards Preparedness:**

1. The 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. Our 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. Perpetual Biosafety Training and guidance to SNPHL personnel.

**E. January 2025 SNPHL Activity Highlights:**

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. CAP IDR-C 2025 Infectious Disease and CAP MGEN-B 2025 *Mycoplasma genitalium*, Molecular Respiratory is 100% grade.
3. The clinical health laboratory purchased three (3) instruments for clinical testing to enhance the community health service. SNPHL received the urine analysis and Hematology instruments. The validation for both instruments is being performed right now. The contract for clinical chemistry instruments is under development in the Contract Office.
4. SNPHL clinical lab is still working on the validation of the Abbot Alinity clinical chemistry instrument.
5. According to the WGS and genomic data analysis, the Omicron variant KP.3.1.1 and LP.B.1 and XEC lineages are domain lineages in January, from the samples received in

the laboratory. The new hybrid lineage XEC also detected in the late of August till present. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.

6. New influenza surveillance season showed that A/H3 and A/H1, and B/Victoria are major subtypes of influenza.
7. SNPHL participates in the CDC Avian Flu surveillance project by sending the testing guidance and specimen collection procedure to the local hospitals through HAN system. Any ICU patient with influenza A positive must send the specimen to our laboratory to do influenza subtyping in order to rule out avian influenza. There was no suspect avian flu sample received in the lab in January.
8. The new design may focus on building BSL-3 and Micro lab in the 2<sup>nd</sup> floor and leaving semi shell for the 1<sup>st</sup> floor in the Phase I project.

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

January SNPHL Services	2024	2025	
Clinical Testing Services <sup>1</sup>	5,262	5,575	↑
Epidemiology Services <sup>2</sup>	1,378	491	↓
State Branch Public Health Laboratory Services <sup>3</sup>	265	0	↓
All-Hazards Preparedness Services <sup>4</sup>	6	5	↓
Environmental Health Services <sup>5</sup>	10	69	↑

<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 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.