



Memorandum

Date: March 27, 2025

To: Southern Nevada District Board of Health

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

Subject: Community Health Division Monthly Activity Report – February 2025

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP staff submitted the Annual Status Report to the American Diabetes Association (ADA). This report is required to maintain ADA recognition for our Diabetes Self-Management & Education (DSMES) classes. Our report, which documented a 94% customer satisfaction rating, was approved by the ADA in January. Additionally, CDPP staff facilitated a DSMES class in Spanish in January with a total of eleven (11) people.

Our CDPP staff provided a 5210 presentation to providers at the Dignity Health WIC clinic in January. Thirteen (13) providers attended the presentation and 5210 materials were provided. Additionally, CDPP staff created a 5210 webpage on our Get Healthy website where providers and community members can easily order 5210 materials.

CDPP staff supplied support to the Southern Nevada Food Council (SNFC) to help facilitate and support healthy food access efforts throughout the valley. In January, SNFC assisted the Obodo Collective with obtaining SNAP authorization for their new Obodo Grocer.

The Office of Chronic Disease Prevention & Health Promotion is working with Promotoras Las Vegas to expand BP and prediabetes screenings in the Hispanic community. In January, the team participated in the Dia de Reyes event at the Clark County Government Center. Twenty-three people were screened for blood pressure and fourteen (14) people were screened for prediabetes. Over 23 people were referred to local community resources and others received educational materials.

As part of our commitment to the Pathways from Poverty (POP) initiative, CDPP provides support to local programs and schools in the POP service area providing physical activity opportunities for youth. CDPP supported the Girls on the Run (GOTR) team at Manch

Elementary School during the fall semester as well as the GOTR 5K Celebration. Over 1,400 people participated in the 5K event. CDPP provided educational materials for the 5K swag bags. An evaluation of the program showed that 88% of participants reported improved social-emotional skills, and 87% reported an increase in physical activity. CDPP is also supporting the Greater Youth Sports Association's School Sports Solutions program providing over 90 youth in the POP service area with opportunities to participate in sports programs throughout the year.

B. Tobacco Control Program (TCP) Update

The TCP hosted the Tobacco-Free Living Summit on January 31st. The event was focused on tobacco-related issues facing the African American community. Experts shared data on the disproportionate impact of tobacco use, barriers to cessation, harm reduction strategies, the dangers of flavored tobacco, and tobacco control policies. Attendees received educational resources to support prevention and advocacy efforts in their communities. Over 120 participants attended the event representing a variety of community sectors including business, elected officials, faith, health, and education.

The TCP team continued to share educational materials regarding the harmful effects of using e-cigarettes and emerging tobacco products at middle and high schools. These resources will continue to be shared with CCSD staff throughout the 2024 – 2025 school year. This date, the TCP conducted 138 youth vaping prevention events in communities and schools. Additionally, staff partnered with the Nevada Association of Student Councils for their annual Zone Conference, reaching over 1,100 students to promote vape-free lifestyles.

TCP staff participated in the 2nd annual Dia de Los Reyes event at the Clark County Govt. Center to promote the TCP's Spanish language tobacco prevention and cessation initiative. Staff provided culturally and linguistically appropriate tobacco cessation resources. Tailored materials providing education on the dangers of vaping products and tobacco use were distributed. A branded banner with Quitline information was placed at the event entrance. Smoke-free signage was posted throughout the outdoor premises of the event. The event had an estimated reach of over 1,500 attendees.

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 education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals. The Committee voted for a new Chair and Vice Chair and discussed revisions to the SNHD Paramedic Mentorship/Internship Program.

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 Committee made revisions to

the Pediatric Pain Management protocol and reviewed the Childbirth/ Labor and Obstetrical Emergency protocols.

C. Medical Advisory Board (MAB)

MAB's 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 (1) medical director of each firefighting/franchised agency; 2) One (1) 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 DDP committees.

D. OEMSTS – February 2024 / 2025 Data

EMS Statistics	Feb 2024	Feb 2025	
Total certificates issued:	64	107	↑
New licenses issued:	58	97	↑
Renewal licenses issued (recert only):	0	6	↑
Driver Only:	39	54	↑
Active Certifications: EMT:	971	899	↓
Active Certifications: Advanced EMT:	1886	1897	↑
Active Certifications: Paramedic:	2068	2154	↑
Active Certifications: RN:	74	76	↑

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. We 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 at Legislature in Carson City, NV at the end of March.
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 February.
6. Planners perpetuated revision of SNHD Basic EOP and Direction and Control Annexes.
7. 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.
8. Planners continued work on the development of the 2026 preparedness calendars.
9. 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 first meetings were held in February.
10. 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.
11. Planning staff held an Interim Planning Meeting for a tabletop exercise scheduled for June.
12. OPHP planners are developing a Recovery Annex based on lessons learned from real world events and exercises.
13. The Clinical Advisor and OPHP management attended the monthly Local Emergency Planning Committee (LEPC) at Station 18.

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 Incident Command System (ICS) Position Specific Training (PST) to pre-assigned Emergency Personnel staff on April 15th at SNHD Main location.
2. Trainers provided ICS 300 training at the North Las Vegas Fire Administration Office (NLV FAO) on February 19th, and continue to support City of Las Vegas training calendars throughout 2025.
3. CPR training was provided to four (4) SNHD staff on February 13th.
4. New Hire Orientation was not provided in February due to every other month's schedule.
5. Trainer and PHP Technician continue to support planning and implementation of Skills Day on February 19th at SNHD.
6. Planners continuing efforts to set up the Excessive Heat Seminar.
7. Senior Planners contributed to SNHD's Website Committee.
8. OPHP staff attended virtual POETE calendar review session on February 6th, hosted by DPBH/PHP Team.
9. Manager, Supervisor, and Senior Planner participate in NACCHO Chemical Workshop Planning Meeting.
10. Manager, Supervisor, and Senior Planner attended NEPA Conference February 11th – 13th in Reno, NV.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. Members of SNHPC along with OPHP and SNHD staff attended TEEEX Preparedness and Response for Bombing Incidents at NLV Fire Admin Office on February 26th – 27th, 2027.
2. Trainers and Clinical Advisor confirmed upcoming dates for First Receiver Decontamination Training at Henderson Hospital on March 5, 2025, Centennial Hills Hospital on April 9, 2025, UMC on May 19th, and Valley Hospital on May 28th.

3. Planners and Clinical Advisor have finalized the planning efforts for the 2025 Medical Response Surge Exercise.
4. The Planners attended healthcare system partner's Emergency Management Committee Meetings.
5. Our Planners attended the UMC Emergency Preparedness Meetings.
6. Senior Planner and Clinical Advisor conducted a Decontamination Equipment Review with St. Rose Dominican De Lima.
7. SNHPC returned to a monthly scheduled basis, the next meeting is on March 6th.
8. Planners, Clinical Advisor and Trainer continuing development of the Resource Management Annex (SNHPC).
9. 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), such as assessing the risks to human life and environmental concerns of a lithium-ion battery fire and updating the Emergency Counter Measures Coordinating Plan between LVMPD and SNHD.
2. Provided public health input on threat assessments on special event assessment rating (SEAR) 2, 3, and 4 events such as SHOT Show and the Rock N' Roll Marathon.
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.
9. Evaluate restricted access material for potential impact and mitigation by SNHD.

E. Grants and Administration:

1. OPHP continues to monitor and review grant spending.
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. The MRC Coordinator attended NACCHO PPAG meeting, MRC meetings, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.
2. MRC provided first aid support at the LDS Church's preparedness calendars and other preparedness information were distributed.

3. MRC sponsored blood pressure screening, health information, and 50 preparedness calendars at the Country Club at Meadows Heart Health Fair.

MRC Volunteer Hours FY2025 Q3

(Economic impact rates updated April 2024):

Activity	January	February	March
Training	36		
Community Event		8	
SNHD Clinic			
Total Hours	36	8	
Economic impact	\$1205.64	\$300.98	

IV. VITAL RECORDS

- A. February is currently showing a 2.2% decrease in birth certificate sales in comparison to February 2024. Death certificate sales currently showing a 4.3% increase in comparison to February 2024. SNHD received revenues of \$35,048 for birth registrations, \$24,518 for death registrations; and an additional \$8,685 in miscellaneous fees.

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

Vital Statistics Services	Feb 2024	Feb 2025		FY 23-24 (Feb)	FY 24-25 (Feb)	
Births Registered	2,279	1,745	↓	15,995	16,667	↑
Deaths Registered	2,032	1,927	↓	14,066	14,676	↑
Fetal Deaths Registered	19	23	↑	148	132	↓

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

Vital Statistics Services	Feb 2024	Feb 2025		FY 23-24 (Feb)	FY 24-25 (Feb)	
Birth Certificates Sold (walk-in)	30	2	↓	460	53	↓
Birth Certificates Mail	136	152	↑	1,028	936	↓
Birth Certificates Online Orders	3,950	3,911	↓	28,358	28,737	↑
Birth Certificates Billed	122	79	↓	903	918	↑
Birth Certificates Number of Total Sales	4,238	4,144	↓	30,749	30,644	↓
Death Certificates Sold (walk-in)	33	16	↓	282	198	↓
Death Certificates Mail	148	160	↑	1,209	1,183	↓
Death Certificates Online Orders	7,971	8,338	↑	60,340	63,228	↑
Death Certificates Billed	48	44	↓	293	338	↑
Death Certificates Number of Total Sales	8,200	8,558	↑	62,124	64,947	↑

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

Vital Statistics Sales by Source	Feb 2024	Feb 2025		FY 23-24 (Feb)	FY 24-25 (Feb)	
Birth Certificates Sold Valley View (walk-in)	.7%	0%	↓	1.5%	.2%	↓
Birth Certificates Mail	3.2%	3.7%	↑	3.3%	3.1%	↓
Birth Certificates Online Orders	93.2%	94.4%	↑	92.2%	93.8%	↑
Birth Certificates Billed	2.9%	1.9%	↓	2.9%	3%	↑
Death Certificates Sold Valley View (walk-in)	.4%	.2%	↓	.5%	.3%	↓
Death Certificates Mail	1.8%	1.9%	↑	1.9%	1.8%	↓
Death Certificates Online Orders	97.2%	97.4%	↑	97.1%	97.4%	↑
Death Certificates Billed	.6%	.5%	↓	.5%	.5%	

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

Revenue	Feb 2024	Feb 2025		FY 23-24 (Feb)	FY 24-25 (Feb)	
Birth Certificates (\$25)	\$105,950	\$103,600	↓	\$768,725	\$766,100	↓
Death Certificates (\$25)	\$205,000	\$213,950	↑	\$1,553,100	\$1,623,675	↑
Births Registrations (\$13)	\$36,829	\$35,048	↓	\$266,773	\$259,129	↓
Deaths Registrations (\$13)	\$24,648	\$24,518	↓	\$179,504	\$186,888	↑
Convenience Fee (\$2)	\$8,128	\$7,892	↓	\$58,344	\$58,518	↑
Miscellaneous Admin	\$500	\$709	↑	\$5,423	\$5,335	↓
Total Vital Records Revenue	\$381,055	\$385,717	↑	\$2,831,869	\$2,899,645	↑

B. PASSPORT SERVICES – Passport Services is appointment only.

COMMUNITY HEALTH Passport Program – Fiscal Year Data

Applications	Feb 2024	Feb 2025		FY 23-24 (Feb)	FY 24-25 (Feb)	
Passport Applications	735	933	↑	5,108	5,645	↑
Revenue	Feb 2024	Feb 2025		FY 23-24 (Feb)	FY 24-25 (Feb)	
Passport Execution/Acceptance fee (\$35)	\$25,725	\$32,655	↑	\$178,780	\$197,575	↑

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.

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	32	33
NAAT NG/CT	1285	1346
Syphilis	786	777
RPR/RPR Titers	105/40	133/49
Hepatitis Total	2035	1890
HIV/differentiated	708/15	694/15
HIV RNA	105	113

- 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 February, the average daily testing was 33 and the average turnaround time was 47 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 resulted 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	656/55	August	
March		September	
April		October	
May		November	
June		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	Total
Campylobacter	Campy ID	9	4											13
	Campy Screen	12	8											20
Neisseria species	Gonorrhoeae Culture	33	32											65
	Gram Stain/WBC	0	5											5
	Neisseria ID	2	0											2
	Haemophilus ID	0	0											0
Unknown ID	Bacterial ID	0	0											6
	WGS (PulseNet)	14	12											26
Salmonella	Salmonella Screen	3	6											9
	Salmonella Serotype	3	7											10
Shigella	Shigella Screen	2	5											7
	Shigella Serotype	2	4											6
STEC	STEC Screen	0	3											3
	STEC Serotype	0	0											0
Unknown	Stool Culture	1	5											6
Vibrio	Vibrio ID	0	0											0
	Vibrio Screen	1	0											1
Yersinia	Yersinia Culture/ID	1	0											1

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were four samples for GI outbreak investigation in February.

2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In February, SNPHL performed eleven (11) 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.

2025	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	2										

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 twelve (12) Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in February 2025.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 95 bacterial organisms have been identified in February.
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 February 2025, SNPHL has sequenced 33 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	22										

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 February, we tested a total of zero (0) mosquito pool samples. There were zero (0) positive WNV mosquito pool samples identified in February. 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 February, a total of four 32 clinical isolates, *Neisseria gonorrhoeae* fourteen (14) isolates and *Neisseria meningitidis* one (1) 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 1349 samples in February.

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.
9. The laboratory received double door autoclave and awaiting the local contractor to extend the dry wall and power connection before installation.

E. February 2025 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. CAP HCV2 (Hep. Viral load) – A 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 February, 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 to rule out avian influenza. There was no suspect avian flu sample received in the lab in February.

8. The new design may focus on building BSL-3 and Micro lab in the 2nd floor and leaving semi shell for the 1st floor in the Phase I project.

F. COMMUNITY HEALTH – SNP HL – Calendar Year Data

February SNP HL Services	2024	2025	
Clinical Testing Services ¹	5,359	5,644	↑
Epidemiology Services ²	1,609	435	↓
State Branch Public Health Laboratory Services ³	98	0	↓
All-Hazards Preparedness Services ⁴	6	4	↓
Environmental Health Services ⁵	6	22	↑

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.