



Memorandum

Date: March 28, 2024

To: Southern Nevada District Board of Health

From: **Maria Azzarelli**, *Acting Director of Community Health* *MA*
Cassius Lockett, PhD, *Deputy District Health Officer-Operations* *CL*
Fermin Leguen, MD, MPH, *District Health Officer* *FL*

Subject: Community Health Division Monthly Activity Report – February 2024

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP provided a training to four (4) healthcare providers from the Southern Nevada Community Health Center in January on chronic disease resources for providers. Jump drives with clinician toolkits for diabetes, prediabetes, stroke, hypertension, and obesity were also provided.

CDPP staff participated in the Dia de Reyes event at the Clark County Government Center. CDPP staff provided chronic disease education, class, and resource information at the event. Over 1,000 people attended the event.

Our CDPP staff submitted the American Diabetes Association (ADA) Annual Status Report on January 12, 2024. This report is required to maintain our ADA recognition status for our Diabetes Self-Management, Education, and Support (DSMES) classes. The report was approved in January.

In January, CDPP staff began offering monthly DSMES classes. A quarterly class schedule was developed. Classes are offered in person, virtually, and in English and Spanish. Classes will also be offered at community sites. In January, CDPP staff offered two (2) make up classes in Spanish at Access to Healthcare Network, one (1) new Spanish class, and one (1) new English class both offered at SNHD. All classes in January were offered in person. In total, 14 people participated in a DSMES class in January.

B. Tobacco Control Program (TCP)

Our TCP staff educated 1,115 youth at the Student Council Zone Conference hosted at Foothill High School. To date, 4,518 youth leaders have been trained. Additionally, TCP staff participated in 15 events at local high schools to promote vape-free lifestyles. To date, 40 youth-focused branding counter marketing events have occurred in schools and community venues.

TCP staff continued working on a new educational campaign, “Don’t Gamble on Your Patient’s Health,” that targets healthcare providers (OBGYNs, Dental, Pediatric, Behavioral Health & General) to promote tobacco cessation and the Tobacco Use Brief Intervention process (Ask. Advise. Assist). Educational materials will be distributed to providers within the Southern Nevada region.

The TCP staff hosted the first annual Because We Matter Tobacco-Free Living Summit. Through several local and national speakers, the summit addressed the harmful impact of tobacco within the African American community and covered topics including targeted marketing of menthol and flavored tobacco products to African Americans, the correlation between tobacco use and genetics, nicotine addiction, mental health, the intersection of tobacco and cannabis, and broader social justice implications. The overall goal of the summit was to increase awareness, prevent the initiation of tobacco use, promote the Because We Matter brand and Nevada Quitline cessation services. Over 50 community members and partner organizations participated. Resources including the Nevada Tobacco Quitline were promoted for those seeking assistance with quitting tobacco use.

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 approved EMS education for specific protocols in their ongoing effort to standardize protocols across the Las Vegas valley.

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.

C. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer’s role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One (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 Drug/Device/Protocol sub-committees.

D. OEMSTS – February 2023 / 2024 Data

EMS Statistics	February 2023	February 2024	
Total certificates issued	65	64	↓
New licenses issued	61	58	↓
Renewal licenses issued (recert only)	5	0	↓
Driver Only	32	39	↑
Active Certifications: EMT	859	971	↑
Active Certifications: Advanced EMT	1653	1886	↑
Active Certifications: Paramedic	1930	2068	↑
Active Certifications: RN	70	74	↑

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

1. Continuance of drafting the Shelter Support Annex and Administrative Preparedness Annex.
2. Planners continue to review and revise the CHEMPACK, Nuclear and Radiation, Administrative Preparedness, Mass Care Support, and Highly Infectious Disease plans. Met with Human Resources to discuss staffing and activation triggers for preparedness annex.
3. Planner updates to Threat Response Guides for Anthrax, Plague, and Tularemia, Botulism, and Viral Hemorrhagic Fever (VHF). The VHF TRG was sent to subject matter experts within the District for review.
4. Reviewed and revisions of COVID AAR according to SWOT analysis and interviews completed by contractor and interns.
5. Conducted Closed POD Seminar on February 20th. There were approximately 65 attendees.

6. Processed Closed POD applications for the Red Cross and began updates of interlocal agreements with municipalities in Clark County.
7. Senior PHP Planner and PHP Planner I continue transition closed POD program management to the Planner I. Coordinating the setup of the Closed POD Working Group with the LVCVA and Boyd Gaming as Co-Chairs.
8. Twenty SNHD employees were fit tested for personal protective equipment.
9. OPHP staff are participating in the various working groups to develop the state DPBH Strategic Plan.
10. Received and processed requests for HPP grant funding of emergency response equipment (City of NLV FD, Mountain View Hospital, Summerlin Hospital).

B. Training, Exercises and Public Health Workforce Development:

1. OPHP Trainers continue to develop Position Specific Task Books and related training curricula. Planning Section Chief Position Specific Training completed on February 29th for seven (7) SNHD staff, including the Senior PHP Planner and PHP Planner I. Invites sent for Operations Section Chief Training on March 27th.
2. New Hire Orientation for Emergency Preparedness and Security was not provided in February.
3. OPHP Trainers confirmed ICS 300 course offering at Decatur campus April 16th – 18th for recent SNHD staff identified on the Emergency Personnel List. The course is listed on the state training website.
4. Five (5) SNHD employees participated in CPR Training.
5. Assist where needed in current ICS for TB outbreak.
6. Planning efforts are being coordinated for the upcoming recovery workshop.
7. OPHP Trainers provided ICS 400 training to community partners at the City of Las Vegas Office of Emergency Management on February 28th and 29th.
8. OPHP Planner participated in FEMA Exercise Evaluation and Improvement Planning training.
9. Staff attended the Nevada Preparedness Summit Feb 28th – 29th. The PHP Supervisor spoke as part of a panel on the county-wide Impacted Persons Database that is being developed as a corrective action from the October 1, 2017 shooting.
10. Senior PHP Planner and PHP Planner I coordinated with EH, SNPHL, and EPA on exercise development for the EPA WLA AP full scale exercise.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. No SNHPC meeting held in February. Next meeting is scheduled for March 7th.
2. Pediatric Surge Annex approval voting scheduled for March 7th.
3. The SNHPC Clinical Advisor and Senior PHP Planner served in the Medical Surge Support Team for the LVIII Super Bowl 2024 response.
4. SNHPC Clinical Advisor and OPHP Planner continued planning for March 13th Pediatric Surge tabletop with pediatric hospitals.

5. SNHPC Clinical Advisor and OPHP Planner continued planning for April 18th Pediatric Surge tabletop and medical response surge exercise for all hospitals.
6. Pediatric Surge Tabletop final planning meeting was held on February 21st.
7. OPHP Trainer is coordinating First Receiver Decontamination training with Mtn View Tenaya and UMC Hospitals for Summer 2024.
8. OPHP Trainer continues to promote and manage upcoming TEEX Pediatric Disaster Response & Emergency Preparedness course May 7th - 8th.
9. OPHP Trainer coordinating bringing back the following courses to Las Vegas; TEEX Medical Preparedness & Response to Bombing Incidents, TEEX Medical Management of CBRNE Events and Radiological Training for Hospital Personnel.

D. Fusion Center Public Health Analyst:

1. Currently recruiting for new Public Health Analyst.

E. Grants and Administration:

1. OPHP is awaiting carryover subawards for PHEP and CRI grants and an amendment to the current CRI budget.
2. OPHP interviewed and selected a Senior Administrative Assistant who will start in March.
3. OPHP is recruiting a Public Health Fusion Center Analyst.

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. MRC Coordinator attended monthly NACCHO MRC Workgroup meeting.
3. Packed and relocated office to Buffalo annex.

MRC Volunteer Hours FY2024 Q3

(Economic impact rates updated August 2023):

Activity	January	February	March
Preparedness Exercise	27	0	0
Community Event/BP	0	0	0
SNHD Clinic	4.5	0	0
Total Hours	27	0	0
Economic impact	\$858.60	0	0

IV. VITAL RECORDS

A. February 2024 is currently showing a 9% increase in birth certificate sales in comparison to February 2023. Death certificate sales currently showing a 4% decrease in comparison to February 2023. SNHD received revenues of \$35,542 for birth registrations, \$24,570 for death registrations; and an additional \$8,354 in miscellaneous fees.

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

Vital Statistics Services	Feb 2023	Feb 2024		FY 22-23 (Feb)	FY 23-24 (Feb)	
Births Registered	1,806	2,279	↑	16,646	15,995	↓
Deaths Registered	1,703	2,032	↑	14,201	14,066	↓
Fetal Deaths Registered	14	19	↑	130	148	↑

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

Vital Statistics Services	Feb 2023	Feb 2024		FY 22-23 (Feb)	FY 23-24 (Feb)	
Birth Certificates Sold (walk-in)	2	30	↑	318	460	↑
Birth Certificates Mail	93	136	↑	914	1,028	↑
Birth Certificates Online Orders	3,549	3,801	↑	28,743	28,127	↓
Birth Certificates Billed	112	122	↑	884	903	↑
Birth Certificates Number of Total Sales	3,756	4,089	↑	30,859	30,518	↓
Death Certificates Sold (walk-in)	5	33	↑	126	282	↑
Death Certificates Mail	180	148	↓	1,247	1,209	↓
Death Certificates Online Orders	8,352	7,960	↓	65,155	60,317	↓
Death Certificates Billed	26	48	↑	264	293	↑
Death Certificates Number of Total Sales	8,563	8,189	↓	66,792	62,101	↓

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

Vital Statistics Sales by Source	Feb 2023	Feb 2024		FY 22-23 (Feb)	FY 23-24 (Feb)	
Birth Certificates Sold Valley View (walk-in)	.1%	.7%	↑	1%	1.5%	↑
Birth Certificates Mail	2.5%	3.3%	↑	3%	3.4%	↑
Birth Certificates Online Orders	95.5%	93%	↓	93.1%	92.2%	↓
Birth Certificates Billed	3%	3%		2.9%	3%	↑
Death Certificates Sold Valley View (walk-in)	.1%	.4%	↑	.2%	.5%	↑
Death Certificates Mail	2.1%	1.8%	↓	1.9%	1.9%	
Death Certificates Online Orders	97.5%	97.2%	↓	97.5%	97.1%	↓
Death Certificates Billed	.3%	.6%	↑	.4%	.5%	↑

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

Revenue	Feb 2023	Feb 2024		FY 22-23 (Feb)	FY 23-24 (Feb)	
Birth Certificates (\$25)	\$93,900	\$102,225	↑	\$771,475	\$762,950	↓
Death Certificates (\$25)	\$214,075	\$204,725	↓	\$1,669,800	\$1,552,525	↓
Births Registrations (\$13)	\$35,581	\$35,542	↓	\$287,196	\$262,951	↓
Deaths Registrations (\$13)	\$22,997	\$24,570	↑	\$185,497	\$179,270	↓
Convenience Fee (\$2)	\$7,840	\$7,854	↑	\$61,874	\$57,526	↓
Miscellaneous Admin	\$761	\$500	↓	\$5,008	\$5,413	↑
Total Vital Records Revenue	\$375,154	\$375,416	↑	\$2,980,850	\$2,820,635	↓

COMMUNITY HEALTH Passport Program – Fiscal Year Data

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

Applications	Feb 2023	Feb 2024		FY 22-23 (Feb)	FY 23-24 (Feb)	
Passport Applications	726	735	↑	5,918	5,108	↓

Revenue	Feb 2023	Feb 2024		FY 22-23 (Feb)	FY 23-24 (Feb)	
Passport Execution/Acceptance fee (\$35)	\$25,410	\$25,725	↑	\$207,130	\$178,780	↓

V. HEALTH EQUITY

- A.** The Health Equity program received a No Cost Extension from the Center for Disease Control 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 February 29th, 2024, the Health Equity team participated in the Senior Resource Fair hosted by Henderson City Councilman Jim Seebeck.
 - 2. During the month of February 2024, the Health Equity team, conducted five (5) Health Equity workshops for SNHD and community-based organizations.
- C.** The Health Equity Program works towards establishing community partnerships and collaborations to increase the capacity of communities to address health disparities.

- Two (2) community-based organizations were identified to partner with the goal of increasing community capacity to address health disparities. These organizations are Al-Maun, and Golden Rainbow.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing:

- The SNHD Nursing Division: molecular and microbiology culture, Sexually Transmitted Disease (STD) testing.
- 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.
- A total monthly samples tested is listed in the following table:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	85	67
NAAT NG/CT	1146	1193
Syphilis	892	899
RPR/RPR Titers	163/84	150/80
Hepatitis Total	1195	1110
HIV/differentiated	650/25	650/21
HIV RNA	105	98

- 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 February, the average daily testing was 61 and the average turnaround time was 43 hours for PCR testing from the collection date to the release of the test 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.

Unknown ID	Bacterial ID	0	0											0
	WGS (PulseNet)	27	24											51
Salmonella	Salmonella Screen	14	10											24
	Salmonella Serotype	13	10											23
Shigella	Shigella Screen	10	10											20
	Shigella Serotype	7	10											17
STEC	STEC Screen	10	2											12
	STEC Serotype	1	1											2
Unknown	Stool Culture	5	6											11
Vibrio	Vibrio ID	0	0											0
	Vibrio Screen	0	0											0
Yersinia	Yersinia Culture/ID	1	2											3

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There was one (1) case 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 30 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.

- 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.

2024	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0										

- 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.
- SNPHL performed 24 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in February 2024.
- 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.
- SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.
- 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 February 2024, SNPHL has sequenced 29 SARS-CoV-2-positive RNA extracts.
- 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.

2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	29	6										

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 mosquito pool samples. There was no 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 85 clinical isolates, Neisseria gonorrhoeae 21 isolates and Neisseria meningitidis five (5) 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. February 2024 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. Passed the CAP MVP, CAP Infectious Disease, Resp, Biofire Respiratory Virus panel, CAP SARS-CoV-2, CAP MEGN proficiency test in February 2024.
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. Currently, the validation for both instruments has begun.
4. Our Emergency Response laboratory started to validate the warrior panel and verification process with CDC.
5. According to the WGS and genomic data analysis, the Omicron variant JN.1*, BA.2.*, EG.5.* lineages are domain lineages, 78% respectively, in February, 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.
6. Identified zero Monkeypox positive test result in February 2024. The Whole Genome sequencing of February Monkeypox Positive samples has been completed. The clade for this case is IIb and the lineage is B.1.20 for three (3) sequencing data analyses.
7. According to the data of influenza surveillance in this flu season, the A/H3 and A/H1 are major subtypes of influenza and the percentage of ratio between three (3) subtypes are 57%, 20%, and 23%, respectively.
8. 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.
9. The builder/Architect for the SNPHL Lab expansion project has met facility team and laboratory staff to discuss the laboratory design. The builder/Architect had on-site visits and had lab tours. We all agreed to have weekly meetings to review and update the lab design on Thursdays at 9am.

F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

February SNPHL Services	2023	2024	
Clinical Testing Services ¹	4,300	5,339	↑
Epidemiology Services ²	1,765	1,609	↑
State Branch Public Health Laboratory Services ³	4,795	98	↓
All-Hazards Preparedness Services ⁴	8	6	↓
Environmental Health Services ⁵	0	6	↑

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.