



Memorandum

Date: January 26, 2023

To: Southern Nevada District Board of Health

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

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Subject: Community Health Division Monthly Activity Report – December 2022

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

A. Chronic Disease Prevention Program (CDPP)

In commemoration of Diabetes Month in November, the CDPP planned and implemented several activities including a social marketing campaign to promote diabetes awareness and connect people to available resources including our free DSMES classes. CDPP staff also taught two (2) in-person DSMES classes, one (1) in English and one (1) in Spanish. Eleven people participated (eight (8) Spanish; three (3) English) and eight (8) of those 11 completed the course (five (5) Spanish and three (3) English). CDPP staff presented diabetes prevention and self-management resources to 80 Touro University medical students. Each student received a jump drive with healthcare provider toolkits for diabetes, prediabetes, stroke, and hypertension. Our Promotora Partners provided prediabetes outreach and screening in Spanish at the Dia de los Muertos event at the Springs Preserve, screening, educating, and referring 23 people for prediabetes. Finally, CDPP staff submitted our ADA Program Recognition renewal application in November. SNHD's current 4-year recognition expires January 30, 2023.

The Pop-Up Produce Markets completed their fall schedule in November with markets held at the RTC Bonneville Transit Center and at SNHD. Markets provide low-cost, fresh fruits and vegetables and accept cash, debit, credit, and SNAP/EBT. Customers that use SNAP are eligible for a Double Up Food Bucks (DUFEB) coupon, which is a federally funded nutrition incentive program for people with SNAP benefits. Including October, the markets sold over 1,580 pounds of produce and distributed \$190 worth of DUFEB coupons. Nearly 25% of all produce sales were SNAP sales.

To provide enhanced breast/chest feeding support to priority populations, CDPP provided scholarships to the online Certified Lactation Consultant course with four (4) nurses and/or CHWs from SNHD's Nurse Family Partnership (NFP) and Embracing Healthy Babies (EHB) programs. In addition, an additional scholarship is being provided to a member of the Southern Nevada Breastfeeding Coalition who works with priority population members in supporting breast/chest feeding. CDPP is also providing SNHD NFP and EHB programs with culturally and linguistically appropriate education and training materials for distribution to clients.

One of our REACH grant partners, the UNLV School of Public Health presented a poster focused on the development and implementation of the Decision Support Tool (DST) at the American Public Health Association Annual Meeting in Boston in November. The DST is a tool for planning, public works, and transportation professionals to use to integrate health, safety, and equity-related considerations into land use decisions to support safe, walkable, bikeable and connected communities.

B. Tobacco Control Program (TCP)

The SNHD TCP advocated for the American Dental Association's (ADA) passage of a resolution titled "Advocacy for Dentists to Refer to Tobacco and Vaping Cessation Quitlines." The resolution passed and is expected to increase tobacco and vaping cessation counseling and referral to Quitlines from Nevada's dental providers. Staff are currently working with the UNLV School of Dentistry to establish electronic referral to the Quitline.

Our Because We Matter initiative continues to have a presence in the African American community through media campaigns, outreach events, and community collaborations. This month staff distributed culturally and linguistically competent educational materials at Sigma Gamma Rho Centennial event. Educational materials include tobacco prevention messaging and encourage cessation by promoting the Nevada Tobacco Quitline.

Seven (7) local restaurants expanded their tobacco free policy in November. Staff provided technical assistance and signage to support the businesses in their efforts. Five (5) of the businesses are African American owned and these businesses agreed to distribute tobacco cessation information 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 November:

- Project evaluation staff provided preliminary findings from the young adult Hispanic/Latinx survey conducted in September 2022. Overall, survey respondents supported vaccinations in general, although the COVID vaccine was viewed with more hesitation. The most common reasons for COVID vaccine hesitancy, were that participants are concerned about side effects, vaccines being too new, do not have enough information, and believe that the

vaccine is not the way to go. Survey participants support incentives to encourage vaccination; cash payment was the most common incentive reported by participants to motivate COVID vaccination. Participants were generally less hesitant toward obtaining a flu vaccine. The most common reasons reported for flu vaccine hesitance and delay were that respondents do not believe the vaccine is necessary. Among all flu and COVID messaging samples shared, protecting children was the most effective message to encourage vaccination as well.

- To date, 230 community-level spokespersons have been trained.
- Two (2) community events to distribute information and promote vaccination occurred in November reaching 3,000 individuals.
- Four (4) pop up vaccine clinics were offered in November vaccinating 45 people for COVID and 18 for flu. A total of 5,838 vaccines have been provided to date through these efforts. 90% of individuals vaccinated at the pop-up clinics have been from our priority populations.
- The multi-component, English/Spanish language Flu media campaign to reach priority populations continued to air. 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. In November, 1,242,425 people were reached through the campaign.

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 accepted revisions to Article III, Section I of their bylaws allowing for two (2) At-Large representatives from local EMS agencies to EMS training programs to be added.

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:

- 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.

The Board heard reports from the Education and Drug/Device/Protocol sub-committees.

D. OEMSTS – December 2021 / 2022 Data

| <u>December EMS Statistics</u> | December 2021 | December 2022 | |
|--|--------------------------|--------------------------|---|
| Total certificates issued | 84 | 105 | ↑ |
| New licenses issued | 82 | 101 | ↑ |
| Renewal licenses issued (recert only) | 1 | 2 | ↑ |
| Driver Only | 15 | 30 | ↑ |
| Active Certifications: EMT | 838 | 830 | ↓ |
| Active Certifications: Advanced EMT | 1622 | 1630 | ↑ |
| Active Certifications: Paramedic | 1866 | 1895 | ↑ |
| Active Certifications: RN | 60 | 63 | ↑ |

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. This trained team corroborates with community and hospital partners, by hosting and attending community meetings virtually.

3. Personnel are avidly working with internal staff who have been responding to the COVID response along with external partners to develop an interim action report for SNHD and the region.
4. The OPHP Team is constantly working 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. Keeping in line with the direction of SNHD's leadership, all non-essential training has been postponed focusing on the COVID response and training needs
2. Internally, we provide Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing. 21 fit tests completed.
3. December 5th, we sent comments for Mass Care Annex shelter sites for Clark County.
4. December 13th, our team attended the Medical Response Surge Exercise C&O meeting.
5. December 20th, we were able to complete the Closed POD Agreement with City of North Las Vegas.

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

1. December 1st & 2nd – The Healthcare Coalition Coordinator finished attendance at the National Healthcare Coalition Preparedness Conference by attending the general session on Active Shooter. Real life stories of tragedy and triumph, also the presentations on Care site outreach support Teams and Coalitions, Evacuation of people with disabilities from buildings and the work required to develop a plan, developing an Incident Response Team in the Coalition which provides an additional capability to the rural portion of Clark County, Nevada, and finally, are you prepared for the next cyber-attack -which touts the use of resources to combat this phenomenon. On December 2, the Healthcare Coalition Coordinator attended the Cedars-Sinai Special Pathogens Preparedness workshop in Los Angeles. The workshop included presentations by Cedars-Sinai Regional Emerging Special Pathogens Treatment Center, Los Angeles County Department of Public Health and Emergency Medical Services preparedness, University of California at Los Angeles, Kaiser hospital, the Children's Hospital of Los Angeles with a perspective of preparing for the impact of the emerging special pathogens on children, and a tour of the High-Risk Ambulance and Mobile Command Center supporting this endeavor.
2. December 5th – The Hospital Preparedness Program Liaison met with the Assistant Chief of Special Operations for the Las Vegas Fire & Rescue HazMat Team confirming that the

HazMat team will be the transportation asset for any Ebola/Special Emerging Pathogens in Clark County.

3. December 7th – The Hospital Preparedness Program Liaison attended the quarterly Public Health Preparedness Partners Meeting in Las Vegas, Nevada. Several topics were covered by the partners like potential new reporting format, due date of the upcoming HPP budget and Scope of Work (DRAFT) for submission through the Coalition Assessment Tool (CAT), and training requirements covered through the HPP grant.
4. December 8th – The Healthcare Coalition Coordinator finalized the location for the Pediatric Disaster Response and Emergency Preparedness Course provided by the Texas A&M Engineering Extension Services (TEEX). The SNHPC Hospital Partner, Southern Hills Hospital & Medical Center volunteered to host this two-day training course which will be followed by a TEEX presentation to the Southern Nevada Healthcare Preparedness Coalition. Also, the HCC Coordinator attended the University Medical Center of Southern Nevada's Emergency Management Committee Meeting providing information on the upcoming Healthcare Coalition meeting in January 2023 which includes officer elections and introduction of new FBI attendees, upcoming planning meetings and the information on the upcoming Chemical Response Functional Exercise.
5. December 12th – The HPP liaison participated in the Concepts and Objectives meeting for the Public Health Emergency Program's full-scale exercise based on a Point of Dispensing Mega site at Thomas & Mack in 2023.
6. December 13th – The Healthcare Coalition Coordinator hosted the final planning meeting for the Chemical Response Functional Exercise for the Southern Nevada Healthcare Preparedness Coalition. Multiple agencies participated in the final planning meeting.
7. December 20th – The Healthcare Coalition Coordinator participated in a call from the Centers for Disease Control and Prevention's Clinician Outreach and Communication Activity (COCA) discussion the current Ebola outbreak in Africa. On September 20, 2022, the Ministry of Health of Uganda officially declared an outbreak of Ebola disease caused by Sudan ebolavirus (SUDV). This is the fifth outbreak caused by SUDV in Uganda since 2000. No probable or confirmed cases related to this outbreak have yet been reported in the United States. During this COCA Call, subject matter experts from the Centers for Disease Control and Prevention (CDC) will discuss signs and symptoms of Ebola, disease progression, importance of alternative diagnoses or treatments, and the utility of a CDC clinical consult. Presenters will also review specimen handling and testing biosafety, and infection prevention and control recommendations.

C. Grants and Administration:

1. OPHP staff are supporting COVID response and logistical needs.
2. OPHP staff are supporting monkeypox call line logistics.

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 November, volunteers distributed preparedness calendars and provided a first aid station at the Project Homeless Connect. One Volunteer continues to give COVID vaccinations at outreach events. Three volunteers assisted the SNHD SHC with office support. Total “accepted” volunteers stand at about 399. MRC Coordinator recruited, vetted, assigned, deployed, and deactivated volunteers. MRC Coordinator continues to recruit and deactivate volunteers. MRC continues to advocate for use of volunteers within SNHD. MRC also attended monthly NACCHO MRC Workgroup meetings. The table below summarizes volunteer hours served in the second quarter of this fiscal year.

MRC Volunteer Hours FY2023 Q2 COVID Response and Non-Emergency Economic impact rates updated November 2022

| Activity | October | November | December |
|-------------------------|-------------------|-------------------|----------|
| Health Fair | 28 | 17 | |
| SNHD COVID VAX OUTREACH | 0 | 10 | |
| SNHD SHC | 0 | 16 | |
| SNHD Monkeypox | 0 | 0 | |
| Total Hours | 28 | 43 | |
| Economic impact | \$1,423.24 | \$1,287.85 | |

IV. VITAL RECORDS

- A. December 2022 is currently showing an 4.8% increase in birth certificate sales in comparison to December 2021. Death certificate sales currently showing a 10.5% decrease in comparison to December 2021. SNHD received revenues of \$30,836 for birth registrations, \$23,348 for death registrations; and an additional \$7,110 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

| Vital Statistics Services | Dec 2021 | Dec 2022 | | FY 22-22 (Dec) | FY 22-23 (Dec) | |
|--------------------------------|----------|----------|---|----------------|----------------|---|
| Births Registered | 2,006 | 1,980 | ↓ | 13,091 | 12,599 | ↓ |
| Deaths Registered | 2,119 | 1,868 | ↓ | 12,297 | 10,302 | ↓ |
| Fetal Deaths Registered | 21 | 16 | ↓ | 104 | 96 | ↓ |

COMMUNITY HEALTH Vital Statistics Services – Fiscal Year Data

| Vital Statistics Services | Dec 2021 | Dec 2022 | | FY 21-22 (Dec) | FY 22-23 (Dec) | |
|---|--------------|--------------|----------|----------------|----------------|----------|
| Birth Certificates Sold (walk-in) | 62 | 57 | ↓ | 221 | 296 | ↑ |
| Birth Certificates Mail | 57 | 130 | ↑ | 567 | 690 | ↑ |
| Birth Certificates Online Orders | 2,949 | 2,952 | ↑ | 22,778 | 21,447 | ↓ |
| Birth Certificates Billed | 81 | 162 | ↑ | 556 | 696 | ↑ |
| Birth Certificates Number of Total Sales | 3,149 | 3,301 | ↑ | 24,122 | 23,129 | ↓ |
| Death Certificates Sold (walk-in) | 26 | 30 | ↑ | 189 | 103 | ↓ |
| Death Certificates Mail | 90 | 123 | ↑ | 649 | 920 | ↑ |
| Death Certificates Online Orders | 9,260 | 8,247 | ↓ | 56,580 | 47,165 | ↓ |
| Death Certificates Billed | 53 | 33 | ↓ | 343 | 198 | ↓ |
| Death Certificates Number of Total Sales | 9,429 | 8,433 | ↓ | 57,761 | 48,386 | ↓ |

COMMUNITY HEALTH Vital Statistics Sales by Source - Fiscal Year Data

| Vital Statistics Sales by Source | Dec 2021 | Dec 2022 | | FY 21-22 (Dec) | FY 22-23 (Dec) | |
|---|----------|----------|---|----------------|----------------|---|
| Birth Certificates Sold Valley View (walk-in) | 2% | 1.7% | ↓ | .9% | 1.3% | ↑ |
| Birth Certificates Mail | 1.8% | 3.9% | ↑ | 2.4% | 3% | ↑ |
| Birth Certificates Online Orders | 93.6% | 89.4% | ↓ | 94.4% | 92.7% | ↓ |
| Birth Certificates Billed | 2.6% | 4.9% | ↑ | 2.3% | 3% | ↑ |
| Death Certificates Sold Valley View (walk-in) | .3% | .4% | ↑ | .3% | .2% | ↓ |
| Death Certificates Mail | 1% | 1.5% | ↑ | 1.1% | 1.9% | ↑ |
| Death Certificates Online Orders | 98.2% | 97.8% | ↓ | 98% | 97.5% | ↓ |
| Death Certificates Billed | .6 | .4% | ↓ | .6% | .4% | ↓ |

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

| Revenue | Dec 2021 | Dec 2022 | | FY 21-22 (Dec) | FY 22-23 (Dec) | |
|------------------------------------|------------------|------------------|----------|--------------------|--------------------|----------|
| Birth Certificates (\$25) | \$78,725 | \$82,525 | ↑ | \$603,050 | \$578,225 | ↓ |
| Death Certificates (\$25) | \$235,725 | \$210,825 | ↓ | \$1,444,025 | \$1,209,650 | ↓ |
| Births Registrations (\$13) | \$29,861 | \$30,836 | ↑ | \$228,657 | \$214,383 | ↓ |
| Deaths Registrations (\$13) | \$26,663 | \$23,348 | ↓ | \$164,996 | \$135,889 | ↓ |
| Convenience Fee (\$2) | \$6,526 | \$6,438 | ↓ | \$48,882 | \$45,946 | ↓ |
| Miscellaneous Admin | \$660 | \$672 | ↑ | \$5,585 | \$3,581 | ↓ |
| Total Vital Records Revenue | \$378,160 | \$354,644 | ↓ | \$2,495,195 | \$2,187,674 | ↓ |

*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 | Dec 2021 | Dec 2022 | | FY 21-22 (Dec) | FY 22-23 (Dec) | |
|--|-------------|-------------|---|-------------------|-------------------|---|
| Passport Applications | 533 | 659 | ↑ | 3,468 | 4,329 | ↑ |
| Revenue | Dec 2021 | Dec 2022 | | FY 21-22 (Dec) | FY 22-23 (Dec) | |
| Passport Execution/Acceptance fee (\$35) | \$18,655 | \$23,065 | ↑ | \$121,380 | \$151,515 | ↑ |

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 100 “next day” early morning and late afternoon appointments at Decatur and Henderson offices for the following week every Thursday at 5 p.m.
 - b. Adding all Fremont appointments for the following week every Thursday at 5 p.m.

- c. First week of January 2023 appointments for all five locations opened December 22 with an additional week of slots being opened every Thursday at 5 p.m. going forward.
- 2. Preparations continue for the closure of the central cashier and rollout of cashiering in SHC/Annex A, Immunization Clinic and Environmental Health in January 2023.
- 3. Online Renewals.
 - a. For the month of December, averaging 97 “passing and paying” clients per day.
 - b. Total online renewals for the month of December = 3,021 clients.
- 4. Total for month: 3,021 online + 8,828 in-person = 11,849

| <u>CLIENTS SERVED</u> | Dec 2022 | Nov 2022 | Oct 2022 | Sep 2022 | Aug 2022 |
|------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Food Handler Cards – New | 3,175 | 3,016 | 2,573 | 2,107 | 2,663 |
| FH Cards – Renewals | 3,924 | 3,440 | 3,126 | 3,266 | 4,364 |
| FH Cards – Online Renewals | 3,021 | 2,794 | 2,965 | 3,181 | 4,222 |
| Duplicates | 244 | 232 | 239 | 228 | 277 |
| CFSM (Manager) Cards | 162 | 155 | 132 | 154 | 195 |
| Re-Tests | 1,254 | 906 | 810 | 876 | 1,252 |
| Body Art Cards | 69 | 67 | 108 | 107 | 86 |
| TOTALS | 11,849 | 10,610 | 9,953 | 9,919 | 13,059 |

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 December 1, 2022, the Health Equity Team in collaboration with SNHD’s Ryan White program and the LGBTQ Center, hosted a World AIDS Day event. The event included notable speakers on the topic of HIV and vendors providing services and resources.
 - 2. On December 15, 2022, the HE program disseminated its 2nd quarterly program newsletter. Newsletter registration and access is located at <https://www.southernnevadahealthdistrict.org/programs/health-equity/newsletters/>.

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 | 48 | 65 |
| NAAT NG/CT | 1023 | 1116 |
| Syphilis | 808 | 860 |
| RPR/RPR Titers | 180/66 | 194/85 |
| Hepatitis Total | 758 | 766 |
| HIV/differentiated | 396/9 | 530/14 |
| HIV RNA | 57 | 54 |

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 December, the average daily testing was 469 and the average turnaround time was 35 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 1,035 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 | COVD | # 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 | 8643/1059 |
| June | 11975/1999 | December | 9858/1135 |

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 | 5 | 1 | 1 | 5 | 1 | 6 | 4 | 4 | 6 | 4 | 2 | 1 | 40 |
| | Campy Screen | 6 | 2 | 3 | 10 | 3 | 9 | 5 | 9 | 10 | 7 | 5 | 2 | 71 |
| Neisseria species | Gonorrhoeae Culture | 86 | 61 | 108 | 87 | 61 | 76 | 49 | 47 | 47 | 61 | 46 | 48 | 777 |
| | Gram Stain/WBC | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 3 | 22 |
| | Neisseria ID | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 6 |
| | Haemophilus ID | 4 | 0 | 3 | 1 | 2 | 4 | 1 | 8 | 1 | 2 | 0 | 5 | 31 |
| Unknown ID | Bacterial ID | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 23 |
| | WGS (PulseNet) | 14 | 16 | 14 | 18 | 21 | 28 | 24 | 21 | 27 | 28 | 21 | 6 | 238 |

| | | | | | | | | | | | | | | |
|------------|---------------------|----|----|----|----|----|----|----|----|----|----|----|---|-----|
| Salmonella | Salmonella Screen | 10 | 10 | 11 | 14 | 19 | 10 | 20 | 12 | 24 | 21 | 13 | 8 | 172 |
| | Salmonella Serotype | 8 | 10 | 11 | 12 | 18 | 10 | 14 | 10 | 21 | 16 | 13 | 5 | 148 |
| Shigella | Shigella Screen | 6 | 1 | 2 | 5 | 2 | 7 | 4 | 5 | 4 | 6 | 5 | 1 | 48 |
| | Shigella Serotype | 5 | 1 | 1 | 1 | 0 | 6 | 3 | 10 | 0 | 3 | 2 | 0 | 32 |
| STEC | STEC Screen | 7 | 10 | 6 | 10 | 7 | 4 | 4 | 2 | 3 | 6 | 4 | 7 | 70 |
| | STEC Serotype | 2 | 10 | 1 | 0 | 2 | 2 | 3 | 2 | 0 | 2 | 3 | 0 | 27 |
| Unknown | Stool Culture | 0 | 1 | 19 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 25 |
| Vibrio | Vibrio ID | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 3 |
| | Vibrio Screen | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 1 | 2 | 0 | 0 | 7 |
| Yersinia | Yersinia Culture/ID | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

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 December.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In December, SNPHL performed 69 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.

| 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 | 9 | 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 six (6) Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in December 2022.
- 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 December 2022, SNPHL has sequenced 225 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.
- 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.
- 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 | 4 | 7 |

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 December, we tested a total 0 mosquito pools samples.

11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in November, a total of 48 clinical isolates, Neisseria gonorrhoeae 46 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.

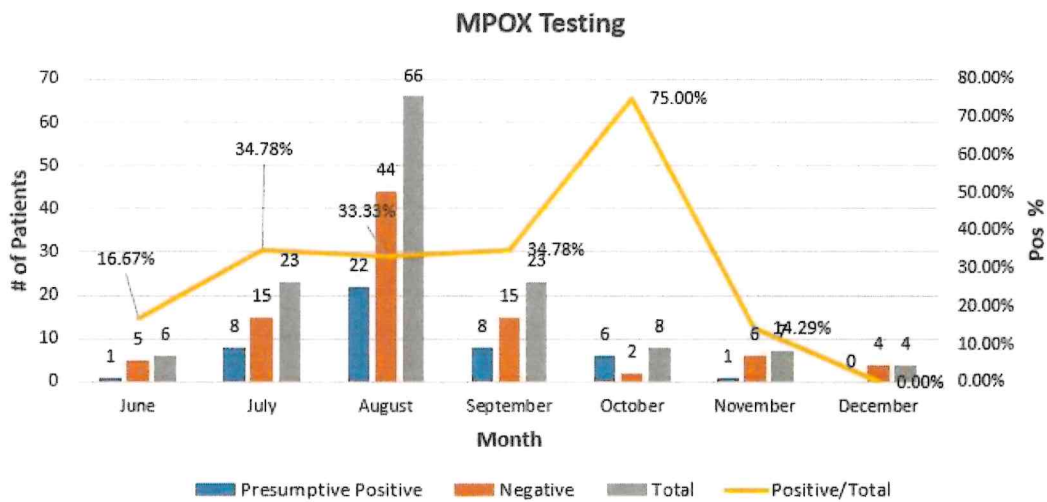
E. December 2022 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVD 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 the second week of January 2023. 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 staff from molecular laboratory has been trained for the new liquid handler, Tecan, in December 2022. 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 the first week of December.
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. We received CDC approval for purchasing Biofire instruments and other reagents on Friday, December 15, 2022. We started to install and validate the warrior panel and verification process with CDC. CDC is also under development and validating the new PCR methods for the identification of the Ebola Sudan strain.
6. According to the WGS and genomic data analysis, the Omicron variant BA.5, BQ.1 and BQ1.1 lineages are domain lineage in November, 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. SNPHL still remain the service for the Monkeypox testing for the residents of Clark County even the ICS for Monkeypox has been demobilized.
8. Laboratory received a CDC Legionella ELITE certificate last Friday. That allows us to perform Legionella testing from the environmental samples. This is the ELC project that we like to cooperate with Robert Cole from the environmental health division.
9. MP-24 nucleic acid extraction instrument has been validated and will be used in the MONKEYPOX testing in the BSL-3 laboratory.
10. Currently our BSL-3 laboratory has detected a total of 46 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:

| MPOX testing from SNPHL* | | | | | | | | |
|--------------------------|--------|--------|--------|-----------|---------|----------|----------|--------|
| | June | July | August | September | October | November | December | Total |
| Presumptive Positive | 1 | 8 | 22 | 8 | 6 | 1 | 0 | 46 |
| Negative | 5 | 15 | 44 | 15 | 2 | 6 | 4 | 91 |
| Total | 6 | 23 | 66 | 23 | 8 | 7 | 4 | 118 |
| Positive/Total | 16.67% | 34.78% | 33.33% | 34.78% | 75.00% | 14.29% | 0.00% | 38.98% |

* Per patient

12/28/2022 updated



F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

| December Services | 2021 | 2022 | |
|---|--------|-------|---|
| Clinical Testing Services ¹ | 3,296 | 3,942 | ↑ |
| Epidemiology Services ² | 400 | 766 | ↑ |
| State Branch Public Health Laboratory Services ³ | 17,304 | 9,474 | ↓ |
| All-Hazards Preparedness Services ⁴ | 9 | 7 | ↓ |
| Environmental Health Services ⁵ | 0 | 0 | |

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

