



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*

MJ

Subject: Community Health Division Monthly Activity Report – November 2022

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP partnered with Girls on the Run and Greater Youth Sports Association to provide scholarships for local youth to participate in sports and physical activity programs. The Girls on the Run program is operating at Manch Elementary School in the Pathway from Poverty service area. There are 15 girls on the team. The fall program will run through December. The basketball season at Greater Youth Sports Association began in August and finished in October. 749 youth participated in the season (167 females and 582 males). 60% of participants qualified for Free and Reduced Lunch.

Our CDPP team provided scholarships for four (4) nurses and CHWs from SNHD's Nurse Family Partnership and Embracing Healthy Babies program to take the Certified Lactation Consultant course. This initiative is in support of our effort to promote and support breastfeeding among priority populations. In addition, CDPP partnered with the Southern Nevada Breastfeeding Coalition to sponsor the "Nursing Nook" at the Las Vegas Baby Expo. The coalition hosted a breastfeeding resource table, where copies of the Breastfeeding Resource Guide were distributed. Over 100 families participated in this event.

CDPP is partnering with the Clark County School District to support the Safe Routes to Schools (SRTS) program. In October, ten (10) schools (approximately 1,300 students) participated in Walk 'n Roll to School Day. An additional 21 schools (approximately 5,151 students) participated in Walk to School Day. Virgin Valley ES was the chosen media school and SRTS staff, Mesquite police, and many parents accompanied students and staff from Virgin Valley on their walk to school.

CDPP staff completed a virtual Diabetes Self-Management Support and Education (DSMES) class in English. Three (3) people completed the course.

The CDPP partnered with 100 Black Men of Las Vegas to provide a virtual cooking class for kids. The program provides ingredients and a virtual cooking class for participating youth and their families to cook a healthy meal together. In October, 50 families participated with an estimated 30 children.

B. Tobacco Control Program (TCP)

Three (3) multi-unit housing properties implemented or expanded their smoke-free policy. As a result, 357 additional apartment units were added to the online smoke-free housing directory. Three (3) local businesses also expanded their tobacco-free policy in October.

In November, TCP staff developed an online ordering system, featuring new educational materials for healthcare provider referrals to the Nevada Tobacco Quitline. SNHD staff also mailed educational materials with a letter summarizing tobacco cessation resources and the e-referral process, to all behavioral health and substance abuse treatment facilities in Southern Nevada. A brief survey form was included in this mailer to assess current tobacco screening and smoke-free policies at their facilities.

This month staff partnered with Mater Academy ELV to promote cessation resources at their Fall Festival and resources fair. This is the second consecutive year of partnership with this school. Mater Academy ELV serves K-12, predominantly low-income Spanish-speaking families and students. Staff was provided with various platforms to reach attendees. This included tabling, live announcements and signage throughout the event's premises. Staff handed out cessation resources in Spanish and English. Ongoing announcements to promote the Spanish Tobacco Quitline and a smoke-free lifestyle were made. There was an estimated attendance of over 1500 people.

TCP Staff was invited to speak on a Spanish radio show La Voz Nevada KENO 1460. Staff talked about tobacco related disparities among Hispanics, including the dangers of vaping use and the importance of being smoke-free. Staff promoted cessation resources through the Spanish tobacco Quitline.

Staff worked with local jurisdictions and community organizations to disseminate information about Tobacco 21 law in various newsletters. In conjunction our staff is preparing a mailing that will be sent to tobacco retailers informing them of resources to assist them in complying with AB 360 which takes effect on 1/1/23 and requires use of scanning technology to verify age in advance of the sale of tobacco products.

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 October:

- 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 October reaching 21,000 individuals. To date, 60 events have occurred serving 40,386 people. 54% of those reached at events have been from our priority populations.
- Six (6) pop up vaccine clinics were offered in October vaccinating 84 people for COVID and 45 for flu. A total of 5,391 individuals have been vaccinated to date through these efforts. 94% of individuals vaccinated at the pop-up clinics have been from our priority populations.
- In October, SNHD staff worked with the contracted media firm to develop a multi-faceted English/Spanish language Flu media campaign to reach priority populations (African American/Hispanics). The campaign consists of paid print, radio, social media (Instagram/Facebook), e-blasts and online banners. This year, a new campaign element focusing on pregnant people was incorporated. Healthcare providers are also being targeted through print publications. In October, 1,238,062 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 finalized education outlines for all agencies on the recent changes to the Transport Destination protocol, as well as discussing potential education for the Trauma Field Triage Protocol.

B. Drug/Device/Protocol Committee (DDP)

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The DDP continued working on proposed revisions to the Clark County EMS Emergency Medical Care Protocols including the addition of Ibuprofen as a non-narcotic analgesic.

C. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer’s role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include:

- One (1) medical director of each firefighting/franchised agency;
- One (1) operational director of each firefighting/franchised agency;
- Chairman of the Regional Trauma Advisory Board; and
- An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member. The Board heard reports from the Education and Drug/Device/Protocol sub-committees.

D. OEMSTS – November 2021 / 2022 Data

November EMS Statistics	November 2021	November 2022	
Total certificates issued	61	70	↑
New licenses issued	55	61	↑
Renewal licenses issued (recert only)	0	0	=
Driver Only	14	30	↑
Active Certifications: EMT	830	808	↓
Active Certifications: Advanced EMT	1606	1630	↑
Active Certifications: Paramedic	1795	1854	↑
Active Certifications: RN	60	64	↑

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. November 1st, attended SNS Summit in Sacramento, California.
4. November 8th, attended Critical Incident TTX at Las Vegas Metro Police Department.
5. November 9th, attended the State of Nevada's drought workshop at the Orleans Hotel and meeting with State and rural partners to discuss the state's inventory management program ICAMS and possible alternatives
6. November 10th, held quarterly Closed POD Working Group meeting
7. November 14th, reviewed Closed POD Agreement for City of North Las Vegas, awaiting signatures from CNLV and Legal
8. November 17th, attended the CDC Monkeypox update meeting

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

1. November 3rd – hosted the monthly Southern Nevada Healthcare Preparedness Coalition. The HCC Coordinator provided two (2) presentations to the coalition members: 1) Medical Surge Support Team: Supporting the Healthcare and Jurisdictional Communities; and 2) Exercise overview to provide common understanding of exercises by type. Also, the coalition reviewed the October 2022 All-Hospital Radio Test and received updates from community partners.

2. November 7th – The Hospital/Healthcare Preparedness Program met with the Administrator and Chief Operating Officer for the Spring Valley Surgical Center to discuss the relationship, support, and technical assistance provided through association with the Southern Nevada Healthcare Preparedness Coalition. Introductions were made followed by the public/private partnership of the coalition, the hazard vulnerability process and purpose, communications plan, community exercises, and the requirement for an emerging infectious disease annex in the emergency operations plan. A technical assistance review of their emergency operations plan will also be provided as part of the HPP support.
3. November 8th – The Healthcare Coalition Coordinator/Lead Planner for the Coalition’s Chemical Response Functional Exercise hosted the Master Scenario Events List (MSEL) Meeting for the organizational planners of participants to construct the MSEL list for the upcoming exercise. The MSEL will require an additional meeting.
4. November 9th – The Healthcare Coalition Coordinator participated in the SNHD and Public Health Foundation’s Drought Planning Workshop for southern Nevada. The workshop was well attended and well received with many ideas, critical thoughts, and input to planning for our community.
5. November 17th – The Healthcare Coalition Coordinator hosted a meeting to review the High Demand Medical Supply List for the Southern Nevada Healthcare Preparedness Coalition’s Response Plan. This is a review of the current list of twenty-five items in the current version of the response plan.
6. November 22nd – The Healthcare Coalition Coordinator participated in the National Emerging Special Pathogens Training and Education Center (NETEC) Webinar titled: Lab Samples and Suspect Cases: How to handle, package, and ship specimens from high-risk patients. This included a breakdown of families of diseases, categories of viruses based on Category A and Category B, and precautions when shipping these viruses to the CDC.
7. November 28th - 30th – The HPP Liaison attended the National Healthcare Coalition Preparedness Conference in Anaheim. The HPP Liaison attended the workshops titled Benefits of EMS being including in Healthcare Coalitions and How to build a mutually beneficial relationship; and Prepare to Live – Refuse to be a victim, also he attended the keynote speaker, how to plan, train, and exercise for a burn surge incident, and transitioning from planning to operations during a crisis.

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 October, volunteers performed blood pressure checks and distributed preparedness and health information at the Clark County Government Center’s health fair. Total “accepted” volunteers stand at about 409. MRC Coordinator recruited, vetted, assigned, deployed, and deactivated volunteers. MRC Coordinator continues to recruit and deactivate volunteers. 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 October 2022

Activity	October	November	December
Health Fair	28		
SNHD COVID VAX OUTREACH	0		
SNHD SHC	0		
SNHD Monkeypox	0		
Total Hours	28		
Economic impact	\$1,423.24		

IV. VITAL RECORDS

A. November 2022 is currently showing an 5.2% increase in birth certificate sales in comparison to November 2021. Death certificate sales currently showing a 16% decrease in comparison to November 2021. SNHD received revenues of \$33,969 for birth registrations, \$22,230 for death registrations; and an additional \$7,976 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data						
Vital Statistics Services	Nov 2021	Nov 2022		FY 22-22 (Nov)	FY 22-23 (Nov)	
Births Registered	2,119	2,221	↑	10,691	10,624	↓
Deaths Registered	1,893	1,788	↓	10,178	8,434	↓
Fetal Deaths Registered	15	13	↓	83	80	↓

COMMUNITY HEALTH Vital Statistics Services – Fiscal Year Data

Vital Statistics Services	Nov 2021	Nov 2022		FY 21-22 (Nov)	FY 22-23 (Nov)	
Birth Certificates Sold (walk-in)	47	58	↑	159	239	↑
Birth Certificates Mail	88	85	↓	510	560	↑
Birth Certificates Online Orders	3,225	3,416	↑	19,829	18,495	↓
Birth Certificates Billed	100	83	↓	475	534	↑
Birth Certificates Number of Total Sales	3,460	3,642	↑	20,973	19,828	↓
Death Certificates Sold (walk-in)	31	25	↓	163	73	↓
Death Certificates Mail	120	184	↑	559	797	↑
Death Certificates Online Orders	9,459	7,874	↓	47,320	38,918	↓
Death Certificates Billed	59	24	↓	290	165	↓
Death Certificates Number of Total Sales	9,669	8,107	↓	48,332	39,953	↓

COMMUNITY HEALTH Vital Statistics Sales by Source - Fiscal Year Data

Vital Statistics Sales by Source	Nov 2021	Nov 2022		FY 21-22 (Nov)	FY 22-23 (Nov)	
Birth Certificates Sold Valley View (walk-in)	1.4%	1.6%	↑	.8%	1.2%	↑
Birth Certificates Mail	2.5%	2.3%	↓	2.4%	2.8%	↑
Birth Certificates Online Orders	93.2%	93.8%	↑	94.5%	93.3%	↓
Birth Certificates Billed	2.9%	2.3%	↓	2.3%	2.7%	↑
Death Certificates Sold Valley View (walk-in)	.3%	.3%		.3%	.2%	↓
Death Certificates Mail	1.2%	2.3%	↑	1.2%	2%	↑
Death Certificates Online Orders	98.8%	97.1%	↓	97.9%	97.4%	↓
Death Certificates Billed	.6	.3%	↓	.6%	.4%	↓

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Revenue	Nov 2021	Nov 2022		FY 21-22 (Nov)	FY 22-23 (Nov)	
Birth Certificates (\$25)	\$86,500	\$91,050	↑	\$524,325	\$495,700	↓
Death Certificates (\$25)	\$241,725	\$202,675	↓	\$1,208,300	\$998,825	↓
Births Registrations (\$13)	\$32,682	\$33,969	↑	\$198,796	\$183,547	↓
Deaths Registrations (\$13)	\$26,286	\$22,230	↓	\$138,333	\$112,541	↓
Convenience Fee (\$2)	\$6,994	\$7,328	↑	\$42,356	\$39,508	↓
Miscellaneous Admin	\$940	\$648	↓	\$4,925	\$2,909	↓
Total Vital Records Revenue	\$395,127	\$357,900	↓	\$2,117,035	\$1,833,033	↓

*Numbers will change once stable

COMMUNITY HEALTH Passport Program – Fiscal Year Data

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

	Nov 2021	Nov 2022		FY 21-22 (Nov)	FY 22-23 (Nov)	
Applications						
Passport Applications	534	681	↑	2,935	3,670	↑
Revenue						
Passport Execution/Acceptance fee (\$35)	\$18,690	\$23,835	↑	\$102,725	\$128,450	↑

V. HEALTH CARDS

A. New Leadership

1. Cory Burgess, formerly a publication specialist in the Office of Communications, promoted into the role of Health Records Supervisor after Ray Chua’s retirement.

B. 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.

C. Food Handling / Health Cards:

1. Appointments
 - a. Consistently adding 100 “next day” early morning and late afternoon appointments at Decatur and Henderson offices every afternoon as space allows.
 - b. Adding all Fremont appointments for the following week every Thursday at 5 p.m.
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 November, averaging 92 “passing and paying” clients per day.

- b. Total online renewals for the month of November = 2,773 clients.
- 4. Total for month: 2,773 online + 7,837 in-person = 10,610 paying clients.

<u>CLIENTS SERVED</u>	Nov 2022	Oct 2022	Sep 2022	Aug 2022	July 2022
Food Handler Cards – New	3,016	2,573	2,107	2,663	1,639
FH Cards – Renewals	3,440	3,126	3,266	4,364	4,567
FH Cards – Online Renewals	2,794	2,965	3,181	4,222	1,958
Duplicates	232	239	228	277	167
CFSM (Manager) Cards	155	132	154	195	156
Re-Tests	906	810	876	1,252	891
Body Art Cards	67	108	107	86	89
TOTALS	10,610	9,953	9,919	13,059	9,467

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 November 18, 2022, the Health Equity Team attended and participated as a vendor at the Nevada Minority Health Equity Coalition Impact Summit hosted at the Las Vegas City Hall.

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	46	66
NAAT NG/CT	1147	1124
Syphilis	807	864
RPR/RPR Titers	193/69	195/87
Hepatitis Total	856	779
HIV/differentiated	36/10	503/15
HIV RNA	70	53

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 November, the average daily testing was 432 and the average turnaround time was 38 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 937 tests per week.
- IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal
- Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station

A monthly summary of COVID PCR/NAAT testing is listed as follows:

Month	# PCR& NAAT/#POS	COVID	# PCR\$ NAAT/#POS
January	35322/14313	July	14236/1860
February	11532/1407	August	11492/790
March	6890/219	September	8991/410
April	5576/308	October	6291/549
May	9130/1165	November	8643/1059
June	11975/1999	December	

5. Reportable disease reports:

- SNPHL continues to perform routine testing of reportable disease specimens submitted by community stakeholders. Isolates tested are reported to OEDS on a weekly basis to aid in disease investigation, and SNPHL and OEDS coordinate with CDC PulseNet if required.
- A monthly summary of reportable diseases tests is listed as follows:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Campylobacter	Campy ID	5	1	1	5	1	6	4	4	6	4	2	
	Campy Screen	6	2	3	10	3	9	5	9	10	7	5	
Neisseria species	Gonorrhoeae Culture	86	61	108	87	61	76	49	47	47	61	46	
	Gram Stain/WBC	16	0	0	0	0	0	0	3	0	0	0	
	Neisseria ID	4	0	0	0	0	0	0	1	0	0	1	
	Haemophilus ID	4	0	3	1	2	4	1	8	1	2	0	
Unknown ID	Bacterial ID	3	0	0	0	0	0	0	0	1	10	0	
	WGS (PulseNet)	14	16	14	18	21	28	24	21	27	28	21	
Salmonella	Salmonella Screen	10	10	11	14	19	10	20	12	24	21	13	
	Salmonella Serotype	8	10	11	12	18	10	14	10	21	16	13	
Shigella	Shigella Screen	6	1	2	5	2	7	4	5	4	6	5	
	Shigella Serotype	5	1	1	1	0	6	3	10	0	3	2	
STEC	STEC Screen	7	10	6	10	7	4	4	2	0	6	4	
	STEC Serotype	2	10	1	0	2	2	3	2	0	2	3	

Unknown	Stool Culture	0	1	19	2	2	0	0	0	0	0	1	
Vibrio	Vibrio ID	0	0	0	0	0	0	1	0	0	2	0	
	Vibrio Screen	0	0	0	0	0	0	1	3	1	2	0	
Yersinia	Yersinia Culture/ID	0	0	1	0	0	0	0	0	0	0	0	

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There was no case for outbreak investigation in November.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In November, SNPHL performed 52 respiratory panels on the BioFire.

C. Emergency response and reportable disease isolate testing report:

1. SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance
2. SNPHL’s additional mission is as a member of the CDC Laboratory Response Network (LRN) testing for the identification of potential biological weapons/agents on environmental daily samples within its unique BSL3 environment.

2022	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	1	0	4	1	0	0	1	3	9	

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 21 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in November 2022.
5. SNPHL has completed validation for all bacterial groups on the Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates, to decrease turnaround time and modernize microbiological identification methods.
6. SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.
7. SNPHL has sustained capacity of sequencing many 192 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of November 2022, SNPHL has sequenced 254 SARS-CoV-2-positive RNA extracts. The new Laboratory Technologist and Laboratory Assistant have completed their training and have been aiding in SARS-CoV-2 sequencing.
8. SNPHL is clinically validated for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
9. SNPHL coordinates and participates with Environmental Health and Veritas Labs for Legionella surveillance.

2022	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	0	0	4	2	0	14	0	13	1	0	4	

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 November, we test a total 653 mosquito pools samples.
11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in November, a total of 46 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. October 2022 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. The renovation of the clinical laboratory is almost completed now. Laboratory plan to move the clinical laboratory to the new lab in November. This new 1,400 sf of the laboratory will be added to the urine analysis, clinical chemistry, and TB testing for uninsured patients in the future.
3. The new liquid handler, Tecan, has been calibrated in the laboratory. This instrument will reduce human error and increase the capacity of the process the COVIS whole genome sequencing. The scripts of various WGS testing have been installed and laboratory staff has been trained in 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. According to the WGS and genomic data analysis, the Omicron variant BA.5, BQ.1 and BQ1.1 lineages are dominant 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.
6. The new SNPHL website provides an electronic order form and automatically populates the demographic information after providers select their facility name. Our SNPHL

homepage on the APHL website has also been updated. The MONKEYPOX testing service also is available in the SNPHL website.

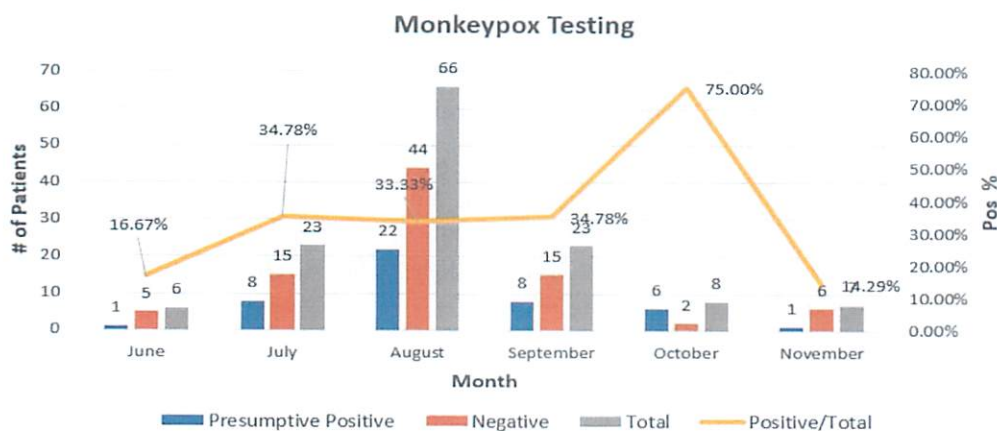
7. MP-24 nucleic acid extraction instrument has been validated and will be used in the MONKEYPOX testing in the BSL-3 laboratory.
8. Currently our BSL-3 laboratory has detected a total of 46 possible Monkeypox cases. Those presumptive samples have been sent to CDC this week to CDC for a confirmation test. The current Monkeypox testing status is summarized as follows:
9. Laboratory received CDC/DOD approval to purchase Biofire instrument and Warrior panel for Ebola testing. We are waiting the Biofire company to deliver the instrument.

Monkeypox testing from SNPHL*

	June	July	August	September	October	November	Total
Presumptive Positive	1	8	22	8	6	1	46
Negative	5	15	44	15	2	6	87
Total	6	23	66	23	8	7	118
Positive/Total	16.67%	34.78%	33.33%	34.78%	75.00%	14.29%	38.98%

* Per patient

11/30/2022 updated



F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

November Services	2021	2022	
Clinical Testing Services ¹	3503	3895	↑
Epidemiology Services ²	339	534	↑
State Branch Public Health Laboratory Services ³	13,535	8,233	↓
All-Hazards Preparedness Services ⁴	10	13	↓
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