



# Memorandum

**Date:** July 25, 2024

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

**From:** **Cassius Lockett, PhD**, Deputy District Health Officer-Operations *CL*  
**Fermin Leguen, MD, MPH**, District Health Officer *FL*

---

**Subject:** Community Health Division Monthly Activity Report – June 2024

---

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

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

The 2024 Move Your Way (MYW) Initiative kicked off in May. Move Your Way promotional and educational materials will be distributed at community events and sponsored pool parties that provide free admission for families during the summer to promote physical activity. In May, the CDPP team participated in two (2) events (“Slide into Summer” and “Dive into Summer” Pool Parties). Over 1,000 people participated in these events. In addition, CDPP and partners are also conducting targeted outreach to the Hispanic community to promote MYW at culturally specific events. In May, the CDPP team and promotoras attended three (3) events, reaching over 1,100 people with culturally and linguistically appropriate educational materials and resources to promote physical activity in the community.

CDPP, along with the organization “100 Black Men”, sponsored the May online kids cooking class. The class featured a heart-healthy recipe and in commemoration of Stroke Awareness Month, educational materials promoting heart health, were provided along with ingredients. Sixty people participated in the May class.

The CDPP CHWs participated in multiple community events (not already noted above) in May, to promote chronic disease prevention and self-management education and resources. CHWs participated in three (3) events, reaching over 300 people.

Our CDPP staff partnered with the Health Equity team to provide two (2) in-person DSMES classes in May. One class was taught in English at the YMCA by Health Equity team and one in Spanish at SNHD taught by CDPP staff. Twelve people participated in one of the classes.

The CDPP staff updated the Healthy Fellowship Guide. The Healthy Fellowship Guide is a guide for faith-based organizations to support implementation of physical activity and healthy eating policies, programs, and practices. It is available for download on the Get Healthy website.

CDPP worked with the CCSD Safe Routes to School program throughout the 2023-2024 school year. At the completion of the school year, the following outcomes were noted due to our support and partnership:

- The number of schools that received Achievement Level Recognition status increased by nearly 40%, increasing from 28 to 40. This includes eight (8) schools that reached Platinum Level (highest level), also an increase from last school year.
- Over 400 schools received SRTS support for programs and activities including bike rodeos, presentations, Walk and Roll and Nevada Moves Day programs, educational presentations for parents, safety equipment (signage, No U-Turn banners, yellow safety vests), and Positive Presence campaigns.
- SRTS partnered with the City of Las Vegas to conduct eleven (11) walk audits at local schools and 32 school observations and then worked with those schools to develop school action plans to increase safety.

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

The SNHD TCP's African American initiative titled Because We Matter, partnered with twelve (12) local churches for No Menthol May. No Menthol May is an opportunity to engage local faith leaders to help improve community health and reduce disparities related to tobacco use. Approximately 85% of African American adults who smoke use menthol cigarettes. Staff provided educational materials, including social media ads, videos, handouts, branded promotional items, and the Nevada Tobacco Quitline cessation information. These resources aim to raise community awareness about population-specific tobacco issues, flavoring in tobacco products, the risks of menthol tobacco products, tobacco marketing, and the harm to African Americans. Staff engaged the community, distributed educational and promotional materials, and presented on No Menthol May topics during outreach activities.

Because We Matter partnered with the 2024 Jazz in the Park Festival to offer performances every Saturday May 11<sup>th</sup> - June 8<sup>th</sup>. Staff provided educational materials on tobacco-related topics, including vaping, flavoring, and menthol, and promoted the Nevada Tobacco Quitline to attendees at all five (5) events. These events are smoke and vape-free. A total of three (3) events occurred in May with over 4,000 people in attendance.

The TCP is collaborating with statewide partners to conduct tobacco purchase assessments in tobacco retail settings statewide. These tobacco purchase assessments assess a retailer's adherence to Nevada's tobacco laws including ID verification. Additionally, tobacco retailers will be given a Tobacco Retailer toolkit to educate them on how to be a Responsible Retailer. The surveys began on April 1<sup>st</sup>, with 600 stores completed in Southern Nevada through the end of May.

The TCP's Hispanic/Latinx initiative, Por Mi Por Ti Por Nosotros, Viva Saludable partnered with the Mexican Patriotic Committee's annual Cinco de Mayo event; CCSD's Mariachi competition,

and Latinas in Power (LIP) painting event to promote tobacco-free lifestyles and cessation resources. Nearly 4,000 individuals attended the events.

The SNHD Tobacco Control Program's Native Hawaiian/ Pacific Islander initiative, Island eNVy, is partnered with the fourth Annual May Day event in Las Vegas on May 5<sup>th</sup>. This family friendly event was smoke and vape-free with over 450 in attendance.

## **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 continued its review of the educational outlines for current/new protocols.

### **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 from each firefighting/franchised agency.
2. One (1) operational director from each firefighting/franchised agency.
3. The Chairman of the Regional Trauma Advisory Board.
4. An employee of the Southern Nevada Health District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The Board heard reports from the above sub-committees.

**D. OEMSTS – June 2023 / 2024 Data**

EMS Statistics	June 2023	June 2024	
Total certificates issued:	74	139	↑
New licenses issued:	68	122	↑
Renewal licenses issued (recent only):	3	1	↓
Driver Only:	30	45	↑
Active Certifications: EMT:	886	946	↑
Active Certifications: Advanced EMT:	1754	1898	↑
Active Certifications: Paramedic:	1957	2091	↑
Active Certifications: RN:	64	70	↑

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

**A. Planning and Preparedness**

1. Staff continued collaborating with Clark County and a software developer on an Impacted Persons Database. They are currently working through the legal implications of providing patient data to Resiliency Center for extension of services..
2. OPHP continued to review and revise plans, threat response guides, and both internal and external training.
3. OPHP staff are working to close out current grants and to obtain no cost extensions for these grants.
4. The manager and supervisor provided an overview of the SNHD Preparedness Program, community partnerships, and recent response operations. Action items for White House considerations include ensuring federal coordination and alignment following emergencies, and request to CDC and ASPR for longer grant periods, with multi-year awards versus annual awards received currently. Discussions included successes and challenges.
5. Planner I continued to draft the Administrative Preparedness Annex.
6. Planners continue to review and revise the CHEMPACK, Nuclear and Radiation, Administrative Preparedness, Mass Care Support, and Highly Infectious Disease plans. They met with Human Resources to discuss procurement, payroll, contracts, and personnel needs for preparedness annex.
7. Planner continued to update Threat Response Guides (TRGs) for Anthrax, Plague, Tularemia, Botulism, and Viral Hemorrhagic Fever (VHF). The VHF TRG was sent to subject matter experts within the district for review. All TRGs will have a Public Information and Warning component added to complete PHEP grant requirement.
8. Assistance was provided to the revisions of the COVID AAR.

9. Planners continue to update the Nevada Continuity tool in order to streamline the process of generating a usable Continuity of Operations Plan (COOP).
10. Twenty-nine SNHD employees were fit tested for personal protective equipment.
11. Planner I participated in the EOP review for CCSD and CCSD-sponsored charter schools.
12. Planner I participated in the EOP review for ThrivePoint Academy of Nevada.
13. Planner I participated in the State of Nevada Department of Education EOP Working Group.
14. Planner I coordinated the automation of emergency notification system updates with IT and Human Resources.
15. Received and processed requests for HPP grant funding of emergency response equipment (City of NLV FD, Mountain View Hospital, Summerlin Hospital).
16. Senior Planner continued to review the *Aedes aegypti* Invasive Mosquito Plan and Community Reception Center Plan.
17. Planner I completed updates to MCM annex for first responders based on updated personnel counts from community partner agencies.
18. Planner I presented at Las Vegas Security Chiefs Association luncheon on Closed POD program.
19. Planner I began complete rewrite of Emergency Operations Basic Plan.

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

1. Trainers continue to develop Position Specific Task Books and related training curricula. PIO/Liaison Officer training was provided to twelve (12) emergency personnel staff on June 27, 2024. The next PST for Finance Section Chief scheduled for July 11, 2024.
2. New Hire Orientation for Emergency Preparedness and Security was not provided in June.
3. Fourteen (14) SNHD employees participated in CPR Training.
4. Senior Planner and Planner I continue to coordinate with Environmental Health, SNPHL, and EPA on exercise development for the EPA Water Laboratory Alliance Advanced Practice full scale exercise.
5. COOP tool training has been provided by Planners to Managers, Supervisors, and those delegated to update each Division, Department and Program at the SNHD.
6. Planner I completed the May 9<sup>th</sup> COOP Tabletop exercise, continuing work on After-Action Report.
7. Planner I attended DSLR PHEP NOFO & Exercise Supplemental Guidance Seminar.
8. Planner I applied for NACCHO MCM Working Group.
9. Sr. Planner participated in the LAS tram incident and aircraft fire Emergency Response tabletop exercise.
10. Sr Planner and Planner continue planning for EPA WLA AP Full Scale Exercise.

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

1. Trainers provided First Receiver Decontamination training to Mountain View Tenaya Hospital on June 26<sup>th</sup> for 15 personnel newly assigned to the HERT.
2. Our Trainer continues to coordinate with UMC Hospital on tentative First Receiver Decontamination Training on August 14<sup>th</sup>.
3. The trainer continues to coordinate with Hospital Radiation instructor John Lund from TRGroup regarding offering at UMC Hospital on September 17<sup>th</sup>.
4. The trainer received approval from DEM to bring back the following courses to Las Vegas in 2025/2026; TEEX Medical Preparedness & Response to Bombing Incidents, TEEX Medical Management of CBRNE Events and Radiological Training for Hospital Personnel.
5. SNHPC meeting was held on June 27<sup>th</sup>.
6. SNHPC Preparedness and Response Plans were approved at the June 27<sup>th</sup> meeting.
7. Twenty Hospital Area Command bags for stand-alone emergency departments assembled. Training for stand-alone ED staff coordinated with the Fire Department.
8. Clinical Advisor attended the Rural Health Preparedness Partners Education Symposium in Reno, NV.

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

1. Provide weekly written updates to SNCTC for public health awareness.
2. Provide public health input on threat assessment projects.
3. Review special events for public health concerns.
4. Develop appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.

**E. Grants and Administration:**

1. OPHP received carryover subawards for the HPP grant.
2. Hired a new Senior Public Health Preparedness Planner for the PHEP/CRI program who will begin on July 1<sup>st</sup>.

**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. Volunteer Management Plan was updated and submitted for approval.
2. MRC Coordinator attended her last NACCHO MRC Workgroup meeting and stepped down as chair after two consecutive two-year terms.

3. MRC Coordinator served at a North Las Vegas fire station open house, a church health fair, and at the SNHD NFP clinic. Activities included blood pressure checks, paperwork assistance, and general help.
4. MRC Coordinator attended ICS Logistics training.

**MRC Volunteer Hours FY2024 Q4**

(Economic impact rates updated April 2024):

Activity	April	May	June
Training	104	0	0
Community Event	42	0	32
SNHD Clinic	0	0	3.75
<b>Total Hours</b>	<b>146</b>	<b>0</b>	<b>35.75</b>
<b>Economic impact</b>	<b>\$5,864.29</b>	<b>0</b>	<b>\$1,197.27</b>

**IV. VITAL RECORDS**

- A. June 2024 is showing a 22.1% decrease in birth certificate sales compared to June 2023 (from 4,299 to 3,349). Death certificate sales during June 2024 show a 1.1% increase compared to June 2023 (from 7,559 to 7,641). SNHD received revenues of \$28,782 for birth registrations, \$22,334 for death registrations, and an additional \$7,100 in miscellaneous and convenience fees combined.

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

Vital Statistics Services	June 2023	June 2024		FY 22-23 (June)	FY 23-24 (June)	
<b>Births Registered</b>	1,823	2,041	↑	23,786	23,745	↓
<b>Deaths Registered</b>	1,665	1,637	↓	21,275	21,158	↓
<b>Fetal Deaths Registered</b>	21	13	↓	202	197	↓

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

Vital Statistics Services	June 2023	June 2024		FY 22-23 (June)	FY 23-24 (June)	
Birth Certificates Sold (walk-in)	3	17	↑	342	557	↑
Birth Certificates Mail	176	106	↓	1,576	1,511	↓
Birth Certificates Online Orders	3,998	3,186	↓	45,169	41,897	↓
Birth Certificates Billed	122	40	↓	1,275	1,282	↑
<b>Birth Certificates Number of Total Sales</b>	<b>4,299</b>	<b>3,349</b>	<b>↓</b>	<b>48,362</b>	<b>45,247</b>	<b>↓</b>
Death Certificates Sold (walk-in)	12	23	↑	196	390	↑
Death Certificates Mail	157	200	↑	2,007	1,892	↓
Death Certificates Online Orders	7,331	7,395	↑	96,653	91,611	↓

Death Certificates Billed	59	23	↓	428	440	↑
<b>Death Certificates Number of Total Sales</b>	<b>7,559</b>	<b>7,641</b>	<b>↑</b>	<b>99,284</b>	<b>94,333</b>	<b>↓</b>

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

<b>Vital Statistics Sales by Source</b>	<b>June 2023</b>	<b>June 2024</b>		<b>FY 22-23 (June)</b>	<b>FY 23-24 (June)</b>	
Birth Certificates Sold Valley View (walk-in)	.1%	.5%	↑	.7%	1.2%	↑
Birth Certificates Mail	4.1%	3.2%	↓	3.3%	3.3%	
Birth Certificates Online Orders	93%	95.1%	↑	93.4%	92.6%	↓
Birth Certificates Billed	2.8%	1.2%	↓	2.6%	2.8%	↑
Death Certificates Sold Valley View (walk-in)	.2%	.3%	↑	.2%	.4%	↑
Death Certificates Mail	2.1%	2.6%	↑	2%	2%	
Death Certificates Online Orders	97%	96.8%	↓	97.4%	97.1%	↓
Death Certificates Billed	.8%	.3%	↓	.4%	.5%	↑

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

<b>Revenue</b>	<b>June 2023</b>	<b>June 2024</b>		<b>FY 22-23 (June)</b>	<b>FY 23-24 (June)</b>	
<b>Birth Certificates (\$25)</b>	\$107,475	\$83,725	↓	\$1,209,050	\$1,131,175	↓
<b>Death Certificates (\$25)</b>	\$188,975	\$191,025	↑	\$2,482,100	\$2,358,325	↓
<b>Births Registrations (\$13)</b>	\$37,297	\$28,782	↓	\$446,004	\$390,871	↓
<b>Deaths Registrations (\$13)</b>	\$21,814	\$22,334	↑	\$277,082	\$272,844	↓
<b>Convenience Fee (\$2)</b>	\$8,208	\$6,706	↓	\$96,654	\$86,638	↓
<b>Miscellaneous Admin</b>	\$735	\$394	↓	\$8,180	\$7,560	↓
<b>Total Vital Records Revenue</b>	<b>\$364,504</b>	<b>\$332,966</b>	<b>↓</b>	<b>\$4,519,070</b>	<b>\$4,247,413</b>	<b>↓</b>

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

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

<b>Applications</b>	<b>June 2023</b>	<b>June 2024</b>		<b>FY 22-23 (June)</b>	<b>FY 23-24 (June)</b>	
Passport Applications	863	567	↓	9,549	7,877	↓
<b>Revenue</b>	<b>June 2023</b>	<b>June 2024</b>		<b>FY 22-23 (June)</b>	<b>FY 23-24 (June)</b>	
Passport Execution/Acceptance fee (\$35)	\$30,205	\$19,845	↓	\$334,215	\$275,695	↓



**V. HEALTH EQUITY**

- A. The Health Equity program received a No Cost Extension from the CDC COVID-19 Disparities Grant. This extension aims to enhance infrastructure support for COVID-19 prevention and control among underserved populations at higher risk.
  - 1. The program maintains collaborations with SNHD programs and grant subrecipients to plan and coordinate COVID-19 community strategies and events.
- B. The Health Equity Program is dedicated to reducing health disparities through increasing organizational capacity and implementing effective community strategies.
- C. The Health Equity Program works towards establishing community partnerships and collaborations to empower communities to address health disparities.
  - 1. The program continues to collaborate with Al Maun and Golden Rainbow to enhance community capacity to address health disparities through their diabetes prevention and Management program and a food distribution program to combat food insecurity.

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

**A. Clinical Testing:**

- 1. SNHD Nursing Division:
  - a. Molecular and microbiology culture.
  - b. Sexually Transmitted Disease (STD) testing.
- 2. SNHD STD Department:
  - a. Participates in the CDC Gonococcal Isolate Surveillance Project (GISP) and the enhanced Gonococcal Isolate Surveillance Project (eGISP).
  - b. SNPHL performs NAAT and culture testing of *N. gonorrhoeae* isolates and submits them to a reference laboratory for the determination of antibiotic susceptibility patterns.
  - c. SNPHL has joined eGISP Part B to expand culture-independent testing for antimicrobial resistance genes of gonococcal isolates.
- 3. The total monthly samples tested are listed in the table below:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	36	47
NAAT NG/CT	1181	1225
Syphilis	749	892

RPR/RPR Titers	148/67	159/73
Hepatitis Total	1212	1159
HIV/differentiated	610/23	640/20
HIV RNA	90	95

4. COVID testing:

- Performed SARS-CoV-2 PCR extraction on the KingFisher Flex platform exclusively.
- SNPHL maintains a capacity of 2000 tests/day with a turnaround-time of <48 hours (current TAT two-day currently at / near goal).
- For June, the average daily testing volume was 18 with an average turnaround time of 42 hours from collection date to release of the report.
- IT created easy patient accession and direct report verification from SNPHL LIMS into SNHD patient report portal.
- Incorporate high throughput instruments such as Eppendorf 5073 automation of specimen fluid handling station.
- Molecular laboratory will add Tecan instrument after installing the updated script for the SARS-CoV-2 WGS procedure. The Tecan contract is subject to review by our contract office due to the unresolved problems.

Monthly summary of COVID PCR/NAAT testing:

Month	# PCR & NAAT/#POS	COVID	# PCR & NAAT/#POS
January	1,144/148	July	
February	1,160/77	August	
March	680/42	September	
April	204/18	October	
May	115/17	November	
June	365/77	December	

5. Reportable disease reports:

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

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Campylobacter	Campy ID	5	5	2	6	4	2							24
	Campy Screen	11	17	3	15	5	3							54
Neisseria species	Gonorrhoeae Culture	48	85	47	41	24	36							281
	Gram Stain/WBC	0	0	0	0	5	0							10
	Neisseria ID	0	0	0	0	1	1							2
	Haemophilus ID	7	0	2	1	0	0							10
Unknown ID	Bacterial ID	0	0	0	0	0	1							1
	WGS (PulseNet)	27	24	16	30	24	19							140
Salmonella	Salmonella Screen	14	10	12	19	12	15							82
	Salmonella Serotype	13	10	12	16	14	12							77
Shigella	Shigella Screen	10	10	4	10	6	3							43
	Shigella Serotype	7	10	2	3	5	3							30
STEC	STEC Screen	10	2	2	4	1	4							23
	STEC Serotype	1	1	1	0	1	2							6
Unknown	Stool Culture	5	6	2	0	6	0							19
Vibrio	Vibrio ID	0	0	1	0	0	0							1
	Vibrio Screen	0	0	1	3	0	1							5
Yersinia	Yersinia Culture/ID	1	2	1	0	0	0							4

**B. Epidemiological Testing and Consultation:**

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were zero cases for GI outbreak investigation in June.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In June, SNPHL performed 31 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.

2024	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	1	1	2	0						

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 19 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in June 2024.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 211 bacterial organisms have been identified in June.
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 June 2024, SNPHL has sequenced 58 SARS-CoV-2-positive RNA extracts.
8. SNPHL is clinically validated for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
9. SNPHL coordinates and participates with Environmental Health and Veritas Labs for Legionella surveillance.

2024	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	29	6	13	11	58	96						

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 June, we tested a total of 593 mosquito pool samples. There were 25 positive WNV mosquito pool samples identified in June. 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 June, a total of 29 clinical isolates, Neisseria gonorrhoeae seven (7) isolates and Neisseria meningitidis one (1) isolate, were collected and will be sent to either the regional laboratory for antimicrobial susceptibility testing (AST) or the CDC, respectively. Remnant NAATs or N. gonorrhoeae samples will be sent to the CDC for molecular-based AST testing as part of eGISP Part B.

**D. All-Hazards Preparedness:**

1. SNPHL provides / assists testing for SNHD COVD 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 COVD 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 COVD online ordering applications for long-term care facilities.
6. Supplied Biosafety Guidance to Sentinel Sites regarding Monkeypox.
7. Furnished Monkeypox and Bivalent COVD Booster vaccination to laboratory staff.
8. Perpetual Biosafety Training and guidance to SNPHL personnel.

**E. June 2024 SNPHL Activity Highlights:**

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVD collection kits.
2. Passed the proficiency test with CAP COV2-B SARS COV2 100% graded; MGEN-A 2024 M. genitalium 100% graded. CAP HCV2-B 2024; HCV Viral Load 80% graded.
3. The clinical health laboratory purchased three (3) instruments for clinical testing to enhance the community health service. SNPHL received the urine analysis and Hematology instruments. The validation for both instruments is being performed right now. The clinical chemistry instrument will be purchased using the FY25 GF budget.
4. The validation report of warrior panel has been completed in the Emergency Response laboratory.
5. According to the WGS and genomic data analysis, the Omicron variant JN. 1.1., lineages are domain lineages in June, 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 June 2024. The Whole Genome sequencing of June 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 and B/Victoria are major subtypes of influenza and the percentage of ratio between three (3) subtypes are 47%, 28%, and 25%, 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. There was no suspect avian flu sample received in the lab in June.
9. SNPHL has validated the RSV subtyping method using PCR method and will share the data of environmental surveillance with CDC.
10. The document of the Shell and Core Basis of Design has been signed by Chief of Facilities Officer and Laboratory Director. The total number of SF for the new lab will be 12,600sf.

11. SNPHL will start to add Dengue PCR testing for Mosquito samples on the week of July 8, 2024.
12. Outreach, the new electronic ordering system, formally GOLIVE on Wednesday, May 8, 2024. We will set up a WebEx call with IT at Sunrise Hospital to establish Outreach electronic communication ordering and report tool in the week of July 15<sup>th</sup> – 19<sup>th</sup>.

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

June SNPHL Services	2023	2024	
Clinical Testing Services <sup>1</sup>	5,041	4,849	↓
Epidemiology Services <sup>2</sup>	2,180	420	↓
State Branch Public Health Laboratory Services <sup>3</sup>	262	0	↓
All-Hazards Preparedness Services <sup>4</sup>	12	3	↓
Environmental Health Services <sup>5</sup>	0	805	↑

<sup>1</sup> Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and COVD Ab immunologic tests.

<sup>2</sup> Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

<sup>3</sup> Includes COVD PCR, WGS, and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, training, presentations and inspections, samples submitted to CDC or other laboratories' submissions.

<sup>4</sup> Includes Preparedness training, teleconferences, and Inspections.

<sup>5</sup> Includes vector testing.