



Memorandum

Date: September 26, 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 – August 2024

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP worked with Blood of the Lamb Community Ministries to implement the Supporting Wellness At Pantries (SWAP) program in their food pantry. The SWAP program helps pantries sort, rank, and display foods in a way that empowers pantry clients to select healthier options. CDPP staff conducted a training on the program for eleven (11) pantry staff and volunteers in July. Pantry supplies were purchased to help the pantry expand their ability to provide healthier food options. The pantry also adopted a nutrition standards policy. To date, CDPP has assisted eleven (11) faith-based food pantries to implement the SWAP program.

CDPP in partnership with CCSD Food Service developed a campaign to promote universal school meals and increase utilization. The campaign began airing in July and will run through August. This year, a promotional flyer was also developed to accompany the campaign and will be distributed at community events.

Our CDPP partnered with the SNHD Immunization Clinic and the Health Equity team to provide flyers promoting Universal School Meals, and the CCSD Wellness Policy. Fliers were distributed during Back-to-School Immunization activities in July at SNHD and various community locations.

Move your Way and Soda Free Summer events continued in July. CDPP staff and partners participated in four (4) events during July reaching over 2,900 people. Physical activity and healthy beverage information and resources were provided at each event.

B. Tobacco Control Program (TCP) Update

TCP Staff distributed tobacco cessation materials to healthcare providers that promote the delivery of evidence-based cessation treatment, including referrals to the state Quitline. Providers can order free materials online and orders are continuously processed and mailed out to local providers, including behavioral health and substance abuse treatment facilities.

Our TCP Staff worked with the contracted media firm and other community partners to develop several media campaigns on issues such as smoke-free policy expansion, cessation promotion, and flavoring restrictions.

Staff presented on the topic of e-cigarette use to youth participating at the Latino Youth Leadership Conference held at University of Nevada Las Vegas. After the presentation, participants engaged in a discussion related to the perceptions and youth shared their own experiences. All materials distributed were tailored and promoted the My Life My Quit youth tobacco cessation resource.

The TCP's Staff developed a youth vape prevention video, tailored for the Latinx youth population group. The video discussed the dangers of vaping and offered cessation resources. The video was shown to Latinx youth during the Latino Youth Leadership Conference on July 9th.

II. OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)

A. Education Committee

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, editing, and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals. The Committee approved the new education outline for the Pulmonary Edema/CHF protocol.

B. Drug/Device/Protocol (DDP) Committee

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 reviewed proposed changes to the Clark County EMS System 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 medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the SNHD whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member. The Board heard sub-committee reports and approved adding Tranexamic Acid to the formulary and Hemorrhage Control protocol.

D. OEMSTS – August 2023 / 2024 Data

EMS Statistics	Aug 2023	Aug 2024	
Total certificates issued:	98	54	↓
New licenses issued:	89	38	↓
Renewal licenses issued (recert only):	2	6	↑
Driver Only:	32	45	↑
Active Certifications: EMT:	914	935	↑
Active Certifications: Advanced EMT:	1850	1988	↑
Active Certifications: Paramedic:	1994	2135	↑
Active Certifications: RN:	63	67	↑

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 Supervisor presented on responder mental health concerns after a disaster/incident and the Impacted Persons Database at the National Homeland Security Conference in Miami Beach, FL.
4. Planner I continued to draft the Administrative Preparedness Annex.
5. 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.

6. Assistance was provided to the revisions of the COVID AAR.
7. Planners continue to update the Nevada Continuity tool in order to streamline the process of generating a usable Continuity of Operations Plan (COOP). Planner has created a working group to complete the COOP process.
8. Forty-two SNHD employees were fit tested for personal protective equipment.
9. Planners are currently serving as reviewers for Project Public Health Ready 2024 review cycle.
10. Planners participated in State of Nevada Department of Education EOP Working Group.
11. Planners coordinated automation of emergency notification system updates with IT and Human Resources.
12. Planners began full revision of SNHD Basic EOP and Direction and Control Annexes.
13. Planners and PHP Manager attended Nevada Region 1 THIRA/IPPW held at Las Vegas Valley Water District.
14. Planners participated in review of Beacon Academy EOP and provided CredibleMind information as an additional resource for mental health.
15. Planners held an initial Planning Meeting for January 2025 Game.
16. Received and processed requests for HPP grant funding of emergency response equipment (City of NLV FD, Mountain View Hospital, Summerlin Hospital).
17. Senior Planner continued to review *Aedes aegypti* Invasive Mosquito Plan and Community Reception Center Plan. 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. PST for Incident Commander, Safety Officer, PIO, and Liaison was provided on August 8th to five (5) SNHD Emergency Response Personnel.
2. New Hire Orientation for Emergency Preparedness and Security was not provided in August, next scheduled offering is September 18th.
3. CPR Training was provided to four (4) SNHD staff in August.
4. Planners continue to coordinate with Environmental Health, SNPHL, and EPA on exercise development for the EPA Water Laboratory Alliance Advanced Practice full scale exercise to be conducted in August.
5. Planner I completed COOP After Action Report and held After Action Report Meeting.
6. Planner I attended DSLR PHEP NOFO & Exercise Supplemental Guidance Seminar.
7. Planners continue planning efforts for the Extreme Heat Seminar planned for March 2025.
8. Planners attended Common Operating Picture Seminar/Tabletop hosted by City of Henderson Department of Emergency Management.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. Trainer confirmed UMC Hospital for First Receiver Decontamination Training on August 14th for ten (10) UMC staff. Trainers confirmed the training date with Mountain View Tenaya Hospital for December 4th.
2. Our Trainer continues to support Hospital Radiation training offered at UMC Hospital on September 17th. Flyers were distributed to SNHPC hospital contacts.
3. The trainer coordinated TEEX Medical Preparedness & Response to Bombing Incidents at North Las Vegas OEM February 26th - 27th. TEEX Medical Management of CBRNE Events and Radiological Training for Hospital Personnel tentatively planned for September or October 2025, location TBD.
4. Twenty Hospital Area Command bags for standalone emergency departments assembled. Training for standalone ED staff coordinated with the Fire Department.
5. Planners and Clinical Advisor have begun drafting the Patient Movement and Resource Management Annexes.
6. Trainer, Clinical Advisor and Senior Planner attended Mid-Term Planning Meeting on August 21st and continue to support NDMS/FCC FSE in November.

D. Fusion Center Public Health Analyst:

1. Coordinated production and distribution of monthly joint fusion center public health bulletin that evaluates threats to public welfare in the Southwestern United States.
2. Disseminated public health information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC).
3. Provided public health input on threat assessment projects.
4. Worked with LVMPD Emergency Management to plan for NFL games, Black Hat and DefCon 2024 conferences.
5. Review of large venue, special events for public health concerns.
6. Developed appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
7. Provided SNHD Disease Surveillance and Control with white papers from fusion center sources for situational awareness.
8. Assisted in drafting a white paper on Carfentanil in Clark County and worked with Clark County Fire Department to evaluate responder response and recovery if Carfentanil is involved.
9. Assisted on a white paper regarding school violence. Evaluated the impact of COVID on current school violence.
10. Providing SNHD IT management team with relevant threat data from Fusion Center sources.

E. Grants and Administration:

1. OPHP is awaiting Notice of Sub-Awards for FY 2025 and no cost extensions from FY 2024.
2. Hired a new Senior Administrative Assistant who will start on August 5th.
3. Manager and Supervisor continue to support special event planning in advance of Formula One Event in November.

F. Medical Reserve Corps (MRC) of Southern Nevada:

1. MRC Coordinator planned training and activities for upcoming months, sent out newsletters, and continues to recruit and deactivate volunteers.
2. MRC Coordinator attended NACCHO PPAG working group meeting.
3. MRC Volunteers served at SNHD Main and East clinics to help with back-to-school rush, printing vaccine records and offering general help.

MRC Volunteer Hours FY2025 Q1

(Economic impact rates updated April 2024):

Activity	July	August	September
Training			
Community Event			
SNHD Clinic	35.5	88.25	
Total Hours	35.5	88.25	
Economic impact	\$1,215.40	2,955.49	

IV. VITAL RECORDS

- A. August 2024 shows a 16% decrease in birth certificate sales compared to August 2023. Death certificate sales currently showing a 3% decrease in comparison to August 2023. SNHD received revenues of \$35,464 for birth registrations, \$47,905 for death registrations; and an additional \$8,808 in miscellaneous fees.

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

Vital Statistics Services	August 2023	August 2024		FY 23-24 (August)	FY 24-25 (August)	
Births Registered	2,133	2,313	↑	3,947	4,166	↑
Deaths Registered	1,727	1,855	↑	3,304	3,751	↑
Fetal Deaths Registered	14	13	↓	30	30	

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

Vital Statistics Services	August 2023	August 2024		FY 23-24 (August)	FY 24-25 (August)	
Birth Certificates Sold (walk-in)	62	4	↓	104	17	↓
Birth Certificates Mail	153	149	↓	315	279	↓
Birth Certificates Online Orders	4,767	3,997	↓	9,029	7,673	↓
Birth Certificates Billed	97	100	↑	227	240	↑
Birth Certificates Number of Total Sales	5,079	4,250	↓	9,675	8,209	↓
Death Certificates Sold (walk-in)	32	22	↓	49	29	↓
Death Certificates Mail	178	202	↑	364	390	↑
Death Certificates Online Orders	7,651	7,401	↓	14,315	15,585	↑
Death Certificates Billed	34	34		75	89	↑
Death Certificates Number of Total Sales	7,895	7,623	↓	14,803	16,093	↑

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

Vital Statistics Sales by Source	August 2023	August 2024		FY 23-24 (August)	FY 24-25 (August)	
Birth Certificates Sold Valley View (walk-in)	1.2%	.1%	↓	1.1%	.2%	↓
Birth Certificates Mail	3%	3.5%	↑	3.3%	3.4%	↑
Birth Certificates Online Orders	93.9%	94%	↑	93.3%	93.5%	↑
Birth Certificates Billed	1.9%	2.4%	↑	2.3%	2.9%	↑
Death Certificates Sold Valley View (walk-in)	.4%	.3%	↓	.3%	.2%	↓
Death Certificates Mail	2.3%	2.6%	↑	2.5%	2.4%	↓
Death Certificates Online Orders	96.9%	97.1%	↑	96.7%	96.8%	↑
Death Certificates Billed	.4%	.4%		.5%	.6%	↑

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

Revenue	August 2023	August 2024		FY 23-24 (August)	FY 24-25 (August)	
Birth Certificates (\$25)	\$126,975	\$106,250	↓	\$241,875	\$205,225	↓
Death Certificates (\$25)	\$197,375	\$191,475	↓	\$370,075	\$402,325	↑
Births Registrations (\$13)	\$43,771	\$35,464	↓	\$82,407	\$68,655	↓
Deaths Registrations (\$13)	\$23,205	\$23,205		\$43,303	\$47,905	↑
Convenience Fee (\$2)	\$9,562	\$8,158	↓	\$18,016	\$15,892	↓
Miscellaneous Admin	\$652	\$650	↓	\$1,205	\$1,398	↑
Total Vital Records Revenue	\$401,540	\$365,202	↓	\$756,881	\$740,400	↓

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	August 2023	August 2024		FY 23-24 (August)	FY 24-25 (August)	
Passport Applications	730	551	↓	1,480	1,245	↓
Revenue	August 2023	August 2024		FY 23-24 (August)	FY 24-25 (August)	
Passport Execution/Acceptance fee (\$35)	\$25,550	\$19,285	↓	\$51,800	\$43,375	↓

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 and undeserved.
 - 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 works toward reducing health disparities through increasing organizational capacity and implementing community strategies.
- C. The Health Equity Program works towards establishing community partnerships and collaborations to increase the capacity of communities to address health disparities.
 - 1. The program continues to collaborate with Al Maun and Golden Rainbow to increase the capacity of the community to address health disparities through their diabetes prevention and Management program and a food distribution program to address food insecurities.

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	28	44
NAAT NG/CT	1309	1259
Syphilis	804	867
RPR/RPR Titers	155/70	154/69
Hepatitis Total	1323	1223
HIV/differentiated	682/23	649/20
HIV RNA	103	99

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 August, the average daily testing volume was 71 with an average turnaround time of 30 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	716/166
February	1,160/77	August	1560/202
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	2	1					27
	Campy Screen	11	17	3	15	5	3	4	1					59
Neisseria species	Gonorrhoeae Culture	48	85	47	41	24	36	39	28					348
	Gram Stain/WBC	0	5	0	0	5	0	0	0					10
	Neisseria ID	0	0	0	0	1	1	1	0					3
	Haemophilus ID	7	0	2	1	0	0	0	0					10
Unknown ID	Bacterial ID	0	0	0	0	0	1	12	0					13
	WGS (PulseNet)	29	23	17	30	20	20	18	28					185
Salmonella	Salmonella Screen	14	10	12	19	12	15	14	14					110
	Salmonella Serotype	13	10	12	16	14	12	11	14					102
Shigella	Shigella Screen	10	10	4	10	6	3	3	5					51

	Shigella Serotype	7	10	2	3	5	3	2	4					36
STEC	STEC Screen	10	2	2	4	1	4	3	7					33
	STEC Serotype	1	1	1	0	1	2	1	5					12
Unknown	Stool Culture	5	6	2	0	6	0	0	5					24
Vibrio	Vibrio ID	0	0	1	0	0	0	0	3					4
	Vibrio Screen	0	0	1	3	0	1	0	5					10
Yersinia	Yersinia Culture/ID	1	2	1	0	0	0	0	0					4

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were three (3) cases for GI outbreak investigation in August.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). In August, SNPHL performed 29 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	0	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 28 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in August 2024.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 199 bacterial organisms have been identified in August.
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 August 2024, SNPHL has sequenced 144 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	75	37				

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 August, we tested a total of 385 mosquito pool samples. There were two (2) positive WNV mosquito pool samples identified in August. 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 August, a total of 20 clinical isolates, Neisseria gonorrhoeae eight (8) 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 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. Perpetual Biosafety Training and guidance to SNPHL personnel.

E. August 2024 SNPHL Activity Highlights:

1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. Passed the proficiency test with CAP HIV-NB 2024 Clinical Lab 100% graded. CAP IDR-B Infectious Disease, Respiratory BIOFIRE, Molecular Lab 100% graded; CAP UAA1-A Automated Urine Microscopy, Clinical Lab, 100% 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 contract for clinical chemistry instruments is under development in the Contract Office.
4. The Board of Health has approved the petition to purchase double-door autoclave and it will take six (6) months to deliver the double door autoclave to SNPHL.
5. According to the WGS and genomic data analysis, the Omicron variant KP.3.1.1 and KP.2.3 lineages are domain lineages in August, 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. 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 46%, 29%, and 24%, respectively.
7. SNPHL participates in the CDC Avian Flu surveillance project by sending the testing guidance and specimen collection procedure to the local hospitals through HAN system. Any ICU patient with influenza A positive must send the specimen to our laboratory to do influenza subtyping in order to rule out avian influenza. There was no suspect avian flu sample received in the lab in August.
8. The new design may focus on building BSL-3 and Micro lab in the 2nd floor and leave semi shell for the first floor.
9. No Dengue was detected from Mosquito pool samples since early July 2024.
10. Outreach, the new electronic ordering system, formally GOLIVE on Wednesday, May 8th. We follow our schedule to visit the hospitals and long-term care facility onsite to introduce our system and provide the technical support for our clients.

F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

August SNPHL Services	2023	2024	
Clinical Testing Services ¹	5,802	5,465	↓
Epidemiology Services ²	793	517	↓
State Branch Public Health Laboratory Services ³	373	0	↓
All-Hazards Preparedness Services ⁴	28	4	↓
Environmental Health Services ⁵	334	422	↑

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.