



Memorandum

Date: January 23, 2025

To: Southern Nevada District Board of Health

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Subject: Community Health Division Monthly Activity Report – December 2024

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

A. Chronic Disease Prevention Program (CDPP)

The CDPP team commemorated Diabetes Month with a press release that generated at least two (2) earned media opportunities including an interview on Channel 3. Additionally, CDPP sponsored or led the following activities to raise awareness and connect people to resources:

- Sponsored the Virtual Kids Cooking Class hosted by 100 Black Men of Las Vegas. Sixty youth and their families participated in the class and learned how to cook a diabetes-friendly recipe. Diabetes prevention & self-management educational materials were provided.
- Hosted two (2) Diabetes Self-Management & Education (DSMES) classes online and in person reaching 14 people.
- Trained YMCA staff as facilitators of the DSMES curriculum to help expand DSMES class offerings in the valley.
- Helped YMCA relaunch the Healthy Kids Maps program for holiday break youth camps. Healthy Kids Maps is a diabetes prevention program for youth.
- Participated in outreach events and distributed over 780 diabetes educational materials.

The 2024 Pop-Up Produce Stand season concluded in November with 2 Pop-Ups at the Bonneville Transit Center. During the year, CDPP worked with RTC, Together We Can, and Prevail Market Place to host thirteen (13) Pop-Up Produce Stands. The stands offered low cost, regionally grown fresh produce. The stands accepted SNAP, Double Up Food Bucks (DUFb), credit/debit, and cash and were marketed to individuals who experience barriers accessing fresh

produce including transportation and affordability barriers. In November, the RTC received the 2024 Outstanding Implementation Award from the Nevada Chapter of the American Planning Association. The recognition highlighted how public services and community partnerships can transform lives and highlighted the Pop-Up Produce Stands at the BTC and other pop-ups as examples. 2025 Pop-Ups will begin in March 2025.

2024 Pop-Up Produce Stand Data

- Total sales: \$3,275
- % SNAP Sales: 25%
- DUFB Coupons Issued: 7
- DUFB Coupons Redeemed: 31
- Total lbs. of produce sold: 2,471

CDPP sponsored the Southern Nevada Breastfeeding Coalition's Educational Breastfeeding Symposium in November featuring keynote speaker Nichelle Clark. The symposium was held on November 2nd. The symposium provided lactation professionals with opportunities for CEUs and networking opportunities. Approximately 30 people attended the symposium.

CDPP worked with AAA Healthcare to provide a free Diabetes Prevention Program class for the community. The class is held at Nevada Partners. The DPP class is a 1-year long program with intensive sessions for the first 6 months and maintenance sessions for the next 6 months. At the 6-month point, approximately 40% of participants have lost 5%-7% of their body weight (DPP goal). When participants meet that goal, they can reduce their chance of developing type 2 diabetes by over 60%.

B. Tobacco Control Program (TCP) Update

This month, 16 African American, Native Hawaiian, and Latino-focused businesses are distributing culturally relevant, educational materials to their patrons, advocating for no-smoking policies. Additionally, these businesses have voluntarily adopted smoke-free minimum distance policies to minimize exposure to secondhand smoke.

SNHD continues to collaborate with NNPH and CCHHS to maintain the statewide flavoring initiative that uses Nevada specific data to provide information on flavored tobacco products, mentholated products, e-cigarettes, and cessation and prevention resources in hopes to raise awareness and reduce sales of tobacco-related products. This collaboration also maintains and updates the flavoring website, Attractingaddiction.com, printed educational material, and social media ads used to educate the public.

Staff participated in a Dia de Los Muertos event hosted by the City of Las Vegas on November 2nd at the Sammy Davis Jr. Festival Plaza. The event promoted the Latino culture through dance, music, art and ofrendas. The Ofrenda exhibition won second place and chosen based on key traditional features. The correlation between the theme of smoking related deaths was a key focal highlight that was represented through the ofrenda exposition. Culturally and linguistically appropriate cessation resources were distributed to promote a smoke-free lifestyle. The outdoor event was smoke and vape-free. The event reached over 2,500 attendees.

This month staff kicked off a partnership with the Nevada State Apartment Association (NVSAA). Staff created four tailored email blasts with information to encourage multi-unit housing managers to adopt smoke-free policies. Staff also created four unique social media graphics along with messaging to be distributed to the NVSAA membership throughout the course of one year.

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 reviewed the Pediatric Allergic Reaction Protocol, SNHD Paramedic Mentorship/Internship Program, and Critical Care Paramedic Internship Program.

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 approved the addition of a Restraints Protocol and the use of Acetaminophen at the EMT level.

C. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the District 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 District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The Board heard a report on community health issues given by Dr. Cassius Lockett, current Deputy Health Officer. The Board also heard reports from the Education and DDP committees.

D. OEMSTS – December 2023 / 2024 Data

EMS Statistics	Dec 2023	Dec 2024	
Total certificates issued:	74	103	↑
New licenses issued:	68	100	↑
Renewal licenses issued (recert only):	0	3	↑
Driver Only:	37	51	↑
Active Certifications: EMT:	947	890	↓
Active Certifications: Advanced EMT:	1853	1860	↑
Active Certifications: Paramedic:	2043	2126	↑
Active Certifications: RN:	71	68	↓

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 and other limited uses of this information for response and recovery operations. SNHD and community partners will provide presentation for November District After Dark.
2. OPHP continued to review and revise plans, threat response guides, and both internal and external training.
3. Our Planners completed the Administrative Preparedness Annex.
4. The Planners continue to review and revise the CHEMPACK, Nuclear and Radiation, Administrative Preparedness, Mass Care Support, and Highly Infectious Disease plans.
5. Assistance was provided to the revisions of the COVID AAR.
6. 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.
7. Twenty-eight SNHD employees were fit tested for personal protective equipment during the month of December.
8. Planners are currently serving as a national level reviewer for Project Public Health Ready 2024 review cycle. Initial reviews were completed, but due to the applicants deciding not to move forward with the process due to a competing emergency, Planner was assigned a new applicant for review.
9. OPHP Planners continue the process of automation of emergency notification system updates with IT and Human Resources.
10. Planners perpetuated revision of SNHD Basic EOP and Direction and Control Annexes.

11. Senior Planner met with representatives from the Closed POD Working group to discuss the direction of the working group and a revamp of the working group materials.
12. Planners continued work on the development of the 2026 preparedness calendars.
13. Our Planners presented at Safety Committee to provide an overview of the capabilities of the Code Red Notification system for redundant notifications.
14. Staff partnered with ODS staff on the completion and submission of NACCHO's Virtual Learning Collaborative for the Inclusion of MCH Populations in Emergency Preparedness and Response. Staff are expected to hear back in January in their application was accepted.
15. Senior Planner participated in State Strategic Plan – Supply Chain Workgroup.

B. Training, Exercises and Public Health Workforce Development:

1. Trainers continue to develop Position Specific Task Books and related training curricula. Trainers conducted PST ICS training for ten (10) SNHD staff pre-assigned to the Emergency Personnel List on December 11, 2024, at SNHD Main Decatur building.
2. Planners attending Train Derailment TTX Exercise for City of Henderson in January 2025.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

1. OPHP and Clinical Advisor provided First Receiver Decontamination Training on December 4th at Mountain View Tenaya Hospital. Currently coordinating training with UMC for February 11, 2025.
2. The trainer consistently promotes the 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.
3. Our Planners and Clinical Advisor are finalizing Information Sharing Annex (SNHPC).
4. OPHP staff prepared updated 2025 SNHPC HVA Profile and Summary documents for review and approval at upcoming January 2, 2025, Coalition meeting.
5. Planners and Clinical Advisor began planning efforts for the Medical Response Surge Exercise 2025.
6. The Planners attended healthcare system partner's Emergency Management Committee Meetings.
7. Planners and Clinical Advisor and Healthcare Coalition Members attended the NHPC 2024 Conference in Orlando, Florida.
8. The Planners attended UMC Emergency Preparedness Meetings.
9. Senior Planner attended HPP r8/9 RISC 2.0 training.

D. Fusion Center Public Health Analyst:

1. Disseminated public health information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC).
2. Provided public health input on threat assessment activities such as election and F1 intelligence and New Year’s celebration.
3. Reviewed special events for public health concerns such as the Las Vegas Marathon and local music festivals.
4. Participated in the weekly NFL GSOC.
5. Developed appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
6. Provided SNHD Disease Surveillance and Control with white papers from fusion center sources for situational awareness.
7. Produced and distributed event specific information on major recalls and criminal activity involving weight loss drugs.
8. Providing SNHD IT management team with relevant threat data from Fusion Center sources.

E. Grants and Administration:

1. OPHP received several notices of grant award renewals and no cost extensions from FY 2024.
2. Both the Manager and Supervisor continue to support special event planning in advance of New Year’s Eve.
3. Our Manager continues to participate in leadership training with SNHD contractors.
4. The OPHP Manager continues to represent Community Health Division management on various SNHD working group committees.

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.

MRC Volunteer Hours FY2025 Q2
 (Economic impact rates updated April 2024):

Activity	October	November	December
Training			
Community Event	5	3	
SNHD Clinic			
Total Hours	5		
Economic impact	\$167.45	\$100.47	

IV. VITAL RECORDS

A. December is currently showing a 13% increase in birth certificate sales in comparison to December 2023. Death certificate sales currently showing a 0.1% decrease in comparison to December 2023. SNHD received revenues of \$28,028 for birth registrations, \$20,982 for death registrations; and an additional \$6,925 in miscellaneous fees.

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

Vital Statistics Services	December 2023	December 2024		FY 23-24 (December)	FY 24-25 (December)	
Births Registered	1,769	1,773	↑	11,236	12,587	↑
Deaths Registered	1,686	1,808	↑	9,982	10,574	↑
Fetal Deaths Registered	21	8	↓	102	79	↓

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

Vital Statistics Services	Dec 2023	Dec 2024		FY 23-24 (Dec)	FY 24-25 (Dec)	
Birth Certificates Sold (walk-in)	92	7	↓	373	43	↓
Birth Certificates Mail	77	92	↑	743	687	↓
Birth Certificates Online Orders	2,600	2,992	↑	20,924	20,645	↓
Birth Certificates Billed	98	150	↑	659	750	↑
Birth Certificates Number of Total Sales	2,867	3,241	↑	22,699	22,125	↓
Death Certificates Sold (walk-in)	46	7	↓	187	120	↓
Death Certificates Mail	100	122	↑	914	898	↓
Death Certificates Online Orders	7,280	7,302	↑	43,150	45,074	↑
Death Certificates Billed	37	24	↓	206	245	↑
Death Certificates Number of Total Sales	7,463	7,455	↓	44,457	46,337	↑

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

Vital Statistics Sales by Source	Dec 2023	Dec 2024		FY 23-24 (Dec)	FY 24-25 (Dec)	
Birth Certificates Sold Valley View (walk-in)	3.3%	.2%	↓	1.6%	.2%	↓
Birth Certificates Mail	2.7%	2.8%	↑	3.3%	3.1%	↓
Birth Certificates Online Orders	90.5%	92.3%	↑	92.2%	93.3%	↑
Birth Certificates Billed	3.5%	4.6%	↑	2.9%	3.4%	↑
Death Certificates Sold Valley View (walk-in)	.6%	.1%	↓	.4%	.3%	↓
Death Certificates Mail	1.3%	1.6%	↑	2.1%	1.9%	↓
Death Certificates Online Orders	97.5%	97.9%	↑	97.1%	97.3%	↑
Death Certificates Billed	.5%	.3%	↓	.5%	.5%	

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

Revenue	December 2023	December 2024		FY 23-24 (Dec)	FY 24-25 (Dec)	
Birth Certificates (\$25)	\$71,675	\$81,025	↑	\$567,475	\$553,125	↓
Death Certificates (\$25)	\$186,575	\$186,375	↓	\$1,111,425	\$1,158,425	↑
Births Registrations (\$13)	\$25,246	\$28,028	↑	\$196,859	\$188,50	↓
Deaths Registrations (\$13)	\$20,735	\$20,982	↑	\$127,010	\$133,965	↑
Convenience Fee (\$2)	\$5,460	\$6,130	↑	\$42,958	\$42,608	↓
Miscellaneous Admin	\$740	\$795	↑	\$3,770	\$4,068	↑
Total Vital Records Revenue	\$310,431	\$323,335	↑	\$2,049,497	\$1,892,191	↓

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	December 2023	December 2024		FY 23-24 (Dec)	FY 24-25 (Dec)	
Passport Applications	497	633	↑	3,649	3,706	↑
Revenue	December 2023	December 2024		FY 23-24 (Dec)	FY24-25 (Dec)	
Passport Execution/Acceptance fee (\$35)	\$17,395	\$22,155	↑	\$127,715	\$129,710	↑

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	4	37
NAAT NG/CT	1214	1271
Syphilis	790	850

RPR/RPR Titers	138/47	155/66
Hepatitis Total	1542	1345
HIV/differentiated	693/17	675/19
HIV RNA	106	104

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 December, the average daily testing was 52 and the average turnaround time was 58 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.
- Since the script problem of Tecan instrument cannot be resolved by manufacture, we asked SNHD Contracts and SNHD Purchasing to discuss with manufacture to return this instrument if it is feasible.

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	731/107
April	204/18	October	456/101
May	115/17	November	451/57
June	365/77	December	1035/109

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	3	3	0	3	36
	Campy Screen	11	17	3	15	5	3	4	1	3	3	1	5	71
Neisseria species	Gonorrhoeae Culture	48	85	47	41	24	36	39	28	29	42	22	4	445
	Gram Stain/WBC	0	5	0	0	5	0	0	0	5	0	0	0	15
	Neisseria ID	0	0	0	0	1	1	1	0	0	0	0	4	7
	Haemophilus ID	7	0	2	1	0	0	0	0	0	0	0	5	15
Unknown ID	Bacterial ID	0	0	0	0	0	1	12	0	1	0	5	7	26
	WGS (PulseNet)	29	23	17	30	20	20	18	28	17	18	19	13	252
Salmonella	Salmonella Screen	14	10	12	19	12	15	14	14	11	10	14	6	151
	Salmonella Serotype	13	10	12	16	14	12	11	14	10	10	14	7	143
Shigella	Shigella Screen	10	10	4	10	6	3	3	5	4	5	5	2	67
	Shigella Serotype	7	10	2	3	5	3	2	4	1	4	4	4	49
STEC	STEC Screen	10	2	2	4	1	4	3	7	2	2	1	2	40
	STEC Serotype	1	1	1	0	1	2	1	5	1	1	1	2	17
Unknown	Stool Culture	5	6	2	0	6	0	0	5	5	7	14	4	54
Vibrio	Vibrio ID	0	0	1	0	0	0	0	3	0	0	0	3	7
	Vibrio Screen	0	0	1	3	0	1	0	5	0	0	0	1	11
Yersinia	Yersinia Culture/ID	1	2	1	0	0	0	0	0	1	0	0	0	5

B. Epidemiological Testing and Consultation:

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were fourteen cases of GI 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 24 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	1	1	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 13 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in December 2024.
5. SNPHL uses Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total # of 110 bacterial organisms have been identified in December.
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 96 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of December 2024, SNPHL has sequenced 41 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	37	56	27	17

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 December, we tested a total of zero (0) mosquito pool samples. There were zero (0) positive WNV mosquito pool samples identified in December. 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 December, a total of four (4) clinical isolates, Neisseria gonorrhoeae zero (0) isolates and Neisseria meningitidis zero (0) 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.
12. SNPHL performs C. auris PCR screening using Real-Time PCR platform. We performed a total of 2317 samples in December.

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 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. December 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 of CAP SP-B 2024 Norovirus with a 100% grade.
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. SNPHL clinical lab is still working on the validation of the Abbot Alinity clinical chemistry instrument.
5. According to the WGS and genomic data analysis, the Omicron variant KP.3.1.1 and KP.3.3 lineages are domain lineages in December, from the samples received in the laboratory. The new hybrid lineage XEC also detected in the late of August till present. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.
6. New influenza surveillance season showed that A/H3 and A/H1, and B/Victoria are major subtypes of influenza.
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 December.
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 in the Phase I project.

F. COMMUNITY HEALTH – SNPHL – Calendar Year Data

December SNPHL Services	2023	2024	
Clinical Testing Services ¹	4,445	5,090	↑
Epidemiology Services ²	1,108	351	↓
State Branch Public Health Laboratory Services ³	0	0	
All-Hazards Preparedness Services ⁴	4	4	
Environmental Health Services ⁵	10	17	↑

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.