



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

DATE: December 6, 2019

TO: State Board of Health Chair and Board Members

FROM: Nicki Aaker, MSN, MPH, RN
Director, Carson City Health and Human Services

SUBJECT: Carson City Health and Human Services Report

CCHHS has hired a part time Accreditation Coordinator to assist with re-accreditation efforts.

Chronic Disease Prevention and Health Promotion

Tobacco Control and Prevention –

- A presentation about vaping was conducted to students at Douglas County High School Health Class on October 16-17, 2019.
- Staff participated in the Nevada Tobacco Prevention Strategic Planning Meeting.
- Staff presented at many different events that involve parents and children in order to show them the current vaping devices used and the dangers of using these products.
- Attended the 2019 National Conference on Tobacco and Health.
- Toni Orr, Public Health Nurse and the Tobacco Control and Prevention Coordinator, is a member of the Nevada Tobacco Prevention Coalition, which worked on 2019 legislation through education to policymakers.

Clinical Services

- Flu immunization outreach events are completed.
- Staff is working on a project to provide flu vaccinations to healthcare providers within the community in an effort to increase Carson City's flu vaccination rate.

Carson City Health & Human Services

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Clinical Services (775) 887-2195 Fax: (775) 887-2192	Public Health Preparedness (775) 887-2190 Fax: (775) 887-2248	Human Services (775) 887-2110 Fax: (775) 887-2539	Disease Control & Prevention (775) 887-2190 Fax: (775) 887-2248	Chronic Disease Prevention & Health Promotion (775) 887-2190 Fax: (775) 887-2248
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- The clinic is receiving small shipments of Shingrix (the new Shingles vaccine) and administers all of them quickly. We continue to get telephone calls asking about the availability of the vaccine daily.

Community Health Improvement Plan (CHIP)

Subcommittees are working to accomplish the objectives and activities decided upon in the CHIP. Subcommittees and some of the activities are highlighted below.

- Access to Healthcare
 - A pilot project was approved for a transportation pilot project in collaboration with Carson Tahoe Hospital. The project was only able to run for about a month. Project was not able to continue since it was funded under the PHHS grant.
- Behavioral Health - Two Certified Community Behavioral Health Clinics have been opened within our community – Community Counseling Center and Vitality Unlimited
 - Case Management & Discharge Planning
 - Community Coalition meetings take place monthly to discuss case management for individuals that are high utilizers of the emergency room, ambulance services, and the area social services agencies.
 - Criminal Justice Collaboration
 - Formal procedures being developed
 - Incorporated a CCHHS Community Health Worker into the FASTT program which is funded through Partnership Carson City's FASTT grant received from the State of Nevada
 - Public Awareness
 - A pocket resource guide has been developed and has been distributed within the community
 - Resources from this guide are posted on Partnership Carson City's website
 - Transitional Housing
 - New project in initial stages per Jim Peckham, FISH
 - Triage
 - Algorithm for treatment options completed for adults; gap is algorithm for children
 - Columbia Suicide Screening has been adopted and training was conducted for the Behavioral Health Task Force; adopted at the Northern Nevada Regional Behavioral Health Policy Board also
 - Workforce Housing
 - Carson City's Planning Commission is working on an ordinance change to allow accessory units to be rented

- A Request for Proposal was put out to bid for land that Carson City owns, RFPs were evaluated; idea is for a project that will bring some affordable housing to Carson City
 - Youth
 - Working on a chronic absenteeism prevention program for children within the Carson City School District
- Food Security & Food Access
 - Project is stalled; need to find another partner to head up the community garden project
- Workforce Development

Environmental Health

- Hired an Administrative Assistant to work on Quality Improvement/Quality Assurance projects for Environmental Health, one project will be related to the changes made on the Restaurant Inspection Sheet
- Re-opened the Carson City Environmental Health Specialist position

Epidemiology

- Staff is receiving reports of flu within the quad county area. Most cases are Influenza B and are PCR and Rapid confirmed.

Quad-County Public Health Preparedness (Carson City; Douglas, Lyon and Storey Counties)

- A successful and valid Community Assessment for Public Health Emergency Response (CASPER) surveys was completed in Storey County in early September.
- A presentation was delivered at the Nevada Public Health Association conference in Reno about the CASPER projects that have been completed in Carson City, Douglas, and Mineral counties.
- Bleed control kits have been purchased and distributed to all schools within Carson City, Douglas, Lyon, and Storey counties. Additionally, all school staff in each county is being trained on how to use the kits when needed.
- More than 4,500 students and staff were vaccinated against the flu in Carson City, Douglas, and Lyon counties in between September 23rd and October 31st.
- Public Health Preparedness and the Quad-County Healthcare Coalition participated in the three-day statewide Silver Crucible full-scale coordinated terrorist attack exercise. Numerous jurisdictions and entities participated across the State of Nevada.

Human Services

- Job Fair scheduled for February 21, 2020 in collaboration with Western Nevada College.
- Point in Time Count is in January 2020.
- CCHHS received a County Match reimbursement. A program branded, CCShares, was developed. The program provides funding for transitional housing in collaboration with the Carson City Specialty Courts. The goal is to provide housing to individuals working through the court system to better their lives. The program also purchased bicycles for the Mobile Outreach Safety Team to provide outreach to the area's homeless.
- The rental market continues to be very tight in Carson City making it very hard to get our clients housed.

Respectively submitted,



Nicki Aaker, MSN, MPH, RN

Director, Carson City Health and Human Services

November 25, 2019

To: State Board of Health Members
From: Kevin Dick
Washoe County District Health Officer
Subject: December 2019 Washoe County District Health Officer Report

Pertussis - Washoe County has been experiencing pertussis outbreaks in Bishop Manogue and Damonte Ranch High Schools. As of November 21, the Bishop Manogue outbreak included 7 confirmed and 3 probable cases. The Damonte High School outbreak included 3 confirmed and 1 probable case. Bishop Manogue decided to close the school and reschedule athletics when they became aware of the outbreak on October 21 to take advantage of the Nevada Day school closure. The school reopened on October 28. In both high schools, unvaccinated students and teachers were excluded from school and school/athletic events. A number of students and teachers received vaccinations and have returned to school. The Washoe County School District responded in a proactive manner in providing vaccination clinics for teachers to receive pertussis and flu vaccinations. McQueen High School has had 2 probable pertussis cases. Parents at all three schools and physicians were notified to watch for symptoms in their families and seek medical care for diagnosis and treatment if symptoms of whooping cough appeared.

West Nile Virus – Washoe County experienced two cases of West Nile Virus in 2019. Both cases were non-neuroinvasive.

STD/TB Training – Two Sexual Health and two Tuberculosis Public Health Nurses attended the STD/TB training held at Southern Nevada Health District (SNHD) on September 30th and October 1st. WCHD also participated in a CDC Technical Assistance visit October 28-29th with Nevada Division of Public and Behavioral Health (DPBH) and SNHD to review cases. Reported STD cases through the first three quarters of 2019 exceed total cases for all of 2018.

HIV Prevention and Early Intervention - Site visits for the HIV Prevention and Ryan White Part B HIV Early Intervention Services grants were conducted by the Nevada Division of Public and Behavioral Health. Activities for both grants were found to be in compliance with performance measures related to condom distribution, linking newly diagnosed HIV cases to HIV care, identifying people living with HIV that are not accessing HIV care, and identifying people's HIV status through testing.

Immunizations – The IZ Program had a state Vaccines for Children (VFC) compliance visit and no deficiencies were noted. Additionally, the IZ Program was the first to receive a statewide IZ Grant Audit and no implementations issues were identified. On October 1st, the IZ Clinic started offering flu vaccines.

Tuberculosis Prevention and Control Program – The annual cohort meeting review is scheduled for December 5, 2019 at 1001 E. 9th Street and will be attended by individuals directly involved with active TB cases in Northern Nevada during 2018.

Family Planning/Teen Health Mall – Five staff members completed the Family Planning Health Worker Certification training and course requirements, including a written test and performance demonstration.

Family Planning staff began using the Seventeen Days program. This is an evidenced-based film and mobile app created by Carnegie Mellon University's Center for Risk Perception and Communication. The program is designed to educate young women about contraception and sexually transmitted diseases. The film/mobile app presents scenarios involving decisions that young women face and is interactive, allowing viewers to choose what they want to watch. Viewers are given the opportunity to mentally practice how they would respond in hypothetical situations through the frequent use of "cognitive rehearsal." The target audience is sexually active adolescent females aged 14-19.

Maternal, Child and Adolescent Health (MCAH) – The Fetal Infant Mortality Review annual report was completed in September resulting in the following recommendations:

- Optimize the health of women and infants. Women should be advised to avoid interpregnancy intervals shorter than six months and should be counseled about the risk and benefits of repeat pregnancies sooner than 18 months. Action is to implement long term acting birth control as soon as possible after pregnancy by identifying barriers such as insurance coverage and availability.
- With the legalization of marijuana and the increased incidence of substance use among the general population, more data is needed to evaluate the prevalence in pregnant women. Additionally, women must have access to education and resources to help them into care before, during and after pregnancies. FIMR is now tracking marijuana use during pregnancy to evaluate prevalence in cases reviewed by the Case Review Team. A local women's clinic has begun universal urine screens to determine prevalence and guide educational initiatives. WCHD staff has been assigned to a Join Together Northern Nevada subcommittee being created to address maternal marijuana use.
- Investigate options to standardize data collection. A new data base was initiated to be used in FY 2020
- Increase awareness of syphilis through education of providers and patients. Continue to support the 'Go Before You Show' campaign. Washoe County staff is participating on a statewide syphilis workgroup that is focusing on reducing congenital syphilis. FIMR staff is encouraging providers to make sure syphilis testing is done routinely on all women at beginning and end of prenatal care.
- The need to have a Spanish Speaking Support Group was identified and the role was taken on by the Pregnancy Infant Loss Group of the Sierras.

Food Safety Special Events – September was an extremely busy portion of the Special Event season. The month included the Nugget Best in the West Rib Cook-off, The Great Reno Balloon Race, The National Championship Air Races, and Street Vibrations Fall Rally. Two large scale events, the Eldorado Great Italian Festival and GSR Chili and Beer Festival occurred in October. October also included a number of pumpkin patch type events with the beginning of the fall season.

2019 Preparedness Fair - The PHEP program, in conjunction with the Washoe County School District, UNR's Living with Fire Program, Washoe County Emergency Management, Washoe County Regional Animal Services and the State Contractor's Board, organized and held the 2019 Preparedness Fair at Idlewild Park during Food Truck Friday on September 20th. This event was organized to support the preparedness educational pushout during National Preparedness month. The event was well attended and was covered by local media.

Points of Dispensing - On September 18th, the Fall Flu Point of Dispensing (POD) Exercise started with Northern Nevada Adult Mental Health Services opening a public POD. This was followed by Community Health Alliance, Renown Regional Medical Center, Saint Mary's Regional Medical Center, and Northern Nevada Medical Center opening PODs.

On October 16, the Health District exercised activation of our Department Operations Center in an exercise of a pandemic outbreak. The exercise included a public POD offering free flu shots that was opened in conjunction with a Truckee Meadows Healthy Communities Family Health Festival; 332 individuals including 111 children and 221 adults received flu vaccinations. The Reno-Sparks Indian Colony also exercised a POD on October 16. The final POD of this exercise was conducted by the 152nd Air Wing of the Nevada National Guard on October 20th.

Chempack - On September 26th, the PHEP program conducted a Chempack game at the Regional Emergency Operations Center. This game was developed to test the ability of local responders to deal with a large scale release of organophosphates which would require the release of Chempack assets. The Chempack program is a forward-facing medical countermeasures plan designed to be able to rapidly put resources into the hands of our responders. The game was developed both as an educational tool about the program as well as a refresher for reviewing Hazmat response protocols.

FEMA Statewide Exercise - Washoe County Health District participated in the three day FEMA sponsored statewide exercise November 12-14, 2019. The fictitious elements of the Complex Coordinated Terrorist Attack (CCTA) for Washoe County included law enforcement surveillance, contamination of the water system, explosives in the school bus yard, and a physical attack at the Redfield campus during a graduation ceremony. In addition to the CCTA, there was an unrelated fictitious bus crash with 48 pediatric patients at 8:45 a.m. that surged our area hospitals. The final element of the CCTA was the establishment of a full scale Family Assistance Center to serve the families of the possible decedents from the CCTA.

WCHD participated in all three days with three divisions and the Office of the District Health Officer engaged in exercise play. For the multi-casualty incident, 191 patients flooded the healthcare systems. Self-transporters were utilized for the inclusion of urgent care centers and hospitals. In addition, the sub-acute care facilities participated with the hospitals needing to discharge patients to create surge capabilities within their systems. With the Family Assistance Center, over 100 partners participated as either FAC personnel or grieving family members. Two operational periods were established to increase the knowledge within the region.

Lessons learned will help inform the updates for the Multi Casualty Incident Plan, Family Assistance Center plan and EOC response.

Open Burning Air Quality Regulations - The District Board of Health adopted new open burning air quality regulations during their September meeting. The regulations provide for increased opportunities for open burning in areas of Washoe County that are outside of the Truckee Meadows hydrographic area (HA87), which is subject to a maintenance plan for particulate matter. The regulations also provide increased opportunities for open burning during winter months when conditions are suitable. The regulations were revised in partnership with local fire agencies to provide opportunities for fuel reduction over the winter months due to climate change impacts that have extended the fire season further into the winter season, making open burning unsafe during more of the fall and spring months.

Odor Regulations – The District Board of Health adopted new odor regulations during their October meeting. The regulations provide for use of an olfactometer to provide an objective measure of odor. The previously existing odor regulations were more subjective with a determination of an individual's or a group of individuals' perception of odors.

Burn Code Season – The Green, Yellow, Red Burn Code season began on November 1 and runs until February 28. The Health District will provide a daily burn code based on air quality conditions to allow burning of woodstoves and fireplaces, advise against burning these devices, or prohibiting burning in these devices in the Truckee Meadows. The burn code is designed to mitigate particulate pollution levels during wintertime inversion events.

Downtown Reno Air Quality Monitoring Station - The Reno3 air quality monitoring station is being relocated from a City of Reno property and will be replaced by a Reno4 air quality monitoring station at Libby Booth Elementary School. The area has been fenced and a monitoring shelter delivered to the new location. The station is expected to be operational and collecting data of record by January 1, 2020. The School District is integrating air quality and the monitoring station into their STEM curriculum.

Strategic Planning Retreat – The District Board of Health conducted their annual Strategic Planning Retreat on November 7. The Board discussed updates to goals and objectives under the District's six strategic priorities. The Board also discussed investment of additional staff positions in several areas to address increased staffing needs due to population growth and address gaps in the Health District's programming. The revised Strategic Plan will be presented to the Board for adoption during the December meeting. The FY21 budget incorporating the additional positions will be presented to the Board during the February 2020 meeting.

Washoe Regional Behavioral Health Policy Board - The Washoe Regional Behavioral Health Policy Board met on October 14 and November 18. Senator Ratti is chairing the Board and I am serving as vice-chair. Strategic planning discussion was initiated to prepare for the 2021 Legislative Session and the Board's Bill Draft Request, as well as how the Board can engage with policy implementation of legislation enacted in the 2019 session.

Truckee Meadows Healthy Communities (TMHC) - Approximately one-hundred individuals attended a TMHC Behavioral Health Forum, *More Powerful Together: Tackling our Region's Behavioral Health Crisis*, which was held in the Washoe County Chambers on October 2. The forum featured presentations on behavioral health status and needs of the community and initiatives underway to address them. Speakers included Senator Ratti, Acting WCSD Superintendent Dr. McNeill, Washoe County Sheriff Balaam, Dr. Davis-Coehlo of N. NV HOPES, Amber Howell, Director of the Human Services Agency, Kindle Craig, Director of the Renown Institutes, Catrina Peters, WCHD Director of Programs and Projects, and myself.

TMHC, Renown Health and the Washoe County Health District received the BUILD Health Challenge® award, a \$250,000 grant to support the Caring for Reno's Elders (C.A.R.E.) program. The award comes as a collaborative result of more than 30 local organizations submitting a proposal for the funding. Renown Health announced that the organization is matching the grant alongside other pledged funding from the community, bringing current C.A.R.E. support to \$580,000. Together the entities will focus on senior loneliness and the health issues it creates. The partners are honored that Truckee Meadows was selected as one of 18 communities to receive funding from BUILD in the 2019-2021 term.

The BUILD Health Challenge is a national program focused on bold, upstream, integrated, local and data-driven projects that can improve community health. The award provides funding, capacity building support and access to a national peer-learning network to enhance collaborative partnerships locally to address our community's most pressing health challenges.

Housing Affordability/Truckee Meadows Regional Plan - On October 10, 2019, the Truckee Meadows Regional Planning Governing Board adopted the 2019 Comprehensive Truckee Meadows Regional Plan as recommended by the Truckee Meadows Regional Planning Commission (TMRPA).

The Truckee Meadows Regional Plan is a cooperative effort of the local and regional units of government, affected entities, major service providers, and the citizens of the Truckee Meadows. It is intended to represent a regional consensus regarding land use planning, providing a regional framework for local and regional policies and services. The plan sets forth the type, location, and pattern of growth and development that local governments and agencies in the region believe will best deliver the multiple aspects of quality of life desired by current and future residents of our area.

Of particular interest to the WCHD is the incorporation of affordable housing strategies into the Regional Plan. TMRPA, in partnership with Truckee Meadows Healthy Communities and Enterprise Community Partners, created the Regional Strategy for Housing Affordability. The strategy analyzed the current housing conditions of the region and provides a roadmap of steps that can be taken to address the affordable housing needs of our community for the next ten years.

Additionally, the plan supports reducing impacts from transportation, a major source of pollutants, in order to meet federal National Ambient Air Quality Standards. The Regional Plan incorporated the Ozone Advance Program and explicitly states TMRPA's commitment to work with the WCHD Air Quality Management Division to further our goals.



DATE: December 6, 2019

TO: State Board of Health Members

FROM: Fermin Leguen, MD, MPH, Acting Chief Health Officer

SUBJECT: Chief Health Officer Report

Fast Track Nevada - Ending the HIV Epidemic

The Southern Nevada Health District hosted a Fast-Track Cities event at its main location on World AIDS Day, Sunday, December 1, at 11 a.m. Representatives from each of the partner cities in Clark County were present to sign [the Paris Declaration](#). By signing the declaration, jurisdictional partners pledge their support to:

- End the AIDS epidemic in the cities by 2030
- Put people at the center of everything we do
- Address the causes of risk, vulnerability and transmission
- Use our AIDS response for positive social transformation
- Build and accelerate an appropriate response to local needs
- Mobilize resources for integrated public health and development
- Unite as leaders

The Fast-Track Cities Initiative is a global partnership between the City of Paris, Joint United Nations Program on HIV/AIDS (UNAIDS), United Nations Human Settlement Program, and the International Association of Providers of AIDS Care (IAPAC), in collaboration with local, national, and international organizations and public health agencies. To formally commit to this process required Southern Nevada's mayors or elected jurisdictional officials to designate their municipalities as Fast-Track Cities by signing the Paris Declaration. Together, they are working towards the common goal of ending AIDS as a public health threat by 2030. Partner jurisdictions agree to achieve the following 90-90-90 targets by 2020:

- 90% of people living with HIV knowing their HIV status
- 90% of people living with HIV who know their HIV-positive status on antiretroviral therapy (ART)
- 90% of people living with HIV on ART achieving viral suppression

The initiative's fourth target is to reduce the negative impact of discrimination and stigma to zero and is an equally important goal. More information on Fast-Track Cities is available [here](#).

2019-2020 Influenza Season Update

This season, routine annual vaccination is recommended for all people aged 6 months and older who do not have contraindications. Age-appropriate vaccines are available for patients, and packaging information should be reviewed to ensure the most effective immunizations are provided based on age group as well as health status. Additionally, flu vaccine should be emphasized for high-risk groups and their contacts and caregivers. This includes but is not limited to:

- Children aged 6 months through 59 months
- Adults \geq 50 years old
- People with chronic diseases including cardiovascular; pulmonary; renal; hepatic; or metabolic disorders
- People who are immunocompromised due to any cause
- Women who are or will be pregnant during the influenza season

Full recommendations are available on the Health District [website](#).

During week 46 (Nov. 10, 2019 – Nov. 16, 2019), seasonal influenza activity continued to increase in the United States. In Nevada, high influenza-like illness (ILI) activity was widespread. In Clark County, 102 influenza-associated hospitalizations and three influenza-associated deaths were reported to the Health District during this period. The proportion of emergency department and urgent care clinic visits for ILI was 11.4 percent in week 46 which was higher than week 45 (8.6 percent). Approximately 63 percent of area emergency department and urgent care clinic visits for ILI were made by children under 18 years of age. Influenza B was the dominant type circulating.

The Southern Nevada Health District's Office of Epidemiology and Disease Surveillance began its 2019-2020 influenza season surveillance activities on Oct.1, 2019 and will continue through May 16, 2020. Weekly surveillance reports are available on the Health District website at www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/.

Severe Respiratory Illness Linked to E-cigarette Use

As of Nov. 20, 2019, the Centers for Disease Control and Prevention (CDC) is reporting 2,290 cases of e-cigarette, or vaping, product use associated lung injury (EVALI) from 49 states (all except Alaska), the District of Columbia, and two U.S. territories (Puerto Rico and the U.S. Virgin Islands). Forty-seven deaths have been confirmed in 25 states and the District of Columbia. The Health District confirmed a fourth case of EVALI in a Clark County resident in October. The individual is over the age of 18. Among Clark County's reported cases, one of the individuals reported using e-cigarettes with nicotine products only. Three of the individuals reported using tetrahydrocannabinol (THC) products, and two of the four also reported using cannabinoid (CBD) oils. All the individuals reported purchasing or acquiring their products from different sources, including friends, retail outlets, and through online purchases.

Recent CDC laboratory testing of samples of fluid collected from the lungs of 29 patients with EVALI from 10 states found vitamin E acetate in all the fluid samples. Vitamin E acetate is used as an additive in the production of e-cigarettes or vaping products. This is the first time the CDC has detected a potential chemical of concern in biologic samples from patients with these lung injuries.

The CDC and the Health District continue to recommend that people should not use e-cigarettes, vaping products, vaping products that contain THC, particularly those from informal sources such as friends, family, or unlicensed dealers.

For up to date information on the outbreak go to www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html.

Antibiotic Resistance

On Nov. 11, 2019, the CDC released its updated [Antibiotic Resistance Threats in the United States](#) (AR Threats Report). The findings indicated that antibiotic-resistant bacteria and fungi cause more than 2.8 million infections and 35,000 deaths in the United States each year. Using data sources not previously available, the report shows there were nearly twice as many annual deaths from antibiotic-resistant infections as the CDC originally reported in 2013. Since then, prevention efforts have reduced deaths from antibiotic-resistant infections by 18 percent overall and by nearly 30 percent in hospitals.

The CDC report establishes a new national baseline of infections and deaths from antibiotic-resistant germs and categorizes the top threats based on level of concern to human health: urgent, serious, or concerning. The report highlights antibiotic-resistant infections that are on the rise and notes CDC concern regarding:

- Drug-resistant *Neisseria gonorrhoeae* – More than half a million resistant gonorrhea infections occur each year, twice as many as reported in 2013. Gonorrhea-causing bacteria have developed resistance to all but one class of antibiotics, and half of all infections are resistant to at least one antibiotic. These infections contribute to significant adverse reproductive health outcomes, such as infertility in women and new HIV infections, especially in men.
- Extended-spectrum beta-lactamase (ESBL)-producing Enterobacteriaceae – ESBL-producing Enterobacteriaceae are one of the leading causes of death from resistant germs. They make urinary tract infections harder to treat, especially in women, and could undo progress made in hospitals if allowed to spread there.
- Erythromycin-resistant group A *Streptococcus* – Invasive infections from these germs have quadrupled since the 2013 report. If resistance continues to grow, infections and deaths could rise.

The CDC continues to take a comprehensive approach to antibiotic resistance through its AR Solutions Initiative. More information is available on its [website](#).

2019 Semiannual Countywide Antibiogram

Additionally, the Health District published its 2019 Semiannual Antibiogram Summary. Participating laboratories reported antibiotic susceptibility testing for the period of Jan. 1, 2019 – June 30, 2019. The report includes inpatient data in acute care hospitals and long-term care facilities, and outpatient data in the community.

More information is available in a Public Health Update at www.southernnevadahealthdistrict.org/news-info/health-care-professionals/public-health-advisories/, and the countywide Antibiogram can be viewed at www.southernnevadahealthdistrict.org/clark-county-antibiogram/#/.

Federally Qualified Health Center

After receiving the New Access Point grant from the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) to facilitate the implementation of a Federally Qualified Health Care Center (FQHC), Health District staff members are taking action to prepare to open its center. Health District representatives will be attending the FQHC orientation provided by HRSA in Washington, D.C. The federal agency will also conduct a technical assistance visit in November, as well as a 120-day assessment in January 2020.

Hepatitis A Outbreak

In June, the Health District declared an outbreak of acute hepatitis A in Clark County. Since November 2018, the Health District has reported 99 outbreak-associated cases of hepatitis A. One person has died. Of the reported cases, more than 89 percent were among those who used drugs (injection or non-injection), and more than 74 percent were among those experiencing homelessness. Eighty-six percent had been hospitalized. Case reports have continued to decline, and the Health District recently demobilized its Incident Command Structure that had been implemented to lead the response. The outbreak has not been declared over, and Health District staff members will continue to be involved with the hepatitis A outbreak response as part of their usual duties, such as immunization outreach and disease surveillance activities.

The Health District continues to remind the public and its health care partners that hepatitis A vaccination is the best prevention against the virus. Since the outbreak announcement, the Health District has administered 3,030 hepatitis A vaccinations to adults ages 18 and older. A total of 5,652 hepatitis A vaccinations have been administered to adults by all providers in Clark County. The Health District continues to recommend that health care workers review their immunization history to ensure staff who may be caring for ill patients are up to date with their hepatitis A vaccinations. Pre-vaccination serologic testing is not required for the vaccine to be administered.

Weekly hepatitis A outbreak reports and additional resources are available on the Health District's website at www.SNHD.info/hep-a-control.



Date: November 26, 2019

To: Nevada State Board of Health

Through: Richard Whitley, Director DHHS
Lisa Sherych, Administrator, DPBH

From: Ihsan Azzam, PhD, MD, MPH, Chief Medical Officer

Re: Report to the Board of Health for December 6, 2019 Meeting

National Outbreak of Lung Injury Associated with E. Cigarettes Use and Vaping

Currently CDC is conducting a complex extensive investigation that spans every state (except for Alaska), more than 2,000 patients, and a wide variety of brands and substances and e-cigarette, or vaping, products. As of November 20, 2019, 2,290 cases of e-cigarette, or vaping, product use associated lung injury (EVALI), have been reported to CDC from 49 states, the District of Columbia, and 2 U.S. territories (Puerto Rico and U.S. Virgin Islands). So far forty-seven deaths have been confirmed in 25 states and the District of Columbia, and more deaths are under investigation. So far, no e-cigarettes or vaping-associated deaths were reported in Nevada.

Among the 2,016 cases of e-cigarette, or vaping, product use associated lung injury (EVALI) reported to CDC as of November 5, 2019, 95% were hospitalized, 68% were male, 77% were under 35 years old, with a median age of 24 years and age range from 13 to 78 years.

1,184 patients had complete information on substances used in e-cigarette, or vaping, products in the 3 months prior to symptom onset, of whom 83% reported using Tetrahydrocannabinol (THC)-containing products; 35% reported exclusive use of THC-containing products, 61% reported using nicotine-containing products; 13% reported exclusive use of nicotine-containing products; 48% reported both THC- and nicotine-containing product use, and 4% reported no THC- or nicotine-containing product use.

Prescription Drug Overdose and The Opioid Crisis

The opioid epidemic and substance use disorders (SUD) are public health crises that are ravaging almost every state and territory in our nation. The misuse of- and addiction to opioids including prescription pain relievers, heroin, and synthetic opioids such as fentanyl is a serious national threat that affects public health as well as the social and economic welfare of Americans.

Although most people take prescription medications responsibly, one in seven users is expected to develop a SUD at some point in their lives. According to the 2017 National Survey on Drug Use and Health, an estimated 21 million Americans suffered from a SUD involving alcohol, drugs or both. On the other hand, only 4 million or just about 19% of those who needed it were able to receive treatment. Less than one in five of those suffering of SUD was able to access treatment. Like any other chronic diseases, SUD, addiction, mental illness, drug abuse and cooccurrence (mental illness associated with drug abuse) require proper, timely and oftentimes repeated and ongoing treatment.

The U.S. Centers for Disease Control and Prevention (CDC) estimated that 70, 237 Americans die each year from drug overdose with the majority (47,600) of those deaths involved opioids. Opioid pain relievers, such as oxycodone, hydrocodone, fentanyl, and hydromorphone, are responsible for three-fourths of all prescription drug overdose deaths, with more than 130 Americans die every day from an opioid-related overdose; and an estimated 2.2 million Americans aged 12 and older meeting the criteria for Opioid Use Disorder. Synthetic opioids (other than methadone) are currently the main driver of drug overdose deaths.

The severity of the opioid epidemic varies widely across the U.S. states and regions. States with highest drug overdose death have rates that are more than 10 times higher than states with lowest rates. The ongoing epidemic of opioid morbidity and mortality (addiction and death) is devastating Nevada communities, families and individuals across the state. As during the year 2017 more than 676 Nevada residents needlessly died due to a drug overdose, and the drug-overdose age-adjusted death rate during that same year in Nevada was 21.6 per 100,000 population. Which is almost identical to the national rate of 21.7 per 100,000.

The epidemic of prescription drug overdose imposes major medical and financial tolls at the state and national levels. The economic cost of our nation's opioid crises in 2015 alone was more than \$504 billion, equating to approximately 2.8% of the U.S. gross domestic product (GDP) including workplace, healthcare, and criminal justice expenses. Prescription drug overdose are also financially burdening state Medicaid programs with prescription opioid abuse.

The opioid crisis is the most important public health crises of our time and combating it should remain a top priority across Nevada and nationwide. The Division of Public and Behavioral Health (DPBH) continues to identify and evaluate interventions to reduce prescription opioid overdose and deaths. Currently the DPBH is ensuring that the state prescription drug monitoring program (DPBH) - which is an electronic system that tracks dispensing of controlled substances to patients - is easy to use and access by healthcare providers and public health agencies for tracking trends and identifying users of high-risk behaviors. Additionally, the DPBH outlined priority areas to advance a comprehensive approach to reversing the current epidemic through improving opioid prescribing practices; expanding the use and distribution of naloxone and enhancing medication-assisted treatment to reduce opioid use disorders and overdose.

The DPBH is currently addressing the problematic opioid use by collaborating with health professional organizations and other partners to reduce the stigma which continues to act as an important barrier to care for people who use drugs. Networking with insurance agencies and healthcare management organization; medical and dental professionals and regulatory boards such as the Nevada State Board of Pharmacy was very effective to implement National Guidelines and encourage providers to support a reduction of opioid prescriptions. The DPBH also partnered with the University of Nevada in Reno and Las Vegas to deliver ongoing public awareness campaigns that address the public perception of drug users and to inform the community of the serious health risks associated with opioids.

Nevada Department of Corrections (NDOC)

In compliance with the Nevada Supreme Court Order, the Chief Medical Officer (CMO) advised Nevada Department of Corrections (NDOC) to adopt the *Dietary Guidelines for Americans* (DGFA) 2015-2020 - released by the US Department of Health and Human Services (DHHS) and the Department of Agriculture (USDA) - as a guidance to determine nutritional values of food components. These flexible guidelines are considered the best available scientific tools to determine appropriate and adjustable dietary values of healthy food.

NDOC started the implementation of newly revised food menus in prison facilities on August 3rd, 2019 and shared these menus with the DPBH. Additionally, NDOC shared with the DPBH two Letters of Certification issued by Sierra Dietetics; confirming that the newly revised menus were reviewed by a registered dietitian/nutritionist. The registered dietitian certified that nutritional values provided in the newly revised inmates' food menu were

based on estimated nutritional needs of an average height male, age 19-50 years with low activity level of 30-60 minutes/day; needing approximately 2,500 calories/day; and the menu will be continuously adjusted in the upcoming months before they are completely finalized.

The CMO applied the Dietary Guidelines for Americans 2015-2020 (DGFA) to the diet provided by NDOC. The CMO finds that the daily values of sodium, fat and protein are appropriate and in compliance with these national nutritional guidelines. However, cholesterol daily values exceed the guidelines; and the daily intake of calories seem to be intended for inmates with low physical activity levels. The CMO recognizes that NDOC is providing a healthier diet but recommends that the NDOC implements the following:

1. Further reduce cholesterol daily values to no more than 300-400 mg/day to be consistent with the DGFA.
2. Consider making available more calorie intake for any inmates with more challenging physical activity levels.

Sexually Transmitted Infections (STIs) and Re-emergence of Syphilis

STIs have surged for the 5th consecutive year in Nevada and nationwide, reaching an all-time high. There is sharp increase in the STIs frequency and rate in almost every state. Just in one year in the U.S. (from 2017 to 2018), gonorrhea increased by 5% and chlamydia by 3%. Meanwhile, primary and secondary syphilis cases increased by 14%, and sadly the most dramatic syphilis increase is currently occurring among newborn babies. In 2018 Nevada ranked the 12th state with highest rate of gonorrhea and the 14th state with highest rate of chlamydia in the nation. Currently, Nevada ranks number one in the nation with the highest rate of primary and secondary syphilis cases, and number two in the rate of congenital syphilis. The rise in congenital syphilis seems to parallel the recently observed increase in primary and secondary syphilis cases among women, especially those in the reproductive age.

In the 12-year interval between 2008 and 2019 Nevada had a total of 129 congenital syphilis cases. However, about 63% (or 81 cases) of those occurred just in the most recent three years. Addressing the rising rates of STIs, especially female syphilis is critical to preventing congenital syphilis. Reversing such alarming trends of a totally preventable and completely treatable sexually transmitted infection is very high on the DPBH priorities.

In Nevada, healthcare providers are required by law to test pregnant women at their 1st trimester and again early in the 3rd trimester. This congenital syphilis increase demonstrates several missed opportunities to screen and treat women, especially pregnant women for STIs and syphilis. The DPBH is strongly recommending that all pregnant women, even those considered to be at low risk for syphilis, receive screening for syphilis in the 1st and 3rd trimester, to ensure timely and adequate curative treatment for women diagnosed with syphilis, and to prevent congenital syphilis.

Prevention, detection, and treatment of STIs are domestic and national priorities. Nevada is a part of the national efforts to prevent and ultimately eliminate these infections. The DPBH issued several technical bulletins emphasizing the importance of detecting and treating STIs and advising healthcare providers to treat women with STIs and syphilis through providing expedited partner treatment (EPT) for their partner/s as well, to help decrease the risk of reinfection.

Influenza Season 2019 - 2020 Update

It seems so far that current influenza season is comparable to- or slightly more severe than previous recent seasons. Nevada State Weekly Influenza Surveillance Report was significantly revised and enhanced to provide general understanding of the severity and burden of the current flu season in Nevada and nationwide. DPBH and each local health authority is currently providing ongoing weekly description and assessment of the activity and types of circulating influenza viruses and will assess morbidity, hospitalization and mortality related to influenza.

Intended audience of this report are healthcare providers and facilities, public health professionals, policy makers, the media and the public.

In the previous Influenza Season of 2018-2019 (Week 45) Influenza A H1N1 Virus was most dominant and Nevada had 16 influenza-associated hospitalizations and no influenza-related deaths. However, this current season so far, Influenza B Virus has been the most potent strain of the flu in Nevada and nationwide. 103 influenza hospitalizations have been reported in Nevada since week 40, of which 29 were type A and 74 were type B. Three influenza-associated deaths have been reported in Nevada since week 40. However, Nevada's pneumonia and influenza mortality rates continue to be below the national and regional levels.

The percent of patients with Influenza-Like-Illnesses (ILI) at Nevada sentinel providers was 2.6%, which is above the Nevada baseline of 1.4% and above each of the previous four seasons for week 45. Nationally, the percent of patients with ILI is 2.6% and regionally it is 2.5%, both of which are above their respective baselines. Nevada Weekly Emergency Department Visits with ILI increased by 58% to 1,175 visits.

It is never too late to receive the vaccine, especially that this season's influenza vaccine continues to provide good match for the currently circulating viruses and seems to be more effective so far than previous seasons.