



## **CARSON CITY, NEVADA**

### **CONSOLIDATED MUNICIPALITY AND STATE CAPITAL**

**DATE:** June 7, 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 completed the 2018 Annual Report which was accepted by the Carson City Board of Health in May. An individual will be assisting CCHHS with the updating of the Strategic Plan.

The Accreditation Annual Report is due June 30, 2019. The department is working on getting prepared for Re-accreditation.

### **Chronic Disease Prevention and Health Promotion**

**Sexual Risk Avoidance Education (SRAE) formerly Adolescent Health Education Program (AHEP) (This program is in CCHHS Chronic Disease Prevention and Health Program Division) –**

CCHHS SRAE Abstinence program has had 487 youth participants as of April 2019 surpassing the goal of 130 participants within the grant cycle (October 2018 – September 2019). Within the PREP program, 149 participants have completed the program.

Within this quarter, the Families Talking Together (FTT) classes have been conducted for Hugh Gallagher Elementary and the Washoe Tribe parents. The Hugh Gallagher classes were organized in response to parent's questions about the Abstinence classes that were going to be conducted. As of May 29, 2019, parents of approximately 49 youth have completed the program surpassing the goal of parents to 30 youth within the same grant cycle stated above.

### **Carson City Health & Human Services**

900 East Long Street • Carson City, Nevada 89706 • (775) 887-2190 • Hearing Impaired–Use 711

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

## **PREP-Comprehensive Sex Education Grant**

CCHHS PREP program has had 149 youth participants complete the program as of April 2019 surpassing the goal of 115 youth participants within the grant cycle of October 2018 – September 2019.

## **Tobacco Control and Prevention**

- Smoke-free Carson City efforts continue in collaboration with the Carson City Parks and Recreation Department to create smoke-free parks and discuss possible ordinance in Carson City.
- Anti-vaping campaigns continue to be shown before the movies at Carson City's Fandango Galaxy Theater and Minden's Ironwood Theater.
- Toni Orr, Public Health Nurse and the Tobacco Control and Prevention Coordinator, is a member of the Nevada Tobacco Prevention Coalition, which is working on 2019 legislation.
- The Funds for Health Nevada grant was approved for CCHHS with a reduction in funds to the existing program.

## **Clinical Services**

- The Title X grant was received. CCHHS received approximately a 7% decrease in funding. Strategic planning is being done to determine the level of service that can be continued in the future.
- The clinic is receiving very 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
  - The pilot project has been approved for the transportation pilot project in collaboration with Carson Tahoe Hospital.
- Behavioral Health - Two Certified Community Behavioral Health Clinics are opened within our community – Community Counseling Center and Vitality
  - Case Management & Discharge Planning
    - Community Coalition
  - Criminal Justice Collaboration
    - Formal procedures being developed

- Incorporated a CCHHS Community Health Worker into the FASTT program
- Public Awareness
  - A pocket resource guide has been developed
  - Resources from this guide are posted on Partnership Carson City's website
- Transitional Housing
  - Project in initial stages per Jim Peckham, FISH
- Triage
  - Algorithm in draft for adults; gap is algorithm for children
  - Columbia Suicide Screening has been adopted and training to take place at a 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 being drafted for land that Carson City owns; idea is for a project that will bring some affordable housing to Carson City
  - Subcommittee is monitoring legislative bills
- 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
  - Monitoring legislation

## **Environmental Health**

- The Douglas County contract will be presented to Douglas County on June 6, 2019 and to Carson City Board of Supervisors on June 20<sup>th</sup> for another 3 years. Partnership is going well.

## **Public Health Preparedness**

- PulsePoint has been implemented in Carson City and Douglas County. This is an application that the public can install onto their smart phones. This application alerts individuals of the need for CPR-trained citizens to go to a cardiac arrest situation and perform CPR until the paramedics arrive on scene, which could improve cardiac arrest outcomes.
- Bleed control kits have been purchased and are being distributed in the community. These are also being distributed in Douglas and Lyon Counties.

Trainings for individuals are being conducted for the use of these kits. These kits can be used by trained individuals to improve the outcomes of victims.

### **Human Services**

- On March 29, 2019, CCHHS collaborated with Western Nevada College to conduct a Job Fair at the Carson City Community Center. There were 61 employers and 160 job seekers.

Respectively submitted,



Nicki Aaker, MSN, MPH, RN

Director, Carson City Health and Human Services

Date: May 29, 2019

To: State Board of Health Members

From: Kevin Dick  
Washoe County District Health Officer

Subject: June 2019 Washoe County District Health Officer Report

---

### Measles

The CD Program has investigated a total of 10 suspect measles cases so far this year. All have been ruled out for measles after testing was completed. At this time there have not been any confirmed cases of measles in Washoe County for 2019.

### Seasonal Influenza Surveillance

For the week ending April 27, 2019, (CDC Week 17) twelve participating sentinel providers reported a total of 111 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the twelve providers was 1.6% (111/6794) which is below the regional baseline of 2.3%. By age group, ILI activity was highest among 0-4 years (8.0%) and lowest among 25-49 years (0.7%). During the previous week (CDC Week 16), the percentage of visits to U.S. sentinel providers due to ILI was 2.1% which is below the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.8% to 3.2%.

Five death certificates were received for week 17 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 17 was 92. This reflects a P&I ratio of 5.4%. The total P&I deaths registered to date in Washoe County for the 2018-2019 influenza surveillance season is 186. This reflects an overall P&I ratio of 6.1% (186/3056).

Due to vacancies occurring in the Communicable Disease Program and the declining in ILI occurring in Washoe County, the Health District ceased providing a weekly influenza surveillance report after week 17.

### Inter-Hospital Coordinating Council

The Inter-Hospital Coordinating Council conducted a community-wide alternate care exercise (ACS) April 25-May 3. The exercise started with a tabletop exercise, testing the ACS evaluation committee, followed by the activation of a Joint Information Center. This led into four days of training and setup of the mobile medical facility, concluding with a full-scale exercise. The region worked together, and tear down of the three facilities took one day. Training was facilitated by REMSA for the regional hospitals and CERT.

Regional partners included Northern Nevada Medical Center, REMSA, Reno Fire Department, Renown Regional Medical Center, and Saint Mary's Regional Medical Center for participation in the full-scale exercise on May 2. The implementation of three ACSs was unique to each healthcare facility and an inter-facility transport capability. The exercise was supported by WCHD staff, CERT, volunteers from

UNR, Image Perspectives and two District Board of Health (DBOH) members participating as patients. The EMS Coordinator worked with healthcare PIOs to post media advisories and press releases on WebEOC as well as conducted a mock press conference at the Regional Emergency Operations Center.

The purpose of the exercise was to evaluate the WCHD Alternate Care Site Draft Plan. Revisions to the plan will be made and the plan will be presented to the DBOH in June for approval as an annex to the Mutual Aid Evacuation Annex.



*Renown Alternate Care Site Exercise Operations 5-2-19*

### Crisis Standards of Care

The Health District participated along with the Health Officials and representatives from Southern Nevada Health District, Carson City Health and Human Services, and Hospital and Pre-hospital Care Organizations, in a Crisis Standards of Care exercise conducted by the State Division of Public and Behavioral Health in the State Emergency Operations Center in Carson City. The exercise provided an opportunity for discussion of Crisis Standards of Care.

In its 2009 Report, the Institute of Medicine's (IOM) Committee on Guidance for Establishing Standards of Care for Use in Disaster Situations defined crisis standards of care (CSC) to be a “substantial change in the usual health care operations and the level of care it is possible to deliver...justified by specific circumstances and...formally declared by a state government in recognition that crisis operations will in effect for a sustained period” (Institute of Medicine. (2009). Guidance for establishing crisis standards of care for use in disaster situations: A letter report. Washington, DC, The National Academies Press, p3).

Under Crisis Standards of Care, medical care delivered during disasters shifts beyond focusing on individuals to promoting the thoughtful stewardship of limited resources intended to result in the best possible health outcomes for the population as a whole.

The State Chief Medical Officer, in consultation with the Governor’s Office, the Attorney General’s Office, local health officials, and Division of Emergency Management (DEM), has the authority to activate the NV CSC Plan and convene the State Disaster Medical Advisory Committee (SDMAC) during a declared emergency. The SDMAC will provide recommendations for the Governor’s approval that can include:

- Guidelines for the provision of EMS;
- Primary, secondary, and tertiary triage guidelines for healthcare facilities;
- Expanding scopes of practice for healthcare professionals, as approved by regulatory authorities;
- Priorities for allocation and utilization of scarce medical resources, including space, staff, and supplies; and

- Guidelines for healthcare access points, including hospitals, out-of-hospital facilities, and alternate care sites.

### EMS Strategic Plan Initiatives

The Health District approved a REMSA request to use penalty fund monies for the purchase of the Right Dose phone application for use by regional EMS providers. This phone application will link to the current medications and approved doses outlined within the Washoe County EMS Protocols and allow providers to enter a patient weight to calculate the “right dose” of medication.

### Active Assailant Training

On April 26, EMS staff had an opportunity to observe a REMSA, Reno Police Department and Reno Fire Department joint active assailant training. The training involved first responders arriving at an active scene on the Nevada Army National Guard base. Rescue task force teams entered the scene to eliminate the threat, set up treatment areas and care for patients involved in the incident.

### Chronic Disease Prevention Program (CDPP)

Staff has been collaborating with community partners to put on free park events to encourage physical activity and nutritious eating. CDPP will be co-hosting two events:

1. Family Night out at Pat Baker Park, 5/31, 5:30-7:30pm
2. Summer Reading Blast Off Party at Ardmere Park, 6/14, 4:00-6:00pm

### Maternal, Child and Adolescent Health

The Fetal Infant Mortality Review (FIMR) program received multi-year data from the Nevada Department of Health and Human Services Office of Analytics to be used for a multi-year summary. Nursing staff continue to abstract data from local hospitals, private physicians and Vital Statistics for fetal and infant deaths.

### Women, Infants and Children (WIC)

Three staff attended a four day Certified Lactation Educator (CLE) training May 21-24. This training is an in-depth course that provides best practices for staff to educate and guide clients through the breast feeding experience.

### Epidemiology

EHS Epidemiology Program staff worked with Communicable Disease (CD) Program staff on an outbreak of gastrointestinal illness (GII) at a local childcare in April. There were 20 cases reported to EHS on April 3, 2019. After a list was provided on April 5, staff from EHS started making calls to collect samples. Over the next week, six sample kits were delivered and on April 10, a positive result for Norovirus GII was reported by the Nevada State Public Health Lab (NSPHL). The facility and patient were advised by EHS staff of the findings and provided with instructions to control illness. A second positive result for Norovirus GII was reported by NSPHL on April 19. The outbreak was over by April 22. Out of a census of 269 there were 33 cases reported in children and 18 reported in staff. It was only the second outbreak in childcare facilities to date in 2019 and in both cases EHS was able to collect samples and have the causative agent identified early on.

### Food Establishments

Sixteen staff members attended the Nevada Food Safety Task Force – Nevada Environmental Health Association Conference held in Reno on April 23-24. The conference provided the opportunity for

participants to learn about new food safety and environmental health concerns. Attendees included representatives from the food safety industry, food establishment operators and regulatory agencies in the state of Nevada. Funding for staff participation in the conference was provided by an FDA and Association of Food and Drug Officials (AFDO) grant. Participation in food safety task force activities and conferences meets the criteria of Standard 7 - Industry and Community Relations and Standard 2 – Trained Regulatory Staff.

Two staff members successfully completed field standardization training using the FDA Standardization Procedures. The standardization procedures evaluate the inspector's abilities to apply food safety knowledge and skills; ensuring staff is conducting risk-based inspections and obtaining corrective actions for risk factors that will directly contribute to foodborne illness. Field Standardization of staff conducting food establishment inspection meets the criteria of Standard 2 – Trained Regulatory Staff.

### Special Events

The first major outdoor events of the year typically occur in April with Earth Day being the largest; however, Earth Day was significantly downsized this year resulting in decreased April inspection totals when compared to previous years. Several other small events took place in April to kick-off the special event season. Cinco de Mayo and the Reno River Festival are two large events scheduled to occur during May.

### Invasive Body Decoration (IBD)

The 17th Annual Lady Luck Tattoo Expo took place during April at the Circus Circus Hotel & Casino. Staff performed a total of 76 temporary IBD inspections over the course of the event. Inspection staff from the State of Nevada shadowed EHS staff during the event to gain experience as these types of events are less common in the State jurisdiction.

### Land Development

Septic Plan submittals through May 1, 2019, were 256 versus 246 for 2018. Currently the team is receiving submittals on many difficult parcels as the housing boom and search for buildable land in Washoe County continues.

### Vector-Borne Diseases

The program will conduct their second aerial larviciding application on May 31, 2019. The product being used is Vectolex FG, which is a granular formulation of larvicides that uses the bacteria *Bacillus sphaericus* for residual control of mosquito larvae. This product provides extended control of all *Culex* species. It is particularly effective in controlling mosquito larvae in waters high in organic matter such as catch basins, animal waste lagoons, and stagnant ponds.

### Waste Management

EHS partnered with Keep Truckee Meadows Beautiful (KTMB) for the Great Community Cleanup that occurred on Saturday, April 27, 2019.

### Public Health Accreditation (PHAB)

We received notification on May 3rd, of items that were re-opened by the PHAB team prior to their site visit. Items that were re-opened can be revised or have additional information added to more fully meet the measure. The PHAB site visit will occur on June 24 and 25.

### Truckee Meadows healthy Communities

A Family Health Festival was on May 20 from 3-6 pm at the Sparks Christian Fellowship. The event



will provided free health services, vaccinations, physical activities and food resources to families in the community. Over 650 individuals attended the event.

The *Regional Strategy for Housing Affordability* was presented to, and accepted by, the Truckee Meadows Regional Planning Agency Governing Board on May 23. The strategy provides a number of policies and tools that the jurisdictions in the region can pursue to enhance support for and opportunities to develop affordable housing. The Reno Housing Authority has agreed to play a lead role in implementing the strategy regionally.

#### Legislative Session

The Health District is engaged in the legislative session. Staff are reviewing and commenting on bills. Presentations and testimony are being provided to committees. The Health District's new Government Affairs Liaison, Joelle Gutman, is at the legislature at most times in support of our legislative priorities, meeting with legislators, organizing support for bills, and monitoring activity.

#### Silver Syringe Awards

Steve Kutz, CCHS Division Director, was awarded the Platinum Syringe Award at the 21st Annual Silver Syringe Awards on April 25, 2019, for his vision, leadership and dedication to immunizations. This is a prestigious award that is not presented every year. The Silver Syringe Awards is an annual recognition event of Immunize Nevada.

#### Staffing

Mr. Chad Westom resigned as Director of the Environmental Health Services Division. Ms. Charlene Albee is serving as Acting Division Director. Ms. Albee was serving as Director of the Air Quality Management Division. The Air Quality Branch Chiefs, Danial Inouye and Mike Wolf, are alternating month-by-month as Acting Division Director for Air Quality Management.

Mr. Steve Kutz will be retiring as Director of the Community and Clinical Health Services Division. Ms. Lisa Lottritz, currently serving as a Public Health Nursing Supervisor in CCHS, has accepted a promotion to the Division Director position effective June 24, 2019.

Mr. Phillip Ulibarri will be retiring as the Communications Program Manager for the Health District on May 31, 2019. There is an open recruitment underway to fill the position.

Ms. Aurimar Ayala has accepted the vacant position of Epidemiology Program Manager effective June 24. Ms. Ayala is currently a Senior Epidemiologist with the Maricopa County Department of Public Health.



**DATE:** June 7, 2019

**TO:** State Board of Health Members

**FROM:** Joseph Iser, MD, DrPH, MSc, Chief Health Officer

**SUBJECT:** Chief Health Officer Report

---

### **Influenza Update**

Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other health care providers. During week 19 (May 5-May 11), influenza activity continues to decrease in the United States. In Nevada, local influenza activity and minimal influenza-like illness (ILI) activity were reported. In Clark County, 959 influenza-associated hospitalizations have been reported, with 64 percent being people 50 years of age or older. There have been 36 influenza-associated deaths reported, including three deaths in children under the age of 18. The proportion of emergency room and urgent care clinic visits for ILI was 2.2 percent in week 19 which was slightly lower than week 18 (2.3 percent). Approximately 51 percent of area emergency room and urgent care clinic visits for ILI were made by children under 18 years of age. Influenza A was the dominant type circulating. The Southern Nevada Health District will continue to update the public on the progression of the season and encourage people to get vaccinated.

Health District influenza surveillance updates are available at [www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/](http://www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/).

### **Mosquito Surveillance**

The Health District's Mosquito Surveillance Program monitors the local mosquito populations for arboviruses such as West Nile, St. Louis Encephalitis, and Western Equine Encephalitis. The program also provides information on the types of mosquitoes present in Clark County. Arboviral diseases in humans are reportable to the Office of Epidemiology and Disease Surveillance (OEDS). Currently, West Nile virus and St. Louis Encephalitis are the only locally acquired arboviral diseases that have been reported to the Health District. Sporadic travel-associated cases of dengue, chikungunya, and Zika virus have been investigated by the office.

In April, the Health District reported the first West Nile virus case of 2019. The individual, a female over the age of 50, had the more serious neuroinvasive form of the illness and has recovered. There were no reported human cases of West Nile virus in Clark County last year.

As of May 17, the Health District's Mosquito Surveillance Program has set 472 traps throughout Clark County and submitted 238 testing pools, representing 4,011 mosquitoes to the Southern Nevada Public Health Laboratory for analysis. All results received have been negative.

The Health District continues to urge the public to "Fight the Bite" by eliminating standing water around their homes, preventing mosquito bites by wearing an EPA-registered repellent, and reporting mosquito activity to the Health District by calling (702) 759-1633. More information on the Health District's Mosquito Surveillance activities is available on its website at [www.southernnevadahealthdistrict.org/programs/mosquito-surveillance/](http://www.southernnevadahealthdistrict.org/programs/mosquito-surveillance/). For additional information and prevention tips visit the Centers for Disease Control and Prevention's website at [www.cdc.gov/features/stopmosquitoes/index.html](http://www.cdc.gov/features/stopmosquitoes/index.html).

### **Harm Reduction**

In 2017, more than [47,000 people in the United States](#) died from overdosing on opioids, and in Nevada, the Department of Health and Human Services Office of Analytics reports that there were 401 opioid-related overdose deaths. A [new study](#) recently estimated that the federal tax revenue lost to the opioid epidemic totals \$26 billion, nationally. Diseases related to drug use have also surged, with [Hepatitis C increasing 133 percent](#) between 2004 and 2014, tracking with the growth of opioid injection hospital admissions.

In April 2017, the Health District and Trac-B Exchange collaborated with community partners to launch a first of its kind harm reduction initiative aimed at preventing the spread of infectious diseases associated with syringe use and disposal. This was accomplished using a novel method: vending machines. Harm reduction vending machines are used to dispense packages of clean syringes, as well as safe sex kits, and more. The vending pilot program expands on more than [20 years of data](#) that show syringe service (or needle exchange) programs and traditional storefront models are effective in preventing the spread of deadly diseases like HIV or hepatitis C. The success of the program can be attributed to the efforts of Health District staff working with the Harm Reduction Center Las Vegas, Trac-B Exchange, and the Nevada AIDS Research and Education Society (NARES).

In the first year of operations, nearly 300 unique accounts had at least one syringe vending machine transaction, and there were a total of 2,712 vending machine transactions. A total of 2,354 syringe kits were distributed by the vending machines, equaling 23,540 syringes distributed. The majority of clients were male (67%), white (79%), non-Hispanic (85%), and between 21 and 34 years old (52%). Syringe vending machine use appeared to be more frequent among people experiencing homelessness – compared to people who were housed, and those who were homeless had a higher average number of transactions. Currently, clients have access to three machines in Southern Nevada.

About a quarter of clients requested a hepatitis C or an HIV test, and 10 percent requested education about either of these diseases, with 5 percent seeking a referral for drug treatment. About a quarter also said they were sharing needles and about a third said they were sharing other injection equipment, illustrating how important clean paraphernalia can be for stopping the spread of disease through injection drug use. Finally, nearly half of the clients requested naloxone, and 70 percent of them said they had someone they could trust to help should an overdose occur.

## **Public Health Heroes**

Every year during Public Health Week, the Southern Nevada Health District recognizes individuals or organizations whose actions have served to improve the health status of the community. This year, Las Vegas Metropolitan Police Department (LVMPD) volunteers Maria Soto-Henry and Michael Slonina, and Clark County Code Enforcement's Lt. Dave Pollex were honored at the April meeting of the Southern Nevada District Board of Health.

### **Maria Soto-Henry and Michael Slonina/Las Vegas Metropolitan Police Department Volunteers**

As part of the Health District's public health preparedness efforts, a cache of medication is maintained so the Health District can meet the needs of the community. Maria Soto-Henry and Michael Slonina volunteered to repackage medication in individual treatment courses that would be provided to first responders in a public health emergency so they, in turn, can continue to provide services to the community. Each week during the yearlong project, Soto-Henry and Slonina repackaged 500, 10-day treatment courses. During that time, they donated 224.5 hours to the Health District. Their efforts provide vital support to the Southern Nevada Health District's emergency operations activities, specifically its Medical Countermeasure dispensing plan.

### **Lt. Dave Pollex/Clark County Code Enforcement**

As of 2019, Lt. Dave Pollex has served as the lead organizer of the Clark County Multi-Agency Response Team (CMART) for 20 years. In that time, he has facilitated and coordinated 300 community projects to address public health and safety issues. As the CMART organizer, he uses a team approach to organize and conduct abatements throughout the county. This approach ensures that the right agencies are on hand to provide the right assistance to the people who are impacted the most. His efforts reach out to individuals in the community who are the most vulnerable, and he ensures each CMART activity has adequate outreach partners to assist them.

## **STD Awareness Month**

In 2017, Clark County ranked first in the nation for rates of primary and secondary syphilis and second for rates of congenital syphilis. Cases of congenital syphilis have been steadily increasing at an alarming rate in Clark County. In 2016, there were nine reported cases, in 2017 there were 20 cases, and in 2018 there were 24 cases of congenital syphilis in Clark County.

To address this issue, the Southern Nevada Health District's Office of Epidemiology and Disease Surveillance collaborated with the Nevada Division of Public and Behavioral Health to develop a Congenital Syphilis Academic Detailing Packet that contains resources for providers and patients. The Health District and community partners hosted a Syphilis Awareness Day event on April 16 to provide updated information about this initiative to the public and receive a proclamation from the Governor's office commemorating STD Awareness Month.

Academic detailing is an innovative one-on-one outreach technique that helps medical providers deliver education-based care to their patients. Each academic detailing packet provided by the Health District contains both provider and patient education material along with disease reporting information, case management resources, and recommended discussion points for providers to discuss with their patients. The resources are created using current, evidence-based sources of data to assist medical professionals in providing the most up to date, effective treatments for their patients.

This initiative is vital to improving the health of Southern Nevadans. Rates of all STDs and HIV in Clark County are higher than in Nevada as a whole and in the nation. In 2017, Clark County's primary and secondary syphilis rate was 24.1 per 100,000 population compared to the U.S rate of 9.5. The congenital syphilis rate was 76.7 per 100,000 live births. The U.S rate was 23.3.

2017 Clark County rates for Chlamydia, Gonorrhea, and HIV:  
(Rate per 100,000 population)

	<b>Chlamydia</b>	<b>Gonorrhea</b>	<b>New HIV Diagnosis Rate</b>
<b>Clark County</b>	581.7	221.3	20.2
<b>Nevada</b>	553.1	187.8	16.5
<b>United States</b>	528.8	171.9	11.8

If left untreated, sexually transmitted diseases can increase a person's risk of giving or getting HIV. In women, they can cause infertility or pregnancy complications. The Health District and partner initiative encourages patients to interrupt the increase of STDs with these three steps:

1. TALK: Talk openly about STDs with your partners and health care providers.
2. TEST: Get tested. It's the only way to know if you have an STD.
3. TREAT: If you have an STD, work with your provider to get the right medicine.

These high rates of syphilis and cases of congenital syphilis should never be an acceptable outcome. All of this can be prevented with early detection which is accomplished by testing all pregnant women for syphilis – this is not just recommended; it's required by statute. In Nevada, state law dictates that pregnant women be tested during the first and third trimester of their pregnancy. With the continued support of its partners, the Health District is confident that syphilis elimination is an achievable goal in Southern Nevada. More information about syphilis is available on the Health District website at [www.southernnevadahealthdistrict.org/Health-Topics/syphilis/](http://www.southernnevadahealthdistrict.org/Health-Topics/syphilis/) and on the Centers for Disease Control and Prevention website at [www.cdc.gov/std/syphilis/default.htm](http://www.cdc.gov/std/syphilis/default.htm).

STEVE SISOLAK  
*Governor*

LISA SHERYCH  
*Interim Administrator*

RICHARD WHITLEY, MS  
*Director*

IHSAN AZZAM, Ph.D., M.D.  
*Chief Medical Officer*



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
4150 Technology Way  
Carson City, Nevada 89706  
Telephone (775) 684-4200 • Fax (775) 687-7570  
<http://dphh.nv.gov>

Date: May 29, 2019

To: Nevada State Board of Health

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

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

Re: Report to the Board of Health for June 07, 2019 Meeting

---

**Update on the Multistate Measles Outbreak**

The United States is currently experiencing multi-state outbreaks of measles, that continues to spread. From January 1<sup>st</sup> to May 24<sup>th</sup>, 2019, more than 940 individual cases of measles have been confirmed in 26 states. This is an increase of 60 cases from the previous week. The number of cases in this outbreak is the greatest number reported in the U.S. since 1994 and since measles was declared eliminated in 2000.

The Nevada Division of Public and Behavioral Health (DPBH) has confirmed with the Southern Nevada Health District (SNHD) that there has been one case of measles in Clark County which occurred in a visitor from another country. The DPBH urges healthcare professionals to consider measles when evaluating patients with febrile rash. Early diagnosis and case isolation are essential to stop ongoing transmission. In addition to the technical bulletin issued to healthcare providers, the DPBH issued on May 21, 2019 another technical bulletin asking local health officers to enforce *Nevada Vaccination Laws* in schools and daycare centers.

The DPBH already enhanced surveillance activities at the state and is closely coordinating with the Local Health Authorities (LHAs), the media and community partners to improve vaccination rates for measles and other vaccine-preventable diseases in Nevada, and is specifically targeting rural and frontier areas to increase herd immunity rates. Additionally, the DPBH advised healthcare providers in the state to consider measles in the differential diagnosis of their patient/s, as early identification of cases along with proper immunization of community members, as well as healthcare providers and staff, are key to preventing measles outbreaks from spreading.



Nevada Department of  
Health and Human Services  
DIVISION OF PUBLIC AND  
BEHAVIORAL HEALTH

*Helping People --  
It's Who We Are And What We Do*

The DPBH recommends that children get a dose of the measles vaccine at 12-15 months of age and again (a 2<sup>nd</sup> dose) at 4-6 years. Measles vaccine is very effective, and more than 97 percent of those who receive two doses of the vaccine will be immune against the infection. Children too young to be vaccinated or those who have only had one single dose of the vaccine are at higher risk to contract the infection. Adults should be protected against measles if they received at least one dose of the MMR Vaccine on or after their 1<sup>st</sup> birthday. However, high risk individuals including healthcare workers, university students, individuals with weakened immunity and those travelling to states and countries currently experiencing measles outbreak are strongly encouraged to have two doses. Additionally, individuals who received their vaccine before 1968 may need to receive at least one dose of the MMR Vaccine.

### **Nevada Supreme Court Order to Improve Inmates' Diet**

As required by the Nevada Revised Statutes (NRS) 209.382, NRS 444.330 and NRS 446.885, the Chief Medical Officer (CMO) and the Division of Public and Behavioral Health (DPBH) conduct regular inspections of State Correctional Facilities. These inspections include:

- a) Medical and Dental Services based upon *Standards for Medical Facilities* as provided in Chapter 449 of NRS.
- b) Nutritional Adequacy of Diet based on *National Dietary Guidelines for Americans* (NDGA) 2015-2020. Inspections of diet adequacy take into consideration religious and/or medical dietary recommendations for individual offenders, and adjustments of dietary allowances for age, sex, and level of activity.
- c) Sanitation, Healthfulness, Cleanliness and Safety of various institutions and correctional facilities which include a focus on food safety practices.

To demonstrate compliance with the "Order of the First Judicial District Court," the CMO adopted guidelines to comply with that court order as follows: "The scientific consensus from expert bodies, such as the Institute of Medicine, the American Heart Association, and the Dietary Guidelines Advisory Committee (made up of prestigious researchers and scientists in the fields of nutrition, health, and medicine), is that the average sodium intake among Americans is relatively high and can be reduced. Most healthy eating patterns limit sodium to less than 2,300 mg/day. Going forward, the CMO advised to follow the NDGA 2015-2020 released by the US Department of Health and Human Services (DHHS) and the Department of Agriculture (USDA) to determine nutritional values of food components. Recent studies have shown that diets that align closely with the NDGA are associated with a significant reduction in avoidable negative health outcomes.

The CMO advised the Nevada Department of Corrections (NDOC) to combine healthy food choices from across all diet categories, while paying attention to calorie limits. He emphasized that inmates' nutritional needs can be met primarily from healthy foods, including fresh canned, dried, and frozen. He recommended that inmates food contains no more than 10% of daily calories from added sugar; less than 10% percent of daily calories from saturated fats, around 300-350 mg of daily cholesterol, and no more than 2,300 milligrams (mg) per day of dietary sodium. In tandem with these diet recommendations, he also advised that inmates of all ages be encouraged to meet the *Physical Activity Guidelines for Americans* in order to maintain an adequate body weight and reduce their risk of developing chronic diseases. However, it is important to emphasize that no one-size fits all, and individuals may differ in their nutritional needs based on weight, height, physical activity and many other characteristics. Additionally, it is essential to know that these guidelines are intended to be "aspirational" rather than a rigid set of standards such as those for normal blood pressure that are clearly defined as 120/80mmHg.

Consistent with the NDGA 2015-2020, the CMO reviewed newly revised food menus at the NDOC and found the sodium levels (around 2,300 mg/day) and saturated fats (less than 10% of the daily calories) were on target with the NDGA. However, cholesterol levels in the proposed menus seem to exceed the 300-350 mg/day and may need some adjustments to be more in line with the NDGA. Once NDOC implements these menus, some changes or adjustments will probably be necessary, depending on the availability and accessibility of food products, items and sources.

Even with logistical and financial barriers, the NDOC seems to be moving forward steadily with plans to reduce dietary sodium, fat and cholesterol contents in inmates' foods. The CMO and DPBH will continue to examine inmates' diets for adequacy and healthfulness and will assess adherence to the NDGA, especially for dietary sodium, fat and cholesterol.

### **The 80<sup>th</sup> Legislative Session – Senate Bill 418 Allowing Raw Milk to be Distributed Throughout the State of Nevada**

In collaboration with the Nevada State Medical Association, the Nevada Department of Agriculture and the three Local Health Authorities in the state, Nevada CMO provided the Legislature with the following update regarding risks of consuming raw milk.

- The consumption of raw milk can lead to extreme sickness or even death. Raw Milk can contain harmful germs, such as *Mycobacterium Tuberculosis*, *Brucella*, *Campylobacter*, *Cryptosporidium*, *E. coli*, *Listeria*, and *Salmonella*. Drinking raw milk can lead to diarrhea, stomach cramping, and vomiting. It may result in severe and life-threatening illnesses, including Guillain-Barré syndrome, which can cause paralysis, and hemolytic uremic syndrome (HUS), which can result in kidney failure, stroke, and even death.
- Consumption of raw dairy products is especially risky among vulnerable populations. Pregnant women, children, the elderly and immunocompromised individuals are most susceptible to infection with pathogens ingested in raw milk or milk products. Consumption of raw milk and/or raw milk products has been associated with a fivefold increase in toxoplasmosis, listeriosis associated with high rates of still births, preterm delivery, and neonatal infections, such as sepsis and meningitis.
- Pasteurization is recommended for all animal milk and milk products consumed by humans.
- Only pasteurization can make milk safe. Raw milk is not guaranteed to be safe, even if it is organic or comes from an organic, certified or local dairy farm.
- Even vaccination of cattle cannot make raw milk safe. CDC and the New York State Health Department are investigating potential exposure to drug-resistant *Brucella* in 19 states, due to consuming raw (unpasteurized) milk. The New York event/case is the third known instance of an infection with RB51 (the vaccine live attenuated bacteria used to protect cows from *Brucella*) associated with consuming raw milk or raw milk products consumed in the United States. The other two human cases occurred in October 2017 in New Jersey and in August 2017 in Texas.
- Prevention, testing, and mitigation of risks associated with raw milk is difficult and costly. In 2013, tuberculosis was diagnosed during autopsy of a post-partum Nevada woman, and congenital tuberculosis was diagnosed in one of her newborn twins hospitalized at the NICU. She contracted tuberculosis after consuming raw milk products. Tuberculosis was transmitted to NICU caregivers/staff. Hundreds of individuals who came in contact with the woman and her twins had to be tested for tuberculosis. Prevention, testing/re-testing and treatment of tuberculosis in that event was very challenging and costly.



### Partnerships and Collaboration

Ongoing networking and close collaboration with the University Medical Center (UMC) in Las Vegas. The CMO provided presentation to UMC Board of Directors; highlighting Nevada's needs and priorities. He emphasized the following:

- The need to implement oral health telemedicine services for none traumatic dental emergencies. Because, most of dental emergencies occur among the uninsured; underserved undocumented minorities, UMC administration agreed to accept every patient regardless of their insurance status; including those who are uninsured.
- The importance to reducing rates of premature deliveries, and increasing birth weight for newborn babies in Nevada. Highlighted the urgent need to prevent all maternal mortality in the state. This is a low hanging fruit, and can be done, through close collaboration between state/local health authorities and healthcare providers. He, also expressed the need to prevent serious maternal morbidity such as preeclampsia, sever hypertension, pregnancy induced diabetes, post-partum hemorrhage and sepsis.
- The need for all healthcare providers to respect and comply with Nevada laws in conducting maternal screening for syphilis, HIV and Hepatitis B for every pregnant woman including those with minimal/or no risk factors, during the 1<sup>st</sup> Trimester and early in the 3<sup>rd</sup> Trimester. And, provide appropriate and timely treatment - as needed - to prevent vertical transmission (i.e., congenital syphilis, HIV and Hepatitis B) of infection.
- Emphasized the importance of screening for opioids and other prescription (legal or illegal) drugs among pregnant women in order to prevent Neonatal Abstinence Syndrome (NAS).
- The importance of increasing Nevada immunization rates for Vaccine-preventable Diseases among children, adults, medical staff and healthcare providers.