



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

DATE: December 10, 2020

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

All COVID-19 public health response operations are being conducted from CCHHS with the Multi-Agency Coordinating Group (MAC), along with the CCHHS Director, overseeing operations. The MAC Group consists of the Emergency/Deputy Managers from Carson City, Douglas, Lyon, and Storey Counties. The Joint Information Center (JIC) is virtual.

Chronic Disease Prevention and Health Promotion

Adolescent Health –

- The program coordinator is continuing to reach out to organizations to inquire about the possibility of conducting virtual classes
- Currently, the comprehensive sexual education attendee numbers are good, and the abstinence attendee numbers are low
- Conducted a presentation to Social Worker Interns
- A Families Talking Together presentation is scheduled for employees at the Department of Welfare
- A comprehensive sexual education class will be conducted for Nevada Public Health Foundation’s pregnancy class

Tobacco Control and Prevention –

- Completed the Quad County vaping toolkit which includes vaping resources, this will be put into a digital format for the website
- Working on updating the Tobacco sections of the CCHHS website
- Due to the COVID-19 Pause, distribution of the Merchant Toolkits has been postponed
- Starting to prepare for the 2021 Legislative Session

Carson City Health & Human Services

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Clinical Services

- The clinic remains open and seeing patients. Measures are in place to allow for social distancing and masks are required within the building.
- This year appointments were required for flu vaccinations
- Collaborated with the Carson City Senior Center to provide 50 in home flu immunizations
- Hired a master's prepared Informatics Registered Nurse for the Title X program to update data points within the electronic health record and prepare the clinic staff for the changes occurring in 2022's federal reporting requirements.

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 – No updates
- Behavioral Health –
 - Case Management & Discharge Planning
 - ✓ FASTT continues to enter data into the CMIS database for program evaluation, which is essential to provide resources to inmates once their return to society
 - ✓ 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
 - ✓ Crisis Intervention Training conducted in November; CCHHS had three individuals that attended training
 - ✓ 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
 - ✓ Subcommittee is working on PSAs for the community
 - Transitional Housing
 - ✓ Carson City Human Services is working with the Specialty Courts to provide transitional housing for men while individuals are completing required programs (women housing is provided by Community Counseling Center)
 - ✓ FISH has purchased the Whistle Stop Inn and is in the process of converting motel rooms to HUD approved housing (apartment-like, have kitchenettes, microwave, two sinks, etc.)

- Triage
 - ✓ Gap continues to be an algorithm for children in crisis within Carson City
 - ✓ Columbia Suicide Screening presentation was given to the Board of Health in October
 - ✓ Columbia Suicide Screening Train the Trainer to be conducted in December at the Carson City Senior Center
 - ✓ Gap – Carson City needs agencies that can provide housing to individuals with high mental health
- Workforce Housing
 - ✓ Discussion at Board of Supervisors on 12/3/20 on allowing the rental of accessory units as part of the update to Carson City Municipal Code - Title 18
- Food Security & Food Access – no new updates
- Workforce Development – need to re-define

Environmental Health (Carson City and Douglas County)

- Environmental Health Specialists have resumed their normal health inspections
- During the normal health inspections, any COVID-19 related non-compliance will be addressed

Epidemiology

- COVID cases continue to rise in our community.
- Influenza Like Illness (ILI) visits remain low. In our region only one (1) Influenza hospitalization has been reported, compared to 19 from the same time period last year.
- CCHHS has investigated two (2) infant botulism cases in the past 3 months both have been discharge to home. Both are most likely environmental exposures (new construction and rural living).

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

- Thank you for advocating for State of Nevada CARES funding for individuals working on the COVID-19 response for the local health authorities through December 30, 2020. These individuals have proven to be great employees and are crucial to the response. CCHHS will be taking a contract between Carson City and the University of Nevada, Reno to the Board of Supervisors on December 17th in order to retain the employees.

- Collaborating with emergency management in Carson City, Douglas, Lyon, and Storey counties to offer community-based testing for symptomatic and asymptomatic community members with two large drive-through events every week. The National Guard has been instrumental in assisting with these efforts.
- Working closely with the State Immunization staff and Immunize Nevada to plan for the COVID-19 vaccine roll out. Communicating with the hospitals in the Quad-County region as well as other tier one agencies to plan for numbers and staffing assistance with the vaccination efforts.
- Partnering with county managers in the Quad-Counties region to get county staff teams together to operate testing and COVID-19 vaccination events as planned for the departure of the National Guard in the middle of December.
- Hosting weekly calls with the four school districts and all private schools in the Quad-County region to discuss any concerns regarding COVID-19 and school cases.

Human Services

- Human Services Case Managers assist individuals needing services as identified by COVID-19 Disease Investigators. Assistance ranges from picking up groceries/prescriptions to rental/utility assistance.
- A large number of rental assistance requests have been made by landlords on behalf of tenants. The amounts that are being requested are large since rent was not paid during the moratorium period. Internal discussions will take place to address and develop an action plan.
- The Forensic Assessment Services Triage Team (FASTT) is working virtually with inmates at the Carson City Jail.

Respectively submitted,



Nicki Aaker, MSN, MPH, RN

Director, Carson City Health and Human Services

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

Date: November 25, 2020

To: State Board of Health Members
From: Kevin Dick
Washoe County District Health Officer
Subject: December 2020 Washoe County District Health Officer Report

COVID-19

The COVID-19 outbreak continues with new cases in Washoe County increasing at exponential rates. Daily new cases as of November 25 stand at 513.4. That's about 3.5 times more cases per day than we had October 25, and a twenty six percent increase in just one week. Due to the high demand for testing and the delays in lab turnaround times due to high testing throughput the difficult decision was made to limit testing at the Point of Screening and Testing (POST) to symptomatic individuals unless they are close case contacts, or prioritized as healthcare workers and first responders. The POST has been relocated to its winter location on the east side of the Reno-Sparks Livestock Events Center, and being outfitted for operations through the winter months.

Call Center activities continue with the highest call volume experienced since the spring. Risk assessments and scheduling for testing are also occurring at record numbers. Heroic efforts to continue disease investigations in light of the huge increases in cases that have occurred are not enough to be able keep up. The State of Nevada is in discussions with other western states regarding disease investigation strategies in regard to prioritizing cases for investigation given the high levels of community transmission that are occurring. The Health District is currently prioritizing pediatric cases, schools with multiple positive cases, UNR and TMCC students, households with multiple positive cases, and first responders and healthcare workers. The priorities are being adjusted to the new CDC guidelines for to only conduct investigations for new cases identified within six days of testing. Contract tracing efforts are of limited effectiveness, however, due to the high levels of widespread community transmission that is occurring.

The NEDS Base System (NBS) that is the electronic data platform that the State uses for reporting of communicable disease lab results and disease investigations is not sufficient to support the disease investigations for COVID-19 and cannot be modified to incorporate the many variables identified and tracked from case investigations. The State is exploring the utilization of EpiInfo and Qualtrics as potential data platforms that could be used to manage this data as well as automate disease investigations through self-administered surveys. This would not provide the quality of information obtained through personal interviews but could assist reaching cases that are not in the prioritized groups. The State had worked with the Health District and Deloitte for a number of months to develop a Salesforce electronic data management platform for the disease investigations, but this was unsuccessful. Deloitte contact tracers are utilized to notify close case contacts identified through the disease investigation, however this resource will end December 30 and WCHD is working on plans for fulfillment of this role moving forward.

Hospital capacity is becoming a pressing issue for Washoe County. The regions hospitals are reaching capacity and emergency departments are routinely on divert status. We are working with the Inter Hospital Coordination Council, NDPBH, and the skilled nursing and assisted living association to try to identify solutions for being able to move patients that no longer require acute care out of the hospital setting. While the region has plans for an alternative care site, and Renown Regional has the alternative care site located in their parking garage, the critical resource is staffing, both in hospitals and the other facilities. Staffing is further impacted by isolations and quarantines required for COVID-19, not only in the hospitals and facilities, but also EMS and public health agencies, and the WCHD itself.

Planning and preparations are underway for dispensing of the COVID-19 vaccine once it becomes available. The WCHD has procured a super cold storage freezer to be able to store and distribute vaccine for the Health District. We are identifying and planning for initial vaccination of priority healthcare personnel, first responders and vulnerable populations, and for more widespread vaccination as additional doses become more widely available. Our draft vaccination plan has been submitted to the State.

Both the continuing COVID-19 response and the future vaccination efforts will require additional funding. We have been able to utilize CARES funds provided by the State to pay for staff and operations through December 30. That has preserved our Epidemiology and Laboratory Capacity (ELC) grant funds of approximately \$9 million. However, based on the burn rate for staffing and operations for the COVID -19 response, those funds will be expended before the end of June 2021. The State funding for the Deloitte contact tracers ends on December 30 and the Deloitte support is not included in the ELC expenditures at this time, nor is the testing currently being conducted by Charles River Labs. We understand from the State that additional grant funds for CVOID-19 vaccinations are expected. This activity is also not budgeted under the ELC expenditures.

Sexual Health (Outreach and Disease Investigation) – Staff continue to engage with community partners to resume offsite testing at community sites that have reopened. Preparations for honoring World AIDS Day (December 1st) in a virtual setting are underway, in collaboration with the Northern Nevada HIV Prevention Planning Group and the University of Nevada, School of Community Health Sciences.

Reported cases of gonorrhea continue to rise. Priority populations are being contacted by disease investigation staff to pursue partners through contact tracing. These groups include pregnant women, people with two or more reported STDs in the last 6 months, people age 18 and younger, and cases of disseminated gonorrhea. These efforts were initiated at the beginning of October and will be analyzed for efficacy in finding cases and intervening with disease transmission.

Immunizations – Staff are continuing their efforts and working closely with PHP staff and community partners to plan, coordinate and implement flu vaccination clinics in our community. During the month of October, (8) flu PODs and (1) community flu clinic with Immunize Nevada were conducted. Staff vaccinated a total of 1158 individuals including 408 kids (36%) and 750 adults (64%) adults. Additionally, 380 individuals were served at our onsite Immunization clinic and 968 vaccine doses were given.

Several flu PODs were held in the month of November including flu POD events with Truckee Meadows Fire Protection District (TMFPD), City of Reno. WCHD staff will be supporting local jurisdictions and organizations during their PODs to increase the capacity of our local community to provide vaccinations to the public at large in an efficient manner when COVID-19 vaccine becomes available. Staff also provided flu vaccination clinics to our homeless population in collaboration with

Catholic Charities as well as the women and family shelter at Our Place campus on Galletti Way in Sparks.

Staff are actively participating in COVID-19 vaccine planning with WCHD leadership team as well as the Nevada State Immunization Program (NSIP).

Tuberculosis Prevention and Control Program – Staff continue to follow three active pulmonary cases; all are progressing well to date. Several non-pulmonary cases in varying stages of diagnosis are also being evaluated and treated. Contact investigations related to infectious cases are going well; all are nearing completion. Referrals from civil surgeons and dialysis centers continue to come in. On a positive note, staff have found education to primary providers has increased the treatment they offer their patients for Latent Tuberculosis Infection (LTBI) which decreases workload for TB clinic staff.

Chronic Disease Prevention Program (CDPP) – On Saturday October 24th staff participated in the Nevada Chapter of the American Academy of Pediatrics (Nevada AAP) conference, holding a breakout session about youth vaping. Staff invited statewide tobacco prevention partner to participate, and together with Carson City, staff educated pediatric health care providers about youth tobacco use and prevention and made important connections for continued opportunities to share information with providers.

Staff participated in Washoe County's Walk and Bike to School day on October 14th at Veteran's Elementary School alongside Councilman Delgado. Staff greeted students as they arrived to school and distributed resources to encourage students to stay active.

Staff supported the Family Health Festival drive thru event at Stead Airport on October 15th as members of the planning committee, organizing resource for distribution, and participation at the event.

Reproductive and Sexual Health Services – The Family Planning program hosted medical students, interns and APRN students in October and are currently training one of the newly hired Intermittent Hourly APRNs, who was previously an APRN student in the Family Planning/Sexual Health clinic. Staff submitted a scope of work and budget documentation to the Office of Population Affairs, OPA, for the \$160,000 FPAR 2.0 supplemental funding that was received in September.

Staff attended the STD Clinical Update Webinar on September 29th and 30th. Staff also attended Integrating Anal Health into HIV prevention strategies in October. Staff has been administering flu vaccines in the Family Planning/Sexual Health clinic to participants 18 years and older. Staff went to Our Place Family and Women's Shelter twice in October. Staff are still unable to offer services at the Washoe County Sheriff's Office due to quarantines at the facility. Two staff members completed the Family Planning Health Worker Certification Program in October.

Maternal, Child and Adolescent Health (MCAH) -- Staff participated in the quarterly Western Regional call with National FIMR for technical assistance and support. Staff also participated in the Child Death Review meeting in October. Staff are awaiting data abstraction from the State to submit the FIMR Annual Report. Work continues on the Executive Summary Report. The Washoe County FIMR program was one of five states selected by The National Center for Fatality Review and Prevention for participation in the 2020 National Storytelling Collaborative. Other states participating include Missouri, Florida, Kansas, Michigan and Maryland. This program is designed to strengthen capacity for teams to obtain and use parental/family interviews and stories for social change. Washoe County FIMR staff continue to work in conjunction with local partners and the Sexual Health Program to address testing for congenital syphilis during pregnancy.

The Northern Nevada Maternal Child Health (NNMCH) Coalition continues to function as the FIMR Community Action Team (CAT). The FIMR team recommended "Count the Kicks" to the NNMCH

Coalition to increase fetal movement awareness campaign. “Count the Kicks” is an App that patients can use to monitor their baby’s movement patterns. “Count the Kicks” presented an in-service to NNMCH Coalition and the Coalition is looking into running a statewide campaign in the next grant cycle. The NV Statewide MCH Coalition announced the redirection of funds to obtain billboards for the “Go Before You Show Campaign” in Northern Nevada and is in the process of developing Public Service Announcements for future radio spots.

Women, Infants and Children (WIC) – WIC staff continue to offer clients virtual appointments. Clients are being brought into the clinic on an as needed basis. Examples include clients that need more assistance breastfeeding; have not seen a doctor and don’t have accurate heights and weights; or clients that are in need of additional social services.

Staff presented to and shared resources with Our Place staff and is looking forward to building partnerships to bring WIC services to Our Place clients.

Staff continue to promote the WIC Food Delivery program that provides home delivery of WIC foods. This program is offered in collaboration with Catholic Charities and is funded through the end of the calendar year.

Food/Food Safety - The Food Safety Program is currently promoting our new “Excellence in Food Safety Award.” The award program was created to recognize Washoe County food establishments that go above and beyond to demonstrate their commitment to long-term food safety. The program will begin accepting applications in November and winners will be announced in January 2021. Recipients of the award will receive an award certificate, window sticker for their establishment, a digital logo to display on their webpages and social media, and will be listed on the WCHD website and WashoeEats mobile app.



Special Events/Temporary Food – The program issued one temporary food permit in October for prepackaged food sales associated with the Legion’s Sport’s Fest event that was held at the Reno Sparks Event Center on October 24-25, 2020. Event attendance was less than 250 people; therefore, a large gathering plan was not required. The only other event with active temporary food permits is the Riverside Farmer’s Market.

Epidemiology (EPI) –

Epidemiology	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	2020 YTD
Foodborne Disease Complaints	20	20	11	4	7	6	6	17	15	9	115
Foodborne Disease Interviews	14	12	5	1	3	4	5	3	7	6	60
Foodborne Disease Investigations	0	1	0	0	0	2	3	1	0	0	7
CD Referrals Reviewed	12	9	13	1	0	2	2	8	9	10	66
Product Recalls Reviewed	3	1	7	5	4	6	2	2	5	1	36
Child Care/School Outbreaks Monitored	13	22	8	0	0	0	0	0	1	18	62

Commercial Plans - October represented the lowest monthly total of plan reviews during 2020 with a total of 65 conducted during the month. The previous monthly low was a total of 67 plan reviews during the month of July. The monthly average for plan reviews remains at about 90 per month. However, a total of 54 inspections were performed during October, which is well above average and is the highest monthly total in 2020. The previous monthly high for inspections was during the month on July with a total of 40 inspections. The monthly average for inspections remains about 35 per month. For the

month of October, the data suggests that building in the community focused on carrying out construction for plans that had been previously approved.

Community Development	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	2020 YTD	2019 TOTAL
Development Reviews	22	33	38	37	29	40	18	18	20	24	279	373
Commercial Plans Received	97	90	117	88	94	95	67	85	93	65	891	1,325
Commercial Plan Inspections	34	30	38	22	35	25	39	38	31	54	348	395
Water Projects Received	9	5	3	2	3	7	5	12	2	9	57	87
Lots/Units Approved for Construction	158	108	85	68	184	209	45	115	30	179	1,181	1,337

Per

mitted Facilities - Invasive Body Decoration (IBD) – Staff from EHS completed 124 Invasive Body Decoration inspections, closures and openings for 2020, with six remaining for training purposes. Staff responded to two complaints in October for piercings allowed around the lips and nose, which is a violation of State Directive 028 for Industry Specific Guidelines.

Mobile Home Park and Recreational Vehicle (MHP/RV) – Staff completed all 102 inspections for MHP/RV inspections for 2020. An Affidavit of Backflow Prevention was sent to all these permitted establishments in October in order to gather information on water system protection. This helps to ascertain compliance in individual private residential units, which the Health Authority or the Permittee cannot enter to inspect unless allowed in by the resident. The mailings generated over 50 calls to EHS for assistance with getting the affidavits completed. The completed forms began to arrive towards the end of the month.

Public Accommodations – There were two workshops held for the Public Accommodations Regulations Draft Review for Industry, on October 21 and 22, 2020. The workshops were held via Zoom with an in-person option. There were 22 attendees the first day and 32 the second day. The business impact statement for the regulates was adopted at the November 19 District Board of Health Meeting and the regulation adoption will be agendized for December 17.

Schools – All School Inspections for the Fall 2020 semester have been completed by EHS staff. Moving into 2021, EHS will work with the Washoe County School District to review their Capital Projects list for potential delayed compliance for playground surfaces in some of the school yards following COVID-19.

Training – Two REHS in-training staff are on track to complete their field training in Permitted Facilities by Mid-November. This will complete the field training for all staff hired as REHS trainees this past year, following delays brought on by COVID-19 response.

Land Development - Septic plan intake numbers remain approximately 30% lower year over year, which is consistent with last month’s numbers. Well permits are up 33%, with current permits at 107 versus 72 compared to last year at this time.

Coverage has stabilized and the team is able to more easily absorb slight increases in workload as staff members take vacations to avoid losing accrued leave. An increase in inspections per day associated with the beginning of the end of the construction season continues. This is expected to continue until the weather changes and brings snow.

Special projects have begun and more are planned for when the construction season drops off. Our first project is organizing, and digitizing property records associated with various subdivisions.

Land Development	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	2020 YTD	2019 TOTAL
Plans Received (Residential/Septic)	53	58	43	45	37	54	53	58	80	72	553	913

Residential Septic/Well Inspections	72	99	102	76	77	87	86	77	101	95	872	1,051
Well Permits	10	14	7	14	14	11	12	12	12	9	115	72

Safe Drinking Water (SDW) - While the safe drinking water contract was cancelled due to EHS responding to COVID-19 as a priority, water project engineering review is continuing as agreed to with the Bureau of Safe Drinking Water (BSDW). EHS and BSDW are also using the time to work on improving communication between the two agencies both on water projects and other items. This will facilitate improved relationships and streamlined processes when or if the contract is brought back online.

Vector-Borne Diseases (VBD) - Program staff winterized all fogging equipment. All New Jersey traps have been brought in for the winter. Mosquito population monitoring has been discontinued for the winter. One dog has been placed into a four month at home quarantine following a suspected rabid bat exposure.

Service Requests	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	2020 YTD
Tick Identifications	4	2	0	0	3	4	1	0	0	0	14
Rabies (Bat testing)	1	1	0	0	3	9	7	2	2	1	26
Mosquito Fish Requests	2	1	0	0	3	5	2	0	0	0	13

Waste Management (WM)/Underground Storage Tanks (UST) - Due to the COVID-19 Response and demands on multiple agencies, the Code Enforcement groups have not been focusing on trailers and other housing related complaints.

Underground storage tank installation and upgrades have been inspected and finalled by WCHD through the construction permit process.

EHS 2020 Inspections

EHS 2020 Inspections	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	2020 YTD	2019 TOTAL
Child Care	21	6	9	0	5	14	11	14	15	18	113	225
Food/Exempt Food	471	604	279	133	348	487	265	232	485	382	3,686	9,056
Schools/Institutions	21	39	32	0	0	2	1	53	39	6	193	544
Tattoo/Permanent Make-Up (IBD)	3	4	5	0	1	5	8	23	44	8	101	177
Temporary IBD Events	1	0	0	0	0	0	0	0	0	0	1	84
Liquid Waste Trucks	6	9	18	0	4	14	6	0	30	1	88	189
Mobile Home/RV Parks	17	30	8	16	46	32	6	13	13	10	191	223
Public Accommodations	5	17	1	0	1	0	4	24	50	14	116	199
Aquatic Facilities/Pools/Spas	13	24	30	0	1	102	109	62	31	20	392	2,441
RV Dump Station	0	5	0	2	0	1	3	2	2	0	15	25
Underground Storage Tanks	2	3	0	0	0	0	1	0	0	0	6	0
Waste Management	9	26	7	20	9	11	6	8	9	6	111	165
Temporary Foods/Special Events	3	25	0	0	0	5	5	3	2	2	45	1,541
Complaints	76	67	69	60	69	103	119	124	78	59	824	817
TOTAL	648	859	458	231	484	776	544	558	798	526	5,882	15,682
EHS Public Record Requests	204	274	399	154	225	286	223	245	469	205	2,684	3,508

Inter-Hospital Coordinating Council - The Hospital Preparedness Program (HPP) has been working with IHCC workgroups on many different items. The Response and Preparedness Plans have been revised and will be approved in December. Healthcare partners met to discuss the IHCC’s Resource and Gap analysis and Hazard Vulnerability Assessment (HVA) goals for 2021.

Public Health Emergency Response Coordinator (PHERC) is meeting with State and Immunize Nevada partners to discuss COVID-19 vaccine roll out. As plans are released, they will be communicated to the healthcare partners.

On October 19, the PHERC, EMS Coordinator and REMSA conducted a Mutual Aid Evacuation Agreement (MAEA) training for a Skilled Nursing facility. This training also included a tabletop exercise. Exercises and trainings such as this are important to provide opportunities to practice and maintain familiarity with different communication methods that might be used during an incident.

Weekly, IHCC partners, including Hospitals, EMS, QUAD county and County Emergency managers, meet to discuss surge plans to ensure healthcare partners are ready for any surges due to pandemic.

IHCC is planning a Community Flu POD on November 18 with all partners. Events like this will enhance the healthcare’s ability to protect the community from the effects of COVID-19.

Emergency Medical Service (EMS) - The EMS Coordinator and Statistician have continued partner visits to introduce themselves to their EMS partners. The EMS Coordinator was able to visit Gerlach Fire on November 4 while she was there assisting with a Flu POD. The EMS Coordinator and Statistician also visited North Lake Tahoe Fire Protection District on November 5.

The EMS Coordinator had the opportunity to ride-along with Reno Fire Station 1 to get a better understanding of Washoe County’s EMS system from a frontline perspective. This experience was very informative and educational, and she plans to participate in more ride-alongs with partner agencies in the future.

The EMS statistician continues to provide data assistance to EMS partners in Washoe County. Anastasia provides monthly data updates pertaining REMSA response and priority level interventions implemented since August 13, 2020 and the impact it has had on fire call volumes and service utilization in Truckee Meadows Fire Protection District jurisdiction and station(s). The EMS statistician also provide supplemental maps monthly to TMFPD to visualize these impact(s).

REMSA Percentage of Compliant Responses

Month	Zone A	Zone B	Zone C	Zone D	Zone B,C, and D	All Zones
July 2020	88%	-	-	-	84%	-
August 2020	85%	-	-	-	88%	-
September 2020	89%	-	-	-	96%	-
October 2020	88%				93%	

Fiscal Year 2020-2021 (Quarter 1)

Due to low call volumes in the separately defined response zones B, C and D, REMSA compliant response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated May 2, 2014, as combined zones B, C, and D for all Priority 1 calls.

Per the Franchise Agreement, REMSA shall insure that 90% of all presumptively defined life threatening calls have a response time of 8 minutes and 59 seconds or less within the combined Zone A areas. The response compliance also applies to Zones, B,C, and D with a response time of 15 minutes and 59 seconds or less for combined Zone B areas, 20 minutes and 59 seconds or less for the combined Zone C areas, and 30 minutes and 59 seconds or less for the combined Zone D areas.

For October 2020, REMSA reported 88% compliance for Zone A Priority 1 calls, and 93% compliance for Zone B/C/D Priority 1 calls. REMSA has outlined a summary of interventions to the EMS Oversight Program and EMS partners to mitigate future non-compliances for response time. The summary of interventions have been submitted and reviewed by the District Board of Health (DBOH).

Vital Statistics - Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 493 deaths and 483 births during October.

Number of Processed Death and Birth Records

October	In Person	Mail	Online	Total
Death	1,384	44	405	1833
Birth	650	81	344	1075
Total	2034	125	749	2908

Community Health Improvement Plan (CHIP) - As outlined in the 2021 CHIP workplan, interviews were scheduled with stakeholders in October to discuss focus areas including behavioral health, housing and homelessness and physical activity and nutrition. During the interviews the ODHO team had the opportunity to learn about the trends and needs in the field and identified areas where further work is needed. The health educators collaborated with community stakeholders to make decisions on which items to roll over and created measurable objectives and actionable strategies that are included in the revised 2021 CHIP. The majority of items outlined in the approved 2018-2020 CHIP was achieved by partners. The 2021 CHIP was added as a one-year extension to the 2018-2020 CHIP. The document was approved by the District Board of Health during their November 19 meeting,

A Family Health Festival was held on October 15, 2020 at the Stead Airport. Over 850 residents were served during the event. Of those who attended, 250 received a flu shot and 253 received food from Mobile Harvest. Seven community partners were on-site to provide direct services for families. Due to COVID, the number of partners onsite will continue to be limited. As a result, partners provided assistance information through Family Health Festival resource bags that were distributed to every participating family.

Behavioral Health - Washoe County Health District (WCHD) is collaborating with Washoe County Human Services Agency (WCHSA) to address behavioral health needs directly related to the pandemic. The Nevada Resilience Project (formerly the FEMA Crisis Counseling grant) began their official deployment with the WCHSA on August 16, 2020. Resilience Ambassadors began contacting COVID-19 positive individuals and families to provide virtual supportive services and resources.

For the month of August, the Ambassadors provided supportive services and resources to 271 COVID-19 positive households. Supportive services are defined as a conversation lasting at least 15 minutes and does not include briefer check-ins or households where Ambassadors left a message. Of these contacts, the primary referral provided was related to community financial support. This included but is not limited to NV Energy assistance, mortgage/rent payment assistance, unemployment, food, and other housing related expenses.

For the Month of September, the Ambassadors provided supportive services and resources to 831 COVID-19 positive households. A majority reported financial loss due to COVID and requested community financial resources as well as crisis counseling services such as individual/family therapy.

For the month of October, the Ambassadors provided supportive services and resources to 607 COVID-19 positive household. The primary emotional responses ranged between anxious/fearful and sadness/hopelessness. The primary resources requested community financial support as well as resources for those with disabilities.

As the number of cases continues to grow in Washoe County, the program is receiving additional support in the form of Ambassadors lent from rural and Clark County regions to make sure we can keep up with the number of calls needed.

Public Health Accreditation - Progress continues in gathering and preparing documents for the PHAB annual report. Weekly meetings have been scheduled with subject matter experts in different divisions to discuss projects that need improvement. Six of eight measures are currently being worked on for submission that meets the criteria for the Annual Report.



DATE: December 10, 2020

TO: State Board of Health Members

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

SUBJECT: Chief Health Officer Report

COVID-19 Update

On November 19, the Southern Nevada Health District announced Clark County had surpassed 100,000 COVID-19 cases. As COVID-19 case counts and the positivity rate continues to increase the Health District launched its “**Mask Up. Back Up. Wash Up.**” campaign. The informational campaign urges Southern Nevadans to step up to bring COVID down by wearing face coverings when they do have to be in public or around people who don’t live in the same household, maintaining physical distance of at least 6 feet, and washing hands frequently.

While the message isn’t new, it reinforces three simple steps that are known to be effective actions that everyone can take to protect themselves and others from COVID-19. The “Mask Up. Back Up. Wash Up.” campaign can initially be seen on buses, bus shelters, and Health District social media platforms.

The Health District is also working with partners to offer community COVID-19 and flu testing sites. Staff participated in the opening of the newest COVID testing site at Texas Station Hotel & Casino on Friday, November 3. Health District staff set up the registration system to allow faster processing at the site. Residents can pre-register online at www.snhd.info/covid-texas. People can also text COVID to 844-990-0029, and they will receive a link to the registration form to fill out on their phones.

Additional activities include the development of parameters for making recommendations for the approval of large gatherings in Clark County. To ensure large gatherings do not pose a burden to the local public health infrastructure, the Health District looks at the 7-day running average of cases, case investigation and contact tracing ability; the 7-day positivity rate as reported weekly from the Office of Epidemiology and Disease Surveillance; and hospital capacity as reported Monday through Friday by the Nevada Hospital Association. If any two indicators are found to be approaching or exceeding surveillance capacity (red), the Health District does not recommend approval of the large gathering application. Large gathering plans are ultimately approved by the Division of Industrial Relations after review by the Health District and other local jurisdictions. The capacity indicators have been added to the Health District’s COVID-19 dashboard available at www.southernnevadahealthdistrict.org/covid-19-dashboard/.

Planning activities for receipt and distribution of a COVID-19 vaccine continue. The Health District held a large-scale flu vaccine clinic on Saturday, November 21 at Eldorado High School. The clinic was used as an exercise to plan for COVID-19 vaccine distribution. Approximately 45 staff members assisted in the exercise to test setting up a Point of Dispensing (POD) within a one-hour timeframe; dispensing 200 vaccines; a time study of the clinic through-put; and demobilization of the POD.

Additional information is available at www.SNHD.info/covid. The Health District provides daily updates on its COVID-19 dashboard, available at www.southernnevadahealthdistrict.org/covid-19-dashboard/. COVID-19 data published by the Health District is preliminary and subject to change.

Southern Nevada Community Health Center

The Health District received notification from the Department of Health & Human Services Health Resources and Services Administration that the Southern Nevada Community Health Center had successfully demonstrated compliance with Health Center Program requirements after completion of its most recent Operational Site Visit Report.

This is a significant accomplishment and a testament to the hard work and efforts of the community center staff. The Operational Site Visit certificate can be viewed at <https://media.southernnevadahealthdistrict.org/download/hot-topics/2020/20201113-1-H80CS33641-snhd.pdf>.

Isolation and Quarantine Update

The Southern Nevada Health District is reminding residents and employers that a negative test result is not required to be released from isolation or quarantine, nor is it valid to terminate isolation/quarantine before the required time (10 days for isolation/14 days for quarantine). The Health District does not provide return-to-work documentation.

Current Nevada guidelines for discontinuing isolation are based on Centers for Disease Control and Prevention guidance. This symptom-based strategy was recently outlined in a [technical bulletin](#) released by the Nevada Department of Health and Human Services.

The Health District continues to recommend testing for both symptomatic and asymptomatic individuals. Testing is recommended for people who have symptoms of COVID-19; anyone who had close contact with someone who has a confirmed or possible case of COVID-19; people who were in a setting where they were exposed to a large group of people or people who were not wearing face coverings or not maintaining physical distance; and anyone who is planning to visit someone who is at high risk of illness, including people 65 years of age and older and people with serious medical conditions.

Health District and community partner testing locations can be found on the calendar at www.southernnevadahealthdistrict.org/covid-19-testing-sites. Locations that require appointments or that allow for pre-registration can be accessed at <https://registration.southernnevadahealthdistrict.org/#/>. People who are tested at a Health District location can access their results through its online portal at

<https://www.southernnevadahealthdistrict.org/lab-results/>. Results are typically processed in 24 to 48 hours but may take longer due to high volumes of testing.

Influenza Season

The Southern Nevada Health District's Office of Epidemiology and Disease Surveillance began its 2020-2021 influenza season surveillance activities on Sept. 27, 2020, and continues through May 22, 2021. Surveillance reports will be distributed throughout the season and available on the Health District website at www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/. As of November 14, 2020, no hospitalized cases or deaths due to influenza have been reported in Clark County. During week 46, the percentage of emergency room and urgent care clinic visits for influenza-like illness (ILI) in Clark County was 2.6% which was higher than week 45 (1.9%). Nationwide, seasonal influenza activity in the United States remains lower than usual for this time of the year. According to the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), 1.5% of reported patient visits were due to ILI, which was the same as the previous week (1.5%). The US ILI activity remains below the national baseline of 2.6%. Among 54 states/jurisdictions, the ILI activity level in Nevada is minimal.

The Health District continues to encourage everyone to get vaccinated this season to help ensure medical resources are conserved and the health care system is not overtaxed as the response to the COVID-19 pandemic continues. The flu vaccine is recommended for everyone 6 months of age and older. It is especially important for those at higher risk of developing serious complications from the flu. Many of the people at higher risk of complications from the flu are also at higher risk of complications from COVID-19. A complete list of people at higher risk is available on the CDC website at www.cdc.gov/flu/highrisk/index.htm.

Flu vaccine for people of all ages is available at Health District immunization clinics by appointment only. Call (702) 759-0850 for more information. The Health District has been scheduling flu clinics at area high schools to ensure free vaccine is accessible throughout the community. Community flu clinic location information, including Health District community clinic information, is available at <https://immunizenevada.org/calendar>. Health District community clinic information is available at www.southernnevadahealthdistrict.org/community-health-center/immunization-clinic/available-vaccines/flu-vaccine-clinic/no-cost-flu-clinics/.

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

Date: December 01, 2020
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 10, 2020 Meeting

COVID-19 Update

Introduction

As we move into the 2021, it is expected that this COVID-19 pandemic will continue to place extraordinary demands on the state public health and health care systems.

Re-opening Nevada's economy, businesses, universities and schools after successfully suppressing/flattening the pandemic curve during the summer season was contingent on community adherence to infection prevention measures such as practicing physical distancing; using facemask/face coverings; avoiding crowds and keeping proper individual and environmental hygiene. Additionally, strict compliance with the highly effective non-pharmaceutical interventions such as voluntary quarantine for those who could have been exposed, and timely self-isolation for laboratory-confirmed; suspect or probable COVID-19 cases were required to limit the spread of the virus.

Unfortunately, the pandemic is still ongoing and continues to worsen. This is due in part to "COVID-fatigue," as the effectiveness of our non-pharmaceutical interventions is rapidly eroding and the level of adherence to infection prevention measures seems to be rapidly declining. The recently observed surge in incidence, hospitalization and death during this current third peak "wave" of the COVID-19 pandemic seems to be directly associated with the increasing mass of the populations who either do not want to, or cannot comply with the safety prevention measures due to behavioral and/or other severe serious socio-economic and environment barriers.

Similar to all other states, Nevada is facing a significant surge in COVID-19 infections among all age groups and almost everywhere - with unprecedentedly high, and rapidly increasing number of COVID-19 new cases, hospitalizations, and deaths.

COVID-19 cases are rising to record levels in Nevada and almost every state in the nation, highlighting the need for clear and effective communication to encourage vigilance in the face of pandemic fatigue. This COVID-19 pandemic has exposed deadly gaps in our state public health data infrastructure. And, now is more than ever, Nevada needs a strong public health surveillance system that detects and facilitates the immediate response to and containment of emerging health threats.

Looking beyond COVID-19, Nevada will need to address the urgent need to improve our public health infrastructure and workforce to create coordinated and expanded surveillance capacity at the state, and local levels.

The largest public health emergency in a century also equates to an economic disaster, for the state and the tourism service industries, as well as for families and individuals struggling to survive in the face of a strong resurgence of COVID-19 this fall and winter.

Current Situation

According to the Johns Hopkins University, Coronavirus Resource Center, there have been more than 63,800,000 confirmed cases and almost 1,480,000 deaths due to of COVID-19 around the world. And, as of the time of preparing this report, 13,700,000 COVID-19 cases were confirmed in the U.S. and almost 273,000 deaths due to this infection - with a case-fatality (CF) rate among diagnosed cases of more than 1.96%.

So far 154,867 cases were diagnosed and 2,166 COVID-19 confirmed patients died from complications related to this infection in Nevada - with a CF rate among diagnosed cases of about 1.4% which is 25% lower than the national CF rate of 1.96%.

Testing for COVID-19

1,653,858 molecular tests were completed in Nevada since the beginning of the pandemic, with a daily range between 7,000 to 23,000, and a 14-day test positivity rate around 17.6% which continues to gradually increase. Test positivity rate started to rise back towards 10% in mid-October and it more than doubled since June.

In order to enhance early detection efforts, the Division of Public and Behavioral Health (DPBH) distributed point of care (POC) antigen tests for Covid-19. Unfortunately, POC tests have proven to be less reliable than the established reverse transcriptase polymerase chain reaction (RT-PCR) COVID-19 test. Data analysis of test results for residents and staff at 12 nursing homes in Nevada demonstrated that POC antigen testing returned unacceptably higher rates of false negative and false positive results. These results were promptly corrected by conducting simultaneous RT-PCR additional confirmatory tests for each POC antigen test. Molecular PCR testing may take longer to for the samples to be processed and for the results to be reported. However, it is more reliable, highly sensitive and specific which makes it capable to detect active infections among symptomatic as well as asymptomatic cases, where instant POC antigen tests seem to be missing.

COVID-19 Hospitalization

Hospitalizations started surging again since mid-October, placing extra pressure on supplies; equipment; other resources; accommodations, and healthcare workers. Hospitalization due to COVID-19 continue to increase in alarming rates, and the state continues the upward trajectory in COVID-19 cases.

As of December 1st, 2020, Nevada has almost 1,600 (confirmed and suspected) hospitalized COVID-19 patients, with a statewide hospital occupancy rates exceeding 76%, while intensive care units (ICUs) are at an occupancy rate of about 65%, with less than 36% of the statewide ventilators are in use for all ICU patients.

Currently, more than 20% of all emergency room visits are due to chief complaints that are directly related to COVID-19 infections. Nevada continues to experience exponential increases in COVID-19 hospitalizations in metropolitan and rural areas, with the majority of hospitalized COVID-19 patients are adults. Cases

continue to climb in Southern Nevada. However, the healthcare infrastructure seems so far able to absorb the increased cases for the time being. Nevertheless, Southern Nevada has experienced a 275% increase in confirmed hospitalized cases over the past 30 days. On the other hand, the healthcare infrastructure is now showing signs of serious strain in Northern Nevada, as patients are being treated within alternative care sites, and hospitals are functioning under crisis standards of care (CSC). Additionally, some intensive care level patients from rural communities in the north are being transferred to hospitals in neighboring states such as Idaho, Utah, California, or Arizona for definitive treatment. Northern Nevada has experienced more than a 250% increase in confirmed hospitalized cases over the past 30 days.

Hospitals are now receiving new monoclonal antibody therapeutics that can be administered via an intravenous (IV) route to some patients, keeping them from requiring hospitalization. However, it is projected that if the current pattern of demand continues, this third peak will continue beyond December and will persist through February 2021.

The number of hospitalized COVID-19 patients in the U.S. surpassed 85,000 for the first time on November 24th, and currently there are more than 97,000 hospitalized COVID-19 patients.

COVID-19 Death

Covid-19 has been five times as deadly as the deadliest flu season in the last 10 years. While the death toll is rapidly rising among those who contracted COVID-19, rates of death due to this newly emerging infection is significantly decreasing as treatments with new drugs that were approved by FDA Emergency Use Authorizations (EAUs) such as Remdesivir; monoclonal antibodies (Bamlanivimab), and other newly developed medications and procedures are more frequently used.

So far 2,166 COVID-19 confirmed patients died from complications related to this infection in Nevada - with a CF rate among diagnosed cases of about 1.4% which is 25% lower than the national CF rate of 1.96%.

Vaccines Against COVID-19

Clinical trials were successfully completed in three very promising vaccines (Pfizer; Moderna, and Astra-Zeneca). mRNA vaccines developed by Pfizer and Moderna are more than 94 percent effective; safe, and strongly protect against serious illness. Based on these findings, each of these two companies already applied for emergency use authorization of their mRNA vaccine to the Food and Drug Administration. Each of these two vaccines requires two intramuscular shots with a 3 to 4-week interval between doses.

It is expected that FDA will grant EAU for the 1st Pfizer Vaccine against Covid-19 on the 10th of December and vaccination could begin as early as the 11th of December.

On December 1st, 2020 the Advisory Committee on Immunization Practices (ACIP) that provides advice on immunizations to CDC recommended that, "when a safe and effective vaccine is available, health care personnel and residents of long-term care facilities (LTCF) should be offered COVID-19 vaccination in the initial phase of the program (Phase 1a).

In close coordination with CDC, and a rich input from Nevada community leaders and policy makers, the DPBH developed Nevada plans to carry mass vaccinations in accordance with ACIP's set priorities. Healthcare workers are top priority, followed by residents of long term care facilities. However, severe logistical challenges and a crisis of public confidence will need to be overcome to ensure the success of one of the largest mass vaccination efforts in the history of the state.

Case Demographics

While originally it was thought that all persons had the same level of susceptibility to contract COVID-19, not everyone nor every community has been equally affected by this emerging disease. Available data showed significant disparities in reported cases, hospitalization and deaths by race/ethnicity and socioeconomic status. Recently published reports demonstrated that the COVID-19 pandemic is unequally impacting different groups and backgrounds in the state. Racial/ethnic minorities; older age groups; male gender; institutionalized groups (e.g., nursing home residents; group home residents, and prison inmates and staff), and individuals in certain occupations seem to have bared the heaviest burden of cases, hospitalizations and deaths due to COVID-19 infections.

For every 10 females who have died from the infection, there have been 13 male fatalities. Even though females accounted for almost 52% of all confirmed COVID-19 cases, 3.51% of the males who contracted the infection died, compared to only 2.76% of females who died due to COVID.

75% to 80% of all COVID-19 related death occurred among individuals age 65 years and older. However, as COVID-19 case-count is rapidly increasing and the infection is continuously spreading everywhere and among all age groups, this percentage is gradually decreasing and is lower than the 80% peak observed earlier in the pandemic. COVID-19 Incidence into the fall season seems to have been highest among the 20-29 age group, accounting for more than 20% of new infections. Additionally, the number of children diagnosed with COVID-19 in the U.S. already surpassed one million, and according to the American Academy of Pediatrics (AAP), about 500 deaths occurred among individuals age 24 and younger.

Rate of death due to COVID-19 infections among African Americans and Hispanics is three times higher than that among COVID-19 Caucasian patients. According to the Johns Hopkins University, Native American and Alaska Natives had the highest rate of hospitalization among all racial ethnic minorities, due to COVID-19. Native Americans were hospitalized at a rate of 5.3 times higher than Caucasians. Hospitalization rate among African Americans with COVID-19 was 4.7 times greater than that of white non-Hispanics patients.

Even though long-term care facilities accounted for only 6% of COVID-19 cases nationwide, at least 40% of all COVID-19 deaths were linked to nursing homes. Nevada had one of the lowest death rates in the nation among nursing homes residents.

Seasonal Influenza Update

Due to an increased intake of the influenza vaccine and a relatively large number of individuals who are using facemasks/face covering and continuing to practice physical distancing; regular hand-hygiene, environmental disinfection and other prevention measures already in place to control COVID-19 – this current flu season has been mild so far.

Influenza vaccination is the most effective measure to reduce the spread of influenza viruses and protect individuals from developing severe complications. Annual flu vaccination can reduce the risk for widespread outbreaks, negative health outcomes, hospitalizations and death due to influenza.

Increasing influenza vaccination coverage seems to have reduced the stress on the health care system; decreased the need for medical care and hospitalizations, and reduced the need for influenza diagnostic testing. During the Morbidity and Mortality CDC Week 48 the percentage of persons seen with ILI was below the regional baseline.