DATE: June 5, 2020

TO: State Board of Health Members

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

SUBJECT: Chief Health Officer Report

Southern Nevada Health District is collaborating with jurisdictional partners to provide testing resources for seniors, minorities, and those most at risk for COVID-19. Community collection sites are being expanded to individuals of all ages and who are not experiencing symptoms.

Additionally, the Health District has implemented an automated case notification system to more quickly and efficiently provide people diagnosed with COVID-19 information on isolation as well as identify potential close contacts. When close contacts are identified, they are notified by the Health District and provided information on the need to self-quarantine. All identified contacts also can enroll in the Health District's symptom monitoring mobile app. Contacts log in daily to report whether they are experiencing signs or symptoms of COVID-19. If anyone reports signs or symptoms, the Health District is alerted and can arrange for testing. The Health District notifies people through email or text message. The email address used by the Health District for notifications is do-not-reply@snhd.org. Text messages will come from (702) 718-7075. To ensure confidentiality, patients are asked to verify their identity on the Health District's secure portal prior to being given information about their test results.

The Health District is completing training and onboarding activities for additional contract tracers to support the expected increase in cases due to expanded testing.

Staff is also supporting the Wynn call center with training for its staff about social services available through Clark County. The call center is for people who participated in a community collection site and tested negative. The Health District will continue to support the call center as needed.

Additional activities include planning for the non-congregate shelter (NCS) and collaborating with businesses and other agencies to support the Roadmap to Recovery reopening plans. The Environmental Health Division has developed guidance documents for businesses, safety plans for the reopening and resumption of Health District services are in process, and plans are being developed for antibody testing.

A COVID-19 Dashboard, demographic information, ZIP code maps and case counts per ZIP code, city maps, and a trend report are posted on the Health District's website at www.southernnevadahealthdistrict.org/coronavirus. A calendar of Health District and community

COVID 19 collection site locations is also available at www.southernnevadahealthdistrict.org/covid-19-testing-sites/.

2019-2020 Influenza Season Update

Influenza activity in the United States remains low. During week 20 (May 10, 2020 – May 16, 2020), influenza-like illness (ILI) activity was minimal in Nevada. In Clark County, 1,398 influenza-associated hospitalizations and 54 influenza-related deaths, including one pediatric death, were reported to the Health District since the beginning of the current influenza season. The proportion of emergency department and urgent care clinic visits for ILI was 2.0 percent in week 20, which was slightly higher than week 19 (1.9 percent). Approximately 42.8 percent of area emergency department and urgent care clinic visits for ILI were made by adults 18-44 years of age. Influenza A has become the dominant type circulating.

The Southern Nevada Health District's Office of Epidemiology and Disease Surveillance began its 2019-2020 influenza season surveillance activities on Oct. 1, 2019, and concluded May 16, 2020. The Health District will resume influenza weekly reporting on Sept. 27, 2020. Weekly surveillance reports are available on the Health District website at www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/.

Community Health Assessment

The Southern Nevada Health District is seeking participation by members of the public for the 2020 Community Health Assessment (CHA), which identifies community-wide, health-related needs and strengths, as well as available resources to address and improve health outcomes. For information about the CHA or about how to participate, contact Dontia Yates, a health educator in the Health District's Office of Epidemiology and Disease Surveillance, at yates@snhd.org.

The CHA process involves community partners and members, stakeholders, and public health system partners who provide their input through surveys and open discussions. Following the collection of health-related data from multiple community sources, health priorities are identified and plans developed to address them.

The findings of the CHA include a community health profile, community decision-making information, prioritization of health problems, and the development and implementation of a Community Health Improvement Plan (CHIP). The Health District's previous CHA is available on its website: Southern Nevada Community Health Assessment May 2016.

DATE: **June 5, 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**

The Quad-county region's EOC closed on May 20, 2020. All operations are being conducted from CCHHS with the Multi-Agency Coordinating Group (MAC), along with the CCHHS Director, overseeing operations. The Joint Information Center (JIC) is virtual. Jeanne Freeman is the Incident Commander. An updated report of the current situation will be given at the board meeting.

The Business Impact Analysis is completed; however, it will be reviewed at the beginning of the fiscal year to ensure the information is correct based on lessons learned from the COVID-19 pandemic. Through this process essential and deferable functions were identified in the event of an emergency. The data gathered and analyzed through this process will allow us to update our Continuity of Operations Plan (COOP). This will also allow us to set forth more robust plans for how we would respond during public health emergencies.

Chronic Disease Prevention and Health Promotion

Adolescent Health –

- Classes were canceled when the Governor closed schools. The program coordinator is reaching out to the summer programs to inquire about the possibility of conducting classes during the summer.

Tobacco Control and Prevention –

- Toni Orr, Public Health Nurse, has resigned from the full-time position and has continued employment as a part time nurse within the program to assist with training the new full-time employee and COVID-19 related activities. She will also continue as the NTPC Secretary through her term.

- Azucena “Susie” Ledezma Rubio has been hired from within the agency as the Tobacco Public Health Program Specialist in the Tobacco Control and Prevention Program.
- Tyler Winn has left the program and Leah Walters has been hired as a contract employee to work mainly under the Funds for Healthy Nevada and SB263.
- When schools were closed, all Tobacco presentations were canceled.

Clinical Services

- During Phase 0 and 1, the Clinical Services APRN conducted telehealth visits with the patients, patients were still provided birth control, and patients with STD symptoms were seen and treated.
- The nurses assisted with COVID-19 related response activities.

Community Health Improvement Plan (CHIP)- Most of these activities have been postponed during the COVID-19 response

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 – Continuing to look for a new facilitator
- Behavioral Health –
  - Case Management & Discharge Planning
    - FASTT is now entering data into CMIS; this is beneficial for performance management
    - 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
    - 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
    - The pocket resource guide that was developed will be reviewed and updated as needed
    - The subcommittee is discussing a way to get our partner organizations to have a link on their website directing to one resource page
    - Resources from this guide are posted on Partnership Carson City’s website
  - Transitional Housing
    - Carson City is working with the Specialty Courts to provide transition housing while individuals are completing required programs

        - ❖ New house has been identified in collaboration with Spirit of Hope for the men
        - ❖ New project in initial stages per Jim Peckham, FISH (Whistle Stop Inn)
    - Triage
        - ❖ Algorithm for treatment options completed for adults; gap is algorithm for children
        - ❖ Columbia Suicide Screening has been adopted and training was conducted for the Behavioral Health Task Force
        - ❖ Columbia Suicide Screening adopted at the Northern Nevada Regional Behavioral Health Policy Board
    - Workforce Housing
        - ❖ Carson City's Planning Commission continues to work on an ordinance change to allow accessory units to be rented
    - Youth
        - ❖ Presented a plan to address barriers for chronic absenteeism at the elementary, middle and high schools
        - ❖ Plan is written into school district's strategic plan which was approved at a recent school board meeting
        - ❖ Trying to get to unify policies within all the schools
        - ❖ A MOU was executed between the Carson City School District and Vitality to see students at school that have a transportation barrier
- Food Security & Food Access
    - A staff person from WIC and Human Services have created a list of grocery stores, convenience stores, etc. that have fresh fruits and vegetables for purchase
    - The list has been shared with Carson City's GIS Coordinator so a map can be developed showing the areas individuals have access to fresh fruits and vegetables (the definition of urban access has been adopted)
    - Once the map is complete, the food deserts will be identified
    - Next steps will be decided upon
- Workforce Development – need to re-define

Environmental Health

- Environmental Health Specialists are assisting food establishments with re-opening guidelines.

Epidemiology

- The Epidemiologist and Disease Investigators are working the COVID-19 response.
- Staff are working closely with DPBH staff on the ever evolving COVID-19 response.

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

- All team members are working on the COVID-19 response.

Human Services

- During the quarantine period, the Human Services Case Managers were checking on their clients to make sure their needs were met.
- Case managers and the Community Health Worker are assisting the Nurse Investigators with wraparound services for individuals that are in isolation/quarantine.
- 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

Date: May 27, 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 June 05, 2020 Meeting

COVID-19 Update

When COVID-19 first emerged in Wuhan, China, in December 2019, even the most experienced public health experts did not anticipate that it would rapidly spread to create the worst global public health crisis in over 100 years. It wasn't until March 11, 2020, that the World Health Organization declared a global pandemic. On March 12, 2020 Nevada Governor declared a state public health emergency over the COVID-19 Pandemic to enhance the state government's response to the pandemic; and on the 13th of March a national emergency was declared. By March 16, 2020, every state in the nation had made an emergency declaration.

It is becoming increasingly obvious that this highly infective COVID-19 virus is very difficult to contain or suppress. Even though a vaccine for influenza does exist and it's known for a fact that seasonal influenza is coming every single year, we cannot stop seasonal influenza that infects roughly 80 million and kills 36,000 Americans each year.

Nevada emergency declaration allowed for activating state emergency personnel and funds; initiating the State Crises Standards of Care (CSC), suspending elective medical and surgical procedures and adjusting regulations to maximize access to health care. Early and extensive nonpharmaceutical interventions were taken to slow the spread of the virus. These social distancing measures included stay at home advice, using facemask - or an alternative in public; closures of non-essential businesses, bans on large gatherings, school closures, and limits on bars and restaurants and other public places.

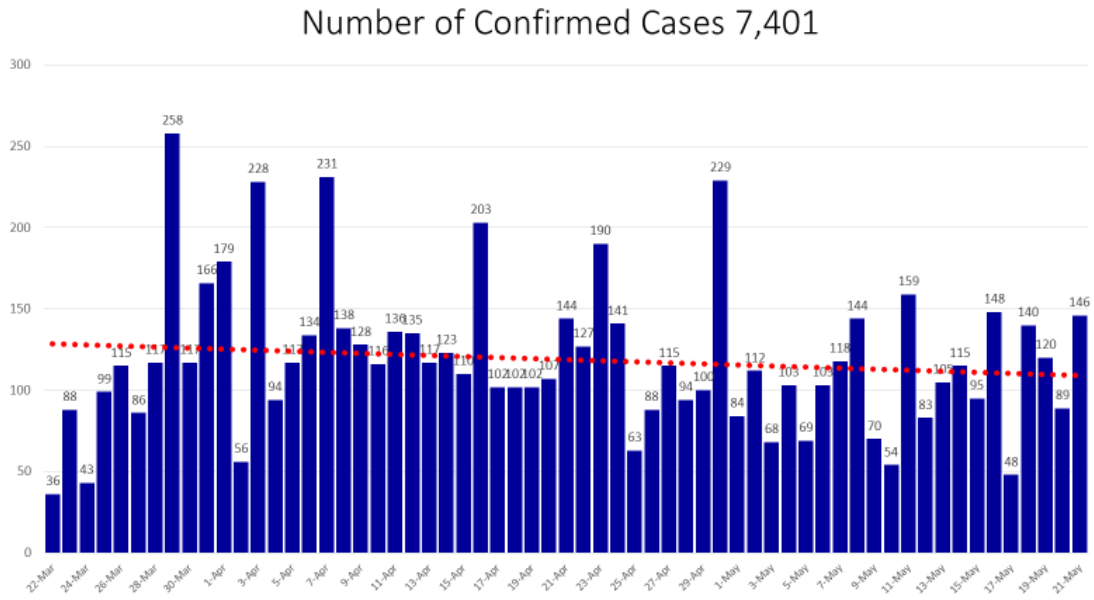
After having social distancing requirements in place for several weeks, Nevada began on May 07, 2020 to gradually roll back some of these measures by allowing some or all non-essential businesses to reopen, easing restrictions on in-person dining at restaurants, and will be easing large gathering bans on June 04, 2020.

According to the National Centers for Disease Control and Prevention (CDC) the United States U.S. is approaching a grim millstone of 100,000 deaths from coronavirus; almost all of these deaths occurred within a three months timespan; with an average of 1,100 deaths a day. As of the date

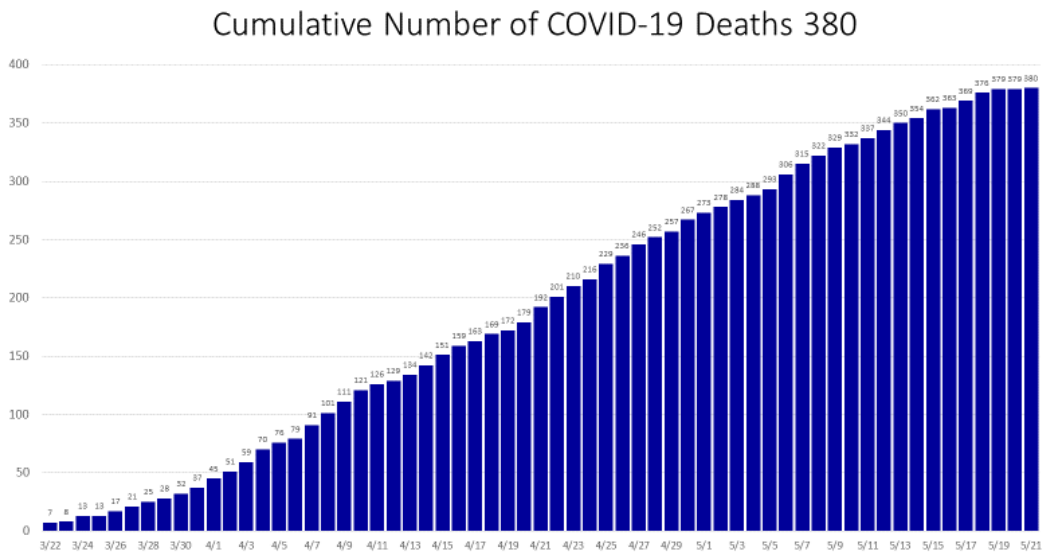
of preparing this report the CDC reported more than 1.6 million confirmed cases in the U.S. with a Case -Fatality of about 6.2% among confirmed "recognized" cases and an average frequency of about 475 cases and 31 deaths per 100,000 population. However, most recently an ongoing trend of decreased cases reported by CDC seems to have begun over the last month. Nevertheless, the situation remains a threat to the acute care infrastructure; especially after easing social distancing measures.

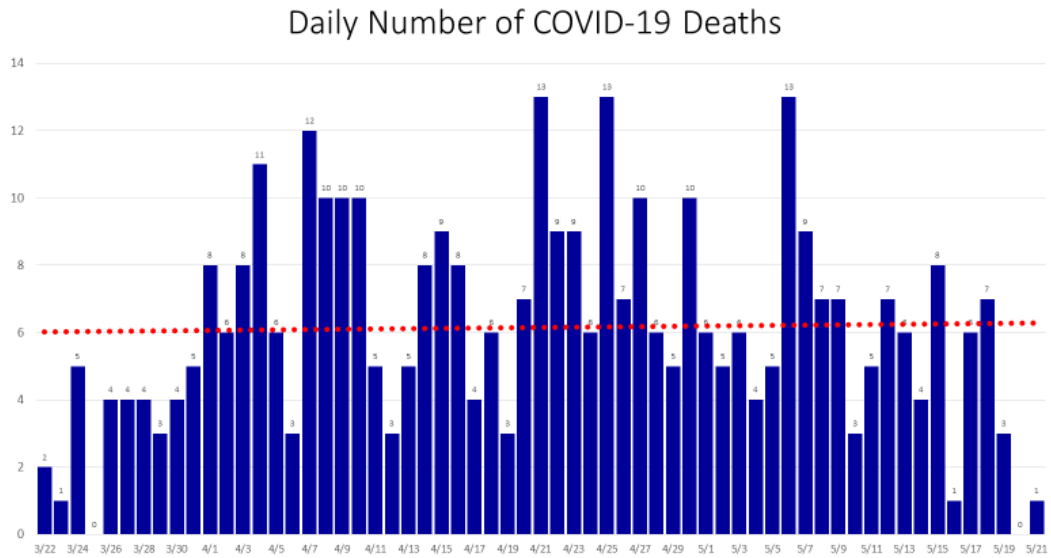
COVID-19 Morbidity, Mortality and Hospitalization

Since March 2020 COVID-19 case-count continuously increased in Nevada, reaching a peak in mid-April. Since then case-count started to plateau; exhibiting a discrete tendency to decline. The gradual decrease in statewide levels of influenza-like illness (ILI) and COVID-19-like illness (CLI) seem to be a good indication that social distancing, nonpharmaceutical interventions, sanitizing hands, environmental health, wearing masks and other behavioral and environmental changes were effective. However, there has been a slight but clear increase in the average daily number of new cases over the past week. This could be a delayed response to moving into Phase 1 of the reopening plan at the start of the month.



As of the date of preparing this report Nevada has suffered 396 deaths among 8.113 confirmed positive cases. However, it has become clear that a hard lockdown does not protect old and frail people living in nursing homes — a vulnerable population that social distancing was primarily designed to protect. Breaches in infection control practices resulted in several COVID-19 outbreaks in several skilled nursing facilities in Las Vegas, Reno and other areas in Nevada. Despite these outbreaks reported at these nursing facilities, Nevada is doing very well compared to other states. About 24 percent of COVID-19 deaths in Nevada occurred in nursing homes.





Hospitalization

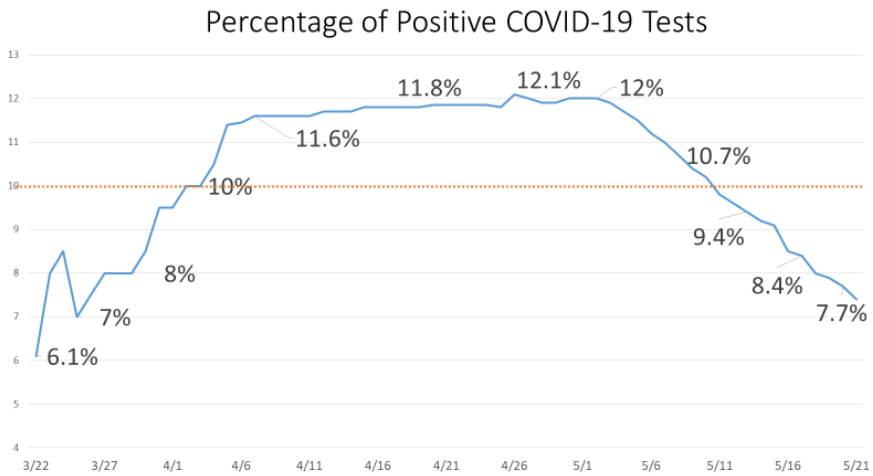
Hospitalizations from the coronavirus continued to decline, and as of the 26th of May 200 hospital beds were occupied by confirmed COVID-19 cases and 229 beds by suspected cases. Multiday increases in hospitalization continue to occur and should continue to be anticipated especially after reopening businesses in Nevada.

However, the trajectory of COVID-19 hospitalizations has been steadily declining since the 1st of April, and despite experiencing the largest multiday increases in COVID-19 hospitalizations during this most recent 14-day period, the 7-day Moving Average continues to gradually decline. Hospitals throughout the state continue to have adequate capacity to manage current influx of COVID-19 patients including ICU space and ventilator inventory. Since the beginning of April required ventilator and other intensive care therapies decreased by more than 50%.

Most hospitals in Nevada restarted elective medical and surgical procedures in mid-May.

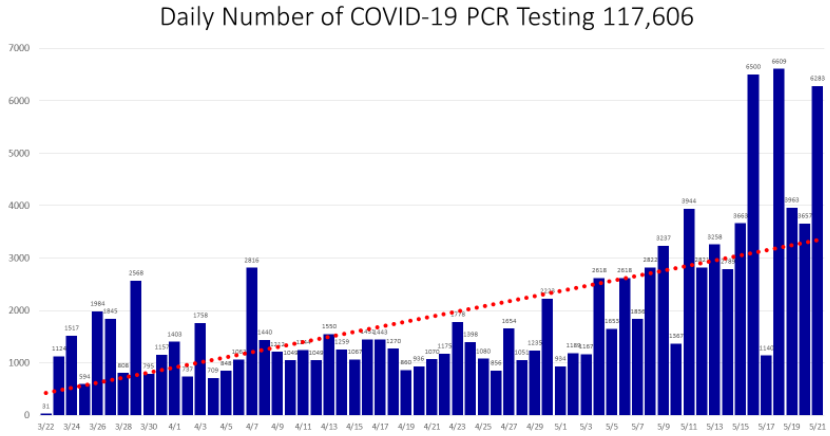
Testing and Contact Tracing

Testing has ramped up and the state is now averaging more than 5,000 tests a day. As of May 26, 2020 more, than148,525 PCR COVID-19 Testing were performed. The statewide percentage of respiratory specimens testing positive for SARS-CoV-2 at public health, clinical and commercial laboratories is gradually decreasing from a high of 12.2% in April; reaching 6.3% of all COVID-19 PCR tests on the 26th of May.



A national contact tracing plan recently released by the Johns Hopkins Center for Health Security and the Association for States and Territorial Health Officials (ASTHO) estimated that each person infected with SARS-CoV-2 can, on average, infect 2 or 3 others. The scale of this infectious disease pandemic is far beyond anything that the public health system in Nevada, the U.S. and worldwide experienced. It will take a much bigger public health workforce to be able to manage this pandemic than what Nevada currently has in place. As individuals infected with COVID-19 can spread the virus several days before the onset of COVID-19 symptoms, early identification, testing and timely contact tracing are very challenging.

Transmission of COVID-19 appears to be highest two days before and for 5 days after the onset of symptoms, according to a study May 1 in JAMA Internal Medicine.



Estimates of the number of people needed in order to conduct timely and effective COVID-19 contact tracing in the US range from 100,000 to more than 300, 000. Contact tracing involves helping people newly diagnosed with COVID-19 recall "everyone" with whom they came in close contact when they might have been infectious, a period beginning 48 hours before symptoms appear, according to the CDC.

The cycle of infection can be broken by early identification of cases, and advising contacts to stay home and socially distance themselves for 14 days following their last exposure. For COVID-19 contact tracing, the CDC defines close contact as having been within 6 feet of an individual for at least 15 minutes. Contact tracers will keep in touch with contacts/those who could have been exposed to see if they develop disease symptoms and need to isolate themselves and seek medical care. Contact tracing teams must include clinicians, such as a retired physicians and nurses, or medical students.

Medically vulnerable symptomatic individuals especially those with pre-existing medical conditions such as heart disease, COPD, diabetes and morbid obesity should be the highest priority. However, the second-highest priority should be asymptomatic residents of congregate facilities such as nursing homes, homeless shelters, and correctional facilities; health care workers; and contacts of cases.

Most probably there will continue to be outbreaks as the state moves through the reopening. However, the state has enhanced the infrastructure to contain the spread and do early identification, testing and timely contact tracing.

Pediatric Multisystem Inflammatory Syndrome (PMIS)

On May 14, 2020 the CDC's Health Alert Network (HAN) issued a health advisory on a recently identified Multisystem Inflammatory Syndrome among Children (MIS-C) that seems to be associated with Coronavirus Disease 2019 (COVID-19). This PMIS or MIS-C, is a systemic disease involving persistent fever, severe multi-vascular inflammation and multiorgan dysfunction following exposure to SARS-CoV-2. It resembles Kawasaki Disease, which is rare disease of unknown origin that affects young children, in which blood vessels become inflamed throughout the body. Low blood pressure; acute abdominal pain, diarrhea and vomiting are common with PMIS. Symptoms of PMIS can also include conjunctivitis, rashes, mucous membrane changes, enlarged lymph nodes, swollen hands and feet, sore throat, cough, fainting, irritability and confusion. Respiratory symptoms are not always present. However, cardiological findings may include clinical features of myocarditis and pericarditis. Early recognition of this disease is essential, and must be followed by prompt hospitalization and inpatient care. Oxygen therapy is often needed, and some children may require ICU admission. Limited information exists regarding the natural history and clinical course of PMIS, which may occasionally be fatal.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Date: June 5, 2020

To: State Board of Health Members

From: Kevin Dick
Washoe County District Health Officer

Subject: June 2020 Washoe County District Health Officer Report

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Washoe County has been responding to the COVID-19 pandemic since January 2020. Throughout the response the performance of Health District staff has been exceptional. They have moved from conceptual plans for pandemic response to innovating, creating, and implementing response efforts on the fly for this first in our lifetimes event to reduce the spread of disease, while hoping for the best and planning and preparing for worst case scenarios.

The Washoe County Health District ("WCHD") activated the Department Emergency Operations Plan ("DEOP") Incident Command Structure at Level I on January 27, 2020. The Health District was engaged in tracking developments of the epidemic occurring in China and the spread of outbreaks to Europe and other countries. Staff were engaged with conducting interviews with individuals returning from China and instructing them on their isolation or quarantine and monitoring upon arrival in Washoe County.

On March 5, the situation changed dramatically with our first Washoe County resident testing positive. This person had traveled on the Grand Princess Cruise ship that had disembarked passengers in San Francisco prior to continuing to Hawaii. Family members of the first case included children that attended Huffaker Elementary School, and there was an outbreak of influenza like illness (ILI) occurring in a classroom attended by one of the children. The school was closed immediately and the Health District mobilized a drive-through testing protocol overnight to be able to test the children in the classroom that had the ILI outbreak occurring on March 6. Fortunately, none of the children tested positive for COVID-19. Heightened outreach and communication through the media occurred immediately to inform the community of COVID-19, mitigation measures to reduce transmission, and symptoms to monitor in order to be tested. On March 6, the DEOP activation was increased to Level II, the Regional Emergency Operation Center was activated at Level I and the pace of the response has been unrelenting since that date.

On March 15, the WCHD mobilized a team to meet the cruise ship passengers who flew from Marine Corps Air Station Miramar to Reno-Tahoe International Airport to safely transport them to their residences. All residents who returned were screened upon arrival and showed no symptoms of COVID-19. WCHD staff, who performed the screenings, drove the vehicles and wore personal protective

equipment. Precautions were taken to ensure that the returning residents had no contact with any public spaces and those efforts were successful.

By March 20, Washoe County had 21 cases of COVID-19 and the Health District was working to quarantine and monitor travelers from China, Japan, South Korea, Italy and Iran while conducting case investigations for isolation of positive cases and notification, quarantine, and monitoring of case contacts. On March 20 the Health District, Reno, Sparks and Washoe County signed an Interlocal Agreement for Incident Command and Coordinated Response to COVID-19 which established a unified command structure and delegation of authority under Incident Commander Sam Hicks. Within this structure the Health District response occurred under the Operations Section primarily through the Health Branch and the Health District direction of the Homeless Services Branch until that Branch was consolidated with the Housing Branch in May. The Health District Communication Manager has played a key role in supporting the Joint Information Center (JIC)/Regional Information Center throughout the Response.

~~The attached reports provide additional information on the Health Branch, Homeless Services Branch, and Regional information Center activities through April of 2020.~~ During May the WCHD has continued to operate the Call Center, POST testing, results notification and contact tracing efforts with support from the Nevada National Guard. An Accela platform for COVID-19 has been developed and implemented to support the call center risk assessment and scheduling activities and the testing results notification. Areas have been built out in the County Complex to house call center and contract tracing personnel.

Testing kits were distributed to first responders and long-term care facilities and testing was conducted of the population at the shelter. Unfortunately, use of test collection kits acquired by the Incident Management Team ("IMT") from a commercial lab and being used for these purposes has been suspended due to poor performance of the lab, and delays with receipt of test results that far exceed the contractually required 72-hour turnaround.

Due to the significant progress that had been achieved in the regional response the size of the IMT was reduced in early May and the unified command was transferred from Sam Hicks to Aaron Kenneston to serve as the Incident Commander.

The Nevada State Public Health Lab has worked throughout to ensure testing for the WCHD as well as to expand testing capacity. The Health District's priorities for testing has been symptomatic individuals and high risk and vulnerable populations such as those in long term care facilities, other congregant settings, first responders and healthcare workers. At the request of the State to provide community-based testing events for asymptomatic individuals in the general population the POST will be open for this testing to people making appointments for the week of June 1.

A Seroprevalence study has been designed and initiated with UNR epidemiology researchers and Health District staff to determine the percentage of the Washoe County population that has been exposed to and developed antibodies for COVID-19 to date. The study should be completed in June. Nearly 1,200

letters were sent to randomly selected households in Washoe County inviting them to participate in the study. They will provide a representative sample for the County.

The Health District is now working on long-term plans for the COVID-19 response. Federal funding is available to the Health District through the CARES and PPP Acts to support continued testing and contract tracing activities. The Health District is developing work plans and budgets to apply for the approximately $10 million to be used for staffing and operations of the call center, scheduling, testing, results reporting, and contract tracing activities. Currently the National Guard is scheduled to step-down on June 24. Existing Health District staff that has been redeployed to support these functions will need to return to their normal duties in order to provide the Health District's traditional public health services as the economy re-opens.

Community and Clinical Health Services

Clinical services for family planning, sexual health, immunizations, tuberculosis and the WIC program have continued with limited services as the Division staff have assisted with the POST drive through testing. Community Health Services activities related to tobacco prevention and obesity and nutrition services have continued on a limited basis as those staff have also supported call center and contract tracing activities associated with COVID-19

Environmental Health Services (EHS)

The majority of EHS staff was redeployed to the COVID-19 incident response. They staffed numerous Health Branch positions related to the call center, scheduling, POST operations, results reporting, logistics, planning, and contract tracing. The EHS Division Director and a Supervisor are serving as the Branch Director and Deputy Director. EHS continued to provide land development services to support plan review activities related to construction, water infrastructure, wells, and septic systems as essential for public health protection. Services were suspended in most other areas. EHS staff were pulled from incident response to begin to return to complaint response and inspection activities for food establishments in April. The effort to return EHS staff to their regular responsibilities continues to support the public health needs of the Phase 2 reopening.

Air Quality Management

Air Quality continued to maintain the air quality monitoring network and to provide data collection and reporting required by EPA. The Division continued to review and issue permits for stationary sources, and to conduct inspections of permitted sources such as gas stations, surface disturbances, and other essential permitted businesses. Staff also supported planning efforts of the Health Branch in the response.

Epidemiology and Preparedness Planning (EPHP)

The EPHP staff were fully engaged with the response. The vital statistics office continued to operate to register births and deaths. Birth and death certificates were provided through online services.

Administrative Health Service

The Office of Administrative Health Services led the Finance Unit of the Health Branch and managed budget reallocations to support the COVID-19 response. The provided support for facility and technology needs of the response. They also assisted with the work plan and budget development for several million dollars of

CARES funding, and are engaged in the development of work plans, budget, and staffing for testing and contract tracing with PPP Act funding.

Office of the District Health Officer (ODHO)

Staff of the ODHO were engaged in the call center operations, results notification, case investigation, contract tracing, and translation activities for the incident response. Staff also directed the Homeless Services Branch to facilitate regional agency and non-profit efforts related to the unique issues with the homeless population during the response. These included the expansion of shelter operations to the Reno Event Center to accomplish social distancing, housing and care arrangements for homeless populations with symptoms or who tested positive for COVID-19, and coordination of efforts related to displacement of homeless encampments. Work of the ODHO related to accreditation, community health assessment, and community health improvement planning has been largely suspended.