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**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



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**Date:** November 22, 2021

**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:** Quarterly Report to the State Board of Health for December 03, 2021 Meeting

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### Introduction

Infections, hospitalizations and death among the unvaccinated continue to drive the COVID-19 Pandemic. However, some discrete improvement in COVID-19 related morbidity and mortality was observed over the past few months. Even though test positivity rate and case numbers in Nevada and nationally, started to plateau or slightly increase again over the past few weeks, opportunities to slow down and even stop this current wave or make it one of the last major surges of this pandemic are feasible as:

- Safe and effective COVID-19 vaccines are readily available and can prevent severe cases, hospitalizations, and mortality.
- More people ages five years and older are eligible to receive the vaccine.
- Expanding the Centers for Disease Control and Prevention (CDC) recommendations for booster shots to include all fully vaccinated adults ages 18 and older will certainly enhance the collective immune response.
- Continuous compliance with face-mask-use; proper personal and environmental hygiene, and avoiding in-door congregation particularly in areas that have high case rates can help in reducing the transmission of COVID-19 and other respiratory viruses such as influenza and other gastro-intestinal infections such as norovirus.
- Newly developed oral antiviral therapeutics such as Paxlovid by Pfizer and Molnupiravir by Merck which seem to be effective when administered early in reducing case severity, hospitalizations, and death. However, these drugs cannot prevent the infection and are not yet approved by the Food and Drugs Administration (FDA).

On the other hand, still there are many reasons to be cautious as:

- The highly infective Delta Variant continues to circulate in Nevada; nationwide and worldwide, and continues to be as infective as the varicella virus.
- Vaccination rates are low and plateauing, and still there are large numbers of the unvaccinated Nevada residents.

- It is a worrying sign ahead of the holiday travel season as COVID-19 infections continue to rise in 30 states and plateau in 20 states across the nation including Nevada which could be the start of an extended winter surge. This rise is a turnaround after cases had steadily declined from mid-September to late October.
- COVID-19 continues to actively spread; rapidly replicates and actively mutates within under vaccinated communities.
- Seasonal influenza is already upon us, and winter holidays are approaching. Significant uptick in the number of COVID cases, hospitalizations and death was observed around the holidays in 2020, and it is important to be prepared for similar trends especially if vaccination rates continue to be relatively low.

Unfortunately, Test Positivity Rates continues to increase in some underserved rural and frontier Nevada Counties, and the proportion of newly diagnosed COVID-19 cases is persistently higher than expectations in some hard-to-reach communities in Nevada. To encourage vaccination in rural and frontier Nevada, state and local health authorities are relentlessly providing community members and leaders with most up-to-date scientific information on vaccine safety and effectiveness. Universal vaccination for all eligible people is the only way to control the COVID-19 pandemic. The Division of Public and Behavioral Health (DPBH) continues to urge all eligible people to get fully vaccinated as soon as possible, and before the emergence of additional more infective variants of the virus that may render the vaccine less effective.

While the pandemic is still ongoing with some states continuing to experience concerning outcomes, it is important that Nevada starts planning for the gradual and inevitable shift to an endemic response management mode. A positive test today does not have the same significance it had eighteen months ago, and calculating test positivity rate may not accurately or adequately reflect the current situation. While strategizing for the transition to an endemic mode of control for this year-round circulating highly infective pathogenic virus, the following should be considered:

- Case counts seem to be rising, and surges in hospitalizations and deaths continue to be observed especially in communities with low vaccination rates.
- Natural and vaccine-induced immunity seem to be waning especially among immunocompromised individuals and the elderly.
- Rollout of boosters and vaccines for younger children seem to be slower than desired.
- Oral therapeutics do not prevent the infection. They can be effective only when administered early to COVID-19 infected patients.
- Expansion of testing should include nursing homes, correctional facilities, point of care; home; school; and randomized workplace testing.
- Extended nonpharmaceutical mitigation measures especially compliance with community face-mask use.
- Year-round ongoing public health and laboratory surveillance.
- Ongoing access to COVID-19 vaccines and boosters to all eligible people.
- Management of post COVID long-term conditions.

### **Update on COVID-19 Testing, Morbidity and Mortality in Nevada**

About 70 percent of Nevada residents already received at least one COVID-19 test. And, since the beginning of the pandemic, there have been more than 5,514,000 cumulative testing encounters which is equivalent to about 2,267,000 tested individuals. Driven primarily by the spread of the highly infective currently

circulating Delta variant, Test Positivity Rate, a benchmark measure of community spread of the infection, has risen in Nevada from a low of 6.3% in late October to 7.7% in late November.

One in seven Nevada residents had already tested positive, and since the start of the pandemic, 454,351 COVID-19 cases were confirmed in Nevada. About 500 to 800 newly confirmed COVID-19 cases were reported daily over the previous seven days.

Most of the currently hospitalized COVID-19 patients are un- or under vaccinated. According to the Nevada Hospital Association report, intensive care units are not reaching or exceeding occupancy levels as they had in the recent past.

Cumulative COVID-19 deaths in Nevada continues to rise, but in slower rates. Since the beginning of the pandemic, there had been 7,953 COVID-19 related deaths. As vaccines are keeping most people out of hospitals, death rates are currently half of those observed last summer. However, in just three months, since our meeting in September, 1,683 Nevada residents needlessly lost their lives due to COVID-19.

### **Vaccination Progress**

As of the date of preparing this report, 3,552,413 COVID-19 vaccine doses were administered and reported to the Nevada Immunization Program WebIZ Registry. So far 60.99% of the Nevada population 5 years and older had initiated vaccination and 52.07% of the population 5 years and older already completed their vaccination. Slow but steady vaccination progress is observed in Nevada long-term care facilities (LTCFs). As of 11/15/2021 more than 76% of the residents and 76.6% of staff in Nevada LTCFs were fully vaccinated.

The CDC's Advisory Committee on Immunization Practices (ACIP) expanded recommendations for booster shots to now include all adults ages 18 years and older who received a primary mRNA COVID-19 vaccine series (Pfizer-BioNTech or Moderna). Under the new recommendations, all adults ages 18 and older may receive a booster shot at least six months after completing their primary mRNA vaccine series.

COVID-19 vaccines continue to work well; preventing severe illnesses, hospitalizations, and deaths, including against the widely circulating highly infective Delta variant. However, due to waning natural and vaccine-induced immunity, reduced protection against mild and moderate disease started to gradually emerge especially among certain immunocompromised and elderly populations.

Throughout the course of the COVID-19 pandemic, DPBH made timely public health decisions as the pandemic evolved. COVID-19 vaccines have proven to be a highly effective defense against severe COVID-19 cases. And, authorizing the use of a single booster dose of either the Moderna or Pfizer-BioNTech COVID-19 vaccine for individuals 18 years of age and older will help to provide continued protection against COVID-19, including the serious consequences that can occur, such as hospitalization and death. COVID-19 booster doses are now available for all eligible Nevada adults, and those who received an initial series of the Pfizer or Moderna vaccines six months or more after the initial series is complete. Individuals who received a Johnson and Johnson Janssen Vaccine are recommended to receive a booster dose two months or more after their initial vaccination.

The DPBH continues to emphasize that the populations most vulnerable to COVID-19 are those who are unvaccinated – and the state's priority should remain getting everyone fully vaccinated with their primary series. Almost one in two eligible Nevada residents ages 5 and older is still not fully vaccinated and continues to be at the highest risk of severe disease and death.

## **Prevention of COVID-19 in Nevada Schools**

Schools are essential parts of the community infrastructure and have a critical role both in providing supportive learning environments and the health and wellbeing of students and staff. Schools also serve as employment for community members, while providing many parents, guardians, and caregivers the opportunity to work and support their households. According to multiple studies, the Nevada 2020-21 school year and CDC, transmission rates within schools are typically lower than or similar to community transmission levels when layered prevention strategies are in place.

Consistent with CDC's Guidance for COVID-19 Prevention in K-12 Schools and the American Academy of Pediatrics COVID-19 Guidance for Safe Schools, the Nevada DPBH supports full in-person learning with the proper prevention/mitigation measures in place. The DPBH recommends vaccination for all eligible students and staff; and testing of all those that are unvaccinated, both staff and students should occur at least weekly. However, in schools where testing of all staff and students is not feasible, schools may consider multiple testing strategies, for example, testing a random sample of at least 10% of staff and students who are not fully vaccinated.

Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full and uninterrupted in-person operations.

## **Upcoming Seasonal Influenza**

Influenza viruses circulate annually, most commonly from late fall through the early spring. Most persons who contract influenza seem to recover without serious complications or sequelae. However, influenza can be associated with serious illnesses, hospitalizations, and deaths, particularly among older adults, very young children, pregnant women, and persons of all ages with certain comorbidities and chronic medical conditions. Influenza also is an important cause of missed work and school.

Routine annual influenza vaccination for all persons aged  $\geq 6$  months who do not have contraindications has been recommended by the CDC Advisory Committee on Immunization Practices (ACIP) since 2010.

This 2021–22 influenza season is expected to coincide with continued circulation of COVID-19. So, in addition to being fully vaccinated against COVID-19, influenza vaccination will reduce prevalence of illness and severity of symptoms that might be confused with those of COVID-19. Prevention of and reduction in the severity of influenza illness and reduction of outpatient visits, hospitalizations, and intensive care unit admissions through influenza vaccination also could alleviate stress on the health care system.

With cases of COVID-19 increasing in some parts of the country, vaccination is especially critical as we head into the busy winter holidays, a time when many people will be traveling and gathering with loved ones.