

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

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**Draft Minutes  
STATE BOARD OF HEALTH  
March 5<sup>th</sup>, 2021  
9:00 a.m.**

**MEETING LOCATIONS:**

Pursuant to Governor Sisolak's March 22, 2020, Declaration of Emergency Directive 006, the requirement contained in NRS 241.023(1)(b) that there be a physical location is suspended in order to mitigate the possible exposure or transmission of COVID-19 (Coronavirus). Accordingly, all members of the public were encouraged to participate by using the web-based link and teleconference number provided in the notice.

**1. Call to order/roll call – Dr. Jon Pennell, Chair**

**BOARD MEMBERS PRESENT:**

Dr. Jon Pennell, DVM (Online)  
Dr. Jeffrey Murawsky, M.D. (Online)  
Dr. Monica Ponce, DDS (Phone)  
Charles (Tom) Smith (Online)  
Judith Bittner (Online)

**BOARD MEMBERS EXCUSED:**

Dr. Dipti Shah, M.D.

**DIVISION OF PUBLIC & BEHAVIORAL HEALTH (DPBH) STAFF PRESENT:**

Joseph Filippi, Executive Assistant; Rex Gifford, Administrative Assistant III; Dr. Ihsan Azzam, Chief Medical Officer; Lisa Sherych, Administrator DPBH; Joanne Malay, Deputy Administrator DPBH; Teresa Hayes, Health Program Manager III; Karen Beckley, Bureau Chief, Health Protection and Preparedness (BHPP); Leticia Metherell, Health Program Manager III, Health Care Quality and Compliance (HCQC); Bradley Waples, Health Facilities Inspector III, (HCQC)

**OTHERS PRESENT:**

Julie Slabaugh, Attorney General's Office; Nikki Aaker, Director, Carson City Health and Human Services (CCHHS); Dr. Colleen Lyons, Health Officer, (CCHHS), Kevin Dick, Director Washoe County Health District (WCHD), James English, (WCHD)

Joseph Filippi opened the meeting at 9:00 a.m.

Roll call was taken, and it was determined that a quorum of the State Board of Health was present.

## **2. Public Comment**

No public comment was provided.

## **3. Consideration and Approval of previous Board of Health Minutes from December 10<sup>th</sup>, 2020 – Dr. Jon Pennell, Chair**

Chair Pennell asked if there were any edits to the December 10<sup>th</sup>, 2020 meeting minutes. Ms. Bittner attended the meeting but was marked absent, she requested that the meeting minutes reflect that she attended the meeting.

**CHAIR PENNELL REQUESTED A MOTION TO APPROVE THE DECEMBER 10<sup>TH</sup>, 2020 BOARD OF HEALTH MEETING MINUTES. A MOTION BY DR. MURAWSKY TO APPROVE THE DECEMBER 10<sup>TH</sup>, 2020 BOARD OF HEALTH MEETING MINUTES MADE AND SECONDED BY MS. BITTNER APPROVAL OF THE DECEMBER 10<sup>TH</sup>, 2020 BOARD OF HEALTH MEETING MINUTES PASSED UNANIMOUSLY.**

## **4. – Item for Possible Action - Consent Agenda Items – Dr. Jon Pennell, Chair**

Chair Pennell asked the Board of Health members if there were any objections to the Consent Agenda.

Chair Pennell asked if there were any comments from the public or the Board members. There were no comments from the public or the Board members.

Hearing no objections Chair Pennell asked the Board of Health members for a motion.

**CHAIR PENNELL REQUESTED A MOTION TO APPROVE THE CONSENT AGENDA. A MOTION BY MR. SMITH TO APPROVE OF THE CONSENT AGENDA WAS MADE AND SECONDED BY DR. MURAWSKY THE ITEM WAS APPROVED UNANIMOUSLY.**

## **5.—Item for Possible Action -- Health Department/District Reports:**

### **Carson City Health and Human Services – Nicki Aaker, Director, Carson City Health and Human Services (CCHS)**

Nikki Aaker, Carson City Health and Human Services (CCHS) reported for Carson City Health and Human Services. The CCHS report is listed as Exhibit “A”

Ms. Aaker began by correcting the CCHS report. The report stated that CCHS would be replacing the County Health Officer March 1<sup>st</sup>, 2021 now this position will be replaced March 15<sup>th</sup>, 2021. Ms. Aaker introduced Dr. Colleen C. Lyons, MD as the new County Health Officer who will be starting March 15<sup>th</sup>, 2021. Ms. Aaker asked Dr. Lyons to introduce herself.

Dr. Lyons stated that she is a 4<sup>th</sup> generation Renoite and that her niece is a 5<sup>th</sup> generation Renoite. She attended the University of Nevada Reno (UNR) as well as the UNR School of Medicine after which she served in the military for 7 years for her residency in family medicine. Dr. Lyons had a private practice in Carson City for 19 years then practiced at the Veterans Administration (VA) for 5 years at a community based out-patient clinic in Gardnerville. Dr. Lyons has been retired for 4 years but still active with the Nevada Academy of Physicians as

the editor of their quarterly magazine. Currently they are working on an issue about affordable housing and homelessness in the State of Nevada. Dr. Lyons said she is very happy to be the new Carson City Health and Human Services (CCHHS) Public Officer and that there is a lot to learn.

Ms. Aaker asked if anyone had any questions for Dr. Lyons. Since there were no questions Ms. Aaker proceeded with her report. CCHHS has started a new billboard campaign called “Head in the Clouds” about kids and vaping that will be in Carson City and the surrounding areas. Environmental Health staff are working on reorganizing and updating the health page of the Carson City website to show restaurant grades and past inspection reports.

The Point in Time count was done at the end of January which is done annually by Human Services. The Point in Time count was different this last year because of COVID-19. This year a count was done but not a survey. There were 96 unsheltered homeless individuals, but advocates and individuals that work routinely with the homeless report that there are approximately 250 within the community.

With funds from the Community Services Block Grant, CCHHS was able to purchase iPads for individuals that do not have the means to participate in telehealth. There are a lot of telehealth, mental health and primary care appointments taking place right now and people do not have the means to participate, therefore they are not getting their needs met. CCHHS still has some iPads, so if anyone knows someone within the Carson City community that can benefit from this please get in touch with CCHHS.

Responding to COVID-19 in the quad county for the two week period from February 14<sup>th</sup>, 2021 to February 27<sup>th</sup>, 2021 there was a 7% increase due to 21 long term care cases within this time period making the average number of cases 15 cases. There were 9 known hospitalizations within the quad county region even though hospitalizations have continued to decrease. Ventilator use as well as Intensive Care Unit (ICU) occupancy due to COVID-19 has also decreased significantly. Across the quad counties there has not been any COVID-19 deaths. According to CCHHS contact tracing efforts the most common community exposures are community, household, and healthcare associated, please note that cases can disclose more than one exposure.

CCHHS continues to collaborate and work closely with the schools in the area. There is a CCHHS liaison that works directly with the schools to help answer any questions. Every other Friday there is a meeting between them to help the superintendents, school nurses and anyone in the school administration to administer collaborative discussions about any concerns that they have. During the last two-week period of the last meeting there have been 8 student case investigations. Next week three of the school districts will be back to school full-time.

Vaccination update, yesterday the appointments were opened for March 10<sup>th</sup>, 2021 to March 16<sup>th</sup>, 2021. CCHHS is now eligible to vaccinate those in the agriculture and food processing sub-group within the frontline supply chain and logistics as well as anyone who is 65 years-old or older. Those who are 65 years-old and older are also still able to get vaccinated at pharmacies. CCHHS is testing new places for administering vaccinations this week and so far, this is working well because of quad county health care coalition collaboration and the help of both public and private partners. Home bound vaccination has begun and is collaborating with Senior Centers, social service and home health agencies within the region. Ms. Aaker asked the Board if they had any questions.

Chair Pennell thanked Ms. Aaker for her report and welcomed Dr. Lyons.

Dr. Lyons added that she will be volunteering at the Ross Clinic in Carson City because it is a free clinic. Dr. Lyons stated that she can see the benefit of being in the public health arena.

Chair Pennell asked Ms. Aaker if the 3 school districts that will be opening full-time soon are now hybrid or stay at home. Ms. Aaker responded that they are hybrid. Chair Pennell asked if they were in school 2 days and Ms. Aaker answered that it varies by school district because there are 4 different school districts in the quad county. Chair Pennell said that Clark County just went to hybrid this month. Dr. Lyons asked for clarification that it is for kindergarten through 3<sup>rd</sup> grade in Clark County, in which Chair Pennell verified that Clark County School District is only doing hybrid from kindergarten through 3<sup>rd</sup> grade.

**Washoe County Health District – Kevin Dick, Health Officer, Washoe County Health District (WCHD)**

Mr. Kevin Dick, District Health Officer was unable to present the report for the Washoe County Health District (WCHD). His report is attached hereto as Exhibit “B.”

Mr. Dick thanked Chair Pennell and the Board of Health members for their ability to keep a meeting constant and continuous. Mr. Dick informed the Board that WCHD is back to providing the full range of programs that the health district has. Due to the COVID-19 response the WCHD pooled their program resources and personnel for the emergency response, pausing some of the other WCHD programs, but now the full range of programs have resumed.

The WCHD has grown from 160 full-time employees to about 400 full-time employees because of all of the staffing and temporary employees working for the WCHD, as well as the Nevada National Guard, FEMA, USDA vaccinators, CERT volunteers, and MRC volunteers for the COVID-19 response.

The COVID-19 response is at a 7-day average of 38 new cases per day. That has declined from over 500 new cases per day that was experienced at the end of November. This significant decline is believed to be a result of the Governor’s pause and Nevadans getting more serious about COVID-19 precautions during gatherings. It appears that COVID-19 cases are leveling out and not declining anymore. The positivity rate has declined to 5.5%, so for the first time in a long time, Washoe County has not been flagged under the State’s County Tracking System for high levels of disease transmission.

WCHD continues to provide vaccinations and COVID-19 testing at the Livestock Events Center where WCHD runs its pod. So far 53,600 people have been vaccinated with 19,743 people having completed their vaccinations now being fully vaccinated. Over 122,000 doses have been administered in Washoe County. Just over 9% of the population has been fully vaccinated to date. WCHD is relieved to have a continued supply of COVID-19 vaccines coming and WCHD is increasing the number vaccinated, however WCHD could still use more vaccine as it becomes more available through the manufactures. The WCHD pod is operated at a capacity of 350 people an hour that can be vaccinated the pod has operated at a capacity of over 2,000 people a day before, however WCHD is not receiving enough supply of the vaccine to operate at that capacity.

WCHD is also working with community partners such as Renown, St. Mary’s and Community Health Association are all providing vaccinations as well as local pharmacies. All of the fire departments have provided pods for vaccinations. WCHD is working with community partners to work through the perimeters that the governor has established in the State’s protocols for vaccinating 65 and older individuals as well as agriculture, food processing workers, and food supply chain workers beginning with grocery store workers. Utilities and infrastructure will be coming up as soon as the week of March 22<sup>nd</sup>, 2021.

WCHD is also working with the City of Reno, City of Sparks and Washoe County on local control issues when the State hands authority to local control on May 1<sup>st</sup>, 2021. The results of this collaboration will be ready mid-March with monitoring in April to guide reopening, pausing, or rolling back the opening as the situation

requires. So far the group has been in agreement on the importance of a slow and steady approach to avoid opening too quickly and then have to close back down. WCHD wants to see the opening steady and successful.

WCHD continues to work on its Health Improvement Plan which was extended an additional year because WCHD was not able to conduct their Community Health Needs Assessment during 2020 because of COVID-19. WCHD has continued as normal under the priorities that WCHD always has such as housing and homelessness, behavioral health, physical activity, and nutrition. The improvement plan has been updated in context with community partners over the coming year.

WCHD was able to submit its Annual Health Accreditation Maintenance Reports that is required by the Public Health Accreditation Board, which is important for WCHD to maintain its accreditation status.

WCHD has just had the Board approve their budget for next fiscal year. WCHD is in a very good budget situation because of the federal funding that WCHD has received for the COVID-19 response. Many of the WCHD staff that were redeployed into the response roles the federal funding covers salaries of staff that had been budgeted for local funds. Because of this federal funding assistance, WCHD has a savings to their health fund balance. There are additional grants coming to help WCHD with its response still.

Mr. Dick concluded his report and asked the Board if they had any questions.

Chair Pennell asked Mr. Dick to clarify that the limitation on COVID-19 vaccine from all three manufactures. Mr. Dick responded that yes, it is all three manufactures and that the WCHD could use more. To clarify, Mr. Dick explained that it is the allocation of the limited supply to the State and that allocation is distributed proportionately by population. Therefore it is the supply chain that WCHD has coming from the federal government from the manufactures is not enough for the capacity that WCHD has to administer the vaccine. Mr. Dick also stated that WCHD has received the Janssen/Johnson & Johnson COVID-19 vaccine and has begun distributing it with their partners in the community already.

Dr. Lyons, Health Officer, CCHHS asked Mr. Dick what age groups. Mr. Dick answered that they are vaccinating the 65 years-old and older in the general population. Dr. Lyons clarified that WCHD was not vaccinating based on individual's health status, just 65 years-old and older? Mr. Dick clarified that they were following the State's recommendations and that through their pods they will vaccinate everyone in the tiered age groups through the pods and let individuals primary care provide the vaccinations, as they are received, to individuals with underlying health conditions.

Chair Pennell asked if the Board or the public had any questions. No additional questions were asked.

### **Southern Nevada Health District – Dr. Fermin Leguen, Health Officer, Southern Nevada Health District (SNHD)**

Dr. Leguen, Chief Health Officer for the Southern Nevada Health District was unable to present the report for the Southern Nevada Health District (SNHD). His report is attached hereto as the State of Nevada Board of Health hereto known as Exhibit "C". Mr. Filippi informed the Board that if they had any questions about the report for Dr. Leguen that they could contact Mr. Filippi.

### **State of Nevada, Division of Public and Behavioral Health - Ihsan Azzam, Ph.D., M.D., Chief Medical Officer**

Dr. Ihsan Azzam, Chief Medical Officer reported for the State of Nevada. The report is hereto known as Exhibit "D." Dr. Azzam gave a brief overview of his report.

Dr. Azzam began his report saying: For the record; Ihsan Azzam, Nevada State Chief Medical Officer. You already have a copy of my report so I will just summarize some important points.

Mr. Joseph Filippi, our Executive Assistant just alerted me that - today Friday the 5<sup>th</sup> of March marks the first anniversary of Nevada's first two confirmed COVID-19 cases. However, less than 10 months after that day, just last December we started the largest vaccination campaign in history; using Pfizer and Moderna Vaccines - which are very safe and very effective in preventing COVID-19 infections. Additionally, just 2 days ago we started administering a 3<sup>rd</sup> very effective COVID Vaccine from Johnson and Johnson.

Nationally, the current situation is cautiously encouraging.

- Incidence, hospitalization, and death rates due to COVID-19 sharply declined in the US over the past few weeks. But, recently started to plateau.
- However, transmission rates and the 14-day Test Positivity Rate continues to gradually decline.
- Currently the test positivity rate in the US is below 5%.
- As of yesterday morning, the Test Positivity Rate in Nevada declined to below 7%. If you remember, three months ago the 14-day Test Positivity Rate in Nevada exceeded 22.3%.
- We currently have 3 very effective and very safe vaccines against COVID-19.
- Almost 16% of all Nevada residents already received at least one dose of the COVID-19 Vaccine.

According to the Johns Hopkins University, Coronavirus Resource Center, there have been more than 115 million confirmed cases and almost 2,600,000 deaths due to COVID-19 around the world. As of the time of preparing this report, more than 28 million COVID-19 cases were confirmed in the US and almost 518,000 deaths occurred due to complications of this infection.

As of yesterday morning, more than 295,000 confirmed cases were diagnosed, and 5,005 Nevada residents died due to COVID-19. It is important to note that more than a half of all COVID-related death in Nevada occurred in the past three months. While transmission rates seem to be gradually declining in Nevada, we continue to see some troubling signs in the trajectory of the pandemic in several other states.

Currently, less than 10% of all Emergency Room visits in Nevada were related to COVID-19.

Nevada COVID-19 hospitalizations continue to decline.

Nevada has a significant amount of intensive care space and ventilators available for immediate use and as needed.

The U.S. is currently seeing a seven-day average of 66,000 new coronavirus cases, marking an increase of 3.5% from the prior week. While deaths also increased by 2.2% from the previous week. Additionally, hospitalizations rates in the US are showing signs of stalling.

We are at a point where COVID-19 cases could resurge again, as the United Kingdom B.1.1.7 Lineage is rapidly spreading and could jeopardize the success we've already made. Few states seem to have prematurely started ignoring the mitigation measures that helped us reach this level to control the pandemic. Nevada residents must remain vigilant and we must take the right public health actions to protect ourselves and each other.

Nevada's DHHS has issued data-driven recommendations and guidelines for equitable and rapid distribution of

COVID-19 vaccines based on risk of illness; risk for complications and death; and based on occupational characteristics; duration of exposure and several other variables. Healthcare workers who are at the highest risk for exposure, and residents of long-term healthcare facilities were among the first to be immunized. Followed by first responders; essential frontline workers; individuals 65 years of age and older and those with pre-existing conditions, as Mr. Kevin Dick acknowledged. As of the 2<sup>nd</sup> of March, almost 83 million Americans already received one or two doses of the COVID-19 vaccine. More than 750,000 of those are Nevada residents.

As an unintended additional benefit of the mitigation measures used to contain COVID-19, such as physical distancing and mask wearing, flu season has been mild this year. During the current Morbidity and Mortality CDC Week, the percentage of persons seen with influenza like illnesses in Nevada was below the regional baseline. Due to an increased intake of the influenza vaccine and a relatively large number of individuals who are using facemasks and continuing to practice physical distancing; regular hand-hygiene, and other prevention measures - already in place to control COVID-19 - this current flu season has been mild so far.

It is strongly recommended that we continue practicing these safety measures every year during the flu season even after eliminating the threat and controlling the COVID-19 pandemic.

Dr. Azzam concluded his remarks and offered to reply to any questions the Board or the public may have.

Dr. Lyons, Health Officer, CCHHS asked Dr. Azzam what the national anaphylactic reaction rate is to the vaccination, do we know what that percentage is? Dr. Azzam answered that the adverse reaction to the vaccine events reporting system shows that about 22% of the people who receive the second shot of Moderna, or Pfizer are exhibiting some mild side effects. Those who are experiencing severe anaphylactic reactions are below 4% which is exactly as expected from the vaccine trials. Dr. Lyons stated that 4% seems kind of high, she heard 1 in 40,000. Dr. Azzam stated that it depends on what is being perceived as severe anaphylactic. They are considering severe anaphylactic as totally anaphylactic which requires EpiPen treatment and medication, although a reaction may not require both, some states are recording reactions to only one treatment as severe, but by definition, that is not considered severe, even though it might be severe for the individual. Dr. Lyons asked Dr. Azzam if we know the rate that required an EpiPen in which Dr. Azzam answered that we do not know that information, but according to the Centers for Disease Control and Prevention (CDC) it is between 4% and 5%.

Dr. Lyons asked Dr. Azzam what is the State of Nevada doing for variants testing, what percent is the state testing the state's positive result individuals? Dr. Azzam stated that the State detected B117 variant in Nevada and the B1351, the South African variant in Southern Nevada. There is a very effective strategy to isolate and contain the cases immediately as well as evaluating contacts and quarantining them. The CDC states that the B117 the United Kingdom (UK) version of the virus will be dominate by the end of this month and we still have not seen that variant in Nevada. At this point it is a race. The faster we are vaccinated the shorter time the virus will have to mutate and replicate. As seen in Europe the UK variant of the virus is exceeding by 9% of all cases now.

Dr. Lyons clarified that since it requires gene sequencing at what percent of our positives are we checking to see if there are variants? Dr. Azzam said that he did not know the answer to that. They are currently monitoring outbreaks that are unusual and those are tested, but they are not doing random testing.

Dr. Lyons asked if epidemiologists are helping decide the sequence. Dr. Azzam stated that is correct and several times they have pointed out several events where the rate exceeded expectation and immediately requested genetic testing.

Dr. Murawsky asked what is the State of Nevada's role in coordinating control of COVID-19 from the state to local authority? Additionally, as we move into the massive vaccination centers, which are driving the COVID-19 response, are we looking at an age based response as we move from the 65 and over to the 16 to 35 because of the logistics limitations determining who has pre-existing conditions and getting the vaccine to their primary care doctors. Dr. Azzam answered that the local health authorities are doing a great job enforcing the mitigation measures and Nevada was complemented on how fast the vaccine coverage was delivered to our state and distributed to the local health authorities. Nevada is consistent across jurisdictions. Remember that "fairness and equity" means jurisdictions should be similar to each other and thankfully they are. The answer to the second question is that we need to rely on the science of fairness. The signs show that age is the most important determination on who contracts the virus and who dies from it. Few states went with age only, we covered that because science covered that based on the Advisory Committee on Immunization Practices (ACIP) recommendations that was based on a tier system. We are now in tier 1c which is people 65 and older as well as those who are younger than 65 with pre-existing conditions. It is difficult to determine if someone has a pre-existing condition or not, so the state let the individual's health care provider decide based on factors such as having cancer or a compromised immune system. This is based on "fairness and equity" which is exactly what the ACIP recommended. Nevada, unlike other states, is taking an equitable scientific approach and not an approach based solely on age.

Dr. Murawsky clarified that his question, as the state transitions to tier 1c, 65 and those with pre-existing conditions, will PODS be able to immunize those with pre-existing conditions, or is the state going to have those with pre-existing conditions immunize only at their primary care office? Additionally, the concern with the primary care offices is their lack of storage and the volume of vaccine received. Is this going to cause a back log of people with pre-existing conditions because the PODS are not going to be able to help them? Dr. Azzam let the Board members know he checks everyday to see vaccine availability in all 3 jurisdictions, Carson City, Reno, and Las Vegas. The Janssen vaccine is perfect for private providers because they determine which patients have pre-existing conditions and who should get the vaccine first. Since the Janssen vaccine is easy to store and it does not require a second vaccination it is an ideal choice for private providers. There is a clear difference between now and 8 months ago regarding the availability of the vaccine, it is now more readily available. The State of Nevada and the local health authorities are doing well and we are ahead of the curve. If you look at the 750,000 who are 65 years-old and older are about 30% of the population and herd immunity can be attained because younger people are about 22% to 25% of the population. If you start vaccinations on 75% of the population then about 1/3<sup>rd</sup> of the people who have the highest rate of infections is progress toward herd immunity. Hopefully the number of scheduled vaccinations of those with pre-existing conditions will increase.

Dr. Lyons stated that it seems the pharmacies are in a good position to know who has pre-existing conditions based on their medication history. For example, if they are using an inhaler for COPD, asthma, or taking medication for diabetes. Dr. Lyons asked if pharmacies are using that data to look at those individuals who may be under 65 years-old and have pre-existing conditions, or is the state basing vaccinations on age like other states? Dr. Azzam answered that the state is encouraging providers be they private practice, other physicians, or pharmacists to weigh the need to administer vaccine. The technical bulletin released from DHHS is encouraging the vaccination for numerous healthcare events or diseases and the State left it open for the pharmacist or health care provider to vaccinate.

Chair Pennell asked if there were any questions. Chair Pennell thanked all of the health officers and directors for doing what they are doing because it is a monumental task.



## **#6 – Item for Possible Action - Future Agenda Items**

Chair Pennell asked the Board if they had any suggestions for future agenda items. None of the board members suggested any future agenda items. Then he asked the public, they did not respond.

### **Public Comment**

Chair Pennell asked if there were any public comments.

Dr. Lyons stated that she is the editor of The Nevada Family Physician.

There was no further public comment.

**Meeting Adjourned at 10:11 am**