

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

Carson City Health District Health Report

Oral Presentation only. Presented by Nicki Aaker, Director

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Washoe County Health District Health Report Presented by Kevin Dick, District Health Officer

Date: August 23, 2021

To: State Board of Health Members

From: Kevin Dick
Washoe County District Health Officer

Subject: September 2021 Washoe County District Health Officer Report

COVID-19 Response - The Health District’s response to COVID-19 is predicated on our statutory obligations under NRS 441A and NAC 441A to “carry out measures for the investigation, prevention, suppression and control of communicable disease.” These activities include informing the public of levels of COVID-19 transmission occurring in the community and educating them on risk mitigation practices, required measures such as mask wearing in public indoor places under the Governor’s Directive 47, investigating confirmed cases of COVID-19 to have cases isolate and close contacts quarantine, providing testing to confirm cases of COVID-19, and dispensing vaccinations to prevent or suppress COVID-19 transmission and reduce morbidity and mortality form the disease.

Over the past month Washoe County has experienced an increase in new daily cases as well as the test positivity rate. As of August 18, the test positivity rate under the State County Tracker system over 14 days with a seven-day lag was 19.2% and the case rate per 100,000 over 30 days was 895. This represents a 284% increase in the test positivity rate and a 553% increase in the case rate per 100,000 over 30 days from those rates reported in the July monthly report. Our test positivity rate has exceeded that of Clark County (14.8%). and we are rapidly approaching Clark County’s case rate per 100,000 over 30 days of 1008. On August 18, the 7-day average of new cases was 201. This represents 568% increase from the 7-day average of 28 new cases per day reported in the July monthly report. The CDC designates the County as a region of high transmission due to the number of new cases per 100,000 over a 7-day period exceeding 100, at 283.34 and the 7-day average test positivity through August 16, of 22.99% exceeding 10%. On August 18, the Nevada Hospital Association reported 145 people hospitalized with confirmed or suspected COVID-19, this is an increase from 39 people hospitalized which was reported during the July 22, DBOH meeting. Hospitalizations have risen 272% since that date. Of these cases 32 were in the intensive care unit and 17 were on ventilators.

Health District staff continue to conduct disease investigations of cases occurring to isolate them and notify close contacts. However, with the reopening of schools for in-person learning, our skyrocketing number of new cases and the attrition of our disease investigation staffing, we have been overwhelmed and have been required to prioritize pediatric cases and household infections for disease investigations. As a result, we are able to provide timely investigation of only 25-30% of cases. As of August 18, we have had 71 people attend school while infectious and 11 people attend childcares while infectious which has resulted in nearly 1,000 exclusions in only the week-and-a-half since schools reopened. The Health District has expanded COVID-19 testing to five days per week at the Reno Sparks Livestock Events Center (RSLEC) which are analyzed by the Nevada State Public Health Laboratory (NSPHL) which also conducts genomic sequencing of the positives. Our demand for testing has increased dramatically and we

are filling our schedule of 450 people scheduled for testing per day. We continue to regularly receive results back from the lab within 24 hours and we are establishing an agreement for testing through Charles River Labs for testing if the NSPHL becomes overwhelmed. The State is working with the federal contract for Walmart to begin conducting weekend testing events at one of their stores beginning late August or early September.

The Health District continues to operate the vaccine point of dispensing (POD) at the RSLEC event center and is now conducting numerous community-based vaccination clinics. Vaccination clinics have been held and are scheduled at churches, schools, parks/events, brewpubs, shelters, and community centers. However, demand remains low and over the past four weeks Health District has averaged only 645 vaccinations administered per week. Over the past four weeks we have averaged 5,789 vaccinations administered per week county-wide by all providers. As of August 18, 59.02 percent of the population twelve and older were fully vaccinated and 66.19 percent of the population twelve and older had initiated vaccinations. Nevada National Guard and FEMA staff numbers have been declining steadily as personnel are demobilized.

The FDA has approved administration of third doses of Pfizer and Moderna to individuals that are immunocompromised, and we began administering these doses on August 18. We are providing them at the Livestock Events Center, our community PODS, and to homebound individuals. On August 18, the CDC announced that they are moving forward with approval of booster shots of Pfizer and Moderna to those who received their second doses eight or more months before. They expect the administration of booster shots to begin on September 20. We are developing plans anticipating a significant increase in vaccinations through our POD when this occurs and preparing to meet this demand while we continue to experience high demand for testing and are responding to the continuing surge.

Our efforts to mitigate the spread of COVID-19 and to have a larger percentage of the population vaccinated are hampered by the tremendous amount of information that is being spread by social media and those within our community. The July 22, 2021, District Board of Health Meeting was uploaded to YouTube, per our normal processes, immediately after the conclusion of the meeting. We received an email about 5 hours later that the video of the meeting was taken down for violating the "medical misinformation policy" for COVID-19 due to misinformation presented during public comment. We appealed the decision on Friday, July 23 in the interest of having the Board of Health meeting available to the public on YouTube. That appeal was rejected on July 24.

On August 13, the Department of Homeland Security issued a new terrorism bulletin. The bulletin referenced attempts by U.S. adversaries to spread disinformation and stated, "Russian, Chinese and Iranian government-linked media outlets have repeatedly amplified conspiracy theories concerning the origins of COVID-19 and effectiveness of vaccines; in some cases, amplifying calls for violence targeting persons of Asian descent." Homeland Security Intelligence Chief John Cohen said, "What we're seeing -- mainly from China, Russia and Iran -- currently is a lot of focus on the COVID issue." He went on to say that foreign nation-states have focused on sowing discord related to resurgence of COVID-19 around the idea that public health restrictions are somehow an infringement on one's freedom or calling into question the US government's response to the pandemic.

Joint Information Center (JIC) - The Regional Information Center (RIC) fielded nearly double the amount of media requests in July as June. Media inquiries and stories increased as the rise in cases also increased.

District Health Officer Kevin Dick was interviewed by CNN at the Reno-Sparks Livestock Events Center, which was the second month in a row that we secured airtime on a national television network (World News Tonight with David Muir – ABC).

After foregoing weekly media availabilities in June, we ramped up communication with the media in July. We sent out 12 press releases updating the community on community vaccine clinics, updates to the Delta variant and more. Weekly media briefings returned in August. Media stories increased by about 50 percent in July over June.

The RIC also finalized COVID-19 vaccine advertisements in July for August that will air on English and Spanish TV stations.

Immunizations – August is National Immunization Awareness Month (NIAM), observed annually to bring awareness to the importance of vaccination for people of all ages. This year the CDC is highlighting the importance of getting caught up on healthcare appointments and routine vaccinations due to the COVID-19 pandemic. Resources to assist in communicating to healthcare professionals, parents, and patients about immunization during August and throughout the year can be found here [National Immunization Awareness Month \(NIAM\) | CDC](#).

COVID-19 disrupted both in-person learning and routine well-child visits for many children over the last year. With children going back to school and adults going back to the workplace, it is important for everyone to get back on track with routine vaccinations. Maintaining routine vaccination is essential to protect individuals, families, and communities from vaccine-preventable diseases. Routine vaccination prevents illnesses which can lead to additional medical visits and hospitalizations resulting in further strain on the healthcare system.

Annually we highlight the efforts of the Health District in protecting patients of all ages against vaccine-preventable diseases with **on-time** vaccination. Health District staff have been working diligently to provide routine vaccinations, flu, and COVID-19 vaccines to citizens. Our on-site Immunization clinic has remained open for public access five days a week since the beginning of the pandemic. With the enhanced influenza and CARES funding from the Nevada State Immunization Program, staff organized and implemented 21 Influenza Point of Dispensing (POD) events in collaboration with community partners. These mass vaccination events prepared Washoe County staff for implementing COVID-19 vaccine distribution during the pandemic.

Immunization Program staff have been an integral part of the COVID-19 response since the beginning of the pandemic, assisting with COVID-19 testing in March of 2020, continuing with influenza vaccination (to prepare for COVID-19 vaccination) from September 2020 to December 2020 and COVID-19 vaccination since December 2020. Staff are continuing their efforts to reach unvaccinated individuals to protect them from COVID-19 infection by making COVID-19 vaccine available in different areas of the community and by partnering with local businesses and agencies to reach underserved and high-risk individuals through community events. Staff participate in weekly meetings with Immunize Nevada to avoid duplication of efforts when planning for community events. Additionally, staff are busy with leading and staffing POD events onsite and offsite as well as redistributing COVID-19 vaccine to providers. Providers enrolled in the Nevada COVID-19 Program can receive vaccine through their local health department which allows access to smaller more manageable quantities. Staff continue to support and assist community partners with vaccine storage and handling questions as well as providing storage and temperature monitoring equipment.

Immunization Program staff are also responsible for carrying out a variety of grant related activities such as conducting Vaccine for Children (VFC) provider visits to enhance stewardship and accountability for publicly purchased vaccines and work with VFC providers to implement quality improvement (QI) strategies to help increase vaccine uptake through enhanced immunization workflow. This work is critical in increasing the rate of fully immunized children in Washoe County. Staff also provide follow up for children with elevated lead levels, abnormal newborn screening as well as promote safe sleep for our Maternal Child and Adolescent Health Program.

An assessment of vaccination coverage in 2020 showed only 67.6 % of children aged 19-35 months received age-appropriate vaccinations at the time of their visit to clinics or healthcare providers in Washoe County. Vaccines in the series include at least 4 doses of DTaP, 3 doses of Polio, 1 dose of MMR, 3 doses of Hib, 1 dose of Varicella antigens, and 4 doses of Pneumococcal conjugate vaccine. Washoe County healthcare providers were primarily conducting telehealth services and limited amount of in person visits to accommodate for routine vaccination. The pandemic significantly affected routine immunizations and well visits numbers although current rate shows that the number is slowly increasing. Providers referred their clients to WCHD Immunization clinic to receive their routine vaccination. The Immunization clinic served 3,669 people and administered 9515 vaccine doses which was slightly higher than 2019 numbers.

Vaccination against human papillomavirus (HPV) is recommended to prevent new HPV infections and HPV-associated diseases, including some cancers. The Advisory Committee on Immunization Practices (ACIP) routinely recommends HPV vaccination at age 11 or 12 years. It is important to note that ACIP updated the recommendations for HPV to a 2-dose schedule in December 2016 for girls and boys who initiate the vaccination series at ages 9 through 14 years. The three-dose series remain recommended for persons who initiate the vaccination series at ages 15 through 26 years and for immunocompromised persons. Washoe County vaccination rates for initiated dose of HPV decreased 9% from previous year but second dose completion increased slightly by 5.4%. Washoe County rate for HPV completion of 50.8 (2nd dose) continue to be well below the Healthy People 2030 objective of 80%. The rate for the 3 doses series will continue to decrease as teens complete the 2-dose series of HPV.

Offsite clinics have provided immunizations to vulnerable populations to ensure access to immunizations through partnerships with multiple community agencies. This past year was extremely challenging due to the COVID-19 pandemic with the Statewide stay-at-home order, online learning, social distancing, and limits to onsite services provided by community partners. Despite these obstacles, Health District staff in collaboration with community partners were able to implement four Back-to-School, two Community Influenza and twenty-one Point of Dispensing (POD) events. The Flu POD exercises prepared staff for COVID-19 implementation and vaccinated 2,691 individuals during the 2019-2020 flu season. The Health District held 2 PODs and vaccinated 457 individuals during the previous year.

Immunization staff participated in a Back-to-School event on July 24, 2021, in collaboration with Family Health Festival, Community Health Alliance and Immunize Nevada at North Valley's High School. Staff vaccinated 52 children and administered 132 doses. Washoe County Health District will be hosting three additional Saturday Back-to-School events for kids 4-18 years old. The events will be held at the 9th and Wells Avenue location on July 31, 2021, August 7, 2021, and August 14, 2021, in partnership with Community Health Alliance and Immunize Nevada. COVID-19 vaccine will also be available during these events.

Robust community partnerships are essential to carrying out the goal of increasing immunization rates in Washoe County. These collaborations are useful to reach vulnerable populations for recommended vaccinations as well as prepare the community for delivering new vaccinations as they become available.

Tuberculosis Prevention and Control Program - The TB program has been busy managing multiple latent TB infections (LTBI), as well as an increased number of immigration evaluations. The team is also seeing an increase in referrals from civil surgeons and now has 4 active cases of TB. Active cases consist of one ocular case, one kidney case, and two pulmonary cases.

Reproductive and Sexual Health Services – Family Planning staff continues to provide outreach to the Washoe County Sheriff’s Office and the Eddy House. The Family Planning Sexual Health Program will no longer be serving clients at the Women’s and Families Homeless Shelter due to a change in structure of Human Services Agency program staff. All medical services, including women’s health, will be contracted to Community Health Alliance, and provided by their mobile van. Staff attended the Family Health Festival at North Valley’s High School on July 24th, providing contraceptive education to participants.

Staff submitted the Response to Findings from the Office of Population Affairs Title X Program Review on July 28, 2021. Staff are meeting with epidemiology to prepare for the upcoming Title X competitive grant application. Two staff members attended the Virtual Annual Title X Conference July 13-16. Staff are working on new FPAR 2.0 reporting required by OPA.

Chronic Disease Prevention Program (CDPP) – Staff participated in community outreach events, providing information on the Truckee Meadows Parks Directory, physical activity and nutrition, tobacco cessation, secondhand smoke, and e-cigarette prevention. Most information was provided in both English and Spanish. Outreach events attended:

- Family Health Festival, on July 24, 2021, provided the opportunity to reach 150 community members.
- Christmas in July, on July 31, 2021, sponsored by Boys and Girls Club, provided the opportunity to reach 250-300 youth and guardians.

Staff conducted a local Readiness Assessment identifying baseline health disparities related to tobacco use and exposure among the Native Hawaiian/Pacific Islander population living in Washoe County. The assessment was submitted to the State for inclusion in statewide assessment.

Maternal, Child and Adolescent Health (MCAH) – The Washoe County FIMR program was granted permission by Nevada State HSA, DBPH, to share the final FIMR Multi-Year Executive Summary with partners and team members. Staff continue to attend partnership meetings with Pregnancy Infant Loss Organization of the Sierras (PILSOS), Child Death Review and National FIMR. Staff have been working on planning for the PILSOS annual Time for Remembrance Celebration at Idlewild Park to be held October 10, 2021. Staff are continuously working to improve the rate of maternal and family interviews by implementing an online or mail-in survey option for patients to share their experiences. Staff are collaborating with other FIMR programs to make the FIMR brochure more family friendly to increase responses to calls offering resources and requesting maternal interviews. Maternal Child and Adolescent Health staff continue to follow lead cases in children with serum lead levels > 5 ug/dl and delinquent newborn screenings upon request.

Women, Infants and Children (WIC) – The WCDH WIC program supports and promotes World Breastfeeding week (WBW) in August 2021. Breastfeeding significantly improves the health, survival and wellbeing of infants, children, and their mothers, and is a public health issue that requires investment at all levels. One of the current goals of the WCHD-WIC program is to promote and support breastfeeding in any form for all mothers in any amount. Despite the challenges faced during COVID, staff have successfully promoted, educated, and supported clients with their breastfeeding goals. The WIC program’s goal was to increase breastfeeding rates for “Ever breastfed infants” by 1% from the baseline rate in 2020. Data shows that the program met and exceeded the goal with a 3% increase. The objectives of the WBW2021 include: 1) Inform: people about the importance of protecting breastfeeding 2) Anchor: Breastfeeding support as a vital public health responsibility. 3) Engage: with individuals and organizations for greater impact. 4) Galvanize: action on protecting breastfeeding to improve public health.

COVID-19 Immunizations – There were 11 COVID vaccination clinics in July at the Reno-Sparks Livestock Events Center and 25 community vaccination PODs. Approximately 2,693 individuals were vaccinated in July.

Food/Food Safety - The Food Safety Team attended the annual meeting for the International Association for Food Protection (IAFP). The annual meeting provides attendees with information on current and emerging food safety issues, the latest science, innovative solutions to new and recurring problems, and the opportunity to network with thousands of food safety professionals from around the globe. The IAFP also presented the Washoe County Health District with the Samuel J. Crumbine Award during this year’s meeting.

The Food Safety Team completed the 2021 NACCHO Mentorship Program. The Food Team presented on the topic ‘Sustaining the Momentum with the FDA Retail Program Standards’ as requested by NACCHO during the end of year meeting. This year the food team mentored Randolph County Health Department from Randolph County, North Carolina on Standard 9 – Program Assessment and the intervention strategies to improve the occurrence of foodborne illness risk factors for their jurisdiction.

Epidemiology (EPI) – EHS staff conducted a site visit and on-site training for all staff at a childcare facility that was experiencing prolonged RSV cases even after increased mitigation efforts and a two-week temporary closure of the facility in June. The following table EPI curve shows the effectiveness of the on-site training by EHS staff as no new cases were reported after the site visit and training was conducted on July 16, 2021.

Staff continued to investigate a suspected viral gastroenteritis outbreak among employees at a local fast-food restaurant. A total of seven employees submitted stool specimens for analysis at the Nevada State Public Health Laboratory. A contributing etiology was not determined from specimen testing. However, a follow-up site visit and training by EHS staff was conducted and no new cases were reported after the site visit.

Epidemiology	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	2021 YTD	2020
Foodborne Disease Complaints	8	6	4	8	9	11	16	62	130
Foodborne Disease Interviews	4	5	2	5	4	7	5	27	66
Foodborne Disease Investigations	0	1	0	0	1	2	4	8	7
CD Referrals Reviewed	13	13	13	18	20	12	19	108	82
Product Recalls Reviewed	13	19	26	27	26	20	14	145	61
Child Care/School Outbreaks Monitored	1	1	2	10	6	6	5	31	64

Temp Foods/Special Events –Staff experienced a substantial increase in temporary food inspections and special events in the month of July including Artown, Star Spangled Sparks, The Great American Craft Fair, Pride and various ancillary events and farmer’s markets throughout the community.

Commercial Plans - Commercial Plan reviews are being completed in an average of 6.63 days. The regional plan goal is 10 days.

Staff are assisting in regulation development for the Pool/Spa Program as well as participating in training for the implementation of an electronic plan review program with the City of Sparks.

Community Development	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	2021 YTD	2020
Development Reviews	41	28	50	34	32	39	28	252	357
Commercial Plans Received	83	73	113	100	102	107	123	701	1,059
Commercial Plan Inspections	22	33	36	41	37	40	41	251	396
Water Projects Received	1	5	1	10	5	10	1	33	64
Lots/Units Approved for Construction	251	233	197	192	228	95	53	1,249	1,685

Permitted Facilities -

Public Bathing – Staff completed first round inspections for Public Bathing Permits in mid-July. Field staff worked with any operators that had water sanitation issues, often due in part to being shut down for extended periods of time during COVID-19. Some facilities remain closed and do not plan on opening until 2022. Staff from the Permitted Facilities Program, along with some additional EHS staff, have begun developing local regulations consistent with the Model Aquatic Health Code. It is expected that the draft will be completed by early 2022 for adoption before the opening of seasonal pools next year.

Schools – Staff is preparing for school to start again and has adjusted the inspection areas to address rotation of personnel. The Washoe County Outbreak Response Plan is currently under annual review by EHS staff to ensure that it is consistent with current response, reporting, and sanitation protocols.

Training – One REHS trainee completed their training in Permitted Facilities in mid-July and is now trained to conduct independent inspections for Schools, Childcare, Pools, Invasive Body Decoration, Public Accommodations and Mobile Home/RV Parks. Two new REHS trainees will start their training in Permitted Facilities mid-August

Environmental Protection - As of July 31, the Land Development team has seen a 20% increase over 2019 levels, indicating that residential construction planning is continuing unabated.

A draft of an updated septic regulations has been routed for internal review and has also been provided to Legal Counsel. The public workshop process will begin once the reviews are complete.

Land Development	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	2021 YTD	2020
Plans Received (Residential/Septic)	79	75	83	90	80	81	84	572	705
Residential Septic/Well Inspections	109	99	136	114	107	115	118	799	1,075
Well Permits	13	11	16	23	13	12	9	97	131

Safe Drinking Water (SDW) - Safe Drinking Water activities have resumed. In July, the focus was on adjusting to the change of scope in the contract, in which EHS will be monitoring chemical data for public water systems. This will provide for faster response to Maximum Contaminant Level violations.

The program has 25 sanitary surveys to complete by the end of the year. These would normally be spread out over the entire year, but no work was performed in the first half of the year as the contract was not in place. The team expects to be able to complete the work on time.

A new team member has begun training in the program.

Vector-Borne Diseases (VBD) - An aerial larvicide treatment was conducted on July 15, treating a total of 675 acres.

Staff coordinated with Nevada Department of Wildlife (NDOW) and Nevada Department of Corrections to treat a 55-acre pasture in Washoe Valley using ground equipment. The pasture is managed by NDOW and the Department of Corrections. EHS staff assisted in the development of a management plan for the pasture going forward into the fall.

Adult mosquito trapping and testing for West Nile virus remains ongoing and no positive results have been reported for 2021.

The program has seen an increase in bat reporting which is common from late July through September.

Staff have been coordinating with Washoe County Regional Animal Services (WCRAS) to develop a more efficient process for disseminating information between WCHD and WCRAS staff. This has

created a more effective communication stream and ensures less duplication of efforts between multiple agencies.

Vector	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	2021 YTD	2020
Total Service Requests	1	0	2	9	12	15	8	47	135
Mosquito Pools Tested	0	0	0	0	5	54	200	259	280
Mosquito Surveys and Treatments	0	2	1	63	66	345	171	648	72

Waste Management (WM) - Staff continues to conduct inspections at permitted Waste Management facilities and liquid waste hauling trucks.

EHS provided a 30-yard dumpster for a large-scale hoarding case in Cold Springs.

Inspections

EHS 2020 Inspections	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	2021 YTD	2020
Child Care	5	8	5	4	8	13	10	53	142
Food/Exempt Food	356	496	610	565	373	491	333	5,952	4,264
Schools/Institutions	9	25	32	35	37	8	0	154	199
Tattoo/Permanent Make-Up (IBD)	5	7	9	8	9	14	9	75	112
Temporary IBD Events	0	0	0	0	0	0	0	0	1
Liquid Waste Trucks	5	4	4	2	0	16	19	66	110
Mobile Home/RV Parks	6	8	6	10	14	6	12	68	202
Public Accommodations	17	19	22	6	7	8	16	102	130
Aquatic Facilities/Pools/Spas	4	19	13	36	311	213	199	1,044	408
RV Dump Station	2	1	1	1	1	1	1	8	17
Underground Storage Tanks	0	0	0	0	3	1	0	4	10
Waste Management	12	9	9	21	10	22	8	174	211
Temporary Foods/Special Events	0	0	0	5	12	92	71	180	48
Complaints	47	40	41	55	55	91	96	425	911
TOTAL	468	636	752	748	840	976	774	5,194	6,765
EHS Public Record Requests	331	393	655	375	719	318	470	3,261	3,249

Healthcare Preparedness Planning (HPP)/Inter-Hospital Coordinating Council (IHCC)

Preparedness Planning Efforts – The PHEP Program held a Concepts and Objectives meeting on August 4, 2021 to begin the discussion of developing a full-scale Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) exercise to be held in the spring of 2022. This exercise will utilize many different response plans across all participating agencies. Part of the intent of this exercise is to connect both PHEP and HPP to make sure the plans and operations between the programs are linked.

The PHEP Program undertook a review of existing portable First Aid Kits to be used in exercises, at PODs, and at shelters. Medical MRC volunteers reviewed the supplies and created a list of suggested additions that would make the kits fully functional. Procedures were developed to manage the supplies and the distribution of the bags. There are three First Aid bags that are currently deployable for emergency response.

COVID-19 Response – The PHEP Program was working towards demobilization, but instead, operations have re-expanded due to the increase in the COVID-19 Delta variant cases across Washoe County. The PHEP program has taken over the response planning function and is facilitating weekly meetings to coordinate testing, vaccination, and the COVID-19 Call Center operations.

The COVID-19 Call Center received a total of 1,491 risk assessments over the month of July resulting in an increase of 178%. Some risk assessments were entered by end-users through the web portal, and others

were entered by the Call Center staff. During the month of July, the COVID Call Center answered 1,764 calls, which was a 4% increase over June.

As of August 1, 2021, the COVID-19 Call Center was staffed with a total of 12.5 personnel, comprised of two UNR paid contractors, four full time and one half time member of the National Guard, six temporary agency staff and one Washoe County Health District employee. All personnel were assigned to COVID-19 testing and vaccine related communications with the community and POST and POD preparation and support.

EMS Oversight Program

EMS Planning – In conjunction with IHCC, the first planning meeting for the revisions to the Multi-Casualty Incident Plan (MCIP) was held July 28, 2021. Monthly meetings will continue to be held with all partners to discuss revisions of the MCIP with the inclusion of the Burn Appendix, with the deadline of completion set for June 2022.

Exercises and Training - The EMS Oversight Program participated in:

- Reno Rising TTX – July 22, 2021
- The Great Reno Balloon Race Team TTX – July 28, 2021.

EMS Joint Advisory Committee (JAC) - The EMS Oversight Program staff and JAC met bi-weekly to develop processes and protocols to accomplish the approved revisions and additions of goals in the Strategic Plan. A summary of the current strategies that continue to be addressed include:

- Goal 1, Strategy 1.1.5: EMS first response – prioritize and determine who responds to what calls.
- Goal 2, Strategy 2.2.4: Research and review full and unrestricted automatic response arrangements with EMS partners.

REMSA Exemption Requests - REMSA continues to experience high System Overload and Status 99 delays. Table 1 summarizes REMSA Exemption Requests.

Exemption	System Overload	Status 99	Weather	Other	Total	Under Review	Approved
January 2021	23	2	*3 (BWE)		28		28
February 2021	5				5		5
March 2021	13				13		13
April 2021	52				52		52
May 2021	34						34
June 2021	135	47			182		182
July 2021	68	5			73		73

REMSA Call Compliance - Due to low call volumes in the separately defined response Zones B, C and D, REMSA compliance 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. Calculations for Zones B/C/D and “All Zones” were removed because the previous calculations for Zones B/C/D separately and “All Zones” do not align with REMSA’s Franchise Agreement. Table 2 summarizes

REMSA’s compliance rates for each month of Fiscal Year (FY) 2020-2021 and the average compliance rate for the fiscal year. Table 3 shows REMSA’s compliance rate starting FY 2021-2022.

Month	Zone A	Zone A – Blanket Exemption	Zone B, C, and D	Zone B, C, and D – Blanket Exemption
July 2020	*88%	100%	*84%	100%
August 2020	*85%	100%	*88%	100%
September 2020	*89%	100%	*96%	100%
October 2020	*88%	100%	*93%	100%
November 2020	*87%	100%	*90%	100%
December 2020	*89%	100%	*90%	100%
January 2021	*86%	100%	*87%	100%
February 2021	*89%	100%	*90%	100%
March 2021	*87%	100%	*83%	100%
April 2021	*87%	100%	*81%	100%
May 2021	87%	87%	83%	83%
June 2021	90%	90%	84%	84%
FY 20-21 Average	87%	98%	84%	97%

*A blanket exemption was effective July 1, 2020 to April 26, 2021. Compliance percentage shows the actual response compliance percentage in Zone A and B/C/D compared to response compliance under the blanket exemption. Fiscal Year 20-21 compliance for Zone A was 98% and for Zone B, C and D was at 97%.

REMSA Franchise Agreement Updates - The EMS Oversight Statistician is preparing data for the commencement of the REMSA Franchise Map Review for Fiscal Year 2021.

Community Services Department (CSD) – Memo Review - The EMS Oversight Program staff reviews and analyzes project applications received from the Planning and Building Division of the CSD and provides feedback. Relevant agency comments are included in the staff report and agency conditions are incorporated as Conditions of Approval. Program staff reviewed 12 project applications for the month of July and provided comments regarding EMS response times on one report.

To further facilitate future reviews, the program staff met with REMSA, Truckee Meadows Fire and CSD to identify each agency’s roles in CSD memo reviews and to prevent duplication of efforts when reviewing development projects.

Mass Gatherings/Special Events - The EMS Oversight Program did not receive special events applications in July.

Vital Statistics - Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 489 deaths and 491 births, 6 deaths and 35 births corrections were made during July. Vital statistics also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

Table 1: Number of Processed Death and Birth Records

July	In Person	Mail	Online	Total
Death	1633	72	414	2119
Birth	1186	57	399	1642
Total	2819	129	813	3761

Public Health Accreditation – Staff in different divisions are gathering information to illustrate occurrences of technical assistance provided to the partners on “how to engage with the community”. This information is being discussed with the PHAB team to determine what material to include in the PHAB Annual Report, Section I. The first section of the annual report is due on August 30, 2021. Section II of the Annual Report is due 30 days following PHAB’s approval of section I. The purpose of section I is to assure PHAB that the WCHD continues to be in conformity with the standards and measures and can maintain its accreditation status.

Family Health Festival- The Family Health Festival committee (FHF) provided a Back to School event hosted at North Valleys High School on July 24th. This event targeted families in the North Valleys community and served 478 individuals. During the event families had the opportunity to receive the following direct services: back to school immunizations, utility assistance, medical screenings, basic dental screenings, eye exams and a voucher for free glasses, and information about health insurance. The success of the event is largely due to partners contributing to the FHF’s mission by connecting the community to local resources through direct onsite services, thereby improving community health and well-being.

Behavioral Health - The project to re-imagine our community response to a person experiencing a behavioral health crisis will kick off in late August with the first meeting of the Leadership Council. The Council includes the District Health Officer, city and county managers, hospital leadership, managed care organization leadership, representation from the state Department of Health and Human Services and others. The project will also include a Technical Advisory Committee and subcommittees working on a crisis call hub with phone, text and chat capabilities, mobile crisis teams, crisis stabilization centers and financial and resources. The Crisis Response Services Implementation Plan (CRSIP) project will continue through mid-year and will result in a community plan to reform the crisis response system.

Strategic Planning - The Health District team is working with OnStrategy to refresh the strategic plan. The process began with a review of current objectives. We are facilitating planning retreats for each division to deepen the participation of employees and to make sure that lessons learned from the pandemic are captured and included in go-forward planning efforts. OnStrategy is also reaching out to interview the members of the District Board of Health. Information from these efforts will be pulled together for a discussion guide to be used for the planning retreat scheduled for Nov. 4.

Workforce Development - The workforce development survey was open to staff from July 28th-August 11th. Historically, the low response rate affected a bias sample that was representative of the needs of all WCHD staff. As a result, five gift cards were provided as incentives to increase employee participation. Employees were entered into a drawing if they completed the survey by July 30, 2021. The 2021 WFD survey response rate was 60%, a significant increase since the initial roll out in 2015. The data from the WFD survey is being analyzed by the internal statistics team and will inform the two year WCHD WFD Plan. A workforce development survey and plan are required to be updated every two years to remain an accredited Health District.

Health Equity - The committee is working with Human Impact Partners to disseminate a self-assessment to gather baseline information from staff about the WCHD's capacity to address health inequities. The data will be analyzed and compiled into key insights for further inclusion in the Strategic Plan. The Health District is also working to secure an \$1.5 million allocation of a statewide CDC grant to address health disparities and COVID-19 co-morbidities. The Health District is working with the state on a plan for Washoe County.

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

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Lisa Sherych
Administrator

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

Southern Nevada Health District Health Report

Presented by Dr. Fermin Leguen, Chief Health Officer



DATE: September 3, 2021

TO: State Board of Health Members

FROM: Fermin Leguen, MD, MPH, District Health Officer

SUBJECT: District Health Officer Report

Coronavirus Disease 2019 (COVID-19)

As more public and private businesses are requiring their employees to either be vaccinated or get regularly tested for COVID-19, as well as venues and special events, the Southern Nevada Health District and its partners are responding to the increased demand with additional clinic sites and resources for testing and vaccines.

As of August 16, a total of 2,252,009 doses of COVID-19 vaccine have been administered in Clark County. The total number of vaccinations initiated is 1,311,790; the number of vaccinations completed is 1,043,609. Approximately 70 percent of adults age 18 and older have initiated vaccination. Approximately 56 percent of adults age 18 and older have completed vaccination. Up-to-date vaccination information is available on the data section of the Health District's website at www.snhd.info/covid-cases.

The Health District also reports information about cases of COVID-19 in people who have been fully vaccinated. As of August 11, there have been reports of 4,377 fully vaccinated individuals testing positive for COVID-19. This represents 0.43 percent amongst the fully vaccinated or 43 cases out of every 10,000 fully vaccinated people. The report is also available on the data section of the Health District's website.

The Centers for Disease Control and Prevention (CDC) strengthened its recommendations for pregnant people to get the COVID-19 vaccine as a result of new data underscoring its safety and effectiveness in both early and later stages of pregnancy. This timely recommendation comes as health care providers are reporting increases in hospitalizations of unvaccinated pregnant people with severe cases of illness. More information on recommendations for pregnant people is available at www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html.

Additionally, the Food and Drug Administration (FDA) and the CDC's Advisory Committee on Immunization Practices (ACIP) recommended an additional dose of COVID-19 vaccine for individuals who are immunocompromised. ACIP recommends that patients work with their health care providers to determine if they should receive an additional dose and the timing to receive it. The Health District will follow Nevada Department of Health and Human Services (NVDHHS) and ACIP guidelines with regard to administering a third dose to this population. More information about the

recommendations is available on the CDC website at www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html.

Fentanyl Deaths Increase in Clark County

The Health District issued an advisory after five fentanyl-related deaths occurred in Clark County during a 24-hour period in August 2021. Between January and May 2021, there were 92 deaths among Clark County residents, a 39 percent increase over the same period in 2020 when 66 deaths were reported. In 2020, there were a total of 193 fentanyl deaths; 72 deaths were reported in 2019. The Health District reminded Southern Nevadans of the continued public health risk that fentanyl poses to the community and that it can be found in other drugs.

Fentanyl is a synthetic (man-made) opioid drug that is highly potent (80-100 times stronger than morphine) and often illicitly manufactured. Deaths involving illicit fentanyl have been increasing. Fentanyl can be mixed with illicit substances (often unknowingly) to look like heroin, cocaine or methamphetamine. More commonly, fentanyl is being pressed into counterfeit pills and sold on the street as Percocet, Xanax, or Oxycodone, which is contributing factor in the increase of fatal overdose.

Since 2018, 412 Clark County residents died from fentanyl. Of these, 67 percent were male. Racial breakdowns were as follows: 52 percent White; 16 percent Black; 2 percent Asian; and 25 percent Hispanic/Latino. Other drugs are often involved in overdoses, with the most common being prescription opioids (27 percent), benzodiazepines (26 percent), psychostimulants such as methamphetamine (25 percent), cocaine (18 percent), and heroin (6 percent). These proportions are not mutually exclusive as more than one drug can contribute to a death.

The Health District and the Centers for Disease Control and Prevention (CDC) recommend people who are at risk of opioid overdose, as well as family members, friends or other individuals who can assist a person at risk should carry naloxone, also known as Narcan®, an opioid-antagonist that can be administered to help reverse opioid overdoses.

The Health District's main public health center offers free naloxone at its pharmacy at 280 S. Decatur Blvd. Other naloxone access points can be found at [Nevada State Opioid Response Naloxone Finder](#). Additional overdose prevention measures and training are available to the community through local harm reduction organizations, including Health District partner organization [Trac-B Exchange](#).

2021 Southern Nevada Substance Misuse and Overdose Prevention Summit

Health District staff worked with partners to host the virtual 2021 Southern Nevada Substance Misuse and Overdose Prevention Summit - A Blueprint for Action: Addressing the Social Determinants of Health on Tuesday, August 10, from 8 a.m. to 5 p.m.

The summit organizers invited participants to envision a community where "not one life is lost to substance misuse or overdose." Session topics discussed achieving this goal by addressing the social determinants of health in the community: racism and discrimination, housing, education, income, and neighborhood conditions. Speakers discussed collaborating in traditional and non-

traditional ways to analyze health equity data and adopt a “health in all policies” approach to create the healthiest community. The summit also featured a virtual resource fair to connect participants to community organizations.

Back-to-School

The Health District worked with its partners to help parents and guardians prepare for the return of in-school instruction by offering back-to-school and COVID-19 vaccines at middle school and high school locations throughout the valley. The Health District and Immunize Nevada also hosted a Saturday Shot Clinic on Saturday, August 7 to provide one more opportunity before the first day of school for children to get vaccinated. As a special incentive to get parents and guardians to bring their children in early to an immunization clinic, Health District employees held a backpack and school supply drive, and 500 fully-stuffed backpacks were distributed to children at Health District clinics.

The Clark County School District requires the following vaccinations for students enrolling in school: chickenpox (varicella), hepatitis A, hepatitis B, polio, tetanus-diphtheria-pertussis (DTaP and Tdap), quadrivalent meningitis, and measles-mumps-rubella (MMR). Children entering 7th grade must be immunized against tetanus-diphtheria-pertussis (Tdap) as well as *Neisseria meningitidis* (meningitis) in the form of a quadrivalent meningococcal conjugate vaccine (MenACWY). The meningitis vaccine is also required for 8th through 12th grade students who are new to the Clark County School District. A booster dose of quadrivalent meningococcal conjugate and the meningococcal B vaccines are recommended for teens who are 16 to 18 years old. College freshmen younger than 23 years old who are enrolled at a Nevada college or university and living in a dormitory are required to receive the meningococcal vaccine.

Steve Sisolak
Governor

Richard Whitley, MS
Director



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Lisa Sherych
Administrator

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

State of Nevada Health Report

Presented by Dr. Ihsan Azzam, Chief Medical Officer

Steve Sisolak
Governor

Richard Whitley, MS
Director



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Lisa Sherych
Administrator

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

Date: August 23, 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: Report to the Board of Health for September 03, 2021 Meeting

Introduction

COVID-19 cases are on the rise again in every state including Nevada, and for the first time since early February, the U.S. is exceeding pre-vaccination levels. Currently, the U.S. represents 20% of all reported COVID-19 cases worldwide. The 7-day national average is more than 140,000 newly confirmed cases per day and continues to increase due to the ongoing spread of the highly contagious Delta variant and a low vaccine uptake. So far new cases in the U.S. rose by about 17%; hospitalizations increased by 15%, and deaths by nearly 24%.

According to the Centers for Disease Control and Prevention (CDC), the Delta variant of COVID-19 seems to be comparable to- or as transmissible as the Chicken Pox, which is one of the most contagious respiratory viruses with R_0 of 9 to 10. The Reproductive Number R_0 for an infective biological agent is the number of individuals a sick person can transmit an infection to, if the entire population is vulnerable to that infection. When first emerged in 2019 with an initial R_0 of about 2 to 3, COVID was slightly more contagious than the flu. However, as the virus continuously mutated and evolved over the course of the pandemic, its R_0 has risen. Currently the R_0 for the Delta variant is estimated to have increased to 6 or 7 which is two- to three times more contagious than the initial version. It's important to mention that the R_0 for the usual seasonal flu is about two, as each infected person with seasonal flu can transmit the virus to two other susceptible individuals.

Over the course of the pandemic, COVID-19 has been a less concerning illness for children than it has been for adults, and that continues to be the case. However, since the emergence of the highly infectious Delta variant, the risk for children to contract and transmit the infection is rising, and that is creating a perilous situation for hospitals across the nation. The number of American children hospitalized with COVID-19 increased by more than 500%, and as of August 21st, more than 1,800 minors were hospitalized with COVID in U.S. hospitals. With the continuous rise of cases and hospitalizations, healthcare facilities seem to have been pushed to the limit in many area; especially for children, as healthcare facilities are also dealing with many individuals affected by an "uncharacteristic" summer surge of the Respiratory Syncytial Virus (RSV).

This overwhelming increase in COVID-19 cases was attributed to a slowing vaccination rates and the emergence of more virulent COVID-19 variant strains that are rapidly spreading in almost every state, especially Florida, Texas and Arkansas.

Almost all cases of severe disease, hospitalization, and death continue to occur among those not vaccinated. Even though Vaccines continue to be highly protective against severe outcomes, hospitalizations and death, recent data seem to indicate some decline in vaccine effectiveness against contracting and transmitting the virus. It is critical that unvaccinated and partially vaccinated people get their primary series of vaccines. On August 12, the U.S. Food and Drug Administration (FDA) authorized the use of a booster shot for severely or moderately immunocompromised individuals that have been fully vaccinated. The CDC Advisory Commission on Immunization Practices (ACIP) is urging those with immunodeficiencies to consult with their providers to determine the need for a 3rd dose of an mRNA vaccine. Additionally, indications for the use of Monoclonal Antibodies (MCAs) were extended to include post-exposure prophylaxis; allowing high risk patients to seek care without a positive COVID-19 test, which may help reduce transmission, particularly in congregate settings. However, treatment with MCAs is not a substitute for vaccination against COVID-19, and is not authorized for pre-exposure prophylaxis to prevent COVID-19.

On August 23 FDA approved the first COVID-19 vaccine. The vaccine has been known as the Pfizer-BioNTech COVID-19 Vaccine, will now be marketed as *Comirnaty*, for the prevention of COVID-19 disease in individuals 16 years of age and older. The FDA approval of this vaccine is a milestone as the nation continues to battle the COVID-19 pandemic.

COVID-19 Testing, Morbidity (Cases and Hospitalization) and Mortality in Nevada

The Nevada Division of Public and Behavioral Health (DPBH) continues to drive containment and mitigation strategies, including the urgent need to increase vaccination levels for all eligible residents age 12 and older and the ongoing compliance with practical prevention behaviors such as facemask use, avoiding crowded places, enhancing indoor ventilation; improving personal and environmental hygiene and complying with social distancing.

About 1,082 newly confirmed cases are reported on average each day over the previous seven days, and since the beginning of the pandemic, there have been more than 370,000 confirmed COVID-19 cases in the state.

Nevada continues to align mask mandates with the CDC Community Transmission Tracker to determine which counties are at substantial or high risk for the spread of COVID-19. Currently, nine counties (Clark, Lincoln, Nye, Carson City, Douglas, Lyon, Washoe, Churchill and Elko) are considered at elevated risk for the spread of COVID-19

COVID-19 cases and hospitalizations started to plateau in Clark County while seem to be continuing to climb in Washoe and several other counties across the state including Carson City, Churchill, Douglas, Humboldt, Lyon, Mineral and Nye.

Since the beginning of the pandemic, more than 1.8 million individuals or about 60 percent of Nevada residents have been tested for COVID-19, and there have been more than 3.8 million individual testing encounters. So far 1 in 8 Nevadans has tested positive for the virus.

Driven primarily by the spread of the Delta variant, Test Positivity Rate, a benchmark measure of community spread of the infection, has risen in Nevada from a low of 3.4% in mid-May to 16.3% in August. Nevada's current test positivity rate is almost triple the World Health Organization's recommended 5 percent threshold. But a little less than the peak test positivity rate of 21.2 percent the state had in mid-January.

Together with the Nevada State Public Health Laboratory (NSPHL), DPBH epidemiologists have been closely monitoring the emergence and spread of the Delta variant and several other variants of concern. Recent data from the NSPHL showed that the highly transmissible Delta variant is now responsible for more than 9 in 10 new infections in the state. And, in the 14-day period leading up to August 23rd, the Delta variant was responsible for 93 percent of all genetically sequenced COVID-19 cases in the state.

Hospitalized COVID-19 patients have significantly increased in both southern and northern Nevada in the past month. However, that trend started to slow down as new hospitalizations in Clark County seem to have been gradually decreasing while they continued to increase in Northern Nevada. Staffing shortages remain a challenge at multiple facilities statewide.

As vaccines are keeping most people out of hospitals, death rates are currently half of those observed last summer. However, about 97% of hospitalized COVID patients are unvaccinated. One of the very first federally supported MCAs Treatment Centers was set up at Sunrise Hospital and Medical Center in Las Vegas. Treatment, with MCAs include a one-time intravenous infusion for COVID-19 patients age over 12 with certain risk factors such as overweight, asthma, diabetes and/or a heart disease that increases their risk to develop severe sickness. The treatment must be given within 10 days of symptom onset to prevent complications and avoid hospitalization. Early intervention with monoclonal antibodies can shorten the duration of COVID-19 symptoms and reduce the risk of severe illness and hospitalization. Treatment with Monoclonal antibodies decreases the need for hospitalization about 70 to 75%.

COVID-19 deaths in Nevada continue to sharply rise, and since the beginning of the pandemic, there have been 6,270 deaths from COVID-19. Over the last seven days, 141 new COVID-19 deaths have been reported across the state, which represents 79 more COVID-19 related death than last week.

Vaccination Progress

COVID-19 vaccination is the leading public health strategy to end the pandemic, and the pace of vaccine distribution in Nevada has been increasing in recent weeks. 7,500 vaccine doses were administered each day over the last seven days. And, since vaccinations started in December, more than 1.7 million Nevada residents have received at least one dose and nearly 1.4 million Nevadans have been fully vaccinated. Also, as of August 21, 2021 more than 95,939 individuals ages 12 to 17 have been vaccinated statewide. Currently, more than 60.91 percent of Nevada residents age 12 and older have been either partially or fully vaccinated against COVID-19 — including 50.49 percent fully vaccinated — and about 30 percent of Nevadans eligible for the vaccine have yet to receive it. Followed by Washoe, Douglas and Clark County, Carson City continues to have the highest percentage of residents fully vaccinated against COVID-19 at 52.2 percent. Nevada ranks 26th in the nation with the highest currently administered vaccine doses per 100,000 population.

Available COVID-19 vaccines presently authorized in the U.S. offer protection against known emerging variants, including the Delta variant, particularly against severe cases, hospitalization and death. Individuals who have a weakened immune system make up about 3 to 4 percent of the U.S. adults, and are especially

vulnerable to COVID-19 infections because they are more at risk of serious prolonged illnesses. Studies showed that such patients may not be able to develop adequate levels of protection after receiving two doses of an mRNA COVID-19 vaccine, and are more likely to spread COVID-19 to other household contacts. CDC recommends a 3rd dose to immunocompromised individuals including those with a wide range of conditions, such as recipients of organs or stem cell transplants, individuals with advance or untreated HIV infection, cancer patients, people who are taking some medications that weaken the immune system, and others.

With the Delta variant surging and cases of COVID-19 increasing significantly across the U.S. an additional dose could help prevent serious and possibly life-threatening COVID-19 especially among immunocompromised individuals.

Pregnant Women are at higher risk for severe COVID-19 infections. Recent CDC data and reports reaffirmed the safety of the COVID-19 vaccines for pregnant woman, including those early in pregnancy and around the time of conception.

The increasing circulation of highly contagious variants such as the Delta variant, coupled with a low vaccine uptake among pregnant women, in addition to increased risks for severe illness and pregnancy complications related to COVID-19 infection among pregnant women make vaccinating pregnant women a high public health priority. Current national and international studies demonstrated that there is no evidence that any vaccines, including COVID-19 vaccines, adversely affect fertility or pregnancy.

The Delta variant is driving increased breakthrough infections and has led CDC and several states to reimpose mask mandates. Infections that occurred in the setting of full vaccination were mild in 96% of breakthrough cases, moderate in 3%, severe in less than 0.05%, with death in less than 0.05%. According to CDC unvaccinated people who have been infected are more than two times more likely to be infected again than those who are fully vaccinated.

The Governor's Medical Advisory Team (MAT) unanimously recommended that all health care workers in the State of Nevada, employees of all government agencies within the State of Nevada, and all employees who work with and serve vulnerable populations or are employed in congregate care settings including but not limited to skilled nursing facilities, homeless shelters, acute and critical care facilities, correctional facilities, child care providers, and schools to become fully vaccinated for COVID-19 and show proof of vaccination to their employer. Unvaccinated employees due to religious or medical exemptions, must wear face mask in- and out-doors. MAT also recommended that all post-secondary faculty, staff, contractors and students, including those in the Nevada System of Higher Education (NSHE) to become fully vaccinated for COVID-19 and show proof of vaccination, prior to the start of the Spring semester 2022.

Both recommendations were approved by the State Board of Health and already signed into law by the State Governor.

Returning to In-person Schools

It is increasingly clear that returning to in-person schools will not be as normal as it was hoped/envisioned at the beginning of the summer. As children younger than 12 remain unvaccinated, school systems should update their COVID-19 mitigation measures developed for reopening in the fall of 2020 and spring of 2021 based on the most current CDC guidelines.

Due to the Delta variant infecting larger proportions of school-age children, CDC recently released newly updated guidelines to schools for reopening plans. The revised CDC plans include prioritizing in-person learning, vaccination for all eligible staff and students, universal masking of students, staff and visitors; physical distancing of students in classrooms by at least 3 feet, regular testing to screen for asymptomatic infections, in addition to improving personal and environmental hygiene, better ventilation and disinfection of surfaces in schools.

Schools are trusted institutions in their communities and can play a vital role in promoting COVID-19 vaccination by

- Setting up school-based COVID-19 and influenza vaccination clinics
- Regularly communicating with local and state health authorities
- Developing and sustaining partnerships with community members
- Sharing and leveraging resources with community-based organizations
- Promoting well-child visits
- Creating safe and inclusive environment for all students
- Making COVID-19 a teachable moment

Upcoming Seasonal Influenza

While most of the current efforts are focusing on controlling the pandemic and accelerating COVID-19 vaccinations, this flu season will be unpredictable, so it is essential to get the flu vaccine. A dramatic reduction in the influenza virus circulation was observed during the previous 2020-2021 Season which could have led to an increase in the number of susceptible individuals who will be vulnerable during this upcoming influenza season, which would likely result in more influenza cases, hospitalizations and deaths this winter. Additionally, many unvaccinated individuals could be vulnerable to contract both the seasonal influenza virus and COVID-19.

Variables that impact the severity of the upcoming influenza season in 2021-2022 may include

- Type of influenza strain that will circulate
- Continuing compliance with facemask use
- Improved environmental and personal hygiene including proper hand-washing and regular environmental hygiene
- Extent of Social Distancing
- Vaccine uptake and effectiveness

It is important to emphasize that even with a low- or modest influenza vaccine efficiency observed in previous seasons, flu shots were adequate in reducing individual susceptibility to contract and transmit the infection. Additionally, flu shots were always very effective in reducing severe morbidity and mortality associated with influenza. It significantly reduced severe influenza cases, complications; hospitalizations and death.