

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 & Human Services Regional Health Report

# Carson City Health and Human Services Report

## Carson City Board of Health Meeting

### March 3, 2022

#### National Public Health Week

- April 4-10
- Themes
  - Monday – Racism: A Public Health Crisis
  - Tuesday – Public Health Workforce: Essential to our Future
  - Wednesday – Community: Collaboration and Resilience
  - Thursday – World Health Day: Health is a Human Right
  - Friday – Accessibility: Closing the Health Equity Gap
  - Saturday – Climate Change: Taking Action for Equity
  - Sunday – Mental Wellness: Redefining the Meaning of Health
- Project
  - Lead - UNR MPH Student Intern
  - Collaborating with Carson City School District's HOSA Students
  - Pictures and stories will be displayed on the wall in the Health Department's Lobby – 900 E. Long Street

#### COVID-19 Update

- Vaccination events continue to be offered throughout the Quad-Counties region. Vaccinations include booster shots for Pfizer and Moderna as well as pediatric Pfizer doses. There has been a dramatic decrease in vaccinations during the last 4 weeks. CCHHS continues to offer opportunities, not to mandate vaccines.
- All community-based vaccination events offered in the Quad-Counties region are conducted with CCHHS staff from the Public Health Preparedness program.
- CCHHS serves as a regional distributor for vaccines to healthcare providers registered with Nevada State Immunization Program. This allows providers to acquire smaller quantities of vaccine from CCHHS and to not have large amounts of vaccine waste. Health entities requesting through CCHHS include local provider offices as well as worksite health programs. CCHHS is poised to do regional distribution of vaccine and offer vaccinations when the COVID-19 vaccine is approved for children ages 6 months-4 years of age.
- CCHHS and Carson Tahoe Hospital are the organizations within this area with ultra-cold freezers needed for the Pfizer vaccine.
- CCHHS established limited appointment-based testing in response to the surge. This testing ceased on February 11, 2022, due to decreased demand. There are numerous entities in the region offering testing and the utilization of testing through CCHHS has been extremely low.
- CCHHS secured 30,000 at home COVID-19 testing kits to be distributed across the Quad-Counties region. CCHHS worked with Emergency Management of the respective counties to distribute those tests according to each County's request of placement. Tests were received on Friday, 2/4/22, and were 100% distributed by the end of the day on 2/8/22. Huge thank you to Shari Grennan FEMA Local Hire Reservist and Haydon Cook, Accreditation Coordinator/Public Health Program Specialist.

- The Quad-Counties COVID Hotline helps individuals get connected with testing services in the area including the Community Health Nurse’s Offices and local pharmacies. Additionally, the Hotline helps community members locate vaccine locations if the community member is unable to attend one of the community events or get to CCHHS for services. Hotline calls have dropped off dramatically. Personnel is working on a Quality Assurance project during down time.

## Clinical Services

### Statistics

Family Planning (Title X) Unduplicated Clients / Number of Visits				
2020 Total	2021 Total	1Q22	2Q22	3Q22
2,950	1,627	No data yet	No data Yet	No data yet

Title X (Family Planning) grant application was submitted for the next 5-year grant period.

Vaccinations Administered/Number of Individuals				
2020 Total	2021 Total	2022 – Jan only	Q222	Q322
5,313/2,486	4,034/1,762	351/202	No data yet	No data yet

Carson City Pre-employment Drug Screens				
2020 Total	2021 Total	1Q22 – Jan only	2Q22	3Q22
161	206	17	No data yet	No data yet

### Tuberculosis (TB) Screening –

Individuals are screened both onsite and offsite facilities. A TB test is a two-visit process. One visit to place the test and the second visit to assess the results. Some individuals are required to have two tests within 7 to 21 days of each other which then would require 4 visits to complete both rounds of testing. TB testing includes services provided both at the clinic and an inpatient drug treatment center.

Tuberculosis (TB) Screening/Number of Individuals				
2020 Total	2021 Total	1Q22 – Jan only	2Q22	3Q22
565/418	630/466	40/35	No data yet	No data yet

### Budget

- General Funds – 10%
- Grants – 63%
- Revenue – 27%

## Staff Training

- Annual Skills Day with Public Health Preparedness providing a COVID-19 Overview and EpiPen Training by Sheila Story, the Chief Nurse for Carson City School District
- Annual HIPPA Training
- Department Operations Center (DOC)

## Challenges

- Continued administration of COVID-19 primary series, boosters and pediatric doses with varying dosages and time frames.



## Chronic Disease Prevention and Health Promotion (CDPHP)

- Video produced by an outside contractor for the CDPHP Division - [https://www.youtube.com/watch?v=rkE\\_WiXVvDU](https://www.youtube.com/watch?v=rkE_WiXVvDU)

### Adolescent Health Education

- In February, 1 Sexual Risk Avoidance Education (SRAE) class was conducted at Virginia City Middle School with a total of 19 enrolled and still attending so the completion percentage rate is still pending.
- Activity in January 2022 focused on Recruitment and Retention.
- In November and December 2021, Roni Galas presented the program curriculum to the Carson City High School Family Life Committee with hopes to be allowed to conduct classes in the spring.
- In November 2021 a community SRAE class was conducted with one student in attendance.
- In October 2021, one Personal Responsibility Education Program (PREP) class was conducted at Western NV Rural Youth Center – 7 individuals attended.
- In September 2021, 2 SRAE classes were conducted - One class at the Carson City Community Center with 2 students; and Virginia City Middle School with 18 students.

\*Both the SRAE and PREP courses consist of 8 one-hour modules. The classes facilitated at the youth correction facilities see youth transitioning in and out of the facilities. They may be able to go home during the time we are facilitating the course or are entering the facility during our time with them. Hence, the fluctuation in the numbers at the facilities.

Ryan White – Retention in Care

Ryan White Program Services Provided						
	2019	2020	2021	1Q22 - Jan	2Q22	3Q22
Number of Services provided/clients	1,591/ 512	524/ 150	411/ 104	Services data not available yet /31	No data yet	No data yet

CCHHS will receive level grant funding for Ryan White Retention in Care for next grant cycle (4/1/22 – 3/31/23).

Tobacco Control and Prevention

- CCHHS Tobacco program staff continues to participate in Nevada Tobacco Prevention Coalition as members.
  - Monitoring meetings regarding Cannabis Advisory Commission recommendations for the Cannabis Compliance Board.
- CCHHS staff are reviewing Carson City School District’s Restorative Discipline Plan and the Empower 2022 Strategic Plan (Carson City School District). The goal of this is to identify a school policy that could be improved to address e-cigarette use.
- Attracting Addictions social media posts produced by outside contractor. CCHHS posted them on our social media outlets. This project is in collaboration between CCHHS, Southern Nevada Health District, and Washoe County Health District.
- In collaboration with Healthy Communities Coalition, 2 presentations were conducted and 2 are pending.
- Suzie Ledezma-Rubio, program coordinator, is a member of Western Nevada College’s (WNC) Healthy Campus and Environment Committee.
  - In 2017, CCHHS assisted WNC with becoming a tobacco free campus.
  - Continuing to assist Western Nevada College to strengthen their Tobacco Free Policy.
  - It has been reported that there may be a problem with vaping in the restrooms on all campuses.
  - The Committee requested CCHHS’ assistance in developing a short survey be created to inquire if the students/faculty are aware of the policy. This survey will be accessed through a QR code.
  - This survey will help with the decision of whether to put vaping detection devices in the restroom.
- Various vaping devices and products purchased for educational purposes. Products were used during a KOLO Morning Break interview of Nicole Dutra, State of Nevada, Youth Tobacco Prevention Coordinator.

Budget

- General Funds – None
- Grants – 100%

## Staff Training

- All
  - Department Operations Center (DOC) – All
- Adolescent Health
  - Families Talking Together – training has been initiated
  - Trauma Informed Care Project
- Tobacco Control and Prevention
  - 8-week Community Health Worker (CHW) course which began in January
  - Vaping: Know the Truth – Empowering Students with the Facts on E-cigarettes & Tools to Quit by Truth Initiative
  - The Inter-Tribal Council of Michigan's National Native Network with Indian Health Service Clinical Support Center (Accredited Provider) present a webinar on Healthy and Inclusive events
  - Innovative Strategies to Promote Quitlines During the Pandemic by North American Quitline Consortium
  - Webinar-Intersection of marijuana and smoke free multi-unit housing by American nonsmokers' rights foundation (ANRF)

## Challenges

- Being able to get back into all the schools to conduct classes (pre-COVID-19 levels). (Adolescent Health Education)
- Finding youth to conduct focus group or youth engagement in general. (Tobacco Control and Prevention)



## Environmental Health

Permitted Establishments – Inspections Conducted						
Permitted Establishments	2019	2020	2021	1/1/22 to 1/26/22	No data yet	No data yet
Restaurants – Carson City	670	608	700	28	**	**
Restaurants – Douglas County	772	726	827	49	**	**
Temporary Events – Carson City	169	0	131	1	**	**
Temporary Events – Douglas County	78	2	169	1	**	**
Childcare Facilities	20	18	24	0	**	**
Public Pools, spas, aquatics – Carson City	49	50	66	0	**	**
Public Pools – Douglas County	94	79	100	0	**	**
Septic	9	5	10	1	**	**
Hotels/Motels	24	4	42	1	**	**
Schools	15	16	24	0	**	**

Permitted Establishments – Violations						
Permitted Establishments	2019	2020	1/1/21 - 5/29/21	5/30/21 - 8/28/21	8/29/21 - 11/6/21	11/7/2021 - 1/29/22
Food						
Critical	71	195	83	42	37	36
Non-critical	243	439	149	133	133	77
Pools						
Critical	4	17	2	10	0	0
Non-critical	4	25	14	133	1	0

Plans Reviewed						
	2019	2020	1/1/21 - 5/29/21	5/30/21 - 8/28/21	8/29/21 - 11/6/21	11/7/2021 - 1/29/22
Number of Plans	*	*	55	9	21	31

*\*Starting in 2021 staff changed the way plan reviews were tracked*

Mosquito Abatement						
	2019	2020	2021	1/1/22 - 2/14/22	No data yet	No data yet
Number of Hours by EH Staff	32	30	55	0	**	**

(8/29/21 – 2/14/22) No activity due to no water in traditional areas and end of the season.

#### Other News

- The Environmental Health program received a grant from the Association of Food and Drug Officials (AFDO) in the amount of \$12,042, to purchase new field units. Field units purchased and will be deployed in February.
- The Environmental Health Services Interlocal Agreement with Douglas County is being negotiated and will be presented to the Board of Supervisors in May or June.

#### Staff Trainings

- Department Operation Center (DOC)

#### Budget

- General Funds – 9%
- Grant Funds – 82% - this percentage has increased substantially due to COVID-19 grants
- Revenue – Carson City Permit Fees – 1%
- Revenue – Douglas County Permit Fees – 3%
- Douglas County Interlocal Agreement – 5%

#### Epidemiology

Sexual Health Statistics (Carson City)						
	2019	2020	1/1/21 - 5/29/21	5/30/21 - 8/28/21	8/29/21 - 11/6/21	11/7/2021 - 1/29/22
Chlamydia	265	188	78	38	43	49
Gonorrhea	42	43	16	18	9	3
Primary and Secondary Syphilis	8	6	4	1	0	3



<b>Sexual Health Statistics (Douglas &amp; Lyon Counties)</b>						
	<b>2019</b>	<b>2020</b>	<b>1/1/21 - 5/29/21</b>	<b>5/30/21 - 8/28/21</b>	<b>8/29/21 - 11/6/21</b>	<b>11/7/2021 - 1/29/22</b>
Chlamydia	287	256	122	67	41	60
Gonorrhea	52	93	44	15	9	10
Primary and Secondary Syphilis	5	7	6	0	1	3

<b>Vector Borne Diseases</b>						
	<b>2019</b>	<b>2020</b>	<b>1/1/21 - 5/29/21</b>	<b>5/30/21 - 8/28/21</b>	<b>8/29/21 - 11/6/21</b>	<b>11/7/2021 - 1/29/22</b>
Carson City	None Reported	None Reported	None Reported	None Reported	None Reported	None Reported
Douglas & Lyon Counties	None Reported	None Reported	None Reported	None Reported	1	None Reported

<b>Other Disease Investigations</b>						
	<b>2019</b>	<b>2020</b>	<b>1/1/21 - 5/29/21</b>	<b>5/30/21 - 8/28/21</b>	<b>8/29/21 - 11/6/21</b>	<b>11/7/2021 - 1/29/22</b>
Campylobacteriosis+	6	0	0	1	0	3
GI Outbreak (Childcare Facility)	0	0	0	0	1	0
Rabies, Animal (Bat)	0	0	0	0	1	0
RSV* Outbreak (Childcare Facility)	0	0	0	0	1	0
Salmonellosis+	4	3	1	1	1	2

\* RSV activity in the Quad County has increased; + Common causes of foodborne illness

<b>Influenza Hospitalizations</b>						
	<b>2019</b>	<b>2020</b>	<b>1/1/21 - 5/29/21</b>	<b>5/30/21 - 8/28/21</b>	<b>8/29/21 - 11/6/21</b>	<b>11/7/2021 - 1/29/22</b>
Influenza Hospitalizations	36	2	None Reported	None Reported	None Reported	6

#### Staff Training

- Department Operation Center (DOC)

## Budget

- General Funds – 0%
- Grants – 100%

\*\*Note: Health authority investigation of reportable communicable diseases is required by NRS 441A.



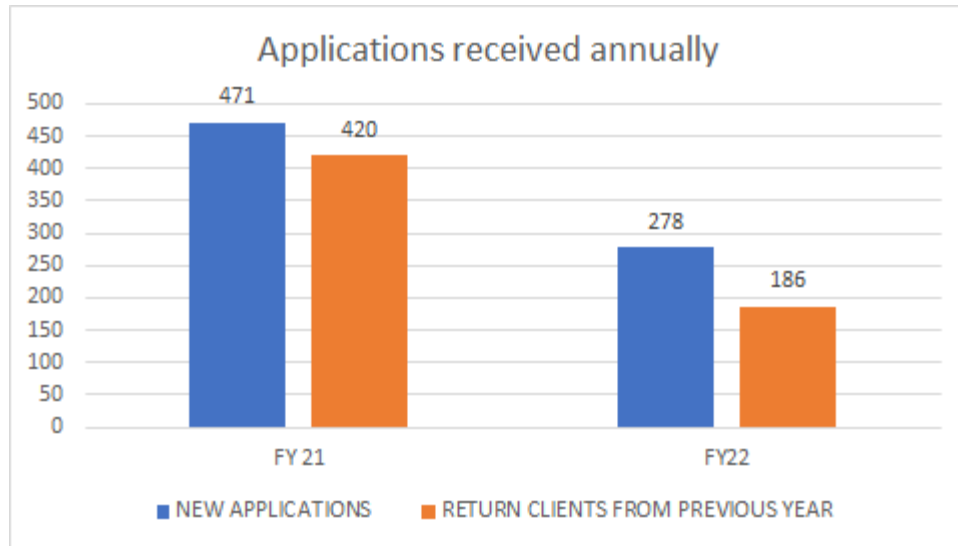
## Human Services

### Activities

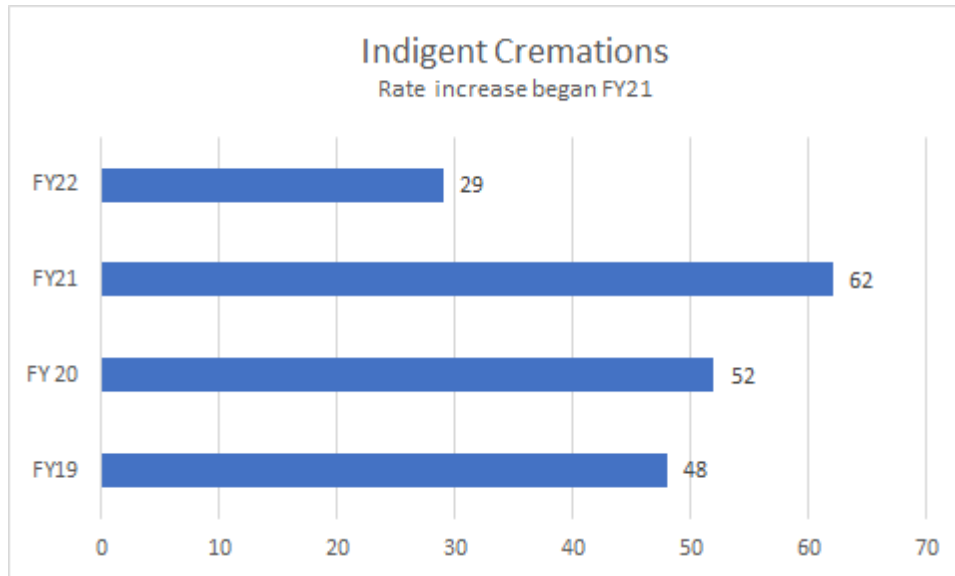
- Kicked off a year-long project to advance the Human Services Division into a Trauma Informed agency. This project will guide the staff to look at policies, office settings, and conversations with clients and co-workers to move towards a trauma informed friendly agency.
- Human Services is assisting with distributing at home COVID-19 testing kits to low-income residents. The target population is residents living in motels and those unable to go to the distribution centers.
- Staff participate in the Carson City Behavioral Health Taskforce, Carson City Community Coalition, Rural Nevada Continuum of Care (RNCOC), RNCOC Coordinated Entry (intake assessments of the homeless), Nevada Community Action Association, Nevada Association of County Human Services Administrators, and Carson City Forensic Assessment Services Triage Team (FASTT). In addition, Human Services is a resource hand off for the Carson City Specialty Courts, Mobile Outreach Safety Team (MOST), and discharge planners for the hospital.
- Christie Contreras, Community Health Worker (CHW), completed and received the CHW certification!

### Individuals Assisted – July 1, 2021, to February 14, 2022 (Current)

- **Seven** residents were rehoused that had been using emergency services frequently due to homelessness!
- Between July 1 and February 14 – Received a total of 464 housing assistance applications (278 new and 186 returning applicants). Chart indicates total received previous fiscal year and received this fiscal year through February 14, 2022.



- An on-going housing program, Shelter Plus Care, is assisting **8 households** that were previously chronically homeless individuals.
- Homeless prevention programs through the Emergency Solutions Grant-Homeless Prevention and Affordable Housing Tax Fund assisted **11 households**.
- The Emergency Solutions - Rapid Rehousing Grant made it possible to rehouse **2 households**.
- **Twenty-one individuals** were assisted with security deposits through the Welfare Set-Aside funds.
- **Twelve households** received one-time rental assistance through the Welfare Set-Aside funds.
- **Ten individuals** were housed in the CCSHARES Program, which is the housing partnership between Human Services and the Carson City Specialty Courts.
- **One senior** gets a rent supplement funded through the Indigent Accident Funds.
- With the Emergency Solutions COVID-19 Grant, **14 households** impacted by COVID were assisted with rental assistance.
- There were **185 inmates** enrolled in FASTT.
- Human Services staff responded to **20 requests** for wrap around services for quarantined residents due to COVID.
- **Five residents** were housed in a location secured by CCHHS who did not have a place to isolate or quarantine due to COVID-19.
- **Twenty-nine** indigent cremation assistance was provided. The payment amount increased from \$550 to \$650 in August 2020.



- In FY22, **3 individuals** in the county received assistance for long term care. Two have since deceased and one continues to receive assistance.
- There are about **111 individuals** (average) in the Medicaid County Match program (long term care). The State of Nevada is not currently invoicing counties until the County Match contract is executed. Once the contract is executed, the counties will be invoiced for the amount owed during this time period. The contract has not been distributed to the counties.

#### Women, Infants and Children (WIC) Statistics

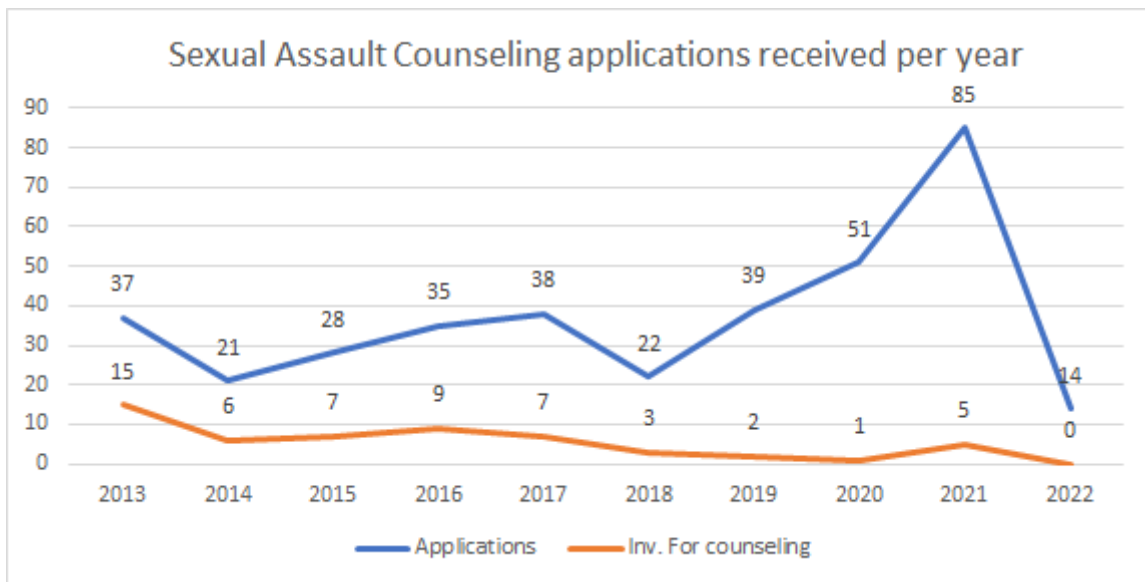
WIC encourages breastfeeding and monitors the length of time participants breastfed. WIC was given flexibility and did not have to require in-person appointments during the COVID-19 pandemic. This challenged the WIC staff to keep motivating and supporting participants in their choice to breastfeed. Both clinics kicked off “**Milk Miles**”, which is an incentive program to keep families motivated to breastfeed. Families receive gifts for meeting landmarks of breastfeeding for 1 month, 3 months, 6 months, 9 months, and one year.

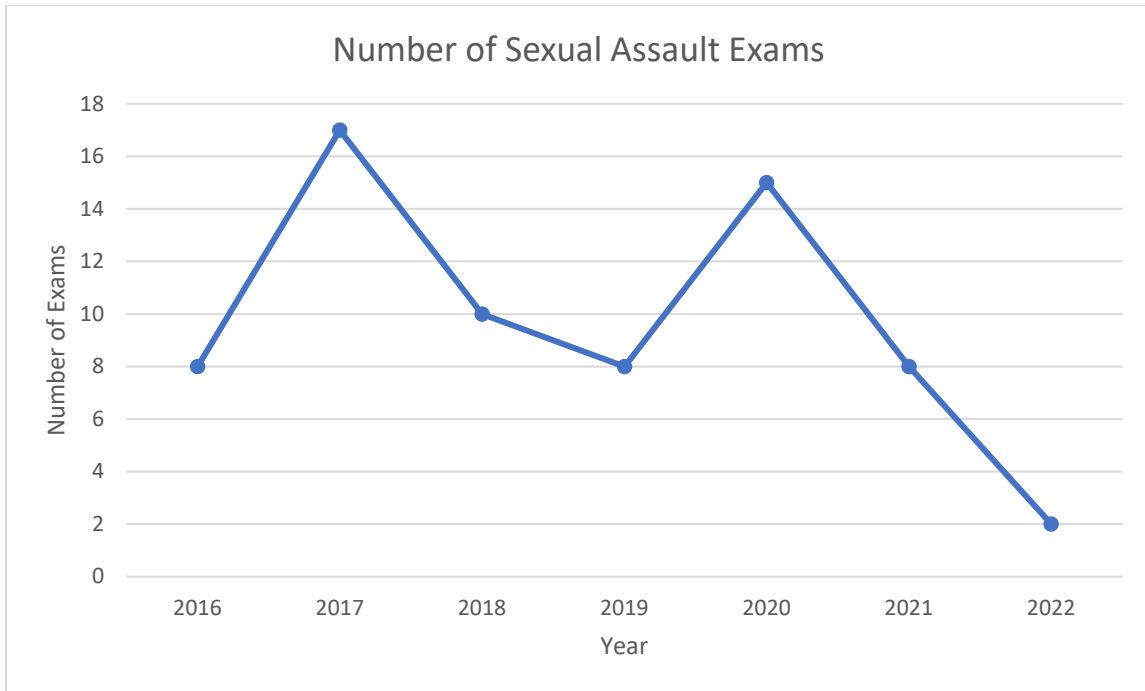
For calendar year 2021:

- The Carson City Clinic has seen a total of **344 participants**: 23 pregnant women, 21 fully breastfeeding, 9 partially breastfeeding, 17 not breastfeeding, 84 infants, and 190 children.
- The Gardnerville Clinic has seen a total of **177 participants**: 17 pregnant women, 11 fully breastfeeding, 6 partially breastfeeding, 8 not breastfeeding, 47 infants, and 88 children.

Sexual Assault Responses (All statistics are calendar year)

- In 2021, Human Services received **85 new applications** for sexual assault counseling funds.
- Within the first 45 days of 2022, **14 new applications** were received. **Five individuals** are actively receiving counseling.
- The Human Services Division Manager approves the application and sends a notification to Advocates to End Domestic Violence, who assists the victim with finding a therapist. Not everyone follows through with the therapy and some delay therapy for a year or two. The approval does not expire. Counties are mandated to pay for costs for medical and psychological treatment up to \$1,000. (NRS 217.320)





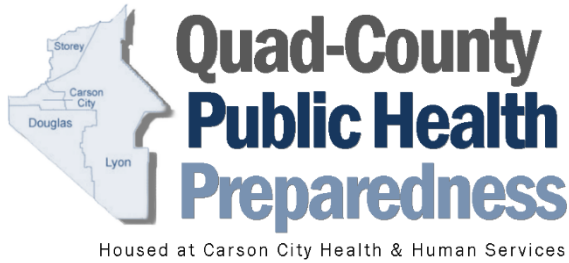
- In 2022, there have been **2 exams** year to date.
- In 2021, **7 sexual assault exams** were conducted.
- No exams were conducted in Reno.

Other news, including staff trainings

- Signs and Symptoms of Substance Use, Gambling and Mental Health Issues –Recovery Friendly Workplace Training
- Crisis Intervention Training (CIT)
- Rural Nevada Continuum of Care 2021 Domestic Violence Safety Training
- Coordinated Entry Assessor Training for Rural Nevada
- Cultural Competency Training
- Trauma Informed Agency:
  - Nevada Community Action Association (NCAA) Ace’s is not Destiny Part 1
  - NCAA Ace’s is not Destiny Part 2
  - Trauma Informed Training Project Kick off Part 1
  - Trauma Informed Training Project Kick off Part 2
- Department Operations Center (DOC)

Budget

- General Funds – 27%
- Grants – 72%\*
  - \*Includes the Indigent Accident Funds



## Public Health Preparedness

### Emergency & Disaster Preparation

- Quad-County PHP staff attended the Nevada Emergency Preparedness Association conference in Las Vegas at the end of February.
- Quad-County PHP staff have delivered presentations to public health nurses during their annual skills day recertification and to the Carson Chamber of Commerce's Leadership cohort.
- Quad-County PHP staff participated in the Northern Regional Behavioral Health emergency operations plan tabletop exercise.
- Quad-County PHP staff participated in the statewide mass care meeting with State Division of Emergency Management.

### Health Care Emergency & Disaster Preparation

- The Quad-County Healthcare Coalition has been active throughout the COVID-19 response. The Quad-County PHP team continues to be actively engaged with local healthcare partners in response to the staffing shortages that most hospitals are experiencing across the country.
- The Quad-County Healthcare Coalition has completed its annual Hazard Vulnerability Assessment (HVA) which helps identify gaps and resources to be acquired by the Coalition.

### Community Vaccinations

- Continuing to host COVID-19 vaccination events every week. Have plan ready to support any changes in COVID vaccination recommendations.

### Staffing Challenges

- Challenges with hiring vaccinators/testers to support COVID response.

### Budget

- General Funds – None
- Grants – 100%
- Revenue – Collected from health insurance companies and individuals for influenza vaccinations. (Community Vaccination Revenue)

## CCHHS Administrative/Fiscal

### Staff Report

- Employees –
  - 35 FT City Employees
  - 10 PT City Employees
  - 31 Contract Employees (Marathon, NSHE, CDC Foundation, Local FEMA Hire Reservist)
  - 2 – Contracted (Health Officer; Clinic, PHP, and SART Pharmacist)

### Other News

- Director manages 2 small grants – Sexual Assault Response Team and Preventive Health and Health Services

### Challenges

- Hard to fill vacancy - Fiscal/Grant Analyst – Health

### Budget

- General Funds – 100%
  - \* Three of the fiscal staff (1 FT and 2 PT) are partially grant funded and are included within the appropriate division statistics.)



### Accreditation

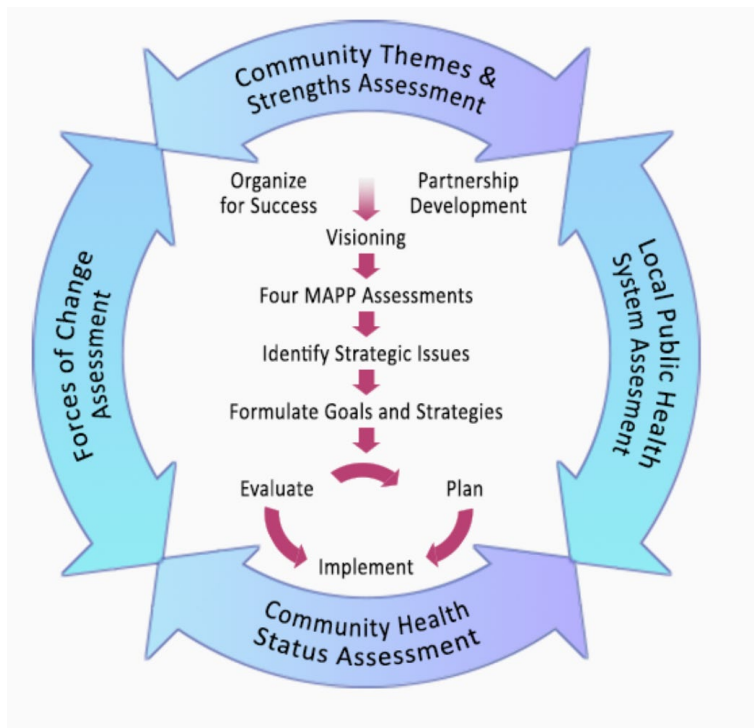
- Re-accreditation documentation submitted on 11/18/21
- Have not heard from PHAB as of 2/18/22
- Next Steps -
  - Review of documentation
  - Request for more documentation or explanations
  - Virtual site visit
  - Public Health Accreditation Board Decision

### 3<sup>rd</sup> Community Health Needs Assessment

2023 Community Health Needs Assessment – The CCHHS Director and Amy Hyne-Sutherland, Director of Mission Integration are planning how the collaboration will look for the next Community Health Needs Assessment. A kickoff meeting is in March.

The Mobilizing for Action Through Planning and Partnership or MAPP process will be used again for the upcoming Community Health Needs Assessment. This process was used for the last CHNA. Note there are 4 different assessments. CCHHS will again be asking all members of the Board of Health to participate in the Local Public Health System Assessment.





### 3<sup>rd</sup> Community Health Improvement Plan

After the Community Health Needs Assessment is completed in early 2023, the Community Health Improvement Plan will be developed with the assistance of community partners. This plan is not CCHHS' plan but is the community's plan.

#### Current Community Health Improvement Plan:

- Access to Healthcare – no new developments
- Behavioral Health – Carson City Behavioral Health Task Force – Community Health Improvement Plan is in the process of being updated based on the current Community Health Needs Assessment (CHNA)
- Nutrition – no new developments

#### Quality Improvement Projects (overseen by the Performance Management Team)

- Open projects
  - Administration – Employee Satisfaction - Communication
  - Chronic Disease Prevention Health Promotion (CDPHP) – Video and Brand
  - Clinic – Streamline Women's Health Connection Process, Storyboard in progress
  - EH – SWEEPS (EH database) Audit
  - EH - Septic/Well Scanning Project
  - Human Services – Marketing Plan
  - Human Services – Homeless Outreach Program

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

---

# Washoe County Health District Regional Health Report

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

Date: March 4, 2022  
To: State Board of Health Members  
From: Kevin Dick  
Washoe County District Health Officer  
Subject: March 2022 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 047, 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 from the disease.

Washoe County has experienced an incredible surge of cases caused by the Omicron variant, that occurred during the month of January with the highest number of new cases, 1,703, reported on January 20, and the peak 7-day average of new cases reported on January 21 at 1164.9. Since that peak, we have seen a rapid decline in cases to a 7-day average of 210.7 reported February 14. 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 393.41 and the 7-day average test positivity exceeding 10% at 29.99% as of February 14. On February 14, the Nevada Hospital Association reported 116 people hospitalized in Washoe County with confirmed or suspected COVID-19. The Nevada Hospital Association has northern Nevada hospitals at the alert level for staffing.

Demand for testing has declined dramatically and the Health District is now testing 3-days per week at the Reno Sparks Livestock Events Center. Tests are analyzed by the Nevada State Public Health Laboratory (NSPHL). Testing is limited to those who are symptomatic or have had close contact with a COVID-19 case. We are receiving lab results within 24-27 hours.

The Health District is providing vaccinations through regularly scheduled community POD events and indoors through our clinical services program. Over the past four weeks we have averaged 7,663 vaccinations administered per week county-wide by all providers. The number of vaccinations administered each week has declined by about 30% over the last month, and vaccination appointments are widely available in the community. The percentage of COVID-19 vaccinations administered by the Health District is currently about 7.5%% of vaccinations administered county-wide (using a four-week running average). As of February 11, 64.40 % of the population five and older were fully vaccinated and 73.67% of the population five and older had initiated vaccinations.

Currently booster doses are recommended for everyone 12 and older, five months following the initial 2 dose series, or 2 months following the Janssen immunization, and vaccinations are available for everyone 5 years of age or older.

With the decline of cases occurring following the Omicron surge the Governor ended the mask mandate on February 10. Under Directive 52, which ended the mask mandate, the Washoe County School District, charter

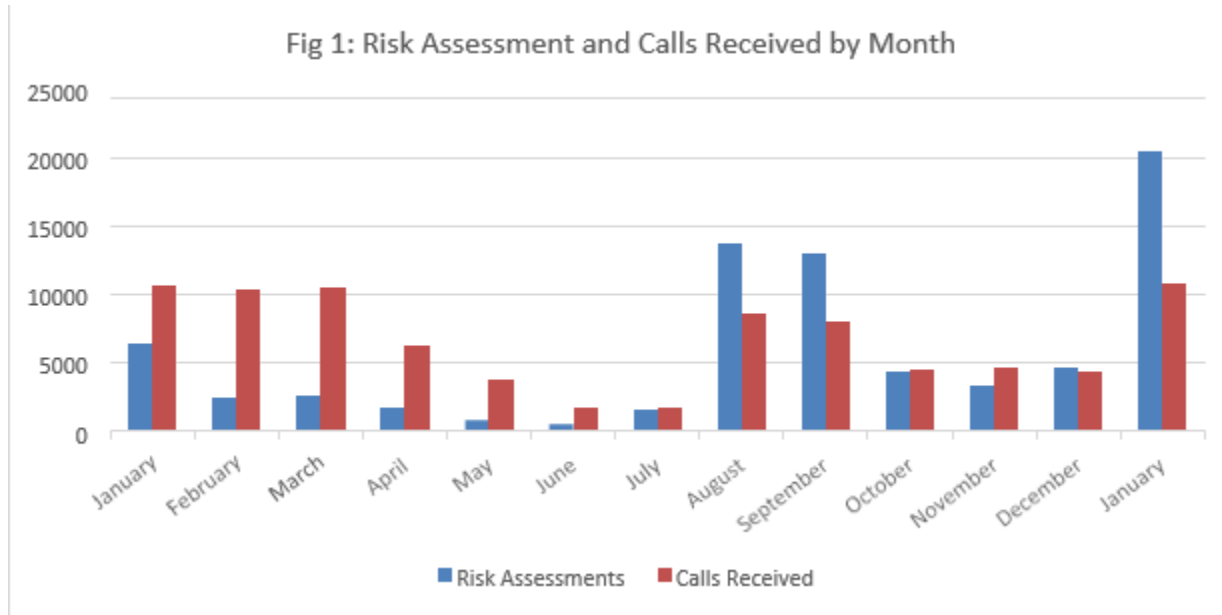
and private schools are required to adopt and submit a COVID-19 mitigation plan to the Health District for approval. The plans must include a policy for whether and under what circumstances face coverings will be required, a regular testing program for students and staff or volunteers, a method for detecting school-wide outbreaks of COVID-19, and a plan for responding to and mitigating outbreaks.

**Public Health Emergency Preparedness (PHEP) - COVID-19 Response** –The PHEP program continues to support the COVID-19 response by providing oversight of testing operations, as well as developing the Incident Action Plan (IAP) and the Incident Command System (ICS) 209 report for the Health District.

The PHEP program continues to coordinate with Washoe County schools (public, private and charter) on their emergency planning processes for their Emergency Operations Plans (EOP) based on the passage of Senate Bill 36. No emergency planning meetings were held in the month of January due to high absenteeism related to the Omicron surge.

**Call Center and POST** –The COVID-19 Call Center received 20,451 risk assessments in January resulting in an increase of 336% compared to December. During the month of January, the Call Center received 10,773 calls, resulting in a 144% increase in call volume from December. Table 1 and Figure 1 summarizes calls received at the call center and risk assessment totals to date since the beginning of year 2021.

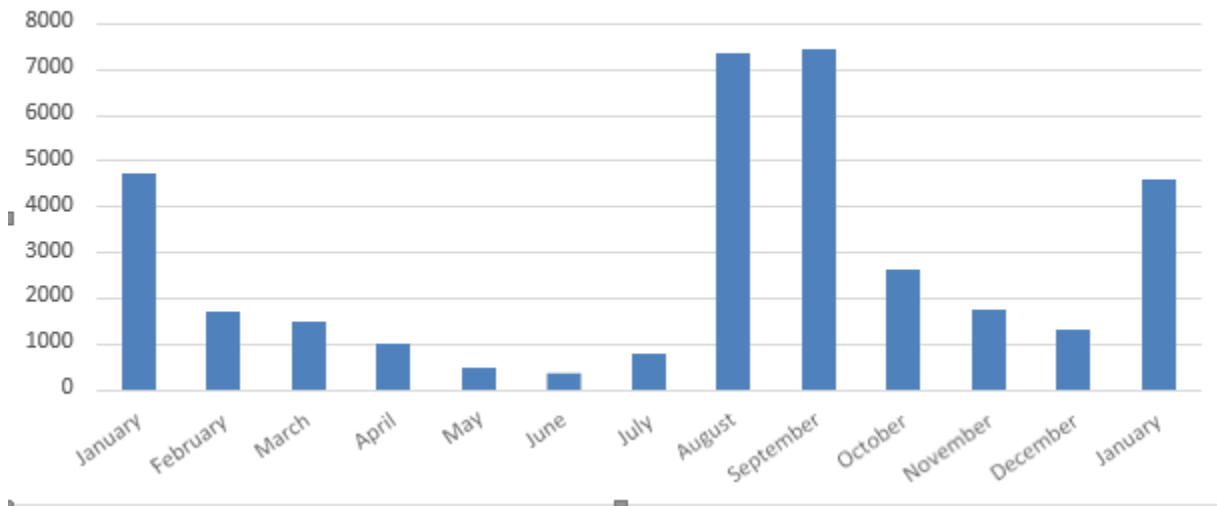
<b>Table 1. Total Calls and Risk Assessments</b>				
<b>Month Reported</b>	<b>Risk Assessments</b>	<b>Inc/Dec</b>	<b>Calls Received</b>	<b>Inc/Dec</b>
<b>2021</b>				
January	6447		10720	
February	2389	-63%	10347	-3%
March	2553	7%	10486	1%
April	1762	-31%	6278	-40%
May	822	-53%	3699	-41%
June	537	-35%	1694	-54%
July	1593	197%	1744	3%
August	13803	766%	8666	397%
September	13010	-6%	8010	-8%
October	4420	-66%	4449	-44%
November	3349	-24%	4669	5%
December	4686	40%	4412	-6%
<b>2022</b>				
January	20451	336%	10773	144%



In correspondence to the Omicron surge and community demand, POST operations ramped up quickly to five-day operations on January 10, 2022. To further expand testing operations and supplemented existing civilian operations staff. Federal assistance from the National Guard and FEMA were requested. Both Federal resources were granted, and the National Guard were deployed to the POST on January 25, 2022. The POST recognized a decline in testing demand soon after the National Guards arrival, and the FEMA ICATT resource request was cancelled on January 28, 2022. The POST tested 4,613 individuals in January, realizing an increase of 250% from December. Table 2 and Figure 2 summarizes the number of tests completed at POST to date since the beginning of year 2021.

Table 2. Number of Tests Conducted at POST		
Month Reported	POST Tests	Inc/Dec
<b>2021</b>		
January	4718	
February	1704	-64%
March	1474	-13%
April	1005	-32%
May	500	-50%
June	365	-27%
July	776	113%
August	7371	850%
September	7424	1%
October	2608	-65%
November	1733	-34%
December	1318	-24%
<b>2022</b>		
January	4613	250%

Fig 2: POST Testing Total by Month



As of February 1, 2022, the COVID-19 Call Center was staffed with a total of 15 personnel, comprised of one UNR paid contractor and 14 temporary staff. One temporary staff member was assigned to assist with Community PODs. All remaining staff were assigned to COVID-19 testing and vaccine related communications with the community.

**Immunizations** - January continued to be a busy month for the Immunization Program. Staff continued to provide flu and COVID vaccinations through the Homebound program, onsite clinic, and community events.

There were thirteen community COVID PODs in January. Staff returned to five school locations and provided second doses for 5 – 11-year-olds. A total of 3,106 COVID vaccinations were provided through community events, homebound, and the immunization clinic during the month of January.

On January 19, 2022, the first static COVID vaccination POD took place at Spanish Springs Library. On January 20, 2022, the team conducted the first static COVID vaccination POD at Reno Sparks Convention Center. All presentations of the COVID vaccine are available Monday through Friday through the immunization clinic.

The homebound program vaccinated a total of 73 individuals against the flu and provided 270 COVID vaccinations in January.

Immunization staff continue to work on Vaccines for Children (VFC) and COVID-19 grant deliverables. Staff completed three provider compliance visits in January. This included two follow-up VFC compliance visits, and one COVID-19 provider compliance visit and training. In addition, staff assisted in one VFC providers closing by picking up state supplies. All staff continue to provide education on vaccine storage and handlings, vaccine inventory and vaccine redistribution information.

Staff redistributed 2,160 Pfizer doses, 430 Pfizer peds 5–11-year-old doses, 330 Moderna doses, and 5 Janssen doses to support 13 community providers and to increase the availability of COVID-19 vaccine in the community.

The immunization clinic continues to provide all presentations of the COVID vaccine along with all regular vaccines. Clinic staff vaccinated 694 individual clients and provided 1160 vaccines during the month of January, of which includes 514 COVID vaccines. Of note, as COVID cases rose during the month January, vaccinations numbers decreased.

Staff has begun planning several offsite clinics through June. As of July 1, 2022, high school Junior students will be required to have the meningococcal vaccine prior to receiving their Senior fall class schedule. In

anticipation of the need to vaccinate approximately 15,000 eligible students in Washoe County, staff have partnered with Washoe County School District to set up school located events to offer the Meningococcal vaccine as well as FLU, HPV, Tdap and Covid vaccines. The events will start on March 15, 2022. The immunization program plans to partner with Walmart pharmacy for these events.

In addition, staff has begun the preliminary planning of Back-to-School clinics which are scheduled for July 30, 2022, August 13, 2022, and August 20, 2022. These events will take place on Saturdays and with the tremendous success of last year's events, August 13<sup>th</sup> and August 20<sup>th</sup> will be held at the WCHD. The immunization program will partner with IZ Nevada and Community Health Alliance.

**Sexual Health (Outreach and Disease Investigation)** – Each Public Health Investigator (PHI)/Disease Intervention Specialist (DIS) are assigned community providers and investigate cases that are reported from those providers. Following CDC guidance and program prioritization, staff also provide Partner Services (contact tracing), obtain data from each case for disease surveillance and ensure timely, appropriate treatment. PHI/DIS also educate community providers on disease presentation, progression and orient the providers to the current CDC STD Treatment Guidelines.

Staff are collaborating with the Chronic Disease and Injury Prevention program, along with the TracB Exchange syringe service program on expanding access to harm reduction materials that support disease prevention and access to substance use treatment and healthcare services. Community placement locations and partnership education are taking place to leverage current partnerships, resources and secure placement in Washoe County areas in most need of access to harm reduction supplies including but not limited to: fentanyl test strips, condoms, community HIV/STD/Hepatitis testing site information, syringes, syringe disposal containers, and naloxone.

**Tuberculosis Prevention and Control Program** – TB currently has a caseload of seven active cases. Five are pulmonary and two are extra-pulmonary TB. This month a suspected TB meningitis case as well as an extra pulmonary case were ruled out. Staff are following up on contact investigations for two cases, one from November and one from December. One case has contacts in two other states, so the team is working closely with the State TB Controller to follow-up on these contacts.

Staff are seeing an uptick in immigration and refugee clients in the clinic that will possibly need treatment for Latent TB Infection (LTBI). Contacting and getting these clients into the clinic can require a lot of time and sometimes a home visit or two. Aside, from the above, staff are working to streamline processes and update policies in the clinic. The TB intermittent hourly RNs have been an immense help in allowing staff the time to update these items.

**Reproductive and Sexual Health Services** – The Family Planning program continues to host medical students, interns and APRN students on an ongoing basis. The program continues to conduct outreach with staff providing services to the Washoe County Sheriff's Office and the Eddy House. Staff continues to administer flu, Tdap, HPV and Hepatitis A & B vaccines in the Family Planning Sexual Health Program to participants 18 years and older.

Program staff submitted the Title X competitive grant application and the semi-annual report for Title X and is currently preparing for the annual FPAR reporting. The program is working to change policies to reflect the revocation of the 2019 Title X Rule which banned referrals for abortions by Title X grantees. Staff continue to work with Patagonia Health, the Electronic Health Record vendor on the implementation of FPAR 2.0, and telehealth services. Staff is working with the Health Communications Team to create a public service announcement highlighting the services of the Family Planning Sexual Health Program. Staff is currently working with the Nevada State Health Lab at UNR to enable bi-directional labs.

Program staff are working with the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Medical Laboratories to implement the point of care hemoglobin A1C testing for patients. A handheld ultrasound machine was purchased, and staff is currently awaiting an iPad to facilitate use of the ultrasound. Staff purchased blood pressure cuffs for the new Blood Pressure Monitoring Loaner Program. The program will start once the blood pressure log and education have been reviewed by the Information & Education (I&E) committee.

**Chronic Disease Prevention Program (CDPP)** – Staff completed hosting the Substance Abuse Task Force (SATF) stakeholder input survey to assist with determining SATF direction in 2022.

Through the BUILD Steering Committee staff assisted with the second Senior Connection event held at the Senior Services Center on January 8, 2022.

Staff initiated Zero Suicide (ZS) program implementation for the CCHS program, including recruitment of ZS Implementation Leadership Team and coordination of 8-week ZS team training, beginning January 31, 2022.

Staff engaged with four additional WCHD middle schools to plan and implement vaping prevention educational sessions for parents and students in Spring.

After coordinating with and providing technical assistance to Bristlecone Family Resources (a behavioral health facility), the facility initiated a minimum distance smoking policy. Behavioral health facilities are priority locations for cessation and smoke free initiatives because of high smoking rates among those seeking services at these facilities. In January staff delivered smoke-free signage to Bristlecone.

**Maternal, Child and Adolescent Health (MCAH)** – Staff are continuing work on data cleaning for the FIMR annual report. Data reporting will be shifted from the fiscal year format to a calendar year to enhance data comparison.

The Community Review Team (CRT) continues to meet in person with teleconference option. Count the Kicks stillbirth prevention campaign materials were ordered for use in the clinics and WIC. It is currently going through the I&E process for the Family Planning clinic.

**Women, Infants and Children (WIC)** – To further practice COVID precautions with the Omicron surge, WIC clinics adjusted schedules to temporarily increase days that staff work from home. Adjusted schedules began in January and will be reassessed at the end of February.

Effective January 16th the Secretary of Health extended the public health emergency, which extends the WIC waivers allowing for provision of remote services. WCHD WIC will continue providing primarily remote services. The assessment for a public health emergency is done every 90 days and WIC expects the next notice in April 2022.

**Food/Food Safety** - The Food Safety Program has relaunched the quarterly newsletter that will be sent out to community and local stakeholders. The Food Safety Newsletter will highlight current food safety issues and promote upcoming workshops, regulations, and educational material. Having a newsletter helps to maintain the Food Safety Program's long-standing conformance with the FDA Program Standard 7 – Industry and Community Relations.

The Food Safety Program has begun data collections for the next Program Assessment, commonly referred to as the 'Risk Factor Study'. The Program Assessment occurs every five years and is required to meet Standard 9 of the FDA Program Standards. The Program Assessment measures the occurrence of foodborne illness risk factors such as food employee hygiene and proper food temperatures in our community. Data collections for this study will take place at randomly selected food establishments over the next six months. It is voluntary for all selected food establishments to participate and overwhelmingly, most participate and welcome the free



service and consultation provided by the team. Once all the data collections are complete, the information obtained during the study will be analyzed and used to target foodborne illness risk factors that were identified in Washoe County.

The Food Safety Program was audited by the State of Washington on their ongoing work with the FDA Retail Program Standards. Washington audited FDA Standards 1, 3, and 7 and determined that Washoe County was compliant with all the criteria outlined in these standards. In achieving the Retail Program Standards the ultimate goal of all retail food regulatory programs is to reduce or eliminate the occurrence of illnesses and deaths from food produced at retail food establishments. The graphic below depicts the ongoing efforts by the Food Safety Program to achieve this goal.

Met	Standard	Progress	Standard Elements (Incomplete elements identified in red and completed elements identified in strikethrough text)
✓	1 REGULATORY FOUNDATION	Fully Met	<del>1a 1b 1c 2a 2b 3a 4a</del>
✗	2 TRAINED REGULATORY STAFF	88.9% met	<del>1a 1b 2a 2b 3a 3b 4a 4b</del> 5a
✓	3 INSPECTION PROGRAM BASED ON HACCP PRINCIPLES	Fully Met	<del>1a 1b 1c 2a 3a 4a 4b 4c 5a 6a</del>
✗	4 UNIFORM INSPECTION PROGRAM	93.8% met	<del>1a 1b 1c 2 2i 2ii 2iii 2iv 2v 2vi 2vii 2viii 2ix 2x 3a 3b</del>
✓	5 FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE	Fully Met	<del>1a 1b 1c 1d 1e 1f 1g 1h 1i 2a 2b 3a 3b 4a 5a 5b 5c 6a 7a 7b1 7b2 7b3 7b4 7b5 7b6 7b7 7b8 7b9 7c</del>
✗	6 COMPLIANCE AND ENFORCEMENT	75.0% met	<del>1a 1b 2a 2b</del>
✓	7 INDUSTRY AND COMMUNITY RELATIONS	Fully Met	<del>1a 1b</del>
✗	8 PROGRAM SUPPORT AND RESOURCES	61.5% met	<del>1a 2a 2b 3a 3b 4a 4b 4c 4d 4e 4f 4g 4h</del>
✗	9 PROGRAM ASSESSMENT	85.7% met	<del>1a 1b 1c 2a 2b 3a 3b</del>

EHS Epidemiology – Staff continue to work with the EPHP Communicable Disease program to streamline processes for school and child care outbreaks and investigations, as well as enteric disease referrals. The goal is to increase the efficiency and efficacy of our program.

Epidemiology	JAN 2022	JAN 2021	2021	2020
Foodborne Disease Complaints	6	8	98	130
Foodborne Disease Interviews	5	4	59	66
Foodborne Disease Investigations	0	0	12	7
CD Referrals Reviewed	6	13	178	82
Product Recalls Reviewed	13	13	251	61
Child Care/School Outbreaks Monitored	13	1	90	64

Temp Foods/Special Events – EHS has received an increase in unpermitted temporary food vendor complaints from the public. Staff are developing an outreach strategy with community stakeholders to curb these vendors. EHS will be offering education on why these vendors are not safe food sources and provide information on how to obtain required health permitting.

**Healthcare Preparedness Planning (HPP)/Inter-Hospital Coordinating Council (IHCC)** - The Hospital Preparedness Program (HPP) continues to have weekly planning meetings for the full-scale Chemical, Biological, Nuclear, Radiological, Explosive (CBRNE) exercise planned for March 22- 24, 2022. This three-day exercise will utilize multiple regional plans as well as hospital and EMS plans. Plans that will be activated include the WCHD CBRNE Plan, Mutual Aid and Evacuation Plan, Mass casualty Incident Plan, and Mass Fatality Management Plan. Partners that have agreed to participate in this exercise are the local hospitals, VA Sierra Medical Center, EMS (Fire, REMSA), Reno Tahoe Airport, Skilled Nursing facilities, TRIAD team, Washoe County Emergency Management, Washoe County Medical Examiner’s Office, Reno-Sparks Indian Colony, Washoe County School District, Law Enforcement, State Division of Emergency Management and National Guard. Exercises like this will help establish and

maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and establishes situational awareness for all involved in an incident.

HPP continues to participate in the weekly Hospital Net, a Ham Radio communications drill among hospitals in Northern Nevada and Eastern California. The purpose of the Net is to improve redundant communications during a disaster.

**Emergency Medical Service (EMS) - EMS Joint Advisory Committee (JAC) -** The JAC continues to meet bi-weekly to develop processes and protocols to accomplish the approved revisions and additions of goals in the Strategic Plan. The committee had previously identified 14 determinants to not be responded to with lights and sirens. This was reviewed at the Pre-Hospital Medical Advisory Committee (PMAC) meeting on January 13th, and REMSA will be adopting the change first.

The EMS Oversight Program is leading a patient centric data initiative for the region in collaboration with National Emergency Medical Service Information System (NEMSIS) and Washoe County EMS providers. This data initiative requires access to the national database, pending approval by the Nevada State Office of EMS.

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

<b>Exemption</b>	<b>System Overload</b>	<b>Status 99</b>	<b>Weather</b>	<b>Other</b>	<b>Approved</b>
February 2021	5				5
March 2021	13				13
April 2021	52				52
May 2021	34				34
June 2021	135	47			182
July 2021	68	5			73
August 2021	121	111			232
September 2021	115	224			339
October 2021	71	120			191
November 2021	24	41			65
December 2021	36	0	64 <sup>a</sup>	1 <sup>b</sup>	101
January 2022**	55	70			125

<sup>a</sup> A total of 64 late calls resulted from 4 Blanket Weather Exemption incidences.

<sup>b</sup> Individual weather exemptions are approved by REMSA, not WCHD, per the Exemption Guidelines. These are short-lived incidences that do not greatly impact the community

\*\*Not all exemptions have been received and reviewed.

REMSA Call Compliance – The franchise area is divided into response zones. The response zones will have response time compliance standards for all Priority 1 calls as follows. 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. Table 2 shows REMSA’s compliance rate starting FY 2021-2022.

- Zone A – REMSA shall insure that 90% of all presumptively defined life-threatening calls (Priority 1 Calls) have a response time of eight (8) minutes and 59 seconds or less within the combined Zone A areas.
- Zones B, C, and D – REMSA shall insure that 90% of all presumptively defined life-threatening calls (Priority 1 Calls) collectively have a response time of; 15minutes and 59 seconds or less for the combined Zone B areas, 20 minutes and 59 seconds or less for the combined Zone C areas, and 30 minutes and 59 seconds or less for the combined Zone D areas.

Table 2 shows REMSA’s compliance rate starting FY 2021-2022.

<b>Month</b>	<b>Zone A</b>	<b>Zone B, C, and D</b>
July 2021	84%	77%
August 2021	81%	80%
September 2021	88%	75%
October2021	84%	76%
November 2021	85%	81%
December 2021	83%	82%
January 2022	86%	88%

REMSA Franchise Agreement Updates - Program staff is compiling compliance documentation for FY 2020-21, per the revised REMSA Franchise Compliance Checklist. The report will be presented to the DBOH in March.

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. Program staff reviewed 8 project applications for the month of January and had comments or concerns for 2 of them that may affect EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program did not receive any special event notifications in January.

**Vital Statistics**

Vital Statistics has continued to serve the public through the mail, online and in-person. During the month of January, Vital Statistics staff registered 586 deaths and 420 births; 3 deaths and 24 birth corrections were. Program staff 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**

<b>January</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Death	2067	41	421	2529
Birth	808	69	416	1293
<b>Total</b>	<b>2875</b>	<b>110</b>	<b>837</b>	<b>3822</b>

**Safe Drinking Water (SDW)** - One SDW team member attended a 40-hour Cross Connection Control Specialist training during January. This training is important for SDW team members because it helps us identify cross connections between potable and non-potable water while conducting sanitary surveys.

The Bureau of Safe Drinking Water (BSDW) staff provided their list of Washoe County potential Found Water Systems to EHS. The list only included facilities that have been previously determined to not meet the definition of a Public Water System, but BSDW regularly verifies population information with the businesses to ensure that remains unchanged. EHS staff have identified some other facilities that may still meet the definition of a Public Water System but are not currently permitted and will begin developing an internal system for investigating these facilities.

SDW staff met with Nevada Division of Environmental Protection (NDEP) staff for training and guidance regarding the following programs and projects:

- Source Water Protection measures within Washoe County.
- A revised tracking system for deficiencies observed on Sanitary Surveys.
- Criteria and qualifications for the Water Infrastructure Improvements for the Nation (WIIN) and the Small Underserved & Disadvantaged Communities (SUDC) Grants.

**Vector-Borne Diseases (VBD)** - Full time staff have been conducting mosquito identification training sessions. Geographic information system updates for the 2022 season remain ongoing. Planning for the 2022 season and mosquito control product rotations remain ongoing. The program has received several mosquito control product shipments for preparation of the 2022 season.

Vector	JAN 2022	JAN 2021	2021	2020
Total Service Requests	0	1	59	135
Mosquito Pools Tested	0	0	385	280
Mosquito Surveys and Treatments	0	0	821	72

**Commercial Plans** - Program staff are currently working with Technology Services to update the Health Workflow within the building permit platform. This is a long-standing issue that has resulted in unnecessary project review delays. The solution will result in a streamlined internal process and provide improved customer service.

Program staff continues to assist in the development of draft regulations for the Pool/Spa Program and are nearing the completion of a full draft.

January commercial plan review levels are nearly the same level as compared to January 2021 and are expected to be remain consistent throughout all of 2022 based on input from the construction community.

Commercial Plans Program Senior, Nicholas Florey, transferred to the Permitted Facilities Program Senior effective February 1, 2022.

Community Development	JAN 2022	JAN 2021	2021	2020
Development Reviews	33	41	400	357
Commercial Plans Received	78	83	1,169	1,059
Commercial Plan Inspections	33	22	452	396
Water Projects Received	4	1	40	64
Lots/Units Approved for Construction	358	251	2,338	1,685

**Permitted Facilities**

Child Care – Staff are working with Human Services Agency (HSA) to update procedures and protocols to more efficiently complete regulatory oversight of the facilities. HSA and EHS collaborate closely as both agencies provide a specific role with child care facilities.

Public Bathing Facilities – A Public Service Intern returned in mid-January to assist with the Public Bathing Facility Inspections. They are currently working part-time and will be a huge help in completing the inspections.

Training Program – Staff are completing training of two EHS Trainees for routine field inspections. This training is expected to be completed by the end of February. One Trainee that started with EHS on January 3 has initiated their training with Permitted Facilities.

**Environmental Protection**

Land Development- In January all plan review and inspection numbers were in-line with January 2021 plan review and inspection numbers.

Staff continue to work on program development related projects that include finalizing standard operational procedures and finalizing inspection paperwork from older or expired building permits to ensure accurate septic and well property records.

Staff is finalizing a draft of the Sewage, Wastewater and Sanitation Regulations for public workshopping and coordinating with legal for review and guidance on how public notification should be handled. Lists of engineers, realtors, and contractors are being gathered from their respective associations.

Three team members attended an 8-hour HAZWOPER (Hazardous Waste Operations and Emergency Response) refresher course and three team members attended a 20-hour virtual Introduction to Environmental Enforcement training.

Land Development	JAN 2022	JAN 2021	2021	2020
Plans Received (Residential/Septic)	83	79	918	705
Residential Septic/Well Inspections	107	109	1,282	1,075
Well Permits	8	13	150	131

**Waste Management (WM)/Underground Storage Tanks (UST) -** WM staff are working on completing required inspection on permitted facilities. The UST contract between NDEP and Washoe County Health District (WCHD) is on the February 8, 2022, State Board of Examiners agenda. Program staff have been engaging NDEP staff regarding the transition of the UST program back to WCHD. Including training on the updated inspection processes. Staff are working with Washoe County Technology Services to create a UST record type in Accela to meet the permitting needs going forward.

Staff are updating the UST web page as more information becomes available and will engage all facilities once the Accela record type has been finalized.

**Inspections**

EHS Inspections	JAN 2022	JAN 2021	2021	2020
Child Care	3	5	118	142
Food/Exempt Food	417	356	4,958	4,264
Schools/Institutions	8	9	291	199
Tattoo/Permanent Make-Up (IBD)	3	5	134	112
Temporary IBD Events	3	0	0	1
Liquid Waste Trucks	17	5	111	110
Mobile Home/RV Parks	14	6	117	202
Public Accommodations	22	17	151	130
Aquatic Facilities/Pools/Spas	24	4	1,128	408
RV Dump Station	3	2	19	17
Underground Storage Tanks	0	0	4	10
Waste Management	11	12	146	211
Temporary Foods/Special Events	23	0	766	48
Complaints	43	47	689	911
<b>TOTAL</b>	<b>591</b>	<b>468</b>	<b>8,632</b>	<b>6,765</b>
EHS Public Record Requests	569	331	4,769	3,249

**Community Health Needs Assessment** - The WCHD project team and Steering Committee actively participated in two meetings. The first meeting covered information about the project plan and alignment with the AHA Community Health Improvement (ACHI) plan model – a Public Health Accreditation Board approved model. Additionally, the project team discussed the roles and responsibilities of the committee as the project heavily relies on key insights and the diverse perspectives of the group. During the second meeting, members of the committee engaged in a rich discussion defining the communities to be assessed in the CHNA. In the second part of the meeting, members identified key indicators for inclusion in the CHNA. The team continues to pursue and build out a partnership with Truckee Meadows Tomorrow to make the information in the needs assessment as well as other key public health-related data easily accessible to the public.

**Workforce Development Plan** - A draft the Workforce Development Plan was shared with division directors and supervisors for input prior to the presentation for Board approval. The leadership teams among all divisions continue to be engaged in conversation about building out workforce development efforts to meet the needs of staff. Most recently, division directors and their supervisors have worked collaboratively to develop a potential training schedule and onboarding activities.

**Health Equity and Health Disparities** - Camarina Augusto has stepped into the Health Equity Coordinator role as of January 31st, 2022. She will be responsible for coordinating all WCHD grant activities for the CDC Health Disparity grant and building out an organization-wide approach to promoting health equity and reducing health disparities. In her first effort, she is assisting Air Quality Management with identifying potential community organizations and/or businesses in underserved communities that could provide community benefit by installing air quality sensors at their establishments.

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

---

# **Southern Nevada Health District Regional Health Report**



**DATE:** March 4, 2021

**TO:** State Board of Health Members

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

**SUBJECT:** District Health Officer Report

---

### **Fentanyl Test Strips**

As deaths from overdoses in Clark County have increased by 34 percent in 2020, the Health District secured resources to distribute fentanyl test strips to the public and provide education and information to community partners so they can distribute them as well. The fentanyl test strips are available through the Health District's pharmacy located at 280 S. Decatur Blvd.

The test strips detect fentanyl and fentanyl analogs and help to meet an important public health need. People who inject drugs have expressed interest in having their drugs checked for fentanyl, and the availability of test strips along with harm reduction counseling and access to resources and treatment is an innovative public health strategy that can help save lives.

- Statewide Nevada saw a 55% increase in fatal overdose deaths from 2019 to 2020.
- Statewide overdoses among those younger than 25 years nearly tripled from 2019 to 2020.
- In Clark County deaths increased from 418 deaths in 2019 to 560 in 2020. This increase is primarily driven by illicit fentanyl.
- The number of deaths involving fentanyl among Clark County residents increased from 81 in 2019 to 193 in 2020.

\*Data are preliminary and subject to change.

Community partners and agencies who are interested in distributing test strips can contact the Health District for information and training through its Linkage to Action (L2A) program at [L2A@snhd.org](mailto:L2A@snhd.org). The Health District's L2A program launched in January with a mobile outreach unit. It is funded through the Centers for Disease Control and Prevention's (CDC) Overdose Data to Action program to prevent drug overdoses through education, surveillance and assistance accessing services to prevent overdoses. Staff members work to link people who are struggling with substance use disorders to resources and recovery services. The team also provides overdose education, Naloxone, and referrals to essential services such as housing, mental and behavioral health care services, medical care, and transportation.



## **COVID-19 Update**

### **Coronavirus Disease 2019 (COVID-19) — Testing**

When the demand for COVID-19 testing increased as cases surged due to the Omicron variant and holiday travel and gatherings, the Southern Nevada Health District worked with its jurisdictional and community partners to increase available resources and testing options. Appointment and walk-in availability were expanded at existing sites, and new, large-scale drive-thru sites were opened at Texas Station and Fiesta Henderson with support from the U.S. Department of Health and Human Services. Clark County, the Health District and the State of Nevada requested the additional testing resources to help meet the community's testing needs with support from the City of North Las Vegas, Mesquite, and the City of Henderson. To accommodate heavy demand for testing, the sites are operated as appointment-only offering approximately 4,000 tests each day.

The Texas Station clinic opened to the public on Wednesday, January 12, on the first floor of the facility's parking garage on the south side of the property at 2101 Texas Star Lane, off Rancho Drive and Coran Lane. The site operated five days a week, 12 p.m. to 8 p.m., Wednesday through Sunday. The site's last day of operation was February 20. The drive-thru operation at the Fiesta Henderson opened on Saturday, January 15, at 777 W. Lake Mead Parkway. The site operated five days a week, 12 p.m. to 8 p.m., Saturday through Wednesday. The site's last day of operation was February 2.

Health District and partner COVID-19 testing information is available at [www.snhd.info/covid-testing](http://www.snhd.info/covid-testing). In addition to the Health District's website, an online test site finder tool listing pharmacies and other sites offering testing is available on at [www.nvcovidfighter.org](http://www.nvcovidfighter.org) website by selecting the "Find a Test" link.

### **Coronavirus Disease 2019 (COVID-19) — Treatment**

The Health District is offering antiviral medication for free to treat certain patients with COVID-19. In addition to Paxlovid, patients who meet the criteria for treatment now also have access to a second drug called Molnupiravir.

- Both oral medications are available at the Health District's 280 S. Decatur Blvd. public health center.
- These medications are available to those age 65 and older and those ages 12 to 64 who are at risk for severe illness.
- People must test positive for COVID-19 and must have had onset of symptoms within the last five days.
- People can either come to the Health District's public health center to be evaluated and provided with the treatment, if indicated, or they can speak to their health care provider, who can evaluate them and if treatment is indicated, can provide a prescription, which can be filled at the 280 S. Decatur public health center.

This Health District is not offering monoclonal antibodies at its clinic. People are encouraged to go to the Nevada Health Response website to find locations for monoclonal antibody treatment in Clark County.

### **COVID-19 after Vaccination**

As of February 17, the Health District has received reports of 66,981 fully vaccinated individuals testing positive for COVID-19. This represents 528 cases out of every 10,000 fully vaccinated people in Clark County. The Health District is reporting a total of 427 deaths that have occurred in fully vaccinated Clark County residents. This represents 3 deaths per 10,000 fully vaccinated people. Among unvaccinated people, there have been

3,991 cases of breakthrough COVID-19 out of every 10,000 unvaccinated individuals and the number of deaths is 68 per 10,000 unvaccinated people.

The Health District's COVID-19 breakthrough infection reports are available at: [www.snhd.info/covid-breakthrough](http://www.snhd.info/covid-breakthrough).

### **Black HIV/AIDS Awareness Day**

To commemorate National Black HIV/AIDS Awareness Day, the Southern Nevada Health District and the Southern Nevada HIV Awareness Consortium provided free, rapid HIV testing, STD screenings, and education about pre- and post-exposure prophylaxis (PrEP, PEP) on Monday, February 7 at Nucleus Plaza, 1040 W. Owens Ave., Las Vegas, NV 89106. The event also featured a vendor health fair and free entertainment.

National Black HIV/AIDS Awareness Day was an opportunity to highlight work underway to reduce HIV infections, reduce sexually transmitted disease and address HIV stigma in Black/African American communities. It encourages testing so people can learn their HIV status and begin to receive treatment if they are HIV-positive. Although Black/African American communities have made great progress in reducing HIV transmission, HIV/AIDS continues to disproportionately impact Black/African American communities throughout the United States and Nevada. In 2019, Black/African American people in the United States accounted for 13 percent of the population but 40 percent people with HIV, according to the Centers for Disease Control and Prevention (CDC). The CDC also reports that fewer African Americans received HIV care or remained in HIV care during 2018. More information is available on the CDC's [website](#).

The CDC and Health District recommend all people between the ages of 13 and 64 receive at least one HIV test. People at higher risk of HIV infection should consider getting an HIV test at least once every year and as frequently as every three months for people at higher risk. Early diagnosis is critical for people with HIV so that they can benefit from antiretroviral therapy (ART). ART reduces HIV levels in the bloodstream, reduces HIV-related illnesses, and lowers the risk of transmitting HIV to intimate partners. With ART, HIV-positive people can remain healthy for many years.

### **American Heart Month**

February was American Heart Month, and the Health District reminded the public it is the perfect opportunity to assess heart health and identify or manage risk factors for heart disease, such as high blood pressure. The Health District and its partners offered free programs and classes in February to help people manage hypertension and other heart disease risk factors. Additional information is available on the [Get Healthy Clark County](#) website. Activities included:

#### **Free Self-Monitoring Blood Pressure Program**

Keeping blood pressure in check is important for people with hypertension and lowers the risk for stroke or heart disease. Offered in partnership with the YMCA of Southern Nevada, the Healthy Hearts Ambassador Program provides personalized support to help people with hypertension develop a blood-pressure self-monitoring routine, tips to maintain cardiovascular health, and nutrition education. Classes are free and begin in February at the Bill and Lillie Heinrich YMCA (4141 Meadows Ln., Las Vegas, NV 89107) and SkyView YMCA (3050 E. Centennial Parkway, North Las Vegas, NV 89081). Spots are limited and registration is open now. The program is available in English and Spanish. For more information, call (702) 832-4901 or email [ledmond@lasvegasyymca.org](mailto:ledmond@lasvegasyymca.org).

### Free Youth Cooking Class

Learning how and what to cook is key to a healthy lifestyle. In partnership with the 100 Black Men of Las Vegas, the Health District sponsored a cooking class for young people, ages 5-18, to learn about heart healthy cooking. Guest chef Gentry Richardson hosted the virtual Youth Cooking Class on Wednesday, February 23.

### Free Blood Pressure Checks

Free blood pressure checks were available at the following locations:

- **Friday, February 4:**  
The Beautiful Studio, at the Go Red Event, 3950 N. Tenaya Way, Ste. 120, Las Vegas, NV 89129
- **Saturday, February 5:**  
Blade Masters Barbershop, 2245 N. Decatur Blvd. Las Vegas, NV 89108
- **Saturday, February 12:**  
Executive Cuts Barbershop, 921 W. Owens Ave., Las Vegas, NV.89106
- **Saturday, February 26:**  
Hats Off Barbershop, 5625 S. Rainbow Blvd., Las Vegas, NV. 89118

The Health District's Office of Chronic Disease Prevention and Health Promotion has additional resources to help individuals make small lifestyle changes that can reap healthy rewards, including:

### Free Hypertension Education Program

"With Every Heartbeat is Life" is a six-week program to help people learn to lower their risk for heart disease and to better manage other health conditions. The class is free and limited to members of the Martin Luther King Senior Center. Space is limited. For more information, call (702) 759-1270 or email [gethealthy@snhd.org](mailto:gethealthy@snhd.org).

### Apps

[Get Healthy Clark County](#) offers free smartphone apps to help increase physical activity and eat better. The Walk Around Nevada app and online program helps to track daily physical activities. The Neon to Nature app can help locate walking, hiking, biking, or horse trails throughout Clark County. Half My Plate can provide a little motivation to include more fruits and vegetables in meals and snacks. The SNAP Cooking App has healthy recipes that can be prepared, well, in a snap! The app also makes it easy to find retailers that accept SNAP benefits by ZIP code. People can find the app that fits their lifestyle by visiting the [Get Healthy Clark County Mobile Apps](#) page. Visit [Viva Saludable](#) for apps that are available in Spanish.

### Nevada Tobacco Quitline

Quitting smoking is one of the most famous resolutions and one of the best decisions a person can make. [Get Healthy Clark County](#) has free tobacco cessation resources available to help, including the Nevada Tobacco Quitline at 1-800-QUIT-NOW (1-800-784-8669). The Quitline is available in English and Spanish 1-855-DÉJELO-YA (1-855-335-3569) and it is a phone-based service available to Nevadans age 13 and older. Callers will work with a coach who can provide quitting assistance. Some people might be eligible to receive free supplies of nicotine replacement patches, gum or lozenges. For more information, visit [Get Healthy Clark County Live Tobacco Free](#) or the [Viva Saludable Live Tobacco Free](#) websites.

### Free Diabetes Self-Management Classes

For people with diabetes, self-management is the key to staying healthy and reducing the risk of complications. The free classes are taught by trained facilitators who can help participants better manage their condition with evidence-based meal planning, physical activity, and diabetes resources. The class is appropriate for people living with diabetes, caregivers, and people who have prediabetes. Virtual and in-person classes are scheduled throughout 2022. Classes are free, but class size is limited. For information or to register, visit [www.gethealthyclarkcounty.org/myd](http://www.gethealthyclarkcounty.org/myd), call (702) 759-1270 or email [gethealthy@snhd.org](mailto:gethealthy@snhd.org) or [vivasaludable@snhd.org](mailto:vivasaludable@snhd.org).

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

---

# State of Nevada

## Regional Health Report

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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



Lisa Sherych  
Administrator

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

---

**Date:** February 18, 2022

**To:** Nevada State Board of Health

**Through:** Richard Whitley, Director DHHS  
Lisa Sherych, Administrator, DPBH

**From:** Ihsan Azzam, PhD, MD, MPH, Chief Medical Officer

**Re:** Quarterly Report to the State Board of Health for March 04, 2022 Meeting

---

### Introduction

COVID-19 case numbers in all Nevada counties and across the United States have dropped more than 85% from just weeks ago. Mask mandates were discontinued in Nevada and several other states.

starting to recede, many states including Nevada are in the process of removing some of their remaining

This shift toward “normalization” may have some social and behavioral health benefits that could reduce the isolation and disruption which have contributed to a long list of societal struggles, such as rising mental-health problems, drug overdoses, violent crimes and other kinds of miss behaviors. However, the removal of restrictions may have downsides too as, tens of thousands of Nevada residents remain vulnerable to COVID-19, with the largest group of the vulnerable, by far, is the unvaccinated, who certainly still have the ability to protect themselves but have chosen not to.

It seems that COVID-19 will always be here, but it is expected to become significantly less pathogenic than before. This is due to the implementation of swift, early, and effective nonpharmaceutical intervention and later mass vaccination campaigns with effective use of antiviral treatments. As the likelihood of severe illness is greatly diminished, eventually COVID-19 will be regarded like any other endemic respiratory infection.

Several national public health organizations are recommending transitioning away from universal case investigation and contact tracing at this point in the COVID-19 pandemic to a more strategic approach of outbreak investigations and targeted case investigations. Although universal case investigation and contact tracing was implemented in the spring 2020 to slow COVID-19 transmission, much has changed over the past two years prompting the need for a revised public health approach. This includes the wide availability of safe and effective vaccines, better understanding of the epidemiology of the SARS-CoV-2 virus, and the emergence of the less virulent but more infectious Omicron variant. While universal case investigation and contact tracing during the initial phase of the pandemic was justified in the attempt to contain the pandemic, most experts in public health agree this is no longer optimal. It is time to refocus on public health

efforts and resources, with an emphasis on targeting investigations on high-risk settings serving vulnerable populations and other critical measures to better protect the public's health.

The recommended transition away from universal case investigation and contact tracing for COVID-19 does not suggest that such tools have limited value in the setting of many priority infectious diseases. Indeed, case investigation and contact tracing remain vital, well-established methods for the control of other communicable diseases, such as measles, tuberculosis, hepatitis and HIV. As the COVID-19 pandemic continues to evolve, large scale individual investigations could become of value once again, especially if a highly virulent variant of concern emerges.

Nevada and other states are gradually and methodically transitioning to an endemic mode of control. This is due to the rapid development of effective vaccines and the relatively quick build-up of a sizable community collective vaccine-induced immunity, in addition to large number of individuals who developed natural immunity after recently contracting the highly infective COVID-19 Omicron Variant.

While masks are no longer required in many circumstances, COVID-19 is still prevalent and continues to be a health threat especially for vulnerable and institutionalized individuals. The Nevada Department of Health and Human Services continues to provide support and guidance regarding state and federal regulations for institutions that care for vulnerable people, such as skilled nursing homes, homeless shelters, correctional facilities and others in order to protect residents, staff and visitors. All health care facilities in Nevada must continue to implement infection control practices, including masking and other practices to reduce the risk of COVID-19 infections.

The COVID-19 pandemic has highlighted long-existing disparities in the national healthcare system and the need for better collaboration across state and federal agencies and sectors. However, the pandemic has also brought together partners across several sectors in Nevada to address underlying community vulnerabilities and provide culturally competent services to vulnerable populations.

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

Since the beginning of the pandemic, there have been more than 6,667,078 cumulative testing encounters which is equivalent to about 2,267,000 tested individuals. Driven primarily by the spread of the highly infective and currently circulating Omicron variant, the test positivity rate, which is a benchmark measure of community spread of the infection, started to rapidly decline in Nevada from more than about 35% in early January to around 16% in mid-February.

About one in five (19.87%) Nevada residents had already tested positive, and since the start of the pandemic, 638,528 COVID-19 cases were confirmed in Nevada. About 450 to 600 newly confirmed COVID-19 cases were reported daily over the previous seven days.

Free home-based rapid test kits are available for distribution at community-based testing sites, clinics, pharmacies and many other easily accessible locations statewide. Testing options can be found at [NVCOVIDFighter.org](https://nvcovidfighter.org). Additionally, at-home rapid tests are available for free from other community partners. Nevada residents can also order four rapid test kits per household to be mailed to their home address from the

federal government. Testing information is posted at [NVHealthResponse.nv.gov/find-covid-19-testing-in-nevada](https://NVHealthResponse.nv.gov/find-covid-19-testing-in-nevada). While PCR (Polymerase Chain Reaction) laboratory testing remains the gold standard, rapid home-based tests are most accurate among symptomatic cases.

Several treatment centers around the state are actively providing timely therapy for high risk immunocompromised COVID-19 cases with chronic illnesses and other debilitating comorbidities. Free COVID-19 treatment centers in Clark and Washoe counties are currently providing no-cost treatments to most at-risk individuals for severe illness. These centers are specifically designed to ensure easily accessible treatment services in order to decompress hospitals. In addition to the fixed location centers, a home-health option is also available to ensure that therapeutics are offered in an equitable way to those who need them the most. Additionally, a telehealth model to support rural/frontier Nevada counties is being developed in coordination with pharmacies and local healthcare providers. Treatments include monoclonal antibodies (Sotrovimab) and oral antiviral drugs (Paxlovid and Molnupiravir) for those infected with COVID-19 - and also Evusheld for those at risk for exposure who are not currently infected but are immunocompromised and need an additional layer of protection.

As of the date of preparing this report 1,044 confirmed and suspected COVID-19 cases were hospitalized in Nevada. 208 of all hospitalized are receiving intensive care and 117 of those are on ventilator. Most of the currently hospitalized COVID-19 patients are un- or under vaccinated. According to the Nevada Hospital Association report, intensive care units are not reaching or exceeding occupancy levels as they had in the recent past.

Cumulative COVID-19 deaths in Nevada continues to rise, but in slower rates. Since the beginning of the pandemic, there have been 9,335 COVID-19 related deaths. As vaccines are keeping most people out of hospitals, death rates are currently half of those observed last summer. In just three months, since our most recent December 2021 quarterly board meeting, an additional 1382 Nevada residents needlessly lost their lives due to COVID-19. However, it seems that death rates in Nevada declined by about 18% in the past 3 months.

### **Vaccination Update**

More than two thirds of Nevada residents aged five and older have already initiated the COVID-19 vaccine, however about one in two eligible Nevada residents ages five and older is still not fully vaccinated and continues to be at the highest risk of severe disease and death. As of February 18, 2022, the date of preparing this document, 4,485,519 COVID-19 vaccine doses were administered and reported to the Nevada WebIZ, with an average increase of around 3,174 doses per day. So far 67.10% of the population who are five years and older had initiated vaccination and 56.18% of the population five years and older already completed their vaccination.

According to a recent CDC study, vaccine effectiveness against COVID-19-associated emergency department/urgent care visits and hospitalizations was higher after the third dose than after the second dose but waned with time since vaccination. During the Omicron-predominant period, vaccine effectiveness against COVID-19-associated emergency room and urgent care visits and hospitalizations was 87% and 91% respectively during the two months after a third dose, and decreased to 66% and 78% by the



fourth month after a third dose. However, vaccine protection against hospitalizations exceeded that against emergency room and urgent care visits.

Vaccination remains one of the most effective tools to prevent the spread of COVID-19. With the state beginning to lift mask mandates, COVID-19 vaccines will be even more critical to reduce severe COVID-19 related illnesses and prevent strains on the healthcare system. The CDC's Advisory Committee on Immunization Practices (ACIP) is now recommending that all persons aged  $\geq 12$  years receive a booster dose of COVID-19 mRNA vaccine  $\geq 5$  months after completion of a primary mRNA vaccination series and that immunocompromised persons receive a third primary dose.

COVID-19 vaccines continue to work well, preventing severe illnesses, hospitalizations, and deaths, including against the widely circulating highly infective Omicron and also the Delta variant. However, due to waning natural and vaccine-induced immunity, reduced protection against mild and moderate disease started to gradually emerge especially among certain immunocompromised and elderly populations. According to a new update from the CDC, individuals who received a COVID-19 booster shot are 97 times less likely to die from the coronavirus than those who aren't vaccinated. In addition, fully vaccinated Americans with up to two doses, but no booster are 14 times less likely to die from COVID-19 than unvaccinated people.

The DPBH continues to emphasize that the populations most vulnerable to COVID-19 are those who are unvaccinated – and the state's priority should remain getting everyone fully vaccinated with their primary series.

### **Seasonal Influenza**

Nationwide, influenza activity has decreased in recent weeks, but sporadic activity continues across the country. During week five in Nevada, the outpatient respiratory illness activity that included influenza-like illness (ILI) was minimal. So far 45 hospitalizations and five influenza-related deaths occurred this 2021–22 influenza season.

Influenza can be associated with serious illnesses, hospitalizations, and deaths, particularly among older adults, very young children, pregnant women, and persons of all ages with certain comorbidities and chronic medical conditions. Influenza also is an important cause of missed work and school.

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