

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 District/County Health Officer Report



Public Health
Prevent. Promote. Protect.

Carson City Health and Human Services Report State of Nevada Board of Health Meeting June 3, 2022

County Health Officer Name	Dr. Colleen Lyons
County	Carson City; some services provided in Douglas, Lyon and Storey Counties
Date of Submission	5/23/22
Do you plan to attend the State Board of Health meeting to provide a verbal update as well or answer questions?	Yes

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. All community-based vaccination events are conducted by CCHHS staff from the Public Health Preparedness program.
- CCHHS serves as a regional distributor for COVID vaccines to healthcare providers registered with Nevada State Immunization Program.
- The Quad-Counties COVID Hotline closed at the end of April 2022. When the public calls the hotline they are referred to the State COVID Hotline and the Nevada Health Response website for information and resources. We are in the process of developing the Quad-Counties COVID Hotline After-Action/Improvement Plan.

Clinical Services

Statistics

Family Planning (Title X) Unduplicated Clients / Number of Visits				
2020 Total	2021 Total	1Q21	1Q22	2Q22
1,682/3,016	1,627/2,846	679/857	655/798	**

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

Vaccinations Administered/Number of Individuals				
2020 Total	2021 Total	1Q21	1Q22	2Q22
5,313/2,486	4,034/1,762	524/237	837/413	**

Carson City Pre-employment Drug Screens				
2020 Total	2021 Total	1Q21	1Q22	2Q22
161	206	33	43	**

Tuberculosis (TB) Screening –

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 requires 4 visits to complete both rounds of screening. 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	1Q21	1Q22	2Q22
565/418	630/466	210/126	262/111	**

Budget

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

Staff Training – 1/24/22: Annual Skills Day for Clinic Staff / Nurses

- Hands-on skills check off, updating on and review of annual policies/procedures including OSHA regulations and Bloodborne pathogens, Point-of-Care testing sign offs

Challenges

- March 30, 2022 - Significant reduction in Title X (Family Planning) Funding resulting in reduced services.



Chronic Disease Prevention and Health Promotion (CDPHP)

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 with a 100% completion rate.
- In March 2022, Sexual Risk Avoidance Education (SRAE) class was conducted with a new organization, Boys and Girls Club of Western Nevada in Carson City. Seven enrolled with a 72% completion rate.
- Quarterly activity focused heavily on Recruitment and Retention of locations to conduct the SRAE and PREP curriculums.
- Staff scheduled SRAE and PREP classes to be hosted at CCHHS for April and June 2022. These classes are available to pre-teens and adolescents in the community. Promotion of the classes occurred and is occurring through social meetings and local coalitions.

*Both the SRAE and PREP courses consist of 8 one-hour modules. The fluctuation in completion percentages occurs because youth attending programs at community-based organizations or youth detention facilities may intermittently attend the community-based program and/or are transitioning in and out of the detention facilities.

Families Talking Together

During the January – March 2022 quarter, the full-time Adolescent Health Educator completed training as a facilitator for the *Families Talking Together*, a curriculum which is a parent-based intervention to prevent and/or reduce sexual risk behavior in adolescents

Trauma Informed Care

- Adolescent Health Staff are participating in a year-long Trauma Informed Care project along with Human Services. The project began with training. The topics of focus include the Seven Domains of Trauma- Informed Care, resilience-oriented Care, critical elements of the change process including visioning and communicating for buy-in, tools for organizational assessment and monitoring progress and consultation logistics.
- Staff have been engaged with the Sexual Assault Response Team gathering written materials to provide at classes within this grant cycle as well as producing Facebook posts for April which is Sexual Assault Awareness to promote the Start Believing Campaign to youth <https://startbybelieving.org/>

Trainings: (via self-study, live or pre-recorded webinars or Zoom)

- Sexual Risk Avoidance Education (SRAE) Guidance for Obtaining Partnership Buy-In and Approval for Performance Measures at <https://vimeo.com/642430091>
- Online Survey Data Collection for SRAE Performance Measures Data at <https://vimeo.com/642430714>
- Engaging and Re-engaging Youth
- Communication Planning 101: How to Reach Your TPP Audiences
- Talking to Teens About Sex Training, <https://rhntc.org/resources/talking-teens-about-sex-resources-caregivers>
- Link Between ACEs, Overdose, and Suicide available at: <http://urgentrelatedpreventable.org/>
- Nevada Youth Vaping Prevention by Parents against Vaping E-cigs (PAVE)

Trainings: (via self-study, live or pre-recorded webinars or Zoom) Continued

- Society, Sex and Science: Portrayal of Syphilis in the Victorian Era by Dr Khalil and Dr. Jennifer Wally
- Chlamydia Self Study

Diversity, Equity, and Inclusion (DEI) trainings:

- Creating Safe and Inclusive Spaces for LGBTQ+ Youth
- Teen Dating Violence, Human Trafficking, and Youth of Color: Understanding the Intersections
- Leadership Exchange for Adolescent Health Promotion -Youth Suicide Prevention for Black Indigenous People of Color and LGBTQ and youth with disabilities Webinar

Both AHEP Staff also viewed and discussed American Public Health Association Pre-recorded Webinar series found at <https://www.apha.org/events-and-meetings/webinars/racial-equity>:

- #1 - Racism: The Ultimate Underlying Condition
- #2 - A Path to Reproductive Justice: Research, Practice and Policies
- #3 - Reborn Not Reformed: Re-Imagining Policing for the Public's Health
- #4 - Racial Healing for Ourselves, Our Communities and Our Future
- #5 - Housing is a Human Right

Ryan White – Retention in Care

Ryan White Program Services Provided						
	2019	2020	2021	1Q21	1Q22	2Q22
Number of Services provided/clients	1,591/ 512	524/ 150	411/ 104	**/101	108/65	**

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.
 - Continuing to work on policies related to the Nevada Clean Indoor Air Act, Tobacco Prevention and Control Funding, Restricting Flavored Tobacco Products, and Addressing Youth access via Tobacco Retailers.
- CCHHS attended training to conduct STARS & Coverage Study Assessments in February.
- 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 goals is to educate parents and adult influencers on the predatory practices of the tobacco industry, increase awareness of the dangers of smoking and vaping flavored tobacco products, prevent youth and adults from becoming tobacco users, and support the quitting of all flavored tobacco products. This project is a collaboration between CCHHS, Southern Nevada Health District, and Washoe County Health District.
 - Have used social media posts produced by outside contractor. CCHHS posted them on our social media outlets.
- In collaboration with Healthy Communities Coalition, 2 assembly presentations and one class presentation pending.
- In collaboration with Partnership Douglas County, 1 class presentation 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.
- 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.
- Supporting Washoe County Health District's NV three series webinar with PAVE called "Ask the Expert" focused for parents and educators. Starting March and ending in May.

Budget

- General Funds – None
- Grants – 100%

Staff Training

- 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 Quitline's During the Pandemic by North American Quitline Consortium
- Webinar-Intersection of marijuana and smoke free multi-unit housing by American nonsmokers' rights foundation (ANRF)
- Society for Research on Nicotine & Tobacco (SRNT) Annual Meeting: INNOVATION AND OPPORTUNITY IN A CHANGING LANDSCAPE: WORKING TOGETHER TO ADVANCE NICOTINE SCIENCE TO ACHIEVE HEALTH EQUITY

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	1Q21	1Q22	2Q22
Restaurants – Carson City	670	608	700	180	144	**
Restaurants – Douglas County	772	726	827	215	186	**
Temporary Events – Carson City	169	0	131	0	7	**
Temporary Events – Douglas County	78	2	169	0	5	**
Childcare Facilities	20	18	24	1	5	**
Public Pools, spas, aquatics – Carson City	49	50	66	0	6	**
Public Pools – Douglas County	94	79	100	2	2	**
Septic	9	5	10	2	1	**

Permitted Establishments, Continued	2019	2020	2021	1Q21	1Q22	2Q22
Hotels/Motels	24	4	42	4	1	**
Schools	15	16	24	0	0	**

Permitted Establishments – Violations, Carson City Only						
Permitted Establishments	2019	2020	2021	1Q21	1Q22	2Q22
Food						
Critical	71	195	175	54	33	**
Non-critical	243	439	385	94	86	**
Pools						
Critical	4	17	12	0	0	**
Non-critical	4	25	148	0	6	**

Plans Reviewed						
	2019	2020	2021	1Q21	1Q22	2Q22
Number of Plans	*	*	156	38	12	**

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

Mosquito Abatement						
	2019	2020	2021	1Q21	1Q22	2Q22
Number of Hours by EH Staff	32	30	55	4	1	**

Other News

- The New Environmental Health Manager, Maria Menjivar started on May 6, 2022.
- The Environmental Health Services Interlocal Agreement with Douglas County is being negotiated and will be presented to the Board of Supervisors on June 16, 2022 at the Carson City Board of Supervisors and the Douglas County Board of Commissioners.

Staff Trainings

- Soil and Site Evaluation for Onsite Wastewater Systems

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	2021	1Q21	1Q22	2Q22
Chlamydia	265	188	206	43	49	**
Gonorrhea	42	43	52	11	6	**
Primary and Secondary Syphilis	8	6	10	4	4	**

Sexual Health Statistics (Douglas & Lyon Counties)						
	2019	2020	2021	1Q21	1Q22	2Q22
Chlamydia	287	256	282	78	64	**
Gonorrhea	52	93	65	18	11	**
Primary and Secondary Syphilis	5	7	15	5	1	**

Vector Borne Diseases						
	2019	2020	2021	1Q21	1Q22	2Q22
Carson City	None Reported	None Reported	None Reported	0	0	**
Douglas & Lyon Counties	None Reported	None Reported	1	0	0	**

Other Disease Investigations – Carson City, Douglas and Lyon Counties						
	2019	2020	2021	1Q21	1Q22	2Q22
Campylobacteriosis+	6	0	10	0	2	**
GI Outbreak (Childcare Facility)	0	0	1	0	0	**
Rabies, Animal (Bat)	0	0	1	0	0	**
RSV* Outbreak (Childcare Facility)	0	0	2	0	0	**
Salmonellosis+	4	3	9	1	1	**

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

Influenza Hospitalizations - Carson City, Douglas and Lyon Counties						
	2019	2020	2021	1Q21	1Q22	2Q22
Influenza Hospitalizations	36	2	6	1	7	**

Staff Training

- Wastewater Surveillance

Budget

- General Funds – 0%
- Grants – 100%

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



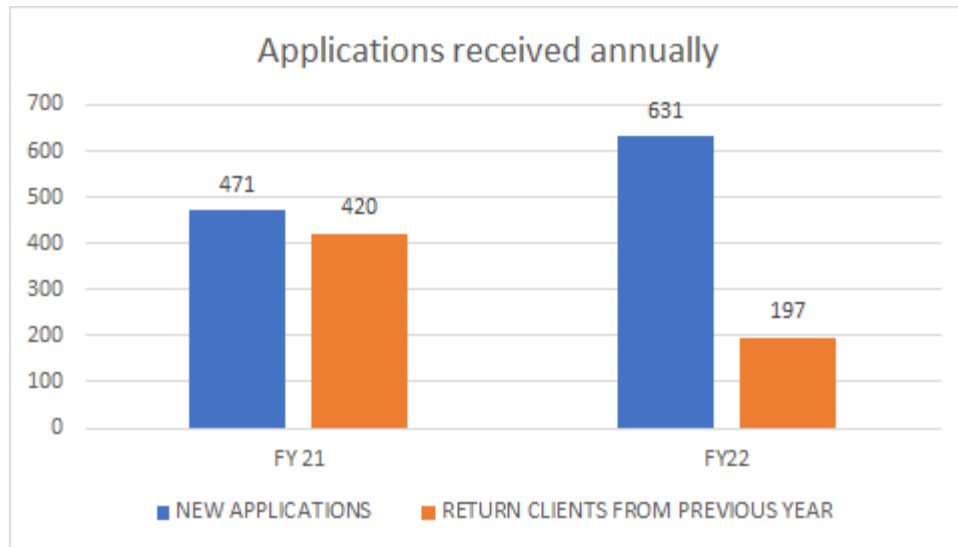
Human Services

Activities

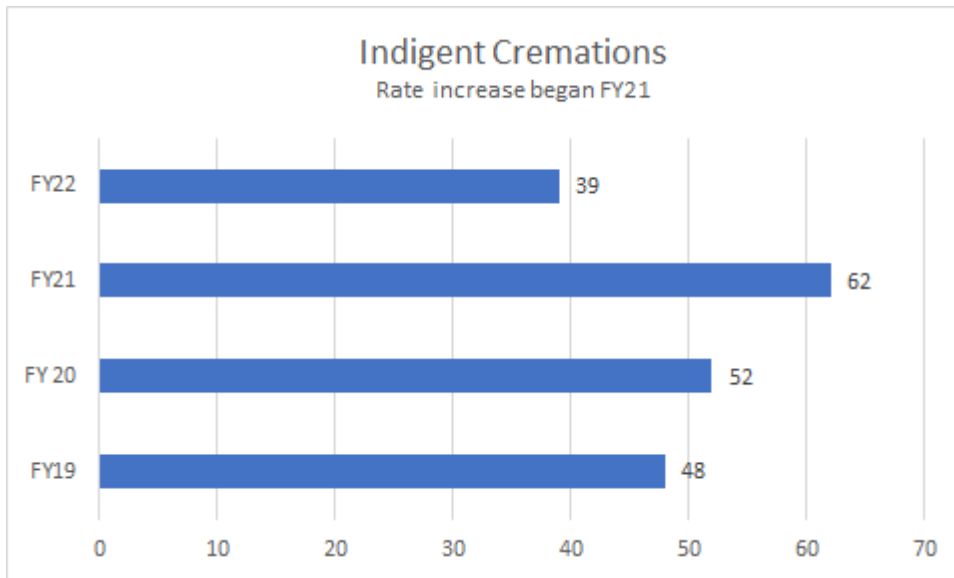
- In converting to a Trauma Informed Agency, the team has chosen two initial projects. The first is changing the Human Services Conference Room into an interview room. The interview room will have a living room style setting with calming features. This room can also be used by CCHHS employees needing to decompress. The second project is ensuring our policies and procedures include trauma informed mechanisms.
- 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.
- Human Services Division has been approved for \$32,472 for a HUD grant that will allow group living. What this means is that if there are two roommates and only one needs rental assistance we can assist without including the eligibility of the other roommate. Or, we will be able to manage each roommate separately. Implementation is October 1, 2022.
- Faith Barber has attended the 38th Annual National Association of Workforce Development Professionals and has brought back some new strategies to assist employers and jobseekers.

Individuals Assisted –July 1, 2021, to May 23, 2022 (Current)

- Between July 1, 2021 and May 23, 2022– Received a total of 631 assistance applications (631 new and 197 returning applicants). Chart indicates total received previous fiscal year and received this fiscal year through May 23, 2022.



- Point in Time Count preliminary numbers have 76 unsheltered homeless and 611 in long term motels.
- An on-going housing program, Shelter Plus Care, is assisting 9 **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.
- **Eighteen households** received one-time rental assistance through the Welfare Set-Aside funds.
- **Twelve 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 (IAF).
- With the Emergency Solutions COVID-19 Grant, **18 households** impacted by COVID were assisted with rental assistance.
- There were 477 **inmates** enrolled in FASTT.
- Human Services staff responded to **23 requests** for wrap around services for quarantined residents due to COVID.
- **Fifteen residents** were housed in a location secured by CCHHS who did not have a place to isolate or quarantine due to COVID-19 or were at high risk due to medical needs.



- In FY22, **3 individuals** in the county received assistance for long term care. Two have since deceased and one continues to receive assistance. No new applications have been received.
- There are approximately **111 individuals** (average) in the Medicaid County Match program (long term care).

Women, Infants, and Children (WIC)

For calendar year 2022:

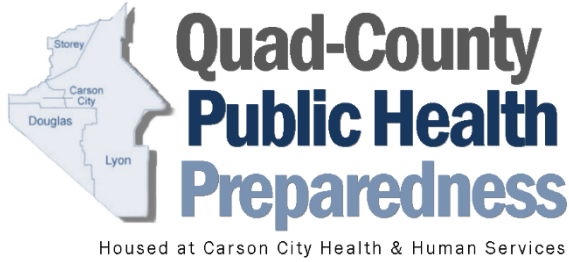
- The Carson City Clinic has seen a total of **414 unduplicated participants**: 29 pregnant women, 25 fully breastfeeding, 13 partially breastfeeding, 29 not breastfeeding, 108 infants, and 210 children.
- The Gardnerville Clinic has seen a total of **215 unduplicated participants**: 25 pregnant women, 14 fully breastfeeding, 8 partially breastfeeding, 12 not breastfeeding, 61 infants, and 93 children.

Other news, including staff trainings

- The Era of Homelessness Part 1 and Part 2
- All things Elogic (CSBG database)
- NACO Jail Reentry for People with Substance Use Parts 1, 2, and 3.
- CPR/First Aid/Bleed Control
- Helping Individuals Experiencing Homelessness Obtain ID
- GreenBusiness Training and Certification Program
- Introduction to Results-Oriented Management and Accountability (ROMA)

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.
- PHP Staff served the Federal Assistant Secretary for Preparedness and Response (ASPR) with user expertise on the new Medical Response and Surge Exercise (MRSE) tool and its functionality in real-world events.

Community Vaccinations

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

Staffing Trainings

- Two staff completed Resource Unit Leader training and one staff completed Logistics Section Chief training.

Staffing Challenges

- Challenges with hiring vaccinators 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 – Number of employees - 76
 - 35 FT City Employees - 45%
 - 10 PT City Employees – 12%
 - 31 Contract Employees (Marathon, NSHE, CDC Foundation) – 40%
 - 2 – Contracted (Health Officer; Clinic, PHP, and SART Pharmacist) – 3%

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.)



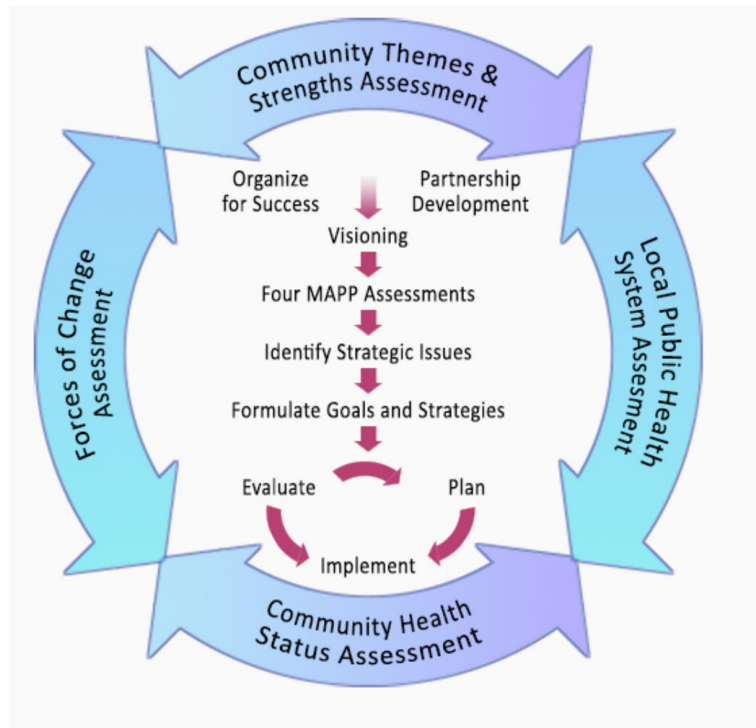
Accreditation

- Re-accreditation documentation submitted
- Have some additional information to submit
- Next Steps -
 - Review of documentation by the site reviewers
 - Request for more documentation or explanations
 - Virtual site visit
 - Public Health Accreditation Board Decision

3rd Community Health Needs Assessment (CHNA) - Update

- CCHHS and Carson Tahoe Health are collaborating on the CHNA to complete the Community Themes & Strengths Assessment and the Community Health Status Assessment.

- CCHHS will conduct the Local Public Health System Assessment and the Forces of Change Assessment.
- 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.



3rd Community Health Improvement Plan

After the Community Health Needs Assessment is completed, 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 – Trauma Informed Care

- Human Services – Homeless Outreach Program

County Board of Health Updates

- Carson City Board of Health held March 3, 2022; Topics covered were:
 - County Health Officer’s Report to include:
 - Activities,
 - Clinical oversight and policy input,
 - Training and education, and
 - Board of Health information.
 - Director’s Report to include:
 - Welcome to new CCHHS employees,
 - Overview of National Public Health Week, April 4-10,
 - Update on COVID-19 matters,
 - Video of the services available through the Chronic Disease Prevention and Health Promotion Division,
 - Presentation on youth vaping in the media: “Attracting Addictions” social media posts and KOLO Morning Break interview,
 - Congratulations to Christie Contreras for completing the Community Health Worker certification,
 - Overview of 3rd Community Health Needs Assessment process,
 - Discussion of vacant positions within CCHHS,
 - Overview of CCHHS challenges, and
 - Calendar of events that may be of interest to the Board of Health and members of the public.
 - 2021 CCHHS Annual Report Approval
 - April is Sexual Assault Awareness Month. Representatives of the Carson City Sheriff’s Office, Advocates to End Domestic Violence, Carson Tahoe Regional Medical Center, and Carson City Health and Human Services provided information about their collaborative efforts to coordinate awareness and prevention of sexual assault and to support the victims of sexual assault in the community.

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Washoe County District/County Health Officer Report

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

Date: June 3, 2021

To: State Board of Health Members

From: Kevin Dick
Washoe County District Health Officer

Subject: June 2022 Washoe County District Health Officer Report

FY 23 Budget - On May 17, 2022, the Washoe County Commissioners are scheduled to approve the Fiscal Year 2023 (FY23) Washoe County Budget. The budget contains the Washoe County General Fund transfer to the Health Fund to support the Health District and the above base request for the Health District for new positions, rebranding for a new name, and other operational needs of the Health District. The Health District portion of the County budget approved by the District Board of Health on February 24, 2022 and presented as the County Managers recommended budget to the Board of County Commissioners (BCC) on April 19, 2022 is expected to be approved by the BCC. Adjustments to the budget remain possible as negotiations with collective bargaining units continue and cost of living adjustments have not yet been determined.

COVID-19 Response – As of May 11, 2022, the region is experiencing an uptick in new daily cases that is believed to be resulting from the BA.2 variant becoming dominant in Washoe County. On May 11, the 7-day average of new cases was 54.75. Wastewater concentrations of COVID-19 have been increased over the past three weeks as have the rolling 7-day average new cases occurring. The 7-day average of daily Washoe County hospitalizations for patients, confirmed to have COVID-19, have increased slightly to 12 reported by the Nevada Hospital Association on May 11. Only 1.2% of hospital bed capacity utilized is attributed to COVID-19 patients. The CDC Community Impact Level remains at Low.

The Health District is at Emergency Activation Level 1: Monitoring, as we implement the Incident Action Plan for the last operational period which runs until the end of June. After June, we will cease operating through the Incident Command System (ICS) structure. However, we will continue to provide testing through our POST operations, call center, and COVID-19 epidemiology, disease investigation/contact tracing under the direction of EPHP, and COVID-19 vaccinations/PODs under the direction of CCHS. The Governor is expected to end the Emergency Declaration for COVID-19 on May 20th.

Vaccinations, testing, and therapeutics remain widely available to prevent, detect, and treat COVID-19.

Washoe County Health District Name Change – The Health District has been working with the Estipona Group to develop recommendations for a new name for the Washoe County Health District. This resulted from a concurrent meeting in 2021 of the Reno and Sparks City Councils and Washoe County Commissioners due to a desire expressed to change the name of the Health District to avoid confusion that it was part of Washoe County and under the direction of the Board of County Commissioners. Recommendations will be provided to the District Board of Health during their May 26 meeting. During the meeting they are expected to choose a name to recommend to the City Councils and County

Commissioners for a potential amendment of the Interlocal Agreement establishing the Health District to formally change the name. If this occurs, it is anticipated that the name change and rebranding would begin in early 2023.

SB4 Inspections - NAC 447E regulations that resulted from SB4 and SB386 that require inspections of resorts and large hotels remains in effect because rising COVID-19 cases numbers have pushed 14-day case averages over 100 per 100,000 population again. Since the inspections are required if this 14-day average is exceeded within the prior 90 days, it seems likely that the inspection requirements will remain in effect until August 31, 2022, as prescribed by SB386.

The areas addressed by the Health District inspections were much reduced by the SB386 and include:

- One page summary that it is posted at the employee entrances
- Handwash sinks and they are properly stocked and operational and available to staff throughout the property
- Hand sanitizer stations, functioning and available, and
- Staff can answer questions that certain items are cleaned “daily” including rooms unless directed otherwise by guests

Joint Information Center (JIC) - The Joint Information Center sent out several messages about first and second boosters to residents of the community to clarify eligibility and inform residents of opportunities to get vaccines/boosters administered. We had good participation from media at our COVID-19 media briefings. We worked with the University of Nevada, Reno to update the community on wastewater samples that showed Omicron BA.2 being the dominant variant and uptick in cases overall. To date, we have held 140 COVID-19 media briefings and have distributed 537 COVID-19 press releases.

Health District Communications saw a slight decrease in media stories (-12) but saw an increase in media inquiries (+8) in the month of April. The major success came with our press release about the Grab Healthy campaign, which is WCHD-CCHS’ effort to increase healthy fruit and vegetable options at convenience stores in zip codes that don’t have many grocery stores. It was attended by nearly 10 different media outlets and resulted in seven stories in English and at least three more in Spanish. We also had great media coverage bringing awareness to the increase in Sexually Transmitted Diseases/Infections in Washoe County. On social media, we promoted AQMD’s residential wood survey and celebrated National Public Health week with a series of videos from District Health Officer Kevin Dick. We also promoted openings for the Sewage, Wastewater, and Sanitation Hearing Board, the Community Health Needs Assessment survey for residents, STD Week, a video about the Community Garden at the Washoe County Complex and the County Health Rankings and Roadmaps.

Title X Funding - We received one year of “dire needs” funds from CDC in the amount of \$515,000 to continue providing family planning services under the Title X program. Our former funding level was \$842,000 annually. The funding may be used to support the program until March 31, 2023. We are informed not to expect any additional funding over the remaining four years of this funding cycle.

On May 6, Nevada DPBH, CCHHS, and WCHD met with Interim Health Committee Chair Peters and Governor’s Office staff to discuss the cessation of funding for each agencies’ Title X programs and the need for additional future funding to support the programs as well as the potential for changes to State law to ensure that services can continue to be provided to minors and prevent unwanted pregnancies.

Community Health Needs Assessment - Primary and secondary data collection efforts will wrap up in May and efforts will shift to data analysis and prioritizing of community needs. We continue to work with a steering committee with representation from Renown, Washoe County School District, the Larson Institute

for Health Impact and Equity, United Way, Truckee Meadows Tomorrow, Faith In Action Nevada, and the Human Services Network to assist with direction, interpretation, community engagement and prioritization of community health needs.

Statewide Efforts - The Office of the District Health Officer is participating in three new statewide efforts. The state of Nevada was selected by the Public Health National Center for Innovation to join the next cohort of the 21st Century Learning Community of states focused on intentional public health system transformation and modernization. Find more information at <https://phnci.org/transformation/21st-century-learning-community> . In addition, we have representation on the State Health Assessment Steering Committee which is one of several steps the state is pursuing in advance of seeking accreditation from the Public Health Accreditation Board. And finally, we are participating as a member of the Statewide Health Care Workforce and Pipeline Development Work Group which is focusing on developing a pipeline of workers to meet the health needs of the state in the future.

Health Equity - Our CDC Health Equity grant activities are underway with a full team hired including a Health Equity Coordinator, Communications and Media Specialist, three Community Health Workers and two Community Organizers. Initial efforts have focused on drafting a communications plans and initiating targeted communications strategies, initiating a health equity organizational assessment to identify the District's strengths and weaknesses, direct client support in our CCHS division provided by Community Health Workers, targeted efforts on the Community Health Needs Assessment to collect primary data (focus groups and surveys) from a more representative sample of our community and specific efforts to support the EHS work being done with local food vendors and the AQM work to place low cost air sensors in neighborhoods that lack access to sufficient air quality data. In addition, the internal Health Equity Committee is meeting again, and we've contracted with a diversity, equity and inclusion consultant to provide technical assistance. The next phase of the grant will focus on completing the internal assessment, building out cultural competency and health equity trainings, and engaging community members in the Community Health Improvement plan, Health Equity plan and Strategic Plan to identify internal and external strategies to reduce health disparities.

Immunizations – April turned out to be a busy month for Immunization program staff as there was an increase in demand for COVID-19 boosters as well as continued efforts to provide COVID and flu vaccination through the homebound program, onsite clinic, and community vaccination events.

There were nine community COVID PODS in April. Staff went to two high school locations. Approximately 1662 COVID vaccinations were provided through community events, homebound and the immunization clinic during the month of April.

Throughout April, staff continued semi-permanent vaccination clinics at the Reno Sparks Convention Center offering all COVID vaccination presentations. The homebound team provided 198 COVID vaccines from April 1, 2022, to April 28, 2022.

Immunization staff continue to work on Vaccines for Children (VFC) and COVID-19 grant deliverables. Staff completed seven VFC compliance visits, one follow-up visit as well as two Immunization Quality Improvement Planning (IQIP) visits. COVID staff also completed one compliance visit and vaccine training in April. All staff continued to provide provider education on vaccine storage and handlings, vaccine inventory and vaccine redistribution information. Staff redistributed 672 Pfizer doses, 250 Pfizer peds 5–11-year-old doses, and 150 Moderna doses to support six community providers and increasing availability of COVID-19 vaccine in our community.

Staff continue to provide all presentations of COVID vaccines in the immunization clinic along with all other regular vaccines. Staff vaccinated a total of 1161 individual clients and provided 1674 vaccines during the

month of April, of which includes 904 COVID vaccines. Staff continued to accept walk-ins at all vaccine sites. Due to the March 29, 2022, CDC authorization of the administration of a second MRNA Booster for those aged 50 or older, as well those 12 and older who are moderately to severely immunocompromised, there was a marked increase in clients in the clinic and at offsite locations. The largest number of vaccinations provided in the clinic setting occurred on April 1st, with a total of 103 vaccines provided and of those 63 were walk-in appointments.

In April, staff continued collaborating with Washoe County School District to provide meningococcal vaccinations along with other adolescent vaccines in the schools to help the “Vaccinate Before You Graduate,” the new state law that goes into effect July 1, 2022. Staff have scheduled three school clinics in the month of May, and a final school clinic in June. At these school events staff will offer the Meningococcal vaccine as well as Meningococcal B, Flu, HPV, Tdap and Covid vaccines.

On April 27th and April 28th, the Immunization team participated in a two-day Statewide IZ meeting. Day one was dedicated to COVID-19 vaccine discussion with day two dedicated to all other Immunizations. WCHD was pleased to share our experience of integrating COVID-19 vaccines into the clinic, while not all health departments in the state have done so at this time. Staff were also able to share successes with partnering with Washoe County School District for the Vaccinate Before You Graduate state initiative.

Staff participated in the Family Health Festival on May 4, 2022. Staff are in the preliminary planning process for Back-To-School clinics. The first one is scheduled for July 30, 2022. Additional events will take place on August 13, 2022, and August 20, 2022.

Tuberculosis Prevention and Control Program - The TB clinic is currently managing the care for seven active TB cases; five are pulmonary TB and two are extra-pulmonary TB. Three of these cases were acquired in March and are doing well. They are tolerating the medications and are compliant with treatment. Due to the intense workload of the three cases acquired in March, the per diem nurse assigned to the program has spent more time helping with clinic needs which is much appreciated. Finally, the pulmonary case from last August will be finishing up their ninth month of treatment in May. The TB team is glad they were able to help them complete treatment.

The clinic is starting to see more referrals from civil surgeons in the community for immigration status change clients. Staff contact all clients and discuss available services and encourage treatment for the LTBI diagnosis, whether it be through the WCHD TB program or from a primary care physician. Many of these clients appreciate the information that is provided and are happy to accept treatment.

Reproductive and Sexual Health Services — In March, the Family Planning Sexual Health Program ran a multimedia campaign advertising the availability of walk-in clinic appointments every Wednesday. Walk-in appointments continue to be in high demand through the month of April with many clients, including adolescents, taking advantage of walk-in appointments. Clinic staff continues to welcome residents from UNR School of Medicine and nurse practitioner students from UNR.

Clinic staff were able to take advantage of multiple training opportunities. All clinic staff participated in a cultural competency training focusing on the LGBTQIA+ population. Several APRNs participated in a 2-day training on implementing PrEP and PEP services. Staff were also given the opportunity to learn more about HIV medications and implementing a rapid start procedure.

Outreach services at Washoe County Sheriff's Office and Eddy House have been temporarily paused as program staff look for additional resource opportunities to resume these programs. However, the recently hired Community Health Workers will be connecting with both of those community partners to continue offering resources.

On March 31, 2022, the Family Planning Sexual Health Program held a Community Advisory Board Meeting and received valuable input from community partners and area youth. Topics centered around reaching the Black population and individuals without a primary care provider.

Chronic Disease Prevention Program (CDPP) – Staff partnered with Join Together Northern Nevada to plan and promote the event and lead a collection site for the Rx Take Back Day, April 30, 2022. Preliminary results received indicate approx. 4,700 pounds of medications were received across all collection sites in our area.

WCHD held a media day event to announce the Healthy Corner Store – Grab Healthy initiative. Staff provided interviews in English and Spanish to interested media. Media that attended included: KTVN, KRNV, KOLO, FOX11, KUNR, This is Reno and Enterate. All three participating stores now offer canned and frozen fruits and vegetables. Staff will continue recruitment of new stores in the coming months.

A presentation on Physical Activity and Nutrition was made to a group of seven girl scouts aged 6-10 years old who were receiving a badge for staying fit.

Staff continued assisting the Reno Aces in the implementation of their new smoke-free/vape-free policy for Greater Nevada Field. The policy went in effect on opening day, April 12, 2022, to help protect fans and staff from the harmful effects of secondhand smoke and vape inside the facility. Staff also developed messaging about the new policy as well information on free local resources to help Nevadans quit tobacco – the [Nevada Tobacco Quitline](#) for adults and [My Life, My Quit](#) for youth. These messages have gone out through player vignettes played during all home games, signage, social media, and announcements made over the PA system. In celebration of the new policy, Jake Sciolo, Public Service Intern for the CDIP program, threw out the first pitch on the first Family Sunday of the season.

Maternal, Child and Adolescent Health (MCAH) – The Community Review Team (CRT) continues to meet in person with a hybrid teleconference option. The team has gained new members including a substance abuse counselor, behavioral health counselor, licensed Nurse midwife and REMSA education/outreach. Staff has reached out to Northern Nevada Sierra Medical Center for representation on the FIMR CRT. Staff participated in the annual site review from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health on April 18, 2022. There were no findings.

The April FIMR meeting included a presentation from Life Change Center about The Spring Program for Women's Health Services.

Staff attended the Western Regional Fetal Infant Mortality Review Call and Rebecca Gonzales was recognized for her efforts in getting the "Count the Kicks" program implemented in Nevada. Staff attended the "2022 Annual Maternal Mental Health FORUM: Building the MMH Constellation" virtually on March 24-26, 2022 and the "State of Black Maternal Health in the U.S." webinar on April 12, 2022.

FIMR staff is assisting with the implementation of "Mama Care Kits" for post-partum women in need in Northern Nevada, however this project is on hold until a Treasurer is found for the Northern Nevada Maternal Child Health Coalition. FIMR staff continue to promote the "Count the Kicks" App and assist with outreach to local providers.

Community Health Workers have been orienting in the FIMR program and attended the April Northern Nevada Maternal Child Health Coalition and FIMR meetings.

The program continues to investigate Lead cases and delinquent Newborn Screenings as referred. Staff met to finalize new Lead policies and procedures, notification letters were developed in English and Spanish.

Women, Infants and Children (WIC) – There continues to be infant formula shortages at local retailers, which while not a specific WIC issue, is impacting WIC clients and their ability to access formula. Of

particular concern are infants who require special formulas due to allergies, intolerance, etc. and the limited availability of these formulas. WCHD WIC staff communicate regularly with State WIC regarding formula needs and concerns.

In February WIC completed a breast pump audit/inventory requested by the state. This was the first time an audit/inventory has been requested. Completion required coordination and communication about breast pumps distributed from all three WIC locations and follow up on breast pumps that had been distributed, but not returned. The task was complicated due to needing to go back to before WIC converted to their electronic system WISH. In April the state provided feedback on the work done and acknowledged staff's great job in following up with WIC participants and recovering breast pumps from clients that had not returned them.

Food/Food Safety - The Food Safety Program is looking at ways to improve the overall food safety in our local restaurants. This May and June, the Food Safety Program is sending staff to shadow the Maricopa County Environmental Services Division in hopes to gain new insights on how to approach food safety management systems. The Food Team is utilizing funds from the RFFM NEHA-FDA grant to promote and build a new Active Managerial Control course and build additional resources to assist with overall food safety in local restaurants. Active Managerial Control (AMC) is a simple proactive system used by food service operators to improve food safety in their establishments. The goal with this project is to learn from some of the national leaders in food safety and to bring back new ideas that will help us protect our community and all those who eat in Washoe County.

The Food Safety Program is continuing data collections for the Program Assessment, commonly referred to as the 'Risk Factor Study'. Approximately 15% of data collections have been completed. Data collections for this study are taking place at randomly selected food establishments in Washoe County and will end in the fall. Once all the data collections are complete, the information will be analyzed and used to target foodborne illness risk factors that were identified in Washoe County.

Epidemiology (EPI) – Staff are in the beginning stages of a public outreach program including commercials that will highlight what EHS staff does, washoeeats.com, and the effects of foodborne illness. The goal is to increase awareness of WCHD's efforts to protect the health of the public by making sure food is safe, and to show negative outcomes that can occur when it is not. Additionally, ensuring that the public and restaurant operators know that WCHD is here to help.

Staff participated in the CDC's virtual InFORM conference, where staff learned how EHS and Epidemiology departments at health jurisdictions across the country handle a wide range of foodborne, waterborne, and other types of outbreaks. The information learned from this conference will be valuable for staff when an outbreak occurs.

Epidemiology	JAN 2022	FEB 2022	MAR 2022	APR 2022	YTD 2022	2021	2020
Foodborne Disease Complaints	6	1	18	5	30	98	130
Foodborne Disease Interviews	5	1	15	5	26	59	66
Foodborne Disease Investigations	0	0	1	0	1	12	7
CD Referrals Reviewed	6	9	10	5	30	178	82
Product Recalls Reviewed	13	18	16	18	65	251	61

Temp Foods/Special Events – The Special Events program is picking up. The first large special event of the year, Earth Day, was held at Idlewild Park on April 24, 2022. Staff inspected food booths and infrastructure (such as solid and liquid waste storage). Food safety violations were identified and were corrected during the inspection.

Commercial Plans - Program staff conducted the final inspection on May 3 of the new Hug High School set to open in the fall of 2022.

- This facility will have seven health permits which include a school kitchen, snack coffee bar, four satellite food areas, and an institution permit.
- The school will also have a culinary arts program and kitchen to train students.

After a brief decline in Development Reviews for the month of March 2022 compared to March 2021, April again saw major project submittal increases led by unincorporated Washoe County. Washoe County Reviews surpassed the City of Reno.

To date, even with the decline in March, reviews are up for calendar year 2022 compared to 2021.

Commercial Development	JAN 2022	FEB 2022	MAR 2022	APR 2022	YTD 2022	2021	2020
Development Reviews	42	35	34	48	159	400	357
Commercial Plans Received	83	87	120	88	378	1,169	1,059
Commercial Plan Inspections	34	28	33	44	142	452	396
Water Projects Received	4	1	4	0	9	40	64

Environmental Protection

Land Development - The month of April saw a substantially increased number of septic repair permit submittals. It is unclear what is causing this, though the springtime snow melt is thought to often take systems to the verge of failure and push some of them into failure.

Staff toured the Jensen Precast facility. Jensen is the primary manufacturer of concrete septic tanks within Washoe County. Staff was able to observe the construction of tanks and ask questions pertinent to installation and care. The company was excited to have EHS reach out and take an interest in their business.

The District Board of Health approved staff recommendations for the Sewage, Wastewater, and Sanitation Advisory (SWS) Board. For the first time, all the Board positions are filled, including the long vacant attorney position.

Two variances have been applied for and will go before the SWS Board in May.

Land Development	JAN 2022	FEB 2022	MAR 2022	APR 2022	YTD 2022	2021	2020
Plans Received (Residential/Septic)	83	83	101	100	367	918	705
Residential Septic/Well Inspections	107	87	156	160	510	1,282	1,075
Well Permits	8	18	21	9	56	150	131

Safe Drinking Water (SDW) - Staff is engaged in cleaning out old files and transferring Truckee Meadow Water Authority files to the Bureau of Safe Drinking Water. With the pending resignation of one team member, work is being reassigned to the remaining members. There is no plan to bring another staff member in at this time – this will be re-evaluated later in the year.

Vector-Borne Diseases (VBD) - The Program has hired three UNR students for the seasonal Public Service Intern positions. Recruitment continues for a fourth position.

Staff began larval surveillance for the aerial larvicide on May 5, 2022.

Mosquitofish are being collected and the first fish service requests will be scheduled following the May aerial larvicide.

Mosquito identification training for REHS positions remains ongoing.

Vector	JAN 2022	FEB 2022	MAR 2022	APR 2022	YTD 2022	2021	2020
Total Service Requests	0	0	4	3	7	59	135
Mosquito Pools Tested	0	0	0	0	0	385	280
Mosquito Surveys and Treatments	0	0	0	32	32	821	72

Waste Management (WM) - Members of the UST program attended UST Inspector Training in Saukville, Wisconsin. The training included leak detection inspections, types of testing, fuel compatibility issues, the different types of tank configurations, and compliance requirements.

EHS Office Support Specialists and Tech Services have been working diligently on building the annual permit for the UST Program in Accela.

The UST program completed 17 facility inspection for the month of April 2022 and have completed 37 total inspections since the program was re-established in February 2022.

Inspections

EHS Inspections	JAN 2022	FEB 2022	MAR 2022	APR 2022	YTD 2022	2021	2020
Child Care	3	10	9	5	27	118	142
Food/Exempt Food	417	500	545	399	1,861	4,958	4,264
Schools/Institutions	8	18	28	28	82	291	199
Tattoo/Permanent Make-Up (IBD)	3	21	12	9	45	134	112
Temporary IBD Events	3	0	0	0	3	0	1
Liquid Waste Trucks	17	13	12	5	47	111	110
Mobile Home/RV Parks	14	4	10	15	43	117	202
Public Accommodations	22	17	24	11	74	151	130
Aquatic Facilities/Pools/Spas	25	71	68	40	204	1,128	408
RV Dump Station	3	1	1	1	6	19	17
Underground Storage Tanks	0	0	20	17	37	4	10
Waste Management	12	22	17	13	64	146	211
Temporary Foods/Special Events	23	14	18	29	84	766	48
Complaints	43	31	57	48	179	689	911
TOTAL	593	722	801	603	2,719	8,632	6,765
EHS Public Record Requests	571	205	472	381	1,629	4,769	3,249

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

Exercises and Trainings - On April 04-07, 2022, the PHEP team, HPP team, the EPHP Division Director and three coalition partners participated in the 2022 Preparedness Summit. This Summit brings in hundreds of presenters from across the country that share experiences, best practices in public health response and recovery and information and observations on the potential future of public health. Some topics that were discussed, in addition to COVID lessons, included how to use emPOWER data, state communication systems and other resources to train healthcare staff for emergency situations. Information and resources were noted from the Summit on regional websites and training platforms that provided information on decontamination, pediatric multi-casualty incidents (MCIs), and burns that the program can incorporate into plans and exercises. Items such as these will be discussed at a future IHCC meeting.

On April 12, 2022, the HPP PHERC attended a CHEMPACK training and Exercise scenario hosted by the Quad County Coalition. The training went over what is included in a CHEMPACK, how to request it and under what scenarios it may be requested, as well as some clinical/EMS information.

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.

EMS Oversight Program

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 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. Data requests has been submitted to the State Office of EMS.

The Program is also assisting the facilitation of boundary drop review. The Program provided data to the Washoe County Geographic Information Systems (GIS) for FY 20-21 and mid-year FY 21-22 for GIS to use and provide mapping details.

Program Initiatives - The EMS Oversight Program continues to research and develop meaningful patient centric measurements for EMS regional systems evaluation. The Program is connecting with Nevada Health Information Exchange (HIE) to gain access to available electronic patient care reporting (ePCR) indicators that can be used for focus on prehospitalization care for suspected overdose, ketamine administration, and stroke. Secondary data will be gained from the CDC BioSense Syndromic Surveillance Platform to help quantify the number of emergency department visits related to overdose diagnosis.

REMSA Exemption Requests - REMSA has seen a decline in System Overload and Status 99 delays. Table 1 summarizes REMSA Exemption Requests.

Exemption	System Overload	Status 99	Weather	Other	Approved
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	-	64 ^a	1 ^b	101
January 2022	55	82	-	-	137
February 2022	-	-	15 ^c	-	15
March 2022	8	-	-	-	8
April 2022	10	-	-	-	10

^a A total of 64 late calls resulted from 4 Blanket Weather Exemption incidences.

^b 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

^c A total of 15 late calls resulted from 3 Blanket Weather Exemption incidences.

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. REMSA Percentage of Compliant Priority 1 Responses by Zones FY 2021-22		
Month	Zone A	Zone B, C, and D
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%
February 2022	86%	79%
March 2022	85%	83%
April 2022	86%	89%

As demonstrated in Table 2 above, REMSA has not been in compliance for Priority 1 calls since the beginning of the fiscal year.

REMSA Franchise Agreement Updates – At the direction of the DBOH, and lead by REMSA, the Program and JAC partners are reviewing Article 2.3 of the Franchise for potential updates. These updates will be presented to the DBOH once a consensus is received.

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 eight (8) applications during the month of April and had comments or concerns for one (1) that may affect EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program received six (6) Mass Gathering applications for review in April and provided comments or concerns on all. One (1) additional event was sent for consideration but, after review, did not need EMS Oversight review. The EMS Oversight Program is reviewing the Suggested Guidelines for EMS Coverage for Mass Gatherings to gain a better understanding of scope and responsibility regarding recommendations and inspections of EMS presence at mass gatherings.

Vital Statistics - Vital Statistics has continued to serve the public through the mail, online and in-person. During the month of April, Vital Statistics staff registered 501 deaths and 402 births; 30 deaths and 124 birth corrections were made. 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

April	In Person	Mail	Online	Total
Death	1854	34	364	2252
Birth	843	51	460	1354
Total	2697	85	824	3606

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 Health Officer Report



DATE: June 3, 2022

TO: State Board of Health Members

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

SUBJECT: District Health Officer Report

COVID-19

When the declarations of emergencies in Nevada and Clark County came to an end in May, the Southern Nevada Health District assured the community of its commitment to continue offering vaccine and testing resources, and ongoing disease surveillance, protection and control guidance to the public and its partners.

The COVID-19 virus is evolving, and the recommendations and public health guidance designed to keep the public safe, protected, and informed will continue to evolve with it. The Health District's COVID-19 website includes up to date information and resources for the community as well as links to COVID-19 testing and vaccine clinic locations. The website is available at www.snhd.info/covid.

Tobacco Control

Las Vegas Lights FC

In a win for Southern Nevada, the Las Vegas Lights FC home games at Cashman Field are now smoke-free. The Lights announced their decision on March 28, stating all tobacco products as well as e-cigarettes and vaping products would be included in the ban at games. The policy includes all areas within Cashman Field. In making the announcement, Lights FC Owner and CEO Brett Lashbrook stated he was proud to partner with the Southern Nevada Health District on this important initiative.

Las Vegas Aviators

On March 31, the Las Vegas Aviators® and Las Vegas Ballpark® announced they teamed up with the Health District to declare the Las Vegas Ballpark a smoke-free facility. The new policy took effect on the Aviators opening day, April 5, 2022. The new policy prohibits the use of all smoke and tobacco products, including cigarettes, chewing tobacco, e-cigarettes (including Juul) and all vapes on Ballpark property. Signs are posted at all entrances of Las Vegas Ballpark, and fans can expect to see educational messaging be shared throughout Aviators' games all year.

UNLV

The University of Nevada, Las Vegas recently announced it will join approximately 2,000 other universities across the country and become a smoke-free campus on Aug. 15, 2022. The UNLV School of Public Health collaborated with the Southern Nevada Health District, American Lung Association, American Cancer Society, Nevada Public Health Association and the Nevada Tobacco Prevention Coalition to develop a policy that will

apply to all students, faculty, staff and visitors on UNLV property. This includes the Thomas and Mack Center, and all other buildings or facilities owned, operated, leased, occupied or controlled by UNLV in the state of Nevada.

The smoke-free and tobacco-free campus policy was approved by UNLV's University Policy Committee in September 2021 and will be in place for the Fall 2022 semester. The policy prohibits all forms of smoking, tobacco use, marijuana uses, and regulated nicotine product including, but not limited to:

- Cigarettes, cigars (commercially or self-rolled)
- Pipes, hookahs, water pipes
- Electronic cigarettes
- Vape pens
- Bidis (small, thin, hand-rolled cigarettes imported to the U.S. primarily from India and other Southeast Asian countries), Kreteks (clove cigarettes)
- Smokeless tobacco (e.g., snuff, snus, chew)
- Cannabis/marijuana in all forms

2022 County Health Rankings

The Health District presented the annual County Health Rankings on April 27, at a community event held in conjunction with partners from the Nevada Public Health Institute and Larsen Institute. The County Health Rankings are released each year using data from the University of Wisconsin Population Health Institute (UWPHI) and are available at www.countyhealthrankings.org.

Clark County ranks 6th healthiest in Nevada according to the Rankings. The County Rankings provide a snapshot of local health data that demonstrate where people live influences how well they live and how long they live. The Rankings allow each state to see how its counties compare on a range of factors that influence health, including education, access to health and mental health care, the physical environment, social and economic factors, smoking, access to healthy foods and more. This year, seven new actionable measures were introduced for local communities to consider. These measures include:

1. COVID-19 Age-Adjusted Mortality
2. Living Wages
3. Childcare Cost Burden
4. Childcare Centers
5. Gender Pay Gap
6. School Funding Adequacy
7. School Segregation

Among the many findings the Ranking revealed is that in Clark County, a family with two children spends an average of 30 percent of its household income on childcare. The burden childcare costs can have on a family becomes even more start when examining the differences in household income by race and ethnicity. In Clark County, a Black family has a median household income of \$41,900 while a White family has a median income of \$69,000 and an Asian family of \$70,200.

The Health District's County Health Rankings presentations are available on its website at <https://www.southernnevadahealthdistrict.org/news-info/county-health-rankings/> as well as links to a video of the session, the dashboard and past year's information and data.

This year, the Health District recognized Dr. Shawn Gerstenberger, dean, and Max Gakh, associate professor, from UNLV's School of Public Health, and Jeremy Lovell, health facilities inspector, from the Bureau of Health Care Quality and Compliance at the State of Nevada as its 2022 Public Health Heroes.

Public Health Heroes

The Health District recognizes individuals or organizations each year that embody one or more of the essential functions of public health and whose actions improve the health status of the community. These three individuals were recognized for the following contributions:

Dr. Shawn Gerstenberger (Dean), Max Gakh (Associate Professor) School of Public Health, UNLV

Dr. Shawn Gerstenberger and Max Gakh from UNLV's School of Public Health were nominated by the Health District's Tobacco Control Program for their continued collaboration to put into place a smoke-free policy at UNLV. The policy was recently announced by UNLV and prohibits the use of all tobacco, electronic and vaping products on campus, in campus housing or at any school venues. UNLV's smoke-free policy begins in August at the start of the Fall 2022 semester. UNLV joins more than 2,000 colleges and universities that have adopted smoke-free policies. Dr. Gerstenberger and Mr. Gakh were recognized for their continued efforts to make this significant public health policy a reality, an effort that has been in process for approximately 20 years. The smoke-free policy at UNLV will protect its 30,000-plus students, as well as its faculty and staff, vendors, event attendees, and the public, from secondhand smoke. This is a public health policy and intervention that positively impacts the community.

Jeremy Lovell, Health Facilities Inspector II Bureau of Health Care Quality and Compliance/State of Nevada

Jeremy Lovell has been a public servant since 2007 and served as a police officer, a family services specialist, an elder rights specialist, a code enforcement officer and a health facilities inspector. During the COVID-19 pandemic, Mr. Lovell saw the need to ensure Nevada's most vulnerable residents were protected and returned to the State of Nevada's Bureau of Health Care Quality and Compliance as a health facilities inspector, leaving a position at the City of Las Vegas. As an inspector, he visited group homes, assisted living centers, and nursing homes with confirmed COVID-19 cases to ensure they were all in compliance with Nevada Revised Statute and Nevada Administrative Code and to make certain they were following all recommended infection control practices to prevent the spread of COVID-19 among these populations. As a frontline regulator, he remains dedicated to mitigating the spread of the COVID-19 virus and assuring patients and residents of these facilities receive care in the safest possible environments. He provided resources and coordinated efforts to make certain that each facility and its health care staff had a good understanding of the practices to keep staff members, residents and patients safe and healthy.

Pop-up Produce Markets

The Health District's Office of Chronic Disease Prevention and Health Promotion has partnered with the Regional Transportation Commission of Southern Nevada (RTC) and the Veggie Buck Truck to once again schedule pop-up produce markets at the Bonneville Transit Center (BTC) in spring and fall with an additional location at the Health District's main facility. Patrons pay about a dollar for a pound of fresh fruit or vegetables. The partnership is an effort to increase access to low-cost, healthy fresh fruit and vegetables. For more information, call the Office of Chronic Disease Prevention and Health Promotion at (702) 759-1270 or visit the [Get Healthy Clark County Farmers Markets](#) page.

The remaining schedule for this season’s pop-up produce markets is:

Bonneville Transit Center (BTC), 12:30 p.m. 101 E. Bonneville Ave., Las Vegas, NV 89101 Market will be open while supplies last	Southern Nevada Health District, 9 a.m. 280 S. Decatur Blvd., Las Vegas, NV 89107 Market will be open while supplies last
Wednesday, September 7	Wednesday, September 14
Wednesday, October 5	Wednesday, Oct. 12
Wednesday, November 2	Wednesday, November 9

Nutrition education and resources are available at the Southern Nevada Health District pop-up produce markets and the markets are open to everyone. The BTC is typically accessed by about 9,000 customers each day. The markets are open to everyone. Customers can use their Supplemental Nutritional Assistance Program (SNAP) benefits at the pop-up markets. People who use SNAP will be eligible for Double Up Food Bucks and earn a coupon they can apply to future produce purchases at participating locations. The Double Up Food Bucks program doubles the value of SNAP benefits, helping people to bring even more healthy food into their homes. Customers can use cash, debit, or credit cards.

A pilot project was launched in September 2021, with three pop-up markets held on consecutive Wednesdays. The markets served about 185 attendees and nearly 700 pounds of fresh produce were sold over the course of the three market days. Forty-five percent of these sales were SNAP/EBT, WIC, farmers markets coupons and Double Up Food Buck coupons.

For a list of local farmers markets, including those that accept EBT, SNAP and debit or credit cards, visit the [Get Healthy Clark County Farmers Markets](#) page.

Influenza Surveillance

In Clark County, for the season as of May 7, 2022, there have been 332 influenza-associated hospitalizations and 9 influenza-associated deaths reported. The percentage of emergency department and urgent care clinic visits for influenza-like-illness (ILI) decreased from 3.3% in week 17 to 3.1% in week 18. Approximately 25% of area emergency department and urgent care clinic visits for ILI were made by children 0-4 years of age, which was similar to week 17 (26%). Influenza A has been the dominant type circulating. Nationwide, seasonal influenza viruses continue to circulate, and activity is increasing in parts of the country. During week 18, 2.3% of patient visits reported through the U.S. outpatient ILI Illness Surveillance Network (ILINet) were due to respiratory illness that included ILI. This percentage was below the national baseline of 2.5%. Among the 55 states/jurisdictions, the respiratory illness activity level in Nevada was low. The Health District will continue to update the public on flu activity and encourage flu vaccinations for everyone 6 months of age and older.

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 Health Officer Report

Steve Sisolak
Governor



Richard Whitley, MS
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Lisa Sherych
Administrator

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

Date: May 26, 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: Report to the Board of Health for June 03, 2022 Meeting

Introduction

Estimated numbers of COVID-19 infections, reported cases, and hospital admissions have begun to increase again in Nevada and nationwide. In many states, the increase in hospital admissions has been larger than that for reported cases, possibly due to a decrease in testing at medical laboratories or clinics and a decrease in reporting self-administered home based antigen test results to state and local health authorities. After several weeks of this relatively steady slow increase in infection rates across the nation and worldwide, the National Centers for Disease Control and Prevention (CDC) projected that case incidence; hospital admission, and deaths related to COVID-19 in the United States (US) will continue to increase during the month of May. Given the high levels of the transient-naturally-occurring immunity after recovering from Omicron infections, and a relatively high vaccination rate, it seems that this gradual increase in community transmission will be reaching a peak in the coming weeks and may start to gradually decline. Together, very effective vaccines and treatments seem to be reducing the risks of severe COVID-19 for boosted people. Including those vulnerable to a risk level that seems to be similar, or comparable to the risk of severe influenza.

Current Situations

As of the date of preparing this report the average daily number of newly reported cases in the US reached 110,614. Reflecting about a 2% percent increase per day and a 63% increase in the past two weeks. Hospitalizations have already begun to climb as well with more than 20,000 COVID-19 patients hospitalized nationwide and about 1,900 severe COVID-19 cases in intensive care units. This also marks the highest number of COVID-19 patients needing inpatient hospital care since mid-March 2022. Several factors have probably led to this significant increase in cases such as lifting mask mandates, and other safety restrictions, in almost every state including Nevada. Highly contagious circulating Omicron subvariants such as BA.2 and BA.2.12.1, continue to spread across the nation and seem to be partially escaping immunity from previous infections.

Omicron is now the most dominant strain of coronavirus in the US, and its incubation period may be shorter than those of previous variants. Studies suggest that the incubation period for Omicron is around three days from the time of exposure. The median incubation period for the Delta variant was around 4 days, compared to the 5.6 days for earlier strains of the virus. Omicron is more contagious than the Delta variant and vaccines with booster shots can provide some help to protect people from serious illness, hospitalization, and death. According to the latest CDC data tracker the BA.2 Omicron subvariant currently accounts for more than 62% of new national cases and the BA.2.12.1 subvariant makes up about 36% of all new cases across the US. Individuals who get infected with COVID-19 can spread it to others two to three days before symptoms start and they are most contagious one to two days before exhibiting any symptoms. Cases with mild to moderate COVID-19 are contagious for 10 days after the start of symptoms. While critically ill individuals with COVID-19 can continue to be infectious for up to 20 days from the start of symptoms.

Since January 2020, about one in four have contracted COVID-19, and 1 in 332 Americans have died from it. Additionally, the CDC estimated that about 60% of US residents have already been infected with COVID-19, specifically during the current Omicron variant and subvariant waves. An additional 100 million Americans could get infected with COVID-19 this fall and winter, affecting about a third of the U.S. population.

More than one million Americans have already died due to, or in relation to, a COVID-19 infection. As of the date of preparing this report 1 million and 1 thousand COVID-19 related deaths were reported to CDC. For the second year COVID-19 was the third leading cause of death after heart disease and cancer. CDC released two reports to study death rates in the US. Significant differences in death rates persist between certain racial and ethnic minority groups. The study found that over all the age-adjusted death rate increased by almost 1% in 2021 from 2020. Overall death rates were highest among non-Hispanic American Indian/Alaskan Natives, and non-Hispanic Black, or African Americans. From 2020 to 2021, differences in COVID-19 death rates decreased among most racial and ethnic groups, and disparities in the age-adjusted COVID-19 death rates decreased by 14% to 40% for most racial and ethnic groups including non-Hispanic Whites who accounted for 60%–65% of all people who died

Given the likelihood of further behavioral relaxation across the US controlling COVID-19 over the next months should probably focus on the following factors:

- Maintaining good epidemiological disease tracking and surveillance. As most testing is currently homebased, and not reportable, the best metric to follow is hospital admissions. This most likely has a more standardized assessment that reflects severity.
- Efforts should be made to scale up access to Paxlovid and other antivirals to reduce the case-fatality rate. Particularly among high-risk groups.
- The continuous use of other strategies such as encouraging face mask use as well as individual and environmental hygiene in addition to social distancing.

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

Nevada's public health emergency was rescinded on May 20, 2022, as COVID-19 hospitalizations remain near pandemic lows. As of the date of preparing this report the 14-day moving average of daily new cases was 478. This is a 35% increase from 354 a week ago. The 14-day moving average of daily new cases has been increasing consistently and cases are expected to continue increasing through the end of May.

Evidence of a minor COVID-19 resurgence has been observed in the southern region of Nevada. The resurgence; however, is not stressing hospital infrastructure. As of the date of this reports preparation the 14-day moving average of daily hospitalizations (Confirmed + Suspected) was 160, This is a 20% increase from 133 a week ago.

Reinfections already account for about 9% of all COVID-19 newly reported cases in Nevada. The significant increase in the overall reinfection rate of 3% since the beginning of the pandemic can be attributed to the high infectivity of omicron variants.

As of Monday, May 16th, there were 10,824 cumulative deaths. With an increase of 26 deaths from the week before. The 14-day moving average of daily new deaths was 2. Increasing from 1 on Monday, May 9th.

So far 4,486,407 COVID-19 vaccine doses (By Resident County) were administered and reported to Nevada WebIZ. 68.20% of the state's population age five and older has initiated vaccination and 57.34% of the population five and older has completed vaccination. 846,106 COVID-19 vaccine follow up doses (By Resident County) were administered and reported to Nevada WebIZ. With an increase of 14,969 follow up doses from Monday, May 9th. The Nevada State Dashboard is updated at 11:00 every Wednesday and can be accessed via [this link](#).

At this level of the pandemic, it seems that identifying and investigating every single COVID-19 case is no longer feasible. Current goals should probably focus on preventing severe cases and protecting individuals at high risk for contracting the infection developing severe complications, or dying from this infection.

In addition to supporting and improving health care system readiness community level surveillance activities are designed to help prepare for future surges and ensure that healthcare, and public health systems are ready. The State Office of Public Health Investigations and Epidemiology (OPHIE) monitors community levels of vaccination intakes and infections to understand where to increase community resources. They work in concert with the jurisdictional level to evaluate wastewater surveillance results, emergency department and urgent care capacity, and other activities to support communities with increased risk.

Wastewater surveillance for COVID-19 is a rapidly developing field. This data is meant to be used with other COVID-19 surveillance sources to better understand COVID-19's spread in the community. As part of integrated syndromic surveillance activities Nevada is tracking the presence of COVID-19 in wastewater samples. Such data can provide an early warning of COVID-19's spread in the community. For more information, visit the [Wastewater Surveillance System page](#).

Long Term Care facilities have been in the spotlight throughout the pandemic. DPBH is supporting public health and disease control measures in these facilities (e.g., attaining high vaccination and boosting levels among staff, and residents. Also, Practicing proper timely standard, and airborne precaution measures to prevent the spread of infections within these facilities).

DPBH continues remind Nevada residents to continue to participate in best practices to reduce individual and community risks of COVID-19 spread at spring gatherings such as proms, graduations, and other holidays by making sure they are [up-to-date on vaccines](#). The BA.2 subvariant of Omicron has shown to be more transmissible and it is expected to continue causing a rise in COVID-19 cases in the upcoming weeks. However, currently there are excellent effective tools to travel safely and gather with loved ones as well as prevent severe outcomes from COVID-19. DPBH encourages Nevada residents to make a COVID-19 plan. They should have masks and over-the-counter tests on hand. They should speak to a healthcare provider

ahead of time to find out who qualifies for treatments after getting infected and make sure to be up-to-date with vaccinations. Individuals who exhibit symptoms or have been exposed to someone with COVID-19 should stay home if they are ill.

The Division of Public and Behavioral Health continues to recommend the use of a multilayered mitigation strategies including:

- Up-to-date vaccination against COVID-19 and receiving the seasonal influenza shots.
- Self-isolation and quarantine as needed. Staying away from others when sick or after recent exposure to COVID-19 are important tools to preventing further spread of the virus.
- Testing after exposure or having symptoms. Anyone with signs or symptoms of COVID-19 should get tested regardless of vaccination status or prior infection.
- Additional steps for protection include facemask use, practicing good hygiene, hand washing, staying home when sick, and staying up to date with vaccinations.

Vaccination and Treatment Update

On May 17, 2022, the U.S. Food and Drug Administration (FDA) amended the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine. This amendment authorizes administration of a single booster dose to children ages 5 through 11 years old after completion of a primary series with the Pfizer-BioNTech COVID-19 vaccine. A single Pfizer-BioNTech COVID-19 vaccine booster dose is recommended for persons ages 5-11 years at least 5 months after the primary series under the FDA's Emergency Use Authorization. The Division of Public and Behavioral Health issued a technical bulletin summarizing the recent Pfizer-BioNTech COVID-19 vaccine booster dose recommendation for children. Children eligible to receive the recommended Pfizer-BioNTech COVID-19 vaccine booster dose include:

- Any individual ages 5 through 11 years old at least five months after completion of a two-dose Pfizer-BioNTech COVID-19 vaccine primary series; and
- Any moderately to severely immunocompromised individual ages 5-11 years old, t least three months after completion of a three dose Pfizer-BioNTech COVID-19 vaccine primary series.

After a careful review of the data the FDA Limited the Use of Janssen COVID-19 Vaccine to certain Individuals such as those at risk of thrombosis with thrombocytopenia syndrome. The FDA limited authorized use of the Janssen COVID-19 Vaccine to individuals 18 years of age and older for whom other approved COVID-19 vaccines are not accessible, or not clinically appropriate. Also to individuals 18 years of age and older who elect to receive the Janssen COVID-19 Vaccine because they would otherwise not receive a COVID-19 vaccine. The FDA has determined that the known and potential benefits of the vaccine for the prevention of COVID-19 outweigh the known and potential risks for these individuals.

First COVID-19 Treatment for Young Children - The US FDA expanded the approval of the COVID-19 treatment Veklury (remdesivir) to include pediatric patients 28 days of age and older weighing at least 3 kilograms (about 7 pounds) with positive results of direct SARS-CoV-2 viral testing who are hospitalized, or not hospitalized and have mild-to-moderate COVID-19 that are at high risk for progression to severe COVID-19. Including hospitalization or death.

Monkey Pox National Investigation

Scientists at the Centers for Disease Control and Prevention (CDC) are collaborating with the Massachusetts Department of Public Health to investigate a case of monkeypox in a Massachusetts resident who had

recently traveled to Canada using private transportation. Initial laboratory testing in Massachusetts identified an orthopox virus infection and CDC labs confirmed the case as a monkeypox.

CDC is also tracking multiple clusters of monkeypox that have been reported within the past two weeks in several countries that don't normally report monkeypox including Portugal, Spain, and the United Kingdom. It's not clear how people in those clusters were exposed to monkeypox, but cases include individuals who self-identify as men who have sex with men.

The Division of Public and Behavioral Health issued a technical bulletin urging healthcare providers in Nevada to be alert for patients who have rash illnesses consistent with monkeypox, regardless of whether they have traveled, or have specific risk factors for monkeypox. Any individual, regardless of sexual orientation, can spread monkeypox through contact with body fluids. Shared items, such as clothing and bedding, that have been contaminated with fluids or sores of a person with monkeypox can help spread it. The Monkeypox virus can also spread between people through respiratory droplets. This is typically in a close setting, such as living in the same household or a healthcare setting. Common household disinfectants can kill the monkeypox virus.

Current Situation

Positive orthopoxviral results performed at a state public health laboratory are also considered monkeypox cases. As of today, there are nine confirmed cases with no deaths, so far, across seven states (Massachusetts, New York, Utah, Florida, Washington state, California, and Virginia). All of the cases in the US are confirmed to be infected with the West African strain which is consistent with the current outbreak. This strain is less virulent/severe than other strains. Most cases had international travel history. However, one case did not which may suggest some community transmission.

Currently, there are clusters of monkeypox reported in 19 countries where monkeypox is not typically seen. More than 200 confirmed cases were globally reported so far.

All persons under investigation (PUI) should immediately follow isolation procedures. Isolation should occur during the entire infectious period which is from first onset of any sign or symptom (prodromal or onset of rash if no prodromal symptoms reported) until all lesions have resolved, and a fresh layer of skin has formed.

Although monkeypox is not easily transmitted from one person to another it is still a communicable disease. Therefore, standard precautions such as additional gowns, gloves, eye protection, and a respirator are recommended. <https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html>

Orthopox viruses are closely related genetically, so the smallpox vaccine is expected to provide protection against monkeypox as well. It is uncertain if those that have been previously vaccinated with the smallpox vaccine still have protection against monkeypox given the vaccine has not been widely distributed within the US for 50 years.

Investigating Clusters of Candida auris in Clark County

Together with the Centers for Disease Control and Prevention, DPBH is investigating cases of the multi drug-resistant fungus *Candida auris* at several local hospitals and skilled-nursing facilities in Clark County. Joint teams of federal and state epidemiologists had already inspected several impacted healthcare facilities in Las Vegas. Frail and debilitated patients can be "colonized" with this fungus, and it may spread to others without having any signs of infection.

Facilities are enhancing their screening for colonized patients based on CDC guidance to identify those at higher risk. Such as those who were transferred from a long-term acute care, skilled nursing facility, or those who have recently traveled internationally.

Pediatric Acute Hepatitis National Investigation

Multiple states including Nevada are currently conducting investigations into pediatric acute hepatitis cases. Most of which are among children under the age of 5 or 6. About 10% of the cases are requiring a liver transplant. It seems that these cases were among children who are not eligible to be vaccinated against COVID-19.

The Division of Public and Behavioral Health and CDC continue to encourage standard management of hepatitis cases and reporting to state and local health authorities.

Extended Seasonal Influenza Surveillance

Nevada is seeing increased flu activity. Particularly Influenza A. The CDC is reporting 8% positivity. 5.5 million cases. 59,000 hospitalizations, and 3,600 deaths. This is below what is generally observed in a typical season, but higher than what was observed in the last two years.

Results of current influenza surveillance efforts have shown that Nevada, along with the nation, is experiencing higher case rates. Influenza-like illness rates and hospitalization rates are higher than what is typically expected during this time of the year. The 2020-2021 influenza surveillance season was historically low due to several layered mitigation measures that were implemented on the population to slow the spread of COVID-19. Many of these mitigation measures, such as masking, were still in effect during much of the 2021-2022 influenza season. Now that these population-scale mitigation measures are no longer in place a rise in influenza is observed, and it is unclear how influenza rates and hospitalizations will trend moving into the summer months. Given this uncertainty along with increasing trends, the current influenza surveillance season in Nevada will be extended through the summer months and into the 2022-2023 season which will begin on October 2, 2022.

Steve Sisolak
Governor

Richard Whitley, MS
Director



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Lisa Sherych
Administrator

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

Douglas County District/County Health Officer Report

County Health Officer Quarterly Reports to the State Board of Health

County Health Officer Name	John R Holman, MD, MPH
County	Douglas
Date of Submission	11 May 2022
Do you plan to attend the State Board of Health meeting to provide a verbal update as well or answer questions?	No - I have a full time clinical practice and will be seeing patients at that time

County Board of Health Updates

- Any changes related to your county board of health membership or county health officer or deputy county health officer appointments? – **No changes**
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting? **Yes, 15 April 2022. Agenda items included**
 - **Presentation of the expansion plans for Carson Valley Medical Center. (Jeff Prater, CEO)**
 - **Update and discussion regarding the status of the Title X funding for the Douglas County Community Health Clinic. (Brook Adie)**
 - **Presentation and update regarding the Northern Regional Behavioral Health Policy Board (Jessi a Flood and Taylor Allison)**
- Did the board of health consider any new guidance documents, resolutions, or regulations? *Any regulations under consideration must be approved by the State Board of Health.* **No**
- Has the county board of health adopted any fees to be collected for issuing or renewing any health permit or license? **No**

General Updates

- Are there any health conditions that the county has focused interventions on in the last quarter to highlight? **We are focusing on mental health for our senior population to include depression, anxiety, suicide, and dementia. The board is hearing presentations on these topics to understand our current status and resources available for the public**
- Has the county started or ended any public health programs? **No**
- Is there any technical assistance the county needs from the Division of Public and Behavioral Health, Chief Medical Officer, or State Board of Health? **No**
- Other items you would like to share? **No**

Steve Sisolak
Governor

Richard Whitley, MS
Director



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Lisa Sherych
Administrator

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

Churchill County District/County Health Officer Report

County Health Officer Quarterly Report to Nevada State Board of Health

County Health Officer: Tedd Mc Donald MD

Churchill County

Submitted: May 17, 2022

County Board of Health updates

Commissioners: Dr. Justin Heath, Dr. Gregory Koenig, Pete Olson, Jr. Sheriff: Richard Hickox.

Quarterly Board of Health (BOH) meeting May 9, 2022.

- A. Update on Health District Development (Central Nevada Health district)
 - a. Baseline meetings with Eureka, Mineral, Pershing, and Churchill counties have been accomplished. Laboratory parameters, equipment, policies& procedures, and staff in place and ready for review by Nevada State inspectors. Interfaces with Governor's office and affected State Departments completed. Presentation to NACO and State Board of Health by UNR consultants done. Mission and Vision statements completed.
 - b. Next steps: develop budget format, Community forums scheduled in June 2022, Lab inspection scheduled 05/11/22.
- B. COVID-19 Updates
 - a. Current Churchill County COVID-19 status and statistics reviewed-matches regional status.
 - b. Priorities: Vaccinations (C.D.C. recommendations, 5<y.o. expected June 22, 2022), Tracing for population >/= 65, Personal protective equipment for long term facilities, and working with Nevada's centralized call center for therapeutics. Continue testing/vaccination efforts in Mineral and Eureka counties.
- C. Fiscal Year 22 Third Quarter Program Reports Funded to Support CCBOH and Community Priorities
 - a. New Frontier Treatment Center: Reported 942 interactions with students at Fallon Youth Club.
 - b. UNR Psychology Graduate Services: 3,000 individual interactions with counseling services and evaluations since 01/01/22. Services occur at elementary, middle, and high school. This is a contract with UNR psychiatry department to provide the services of 3rd year psychiatry graduate students to provide services for the Churchill County School District.
 - c. Churchill County Coalition:
 - i. Increasing community awareness of mental health through media, community murals, and in-house presentations for schools.
 - ii. Continue 2-good-4-drugs programs in schools with focus on at-risk students
 - iii. CCC requests coming to August 9, 2022, BOH meeting to amend plans to include a youth guided anti-bullying campaign focused on the middle and high school.

- D. Behavioral Health Task Force: The pandemic affected the course of regular meetings and resources. A focus was made in November 2021 to reinstitute the three sub committees of the BHTF. (Youth Subcommittee, Adult Subcommittee, and Educational Subcommittee)
 - a. The Youth committee with representatives from law enforcement, school resource officers, Churchill County School Dist., New Frontier Treatment Center, Piute Shoshone Tribe Family Support services, and Oasis Charter School, have established the following priorities:
 - i. Establishment of a mental health committee
 - ii. School interactions with BH/MH providers
 - iii. Handle with Care program (BH/MH issues related to COVID-19)
 - iv. Parental engagement
 - b. The Adult committee priorities:
 - i. Review of the 988 Crisis Response System in Nevada
 - ii. MOST program
 - iii. Legal 2000 Transportation
 - iv. Mental Health Evaluation
 - v. Parenting Classes
 - c. The Education Committee Priorities:
 - i. Crisis Intervention Training
 - ii. Child Abuse Prevention and Awareness
 - iii. Mental Health Awareness focus-May is Mental Health Awareness month.
Educational and media presentations reviewed at BOH meeting.
- E. Miscellaneous
 - a. Churchill County Health officer met with superintendent/CEO of Churchill County School Dist. And Oasis Academy Charter School, respectively. COVID-19 mitigation plans were reviewed with the help from representatives of the State health representatives and educational representatives to submit their plans.

05/17/2022

Steve Sisolak
Governor

Richard Whitley, MS
Director



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Lisa Sherych
Administrator

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

Elko County District/County Health Officer Report

County Health Officer Quarterly Reports to the State Board of Health

County Health Officer Name	Dr. Bryce S. Putnam
County	Elko
Date of Submission	5/19/2022

County Board of Health Updates

- Any changes related to your county board of health membership or county health officer or deputy county health officer appointments?
 - **Currently, there are no changes to the Board of Health in Elko County.**
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting?
 - **On April 20, 2022, the BOH in Elko County conducted the 2nd meeting of the year. The main topic of this meeting was behavioral health. The following organizations gave presentations:**
 1. **Nevada Health Centers: Update on the infrastructure plan for utilizing ARPA funds from the City of Elko to support a behavioral health program in Elko.**
 2. **Northeastern Nevada Regional Hospital: Updates on plans for a new hospital behavioral health program.**
 3. **Vitality Unlimited: Presentation on the behavioral health trends during and after the pandemic and the current services the Vitality Center offers the county.**
 4. **Elko County School District: Presentation on behavioral health projects the school district has implemented to help students and teachers.**
- Did the board of health consider any new guidance documents, resolutions, or regulations? *Any regulations under consideration must be approved by the State Board of Health.*
 - **No regulations were considered or adopted during this meeting.**
- Has the county board of health adopted any fees to be collected for issuing or renewing any health permit or license?
 - **No fees were discussed during this meeting.**

General Updates

- Are there any health conditions that the county has focused interventions on in the last quarter to highlight?
Elko County will highlight behavioral health for the remainder of the year.
- Has the county started or ended any public health programs?
Elko County has not started or ended any public health programs.

- Is there any technical assistance the county needs from the Division of Public and Behavioral Health, Chief Medical Officer, or State Board of Health?

Not at this time.

- Other items you would like to share?

During our meeting, there was some excellent discussion about the immediate challenges in recruitment and retention of healthcare providers in rural Nevada. Especially, behavioral health providers. Some of the most significant barriers can be mitigated through administrative changes at the State level, including providing reciprocity and simplifying the licensing process for providers. While behavioral health is a multi-faceted and complex issue that the entire nation is facing, we hope to work collaboratively with all partners, including the State, to find solutions for not only rural communities, but Nevada.

Steve Sisolak
Governor

Richard Whitley, MS
Director



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Lisa Sherych
Administrator

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

Humboldt County District/County Health Officer Report

County Health Officer Quarterly Reports to the State Board of Health

County Health Officer Name	Charles Stringham, MD
County	Humboldt County
Date of Submission	May 19, 2022
Do you plan to attend the State Board of Health meeting to provide a verbal update as well or answer questions?	No

County Board of Health Updates

- Any changes related to your county board of health membership or county health officer or deputy county health officer appointments? **No**
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting? **Yes, the Humboldt County Health Board met on Monday, May 16. Topics largely focused on the continuing COVID-19 response in Humboldt County, including an update from the county health officer, public information officer, Humboldt General Hospital CEO, and Winnemucca City Manager. The health board was apprised that Humboldt County is not required to report to Chief Medical Officer Ihsan Azzam, but must continue to report quarterly to the Nevada State Board of Health. The Humboldt County Health Board directed the PIO to report COVID-19 statistics monthly to the Humboldt County community, rather than weekly; the City of Winnemucca also indicated that at the end of May 2022, they will no longer test the city’s wastewater for SARS-CoV-2 RNA concentration due to the declining number of positive cases. The health board will remain watchful of local hospitalizations and may increase reporting and other mitigation efforts based on any significant increase.**
- Did the board of health consider any new guidance documents, resolutions, or regulations? *Any regulations under consideration must be approved by the State Board of Health.* **No**
- Has the county board of health adopted any fees to be collected for issuing or renewing any health permit or license? **No**

General Updates

- Are there any health conditions that the county has focused interventions on in the last quarter to highlight? **Humboldt County has continued to focus on COVID-19 and Influenza interventions, including distribution of vaccine information, hosting of vaccination clinics, and maintaining a “Vaccination information Line” in both English and Spanish.**
- Has the county started or ended any public health programs? **As mentioned above, the City of Winnemucca will discontinue its COVID-19 wastewater testing program at the end of May 2022. In addition, Humboldt General Hospital will close its off-site COVID-19 screening clinic on June 3, at which time all screening will take place through in-hospital provider offices.**

- Is there any technical assistance the county needs from the Division of Public and Behavioral Health, Chief Medical Officer, or State Board of Health? **No**
- Other items you would like to share? **Humboldt County is averaging approximately one positive COVID-19 case per day. Humboldt County recognizes this does not include positives from over-the-counter tests. The county continues to share information regarding the availability of OTC tests as well as quarantine/isolation guidance for those who are exposed/test positive for the virus. As of the writing of this report, no persons are hospitalized locally with COVID-19.**

As a matter of information, Humboldt County's Community Health Nurse retired in April and no replacement has been hired, so COVID-19 vaccinations are currently on hold through that office, although local pharmacies and medical provider offices continue to offer those services.

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

Mineral County District/County Health Officer Report

Mineral County Health Officer Quarterly Report to the State Board of Health

County Health Officer: Tedd McDonald MD

Mineral County Nevada

Submitted: 05/17/2022

Board of Health meetings occur on the first Wednesday of each month. Last meeting 05/04/22

County Commissioners: Catherine Hall, Christine Hoferer, Curtis Schlepp. Sheriff: Randy Adams. CHO: Tedd McDonald MD

Mineral County Board of Health Updates

- A. Update on Central Nevada Health District (CNHD)
 - a. Community Forums to begin in June. This is a request from the C.D.C. Forums will address the merits of a Health District and discuss establishing a epidemiology lab in Churchill County for the CNHD.
 - b. CNHD budget being formulated, Letter has been sent to Governor requesting permission to establish district.
 - c. The epidemiology laboratory is scheduled for inspection 05/11/2022. If passed laboratory will apply for CLIA certification. Laboratory scientist and technician are currently on staff.
 - d. Goal date for completion of project: June 2023.
- B. Covid-19 Update
 - a. Currently Mineral County has no active cases or hospitalizations. This mimics the regional area. Vaccination rates are currently sporadic.
 - b. Current focus is for vaccination and tracing of at-risk populations (≥ 65).
 - c. June 22, 2022, C.D.C. may provide guidelines for vaccination of children under 5 years of age.
 - d. Mineral County Emergency Manager is currently distributing personal protective equipment to county departments and assessing future needs. Reports will be forthcoming on requests for equipment or services.
 - e. The Mineral County Health Officer met with Mineral County School District and with the aide from representatives from the state health department and state department of education completed a school district COVID-19 mitigation plan that was approved and forwarded to the state of Nevada.

- f. Churchill County Health Department continues to provide two monthly vaccination and testing days in Hawthorne with outreach to Mina, NV.
 - g. Mineral County Health Nurse has testing and vaccination with good access. The Mount Grant Hospital has access to oral therapeutics and Three pharmacies in Fallon, NV. Have availability (CVS, Walgreens, Walmart). All positive COVID tests done by the health nurse or Churchill County would be routed through the State Central Call Center.
- C. Behavioral Health Update
- a. Kim Donahue was introduced to the Board of Health. As Regional Behavioral Coordinator for the Nevada Rural Health Partners she requested to provide a formal presentation at the June 1, 2022, Board of Health meeting. This was welcomed.
 - b. The Board was informed by Kim Donahue that there may be an opportunity to be involved in a tour of a proposed new facility in Hawthorne. The facility would be a youth behavioral center with a one hundred bed capacity. The tour was tentatively scheduled for May 17, 2022. Invitation will be forth coming once the date is confirmed.
- D. Miscellaneous
- a. A webspace has been created for the Mineral County Department of Health. It is currently in its infancy. General information is provided to include vaccination sites and times. Access to the Nevada website for Mineral County Statistics regarding vaccinations, hospitalizations, deaths, and positive COVID tests is provided. An announcement area is included for weekly/monthly updates. The plan is to expand this as required or requested in the future.

05/17/2022

Steve Sisolak
Governor

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Lisa Sherych
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Chief Medical Officer

Pershing County District/County Health Officer Report

County Health Officer Quarterly Reports to the State Board of Health

County Health Officer Name	Tyson McBride, PA-C
County	Pershing
Date of Submission	05/12/2022
Do you plan to attend the State Board of Health meeting to provide a verbal update as well or answer questions?	Yes, I should be present on 6/3/22 should you want a report from me.

County Board of Health Updates

- Any changes related to your county board of health membership or county health officer or deputy county health officer appointments?
 - Dr. VanGuilder resigned as of May 1st 2022, I have been appointed in her place.
 - No deputy as been assigned in my place as of yet.
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting?
 - COVID-19 update; affects to replacing the resigned community health nurse; influenza POD updates/plan.
 - We had met 5/4/2022, and will meet again on 8/17/2022
- Did the board of health consider any new guidance documents, resolutions, or regulations? *Any regulations under consideration must be approved by the State Board of Health.*
 - No
- Has the county board of health adopted any fees to be collected for issuing or renewing any health permit or license?
 - No

General Updates

- Are there any health conditions that the county has focused interventions on in the last quarter to highlight?
 - No
- Has the county started or ended any public health programs?
 - Not that I am aware of.
- Is there any technical assistance the county needs from the Division of Public and Behavioral Health, Chief Medical Officer, or State Board of Health?
 - Not at this time, though should COVID-19 numbers continue to climb we may need to defer Disease Investigating to the state. We have already been in contact with Christina Boyles (COVID Disease Investigator & Tribal Liaison) about this.
- Other items you would like to share?
 - We had no positive cases of COVID in our County from 3/8/2022 through 4/25/2022. We have now had 3 positive COVID tests on 4/26, 5/3, 5/4. So far none since.