

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,  
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Chief Medical Officer

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# **Carson City Health & Human Services District/County Health Officer Report**



Public Health  
Prevent. Promote. Protect.

## Carson City Health and Human Services Report Carson City Board of Health Meeting December 2, 2022 (3Q22)

County Health Officer Name	Dr. Colleen Lyons
County	Carson City: some services provided in Douglas, Lyon, and Storey Counties

### This report covers the third quarter (July – September 2022)

#### Clinical Services

- The clinic is currently working to restructure billing processes after the reduction in Title X (Family Planning) funding and a need to review revenue cycles for optimization.
- The Title X grant application was approved and funded for the first year within the project period at an amount well below the grant request. The Title X program will revisit funding allocations during their “non-compete” application in December 2022. The communication has been that unless there is more funding released, CCHHS will not be funded after March 31, 2023.
- Embraced new credit card payment collection system to be compliant with Treasury and Fiscal policies.
- Implemented new Interpretation Service to be compliant with ACA regulations.

Program Statistics (Charts include 2020 and 2021 year-end totals, along with a comparison of 2021 and 2022 2<sup>nd</sup> and 3<sup>rd</sup> quarters.)

Family Planning (Title X) Unduplicated Clients / Number of Visits					
2020 Total	2021 Total	2Q21	2Q22	3Q21	3Q22
1,682/3,016	1,627/2,846	532/675	504/604	535/645	522/637
Vaccinations Administered/Number of Individuals					
2020 Total	2021 Total	2Q21	2Q22	3Q21	3Q22
5,313/2,486	4,034/1,762	499/244	603/330	1690/699 Back to School accounts for variance in quarter from others	1713 / 845 Flu season accounts for monthly being greater than some quarters

## Clinical Services, Continued

### Carson City Employment Drug Screening

CCHHS is the agency that conducts all the Carson City's drug screening for new employees.

Carson City Pre-employment Drug Screens					
2020 Total	2021 Total	2Q21	2Q22	3Q21	3Q22
161	206	78	43	63	51

### 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	2Q21	2Q22	3Q21	3Q22
566/414	629/467	154/123	98/68	396/166	117/87

### Budget

- General Funds – 13%
- Grants – 49%
- Revenue – 38%

### Staff Training

- VFC Grant and IQIP Training
- Vaccination education on up-to-date practices and new formularies available
- RN Triage Shelter Training
- Monkeypox Response

### Challenges

- Staffing shortages and supply chain issues affected supply and ability to match demand during Back-to-School vaccination events



## Chronic Disease Prevention and Health Promotion (CDPHP)

### Adolescent Health Education Program

- Presented one of two available sexual health curricula through Carson City Juvenile Probation's Wilderness Program, Aurora Pines/China Springs, Western Nevada Regional Youth Center, Carson City Parks and Recreation Summer Program, and the Virginia City School District. Both the Sexual Risk Avoidance Education (SRAE) and Personal Responsibility Education Program (PREP) courses consist of 8 one-hour modules.
- Initiated classes at CCHHS open to any youth in the Carson City community in August.
- Adolescent Health staff worked with Dreampilot, Inc. to create scripts, record script and videos, provide review and edit requests, and finalize video recording and brochures for information and promotion of the available Adolescent Health curricula.
- Set up social media promotion for the "We Think Twice" campaign materials. These materials are designed with teens and for teens. <https://www.wethinktwice.acf.hhs.gov/>
- Set up social media promotion utilizing the "Words Matter, Actions Speak" campaign materials that depicts for adolescents how choosing your words and actions carefully can make a world of difference in relationships.

### Outreach Events

- Lyon County Day in the Park events in Yerington, Dayton and Silver Springs that occurred in July and August.
- Healthy Communities Coalition meeting in Silver Springs on September 8.
- Dayton Valley Days on Saturday and Sunday, Sept 17th and 18th.
- New outreach occurring with Health Communities Coalition of Lyon County, Boys and Girls Club Teen Center in Fernley and Boys and Girls Club, Mason Valley.
- In addition to promoting the available Adolescent health curricula materials are made available for education related to the Nevada Tobacco Quitline, Nevada 211, Teen Health Care Coverage, and the Nevada Children's Medical Home portal.

### Trauma Informed Care

- Staff viewed a three-part virtual self-directed Trauma Informed training through the Reproductive Health National Training Center - <https://rhntc.org/search?keys=Trauma>
  1. Understanding Trauma and the Six Core Principles of a Trauma-Informed Approach Meeting Package
  2. Journey from Trauma-Aware to Trauma-Informed Meeting Package
  3. Creating Safe, Collaborative, and Empowering Environments Team Meeting Package

Staff Training (via self-study, live or pre-recorded webinars or Zoom)

- In August the full-time Adolescent Health Educator attended the 8<sup>th</sup> Annual Conference on Adolescent Health. This conference addressed topics such as Destigmatizing Adolescent Mental Health, Promoting Family-Centered Care in Adolescent LGBTQ+ and Sexual Health, Equitable Access to COVID-19 Vaccinations, Strategies to Combat Stigma in Sexual Health Conversations, Addressing the Opioid Epidemic in Adolescent Populations, Addressing Burnout Amongst Care Providers, ACEs Among Adolescents, and Improving Reproductive Health for Youth in Systems of Care.
- Reviewed content of Personal Responsibility Education Program (PREP) monthly Newsletter for July and August – Acquired infographics for use during trainings on STDs, Teen Relationships for Parents, Youth Focused Graphic on Health Relationships, the Adolescent Brain and reviewed materials regarding Building and Strengthening Partnerships.

Challenges

Ongoing recruitment of sites to administer the curricula.

Ryan White – Retention in Care Program

Received an award for Outstanding Participation and Contribution to the Southern Nevada Rapid stART Learning Collaborative

Ryan White Program Services Provided							
	2019	2020	2021	2Q21	2Q22	3Q21	3Q22
Number of Services provided/clients	1,591/ 512	524/ 150	411/ 104	103/47	71/48	103/50	260/155

Staff Training

- Southern Nevada Rapid stART Las Vegas, NV; July 13-14, 2022
- 2022 National Ryan White Conference-Washington DC; August 23-26, 2022
- Southeast AETC Regional Conference 2022; September 1-2, 2022
- HIVLN-Engaging Native People with HIV and their Families in Health through Relationships; September 8, 2022
- Urgent Virus Outbreaks: COVID-19, Monkeypox, and the Resurgence of Vaccine-Preventable Diseases
- Is Monkeypox the new COVID-19 Health Equity; September 15, 2022
- EHE Regional Learning Addressing the Intersection of HIV and Substance Use; September 16, 2022
- CCO Virtual Annual HIV Symposia in HIV Treatment, Prevention, and Cure; September. 20-22, 2022
- EHE Regional Learning Collaborative Strategies to Support Individuals Aging with HIV; September 27, 2022

## Tobacco Control and Prevention Program

Funding consists of CDCs Tobacco Prevention, Health Disparities Grant through the Nevada Cancer Coalition, Nevada Clinical Services formerly the Funds for Healthy Nevada, and Nevada's Youth Vaping Prevention Funds.

- Staff continue to participate in Nevada Tobacco Prevention Coalition as members, which will be important during the 2023 Legislative session. Staff continue to work on policies related to addressing Youth Access via Tobacco Retailers, the Nevada Clean Indoor Air Act, and Tobacco Prevention and Control Funding.
- Staff is collaborating with the Nevada Cancer Coalition, Southern Nevada Health District, Washoe County Health District, and Nevada Tobacco Prevention Coalition to gather data and develop a report that will assist with development of campaign(s) and educational materials to promote cessation and prevent tobacco use initiation among populations groups identified as the most affected by COVID-19. A statewide report is in progress through UNR's Center for Surveys, Evaluations and Statistics (NCSES).
- Suzie Ledezma-Rubio, Program Coordinator, continues to be a member of Western Nevada College's (WNC) Healthy Campus Environment Committee.
  - In 2017, CCHHS staff assisted WNC with becoming a tobacco free campus.
  - Staff continue to assist Western Nevada College with strengthening their Tobacco Free Policy.
- Staff are updating multi-unit housing list to identify locations that have smoke-free policies.
  - A script and survey are being developed to gather information on known and unknow policies, along with promoting the adoption of smoke-free policies to those complexes without policies and signage for any complex that wants it.
  - A toolkit has been developed by staff for owners and property managers on how to implement a voluntary smoke-free policy.
  - Most recent location to adopt a smoke-free policy is "Carson Hills "as of 01/01/22.

## Outreach Events

- Staff are continuing to collaborate with local coalitions, Southern Nevada Health District, and Washoe County Health District to develop an initiative known as Attracting Addiction.
  - The goal 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.
  - Social media posts have been created by an outside contractor that provides education to parents and youth.
  - Education materials have been distributed to parent groups and at outreach events.
- Kids Day in the Park
- Yerington, Mountain View Park; July 27
- Dayton Our Park; August 3
- Silver Springs, Penny Park; August 10
- Back to School Night at Dayton Intermediate School; September 6
- Dayton Valley Days; September 17-18

## Tobacco Control and Prevention Program, Continued

### Staff Training

- National Council for Mental Wellbeing Science-Based Solutions for Tobacco Cessation; July 18
- National Behavioral Health Network for Tobacco and Cancer Control Approaches to Tobacco Cessation in Individuals with Post-traumatic Stress Disorder; August 11
- Grant Writing USA training/workshop; September 8-9
- Nevada Public Health Association Conferences (NPHA); September 12-13

### Challenges for Chronic Disease Prevention and Health Promotion

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

### Budget

- General Funds – None
- Grants – 100%

## Epidemiology

The current Monkeypox outbreak is being closely monitored. There are constant communications with the Nevada Division of Public and Behavioral Health, the Centers for Disease Control and Prevention (CDC), local health authorities across the state, and local healthcare partners.

Since our last report, our surveillance region reported one (1) Monkeypox case.

Vaccine has been distributed to community health clinics in Douglas and Lyon counties so that contacts or individuals who identify with a risk can access the vaccine in their community.

Sexual Health Statistics (Carson City)							
	2019	2020	2021	2Q21	2Q22	3Q21	3Q22
Chlamydia	265	188	206	58	65	46	47
Gonorrhea	42	43	52	11	4	16	14
Primary and Secondary Syphilis	8	6	10	3	1	2	2

Sexual Health Statistics (Douglas & Lyon Counties)							
	2019	2020	2021	2Q21	2Q22	3Q21	3Q22
Chlamydia	287	256	282	78	64	54	39
Gonorrhea	52	93	65	18	11	12	11
Primary and Secondary Syphilis	5	7	15	5	1	1	3

Vector Borne Diseases							
	2019	2020	2021	2Q21	2Q22	3Q21	3Q22
Carson City	None Reported	None Reported	None Reported	0	0	0	0
Douglas & Lyon Counties	None Reported	None Reported	1	0	0	0	0



## Epidemiology, Continued

Other Disease Investigations – Carson City, Douglas, and Lyon Counties							
	2019	2020	2021	2Q21	2Q22	3Q21	3Q22
Campylobacteriosis+	6	0	10	3	1	5	4
GI Outbreak (Childcare Facility)	0	0	1	0	0	0	0
Rabies, Animal (Bat)	0	0	1	0	01	1	0
RSV Outbreak (Childcare Facility)	0	0	2	0	0	0	0
Salmonellosis+	4	3	9	3	3	2	3

+ Common causes of foodborne illness

Influenza Hospitalizations - Carson City, Douglas, and Lyon Counties							
	2019	2020	2021	2Q21	2Q22	3Q21	3Q22
Influenza Hospitalizations	36	2	6	1	58	0	0

### Staff Training

- One staff attended the 2022 STD Prevention Conference (Virtual)

### Budget

- General Funds – 5%
- Grants – 95%

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

### Challenges

The transition of the Epidemiology Division from COVID-19 focused to general communicable disease focused. Our pre-COVID-19 staffing was not at an appropriate level to respond to all illnesses within our jurisdiction (for both staff well-being and surge capacity).



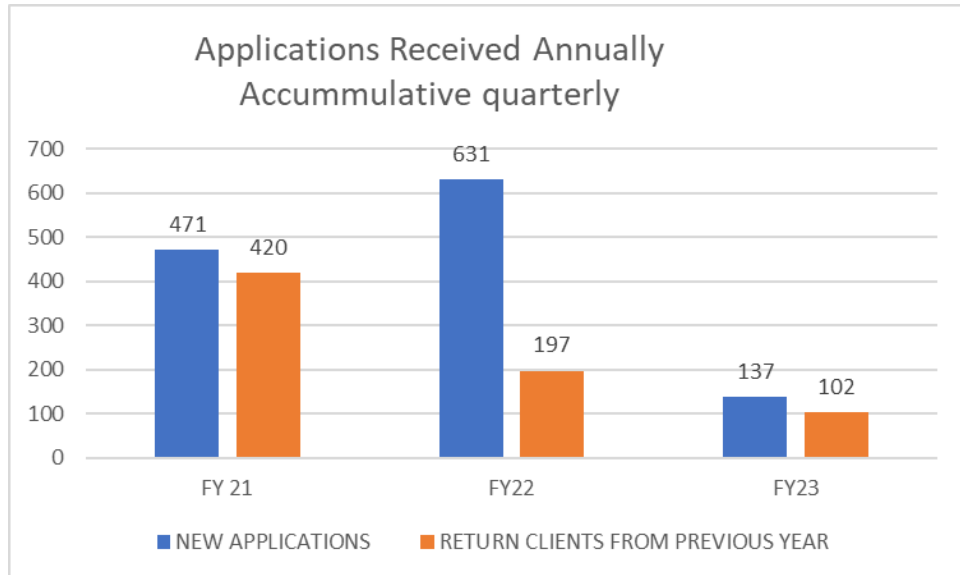
## Human Services

### Activities

- Staff participate in the Carson City Behavioral Health Taskforce, Carson City Community Coalition, Rural Nevada Continuum of Care (RNCOC), Statewide Continuum of Care meeting, 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 for the Carson City Specialty Courts, Mobile Outreach Safety Team (MOST), and discharge planners for the hospital.
- Attended Clarity Connect Conference in Las Vegas. Clarity is the host of the Community Management Information System (CMIS) that manages the data of housing programs throughout the State of Nevada. The take aways from the Conference is the “Clear the Que” report, see below. This report will tell us what size units are needed for individuals/families without housing in Carson City as well as Rural Nevada. In addition, a Street Outreach Module will be included in the database that will allow us to track success and failures of the Carson City Housing Plan.
- Hosted a Carson City Job Fair on September 9, 2022, at the Carson City Community Center. Sixty-one employers attended and 137 individuals came looking for employment. Feedback received from a jobseeker was how nice it was to meet face to face potential employers because there is a stigma placed on senior jobseekers and she felt she broke that barrier with in-person conversations.
- As a result of the feedback, staff surveyed the employers that attended the job fair on September 9, 2022, staff surveyed employers and as a result CCHHS partnered with the Carson City Senior Center to host a Part-time Job Fair at the Senior Center. In attendance were 15 employers and 63 jobseekers. Most applications are now online so it is difficult for the employers to identify who they hire from the job fairs.
- CCHHS has now combined the two Shelter Plus Permanent Supportive housing grants. Having separate grants has been a barrier to spending all the funding.
- Staff obtained two 2-bedroom apartments for transitional living/rapid rehousing.

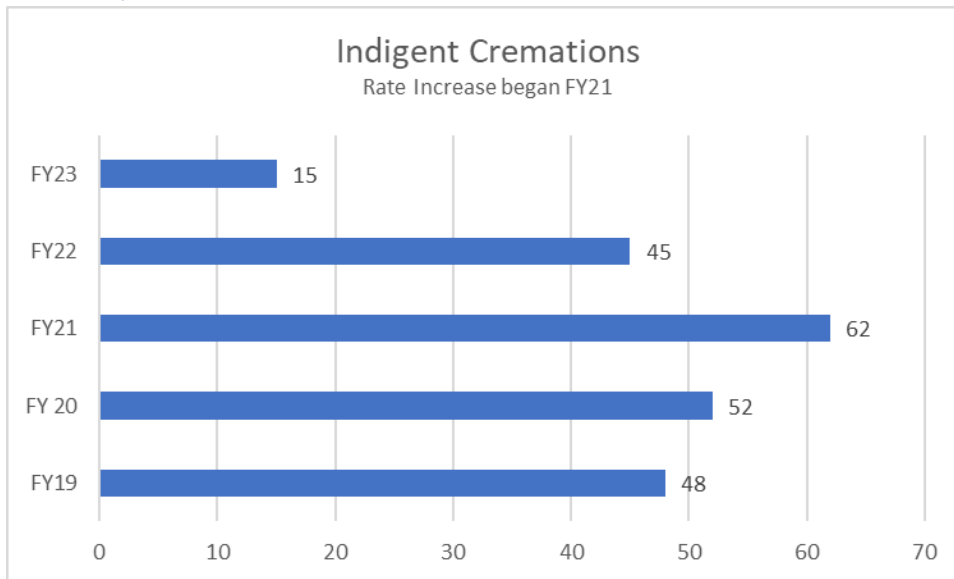
## Human Services, Continued

- Individuals Assisted
  - Between July 1, 2022, and September 2022 – Received a total of 137 assistance applications with 102 returning clients.



- Point in Time Count final number have **69 unsheltered homeless and 611 in long term motels**. Next count is on January 26, 2023.
- An on-going housing program, Shelter Plus Care, is assisting **7 households** that were previously chronically homeless individuals.
- Homeless prevention programs through the Emergency Solutions Grant-Homeless Prevention and Affordable Housing Tax Fund assisted **13 households**.
- The Emergency Solutions - Rapid Rehousing Grant made it possible to rehouse **1 household**.
- **Three individuals** were assisted with security deposits through the Welfare Set-Aside funds.
- **Seven households** received one-time rental assistance through the Welfare Set-Aside funds.
- **Nine 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, **3 households** impacted by COVID were assisted with rental assistance.
- **Three 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 FY23, **1 individual** in the county received assistance for long term care.
- There are **134 individuals** (average) in the Medicaid County Match program (long term care) in FY22.

## Human Services, Continued



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

For calendar year 2022 to date:

- The Carson City Clinic has seen a total of **535 unduplicated participants**: 46 pregnant women, 28 fully breastfeeding, 16 partially breastfeeding, 47 not breastfeeding, 157 infants, and 238 children.
- The Gardnerville Clinic has seen a total of **283 unduplicated participants**: 33 pregnant women, 22 fully breastfeeding, 8 partially breastfeeding, 17 not breastfeeding, 92 infants, and 111 children.

### Carson City Behavioral Health Task Force Update

- The Carson City Housing Plan was approved. Agencies submitted their Letter of Intent. Based on their proposed project, agencies were invited to apply or revised their project to meet the goals of the project.
- The meetings have rotated between agencies giving members more information about services provided. The November meeting was conducted at Carson Counseling Center. Attendees learned the services provided as a CCBHC, along with the plan for the inpatient program.

### Other news, including staff trainings

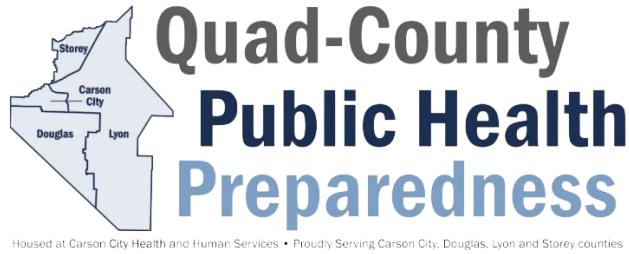
- CCHHS WIC was recognized by the State of Nevada WIC for our support of families who have ever breastfed in FFY 2021-2022.
- Nevada Housing Division conducted a program and fiscal review of four housing programs and did not have any findings or concerns.

### Staff Training

National Community Action Partnership (NCAP) related to Community Services Block Grant (CSGB)

### Budget

- General Funds – 28%
  - Grants – 72%\*
- \*Includes the Indigent Accident Funds



## Public Health Preparedness

### Emergency & Disaster Preparation

- Quad-County Public Health Preparedness (PHP) used federal funds to purchase a multipurpose tent and HVAC system to serve as a mobile medical facility, field vaccination facility, or even a facility to assist with prescreening patients prior to hospital entry. This facility is designed to handle the weather of Northern Nevada.
- Quad-County PHP staff are revamping the Western NV Medical Reserve Corps operational capabilities. This includes building situation-specific trainings for volunteers to include mass care sheltering and points of dispensing (POD) activities. This is being funded by a Medical Reserve Corps RISE award through NACCHO.
- In collaboration with a contractor, PHP staff worked to develop a Community Profile to be used by partners for planning, training, and exercise purposes. This Profile outlines numerous variables including Social Vulnerability Index data for each county, residents with medical needs, and other critical data for all organizations who serve communities during emergencies.
- Quad-County PHP, along with other CCHHS Divisions, have begun their work with a contractor to complete the agency COVID-19 After-Action Report. In Q1, the initial survey was completed. In Q2, individual interviews and focus groups are being conducted. The final report is due early in Q3.

### Health Care Emergency & Disaster Preparation

- The Quad-County PHP team is collaborating with the healthcare coalition in Washoe County, hospitals in Washoe County, hospitals in the Quad-County Region, epidemiologists, and the Nevada Hospital Association to discuss the drastic increase in respiratory illnesses including RSV, Influenza, and COVID-19. Discussion is centered around potentially instating Crisis Standards of Care.
- The Quad-County Healthcare Ready and Response Coordinators are keeping the Coalition apprised of the Monkeypox situation and sharing information regarding Clinical Staff calls with the federal government, ordering processes, and symptomology. Even though the number of monkeypox cases identified in the Quad-County region was low, we are keeping healthcare providers apprised of changes.

### Community Vaccinations

- Q1: Hosted 13 flu vaccination clinics administering 468 flu vaccines.
- Q2: Hosted 45 flu vaccination clinics administering 2,232 flu vaccines.
- Total flu vaccinations administered by CCHHS is about 10% lower than in 2021.
- Q2: Hosted 12 COVID bivalent booster vaccination clinics administering 447 COVID booster vaccines.

### Staffing Trainings

- Q1: Four staff completed the mass care planning course offered through Division of Emergency Management.
- Q2: One staff member helped facilitate a Northern NV Drought Workshop with Washoe County Health District and State Public Health Preparedness Division.

### Staffing Challenges

- As COVID response decreases, staff are leaving to pursue other work that does not involve COVID.
- The search for a new Public Health Preparedness Manager began in Q1 and continued in Q2 as the search has been unsuccessful to date.

### 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 - 63
  - 36 FT City Employees - 57%
  - 5 PT City Employees – 8%
  - 15 Contract Employees (Marathon, Nevada System of Higher Education (NSHE), CDC Foundation) – 24%
  - 9 Vacant Positions
  - 3 – Contracted (Health Officer; Clinic, PHP, and Sexual Assault Response Team (SART) Medical Director, and Pharmacist) (not included in the percentages)

### 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

- Additional documents or explanations requested submitted 6/23/22, no news from the Public Health Accreditation Board
- Next Steps -
  - Review of documentation by the site reviewers
  - Request for more documentation or explanations
  - Virtual site visit
  - Public Health Accreditation Board Decision

### 3<sup>rd</sup> Community Health Needs Assessment (CHNA) Update

- CCHHS and Carson Tahoe Health collaborated on the CHNA which will be released in December 2023.
- CCHHS will conduct the Local Public Health System Assessment and the Forces of Change Assessment. A staff member identified to complete this project.

### 3<sup>rd</sup> 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.



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Chief Medical Officer

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# Washoe County District/County Health Officer Report

Date: November 15, 2022  
To: State Board of Health Members  
From: Kevin Dick  
Washoe County District Health Officer  
Subject: December 2022 Washoe County District Health Officer Report

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**District Board of Health (DBOH)** – Changes have occurred with the membership and officers of the Washoe County District Board of Health. Vice-Mayor Devon Reese was appointed to the Washoe County DBOH for a four-year term by the Reno City Council on October 12, 2022 following the resignation of the DBOH Chair Oscar Delgado from the Reno City Council on September 30, 2022. On October 19, 2022, Vice-Chair Bob Lucey resigned from DBOH. On October 25, the Washoe County Commissioners appointed Commissioner Alexis Hill to serve on DBOH on an interim basis through December of 2022. On October 27, 2022, the DBOH met and elected Sparks Councilman Kristopher Dahir as Chairman of the DBOH, and City of Reno appointee Mike Brown as Vice Chair of the DBOH, through the remainder of the year. In January the Board of County Commissioners will make an appointment from one of the Commissioners for a four-year term and the DBOH will elect officers for two-year terms.

**District Board of Health Strategic Planning Retreat** - The District Board of Health held its Strategic Planning retreat to move forward the FY24 – FY26 Strategic Plan on Nov. 10. The retreat served as an opportunity to share with the board significant projects completed this quarter to advance assessment and planning activities including:

- Results of the Washoe County Community Health Assessment;
- A summary of a health equity focused community listening tour;
- A final draft of an internal Health Equity Organizational Capacity Assessment and Plan;
- Initial results of the Community Health Improvement Plan community engagement process including identified CHIP focus areas; and
- Initial results of a workforce capacity assessment to determine the District’s ability to deliver Foundation Public Health Services.

The Strategic Plan will be presented to the District Board of Health at the December Board Meeting.

**Health District Name Change** – The amendment to the Interlocal Agreement establishing the Health District was signed by the Cities of Reno and Sparks, and Washoe County in September changing the name of the Health District to “Northern Nevada Public Health,” with the tag line, “Serving Reno, Sparks and Washoe County.” The Health District is going through an RFP process for professional services for the rebranding effort. The Amendment to the Interlocal Agreement is effective January 1, 2023; however, the rollout of the new name will probably not occur until late summer of 2023 when the rebranding work can be completed, and name launched effectively.

**Workforce Development** -The District continues to build out workforce development activities including a six-month onboarding program for new employees, ongoing mini-training opportunities at all-staff convenings and a significant multi-day all staff training coming up at the end of November focuses on attention management and achieving a health work/life balance.

**Health Equity** - District continues to meet goals and deliverables in our CDC Health Equity grant including organizational capacity building, communications strategies, community engagement and outreach objectives and programmatic efforts designed to reduce health disparities and reduce co-morbidities of Covid-19. In addition to the listening tour and organizational capacity assessment and plan noted above, the Health Equity team has partnered with the Air Quality Division on air quality efforts and the Environmental Health Division to address unlicensed street food vendors and is currently working with the Community and Clinical Health Division to increase uptake of Covid boosters in targeted communities.

**Public Health Accreditation** – We recently submitted our annual report to the Public Health Accreditation Board detailing core activities necessary to maintain accreditation.

**Government Affairs Update** - On August 17, 2022, the Nevada State Legislature Interim Finance Committee approved \$20,800,000 from the Reserve category to the American Rescue Plan Act (ARPA) Public Health category to support an allocation to the Department of Health and Human Services, Division of Public and Behavioral Health, to provide subawards to local public health agencies for staffing or infrastructure needs.

Washoe County Health District was awarded \$10 million out of the total award. The money was approved for infrastructure needs to improve services, especially related to infectious disease clinical services, public health screenings, and vaccination services. Washoe County will obtain or build a new building to hold a tuberculosis clinic (and other infectious diseases) with negative pressure rooms and high levels of infection control. The building will also provide additional offices and meeting space to accommodate health district staff and the public seeking services.

Health District staff and Washoe County Community Services Department are in the process of looking at potential properties or land for the purchase or development of appropriate space.

**COVID-19 - Regional Information Center update** -Media continue to participate in our bi-weekly COVID-19 media availability and our social media messaging and website updates are ongoing. Our work to educate and inform the Hispanic community also continues, as we are working to place advertisements in Spanish-speaking media outlets about the bivalent booster. We issued a press release on Oct. 17 in English and Spanish about the bivalent booster being approved for those aged 5 and older.

**WCHD Communications Update** - Multiple Air Quality press releases have been issued recently. One was regarding recruitment of an engineer position; another was about the Burn Code starting up and one was in Spanish about the Airnow.gov site having a Spanish language version for residents to use.

In addition, a press release issued was about the update composition of the District Board of Health on Oct. 27.

An EHS video campaign about foodborne illness prevention and the Washoe Eats app is set to run in November and ads will run in English and Spanish, with the Spanish ads running during the popular Latin Grammy's and the FIFA World Cup. We also have radio and digital ads running for that campaign. We also executed a Medical Reserve Corp (MRC) ad campaign that is running on social media and digital media outlets; a postcard was also created with similar branding and mailed to every medical organization in Washoe County. Work on an Emergency Preparedness campaign about the importance of tracking prescriptions in the event you must evacuate your home due to an emergency is being finalized and should run in December. We continue to monitor a marketing/ad campaign regarding Monkeypox, which is over 800,000 impressions at last check.

Lastly, we’re working on a 5210-advertising campaign targeted toward the Hispanic community on the importance of health eating, 2 hours or fewer of screen time, exercise and limiting sugary drinks.

**Epidemiology Program and COVID Epidemiology Branch**

Ebola Monitoring – The Epidemiology Program is tasked with the tracking and monitoring of persons returning from Uganda to Washoe County.

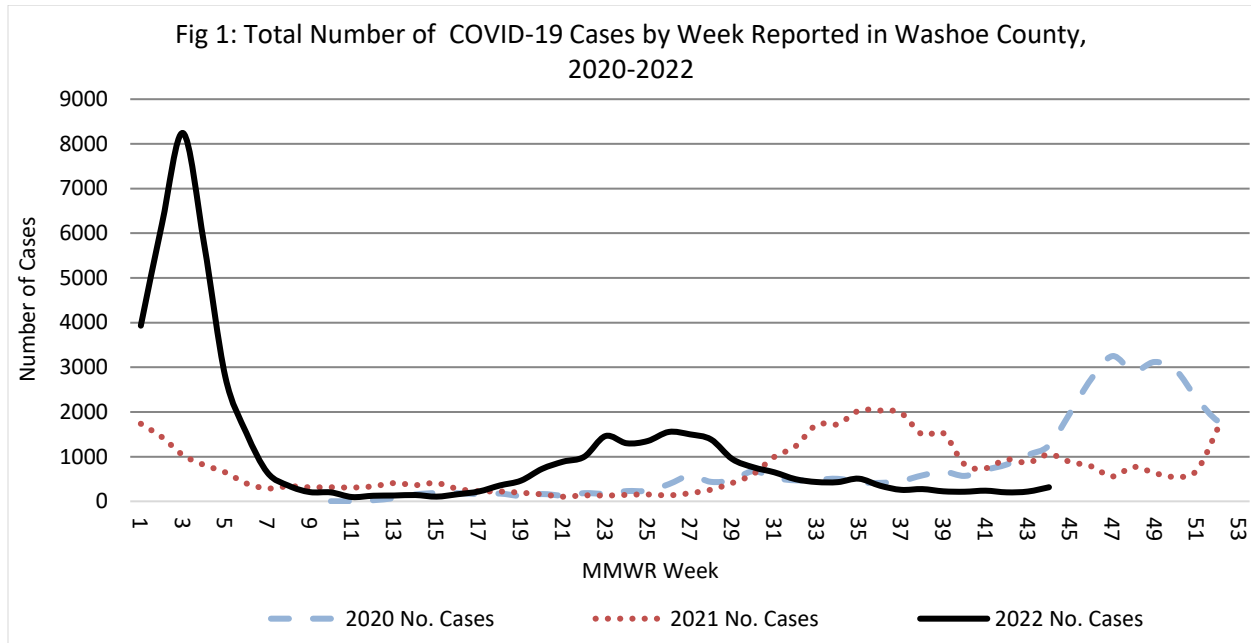
Monkeypox – At time of this report 21 residents have been diagnosed with monkeypox in Washoe County. None of the cases have needed to be hospitalized for reasons related to monkeypox. Cases in need of treatment have been able to access it (tecovirimat commonly known as TPOXX) through locations with pre-positioned TPOXX and when able to be reached. Persons exposed to the cases while the cases were infectious are being offered JYNNEOS vaccine as post-exposure prophylaxis (PEP).

SARS-CoV-2 (COVID-19) - By the end of October, Washoe County Health District’s COVID Epidemiology team had received reports of 121,544 cases of COVID-19 among Washoe County residents since the start of the pandemic.

In January of 2022 alone, there were 24,794 cases reported among Washoe County residents, equating to one in five (20%) total cases to date [Table 1].

<b>Table 1: Number and Percent of Total COVID-19 Cases Reported, Washoe County, March 2020 – October 2022</b>			
<b>Time Period</b>	<b>Number of COVID-19 Cases Reported</b>	<b>Avg. Number of Cases per Day</b>	<b>Percent of Cumulative Cases</b>
2020 March - December Total	34761	114	29%
2021 Total	37495	103	31%
2022 January	24794	800	20%
2022 February	4528	162	4%
2022 March	905	29	1%
2022 April	826	28	1%
2022 May	2748	89	2%
2022 June	5841	195	5%
2022 July	5100	165	4%
2022 August	2238	72	2%
2022 September	1396	47	1%
2022 October	1012	33	1%

Figure 1 provides an overview of the total number of confirmed COVID-19 cases reported to Washoe County to date by MMWR week from 2020 through the end of October 2022. As of MMWR week 27, case numbers began to decline more and are currently lower than at this point in both 2020 and 2021.



Note: there is no MMWR week 53 in 2021

Figure 2 illustrates the number of new cases per 100,000 over the course of an eight-week period, from the first week in September through the last week of October 2022. As of MMWR week 43, Washoe County was at 43.64 new cases per 100,000 population.

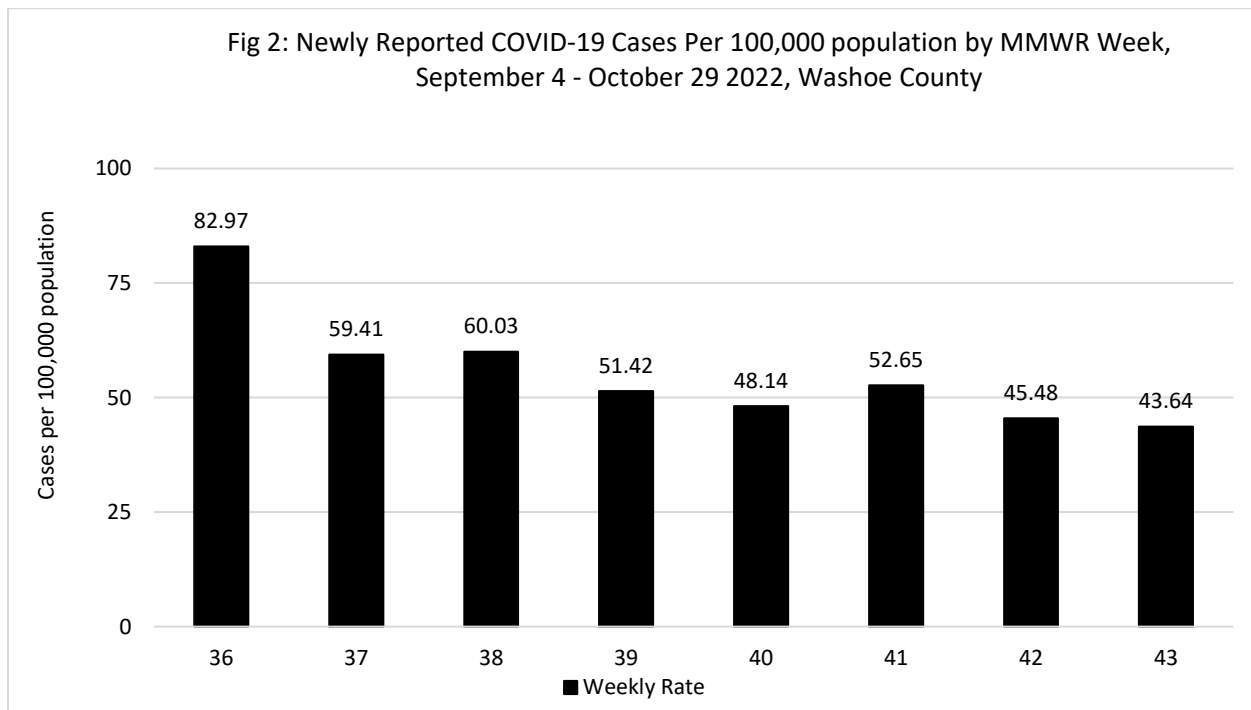
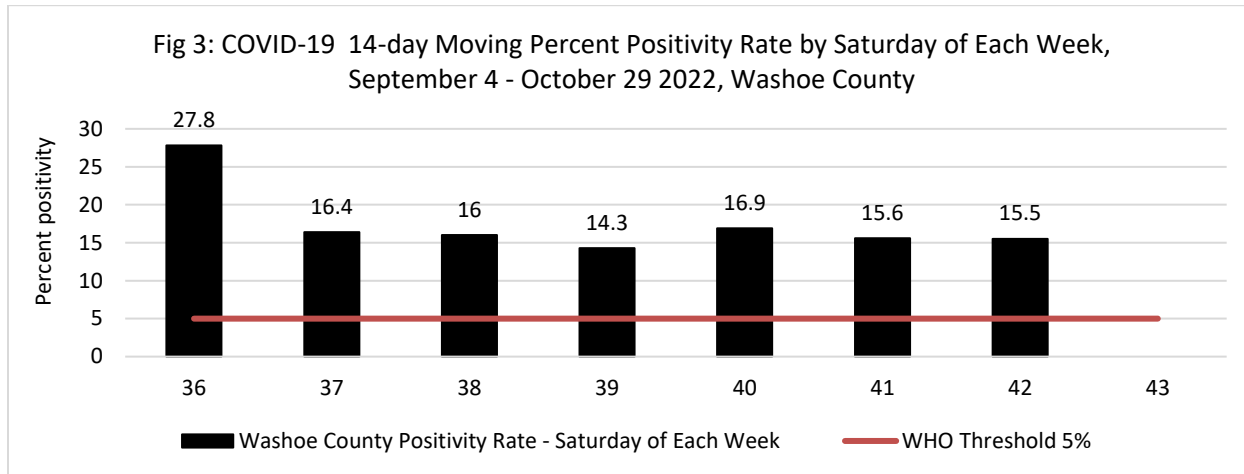


Figure 3 illustrates the percent positivity on the Saturday of each week. Percent positivity is defined as the number of tests that are positive divided by the total number of tests conducted on a given date. The trends are provided in context with the World Health Organization’s threshold of 5%.



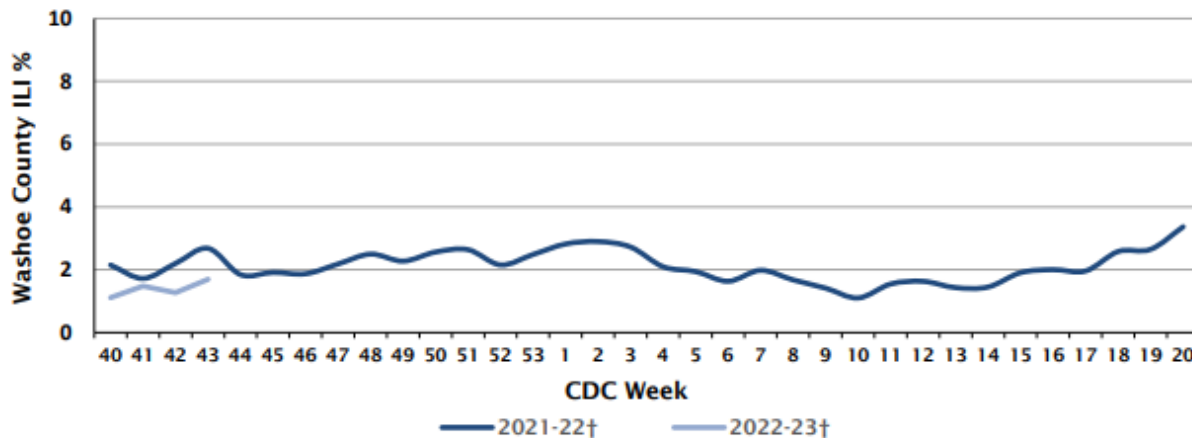
\* Week 43 percent positivity not updated at the time of the report.

**Partner Outreach and Communications** – Ongoing communications between the COVID Epidemiology staff and the Washoe County School District (WCSD) staff have continued, and a meeting was held to discuss Outbreak Protocols for COVID and other communicable diseases prior to the start of the new school year.

From January 2020 through May 2021, the Epidemiology Program Manager hosted a local provider call each week. This call offered an opportunity for the Nevada State Public Health Laboratory, area hospitals, first responder agencies, IHCC members, and local physicians to provide updates and ask questions related to COVID-19. On average 65 persons attended this virtual meeting each week. Updates are now occurring via email for efficiency of operations, sent out on Friday of each week to approximately 80 recipients.

The COVID-19 snapshot report, which has been issued since November 19, 2021, is sent out to over 100 recipients and posted to the COVID-19 regional information website at <https://covid19washoe.com/daily-updates/washoe-county-covid-19-data-report/>. This report includes data indicators related to new cases, breakthrough infections, hospitalizations, and deaths, and has continued to be sent and posted bi-weekly.

**Influenza** – the 2022-2023 Influenza Season began MMWR week 40 (October 2, 2022) and since then the weekly Influenza-like Illness (ILI) reports have been published and can be found at <https://www.washoecounty.gov/health/programs-and-services/ephp/statistics-surveillance-reports/influenza-surveillance/index.php>. To date, the 2022-2023 season has been tracking fewer ILI reports compared to the previous season [Fig 4].



† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

Fig 4: ILI Activity Reported by Sentinel Providers, Washoe County, 2021-2023 Seasons

**Outbreaks** – There were 21 new declared outbreaks in October, an increase from September. The majority of outbreaks occurred in school or daycare/childcare settings. There were 10 rash illness outbreaks – six (6) of which were confirmed to be HFMD, six (6) respiratory outbreaks – three (3) of which were confirmed to be RSV, three (3) GI outbreaks, and two (2) COVID confirmed outbreaks.

Type	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
GI - Gastrointestinal	1	2	5	6	9	1	2	2	1	3		
Respiratory Illness	-	-	-	-	-	-	-	8	4	6		
ILI - Influenza Like Illness	0	0	0	3	12	2	0	-	-	-		
CLI - COVID Like Illness or Confirmed COVID	10	3	7	2	11	8	6	7	1	2		
Rash Illness	-	-	-	-	-	-	-	5	4	10		
Other	4	3	3	6	3	1	1	0	0	0		
<b>Total</b>	<b>15</b>	<b>8</b>	<b>15</b>	<b>17</b>	<b>35</b>	<b>12</b>	<b>9</b>	<b>22</b>	<b>10</b>	<b>21</b>		

**Epi News** – Epi News is a brief (1-3 page) newsletter that has been produced and disseminated by the Washoe County Health District Epidemiology Program since 1997. Epi News publications are emailed and faxed to 700-800 subscribers, are topic dependent, and are available on the County website at <https://www.washoecounty.gov/health/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

In October, there was one (1) Epi News newsletter published:

- COVID-19 in Animals

**Other Reports** - the Quarter 2 and Quarter 3 combined carbapenemase producing organisms (CPO) report, “2022 Quarter 3 CPO Surveillance Report”, was published and can be viewed at <https://www.washoecounty.gov/health/programs-and-services/ephp/communicable-diseases-and-epidemiology/healthcare-professionals/CPO.php>

**General Communicable Diseases** – During September a mass migration from one data system, NBS, to another data system, EpiTrax, occurred at the state level. This has been an over 18-month endeavor on behalf of the state and local health epidemiologists and information systems staff to bring on this new reporting system. Due to a change in how EpiTrax functions, only positive laboratory results are reported into the system, and there are still some conditions which are not confirmed to be reporting into the new system appropriately. Several validation processes are in place to verify what is being reported is accurate. For the month of October, there were 312 positive labs reported, with 56% resulting in a confirmed, probable, or suspect case.

Epidemiology Program Cross Divisional Projects

**Community Health Assessment:** The Epidemiology Program Manager is currently working with graphic design to complete the 2022 Community Health Assessment from the final draft version. Steering Committee meetings began January 13 and a total of seven (7) meetings were held over the course of the project. These meetings included an overview of the assessment as whole, secondary data indicators, as well as recruitment strategies for focus groups and community survey participants, progress updates, decision making on ranking and scoring methods, and final rank and score outcomes with preliminary data overview.

The Epidemiology Program staff completed data tables for over 150 health indicators for the Assessment. These were used to create graphs, charts, and figures for the final report, and utilized when ranking health needs in Washoe County.

A total of 16 focus groups and key informant interviews were conducted. The qualitative data analyses concluded in mid-June. The community survey, which was made available in both English and Spanish, closed at end of May and analyses are completed. The agency survey was closed at the end of May and analyses are completed as well.

The ranking and scoring of health needs was completed in June by the EPHP Division Director and Epidemiology Program Manager. Results were shared with the Steering Committee on July 13 and inputs were taken into account in the final report drafting process.

A forum for the community on the Community Health Improvement Plan was held on September 30. The Epidemiology Program Manager provided a presentation on the Community Health Assessment at this forum to help inform the attendees of the data behind the ranked health needs.

The District Board of Health received a presentation on the Community Health Assessment during the annual strategic planning meeting on November 11 for an overview about the process, contents, and ranked health needs in the region.

### **Public Health Preparedness (PHP) Program**

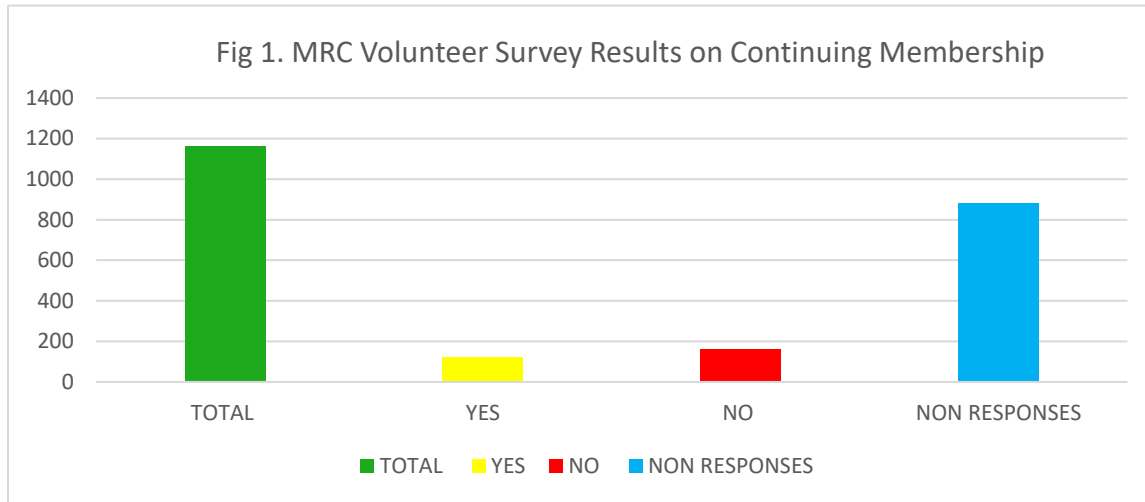
#### **Public Health Emergency Preparedness (PHEP)**

On June 30, 2022, the Washoe County Health District (WCHD) ended the COVID-19 pandemic emergency response. During the State of Emergency, many members of the community joined the Washoe County Medical Reserve Corps (MRC) to support COVID-19 response efforts and were the backbone of our operations. During this time, several of the standard requirements to become a MRC volunteer were waived. With the return to normal operations, the WCHD MRC Program is reinstating the volunteer requirements and updating its membership.

Program staff reached out to 1160 individuals who were registered as a WCHD MRC to assess their desire to continue as a volunteer through an online survey. The email included information regarding the reinstated requirements and a link to a newly created frequently asked questions (FAQs) page so each person could make an informed decision. Requirements included completion of free introductory ICS classes, profile updates, and participation in 2 programs, trainings or exercises each year.

The compilation of responses and interest is being tracked and is a dynamic quantity, but trends seen currently indicate that a majority of those who would like to continue as MRC members are non-medical professionals. Of those who responded that they would no longer want to continue as a MRC volunteer, the majority are medical professionals (e.g., MD, RN, APRN, LPRN, Psychiatrist, EMT, AEMT, Paramedic, Physician's Assistant) as shown in Table 1. Knowing this, the MRC Program is actively recruiting medical professionals as volunteers through media advertising streams and post card distribution to providers.





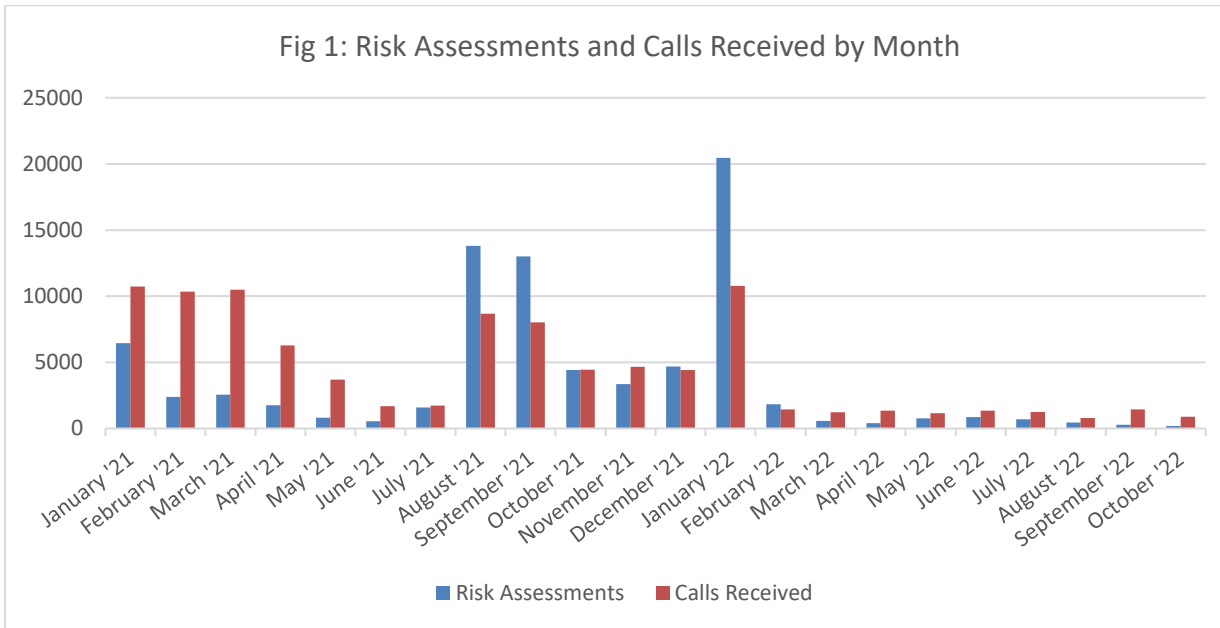
	Yes, N(%)	No, N(%)	Non Responses, N(%)
Medical	48 (40)	60 (38)	342 (39)
Non-Medical	71 (60)	99 (62)	540 (61)
Total	119 (100)	159 (100)	882 (100)

The PHEP team has also been working with local stakeholders on their closed point-of-dispensing (POD) plans. Northern Nevada Adult Mental Health Services, Northern Nevada Medical Center, Northern Nevada Sierra Medical Center, Renown Regional Medical Center, and the Reno-Sparks Indian Colony are exercising and training on their plans to be ready to provide medical countermeasures rapidly to their staff in the event of an emergency. These partners and more have been coordinating with the Health District for years to maintain their dispensing/vaccinating capabilities.

Call Center and Point of Screening and Testing (POST) –The COVID-19 Call Center received 181 risk assessments in October, a decrease of 37% from September. Some risk assessments were entered by end-users through the web portal, and others were entered by the Call Center staff. During the month of October, the Call Center received 892 calls, a 39% decrease from September. Table 1 and Figure 1 summarize risk assessments and calls received by the COVID Call Center since the beginning of 2021.

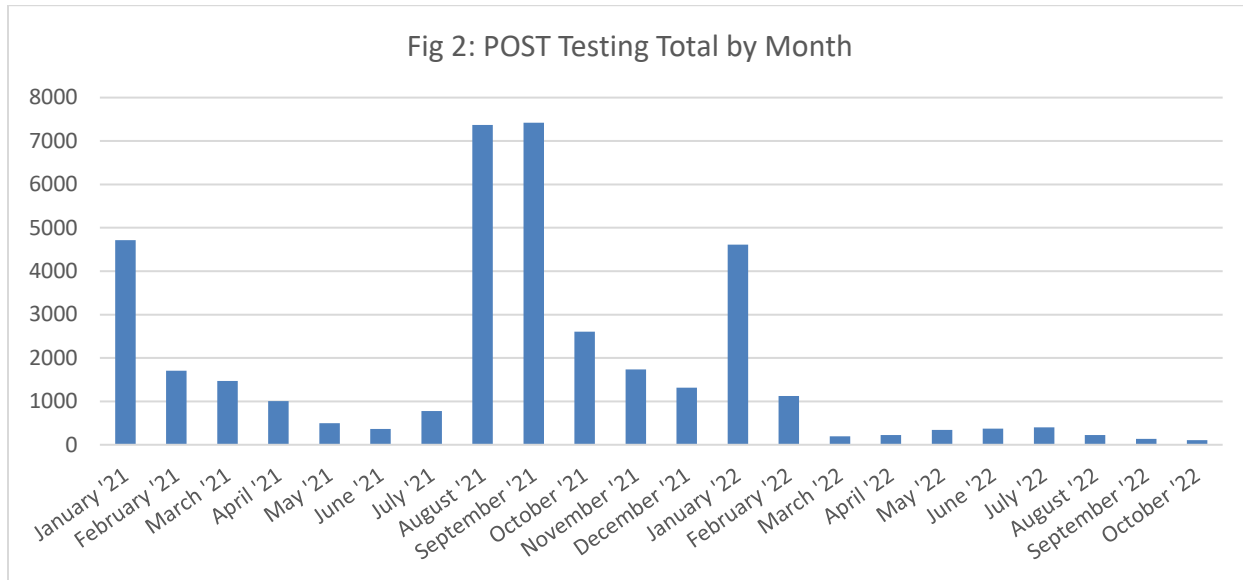
Month Reported	Risk Assessments	Inc/Dec	Calls Received	Inc/Dec
2021 Totals	55,371		75,174	
January 2022	20451	336%	10,773	144%
February 2022	1827	-91%	1,445	-87%
March 2022	566	-69%	1,227	-15%
April 2022	405	-28%	1357	11%
May 2022	764	89%	1151	-16%
June 2022	854	12%	1338	10%

July 2022	688	-19%	1260	-6%
August 2022	455	-34%	787	-38%
September 2022	288	-37%	1451	84%
October 2022	181	-37%	892	-39%



The POST continued three days per week drive-through operations. A total of 104 tests were conducted, a 23% decrease from September. Table 2 and Figure 2 summarize the number of tests completed at POST to date since the beginning of 2021.

Month Reported	POST Tests	Inc/Dec
2021 Totals	30,996	
January 2022	4,613	250%
February 2022	1,127	-76%
March 2022	198	-82%
April 2022	223	13%
May 2022	341	53%
June 2022	375	16%
July 2022	399	6%
August 2022	225	-44%
September 2022	135	-40%
October 2022	104	-23%



As of November 1, 2022, the COVID-19 Call Center was staffed with a total of five (5) personnel, comprised of one (1) UNR paid contractor and four (4) temporary staff. All staff were assigned to COVID-19 testing and vaccine-related communications.

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

On October 14, the Healthcare Public Health Emergency Response Coordinator (PHERC) and the EMS coordinator conducted a Mass Casualty Incident (MCI) training for healthcare partners. The training included an overview of the Multi-Casualty Incident Plan (MCIP), MCI Alpha Plan Annex, the Family Service Center (FSC) Annex, operational response, MCI tags used in the region and an overview of the WebEOC MCI Board. Trainings like this are important for healthcare partners to better understand the MCI process within Washoe County.

On October 25, the Healthcare PHERC and PHEP program coordinated with the Consolidated Law Enforcement All-Hazards Response (CLEAR) team to have them present on their structure, procedures, capabilities, equipment available and the direction that the team is going. Representatives in attendance for this presentation included members from the Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, the TRIAD team, the FBI, Saint Mary’s Regional Medical Center, Northern Nevada Medical Center, REMSA and Washoe County Health District (WCHD). This was an after-action item identified from the Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) exercise in March 2022. Moving forward the CLEAR team plans on working more closely with TRIAD and WCHD to better coordinate Hazmat events.

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

Emergency Medical Services (EMS) Oversight Program

EMS Joint Advisory Committee (JAC) - The JAC continues to meet bi-weekly to develop processes and protocols to accomplish the approved goals in the Strategic Plan. The JAC has been recently focused on process

improvements for increased life safety. The latest consideration for this is “cold response,” meaning no lights and sirens, in responses specific to several dispatch codes.

The program prepared the EMS Annual Report for FY2021-2022. Presentation to the Emergency Medical Services Advisory Board (EMSAB) was delayed as the EMSAB meeting date was changed from early November 2022 to late November 2022.

REMSA Exemption Requests - Table 1 summarizes REMSA Exemption Requests.

<b>Table 1: REMSA Exemption Requests FY 2022-2023</b>					
<b>Exemption</b>	<b>System Overload</b>	<b>Status 99</b>	<b>Weather</b>	<b>Other</b>	<b>Approved</b>
July 2022	71	-	-	-	71
August 2022	-	-	-	-	-
September 2022	-	-	-	-	-
October 2022	5	-	-	-	5

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.

<b>Table 2. REMSA Percentage of Compliant Priority 1 Responses by Zones FY 2022-2023</b>		
<b>Month*</b>	<b>Zone A</b>	<b>Zone B, C, and D</b>
July 2022	91	90
August 2022	91	91
September 2022	88	91
October 2022	90	89
<b>Monthly Average</b>	<b>90</b>	<b>90</b>
<b>Year-To-Date**</b>	<b>90</b>	<b>90</b>

\*Compliance percentage per month is the percentage calculated using the monthly “Chargeable Late Responses” divided by “Compliance Calculate Responses”.

\*\*Year-to-date is the percentage calculated using the sum of all to date “Chargeable Late Responses” divided by “Compliance Calculate Responses”.

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 six (6) applications during the month of October and did not have any concerns that may affect EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program did not receive any applications for review in October.

**Vital Statistics**

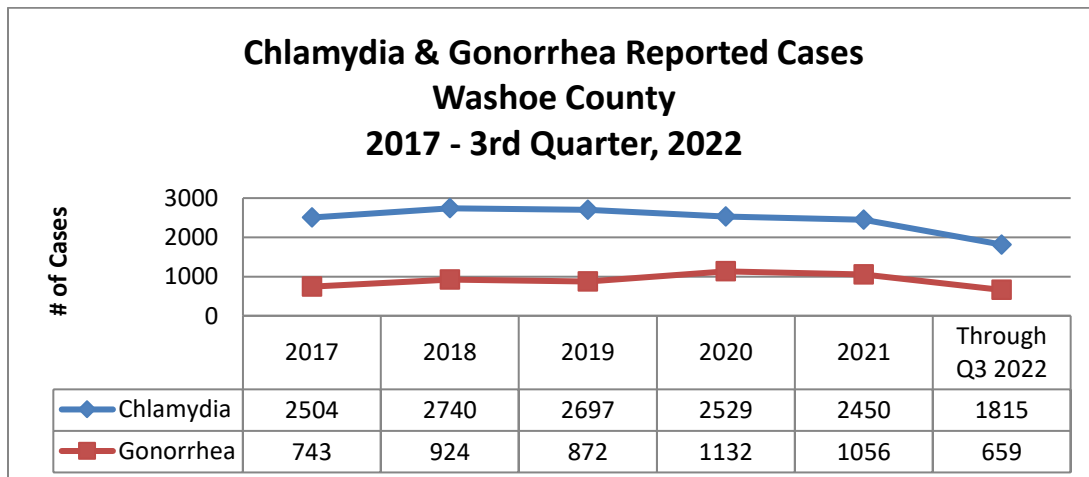
Vital Statistics has continued to serve the public through the mail, online and in-person. During the month of October, Vital Statistics staff registered 490 deaths and 485 births; 9 death and 61 birth corrections were made. Program staff also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

**Table 1: Number of Processed Death and Birth Records**

October	In Person	Mail	Online	Total
Death	1676	47	456	2179
Birth	638	27	376	1041
<b>Total</b>	<b>2314</b>	<b>74</b>	<b>832</b>	<b>3220</b>

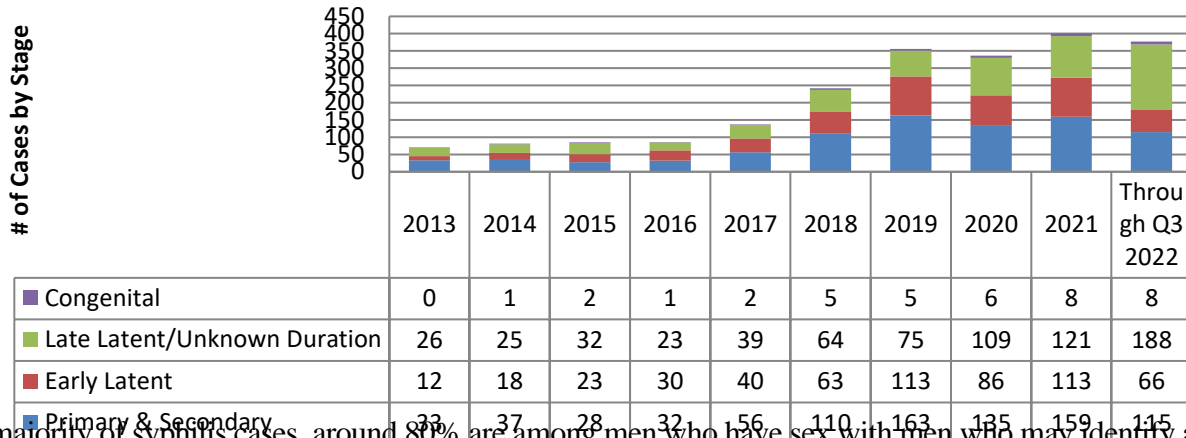
**Sexual Health (Outreach and Disease Investigation)** – Sexually transmitted disease numbers continue to represent a high burden of reportable communicable diseases in Washoe County. Case investigations are prioritized based on impact of infection. HIV and syphilis have the highest priority, with multiple efforts made to locate and engage a case and their partners (contacts). Gonorrhea and chlamydia cases have a lower priority due to the impact of syphilis in Washoe County and the increasing numbers of congenital syphilis. The Sexual Health Program provides surveillance of reportable STDs including HIV, case investigation, Partner Services (contact tracing), education to the community and providers, opportunities for testing through offsite venues, and support for referrals to an appropriate level of care.

Chlamydia and gonorrhea cases comprise most newly reported cases. While chlamydia cases have varied slightly, the decrease is likely due to Partner Services (contract tracing) not being offered to reported cases. The cases are encouraged to inform their partners to seek testing and treatment.



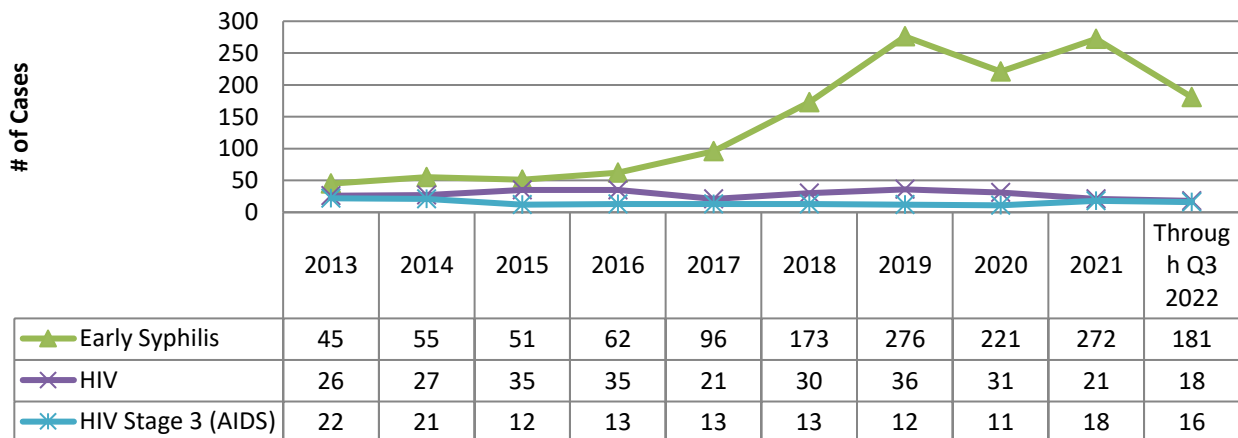
Syphilis cases continue to rise in Washoe County and Nevada, which ranks first in the nation for primary and secondary syphilis. Nevada also ranks fourth in the U.S. for congenital syphilis. An increasing number of Late Latent/Unknown Duration syphilis cases in Washoe County are attributed to cases being unable to recall symptoms or not having a history of syphilis testing. Staging of infection is determined by those two criteria. With a decrease in testing availability and lack of providers offering STD testing that includes syphilis, people do not have a testing history to narrow down the timeframe and duration of infection.

**Syphilis in Washoe County by Stage of Disease  
 2013 - 3rd Quarter, 2022**



A majority of syphilis cases, around 80% are among men who have sex with men who may identify as gay, bisexual, or heterosexual. Approximately 30% of syphilis cases are among people living with HIV. Cases of HIV and late-stage HIV infection (Stage 3, formerly known as AIDS), have remained stable, even while syphilis cases have increased. This indicates that people living with HIV are on their medication to achieve and maintain viral suppression, which means that HIV will not be transmitted sexually. The figure below supports that while syphilis infections have increased, HIV infections have remained stable. Without viral suppression of the people living with HIV that are co-infected with syphilis, the numbers of HIV infection would increase as syphilis cases increase.

**Reported Infectious Stages of Syphilis (Primary, Secondary, Early Latent) Compared to HIV Cases  
 Washoe County  
 2013 - 3rd Quarter, 2022**



**Immunizations** – There was a continued high demand for back-to-school vaccinations as schools began to exclude students who did not meet vaccination requirements. Additional clinic times were added to accommodate the need. Staff continued to provide COVID vaccinations through the homebound program, onsite clinic, and community PODS. Additionally, Pfizer Bivalent booster for 12 years and older was approved alongside Moderna Bivalent boosters for those 18 and years and older.

There were five community COVID PODS in October. Approximately 1722 COVID vaccinations were provided through community events, homebound and the immunization clinic during the month of October.

Throughout October, staff continued to hold semi-permanent vaccination clinics at the Reno-Sparks Convention Center, offering all COVID vaccination presentations for 5 years and older.

The homebound team provided 664 COVID vaccines from October 1, 2022, to October 31, 2022. In addition, the team provided 178 Flu vaccines for this same group of individuals. The homebound team continued to provide vaccines in multiple underserved locations such as Cares Campus, Northern Nevada Veterans Home, Willow Springs, Lifecare Center of Reno, and Sierra Manor among others throughout the month.

Immunization staffing was reduced due to the retirement of Nicole Mertz after thirty plus years of service. The month of October also had additional staff out. Program staff focused on internal clinic and outreach for the month, with plans to continue VFC compliance visits soon. COVID staff were able to complete one compliance visit in the month of October. All staff continue to provide provider education on vaccine storage and handlings, vaccine inventory and vaccine redistribution information.

Staff redistributed 258 Pfizer Bivalent doses, 220 Pfizer doses, 220 Pfizer peds 5–11-year-old doses, 0 Pfizer doses for 6 month – 4-year-old, 330 Moderna Bivalent doses, 40 Moderna 12-year-old and older doses, 100 doses of Moderna 6 month – 5-year-olds, and 15 doses of Moderna 6 years – 11 years, and no Novavax doses to support seven 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 672 individual clients and provided 1468 vaccines during the month of October, of which includes 505 COVID vaccines. Staff continue to accept walk-ins at all vaccine sites daily. During the month of October, the FDA no longer authorized providing monovalent Boosters to anyone over 5 years old. A week later the team added the new Bivalent boosters for both Pfizer 5 years thru 11 years as well as lowering the age for the Moderna Bivalent booster to age 6 and older into the clinic. Staff saw an increased demand for the new Bivalent boosters both in the clinic as well as at offsite locations.

October 1, 2022, kicked off the Flu season with a large-scale drive thru POD at the Livestock event center. Staff also offered Bivalent Boosters for those who attended. A total of 613 vaccines were provided. Staff also held two separate Employee flu clinics October 7<sup>th</sup> and October 12<sup>th</sup> and offered both the seasonal flu and the new Bivalent boosters at the events.

Staff continues to provide Jynneos vaccine based on specific eligibility criteria. This criterion included contacts to a confirmed Monkeypox case and high-risk lab and health care personnel. On October 5, 2022, staff returned to Our Center and provided 192 vaccinations, mostly second doses with a handful of first doses of Jynneos. Staff also returned to Faces bar on October 11 and provided 150 additional Monkey pox vaccines.

Staff is currently undergoing preparation and planning for anticipated new hires in November as we are actively recruiting.

**Tuberculosis Prevention and Control Program** – Currently four active cases: three pulmonary TB and one extra-pulmonary TB.

**Chronic Disease Prevention Program (CDPP)** – The CDIP staff have created a strategic map document that outlines the key information and work being completed within the program. Strategic Map on following page.

## CHRONIC DISEASE & INJURY PREVENTION PROGRAM STRATEGIC MAP 2022-2025

<b>MISSION</b>	<b>VISION</b>	<b>VALUES</b>	
To advance the Health District’s mission to improve and protect our community’s quality of life and increase equitable opportunities for better health in the areas of Chronic Disease and Injury Prevention.	A healthy community designed with equitable access, education, and resources to maximize quality of life.	Prioritize policy, systems, and environmental changes for community health.	
<b>CULTURE</b>	Continuously improve and maintain internal processes to create a positive and supportive work environment for all staff.	Participate and engage in leadership opportunities, conferences, committees and workgroups to advocate and advance chronic disease and injury prevention topics.	
<b>Cannabis</b>	<b>Injury Prevention</b>	<b>Physical Activity &amp; Nutrition</b>	<b>Tobacco</b>
<ul style="list-style-type: none"> <li>Promote responsible use of marijuana, including reducing and eliminating secondhand cannabis smoke exposure</li> <li>Expand network and partnerships to address emerging issues related to cannabis norms</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the rate of unintentional slips and falls injury among seniors</li> <li>Lead implementation of the Zero Suicide program for the CCHS Division</li> <li>Collaborate with local agencies to reduce the rates of drug-related overdose/poisoning injury and deaths</li> <li>Identify, develop and lead coordination of gun violence prevention activities to reduce gun violence-related injury and deaths</li> </ul>	<ul style="list-style-type: none"> <li>Increase access to healthy foods and beverages where availability is limited</li> <li>Identify and support policies that improve the nutrition environment and increases physical activity opportunities</li> <li>Promote and offer resources to communicate healthy behaviors for physical activity and nutrition</li> </ul>	<ul style="list-style-type: none"> <li>Eliminate exposure to secondhand smoke (SHS) in Washoe County</li> <li>Promote quitting tobacco among adults and youth</li> <li>Prevent initiation of tobacco use among youth and young adults</li> <li>Promote sustainable tobacco control activities to address the health disparities created by tobacco use</li> </ul>

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**Reproductive and Sexual Health Services** – The Family Planning/Sexual Health Program (FPSHP) continues to provide accessible, high-quality sexual and reproductive health services despite funding fluctuations. Walk-In Wednesdays continue to be a popular option with nearly every available appointment filled by clients desiring the convenience of walk-in services. FPSHP staff was excited to learn of the Interim Finance Committee’s approval of the use of ARPA funds to support family planning services and programs that were unfunded by Title X and OPA. The goal of these funds will be to hire a third nurse practitioner and continue to provide low-cost reproductive and sexual health services to underserved members of our community. The addition of the third provider will allow for walk-in and same day appointments to be offered every day and will increase access to needed reproductive and sexual health services in the community.

In October, the FPSHP’s medical director/clinic supervisor completed a clinical preceptorship in Las Vegas that focused on the provision of pre-exposure prophylaxis (PrEP) for people at risk for HIV. Access to PrEP medications has been identified as a care gap in our community. The FPSHP will be convening a multidisciplinary team to implement a PrEP program in the FPSHP clinic with the goal of being able to offer PrEP by early 2023.



FPSHP have been working closely with their Community Health Worker to help clients navigate the health care system and obtain needed services that the FPSHP does not provide, such as primary care. FPSHP have also partnered with their Community Health Worker to offer STI testing and reproductive/sexual health education at the Eddy House monthly.

**Maternal, Child and Adolescent Health (MCAH)** -- Functions of Maternal Child and Adolescent Health include Lead, Newborn Screening, Cribs for Kids and the Fetal Infant Mortality Review (FIMR) programs.

Elevated blood lead levels (BLL) in children are known to contribute to developmental and behavioral problems. The Lead Program provides Public Health Nurse education and case management to families of children (under 18 years of age) with elevated BLLs  $\geq 3.5$  ug/dl. Sixteen cases have been investigated or followed up year to date. Staff is currently working with the Nevada Childhood Lead Prevention Program (NVCLPP).

The Nevada Newborn Screening Program ensures all infants are screened for certain disorders before they cause serious health problems. Many conditions are not easily recognizable at birth without proper testing. If left untreated, some disorders can cause mental retardation and even death. WCHD is referred cases from the State of Nevada for follow-up on families that have not completed the second Newborn Screen on their infant. Public Health Nurses provide education, coordination, and resources. Four cases have been referred to WCHD year to date.

WCHD staff continue to hold Cribs for Kids classes on a regular basis educating new parents on safe sleep. Instructors are also Baby and Me Tobacco Free facilitators and promote PRAMS (Pregnancy Risk Assessment Monitoring System), Nevada 211 and Nevada Medical Home Portal.

FIMR is a method to increase the understanding of factors that may contribute to preventable fetal and infant deaths. FIMR coordinators, extract data from the records of hospitals, medical providers, and WIC to examine a variety of factors that affect the health of the mother/childbearing parent, fetus, and infant. The data is then evaluated to identify medical, social, environmental, access to health care resources and other trends that may impact fetal and infant deaths. Improving local systems of care for women/childbearing parents and children to reduce deaths is the primary goal of this program.

Community collaboration and a multidisciplinary team are essential components of the FIMR program. The WCHD Case Review Team (CRT) is a multidisciplinary team which meets and reviews approximately 40 cases per year. The team consists of perinatologists, obstetrician/gynecologists, pediatricians, Midwives, nurses from medical centers, Medicaid, insurance representatives, the State of Nevada, and others. CRT recommendations are shared with the Community Action Team (CAT) which is comprised of Northern Nevada Maternal Child Health Coalition (NNMCHC) members. Staff attend meetings with the NNMCHC, currently WCHD FIMR staff chair the NNMCHC. Staff attend Child Death Review Team, Pregnancy, and Infant Loss Support Organization of the Sierras (PILSOS) and the National Center for Fatality Review and Prevention (NCFRP) meetings.

FIMR staff developed media posts in September and October, recognizing National Fetal Infant Mortality Awareness Month and Pregnancy and Infant Loss Awareness Month. Four cases were reviewed at the October meeting and information has been forthcoming from two parents. Staff promote, Nevada 211, Nevada Medical Home Portal, and Nevada Tobacco Quit Line.

**Women, Infants and Children (WIC)** – On October 24, 2022, the WIC program welcomed Patricia Onsihuay who joined the program as a Human Supports Services Specialist (HSSS). Within the WIC program the HSSS position can work in the front office as well as completing visits with WIC participants (clinic). Patricia is filling a vacancy created by a retirement of a staff person at the Moana WIC location.

In October a continuing resolution was signed by President Biden, which also extended enhanced WIC fruits and vegetables benefits through the end of the calendar year. USDA recently confirmed that these benefits will be adjusted for inflation, providing \$25/month for children, \$44/month for pregnant and postpartum participants, and \$49/month for breastfeeding participants to purchase fruits and vegetables. These amounts remain significantly higher than the original fruit and vegetable benefits which were \$9 and \$11. Processing this change for WIC clients involved staff entering individual client profiles and increasing the benefits person by person. The numbers of clients that needed benefits increased were: 1448 clients from the 9<sup>th</sup> St WIC clinic; 1474 clients from the Moana WIC clinic; and 33 clients from the Incline Village WIC clinic; a total of 2955 clients.

**Community Health Workers (CHWs)** – The CHWs continue to have a tremendous impact on CCHS programs. Two Community Health Workers recently accompanied the immunization team to Gerlach to assess what services the Gerlach community desires. They also continue to do ongoing outreach with the Washoe County Detention Facility, Eddy House, and the Healthy Corner Store project.

From July to September, the CHWs doubled the number of individual clients they provided direct services to. Direct services include health system navigation (i.e., obtaining insurance, finding a primary care provider), transportation assistance, and food and housing resources. One of our CHWs has been continuously working with a client since March to provide multiple community resources and help him attain stable housing and employment opportunities.

The CHWs recently partnered with Planned Parenthood to offer adolescents and young adults the Plan A intervention. The Plan A intervention is an evidence-based, entertainment-education video intervention designed to reduce unplanned pregnancies and sexually transmitted infections (STIs) among young women 16-19 years old. The intervention is designed to stimulate any questions adolescents or young adults may have about their sexual and reproductive health in a safe setting. There are also resources for assisting parents and caregivers about how to be an “askable adult” for questions about sexual and reproductive health.

**Food/Food Safety** - The highlight of the year for the Food Safety Program was participating in the NACCHO Mentorship Program. Washoe County Health District (WCHD) has been participating in this program for almost a decade but what made this year so memorable, was our mentees. In this year’s mentorship cohort, WCHD was requested to mentor Guam and the Commonwealth of the Northern Mariana Islands (CNMI) Saipan due to our overall expertise in the food safety and our state-leading progress in the FDA Program Standards. WCHD has been mentoring jurisdictions in the FDA Retail Program Standards across the country but never have we had to help navigate the Program Standards with a mentee like Guam and CNMI. The challenges these remote territories face is unique to their area. Lack of basic equipment, such as thermometers and sanitizers, can make food safety very challenging and is something most jurisdictions do not face. In order to fully understand these challenges and put our expertise in to work, WCHD sent two food safety representatives to help Guam and CNMI at the request of FDA to develop their Program Standards Comprehensive Strategic Improvement Plan and observe local food facilities and food inspections. During the site visit to



Guam and CNMI, WCHD also assisted them in applying for new grants and conducted a verification audit to determine their conformance with Standard 7 of the Program Standards.



The NACCHO Mentorship Program “End of Year Meeting” was conducted in Denver, CO early in November. During the meeting, Mentor and Mentee pairings present to the conference participants on their workplans and achievements in the FDA Program Standards. Guam and CNMI attended the in-person meeting and also requested mentorship from WCHD again in next year’s Mentorship

Cohort. This mentorship experience has been very humbling but also very motivational. WCHD hopes to build upon the progress made this year and to help improve the food safety and public health in Guam and CNMI.

**Epidemiology (EPI)** – The team processed 23 recalled food products in October, none of which were confirmed to be sent to Washoe County. No major foodborne disease outbreaks were reported.

<b>Epidemiology</b>	<b>JAN 2022</b>	<b>FEB 2022</b>	<b>MAR 2022</b>	<b>APR 2022</b>	<b>MAY 2022</b>	<b>JUNE 2022</b>	<b>JULY 2022</b>	<b>AUG 2022</b>	<b>SEP 2022</b>	<b>OCT 2022</b>	<b>YTD 2022</b>	<b>2021</b>	<b>2020</b>
Foodborne Disease Complaints	6	1	18	5	0	1	3	2	4	1	41	98	130
Foodborne Disease Interviews	5	1	15	5	0	1	3	2	4	1	37	59	66
Foodborne Disease Investigations	0	0	1	0	0	0	0	0	0	0	1	12	7
CD Referrals Reviewed	6	9	10	5	5	5	9	11	10	4	74	178	82
Product Recalls Reviewed	13	18	16	18	32	29	26	19	21	23	215	251	61

**Temp Foods/Special Events** – The largest event for the month of October was the Great Italian Festival held October 8 thru 9 in downtown Reno. EHS staff conducted over 60 temporary food inspections over the course of the event.

**Commercial Plans** - Four staff have begun training on specific food establishment plans within the Commercial Plans program.

Inspections for construction have remained steady with the current building plan submittals

<b>Commercial Development</b>	<b>JAN 2022</b>	<b>FEB 2022</b>	<b>MAR 2022</b>	<b>APR 2022</b>	<b>MAY 2022</b>	<b>JUNE 2022</b>	<b>JULY 2022</b>	<b>AUG 2022</b>	<b>SEP 2022</b>	<b>OCT 2022</b>	<b>YTD 2022</b>	<b>2021</b>	<b>2020</b>
Development Reviews	42	35	34	49	38	47	31	50	56	35	417	400	357
Commercial Plans Received	83	87	120	110	121	148	152	181	144	123	1,269	1,169	1,059
Commercial Plan Inspections	34	30	38	44	29	29	29	34	39	39	345	452	396
Water Projects Received	4	1	4	2	4	2	2	3	1	1	24	40	64

**Permitted Facilities** – Public Bathing – The previously reported project to develop a draft set of regulations for the Public Bathing program has been temporarily tabled to allow staff to focus on training to bring several new staff members up to speed as well as keep up on required routine inspection load. As training commitments appear to be coming to an end, it is anticipated that efforts for this project will be significantly ramped up.

Schools – EHS staff will have completed over 50% of the 142 fall semester school inspections by Fall Break for the Washoe County School District. The Washoe County School District has continued repairs to older facilities that need to be completed as per violations noted on Health District inspections. Some of this work, including capital improvements for playground surfaces and buildings that was delayed in 2020, has picked back up in 2021.

Training – Environmentalist Trainees Erin Myers and Lauren Clapham completed School and Child Care training much earlier than anticipated and were able to perform many independent facility inspections within these programs in their remaining time assigned to Permitted Facilities. Additionally, Environmentalist Trainee Ian Check completed the remaining Permitted Facilities training during the month of October.

**Land Development** - The team developed a FAQ document to help guide residents with respect to Accessory Dwellings on properties served by septic and well. It has been posted to our website and provided to regional permitting partners and planning agencies.

One team member attended the Soil and Site Evaluation course offered by the University of Arizona.

<b>Land Development</b>	<b>JAN 2022</b>	<b>FEB 2022</b>	<b>MAR 2022</b>	<b>APR 2022</b>	<b>MAY 2022</b>	<b>JUNE 2022</b>	<b>JULY 2022</b>	<b>AUG 2022</b>	<b>SEP 2022</b>	<b>OCT 2022</b>	<b>YTD 2022</b>	<b>2021</b>	<b>2020</b>
Plans Received (Residential/Septic)	83	83	101	100	91	84	75	83	81	79	860	918	705
Residential Septic/Well Inspections	107	87	156	160	145	133	124	107	131	104	1,254	1,282	1,075
Well Permits	8	18	21	9	15	12	9	12	7	4	115	150	131

**Safe Drinking Water (SDW)** - All sanitary surveys and water hauler inspections required for the year have been completed.

**Vector-Borne Diseases (VBD)** - Adult mosquito population monitoring concluded on October 30 and all New Jersey traps were collected for winterization and repairs.

Full time staff have completed training for New Jersey trap mosquito identification.

<b>Vector</b>	<b>JAN 2022</b>	<b>FEB 2022</b>	<b>MAR 2022</b>	<b>APR 2022</b>	<b>MAY 2022</b>	<b>JUNE 2022</b>	<b>JULY 2022</b>	<b>AUG 2022</b>	<b>SEP 2022</b>	<b>OCT 2022</b>	<b>YTD 2022</b>	<b>2021</b>	<b>2020</b>
Total Service Requests	0	0	4	3	15	20	11	9	2	1	65	59	135
Mosquito Pools Tested	0	0	0	0	0	90	65	193	158	0	506	385	280
Mosquito Surveys and Treatments	0	0	0	32	41	261	234	197	26	0	791	821	72

**Waste Management (WM)/Underground Storage Tanks (UST)** - WM staff started cross training several Land Development staff on program inspections and renewing permits to operate by conducting joint inspections.

UST staff completed 16 leak detection inspections for October and over 100 annual permits have been applied for and issued for UST facilities.

**Inspections**

<b>EHS Inspections</b>	<b>JAN 2022</b>	<b>FEB 2022</b>	<b>MAR 2022</b>	<b>APR 2022</b>	<b>MAY 2022</b>	<b>JUNE 2022</b>	<b>JULY 2022</b>	<b>AUG 2022</b>	<b>SEP 2022</b>	<b>OCT 2022</b>	<b>YTD 2022</b>	<b>2021</b>	<b>2020</b>
Child Care	3	10	9	5	8	16	7	10	18	30	116	118	142
Food/Exempt Food	417	500	546	401	389	400	297	347	264	287	3,848	4,958	4,264
Schools/Institutions	8	18	28	28	50	7	0	5	45	59	248	291	199
Tattoo/Permanent Make-Up (IBD)	3	21	12	9	5	6	18	22	6	5	107	134	112
Temporary IBD Events	3	0	0	0	0	0	0	0	2	0	5	0	1
Liquid Waste Trucks	17	13	12	5	22	5	0	1	9	20	104	111	110
Mobile Home/RV Parks	14	4	10	15	8	20	11	13	7	5	107	117	202
Public Accommodations	22	17	24	11	4	15	17	7	3	5	125	151	130
Aquatic Facilities/Pool/Spas	25	71	70	40	222	167	58	43	8	2	706	1,128	408
RV Dump Station	3	1	1	1	1	5	2	0	0	4	18	19	17
Underground Storage Tanks	0	4	16	17	17	10	14	18	16	16		4	10
Waste Management	12	22	17	13	22	7	2	7	9	7	118	146	211
Temporary Foods/Special Events	23	14	18	45	80	222	159	224	162	162	1,109	766	48
Complaints	43	31	57	48	56	78	79	71	55	66	584	689	911
<b>TOTAL</b>	<b>593</b>	<b>726</b>	<b>820</b>	<b>638</b>	<b>884</b>	<b>958</b>	<b>664</b>	<b>768</b>	<b>604</b>	<b>668</b>	<b>7,323</b>	<b>8,632</b>	<b>6,765</b>
EHS Public Record Requests	617	205	492	381	282	742	281	307	265	834	4,406	4,769	3,249

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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



Lisa Sherych  
Administrator

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

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# Southern Nevada Health District Health Officer Report



**DATE:** December 2, 2022

**TO:** State Board of Health Members

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

**SUBJECT:** District Health Officer Report

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***Naegleria fowleri***

On October 19, the Southern Nevada Health District announced the death of a Clark County resident from an infection of *Naegleria fowleri*, also known as a brain-eating amoeba. The patient was a male, under the age of 18. Based on the Health District's investigation, the individual may have been exposed in the Kingman Wash area of the Lake Mead National Recreation Area. This is the first confirmed fatality reported from *Naegleria fowleri* exposure at Lake Mead.

*Naegleria fowleri* is commonly found in bodies of warm freshwater, such as lakes and rivers, and geothermal water, such as hot springs. The amoeba infects people by entering the body through the nose and traveling to the brain. It cannot infect people if swallowed and is not spread from person to person. The infection is extremely rare, and almost always fatal.

The Centers for Disease Control and Prevention notified the Health District that *Naegleria fowleri* was confirmed as the cause of the patient's illness. Infection with the amoeba causes primary amebic meningoencephalitis (PAM), a brain infection that initially includes headache, fever, nausea, or vomiting and progresses to stiff neck, seizures and coma that can lead to death. Symptoms usually begin about five days after infection but can start within 1 to 12 days. Once symptoms start, the disease progresses rapidly and usually causes death within about five days.

The amoeba is naturally occurring, and there is no routine test for *Naegleria fowleri*. Previous water testing has shown that it is regularly found in freshwater bodies and though the risk is low, recreational water users should always assume there is a risk when they enter warm fresh water. The National Park Service, working with the NPS Office of Public Health, made the decision to continue to allow recreational swimming at Lake Mead as the organism does exist naturally and is commonly found in the environment. Recommended precautions from the CDC include:

- Avoid jumping or diving into bodies of warm freshwater, especially during the summer.
- Hold your nose shut, use nose clips, or keep your head above water when in bodies of warm fresh water.
- Avoid putting your head underwater in hot springs and other untreated geothermal waters.
- Avoid digging in, or stirring up, the sediment in shallow warm fresh water.

More information about *Naegleria fowleri* is available at [www.cdc.gov/parasites/naegleria/general.html](http://www.cdc.gov/parasites/naegleria/general.html).

## **Monkeypox**

On October 20, the Health District reported the first death of a Clark County resident diagnosed with monkeypox. The patient was a male over the age of 50 with underlying medical conditions whose death was attributed to other causes.

On October 5, 2022, the Southern Nevada Health District expanded eligibility for the monkeypox vaccine to additional individuals who are at risk for exposure. Current eligibility to receive the vaccine includes:

- Those who had close physical contact within the past 14 days with someone known or suspected of having monkeypox. This includes:
  - Those who know or suspect their sexual partner(s) of having monkeypox.
  - Those who live in the same household as someone they know or suspect of having monkeypox.
- Those who have been informed by the Health District they are a close contact of someone with monkeypox.
- Gay, bisexual, or other men who have sex with men, and transgender, gender non-conforming, or gender non-binary individuals **who**:
  - Have had multiple or anonymous sex partners in the last 12 months.
  - Have HIV or a history of a sexually transmitted infection in the last 12 months.
- Those who are any gender identity or sexual orientation **who**:
  - Are sex workers.
  - Had sex at a commercial sex venue or in association with a large public event.
- Those who are any gender identity or sexual orientation **who**:
  - Are a sex partner of anyone in the currently eligible groups.
  - Anticipates experiencing any of the identified risks.

The Health District is continuing to remind the public that anyone can get monkeypox; however, people who are immunocompromised are at greater risk for serious illness and complications if infected with the virus. People can protect themselves from monkeypox by avoiding close, skin-to-skin contact with people who have monkeypox, contact with objects and materials that a person with monkeypox has used, and washing their hands often. Vaccination remains an important tool for preventing the spread of monkeypox. The JYNNEOS vaccine is a two-dose series and is available through the Health District. It is important for those who have received their first dose of the vaccine to return for the second dose to ensure they get the best protection, not just partial protection, against the virus. Clinic information is available at [www.southernnevadahealthdistrict.org/Health-Topics/monkeypox/monkeypox-vaccine-clinics/](http://www.southernnevadahealthdistrict.org/Health-Topics/monkeypox/monkeypox-vaccine-clinics/).

TPOXX (the antiviral drug tecovirimat) is available to treat people who are more at risk for severe illness from monkeypox. A health care provider may provide TPOXX for people who are immunocompromised; have severe monkeypox disease; who are children, particularly those under 8 years old; with active conditions that affect the skin; or who are pregnant or breastfeeding. More information is available at [www.cdc.gov/poxvirus/monkeypox/if-sick/treatment.html](http://www.cdc.gov/poxvirus/monkeypox/if-sick/treatment.html).

The number of reported monkeypox cases in Clark County continues to decline. As of November 8, the Health District is reporting 280 probable and confirmed cases in Clark County. Updated information about cases and doses of vaccine administered is available on the Health District website at [www.snhd.info/monkeypox](http://www.snhd.info/monkeypox). Additional prevention information is available on the Centers for Disease

Control and Prevention (CDC) website at [www.cdc.gov/poxvirus/monkeypox/prevention/protect-yourself.html](https://www.cdc.gov/poxvirus/monkeypox/prevention/protect-yourself.html).

### **Fentanyl Advisory**

On October 4, the Health District alerted the public to the ongoing risk fentanyl is posting to the community after the Las Vegas Metropolitan Police Department (LVMPD) reported six suspected drug-related overdoses had occurred in Clark County during a 36-hour period from September 25, 2022, to September 27, 2022. According to LVMPD, four out of the six drug overdoses have been preliminarily identified as fentanyl overdoses. Between January and July 2022, there were 110 fentanyl overdose deaths among Clark County residents. In 2021, there were a total of 225 fentanyl deaths; 191 deaths were reported in 2020.

In addition to raising awareness about the toll fentanyl is continuing to take on the community, the Health District issued the advisory to ensure residents would know about the resources available to them that can help prevent a fentanyl or opioid overdose. The Health District and the Centers for Disease Control and Prevention (CDC) recommend people who are at risk of opioid overdose as well as family members, friends or other individuals who can assist a person at risk should carry naloxone, also known as Narcan, an opioid-antagonist that can be administered to help reverse opioid overdoses. A newer Health District program provides fentanyl test strips, tools that can show if fentanyl is present in a pill or powder.

The Health District's main public health center offers free naloxone and fentanyl test strips at its pharmacy at 280 S. Decatur Blvd. Other naloxone access points can be found at the [Nevada State Overdose Reversal Medication Finder](#). Additional fentanyl test strip distribution locations can be found at [Nevada State Fentanyl Test Strip Distribution Sites](#). Overdose prevention measures and training are also available to the community through local harm reduction organizations, including Health District partner organization [Trac-B Exchange](#).

From January 2018 to July 2022, a provisional estimate of 1412 opioid-related overdose deaths occurred in Clark County. Of the Clark County residents that died from opioid-related deaths, 653 (46 percent) died from fentanyl. Of these fentanyl deaths 65 percent were male; 51 percent White; 17 percent Black; 3 percent Asian; and 24 percent Hispanic/Latino. Younger adults are at the highest risk of fatal overdose involving fentanyl. The three age groups at the highest risk of fentanyl overdose deaths are 20-24, 30-34, and 25-29 years of age.

Fentanyl is a synthetic (man-made) opioid drug that is highly potent (80-100 times stronger than morphine) and often illicitly manufactured. A small amount of fentanyl can be deadly (as little as 2 mg which equals 2 grains of salt can cause a fatal overdose). Deaths involving illicit fentanyl have been increasing nationally. Fentanyl can be mixed with illicit substances to look like heroin, cocaine or methamphetamine. People purchasing these pills or powders are often unaware that they contain fentanyl. More commonly, fentanyl is being pressed into counterfeit pills and sold on the street as Percocet, Xanax, or oxycodone, which is a contributing factor in the increase of fatal overdoses.

Other drugs are often involved in fatal fentanyl overdoses, with the most common being prescription opioids (24 percent), benzodiazepines (24 percent), psychostimulants such as methamphetamine (28 percent), and heroin (6 percent). These proportions are not mutually exclusive as more than one drug can contribute to a death. More information about fentanyl is available on CDC's website at [www.cdc.gov/opioids/basics/fentanyl.html](https://www.cdc.gov/opioids/basics/fentanyl.html).



### **Fremont Public Health Center**

The Health District's newest location opened on Tuesday, September 30, at 2380 E. Fremont St., Las Vegas, NV 89104. The Fremont Public Health Center is a Federally Qualified Health Center (FQHC) and represents an expansion of the Southern Nevada Community Health Center which first opened at the Health District's main campus at 280 S. Decatur Blvd. in 2019.

The Fremont Health Center location currently offers primary care and family planning services, with plans for expansion in the areas of behavioral health, Ryan White and general dentistry services. Additional Health District programs and services at this location include Environmental Health programs and Food Handler Safety Training Cards. Food Handler Safety Training Cards will be available by appointment at a later date.

On Open House was held at the Fremont Public Health Center on Monday, September 19, to allow stakeholders and community partners to tour the facility.

### **PRIDE Parade and Festival**

The Health District and Huntridge Family Clinic offered monkeypox clinics at PRIDE events this year. Health District staff offered the vaccine on Friday, October 7, at the PRIDE Parade and Huntridge Family Clinic staff offered the vaccine at the [PRIDE Festival](#) on Saturday, October 8. Additionally, Health District staff marched in the PRIDE parade to promote both COVID and monkeypox vaccines as part of its "Arm in Arm – Get the Facts. Then Get the Vax." campaign.

### **National Latino AIDS Awareness Day**

The Health District and Southern Nevada Health Consortium worked together to help stop HIV stigma and address the disproportionate impact of HIV on Hispanic/Latino communities during this year's National Latino AIDS Awareness Day on October 15, 2022.

The organizations participated in an event at 4884 E. Lake Mead Blvd., Las Vegas, NV 89115 that offered rapid HIV testing, monkeypox vaccines, COVID-19 vaccines, and other community services for attendees. There was live music, entertainment and guest speakers that addressed HIV and its impact on the Latino community. Information was provided in English and Spanish. HIV testing was offered by the AIDS Healthcare Foundation, and the Health District was on site with PrEP navigators discussing PEP (post-exposure) and PrEP (pre-exposure) services, sexually transmitted diseases and condom distribution.

According to the Centers for Disease Control and Prevention, there were 34,800 estimated new HIV infections in the U.S. in 2019. Of the new infections, 29 percent (10,200) were among Hispanic/Latino people. The root causes driving inequities among Hispanic/Latino people include, but are not limited to, social and structural issues such as racism, HIV stigma, homophobia, poverty and limited access to high-quality health care. More information is available on the CDC's [HIV and Hispanic/Latino People website](#).

National Latino AIDS Awareness Day is an opportunity to raise awareness and encourage the Latino community to get tested, know their status and gain knowledge about the prevention services that are available to them. This year's event was supported by Southern Nevada Healthcare Consortium members and Anthem Medicaid was a presenting sponsor. Committee members include Alto Pharmacy; Southern Nevada Health District; CPLC Nevada; Community Counseling Center; Henderson Equality Center; Nevada Legal Services; Dignity Health; The Center; AHF Pharmacy; and AHF Testing program.

## **American Diabetes Month**

The Health District is spotlighting one of the most prevalent diseases in the United States during American Diabetes Month. More than 37 million Americans have diabetes, the seventh leading cause of death in the U.S. and the primary cause of kidney failure, lower limb amputations and blindness. People with diabetes are also at a higher risk of developing more serious complications from flu and COVID-19.

Approximately 254,000 people in Nevada have diagnosed diabetes. It's estimated that an additional 70,000 people have the disease, but don't know it, thus increasing their health risks. Approximately 18,550 Nevada residents are diagnosed with diabetes every year. American Diabetes Month is sponsored nationally by the American Diabetes Association every November. The campaign aims to remind people who are living with diabetes, as well as those at risk of developing it, that there are options available to protect their health. The theme of this year's campaign is: "Today's Diabetes Hits Different." The ADA notes that today's diabetes has different risk factors and complications than existed in previous years. Today, however, there are different ways to "hit back." These include new technologies and better resources.

Throughout the year, the Southern Nevada Health District's Office of Chronic Disease Prevention and Health Promotion offers free resources, diabetes self-management classes, and a six-session Road to Diabetes Prevention program. Programs and resources are free and available in English and Spanish. They can be accessed on the [Get Healthy Clark County](#) and [Viva Saludable](#) websites or by calling (702) 759-1270.

The Health District offers free, year-round, diabetes self-management and education classes in English and Spanish. Virtual and in-person classes are available. To sign up to be on the waiting list and to be notified when diabetes self-management classes are scheduled, individuals can visit the [Get Healthy Clark County Diabetes Workshop Interest Form](#) or [Viva Saludable](#) websites. Additionally, for those who attended the [Día de Muertos](#) (Day of the Dead) event at Springs Preserve on Sunday, November 6, screening surveys for prediabetes were offered at no charge.

Nationally, 96 million Americans have prediabetes, up from 88 million in 2019. About one in three Nevada adults has prediabetes with blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes. The Health District offers the Road to Diabetes Prevention program, designed for people with prediabetes or who are at risk for diabetes. This free, online program is available in English and Spanish and teaches participants about risk factors and how to make simple lifestyle changes. Participants can sign up for the [Road to Diabetes Prevention](#) program on the [Get Healthy Clark County](#) or the [Viva Saludable's Programa de Prevención de Diabetes en línea](#) web pages.

Finally, the Nevada Diabetes Resource Directory provides information about classes, prevention, low-cost clinics, specialists, support groups and more. The information is presented in English and Spanish and is available on the [Get Healthy Clark County Diabetes](#) web page.

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

Updated COVID-19 boosters for children 5 years of age and older are available at Health District clinics. Moderna's updated (bivalent) COVID-19 booster is authorized for children 6-17 years old. Pfizer's updated (bivalent) booster has received authorization for children 5-11 years old. The Pfizer vaccine was previously authorized for use in people 12 years and older, and the Moderna vaccine was previously authorized for adults.

The updated COVID-19 boosters provide additional protection from the BA.4 and BA.5 lineages of the Omicron variant of the virus that are currently the dominant variants circulating in the community. Updated COVID-19 vaccine and testing locations are available at [www.snhd.info/covid](http://www.snhd.info/covid).

### **Childhood Obesity Awareness Month**

September was Childhood Obesity Month, and the Health District raised awareness and shared information about steps that can be taken to help prevent obesity and reduce obesity-related stigma. The Health District's Office of Chronic Disease Prevention and Health Promotion and the Partners for a Healthy Nevada Coalition promoted the American Academy of Pediatrics' 5-2-1-0 evidence-based recommendation to provide simple guidelines to help children develop healthy habits.

The 5-2-1-0 guidelines include the following:

- 5 fruits and vegetables each day
- 2 hours or less of screen time each day
- 1 hour of physical activity each day
- 0 sugary beverages each day

In Clark County, approximately 13 percent of Clark County high school students are obese, and 15.9 percent are overweight. In Nevada, 32.2 percent of children entering kindergarten are already overweight or obese. Children who are obese are more likely to be diagnosed with related chronic diseases such as type 2 diabetes, high blood pressure, and heart disease, and they are also more likely to be obese as adults. Additionally, the Centers for Disease Control and Prevention (CDC) reports that approximately 19.3 percent, or 14.4 million children in the United States are considered obese.

Promoting recommendations such as the 5-2-1-0 guidelines and providing supporting resources to the community is an important component of the public health response. However, racial and ethnic disparities in obesity underscore the need to address social determinants of health such as poverty, education, and housing to remove barriers to health. Among Hispanic children, obesity prevalence is 25.6 percent; among non-Hispanic Black children it is 24.2 percent; among non-Hispanic White children it is 16.1 percent; and among non-Hispanic Asian children, it is 8.7 percent.

The Health District also provides free programs and resources to assist families to adopt a healthier lifestyle. They are available in English and Spanish and are accessible on the [Get Healthy Clark County](#) or [Viva Saludable](#) websites or by calling (702) 759-1270.

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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Lisa Sherych  
Administrator

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

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# 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	1 November 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, 21 October 2022. Agenda items included**
  - **For presentation only. Presentation of the 2022 Behavioral Health Status Report for Carson Valley Medical Center (Erin Dudley)**
  - **For Presentation only. Presentation on new Mental Health Guidelines in Nevada. (Cherylyn Rahr- Wood)**
- 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**

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Administrator

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

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# Churchill County District/County Health Officer Report

**\*COMBINED WITH  
MINERAL COUNTY\***

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Governor

Richard Whitley, MS  
Director



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Chief Medical Officer

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# 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	11/18/2022

## 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 October 19, 2022, the BOH in Elko County conducted the 4<sup>th</sup> meeting of the year. The main topic of this meeting was behavioral health and Community Health updates. The following organizations gave presentations:**
    1. Nevada Health Centers: Updates on Primary Care statistics, OB encounters, vaccination numbers, introduction of the new UNR School of Medicine Family Practice residents and behavioral health program updates.
    2. Northeastern Nevada Regional Hospital: Updates on progress for the new hospital behavioral health program. Updates on Covid hospitalizations, deaths from the past quarter and facility updates.
    3. Dr. Putnam: Gave updates Public Health Summit for behavioral health, monkeypox updates and confirmed case, vaccination dissemination barriers for monkeypox, flu/covid booster updates and EpiTrax monthly reports to be assessed by the BOH during future meetings.
    4. Great Basin College Updates: Dean Dr. Amber Donelli gave updates on the Health Science Programs, Nursing program and Covid-19 contact tracing information.
    5. Elko County Sheriff's Office: Updates on the overwhelming number of inmates with Behavior Health issues, vital statistics on crime and suicides. Stories from Deputies centered around behavioral health challenges.
    6. Nevada Association of Counties (NACO): Presentation from Public Health Coordinator 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 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?

**The Elko County BOH will continue listening to the challenges from local stakeholders on the topic of Behavioral Health. The identified problems will lead to future solutions from community health leaders and businesses. The BOH is very concerned about the options available to help rural law enforcement agencies overcome the challenges of inmates with behavioral health problems.**

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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Administrator

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

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# Esmeralda County District/County Health Officer Report

# FAILED TO PROVIDE REPORT

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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Administrator

Ihsan Azzam,  
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Chief Medical Officer

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# Eureka County District/County Health Officer Report

**FAILED TO PROVIDE REPORT**

Steve Sisolak  
Governor

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Administrator

Ihsan Azzam,  
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Chief Medical Officer

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# Humboldt County District/County Health Officer Report

**FAILED TO PROVIDE REPORT**

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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Administrator

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

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# Lander County District/County Health Officer Report

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

County Health Officer Name: Troy Ross, MD, MPH

County: Lander

Report for: third quarter of 2022

Date of Submission: 11/18/22

## *County Board of Health Updates*

There have been no changes to the membership of the county BOH, and no changes in staff.

There was one Board of Health meeting completed for the third quarter on 8/23/22.

The second was to begin the process of Lander County taking on the function of business permitting, per NRS 439.

## *General Updates*

Lander Community Health has expanded its clinical capabilities to offer POC Vitamin D testing to community members. Vitamin D screening will be offered as a stand-alone evaluation. The results will be reviewed with the patient and will be used as a starting point for nutritional counseling. The goal will be to improve health status through the use of nutrition and measure those gains.

We are working with health professionals in Battle Mountain and surrounding communities to pilot a program for early identification of Metabolic Syndrome. This will start with incorporating waist measurement into all patient encounters. That value will be recorded in the medical record and tied to blood pressure, which is routinely obtained, along with the other three MS markers (blood glucose/HDL/triglycerides). As MS is a growing problem, early identification is key to offering patients effective interventions.

Steve Sisolak  
Governor

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Director



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Administrator

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Chief Medical Officer

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# Lincoln County District/County Health Officer Report

**FAILED TO PROVIDE REPORT**

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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Administrator

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

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# Lyon County District/ County Health Officer Report



## County Health Officer Quarterly Reports to the State Board of Health

County Health Officer Name	Dr. Robin Titus
County	Lyon
Date of Submission	11/17/2022
Do you plan to attend the State Board of Health meeting to provide a verbal update as well or answer questions?	TBD

### 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, topics discussed were:
  - County Opioid Response Needs Assessment
  - Northern Regional Behavioral Health Board BDR
  - Health District model
- 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.*  
N/A
- Has the county board of health adopted any fees to be collected for issuing or renewing any health permit or license?  
N/A

### General Updates

- Are there any health conditions that the county has focused interventions on in the last quarter to highlight?  
Opioid use and misuse
- 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?  
Not at this time
- Other items you would like to share?  
Discussion of County Health Officer appointment, qualifications and pay occurred within the BOCC.

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Governor

Richard Whitley, MS  
Director



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Administrator

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

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# Mineral County District/County Health Officer Report

**\*INCLUDES  
CHURCHILL COUNTY  
REPORT\***

Reports for Mineral and Churchill County Boards of Health, respectfully submitted December 2, 2022 by  
Tedd McDonald MD, FACS, FACOG, FACHE

#### Report for Mineral County Third Quarter 2022

Mineral County has had Board of Health meetings the first Wednesday of each month. Meetings have focused on the review of vaccination efforts, presence of COVID-19 active cases, discussion of CDC alerts on RSV, Influenza, and monkey Pox, and educational efforts in the community for guidance in vaccination.

Mineral County continues to have resources to vaccinate the community through the County Health Nurse, Churchill County outreach, and PODs organized by the Mineral County Emergency services department with help from community first responders (Ambulance and Fire Services).

As of November 14, 2022, Mineral County had 3 total confirmed new cases of COVID-19. There were no probable or active cases with no new confirmed or probable deaths. From input of the community and board members it is believed that the numbers are greatly underreported as the community trend is to not report self-testing. COVID 19 positives by month 2022 #s: July 10, August 4, September 4, October 0.

Attached to this narrative is a report of vaccination activities in Mineral County and Churchill County with the numbers of PODs performed with a breakdown of influenza vaccinations and bivalent COVID-19 vaccinations. Churchill County continues to follow positive tests for all patients reported to determine if they are eligible for therapeutic treatment and to arrange for access to medications if appropriate.

On November 21, 2022, the first task force meeting for 2022 to assess Mineral County's Opioid Needs Assessment and Planning has been scheduled.

There have been two resignations of significance in the Mineral County community that have effect on public health. Both are significant as they affect stake holders in the community and have connection to at risk populations.

1. Dr. Andre' Ponder resigned as superintendent of the Mineral County School District October 10, 2022. A search for a new superintendent is ongoing.
2. Kim Donahue resigned as Southern Regional Behavioral Health Coordinator October 17, 2022. Nevada Rural Health Partners is actively recruiting for a new coordinator.

#### Report for Churchill County third quarter 2022

Churchill County's has not had a Board of Health Meeting this quarter. The next meeting is scheduled December 5<sup>th</sup>, 2022.

Churchill County's focus over the last 3 months has been on preparation for a potentially significant influenza, RSV, and COVID-19 season. Activities are geared to providing vaccines to all populations. Vaccines have been made available in monthly community drive through PODs and scheduled vaccine clinics at the Pennington senior center. The Churchill Health Department has entered a vaccine partnership with Banner Health Corporation (Banner Health Community Hospital) to manage and administer medications allocated to Banner Health.

Churchill County is currently situated to meet a significant increase in demand for vaccination, testing, and treatment should the season warrant the need. Current County demands for vaccines meets national and state rates. Provision of bivalent COVID vaccines in Churchill County are at the top of percentages registered in the rural counties and close to those in the established health districts. We hope this reflects the readiness, resources, and resolve of Churchill County.

The Nevada State Public Health satellite lab in Churchill County celebrated its first day with a ribbon cutting ceremony October 20, 2022.

Attached to this narrative is a breakdown report of PODs provided by Churchill County from July-October 2022. Over the course of the 4 PODs and senior center clinics 396 bivalent boosters were provided. In September and October 218 flu vaccines were concurrently administered with COVID vaccines. Active case # by month: July 77, August 32, September 14, and October 14.

On November 14, 2022, Churchill County had 10 new confirmed cases with 2 active cases and 0 probable new cases. One new confirmed death was reported, and 0 new probable deaths were reported. Churchill County is watching this trend closely as CDC has presented a scenario where the next season will mimic what was seen in Australia where there is a rapid onset of cases and pressure on the resources to meet the public demand for vaccination, treatment, and testing. Churchill County is extremely grateful that our federal partners have extended emergency status to ensure resource supports should the season be extreme or prolonged.

Churchill County has had no significant changes in personnel or resources at this time. Churchill County is prepared to meet the logistical of the Nevada Central Health District should the permission of the Nevada Board of Health be granted.

Thank you for your time and service to Nevada,

Tedd

Churchill County Vaccines

	July	August	September	October	
# of PODs	18	15	5	11	
Primary Dose	6	12	5	5	
Secondary Dose	11	7	2	2	
Booster	56	33	120	137	Total
Total COVID Vaccine	73	52	127	144	396
Flu	N/A	N/A	47	171	218

Monthly Averages of Churchill County

Positive Cases

July	August	September	October
77	32	14	14

Mineral County Vaccines

	July	August	September	October	
# of PODs	1	3	2	2	
Primary Dose	1	1	0	1	
Secondary Dose	0	0	1	0	
Booster	14	15	35	59	Total
Total COVID Vaccine	15	16	36	60	127
Flu	N/A	N/A	0	0	0

Monthly Averages of Mineral County Positive Cases

	July	August	September	October
	14	4	4	0

Contact Tracing for 65 years and older
Contact Tracing for 17 years and younger
Calling to offer therapeutics for 18 years and older (no contact tracing)
Isolation is 5 days after symptom onset or 5 days after positive test date

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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Lisa Sherych  
Administrator

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

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# Nye County District/ County Health Officer Report



## County Health Officer Quarterly Reports to the State Board of Health

County Health Officer Name	Daniel Griffith
County	Nye County
Date of Submission	Nov 18, 2022
Do you plan to attend the State Board of Health meeting to provide a verbal update as well or answer questions?	I will be on the call and can

### 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? We have an incoming commissioner starting in Jan
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting? No
- 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 made sure to get information regarding monkey pox to all healthcare, school, county nurses and brothels in nye
- 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? Not currently
- Other items you would like to share? I am excited to be holding the first county board of health meeting the second week of Jan. I had a chance to speak to all commissioners this quarte to discuss goal and access all state handled services and see what we can do to bring more accountability to our own county. Seems to be a general desire to increase behavioral health in the county.

Steve Sisolak  
Governor

Richard Whitley, MS  
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Ph.D., M.D.  
Chief Medical Officer

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# 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, CHO
County	Pershing County
Date of Submission	11/17/2022

## 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?
  - Soon, in the next month or so (it is unclear to me on when exactly), it is expected that Pershing County will no longer have a County health officer position, as we are moving to the Central Nevada Health District.
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting?
  - No
- 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.*
  - N/A
- 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?
  - Monitoring increases in influenza, covid, RSV.
- Has the county started or ended any public health programs?
  - Again, getting close to ending the County health officer position and moving towards the Central Nevada Health District.
- 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?
  - Not at this time. Thank you.

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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Administrator

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

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# Storey County District/County Health Officer Report

**FAILED TO PROVIDE REPORT**

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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Ihsan Azzam,  
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Chief Medical Officer

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# White Pine County District/County Health Officer Report

**FAILED TO PROVIDE REPORT**