

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

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

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



**Carson City Health and Human Services Report  
Carson City Board of Health Meeting  
August 18, 2022 (1Q22 and 2Q22)**

County Health Officer Name	Dr. Colleen Lyons
County	Carson City: some services provided in Douglas, Lyon, and Storey Counties
Date of Submission	8/15/22
Do you plan to attend the State Board of Health meeting to provide a verbal update as well or answer questions?	Yes; either Dr. Lyons or Nicki Aaker, Carson City Health and Human Services Director

**\*\*Statistics provided in the tables of this report include comparisons to 1Q21 and 2Q21 since 2 quarters for 2022 are being reported due to the timing of this report.**

**COVID-19 Update**

- Vaccination events continue to be offered throughout the Quad-Counties region on a limited schedule due to lack of public interest and numerous outlets in the community offering COVID vaccines. Vaccinations include all Moderna and Pfizer renditions for every age group.
- Carson City Health and Human Services (CCHHS) serves as a regional distributor for COVID vaccines to healthcare providers registered with Nevada State Immunization Program.
- The Quad-Counties COVID Hotline After-Action/Improvement Plan has been completed as of June 30, 2022.
- CCHHS is collaborating with Community Health Nurses in Dayton, Fernley, and Yerington as well as the Douglas County and Carson City Clinic to offer COVID vaccines to children under the age of 5. By offering vaccines in a more private and clinical environment, it provides comfort to parents to have the time they need to ask questions as well as ease their concerns about their child crying in a more open Point of Dispensing (POD) environment.

## 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.

### Program Statistics

Family Planning (Title X) Unduplicated Clients / Number of Visits					
2020 Total	2021 Total	1Q21	1Q22	2Q21	2Q22
1,682/3,016	1,627/2,846	679/857	655/798	532/675	504/604

Vaccinations Administered/Number of Individuals					
2020 Total	2021 Total	1Q21	1Q22	2Q21	2Q22
5,313/2,486	4,034/1,762	524/237	837/413	499/244	603/330

Carson City Pre-employment Drug Screens					
2020 Total	2021 Total	1Q21	1Q22	2Q21	2Q22
161	206	33	43	78	66

### Tuberculosis (TB) Screening

2020 Total	2021 Total	1Q21	1Q22	2Q21	2Q22
566/414	629/467	105/84	115/87	154/123	117/87

### Budget

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

### Challenges

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



## Chronic Disease Prevention and Health Promotion (CDPHP)

### Adolescent Health Education Programs

- April – May 2022 – “Start by Believing Campaign”.
- Ongoing communication and classes with Western Nevada Regional Youth Center (WNRYC) and China Springs.
- Promoted the comprehensive sexual education program through newer and renewed Community Partners – Boys and Girls Club Western Nevada in Carson City, Carson City Juvenile Detention, Carson City Juvenile Probation’s Wilderness Program, and Boys and Girls Club Western Nevada in Douglas County.
- Initiated regular community classes hosted at CCHHS in April and June. More classes will be offered in August.
- Outreach Events:
  - Carson City Parks and Recreation’s Annual Underwater Egg Hunt
  - Court Appointed Special Advocate (CASA) honored the National Child Abuse Prevention Month / Pinwheels for Prevention event at the McFadden Square, in Carson City
  - Carson City’s Kids to Parks Day
  - The Stewart Indian School Pow Wow

\*Both the Sexual Risk Avoidance Education (SRAE) and Personal Responsibility Education Program (PREP) courses consist of 8 one-hour modules. The classes facilitated at the youth correction facilities have youth transitioning in and out of the facilities. They may be able to go home during the time we are facilitating the course or are entering the facility during our time with them.

### Other Projects

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

Ryan White – Retention in Care Program

Ryan White Program Services Provided							
	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Number of Services provided/clients	1,591/ 512	524/ 150	411/ 104	101/48	108/65	103/47	71/48

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.

- Hired a Community Health Worker and an intern to assist with program activities.
- CCHHS Tobacco program staff continue to participate in Nevada Tobacco Prevention Coalition as members, which will be important during the 2023 Legislative session.
- Outreach -
  - Thank you to Washoe County Health District for working so hard to make the Ace’s Stadium tobacco free. CCHHS staff participated in a Family Day in June. CCHHS staff utilized a spin wheel game to educate attendees, including children, using questions related to facts, statistics, or risks associated with tobacco use and Tobacco 21. Spinning the wheel was a popular activity.



- Worked with a production company to develop a 30 sec Responsible Tobacco ad which is targeted to retailers to make sure they are only selling to individuals 21 and older. These ads were played before the movies at Galaxy Fandango and the Carson City Cinema in Carson City, along with the Ironwood movie theater in Minden.
- CCHHS has participated in events in-person and through other media outlets to promote the Nevada Tobacco Quitline and My Life, My Quit to reach youth and/or young adults.
- Twenty-four retailer toolkits were distributed to tobacco retailers. These kits include information for retailers about the Tobacco 21 (T21) law and how to abide by the tobacco laws.
- Staff and other individuals conducted the Standardized Tobacco Assessment for Retailer Settings (STARS) canvassing and achieved 100% of the goal of at least 10 retailers.

- Suzie Ledezma-Rubio, Program Coordinator, continues to be a member of Western Nevada College’s (WNC) Healthy Campus Environment Committee.
  - In 2017, CCHHS assisted WNC with becoming a tobacco free campus.
  - Continuing to assist Western Nevada College with strengthening their Tobacco Free Policy.
  - It has been reported that there may be a problem with vaping in the restrooms on all campuses.
- CCHHS Tobacco program staff continue to participate in Nevada Tobacco Prevention Coalition as members.
  - Staff monitor meetings regarding the Cannabis Advisory Commission recommendations for the Cannabis Compliance Board.
  - Staff continue to work on policies related to the Nevada Clean Indoor Air Act, Tobacco Prevention and Control Funding, Restricting Flavored Tobacco Products, and Addressing Youth Access via Tobacco Retailers.
- Attracting Addiction’s goals is to educate parents and adult influencers on the predatory practices of the tobacco industry, increase awareness of the dangers of smoking and vaping flavored tobacco products, prevent youth and adults from becoming tobacco users, and support the quitting of all flavored tobacco products. This project is a collaboration between CCHHS, Southern Nevada Health District, and Washoe County Health District.
  - CCHHS has posted social media ads created by an outside contractor that provide education to parents and youth.
- In collaboration with Healthy Communities Coalition in Lyon and Storey Counties, conducted 2 assembly presentations.
- In collaboration with Partnership Douglas County, conducted 1 class presentation.
- Supported Washoe County Health District’s Nevada three series webinar with Parents Against Vaping E-cigs (PAVE) called “Ask the Expert” focused for parents and educators. Starting March and ending in May.

#### Budget

- General Funds – None
- Grants – 100%

#### Challenges – Tobacco Control and Prevention

- 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)



## Environmental Health

Permitted Establishments – Inspections Conducted							
Permitted Establishments	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Restaurants – Carson City	670	608	700	180	144	123	171
Restaurants – Douglas County	772	726	827	215	186	18	24
Temporary Events – Carson City	169	0	131	0	7	37	45
Temporary Events – Douglas County	78	2	169	0	5	27	35
Childcare Facilities	20	18	24	1	5	22	21
Public Pools, spas, aquatics – Carson City	49	50	66	0	6	23	47
Public Pools – Douglas County	94	79	100	2	2	5	5
Septic	9	5	10	2	1	18	27
Permitted Establishments – Inspections Conducted Cont.							
Permitted Establishments	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Hotels/Motels	24	4	42	4	1	13	16
Schools	15	16	24	0	0	11	11
Permitted Establishments – Violations, Carson City Only							
Permitted Establishments	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Food							
Critical	71	195	175	54	33	33	34
Non-critical	243	439	385	94	86	64	117
Pools							
Critical	4	17	12	0	0	2	8
Non-critical	4	25	148	0	6	23	47

Plans Reviewed							
	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Number of Plans	*	*	156	38	12	18	19

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

Mosquito Abatement							
	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Number of Hours by EH Staff	32	30	55	4	1	25	21

\*\* EH – Environmental Health

### Other News

- The Environmental Health Division Manager made possible by America Rescue Plan Act (ARPA) funding; Maria Menjivar started on May 6, 2022.
- Public outreach opportunities are being reviewed to spread the word about Environmental Health and what the Division will be doing this fiscal year.
- Environmental Health staff are looking to introduce some new fees including a “Coordinator” Event Fee, “Service Depot/Commissary” Fee and starting the research for implementing inspections for hotel/motels in Douglas County (picking up the work started from Dustin). Will be bringing to the BOS in the future.
- Environmental Health staff are looking into possibly offering the opportunity to provide English and Spanish Pool Operator Cards as well as English and Spanish Manager Food Safety Certifications.
- Environmental Health staff are developing New Environmental Health Specialist Manuals to mirror the FDA’s Retail Food Standards.
- Clark Mosquito Control Products, a vendor in which mosquito products are purchased, has been contacted to conduct a Mosquito Assessment later this fall to help plan, organize and proactively engage the Division in treating existing prevalent mosquito issue next season.
- Will begin accepting online payments as of September 2022
- Will be deploying an Environmental Health Customer Satisfaction Survey by October 2022

### Budget

- General Funds – 8%
- Grant Funds – 81% - this percentage has increased substantially due to COVID-19 grants
- Revenue – Carson City Permit Fees – 1%
- Revenue – Douglas County Permit Fees – 5%
- Douglas County Interlocal Agreement – 5%

## 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.

The Department of Health and Human Services (HHS) has been shipping doses of JYNNEOS vaccine to jurisdictions as part of an enhanced national vaccination strategy. This strategy is intended to help limit the spread of monkeypox in communities where transmission is highest and with populations most at risk. Currently, the Centers for Disease Control and Prevention (CDC) recommends vaccination for people who have been in close contact with people who have monkeypox.



At this point in time, there are no confirmed or suspected cases of monkeypox in the Quad-County Region. Following the national vaccination strategy and the vaccine priority being communities with high transmission rates, most of the Nevada allocation went to Southern Nevada. The monkeypox vaccine is extremely limited and currently is not available to the general public. Vaccines are currently only available for close contacts to a confirmed case. We will continue to work with the Nevada Division of Public and Behavioral Health and the CDC to obtain additional vaccines while following the National Vaccine Strategy. The public will be notified if the monkeypox vaccine were to be made available to the general population.

<b>Sexual Health Statistics (Carson City)</b>							
	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>1Q21</b>	<b>1Q22</b>	<b>2Q21</b>	<b>2Q22</b>
Chlamydia	265	188	206	43	49	58	65
Gonorrhea	42	43	52	11	6	11	4
Primary and Secondary Syphilis	8	6	10	4	4	3	1

<b>Sexual Health Statistics (Douglas &amp; Lyon Counties)</b>							
	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>1Q21</b>	<b>1Q22</b>	<b>2Q21</b>	<b>2Q22</b>
Chlamydia	287	256	282	78	64	72	47
Gonorrhea	52	93	65	18	11	20	8
Primary and Secondary Syphilis	5	7	15	5	1	4	2

<b>Vector Borne Diseases</b>							
	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>1Q21</b>	<b>1Q22</b>	<b>2Q21</b>	<b>2Q22</b>
Carson City	None Reported	None Reported	None Reported	0	0	0	0
Douglas & Lyon Counties	None Reported	None Reported	1	0	0	0	0

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

+ Common causes of foodborne illness

Influenza Hospitalizations - Carson City, Douglas, and Lyon Counties							
	2019	2020	2021	1Q21	1Q22	2Q21	2Q22
Influenza Hospitalizations	36	2	6	1	7	1	58

Budget

- General Funds – 5%
  - Grants – 95%
- \*\*Note: Health authority investigation of reportable communicable diseases is required by NRS 441A.



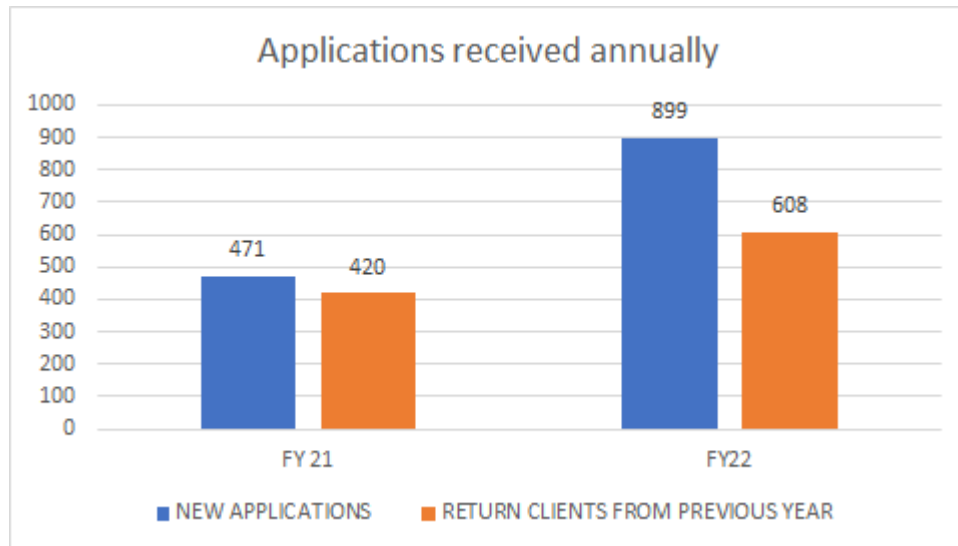
Human Services

Activities

- Since CCHHS is converting to a Trauma Informed Agency, the team has chosen two initial projects.
  - The first project is changing the Human Services Conference Room into an interview room. The interview room will have a living room style setting with calming features. This room can also be used by CCHHS employees needing to decompress. This will be completed as space becomes available.
  - The second project is ensuring our policies and procedures include trauma informed provisions.
- Staff participate in the Carson City Behavioral Health Taskforce, Carson City Community Coalition, Rural Nevada Continuum of Care (RNCOC), RNCOC Coordinated Entry (intake assessments of the homeless), Nevada Community Action Association, Nevada Association of County Human Services Administrators, and Carson City Forensic Assessment Services Triage Team (FASTT). In addition, Human Services is a resource for the Carson City Specialty Courts, Mobile Outreach Safety Team (MOST), and discharge planners for the hospital.
- Human Services Division has been approved for a \$32,472 HUD grant that will allow group living. This means if there are two roommates living together and only one needs rental assistance, we can assist without including the eligibility of the other roommate. In other words, we will be able to manage each roommate separately. Implementation is October 1, 2022.
- Faith Barber has attended the 38th Annual National Association of Workforce Development Professionals and has brought back some new strategies to assist employers and jobseekers.

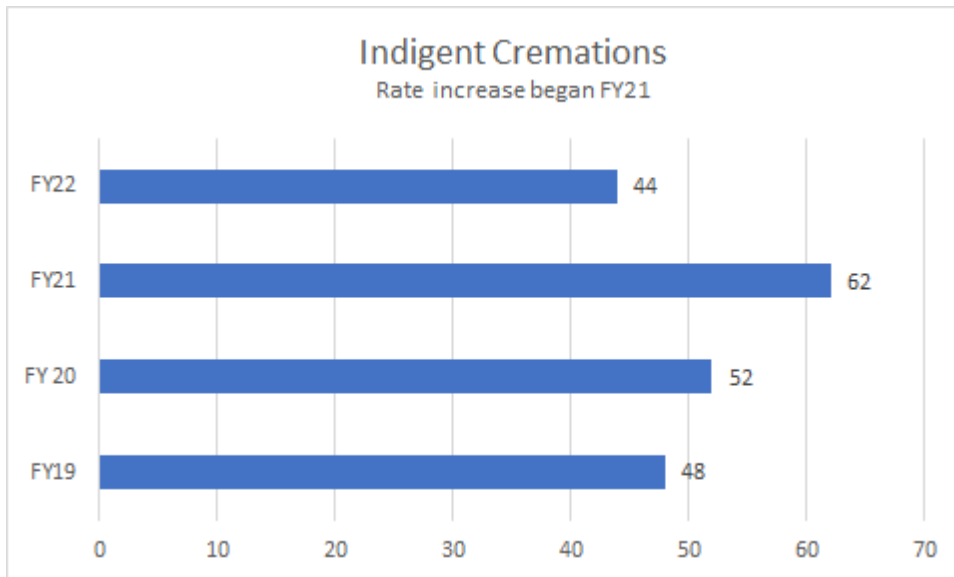
### Individuals Assisted –July 1, 2021, to June 30, 2022

- Between July 1, 2021, and June 30, 2022 – Received a total of 899 assistance applications with 608 returning clients. Chart indicates total received previous fiscal year and received this fiscal year through June 30, 2022.



- Point in Time Count preliminary numbers have **69 unsheltered homeless and 611 in long term motels**.
- An on-going housing program, Shelter Plus Care, is assisting **9 households** that were previously chronically homeless individuals.
- Homeless prevention programs through the Emergency Solutions Grant-Homeless Prevention and Affordable Housing Tax Fund assisted **11 households**.
- The Emergency Solutions - Rapid Rehousing Grant made it possible to rehouse **2 households**.
- **Twenty-four individuals** were assisted with security deposits through the Welfare Set-Aside funds.
- **Nineteen households** received one-time rental assistance through the Welfare Set-Aside funds.
- **Fourteen 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, **38 households** impacted by COVID were assisted with rental assistance.
- There were **548 inmates** enrolled in Forensic Assessment Services Triage Team (FASTT).
- Human Services staff responded to **38 requests** for wrap-around services for quarantined residents due to COVID.
- **Nineteen residents** were housed in a location secured by CCHHS who did not have a place to isolate or quarantine due to COVID-19 or were at high risk due to medical needs.
- In FY22, **3 individuals** in the county received assistance for long term care. Two have since deceased and one continues to receive assistance. No new applications have been received.

- There are **134 individuals** (average) in the Medicaid County Match program (long term care) in FY22.



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

For calendar year 2022 to date:

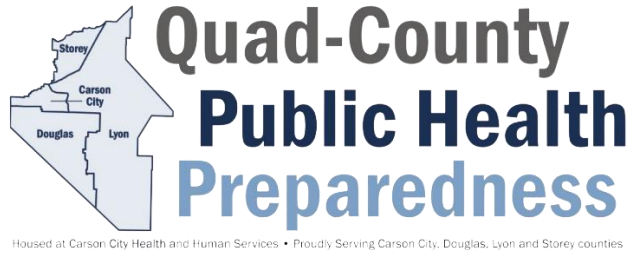
- The Carson City Clinic has seen a total of **462 unduplicated participants**: 38 pregnant women, 25 fully breastfeeding, 15 partially breastfeeding, 33 not breastfeeding, 127 infants, and 224 children.
- The Gardnerville Clinic has seen a total of **249 unduplicated participants**: 28 pregnant women, 18 fully breastfeeding, 8 partially breastfeeding, 14 not breastfeeding, 77 infants, and 104 children.

#### Carson City Behavioral Health Task Force Update

- The Carson City Housing Plan was reviewed.
- At the next meeting, the new Regional Behavioral Health Coordinator, Cherlyn Rahr-Wood, will assist with updating strategic plans and reviewing the Open Beds dashboard and program.

#### Budget

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



## Public Health Preparedness

### Emergency & Disaster Preparation

- Quad-County Public Health Preparedness (PHP) staff attended the first annual national Access and Functional Needs Symposium. This was a two-day symposium with subject matter experts from across the country discussing planning, training, and serving the whole community during emergencies.
- Quad-County PHP staff attended the Rural Preparedness Summit in Fallon, NV.
- 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.
- In collaboration with CCHHS Epidemiology, Quad-County PHP staff are holding bi-weekly operations meetings to discuss the Monkeypox cases in the state, nation, and around the world. PHP staff are leading the development of educational packets for clinicians, adult-entertainment industry workers, and hospitality workers. The packets will be delivered through door-to-door outreach by two staff – one from Epidemiology and one from PHP – so questions can be addressed. We will also be doing outreach to employers with migrant or transient workers in an effort to discourage workers from sharing clothing or other linens. While there are currently no cases of Monkeypox in the Quad-County Region, our efforts are to support our community partners in their efforts to educate and protect the public.

### Health Care Emergency & Disaster Preparation

- The Quad-County PHP team continues to be actively engaged with local healthcare partners in response to the staffing shortages that most hospitals are experiencing across the country. Strategies from around the country are shared with healthcare partners to assist in their efforts to address these staffing concerns.
- 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.

### Community Vaccinations

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

### Staffing Challenges

- Challenges with hiring vaccinators to support all community vaccination responses.

## 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 - 64
  - 32 FT City Employees - 50%
  - 14 PT City Employees – 22%
  - 18 Contract Employees (Marathon, Nevada System of Higher Education (NSHE), CDC Foundation) – 28%
  - 2 – Contracted (Health Officer; Clinic, PHP, and Sexual Assault Response Team (SART) 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
- 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 are collaborating on the CHNA to complete the Community Themes & Strengths Assessment and the Community Health Status Assessment.
- CCHHS will conduct the Local Public Health System Assessment and the Forces of Change Assessment. Two staff members identified to complete this project.

- The Mobilizing for Action Through Planning and Partnership (MAPP) process will be used again for the upcoming Community Health Needs Assessment.

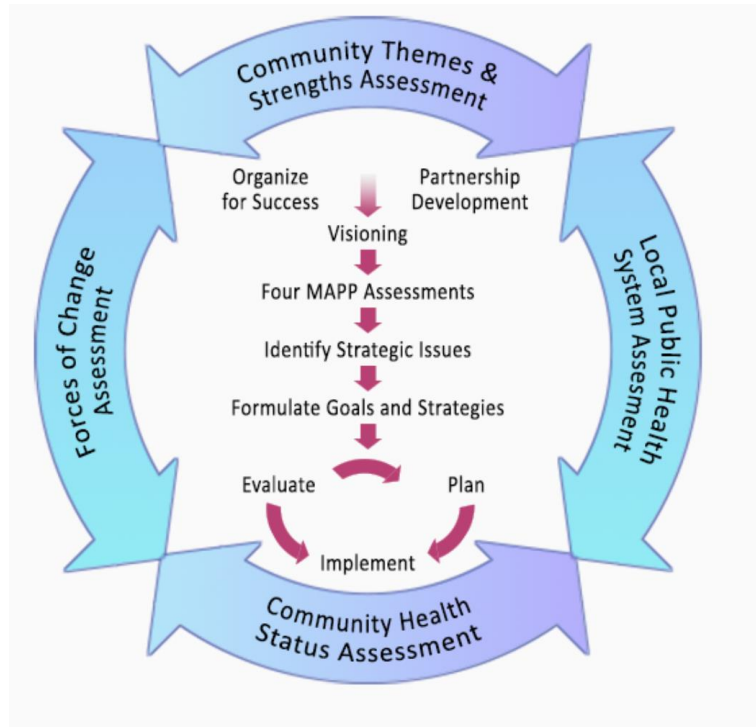


Diagram: MAPP Process

### 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.

### Current Community Health Improvement Plan

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

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Lisa Sherych  
Administrator

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

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# Washoe County District/County Health Officer Report



Date: August 19, 2022

To: State Board of Health Members

From: Kevin Dick  
Washoe County District Health Officer

Subject: September 2022 Washoe County District Health Officer Report

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**COVID-19 Response** – On August 11, the CDC lowered the Washoe County Community Level for COVID-19 impact to Low, based on the number of reported cases per 100,000 per week being less than 200, and the number of people hospitalized with COVID-19 per 100,000 over seven days being less than 10. In fact, Nevada was the only state in the nation with all counties designated at the Low Community Level for that week, and only one of two for the week of August 18. As of August 17, reported cases of COVID-19 were continuing a downward trend with a seven-day average of 65.86 new cases. This was down from a peak of about 229 new cases per day for the seven-day average on July 13.

The Health District continues to provide COVID-19 vaccinations through the clinic on weekdays, homebound services, and community POD events. Drive through COVID-19 testing continues M, W, F at the POST. The CDC revised guidance for isolation and quarantine and eliminated the need for close contacts to quarantine, but for them to wear masks and monitor for symptoms for 10 days following exposure. Those infected with COVID-19 must isolate for 5 days and then wear a mask through day 10 if symptoms are improving after day 5, or if they test negative for two consecutive days after day 5, they may resume normal activities without a mask.

**MonkeyPox** – As of August 19, 2022, ten Washoe County residents have tested positive for Monkeypox. Case investigations are conducted on positive individuals and post exposure prophylaxis vaccinations are provided to close contacts that are identified. Tpoxx is available for treatment of those infected with Monkeypox. The Health District is using the POST/POD infrastructure adjacent to the Health District and Livestock Event Center for testing and is also conducting homebound testing. The Health District has received limited shipments of vaccine and is working to develop plans for administering under the new reduced dose protocols and for wider administration of the vaccine in an equitable and risk-based manner while vaccine demand will exceed vaccine availability.

**Joint Information Center (JIC)** - We sent out messaging in July, indicating a spike in COVID-19 cases and the Centers for Disease Control & Prevention (CDC) Community Level had risen to “High”. We continued our COVID-19 media briefings and attendance has leveled off, but journalists have told us they still find it useful. We’re continuing to craft social media posts and update the [COVID19Washoe.com](https://www.washoecounty.gov/health/COVID19Washoe.com) website about upcoming PODs.

The communications team sent out several public health messages in July, ranging from job openings, mosquito abatement, meningococcal vaccines, a name change, birth and death records and monkeypox. The first case of monkeypox was confirmed on Thursday, July 21. That same day, a press release was issued and virtual media briefing was scheduled (and executed from the Atlanta airport as staff were at the NACCHO 360 Conference).

Elsewhere, the name of the Health District is changing to Northern Nevada Public Health, per a vote from the concurrent meeting on July 22. Further planning on execution is underway. We issued a press release about the Health District's role at the Family Health Festival that received good media coverage. We're working with the food safety team on advertising to the community about the work the program does to protect people from foodborne illness and the Washoe Eats mobile app.

**Regionalization of Dispatch, Fire and EMS Services** - A kick-off meeting of the workgroup established by the City and County Managers following the July 22 Concurrent Meeting was held. The workgroup will be used to provide recommendations to the managers on how our current structure and systems could be modified to provide fire and EMS services in the most effective way regionally for the residents and visitors to the area. Workgroup participants acknowledged the need for this work to occur and discussed facilitation and support services for the effort. Regular workgroup meetings are now scheduled.

**Interim Finance Committee (IFC)** - On August 17, 2022, a WCHD funding request for \$10 million of ARPA funding was approved by the IFC. The funding is for purchase and renovation of a building to provide a satellite location for the Health District. The building will provide a new location for the Tuberculosis Clinic and allow an additional location for delivery of our other clinical services as well as some additional workspace and meeting space to alleviate space issues we are currently experiencing. This funding for WCHD and the other significant public health funding investments approved by IFC that day would not have been possible without the support and advocacy efforts of Julia Peek, DPBH, working with the local health authorities, Nevada State Public Health Lab and UNR/UNLV.

**Joint Interim Standing Committee on Health and Human Services** - On August 18, 2022, the Joint Interim Standing Committee on Health and Human Services had a working session to consider possible Committee Bill Draft Requests (BDRs) for the 2023 Legislative Session. A BDR was approved to establish an account for public health infrastructure and improvement to be administered by the Division of Public and Behavioral Health (DPBH) and appropriate \$15 million to the account in each year of the biennium. DPBH could utilize five percent of the amount for statewide efforts and oversight and administration of the account. The remaining funds would be allocated based on the percent of the State population within each Health District's jurisdiction, with DPBH receiving the remaining funds for the population in their jurisdiction. The funding would not be categorical but would be used to address public health needs identified by each jurisdiction based on their priority. Any funds remaining in the account at the end of each fiscal year would remain in the account and be carried forward to the next fiscal year.

**Health Equity** - Data and insight gathering for the BARHII Health Equity Organizational assessment has been completed and a report with results and recommendations is under development. The BARHII report will help inform an internal Health Equity plan for the Health District that will focus on increasing health equity organizational capacity.

Our Health Equity team is currently leading a Listening Tour to meet with community leaders representing communities more likely to experience health disparities to help inform the Health District's Strategic Plan and Community Health Improvement Plan. The Listening Tour is also focused on relationship building with community leaders to learn more about their work and the health priorities that are important to the communities they identify with, are a part of, or feel they can represent.

**Community Health Improvement Plan** - The Health District will host a community forum in late September to begin work on the Community Health Improvement Plan. Content for the summit will include the results of the Community Health Assessment and a summary of the Listening Tour. The goal of the summit will be to identify the priority areas of focus for the next CHIP.

**Workforce Capacity Assessment** - A team from the Public Health Foundation spent August 8 and 9 at the Health District meeting with Division leadership as part of an effort to assess our workforce capacity to deliver Foundational Public Health Services, as well as our capacity to deliver services designed to meet specific local community needs. The initial results of their work will be shared at the Strategic Planning retreat in November.

**Immunizations** –The Immunization Program staff have been an integral part of the COVID-19 response, from assisting with COVID-19 testing in March of 2020 to shifting to mass COVID-19 vaccination PODs in December 2020, to integrating the COVID-19 vaccinations into Washoe County’s onsite immunization clinic in December 2021 and continued participation in outreach events for underserved populations. Staff continue to participate in COVID-19 efforts by ensuring the COVID-19 vaccine is available in different areas of the community through partnerships with the local school district, local businesses, and agencies to reach underserved and high-risk individuals. Staff participate in bi-weekly meetings with Immunize Nevada and the COVID-19 state team to avoid duplication of efforts when planning for community events. Additionally, staff are busy leading and staffing POD events onsite and offsite and redistributing COVID-19 vaccine to providers. Providers enrolled in the Nevada COVID-19 Program can receive the vaccine through their local health department, allowing access to smaller, more manageable quantities. Staff continue to support and assist community partners with questions regarding vaccine storage and handling and provide temperature monitoring equipment.

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

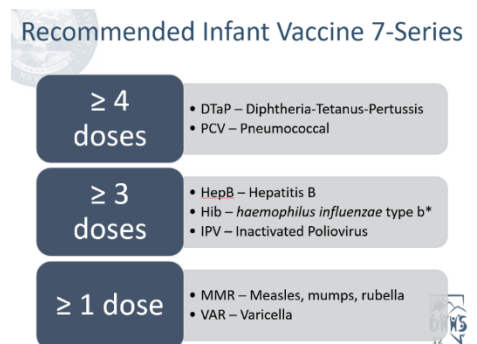
Previous assessment of vaccination coverage through 2020 showed only 67.6 % of children aged 19-35 months received age-appropriate vaccinations at the time of their visit to clinics or healthcare providers in Washoe County. Vaccines in the series include at least 4 doses of DTaP, 3 doses of Polio, 1 dose of MMR, 3 doses of Hib, 1 dose of Varicella antigens, and 4 doses of Pneumococcal conjugate vaccine.

Nevada is updating statistics that are based on the current ACIP recommendations for infants 0 – 24 months for their 7-series vaccines:

Washoe County: 2021 Infant (0 – 24 months) 7-series: 64.8%  
Nevada State: 2021 Infant (0 – 24 months) 7-series: 59.3%

Providers continue to refer their clients to WCHD Immunization clinic to receive their routine vaccination. In 2021, the immunization clinic served 6,434 people and administered 12,680 vaccine doses which is almost double the number seen in 2020.

Offsite clinics are conducted to ensure access to immunizations for vulnerable populations. This is accomplished through partnerships with multiple community agencies. This past year was challenging due to the continued evolution of the COVID-19 pandemic. During this time, there were many changes in vaccine presentations, mask recommendations, social distancing recommendations, and limitations to some onsite services provided by community partners. Despite these obstacles, Health District staff worked diligently to provide routine and recommended vaccines to all ages. Using partnerships within the county, we held multiple offsite events to



reach this goal. Health District staff in collaboration with community partners were able to implement four Back-to-School clinics, nine community influenza clinics and seven flu Point of Dispensing (POD) events. The flu PODs provided an additional opportunity for our community to receive both the flu vaccine and COVID-19 vaccine. In addition, our homebound team offered the flu vaccine while administering COVID vaccinations. Staff vaccinated a total of 2,565 individuals during the 2020-2021 flu season at these offsite events.

**Tuberculosis Prevention and Control Program** - The TB clinic is currently managing six cases of TB disease. Four are pulmonary disease and two are extra-pulmonary disease.

In the month of July, the program received two new active pulmonary cases. One of these came to the program as a transfer of care from another state and the other is a local case. Of the two extra-pulmonary cases being managed by the program, one will be finishing their treatment at the end of August.

The clinic continues to be busy with LTBI treatment. The program currently has approximately 40 cases of LTBI that staff are either treating or following up on. These cases are made up of immigrants, refugees, community referrals, and dialysis patients. Each of these cases need anywhere from 3 to 9 months of treatment depending on comorbidities and their ability to tolerate the different treatment regimens.

**Reproductive and Sexual Health Services** — On July 18, 2022, the FPSHP began offering screening for diabetes with an in-house hemoglobin A1c test. Hemoglobin A1c is a marker of average levels of blood sugar over the past 2-3 months and is a recommended screening test for diabetes and prediabetes. Screening for diabetes is a related preventive health service as part of a high quality, comprehensive family planning program. People with prediabetes and Type 2 diabetes are at risk for cardiovascular disease, pregnancy complications, and negative impacts on fertility. Currently, screening for diabetes and prediabetes is being offered to clients with identified risk factors for diabetes during their annual wellness exams. Clients with a positive screening for prediabetes and diabetes are being offered healthy lifestyle counseling and referral to a primary care provider with the assistance of the Community Health Worker.

As monkeypox cases continue to increase nationwide, the FPSHP is preparing for the possibility of clients presenting with monkeypox symptoms in the clinic. Providers and staff have completed webinars from the CDC on epidemiological risk factors for monkeypox, signs and symptoms of monkeypox, and the key characteristic of the monkeypox rash. Procedures have been developed for suspected monkeypox cases in the clinic as well as a testing procedure for monkeypox at the POST.

On July 18, 2022, FPSHP staff attended a training on Providing Care for LGBTQ+ Adolescents. On July 19, 2022, staff attended a training regarding the new Title X Program Handbook.

**Chronic Disease Prevention Program (CDPP)** – Staff worked with Eighty8 Studios for the creation of two 30-second PSA style videos on Physical Activity & Nutrition and Senior Falls Prevention. These videos are narrated in English and Spanish and will be promoted on both social media and local television.

Staff conducted store owner and customer post-surveys for the Healthy Corner Store initiative and will begin evaluating the results.

Staff tabled and shared program materials at several outreach events including Black Wall Street and Forever 14, Nevada Pride, Aces Family Sunday, Family Health Festival, and Christmas in July.

Staff provided smoke-free signage for two behavioral health facilities: (1) The Marvel Complex and (2) The Empowerment Center.

Staff implemented the Zero Suicide workforce survey to gain valuable insight for Zero Suicide program implementation and workforce development training needs, and successfully coordinated the training of eight

CCHS staff on the Zero Suicide program's Collaborative Assessment and Management of Suicidality (CAMS) training certification (15 hours).

**Maternal, Child and Adolescent Health (MCAH)** – Four cases were reviewed at the July FIMR Meeting. FIMR and WIC staff continue to chair the Northern Nevada Maternal Child Health Coalition Meetings. FIMR staff attended the Western Region National Fatality Review meeting July 13, 2022, and the Sudden Infant Death Syndrome Awareness Month Webinar July 19, 2022.

Staff continue to disseminate Count the Kicks information to providers in the area. Staff have reached out to the new Northern Nevada Sierra Medical Center (NNSMC) to introduce the FIMR program and staff. NNSMC has a Neonatal Intensive Care Unit and Labor and Delivery. A new, family friendly Fetal Infant Mortality Review flyer was developed by the staff and Community Health Workers to help educate families suffering loss on the FIMR process, increase interviews and promote resources in the area.

The program continues to investigate lead and delinquent Newborn Screening cases as referred.

**Women, Infants and Children (WIC)** – The COVID-19 renewal and a public health emergency designation has been reviewed and extended by the Secretary of Health through October 12, 2022. This determination is reviewed every 90 days. With this decision, USDA Food and Nutrition Service has extended active WIC waivers until 90 days after the end of the nationally declared public health emergency, which allows WIC to continue operating primarily with remote client visits (visits conducted by phone).

The WIC program completed their 2022-2024 Local Agency Nutrition Services Plan (LANSP) which includes setting goals for the next two-year timeframe. The goals included in the LANSP were those related to 1) Implementing substance abuse screening, education, and referrals with WIC participants and 2) Enhancing connections to referrals and community services to include assistance to participants experiencing barriers that might delay or prevent them from following through on referrals that WIC staff make. (i.e., navigate internet needs and support transportation, language, etc.).

**Community Health Workers (CHWs)** - Community Health Workers (CHWs) continue to be busy with client referrals and outreach. The CHW working with the Maternal Child and Adolescent Health Program recently assisted that program with updating their client brochure. The CHW working with the immunization program assisted with Hispanic media day and answered questions in Spanish from six different media outlets on the benefit of COVID vaccination in younger children.

In July, the CHWs participated in Northern Nevada Pride, the Family Health Festival, and worked with the Boys & Girls Club and the Chronic Disease and Injury Prevention Program to promote physical activity (see picture). Additionally, monthly outreach continues and Eddy House and Casa de Vida.

The CHWs have been trained as instructors in Cribs 4 Kids and plan on conducting classes both onsite and offsite. They have also completed trainings on effective communication and providing nutrition counseling for clients with diabetes or prediabetes.



**Food/Food Safety** - The Food Safety Program has been focused on continued conformity with FDA Retail Program Standard 2 – Trained Regulatory Staff. The Food Team has been working hard to quickly bring new staff up to speed on conducting field inspections. Also, the Team's FDA Field Standard Officers have been concentrating on the continued standardization of our existing field staff. All existing field staff must be Standardized every 3 years and complete at least 20 Continuing Education Credits to maintain the

requirements a trained inspection team. Continued Standardization of existing staff helps with inspection uniformity and ensures staff are current on emerging food safety issues and practices.

The Food Safety Program is still conducting data collections for the Risk Factor Study. This study will evaluate foodborne illness risk factors in that are occurring in our community. Having this data will help the Washoe County Food Safety Program target specific areas of food safety in our local food establishments with the means of reducing the occurrence of foodborne illness in Washoe County. The data collection portion of the study is on target to commence this fall.

Epidemiology (EPI) – As our agency uses the CDC’s NEARS (National Environmental Assessment Reporting System) reporting system for foodborne illness outbreaks, a program staff member virtually attended the NEARS Annual Conference. Valuable information was gained from this experience, as it included training exercises on how to conduct an environmental assessment/investigation in a restaurant following an outbreak, in addition to useful information from other jurisdictions on how they conduct their environmental assessments.



<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>YTD 2022</b>	<b>2021</b>	<b>2020</b>
Foodborne Disease Complaints	6	1	18	5	0	1	3	34	98	130
Foodborne Disease Interviews	5	1	15	5	0	1	3	30	59	66
Foodborne Disease Investigations	0	0	1	0	0	0	0	1	12	7
CD Referrals Reviewed	6	9	10	5	5	5	9	49	178	82
Product Recalls Reviewed	13	18	16	18	32	29	26	152	251	61

Temp Foods/Special Events – EHS staff inspected food vendors and infrastructure at the numerous special events that occurred during the month of July. In addition to weekly farmers markets, staff covered major events including the Biggest Little City Wing Festival, the Northern NV Pride Festival held in downtown Reno and multiple Artown Events that occurred throughout the month.

Commercial Development - Plans and construction intake this month was at 151, compared to 121 plans in July of last year. Program staff completed and issued 14 health permits for the opening of the new Legends Bay Casino in Sparks. The team has been busy assisting EHS field staff on compliancy issues with permitted facilities.

<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>YTD 2022</b>	<b>2021</b>	<b>2020</b>
Development Reviews	42	35	34	49	38	47	31	276	400	357
Commercial Plans Received	83	87	120	110	121	148	151	820	1,169	1,059
Commercial Plan Inspections	34	28	37	44	28	26	20	219	452	396
Water Projects Received	4	1	4	2	4	2	2	19	40	64

Permitted Facilities - Efforts continue with previously reported projects although the focus is training of new employees. REHS trainee Ian Check began training within the Permitted Facilities program on July 25.

**Environmental Protection**

Land Development - Team leadership met with a local well driller to discuss recent issues surrounding plot submittals and location changes in the field that can lead to delays. The driller indicated that some of the issues were due to customers doing their own permitting and not understanding the regulations. The meeting went well and a decision on how to handle those types of issues was agreed to by all.

Tear down and complete home rebuilds are becoming more popular and the team is dealing with some of the challenges that old properties and their septic present. Often setback issues due to poor install in

decades prior lead to obstacles for permitting of the project. Thus far, solutions have been found for each applicant, though the review process and discussion are frequently more time consuming than standard reviews.

The fee study that began in August/September of 2021 is ending. The data will be reviewed to determine if additional is needed or sufficient data has been obtained for good accounting.

<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>YTD 2022</b>	<b>2021</b>	<b>2020</b>
Plans Received (Residential/Septic)	83	83	101	100	91	84	75	617	918	705
Residential Septic/Well Inspections	107	87	156	160	145	133	124	912	1,282	1,075
Well Permits	8	18	21	9	15	12	9	92	150	131

Safe Drinking Water (SDW) - With a staff member leaving in the month of September due to rotation, the program has focused resources on completing the yearly required sanitary surveys. Once staffing levels stabilize, it will be a priority to get someone trained for the program.

The program is very close to fully transitioning to having Washoe County Community Services Division (CSD) complete the Engineering review of water projects. Training sessions were completed for CSD staff and the next step is to formalize the structure with a memorandum of understanding.

Vector-Borne Diseases (VBD) - Three successful aerial larvicide applications targeting specific area of the County have been completed this season. The fourth aerial application is on Thursday, August 18. West Nile Virus (WNV) has not been identified during our surveillance; however, the mosquito season for WNV will continue through September.

The Vector program continues conducting additional surveillance throughout the community including areas of Washoe Valley and Empire by request.

Staff have implemented routine service schedules for New Jersey traps including a complete breakdown, cleaning, and reassembly of one trap per week.

Seasonal staff are now fully trained for adult mosquito identification in Washoe County. Larval mosquito identification training has been initiated.

<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>YTD 2022</b>	<b>2021</b>	<b>2020</b>
Total Service Requests	0	0	4	3	15	20	20	62	59	135
Mosquito Pools Tested	0	0	0	0	0	91	100	191	385	280
Mosquito Surveys and Treatments	0	0	0	32	41	261	260	594	821	72

Waste Management (WM) - Staff continue to renew annual permits and anticipates a new staff member in September 2022 to help inspect facilities, renew permits and issue new permits that come in. NDEP shared the updated State of Nevada solid waste management plan for review. UST – Staff completed 14 inspections for the month of July. the final draft of the letter to operators of UST facilities is scheduled to be completed and letters should go out in July to all operators of regulated USTs in Washoe County about how to apply for the new annual UST permit. The SOP is nearly complete for the EHS front desk to accept payment for permits and input them into Accela.

**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>YTD 2022</b>	<b>2021</b>	<b>2020</b>
Child Care	3	10	9	5	8	16	7	58	118	142
Food/Exempt Food	417	500	546	401	389	399	297	2,949	4,958	4,264
Schools/Institutions	8	18	28	28	50	7	0	139	291	199
Tattoo/Permanent Make-Up (IBD)	3	21	12	9	5	6	18	74	134	112
Temporary IBD Events	3	0	0	0	0	0	0	3	0	1
Liquid Waste Trucks	17	13	12	5	22	5	0	74	111	110

Mobile Home/RV Parks	14	4	10	15	8	20	11	82	117	202
Public Accommodations	22	17	24	11	4	15	17	110	151	130
Aquatic Facilities/Pools/Spas	25	71	70	40	222	167	58	653	1,128	408
RV Dump Station	3	1	1	1	1	5	2	14	19	17
Underground Storage Tanks	0	4	16	17	17	10	14	78	4	10
Waste Management	12	22	17	13	19	7	2	95	146	211
Temporary Foods/Special Events	23	14	18	45	80	220	133	533	766	48
Complaints	43	31	57	48	56	78	79	392	689	911
<b>TOTAL</b>	<b>593</b>	<b>726</b>	<b>820</b>	<b>638</b>	<b>884</b>	<b>955</b>	<b>638</b>	<b>5,254</b>	<b>8,632</b>	<b>6,765</b>
EHS Public Record Requests	607	205	472	381	282	742	281	2,970	4,769	3,249

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

Every three years, the National Disaster Medical System (NDMS) Federal Coordination Centers (FCCs), including the Reno FCC, conduct a full-scale patient movement exercise to ensure that they and their community partners can collaboratively receive, assess, process, stage patients coming into designated airfields across the U.S., and subsequently distribute them into the nearest NDMS-member healthcare facilities while tracking them. The Reno FCC is scheduled to conduct this exercise on March 16, 2023. A concept and objectives meeting was held in July to discuss exercise concepts, mutual exercise needs and overall goals.

On July 20, the ASPR’s HPP Region IX Federal Project officer, Public Health Analyst at U.S. Department of Health and Human Services (HHS), Nevada Public Health Preparedness Program Manager, and Nevada HPP Program Manager met with the WCHD HPP Public Health Emergency Response Coordinator, WCHD Preparedness and EMS Oversight Program Manager, WCHD EPHP Division Director, WCHD Office Support Specialist and IHCC Clinical Advisor. Discussions about how to collaborate across state borders, Hazard Vulnerability Assessment process and goals for upcoming project periods were discussed. Meetings like this are helpful to keep the lines of communication open from the coalition level to the federal level to improve outcomes and align expectations moving forward.

The IHCC Hazard Vulnerability Assessment was sent out to all partners for completion in August. This data will be used to revise the Preparedness Planning Guidelines and the Response Guide as well as identify gaps and resources needed for the coalition partners.

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

**EMS Oversight Program**

EMS Joint Advisory Committee (JAC) - The JAC continues to meet bi-weekly to develop processes and protocols to accomplish the approved revisions and additions of goals in the Strategic Plan. The EMS Oversight Program statistician prepared and presented Washoe County EMS Call Volume Projections for FY23-25 to regional partners at the most recent JAC meeting to assist in future planning. The EMS Oversight Program is continuing analytical work on the boundary drop review which compares data on medical 911 calls to potential dispatch to the closest unit/fire station.

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



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>Month</b>	<b>Zone A</b>	<b>Zone B, C, and D</b>
January 2022	86%	88%
<b>Monthly Average</b>	<b>91</b>	<b>90</b>
<b>Year-To-Date**</b>	<b>91</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”.

REMSA Franchise Agreement Updates – At the direction of the District Board of Health (DBOH), and lead by REMSA, the Program and JAC partners have been working on an update to the franchise agreement specific to Article 2.3. It is expected that final language will be presented to DBOH for approval at the August 2022 meeting.

Community Services Department (CSD) – Memo Review - he 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 three (3) applications during the month of July and did not have any concerns that may affect EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program received two (2) Mass Gathering applications for review in July. No comments were provided as the number of attendees did not meet the Mass Gathering minimum.

Vital Statistics - Vital Statistics has continued to serve the public through the mail, online and in-person. During the month of July, Vital Statistics staff registered 506 deaths and 286 births; 13 deaths and 66 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**

<b>July</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Death	1777	33	366	2176

Birth	864	34	413	1311
<b>Total</b>	<b>2641</b>	<b>67</b>	<b>779</b>	<b>3487</b>

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:** September 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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### **Monkeypox**

On June 22, the Southern Nevada Health District reported the first probable case of monkeypox had been confirmed in a Clark County resident. The individual was a male in his 20s who reported domestic travel, did not require hospitalization and isolated at home.

As cases of monkeypox continue to increase in Clark County, the Southern Nevada Health District is conducting disease investigations and has made the limited supply of vaccine it is receiving available to those most at risk. Those currently eligible to receive the vaccine include:

- 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 and 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/or transgender, gender non-conforming, or gender non-binary individuals who had multiple or anonymous sex partners in the last 14 days, especially at a venue, event or within a social group where a person with a known or suspected case of monkeypox was present.

On August 9, the U.S. Food and Drug Administration issued an emergency use authorization allowing health care providers to administer the JYNNEOS vaccine by intradermal injection for individual 18 years of age and older who are determined to be at high risk for monkeypox infection. This method of administering the vaccine can increase the total doses up to five-fold. The EUA also allows the vaccine to be administered to individuals younger than 18 years of age if they are determined to be a high risk for infection. JYNNEOS is administered by subcutaneous injection to individuals younger than 18 years of age.

The Health District's monkeypox vaccine eligibility criteria are in alignment with the national monkeypox vaccine strategy and prioritizes the highest risk individuals at this time to prevent spread in the community. This strategy is meant to prevent infection or help reduce the severity of disease in those who become infected.

The Health District administers doses of the JYNNEOS vaccine at its clinic at 280 S. Decatur Blvd. to eligible high-risk individuals as resources allow. The clinic is available by appointment only, Monday through Friday, between 7 a.m. and 2:15 p.m. Appointments can be made through the appointment portal at <https://vax4nv.nv.gov/patient/s/>. The Health District encourages people to check the appointment site frequently if they are unable to book an appointment immediately.

People who are seeking the monkeypox vaccine will be evaluated by staff at the clinic regarding their eligibility to receive the vaccine. The Health District anticipates that eligibility will be expanded to be able to provide vaccine to people at an increased risk as vaccine supply increases.

The antiviral medication tecovirimat (TPOXX) is also available to treat monkeypox infections. People who may be at risk for severe disease or complications may benefit from treatment. More information for health care providers on the availability of TPOXX for the treatment of monkeypox is available on the Health District's [website](#).

The Health District advises that people with unknown rashes and lesions should contact their health care provider for an assessment and to get tested. The Health District urges people to take precautions to prevent infections. Anyone can get monkeypox, and people need to take precautions to protect themselves and others from infection. Monkeypox is spread through:

- Direct contact with an infectious rash, scabs or body fluids.
- Respiratory secretions during prolonged face-to-face contact, or during intimate physical contact, such as kissing, cuddling or sex.
- Touching objects, fabrics (such as clothing or linens) that previously touched the rash or body fluids of someone with monkeypox.

The Health District began updating its monkeypox case reports weekly, starting Wednesday, August 17. The update includes probable and confirmed case counts, cases by onset date and basic demographic information as well as vaccine doses administered through Tuesday of each week. As of Tuesday, August 16, the Health District reported 100 confirmed or probable cases and had administered 2,848 vaccine doses.

Monkeypox updates and information are available at [www.snhd.info/monkeypox](http://www.snhd.info/monkeypox). Updates for health care providers are available at [www.southernnevadahealthdistrict.org/news-info/health-care-professionals/public-health-advisories/](http://www.southernnevadahealthdistrict.org/news-info/health-care-professionals/public-health-advisories/).

## **COVID-19**

COVID-19 cases counts have continued to decline, and on August 11, the community level in Clark County was reported as low by the CDC. Based on the current level, the Health District recommends people stay up to date on their COVID-19 vaccines, get tested, and wear a mask if they have symptoms, a positive test or were exposed to someone with COVID-19. People may choose to wear a mask at any time to protect themselves and others when they are in public indoor places.

Also on August 11, the CDC announced streamlined COVID-19 guidance to help people better understand their risk and take actions to protect themselves and others. The recommendations for quarantine no longer differ by vaccination status. People who are exposed to COVID-19 should wear a high-quality mask for 10 days and get tested on day five. The CDC no longer recommends people quarantine if they are exposed. The CDC announcement is available on its [website](#).

Adults in Clark County can also now choose from another COVID-19 vaccine at Health District clinics. Novavax, which has been used worldwide, has been available at all Health District clinics since August 3. Novavax was developed using protein-based technology, which the U.S. Food and Drug Administration has used for decades to develop vaccines. The vaccine is authorized as a two-dose primary series for adults 18 years and older. The second dose should be received three to eight weeks after the first dose. People who are immunocompromised should also receive two doses of the vaccine. Novavax is not authorized for use as a booster dose at this time.

In clinical trials, the vaccine was shown to be 90 percent effective at preventing mild, moderate and severe disease. Reported side effects are mild and like those reported from the mRNA vaccines. The side effects were more commonly reported after the second dose of the vaccine. More information about Novavax is available at [www.cdc.gov/coronavirus/2019-ncov/vaccines/novavax.html](http://www.cdc.gov/coronavirus/2019-ncov/vaccines/novavax.html).

For more updated Health District COVID-19 information, including clinic listings and resources, go to [www.snhd.info/covid](http://www.snhd.info/covid).

### **Online Appointment System**

The Health District launched its online appointment system for immunizations on June 21. Immunization clinic clients can make their own appointments online through the Patient Portal at <https://vax4nv.nv.gov/patient/s> for travel, flu, measles, rubella, pertussis, hepatitis A and B, and other routine vaccines offered at all four of the Health District's [immunization clinic locations](#). Monkeypox vaccine appointments can also be scheduled using the portal. People who may not have online access or need additional assistance making appointments may call (702) 759-0850. This appointment system is the same one community members have been using to make appointments for COVID-19 vaccines.

### **Influenza Surveillance**

In Clark County, for the season as of June 25, 2022, there have been 411 influenza-associated hospitalizations and 13 influenza-associated deaths reported. The percentage of emergency department and urgent care clinic visits for ILI slightly increased from 2.5% in week 24 to 2.7% in week 25. Approximately 22% of area emergency department and urgent care clinic visits for ILI were made by children 0-4 years of age, which was similar to week 24 (22%). Influenza A has been the dominant type circulating. Nationwide, during week 25, 1.8% of patient visits reported through the U.S. outpatient ILI Illness Surveillance Network (ILINet) were due to respiratory illness that included ILI. This percentage was below the national baseline of 2.5%. Among the 55 states/jurisdictions, Nevada's respiratory illness activity level increased from Minimal to Low.

Due to the small number of cases reported in the past few weeks, June 25 was the last weekly influenza report the Health District will publish during the 2021-2022 season. Influenza reports are available on the Health District website at [www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/](http://www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/).

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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# State of Nevada Health Health Officer 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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**Date:** August 19, 2022  
**To:** Nevada State Board of Health  
**Through:** Richard Whitley, Director DHHS  
Lisa Sherych, Administrator, DPBH  
**From:** Ihsan Azzam, PhD, MD, MPH, Chief Medical Officer  
**Re:** Report to the Board of Health for September 02, 2022, Meeting

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### Introduction

With the number of monkeypox cases rapidly increasing worldwide, the World Health Organization (WHO) declared the monkeypox outbreak as a global public health emergency on July 23, 2022. The declaration emphasized that monkeypox is a significant threat which needs a coordinated international prompt response to contain it and prevent it from becoming a pandemic.

Monkeypox has been endemic in several Western and Central African countries, but sporadic cases started to emerge in the spring of 2022 in Europe and the United States (U.S.), where transmission and locally acquired infections of monkeypox do not usually occur.

While many of the early cases diagnosed in Europe and the U.S. occurred among individuals who had recently traveled to Africa, the large majority of cases in this global outbreak have occurred in urban areas and involved men who have had sexual contact with other men.

As of the date of preparing this report 40,399 confirmed cases of this re-emerging infection had been reported across 94 countries, with 40,012 those cases occurring in the 87 countries that have not historically reported monkeypox. So far 14,115 cases of monkeypox were confirmed in the U.S. No deaths have occurred in the U.S. However, Brazil, Spain, Ecuador, and India reported few monkeypox related deaths among individuals who also had underlying serious illnesses. The overall national distribution of cases can be found at CDC Website <https://www.cdc.gov/poxvirus/monkeypox/response/2022/index.html>.

The U.S. Department of Health and Human Services declared the monkeypox outbreak as a national public health emergency on August 04, 2022. To help stop the spread of monkeypox, it is critical for all health care providers to understand the natural history, signs and symptoms, mode of transmission of monkeypox and vaccine eligibility.

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on- or inside the genitals or anus, and pox-like bumps may also appear on the face, eyes, hands, feet, chest or inside of the mouth. Before scabbing and crusting, monkeypox rash usually evolves through several phases, from macules to papules, vesicles and pustules as the [American Academy of Dermatology Association \(AAD\) explains](#). The infection is self-limiting and typically lasts for about two to four weeks.

### **FDA Emergency Use Authorization (EUA) Allowing for Alternative Vaccine Dosing**

Following the national public health emergency declaration, the Food and Drug Administration (FDA) granted EUA for the monkeypox vaccine JYNNEOS to be administered intradermally. Because intradermal administration requires a smaller dose, this authorization allows the number of available vaccine doses to increase by five-folds while continuing to ensure the vaccine meets high standards for safety, effectiveness, and quality. The U.S. Department of Health is currently advising and allowing healthcare providers to intradermally administer up-to-five times the number of vaccine doses per vial of JYNNEOS vaccine.

Data from a 2015 clinical study of the JYNNEOS vaccine prior to its approval, published in a peer-reviewed journal, demonstrated that a fifth of the dose, when given intradermally on the same two-dose schedule as currently recommended/administered, produced an immune response that was similar to subcutaneous larger dosing. Individuals in both groups (the group who intradermally received a fifth of the dose and the original group who subcutaneously received the full JYNNEOS vaccine dose) responded to vaccination in a similar way.

Data shows the intradermal administration of other vaccines including influenza and hepatitis B, is safe and effective for immunocompromised individuals, such as individuals with HIV. Intradermal JYNNEOS has been tested on individuals with immunocompromising conditions and has been found to be safe and effective in clinical trials that were performed to support approval of the EAU. Two doses of the vaccine given 28 days apart will still be needed, and individuals who received their first dose subcutaneously can receive their second dose either intradermally or subcutaneously. The FDA also authorized use of the vaccine, using the standard dosing route, in individuals younger than 18 years of age that are determined to be at elevated risk of monkeypox infection.

### **Monkeypox - Update**

Scientists at CDC, along with state and local public health professionals, are tracking 14,115 cases of monkeypox in forty-nine states including 114 cases in Nevada, 103 in Clark County, 9 in Washoe County, 2 cases in Rural/Frontier Nevada (1 in Humboldt County, and 1 in Nye County).

The monkeypox virus is [spreading mostly through close, intimate contact](#) with someone who has monkeypox. Individuals can take steps to [prevent getting monkeypox](#) and [lower their risk during sex](#). CDC and the Nevada Division of Public and Behavioral Health (DPBH) recommend [vaccination](#) for people who have been exposed to monkeypox and also for individuals who are at higher risk of being exposed to monkeypox. Individuals who exhibit any [symptoms of- or consistent with monkeypox](#), should consult with healthcare provider, even if they have no travel history and don't think they had contact with someone who has monkeypox.

The Nevada DPBH is urging healthcare providers to be on high alert for patients who have rash illnesses [consistent with monkeypox](#). Healthcare providers should be on alert for monkeypox regardless of a patient's travel history, gender identity, or sexual orientation; or reported contact with someone who has monkeypox or who has a rash suspicious for monkeypox.

Distinguishing features of the monkeypox rash include papules, vesicles, pustules, or scabs that are deep-seated, firm, or rubbery, and have well-defined round borders. These lesions can sometimes be umbilicated. They can be painless, itchy, or very painful. People with monkeypox may develop symptoms including fever, headache, muscle aches, exhaustion, or swollen lymph nodes.

Monkeypox can spread between people through close contact, skin-to-skin contact including sexual contact with a person with monkeypox, or contact with contaminated fomites (e.g., shared linens). While anyone can catch monkeypox if they have close contact with someone who has monkeypox, regardless of gender identity or sexual orientation, many of those affected in the current global outbreaks are gay, bisexual, or men who had sex with men.

CDC recommends that people with monkeypox remain isolated at home or at another location for the duration of illness, but that might not be possible in all situations. Prioritizing isolation and source control strategies helps prevent transmission while balancing the impact of this infection on the daily lives of people diagnosed with monkeypox. These considerations may change as the 2022 global outbreak of monkeypox progresses. Severe cases may require hospitalization and in-patient care.

Current data suggest people can spread monkeypox from the time symptoms start until all symptoms have resolved, including full healing of their rash with formation of a fresh layer of skin. Ideally, people with monkeypox should remain in isolation for the duration of illness, which typically lasts two to four weeks. However, if a person with monkeypox is unable to remain fully isolated throughout the illness, they should do the following:

- While symptomatic; exhibiting fever or any respiratory symptoms, including sore throat, nasal congestion, or cough, patients should remain isolated at home and away from others unless it is necessary to see a healthcare provider or for an emergency.
  - This includes avoiding close or physical contact with other people and animals.
  - Cover their skin lesions, wear a well-fitting mask, and avoid public transportation when leaving home as required for medical care or an emergency.
- While a rash persists but in the absence of a fever or respiratory symptoms patients with monkeypox should:
  - Cover all parts of the rash with clothing, gloves, and/or bandages.
  - Wear a well-fitting mask to prevent the wearer from spreading oral and respiratory secretions when interacting with others until the rash and all other symptoms have resolved.
  - Masks should fit closely on the face without any gaps along the edges or around the nose and be comfortable when worn properly over the nose and mouth.
- Until all signs and symptoms of monkeypox illness have fully resolved, patients should
  - Not share items that have been worn or handled with other people or animals. And, they should properly launder and/or disinfect items that have been worn or handled and surfaces that have been touched by a lesion.
  - Avoid close physical contact, including sexual and/or close intimate contact, with other people.
  - Avoid sharing utensils or cups. Items should be cleaned and disinfected before use by others.
  - Avoid crowds and congregate settings.
  - Wash hands frequently with soap and water or use an alcohol-based hand sanitizer, especially after direct contact with the rash.

## Characteristics of the 2022 Global Monkeypox Outbreak

While several monkeypox outbreaks sporadically occurred and were promptly contained in the U.S. over the past half a century, this 2022 global monkeypox outbreak has some substantial different epidemiologic and demographic characteristics than illnesses described with previous monkeypox outbreaks

- Direct skin-to-skin contact, including sexual and/or close intimate contact, has been identified as a predominant type of exposure for persons with monkeypox in the United States.
- Most people with monkeypox have been adults and have not required hospitalization.
- Deaths have occurred but are rare and mostly among individuals with underlying conditions.
- As of July 15, 2022, transmission during brief interactions (such as a brief conversation), between people in close proximity and for a long duration (such as passengers seated near a person with monkeypox on an airplane), or during healthcare encounters, has not been reported for any person with monkeypox.

However, it is still unclear

- To what extent children, people with specific underlying conditions (including immunocompromised such as those with eczema or atopic dermatitis), or pregnant people are at risk of severe disease, as they have been with previous outbreaks of monkeypox.
- Whether people with immunosuppression have more *Monkeypox virus* present in body fluids?
- How often *Monkeypox virus* may be spread from respiratory secretions, or at what point during infection a person with monkeypox symptoms might be more likely to spread *Monkeypox virus* through respiratory secretions?
- Are all monkeypox infection symptomatic and clinically expressed? Are their asymptomatic forms of the infection?
- Is there permanent protective “durable” natural immunity against future infections after recovery? Does the current vaccine produce lifelong protection against monkeypox?
- To what extent the vaccine modifies the natural history of disease if provided within few days of the infection?

## Containment Activities

The DPBH has been regularly distributing detailed information on monkeypox to clinicians to help them identify potential infections and order testing for patients. Much of that information is shared through interactive partner calls that include distributing Health Alert Network notices and technical bulletins to inform clinicians about updated and expanded case definitions; to encourage testing for monkeypox in people with a rash and who are at risk for contracting the infection, and working with community partners to learn how long the virus has been circulating; how it was introduced into some of the current clusters of cases; the clinical course of illness; and how the virus is being spread. The DPBH is also assisting clinicians to get access to vaccines and therapeutics for individuals who may have been exposed to monkeypox. DPBH is also providing ongoing technical assistance and is responding to inquiries and information requests from local health departments, Indian Tribes, and community partner organizations.

DPBH staff continue to meet weekly with each local health authority (LHA) to ensure open communication, provide up-to-date recommendations, and offer support as needed.

Additional clinical guidance and several technical bulletins and updates issued by the DPBH addressing Clinical Recognition, Considerations for Persons with HIV, Pregnancy Considerations, Pediatric Considerations, Monitoring Exposed individuals, Testing, Vaccination and Treatment with Tecovirimat

(TPOXX) are available at DPBH Website [https://dpbh.nv.gov/Resources/Technical\\_Bulletins-New/](https://dpbh.nv.gov/Resources/Technical_Bulletins-New/) and the CDC website [CDC website](#).

As part of public health preparedness efforts during large gatherings and mass population events, the DPBH met with the Burning Man event organizers; discussed and reviewed public education and awareness messages that are expected to be distributed and displayed during the event. The division recommended harm reduction messages be provided to attendees prior to the event. Additionally, the DPBH will supply protective gowns that can be used to cover skin lesions should monkeypox be suspected or diagnosed during the event.

Currently, the DPBH is preparing a *Monkeypox Dashboard* to help continuously automating received data and to provide timely situational awareness. Additionally, the DPBH will be launching a robust plan to communicate with and train public health professionals and providers to quickly implement the intradermal vaccine administration strategy.

### **COVID-19 Pandemic - CDC New Guidelines**

On August 11, 2022, the Centers for Disease Control and Prevention issued new guidelines that eliminated quarantining those exposed to COVID-19, and put less emphasis on social distancing, routine surveillance; testing and contact tracing for COVID-19. According to these new CDC guidelines individuals who are exposed to COVID-19 no longer need to be quarantined at home regardless of their vaccination status. However, such exposed individuals should wear a facemask for 10 days and must get tested for the virus on day five after exposure. Furthermore, schools are no longer required to quarantine students and/or staff who are exposed to COVID-19 even if they are unvaccinated. These CDC guidelines were implemented across the nation and in Nevada just as the schoolyear started.

High levels of the population collective immunity induced after vaccination and boosting – and the natural immunity developed after recovery from previous infection/s, and many other tools available to protect people from severe illness and death such as the effective treatments, helped to support drafting and implementation of these CDC loosened guidelines.

### **COVID – 19 Update**

Covid-19 caseload, hospitalizations and death seem to be gradually declining in Nevada and nationwide. As of the date of preparing this report there are between 96,000 and 120,000 newly confirmed COVID cases and about 440 deaths per day in the U.S.

The 14-day moving average of confirmed COVID-19 cases in Nevada is continuously decreasing for almost a month. The average decrease is about 19% to 23% per week. There were 356 confirmed cases per day on Monday, August 15th versus 464 on August 8th. Additionally, the 14-day moving average of daily hospitalizations (Confirmed + Suspected) was 275, a 21% decrease from 349 on Monday, August 8<sup>th</sup>.

As of the time of preparing this report there were 11,353 cumulative COVID-related deaths in Nevada, with an increase of fifty-six deaths from August 8<sup>th</sup>; the 14-day moving average of daily new deaths was three.

The State dashboard is regularly updated at 11:00 every Wednesday and can be accessed via [the following link](#).

### **COVID-19 Vaccination**

According to the Centers for Disease Control and Prevention (CDC), 83.5% of Americans have already received at least one COVID-19 shot, and about 71.5% are fully vaccinated with the initial vaccine series. Forty-eight percent of eligible Americans received one booster shot, and only 31% received two booster shots.

Nevada seems to be lagging much behind the nation with vaccination rates. As of the date of preparing this report about 4,659,571 COVID-19 vaccine doses (By Resident County) were administered and reported to Nevada WebIZ. 64.83% of the Nevada residents have initiated vaccination and only 55.34% of those have completed the vaccine series.

On July 19, 2022, CDC endorsed the Advisory Committee on Immunization Practices' (ACIP) recommendation that the Novavax COVID-19 vaccine be used as an option for adults ages 18 years and older. The Novavax COVID-19 vaccine is the first COVID-19 protein subunit vaccine recommended for use in the United States. Having multiple types of vaccines offers more options and flexibility for people receiving COVID-19 vaccines, as well as for jurisdictions and vaccine providers.

The Novavax COVID-19 vaccine's safety and effectiveness have been confirmed by clinical research. Safety monitoring will continue for the Novavax vaccine.

CDC recommends everyone ages 6 months and older get vaccinated against COVID-19. Everyone 5 years and older should also get a COVID-19 booster, if eligible. Additional information for up-to-date CDC recommendations on vaccination and boosters are available at [CDC's COVID-19 booster tool](#).

CDC is also reporting that new COVID-19 vaccine boosters produced by Moderna, targeting new and currently circulating Omicron variants and subvariants of the COVID-19, are expected to roll out across the U.S. in September 2022. Moderna will be supplying sixty-six million initial doses of this bivalent booster, which includes the original "ancestral" virus strain and elements of the Omicron BA.4 and BA.5 variants. Pfizer will also provide additional 105 million doses. This bivalent booster was already cleared for use in the United Kingdom (U.K.). By targeting the highly transmissible and widely circulating Omicron subvariants, this bivalent booster shot may help reducing morbidity and mortality related to COVID-19.

### **Long COVID - Post COVID-19 Conditions (PCC)**

While no definitive definition is currently available, long COVID is broadly defined as signs, symptoms and conditions that may persist, continue, develop, or reappear after a COVID-19 infection. These signs, symptoms and conditions continue to be present for four weeks or more after the initial phase of the infection and can be multi systemic. Sign/Symptoms of long COVID-19 may also manifest as a relapsing pattern with progression or worsening over time, and the possibility of severe life-threatening events even months or years after the initial infection. Long COVID is not necessarily one single disease entity. It may represent many potentially overlapping illnesses, likely with different biological causes and different sets of risk factors and outcomes.

According to CDC recent reports, one in eight adults with history of contracting COVID-19 will likely experience long-term symptoms. It is estimated that 7.7 to 23 million Americans have already developed Long COVID, and roughly one million individuals are out of the workforce at any given time due to Long COVID.

On August 3<sup>rd</sup>, 2022, the United State Department of Health, and Human Services DHHS released two major reports to support patients and further essential research on Long COVID. [The Services and Supports for Longer-Term Impacts of COVID-19](#) report outlines federal services available to the American public to

address longer-term effects of COVID-19, including post COVID syndrome and related post COVID conditions, as well as other impacts on individuals and families.

The National Research Action Plan Report on Long COVID -19 was created in coordination with fourteen governmental departments and agencies. It introduces the first national research agenda focused on advancing prevention, diagnosis, treatment, and provision of services and supports for individuals and families experiencing Long COVID.

As we learn more about Long COVID, the best protection remains to prevent this infection (COVID-19) in the first place by following basic public health interventions, including getting vaccinated, boosted, and wearing a mask indoors in public where the COVID-19 community level is high.

COVID-19 infections symptoms can rebound/return after the general condition improves, and such symptoms can be easier or worse than the original symptoms exhibited during the initial infection. Several recent articles and scientific research reported that about 27% of those who contracted COVID-19 had a viral rebound of their symptoms, regardless of whether they received the antiviral treatment Paxlovid or not. About 12% of those who experienced such viral rebound, seem to test positive again several days after testing negative. This rebound can occur regardless of treatment, and it has been documented among people who received Paxlovid, including those properly vaccinated and boosted.

### **Current Situation**

The Monkeypox outbreak of 2022 represents a major public health problem that needs immediate and prompt attention and action to control and contain. This global outbreak is simultaneously occurring while the nation and the world are still in the process of learning how to coexist with the highly infectious COVID-19, especially before the start of the influenza season. Although it is thought that monkeypox, unlike SARS-CoV-2, rarely spreads asymptotically, the recent sudden outbreaks in multiple countries raise concerns that potential mutations could change the virus. Which will pose a significant additional burden on the already drained healthcare system in the U.S. and worldwide.

Despite the mild clinical course and low transmission rate of monkeypox, it is important to consider the recent spread of monkey pox in the light of the ongoing COVID-19 pandemic, and the potential for coinfection between SARS-CoV-2 and the monkeypox virus. This can result in changes related to infectivity patterns, severity, management, or response to vaccination in one or both infections, which could also negatively impact the efficiency of diagnostic tests used in both diseases. Additionally, the interaction between both viruses could facilitate the emergence of new variants of concern (VOC) of COVID -19 with features that could further impact the current pandemic management strategies, such as increased viral ability to evade or escape the immune system and pose additional burdens on the health care system as a whole.

Although both smallpox infection vaccines ACAM2000 and JYNNEOS offer protection against monkeypox, it is not an easy task to contain, limit the spread, or treat newly emergent monkeypox cases. That is mainly due to the stoppage of smallpox vaccination programs in the U.S. during the past 50 years and the severe shortage of effective vaccines. And, because such vaccines are only available in the national stockpile under the control of the CDC. Therefore, despite the presence of approved drugs and vaccines that offer hope for limiting the transmission and progression of monkeypox outbreaks, such countermeasures are not readily available in the meantime. It is too soon to understand if the current monkeypox global outbreak is an independent phenomenon, or if it has been exacerbated by the COVID-19 pandemic. This uncertainty calls

for precautionary actions to be taken by the national, state, and local public health and healthcare systems to contain such outbreaks before it is too late to do so efficiently.

### Seasonal Influenza

As of the date of preparing this report Morbidity and Mortality Week (MMWR) 25, the percent of patients with Influenza-like Illnesses (ILI) at Nevada's sentinel providers was 2.5%, which is above the Nevada baseline of 1.3%. Nationally, the current percentage of patients with ILI during MMWR 25 was 1.8%, and regionally it was 1.9%; both are below their respective baselines.

Influenza A has been the dominant type in Nevada and nationally during the 2021-2022 flu season and post season. 711 influenza hospitalizations have been reported by Nevada local health authorities (LHA) since week forty, of which 684 were type A, eighteen were type B, and nine were not typed.

Eleven influenza-associated deaths have been reported in Nevada since week forty, including one in week twenty-five.

Based on reporting from the syndromic surveillance providers, Nevada's weekly emergency department (ED) visits with ILI increased by 0.6% to 491 visits. Compared to the previous four influenza seasons, ED visits were slightly higher in Nevada during this current season (week 25). Up-to-date detailed Influenza Weekly Reports are available on the DPBH website at

<http://dpbh.nv.gov/Programs/OPHIE/dta/Publications/OPHIE - Influenza Weekly Report/>

The 2020-2021 influenza season was historically low, due to social-distancing mandates and mask-wearing. Then during the 2021-2022 season, influenza cases lingered through summer, which is significantly later than usual. This year, as mask-wearing becomes slightly less common and more Americans are heading back to the office or school and possibly partaking in more social gatherings, the Centers for Disease Control and Prevention and the Division of Public and Behavioral Health recommend that every person age 6 months and older should be vaccinated against the flu. Preferably, everyone should receive their flu shot by October 31, as it takes two weeks following vaccination for the protective antibodies to develop.

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	2 August 2022
Do you plan to attend the State Board of Health meeting to provide a verbal update as well or answer questions?	No - I have a full time clinical practice and will be seeing patients at that time

### County Board of Health Updates

- Any changes related to your county board of health membership or county health officer or deputy county health officer appointments? – **No changes**
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting? **Yes, 15 July 2022. Agenda items included**
  - **Presentation of the expansion plans for Barton Health regarding the remodel of the prior Lakeside Inn. (Clint Purvance, MD, CEO)**
  - **Presentation on bite cases, dog licenses and animal hoarding cases for 2021. (Liz Begovich)**
  - **Presentation on the Epidemiology report, COVID hospitalizations, and the COVID surveillance reports for Douglas County. (Dustin Boothe)**
  - **Presentation of the Environmental Health Program Food Establishments report for 2021. (Dustin Boothe)**
- Did the board of health consider any new guidance documents, resolutions, or regulations? *Any regulations under consideration must be approved by the State Board of Health.* **No**
- Has the county board of health adopted any fees to be collected for issuing or renewing any health permit or license? **No**

### General Updates

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

- Other items you would like to share? No

Steve Sisolak  
Governor

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Director



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Lisa Sherych  
Administrator

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

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# Churchill County District/County Health Officer Report

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

County Health Officer: Tedd Mc Donald MD

Churchill County

Submitted: May 17, 2022

## County Board of Health updates

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

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

- A. Update on Health District Development (Central Nevada Health district)
  - a. Baseline meetings with Eureka, Mineral, Pershing, and Churchill counties have been accomplished. Laboratory parameters, equipment, policies & procedures, and staff in place and ready for review by Nevada State inspectors. Interfaces with Governor's office and affected State Departments completed. Presentation to NACO and State Board of Health by UNR consultants done. Mission and Vision statements completed.
  - b. Next steps: develop budget format developed, Community forums completed, Lab inspection finished, and Churchill lab is now considered part of the Nevada State laboratory system.
  - c. Next step: Meeting scheduled with Nevada State IFC to request exemption from assessments for services from the state for public health services.
- B. COVID-19 Updates
  - a. Current Churchill County COVID-19 status and statistics reviewed-matches regional status. There was a spike in cases mid-July 2022 that are now decreasing. A historic death was reported, and a potential recent death is being evaluated.
  - b. Priorities: Vaccinations (CDC recommendations, 5<y.o.), Tracing for population >= 65, PPE for long term facilities. Churchill County Health Department is contacting patients with positive cases to provide contact tracing, treatment, and follow up care. Continue testing/vaccination efforts in Mineral and Eureka counties.
  - c. Novavax vaccine available.
  - d. CDC Orthopox virus training/reviews in progress
- C. Fiscal Year 22 Fourth Quarter Program Reports Funded to Support CCBOH and Community Priorities. Recipients are New Frontier Treatment Center, UNR Psychology Graduate Services, Churchill County Coalition:
- D. Behavioral Health Task Force: The pandemic affected the course of regular meetings and resources. A focus was made in November 2021 to reinstitute the three sub committees of the BHTF. (Youth Subcommittee, Adult Subcommittee, and Educational Subcommittee)
  - a. The Youth committee with representatives from law enforcement, school resource officers, Churchill County School Dist., New Frontier Treatment Center, Piute Shoshone

Tribe Family Support services, and Oasis Charter School, have established the following priorities:

- i. Establishment of a mental health committee
  - ii. School interactions with BH/MH providers
  - iii. Handle with Care program (BH/MH issues related to COVID-19)
  - iv. Parental engagement
- b. The Adult committee priorities:
- i. Review of the 988 Crisis Response System in Nevada
  - ii. MOST program
  - iii. Legal 2000 Transportation
  - iv. Mental Health Evaluation
  - v. Parenting Classes
- c. The Education Committee Priorities:
- i. Crisis Intervention Training
  - ii. Child Abuse Prevention and Awareness
  - iii. Mental Health Awareness focus-May is Mental Health Awareness month.  
Educational and media presentations reviewed at BOH meeting.

Respectfully submitted 08/17/2022 by Tedd McDonald MD. CHO for Churchill County

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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Ihsan Azzam,  
Ph.D., M.D.  
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	8/12/2022

## 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 July 20, 2022, the BOH in Elko County conducted the 3rd 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, back to school events. Behavioral Health updates at next meeting.**
    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 on 988 Mental Health Crisis Lifeline to the general public. Answered vaccination and Covid-19 questions.**
  
- 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 next meeting, we will be focusing on behavioral health outcomes from organizations within Elko County. Sheriff's department will give statistics on suicides within the county and other behavioral health information from a law enforcement standpoint. We will be reaching out to Nevada PCA for a possible report on Licensure and legislative updates with focus on Behavioral Health. Vitality unlimited has asked to be part of the agenda for next meeting to discuss challenges and solutions in behavioral health infrastructure. Nevada Health Centers to give updates on their new program.**



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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# Esmeralda County District/County Health Officer Report

# FAILED TO PROVIDE REPORT

Steve Sisolak  
Governor

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Director



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Administrator

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Chief Medical Officer

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# Eureka County District/County Health Officer Report

**FAILED TO PROVIDE REPORT**

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Chief Medical Officer

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# Humboldt County District/County Health Officer Report

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

County Health Officer Name	Charles Stringham, MD
County	Humboldt County
Date of Submission	August 25, 2022
Do you plan to attend the State Board of Health meeting to provide a verbal update as well or answer questions?	No

### County Board of Health Updates

- Any changes related to your county board of health membership or county health officer or deputy county health officer appointments? **No**
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting? **No, although a non-quorum group of the county health officer, one health board member, county manager, county health board PIO and legal counsel met to discuss Humboldt County’s first case of monkeypox, which was confirmed on August 8. The group agreed to issue a press release to the Humboldt County community sharing news of the confirmation and basic information about the disease.**
- Did the board of health consider any new guidance documents, resolutions, or regulations? *Any regulations under consideration must be approved by the State Board of Health.* **No**
- Has the county board of health adopted any fees to be collected for issuing or renewing any health permit or license? **No**

### General Updates

- Are there any health conditions that the county has focused interventions on in the last quarter to highlight? **Humboldt County has continued to focus on COVID-19 and Influenza interventions, including distribution of case and vaccine information, and maintaining a “Vaccination information Line” in both English and Spanish. As noted above, the county also confirmed its first case of monkeypox and shared basic mitigation information with the community.**
- Has the county started or ended any public health programs? **The City of Winnemucca discontinued its COVID-19 wastewater testing program at the end of May 2022. In addition, Humboldt General Hospital closed its off-site COVID-19 screening clinic on June 3; now, all COVID-19 screening takes place through in-hospital provider offices.**
- Is there any technical assistance the county needs from the Division of Public and Behavioral Health, Chief Medical Officer, or State Board of Health? **No**
- Other items you would like to share? **Humboldt County’s COVID-19 positives are decreasing after high totals in June and July. Humboldt County recognizes this does not include positives from over-the-counter tests. The county continues to share information regarding the**

availability of OTC tests as well as quarantine/isolation guidance for those who are exposed/test positive for the virus. As of the writing of this report, two persons are hospitalized locally as a result of COVID-19.

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

Public schools in Humboldt County began the new school year on Monday, August 22. School officials, including the district nurse, are aware of the latest CDC updates regarding COVID-19 and monkeypox.

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Richard Whitley, MS  
Director



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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: second quarter of 2022

Date of Submission: 8/22/22

## *County Board of Health Updates*

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

There was no Board of Health meeting completed for the second quarter.

There have been no actions proposed or taken by the BOH in the second quarter.

## *General Updates*

An initiative was started to offer POC testing of serum vitamin D, through the community health clinic. As vitamin D insufficiency is well established as a risk factor for progression of chronic disease, early identification will be used to offer supplementation and education to affected individuals.

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Chief Medical Officer

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# Lincoln County District/County Health Officer Report

**FAILED TO PROVIDE REPORT**



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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	8/26/2022
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:
  - Carson Tahoe Community Health Needs Assessment
  - Role of NV NACO’s Public Health Coordinator
  - Mental Health Awareness Month and overview of services available in Lyon County
  - Northern Behavioral Health Policy Board Priorities and potential BDR
  - Opioid litigation funding, requirements and possible programs
- 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?

Steve Sisolak  
Governor

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Director



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Chief Medical Officer

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# Mineral County District/County Health Officer Report

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

County Health Officer: Tedd McDonald MD

Mineral County Nevada

Submitted: 08/17/2022

Board of Health meetings occur on the first Wednesday of each month. Last meeting 08/03/22

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

## Mineral County Board of Health Updates

- A. Update on Central Nevada Health District (CNHD)
  - a. Community Forums completed. This was a request from the C.D.C. Forums will address the merits of a Health District and discuss establishing an epidemiology lab in Churchill County for the CNHD.
  - b. Letter has been sent to Governor requesting permission to establish district. Governor has accepted letter allowing the process to proceed. Budget to be developed with mission and values statements. August 17<sup>th</sup>, 2022, the plan will be presented to Nevada State IFC to present request for counties involved to stop payment of assessments for public health services to the state of Nevada.
  - c. The epidemiology laboratory was scheduled for inspection 05/11/2022. Inspection was completed and is now part of the Nevada Health Laboratory system. Laboratory scientist and technician are currently on staff.
  - d. Goal date for completion of project: June 2023. Project is on schedule.
- B. Covid-19 Update
  - a. Currently Mineral County has no active cases or hospitalizations. Vaccination rates are currently sporadic. Mineral county did not experience the spike in cases that occurred mid-July 2022 across the state.
  - b. Current focus is for vaccination of all age groups and tracing of at-risk populations (>= 65).
  - c. July 2022 access to Novavax vaccination has been received through vaccination pods performed by Churchill County Public Health and through vaccine transfer from Churchill County if requested by Mineral County health nurse.
  - d. CHO involved in CDC training regarding Novavax and Orthopox virus.

- e. Mineral County Emergency Manager (MCEM) is currently distributing personal protective equipment to county departments. Updates on Cares Act funds/grants have been completed by MCEM. Further use is scheduled for utilization.
  - f. Churchill County Health Department continues to provide monthly vaccination and testing days in Hawthorne with outreach to rural Mineral County.
  - g. Mineral County Health Nurse has testing and vaccination with good access. The Mount Grant Hospital has access to oral therapeutics and Three pharmacies in Fallon, NV. Have availability (CVS, Walgreens, Walmart). All positive COVID tests done by the health nurse or Churchill County will be routed through Churchill Co. Health Department for communication regarding contact tracing, treatment, and vaccination.
- C. Behavioral Health Update
- a. Kim Donahue, Southern Regional Behavioral Health Coordinator organized the initial behavior health Mineral County Behavioral Health Task Force meeting on Tuesday August 2, 2022. The kick-off meeting was designed to perform a SWAT analysis of Mineral County and provide Mineral County with a behavioral health “Intercept Resource Mapping Guide.”
  - b. The Mineral County Behavioral Task Force (MCBHTF) will hold re-occurring monthly meeting the First Tuesday of every month.

Respectfully Submitted 08/17/2022 by Tedd McDonald MD CHO for Mineral County

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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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
Date of Submission	08/22/2022
Do you plan to attend the State Board of Health meeting to provide a verbal update as well or answer questions?	yes

### 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, I have held the position since mid-April.**
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting?
- 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? **Monkey pox**
- Has the county started or ended any public health programs? **We now have two R.N's in the county and the mobile vaccine unit.**
- Is there any technical assistance the county needs from the Division of Public and Behavioral Health, Chief Medical Officer, or State Board of Health? **Continued help in preparing and controlling Monkey Pox**
- Other items you would like to share?

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Governor

Richard Whitley, MS  
Director



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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	08/15/2022

### 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?
  - No, I remain the CHO, there is no deputy at this time.
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting?
  - Yes, May 4th we discussed COVID status, absence of community health nurse, updates on the scheduled influenza POD 10/7/2022, some updates on the Central Nevada Health District.
- 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.*
  - Nope.
- 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 starting to monitor Monkeypox, however we have no none perspective or positive cases at this time.
- 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?
  - Not at this time. Thank you.

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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Chief Medical Officer

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# Storey 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	08/15/2022

## 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?
  - No, I remain the CHO, there is no deputy at this time.
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting?
  - Yes, May 4th we discussed COVID status, absence of community health nurse, updates on the scheduled influenza POD 10/7/2022, some updates on the Central Nevada Health District.
- 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.*
  - Nope.
- 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 starting to monitor Monkeypox, however we have no none perspective or positive cases at this time.
- 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?
  - Not at this time. Thank you.

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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Chief Medical Officer

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# White Pine County District/County Health Officer Report

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

County Health Officer Name	Daren B. Kunz Pharm D.
County	White Pine County
Date of Submission	08/22/2022
Do you plan to attend the State Board of Health meeting to provide a verbal update as well or answer questions?	No

### County Board of Health Updates

- Any changes related to your county board of health membership or county health officer or deputy county health officer appointments? No
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting? Yes, May 25, 2022: Update & Discussion on Covid-19 status in Whitepine County, what if any community outreach needs to be done.
- Did the board of health consider any new guidance documents, resolutions, or regulations? Any regulations under consideration must be approved by the State Board of Health. No
- Has the county board of health adopted any fees to be collected for issuing or renewing any health permit or license? No

### General Updates

- Are there any health conditions that the county has focused interventions on in the last quarter to highlight? No
- Has the county started or ended any public health programs? 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?
  - Yes, I feel under trained for the position and now that Covid seems to be relaxing would like to know what else to focus on.
  - No, we work closely with the state, local hospital, tribe and others to monitor Covid-19.
- Other items you would like to share? –much like the rest of the counties, it's impossible to get an accurate picture of Covid-19 due to the readily available home tests.