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Date: November 16, 2023

To: Nevada State Board of Health

Through: Richard Whitley, MS, Director DHHS
Cody Phinney, MPH, Administrator, DPBH

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

Re: Report to the Board of Health for December 05, 2023

Introduction

It is the start of Fall-Winter Respiratory Infections Season, and it is also the first season with a vaccine available for respiratory syncytial virus (RSV), which is recommended for people over 60 and pregnant women, and also for the first time ever, there are vaccines for the three major fall-winter respiratory illnesses (i.e., COVID-19, Influenza and RSV) <https://fda.gov/fallvaccines>. The overlapping symptoms of respiratory viruses such as COVID-19, the flu, common cold, and RSV can make it challenging to tell them apart. Fortunately, vaccines are readily available to prevent- and reduce morbidity, hospitalization and mortality resulting from some of these respiratory infections. While it is not easy to predict what this current season will look like this year, last year's data from CDC showed that RSV, COVID-19, and the flu didn't all peak at once – which is good news for both patients and the health care system. In addition to the safe, updated COVID-19 and flu vaccines and the newly FDA-approved RSV vaccine, at-home tests to identify COVID-19 infections, and a proven effective treatment that can reduce the risk of severe illness, hospitalization, and death from COVID-19 is readily available too.

COVID-19 is constantly mutating, while on the other hand, the collective community immunity is growing due to vaccination, boosting and repeated infections. CDC recommends everyone 6 months and older get an updated COVID-19 vaccine to protect against the potentially serious outcomes of COVID-19 illness this fall and winter.

Seasonal Influenza

While seasonal influenza viruses are detected year-round in the U.S. and Nevada, flu viruses typically circulate the most during the fall and winter flu season. The flu activity often begins to significantly increase in October and usually the incidence, hospitalizations, and deaths associated with the flu peak between December and February. However, since the start of the COVID-19 pandemic, the timing and duration of flu activity in the U.S. has been less predictable. In addition to flu viruses, several other respiratory viruses also spread during flu season and can cause symptoms similar to those seen with the flu infection. These respiratory viruses include rhinovirus (one of the viruses that cause "common cold") and [respiratory syncytial](#)

[virus \(RSV\)](#), which is the most common cause of severe respiratory illness in young children as well as a leading cause of death from respiratory illness among those aged 65 years and older. Other commonly circulating respiratory viruses include human parainfluenza viruses (HPIV), human metapneumovirus (HMPV), respiratory adenoviruses and human coronavirus. For more information on respiratory viruses, please check the following website [non-influenza respiratory viruses](#).

As important as COVID-19 protection is, immunization against other respiratory viruses that are going to be circulating this season is essential. Millions of adults and children become ill with influenza each year. Children under five years of age, and especially those younger than two, are at increased risk for flu complications. CDC recommends vaccination against influenza for everyone age six months and older, especially if there are infants in the household under the age of six months.

At the beginning and during the pandemic measures to slow the transmission such as social distancing, wearing facemasks, and practicing personal and environmental hygiene were widely implemented. These steps also helped curb colds, the flu, and asthma attacks that could be triggered by respiratory viruses. Currently, more people are back to in-person work and school, and almost every community has lifted the mask mandates, and since exposure to the flu virus was very limited during the pandemic, the collective community immunity to the flu virus is low.

As the global and national public health emergency has officially ended, the public health community is gearing up for more flu activity. CDC Public Health Forecasting center is expecting that the 2023-2024 influenza season in the United States (U.S.) may result in more flu cases than average, especially if this upcoming U.S. flu season mirrors the current influenza season in Australia.

Information to track the current influenza virus activity is collected to determine types of circulating flu and other respiratory viruses; detect changes “mutations” in viruses and measure epidemiological and medical burdens and impacts that influenza is having on cases, hospitalizations, and deaths in Nevada.

Information from healthcare providers, Nevada Sentinel Surveillance System for influenza-like illnesses (ILI), and emergency room (ER) data show that inpatient visits and hospitalization due to respiratory infection seem to be slightly higher than previous season. As of the date of preparing this report (November 16, 2023), there was a total of 26 total hospitalizations, with most of hospitalized cases were due to influenza type A virus. However, there is also some increase in influenza B compared to previous season. So far, no influenza-related death is reported, and RSV activity seem to be comparable to previous season.

COVID-19, Influenza and RSV Vaccination

National and state immunization efforts were disrupted by the COVID-19 pandemic, and vaccination coverage declined to the lowest levels in more than a decade. Even though some recovery was seen for routine immunizations in 2022, urgent action is needed to provide catch-up vaccination to incompletely vaccinated children, restore the state vaccination coverage, and strengthen immunization programs to protect children and adults from vaccine-preventable diseases.

May 2023 The U.S. Food and Drug Administration (FDA) approved ABRYVVO for the prevention of the lower respiratory tract disease (LRTD) caused by RSV in individuals 60 years of age and older. Additionally, FDA approved ABRYVVO (Respiratory Syncytial Virus Vaccine) on August 21, 2023 for use in pregnant individuals to prevent severe LRTD caused by RSV in infants from birth through 6 months of age. ABRYVVO is administered as a single intramuscular injection. Currently those eligible to receive a single 0.5 mL dose of ABRYVVO, include pregnant individuals at 32 through 36 weeks gestation and those aged 60 years and older.

On Sept. 12, 2023, the [Centers for Disease Control and Prevention \(CDC\) issued a recommendation](#) that all individuals aged 6 months and older receive an updated COVID-19 vaccine to protect against serious outcomes of COVID-19 illness, such as hospitalization or death, as well as reducing the chance of being affected by [Long COVID](#). Individuals who are vulnerable to severe illness should seek all the protection they can ahead of the anticipated rise in coronavirus cases this winter. Immunity against COVID-19 is rapidly waning and the updated version of the COVID-19 Vaccine better targets currently circulating strains. According to the National Immunization Survey, only seven percent of American adults have received the updated coronavirus vaccine. However, among older adults, the uptake is higher but still lagging. About one in five of those 75 and older in Nevada have received the updated COVID-19 shot.

Congenital Syphilis – Update

Syphilis was nearly eliminated in the U.S. about 20 years ago, but rose by 74 percent, to 177,000 cases, between 2017 and 2021. Other sexually transmitted infections (S.T.I.s) are also on the rise. In 2021, there were 1.6 million cases of chlamydia and more than 700,000 cases of gonorrhea. These numbers were rising even before the pandemic, but in the past few years, the disruption in the routine preventive care, a shift to more telehealth appointments for prenatal care, and reduced clinic hours may have exacerbated the situation.

According to a recent CDC report, more than 3,700 American babies were born with syphilis in 2022 which is roughly 11 times the number recorded a decade ago. Syphilis during pregnancy can lead to spontaneous miscarriages and stillbirth, and infants who survive may become blind or deaf, or can have severe developmental disabilities and delays. In 2022, the disease caused 231 stillbirths and 51 infant deaths.

Nearly 38 percent of the 3,700 babies were born to women who received no prenatal care, and of the women who had at least one prenatal appointment, 30 percent were never tested for syphilis or were tested too late. Among those who tested positive for syphilis, 88 percent received inadequate, undocumented or no treatment.

Health care providers and public health leaders are strongly advised to focus on timely testing and better access to care for pregnant and reproductive-aged patients. However, funding is lacking to support public health staff to make sure that pregnant women and their sexual partners are regularly tested and treated in a timely manner.

Early cases of syphilis in a pregnant woman can be treated with a single shot of benzathine penicillin G, (marketed as Bicillin by Pfizer). In June, Pfizer [warned](#) the U.S. Food and Drug Administration that Bicillin was [in short supply](#), in part because of the sharp rise in demand for syphilis treatment. The DPBH urged health care providers in Nevada to prioritize Bicillin's use for pregnant women with syphilis.

In 2022 There were 65 infants born with Congenital Syphilis (CS) in Nevada. This includes both confirmed and probable cases. The association between whether the mother received prenatal care and an infant being born with CS was statistically significant. Late, inadequate, or no prenatal care were identified in most cases. Forty five percent (45%) of the mothers with CS received no prenatal care and only 26% had early and "adequate" prenatal care. 70 % of the mothers were enrolled in Nevada Medicaid and 61% had Medicaid utilization of some kind during their pregnancy.

In most congenital syphilis cases (83%) in Nevada, the mother was not diagnosed early enough to be adequately treated. However, it was not uncommon among these cases that adequate prenatal care was provided and recorded on the birth record in 26% of cases. This suggests a gap in appropriate and timely screening, diagnosis, treatment, and follow-up even among women who are receiving adequate prenatal

care. According to NRS 442.010 subsection 2 *“An examination for the discovery of syphilis pursuant to subsection 1 must be performed:*

Increasing rates of syphilis among babies in the U.S. and Nevada reflect some kind of “failure” of the healthcare system. [Testing for and treating](#) syphilis during pregnancy more than 30 days before delivery can prevent this infection in newborns. According to the Centers for Disease Control and Prevention (CDC), effective prevention and prompt detection of congenital syphilis depend on identifying syphilis among pregnant women and, therefore, on the routine serologic screening of pregnant women during the first prenatal visit and at 28 weeks’ gestation and at delivery for women who live in communities with high rates

MPOX

Five cases of mpox have been reported in Nevada in October 2023. Southern Nevada Health District (SNHD) and the DPBH are encouraging providers to consider mpox in their differential diagnosis especially when patients present with rash, vesicular or pustular skin lesions and when it is clinically indicated. Healthcare providers are also advised to test patients under investigation to confirm the diagnosis of mpox. High risk individuals and patients with mpox should be counseled on vaccination and post-exposure prevention for their partners and close contacts.

Infection Control Breach in Healthcare Facilities

The Bureau of Healthcare Quality Control and the State Office of Epidemiology detected and are timely addressing infection breaches and unsafe injection practices at several healthcare facilities in Clark County. Staff from the Division of Public and Behavioral Health (DPBH) are guiding these facilities to implement the following:

- Identify all individuals that could have been exposed to such unsafe injection practices since the beginning of these practices.
- Notify each individual who could have been exposed to such bloodborne pathogens due to inadequate infection prevention practices.
- Assess and determine if any of those exposed individuals is experiencing any symptoms and advising them to seek medical care.
- The facility should offer screening tests for bloodborne infections (i.e., Hepatitis C, Hepatitis B, HIV, and Syphilis) and should make these screening tests available for those exposed who choose to undergo testing for no cost to them.
- The DPBH is regularly crossmatching names (and other identifying information) with the state database to check if any of those exposed individuals is/was reported or is already in the state database, and to check on the dates of reporting.
- The DPBH regularly notifies the State Board of Medical Examiners regarding such events.

State Health Assessment

In collaboration with many community partners and organizations, the 2022 Nevada state health assessment was conducted to better understand Nevada’s most pressing public health challenges. The assessment involved collecting and analyzing key primary and secondary data from state, local and national sources. This assessment provides overview of the health and wellbeing of Nevadans. It helps guide the DPBH’s work plans, as well as inform the work of various community organizations and stakeholders. It lays a strong foundation for the state health improvement projects, which will help guide state and community efforts to address the issues outlined in the assessment.

