

Carson City Health and Human Services



Carson City Health and Human Services Report State Board of Health Meeting March 3, 2023

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

Report Highlights and Requests

- ✓ Access to Care - The Title X (Family Planning) funding ends March 31, 2023. This is a loss of nearly \$300,000/year. This grant has been received directly from the federal government since approximately 2010, and prior to that it was a subgrant from the State of Nevada. Nevada’s Department of Health and Human Services has approved through the State of Nevada’s Internal Finance Committee ARPA funding to continue the services that were unfunded. This grant will be coming forward to the Board of Supervisors once the Notice of Award is received.
 - ASK – Continue to advocate for Title X funding for northern Nevada at the federal level and accept the Reproductive Grant from the State of Nevada.

- ✓ Workforce Challenges – Within the past week, we were able to hire four (4) hard to fill positions: 1) Human Services Division Social Worker, 2) part-time front desk Office Specialist, 3) part-time Women, Infant, and Child (WIC) Specialist, and 4) a part-time Community Health Worker (CHW) to work for both the Adolescent Health and Preventive Health and Health Services programs. We still have three (3) very hard to fill positions: 1) Public Health Nurse, 2) Epidemiologist, and 3) Public Health Preparedness Division Manager.
 - ASK – Reach out to your constituents and contacts to let them know we have these job opportunities. Please have them apply at carson.org.

- ✓ Legislative Session - Public Health Funding - Legislative session has started. There is one public health funding bill, SB118. This bill was introduced on February 16, 2023, in the

Senate Health and Human Services Committee and received a 'Do Pass'. In the 2019 Legislative Session, the Public Health Improvement Fund was created; however, it was not in the Governor's budget so was unfunded. Public health funding has been a focus of the Interim and Legislative sessions for six (6) years. The funding suggested in this bill is non-categorical. This type of funding can be used for unfunded, urgent, emergency public health efforts, or priorities identified in the Community Health Needs Assessment. Nevada is tied with Wisconsin for last in state public health funding at \$72/person, the median is \$119/person. This bill is proposing \$5 per person per year be spent on public health. The return on investment for every \$1 spent on public health is \$5.60.

- ASK – Continue to support for SB118.
- ✓ Homelessness – Our community does not have a lot of data surrounding homeless. Every year the Point in Time Count is conducted in January. Professionals working with the homeless know the number counted during this event is much lower than the true homeless population. The Community Management Information System (CMIS) used throughout the state is releasing a module that can be used for a Carson City's street outreach program. This information will assist in mapping homeless encampments and identify who is in the camps. This program will be able to follow individuals from camps to permanent housing (see page 14 for example).
 - ASK - Continue to support the Carson City Housing Plan especially as we work to get a contractor for street outreach.
- ✓ Community Health Improvement Plan ("CHIP") – Having completed the Community Health Needs Assessment (CHNA), the next step is to convene a diverse and engaged stakeholder group to review the data and findings. Existing and new partners will need to be identified, along with the resources available to work on the priority areas, as well as identify gaps or overlap in resources and services. As a collaborative group, a plan of action known as the CHIP will be developed to address these matters for improvement in our community.
 - ASK – Board of Health members assist in identifying and recruiting stakeholders to participate in this collaborative group (i.e., school district, hospital, community behavioral health clinics). Refer them to Nicki Aaker at naaker@carson.org with CHIP in the subject line.
- ✓ COVID-19 Response After Action Report ("AAR") – A contractor was hired to conduct an AAR to review CCHHS' response efforts. The process involved surveys, conference calls, and individual calls to several of our partners and employees. The report has been provided and CCHHS staff will work on improvements that can be addressed within the department. This fulfills one of CCHHS' Strategic Plan goals.

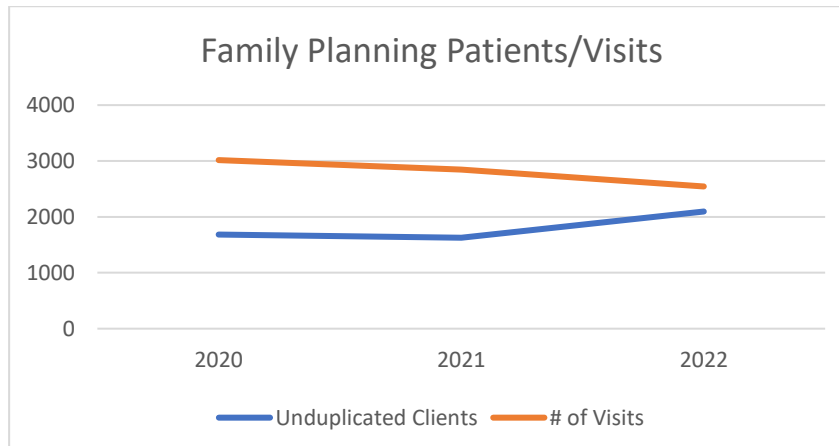
- ✓ Within the Human Services Division, the Nevada Housing Division conducted a program and fiscal review of four housing programs and did not have any findings or concerns.

Division Reports

Clinical Services

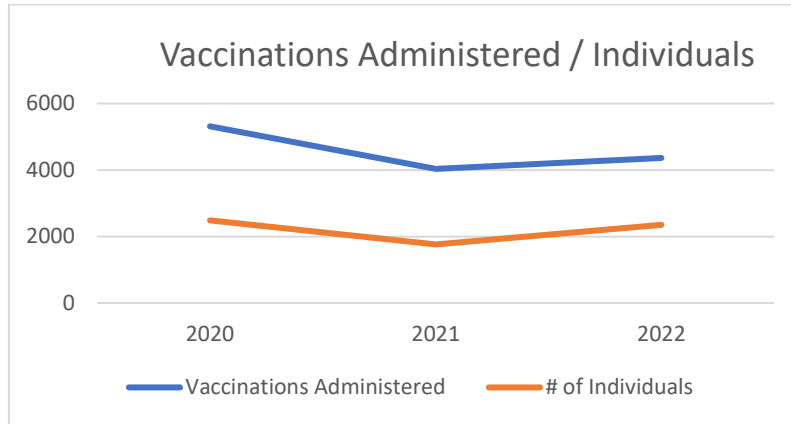
- The Clinical Services Division Manager, Katharyn Reece, is working with our new third-party billing company to bring them on board to bill for the CCHHS Clinic and our flu Point of Distribution (POD) events. This spring the goal is to review revenue cycles for optimization.
- Staff is preparing for the Title X (Family Planning) funding to end March 31, 2023. CCHHS has received this grant for upwards of thirteen (13) years.
- Thank you to the State of Nevada, Department of Health and Human Services for working on a solution for the loss of the Title X (Family Planning) grant in northern Nevada. This solution goes through December 2026. As of April 1, 2023, CCHHS will no longer receive the designation of a Title X Clinic and there will be no Title X protections (i.e., teen confidentiality).
- Drs. Timothy McFarren and Sandra Koch continue to advocate for our program funding at the state and federal level.

Family Planning (Title X) Unduplicated Clients / Number of Visits		
2020 Total	2021 Total	2022 Total
1682/3016	1627/2846	2096/2544



This chart tells us that more patients are coming to CCHHS for services while the number of visits is decreasing. This may be due to CCHHS having an Advanced Practice Registered Nurse (APRN) that can insert long lasting birth control implants which result in less visits to the clinic.

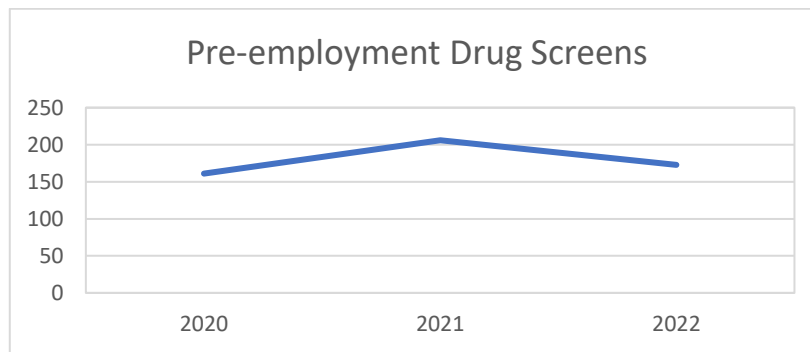
Vaccinations Administered / Number of Individuals		
2020	2021	2022
5,313 / 2,486	4,034/1,762	4,360/2,353



Carson City Employment Drug Screening

CCHHS is the department that administers all the Carson City's drug screening for new employees.

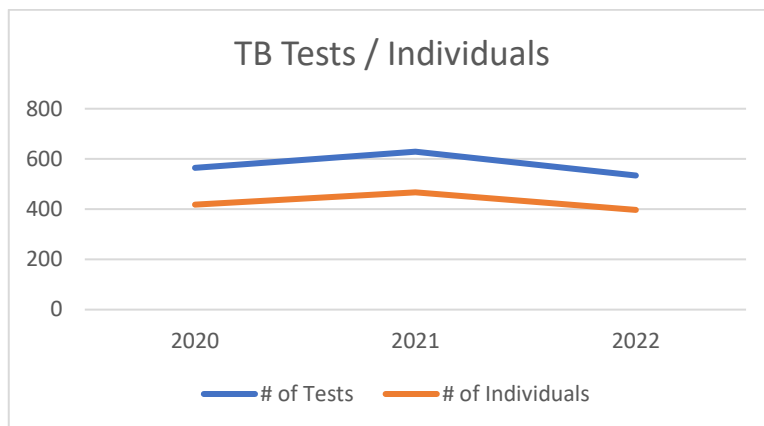
Carson City Pre-employment Drug Screens		
2020	2021	2022
161	206	194



Tuberculosis (TB) Screening

A TB test is a two-visit process. One visit to place the test and the second visit to assess the results. Some individuals are required to have two tests within 7 to 21 days of each other which requires 4 visits to complete both rounds of screening. TB testing includes services provided both at the clinic and an inpatient drug treatment center (Vitality).

Tuberculosis (TB) Screening / Number of Individuals		
2020	2021	2022
565/418	629/467	534/397



Budget

- General Funds – 11%
- Grants – 57%
- Revenue – 32%

Staff Training

- Supervisor Training for Manager
- Safety Considerations for Vaccine-related Events
- Nevada Consent Laws

Challenges

- Hiring a Bilingual Public Health Nurse has been a significant challenge with the position open for over 6 months. Staff shortages in general have created a challenge for availability to serve clients with same-day, next-day appointments as well. Posting has been changed to a Public Health Nurse. If needed the translation service will be used.



Chronic Disease Prevention and Health Promotion (CDPHP)

Adolescent Health Education Program

Outreach Events

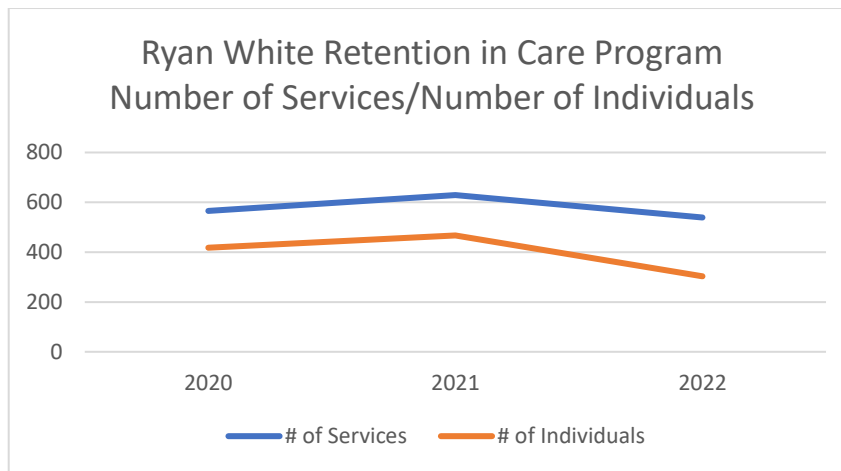
- Outreach continues to non-traditional partners with the goal of having more education programs.

- During COVID-19 and to the present, the program was not allowed back into the high school. Roni Galas has worked very hard with the Carson City School District’s Family Life Committee to get back into the high school so classes can be conducted. The last word is that the program will be allowed back in the high school. Dates for classes have not been scheduled.

Challenges

Ongoing recruitment of organization to conduct classes.

Ryan White – Retention in Care Program



* Number of individuals and services declined in 2022 due to state reports used to identify individuals that are out of medical care were not being received on a regular basis.

Tobacco Control and Prevention Program

Funding comes from four separate sources: 1) CDC Tobacco Prevention, 2) Health Disparities Grant through the Nevada Cancer Coalition, 3) Nevada Clinical Services formerly the Funds for Healthy Nevada, and 4) Nevada’s Youth Vaping Prevention Funds.

- Staff continue to participate in Nevada Tobacco Prevention Coalition as members, which will be important during the 2023 Legislative session. This coalition continues to work on policies related to addressing Youth Access via Tobacco Retailers, the Nevada Clean Indoor Air Act, and Tobacco Prevention and Control Funding.
- Suzie Ledezma-Rubio, Program Coordinator, continues to be a member of Western Nevada College’s (WNC) Healthy Campus Environment Committee.
 - In 2017, CCHHS staff assisted WNC in becoming a tobacco free campus.
 - Staff continue to assist Western Nevada College with strengthening their Tobacco Free Policy and supplying signage.
- Staff are updating the multi-unit housing (“MUH”) list to identify locations that have smoke-free policies.
 - A script and survey are being developed to gather information on known and unknown policies, along with promoting the adoption of smoke-free policies to those complexes without policies and signage for any complex that wants it.

- A toolkit has been developed by staff for owners and property managers on how to implement a voluntary smoke-free policy.
- The most recent location to adopt a smoke-free policy is “Carson Hills “as of 01/01/22.

Outreach Events

- Staff are continuing to collaborate with local coalitions, Southern Nevada Health District, and Washoe County Health District to develop an initiative known as Attracting Addiction.
 - The goal is to educate parents and adult influencers on the predatory practices of the tobacco industry, increase awareness of the dangers of smoking and vaping flavored tobacco products, prevent youth and adults from becoming tobacco users, and support the elimination of all flavored tobacco products.
 - Social media posts have been created by an outside contractor that provides education to parents and youth.
 - Education materials have been distributed to parent groups and at outreach events.

Challenges for Chronic Disease Prevention and Health Promotion

- Youth Vaping Funds are in jeopardy.
- Getting back into all the schools to conduct classes at pre-COVID-19 levels. (Adolescent Health Education and Tobacco Control and Prevention)
- Finding youth to conduct focus groups and youth engagement in general. (Tobacco Control and Prevention)

Budget

- General Funds – None
- Grants – 100%

Environmental Health



Permitted Establishments – Inspections Conducted				
Permitted Establishments	2019	2020	2021	2022
Restaurants Carson City	670	608	700	685
Restaurants Douglas County	772	726	827	686
Temporary Events Carson City	169	0	131	240
Temporary Events Douglas County	78	2	169	369
Childcare Facilities	20	18	24	26
Public Pools, spas, aquatics Carson City	49	50	66	65
Public Pools Douglas County	94	79	100	56
Septic	9	5	10	10
Hotels/Motels	24	4	42	29
Schools	15	16	24	23

Permitted Establishments – Violations, Carson City Only				
Permitted Establishments	2019	2020	2021	2022
Food				
Critical	71	195	175	215
Non-critical	243	439	385	481
Pools				
Critical	4	17	12	8
Non-critical	4	25	148	67

Plans Reviewed				
	2019	2020	2021	2022
Number of Plans	*	*	156	242

*Plan review system changed in 2021

Mosquito Abatement				
	2019	2020	2021	2022
Number of Hours by EH Staff	32	30	55	28

Other News

- Two foggers were donated to Carson City by Douglas County’s Mosquito Abatement program.
- A \$25,000 grant was awarded to CCHHS for working towards Environmental Health Inspection Standardization.

Staff Trainings

- Soil and Site Evaluation for Onsite Wastewater Systems

Epidemiology

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

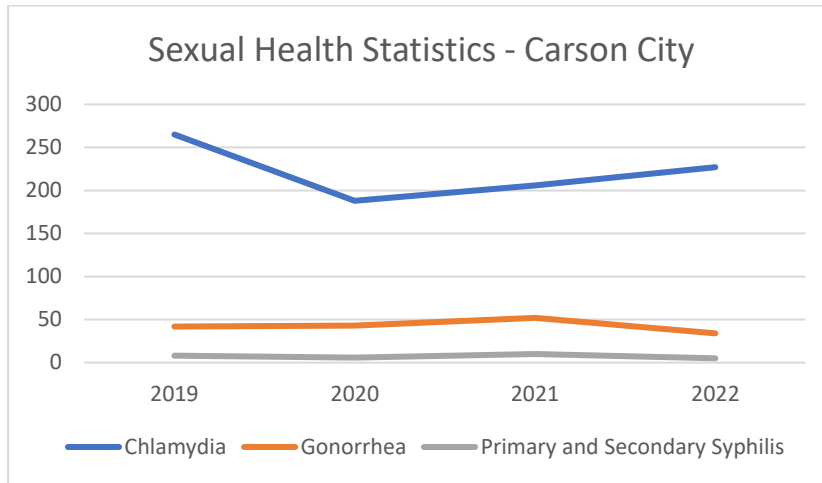
*Due to the reporting system change, the numbers of reported conditions should be considered preliminary and are subject to change.

Respiratory illness season beginning Morbidity and Mortality Weekly Report (“MMWR”) week 40 (first week of October) had a large impact on the health care system in Nevada. In our surveillance area, more hospitalizations were reported in MMWR weeks 40-52 (October to December) for Influenza, which was 78, then were reported for all of last Influenza season, which was 58. RSV (Respiratory Syncytal Virus) reports increased by 62% for MMWR weeks 40-52 compared to the same reporting period in 2021.

In December 2022, the Carson City Board of Supervisors approved several grant funded City positions. This approval allows for the Epidemiology Division to “Right Size” as we transition to the post COVID emergency.

In September, our Statewide disease surveillance system was transitioned to a more modern system. Since it is a new system, we are in the process of learning the system and fine tuning our reporting.

Sexual Health Statistics (Carson City)				
	2019	2020	2021	2022
Chlamydia	265	188	206	227
Gonorrhea	42	43	52	34
Primary and Secondary Syphilis	8	6	10	25



Sexual Health Statistics (Douglas & Lyon Counties)				
	2019	2020	2021	2022*
Chlamydia	287	256	282	199
Gonorrhea	52	93	65	46
Primary and Secondary Syphilis	5	7	15	7
2022 statistics are likely due to decrease in testing, not a decrease in cases.				

Vector Borne Diseases (i.e., West Nile, etc.)				
	2019	2020	2021	2022
Carson City	0	0	0	0
Douglas & Lyon Counties	0	0	1	0

Other Disease Investigations – Carson City, Douglas, and Lyon Counties				
	2019	2020	2021	2022
Campylobacteriosis**	6	0	10	17*
GI Outbreak (Childcare Facility)	0	0	1	0
Rabies, Animal (Bat)	0	0	1	1
RSV Outbreak (Childcare Facility)	0	0	2	2
Salmonellosis+	4	3	9	12*

** Common causes of foodborne illness

Influenza Hospitalizations - Carson City, Douglas, and Lyon Counties				
	2019	2020	2021	2022
Influenza Hospitalizations	36	2	6	148

Staff Training

- All staff were part of EpiTrax training, our new Statewide disease surveillance system.
- One staff attended the Childhood Lead Prevention conference (Virtual).

Budget

- General Funds – None
- Grants – 100%

Challenges

Right sizing the Epidemiology Division was the first step in developing a sustainable model for responding to reportable conditions and outbreaks within our surveillance area. The next step is to establish stable long-term funding of core public health services.



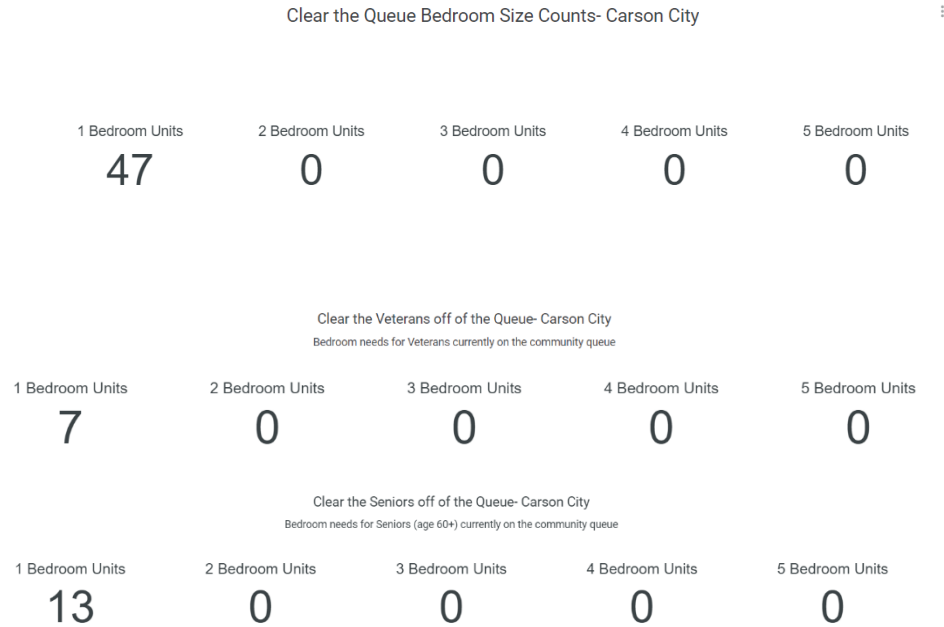
Human Services

Activities

- Attended Clarity Connect Conference; two major takeaways:
 - 1) The Community Management Information System (CMIS) will release a module to utilize for the Street Outreach program. The module will be able to map homeless encampments and identify who is in the encampments. When outreach is conducted the module will follow individuals from camp to permanent housing (reported as a highlight).

- 2) A report can be run from CMIS that will show the homeless individuals assessed, and what type of housing is needed to house each individual. This report breaks it down into veterans and seniors as well.

Sample:

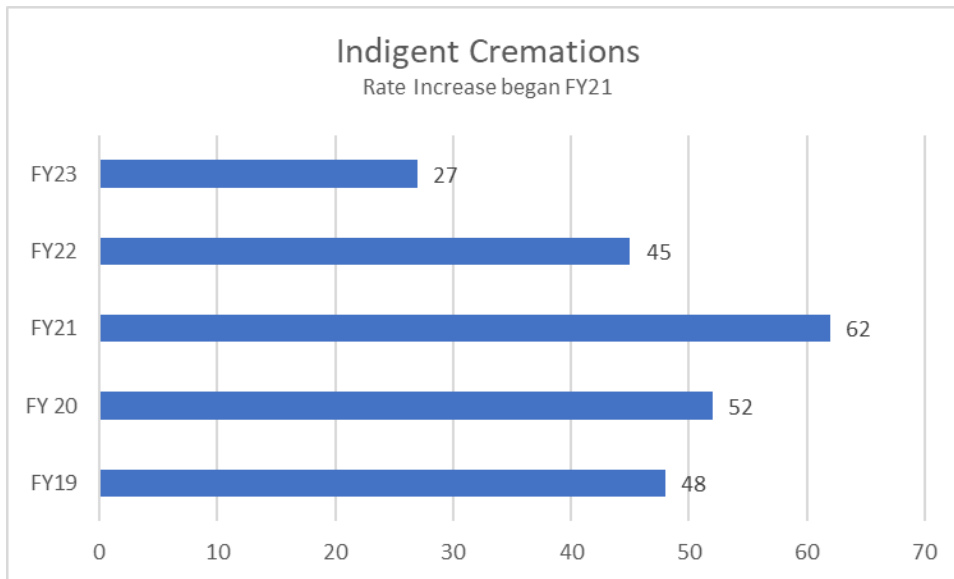


Individuals Assisted

As of February 15, 2023,

- Point in Time Count preliminary number for count completed on January 26, 2023, is **68 unsheltered homeless**. There was not a motel count conducted this year.
- An on-going housing program, Shelter Plus Care, is assisting **7 households** that were previously chronically homeless individuals.
- Homeless prevention programs through the Emergency Solutions Grant-Homeless Prevention and Affordable Housing Tax Fund assisted **19 households**.
- The Emergency Solutions - Rapid Rehousing Grant made it possible to rehouse **two households**.
- **Eight households** were assisted with security deposits through the Welfare Set-Aside funds.
- **Three households** received one-time rental assistance through the Welfare Set-Aside funds.
- **Six 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). He has now relocated and no longer needs rental assistance.
- With the Emergency Solutions COVID-19 Grant, **4 households** impacted by COVID-19 were assisted with rental assistance to prevent homelessness.
- **Four residents** were housed in a location secured by CCHHS who did not have a place to isolate or quarantine due to COVID-19 or were at high risk due to medical needs.
- In FY23, **1 individual** in the county receives assistance for long term care.

- 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:

- The Carson City Clinic has seen a total of **580 unduplicated participants**: 10% pregnant women, 5% fully breastfeeding, 3% partially breastfeeding, 10% not breastfeeding, 30% infants, and 43% children.
- The Gardnerville Clinic has seen a total of **294 unduplicated participants**: 12% pregnant women, 8% fully breastfeeding, 3% partially breastfeeding, 6% not breastfeeding, 33% infants, and 38% children.

Carson City Behavioral Health Task Force Update

A Community Health Needs Assessment presentation was given. Behavioral Health continues to be a priority. This group of professionals will be part of the group working on the Community Health Improvement Plan.

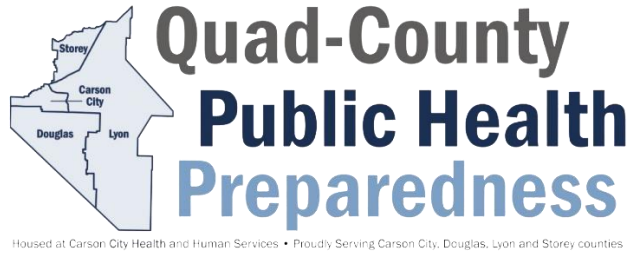
Other news, including staff trainings

Staff Training

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

Budget

- General Funds – 29%
 - Grants – 71%*
- *Includes the Indigent Accident Funds



Public Health Preparedness

Emergency & Disaster Preparation

- Quad-County Public Health Preparedness (PHP) staff are leading Carson City departments in the development of a Mass Care and Sheltering plan for Carson City. This planning process brings together City leadership, Emergency Management, Public Works, Parks, Health, Human Services, Humane Society, American Red Cross, and volunteer groups such as CERT.
- Quad-County PHP staff are revamping the Western NV Medical Reserve Corps operational capabilities. This includes building situation-specific trainings for volunteers to include mass care sheltering and points of dispensing (POD) activities. This is being funded by a Medical Reserve Corps RISE award through NACCHO. Project completion date is June 2023.
- Several PHP staff members participated in the State Threat and Hazard Identification and Risk Assessment (THIRA) workshops in October. These workshops bring partners together who would be responsible for responding in an emergency to discuss the threats and risks to being able to accomplish responses effectively. Since every emergency has a public health component, it is important for staff to be engaged in this week-long event.
- The CCHHS COVID After-Action Report and Improvement Plan has been finalized and presented to stakeholders.

Health Care Emergency & Disaster Preparation

- Quad-County PHP staff and a member of the Quad-County Healthcare Coalition attended the National Healthcare Coalition conference in Anaheim, CA. The conference provided the opportunity to engage with federal project officers and healthcare coalition leadership from across the country to share best practices.
- The Quad-County Healthcare Ready and Response Coordinators are keeping the Coalition apprised of the surge in respiratory illnesses including COVID-19, flu, and RSV. Staff have shared information regarding clinical staff calls with the federal government, ordering processes, and symptomology. Additionally, the coordinators are sharing resource requesting information with healthcare providers regarding antivirals.
- Quad-County PHP staff supported healthcare partners during the winter weather event around New Year's Eve with details regarding oxygen, oxygen concentrators, and warming shelter locations.

Community Vaccinations

- Hosted 45 flu vaccination clinics administering 2,232 flu vaccines; mostly held in schools and administered to children. Total flu vaccinations administered by CCHHS this year is about 10% lower than this time in 2021.

- Q2: Hosted 12 COVID bivalent booster vaccination clinics administering 447 COVID-19 booster vaccines.

Staff Training

- One staff member helped facilitate a Northern NV Drought Workshop with Washoe County Health District and State Public Health Preparedness Division.
- Staff attended Region 9 training in California regarding the revisions to the Strategic National Stockpile.

Staffing Challenges

- As COVID-19 response decreases, staff are leaving to pursue other work that does not involve COVID-19.
- The search for a new Public Health Preparedness Manager began in September 2022 and continues as the search has been unsuccessful to date.

Budget

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

CCHHS Administrative/Fiscal

Staff Report

- Employees – Number of employees - 55
 - 37 FT City Employees - 67%
 - 11 PT City Employees – 20%
 - 7 Contract Employees [Marathon, Nevada System of Higher Education (NSHE)] – 13%
 - 4 Vacant Positions
 - 3 – Contracted (1) Health Officer, 2) Family Planning Medical Director, and 3) Pharmacist (not included in the percentages)

Challenges

- Hard to fill vacancies: 1) Fiscal/Grant Analyst – Health (will be posted again), 2) Public Health Nurse, 3) Epidemiology, and 4) Public Health Preparedness Division Manager

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. To date, there has been no further news from the Public Health Accreditation Board.
- Next Steps -
 - Review of documentation by the site reviewers
 - Request for more documentation or explanations
 - Virtual site visit
 - Public Health Accreditation Board Decision

3rd Community Health Needs Assessment (CHNA) Update

- Executive Summary and entire assessment are located on www.carson.org,

3rd Community Health Improvement Plan

Next step is development of this plan with the help of a collaborative group of professionals and residents.

Washoe County Health District

Date: February 2, 2023
To: State Board of Health Members
From: Kevin Dick
Washoe County District Health Officer
Subject: March 2023 Washoe County District Health Officer Report

Behavioral Health - The community coalition supported by the Health District through the CHIP process continues to work toward standing up an improved behavioral health crisis response system. The 988 national call (somewhere to call) line went live in July and has continued to see steady call volume while they work to build capacity. The state has announced they will release an RFP in the summer to identify the long-term crisis call hub provider and enhance capabilities, particularly the technology needed to dispatch mobile crisis teams, among other functions. The state continues to work on a CMS planning grant to build the Medicaid rate structure that will support the addition of mobile crisis teams (someone to come to you). Good progress has been made to secure a location at the Dini Townsend Center and to move toward a final grant award to Renown to fund start-up costs and the first year of operations for the Crisis Stabilization Center (somewhere to go). Mobile Crisis Team and Crisis Stabilization Center operations are anticipated to start in FY24.

The Washoe Regional Behavioral Health Board's bill AB69 to increase the availability of loan repayment assistance for behavioral health professionals to address the statewide shortage of providers was tentatively scheduled to be heard in the Assembly Education Committee on February 16.

Health Equity Capacity - The Health District is offering staff multiple opportunities in February and March to participate in three-hour Diversity, Equity, Inclusion and Cultural Competency training sessions lead by external DEI consultant, Tiffany Young. The trainings will be followed by opportunities to participate in more informal dialogue and reflection sessions in April and May.

Epidemiology Program and COVID Epidemiology Branch

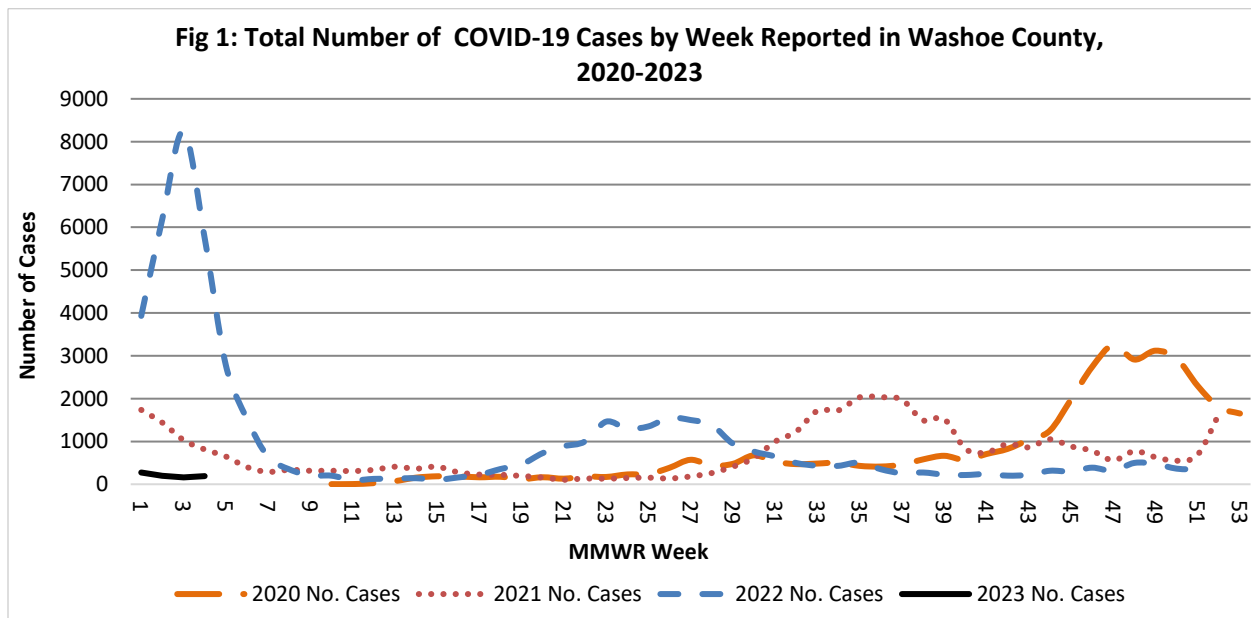
Ebola Monitoring – The Epidemiology Program completed risk assessments and monitoring of 5 persons returning from Uganda to Washoe County. As of January 11, 2023, the Government of Uganda declared the Ebola disease outbreak over and CDC no longer requires monitoring of returning travelers.

Mpox – No new cases have been reported since October 2022. At the time of this report 21 residents have been diagnosed with mpox in Washoe County. None of the cases were hospitalized for reasons related to mpox. Cases in need of treatment were able to access it (tecovirimat commonly known as TPOXX) through locations with pre-positioned TPOXX, when able to be reached. Persons exposed to the cases while the cases were infectious were offered JYNNEOS vaccine as post-exposure prophylaxis (PEP).

SARS-CoV-2 (COVID-19) - By the end of January 2023, Washoe County Health District’s COVID Epidemiology team had received reports of 126,088 cases of COVID-19 among Washoe County residents since the start of the pandemic. [Table 1].

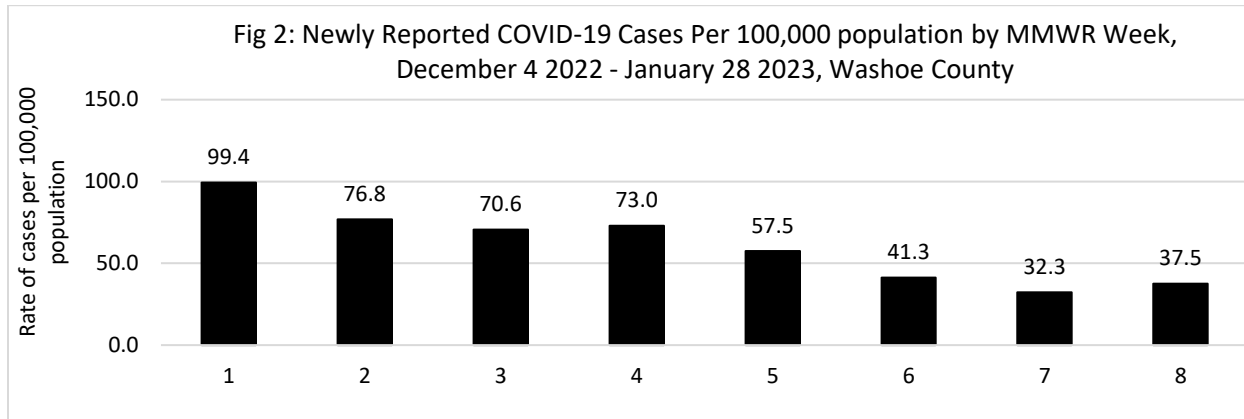
Time Period	Number of COVID-19 Cases Reported	Avg. Number of Cases per Day	Percent of Cumulative Cases
2020 March - December Total	34760	114	28%
2021 Total	37544	103	30%
2022 Total	52623	144	42%
2023 January	1161	37	1%

Figure 1 provides an overview of the total number of confirmed COVID-19 cases reported to Washoe County to date by MMWR week from 2020 through the end of January 2023. As of MMWR week 4, case numbers began to decline and are currently lower than at this point compared to prior years.



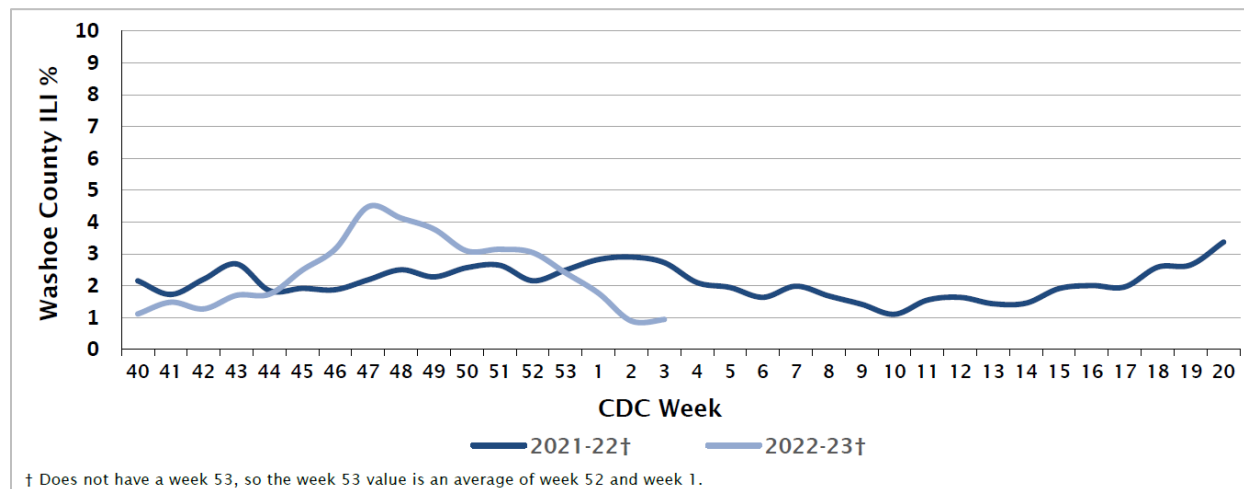
Note: there is no MMWR week 53 in 2021

Figure 2 illustrates the number of new cases per 100,000 population over the course of an eight-week period, from the first week in December 2022 through the last week of January 2023. As of MMWR week 4, Washoe County was at 37.5 new cases per 100,000 population.



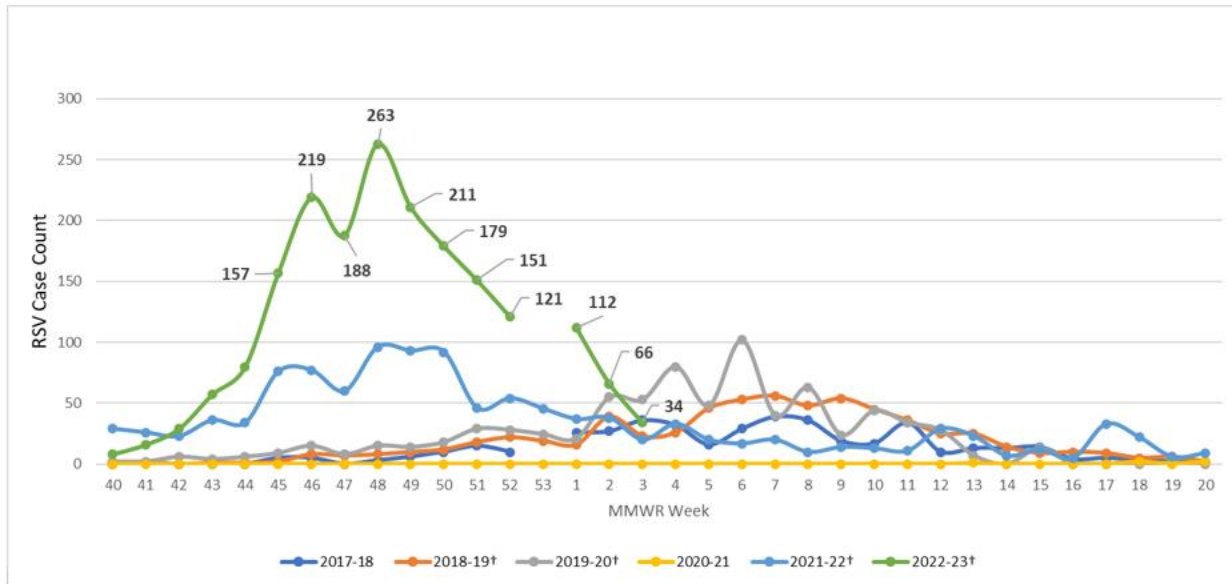
Influenza – the 2022-2023 Influenza Season began MMWR week 40 (October 2, 2022) and since then the weekly Influenza-like Illness (ILI) reports have been published and can be found at <https://www.washoecounty.gov/health/programs-and-services/ephp/statistics-surveillance-reports/influenza-surveillance/index.php>. [Fig 3].

Fig 3: ILI Activity Reported by Sentinel Providers, Washoe County, 2021-2023 Seasons



Respiratory syncytial virus (RSV) – From mid-November through late January, a pediatric surge meeting with regional healthcare partners and EMS was held regularly to discuss capacity and needs due to the drastic increase in RSV cases early in this flu season. A data briefing on reported RSV cases and trends was given by the Epidemiology Manager during these calls and the Figure 4 below was shared. As of the most recent MMWR week, 3, the number of new cases has returned to numbers typically seen in previous seasons.

Fig 4: RSV Case Counts by Week (Flu Season Only), Washoe County, 2017-2023 Seasons



*No MMWR week 53 in 2022

Outbreaks – There were 4 new reported outbreaks in January 2023, a decrease from December 2022. The majority of outbreaks occurred in daycare/childcare settings. There were two (2) COVID-19, one (1) influenza and one (1) gastrointestinal outbreak.

Type	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gastrointestinal Illness	1											
Respiratory Illness	0											
Influenza Confirmed	1											
COVID Confirmed	2											
Rash Illness	0											
Other	0											
Total	4	0	0	0	0	0	0	0	0	0	0	0

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

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

- Perinatal Hepatitis B Transmission

Other Reports – No other reports were published during January.

General Communicable Diseases – During September 2022, a mass migration from one data system, NBS, to another data system, EpiTrax, occurred at the state level. This has been an over 18-month endeavor on behalf of the state and local health epidemiologists and information systems staff to bring on this new reporting system. The Epidemiology Program Manager attends at least one meeting a week with state partners for the implementation of EpiTrax as challenges are addressed. Due to a change in how EpiTrax functions, only positive laboratory results are reported into the system, and there are still some conditions which are not confirmed to be reporting into the new system appropriately. Several validation processes are in place to verify

what is being reported is accurate. During the month of January, there were 425 positive labs reported, with 75% resulting in a confirmed, probable, or suspect case, many of these cases (n = 260) were RSV.

Epidemiology Program Cross Divisional Projects

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

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

A total of 16 focus groups and key informant interviews were conducted. The qualitative data analyses concluded in mid-June. The community survey, which was made available in both English and Spanish, closed at end of May 2022 and analyses are completed. The agency survey was closed at the end of May 2022 and analyses are completed as well.

The ranking and scoring of health needs was completed in June by the EPHP Division Director and Epidemiology Program Manager. Results were shared with the Steering Committee on July 13, 2022, and inputs were taken into account in the final report drafting process.

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

The District Board of Health received a presentation on the Community Health Assessment during the annual strategic planning meeting on November 11, 2022, with an overview about the process, contents, and ranked health needs in the region.

The EPHP Division Director and the Epidemiology Program Manager completed a final review and edits, completed as of the middle of January 2023, and the 2022-2025 Washoe County Community Health Assessment is ready for publication.

Public Health Preparedness (PHP) Program

Public Health Emergency Preparedness (PHEP)

On January 24, 2023, PHP coordinated a meeting with local partners to discuss fentanyl resources for first responders. This meeting was set up based upon discussions with the Consolidated Law Enforcement All-hazards Response (CLEAR) team. The CLEAR team requested support in developing and pushing out training to first responders (primarily law enforcement) on how to deal with fentanyl events in the field, such as pill mills and labs. The discussion group was comprised of local law enforcement, Nevada State Board of Pharmacy, Fire TRIAD, WCHD Environmental Health Services, Las Vegas Metro and the State Division of Emergency Management.

Psychological First Aid Training was arranged for the Washoe County Medical Reserve Corps (MRC) in partnership with the American Red Cross (ARC) on January 31 and February 1. The trainings were hosted at

WCHD and was presented by a local ARC representative. Attendance included members of the MRC, Community Emergency Response Team (CERT), and WCHD employees.

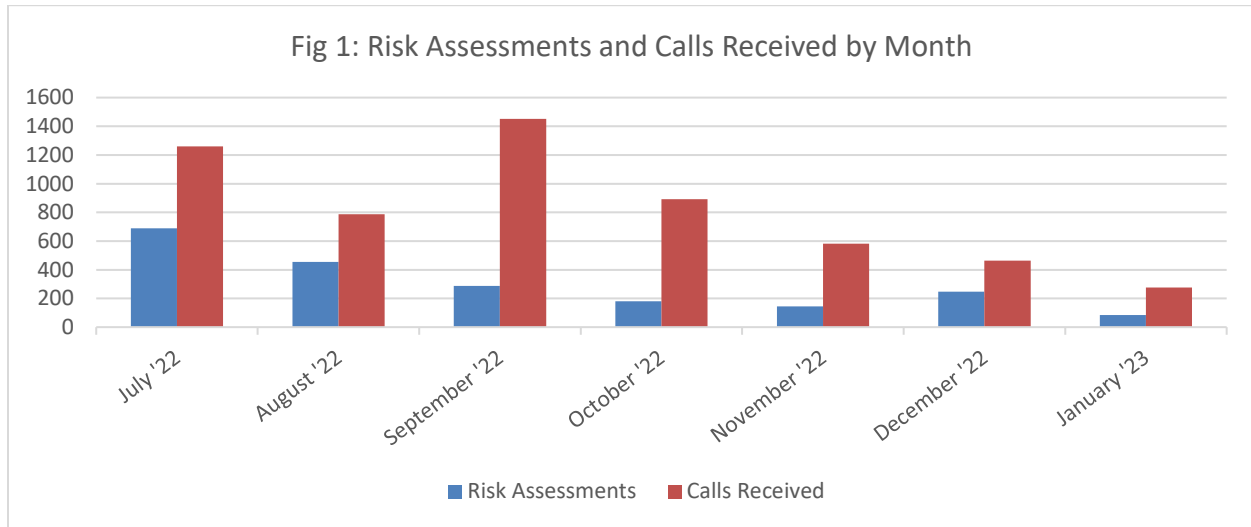
On January 27, 2023, the PHEP program was notified that an additional \$5000 for MRC unit activities was awarded by the National Association of County and City Health Officials (NACCHO) Operational Readiness Award, which will be applied toward continuation of the medical recruitment campaign and engagement assessment of current active MRCs.

The PHEP program continues to coordinate with Washoe County schools (public, private and charter) to assist in developing emergency planning processes for their Emergency Operations Plans based on [Nevada Revised Statute \(NRS\) 388.241](#) (formerly Senate Bill 36). A quarterly reminder email was sent on January 9, 2023 to 47 schools. The PHEP team participated in a total of 5 meetings between July 1, 2022 and January 31, 2023 during the current school year.

COVID-19 Response

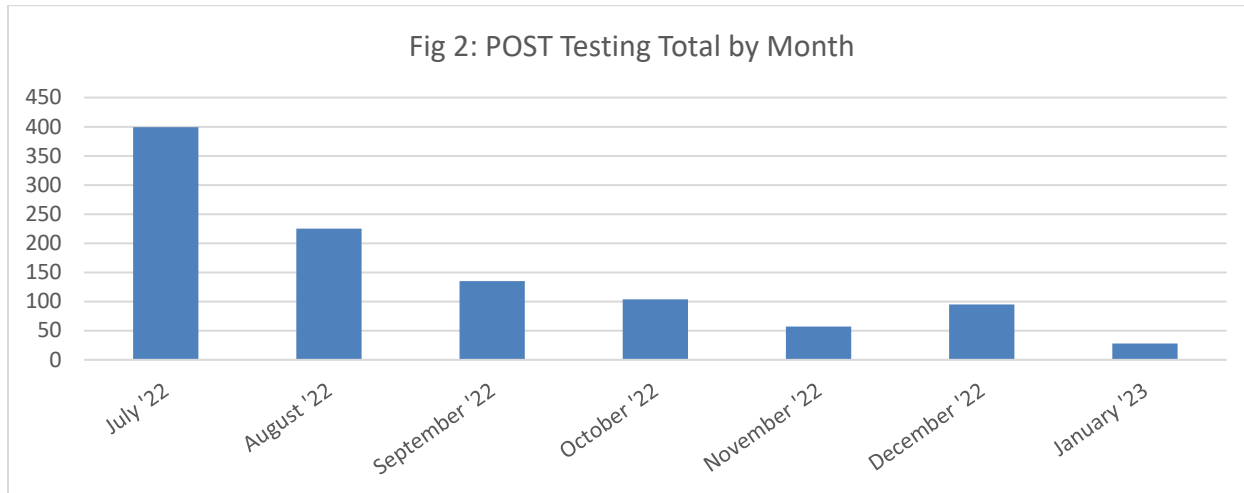
Call Center and Point of Screening and Testing (POST) –The COVID-19 Call Center received 84 risk assessments in January, a decrease of 66% from December. Some risk assessments were entered by end-users through the web portal, and others were entered by Call Center staff. During the month of January, the Call Center received 277 calls, a 40% decrease from December. Table 1 summarizes risk assessments and calls received by the COVID Call Center since the beginning of 2021, while Figure 1 graphs the data since July 2022.

Table 1. Total Risk Assessments and Calls				
Month Reported	Risk Assessments	Inc/Dec	Calls Received	Inc/Dec
2021 Totals	55,371		75,174	
January 2022	20,451	336%	10,773	144%
February 2022	1,827	-91%	1,445	-87%
March 2022	566	-69%	1,227	-15%
April 2022	405	-28%	1,357	11%
May 2022	764	89%	1,151	-16%
June 2022	854	12%	1,338	10%
July 2022	688	-19%	1,260	-6%
August 2022	455	-34%	787	-38%
September 2022	288	-37%	1,451	84%
October 2022	181	-37%	892	-39%
November 2022	144	-20%	581	-35%
December 2022	248	72%	464	-20%
January 2023	84	-66%	277	-40%



The POST decreased operations to two days per week drive-through, effective January 9, 2023. A total of 28 tests were conducted in January, a decrease of 71% from December. Table 2 summarizes the number of tests completed at POST to date since the beginning of 2021, while Figure 2 graphs the data since July 2022.

Month Reported	POST Tests	Inc/Dec
2021 Totals	30,996	
January 2022	4,613	250%
February 2022	1,127	-76%
March 2022	198	-82%
April 2022	223	13%
May 2022	341	53%
June 2022	375	16%
July 2022	399	6%
August 2022	225	-44%
September 2022	135	-40%
October 2022	104	-23%
November 2022	57	-45%
December 2022	95	67%
January 2023	28	-71%



As of February 1, 2023, the COVID-19 Call Center was staffed with a total of four (4) personnel, comprised of one (1) UNR paid contractor and three (3) temporary staff. All staff were assigned to COVID-19 testing and vaccine-related communications.

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

Regular pediatric surge meetings have been held from November to January with hospitals, EMS, WCHD and the Nevada Healthcare Association (NHA) to discuss hospital surge status and any immediate needs due to the high uptick in RSV in the community. Epidemiological update, hospital status, and EMS transport updates to help alleviate the surge burden have all been discussed.

The Program has held four Hazard Vulnerability Assessment (HVA) and Resource Gap Analysis meetings with different healthcare sectors to review the results from the data collected in January. This data will be used to revise the Preparedness Planning Guidelines and the Response Guide, as well as guide exercises and projects throughout the next fiscal year.

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

Emergency Medical Services (EMS) Oversight Program

EMS Joint Advisory Committee (JAC) - The JAC has been focused on process improvements for increased life safety. The latest discussion forward is to consider testing within a predetermined test area where the outcomes will be looked at after potentially 90 days when there will be enough data to review.

REMSA Franchise – REMSA has submitted compliance documents for FY21-22 and is working with the Program to discuss, or provide additional information, as needed.

The Program has completed the revision of the REMSA Franchise Zone Map for 2023 and will be in discussion with REMSA and Truckee Meadows Fire Protection District in late February 2023 for the map review.

REMSA Exemption Requests –

Table 1: REMSA Exemption Requests FY 2022-2023					
Exemption	System Overload	Status 99	Weather	Other	Approved
July 2022	71	-	-	-	71
August 2022	-	-	-	-	-
September 2022	-	-	-	-	-
October 2022	5	-	-	-	5
November 2022	15	-	-	-	15
December 2022	67	-	22	-	89
January 2023	94	-	56	-	150

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 indicated below. 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 ensure 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 ensure that **90%** of all presumptively defined life-threatening calls (Priority 1 Calls) collectively have a response time of; 15minutes and 59 seconds or less for the combined Zone B areas, 20 minutes and 59 seconds or less for the combined Zone C areas, and 30 minutes and 59 seconds or less for the combined Zone D areas.

Table 2. REMSA Percentage of Compliant Priority 1 Responses by Zones FY 2022-2023		
Month*	Zone A	Zone B, C, and D
July 2022	91	90
August 2022	91	91
September 2022	88	91
October 2022	90	89
November 2022	90	90
December 2022	90	90
January 2023	92	96
Monthly Average	90	91
Year-To-Date**	90	91

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

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

Community Services Department (CSD) – Memo Review - Memo Review - The EMS Oversight Program staff reviews and analyzes project applications received from the Planning and Building Division of the CSD and

provides feedback. Program staff reviewed seven (7) applications during the month of January did not have any concerns that may affect EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program did not receive any applications for review in January of 2023.

Vital Statistics

Vital Statistics has continued to serve the public through the mail, online and in-person. During the month of January, Vital Statistics staff registered 517 deaths and 415 births; 18 death and 58 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

December	In Person	Mail	Online	Total
Death	2038	24	559	2621
Birth	861	40	510	1411
Total	2899	64	1069	4032

Sexual Health (Outreach and Disease Investigation) – The Sexual Health Program is closing out 2022 cases and completing end of year reporting. The abrupt transition in September from NBS disease reporting system to EpiTrax for STDs has led to a significant amount of data quality assurance. Data variable requirements must be met and accurate before the data points can be used to inform local, state, and federal reports.

Staff participated in the fourth quarter statewide Congenital Syphilis Review Board’s Community Response Team. The STD Epidemiologist provided abstracts of two congenital syphilis cases. The group can ask questions regarding the case to find points where intervention could have occurred to prevent the baby from acquiring syphilis from the mother. During 2023, a Community Action Team will be established to take the themes from cases presented and offer policy and system change recommendations. Over the past two years, cases have been presented from Southern Nevada Health District and Washoe County Health District. The CDC considers a congenital syphilis case to be a sentinel health event, a failure of the healthcare system. Staff will continue to present cases during 2023.

Immunizations – Staff continues to provide COVID vaccinations through the homebound program, onsite clinic, and community PODS.

There were four community COVID PODS in January. Approximately 430 COVID vaccinations were provided through community events, homebound and the immunization clinic during the month of January. In addition, staff were able to provide 218 Flu vaccines during offsite PODs and Homebound combined. Covid staff were able to go to a new location, Our Center. In addition, the team returned to previously successful locations such as St. Peter Canisius Catholic Church, Spanish Springs Library, and the Boys & Girls Club on 9th street, offering all COVID vaccination presentations for 5 years and older.

The homebound team provided 85 COVID vaccines in January. In addition, the team provided 25 Flu vaccines in January. The homebound team continued to provide vaccines in multiple underserved locations such as Sierra Manor, Advanced Health Care, Northern Nevada Veterans Home, Life Care Center of Reno,

Willow Springs, Cares Campus, Advanced Healthcare, Alpine Skilled Nursing and Rehab Center, and Kiley Ranch Senior Living.

In January, staff redistributed 90 Pfizer Bivalent doses, 200 Pfizer doses, 50 Pfizer peds 5–11-year-old doses, 50 Pfizer bivalent peds 5–11-year-old doses, 100 Pfizer doses for 6 month – 4-year-old, 150 Pfizer Bivalent doses for 6 month – 4-year-old, no Moderna Bivalent 12-year-old and older doses, no Moderna 12-year-old and older doses, 100 doses of Moderna 6 month – 5-year-olds, and no doses of Moderna 6 years – 11 years to support seven community providers and increasing availability of COVID-19 vaccine in our community.

Staff continue to provide all presentations of COVID vaccines in the immunization clinic along with all other regular vaccines, including the influenza vaccine. Staff vaccinated a total of 371 individual clients and provided 873 vaccines during the month of January, of which includes 166 COVID vaccines. Staff continue to accept walk-ins at all vaccine sites daily.

Staff continue to provide Jynneos vaccine based on specific eligibility criteria. This criterion included contacts to a confirmed MPox case and high-risk lab and health care personnel. The homebound team provides this vaccine to those who are eligible.

Results from the Immunization Programs virtual site visit from the Nevada State Immunization Program (NSIP) were received in December and there were no findings.

Program staff focused on the clinic and spring school outreach planning in January, to include six upcoming partnered events at area middle schools in preparation for Back- To- School season. VFC Compliance and follow-up visits resumed, to include the training of additional staff. Staff conducted two VFC Compliance visits, one follow-up visit, and one 317 Compliance visit. COVID staff did not complete any compliance visits in the month of January. All staff continue to offer provider education on vaccine storage and handling, vaccine inventory, and vaccine redistribution information in addition to addressing special and employee vaccine cases.

The team continues to recruit for two open positions in immunizations.

Tuberculosis Prevention and Control Program – During the month of January, the TB clinic had one client complete treatment for active disease. This client was a pulmonary TB case that needed a great deal of follow-up and encouragement to get through treatment which took 11 months (a normal case is anywhere from six to nine months). The TB program currently has one remaining active case of pulmonary TB; this case will conclude treatment in February. A new pulmonary case was received in the month of January.

The TB Program is also busy treating LTBI cases, they are currently managing seventeen cases of LTBI. These cases are on varying forms of treatment with the shortest course of treatment being twelve weeks. Each case on the twelve-week regimen also needs weekly follow-up to ensure they are tolerating the medications and complying with the treatment. Any other treatment regimen requires monthly follow-up.

Reproductive and Sexual Health Services – The Family Planning/Sexual Health Program (FPSHP) welcomed Beth Reeve, APRN on December 5, 2022. Beth has been working as a per diem APRN in the clinic since June. Beth exceeded expectations as a per diem APRN and was able to start seeing clients independently on her first day. With the addition of Beth as a third provider the FPSHP began offering walk-in and same day appointments daily starting January 1st. The Communications Team helped the FPSHP spread the word about the availability of walk-in appointments through a press release, and the availability of walk-in appointments was mentioned on one of the local new station's morning and evening new programs. The goal of daily walk-in/same day appointments is to increase access to high-quality sexual and reproductive health care for community members.

The PrEP Implementation Team has been identified and the team began meeting January 12, 2023. The PrEP Implementation Team is tasked with developing policies, procedures, protocols, staff education, and patient education for providing pre-exposure prophylaxis (PrEP) for clients at risk for HIV infection in the clinic. The PrEP team is a multi-disciplinary team that will meet every 2 weeks until a PrEP program has been successfully implemented in the clinic.

On January 18, 2023, 2 staff members attended an STI Expert Webinar on *Mycoplasma genitalium*. *Mycoplasma genitalium* is a sexually transmitted bacteria that the Centers for Disease Control and Prevention (CDC) has identified as a cause of recurrent cervicitis in people assigned female at birth and recurrent urethritis in people assigned male at birth. The FPSHP will begin offering testing for *Mycoplasma genitalium* through Quest Diagnostics in February or March.

Lastly, the FPSHP received kudos from a client who was very appreciative of the care he received during his clinic visit. The client writes: "I've never had any health services that are as caring as this clinic or let alone health staff members that treat me with such high respect, consideration, and a willingness to help out, in true words you guys are doing God's work and you are all miracle workers. Lastly, I want to say you're all a staple to Reno & the community. If everyone in the health care field was as thoughtful and caring as you and your staff then this world would be a better place, you deserve recognition and a huge thank you. I wish I could give everyone a hug so please just send my warm and kind regards to the team, nurses, and staff and remind them how special you guys are for working hard and changing lives for the better."

Chronic Disease and Injury Prevention Program (CDIPP) – The 2023 Chronic Disease and Injury Prevention Data Report is now available as a community resource. The report is a compilation of data on chronic disease and injuries with their leading health indicators. The report is available in English and Spanish, and both include ADA remediations. Access to the report can be found [here](#).

The new year has presented new partnership opportunities and continuous collaboration to expand and meet physical activity and nutrition goals. Although still in the early discussion phase, staff have been able to meet with faculty from UNR's Community Health Sciences department to explore engaging physical activity opportunities for the Coaches Challenge Program. In addition, staff is exploring more collaborative efforts from community partners for the Grab Healthy Corner Store initiative, which will provide more nutritious food to our community.

Staff presented vaping prevention education at Traner Middle School to all social studies classes, reaching 520 students. Staff also had the opportunity to table four times during lunch time at Traner, displaying the smokers' lungs and healthy lungs, and allowing students to talk with health educators one-on-one. Upcoming schools scheduling prevention outreach include Incline Middle School and McQueen High School. WCHD Youth Vaping Prevention ongoing parent education webinars directed to Nevada parents are available at www.parentsagainstvaping.org/Nevada

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

Documentation was submitted to support the grant from University of Las Vegas Nevada UNLV) and Nevada Lead Poisoning Prevention Program for a subaward to fund Washoe County Health District's Public Health Nurse's role in case management and education for Lead cases in Washoe County. UNLV is awaiting approval from the CDC. The Lead program continues to work with the new Nevada Department of Health and Human

Services Lead Program Specialist jointly on Lead cases above 3.5 µg/dL within Washoe County and participates in monthly status calls with the Nevada Childhood Lead Prevention Program (NVCLPP).

Public Health Nurses and Community Health Workers continue to follow-up and provide coordination education and resources on referrals from the Nevada Newborn Screening Program to ensure all infants receive the second mandated Newborn Screen.

Washoe County Health District Community Health Workers continue to hold Cribs for Kids classes on a regular basis, educating new parents on safe sleep. Instructors are also Baby and Me Tobacco Free facilitators and promote PRAMS (Pregnancy Risk Assessment Monitoring System), Nevada 211 and Nevada Medical Home Portal. There were four participants in the January Cribs for Kids classes and all participants were also connected to REMSA for free car seats. There were two referrals for Baby and Me Tobacco free and one client started the program.

Fetal Infant Mortality Review Board (FIMR) meets monthly, except for June and December. The FIMR Board met on January 19, 2023, and reviewed four cases. Overall recommendations from the FIMR Subcommittee Meeting were shared with the FIMR CRT team in January. In an effort to recruit more and diverse members to the team a formal invitation to Join Together Northern Nevada (JTNN) Director and Assistant to join the FIMR team was extended. The new family friendly FIMR brochure is currently being distributed at hospitals in the bereavement discharge packets given to parents. Comprehensive resource lists are being distributed electronically to providers and Pregnancy Infant Loss of the Sierras (PILSOS) is also helping to distribute these resource lists within the hospitals. No maternal interviews were conducted in January. The team would like to welcome two new per diem RN staff members, Holly McGee and Angela Penny, both with significant maternal child health experience. Count the Kicks information is being distributed in WIC and Immunization and Family Planning Programs. The MCHAB Title V Annual Report and FIMR quarterly reports were completed.

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 April 11, 2023. 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).

Community Health Workers (CHWs) – The Community Health Workers (CHWS) continue their outstanding work in assisting clients with coaching and navigation of health and social services and outreach efforts to underserved communities. In December, the CHWs began monthly outreach with Washoe County Juvenile Services. CHWs interacted with adolescents currently detained at Jan Evans and provided adolescent health education and resources. The CHWs also attended outreach events hosted by ACCEPT and Black Wall Street and provided attendees information regarding services at the Washoe County Health District including reproductive and sexual health services, tobacco cessation support, immunization services, and the WIC program.

For the last quarter of 2022, the CHWs received 99 individual client referrals from CCHS programs. Clients were assisted with numerous health and social needs including assistance finding a medical home, navigating the complex health insurance system, transportation resources, individual health education to reduce risk of chronic health conditions, and housing and food insecurity. Barriers to assisting clients in attaining health and social needs include lack of robust public transportation in our community, clients with difficulties navigating complicated phone systems to schedule medical appointments, and clients who

continue to fall outside of eligibility requirements for support services but do not have enough income to pay for needed services such as referral to specialty providers.

The CHWs have seen an increased interest in a couple of their health education programs. The Cribs 4 Kids program provides infant caregivers education on safe sleep practices as well as a free Pack and Play. Unsafe sleeping conditions are a leading cause of infant mortality in Washoe County. Providing underserved infant caregivers with education on safe sleep as well as a safe sleep environment for the infant will help to reduce the number of infant deaths related to unsafe sleep conditions. CHWs have also seen an increase in referrals for the Plan A intervention. The Plan A intervention is a partnership with Planned Parenthood that provides sexual and reproductive education to adolescent clients assigned female at birth. Education is done in an interactive infotainment format with the adolescent provided time to discuss the video and any questions they have with the CHW.

Food/Food Safety - • The Food Safety Program is working on an overhaul of how field inspections of local restaurants are conducted. The Food Team is implementing an ‘Active Managerial Control’ (AMC) Program that focuses on empowering and educating food managers to make smart and safe decisions on a daily basis. Washoe County visited one of the pioneers of this strategy, Maricopa County, AZ, last year and learned new techniques and approaches regarding food safety field inspections.

One of the biggest changes with starting an AMC Program will be the compliance and enforcement element. In food establishments where repeat critical violations are found, the managers of those facilities will be enrolled in a food safety course taught by the Washoe County Food Safety Team. Focusing on repeat critical violations, the violations that directly contribute to foodborne disease in our community, will allow our team to have a simpler, more consistent approach to enforcement. The Food Safety Program is striving for an implementation date of July 1, 2023.

Epidemiology (EPI) – Program staff attended the Integrated Foodborne Outbreak Response and Management (InFORM) regional meeting in San Diego, CA. They gained valuable information from other agencies at the federal, state and local levels on how foodborne illness outbreaks can be mitigated, and steps to take to investigate foodborne illness outbreaks in our own jurisdiction.

Epidemiology	JAN 2023	JAN 2022	2022	2021	2020
Foodborne Disease Complaints	3	6	51	98	130
Foodborne Disease Interviews	3	5	47	59	66
Foodborne Disease Investigations	0	0	4	12	7
CD Referrals Reviewed	2	6	81	178	82
Product Recalls Reviewed	17	13	250	251	61

Temp Foods/Special Events – EHS is beginning to see an increase in the number of temporary food permit applications for special events.

Program staff have been meeting with local partners to discuss mitigation strategies for the ongoing non-permitted food vendor issue that Washoe County is experiencing.

Commercial Development

Commercial Development	JAN 2023	JAN 2022	2022	2021	2020
Development Reviews	47	41	494	400	357
Commercial Plans Received	119	83	1,551	1,169	1,059
Water Projects Received	0	4	25	40	64

Permitted Facilities – Program staff are off and running with routine inspections. All team members will be performing inspections for all Permitted Facility permit types. Schools, childcares and annual pools will be emphasized as priorities to start off the year, but inspections are being performed across all programs.

Current program staff are generally new to plan review. As a result, they are being trained in plan review processes concurrently with the routine inspection load.

Land Development - Inspection requests remain minimal due to the winter weather but staff are working on incoming plan reviews and continue to work on program development items. One project in the works is the creation of electronic stamps that can be added directly to the approved site plans in the Building Permit rather than creating a separate Health Approval document. The goal of this project is to ensure all parties associated with constructing an approved septic system have all the applicable notes and conditions at their fingertips along with their approved Building Permit plans.

Team members also continue to cross train in Waste Management and Underground Storage Tank facility inspections.

One trainee is currently studying for the REHS certification exam. They have begun shadowing with the team on plan reviews and inspections to help with overall knowledge of septic systems and domestic wells.

Land Development	JAN 2023	JAN 2022	2022	2021	2020
Plans Received	55	83	999	918	705
Residential Septic/Well	43	107	1,436	1,282	1,075
Well Permits	4	8	141	150	131

Safe Drinking Water (SDW) - A member of the Land Development team, Josh Philpott, has also been assigned to the Water Team to improve depth across the water program. During January he completed the 40-hour Cross Connection Control Specialist course. This course is important as all Public Water Systems are required to have and implement a Cross Connection Control Plan and our team needs to know the individual requirements based on the water system infrastructure.

The Washoe Valley Meetinghouse LDS is a public water system in Washoe Valley. During January they conducted routine bacteriological sampling that was present for Total Coliform. As required, follow up samples were collected and the results were present for Total Coliform and E. coli bacteria. The E. coli present samples required a Boil Water Order (BWO) and triggered a Level 2 Assessment which is an in-depth inspection of the water system by WCHD staff to help identify any sanitary defects or improper procedures that may have led to the positive bacteriological sample results.

Additionally, the water system also conducted routine sampling for Nitrate on the same day as the routine bacteriological samples and one sample was reported as having a Nitrate concentration of 13 mg/L which

is above the Maximum Contaminate Level (MCL) of 10 mg/L. The Nitrate sample above the MCL required the BWO be changed to a Do Not Drink Order as boiling high Nitrate water can increase the level of the contamination.

During the Level 2 Assessment the water system reported they recently had their well pump replaced by a third-party pump company and they were not aware if the pump company disinfected the well and the distribution system afterwards. The water system has since been required to disinfect the well and the distribution system and collect two consecutive days of bacteriologically clean samples. At the time of writing this report, the water system has not yet reported to WCHD that these items have been completed therefore the Do Not Drink order remains in effect.

This water system consists of a treatment system for Nitrate so during the Level 2 Assessment WCHD staff also reviewed operation and maintenance records for the Nitrate treatment system. It was determined by WCHD that water system staff are not following their written operational and maintenance procedures for the treatment system. The water system has been instructed to review and, where applicable, update their Operation and Maintenance Manual for the treatment system and to perform any outstanding maintenance. They must collect adequate Nitrate samples that show the treated water is reliably and consistently below the MCL before the Do Not Drink order will be rescinded.

Staff performed a Level 2 Assessment during January at another small public water system, MSJK Properties LLC, in Washoe Valley as they had previously triggered a Level 1 Assessment within the last 12 months. During the Level 2 Assessment water system staff stated they lost pressure due to a pipe break in mid-December but did not disinfect the distribution system after repairing the broken pipe. The water system was instructed by WCHD staff to disinfect the system and collect two consecutive days of bacteriologically clean samples. They were also required to revise their Emergency Response Plan to include the appropriate actions to be followed in the event of a future loss of pressure.

The team received word via the Public Utilities Commission and Rosemount Water Company that Great Basin Water Company has verbally agreed to acquire Rosemount Water Company.

Vector-Borne Diseases (VBD) - Program staff have been conducting maintenance on adult mosquito monitoring traps.

Mosquito control product inventory is being prepared for the 2023 mosquito control season.

The recruitment process has started to fill two public service intern positions.

Two public service interns will be returning for a second year in 2023.

Vector	JAN 2023	JAN 2022	2022	2021	2020
Total Service Requests	0	0	65	59	135
Mosquito Pools Tested	0	0	506	385	280
Mosquito Surveys and Treatments	0	0	791	821	72

Waste Management (WM)/Underground Storage Tanks (UST) - Program staff is working with WM on solutions to the large uptick in complaints related to them not servicing their customers because of bad weather and poor road conditions.

SOPs have been completed for training program members on conducting inspections at permitted waste, recycling and hauling facilities.

The solid waste complaint and manure complaint SOP is being implemented to standardize staff response. Team members will be providing feedback so that the SOPs can be updated to current Accela processes.

There are approximately ten annual UST permits that have not been applied for in Washoe County. Staff is reaching out to contacts when conducting an inspection and resolving these sites.

Program staff completed final inspection on a newly installed UST system on Veterans Parkway and oversaw the removal and sampling of an old system on East 5th Street in Reno.

Inspections:

EHS Inspections	JAN 2023	JAN 2022	2022	2021	2020
Child Care	11	3	128	118	142
Food/Exempt Food	286	417	4,419	4,958	4,264
Schools/Institutions	13	8	292	291	199
Tattoo/Permanent	18	3	130	134	112
Temporary IBD Events	2	3	5	0	1
Liquid Waste Trucks	1	17	111	111	110
Mobile Home/RV Parks	6	14	121	117	202
Public Accommodations	10	22	139	151	130
Aquatic Facilities/Pools/Spas	23	25	712	1,128	408
RV Dump Station	0	3	21	19	17
Underground Storage	17	0	161	4	10
Waste Management	13	12	132	146	211
Temporary	22	23	1,174	766	48
Complaints	42	43	613	689	911
TOTAL	464	593	8,158	8,632	6,765
EHS Public Record Requests	169	617	5,703	4,769	3,249

Health District Communications Update -The team is working to prepare for the upcoming name change to Northern Nevada Public Health, which is tentatively scheduled to launch in August 2023. We met with the Washoe County Comptroller, Technology Services and Human Resources to ensure that all processes and procedures remain intact with no surprises. We meet with the District Attorney in February. We’re working with Abbi Agency to get a new logo and color scheme developed.

We sent out a press release, social media messaging and updated the website about the downward trend in RSV, COVID-19 and Flu cases so that people are informed, especially given the record-breaking transmission we saw in the final few months of 2022. Our COVID-19 media briefing included updates of RSV and influenza cases and they received good coverage from local media outlets.

The comms team worked with the food safety team for two unprecedented outreach items. We issued two public health alerts regarding potentially contaminated food sold to the public by Yims Asian Food Market in Sparks and Happy Tiers Bakery in Incline Village. These two alerts were believed to be the first ever disseminated in the recent history of the Health District. Both establishments were unpermitted to manufacture food to the public. We did not field any media requests but both alerts received a large amount of media attention.

Additionally, we updated the community on availability of sexual health appointments and worked on updating signage for our Air Quality Management Division drop box and the Vital Statistics window.

For outreach to underserved communities, we setup interviews with WCHD staff for the “A Tu Salud” segment on the Spanish-language radio station, Juan 101.7, regarding health habits in relation to New Year’s resolutions and benefits of our WIC program.

For social media, all of our accounts continued to grow in followers, including our WCHD en Español page, which surpassed 1,000 followers.

Southern Nevada Health District



DATE: March 3, 2023

TO: State Board of Health Members

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

SUBJECT: District Health Officer Report

COVID-19 Update

The federal government announced plans to end the COVID-19 Public Health Emergency on May 11, 2023. The Centers for Disease Control and Prevention has underscored it remains dedicated to preventing severe illness and death from COVID-19, particularly in population who are at higher risk for adverse outcomes.

As COVID-19 continues to circulate in the community, the Southern Nevada Health District's related services will continue, including vaccinations, testing, surveillance, treatment, information, resources, and more.

On December 12, SNHD announced three new COVID-19 self-test kit vending machines were operational in Clark County, further improving access to this vital tool for mitigating transmission of the virus. SNHD partnered with the City of Las Vegas and the Regional Transportation Commission (RTC) to install COVID-19 at-home test kit vending machines at the East Las Vegas Community Center and the South Strip Transit Terminal, respectively. The third additional machine was installed at the Fremont Public Health Center, operated by SNHD. Three other machines were installed previously at locations in Las Vegas, Mesquite and Laughlin.

The at-home antigen test kits are free. People who want to access the machines must register at www.snhd.info/testkit. A PIN, issued once registration is completed, allows people to access any of the Southern Nevada vending machines and receive up to five tests per month.

The vending machine initiative is funded through support from the Centers for Disease Control and Prevention's national initiative to address COVID-19 health disparities among populations that are at high risk for infection and who are underserved, including minority and rural communities.

As of Monday, February 13, there have been 598,784 laboratory confirmed cases of COVID-19 reported in Clark County and 9,301 people have died.

Updated information about services, data and resources is available at www.snhd.info/covid.

Norovirus Outbreak

In January, the Southern Nevada began investigating a report of an outbreak of gastrointestinal illness at Wayne Tanaka Elementary School. On February 9, the agency reported a total of 71 confirmed and probably

cases of norovirus associated with this outbreak. Two cases were confirmed through laboratory testing, and 69 cases identified through interviews met the criteria to be considered a probable case.

As a part of its outbreak response, the Health District provided information and prevention information in conjunction with Clark County School District and to the public. Norovirus is very contagious and spreads from person to person. Norovirus outbreaks can frequently occur in settings such as school campuses and it is often difficult to determine the origin of the illness. The Health District continues to recommend preventive measures to mitigate the spread of this virus. The best way individuals can protect themselves and others from norovirus is by washing their hands thoroughly with soap and running water. Practicing proper hand hygiene is especially important after using the toilet, changing a diaper, and before eating, drinking, preparing or handling food. More prevention tips are available on the Centers for Disease Control and Prevention's website at www.cdc.gov/norovirus/about/prevention.html.

Norovirus can spread through direct contact with an infected person, by consuming food or water that has been contaminated, or by people touching contaminated surfaces and then putting their unwashed hands in their mouths

People who are exposed to norovirus will usually develop symptoms within 12 to 48 hours after exposure. Most people will recover within one to three days. Common symptoms are diarrhea, vomiting, nausea and stomach pain. Symptoms can also include fever, headache and body aches.

More information about norovirus is available at www.southernnevadahealthdistrict.org/Health-Topics/norovirus/.

Community Health Improvement Plan

The Health District announced the release of the Community Health Improvement Plan (CHIP) to the public on January 30. The release marked the conclusion of a comprehensive process that started in October 2021 to address public health priorities in Clark County for the next three to five years.

The CHIP is a community-wide strategic planning effort that is aimed at making an impact on the health of the community. It is a collaboration between government agencies, health care providers, non-profit organizations and academia. The CHIP addresses the public health priorities in four key areas: chronic disease, access to care, funding and transportation:

- **Chronic Disease:** Chronic disease is a condition that lasts longer than a year or more and requires ongoing medical attention, limited activities of daily living or both. Chronic diseases such as heart disease, cancer and diabetes are the leading causes of death and disability in the U.S. and one in six adults in the nation have a chronic disease.
 - The CHIP identifies smoking, and tobacco use in general, as an important factor in multiple chronic diseases. Tobacco control efforts are seen as a key mechanism for reducing the burden of chronic disease in Southern Nevada. In 2021, 15.5% of adults in Nevada used tobacco, while the national average is 14.4% according to the 2021 Behavioral Risk Factor Surveillance Survey (BRFSS). In Clark County, the rate of smoking among adults was 14.88% (BRFSS, 2021).

- From 2018-2020, the heart disease mortality rate was 386 per 100,000 population in Clark County, and 319.5 per 100,000 in the United States (National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, 2018-2020, ages 35+).
- **Access to Care:** A person's health should not depend on their ZIP code, economic status, religion or sexual orientation. From 2014-2018, the average rate of Clark County individuals lacking health insurance was 12.5%, while the national average was 9.4% (American Community Survey, 2014-2018). Having adequate access to care helps address disparities and is the first step in creating a more equitable health system for everyone.
- **Transportation:** Reliable access to transportation can help increase employment rates while improving access to health care providers and healthy foods. It can also expand access to parks and recreation for a healthy lifestyle. From 2016-2020, the percentage of workers commuting by public transportation in Clark County was 3%, while the national average was 4.6%. (American Community Survey, 2016-2020).
- **Funding:** Just 3% of health care dollars in the U.S. are spent on preventing disease and 75% of health care costs are related to preventable conditions. In 2021, Nevada's overall public health funding was \$72 per person; meanwhile, the national average was \$116 per person (America's Health Rankings, 2021). Increasing public health funding can improve employment rates, address high health care and transportation costs, increase limited public resources and improve educational opportunities.

District Health Officer Dr. Fermin Leguen commented on the CHIP and the value it provides to public health planning for the community, saying it provides clear, specific and action-oriented goals. "The CHIP is based on solid, evidence-based strategies. It presents realistic timelines for improving public health in Southern Nevada."

The CHIP can be viewed on the Healthy Southern Nevada website at www.healthysouthernnevada.org. To learn more about the CHIP or to get involved, contact HealthyConnect@SNHD.org.

American Heart Month

In observance of American Heart Month, the Southern Nevada Health District and its partners are spotlighting the free programs and classes they offer to help people manage hypertension and other heart disease risk factors. Health care providers are encouraged to share these resources with their patients during the month of February and throughout the year.

A key example is the Healthy Hearts Ambassador Program, which helps people with hypertension develop a blood pressure self-monitoring routine. Offered in partnership with YMCA of Southern Nevada, this program also offers nutrition education and tips to maintain cardiovascular health. Classes are free and were held during February at the Bill and Lillie Heinrich YMCA (4141 Meadows Ln., Las Vegas 89107) and Durango YMCA (3521 N. Durango Dr., Las Vegas 89129). The program is available in English and Spanish.

Eating right is also essential to a heart-healthy lifestyle. In partnership with the 100 Black Men of Las Vegas, the Health District sponsored a free cooking class for young people, ages 7-18, to learn about healthy cooking. Guest Chef Jeff Henderson hosted the virtual Youth Cooking Class on February 21, from 6 - 8 p.m.

Blood pressure checks are vitally important because high blood pressure typically has no symptoms and thus cannot be detected without being measured. Free blood pressure checks, administered by the Health District were available throughout February at barbershops throughout the community.

Additionally, in partnership with the Barbershop Health Outreach Project, SNHD has installed permanent, self-administered blood pressure monitoring stations at the following businesses:

- Executive Cuts, 921 W. Owens Ave., Las Vegas 89106
- Blade Masters Barbershop, 2245 N. Decatur Blvd., Las Vegas 89108

Customers and non-customers alike are invited to stop by and get a free blood pressure check as well as educational materials at these locations. Hours are 9 a.m. – 5 p.m. Tuesday through Saturday.

For more information, including dates and locations of future blood pressure screenings, visit www.getthehealthyclarkcounty.org.

Influenza Surveillance

In Clark County, for the season as of February 4, 2023, there have been 718 influenza-associated hospitalizations and 43 influenza-associated deaths reported. The percentage of emergency department and urgent care clinic visits for influenza-like-illness (ILI) decreased from 3.6% in week 4 to 3.4% in week 5. Approximately 49% of area emergency department and urgent care clinic visits for ILI were made by children 0-17 years of age, which was similar to week 4 (49%). Influenza A has been the dominant type circulating. Nationwide, during week 5, seasonal influenza activity is low. Among the 55 states/jurisdictions, the ILI activity level in Nevada remains minimal. The Health District will continue to update the public on flu activity and encourage flu vaccinations for everyone 6 months of age and older. Flu vaccines are available at [SNHD clinics](#) as well as doctors' offices and pharmacies throughout Clark County.

World AIDS Day

SNHD commemorated World AIDS Day with community partners on December 1, 2022. The theme was *Putting Ourselves to the Test: Achieving Equity to End HIV*, and the aim was to encourage people to unite globally with the goal of eliminating disparities and inequities that create barriers to HIV testing.

In the past 40 years, more than 32 million people around the world, including 700,000 in the United States, have died from AIDS-related illnesses. In Clark County, more than 11,000 people are living with HIV and 441 were newly diagnosed in 2021. People who are at risk of HIV but do not have it can take a daily pill called PrEP, which is highly effective at preventing HIV. SNHD has prescribed PrEP to more than 1,411 patients.

In Southern Nevada, SNHD is focused on four areas:

- **Diagnose** all people with HIV as early as possible.
- **Treat** people with HIV rapidly and effectively to reach sustained viral suppression.
- **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- **Respond** quickly to potential HIV outbreaks to get prevention and treatment services to people who need them.

World AIDS Day events included:

- SNHD's Office of Disease Surveillance and Stigma Reduction Team participated in a Community Health Vendor Fair hosted by The Center. Speakers included District Health Official Dr. Fermin Leguen, Dr. Lealah Pollock of the University of California San Francisco and Well Project Program Manager Ciarra Covin. Community member Maria Montes also discussed her HIV advocacy efforts.
- SNHD and Delta Sigma Theta Sorority offered Rapid HIV testing at Boulevard Mall. Testing was offered in the SNHD L2A Mobile Testing Unit.

Additional activities included:

- SNHD offered Rapid HIV testing options including HOME HIV test kits. The program, [Collect2Protect](#), allows users to conveniently and privately order an at-home HIV test kit for free and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee.
- Express Testing was also available at SNHD's main public health center, 280 S. Decatur, Las Vegas.

All Saints Sexual Health Clinic

All Saints Episcopal Church and SNHD's All Saints Sexual Health Clinic celebrated the clinic's first anniversary this past December. The clinic opened on Dec. 1, 2021. The free, public event featured community partners including the Just One Project (providing on-site food distribution), R.E.A.C.H., The Center, SNHD's Linkage to Action Mobile Outreach Unit, and eligibility specialists and Ryan White Program representatives from the Southern Nevada Community Health Center. Free flu shots were also available for attendees.

The All Saints Sexual Health Clinic provides sexual health and immunization services to community members at the All Saints Episcopal Church campus. This clinic has served as a model for how health departments can engage non-traditional partners to address health inequities and improve health outcomes. The clinic plays an important role in the community, offering services that include testing for HIV and STDs, pre-exposure prophylaxis (PrEP) to prevent HIV infection, telehealth visits with an SNHD provider, sexual health education and condoms. Services are available by appointment; clients can call (702) 759-1700.

State of Nevada Chief Medical Officer Report

Joe Lombardo
Governor



Richard Whitley, MS
Director

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



Lisa Sherych
Administrator

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

Date: February 15, 2023
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 March 03, 2023

End of Emergency Declaration

The Biden Administration Announced on January 30, 2023, that the national emergency and the public health emergency declarations, related to the COVID-19 pandemic are planned to expire on May 11, 2023. These two emergency declarations have been in place since early 2020, and gave the federal government flexibility to waive or modify certain requirements in several areas, including Medicare, Medicaid, and private health insurance, as well as to allow for the authorization of medical countermeasures and to provide liability immunity to providers who administer COVID-19 related services. Additionally, the Congress enacted legislations including the Families First Coronavirus Response Act (FFCRA), the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the American Rescue Plan Act (ARPA), the Inflation Reduction Act (IRA), and the Consolidated Appropriations Act, 2023 (CAA), that provided additional flexibilities tied to one or more of these emergency declarations, and as such they too are scheduled to expire when (or at a specified time after) the emergency declarations expires.

Nevada and the nation have come a long way from the early scary days of a rapidly spreading deadly COVID-19 to the current situation which despite a recent steep rise in transmission rates of COVID-19 especially among unvaccinated individuals; those who lack access to effective treatment or as a result of "COVID-fatigue" - become no more than an occasional inconvenience, involving a few days of symptoms and a short isolation period. It seems that for many, COVID-19 infections no longer carry the same risk of adverse outcomes as it did in the early months of the pandemic. These shifts in perception have led to a widespread assumption that the pandemic is over.

Unfortunately, COVID-19 continues to result in 300 to 500 deaths per day in the United States (U.S.) which is equivalent to an annual mortality burden that is higher than that associated with a severe influenza season. Additionally, many people continue to face severe short and/or long-term COVID-19 illness, especially among the unvaccinated/inadequately immunized and those with limited access to effective treatment, and individuals with underlying conditions which impair their immune response to vaccines rendering them more vulnerable to COVID-associated complications.

The ever-looming threat of the emergence of a new COVID-19 sub-variant that can evade available vaccines and antivirals, remains a concerning possibility. To date, monitoring of the risk and burden of COVID infections has depended on several epidemiologic and clinical measures, that shaped our interventions. Such measures

included estimated rates and frequencies of newly diagnosed and confirmed COVID-19 cases, hospitalizations, and deaths. COVID-19 monitoring has also been conducted to early detect and characterize circulating variants; viral virulence; level of infectivity and viral susceptibility to available vaccines and treatments. Yet some of the traditional measures have very limited value in tracking the pandemic such as the availability of rapid antigen tests conducted at home with test results often not captured by public health surveillance systems. This limitation challenges the validity of reported case numbers and transmission rates. Hospitalization and death are certainly more reliable measures than case frequencies but are limited by the fact that some hospitalized patients with COVID-19 infections have been admitted due to other illnesses and only incidentally tested positive. Furthermore, hospitalization and death are delayed outcomes, so they have limited value for triggering early interventions to control transmission and averting the consequences of a surge in cases. Last but not least, vaccines and boosters' coverage with the availability and utilization of effective and timely treatments for COVID-19 are critical variables that affect both the risk of severe illness; disease transmission, death, hospitalizations, and access to/capacity of the healthcare system.

Many of the negative social and economic effects were unintended outcomes of mitigation measures, including "stay-at-home orders," shutting down public venues, and transitioning to remote learning. Although such measures appeared to be appropriate at the time, their effects weren't evenly distributed, with some communities facing disproportionate hardship, particularly historically marginalized racial and ethnic groups, and communities with limited social and economic resources.

One of the key challenges that the public health community faces as the pandemic evolves is the need to move away from universal recommendations, or population wide-based prevention policies, toward a more differentiated or tailored approach that takes into account characteristics of various vulnerable communities such as residents of nursing homes. Additionally, it's important to focus on how our recommendations are formulated; communicated and disseminated. Early engagement of community representatives is critical so that various aspects of anticipated guidance can be discussed in detail, including rationales, trade-offs, and the most appropriate communication channels. Community engagement must not only come in the form of reactive emergency responses, but must involve a consistent presence, which can then be leveraged and activated further during times of urgent need.

There is an urgent need to confront a future in which COVID-19 will remain part of our lives, threatening the health and well-being of millions of people in Nevada, nationwide and worldwide. At the same time, it's important to acknowledge that objectively we are in a much better place than we have ever been during this pandemic. The public health system in coordination with the healthcare providers and community members should continue to offer valid and feasible solutions to bring people along to a new, nonemergency phase of the pandemic.

COVID-19, Respiratory Syncytial Virus (RSV) and Influenza

The Seven-day averages of respiratory infections cases and hospitalizations due to COVID-19 have decreased by 22.7% in Nevada and nationally compared to the prior seven-day averages, and influenza rates are declining at the national and state levels. However, COVID-19 cases and hospitalizations starkly differ regionally around the U.S. The season is not over and many regions around the nation continue to experience high influenza hospitalization rates.

❖ COVID – 19 Current Status

COVID-19 caseload, hospitalizations and death seem to be gradually declining in Nevada and nationwide. As of February 15, the 14-day moving average of daily new cases (Confirmed + Probable) was 128 cases in Nevada, and the cumulative number of confirmed COVID-19 cases in Nevada reached 816,502, while the 14-day moving

average of daily hospitalizations (Confirmed + Suspected) was 164. So far there were 11,894 cumulative COVID-19 related deaths in Nevada, and the 14-day moving average of daily new deaths continues to be one death.

Nevada hospitals are experiencing decreasing or plateauing hospitalization and occupancy rates. Occupancy of the general wards fell in one week by 3% (from 72% to 69%), and the ICU occupancy rates decreased to about 70%. Additionally, the use of Emergency Department (ED) has significantly decreased reaching a 7-day average of 3,987 patients. Only about 9% of these visits were related to COVID-19 symptoms.

COVID-19 Vaccine

As of February 15, the date of preparing this report, 5,078,766, COVID-19 vaccine doses (By Resident County) were administered and reported to Nevada WebIZ, and 65.44% of the population has initiated vaccination and 55.89% of the population has completed their vaccine series. The Nevada Dashboard to monitor COVID-19 is regularly updated at 11:00 every Wednesday and can be accessed via [this link](#).

While about 81% of the U.S. adult population has had at least one dose of the monovalent COVID-19 vaccine, 83.3% of Nevada adults completed the COVID-19 Primary Vaccine Series. The updated "bivalent" COVID-19 boosters that targets both the original "ancestral" virus strain and elements of the Omicron BA.4 and BA.5 variants has been available since September 2022, but according to the Centers for Disease Control and Prevention (CDC) only 15.3% of the Americans have received it, and about 21% of Nevada adults received this bivalent booster. 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](#).

Recent CDC data [results](#) for the bivalent COVID-19 booster shot shows that it reduces COVID-associated mortality and cuts the risk in half for symptomatic infection from the now predominant Omicron XBB.1.5, which is a subvariant of the XBB that currently accounts for more than 52% of diagnosed COVID cases.

COVID-19 vaccination took a step closer to evolving into a single yearly shot as in January 2023, a panel of advisers to the FDA unanimously supported an effort to simplify COVID-19 vaccinations, with the aim of developing a one-dose approach -- perhaps annually -- for the general population. The 21 members of the Vaccines and Related Biological Products Advisory Committee (VRBPAC) unanimously voted "yes" on a single question posed by the FDA: "Does the committee recommend harmonizing the vaccine strain composition of primary series and booster doses in the U.S. to a single composition, e.g., the composition for all vaccines administered currently would be a bivalent vaccine (Original plus Omicron BA.4/BA.5)?" The VRBPAC Food and Drug Administration advisory panel voted unanimously that deploying one vaccine each year is the best way to manage the COVID-19 virus, similar to how the seasonal influenza vaccine is handled. The panel advised that the bivalent vaccine can be used as the first shot given to those who haven't been vaccinated yet.

Additionally, the COVID-19 vaccine was added by the Advisory Committee on Immunization Practice (ACIP) to the Adult Immunization Schedule. The FDA plan for transitioning from the current complex landscape of COVID-19 vaccines to a single vaccine composition for the primary series and booster vaccination would require the following:

- Harmonizing the strain composition of all COVID-19 vaccines
- Simplifying the immunization schedule for future vaccination campaigns to administer a two-dose series in certain young children and in older adults and persons with compromised immunity, and only one dose in all others
- Establishing a process for vaccine strain selection recommendations, similar in many ways to that used for seasonal influenza vaccines, based on prevailing and predicted variants that would take place by June to allow for vaccine production by September each year.

For the first time, COVID-19 vaccines have been added by the ACIP to the list of routine immunizations recommended for adults. The new vaccine schedule includes links to CDC information that healthcare providers and patients can use to make decisions about the updated vaccine. Most of the ACIP recommendations for adult immunizations remain the same. But there is one addition related to polio. According to CDC, most Americans were vaccinated against polio during their childhood, and the risk of contracting the infection in the U.S. is "extremely low." But the 2023 ACIP recommendations emphasized that certain adults at higher risk of exposure to- and even contracting the poliovirus may consider a one lifetime polio booster. That includes people traveling to countries where polio continues to circulate. There has been no sustained transmission of poliovirus in the United States for about 40 years. But poliovirus was identified in the State of New York last summer after a young adult who had never received the polio vaccine contracted a paralytic polio infection. The full vaccine schedule was simultaneously published on February 10, 2023, in both the *Annals of Internal Medicine* and the CDC's *Morbidity and Mortality Weekly Report*. <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

COVID vaccination has been recommended ever since the vaccines became available. But its inclusion on the recommended vaccine schedule underscores the fact that COVID which emerged in 2019 has evolved from a pandemic pathogenic biological agent to an endemic one and is currently spreading at a more stable frequency, versus the exponential growth seen during the peak of the pandemic.

COVID-19 Treatment

The U.S. Food and Drugs Administration (FDA) has removed the requirement for a positive COVID-19 test before Paxlovid or Lagevrio can be prescribed to patients. The new criteria include a current diagnosis of a mild to a moderate COVID infection, which can be based on known exposure and the presence of signs and symptoms of this viral infection.

In January 2023, the Emergency Use Authorization (EUA) for Evusheld has been revised because data show Evusheld is unlikely to be effective against certain COVID-19 variants, and these variants are projected to be responsible for more than 90% of current infections in the U.S. Evusheld is not expected to provide protection against developing COVID-19 if exposed to those variants. As a result, Evusheld is not currently authorized for use in the U.S., and the U.S. Department of Health and Human Services has paused all distribution of Evusheld and recommended facilities and providers with Evusheld retain all product in the event that SARS-CoV-2 variants which are neutralized by Evusheld become more prevalent again in the U.S. in the future. Retained product must be appropriately held in accordance with storage conditions detailed in the [Fact Sheet for Health Care Providers](#) and the [Letter of Authorization](#).

People who have used Evusheld still have options to increase their protection against the most serious consequences of COVID-19, including hospitalization and death. The Division of Public and Behavioral Health (DPBH) has increased its efforts to get high-risk populations vaccinated and ensure their timely access to tests and lifesaving treatments. Through these efforts, [Paxlovid](#) and [Lagevrio](#) are now widely available at pharmacies, [Test-to-Treat](#) sites, long-term care facilities, and other sites. More details about these and other treatment options that are expected to retain activity against COVID-19 can be found [here](#). Please also visit the [FDA's website](#) and view [ASPR's information sheet](#) for additional details.

❖ Influenza Season Update

The prevalence of cases and the activity of circulating influenza viruses seem to be decreasing in Nevada and nationwide. As of the date of preparing this report *Morbidity and Mortality Week Two (MMW)*, the percent of patients with Influenza-like Illnesses (ILI) at Nevada's sentinel providers was 1%, which is below the Nevada baseline of 2.1%. Nationally, the current percentage of patients with ILI during MMWR Week Two was 3%, which is above the national baseline of 2.1%, and regionally it was 3.7% which is also above the baseline of 2.4%.

Influenza A has been the dominant circulating virus in Nevada and nationally – more than 90% of all tested samples were influenza A H3 during the 2022-2023 season. Only three B Influenza samples were identified so far this season at the Nevada State Public Health Laboratory (NSPHL).

There were about 1,121 influenza hospitalizations reported by Nevada local health authorities (LHAs). And a total of 60 influenza-associated deaths have been reported in Nevada since Week 40 MMW.

Based on reporting from the syndromic surveillance providers, Nevada’s weekly emergency department (ED) visits with ILI inpatient, and outpatient visits are currently at levels comparable to those observed to previous seasons for the same MMW Week.

Up-to-date detailed Influenza Weekly Statewide Reports are available on the DPBH website <http://dphh.nv.gov/Programs/OPHIE/dta/Publications/OPHIE - Influenza Weekly Report/>

CDC and the Division of Public and Behavioral Health recommend that every person aged 6 months and older should be vaccinated against influenza. It takes about two weeks following vaccination for the protective antibodies to develop.

❖ Respiratory Syncytial Virus (RSV) - Update

RSV infections are trending downward and has peaked in Nevada and most areas of the U.S. It has decreased to normal levels in Nevada from 198 per week during peak time to 113 in Week Two MMW. Rates (per 100,000) of RSV for each local health authority are shown in the following table

RSV Rate Per 100,000 Populations as of February 10, 2023	
Jurisdiction	Rate Per 100,000
Southern Nevada Health district (SNHD)	04.1
Washoe County Health District (WCHD)	13.4
Carson City Health and Human Services (CCHS)	20.0
Rural Health Services (RHS)	02.1
Nevada	06.3

There is not yet an FDA-approved RSV vaccine. However, Moderna has reported that its clinical trial on RSV vaccine demonstrated an 84% efficacy rate at preventing disease in adults aged 60 and older. Moderna plans to file for approval with the FDA in the first half of 2023.

Monkeypox Outbreak - Update

While the global monkeypox outbreak continues, the monkeypox emergency ended in the U.S. on January 31st, 2023. Due to the prompt implementation of high-risk population vaccination very effective campaigns, proactive disease prevention, health promotion, education and outreach the outbreak is well under control in Nevada and nationally. The 14-day moving average of monkey pox cases in Nevada is zero. As of 02/15/23 the date of preparing this report, there have been 323 cases and 28 hospitalizations reported in Nevada. Of those 295 cases and 25 hospitalizations were reported in Clark County and 21 cases including one hospitalized case were reported in Washoe County. Seven cases including two hospitalized were reported in Nevada rural counties. 97.2% of all monkeypox cases in Nevada were among males and only 2.8% were females. More than 85% of all Nevada cases were among individuals ages 20 to 49. Nevada Monkeypox Dashboard is used to monitor case count, trends, geographic distribution, demographics, and vaccination data. It can be accessed at [Monkeypox Nevada Dashboard](#).

Nationally, 30,061 cases and 28 monkeypox-related death have been identified in the U.S. Case frequency decreased from a high of more than 400 cases a day in July/2022 to about two cases a day in February/2023. The overall national distribution can be found at the following CDC Page <https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>.

The U.S. Department of Health and Human Services has allowed the Monkeypox “MPOX” public health emergency to expire as cases continue to decline. Though cases in Mexico and Central American countries that are not actively vaccinating high risk individuals continue to occur with significant frequency. Globally, there are monkey pox cases in 110 countries, of which 103 are countries that do not normally “usually” have any cases of monkeypox. As of the date of preparing this report, the total global case count of monkeypox was 84,926, with 83,721 occurring in countries that do not historically have monkeypox.

Even though a resurgence in the U.S. is not anticipated at this time, clinicians should continue to be vigilant and consider monkeypox in their deferential diagnosis. Healthcare providers should evaluate individual risk and should ask about travel history especially if monkeypox is suspected. 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://dphh.nv.gov/Resources/Technical_Bulletins-New/ and the CDC website [CDC website](#).

Norovirus Sporadic Outbreaks

The number of positive sporadic cases and outbreaks of norovirus is rising across the nation and in Nevada. So far 225 norovirus outbreaks were reported to the CDC between August 1, 2022, and January 8, 2023, compared to 172 outbreaks during the same period during the previous season. The highest rate of positive tests was reported in Midwestern states and only two outbreaks were reported in Nevada.

Prevention measures implemented during the COVID-19 pandemic were certainly effective in preventing norovirus and several other infectious disease outbreaks. However, as pandemic restrictions have been relaxed, the number of norovirus outbreaks and other prevalent infectious diseases has returned to levels similar to or higher than pre-pandemic years.

Though it's generally called the “stomach flu,” norovirus is not related to influenza. Symptoms of norovirus may include severe diarrhea, vomiting, nausea, stomach pain, fever, and body aches.

Ebola Outbreak in Uganda - Update

Since the outbreak was officially recognized in Africa on September 20, 2023, there had been 164 confirmed and probable Ebola cases and 77 Ebola related deaths. As no new Ebola infections have been detected in Uganda for 42 consecutive days, the World Health Organization (WHO) and the Ugandan Ministry of Health officially declared the end of this Ebola outbreak.

More than 59 travelers arriving to Nevada from the outbreak area were successfully monitored since September 2022, and none exhibited any symptoms or developed Ebola. The U.S. already ended the screening and monitoring requirements for travelers arriving to the U.S. from Uganda.

Douglas County

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	13 February 2023
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, 20 January 2023. Agenda items included**
 - **For presentation only. 2022 Douglas County Coroners Report**
 - **For Presentation only. Presentation on new Mental Health Guidelines in Nevada. (Cherylyn Rahr- Wood)**
- Did the board of health consider any new guidance documents, resolutions, or regulations? *Any regulations under consideration must be approved by the State Board of Health.* **No**
- Has the county board of health adopted any fees to be collected for issuing or renewing any health permit or license? **No**

General Updates

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

Central Nevada Health District

Health Officer Report to the Nevada State Board of Health

Tedd McDonald MD

Central Nevada Health District (CNHD)

Submitted: February 22, 2023

CNHD Updates:

The first meeting for the Central Nevada Health District occurred on December 8, 2022 in Churchill County Commissioner's Chambers to swear in and elect its officers, receive ethics training, approve bylaws, consider approval of interlocal agreements for contractual services, establish interim policies and procedures, and to consider job descriptions for positions to be hired.

CNHD is scheduled to meet monthly on the second Thursday at 1:30 PM in the Churchill County Commissioner's Chambers, 155 North Taylor Street Fallon, NV. Three meetings have occurred (12/08/2022, 01/12/2023, 02/09/2023).

CNHD Board Members:

Churchill County

Jim Barbee, County Manager

Shannon Ernst, County Social Services Director

Mineral County

Cassie Hall, County Commissioner

Denise Ferguson, Administrator Mount Grant General Hospital

Pershing County

Larry Rackley, County Commissioner

Tyson McBride, Pershing County Physician Center

City of Fallon

Kenny Tedford, Mayor (Elected as Chairperson)

Bob Erickson, Chief of Staff

Medical Representative

Justin Heath DO

Staff Members CNHD

Caleb Cage, Interim CNHD Administrator

Tedd McDonald MD, Interim Health Officer

Marena Works, Consultant University of Nevada School of Medicine

Goal: CNHD will fully implement services starting July 1, 2023 with public health preparedness, disease investigation, public health nursing, environmental health, and disease prevention in Churchill County, Mineral County, Pershing County, City of Fallon, and through an interlocal agreement with Eureka County until legislatively able to join as a full member.

General Administrative Updates:

CNHD logo and website are in the active development stage.

Interviews for the CNHD Administrator position have been completed and an offer has been made based on Board's direction.

CNHD has submitted job announcements for critical positions, which are in various stages of recruitment.

CNHD has joined The National Association of Local Boards of Health, National Association of County and City Health Officers, Nevada Tobacco Control and Smoke Free Coalition.

EIN number received and working at establishing a SAMS account and receiving a DUNS number.

On February 9, 2023 the CNHD approved a 6month and 12 month budget. Investigation of Federal and State grants for funding is ongoing.

Representatives from the CNHD were able to participate with representatives from Washoe County Health District, Division of Public and Behavioral Health, Southern Nevada Health District, and Carson City Health and Human Services to provide an overview of the CNHD to the Assembly Health and Human Services Committee on 02/13/23.

On 02/16/23 CNHD representatives joined members from WCHD, SNHD, and DPBH to support Senate Bill 118 in before the Senate Health and Human Services Committee.

Representatives will be presenting to the upcoming Nevada Association of Counties and Nevada Rural Health Summit events.

COVID-19

Beginning March 1, 2023 dashboard reporting will be paused. Daily positive logs will be emailed to Tedd McDonald MD and Shannon Ernst for monitoring.

CNHD will continue to call 100% of patients testing within the CNHD to provide results, letters, etc. as requested. CNHD will continue to support those calling and requesting information on treatment, isolation guidance, safe quarantine/isolation measurements with wraparound services. This is part of the CNHD Mission and will be maintained.

Calendars for testing/vaccination will continue to be released for each month. Mineral County is under agreement for the Community Health Nurse to complete these items. No testing or vaccines will be provided by the CNHD unless a special request is made. CNHD will continue to support redistribution of vaccines to any provider requesting.

I would like to thank the board members of the Nevada Board of Health for the opportunity to report to you and because your support has allowed the people and organizations involved in this project to have the tools to be successful.

Respectfully,

Tedd McDonald MD

Elko County

County Health Officer Quarterly Reports to the State Board of Health

County Health Officer Name	Dr. Bryce S. Putnam
County	Elko
Date of Submission	02/24/2023

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?
 - Travis Gerber has taken the place of Cliff Eklund as Elko County Commissioner and Elko County BOH member.

- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting?
 - On January 18, 2023, the BOH in Elko County conducted the 1st 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, recruiting efforts, and a behavioral health resource guide.
 2. Northeastern Nevada Regional Hospital: Updates on progress and limitations for the hospital behavioral health program. Updates on Covid numbers, and noted no deaths related to vaccines.
 3. Dr. Putnam: Gave updates on Executive Order 004 from Governor's office. Discussion of how this executive order will help with recruiting efforts in rural areas.
 4. Vaccination Moratorium: During a previous Elko County Commissioner meeting, a member of the general public asked for a specific agenda item to be placed on at the next BOH meeting. When the BOH convened, discussion of a possible moratorium of Covid-19 and Flu vaccinations concluded with a unanimous decision against this agenda item.
 5. Great Basin College Updates: Dean Dr. Amber Donelli gave updates on Covid-19 contact tracing information.
 6. Elko County Sheriff's Office: Updates from deputies at the Elko County jail on the damages sustained at the jail from inmates with behavioral health issues. Deputies also discussed violence from inmates with substance abuse withdrawal. Vital statistics on overdoses were given. Lastly, stories from Deputies centered around behavioral health challenges.

- 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.*

Agenda Item E.1 Discussion and consideration of a request to place a moratorium on the SARS-COV-2 and influenza vaccines in Elko County.

During a previous Elko County Commissioner meeting, a member of the general public asked for a specific agenda item to be placed on at the next BOH meeting. When the BOH convened, discussion of a possible moratorium of Covid-19 and Flu vaccinations concluded with a unanimous decision against this agenda item.

- 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 continue to focus on Behavioral Health, substance abuse and Recruitment issues in rural Nevada.
- 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?

Not at this time.

Esmeralda County

Humboldt County

Lander County

Lincoln County

Lyon County

Nye County

Storey County

White Pine County