

Carson City Health and Human Services



Carson City Health and Human Services Report
 Carson City Board of Health Meeting
 June 1, 2023

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

Report Highlights and Requests

- ✓ **Workforce Challenges** – CCHHS continues to have challenges. Currently, we are hiring for the following positions: 1) Public Health Preparedness Division Manager, 2) Environmental Health Specialist 1 or 2; 3) part-time front desk Office Specialist, and 4) part-time Community Health Worker (CHW) to work for both the Adolescent Health and Preventive Health and Health Services programs.

CCHHS has hired two very hard to fill positions: 1) Public Health Nurse, and 2) Epidemiologist.

- **Request to BOH** – Reach out to your constituents and contacts to let them know we have multiple job opportunities. Encourage them apply at carson.org.

- ✓ **Public Health Funding from the State of Nevada** – Senate Bill 118 (SB118)
 - **Senate Bill 118** - SB118 has been declared exempt. This bill has two amendments. On April 13, 2023, it was reconsidered, amended and received a do pass as amended. The amendments include: (1) annually 35% of tax proceeds on tobacco products, excluding cigarettes, will be deposited into an account, (2) defines “health authority” to mean the district health department or, in a location that is not part of a health district, the Division or a designee of the Division, this allows Carson City to receive the funds, (3) each entity that receives the funds must submit a report to the Legislature outlining the funds received and how the funds were used, and (4) removal of the dollar amounts of \$15,000,000 annually equaling \$30,000,000 biennially. “Division” refers to the State of Nevada, Department of Public and Behavioral Health.
 - **Request to BOH** - Continue to support SB118 since Nevada is tied with Wisconsin for 49th in state public health funding at \$72/person. The median state funding is \$119/person. This bill is proposing 35% of tax proceeds on tobacco products, excluding cigarettes, instead of \$15,000,000 annually be distributed for public health which was

deleted within an amendment. The return on investment for every \$1 spent on public health is \$5.60.

- **Youth Vaping Prevention Funding** – This funding is in jeopardy each legislative session since it is not listed in the Governor’s Budget. Many agencies have contacted the Governor, the Attorney General and legislators through letters, e-mails, and in person asking for their support.

According to the 2021 Youth Risk Behavioral Survey, nearly 2 in 10 (17.6%) high school students use electronic vapor products. Youth are known to be more sensitive to nicotine and become dependent earlier than adults. Nevada high school students show an increase in dependence since their frequency of use with electronic vapor products has increased to almost 30%. Addiction is more likely to occur the younger one starts using tobacco products. One in 10, or 10%, of Nevada high school students reported using vapor products before the age of 13.

Nevada is estimated to bring in over \$217 million from cigarette taxes, other tobacco taxes, and Master Settlement funding, but less than 1% is allocated for tobacco prevention and control. The best practice recommended by the Centers for Disease Control and Prevention (CDC) is to allocate \$30 million to reduce the burden caused by tobacco in Nevada, which would equate to 13.8%. The industry spends over \$75 million on marketing each year in Nevada. CCHHS received a \$100,000 grant for the time period, July 1, 2022 – June 30, 2023.

- **Request to BOH** – Provide support for reinstatement of the Youth Vaping Prevention Funding.

- ✓ **Public Health Workforce Infrastructure Funding** – The CDC released a “Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems” grant for a total of \$3.945 billion over 5 years. The components of the grant are: (1) Workforce, (2) Foundational Capabilities, (3) Data Modernization, and (4) Technical Assistance & Training. The Nevada Department of Public and Behavioral Health (DPBH) received \$9,514,886 of which 40% needs to support the local health authorities. As per the State’s request, only a budget was submitted for personnel in the amount of approximately \$3.6 million through December 31, 2026. With this budget, there is the addition of positions. This will be brought to the Board of Supervisors on June 18, 2023.

- **Request to BOH** – Provide support for enhancing our public health workforce to: 1) provide more robust services as well as having the ability to increase communication to our internal and external partners, as well as the community; 2) build a workforce that is innovative and performs at the top of their field, 3) attract highly qualified personnel; 4) develop the next generation of public health professionals by supporting interns; and 5) develop a holistic approach to community needs.

- ✓ **Homelessness** – Our community has limited data regarding homeless. Every year the Point in Time Count, which identifies homeless individuals in January, was 69 for 2023. 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 has released a module that can be used for a Carson City Street Outreach

Program. Staff will be trained soon. This information will assist in mapping homeless encampments and identifying who is in the camps. Also, this program will be able to follow individuals from camps to permanent housing.

- **Request to BOH** - Continue to support the Carson City Housing Plan, especially as we work to get a contractor for street outreach. Encourage not-for-profits to collaborate with CCHHS.

- ✓ **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 potential new partners will need to be identified, along with the resources available to work on the priority areas and 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 the community needs for improvement in our community.

The 2022 Community Health Needs Assessment and the Executive Summary are located on the gethealthycarsoncity.org website main page towards the bottom. This QR code will can be used to access the website also.



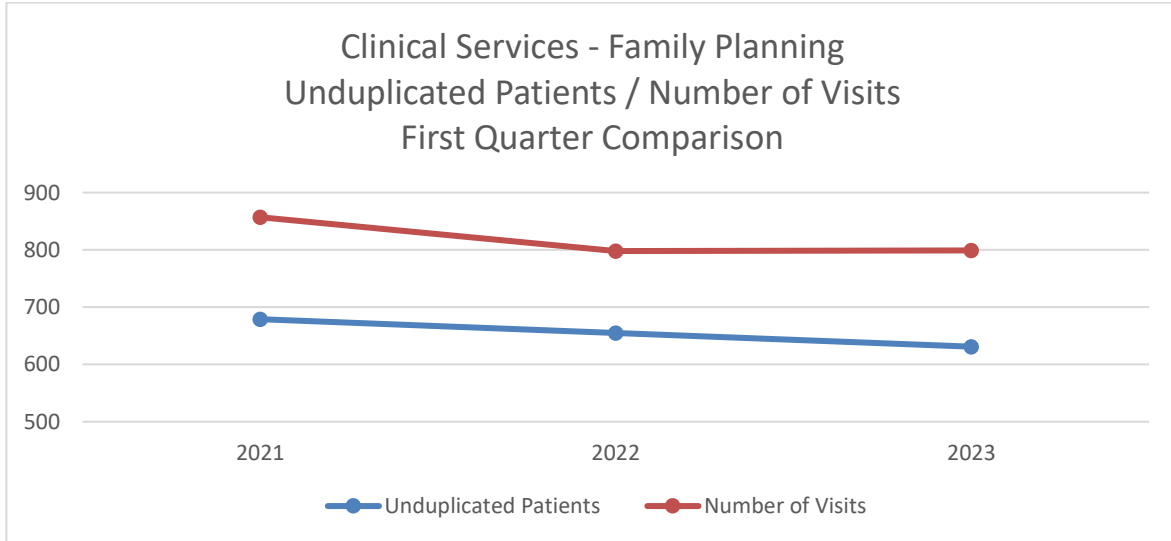
- **Request to BOH** – Board of Health members assist in identifying and recruiting stakeholders to participate in this collaborative group (i.e., school district, not-for-profits, community behavioral health clinics). Please ask anyone interested in participating to e-mail Nicki Aaker at naaker@carson.org with CHIP in the subject line.

[Division Reports](#)

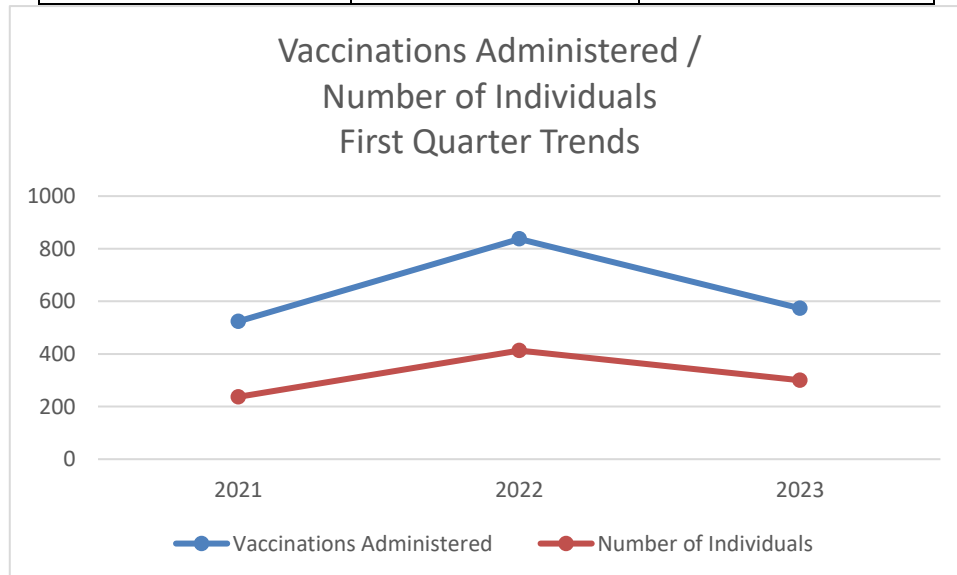
Clinical Services

- The Title X (Family Planning) grant has been reinstated for the time period, 4/1/23 – 3/31/24. It is unclear at this time if the clinic has been funded yearly through 3/31/27 or if it will be on a yearly basis and dependent on if funds are available.
- Staff is happy with the new third-party billing company’s service which was approved by the Board of Supervisors on January 5, 2023 (Item 12C).
- The Public Health Nurse that is being shared between the Clinic and Epidemiology Divisions has been hired. He has ICU experience and was ready to utilize his Community Health degree.
- The clinic is fully staffed.

Family Planning (Title X) Unduplicated Patients / Number of Visits First Quarter Trends		
2021	2022	2023
679/857	655/798	631/799



Vaccinations Administered / Number of Individuals First Quarter Trends		
2021	2022	2023
524/237	837/413	574/300



The increase of vaccines administered, and the number of individuals in 2022 is due to the COVID-19 vaccine.

Carson City Employment Drug Screening

CCHHS administers the City’s drug screening for new employees.

Carson City Pre-employment Drug Screening First Quarter Trends		
2021	2022	2023
33	43	69

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 at the inpatient drug and alcohol treatment center (Vitality).

Tuberculosis (TB) Screening / Number of Individuals First Quarter		
2021	2022	2023
210/126	262/111	195/154

Budget

- General Funds – 10%
- Grants – 61%
- Revenue – 29%

Challenges

- The Clinical Services Division Manager is on leave until July; however, there are several staff contributing to make sure all the work is being completed. Maggie Holloway, Advance Practice Registered Nurse, is the Interim Manager running the clinic and handling staff issues.



Chronic Disease Prevention and Health Promotion (CDPHP)

Adolescent Health Education Program

- Recently, the Making Proud Choices classes have been approved at the high school level in Carson City. The Chair of the Carson City Family Life Committee (CCFLC), Sheila Story, is expressing interest in adopting a sexual health curriculum that could be utilized for the 7th or 8th grade level as well. Staff will present an overview of “Promoting Health Among Teens”, Abstinence Only curriculum at a future Family Life Committee meeting.

- For the period of January 31 through March 9, the “Promoting Health Among Teens” Curriculum was started and completed for the Virginia City School District 8th grade girls, 19 youth were enrolled.
- In March, staff began reaching out to summer program coordinators to reintroduce the two sexual health curriculum offerings that are available.
- Social Media Outreach was conducted on Facebook and Instagram to promote “What Teens Need to Thrive”, “Human Trafficking Awareness”, “Adolescent Mental Health Resources”, and “The Thrive App” (a resource from the Society for Adolescent Health and Medicine designed to help parents/caregivers empower youth and young adults to stay healthy). Also featured were resources for sexual and reproductive health and a series for success.
- A program for parents of pre-teens called “Families Talking Together” is being promoted as well. This program consists of two sessions of approximately 60-90 minutes each to teach parents how best to engage in sexual health topics with their children.

Ryan White – Retention in Care Program

The Ryan White grant site visit was conducted on January 18, 2023. All policies and procedures were in place, the program was complimented for the work completed, and there were no findings.

The annual federal report was completed and submitted. The CCHHS program served 213 unduplicated clients and had 495 unduplicated service units. A client can have services up to 4 times a month. The new grant will track the time spent with each client.

The new grant was received for the period of April 1, 2023, through March 31, 2024. The three Retention in Care grant recipients are discussing which agency will be covering which geographic areas, and what processes will be put in place.

Tobacco Control and Prevention Program

Program funding comes from: (1) CDCs Tobacco Control and 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 Fund.

- CCHHS Tobacco Control and Prevention Program staff continue to be members of the Nevada Tobacco Control and Smoke-free Coalition formally known as Nevada Tobacco Prevention Coalition.
 - Staff continue to assist in the development of educational materials for statewide partners to use on priority policies related to the Nevada Clean Indoor Air Act, Tobacco Prevention and Control Funding, Restricting Flavored Tobacco Products, and Addressing Youth Access via Tobacco Retailers.

- Staff have worked on updating the Attracting Addiction’s website and developing posts for statewide partner use. The project goals are 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. This project is a collaborative effort between CCHHS, Southern Nevada Health District, Washoe County Health District and Nevada Statewide Coalitions.
- Staff are analyzing data collected during the Standardized Tobacco Assessment for Retail Settings (STARS) assessment completed in early 2022. The purpose of this was to assess retail tobacco product marketing and provide observational data to inform tobacco control policy, planning and practices.
 - CCHHS identified 21 retailers: 9 convenient stores, 1 drug store/pharmacy, 1 liquor store, 6 casino or gaming sites, 2 grocery stores, and 2 others (saloon/bar).
 - From the 2022 assessment, the strengths and opportunities in Carson City which will be part of the statewide plan are:
 - Strengths:
 - Price promotions are not seen as much throughout Carson City, especially when it comes to vapor products, little cigarettes, and cigars.
 - Tobacco product accessibility to customers without assistance from the retailer is low in the Carson City area.
 - The number and percentage of tobacco product marketing in store fronts have lower numbers and percentages, excluding convenient stores, of ads being displayed.
 - Opportunities:
 - Flavored menthol cigarettes sales are high.
 - Tobacco products advertised within 3 feet from the floor were high, especially when it came to cigarettes, vapor products, and oral nicotine products.
 - The number of notices displayed prominently at the point-of-sale stating the sale of tobacco products to persons under 21 years of age is prohibited by law was low (not seen as much as hoped) especially at convenience stores and grocery stores.
- Staff are planning for the 2023 STARS assessment, which started in May 2023.
- Staff are working with Washoe County Health District on developing a campaign to reach the communities in Northern Nevada most affected by COVID-19 and tobacco use by offering cessation resources. Specifically, the education provided to at-risk communities including how COVID-19 can be more detrimental to those who smoke and vape, providing information on quitting tobacco and the importance of getting vaccinated. As of March 31, 2023, there have been 4,581 page views.
 - Campaign ran from January 17 - April 30, 2023
 - Landing pages are:
 - <https://www.nevadacancercoalition.org/healthy-lungs-nv>
 - <https://www.nevadacancercoalition.org/quit-vaping-nv>

- Conferences/Outreach events staff participated in included:
 - 02/09/23 - one presentation with Healthy Community Coalition on smoke-free policies
 - 02/16/23 - staff hosted a table at the Scarcelli's Elementary Health Fair
 - 03/01/23 - 03/04/23 - staff attended the Society of Research on Nicotine and Tobacco (SRNT) Conference
 - 03/01/23 - staff hosted a table with the Nevada Cancer Coalition's Reducing the Burden of Cancer Day at the Legislature
 - 03/17/23 - staff presented to Carson Agency Action Network (CAAN) members on tobacco policy updates, Synar report, tobacco retailer information and STARS assessment conducted in 2022
 - 3/22/23 - two presentations at Pa Wa Lu Middle School
 - 03/24/23 - two presentations at Eagle Valley Middle School
 - 03/30/23 - one presentation at Virginia City Middle School
 - 03/31/23 - Legislative Youth Day with Partnership Douglas County assisting with the table/booth and presentation to students

Prevention Health and Health Services

The Community Health Worker (CHW) researched evidenced-based nutrition and healthy-living programs utilized across the country. She reviewed whether these programs could work in our community as well as other ways nutrition education can be implemented in the CCHHS clinic and WIC.

The CHW and Director met with the CCHHS Clinical Services Division Manager to discuss how the program can be implemented in the clinic and ways to screen patients that may benefit from nutrition education. Discussed were criteria that will be used to screen patients for the program. The clinic will be discussing the "Healthy Living" education program with all patients with a BMI of 30 or higher during their appointments and giving them information about the program if the patient states they would like information. A question will be added to the electronic health record so the nurse will ask the question, then the CHW can pull a report to follow up with individuals interested or having a BMI of 30 or higher. Additionally, a meeting was held with the CCHHS Human Services Division Manager to discuss how the program can be implemented in CCHHS Women, Infants, and Children (WIC) program.

Unfortunately, the CHW has submitted her resignation after finding a suitable full-time job with benefits. The position has been posted and will be re-hired.

5210 Program

The opportunity to apply for the 5210 Program grant from the State was declined at this time. This program is a campaign designed to improve an entire family's health. It is designed to spread a simple health-promoting message to the community. CCHHS decided not to apply for the first year of funding. Factors leading to this decision are the Director is the acting CDPHP Division Manager and does not have the time needed to implement a new program successfully, and there is not an existing staff member that can dedicate time to the project at this time. It was communicated to DPBH that CCHHS would like to be considered for the second year of the funding since a CDPHP Division Manager is built into some upcoming funding, along with other staff to build CCHHS public health infrastructure.

Budget

- General Funds – None
- Grants – 100%

Environmental Health (EH)



Permitted Establishments – Inspections Conducted First Quarter Comparisons			
Permitted Establishments	2021	2022	2023
Restaurants - Carson City	180	144	193
Restaurants – Douglas County	215	186	121
Temporary Events – Carson City	0	7	22
Temporary Events - Douglas County	0	5	5
Childcare Facilities – Carson City	1	5	8
Public Pools, Spas, Aquatics - Carson City	0	6	2
Public Pools, Spas, Aquatics - Douglas County	2	2	2
Septic Systems – Carson City	2	1	17
Hotels/Motels – Carson City	4	1	4
Schools	0	0	1

Permitted Establishments – Violations, Carson City Only			
First Quarter Comparisons			
Permitted Establishments	2021	2022	2023
Food			
Critical	54	33	62*
Non-critical	94	86	161*
Pools			
Critical	0	0	0
Non-critical	0	6	2

The increase in critical and non-critical food violations is due to the spring pest control issues amplified by the amount of snow/moisture received this winter and the closure of 2 establishments.

Mosquito Abatement			
First Quarter Comparisons			
	2021	2022	2023
Number of Hours by EH Staff	4	1	0

Other News

- The EH staff member who was trained in mosquito abatement has left the organization. A seasonal position has been budgeted for in the Public Health Workforce Infrastructure funding. This person needs to have specific qualifications. Aerial treatments will continue to be conducted.
- Two foggers were donated to Carson City by Douglas County’s Mosquito Abatement program.
- A \$25,000 grant was awarded to CCHHS for Environmental Health Food and Drug Association Retail Standardization. There are 9 standards. Within this grant, the following standards will be worked on:
 - Standard 2 – Trained Regulatory Staff
 - Standard 3 – Inspection Program Based on Hazard Analysis Critical Control Point (HACCP) Principles
 - Standard 5 – Foodborne Illness and Food Defense Preparedness and Response
 - Standard 7 – Industry and Community Relations
- March 2023 – The EH Division Manager created the first Tattoo Convention Temporary Inspection Report which was utilized for the 2023 Tahoe Passion Tattoo Convention held at Harrah’s Lake Tahoe.
- All health permit fees were paid for 445 establishments by the due date for 2023.
- The EH forms are on the website and now are fillable so the customers can complete and submit it online, along with paying online. Applications and payments will continue to be accepted at the Health Department as well.

- Environmental Health staff have initiated a Satisfaction Survey that went into effect in February 2023 to measure the level of service and customer satisfaction for our customers. This is being distributed multiple ways – QR code on the back of business cards, on forms, and online.
- Internal inspection report audits are performed monthly to ensure standardized inspection criteria is being followed by all EH Specialists.
- Public outreach events are being scheduled to encourage food safety, pool safety, vector/mosquito safety and illness safety in our community. Outreach within this division is a new activity.
- Pool inspection season is upon us, and EH staff are preparing for pool operator training. Courses and testing began in May 2023.

Staff Trainings

- Internal trainings are being provided to EH staff periodically by the Division Manager on how to perform inspections for all programs inspected by EH Specialists.
- Ongoing EH program knowledge training is encouraged throughout the year among EH Inspectors to ensure compliance with required continuing education units as per Nevada Administrative Code.

Challenges

- Staffing is challenging since one full time Registered Environmental Health Specialist is on leave until July, and another one resigned and left on May 18, 2023. EH staff will continue to strive to provide levels of customer service as expected and will make internal changes to operate efficiently and collaboratively with all agencies as expected.

Budget

- General Funds – 100%
- Grants – \$2500 for special project - Environmental Health Food and Drug Association Retail Standardization

Epidemiology

The first quarter of 2023 experienced a decrease in reports of respiratory illnesses such as influenza and RSV (Respiratory Syncytial Virus). Since respiratory illness season began the first week of October there have been 85 reported influenza hospitalizations and 71 RSV hospitalizations in the region (Carson City, Douglas and Lyon Counties).

In the month of March 2023, there was a GI outbreak of an unknown cause reported in a childcare facility, the facility reported nine cases of children and staff with GI symptoms. CCHHS staff worked with the daycare staff to exclude ill children and staff. A survey was developed that was sent to staff to get more information about the onset dates and symptoms. Testing was offered to all staff. No surveys were completed, and no one got tested. Over time the outbreak was resolved.

Sexual Health Statistics (Carson City)			
First Quarter Comparisons			
	2021	2022*	2023
Chlamydia	43	49	51
Gonorrhea	11	6	7
Primary and Secondary Syphilis	4	4	0

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

Sexual Health Statistics (Douglas County)			
First Quarter Comparisons			
	2021	2022*	2023
Chlamydia	78	64	59
Gonorrhea	18	11	7
Primary and Secondary Syphilis	5	1	0

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

Vector Borne Disease (i.e., West Nile, etc.)			
First Quarter Comparisons			
	2021	2022*	2023
Carson City	0	0	0
Gonorrhea	0	0	0

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

Other Disease Investigations – Carson City, Douglas, and Lyon Counties			
First Quarter Comparisons			
	2021	2022*	2023
Campylobacteriosis**	0	2	3
GI Outbreak (Childcare Facility)	0	0	1
Rabies, Animal (Bat)	0	0	0
RSV Outbreak (Childcare Facility)	0	0	0
Salmonellosis**	1	1	4

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

** Common causes of foodborne illness

Influenza Hospitalizations – Carson City, Douglas and Lyon Counties First Quarter Comparisons			
	2021	2022*	2023
Influenza	1	7	5
RSV	Data not available	Data not available	26
Adults	Data not available	Data not available	12
Pediatric	Data not available	Data not available	17

*Due to the reporting system change, the RSV data is not available for 2021 and 2022 currently.

Staff Training

- One staff member attended the Environmental Assessment and Outbreak Response (Virtual)
- One staff member attended the National Emergency Preparedness Association conference (in person)
- Seven staff attended a CDC Congenital Syphilis training (virtual). This is a very important training since Nevada ranks 4th in congenital syphilis, a potentially devastating infection of the unborn infant.

Budget

- General Funds – None
- Grants – 100%

Challenges

Reorganizing 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 foundational public health services, such as case reporting, contact tracing, and public education / outreach.



Human Services

Activities

- There have been two long-term motels that have evicted individuals due to change in business model – long term stay hotel > apartment.
 - Hot Springs Motel
 - 7 residents were evicted
 - ✓ 1 moved out of state
 - ✓ 1 moved to permanent housing with CCHHS assistance
 - ✓ 5 unknowns
 - The Lander – renovating so individuals were evicted
 - 15 have been re-located
 - ✓ 12 went to other long-term motels
 - ✓ 2 moved into permanent housing with CCHHS assistance
 - ✓ 1 moved in with family
- CCHHS has worked with clients to get them into permanent housing using the group living model. Currently, there are two 2-bedroom apartments with 2 individuals living together in each. This is the “Stabilize” step of the Carson City Housing Plan.
- Staff attended the National Alliance to End Homelessness Conference. Two important points learned were:
 - Housing
 - ✓ Shared housing works.
 - ✓ Transitional housing is more difficult since leases and utilities are difficult to get in the organization’s name. Transitional units need to be available specifically for this population without competing with the public for affordable units.
 - ✓ With shared housing, two roommates can live together. If it is transitional housing, the individuals are together for a period of time, then they need to be approved for a studio or one bedroom apartment.
 - ✓ Larger units are sometimes easier to find compared to 1 bedroom or studios and may be more economical.
 - ✓ Allowing individuals to choose their roommates leads to a better outcome.
 - ✓ Providing case management to help mediate any roommate issues and/or other potential challenges helps lead to the individual’s success.

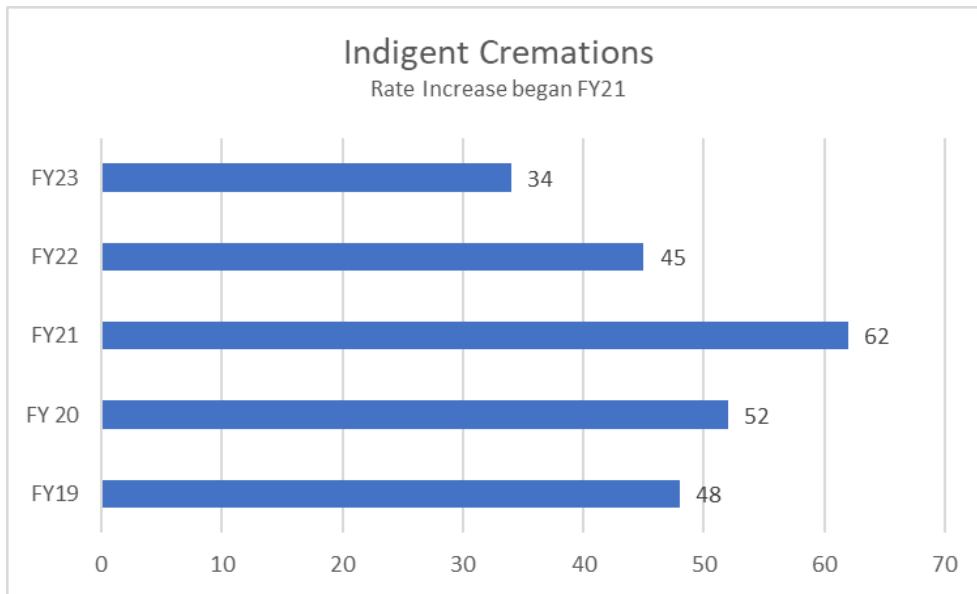
- Hygiene
 - ✓ Hygiene is Health.
 - ✓ A shower restores dignity.
 - ✓ An individual should not have to ask to use the bathroom. For health reasons, there should be an average of 1 bathroom to 20 individuals. Use of the bathroom cannot be conditional, or time limited.
 - ✓ Feminine hygiene products should not be limited.
 - ✓ Homeless individuals need showers, bathrooms, and charge stations trailers.

Individuals Assisted

As of April 15, 2023:

- The Point in Time Count was conducted on January 26, 2023. The preliminary number is **69 unsheltered homeless**. There was not a motel count conducted this year.
- An on-going housing program, Shelter Plus Care, is assisting **6 households** that were previously chronically homeless.
- A new program, Group Living Program, utilizes the shared living model. CCHHS has re-housed **9 individuals**.
- Homeless prevention programs through the Emergency Solutions Grant-Homeless Prevention and Affordable Housing Tax Fund assisted **23 households**.
- The Emergency Solutions - Rapid Rehousing Grant made it possible to rehouse **two households**.
- **Two households** were assisted with security deposits through the Welfare Set-Aside funds.
- **One household** received one-time rental assistance through the Welfare Set-Aside funds.
- **Eight individuals** were housed in the CCSHARES Program, which is the housing partnership between CCHHS and the Carson City Specialty Courts.
- With the Emergency Solutions COVID-19 Grant, **3 households** impacted by COVID-19 were assisted with rental assistance to prevent homelessness.
- **Six 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. He passed away in March 2023.
- There were on average a total of **134 individuals** in the Medicaid County Match program (long term care) in FY22. For FY23 YTD, there are on average a total of **99 individuals** in the program.

Indigent Cremations Chart



Women, Infants, and Children (WIC)

For Calendar Year 2023:

- The Carson City clinic has seen a total of **90 unduplicated participants**: **42%** pregnant women, **17%** fully breastfeeding, **10%** partially breastfeeding, and **31%** not breastfeeding.
- The Gardnerville clinic has seen a total of **56 unduplicated participants**: **32%** pregnant women, **39%** fully breastfeeding, **10%** partially breastfeeding, **19%** not breastfeeding.

Carson City Behavioral Health Task Force Update

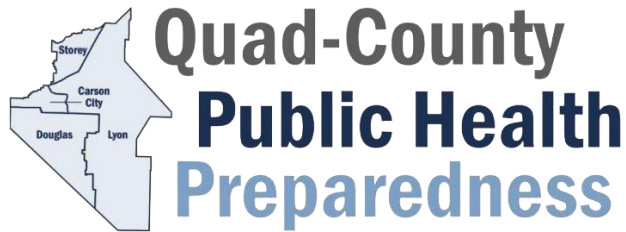
A Community Health Needs Assessment presentation was given. Behavioral Health continues to be a priority. This group of professionals will be part of the group working on the Community Health Improvement Plan for the Behavioral Health Priority.

Staff Training

- Two staff attended the National Alliance to End Homelessness Conference to learn about best practices.

Budget

- General Funds – 30%
- Grants – 70%*
*Includes the Indigent Accident Funds



Public Health Preparedness

Emergency & Disaster Preparation

- Quad-County Public Health Preparedness (PHP) staff are collaborating with other public health professionals from Nevada and California in a cross-border collaborative to plan for emergencies beyond the respective jurisdictional response areas and the needed cross-border support.
- Quad-County PHP staff are collaborating with Medical Reserve Corps (MRC) unit leads from across Nevada and the State Volunteer Coordinator to establish common training standards for volunteers serving during public health events as medical personnel.
- PHP staff have begun working on the identified areas of improvement from the CCHHS COVID After Action Report. The first item being addressed is the communication with external healthcare partners through a Health Alert Network (HAN) capability.
- Quad-County PHP staff developed and led a regional Family Assistance Center training. The training was attended by representatives from across the Quad-County area to include social services, parks, law enforcement, emergency management, healthcare, and volunteer groups.
- One PHP staff member was accepted into the nationally competitive Preparedness Planner Practitioner program at the Emergency Management Institute (EMI) and has begun their training.
- PHP staff have teamed up with American Red Cross to bring shelter manager training to Carson City. Numerous City departments will be having staff attend the 8-hour training.

Health Care Emergency & Disaster Preparation

- Quad-County PHP staff composed and submitted an abstract for the 2023 National Healthcare Coalition Conference to be held in Las Vegas, NV in November 2023. The proposed presentation is about the unique aspect of how the Quad-County Healthcare Coalition identifies long-term care facilities as a “core” member of the Coalition while such facilities are not identified as “core” in the federal design.
- The Quad-County Healthcare Ready and Response Coordinators are collaborating with regional healthcare entities as the preparation, mitigation, and response to flooding in the region continues to evolve.

Community Vaccinations

- PHP staff have worked with partners from around the Quad-County Region to set dates and identify locations for public flu vaccination events for the fall of 2023.

Staff Training

- The entire PHP Division attended the Nevada Emergency Preparedness Association conference in Reno, NV. This was a two-day conference that allowed staff to network with peers from around the State and learn about best practices.
- During this quarter, staff have completed trainings on setting boundaries in the workplace, Web EOC, and Mass Care Shelter Operations.

Staffing Challenges

- The search for a new Public Health Preparedness Manager began in September 2022 and continues as the search has been unsuccessful to date. Other options for advertising are being explored.

Budget

- General Funds – None
- Grants – 100%

CCHHS Administrative/Fiscal

Staff Report

- Employees – Number of employees - 52
 - 39 FT City Employees - 75%
 - 8 PT City Employees – 17%
 - 4 Contract Employees [Marathon] – 8%
 - 8 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 x 2, 2) Public Health Preparedness Division Manager, 3) Environmental Health Specialist 1 or 2

Budget

- General Funds – 100%
 - * Two of the part-time fiscal staff (2 PT) are partially grant funded and are included within the appropriate division statistics.



Accreditation

- A virtual site visit is scheduled for June 13, 2023.
- Next Steps -
 - Virtual site visit
 - Public Health Accreditation Board Decision
 - Result of site visit – Reaccredited or Action Plan

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 the plan with the help of a collaborative group of professionals and residents.

CCHHS Strategic Plan

- Developed after Community Health Improvement Plan.

Washoe County Health District

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

Date: May 18, 2023
To: State Board of Health Members
From: Kevin Dick
Washoe County District Health Officer
Subject: June 2023 Washoe County District Health Officer Report

COVID-19, Flu, and RSV

COVID-19, Flu, and RSV all remain at low levels in Washoe County. Wastewater samples continue to show low levels of COVID-19 and our seven-day average of new cases was 9.86 on May 10.

On May 5, the World Health Organization ended the Public Health Emergency of International Concern (PHEIC) for COVID-19 and on May 11 the United States ended the National COVID-19 Public Health Emergency Declaration. WCHD will continue to provide free COVID-19 vaccinations and testing. However, as of May 22, we are no longer conducting testing at the POST, we will provide homebound testing as needed. Demand for testing is very low with only 93 tests conducted by WCHD this year through May 10.

COVID-19 Communications Update

The COVID-19 Regional Information Center sent out a press release detailing the updated eligibility for a second bivalent COVID-19 vaccine. The team continued to send out social media updates and track any local media coverage related to COVID-19.

FY 24 Budget

The Health District's FY24 Budget was included in the County Manager's recommended budget and approved by the Board of County Commissioners on May 16, 2023. The Budget included 7 new positions: Senior Public Health Nurse, Media and Communications Support Specialist, two Air Quality Specialist, Registered Environmental Health Specialist (REHS), and a bilingual position to assist with translation for REHS staff in the field and a Technology Systems Developer. In addition, 3 Community Health Workers were moved from grant funding that was ending to local funds.

New Tuberculosis (TB) Clinic

A budget and scope of work were prepared and submitted to the NDPBH for them to be able to make the award of the \$10 million of ARPA funds for construction of a replacement of the existing TB clinic and to provide some additional workspace for the Health District. The Engineering and Capitol Projects Division of the Community Services Department has provided excellent support to the Health District on the budget development and participated in meetings with NDPBH to discuss and explain the budget and project approach.

Legislative Session

SB118 is the top legislative priority for the Washoe County District Board of Health. It was amended to provide an ongoing public health improvement funding source of 35 percent of other tobacco product (OTP) taxes and passed out of the Senate Health and Human Services Committee on April 13. The OTP funds would provide approximately \$4 per capita/year of non-categorical funding to be spent on District Board of Health priorities. It was re-referred to Senate Finance on April 24, and has been scheduled for a Hearing by the Committee on May 20.



Northern Nevada Public Health Rebranding

The Washoe County District Board of Health Selected a new logo and color pallet for the branding of the new name for the Health District. The Abbi Agency will now work with the health district to develop brand guidelines and a campaign to roll out the new name which is anticipated to occur in August 2023.

Family Health Festivals

Throughout the month of April, the Family Health Festival Committee (which consists of partners from the Washoe County Health District, Community Health Alliance, Community Services Agency, Family Resource Center, Food Bank of Northern Nevada, Health Plan of Nevada, Immunize Nevada, LIBERTY Dental Plan, Molina Healthcare, Northern Nevada HOPES, and United Way of Northern Nevada and the Sierra) has convened on a bi-weekly basis to plan the upcoming Family Health Festival on Saturday, May 20th. The Family Health Festival is scheduled to take place at the Neil Road Recreation Center from 1pm-4pm and bring health, education, employment, food, housing, safety, and transportation services and resources to families in the 89502 area. Approximately 65 partners have registered to attend the event and provide immunizations, mental health screenings, dental screenings, skin cancer screenings, blood pressure checks, genetic screenings, food, books, children's bikes, and other services. The event is generously sponsored by Anthem and City of Reno.

Performance Management

With guidance from an external consultant, OnStrategy, Washoe County Health District staff are developing new outcomes and initiatives to support the 2024-2026 Strategic Plan approved by the DBOH in December 2022. The 2024-2026 Strategic Action Plan is projected to be finalized in June 2023 and uploaded into the Health District's performance management system, ClearPoint, to guide activities and monitor progress thereafter. Staff will also report on their annual progress on the 2023 Strategic Action Plan in ClearPoint in July 2023, following the end of the fiscal year. Results will be presented to the DBOH in August 2023.

Workforce Development

The first cohort completed the new WCHD Workforce Development (WFD) Onboarding Program in April. The 6-month onboarding program is one of the deliverables from the 22-25 WFD plan. The purpose of the onboarding program is to familiarize new staff to the WCHD's culture, their role within

the organization, and to increase employee engagement by providing staff an opportunity to build relationships with other members across divisions. Pre- and post- assessments are conducted to understand the knowledge gained from each session and to identify pieces of the program staff felt valuable or wanted to know more about. Overall, staff said the Onboarding Program exceeded their expectations. Currently, we are delivering the program to cohorts two and three.

Health Literacy and Language Accessibility (HLLA)

The HLLA subcommittee developed a HLLA gaps and asset survey to assess the health district’s ability to provide information in languages other than English. This survey was implemented amongst all WCHD programs through collaborative meetings. The survey asked specific questions to better understand current HLLA efforts, existing barriers, program needs, etc. All surveys were completed by Friday, April 28th. Next steps include evaluating the survey responses and developing organizational recommendations to increase access to public health information in languages other than English.

Build of Online Cultural Competency Training

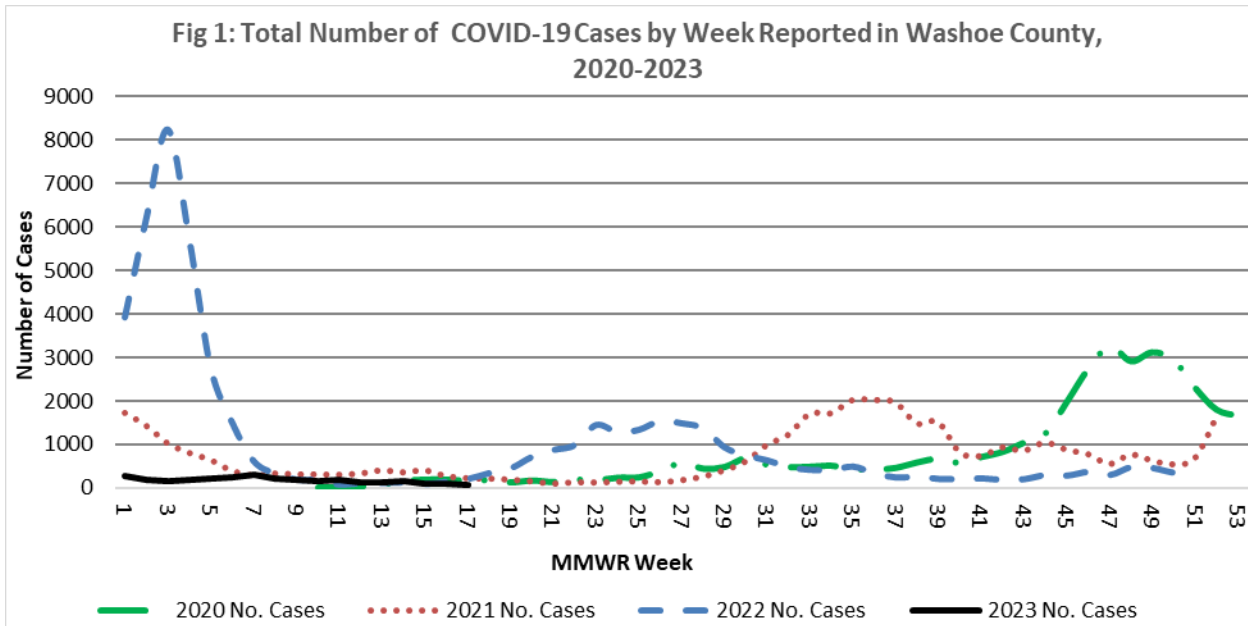
In collaboration with the Larson Institute, health district staff and the training subcommittee continue to make progress with the build of a 6-hour asynchronous online cultural competency training. The purpose of this training is to build a cultural competency training for the public health workforce more broadly, that aligns with the PHAB health equity core competencies. Currently available online cultural competency training is intended for clinical staff for licensure. Although WCHD is investing initial resources to help build this training, eventually it will be available state-wide. A curriculum outline for each module has been finalized. Next steps include developing and finalizing vignette prompts, as well as identifying key stakeholders to participate in the vignettes.

Epidemiology Program and COVID Epidemiology Branch

SARS-CoV-2 (COVID-19) - By the end of April 2023, Washoe County Health District’s COVID Epidemiology team had received reports of 128,871 cases of COVID-19 among Washoe County residents since the start of the pandemic [Table 1].

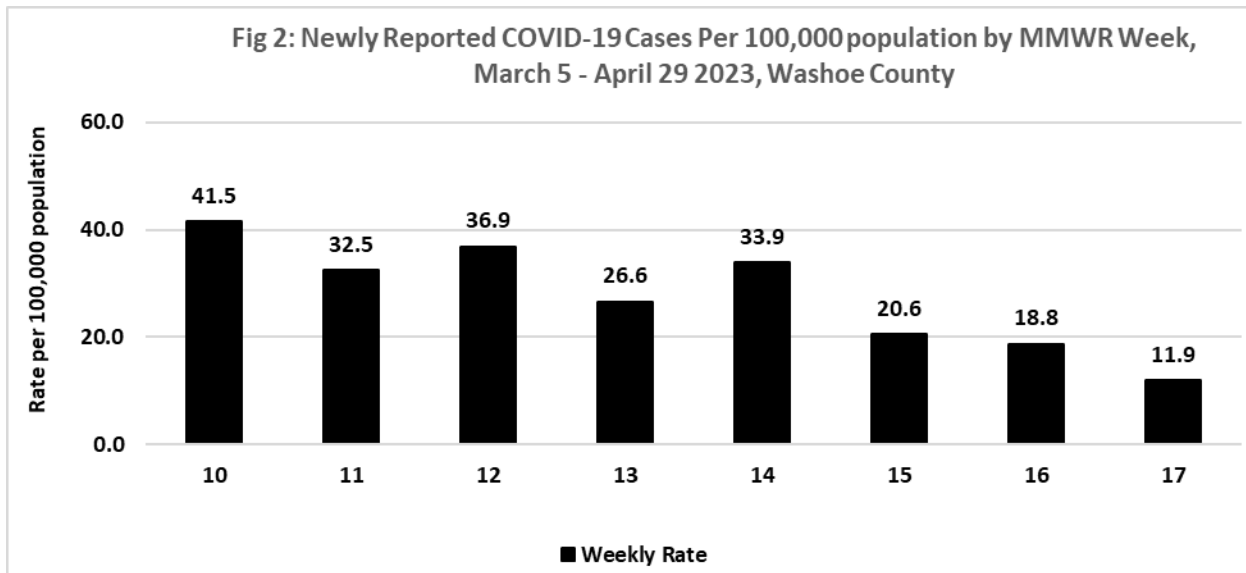
Time Period	Number of COVID-19 Cases Reported	Avg. Number of Cases per Day	Percent of Cumulative Cases
2020 March - December Total	34908	114	27%
2021 Total	38030	104	30%
2022 Total	52814	145	41%
2023 January	906	29	1%
2023 February	1014	36	1%
2023 March	755	24	1%
2023 April	444	15	<1%

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 April 2023. Case numbers are currently level with previous years during late winter, early spring.

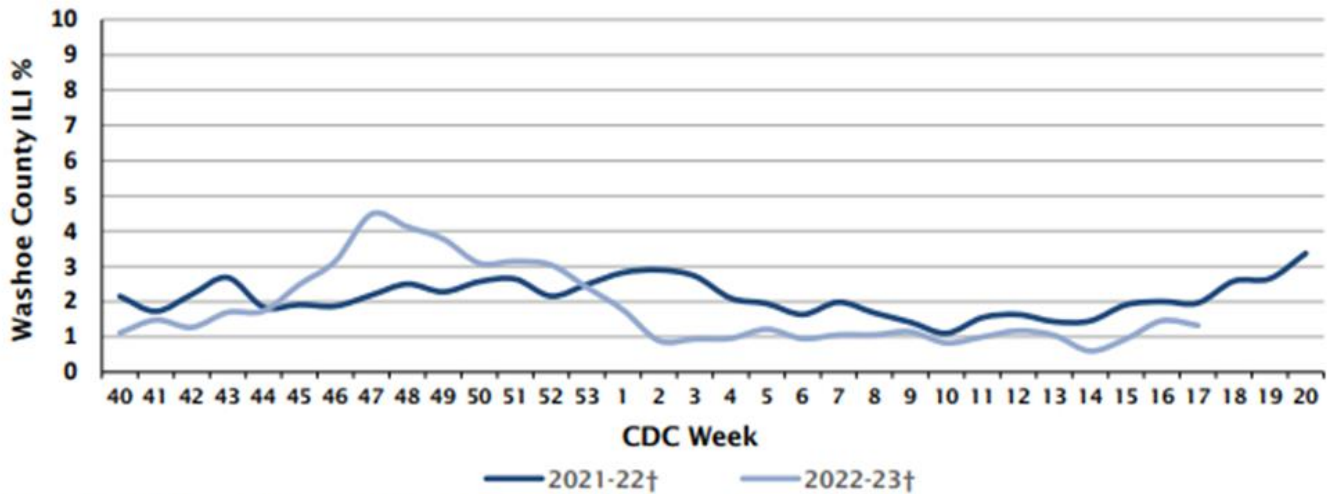


Note: there is no MMWR week 53 in 2021

Figure 2 illustrates the number of new cases per 100,000 population over the course of an eight-week period, from the second week in March 2023 through the last week in April 2023. As of MMWR week 17, Washoe County was at 11.9 new cases per 100,000 population.



Influenza The 2022-2023 Influenza Season began in 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]. ILI trends are indicating influenza activity is lower than the start of the season and trending lower than the previous season at this time.

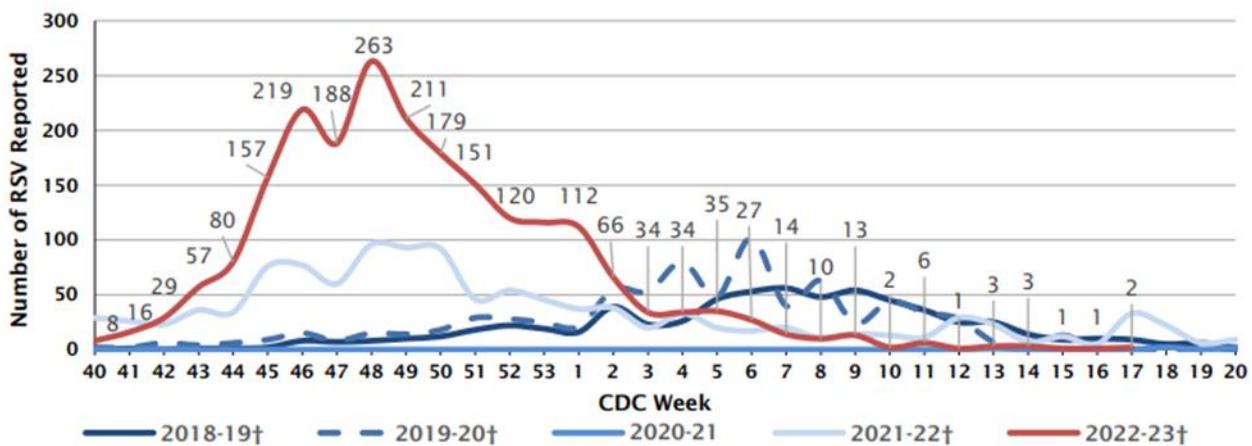


† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

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

Respiratory syncytial virus (RSV) – During the period of mid-November 2022 through January 2023, 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 Program Manager during these calls. Since MMWR week 48, the RSV numbers have been decreasing continuously.

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



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

*No MMWR week 53 in 2022

Outbreaks – There were 21 newly declared outbreaks in April 2023. The majority of these outbreaks occurred in daycare/childcare settings (n=16). There were seven (7) gastrointestinal (GI), seven (7) COVID-19 confirmed, four (4) respiratory illness – etiology unknown, and three (3) rash illness outbreaks declared.

Table 2: Number of Outbreaks Declared by Type and Month, 2023

Type	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gastrointestinal Illness	1	5	5	7								
Respiratory Illness	0	2	2	4								
Influenza Confirmed	1	0	0	0								
COVID Confirmed	2	1	0	7								
Rash Illness	0	0	0	3								
Other	0	0	0	0								
Total	4	8	7	21	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 April, there was two (2) Epi News newsletter published:

- CDC HAN Marburg Virus Disease Outbreaks in Equatorial Guinea and Tanzania
- West Nile Virus

Other Reports – The quarter 1 report for Carbapenem Resistant Organisms was released during April and can be found at <https://www.washoecounty.gov/health/programs-and-services/ephp/communicable-diseases-and-epidemiology/healthcare-professionals/CPO.php>.

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 a nearly 2-year 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 a weekly meeting 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 reporting is accurate. During the month of April, there were 140 positive labs reported, with 36% resulting in a confirmed, probable, or suspect case.

Epidemiology Program Cross Divisional Projects

Community Health Assessment:

The EPHP Division Director and the Epidemiology Program Manager completed the final review and edits in mid-January 2023. The 2022-2025 Washoe County Community Health Assessment has been published and can be found here: <https://www.washoecounty.gov/health/resources/data-publications-and-reports.php>.

The EPHP Epidemiology Program Manager and COVID-19 Statistician are continuing to work with the Truckee Meadows Tomorrow organization to design the CHA dashboard along with ODHO staff.

Public Health Preparedness (PHP) Program

Public Health Emergency Preparedness (PHEP)

PHEP hosted and staff attended Incident Command System Planning Section Chief training at the Regional Emergency Operations Center from April 17-20, 2023. This training was brought in by the PHEP Program to provide position specific training for Health District and community partners based on the identified need from the COVID AAR-IP.

Quad-Counties PHP hosted a Family Assistance Center (FAC) tabletop exercise on April 5, 2023, at which PHP staff were in attendance. The review and exercise of the FAC plan helps to inform WCHD in their knowledge and ability to support local planning efforts.

PHEP staff attended the NACCHO Preparedness Summit in Atlanta, Georgia, from April 23 to 27. The summit brings together PHEP professionals from across the country to discuss best practices in preparedness based on local experience and topics on grant guidance from the CDC. A primary focus of this year's conference was the introduction of One Health, which focuses on breaking down the silos in public health and looking at how emergency planning and preparedness works across all disciplines.

On April 4, PHP hosted, in coordination with REMSA, a CPR/First Aid training for Medical Reserve Corps (MRC) volunteers and community partners. These regular training opportunities for the MRC volunteers are scheduled throughout the year.

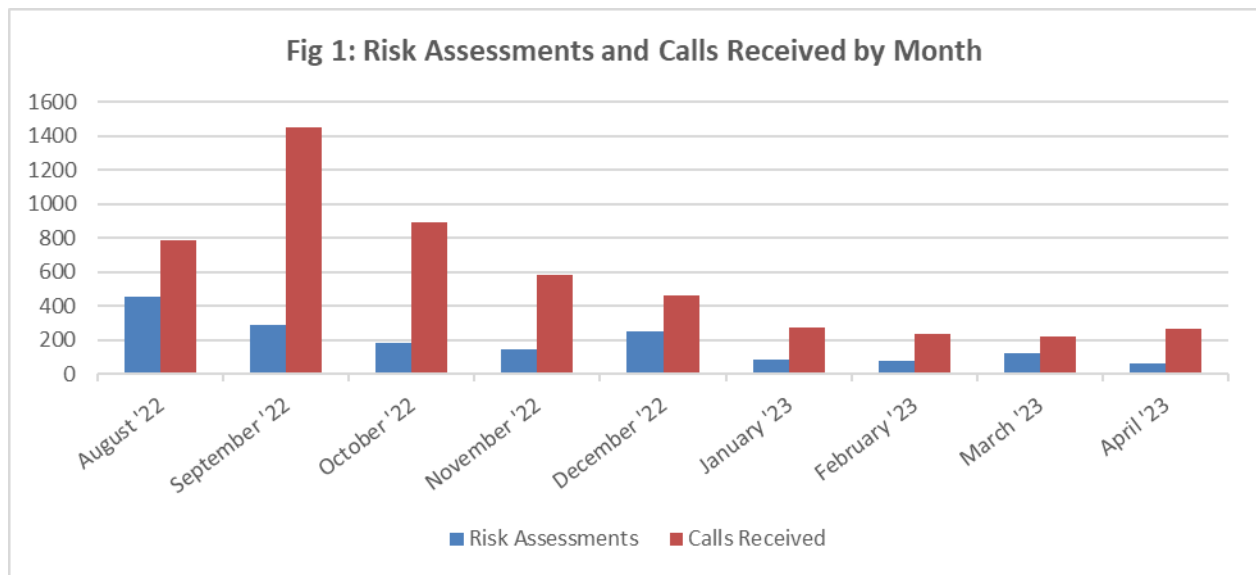
The PHEP Program continues to work with Washoe County schools (public, private and charter) to assist in developing emergency planning processes for their Emergency Operations Plans based on [Nevada Revised Statute \(NRS\) 388.241](#). A third quarter reminder email to schools was sent to 43 schools on April 3, 2023. The PHEP team participated in a total of 7 meetings between July 1, 2022, and April 30, 2023, with additional meetings scheduled for May.

To ensure efficiency and backup in case of an emergency, training on the use of CodeRED, the county's electronic emergency notification system, continues. PHP and EMS program staff along with the EPHP Division Director have continued to schedule regular internal drills to practice programming and sending out CodeRED messages on a rotation.

COVID-19 Response

Call Center and Point of Screening and Testing (POST) – The COVID-19 Call Center received 61 Risk Assessments in April, a decrease of 50% from March. Some Risk Assessments were entered by end-users through the web portal, and others were entered by the Call Center staff. During the month of April, the Call Center received 267 calls, a 19% increase from March. This increase was due to the approval of the additional bivalent dose for those who are 65 and older or immunocompromised. 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 August 2022.

Table 1. Total Risk Assessments and Calls				
Month Reported	Risk Assessments	Inc/Dec	Calls Received	Inc/Dec
2021 Totals	55,371		75,174	
2022 Totals	26,871		22,726	
January 2023	84	-66%	277	-40%
February 2023	77	-8%	233	-16%
March 2023	122	58%	224	-4%
April 2023	61	-50%	267	19%

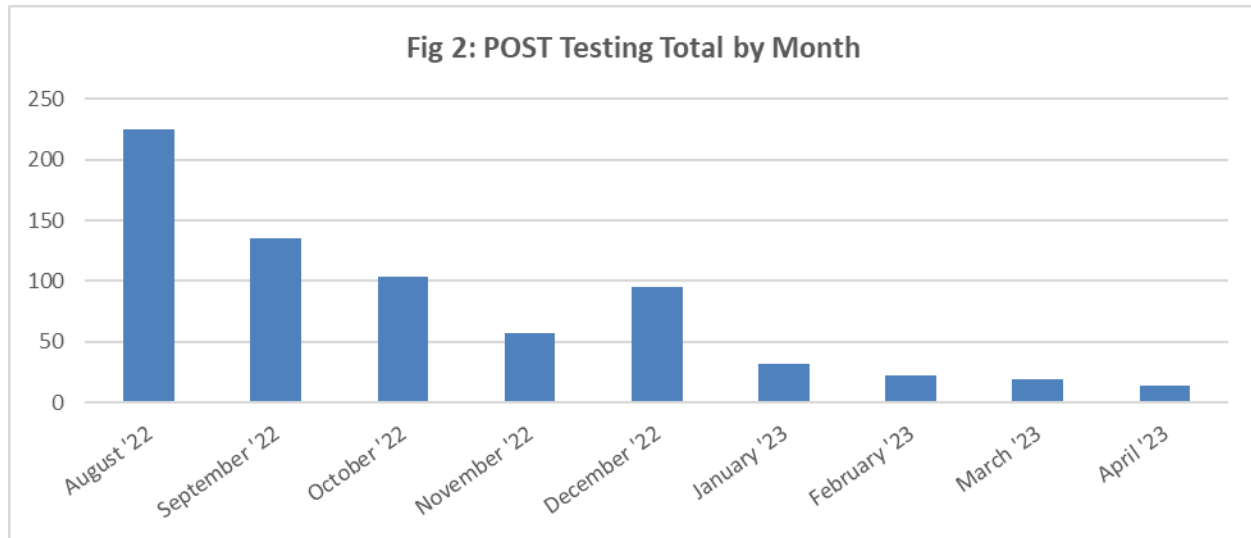


The POST continued two days per week drive-through operations. A total of 14 tests were conducted in April, a decrease of 26% from March. Table 2 summarizes the number of tests conducted at the POST to date since the beginning of 2021, while Figure 2 graphs the data since August 2022.

Starting May 23, 2023, POST will not be continuing in a drive-through format and instead will be moving to testing via home visits only.

In April of 2023, 121 tests were conducted via homebound testing. These tests were conducted at Assisted Living Facilities.

Table 2. Number of Tests Conducted at POST		
Month Reported	POST Tests	Inc/Dec
2021 Totals	30,996	
2022 Totals	7,892	
January 2023	32	-66%
February 2023	22	-31%
March 2023	19	-14%
April 2023	14	-26%



As of April 30, 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)

The new Public Health Emergency Response Coordinator started April 24 and will support the Inter-Hospital Coordinating Council. This position is integral to developing and maintaining relationships with healthcare partners. On April 24 and 25 HPP staff visited Summit View Home Health and Hospice and Quail Surgery Center to develop relationships between our organizations. Over the next two and half months, multiple meets-and-greets like these were set up with healthcare partners.

The HPP Program negotiated with the State to receive almost \$1million in funds to support healthcare preparedness. Program staff were able to get approval from the federal project officer to use these funds to purchase the identified equipment needs for healthcare partners. The program submitted the subaward to the State but will not receive the funds until Fall 2023.

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) - EMS Joint Advisory Committee (JAC) - The JAC has been focused on process improvements for increased life safety. The latest discussion is understanding the Reno Fire Department Single Role Paramedic program.

EMS Strategic Plan – The Program presented to the Emergency Medical Services Advisory Board (EMSAB) the Washoe County EMS Strategic Plan 2023-2028, in May. EMSBA approved the plan.

REMSA Franchise Map – The Program presented to EMSAB the REMSA Response Zone map for the ambulance franchise service area with a July 1, 2023, effective date. The area of change presented for approval is a small area within the Damonte Ranch area. ESMAB approved the map.

REMSA Exemption Requests

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
February 2023	-	-	54	-	54
March 2023	-	-	48	-	48
April 2023	-	-	3	-	3

REMSA Call Compliance – The franchise area is divided into response zones. The response zones will have response time compliance standards for all Priority 1 calls as 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.

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
February 2023	91	90
March 2023	94	93
April 2023	93	91
Monthly Average	91	91
Year-To-Date**	91	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 three (3) applications during the month of April and did not have any concerns that may affect EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program received three (3) applications for Mass Gatherings/Special Events in the month of April. None of the events met the minimum number of attendees needed to be considered as a mass gathering.

Vital Statistics

Vital Statistics has continued to serve the public through the mail, online and in-person. During the month of April, Vital Statistics staff registered 490 deaths and 387 births; 14 death and 54 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

March	In Person	Mail	Online	Total
Death	1439	34	556	2029
Birth	398	40	423	1161
Total	2137	74	979	3190

Sexual Health (Outreach and Disease Investigation) – 2021 data was released by the CDC following the report last month. While Nevada moved down in the rankings, the rates increased for Nevada and other states. The data shows that STIs have reached a new record high for an eighth year in a row. There has been a 74% increase in syphilis over 5 years nationally, as well as more than 2,800 congenital syphilis cases. Chlamydia rates have risen to pre-pandemic levels and gonorrhea cases are increasing.

HIV cases remain stable statewide and nationally. However, Washoe County is experiencing a rapid increase of HIV cases that puts our case count at 22, which usually occurs at mid-year. There were 13 cases reported between March – mid-April. Only two of the cases have been connected. Per the program’s outbreak response plan, the rolling 12-week total is at the red alert, which is three standard deviations above the normal levels. As a requirement of the outbreak response plan, the Division of Public and Behavioral Office of HIV has been notified. Currently, no additional resources are required. HIV staff are managing the caseload.

Infection	National Rate per 100,000 population (2021 unless noted)	Nevada’s National Ranking and Rate (2021 unless noted)	Nevada Ranking and Rate per 100,000 population (2020)	Change in Rate	Washoe County Rate (2020) per 100,000 population
<i>Chlamydia</i>	495.5	17 th Rate: 520.0	23rd 478.5	↑	533.9
<i>Gonorrhea</i>	214.0	9 th Rate: 270.0	22nd 206.6	↑	237.7
<i>Primary & Secondary Syphilis</i>	16.2	5 th Rate: 29.9	1st 24.9	↑	27.9
<i>Congenital Syphilis</i>	77.9 per 100,000 live births	9 th Rate: 133.6 per 100,000 live births	4th 131.2 per 100,000 live births	↑	County specific data unavailable
<i>HIV – Incidence of New Cases, Persons Aged ≥ 13 yrs</i>	10.9	5 th Rate: 14.9 (6 th if DC is included) (2020)		↑	7.9 (2021)
<i>HIV – Prevalence of People Living with HIV (2020), Persons Aged > 13 yrs</i>	319.9	7 th Rate: 418.5 (8 th if DC is included) (2020)		↑	242.5 (2021)

Immunizations – Staff continue to provide COVID vaccinations through the homebound program, onsite clinic, and community PODS, and routine vaccinations through the clinic and outreach events.

In mid-April, the CDC removed the authorization of providing all monovalent mRNA COVID-19 vaccines. The FDA approved and The Advisory Committee on Immunizations (ACIP) adopted the change in guidance to provide only bivalent mRNA COVID-19 vaccines. Staff facilitated the change in the clinic and communicated the new CDC guidance to several community providers. This change only applies to mRNA Pfizer and Moderna vaccines. Novavax continues to be available in the clinic and offsite.

There were 9 community COVID events in April. Approximately 194 COVID vaccinations were provided through community events, homebound and the immunization clinic. In addition, staff were able to provide 162 Flu vaccines during offsite PODs, IZ clinic, and homebound. Covid staff continue to participate in the Mobile Harvest – Food Bank, held at the Health District on the first Tuesday of every month.

The homebound team provided 58 COVID vaccines in April. The homebound team continued to provide vaccines in multiple underserved locations such as Park Place Assisted Living, Washoe Senior Living I and II, Alpine Skilled Nursing facility, Glenda Care, Willow Springs, Alta Care, Sage Street Transitional Housing and Northern Nevada Veterans Home. Staff continued to redistribute COVID vaccine to support community providers which increases availability of COVID-19 vaccine in the community.

Staff continue to provide all presentations of COVID vaccines in the immunization clinic along with all other vaccines, including influenza, and focus on the integration of COVID operations into routine on-site scheduling and staffing. Staff vaccinated a total of 234 individual clients and provided 539 vaccines during the month of April, of which 70 were COVID vaccines. Staff accept walk-ins at all vaccine sites daily. Staff continue to provide Jynneos vaccine for MPOX, as needed.

Staff conducted six school located vaccine clinics at area middle schools in preparation for Back- To-School season, immunizing 177 clients with 434 doses of individual vaccines. These events emphasized the VFC (Vaccines for Children) adolescent population, although COVID, 317, and limited private pay doses were administered with the collaboration of a community partner. VFC Compliance and IQIP (Immunization Quality Improvement for Providers) visits continued, to include the training of additional consultants. Staff conducted four VFC Compliance visits and two IQIP site visits in April. Additionally, staff were able to complete one VFC provider training and five additional follow-up visits for outstanding items. Staff continue to offer community provider education regarding vaccine storage and handling and vaccine inventory, in addition to addressing special medical and employee vaccine cases.

Staff are preparing for additional upcoming Back-To-School events and continue to collaborate with community partners. Staff will attend the May 20th Family Health Festival, and the July 29th Family Health Festival. Additionally, staff will host two large Back-To-School events at the Health District on August 12th and August 19th.

Tuberculosis Prevention and Control Program – The TB Program does not currently have any active TB cases. However, things have been picking up significantly, there have been five rule-out cases, two of which are still waiting for cultures. The program is continuing to see increases in community referrals and immigrants needing TB evaluations. The program evaluated eight individuals that had newly immigrated to the United States. Out of the eight, four were diagnosed with LTBI and are receiving treatment through the clinic. In total, the program is treating twenty-two individuals for LTBI, this is an increase of ten from March. All these clients would be at high risk of progressing to active disease if left untreated. The program is also preparing for a June site visit with the State TB Controller.

Reproductive and Sexual Health Services – Family Planning and Sexual Health Program (FPSHP) staff took advantage of several training opportunities in April. Staff attended a 2-hour training related to HIV and pre-exposure prophylaxis for HIV prevention. This training was not only for FPSHP staff but was well attended by support staff including clerical, billing, and DIS team members. This training was offered

to staff in preparation for beginning to provide PrEP services in the clinic. The PrEP implementation team is currently revising clinic protocols and evaluating patient education materials. The PrEP implementation team is hopeful that PrEP services will begin to be offered in the FPSHP by June 15, 2023. On April 13, FPSHP staff attended a training related to creating a trauma-informed culture both for clients and staff. Staff learned about the impact of trauma for clients seeking health care services as well as for health care workers experiencing burnout. Staff learned about implementation steps and foundational aspects of trauma-informed care. Moving towards a trauma-informed culture of care will be discussed more at upcoming team meetings.

FPSHP staff have been working hard to create budgets and work plans for both Title X and state ARPA family planning funding. The Title X and ARPA family planning funding allows the FPSHP to provide more robust, high-quality services. Funding will allow for the addition of a fourth Community Health Worker that will be devoted solely to family planning activities. Funding also allows the FPSHP to support more clients desiring PrEP services.

The FPSHP welcomed two per diem RNs, Kathy Sobrio and Charlotte Hartman. Kathy and Charlotte completed their orientation in April and will be extra support as the FPSHP continues to see an increase in the number of clients desiring walk-in and same day appointments. Recruitment for the open Community Health Aide position began on April 27th. FPSHP staff are hoping to conduct interviews for this position the first or second week in June.

Chronic Disease and Injury Prevention Program (CDIPP) – Staff presented to about 30 healthcare providers and guests at a Washoe County Medical Society member event (April 28, 2023) on referring to the Nevada Tobacco Quitline and My Life, My Quit, and presented to 15 Wooster High School students about the field of public health. A presentation was also given to UNR students on nutrition and public health at their Pre-Professional Health Summit.

Staff held the first CHIP Subcommittee meeting for the Healthy Corner Store Initiative. Partners provided insight on how they can support and collaborate on project activities by sharing information and resources to help educate the community about the availability of healthy foods and to explore options of expanding healthy food items at participating stores.

Staff participated in a Road Safety Audit with Nevada Department of Transportation (NDOT) and other stakeholders to review the safety of the roads for South Virginia Street from Patriot Blvd to Mt Rose Highway. This opportunity provided staff with the tools and knowledge to conduct a walking audit for a future project related to the built environment and physical activity.

Staff helped expand, coordinate, promote and work the semi-annual Prescription Drug Take Back event on Saturday, April 22, 2023. This event included nine local collection sites for the community to turn in their unused or unwanted prescription drugs.

Staff performed community outreach and education to local seniors at a Senior Resource Fair event on April 10, 2023. This event was attended by approximately 35-40 participants, including Senator Catherine Cortez Masto.

Staff reached over 600 Reno High School students with in-class vaping prevention presentations.

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).

WCHD has taken over lead cases from the Nevada Department of Health and Human Services Lead Program Specialist position which was recently vacated. Currently all lead cases above 3.5 µg/dL within Washoe County go to the WCHD Lead Team. The team continues to participate in monthly status calls with the Nevada Childhood Lead Prevention Program (NVCLPP).

Public Health Nurses and Community Health Workers (CHWs) 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 CHWs continue to hold Cribs for Kids classes on a regular basis, educating new parents on safe sleep. CHWs 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 no April Cribs for Kids clients who wanted classes. A recurring social media post has been created for Cribs for Kids that should begin in May.

Participants in Cribs for Kids classes are also connected to REMSA for free car seats. One client was referred to Baby and Me Tobacco Free.

The Fetal Infant Mortality Review Board (FIMR) meets monthly, except for June and December. The FIMR Board met on April 21, 2023, and reviewed four cases. No maternal interviews were conducted in April; however, sympathy cards were sent out. The new per diem RN staff members, Holly McGee and Angela Penny, are entering cases independently. Count the Kicks information is being distributed in WIC, Immunization, and Family Planning Programs in English and Spanish.

Staff have been following an amendment to AB168 with Joelle Gutman Dodson and produced a White Paper to be used at the legislature. The bill proposes a Statewide FIMR program, under the direction of the Advisory Committee of the Office of Minority Health and Equity. If AB168 passes as written, the Washoe County FIMR Program is at risk of losing funding.

Staff attended “Towards a Trauma-Informed Resilience-Oriented (TIRO) Culture of Care” training in April. Staff also participated in the Western Region FIMR Support call and gave input during the Child Death Review Meeting on April 7, 2023. The Northern Nevada Maternal Child Health Coalition (NNMCHC) met on April 13, 2023. The NNMCHC is moving forward with the implementation of New Mama Care Kits for Post-Partum women in need in Northern Nevada.

Women, Infants and Children (WIC) – The WIC program continues to work with the State of Nevada on formula changes. April was the last month that alternative formula was available to clients and staff prepared for the transition. Beginning May 1st, the only formulas available for purchase in store (without medical documentation on file) are Similac brand formulas.

Staff presented at the Pre-Professional Healthcare Summit at UNR on April 16, 2023, about the impact of WIC as a public health nutrition program. About 20 undergraduate students were reached with information about WIC, nutrition, and public health's influence on health and wellbeing.

The WIC program began using Vonage Business Box to communicate more effectively with clients using text messages. This tool is expected to improve no-show rates and serve to better engage WIC participants.

Staff did a Facebook live event with Tu Casa Latina to share information and details about the WIC program and encourage those needed WIC services to apply. The outreach was in Spanish and the format allowed for information to be provided in a relaxed, comfortable way.

Community Health Workers (CHWs) – The Community Health Workers (CHWs) provided individual client services to 39 clients in April. Resources and services provided included health insurance navigation, obtaining specialty provider appointments, transportation services and resources, behavioral health resources, WIC services, and PrEP navigation and education. The CHWs also conducted nine outreach activities in April. The Food Bank's Mobile Harvest distribution was once again successful in April with 60 clients taking advantage of access to fresh food, fruits, and vegetables. CHWs also continued outreach activities at Eddy House and Washoe County Sheriff's Detention Facility. The CHWs were able to provide WCHD resources at several health fairs including the National Minority Health Fair, a health fair for the Native American population held at Atlantis Casino, and the Take Back the Night event at Truckee Meadows Community College. The CHW assigned to CDIP also provided vaping education to Reno High School freshmen.

Food/Food Safety – The Food Safety Program is rolling out a new Active Managerial Control (AMC) program that will alter the current scoring system and enforcement for food safety inspections. AMC is a tool used by food service managers to actively lead food workers in food handling practices that reduce the occurrence of foodborne illness risk factors. AMC is about having a plan for checking that safe food handling practices are in place and being followed. The WCHD Food Safety Program will be holding public workshops to garner support and obtain feedback on the new procedures. <https://www.washoecounty.gov/health/programs-and-services/environmental-health/food-protection-services/AMC%20Program%20.php>.

Some of the biggest changes that will be implemented are:

- A hands-on training taught by the WCHD Food Safety Program,
- New scoring system based on repeat risk factor violations, and
- Science-based methodology to reduce the occurrence of foodborne illness risk factors

Food Construction – Staff continues to see large numbers of change of ownerships & opening inspections for various food establishments. Construction plans and inspections continue and upward trend. Staff has been busy with inquiries and meeting with potential operators for mobile trucks, portable trailers, and carts. The plans team has been conducting pre-meetings with stakeholders on how to meet requirements for an expedited plan approval for food facilities.

Epidemiology (EPI) – Staff continued to work on program development initiatives. This included a review of our outbreak response that occurred at the end of March of this year to identify areas for improvement.

Epidemiology	JAN 2023	FEB 2023	MAR 2023	APR 2023	YTD 2023	2022	2021	2020
Foodborne Disease Complaints	3	7	38	3	51	51	98	130
Foodborne Disease Interviews	3	7	38	3	51	47	59	66
Foodborne Disease Investigations	0	0	1	0	1	4	12	7
CD Referrals Reviewed	2	6	6	3	17	81	178	82
Product Recalls Reviewed	17	18	22	26	83	250	251	61

Temp Foods/Special Events – Staff worked the first large event of the year, Earth Day, which was held at Idlewild Park. The event had an estimated attendance of 25,000 people. In addition to conducting food inspections at the event, EHS staff ensured the proper infrastructure was in place to handle the large amounts solid and liquid waste that were generated, and that there were enough restrooms for attendees.

Commercial Development – Year to date, development reviews are static as compared to 2022. Large complex projects continue to be proposed and reviewed.

Commercial Development	JAN 2023	FEB 2023	MAR 2023	APR 2023	YTD 2023	2022	2021	2020
Development Reviews	47	28	42	35	152	494	400	357
Commercial Plans Received	119	139	174	151	583	1,551	1,169	1,059

Permitted Facilities – Program staff continue to focus on completing all school inspections for the first semester of the calendar year.

Staff are preparing for the expected influx of seasonal pool opening requests. Efforts have been taken to reduce the impact on limited inspector resources including letters sent to permit holders and correspondence to pool service companies to encourage earlier inspection requests. Specific opening inspection requirements as well as warnings regarding delayed reinspection scheduling and possible reinspection fees have also been issued as a proactive effort to reduce reinspections. To date, the only observable result of these efforts is that inspection requests are being received earlier, but the inspection dates requested remain for the traditional busy period of mid-May.

Land Development - Inspection requests for well and septic installations picked up significantly during April thanks to warmer and dryer weather. The team is seeing septic systems and wells being installed on properties where the plan reviews were challenging due to property size, slopes, watercourses, etc. EHS issued one stop work order this year due to a leach line installed within the 100’ setback to a neighboring well. The team is working hard to maintain consistency across all inspectors and scenarios to be the most protective of public health.

Team Leadership met with a representative from the National Onsite Wastewater Recycling Association (NOWRA) who is looking to establish a Nevada chapter of NOWRA. They were offered support of a Nevada chapter and guidance with respect to local industry personnel.

Land Development	JAN 2023	FEB 2023	MAR 2023	APR 2023	YTD 2023	2022	2021	2020
Plans Received (Residential/Septic)	55	56	61	55	227	999	918	705
Residential Septic/Well Inspections	43	48	53	88	232	1,436	1,282	1,075
Well Permits	4	3	9	14	30	141	150	131
Water Projects Received	0	2	0	0	2	25	40	64

Safe Drinking Water (SDW) - In cooperation with NDEP-BSDW staff, the team has finalized a Continuous Verification process of facilities or organizations that may not have met the definition of a Public Water System in the past but have the potential to meet the definition in the future. Facilities that were added were past Public Water Systems, but the businesses had closed (e.g., restaurants, gas stations) and could reopen in the future. Going forward this will be a biannual or annual verification process, depending on the facility, to help ensure all facilities meeting the definition of a Public Water System are properly regulated.

Team Leadership has continued to work with NDEP-BSDW leadership to prepare the FAQ’s document to outline new requirements associated with the Lead and Copper Rule. The document will be provided to public water systems to assist them in performing a Lead Service Line Inventory and developing a Lead Service Line Replacement Plan. The team also plans to participate in local training sessions for water operators with respect to these requirements.

The team worked with NDEP-BSDW compliance and data management staff to review outstanding compliance issues for water quality sampling due in 2022. There were 11 water systems with missed water quality samples, resulting in monitoring violations for various sources and timeframes during 2022. For each water system with missing items the team reviewed the monitoring requirements with the owner or operator to help them return to compliance and avoid future violations.

Team Leadership participated in conference calls with TMWA, City of Reno and Washoe County Community Services Department relating to PFAS chemicals detected in Swan Lake in 2021 by a UNR graduate student. The calls led to a press release and press conference regarding the possible presence of these chemicals in Swan Lake and other samples that have been collected since. EHS staff will be available to help answer questions from private well owners in the Lemmon Valley area regarding PFAS or any other issues of concern.

Safe Drinking Water	JAN 2023	FEB 2023	MAR 2023	APR 2023	YTD 2023
Sanitary Survey	1	0	1	4	6
Level 1 Assessments	0	1	1	0	2
Level 2 Assessments	2	0	1	0	3

Vector-Borne Diseases (VBD) - Adult mosquito population monitoring traps have been deployed to 12 regional locations in the Truckee Meadows.

Staff conducted interviews to fill two public service intern positions.

The Vector Program has purchased two UAS drones for deployment of larvicide products and mosquito source surveillance.

Staff have started pre-treatments of area small sources (less than 5 acres) with growth regulating larvicide products.

Vector	JAN 2023	FEB 2023	MAR 2023	APR 2023	YTD 2023	2022	2021	2020
Total Service Requests	0	0	0	3	3	65	59	135
Mosquito Pools Tested	0	0	0	0	0	506	385	280
Mosquito Surveys and Treatments	0	0	0	8	8	791	821	72

Waste Management (WM)/Underground Storage Tanks (UST) - A staff member is scheduled to attend UST Boot Camp training in May 2023.

Keep Truckee Meadows Beautiful (KTMB) in partnership with the Health District and other entities held their annual community clean up on April 29. More than 800 volunteers cleared over 40 tons of trash at 26 different sites throughout Washoe County to remove invasive weeds, clean up trash, pick up illegally dumped items and more. Trash included tires, yard waste, appliances, shot-up televisions, furniture, an abandoned RV and more. A total of 84,420 pounds of trash and over 32,930 pounds of invasive weeds and green waste were removed during the clean-up.



Keep Truckee Meadows Beautiful clean up (Courtesy: Keep Truckee Meadows Beautiful)

Inspections:

EHS Inspections	JAN 2023	FEB 2023	MAR 2023	APR 2023	YTD 2023	2022	2021	2020
Child Care	11	9	9	9	38	128	118	142
Food/Exempt Food	291	371	291	331	1,284	4,419	4,958	4,264
Schools/Institutions	13	42	17	40	112	292	291	199
Tattoo/Permanent Make-Up (IBD)	18	12	9	15	54	130	134	112
Temporary IBD Events	2	0	0	0	2	5	0	1
Liquid Waste Trucks	10	26	13	1	50	111	111	110
Mobile Home/RV Parks	7	3	10	8	28	121	117	202
Public Accommodations	10	5	6	6	27	139	151	130
Aquatic Facilities/Pool/Spas	23	27	17	54	121	712	1,128	408
RV Dump Station	0	0	6	0	6	21	19	17
Underground Storage Tanks	17	18	17	16	68	161	4	10
Waste Management	16	24	19	11	70	132	146	211
Temporary Foods/Special Events	22	29	20	31	102	1,174	766	48
Complaints	42	60	47	58	207	613	689	911
TOTAL	482	626	481	607	2,196	8,158	8,632	6,765
EHS Public Record Requests	169	344	453	372	1,338	5,703	4,769	3,249

Complaint breakdown	JAN 2023	FEB 2023	MAR 2023	APR 2023	YTD 2023
Food	26	27	21	25	99
Permitted Facilities	3	5	4	2	14
General	1	0	0	3	4
Liquid Waste	3	10	6	7	26
Solid Waste	9	18	16	21	64

New Permits/Change of Ownership Inspections:

New Openings*	JAN 2023	FEB 2023	MAR 2023	APR 2023	YTD 2023	2022	2021	2020	2019	2018
Child Care	0	0	1	0	1	8	8	7	9	5
Food/Exempt Food	31	37	44	61	173	486	479	286	454	452
Schools/Institutions	0	0	1	0	1	6	3	2	4	4
Tattoo/Permanent Make-Up (IBD)	9	6	2	6	23	32	50	21	45	41
Liquid Waste Trucks	0	7	4	1	12	17	11	5	0	0
Mobile Home/RV Parks	1	0	1	0	2	8	5	10	7	6
Public Accommodations	0	0	0	2	2	9	9	10	5	11
Aquatic Facilities/ Pools/Spas	0	1	3	16	20	28	41	25	38	29
RV Dump Station	0	0	0	0	0	3	2	0	0	0
Waste Management	1	1	0	0	2	8	6	16	8	13
TOTAL	42	52	56	86	236	605	614	382	570	561

Health District Communications Update

The Health District participated in regional communication response to PFAS being discovered in Swan Lake. District Health Officer Kevin Dick spoke at a media briefing in an effort to alert residents that the ‘forever chemical’ was detected but that more information and testing needed to be done to understand the extent of the situation.

Elsewhere, we facilitated interviews on the topic of healthy food at Aces Ballpark, COVID-19 second bivalent vaccines (in English and Spanish), the WCHD name change to Northern Nevada Public Health and mosquitos. For Hispanic Outreach, Yera Deavila from the team was interviewed by Telemundo, the “A Tu Salud” segment on Juan 101.7 and “Tu Casa Latina, a Facebook Live broadcast.

The Health District partnered with Southern Nevada Health District on a press release regarding the Biomedical HIV Prevention Summit in Las Vegas that our own Jen Howell was presenting at, and partnered with Join Together Northern Nevada to increase awareness of the Prescription Drug Take Back event on April 22, 2023.

Southern Nevada Health District



DATE: June 2, 2023

TO: State Board of Health Members

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

SUBJECT: District Health Officer Report

End of the Public Health Emergency

The Southern Nevada Health District held a public briefing on May 11, to discuss the end of the COVID-19 Public Health Emergency Declaration. The agency reinforced to the community that the end of the declaration of the public health emergency does not mean the end of the Health District's commitment to providing services or the availability of resources. It also stressed that the declaration ending does not mean the end of COVID-19. The virus is still circulating, still causing illness, hospitalizations and deaths every day. However, there are much better tools to respond to the virus than there were three years ago.

An overview of the current vaccine recommendations was provided as well as updates related to access to vaccines, treatment, testing and surveillance, including changes to cost-sharing arrangements for people with public and private insurance plans that may occur after May 11. Information shared included:

Vaccines and Treatments

- On April 18, the emergency use authorizations for both the Moderna and Pfizer bivalent vaccines were amended to simplify the vaccination schedule for most individuals.
- As a result, the current bivalent vaccines were authorized to be used for all doses administered. The monovalent vaccines are no longer authorized.
- Other important changes to vaccination recommendations include:
 - Most individuals that have never received any COVID-19 vaccine may receive one dose of the bivalent vaccine.
 - Most individuals previously vaccinated with one or more doses of a monovalent vaccine who have not yet received a dose of the bivalent vaccine may receive a single dose of this vaccine.
 - Those 65 years of age and older may receive an additional dose of the vaccine for added protection. This additional dose may be received at least four months following the initial bivalent dose.
 - Most individuals who have already received a bivalent dose are not currently eligible for an additional dose
 - Children less than 5 years of age and anyone of any age who is moderately to severely immunocompromised have different vaccination requirements. Those with children and those

who are immunocompromised are encouraged to speak with their children's doctor or their own health care provider to learn more.

- It was emphasized that vaccine recommendations will likely be updated in the near future.
- Vaccines are still available for free at Health District clinic locations. Making vaccinations as accessible as possible is an ongoing priority, and vaccination clinics will continue to be available at a variety of locations throughout the year. People are encouraged to check the website at www.snhd.info/covid-vaccine for a list of locations.
- Federally purchased COVID-19 vaccines will remain free to everyone, regardless of insurance coverage. After the federal supply is exhausted, most people will continue to have access to COVID-19 vaccines through public and private insurance, and as always, the Health District remains a safety net for those who otherwise lack access to vaccination.
- Antiviral medications continue to be available at the Southern Nevada Health District and at a number of other locations to patients who meet the criteria for treatment. Most antiviral medications continue to be available for free.

Testing

- While the Health District testing clinic at 280 S. Decatur Blvd. will no longer operate after July 31, its two clinics at the CSN Charleston and Cheyenne campuses will offer PCR testing until March 2024. To date, this program has conducted more than 59,000 tests.
- Six self-test COVID-19 vending machines located at the RTC's Bonneville Transit Center and South Strip Transit Terminal; East Las Vegas Community Center; Fremont Public Health Center; Mesa View Regional Hospital in Mesquite; and the Regional Government Center in Laughlin are currently funded through May of 2024. The project may extend past this date, depending on the number of kits stockpiled.
- These sites offer at-home antigen test kits at no cost to the public, and people can receive five tests per month. To date, the vending program has dispensed over 20,000 kits.

Surveillance

- SARS-CoV-2 continues to circulate in U.S. communities. As of May 9, the US was averaging 11,000 cases a day and 160 deaths a day. Cases are undercounted due to the expanded use of at-home test kits.
- As a result, there is still a lot of virus circulating in communities. The Health District encourages people to keep testing if they have symptoms, if they have had contact with someone who has COVID, or if they will have contact with or will be visiting someone who is at higher risk for severe illness.
- Adjustments have been made to surveillance data and upcoming changes will be driven by alterations in data reporting requirements.
- During the initial stages of the pandemic, Health District staff rapidly gathered and reported valuable data to inform and guide the public health response.
- The reporting methods have been adjusted to respond to the changing nature of the virus, and these activities were integrated into the agency's regular public health practices. The agency will continue to gather, analyze and report relevant COVID-19 data to facilitate informed decision-making as the virus persists and evolves.
- With the increased availability of home COVID-19 tests, relying solely on metrics like daily case counts and percent positivity rate may no longer provide a comprehensive understanding of the community level.

- Moving forward, hospitalization data will be used to monitor community spread, death data will be used to assess the severity of illness in the community, emergency department data will continue to be used as an early warning system and wastewater will be used to track new variants.
- At this time, the agency will continue to provide additional data that is being collected. Currently, the data is posted weekly, but that frequency may change to monthly.
- Some individual reports that were no longer meaningful have already been discontinued and some individual reports that are duplicated on the COVID-19 dashboard may no longer be posted.

Updated COVID-19 information is available on the Health District website at www.SNHD.info/covid.

Increased Incidence of Intracranial Abscesses in Pediatric Patients

In January of this year, the Health District released a Public Health Update to health care providers regarding the increased incidence of intracranial abscesses in pediatric patients that were investigated in 2022. The investigation recently received renewed interest after the topic was presented at the Centers for Disease Control and Prevention's 2023 Annual Epidemic Intelligence Service Officer's Conference. For more information on the investigation, access the public health update on the Health District website at www.southernnevadahealthdistrict.org/news-info/health-care-professionals/public-health-advisories/.

Mosquito Surveillance Season

The Health District joined with Clark County to kick off the 2023 mosquito surveillance campaign on May 4, calling attention to a potentially early and active mosquito season. SNHD and Clark County are continuing a decades-long partnership in managing mosquitoes throughout Southern Nevada. The agencies work together in setting traps to survey mosquito quantity, species and infected mosquitoes.

During mosquito season, Health District Environmental Health staff set 50 to 60 traps per day for weeks at a time at parks, wash channels, wetland areas and other potential breeding sites across the valley. Hundreds of mosquitoes are captured in the field and transported in coolers to a laboratory at its Main Public Health Center, where they are sorted and cataloged by species and location. The samples are then sent to the Southern Nevada Public Health Laboratory to test specimens for harmful arboviruses.

The public is urged to Fight the Bite and help reduce the number of mosquitoes, which can carry serious diseases such as the [West Nile](#) and Zika viruses. Fight the Bite calls on people to eliminate standing water, which provides a perfect home for mosquito larvae; prevent mosquito bites by taking [proper precautions](#); and to report mosquito activity to the Health District's surveillance program at (702) 759-1633. To report a green pool, people should contact their local code enforcement agency. More resources and contact information are available on the Health District's [website](#).

West Nile Virus (WNV) reached unprecedented activity in Clark County in 2019, with 43 human cases, including one death. In stark contrast, there was almost no WNV activity in 2020, 2021 and 2022. For more information about mosquito surveillance, visit <https://www.southernnevadahealthdistrict.org/programs/mosquito-surveillance>.

Soda Free Summer Challenge

The Southern Nevada Health District's Office of Chronic Disease Prevention and Health Promotion is conducting its Soda Free Summer Challenge from May 5 through August 31. The annual campaign encourages children and adults to choose healthier beverages in favor of soda and other sugary drinks.

Details on how to participate in the challenge are available at www.GetHealthyClarkCounty.org or www.VivaSaludable.org. Interested participants can find the Health District at local events to learn more about the Soda Free Summer Challenge by checking out its [community calendar](#) or Spanish [community calendar](#).

According to the U.S. Department of Agriculture, sugary drinks account for about 46 percent of the average consumption of added sugars in the U.S. Sugary drinks include sodas, sports drinks and fruit drinks, as well as tea and coffee sweetened with added sugar. Nationally, an estimated six in 10 people aged 18 or older reported having sugary drinks once daily or more. Children consume more than 30 gallons of sugary drinks, on average, every year, enough to fill an entire bathtub.

The largest source of added sugar in most people's diets comes from soda and other sweetened beverages. The daily dietary recommendations per day are approximately 25 to 36 grams of sugar for adults and 25 grams for children. Regular soda, energy drinks and juices have, on average, between 36 to 44 grams of sugar in a 12-ounce can, which translates to between nine and 11 teaspoons of sugar. People are encouraged to limit sugary drinks and opt for healthier alternatives including water, unsweetened tea, and plain milk.

Consumers are advised to read nutrition labels to determine how much added sugar is included in their drinks. For information about how to identify added sugars, visit [Get Healthy Tips for Eating Healthy](#) on the Get Health Clark County website and the Spanish language [Viva Saludable](#) website.

National Transgender HIV Testing Day

The Southern Nevada Health District commemorated National Transgender HIV Testing Day (NTHTD) on April 18, encouraging transgender and nonbinary persons to get tested for HIV and other sexually transmitted infections as well as learn about HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). NTHTD is a day to recognize the importance of routine HIV testing, status awareness and continued focus on HIV prevention and treatment for transgender and nonbinary people in the community.

The Health District offers Express HIV Testing Monday through Thursday from 7:30 a.m. – 4 p.m. at its [Sexual Health Clinic](#), 280 S. Decatur Blvd., Las Vegas, NV 89107. Walk-ins are accepted on a first-come, first-served basis, patients are encouraged to arrive early, and they must be asymptomatic. Testing also includes syphilis, gonorrhea and chlamydia.

Additionally, free HIV testing is available in the Arleen Cooper Clinic at The Center, 401 S. Maryland Parkway, Las Vegas, NV 89101. Services are offered Monday through Thursday from 1 – 6 p.m. and on Fridays and Saturdays from 9 a.m. – 2 p.m. Appointments are preferred, but walk-ins are accepted.

The Health District also offers at-home HIV, chlamydia and gonorrhea testing through its Collect2Protect program. The HIV test is free; the other tests are fee-based. The kits are available on the Health District's website at [Collect2Protect](#) and provide a convenient and private testing option.

Early diagnosis is critical for people with HIV so that they can benefit from antiretroviral therapy (ART). ART reduces HIV levels in the bloodstream, reduces HIV-related illnesses, and lowers the risk of transmitting HIV to intimate partners. With ART, HIV-positive people can remain healthy for many years.

According to the Centers for Disease Control and Prevention (CDC), nearly one million people identify as transgender in the United States, and transgender people made up 2 percent of new HIV diagnoses in 2019.

Likewise in Clark County, transgender people made up 3.4 percent of new HIV diagnoses from 2017-2021. For more information, visit the CDC's [HIV and Transgender People: HIV Prevalence](#) page.

Health care providers are the foundation of gender-affirming HIV screening, prevention and care. Included among these providers are The Center, the Henderson Equality Center and the Las Vegas TransPride Center, all members of the Southern Nevada Health Consortium.

In addition, the Las Vegas TransPride Center, located at 727 S. 9th Street, Ste. B, Las Vegas, NV 89101, offers a space for the trans community to gather for activities and events. Services include a food pantry, clothing boutique, book exchange, a "Binder" program for trans masculine individuals, help with name change, medical advocacy, and chaplaincy or hospital visits.

Pop-Up Produce Stands

The Pop-Up Produce stands are returning for 2023. The stands provide people increased access to affordable, locally grown, organic fresh fruits and vegetables. Open to everyone, six pop-ups are scheduled throughout 2023 at the Bonneville Transit Center (BTC) in Las Vegas, starting in early May. Customers can use their SNAP/EBT card, cash, debit, or credit cards.

The program is a partnership among the Southern Nevada Health District's Office of Chronic Disease Prevention and Health Promotion, the Regional Transportation Commission of Southern Nevada (RTC) and Prevail Marketplace. The BTC, located at 101 E. Bonneville Ave., Las Vegas, NV 89101, will be the site of Pop-Up Produce Stands on the following dates:

- Tuesday, June 6
- Tuesday, September 5
- Tuesday, October 3
- Tuesday, November 7
- Tuesday, December 5

The stand will be open from noon until 3 p.m., or while supplies last. Last year's markets resulted in over 5,200 pounds of produce sold and \$6,955 in total sales, with over 20% of total sales from SNAP/EBT transactions.

Healthy recipe cards, nutrition education and other health resources will also be available at the pop-ups. For more information, people can call the Office of Chronic Disease Prevention and Health Promotion at (702) 759-1270 or visit the [Get Healthy Clark County Farmers Markets](#) page. The website also has a list of local farmers markets, including those that accept EBT, SNAP, and debit or credit cards.

Minority Health Month

April was [National Minority Health Month](#), calling attention to health disparities that affect people from racial and ethnic minority groups. It was also a time to encourage action through health education, early detection and control of disease complications. The theme for 2023 is "Better Health Through Better Understanding."

Racial and ethnic minorities face the greatest health disparities in the United States, and for the Health District, Minority Health Month is a time to reflect on its responsibility to understand health care barriers that disproportionately affect minorities, and its continuing efforts to support better health outcomes and create a more culturally responsive environment for all its clients.

The Health District continues to offer quality and affordable care options to underserved people in the community, such as the [Fremont Public Health Center](#), located at 2830 E. Fremont St., Las Vegas, NV 89104. The Federally Qualified Health Center (FQHC) offers primary medical care, family planning services, HIV/AIDS care, and behavioral health services. Other Health District services, programs and resources that focus on increasing health equity include:

- [Diabetes Prevention and Self-Management Program](#) – offering free diabetes self-management, education and support classes in Spanish
- [Barbershop Health Outreach Program](#) – offering free blood pressure and prediabetes screenings, education and referrals to health care providers as needed
- [Faithful Families Classes](#) – classes in healthy eating and physical activity, provided in Spanish
- [Grocery Store Tours](#) – led by a registered dietitian, helping people learn how to shop healthier
- [Viva Saludable Website](#) – information on a variety of health topics provided in Spanish
- Spanish-Language social media sites – Instagram: [vivasaludablesnv](#); Facebook: Viva Saludable
- [Healthier Tomorrow Radio Program](#) – a monthly call-in show focusing on health topics of concern to the African American community
- [Because We Matter](#) – a smoking and vaping prevention initiative for African Americans
- [Por mi. Por ti. Por nosotros. Viva saludable!](#) – an initiative to encourage Hispanic/Latinos to quit smoking and vaping
- [Island eNVy](#) – supporting healthy lifestyles through education and engagement with Native Hawaiians and the Pacific Islander community in Southern Nevada
- [CRUSH](#) – supporting the LGBTQ+ community to quit smoking and vaping

The Health District also partners with All Saints Episcopal Church to provide [Sexual Health Clinic](#) services at the church. Located at 4201 W. Washington Ave., Las Vegas, NV 89107, the clinic provides a safe, welcoming and non-traditional location for the community to seek screening, treatment and preventive sexual health services.

Health organizations use the [Culturally and Linguistically Appropriate Services](#) (CLAS) standards to serve as a blueprint to help better the quality of services provided to all individuals, advance health equity and help eliminate health care disparities. Last fall, all Health District community health center staff members completed a CLAS standards survey to ensure they are actively finding ways to increase access to health care and offer services that are culturally responsive to our diverse community.

The clinics currently offer the following services to clients:

- Bilingual staff members certified to provide interpretation services (Spanish and Swahili)
- Interpreting services
- UBI DUO machine used for clients who are deaf or hard of hearing
- Materials translated in Spanish and English
- Case management, care coordination and insurance enrollment and eligibility assistance
- Transportation assistance

In addition, the clinics continually explore other ways to best serve clients, improve clinical quality, reduce access disparities, and achieve health equity.

Biomedical HIV Prevention Summit

The Southern Nevada Health District and Washoe County Health District welcomed the [Biomedical HIV Prevention Summit](#) to the Cosmopolitan in Las Vegas, on April 11 and 12. Presented by the [National Minority AIDS Council](#) (NMAC), the summit convened more than 1,400 leaders, advocates and educators to share ideas and learn about new approaches to preventing HIV infection.

The annual event focused on implementing biomedical tools in prevention and treatment efforts to ultimately end the HIV epidemic in communities of color. The summit featured sessions on the need for a national Pre-Exposure Prophylaxis (PrEP) program, community participation in research, insurance for PrEP and other topics.

The Health Districts hosted “Community Corner” presentations during the summit, with the Southern Nevada Health District covering the topic of PrEP Navigation and PrEP Academic/Public Health Detailing efforts, and Washoe County Health District addressing the launch of a PrEP pilot program using non-traditional funding sources.

In 2021, 89 percent of Nevada’s newly diagnosed HIV cases were in Clark County. An additional 7.7 percent of newly diagnosed cases were in Washoe County. According to the Centers for Disease Control and Prevention (CDC), Black/African American people have a disproportionately higher number of new HIV diagnoses and people living with HIV, compared to other races and ethnicities. These disparities are driven by factors including racism, HIV stigma, homophobia, poverty and barriers to health care. SNHD and WCHD support efforts by NMAC to lessen the burdens of these social determinants of health.

As part of efforts to reduce new HIV infections, the Health District is among the participants in the Ending the HIV Epidemic in the U.S. initiative (EHE), led by the U.S. Department of Health and Human Services. The initiative aims to reduce new HIV infections in the United States by 90 percent by 2030 by scaling up key HIV prevention and treatment strategies. EHE provides a targeted infusion of resources and support to 50 local areas, including Clark County, that account for more than half of new HIV diagnoses in the U.S. Washoe County Health District supports EHE initiatives on a smaller scale and partners with the Southern Nevada Health District on many initiatives.

Central Nevada Health District



Meeting June 16, 2023

Interim Administrator	Caleb Cage
Interim County Health Officer	Dr. Tedd McDonald
CNHD	Churchill, Pershing, Mineral, Eureka Counties, and City of Fallon

Background and Overview

The Central Nevada Health District (CNHD) is the result of five communities seeking opportunities to provide exceptional public health services for their citizens. First approved in August of 2022, CNHD was developed based on the belief that local communities knew, understood, and could provide services for their populations better than the state could. It came from the belief that through combining the resources and efforts of multiple rural communities, they could increase the efficiency and effectiveness of their services. And it came from an understanding that local leaders in rural Nevada could improve public health outcomes by prioritizing public health services in their region.

These were the ideas behind the CNHD, but there has already been tremendous progress toward its overall goals. Moving forward with the full support of DPBH, the CNHD received waivers for its annual assessment for state services, member communities have developed and implemented a work plan to expedite progress toward the goal of establishing Nevada's third health district, and local leaders will go in front of the State Board of Health on December 2, 2022, to receive formal approval. Anticipating success in establishing the CNHD, the State of Nevada has already funded and built a satellite location for the State Public Health Lab in Churchill County, one of the four counties in CNHD.

Once approved in December, progress toward establishing CNHD was achieved quickly. The Board held its first meeting on December 8, 2022, and from January through June, 2023, initial steps were taken to fully realize the promise of the district. The Central Nevada Health District began serving the communities in its four counties and one city on July 1, 2023.

CNHD is established to achieve the following outcomes:

- The preservation, promotion and protection of the health, safety and well-being of the people and the environment in the Central Nevada Health District.
- Responsible for assessment, monitoring, and surveillance of the Central Nevada Health District's health problems and needs of resources for dealing with them.

- Adopt, amend and enforce reasonable regulations consistent with law in the areas outlined in the Nevada Revised Statutes (NRS) and the Nevada Administrative Code (NAC) Chapters 439, 441A, 444, 446 and 583.
- Adopt a schedule of reasonable fees to be collected for providing public health services, including but not limited to issuing or renewing any health permit or a license required to be obtained from the health district for the sole purpose of defraying cost and expenses and not for the purpose of general revenue.

While there has been important and quick progress to date in establishing the CNHD, that should not overshadow the importance of the development of this new district. CNHD will be the first of its kind in Nevada, not only because it is a formal health district comprising multiple counties, but also because it will be the first health district established in rural Nevada. Its success will benefit the residents of Fallon, Churchill County, Mineral County, Eureka County, and Pershing County a great deal, and CNHD will also serve as a great example for the remaining seven rural counties in Nevada that are receiving public health services from DPBH.

Report Highlights and Requests

Administrators Report

Workforce Development

CNHD has been working to build out its team over the last six weeks. This includes initial hires in a number of key management positions, as well as ongoing interviews for additional critical positions. The current workforce status is detailed below:

- Caleb Cage is serving as interim administrator of CNHD.
- Dr. Tedd McDonald is serving as the interim Health Officer for CNHD.
- Positions offered and in the interview process:
 - Clinical Services Manager
 - Family Nurse Practitioner (APRN)
 - Public Health Preparedness Manager
 - Grant and Fiscal Specialist
 - Office Specialist
 - Clinical Specialist (Mineral County)

CNHD will continue recruiting additional members until staffing is complete.

Public Health Funding

CNHD is funded through a number of sources:

1. Assessments from member jurisdictions
2. Fees for services
3. Passthrough grants and other state support
4. Competitive grants

Member jurisdiction assessments provide critical funding for CNHD. Each member provides the following funding:

1. \$100,000 per member
2. \$5 per capita for the jurisdiction
3. 20% additional (to be placed in CNHD contingency fund)

Fees for services will provide additional revenue for CNHD. The CNHD Board has approved fee schedules for CNHD services, including environmental health inspection and plan review, community health services, and others. Revenue from these sources will support CNHD operations, and will be used to provide matching funds for state and federal grants.

Passthrough grants provide a critical source of CNHD revenue as well. Working with state agencies, particularly DPBH, NDEP, and others, CNHD is working to secure resources to serve its communities. For example, state resources include Public Health Preparedness, family planning, immunization, and other capacity building funding.

Finally, CNHD has also submitted applications for several competitive federal grants.

1. Rural Health Network Development Program Grant (RNHD): CNHD has applied for RNHD program grant from the Health Resources & Services Administration (HRSA) with the US Department of Health and Human Services (USDHHS). This grant is for \$1,200,000 over four years. It would provide funding for key public health tools, like the community health improvement plan, a strategic plan, a workforce development plan, and other elements of accreditation from the Public Health Accreditation Board. This grant application was submitted on November 22, 2022.
2. Rural Health Network Development Planning Grant (RNHD): CNHD has applied for RNHD planning grant from HRSA with USDHHS. If approved, this grant would provide \$100,000 over a one year period and sought here in the event that CNHD does not receive the four year version. Funding from this grant would support some of the same activities listed above, and provide support for management of the grant process. This grant application was submitted on January 6, 2023.
3. Distance Learning & Telemedicine Grant: CNHD as applied for a Distance Learning & Telemedicine grant through the US Department of Agriculture (USDA). If approved, this grant is for approximately \$85,000 and would support communications opportunities for homebound residents and residents living in rural Nevada. This grant application was submitted on January 30, 2023.

Any of these grants would provide important support for CNHD through funding, technical assistance, and other support. CNHD expects to hear back from HRSA on the first two grants in early July.

Additionally, CNHD monitored Senate Bill 118 throughout the 2023 Legislative Session. SB118 was introduced on February 16, 2023, in the Senate Health and Human Services Committee and passed out of a work session. The funding recommended in this bill is non-categorical, meaning it can be used for unfunded, urgent, emergency public health efforts, or priorities identified in the Community Health Needs Assessment, and proposes \$5 per person per year be spent on public health. The bill also allows for the word “adjacent” to be removed for counties to form Health Districts, this is a priority for CNHD with a proposed member to be Eureka County.

After July 1, 2023, CNHD will begin work to pursue accreditation from the Public Health Accreditation Board (PHAB). PHAB accreditation requires a strategic approach to public health, improvement plans, and measuring effectiveness. By pursuing PHAB accreditation, CNHD will have a structure for continuous improvement in order to provide enhanced outcomes for its represented communities.

The six elements required for receiving PHAB accreditation are listed below:

- Community Health Assessment
- Community Health Improvement Plan
- Strategic Plan
- Workforce Development Plan
- Quality Improvement Plan
- Performance Management

While there are always competing priorities for an organization, especially a new and developing organization, we believe that there is value in starting to pursue this accreditation immediately. Doing so will allow us to ensure we are taking a strategic approach to public health, to follow best practices, and to benefit from the many organizations that have successfully achieved accreditation. Doing so will also help us ensure that we are providing first-class services to our residents and citizens.

Miscellaneous Items

Transition of Resource (Facilities & Equipment): Site visits of two locations are completed, the additional site will be completed end of May and the last the first week in June 2023. Currently waiting for inventory lists to be provided from DPBH for finalization of transfers effective July 2023. Data transfers are schedule for July 1, 2023 with patient consents per HIPPA Regulations.

COVID-19 Response After Action Report (“AAR”): Churchill County Public Health completed a COVID road map outlining the response to the pandemic. The report is finalized and available on the Churchill County Social Services website for download.

Division Reports

Clinical Services

- Medicaid application in process
- Evaluation of private insurances
- Pharmacy Board application and regulations in process
- Policies and Procedures in progress for June 15, 2023, completion
- We are grateful 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. CNHD plans for implementation of Family Planning Services in September 2023
- Community Vaccinations:
 - Continuation to offer weekly clinics in Churchill County and support to partnering communities through EMS and State Community Health Nurse Clinics with vaccine redistribution.
 - Partnership with Rural Outreach – UNR School of Medicine, Rural initiatives for locations in Pershing for quarterly free clinic

Staff Training

- Supervisor Training for Manager
- Safety Considerations for Vaccine-related Events
- Nevada Consent Laws
- Electronic Health Record training
- All staff were part of EpiTrax training, our new Statewide disease surveillance system.

Challenges: Any time a new government entity is started, there are undoubtedly going to be challenges. CNHD is facing budgeting challenges, workforce challenges, service challenges, and many other types. Although these challenges are serious, the opportunity presented by CNHD is greater. We have enjoyed incredible leadership from our community leaders, support from our communities, and interest from the public and future partners. The greatest asset we have is our commitment to seeing this project through.

State of Nevada Chief Medical Officer Report

Joe Lombardo
Governor

Richard Whitley, MS
Director



Cody Phinney, MPH
Administrator

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

Date: May 19, 2023

To: Nevada State Board of Health

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

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

Re: Report to the Board of Health for June 02, 2023

COVID-19 Pandemic Update

On May 3rd, the World Health Organization (WHO) declared an end to the COVID global health emergency; stating that COVID is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern. The public health emergency ended in the United States (U.S.) on the 11th of May 2023. However, in Nevada the surveillance for COVID-19, potentially emerging strains of the virus and other emerging or re-emerging biological agents continues.

Background

On January 31, 2020, the U.S. Department of Health and Human Services (HHS) declared public health emergency after the emergence of the highly pathogenic novel virus, SARS-CoV-2. After 13 renewals, the public health emergency just expired on May 11, 2023. Unfortunately, authorizations to collect certain public health data expired on that date as well. However, monitoring the impact of COVID-19 and the effectiveness of prevention and control strategies remains a public health priority for the Nevada Department of Health and Human Services (DHHS), and a number of surveillance indicators have been identified to facilitate the ongoing monitoring of this virus.

While May 11th, marks the end of the emergency, that does not mean COVID-19 is over. As almost a thousand of Americans continue to die weekly from the infection, our communities are reminded to stay up on vaccinations, test if symptomatic for COVID, get treatment if contracted COVID-19 and take precautions if at high risk for complications.

Even though COVID-19 no longer poses the societal emergency that it did when it first emerged in late 2019, it remains an ongoing public health challenge. By April 26, 2023, more than 104 million U.S. COVID-19 cases, six million related hospitalizations, and 1.1 million COVID-19-associated deaths were reported to CDC.

COVID-19 was the third leading cause of death during 2020 and 2021, and the fourth leading cause during 2022. However, since the peak of the Omicron surge at the end of January 2022 the daily COVID-

19 reported cases went down by 92%, COVID-19 deaths have declined by over 80%, and COVID-19 hospitalizations are down nearly 80%.

Based on recent seroprevalence data, infection and vaccine-induced population immunity in the U.S. reached 95%. As a result, rates of COVID-19–associated hospitalizations and deaths have declined substantially since March 2022. However, continuing to address and control COVID-19 remains a significant public health national priority. To mitigate the consequences of the pandemic, approximately 675 million COVID-19 vaccine doses were administered in the U.S. including 55 million updated (bivalent) booster doses. While cases of COVID-19 will continue, vaccines and treatments are available, and Nevadans are reminded to call 211 or go to Nevada211.org for resources and information. Currently, all COVID-19 vaccines are widely available and free of charge, regardless of health insurance or immigration status. This will continue until the federally purchased supplies have been depleted. Later on they will be covered by both public and private insurances and will remain available for uninsured, underinsured and underserved adults through a [U.S. Health and Human Services 'HHS Bridge Access Program for COVID-19 Vaccines and Treatments'](#) to maintain access to COVID-19 care. To find a vaccine location please check this website vaccines.gov.

During the pandemic, the state was federally mandated to keep Medicaid members enrolled, even though they may no longer qualify for Medicaid. That requirement ended on March 31, 2023, and eligibility reviews resumed April 1st, 2023. Currently, applications are reviewed to redetermine eligibility to Medicaid. The continuous coverage provided care to a vulnerable population throughout the pandemic, and the Nevada DHHS is working to ensure that all eligible Nevadans maintain their Medicaid coverage.

According to the U.S. DHHS, the [COVID-19 Public Health Emergency Transition Roadmap](#), the following services **will not be affected**

- Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio will continue.
- The U.S. Food and Drug Administration’s (FDA) Emergency Use Authorizations (EUA) for COVID-19 products (including tests, vaccines, and treatments) will not be affected.
- Major Medicare telehealth flexibilities will not be affected.
- Medicaid telehealth flexibilities will not be affected.
- The process for states to begin eligibility redeterminations for Medicaid will not be affected.
- Access to buprenorphine for opioid use disorder treatment in Opioid Treatment Programs (OTPs) will not be affected.
- Access to expanded methadone take-home doses for opioid use disorder treatment will not be affected.

On the other hand, after the end of the emergency declaration the following services **could have been affected**

- Certain Medicare and Medicaid waivers and broad flexibilities for health care providers that were deemed no longer necessary ended on the 11th of May.
- Coverage for COVID-19 testing had been changed.
- Reporting of COVID-19 laboratory test results and immunization data to the Centers for Disease Control and Prevention (CDC) had been changed.
- Certain U.S. Food and Drug Administration (FDA) COVID-19-related guidance that affect clinical practice and supply chains will end or be temporarily extended.

- FDA’s ability to detect early shortages of critical devices related to COVID-19 will be limited.
- Public Readiness and Emergency Preparedness (PREP) Act liability protections may be impacted.
- The ability of health care providers to safely dispense controlled substances via telemedicine without an in-person interaction could be affected; however, there will be rulemaking that will propose to extend these flexibilities.

After the public health emergency expired on May 11th, **COVID-19–associated hospital admission levels** became the primary indicator for tracking COVID-19 trends to help guide the community and individual decisions to reduce risks of exposure to and contracting the infection, hospitalization, and death.

The **percentage of COVID-19–associated deaths among all reported deaths**, based on provisional death certificate data, is currently the primary indicator used to monitor COVID-19 mortality.

Emergency department (ED) visits with a COVID-19 diagnosis and the percentage of positive SARS-CoV-2 test results, derived from our **established sentinel network** can help detect early changes in trends.

The Nevada Public Health Laboratory (NPHL) will continue to conduct **genomic surveillance** in order to early detect newly emerging variances and to estimate SARS-CoV-2 variant proportions.

Wastewater genomic surveillance will also continue to be used to early detect outbreaks and newly emerging SARS-CoV-2 variants.

Disease severity and hospitalization-related outcomes are monitored via **sentinel surveillance** and large health care databases.

Monitoring of COVID-19 vaccination coverage, vaccine effectiveness (VE), and vaccine safety will also continue.

The end of the emergency phase does not mean the end of the threat COVID poses to people. Because COVID-19 transmission is not going to cease, there is no actual end in sight, even though the virus is transitioning into something that is seems to be more predictable and infections seem to become less dangerous. The future seems to be mostly influenced by how the virus evolves and how rapidly and adequately we humans can develop the capacity to cope with this relatively new endemic disease. Integrated strategies for surveillance of COVID-19 and other respiratory viruses can further guide prevention efforts. COVID-19–associated hospitalizations and deaths are largely preventable through receipt of updated vaccines and timely administration of therapeutics.

Hovering around 1,000 death a week at this point in the U.S. is still too high. However, several things such as heart disease, cancer, firearms, and car crashes injuries are much worse than they should be, but are not regarded as public health emergencies. Even though the damage it is causing to the human species is declining, it is clear that COVID -19 became endemic to planet earth, but we are determined to get on with life. The death toll is going down and the ability of society to function is going up. Unfortunately, there are no clear delineation between a pandemic, when a highly pathogenic biological agent is newly emerging and causing wide scale disease, hospitalization, death, and devastation to humans, and the subsequent endemic phase, when the disease has settled into something that our immune systems can better cope with. However, should another major new highly pathogenic COVID variant of concern emerge, the WHO indicated it might need to declare another public health emergency.

According to CDC, the number of deaths caused by COVID in 2022 was 50% less that in 2021. This significant decline dropped COVID from the third place to the fourth place as a leading cause of death in the U.S. Of the more than 3.2 million people who died in the U.S. in 2022, 186,702 died of COVID. [The top causes of death in the U.S. in 2022](#) were

- Heart disease: 699,659 deaths, compared to 695,547 in 2021.
- Cancer: 607,790 deaths, compared to 605,213 in 2021.
- Accidents and unintentional injuries 218,064 deaths, compared to 224,935 in 2021.
- COVID: 186,702 deaths, compared to 416,893 in 2021.

When taking into account COVID as a contributing factor to death, the infection would edge ahead of accidents for third place cause of death. The three groups with the highest COVID-related death rates in the U.S. and Nevada were males, older adults, and individuals of African American origins.

Not much is expected to change in a realistic sense, and the declaration does not mean COVID is no longer with us. But calling it “an end to the public health emergency of international concern” is to reflect the significantly declining case numbers; fewer hospitalizations, and a greater collective community immunity and resilience due to the vaccinations and/or infections.

Nevada facilities, laboratories, and providers no longer have to submit positive COVID-19 case reports or Electronic Laboratory Reports (ELR), but the Nevada Division of Public and Behavioral Health (DPBH) will maintain established automated connections with facilities sending SARS-CoV-2 laboratory test results. Reporting pediatric and/or maternal deaths due to COVID-19, or patients with suspected or confirmed Multisystem Inflammatory Syndrome in children (MIS-C) or adults (MIS-A) will continue. Providers should continue to report suspected and confirmed SARS-CoV-2 outbreaks (i.e., multiple cases with evidence of in-facility transmission), consistent with how any outbreak is reported. Hospitals were advised to continue to voluntarily submit data on persons hospitalized for COVID-19 to the DPBH in order to maintain surveillance for disease severity in different patient populations, especially for pediatric and pregnant persons.

The DPBH issued several updated Technical Bulletins (TBs) on Clinical Considerations for Use of COVID-19 Vaccines. These TBs incorporated guidance into routine clinical practice and the Interim Clinical Considerations for current COVID-19 vaccination schedules and guidance, which are expected to undergo additional updates in the future. CDC conducted a provider webinar on Thursday, May 11th on “Updated Recommendations for COVID-19 Vaccine Use” which can be accessed at: https://emergency.cdc.gov/coca/calls/2023/callinfo_051123.asp

The DPBH has been working for many months to fold our COVID-19 emergency response activities into its existing structure and programs, as part of an ongoing transition to sustainable public health practice. The DPBH has also been working with community partners, including state healthcare providers and local health authorities (LHAs), to prepare for the end of the public health emergency (PHE) declaration and communicate updated follow up and surveillance requirements. While reporting frequency and sources of data had shifted somehow when the PHE declaration ended, the DPBH continued to monitor the situation in order to inform individuals and communities on important public health actions and protect those at highest risk of severe COVID-19. Our priority remains to provide the data and information necessary to protect the public health of all Nevada residents and visitors.

Mpox Update

Cases of mpox (previously known as Monkeypox) have declined since peaking in August 2022, but the outbreak is not over yet. The CDC continues to receive reports of cases that reflect ongoing community transmission in the U.S. and internationally. Currently, CDC and local partners are investigating a cluster of mpox cases in the State of Chicago. From April 17 to May 5, 2023, a total of [12 confirmed and one probable case of mpox](#) were reported to the Chicago Department of Public Health. All cases were among

symptomatic men. **None of the patients have been hospitalized.** Nine (69%) of 13 cases were among men who had received 2 JYNNEOS vaccine doses. Confirmed cases were in 9 (69%) non-Hispanic White men, 2 (15%) non-Hispanic Black men, and 2 (15%) Asian men. The median age was 34 years (range 24–46 years). Travel history was available for 9 cases; 4 recently traveled (New York City, New Orleans, and Mexico).

Although [vaccine-induced immunity](#) against mpox is not perfect, vaccination continues to be one of the most important prevention measures. CDC expects new cases mpox among previously vaccinated people to occur, but people who have completed their two-dose JYNNEOS vaccine series may experience less severe symptoms than those who have not.

Spring and summer season in 2023 could lead to a resurgence of mpox as people gather for festivals and other events.

As of May 10, 2023, a total of [30,395 cases have been reported](#) in the U.S. This outbreak had a peak of about 460 cases per day in August 2022, and gradually declined, likely because of a combination of temporary changes in sexual behavior, vaccination, and infection-induced immunity.

Although approximately 1.2 million JYNNEOS mpox vaccine doses have been administered in the U.S. since the beginning of the outbreak, [only 23% of the estimated population at risk for mpox](#) has been fully vaccinated. CDC-projected that the risk of a resurgent mpox outbreak is greater than 35% in most jurisdictions in the U.S. without additional vaccination [or adapting sexual behavior to prevent the spread of mpox](#). Resurgent outbreaks in these communities could be as large or larger than in 2022.

To help prevent a renewed outbreak during the spring and summer months, the Division of Public and Behavioral Health is urging clinicians to be on alert for new cases of mpox and to encourage [vaccination](#) for people at risk. If mpox is suspected, testing is highly recommended even if the patient was previously vaccinated or had mpox. Clinicians should also refamiliarize themselves with mpox [symptoms](#), [specimen collection](#), [laboratory testing procedures](#), and [treatment options](#).

Seasonal Influenza

While started as a moderately severe, this season turned out to become a relatively mild so far. The influenza vaccines seem to be a good match for the circulating influenza A virus and continues to be effective in preventing and reducing the infections, hospitalization, and death.

Influenza-like-illness (ILI) data is submitted weekly to the State Office of Public Health Investigations and Epidemiology (OPHIE) by inpatient and outpatient health services who have completed the onboarding process to be a sentinel surveillance provider. ILI is defined as fever ($\geq 100^{\circ}\text{F}$ [37.8°C]) and cough and/or sore throat.

As of the Morbidity and Mortality Week 16 there were a total of 1,316 hospitalizations and 70 influenza related deaths this season in Nevada. The U.S. percentage of patients presenting with ILI was 2.0% (an increase from 1.9% in Week 15). Region 9 percentage of patients presenting with ILI was 2.5% (an increase from 2.3% in Week 15), which is above the regional baseline of 2.4%. Nevada percentage of patients presenting with ILI was 0.9% (an increase from 0.7% in Week 15), which is below the state baseline of 2.1%. The highest proportion of patients presenting with ILI was among the 0–4-year age group, and the lowest proportion of patients presenting with ILI was among the 25–49-year age group.

Cigarette Smoking Declined

Cigarette smoking declined in the United States (U.S.) from 12.5% in 2020 to 11.5% in 2021, the lowest level recorded since 1965. The prevalence of tobacco smoke in Nevada was 14.2% in 2020. Despite a decline in cigarette smoking, the use of smoked tobacco products remained high and is the main cause of tobacco-related diseases, disability, and death.

To reduce commercial tobacco, use and tobacco-related disparities, we must continue to use evidence-based tobacco control strategies and ensure they reach all population groups equitably

In 2021, an estimated 46 million U.S. adults, or nearly 1 in 5 adults, reported current use of some kind of commercial tobacco product. This includes 35.6 million adults who reported using a smoked tobacco product (e.g., cigarettes, cigars, pipes), and 8.3 million who used two or more tobacco products.

First Respiratory Syncytial Virus (RSV) FDA-approved Vaccine

May 3rd, 2023, the U.S. Food and Drug Administration approved Arexvy, the first respiratory syncytial virus (RSV) vaccine approved for use in the United States. This vaccine is approved for the prevention of lower respiratory tract disease caused by RSV among individuals 60 years of age and older, in particular those with underlying health conditions, such as heart or lung diseases or weakened immune systems, who are at high risk for contracting severe infection caused by RSV.

RSV is a highly contagious virus that causes infections of the lungs and the respiratory system in individuals of all age groups. It is seasonal, typically starting during the fall and peaking in the winter. In older adults, RSV is a common cause of lower respiratory tract disease (LRTD) and can cause life-threatening pneumonia and bronchiolitis.

According to the U.S. Centers for Disease Control and Prevention, each year in the U.S., RSV leads to approximately 60,000-120,000 hospitalizations and 6,000-10,000 deaths among adults 65 years of age and older.

The most commonly reported side effects by individuals who received the vaccine Arexvy were injection site pain, fatigue, muscle pain, headache, and joint stiffness/pain. In the FDA clinical trials and several other studies ten participants who received Arexvy and four participants who received placebo exhibited atrial fibrillation within 30 days of vaccination; two participants developed acute disseminated encephalomyelitis (ADEM), a rare type of inflammation that affects the brain and spinal cord, seven and 22 days, respectively, after receiving Arexvy and the influenza vaccine, and one participant developed Guillain-Barré Syndrome nine days after receiving Arexvy.

Candida auris (C. auris) Update

C. auris is an emerging fungal that caused healthcare associated infection outbreaks in Nevada and several other states. It is often multidrug-resistant and can be difficult to identify with standard laboratory methods. *C. auris* was made nationally notifiable in 2018 and will become reportable in Nevada after the regulation changes and the approval of the State Board of Health and the Legislative Commission.

Nevada's first clinical case was identified on 8/21/2021 at an acute care hospital in Las Vegas, and as a response to an identified surge in cases, a technical bulletin was released, and educational materials were developed and shared with healthcare personnel. An Epi-Aid was requested in May 2022 from the Centers for Disease Control and Prevention (CDC).

Several healthcare facilities were inspected and serious gaps in environmental hygiene practices and infection prevention and control were identified. Each facility received a summary of their inspection findings and a thorough feedback. The DPBH Healthcare Associated Infection (HAI) Program and the Infection Preventionists within the Bureau of Healthcare Quality and Compliance held several virtual statewide training sessions; provided an overview of *C. auris*; explained transmission methods, screening protocols, and prevention practices.

It's important to emphasize that *C. auris* presents a very low risk to healthy individuals and screening efforts are and should be focused on high-risk vulnerable individuals and susceptible residents with incompetent immune systems within health care settings.

At this time there is no evidence of a community spread of *Candida auris*. As *C. auris* is an emerging health care associated infection, cases are mainly identified within health care facilities, especially residential facilities that are providing long-term care for vulnerable individuals. While individuals colonized with *C. auris* exhibit no symptoms of the infection, they can still expose others to this fungus. Healthy individuals with competent immune systems who can be exposed to *C. auris* do not usually contract the infection.

The division is taking aggressive actions to contain the spread of *C. auris* in hospitals and nursing homes. DPBH conducted several in-person trainings for staff especially in facilities experiencing increasing rates of *C. auris* infections. When *C. auris* is confirmed or suspected within a facility, DPBH recommend that such patient be housed in a private room or cohorted with other patients or residents also infected or colonized with *C. auris*. Healthcare facilities should also maintain adequate supplies of personal protective equipment. All healthcare facilities should thoroughly clean and disinfect the healthcare environment. Additionally, the DPBH is taking the following actions.

- Conducting onsite inspections and reviews of hospitals and nursing homes at high-risk for developing outbreaks to assess compliance with infection prevention and control requirements.
- Recommending regular testing of clinical and environmental samples for *C. auris*.
- Recommending for clinical staff of all hospitals and nursing homes to participate in enhanced infection prevention and control education.

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	9 May 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? – **New county commissioner Sharla Hales as new Board of Health member**
- Did you hold a county board of health meeting the last quarter? If so, what topics were covered at the meeting? **Yes, 21 April 2023. Agenda items included**
 - For presentation only. Presentation of Douglas County's 2022 Community Prevention Plan. Daria Winslow Partnership Douglas county
 - For Presentation only. Presentation Carson City Health and Human Services - Douglas County Communicable Disease Report by Dustin Boothe Carson City HHS
 - Presentation by Douglas County Animal Services - Animal Service Annual Report by Liz Begovich

· 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 and middle and high school age youth to include depression, anxiety, suicide, and dementia (for seniors). 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**

Lander County

County Health Officer Quarterly Report to the State Board of Health

County Health Officer Name: Troy Ross, MD, MPH

County: Lander

Report for: first quarter of 2023

Date of Submission: 5/18/2023

County Board of Health Updates

There is one change in the Board of Health. The new county commissioner, Mike Chop, is the new BOH member.

There were two Board of Health meetings completed for the first quarter.

Actions taken by the BOH in the first quarter: the BOH approved a proposal to be forwarded to the county commission to authorize the hiring of an Advanced Nurse Practitioner to staff the community health clinic.

General Updates

In response to the Fentanyl overdose death of a Battle Mountain teenager, two substance abuse presentations are planned for May. The first will be offered to the Battle Mountain High School. There will be a follow on community summit that will engage community members in conversations focused on prevention and early intervention for children and teens.

County Health Reports were not received for the following Counties:

- **Elko County**
- **Esmeralda County**
- **Humboldt County**
- **Lyon County**
- **Nye County**
- **Storey County**
- **White Pine County**