



CENTRAL NEVADA  
HEALTH DISTRICT  
EST. 2022

## **Central Nevada Health District Health Officer's Report**

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Attached is a summary of events and activities for the Central Nevada Health District (CNHD) for the third quarter of 2024.

### **Environmental Health**

Environmental health has seen an exponential increase in activity and interest. Requests for permits, inspections, consultation, and initial conversations to develop relationships with other Public entities.

An emergency management planner/environmental health inspector has been hired. Sharon Mortiel is the newest member of the CNHD. Sharon brings a depth of experience to the team.

Nationally only 3% of children are tested for blood lead levels. CDC recommendations are to have all children tested at 12 months and 24 months. Lead causes permanent neurological, developmental, and behavioral disease. Currently tests are offered in our communities, but most parents decline tests as unimportant and a problem that no longer exists. Future focus for the CNHD includes education information for parents, physicians, and communities about the hazards and potential sources of lead.

The environmental health team will be providing food/vendor inspections for the Burning Man event from August 24-September 1, 2024. Projected number of vendors eligible for inspections

on site is 400. There will be no change in contact procedures (online and in person) but non-emergent inspections in the CNHD will be delayed by two weeks.

## Epidemiology

The epidemiology department has been focusing on education and expanding capabilities for disease monitoring, education, and investigation. All facilities serving the 4 counties now provide “reportable” data to the CNHD’s epidemiologist.

The department has recently partnered with Banner Hospital, Banner Medical Group, and law enforcement to help in testing, referral, treatment, and follow up management of reportable illnesses in the CNHD. Currently discussions have been started to create a network where the CNHD would be involved to help maintain connectedness with patients who are at high risk of being lost to care after testing.

On July 17th, 2024, at the Mineral County Commissioners meeting a question was raised regarding the lack of information available to the public regarding conditions related to COVID-19 in long term care facilities in Nevada.

The State of Nevada has a health division focused on Healthcare Associated Infections (HAI). This division takes reports from long term care facilities and hospitals. There is a long list of reportable diseases, and each case requires a unique report from the facility.

As much of the data contains protected patient health information (PHI), little is available to the general public. The database is called Research Electronic Data Capture (REDCap).

An example of what information that would be available is when a facility provided a report of a reportable incident/disease, how often this occurred, the most recent site evaluation/training by the State, and general compliance feedback. In some instances, reports of staff versus residents/patients’ illness are available.

Two weeks ago CNHD had the opportunity to work with the HAI Administrator for Mineral County . After a very impressive interaction it was determined that Mineral County was in compliance and an excellent partner with the State of Nevada to protect the most vulnerable populations.

CNHD is currently developing a plan to educate stakeholders of this capability. The first step was to report this process to the Mineral County Commissioners on 08/21/2024.

On July 25, 2024, the executive director, epidemiologist, and district health officer met with the State of Nevada Agriculture executive director, J.J. Goicoechea and his team to discuss animal disease policies and protocols as they relate to CNHD.

The CNHD is assessing its best role for the City of Fallon and the four counties. Of primary concern was the testing of bats for rabies and promoting the vaccination of household pets to prevent transmission to humans.

Also included in the discussion was the current perspective of the H5N1 Avian flu and plans for Nevada at this time.

As of August 14, 2024, there are 2 positive West Nile Virus (WNV) samples in Churchill County. No equine or human cases have been reported in the CNHD.

### **2024 YTD WNV Surveillance:**

Clark Co.

384 WNV pools (11,976 mosquitoes: 46 zip codes)

20 human cases reported

1 WNV positive horse

Douglas Co.

3 WNV positive pools

Nye Co.

1 WNV positive horse

Elko Co.

1 WNV positive horse

No Harmful Algae Blooms have been reported in the CNHD.

The new dominant COVID-19 variant is KP.1/KP.2 (known as “Flirt”). There are no indications of increased virulence. Symptoms, presentation and recommendations are all the same. A new booster will be available in the Fall.

## **CDC Alerts and Upcoming CNHD Educational Presentations (By Subject)**

National: Measles, Polio, Lead, Congenital Syphilis, Adult Syphilis

Regional: Salmonella(cucumbers), Listeria (deli meats), Rocky Mountain Spotted Fever(ticks), West Nile Disease (mosquitoes), Rabies(bats, pet bites), Hanta' Virus(mice feces), Harmful Algae Blooms(algae toxins)

## **Clinical**

Clinical visits continue to expand in Mineral and Churchill Counties. Based on historical data, current visits are exceeding numbers seen by previous programs. August's focus is back to school vaccines. CNHD will provide back to school vaccines at all regular clinics and nine community events in the CNHD.

The CNHD has received an identification number for Medicaid. This number will help in billing commercial insurances for services and provide capital for future programs and expansion. Medicaid identification is important for future interaction with Medicaid managed care organizations (MCOs).

Currently the CNHD is limited to use of vaccines that are provided by the State. These vaccines are designated to go to patients who qualify for State assisted programs. Now that we

have a Medicaid identification number, we are applying to insurance companies to be able to bill for vaccines and services.

We do not receive any grant or State funding to buy “private” vaccines. These are the vaccines we purchase and can provide to patients that are insured. In the future we will be reimbursed for our services and generate income to pay for more vaccines.

This situation currently leads to a community impression that the CNHD is turning people away from vaccination. We currently have the ability to vaccinate all persons that qualify for State programs. As a new entity we are limited by resources and the capability to bill insurances for the services/vaccines. The CNHD refers these patients to pharmacies that can bill insurance for services. The CNHD is working to develop the capacity to offer this service to everyone.

## Miscellaneous

The evaluation for the establishment of a rural family practice residency program in Churchill County has moved forward. The previous step was evaluation of resources available in Churchill and surrounding counties to support a program. The results indicated public, governmental, and medical community support was present.

The next study has been initiated. The department of Rural Graduate Medical Education has agreed to finance a study to identify the financial requirements and financial sources to establish a program and maintain it for the future. Results should be available in the Fall of 2024.

## Concerns

We are concerned with funding for Public Health in the future. As our communities recognize the services of CNHD, utilization and demand increases. Projections indicate that environmental services, epidemiology, clinical, and emergency management utilization will increase by 25% in the next year exceeding our current personnel capabilities. A lack of funding would be a barrier to the appropriate and necessary growth in the next 1-3 years.

***Tedd McDonald MD***