



60
healthy
YEARS

SOUTHERN NEVADA
HEALTH DISTRICT

Councilman Scott Black

Chair, Southern Nevada District Board of Health



Cassius Lockett, PhD

Division of Disease Surveillance and Control



COVID-19 Response- In the Beginning

- **Surveillance and Investigation:**

- February 2020- Monitoring Returning Travelers
 - Informatics/IT modified “Ebola sxs monitoring App” (travelers report sxs 2/day)
- SNPHL
 - Coordinated specimen packaging & shipment to CDC for result verification
 - Testing capacity limited: Worked to develop capacity to perform initial PCR testing
 - Testing was prioritized amongst those with symptoms, HCWs, etc.
- Modified surveillance system to capture COVID-19 data collected from multiple sources
 - laboratory reports, morbidity reports, medical records and case interviews
- First case of COVID-19 in Nevada reported March 5, 2020
 - Every case reported was interviewed and contact tracing completed as capacity allowed.
 - Case reports grew exponentially
 - SNHD surveillance staff needed help
 - Needed to expand our workforce

COVID-19 Response-In the Beginning

- **Workforce Expansion:**
 - Staff Reassignment- additional DIIS, EH staff, Health Card staff*
 - Medical Reserve Corp, the National Guard, UNLV, and north Las Vegas library staff were trained and led by committed DSC staff.
- **Technology:**
 - IT/Informatics created automated text notification (submit case survey/I&Q guidelines)
 - Informatics- Upgraded systems to handle thousands of incoming reports*
 - Developed SNHD COVID Dashboard to share indicators with the public
- **Partnerships were Key in the beginning and today**
 - CCSD-SNHD developed school team to update school guidance, testing, training and phonenumber/email to speak with staff directly.
 - CCDC-SNHD CT team assisted with CDC guidance for isolation/quarantine/testing
 - Homeless service provides and shelters-outbreak response and testing
 - College and Universities-provided guidance on policies and testing.
 - Casino/Resort Industry-Wynn call center to help disclose negative results and find locations for isolation

COVID-19 Response Today

- **Community Testing**
 - DSC maintains 19 community testing sites (mobile, kiosk and static sites)
 - 3 vending machines (RTC Bonneville, Mesa View H in Mesquite; seeking 3rd)
 - CBO partnership to distribute test kits to underserved and minority populations
- **Outbreak response**
 - Strike teams for investigation and testing
- **Identify and Take Action on COVID-19 Health Disparities**
 - Accessible equitable testing services
 - Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection

COVID-19 Response Today

- **Use of Technology**

- Work alongside informatics and IT to develop and implement newer data systems
- AI bot to assist with implementing epidemiological surveys & collecting historical data on COVID cases.
- Provide geocoding service for all COVID-19 data
 - Improve spatial analysis of disparities in COVID-19

- **Investigation and contact tracing among prioritized populations**

- Specific contact tracing teams for CCSD/Schools, Jails, etc.
- > 65 years old
- Congregate living

- **Partnering with UNLV**

- Utilize wastewater surveillance for COVID and other illnesses
- Enhance educational opportunities by providing CME courses to local medical providers with relevant covid and other disease information.

Lourdes Yapjoco, MSN, RN, CCM

Chief Administrative Nurse



Public Health Nursing and the Pandemic

- Community Health Nurses were instrumental in the initial staffing of community and mass testing sites and then community and mass vaccination clinics.
- The Immunization Project Team began supporting COVID-19 testing on April 20, 2020, along with community partners.



Public Health Nursing and the Pandemic

- Collaborate with the County to provide nurse case management services to individuals in isolation or quarantine due to COVID-19.
- Nurses started many days at 4 a.m., worked late nights and swabbed clients in full PPE outside in July.



Public Health Nursing and the Pandemic

- The first shipment of Pfizer vaccines were received on December 14, 2020 (12,675 doses)
- The first doses of Moderna were received on December 22nd, and the first doses of Janssen on March 5, 2021
- Thousands of doses are distributed to hospitals within 72 hours
- Mass PODS were set up in locations with the highest case rates.



Public Health Nursing and the Pandemic

- On January 5, 2021, the Immunization Clinic at the main public health center converted to a mass COVID-19 vaccination site. Through May 4, 2021, a total of 32,572 COVID-19 vaccines are administered.
- The Henderson Immunization Clinic closed from January 5, 2021, to June 6, 2021, to support COVID-19 response efforts. The East Las Vegas and Mesquite clinics continued normal operations.
- East Las Vegas saw a 50% increase in clients during this period.

Public Health Nursing and the Pandemic

- The mobile unit, in partnership with REACH Ventanilla de Salud, provided testing services at the Mexican Consulate, Consulate General of El Salvador, and Centro Cristiano El Shaddai Church locations.



Public Health Nursing and the Pandemic

- Public health nurses provided vaccination training and best practice guidelines to partners.
- Provided support for mass employee COVID-19 testing. During the “return to work phase” a total of 789 employees received PCR COVID testing and 476 received antibody testing.
- Provided mass COVID-19 vaccinations for employees from December 2020 to January 2021.

Jeff Quinn, MPH

Office of Public Health Preparedness



COVID-19 Campaign Snapshot 6.2.2022

Total COVID-19 Cases Reported – Clark County (As of 06/02/22)	530,858
7-day Moving Case Average – Clark County (As of 05/31/2022)	453.9 cases/day
Total COVID-19 Tests Administered in last 7 days – Clark County (As of 06/02/22)	23,705
COVID-19 Positivity Rate (Diff. from previous day) (As of 06/01/2022)	26.8% (+0.7%)
Estimated number of total vaccines initiated (As of 06/02/22)	1,703,846
Estimated number of total vaccines administered (initiated + completed) (As of 06/02/22)	2,946,374
Estimated number of total additional/booster doses administered (As of 06/02/22)	660,700
Estimated number of total vaccines administered (initiated + completed + additional/booster) (As of 06/02/22)	3,607,074

COVID-19 responders are our greatest resource!



COVID-19 Response Past Challenges and Best Practices identified as community to overcome

- Past COVID Challenges

- No testing supplies, limited access to testing supplies, time to get test results, changing CDC recommendations such as time be removed from isolation, distribution and use of rapid tests
- No vaccine, priority groups for limited vaccine, general public volume, targeted outreach efforts, vulnerable and at-risk populations
- Shortages in PPE for non-pharmaceutical interventions, limited mAb treatment, hospital supply shortages
- Supply chain issues, limited access to resources: People, Locations, Equipment, Supplies, Time is always working against us
- Lack of personnel to support increased community Events/demand
- Sustainment of access to high cost and high throughput venues when public demand is low or between pandemic surges
- Need to Increase state and local testing capacity
- Increasing community access points, increase throughput times and hours of operation, and reduce time to receive results
- Identification of locations populations can isolate following COVID positive testing and case investigation, following hospital discharge
- Increasing public access to testing and vaccination when population has hesitancy to act. Correction of misinformation

COVID-19 Response Past Challenges and Best Practices identified as community to overcome

- Best Practices

- Increased Workforce, increased funding, Increased partnerships, use of MRC and battle-born volunteers to support response. Partnerships with Emergency Management, Hospitals, and EMS agencies!
- Access to increased state and federal Funding, greater use of contractors and vendors, private sector partner service providers, city, county, tribal, state, and federal support
- Public Health workforce remains our greatest resource! Public and Private partnerships expand local capacities and increases timely access to COVID services. Novel response approaches.
- Southern Nevada Public Health Laboratory, State PHL, expanded Hospital testing capabilities (UMC), pharmacies and private sector labs increase access
- Use of city, county, state, federal resources to augment SNHD personnel to be able to respond timely and redirect resources to target vulnerable and high-risk populations
- Public and Private Community Non-Congregate Shelters to house COVID positive patients needing to isolate
- Visitor and Traveler Isolation and Quarantine plan supporting airport and resort property partners

COVID-19 Present Highlights

- Public Health workforce remains our greatest resource! Public and Private partnerships expand local capacities and increases timely access to COVID services. Numbers don't accurately reflect work, effort, and costs involved in planning and executing a response event.
- Currently funded to be able to continue to respond and provide access to Public Health, Healthcare, and COVID testing and vaccination resources
- Increased PH workforce trained to respond and overcome challenges
- Increased public and private partnerships support SNHD to be able to respond more-timely through existing contracts, fixed and mobile community locations
- Continued use of Contractors and vendors to support response operations and augment SNHD staff, release of staff to support other PH threats and regular duties
- Higher vaccination rates helps reduce severity and duration of future COVID-19 surges, testing necessary to monitor recovery

Recovery Challenges

- Strengthening PH workforce to be able to respond to COVID and “All Hazard” threats
- Ensuring trained Public Health Workforce, contractors, and community partners with reduction or disappearance of COVID response funding sources
- Continue to provide access to services when public demand is low and be able to quickly ramp up staffing and support COVID operations previously demobilized.
- Emergency Declaration disappearance at State and Local level reduces SNHD’s and ESFs ability to provide timely large scale response operations to address future increases in COVID surge as we have done in past 2 years
- Addressing other public health threats that were postponed or set aside during emergency to allow workforce to respond to COVID.
- Reducing time needed to respond to next emergency: Emergency fiscal procedures and emergency contracting, After Action Reporting and Improvement Planning and corrective actions to fix identified bottlenecks

State of the Health District

Fermin Leguen, MD, MPH

District Health Officer



Thank You for Your Support –
Here's to Another Healthy 60 Years!

