



DATE: July 27, 2017

TO: Southern Nevada District Board of Health Members

FROM: Joseph Iser, MD, DrPH, MSc, Chief Health Officer

SUBJECT: Chief Health Officer Report

Arbovirus Update

The Southern Nevada Health District continues to conduct routine surveillance for arboviruses in mosquitoes and arboviral disease in humans. In 2017, the Health District has tested 76 people for the Zika virus. There have been two travel-related infections reported this year. In 2016, the Health District tested 156 people for the virus, reported 21 travel-related infections, and one non-travel related infection. None of the cases were the result of local mosquito-borne transmission. The Health District's Vector Surveillance Program continues to conduct surveillance for the invasive *Aedes* mosquito species. To date, none of the *Aedes aegypti* mosquitoes that have been tested for Zika virus have been positive.

West Nile virus positive mosquitoes have been identified in three ZIP codes and St. Louis Encephalitis positive mosquitoes identified in one ZIP code in Clark County. The Health District has reported one case of West Nile virus this season.

The Health District continues to urge residents to protect themselves from mosquito bites, eliminate standing water and breeding sources, and report all mosquito activity to the Vector Surveillance Program at (702) 759-1633.

Back to School Immunization Clinics

The first day of school for Clark County School District students is Monday, Aug. 14, and immunizations are available at the Southern Nevada Health District. The Clark County School District requires the following vaccinations for students enrolling in school: chickenpox (varicella); hepatitis A; hepatitis B; polio, tetanus-diphtheria-pertussis (DTaP and Tdap), and measles-mumps-rubella (MMR). Parents who have recently moved to Nevada should note the chickenpox and hepatitis A vaccinations are not required in all states, so immunizations that were up-to-date in other states might not be current in Nevada. For a list of immunization requirements for school, visit Immunize Nevada's [Nevada School Requirements](#) page.

Children entering 7th grade must be immunized against *Bordetella pertussis* (whooping cough). For the 2017-2018 school year, 7th graders must also be immunized against *Neisseria meningitidis* (meningitis) in the form of a quadrivalent meningococcal conjugate vaccine (MenACWY). For 8th through 12th grade students who are new to the Clark County School District, the meningitis vaccine is also required. The Health District provides the Tdap (tetanus-

diphtheria-pertussis) as well as the meningococcal vaccine. College freshmen younger than 23 years old who are enrolled at a Nevada college or university are required to receive the meningococcal vaccine. The Health District is offering meningococcal B and quadrivalent meningococcal conjugate vaccines.

Parents vaccinating a child at a Health District clinic should bring immunization records. Parents who cannot locate their children's immunization records should contact their health care provider. If their children were immunized in Nevada, parents can also visit Nevada WebIZ, a statewide immunization registry, <https://izrecord.nv.gov/public/Application/PublicPortal> or call Nevada WebIZ at (1-877) 689-3249. Non-custodial adults may accompany a child, however, written consent must be provided to the Health District from the parent or guardian at the time of service. An administrative fee and cost of vaccine may apply depending upon insurance status.

The Health District accepts most insurance plans. Not all immunizations are covered by insurance. Contact the Health District's immunization clinic for information and current fee schedule. For information, contact the Health District's immunization clinic, (702) 759-0850 or visit the [Vaccines for School](#) page.

Meningococcal Vaccines for High Risk People

In June 2016, the Advisory Committee on Immunization Practices (ACIP) recommended routine use of meningococcal conjugate vaccine (MenACWY, previously referred to as MCV4) for people older than 2 months with HIV infection. In making its recommendation, the committee cited evidence that HIV-infected patients were at increased risk of contracting meningococcal disease. The ACIP had previously recommended routine vaccination of people older than 2 months who have certain medical conditions that increase their risk for the disease. The Health District supports these recommendations which include:

- HIV-infected patients between the ages of 2 months and younger than 2 years should receive the vaccine in accordance with the age-appropriate, licensed, multidose schedule.
 - MenACWY-CRM (Menveo®) is recommended for HIV-positive infants aged 2 through 23 months. MenACWY-D (Menactra®) should be deferred until the age of 2 years and at least 4 weeks after completion of the pneumococcal conjugate vaccine (PCV) 13 series.
- HIV-infected children who are 2 years of age and older who have not been previously vaccinated should receive a 2-dose primary series of MenACWY conjugate vaccine, separated by at least 8 weeks.
- HIV-infected children 2 years of age and older who have been vaccinated with one dose should receive a booster dose at the earliest opportunity, provided at least 8 weeks have elapsed, and then continue to receive boosters at the appropriate interval throughout life.

MenACWY is recommended for HIV-infected people 56 years of age and older because of the need for revaccination. The meningococcal polysaccharide vaccine (MPSV4, Menomune®) will no longer be produced in the United States, and lots will expire after September 2017.

Community Meetings

Week of June 26

- Met with Georgia Heise, Public Health Director, Three Rivers District Health Department regarding issues related to SNHD

- Participated in preliminary meeting for Nye County Board of County Commissioners meeting
- Participated in the Nevada Association of Local Health Officers (NALHO) meeting
- Provided Mosquito Abatement Update to local entities
- Participated in the Statewide Mosquito Abatement Crisis Response Plan Working Group meeting in Carson City, NV

Week of June 19

- Participated in the Mosquito Abatement and Vector Control Workshop in Carson City, facilitated by the Division of Emergency Management.
- Met with Cody Phinney, regarding issues related to SNHD
- Participated in the Health Officers Association of California Legislative Committee meeting

Week of June 12

- Met with Dr. John Packham, UNR, to discuss Nye County Commissioners meeting presentation
- Met with Captain Susan Montgomery, CDC, to discuss Chagas' Disease
- Participated in BioWatch Chair quarterly call
- Met with Commissioner Marilyn Kirkpatrick and Councilman Bob Beers regarding matters related to SNHD
- Began ICS for *Aedes aegypti* daily meetings.
- Participated in Nevada Health Authority conference call
- Participated in Nevada Public Health Association Advocacy meeting
- Met with Georgia Heise, Three Rivers Public Health Department regarding *Aedes*
- Met with Wilma Wooten, San Diego Health and Human Services, Health Officer and Director, regarding *Aedes*
- Met with Yolanda King, County Manager, regarding *Aedes*
- Met with Mike Pawlak, Director, Clark County Social Service, to discuss future collaborative efforts
- Met with Claude-Alix Jacobs

Week of June 5

- Participated in NACCHO Finance Committee Conference call
- Provided media interviews regarding *Aedes aegypti* as needed
- Participated in Las Vegas BioWatch meeting
- Participated as a voting member of the Homeland Security Working Group in Carson City
- Participated in Medical Advisory Board meeting

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SUBCOMMITTEE ON TERRORISM AND ILLICIT FINANCE

Congress of the United States

House of Representatives

Washington, DC 20515

July 7, 2017

RECEIVED
JUL 14 2017
CHIEF HEALTH OFFICER

Joseph P. Iser, Md
PO Box 3902
Las Vegas, NV 89127-3902

Dear Joseph:

Thank you for contacting me regarding health care. I appreciate hearing from you and welcome the opportunity to respond.

As you may know, Congress passed the Affordable Care Act (ACA) in 2010 to reform our nation's health care system and protect Americans from the abuses that left many Americans without health insurance, including allowing insurance companies to deny people with preexisting conditions health care coverage, and help ensure that all Americans have access to affordable health insurance. While the ACA is not perfect, millions of Americans now have access to health care coverage because of the law.

Prior to the ACA, Nevada had the second highest uninsured rate in the country with 23% of Nevadans without health insurance. Because of the ACA, Nevada's uninsured rate has fallen from 23% to 12%- one of the largest declines in the country. Roughly 400,000 residents, including low-income families and children, have also gained coverage in Nevada under Medicaid.

On March 20, 2017, Representative Diane Black (R-TN) introduced H.R. 1628, the American Health Care Act (AHCA), which is the House Republican proposal to repeal the ACA. While Republicans stated that this bill would make health care more affordable for Americans, in reality this proposal takes health care coverage from millions of Americans to pay for huge tax cuts for health care companies and the wealthy. The AHCA passed the House on May 4, 2017, by a 217-213 vote, with every Democrat voting against this bill.

On June 22, 2017, Senate Republicans unveiled their proposal to repeal and replace the ACA, which they called the Better Care Reconciliation Act. Though Senate Republicans had said that their plan would be completely separate from the AHCA, the Better Care Reconciliation Act is no more than a small amendment to House passed bill. According to the Congressional Budget Office (CBO), the independent and nonpartisan agency that scores bills for Congress, under the Better Care Reconciliation Act, 22 million Americans would lose their health coverage, and low- and middle- income Americans would face higher premiums and deductibles for health plans that offer less coverage.

The Republican proposal also guts key ACA protections that ensure certain services are covered by all health insurance plans, including maternity care, emergency services, and mental health services. The proposal would also allow insurance companies to discriminate against Americans with pre-existing conditions, forcing them on to plans that cost more and cover less. Finally, the proposal would allow insurance companies to charge Americans between the age of 50 and 64 five times more than other Americans.

While the ACA is not perfect, I am committed to fighting against misguided attempts to repeal the ACA and take health insurance coverage away from millions of Americans while giving huge tax breaks to wealthy Americans and health care companies. There is too much at stake for Nevada, which would be devastated by repealing the ACA.

I am also committed to working with my colleagues to bring meaningful changes to the ACA that will help improve our health care system and ensure that all Americans have access to high quality and affordable health insurance. Please be assured that I will continue to fight against efforts to repeal the ACA and will keep your thoughts in mind as Congress continues to debate our nation's health care system.

Thank you again for contacting me. If you would like to stay connected to our office, you can do so by liking my Facebook page ([Facebook.com/RepKihuen](https://www.facebook.com/RepKihuen)), or following me on Twitter (@RepKihuen). You can also visit my website at www.Kihuen.House.gov to learn more about the issues important to you and sign up to receive periodic e-updates.

Sincerely,



Ruben J. Kihuen
Member of Congress



To: Southern Nevada District Board of Health

Date: July 27, 2017

Re: New Classification Specification for Epidemiology Surveillance Project Coordinator;
Medical Investigator; Public Health Preparedness Analyst

1. **Epidemiology Surveillance Project Coordinator** Schedule 26 (\$69,846.40 - \$97,427.20) FLSA Exempt, Bargaining Unit Eligible

Summary:

Epidemiology Surveillance Project Coordinator focused on infectious disease, working within an established team of epidemiologists and Disease Investigators. This position can report to the Director of Community Health and/or the Manager for the Office of Epidemiology and Disease Surveillance, and works collaboratively with a wide range of partners throughout the agency.

2. **Medical Investigator** Schedule 32 (\$94,910.40 - \$132,392.00) FLSA Exempt, Bargaining Unit Ineligible

Summary:

The Medical Surveillance Investigator will serve as medical community liaison between the Office of Epidemiology and Disease Surveillance (OEDS) and medical stakeholders in Clark County. This position requires a MD or DO and is responsible for investigating complex cases, outbreaks and provides expert consultation. This position will be assigned on call duties as part of their scope of work and conduct in-person or telephone interviews, provide education, work with the media, provide lab monitoring for specific diseases and work offsite with collaborating physician depending on project assignments. The Medical Investigator will report to the Director of Community Health or designee.

3. **Public Health Preparedness Analyst** Schedule 23 (\$59,883.20 - \$83,512.00) FLSA Exempt, Bargaining Unit Ineligible

Summary:

Public Health Preparedness Analyst is a confidential employee that serves as a public health liaison between Health District public health programs and Division Directors, local law enforcement and other agencies at the Southern Nevada Fusion Center. Public Health Analyst uses confidential public health data and performs analyses of confidential public health and Fusion Center data sources using appropriate analytical methods to identify

potential public health threats and hazards. These threats may be from natural causes or related to bioterrorism incidents; to identify and present data sources in a confidential environment to be used for information sharing applications; to manage data sets and insure the data are of high quality; to interpret the analysis and prepare comprehensive reports under general supervision; participates in site visits and inspections as deemed necessary and appropriate to fulfill duties; performs a variety of duties involved in data analysis, implementation, coordination and maintenance; and performs related duties as assigned. This position reports to the Chief Health officer and Director of Community Health.