



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

July 10, 2023 – 8:30 A.M.

Meeting was conducted via Webex Event

MEMBERS PRESENT:	Kenneth Osgood – Chair, Physician (<i>in-person</i>) Ronald Kline – Member, City of North Las Vegas (<i>via WebEx</i>) Paul Klouse – Member, City of Boulder City (<i>via WebEx</i>) Holly Lyman – Member, City of Henderson (<i>via WebEx</i>) Reimund Serafica – Member, Nurse (<i>via WebEx</i>) Francisco Sy – Member, Environmental Health (<i>via WebEx</i>) Jennifer Young – Member, City of Las Vegas (<i>via WebEx</i>)
ABSENT:	N/A
ALSO PRESENT: (In Audience)	Linda Anderson, Sarah Collins, Jill Hinxman, Bradley Mayer, Jose Melendrez, Stacie Sasso
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel
EXECUTIVE SECRETARY:	Fermin Leguen, MD, MPH, District Health Officer (<i>absent</i>)
STAFF:	Talibah Abdul-Wahid, Maria Azzarelli, Tawana Bellamy, Dan Burns, Andria Cordovez Mulet, Liliana Davalos, Aaron DelCotto, Carmen Hua, Michael Johnson, Brittany Lewis, Celeste Liston, Cort Lohff, Sarah Lugo, Liz Munford, Luann Province, Larry Rogers, Kim Saner, Chris Saxton, Karla Shoup, Randy Smith, Greg Tordjman, Lourdes Yapjoco

I. CALL TO ORDER AND ROLL CALL

Chair Osgood called the Public Health Advisory Board meeting to order at 8:31 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

Member Young joined the meeting at 8:32 a.m.

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

There was no Oath of Office administered.

IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

V. ADOPTION OF THE JULY 10, 2023 MEETING AGENDA *(for possible action)*

Item VII.1 was moved to the next meeting.

A motion was made by Member Kline, seconded by Member Klouse, and carried unanimously to approve the July 10, 2023 Agenda, as amended.

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health Public Health Advisory Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING: April 10, 2023 *(for possible action)*

A motion was made by Member Kline, seconded by Member Sy, and carried unanimously to approve the July 10, 2023 Consent Agenda, as presented.

VII. REPORT / DISCUSSION / ACTION

1. Receive and Discuss a Legislative Update; direct staff accordingly or take other action as deemed necessary *(for possible action)*

This item was moved to the next meeting.

2. Presentation on COVID-19 Vaccinations; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Sarah Lugo, Community Health Nurse Supervisor, presented on the Health District efforts regarding COVID-19 Vaccinations.

Further to an inquiry from Member Young, Ms. Lugo advised of the importance of the static and pop-up vaccination sites in order to vaccinate the most amount of people. Further, Ms. Lugo advised that education is still key to reduce barriers.

Further to an inquiry from Member Serafica, Ms. Lugo advised that immunization providers could provide their patients with their immunization records from WebIZ and members of the community were able to visit the WebIZ system to obtain their own immunization records. Further, Ms. Lugo advised that the Health District will also provide members of the community with copies of their immunization records from WebIZ.

3. Presentation on Congenital Syphilis and Sexually Transmitted Infection Outreach and Programs; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Celeste Liston, Community Health Nurse II – Case Manager, presented on Congenital Syphilis and Sexually Transmitted Infection Outreach and Programs.

Further to an inquiry from Member Young, Ms. Liston advised that information and training was offered and provided to OB providers.

Further to an inquiry from Member Sy, Lourdes Yapjoco, Director of Primary and Preventive Care, advised that the partners, once identified, of individuals identified with Congenital Syphilis were fast-tracked into the Health District's clients for treatment. Ms. Yapjoco further advised that there were future plans to provide testing, screening, and treatment to targeted areas with a high rate of Congenital Syphilis.

- VIII. BOARD RECORDS:** The Southern Nevada District Board of Health Public Health Advisory Board members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health Public Health Advisory Board unless that subject is on the agenda and scheduled for action. ***(Information Only)***

Dr. Cassius Lockett, Director of Disease Surveillance and Control, recommended a presentation on the trends of sexually transmitted infections in Clark County for the next meeting.

IX. HEALTH OFFICER & STAFF REPORTS *(Information Only)*

- DHO Comments

Dr. Lockett, on behalf of Dr. Leguen, advised of recent cuts to public health funding opportunities across the country.

- Legislative Update

Bradley Mayer of Argentum Partners was able to participate in this meeting and provided the Legislative Update originally agendized under Item VII.1. Mr. Mayer provided the Public Health Advisory Board with an update of the recent legislative session related to the following bills that affect the Health District:

- SB118 – Revises provisions relating to public health
- SB439 – Revises provisions relating to communicable diseases
- SB172 Minor Access to Care
- AB45 – Student Loan Repayment
- SB92 – Revises provisions relating to sidewalk vendors
- AB220 – Revises provisions relating to water conservation
- AB120 – Revises certain provisions governing voluntary health care service
- AB53 – Revises provisions relating to sale of tobacco products
- AB122 – Electronic Age Verification for Tobacco
- AB232 – Wholesale Cigar Tax
- SB441 – Revises provisions relating to public health (repeals SB4)
- AB135 – Revises provisions relating to homelessness
- AB364 – Board of Medical Examiners Changes
- AB232 – Revises provisions governing the taxation of other tobacco products
- AB132 – Requires the establishment of a Regional Opioid Task Force in Clark County
- SB289 – Healthcare Assault and Battery
- SB261 – Revises provisions relating to local governments
- SB434 – Revises provisions related to retirement
- AB434 – Revises provisions governing prescription drugs
- SB361 – Revises provisions relating not solid waste
- SB419 – Makes revisions relating to public health
- SB172 – Revises provisions governing the ability of a minor to consent to certain health care services

- X. **SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

XI. **ADJOURNMENT**

The Chair adjourned the meeting at 10:05 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

/acm



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

July 10, 2023 – 8:30 a.m.

Meeting will be conducted via Webex

NOTICE

WebEx address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=m6af1782de06e2d629d2ce180dfa1c7c9>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2552 884 7937](https://snhd.webex.com/snhd/j.php?MTID=m6af1782de06e2d629d2ce180dfa1c7c9)

For other governmental agencies using video conferencing capability, the Video Address is:

25528847937@snhd.webex.com

NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
 - The Board may combine two or more agenda items for consideration.
 - The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.
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I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. OATH OF OFFICE

IV. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Webex:** Use the Webex link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Southern Nevada Health District employee or by raising your hand during the public comment period and a Southern Nevada Health District employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.
- **By telephone:** Call (415) 655-0001 and enter access code 2552 884 7937. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

V. ADOPTION OF THE JULY 10, 2023 AGENDA *(for possible action)*

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** April 10, 2023 *(for possible action)*

VII. REPORT / DISCUSSION / ACTION

1. **Receive and Discuss a Legislative Update;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Presentation on COVID-19 Vaccinations;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Presentation on Congenital Syphilis and Sexually Transmitted Infection Outreach and Programs;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VIII. BOARD REPORTS: The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. ***(Information Only)***

IX. HEALTH OFFICER & STAFF REPORTS ***(Information Only)***

- DHO Comments

X. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote. **See above for instructions for submitting public comment.**

XI. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Andria Cordovez Mulet in Administration at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact Andria Cordovez Mulet at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

April 10, 2023 – 8:30 A.M.

Meeting was conducted via Webex Event

- MEMBERS PRESENT:** Kenneth Osgood – Chair, Physician (*in-person*)
Ronald Kline – Member, City of North Las Vegas (*via WebEx*)
Paul Klouse – Member, City of Boulder City (*via WebEx*)
Holly Lyman – Member, City of Henderson (*via WebEx*)
Reimund Serafica – Member, Nurse (*via WebEx*)
Francisco Sy – Member, Environmental Health (*via WebEx*)
Jennifer Young – Member, City of Las Vegas (*via WebEx*)
- ABSENT:** Dick Tomasso – Member, City of Mesquite
- ALSO PRESENT:** N/A
(In Audience)
- LEGAL COUNSEL:** Edward Wynder, Associate General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Malcolm Ahlo, Maria Azzarelli, Tawana Bellamy, Victoria Burris, Andria Cordovez Mulet, Rebecca Cruz-Nanez, Aaron DelCotto, Carmen Hua, Victoria Hughes, Jessica Johnson, Michael Johnson, Josie Llorico, Cassius Lockett, Katarina Pulver, Larry Rogers, Karla Shoup, Ying Zhang
- I. CALL TO ORDER AND ROLL CALL**
Chair Osgood called the Public Health Advisory Board meeting to order at 8:31 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present.
- II. PLEDGE OF ALLEGIANCE**
- III. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.
- Seeing no one, the Chair closed this portion of the meeting.
- IV. ADOPTION OF THE APRIL 10, 2023 MEETING AGENDA (*for possible action*)**

A motion was made by Member Klouse, seconded by Member Serafica, and carried unanimously to approve the April 10, 2023 Agenda, as presented.
- V. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health Public Health Advisory Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING: January 9, 2023 *(for possible action)*

A motion was made by Member Serafica, seconded by Member Young, and carried unanimously to approve the April 10, 2023 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

1. Presentation on Cannabis and Vaping trends in Southern Nevada; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Member Kline joined the meeting at 8:36 a.m.

Malcolm Ahlo, Tobacco Control Program Coordinator, presented on cannabis and vaping trends in Southern Nevada.

Further to an inquiry from Member Sy on the educational interventions with youth, Mr. Ahlo advised that the Health District partnered with the Clark County School District (CCSD) and was in 32 high schools, providing teen training, teen influencers, along with mass media campaigns dispelling the myths about electronic vaping products.

Further to an inquiry from Member Young on whether COVID-19 influenced the decrease in funding, Mr. Ahlo advised that COVID-19 did not have a role in the decrease in prevalence.

Further to an inquiry from member Serafica regarding the role of behavioral health and the use of vaping and cannabis, Mr. Ahlo advised that the Health District worked with behavioral health facilities and policies that would increase the price and restrict or eliminate the flavors of the vaping products that would decrease the prevalence.

Further to an inquiry from Member Sy regarding restrictions on vaping lounge locations, Mr. Ahlo advised that there was a restriction for vaping lounges to be located more than 1,000 feet away from schools, parks, places of worship, casinos, or other lounges, however the City of Las Vegas had a waiver process, if needed.

2. Presentation on Overdose Data to Action: Addressing Overdose in Clark County; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Katarina Pulver, Health Educator II, presented on the Overdose Data to Action: Addressing Overdose in Clark County.

Further to an inquiry from Chair Osgood, Ms. Pulver advised that the Linkage to Action (L2A) program has a mobile unit that is used to access communities that previously were difficult to reach and staff is working with community partners to identifying area for additional outreach.

Further to an inquiry from Member Sy regarding the types of interventions at the root cause of drug use at the primary level to prevent adopting and use of drugs, Ms. Pulver advised that the PACT Coalition goes out into the community to provide primary prevention education to schools, along with parenting classes which would address any concerns at a familial level. Chair Osgood advised that the Health District has worked with school counsellors to provide resources to students.

Further to an inquiry from Member Young regarding how medical providers are informed of the Health District's activities, Ms. Pulver advised that the Health District partners with the medical community including the UNLV Student Health Center, however staff is looking to expand to medical providers to provide more targeted outreach. Chair Osgood suggested that the Health District connect with the Nevada Hospital Association.

Chair Osgood encouraged Health District staff to connect with the Nevada Psychiatric Association and Nevada Psychology Association, along with the state social workers association.

- VII. BOARD RECORDS:** The Southern Nevada District Board of Health Public Health Advisory Board members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health Public Health Advisory Board unless that subject is on the agenda and scheduled for action. ***(Information Only)***

There were no items raised.

VIII. HEALTH OFFICER & STAFF REPORTS *(Information Only)*

- DHO Comments

There were no items raised.

- Implications for ending the COVID-19 Public Health Emergency for Public Health

Dr. Cassius Lockett, Director of Disease Surveillance and Control, advised that the CDC COVID-19 Public Health Emergency (PHE) will end on May 11, 2023, however, that did not mean that the Health District would end its response to COVID-19.

As of May 11, 2023, there would be no requirement to report COVID-19 test results and immunization data. Dr. Lockett advised that the Health District would continue to follow-up on cluster and outbreak reports, water, and syndromic surveillance, and investigate any COVID-19 related hospitalizations and deaths.

Further to an inquiry from Member Sy regarding the COVID-19 vaccinations, Dr. Lockett suggested that a presentation on the COVID-19 vaccination initiative be brought at the next meeting.

- IX. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

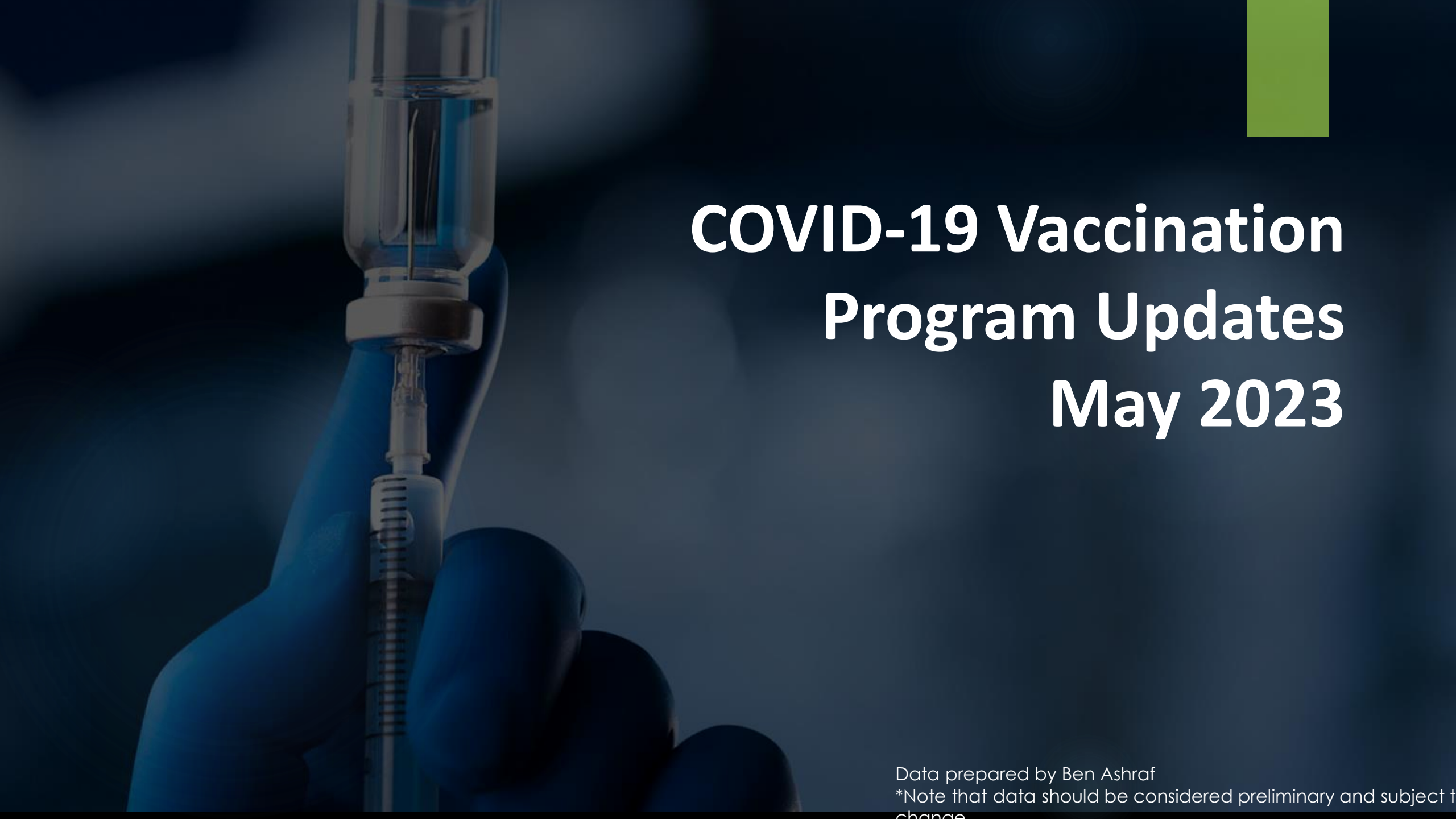
Seeing no one, the Chair closed this portion of the meeting.

X. ADJOURNMENT

The Chair adjourned the meeting at 9:48 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

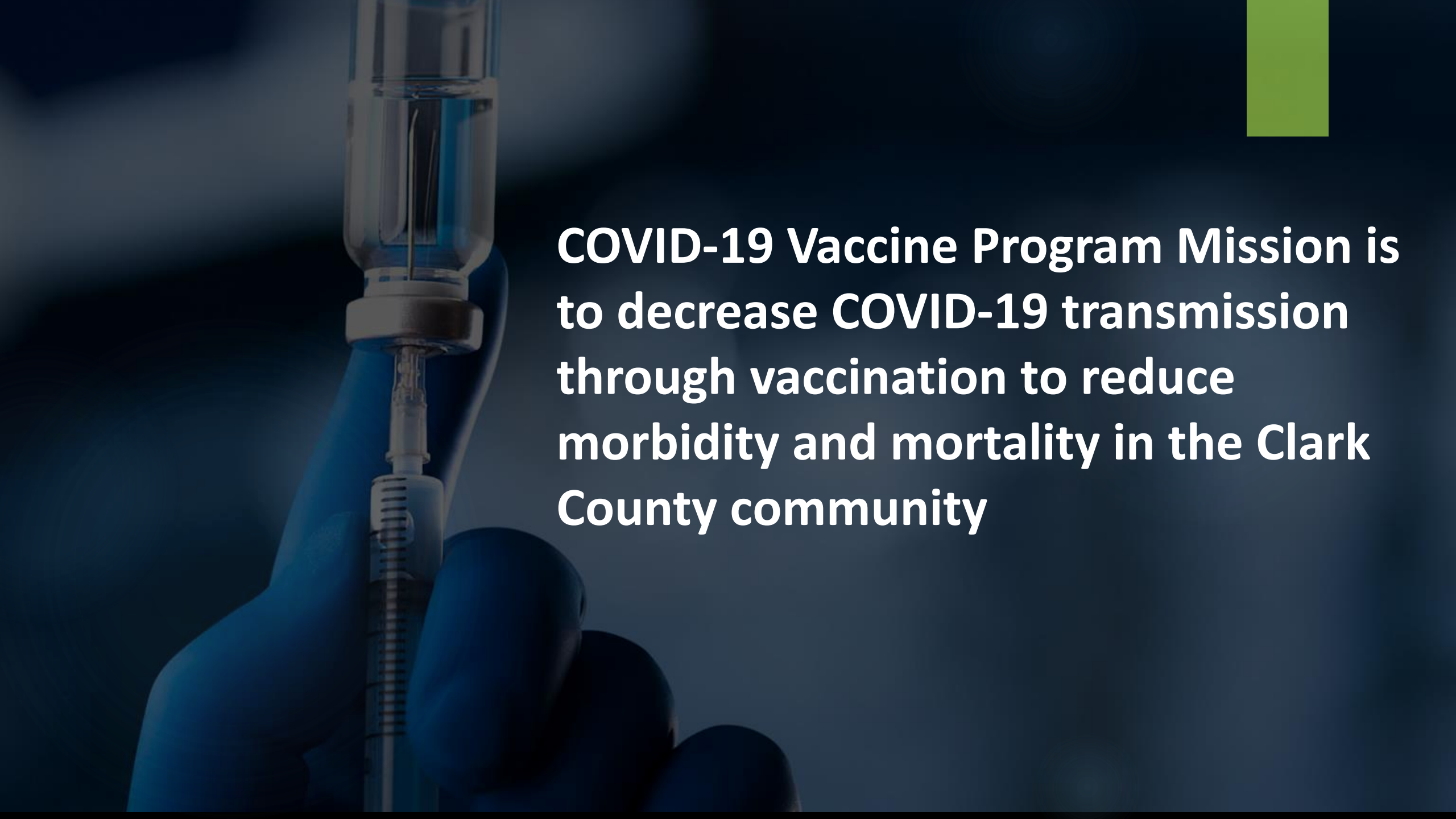
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COVID-19 Vaccination Program Updates May 2023

Data prepared by Ben Ashraf

*Note that data should be considered preliminary and subject to change



COVID-19 Vaccine Program Mission is to decrease COVID-19 transmission through vaccination to reduce morbidity and mortality in the Clark County community

Current Simplified CDC Recommendations

- ▶ For people not moderately or severely immunocompromised:
 - ▶ 6 years of age and older- 1 dose of bivalent mRNA vaccine
 - ▶ 65 years of age and older- option to receive 1 additional dose of bivalent vaccine
 - ▶ 6 months- 5 years old- 1 to 3 mRNA bivalent vaccines based on age and presentation



COVID-19 Vaccinations in Clark County- Where are we?

- On March 29, 2022 a total of 3,367,238 doses of COVID-19 vaccinations were administered in Clark County, NV

Racial or Ethnic Identity Group	Percent Population vaccinated	
	Completed	Follow-up Dose
American Indian or Alaska Native	33.48%	9.64%
Asian or Pacific Islander	57.31%	24.62%
Black or African American	38.18%	12.48%
Hispanic	53.1%	14.79%
White	39.78%	16.58%

Select Age Group	Percent Population Vaccinated	
	Completed	Follow-up Dose
0-19 years of age	28.87%	3.94%
50 years and older	81.08%	45.54%
Entire estimated population	60.97%	23.87%

- As of March 24th, 2023 a total of 4,003,062 COVID-19 vaccinations were administered in Clark County, NV

Racial or Ethnic Identity Group	Percent Population Vaccinated		
	Dose 2	Follow-up Dose	Bivalent Dose
American Indian or Alaska Native	35.06%	11.75%	4.82%
Asian or Pacific Islander	59.26%	29.67%	11.44%
Black or African American	39.93%	15.02%	5.6%
Hispanic	54.93%	17.8%	6.78%
White	40.71%	19.0%	7.72%

Select Age Group	Percent Population Vaccinated		
	Dose 2	Follow-up Dose	Bivalent Dose
0-19 years of age	31.09%	6.86%	2.46%
50 years and older	83.41%	53.82%	26.30%
Entire estimated population	62.88%	28.66%	12.22%

*Data within both tables are provisional estimates and subject to change. Current as of 03/24/2023. Data Source: Nevada WebIZ (2022 and 2023) . Please note that the categories “Other” and “Unknown” were excluded from racial and ethnic identity groups. Adapted from SNHD - Operationalizing Health Equity for COVID-19, MPOX, and Overdose Prevention Presentation on 03/17/2023.

COVID-19 Vaccinations through SNHD

From 06/01/2022 to 05/30/2023,
25,214 COVID-19 vaccines have been
administered





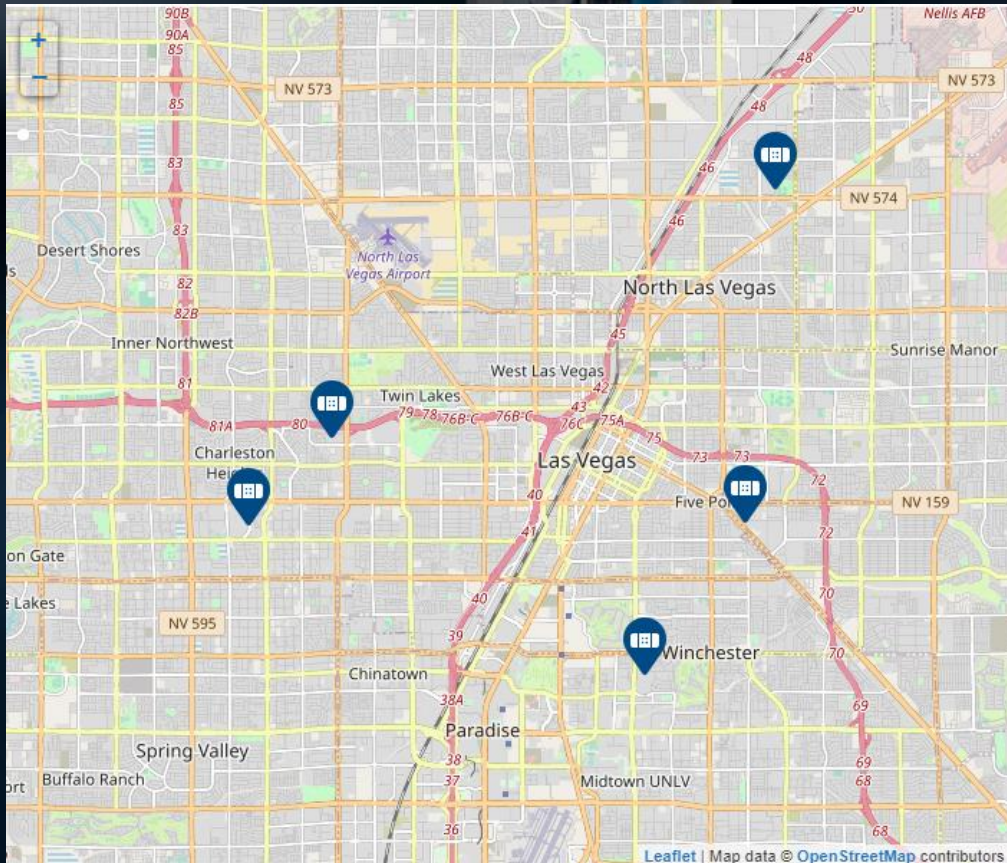
Strategy # 1

Increase bivalent dose uptake for health equity and at-risk groups through population-focused pop-up clinics, education, and community partnerships

- Collaborate with community partners and strategically coordinate vaccine clinics in underserved and at-risk areas
 - Jan 2023-May 2023 there have been 87 pop-up clinics
- Provide in-home vaccination services to people with mobility or health issues that would normally prevent them from getting vaccinated
- Special Needs Strike Teams for people with mental and/or cognitive disabilities.
 - Partnership with DWWS and Nevada Center for Excellence in Disabilities.
- Provide vaccines to residential long-term care facilities in collaboration with state and pharmacy partners. Vaccines were expanded to include high-dose flu, Shingrix, Prevnar 20, and Tdap.

Strategy #2

Increase vaccination uptake by the general public by increasing access for general public through static sites with expanded hours and days



Current Sites:

Boulevard Mall

Galleria Mall

SNHD Fremont Clinic

CSN-Charleston

CSN- Cheyenne

Appointments are encouraged, but walk-ins are available at all static sites. <https://covid.southernnevadahealthdistrict.org/>

Strategy #3

Increase vaccination uptake by offering co-administration with other CDC recommend vaccines

Coadministration of COVID-19 vaccines with other vaccines

In accordance with [general best practices](#), routine administration of all age-appropriate doses of vaccines simultaneously (i.e., administering more than one vaccine on the same clinic day or “coadministration”) is recommended for children, adolescents, and adults if there are no contraindications at the time of the healthcare visit. However, there are additional considerations if [administering an orthopoxvirus vaccine](#) as described below.

Current efforts:

Co-administration with adolescent back-to-school vaccine and/or flu vaccine at Static and/or pop-up sites

Long Term Care Facilities- pneumococcal, Shingrix, high-dose flu, and Tdap

Strategy #4

Increase the number of health care providers and long term care facilities who recommend, carry, and administer vaccines on-site.

- As of 05/31/2023, 36 of the 239 HCPs enrolled in COVID-19 Vaccine Program carry vaccine in office
- HCP recommendation is the number one reason why a patient may be vaccinated
- Inconvenience, lack of access, and cost are known barriers for adults to receive vaccine
- HCP team provided one-on-one training and develop individualized processes
- Identify and assist in overcoming potential barriers
- Redistribution Center for smaller quantities

GET IT. GIVE IT. FOR OUR HEALTH CARE LEADERS!

Take the lead and administer COVID-19 vaccine on-site

DO YOU KNOW?

- COVID-19 vaccines are on the 2023 ACIP recommended immunization schedule.
- Many health care providers, hospitals and long-term care facilities across Clark County are enrolled to administer COVID-19 vaccine. However, only a few carry and administer COVID-19 vaccines on-site.
- If you carry influenza or other vaccines, you can carry the COVID-19 vaccines as well.
- If you do not have COVID-19 vaccines, the SNHD Health Care Provider Team can help set it up.



REASON TO CARRY:



- Health care providers are the most trusted source for COVID-19 vaccine information.
- Increase availability and convenience for your patients.
- Billable administration fee.
- Easier storage and handling methods.

WHAT'S THE CATCH?

There is no catch. Our goal is to help health care providers vaccinate patients at their site. The SNHD Health Care Provider Team will provide you with the following support:

- One-on-one training with office staff for vaccine schedules, reconciliation, inventory, data entry, etc.
- Identify and assist in overcoming potential barriers
- Storage and handling
- Developing easy individualized processes
- Smaller dose distribution
- Assistance with enrollment, if needed



TO GET STARTED CONTACT:

Markia Jefferson,
Program Coordinator
(725) 277-1677
Jeffersonm@snhd.org



Michelle Wong,
Community Health RN
(725) 272-8563
wongm@snhd.org





Any Questions?

To make an appointment or for more information:

COVID-19 Call Center
(702) 759-INFO

<https://covid.southernnevadahealthdistrict.org/>



Congenital Syphilis Case Management Program

Celeste Liston, BSN, RN, CCM, Nurse Case Manager

Public Health Advisory Board, July 10, 2023

Why Is This Program Needed in Clark County?

- Congenital Syphilis (CS) cases increased 1,567% from 2014 to 2022 in the County
- During the year 2022
 - 85% of CS cases were asymptomatic in 2022
 - 66% of CS cases were drop-in deliveries in 2022
 - 63% of mothers of CS cases had no prenatal care in 2022
 - 59% of mothers of CS cases had positive toxicology screening 2022

Clark County Congenital Syphilis Cases: *Quick Stats

Nationally: **2021 STD State Ranking:

- Nevada ranks 9th for Congenital Syphilis rate
- Nevada ranks 5th in primary and secondary syphilis rate



CS cases increased 1,567% from 2014 to 2022



66% of CS cases were drop-in deliveries in 2022



85% of the CS cases were asymptomatic in 2022



4 stillbirths in 2019; 3 in 2020, 2 in 2021 and 4 in 2022



63% of mothers had no prenatal care in 2022



59% of mothers had positive toxicology screening 2022


Sources: *County Quick Stats: SNHD Office of Epidemiology – 2022

** <https://www.cdc.gov/std/statistics/2021/tables/2021-STD-Surveillance-State-Ranking-Tables.pdf>

Program History and Operations

- Established in December 2021, first patient served: Feb 1, 2022
- Started with one Nurse Case Manager (NCM)
 - Added: 1 NCM and 1 Community Health Worker – both are bilingual in English/Spanish
 - Utilizes case management concepts and strategies
 - Motivational interviewing
 - Patient-centered approaches (meet patients where they're at)
- Complements the work of Disease investigators by adding a nursing component
- Free and voluntary participation
- Patient referrals may come from Sexual Health Clinic, Disease Investigators, community providers, or patient self-referral

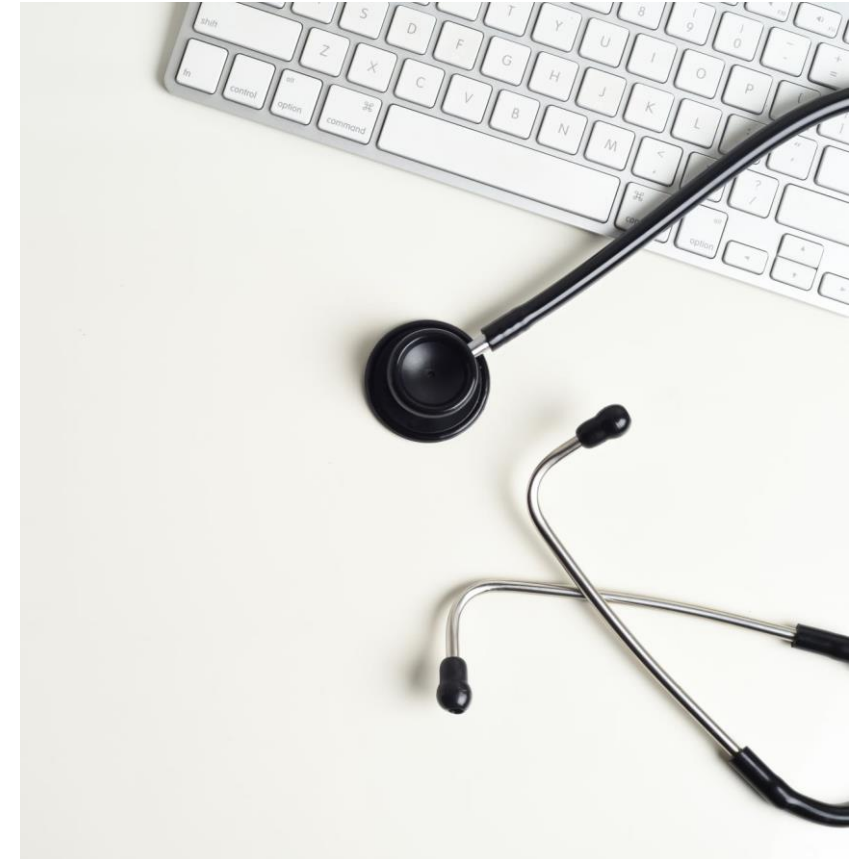
Patient Eligibility

- Regardless of insurance status
 - Pregnant persons diagnosed with Syphilis at any stage
 - Post-partum persons within 6 weeks of delivery and diagnosed with syphilis
 - Newborns diagnosed with or exposed to syphilis during mother's pregnancy, regardless of maternal syphilis stage and treatment status
- 

Nurse Case Manager Activities (1)

Case Management activities

- Increase access to syphilis treatment for pregnant persons diagnosed with syphilis and their partner/s
- Provide prevention education to pregnant and post-partum persons
- Referral to comprehensive core medical and psychosocial services

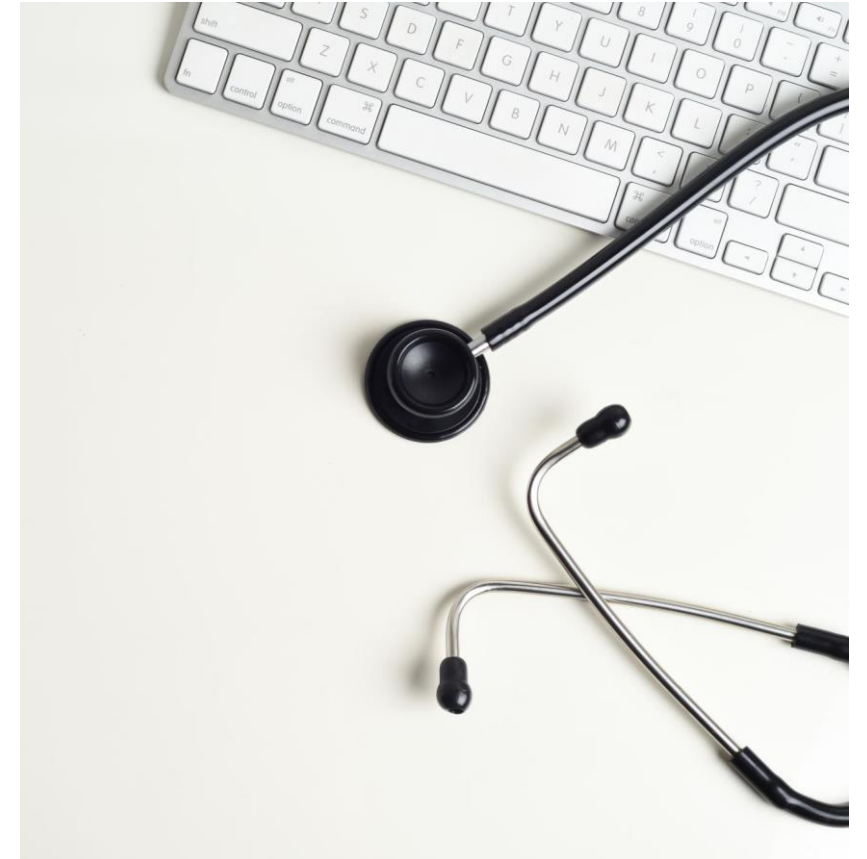


Nurse Case Manager Activities (2)

Participate in Academic Detailing to OB providers (in partnership with Office of Disease Surveillance) – AB 192 provisions for syphilis testing requirement during pregnancy and at delivery

Participate in Congenital Syphilis Review Board

- Quarterly meetings to review cases of Congenital Syphilis and brainstorm missed opportunities for prevention

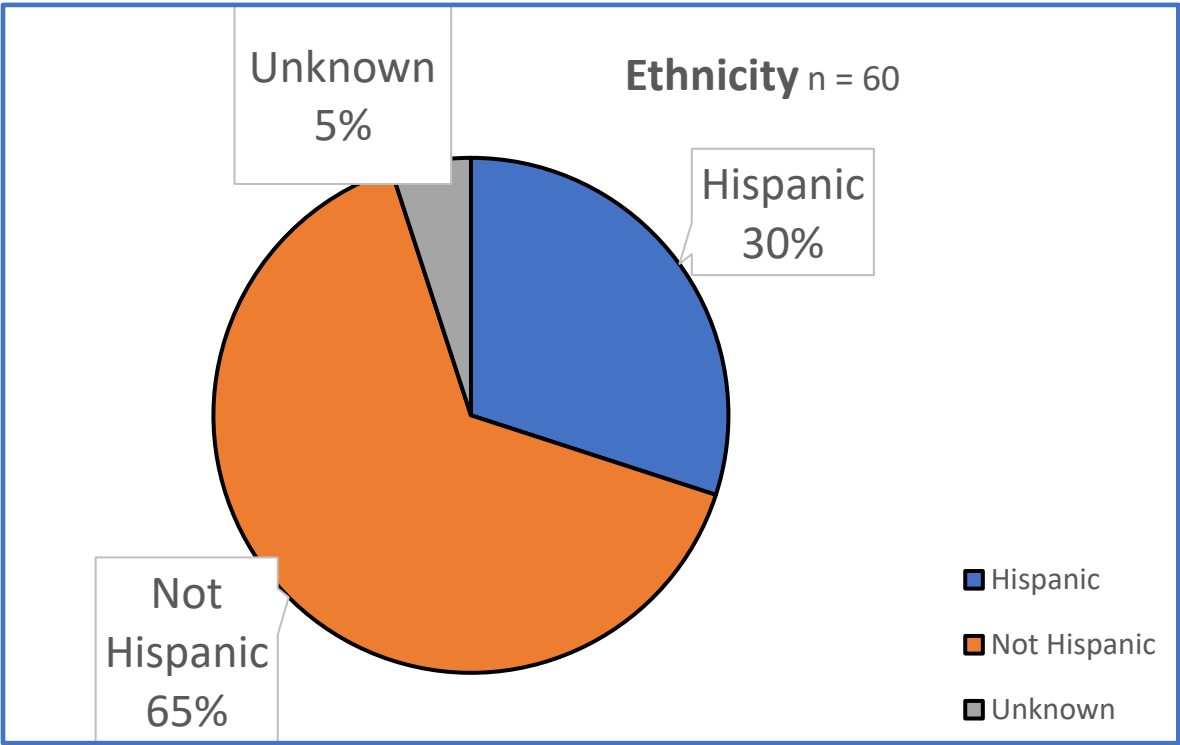
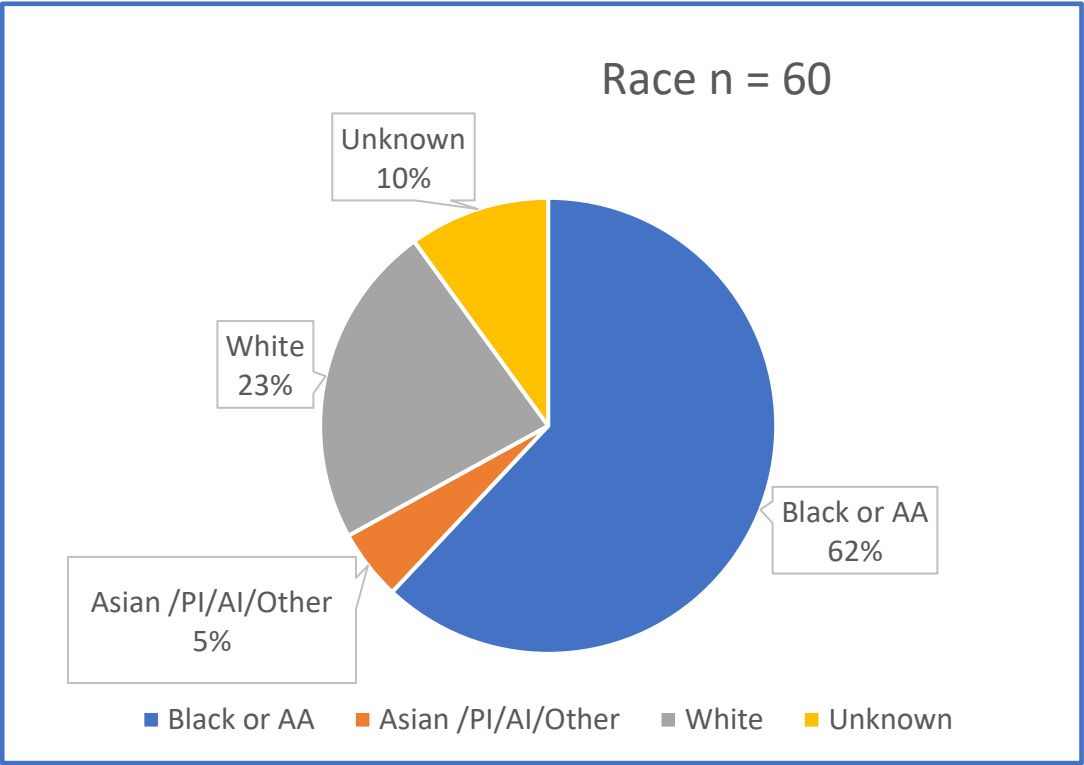


Case Management Program Outcomes

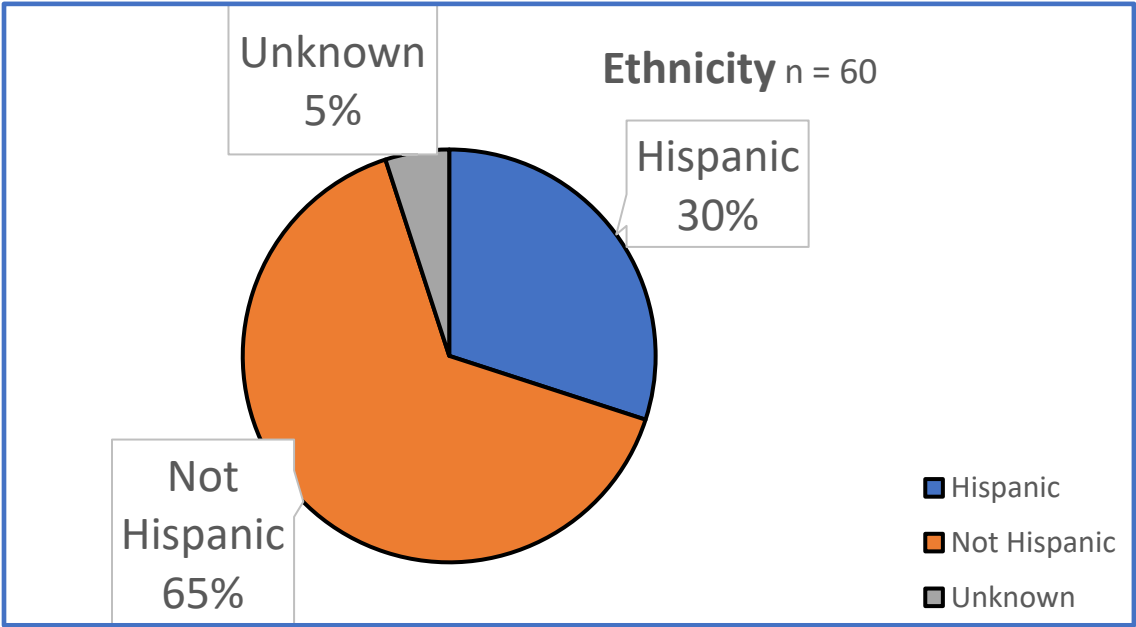
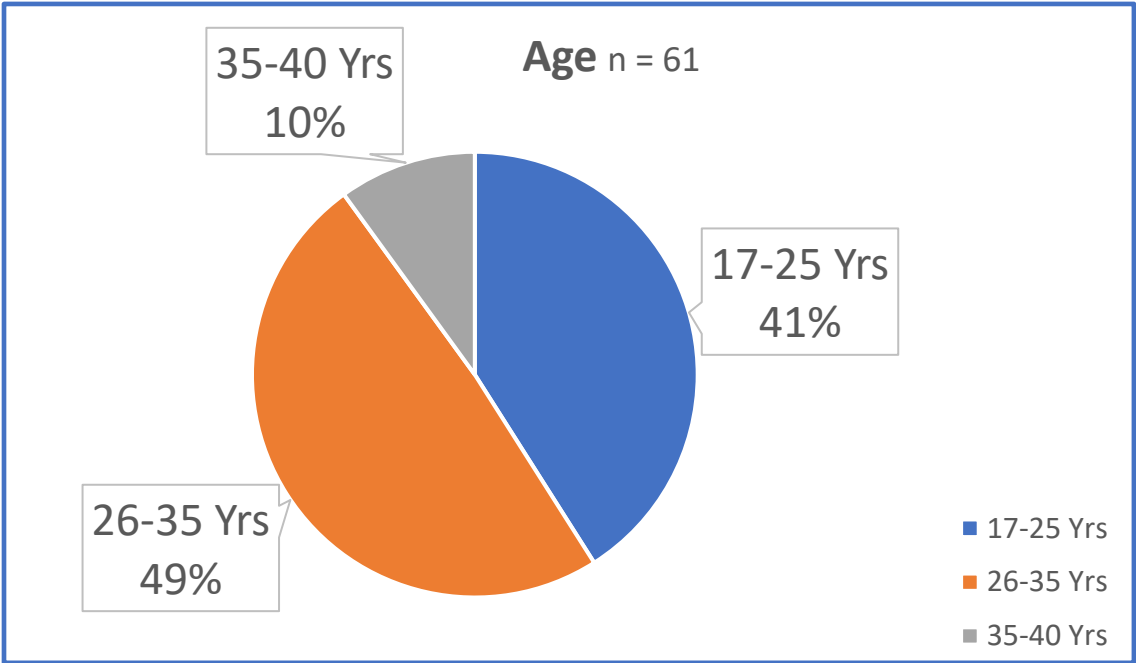
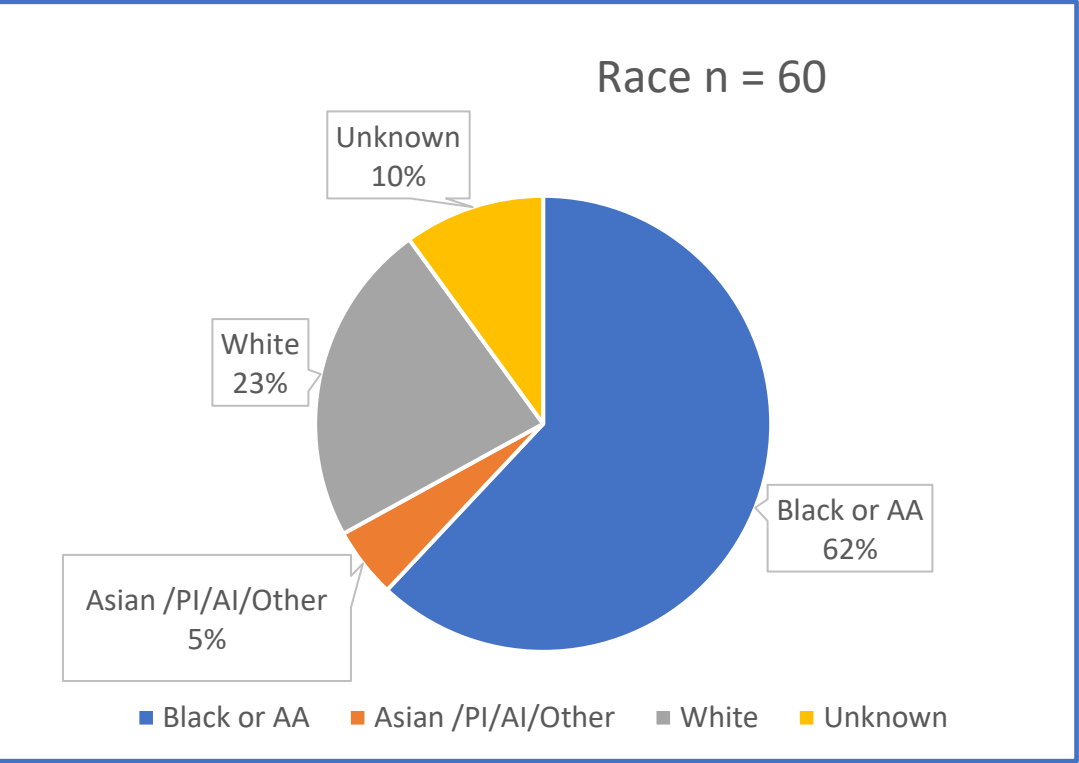
- 168 patients referred and contacted
- 66 patients enrolled
- 62 patients completed treatment
 - (2 delivered early before completion; 2 unhoused and lost to follow up) -DIIS referral for follow-up
- 33 transported; 3 of these were partners
- NCM average active case load 24-25 at any given time
 - CHW assignment based on patient acuity
- 31 infants served
- 15 infants currently enrolled
- 14 Provider letters sent
 - Follow-up recommendations per CDC



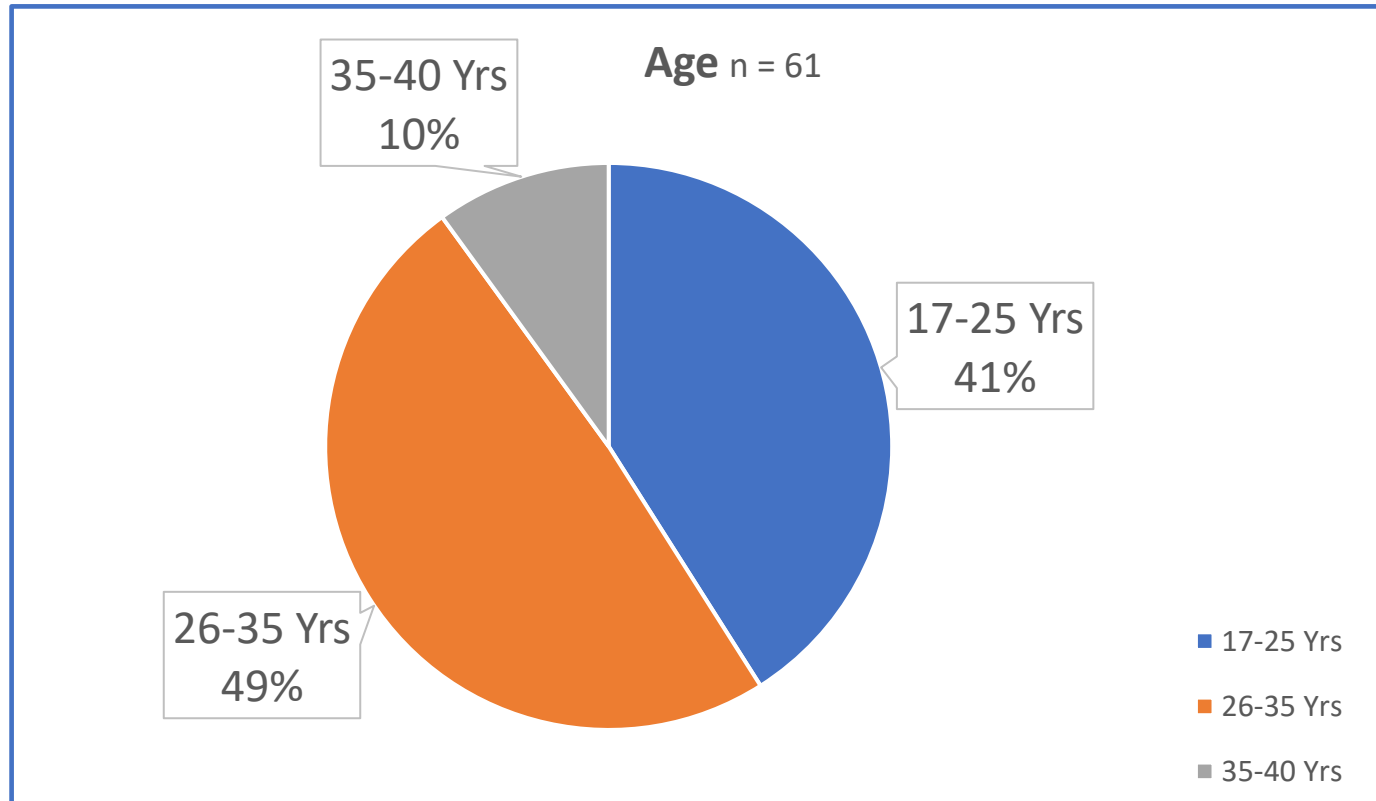
Maternal Demographics (Race/Ethnicity)



Maternal Demographics



Maternal Demographics (Age)



Successes

- Case Manager built trust and engagement with healthcare providers
- Improved Access to Care through Transportation and referrals
- Safe sleep training & provision of cribs and supplies
- Access to treatment for comorbidities for both mother and baby
- Linkage to community resources:
 - Prenatal care,
 - WIC, Car Seats for Christie,
 - Trac B needle exchange, SA Treatment programs,
 - Housing Assistance programs, Food pantries
- Expansion of SNHD/Community Partnerships



Challenges

Homeless population difficult to track down and keep engaged in care

Limited resources for personnel (intensive case management; average caseload is 25 per nurse for best practice)

Accessing healthcare with bus transportation can be harrowing during pregnancy and during the summer and winter months

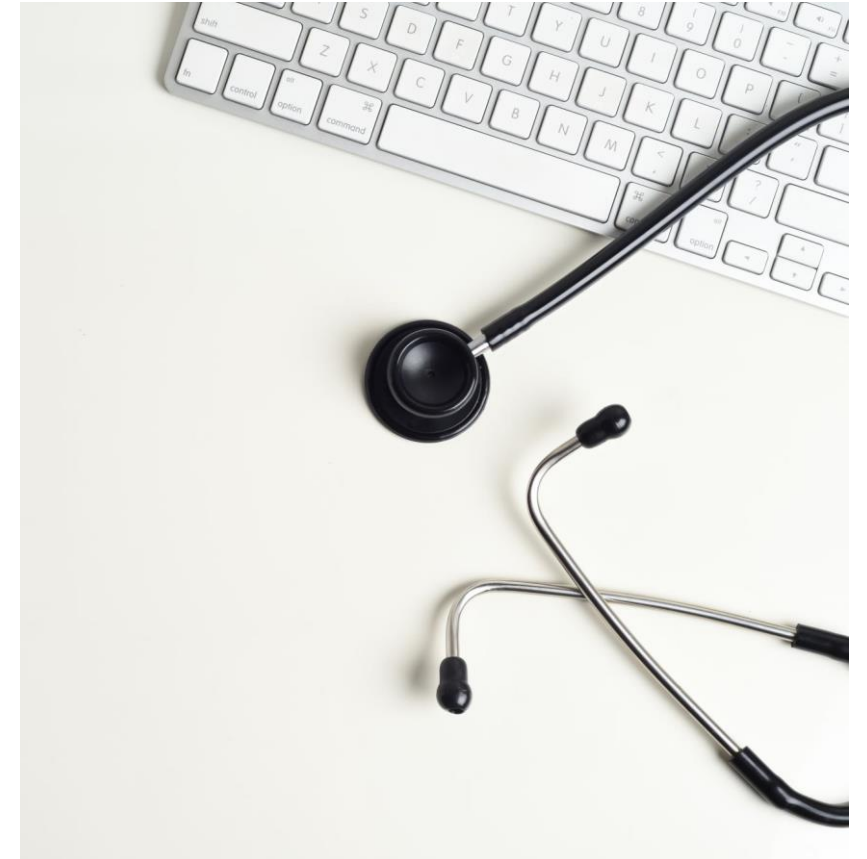
General reluctance to engage with healthcare system

Testing not being performed on all deliveries

Language barrier (patients who are Spanish-speaking only)

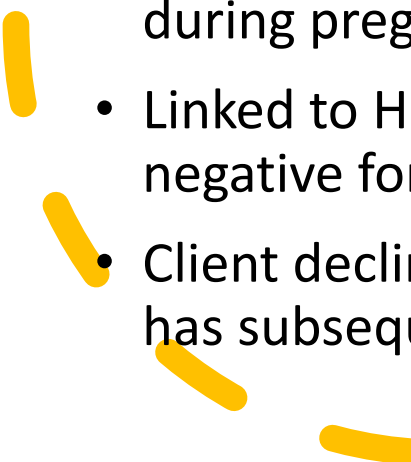
Next steps

- Implement Home Administered Treatment for Syphilis (HATS) – planning phase
 - Policy/procedure in development
- Additional funding received for another Nurse Case Manager (bilingual in English/Spanish)
 - currently on orientation and training
 - increase capacity for caseload
- Addition of one Community Health Worker (bilingual in English/Spanish)
 - Culturally and linguistically appropriate care





Voice from the field

- Client with daily IV drug use, Hep C co-infect, not ready for Substance Abuse treatment, wanted to give child up for adoption. This case was intensive, required additional time for linkage to care.
 - Received full and timely treatment needed for syphilis, educated on risks for re-infection.
 - Linked to Trac B Needle exchange, she introduced needle sharing friends to this service.
 - Per patient preference, was linked to adoption agency, who was also supportive of needs during pregnancy; child successfully adopted to a loving family.
 - Linked to Hep C tx, needed ride for liver U/S, completed full course of tx and is now negative for Hep C.
 - Client declined SA treatment programs at the time but has reportedly stopped using and has subsequently enrolled in a drug treatment program
- 



Questions?

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