

STAFF REPORT

Report To: Board of Health Meeting Date: August 18, 2022 Staff Contact: Nicki Aaker, Health and Human Services Director Agenda Title: For Possible Action: Discussion and possible action regarding the proposed acceptance of a report of the Carson City Health Officer. (Nicki Aaker; NAaker@carson.org) Staff Summary: This item is to provide an update on: (1) the Health Officer's activities; (2) clinical oversight and policy input; (3) training and education; and (4) general information for the Carson City Board of Health. Input is requested from the Board of Health regarding the Health Officer's report concerning activities the Health Officer is engaged in both internally and externally for the Carson City Department of Health and Human Services. Agenda Action: Formal Action / Motion Time Requested: 15 minutes

Proposed Motion

I move to accept the report as presented.

Board's Strategic Goal

Quality of Life

Previous Action

N/A

Background/Issues & Analysis A Health Officer's report is presented at each Board of Health meeting.

Applicable Statute, Code, Policy, Rule or Regulation

Financial Information Is there a fiscal impact? No

If yes, account name/number:

Is it currently budgeted? No

Explanation of Fiscal Impact:

<u>Alternatives</u>

N/A

Attachments: 8.18.22 CC HIth Officer Report_V2.docx

Board Action Taken:

Motion:

1)	 	
2)		

Aye/Nay .

_____ _____

(Vote Recorded By)



CARSON CITY, NEVADA CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Carson City Health Officer Report

03Aug2022

Carson City Board of Health Meeting 18Aug2022

Health Officer Activities (since 01Jun2022)

- Attended the following meetings:
 - CCHHS Division Managers' meetings: 7/1 & 7/25
 - Quad-County Coalition meeting: 6/21 Reviewed all Quad-County PHP emails, attachments, and numerous national and state support materials
 - Behavioral Health Task Force (BHTF) meeting: 6/15 & 7/20
 - Nevada Health Officers' meeting: 6/13, 7/11 meeting cancelled
- Met with CCHHS Director: 6/13, 6/27, 7/11
- Reviewed Nevada State Board of Health Meeting Agenda items for 6/3 meeting
- Set agenda and Chaired Sexual Assault Response Team (SART): 7/28 Question of improved coverage for Horse therapy, which both AEDV & Detectives feel is very beneficial for victims.
- Participation in Community Health Needs Assessment planning and coordination meetings: 6/1, 6/8, 6/15 & 7/27
- Attended 1st CHNA Stakeholders' Briefing on initial demographics, Quad-County statistics, and impressions
- Average of 8 hours per month in review of CCHHS emails, CDC Covid Weekly Tracker and Health Alert Network (HAN), Trust for America's Health, Public Health Communication Collaborative, Nevada Department of Public & Behavioral Health (DPBH) emails and bulletins

Clinical Oversight and Policy Input

- Overview of new policy for Monkey Pox Virus (MPV) vaccine
- Created RN Shelter Kit OTC Medication list for: Use, Other Uses, Cautions and medication replacement or deletion plan
- Attended 4-hour RN Shelter Triage training provided by Quad-County PHP clinical consultant, Vicky A. Olson, MPS, BSN, RN

Training and Education

- CDC STLT Covid updates: 6/6, 6/9 & 6/21
- Infectious Disease Society Association (IDSA) webinar on Monkey Pox (MPV): 7/25



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General Information for the Carson City Board of Health:

COVID-19 Pandemic Reverses Progress in Fight Against Antimicrobial Resistance in U.S. (July 13, 2022)

[sic] Centers for Disease Control and Prevention (CDC) Antimicrobial Resistance Definition - Antimicrobial resistance happens when germs like bacteria and fungi develop the ability to defeat the drugs designed to kill them. That means the germs are not killed and continue to grow (https://www.cdc.gov/drugresistance/about.html). One example is Methicillin-resistant *Staphylococcus aureus* (MRSA).

The COVID-19 pandemic pushed back years of progress made combating antimicrobial resistance (AR) in the United States. A new report from the CDC, <u>COVID-19: U.S.</u> Impact on Antimicrobial Resistance, Special Report 2022, concludes that the threat of antimicrobial-resistant infections is not only still present but has gotten worse with resistant hospital-onset infections and deaths both increasing at least 15% during the first year of the pandemic.

In the report, CDC analyzed the state of antimicrobial resistance in the United States immediately following the 2020 peaks of the COVID-19 pandemic. The data shows an alarming increase in resistant infections starting during hospitalization, growing an overall 15% from 2019 to 2020 among seven pathogens. These surges reflect a reversal of progress noted in <u>CDC's 2019 AR Threats Report</u>, which previously showed a reduction of AR deaths by 18% overall from 2012 to 2017.

CDC is and will remain at the forefront of combating antimicrobial resistance. Though the pandemic reversed much of the progress in the past decade on infection prevention and control, the fight will now take on a renewed fervor in prevention-focused public health actions to keep the nation safe.

Monkey Pox (MPV)

As of July 29, 2022, the Centers for Disease Control and Prevention (CDC), state and local public health partners are reporting 5,189 cases of Monkeypox virus infections in the United States across 47 states, Washington, D.C., and Puerto Rico. CDC is also reporting multiple outbreaks of monkeypox that have been reported globally in 71 countries that do not normally report monkeypox activity. On Friday, July 22, CDC reported the first two cases of monkeypox in children in the United States during the current outbreak.

I attended the Infectious Disease Society Association (IDSA) webinar of July 25th on Monkey Pox. One of the frontline clinicians caring for MPV patients in the southern



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United States noted that we have known about MPV in the remote areas of western Africa for 50 years and didn't act to control it at its source. Now the cost of tracking, treatment, and prevention throughout the world will far exceed what would have been the cost to have an adequate public health system response at its source in western Africa.

It appears that MPV will be another viral illness to provide proof of the cost-benefit of public health pennies spent to save hundreds of dollars in an ever more connected world. Pennies that could have prevented much suffering, loss of income and productivity. The isolation period for an infection with MPV is 2-4 weeks until there is full healing of the rash with formation of a fresh layer of skin. Thankfully, rarely are lives lost to MPV in otherwise healthy individuals.