



Mission: To protect and promote the health, the environment and the well-being of Clark County residents and visitors.

MINUTES

**CLARK COUNTY HEALTH DISTRICT
DISTRICT BOARD OF HEALTH MEETING**

625 Shadow Lane
Las Vegas, Nevada 89106
Clemens Room

Thursday, August 22, 2002 - 8:00 A.M.

Chairman Crowley called the meeting of the District Board of Health to order at 8 a.m. and the Pledge of Allegiance was held. She noted that she had been provided with the Affidavits of Posting and Mailing of Agenda meeting notices, as required by Nevada's Open Meeting Law. The Affidavits will be incorporated into the Official Minutes.

Board Members

Present:

Susan Crowley	<i>Chair</i> , Appointee, Henderson
Gary Reese	<i>Vice-Chair</i> , Councilman, Las Vegas
Jim Christensen, MD	<i>Secretary</i> , Physician Member At-Large
Sherry Colquitt, RN	Appointee, Las Vegas
Robert Eliason	Councilman North Las Vegas
Donna Fairchild	Councilwoman, Mesquite
Joseph Hardy, MD	Councilman, Boulder City
Paul Henderson	Councilman, Mesquite
Erin Kenny	Commissioner, Clark County
Steven Kirk	Councilman, Henderson
Chip Maxfield	Commissioner, Clark County
Donalene Ravitch, RN	Appointee, Boulder City
Stephanie Smith	Councilwoman, North Las Vegas

Executive Secretary:

Donald S. Kwalick, MD, MPH

Legal Counsel:

Stephen Minagil, Esquire

Staff: Clare Schmutz; Karl Munninger; Fran Courtney, RN; Jane Shunney, RN; Angus MacEachern; Ed Wojcik; Rose Bell; Jeanne Palmer; Jennifer Sizemore; Forrest Hasselbauer; Leo Vega; and Recording Secretaries Norma Jordan and Montana Garcia

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Melanie Slivka	Child Care Providers Network
Chuck Jenner	Clark County Public Works
Kurt Lackinger, MSN	Clark County Social Service
Valerie Ventura	A @ A @
Marge Botoletto	A @ A @
Sandra McKinley	A @ A @
Kim Watson	A @ A @
Doretha Robinson	A @ A @
Bobby Gordon	A @ A @
Suzanne Maglehy	A @ A @
Richard Hicks	Clark County Vector Control
Don Winter	Don Winter R.F
Pat Perryman	NV Bureau of Services for Child Care
David Thain	State of Nevada Veterinarian
Karen Bigelow-Varney	State Child & Family Services
Juliet Casey	Review Journal
David Bonaventura	Self
Lorrie Brittingham	Self
Debra Sherwood	Small World Learning Center

I. CONSENT AGENDA

These are matters considered to be routine by the District Board of Health and may be enacted by one motion. Any item, however, may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

Member Reese stated on the public hearings for the variance request for the individual sewage disposal systems he would like to set up a meeting with the City of Las Vegas and the Health District Staff to find out what needs to be done to eliminate the variance requests. He suggested that petitioners within four hundred (400) feet of a sewer should have a mandatory hookup requirement. The valley is getting big enough now that variances for the sewers are not necessary.

Member Smith indicated that she felt the same way about the issue and requested that staff put no more variances on the agendas until the issue is resolved.

Chairman Crowley asked Dr. Kwalick to set up a meeting with the Health District, City of Las Vegas Staff and the following Board of Health Members:

- Member Reese
- Member Smith
- Member Maxfield

Chairman Crowley opened the public hearings individually on **Item #5 a** and **b**. She asked each respective petitioner (David Bonaventura and Lorrie Brittingham) if they agreed with the conditions of their particular variance. Each agreed with the conditions. There being no response, after asking if any member of the public wished to speak, she closed the public hearings.

Member Reese moved for approval of the following Consent Agenda with Staff's conditions. The motion was seconded by Member Colquitt and carried unanimously:

1. **Approve Minutes/Board of Health Meeting** - 07/25/02
2. **Approve Payroll/Overtime for Periods of:** - 06/08/02- 06/21/02; 06/22/02 – 07/05/02; & 07/06/02 – 07/19/02
3. **Approve Accounts Payable Register** - **#835:** 06/25/02 - 07/05/02; **#835A:** 07/08/02 - 07/12/02; **#836:** 07/08/02 – 07/19/02
4. **Petition #35-02** - Contract with Nevada Health Care Financing and Policy Division for Covering Kids Initiative
5. **Public Hearing** *Upon request of any individual any public hearing item shall be removed from this consent agenda and placed on the regular agenda for public hearing.*
 - a. **Variance Request:** To Construct an Individual Sewage Disposal System (ISDS) on a Lot that is Within Four Hundred (400) Feet of a Public Sewer Line and Served by an Offsite Water Supply (APN 138-04-702-006) – Petitioner: David Bonaventura
 - b. **Variance Request:** To Construct an Individual Sewage Disposal System (ISDS) on an Undersized Lot Served by a Public Water System (APN 129-02-410-051) – Petitioner: Steve and Lorrie Brittingham

II. **PUBLIC HEARING/ACTION**

1. **Memorandum #11-02:** Public Hearing to Consider Adoption of Regulations Governing Family/Group Care Homes and Child Care Facilities

Chairman Crowley opened the public hearing and remarked that the District was not intending to license for a business but to vote on regulations that would regulate the health and safety of the children in the facilities.

Dr. Kwalick introduced Clare Schmutz, Mark Bergtholdt and Gwen Willis to give an overview of the proposed regulations.

Mr. Schmutz explained that in 1991 the Board of Health adopted guidelines for child care facilities. The District has been operating under those guidelines in conjunction with applicable sections of the State of Nevada Regulations and Standards for Child Care Facilities for the last ten years. However, pursuant to NRS 439.410:3 (a) through (d), the need for moving from Child Care Guidelines to Child Care Regulations was determined, due to the need for consistency with State, County and City Child Care regulations. Also, because of the extensive and rapid growth of Southern Nevada, the need to protect the public health of children in Child Care Facilities is paramount.

Adoption of these regulations will cause the District's Child Care Regulations to be as stringent as the State of Nevada's Regulations and Standards for Child Care Facilities.

Staff conducted ten (10) workshops during July and August of 2002, with child care operators and licensing entities and to receive input from the community. Notice of the Public Hearings were published in the local newspapers. To assist Child Care Operators, copies of the proposed regulations were made available at the main Health District office, the four (4) satellite offices and on the Clark County Health District (CCHD) website.

Mark Bergtholdt, Senior Environmental Health Specialist reiterated what Mr. Schmutz said in his introduction. He added that since there has been an increase in the population of the valley, and that increase is projected to continue into the foreseeable future, the time has come to formalize the guidelines into child care regulations.

The goal of the CCHD Child Care Program has not changed since the beginning of the program: to protect the children under care in Child Care Facilities through the regulation of health and safety practices. The proposed regulations will protect the children and the operator by addressing communicable diseases, food safety and playground safety.

The proposed Child Care Regulations were promulgated during the past 18 months and are consistent with guidelines outlined in the National Health and Safety Performance Standards, Guidelines for Out-of-Home Child Care Programs Second Edition adopted by the American Academy of Pediatrics, American Public Health Association, U. S. Department of Health and Human Services Health Resources and Administrative Material, and Child Health Bureau and U. S. Consumer Product Safety Commission. Staff spent many hours developing the regulations to ensure that they were more clear and precise than the current guidelines now in use.

Staff understands that there are financial concerns of the child care operators, but those concerns are outweighed by the need to provide the best possible care for children in the absence of their parents or guardians.

The vast majority of these regulations represent little change from the current guidelines and inspection procedures practiced by staff. Mr. Bergtholdt reviewed the following major differences between the proposed regulations and the current practice used by staff:

- Requirement for commercial kitchens within 5 years on all existing child care centers.
- Addressing sleeping position,
- Requiring playground equipment that meet Consumer Product Safety Commission (CPSC) public playground guidelines, and;
- Clarification of the amount of shade required in the play area of a child care facility.

Mr. Bergtholdt continued that through the use of model codes and guidelines, Staff developed the proposed changes for the regulations governing sanitation of Child Care Facilities. Commercial Food Facilities (Section 11), NRS 446.020, defines a food establishment as "Except as otherwise limited by subsection 2, "food establishment" means any place, structure, premises, vehicle or vessel, or any part thereof, in which any food intended for ultimate human consumption is manufactured or prepared by any manner or means whatever, or in which any food is sold, offered or displayed for sale or served." Subsection 2 exempts private homes with restrictions, social clubs operated for members, vehicles operated by common carriers involved in interstate transport, religious, charitable or non profit organizations that raise money during occasional events or salvages food to give away, slaughter houses, dairy farms and milk processors, and wholesale dealers of alcoholic beverages. Child care centers meet the definition of a food establishment but do not qualify for any of the exemptions. Most of the food processes currently used by child care centers such as reheating and simple preparation are the same found in food establishments throughout the food service industry, such as the fast food outlets, hotel kitchens and stand alone restaurants. The United States Food and Drug Administration (FDA) include preschool age children in the definition of highly susceptible population in their Model Retail Food Code.

The FDA Model Retail Food Code is a model code developed to assist states in developing science based food safety regulations. Within the Model Food Code, a facility serving the

populations of small children are required to meet more requirements than a facility that does not serve a highly susceptible population. These additional restrictions include strict controls on the service of unpasteurized eggs and juice, service of raw or partially cooked animal food or service of raw sprouts. Skilled nursing facilities and hospitals that serve highly susceptible populations both have kitchens that are constructed to the standards proposed in these regulations.

Finally, the National Health and Safety Performance Standards recommend that food service equipment in centers meet the stringent requirements of the National Sanitation Foundation International because the design, operation and maintenance of food service equipment warrants meeting standards to ensure that the equipment protects the users from injury and food borne diseases.

Staff understood that some child care facilities would find it difficult to complete the required renovations. However during the development of the proposed regulations, Staff considered allowing the facilities currently operating to continue in operation but found that applying the regulations in that manner would result in inconsistent care since older facilities would be allowed to operate with their existing potential hazards and at a lower capital cost than those facilities built after the adoption of the proposed regulations. The proposed regulations will assist the District's Child Care Program in meeting its mission to protect the health and safety of the children attending child care facilities by providing clear, concise language for enforcement while educating the providers on the important issues of health and safety within a child care environment.

Additionally, the proposed regulations address the sleeping position of infants. The National Health and Safety Performance Standards: Guidelines for Out of Home Child Care Programs developed by the American Academy of Pediatrics, American Public Health Association and the US Department of Health & Human Services recommends infants in out of home care programs be placed on their backs for sleeping. Additionally the guidelines recommend that soft materials be removed from the crib. Placing infants to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). Infants have been found dead on their stomachs with their faces, noses and mouths covered by soft bedding. Recent research indicates that 20% of the SIDS deaths occur when infants are in the care of someone other than their parents. At the local level, in 2001 the Clark County Corners Office reported 15 SIDS deaths and the CCHD Vital Statistics reported 23,097 live births. Currently, "the Back to Sleep" campaign, which is sponsored by the National Institute of Child Health and Human Development, the American Academy of Pediatrics and others, campaign has developed educational brochures to decrease the risk of SIDS.

Discussion followed by the Board Members and Staff concerning clarification on the shading requirements and the differences between a Child Care Center, Family Care Home and a Group Care Home. Also, discussed were the restrictions on sipping cups for children, three compartment sink requirement and sleep guidelines.

Mark Bergtholdt explained that the Shade Requirement (Section 7.4.5) is part of compliance with the Handbook on Playground Safety. State Law and local ordinances all require some amount of adequate shade, but do not go on to specify the minimum amount. The proposed regulations specify a minimum amount in all child care settings. The amounts are as follows:

Family Care homes 50 square feet (a structure that covers an area of 7 by 7 feet)

Group Care Homes 100 square feet (a structure that covers an area of 10 by 10 feet)

Child Care Centers 5 square feet per child using the maximum

licensed capacity. A facility licensed for 150 children would require a structure of 750 square feet or a structure that covers an area of 28 by 28 feet. Child care licensing agencies require a minimum of 37.5 square feet per child for the outdoor play area. (If the child care play yard was the limiting factor in determining the number of children, it would amount to a maximum of 13%, most play yards go beyond that amount.)

Natural shade and that offered by building overhangs, such as patio covers will be considered in determining the shade requirement. Improving the playgrounds within Clark County would go a long way in preventing further injury and providing a safer environment for the children.

Clare Schmutz noted that Section 2.10.5, Suspension of the Facility's Health Permit with notification of the Child Care Licensing Authority was changed to another section to allow the operator the opportunity to apply to the Health District for a hearing on suspension or revocation.

Mr. Bergtholdt explained the definition of the various child care facilities as defined by the Nevada Administrative Code are as follows:

- Family Care Home: A child care facility, within a family dwelling, in which the Licensee regularly provides care, without the presence of parents for at least one (1) child, but not more than six (6) children.
- Group Care Home: A child care facility, within a family dwelling in which The Licensee regularly provides care, without the presence of parents, for at least seven (7) but not more than twelve (12) children.
- Child Care Center: A child care facility in which the Licensee provides care for more than twelve (12) children.

In response to Board Member question on sippy cups, Gwen Willis, Environmental Health Specialist briefly explained that if a used sippy cup has milk in it – it can be out for 2 hours maximum and then it has to be thrown away and not placed back into the refrigerator. Any item(s) that the child has placed in their mouths becomes contaminated by body secretions and in the case of cups, should not be placed back in the refrigerator but set aside to be cleaned and sanitized before being handled by another child. Staff is attempting to ensure that the food is tossed out so that there is no temperature abuse.

The timing is defined within the food regulations. The child care providers are required to have a copy of the food regulations along with the child care regulations.

Mr. Bergtholdt explained that commercial kitchens are already required for Child Care Centers and the three compartment sink is specific to Group Care Homes. Since there are more children being served in a Group Care Home, there is a need to properly wash, rinse and sanitize the dishes. This is a compromise between a commercial kitchen and a domestic kitchen. This is the group that will not have to go to the three compartment sink until they change ownership.

Gwen Willis added that if they have a two compartment sink and a NSF listed dishwasher, the three compartment sink is not required. The dishwasher functions as a sanitizer. The three compartment sink is used to wash, rinse and sanitize the eating and cooking utensils. Air drying

is done so that if anyone coughs or insect drops on the dishes you have a constant bacteria fighting agent over it. This type of sink also has a disease prevention aspect that is beneficial to all.

Discussion continued by the Board Members on the requirements for playground equipment, spacing and the need for shade.

Mark Bergtholt, explained that playground equipment poses a risk to the children in care, at a child care center there are more children that require adequate supervision and a safe place to play. Using the United States Consumer Product Safety Commission Guidelines will help eliminate the risk of injury. US Centers for Disease Control and Prevention report that at least 200,000 children per year are treated in emergency room departments for playground related injuries. Of those 200,000 children, more than 15,000 injuries occurred in a day care setting. About 15 children a year die from these injuries. One third of all injuries that occur on the playground are severe in nature. This includes fractures, internal injuries, concussions, dislocations, and amputations.

Brief discussion ensued by the Board Members, Staff and Child Care Licensing Authorities from the State Division of Child and Family Services Bureau of Services for Child Care and the various entities on the shade and spacing limits which are defined by state statute. Also, discussed was the possibility of the requirement being an undue burden on some of the smaller Child Care Centers. Professional child care providers who assume the liability of a child have to adopt and accept the best practices and principles available.

Mark Bergtholt explained that there are three (3) licensing authorities within the jurisdiction of the Health District. They are the City of Las Vegas, Clark County and the State Health Division. The State Health Division covers all the incorporated areas of Clark County outside the City of Las Vegas.

In reference to the shade requirement, the Board Members wanted to know if the facility was only able to provide shade for a limited amount of children but yet their license allows them to house and take care of twice that amount would they have the ability to go back to the child care licensing authority and adjust their license. Or if there was an interest in decreasing the number of children in order to comply with the Board of Health Regulations would there be a problem.

Wendy Smith, representing the City of Las Vegas Business Services, stated that if there are changes in Health Department Regulations and a center wants to increase occupancy or make other changes the license of the facility would depend upon the types of changes the applicant is considering. For example, Licensing has several requirements that would have to be taken into consideration in regards to square footage per child (such as sinks and toilets ratio to child). Therefore, each request would have to be considered on a case by case basis. Also, a change in an applicant's status due to downsizing would not be a problem.

Suzanne Maglehy, representing Clark County Licensing, commented that if a person wanted to downsize that there would not be a problem with downsizing their license. The facility would need to notify their licensing entity. However, if they want to increase they are going to have the square footage which is 35 square feet inside and 37.5 square feet outside per child. Therefore, their outside and inside space could limit their license.

Karen Bigelow-Varney, representing the State Division of Child & Family Services Bureau of Services for Child Care, added that it was correct for the State also. If someone wanted to downsize, there was no problem. However, if they do want to increase they would have to meet the requirements of the State, Health District and the fire department's inspection.

Chairman Crowley opened the public hearing asked if any member of the public wished to speak to keep their comments to three (3) minutes.

Debbie Sherwood, representing Small World Learning Center asked for clarification on play ground equipment [7.4.6 (a)] and protective surfaces [7.4.7 (c)] in terms of commercial grade equipment. Would the Lil Tykes Playhouse or existing equipment, which are made of heavy plastic and are not commercial grade, have to be eliminated? Also, in terms of use zones if you have an area which is 12 feet wide would you still need 6 foot use zone on either side?

Mark Bergtholdt explained that the regulations specify that the playground equipment has to meet the U. S. Consumer Product Safety Commission Handbook on Public Playground Safety. Staff would go out and assess the equipment to determine if it meets these standards. Those standards address items pertaining to entanglement, entrapment, and falls to surface hazards. A certification could be provided such as "accepted as is" to indicate that it meets the standards. There is no grandfathering in of any playground equipment.

Approximately 20 percent of injuries that occur on playgrounds are due to the equipment which is also the largest cause of the severe injuries. The year to come up with a plan of action to comply with the regulations and the four (4) years to implement that plan applies to the commercial grade equipment in the kitchen. Also, the District is giving the facilities five (5) years to get the equipment in the playground but because the playground is not as technically complicated it is not required to have an action plan. Staff can work with the facilities on routine inspections to get their playgrounds into a safe environment. However, if a piece of equipment is grandfathered in because there has never been an incident and later on there is an incident the Board of Health could be held liable and culpable if a lawsuit were filed.

The other 80 percent of injuries that occur on the playground are due to either because a child runs into an object or the child is pushed by another child and falls into some other object. The "Use Zones" are designed so that the child has a safe zone to play around the equipment so that there are not collisions into the material, walls, and surfaces or is pushed into those. Staff would have to go out and take a look and do an assessment to determine if the setbacks can be met for the 6 foot "Use Zone".

Discussion followed by the Board Members and Staff on the number of child care facilities in Las Vegas. There are approximately 480 Family Care Homes; 257 Child Care Centers and 12 Group Care Homes.

Suzanne Maglehy, representing Clark County, added that in any given day the average number of children in child care facilities in Clark County are 10,000; City of Las Vegas 11,000 and 7,000 under the State Health Division. Generally, families use family care homes until the children are approximately three (3) years old and then the children are moved into the Child Care Centers to get them ready for school. The Family Care Homes are limited as the provider can only have four (4) children under the age of two (2) and two (2) children under the age of one.

Commissioner Kenny explained that the County had developed a child rating care system approximately three years ago so that parents would know and have a choice about where they were taking their child(ren). Adoption of the regulations would be consistent in providing parents that same kind of assurance regardless of the facility and help to raise the level of awareness and importance of child care. At present, in terms of child care Nevada is ranked in the low percentile in comparison to other communities throughout the country.

Discussion ensued by the Board Members and Staff on whether other communities are using similar regulations. The proposed regulations are the result of national model and standards from the U. S. Consumer Product and Safety Commission Handbook for Public Playground Safety and the National Health and Safety Standards developed by the American Academy of Pediatrics, the American Public Health Association, and the Department Health and Human Services.

Pat Perryman, representing the Nevada State Bureau of Services for Child Care, stated that since 1993 Missouri has had similar regulations and restrictions in affect for the three compartment sink, 6-12 foot fall zones around all pieces of equipment and limitations made for small facility. Missouri followed the lead of Illinois in developing those standards. The standards are not new and have been used and accepted throughout the country.

Tiffany Jackson, representing the City of Las Vegas Neighborhood Services, explained that in reference to grant funding, that the City of Las Vegas does administer a child care improvement grant. Over the last three (3) years, Neighborhood Services has been administering this program to assist providers in the City of Las Vegas with child care quality improvement.

Karen Bigelow-Varney, representing the State Division of Child & Family Services Bureau of Services for Child Care remarked in terms of State funding perhaps the Economic Opportunity Board of Clark County may have some services available.

Suzanne Maglehy, representing Clark County Licensing, added that the County is going to be starting a grant policy whereby the funds will be used to start small mini grants for the County providers.

The Board Members, Staff and Child Care Representatives from the State and various entities discussed injuries or incidences that exist in the facilities that the District has been tracking, whether or not those have been increasing and the number of inspections that are conducted a year. Health District Staff does not have the ability to track injuries/incidences that occur in Clark County so national numbers are used. The State Health Division is required to track serious injuries each month, which are those that require more than basic first aide but medical attention that results in transportation offsite to a medical facility (such as anything requiring stitches, 911, convulsions, etc). A follow-up investigation is also conducted based on the incident. The cases have been increasing. Clark County requires the facilities to keep track of injury/incidents as they occur. The Board Members suggested that the municipalities should implement a tracking program by on all incidences in the child care facilities so that the medical community or Health District can determine if a trend is occurring. If a particular incident is occurring at one facility over and over again then perhaps there is a particular problem that can be addressed.

A minimum of 2 inspections with 2 people are conducted annually to approximately 700 facilities. Staff attempt to perform 8 family care home inspections or 4 child care centers a day.

Melanie Slivka, a family care home state licensed provider, shared with the Board that based on the statistics on SIDS deaths, they have implemented into their contract a toes-up policy for children under the age of 1 as many of the parents are not aware of the potential risk of SIDS. These children are placed on their back to go to sleep. If the child is to be placed otherwise they are requesting written permission from a pediatrician.

Karen Bigelow-Varney, representing the State Division of Child & Family Services Bureau of Services for Child Care informed the Board Members that the State representatives had attended the workshops and are in full support of the District's regulations. She explained the

National SIDS and Infant Death Program Support Center Standards Policy which does require that written permission from a pediatrician be provided if a child is not placed on their back. SIDS deaths have decreased 2000 per year with the toes up program. The 6-foot fall zone is a federal safety standard which also dovetails in concert with the American Disabilities Act requirements for regress. These regulations are making a minimal standard for everyone to be able to realize quality care.

There being no further response, Chairman Crowley closed the public hearing.

Commissioner Kenny commended the providers, licensing and staff for their hard work in the quality of care for children. She moved to approve the regulations. Motion was seconded by Member Smith and carried unanimously.

The Board Members directed Staff to review and revisit the regulations in three (3) years and bring any changes or recommendations as needed.

III. REPORT/DISCUSSION/ACTION

There were no items to discuss

IV. CITIZEN PARTICIPATION

Citizen participation is a period devoted to comments by the general public about matters relevant to the Board's jurisdiction. Items raised under this portion of the Agenda cannot be acted upon by the Board of Health until the notice provisions of Nevada's Open Meeting Law has been complied with. Therefore, no vote may be taken on a matter not listed on the posted agenda and any action on such items will have to be considered at a later meeting.

Chairman Crowley asked if any member of the public wished to be heard on subjects that are relevant to the Board's jurisdiction. There was no response.

V. HEALTH OFFICER & STAFF REPORTS

Dr. Kwalick explained that Commissioner Kenny had requested an item regarding West Nile Virus and mosquitoes. Also, based articles in the newspaper regarding the mosquitoes he had invited Dr. David Thain, State Veterinarian and Mr. Richard Hicks from Clark County Vector Control to brief the Board Members on what is happening with mosquito control in Clark County.

Dr. Thain, from the Nevada Department of Agriculture, informed the Board that the approximately two years ago the Division of Health via the Centers for Disease Control had asked about opportunities to do surveillance with West Nile encephalitis. This was a result of the outbreak in New York in 1999 and subsequent spread down the east coast. Approximately a year ago, the program began in Nevada. It is a multi-tiered surveillance. The virus lives as a reservoir in a bird population. Certain groups of birds, such as the crows, ravens, magpies and jays, develop an infection with a high level of virus in their blood stream. Before the bird dies a mosquito bites the bird, then the virus will live in the mosquito and is spread to the mosquito offspring and will actually over winter in the mosquito. At the next feeding the mosquito can spread the virus to other birds where it may or may not develop into an infectious state; or, bite mammals, such as people or horses, etc. It appears from the documentation that it only affects people and horses at this point.

Typically, horses will be exposed to the virus, develop immunity with no obvious illness. Only 3 to 5 percent of the horses bitten may develop the virus and become sick. The mortality rate for domestic horses with good veterinary care is approximately 20-50 percent. If it gets into the wild horse population approximately 90 percent of the horses that become ill will probably succumb to the disease because there is no supportive care. The majority of the people that are exposed develop a sub clinical illness. Some groups like the elderly can succumb to the illness.

The surveillance program has chicken flocks throughout the state that are typically bled on a 3 to 4 week basis to test for West Nile encephalitis and several others. Mosquito pools are conducted where the samples of mosquitoes are collected, sorted by species which are capable of spreading the diseases and are tested for the virus. Samples are also collected from the Wild Horses that the Bureau of Land Management is routinely gathering. Testing of dead bird samples of the appropriate species: raven, crows, jays are also being conducted. Wildlife Services, which does migratory water fowl relocation is also collecting blood samples. To date, everything tested in the State of Nevada has been negative. The surveillance program will continue as long as funding is available. CDC anticipates that the program will continue for the next 4 to 5 years as a minimum.

It is anticipated that the virus will hit the State of Nevada within the next 1-2 years. The State will be encouraging domestic horse owners to visit with their veterinarians to vaccinate their horses against the virus. It takes a while to develop immunity to the virus. The horse vaccine is an annual vaccination. After the two doses of the initial protocol an annual booster is needed approximately 4 to 6 weeks before anticipated mosquito season begins. Bureau of Land Management horses that are gathered for adoption are being vaccinated at present for the virus. There is no vaccination for humans.

The most at-risk area of the State of Nevada is the wild bird refuges where there is a lot of water and a high concentration of birds and mosquitoes. The Las Vegas Wash has the potential to become a problem; however, the significant numbers of mosquitoes are not currently present.

Mr. Richard Hicks from Clark County Vector Control, added that through the development of the Wetlands Park there has been an improved mosquito abatement. Mosquito populations are present in the area of the park and nature preserve. The nature preserve is closed at dusk so this cuts down on the opportunity for exposure to the mosquito. The populations are not significant in those areas. Prevention, intervention, outreach (to veterinarians, horse groups) and educating the public will help in abatement. As the virus becomes endemic in the United States it will settle down with occasional flare-ups.

In Clark County there are seventeen (17) different species of mosquitoes. Several are known vectors of the West Nile virus. The mosquitoes are here that would be vectors of this disease. In terms of mosquito abatement, the goal is to keep the populations low enough and away from people that it would not be a serious concern.

Dr. Kwalick remarked that staff has placed information on the District's website (www.cchd.org) on the proper use of insecticides such as DEET and fact sheets are available to the public.

Rose Bell, PhD, Health District Epidemiologist briefed the Board Members on Pertussis and the importance of getting children immunized to control an outbreak occurring in the community. A news release was sent out about the outbreak in the community. Since June 2002, there have been 14 reported cases, 8 of these were infants and 5 of them were hospitalized. All the children have recovered. The problem with Pertussis is that even after you have been appropriately immunized, after age 7 there are no booster shots and the immunity wanes. So that older children and adults can have a mild case of Pertussis, but if an infant is exposed, who has not been vaccinated, they can become very ill. Notices have been sent to physicians to put Pertussis into

their differential diagnosis so that they are aware it is in the community. Pertussis can be treated if treatment is started early. See a physician if you have a cough that is lasting for a while and it is important to get children immunized.

Dr. Kwalick updated the Board Members on the status of plans for the Southern Nevada Public Health Laboratory. Staff is moving forward with the laboratory being constructed on the second floor of the warehouse that is currently being constructed. It is anticipated that it will be operational by late summer or fall 2003.

VI. INFORMATIONAL ITEMS

Duly Noted

A. Chief Health Officer & Administration:

1. Monthly Activity Report, Mid July 2002 - Mid August 2002
2. Financial Data - Revenues and Expenditures for Fund 705 (Operating), 706 (Capital Reserve), and 762 (Liability Reserve) for the Month of July 2002
3. Health Education Monthly Report, July 2002
4. Epidemiology Monthly Report, July 2002
5. Public Information Monthly Report, July 2002
6. Clark County Department of Air Quality Management Monthly Activity Report, July 2002
7. Family Planning Services Advisory Council Minutes, July 2002
8. Letter(s) of Appreciation

B. Environmental Health:

1. Monthly Activity Report, July 2002
2. Listing of Food Establishments in Plan Review for the Period of 07/01/02 to 07/31/02
3. Letter of Appreciation

C. Nursing and Clinics:

1. Monthly Activity Report, July 2002
2. Letters of Appreciation

VII. ADJOURNMENT

There being no further business to come before the Board, Chairman Crowley adjourned the meeting at 9:58 a.m.

SUBMITTED FOR BOARD APPROVAL

Donald S. Kwalick, MD, MPH, Chief Health Officer
Executive Secretary

/mg