



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, March 25, 2004 - 8:00 A.M.

Chairman Reese called the meeting of the District Board of Health to order at 8 a.m. and the Pledge of Allegiance was held. He noted that he 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:

Gary Reese	Chairman, Councilman, Las Vegas
Jim Christensen, MD	Physician, At-Large
Sherry Colquitt, RN	Appointee, Las Vegas
Andrea Anderson	Councilwoman, Boulder City
Robert Eliason	Councilman North Las Vegas
Donna Fairchild	Councilwoman, Mesquite
Joe Hardy, MD	Appointee, Boulder City
Steven Kirk	Councilman, Henderson
Chip Maxfield	Commissioner, Clark County
Rory Reid	Commissioner, Clark County

Absent:

Susan Crowley	Appointee, Henderson
Paul Henderson	Appointee, Mesquite
Stephanie Smith	Councilwoman, North Las Vegas

Executive Secretary:

Donald S. Kwalick, MD, MPH

Legal Counsel:

Stephen Minagil, Esquire

Staff: Karl Munniger; Glenn Savage; Fran Courtney, RN; Steve Goode; Ed Wojcik, Lonnie Empey; Mark Gillespie; Paul Klouse; Daniel Maxson; Mary Hahn; Ellen Spears; Nancy Hall; Sandra Schulz; Ann Markle; Joseph Heck, DO; Jane Shunney, RN; Rory Chetelat; Mary Ellen Britt; Jason Butts; Angus MacEachern; Patricia Rowley; Christy Munaretto; Brian Labus; Katie Daley; Moana Yamamoto; Trish Beckwith; Kinley Goodman; Mary Ellen Harrell; Bonnie Sorenson; Paula Martel; Cherie Filler-Maietta; Jeanne Palmer; Jennifer Sizemore; Julie Hurd; Susan Eiselt; Max Wilson; David Tonelli; Heather Nelson; Michael Palmer; Forrest Hasselbauer; Leo Vega; and Recording Secretaries Diana Lindquist and Montana Garcia

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Michael Dailey	Metro Police Department – Resident Moapa Valley
Russ Cameron	Moapa Valley Community Emergency Response Team
Tim Crowley	Las Vegas Fire and Rescue (LVFR)
John Mike Myers	LVFR
Sandy Youngen	LVFR
Philip M. Hess, MD	Doctors Medical Services – Valley Hospital
Pattie Perroni	Aid for AIDS of Nevada (AFAN)
Candice Nichols	AFAN
Jennifer Roberts	AFAN
Tracy D. Skinner	AFAN
Lane Olson	AFAN
Toney Dorsey	Project Upfront
Jared Hafen	Project Upfront
Erika Moonin	Las Vegas Valley Water District
Jerry Stueke	Las Vegas Valley Water District
Tony Greenway	American Medical Response (AMR)
Linda Netski	AMR
Roy Carroll	AMR
Derek Cox	AMR
Tina Chen	Emperor's Garden Restaurant
Joe Slade	Purge-Tech, Inc.
Jack Gaal	Gaal Contracting
Randy Howell	Henderson Fire Department
Mike Williams	Abaris Group

Dr. Kwalick remarked that in the interest of time, he had asked Mike Williams of the Abaris Group, the consulting firm that the Board Members retained to assist in the analysis of the Trauma System to give a brief update of the status of the study and what can be expected in the near future.

Mike Williams, President of Abaris commented that the firm was conducting a detailed analysis of the current trauma resources and the need of the community as it relates to injuries, serious injuries and the potential future needs in terms of how the populace may drive the process, traffic patterns and other available resources.

With the assistance of the Health District, and in an effort to reach all interested parties, Abaris is conducting a series of six town hall meetings. Additionally, we are doing a detailed demand analysis on what's driving a lot of the questions in the community. These questions include how much trauma is there in the community; by adding one or more trauma centers, would that have a disproportion effect on the existing capability.

The American College of Surgeons which is the national accreditation body has been retained by the District to come out and do its analysis. The college is a very credible organization. Also, Nevada has adopted the trauma center standards of the American College of Surgeons (ACS) as the basis for trauma center designation and the survey team will be here between May 16 and 19. We will be preparing a comprehensive report that integrates the ACS report along with our analysis. The report will come from the Citizens Task Force and to the District Board of Health. The State of Nevada will eventually get the recommendations.

The Citizens Task Force has been going through an educational process. All of the Power Point Presentations that are being used for the Citizens Advisory Group and the taskforce meeting are on the Health District's website. Basically, the presentation covers the issues and challenges of running a trauma center in this day and age. Also, the ACS teams and the Citizens Advisory Group are making site visits to what we consider the ideal in trauma systems. The first is scheduled for April 8th in San Diego, California.

Meetings and interviews with stakeholders have been conducted. Some of the observations so far basically are pretty clear from the stakeholders. We have interviewed in excess of 200 persons at this point and there has not been one derogatory remark about the quality of care provided, particularly at UMC. It appears that no one wants to see that deteriorate, as it is an important fulcrum of the analysis. Some issues/tools that need to be in place to initiate the change process to ensure the quality control and to assure that it is sustained over the long term include population growth, access, traffic, financial stability and medical staff coverage and legislative empowerment.

PRESENTATION – PUBLIC HEALTH HERO AWARDS: Dr. Kwalick commented that for the past four years the District has honored individuals and organizations whose contributions helped to promote public health in our community. Each year staff recommends many outstanding leaders. He introduced the following nominees and their organizations as this year's recipients of the Clark County Health District Public Health Hero Awards.

Russ Cameron – Moapa Valley Community Emergency Response Team (CERT)

The Moapa Valley Community Emergency Response Team (CERT) has worked with the smaller communities throughout Southern Nevada to develop a well-organized CERT program. This proactive approach prepares these communities to support each other during times of medical emergency and disaster. They meet and hold exercises regularly to practice basic and medical/disaster response, including skills such as CPR, first aid, quarantine and triage. Russ Cameron, Emergency Medical Supervisor for the Clark County Fire Department, accepted the award on behalf of the Moapa Valley CERT.

Dr. Philip Hess, M.D. – Doctor’s Medical Services Valley Hospital Emergency Department

Dr. Hess is an excellent example of an astute physician who considers public health during his daily work. His diligence helped to identify the Norovirus outbreak currently being investigated by the Health District. He supported the District’s efforts to collect clinical specimens, a sometimes difficult task when working with the tourist population. Support such as this helps public health officials to identify problems more quickly and respond appropriately to prevent and control illness among both residents and tourists.

Alan Chen – Chinese American Chamber and Chinatown Plaza

Mr. Chen has served as a point of contact and a valuable resource for the Health District’s Environmental Health Division. He has provided input and assisted in getting regulations translated into a variety of Asian dialects. He was a point of contact during the SARS incidents, helping the Health District respond to undocumented rumors and setting up a town hall meeting for the community and Health District representatives. Alan has been a tremendous resource, helping to open doors and enhance relations with the Chinese American Community. Accepting the award on behalf of Mr. Chen was Mrs. Chen.

Jenn Roberts – Project Upfront

Project Upfront shares vital HIV/AIDS information with the community through trained speakers who are HIV positive. Members of this innovative group share their life experiences in order to educate and affect positive behavior changes in youth and young adults. The positive feedback received from organizations, schools, substance abuse facilities, shelters, medical facilities, detention facilities and other venues that have requested speakers from Project Upfront reinforces the effectiveness of the group. In turn, the speakers feel enriched by the experience of sharing information that may help others avoid exposure to HIV and counter the myths that often stigmatize a person living with HIV/AIDS. Jenn Roberts accepted the Public Health Hero Award on behalf of Project Upfront.

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 Hardy moved for approval of the following consent agenda. Motion was seconded by Member Fairchild and carried unanimously.

1. **Approve Minutes/Board of Health Meeting:** 02/26/04
2. **Approve Payroll/Overtime for Periods:** 01/31/04-02/13/04; 02/14/04-02/27/04
3. **Approve Accounts Payable Register:** **#909:** 01/30/04 - 02/05/04; **#910:** 02/06/04 - 02/12/04; **#911:** 02/13/04 - 02/19/04; **#911-A:** 02/19/04-02/20/04; **#912:** 02/20/04 - 02/25/04
4. **Petition #12-04, Resolution #01-04:** Approve Creation of Proprietary Fund for the Southern Nevada Public Health Laboratory

II. PUBLIC HEARING/ACTION

- 1. Variance Request:** to Operate a Food Establishment not in Compliance with the District Board of Health REGULATIONS 1996 Governing the Sanitation of Food Establishments. Vehicle Identification Number (VIN) 4P2AB24274U046724 **Petitioner:** Gaal Contracting, Inc. and Events Unlimited, Inc. John (Jack) Alexander Gaal, President and Secretary, Respectively

Chairman Reese opened the public hearing.

Ed Wojcik stated that staff was of the opinion that circumstances existed which satisfy the requirements for a variance and that the granting of this variance will not be detrimental or pose a danger to public health and safety if the conditions as recommended are included. Therefore, staff recommend approval of the variance with the following conditions:

1. The mobile unit food establishment modifications and equipment must include:
 - (a) The installation of two (2) National Sanitation Foundation, International (NSFI) or equivalent air curtains covering the openings of both the 48" x 36" service windows.
 - (b) A generator sufficient to operate all electrical equipment.
 - (c) Forty (40) gallons of fresh water storage; forty-six (46) gallons of waste water storage; with gauge.
 - (d) A three (3) compartment sink with integral drain boards.
 - (e) Stainless steel skinning of exposed surfaces in food zones (preparing and 3-compartment sink).
 - (f) Fluorescent lighting over preparation and wash areas (at least 50 ft. candles in food zones).
 - (g) All equipment to meet NSFI or equivalent standards.
2. This mobile unit food establishment must operate with air curtains turned on at special events such as car shows, boat shows, go-cart racing, fairs, games, events located outside of other food service areas, and at temporary food service events of four (4) to fourteen (14) day sin length in Clark County, Nevada.
3. This mobile unit food establishment shall not be operated in adverse weather conditions that would significantly increase the possibility of contamination. If adverse weather conditions (e.g., high wind conditions, dust storms, driving rain) exist, then the operator shall close this mobile unit food establishment until proper conditions exist to ensure no increase in contamination of food or food contact surfaces.
4. This mobile unit food establishment must be designed, constructed, maintained and operated with all other applicable requirements of the District Board of Health Regulations 1996 Governing the Sanitation of Food Establishments.

5. This variance is automatically terminated without further notice upon the closing of any sale transaction involving this mobile unit food establishment, Vehicle Identification Number (VIN) 4P2AB24274U046724

Chairman Reese asked the applicant Mr. John Gaal if he understood and agreed with the conditions. Mr. Gaal said, "Yes, sir."

Chairman Reese asked if any member of the public wished to be heard. There was no response. He closed the public hearing.

Member Hardy moved for approval of the variance with the conditions outlined by staff. The motion was seconded by Member Colquitt and carried unanimously.

2. **Variance Request:** to Construct Compost Toilet Individual Sewage Disposal Systems (ISDS) on a Lot that is Within Four Hundred (400) Feet of a Public Sewer Line with Waterless Hand Sanitizer (APN 139-29-401-001) **Petitioner:** Las Vegas Valley Water District, Patricia Mulroy, General Manager

Chairman Reese opened the public hearing.

Ed Wojcik stated that staff recommended approval of the variance with the following conditions:

1. The composting toilet individual sewage disposal systems must be certified by the National Sanitation Foundation, International (NSFI).
2. The hand sanitizer provided in each of the restrooms with composting toilets must contain at least 60 percent ethanol and provide at least a 99.99 percent kill rate of germs that may cause disease. Complete manufacturer's instructions on the most effective use of the hand sanitizer must be posted in clear view printed in a size easy to read in both English and Spanish.
3. Construction of the ISDS must be commenced within one (1) year of the date hereof. If the construction has not been commenced within that period of time, this variance shall expire and be of no further force and effect, unless application is made for an extension of time by the Applicant of the Applicant's successor(s) in interest and is approved by the District Board of Health prior to the expiration date.
4. The ISDS be designed, constructed and maintained to comply with all other applicable requirements of the District Board of Health Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management.
5. The Petitioner and his successor(s) in interest shall abide by all local governmental regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system available within four hundred (400) feet of Petitioner's nearest property line when connection can be made by gravity

flow and the record owner(s) are notified and legally required to do so by the public entity owning and operating the community sewage system.

Chairman Reese asked the applicant Mr. Jerry Stinger if he understood and agreed with the conditions. Mr. Stinger stated, "Yes" he had read and agreed with the conditions.

Chairman Reese asked if any member of the public wished to be heard. There was no response. He closed the public hearing.

Member Hardy moved for approval of the variance with the conditions outlined by staff. The motion was seconded by Member Maxfield and carried unanimously.

III. REPORT/DISCUSSION - ITEMS ON WHICH ACTION MAY BE TAKEN

1. Petition #11-04, Memorandum #02-04: Tentative Fiscal Year 2004-2005 Budget

Karl Munniger, Director of Administrative Services, and Finance Manager Sandra Schulz provided an overview of the Health District's Tentative Budget for the forthcoming fiscal year that starts July 1, fiscal 2005. Once the Board approved the budget, it is transmitted to Clark County and then incorporated into the main Clark County budget which is forwarded on to the State Tax Commission on the District's behalf by Clark County.

Approximately a year and a half ago the Health District implemented a new accounting system. This has resulted in all staff having direct access to the same system that the finance staff uses. As a result, this year program managers were allowed to play a greater role in the preparation of the document. They were allowed to budget individual revenue streams within their programs with direct access to the new software system. Also, program managers were furnished a more accurate breakout of staff time charged to individual programs so that each program budget more precisely represents the staffing costs of that particular program.

Overall, the District's budget is presently approximately 13% higher than four years ago just before the Air Quality Division was transferred to the County. Last year in March staff reported that the fiscal year 2003-2004 budget was the tightest budget in District's history. Compared to last year, the District's budget is approximately 9% higher reflecting a measurably stronger position financially. Presently, we have what could be portrayed as a much more typical Health District budget and part of the reason for the improvement over the prior situation relates to a number of fee increases that you have approved as a Board over the past 18 months or so. However, although it is a normal budget for the Health District, it is still a lean budget.

Our revenue derives in an overall sense from three basic sources: one-third federal money, one-third local tax dollars and one-third fees for service. What is noticeably missing from this mix of revenue is support from the state of Nevada. As you know, Governor Guinn subtracted out all of our health aid to counties funding from his executive budget last year and we have had to react to that.

In the current budget, 4% or \$2.1 million of the \$55 million dollar budget total is actually state funding. But even that small percentage is deceiving because most of those dollars are special purpose of tobacco settlement money grants and tire tax solid waste earmarks. Looking at the state general fund money shows that the only dollars the Health District is receiving are the \$415,000 in TB control grant funds which represents less than 1% of the District's budget.

The District remains under funded in terms of public health workers and expenditures per capita compared to many other jurisdictions across the country. We still have some concerns on issues such as the three school based health centers since some of the continuation funding for these critical services is somewhat in doubt. The District is researching additional funding options to keep these essential community resources in operation.

With the increase in staff to over 500 fulltime employees and the increasing demand for services, the District is running out of space. It is becoming increasingly expensive to lease facilities in the neighborhood. As a result, staff is looking for capital improvement dollars to possibly replace the main building and also provide technologically up-to-date space for staff. To help secure those additional dollars we are going to look toward the 2005 legislature. The Board has selected a new lobbying team, Bryan Gresh and Gary Milliken, who are working with legislators now to help restore health aid to counties funding and perhaps bring the Health District back to a dedicated ad valorem property tax allocation. In 1980 prior to Governor Robert List's tax shift, the Health District did have a dedicated ad valorem rate and we may consider that as an alternative for additional Health District funding. He introduced Ms. Schulz who provided a Power Point review of the details of next year's budget. The District's per capita funding and staffing levels remain below those of other jurisdictions including Washoe County.

Discussion followed on the mechanism, process and possible options for setting up an ad valorem tax and the cost of reinstating health aid to counties funds. Stephen Minagil, Board Legal Counsel, is researching what is needed for the ad valorem tax process as it may need some action at the state level.

Chairman Reese asked that if anything is prepared for the legislature that Staff keep the Board Members informed.

Member Eliason moved approval of the fiscal year 2004-2005 Tentative Budget. The motion was seconded by Member Anderson and carried unanimously.

2. Impact of Emergency Medical Services Wait Time on Access to Care (Member Jim Christensen, M.D. requested item)

Vice-Chairman Christensen stated that he had asked for this item to be brought before the Board because he sat not only as the Physician Member of the Board of Health but also as the Governor of the American College of Physicians for the State of Nevada. He commented that patient access to health care is in peril. The health care system is lacking in capacity and has some serious defects in it. A proposed change in how business is done is the pre-hospital portion of the continuum of health care could affect access. Resources are limited and the public and stakeholders need to be involved in

the open government process to discuss this in order to be able to set rational guidelines and make rational decisions. The overall concern is not only access to care but the patient's safety. Whatever changes made must be well thought out in the entire continuum of care because one small perturbation of the system can have drastic consequences.

Discussion ensued by the Board Members and Staff concerning gaining some real background history and general education on this item.

Dr. Kwalick added that Rory Chetelat would provide an initial educational course on the status of the divert protocol. We think we may have a handle on it based upon what's going on with other emergency medical services (EMS) systems throughout the country as far as this new procedure we want to institute. It is on the docket to begin April 1, 2004 and being billed as "get rid of closure divert," but it is really not doing that. It is putting the decision making into the hands of the patient and the EMS providers as to where they do go based upon the patient's choice and the wait time that exists at any point in time at the various emergency departments throughout the county. Rory added that he, along with Dr. Heck, had put together some interesting information on what has happened over the last several years concerning wait, divert and hospital open times for patients.

Rory briefly explained that the system has some serious issues to be resolved. Although more ambulances and fire trucks are on the streets with the volume of calls and lack of beds, patients are experiencing exorbitant wait times.

Discussion followed with the Board Members and Staff on what occurs during the wait times. Typically the paramedics are standing in the hallway waiting for the hospital to assume care. What does happen oftentimes is the hospitals will greet the patient, take some information, enter it into the computer, put a wrist band on the patient's arm, and because there are no beds, no availability of other equipment, or other personnel to take care of them, the hospitals ask the paramedics to stay out in the hallway and continue the care that was provided or began in the field. Now these paramedics are standing in the hallway of a hospital. The licensure for paramedics is for pre-hospital care and they are not really licensed or credentialed to function in the hospital. These paramedics are standing in the hallways on an average of almost 45 minutes with extremes out to multiple hours caring for patients in the hospital and oftentimes still on the gurney or if they are moved to a bed, there is not enough equipment or staff in the hospital to continue care so the paramedics take their equipment with them and they continue to treat the patient in the hospital.

Liability is a concern because hospitals probably have assumed responsibility but as long as our paramedics are standing in the hallways there is going to be a shared responsibility. Also, the paramedics cannot respond to any other emergency while they are there. Resources are increasing to meet the 5-7 minute response time but the drop time is also increasing. From a medical perspective it is not who shared the liability, but rather it is who has responsibility. Public health and safety is a concern. Unfortunately, the Nevada Revised Statutes and our own regulations do not clearly define where emergency medical service ends. Generally, it begins in the pre-hospital setting to treat

the emergency until they arrive at the hospital. The language is not clear on where that transition of care ends.

The Board Members directed staff to provide monthly reports on the issue and perhaps conduct a public hearing to address some of the concerns.

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 Reese 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 introduced Glenn Savage, Environmental Health (EH) Director and Patricia Rowley, Epidemiology (EPI) Manager to provide an update on the Norovirus Investigation.

Norovirus Investigation: Patricia Rowley explained that three separate groups had complained independently to the Office of Epidemiology. Subsequently to receiving those complaints, EPI staff spoke with the EH division and they proceeded to the Boyd Gaming properties to gather some further information through their security reports. Most of the casino hotels in Clark County if they have any illnesses or trauma that any of their guests or visitors experience have a security report filled out so there is a record that is in place that we have access to if we request it. Review of those security reports revealed that there were an additional 30 cases that we had not previously been aware of, so indeed this was deemed to be a Norovirus outbreak. There was no laboratory confirmation at that time; however, the symptoms were quite consistent with Norovirus.

Staff continued to monitor these security reports over the next few weeks through December weeks and the number of complaints did decline. No additional reports from the general public were received and we felt that this outbreak was probably over. In the middle of January, some additional reports from the public were received. Staff was continuing to monitor the hotel security reports and did notice an increase in the number of people reporting illness. Symptoms were consistent with viral gastroenteritis. At that time we also received some complaints from another large independent group who had been here to participate in a card tournament. Staff decided to do a cohort study on that group to determine if we could define what the source of this particular outbreak was. A cohort study would help to determine if a large number of people who had an exposure at the California Hotel and other Boyd Gaming Properties became ill.

At the end of January a physician, Dr. Hess, notified the District regarding a number of individuals who had been brought to Valley Hospital with symptoms that were consistent

with viral gastroenteritis. At that time we were able to collect stool samples from those individuals and subsequently laboratory staff confirmed that this was Norovirus.

Glenn Savage, Environmental Health District explained that some of the interventions that were put into place through this investigation. Environmental Health staff did determine also at the end of January the majority of people that were coming in to the California Hotel were complaining of illness were using a particular airline. Staff did start an investigation with that airline and some of the interventions were put into place with that airline.

Staff contacted the Centers for Disease Control (CDC) on February 13, 2004 to request additional input. Staff wanted the CDC's opinion on the interventions that were being used and to see if CDC could assist in any way. The CDC sent guidelines on cleaning and disinfection in hotels and also a contact at the Philadelphia Health Department who had experience in working with these types of outbreaks.

Subsequently, several meetings were held with Boyd Gaming representatives and they were provided updated written sanitization procedures on February 27, 2004.

On March 3rd, the Las Vegas Sun covered a story on the Norovirus outbreak in which they interviewed Boyd Gaming representatives. Subsequent to that particular article the story was picked up by other media news outlets and particularly in Honolulu where the phone number of the office of epidemiology was published. A few days later, the office of epidemiology received well over 1,000 calls within a 3-day period with individuals reporting illness. A standardized questionnaire was developed.

With the help of Nursing and EH staff handling the calls a standardized questionnaire was administered to those individuals reporting illness to us. The calls did start to decline as the people were calling in where calling in recent illness but illness that had been experienced since the beginning of December so we were basically filling in our epidemiological curve with illness reports that had not just recently occurred, but had occurred over the previous two months.

Staff boarded and inspected the airline. The increased reports resulted in another request to CDC for assistance. Subsequent to that request two officers from CDC arrived two days later and they are currently here assisting us with the investigation. We have some additional ongoing epidemiologic studies occurring at several locations and we're continuing to try to determine the scope of this particular outbreak.

As of March 24, 2004, the total number of individuals experienced illness with Norovirus is 1,540. Staff continues to filter calls and it is difficult to determine when it will end. Staff is seeing a decline since February in the number of people reporting illness; however, we have not come anywhere near to what we would consider background levels of illness.

Dan Maxson, Environmental Health Manager explained that the action taken was designed for Boyd Gaming to ultimately stop what appeared to be a Norovirus outbreak occurring at the California Hotel. Similar efforts have been executed at other Las Vegas hotels over the past several years and we have succeeded in knocking these outbreaks out fairly quickly in the past. This outbreak appeared to end at the end of December after the initial intervention efforts. However, in mid-January it appeared to reemerge. In hindsight this

highly persistent environmental virus may have simply dropped to an apparent or unapparent but still significant background level within the hotel and specifically perhaps with the employees.

Testing and environmental samples were taken from the plane which tested negative for Norovirus. Staff facilitated testing of all flight crew members and those results were also negative. Our environmental survey led directly to a substantial improvement in the sanitary condition of the plane. Prior to March 10th, no adequate disinfection was occurring on board that plane that would kill Norovirus. The chartered airline added restroom attendance to every flight. Each restroom on board the plane is now cleaned and sanitized once per hour during the flight to and from Honolulu. Boyd Gaming continues to implement a number of preventive measures. Staff will continue to monitor the situation.

Health Expo: Jennifer Sizemore, Public Information Officer invited the Board of Health Members to attend a Health Expo on Saturday, April 3rd from 10:00 a.m. to 4:00 p.m. at Cox Pavilion. She commented that starting in January 2004 the Nevada State Health Division through the collaborative efforts of several community partners, health care providers and others over the last three months through sponsorships raise more than \$30,000 for the health expo.

There will be more than 100 booths. Many registered through the District's Covering Kids office. The booths are not informational as other services will be offered free of charge. This includes mammogram, immunizations and HIV testing. The level of participation to pull this off in a three month period has been well attended and successful. We are anticipating doing the expo every year to kick off public health week. It will really be giving people in the community direct access to services and they will be free of charge.

V. INFORMATIONAL ITEMS

DULY NOTED

A. Chief Health Officer and Administration:

1. Article from "Governing" Magazine's February 2004 Issue on Public Health
2. Monthly Activity Report, Mid February 2004 – Mid March 2004 Financial Data: Revenues and Expenditures for Fund 705 (Operating), 706 (Capital Reserve), and 762 (Liability Reserve) for the Month of February 2004
3. Health Education Monthly Report, February 2004
4. Epidemiology Monthly Report, February 2004
5. Public Information Monthly Report, February 2004
6. Letter from Department of Health & Human Services, Office of Inspector General Indicating that the Health District's Audit Met Federal Audit Requirements

B. Environmental Health:

1. Monthly Activity Report, February 2004
2. Letter from R.T. Bigelow Companies Pertaining to the Health District's Proposed Regulations for the Sanitation and Safety for Public Accommodation Facilities

C. Nursing and Clinics:

1. Monthly Activity Report, February 2004
2. Nevada State Board of Nursing Member Information

VII. ADJOURNMENT

There being no further business to come before the Board, Vice-Chairman Christensen adjourned the meeting at 9:55 a.m.

SUBMITTED FOR BOARD APPROVAL

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

/mg