



MINUTES

Southern Nevada District Board of Health Meeting

625 Shadow Lane
Las Vegas, Nevada 89106
Clemens Room

Thursday, October 23, 2008 - 8:00 A.M.

Vice Chair Kirk called the meeting of the Southern Nevada District Board of Health to order at 8:05 a.m. and led the Pledge of Allegiance. Chair Giunchigliani noted that a quorum was present. Stephen F. Smith, Esq., Legal Counsel confirmed the meeting had been noticed in accordance with Nevada's Open Meeting Law.

Board Members Present:

Chris Giunchigliani	Chair, Commissioner, Clark County
Steven Kirk	Vice Chair, Councilman, Henderson
Ricki Barlow	Secretary, Councilman, Las Vegas
Jim Christensen, MD	At-Large Member, Physician
Susan Crowley	At-Large Member, Environmental Specialist
Robert Eliason	Councilman, North Las Vegas
Joseph Hardy, MD	At-Large Member, Physician
Tim Jones	At-Large Member, Regulated Business/Industry
Mary Jo Mattocks, RN	At-Large Member, Registered Nurse
Linda Strickland	Councilmember, Boulder City
Lawrence Weekly	Commissioner, Clark County

Absent:

Gary Reese	Councilman, Las Vegas
Bubba Smith	Councilmember, Mesquite

Executive Secretary:

Lawrence Sands, DO, MPH

Legal Counsel:

Stephen F. Smith, Esq.

Other SNHD Board of Health Members/Alternates Present:

Lonnie Empey	Alternate At-Large Member, Environmental Specialist
Barbara Ruscingno, RN	Alternate At-Large Member, Registered Nurse
Jimmy Vigilante	Alternate At-Large Member, Regulated Business/Industry

Other SNHD Board of Health Members/Alternates Not Present:

Travis Chandler	Councilmember, Boulder City Alternate
Tom Collins	Commissioner, Clark County Alternate
Frank Nemec, MD	Alternate At-Large Member, Physician
John Onyema, MD	Alternate At-Large Member, Physician
Steven Ross	Councilman, Las Vegas Alternate
Gerri Schroder	Councilwoman, Henderson Alternate
Stephanie Smith	Councilwoman, North Las Vegas Alternate

Staff: Scott Weiss; John Middaugh; MD; Glenn Savage; Bonnie Sorensen; Patricia Armour; Devin Barrett; Jerry Boyd; Mary Ellen Britt; Tami Bruno; Dennis Campbell; Rory Chetelat; Sylvia Claiborne; Melissa Constantin; Brooke Doman; Tony Frederick, MD; Steve Goode; Nancy Hall; Jennifer Harmon; Forrest Hasselbauer; Angela Jones; Brian Labus; Eddie Larsen; Angus MacEachern; Ann Markle; Veronica Morata-Nichols; Patricia O'Rourke-Langston; Gwen Osburn; Naim Qazi; Zuwen Qiu-Shultz; Patricia Rowley; Jennifer Sizemore; MuMu Tha; Leo Vega; Linda Verchick; Jorge Viote; Jacqueline Wells; Deborah Williams; Keith Zupnik, MD; Valery Klaric and Shelli Clark, recording secretary

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Karina Ashworth	Wynn Design
Leroy Anderson	Self
Michael Biel	Kafoury, Armstrong and Company
Michelle Boon	AHEC
Stephanie Bruning	CNLV
DeRuyter O. Butler	Representing Bellagio
Jerry Ernst	Self
Katie Fellows	Jones Vargas
Rocio Flores-Zuniga	AHEC
Lou Gabinski	Self
Rose Gibson	Self
Melissa Gullickson	Mass Media Corporate Communications
L. E. Hanley	Self
L. Kan	NACCHO
Penny King	CNLV
Tami Miramontes	Kafoury, Armstrong and Company
Gabriel Martinez	Martinez Recycle
Mark Mutchler	KLAS TV
J. Ranson	NACCHO
Julie Tracy	Las Vegas Kettle Corn
Annette Wells	LVRJ

RECOGNITION: NPHA 2008 Public Health Program of the Year Award – Office of Epidemiology

Dr. Sands noted that the Office of Epidemiology (OOE) received a Nevada Public Health Association 2008 Public Health Program of the Year Award. He noted that this award was established to honor programs making significant contribution in improving public health in the state of Nevada. The OOE exemplified this in many ways this past year. Staff was recognized for their diligent and courageous efforts in bringing to light the dangerous practices in the Endoscopy Centers of Southern Nevada, which resulted in improved practices and inspired state-wide dialogue about public health and infrastructure. The nomination read: "The Office of Epidemiology in routine surveillance uncovered something horrific and brought to light

dangerous practices in local endoscopy centers. Because of their diligence to their work, an unsafe practice was halted and the community was educated in many ways about public health, hepatitis, the importance of testing, and most importantly how to communicate with your healthcare providers. The epidemiology staff has worked very hard during this time to gather information, speak with affected individuals, educate the community and work with providers to ensure safe injection practices are followed. They are also ensuring that physicians report communicable diseases as is required in the State of Nevada. Their contributions on a daily basis improve public health in the state of Nevada and exemplify what public health does on a daily basis.” Patricia Rowley, epidemiology manager introduced the infectious disease epidemiology staff in attendance at the meeting: Brian Labus, senior epidemiologist; Brooke Doman, epidemiologist; Linda Verchick, epidemiology supervisor; MuMa Tha, senior disease investigation/intervention specialist; and disease investigator/intervention specialists Jennifer Harmon; Devin Barrett; Tammy Bruno; Tony Fredrick, MD; and Zuwen Qiu-Shultz; and Melissa Constantin, administrative secretary. Dr. Sands recognized that the district does not have the largest epidemiology office, nor is it the smallest, but it is of the highest quality.

Chair Giunchigliani noted that the staff is a team and on behalf of the Board thanked the OOE for their diligent efforts and devotion.

Childhood Lead Poisoning Prevention Week

Dr. Sands noted that it is Childhood Lead Poisoning Prevention Week and the CLPPP program received recognition by both the Las Vegas City Council and the Clark County Commission. Keith Zupnik, MD remarked that there are numerous events occurring this week to promote childhood lead poisoning prevention, including media releases, local TV coverage radio spots, and community outreach events with Catholic Charities, WIC, Urban League, the Pearson Community Center, Southwest Medical Associates and at the Filipino Festival. Children tested for lead exposure received a stuffed duck, courtesy of the Area Health Education Center of Southern Nevada (AHEC), which includes contact information in both English and Spanish for the lead program. All day lead screening was available at the health district on Wednesday, October 22, and parents were able to bring household items for screening as well. One toy was detected to have high lead levels and staff is working with the Consumer Product Safety Commission to notify them of the need for product recall. Dr. Zupnik thanked both the City of Las Vegas and the Clark County Commission, and specifically Councilman Barlow and Commissioner Weekly, for their recognition of lead poisoning prevention week.

Chair Giunchigliani suggested that local governments use foreclosed monies to analyze homes before new families move in as part of the Healthy Homes Initiative. Dr. Zupnik said that lead poisoning prevention programs across the nation are being converted to Healthy Homes and the infrastructure is being redeveloped. Chair Giunchigliani thanked staff for their work.

Dr. Sands thanked Councilman Barlow and Commissioner Weekly for their leadership in this area and bringing this message forward.

- I. Meeting of the Board of Health as governing body of a local government employer with its management representative(s) – **CLOSED SESSION** pursuant to NRS 288.220

A motion was made by Member Kirk to close the meeting at 8:20 a.m. The motion was seconded by Member Christensen and was unanimously approved.

CLOSED SESSION

The meeting recessed for the Southern Nevada District Board of Health to meet in Closed Session. Chair Giunchigliani reconvened the open session at 10:12 am.

II. CONSENT AGENDA

These are matters considered to be routine by the Southern Nevada 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.

1. **Approve Minutes / Board of Health Meetings:** 9/25/08
2. **Approve Payroll / Overtime for Periods:** 9/06/08 – 9/19/08 & 9/20/08 – 10/03/08
3. **Approve Accounts Payable Registers:** **#1145:** 9/04/08 – 9/09/08; **#1146:** 9/10/08 – 9/18/08; **#1147:** 9/19/08 – 9/24/08; **#1148:** 9/25/08 – 10/01/08
4. **Memorandum #21-08:** Request for Approval of Year 2009 Meeting Dates for the Southern Nevada District Board of Health
5. **Petition #30-08:** Approval of Interlocal Agreement between the Southern Nevada Health District and the University of Nevada School of Medicine Providing for Operation of the Southern Nevada Public Health Laboratory

Chair Giunchigliani asked if there were any changes to the Consent Agenda and called for a motion.

A motion was made by Member Kirk to approve the Consent Agenda as presented; seconded by Member Crowley and was unanimously approved.

III. PUBLIC HEARING / ACTION

1. **Memorandum #07-08:** ~~Application for Approval for A-1 Organics Nevada, LLC to Operate a Solid Waste Management Facility — Compost Plant located at 9325 South Jones Blvd., Las Vegas, Nevada 89139 (APN 176-23-701-009, 176-23-801-002, 176-23-801-011 and 176-26-501-003~~ ***Continued to the November 20, 2008 District Board of Health meeting***
2. **Memorandum #16-08:** ~~Application for Approval for Las Vegas ARC International to Operate a Solid Waste Management Facility — Recycling Center, Located at 4606 Andrews Street, North Las Vegas, NV 89031 (APN 140-06-510-002)~~ ***Continued to the November 20, 2008 District Board of Health meeting***
3. **Memorandum #15-08:** ~~Application for Approval for City of Las Vegas West Maintenance Yard to Operate a Solid Waste Management Facility — Transfer Station, Located at 2870 Ronemus Drive, Las Vegas, NV 89128 (APN: 138-15-201-002)~~ ***Continued to the November 20, 2008 District Board of Health meeting***
4. **Memorandum #18-08:** Application for Approval for Martinez Recycle to Operate a Solid Waste Management Facility – Recycling Center located at 4851 W. Hacienda Avenue., #3, Las Vegas, NV 89118 (APN 162-30-301-014), SNHD Control No.: RC025-XXX-01

Chair Giunchigliani declared the public hearing open.

Dennis Campbell, solid waste & compliance manager spoke relative to this matter. Mr. Campbell said that Martinez Recycling has met all requirements to operate as a recycling center as specified in Section IV of the Recycling Center Regulations and satisfied all the land use

approval requirements for Clark County. This facility occupies 1,875 square feet of an existing 5,000 - 7,000 square foot building and will recycle various forms of metal, both ferrous and non-ferrous, brass, nickel, stainless steel, aluminum, auto batteries, paper, cardboard and plastic. There will be no more than 105 cubic yards of recyclable materials on site at any given time. Staff recommends approval of the application based on completion of a final inspection, and the permit will be issued with the conditions outlined in the accompanying memorandum. Gabriel and Martha Martinez, owners of Martinez Recycling, were present to answer questions of the Board.

Chair Giunchigliani asked Mr. and Mrs. Martinez if they understood the conditions as outlined and in agreement. Both responded affirmatively.

Chair Giunchigliani asked if anyone from the public wished to speak to this matter. No one came forward to speak and Chair Giunchigliani closed the public hearing.

A motion was made by Member Hardy to approve the application as submitted with the conditions outlined in the memorandum; seconded by Member Crowley and was unanimously approved.

5. **Variance Request** to Operate a Public Bathing Place not in Compliance with the NAC 444.526 (APN# 162-16-117-001 & #162-09-412-001). **Petitioner:** Encore at Wynn Las Vegas, 3121 Las Vegas Blvd., Las Vegas , NV, 89109, For Pending Health Permits 19815-3+P-53, 19815-HP-01, 02, 10, 11; Kimmarie Sinatra, VP – General Counsel, Corporate Secretary, Wynn Resorts, Limited, Parent Corporation of Wynn Design & Development

Chair Giunchigliani declared the public hearing open.

Naim Qazi, environmental health engineer/plan review manager spoke relative to this matter. Mr. Qazi said Encore is seeking a variance in signage due to a conflict in operating procedures. No one under the age of 18 is admitted into this particular area, which negates the need for signage specifying the conditions for children under the age of 12 and time restrictions. Staff recommends issuance of the variance as it will not pose a danger to public health, and the variance will be issued with the conditions as outlined in the accompanying memorandum. Karina Ashworth and DeRuyter Butler were present, representing Encore, to answer questions of the Board.

Chair Giunchigliani verified that signage is required by law for children under the age of 12. Encore made a business decision to restrict admittance to adults only which eliminates the need for signage. She suggested that the regulations be updated to address issues such as this.

Chair Giunchigliani asked if anyone from the public wished to speak to this matter. No one came forward to speak and Chair Giunchigliani closed the public hearing.

A motion was made by Member Crowley to approve the variance as submitted with the conditions outlined in the memorandum; seconded by Member Mattocks and was unanimously approved.

6. **Memorandum #19-08:** Adoption of Proposed Southern Nevada Health District (SNHD) Regulations Governing the Sanitation and Safety of Annual Itinerant Food Establishments; Consideration of Business Impact Statement

Chair Giunchigliani declared the public hearing open.

Glenn Savage, director of environmental health, Steve Goode, environmental health manager, and Nancy Hall, senior environmental health specialist, presented the proposed regulations. Chair Giunchigliani asked that in the interest of time the presentation be condensed to ensure a quorum is maintained. Mr. Goode referred to the memorandum in the Board books.

Chair Giunchigliani said that the Board has dealt with low-risk, high-risk and itinerant permits and the fees should be based accordingly and not require applicants to come back for permits throughout the year. These regulations are resultant of these dealings, and workshops held with the public.

Chair Giunchigliani asked if anyone from the public wished to speak to this matter. No one came forward to speak and Chair Giunchigliani closed the public hearing.

Mr. Goode said that staff recommends approval of the proposed regulations as presented, with the opportunity to take the regulations before the State Board of Health for approval at the October 24, 2008 meeting.

A motion was made by Member Hardy to adopt the Southern Nevada Health District (SNHD) Regulations Governing the Sanitation and Safety of Annual Itinerant Food Establishments as presented; seconded by Member Barlow and was unanimously approved.

Chair Giunchigliani thanked staff for their efforts and the amount of work put into the PowerPoint presentation which was not shared with the Board in the interest of time.

IV. REPORT / DISCUSSION / ACTION

- Petition #31-08:** Approval of New Part-time Health Educator Position, Recommended Schedule 19 (\$45,648 - \$63,669 – 1.0 FTE)

Deborah Williams, chronic disease prevention & health promotion manager, spoke relative to this item. This position is requested as part of an USDA grant which has been received for the last four years. The work was previously done by a consultant; however staff feels that it would be advantageous to have a regular position in place, which would also enhance the credentials of the health promotion staff to more effectively compete for other grants going forward. The position will be recruited with a disclaimer that employment is contingent upon availability of continued grant funding.

A motion was made by Member Jones to approve the new position as submitted; seconded by Member Hardy and was unanimously approved.

- Petition #33-08:** Approval of Immunization Documentation Fee

Scott Weiss, director of administration, spoke relative to this item. Mr. Weiss stated that some changes were necessary to the existing fee schedules. At the last Board meeting there was mention of medical records documentation fees set forth by NRS and staff recognized the need to reduce the fee for copies of immunization records to \$.60. An additional fee is being added to the fee schedule to allow individuals to bring all immunization records forward for consolidation; after review staff felt that a fee of \$10 would allow for staff time and review of records.

A motion was made by Member Hardy to approve the revisions of the fee schedules as submitted; seconded by Member Crowley and was unanimously approved.

3. Review / Discuss Clark County Trauma System Report

Mary Ellen Britt, regional trauma coordinator, spoke relative to this item. Ms. Britt noted that published copies of the report would be made available to the Board within the coming weeks. The initial Clark County Trauma Report describes the current status, activities and achievements of the Clark County Trauma System. Since its inception in 2005, leadership has made significant strides in laying the foundation for the development of a comprehensive and well-coordinated trauma system to meet the needs of the community. The report describes the components of the trauma system, its leadership and its primary functions, including promoting injury prevention activities, facilitating the delivery of specialized trauma care, performing system evaluation and performance improvement activities, and participating in disaster planning and management. Over the last year, several injury and mortality data sources were identified at the national, state and local levels including the Centers of Disease Control and Prevention, the American College of Surgeons, the Nevada State Health Division Bureau of Health Planning and Statistics, the Center of Health Information and Analysis at UNLV, the coroner's office and the three local trauma centers. The report is a compilation of data obtained from these data sources to provide a broad overview of injury. There is a lack of consistency in trauma data collection at the national, state and local levels. Variability was found in disease classification coding, case definitions and inclusion criteria, as well as lack of data reporting by all trauma participants and non-trauma hospitals. Future plans include improving access to high quality data, establishment of an information management system to enhance capacity to evaluate trauma system preparedness and performance. Future reports will chronicle the progress of the trauma system. Ms. Britt thanked Moana Hanawahine-Yamamoto, Michael Tsai and Julie Hurd for their assistance in preparing the report.

Chair Giunchigliani said that regionalization and obtaining the correct data will need to come forward in the future. She asked about a recent newspaper article about infant cribs and subsequent injuries. Ms. Britt said this will be tracked in the future.

4. Memorandum #22-08: Categorical Change for Water Store Fees

Glenn Savage, director of environmental health, spoke relative to this item. Mr. Savage said that concerns from the public caused reconsideration of water store fees. Previously these types of business were categorized as water bottling companies and after evaluation staff found that a categorical change to a refreshment stand was appropriate. This will result in a significant reduction in fees and better suits business operations.

Member Jones asked why a Board action was necessary. Scott Weiss, direction of administration, said that because a category on the fee schedule was affected, it would come to the Board for informational purposes as a potential financial impact.

Member Barlow asked what the financial impact would be. Mr. Savage said thirty stores were impacted, which reduced fees from approximately \$15,000 to \$2,700, which is a loss of \$12,000 annually.

Chair Giunchigliani agreed this was a reasonable request. She referenced an article she sent to Dr. Sands regarding bottled water. Mr. Savage said that the district has a right to look into bottled water being possibly mislabeled and an investigation could be warranted if something is shipped into Clark County that could be hazardous.

A motion was made by Member Hardy to approve categorical change for water store fees as submitted; seconded by Member Kirk and was unanimously approved.

5. Review/Discuss Richardson Construction, Inc. v. Clark County Health District; Direction to Staff

Dr. Sands reported that Scott Weiss, director of administration and Jerry Boyd, facilities maintenance manager, attended mediation last week in San Francisco concerning an ongoing dispute with Richardson Construction, Inc., with whom the health district contracted for the build-out of the warehouse and the public health laboratory. In dispute was the final amount remaining on the contract owed to Richardson by the district. The case escalated to mediation which resulted in a recommendation for a settlement of \$450,000, which was agreed upon by both parties. This settlement requires approval by the Board of Health to be paid to Richardson Construction, Inc. to resolve this matter.

A motion was made by Member Strickland to approve the \$450,000 mediation request to Richard Construction, Inc.; seconded by Member Mattocks and was unanimously approved.

6. Review/Implement Policy/Procedures for Health District Acceptance of Checks/Credit Cards; Direction to Staff (Chair Giunchigliani requested item)

Chair Giunchigliani asked that this item be tabled to the next meeting in the interest of time. This item addresses what we methods of payment we accept, and she suggested that cash kiosks be placed in the Rotunda. She asked staff to contact Jenny Lewis at the DMV for information regarding the kiosks.

V. PUBLIC COMMENT

Public Comment is 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. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

Chair Giunchigliani invited any individuals wishing to address the Board on matters under their jurisdiction to come forward. Seeing no one, Chair Giunchigliani closed the Public Comment portion of the meeting.

VI. HEALTH OFFICER & STAFF REPORTS

SNHD Employee Service Awards/Holiday Dinner

Dr. Sands offered a personal invitation to Board members to attend the annual Employee Service Awards/Holiday Dinner on December 13th at the "Top of the Riv" at the Rivera. Invitations are forthcoming and he asked that Shelli Clark be notified if Board members which to attend. This is a nice event and staff appreciate Board members' attendance.

Hepatitis C Outbreak Update: Brian Labus, Senior Epidemiologist

Dr. Sands noted that Board members received a copy of the press release concerning the status of the hepatitis C investigation and invited Brian Labus to update the Board.

Mr. Labus said that we are trying to determine how many patients were infected during their procedures at the clinic. The first element was to find out who had procedures, which was obtained from the client list received from the clinic, from clients contacting the EPI office and different data sources. The second element was to find out who was infected, which is received via laboratory results. The third element is to find out if they were infected before having a procedure and if they

were aware of their infection status, and the likely source of infection. Once all the information is gathered, staff tries to determine how many patients were infected at the clinic. The process begins by confirming the procedure at the clinic. The registry enrollment forms collected this information, and patients were able to send information with the enrollment forms as verification. Staff verified information against patient lists and lab results to ensure the information is valid and pertinent to the investigation. Risk factors are a vital piece of the investigation and are asked of all patients. The questions are non-intrusive and relate to transmission of the virus. Once all risk factors are reviewed, the determination follows if the infection is linked to the clinic or not. The easiest classifications are those resulting in acute infections due to the narrow time frame of disease onset. Those genetically linked are infections associated with the clinic. Those with chronic infections are more difficult to classify as there is no determined date of infection. Those who knew of their infection prior to the procedure are unrelated. Another group consists of those testing negative prior to the procedure and could be possibly related; however this group overlap with another group with patients who were infected but did not know of their infection before having the procedure. The challenge comes from sorting out those clients who tested negative and those who thought they were negative at that point in time. These cases are categorized as possibly related because there was no prior evidence of infection before entering the clinic. Risk factors play an important role in determining where the infection occurred. As there is not sufficient evidence to support infection at the clinic, these cases are classified as indeterminate.

Based on these categories and available data sources, including phone calls made based on positive lab results, cases directly investigated, and all registry enrollment forms received there are 35 indeterminate cases due to prior risk factors; there are 136 unrelated cases due to prior infection; there are eight associated cases of acute infection to the Endoscopy Center of Southern Nevada and one to the Desert Shadow Endoscopy Center; and 101 possible associated cases to the Endoscopy Center of Southern Nevada and 4 possible association to the Desert Shadow Endoscopy Center. As of today, there are 114 cases linked to the two clinics in question to some degree. Final numbers should be close to the numbers presented today due to the slowdown in information received. There have been over 7,300 enrollment forms received to date; however there are now only a few forms coming in daily.

Data has been collected over the last ten months, and there are some details missing. There is not a true 4% background rate at the clinic, due the manner in which data is collected. If there are 100 patients and 5 test positive for hepatitis C, it would stand to reason that there is 4% chance of infection. Because of the different information received, the number is not truly representative of what occurred. There was not an equal chance of infection among clinic patients, thus there is a percentage of error. Going into the investigation, there was not an equal chance of being reported to the health district. Those who tested positive are more likely to report their infection due to a potential benefit – this leads to over-representation. Some patients may not participate in the registry due to advice of legal counsel – this leads to under-representation.

Mr. Labus responded to a recent newspaper article whereby an attorney cited reasons for clients not to participate in the exposure registry. There are only 114 hepatitis C cases related to the clinics – there are no positive cases of hepatitis B or HIV associated with the clinics. Our investigation has only yielded hepatitis C cases. In order to properly investigate the outbreak, staff needs to know where and when a procedure was done. In reviewing potential risk factors, it is important to know whether or not an infected individual has exposure to certain risk factors. The risk factors in this investigation were identified in concert with CDC. The enrollment form asks participants to sign an optional release, and a participant can revoke permission at any time, which is clearly stated on the form. Participants can also designate to whom any information can be released. Information can be released to law enforcement due to the investigation process, but only with a participant's signature. Staff cannot respond to a subpoena, search warrant or

discovery process without the patient's signature. Staff is bound by law to immediately investigate disease and the exposure registry aids staff in completing this investigation, to understand what happen and to ensure it does not happen again.

Member Hardy asked if any of the 114 patients had procedures on the same day. Mr. Labus said that they have not been able to determine any additional clusters. There is inconsistency between client lists, procedure dates and billing dates. Staff does not have all the information at present to find any additional clusters.

Vice Chair Kirk thanked Mr. Labus for his presentation.

VII. INFORMATIONAL ITEMS

DULY NOTED

A. Chief Health Officer and Administration:

1. Monthly Activity Report, Mid-September 2008 – Mid-October 2008
 - a. Letter of Commendation from a client concerning Ray Chua, health cards supervisor
 - b. Letter of appreciation from UNR Division of Health Sciences to Dr. Sands concerning his participation in the NV Health Ethics Summit
 - c. Letter to Governor Gibbons from NSMA Public Health Commission co-chairs Drs. Anderson and Sands concerning the Vaccine for Children (VFC) program in Nevada
2. Financial Data: Revenue and Expenditure Report for General Fund, Capital Reserve Fund and Public Health Laboratory Fund for the Month of September 2008
 - a. Grant and Agreement Tracking Report, as of October 8, 2008
3. Public Information Monthly Report, Mid-September 2008 – Mid-October 2008

B. Community Health:

1. Monthly Activity Report, September 2008
 - a. Letter from Senator Reid to Maria Azzarelli, Senior Health Educator
 - b. September 2008 Disease Statistics
 - c. Third Quarter 2008 Disease Statistics

C. Environmental Health:

1. Monthly Activity Report, September 2008
 - a. Email from NDEP to John Wagner, EHS II
 - b. Letter from Sunrise Pine Owners Association to Amy Irani, EH Supervisor concerning Evan Rose, EHS II
 - c. Email to Glenn Savage from a PhD student
 - d. Letter from Pacific Pools & Spas to Valerie Hirata, EHS II

D. Clinics and Nursing:

1. Monthly Activity Report, September 2008
 - a. Monthly Statistical Report – September 2008
 - b. Childhood Lead Poisoning Prevention Week
 - c. In-service Schedule – September 2008
 - d. Nevada Society for Respiratory Care
 - e. TB Advocacy Update

VIII. ADJOURNMENT

Vice Chair Kirk noted that there was a citizen present who wished make public comment.

Gerald Ernst addressed the Board and asked for clarification of the maintenance and use of pools and spas. He cited NRS 444.070 and NAC 444 which allows local boards to make changes and adjustments to county rules as necessary without the necessity of going to the legislature. He said that NAC 444.230 describes special pools and NAC 444.234 solely defines temperature ranges for therapy pools. NAC 444.428 - 444.512 addresses spas and hot tubs. NAC requires licenses to maintain daily records of cleaning, chemical use, temperature, and other related information, however the information is not required to be made public – just visible to the inspectors. Mr. Ernst resides in a manufactured community and he feels that the residents need to have access to the pool records for their own safety. He is asking the Board to amend NAC 444 to include 1) spas and hot tubs have an operating temperature of 102° - 104°; 2) heated swimming pools have a temperature of 82° - 87°; 3) all maintenance records be placed adjacent to the facility for public perusal; 4) for the maintenance and inspection of all bathing facilities in private or gated communities be considered as public and not private. He asked that this be agendized for the next meeting.

Vice Chair Kirk said that the Board would be happy to discuss these items, but his suggestions would be better addressed to staff. He said that the Board does not have the expertise to tell anyone what the correct temperature of a pool should be – the Board relies on staff who are experts in this area. He referred Mr. Ernest to speak with Glenn Savage and asked staff for a report on this item. He said that this item will be agendized for discussion based upon the report from staff.

There being no further business to come before the Board, Vice Chair Kirk adjourned the meeting at 10:57 a.m.

SUBMITTED FOR BOARD APPROVAL

Lawrence Sands, DO, MPH, Chief Health Officer
Executive Secretary

/src

attachment

Hepatitis C Investigation Update

October 23, 2008

Brian Labus, MPH

Southern Nevada Health District



The question

How many patients were
infected during their
procedure at the clinic?

To answer this question

- Who had a procedure, and when?
- Who is infected?
 - Were they infected before they ever set foot in the clinic?
 - Did they know it?
 - What is their likely source of infection?



Combine information and answer the question

The Process

Confirm Procedure

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graph TD; A[Confirm Procedure] --> B[Confirm Infection]; B --> C[Review Risks];
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Confirm Infection

Review Risks

Major Risk Factors

Transfusions



Transplants



Clotting Factors



Dialysis



IV Drug Use



Sexual Contact



The Process

Confirm Procedure

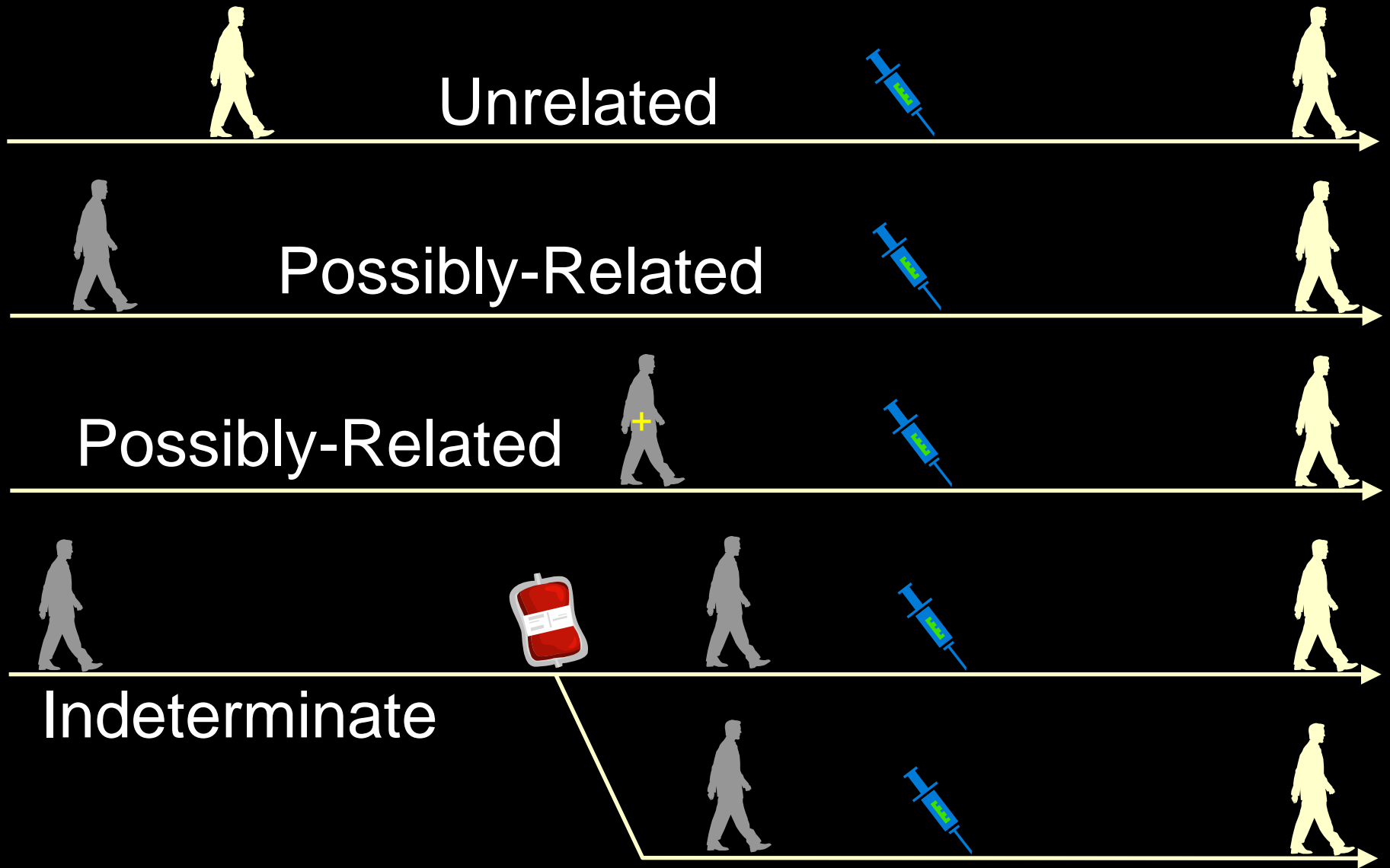
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graph TD; A[Confirm Procedure] --> B[Confirm Infection]; B --> C[Review Risks]; C --> D[Classify];
```

Confirm Infection

Review Risks

Classify

Classification Schema



Findings

ECSN

DSEC

Associated

8

1

Possibly-Associated

101

4

Unrelated

136

Indeterminate

35

Associated

8

1

Possibly-Associated

101

4

Unrelated

136

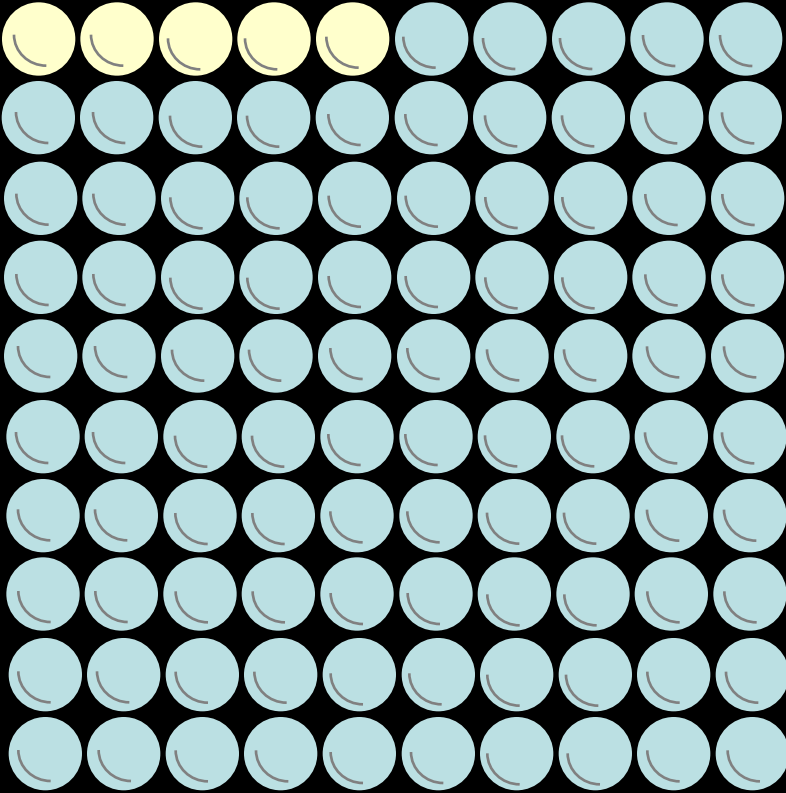
Indeterminate

35

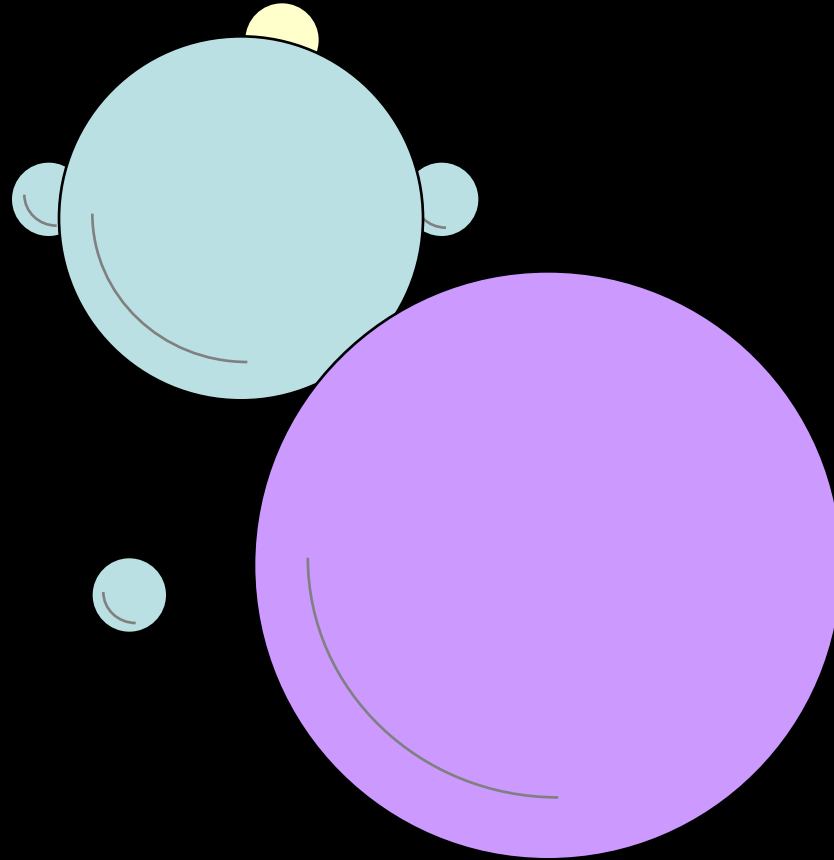
Why so few?



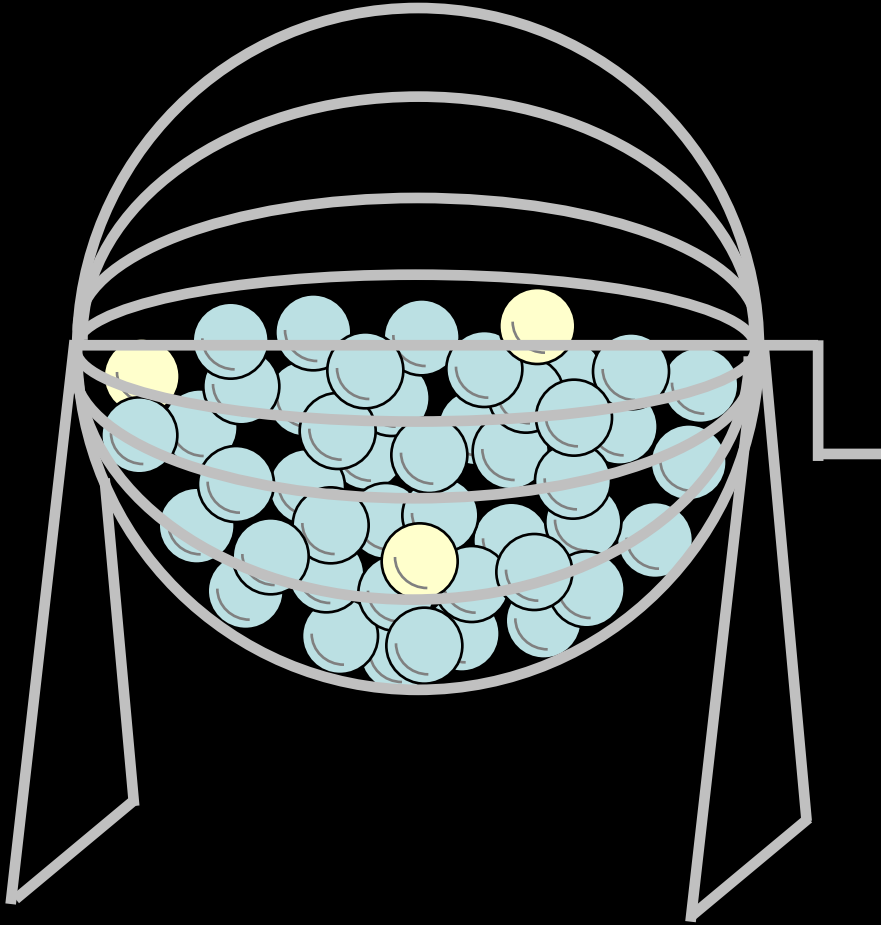
Reality



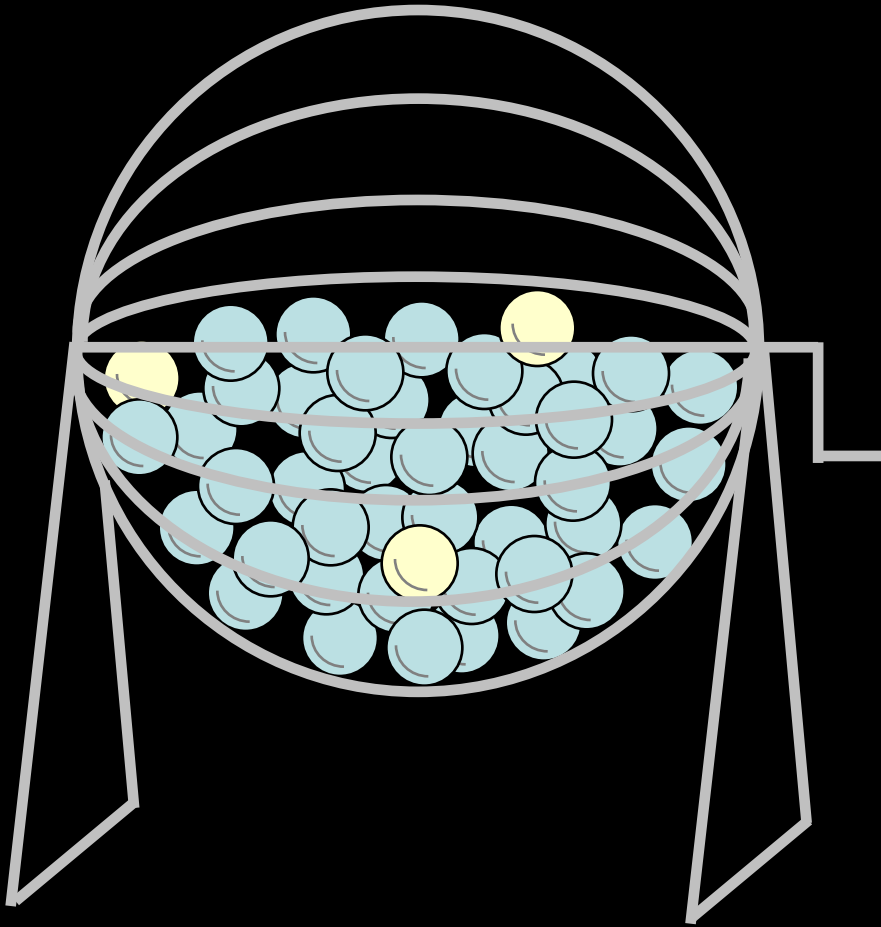
Our View of Reality



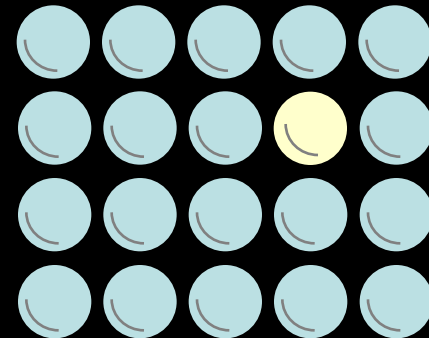
Approximating Reality



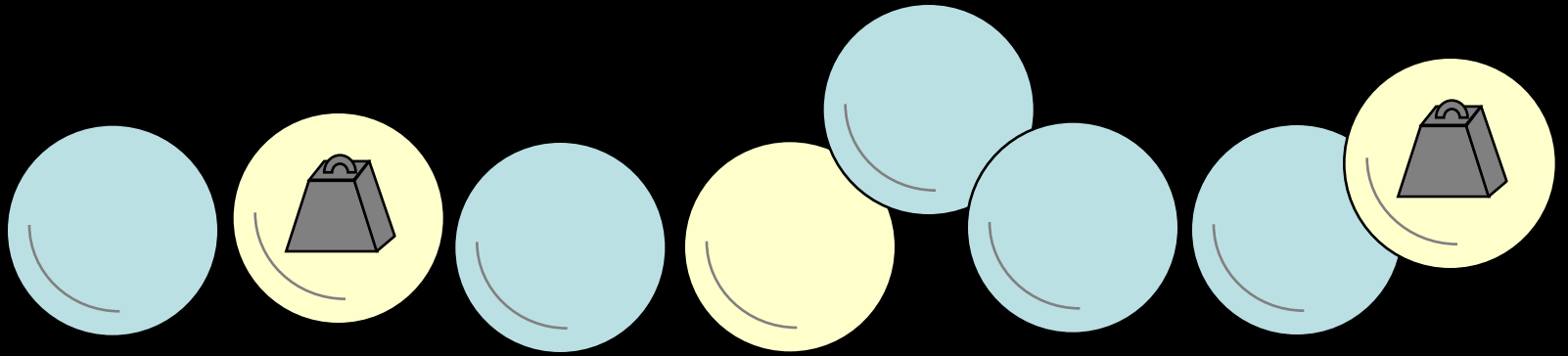
Approximating Reality



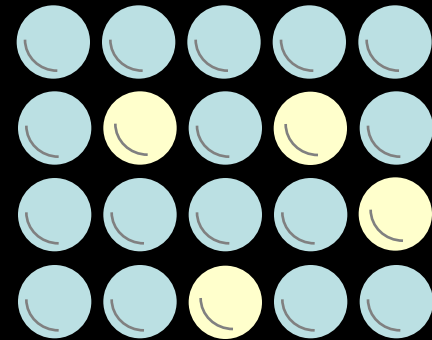
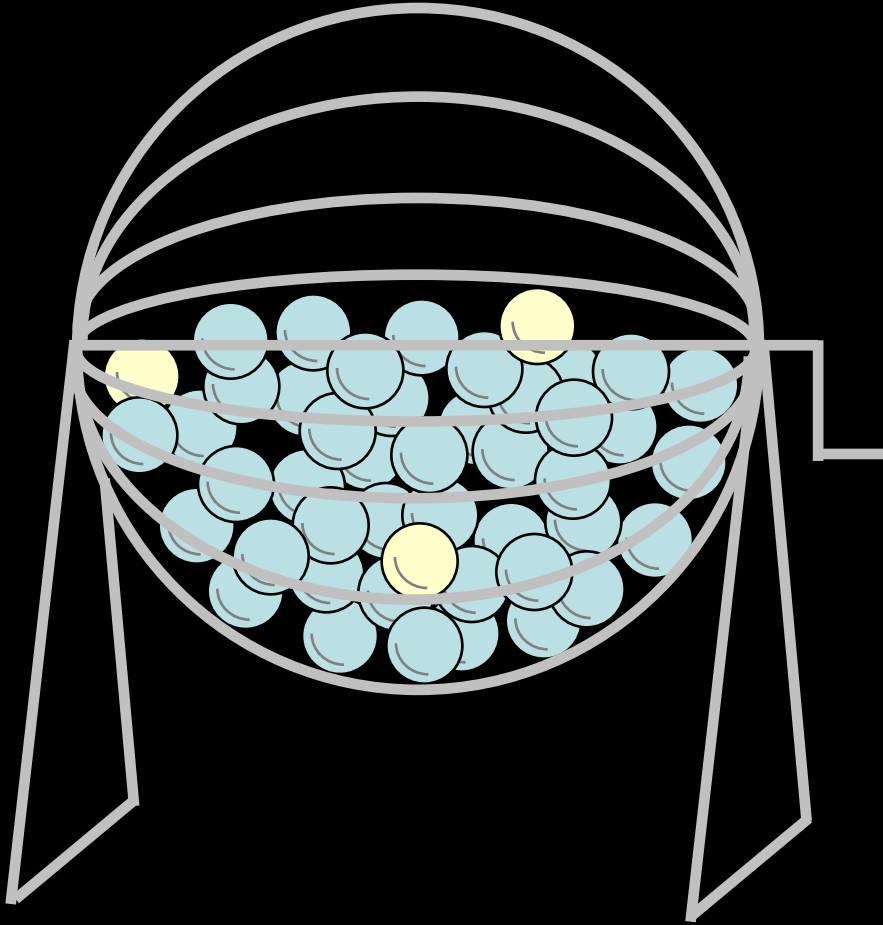
Equal chance of
selection



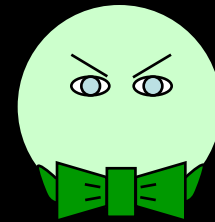
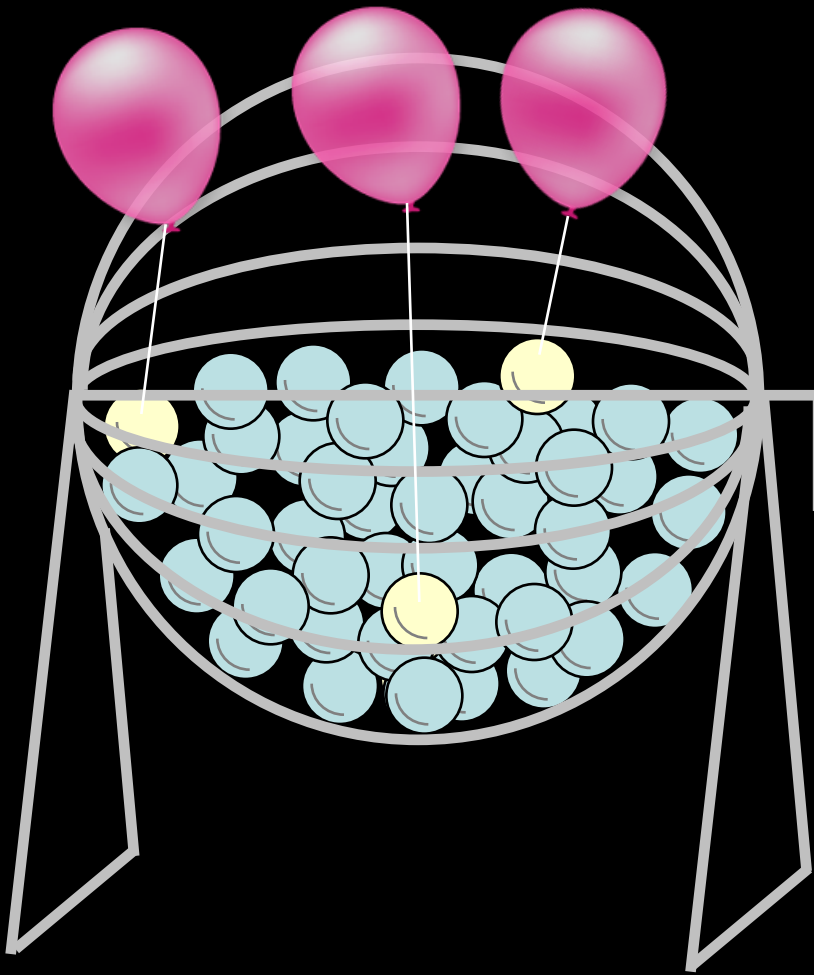
Unequal chance of selection



Overrepresentation



More bias



Mr. Greenball, Esq.

Greenball and Associates

...an attorney representing about 1,500 former endoscopy center patients as well as 72 who have tested positive for one of the three blood-borne diseases, says her office "kick-started" the campaign to not respond to the health district.

Las Vegas Review Journal

Oct. 6, 2008

Associated Cases

114 Hepatitis C

0 Hepatitis B

0 HIV

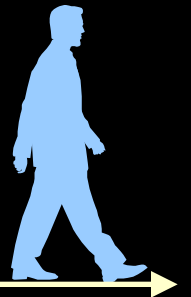
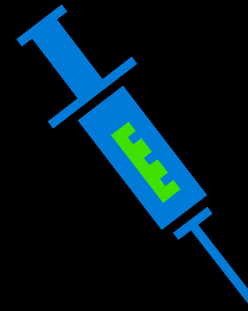
Is this enough?

“All they (health district officials) need to know is 'Did you have a procedure, and where?'”

Las Vegas Review Journal

Oct. 6, 2008

- Who had a procedure, and when?
- ~~Who is infected?~~
 - ~~Were they infected before they ever set foot in the clinic?~~
 - ~~Did they know it?~~
 - ~~What is their likely source of infection?~~



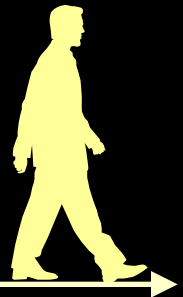
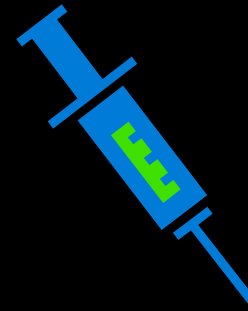
Importance of risk factors

Have you ever had sexual contact with a person with confirmed or suspected hepatitis C virus infection?*

Las Vegas Review Journal

Oct. 6, 2008

- Who had a procedure, and when?
- Who is infected?
 - ~~Were they infected before they ever set foot in the clinic?~~
 - ~~Did they know it?~~
 - ~~What is their likely source of infection?~~



Registry information releases

“My big thing with the registry is, if you look at the last page, our clients are **asked** to sign a release. What that release says is that the health district can release that information to anyone the health district wants.”

Las Vegas Review Journal
Oct. 6, 2008

Authorizations to Release Information

Authorizing the release of your information to a third party is optional and will not affect your enrollment in the registry. You may revoke, change, or add to any or all of your authorization(s) at any time by making

Registry information releases

“My big thing with the registry is if you look

Release of Information to Law Enforcement

I authorize SNHD to release my information provided to the registry and any information about me collected during the health district's investigative process to any law enforcement or government regulatory agency involved in any investigation in its jurisdiction, including the prosecution of a crime or crimes, related to the

health district can release that information to anyone the health district wants.”

Las Vegas Review Journal

Oct. 6, 2008

Release of Information to Other Persons

I authorize SNHD to release my information provided to the registry and any information about me collected during the health district's investigative process to the following person or persons upon request.

Mr. Greenball

Attorney

Name of Person

Relationship

Name of Person

Relationship

Signature

Date

We disagree

Outbreak investigations, an important and challenging component of epidemiology and public health, can help identify the source of ongoing outbreaks and prevent additional cases. Even when an outbreak is over, a thorough epidemiologic and environmental investigation often can increase our knowledge of a given disease and prevent future outbreaks.

Arthur L. Reingold

Outbreak Investigations: A Perspective
Emerging Infectious Diseases: Vol. 4, No. 1. Jan-Mar 1998

