



MINUTES

Southern Nevada District Board of Health Meeting

625 Shadow Lane
Las Vegas, Nevada 89106
Clemens Room

Thursday, May 28, 2009 - 8:30 A.M.

Chair Giunchigliani called the meeting of the Southern Nevada District Board of Health to order at 8:30 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
Tim Jones	At-Large Member, Regulated Business/Industry
Mary Jo Mattocks, RN	At-Large Member, Registered Nurse
John Onyema, MD	Alternate At-Large Member, Physician
David W. Steinman	Councilman, Las Vegas
Lawrence Weekly	Commissioner, Clark County

Absent:

Joseph Hardy, MD	At-Large Member, Physician
Bubba Smith	Councilmember, Mesquite
Linda Strickland	Councilmember, Boulder City

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
Jimmy Vigilante	Alternate At-Large Member, Regulated Business/Industry

Other SNHD Board of Health Members/Alternates Not Present:

Travis Chandler	Councilmember, Boulder City Alternate
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Tom Collins
Frank Nemec, MD
Steven Ross
Barbara Ruscigno, RN
Gerri Schroder
Stephanie Smith

Commissioner, Clark County Alternate
Alternate At-Large Member, Physician
Councilman, Las Vegas Alternate
Alternate At-Large Member, Registered Nurse
Councilwoman, Henderson Alternate
Councilwoman, North Las Vegas Alternate

Staff: Scott Weiss; John Middaugh, MD; Angus MacEachern; Glenn Savage, Jennifer Sizemore; Bonnie Sorensen; Trish Beckwith; Mark Bergtholdt; Stephanie Bethel; Jerry Boyd; Mary Ellen Britt; Dennis Campbell; John Cataline; Rory Chetelat; Norine Clark; Mee Kee Chong-Dao; Arta Faraday; Steve Goode; Nancy Hall; Forrest Hasselbauer; Monique Johnson; Brian Labus; Ann Markle; Dante Merriweather; Robert Newton; Patricia O'Rourke-Langston; Gwen Osburn; Mars Patricio; Walter Ross; Patricia Rowley; Clayton Sellers; Jane Shunney; Leo Vega; Leisa Whittum; Deb Williams; Valery Klaric and Shelli Clark, recording secretary

ATTENDANCE:

<u>NAME</u>	<u>REPRESENTING</u>
Petya Balova	LEA Engineering
Nate Barlow	Self
Fred Couzens	LV Tribune
Sean Dowdett	Club Tattoo
Katie Fellows	Jones Vargas
Pete Gallegos	Restaurant Technologies, Inc.
Kevin Goff, Esq.	Club Tattoo
Chris Goldstrom	Chris Goldstrom Drop Box Service
L. Earl Hawley	NCCH
Steve Johnson	Las Vegas Farmers Market
Virginia Johnson	Las Vegas Farmers Market
Steve Mattocks	Self
James Reding	Club Tattoo
John Schleder	Las Vegas Kettle Corn
Alex Stokes	Wynn Resorts
Julie Tracy	Las Vegas Kettle Corn
Christopher White	Western Technologies, Inc.

RECOGNITIONS:

March Women's History Month

Dr. Sands noted that Deb Williams, chronic disease prevention and health promotion manager, was recognized by the Las Vegas City Council, specifically by Councilwoman Lois Tarkanian, for her service in representing public health on various committees looking at the built environment and its impact on public health. Dr. Sands noted it is no small accomplishment for a public health practitioner to be at the table with land use and developers and provide input on the impact to public health. Chair Giunchigliani thanked and commended Ms. Williams for her efforts.

EMS Responders of the Year Recipients

Dr. Sands noted that annually the EMS Office works with the responder agencies in Clark County to recognize their top EMS responders. Trish Beckwith, EMS field representative, spoke about the recent EMS Responder Week and the award recipients. The award recognizes one individual from each permitted agency, selected by their peers, who exemplify the best practices and nobility of EMS. Ms. Beckwith shared a short video presentation, prepared by Jacci Wilson from the Public

Information Office, which depicts the dedicated services provided by EMS responders daily. The following individuals were recognized at the EMS Responder of the Year reception, held May 18, 2009 for their service:

- Andrew Stone – Paramedic, American Medical Response
- Jon Fleischman – Paramedic, Clark County Fire Department
- Nicholas Sebastian – Paramedic, Henderson Fire Department
- James Jones – EMT-Intermediate, Las Vegas Fire & Rescue
- Debra Dailey – Paramedic, MedicWest Ambulance
- Jamie Lewis – EMS RN, Mercy Air
- John Gately – Paramedic, Mesquite Fire & Rescue
- Ian Smith – Paramedic, North Las Vegas Fire Department

Chair Giunchigliani asked to convey the Board's commendation to the PIO office for an outstanding job on the video. Rory Chetelat announced that Ms. Beckwith had also received a humanitarian award during EMS week for her efforts in saving the life of a fellow EMS provider. Ms. Beckwith donated a kidney to extend the life of another. Mr. Chetelat expressed his gratitude to Ms. Beckwith for her dedicated efforts and hard work. Chair Giunchigliani echoed Mr. Chetelat's remarks.

I. 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 Meeting:** 4/23/09
2. **Approve Payroll / Overtime for Periods:** 4/04/09 – 4/17/09 & 4/18/09 – 5/01/09
3. **Approve Accounts Payable Registers:** #1174: 4/02/09 – 4/09/09; #1175: 4/10/09 – 4/16/09; #1176: 4/17/09 – 4/22/09; #1177: 4/23/09 – 4/29/09; #1178: 4/30/09 – 5/06/09

Chair Giunchigliani asked if there were any further changes to the Consent Agenda or discussion on specific items. She asked that items #4 and #5 be held for discussion and called for a motion to approve the remaining items on the Consent Agenda.

A motion was made by Member Eliason to approve items #1-3 on Consent Agenda as presented; seconded by Member Mattocks and was unanimously approved.

4. **Petition #09-09:** Approval of Interlocal Contract with the Nevada Health Division for Tuberculosis Control and Elimination Funding July 1, 2009 – June 30, 2011
5. **Petition #20-09:** Approval of Interlocal Agreement Amendment No. 2 with Clark County Social Service (CCSS): HIV/AIDS Evaluation Services

Chair Giunchigliani asked if there were any decreases in funding for either of these items, and if the services currently being provided would continue. Bonnie Sorenson, director of clinics & nursing services explained that monies are being moved around to cover all expenses. Due to shortfalls, some funding was moved ahead, however it is flat funding – services will continue as presently offered.

Chair Giunchigliani called for a motion to approve items #4 and #5 on the Consent Agenda.

A motion was made by Member Christensen to approve items #4 and #5 on Consent Agenda as presented; seconded by Member Steinman and was unanimously approved.

II. PUBLIC HEARING / ACTION

1. Memorandum #15-09: Adoption of Proposed Amendments to the Clark County Trauma System Regulations

Chair Giunchigliani declared the public hearing open.

Mary Ellen Britt, regional trauma coordinator, spoke relative to this matter. She noted that a workshop held April 15, 2009 where the Regional Trauma Advisory Board unanimously endorsed the recommended revisions. Changes to the regulations include: Section 100.070 deletes the reference to revised trauma score as it is no longer included in the definition of a trauma patient as described by the American College of Surgeons; Section 300.000 VI.A adds the notation that a Level II trauma center can apply for designation as a Level I trauma center at any time, which was the original intent when the initial regulations were created; Section 300.000 VII changes the NAC reference from 450B.824 to 450B.828 due to revisions made to the State trauma regulations outlining the designation process; Section 400.000 II.C.7 adds a new non-standing position to the Regional Trauma Advisory Board representing rehabilitation services which is part of the Board's mission; Section 400.000 IV changes the term of Board member appointments to two years, as recommended by current members to allow for time to develop more familiarity with the Board and its mission; Section 400.000 XI adds language recommended by former legal counsel Stephen Minagil, to have Board members disclose any direct or indirect interest in relation to anything being discussed or considered by the Board; and Section 500.000 V changes the length of term appointments for members of the Regional Trauma Audit Committee to mirror that of board members.

Chair Giunchigliani asked if major disability is defined in the regulations. Ms. Britt noted this is not defined in any trauma regulations in the state. The American College of Surgeons has a set criteria and other agencies also have broad definitions. This has not been a problem in the past, but is something to consider.

Chair Giunchigliani also referenced trauma patients refusing transport and asked about those individuals who are not able to sign the release. Rory Chetelat, EMS & trauma system manager, said that if there is a witness, such as a family member or an independent third party, who can attest to the fact that the patient has been advised that person can sign on the patient's behalf. This is an understood procedure followed by all responder agencies.

Member Steinman agreed with the need to have two-year terms; however he was concerned about all terms ending simultaneously, which further adds to the existing problem of acclimating members to the board. Ms. Britt said that nominations are currently underway and the plan to have a membership rollover to stagger the terms of board members.

Member Weekly asked if board membership was posted online. Ms. Britt said that the members are listed on the minutes, which are available online. She will look into posting membership for both the Regional Trauma Advisory Board and Audit Committee on the website.

Chair Giunchigliani asked if anyone from the public wished to speak on this issue. Seeing none, the public hearing was closed.

A motion was made by Member Steinman to adopt the proposed amendments to the Clark County Trauma System Regulations; seconded by Member Mattocks and was unanimously approved.

2. **Memorandum #08-09:** Application for Approval for Chris Goldstrom Drop Box Service Inc. to Operate a Solid Waste Management Facility – Construction and Demolition (C&D) Waste Short-Term Storage Facility, Located at 4880 W. Russell Road, Las Vegas, NV 89118 (APN 162-30-403-010)

Chair Giunchigliani declared the public hearing open.

Walter Ross, environmental health supervisor/engineer, and Arta Faraday, senior environmental health specialist, spoke relative to this matter. Mr. Ross said that Chris Goldstrom Drop Box Service Inc. has met all requirements for a C&D Waste Short-Term Storage Facility as specified in Section 4 of the Regulations governing C&D Waste Short-Term Storage.

Staff recommends approval based on conditions as outlined in the memorandum and a final inspection. Chris Goldstrom and Petya Balova, representing Chris Goldstrom Drop Box Services Inc. were present to answer questions of the Board. Chair Giunchigliani asked the applicants if they understood and accepted the conditions as outlined on the memorandum; the applicants responded affirmatively.

Member Crowley referenced condition #5 and the plan of closure. She asked if this condition addresses financial assurance if the facility were to close. Mr. Ross noted that conditions #4-6 must be submitted before a final permit can be issued, including financial assurance. At present these items are outstanding. Business operation cannot move forward until financial assurance is in place.

Chair Giunchigliani asked if anyone from the public wished to speak on this issue. Seeing none, the public hearing was closed.

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

3. **Memorandum #13-09:** Application for Approval for Restaurant Liquid Services, LLC dba Restaurant Technologies Inc. to Operate a Solid Waste Management Facility – Recycling Center, Located at 4413 McGuire Street, North Las Vegas, NV 89081 (APN 140-06-210-010)

Chair Giunchigliani declared the public hearing open.

Walter Ross, environmental health supervisor/engineer, and Dante Merriweather, environmental health specialist II, spoke relative to this matter. Mr. Ross said that Restaurant Liquid Services has met all requirements for a recycling center as specified in Section 4 of the Regulations governing recycling centers.

Staff recommends approval based on conditions as outlined in the memorandum and a final inspection. Pete Gallegos and Christopher White, representing Restaurant Liquid Services were present to answer questions of the Board. Chair Giunchigliani asked the applicants if they understood and accepted the conditions as outlined on the memorandum; the applicants responded affirmatively.

Chair Giunchigliani asked for clarification of liquid. The facility will recycle cooking oil and will provide the materials to the bio-diesel programs throughout town. There will be no odor issues involved.

Chair Giunchigliani asked if anyone from the public wished to speak on this issue. Seeing none, the public hearing was closed.

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

4. Memorandum #11-09: Approval of Southern Nevada Health District Regulations Governing the Sanitation and Safety of Body Piercing Establishments; Consideration of Business Impact Statement ***held from March 23, 2009 Board of Health meeting***

Chair Giunchigliani declared the public hearing open.

The following is a verbatim transcription of the public hearing concerning Memorandum #11-09.

Dr. Sands: Next item is Memorandum #11-09, approval of Southern Nevada Health District Regulations Governing the Sanitation and Safety of Body Piercing Establishments and Consideration of Business Impact Statement. This item was held from the March Board meeting to be heard again at today's meeting, pending research by staff. Mark Bergtholdt, our environmental health supervisor and John Cataline, one of our environmental health specialists will be presenting on this item and will be glad to answer any questions you may have on any additional information brought forward.

Chair Giunchigliani: We will open the public hearing on Memorandum #11-09 regarding body piercing establishments. Good morning.

Mark Bergtholdt: Good Morning Madam Chair and members of the board. At your March 26th meeting I presented revisions of the current body piercing regulations. At that time, Mr. Jim Reding and Mr. Bernie Ellis testified in opposition of the inclusion of single point piercing in the definition of Extreme Body Modification. The Board decided to postpone adoption of the regulations until staff gathers medical information about the practice. Also at that meeting Member Crowley requested a document that highlighted the changes between the existing regulations and the proposed regulations. Included in your board packets, excuse me, are two documents that highlight the changes. As stated in Memorandum 11-09, the proposed regulations are a complete re-write of the existing regulations. Attachment J is a listing in table format by section of the existing regulations and cross references the existing regulation sections to the proposed regulations. Items identified as new are highlighted in green; items that have been removed from the existing regulations are highlighted in red; and sections that have been changed in the proposed regulations are highlighted in yellow. Attachment K identifies what sections in the proposed regulations have been added or changed from the current regulations – those changes and additions are highlighted in green. The comments in the margins of the document

identify where in the current regulations a section in the revised regulations can be found. Excuse me. During the previous sixty days, numerous discussions have occurred regarding the issue of single point piercing as a medical practice. Staff have met with Mr. Reding and other industry representatives and have received two letters from local physicians that support their position that it is not a medical practice. Physicians that the chief health officer has spoken with find that it is a medical procedure that needs close supervision of a medical doctor (**attachment #1**). After careful consideration, staff recommends that the prohibition of single point piercing stand.

- Chair Giunchigliani: Thank you. Yes, Ms. Crowley.
- Member Crowley: I just wanted to thank you for the table, especially. I apologize for asking you to kill a tree.
- Chair Giunchigliani: We recycle here, I'm sure.
- Member Christensen: It was green inside.
- Member Crowley: Yeah, but the table was very, very helpful. Thank you very much.
- Chair Giunchigliani: Thank you. The age issue, has that been resolved? Is it still 16 and older that can come for body piercing?
- Mr. Bergtholdt: Correct. Fifteen, I'm sorry.
- Chair Giunchigliani: Fifteen, then.
- Mr. Bergtholdt: Thirteen.
- Chair Giunchigliani: Thirteen?
- Member Steinman: Thirteen?
- Mr. Bergtholdt: But it's with parental consent.
- Chair Giunchigliani: Per consent. Correct, that's what I thought.
- Mr. Bergtholdt: Yeah.
- Member Steinman: Up to what age?
- Mr. Bergtholdt: Eighteen.
- Member Steinman: Eighteen.
- Mr. Bergtholdt: Age of consent.
- Chair Giunchigliani: And then was there any legislation that was passed regarding body piercing at all this session?

- Dr. Sands: No.
- Chair Giunchigliani: No. OK, maybe that was a session before they tried. Um, gentleman, did you wish to make some comments about the proposed regulations?
- Jim Reding: Sure. Basically we want to restate our argument...
- Chair Giunchigliani: Would you state your name for the record so that Shelli has that, please. Thank you.
- Mr. Reding: I'm Jim Reding with Club Tattoo. Behind me is Shawn Dowdell, the owner of Club Tattoo, and Club Tattoo's attorney, Kevin Goff.
- Chair Giunchigliani: Good morning.
- Mr. Reding: And we're here to restate our argument – single point piercing has been practiced for at least several years, and what we provided is a video that shows the procedure and also statements about how long it's been being done, including how long it's been performed, the practice has been performed by tattoo and body piercing establishments that you regulate. And your regulations also clearly state that any infections or complications that arise need to be reported within 48 hours. We haven't heard any argument of specific cases being brought to the attention of the Board of Health, so obviously we're talking about a procedure that's been in practice, it's common practice, and hasn't had any issues. On top of the two letters by named, reputable medical experts in this area, we've also provided a contact list of people from nine different states that have also been performing this procedure for at least a few years and haven't had any complications. The contacts were also issued with that, you have phone numbers and emails and whether or not they were contacted, I don't know. So, that's our argument. Did you have anything to add?
- Kevin Goff: In fact we did contact them and none of those other, the people that were listed, had reported any incidents in the past of any infectious disease resulting from this single point piercing. I think Jim's already covered with staff and with the district in the last meeting how the procedure works – very minimally invasive, a small figure-eight that's two millimeters long that gets implanted in the, I'm sorry, gets placed under the upper layers of the skin and then a small, correct me...
- Scott Dowdell: It's basically the dermal anchors are two millimeters high in the shaft that are placed in between the dermis and epidermis. They don't go beneath the subcutaneous layers. I'm reading some of these concerns about the infections in the subcutaneous layer – they don't sit in the subcutaneous layer, they're two to three millimeters at the minimum away from that layer of tissue. As far as the procedure's concerned it's no different than a dual point piercing, especially by your implantation definition. A dual point piercing simply means that you enter one side of the tissue with a needle and you exit the other

side. The dermal anchor enters one side and then the needle gets withdrawn in the same fashion that it was pushed in, and then the jewelry's put in. It's no different except for the fact that you don't exit the other side. The dermal anchors come out very easily. I've been doing them for over three years; I've done over 1,500 of them myself; I've invented the piece of jewelry that we're talking about here. I have not had any issues in three years. I own six stores, a \$2 million dollar facility here in Planet Hollywood. That's how I feel about it.

Mr. Goff: And so given the absence of any history of problems with this procedure, we just think it's...there's no need to regulate it and if you did want to regulate it, it should be more under a special permit type of situation where you go in the facility and look at what's actually being performed, who it's actually being performed by and attach conditions to what they're doing, if you think any regulation's necessary at all. But I think the total prohibition in the absence of any evidence that this has ever caused any of the infections that the district's concerned about is, it isn't warranted here.

Mr. Reding: Also, I'd like to include that we searched the regulations of fifty states and did not find one single state that lists single point as a prohibited act. Not one.

Mr. Dowdell: I guess this is just my opinion, but the reason that is, is because there's no difference from that and other piercings – it's the same thing. Trying to differentiate doesn't make sense. The two surgeons that I did meet with are very well-renowned in the community here. I showed them a video of our procedure. They both said it was very safe and would stand behind us a hundred percent. So I'm a little confused when I'm reading the findings of the two other doctors who aren't named in their report as to how those doctors saw the procedure if the procedure's not being done. And I'm the only one with the video – I don't know where they would have seen that. So I'm confused and if possible, if this is postponed I'd like the opportunity to speak with the doctors.

Member Christensen: It's called a wav file.

Mr. Dowdell: Is it?

Member Christensen: Yeah.

Mr. Dowdell: OK, I'm not sure, that's why I'm asking.

Member Christensen: It was emailed.

Chair Giunchigliani: OK, so who were the other two doctors with the health district? I didn't see that...

Dr. Sands: You have one letter...one of the doctors who is Ben Rodriguez, who's a plastic surgeon who's also a member of the Board of Medical Examiners; the other is a faculty member of the School of Medicine

that was uncomfortable and at this point had asked to remain anonymous on this, but again they received all the same information provided us by Club Tattoo, including the video and so forth, so they could review those and were asked the same questions about their opinion about that procedure and how they view it and the response was based on that.

Member Christensen: Madam Chair, in my discussions with the other two physicians, they both...one sits on the Board of Medical Examiners and they've actually have agendized this and consider this at their next Board meeting for physician oversight. Something along these lines is happening in California with the supervision of medical spas that are popping up, and those are having to be supervised by physicians and extend the physician/patient relationship.

Chair Giunchigliani: I do think if someone's going to go on the record they really shouldn't be considered that they're confidential, because otherwise you don't really have a true public, transparent process.

Stephen Smith: Madam Chair, last time, I believe we were told that this was new technology. Now they are presenting it as a practice that has been engaged in beforehand. I distinctly recall being shown...that we were shown a video saying this was new technology...

Chair Giunchigliani: I think the issue was that the gentleman invented this new piece and that was the newness of it versus single point...

Mr. Reding: Sure, if you check the minutes you will see that I did state that it's been performed for at least a few years.

Chair Giunchigliani: Further discussion from the Board? Yes, Tim.

Member Jones: What epidemiology or studies do we have on infection rates with this procedure?

Dr. Sands: We have not been able to find any studies...

Member Christensen: They're not going to be reported. No, if someone gets a complication they're not going to...they're going to go see a physician and a physician's not going to report that complication to either the Board of Health or the medical examiners – they're just going to take care of it.

Chair Giunchigliani: Well, maybe that should be part of the process, if that's the case, so you be getting some tracking, because as new fields and new businesses come in, you're going to have an opportunity to track that and see if there really is a problem. If there is, then we have to deal with it as a public health agency. Seems to me in absence of that...I guess maybe, sometimes it's the fine line. I don't know where I'm at on this. I don't personally believe in piercing, I'd rather wash off...But be that as it may, the dual point goes in twice, the single point is only one invasive or no?

- Mr. Dowdell: It's the same movement. You have a needle, you have the tissue. On a dual point piercing, you come in one side of the tissue and out the other side...
- Chair Giunchigliani: Opposite...
- Mr. Dowdell: ...and the jewelry transfers in. With a single point piercing, the needle goes in – two to three millimeters – then it's removed, then the jewelry's placed.
- Chair Giunchigliani: Is left there. OK.
- Mr. Dowdell: And in the three years that I've been doing these procedures, I've not had a higher infection rate than any other piercing infection rate. If it helps, I'm not a doctor, but ...
- Chair Giunchigliani: In the industry is there a format for a client to complain or document? These regs don't appear to anticipate that. I mean, it would seem to me that this Board of Medicine wants to get involved, that should be a place to start with is having some sort of notification so people know what the problems might be.
- Mr. Goff: You actually did have that foresight. The proposed regulations do require reporting within 48 hours.
- Mr. Reding: Yeah, the current regulation is section 5.14.
- Chair Giunchigliani: OK.
- Mr. Reding: And then the proposed regulation is section...
- Mr. Goff: I'm sorry, the current regulations have it as well.
- Mr. Bergtholdt: The current regulations require immediate reporting of any adverse effect.
- Chair Giunchigliani: So you've never had any reports...
- Mr. Bergtholdt: To environmental health.
- Member Onyema: Who does the reporting?
- Mr. Bergtholdt: It would be the business that would be required to do the reporting.
- Member Onyema: So if you have an infection within 48 hours, the customer goes to the business, then the business then reports.
- Mr. Bergtholdt: Is required to report by our current regulations.
- Member Jones: Are the advisory documents that go to the client outlining the fact that if they suffer some type of infection they ought to be telling you?

- Mr. Dowdell: Ours do, yes.
- Member Jones: And is that part of this regulation that we require that?
- Mr. Bergtholdt: Our regulations require that there be after-care instruction provided and it should be included in that after-care instruction.
- Member Jones: And is it or it should be?
- Mr. Dowdell: I'm pretty sure...
- Mr. Goff: It is in our business, yes.
- Mr. Reding: I'm pretty sure it's...
- Member Christensen: The after-care should probably give the name of the physician that they should go to because in my practice people come in and say, hey I've got this, take a look at this. And it's like it's infected – you've got to do x,y and z. It never gets reported. They don't know about it. I sure as heck don't report it to the health district – you just take care of the problem, it's a local infection.
- Member Jones: My thought would be, if we're going here, that the document that the client signs should have an instruction to report back to the business that they experienced some kind of complication and that the business reports to the health district that they received that report of complication. Along with it, I don't see it in here, maybe it's in here, I see that the records need to be kept for two years?
- Mr. Bergtholdt: Correct.
- Member Jones: If a business goes out of business during the course of that two years, where do the records go?
- Mr. Bergtholdt: It would go with the business and probably we would not have access to it after those two years.
- Member Jones: So I'd recommend maybe there's some process that if a business goes out of business today, somehow we collect those records...
- Chair Giunchigliani: Mm-hmm.
- Member Jones: ...and then go with it.
- Chair Giunchigliani: What other businesses, in this kind of a format, do we allow for self-reporting? Maybe that's the key place where the customer, as well as the business...I mean, because there's no check and balance.
- Mr. Bergtholdt: In our child care regulations we also require self-reporting of any illness that occurs in the facility.
- Chair Giunchigliani: That scares me.

- Member Kirk: Madam Chair?
- Member Christensen: And how often do we get those?
- Mr. Bergtholdt: We get them, actually quite commonly.
- Member Christensen: You get complaints.
- Mr. Bergtholdt: We do get some illnesses where the facility will call because they require our assistance because the facility's basically going through a firestorm, for lack of a better word, of an infection...
- Member Christensen: Yeah.
- Mr. Bergtholdt: ...such as hand, foot and mouth disease.
- Member Kirk: Madam Chair? The problem I have is, I look at this kind of like when you go to a restaurant and you get sick, what do you do? Do you go back to the restaurant? No, most of us swear off, you're never going back, you just get better and you know. And so I think there's a problem with reporting, because if I go and get a piercing and I get an infection, I'm going to swear off you and I never want to see you again. I'll go to my doctor and get fixed. So I think we have, there's some disconnect between the procedure and the reporting of infection, if there is one. I appreciate the fact that he's never had a problem of anybody being infected. I'm not so sure that indicates that there's never been infection. I think there's, like I said, a disconnect. And so there ought to be some way of closing that loop.
- Chair Giunchigliani: Mm-hmm.
- Member Kirk: Secondly, it seems that we can't, at least from my money, what I kind of get the sense from the Board, it's difficult for us to come to consensus as to whether or not this is a medical procedure and it is even difficult for the medical community to come to consensus to whether this is a procedure or not, a medical procedure. So I think it ought to, it's my opinion, it ought to go to the Board of Medical Examiners – let them weigh in on the issue. If they can come to consensus, then I think we follow, for my money, we follow their recommendation. I'm not comfortable with giving an opinion. This is not like a solid waste facility – this is a real public health issue and I think we ought to get real professional input. And if we adopt a regulation without that, I'm just not comfortable doing that. So my recommendation would be, if you're looking for a recommendation right now, is to continue this until we get information back from the Board of Medical Examiners.
- Chair Giunchigliani: And I think maybe, I would tend to agree that it's a little bit premature. I served in the legislature when the optometrists versus ophthalmologists regarding putting drops and certain factors and it was a huge fight – it took three legislative sessions to resolve that matter. So, pending on that, because I think there would be

disagreement within that body, why don't we at least look at in the interim, what kind of reporting do we really want and who should it be reported to? And if we have childcare self-reporting, that is kind of bothersome to me, I don't think I realized that, that maybe depending on what the Board says, maybe review that reporting procedure so it's very clear to parents in that instance, and this instance the customer. Fine, if they have disclosure, and they should probably go back to the business so if you hired someone that wasn't following their protocols you'd want to know that, but there should also be an automatic to the health district or some other body as well. So maybe it's a parallel reporting procedure. And I would maybe ask that staff take a look at that, as well. We can then debate. Are there other components of the regulation though, other than the single point versus dual point and us trying to define it, that are needed now or is waiting not a problem for the other component?

Mr. Bergtholdt: We currently have regulations in place...

Chair Giunchigliani: Exactly. So those could still continue.

Member Steinman: Can I ask you, who sought the opinion of Dr. Rodriguez? Did the health district?

Dr. Sands: I did, the health district.

Member Steinman: And he very clearly says it needs close supervision by a licensed physician. How do you put that into the regulations that a physician must do close supervision when they're operating a business? That's my issue here, and I'm with Councilman Kirk on this, because I think we, trying to ride herd on this is going to be very difficult and if that's his opinion I think the medical examining board must take a look, there's no doubt about it. I concur with him.

Member Christensen: This is the same problem that California's facing.

Chair Giunchigliani: Which is, I'm sorry, Jim, what was it?

Member Christensen: Well, it's the supervision of the medical spas. There's a lot of "medi-spas" out there now and they're performing procedures that need supervision by physicians and licensed techs are performing it and it's heating up in California and the lead article on the Board of Medical Quality Assurance quarterly newsletter was "outlining your responsibility should you do it" and how California is actually going in auditing these.

Chair Giunchigliani: OK. So the main change in this, I mean there's other updates that are coming in, but you're adding the definition of point of contact.

Mr. Bergtholdt: Can you rephrase the question?

Chair Giunchigliani: Yeah, I tried...other than the updates and other regulatory authority and making it clear a parent or authority and that part of it, the main

issue right now, publicly, is between dual versus single point invasives...

Mr. Bergtholdt: Piercings. Correct.

Member Christensen: Piercings.

Mr. Goff: And specifically 8.6.4.

Member Mattocks: And right now the regulations prohibit single point, or say that it is a procedure that...

Mr. Bergtholdt: The current regulations do not identify single point piercing. Staff has considered it to be an implantation, which is prohibited under our current regulations.

Mr. Dowdell: It doesn't follow that definition. The definition of implant in there on guidelines...

Chair Giunchigliani: Doesn't speak to that, that's why I was asking.

Mr. Dowdell: ...completely are different than what it is.

Mr. Goff: 8.6.4 is the only piece of those regulations that we object to. And on the drops issue, I would just say I've been in that battle, too, with dentists versus hygienists, ophthalmologists, optometrists. Of course, this is going to channel business to docs if you say it's a medical procedure and so they have a vested interest in saying that. And on the other side, we have no history of this causing any greater rates of infection, despite your mandatory reporting requirements, than a dual point piercing.

Chair Giunchigliani: Alright, thank you. Any further questions? So, anyone else from the public who wishes to testify on this item? Please.

Mr. Reding: Can we consider not prohibiting single point piercing until it actually becomes regulation? I understand that staff is calling it implantation, however that contradicts with their definition. Meanwhile we're here trying to run a business and do something that looking at the regulations, current regulations, is perfectly legal and not in the definitions. So could we consider being allowed to do these single point piercings and build more history, because the fact of the matter is almost all of your piercing shops are currently doing single point piercings, even after receiving the cease and desist. We almost daily run into customers that had a single point piercing at another establishment or we talk to other establishments and they claim they had no idea that it was disallowed because it's considered such a normal piercing procedure. And what I would ask is that we be allowed to do it until the regulation is decided that it's not allowed.

Chair Giunchigliani: Can I clarify on a cease and desist order? Did we...

- Mr. Smith: Excuse me. I think that might fall under, it's not on the agenda, it's like a variance what they're asking for an opinion. That hasn't been properly agendized on this item. What we're looking at is to adopt or not to adopt regulations which have certain impact on, and they've come here and given their input; but this is taking us far afield from our agenda item. I think we would need to specifically agendize such an item, if that's what the Board wishes to consider.
- Chair Giunchigliani: OK and so let me ask this then. If in absence of acting on the new regulations, the current ones stand, which then draws the debate on what an implant is and it appears that they, any of these businesses would still be able to move forward pending us, or the Board, taking any action. Correct? So did we send out a cease and desist to all businesses then?
- Mr. Bergtholdt: Yes we did.
- Chair Giunchigliani: Based on what?
- Mr. Bergtholdt: Based on our definition, which says implantation to be under the skin. This is it, implantation is considered jewelry under the skin.
- Mr. Reding: Well, that's not...every
- Chair Giunchigliani: That's not in our...
- Dr. Sands: I mean that's our current reg.
- Mr. Smith: And the cease and desist has not been appealed. It is not an agendized item before the Board. Procedurally it's firm. I just want to comment about whether it's a medical procedure versus this procedure done by Club Tattoo – as a matter of state law, the Board of Medical Examiners or whatever agency is going to consider this, is a higher authority than the district and so you have a preemption argument, a preemption problem should they choose to say regulate this field, and say it is a medical procedure and therefore only licensed medical personnel can perform that procedure, then we have a problem.
- Chair Giunchigliani: Mm-hmm. I think that's why Councilman Kirk and Christensen recommend we postpone that part of it...
- Mr. Smith: Right.
- Chair Giunchigliani: ...that part of it, depending upon the motion that might be made here...
- Mr. Smith: Yes, I think that procedurally that's fair.
- Chair Giunchigliani: OK. Tim?

- Member Jones: How long will it take to get that opinion and do we need the district to ask for that opinion to be rendered, or is it happening absent any health district action?
- Member Christensen: We've asked for it. I asked for it informally. We can write a letter. Their next Board meeting is in August.
- Member Jones: It seems like it would be worth moving along so at least their business prospect, they're not waiting for something that may or may not happen.
- Member Kirk: Madam Chair, I'm very conflicted because I feel like we need more medical guidance and direction as a Board, while at the same time no one, most of us feel, especially now during the downturn, that we want to really regulate anyone out of business. And so I'm a little conflicted and these guys haven't had any big issues. I guess my question is this, is there any way we can get some information from the Board of Medical Examiners quicker than August? Or is that just absolutely not going to happen?
- Member Christensen: The wheels turn real slow.
- Chair Giunchigliani: Yeah, very slow unfortunately.
- Mr. Smith: And it may be nothing responsive at August meeting as it may be gone for further study, further examination. I really don't know exactly how their procedure is going to work....
- Chair Giunchigliani: Why don't we make a couple...
- Mr. Smith: ...and piggy-back on...
- Chair Giunchigliani: ...of suggestions. One being a motion from the Board requesting that the Board of Medical Examiners weigh in on this, to guide us on any regulation because technically we could go pass a regulation that we're in conflict with, and that's not where we want to go – that could be one motion. A second motion would be then to set this proposed new regulation aside pending that outcome, and then we can discuss whether we can under the public portion of this, or agendaized portion on this, is do we then allow businesses to continue to function under our regulation, despite what, with no disrespect, staff has made a new determination that this Board hasn't, and maybe let them continue to do business, and not just them but the other businesses pending the outcome of that.
- Member Kirk: But they haven't been allowed. I mean anyone that's doing this is doing it...
- Member Christensen: Sub rosa.
- Member Kirk: ...yeah, in violation of our regulations. So there isn't allowance for what these guys are saying other businesses are doing.

- Mr. Bergtholdt: Actually...
- Chair Giunchigliani: But the letter from staff is new on our definition.
- Mr. Reding: Yeah, that's right.
- Mr. Dowdell: And...
- Member Mattocks: The definition is defined in the previous...
- Member Christensen: Implantation of jewelry or objects under the skin.
- Mr. Goff: You keep forgetting, though, the critical part of all this to produce the outline and texture of the desired image on the surface of the skin. What they're talking about is something, they're talking about real implants...
- Mr. Bergtholdt: Excuse, for a moment here...
- Chair Giunchigliani: Yes.
- Mr. Bergtholdt: Section 2.13 of our current regulations state: "Scarification, branding, the implantation of jewelry under the skin, or any other form of unregulated invasive body modification is prohibited in body piercing establishments." That's our current regulation right now.
- Chair Giunchigliani: Say the number again, would you?
- Mr. Bergtholdt: 2.13.
- Member Eliason: There's also a thought process...
- Mr. Reding: Isn't a dual point piercing also under the skin?
- Member Smith: It's under the skin.
- Mr. Reding: And something through an ear lobe in under the skins.
- Member Eliason: It's through the skin.
- Member Christensen: That's through.
- Member Mattocks: It's through the skin.
- Member Eliason: It's all the way through.
- Member Christensen: The bottom line is the practice of medicine is the practice of opinion that we try to use the best evidence and I think that we need...I've polled a number of physicians, they weigh in to say that they think this is a medical procedure. They found physicians that think it should not be a medical procedure. Such controversies in the practice of medicine are commonplace and so you go with the general wisdom

and collective wisdom of a larger body. Let the Board of Medical Examiners weigh in on this.

Member Onyema: Jim, I think the suggestion you made about referring to the Board of Medical Examiners for their opinion and then allowing these current regulations to stand is the right thing to do. I mean, I understand that they are talking about business and we understanding the economic times, but also I think our main obligation is to protect the public in regard to their health. So if there is any single item of doubt that any procedure can put the public in harm's way, we'll wait for the other guys to go in the other direction.

Member Christensen: Yeah.

Chair Giunchigliani: OK, so...

Member Eliason: On the same token, it's prohibited now. What we adopt today, it hasn't changed nothing. We can always come back after they weigh in and come in...

Member Christensen: Give them...

Member Eliason: I think we need to move forward and do something with this and then amend, because we're not changing anything that's prohibited in the current regulation, it's prohibited under the new regulation, let's go forward and amend if we have to after...because they might now even do nothing until their next meeting. Who knows?

Member Jones: I'll tell you one thing. One difference is these new regulations are a direct prohibition versus what exists today is an interpretation.

Mr. Reding: Exactly.

Member Jones: And I think it might be a little more complicated than sitting on it and getting a good medical opinion on it.

Chair Giunchigliani: I think if I might weigh in. I think legislatively they attempted to do this last session and did not, and that was part of why I asked that question, because it is mixed. It's a review and if we take an action that specifically prohibits based on no evidence, then it seems to me that we made a judgment call before the Board of Medical Examiners can make a judgment call.

Member Eliason: On the same token sit and do nothing creates the same problem, too. Dr. Christensen just spoke an opinion, if this Board approves this is our opinion...

Member Christensen: That's right.

Member Eliason: What's the difference between their opinion and our opinion? I mean, yeah they're doctors and I don't know if they'll even make a decision. I think we just need to load it up, load it down, let's go.

- Member Jones: Well I think Mark has told us that he can regulate based on existing regulation while waiting for an opinion.
- Chair Giunchigliani: Exactly. Well let's try a few motions and see what we pass or don't pass. Why don't we at least get with the first the Board of Health requests that the Board of Medical Examiners weigh in on this and give us some direction, guidance and opinion and/or regulation.
- Member Steinman: I'll move that.
- Member Crowley: Second.
- Chair Giunchigliani: OK. Moved by David, seconded by Susan. All those in favor say aye.
- Board members: Aye.
- Chair Giunchigliani: Opposed? Motion carried. Oh, did I close, yeah I closed the public hearing. Thank you. Second motion would be to set this aside pending that outcome and allow our current regulation to remain in place.
- Member Steinman: So moved.
- Member Onyema: Second.
- Chair Giunchigliani: OK, moved. John? Seconded. Any further discussion? All those in favor say aye.
- Board members: Aye.
- Board Members: Nay.
- Chair Giunchigliani: Motion. Let me back...I think I heard three no's. One, two, three.
- Shelli Clark: Excuse me, Madam Chair. Who were the three no's?
- Chair Giunchigliani: It is Susan, Mr. Eliason and Mary Jo, was it? No, OK.
- Member Barlow: It was me.
- Chair Giunchigliani: Mr. Barlow. OK.
- Member Weekly: And me.
- Chair Giunchigliani: OK, four. Sorry. And Mr. Weekly. Motion carries. OK, so we're at that point. So we'll remain under that portion of the provision for now. Thank you very much.
- Mr. Reding: Thank you for your time.
- Chair Giunchigliani: Nothing's ever easy here, especially in this part. Thank you.

A motion was made by Member Steinman to request that the Board of Medical Examiners weigh in on this and give us some direction, guidance and opinion and/or regulation; seconded by Member Crowley and carried unanimously.

A motion was made by Member Steinman to set this item aside pending the outcome of the previous motion and allow the current regulation to remain in place; seconded by Member Onyema and was approved with Members Barlow, Crowley, Eliason and Weekly voting in opposition.

5. ~~Memorandum #14-09: Adoption of Proposed Environmental Health Division Permit and Plan Review Fee Schedule; Consideration of Business Impact Statement~~ *Continued to the June 25, 2009 meeting*

Dr. Sands noted that this particular item is being continued to the June 25, 2009 meeting to allow for additional public workshops to gain input from industry and the public. Chair Giunchigliani expressed her appreciation in holding this item in light of the current economy and allowance for more input.

III. REPORT / DISCUSSION / ACTION

1. Petition #18-09, Resolution #01-09: Approval of a New Voluntary Unpaid Furlough Program for Employees of the Southern Nevada Health District, Effective through January 8, 2010

Scott Weiss, director of administration, spoke relative to this matter. The voluntary furlough program (VFP) is completely voluntary to allow staff to take unpaid days, similar to the Clark County plan. This program will not adversely affect services provided, nor will it affect an employee's standing in the district – all benefits will continue, but PERS credit will not be accrued during a furlough. The program will be in place through the end of the holiday season to track the impact and potential savings to the district. Based on the program's success an extension will be brought back to the Board for further consideration. We need to establish a history to evaluate the effectiveness of the program and any potential impact. This program is an example of continuing efforts to look at cost containment and efficiencies.

Member Kirk noted the program is very straight forward and similar to programs in place at other jurisdictions. Mr. Weiss said he discussed the program with the union and no opposition was noted. Cost savings and participation will be tracked for presentation to the Board.

Member Steinman asked the rationale for a fifteen-day limit during a fiscal year. Mr. Weiss said this was done to ensure appropriate staffing is in place to provide services. If feasible to allow for additional furlough days, revisions will be brought back to the Board for further consideration.

Chair Giunchigliani noted that the district has some areas participating on a 4-10 schedule. This is done only where services are not impacted. Dr. Sands said it is done to meet the needs of the district and programs.

Member Mattocks pointed out the leave accrual is not affected by the furloughs. She said it would not be fair for someone to take a furlough every week and still retain the same benefits as someone working five days per week.

A motion was made by Member Kirk to approve the voluntary unpaid furlough program as presented; seconded by Member Crowley and was unanimously approved.

2. Petition #23-09: Approval of Change in Board Policy for Signatures on the Accounts Payables Registers

Scott Weiss, director of administration, spoke relative to this matter. Mr. Weiss said the item is resultant of a question raised by Chair Giunchigliani. A Board policy created in the 1970's required signature of a Board officer on the weekly accounts payable registers. Discussions with our auditors and the county comptroller determined that there is nothing in statute requiring this action, nor is it procedural at the county. The recommendation is to have the Chief Health Officer and the Director of Administration sign the registers weekly and the registers will continue to come before the Board for approval on the Consent Agenda.

Chair Giunchigliani mentioned her discomfort in signing the registers and thanked Mr. Weiss for researching this item.

A motion was made by Member Barlow to approve the change in Board Policy for signatures on the accounts payable registers; seconded by Member Mattocks and was unanimously approved.

3. Receive Report on Legislative Planning for 2009; Direction to Staff

Jennifer Sizemore, public information manager, spoke relative to this item. Ms. Sizemore reported that AB249, which allows for the West Nile Virus to recover some expenses as well as establishment of a hearing officer process for rental properties, is pending signature by the Governor – there was no opposition from either house on the bill. SB372 did not progress out of committee; however there is another bill which could lead to amendments encompassing some of the provisions of SB372. Most of the bills we were tracking either came to a successful conclusion or did not progress through committee, but there were no negative repercussions. A full analysis will be brought to the Board at the end of the session.

Chair Giunchigliani asked about funding impacts. Mr. Weiss said AB543, which redirects 4% of property taxes from both Clark and Washoe Counties is pending signature. Health district funding is defined by NRS 439.635, which created the dedicated funding stream. The worst case scenario is that all agencies will receive a 4% cut, which equates to \$1.2 million in cuts to the health district. The budget will need to be brought back to the Board for further adjustments regardless.

Member Barlow asked if the \$1.2 million would impact the health district's general fund. Mr. Weiss said environmental health and those areas with regulatory fees or fees for services would not be impacted. Chair Giunchigliani mentioned that the next fiscal year will realize even more of an impact as home values continue to decline. Mr. Weiss said staff is working closely with county management to plan for FY11 funding; however at present we anticipate a deep reduction. We are hopeful that new grants will be approved and other funding could be realized to offset any potential reductions.

IV. 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 asked if anyone else wished to address the Board.

Virginia Johnson of the Las Vegas Farmer's Market submitted a petition (**attachment #2**) asking for the environmental health fee increases to be put on hold. Chair Giunchigliani noted this document will be added to the record.

Member Weekly thanked Ms. Johnson for their efforts at the Springs Preserve. Ms. Johnson said a new facility on Fremont East just opened and they will no longer be at the Springs Preserve.

Member Jones asked what the current and proposed fees for her business are. Ms. Johnson said she pays seven fees, ranging from \$568 annually for a low-risk permit to \$750 annually for a high-risk permit. She said the increases would be hardship on small business that are struggling. Member Barlow asked if the cost would be passed to vendors if the fee increase moved forward. Ms. Johnson said this would be the case. Member Jones noted she would have an increase of \$30 per year if the 6% increase is passed. Ms. Johnson referenced the amounts on the fee schedules for the itinerant permit fees: low risk permits increasing from \$500 to \$534 and high risk permits increasing from \$750 to \$800 annually.

Chair Giunchigliani asked if anyone else wished to address the Board. Seeing no one, she closed the Public Comment portion of the meeting.

V. HEALTH OFFICER & STAFF REPORTS

Dr. Sands thanked Ms. Sizemore and her staff for putting together the legislative information, including tracking bills and collecting testimony. He also acknowledged the management staff for working with bills and providing input and testimony as needed. Chair Giunchigliani noted how clear the information was and the ease in reading the updates. Dr. Sands noted the good successes realized this year.

Environmental Health Fee Schedule Update: Glenn Savage, Director of Environmental Health; Scott Weiss, Director of Administration; Robert Newton, Administrative Analyst

Dr. Sands invited Glenn Savage, environmental health district, and Scott Weiss to update the Board on the process on the proposed environmental health fee schedule. The Board was provided with copies of correspondence between industry and the district concerning the proposed fee increase and cost containment activities (**attachment #3**).

Mr. Savage introduced Robert Newton, administrative analyst, who assists in budgetary issues in environmental health. Workshops have been held in Mesquite, Laughlin and Las Vegas. A request came in asking for an additional workshop, which will be held on June 4th, where staff hopes to collect additional information from small business. Mr. Savage said there has been much input received to date. Meetings have been held with the lodging, restaurant and resort associations. Support ranges from 0% to the full 6.7% increase.

Bill Bible, of the resort association, submitted a letter addressing his concern with the fee increase and asking how the division is looking at cost containment and conducting business most effectively. Mr. Bible had also asked for the proposed fee schedule to list current fees, the proposed fees and what the net cost per day would be with the increase. A response was sent to Mr. Bible as well as the restaurant and lodging associations, which outlined the exact fee amounts, including cost per day. The letter also addressed vacancy savings for positions, travel restrictions and placing staff on adjusted work schedules to alleviate overtime. Staff is being cross-trained to cover positions. There are some services provided that have no revenue sources, such as participation in CMART events, public nuisance investigations, NCIAA enforcement, rodent surveillance and illegal vendor – these activities equate to approximately \$400,000 annually. Daily activity reports have been eliminated generating over \$500,000 annually in savings in staff time.

Some additions to the fee schedule include adding inspections to vending machines – this is an unregulated area and can create safety issues. The resorts are asking for extended seasonal permits for increased business opportunities. Business has also asked for the fee schedule to be more friendly.

Mr. Weiss noted that unfunded mandates totaling \$436,000 have been allocated to the 8010 district funding, pending collection of costs, which can be done with the passage of AB249. He recognized the efforts of environmental health staff in generating efficiencies. Industry is asking for a one-year increase on the schedule to allow for a review of revenue and the funding needed for FY11.

Member Kirk said that everyone is feeling the pressure of the current economy. All fees are going up, including utilities; however pay is decreasing. The general feeling is that the public cannot handle more increases. He expressed his concern that budgeting is done backwards. Mr. Weiss said that the Board had directed environmental health to be self-sufficient. We need to look at actual costs and determine what revenue is needed to cover those costs. A review was also done to see what programs are not generating revenue, and those were separated out. Some areas of environmental health are subsidizing other areas.

Chair Giunchigliani suggested that one amount be set versus having several different permits and fees, which is very confusing especially to small business, including streamlining the health cards process. She said this is an opportunity to review all fee schedules and look at restructuring. She also asked staff to look at potential partnerships, regionalization and co-locations of program delivery. She said staff should discuss better delivery of services between UMC and public health nurses. She would like to plan for a different type of growth and review how services are delivered and a way to streamline and simplify processes.

Mr. Weiss said staff is currently reviewing different programs for more efficiency and better delivery of services. In reference to the fee schedule, industry requested the addition of four to five categories to accommodate their business structures. As businesses changes, they ask for a structure that better suits their needs and the work being done. Some fees are driven by those we actually serve. Chair Giunchigliani suggested that a new format may be warranted versus doing things the way it's always been done.

Member Jones noted we are at the end of the first cycle of self-sufficiency for environmental health, and some adjustments may be necessary, though the timing is not convenient. The goal is to maintain the support of environmental health services while maintaining a good healthy economy as far as business is concerned. Some restaurants may have multiple permits as a strategy – if one area is downgraded or has deficiencies, the entire establishment is not affected. The inspector reviews the entire establishment regardless and performs the same amount of work. The permit fees reflect the inspectors' work time schedules.

H1N1 Flu Update: John Middaugh, MD, Director of Community Health; Brian Labus, Senior Epidemiologist

Dr. Sands introduced Brian Labus, senior epidemiologist and Dr. John Middaugh, director of community health, to update the Board on the recent novel H1N1 influenza virus, and planning for the upcoming flu season (**attachment #4**). Chair Giunchigliani thanked staff for the updates and noted that the outbreak was handled professionally and did not over- or under- react.

Mr. Labus thanked Brook Doman and Jennifer Harmon from the Office of Epidemiology for their assistance in monitoring the outbreak. Staff became involved with the outbreak shortly after the last Board of Health meeting. The virus was detected through routine surveillance in California and Texas.

Pigs and birds suffer from respective flu virus each year. In the past swine flu has been restricted to an individual working on a pig farm that contracts the illness. The last human-to-human transmission of swine flu occurred in 1976 when concern over a swine flu pandemic arose. This new virus is not the same as the seasonal virus commonly found in pigs, but something new to humans – this is a human virus. There is no consensus on the name of the virus – H1N1 is the antigenic characterization assigned which H1N1 circulates every year.

Initial reports from Mexico suggested that the new virus caused high infection rates, severe disease and numerous deaths, all of which were unscientific reports. Subsequent epidemiological investigations noted that deaths were related to other respiratory diseases. Viral strains in the United States resembled the disease patterns seen in typical influenza each year – there is person-to-person transmission with relative ease; acute respiratory disease with fever, cough and sore throats; hundreds of infected individuals were hospitalized; and some deaths are occurring. Flu is a serious disease and however the H1N1 swine influenza virus is no different than the typical seasonal flu we see each year.

To date there have been twenty-nine confirmed cases in Southern Nevada. In order to arrive at this number, all those infected with a respiratory illness, including H1N1 swine influenza, H1N1 seasonal influenza and H3N2 seasonal influenza, must be seen by a physician for testing; however many who are ill do not seek care. Of those actually seeking care, a small number test positive for a strain of influenza, and an even smaller number test positive for H1N1 swine influenza. Better terminology would be we have cases in Southern Nevada – the actual number is not accurate. We understand that the virus is circulating in the community and there are potentials for hospitalization and even fatalities. With this knowledge, we can begin preparing for the upcoming flu season.

Dr. Middaugh said when news of the outbreak hit, our initial reaction was to increase disease surveillance to detect the extent of spread and focus on the severity of the virus. Early on surveillance showed the disease was widespread not only nationally but internationally, which made it impossible to contain the virus. The district mobilized its incident command system early on under Dr. Sands' direction, which resulted in a meeting with our partners in law enforcement and emergency response at the Fusion Center. With the assistance of Dr. Joe Heck and our EMS staff, we were able to come to agreement with our law enforcement and first responder colleagues that information would be released on evidence coming from the health district, including case counts, information regarding severity of infection and the need for personal protective equipment. This helped to keep panic at bay and allay the public's fears. Rumor control was an important element of our response as well.

Staff also met with officials at the Clark County School District to form a partnership. As surveillance was showing the new virus was similar to regular seasonal flu, we determined there was no need to close schools. In collaboration with the school districts, state superintendent of schools, local health authorities and the Nevada State Health Division, a school closure plan was developed, which determined that schools would not be closed unless there was a local need.

Staff conducted outreach to all emergency rooms to increase surveillance and worked with infection control practitioners to report any hospitalized patients, which allowed us to focus more on severely ill patients to monitor changes in the virus. The growing collaboration between our own public health lab, local labs and the state public health lab supported the surveillance team's efforts and promptly provided test results. Our website was kept current to inform the media and the public with the most recent information.

The Strategic National Stockpile (SNS) was deployed, which was eighty-four pallets of materials including 130,000 treatment courses of antivirals. As of today only three treatments have been

disbursed. The SNS also contained 30,000 oral suspension antivirals which expire on June 30, 2009. Staff is working with the federal government for guidance as to whether or not we should dispose of the suspension or hold it in the event of a shortage of treatments in the fall, at such time a waiver would be necessary to dispense the expired medication.

There were numerous lessons learned and a systematic hotwash was held. Initially the outbreak was scary and it tested our system well. In the spring of 1918 a flu virus developed then dissipated during the summer; however it came back with a vengeance the next fall. There is no way to know what will happen with the new virus circulating across the world. The southern hemisphere is entering flu season and CDC has deployed approximately ninety epidemiologists to track and follow the virus. This information will be critical as we plan for our flu season. A new vaccine is under development; however it may not be necessary to use it. Plans need to be made as to when, how and why to use the vaccine and how it would be deployed. The virus currently is not affecting individuals over the age of 50.

The fall flu season will be challenging; however we must continue our normal delivery of service, including delivery of the regular flu vaccine. We will continue to monitor development of the virus as well as information from CDC. Staff will keep the Board informed, and meet with our key partners as well.

Member Jones asked if the new vaccine would be a separate dose from the regular flu vaccine or if it would be bundled. Dr. Middaugh said it would be a separate course, which could be added to our regular vaccine schedule and it could require two doses.

VI. INFORMATIONAL ITEMS

DULY NOTED

A. Chief Health Officer and Administration:

1. Monthly Activity Report, Mid-April 2009 – Mid-May 2009
 - a. Note of Appreciation from Senator Harry Reid to Scott Weiss, director of administration
 - b. Notice of Certificate of Achievement for Excellence in Financial Reporting from the Government of Finance Officers Association for the Comprehensive Annual Financial Report FY08
 - c. "Safety First: APIC Advances Efforts to Stop Unsafe Needle Practices" article from Prevention, Spring 2009 issue
 - d. Email of Congratulations from Richard Seher, MD concerning awarding of the Nevada State Medical Association's President's Award to Dr. Lawrence Sands, May 2009
2. Financial Data: Revenue and Expenditure Report for General Fund, Capital Reserve Fund and Public Health Laboratory Fund for the Month of April 2009
 - a. Grant and Agreement Tracking Report, as of May 18, 2009
3. Public Information Monthly Report, Mid-April 2009 – Mid-May 2009

B. Community Health:

1. Monthly Activity Report, April 2009
 - a. Letters and Certificates of Appreciation to Rayleen Earney and Malcolm Ahlo from Southeast Career Technical Academy
 - b. Influenza Update April 2009
 - c. Swine Influenza Health Alert
 - d. Swine Flu Update #1
 - e. Swine Flu Update #2
 - f. Surveillance Alert – Measles
 - g. April 2009 Disease Statistics

Environmental Health:

2. Monthly Activity Report, April 2009
 - a. Email Expressing Thanks from LVMPD to Clayton Sellers, Sr. EHS-Special Programs
 - b. Letter of Appreciation from the Las Vegas Chamber of Commerce to Vivek Raman, EH Supervisor-Vector Control
 - c. Email Expressing Thanks to Whitnie Taylor, EHS II-Pool Plan Review
 - d. Letter of Appreciation from ABC Stores to Valerie Fidler, EHS II-Food Plan Review

D. Clinics and Nursing:

1. Monthly Activity Report, April 2009
 - a. In-service calendar
 - b. Certificate of Recognition
 - c. Letters of Appreciation

VII. ADJOURNMENT

There being no further business to come before the Board, Chair Giunchigliani adjourned the meeting at 10:40 a.m.

SUBMITTED FOR BOARD APPROVAL

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

/src

attachments

Benjamin J. Rodriguez, M.D.
Aesthetic & Plastic Surgery

5/27/2009

Re: single point piercing

To whom it may concern:

I have reviewed the technique and procedure of the single point piercing devices being considered for use in the state of Nevada. In reviewing the statutes of the State of Nevada it is my opinion that single point piercing techniques and required devices fall under the definition of practice of medicine. However low the complication rate may be of the above procedures. I feel that single point piercing needs close supervision by a licensed physician and that the appropriate physician-patient relationship be established before embarking on the procedure.

Sincerely,

A black rectangular redaction box covering the signature of Benjamin Rodriguez, M.D.

Benjamin Rodríguez, M.D.
Aesthetic and plastic surgery

All American Surgical

General Surgery

William Marañón, M.D., F.A.C.S.
Certified American Board of Surgery

Ronald Rosen, M.D., F.A.C.S.
Certified American Board of Surgery

Ravi V. Chari, M.D.
Diplomate, American Board of Surgery

May 1, 2009

Dear Dept of Health:

I am William R. Maranon M.D., F.A.C.S. I am a general surgeon in private practice. I am the Chairman of the Dept of Surgery at Summerlin Hospital Medical Center. I have practiced here in Las Vegas since 1996. Please see attached C.V.

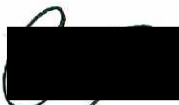
I have reviewed the piercing procedure being followed at Club Tattoo at Planet Hollywood. Microdermal Anchor Piercing is a well developed technique that can be safely preformed by following basic principles.

Sterile equipment and technique including skin sterilization is always used.

Success is further insured by close post-operative follow-up and wound care instructions.

Micro dermal Anchor piercing is not a surgical process, it is a piercing. It does not need to be preformed by a physician. Any questions please feel free to call.

Kindest Regards,



William R. Maranon M.D., F.A.C.S.

Dr. Elliott H. Saferin, MD, FACS
2633 W. Horizon Ridge Suite 100
Henderson NV 89052
Tel: (702) 492-6989 Fax: (702) 614-9504
www.imageplus.net

Dear Southern Nevada Health District,

I have observed the Micro-dermal anchor procedure (Single Point Piercing) performed by Sean Dowdell of Club Tattoo, and I have determined that it is just as safe as a dual point piercing. It is no more prone to infection than any other piercing if taken care of properly. Infections, in the case of single point piercing would not pose a greater danger than an infection involved with a dual point piercing.

Single Point piercings can be performed by a trained body piercer, and does not in my opinion, require the supervision of a medical technician.

A micro-dermal anchor can be safely removed by the customer or the piercer. A micro-dermal anchor should not be considered / defined as an implant.
If you have any questions please feel free to contact me at anytime.



Dr. Elliot H. Saferin, MD, FACS

Vanessa Nornberg
President, Bombshell Accessories
248 W. 35th Street, Ste 601
New York, NY 10001
tel. 212-279-4655
fax. 212-279-4653
cell 646.251-1324
vanessa@bombshellaccessories.com

Urban Art (Arizona) — 12-9pm
Contact: Trevor Thomas
Tel: 480-844-7429
pcs bought: 90

Adrenaline (Canadian Tattoo Chain)
Contact: Joey (blue) — 12+
Tel: 416-913-8805
pcs bought: 115

Brass Monkey (Florida)
Contact: CJ/Josh
Tel: 352-684-2727
pcs bought: 58

727-868-8288
call Zack tomorrow
12:30+

Psycho Tattoo (Georgia)
Contact: Russ
Tel: 770-977-7389
pcs bought: 58

e777welland@gmail.com

Elliot at Psycho Tattoo is available any day except for Friday. Shop is in Marietta, GA, 770-977-8287.

And those customers who I feel are especially qualified to discuss the microdermal, either based on laws in their state, their longterm piercing experience, etc:

Way Out (Philadelphia--city with the strictest regulation on piercing--internal only, etc).

Contact: Joe teammantis@gmail.com
Tel: 215-331-5559
pcs bought: 40+

267-882-8253 cell phone for Joe at Way Out in case he is not at the shop. And my reps are on the phones to everyone now letting them know to expect your call.

Warren Doschre (Empire Tattoo & Body Piercing - NJ)--uses several types of microdermals b18bucket@yahoo.com

856-904-6397 (cell)
856-784-5111 (shop)

Eric (Pins And Needles - MA)
508-586-8287 shop

for Andrew Ogman?
primitive innovators
@yahoo.com.

Whole Addiction (Florida)

Contact: John (used to manufacture body jewelry, very knowledgeable about the industry, frequently communicates with the Florida board of health and local organizations about new types of piercings.)

Tel: 954-227-8078, 954-753-4151

pieces bought: 10 (because process was still being debated in his area)

In the Skin (1982) (Texas).

Contact: Eddie

Tel: 361-576-2201

They do alot of them and he really likes us and is usually pretty reliable. I think we sent the dvd to them to take a look at for feedback before we started selling it. Gus (pronounced Goose) at In The Skin in Victoria, TX is available Th-Sat. from 12-10 their time. 361-576-2201 He is also an APP member. Or Tori is available Mon-Wed, she's done the md's and has one in right now.

Tori Martinez @rocketmail.com.

PETITION MAY 20th 2009 ~~5/28/09~~ *AK*

20

WE OPPOSE PROPOSED FEE INCREASE AS IT WILL

CAUSE A HARDSHIP ON VENDORS AS SMALL BUSINESSES AND COORDINATORS OF EVENT.

VIRGINIA E. JOHNSON 3774 HORSESHOE MEAT LVN! 89147 562-2672

[REDACTED] Dazzles/Venture Out Dist. 702 438-0578

[REDACTED] 8204 Harrogate Ave. 702-250-8074

[REDACTED] Edibles by Eye

[REDACTED] Bob's 8867 Bend Dr 897708
541-388-0421

ADDIS TEGEGN - [REDACTED]

6036 FAIR VALLEY ST. 405-5014
LAS VEGAS, NV 89148

MICHAEL MOSSES - [REDACTED]

6036 FAIR VALLEY ST. 426-7254
LAS VEGAS NV. 89148

Kimberly Hall [REDACTED]

5360 Fairbranch Lane (702) ~~4026-7154~~ 726-0032
Las Vegas, NV. 89148

SaSa Sweets (773) 715-2491 Liza Vergara

Debi Garrison [REDACTED]

105 W. HERNDON AVE #206 559-994-2208
Pinedale, CA. 93650

2100. Boulevard
Connie Kimball 7032 English mist Ct
702-240-7123 Las Vegas, NV 89128

[REDACTED]
1052. [REDACTED] 559-6471501

Partners

Jules Unique Creations

[Redacted]
516-815-1396

Down to Earth massage & body Products

Taylor R. Farnsworth

801-787-1619

MA + PA Kettle Corn

702 289 7616

[Redacted]
911 0 0 0

Funky Bamboo etc

702 461 3845

[Redacted]

Lucero Bistro Distributors

702-823-2502

[Redacted] Co

MICKLES FARM ICES


702-355-0147

[Redacted]

Stephen Johnson - EARS to you LLC

3774 Horseshoe mesa

LV-NUB9147 702 562 2674


Las Vegas K&A Corn
235-4431



May 20, 2009

Mr. William Bible, President
Nevada Resort Association
3773 Howard Hughes Parkway, #320 North
Las Vegas, NV 89109

Mr. Van Heffner, President
Nevada Hotel & Lodging Association
2820 W Charleston Blvd, Ste 41
Las Vegas, NV 89102-1934

Mr. John Hinchliffe, Chairman of the Board
Nevada Restaurant Association
1500 E Tropicana Ave, Ste 114A
Las Vegas, NV 89119

Gentlemen:

Thank you for your recent discussions and letters providing comments concerning the Southern Nevada Health District (SNHD) Environmental Division proposed fee schedule. You have asked what the Environmental Health Division has done to cut costs in these tough economic times. The following is a list of actions already put into place and their associated savings:

1. Currently, we have a voluntary freeze and are not filling open job positions. As of today, two managers, an administrative secretary, an IT project specialist, and three environmental health specialists are not being replaced. This action will save \$623,000. The current budget reflects the freeze of a manager, administrative secretary and the IT project specialist. Without replacing the three environmental health specialists, existing staff will need to makeup over 3,500 field inspections, plan reviews and pool treatments.
2. Evaluating all staff Training/Travel requests: Requests are not being approved unless they are required by a contract or are being reimbursed by a third party.
3. Currently, staff has begun to adjust their work schedules within the pay period to reduce overtime. More discussions have occurred with staff to consider setting up an office to handle after-hours and weekend work responsibilities which will limit the amount of overtime.

4. Staff working multiple job assignments: Cross training staff has occurred in the Plan Review, Field Operations and Administrative Support areas. The Environmental Health director, managers and supervisors are managing multiple job responsibilities which include conducting field inspections and doing plan reviews.
5. Identified unfunded programs such as the County-Multi Agency Response Team (CMART) and the Las Vegas Multi-Agency Task Team (MATT), Public Nuisance, Nevada Clean Indoor Air Act (NCIAA), Illegal Vendors, Hanta Virus, Urban Rodent, Rabies Surveillance and Pigeons. The programs costs of approximately \$436,000 have not been included as part of the proposed fee increases for FY 2010 as the Environmental Health Division is seeking alternative funding for these programs through legislation and grants.
6. Identified and began cost-saving practices and efficiencies: Re-evaluating procedures and paperwork; by discontinuing the staff's Daily Activity Reports, effected a net savings of approximately \$600,000 per year. Cutting back the number of inspections to the minimum required by Nevada Revised Statutes (NRS) will also reduce costs.

On the attached proposed fee schedule, current costs per day are shown as well as the proposed 6.7% increase. I understand that the business community, along with the general economy, is being affected by the current economic downturn. We have reduced our non-payroll expenses by more than \$225,000 based on the current year's budget. The proposed 6.7% increase is needed to ensure the Division can continue to provide service to the community. The actual expenses to some businesses are as low as pennies per day. We have received comments which vary from no increase up to the suggested 6.7% increase. Due to request from industry, the Health District is considering and would support a one-year fee increase and to re-evaluate the proposed 2010-2011 fee increase in January 2010. We continue evaluating other options to improve efficiencies that may reduce the requested fees for the period of July 1, 2009 to June 30, 2010.

I appreciate all of your comments and will continue to work with you and your members on any environmental health concerns and issues. If you would like to discuss these matters further, please call me on my direct line at 759-0590.

Sincerely,

Southern Nevada Health District
Environmental Health Division


Glenn D. Savage, REHS
Environmental Health Director

Attachment: Proposed SNHD Environmental Health Division Proposed Permit and Plan Review Schedule

PROPOSED

Southern Nevada Health District
Environmental Health Division
Permit and Plan Review Fee Schedule

Effective: July 1, 2009

Southern Nevada Health District Division of Environmental Health (EH) incurs both direct and indirect costs associated with its operation. In addition to those costs which are directly attributable to Plan Reviews and Permits, EH is supported by Administration, IT, Human Resources, Finance, Facilities Management, and Public Information. This indirect cost is allocated to EH based on statistics indicative of the services provided to the division. Rate increases in the future will be based on operating cost increases incurred in the course of business and to maintain an appropriate level of service.

Approved by the Board of Health XX/XX/XXXX

Type of Fee by Category		effective 7/1/2008	Old cost per day	effective 7/1/2009	New cost per day
GENERAL ANNUAL FEES		Current		6.7% increase	
Food Service:					
10 Main Kitchen	Base +	\$202	\$0.55	\$216	\$0.59
11 Restaurant	Per Seat	\$2.60	\$0.0071	\$2.77	\$0.0076
13 Drinking Establishment					
14 Beer Bar					
16 Snack Bar,					
17 Service Bar					
18 Buffet-daily					
50 Barbecues					
12 Take Out Restaurant	Base +	\$202	\$0.55	\$216	\$0.59
	Per Seat +	\$2.60	\$0.0071	\$2.77	\$0.0076
	Per Drive-up window	\$63	\$0.17	\$67	\$0.18
19 Concession Low Risk (inc Water Stores)					
47 Caterers		\$202	\$0.55	\$216	\$0.59
69 Concession High Risk		\$181	\$0.50	\$193	\$0.53
123 Warm/hold Elementary School Kitchens					
125 Institutional Food Service (Full-serve Kitchens Small)		\$116	\$0.32	\$124	\$0.34
145 Institutional Food Service (Full-serve Kitchens Large)		\$116	\$0.32	\$124	\$0.34
152 Childcare Kitchens (Full-serve Kitchen)					
Food Service Supportive Areas					
1 Special Kitchen	<1000 SqFt	\$535	\$1.47	\$571	\$1.56
2 Kitchen Bakery	1000-2999 SqFt	\$931	\$2.55	\$993	\$2.72
3 Meat	3000-4999 SqFt	\$1,041	\$2.85	\$1,111	\$3.04
4 Vegetable Prep	5000-9999 SqFt	\$1,147	\$3.14	\$1,224	\$3.35
5 Pantry	>=10,000 SqFt	\$1,255	\$3.44	\$1,339	\$3.67
6 Garde-manger					
7 Buffet-occasional					
8 Banquet Kitchen					
Retail/Wholesale Food Sales:					
20 Market	<1000 SqFt	\$218	\$0.60	\$233	\$0.64
21 Meat/Poultry/Seafood	1000-2999 SqFt	\$400	\$1.10	\$427	\$1.17
22 Dry Storage &/or reclamation	3000-4999 SqFt	\$667	\$1.83	\$712	\$1.95
23 Refrigerated Storage	5000-9999 SqFt	\$772	\$2.12	\$824	\$2.26
24 Packaged Storage	>=10,000 SqFt	\$897	\$2.46	\$957	\$2.62
25 Confection					
26 Health Food					
27 Produce Market					
28 Bakery Sales					
29 Commissary-Prepkg					
139 Discount Stores (inc. Video, Gift, Dollar, Vitamin)					
Vending Machine Company	<1000 SqFt +			\$233	\$0.64
	1000-2999 SqFt +			\$427	\$1.17
	3000-4999 SqFt +			\$712	\$1.95
	5000-9999 SqFt +			\$824	\$2.26
	>=10,000 SqFt +			\$957	\$2.62
	Each Machine			\$75	\$0.21
Retail/Wholesale Food Processors:					
30 Bottling Plant	<1000 SqFt	\$400	\$1.10	\$427	\$1.17
31 Food Processing	1000-2999 SqFt	\$667	\$1.83	\$712	\$1.95
32 Meat	3000-4999 SqFt	\$1,334	\$3.65	\$1,423	\$3.90
33 Bakery	5000-9999 SqFt	\$1,549	\$4.24	\$1,653	\$4.53
34 Ice Plant	>=10,000 SqFt	\$1,795	\$4.92	\$1,915	\$5.25
35 Deli/Comm. Processor					
36 Candy Processor					
37 Ice Cream Processor					
38 Game Processor					
39 Federally Inspected Meat					
Portable Food & Drink Units & Mobile Vendors:					
9 Portable Banquet Bar	Per Banquet Bar	\$48	\$0.13	\$51	\$0.14
44 Portable Unit Offsite	Per Portable Unit	\$284	\$0.78	\$303	\$0.83
65 Portable Unit Onsite					
41 Mobile Self-Service	Per truck	\$234	\$0.64	\$250	\$0.68
42 Mobile Food Unit					
43 Mobile Food Service					
48 Mobile Food Storage					
49 Frozen Meat Sales					
117 High Risk Food Delivery Truck					
40 Mobile Ice Cream/Candy	Per truck	\$133	\$0.36	\$142	\$0.39
138 Grocery Store Sampling (Prep/Staging Area)		\$278	\$0.76	\$297	\$0.81

Southern Nevada Health District
Environmental Health Division
Permit and Plan Review Fee Schedule

Effective: July 1, 2009

Approved by the Board of Health XX/XX/XXXX

Type of Fee by Category		effective 7/1/2008		effective 7/1/2009	
Temporary Food Service (Temporary Event Location):					
46 Itinerant (Temporary) Food Service - Including Trade/Convention Open to the Public at cost (Not to Exceed 14 days per quarter)	1-5 Day Event, Ea Unit 6-10 Day Event, Ea Unit 11-14 Day Event, Ea Unit	\$126 \$153 \$190	25.2-126 15.3-25.5 13.57-17.27	\$134 \$163 \$203	26.8-134 16.3-27.17 14.5-18.45
Late Itinerant Permit Fee - Less than 7 calendar days but more than 24 hrs between application and event.	1-5 Day Event, Ea Unit 6-10 Day Event, Ea Unit 11-14 Day Event, Ea Unit	\$63 \$76 \$95		\$67 \$81 \$101	
IF LESS THAN 24 HOURS, DOUBLE FEE					
Seasonal Permit (not to exceed 4 months on, 2 months off)		\$65	\$0.18	\$100	\$0.83
(not to exceed 5 months on)				\$150	\$1.00
(not to exceed 6 months on)				\$200	\$1.11
(not to exceed 7 months on)				\$250	\$1.19
(not to exceed 8 months on)				\$300	\$1.25
66 Annual Itinerant Permit - Low Risk		\$500	\$1.37	\$534	\$1.46
High Risk		\$750	\$2.05	\$800	\$2.19
Farmers' Markets:					
60 Farmers' Market - Natural State	Exempt				
61 Farmers' Market - Sampling	Annual/Multiple Locations	\$278	\$0.76	\$297	\$0.81
62 Farmers' Market - Processed Prod.	Annual/Multiple Locations	\$278	\$0.76	\$297	\$0.81
63 Farmers' Market - High Risk Food	Annual/Multiple Locations	\$695	\$1.90	\$742	\$2.03
64 Farmers' Market - Low Risk Food	Annual/Multiple Locations	\$278	\$0.76	\$297	\$0.81
67 Farmers Market Event Coordinator	Annual	\$278	\$0.76	\$297	\$0.81
Miscellaneous Food Service Commons (Permanent Location):					
15 Swap Meet Mall Food Court		\$500	\$1.37	\$534	\$1.46
Public Accommodations:					
51 Hotel	Base +	\$348	\$0.95	\$371	\$1.02
52 Motel	Per Unit	\$4.00	\$0.0110	\$4.27	\$0.0117
53 Mobile Home Park	Not To Exceed Maximum Cost (Capped # Rooms = 1,967)	\$8,216	\$22.51	\$8,766	\$24.02
54 Apartment House					
55 Rooming House					
56 Migrant Labor Camp					
57 RV Park					
58 Motel w/ Kitchen					
59 Bed & Breakfast					
127 [Nonprofit] Summer Camps/ Children's Home/Institution (Set by Statute)	Initial Renewal	\$25 \$10		\$25 \$10	
128 Juvenile/Penal Institutions	Exempt	\$0		\$0	
137 Campgrounds: SCR, Dry Camping	Base + Per Space	\$113 \$2.30	\$0.31 \$0.0063	\$121 \$2.45	\$0.33 \$0.0067
Miscellaneous Public Facilities:					
157 Massage Parlor		\$348	\$0.95	\$371	\$1.02
158 Mobile Massage Vendor		\$348	\$0.95	\$371	\$1.02
159 Mattress Refurbishing Company		\$580	\$1.59	\$619	\$1.70
Swimming Pools & Spas:					
70 Nat Bathing Place	<1000 SqFt	\$396	\$1.08	\$423	\$1.16
71 Muni/School Pool	1000-2999 SqFt	\$681	\$1.87	\$727	\$1.99
72 Living Unit Swim Pool	3000-4999 SqFt	\$875	\$2.40	\$934	\$2.56
73 Spa	5000-9999 SqFt	\$980	\$2.68	\$1,046	\$2.86
74 Wading Pool	>=10,000 SqFt	\$1,043	\$2.86	\$1,113	\$3.05
75 Water Rec. Attraction					
76 SpecialPurpose Pool					
77 Flotation Tank					
78 Flow Through Pool					
79 Other Swimming Pool					
Swimming Pool Certification:					
130 Technician	Exam Renewal Every 2 Years	\$160 \$82		\$171 \$87	
131 Technician-Apprentice & 133 Operator	Exam Renewal Every 2 Years	\$113 \$67	\$0.18	\$121 \$71	\$0.20
134 Company	Exam Renewal Every 2 Years	\$326 \$243	\$0.67	\$348 \$259	\$0.71
Health Clubs:					
129 Health Clubs/Bath Houses		\$348	\$0.95	\$371	\$1.02
Tattoo/Permanent Makeup & Body Piercing Businesses:					
126 Tattoo Parlor/Perm. Make-up		\$278	\$0.76	\$297	\$0.81
136 Body Piercing (Low Risk) Business (Ear Lobe Only)		\$278	\$0.76	\$100	\$0.27
146 Body Piercing (High Risk) Business		\$278	\$0.76	\$297	\$0.81
156 Body Art Vehicle		\$278	\$0.76	\$297	\$0.81
Written Exam for Artist:	Per Exam/Re-Exam	\$113		\$121	
Special Events: (Artist Fees always apply, Booth Fee only when # Booths < 11)					
Artist		\$139		\$148	
Booth (1-5 days)		\$445		\$475	
Booth (6-10 days)		\$584		\$623	
Booth (11-15 days)		\$723		\$771	
Coordinator	Per Event	\$278		\$297	
Late Body Art Event Permit Fee - Less than 7 calendar days but more than 24 hrs between application and event.	1-5 Day Event, Ea Booth 6-10 Day Event, Ea Booth 11-14 Day Event, Ea Booth	\$223 \$292 \$362		\$238 \$312 \$386	
IF LESS THAN 24 HOURS, DOUBLE FEE					

Southern Nevada Health District
Environmental Health Division
Permit and Plan Review Fee Schedule

Effective: July 1, 2009

Approved by the Board of Health XX/XX/XXXX

Type of Fee by Category		effective 7/1/2008		effective 7/1/2009	
Schools - Public and Private					
120 Elementary Schools		\$113	\$0.31	\$121	\$0.33
124 Middle Schools		\$113	\$0.31	\$121	\$0.33
135 High Schools		\$113	\$0.31	\$121	\$0.33
Childcare Facilities:					
121 Family Care Homes (1-6) & Group Care Homes (7-12)	Annual	\$113	\$0.31	\$121	\$0.33
	Annual	\$229	\$0.63	\$244	\$0.67
122 Child Care Centers (13+)	Annual	\$340	\$0.93	\$363	\$0.99
Miscellaneous Fees:					
Late Permit Invoice Payment	Added for nonpayment 90 or more days after fee due date.	50%		50%	
Reprint Permit				\$25	
Missed Appointment Fee		\$229		\$244	
Failed Reinspection Following Downgrade to "B"		\$229		\$244	
Inspection Following Downgrade to "C"		\$229		\$489	
Failed field visit or inspection resulting in a Closure of an Establishment		\$348		\$733	
Change of Ownership Late Fee (>30 days after COO)	Add 1 % of Permit Fee			50%	
After Hours Reinspection		\$459		\$490	
Verified Complaint				\$59	
Event Coordinator		\$278		\$297	
Certified Food Manager Program Review				\$100	
Late Event Coordinator Permit Fee - Less than 7 calendar days but more than 24 hrs between application and event	1-5 Day Event	\$88		\$94	
	6-10 Day Event	\$105		\$112	
IF LESS THAN 24 HOURS, DOUBLE FEE	11-14 Day Event	\$132		\$141	
Any Advisory Field Inspection, Survey, or ReSurvey made at the request of a member of the public		\$229		\$244	
Mosquito Control/Public Health Nuisance Abatement					
Initial treatment		\$0		\$0	
Additional Tx for Time and Insecticide		\$127		\$136	
Additional Tx for Time only		\$90		\$96	
Inactive Status Permit Fee		\$90	\$0.25	\$96	\$0.26
Room Closure (ReOpening Inspection) Fee					
1-5 Rooms		\$272		\$290	
6-10 Rooms		\$343		\$366	
11-15 Rooms		\$414		\$442	
Additional 5 room increments		\$71		\$76	
GENERAL PLAN REVIEW					
Plan Review - New Facility Please Note: Application/Plan Review Fees are valid for one year only.					
Food Service	Base +	\$382		\$408	
Takeout	Per Seat +	\$2.30		\$2.45	
High Risk Concession	Per Drive-up window	\$76		\$81	
Portable Banquet Bar	Per Business +	\$278		\$297	
(Inside/Outside) On/Off Site Portable Unit	Per Unit	\$90		\$96	
Grocery Store Sampling		\$278		\$297	
Food Service Support	<1000 SqFt	\$834		\$890	
Retail/Wholesale Food Processors	1000-2999 SqFt	\$1,111		\$1,185	
(Includes Game Processing)	3000-4999 SqFt	\$1,390		\$1,483	
Retail/Wholesale Food Sales	5000-9999 SqFt	\$1,668		\$1,780	
Chicken Processing Facility	>=10,000 SqFt	\$1,946		\$2,076	
Discount Stores					
Pools & Spas (Includes Major Remodels)	<1000 SqFt	\$910		\$971	
	1000-2999 SqFt	\$1,133		\$1,209	
	3000-4999 SqFt	\$1,251		\$1,335	
	5000-9999 SqFt	\$1,744		\$1,861	
	>=10,000 SqFt	\$1,820		\$1,942	
Schools - Public/Private	Elementary School	\$340		\$363	
	Middle School	\$451		\$481	
	High School	\$605		\$646	
Jails/Correctional Facilities	< 50	\$375		\$400	
	50 - 250	\$529		\$564	
	> 250	\$681		\$727	
Childcare Facilities	<1000 SqFt	\$605		\$646	
	1000-2999 SqFt	\$834		\$890	
	3000-4999 SqFt	\$910		\$971	
	5000-9999 SqFt	\$1,064		\$1,135	
	>=10,000 SqFt	\$1,439		\$1,535	
Public Accommodations	Base +	\$695		\$742	
	Per Room	\$7.00		\$7.47	
Mobile Homes and RV Parks				\$306	
126 Tattoo/Permanent Makeup & Body Piercing		\$348		\$371	
136 Low Risk (Ear Lobe Only)		\$348		\$118	
156 Mobile Body Art vehicle		\$348		\$371	
146 High Risk		\$695		\$742	
Annual Itinerant - High Risk				\$300	
Low Risk				\$244	
69 Seasonal Permit		\$229		\$244	
Frozen Product Sales/Delivery Truck		\$229		\$244	
Ice Cream Truck				\$244	

Southern Nevada Health District
Environmental Health Division
Permit and Plan Review Fee Schedule

Effective: July 1, 2009

Approved by the Board of Health XX/XX/XXXX

Type of Fee by Category		effective 7/1/2008		effective 7/1/2009	
Pool Service Vehicle	Per Truck	\$236		\$252	
Mobile Unit from which Customers Serve Self (MUCSS)		\$375		\$400	
Mobile Full Service Food		\$459		\$490	
Vending Machine Company	<1000 SqFt + 1000-2999 SqFt + 3000-4999 SqFt + 5000-9999 SqFt + >=10,000 SqFt + Each machine			\$890 \$1,185 \$1,483 \$1,780 \$2,076 \$75	
Mattress Refurbishing Company	Instate Out of State			\$175 \$619	
Retail - Primary Purpose NOT Food Sales (<25% Total Floor Space)					
Video Store (inc packaged PHF's)				\$160	
Gift Store (inc packaged PHF's)					
Dollar Store (inc packaged PHF's)					
Vitamin Store NO PHF's (<500 sqft)					
Plan Review - Remodeling:					
Minor		\$348		\$371	
Plan Review - Major Remodel:					
Food Service	Base + Per Seat Per Drive-up window	\$306 \$1.50 \$37		\$327 \$1.60 \$39	
Food Service Support	<1000 SqFt	\$834		\$890	
Retail/Wholesale Food Processor (Includes Game Processing)	1000-2999 SqFt 3000-4999 SqFt	\$1,111 \$1,390		\$1,185 \$1,483	
Retail/Wholesale Food Sales	5000-9999 SqFt >=10,000 SqFt	\$1,668 \$1,946		\$1,780 \$2,076	
Public Accommodations Remodel	Base + Per Room	\$348 \$7.00		\$371 \$7.47	
Public Accommodations Additions	Base + Per Room	\$695 \$7.00		\$742 \$7.47	
Subdivision Review:					
Connected to public sewer	Base + Per Dwelling unit	\$306 \$16.00		\$327 \$17.07	
Not connected to public sewer	Base + Per Dwelling unit	\$459 \$17.00		\$490 \$18.14	
Commercial Connected to public sewer				\$600	
Commercial Not connected to public sewer				\$600	
Plan Review - Miscellaneous Fees:					
Plan Review Reinspection Fee (Facility has requested visit, but still not ready to open due to items not completed as previously supplied in writing.)	Per Permit	\$229		\$244	
Late or No Submission of Plans	Plan Review Fee	200%		200%	
Missed Appointment Fee		\$229		\$244	
All Categories: Plan Resubmittal Fee		\$229		\$244	
Change of Ownership Fac and Equip Evaluation		\$323		\$345	
Preliminary/Advisory plan review or inspection done at public request		\$229		\$244	
Non-permitted Field Plan Review Upon Request		\$229		\$244	
Any Office Advisory Plan Review Made at the Request of a member of the Public		\$188		\$201	
Special Circumstance Fee (i.e., Phased Opening Inspection)				\$118	
Any Other New Permitted Facility		\$153		\$163	
Variance Candidate Worksheet Mtng		\$153		\$163	
Any Variance	Base Fee + Cost of Public Notice	\$1,133		\$1,209	Actual Cost
Exemption		\$53		\$100	
After-hours Inspection @ request of Owner/Contractor **Depending on Availability**	Base + per hr after 3 hours	\$529 \$229		\$564 \$244	
WASTE MANAGEMENT FEES					
Waste Management - Annual Fees:					
90 MSW Landfill		\$1,131	\$3.10	\$3,200	\$8.77
89 Class III Landfill		\$910	\$2.49	\$1,500	\$4.11
88 Transfer Station		\$910	\$2.49	\$1,500	\$4.11
93 Material Recovery Facility (MRF)		\$1,425	\$3.90	\$2,000	\$5.48
170 Construction and Demolition Temp Storage		\$424	\$1.16	\$600	\$1.64
198 Recycling Center		\$229	\$0.63	\$400	\$1.10
96 Compost Facility		\$229	\$0.63	\$800	\$2.19
195 Salvage Yard/Auto Dismantling Yard		\$544	\$1.49	\$580	\$1.59
182 Public Storage Bins/Convenience Center		\$215	\$0.59	\$400	\$1.10
193 Waste Management Audit		\$218	\$0.60	\$233	\$0.64
192 Underground Storage Tanks (UST)	Base and 1 tank + Each Additional Tank	\$375	\$1.03	\$400	\$1.10
180 Waste Tire Management Facility		\$218	\$0.60	\$400	\$1.10
171 Asbestos Haulers	Initial Each Additional Permit	\$218	\$0.60	\$500	\$1.37
181 Solid Waste Hauling Business	Per Company +	\$306	\$0.84	\$500	\$1.37
Waste Tire Hauling Business	Per Truck	\$84	\$0.23	\$100	\$0.27

Southern Nevada Health District
Environmental Health Division
Permit and Plan Review Fee Schedule

Effective: July 1, 2009

Approved by the Board of Health XX/XX/XXXX

Type of Fee by Category		effective 7/1/2008		effective 7/1/2009	
132 Liquid Waste Hauling Business	Per Company + Per Truck	\$306 \$84	\$0.84 \$0.23	\$327 \$90	\$0.89 \$0.25
Waste Management Temporary Permit	Applicable business fee %			50%	
Reinspection Fee		\$90		\$200	
Waste Management - Plan Review:					
UST New Business & Upgrade for Existing		\$375		\$400	
UST Closure Review & Final Inspection		\$375		\$400	
MSW Landfill		\$15,149		\$16,164	
Class III Landfill		\$6,060		\$6,466	
Transfer Station		\$3,915		\$4,177	
Materials Recovery Facility (MRF)		\$3,132		\$3,342	
Construction and Demolition Temp Storage		\$711		\$759	
Recycling Center		\$1,515		\$1,617	
Compost Facility		\$1,515		\$1,617	
Salvage Yard/Auto Dismantling Yard		\$1,515		\$1,617	
Public Storage Bin/Convenience Center		\$758		\$809	
Waste Tire Management Facility		\$758		\$809	
Solid Waste Hauling Business		\$758		\$809	
Waste Tire Hauling Business					
Plan Review Resubmittal Fee				50%	
Temporary Permit Application Fee	Applicable Business Plan Rev Fee %			50%	
Waste Management - Modifications to Existing Permits: (<10% Change)					
MSW Landfill		\$1,515		\$1,616	
Class III Landfill		\$606		\$647	
Transfer Station		\$392		\$418	
Materials Recovery Facility (MRF)		\$313		\$334	
Construction and Demolition Temp Storage		\$71		\$76	
Recycling Center		\$152		\$162	
Compost Facility		\$152		\$162	
Salvage Yard/Auto Dismantling Yard		\$152		\$162	
Public Storage Bin/Convenience Center		\$76		\$100	
Waste Tire Management Facility		\$76		\$100	
Solid Waste Hauling Business		\$76		\$100	
Waste Tire Hauling Business					
ISDS Loan Application:					
File verification & Review		\$76		\$100	
On-site ISDS (Application & Inspection) (1)		\$257		\$274	
Bact. Water Sample (2)		\$257		\$274	
Chem. Water Sample (3)		\$257		\$274	
Combination (1/2/3)		\$326		\$348	
Reinspection		\$264		\$282	
ISDS Parcel Map Review				\$200	
Sewage Disposal Plan Review:					
Residential ISDS -					
Permit to construct & inspection:		\$529		\$564	
Reinspection:		\$264		\$282	
Business ISDS -					
Permit to construct & inspection:		\$1,064		\$1,135	
Reinspection:		\$264		\$282	
Alternative Sewage Systems -					
Permit to construct & inspection:		\$910		\$971	
Annual renewal:		\$264		\$282	
Nitrate Removal System - Annual Renewal:		\$264		\$282	
Nonstandard/Advisory -					
Residential System		\$153		\$163	
Business System		\$229		\$244	
Any ISDS Remodel:		\$153		\$163	



April 29, 2009

Mr. Glenn Savage, REHS
Environmental Health Director
Southern Nevada Health District
P.O. Box 3902
Las Vegas, NV 89127

Dear Glenn:

Thank you for the opportunity to submit comments on the proposed Southern Nevada Health District's (SNHD) Environmental Health Division Permit and Plan Review Fee Schedule.

These permit and plan review fees, last increased two years ago in 2007, are proposed to increase 6.7 percent on July 1, 2009, with an additional 7.4 percent increase effective July 1, 2010. Over this two year period, fee increases would amount to over 14 percent and would be levied on businesses that are facing the most difficult and severe economic challenges on record.

The Nevada Resort Association, a trade association comprising most of Nevada's premier resort hotels, recognizes the importance of the SNHD's mission in protecting the health of both our residents and our visitors and is proud of the cooperative relationship that exists between the District and the gaming industry. But we would respectfully suggest that, in light of today's economic conditions, fee increases in the magnitude being proposed are not appropriate.

I know that you are aware of the data, but I nevertheless think it is important to briefly share with you some of the latest economic indicators that underscore the severity of the business conditions confronting Nevada's casino and resort industry. And, unfortunately, there is no consensus among analysts or economists as to how deep the current economic slump will be or how long the global or national recession will last. A comparison of some of gaming industry indicators at the end of 2008 versus the end of 2007, supplemented by more recent data, provides a snapshot of the condition of gaming and tourism in Nevada.

The State of Nevada Economic Forum, meeting on December 1, 2008, forecast total state gaming taxes to decrease 11 percent in the current 2009 fiscal year (after a 6.4 percent decline in FY 08), and increase only a moderate 3.3 percent and 3.9 percent in FY 10 and FY11, respectively. The upcoming meeting of the Economic Forum, scheduled for May 1, 2009, is widely expected to issue an even more pessimistic economic outlook for the Nevada economy generally and the gaming industry specifically.

In February, the State Gaming Control Board, in releasing December 2008 and annual collection numbers acknowledged that the calendar year 2008 collection decreases were the worse on record, with an unprecedented drop for the fourth quarter of 18.9 percent. As of this date, the most recent collections of state gross gaming revenue taxes are lagging last year's collections by some 16.2 percent.

The Las Vegas Convention and Visitors Authority reported that Las Vegas visitation dropped 4.4 percent in 2008, with four straight months of double digit decline starting in September 2008. The average daily room rate has dropped nearly 10 percent year over year in southern Nevada. And the most recent two months of data, for January and February of this year, released by the LVCVA show a 10.0 decrease in Southern Nevada visitor volume and an unprecedented 21.5 percent drop in average daily room rates.

These trends are but a few of the numerical manifestations of the pervasive economic problems that reach deep into the gaming industry and almost every other business segment in the state. By all accounts, there does not seem to be one positive indicator when comparing year end 2008 with the previous year and analysts are predicting this sustained downward trend to continue in 2009 and into 2010.

The major resort hotel companies that operate in Nevada are all experiencing levels of financial stress that have never been experienced as uniformly in the history of Nevada's gaming industry. What was unimaginable yesterday is now openly discussed in the media and elsewhere with overt speculation that a number of major gaming companies may find it necessary to seek the protection of bankruptcy courts because of sagging business volumes.

As a result, most gaming companies have bitten the bullet and laid off employees, reduced work hours, and suspended contributions to voluntary retirement plans, among other cost savings measures. In our own experience we have seen substantial reductions at every level of employment from the most senior level executives to hourly workers, and, in some cases, companies have completely eliminated entire gaming divisions. Our member companies have had to, without hesitation, adapt to a new long-term reality. In the midst of it all, these are companies that do not have great latitude in the changes they make to their business models because they must maintain the integrity of service and product they provide in order to satisfy their guests.

As I indicated previously, we recognize that the SNHD must also protect the integrity of its service levels, but, before adopting any fee increases, the SNHD should clearly demonstrate that they have taken many of the same steps we have taken by subjecting each item of expense to maximum scrutiny and by wholly eliminating spending that is without adequate justification or isn't sustainable in this environment.

In today's difficult and challenging economic times, it is critical that the SNHD make a clear and convincing case of need for only the proposed current year fee increases that are necessary to protect the public health in Southern Nevada, that only the smallest amount absolutely necessary be approved, and that any fee increase proposals beyond this year be tabled until there is a clearer view of the economic environment in 2010.

Sincerely,

William Bible
President
Nevada Resort Association

CC. Members, Southern Nevada Health District
Board of Directors, Nevada Resort Association

H1N1 Swine Influenza BOH Briefing

John Middaugh, MD
Brian Labus, MPH

May 28, 2009



MMWRTM

Morbidity and Mortality Weekly Report
www.cdc.gov/mmwr

MMWR Dispatch
Vol. 58 / April 21, 2009

Swine Influenza A (H1N1) Infection in Two Children – Southern California, March–April 2009

On April 17, 2009, CDC determined that two cases of febrile respiratory illness occurring in children who resided in adjacent counties in southern California were caused by infection with a swine influenza A (H1N1) virus. The viruses from the two cases are closely related genetically, resistant to amantadine and rimantadine, and contain a unique combination of gene segments that previously has not been reported among swine or human influenza viruses in the United States or elsewhere.

Neither child had contact with pigs; the source of the infection is unknown. Investigations to identify the source of infection and to determine whether additional persons have been ill from

outpatient clinic, and a nasopharyngeal swab was collected for testing as part of a clinical study. The boy received symptomatic treatment, and all his symptoms resolved uneventfully within approximately 1 week. The child had not received influenza vaccine during this influenza season. Initial testing at the clinic using an investigational diagnostic device identified an influenza A virus, but the test was negative for human influenza subtypes H1N1, H3N2, and H5N1. The San Diego County Health Department was notified, and per protocol, the specimen was sent for further confirmatory testing to reference laboratories, where the sample was verified to be an unsubtypable

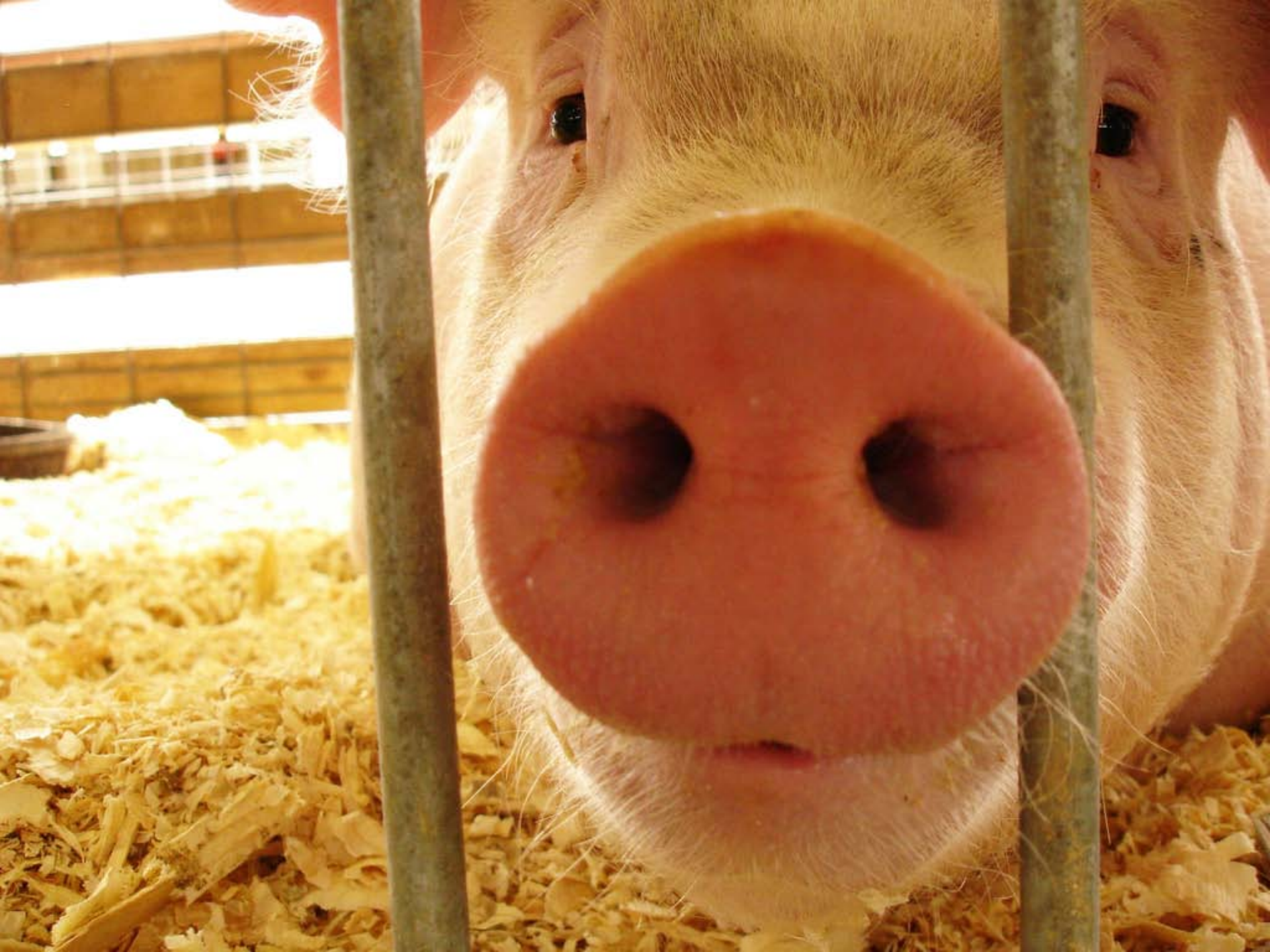




Table 2. Phylogenetic Analysis of Sequences of all Genes Identified in A/California/04/2009.*

Gene	Nucleotide Length	NCBI Number	Strain	Lineage	Subtype	Identities	Additional Information
HA	1701	AF455600.1	A/Swine/Indiana/P12439/00	North American swine	H1N2	1621/1701 (95%)	
NA	1410	AJ412690.1	A/Swine/Belgium/1/83	Eurasian swine	H1N1	1302/1410 (92%)	
M	972	AJ293925.1	A/Hong Kong/1774/99	Eurasian swine	H3N2	945/972 (97%)	Human case of H3N2 Eurasian swine influenza
PB2	2264	EU301177.2	A/swine/Korea/JNS06/2004	North American swine	H3N2	2186/2264 (96%)	
PB1	2274	AF342823.1	A/Wisconsin/10/98	North American swine	H1N1	2203/2274 (96%)	
PA	925	AF455717.1	A/Swine/North Carolina/93523/01	North American swine	H1N2	877/925 (94%)	
NP	1497	AF251415.2	A/Swine/Iowa/533/99	North American swine	H3N2	1449/1497 (96%)	
NS	838	AF153262.1	A/Swine/Minnesota/9088-2/98	North American swine	H3N2	809/838 (96%)	

Source: Novel Swine-Origin Influenza A (H1N1) Virus Investigation Team. Emergence of a Novel Swine-Origin Influenza A (H1N1) Virus in Humans. *NEJM*. 2009;361.



Swine Flu

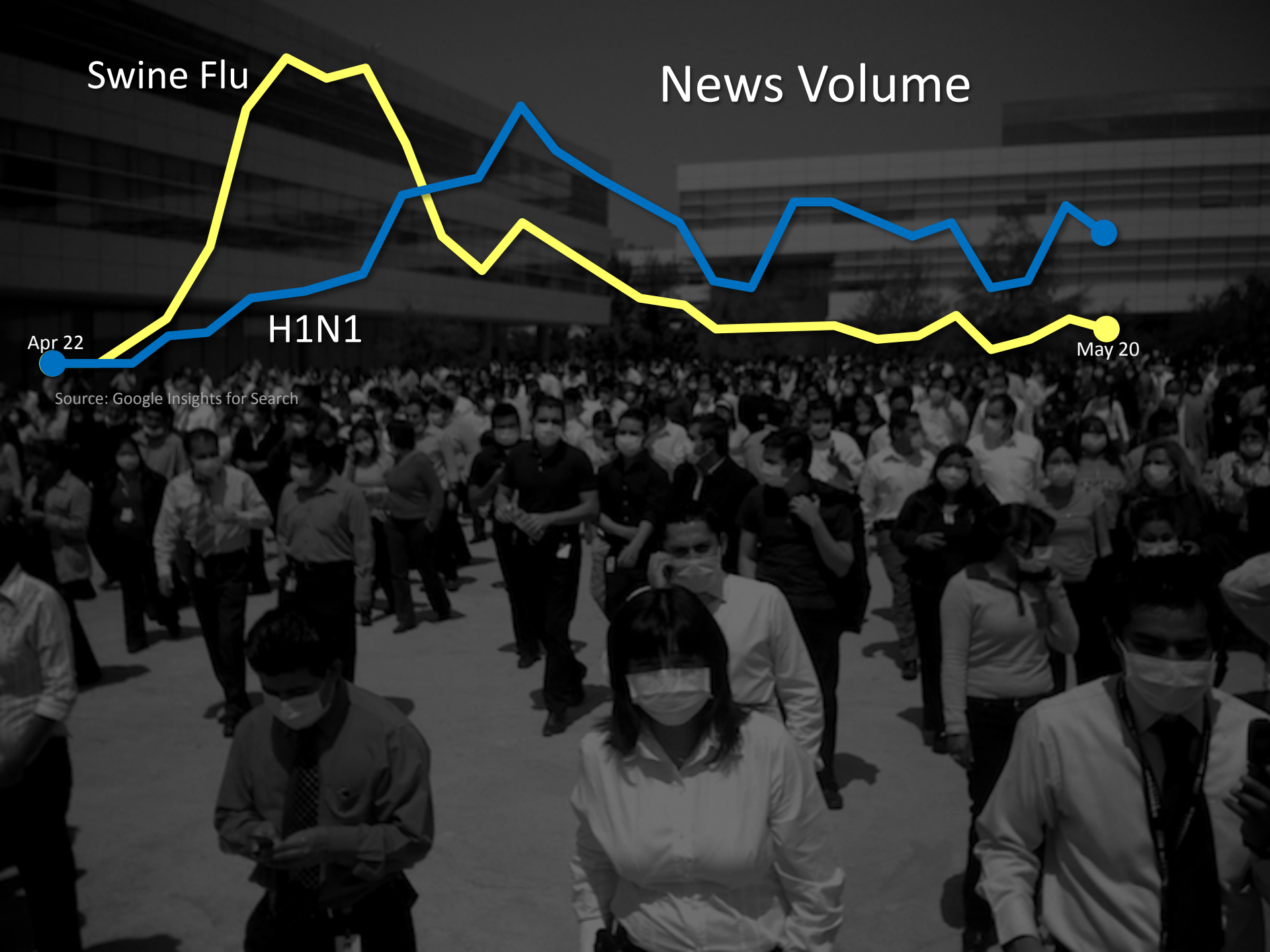
News Volume

Apr 22

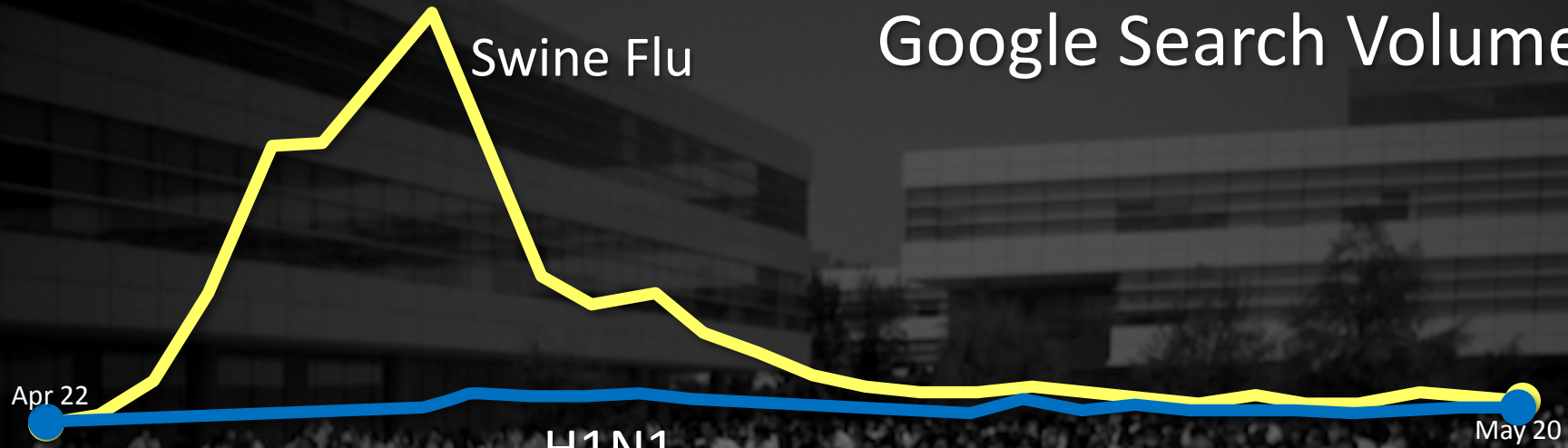
H1N1

May 20

Source: Google Insights for Search



Google Search Volume



Swine Flu

H1N1

Apr 22

May 20

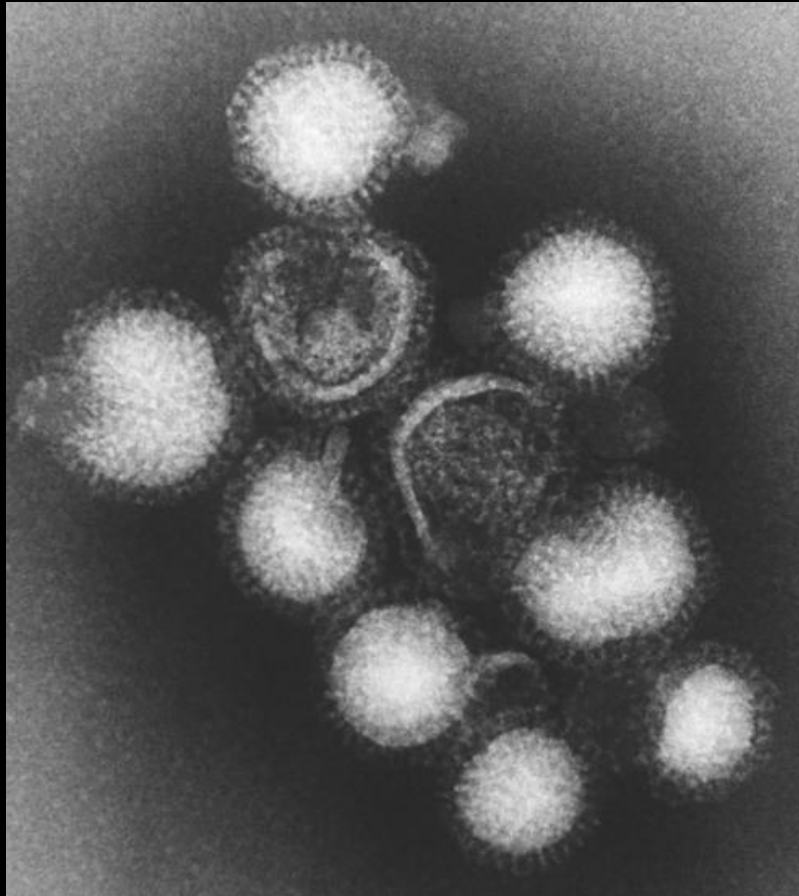
Source: Google Insights for Search



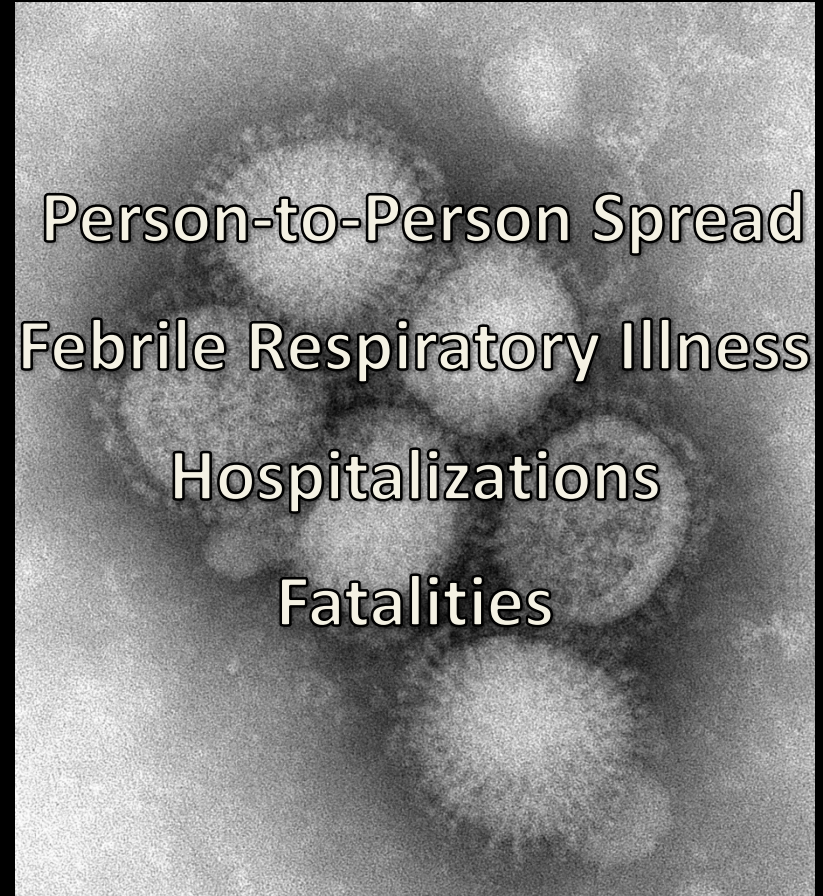
A grayscale electron micrograph showing several spherical H1N1 Swine Influenza virus particles. The particles have a distinct outer shell and a darker, textured interior. They are scattered across the frame, with some appearing more prominent than others.

Person-to-Person Spread
Febrile Respiratory Illness
Hospitalizations
Fatalities

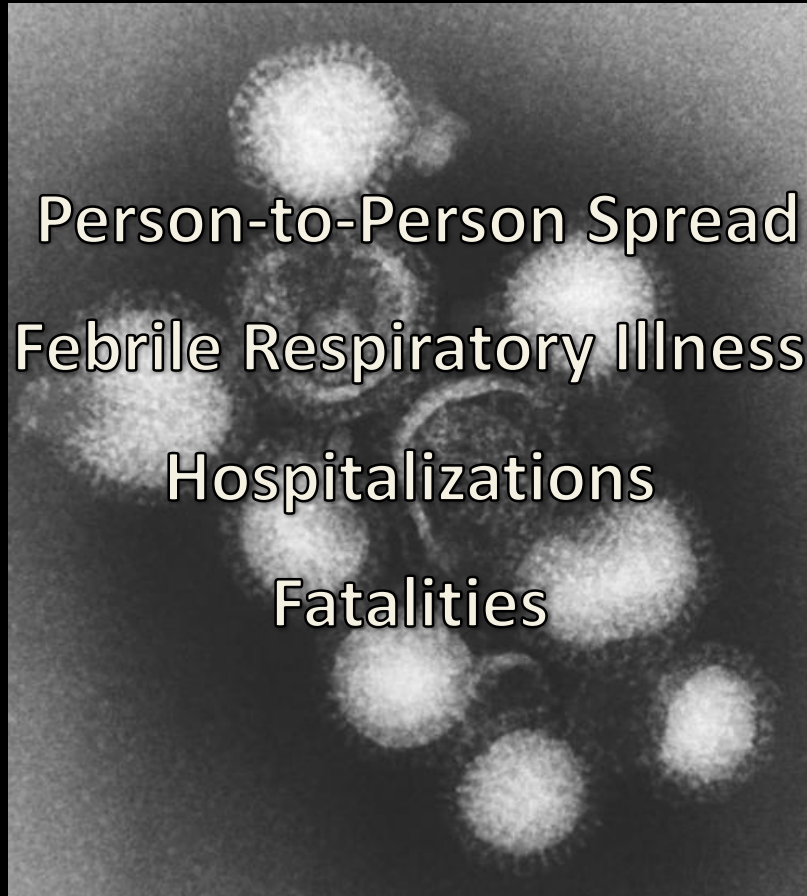
H1N1 Swine Influenza



H1N1 Seasonal Influenza

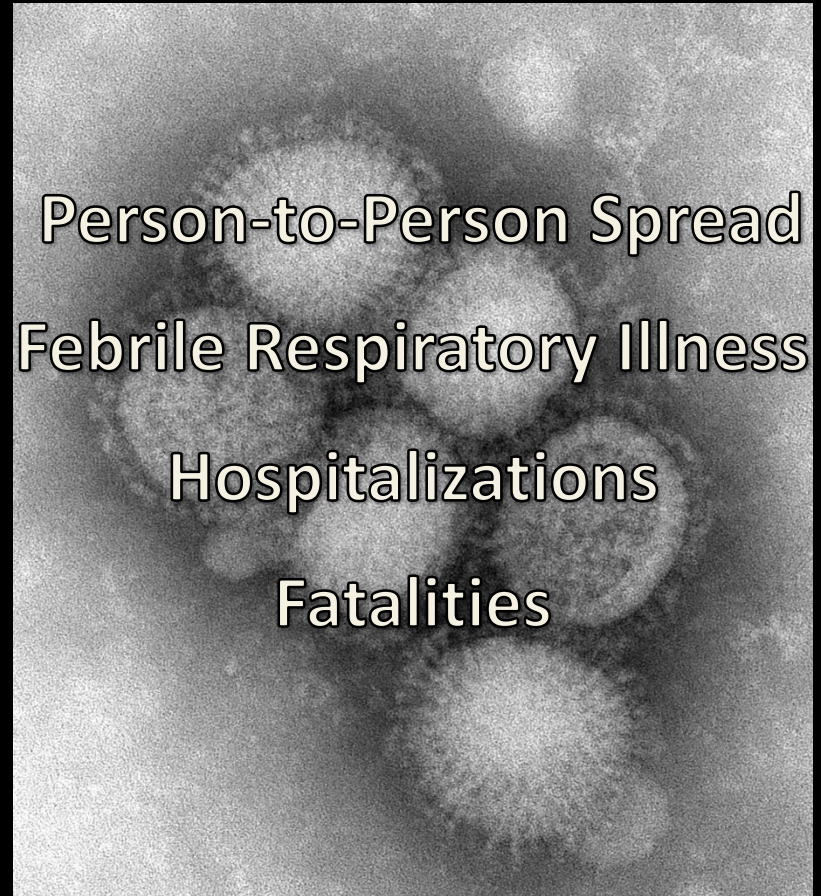


H1N1 Swine Influenza



Person-to-Person Spread
Febrile Respiratory Illness
Hospitalizations
Fatalities

H1N1 Seasonal Influenza



Person-to-Person Spread
Febrile Respiratory Illness
Hospitalizations
Fatalities

H1N1 Swine Influenza

A black and white photograph of a vintage jukebox. The jukebox is filled with records and has a glass front. A large, bright yellow number '29' is overlaid on the image, centered over the jukebox. The jukebox has various signs and text, including 'NATIONAL SYMBOL OF PATRIE' at the top left, 'ROCKS 'N' ROLL' on a small sign, and 'PLAY ME! RECORDS' on a sign on the jukebox. The jukebox is a classic design with a curved top and a grid of record slots.

29

cases in Southern Nevada

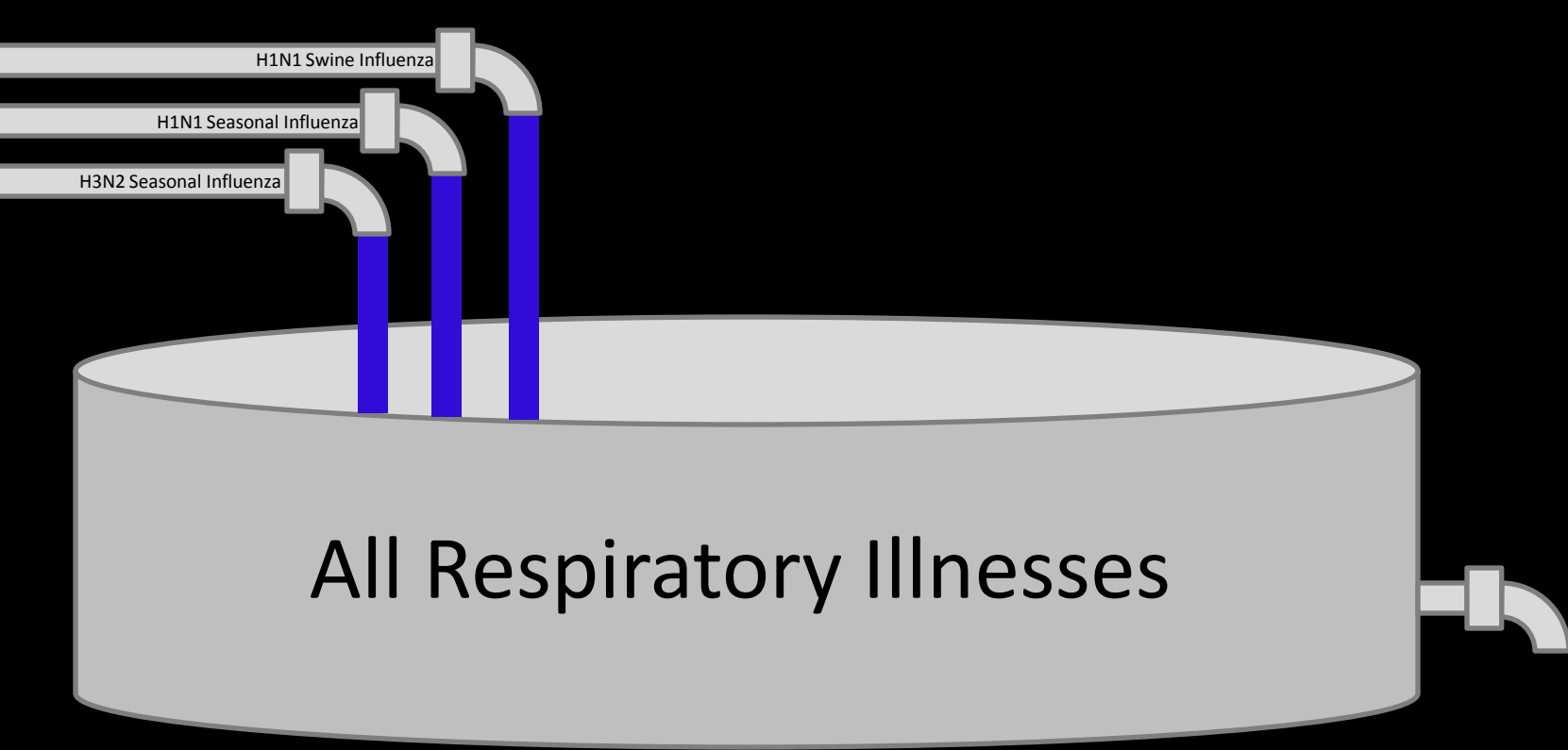


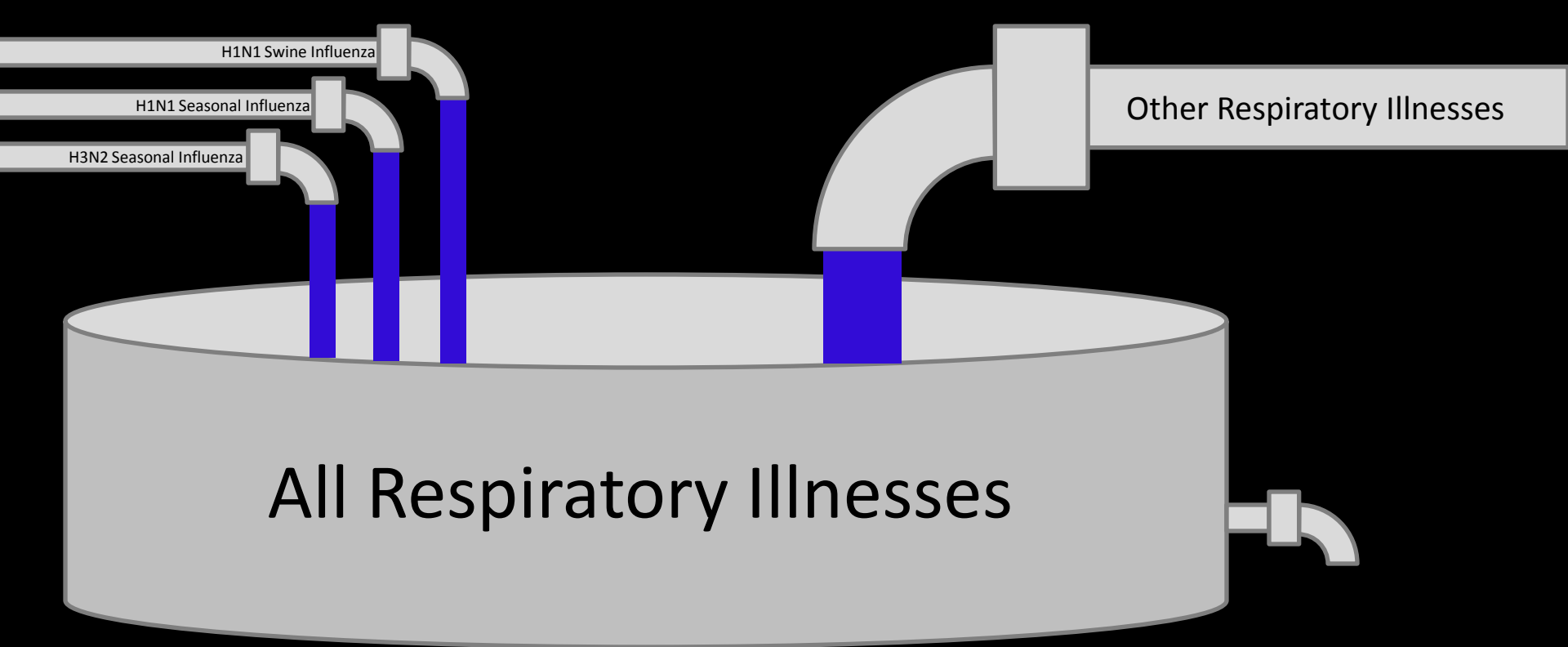
All Respiratory Illnesses

H1N1 Swine Influenza

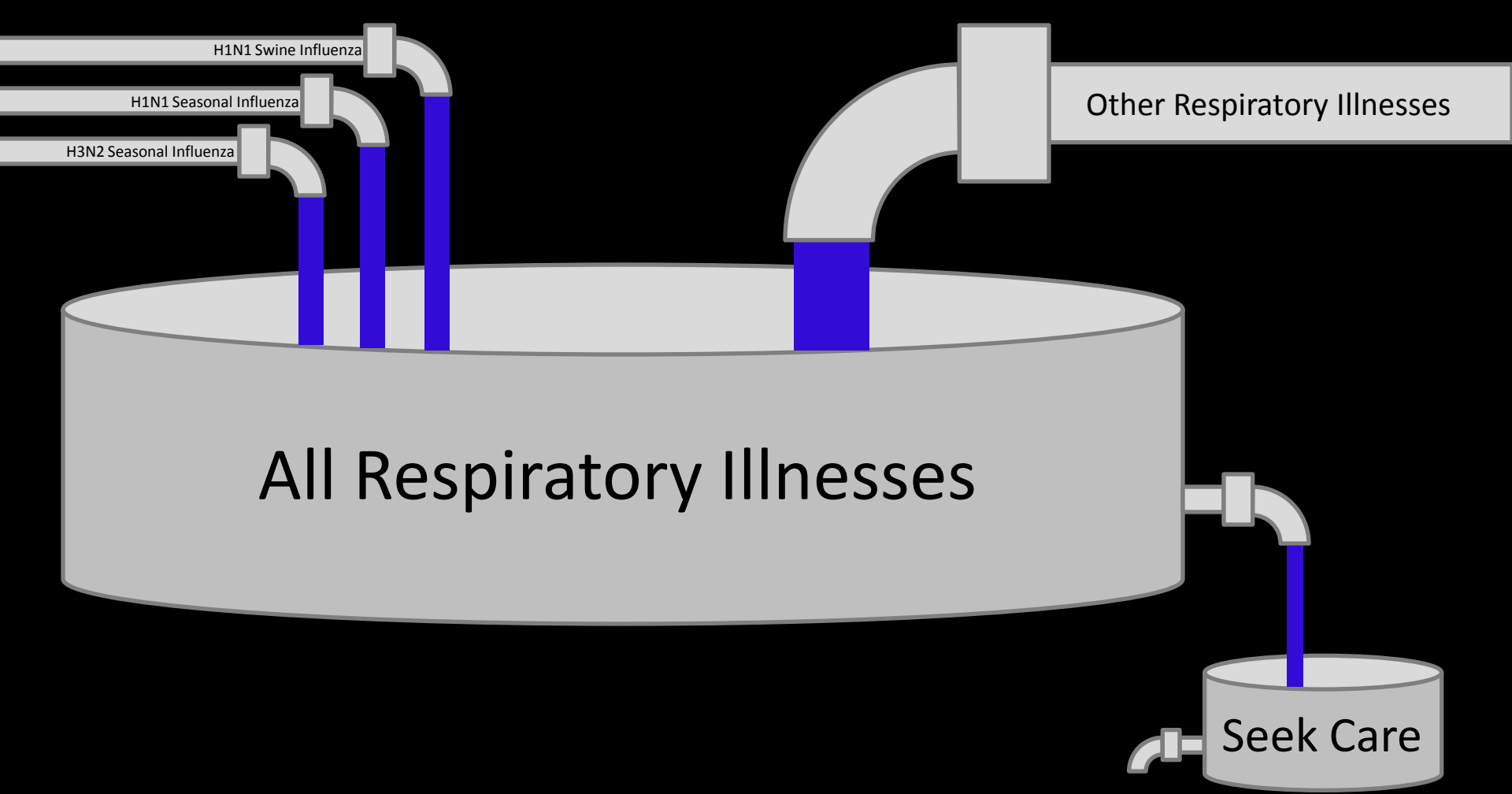
All Respiratory Illnesses







All Respiratory Illnesses



H1N1 Swine Influenza

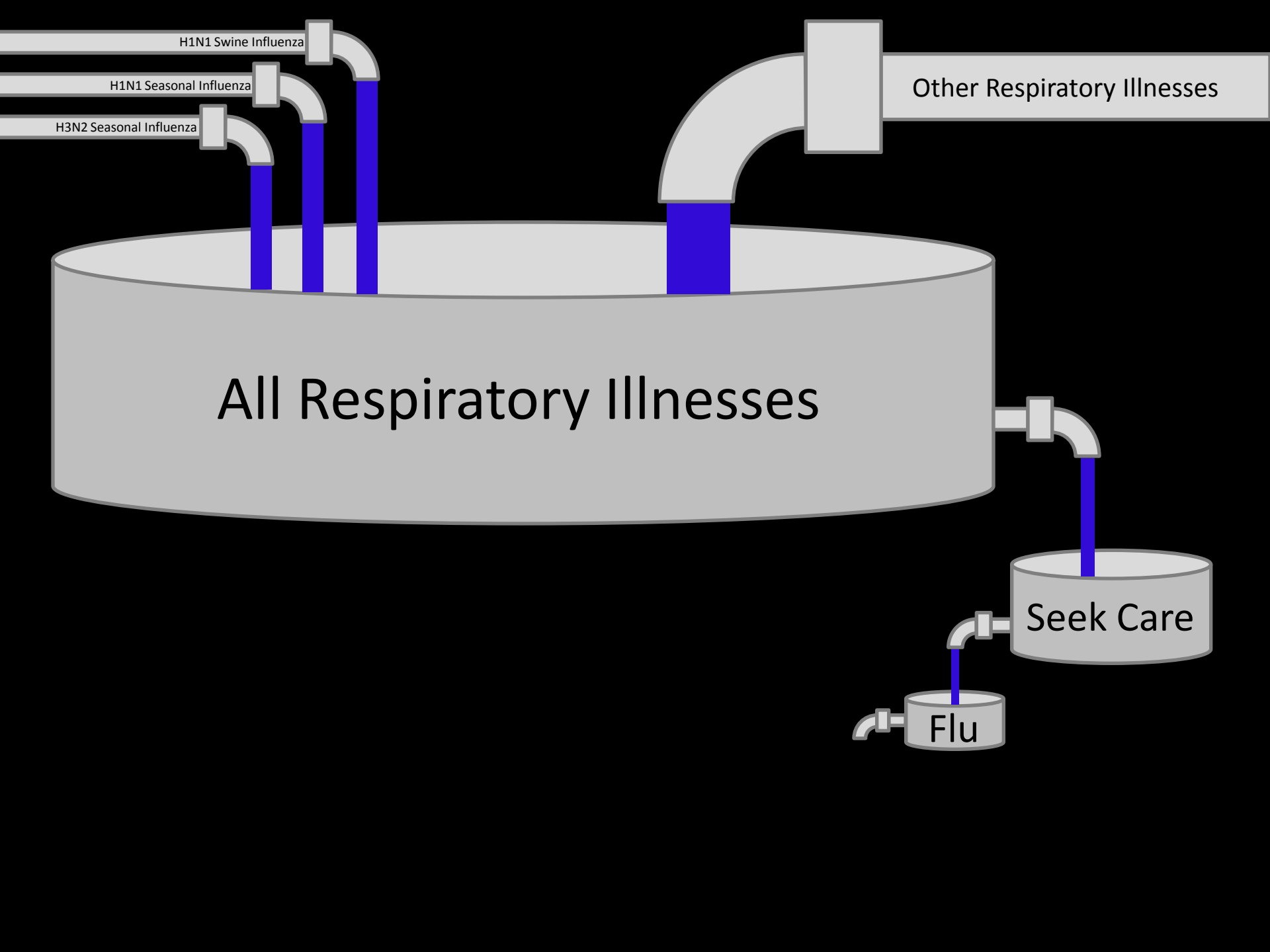
H1N1 Seasonal Influenza

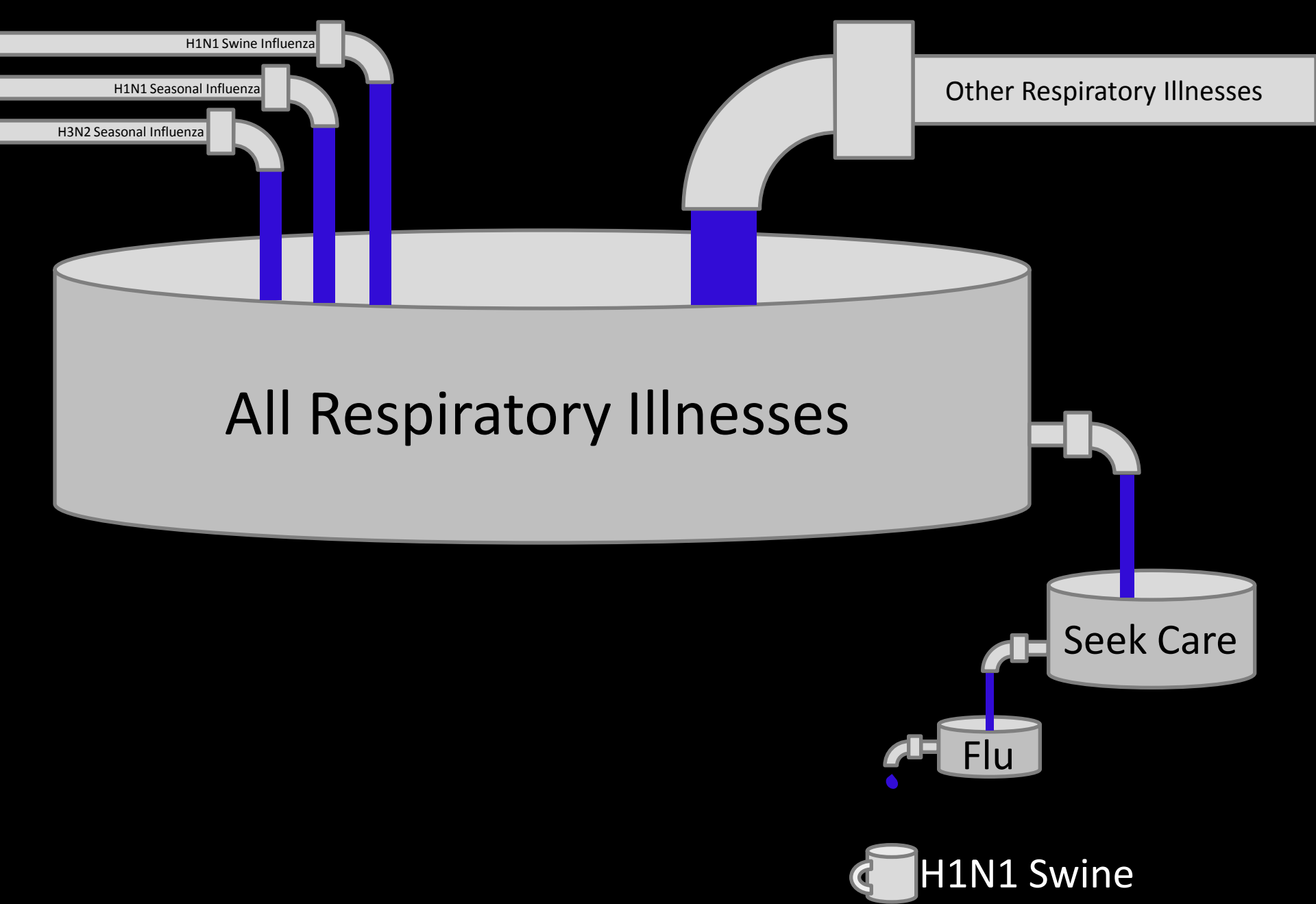
H3N2 Seasonal Influenza

Other Respiratory Illnesses

All Respiratory Illnesses

Seek Care





A black and white photograph of a vintage jukebox. The jukebox is the central focus, with its glass door reflecting light. The number '29' is overlaid in a large, bold, yellow font across the middle of the image. The jukebox has a keyboard on top and a speaker grille on the front. The background is dark and out of focus, showing other parts of the jukebox and some text on the wall, including 'NATIONAL SYMBOL OF PATRIE' and 'ROCKS 1935'.

29

cases in Southern Nevada



We Have

cases in Southern Nevada