



Memorandum

Date: November 9, 2009

To: Southern Nevada District Board of Health

From: Bonnie Sorenson, R.N., B.S.N., Director of Clinic & Nursing Services *BS*
 Lawrence K. Sands, D.O., M.P.H., Chief Health Officer *LS*

Subject: Nursing Monthly Report – October 2009

DIVISION OF NURSING DIRECTOR REPORT

I. Immunization Program:

A. Immunization Clinics:	Oct 2009	Oct 2008	YTD 2009	YTD 2008
Total Clients	9,602	10,714	73,521	85,472
Total Vaccine	18,292	19,941	160,439	185,524
Gratis	649	N/A	3,412	N/A
B. Health Card Clinic:	Oct 2009	Oct 2008	YTD 2009	YTD 2008
Total Client Encounters	6,838	8,457	76,191	89,668
Total Hepatitis A	4,751	6,127	51,671	70,234
Total TB Testing	976	1,063	12,219	13,781
C. Perinatal Hepatitis B Program:	Oct 2009	Oct 2008	YTD 2009	YTD 2008
Total Active Cases	258	178	331	430
# of Expectant Women	31	40	254	359
New Cases	5	9	60	100
Closed Cases	12	18	105	81
Total Cases	331	451	average 300-400	
Hospitals Visited	26	8	144	105
D. Vaccines for Children:	Oct 2009	Oct 2008	YTD 2009	YTD 2008
Average provider rate (4:3:1:3:3:1)	56.4%		56.48%	N/A
Average provider rate (4:3:1:3:3:4)	48.8%		49.10%	N/A
#of Drop Outs from Program	2		22	N/A
#of New Enrollments *	3		12	N/A
#of Fed. Qualified Health Ctr.	96		96	N/A
#of Tribal Health	2		2	N/A
#of Other Public Health Centers	6		6	N/A

Total number of VFC to date is 142, compared to 163 in January of 2009.

*The # of new enrollments is already added to the total # of providers.

E. Immunization Project:	Oct 2009	Oct 2008	YTD 2009	YTD 2008
Adolescent - Schools Are Closed				
Clinics Public Schools	N/A	N/A	119	N/A
Clinics Private Schools	N/A	N/A	3	0
Total All Clinics	N/A	N/A	122	78
Total Clients Seen	N/A	N/A	1,801	3,541
Total Vaccine	N/A	N/A	2,199	5,115
F. Child Care:	Oct 2009	Oct 2008	YTD 2009	YTD 2008
Child Care Audits	9	3	142	18
Average Immunization Rate	80%	29%	80%	29%
Feedback	1	0	127	1
Total Clinics	0	0	36	7
Total Clients	0	0	441	106
Total Vaccine	0	0	1,042	275
G. Adult/WPV Program:	Oct 2009	Oct 2008	YTD 2009	YTD 2008
Total Worksites Visited	17	5	59	45
Total Patient Encounters	608	242	1,845	1,865
Total Contracts	3	6	180	154
Total Purchase Orders	0	1	22	17
H. Educational Events:	Oct 2009	Oct 2008	YTD 2009	YTD 2008
Total Educational Events Held	1	0	12	5
I. Vaccine Management:				
SNHD Vaccine:	Oct 2009	Oct 2008	YTD 2009	YTD 2008
Seasonal Flu Vaccine Given	3,779	5,979	6,919	15,479
Seasonal Flu Vaccine Available	0	22,354	0	22,354
State Vaccine:	Oct 2009	Oct 2008	YTD 2009	YTD 2008
Seasonal Flu Vaccine Given	5,058	9,058	8,920	12,404
Seasonal Flu Vaccine Available	0	14,000	0	14,000
*H1N1 Flu Vaccine Given to Date: 26,313				
J. Immunization Exemption Class:	Oct 2009	Oct 2008	YTD 2009	YTD 2008
Total Clients Attending	11	6	101	116

The administration of the H1N1 flu program was the main focus of the Immunization Department's activity for the month. The first clinic was held Oct. 10th. For the month, 26,313 people were immunized with either FluMist or the injectable vaccine.

- 8,920 doses of seasonal flu were administered during the month of October. Production of seasonal flu and delivery has been delayed due to manufacturers focus on H1N1.

seasonal flu and delivery has been delayed due to manufacturers focus on H1N1.

- On October 7th, the Shots 4 Tots (S4T) Program was introduced to VFC providers and day care administrators at an educational meeting held in the Auditorium. On Oct. 24th, the Shots 4 Tots Program held its kickoff event at Lorenzi Park. A total of 459 vaccines were administered to 306 children.
- The Child Care Program completed 9 audits and 1 feedback visit during October; 27 children received vaccines during the month under this program. The Childcare providers in the target zip code areas are being invited to participate in the Shots 4 Tots Program.
- The Adult Vaccination Program gave 53 Zostavax vaccinations during October. Flu clinics were held throughout the month at senior centers, senior apartment complexes, and adult day cares in Las Vegas, as well as general population clinics held in Searchlight, Laughlin, Boulder City and Overton.

II. Community Health Nursing Program:

A. Maternal Child Nursing Program:

All of the MCH nurses have volunteered to work assignments in the H1N1 clinic, along with their regular caseload. The MCH nurses were also very involved in backing up the immunization unit at the "Shots 4 Tots" event which was held at Lorenzi Park on Saturday, 10/24/09.

MCH/CCHC nurses continue to provide telephone consultation to Child Care Providers. On 10/01/09 they did a presentation on "Health and Safety Issues in the Child Care Setting" for Creative Kids Day Care Center.

B. Special Project Team and Healthy Kids Team:

The Special Projects Healthy Kids Team participated in a number of Community projects this month: "A Family Affair Connecting the Generational Dots", a community wide health fair celebrating families and promoting healthy communities. Special Projects provided information about oral healthcare including Fluoride Varnish application, information about the different services of SNHD and other health related topics.

An Educational Program was presented at Catholic Charities regarding Health, Safety and Wellness. The program was provided to Catholic Charities volunteers who provide homework assistance and mentoring to children and teens.

The team also provided Dental Carries Assessment and Fluoride Varnish applications to grade school students at Jack Daily, Bailey and Cunningham Elementary Schools. Services were provided to 190 children.

The EPSDT Coordinator contacted 151 families during October. Of those 151 families 105 were provided with referrals to SNHD or other community resources for needed services.

C. Nurse Family Partnership (NFP):

The NFP unit currently has 93 active clients and over 100 enrolled. We have been successful at enrolling 67% of our clients within the first trimester of pregnancy. To date there have been 56 births; 28 female and 28 male. Of the 56 births, 95% have been full term deliveries and 95% have been full

birth weight (2500 grams or more). To date 93% of our mothers have initiated breast feeding.

D. Childhood Lead Poisoning Prevention Program (CLPPP):

Case Management

Lead Screening:

Total number of children screened at community venues -----	27	
Total number of children screened at SNHD PHCs-----	18	
Grand total number of children screened-----	45	718 YTD

Case Management Activities:

Total number of cases opened -----	1	
Total number of cases closed-----	0	
Total number of contacts made by the CLPPP case manager -----	19	
Total number of active cases -----	11	56 YTD

E. Refugee Health Program:

The Refugee Health Program saw 56 clients during October. Laboratory results are still pending so the final number of referrals for communicable disease is unavailable.

III. HIV/STD:

Statistics for October 2009

➤Newly identified AIDS cases	= 22	YTD = 165
➤Newly identified HIV infections	= 25	YTD = 190
➤Pediatric AIDS cases	= 0	YTD = 0
➤Pediatric HIV infections	= 0	YTD = 0
➤Perinatally exposed	= 0	YTD = 15

A. Prevention Services:

On-going Outreach sites:

1. The Gay and Lesbian Center - every Monday and Thursday from 1 p.m. to 6:30 p.m. HIV and STD testing offered. Seventeen Twinrix vaccinations were administered.
2. North Las Vegas Recreation Center - The first and third Tuesdays from 3 p.m. to 7 p.m.
3. Juvenile Justice Detention Center - every Wednesday and Thursday from 10 a.m. to 4 p.m. HIV and urine based Chlamydia and Gonorrhea testing is available.
4. WIC Flamingo location on 10/21/09 from 10 a.m. to 2 p.m. and WIC Owens location on 10/28/09 from 10 a.m. to 2 p.m.
5. Testing and discharge planning (HIV infected inmates) is offered on Monday and Wednesday at the Clark County Detention Center and Tuesday and Thursday at the City of Las Vegas Jail at Stewart and Mohave.

Outreach Sites:

1. On 10/03/09 from 4 p.m. to 11 p.m., National Coming Out Day Street Festival in Commercial Center. SNHD offered rapid testing, syphilis blood draws and Gonorrhea/Chlamydia urine screening. Twinrix vaccine was also available. (63 administered).

2. On 10/10/09 from 9 a.m. to 1 p.m. Mountain Top Ministries at Canyon Ridge Church.
3. On 10/13/09 from 10 a.m. to 2 p.m. and on 10/27/09 from 3 p.m. to 7 p.m. at Community Outreach Clinic, rapid HIV testing, syphilis testing and Gonorrhea/Chlamydia urine based testing was offered.
4. On 10/17/09 from 8 a.m. to 11:30 a.m., Desert Springs Latino Event at Desert Springs Hospital. HIV Orasure testing was offered.
5. On 10/25/09 from 11 p.m. to 3 a.m. at Piranha Night Club
6. On 10/25/09 from 10 a.m. to 2 p.m. National Alliance for Hispanic Health at the Clark County Government Center Amphitheater.

Staff and Community Trainings:

1. HIV Fundamentals offered from 10 a.m. to 3 p.m. on 10/07/09 and 10/23/09.

B. STD Surveillance:

Total Syphilis, Chlamydia and Gonorrhea reported to STD surveillance in October 2009.

Primary Syphilis.....	= 2	YTD = 25
Secondary Syphilis.....	= 1	YTD = 56
Early Latent Syphilis.....	= 12	YTD = 120
Late and Late Latent Syphilis.....	= 7	YTD = 36
Chlamydia.....	= 519	YTD = 7,007
Gonorrhea.....	= 87	YTD = 1,342
Presumptive Congenital Syphilis.....	= 0	YTD = 6

IV. CCHD/SNHD Lab:

October 28, 2009:

A Biennial inspection for Clinical Lab Improvements Act/Amendment (CLIA) was conducted by the Health Care Quality & Compliance (HCQC), State Health Division. There were no deficiencies noted. Refer to the monthly statistical report.

V. Tuberculosis Program:

October 8, 2009:

Key team members appeared in district court on a hearing related to a fugitive TB client from another jurisdiction. The individual was located in SNHD jurisdiction and placed under the Chief Health Officer's Isolation & Quarantine order for pulmonary TB.

October 13, 2009:

A Technical Bulletin was released by the Nevada State Health Division about the screening for TB in immunocompromised populations. See excerpted attachment.

October 20-22, 2009:

The CDC site visit was cancelled and rescheduled for later in the year.

October 26, 2009:

The TB program welcomed back the return of Kim Do, the Public Health Advisor. Mr. Do had been deployed to Southeast Asia for 6 weeks (See attachment - email).

The previous contact investigations continue and analysis remains outstanding. Once these contact investigations near conclusion, there will be a "hot wash" exercise with the involved entities.

Tally for the month of people using the TB website for their questions/concerns: 6
Refer to the monthly statistical report.

VI. STD Clinic:

October 19, 2009:

The STD clinic was introduced to the new STD Prevention and Control Coordinator, Ms. Sandra Noffsinger. Sandi holds a MPH from UNR and has been working in the HIV/AIDS Surveillance Program for the past year. Sandi and Julie Spaulding have already contacted the STD clinic to set up a site visit for next month.

Throughout the month, STD clinical and clerical staff have been re-assigned to the H1N1 clinic in various roles during the normal business day. This was feasible on days when STD clinic intake volumes were lower than expected and adequate notice of 24 hours had been given to staff to fully participate without jeopardizing the work of the STD treatment component of the program.

October 26, 2009:

The preliminary data concerning the STD clinic and its services was reviewed and evaluated by the Manager. It's the objective to create a storyboard as part of the Nursing QM ongoing Quality Improvement (QI) projects that represent the tools of quality management and measure indicators that have been developed by other STD programs, focus groups and the local community.

Tally for the month of people using the STD website for their questions/concerns: 9

Tally for the month of October	Gratis 214 x 30	= \$6,420.00
• Collected 46 partner referral cards		
• Administered 99 doses of Bicillin	(x 110/shot)	= \$10,890.00
• Administered 35 TwinRx vaccinations		

Refer to the monthly statistical report.

VII. Nursing Quality Management:

October 28, 2009:

Committee meeting was held and it is noteworthy that this group was responsible for the storyboard that was on display for the Board of Health meeting (10/22/09). The storyboard illustrated the Shots 4 Tots campaign. This campaign is the "kick off" event for the Vaccines For Children providers in specific zip codes to improve the vaccination rates of children 0-2 years. This campaign is being made possible through a partnership with United Way, 100 Black Men and the State Health Division. More Nursing projects are planned for presentation for the remainder of the year.

VIII. Public Health Centers (PHC): Staff at all locations have been volunteering to work weekday and weekend clinics to support the H1N1 Immunization Project. The following PHC numbers represent the weekday activities at each location.

A. Henderson PHC (HEN): Clients seen: IMM 1,633, Family Planning 362, Other: 71, Total 2,066.

B. East Las Vegas PHC (ELV): Clients seen: IMM 1,819, Family Planning 457, Other: 108, Total 2,384.

- C. North Las Vegas PHC (NLV): Clients seen: IMM 1,154, Family Planning 458, Other: 184, Total 1,793.
- D. Mesquite PHC - Mesquite continues to see a brisk amount of activity particularly for flu vaccine. Services are provided every Tuesday and Thursday from 8 a.m. to 4:30 p.m. Clients seen: IMM monthly total 308. Staffing is supplemented by the North Las Vegas Public Health Nursing Team and the Manager's Administrative Secretary to cover time off requests or supplement when needed.

IX. Family Planning:

- A. **Region Title X Family Planning:** The Family Planning Program is scheduled for a Federal audit in April.
- B. **Peer Review Meeting:** Scheduled October 8, 2009. The APN and management staff continue to develop policies and procedures consistent with evidenced based practice guidelines. This is an on-going project that is consistent with the requirements of Title X and the goal of the Nursing Division.
- C. **Family Planning Monthly Audits:** Completed at ELV, NLV and HEN. Audits reflect input from Senior PHNs for overall completeness of documentation, Supervisor audits for compliance with Best Practice Guidelines and Policy, Nurse Practitioners review for adherence to protocols and standards of practice and M.D. audits for safe practice. There were no issues identified in the audit process for the month of September. The staff will amend the audit frequency to quarterly.
- D. **Information and Education Committee:** Scheduled meeting October 8, 2009. Meeting participation was low. Planned Parenthood introduced a new OUTREACH PROGRAM which will utilize Promotores in the various "at risk" communities with a major focus in North Las Vegas. The goal of the program is to utilize community volunteers to educate residents regarding available prevention services in their community. A major focus will be spreading the message of the availability of Family Planning Services. Planned Parenthood is a delegate agency for the Southern Nevada Health District Family Planning Program and serves approximately 5,000 unduplicated clients per year in at risk areas. This partnership strengthens the ability to meet the reproductive health needs of the women of this community. The Promotores lead person will also spend time at the Health District orienting to SNHD's prevention services that can also be promoted in the community.
- E. **IT Enhancements:** The management team had the opportunity to review the INSIGHT web based documentation components for Family Planning to include a scheduling program, medical record, and reporting capability that meets Title X requirements.
- F. **Infertility Prevention Project (IPP):** No reportable information.
- G. **Professional Education:** No specific trainings held this month.

X. Nursing Development/Community Outreach Educator Program

A. Education:

1. A total of 11 educational opportunities were provided in October 2009.
2. Satellite broadcasts (live and taped) and Live Speakers/Instructors (see attached).
3. More than 30 staff members attended these trainings.
4. Two CPR classes were conducted in October with 8 attending.
5. Prepared Pre/Post tests for Unnatural Causes I and II.

B. Student Activities:

1. Provided orientation for one UNLV School of Medicine pediatric resident scheduled for October.
2. Medical students: Five medical students rotated through the STD clinic in October.
3. Eight Touro University nursing students completed their Community Health rotation in October.
4. Scheduled 12 activities for UNLV School of Medicine pediatric resident in October.
5. Met with the instructor from the University of Southern Nevada to plan the fall rotation schedule..

C. New Hires: No new hires in October.

D. Other Activities:

1. Worked in Immunization clinic two days/week in October.
2. Worked in the POD 6 hours in October to support H1N1 activities.

BS: mg

Attachments: Monthly Statistical Report – October 2009

In-Service Calendar

Flyer – NCOD 09 Street Festival

NSHD Technical Bulletin

Email – Appreciation

Appointment to the Advisory Committee – State Program for Oral Health – Gwen Osburn

Article on H1N1 Published in NVSHP Fall Newsletter

NURSING DIVISION MONTHLY REPORT

October 2009

CLINIC SERVICES

Not all services are available at all locations

Client Encounters by Location	Ravenholt	East LV PHC	North LV PHC	Hend PHC	Laughlin	MCH Satellites	Spring Valley PHC	Cambridge	TB Clinic	Airport	Mesquite	Overton	Adoles. Clinics	Childcare Clinics	Shots 4 Tots	Other**	TOTAL
Immunizations	4,997	1,819	1,154	1,633		8					259	12		27	306	499	10,714
Children's Exams		0	5	2		284											291
Family Planning	57	457	458	362													1,334
HIV/AIDS ***	832	5	5	11												819	1,672
Other Services*	15	103	164	59							6						347
STD Clinic	1,456																1,456
STD Investigations	168																168
TB Treatment/Control									8,396								8,396
Hep. A Desk (Health Card)	3,232	1,279		1,300	54			1,173			43						7,081
TOTAL	10,757	3,663	1,786	3,367	54	292		1,173	8,396		308	12	0	27	306	1,318	31,459

*First Aid, BP, PKUs

***Total Incl. Immuniz.

**Health Fairs

=not applicable

*** Numbers not available at this time

CLIENT ENCOUNTERS BY PROGRAM

	YTD 2009	YTD 2008
Immunizations	73,521	85,472
Children's Exams	2,905	2,846
Family Planning	14,139	15,095
HIV/AIDS	20,013	15,163
Other Services	5,404	9,054
STD	15,885	16,067
STD Investigations	1,197	1,053
TB Treatment & Control	80,814	62,553
Hep. A Desk (Health Card)	76,919	89,668
TOTAL	290,797	296,971

*Numbers are being audited for verification.

Approved by:

BS Bonnie Sorenson

AC Alice Costello

MEH Mary Ellen Harrell

VN Veronica Morata-Nichols

PL Patricia O'Rourke-Langston

GO Gwen Osburn

NURSING DIVISION MONTHLY REPORT

October 2009
FIELD SERVICES

NARRATIVE: Out of the 58 referrals received in the Community Health Nursing Program, 29 were in Neonatal Intensive Care Units, and 15 were for Child Protective Services.

COMMUNITY HEALTH Nursing Field Services (Home Visits)	Oct-09	YTD 2009	YTD 2008
MCH Team	193	1564	2201

COMMUNITY HEALTH MCH Healthy Kid's Team Statistical Data	Oct-09	YTD 2009	YTD 2008
		*	*
Clients Seen for Immunizations	631	5423	
Exams	142	1512	
Fluoride Varnish	51	679	

*started reporting this December 2008

COMMUNITY HEALTH NFP Statistical Data	Oct-09	YTD 2009	YTD 2008
		*	*
Referrals	16	248	
Enrolled	12	101	
Active	92		

* started reporting this December 2008

COMMUNITY HEALTH Refugee Health Program	Oct-09	YTD 2009	YTD 2008
		*	*
Clients Seen	56	534	
Clients Requiring Follow-up for Communicable Disease	15	125	

*started reporting this February 2009

Perinatal Hep. B	Oct-09	Oct-08
Total active cases	258	178
# of expectant women	31	40
New cases	5	9

Vaccines for Children	Oct-09	YTD 2009	Oct-08
Number of Participating Providers	154		171
Number of VFC Site Visits	3	40	2
Number of AFIX (Quality Assurance) Visits	1	48	4
Number of Feedback/Follow-Up Visits	23	217	15
Number of State Requested Visits	2	36	

Workplace Vaccinations	Oct-09	YTD 2009	YTD 2008
Patient Encounters	608	1845	1865
Worksites Visited	17	59	45

NURSING DIVISION MONTHLY REPORT

October 2009
FIELD SERVICES

TB Treatment & Control	Oct-09	YTD 2009	YTD 2008
New Cases	7	82	83
Patients on Prophylaxis	2,953	27,213	20,337
Contact investigations	9	83	98
Encounters	8,396	80,814	62,553

HIV/AIDS Testing by Location	Oct-09	YTD 2009	Oct-08	YTD 2008	Positives	
					YTD 2009	YTD 2008
SNHD-HIV, Outreach	1,158	13,731	1,409	12,957	206	193
BADA	35	972	17	949	1	5
MISC.(incl.J Jail)	266	2,821	162	1,012	14	5
TOTAL	1,459	17,524	1,588	14,918	221 (78)	203

*Parenthesis value represents number that were self-reported previous positive (screening for self-reported previous positives began in 2009)

Case Management Client Contacts	Oct-09	YTD 2009	YTD 2008
Adults - HIV/AIDS	168	3120	5061
Women & Children - HIV/AIDS	412	3082	3372
TOTAL	580	6202	8433

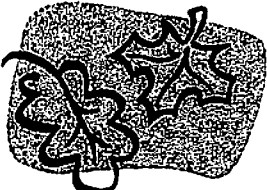

NURSING DIVISION MONTHLY REPORT

October 2009

SUPPORT SERVICES

Volunteers	Number:	YTD 2009	YTD 2008	Hours:	YTD 2009	YTD 2008
Hope Worldwide Nevada		48	72		113.75	112.5

Laboratory Testing	Oct-09	YTD 2009	YTD 2008
Total Clients	297	6,102	16,673
Total Tests	683	11,263	48,882

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<h1>October 2009</h1>						<h2>In-Service Education</h2>
				1 BBP Class 9:30-11:30 HR TR 2	2	3
4	5	6	7 HIV Fundamentals 10:00-3:00 400 Shadow Lane Cherie x 0726 Zostavax edispense 11:30 & 12:30 ACR 2 Lunch RSVP Sherry via email	8	9	10
11	12 Unnatural Causes Part 1: In Sickness and In Wealth 9:00-10:30 NRC CEUs RSVP Sherry via email	13	14	15	16 BBP Class 9:30-11:30 HR TR 2	17
18	19	20	21 Unnatural Causes Part 2: When the Bough Breaks & Becoming American 9:00-10:30 NRC CEUs RSVP Sherry via email	22 CPR Renewal 8:30-2:00 PCR RSVP Sherry via email	23 HIV Fundamentals 10:00-3:00 400 Shadow Lane Cherie x 0726	24
25	26 Unnatural Causes Part 2: When the Bough Breaks & Becoming American 9:00-10:30 NRC CEUs RSVP Sherry via email	27	28 IZ Competency 8:00-12:00 ACR 2 RSVP Sherry via email	29 BBP Class 9:30-11:30 HR TR 2 CPR Initial 8:30-4:00 PCR RSVP Sherry via email	30 Nevada Day	31 

ROCKSTAR

PRESENTS

NEW
HOURS
4-10PM



QVEGAS FOUNDATION AND THE GAY AND LESBIAN CENTER PRESENT

8TH ANNUAL NATIONAL
COMING OUT DAY
STREET FESTIVAL

OCTOBER 3 ▾ COMMERCIAL CENTER

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Nevada State Health Division

TECHNICAL BULLETIN

TOPIC: Testing for TB Disease and Latent Infection
DATE: October 13, 2009
TO: All Healthcare Providers Screen Patients for Tuberculosis

Nevada has identified an increase in the number of TB cases among high risk individuals (e.g. Foreign-birth or extended travel abroad, previous contact to TB case, previous LTBI diagnosis out treatment, incarceration, homelessness, or IV drug use) who also have immunocompromising conditions or those receiving medications that may compromise the immune system. The purpose of this technical bulletin is to encourage TB awareness among this high risk population and recommend appropriate testing for these individuals.

The Nevada State Health Division (NSHD) is recommending that public health providers and clinicians consider screening for *M. tuberculosis* infection prior to implementing treatment regimens for patients who may become immunocompromised. In 2008 and 2009 (to date), 23 percent of all active TB cases in Nevada either have an immunocompromising medical condition or are receiving medications that induce an immunosuppressed status.

Number of Persons in Nevada with an Immunosuppressive Condition and a Co-Morbid Diagnosis of TB: (As of 9/24/2009) 2008

Diabetes: 13 15

Cancer pt. with a chemotherapy treatment regimen: 5 2

Rheumatoid Arthritis receiving TNF: 2 2

HIV: 2 3

Other Autoimmune Diseases receiving steroidal therapy: 1 1

The NSHD recommends that health-care providers perform a comprehensive clinical evaluation for *M. tuberculosis* on all patients who have medical risk factors¹, or will be taking anti-tumor necrosis factor agents (TNF-alpha inhibitors)², have T-cell deficiencies or dysfunction³, or are receiving treatments for cancer or blood disorders which may leave the immune system severely weakened and substantially increase their risk for TB disease. These patients should be screened in settings where they receive primary or subspecialty care (e.g., infectious disease, immunology, endocrinology, hematology/oncology, nephrology, rheumatology, pulmonology, and gastroenterology) or on admission to a hospital.⁴ A TB evaluation should include a comprehensive history (e.g. Foreign-birth or extended travel abroad, previous contact to TB case, previous LTBI diagnosis or treatment, incarceration, homelessness, or IV drug use), an evaluation for signs and symptoms (i.e. night sweats,

weight loss, cough and hemoptysis), a physical examination, and when applicable, a TB screening test [tuberculin skin test (TST) or Interferon-gamma (INF- γ) release assay (IGRA)].⁵ If the TST or IGRA result is positive or if clinical or epidemiologic suspicion exists, perform a chest radiograph (CXR). In mildly immunocompromised TB patients, the appearance on the CXR is often classical with cavities and upper lobe infiltrates, while in severe immunocompromised TB patients, the appearance is often atypical or extrapulmonary.

The effects of impaired immunity are likely to result in a high rate of false-negative TB test results.⁶ Despite the limitations of TB screening tests in this population, early detection and treatment of LTBI is imperative. Patients should be tested at least once for a baseline result and rescreened periodically if the patient's history indicates they have a high likelihood of exposure. Interpreting clinical test results for LTBI among immunocompromised patients must be done utilizing each patient's personal epidemiological information. Although the TST and IGRA tests are helpful when positive, a negative result does not rule out infection. Therefore, it is recommended that clinicians be extremely vigilant for signs and symptoms of TB disease.

As the development of disease in this vulnerable group may be associated with more morbidity and mortality than normal and TB symptoms are often attributed to the prescribed treatment regimen, early and possibly sequential TB screening for a dual diagnosis state is recommended. Suspected TB disease in Nevada is a reportable condition.

Reporting forms can be found at:

¹ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm>

² Wallis RS *et al.* (2004) Granulomatous infectious diseases associated with tumor necrosis factor antagonists. Clin Infect Dis 38, [Erratum] Clin Infect Dis 39

<http://health.nv.gov/Epidemiology/MorbidityForm-interactive.pdf>

⁴ CDC Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, United States. *MMWR*, June 09, 2000 / 49(RR06);1-54 ⁵ Joseph Keane, Barry Bresnihan. *TB Reactivation During Immunosuppressive Therapy: Point-of-entry Testing*. St. James's Hospital and Trinity

College Dublin, Ireland, St. Vincent's University Hospital, Dublin, Ireland.

⁶ J. Keane. *TNF-blocking agents and tuberculosis: new drugs illuminate an old topic*. *Rheumatology* 2005;44:714-720 available at:

<http://rheumatology.oxfordjournals.org/cgi/reprint/44/6/714>

¹ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm>

² Wallis RS *et al.* (2004) Granulomatous infectious diseases associated with tumor necrosis factor antagonists. Clin Infect Dis 38, [Erratum] Clin Infect Dis 39

³ http://www.merck.com/media/mmpe/pdf/Table_052-7.pdf

Approved by: _____ Dr. Tracey Green, State Health Officer

Approved by: _____ Richard Whitley, Administrator

From: Tribble, Paul (CDC/CCID/NCHHSTP) [mailto:spt2@cdc.gov]
Sent: Tuesday, October 27, 2009 11:38 AM
To: Susanne Paulson
Subject: FW: Big thanks for Kim

Susanne:

Kim Do's work in Vietnam was much appreciated by my colleagues in the International Research and Programs Branch (see message below). Please convey my appreciation to Kim's local supervisors in Clark county (Laurie & Patty) for allowing him to take time off of his duties in Las Vegas to participate in this effort. The nation, the state of Nevada, and Clark county each have an interest in helping Vietnam do a better job in the prevention and control of TB in their country. Indirectly, that helps us here as well.

Best regards.

Paul

From: Oeltmann, John (CDC/CCID/NCHHSTP)
Sent: Friday, October 16, 2009 11:56 AM
To: Tribble, Paul (CDC/CCID/NCHHSTP); Andrews, Gregory W. (CDC/CCID/NCHHSTP); Ijaz, Kashef (CDC/CCID/NCHHSTP)
Subject: Big thanks for Kim

Hello Paul, Greg, and Kashef,

I wanted to thank you all for letting Kim work with us in Vietnam during the past 4 weeks.

During this time, Kim and the team successfully surveyed two hospitals and one primary school (one more will be surveyed by NTP). The data collected will be merged with TST data that will be collected by the NTP in early December. The data will be used to show the additional risk associated with hospital employment. Within hospital factors associated with infection will also be identified.

Kim's involvement was critical to the teams success. He was involved with every aspect of the study including questionnaire development and translation, training the interviewers, setting up logistics regarding the interviews and communicating with hospital directors. In the hospital in Hanoi, the team achieved a 99% participation rate - something unheard of here!

Below is the exit meeting slides that Krista presented in Hanoi. Sorry the file is pretty large as it includes pictures.

Again thanks,

John

John Oeltmann, PhD
Epidemiologist
International Research and Programs Branch
Division of TB Elimination

U.S. Centers for Disease Control and Prevention

Phone: (404) 639-5334

Email: jeo3@cdc.gov

STATE OF NEVADA

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Governor

MICHAEL J. WILLDEN
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION

4150 Technology Way, Suite 300
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October 15, 2009

Gwen Osburn
Southern Nevada Health District
625 Shadow Lane
Las Vegas, NV 89032

RE: Appointment to the Advisory Committee for the State Program for Oral Health


Dear Ms. Osburn:

This letter serves as clarification of your initial term of service as appointee to the Advisory Committee for the State Program for Oral Health. Your initial term of service commenced on July 1, 2009 and will expire on June 30, 2011. A member may be reappointed. After the initial terms, the members of the Advisory Committee serve terms of two years commencing on July 1.

The inaugural meeting of the Advisory Committee for the State Program for Oral Health is scheduled to be held on November 6, 2009 in Las Vegas. The Committee will normally meet four times a year. Three of these meetings will be conducted via teleconference and the fourth will be a face-to-face meeting, as funding allows. When travel is required, airline tickets for the Committee members who are traveling will be purchased and paid for by the Nevada State Health Division Oral Health Program. Committee members will be reimbursed at state rates for meals, mileage and parking.

Please contact Lori Cofano at (775) 684-4268 or at lcofano@health.nv.gov, if you have any questions. Based on your background and expertise, I believe you will be a valuable member of the Advisory Committee. Thank you for your willingness to serve on the Advisory Committee for the State Program for Oral Health.

Sincerely,


Mary E. Wherry
Deputy Administrator

MW/da

Midge Gamage

From: Bonnie Sorenson
Sent: Wednesday, October 07, 2009 4:12 PM
To: Midge Gamage
Subject: FW: H1N1 Article Published in NVSHP Fall Newsletter
Attachments: NVSHP_Newsletter_Fall2009.pdf

Put it in our monthly report to the Board

From: Christina Madison
Sent: Wednesday, October 07, 2009 11:59 AM
To: Bonnie Sorenson; Patricia O'Rourke-Langston; Veronica Morata-Nichols; Vickie Swanson; Jo Alexander
Cc: Midge Gamage
Subject: H1N1 Article Published in NVSHP Fall Newsletter

Please see the following attached document. I wrote an article on H1N1 that was published in the Nevada Society of Health System Pharmacist (NVSHP) Fall Newsletter. I mention the Health Districts direct involvement as well as provide our website as a reference for the most up to date information regarding H1N1 viral trends and vaccination. Please let me know if you have any questions.

Christina

Christina M. Madison, Pharm.D.
Assistant Professor of Pharmacy Practice
University of Southern Nevada College of Pharmacy
Clinical Pharmacy Faculty
Southern Nevada Health District
702 759-1639 office
702 383-1446 fax



October, 2009

Volume 3, Issue 3

Inside this issue:

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Special points of interest:

- Check out the new forum page on our web site. Post new topics and contribute to on going discussions! <http://nvshp.com/forum>
- Renew your membership today! Visit our website for more information on how to renew.

SAVE THE DATE

Don't miss the 2nd Annual NVSHP Meeting

October 16-17 in Reno, NV

See page 7 for more details!



NVSHP News

Message From The President



**Kathryn Craven
NVSHP President**

I can't believe that in a few short weeks, NVSHP will be having it's Second Annual Meeting. I hope that all of you can take this opportunity to come and visit with other members, as well as learn and participate in the great educational lectures that we have in store for everyone. This summer was very busy for the Education Committee in plan-

ning for what I am sure is going to be a fantastic meeting!

NVSHP membership is fast approaching 200 members. I know that all of our members realize how important having a local professional organization is for them and the profession of pharmacy.

I know that many of you have received emails about nominations for next year's officers. I hope that each of you considered running for a position and if not, I hope that you thought that you might want to get more involved in helping NVSHP become an even better organization next year by volunteering for a

committee. Getting involved definitely has its rewards in knowing that you have helped the organization become stronger. And getting involved is easy, please just send me an email at khc53@embargo.com and let me know what you are interested in, which are the Membership, Education, Legislative or Awards and Nomination committees.

In closing, I want everyone to know that I am looking forward to seeing old friends and meeting new friends at the Annual Meeting, I hope to see you there.

Sincerely,

Katie Craven

REGISTRATION DEADLINE

The deadline to register for the 2009 NVSHP Annual Meeting is
October 9th!!

Register today at www.NVSHP.com

Pandemic Flu and YOU, What you need to know about the H1N1 virus

Author: Christina M. Madison, Pharm.D., Clinical Pharmacy Faculty, Southern Nevada Health District

On June 11th 2009 the World Health Organization (WHO) raised the world wide Pandemic Alert to phase six for the novel H1N1 influenza virus, indicating a global pandemic. This means that there is sustained human to human transmission of the virus into at least two countries and community level outbreaks.

Novel H1N1 influenza, or "swine flu," is a new virus that is causing illness in people around the world. Novel H1N1 influenza is a "quadruple reassortant" virus that contains two genes from flu viruses present in Asian and European swine, as well as avian genes and human genes. This virus was first detected in the United States in late April of 2009 and became headline news. Initial reports of the virus were linked to those individuals with recent international travel. Transmission of the virus is from person-to-person via respiratory droplets expelled into the air by an infected person. This can occur via speaking, coughing, or sneezing. Transmission can also occur from shaking hands, kissing, or touching surfaces that have recently been in contact with an infected person. The first cases of infected humans in the U.S. were seen in Southern California and southern regions of Texas.

Signs and symptoms of the novel H1N1 virus are similar, if not identical, to those of a seasonal flu. These symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Similarly to seasonal flu, severe illness and death have occurred as a result of some novel H1N1 influenza infections. The severity of novel H1N1 influenza virus infection in the general population is still unknown at this time. Based on the way the virus is currently behaving in the southern hemisphere the severity of illness is similar to that of seasonal flu. The Centers for Disease Control and Prevention (CDC) have based their guidance on 2 scenarios that include the possibility of a more severe presentation of disease. The individuals that have had complications from infection with the novel H1N1 influenza virus are atypical from that of seasonal flu. The virus seems to be targeting school age children, young adults, pregnant women, and adults under the age of 60 with chronic health conditions. Unlike seasonal flu, there have been few cases and no deaths in older adults over the age of 60 years.

To date, the largest numbers of confirmed and probable cases of the novel H1N1 influenza infection have occurred in individuals 5 to 24 years of age. Due to these distinctive differences, the CDC have been conducting laboratory studies to determine if certain individuals have innate immunity to the novel H1N1 influenza virus. The earliest reports have indicated that no children and few adults less than 60 years of age have existing antibodies against the novel H1N1 virus; however, nearly one-third of adults older than 60 years of age have been shown to have antibodies against the novel H1N1 virus. The amount of protection the existing antibodies offer to these individuals is still unknown.

Vaccine development is currently underway. The earliest release of the novel H1N1 influenza vaccine is estimated to be in early to mid October of this year. Initial reports from vaccine clinical trials reported by the department of health and human services on September 11th, 2009 indicate that one dose of the vaccine may be adequate and could confer immunity within 10 days of receiving the vaccine. At this time the CDC has not made an official statement regarding the number of doses needed of the vaccine. A final statement will most likely be made when clinical trials have been completed. The amount of available vaccine to the general public is still unknown and based on this information the CDC released priority groups for those individuals how should receive the novel H1N1 influenza vaccine first. The priority groups are as follows: Pregnant Women, household contacts and caregivers for children younger than 6 months of age, Healthcare workers and emergency medical services personnel, all persons from 6 months to 24 years of age, persons aged 25-64 years of age who have health conditions associated with high risk medical complications from influenza.

Vaccine supply will most likely be limited upon initial release but the goal is to make sure that everyone will be immunized. The vaccine will be supplied by the federal government and will be free of charge. Although there is no cost for the vaccine, health care facilities may charge an administration fee. Currently, treatment and prevention of novel H1N1 influenza virus is the same as that of seasonal influenza. There are currently no reports of antiviral resistance transmission of the novel H1N1 influenza virus. Treatment includes one of two antiviral agents, Tamiflu® and Relenza®. At this time ONLY treatment is recommended, NOT prophylaxis.

Pandemic Flu and YOU (continued)

Those who exhibit signs of a febrile flu like illness should stay home from school or work and not attend large gatherings. The CDC recommendation is to stay away from others (self-isolation) for at least 24 hours after fever has resolved or the use of fever reducing agents is no longer required. The most important decision the public can make is to get vaccinated against seasonal influenza. At this time there are little signs to distinguish between novel H1N1 influenza virus and seasonal influenza virus.

In regards to seasonal flu, the severity can range from mild to severe. Those at greatest risk for severe seasonal influenza infection are children under 5 years of age and people over the age of 65 years. Conditions such as pregnancy and chronic illnesses like asthma, diabetes, and HIV/AIDS are also linked to higher rates of infection with more severe complications. Approximately 36,000 people die from seasonal influenza related complications in the U.S. and more than 200,000 are hospitalized annually. Approximately 10% of those hospitalized are children under 5 years of age. Greater than 90% of deaths and approximately 60% of hospitalizations afflict adults over the age of 65 years.

The CDC predicts there will be more infections, more hospitalizations, and more deaths associated with the novel H1N1 influenza virus throughout the fall and winter. Based on the reported cases thus far, the novel H1N1 influenza virus does not seem to be causing severe illness in a majority of those infected. Although the virus does not seem to be as severe as initially feared, there is still great concern due to the combination with the seasonal flu posing a serious and significant threat to the population.

The initial response from the CDC's division of the Strategic National Stockpile (SNS) released a portion of the antiviral agents out to state agencies to assist in the response to the novel H1N1 influenza virus. The determination of the release of additional antiviral medication and other resources will be made base on the disease progression and severity in the community. State and local agencies have been planning for this type of event for several years. The resources are available and there is a plan in place at your county health department to address the needs of the community.

The current recommendation from the CDC is to use personal protective equipment (PPE) such as surgical mask, gowns, and gloves if you are required to be around those who could be infected with the novel H1N1 influenza virus and to stay home if you are exhibiting flu like symptoms. The novel H1N1 influenza vaccine will not be mandated but is recommended for all individuals. Those individuals who have been identified as being in the 5 priority groups designed by the CDC are strongly encouraged to receive the vaccine. The best way to protect yourself and those around you are: cover your cough, sneeze into a tissue and discard immediately, use frequent and proper hand washing techniques (alcohol based hand sanitizers are also effective), avoid touching your eyes, nose, or mouth (transmission can occur via this route), and receive the seasonal flu vaccine between the months of August to November 2009. The county health departments have been offering seasonal influenza vaccine since mid September and most retail chain pharmacies have been offering seasonal influenza vaccine since late August and the beginning of September. The cost of the vaccine varies based on company and location. Those individuals at highest risk of complications from infection should receive the seasonal influenza vaccine as soon as possible. Those individuals identified in one of the 5 priority groups for the novel H1N1 influenza virus should receive the vaccine as soon as it becomes available.

For the most up-to-date information concerning the novel H1N1 influenza virus and vaccine information in your area, visit the Centers for Disease Control and Prevention's website at www.cdc.gov/h1n1flu/, Southern Nevada Health District website at www.southernnevadahealthdistrict.org, or Washoe County Health Department website at www.washoecounty.us/health/.

References:

www.ashp.org

www.cdc.gov

www.southernnevadahealthdistrict.org

www.who.int





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Residency Application Process

Author: Krystal Riccio, Pharm.D.

Applying for the NAPLEX/MPJE exams and residency programs can be daunting for graduating pharmacy students. The following two checklists have been designed to outline the application processes and to help applicants avoid the potential pitfalls.

NAPLEX / MPJE

As Soon As Possible (Earlier completion of these steps may result in an earlier Authorization to Test)

1. Contact the Board of Pharmacy for the state you will obtain your primary license. Make sure your mailing address is up to date with your school and Board of Pharmacy.
2. Visit the board of pharmacy website for the state in which you will be licensed. The website most likely contains all the information you will need for the application process. For Nevada, click on the link below to view instructions and application for licensure:
http://bop.nv.gov/PDFs/ExamineeAPP_Interactive.pdf
3. Visit the NABP website to register for the NAPLEX (national license exam) and MPJE (state license exam)
<http://www.nabp.net/>

This website is where you can register for your NAPLEX & Primary License State MPJE. You may also choose to score transfer to additional states. Each state has their own requirements regarding testing with score transfers. Check with each board of pharmacy for specifics.

Once NABP has received confirmation of your information, you will receive an email to confirm your registration (this is not your Authorization to Test-ATT)

1. By the day of graduation (if all of your information is correct with your university and your State Board) you will receive an ATT from the testing center
2. Schedule your appointment using their website www.pearsonvue.com/nabp or call Pearson VUE customer service at 1-888/709-2679. It is important to make your appointment as soon as possible in order to ensure early seating for the examination (especially if you're starting a residency in July)!

Your examination score will be provided to you by the board of pharmacy from which you are seeking licensure.

Residency Application Checklist

(Modified from ASHP & National Matching Services)

September

- Submit the resident matching program application agreement form with the appropriate fee
- Begin work on curriculum vitae (CV) and letter(s) of interest (LOI)
- Have preceptors/peers/faculty review your CV and LOI

October

- Review the ASHP Online Residency Directory which provides information on ASHP-accredited residencies.
<http://www.ashp.org/Import/ACCREDITATION/ResidencyDirectory.aspx>
- Request additional information and applications from programs of interest
- Talk with or email current residents regarding their personal experience
- Register to attend the ASHP Midyear Clinical Meeting (MCM); select programs to visit in the MCM Residency Showcase
 - Consider registering for the Personnel Placement Service (PPS) so that you can interview one-on-one with employers at the meeting www.careerpharm.com/
 - Make necessary travel and housing arrangements

November

- Finalize CV and letter(s) of intent; personalize each letter of intent to reflect your interest in each specific residency you are applying to
- Request letters of recommendation (from faculty, preceptors, & employer). Remember to enclose any forms required (many residencies have a preprinted form for the applicant and evaluator to complete). Make sure your references are aware of any deadlines, addresses, contact person, etc. Keep them updated with any changes. You may also want to provide them with your rank order.

December

- Attend the ASHP Midyear Clinical Meeting. Make a plan of which booths to visit.
- Complete all paperwork for applications, including ordering transcripts (transcripts may be ordered earlier to ensure timely receipt. Remember, most universities are closed for Winter break)
- Schedule on-site interviews

January

- On-site interviews begin
- Send hand written "Thank You" notes following each interview
- Submit application agreement form to National Matching Services Inc by **January 8, 2010**

February

- Complete interviews. Narrow residency choices to programs that best meet your professional/personal needs and goals
- February 5, 2010**, instructions for submitting Rank Order Lists and obtaining Match results will be available to applicants and program directors registered to participate in the Match

March

- Submit Rank Order Form to be received by National Matching Services Inc by **March 5, 2010**. Do NOT rank any locations you are not willing to do a residency with.
- Receive "Match" outcome at 12 noon Eastern Daylight Savings Time on **March 17, 2010**
- Unmatched residency candidates resubmit application to programs with positions remaining (Scramble)

June

- Study!
- Schedule Testing! (see NAPLEX/MPJE checklist)
- Take NAPLEX & MPJE (It will make your residency go much smoother if you are a licensed pharmacist. You may find earlier testing dates if you take the tests out of state. It is to your benefit that you are licensed before you start your residency.)

July

- Most residencies begin. Congratulations, you are now a practicing pharmacist!

References:

- <http://www.ashp.org/residents?WT.ac=hp%5FPopLinks%5FResident%5FInformation>
- <http://www.natmatch.com/ashprmp/index.htm>

Legislative Update

NVSHP Legislative Committee Conference Calls are the first Friday of every month under the direction of Chair, Shelly Spiro. Upcoming meetings are scheduled for October 2nd, November 6th and December 4th at 12noon. Dial in number is 866-951-1151 and participation code is 6282504#. All NVSHP members are invited to join in! Adam Porath will be our Chair for 2010 and will begin in October as Shelly begins her ASCP Presidency in November. Congratulations and thank you to both Shelly and Adam!

NV Board of Pharmacy (BoP) next meetings are scheduled for October 14-15th in Las Vegas and December 2-3rd in Reno. Our Legislative Committee is represented at these meetings. Interesting tidbits from recent BoP meetings:

- Buprenorphine changed from Schedule V to Schedule III
- Added ICPT for acceptable in-service training for technicians
- Increased license renewal fees for pharmacists, technicians, interns and reciprocity
- Regulations are being developed to structure the new Cancer Drug Donation Program (AB213) for participating pharmacies regarding drugs used to treat cancer
- Regulations for re-issued drugs by nonprofit pharmacies are being reviewed to determine nonprofit pharmacy qualifications

ASHP's State Legislative Conference Calls continue monthly with many state affiliates participating, including Nevada. Recent topics discussed include the Healthcare Reform (medical home, MTM, PGY2 funding restoration), Pharmacy Technician Initiative, NCSL/Alliance for Pharmaceutical Care, Federal Legislation (CMS reimbursement), Regulatory Updates and State concerns (immunization, substance abuse programs).

Nevada Health Care Reform Town Hall Meetings/Calls have been held over the past few weeks by both Senator Reid and Senator Ensign. Shelly Spiro participated in each meeting and provided a brief synopsis of pharmacists' roles in health care and the impact we can make with clinical interventions.

Technician's Corner

The Pharmacy Technician Certification Board (PTCB) on-demand testing is running smoothly. Since June 30th 2009, there are 345,929 certified Pharmacy Technicians across the country with over 1600 here in Nevada.

From April – June 2009 there were 52 candidates who sat for the exam in Nevada with a 77% passing rate which was still above the national 76% passing rate. Congratulations go out to all of Nevada passing technicians!

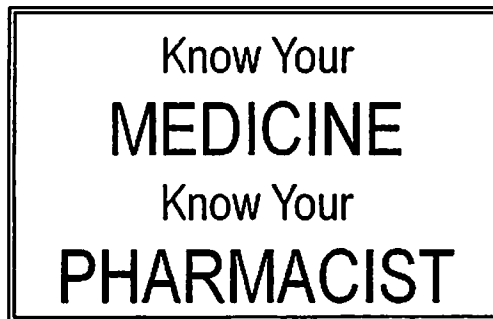
NVSHP supports the effort of all technicians in achieving this milestone in their careers. Also, it should be noted that many of the hospitals in the Las Vegas valley only hire PTCB technicians. So if you are interested in more information, please visit the PTCB website at: www.ptcb.org.

Know Your Medicine, Know Your Pharmacist

October is American Pharmacist Month, a time when our profession is recognized for its contributions to healthcare. Now is the time to organize pharmacy month celebrations to raise awareness among our patients and communities. Ideas for celebrations include:

- Decorate pharmacies and patient waiting areas
- Hold “brown-bag” clinics to review prescription and over the counter medications
- Schedule health education events or mini-clinics
- Organize social events and invite patients, administrators, and other healthcare workers
- Use special bags, stickers, or handouts to spread the word of pharmacy month

Take the time to acknowledge the role of pharmacy in our changing healthcare system!



Why Should Student Pharmacists Join NVSHP?

Ana Negrete, NVSHP Student Representative

NVSHP is the state chapter of the American Society of Health System Pharmacists (ASHP). NVSHP membership allows students a chance to become connected with pharmacists practicing here in Nevada. NVSHP also provides updates on legislative and state board of pharmacy activities and changes. Whether you are a first year student just a few months into the program or a third year student on rotations now is a great time to join. Membership dues are only \$10 per year!

Every year NVSHP hosts an annual meeting which is held in Las Vegas or Reno which provides student members a chance to attend CE courses to supplement their learning as well as a chance to network with pharmacists from a wide variety of backgrounds. For more information about the annual meeting which is being held this year in Reno, please visit our website at www.nvshp.org. There are several CE courses offered throughout the year that are also open for student members.

Interested in getting involved? There are several committees that NVSHP members may participate in such as award and nominations, legislative, membership, and education committees. There is also the Student Representative for the board of directors. The Student Representative serves for one year beginning in January. Involvement in either aspect of NVSHP not only enhances your CE but helps give insight on the background work that takes place in order for a state organization to function. If you are interested in becoming a member or becoming involved please feel free to contact me at anegrete@student.usn.edu.

Announcements

Last Chance to Register for the NVSHP Annual Meeting

Registration for NVSHP's 2nd Annual Meeting is now open.

Visit www.regonline.com/nvshp09 to register for the upcoming meeting. There will be a last chance Nevada Law CE provided at the annual meeting in addition to various live continuing education and networking opportunities. Meeting details are as follows:

Date: Friday, October 16th thru Saturday, October 17th, 2009

Location: Silver Legacy Resort Casino in Reno, NV

**Agenda and list of speakers for the meeting can be viewed on the registration website.

Nominations for NVSHP Board of Directors

Please submit nominations for the NVSHP Board of Directors. Submit your nomination to Julie.rodgers@va.gov today! See www.nvshp.com for nomination form.

Renew Your Membership

The time to renew your membership is now!! You may update your membership information and pay using PayPal by going to www.nvshp.com and selecting Renew! You may mail a copy of the invoice that was emailed to you and pay by check. Please feel free to email us a nvshpinfo@gmail.com if you have any questions or have any further questions.

Newsletter Materials

As always, we are looking for material for our newsletter. Please help us by contributing ideas, articles, and suggestions. Don't wait—submit your work for publication in the NVSHP newsletter today!

Stay up to date on NVSHP news and events.

- Email changes in your contact information to: nvshpinfo@gmail.com.
- Visit us online at: www.nvshp.com

Give us your feedback! Please send your questions or comments to:

Michael Bartholow, Pharm.D. - mbartholow1@gmail.com

Our Mission: The mission of the Nevada Society of Health-System Pharmacists is to advance and support the practice of pharmacy in the health-systems and serve as a collective voice on issues related to medication use and public health.