



DATE: November 21, 2019

TO: Southern Nevada District Board of Health Members

FROM: Fermin Leguen, MD, MPH, Acting Chief Health Officer

SUBJECT: Chief Health Officer Report

Fast Track Nevada - Ending the HIV Epidemic

The Southern Nevada Health District will host a Fast-Track Cities event at its main location on World AIDS Day, Sunday, December 1, at 11 a.m. Representatives from each of the partner cities in Clark County will be present to sign [the Paris Declaration](#). By signing the declaration, jurisdictional partners will be pledging their support to:

- End the AIDS epidemic in the cities by 2030
- Put people at the center of everything we do
- Address the causes of risk, vulnerability and transmission
- Use our AIDS response for positive social transformation
- Build and accelerate an appropriate response to local needs
- Mobilize resources for integrated public health and development
- Unite as leaders

The Fast-Track Cities Initiative is a global partnership between the City of Paris, Joint United Nations Program on HIV/AIDS (UNAIDS), United Nations Human Settlement Program, and the International Association of Providers of AIDS Care (IAPAC), in collaboration with local, national, and international organizations and public health agencies. To formally commit to this process requires Southern Nevada's mayors or elected jurisdictional officials to designate their municipalities as Fast-Track Cities by signing the Paris Declaration. Together, they are working towards the common goal of ending AIDS as a public health threat by 2030. Partner jurisdictions agree to achieve the following 90-90-90 targets by 2020:

- 90% of people living with HIV knowing their HIV status
- 90% of people living with HIV who know their HIV-positive status on antiretroviral therapy (ART)
- 90% of people living with HIV on ART achieving viral suppression

The initiative's fourth target is to reduce the negative impact of discrimination and stigma to zero and is an equally important goal. More information on Fast-Track Cities is available [here](#).

2019-2020 Influenza Season Update

This season, routine annual vaccination is recommended for all people aged 6 months and older who do not have contraindications. Age-appropriate vaccines are available for patients, and packaging information should be reviewed to ensure the most effective immunizations are provided based on age group as well as health status. Additionally, flu vaccine should be emphasized for high-risk groups and their contacts and caregivers. This includes but is not limited to:

- Children aged 6 months through 59 months
- Adults ≥ 50 years old
- People with chronic diseases including cardiovascular; pulmonary; renal; hepatic; or metabolic disorders
- People who are immunocompromised due to any cause
- Women who are or will be pregnant during the influenza season

Full recommendations are available on the Health District [website](#).

During week 44 (Oct. 27, 2019 – Nov. 2, 2019), seasonal influenza activity was increasing in the United States but remained low. In Nevada and locally, minimal influenza-like illness (ILI) was reported. In Clark County, 64 influenza-associated hospitalizations and one influenza-related death were reported to the Health District during this period. The proportion of emergency department and urgent care clinic visits for ILI was 5.5 percent in week 44 which was higher than week 43 (4.3 percent). Approximately 61.8 percent of area ER and urgent care clinic visits for ILI were made by children under 18 years of age. Influenza B was the dominant type circulating.

The Southern Nevada Health District's Office of Epidemiology and Disease Surveillance began its 2019-2020 influenza season surveillance activities on Oct.1, 2019 and will continue through May 16, 2020. Weekly surveillance reports are available on the Health District website at www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/.

Severe Respiratory Illness Linked to E-cigarette Use

As of Nov. 5, 2019, the Centers for Disease Control and Prevention (CDC) is reporting that 2,051 cases of e-cigarette, or vaping, product use associated lung injury (EVALI) from 49 states (all except Alaska), the District of Columbia, and one U.S. territory. Thirty-nine deaths have been confirmed in 24 states and the District of Columbia. The Health District confirmed a fourth case of EVALI in a Clark County resident in October. The individual is over the age of 18. Among Clark County's reported cases, one of the individuals reported using e-cigarettes with nicotine products only. Three of the individuals reported using tetrahydrocannabinol (THC) products, and two of the four also reported using cannabinoid (CBD) oils. All the individuals reported purchasing or acquiring their products from different sources, including friends, retail outlets, and through online purchases.

Recent CDC laboratory testing of samples of fluid collected from the lungs of 29 patients with EVALI from 10 states found vitamin E acetate in all the fluid samples. Vitamin E acetate is used

as an additive in the production of e-cigarettes or vaping products. This is the first time the CDC has detected a potential chemical of concern in biologic samples from patients with these lung injuries.

The CDC and the Health District continue to recommend that people should not use e-cigarettes, vaping products, vaping products that contain THC, particularly those from informal sources such as friends, family, or unlicensed dealers.

For up to date information on the outbreak go to www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html.

Antibiotic Resistance

On Nov. 11, 2019, the CDC released its updated [Antibiotic Resistance Threats in the United States](#) (AR Threats Report). The findings indicated that antibiotic-resistant bacteria and fungi cause more than 2.8 million infections and 35,000 deaths in the United States each year. Using data sources not previously available, the report shows there were nearly twice as many annual deaths from antibiotic-resistant infections as the CDC originally reported in 2013. Since then, prevention efforts have reduced deaths from antibiotic-resistant infections by 18 percent overall and by nearly 30 percent in hospitals.

The CDC report establishes a new national baseline of infections and deaths from antibiotic-resistant germs and categorizes the top threats based on level of concern to human health: urgent, serious, or concerning. The report highlights antibiotic-resistance infections that are on the rise and notes CDC concern regarding:

- Drug-resistant *Neisseria gonorrhoeae* – More than half a million resistant gonorrhea infections occur each year, twice as many as reported in 2013. Gonorrhea-causing bacteria have developed resistance to all but one class of antibiotics, and half of all infections are resistant to at least one antibiotic. These infections contribute to significant adverse reproductive health outcomes, such as infertility in women and new HIV infections, especially in men.
- Extended-spectrum beta-lactamase (ESBL)-producing Enterobacteriaceae – ESBL-producing Enterobacteriaceae are one of the leading causes of death from resistant germs. They make urinary tract infections harder to treat, especially in women, and could undo progress made in hospitals if allowed to spread there.
- Erythromycin-resistant group A *Streptococcus* – Invasive infections from these germs have quadrupled since the 2013 report. If resistance continues to grow, infections and deaths could rise.

The CDC continues to take a comprehensive approach to antibiotic resistance through its AR Solutions Initiative. More information is available on its [website](#). Additionally, the Health District has published its [2019 Semiannual Antibigram Summary](#). Participating laboratories reported antibiotic susceptibility testing for the period of Jan. 1, 2019 – June 20, 2019. The report includes inpatient data in acute care hospitals and long-term care facilities, and outpatient data in the community.

Hepatitis A Outbreak

In June, the Health District declared an outbreak of acute hepatitis A in Clark County. Since November 2018, the Health District has reported 99 outbreak-associated cases of hepatitis A. One person has died. Of the reported cases, more than 89 percent were among those who used drugs (injection or non-injection), and more than 74 percent were among those experiencing homelessness. Eighty-six percent had been hospitalized. Weekly hepatitis A outbreak reports and additional resources are available on the Health District's website at www.SNHD.info/hep-a-control.

Other risk factors for hepatitis A infection include:

- Men who have sex with men.
- People with chronic liver disease, including cirrhosis, hepatitis B, or hepatitis C.
- People who have an occupational risk for infection.
- People traveling to or working in countries where hepatitis A is common.
- People with direct contact with people who have hepatitis A.
- People with clotting-factor disorders.
- People working with nonhuman primates.
- People who are currently or were recently incarcerated.

Hepatitis A vaccination is the best prevention against the virus. Since the outbreak announcement, the Health District has administered 2,834 hepatitis A vaccinations to adults ages 18 and older. A total of 5,349 hepatitis A vaccinations have been administered to adults by all providers in Clark County. The Health District continues to recommend that health care workers review their immunization history to ensure staff who may be caring for ill patients are up to date with their hepatitis A vaccinations. Pre-vaccination serologic testing is not required for the vaccine to be administered.

Community Meetings

Week of 10/28

- Participated in the "Management of Sexually transmitted Infections Among Youth" webinar
- Met with Ms. Sami Jarrah, Chief Operating Officer, City of Philadelphia Department of Health regarding FQHCs
- Participated in the "Marketing Strategies for Sustainable Client Recruitment and HIV Services" webinar
- Met with Ms. Rebecca Bodnar, Nevada Division of Environmental Protection regarding Lead Poisoning Testing
- Met with Ms. Rekha Ravindran, King County Health Department, regarding FQHC Governance
- Met with University of Las Vegas, Reno representative to discuss "SNHD Public Health Workforce Development"

Week of 10/21

- Participated in the Facilities Advisory Board meeting
- Participated in the HRSA: Grant Recipient Technical Assistance call

- Participated in the HRSA Primary Care HIV Preventing Funding Opportunity call
- Met with Liberty Dental Plan staff to discuss Medicaid dental options
- Participated in inaugural “Health District After Dark” presentation

Week of 10/14

- Participated in the Local Health Authorities prep meeting to discuss the local health jurisdiction response to and input regarding the Advisory Council on the State Programs for Wellness and the Prevention of Chronic Disease
- Met with Brenda Hamilton, Nevada Primary Care Association and Heather Mitchell, Nevada Primary Care Office regarding matters related to SNHD and potential collaborative efforts
- Participated in the Big Cities Health Coalition meeting in Atlanta, GA