



Meeting Minutes

COVID-19 Mitigation and Mangement Task Force

Attendance	DATE	October 22, 2020
	TIME	10:00 A.M.
	METHOD	Video-Teleconference
	RECORDER	Meagan Werth Ranson/Kim Burgess
Task Force Voting Member Attendance		
Member Name		Present
Caleb Cage		X
Richard Whitley		X
Terry Reynolds		X
Jaime Black		X
Justin Luna		ABS
Felicia Gonzales		X
Brett Compston		X
Meagan Werth Ranson		X
Chris Lake		X
Dagny Stapleton		X
Wesley Harper		X
Mark Pandori		X
Task Force Non-Voting Member Attendance		
Kyra Morgan		ABS
Lisa Sherych		ABS
Julia Peek		X
Melissa Peek-Bullock		X
Malinda Southard		X
Lesley Mohlenkamp		ABS

1. Call to Order and Roll Call

Chair Caleb Cage, Governor’s Office (GO), called the meeting to order. Roll call was performed by Meagan Werth Ranson, GO. Quorum was established for the meeting.

2. Public Comment

Chair Cage opened the discussion for public comment in all venues. Deanna Forbush, attorney in Las Vegas, spoke to the desire to reopen brothels in Nye County. Ms. Forbush noted “I spoke to you advocating the opening of lawful brothels in Nye County. It’s now been two weeks since I addressed you and over seven months since our employees and contractors were left without work or any viable way of supporting themselves or their families. The Governor continues to ignore our industry and those that depend upon it. He continues to fail to provide any rational basis for our continued closure. As I mentioned before, all that we have been told is the Governor is not focused on us and does not like skin on skin activities. Meanwhile massage therapists, dentists, hygienists, plastic surgeons, tattoo and piercing parlors, spas with waxing and facials and hair salons, nail salons, and even eyelash spas, are open. I previously addressed the unconstitutionality of treatment demonstrated so far by the State and its subjective decisions that result in the picking of winners and losers. I also outlined the growing number of lawsuits filed against states around the county that have reversed these unconstitutional actions and express my opinion that the same thing will be happen here. However, I want to be clear; my client

does not want to join the long list of businesses that have sued the Governor and the State for their unconstitutional actions. We do not want to be part of the problem facing this great state, we want to be part of the solution. We want to get the thousands of people that work in this lawful industry back to work so that their families can no longer suffer, and we want Nye County to again become prosperous with the economic activity our businesses generate. Please help us do that by issuing one more directive opening our businesses and putting our people back to work. Thank you.” No other public comment was provided.

3. Approval of Minutes

Chair Cage called for a motion to amend or approve the draft minutes from the October 8, 2020 meeting. Terry Reynolds, Department of Business and Industry (B&I) made a motion to approve the minutes as presented and a second was provided by Dr. Chris Lake, Nevada Hospital Association (NHA). Motion passed unanimously.

4. Appointed Department Updates

a. Department of Business and Industry – Enforcement – Director, Terry Reynolds

Terry Reynolds spoke to work being done by B&I and the Division of Industrial Relation, which oversees the state’s Occupational Safety and Health Administration (OSHA) program, regarding compliance visits. B&I has a lower number of first visits as the focus is now on construction industry. Generally, in terms of construction, enforcement was a little more relaxed than what the standard should be but are responding well when notified of the shortcoming. Mr. Reynolds noted areas with lower than average compliance rates are Reno and Fallon. B&I is conducting joint inspections with City of Reno and is working closely with the City of Las Vegas. OSHA and Clark County are working together on enforcement regarding businesses that are not following protocols. B&I has also been busy with the review and approval of large event gathering plans. So far, B&I has received 100 submittals for large gatherings within the last ten days. B&I advised this process is going well but there is a delay in review due to the large quantity. Mr. Reynolds noted there were a few early submittals that were very helpful and will be used as templates. Chair Cage commended Mr. Reynolds and Victoria Carreón, B&I, for the work being done. This is not an easy task. Mr. Reynolds noted B&I is starting to see convention plans being submitted and this is a very good sign. Mr. Reynolds also thanked the Gaming Control Board (GCB) for the assistance and cooperation regarding these plan submittals.

b. Division of Emergency Management (DEM) – PPE Status – Chief, Justin Luna

Meagan Werth Ranson provided an overview of the Personal Protective Equipment (PPE) status per the Disease Outbreak Management Plan that was submitted by Justin Luna, DEM, in advance of this meeting. All orders have been placed. 120-day quantities are already on hand for all categories except gloves and face shields. DEM anticipates delivery of face shields to reach the 120-day quantity goal by the end of October and deliveries of gloves to reach the 120-day quantity goal by the end of November.

c. Fiscal Update – COVID related Funding Coordination –Executive Budget Officer, Lesley Mohlenkamp

No current update to provide.

d. Nevada Department of Education (NDE) – School Opening Plans – Deputy Superintendent of Educator Effectiveness and Family Engagement, Felicia Gonzales

No current update to provide.

e. Gaming Control Board (GCB) – Chief, Jaime Black

Jaime Black provided an update on the GCB enforcement efforts. The GCB has been diligently implementing the large gathering review and approval process. So far things are going well. The GCB would like to specifically thank B&I for the collaboration during this process. In terms of inspections and compliance checks, as of October 16, 2020 the GCB has logged a total of 199 regulatory violations. This is up only one from the previous report. Also, as of October 16, 2020 the GCB has conducted 848 inspections and compliance checks.

f. Nevada Association of Counties (NACO) – Executive Director, Dagny Stapleton

No current Update to provide

g. Nevada League of Cities – Director, Wesley Harper

No current update to provide.

5. Current Situation Report

Melissa Peek-Bullock, DHHS, provided an overview of the current situation in Nevada as it relates to COVID to include the following (slides were also included in the meeting packet):

- Cases
 - 500 14-day rolling average cases daily
 - 440 cases per 100,000 over the last 30 days
 - 92,064 cumulative cases
 - 2,847 cumulative cases per 100,000
- Deaths
 - 4 14-day rolling average deaths daily
 - 5 deaths per 100,000 over the last 30 days
 - 1,732 cumulative deaths
 - 55 cumulative deaths per 100,000
- Testing
 - 227 tests/day per 100,000 over the last 14 days
 - 9.3% test positivity rate over the last 14 days
 - 1,165,414 cumulative tests

Ms. Peek-Bullock provided the group with an update regarding the slides provided in the handouts showing the trends of COVID-19 in Nevada. Nevada continues to see a significant increasing trend in new cases. This increase has been taking place since mid-September. Hospitalizations have been stable since mid-September. Statewide positivity rates have been increasing since mid-September, at 9.3% for the current evaluation period. Regarding testing turnaround, for specimen collected since September 1, 2020, it has taken approximately two days after specimen collection for results to be reported. It may be beneficial to see this data in a two-week increment to better understand what is occurring. Ms. Peek-Bullock spoke to results from the county criteria tracker for the previous week comparatively to the current slide as of October 21, 2020. The previous report was created using the older methodology. Both Humboldt County and Washoe County were flagged for elevated disease transmission. The current county tracker, as of October 21, 2020, uses the new methodology. This week Clark, Elko, Lincoln, Lyon and Washoe are all flagged for the same criteria of cases per 100,000 along with test positivity rates. Ms. Peek-Bullock noted this is a sign of increased disease transmission across the entire state. Lincoln county will be more sensitive to fluctuation in data due to population size. Chair Cage noted this is the first week of review with the new dashboard information. This new dashboard is incredibly useful when looking at trends. Specifically, regarding slide 8, there have been numerous requests for this data to be made available

for the public. This update has allowed for that. The county tracker criteria are updated daily but for the Task Force, the data will be used as of the data released on Monday of each week. The overall story can be seen in the slides, the state is experiencing an increase in cases. Hospitalizations however remain steady. Very pleased with the average lab turnaround time.

Julia Peek, Department of Public and Behavioral Health (DPBH), provided an update on contact tracing and case investigation. DPBH has identified a total of 24,106 cases because of contact tracing efforts statewide. That represents 26% of the total cases identified in Nevada to date. Ms. Peek noted the Center for Disease Control (CDC) recently revised their definition of close contact. The definition of who is at risk of contracting coronavirus includes people who come into close contact with infected individuals in multiple short periods of time over a 24-hour period. This will now be incorporated into the traditional disease investigation processes conducted statewide. This was already developed as part of the algorithm for the COVID Trace app. Related to the COVID Trace app, there are now 54,159 total downloads. There has been a total of 8 cases that had the app at the time of their diagnosis. There has been a total of 15 exposure notifications sent to date. Ms. Peek noted a great deal of support for our disease investigation has been through the Coronavirus Aid, Relief, and Economic Security Act (CARES) funds. These funds expire on December 30, 2020. Luckily, DHHS's Epidemiology and Laboratory Capacity (ELC) grant will run past that date and provide the support thereafter. The state and local teams are transitioning to a more sustainable model starting December 30, 2020. One of these efforts will be developing a statewide communicable disease database that will include COVID. DHHS partners at the Southern Nevada Health District (SNHD) will be supporting the development of that database. SNHD already support our statewide syndromic surveillance system with great success, so we know this will be a great path forward for our state. DHHS will also be greatly reducing our third-party surge staffing efforts. We will be retaining some, if not all, of the staff hired through the Nevada System of Higher Education, as well as staff hired by the local health departments. Last, but not least, I do want to take a time to acknowledge two of our frontier county health officers who have decided to leave their roles. Wanda Nixon in Mineral County and Brandy Bengoa in Lander County. Both health officers have played a pivotal role in COVID response in those counties. Ms. Peek thanked them both for their efforts.

a. Washoe County Self- Assessment and Action Plan

Kevin Dick, Washoe County, provided an overview of the plan submitted by Washoe County. Washoe County is seeing an increase in cases. As of October 20, the 7-day rolling average of new daily cases in Washoe County was 127, a 27% increase in new cases from the previous week, and a 57% increase over two weeks. Washoe County has seen significant numbers of cases occurring in the 10-19-year-old, and 20-29-year-old ranges as school and the University are open. These may be attributable to gatherings that are occurring outside of the institutional settings. There is also an increase in cases for 30-60-year old range. Regarding hospitals, Washoe County is near capacity. There is a discrepancy in the data from the county level versus from the NHA. It is important to note that the Nevada Hospital Association statistics on occupancy are based on licensed beds to capture information on hospitals surging capacity beyond licensed beds. However, since staffed beds are fewer than licensed beds, hospital capacity issues can occur when it appears that there is available capacity based on licensed beds. This occurred in Washoe County on October 19, when all three major hospitals in Washoe County were on an Emergency Department Divert status. This is not due specifically to COVID. Mr. Dick noted Washoe County is seeing a decline in the number of tests per day but are still above the criteria threshold. Due to the increase in cases, contact tracing volumes have increased causing a backlog. The disease investigations reveal that community spread is occurring and people become exposed and infected with COVID-19 by being out and interacting with others in a variety of settings including workplaces, grocers, social gatherings, restaurants, travel, gyms, churches, casinos, and bars. Private gatherings in which people are coming into close contact and interaction with others (included extended family members) outside of their immediate household is an area that seems to be a common high-risk activity. 53% cases identified per week has fallen to 37%. During this reporting week the only organizations that had more than four positive COVID-19 cases identified were K-12

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students and School District staff (70), the Salvation Army Adult Rehabilitation Program (35), University of Nevada, Reno (34), Fed Ex Freight (8), and Renown Health (5). Vulnerable populations in skilled nursing and memory care facilities and their staff have also been found to be sources of outbreaks. The Salvation Army Adult Rehabilitation Program is a congregate setting. Also, On October 21st, 2020, the Washoe County Sheriff's Office reported that 11 inmates and 5 staff personnel have test positive for COVID-19. As a result of these positive test results, the facility is now on lockdown in order to conduct contact tracing throughout the facility. In the past 48 hours, a total of 276 inmates and 16 employees have been tested and additional tests will be performed, as necessary. Washoe County is working on messaging regarding upcoming holidays. The Governor's Directive 033 has allowed gatherings of up to 250 people and larger approved events to occur. The Health District released an announcement on October 8, 2020 that gatherings or events of over 250 people would not be approved by the Health District in Washoe County until the Health District had an opportunity to assess after thirty days the impact of the gatherings of up to 250 individuals on the health infrastructure. The Health District acknowledged it would consider on a case-by-case basis gatherings of over 250 in outdoor fixed seating venues. Based on the lower risk of transmission occurring outdoors, observations of the gathering of 250 that occurred at Greater Nevada Field on October 10, 2020, and adjustments to the plan submitted for up to 700 spectators for the MLS playoffs, the Health District approved the Greater Nevada Field Plan on October 13, 2020. The Field was open to 700 spectators on October 17, 2020 however, FC 1868 lost the match and no further playoff matches will occur. Washoe County is also working on flu pods and planning with the state for COVID-19 vaccinations.

Mr. Dick provided an update in terms of enforcement for Washoe County. Greater cooperation is in progress from the city and OSHA. Based on current contact tracing investigations and enforcement inspections, Washoe County believes that private gatherings are a significant identifiable source of cases in our region. To address this, the Washoe County Incident Management Team (IMT) which includes the City of Reno, Sparks, Washoe County and the Washoe County Health District (WCHD) are collaborating to implement a COVID-19 community engagement campaign to encourage Northern Nevadans to comply with CDC and WCHD guidance for social distancing, wearing a mask avoiding private parties and gatherings and other measures to stop the spread of COVID-19 in our community. The soft launch of the campaign, *Mask On, Move On* began this week. A broader launch will occur after the election when advertising can have a larger impact. The audiences where the biggest impact can be made is the Hispanic population, the 20-40 age range that makes up most cases, businesses and other vulnerable populations. Emphasis will be reaching the 18-24-year age range. Chair Cage asked for clarification on the portion of the plan that discusses the hospital discrepancy found on page one and two of the assessment. Mr. Dick noted this issue, in terms of Renown Health. Renown Health has around 800 licensed beds within hospital and staffed beds are closer to 600. Looking at available beds and looking at licensed beds, it looks like a lower percentage of beds occupied. When looking at staffed beds, occupancy at 90% of that number, it shows you are reaching capacity of staffed beds. Downside before surging, looks like more capacity than staffed bed. Dr. Chris Lake noted this is correct. The NHA used to report as a percentage of staffed beds versus licensed beds. It became a complex issue before this Task Force convened. Dr. Lake noted the NHA can add that back into the report at this point in the pandemic if it makes it easier and is a beneficial metric to use. Mr. Dick advised that would be very useful. Chair Cage noted hospitals staff to about 70% of beds. The surge was big in Clark County in July or early August, and the highest capacity was 82% -83%. This is a part of the business model and seeing that number will provide valuable awareness. Staffed beds also require additional resources. Hospitals do not staff 100% of licensed beds, they staff for work they have. Staffing is flexible and having a staffing pattern of 75% or 80% is the most common best practice. What becomes problematic is when it gets to the point of ICU. This becomes difficult to get additional qualified staff when the nation is competing for the same resources.

Chair Cage noted the difficult position Washoe County is in regarding Directive 033 and commends Washoe County for maintaining the stance of not approving large gatherings with the recent increase in cases. This is not an easy position to be in. It is mentioned in the document there is not an appetite for prolonging the reduction in approval over a longer period. Chair Cage noted there is support from the Task Force to support

the county for that decision regarding the public health of the community. Mr. Dick expressed his concern with the rising cases and now not being the right time to allow for larger gatherings. Terry Reynolds noted OSHA is seeing good cooperation with Reno and Sparks. This is important to work in tandem with the cities and county's on enforcement. Mr. Reynolds agrees on the stance to withhold approval on larger gatherings. Mr. Reynolds believe this is the right thing to do. Mr. Reynolds agrees there is room to tighten up enforcement efforts. Private party gatherings effect more than the individual in attendance. If restrictions are loosened, cases will increase more. Now is not the time with the upcoming flu season. It is important to be diligent. Chair Cage called for a motion to approve the plan as provided in support of Health officer Dicks' decision to delay gathering of 250+ and support the university and local leaders to address the spread. Terry Reynolds provided a second. Motion passed unanimously.

b. Clark County Self-Assessment and Action Plan

Billy Samuels, Clark County, provided an update on the plan submitted by Clark County. Mr. Samuels noted the same concern as Washoe County regarding hospital information in terms of licensed beds and staffed beds. Clark County hospitals are confident they can handle whatever comes their way. The staffing levels are good there are no areas of concerns. The test positivity rate in Clark County is increasing but so are the testing numbers. On October 10, 2020, Clark County reported 9,361 tests conducted. On October 13, 2020 Clark County reported 14,003 tests conducted. The interest in testing has increased. Mr. Samuels spoke to treatment also assisting in hospital capacity. Individuals are not being hospitalized for long periods of time as was seen early in the pandemic. Dr. Lake noted the virus is not driving as many people to the hospital as before. The need for hospitalization has decreased. Only about 10% of individuals in the hospital are COVID related. Chair Cage inquired if Clark County is experiencing an issue in enforcement approaches or strategies. Mr. Samuels noted he could not speak for business licensing themselves, but work is being done in conjunction with OSHA. Mr. Reynolds noted Division of Industrial Relations provides compliance data on a weekly basis.

6. Update on Safe Gatherings from Local Health Authorities

a. Carson City Health and Human Services

No current update to provide

b. Southern Nevada Health District

Misty Robinson, SNHD, noted work is being done collaboratively with the county to review plans to be submitted to the state, the county has released guidance for plan development, the Environmental Health Division has developed an internal protocol to review the plans, and the University of Nevada, Reno (UNR) versus University of Nevada Las Vegas (UNLV) game at Allegiant Stadium was approved for October 31, 2020.

c. Washoe County Health District

Kevin Dick noted Washoe County is coordinating with B&I on the requirements and review of large gathering events. Washoe County is not currently approving indoor gatherings greater than 250 individuals. Mr. Dick also noted there are no outstanding requests for outdoor gatherings greater than 250 individuals at this time. Mr. Dick advised there is one plan for an event that will occur after the 30-day waiting period. This request is being reviewed to provide feedback in case this event is approved. There is an advisory fee that is charged for this plan review to help cover the staff time associated with the review process. Chair Cage inquired if there was an overall fair compliance rate with the plan review process. Mr. Dick noted overall the compliance rate has been good with only one exception noted thus far that was referred to the GCB. Chair Cage also inquired if Washoe County had held meetings between the jurisdictions to identify if there were any defined trigger levels that

would result in local mitigation efforts. Mr. Dick noted this is not a discussion that has been had. Chair Cage advised this might be a good step forward if the numbers continue to increase in the county.

Terry Reynolds noted work has been done with the local health authorities for Carson City, Lyon County, and Churchill County.

7. Update on the State's Laboratory Reporting System

Melissa Peek-Bullock, DHHS, provided an update on Electronic Lab Reporting (ELR).

1. Electronic Lab Reporting (ELR) System

- Recommendation: Implementation of EpiTrax as state-wide ELR system.
- Progress: DPBH Office of Information Technology (OIT) support staff are working closely with SNHD IT staff to plan for the state-wide transition to the new lab and disease reporting system (EpiTrax) in 2021.

2. Regulatory Authority and Penalties for Failure to Report

- Recommendation: Utilize regulatory authority to require all laboratories doing business in Nevada to be licensed. Licensure reciprocity with other states for out of state labs and impose penalties for failure to report.
- Progress: Since the finalization of the template and policy surrounding penalties that could be imposed last month, overall DPBH has experienced positive results and compliance when working with labs. Licensure reciprocity with other states for out of state labs has not been necessary because all labs are working directly with our state to onboard or comply with our reporting requirements. Warning email was sent to a lab on 10/6/2020. This lab immediately reacted and worked with our IT department and Inductive Health to become fully compliant.

3. Develop and promote a webpage dedicated to providing information on:

- Lab reporting
- Contact info for ELR staff
- Forms for ELR
- Description of penalties if labs are not reporting timely
- Progress: The Division has established a webpage to provide the listed information. Recommendation has been fully implemented and no further updates anticipated.
- [http://dpbh.nv.gov/Programs/Office_of_Public_Health_Informatics_and_Epidemiology_\(OPHIE\)/](http://dpbh.nv.gov/Programs/Office_of_Public_Health_Informatics_and_Epidemiology_(OPHIE)/)

Ms. Peek-Bullock subsequently provided an update on Skilled Nursing Facilities (SNFs) Point of Care (POC) testing devices.

POC BD Veritor Plus and Quidel Sofia2 Testing Machines have been shipped to all Nevada SNFs from CMS. Of the 65 SNFs in Nevada:

- 61 have confirmed receipt of device
- 3 advised receipt unknown, email and phone messages were left but no response received yet
- 1 advised Lost device. UPS records showed facility signed off on delivery of 4 boxes including the device. Facility lost their device and are working on replacing
- 29 have used the device

Main barriers to use include facilities not receiving their Clinical Laboratory Improvement Amendments (CLIA) waiver, the cost of supplies and that supplies have been back-ordered for a while. Health Care Quality and Compliance Med Lab inspectors under DPBH are working to address this with facilities. All laboratory tests that are performed by laboratories licensed in the State of Nevada are required to have an inspection before they

are allowed to perform any patient testing. For CLIA Waived tests (simple tests like fingerstick glucose and urine pregnancy tests), the inspector will ensure that the laboratory is following the manufacturer's instruction for the performance of the test, review documentation of testing personnel training and competency, ensure that the test disposables are monitored for storage conditions (temperature/humidity) and laboratory safety policies are established and maintained for the staff and the patients/clients that the laboratory serves. For CLIA Non-Waived tests, the inspector will ensure that the tests are performed according to the information provided for Waived tests, but it will also include required daily Quality Control, enrollment in Proficiency Testing (blind samples that are sent to the laboratory for test evaluation) and an evaluation of the validation or verification of the data that is produced for all new Non-Waived testing to determine if the tests will meet the Accuracy, Precision and Linearity criteria that is established by the laboratory. The inspector also needs to ensure that the tests performed by the laboratory meet the Federal CLIA requirements.

Currently, there are four POC tests available under the Food and Drug Administration (FDA) Emergency Use Authorization (EUA).

- Abbott IDNOW: nucleic acid amplification (molecular) test, 91.3% sensitivity and 100% specificity
- Quidel Sofia: antigen test, 96.7% sensitivity and 100% specificity
- Becton Dickinson Veritor: antigen test, 84% sensitivity and 100% specificity
- Abbott BinaxNOW COVID-19: antigen test, 97.1% sensitivity and 98.5% specificity

The Abbott IDNOW is the only FDA authorized POC molecular test. A positive result is indicative of the presence of SARS-CoV-2 RNA and should be considered diagnostic. A negative result should be considered presumptive. In the event of a negative result, a subsequent specimen should be collected and sent to a laboratory for molecular testing if the patient has clinical signs and symptoms of COVID-19 and/or a known exposure to COVID-19. Reporting of Abbott IDNOW results: We are still working with several entities that received the Abbott IDNOW machines to obtain reporting compliance. We are working with entities individually to ensure they are reporting all results, in the specified format, and with all variables required by HHS. Use of these tests should be reserved for instances where a positive result would direct immediate clinical decisions or infection control measures. For example, in a long-term care facility, a positive result should trigger isolation of the patient and corresponding COVID-19 mitigation procedures. The FDA reported these tests as having a high specificity and moderate sensitivity. This means that these antigen tests are accurate for detecting individuals with COVID-19, but less accurate for correctly detecting when someone does not have COVID-19. The recommendation from the FDA is not to confirm positive antigen results as they are likely to be true positives, but to perform confirmatory molecular testing on negatives as false negatives may occur. The FDA published sensitivity and specificity of these tests is as follows:

- Quidel Sofia: 96.7% sensitivity and 100% specificity
- Becton Dickinson Veritor: 84% sensitivity and 100% specificity

However, this is based on extremely limited data. Despite the sensitivity and specificity data provided to the FDA, DHHS recommended to perform confirmatory testing on all positives tests and distributed this guidance through a Technical Bulletin on August 28, 2020. In mid-September DHHS began receiving reports from SNFs of false positive antigen tests. The SNFs were surveyed systematically in order to quantify the issue. The initial findings revealed a 60% false positive rate and 40% true positive rate. Possible reasons for conflicting test results include lack of compliance with the manufacturer's protocols; inadequate training on the testing procedure, or false negatives with the confirmation RT-PCR test especially if the confirmatory PCR test could not be performed within 48 hours of the positive antigen test. Additionally, low prevalence and incidence of COVID-19 within a community may result in higher rates of false positive tests. In response to these finding, DHHS's Chief Medical Officer, in consultation with the Nevada State Public Health Laboratory Director, issued a directive through a Technical Bulletin on 10/2/2020 to discontinue the use of all POC antigen testing in SNFs until the accuracy of the test can be better evaluated. Since these tests are intended to have an immediate infection control and

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prevention measure applied, the concern is moving a false positive vulnerable individual into a unit with known positive COVID-19 patients. Alternatively, a false negative individual would not be moved to a COVID-19 unit and have opportunity to expose other vulnerable people. Both of these scenarios could result in causing harm to a population that we have worked so hard to protect. SNFs were directed to continue to fulfill the testing efforts as outlined by CMS using molecular testing, such as RT-PCR or the Abbott IDNOW. DHHS will continue to work closely with the NSPHL to further investigate the issue of discordant results between COVID-19 antigen testing and RT-PCR. On October 9, 2020, Dr. Brett P. Giroir with the U.S. Department of Health and Human, Office of the Secretary, issued a letter directing Nevada DHHS to rescind the directive for SNFs to discontinue the use of POC antigen tests until the accuracy of the test can be better evaluated. Dr. Giroir stated that Nevada's directive was in violation of federal law under the PREP Act. Nevada DHHS rescinded the directive, however further investigation into the accuracy of the antigen tests is ongoing. To date the findings are as follows:

A total of nine SNFs have reported POC antigen results to DHHS. The data below represents the total findings among these SNFs.

Total positive POC antigen tests performed and reported: 50

- Total symptomatic = 12
- Total asymptomatic = 38
- Negative RT-PCR = 32 (89% false positive rate)
- 21 had RT-PCR sample collected the same day of the antigen test.
- Two had RT-PCR sample collected within one day of the antigen test.
- Three had RT-PCR sample collected within two days of the antigen test.
- Two persons were symptomatic
 - All had antigen test performed within 5-7 days of onset date

Positive RT-PCR = 4 (11% true positive rate)

- Two had RT-PCR sample collected the same day as the antigen test was performed.
- Two had RT-PCR sample collected within one day of the antigen test.

Total with confirmatory RT-PCR: 36

- Total positive POC antigen tests performed and reported: 50
- Total performed on staff: 28
 - Symptomatic = 4
 - Asymptomatic = 24

Total with confirmatory RT-PCR: 24

- Negative RT-PCR = 20 (83% false positive rate)
- 18 had RT-PCR sample collected the same day of the antigen test.
- Two had RT-PCR sample collected within one day of the antigen test.
- All 20 persons were asymptomatic.
- Positive RT-PCR = 4 (17% true positive rate)
- Two had RT-PCR sample collected the same day as the antigen test was performed.
- Two had RT-PCR sample collected within one (1) day of the antigen test.
- One person was symptomatic.
- Three persons were asymptomatic.

Total performed on patients/residents: 22

- Symptomatic = 8
- Asymptomatic = 14
- Negative RT-PCR (false positive) = 12 (100% false positive rate)

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- Three had RT-PCR sample collected the same day of the antigen test.
- Three had RT-PCR sample collected within two days of the antigen test.
- Six have blanks field for date of antigen test performed.
- Two patients/residents were symptomatic
- 10 patients/residents were asymptomatic
- Positive RT-PCR = 0

Total with confirmatory RT-PCR = 12

- Negative RT-PCR (false positive) = 12 (100% false positive rate)
- Three had RT-PCR sample collected the same day of the antigen test.
- Three had RT-PCR sample collected within two days of the antigen test.
- Six have blanks field for date of antigen test performed.
- Two patients/residents were symptomatic
- 10 patients/residents were asymptomatic
- Positive RT-PCR = 0

Total with confirmatory RT-PCR = 12

Performance by Device:

- BD Veritor:
 - Total tests performed: 36
 - Total with confirmatory RT-PCR performed: 24
 - Negative RT-PCR = 21 (87.5% false positive rate)
 - Positive RT-PCR = 3 (12.5% true positive rate)
- Quidel Sofia:
 - Total tests performed: 14
 - Total with confirmatory RT-PCR performed: 12
 - Negative RT-PCR = 11 (92% false positive rate)
 - Positive RT-PCR = 1 (8% true positive rate)

Dr. Mark Pandori, Nevada State Public Health Lab, spoke about antigen tests. Historically, antigen tests have existed for viruses such as influenza. Traditionally, antigen tests are used outside of laboratories, such as emergency rooms, where they provide a differential result. This test is used for symptomatic individuals wanting to find out what virus is causing the illness. Traditionally, antigen tests lack sensitivity and specificity relative to laboratory-based tests. Antigen tests are not generally used to screen across the board. Dr. Pandori noted antigen tests tend to lack specificity compared to laboratory-based tests and the consequence of using this to test a large group of asymptomatic individuals, it tends to provide more false results. Antigen tests are used for receiving a fast result. Dr. Pandori expressed repeatedly the need for caution on the utilization of this test. Julia Peek noted DHHS has had the opportunity to speak with Quidel and BD Veritor to look for additional training that may be available for SNFs. Specifically, what the information means. Emphasis has been given to focus on symptomatic individuals along with staff as opposed to residents. Ms. Peek also spoke to the opportunity to speak to members of the White House Task Force along with federal leaders' and partners at DHHS, they are ready to assist Nevada. Ms. Peek also noted the collaboration with the CDC in the state's role with rapid testing for the vulnerable population.

8. Public Comment

Chair Cage opened the discussion for public comment in all venues. No public comment was provided.

9. Adjourn

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Chair Cage called for a motion to adjourn the meeting. A motion to adjourn was presented by Terry Reynolds and a second was provided by Richard Whitley, DHHS. The motion passed unanimously. Meeting adjourned.

DRAFT