



Meeting Minutes COVID-19 Mitigation and Mangement Task Force

Attendance	DATE	November 5, 2020
	TIME	10:00 A.M.
	METHOD	Video-Teleconference
	RECORDER	Tanya Benitez/Meagan Werth Ranson
Task Force Voting Member Attendance		
Member Name		Present
Caleb Cage		X
Richard Whitley		X
Terry Reynolds		X
Jaime Black		X
David Fogerson		X
Felicia Gonzales		ABS
Brett Compston		ABS
Meagan Werth Ranson		X
Chris Lake		X
Dagny Stapleton		X
Wesley Harper		X
Mark Pandori		X
Task Force Non-Voting Member Attendance		
Kyra Morgan		X
Lisa Sherych		X
Julia Peek		X
Melissa Peek-Bullock		X
Malinda Southard		X
Lesley Mohlenkamp		X
Samantha Ladich		X

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. No public comment was provided.

3. Approval of Minutes

Chair Cage called for a motion to amend or approve the draft minutes from the October 22, 2020 and the October 29, 2020 Task Force meetings. A motion to approve the drafts minutes for October 22, 2020 and October 29, 2020 as presented was provided by Terry Reynolds, Business and Industry, and a second was provided by Chris Lake, Nevada Hospital Association. Motion passed unanimously.

4. Appointed Department Updates

a. Department of Business and Industry (B&I) – Enforcement – Director, Terry Reynolds

Terry Reynolds spoke to work being done by B&I and the Division of Industrial Relations (DIR), which oversees the state's Occupational Safety and Health Administration (OSHA) program, regarding compliance visits. Mr. Reynolds noted, since November 3, 2020, there have been a total of 138 visits and 103 follow up visits completed. Areas of bar/restaurants, convenience stores, and construction had lower compliance rates on the initial visits. B&I is seeing that it takes a few visits to get compliance. B&I is looking at the overall process and is currently updating the investigation piece. The process is as follows: B&I will go out to a site to conduct a compliance check. B&I will see an issue on the first visit and will then open an investigation. If noncompliance is observed, then B&I will send out a letter. The letter used to be sent out after the second visit. The letter will now be done on first visit. If there are still problems with compliance, then B&I will move towards closing the business until there is compliance. B&I and city managers in Reno and Sparks met regarding enforcement. This meeting went well and there is progress being made with the entities. Mr. Reynolds noted the work of his staff has been crucial during this process. OSHA is willing to work with businesses and assist with compliance.

b. Division of Emergency Management (DEM) – PPE Status – Chief, David Fogerson

Chief David Fogerson provided an overview of the Personal Protective Equipment (PPE) status per the Disease Outbreak Management Plan. Mr. Fogerson noted PPE counts are at 120-day surge supply except for gloves. Gowns have been received. DEM hopes to have gloves on hand by the end of the month. DEM is working on a sustainment plan for January when the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding expires. DEM grant staff is working on over 130 million dollars in FEMA grants. That is a substantial amount of grants being overseen by DEM. Chair Cage inquired if these grants were in terms of the 75/25 split. Chief Fogerson advised that is correct and DEM is working on getting approval for a 90/10 split. Mr. Fogerson also noted all PPE has been pushed out to the school districts.

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

Lesley Mohlenkamp provided an overview of COVID related funding coordination efforts. The Governors Finance Office (GFO) has been working diligently as the end of performance period of CARES funds is quickly approaching. CARES funding ends December 30, 2020. The GFO is looking to move different funding areas as it relates to public health, business, and rental assistance. CARES funds paid for PPE for school districts and this effort was coordinated through DEM and the Nevada Department of Education (NDE). Chair Cage inquired if the December 30, 2020 deadline has been extended or if there is a potential for an extension. Ms. Mohlenkamp advised that there is no indication this funding will be extended past the initial date.

d. Nevada Department of Education – 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. Ms. Black noted a correction to the number of employees that the GCB has. Ms. Black noted there are 76 Peace Officers Standards and Training (POST) certified positions that are filled and there are 55 agent's conducting observations all while ensuring the normal day to day duties are completed.

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

Dagny Stapleton provided an update on NACO efforts. NACO is assisting in dissemination of information and assisting in writing county plans that are submitted to the Task Force for review.

g. Nevada League of Cities – Director, Wesley Harper

No current update to provide.

h. Nevada Hospital Association– Executive Director, Community Resilience, Chris Lake

Dr. Chris Lake noted all Northern Nevada acute care facilities have greater than a 30-day PPE supply. This is the same in the Southern region. Dr. Lake noted rural Nevada has been able to build a small stockpile in preparations of surges or supply chain disruptions. Hospitals are reporting the supply chain, currently, is function properly and can fill orders. It was noted the supply chain is not back to pre-pandemic days, but in a good position. Dr. Lake noted there are currently no staffing issues in the North or the South. Rural areas are experiencing issues with staffing. Dr. Lake noted statewide, Nevada is also seeing an increase in all cause hospitalizations and some hospitals are reaching higher than normal occupancy rates. There have been no large increases in flu related hospitalizations at his time. The NHA is working on vaccine protocols and preparing for hospital workers to potentially receive the vaccine. The NHA is also working on messaging regarding plasma collection for COVID patients who have recovered. Chair Cage inquired what the state can be doing right now to ensure when the state hits critical capacity, the state is able to reduce the stress on the system. Dr. Lake advised right now there are more issues in the North than in the South. The hospitals can expand Intensive Care Units (ICU) capacity outside of a traditional ICU by moving equipment and personnel into other areas inside the hospital. At this time, there are registered personnel available to be hired and hospitals have latitude in the way they are filling the staffing. Hospitals can use lower level staff to leave nurses or ICU staff for the most critical patients only. Chair Cage inquired if there was an issue with moving COVID patients back into nursing homes. Dr. Lake believes relationships have improved and there are no major issues. That issue has been resolved. Dr. Lake noted he would be able to provide more information at the next Task Force meeting.

5. Current Situation Report

Kyra Morgan 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
 - 679 14-day rolling average cases daily
 - 612 cases per 100,000 over the last 30 days
 - 104,093 cumulative cases
 - 3,194 cumulative cases per 100,000
- Deaths
 - 5 14-day rolling average deaths daily
 - 5 deaths per 100,000 over the last 30 days
 - 1,814 cumulative deaths
 - 58 cumulative deaths per 100,000
- Testing
 - 282 tests/day per 100,000 over the last 14 days
 - 11.2% test positivity rate over the last 14 days
 - 1,286,206 cumulative tests

Ms. Morgan 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

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has been taking place since mid-September. Hospitalizations have been following a slow increasing trend for the last month, with 583 confirmed and an additional 113 suspected COVID-19 hospitalizations on November 3, 2020. Statewide positivity rates have been increasing since mid-September, at 11.2% for the current evaluation period. Last week, that rate was 10.1%. For specimens collected since October 1st, it has taken approximately 2 days after specimen collection for results to be reported. Differences across different counties and laboratories are displayed in the table above. Ms. Morgan spoke to results from the county criteria tracker for the previous week comparatively to the current slide as of November 2, 2020. This slide shows an increase in counties being flagged for elevated disease transmission. All counties are being flagged for high case rates and high-test positivity rates. Chair Cage noted this surge appears to be different than the surge that was previously experienced. Ms. Morgan noted, if looking between September and October and look at October and November, it is visible the slope is not the same but appears to be getting faster. The data is now becoming comparable to what was experienced in June 2020. Dr. Lake noted, during this surge, the slope being witnessed in Northern Nevada is different than the slope in Southern Nevada. Ms. Morgan advised this is being tracked over time. When looking at proportion of case distributed over the state, up until September, a long period of time where Clark County was seeing a majority of the new cases. Since today, the cases in the North are more prominent than in Clark County.

Julia Peek, Department of Public and Behavioral Health (DPBH), provided an update on contact tracing and case investigation. Though Nevada is seeing an increase in cases in many counties, Nevada continues to hover at about 25% of all cases being identified through our contact tracing efforts statewide. DHHS hopes that the COVID Trace app will supplement those traditional efforts. As of last night, downloads were slightly over 67,000. A total of 16 cases that had the app at the time of their diagnosis and 15 related exposures as a result of those cases. DHHS continues to see spread from asymptomatic cases. Ms. Peek reiterated the need for mitigation related to social distancing and masking is critical. The safest option for all of us is to assume the people around us could be positive and to just stay spaced at 6 feet and masked. Whenever possible, limit interaction as much as possible for those outside your household. Again, when you do interact, ensure you are distanced, masked, and try to limit the duration of that interaction. As you recall from my update last week, CDC changed their definition of close contacts to 15-minutes in total over a 24-hour period versus 15-minutes in a single interaction.

a. Clark County Self-Assessment and Action Plan

Billy Samuels, Clark County, provided an overview of the Self-Assessment and Action plan submitted by Clark County. Chief Samuels expressed gratitude for B&I and the Task Force for all of the working being done, it is not always easy. Chief Samuels expressed concern with the numbers that Ms. Morgan presented earlier in the meeting to the numbers that were included in the Clark County Self-Assessment and Action Plan. Chair Cage noted this is a timing issue and depends on when the data is pulled. Ms. Morgan advised this conflicting information will be corrected moving forward. Chief Samuels noted Clark County continues to see an uptick in both cases per 100,000 and test positivity. The community-based testing (CBT) collection sites, on October 27, 2020 resulted in a total of 2,652 tests being collected. As of November 3, 2020, a total of 3,365 tests were collected. Clark County will also be focusing on the top ten zip codes for targeted testing. Enforcement has seen some challenges. As one could expect, each jurisdiction will have different ways of handling operations. Ten weeks ago, unincorporated Clark County, along with the incorporated jurisdictions came to an agreement on what it would look like regarding how many inspections should be completed per week. Working in conjunction with other agencies, the 5,313 inspections per week is still being met and has a compliance rate of 97.62%, while continuing to use OSHA data for concentrated inspections. However, for this report, the color code will be changed to yellow as each jurisdiction must fulfill its' requirements for inspection to be considered green. To ensure each jurisdiction is performing to its size, we created the following data-driven model. Chair Cage inquired if the COVID Trace app is being promoted at the CBT locations. Chief Samuels advised this is not currently being done but is a great idea. This can also be included on the handouts that are disseminated at the

CBT locations. Chair Cage also noted the importance of promoting this app on the websites. Chief Samuels advised he would need to check with the Southern Nevada Health District (SNHD) or University Medical Center (UMC) for approval. Chief Fogerson noted promoting the COVID Trace app could be done by the Joint Information Center (JIC) and are a resource that can be used. Chair Cage made a motion to approve the Clark County Self-Assessment and Action Plan as presented. Chief Fogerson provided a second. Motion passed unanimously

b. Elko County Self-Assessment and Action Plan

Amanda Osborne, Elko County, provided an overview of the Self-Assessment and Action Plan that was submitted by Elko County. Ms. Osborne noted Elko County experienced a 54% increase in confirmed cases in the month of October. The increase is consistent with many other counties in Nevada and surrounding states, such as Idaho and Utah. Much of the increase attributed to community spread and clusters among families and friends. As the weather gets cooler, we expect social gatherings to move indoors where the virus spreads more easily. Individuals tend to be better at wearing face coverings in the workplace and in public settings, than around loved ones and friends in private spaces. With increased community spread our essential workforce including healthcare workers and first responders are impacted by either contracting COVID-19 themselves or because they have been exposed outside of the workplace, requiring self-isolation. Hospital capacity and PPE remain in a good status currently. Elko County is seeking alternatives and solutions to sending samples to the Nevada State Public Health Lab (NSPHL) for processing. Elko County consistently sends approximately 700 samples to the NSPHL each week, including samples from the local skilled nursing facility and the Elko County jail. These are two of our most vulnerable populations. The current turnaround time is anywhere from five to ten days for results. Elko County still has not received some results of the last community-based testing event held on October 23, 2020. When we conducted community-based testing in West Wendover on October 21, 2020, we received 14 positive results from that event on October 28 which is not effective for mitigating the spread of the virus. Dr. Birx made us aware that 920,000 Abbot BinaxNOW rapid test kits were shipped to the State several days ago. We understand that 10% or 92,000 tests have been set aside for rural communities. Elko County encourages the Task Force, DEM, and DPBH to consider providing a larger allocation to the rural areas who do not have readily available access to instant tests, like in the urban areas, as this is critical to our mitigation efforts. Ms. Osborne also noted during mid-August, an outbreak was identified in the skilled nursing facility. A total of 62 individuals have tested positive, including 29 residents, 1 assisted living resident, and 32 staff. To date, there has been eight fatalities related to this outbreak, which accounts for 57% of the County's deaths. The last positive resident tested on October 23, 2020, but results were not received until November 2, 2020 – 10 days later. The last staff member who tested positive, tested on October 26, 2020. With inadequate test result timeframes, there may be an increase in cases in the skilled nursing facility unless we are able to contract with another laboratory which can provide quicker turnaround times. Elko County establishments have been found to be 90% compliant during OSHA inspections according to the last report we received. Because the virus is spreading through community spread and family/social gatherings, additional enforcement actions in the business sector or workplace is not likely to have a significant impact on slowing the spread of the virus. Elko County's plan includes a specific focus on two actions: adequate testing with an acceptable turnaround time and increased mask wearing in personal/private settings, encouraged by local leaders in the community through various means of communications including social media, radio, and other visual presentations (billboards, etc.), which will be supported by CARES Act funding.

Delmo Andreozzi, Elko County, noted Ms. Osborne did a great job summarizing the plan. Ms. Andreozzi noted the importance of messaging and encouraging individuals to do the right thing. Chair Cage noted testing turnaround continues to be a challenge. This challenge is being experienced statewide. Mr. Cage asked Malinda Southard, DHHS, to address the issue with the Binax. Ms. Southard advised at the end of September; Nevada was notified these tests were available. These tests are Point of Care Units (POC) that can provide results in as little as 15 minutes. They do require that all of the testing locations that administer the BinaxNOW tests have

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the appropriate state of Nevada laboratory license and federal Clinical Laboratory Improvement Amendment (CLIA). Currently Nevada has approximately 200,000 BinaxNOW tests. The distribution plan includes schools, department of corrections, community health nurse clinics, tribal health clinics, local health authorities, rural counties, and additional populations that may need testing. Mark Pandori, NSPHL, expressed a major concern in Elko County is asymptomatic individuals. The challenge with the Binax tool is there is a virtual guarantee most cases will be a false positive. Ms. Osborne noted this was a concern and has been addressed. Ms. Osborne noted she would rather have a false positive with an individual quarantined than an asymptomatic individual spreading the disease in the community. Mr. Andreozzi expressed again, there is an issue with the lab turnaround time. This has been an issue time and time again. Elko County needs a fighting chance, a ten-day turnaround is unacceptable. Mr. Andreozzi noted Elko County is currently working with UMC to see if they can assist with lab turnaround time. Chair Cage inquired about the enforcement piece of the plan and if enforcement was being done outside of OSHA. Ms. Osborne advised enforcement efforts are being done from the county level. Most of the enforcement comes from city police. Mr. Andreozzi noted the last significant enforcement effort that occurred in the county was the softball event that occurred. The license for this affiliation was revoked. Events like this are not occurring. Gatherings are occurring that do not require a license. Chair Cage noted if there was interest in a community round table to discuss the issue of messaging, this could be a good opportunity to do so. Mr. Reynolds noted B&I had to send out a reminder to staff of the precautions that need to be taken. This is also a method that could be used to reinforce the messages. B&I is also doing this with banks, real estate office, etc. to ensure people are aware of the small things they can do to prevent disease transmission. This has proven to be helpful. Dr. Lake noted the lab turnaround time continues to be an issue and asked if it was possible to get data as far as percentages and results that age out. Chief Fogerson agrees this would be beneficial. This is a frequent request from local jurisdictions regarding results coming out of the lab and results going into the data system. Ms. Morgan advised this was possible and can provide that data moving forward. Also, for clarification, this is currently calculated based on specimen collection and when it is reported to the state. This is how the electronic transfer works. The county should have the data before the state. Dr. Pandori noted the lab tracks turnaround time and looking at how long the specimen has been at the laboratory.

Matt Peterson, Elko County, noted it has been noted numerous times the Binax tool is a tactical tool. Therefore, it is crucial for the rural counties. The current tool and tactic are not working. Therefore, Elko County is looking at different avenues for results to slow the spread. Dagny Stapleton noted the plea for assistance is being heard from Elko County about the need for a solution. Not sure what the Task Force can do but something needs to be done. Chair Cage recommended, if Elko county would be willing, to meet offline to examine the reporting process and what the resources available are to get a firm direction on what the challenge is with reporting and looking for other viable options. Chair Cage made a motion to approve the Elko County Self-Assessment and Action Plan with the caveat that a breakdown of enforcement be included in the next plan to be submitted and set up a meeting offline regarding lab reporting. Terry Reynolds provided a second. Motion passed unanimously.

c. Lincoln County Self-Assessment and Action Plan

Chair Cage noted the Lincoln County Self-Assessment and Action Plan will be postponed until next week.

d. Washoe County Self-Assessment and Action Plan

Kevin Dick, Washoe County, provided an overview of the Self-Assessment and Action plan submitted by Washoe County. Mr. Dick noted Washoe County's test positivity rate has increased over the past week from 9.1% to 10.8% in spite of the number of tests per day increasing. The number of tests per 100,000 population has increased from 296 per day to 301 tests per day. Sufficient testing capacity remains available at the POST. The new cases per 100,000 population continue to increase, this week rising 612 to 783. Washoe County remain concerned about the high number of cases that are coming from the 20-29-year-old age range; however, we

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are now seeing the increase in cases occurring more broadly across all age ranges in the community. As of November 3, the 7-day rolling average of new daily cases in Washoe County was 187, a 19% increase in new cases from the previous week. Washoe County has 199 new cases per day on a seven-day moving average. Washoe County is at 82% of the peak that was experienced previously in Clark County. As of November 2, the relative burden on northern Nevada hospitals as a result of COVID-19 is 8% (hospitalized/ licensed bed count). Within the intensive care unit, the percentage of relative burden is 14% (COVID-19 hospitalized ICU/ licensed ICU beds). Licensed ICU beds in Washoe County hospital occupancy rates are 67% and 46% respectively for general hospital and intensive care units. 81% of staffed hospital beds are occupied. Staffing is starting to become an issue. Hospitals are working on staffing plans to continue to provide care for citizens and visitors of Washoe County. Ventilator usage is at 17% of capacity; 6% of those ventilators are required by COVID patients. Renown has also created a build out of beds and Washoe County is working with the hospitals on the crisis standards of care. The Washoe County Detention Facility continues to investigate, triage and take mitigating measures to limit the recent spread of COVID-19 within the facility. On November 4, 2020, approximately 109 inmates were tested for COVID-19 and 1500+ inmates and staff have been tested during the COVID-19 pandemic. In order to reduce throughput and potential backlogs for receiving test results from the Nevada State Public Health Lab the County is utilizing Charles River Labs (CRL) to test specimens collected at the POST two days per week. NSPHL provides the test collection kits for the CRL analysis. CRL intends to expand capacity to 1900 tests per week but the timeline has been delayed as the automation equipment is backordered.

Eric Brown, Washoe County, provided an overview of enforcement efforts for Washoe County. The platform to support contact tracing and disease investigation is an ongoing need and for a network of resources. When the spikes in infection are observed, there is a lack of hiring contact tracers in a timely matter. This becomes expensive and difficult to meet the demand. Effective at midnight tonight, there is a limit on gathering sizes from 250 to 50. This has been communicated to the media. Outdoor gatherings are still subject to a case by cases review. Secondly, all three jurisdictions have agreed to double resources to focus on enforcement. Washoe County is moving forward with plans for surge testing in the areas that have high infection rates and adjusting times to ensure all have access for testing. The public outreach campaign is moving forward. Mr. Brown spoke to the COVID risk meter. This tool is not intended to be used for mitigation efforts for the school district. This is a tool to educate individuals the risk of venturing out to the public. Chairman Bob Lucey spoke to several conversations being held between B&I and DEM. These meetings have been productive and surge testing has been the focal point of discussion. Chairman Lucey noted the challenge with the turnaround time is a concern. The outreach at a community level is imperative. With the winter months quickly approaching, social distancing is not going to be as easy as in warmer weather. There is concern with mitigation efforts in the winter months. There needs to be a unified approach. Rebecca Venis, Neighborhood Services, noted the City of Reno is focusing on increased enforcement measures and messaging. The City of Reno is doing cursory COVID inspections on complaints that are received, developing materials that can be handed out during inspection, every business that applies for a building permit through the city will now receive a COVID information sheet on best practices to follow during construction, focusing on additional outreach, and providing information about mobile test sites. Neil Krutz, City of Sparks, noted Sparks is actively looking to double enforcement numbers from 5% to 10%. Chair Cage encouraged an increase in messaging surrounding the POST events. Chair Cage noted a concern for Washoe County is regarding contact tracing and lab report turnaround. These appear to be the biggest issues. Dagny Stapleton noted there has been a lot of progress from Washoe County and has clearly established the areas of challenge. Chief Fogerson also noted the amount of work that has been done from the cities and county on the plan. No motion made on this plan as the plan is currently approved from last week's Task Force Meeting.

e. Lyon County Self-Assessment and Action Plan

Jeff Page, Lyon County, provided an overview of the Self-Assessment and Action plan submitted by Lyon County. Mr. Page noted Lyon County is a partner with the Quad County Health Care Coalition and is utilizing the services

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provided by Carson City Health and Human Services (CCHHS). Mr. Page noted he believes most of the cases and increased numbers are due to an outbreak in a long-term care facility. Mr. Page also noted he believes the numbers in the county are decreasing. Ms. Peek asked if cases are being seen outside of the long-term care facility. Mr. Page noted most cases are being seen from household outbreaks and the facility in Yerington. Ms. Peek also noted she was hopeful Lyon County will experience a decline in cases as well and is hopeful, that in terms of the familial spread, those folks are quarantining and staying away from the public. Mr. Page advised Lyon County residents have a large fear of testing and having adverse effects on the county due to test positivity. Chief Fogerson inquired if the CBT event was successful and if any positive results came out of that testing. Mr. Page noted the CBT event resulted in 128 tests in a single day. Mr. Page did not recall the number of positives but believes it was not a significant amount. Chief Fogerson asked if the approach changed at the skilled nursing facility in terms of policies due to the outbreak. Mr. Page noted the skilled nursing facility has been reduced to lower than ten patients, closing the memory care unit, patients are being transferred out to other facilities, and working under heavy surveillance from the state. Ms. Morgan noted Lyon County is being flagged for elevated case rate and elevated positivity. The plan notes the county is being flagged for testing. Mr. Page noted that was correct but does not want to lose focus on this portion of the criteria as well. Chair Cage made a motion to approve the Lyon County Self-Assessment and Action Plan as submitted and continue to monitor Lyon County. Terry Reynolds provided a second. Richard Whitley, DHHS, thanked Lyon County for acting quickly when the outbreak was identified and is supportive of this plan. Motion passed unanimously.

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 (SNHD)

Misty Robinson, SNHD, provide an update from SNHD. Ms. Robinson noted the SNHD has finalized the parameters being used to evaluate and recommend approval for large gathering plans. In addition to reviewing plans to ensure that local public health standards are met, SNHD will also analyze the current local health infrastructure before recommending approval for any large gathering plan. The criteria being used is: 7-day running average of cases, case investigation and contact tracing capacity, 7-day positivity rate, and hospital capacity reported by the NHA. The parameters will be analyzed to determine if we are Not Trending Toward Surveillance Capacity, Trending Toward Surveillance Capacity or Approaching or Exceeding Surveillance Capacity. SNHD will be posting the current capacity criteria daily to our COVID-19 dashboard and are currently working with staff to get that set up. Once that is available, event planners will be able to see how the public health infrastructure is trending in Southern Nevada in order to better inform their even planning efforts. SNHD will also recommend that events that have already been approved be cancelled if the local health infrastructure is trending toward capacity for three consecutive days 7 days before their event. Based on these parameters, we will not be recommending approval of large events at this time. Additionally, although we are not reviewing these plans, SNHD may recommend limiting gatherings of 50 people or less if the local infrastructure is approaching or exceeding surveillance capacity.

c. Washoe County Health District

Washoe County Health District updated was included in the Washoe County Self-Assessment and Action Plan discussion.

7. Update on the State Vaccination Distribution Plan

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Candice McDaniel, DPBH, and Shannon Bennett, DPBH, provided an overview of Nevada's COVID-19 Vaccine planning. It was noted the vaccination plan is a living document and is being used to provide the framework for the process. Details from the presentation are below:

- The COVID-19 Vaccination Program will require a phased approach.
- COVID-19 Vaccine Details
 - Two vaccines first: one frozen, one ultra-cold (-70°C).
 - 6 vaccines currently in production and in contract with the United States Government.
 - Limited federal facilities and corporate pharmacies will receive their own allocation of COVID-19 vaccine.
 - All other immunizing providers must be enrolled in the Pandemic Provider Program.
 - Vaccine will be limited at the beginning.
 - Initial vaccine will likely be an Emergency Use Authorization (EUA) vaccine.
 - Vaccine allocation will likely increase quickly through 2020 and be ready for vaccination of general population by early to mid-2021.
- Timeline details
 - The Nevada State Immunization Program has been told by Center for Disease Control (CDC) to be ready by mid-November. This does not mean an approved vaccine will be available by then.
 - Pfizer (ultra-cold) will likely be first.
 - Other vaccines will likely follow closely.
- Phased Vaccination Strategy
 - Starting with frontline healthcare workers, then the rest of the healthcare workforce.
 - Critical infrastructure workforce
 - Nevadans living in congregate settings, those experiencing homelessness.
 - Nevadans who are 65 years old and older and those who have underlying or comorbid health conditions.
 - General public.
 - No pregnant women or children are in the clinical trials, at this time.
- Criteria for phase populations
 - Level of exposure to COVID-19.
 - a) Population has unavoidable, close contact with those who may have COVID-19.
 - Length of exposure.
 - a) Population has unavoidable, sustained contact with those who may have COVID-19.
 - Importance of job/special technical skill.
 - a) Population has special technical skill that is not easily replaced.
 - b) Population has a job that others in the community depend on for overall community safety and well-being.
 - Likelihood of increasing community spread.
 - a) Populations that would increase spread with the community or within a closed, residential facility.
 - Mortality rate.
 - a) Population has increased likelihood of death from COVID-19.
 - Immune response.
 - a) Vaccine shown to provide a proper immune response in the population vaccination.
- Allocation
 - Methodology approved by the Governor's COVID-19 Mitigation and Management Task Force to monitor county-level disease transmission. A county is flagged for elevated disease transmission if it meets two of the three criteria
 - Average number of tests per day (per 100,00) < 100.
 - Case rate (per 100,000) > 200.

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- Case rate (per 100,000) > 50 AND testing positivity > 8.0%
- Using these established criteria, NSIP will determine which counties are experiencing elevated disease transmission.
- Allocation criteria will look different for hospitals. Will focus on COVID-19 patients and bedcounts.
- Nevada's Current Status
 - Currently enrolling Local Health Authorities, rural community health nursing offices, acute care hospitals, and any other provider identified to serve healthcare workers and frontline personnel.
 - Current efforts are extremely focused.
- Being Prepared to Collect/Report COVID-19 Vaccination Data
 - NV WebIZ (statewide immunization information system (IIS)) is primary tool
 - Vaccine ordering and documentation
 - Reminder for 2nd dose
 - Vaccine administration data must be reported to CDC every 24 hours.
- Vaccine Clinical Trials
 - The Food and Drug Administration (FDA) sets rules for the three phases of clinical trials to ensure the safety of the volunteers. Researchers test vaccines with adults first.
- Operation Warp Speed – Accelerated Vaccine Process
 - Deliver 300 million doses of safe and effective vaccine by 1 January 2021.
 - Financial risk is okay; Safety risk is not
 - Operation Warp Speed is manufacturing vaccine concurrently with clinical trials with the intention of disposing of the vaccine if it is not safe and/or effective.
- COVID-19 Vaccine Clinical Trials
 - Independent review boards
 - Data Safety Monitoring Board
 - FDA: Vaccine and Related Biologic Product Advisory Committee
 - CDC: Advisory Committee on Immunization Practices
 - Same approval process as childhood, influenza, and other traditional vaccines.
 - Be confident in the public health and medical system.
- Key takeaways
 - There is an equitable and science-based plan to distribute COVID-19 vaccine to Nevadans.
 - There is an existing vaccine distribution infrastructure in the state of Nevada.
 - COVID-19 vaccine clinical trial processes will only allow for a safe and effective COVID-19 vaccine to be released for use.

Dr. Lake thanked both Candice and Shannon on the presentation and for being so open and transparent through the whole process. Julia Peek noted there should be a solid update during the first week of December and asked Ms. Bennett to provide an update on the flu season to date. Ms. Bennett noted that the initial analysis, comparing this year to last year, the flu vaccination rate is up 9% and is hopeful to see this trend continue upward.

8. Overview of Task Force Report on Statewide COVID Response for 2020

Chair Cage provide an overview of the Task Force Report on Statewide COVID Response for 2020. There is value in this Task Force putting together a report by end of year that shows where we were, where we are, and where we are going. Chair Cage asked for this item to be added to the agenda for next week as to continue the discussion on this report. Chair Cage noted the potential plan should include an overall timeline from a pre-pandemic state to when the first case was discovered in Nevada. It is important to capture the work that has been done to date. Terry Reynolds noted this is a good idea to document our efforts and doing a critical analysis of what is working and what has not worked. Also, it is a good idea to include the counties as to add their perspectives on the pandemic. Mr. Reynolds also recommended the importance of including the NHA, local

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health authorities, Task Force members, and local jurisdictions. Good structure to look at. Dagny Stapleton noted having input from counties will be beneficial and offered assistance with coordination efforts.

9. Public Comment

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

10. Adjourn

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