



Meeting Minutes COVID-19 Mitigation and Mangement Task Force

Attendance	DATE	February 18, 2021
	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		X
Brett Compston		ABS
Meagan Werth Ranson		X
Chris Lake		ABS
Dagny Stapleton		X
Wesley Harper		X
Mark Pandori		ABS
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. Written public comment is attached.

3. Approval of Minutes

Chair Cage called for a motion to amend or approve the draft minutes from the January 28, 2021, Task Force meeting. A motion to approve the draft minutes as presented was provided by Terry Reynolds,

Business and Industry (B&I), and a second was provided by Chief David Fogerson, Division of Emergency Management (DEM). 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 Relations (DIR), which oversees the state's Occupational Safety and Health Administration (OSHA) program. OSHA has completed 185 first observations with a 100% compliance rate. There has been a total of three second time visits, also with 100% compliance. Of the complaints being received, most are around employees not wearing face coverings. Mr. Reynolds noted there seems to be confusion with the new directive and individuals believing the mask mandate is no longer in place. This is a false narrative. The face covering requirement is still in full effect and there needs to be a greater push around messaging on guidance and directives. Chair Cage inquired if OSHA was having any challenges with the new directives. Mr. Reynolds noted enforcement of the new directives is going well with no real issues. Chair Cage asked about the approval of large events from the DIR perspective and how that process works. Mr. Reynolds noted there is a place to submit plans on the B&I website, OSHA reviews the submissions, and works directly with the entities submitting the requests. B&I has been working with the Las Vegas Golden Knights and Las Vegas Motor Speedway on their plans for when the time arrives. There has been a lot of hands-on work. B&I has a developed process from when events were being approved this past fall. B&I sent out communication to all convention properties detailing what the guidelines are and who to contact as questions arise. B&I is being proactive and will continue to build relationships. Felicia Gonzales, Nevada Department of Education (DOE), noted high schools will be very anxious to get plans in place for youth sports and inquired what the typical turnaround time was after plan submission. Mr. Reynolds noted B&I does not approve school sports. The Nevada Interscholastic Activities Association (NIAA) approves high school sports activities. Mr. Reynolds B&I is happy to work with the NIAA on the process, but it is up to the NIAA for criteria and protocols. Mr. Reynolds noted work has been done with the University of Nevada Reno (UNR) and the University of Nevada, Las Vegas (UNLV) on tournaments for basketball, swimming, baseball, golf, etc. The universities are familiar with the range of events and what can be done.

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. Chief Fogerson spoke to news on the grant side. There is still \$138 million of grant requests from the local and state agencies, this is 93 claims. DEM will be meeting with the Federal Emergency Management Agency (FEMA) today to discuss the process of attaining financial resources and possible ways to streamline the process. DEM is also continuing to meet with local jurisdictions. Chief Fogerson noted the PPE front, DEM is still managing a 120-day stockpile. The glove count has increased from previous reports and is now at 3,002,000. On the output side DEM is sending 60 pallets of PPE to Nye County. DEM continues pushing out every resource possible and is constantly assisting the locals with PPE needs for Skilled Nursing Facilities (SNF) and hospitals. DEM is also pushing a lot of resources to local governments. Chief Fogerson noted FEMA employees are now embedded within the division with 129 FEMA employees between Clark County, Washoe County, and Quad County. There are also 73 U.S Department of Agriculture (USDA) employees assisting with the vaccination process. Chair Cage requested more information on the recovery applicant process and the kickoff meeting. Chief Fogerson noted there is currently \$138 million dollars for the grants, out of

93 claims. Most of those have been in the project worksheet phase. Today, DEM received notification from FEMA that one of the projects has been approved for Renown. Renown will be receiving \$8.6 million dollars from their project of building the alternate care site during this pandemic. Things are moving along at different times depending on the status of the project.

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

Lesley Mohlenkamp, Governor's Finance Office (GFO), provided an update on COVID related funding coordination efforts. The GFO continues to work with agencies in reconciliation of the remaining Coronavirus Relief Fund (CRF) funds. Also continuing to gather information on the most recent round of federal aid that was released in December of 2020. There are a lot of details for different funding streams. The GFO is still finalizing details on this and gathering details on how it intercepts with CRF. The GFO is also continuing to monitor the progress of potential new funding as well. Chief Jamie Black, Gaming Control Board (GCB) publicly thanked Ms. Mohlenkamp for her assistance in the funding process and seeking out available funds. It has been beneficial.

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

Felicia Gonzales spoke to a new directive the Governor announced on February 17, 2021, to allow school districts and schools that have already been offering in person instruction for at least 20 days to increase occupancy within schools to 75% or 250 people in a confined space while following all other mitigation efforts. School bus capacity was also increased to 66%. Ms. Gonzales also noted the Clark County School District has communicated their plan to bring back kindergarten through third grade on March 1, 2021. Other small groups as determined by the individual schools may also be brought back into the classrooms. Ms. Gonzales also publicly thanked the GO, DEM, Division of Health and Human Services (DHHS), Southern Nevada Health District (SNHD), and Clark County for assistance and support of Clark County to ensure this task was possible.

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

Chief Jaime Black provided an update on the GCB enforcement efforts. The GCB has completed a total of 24,294 through February 12, 2021. For inspections completed during the month of January 2021, 2,934 inspections were completed. Through February 12, 2021, 734 inspections have been completed. There are a total of 229 violations. Although it sounds like a significant jump in violations from the last report, it is simply incorporating the Senate Bill (SB)4 violations that have been sent over to the GCB from the local health authorities over the last few months. The GCB has opened regulatory cases for follow-up with those particular licensees. The GCB is are still seeing a very high level of compliance among our licensees. The GCB is beginning to receive requests for large gatherings and events and are starting to review those plans. The GCB process is similar to the one in place in October of 2020. The GCB has issued an industry notice, which can be found on the website and it sets forth the process in detail for plan submission.

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

Dagny Stapleton noted counties are still working to support the vaccine distribution effort and supporting the COVID response. Ms. Stapleton noted continued thanks to the state for the ongoing cooperation throughout this pandemic.

g. Nevada League of Cities – Director, Wesley Harper

Wesley Harper noted the Nevada League of Cities wanted to thank Candice McDaniel, DHHS, for support that she provided on the vaccination process. This clarification was very helpful. Mr. Harper noted cities are doing what they can to support vaccine distribution and are also working to enforce the Governors guidelines where applicable.

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

No current update to provide.

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
 - 462 14-day rolling average cases daily
 - 749 cases per 100,000 over the last 30 days
 - 289,392 cumulative cases
 - 9,189 cumulative cases per 100,000
- Testing
 - 271 tests/day per 100,000 over the last 14 days
 - 11.8% test positivity rate over the last 14 days
 - 2,634,991 cumulative tests
- Hospitalizations
 - 740 confirmed and suspected hospitalizations
 - 176 total ICU
 - 110 total ventilators
- Deaths
 - 14 14-day rolling average deaths daily
 - 21 deaths per 100,000 over the last 30 days
 - 4,774 cumulative deaths
 - 152 cumulative deaths per 100,000

Ms. Morgan provided the group with an update regarding the slides provided in the handouts showing the trends of COVID-19 in Nevada. Nevada has seen a sustained downward trajectory in new cases since January 9, 2021. The average volume of daily new cases is at 462 over the past 14 days and is comparable to what was observed in the end of August, after recovery from the summer surge. The state expects to continue this declining trend and reach numbers comparable to what was observed at the lowest level after the summer surge (315-320 cases per day) by the end of the month. Test positivity has been decreasing for the past four weeks, but is still high, at 11.8%. After the summer surge Nevada observed a test positivity rate as low as 6.2%. There are currently 740 confirmed and suspected COVID-19 cases hospitalized in Nevada hospitals. Nevada has seen a sustained downward

trajectory in hospitalizations statewide since early January. ICU and ventilator use have also been declining statewide since January 19, 2021. Nevada continues to see a decline in number of COVID-19 deaths, averaging 14 deaths per day over the previous two weeks. Additional vaccination data was recently added to the State's COVID-19 data dashboard, which will be updated Monday, Wednesday, and Friday. These tabs will display doses administered, initiated, and completed by county of clinic location. It will also display the trend of doses administered. Race and ethnicity data are presented on the sample of records where it is known (~85% of records). Disparities have been identified, most significantly in the Hispanic and non-Hispanic Black populations. For Specimens collected February 1, 2021 through February 17, 2021, it has taken approximately two days. As for the county tracker, Clark, Douglas, Elko, Esmeralda, Mineral, Nye, Pershing, and Washoe are flagged for elevated transmission. Of those counties that were flagged for elevated disease transmission: all were flagged with a high case rate, all were flagged with a high-test positivity, and Elko and Esmeralda were flagged with a low average number of tests per day per 100,000. For case rates, Declining or improving trends have been observed in all the counties except for Mineral and Storey. For test positivity, Nevada has seen declining or improving trends in the following counties: Carson, Churchill, Clark, Douglas, Eureka, Humboldt, Lincoln, Lyon, Nye, and Washoe. Excluding prison and inmate population does not significantly impact most counties' overall status for elevated disease transmission. Counties that have relatively high increases in testing and case rates after excluding prison inmate populations are due to having few to zero COVID-19 positive inmates. Since the number of tests and or cases remain relatively constant and the population size is smaller without the inmate population, Nevada would expect to see increases in testing and case rates.

Chair Cage inquired in the discussions with state and national partners, how do experts expect the vaccine distribution to affect Nevada's case rate and hospitalizations. Ms. Morgan noted the more people that are vaccinated the fewer cases the state will see. Based on the prioritization, vaccinating the most vulnerable population, experts expect this to have a disproportionately positive impact on hospitalization and mortality. The case rate may lag for the younger population. Hard to tease out cause and effect and what is driving what. It is hard to say how much of the decline is attributable to vaccinations. Another angle is that there could be, and the state should be prepared for an early spring surge based on behavior. Nevada's still need to remain vigilant. Chair Cage noted as the state moves forward and continues to monitor metrics, do you think the three metrics are the appropriate metrics to continue to monitor or should changes to the metrics be updated. Ms. Morgan noted the state should keep this conversation fluid not just based on vaccinations but as the state moves through mitigation efforts. It will be important to consider the proportion of the population that has been vaccinated. There is a need to look at the criteria for disease transmission from the perspective of when they were developed and what has been learned since then. The goal may need to be adjusted moving forward and setting realistic bench lines. Chair Cage clarified that the right three metrics are in place, but there may be a need to add a fourth and may need to adjust up and down to be achievable. Chief Fogerson noted this has been an ongoing discussion from the local perspective in achieving the balance. Mr. Reynolds agreed with Chief Fogerson. It is to find a balance between vaccination and testing. There is a limited number in the metropolitan and rural areas and trying to find a balance between vaccination and testing is important. As the state transitions through this, the state needs to be monitoring employees and cases within organizations in keeping up the established protocols to ensure ground level truths and awareness. Julia Peek, DHHS, requested data on the absenteeism from the hospital based on them being the first to receive the vaccine.

6. Update on State COVID-19 Vaccine Distribution Plan and Flu Vaccine Update

Candice McDaniel, DHHS, spoke to the State COVID-19 Vaccine Distribution Plan and Flu Vaccine Update. Ms. McDaniel spoke to the third version of the COVID-19 Vaccine Playbook. This version includes lots of new information, including how the Immunization Program is incorporating recommendations to better reach underserved populations, including minority populations and Nevadans with disabilities. The presentation was as follows:

Goal of Vaccine Response

- Make sure the COVID-19 vaccines released in Nevada are safe and effective.
- Reduce the spread of COVID-19 as well as deaths and severe disease.
- Help keep society and the economy functioning safely, including making sure hospitals and healthcare workers can stay safe and keep working.
- Make sure there is equity in vaccine distribution across Nevada.

Phased Vaccination Strategy

- Started in mid-December with frontline health care workers, emergency services (paramedics/firefighters), remaining health care workers/staff, and law enforcement and remaining public safety workforce.
- Nevadans living in long-term care, assisted living, and related facilities started being reached the week after the first group and continue to be scheduled by CVS or Walgreens.
- Following federal recommendations, Nevada's Playbook prioritizes vaccination of older Nevadans and frontline essential workers at the same time.
- Following those groups, we will move to reaching other essential workers, Nevadans who have underlying health conditions which put them at high risk of severe disease from COVID-19, and Nevadans experiencing homelessness.
- When supply can outpace demand, we can reach all Nevadans who want the vaccine (Healthy Adults 16-64 years).
- Pregnant and breastfeeding women should talk to their health care provider about the risks and benefits for them.
- Children under 16 years not included in initial clinical trials.

Ethical considerations for distributing limited vaccine supply

Throughout early Spring, it is necessary to prioritize vaccine eligibility among and within the identified essential workforce categories. Nevada State Immunization Program guidance is to prioritize employees whose job cannot be done remotely and who cannot socially distance while conducting their job duties. Until vaccine supply increases, position types that can work remotely are recommended to continue to do so. Due to the limited number of initial COVID-19 vaccine doses allocated to Nevada and considering the need to protect the functioning of Nevada's critical infrastructure and the safety of workers in the state, it will be necessary to prioritize vaccine eligibility among and within the identified critical infrastructure groups. There is guidance in the Playbook outlining prioritization considerations for occupational groups. These guidelines have been developed following Centers for Disease Control and Prevention (CDC's) ethical considerations and recommendations and focus on ensuring true frontline staff can access vaccines ahead of those who can and have been safely working from home. We don't expect this to be the case for very long, as vaccine supply should be increasing across the country in the upcoming months.

Equity is a crosscutting Consideration

- **Johns Hopkins:** “Promoting equity and social justice requires addressing higher rates of COVID-19 related severe illness and mortality among systematically disadvantaged or marginalized groups.
- **National Academies:** “The committee recommends that vaccine access should be prioritized for geographic areas identified as vulnerable through CDC’s Social Vulnerability Index”

Advisory Committee on Immunization Practice’s Ethics/Equity Framework

The purpose is to assist the ACIP in the identification of early recipients for allocation of COVID-19 vaccine in the setting of a constrained supply.

Goals

- Minimize death and serious disease.
- Preserve functioning of society.
- Reduce disproportionate burden on those with existing disparities.
- Increase equity of opportunity to enjoy health and well-being.

Ethical Principles

- Maximize benefits and minimize harms.
- Equity
- Justice
- Fairness
- Transparency

Ensuring Equity in Distribution

- Provide funding to Immunize Nevada and the Nevada Minority Health Equity Coalition to collaborate on the creation and development of a Vaccine Equity Task Force comprised of diverse and interdisciplinary members.
- Funding each Health District, Division of Public and Behavioral Health Community Health Services, and local counties – this funding includes stipulations to ensure and provide equity in vaccine distribution and access.
- Share clear and accurate information about the COVID-19 vaccines and the distribution plan for equitable access, including reminder protocols for 2nd doses.
- The information above is available in other languages including but not limited to American Sign Language and Spanish.
- Provide education about the potential risks and benefits of the COVID-19 vaccine to enable individuals to make an informed personal choice.
- Nevada State Immunization Program (NSIP) will work with public and private vaccinators to make sure vaccine sites are accessible to people with disabilities who do not drive or are in settings that do not provide transportation, including walk-in clinics, mobile clinics, and/or working with transportation providers to secure no- or low-cost rides to vaccination sites.
- NSIP and vaccinating partners are collaborating with new and old partners (including chronic disease awareness raising organizations and community-level trusted institutions, including faith-based organizations) in planning for temporary/offsite/mobile vaccination events.
- More goals and activities for ensuring equity throughout Nevada’s vaccine response are outlined in the Playbook V3.
- To ensure Nevada achieves this commitment, several state agencies and commissions missioned to service and/or advocate on behalf of these populations have reviewed the Playbook, including the Nevada Statewide Independent Living Council (NV SILC), Nevada Governor’s Council on Developmental Disabilities (NGCDD), Nevada Commission for Person’s who are Deaf and Hard of Hearing, Nevada Commission on Services for Persons with

- Disabilities (CSPD), Nevada Commission on Aging, NOMHE, the Nevada Center for Excellence in Disabilities (NCED), and the Nevada
- Disability Advocacy and Law Center (NDALC). These groups provided NSIP with several valuable recommendations.
 - Talk about communication strategy.
 - Previous groups can still be vaccinated.
 - Personal responsibility and neighbors helping neighbors.

Vaccine Dashboard

- Nevada's Department of Health and Human Services, Office of Analytics announced additional metrics to be included on the COVID-19 vaccine dashboard.
- The enhancements published 2/17/21 are provided to show data on trends and demographics and will mirror other categories of data included on the Dashboard.
- The dashboard can be found on the [NVHealthResponse.nv.gov](https://nvhealthresponse.nv.gov) home page as a new "Vaccinations" tab on the existing COVID-19 dashboard.

Vaccination Details

- NSIP is supporting vaccination planning in every county and working with each Emergency Manager and County Health District (Carson/Washoe/Clark)
 - <https://www.immunizenevada.org/county-specific-covid-19-vaccine-plan>
- Online Resources
 - <https://nvhealthresponse.nv.gov/covid-19-vaccine/>
 - <https://www.cdc.gov/vaccines/covid-19/index.html>
- Statewide Call Center
 - 1-800-401-0946
 - Can make appointments in various systems on a person's behalf

Key takeaways

- There is an equitable and science-based plan to distribute COVID-19 vaccine to Nevadans following ACIP recommendations.
- There is an existing vaccine distribution infrastructure in the state of Nevada – NSIP did this every day for childhood and adult vaccines before COVID hit.
- COVID-19 vaccine clinical trial processes will only allow for a safe and effective COVID-19 vaccine to be released for use in the U.S.
- Using quality data thoughtfully continues to be essential to ensuring an equitable COVID vaccine response.

Mr. Reynolds thanked Candice and her team from the immense amount of work being done. Mr. Reynolds also thanked the locals for being the boots on the ground. One thing B&I found ii working with the Division of Insurance and work done with businesses to get Pandemic Emergency Technical Support (PETS) grants, B&I found the call center to be a great resource. B&I also had community navigators that went out into communities to assist beyond the technology aspect. Mr. Reynolds inquired if this has this been thought about in this process. Ms. McDaniel advised this is a great concept. Immunize Nevada has discussed this, and they have community health workers they have been able to onboard and I believe this will be a great benefit. Julia Peek noted the call center received 12,411 calls for week three. The Call center was also able to answer calls within one minute and 13 seconds. The average call lasts about eight mins and 30 seconds. Ms. Peek noted 5% of calls were abandoned. The call center is in a great place and is a great option for assistance. Chair Cage inquired if there were multiple call centers throughout the state. Ms. Peek confirmed yes there are numerous

call centers, and this is an ongoing discussion. A lot of this has to do with registering for a specific location. The Department of Public and Behavioral Health (DPBH) call center is the only one that will assist the resident in choosing from a variety of locations. Clark County is moving over to the DPBH call center as it is more comprehensive, but other counties can continue to stand county specific centers up. Ms. Peek encouraged residents to try the call center in their community and then the state call center if the need additional assistance arises. Chair Cage requested an update on salesforce and the phone app that is rolling out. Ms. Peek noted the plan is to start the soft launch next week with the salesforce product. This tool helps with documenting inventory, appointments, one of the benefits with the salesforce tools is the booking of first and second appointment easily. The tool can also allow scheduling and rescheduling out of the call center. That has been a challenge with some of the locally based options. The salesforce tool will also allow automatic transfer of information to Web IZ so as to minimize any dual data entry that individuals are having to do. There will be a soft launch next week in Clark County.

Chair Cage requested additional information from Ms. McDaniel on the announcement regarding the age lane for the COVID-19 vaccination efforts, what it will mean for implementation and if there will be any effects on the coordination efforts at the state level going forward. Ms. McDaniel noted “it is exciting to be able to provide this vaccine to an additional group. From the federal level, they will be able to support additional allocation to the federal retail program. The increase is going to be supported for the retail pharmacy program. Working with the counties and their feedback of where they felt they were getting close to a place there were able to go to 65 and older. They are not quite there, but it was a great opportunity knowing that we were going to get additional allocation which what we need to be able to open up additional prioritization. The pharmacies will be starting next week. The call center will be able to support those appointments that will happen through the pharmacies.” Chair Cage requested clarification regarding Washoe County Health District (WCHD) not anticipating additional increase in vaccines due to the Legislative Counsel Bureau (LCB) allocations. Ms. McDaniel noted individuals within those occupational groups are to be vaccinated within the county of their occupation. Now that the LCB is in session, that responsibility falls to Carson City Health and Human Services (CCHHS). With a significant number of occupational employees and staff within the LCB group, that would take away a significant portion of what Carson City or the Quad County would receive for their allocation. DHHS tries to be very flexible in terms of looking at the whole state, what the needs are, what occupational groups are, and ages. It is a balance. There is a need to support an additional balance for the quad region as they move into this space of occupational group of the continuity of governance. Chair Cage inquired if the legislators going through now, are the initial group for the vaccination process for the essential employees or is this everyone. Ms. McDaniel noted the quad region is just now getting into that continuity of governance for next week. When talking about those that are working within Carson City, it does support the timing for the region as the quads as they are able to get to this occupational group.

Chief Fogerson requested information regarding second doses and the concern some of the rural counties have that they will not be able to get second dose allocations. Ms. McDaniel noted the federal government ensures that there is an allocation for Nevada that matches exactly what the first dose allocation is. This is based on the ordering timeline of when the first doses were administered. They are guaranteed second doses of either product that are available to Nevadans. From there it moves to the local level. For the immunization program we support vaccine inventory management. There is a first date you have both the 21- and 28-day intervals. On the vaccine management side, it is noting that “x” number of first doses were given on this date. There should be a delineation internally tracking all of these things to say if this was a first dose given it is a 21-day minimum interval. It is encouraged to schedule second doses during first dose appointments. Chair Cage noted there have been a lot of questions asked about the theory that Nevada should treat every dose as a first

dose and get as many people vaccinated as possible. The standard position in the State of Nevada is the state does not want to be in a position where there are a lot of first doses out there without a guarantee of second doses coming in. Chair Cage inquired if that the state has seen other states around the country that have gone the first dose second dose as a first dose route having any challenges with that approach. Ms. McDaniel noted there have been some issues and barriers when they have chosen to pull some of those second doses and use them as first doses. The inventory management is important and gets more complex when they start changing what that structure is. Collogues in other states are expressing concern about previously, when there was no insight about what would be expecting in allocation week to week. That has unfortunately caught up to them with the inventory management. There is more information coming out that the best structure to use is first dose as first doses and second dose as second doses. Nevada does not want to be in a position in which the state is not able to provide second doses and then interrupt that minimum interval even with some of the flexibility that is given by the CDC and the ACIP in terms of when the second dose can be. It is not a structure that DHHS feels comfortable with knowing there would a potential interruption because efficacy is important. DHHS feels the best structure is the path the state has been following. Chair Cage concurred that this has been the correct approach until direction is received otherwise.

7. Update on COVID Vaccine Distribution from Local Health Authorities

a. Carson City Health and Human Services

Jeanne Freeman, CCHHS, provided an update on the CCHHS COVID-19 Vaccination Plan. Dr. Freeman spoke to the current challenge being the delay in receiving the vaccines. This has caused CCHHS to reschedule a few events that were scheduled for this week. CCHHS decided not to cancel events but rather reschedule them. The presentation was as follows:

- Vaccine numbers as of February 15, 2021
 - Total Doses Received: 13,950
 - 1st doses: 9,375
 - 2nd doses: 4,575
 - Total Doses Administered: 14,193
 - 1st doses: 9,333
 - 2nd doses: 4,860
 - The difference is attributed to the extra doses in the vials. CCHHS administers every dose possible. There have also been zero doses wasted.
 - At the end of today, CCHHS will have zero doses on hand.
- Carson City Health and Human Services appreciates the collaborative partnerships with the NV Pharmacy Board, Nevada State Immunization Program, and the numerous private partnerships.
- CCHHS is utilizing numerous resources in each county to assist our residents with getting scheduled for appointments and to their vaccination appointments. CCHHS is also collaborating with services provided through our law enforcement partners, senior centers, and transportation providers.

Chair Cage clarified the shortage of doses is due to the weather in the Midwest and the slow delivery. Dr. Freeman agreed. Chair Cage requested an update regarding the special syringe orders that have been requested over time. Chief Fogerson noted he does not believe Carson has put in a request for those resources. Chief Fogerson noted the special syringes being requested from additional jurisdictions is for 1cc syringes. The smaller syringe increases accuracy. State purchasing was able to

find 250,000 1cc syringes in California with 25-gauge needles and are having them delivered to Southern Nevada. Dr. Freeman noted CCHHS started ordering back in August the materials they would need so they would have them inhouse and not be in the same situation at the beginning of COVID with PPE. Chair Cage noted the benefit of this is being able to pull additional vaccine out of the vials and maximizing the vaccine on hand. Chief Fogerson agreed. The allocation kits come with five syringes per vial and there are six or seven doses depending upon how it is packaged. The extra syringes will allow for extra doses to be pulled out.

b. Southern Nevada Health District

Misty Robinson, SNHD, provided an update on the SNHD COVID-19 Vaccination Plan. The presentation was as follows:

- As of February 16, 2021, there have been 304,109 COVID-19 vaccines administered in Clark County. (239,241 first doses and 64,868 second doses.)
- In Clark County, groups currently eligible to receive the vaccine include our health care workforce, people 70 years old and over, our public safety and security and frontline community support workforce, and continuity of governance.
- Some utility workers are currently eligible to receive the vaccine as part of the frontline community support workforce. These are workers who are needed to keep the power on, water running, and others who are essential to ensuring that our utilities are working properly. This group was included in consultation with the state.
- Clark County continues to distribute vaccine in phases, according to the recommendations of the CDC and the Nevada Division of Public and Behavioral Health's COVID-19 Vaccination Playbook.
- Severe weather in other parts of the country has caused delays in shipments of the vaccine.
- The Health District learned yesterday morning that its shipment of Moderna vaccine would be delayed.
- As a result, Clark County is rescheduling second dose appointments for those who were scheduled to receive their second dose of the Moderna vaccine by one week.
- The expected shipment of Pfizer vaccine was received, and second dose appointments will continue as scheduled.
- Next week, the Health District will only be administering second doses of the vaccine. Second dose clinic locations will include the Convention Center site, Cashman Center, and the Southern Nevada Health District.
- All first dose appointments that are scheduled for this week will continue as planned. No first dose appointments are currently scheduled for next week, and we will resume scheduling them the following week at Health District and partner clinic sites.
- Clark County is transferring the state's call center to assist with providing information to the public and assist people in making appointments. Clark County is also looking forward to the implementation of the state's registration and scheduling system in our points of dispensing beginning next week at the Convention Center, Cashman Center, and the Health District. We will be implementing this resource with our jurisdictional partners the following week.
- As resources expand, it is expected our second dose vaccination site options to expand.
- The Southern Nevada Health District has been working closely with our state and local partners to distribute the vaccine supply we receive each week as equitably as possible and in keeping with State's Vaccine Playbook.

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- As Clark County gets more data and demographic information about who is receiving the vaccine, Clark County has been working to refine our distribution strategies within the confines of our vaccine allotments and in consultation with the state. Clark County is working hard to ensure every person 70 years of age and older who wants the vaccine is able to get it before expanding to other groups. That being said, we will begin offering vaccine to people 65 years of age and older, beginning March 1.
- SNHD does know that disparities in the vaccine distribution exist. Some of this is driven by the limited supply of the vaccine as well as initial data reflecting the first people to be vaccinated, including health care workers and other public safety and security professionals.
- As we have moved on to the general population lane, we are focusing our efforts on our more vulnerable senior populations and disproportionately impacted people within our eligible groups.
- SNHD is scheduling more pop-up clinics in areas with limited access and lower vaccination rates, we have reserved appointments for people with mobility issues at our main location at Decatur Blvd., and we are looking at additional programs to serve those most in need as we begin receiving more vaccine.
- SNHD will gauge the availability of appointments, as well as our vaccine inventory and resources as we make decisions to open vaccine availability to additional groups.
- As SNHD begins to offer vaccine to more people, we will ask for the community's support and patience. Our overarching goal is to provide vaccine to everyone who wants it as quickly and as safely as possible. Our efforts are contingent on available resources. Our plans are designed to ensure that everyone who makes an appointment for the vaccine receives one.
- As appointments and availability is expanded to additional groups, people in these groups need to know that they may not get the first available appointments. What is important to remember is that more appointments are continually coming available, and everyone who wants the vaccine will be receiving it.
- Vaccine is also being administered by our community partners in Clark County.
- SNHD posts vaccine updates to our website each week, and as we work through each priority group the availability of the vaccine and updated clinic information will be provided to the public. Information provided will include how and where the vaccine will be available to people in each group.
- Appointments are required at the first-dose vaccination sites managed by the Health District. Our goal is to facilitate people receiving the vaccine – not prevent them from getting it – and to ensure vaccine is not wasted.

Chief Fogerson noted it is a collaborative effort in Clark County. Clark County has City of Las Vegas, City of North Las Vegas, Clark County Office Emergency Management, City of Henderson, and Community Ambulance and everyone doing their piece of it correct. Ms. Robinson concurred and noted Clark County has all their jurisdictions involved, and they work with them on where those allocations go when they receive their cap for the week. It is definitely a community-wide effort. Chief Fogerson verified the team is coordinating the vaccination efforts and facilities to ensure a community-wide approach is being conducted. Ms. Robinson agreed. Chair Cage noted one of the challenges a few weeks ago was with respect to data entry backlog and asked for clarification on the status of this challenge. Ms. Robinson noted it is not necessarily an ongoing challenge, but it will certainly be solved by the salesforce system. SNHD did implement our own system to reduce the number of vaccine administration records that needed to be uploaded to our web IZ and to the state's web IZ. SNHD got down to zero a week and a half ago, but due to some circumstances with regard to

the electronic system being using, SNHD had to move to paper bars for a couple of clinics. As of yesterday, SNHD has approximately 5,000 bars that need to be entered. That will go away very quickly, and they have a lot of people who are entering those bars into the system now. Chair Cage asked if all of the jurisdictions within Clark County, under SNHD, will be using the salesforce application when it is launched. Ms. Robinson noted the sites at Cashman the convention center, and our main facility will be using it next week and will be pushed out to our jurisdictional partners and other community partners the week after. Chair Cage inquired what other resources have been identified that may be needed from the State or the federal government. Ms. Robinson noted other than the syringes, there is a need for gloves, N95 masks, and things like that to assist with operations. Clark County is doing well with the personnel on hand, and appreciate the assistance being received from FEMA, the National Guard, and from the USDA. SNHD also had DHHS here a couple of weeks ago administering vaccinations. The salesforce app will help with ongoing issues with the vaccine administration records and getting them entered. Chair Cage asked if SNHD foresees any issues in expanding into the 65 and older lane for your jurisdictions or for the health district as you continue to move forward. Ms. Robinson noted SNHD does not foresee any issues and that is why SNHD is pushing it out for another week to ensure that the 70 and older population in for their first dose and some of them are getting their second doses as well. Chief Fogerson noted the vaccination rates have been phenomenal. Chief Fogerson noted the last he saw from our federal partners; Nevada has 98.7 percent of our vaccines have actually been given to our population. Highest in the region and above the national average.

c. Washoe County Health District (WCHD)

Kevin Dick, WCHD, provided an update on the WCHD COVID-19 Vaccination Plan. Health Officer Dick noted he would like to begin by acknowledging Candice McDaniel and the state IZ program. The state and WCHD are working hard together and believes a well-functioning team have been established. This effort is being approached and is in coordination to ensure the State's playbook is being followed to ensure equity. As of the update that the State posted yesterday, Washoe County, as a total, has dispensed 92,732 doses of vaccine. Of those, over 61,000 are first doses that represent close to 13% of our population that have received the first dose. Over 31,000 second doses have been administered. That is approximately 6.5% of our population that is now fully vaccinated. The Health District has administered 38,670 doses to date through our pod at the Reno Livestock Events Center and of those 14,186 are second doses. The County has moved into the full frontline community support group. This week WCHD is working with courts, legal, the continuity of governance, essential public transportation, remaining essential public health workforce and mortuary services that are all being contacted for scheduling. The WCHD pod is operating at a scheduling capacity of 350 vaccinations per hour. Health Officer Dick thanked Chief Fogerson and DEM for their efforts and assistant that they are providing through the FEMA personnel and USDA that have received. Health Officer Dick also thanked the National Guard, the Washoe County Sheriff's Office Community Emergency Response Team (CERT) volunteers, and the Medical Reserve Corps (MRC) volunteers. These individuals are critical for the operation of our community vaccination through our pod. WCHD is working with the Washoe County Sheriff's Office to vaccinate inmates who are 65 and older. WCHD is working on the final details of this plan, but WCHD is prepared to begin as early as tomorrow. WCHD is also working to vaccinate homebound individuals. WCHD has been doing that for about three weeks now. Today is the first day WCHD is administering second doses to homebound individuals. WCHD is using one of the public health nurses and is going out with our Regional Emergency Medical Services Authority (REMSA) ambulance service with one of their paramedics to do those vaccinations. They are vaccinating around 12 people a day. It is a time-consuming process because the 15- or 30-minute waiting period must be provided after those vaccinations, depending on the risk that the individual has. For the homebound individuals, WCHD is working with Dying with Dignity, Geriatric Specialty Care, Reno Housing Authority, and Meals on Wheels to identify homebound individuals that need that

assistance as well as people that are directly contacting us. WCHD has some community partners through the Washoe Medical Society that are coming together to do a pod with access to health care for 70 and older. Access to Health Care is a group that has worked to help provide health care access to people that have difficulty obtaining any insurance coverage. That is a focused group of socially vulnerable population that are going to be able to receive vaccinations. 200 are scheduled for this Saturday. Truckee Meadows Fire and Rescue has done a pod for 65 and older to get individuals up in the community of Gerlach and the Empire area vaccinated last week. North Lake Tahoe Fire Protection District and Incline Community Hospital that are also vaccinating 65 and older in Incline Village and Crystal Bay area. The Sparks Fire Department is holding community-wide 70 and older senior pods on Mondays and Thursdays. WCHD has Community Health Alliance and Regional Medical Center also providing vaccinations. They will be moving to community-wide 65 and older population next week. The WCHD has been trying to get our senior population that does not have internet access and are not technology savvy vaccinated. WCHD has a call center that receives over 3,100 calls a week. The call center staff has contacted over 2,000 of the 70 and older population to get them scheduled for vaccinations. WCHD has worked to get invitations out to seniors in the zip codes that have had the highest levels of COVID-19 cases. WCHD is working in conjunction with Immunize Nevada to provide two sessions a month, on the second and fourth Tuesdays, to provide our providers with updates and answers to questions regarding the vaccine. WCHD is also holding two media briefings on vaccination plans in progress and inviting various community partners to participate in those and provide briefings on their vaccination activities. WCHD has collaborated with the UNR for student volunteers at our pod. The WCHD is coordinating with our regional vaccination partners to move vaccine around as necessary to best utilize what is available in the community. The health district and our fire partners came together to vaccinate all Washoe County School Districts.

Chief Fogerson thanked Health Officer Dick for WCHD's work with Truckee Meadows Fire, Reno Fire, and Sparks Fire for getting the school district employees vaccinated. Washoe County School District came together with their emergency manager to make it happen. It was a short-term plan that accomplished a lot. Chair Cage asked with the announcement regarding the expansion of the age range and other items that have recently been rolled out, does WCHD anticipate any challenges or needs from the State that may be necessary. Health Officer Dick noted WCHD does have the wait list. WCHD is working with the State to receive county level demographics and believes that will help Washoe County get a better assessment of whereas the county is as far as the number of the 70 and older population that have been vaccinated to date. WCHD wants to look at that data to determine at what point the county wants to transition the health district pod at the livestock event center over to 65 and older. WCHD does have several other partners that are going to the 65 and older. WCHD intends to transition to that as the county feels it has satisfied the need with the 70 and older population. WCHD is working with the State on the salesforce scheduling product. WCHD has delayed the implementation on that tool because it does not have all the functionality that is needed to support the type of drive through pod operation currently in place.

8. Public Comment

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

9. Adjourn

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

Meagan Werth Ranson

From: PressRoom Nevada Health Response
Sent: Sunday, February 14, 2021 3:27 PM
To: Meagan Werth Ranson
Cc:
Subject: FW: Convention Center 2nd dose

To Whom It May Concern:

I am submitting the following statement for upcoming COVID-19 Task Force meeting:

I am writing to let you know what an unfettered disaster it was trying to get the second dose of the covid vaccine at the Las Vegas Convention Center on 2/11/2021. Despite arriving more than half an hour early for my appointment, I had to wait in line for over three hours to get my vaccination. The vast majority of that time was spent outside, in the sun, where it was 70+ degrees out. A significant number of the people waiting in line were elderly, and I watched one woman pass out after about two hours of waiting.

I understand that this is a health crisis and vaccination schedules are new, but the utter inefficiency today was mind blowing. If there were only going to be 10 people available to give each vaccine (and 4-5 people checking people in), then strict limits should have been placed on appointment times (i.e. 50 people per half hour). Instead, thousands of people were stuck waiting for hours in the sun, in a line that must have stretched half a mile long. To make matters worse, there was no seating for anyone in line, other than the benches in front of the convention center (Which would require someone else to hold their spot in line for 3-4 hours first). The poor elderly woman in front of me was near tears with the exhaustion and pain of being on her feet that long.

I missed another very important appointment, just to remain in line and get this vaccine, but it is absurd that I had to do so, when that appointment was scheduled 3 hours after my vaccination appointment.

I have rarely witnessed such a grand display of inefficiency, and it was truly rage-inducing. I feel for the people who had afternoon appointments and had to presumably wait into the evening (or were sent home without their shots), and for the elderly, who were exhausted by the extensive waits.

A few suggested solutions would be: strict limits on the number of appointments per half hour, significantly more nurses to give vaccines, or additional locations for the second dose.

I look forward to a response.

Thank you,

Ashley Biehl