



# Meeting Minutes

## COVID-19 Mitigation and Mangement Task Force

<b>Attendance</b>	<b>DATE</b>	January 21, 2021
	<b>TIME</b>	10:00 A.M.
	<b>METHOD</b>	Video-Teleconference
	<b>RECORDER</b>	Tanya Benitez/Meagan Werth Ranson
<b>Task Force Voting Member Attendance</b>		
<b>Member Name</b>		<b>Present</b>
Caleb Cage		X
Richard Whitley		ABS
Terry Reynolds		X
Jaime Black		X
David Fogerson		X
Felicia Gonzales		ABS
Brett Compston		X
Meagan Werth Ranson		X
Chris Lake		X
Dagny Stapleton		ABS
Wesley Harper		ABS
Mark Pandori		X
<b>Task Force Non-Voting Member Attendance</b>		
Kyra Morgan		X
Lisa Sherych		ABS
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 January 14, 2021, Task Force meeting. A motion to approve the drafts minutes as presented was provided by Lieutenant Colonel (LTC) Brett Compston, Nevada National Guard (NVNG) and a second was provided by Terry Reynolds, Business and Industry (B&I). 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 is continuing to focus on areas that continue to be hot spots and receive complaints. In terms of inspections completed by OSHA, OSHA is reporting good compliance overall. Compliance rates remain around 100%.

**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. DEM is holding steady on the PPE stockpile for the state. One item lacking is gloves but DEM is working through that issue and has enough of a current stockpile to manage. DEM is also working on another big PPE push that will be going out today to help support local governments. Chief Fogerson noted there is \$137.7 million worth of grants being managed by DEM grants staff directly related to COVID-19. These are still being managed as a 75/25 split and Chief Fogerson is hopeful this split will change to a 90/10 split. DEM continues to coordinate a unified response between DEM, Department of Health and Human Services (DHHS), local health authorities (LHA's), and local jurisdictions. Chair Cage inquired if Chief Fogerson has seen the new release regarding President Biden's COVID National Strategy. Chief Fogerson advised this document has been received and distributed internally at DEM. LTC Brett Compston noted he also received this document and understands there is a potential for 100% Federal funding to support the COVID-19 effort. This would be a huge win for Nevada.

**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 is continuing to look at the additional federal funding that is coming into the state. The GFO is looking at the areas the funding is coming in from, types of funding that provides, and how it relates to the Coronavirus Relief Funds (CRF). Ms. Mohlenkamp noted the CRF funding has been extended through December 2021. The amount of the CRF available is still currently being analyzed and there is not a firm amount as of now. There are a lot of factors at play that will determine the final funding. The GFO hopes to have a final amount shortly. Terry Reynolds inquired if as the federal funds come in, will the process remain the same as before where funds come in and then it needs to go before the Interim Finance Committee (IFC) for approval. Mr. Reynolds expressed concern with this process as the legislative session will be starting shortly and having timely approval of funds is crucial. Ms. Mohlenkamp noted the same process will be in place. Anytime federal funds are received, the funds must be approved by IFC. Once this is completed, depending on where the funding source is coming from. Some programs are infused with additional funding. Any type of entity that is getting an infusion of funds, this is a straightforward process. Any new funds need to go through the regular process to get the authority to receive the funds. Ms. Mohlenkamp offered her assistance on an individual basis.

**d. Nevada Department of Education (DOE) – 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**

Chief Jaime Black provided an update on the GCB enforcement efforts. The GCB has completed Phase two of inspections for all restricted locations. Through January 15, 2021 there were a total of 2,275 inspections. There

are 207 violations as of today. The number of violations remains relatively flat. The Enforcement Division is conducting site visits where violations have been reported and taking appropriate action when necessary. The GCB did release an industry wide notice on Directive 035 which states the GCB will enforce Directive 035 aggressively.

**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.

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

Dr. Chris Lake provided an overview from the NHA. There are currently 1,642 individuals in the hospital with COVID-19. This includes 1,453 confirmed patients and 189 suspected patients. This number is down from a high of around 2,100 patients in late December. There are 371 individuals in the Intensive Care Unit. This number is down from 460 patients in late December. There are currently 273 individuals requiring ventilator use. This number is down from 312 patients in late December. Dr. Lake noted significant declines are being observed in Northern Nevada, but the same declines are not being observed in Southern Nevada. Southern Nevada, as a whole, has remained relatively flat with a gradual decline. The numbers remain high in Southern Nevada. Flu continues to not be a significant issue around the state or nationwide. Dr. Lake noted staffing issues are easing slightly. None of the hospitals in Northern Nevada are experiencing staffing shortages. There are currently 425 patients in the hospital waiting to be discharged or on administrative holds. Dr. Lake noted the COVID-19 Mitigation and Management Task Force members should have received an email with login credentials for the new NHA Hospital Portal and to reach out if issues are encountered. Chair Cage inquired if there are staffing shortages still being experienced in Southern Nevada. Dr. Lake noted staffing is starting to stabilize across the state. There are still some hospitals in Southern Nevada reporting staffing shortages due to a higher number of case counts being observed but not at a level that was previously reported.

**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
  - 1,495 14-day rolling average cases daily
  - 1,719 cases per 100,000 over the last 30 days
  - 265,143 cumulative cases
  - 8,419 cumulative cases per 100,000
- Testing
  - 390 tests/day per 100,000 over the last 14 days
  - 20.5% test positivity rate over the last 14 days
  - 2,363,512 cumulative tests
- Hospitalizations
  - 1,727 confirmed and suspected hospitalizations
  - 408 total ICU

- 287 total ventilators
- Deaths
  - 20 14-day rolling average deaths daily
  - 27 deaths per 100,000 over the last 30 days
  - 3,863 cumulative deaths
  - 123 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 is almost four weeks out from Christmas and three weeks out from New Year's Eve. Based on previous post-holiday trends, it is likely that Nevada has seen the full impact of Christmas gatherings in our case trends and test positivity. The impact of New Year's will continue to present through the end of the month. New cases are trending down, after a smaller holiday increase than what had been anticipated. Test positivity has been slightly decreasing for the past week, but is still very high, at 20.5%. There are currently 1,727 confirmed and suspected COVID-19 cases hospitalized in Nevada hospitals. This is down from a high of 2,126 on December 22, 2020. Based on the case trends that have been observed, which indicate a peak in late November or early December, it is possible that the current peak in hospitalizations may also be behind the state, with declines observed since late December. Although many trends are improving, Nevada has not seen significant decline in ICU and ventilator use in southern Nevada. The increasing trends in those areas are subsiding and have essentially been stable since the beginning of the month, yet a significant decline has not been observed. Nevada continues to see a record number of COVID-19 deaths reported daily, averaging 20 deaths per day over the previous 2-weeks. Based on the case trends that have been observed, which indicate a peak in late November or early December, it is possible that Nevada is currently observing the peak in daily deaths. For Specimens collected December 15, 2022 through January 20, 2021, it has taken approximately two days after specimen collection for results to be reported. All counties in Nevada, except for Mineral, Storey, and White Pine, are flagged for elevated disease transmission. Of those counties that are flagged for elevated disease transmission, all are flagged with a high case rate and all are flagged with a high-test positivity. For case rates, DHHS has seen declining or improving trends in the following counties: Carson City, Churchill, Clark, Douglas, Elko, Esmeralda, Humboldt, Lander, Lyon, Mineral, Pershing, Washoe, and White Pine. For test positivity, DHHS has seen declining or improving trends in the following counties: Carson City, Douglas, Elko, Humboldt, Lander, Lincoln, Mineral, Pershing, Washoe and White Pine. Ms. Morgan noted excluding prison/inmate population does not significantly impact most counties' overall status for elevated disease transmission. The exceptions are Eureka and Mineral counties. 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 (denominator) is smaller without the inmate population, DHHS would expect to see increases in testing and case rates.

Chair Cage noted it has been several months since the start of developing the latest version of the dashboard and it looks phenomenal and is easy to read. The current trend does appear to be that all factors being measured are declining, and if I understood correctly, this should continue to be the trend. Ms. Morgan concurred and noted this is also connected to the Statewide "Pause" and mitigation efforts. The assumption is Nevada has seen the holidays play out. This is all based on the assumption that mitigation strategies are going to stay in place. Chair Cage noted the magnitude of the current wave is significantly larger than the wave experienced back in July and August of last year. Terry Reynolds asked for clarification on urban areas still having fairly high case rates, some of the rural counties with the exception of a few that are located next to urban areas are experiencing a more rapid decline. Ms. Morgan noted some rural counties that are not showing as much improvement, for example Nye County, are neighbors to an urban area. Nevada is not seeing significant improvement, but in general across the board, there is some improvement. Ms. Morgan did an analysis to compare the trend with Clark and Washoe, and Washoe's curve is quite a bit ahead of Clark's. Washoe has been

up and is coming down significantly, whereas Clark County is just now showing a bit of a downward trend. Across the board, except for some smaller counties, it does seem like potentially the worst is behind the state. Ms. Morgan noted Mr. Reynolds is accurate in saying, for the most part, the rural counties did not see a significant impact related to the holidays. There are a couple of exceptions to that. Within two weeks rural counties should be able to see if that trend is continuing. Chair Cage requested an update on the status of the vaccination data being added to the dashboard. Ms. Morgan noted it has not been decided where the data is going to be housed and is open to feedback if this group has a preference in adding a tab to our existing dashboard to talk about vaccinations or in having a standalone vaccination dashboard. DHHS is working to make this dashboard similar to the NV Health Response webpage. This dashboard will have very limited data at the beginning to include the number of vaccine doses administered, number of vaccines initiated, and number of vaccines completed. This dashboard will be released by county, very similar to the structure that is currently in place. Ms. Morgan is hoping to have a draft ready for internal review this week. Once the internal review is completed, the dashboard will then need to be vetted by the Governor's Office before being released to the public.

Dr. Mark Pandori, Nevada State Public Health Lab (NSPHL), noted the public health labs in the state are starting to gather genetic data on the viruses that are circulating in Nevada. Dr. Pandori could like to discuss with Ms. Morgan the possibility of overlaying some of the genetic characteristics of the circulating viruses with some of the observations that are being made with regard to increases and decreases, particularly because some of the variants are hypothesized to be more easily spread. NSPHL has an opportunity to combine the work Ms. Morgan is doing with the genetic analysis work that the labs are doing to see if in Nevada, if there are any themes regarding hot spots, or if there are particular strains that the state is having more difficulty squashing. Ms. Morgan concurred and noted she is perplexed by the magnitude and the timing of this peak in Washoe compared to Clark, it is surprising how that played out and it would be interesting to see if there is a relationship with what you are seeing as far as what the strain is in the region at the time. Dr. Pandori noted there is a real opportunity there, particularly because NSPHL is seeing some themes in the genetics of this as it goes forward. Chief Fogerson noted in regard to the "Pause" and the restrictions put in place, w positive feedback was received from the local governments for listening to their concerns and ideas regarding the current "Pause". Chair Cage noted he has heard some of the same acknowledgements and it has been a positive step forward. The Governor continues to keep the "Pause" in effect. Chair Cage asked Ms. Morgan on her opinion of the vaccine rollout and the possible effect on the long-term curve the state is experiencing in terms of local and national data. Ms. Morgan noted there needs to be a lot of work completed still in order to quantify that idea DHHS did start having preliminarily conversations with the immunization program to see if the program could tap into federal data. Ms. Morgan spoke to conversations she has had about the difference in how the efficiency of the vaccine is measured. When talking about the 95% reduction in people getting sick, that truly is measuring the presentation of sickness and symptoms. There is not robust data out currently that talks about the number of actual infections that are prevented through vaccination and that is an important differentiation when talking about things like herd immunity and how it is going to affect population-based numbers. IMs. Morgan hopes that more concrete data becomes available. This data will help get a better sense on ensuring people who are vaccinated not only are safe from presenting with sickness but are also safe from further spreading the infection. In general, the less people that are susceptible to virus and sickness can only have a positive impact, especially on things like hospitalizations and deaths where you are measuring the impact on a person and their response to the virus. It is also possible that the state could see cases continue to grow but presentation of symptoms that affect our hospital infrastructure and things like that continue to subside. The relationship between the two is still unknown at this time. Ms. Morgan noted she would like to hear Dr. Ellie Graeden's (Talus Analytics) thoughts on this discussion.

Dr. Graeden confirmed the question. The question being asked is the relative importance of how vaccination, in terms of seeing the outputs, affects the spread of the virus. Ms. Morgan noted as the state sees Nevadans getting vaccinated specifically, in Clark County, they are going quickly. Ms. Morgan inquired what conclusions

could be drawn on how that is going to affect trends even in the shorter term before reaching a level of herd immunity.

Dr. Graeden noted both the Pfizer and the Moderna vaccines are well over 90% effective, at least coming out of the trial data. Those are still relatively small numbers coming out of the trial data. As people get vaccinated, the relative importance of them continuing to report in on their experiences any adverse events, any disease that they are experiencing after the fact, or any symptoms being experienced but just the importance of continued data collection. These are being rolled out early under the emergency use authorization and there is a really high confidence in this vaccine and its safety. The more data compiled the better off individuals will be. In terms of the effects that would start to be seen, there was data out of the clinical trials that suggested that even the first dose is sufficient to start decreasing your likelihood of getting sick. That is really powerful and really positive news that even that first dose is going to do a solid chunk. It is going to help a lot. Certainly, that second dose is what is going to ensure that 90% efficacy or support that 90% efficacy. The prioritization of vaccination is based on who is most likely to be exposed to the virus. These are the healthcare workers and those people that are most likely to get sick based on a much higher level of exposure. If vaccines can reduce their likelihood of getting sick, they are then less likely to spread the virus. Secondly, especially when looking at these hospitalizations and really the need to get hospitalizations down, that is one of the big drivers right now for why there is the big push to vaccinate those over the age of 65 and 70. Those populations are much more likely to end up in the hospital with COVID and they are much more likely to need ICU or extensive care once they are there. The more the state can reduce the infection rates of those who are most susceptible for severe disease that is where the hope is to drive down the hospitalizations more quickly. Nevada does not see levels of hospitalization in the 20 to 30 age range nearly as often. Next, the priority of vaccination is for those with significant co-morbidities or immunosuppressive diseases. The logic is the same, which is those people are much more likely to need hospitalization, so let us vaccinate them first to prevent them getting it and reduce the load on our overall healthcare infrastructure. This is to both prevent the spread of disease but also to reduce the spread in those most significantly impacted and for whom the case fatality rate is much higher. . What that is ultimately going to do is open up the healthcare capacity for those who need it. This disease is not going anywhere anytime soon. Unfortunately, it is going to take some time for us to get sufficient vaccination to generate herd immunity. This is helping reduce the impact of the health care systems right now. The only other thing Dr. Graeden wanted to underscore is that Dr. Pandori has been seeing a lot of the genetic data coming out. Dr. Graeden is really excited to hear that NSPHL is doing a lot of the sequencing and offered her assistance in the process Talus Analytics has spent a lot of time looking at sequence data over the years and are excited to see how it lines up. Ms. Morgan noted she was interested in Dr. Graeden's perspective on seeing this differential spread across different areas of the state and wondering if that is going to be driven by those strains. Both the Pfizer and the Moderna vaccine are still expected to be fully effective against the primary strains, even these newer strains circulating. One of the really exciting things about this new vaccine method, these MRMA vaccines is the ability to rapidly adjust the vaccines to account for any sort of resistance seen or any sort of decrease in success of the vaccines. All are pointing in the right direction and really do underscore the importance of that vaccination campaign and getting as many people vaccinated as possible. Ms. Morgan will be very curious if Dr. Pandori sees any data on the relative effectiveness of the antibody treatments relative to these new strains. Ms. Morgan has seen some initial studies or at least some statements by some of the pharmaceutical representatives that suggest they are still equally successful in treatment.

Melissa Peek-Bullock, DHHS, spoke to items DHHS is working on in the Department of Epidemiology. The Department of Epidemiology is watching reports of those who become positive for COVID after receiving two doses of the vaccine. This continues to be data that needs to be reported. DHHS is working directly with Centers for Disease Control and Prevention (CDC) on ensuring if those cases arise in Nevada, that that data is being reported to CDC, so the data can be compiled nationally. DHHS will also work with the NSPHL to ensure those specimens are sent on to Dr. Pandori and his team for sequencing. This data is being constantly monitored in Nevada. DHHS would like to monitor those individuals that do become positive after receiving two doses in



order to collect additional epi information. This will include determining when those doses were provided and when they were subsequently positive. Dr. Pandori noted that the NSPHL fully supports what Dr. Graeden and Ms. Peek-Bullock indicated and are ready to support both of those efforts.

Chair Cage noted when looking at the thought process on providing the vaccine for the demographics and groups that are affected the worst by this virus. The goal is to reduce strain on hospitals and of course protect lives and safety. The playbook in Nevada is science-based, one that is ethical, and one that is equitable. Chair Cage noted it was his understanding that the science-based part of the playbook is really what is being referred to and how the state looks at the groups who can benefit the most with this very limited resource being deployed right now. In both terms of public health and in terms of making sure all aspects of economy and society are opening up over time again given a very limited distribution as well. Nevada will continue to adjust our model to ensure it reflects the science, the ethical, and equitable approach as well. Chair Cage pointed out that from his perspective, the things discussed earlier are a very much the ideas that the vaccination team at the state and partners throughout the state have been considering and are reflected in our playbook. Dr. Graeden noted it is very much a science-based approach and it is in line with what has already been put in place in Nevada.

## **6. Public Comment**

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

## **7. 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.