



FOR IMMEDIATE RELEASE

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COVID-19 Press Bulletin for August 12, 2021

Carson City, NV — Today, Candice McDaniel, Deputy Director of Programs for the Nevada Department of Health and Human Services and Dr. Ellie Graeden of Talus Analytics were joined by Dr. Michael Anderson, Senior Advisor at the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response in Washington, D.C. to provide information on monoclonal antibody therapeutics, Nevada's ongoing COVID-19 response and vaccination efforts, during a call with members of the media.

This bulletin provides facts, figures, and informational items from the call. As a reminder, data is provided in a dashboard on the home page of the [Nevada Health Response](#) website.

SUMMARY:

COVID GROWTH:

- The State of Nevada has followed Centers for Disease Control and Prevention (CDC) mask guidance and the most recent update went into effect on July 30, almost three weeks ago.
- Each Tuesday the State is providing an update on the transmission levels as published by the CDC and identifying which Nevada counties are required to have everyone masked while in indoor, public settings, compared to only masks for those who are unvaccinated.
- Based on information from the New York Times, Nevada was the first state to reinstate indoor masking and the State is now seeing a slowing of COVID growth in the state.
- Nevada has had the second slowest COVID growth in the nation over the past two weeks at 15%, compared to the national average of 118%.

HOSPITALIZATIONS:

- While Clark County still makes up the majority of new cases, every county in Nevada had an increase in cases or hospitalizations over the past two weeks.
- The Delta variant makes up the majority of Nevada's cases and has been identified in every county.
- Statewide, hospitalizations continue to increase, but at a slowing pace.
- Hospitalizations increased by 17% over the past two weeks, compared to 48% and 84% in the two previous two week time periods.
- The southern region is experiencing a slowing of admission rates, but staffing shortages remain a challenge at multiple facilities.
- Hospitalizations in the north and in a few rural counties are increasing.
- While they still have enough capacity, hospitalized COVID-19 patients have quadrupled in both regions in the past month.

BREAKTHROUGHS:

- Despite publicity around breakthroughs, the vaccines are doing exactly what they were designed to do, protect against severe illness and death.
- Because of vaccines, deaths are currently half of last summer's levels, despite a similar number of cases.
- For every 6,000 fully vaccinated Nevadans, only one has had a severe "breakthrough" case of COVID-19.
- Nationwide, the vaccines are keeping people out of hospitals. 97% of hospitalized COVID patients are unvaccinated.
- Finally, on August 6, the CDC published a new report that found unvaccinated people who have been infected are more than two times more likely to be infected again than those who are fully vaccinated.

BOARD OF HEALTH:

- It was announced earlier this week that the Board of Health will discuss required COVID-19 vaccination for Nevada System of Higher Education (NSHE) students at their September meeting.
- The Governor's Medical Advisory Team agreed with the unanimous recommendation from the NSHE COVID-19 Task Force to require vaccinations for higher education students and this is the next step in that process.
- Specific timelines related to when proof of vaccination will be required will be part of the discussion, and will take into consideration enrollment periods and the length of time it takes to achieve full immunity from vaccination.
- Eligible Nevadans are encouraged to get their COVID-19 vaccine as soon as possible.

- The State Board of Health is the final decider for passing school vaccine mandates by approving regulations drafted by the Division of Public and Behavioral Health.
- The State also continue to explore additional efforts to increase vaccination and keep our state safe – including review of vaccine requirements for those who work with vulnerable populations. The State will provide updates as policy options are explored.

VACCINATION:

- Immunize Nevada has been sharing stories from volunteers at vaccination clinics around our state and the common theme is the ease of being vaccinated and the relief people are feeling once they get their shot.
- This week they shared a story from a family attending an event where a young woman was able to make sure her mother, father, husband and brother were all vaccinated.
- Also, volunteers are able to explain the benefits of vaccination and answer questions.
- These community sites and locations where people are comfortable continue to be a key strategy in our vaccine response.
- To look at some of our recent numbers, as of this week Lyon County has passed the 50% milestone for initiated vaccination.
- Nevada administered 1,210 doses per 100,000 people last week, 19.3% higher than the national average of 1,014 per 100,000.
- Also, as of yesterday, 95,939 individuals ages 12 to 17 have been vaccinated statewide.

GET OUT THE VACCINE:

- The Get Out the Vaccine teams supporting this effort are making great strides.
- The team has now distributed more than 105,000 materials in door to door canvassing and supported over 70 events.
- These numbers are growing daily, along with the number of people vaccinated in these areas.
- Vaccine is now available at multiple Clark County Division of Welfare and Supportive Services offices, and also DMV locations for patrons.

MONOCLONAL ANTIBODY THERAPY:

- In January, one of the first federally supported monoclonal antibody treatment centers was set up at Sunrise Hospital and Medical Center in Las Vegas.
- Monoclonal antibodies are laboratory-made proteins that resemble the immune system's ability to fight off harmful viruses like COVID-19.

- The treatment, which involves a one-time intravenous (IV) infusion or injection of the antibodies, is available to:
 - COVID-19 positive individuals over the age of 12 who have certain risk factors that may make them more prone to severe sickness or hospitalizations.
 - These patient risk factors include being overweight, having asthma, diabetes or a heart condition, and others.
 - For these high-risk patients, the treatment must be given within 10 days of symptom onset. After 10 days, these antibodies are not as effective.
 - The treatment is also available to individuals over the age of 12 who are not fully vaccinated or who are not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination – such as those with immunocompromising conditions, including those taking immunosuppressive medications – and have been exposed to an individual infected with SARS-CoV-2 consistent with close contact criteria per Centers for Disease Control and Prevention, or who are at high risk of exposure to an individual infected with SARS-CoV-2 because of occurrence of infection in other individuals in the same institutional setting (for example, nursing homes or prisons)
- Early intervention with monoclonal antibodies can shorten the duration of COVID-19 symptoms and reduce the risk of severe illness and hospitalization.
- This is becoming increasingly important as a surge of patients continues to strain hospital resources in Nevada and in the U.S.
- These treatments are safe, and they work against the Delta variant.
- Monoclonal antibodies have been shown to decrease the need for hospitalization by upwards of 70 to 75%.
- Monoclonal antibodies are not a substitute for getting a vaccine. The primary way to fight this deadly disease is to get vaccinated to prevent sickness in the first place. In addition, you must follow proper safety protocols such as masking, social distancing, and washing your hands.
- If you do get sick, ask about monoclonal antibody treatment options in your area.
- For more information about this COVID-19 treatment, go to [CombatCOVID.hhs.gov](https://www.combatcovid.gov)

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