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DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



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TO: Nevada State Board of Health

THROUGH: Richard Whitley, MS, Director, DHS
Dena Schmidt, Administrator, DPBH

FROM: Ihsan Azzam, PhD, MD, MPH, Chief Medical Officer

RE: Report to the State Board of Health for September 05, 2025

Division of Public and Behavioral Health (DPBH) – Update

In October 2026, the federal government will reduce its contribution to the state administrative public health costs from 50 percent to 25 percent. New work requirements and other changes to eligibility for the Supplemental Nutrition Assistance Program (SNAP), commonly known as food stamps, could put those Nevadans at risk losing their eligibility to receive food stamps. Additionally, an estimated 10,000 or more people could lose benefits based on changes to social services access for noncitizens. During 2024 Nevada had an average of 505,000 recipients of SNAP/food stamps. Policy changes included in the new federal law include shifting more of the cost burden to states while also changing eligibility requirements for beneficiaries. More than 131,000 Nevadans could lose food and nutrition benefits because of the recent federal regulation. Similar to other states Nevada WIC Program is getting lower rebates, experiencing higher costs and increasing caseloads impacting funding projections. Able-bodied adults aged 18-64, previously 18-54, must now work or participate in job training for 80 hours each month. Additionally, parents with children 14 and older are no longer exempt from the work requirements.

Recent analysis projected a significant revenue loss for Nevada acute care and critical access hospitals under proposed Congressional Medicaid cuts, with statewide hospital systems potentially facing substantial annual revenue reductions that could significantly impact community healthcare resilience and emergency response capabilities. It is estimated that 100,000 Nevada residents will lose Medicaid coverage under federal work requirements by 2029. Additionally, the federal award for the vaccine preventable programs was cut by 9.97% for the current State Fiscal Year (SFY). Furthermore, implications for immunizations programs due to recent Advisory Committee on Immunization Practices (ACIP) and CDC mixed messages may result in further decline in vaccination rates in Nevada especially for the COVID pediatric vaccine. Failure to provide specific recommendations for pregnant people and suggesting clinical consultation for children have introduced uncertainty in relation to insurance coverage of some important vaccines.

The Division of Public and Behavioral Health (DPBH) continues to monitor federal funding plans, preparing for expected changes and anticipated delays in the notice of the awards, and the division is currently working to develop contingency plans with alternative funding sources, where such funding may exist. Additionally, the division continues to assess compliance with the Executive Orders provided by the White House.

The DPBH Public Health Infrastructure and Improvement (PHII) Section launched the updated website <https://www.nvhealthforce.org/>, which includes career exploration within the health industry. The website demonstrates career opportunities and requirements to reach career goals and provides resources and connections to workforce development partners. Careers featured include Behavioral Health, Nevada Department of Health Services (DHS) positions, Primary Care, and Public Health careers. The website also highlights scholarships available for current and future students.

On June 26, 2025, Nevada Medicaid was selected by the Center for Health Care Strategies to participate in the Medicaid Oral Health Workforce Implementation Learning Series. The review committee was impressed by Nevada's commitment and readiness to implement strategies and expand the oral health workforce. Nevada is one of only 11 states selected for participating, alongside Kentucky, Louisiana, Maine, Michigan, Oregon, Pennsylvania, Rhode Island, Utah, Virginia, and Wisconsin.

The DPBH completed the Disease Investigation Protocol for Lead Exposure in Nevada to better characterize the epidemiology and sources of lead exposures; early identify and prevent lead toxicity among children; minimize adverse effects and remove sources of exposure to lead. The protocol will facilitate cluster detection and educate affected individuals on how to reduce their individual risk of exposure to lead.

The DPBH welcomed a new epidemiology fellow through the Council of State and Territorial Epidemiologists (CSTE) Fellowship Program. This fellowship is designed to place skilled public health professionals in state and local health departments to support epidemiologic capacity and improve public health outcomes. The newly integrated CSTE epidemiology fellow Ms. Amber Brower will be located in Reno, where she will collaborate with state and local health officials to assist with disease surveillance, outbreak investigations, data analysis, and the development of evidence-based public health interventions. The fellow's expertise will provide critical support to ongoing public health programs and contribute to the overall health and safety of Nevadans. Her work will be instrumental in enhancing Nevada's readiness and response to emerging health threats, including infectious diseases, chronic conditions, behavioral conditions, and environmental health concerns. This fellowship placement underscores Nevada's commitment to strengthening its public health infrastructure by integrating highly trained professionals into the state's epidemiology workforce.

Mpox Update

The World Health Organization (WHO) has extended its alert again that mpox is a public health emergency of international concern. The WHO has declared mpox a public health emergency of international concern twice before; once in 2022 and again in 2024. This current outbreak is now affecting 25 countries across Africa with most recent outbreaks in West Africa. Currently there is an outbreak of clade II mpox in Sierra Leone, where mpox is endemic.

As of the date of completing this report August 15, there have been 28 deaths, and more than 4,300 cases reported in Sierra Leone. The WHO issued a revised set of [temporary recommendations](#) to countries experiencing the transmission of mpox, which includes: emergency coordination, collaborative surveillance, safe and scalable clinical care, vaccination, reporting quarterly to WHO, and addressing any research gaps.

On July 17, CDC issued a Level 2 travel health notice for travelers to Sierra Leone advising them to practice enhanced precautions [Clade II Mpox in Sierra Leone - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#). [Sierra Leone](#) has experienced near-exponential growth in mpox clade IIb cases and a [new variant called G.1](#). [CDC has recommended vaccinations](#) for people traveling to and from countries with clade I outbreaks. This includes Burundi, Central African Republic, Democratic Republic of the Congo, Kenya, Malawi, Republic of Congo, Rwanda, South Sudan, Tanzania, Uganda, and Zambia.

So far in 2025 there have been [five patients in the US](#) (in Massachusetts, Illinois, and California) that were detected to have the G.1 variant. However, CDC continues to report that the risk to the overall US population remains low.

Measles Update

As of August 15, a total of 1,356 confirmed cases and three deaths due to measles were reported to CDC by 41 jurisdictions, with about 90% of all confirmed cases being outbreak-associated.

[Measles Cases and Outbreaks | Measles \(Rubeola\) | CDC](#) .

While active outbreaks continue in the United States (U.S.), Canada, and Mexico, Nevada, has not had a reported measles case since 2018. However, on August 5, 2025, the DPBH was notified that a wild-type measles virus RNA had been detected in wastewater collected from Clark County Water Reclamation District (CCWRD) Flamingo Water Resource Center in Las Vegas. [WastewaterSCAN Dashboard](#). As this was the first detection of measles in wastewater in Nevada, Southern Nevada Health District (SNHD) issued a press release, and distributed a health alert (HAN) to community providers to consider measles in their differential diagnoses of cases presenting with suspect rash, and to test for measles as appropriate. And, as the school year starts soon, SNHD alerted Clark County School District to be on the look for any eventual cases.

It's important to note that one single wastewater detection of measles RNA is not, by itself, evidence of active community transmission; nevertheless, this wastewater findings indicate that one or more people may be shedding measles RNA virus.

The DPBH already shared with healthcare providers and community partners several practical tools to early detect and rapidly control any eventual cases in Nevada [Preparing and Responding to Measles: Checklist for K-12 Schools](#) and [Preparing and responding to Measles: Checklist for early care and education centers](#). These checklists focus on *how to prepare for measles* and *what to do in the first 10 minutes after a measles case is suspected*. Both checklists are also included in the CDC [Be Ready for Measles Toolkit](#) that the division shared with community providers. Additionally, the DPBH shared with the state healthcare providers the Nevada Measles Testing Algorithm update [Measles testing update.docx](#) to facilitated early detection and rapid control of cases.

Assembly Bill (AB) 360

After the passage and approval of Assembly Bill (AB) 360 from the most recent legislative session, the DPBH issued a technical bulletin to all healthcare provider, local health authorities, and other community-based programs to inform them that AB 360 expanded the list of provider types that can test for syphilis when evaluating a woman of childbearing age to include physician assistants and advance practice registered nurses, in addition to physicians.

Healthcare providers must evaluate if the pregnant woman had already received any prenatal screenings and tests, or a woman of childbearing age has/has not been tested for syphilis in the prior 3 month and had no personal history of syphilis.

AB 360 also expanded the types of testing that should be conducted to include a rapid or point-of-care test, if there is no history of syphilis, unless otherwise a serological test result will be made available prior to the patient being discharged or otherwise leaving the facility.

The DPBH has been alerted of a new voluntary recall by King Pharmaceuticals LLC., a subsidiary of Pfizer, of a specific referenced lots of Bicillin® L-A (Penicillin G Benzathine Injectable Suspension). Considering this recall and high levels of syphilis diagnoses (incidence and prevalence) the DPBH anticipates a limited supply of Bicillin® L-A.

Given this information, and the dynamic nature of the situation the division recommended that community healthcare provider strongly consider preserving Bicillin® L-A for treating patients who are pregnant until we learn more about the impact of the recall.

COVID – 19 Update

On August 8, 2025, the CDC upgraded national COVID-19 wastewater viral activity from "low" to "moderate" as cases rise across 45 states, with the XFG "Stratus" variant now accounting for 14% of infections and ranking as the third-most prevalent strain nationwide. This increase coincides with the back-to-school season, with highest wastewater levels detected in Western states (Alaska, California, Colorado, Nevada, Utah) and the Southeast, particularly Louisiana. While current available COVID vaccines remain effective in preventing severe infections and death, the timing raises concerns about potential transmission in educational settings. However, the World Health Organization continues to consider that the Stratus Variant poses a "low" public health risk.

Heat-related Deaths

Due to record-breaking temperatures in Southern Nevada, the number of heat-related deaths reported in Southern Nevada this year has increased so far to 87. Last year, Clark County recorded 526 heat-related deaths. Most of these heat-related deaths were aggravated by dehydration, chronic medical conditions and/or drug use where environmental heat stressors were listed as an "other significant conditions." Additionally, certain risky behaviors can also contribute to heat related deaths, including physical exertion, inappropriate clothing, lack of acclimatization and poor fluid intake.