



Central Nevada Health District Health Officer's Report

Submitted August 15, 2025
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Attached is a summary of events and activities for the Central Nevada Health District (CNHD) for the second quarter of 2025.

PROGRAM REPORTS

Environmental Health

Partnership, Collaboration, and Relationships

The Environmental Health (EH) Program continued to maintain and expand key partnerships across all four counties-Churchill, Eureka, Mineral, and Pershing, in addition to various Statewide agencies.

Meetings and Professional Development

EH staff participated in several relevant meetings and training events to support professional growth and coordination:

- **Western States Program Standards Network Meeting:** Participation in regional discussions on standardization and regulatory updates.
- **Nevada Childhood Lead Poisoning Prevention Meetings:** State of Nevada Lead Staff provided internal lead investigation training to the Environmental Health Staff.
- **National Association of County and City Health Officials:** Staff received a scholarship to attend the National Association of County and City Health Officials

Additionally, EH staff are actively involved in planning sessions with the Nevada Department of Agriculture Environmental Health Section staff to prepare for the 2025 Burning Man Mass Gathering event temporary event inspections. These efforts have brought forward an interlocal agreement with the State in hopes of meeting our goals to conduct more inspections through this partnership.

County-Efforts

Churchill County

- Completed 74 routine inspections across various establishment types.
- Site Visits, 5, for follow-up inspections, and 2 complaint inspections.
- Participated in 2 Plan Reviews, including blueprint revisions and consultations for new business openings, 2 construction rough inspections, and 1 non-operational inspection.

- Completed 6 temporary event inspections.

Eureka County

- 14 routine inspections, 2 non-operational inspections, and 12 complaint investigations.
- Completed 6 temporary event inspections at the Eureka County Fairgrounds
- Responded to multiple public inquiries related to Individual Sewage Disposal Systems (ISDS). Two telephone calls were scheduled but postponed due to site readiness. Residents are encouraged to contact EH when ready, so timely inspections can be coordinated.

Mineral County

- Completed 10 routine inspections and 1 follow up inspection.
- For the Mineral County temporary events, staff completed 5 temporary event inspections in addition to investigating 2 unpermitted kitchen/bar operations.

Pershing County

- Completed 7 routine inspections and 1 follow up inspection.
- Completed 7 temporary event inspections at Lovelock Frontier Days.

Internal Operations. Planning & Preparedness

The Environmental Health team continued the development of internal protocols, procedures, and workflow processes to enhance task efficiency and standardization across the district. These efforts are essential in preparing for a surge in inspections, permit requests, and event support throughout the upcoming summer season.

Staff are continuing to update internal processes as well as the CNHD Environmental Health fee structure.

Epidemiology

As measles activity increases nationally, the CNHD Epidemiology Department has taken proactive steps to prepare for a potential measles case or outbreak within our jurisdiction. Our efforts this quarter have focused on coordination, education, and readiness across healthcare and community settings.

Key Activities and Accomplishments

1. Measles Outbreak Response Planning

We developed a comprehensive Measles Outbreak Response Plan to guide public health actions in the event of a suspected or confirmed case. The plan outlines protocols for surveillance, case investigation, isolation and quarantine, communication strategies, and coordination with key partners.

2. Hospital Readiness and Clinical Guidance

- Distributed documentation to all local hospitals with guidance on ruling out measles in suspected cases.
- Implemented measles-specific infection prevention protocols in hospital settings to limit potential transmission.
- Assessed and confirmed the availability of Measles Immune Globulin (MiG) within our hospitals for use in post-exposure prophylaxis.

- Initiated one-on-one meetings with area hospitals to review their internal response plans, infection control measures, staff training, and vaccination protocols.

3. Community and School Engagement

- Collaborated with school district nurses to distribute parent-focused educational materials on measles symptoms, vaccination recommendations, travel precautions, and testing guidance.
- Ensured that school health personnel are informed and equipped to assist in early identification and referral of potential cases.

4. Pharmacy Outreach and Vaccine Access

- Contacted pharmacies across our service area to collect information on MMR vaccine availability, storage, and administration protocols, strengthening our community vaccination response capacity.

5. Training, Exercises, and National Coordination

- Scheduled a measles-focused tabletop exercise in collaboration with local hospitals to test readiness and identify areas for improvement.
- Participated in national training sessions and outbreak response drills, aligning our local strategies with current best practices and CDC guidance.

Other Notable Infectious Disease Focuses

CNHD addressed other notable infectious disease concerns this quarter. CNHD is monitoring an increase in Q fever activity in Fallon, with three confirmed cases reported in July (two acute and one chronic). For comparison, there were only three Q fever cases reported in all of 2024, making this month's total a notable rise. Currently, six more suspected cases-also from Fallon-are under investigation. We are awaiting laboratory results to determine if they meet the case definition by the CDC. Currently, there is no epidemiological link or commonality between any cases.

All current confirmed and suspected cases are from Fallon, which suggests a localized cluster or environmental exposure.

What is our team doing?

Our team is actively:

- Interviewing all confirmed, probable, and suspected cases
- Investigating potential sources of exposure
- Collaborating with the state health department, other local health departments, and environmental health staff

We will continue to monitor the situation and provide updates as more information becomes available.

Beyond response efforts, the Epidemiology team proudly represented our region at the Council

of State and Territorial Epidemiologists Conference (CSTE) in June 2025, in Grand Rapids, MI. The CSTE Annual Conference connects more than 2,800 public health epidemiologists from across the country and will include workshops, plenary sessions with leaders in the field of public health, breakout sessions, discussion sessions, poster presentations, and more. Conference attendees meet and share their expertise in surveillance and epidemiology as well as best practices in a broad range of areas, including informatics, infectious diseases, substance use, immunizations, environmental health, occupational health, chronic disease, injury control, and maternal and child health.

2025 YTD WNV Surveillance:

None reported at this time.

2025 Harmful Algae Blooms (HABs) Surveillance:

One Watch Warning for HABs at Lahontan Reservoir. Education has been provided to the public.

Publications:

CNHD, the State of Nevada's Department of Health, and the CDC, collaborated on a published article in July 2025, in *Nature Medicine*, titled *"Seventy Human H5N1 Cases Reported in the United States Since March 2024"*. This article provides a detailed overview of H5N1 and public health implications.

Clinical Services

Family Planning & Sexual Health Services

CNHD clinic visits for Family Planning have remained low during the summer months. We saw a decrease in the number of patients seeking cervical cancer screening, which has correlated with the Women's Health Connection (WHC) program being on hold during this quarter. However, WHC is starting up again at the end of this month. We are credentialed with several insurance plans and have seen an increased volume of patients with insurance. We continue to provide services on a sliding-scale fee for those who are uninsured. There has been a similar number of STI testing visits and contraception visits this quarter. The clinic provider, in collaboration with the Infectious Disease provider, continues treatment of a patient for active TB and provides daily virtual observation therapy.

Immunization & Outreach Services

Clinic services continue to administer VFC and 317 vaccines. Our clinic RN has done one VFC audit and a follow-up visit in Fallon. She is in the process of setting up training for IQIP audits. The immunization rates for both children and adults have increased compared to the previous quarter, likely due to back-to-school vaccine requirements. CNHD clinic staff are administering vaccines at back-to-school events in each county during August. Clinic staff and the resource liaisons are attending individual back-to-school events and are offering WEB IZ look-up, copies of vaccine schedules, scheduling appointments with CNHD RN if they meet VFC criteria, or giving them information on where to receive private-pay vaccinations. Efforts to increase vaccination rates have included distributing outreach flyers in all communities and on social media platforms, offering all vaccines, and highlighting MMR immunization. To enhance awareness, coloring books focusing on vaccines and vaccine-preventable diseases,

along with childhood immunization schedules, have been distributed at each back-to-school event.

The clinic staff have been emphasizing education and communication efforts to boost HPV immunization completion rates for adolescents in CNHD counties. We have seen a decrease of HPV immunizations in CNHD clinics this quarter in comparison with the same period in 2024. We have restarted our HPV vaccine survey to better understand reasons for HPV vaccine hesitancy.

Outreach efforts have been ongoing at senior centers in Churchill, Mineral, Eureka, and Pershing counties.

Tuberculosis Prevention & Control

Tuberculosis prevention involves the routine collection of QuantiFERON Gold tests to clients of the residential treatment facility in Churchill County. Additionally, nursing school and high school students, as well as others in the community, are offered TST skin tests. The clinic has noted a decrease in the number of class B-waiver immigrants suspected of latent tuberculosis infection (LTBI).

Public Health Preparedness

Training

In July, CNHD staff participated in training and tabletop exercises focused on Point-of-Dispensing (POD) operations and the Incident Command System (ICS), enhancing preparedness, readiness, and response capabilities within the team.

Equipment Acquisition

CNHD Public Health Preparedness recently acquired a new 20-foot emergency response trailer to support districtwide emergency operations.

Additionally, a new camper shell was installed on the department's pickup truck, enhancing its functionality with secure, dedicated emergency equipment storage.

Achievements

Over the past three months, staff actively participated in Local Emergency Planning Committee (LEPC) meetings across all four counties. In addition, they attended key events, including the State Public Health Preparedness (PHP) Partners Quarterly Meeting and School District Emergency Operations partner meetings.

CNHD's public health preparedness efforts were recently recognized in a public health article for their significant contributions to H5N1 data collection.

Miscellaneous

CNHD is preparing to attend the Region 2 Regional Integrated Preparedness Symposium in September 2025.

The CNHD Public Health Preparedness team has completed its collaborative planning efforts to schedule all flu Point of Dispensing (POD) events for the upcoming fall in October. The team also supported the coordination and planning of Back-to-School events across the district.

Ongoing Preparedness Plan Efforts

The Public Health Preparedness Program continues its ongoing efforts in each county to support the development, revision, and implementation of local preparedness plans, including the development, creation, and implementation of Districtwide emergency plans.

Todd McDonald, MP

ADMINISTRATION REPORT

Submitted August 21, 2025

Shannon Ernst, Interim Administrator

Summary of administrative milestones for the Central Nevada Health District (CNHD) for the second quarter of 2025.

New Organization chart approved, attached.

Implementation:

- CNHD Board of Health Approved new and revised job descriptions on August 14, 2025.
- The Churchill County Board of County Commissioners approved the pay schedules and job descriptions on August 21, 2025, to be released for hire.
- Administrator / Health Officer posting August 22, 2025
- Final Interview by the CNHD Board of Health scheduled during a special meeting to be held on September 25, 2026.

No cost lease obtained for Eureka Clinic for space to increase services, patient, and customer access. Posting for a CCHW to be posted in September 2025 to the staff office, providing outreach and community engagement.

CNHD Media Campaign completed and released commercials, billboards, social and print media to increase service and agency awareness in rural / frontier Nevada. A partnership with the Nevada Association of Counties, Immunize Nevada, and the State of Nevada DPBH, Bureau of Child, Family, and Community Wellness.

RFP to be released by August 26, 2025, for Community Health Assessment following the Public Health Accreditation Board Standards for all communities located in the district.

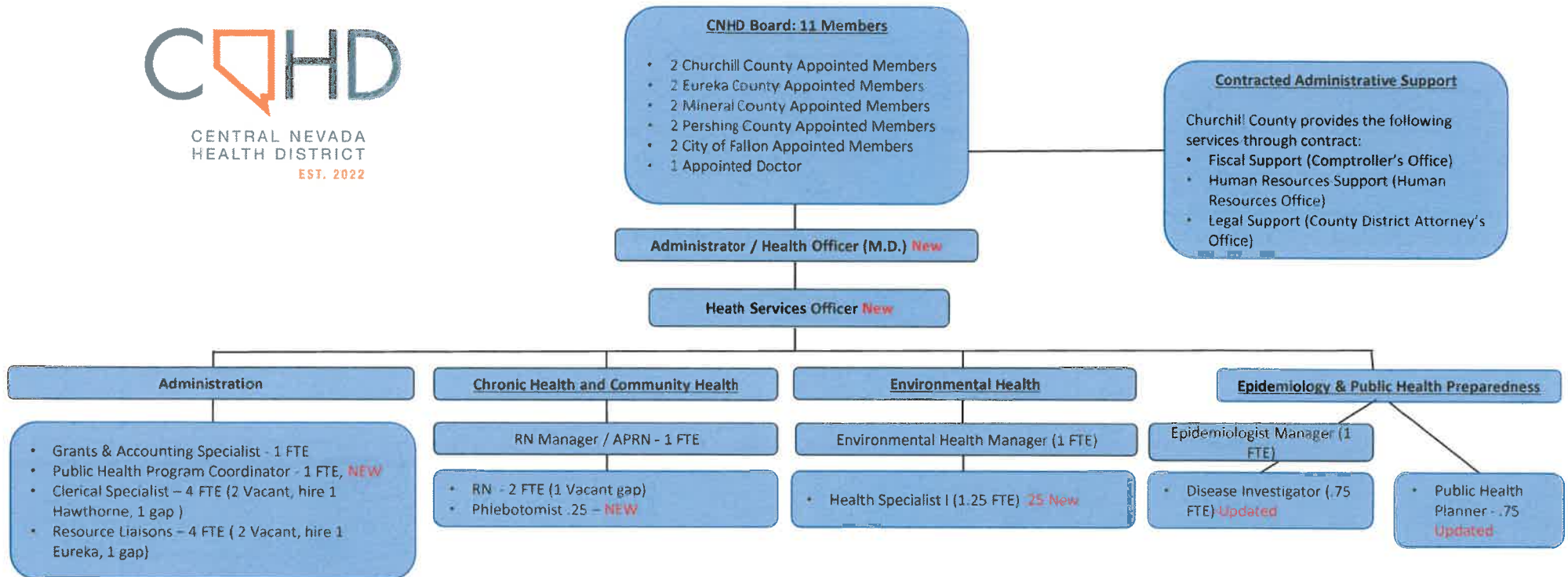
CNHD Churchill Office will not be relocating, but plans have been drafted to complete a full renovation of the location at 485 West B Street, Fallon, NV. The renovation will allow for increased storage space, offices, training, and meeting space, while providing secured access. Project projected to go to bid end of September 2025, with a 5-month renovation timeline.

Interim Administrator is supporting staff to increase training to serve the communities, develop protocols for all services, and provide for increased consumer communication on the process to reduce burden.

Shannon Ernst, Interim Administrator



Organizational Chart



Effective August 1, 2025 – Implementation reporting structure effective when Health Services Officer onboarded