

**Community and Clinical Health Services
Division Director Staff Report
Board Meeting Date: April 23, 2026**

DATE: April 8, 2026

TO: District Board of Health

FROM: Christina Sheppard, APRN
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SUBJECT: Community and Clinical Health Services – Divisional Update – Update on Vaccine Policy Changes; Data & Metrics; Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers

1. Divisional Update

Update on Vaccine Policy Changes

Since January 2025, federal vaccine policy has undergone rapid changes including an overhaul of the CDC’s Advisory Committee on Immunization Practices (ACIP), a narrowing of several routine vaccine recommendations, and the expansion of Shared Clinical Decision-Making (SCDM). Changes in vaccine policy has produced confusion for health care providers and families, including in Nevada where school entry requirements remain unchanged and are aligned with longstanding routine guidance.

Timeline of Events

- June 2025 – All 17 members of ACIP replaced with new appointees
- August 2025 – CDC changed COVID-19 vaccine guidance for healthy children and pregnant women, shifting from universal recommendation to SCDM
- August 2025 – The American Academy of Pediatrics released its own childhood immunization schedule that is consistent with the CDC childhood immunization schedule prior to June 2025
- January 2026 – Health and Human Services (HHS) published a memorandum reducing the standard childhood immunization schedule. Universal recommendations were removed for 6 vaccines
- March 2026 – The Nevada State Board of Health voted unanimously to preserve Nevada’s established school immunization requirements, reaffirming alignment with the CDC schedule in effect on June 24, 2025
- March 2026 – A federal judge issued an injunction to halt changes to the childhood immunization schedule and reinstated previous CDC-backed vaccine guidance

ACIP Role & Recommendation Categories

ACIP is the independent federal panel that reviews evidence and recommends who should receive which vaccines and when; CDC then adopts ACIP recommendations, which strongly influence clinical practice, state policy, and insurance coverage across the United States. Historically, ACIP’s transparent, evidence-based process has been central to a cohesive national strategy; changes to ACIP’s composition or procedures therefore carry significant downstream effects on provider guidance, public trust, and coverage determinations.

ACIP organizes vaccine recommendations into three primary categories: routine recommendations, risk-based recommendations, and shared clinical decision making (SCDM).

- Routine recommendations: Apply to all individuals in a specific age or risk group and are clear, universal, and typically trigger broad insurance coverage
- Risk based recommendations: Apply only to individuals with specific medical, occupational, or exposure risks. Insurance coverage is common but targeted and requires accurate risk identification by the clinician
- Shared Clinical Decision Making (SCDM): Applies when the balance of benefits and risks varies significantly between individuals, or when population level data does not support a universal recommendation. Clinicians must assess personal risks, counsel, incorporate preferences, and document the discussion and outcome. Prior to late 2025, SCDM was used sparingly

Summary of Changes

The table below summarizes the differences between the previous CDC-backed childhood immunization schedule, and the CDC schedule issued January 2026.

Aspect	Prior CDC Schedule	January 2026 CDC Schedule
Disease Coverage	Routine recommendations for 18 diseases	Routine recommendations for 11 diseases
RSV Vaccination	Routine for infants under 8 months	Reserved for high risk/SCDM
Influenza Vaccination	Routine starting at 6 months	SCDM
COVID Vaccination	Routine starting at 6 months	SCDM
Hepatitis B (birth dose)	Universal at birth	SCDM
Hepatitis A	Routine at 12 months	SCDM
Rotavirus	Routine at 2 months	SCDM
Meningococcal ACWY	Routine at 11-2 years old	SCDM
Meningococcal B	Recommended at 16 years old	SCDM
HPV dosing	2-dose series	Reduced to one dose

Implications for Nevada & Washoe County School Entry Requirements

Nevada’s school entry immunization requirements are set by state law and have not changed, continuing to require vaccination (or in-process vaccination) against:

- DTaP/Tdap (Diphtheria, tetanus, and pertussis) (DTaP for kindergarten enrollment, Tdap booster to enter 7th grade)

- Polio (IPV)
- MMR (Measles, Mumps, and Rubella)
- Varicella
- Hepatitis A
- Hepatitis B
- Meningococcal (2-dose series by age 16 for 12th graders)

Shifts in federal vaccine recommendations have created uncertainty for clinicians and families. Vaccines now categorized under Shared Clinical Decision-Making (SCDM) may be misunderstood as optional, which conflicts with Nevada's unchanged school immunization requirements.

Community Stakeholders

The January HHS memo introduces several potential challenges for Nevada public health agencies, schools, and families:

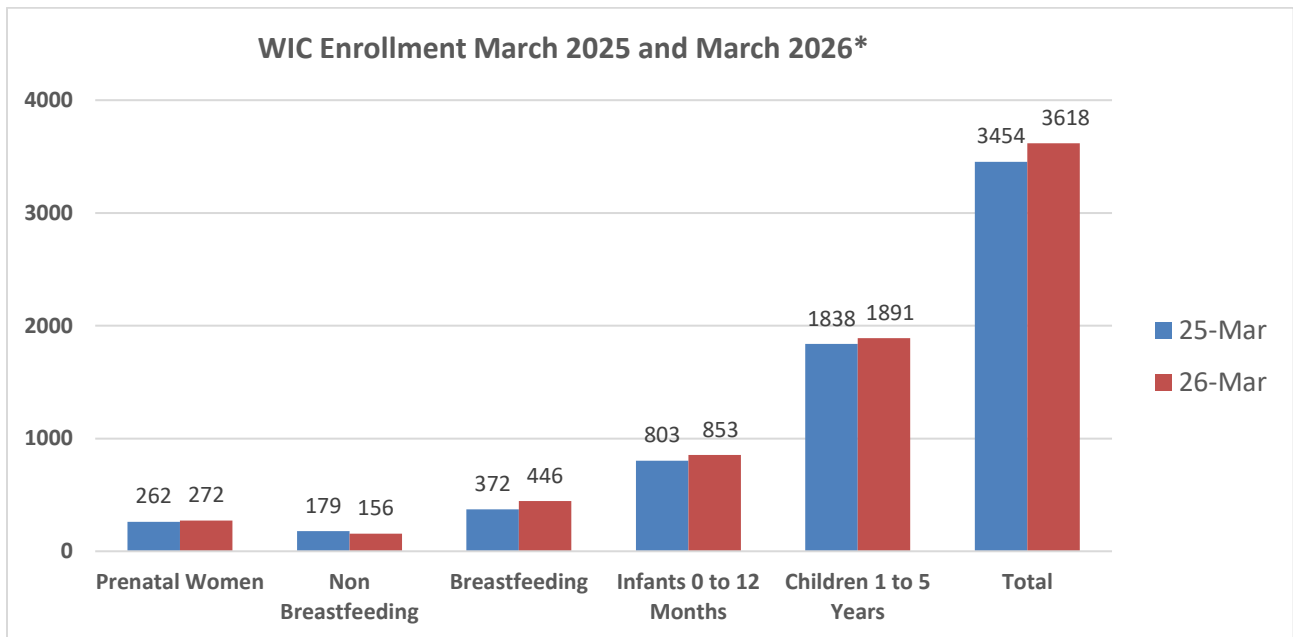
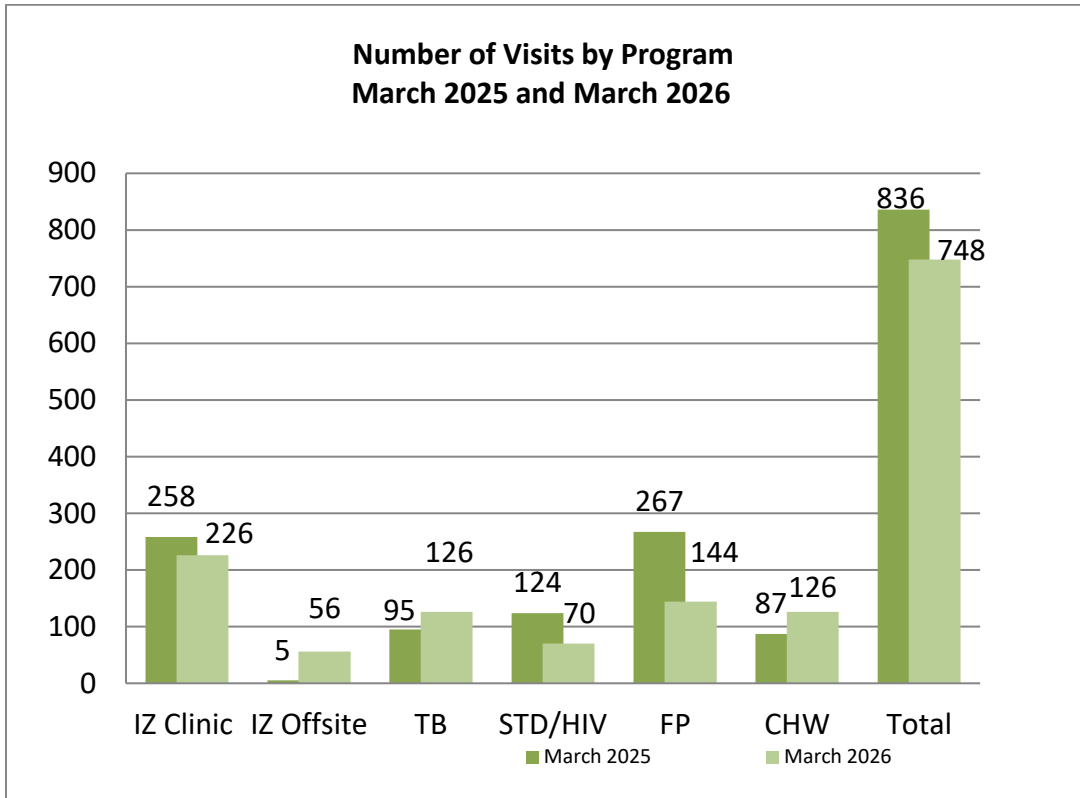
- Health care providers would need to be prepared to engage in more individualized discussions, assess patient specific risk factors, and document the decision-making process clearly. More time may be needed during visits for SCDM vaccines, and practices may need updated templates for documentation. Staff may require training in SCDM communication.
- Families may need more explanation about why some vaccines are no longer "routine," and health care providers may need to help patients navigate insurance coverage questions.
- While most insurers cover ACIP/CDC-recommended vaccines (including SCDM), variability and perceived "optional" status can reduce uptake, especially in underserved groups. Coverage declines correlate with increased outbreak risk (e.g., measles, pertussis).
- Rapid policy shifts reduce provider and public confidence. Consistent, locally tailored messaging that aligns with Nevada requirements can mitigate confusion and prevent drops in coverage.

Northern Nevada Public Health

Immunization Program staff are actively monitoring ongoing federal changes and associated litigation to ensure timely updates to local guidance and provider communications. While the CDC has expanded the use of Shared Clinical Decision-Making (SCDM), the scientific evidence underlying the recommended timing and effectiveness of childhood vaccines has not changed. Furthermore, the Vaccines for Children (VFC) program has not been modified, and all vaccines remain fully accessible to eligible families.

The Nevada State Board of Health's decision, supported unanimously by Nevada's local health authorities, to uphold the ACIP recommendations as of June 24, 2025, has brought much-needed clarity for providers, families, public health agencies, and schools during a period of national uncertainty. With clearer statewide standards in place, NNPH's nursing staff are vital in translating these policies into practice. Our team provides education to patients, community partners, and healthcare providers, ensuring that individuals understand vaccine recommendations, associated risk factors, and the shared clinical decision-making process.

a. **Data/Metrics**



*Changes in data can be attributed to several factors including fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables

WIC Participation Numbers in the Past Year		
Month	Enrollment	Participation w/ Benefits
March 2025	3454	3101
April 2025	3461	3144
May 2025	3461	3150
June 2025	3466	3125
July 2025	3543	3172
Aug 2025	3546	3181
Sept 2025	3580	3218
Oct 2025	3606	3265
Nov 2025	3551	3172
Dec 2025	3570	3170
January 2026	3554	3178
Feb 2026	3512	3145
March 2026	3618	3248
Monthly avg	3532	3175
% change Mar 2025 / Mar 2026	4.75%	4.74%

WIC participation numbers
Enrollment: All those enrolled in WIC: (women who are pregnant, breastfeeding, or post-partum; infants; and children up through age 5)
Participation with Benefits: All enrolled WIC participants receive food benefits except
 - Infants that are exclusively breastfed
 - Breastfeeding mothers whose infants receive more than 4 cans of formula per month

2. Program Reports – Outcomes and Activities

- a. **Immunizations** - The NNPH Immunization (IZ) Program provides services to individuals of all ages across the community. In both clinic and outreach settings, the IZ Program primarily serves children eligible for the Vaccines for Children (VFC) program, as well as adults who are uninsured or underinsured. The program also serves a significant number of insured adults and children. The team continues to stay current with federal and state vaccine update

Walk-ins and same-day appointments are accepted daily in the onsite clinic, in addition to scheduled visits. In March, clinical staff vaccinated 222 clients and administered a total of 595 doses.

On March 25, the Nevada State Office of State Epidemiology (OSE) issued a statewide Technical Bulletin advising providers to extend the administration window for respiratory syncytial virus (RSV) prevention through April 30, 2026. This extension aims to continue protecting eligible

infants, young children, and eligible pregnant people while RSV circulation persists, as indicated by current statewide epidemiological trends.

There remains a continued need for COVID-19 vaccination, as few providers in the area are offering COVID-19 vaccines - particularly for individuals without access to primary care or those below pharmacy age limits. The program continues to evaluate and support individuals seeking vaccination who have no other options. NNPH continues to provide Moderna's Spikevax for children ages 6 months through 11 years (through both VFC and Private Pay funding) and Pfizer's Comirnaty for individuals 12 years and older. The state-funded adult 317 COVID-19 vaccine allotment was extremely limited, and no additional doses have been provided. In March, NNPH administered 60 influenza and 14 COVID-19 doses to clinic clients.

In addition to clinic-based vaccination, staff continue preparing for several limited community outreach events. Four events are scheduled for April and May as part of NNPH's planned spring early "back-to-school" efforts to reduce the surge typically experienced in August.

The NNPH Immunization team also continues providing State Opioid Response (SOR) vaccines and 317 vaccines. The additional SOR resources have expanded vaccine availability for uninsured and underinsured adults, helping increase access to free vaccines for those without insurance or who would otherwise face out-of-pocket costs.

Program staff continue development, case management, and reporting activities for the Perinatal Hepatitis B Prevention Program (PHBPP). Staff also maintain NSIP-required VFC compliance, annual training, and follow-up visits with area practices. The team is actively implementing the 2025–2026 VFC Program Plan for Washoe County, which includes 20 compliance visits, 14 IQIP (quality improvement) visits with prominent multi-site providers, and numerous follow-up visits to date. Three new sites were added to the VFC program this month, and onboarding is underway. The team has also facilitated VFC vaccine transfers totaling more than 4,179 doses to support provider orders and address delays in VFC influenza shipments to the community.

- b. **Tuberculosis Prevention and Control Program** – The Tuberculosis Prevention and Control Program (TBPCP) continues to operate in alignment with state and federal requirements, with a mission to prevent and control tuberculosis (TB) in Washoe County by reducing morbidity, disability, and premature death due to TB.

Active TB Disease Activities - The TBPCP is managing 4 active TB cases, 2 pulmonary, one pulmonary/miliary and one miliary. All active cases are managed in close consultation with the program's designated medical consultant to ensure adherence to evidence-based treatment protocols and to support clinical decision-making for complex cases. Directly Observed Therapy (DOT) is provided for all active TB cases. In March 2026, 174 DOT sessions were conducted.

Latent TB Infection (LTBI) Activities - The TB program prioritizes high-risk populations for LTBI screening and treatment, including recent contacts of active TB cases, individuals with immunosuppression, and those from high TB-endemic countries. The TBPCP is currently managing and/or evaluating approximately 23 clients for latent TB infection (LTBI). In March of 2026, two LTBI evaluations were completed, and one client initiated LTBI treatment.

Program Coordinator Activities – The program maintains a robust system for documentation and reporting, utilizing the CDC's Report of Verified Case of Tuberculosis (RVCT) and the state's EPITRAX system, with all new cases reported within two weeks of notification. And, over the last year, the TB Program Coordinator role has expanded to include a greater focus on LTBI data collection and analysis. One hundred and fifty-three positive lab reports have been reported so far for 2026.

NNPH TB Program staff moved into the new TB Clinic located at 1240 E. 9th Street.

- c. **Reproductive and Sexual Health Services** — The Family Planning Sexual Health Program (FPSHP) continues to provide high-quality, accessible reproductive and sexual health services to the community.

The new budget period for the Title X program began April 1, 2026. The FPSHP received guidance for the non-competing continuation application on the evening of March 13, 2026, with a due date of March 20, 2026. The application was successfully submitted on March 19, 2026. The April 1, 2026 – March 31, 2027 period, represents the final budget cycle of the current five-year grant. The program has successfully expended all funds for the previous Title X budget period.

Kathy Patterson, the program's new APRN, successfully completed training in March and began seeing clients independently as of the April schedule, with a limited scope of patient types until Medicaid credentialing is complete. In Nevada, providers are required to be credentialed with Medicaid prior to serving Medicaid clients, and Kathy is currently undergoing this credentialing process.

There continues to be a Bicillin shortage affecting the treatment of syphilis. The clinic is not currently receiving new shipments and has implemented a medication conservation protocol. Bicillin is being reserved for pregnant clients and for those who are in the middle of a treatment series. All other clients are offered doxycycline for treatment.

Standing orders for the treatment of common sexually transmitted infections by Registered Nurses (RNs) have been expanded to allow RNs to treat clients who have been seen by a provider up to four weeks prior, rather than two weeks.

- d. **Maternal, Child and Adolescent Health (MCAH)** – Maternal, Child, and Adolescent Health (MCAH) activities encompass several key initiatives, including Lead Screening, Newborn Screening, Cribs for Kids, and the Fetal and Infant Mortality Review (FIMR).

The NNPH Childhood Lead Poisoning Prevention team is currently managing 26 open cases involving children under the age of six. These activities are funded through a grant from the CDC, administered by the University of Nevada, Las Vegas.

Public Health Nurses, with the assistance of Community Health Workers (CHWs), continue to provide follow-up, care coordination, education, and resources to families referred through the Nevada Newborn Screening Program, ensuring that all infants receive the required second newborn screening.

In March, NNPH CHWs assisted nine individuals through the Cribs for Kids program. Two classes were held at the Anthem Wellness Center on Moana Lane - one on March 4, 2026, in Spanish, and another on March 18, 2026, in English. Additionally, clients are served individually upon request. CHWs continue to promote initiatives such as the Pregnancy Risk Assessment Monitoring System (PRAMS) and Nevada 211 during classes and other outreach events.

The Fetal and Infant Mortality Review (FIMR) team convenes monthly, excluding June and December, and typically reviews an average of four cases per meeting. The team most recently met on March 19, 2026, and reviewed four cases. The program is currently awaiting final state approval of the 2022–2023 multiyear summary report.

In March, staff attended the National Center for Fatality Review and Prevention (NCFRP) FIMR Coordinator Meeting, which featured the training “Local FIMR Coordinator Meeting: Community Action Team and Local Data Dissemination.” FIMR staff also continue to support the Northern Nevada Maternal Child Health Coalition through active participation. The most recent meeting, held on March 12, 2026, included a presentation titled “The Importance of Brain Building with Young Children” by Hannah West, Vroom Coordinator for The Children’s Cabinet.

Staff also collaborated with the Washoe County Human Services Agency to recommend partners for the Substance Use Response Workgroup (SURG). SURG works to increase access to substance use disorder (SUD) treatment and strengthen partnerships among providers. The initiative aims to connect women with services prior to birth, decreasing the likelihood of child welfare intervention at delivery.

Additionally, NNPH staff continue to support the Washoe County Community Child Death Review process by providing updates on fetal and infant deaths as requested. The team attended the most recent meeting on April 1, 2026. The Maternal, Child, and Adolescent Health (MCAH) activities encompass several key initiatives, including Lead Screening, Newborn Screening, Cribs for Kids, and the Fetal and Infant Mortality Review (FIMR).

- e. **Women, Infants and Children (WIC)** – WIC leadership met with HOPES staff and visited the 5th St HOPES location, exploring the possibility of providing WIC services at that location. Discussions will continue with a tentative plan to initiate WIC services at HOPES in the late summer or early fall after the Moana location moves and settles.

WIC celebrated March as National Nutrition Month with a joint press release with the Chronic Disease and Injury Prevention Program. The team also recognized its two Registered Dietitians on March 11, Registered Dietitian Nutritionist Day. WIC staff participated in weekly nutrition education webinars offered by the State WIC Office.

As part of increased outreach and retention plans, WIC promotional materials were updated and printed for distribution in April, the first of two planned mass distribution efforts.

- f. **Community Health Workers (CHWs)**

Client Navigation Services - In March, CHWs assisted 126 clients with navigation services, including support for health insurance, primary care, PrEP (pre-exposure prophylaxis for HIV prevention), housing, transportation, and food.

Key Outreach Events - March 2026

In March, Community Health Workers conducted multiple outreach initiatives focused on connecting families, youth, and individuals to essential NNPH and CCHS services. At NNPH, CHWs supported 25 low-income families through immunization status and scheduling, blood pressure checks, wellness education, and referrals to programs such as WIC, First Five Nevada, and CCNN Thriving Families. They engaged 35 families at the Reno Town Mall Spring Family Resource Fair, distributing CCHS program information and health education materials. A large outreach event at the Boys & Girls Club reached 192 individuals, providing program brochures and spring vaccine clinic information. CHWs also served six youth in transition at Eddy House by offering free STI testing,