

**Community and Clinical Health Services
Division Director Staff Report
Board Meeting Date: March 26, 2026**

DATE: March 6, 2026

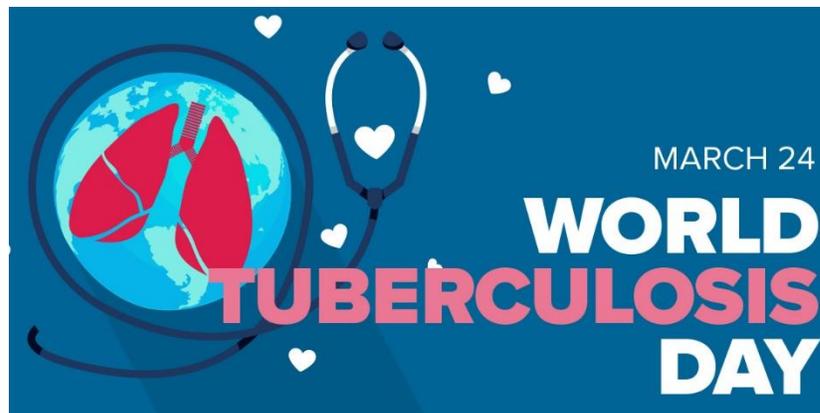
TO: District Board of Health

FROM: Christina Sheppard, APRN
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SUBJECT: Community and Clinical Health Services – Divisional Update – 2026 World TB Day; 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

**2026 World TB Day - Northern Nevada Public Health Tuberculosis
Prevention and Control Program Report**



Tuberculosis (TB) remains a significant public health challenge worldwide, and our community is not exempt from its impact. NNPH TB Clinic plays an indispensable role in controlling the spread of TB, providing essential healthcare services, and safeguarding public health.

Despite advances in medicine, tuberculosis continues to pose a serious health threat. TB can spread easily through the air, affecting individuals regardless of age, socioeconomic status, or lifestyle. Washoe County has seen a steady number of TB cases annually, necessitating vigilant public health measures.

NNPH TB Clinic role in the community:

1. **Screening and Diagnosis of Latent TB Infection (LTBI (non-infectious)) and TB Disease (infectious form of TB):** Early detection is crucial in preventing the spread of TB. The clinic provides comprehensive screening and diagnostic services for high risk and uninsured individuals.
2. **Treatment and Medication:** The clinic ensures patients receive the necessary medications and monitoring throughout the lengthy treatment process, which typically lasts six to nine months but can be up take up to twelve months. This is done by Directly Observed Therapy (DOT) in which nurses watch the patients take their medication every day to ensure adherence to the treatment which helps to prevent drug resistance. It also allows for better patient care and outcomes by monitoring for side effects.
3. **Education and Counseling:** Educating patients and the community about TB transmission, prevention, and treatment adherence is essential to control the disease's spread. Northern Nevada Public Health TB clinic provides education and support to community providers and hospitals, informing them about symptoms, prevention, and the importance of seeking timely care for their patients.
4. **Contact Tracing and Community Outreach:** The clinic conducts contact tracing to identify and evaluate individuals who may have been exposed to TB, helping prevent further transmission within the community.

IS THE NNPH TB CLINIC MEETING THESE GOALS:

Let’s look at Washoe County when compared with the National Tuberculosis Indicators Project (NTIP), program objectives & performance targets.

Goals for Reducing TB Incidence:

Goal	Target	National 2024	Washoe County 2024	Washoe County 2025
Reduce the incidence of TB disease.	1.5 cases/100,000	2.5 cases/100,000	2.2 cases/100,000	2.2 cases/100,000
Decrease the incidence of TB disease among U.S. born persons.	0.4 cases/100,000	0.8 cases/100,000	0.4 cases/100,000	0.2 cases/100,000
Decrease the incidence of TB disease among non-US born persons.	1.1 cases/100,000	12.8 cases/100,000	2.0 cases/100,000	2.0 cases/100,000

Decrease the incidence of TB disease among U.S. born non-Hispanic black or African Americans.	1.0 cases/ 100,000	13.7 cases/ 100,000	No cases	No cases
Decrease the incidence of TB disease among children younger than 5 years of age.	0.4 cases/ 100,000	1.1 cases/ 100,000	0.4 cases/ 100,000	0.2 cases/ 100,000

Contact Investigations Goals:

Contact Investigation Goals include contact tracing, testing, and treatment which are essential for controlling and preventing tuberculosis (TB).

Contact tracing helps identify individuals who have been exposed to an infected person, allowing for early intervention to stop the spread.

Testing plays a crucial role in detecting both latent and active TB, ensuring that infected individuals receive appropriate care before the disease worsens or spreads to others. Early detection through testing increases the chances of successful treatment and prevents complications associated with undiagnosed TB.

Treatment is vital in both latent and active TB cases. Treating latent TB reduces the risk of it developing into active disease, while proper treatment of active TB helps prevent further transmission. Patients who receive timely and complete treatment become non-infectious usually within weeks, significantly reducing community spread. Additionally, ensuring adherence to TB treatment prevents the development of drug-resistant strains, which pose a major public health challenge.

Together, these three strategies - contact tracing, testing, and treatment - are key to reducing TB transmission and improving public health outcomes.

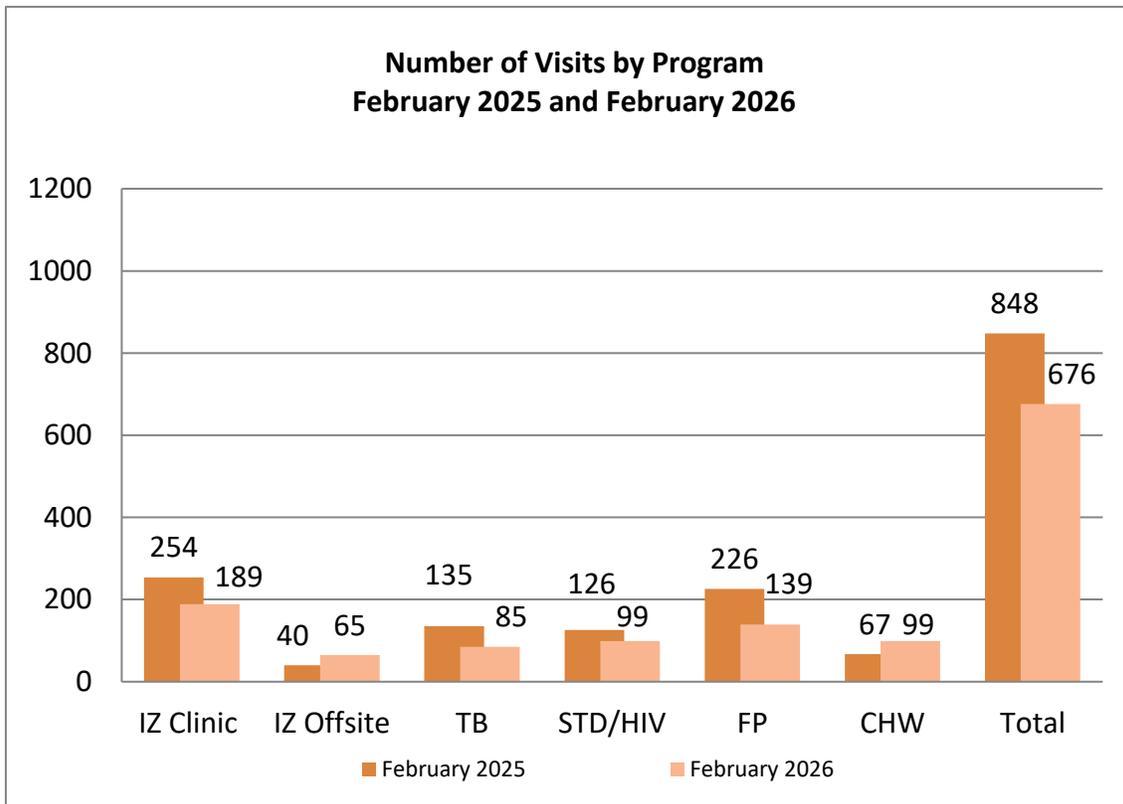
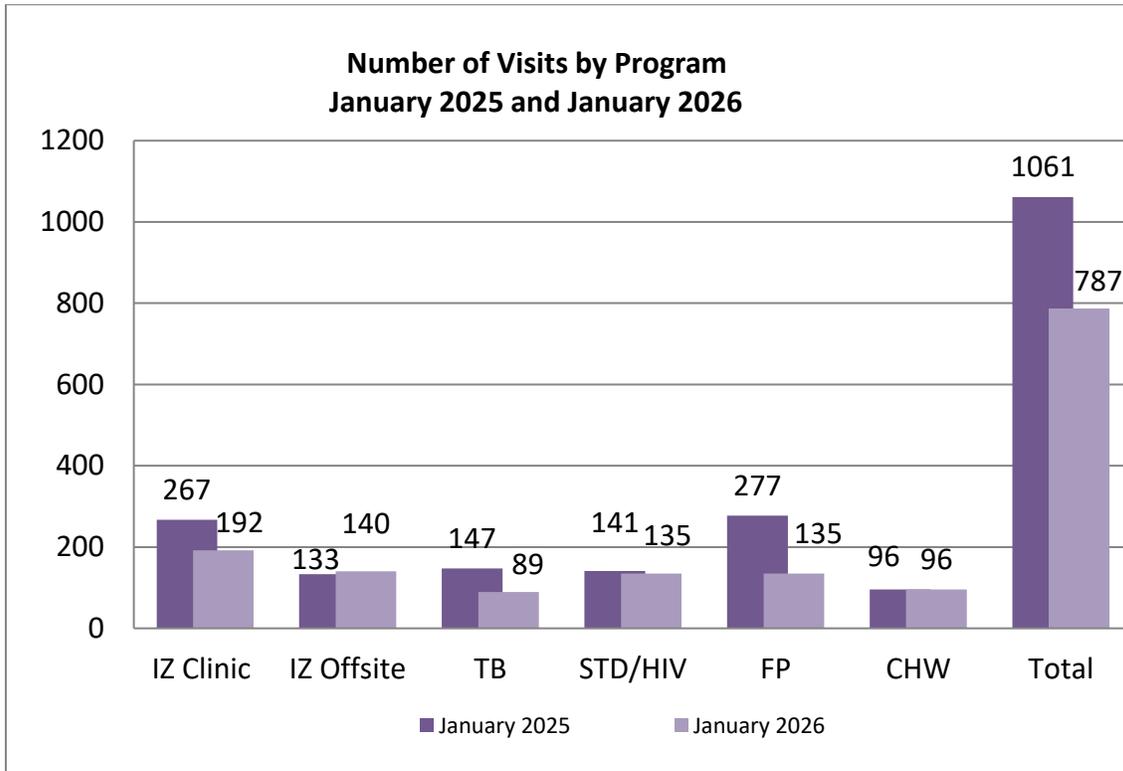
Goal	Target	Washoe County 2024	Washoe County 2025
For TB patients w/positive AFB sputum smear results, increase the proportion who have contacts elicited	100%	100%	100%
For contacts to sputum AFB smear positive TB cases, increase the proportion who are examined for infection and disease.	94%	100%	83%
For contacts to sputum AFB smear positive TB cases diagnosed with LTBI, increase the proportion who start treatment.	92%	100%	100%
For contacts to sputum AFB smear positive TB cases who have started treatment for LTBI, increase the proportion who complete treatment.	93%	100%	100%

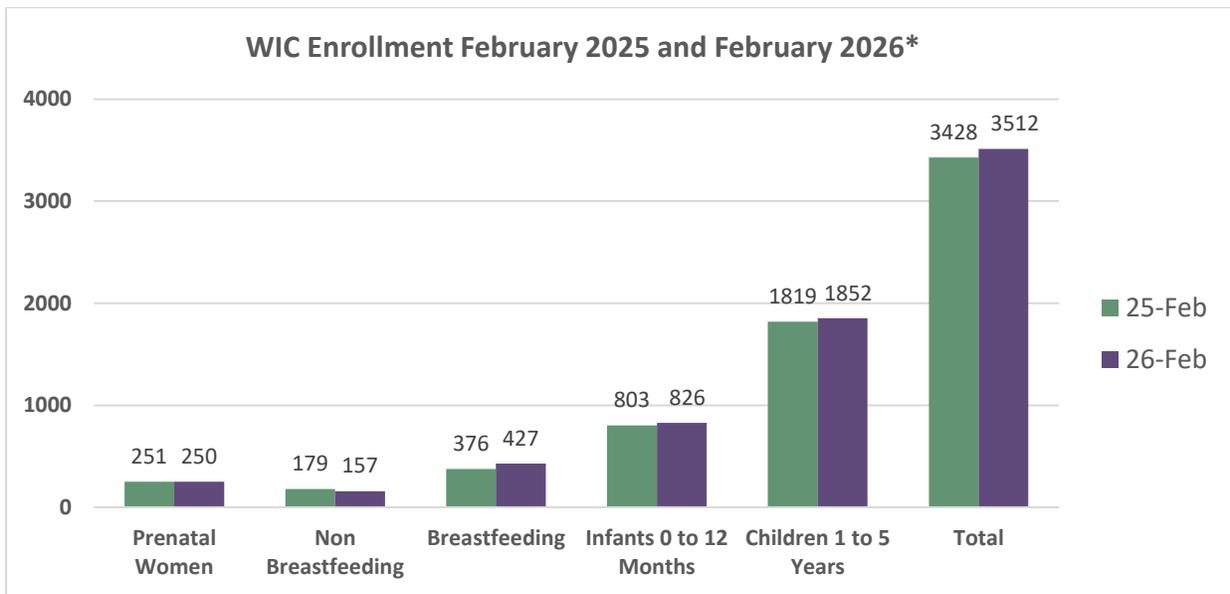
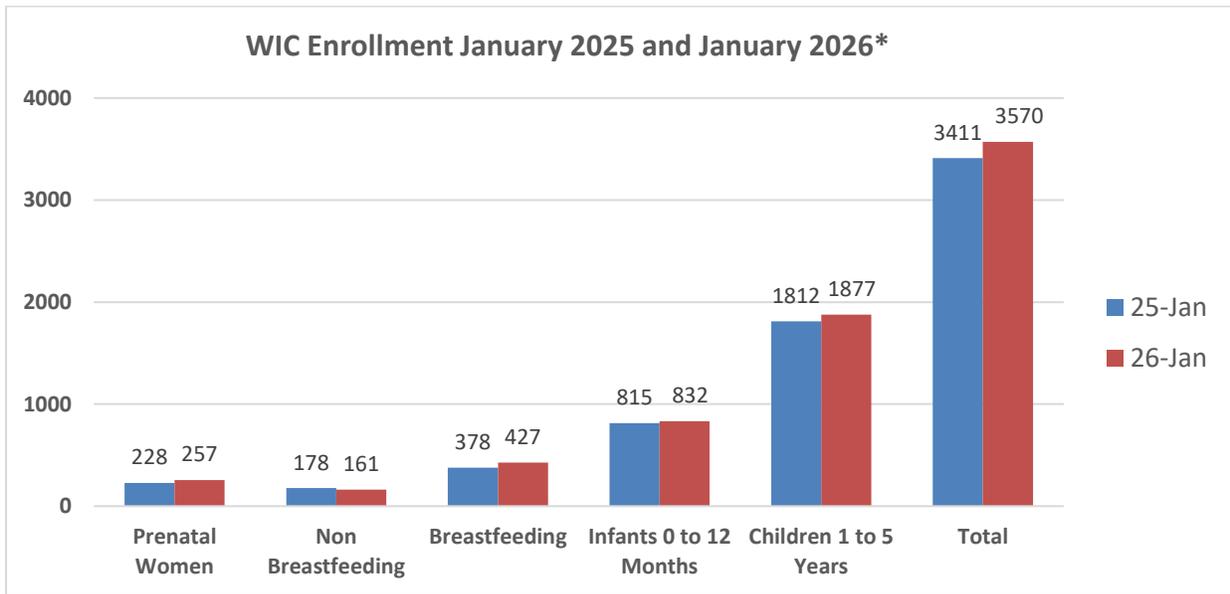
Examination of Immigrants:

Immigrants arriving from countries with high TB prevalence are at greater risk of carrying the TB bacteria and have a higher risk of progressing to infectious TB. Proper evaluation and screening of immigrants are crucial in preventing the introduction and spread of TB within the community. Early identification through medical examinations and testing ensures that affected individuals receive timely treatment, thereby reducing transmission risks. Additionally, integrating TB screening into immigration health assessments improves public health and promotes the overall well-being of the individual.

	Washoe County 2023	Washoe County 2024	Washoe County 2025
Number of individuals screened for TB that were newly immigrated to Washoe County	59	91	64
Goal	Target	Washoe County 2024	Washoe County 2025
For immigrants w/abnormal chest x-rays read overseas as consistent w/TB, increase the proportion who initiate a medical examination w/in 30 days of notification.	72%	86%	75%
For immigrants w/abnormal CXR read overseas as consistent w/TB, increase the proportion who complete a medical examination w/in 120 days of notification.	78%	86%	81%
For immigrants with abnormal CXR... diagnosed w/ LTBI or have radiographic findings consistent w/prior pulmonary TB... increase the proportion who start treatment.	87%	94%	92%
For immigrants w/ abnormal CXR... who have started tx, increase the proportion who complete treatment.	87%	91%	89%

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
January 2025	3411	3114
Feb 2025	3428	3107
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
Monthly avg	3518	3164
% change Feb 2025 / Feb 2026	2.45%	1.22%

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 throughout the community. In both clinic and outreach settings, the IZ Program primarily serves children who are 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 individuals, both adults and children. The team is maintaining fluency with federal and state vaccine updates.

Walk-ins and same day appointments are accepted daily in the onsite clinic in addition to scheduled appointments. In January, clinical staff vaccinated a total of 187 clients with 463 vaccination doses. In February, clinical staff vaccinated a total of 183 clients with 486 vaccination doses.

NNPH will continue to provide RSV to infants through March and Flu Vaccinations for all ages 6 months and older through June. There is a continued need to provide COVID-19 vaccine as fewer providers in the area are offering COVID-19 vaccines - particularly for individuals without access through a primary care provider or those below pharmacy age limits - the program continues to assess the need of individuals seeking vaccination who have no other options. The program

continues to provide Moderna's Spikevax product for ages 6 months through 11 years old in VFC and Private Pay funding sources as well as Pfizer's Comirnaty for individuals 12 years and older. The State funded adult 317 COVID vaccine allotment was extremely limited and NNPH has used up all the doses provided. In January, NNPH provided 83 flu, 1 RSV for infants, and 27 doses in the clinic. In February, NNPH provided 57 flu, 3 RSV for infants, and 6 COVID doses in the clinic.

In addition to clinic vaccine administration, staff continue to headline limited community outreach events. In January, staff hosted two free events at NNPH to provide influenza and COVID vaccines to 140 clients. In February, staff provided free influenza vaccine to 65 Washoe County Jail inmates. In March, staff will partner with the Food Bank to provide vaccination "look-up" and scheduling services at a spring health fair.

NNPH Immunization team continues to provide State Opioid Response (SOR) vaccines. This funding source is a supplement to existing the 317 vaccine resources, enhancing the availability of vaccines for uninsured and underinsured adults. Staff anticipates this additional funding source will continue to help adults in the community by providing an expanded number of free vaccines for those who do not have insurance or pay out of pocket costs for vaccines.

Program staff continue the development, case management, and reporting of activities for the Perinatal Hepatitis B Prevention Program (PHBPP). Staff continue to uphold the NSIP required VFC Compliance, Annual Training, and follow-up visits with area practices. Staff are also actively implementing the 2025-2026 VFC program plan for Washoe County which includes 17 compliance visits, 14 IQIP (quality improvement) with prominent multi-site providers, and numerous follow-up visits to date. The team has facilitated VFC vaccine transfers of over 3,600 vaccine doses to accommodate provider orders and to supplement delays in receipt of VFC influenza in the community.

Additional planning for spring school vaccination events, and summer back to school clinics have begun, as well as planned participation in three Family Health Festivals has been scheduled.

- 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 January/February 2026, 141 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 21 clients for latent TB infection (LTBI). In January 2026, five LTBI evaluations were completed, and three clients initiated LTBI treatment. In February of 2026, 3 LTBI evaluations were completed, and 4 clients 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. Over the last year, the TB Program Coordinator role has expanded to include a greater focus on LTBI data collection and analysis. In 2026, 108 positive lab reports have been reported.

NNPH TB Program staff are scheduled to move into the new TB Clinic located at 1240 E. 9th Street on March 10th.

- 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 begins April 1, 2026. The FPSHP continues to await guidance from Title X regarding submission of the Non-Competing Continuation Application covering the final budget period (April 1, 2026–March 31, 2027) of the current five-year grant. The program received notification of approval for an amendment adding additional staff members to the Title X grant. The program successfully submitted FPAR data for the 2025 calendar year.

The FPSHP welcomed Kathy Patterson, APRN to the team on February 23, 2026. Prior to coming to NNPH, Kathy was the APRN for Central Nevada Health District. Kathy had 9 years of experience as an APRN and had worked in the public health and primary care setting. An intermittent hourly Office Specialist was also hired in January to perform Title X–specific duties.

In January it was announced that Organon received U.S. FDA approval to extend the use of its Nexplanon contraceptive implant from three to five years. The approval was based on clinical trial data showing no pregnancies during years four and five among 399 participants, including women across a wide range of body mass index (BMI) levels, with over one-third having a BMI above 30. Nexplanon prevents pregnancy by releasing the hormone etonogestrel, which suppresses ovulation, thickens cervical mucus, and thins the uterine lining. Organon leaders highlighted the approval as a milestone for access to long-acting reversible contraception. Use of LARC methods

continues to rise in the U.S., particularly among adolescents. The approval aligns with Organon's strategy to focus on women's health, following recent divestments and leadership changes.

This announcement benefits women's health in several important ways:

- **Longer protection with fewer procedures:** Extending Nexplanon's effectiveness from three to five years means fewer insertions and removals. This reduces discomfort, procedural risks, time off work or school, and overall burden on patients.
- **Improved access and continuity of care:** Longer duration is especially helpful for women who face barriers to regular healthcare access, including cost, transportation, insurance gaps, or clinic availability. One visit now provides protection for a longer period.
- **Cost-effectiveness:** A five-year lifespan lowers the cost per year of contraception for both patients and health systems, making highly effective birth control more affordable and sustainable.
- **Inclusive effectiveness across body sizes:** The trial included women with a wide range of BMIs, including those with obesity, supporting confidence that Nexplanon remains effective for diverse populations who are often underrepresented in research.
- **Highly effective pregnancy prevention:** With no pregnancies reported in years four and five, the data reinforce Nexplanon as one of the most reliable contraceptive options, helping reduce unintended pregnancies and associated health risks.
- **Supports adolescent and young adult health:** As LARC use rises among teens, extended-duration options provide stable, low-maintenance contraception during critical years for education, personal development, and health planning.
- **Greater reproductive autonomy:** Longer-lasting, reversible contraception gives women more control over if and when they become pregnant, which is closely linked to improved health, economic stability, and life outcomes.

Overall, the approval strengthens access to safe, effective, and equitable reproductive healthcare while reducing barriers and improving long-term outcomes for women.

- d. **Maternal, Child and Adolescent Health (MCAH)** – 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).

The NNPH Childhood Lead Poisoning team is currently managing 41 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 follow up and provide coordination, education, and resources to those referred from the Nevada Newborn Screening Program to ensure all infants receive the required second newborn screening.

In January and February, NNPH CHWs assisted ten individuals through the Cribs for Kids program. CHWs continue to promote initiatives such as the Pregnancy Risk Assessment Monitoring System (PRAMS) and Nevada 211 in their interactions with clients at the classes and other outreach events.

The Fetal and Infant Mortality Review (FIMR) team convenes monthly, excluding the months of June and December. Each meeting typically includes the review of an average of four cases. The team most recently met February 19, 2026. The program is currently awaiting approval from the state for the 2022-2023 Multiyear Summary report.

In January, staff attended the National Center for Fatality Review and Prevention (NCFRP) FIMR Coordinator meeting which focused on selecting deaths for review and strategies to increase maternal interviews. FIMR staff continue to support the Northern Nevada Maternal Child Health Coalition with meeting participation and NNPH staff acting in key leadership positions. Key staff attended the 2026 Community Health Assessment Forum which is in partnership with Renown Health representing Maternal Child Health programs at NNPH. The forum discussions will help shape NNPHs 2026-2028 Community Health Improvement Plan (CHIP) and Renown Health's Community Implementation Plan, providing a shared foundation for aligning strategies and resources and investments across sectors.

Additionally, NNPH staff continue to support the Washoe County Community Child Death Review process by providing updates on fetal and infant deaths when requested. The team attended the last meeting on Wednesday, February 4.

- e. **Women, Infants and Children (WIC)** – Updates include highlights from January and February 2026. WIC leadership is coordinating with the NNPH Communications Team and ODHO staff to increase outreach and messaging for WIC. Efforts include:
- Plans to increase recruitment of new clients to offset potential impacts of the Moana office closure – communications strategies and outreach to providers that refer clients to WIC.
 - Plans to retain current clients, particularly those being served at the Moana WIC location, through comprehensive notifications about the move/closure of the office and providing assistance to any clients needing extra help accessing the new location.

WIC had a success story when a participant was referred to the CHW to receive assistance with redeeming WIC food benefits through a grocery store tour. A tour was provided to the mother of a two-year-old, who was able to successfully use their full benefits after years of not understanding how to access their benefits fully. During the one-on-one tour, the CHW helped the Mom learn how to use the WIC app and choose WIC-approved foods.



When asked about her experience with the grocery store tour, she said:
“Me sentí muy feliz porque nunca lo había podido usarlos.”
(“I felt very happy because I was never able to use them [the WIC benefits].”)

Staff prepared for the changes in the WIC food package that takes effect March 1, 2026. The main food categories stayed the same, but within some categories, changes were made by the State WIC Program to allow WIC participants to make more choices in their purchases with WIC benefits.

- WIC foods include: milk and milk alternatives, 100% juice, eggs, hot/cold cereals, fruits and vegetables, whole grains, legumes, canned fish, and infant foods and formula.
- Changes include those made to the milk benefit to expand choices to items like cultured buttermilk, evaporated milk, and plant-based milk
- Changes to amounts and flexibility of food groups, for example:
 - Choices between milk, yogurt, cheese and tofu, i.e. participant can choose to get less milk and more yogurt, cheese or tofu.
 - Choices between fruit juice and cash value benefit towards fruits and vegetables
 - Choices between eggs and peanut butter and beans
 - Choices between infant jarred fruits and veggies and cash value benefit towards fruits and vegetables

In February, the WIC program hosted three Dietetic Interns from the VA Dietetic Internship program. The interns each spent one week with the WIC program, which represents one of the few opportunities for pediatric dietetics within their internship. They observed visits with clients, spent time with the WIC Registered Dietitians, and were given appropriate tasks within the program.

f. Community Health Workers (CHWs)

Client Navigation Services – In January 2026, CHWs assisted 96 clients with navigation services, including support for health insurance, primary care, PrEP (pre-exposure prophylaxis for HIV prevention), housing, transportation, and food.

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Key Outreach Events - January 2026

In January 2026, CHWs conducted three outreach events focused on serving diverse community groups. On January 6, they supported 56 low-income families at Mobile Harvest at NNPH by providing nutritious food along with CCHS brochures. On January 10, they engaged 16 members of the LGBTQIA+ community at the Universalist Unitarian Fellowship of Northern Nevada, sharing information about CCHS services and distributing materials such as brochures, NNPH bags, condoms, and 988 resources. To close the month, on January 20 they met with five pregnant individuals during a Centering Families session, offering a WIC presentation and providing information on WIC and Cribs for Kids (C4K).

Client Navigation Services - In February 2026, CHWs assisted 99 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 - February 2026

In February 2026, CHWs conducted one outreach event, held on February 3 at the Mobile Harvest at NNPH site, where they served 78 low-income families by providing access to nutritious food. In addition to food distribution, CHWs shared CCHS brochures to ensure families received information about available community health resources.