

**Community and Clinical Health Services  
Division Director Staff Report  
Board Meeting Date: March 27, 2025**

**DATE:** March 7, 2025  
**TO:** District Board of Health  
**FROM:** Lisa Lottritz, RN, MPH  
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**SUBJECT:** Community and Clinical Health Services – Divisional Update – 2025 World TB Day, Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Injury Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers

**1. Divisional Update**

**a. 2025 World TB - NNPH Tuberculosis Prevention and Control Program Report**



Tuberculosis (TB) remains a significant public health challenge worldwide, and our community is not exempt from its impact. Northern Nevada Public Health (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.
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 take up to twelve months. This is done through 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. NNPH 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.

**TB Clinic Goals:**

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

Goal	2023 Target	Washoe County 2022	Washoe County 2023	Washoe County 2024
Reduce the incidence of TB disease.	1.3 cases/100,000	1.2 cases/100,000	1.8 cases/ 100,000	2.2 cases/100,000
Decrease the incidence of TB disease among U.S. born persons.	0.4 cases/100,000	No cases	0.6 cases /100,000	0.2 cases/100,000
Decrease the incidence of TB disease among foreign born persons.	8.8 cases/100,000	1.2 cases/100,000	1.2 cases/ 100,000	2 cases/ 100,000
Decrease the incidence of TB disease among U.S. born non-Hispanic black or African Americans.	1.0 cases/100,000	No cases	No cases	No cases
Decrease the incidence of TB disease among children younger than 5 years of age.	0.1 cases/100,000	No cases	No cases	0.4 cases/100,000

**TB Case Management Goals:**

Goal	2023 Target	Washoe County 2022	Washoe County 2023	Washoe County 2024
Increase the proportion of TB patients who have a HIV test result reported.	99%	100%	77% (2 cases deceased before testing was able to be done)	81% (pediatric cases are not required to have HIV testing)
For TB patients with positive AFB sputum smear results, increase the proportion who initiated treatment within 7 days of specimen collection.	96%	100%	100%	40% (1 patient passed away before diagnosis)
For patients, whose diagnosis is likely to be TB disease, increase the proportion who are started on the recommended initial 4 drug regimen.	97%	100%	100%	100%
For TB patients ages 12 years or older with a pleural or respiratory site of disease, increase the proportion who have a sputum culture result reported.	99%	100%	100%	100%
For TB patients with positive sputum culture results, increase the proportion who have documented conversion to negative results within 60 days of treatment initiation.	83%	85%	77% (2 cases deceased before testing was able to be done)	25% (1 did not culture convert, 3 patients deceased before testing was done)
For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, increase the proportion who complete treatment within 12 months.	95%	100%	100%	Ongoing- numbers are not yet available

**Contact Investigations Strategies:**

Contact Investigation Goals include contact tracing, testing, and treatment which are essential for controlling and preventing 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	2023 Target	Washoe County 2022	Washoe County 2023
For TB patients w/positive AFB sputum smear results, increase the proportion who have contacts elicited	100%	66%	100%
For contacts to sputum AFB smear positive TB cases, increase the proportion who are examined for infection and disease.	94%	83%	94%
For contacts to sputum AFB smear positive TB cases diagnosed with LTBI, increase the proportion who start treatment.	92%	100%	60% (2 individuals refused treatment)
For contacts to sputum AFB smear positive TB cases who have started treatment for LTBI, increase the proportion who complete treatment.	93%	66% (2 unable to tolerate medication)	67%

\*\* Ongoing-2024 numbers are not yet available for contacts\*\*

**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 is 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.

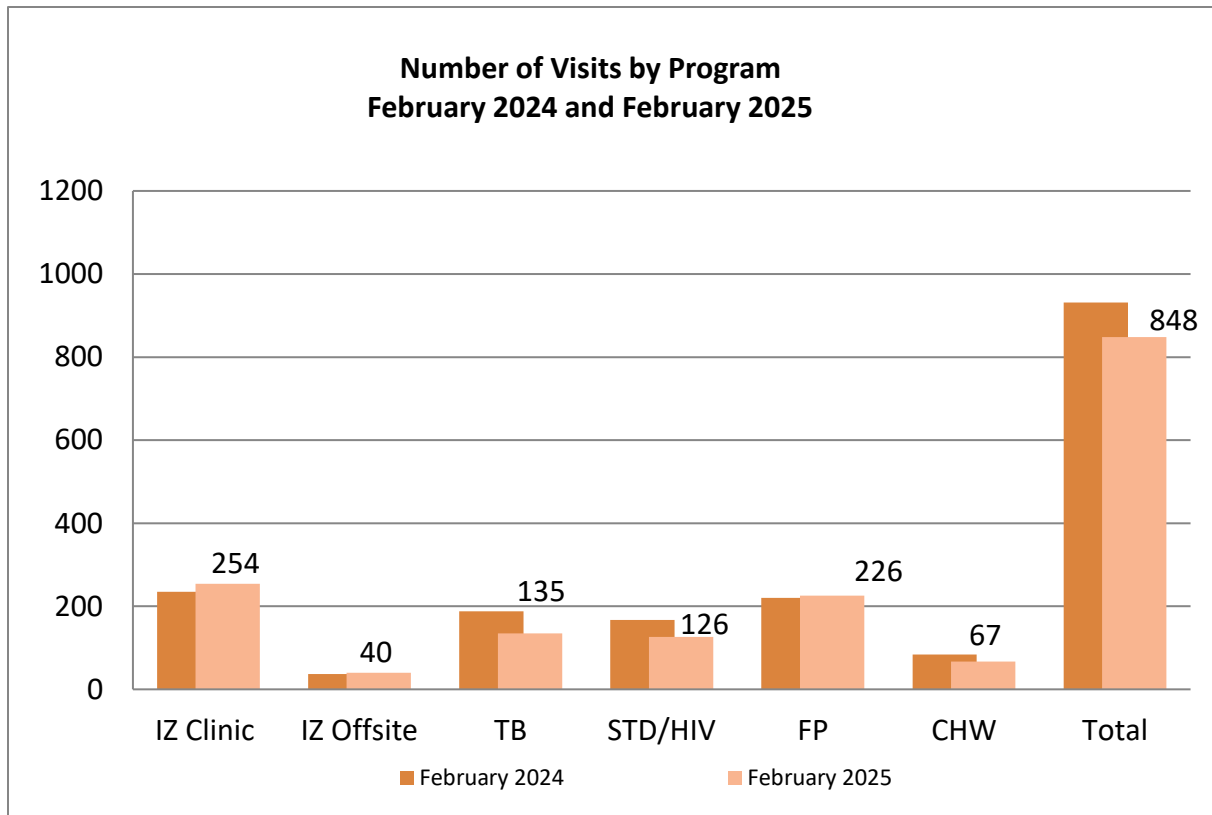
Goal	Washoe County 2022	Washoe County 2023	Washoe County 2024
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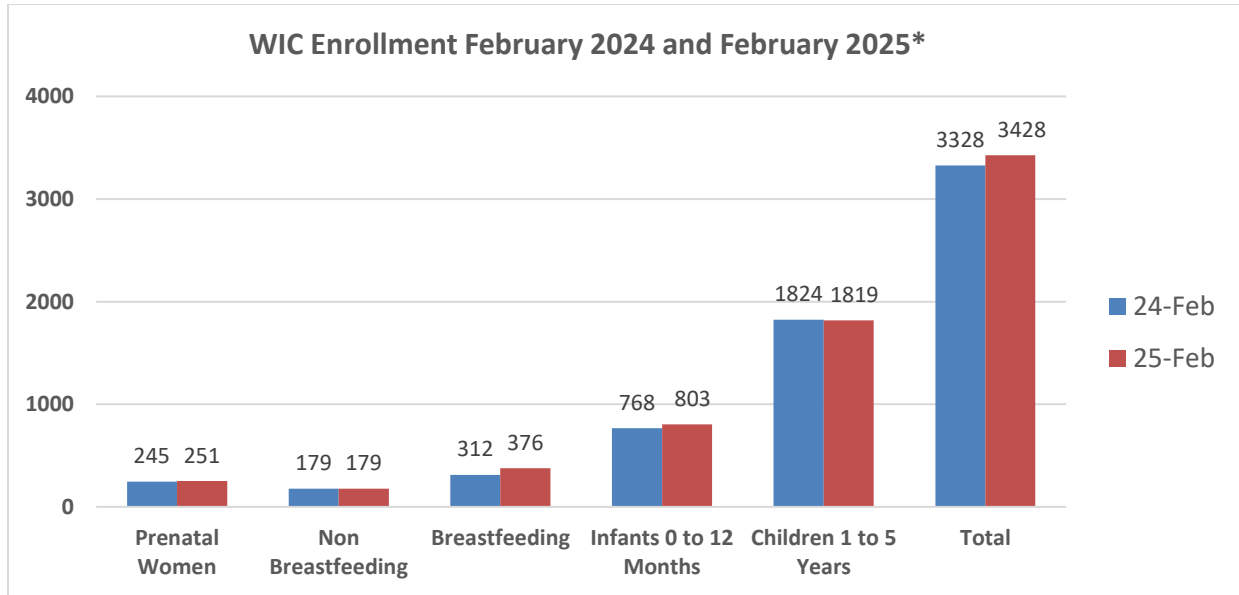
Number of individuals screened for TB that were newly immigrated to Washoe County	26	59	91
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Goal	2023 Target	Washoe County 2022	Washoe County 2023
For immigrants w/abnormal chest x-rays read overseas as consistent w/TB, increase the proportion who initiate a medical examination w/in 30 days of notification.	72%	92%	86%
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%	96%	86%
For immigrants with abnormal CXR... diagnosed w/ LTBI or have radiographic findings consistent w/prior pulmonary TB... increase the proportion who start treatment.	87%	100%	94%
For immigrants w/ abnormal CXR... who have started tx, increase the proportion who complete treatment.	87%	97%	91%

\*\* Ongoing-2024 numbers are not yet available for immigrant evaluations and treatment\*\*

**b. Data/Metrics**





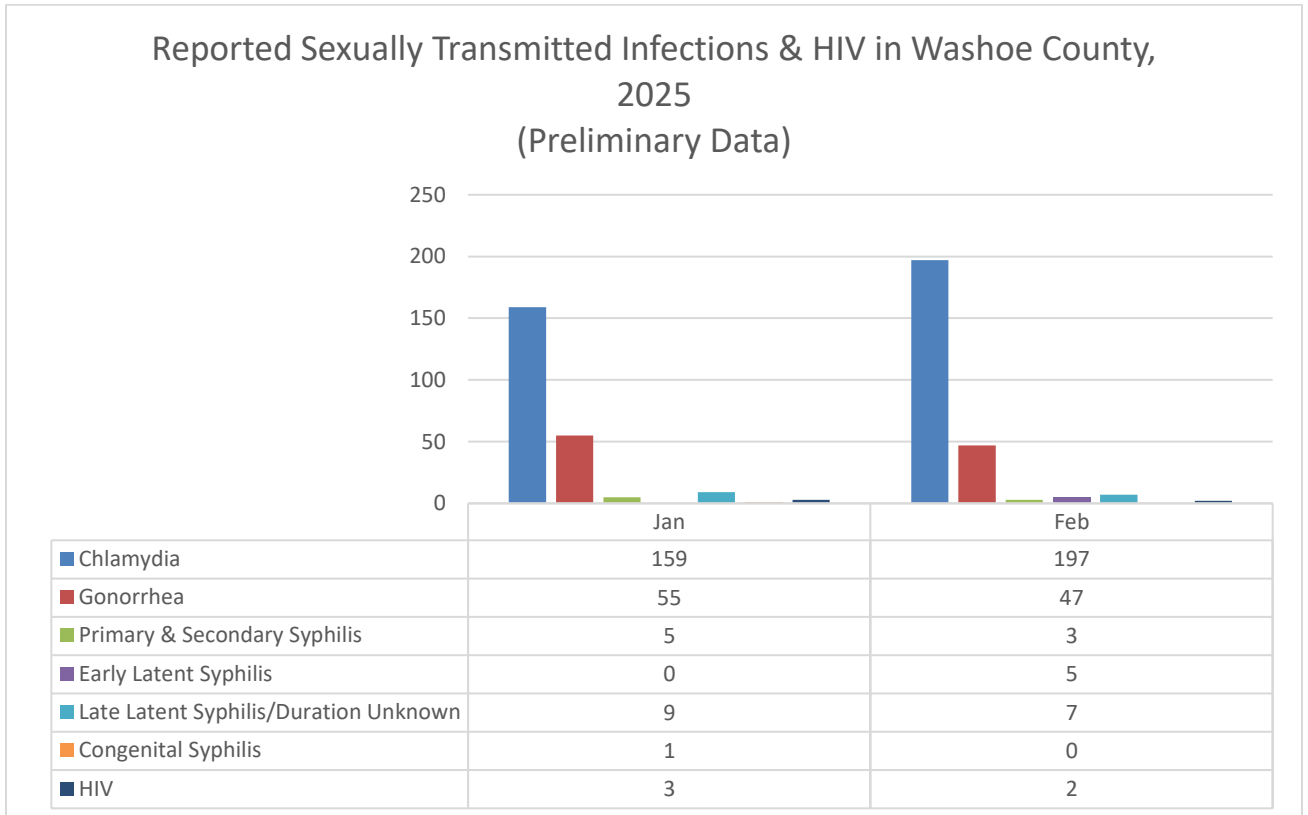
\*Changes in data can be attributed to several factors including fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables

WIC Participation Numbers in the Past Year		
Month	Enrollment	Participation w/ Benefits
Feb 2024	3328	3103
March 2024	3342	3114
April 2024	3342	3114
May 2024	3395	3152
June 2024	3335	3091
July 2024	3342	3117
Aug 2024	3395	3179
Sept 2024	3399	3139
Oct 2024	3389	3124
Nov 2024	3373	3061
Dec 2024	3380	3088
January 2025	3411	3114
Feb 2025	3428	3107
Monthly avg	3374	3116
% change Feb 2024 / Feb 2025	3.00%	0.13%

**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. **Sexual Health (Outreach and Disease Investigation)** – Following a directive from the Health Officer, the program has begun efforts to plan the transition from Community and Clinical Health Services (CCHS) to Epidemiology and Public Health Preparedness (EPHP) as of July 1, 2025. With this move, the program is determining which processes and activities will continue, cease, or be adapted. Because of integration with the Family Planning & Sexual Health Clinic, many program operations were conducted in tangent with clinical services. Integrated services include PrEP navigation and support with clinical PrEP services, rapid start for HIV meds for people newly diagnosed with HIV, same day case investigation interviews, rapid scheduling for positive cases and their contacts treatment, and immediate linkage to HIV care and support services for people testing positive for HIV in the community and clinic. Many of these services will continue in an adapted manner with the goal of continuation of seamless services to clients. Adapting the services to be cross-divisional will add steps to processes for program and clinic staff. With the change to a new division, the program will lose a Public Health Nurse position, who functioned as a disease investigator, provided treatment to cases in the field. This position will continue in CCHS as a liaison between the clinic and the program. However, the disease investigation caseload from this position will be redistributed to other investigative staff.



- b. **Immunizations** – The immunization team focuses on providing vaccines to individuals who are uninsured or underinsured and unable to receive vaccines elsewhere. Walk-ins are accepted daily in addition to scheduled appointments. In February clinic staff facilitated 23 walk-in appointments. Clinic staff vaccinated a total of 245 clients with 676 vaccination doses. The program continues to provide seasonal 24-25 influenza, COVID-19 vaccines and the RSV product for infants. February clinic staff provided 81 influenza, 21 COVID, and two RSV doses.

In addition to clinic vaccine administration, staff continue to participate in outreach events. In February, there was one outreach vaccine event in which staff provided a total of 44 vaccines to 40 clients. There were 30 COVID and 14 influenza vaccines provided at this event. This event was the team's third time going to the Washoe County Sheriff's Office to help vaccinate inmates who may not otherwise receive COVID and/or influenza vaccines.

During February, outreach event planning continued for Spring School Located Vaccine Clinics (SLVCs) which will take place at a variety of schools in April and May.

Program staff continue the development, case management, and reporting of activities for the Perinatal Hepatitis B Prevention Program (PHBPP) with 11 cases currently under management.

- c. **Tuberculosis Prevention and Control Program** – The TB program is currently managing three active disease cases. Two clients recently completed treatment and are awaiting final disposition dependent on radiology studies. The program also has two TB rule out cases that are awaiting final cultures. In addition to the active disease cases, the program is also managing/evaluating 30 clients for Latent Tuberculosis Infection (LTBI) and has nine clients awaiting evaluations.

The TB Program saw an increase in program activities from CY2023 to CY2024.

In CY23, there were nine active disease cases, staff performed 131 TB evaluations, and treated 103 people for LTBI. In CY24, there were 11 active disease cases, staff performed 194 TB evaluations, and treated 139 people for LTBI.

In February 2025, the program completed eight evaluations for LTBI, conducted nine case reviews with the consulting physician, performed 82 instances of directly observed therapy, and started three clients on LTBI treatment.

- d. **Reproductive and Sexual Health Services** – The Family Planning Sexual Health Program (FPSHP) was approved for rapid syphilis testing by the Division of Public and Behavioral Health on February 21<sup>st</sup>. Rapid syphilis testing is a detection test for syphilis antibody and provides results in 10-15 minutes. The quick turnaround time on testing allows for expedited treatment, especially for pregnant clients. After approval, program staff have been quick to implement this new form of testing and began offering rapid syphilis testing to clients immediately after receiving approval. In addition to rapid syphilis testing, the mobile van was also approved to offer testing services offsite.



The FPSHP currently has two public service campaigns underway. The first campaign is a partnership with Commando which targets the LGBTQ+ community through social media and dating apps. To date, the public service campaign has generated 574,000 impressions with 3,100 link clicks. Most of the impressions and link clicks have been through the dating apps Grindr and Tinder. The second public service campaign is a partnership with IC Media. This campaign is targeted to the Spanish-speaking population with culturally relevant billboards, radio advertising, and paid social media advertising.

Program staff have completed submission of Family Planning Annual Report (FPAR) data to the Office of Population Affairs. The reporting format has changed, and program staff worked closely with our EMR vendor, Patagonia, to ensure accurate data was reported in the new format.

The walk-in rate for FPSHP clinic appointments continues to hover around 50%. On February 19<sup>th</sup>, Christine Ballew, APRN, submitted her letter of resignation. She is relocating out of state. Her position will not be filled, and program supervisors will evaluate the need for a per diem APRN to ensure the availability of clinic appointments.

- e. **Chronic Disease and Injury Prevention (CDIP) Program** – Staff submitted an application for Fund for a Healthy Nevada – Tobacco Control Funds. Since 2013, this funding source has allowed CDIP to address the following CDC goals: reduce initiation and use of tobacco, vapor and related products among youth and young adults; eliminate exposure to secondhand smoke and electronic smoking device emissions; and promote quitting tobacco and electronic smoking device use among adults and youth.

In collaboration with the NNPH Communications Team and Estipona Group, staff began rolling out a youth vaping prevention campaign which includes digital media and videos. Staff will share final data at the end of the campaign.

Staff tabled at Sparks Middle School Family Resource Fair to connect and provide families with resources and information on 5210 and general healthy eating and active living messaging. 62 individuals were reached at the event.

Staff coordinated the Washoe Suicide Prevention Alliance (WSPA) team attendance, outreach and tabling at a local gun show. Local firearm owners (102) and firearm retailers (8) received suicide prevention and temporary secure storage information, education, and free suicide prevention cable locks were provided (picture below: WSPA providing outreach at local gun show).



- f. **Maternal, Child and Adolescent Health (MCAH)** —Maternal, Child and Adolescent Health activities include Lead Screening, Newborn Screening, Cribs for Kids, and Fetal Infant Mortality Review (FIMR).

The NNPH Lead team is currently following 38 open cases on children under six years of age. These activities are currently funded by a grant from the CDC through University 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 referrals from the Nevada Newborn Screening Program to ensure all infants receive the second newborn screening.

NNPH Community Health Workers (CHW) assisted six individuals in Cribs for Kids classes in February. Seven more potential participants were contacted. Two classes were held at the Anthem Wellness Center, one in English and one in Spanish. CHWs are Baby and Me Tobacco Free facilitators and promote PRAMS (Pregnancy Risk Assessment Monitoring System), and Nevada 211.

Staff continue to provide updates on fetal and infant deaths at the Washoe County Community Child Death Review as requested. The last Child Death Review meeting was held on October 4, 2024. Child Death Review meetings are held every other month. The February meeting was cancelled the next meeting is scheduled for April 4, 2025.

The Northern Nevada Maternal Child Health Coalition (NNMCHC), which is the community action team for recommendations made by the FIMR team continues to assemble New Mama Care Kits. The goal is to have Mama Care Kit Parties quarterly, NNMCH has applied for a continuation of funds to support additional care kits. NNMCH is currently co-chaired by two NNPH employees and a third employee acts as treasurer.

The Fetal Infant Mortality Review Board (FIMR) meets monthly, except for June and December. Four cases were received at the February Meeting. The team reviewed the "Next Steps for Action" for the upcoming year. The Program is onboarding a new Community Health Worker who is working through the Gunderson grief and Bereavement training series. The team is awaiting approval by the state for data for 2022-2023 data to begin the executive summary report. The FIMR program is conducting a Process Evaluation by a CDC Fellowship student. A survey is being finalized to send out to all Community Action Team Members.

The FIMR team hosted a Count the Kicks webinar on February 27<sup>th</sup>. Offering strategies to implement the evidence-based stillbirth prevention campaign in provider offices in Washoe County as a standardized way to respond to clients with a lack of fetal movement. Count the Kicks is an easy, free and reliable way for healthcare providers and expectant parents to monitor the well-being of the baby. This effort is funded by a grant from United Healthcare Health Plan of Nevada and supported by the Association of Women's Health Obstetric and Neonatal Nurses, (AWHONN). There were eighteen participants on the webinar.

- g. **Women, Infants and Children (WIC)** – NNPH WIC hosted a dietetic intern for several days in February. When dietetic interns rotate through the WIC program, the two Registered Dietitians spend time with them, providing opportunities to observe high risk visits with WIC participants and providing mentorship and guidance.

The WIC team participated in a Wordly training to increase the tools available when serving non-English speaking WIC participants. The majority of WIC staff is bilingual in English and Spanish, and the team serves participants in these languages as well as others such as Dari, Haitian Creole, Swahili, French, etc. WIC uses the Language Line (provided by the State WIC office) when serving non-English participants and now has access and training for Wordly.

- h. **Community Health Workers (CHWs)** – The Community Health Workers (CHWs) provided services to 67 clients in February. Additionally, the CHWs attended three outreach events in February. Two of the outreach events were hosted by the Washoe County School District and resources were provided to families in underserved areas as well as families new to Washoe County. The third outreach event was the monthly Mobile Harvest where 60 families were provided with fresh foods, fruits, and vegetables. During the March Mobile Harvest, there will be a diaper giveaway sponsored by Molina. A WIC staff member will also be present to provide information and resources for enrolling in the WIC program. The CHWs formed a new community partnership in February with the Northern Nevada Harm Reduction Alliance. They have shared resources for NNPH clinical services with this community partner and may collaborate further with outreach events.

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In May 2024, CHWs began doing a “social determinants of health” screening for all clients referred for CHW services. The social determinants of health screening asks clients about topics such as the urgency of their current needs, food security, health care access, safety, and transportation needs. Since initiating the social determinants of health screening, 501 screenings have been completed. When asked about food security, 21% reported they ate less than they felt they should because there wasn't enough money for food. For transportation, 26% reported a lack of transportation has kept them from getting to medical appointments, work, or getting other things they need. Lastly, when asked about health care access, 77% reported the need to see a health care provider in the last 12 months but could not because of the cost. The CHWs will be evaluating the responses to the social determinants of health screening and ensure they provide resources and navigation consistent with client needs.