NORTHERN NEVADA Public Health | Community & Clinical Health Services

Community and Clinical Health Services
Division Director Staff Report
Board Meeting Date: April 24, 2025

DATE: April 4, 2025

TO: District Board of Health

FROM: Lisa Lottritz, RN, MPH
775-328-6159; llottritz@nnph.org

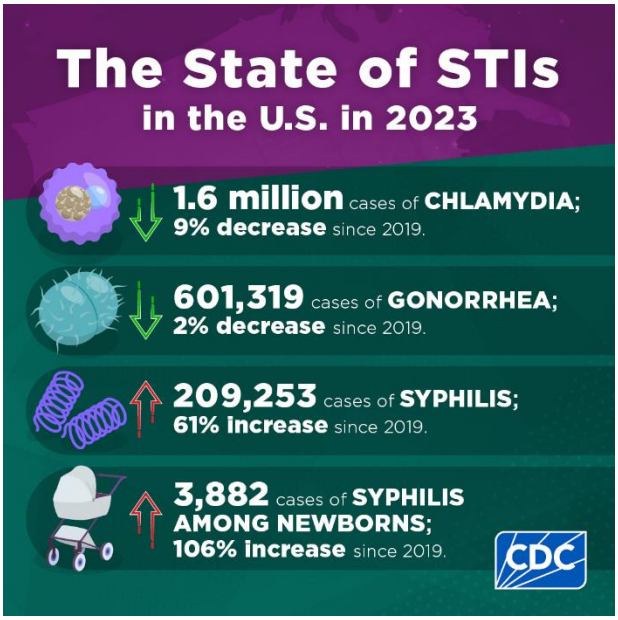
SUBJECT: Community and Clinical Health Services – Divisional Update – National Sexually Transmitted Infection Awareness, Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Injury Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers

---

1. Divisional Update

STI Awareness Week, observed the second whole week in April, provides an opportunity to raise awareness about sexually transmitted infections (STIs). STI Awareness Week focuses on how STIs impact our lives, reducing STI-related stigma, fear, and discrimination and ensuring people have the tools and knowledge for prevention, testing, and treatment.

The CDC estimates that about 20 percent of the U.S. population, approximately one in five people, had an STI on any given day in 2018. STIs acquired that year cost the American health care system nearly $16 billion in health care costs alone. This estimate does not include indirect costs such as time away from work, childcare, transportation, and other expenses related to seeking medical care.



Nevada continues to rank high in rates of chlamydia, gonorrhea, syphilis, and HIV nationally.

2023 Nevada HIV & STI Rankings
#5 for new Human Immunodeficiency Virus (HIV) diagnoses 16.7 per 100,000 population (2022 data)
#6 for congenital syphilis, 232 per 100,000 live births
#10 for primary and secondary syphilis, 22.7 per 100,000 population
#19 for chlamydia, 493.6 per 100,000 population
#12 for gonorrhea, 204.7 per 100,000 population

Nevada has consistently ranked in the top 10 for primary and secondary syphilis (most infectious stages), mostly among the top five states since 2013. Congenital cases have consistently ranked among the top five states since 2014. The decrease in case rate ranking has occurred as other states are experiencing an increase in cases.

The increase of syphilis and transmission that leads to congenital syphilis have been the priority of disease intervention and prevention efforts. Congenital syphilis (CS) is vertical transmission from a pregnant person to their fetus or newborn. Consequences of CS infection are significant, with fetal loss, mortality, and physical and developmental concerns. The testing and ongoing follow-up of CS cases is also burdensome for the child and caregivers. Sexual Health staff follow cases for up to 15 months following delivery. Case management in early intervention services continues far beyond that time. Up to 40% of babies born to individuals with untreated

syphilis may be stillborn or die from the infection as a newborn. How CS affects a baby's health depends on how long a woman has had syphilis and if — or when — the woman receives treatment for the infection.

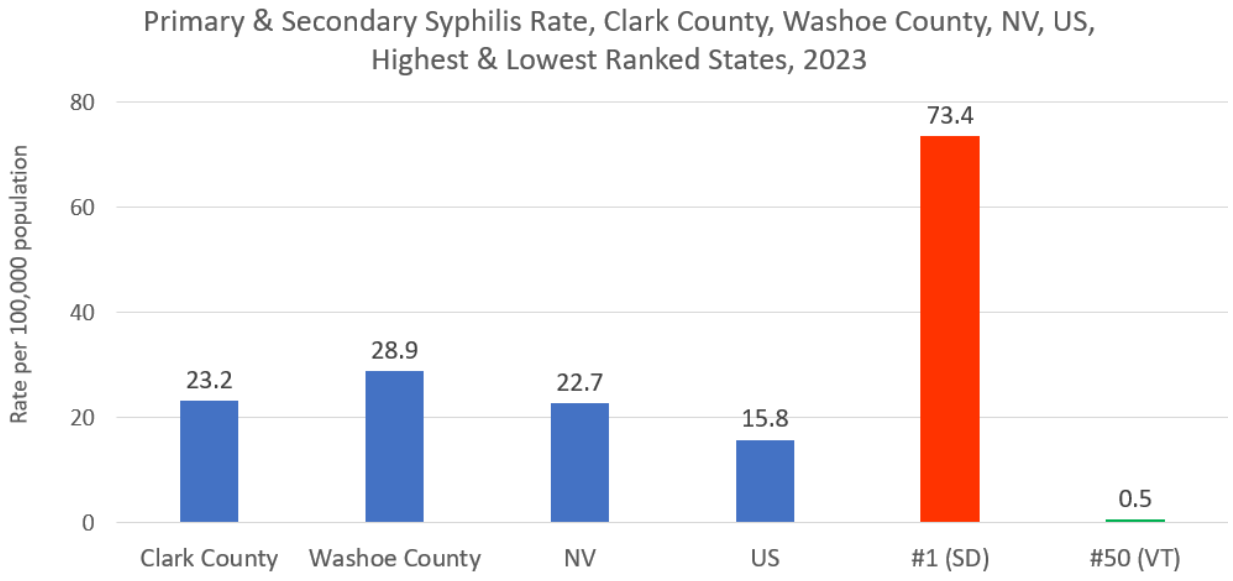
Early signs of syphilis in babies may include:

- rash
- red skin lesions
- heavy nasal discharge called "snuffles"
- bone lesions
- Most infants show no signs or symptoms at birth, then develop symptoms 2 weeks to 3 months later.

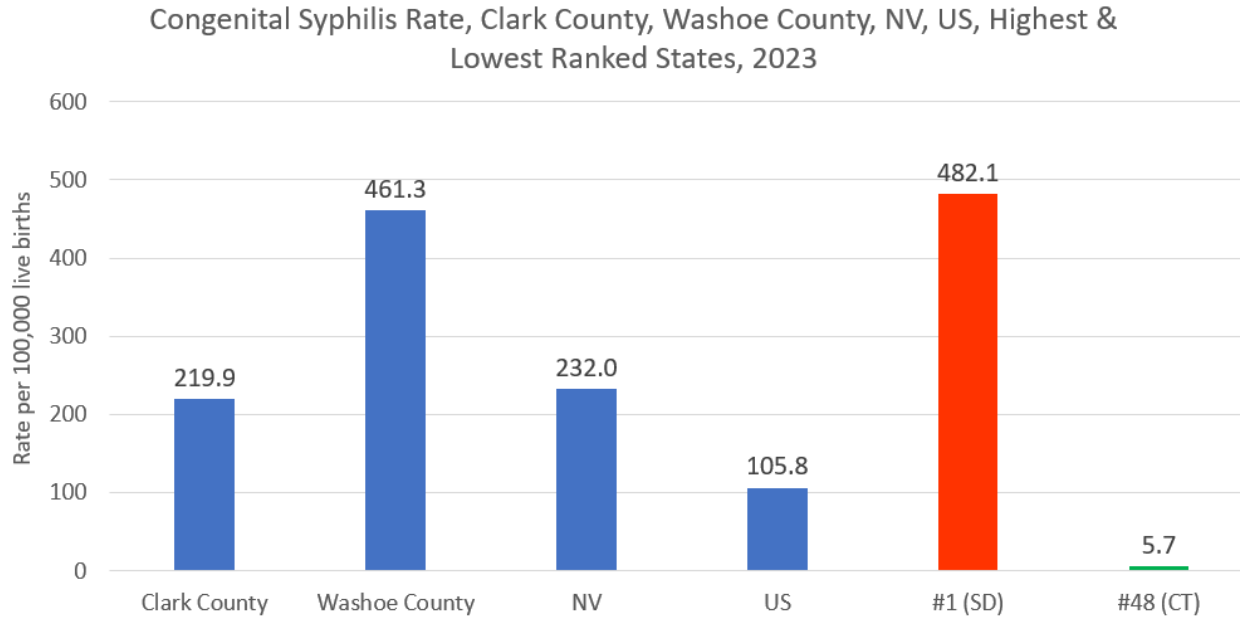
The maternal syphilis cases that result in a CS case have been reviewed to identify trends among cases and points where intervention on a micro or macro level may help prevent future cases. Below are the identified trends among the maternal cases. These circumstances require intervention from public health, healthcare systems, community providers, social services, behavioral health, housing, insurance (including Medicaid), and other stakeholders. Of note, public health involvement and intervention come in when a case is reported. Other stakeholder engagement with the cases occurs earlier in the infection.

Trends Among Maternal Cases

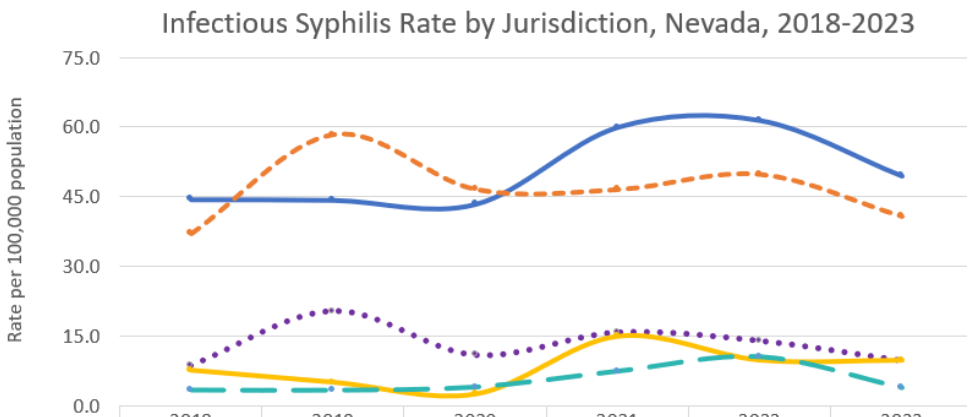
- Polysubstance Use
- Unstable housing or unhoused
- Inconsistent or no prenatal care
- Late entry into prenatal care
- Reinfection during pregnancy
- Transactional sex
- Present for care at emergency departments, not OB/GYN offices
- Criminal justice system involvement or partner involvement
- Lower health literacy



*Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2023. Atlanta: U.S. Department of Health and Human Services; 2023. Available at https://www.cdc.gov/sti-statistics/media/pdfs/2024/10/2023-STD-Surveillance-State-Ranking-Tables.pdf.
Nevada DPBH Office of Analytics

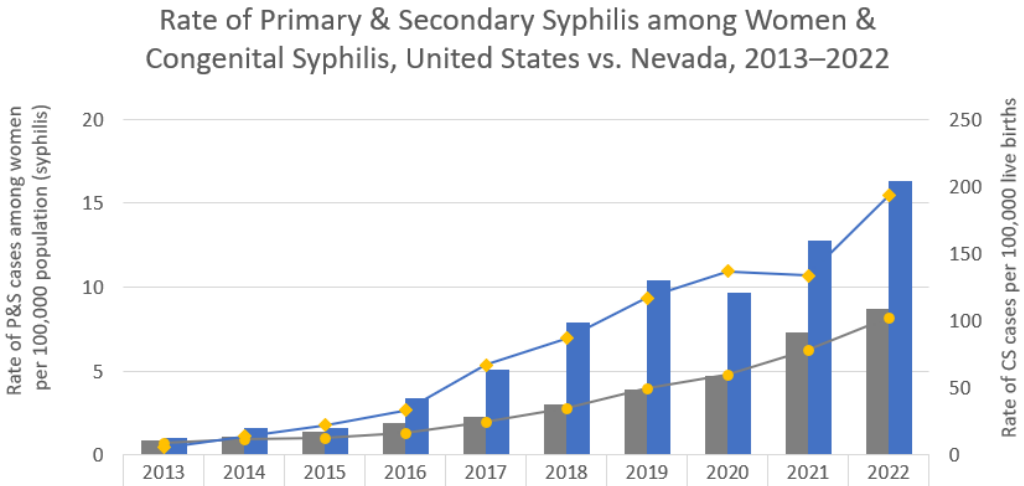


*Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2023.. Atlanta: U.S. Department of Health and Human Services; 2023.
Available at https://www.cdc.gov/sti-statistics/media/pdfs/2024/10/2023-STD-Surveillance-State-Ranking-Tables.pdf.
Nevada DPBH Office of Analytics



	2018	2019	2020	2021	2022	2023
Clark County	44.5	44.3	43.5	60.0	61.5	49.5
Washoe County	37.2	58.3	46.63	46.59	49.8	40.9
Carson City, Douglas, & Lyon Counties	8.7	20.3	11.0	15.8	14.0	9.8
Churchill, Pershing, Eureka, & Mineral Counties	7.7	5.1	2.5	15.0	9.8	9.8
Rural & Frontier Counties	3.4	3.4	4.0	7.4	10.5	3.9

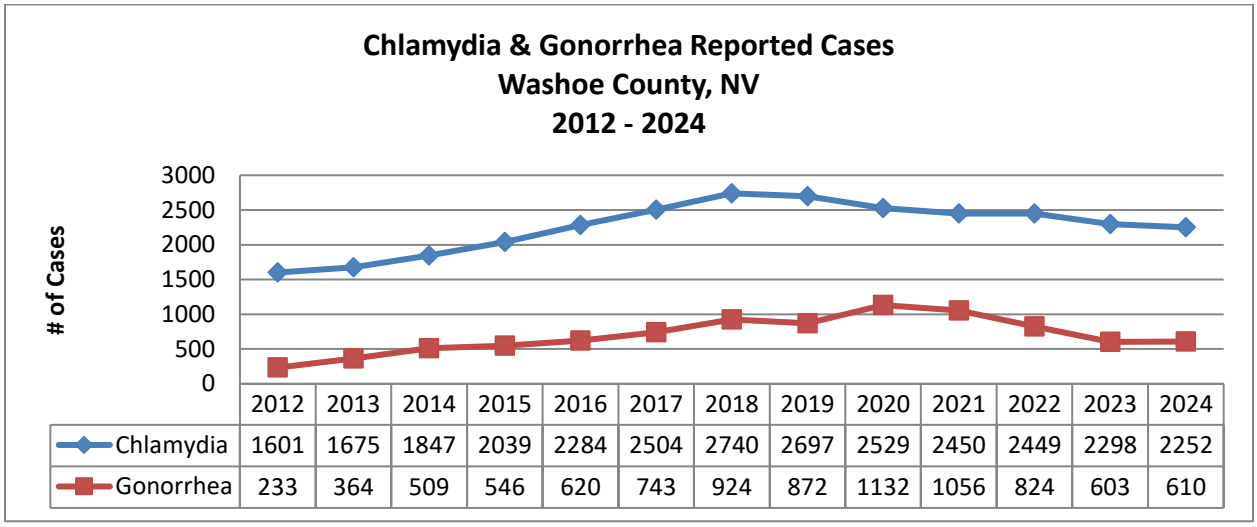
Source: DPBH Office of Analytics



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
US - P&S syphilis rate in women	0.9	1.1	1.4	1.9	2.3	3	3.9	4.7	7.3	8.7
NV - P&S syphilis rate in women	1	1.6	1.6	3.4	5.1	7.9	10.4	9.7	12.8	16.3
US - CS rate	9.2	11.5	12.4	16.2	24.4	34.6	50	59.7	77.9	102.5
NV - CS rate	5.7	13.9	22	33.1	67.1	86.9	116.9	136.7	133.6	193.0

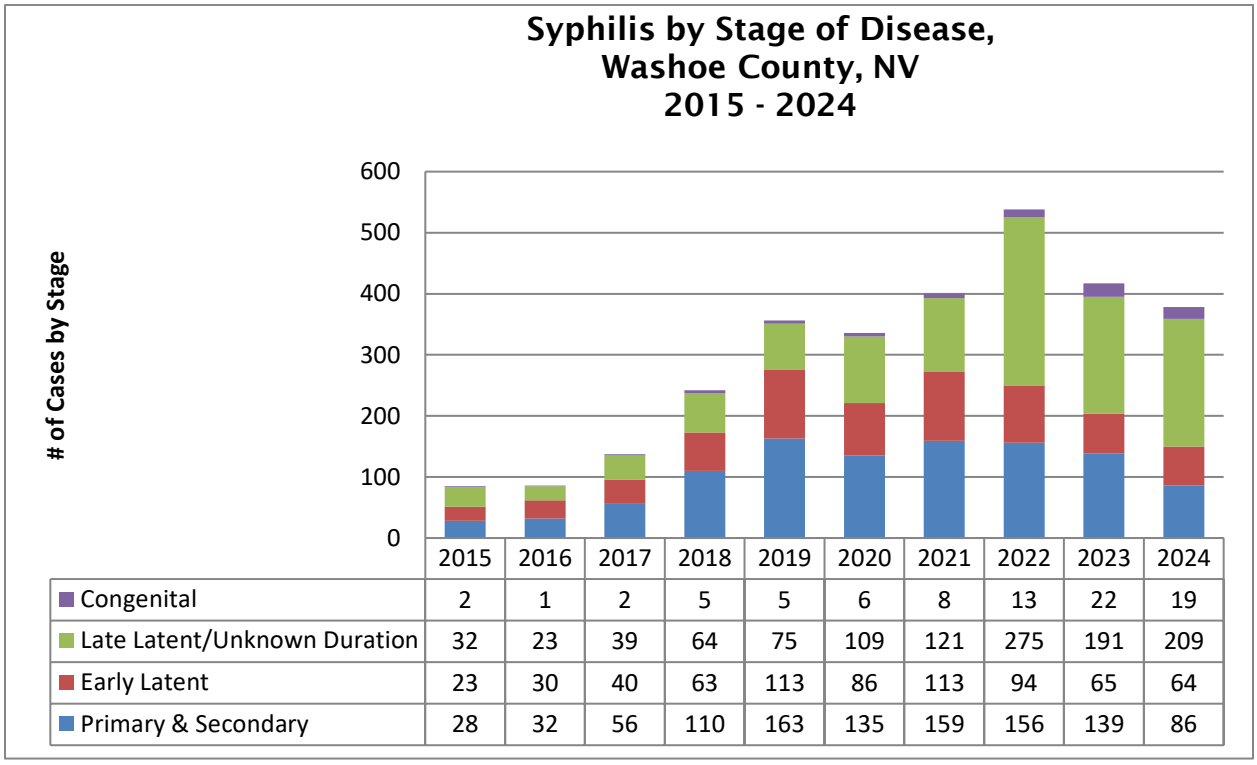
Washoe County is experiencing higher rates of chlamydia, gonorrhea, and syphilis than other counties in Nevada.

Chlamydia and gonorrhea have followed stable trends, with some decreases nationally and in Washoe County.



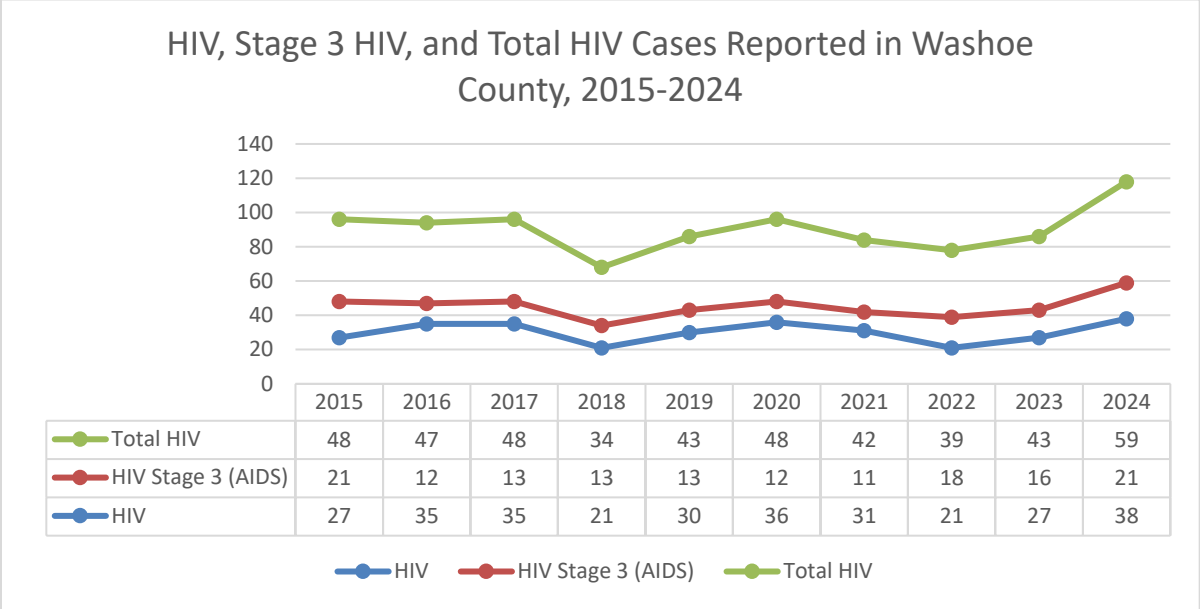
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Chlamydia	1601	1675	1847	2039	2284	2504	2740	2697	2529	2450	2449	2298	2252
Gonorrhea	233	364	509	546	620	743	924	872	1132	1056	824	603	610

Syphilis and HIV continue to be the highest priority for intervention due to the severity of the infections. While syphilis infections peaked in 2022, the burden of disease is still high in Washoe County. The majority of cases are in the late, late/unknown duration stage, which still may include infectious cases. If the strict surveillance definitions per stage cannot be identified, cases are designated as late latent or unknown. Treatment for this stage is the highest level of treatment, taking 21-28 days. If treatment does not follow the correct timeframes and completion, the regimen restarts.



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Congenital	2	1	2	5	5	6	8	13	22	19
Late Latent/Unknown Duration	32	23	39	64	75	109	121	275	191	209
Early Latent	23	30	40	63	113	86	113	94	65	64
Primary & Secondary	28	32	56	110	163	135	159	156	139	86

HIV cases have been increasing since 2022, following an expected dip in 2021, where the impacts of COVID were still being experienced, such as decreased testing and access to prevention services throughout the community. The state Office of HIV and the CDC identified a possible cluster, leading to an outbreak, of cases in Washoe County in May 2024. After an extensive review of all cases from 2020-2024, it was determined that there was not a cluster of new cases that were tied together. Identified trends were an increase in cases among older Latino males, an increase in cases among females with partners living with HIV, females experiencing substance use or drug injection, and partners with unknown HIV status.



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total HIV	48	47	48	34	43	48	42	39	43	59
HIV Stage 3 (AIDS)	21	12	13	13	13	12	11	18	16	21
HIV	27	35	35	21	30	36	31	21	27	38

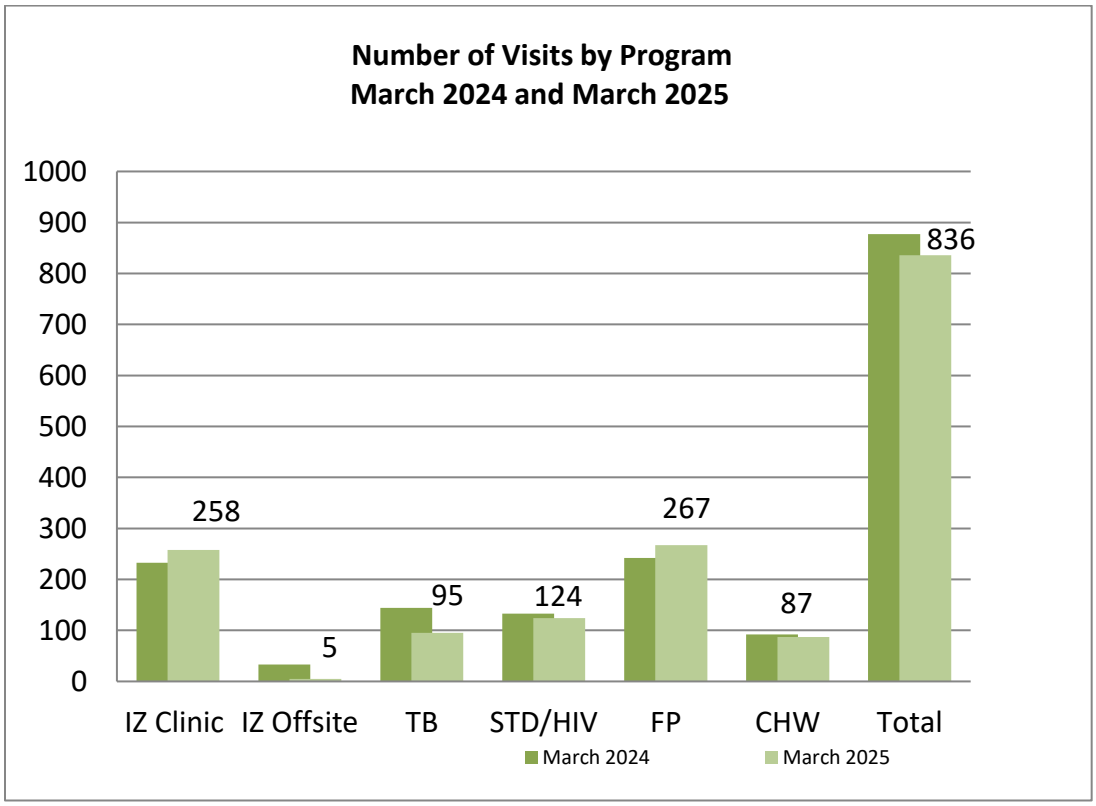
Intervention

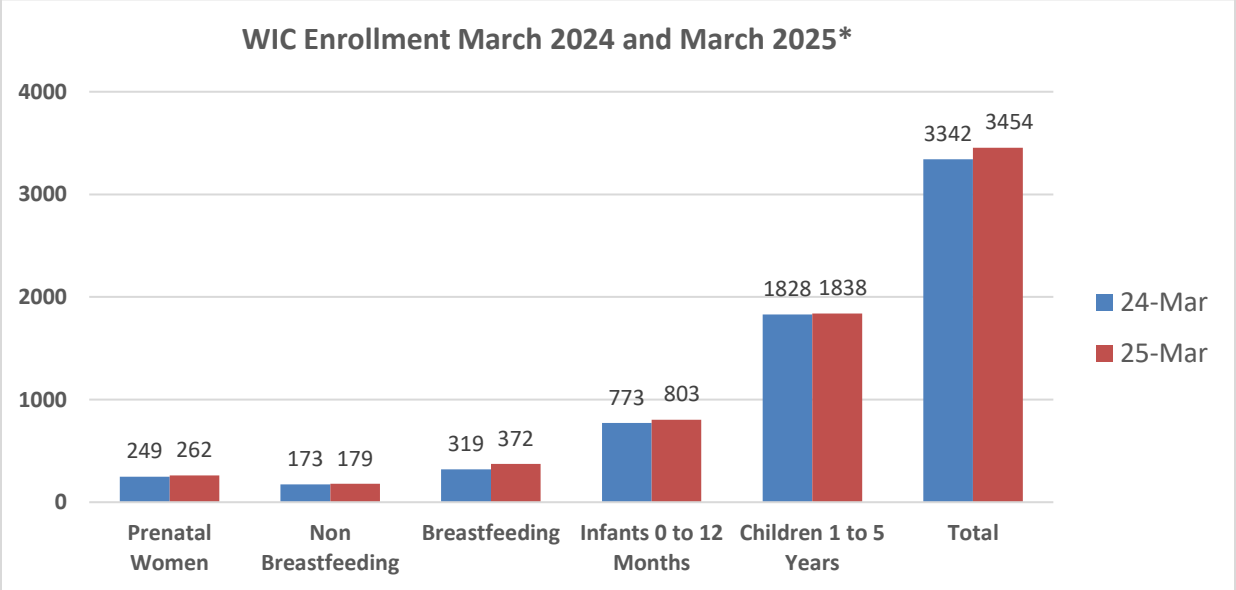
Interventions to prevent new cases of STIs and HIV and effectively deal with morbidity are the priority of the program. Individual-level interventions include disease investigators working directly with the case to determine the circumstances leading to the infection, ensuring treatment is offered, and following up on treatment, testing, and additional supportive services. The investigators also provide education and guidance to community health professionals in the testing, identification of symptoms, and appropriate treatment. Many healthcare providers are not familiar with STIs and HIV and look to program staff for support and direction.
Providing biomedical interventions is crucial to addressing the burden of disease as well. With post-exposure prophylaxis for STIs, Doxy PEP, as well as pre- and post-exposure prophylaxis for HIV, the number of new cases is expected to decrease. NNPH's Family Planning and Sexual Health Clinic offers these interventions. Staff work with other healthcare providers to provide these interventions throughout the community as well.
Policy-level interventions are a large focus of the program, as policy changes help direct the healthcare community on where they can provide intervention. The program has initiated a Washoe County Syphilis Taskforce gathering stakeholders to identify where they can adjust or establish policies and procedures to address testing and treatment. Participation in the Nevada Congenital Syphilis Review Board (CSRB) also provides a statewide perspective on case trends and areas for improvement. In addition, Assemblyperson

Heather Goulding contacted the program after hearing about the impact of syphilis and is sponsoring a bill in the legislature. This bill builds off legislation passed in 2021 to increase testing in primary care, OB/GYN, midwives, and emergency departments, as well as enhanced testing guidelines for pregnancy. The bill, AB360, requires emergency departments to provide rapid syphilis testing for those who are present as pregnant and have not received prenatal care, as well as the requirement to start treatment for syphilis with a positive result. This legislation intends to address some of the trends noted above for the maternal cases, including little or no prenatal care participation, presenting at emergency departments for healthcare matters versus a primary care provider or OBGYN, and to allow rapid response to a possible case. Assemblyperson Goulding is also sponsoring a bill to support a change to opt-out participation for sexual health education in schools.

Overcoming the issues that lead to STI and HIV acquisition is daunting. Social determinants of health factors are highly impactful, yet stigma remains the most important factor. Sexual health is often not discussed in families, communities, or the healthcare setting, thus creating distance from access to services, identifying the need for testing and treatment, and identifying risk behaviors that indicate testing should occur. The internal and external stigma and related factors lead to an increase in infections. Changes to policies that normalize healthcare providers conducting a sexual health history and offering testing and treatment, as well as increased access to medically accurate, inclusive, comprehensive sexual health education at all stages of life, seek to address the factors associated with STIs and HIV.

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 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
March 2025	3454	3101
Monthly avg	3383	3115
% change Mar 2024 / Mar 2025	3.35%	-0.42%

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)** – Refer to STI Awareness Week report above.

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 March, clinic staff facilitated 23 walk-in appointments and vaccinated a total of 257 clients with 703 vaccination doses. The program continued to provide seasonal 24-25 influenza, COVID-19 vaccines RSV product for infants through March. March clinic staff provided 78 influenza, 33 COVID, and three RSV doses.

In addition to clinic vaccine administration, staff continue to participate in outreach events. In March, there was one outreach vaccine event (Food Bank Mobile Harvest) in which staff provided a total of six Flu/ COVID vaccines to five clients. During March, outreach event planning continued for Spring School Located Vaccine Clinics (SLVCs) which will take place at a variety of schools in April and May in addition to Back- To- School events in July and August.

Program staff continue the development, case management, and reporting of activities for the Perinatal Hepatitis B Prevention Program (PHBPP) with 12 cases currently under management.

c. **Tuberculosis Prevention and Control Program** – The TB program is currently managing two active disease cases. The program also has one suspect case of TB that is awaiting final cultures. Another case was reported last month however, the person died from causes other than TB. In addition to the active disease cases, the program is managing/evaluating 30 clients for Latent Tuberculosis Infection (LTBI) and has six clients awaiting to be scheduled.

   In March 2025, the program completed five evaluations for LTBI, conducted five case reviews with the consulting physician, performed 49 instances of directly observed therapy, and started two clients on LTBI treatment.

   The TB Team attended the World TB Day Symposium, where the focus was Strengthening TB Programs: Breaking Down Barriers to TB Care. The program featured a keynote speech, a panel by TB Research Advancement Center's Early-Stage Investigators (TRAC ESIs), as well as discussions on the socioeconomics of TB and the role of community health workers and patient advocates.

d. **Reproductive and Sexual Health Services** – The Family Planning Sexual Health Program (FPSHP) experienced many staff changes in the month of March. Christine Ballew, APRN, resigned on March 7th and is relocating out of state. Maricruz Schaefer resigned as Senior Public Health Nurse on March 21st and transitioned to an intermittent hourly RN. Neither of these positions will be filled. This has increased the workload for both staff and supervisors as the program must continue to meet grant deliverables despite decreased staffing. Additionally, Christina Sheppard, APRN Supervisor, has accepted the Division Director position for Community and Clinical Health Services effective April 21st. The APRN Supervisor position will be posted and filled internally. As of March 31st, the FPSHP has not filled three full-time positions since last year. The unfilled positions are in anticipation of funding changes at both the federal and state levels.

   On March 29th, program supervisors were notified that partial funding was awarded to continue Title X services for the project period April 1, 2025 – March 31, 2026. It is unclear at this time how much more may be awarded or when it may be awarded.

   The walk-in rate continues to hover around 50%. Program staff are working with Sexual Health staff to prepare for Sexual Health's transition to EPHP. As the transition moves forward, the priority will be to ensure sexual health services for community members are not disrupted and the communication and rapport built between the two teams remains intact.

e. **Chronic Disease and Injury Prevention (CDIP) Program** – Staff supplied the NNPH Government Affairs Liaison with letters addressing legislation on provisions relating to tobacco (AB 279 and AB 536), and a bill evaluation of A.B. 471 which enacts provisions to provide for the taxation and the remote sale of cigars and pipe tobacco in Nevada.

Staff participated in a three-day Nutrition Education Statewide Training to strengthen and enhance SNAP-Ed programming in Washoe County.

Staff coordinated the Washoe Suicide Prevention Alliance (WSPA) attendance, outreach, and tabling at two local gun shows in March. Local firearm owners and firearm retailers received suicide prevention and temporary secure storage information, education, as well as free suicide prevention cable locks.

Staff wrote and coordinated submission of the Renown "Better Together Community Grants" application with Nevada Urban Indians, Inc. (NUI) – a NNPH and WSPA partnering agency. The grant was successfully awarded in the full amount of $10,000 for purchase and evaluation of suicide prevention education materials. NUI is the recipient agency, with NNPH assisting with the grant deliverables.

In collaboration with the NNPH Communications Team, staff were interviewed by Univision Reno to discuss the risks of youth vaping.

Staff presented at Donner Springs Elementary School for Coffee and Conversations with families. The presentation covered 5210 information and included questions for in-depth discussion among parents. Staff led discussions to learn how families are currently implementing 5210 in the home setting and provided additional examples on how they could incorporate healthy behaviors. The discussions were insightful, and parents seemed to enjoy the topic. There was a total of nine parents in attendance along with the FACE (Family and Community Engagement) liaison, school principal, and Parent University Coordinator.

f. **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 Lead team is currently managing 34 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 referrals from the Nevada Newborn Screening Program to ensure all infants receive the second newborn screening as required.

In March, NNPH Community Health Workers assisted five individuals through the Cribs for Kids program. One of the classes was held at the Anthem Wellness Center. CHWs, who are also certified Baby and Me Tobacco-Free facilitators, continue to promote initiatives such as the Pregnancy Risk Assessment Monitoring System (PRAMS) and Nevada 211.

The FIMR team convenes monthly, except for June and December, to review an average of four cases per meeting. Recently, the team partnered with Emergency Medical Services (EMS) to obtain case records and share their expertise in instances involving EMS responses. Data for the 2022-2023 period has been received from the state and is being compiled into a multi-year executive summary for dissemination to stakeholders. FIMR is currently undergoing a Process

Evaluation conducted by a CDC Fellowship student. The survey produced as part of this evaluation was distributed in March and will close on April 4, 2025.

Additionally, FIMR Case Review Team (CRT) members are in the early stages of planning a statewide Nevada Stillbirth Conference. This conference aims to provide updates, raise awareness, and standardize practices regarding stillborn care, both at the time of discovery and post-delivery. This event will be a collaborative effort among multiple agencies.

NNPH staff members continue to provide updates on fetal and infant deaths as part of the Washoe County Community Child Death Review process. These meetings are scheduled every other month, with the next session scheduled for April 4, 2025.

The Northern Nevada Maternal Child Health Coalition (NNMCHC), which serves as the Community Action Team (CRT) for recommendations made by the FIMR Case Review Team, recently held a packing event with distribution partners. Approximately 200 New Mama Care Kits and 75 Flow Kits were assembled and distributed to 18 partner organizations for distribution to clients in need. These kits are designed to support postpartum parents and individuals experiencing period poverty, helping to connect them to essential community resources.

Renown has generously provided $10,000 in funding to the Northern Nevada Maternal Child Health Coalition to continue the production of New Mama Care Kits.

g. **Women, Infants and Children (WIC) –** The federal government issued a continuing resolution through the end of the WIC fiscal year (September 2025), providing full funding to meet WIC's projected participation and food costs. The funding ensures pregnant and postpartum women, infants, and young children will continue receiving the critical nutrition support they need to build a healthier future. The NNPH WIC program is awaiting the final amendment of the WIC grant award from the state WIC office, which will provide funding through the end of the fiscal year.

   The WIC team is required to attend continuing education in breastfeeding support and promotion, nutrition education, and operations and customer service. A total of 12 hours is needed each year (a combination of hours from the topic areas). In March, the team had training on Baby Led Weaning and the Satter Model, which focused on introducing solid foods to babies.

   The WIC team has initiated work with the NNPH Communications team to create videos for clients that will provide guidance on redeeming WIC benefits in the grocery store. This is in coordination with the CHW and the grocery store tour efforts, which the program continues to learn from and make improvements on.

h. **Community Health Workers (CHWs) –** The Community Health Workers provided services to 87 clients in March. Navigation resources included primary care providers, referrals to specialty providers, enrolling in health insurance, food and housing, transportation, and PrEP navigation. The CHWs continue to do recurring outreach at Eddy House, Mobile Harvest, and deliver Cribs for Kids classes to small groups twice per month at the Anthem Wellness Center. The CHWs are preparing for an uptick in outreach events as spring approaches and the Immunization Program begins school-based vaccine clinics.

In partnership with the Maternal-Child Health Coalition, the CHWs worked with Molina Healthcare to purchase and put together supplies for menstrual flow kits. The kits include a month's worth of menstrual supplies with tampons or pads and cleansing wipes. Kits are available at NNPH to anyone in need. Additionally, the CHWs are working with community partners for distribution. Kits have been distributed to local Medicaid offices and Project 150. The CHWs have been communicating with the Family Resource Centers at the Washoe County School District for additional distribution opportunities.

On April 21st, the current supervisor for the CHWs, Christina Sheppard, will be transitioning to the Division Director position for CCHS. Direct supervision of the CHWs will transfer to Sonya Smith. Christina Sheppard will continue to oversee all Medicaid billable services per Medicaid requirements. Christina and Sonya are working closely to ensure no disruption of client or outreach services during the transition period.