**

Joe Lombardo

*Governor*

Richard Whitley, MS

*Director*



**Department of
Health and Human Services**

 

Cody Phinney, MPH

*Administrator*

Ihsan Azzam,
Ph.D., M.D.

*Chief Medical Officer*

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**To:** Nevada State Board of Health

**Through:** Richard Whitley, MS, Director DHHS

 Cody Phinney, MPH, Administrator, DPBH

**From:** Ihsan Azzam, PhD, MD, MPH, Chief Medical Officer

**Re:** Report to the Board of Health for March 01, 2024

**Introduction**

A lot has changed with COVID-19 Virus since its emergence four years ago. We are not seeing the same number of reported cases, probably because almost all testing is occurring at home, and most recent cases are mild or less severe especially among those who are adequately immunized. Additionally, the number of COVID-19 related hospitalization and death is significantly lower than those observed during the pandemic, and the health care systems aren't overrun with patients. However, COVID is still out there, especially that the protection from COVID-19 infections and from the vaccine are continuously diminishing over time. Nevertheless, the general awareness of biological agents’ transmission has increased. Community members are taking proper/better precautions against other viral threats like the common cold, influenza, and respiratory syncytial virus (RSV). It appears that some people continue to use facemasks, respecting social distancing, practicing improved individual and environmental hygiene, and avoiding crowded area.

Previous stringent isolation recommendations were implemented to reduce the spread of a newly emerging virus to which the population had no or very little immunity, and which had greater risk of causing severe disease and putting pressure on healthcare systems. There are now reduced impacts from COVID-19 due to a broad population immunity from vaccination and/or natural infection, and readily available treatments for infected people.

While COVID-19 continues to have the potential to cause serious disease, especially amongst the most vulnerable, the contribution of COVID-19 to hospitalizations and deaths is now much lower than prior winter seasons during the pandemic.

Most recently observed COVID-19 infections seem to be mildly symptomatic or even asymptomatic and many people are no longer testing, and do not know what infection they may have. Given the current simultaneous circulation of COVID-19, influenza, and RSV viruses,

surveillance activities in place from before the pandemic will require review and adjustment to ensure their ongoing value for public health disease tracking and control.

Starting April 30, 2024, hospitals will no longer be required to collect COVID-19 data and submit it to CDC. It’s important to emphasize that Nevada hospitals voluntarily began collecting data and providing it to public health system within five days of Nevada’s first COVID-19 case, and the Nevada Hospitals Association (NHA) dashboard has been operational since March 27, 2020.

Additionally, CDC seems to be in the process of loosening their COVID-19 isolation guidance and are planning to recommend that isolation is not warranted after a person is fever-free for 24 hours without medication. This guidance would put the recommendation more in line with those for influenza and RSV.

A symptom-based approach to isolation is consistent with recommendations for other viral respiratory infections. Such shift in the public health focus seems to be warranted to provide more protection for those at most risk for serious illness, while minimizing the disruptive impact of isolation in schools and the workplace. To support the ongoing management of currently endemic viral respiratory diseases while transitioning out of the acute phase of the COVID-19 pandemic, Nevada is planning to move toward an integrated model of surveillance for COVID-19, influenza, RSV, and other respiratory pathogens.

**Respiratory Infections Season**

The current 2023/2024 respiratory infections season is the second season during which these three respiratory viruses (influenza, COVID-19, and RSV) have simultaneously spread at high levels.

Raging rates of these respiratory infections may have peaked during the holidays and appear to be on a downward track.

Influenza-like illness (ILI) is defined as fever (temperature of 100 °F or greater) and cough and/or sore throat, making it a good indicator for persons sick with general respiratory illnesses. Current ILI percentages in Nevada are higher than those observed in the same week during previous seasons. However, they begun to decrease. Additionally, based on the state syndromic surveillance providers, **ILI inpatient visits** are currently higher than observed for the same week during previous seasons. However, emergency room (ER) and outpatient visits are beginning to decrease to levels comparable to those observed in previous seasons. During the Morbidity and Mortality Week 5, the percentage of patients with ILI at Nevada sentinel providers was 3.3% (baseline 2.6%). Nationally ILI was around 4.3% (baseline 2.9%) and regionally ILI was about 4.2% (baseline 3.6%).

Respiratory diseases (influenza, RSV, and COVID-19); hospitalizations continued to decrease during the most recent week. Influenza A has been the most reported influenza type for those hospitalized with the flu this season, and it was the most reported type from the Nevada State Public Health Laboratory and other laboratory partners. However, a slight increase is being observed in influenza B cases. There were 35 influenza hospitalizations reported in week 04 with a total of 1,075 total this season. Four influenza-associated death were reported in Nevada in week 04 with a total of 69 deaths have been reported this season.

COVID-19 seems to have caused a larger number of hospitalizations and has also been involved in many more deaths than influenza and the Respiratory Syncytial Virus (RSV) combined. About 11%

of all respiratory infections observed this season were due to the respiratory syncytial virus (RSV). However, the activity of RSV seems to gradually decrease.

The hospital and healthcare system infrastructure remain in good condition. The current hospital occupancy rate remains around 84%, and the intensive care unit (ICU) occupancy rate is about 80%. The pediatric bed occupancy rate is 69%, and the Pediatric intensive care unit (PICU) bed occupancy rate is currently reported to be at 66%. Emergency room (ER) visits (7-day average) were 3,792 daily visits. However, “paradoxically” on the Superbowl Sunday ER visits fell significantly below the 7-day average for Clark County with just 2,763 reported visits.

On February 9, CDC reported that a new variant BA.2.87.1 of SARS-CoV-2 has emerged. However, no clinical cases of BA.2.87.1 have been identified in the United States or anywhere outside of South Africa. CDC is closely tracking BA.2.87.1 because it has more than 30 changes/mutations in the spike protein of the virus when compared with XBB.1.5.

**Vaccines**

The updated COVID-19 vaccine can help increase protection against a diverse range of variants, as laboratory surveillance demonstrated that the JN.1 continues to be the dominant variant in Nevada and nationwide. JN.1 is about 3 to 5 times less susceptible to neutralizing antibodies than the XBB.1.5 variant that is included in the updated booster. However, most scientists are not very concerned about this reduced susceptibility because the titers of neutralizing antibodies remain in a range that is thought to be effective against a diverse range of variants. Fortunately, laboratory research and rates of COVID-19 hospitalizations and deaths suggest that the XBB.1.5 vaccine still protects against severe illness in the JN.1.

CDC recently published a Morbidity and Mortality Weekly Report (MMWR) demonstrated that the updated monovalent COVID-19 vaccine provided 54% protection against symptomatic COVID-19 infections in those recently vaccinated with the updated fall booster compared with those who did not receive an updated vaccine dose.

Unlike the original COVID-19 vaccine series that about 80% of the American adults received, the most recently updated fall booster was far less received in Nevada and nationwide. According to CDC, as of Dec. 30, 2023, the uptake of this most recent boosters is under 10% for children, and slightly higher among adults. Only about one third of the elderly received the most recent COVID-19 vaccine. Unfortunately, only about 23% of eligible American adults and 38% of adults 75 or older have received the updated vaccine, and in comparison less than 18% of the adults in Nevada received this shot.

Concerns remain about the lack of uptake of this vaccine. But it’s never too late as COVID-19 is and will be circulating all year long. The currently used vaccine protects against a number of [COVID variants](https://www.webmd.com/covid/coronavirus-strains), including the XBB variants that predominated this past fall and the JN.1 variant that became most common starting in December2023.

Immunization with the recently updated fall booster COVID-19 vaccine is associated with much lower chances of developing serious illness and requiring hospitalization or dying from COVID. This 54% protection provided by the most recent vaccine is comparable to the 60% or so protection against symptoms associated with receiving the seasonal influenza vaccine each year.

**Increase in Tuberculosis Cases**

Nevada experienced a significant increase in infectious tuberculosis (TB) cases, with a total of 78 cases compared to the previous five years that had case counts below 64.  Of a great concern, that the previous year 2023 also included five cases of infectious TB among both staff with four cases and one case among students within Clark County School District (CCSD) in Las Vegas. These cases have resulted in large scale contact investigations requiring significant public health, health care and school district resources.

In June of 2023, a confirmed transmission of TB was documented in four students associated with a schoolteacher that had infectious TB at an elementary school which resulted in several large-scale contact investigations. Hundreds of young students were required to be tested; have blood draws and be regularly monitored, which is difficult on them and their affected families.

The Nevada Division of Public and Behavioral Health (DPBH) has made recommendations to the local health authority to work closely with CCSD on TB screening and testing policies for staff, but there has been difficulty accomplishing these tasks given that CDC does not currently list the school setting for TB screening within their recommendations. CDC recommendations are limited only to healthcare settings.

In light of the repeated exposure events in Nevada schools and the alarming current infectious TB trends in Nevada and nationally, the DPBH submitted an official request to CDC asking that CDC considers making updates to the TB screening and testing recommendations to include other/additional settings, such as the K-12 schools. The DPBH is also exploring options to start requiring TB screening and testing in K-12 schools in Nevada through policy changes.  Our goal is to ensure that we are protecting Nevada students and staff, and their families from being exposed to and/or acquiring TB infectious while at schools, through upstream policy changes.

**Measles Update**

As a direct importation of measles cases by international travelers, during 2023, a total of 58 measles cases were reported to CDC from 20 states. And, as of February 15, a total of 20 measles cases were reported to CDC from 11 jurisdictions: Arizona, California, Georgia, Maryland, Minnesota, Missouri, New Jersey, New York City, Ohio, Pennsylvania, and Virginia.

Most of these cases were among children and adolescents who were inadequately vaccinated or had not received a measles-containing vaccine ([MMR](https://t.emailupdates.cdc.gov/r/?id=h8717207c,1aff2203,1b00f781&e=QUNTVHJhY2tpbmdJRD1ETTEyMDg2NC1VU0NEQ18xMDUyJkFDU1RyYWNraW5nTGFiZWw9Q09DQSUyME5vdyUzQSUyMFN0YXklMjBBbGVydCUyMGZvciUyME1lYXNsZXMlMjBDYXNlcyUyMA&s=Yk80DJbEixpuaZwAAOfujA6lunTqsXvFBMb-MHtQNfc) or MMRV), even if age eligible. Infected people are contagious from 4 days before the rash starts through 4 days afterwards.

Measles cases often originate from unvaccinated or under vaccinated people who travel internationally and then transmit the disease to others who are not adequately vaccinated against measles. The increased number of measles importations seen in recent weeks is reflective of a rise in global measles cases and a growing [global threat](https://t.emailupdates.cdc.gov/r/?id=h8717207c,1aff2203,1b00f784&e=QUNTVHJhY2tpbmdJRD1ETTEyMDg2NC1VU0NEQ18xMDUyJkFDU1RyYWNraW5nTGFiZWw9Q09DQSUyME5vdyUzQSUyMFN0YXklMjBBbGVydCUyMGZvciUyME1lYXNsZXMlMjBDYXNlcyUyMA&s=eqTnOtKlQLclwHsp670r8P_mGVNrEBBwBCJ22_0mBPE) from the lack of vaccination.

So far no measles cases were identified in Nevada. However, the DPBH notified healthcare providers to be on alert for patients who have febrile rash illness and [symptoms consistent with measles](https://t.emailupdates.cdc.gov/r/?id=h8717207c,1aff2203,1b00f782&e=QUNTVHJhY2tpbmdJRD1ETTEyMDg2NC1VU0NEQ18xMDUyJkFDU1RyYWNraW5nTGFiZWw9Q09DQSUyME5vdyUzQSUyMFN0YXklMjBBbGVydCUyMGZvciUyME1lYXNsZXMlMjBDYXNlcyUyMA&s=-F9Rbjtw9rH-ErlX-VfoPhjskyVSfofKknADsYEeOt8) (e.g., cough, coryza, or conjunctivitis), and have recently traveled abroad or had contact with sick travelers, especially to or from countries with ongoing measles [outbreaks.](https://t.emailupdates.cdc.gov/r/?id=h8717207c,1aff2203,1b00f783&e=QUNTVHJhY2tpbmdJRD1ETTEyMDg2NC1VU0NEQ18xMDUyJkFDU1RyYWNraW5nTGFiZWw9Q09DQSUyME5vdyUzQSUyMFN0YXklMjBBbGVydCUyMGZvciUyME1lYXNsZXMlMjBDYXNlcyUyMA&s=4FfWDjdo-xbPNZNpjjOk1VhAj1ZKSTL-XSsYE5AvFF8)