



STAFF REPORT

Report To: Board of Health **Meeting Date:** May 16, 2019

Staff Contact: Nicki Aaker; naaker@carson.org

Agenda Title: For Possible Action: Discussion and possible action on acceptance of the Carson City Health and Human Services Director's report with any direction or feedback from the Board. (Nicki Aaker, naaker@carson.org)

Staff Summary: Certain proposed legislation from this session may impact public health in Nevada. It is important for Carson City's Board of Health and the public to be aware of proposed bills that may impact the health of our community. A legislative update will be provided.

Sandy Wartgow received the 2019 Immunize Nevada Award for Outstanding Immunization Champion for her work with the School Located Influenza Vaccination Program and getting the Fire Department Paramedics involved in the program.

Dustin Boothe, CCHHS Epidemiologist and Disease Control and Prevention Division Manager, will report on the current age appropriate MMR vaccination rates, a scenario to describe the disease investigation process taken if an individual or individuals has a communicable disease, such as the measles, in our community. The cost of measles outbreaks will be discussed as evidenced by other community's outbreaks.

Agenda Action: Formal Action / Motion **Time Requested:** 20 minutes

Proposed Motion

I move to accept the Director's report (with Board feedback and direction to staff as stated on the record, if any).

Board's Strategic Goal

Quality of Life

Previous Action

N/A

Background/Issues & Analysis

N/A

Applicable Statute, Code, Policy, Rule or Regulation

Communicable disease investigations - NRS Chapters 441A and 439

Financial Information

Is there a fiscal impact? No

If yes, account name/number:

Is it currently budgeted? No

Explanation of Fiscal Impact:

Alternatives

Modify the CCHHS Director's report as presented.

Attachments:

[BOH May 2019-Measles Outbreak Investigation.pdf](#)

Board Action Taken:

Motion: _____ 1) _____
2) _____

Aye/Nay

(Vote Recorded By)

Prevention and Control of Communicable Disease and Other Notifiable Conditions

Dustin Boothe, MPH, REHS

Board of Health
May 16, 2019



Prevention and Control of Communicable Disease and Other Notifiable Conditions

Core Public Health Service

- o Mitigate risk of disease transmission to protect the public by:
 - Ensure disease surveillance systems are in place.
 - Maintain well trained staff resources to investigate and respond to control communicable disease and outbreak events.
 - Maintain strong partnerships (community, providers, state, etc.)
 - Provide technical assistance to providers.





Current U.S. Measles Situation ** as of April 30, 2019

- Measles was eliminated in the United States in 2000.
- During January 1–April 26, 2019, a total of 704 cases were reported, the highest number of cases reported since 1994. Outbreaks in close-knit communities accounted for 88% of all cases. Of 44 cases directly imported from other countries, 34 were in U.S. residents traveling internationally; most were not vaccinated.
- As of April 29, 2019, no cases in Northern Nevada.
- As of April 24, 2019, 38 cases in California.
 - There have been four measles outbreaks linked to cases with international travel.
 - Twenty-eight cases have been associated with these outbreaks.
 - Countries of travel for imported measles cases include the Philippines (5), Ukraine (4), Vietnam (1), Thailand (1), Thailand/Cambodia (1), and India (1).



Measles 101

What is measles:

Highly contagious virus that lives in the nose and throat mucus of an infected person.



Transmission:

- Can be spread -4 days before through 4 days after the rash appears through the air when an infected person coughs or sneezes.
- Virus can live for up to 2 hours in the air. If people breathe the contaminated air or touch an infected surface, then touch their eyes, nose, or mouth, they can become infected.

Complications:

- **Common:** ear infections and diarrhea.
- **Severe:** pneumonia (infection of the lungs), encephalitis (swelling of the brain), premature birth in pregnant women, low-birth weight, and death.



For Discussion Purposes

Scenario

Measles Investigation Process

- **Receive report of rash illness**
 - Gather information on the patient and signs and symptoms and advise testing.
- **Receive laboratory report**
 - Follow up with medical provider why testing was ordered.
- **Contact patient and conduct interview**



Measles Contact Investigation-Overview

Goal:

- Contact investigations identify persons who are at greatest risk of having been infected with measles by a confirmed case and who Post-exposure Prophylaxis (PEP) is recommended.

Process:

- Determine the infectious and exposure periods.
- Identify people who may have been exposed.
- Develop contact notification plan.
- Evaluate contact immunity status & PEP recommendations.
- Determine 21 day contact monitoring plan (active vs passive).
- Monitor for additional cases.



Measles Contact Investigation - Contact Evaluation

Determine immunity status:

- Conduct record review
- Recommend testing if no documented records

Determine monitoring plan for each contact:

- Passive:** Provide education about measles, monitoring timeframe (21 days since last exposure) and instruct to call CCHHS Epidemiology (Epi) staff immediately if symptoms develop.
- Active:** Daily calls from CCHHS Epi Staff to conduct symptom check for 21 days since last exposure.





Measles Investigation Guidelines

| Revision History: | | |
|-------------------|----------|--|
| Date | Replaced | Comments |
| 2-4-19 | 4-13-16 | Updated Measles contact notification and isolation. Work and |
| DA | | |
| UN | | |
| MS | | |
| 04-13-16 | 6-2006 | |



MEASLES (RUBEOLA) CASE REPORT

PATIENT DEMOGRAPHICS

Patient number: [] Sex: [] Ethnicity: [] Age (enter age and month and year): [] / [] / []

Address: [] City: [] State: [] ZIP code: []

Telephone number: []

IMMUNITY (check one)

Measles/Mumps/Rubella
 Measles/Mumps/Rubella/Varicella
 Measles/Mumps/Rubella/Varicella/Scarlet fever
 Unknown

MEASLES (check all that apply)

Rash: [] (Specify: [])
 Fever: []
 Cough: []
 Conjunctivitis: []
 Other: []

COMMONLY USED TERMS

Case reported by: []
 Date reported: []
 Case investigated: []

SIGN AND

Measles Rapid Assessment Form for the Local Investigator
 (Please refer to the Measles Investigation Guidelines for additional guidance.)

| SYMPTOMS | Unk. No. Yes | | | Onset Date | Duration (days) | Comments |
|---|--------------|--|--|------------|-----------------|---|
| | | | | | | |
| Fever | | | | | | Highest Temp: [] Spread to: [] Description: [] |
| illness | | | | | | |
| conjunctivitis | | | | | | |
| ill's spots | | | | | | |
| throat | | | | | | |
| lymphadenitis | | | | | | |
| COMPLICATIONS | | | | | | |
| tracheobronchitis | | | | | | |
| illness | | | | | | |
| ill's Measles | | | | | | |
| encephalitis | | | | | | |
| hepatitis | | | | | | |
| myelitis | | | | | | |
| PREVIOUS VISITOR HISTORY (Unk. No. Yes Date Arrival Date Depart Location (To, From) out of USA) | | | | | | |



When would help be needed?

- **Depends on the situation**, CCHHS internal Epi staff and resources may not be enough. Could engage Public Health Preparedness staff, Clinical Services staff, and General Funded staff. However, this still may not be enough.
 - What resources could be needed?
 - Staff for fielding phone calls from the public.
 - Staff for following up with contacts.
 - Staff for following up with medical providers and impacted institutions.
 - Staff for small vaccination clinics of target institutions (CDC does not recommend mass vaccination clinics).
 - Staff for media updates (print, web, social, television, etc.).



COST??

- Could be very costly depending on the situation.
- Cost of recent measles outbreaks to be discussed.

Questions

