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State of Nevada
**Department of Health and
Human Services**

Maternal Mortality, Childhood Vaccination, and Monkeypox Updates

Division of Public and Behavioral Health

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8/5/2022

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Agenda

1. Maternal Mortality Review Committee (MMRC) and NOHME Advisory Board Reporting and Recommendations
 1. Review of timelines for upcoming reporting
 2. Summary of MMRC recommendations
2. Childhood Vaccination Update
 1. Infant
 2. Young Adult
3. Monkeypox Update



Maternal Mortality Review Committee Overview

- Maternal Mortality Review Committees (MMRCs) review deaths within one year of pregnancy to drive recommendations and actions to **eliminate preventable maternal mortality and address disparities**.
 - MMRCs address the question on a case-by-case basis, “If she had not been pregnant, would she have died?”
 - Per the Centers for Disease Control and Prevention (CDC), **63% of pregnancy-related deaths are preventable.**
(Based on results obtained from 14 MMRCs by Davis, et al, 2019).
 - The Nevada MMRC reviews all incidences of maternal mortality in Nevada, regardless of the cause of death.

MMRC and NOMHE Advisory Board Report

From **NRS 442.767** “1(f) On or before **December 31** of each even-numbered year and in collaboration with the **Advisory Committee of the Office of Minority Health and Equity of the Department** and the Chief Medical Officer, develop and submit to the Director of the Legislative Counsel Bureau for transmittal to the next regular session of the Legislature a report that includes, without limitation:

- (1) A **description of the incidents of maternal mortality and severe maternal morbidity** reviewed pursuant to paragraph (a) and subparagraph (1) of paragraph (c), respectively, during the **immediately preceding 24 months**, provided in a manner that does not allow for the identification of any person;
- (2) A **summary of the disparities identified and reviewed** pursuant to subparagraph (2) of paragraph (c);
- (3) **Plans for corrective action** to reduce maternal mortality and severe maternal morbidity in this State; and
- (4) **Recommendations for any legislation or other changes to policy** to reduce maternal mortality and severe maternal morbidity or otherwise improve the delivery of health care in this State.

2. The **Advisory Committee of the Office of Minority Health and Equity** may not access any information deemed as confidential pursuant to [NRS 442.774](#) while collaborating with the Committee in the development of the report pursuant to paragraph (f) of subsection 1.”

- **Report will be drafted in late October**
- **NOMHE Advisory Board will review report and make recommendations at the November 2022 meeting to be added to the report**



2020 MMRC Recommendations

MMRC members reviewed five maternal mortality cases in 2020 identifying the need:

- To provide adequate substance use treatment options to pregnant people
 - ***Educating providers on Nevada's substance use disorder treatment options which already exist for pregnant women and removing barriers to care.***
- For identification of substance use in pregnancy and the identified need as a society to address the social determinants of health
 - ***At the provider level, the utility of recommending the use of a suicide screen in addition to the antepartum and postpartum depression screen was discussed.***





2020 MMRC Recommendations

- For outreach **promoting the importance of prenatal care and preventing delays in prenatal care**
- The Committee identified two recommendations which have been addressed:
 - Removing the statutory language barrier to **accessing Nevada Central Cancer Registry records for case abstraction**
 - Access to **family interviews and data regarding the social determinants of health** and **securing dedicated funding to ensure full data collection**



Recommendations Format

- MMRC reporting highlights:
 - Contributing factors
 - Level (*i.e.*; family, provider, system)
 - Prevention type (primary, secondary, tertiary)
 - Size of impact if implemented
 - Examples

Contributing factor - Substance use disorder

System level

Recommendation: As a society address the social determinants of health.

Prevention type: Primary

Expected impact: Giant

Contributing factor - Referral

System level

Recommendation: Provide adequate drug treatment options. Educate providers on Nevada's substance abuse treatment options that already exist for pregnant women and remove barriers to that care.

Prevention type: Secondary

Expected impact: Extra large



Summary of Recommendations

- Outreach promoting prenatal care.
- Medical examiners should either directly examine histologically the conduction system of the heart or consult a cardiac pathologist for examination of the heart in cases in which cardiac dysrhythmia/arrythmia is the putative immediate cause of death.
- Genetic screening for inherited cardiac arrhythmia syndromes should also be done if feasible.
- For providers: increase education, buprenorphine training, universal screening, payment for treatment and collaborative care codes, payment for integration of behavioral health within routine practices. Encourage suboxone training in residency program for OBGYNS and FPs (noted **four times, once adding:** Increased community care models that reach people in their homes and communities).



Summary of Recommendations

- Inadequate access to primary care.
- Training for law enforcement to recognize substance abuse. Medical monitoring for drug withdraw following intake.
- Provide patient with a medical or behavioral health advocate.
- System should provide an avenue for underinsured individuals to access medical care.
- Review current protocol on supervising parole.
- Improve availability and use of case coordinator and communication.
- More robust evidence-based, education-based programs and support to address Adverse Childhood Experiences (ACES) (noted **three times**).
- Ensure adequate resources are given to underserved individuals.
- Adequate access to primary care.



Summary of Recommendations

- State should address methamphetamine abuse and treatment and enable providers to refer patients for treatment.
- Facilities should increase access to patient navigators to follow up 1 year postpartum for high-risk patients. State should audit MCO/FFS patient navigators to ensure quality care coordination.
- Medical insurance should reimburse for interventions designed to help patients makes better choices.
- Providers should use behavioral health techniques to help patients come to decisions to get themselves treatment.
- Postpartum coverage for 1 year to get behavioral health care and medical care. Behavioral health care treatment to be performed within medical offices. Equal payment for medical and behavioral health services.
- Review law enforcement protocol for domestic violence/interpersonal violence offenders.



Additional MMRC recommendations to reduce maternal mortality will be generated at upcoming MMRC meetings in August and October.





Childhood Vaccinations

Update on COVID-19 and General Childhood Vaccine Uptake



Advisory Committee on Immunization Practices (ACIP)

- Medical and public health experts who develop recommendations on the use of vaccines in the United States.
- The recommendations stand as public health guidance for safe use of vaccines.
- Nevada follows ACIP-recommended vaccine schedules.





Nevada WebIZ

- Nevada WebIZ is Nevada's Immunization Information System (IIS).
- An IIS is a confidential, population-based, computerized database that records all immunizations administered by participating providers to persons within a given geopolitical area
- All providers in Nevada are required to report
- Approximately:
 - 52 million doses administered
 - 3,000 clinics
 - 1900 providers





Considerations

- Rates may increase as time passes
- Rates are subject to change due to data quality processes being put into place for NV WebIZ data





Childhood Vaccination Schedule

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs	
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose						
<i>Haemophilus influenzae</i> type b (Hib)			1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose → See Notes											
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		← 4 th dose →											
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose						
Influenza (IIV) or Influenza (LAIV4)					Annual vaccination 1 or 2 doses									Annual vaccination 1 dose only				
												Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →					2 nd dose						
Varicella (VAR)							← 1 st dose →					2 nd dose						
Hepatitis A (HepA)					See Notes	2-dose series, See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)															Tdap			
Human papillomavirus (HPV)															See Notes			
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes												1 st dose		2 nd dose	
Meningococcal B																		
Pneumococcal polysaccharide (PPSV23)																		

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Recommended based on shared clinical decision-making or *can be used in this age group
 No recommendation/ not applicable





Recommended Infant Vaccine 7-Series

≥ 4
doses

- DTaP – Diphtheria-Tetanus-Pertussis
- PCV – Pneumococcal

≥ 3
doses

- HepB – Hepatitis B
- Hib – *haemophilus influenzae* type b*
- IPV – Inactivated Poliovirus

≥ 1 dose

- MMR – Measles, mumps, rubella
- VAR – Varicella





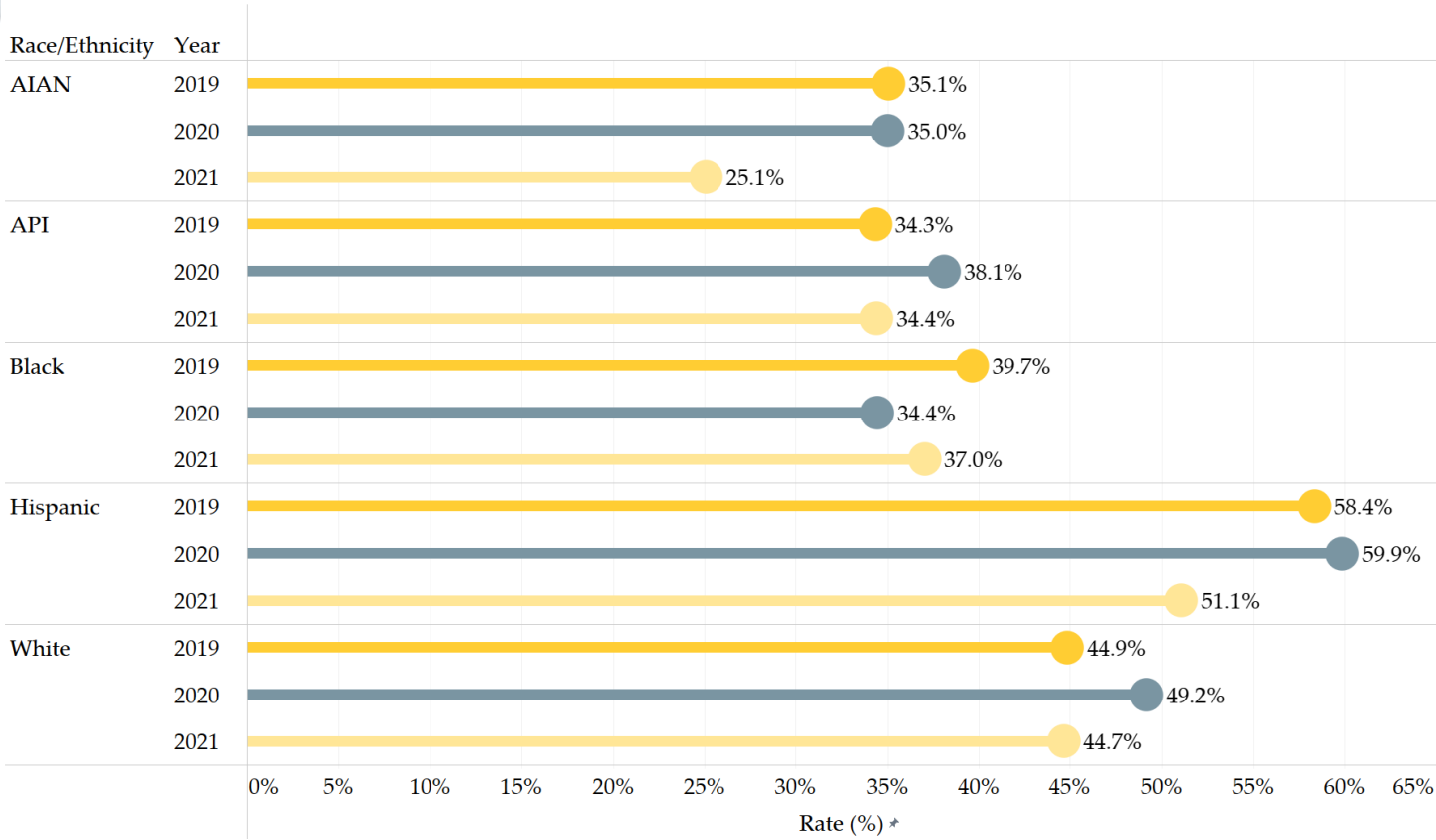
Infant 7-series Vaccination Rates in NV 2019-2021

Rates of 7-Series Vaccination by Age 24 Months in Nevada by Year



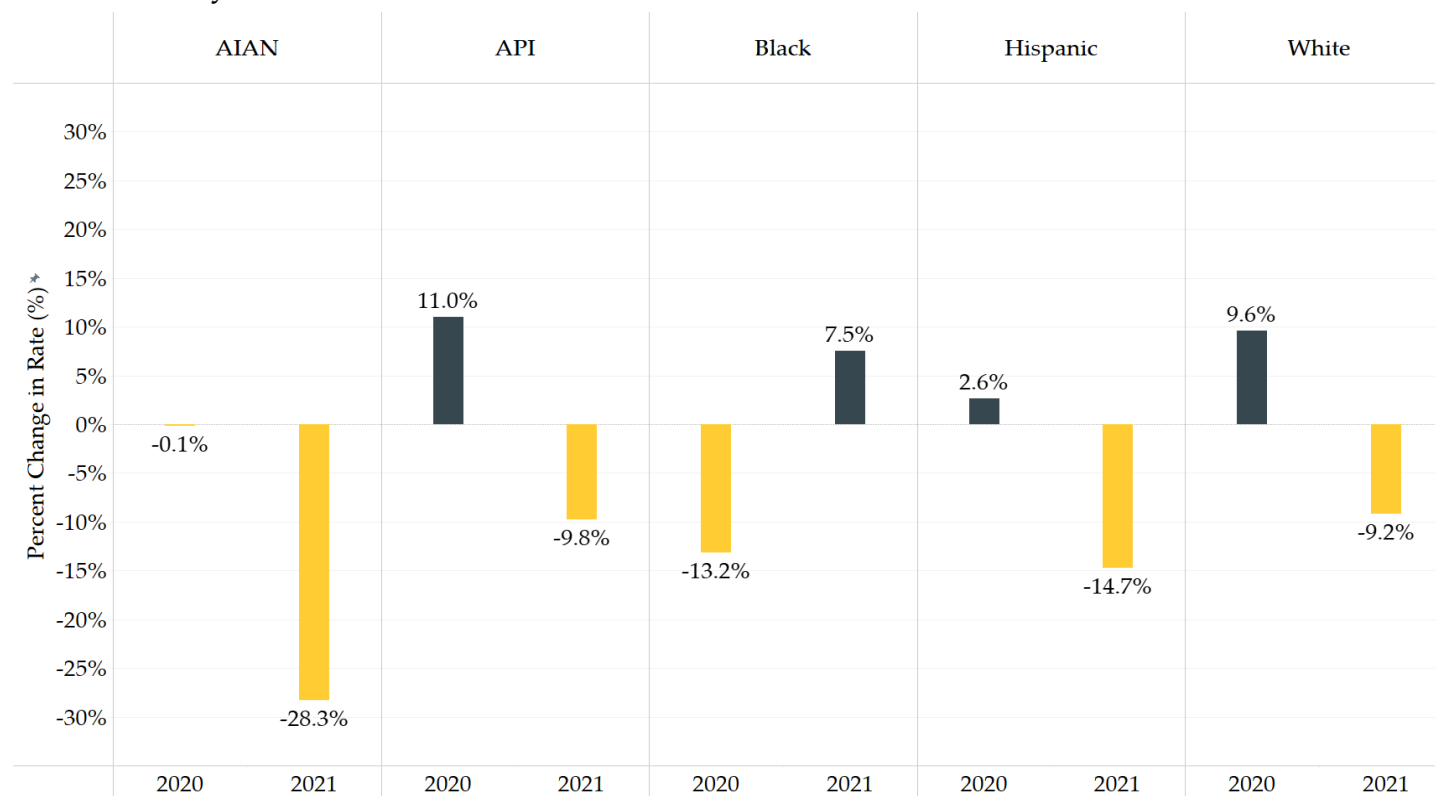


Rates of 7-Series Vaccination by 24 Months by Race/Ethnicity





Percent Change from Previous Year in 7-Series Vaccination Rates by Age 24 Months by Race/Ethnicity



Recommended Teen Vaccines

Tdap

1 Dose

Routine:

11 – 12 years old

Catch Up:

13 – 18 years old

MenACWY

2 Doses

Routine:

Dose 1 at 11 – 12
years old;
Dose 2 at 16

Catch Up:

If Dose 1 is at 13 – 15 years
old, Dose 2 should be at age
16 – 18 years
If Dose 1 is at age 16 – 18
years, no 2nd Dose needed.

HPV

2 or 3 Doses

Routine:

11 – 12 years (can start at 9
years)
2-dose series: if 9 – 14 years
at Dose 1
3-dose series: if 15 or older
at Dose 1

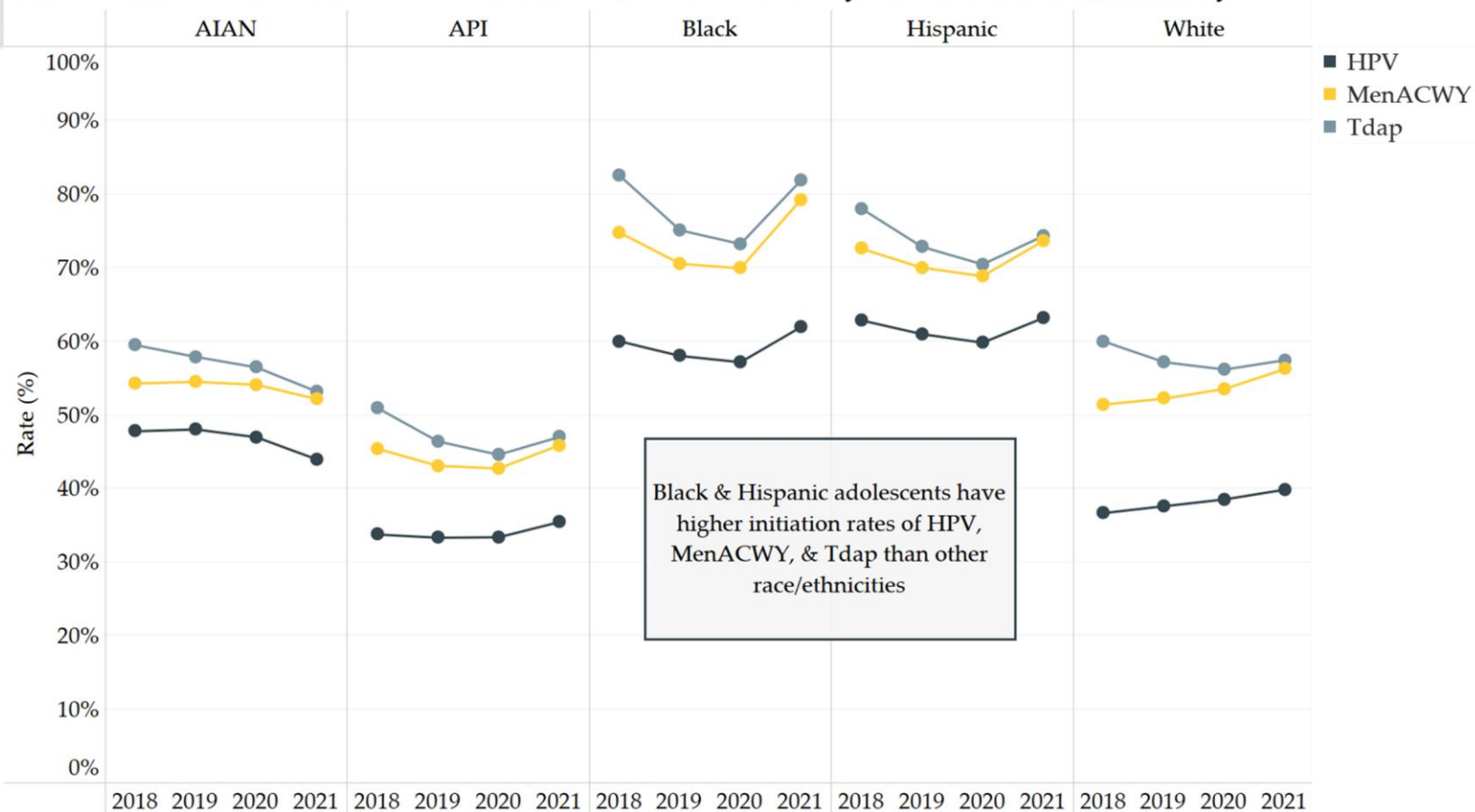
Catch Up:

Recommended for
all persons through
age 18





Rates of 13-17 Year Olds in Nevada with At Least 1 Dose by Vaccine & Race/Ethnicity



Black & Hispanic adolescents have higher initiation rates of HPV, MenACWY, & Tdap than other race/ethnicities





New School Requirements: MenACWY for Meningitis

Updated MenACWY Requirement

- At least one dose of the MenACWY on or after 10 years of age to enter 7th grade
- ***At least one dose of MenACWY on or after 16 years of age to enter 12th grade***

What does this mean for getting teens up-to-date?

- Anticipated higher rates of MenACWY completion in Nevada teens

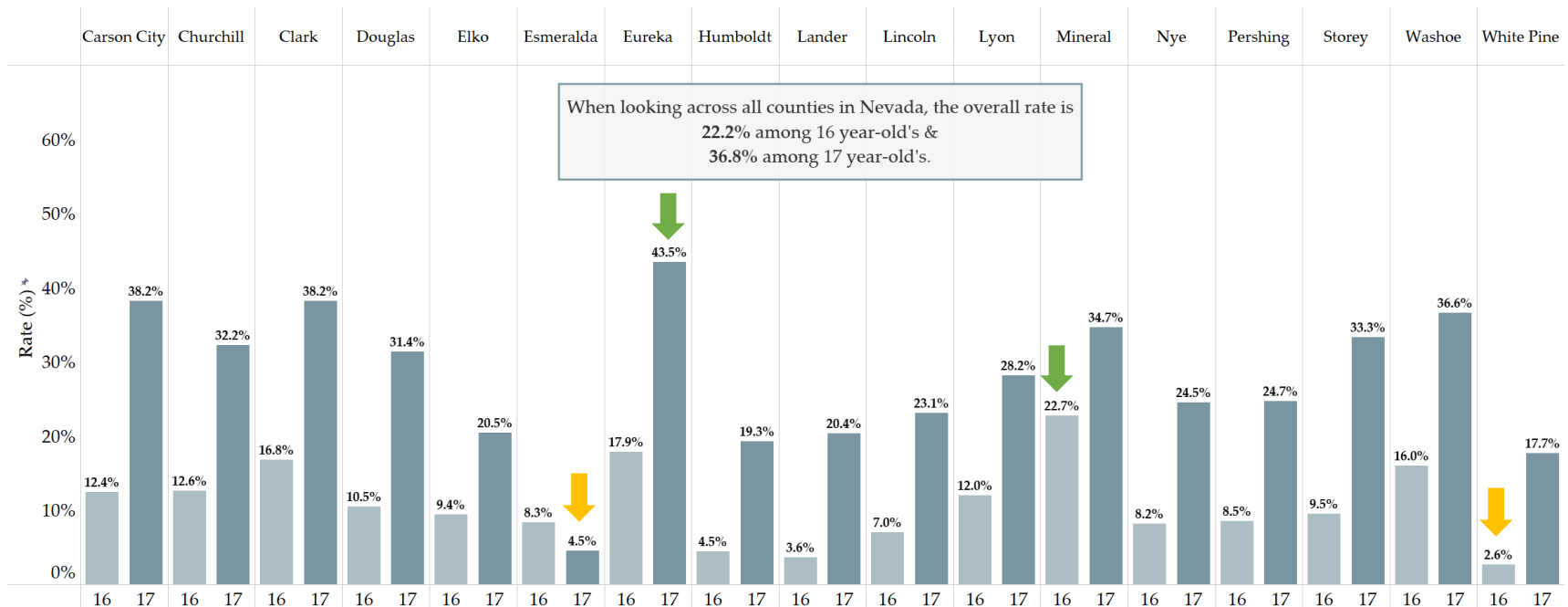


MenAWY

Data are only representative of teens with records in WebIZ

16 & 17 Year Old's in Nevada Entering 12th Grade in August 2022 Who Are Up-to-Date on MenACWY Vaccine, by County

*Data as of 7/25/2022



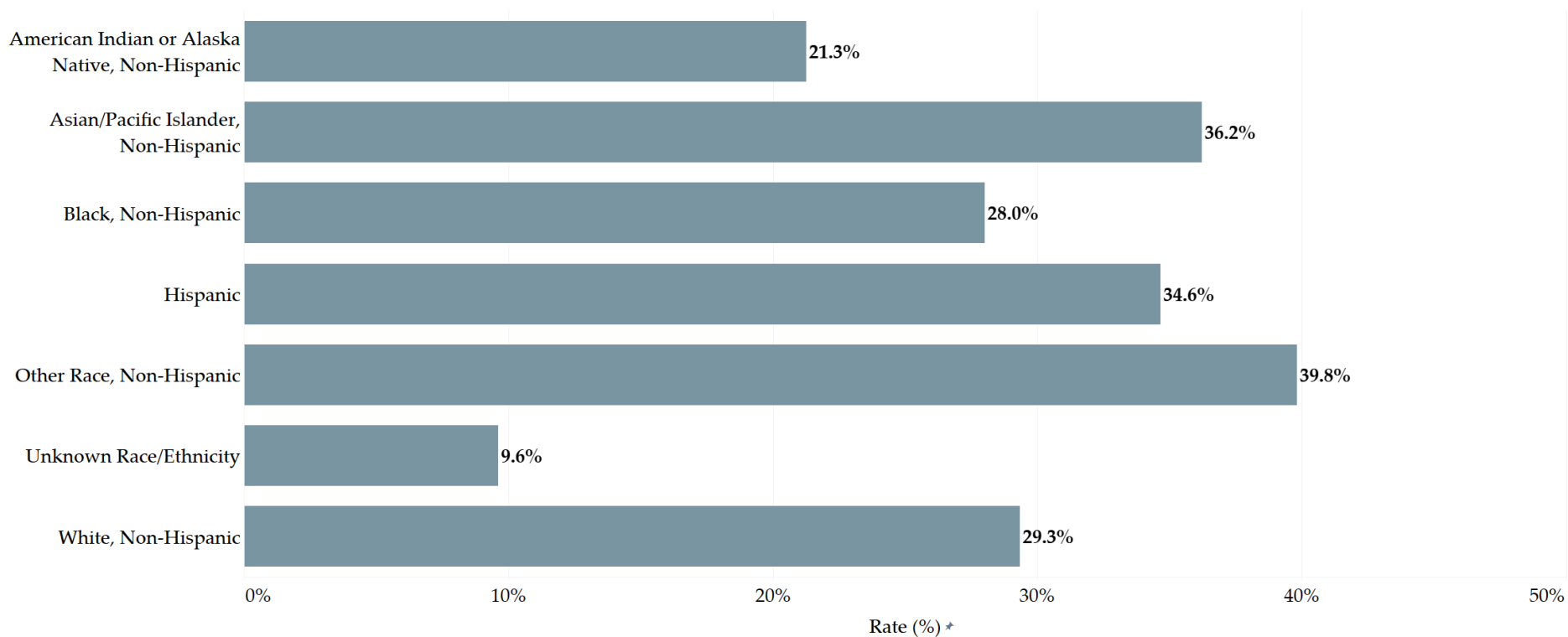
Source: NV WebIZ





16 & 17 Year Old's in Nevada Entering 12th Grade in August 2022 Who Are Up-to-Date on MenACWY Vaccine, by Race/Ethnicity

*Data as of 7/25/2022

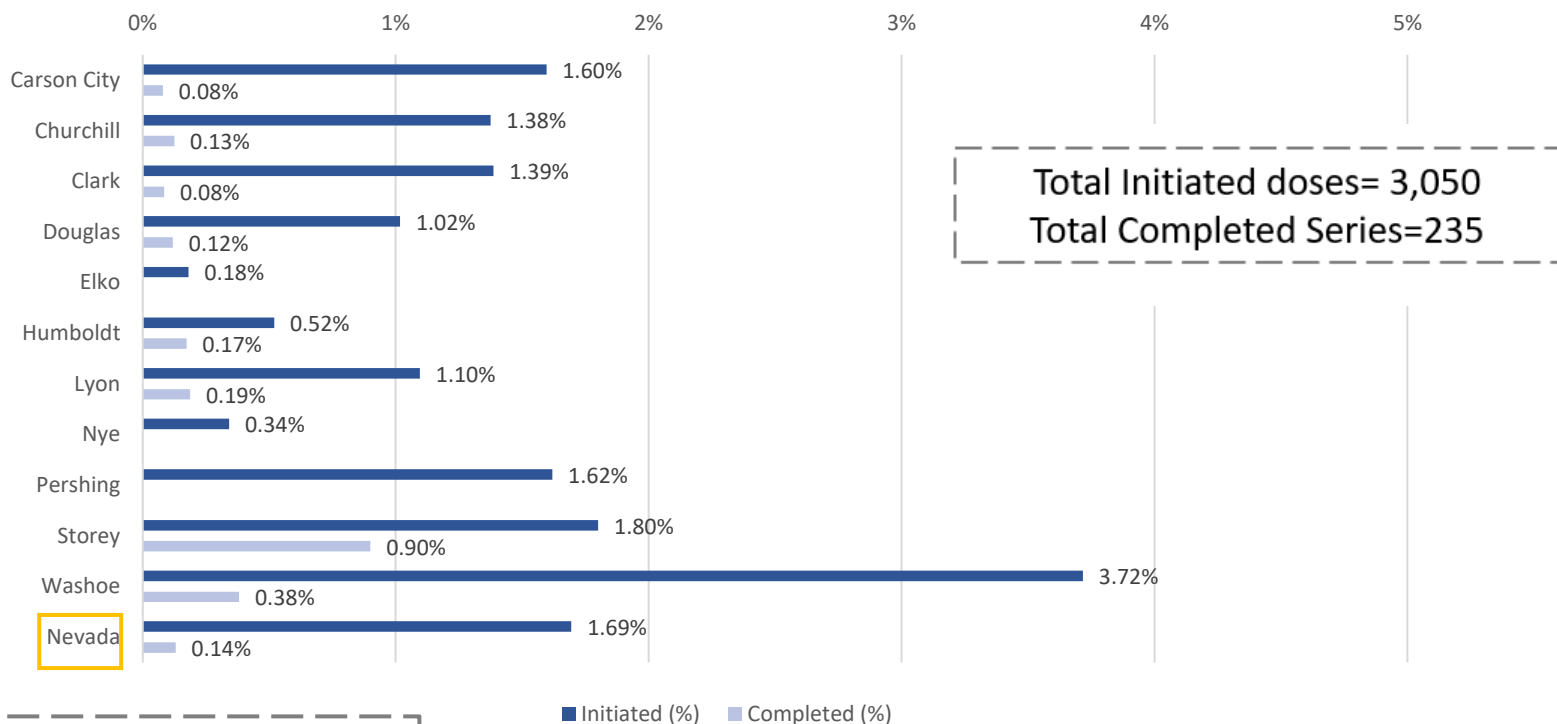


Source: NV WebIZ





Initiated and Completed COVID-19 Vaccine Series in Ages 0-4, July 26, 2022 (Percent of 0-4 population)



Total Initiated doses= 3,050
Total Completed Series=235

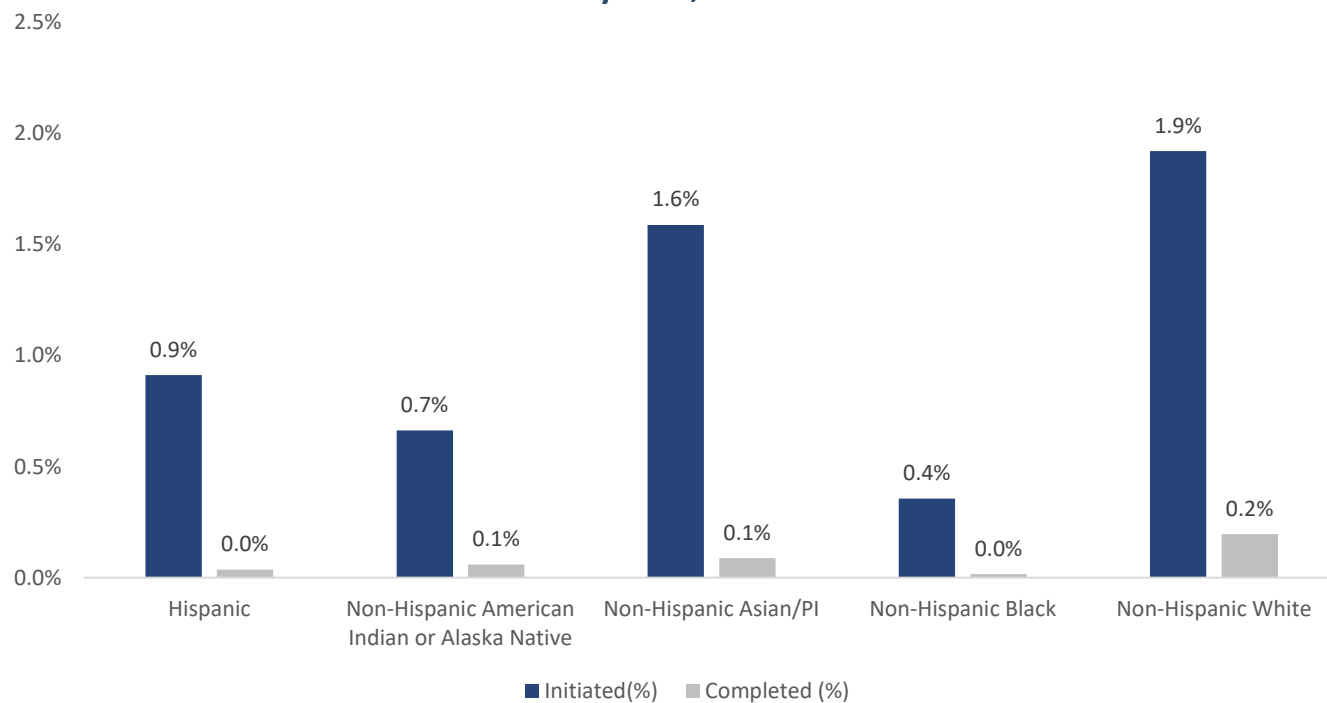
0.14% of all initiated doses in Nevada were in ages 0-4

Source: NV WebIZ & 2021 State Demographer Estimates





Percent of Initiated and Completed COVID-19 Vaccine Series in Ages 0-4 population July 26, 2022

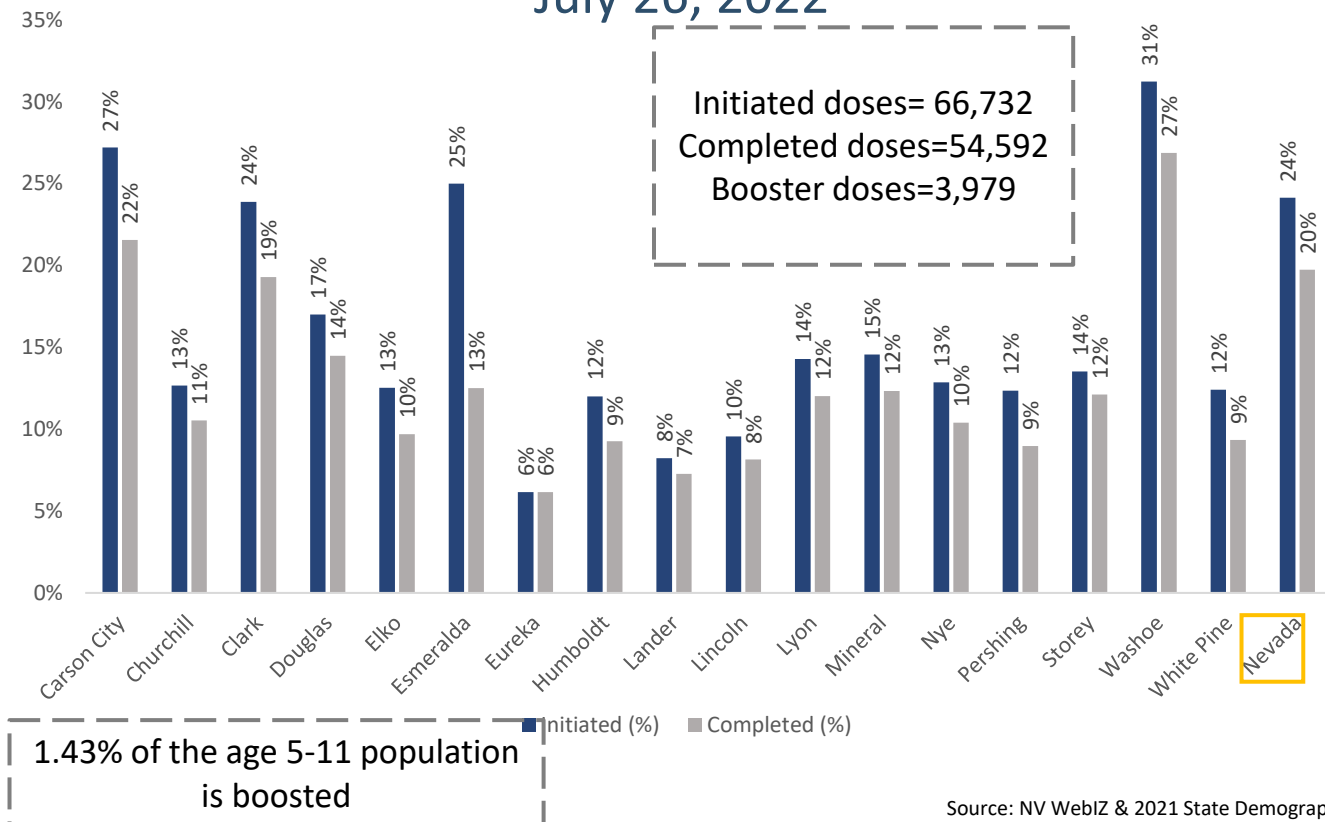


Source: NV WebIZ & 2021 State Demographer Estimates





Initiated, Completed, and Booster COVID-19 Vaccines Ages 5-11 July 26, 2022

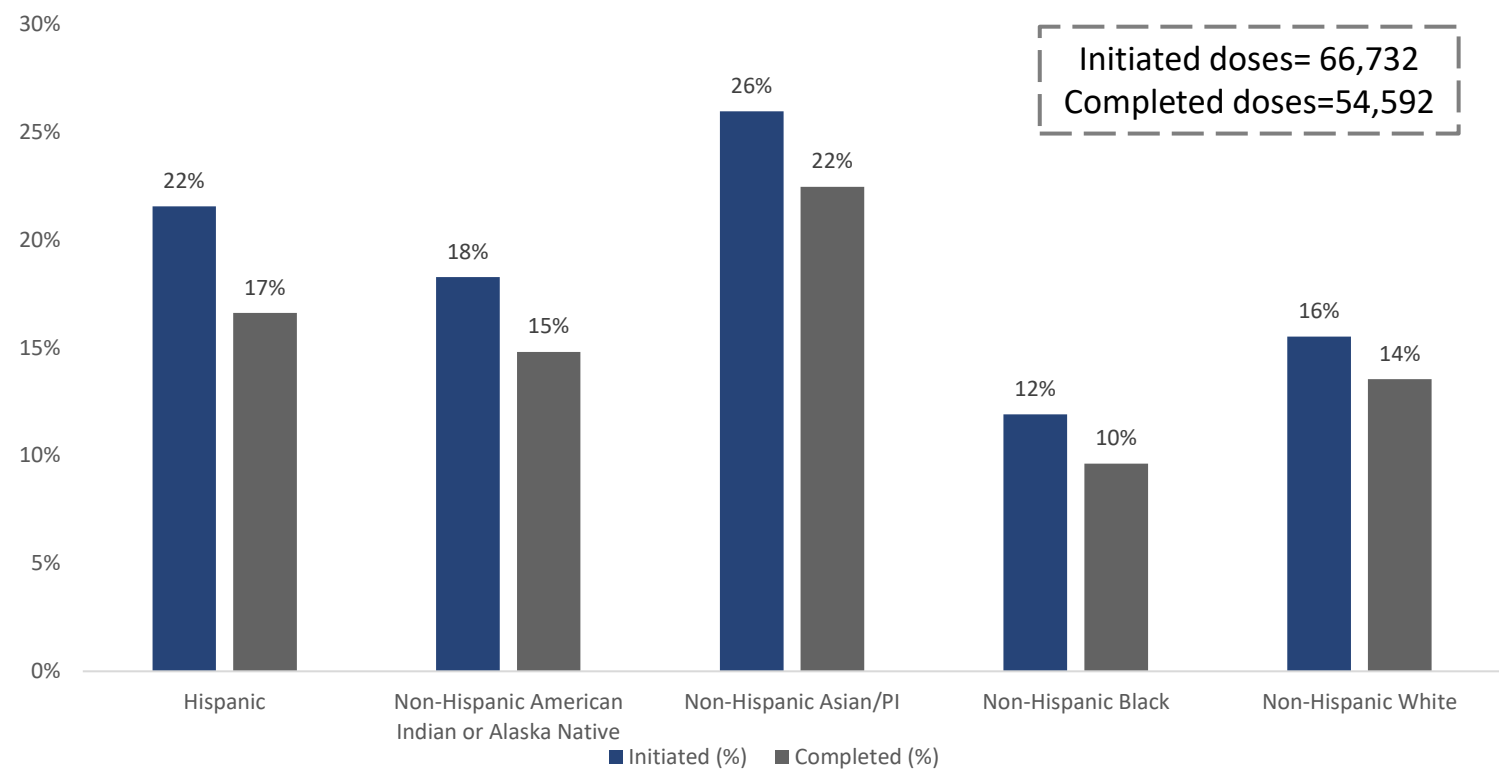


Source: NV WebIZ & 2021 State Demographer Estimates





Initiated and Completed COVID-19 Vaccines Ages 5-11 July 26, 2022



Source: NV WebIZ & 2021 State Demographer Estimates





Monkeypox

Update on Vaccine Information and Points of Contact



Background

- Rare disease caused by infection with the *Monkeypox virus*, an *Orthopoxvirus*
- Part of the same family of viruses as *variola virus*, the virus that causes smallpox
- Discovered in 1958
- Monkeypox had been reported in humans in several central and western African countries
 - Almost all human cases outside of Africa linked to international travel to countries where monkeypox is endemic or through imported animals
 - 2003 U.S. outbreak of monkeypox resulted in 47 human cases in 6 states



Monkeypox FAQs

- Most people that contract monkeypox recover within weeks.
- Monkeypox spreads through close, physical contact between people. ***This means anyone in close contact with a person with monkeypox can get it and should take steps to protect themselves.***
- However, based on the current outbreak, certain populations are *currently* being affected by monkeypox more than others, including men who have had recent sexual contact with a new male partner or multiple male partners.
- Monkeypox is not a sexually transmitted infection (STI).
- Community-facing flyer in English and Spanish is available on Monkeypox FAQs.

How does monkeypox spread?

- Skin-to-skin contact
- Close, personal and intimate contact
- Touching sores, rash, scabs or body fluids
- Touching personal belongings that have made
- contact with sores-like bedding, towels etc.
- Contact with respiratory droplets or oral fluids
- A pregnant person with monkeypox can spread it to the fetus.

What Are the Symptoms

- Rash, bumps or blisters
- Fever, chills
- Headaches
- Body or muscle aches
- Swollen lymph nodes
- Exhaustion
- Cough, sore throat
- You may experience all or some of these symptoms:
- Symptoms typically appear six to 13 days after exposure, but may take up to three weeks



If You Think You Have Been Exposed

- Isolate and contact a health care provider or a public health clinic near you.
- Avoid intimate contact with anyone until you have been assessed by a health care provider.
- Vaccines are available in very limited quantities for high priority individuals including **core laboratory personnel** and **those in close contact with individuals *diagnosed with monkeypox***.
- Treatment options exist for those with severe disease, at risk of severe disease, or with lesions in areas posing a special hazard; please consult your healthcare provider and your local health authority.
- **For additional information, visit**
<https://www.cdc.gov/poxvirus/monkeypox/index.html>



Report suspect cases to your local health authority:

Health Department	County	Phone Number to Report
Southern Nevada Health District (SNHD)	Clark	(702) 759-1300 (24 hours)
Washoe County Health District (WCHD)	Washoe	(775) 328-2447 (24 hours)
Carson City Health and Human Services (CCHHS)	Carson City Douglas Lyon Storey	(775) 887-2190 (24 hours)
Nevada Division of Public and Behavioral Health (DPBH)	All other Nevada Counties	(775) 684-5941 (M-F 8am-5pm) (775) 400-0333 (after hours)



Vaccine Eligibility Criteria

- **PEP (Post-Exposure Prophylaxis)**
 - **Contacts to confirmed or probable monkeypox cases should be offered vaccine for PEP**
 - **CDC recommends the vaccine be given within 4 days from the date of exposure for best chance of preventing infection**
 - **If given between 4 and 14 days from the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent infection**
- **PEP++ (Post-Exposure Prophylaxis plus-plus)**
 - **Persons with certain risk factors are more likely to have been recently exposed to monkeypox**
- **PrEP (Pre-Exposure Prophylaxis)**
 - **Administering vaccine to someone at high risk for monkeypox before they are exposed (laboratory workers who handle specimens that might contain monkeypox virus)**





Monkeypox Vaccine

- Limited doses of Jynneos have been made available to Nevada
- Federal allocation is based on current cases as well as the proportion of the population at risk for severe disease from Monkeypox
- Rolling out in a phased response
 - Phase 1 – June 56,000 doses available nationally
 - Phase 2A – July 144,00 doses available nationally
 - Phase 2B – July 131,000 doses available nationally
 - Phase 3 – >750,000 doses available nationally

Jynneos

- Administered as two subcutaneous injections four weeks apart.
- The immune response takes 2 weeks after the second dose for maximal development.
- Licensed by the FDA for use in the prevention of smallpox or monkeypox in people ages 18 years and older.
- Use in younger populations requires submission of a single patient Expanded Access Investigational New Drug (IND) application.



Questions?





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Thank you to Anjin Singh, MPH, NSIP; Tami Conn, MCAH; Cortnee Scurry, MSW, MCAH; Aisha Bowen, MSW, MCAH; Kristy Zigenis, NSIP; and Denise Stokich, RN, BSN, MPH, Office of Epidemiology for their contributions.

[https://dpbh.nv.gov/Programs/MMRC/Nevada
Maternal Mortality Review Committee/](https://dpbh.nv.gov/Programs/MMRC/Nevada/Maternal_Mortality_Review_Committee/)

