

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: March 27, 2025**

DATE: March 20, 2025

TO: District Board of Health

FROM: Nancy Diao, ScD, EPHP Director
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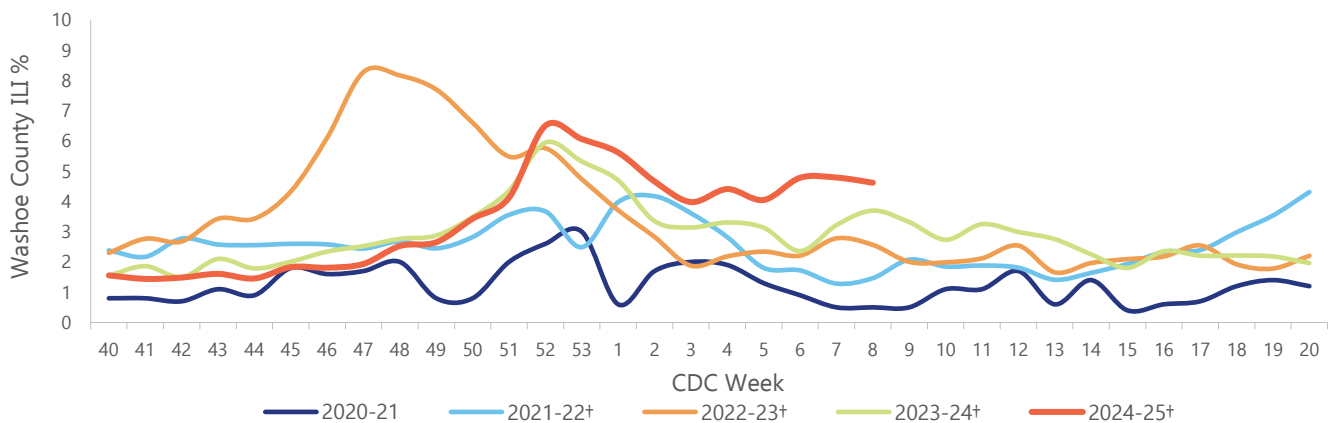
SUBJECT: **Epidemiology and Public Health Preparedness** – Epidemiology and Public Health Preparedness – Epidemiology, Public Health Preparedness, Emergency Medical Services, Vital Statistics

Epidemiology Program

Respiratory Virus Surveillance

Influenza-like Illness – Respiratory season officially began in MMWR week 40, September 29, 2024. Figure 1 provides a snapshot of the percentage of patients presenting to sentinel surveillance providers in Washoe County with influenza-like illness (ILI) defined as fever ($\geq 100^{\circ}\text{F}$ [37.8°C]) and cough and/or sore throat for the 2020 through 2024 seasons.

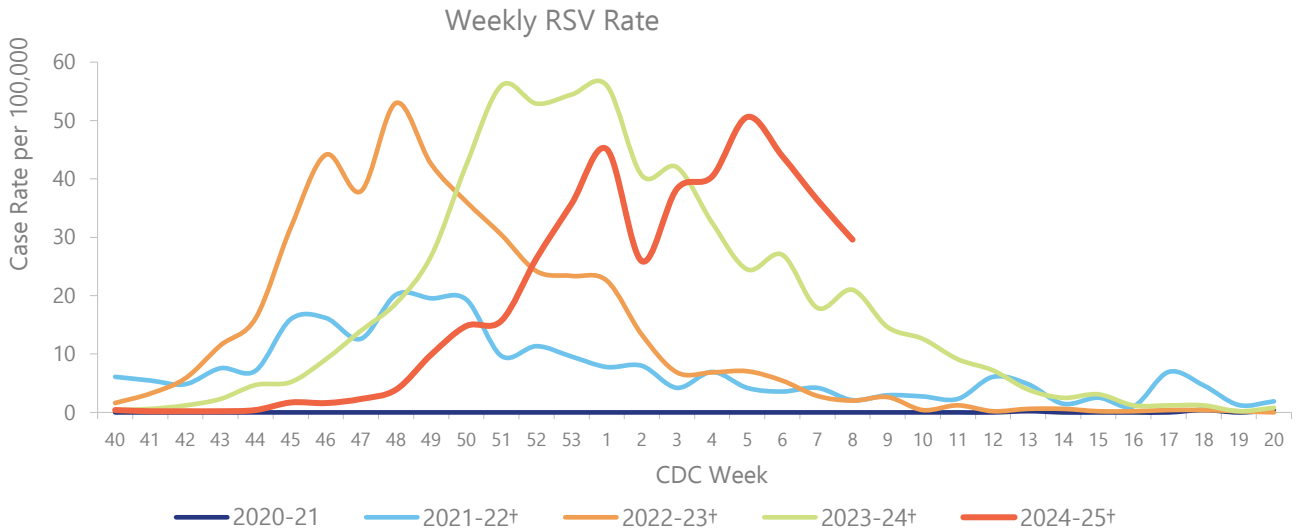
Fig 1. ILI Activity Reported by Sentinel Providers, Washoe County, 2020-2024 Seasons†



† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

Respiratory Syncytial Virus (RSV) – RSV is a common respiratory virus that can present with flu-like signs and symptoms (e.g., fever, coughing, runny nose). RSV, while usually presented with mild symptoms, can be serious, especially for infants and older adults. Figure 2 provides a snapshot of the RSV case rate per 100,000 by MMWR week in Washoe County for the 2020 through 2024 seasons.

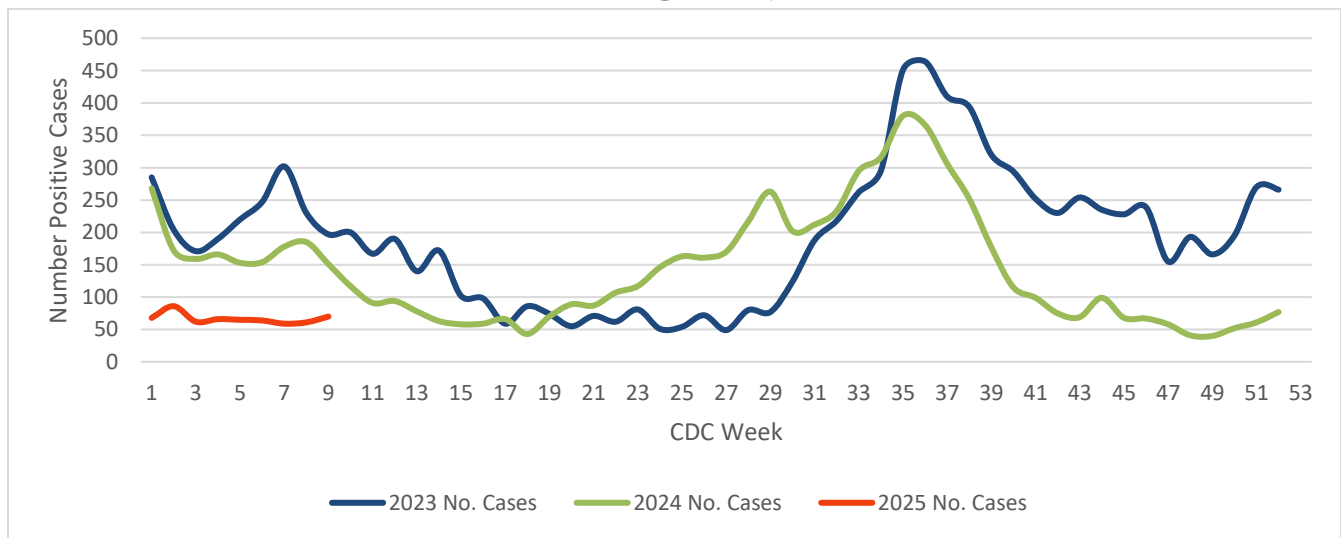
Fig 2. RSV Case Rate per 100,000 Population by Week Reported, Washoe County, 2020-2024 Seasons†



† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

SARS-CoV-2 (COVID-19) – During the month of January (n=309) and February (n=252), 561 new COVID-19 cases were reported among Washoe County residents (data as of 03/05/25). Figure 3 provides an overview of the total number of confirmed COVID-19 cases in Washoe County by MMWR week following calendar years starting in 2023. Cases of COVID-19 are currently low and stable in the month of February and have been averaging less than 20 cases by 100k residents per week since MMWR week 49.

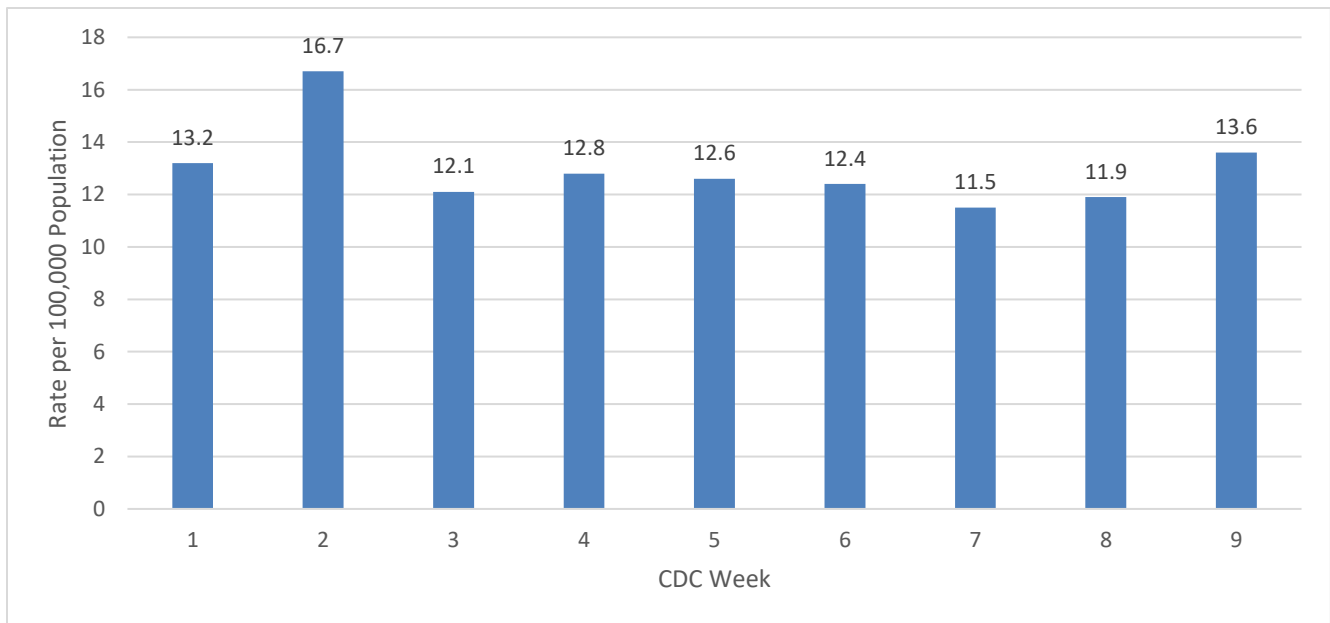
Fig 3. Total Number of COVID-19 Cases by Week of Report Date in Washoe County from 2023 through 2025†



† There is no MMWR week 53 in 2023 or 2024. Note: Data are displayed by calendar year.

Figure 4 illustrates the number of new cases by report date per 100,000 population over a nine-week period spanning December 29th, 2024, through March 1st, 2025. As of MMWR week 9, Washoe County received reports of 13.6 new cases per 100,000 population.

Fig 4. Newly Reported COVID-19 Cases Per 100,000 population by MMWR Week, December 29th, 2024, – March 1, 2025, Washoe County



Outbreaks – There have been 27 newly declared outbreaks in February 2025; zero (0) influenza confirmed, fifteen (15) respiratory illness of unconfirmed etiology, four (4) RSV, three (3) gastrointestinal, four (4) hand, foot, and mouth disease, one (1) other.

| Type | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
|--------------------------|-----------|-----------|-------|-------|-----|------|------|-----|------|-----|-----|-----|
| Gastrointestinal Illness | 1 | 3 | | | | | | | | | | |
| Respiratory Illness | 11 | 19 | | | | | | | | | | |
| Influenza Confirmed | 1 | 0 | | | | | | | | | | |
| COVID-19 Confirmed | 0 | 0 | | | | | | | | | | |
| Rash Illness | 4 | 4 | | | | | | | | | | |
| Other | 0 | 1 | | | | | | | | | | |
| Total | 17 | 27 | | | | | | | | | | |

Note1: Data obtained as of March 6th, 2025, at the time of this report, and will be revised in the next report if there are updates.
 Note2: Respiratory illnesses include RSV outbreaks. Note3: ‘Other’ in February 2025 includes an outbreak with multiple etiologies.

Epi News – Epi News is a brief (1-3 page) newsletter that has been produced and disseminated by the Epidemiology Program since 1997. Epi News publications are emailed and faxed to 700-800 subscribers,

are topic dependent, and are available at <https://www.nnpb.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

In February, there were three (3) Epi News newsletters published:

- **Washoe County Community-wide Antibioqram:** This Epi News serves to educate the public about antibiograms. It details that the purpose of these reports is to provide information on clinically important bacteria and their susceptibility trends at the local level. This Epi News presents location of the 2023 antibiogram as well as providing details about usage of the antibiograms by medical professionals involved in testing organisms and promoting responsible antibiotic use. It also summarizes trends in susceptibility.
- **CDC Health Alert Network Ebola Outbreak Caused by Sudan Virus in Uganda** This Epi News is from the CDC Health Alert Network which is a health advisory about the confirmed outbreak of Ebola disease in Uganda. It includes the CDC's recommendations for the U.S. public health departments and clinicians on important factors, such as case identification, testing, and biosafety considerations in clinical laboratories. General precautionary measures for the public are also included. As of this alert, there are no suspect, probable, or confirmed Ebola cases related to this outbreak in the United States or outside of Uganda.
- **Childhood Immunization Rate** This Epi News details information about childhood immunizations in Washoe County, providing information about the percentage of completion of the seven series vaccinations among children aged 19 – 35 months for the state of Nevada and Washoe County. It defines the seven series vaccinations, provides information about the school and childcare immunization requirements, and includes recommendations for timely vaccinations through a child's healthcare professional.

General Communicable Diseases – The EpiTrax reporting system is continuously receiving feedback and updates. Several validation processes are in place to verify reporting is accurate. During February, there were 995 positive labs reported, with 90% resulting in a confirmed, probable, or suspect case.

Epidemiology Program Cross Divisional Projects

- **Extensively Drug-Resistant Organisms (XDRO) database** – The Epidemiology Program is working with Tech Services to build a database for storing and tracking cases reported with carbapenem producing organisms (CPO) and *Candida auris* infections, both of which are now recognized as chronic infectious diseases and have the potential to spread from patients to clinicians as well as surfaces and are highly resistant to antimicrobial treatments. These types of infections are being closely monitored from CDC as emergent infections and NNPH has built a strong Healthcare Associated Infection (HAI) prevention program to coordinate, detect, and mitigate spread once these cases are identified. Tech Services has built the front end, secure login portal, and are in the testing phase prior to migrating existing data that NNPH'S Epidemiology Program has tracked since 2018. Technology Services finalized Phase I of the

XDRO database and the NNPH Healthcare Associated Infection Coordinator epidemiologist has started to enter data received into the new database. Area hospitals are being contacted to explore the logistics required on electronic feeds of admissions data. Current drafted user agreements are approved for use. Additional memorandums of understanding with hospitals are in progress.

- **Foodborne Disease Detection Database (FD3)** – The Epidemiology Program is going through an extensive process in building a database to detect and track foodborne, waterborne, and other enteric illnesses. This database will house both lab-confirmed cases received and interviewed by epidemiologists as well as food-establishment complaints received by the Environmental Health Services Division staff. The multiple data inputs into a single database that should assist in earlier detection of potential outbreaks and trends in enteric conditions and illness. Due to complex coding requirements, Epidemiology Program staff have worked with the CDC to help design and implement the database. The current data system building process is temporarily on halt because the Epidemiology team was notified on October 9, 2024 by CDC's support team that the database platform hosted by CDC will be phasing out by September 2025. Alternative platforms and data structure migrations were explored, with REDCap selected as the new database system to house FD3. REDCap, known as "Research Electronic Data Capture," is a secure, web-based application used by researchers to build and manage online surveys and databases. The Nevada Department of Health and Human services are members of the national consortium and administer its usage as an open-source tool for robust data collection. Migration of the database is underway.

Public Health Preparedness (PHP) Program

Public Health Emergency Preparedness (PHEP) -

The Medical Reserve Corps (MRC) hosted two training sessions in February 2025. The first, a Shelter Training in partnership with the American Red Cross, took place on February 12, 2025, with approximately 20 attendees, including NNPH staff, MRC volunteers, and CERT volunteers. The second training, Psychological First Aid, was held on February 25, 2025, also in collaboration with the American Red Cross. This session was attended by approximately 19 individuals, including NNPH staff, MRC volunteers, and CERT volunteers.

PHP staff are actively collaborating with the State of Nevada Public Health Emergency Preparedness program to coordinate objectives for the state's five-year strategic plan workgroups. These workgroups focus on key areas, including Fiscal & Administration, Clinical Advisory, Behavioral Health, Pediatrics, Statewide Bed Availability, Health Equity, Information Sharing, and Resources & Supply Chain. This ongoing initiative supports the state's broader strategic planning efforts. Recent workgroup meetings included the Health Equity workgroup on March 3, 2025, and the Information Sharing workgroup on February 18, 2025.

On February 4, 2025, PHP staff met with Washoe County IT/Tech Services as a follow-up to a January meeting. The purpose was to strengthen interdepartmental collaboration, enhance communication, and

plan a joint effort to conduct tabletop exercises (TTX). The exercise will utilize a board game developed by the Cybersecurity & Infrastructure Security Agency (CISA) and Federal Emergency Management Agency (FEMA), simulating response actions to a cyber event. A first session is scheduled for June, with Washoe County IT as the initial participant.

PHEP staff attended the Nevada Emergency Preparedness Association's annual summit on February 12–13, 2025, in Reno. The event provided an opportunity for networking and collaboration with emergency preparedness and management partners statewide.

PHP continues to hold monthly meetings with jurisdictional PHP partners, including Central Nevada Health District, Nevada County (California), and the Quad Counties. These meetings facilitate relationship-building, open communication, and collaborative efforts. The most recent meeting took place on February 20, 2025.

Healthcare Preparedness Program (HPP)/Inter-Hospital Coordinating Council (IHCC) –

The coalition is actively advancing initiatives to achieve the FY25 goals and objectives, with workgroup activities scheduled to continue throughout the fiscal year. Community partners have emphasized the need for a comprehensive community plan to manage high-consequence infectious disease patients. This plan is expected to be developed and finalized by FY26.

On February 3, 2025, a Home Health, Hospice, and Dialysis data collection exercise was conducted using AlertMedia, the coalition's new emergency notification system. The exercise aimed for Home Health, Hospice, and Dialysis providers to assess ability to successfully retrieve and securely transmit patient information to the Medical Service Unit (MSU) during an emergency requiring evacuation.

On February 5, 2025, HPP staff observed the transfer of approximately 10 patients from Northern Nevada Medical Center to Northwest Specialty Hospital as part of a Mutual Aid Evacuation Agreement (MAEA) drill. Staff provided support by tracking patient movement using WebEOC and DMS Evac123 tags.

Throughout FY25, NNPH PHP staff and community partners have been and continue to update the MAEA to integrate lessons learned from exercises and real-world incidents. These updates aim to ensure the plan remains accurate and effective for Washoe County and surrounding jurisdictions. The revised plan is expected to be complete and take effect in July 2025, pending coalition approval.

HPP and PHEP are coordinating a full-scale exercise for hospitals and community partners in May 2025, incorporating a preparatory workshop with subject matter experts (SMEs) to provide insights into emergency management lifelines and response roles following a disaster. Proposed SMEs include representatives from the University of Nevada Seismology, the Nevada Department of Transportation, NOAA/National Weather Service Reno, Washoe County Tech Services, Truckee Meadows Water Authority, and NV Energy. The initial planning meeting was held on February 24, 2025, with a follow-up meeting to be scheduled. Concurrently, planning for the No Fault of Our Own earthquake exercise is underway, with healthcare partners focusing on activating the Medical and Health Area Command (MAEA), assessing facility infrastructure, and managing utility disruptions to ensure continuity of care. Exercise planning will continue through May, refining key elements to enhance preparedness and response capabilities.

HPP staff continue to participate in the weekly Hospital Net, a Ham Radio communications drill involving hospitals in Northern Nevada and Eastern California. This drill enhances redundant communication capabilities to ensure effective coordination during disasters.

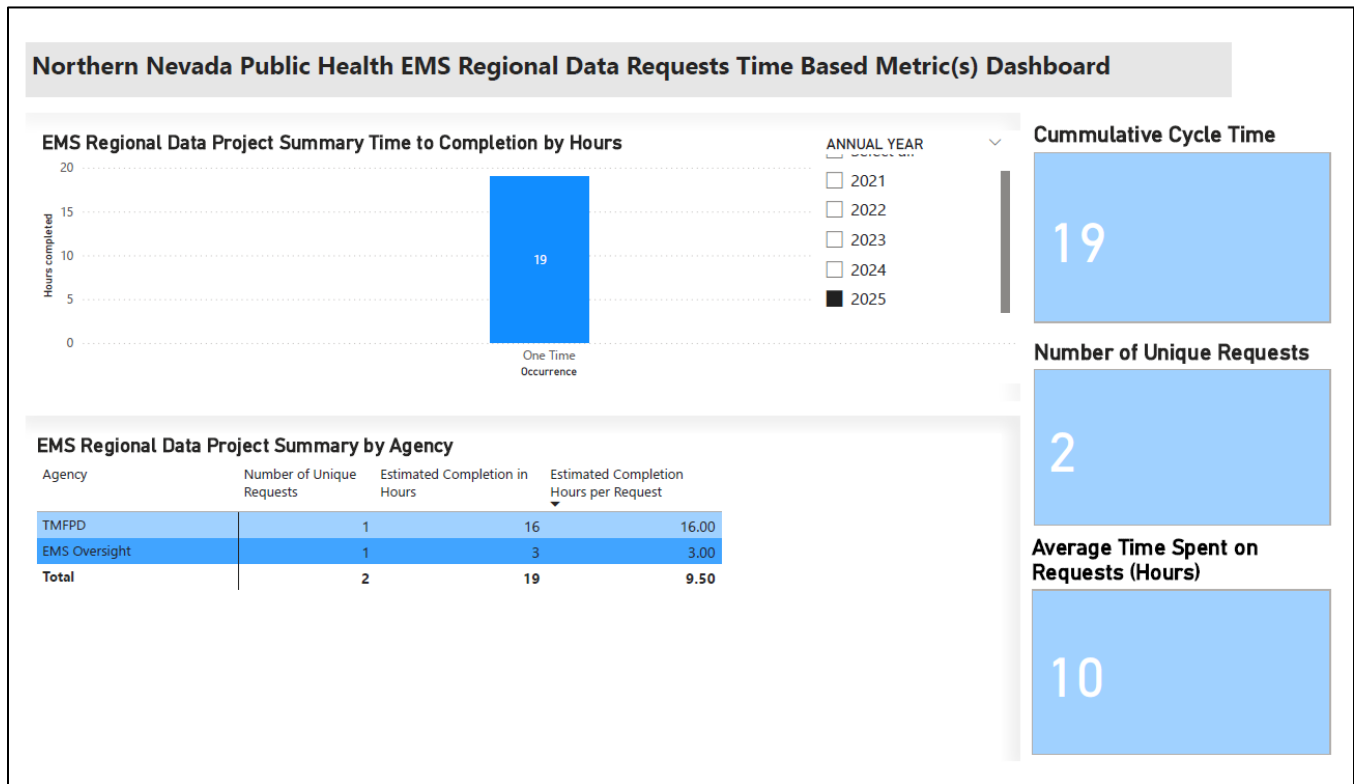
Emergency Medical Services (EMS) Oversight Program

EMS Joint Advisory Committee (JAC) – The JAC has been focused on advancing the goals outlined in the Washoe County EMS Strategic Plan for 2023-2028. Partners are utilizing a Teams Dashboard tool to track objectives, many of which are already in progress. The main objectives being worked on by JAC include, increasing responder safety aeromedical training with Care Flight, continuous quality improvement process, and identifying benchmarks and baselines for exposures rates among EMS responders.



EMS Data Standardization – The EMS program collaborated with regional fire EMS agencies to establish a business associate agreement for Health Insurance Portability and Accountability Act (HIPAA) protections on data sharing and data use. This agreement outlines the responsibilities of NNPH as a business associate and helps safeguard Protected Health Information (PHI) while maintaining the privacy and security of health information. As of February 2025, REMSA Health and Truckee Meadows Fire Department reached an agreement regarding permitted uses of data and liabilities under the business associate agreement. The program continues to work on reaching agreements with Reno Fire Department and Sparks Fire Department.

EMS Data Request Dashboard – For February 2025, the program received one data request.



EMS QA/QI Project – The EMS program will be conducting QA/QI assessment utilizing the Northern Nevada Trauma Registry to assess patient transport based on Washoe County Protocol Trauma criteria. The project is intended to quantify the number of patients directed to the appropriate level of care based on patient’s clinical indicators.

REMSA Health Exemption Requests -

Table 1: REMSA Health Exemption Requests FY 2025

| Exemption | System Overload | Status 99 | Weather | Other | Approved |
|----------------------------|-----------------|-----------|---------|-------|----------|
| July 2024 | 14 | - | - | - | 14 |
| August 2024 | 42 | - | - | - | 42 |
| September 2024 | 21 | - | - | 86* | 107 |
| October 2024 | 13 | - | - | - | 13 |
| November 2024 | 10 | - | - | - | 10 |
| December 2024 | 32 | - | - | - | 32 |
| January 2025 | 34 | - | 12 | - | 46 |
| February 2025 ^a | - | - | - | - | - |

*The “Other” exemptions were approved under the Exemptions Guidelines of declared emergency for the Davis Fire.

^aExemptions for the month are not yet finalized at the time this report is compiled and will be updated in the next month’s report.

REMSA Health Call Compliance – The franchise area is divided into response zones. The response zones will have response time compliance standards for all Priority 1 calls indicated below. Due to low call volumes in the separately defined response zones B, C and D, REMSA Health compliance response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated February 23, 2023, as combined Zones B, C, and D for all Priority 1 calls. Table 2 shows REMSA Health’s compliance rate for FY 2024.

- Zone A – REMSA Health shall ensure that **90%** of all presumptively defined life-threatening calls (Priority 1 Calls) have a response time of eight (8) minutes and 59 seconds or less within the combined Zone A areas.
- Zones B, C, and D – REMSA Health shall ensure that **90%** of all presumptively defined life-threatening calls (Priority 1 Calls) collectively have a response time of; 15minutes and 59 seconds or less for the combined Zone B areas, 20 minutes and 59 seconds or less for the combined Zone C areas, and 30 minutes and 59 seconds or less for the combined Zone D areas.

| Month* | Zone A | Zone B, C, and D |
|-----------------------------|---------------|-------------------------|
| July 2024 | 90 | 96 |
| August 2024 | 92 | 91 |
| September 2024 | 91 | 95 |
| October 2024 | 91 | 90 |
| November 2024 | 89 | 89 |
| December 2024 | 91 | 97 |
| January 2025 | 91 | 95 |
| February 2025 ^a | - | - |
| Fiscal Year-To-Date* | 91 | 93 |

*Fiscal Year-to-date is the percentage calculated using the sum of all to-date “Chargeable Late Responses” divided by “Compliance Calculate Responses”.

^aCompliance for the month are not yet finalized at the time this report is compiled and will be updated in the next month’s report. Once the month is updated, Fiscal Year-To-Date will be updated.

Community Services Department (CSD) – Memo Review: The EMS Oversight Program staff reviews and analyzes project applications received from the City of Reno Housing and Neighborhood Development and the Planning and Building Division of the Washoe County Community Services Department, providing feedback as needed. During February, the program staff received and reviewed seven (7) applications and did not have any concerns that would affect EMS response.

Mass Gatherings/Special Events: The EMS Oversight Program received and reviewed zero (0) applications for Mass Gatherings/Special Events in February. EMS and Environmental Health Services (EHS) staff are working closely to remediate and streamline communication process with the Community Services Department (CSD) to ensure NNPH is notified of all potential mass gatherings/special events approved by any county department. Processes between departments are being discussed to better support services and improve public health safety.

Vital Statistics

Vital Statistics has continued to serve the public through the mail, online, and in person. Program staff also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

Table 1: Number of Transactions for Birth and Death Records- February 2025

| February | In Person | Mail | Online | Total |
|-----------------|------------------|-------------|---------------|--------------|
| Birth | 924 | 13 | 580 | 1517 |
| Death | 1762 | 29 | 428 | 2219 |
| Total | 2686 | 42 | 1008 | 3736 |

Table 2: Number of Records Processed by Vital Statistics Office- FY 2025

| | | 2024 | | | | | | 2025 | | | | | | Total |
|--------------|---------------|------|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|--------------|
| | | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | |
| Birth | | | | | | | | | | | | | | |
| | Registrations | 450 | 532 | 473 | 502 | 411 | 504 | 453 | 424 | | | | | 3749 |
| | Corrections | 93 | 71 | 75 | 55 | 37 | 76 | 71 | 73 | | | | | 551 |
| Death | | | | | | | | | | | | | | |
| | Registrations | 478 | 437 | 478 | 481 | 447 | 523 | 530 | 523 | | | | | 3897 |
| | Corrections | 7 | 6 | 13 | 8 | 10 | 10 | 17 | 21 | | | | | 92 |