

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: April 25, 2025**

DATE: April 9, 2025

TO: District Board of Health

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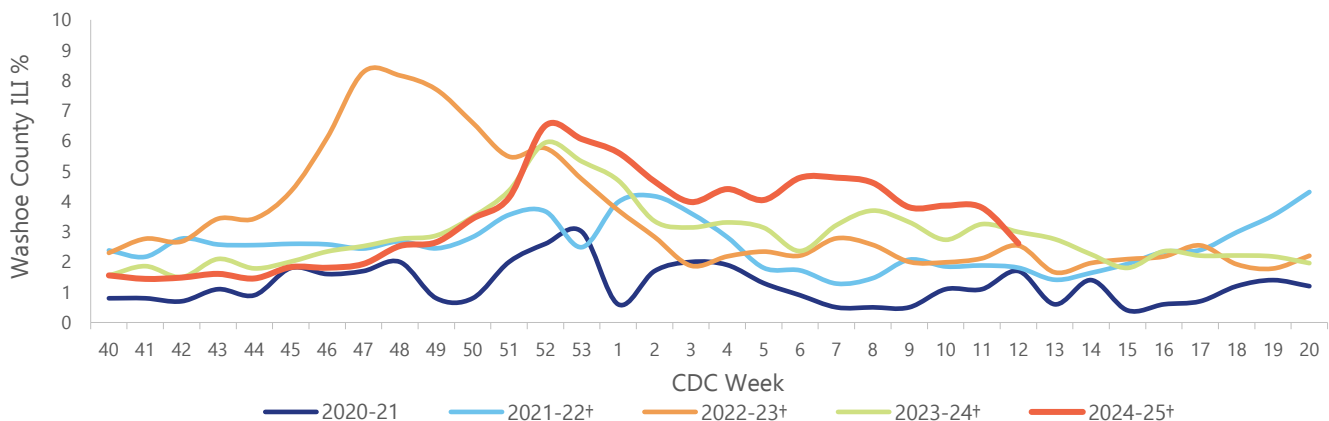
SUBJECT: **Epidemiology and Public Health Preparedness** – Epidemiology and Public Health Preparedness – Epidemiology, Public Health Preparedness, Emergency Medical Services, Vital Statistics

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.

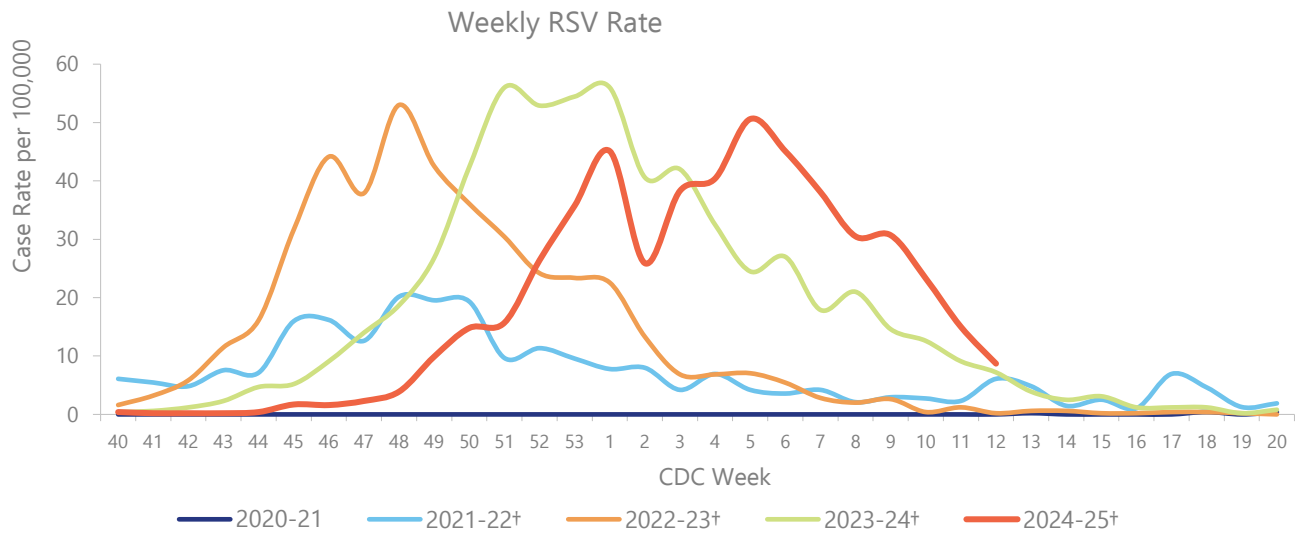
Fig 1. ILI Activity Reported by Sentinel Providers, Washoe County, 2020-2024 Seasons†



† 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.

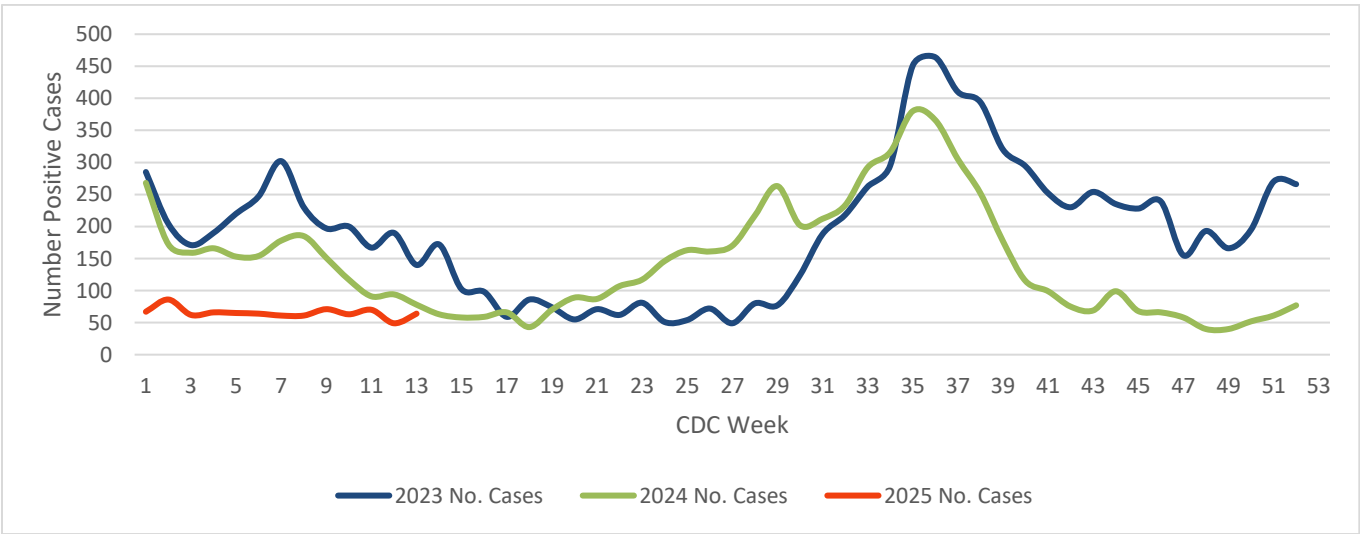
Fig 2. RSV Case Rate per 100,000 Population by Week Reported, Washoe County, 2020-2024 Seasons†



† 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 March, 271 new COVID-19 cases were reported among Washoe County residents (data as of 04/01/25). 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 March and have been averaging less than 20 cases by 100k residents per week since MMWR week 49.

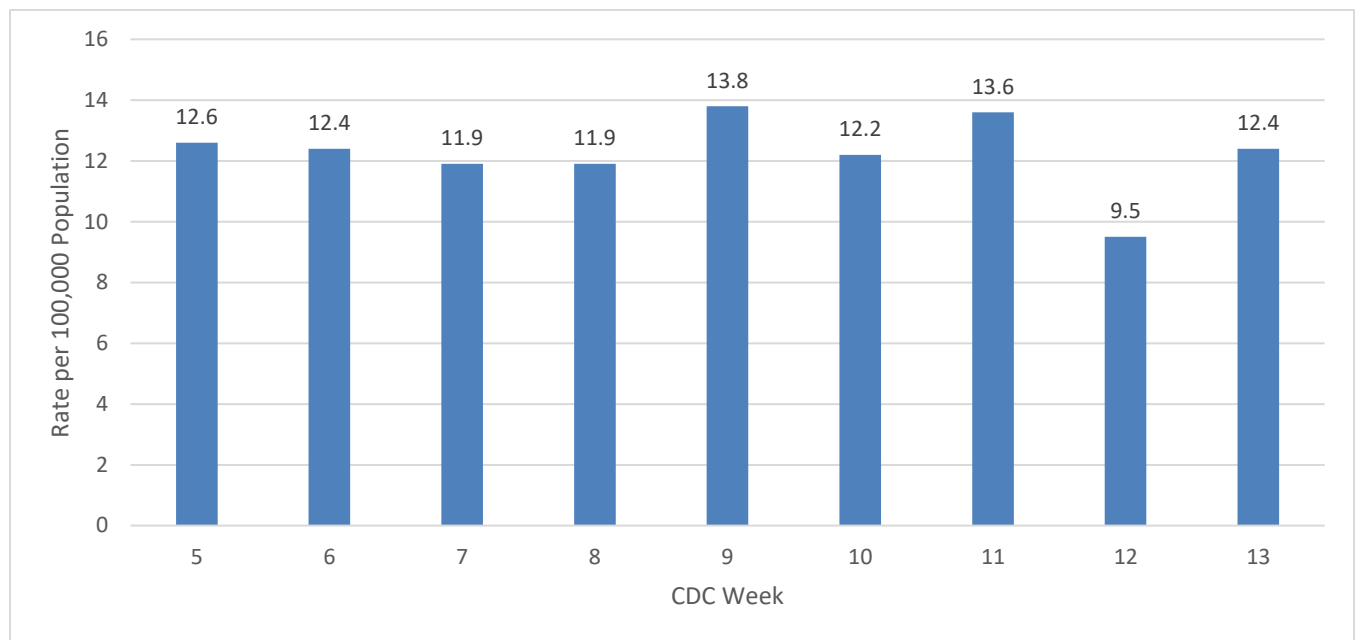
Fig 3. Total Number of COVID-19 Cases by Week of Report Date in Washoe County from 2023 through 2025†



† 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 January 26th, 2025, through March 29th, 2025. As of MMWR week 13, Washoe County received reports of 12.4 new cases per 100,000 population.

Fig 4. Newly Reported COVID-19 Cases Per 100,000 population by MMWR Week, January 26th, 2025, – March 29th, 2025, Washoe County



Outbreaks – There have been 7 newly declared outbreaks in March 2025; zero (0) influenza confirmed, zero (0) respiratory illness of unconfirmed etiology, zero (0) RSV, one (1) gastrointestinal, five (5) hand, foot, and mouth disease, one (1) rash illness of unconfirmed etiology, and zero (0) other.

Table 1b: Number of Outbreaks Declared by Type and Month, 2025												
Type	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gastrointestinal Illness	1	3	1									
Respiratory Illness	11	19	0									
Influenza Confirmed	1	0	0									
COVID-19 Confirmed	0	0	0									
Rash Illness	4	4	6									
Other	0	1	0									
Total	17	27	7									

Note1: Data obtained as of April 1st, 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.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

In March, there were two (2) Epi News newsletters published:

- **CDC HAN Expanding Measles Outbreak in Texas and New Mexico and Guidance** This Epi News is a Health Advisory released by the CDC Health Alert Network. It contains the latest reports involving the measles outbreak spanning multiple U.S. jurisdictions as of March 6th. There is information about vaccine recommendations, particularly among persons residing in areas affected by the ongoing outbreak, and it contains additional details about what to do if a person is suspected of having measles. There are recommendations for travelers, including domestic travelers to areas is the U.S. affected by the measles outbreak, as well as international travel guidelines.
- **Measles: Updates on Epidemiology, Signs, Symptoms, and Testing** This Epi News provides more supportive information to the public and healthcare providers regarding locally applicable reporting laws and general details about identifying and testing for measles, if suspected. It references the recent HAN to advise practitioners about the most recent measles updates and protocols and includes information about recognizing the classic presentation of symptoms for more rapid identification and testing. It reiterates mandate reporting to health authorities and includes a section on critical prevention measures.

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 March 2025, there were 922 positive labs reported, with 92% 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. On March 28th, Epidemiology met with the Tennessee Department of Health and the Arizona Department of Health Services for an introduction to REDCap application and use in health departments. This cross-jurisdiction collaborative provided an overview of the migration of electronic data collection tools, such as outbreak management systems and foodborne disease case report forms, to REDCap and discussed the challenges to integrate these data into existing surveillance systems. Epidemiology has also explored the REDCap Shared Library to identify existing surveys for possible, local use to enhance disease surveillance and epidemiologic investigation.

Public Health Preparedness (PHP) Program

Public Health Emergency Preparedness (PHEP) -

The PHEP program continues to coordinate with Washoe County schools (public, private, and charter) to assist in developing emergency planning processes for their Emergency Operations Plans (EOPs) based on Nevada Revised Statute (NRS) 388.241. PHP has attended six (6) school Emergency Operations Plan meetings and two (2) Nevada Department of Education EOP Planning meetings from July 2024 through March 2025.

School	School Type	Date of Meeting
TRIAD School	Charter	7/2/2024
DOE EOP Workgroup	NA	7/15/2024
Bishop Manogue HS	Private	7/24/2024
DOE EOP Workgroup	NA	7/29/2024
Mater Academy	Charter	10/30/2024
Doral Academy	Charter	11/5/2024
Pinecrest Academy	Charter	12/12/2024

Alpine Academy	Charter	3/7/2025
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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 Advisor, 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 Pediatrics workgroup on March 18, 2025.

On March 12, 2025, PHP staff met with Washoe County IT/Tech Services as a follow-up to a February 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.

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 March 20, 2025.

The state-wide Voluntary Organizations Active in a Disaster (VOAD) conducted their quarterly meeting on March 20, 2025. The meeting included organizations from the entire state and was held in-person in Las Vegas, NV with a virtual option for other jurisdictions. PHP staff attended virtually on behalf of the NNPH Medical Reserve Program.

PHP staff have been working with the regional hazardous materials teams for fire (TRIAD) and law enforcement (CLEAR) as well as the Sheriff's Explosive Ordinance Disposal (EOD) team to develop protocols and push out training to all local emergency responders based on the Radiological Dispersal Device (RDD) Response Guidance: Planning for the First 100 Minutes. The intent of this project is to provide guidance for how our local emergency responders should respond to a radiological dispersal event. PHP staff presented and discussed NNPH responsibilities following a radiation event at a community seminar that was held on April 1, 2025.

Unitek College (Nursing) invited PHP staff to present to their nursing students on March 20, 2025. The presentation focused on the role and responsibilities of public health emergency preparedness.

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 (HCID) patients. In response, the group conducted an initial review of the plan in March, with a second draft review scheduled for April. Key revisions focus on aligning expectations across various provider types to ensure a coordinated approach to HCID patient management. The plan is expected to be fully developed and finalized by FY26.

In March, the coalition leveraged the monthly 800 MHz radio test as a redundant communications drill to assess emergency communication capabilities. The primary objective was to ensure that acute care hospitals and inpatient facilities within IHCC could successfully transmit and receive messages using the 800 MHz radio system. The drill saw strong participation, with 84% of IHCC's 800 MHz radio partners engaging in the test.

The third review meeting for the Multi-Casualty Incident (MCI) Plan took place in March, incorporating feedback from pediatric subject matter experts and updating hospital acceptance numbers for acute care facilities. The next review session will focus on refining the MCI Alpha Plan, which is activated for large-scale events, incidents involving multiple locations, or multiple incidents occurring within a 12-hour period. Additionally, HPP and PHEP staff delivered a presentation to UniTek nursing students on the critical role of public health preparedness. The session highlighted how nurses and nursing students play an integral role in emergency response efforts and community preparedness initiatives.

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 Oceanic and Atmospheric Administration)/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 held on March 20, 2025. Concurrently, planning for the "No Fault of Our Own" earthquake exercise is underway, with healthcare partners focusing on activating the Mutual Aid Evacuation Agreement (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.

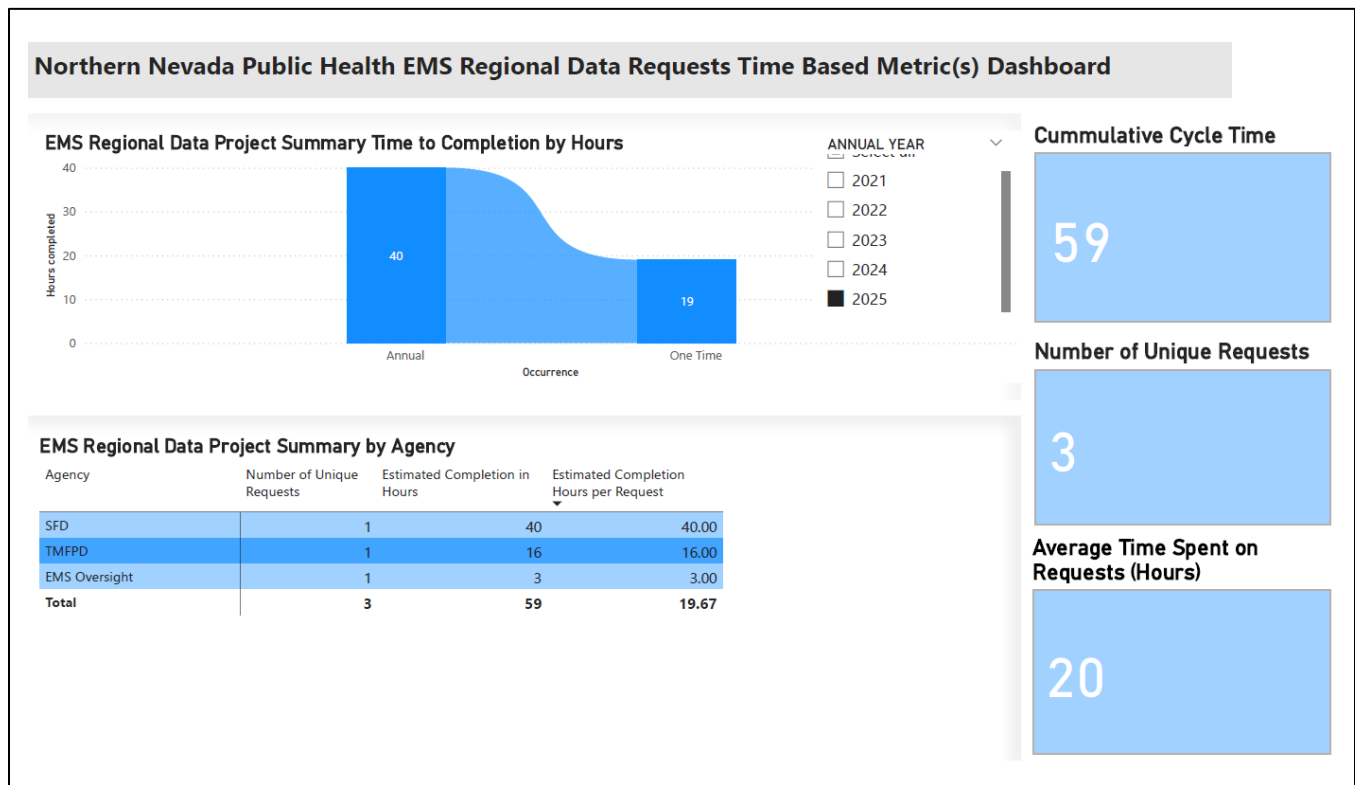
Emergency Medical Services (EMS) Oversight Program

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 community paramedicine program.

EMS Data Standardization: The EMS Program has entered into a contract with ESO Software, a premier fire-EMS service platform, to establish a Fire-EMS umbrella account. This account will provide comprehensive oversight of all data activities related to EMS services in Washoe County. ESO will be able to provide standardized data frameworks that enable us to accurately report outcomes, drive operational improvements, and support evidence-based informed decisions.

Business Associate Agreements to cover HIPAA protections are pending legal approvals for Sparks Fire Department and Reno Fire Department.

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



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	-	-	-	-	-
March 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.

Table 2. REMSA Health Percentage of Compliant Priority 1 Responses by Zones FY 2025		
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	-	-
March 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 March, the program staff received and reviewed zero (0) applications and did not have any concerns that would affect EMS response.

Mass Gatherings/Special Events: The EMS Oversight Program received and reviewed four (4) applications for Mass Gatherings/Special Events in March.

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- March 2025

March	In Person	Mail	Online	Total
Birth	980	20	575	1575
Death	1786	10	429	2225
Total	2766	30	1004	3800

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	476				4225
	Corrections	93	71	75	55	37	76	71	73	94				645
Death														
	Registrations	478	437	478	481	447	523	530	523	533				4430
	Corrections	7	6	13	8	10	10	17	21	12				104