NORTHERN NEVADA Public Health | Epidemiology & Public Health Preparedness

Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: April 25, 2024

DATE: April 18, 2024

TO: District Board of Health

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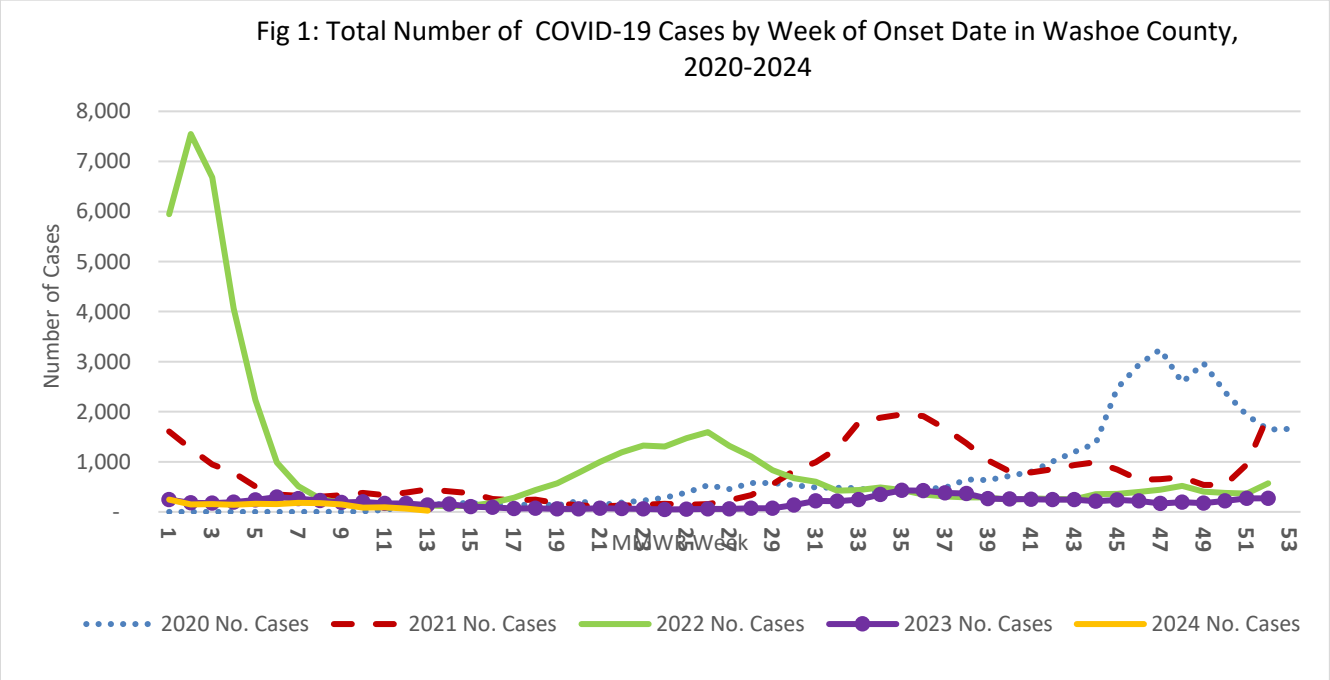
SUBJECT: **Epidemiology and Public Health Preparedness** – Epidemiology and Public Health Preparedness – Epidemiology, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

Epidemiology Program and COVID Epidemiology Branch

SARS-CoV-2 (COVID-19) – During March, 327 new COVID-19 cases were reported among Washoe County residents. March has historically been lower in case counts than other months of the year, for all years since SARS-CoV-2 was reportable.

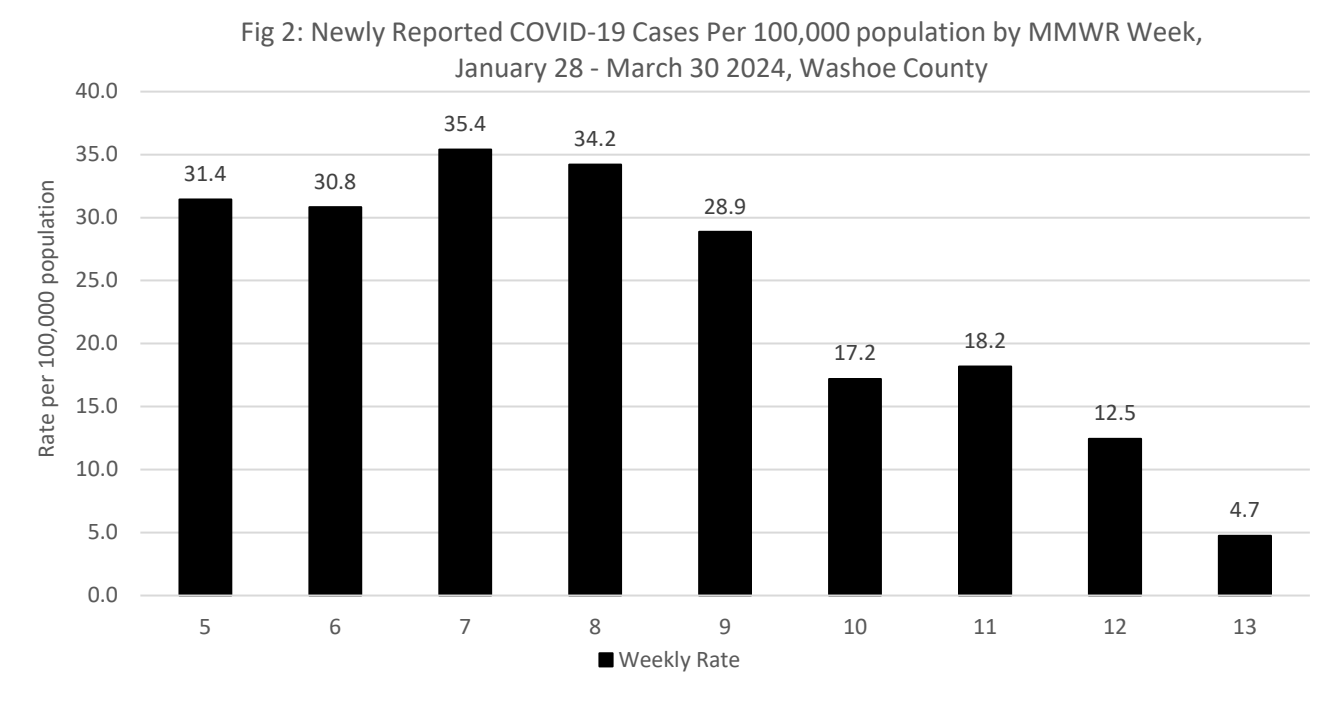
Figure 1 provides an overview of the total number of confirmed COVID-19 cases reported to Washoe County to date by MMWR week from 2020 through the end of March 2024.



Note: there is no MMWR week 53 in 2021, 2022, or 2023

*If illness onset date is missing or unknown, specimen collection date is used

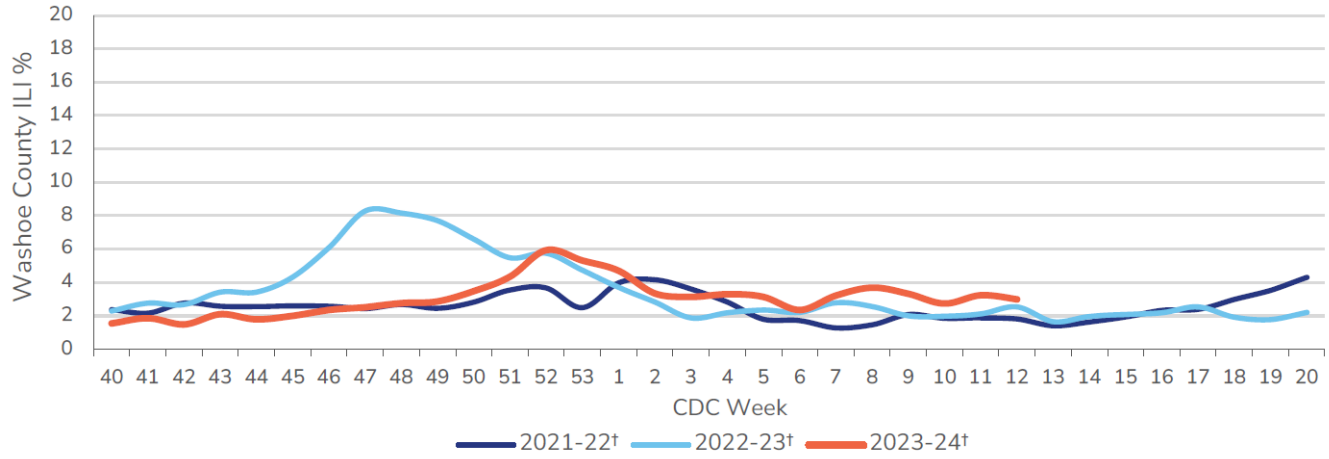
Figure 2 illustrates the number of new cases by either illness onset or specimen collection date (if onset date is unknown or case was asymptomatic) per 100,000 population over the course of a nine-week period, from the last week in January 2024 through March 30, 2024. As of MMWR week 13, Washoe County received reports of 4.7 new cases per 100,000 population.



*If illness onset date is missing or unknown, specimen collection date is used

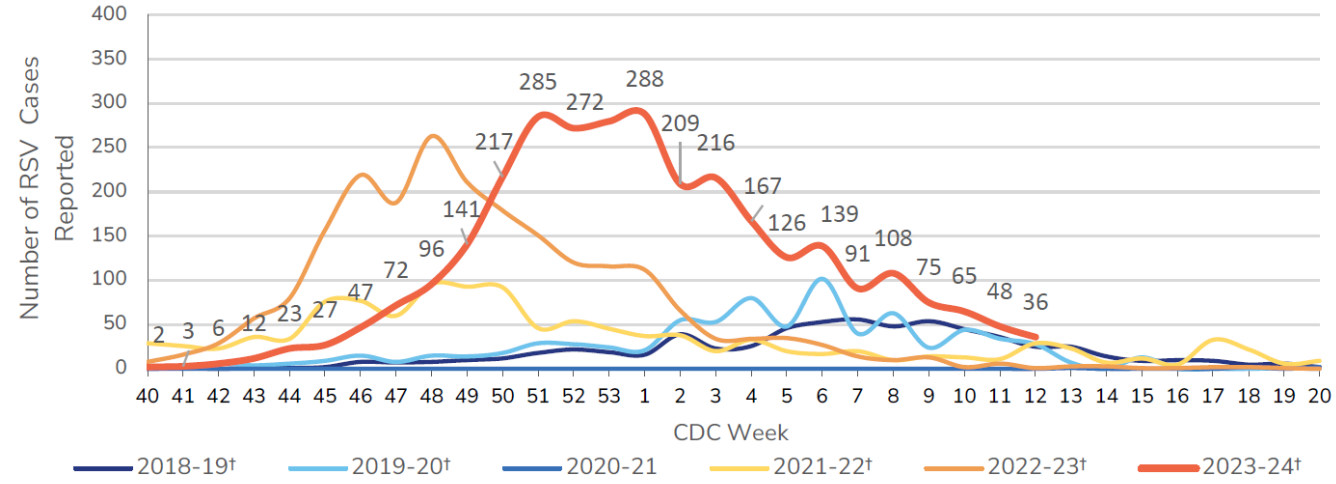
Influenza-like Illness – Influenza season officially began in MMWR week 40, October 1, 2023. Figure 3 provides a snapshot of the percent of patients presenting to sentinel surveillance providers with influenza-like illness (ILI) defined as fever (≥ 100°F [37.8°C]) and cough and/or sore throat. Figure 4 illustrates RSV cases reported by week. The recent two seasons are notably higher in RSV cases reported than the 10 seasons prior. Since the peak in RSV numbers in MMWR week 1, weekly cases reported has been decreasing.

Fig 3. ILI Activity Reported by Sentinel Providers, Washoe County, 2021-2023 Seasons†



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

Fig 4. Number of RSV Cases Reported by Week, Washoe County, 2018-2023 Seasons†



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

Outbreaks – There were nine (9) newly declared outbreaks in March. There were three (3) influenza confirmed outbreaks, two (2) respiratory outbreaks, one (1) gastrointestinal (GI), one (1) COVID confirmed, and two (2) rash outbreaks.

Table 1: Number of Outbreaks Declared by Type and Month, 2024

Type	Jan	Feb*	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gastrointestinal Illness	3	6	1									
Respiratory Illness	3	5	2									
Influenza Confirmed	6	0	3									
COVID Confirmed	1	3	1									
Rash Illness	0	0	2									
Other	7	1	0									
Total	**20**	**15**	**9**	0	0	0	0	0	0	0	0	0

*February outbreak totals were updated.

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 three (3) Epi News newsletters published:

- **Technical Bulletin CDC Updated Respiratory Virus Guidance (including COVID-19):** This is a technical bulletin released by the Nevada Department of Health and Human Services and Northern Nevada Public Health distributed via the Epi News listserv. The Centers for Disease Control and Prevention made recommendations and guidance for all viral respiratory illness, these include:
    - Stay up to date with immunizations.
    - Practice good hygiene, such as, covering your coughs and sneezes, washing or sanitizing your hands often, and cleaning frequently touched surfaces.
    - Take steps for cleaner air. This can mean bringing in fresh outdoor air, purifying indoor air, or gathering outdoors. Virus particles do not build up in the air outdoors as much as they do indoors.
    - Stay home and away from others if you have respiratory virus symptoms that are not explained by another cause. These symptoms can include fever, chills, fatigue, cough, runny nose, and headache.

  The previously recommended five-day isolation period for COVID-19 is no longer in effect. **People can return to normal activities when, for at least 24 hours, both of the following are true:**
    1. **Symptoms are improving overall; and**
    2. **You have been fever-free without the use of fever-reducing medications**.

  Persons with risk factors for severe illness should seek health care promptly for testing and/or treatment. Additional prevention strategies may also be taken, which include masks, physical distancing, and tests.

- **Obesity Trends in Washoe County**: Obesity is correlated with premature mortality, hypertension, heart diseases, diabetes, and cancer among others. While Washoe County obesity rates have trended lower than Nevada and the United States, nearly 1 in 3 adults in Washoe County are still classified as obese. Obesity rates among 4th, 7th, and 10th graders in Washoe County have also been high and as of the 2022-2023 school year, 26.8% were classified as obese. There are several initiatives locally aiming to help prevent or reduce obesity, including:
    - 5210 Healthy Washoe – a program based on a national obesity initiative focused on 5 or more servings of fruits and vegetables per day, 2 or less hours of screen time, and 0 sugary drinks per day. https://www.nnph.org/programs-and-services/cchs/chronic-disease-prevention/5210-healthy-washoe/index.php.
    - The Healthy Corner Store Initiative – a program designed to help small markets improve the health of their community by stocking and marketing healthy food into neighborhood

corner stores https://www.nnph.org/programs-and-services/cchs/chronic-disease-prevention/Community-tools/HCS.php

- Fuel Up Healthy, GO! – a program for elementary school classrooms that promotes healthy behaviors, focusing on the importance of healthy eating and being physically active. This free program takes very little class time and is open to all kindergarten to 5th grade classrooms in the Washoe County School District. https://www.nnph.org/programs-and-services/cchs/chronic-disease-prevention/Community-tools/FuelUpHealthyGO.php

- **CDC HAN Increase in Invasive Serogroup Y Meningococcal Disease**: This CDC Health Alert Network (HAN) discusses the increases in Neisseria meningitis serogroup Y (specific type) across the United States, since 2022 – representing 68% of reported cases in 2023. From 2017 through 2021, the case fatality rate among those with serogroup Y was 11%. Current increases in disease are disproportionately affecting people ages 30–60 years, Black or African American people, and people with HIV. Recommendations include staying up-to-date with immunizations https://www.cdc.gov/vaccines/vpd/mening/hcp/recommendations.html. Providers are reminded to maintain a heightened suspicion for invasive meningococcal disease and start immediate antibiotic treatment for persons with suspected meningococcal disease. Blood and cerebrospinal fluid (CSF) cultures are indicated for patients with suspected meningococcal disease. Serogroup Y ST-1466 isolates tested to date have been susceptible to all first-line antibiotics recommended for treatment and prophylaxis. Symptoms include fever, headache, stiff neck, nausea, vomiting, photophobia, or altered mental status. If you are experiencing any of these symptoms, seek medical care immediately.

Other Reports –

- The monthly COVID Report was published on March 7, 2024. The report includes data for COVID cases reported over the past month including case counts by demographic variables, hospitalizations, and deaths among Washoe County residents. https://www.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/educational-materials/COVID-19.php

General Communicable Diseases – The Epidemiology Program Manager attends a weekly meeting with state partners for the implementation of EpiTrax as challenges are addressed. Several validation processes are in place to verify reporting is accurate. During March, there were 326 positive labs reported, with 73% 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) or *Candia 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 on close watch from CDC as emergent infections and NNPH has built a strong Healthcare Associated Infection (HAI) prevention program to work to coordinate, detect, and mitigate spread once these cases are identified.

- **Foodborne Disease Detection Database (FD3)** – The Epidemiology Program is 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 and should assist in earlier detection of potential outbreaks and trends in enteric conditions and illness. Due to complex coding requirements, Epidemiology Program staff have been working with the CDC to help design and implement the database. This database is called Foodborne Disease Detection Database or FD3. FD3 is now loaded onto a server for multi-user compatibility purposes, testing is continuing.

Public Health Preparedness (PHP) Program

Public Health Emergency Preparedness (PHEP) -

Psychological First Aid training was provided on March 5, 2024, by the Medical Reserve Corps (MRC) Program in coordination with the local American Red Cross. There were 25 attendees from MRC, Community Emergency Response Team (CERT), and NNPH staff. The next training, Stop the Bleed, in coordination with the Washoe County School District will be hosted on April 16, 2024.

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 (formerly Senate Bill 36). To date, PHP has attended six school emergency operations plan (EOP) meetings since October 2023.

The National Association of County and City Health Officials (NACCHO) hosted the annual Preparedness Summit, on the topic of Public Health, Healthcare, and Emergency Management: Aligning to Address Cascading Challenges, from March 25-28, 2024, in Cleveland, Ohio. PHP staff attended the summit for learning experiences and networking. This is the first and longest running national conference on public health preparedness.

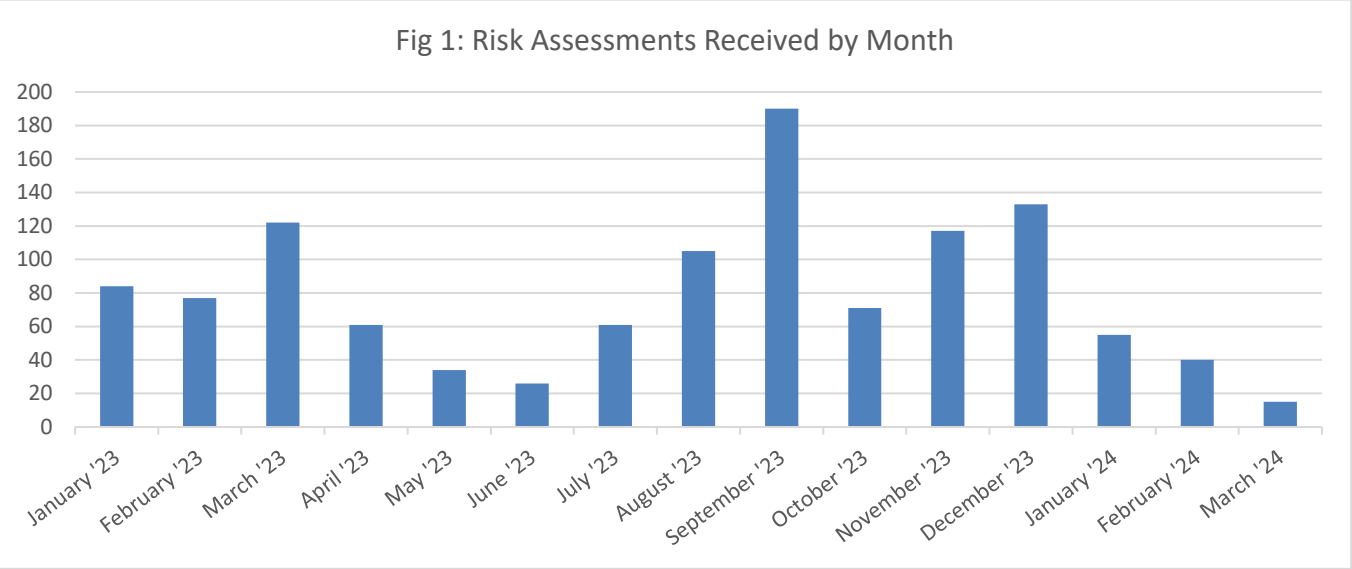
Planning continues for a multiday chemical exercise to be held on April 9 and 10, 2024. This exercise is designed to provide an opportunity to work through an emergency response event dealing with a Weapon of Mass Destruction (WMD). The final planning meeting was held on March 18, 2024. The first day of the exercise will be a tabletop exercise that focuses on the coordination between hospitals, the Nevada State Public Health Laboratory, law enforcement and the NNPH staff on the processing of an emerging disease. The second day will focus on the coordination of emergency response services based on the identification of a terrorist cell and WMD agent.

COVID-19 Testing –

Risk Assessments and Tests Performed – The Call Center received 15 Risk Assessments for the month of March 2024, a decrease of 63% over February 2024. Some Risk Assessments were entered by end-users through the web portal, and others were entered by the Call Center staff. Table 1 summarizes Risk

Assessments and Calls Received by the Call Center since the beginning of 2021, while Figure 1 graphs the data since January 2023.

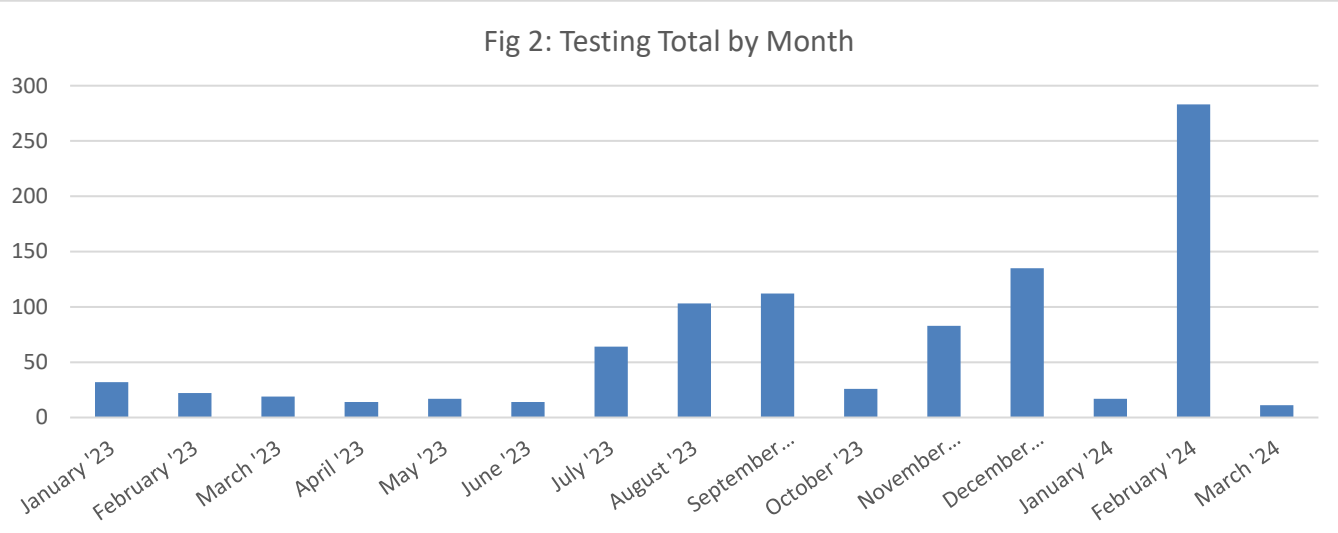
Table 1. Total Risk Assessments		
Month Reported	**Risk Assessments**	**Inc/Dec Compared to Previous Month**
2021 Totals	55,371	
2022 Totals	26,871	
2023 Totals	1,081	
January 2024	55	-59%
February 2024	40	-27%
March 2024	15	-63%



Testing continued two days per week via home visits. A total of 11 tests were conducted through the end of March 2024, this was a decrease of 96% over February 2024, where outbreak testing at assisted living center caused a noticeable increase compared to January 2024. Table 2 summarizes the number of tests performed to date since the beginning of 2021, while Figure 2 graphs the data since January 2023.

Table 2. Number of Tests Performed		
Month Reported	**Tests Performed**	**Inc/Dec**
2021 Totals	30,996	
2022 Totals	7,892	
2023 Totals	641	
January 2024	17	-87%
February 2024	283	1565%

March 2024	11	-96%



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

HPP staff delivered an educational presentation on the Mutual-Aid Evacuation Agreement (MAEA) to partners in Nevada County, California on March 7, 2024. The workshop provided an overview on patient triage, transport, and tracking to ensure consistency across state lines.

Skilled nursing, memory care, and assisted living facilities requested that a 10-15 minute video be created on the Mutual Aid Evacuation Agreement (MAEA) with the purpose of training staff members and incorporating the video into the onboarding process. The development of the MAEA Video is ongoing and an additional filming will be held on April 5, 2024.

On March 19, 2024, acute care hospitals and REMSA Health participated in a functional multi-casualty incident (MCI) exercise. Lessons learned from the functional exercise will be incorporated into the full-scale MCI exercise scheduled to take place on May 14, 2024. The objectives are to exercise the MCI plan, specifically focusing on the self-transport component and surge of the emergency departments. The planning process will continue throughout the next two months.

HPP staff and coalition members continue to finalize details of the Alternate Care Site (ACS) Plan tabletop exercise (TTX) scheduled for April 11, 2024. Objectives of the ACS TTX include educating community partners on the ACS Plan, incorporating lessons learned from COVID-19, and understanding the legalities of an ACS.

The HPP staff continues to participate in the weekly Hospital Net, a Ham Radio communications drill among hospitals in Northern Nevada and Eastern California. The purpose of the Net is to improve redundant communications during a disaster.

Emergency Medical Services (EMS) Oversight Program

EMS Joint Advisory Committee (JAC) - The JAC continues to discuss the best practices in response to the volume of calls related to behavioral health that will include assuring a safe environment for first responders. There have been collaborative efforts between law enforcement and Fire/EMS to achieve safety for all providers involved. The Crisis Support Center, utilizing the 988 number, is expanding to help with mitigating this issue as well by increasing the number of teams that can respond.

EMS Data Standardization Development Project – As outlined in the Interlocal Agreement under duties of the EMS Oversight Program, monitoring response and performance of each agency providing EMS, systems characteristics, data and outcomes of the EMS in the City of Reno, City of Sparks, Washoe County, Fire Districts and REMSA has become increasingly more complex since 2014. For nearly a decade, reporting of computer aided dispatch data and responses have been disparate in format submissions to the EMS Oversight Program. The EMS Data Standardization Development Project is a proposal to modernize, be on the same platform, and reduce the complexities of disparate reporting elements to a standardized format that can be easily understood and analyzed regardless of jurisdictional boundaries. The goal for uniformity for data across all EMS providers aims to significantly improve information gathering and quality assurance processes. The project's proposal was introduced to the JAC for continuous feedback and discussions amongst the EMS agencies.

REMSA Health Franchise –The Franchise Map Review is underway as the program works with Washoe County GIS to summarize call volumes. The Franchise Compliance Report for FY23 was found in compliance and approved by the District Board of Health in March 2024.

REMSA Health Exemption Requests -

Table 1: REMSA Health Exemption Requests FY 2024

Exemption	System Overload	Status 99	Weather	Other	Approved
July 2023	-	-	-	-	-
August 2023	-	-	-	-	-
September 2023	3	-	-	-	3
October 2023	-	-	-	-	-
November 2023	-	-	-	-	-
December 2023	8	-	-	-	8
January 2024	3	-	93	-	96
February 2024	7	-	20	-	27
March 2024	-	-	35	-	35

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 2024

Month*	Zone A	Zone B, C, and D
July 2023	92	90
August 2023	91	93
September 2023	91	89
October 2023	92	93
November 2023	91	97
December 2023	91	96
January 2024	91	94
February 2024	91	95
March 2024	91	91
Monthly Average	**91**	**93**
Year-To-Date**	**91**	**93**

*Compliance percentage per month is the percentage calculated using the monthly "Chargeable Late Responses" divided by "Compliance Calculate Responses".
**Year-to-date is the percentage calculated using the sum of all to date "Chargeable Late Responses" divided by "Compliance Calculate Responses".

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 and provides feedback. Program staff reviewed two (2) applications during the month of March and did not have any concerns that would affect EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program did not receive any applications for Mass Gatherings/Special Events in the month of March.

Vital Statistics

Vital Statistics has continued to serve the public through the mail, online and in-person. During the month of March, Vital Statistics staff registered 496 deaths and 438 births; 15 death and 99 birth corrections were made. Program staff also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

Table 1: Number of Processed Death and Birth Records

March	In Person	Mail	Online	Total
Death	1684	26	308	2018
Birth	794	23	457	1274
Total	**2478**	**49**	**765**	**3292**