

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: June 26, 2025**

DATE: June 9, 2025

TO: District Board of Health

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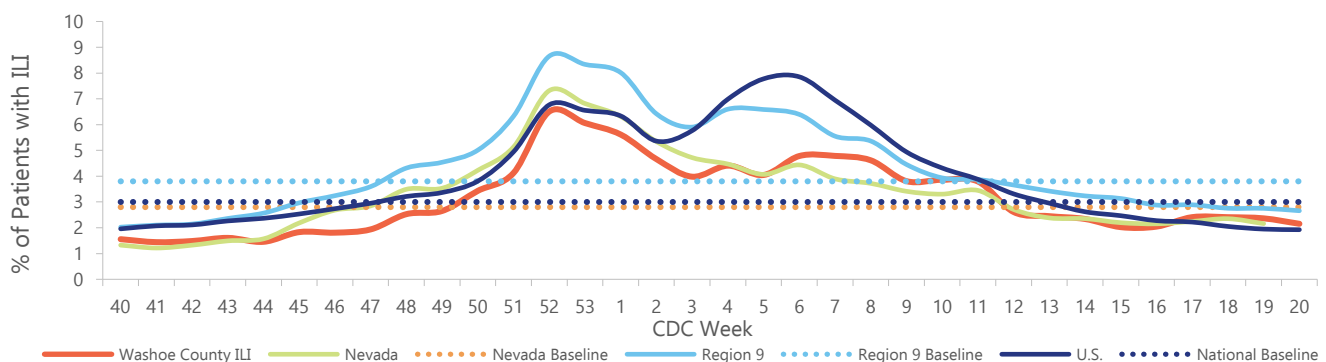
SUBJECT: **Epidemiology and Public Health Preparedness** – Epidemiology and Public Health Preparedness – Epidemiology, Public Health Preparedness, Emergency Medical Services, Vital Statistics

Epidemiology Program

Respiratory Virus Surveillance

Influenza-like Illness – Respiratory season officially began in MMWR week 40, September 29, 2024, and closed in MMWR week 20, May 17, 2025. 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. Summer activities for the respiratory dashboard will include one last update to reflect finalized data for the 2024-2025 season (Respiratory Illness in general, Influenza, RSV, and COVID). Through the months of June-September, weekly updates will continue for the COVID data, including number of weekly new cases, average new cases per day, cases/100K per week, weekly cases/100K, and weekly hospitalizations. The weekly respiratory report was concluded for the current season on Friday, May 23, 2025, and a comprehensive season summary will follow in the upcoming weeks.

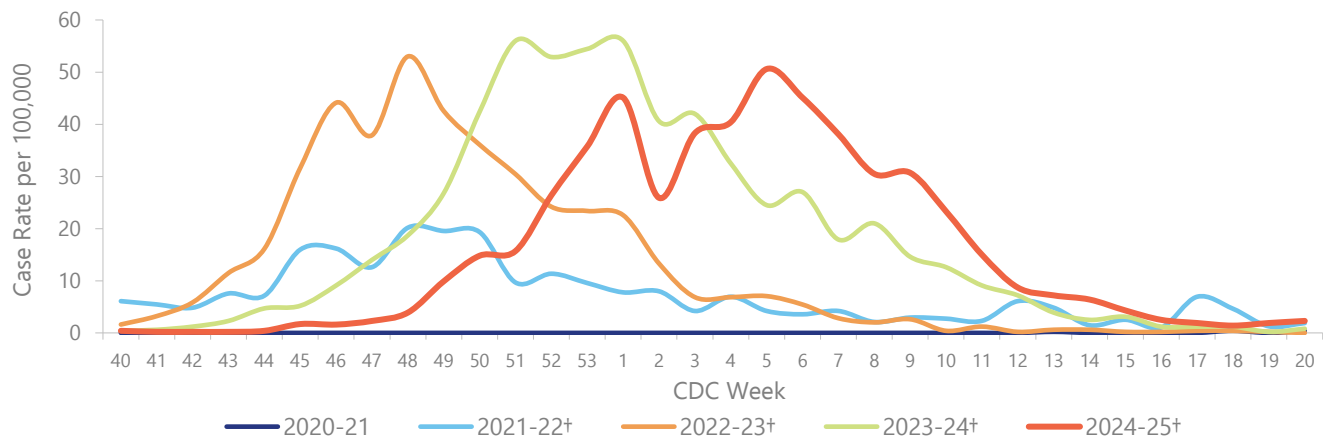
Fig 1. ILI Activity Reported by Sentinel Providers, Washoe County, 2020-2024 Seasons†



† 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.

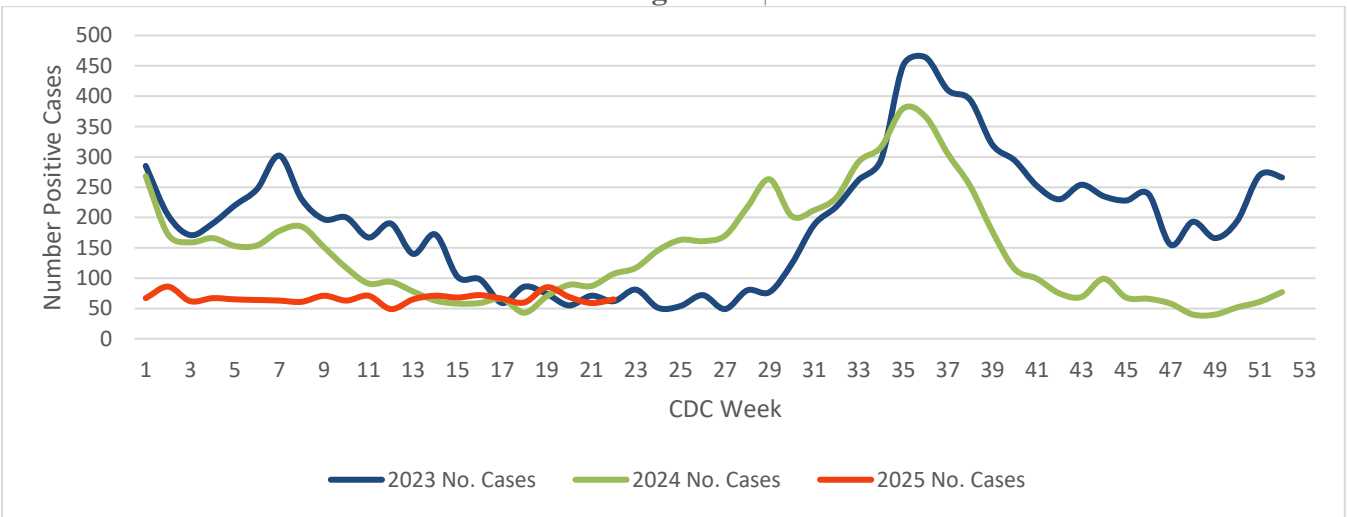
Fig 2. RSV Case Rate per 100,000 Population by Week Reported, Washoe County, 2020-2024 Seasons†



† 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 May, 301 new COVID-19 cases were reported among Washoe County residents (data as of 05/31/25). 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 May and have been averaging less than 20 cases by 100k residents per week since MMWR week 49.

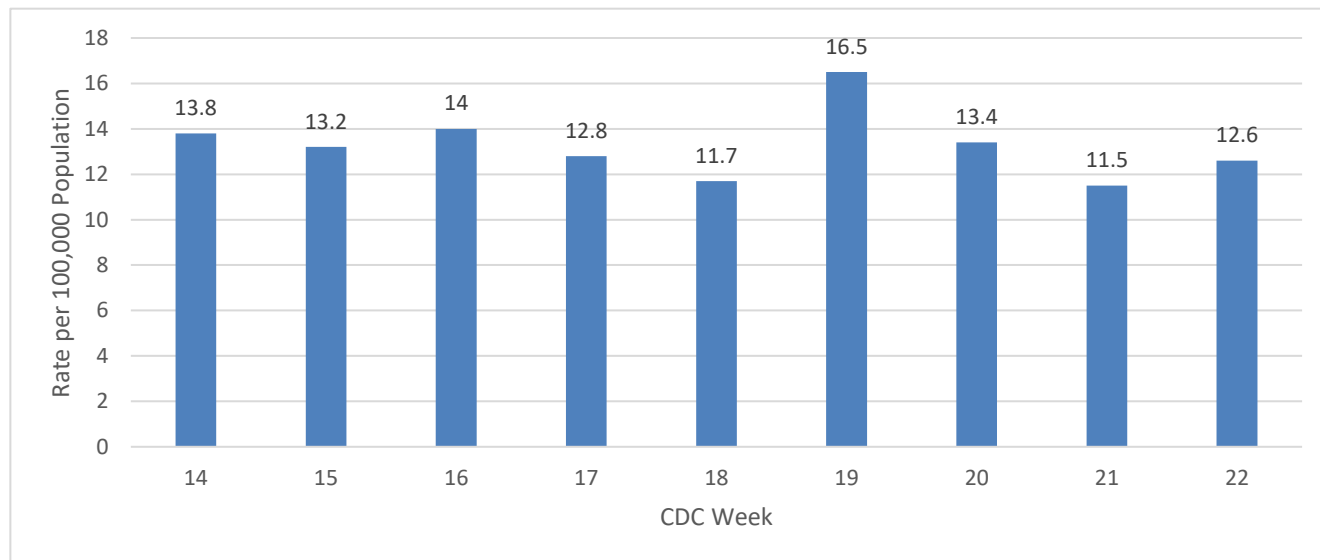
Fig 3. Total Number of COVID-19 Cases by Week of Report Date in Washoe County from 2023 through 2025†



† 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 March 30 2025, through May 31, 2025. As of MMWR week 22, Washoe County received reports of 12.6 new cases per 100,000 population.

Fig 4. Newly Reported COVID-19 Cases Per 100,000 population by MMWR Week, March 30, 2025, – May 31, 2025, Washoe County



Outbreaks – There have been 8 newly declared outbreaks in May 2025; zero (0) influenza confirmed, one (1) respiratory illness of unconfirmed etiology, zero (0) RSV, three (3) gastrointestinal, zero (0) hand, foot, and mouth disease, four (4) 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	4	1	3	3							
Respiratory Illness	11	19	1	1	1							
Influenza Confirmed	1	0	0	0	0							
COVID-19 Confirmed	0	0	0	0	0							
Rash Illness	3	4	6	3	4							
Other	0	1	0	1	0							
Total	16	28	8	8	8							

Note1: Data obtained as of June 4, 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 and April 2025 include outbreaks 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 May, there were two (2) Epi News newsletters published:

- **Hepatitis Awareness Month – Hepatitis C in Washoe County, 2021-2024:** This Epi News was released during Hepatitis Awareness Month to increase knowledge of hepatitis C (HCV) epidemiology in Washoe County spanning data over the past four years. Cases are distinguished as acute or chronic, reflecting the type of disease and manifestation of liver infection. It highlights that about half of infected persons develop chronic disease which can result in cirrhosis, liver cancer, and other medical outcomes. It details various risk factors to inform the public about prevention tactics and provides recommendations for testing, including universal screening scenarios and emphasizing the importance of treatment. Statistics regarding the distribution and patterns of cases in Washoe County also highlight trends in our local population.
- **After Action Report: 2024 Shigellosis Outbreak in Washoe County:** This Epi News provides an overview of a recent shigellosis outbreak in Washoe County among the unhoused population. On December 18, 2024,, NNPH declared a shigellosis outbreak when an unusual occurrence of reported cases in this community was measured. During the outbreak, NNPH Epidemiology consulted with state and federal partners to exchange information about data-driven prevention and intervention tactics while also working with community agencies servicing unhoused individuals. Not only does this report provide a timeline and summary of the cases, but it discusses the outcomes, challenges, and successes of outbreak response to inform the public about key components in active and passive disease surveillance, demonstrating the application of epidemiological investigation. The outbreak was officially declared over on March 28, 2025.

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 May 2025, there were 201 positive labs reported, with 39% resulting in a confirmed, probable, or suspect case. During April 2025, there were 242 positive labs reported, with 58% 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 (TS) 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. TS has built the front end, secure login portal, and migrated existing data that NNPH'S Epidemiology Program has tracked since 2018. The NNPH HAI 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 and have been distributed to hospital partners. Business Associate Agreements are also created with each hospital prior to onboarding. The HAI Coordinator and TS are currently working with two hospitals to officially integrate and one hospital has onboarded successfully.

- **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 by the 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. The Epidemiology Program has met with several local and state health departments around the country for live demonstrations of supplemental data collection instruments to better understand their application and use. This cross-jurisdiction collaborative provided an overview of the migration of electronic survey software, such as REDCap. and discussed the challenges and successes in integrating these data into existing surveillance systems. Epidemiology has also explored the REDCap Shared Library and received metadata from state and various local health departments to retrofit existing surveys for exploratory use in Washoe County, leading to enhanced disease surveillance and epidemiologic investigation.

Public Health Preparedness (PHP) Program

Public Health Emergency Preparedness (PHEP)-

PHP staff the State PHP's Five-Year Strategic Plan Annual Review virtual meeting on May 29, 2025. This meeting provided an opportunity to update the state on the progress of objectives from each planning group.

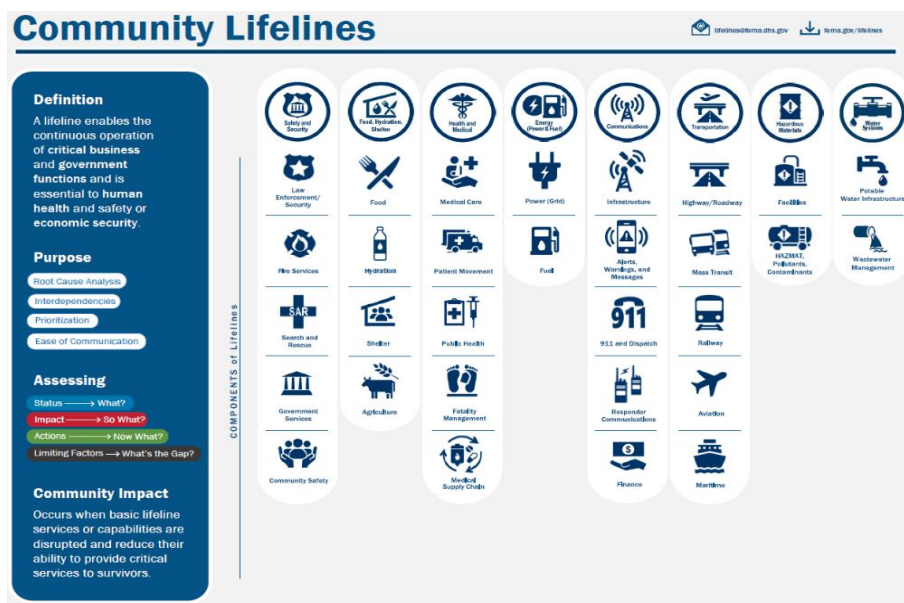
Northern Nevada Public Health (NNPH) led a series of collaborative emergency preparedness activities throughout April and May 2025, culminating in full-scale earthquake response exercises. In coordination with numerous healthcare and community partners, NNPH aimed to strengthen regional readiness for a major seismic event, an especially important priority in Nevada, the third most seismically active state in

the U.S. Discussions with healthcare stakeholders and emergency responders revealed strong consensus around testing existing plans against a major earthquake scenario, based on Washoe County's hazard rankings, which identify earthquakes as a top threat. The selected scenario simulated a magnitude 6.9 earthquake originating along the Mount Rose Fault in Washoe County, with the epicenter located in southern Reno. The hypothetical event was designed to generate severe shaking and significant regional damage.

A workshop was held featuring subject matter experts (SMEs) representing key sectors of regional infrastructure, including Truckee Meadows Water Authority (TMWA), Nevada Energy (NVE), National Weather Service (NWS), Nevada Department of Transportation (NDOT), Washoe County Technology Services (WCTS), Washoe County Emergency Management (WCEM), Nevada Division of Emergency Management (NDEM), and Nevada Seismology (represented by an NNPH proxy presenter). The SMEs discussed their projected response efforts and operational status approximately 24 hours after the simulated earthquake. For example, NVE outlined anticipated challenges such as widespread power outages and damage to substations, along with their prioritization and remediation strategies.

On May 14, 2025, hospital partners including the Veterans Affairs (VA) Sierra Nevada Healthcare System, St. Mary's Regional Medical Center, and Renown Regional Medical Center exercised the Mutual Aid Evacuation Agreement (MAEA) by simulating patient evacuation and reception procedures. The Medical Reserve Corps (MRC) and nursing students from Unitek College participated by role-playing as patients, adding realism to the drill. Other key participants included the Regional Emergency Medical Services Authority (REMSA) and the Regional Transportation Commission (RTC).

In parallel with the hospital-based activities on May 14 and May 20, the Regional Emergency Operations Center (REOC) was activated. Representatives from critical agencies staffed the REOC, including TMWA, NWS, NVE, Washoe County School District, WCTS, fire departments from Sparks, Reno, and Truckee Meadows, and NDOT. REOC participants successfully simulated a coordinated response using the new Incident Support Model (ISM) and integrated FEMA's Lifelines framework.



Between the two full-scale exercise (FSE) dates, NNPB conducted an internal tabletop exercise (TTX) with its leadership, focusing on the agency's Continuity of Operations Plan (COOP). The primary objectives of the TTX were to:

1. Review the current COOP;
2. Identify the top three mission-critical operations or services that must continue within each division following a disaster; and
3. Determine the strategies and resources needed to maintain those essential functions.

Although the TTX was limited to two hours, it prompted important discussion about the realistic availability of technology following a major hazard event. While additional discussion is needed, the insights gathered during the exercise will be compiled and shared with Leadership for follow-up action.

The full-scale exercise series continued on May 20, using the same earthquake scenario but involving a different set of field partners. Northern Nevada Medical Center and Sierra Medical Center participated in this phase. Additionally, Truckee Meadows Fire Protection District conducted a rubble pile rescue scenario involving the extraction of live victims, who were then transported to local hospitals. The Medical Examiner's Office also collaborated with Truckee Meadows Fire Protection District to simulate the recovery and transport of deceased victims, further enhancing the region's ability to test and evaluate its response capabilities.



An After-Action Review (AAR) meeting for all participants is scheduled for Monday, June 16, 2025. The purpose of the AAR is to identify improvements in policies, procedures, and actions. Participants will review all event-related activities to enhance planning, mitigation, response, and recovery efforts based on lessons learned. This meeting will allow stakeholders to identify strengths and areas for improvement by evaluating the effectiveness of preparedness and planning efforts. Corrective actions and key takeaways will be documented to support future improvements.

PHP and HPP staff attended the NACCHO Preparedness Summit in San Antonio, Texas, from April 28 to May 2, 2025. The Preparedness Summit is a national conference that offers knowledge, resources, and networking opportunities essential for preparing for and responding to public health emergencies. Attendees shared best practices, built partnerships, enhanced skillsets, and gained innovative solutions and practical strategies to address vulnerabilities in the nation's health security infrastructure.

PHP and HPP staff also participated in the University of Nevada, Reno's Interprofessional Care 2025 Exercise on May 22, 2025. This exercise provided students from the university's schools of medicine, nursing, and public health with hands-on experience in responding to a Mass Casualty Incident (MCI). The event included educational sessions, tabletop exercises, and a functional component featuring simulated injuries and casualties. PHP staff facilitated the TTXs and coordinated the functional emergency response.

Additionally, on May 22, 2025, PHP staff joined other jurisdictions in attending the State of Nevada's PHEP Quarterly POETE (Planning, Organizing, Equipping, Training, and Exercising) meeting. This meeting served as a forum to exchange updates on current activities and discuss plans for the remainder of the fiscal year.

PHP continues to host monthly coordination meetings with jurisdictional partners, including the Central Nevada Health District, Nevada County (California), and the Quad Counties. These meetings support relationship-building, promote open communication, and encourage collaborative public health preparedness efforts. The most recent meeting was held on May 15, 2025.

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

The coalition is actively advancing initiatives to achieve its FY25 goals and objectives. Workgroups remain engaged, with activities scheduled to continue throughout the fiscal year. Of the 35 activities identified by coalition members, 21 have been completed to date, reflecting strong collaboration and progress. The remaining 14 activities are continuing and include key efforts such as strengthening mental and behavioral health resources across the region and increasing engagement in coalition-led initiatives, including trainings, exercises, and planning efforts.

Planning documents are progressing on schedule for completion and approval. The Multi-Casualty Incident Plan (MCIP) and the Alpha MCIP have undergone significant updates, incorporating lessons learned from previous incidents and exercises. These revisions align with state and federal guidance and are designed to enhance operational coordination across healthcare and public health systems. Final drafts of both plans will be presented to the coalition in June for review and formal approval. Additionally, the newly developed High-Consequence Infectious Disease (HCID) Community Response Plan will also be presented to the coalition in June.

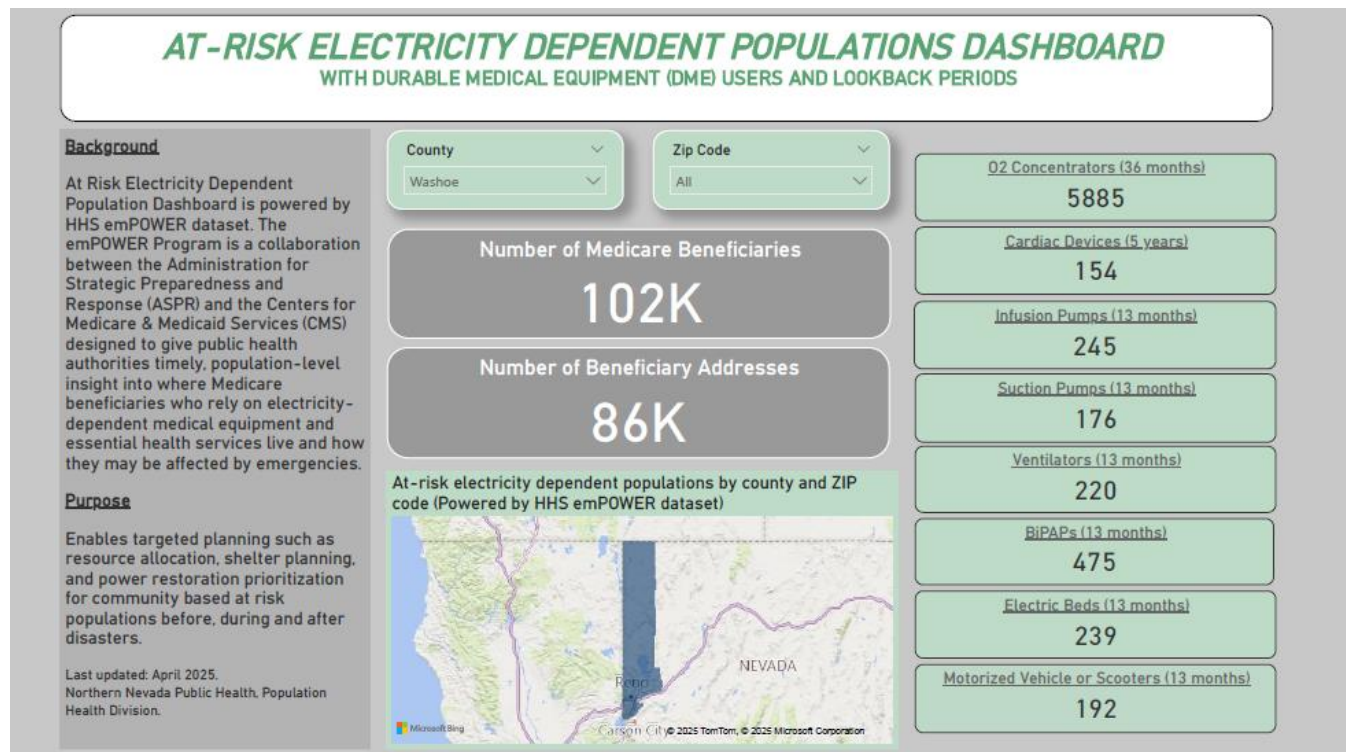
In preparation for the upcoming fiscal year, HPP staff submitted the FY26 Scope of Work to Nevada Public Health Preparedness (PHP). The proposed activities are designed to address key capability gaps identified through the HPP Capability Assessment, prioritize top regional hazards, and reflect direct input from coalition members.

HPP staff also participated in the Incline Fireworks Tabletop Exercise in May, which explored a complex scenario involving cyberattacks and politically motivated threats in the lead-up to a major public event. This discussion-based exercise brought together public safety, healthcare, and regional partners to evaluate preparedness, response coordination, and risk communication strategies. Participation in such exercises strengthens multi-jurisdictional partnerships and enhances the region's ability to respond effectively to emerging threats.

HPP staff continue to take part in the weekly Hospital Net ham radio communications drill, which includes hospitals from Northern Nevada and Eastern California. This ongoing activity supports redundant communication capabilities essential for effective coordination during disasters.

The program developed a dashboard to provide a visual representation of the HHS emPOWER dataset. This dataset, created by the U.S. Department of Health and Human Services (HHS) in partnership with the Centers for Medicare & Medicaid Services (CMS), is a valuable public health resource. It offers de-identified, monthly updated data on Medicare beneficiaries who depend on electricity-powered medical equipment and services such as oxygen concentrators, ventilators, dialysis machines, and home health services. HPP created the dashboard within the IHCC member portal to allow users to view and interact with the emPOWER data as a critical tool for preparedness and response. This tool enables NNPH, local hospitals, and regional emergency partners to better anticipate needs, prevent catastrophic health outcomes, and save lives by:

1. Identifying at-risk populations,
2. Improving emergency planning,
3. Enhancing rapid response capabilities, and
4. Supporting equity in public health.



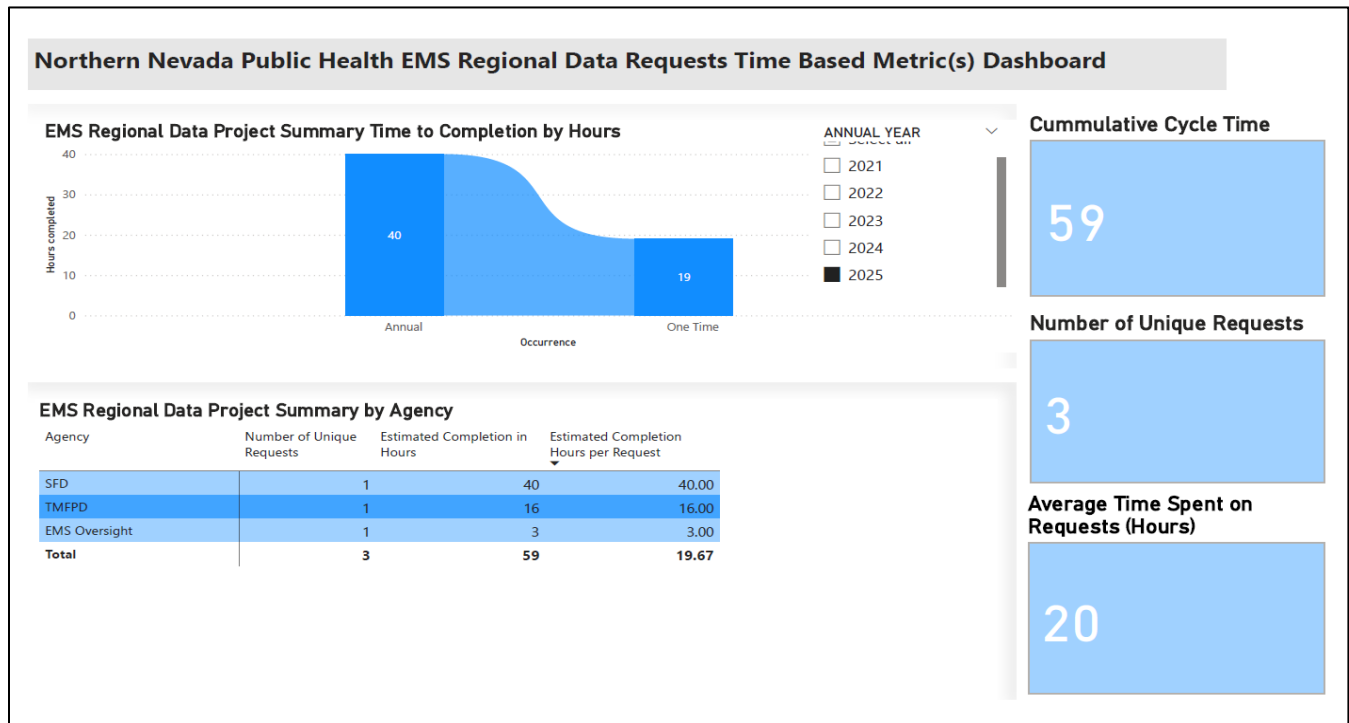
Emergency Medical Services (EMS) Oversight Program

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.

Program Preparation for Nevada AB102 Implementation - The program has been proactively preparing for the potential passage of Nevada AB102 by gathering and analyzing relevant data, assessing potential impacts, and engaging key stakeholders. These efforts aim to provide decision makers with clear, evidence-based information to support informed decision-making regarding the law's implementation.

EMS Data Standardization - 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 provides comprehensive oversight of all data activities related to EMS services in Washoe County, providing 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 for access and viewing of electronic patient health records are fully executed for all fire/EMS organizations in the Interlocal Health Agreements and Franchise Agreement.

EMS Data Request Dashboard – For May 2025, the program received 1 new 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	-	-	-	-	-
March 2025	-	-	-	-	-
April 2025	4	-	-	-	4
May 2025	4	1	-	-	5
Fiscal Year-To-Date	174	1	12	86	273

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

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 2025.

- 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	86	90
March 2025	90	90
April 2025	91	91
May 2025	91	93
Fiscal Year-To-Date*	90	93

*Fiscal 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, providing feedback as needed. During May, the program staff received three (3) 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 two (2) and reviewed three (3) applications for Mass Gatherings/Special Events in May.

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- May 2025

May	In Person	Mail	Online	Total
Birth	872	35	544	1451
Death	1519	12	442	1973
Total	2391	47	986	3424

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	441	506		5172
	Corrections	93	71	75	55	37	76	71	73	94	55	75		775
Death														
	Registrations	478	437	478	481	447	523	530	523	533	552	461		5443
	Corrections	7	6	13	8	10	10	17	21	12	17	8		129