

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

**DATE:** February 19, 2025

**TO:** District Board of Health

**FROM:** Nancy Diao, ScD, EPHP Director  
775-328-2443; [ndiao@nnpb.org](mailto:ndiao@nnpb.org)

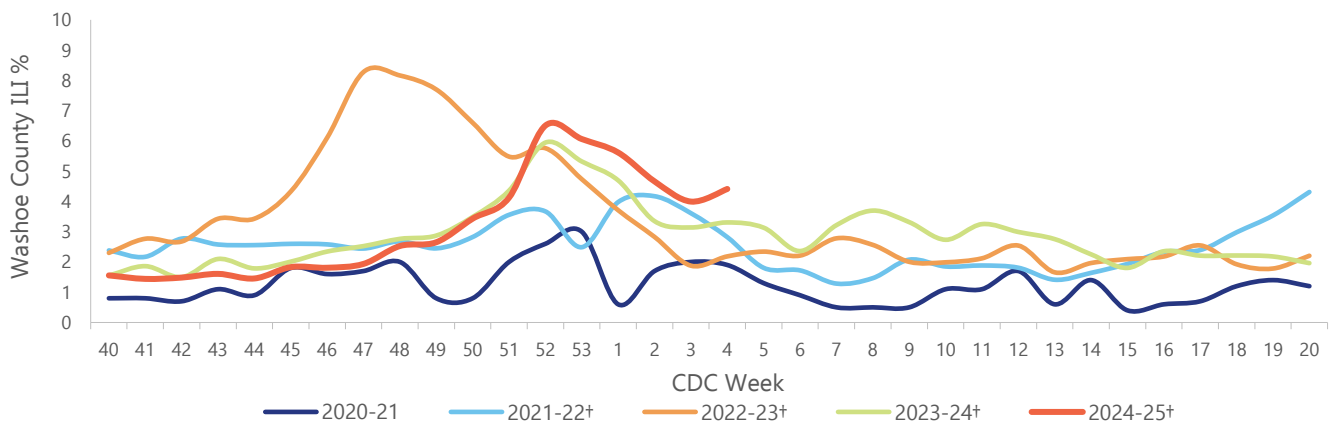
**SUBJECT:** **Epidemiology and Public Health Preparedness** – Epidemiology and Public Health Preparedness – Epidemiology, Public Health Preparedness, Emergency Medical Services, Vital Statistics

**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 ( $\geq 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ]) and cough and/or sore throat for the 2020 through 2024 seasons.

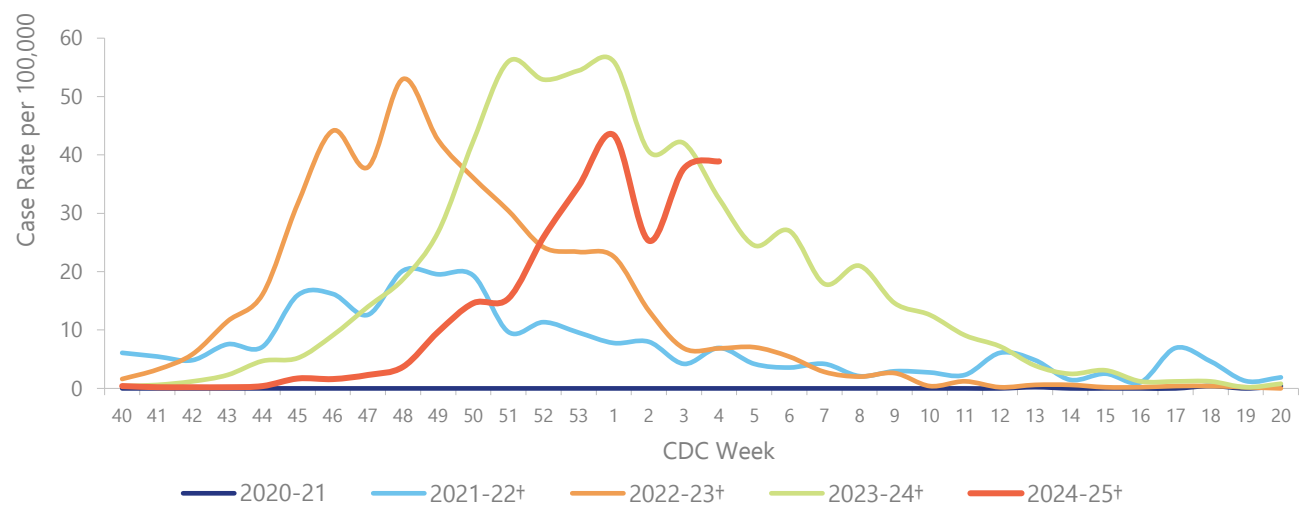
**Fig 1. ILI Activity Reported by Sentinel Providers, Washoe County, 2020-2024 Seasons†**



† 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.

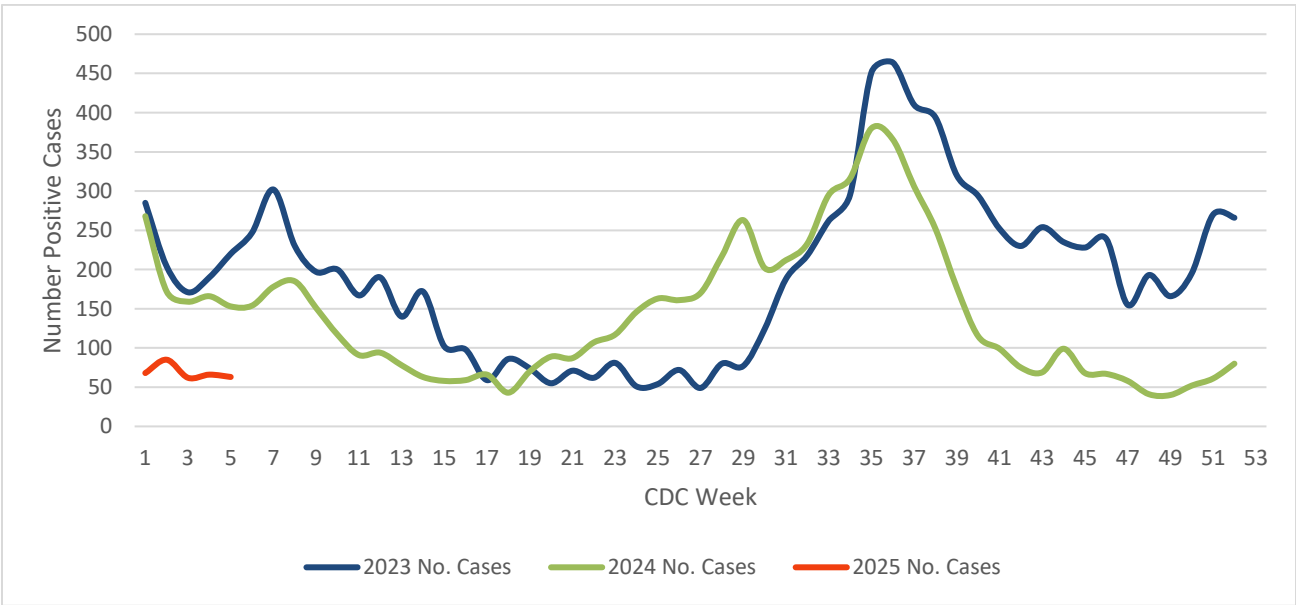
**Fig 2. RSV Case Rate per 100,000 Population by Week Reported, Washoe County, 2020-2024 Seasons†**



† 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 December (n=265) and January (n=306), 571 new COVID-19 cases were reported among Washoe County residents (data as of 02/05/25). 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 January and have been averaging less than 20 cases by 100k residents per week since MMWR week 49.

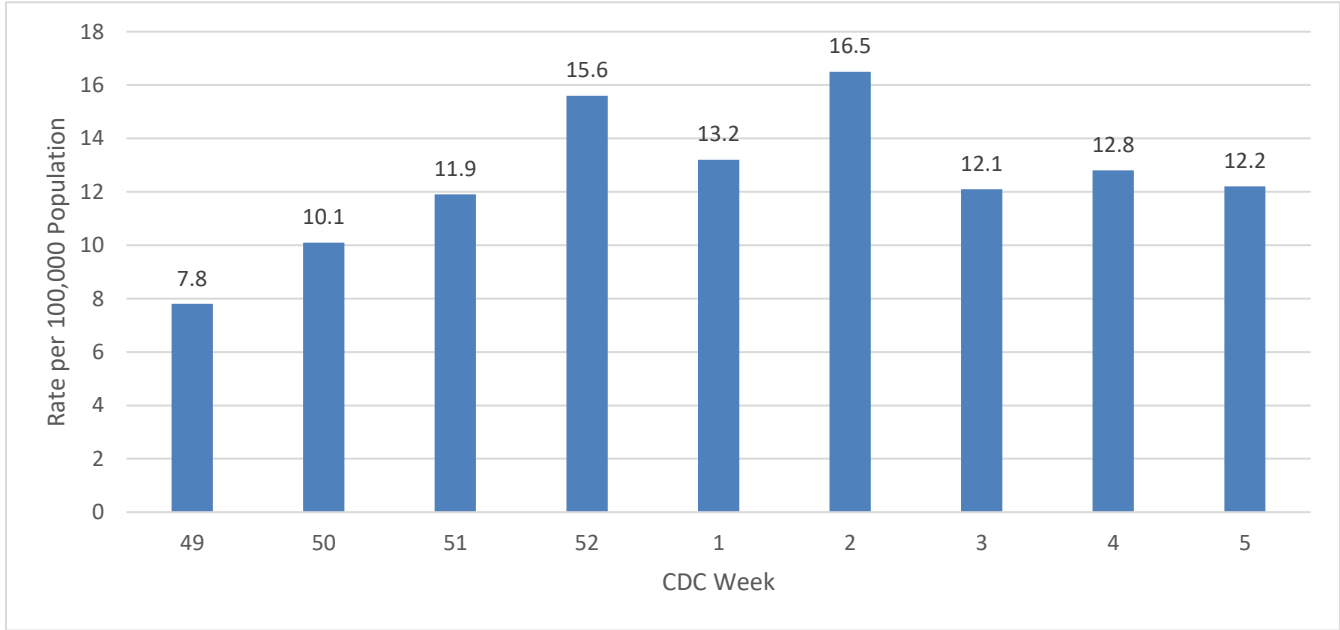
**Fig 3. Total Number of COVID-19 Cases by Week of Report Date in Washoe County from 2023 through 2025†**



† 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 1<sup>st</sup>, 2024, through February 1<sup>st</sup>, 2025. As of MMWR week 5, Washoe County received reports of 12.2 new cases per 100,000 population.

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



Outbreaks – There have been 19 newly declared outbreaks in December 2024; one (1) influenza, six (6) respiratory illness of unconfirmed etiology, four (4) RSV, six (6) gastrointestinal, one (1) hand, foot, and mouth disease, and one (1) other. There have been 15 newly declared outbreaks in January 2025; one (1) influenza, five (5) respiratory illness of unconfirmed etiology, five (5) RSV, one (1) gastrointestinal, three (3) hand, foot, and mouth disease.

| Table 1a: 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     | 1     | 3   | 2    | 1    | 0   | 4    | 3   | 7   | 6   |
| Respiratory Illness  | 3   | 5   | 2     | 2     | 1   | 0    | 0    | 2   | 2    | 1   | 3   | 10  |
| Influenza Confirmed  | 6   | 0   | 3     | 0     | 0   | 0    | 0    | 1   | 0    | 0   | 0   | 1   |
| COVID-19 Confirmed   | 1   | 3   | 1     | 1     | 1   | 1    | 5    | 0   | 3    | 1   | 0   | 0   |
| Rash Illness   | 0   | 0   | 2     | 1     | 1   | 1    | 5    | 0   | 0    | 0   | 1   | 1   |
| Other  | 7   | 1   | 0     | 0     | 1   | 0    | 1    | 0   | 0    | 0   | 0   | 1   |
| Total  | 20  | 15  | 9     | 5     | 7   | 4    | 12   | 3   | 9    | 5   | 11  | 19  |

| 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         |     |       |       |     |      |      |     |      |     |     |     |
| Respiratory Illness  | 10        |     |       |       |     |      |      |     |      |     |     |     |
| Influenza Confirmed  | 1         |     |       |       |     |      |      |     |      |     |     |     |
| COVID-19 Confirmed   | 0         |     |       |       |     |      |      |     |      |     |     |     |
| Rash Illness   | 3         |     |       |       |     |      |      |     |      |     |     |     |
| Other  | 0         |     |       |       |     |      |      |     |      |     |     |     |
| <b>Total</b>   | <b>15</b> |     |       |       |     |      |      |     |      |     |     |     |

Note1: Data obtained as of February 4<sup>th</sup>, 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 Dec 2024 includes streptococcal pharyngitis.

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 January, there were four (4) Epi News newsletters published:

- **Childhood Immunizations in Washoe County:** This Epi News serves to educate the public about childhood immunizations in Washoe County. It details the role of vaccinations to keep children healthy by helping a person's immune system recognize and learn to fight diseases that can cause serious illness or even death. This Epi News presents local and statewide childhood immunization data and recommendations for encouraging vaccination, including details about the seven series vaccinations and school and childcare immunization requirements.
- **Quarterly Communicable Disease Reporting and Statistics (2024 Q4):** This Epi News is a quarterly report published after data was completed for the 4<sup>th</sup> quarter of 2024 (October – December). It includes summary statistics of reportable conditions by case count and the percent change compared to previous years in the same quarter. This data provides information relevant to the public about the type of disease investigations and landscape of cases in Washoe County and also releases details regarding any trends which indicate rising or falling incidence among residents.
- **Accelerated Subtyping of Influenza A in Hospitalized Patients.** The Health Alert Network (HAN) Health advisory was issued to provide information about accelerated subtyping of influenza A in hospitalized patients with instructions to clinicians and laboratories. Due to sporadic human infections with avian influenza A (H5N1) viruses amid high levels of seasonal influenza activity, the Centers for Disease Control and Prevention (CDC) recommended expediting subtyping of influenza A-positive specimens from hospitalized patients, particularly those in the intensive care unit (ICU). The purpose is to prevent delays in identifying human infections with avian influenza A (H5N1) viruses, supporting optimal patient care and timely infection control and case investigation.

- **Norovirus:** This Epi News serves to educate the public about norovirus, an infection that is one of the leading causes of gastrointestinal illness (GI). Washoe County has experienced an increase in GI-related outbreaks, of which several contagions might be the root cause. Norovirus is not a mandatory reportable condition for the state of Nevada but, in the United States, is responsible for causing illness in 19 to 21 million people each year. Norovirus is responsible for many outbreaks in settings such as long-term care facilities, schools, childcare centers, and cruise ships. Tips for prevention and recognizing the illness were detailed in this Epi News for general educational purposes, as well as diagnostic and testing recommendations to providers coupled with treatment options.

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

- **Shigellosis Outbreak:** This Epi News was an outbreak declaration to alert providers and the public of a shigellosis outbreak in Washoe County and provide recommendations for prevention and control. Northern Nevada Public Health (NNPH) declared a shigellosis outbreak associated with those experiencing homelessness. Shigellosis is caused by the bacterium *Shigella*. The primary mode of transmission is the fecal-oral route with infection resulting in gastrointestinal symptoms. Because individuals experiencing symptoms must seek medical care to receive laboratory testing, medical providers were encouraged to order laboratory testing to distinguish cause and provide appropriate treatment. Although most of the cases are associated with homelessness, not all cases were among this group. Information about prevention measures and recommendations for providers were included to increase awareness of this outbreak and the need to disrupt transmission.
- **Acute Flaccid Myelitis:** This Epi News served to educate the public and medical professionals about acute flaccid myelitis (AFM), a clinical syndrome that can cause acute respiratory failure and paralysis. It is a disabling, polio-like condition that mainly affects children under the age of 18. While uncommon, AFM is a known possible complication of infection with certain viruses, yet the exact cause of AFM is still unknown, which underscores the importance of surveillance. Information on testing, diagnosis, and treatment was provided to increase awareness for identification of this disease for improved recognition among healthcare professionals.

#### Other Reports –

- The 4<sup>th</sup> quarter Community-wide Surveillance for Carbapenemase Producing Organisms (CPO) Statistical Report for 2024. The report is located at <https://www.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/healthcare-professionals/CPO.php>

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 December, there were 602 positive labs reported, with 86% resulting in a confirmed, probable, or suspect case. During January, there

were 825 positive labs reported, with 88% 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 memorandum 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 been working 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 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 are being explored.

#### Public Health Preparedness (PHP) Program

##### Public Health Emergency Preparedness (PHEP) -

The Medical Reserve Corps (MRC) 2025 training calendar was finalized and distributed in early January. Recurring training topics were included, such as Stop the Bleed and Psychological First Aid. New topics planned for the upcoming year include Shelter Training with the American Red Cross, Real-Life Applications for the National Incident Management System (NIMS)-Incident Command System (ICS) with Washoe County School District Emergency Management, and Individual/Household Emergency Preparedness with Washoe County Emergency Management.

The MRC Program conducted a drill to test the capacity of its electronic communications and the overall ability of the MRC Program to respond. The Communications Drill took place on January 14, 2025, instructing MRC volunteers to respond to an email simulating a possible activation in response to an emergent event. The email was sent to 30 active MRC volunteers, 45% responding rate.

Members of the PHP staff are working with the State of Nevada PHEP to coordinate the state's five-year strategic plan workgroup objectives. They met in January to discuss this effort. The workgroups include Fiscal & Administration, Clinical Advisor, Behavioral Health, Pediatric, Statewide Bed Availability, Health Equity, Information Sharing, and Resources and Supply Chain. This is an ongoing effort to support the state's strategic planning initiatives.

An initial meeting was held on January 8, 2025, between PHP and Washoe County IT/Tech Services. The purpose of the meeting was to foster positive connections, open communications, and discuss potential collaboration on a future emergency preparedness exercise that will include an active role for IT.

PHP staff participated in the Integrated Preparedness Planning Workshop on December 19, 2024. This workshop brings together representatives from organizations across Washoe County to review and discuss education, training, and exercise opportunities across the region. It helps align these activities across organizations to maximize efficiency.

PHEP staff are working with the regional Hazardous Materials teams (TRIAD/CLEAR) and the Sheriff's bomb squad to develop incident protocols for radiation events based on current federal guidance for operations during the first 100 minutes of an event. These protocols will provide responders with initial guidance on handling radiological events.

An SOP was drafted for the use of the AlertMedia system by designated PHEP staff. The AlertMedia online system is owned by Washoe County to facilitate timely information-sharing with staff during emergencies. NNPH is partnering with Washoe County to gain access for creating messaging directed at NNPH staff and specific community partner groups, such as the healthcare coalition.

HPP and PHP are developing and coordinating a full-scale earthquake exercise for hospitals and community partners scheduled for May. A significant part of the exercise will include a workshop featuring the exercise scenario and subject matter experts (SMEs) related to lifelines within emergency management. 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 intent is for each SME to share their roles in the immediate aftermath of the identified hazard and educate attendees prior to the two-day exercise.

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

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

The Response Guide has been updated to incorporate the newly proposed HPP Capabilities and feedback from coalition members. Additional revisions include improvements in document formatting, alignment with IHCC documents (such as bylaws and the Mutual Aid Evacuation Agreement), and enhanced Americans with Disabilities Act (ADA) compliance. The coalition approved these updates on January 10<sup>th</sup>, with the new version set to take effect in March 2025.

The Preparedness Planning Guidelines have been revised to reflect the FY25 Hazard Vulnerability Assessment (HVA) and the FY26 priorities for each provider type. The coalition's top five hazards are now earthquakes, cybersecurity threats, external fires, temperature extremes, and supply chain shortages or failures. Notably, most of these top hazards are weather-related, in contrast to FY24, where the primary hazards were communicable diseases.

#### FY25 HVA

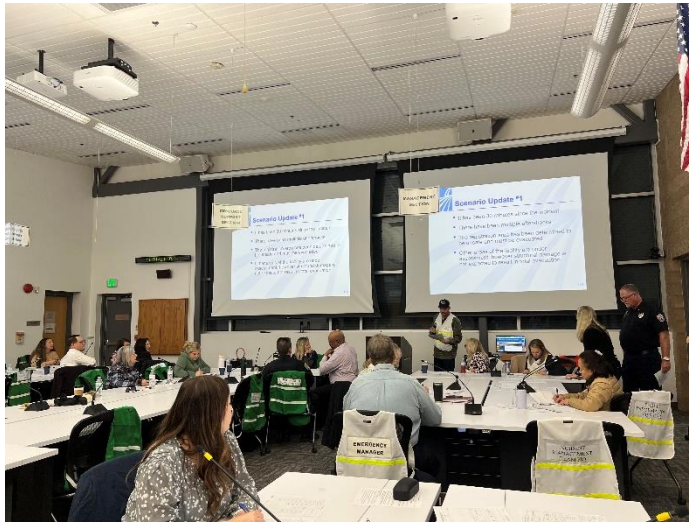
The top 10 hazards as identified through the coalition's FY25 HVA are as follows:

- Cybersecurity – 30%
- Fire, External- 30%
- Earthquake- 30%
- Temperature Extremes- 27%
- Supply Chain Shortage/Failure- 27%
- Workplace Violence/Threat – 26%
- Severe Storms – 25%
- Extreme Weather- 25%
- Weapon – 25%
- Power Outage, Unplanned -24%

HPP staff, in collaboration with REMSA Health, provided training on the Mutual Aid Evacuation Agreement (MAEA) to Northern Nevada Health Systems on January 24, 2025. Trainings like these are essential to ensure that all partners are familiar with the evacuation procedures for Washoe County, enabling a coordinated and efficient response. By training staff and organizations on the MAEA, we strengthen our community's ability to quickly share resources, assist with patient evacuations, and maintain continuity of care during crises. This preparedness helps ensure the safety and well-being of both patients and providers when responding to emergencies.

On January 29, 2025, the coalition hosted an instructor-led session for the Hospital and Nursing Home Incident Command System (HICS/NHICS) course. The training objectives included understanding the core concepts and features of the Incident Command System, recognizing the roles and relationships within the Incident Management Team, learning to use HICS forms, and applying the Incident Response Guide. After the educational portion, the instructor facilitated a brief tabletop exercise (TTX) centered on an earthquake scenario, which aligns with the coalition's top hazard. This scenario also served as preparation for the Spring 2025 Earthquake Exercise for community partners.





The earthquake exercise will take place in May, with two available dates for community partners to participate. Agencies are not expected to participate on both dates but are encouraged to observe and evaluate on the date they are not directly involved. Healthcare partners will focus on activating the MAEA, evaluating building infrastructure, and addressing utility disruptions. Planning for the exercise will continue through May to finalize the details.

HPP staff continue 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 enhance redundant communications during disasters.

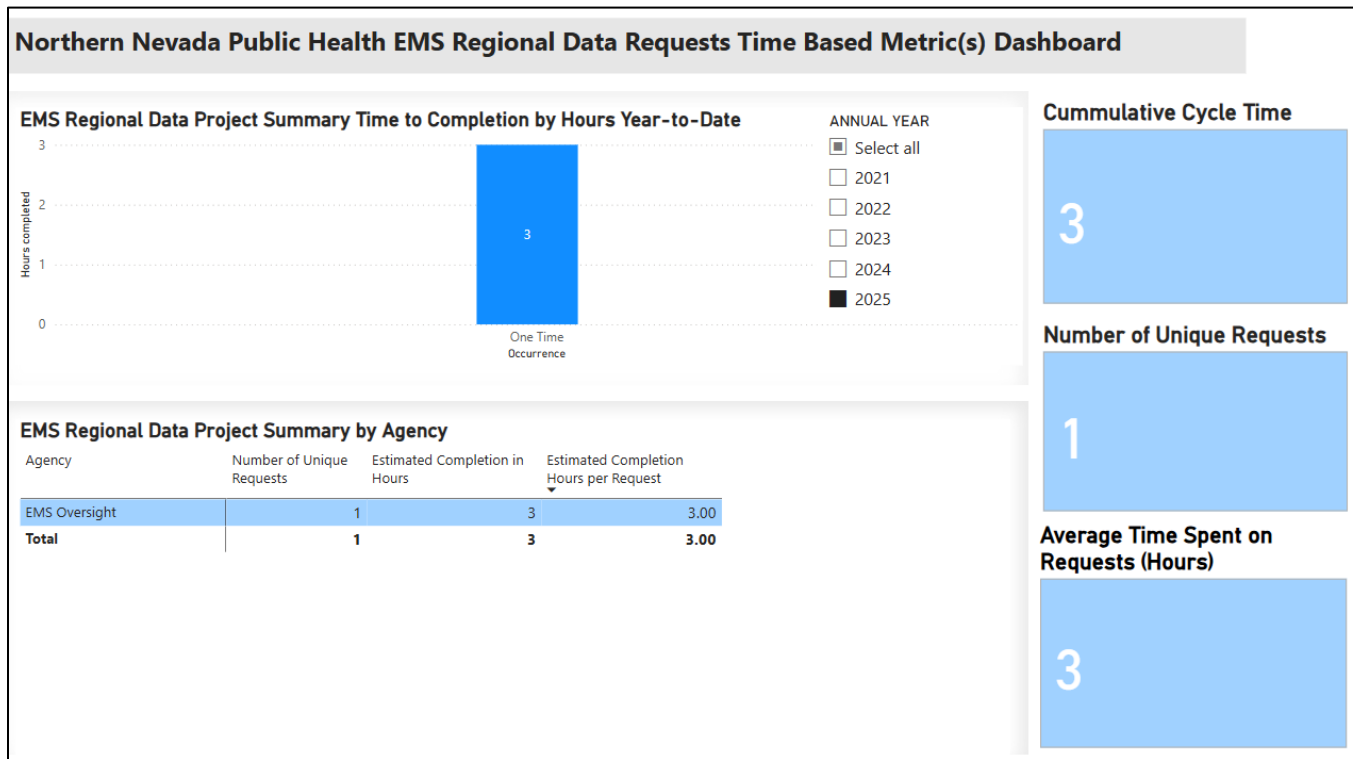
#### Emergency Medical Services (EMS) Oversight Program

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. Discussions within the JAC regarding revisions to the Franchise Agreement have been paused and will continue as directed by the DBOH. 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 – In September 2024, all three regional fire EMS agencies have transitioned to an online data collection platform that processes and reports standardized information on medical emergency calls in Washoe County. This uniform approach to data collection and reporting across all fire EMS agencies will enhance the consistency and transparency of medical response within the community. 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. In January 2025, Truckee Meadows Fire Department and Northern Nevada Public Health reached a bilateral 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– For calendar year 2024, the EMS Oversight Program logged 11 unique data requests from regional EMS agencies and community organizations with 152 hours of cumulative cycle time. The average time spent on each data request is approximately 14 hours. For January 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       |

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

“Exemptions 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.

| <b>Table 2. REMSA Health Percentage of Compliant Priority 1 Responses by Zones FY 2025</b> |               |                         |
|--|---------------|-------------------------|
| <b>Month*</b>  | <b>Zone A</b> | <b>Zone B, C, and D</b> |
| 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 202  | 91            | 95                      |
| <b>Fiscal Year-To-Date*</b>  | <b>91</b>     | <b>93</b>               |

\*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 December and January, the program staff received and reviewed eight (8) 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 December and January. 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 1a: Number of Transactions for Birth and Death Records- December 2024**

| <b>December</b> | <b>In Person</b> | <b>Mail</b> | <b>Online</b> | <b>Total</b> |
|-----------------|------------------|-------------|---------------|--------------|
| Birth           | 787              | 17          | 361           | <b>1165</b>  |
| Death           | 1907             | 8           | 497           | <b>2412</b>  |
| <b>Total</b>    | <b>2694</b>      | <b>25</b>   | <b>858</b>    | <b>3577</b>  |

**Table 1b: Number of Transactions for Birth and Death Records- January 2025**

| <b>January</b> | <b>In Person</b> | <b>Mail</b> | <b>Online</b> | <b>Total</b> |
|----------------|------------------|-------------|---------------|--------------|
| Birth          | 1023             | 14          | 539           | <b>1576</b>  |
| Death          | 2082             | 15          | 487           | <b>2584</b>  |
| <b>Total</b>   | <b>3105</b>      | <b>29</b>   | <b>1026</b>   | <b>4160</b>  |

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

|              |               | 2024 |     |     |     |     |     | 2025 |     |     |     |     |     | <b>Total</b> |
|--------------|---------------|------|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|--------------|
|              |               | Jul  | Aug | Sep | Oct | Nov | Dec | Jan  | Feb | Mar | Apr | May | Jun |              |
| <b>Birth</b> |               |      |     |     |     |     |     |      |     |     |     |     |     |              |
|              | Registrations | 450  | 532 | 473 | 502 | 411 | 504 | 453  |     |     |     |     |     | <b>3325</b>  |
|              | Corrections   | 93   | 71  | 75  | 55  | 37  | 76  | 71   |     |     |     |     |     | <b>478</b>   |
| <b>Death</b> |               |      |     |     |     |     |     |      |     |     |     |     |     |              |
|              | Registrations | 478  | 437 | 478 | 481 | 447 | 523 | 530  |     |     |     |     |     | <b>3374</b>  |
|              | Corrections   | 7    | 6   | 13  | 8   | 10  | 10  | 17   |     |     |     |     |     | <b>71</b>    |