

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

DATE: July 17, 2024

TO: District Board of Health

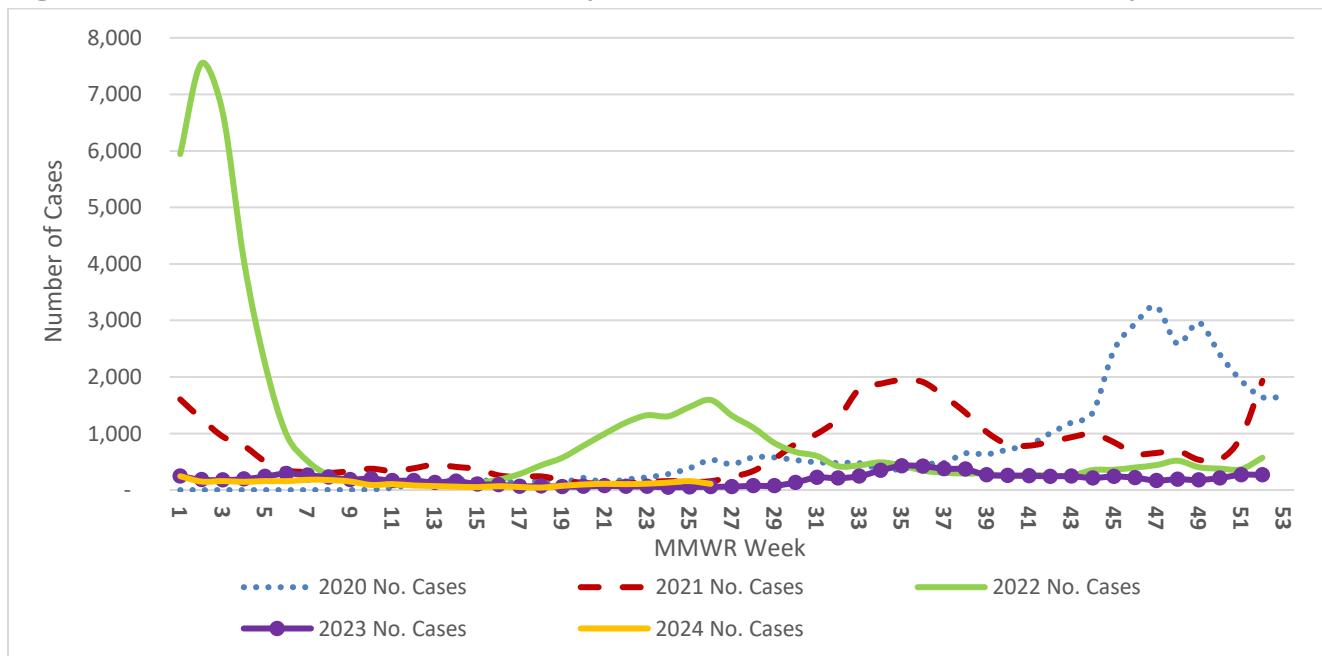
FROM: Nancy Diao, ScD, EPHP Director
775-328-2443; ndiao@nmph.org

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 June, 587 new COVID-19 cases were reported among Washoe County residents. Figure Fig 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 June 2024.

Fig 1. Total Number of COVID-19 Cases by Week of Onset Date in Washoe County, 2020-2024

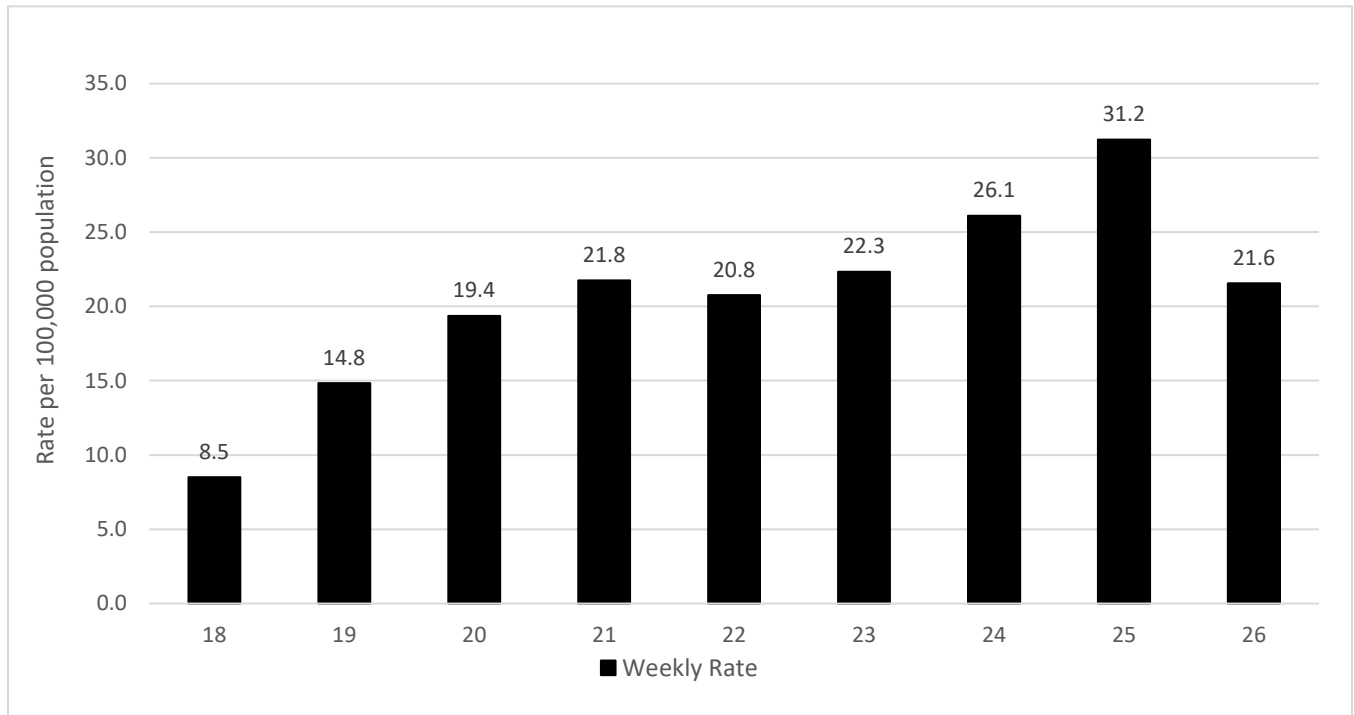


Note: there is no MMWR week 53 in 2021, 2022, or 2023

*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 from April 28 through June 29, 2024. As of MMWR week 26, Washoe County received reports of 21.6 new cases per 100,000 population.

Fig 2. Newly Reported COVID-19 Cases Per 100,000 population by MMWR Week, April 28 - June 29 2024, Washoe County



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

COVID-19 Testing- Testing continues to be offered two days per week via home visits. During the month of June, only 3 tests were requested and performed. Table 1 summarizes the number of tests performed to date since the beginning of 2021.

Table 1. Number of Tests Performed	
Month Reported	Tests Performed
2021 Totals	30,996
2022 Totals	7,892
2023 Totals	641
January 2024	17
February 2024	283
March 2024	11
April 2024	6
May 2024	1
June 2024	3

Outbreaks – There were four (4) newly declared outbreaks in June. Two (2) gastrointestinal (GI), one (1) COVID confirmed, and one (1) rash outbreak.

Type	Jan	Feb*	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gastrointestinal Illness	3	6	1	1	3	2						
Respiratory Illness	3	5	2	2	1	0						
Influenza Confirmed	6	0	3	0	0	0						
COVID Confirmed	1	3	1	1	1	1						
Rash Illness	0	0	2	1	1	1						
Other	7	1	0	0	1	0						
Total	20	15	9	5	7	4	0	0	0	0	0	0

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

- **Pneumococcal Disease:** Pneumococcal disease is caused by the bacteria *Streptococcus pneumoniae* and can result in a range of infections. This is considered a vaccine-preventable disease contributing to 50% of bacterial meningitis cases in the United States. This germ can be spread through respiratory droplets or by being in direct contact with saliva and mucous. This issue describes the epidemiology, signs and symptoms of illness, as well as how to diagnose, test and treat these cases. Approximately 40% of invasive disease is resistance to at least one class of antibiotic and it is recommended to vaccinate those less than 5 and those over 65 years of age, as well as anyone who is experiencing chronic conditions or immunocompromised.
- **2022 Washoe County Community-wide Antibigram:** The community antibiogram aggregates data from area hospitals to produce a county representative resource for clinicians, laboratory technicians and healthcare professionals to access. The 2022 antibiogram summary is provided in this issue.
 - Good News
 - MRSA rate decreased between 2021 (33.5%) to 2022 (32.0%). The decrease was not statistically significant.
 - The CRE rate decreased from 0.12% (2021) to 0.06% (2022), but was not a significant decrease.
 - Tetracycline susceptibility increased from 79% to 94% in *E. cloacae*. This increase was statistically significant (χ^2 6.8713, p-value 0.008759).
 - Though decreases in antibiotic susceptibility were observed in multiple organisms, none were determined to be statistically significant.
 - Bad News

- E. aerogenes susceptibility to Imipenem decreased from 71% in 2021 to 59% in 2022, but it was not statistically significant.
 - The rate for penicillin non-susceptible streptococcus pneumonia (PNSSP, non-meningitis breakpoint) increased from 2.4% in 2021 to 2.5% in 2022, but showed no statistically significant difference.
 - In 2022, the VRE rate was 6.4%, but was not a significant increase from 5.0% reported in 2021.
 - The total number of isolates tested increased.
 - The 2022 data are outdated, as this was published in 2024. Staff are working diligently to update the local antibiogram for more recent years (2023).
- The 2022 Antibiogram was uploaded to NNPH's website on May 13, 2024. Different versions of the antibiogram can be found here: <https://www.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/healthcare-professionals/County-wide%20Antibiogram.php>.
 - **CDC HAN Dengue Increase**: Puerto Rico has declared a public health emergency due to higher-than-expected number of dengue cases (1,498) and 745 were among United States travelers from January 1 to June 24, 2024. Healthcare providers should take steps including:
 1. Have increased suspicion of dengue among people with fever who have been in areas with frequent or continuous dengue transmission within 14 days before illness onset,
 2. Order appropriate diagnostic tests for acute DENV infection: reverse transcription polymerase chain reaction [RT-PCR] and IgM antibody tests, or non-structural protein 1 [NS1] antigen tests and IgM antibody tests,
 3. Ensure timely reporting of dengue cases to public health authorities, and
 4. Promote mosquito bite prevention measures among people living in or visiting areas with frequent or continuous dengue transmission.

Six U.S. territories and freely associated states are classified as areas with frequent or continuous dengue transmission: Puerto Rico, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of Marshall Islands, and the Republic of Palau <https://www.cdc.gov/dengue/areas-with-risk/>. In the rest of the United States, local transmission of DENV has been limited, with sporadic cases or small outbreaks in Florida, Hawaii, and Texas. However, confirmed local DENV transmission has also been reported by Arizona and California over the past two years. This CDC HAN provides links and resources for travelers, clinicians, and public health professionals to access.

Other Reports –

- The monthly COVID Report was published June 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 June, there were 130 positive labs reported, with 48% resulting in a confirmed, probable, or suspect case.

Epidemiology Program Cross Divisional Projects

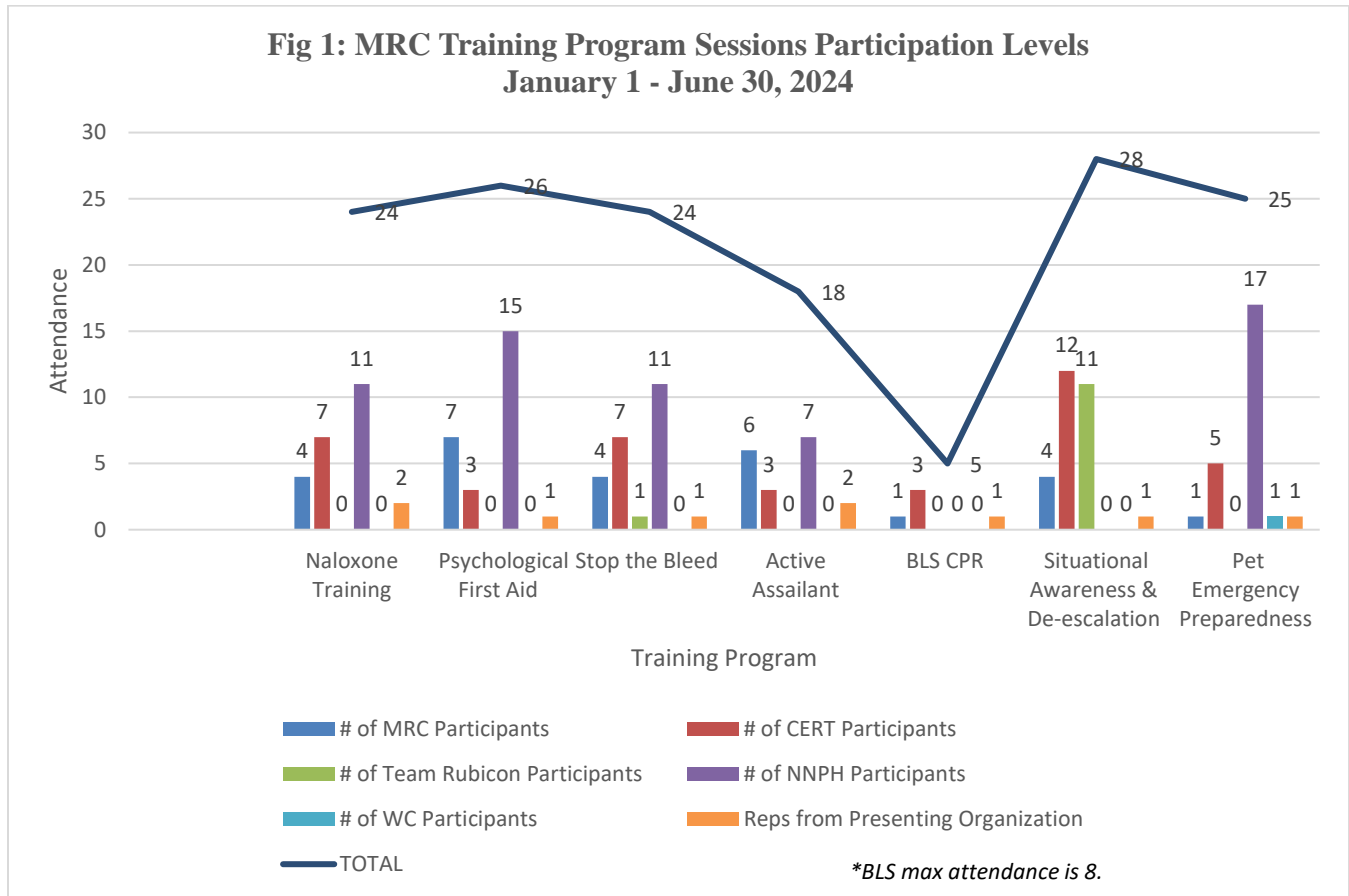
- **Extensively Drug Resistant Organisms (XDRO) database** – The Epidemiology Program is working with the Technology Services team to build a database for storing and tracking cases reported with carbapenem producing organisms (CPO) and *Candida auris* infections, both of which are recognized as chronic 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. Technology Services has built the front end, secure login portal, and are testing prior to migrating existing data NNPH'S Epidemiology Program has tracked since 2018.
 - Technology Services is finalizing Phase I of the XDRO database so the NNPH Healthcare Associated Infection Coordinator epidemiologist can begin to enter data received into the new database and use the new database to prepare for the quarterly report.
- **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 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.
 - Disease investigators and epidemiologists were trained on FD3 and tested the database to provide feedback on FD3 functionality and ease of use. Feedback is being evaluated for implementation and finalization.

Public Health Preparedness (PHP) Program

Public Health Emergency Preparedness (PHEP) -

The month of June was National Pet Emergency Preparedness Month. For most, pets are an important member of our family and should be included in any family emergency plan. The NNPH Medical Reserve Corps (MRC) Program partnered with Washoe County Regional Animal Services (WCRAS) to provide a training focused on the basics of pet emergency preparedness. Useful tips such as microchipping your pet and having enough food, water and medicine to last 3-5 days were shared. There were 26 attendees from MRC, Community Emergency Response Team (CERT), NNPH, and Washoe County. This session is part of a larger series of training courses offered through the MRC Program throughout the year. Training generally covers emergency preparedness and response topics including Naloxone, Psychological First

Aid, Stop the Bleed, Active Assailant, Basic Life Support CPR for healthcare responders, and Situational Awareness and De-escalation. This calendar year to date, 7 trainings have been provided with another 10 scheduled for the remainder of the year, covering additional topics such as Point of Dispensing (POD), Access and Functional Needs (AFN), Fire Extinguisher, and CPR/First Aid. The subject matter training is valuable to volunteer responders such as MRC and, in support of our excellent relationship with other volunteer teams who help respond in emergencies, these are also offered to CERT and Team Rubicon, as well as NNPH staff.



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 (EOP) based on Nevada Revised Statute (NRS) 388.241. To date, PHP has participated in 20 school EOP meetings since October 2023. The Nevada Department of Education (NDE) has created an EOP Workgroup to review the applicable NRS requirements, NDE guidance documents, and school EOP submissions. A PHEP staff member is a participant in the workgroup and attends the bi-weekly meetings.

In an effort expand continual partnership efforts, PHP staff met with members of the University of Nevada, Reno Police Department Community Relations & Support Services Office in June. The meeting was an initial “meet and greet” to share information and expand communication for potential future partnership.

PHP coordinated with the 92nd Civil Support Team of the Nevada National Guard to provide two CHEMPACK clinical training courses for local hospitals and EMS providers. The first class occurred on May 13, 2024 and the second class was on June 4, 2024. This training provided an overview of the CHEMPACK assets and how to get them released for immediate use, and a clinical training to discuss the physiological effects of organophosphate and carbamate poisoning and how to use medical countermeasures to support affected victims. Both courses were held at Renown Regional Medical Center.

Washoe County Emergency Management (WCEM) is working on updates and revisions to the county's Hazard Mitigation Plan. PHP is participating in workgroup meetings and plan development.

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

Lessons learned from the Mass Casualty Incident (MCI) Full-Scale Exercise on May 14 were incorporated into the Mass Casualty Incident (MCI) Plan and MCI Alpha Plan. The revisions to the plans were reviewed and approved by the IHCC on June 14, 2024.

The Response Guide and Preparedness Planning Guidelines were updated to include information based on the proposed Hospital Preparedness Program (HPP) Capabilities released from the Administration for Strategic Preparedness and Response (ASPR). Both plans were reviewed and approved by the IHCC on June 14, 2024.

NNPH PHP staff supported the Veterans Affairs Federal Coordinating Center (FCC) Reno Full Scale Exercise on June 18, 2024, and filled the role of the Medical Service Unit and assisted as the Healthcare Planning Technical Specialist.

HPP Staff and coalition members attended the Healthcare Leadership for Mass Casualty Incidents course in Anniston, Alabama from June 2 to June 8, 2024. This course focused on the integration of hospitals and public health in the incident command system. The training was an opportunity to foster relationships and understand how different jurisdictions prepare for and respond to mass casualty incidents.

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 has been focused on making revisions to the Franchise Agreement for Ambulance Service as well as the implementation of standardized data collection across all EMS agencies in the region.

EMS Data Standardization – By July 1, 2024, regional fire EMS agencies are transitioning to an online data collection platform that will process and report congruent information on medical emergency calls in Washoe County. This uniform collection and reporting of data across all fire EMS agencies will contribute to the consistency and transparency of medical response in the community.

Franchise Agreement for Ambulance Service – The first dialogue on updates to the Franchise Agreement was held on June 25, 2024 with JAC committee members and discussed revisions to Articles 1-5. Phase I of revisions will continue through August.

REMSA Franchise Map – On June 27, District Board of Health (DBOH) approved the FY 24 REMSA Response Zone Map with an effective date of July 1, 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
April 2024	8	-	-	-	8
May 2024	12	-	-	-	12
June 2024	32	-	-	-	32

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
April 2024	90	90
May 2024	91	93
June 2024	90	94
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 June and did not have any concerns that would affect EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program received zero (0) applications for Mass Gatherings/Special Events in the month of June. The Program provided a letter to Nevada Emergency Medical Services Program informing the program NNPH will provide them with the appropriate information received mass gatherings so they can conduct inspections.

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- June 2024

June	In Person	Mail	Online	Total
Birth	673	12	387	1072
Death	1339	21	500	1860
Total	2012	33	887	2932

Table 2: Number of Records Processed by Vital Statistics Office- FY 2024

		2023						2024						Total
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Birth														
	Registrations	481	470	389	504	456	374	539	464	438	481	471	392	5459
	Corrections	56	57	64	65	45	44	24	7	99	64	77	40	612
Death														
	Registrations	458	533	437	483	500	463	554	528	496	474	477	473	5876
	Corrections	18	11	12	7	18	14	10	13	15	12	19	9	158