

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: June 27, 2024**

DATE: June 20, 2024

TO: District Board of Health

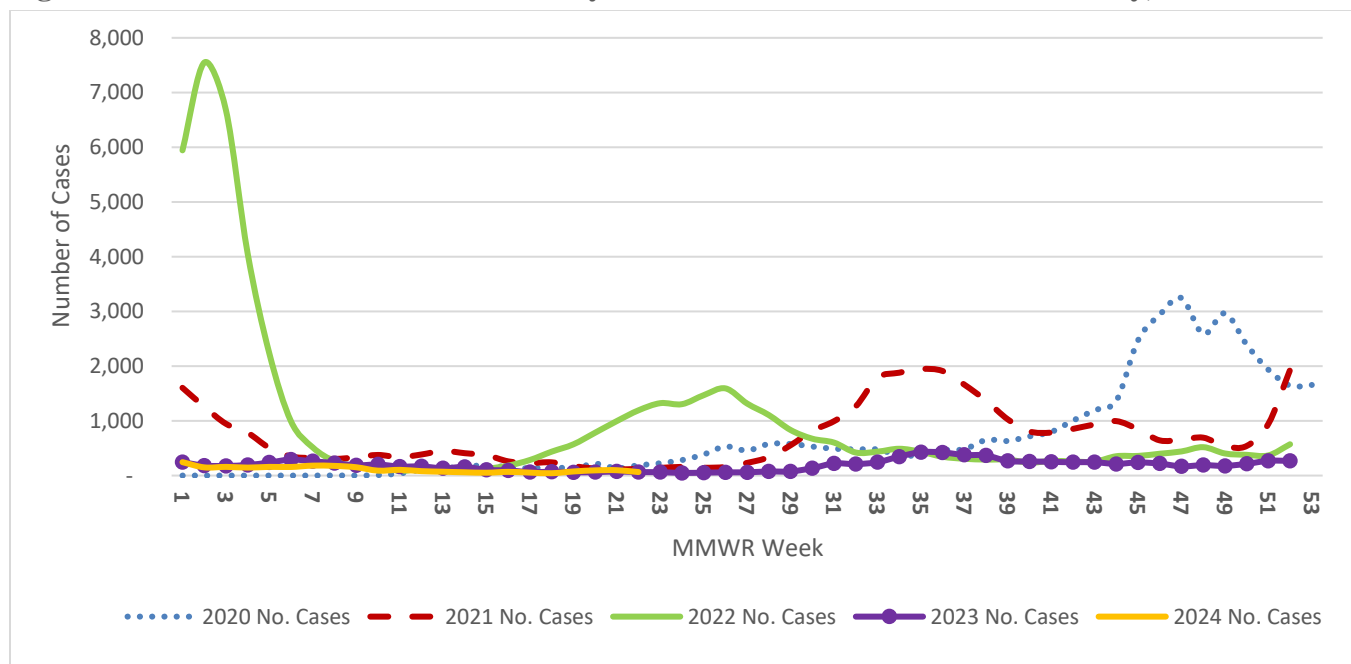
FROM: Nancy Diao, ScD, EPHP Director
775-328-2443; ndiao@nmph.org

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 May, 353 new COVID-19 cases were reported among Washoe County residents. FigureFig 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 May 2024.

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

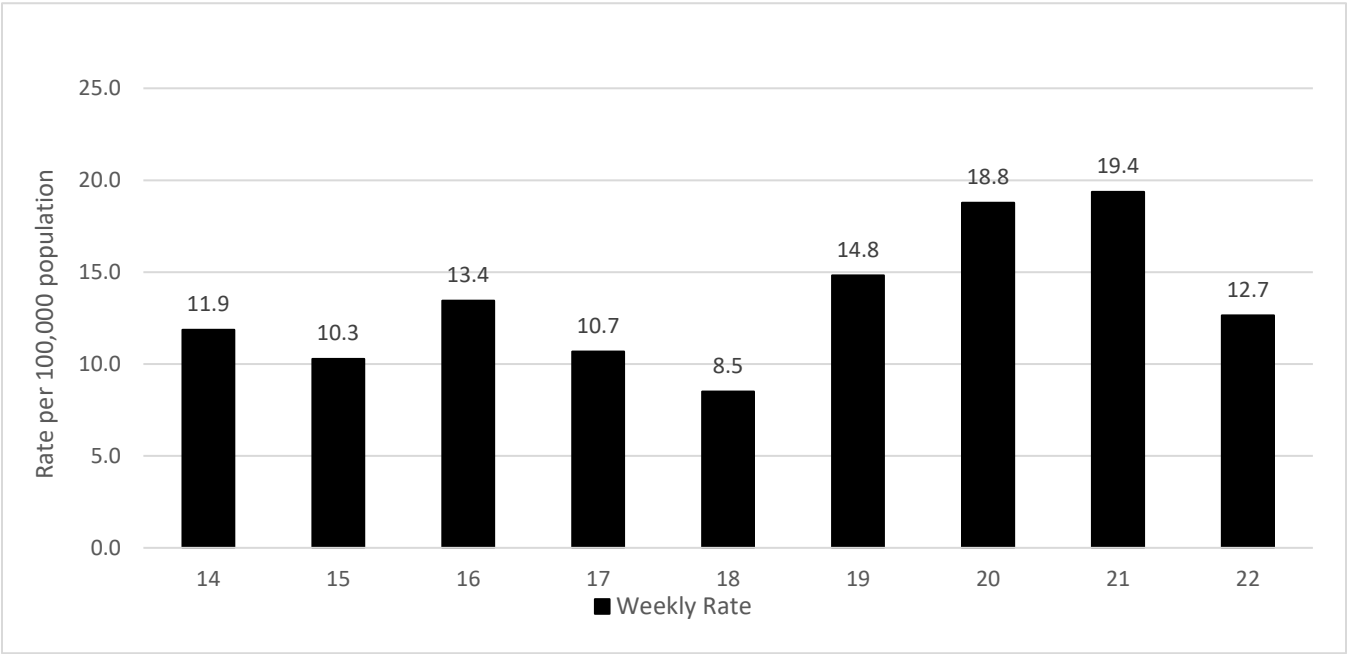


Note: there is no MMWR week 53 in 2021, 2022, or 2023

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

FigureFig 2 Illustrates the number of new cases by either illness onset or specimen collection date (if onset date is unknown or the case was asymptomatic) per 100,000 population over the course of nine weeks, from the last week in March 2024 through June 1, 2024. As of MMWR week 22, Washoe County received reports of 12.7 new cases per 100,000 population.

Fig 2. Newly Reported COVID-19 Cases Per 100,000 population by MMWR Week, March 31 - June 1, 2024, Washoe County



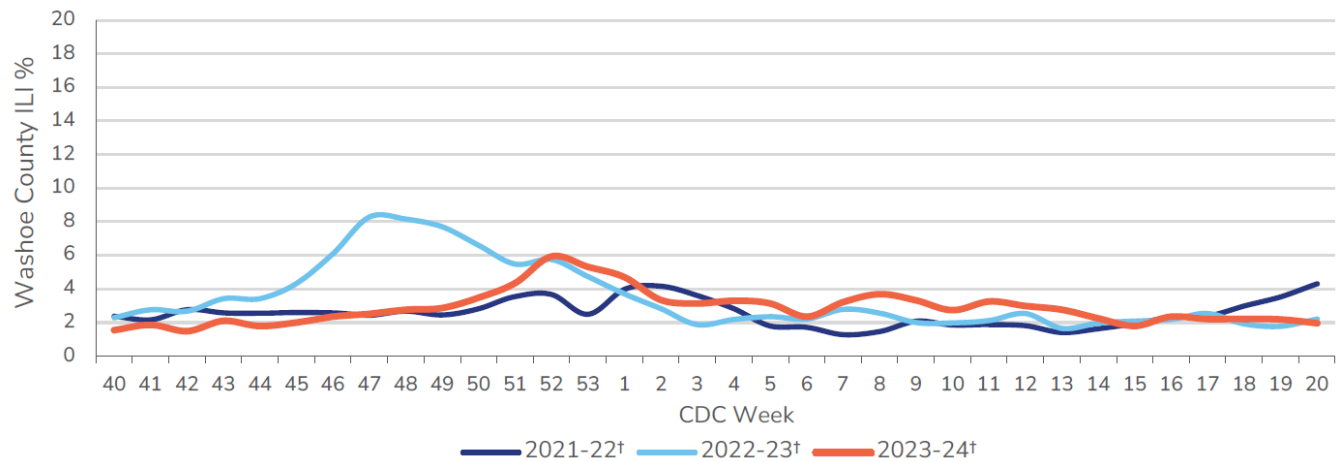
*If illness onset date is missing or unknown, specimen collection date is used

COVID-19 Testing- Testing continues to be offered two days per week via home visits. Only 1 risk assessment and 1 test were requested and performed in May. Table 1 summarizes the number of tests performed 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

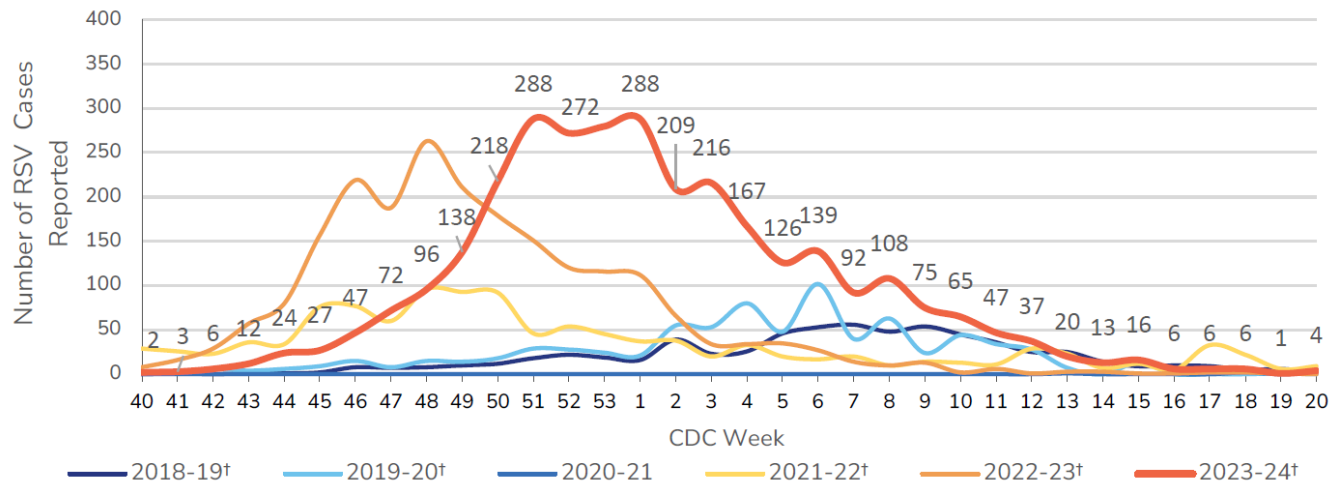
Influenza-like Illness – Influenza season officially began in MMWR week 40, October 1, 2023. The Influenza Season officially ended May 20, 2024, and a seasonal summary report will be published in weeks to follow. FigureFig 3 Provides a snapshot of the percent of patients presenting to sentinel surveillance providers with influenza-like illness (ILI) defined as fever ($\geq 100^{\circ}\text{F}$ [37.8°C]) and cough and/or sore throat. FigureFig 4 Illustrates RSV cases reported by week. The recent two seasons have reported notably higher RSV cases than the 10 seasons prior. However, ILI and RSV trends decreased as expected towards the end of the season.

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 seven (7) newly declared outbreaks in May. Three (3) gastrointestinal (GI), one (1) respiratory, one (1) COVID confirmed, one (1) rash, and one (1) other - RSV outbreak.

Table 2: 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							
Respiratory Illness	3	5	2	2	1							
Influenza Confirmed	6	0	3	0	0							
COVID Confirmed	1	3	1	1	1							
Rash Illness	0	0	2	1	1							
Other	7	1	0	0	1							
Total	20	15	9	5	7	0	0	0	0	0	0	0

*February outbreak totals were updated.

Epi News – Epi News is a brief (1-3 page) newsletter 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.nmph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

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

- **2024 Q1 Reporting and Stats:** During quarter 1 of 2024 the three diseases with the largest increase were RSV (+ 353.7%), influenza A (+142.7%), and HIV (+75.7%), while the three with the largest decrease were COVID-19 (-81.4%), syphilis - early latent (-59.0%), and carbapenem-resistant organisms (-46.9%). The percentage increases and decreases for the quarter are measured relative to the respective quarters for the previous 5 years average.
- **Perinatal HCV:** An overview of the Centers for Disease Control and Prevention (CDC) recommendations for testing infants exposed to hepatitis C virus (HCV) during pregnancy or delivery. It is estimated that 6-7% of perinatally exposed infants and children will develop chronic HCV infection. However, approximately 70% of perinatally exposed children are not being tested for HCV. Rates of acute HCV infection have more than tripled from 2010 through 2021 among persons of reproductive age. Additionally, overall rates of HCV infections during pregnancy have increased by 20% during 2016–2020 and up to tenfold during 2000–2019. CDC recommendations include:
 - 1) HCV testing of all perinatally exposed infants with a nucleic acid test (NAT) for detection of HCV RNA at age 2–6 months. Infants and children aged 7–17 months who are perinatally exposed to HCV and have not previously been tested also should receive a NAT for HCV RNA.
 - 2) Children aged ≥18 months who are perinatally exposed to HCV and have not previously been tested should receive an anti-HCV test with reflex to NAT for HCV RNA. Children aged ≥18 months with detectable HCV RNA should be linked to care. Children aged ≥18 months with nonreactive anti-HCV or an undetectable HCV RNA result do not require further follow-up.
- **Invasive *Haemophilus Influenzae*:** Describes the epidemiologic principles of *Haemophilus influenzae*, a bacterium responsible for a range of illnesses and associated symptoms. There are

six serotypes, one of which is type b, vaccine-preventable, and among the recommended childhood vaccination series.

Other Reports –

- The monthly COVID Report was published May 10, 2024. The report includes data for COVID-19 cases reported over the past month, including case counts based on 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>
- The 2022 Community Antibigram is also now completed in May and available online here <https://www.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/healthcare-professionals/County-wide%20Antibiogram.php>

General Communicable Diseases – The Epidemiology Program Manager attends a weekly meeting with state partners to discuss the implementation of EpiTrax as challenges are addressed. Several validation processes are in place to verify that the reporting is accurate. During May, there were 157 positive labs reported, with 40% 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 Washoe County Technology Services to build a database for storing and tracking cases reported with carbapenem producing organisms (CPO) or *Candida auris* infections, 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. The CDC is closely monitoring these types of infections as emergent infections. NNPH has built a strong Healthcare Associated Infection (HAI) prevention program to coordinate, detect, and mitigate spread once these cases are identified. Technology Services staff has supported building the front end and secure login portal and are testing prior to migrating existing data NNPH'S Epidemiology Program has tracked since 2018. In May, the Epidemiology Program Manager and the HAI Surveillance Coordinator attended a meeting with a pilot hospital to re-engage with the technical and compliance staff to begin testing the functionality of the XDRO database.
- **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 and food-establishment complaints received by the Environmental Health Services Division staff. The multiple data inputs into a single database should assist in the 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 the Foodborne Disease Detection Database or FD3. FD3 is currently loaded to a server and being tested for multi-user functionality.

Public Health Preparedness (PHP) Program

Public Health Emergency Preparedness (PHEP) -

Two training programs were provided by the Medical Reserve Corps (MRC) Program in May. Basic Life Support (BLS) for healthcare professionals was offered on May 8, 2024, by the MRC Program in coordination with REMSA. Upon completing the training, participants were provided with a BLS Provider certification, valid for two years. Due to the specialized nature of the training, four participants attended from MRC and Community Emergency Response Team (CERT). The second program offered was Situational Awareness and De-escalation Training, delivered by Washoe County School District Emergency Management, with 27 attendees. The next training, Pet Emergency Preparedness, will occur in June, National Pet Emergency Preparedness Month.

Since April 2024, the MRC program has provided an MRC volunteer to support the Community and Clinical Health Services (CCHS) Division. The registered nurse volunteer is volunteering weekly to conduct research to update standing orders for provision of care by CCHS.

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. PHP has participated in 18 school emergency operations plan (EOP) meetings since October 2023, with 10 of the 18 occurring in May 2024. Additional school EOP meetings are scheduled for June 3 and 17, 2024. 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 representative is a workgroup member and attends the bi-weekly meetings.

PHP supported and participated in the NNPH Hospital Preparedness Program (HPP) Mass Casualty Incident (MCI) Full-Scale Exercise on May 14, 2024. The exercise included the participation of 60 volunteers from MRC, CERT, and other community partners, including the University of Nevada, Reno, Truckee Meadows Community College, and Washoe County School District.

The State of Nevada Public Health Preparedness Program hosted the quarterly PHP Partners Meeting, which included representatives from Southern Nevada Health District, Northern Nevada Public Health, Quad-Counties Public Health Preparedness, Central Nevada Health District, State Public Health Laboratory, and other state agencies. Discussion items included the State's strategic plan, the Healthcare Preparedness Program Notice of Funding Opportunity (NOFO), regional updates, and a Disaster in Seconds program walk-through.

Two members of the PHP staff attended the NACCHO MRC National Summit from May 21-24, 2024, in Chicago, IL. Both staff members received an NACCHO scholarship, which provided 100% of the funding needed to attend the conference. The theme of the conference, "The Power of Community, Collaboration, and Connection: MRC Leading the Way for the Next 20 Years," provided an opportunity to reflect on the successes of the network's growth and value during the first 20 years and discover ways to expand the MRC reach in communities to position the network for continued excellence. In addition, the Summit allowed attendees to connect with colleagues, share peer-to-peer best practices, and share resources that enhance unit capabilities to prepare for, respond to, and recover from future pandemics, disasters, and emergencies.

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

On May 14, 2024, NNPH PHP and EMS Oversight Programs held a Mass-Casualty Incident (MCI) Full-Scale Exercise near the Nugget Event Center with involvement from the City of Sparks, hospitals, fire and EMS agencies, law enforcement, emergency management, and other healthcare facilities in the region. The exercise tested the MCI Plan, specifically focusing on the self-transport component and the surge of emergency departments. Exercises like this help improve community preparedness and response efforts across different jurisdictions. Meetings will be held with MCI Plan partners to discuss plan updates based on lessons learned from the exercise to be updated by the end of the fiscal year.

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) grant. The plans will be taken to IHCC for review and approval in June.

A University of Nevada, Reno, Summer Graduate Intern is currently working in the program and will review and revise the HPP Capability Assessments. These assessments were previously shared with all coalition partners to better understand strengths and areas for improvement by provider type in Washoe County. Moving forward, these assessments have the potential to be used as a national model for assessing the HPP Capabilities. The HPP Public Health Emergency Response Coordinator will present this topic at the National Healthcare Coalition Preparedness Conference in December 2024.

The HPP staff continues participating in the weekly Hospital Net, a Ham Radio communications drill among Northern Nevada and Eastern California hospitals. 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 the upcoming revisions to the Franchise Agreement for Ambulance Service and the implementation of standardized data collection across all regional EMS agencies.

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 – Discussions continue regarding the review of operations and revisions that will be made to the Franchise over the coming months.

REMSA Franchise Map – In March, the Program met with REMSA Health and Truckee Meadows Fire Protection District representatives to discuss the latest REMSA Response Zone Map proposal. Following the data collection criteria for call volume and population density within Washoe County, the map was reviewed with no recommended changes, as the patterns for FY23 and FY22 were synonymous. The scheduled effective date of the map is July 1, 2024, after approval.

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

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 by 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 15 minutes 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
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 seven (7) applications during May and did not have any concerns that would affect EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program received five (5) applications for Mass Gatherings/Special Events in May. The events did not meet the minimum number of attendees needed to be considered as a mass gathering.

Vital Statistics

Vital Statistics has continued to serve the public through the mail, online, and in person. During May, Vital Statistics staff registered 477 deaths and 471 births; 19 deaths and 77 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

May	In Person	Mail	Online	Total
Death	1779	30	573	2382
Birth	782	27	416	1225
Total	2561	57	989	3607