

**Population Health Division**  
**Division Director Staff Report**  
**Board Meeting Date: January 22, 2026**

**DATE:** January 13, 2026

**TO:** District Board of Health

**FROM:** Nancy Diao, ScD, PHD Director  
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**SUBJECT:** **Population Health** – Epidemiology, Statistics and Informatics, Public Health Preparedness, Emergency Medical Services, Vital Statistics, Sexual Health Investigations and Outreach, Chronic Disease and Injury Prevention

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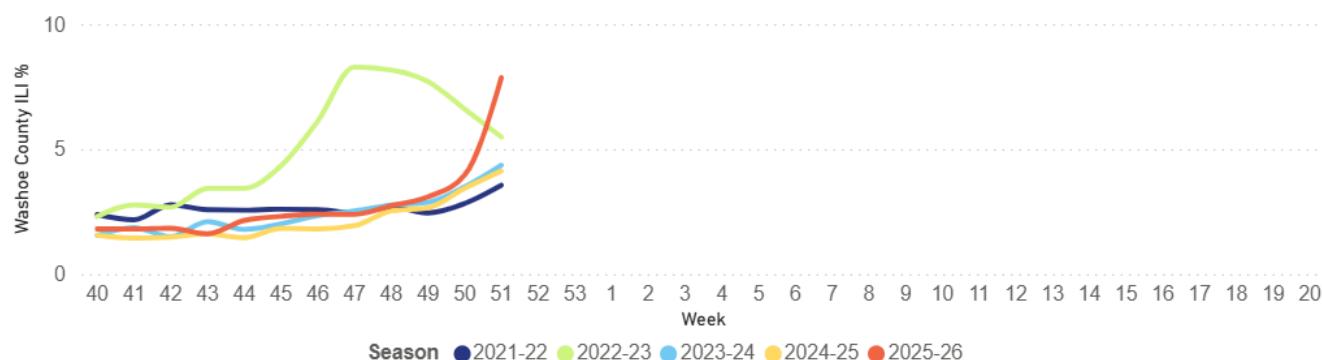
### Epidemiology Program

#### Respiratory Virus Surveillance

The 2025-2026 Respiratory Season began in MMWR Week 40, September 28, 2025. Weekly respiratory updates are distributed and accessible through the 2025-2026 Respiratory Virus Surveillance Dashboard: [Respiratory Virus Surveillance Program](#)

Influenza-like Illness – 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 2021 through 2025 seasons. There has been significant increases in ILI activities since MMWR week 49, primarily driven by influenza increases.

**Fig 1. ILI Activity Reported by Sentinel Providers, Washoe County, 2021-2025 Seasons†**

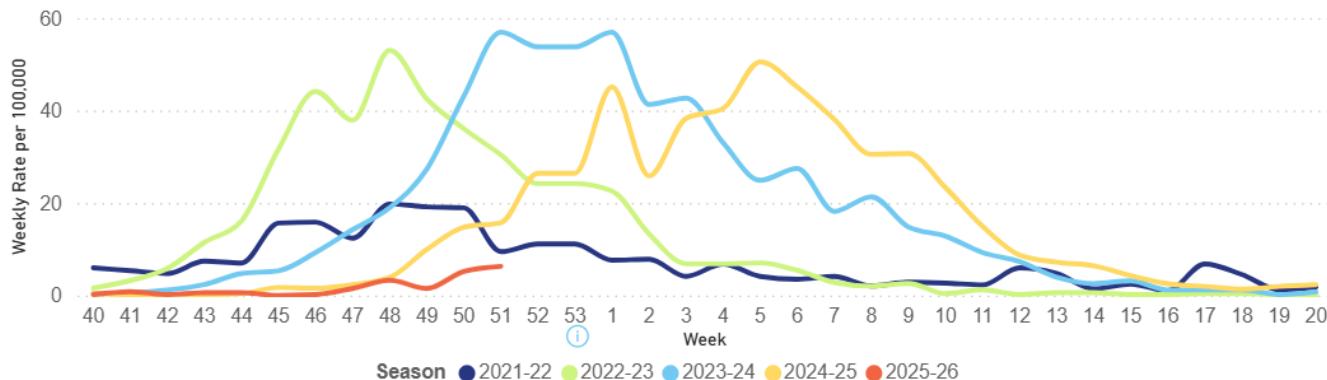


† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

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 2021 through 2025 seasons.

AGENDA PACKET NO. 10.D.

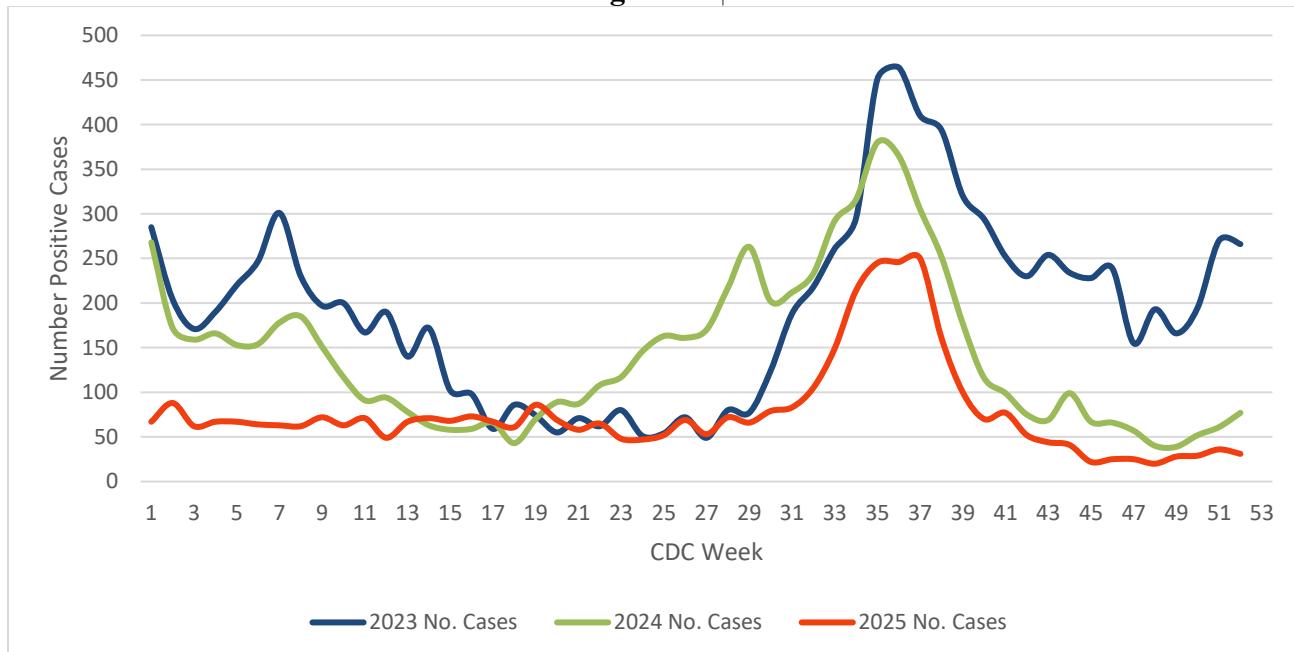
**Fig 2. RSV Case Rate per 100,000 Population by Week Reported, Washoe County, 2021-2025 Seasons†**



† 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) – In December, 133 COVID-19 cases were reported (data as of 12/31/25). 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. Since mid-September, rates have trended downwards. As of MMWR week 48, the average case rate was less than 20 cases per 100,000 residents. This pattern reflects the decline usually seen after a late-summer surge experienced in the same timeframe for previous years.

**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.

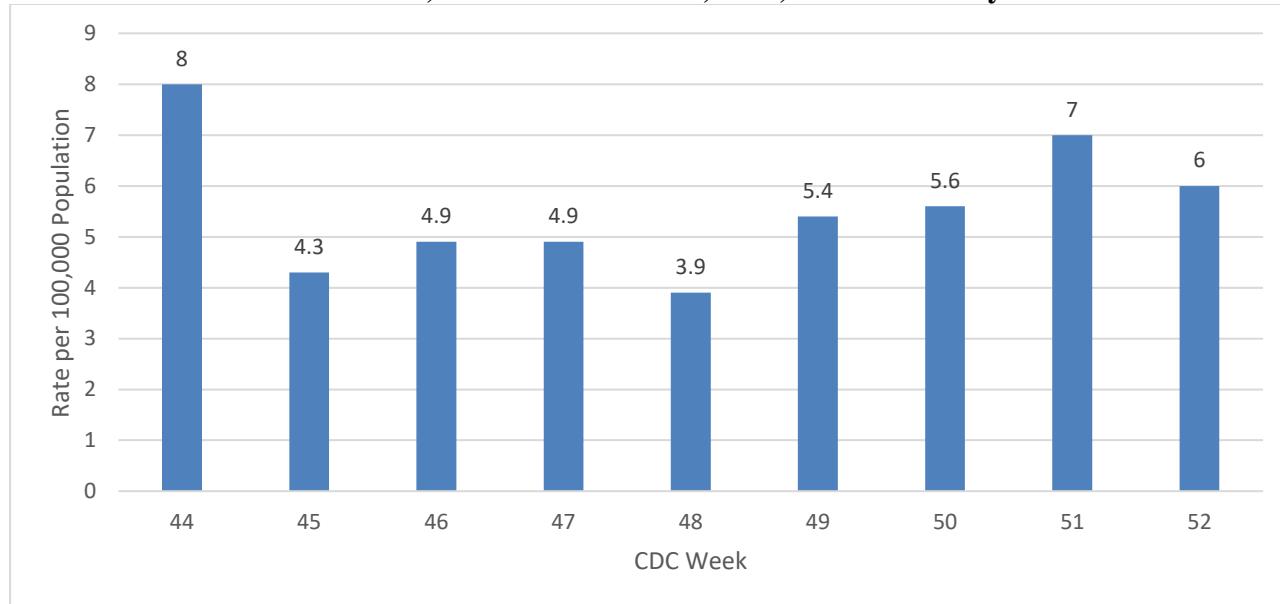
Date: January 22, 2026

Subject: Population Health Division Director's Report

Page: 3 of 13

Figure 4 illustrates the number of new cases by report date per 100,000 population over a nine-week period spanning October 26, 2025, through December 27, 2025. As of MMWR week 52, Washoe County received reports of 6.0 new cases per 100,000 population.

**Fig 4. Newly Reported COVID-19 Cases Per 100,000 Population by MMWR Week  
October 26, 2025 – December 27, 2025, Washoe County**



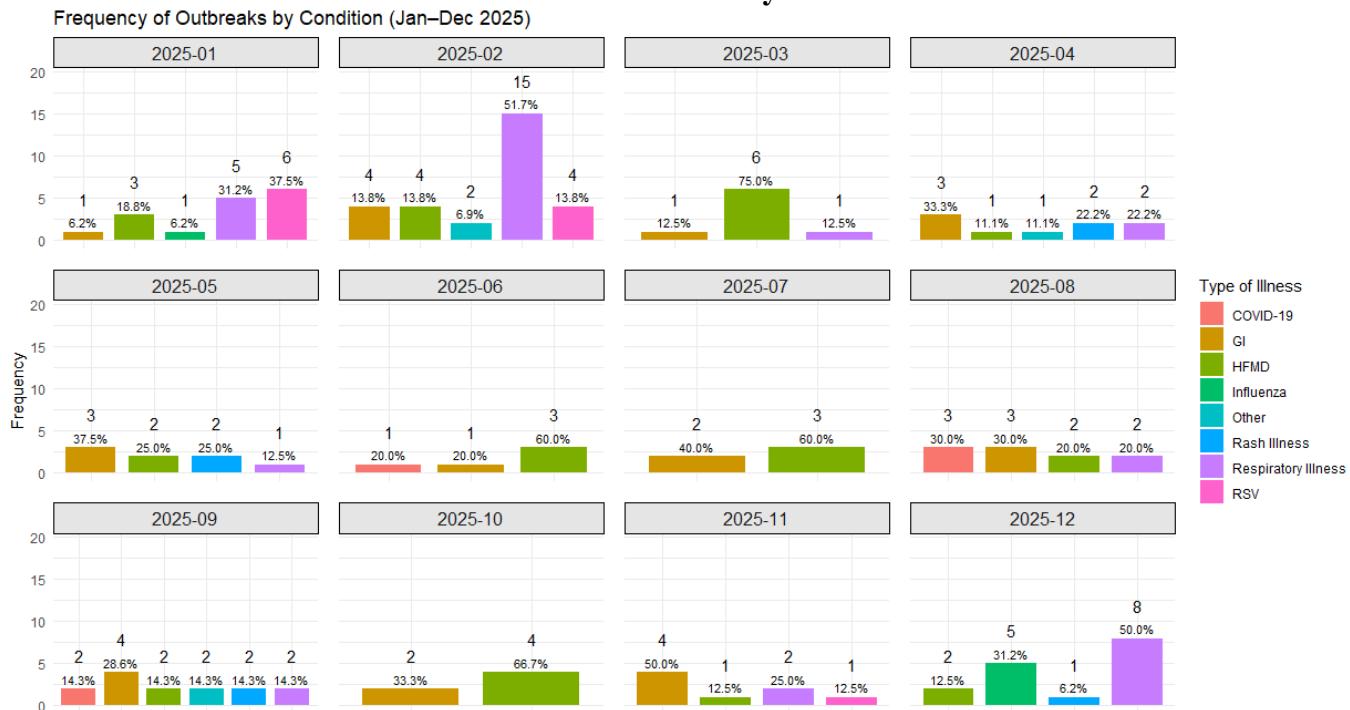
Outbreaks – There have been 16 newly declared outbreaks in December 2025; five (5) influenza confirmed, eight (8) respiratory illness of unconfirmed etiology, zero (0) COVID-19, zero (0) RSV, zero (0) gastrointestinal, two (2) hand, foot, and mouth disease, one (1) rash illness of unconfirmed etiology, and zero (0) other.

**Table 1: 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	1	2	3	4	2	4	0
Respiratory Illness	11	19	1	2	1	0	0	2	2	0	3	8
Influenza Confirmed	1	0	0	0	0	0	0	0	0	0	0	5
COVID-19 Confirmed	0	0	0	0	0	1	0	3	2	0	0	0
Rash Illness	3	4	6	3	4	3	3	2	4	4	1	3
Other	0	2	0	1	0	0	0	0	2	0	0	0
<b>Total</b>	<b>16</b>	<b>29</b>	<b>8</b>	<b>9</b>	<b>8</b>	<b>5</b>	<b>5</b>	<b>10</b>	<b>14</b>	<b>6</b>	<b>8</b>	<b>16</b>

Note1: Data obtained as of December 31, 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, April 2025, and Sept 2025 includes outbreaks with multiple etiologies.

**Fig 3. Monthly Outbreaks by Condition from January 1, 2025, to December 31, 2025, in Washoe County**



Note 1: Data as of December 31, 2025.

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>. There were three new Epi News publications in December 2025.

Shining a Light on Chagas Disease – Chagas disease is a parasitic infection that has gained national attention due to increasing prevalence in the United States. Although it is not a national reportable condition, the triatomine species is found in Nevada. The host (“kissing bug”) feeds on human hosts, releasing feces near the bite, which can infect the human through cuts or other mucosal exposures. This Epi News educates about prevention, as well as the acute and chronic state, which can be severe if left untreated. Different tests are used to diagnose Chagas disease during these stages, which can be found in this Epi News.

Preventing Salmonellosis During the Holidays – December brings a wealth of holidays to many Nevadans. During this celebratory period, many people will gather with family, friends, or other festivities to share food and drink. Considering this increased activity, this Epi News provides detailed information about preventing Salmonella, a gastrointestinal disease caused by bacteria that can thrive in incorrectly or under-prepared meats or through cross contamination with other foods during the preparatory phase. This Epi News focuses on prevention and proper cooking of various meats, as well as diagnostics and treatment for medical care providers.

Date: January 22, 2026

Subject: Population Health Division Director's Report

Page: 5 of 13

**CDC HAN: First Reported Outbreak Caused by Marburg Virus in Ethiopia** – The Centers for Disease Control and Prevention released a health alert to inform health departments and providers about a new outbreak of Marburg virus disease (MVD) in Ethiopia. MVD is a zoonotic infection caused by two viruses. It leads to a rare but highly fatal viral hemorrhagic fever and is related to the Ebola virus. Persons are contagious after symptoms appear, and it spreads through close contact with bodily fluids. It is not spread through airborne transmission. There were no suspect, probable, or confirmed of MVD in the United States at the time of this release, and health authorities continue to monitor the situation. Risk remains low, with no additional assessments to monitor for travelers at this time. Additional information for providers on diagnostics and classification is available in this HAN.

**General Communicable Diseases** – During November 2025, there were 162 positive labs reported, with 46% resulting in a confirmed, probable, or suspect case. During December 2025, there were 223 positive labs reported, with 62% resulting in a confirmed, probable, or suspect case.

#### **Epidemiology Program Cross Divisional Projects** –

**Foodborne Disease Detection Database (FD3)** – FD3 is designed to fuel more rapid identification of potential outbreaks and improve trend data for foodborne illnesses. REDCap, a secure, web-based application, is the new electronic record system housing FD3. Migration of case report forms is underway, with the purpose of enhancing disease surveillance and epidemiological investigations. The Epidemiology Program has tentatively tested a local server to house NNPH-specific projects for expanded development, with finalization expected by mid-January. Once complete, the projects will be transferred to the local application for continued development.

**Animal Bite Reporting** – Bites from rabies-susceptible animals are a reportable condition under NAC 441A. The Epidemiology Program is responsible for tracking potential exposures to rabies for humans, which requires intricate coordination within and between Washoe County agencies to (A) increase accessibility of reporting by stakeholders, (B) streamline communication channels between interdepartmental partners, and (C) improve system capacity through electronic data capture. The Epidemiology Program input the baseline metadata into REDCap. The team modified the Case Report Form (CRF) for people with suspected exposures to rabies, standardized programmatic metrics, and expanded data capture. The new reporting form underwent several rounds of testing to verify usability and validate workflows, and epidemiologists are collaborating with the Statistics and Informatics Program to link dummy data to an internal dashboard as a prototype. The Epidemiology Program has tentatively tested a local server to house NNPH-specific projects for expanded development, with finalization expected by mid-January. Once complete, the projects will be transferred to the local application for continued development.

#### **Sexual Health Investigations and Outreach**

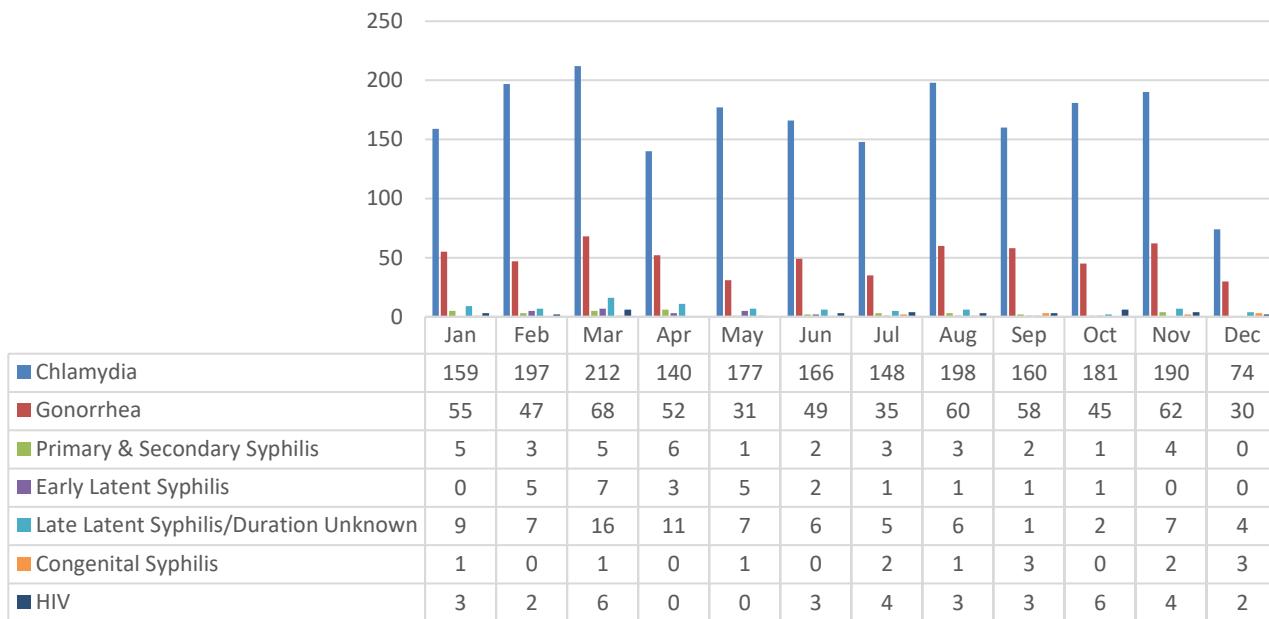
The Nevada AIDS Education and Training Center (AETC) and the University of Nevada, School of Medicine (UN SOM)/Renown have convened a networking group of HIV providers in Washoe County. Northern Nevada HOPES is the foremost HIV provider for Northern Nevada. Recently, Community Health Alliance and UN SOM/Renown have initiated the provision of HIV care. Part of what helps HIV care be successful are the support services that provide wraparound case management for a person living with HIV. Currently support services are offered by Northern Nevada HOPES, Access to Healthcare Network, ACCEPT, and Nevada Legal Services in Washoe County. Community Health Alliance has been funded to develop a HIV care and support services program.

NNPH is participating in this group to provide Academic Detailing about HIV and related epidemiology, to identify ways in which HIV and ancillary care services can be implemented or enhanced based on the needs of

clients, and offer additional information to providers to enhance their ability to provide comprehensive care. During the February 2026 meeting, staff will be providing an overview of the HIV epidemic in Washoe County, related epidemiology, and the disease investigation and linkage to care process.

Table 1 summarizes cases reported on the calendar year through December 13, 2025. Case counts are dynamic depending on stage of investigations. Most chlamydia and gonorrhea investigations are closed within 30 days of report and syphilis investigations within 60 days of report, with the goal of 80% case closures during those timeframes. November data has been updated to report on the full month of case reports. Since the last report, five (5) congenital syphilis cases were reported through December 13, 2025. Please note, data is preliminary until reconciliation and finalization that occurs in the next calendar year.

**Table 1: Reported Sexually Transmitted Infections & HIV in Washoe County, 2025**  
**(Preliminary Data through December 13, 2025)**



### Public Health Preparedness (PHP) Program

PHP and HPP staff participated in the State of Nevada Division of Public and Behavioral Health's (DPBH) quarterly Public Health Preparedness (PHP) partners meeting on December 15, 2025. This meeting provides an opportunity for PHP partners from across the state to convene, discuss current and upcoming projects, and coordinate activities. PHP staff also participated in two State Public Health Preparedness strategic planning meetings in December 2025, including the Resources and Supply Chain Work Group on December 2 and the Statewide Pediatric Workgroup on December 15.

In December, PHP staff participated in one school Emergency Operations Plan (EOP) meeting. Staff met with Pinecrest Academy of Northern Nevada, a charter school, on December 11, 2025. To date in the current fiscal year, PHP staff have attended six school EOP meetings in accordance with NRS 388.241.

Date: January 22, 2026

Subject: Population Health Division Director's Report

Page: 7 of 13

PHP staff are currently developing a Jurisdictional Risk Assessment (JRA) for Northern Nevada Public Health (NNPH). The JRA identifies public health preparedness gaps in Washoe County and is a requirement of both the Public Health Emergency Preparedness (PHEP) and Healthcare Preparedness Program (HPP) grants. The JRA is required once during each five-year planning cycle; the most recent assessment was conducted in 2022.

In partnership with Washoe County Technology Services (TS), PHP hosted one session of *CyberReady*, a board game that also functions as a tabletop exercise (TTX), on December 16, 2025. The session was primarily attended by staff from the Assessor's Office and also included a participant from the Alternate Public Defenders Office. *CyberReady* was developed by the Cybersecurity and Infrastructure Security Agency (CISA) and the Federal Emergency Management Agency (FEMA) to simulate response actions during a cyber incident. Cybersecurity continues to be a consistently identified hazard and threat at both the federal and local levels.



PHEP staff continue to update private Point of Dispensing (POD) plans and Memoranda of Understanding (MOUs) for all existing POD partners. NNPH's private POD partners include organizations within healthcare, utilities, local jurisdictions, schools, and EMS. These partners coordinate with NNPH during medical countermeasure emergencies that require the rapid distribution of life-saving medications to the community. Private POD plans enable partner agencies to receive medical countermeasures from NNPH and distribute them to their staff and families, supporting continuity of operations by ensuring employees are protected and able to work during emergencies. Meetings in December included the City of Reno, the Reno-Sparks Indian Colony, Washoe County School District, and Saint Mary's Regional Medical Center.

The Preparedness and EMS Program Manager and a Public Health Emergency Response Coordinator (PHERC) met individually with each division director throughout the month of December. These meetings were part of the development of the NNPH Continuity of Operations Plan (COOP) tabletop exercise (TTX). Discussions focused on what each division would like to test during the exercise and which staff may attend. Planning is ongoing.

One PHERC took the amateur (HAM) radio examination on Saturday, December 12, 2025, to become licensed as a HAM radio technician. The PHERC passed the exam and has been assigned a call sign

Date: January 22, 2026

Subject: Population Health Division Director's Report

Page: 8 of 13

through the Federal Communications Commission (FCC). HAM radio is one of NNPH's communication methods in the event of a disaster.

The *Hit Me with Your Best Shot* NNPH Flu POD After-Action Report/Improvement Plan (AAR/IP) meeting was conducted with the planning team on Wednesday, December 20, 2025. This meeting finalized the AAR/IP document and established a plan to address the identified improvement items.

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

Progress continues on FY26 priorities for the coalition. Access to transportation resources remains a regional challenge; as a result, the coalition is exploring the feasibility of partnerships with rideshare or taxi companies to help bridge these gaps and ensure equitable access to care before, during, and after incidents.

Another key focus has been increasing participation among home health, hospice, and dialysis providers. To support this effort, the coalition is developing secure platforms for data submission to help providers meet the CMS Emergency Preparedness Rule requirements. NNPH has also developed a Data Sharing Agreement (DSA) to strengthen these efforts further. Next steps include receiving completed DSAs from partner agencies and conducting an exercise. Collectively, these initiatives enhance the coalition's ability to identify and support vulnerable populations within the community.

The IHCC Preparedness Planning Guidelines were reviewed and approved by IHCC at its meeting on December 12, 2025. These guidelines outline FY27 priorities and include data-driven recommendations for exercises, training, and plan updates.

In December, IHCC sponsored the three-day course PER-212: Operational Level Response to HazMat/WMD Incidents, hosted by the Texas A&M Engineering Extension Service (TEEX). This course addressed the unique challenges faced by operations-level responders during Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) incidents and prepared participants to respond defensively. Attendees included representatives from acute care hospitals, Community Emergency Response Teams (CERT), first responders, the Medical Reserve Corps (MRC), and law enforcement.



Coalition members also had the opportunity to attend the Center for Domestic Preparedness in Anniston, Alabama, for Hospital Emergency Response Training (HERT) for Mass Casualty Incidents. This five-day course included a train-the-trainer component, preparing participants to deliver HERT at their own facilities.

Date: January 22, 2026

Subject: Population Health Division Director's Report

Page: 9 of 13

Decontamination was identified as a gap during the current fiscal year, and this training helps mitigate that gap by building local capacity and strengthening first-receiver readiness across the region.



*Decontamination area for an exercise during the HERT course in Anniston, Alabama.*



*Classmates at the FEMA Center for Domestic Preparedness campus.*

HPP staff and Washoe County Emergency Management represented the efforts of community partners by presenting on the Davis Fire response at the National Healthcare Coalition Preparedness Conference in Grapevine, Texas, on December 1, 2025. The presentation highlighted response efforts and lessons learned and, drawing inspiration from Ted Lasso, encouraged attendees to “believe” in their partnerships and prioritize relationship-building through initiatives such as “Biscuits with the Boss.”

Date: January 22, 2026

Subject: Population Health Division Director's Report

Page: 10 of 13



*The Washoe County Emergency Manager and the IHCC Coordinator at the National Healthcare Coalition Preparedness Conference.*

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

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

Franchise - The EMS Oversight Program continues to coordinate with REMSA Health to review and make revisions to the Amended and Restated Franchise for Ambulance Service. This collaboration ensures that franchise updates align with current operational standards, regulatory requirements, and the needs of the Washoe County community.

Digital Accessibility – The program is working on digital accessibility for the REMSA zone map with Washoe County GIS. This project ensures that online versions of REMSA maps are usable and can be viewed by individuals with disabilities.

EMS Data Request Dashboard – For December 2025, the program did not receive any data requests.

### **REMSA Health Exemption Requests**

**Table 1: REMSA Health Exemption Requests FY 2026**

Exemption	System Overload	Status 99	Weather	Other	Approved
July 2025	1	-	-	-	1
August 2025	28	-	-	-	28
September 2025	9	-	-	-	9
October 2025	7	-	-	-	7
November 2025	-	-	-	-	-
December 2025	7	-	-	-	7
<b>Fiscal Year-To-Date</b>	<b>52</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>52</b>

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

Date: January 22, 2026

Subject: Population Health Division Director's Report

Page: 11 of 13

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 2026.

- 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 2026</b>		
<b>Month*</b>	<b>Zone A</b>	<b>Zone B, C, and D</b>
July 2025	91%	96%
August 2025	91%	90%
September 2025	91%	96%
October 2025	91%	94%
November 2025	90%	95%
December 2025	90%	90%
<b>Fiscal Year-To-Date*</b>	<b>91%</b>	<b>94%</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, the program received zero (0) applications.

Mass Gatherings/Special Events - The EMS Oversight Program received and reviewed zero (0) applications for Mass Gatherings/Special Events in December. Although no applications for Mass Gatherings/Special Events were received in November, the EMS Oversight Program continues to participate in facilitating EMS coverage at events across Washoe County.

### **Chronic Disease and Injury Prevention (CDIP) Program**

The CDIP team met with the Reno Housing Authority (RHA) Resident Services team to present an overview of CDIP programs. The meeting included discussions of potential partnership and collaboration opportunities to better serve RHA residents, including resource sharing and opportunities to provide direct education. As part of this effort, staff distributed 25 youth vaping and nicotine cessation posters for use at RHA residential sites.

Healthy Eating and Active Living: The Healthy Corner Store program is leveraging additional support from intern staff to advance project ideas and recommendations identified through the recent evaluation. Interns, graduate assistants and fellows will assist with analysis and planning as staff reassess the program's overall structure and approach to better align activities with community needs and program goals.

Date: January 22, 2026

Subject: Population Health Division Director's Report

Page: 12 of 13

Lincoln Park Elementary has joined the Healthy Eating and Active Living (HEAL) workshop promoted through Parent University, bringing total participation to two schools, the other being Glenn Duncan. These workshops will provide opportunities to engage families directly and offer take-home tools and resources that reinforce healthy behaviors at home. Workshops are scheduled for Spring 2026.

The Color Me Healthy curriculum was successfully completed at the Community Service Agency Vassar Head Start site, reaching 63 preschool-aged children. The nine-session curriculum included eight food tastings. This effort is part of the Power Up Kids initiative supported by the SNAP-Ed grant, which focuses on improving fruit and vegetable intake and increasing physical activity among preschool and school-aged children.

Injury Prevention: Staff supported facilitation of the Stepping On workshop for local seniors in partnership with Renown Health and Washoe County Senior Services. Session #7 was completed on December 2, 2025, followed by 2–3 week post-session check-ins conducted in December via in-home visits or phone/video calls. These follow-ups reinforce fall-prevention strategies, address participant questions, and allow for home safety assessments when needed. A post participation check-in is scheduled for March 3, 2026, with additional follow-up, encouragement, and resources provided. Evidence shows Stepping On reduces unintentional falls by approximately 35% among participants. Funding support from Dignity Health has been approved for NNPH and Renown to offer another workshop in Spring 2026.

#### Tobacco/Nicotine Control and Youth Prevention:

The Nevada Tobacco Control and Smoke Free Coalition (NTCSC) elected a NNPH CDIP staff member, Lisa Sheretz, Health Educator, as their Board president for 2026. The Nevada Tobacco Control and Smoke-free Coalition is composed of collaborating partners, both individuals and organizations, from many sectors: public health, health care, local and national nonprofits, community-based organizations, insurance payors, professional and medical associations, higher education, and government. Lisa had been serving as the NTCSC Secretary in 2025.

CDIP Staff connected with the GECKO Club advisor at the Davidson Academy, after being made aware of their club project about e-waste disposal encouraging classmates and staff to donate unused devices ranging from small gadgets to larger electronics. The GECKO club is the Davidson Academy environmental club. The Davidson Academy offers a rigorous middle and high school level curriculum for exceptionally gifted students ages 9 and up who can learn and interact with same-age, intellectual peers. The Davidson Academy of Nevada is the first public school of its kind in the nation for profoundly gifted middle and high school students. After Davidson Academy students return from their Winter Break in late January, the GECKO club has invited CDIP staff to present on the Keep Truckee Meadows Beautiful report on toxic tobacco waste [www.ktmb.org/vape-disposal](http://www.ktmb.org/vape-disposal) to compare methods of e-waste disposal including e-cigarettes and the challenges posed by the toxic waste of these products. CDIP staff hope to find youth champions to become the voice of education about vapes and their toxic waste.

Additionally, CDIP team conducted provider outreach at Family Dentist Reno and Gentle Dental Reno South. During these visits, staff provided Quitline cards, My Life My Quit (MLMQ) cards, and additional educational materials for patient distribution, including information on the harm of vaping and the effects of secondhand smoke exposure. Staff also shared the Ask–Advise–Refer model with providers to support routine screening for tobacco and vaping use, delivery of clear cessation advice, and referral to free, accessible cessation resources such as the Nevada Tobacco Quitline and My Life My Quit.

## 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- December 2025**

<b>December</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Birth	794	24	374	<b>1192</b>
Death	1939	11	499	<b>2449</b>
<b>Total</b>	<b>2733</b>	<b>35</b>	<b>873</b>	<b>3641</b>

**Table 2: Number of Records Processed by Vital Statistics Office- FY 2026**