

**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: November 21, 2024**

**DATE:** November 14, 2024

**TO:** District Board of Health

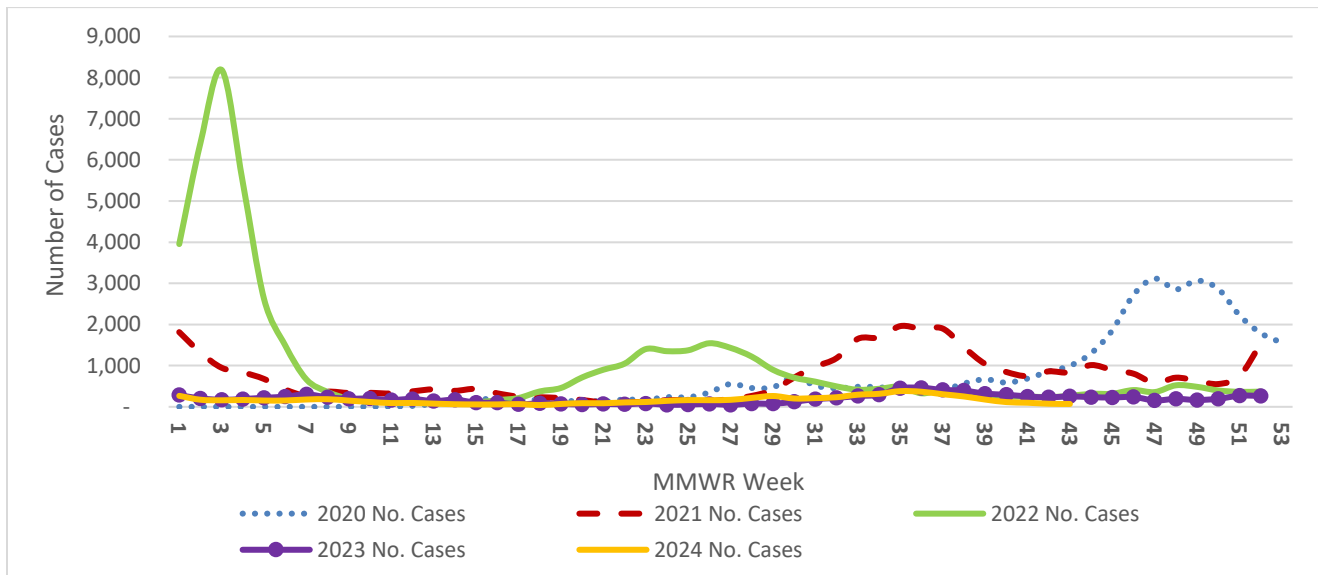
**FROM:** Nancy Diao, ScD, EPHP Director  
775-328-2443; [ndiao@nmpH.org](mailto:ndiao@nmpH.org)

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

**Epidemiology Program**

**SARS-CoV-2 (COVID-19)** – During the month of October, 383 new COVID-19 cases were reported among Washoe County residents. 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 October 2024. Cases of COVID-19 have been decreasing since the beginning of September following a peak in summer cases during week 35.

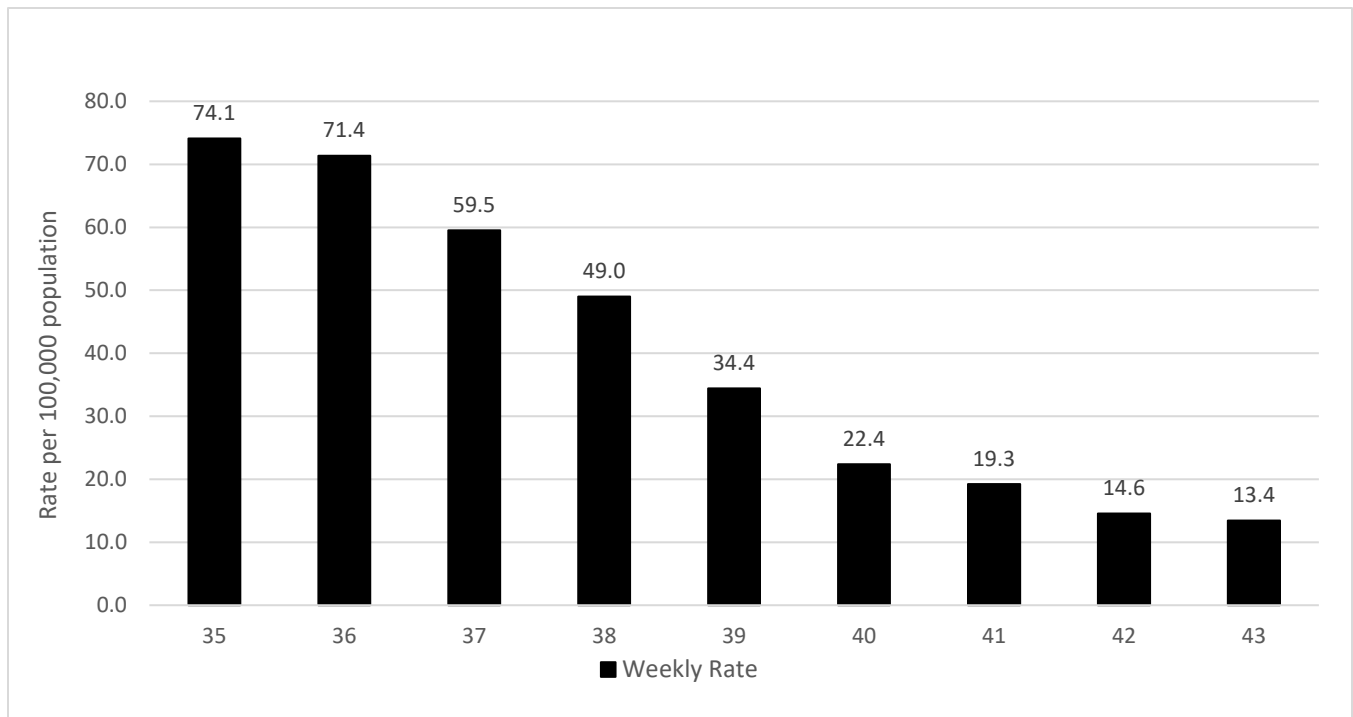
**Fig 1. Total Number of COVID-19 Cases by Week of Report Date in Washoe County, 2020-2024**



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

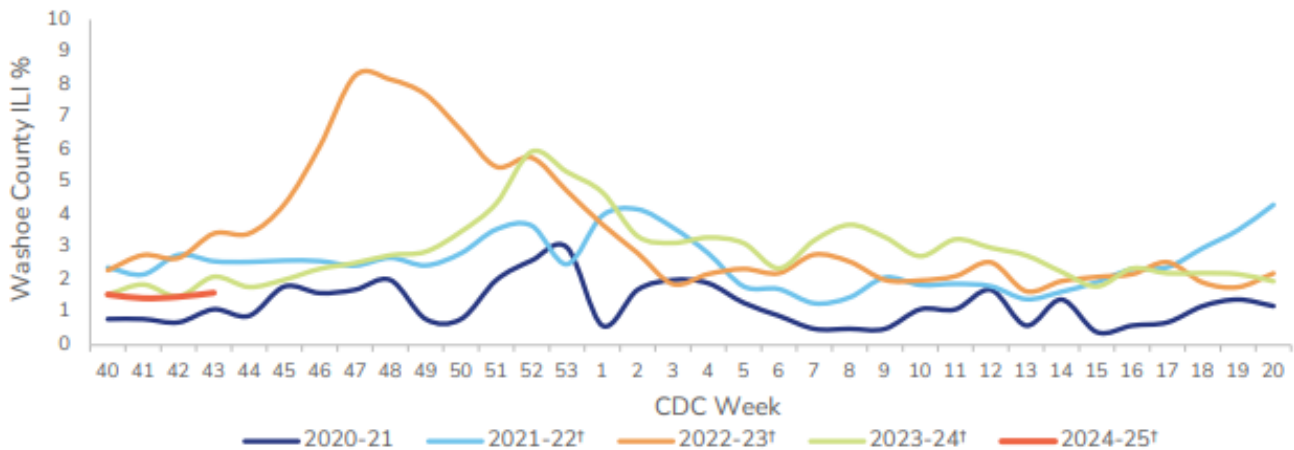
Fig 2 illustrates the number of new cases by report date per 100,000 population over the course of a nine-week period, from August 25 through October 26, 2024. As of MMWR week 43, Washoe County received reports of 13.4 new cases per 100,000 population.

**Fig 2. Newly Reported COVID-19 Cases Per 100,000 population by MMWR Week, August 25 – October 26, 2024, Washoe County**



Influenza-like Illness – Influenza season officially began in MMWR week 40, September 29, 2024. Figure 3 provides a snapshot of the percent of patients presenting to sentinel surveillance providers with influenza-like illness (ILI) defined as fever ( $\geq 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ]) and cough and/or sore throat.

**Fig 3. 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.

**Outbreaks** – There were 4 newly declared outbreaks in October. Two (2) Gastrointestinal Illness, one (1) Respiratory Illness, and one (1) COVID-19 Confirmed outbreaks.

**Table 1: 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	2		
Respiratory Illness	3	5	2	2	1	0	0	2	2	1		
Influenza Confirmed	6	0	3	0	0	0	0	1	0	0		
COVID-19 Confirmed	1	3	1	1	1	1	5	0	3	1		
Rash Illness	0	0	2	1	1	1	5	0	0	0		
Other	7	1	0	0	1	0	1	0	0	0		
<b>Total</b>	<b>20</b>	<b>15</b>	<b>9</b>	<b>5</b>	<b>7</b>	<b>4</b>	<b>12</b>	<b>3</b>	<b>9</b>	<b>4</b>	<b>0</b>	<b>0</b>

**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 July, there were two (2) Epi News newsletters published:

- **Marburg Virus Disease Outbreak in the Republic of Rwanda (CDC HAN):** This Health Alert Network (HAN) Health Advisory was issued to inform clinicians and health departments about the Republic of Rwanda’s first confirmed outbreak of Marburg virus disease (MVD) with 36 laboratory confirmed cases and 11 deaths reported as of October 2, 2024, including at least 19 cases in healthcare workers. Marburg viruses are within the virus family Filoviridae, which also includes Ebola viruses. It is spread through direct contact with broken skin or mucous membranes with the body fluids of someone who is sick with MVD, or who recently died from their infection. No confirmed cases of MVD related to this outbreak have been reported in the United States or other countries outside of the Republic of Rwanda to date. Currently, the risk of MVD in the United States is low; however, clinicians should be aware of the potential for imported cases.

- **Peritoneal Dialysis and Intravenous Solution Shortage (CDC HAN)**: This Health Alert Network (HAN) Health Advisory was issued to inform healthcare providers, pharmacists, healthcare facility administrators, and state, tribal, local, and territorial health departments of a supply disruption of peritoneal dialysis (PD) and intravenous (IV) solutions from the Baxter International's North Cove facility in North Carolina, due to Hurricane Helene. The supply disruption may impact patient care and require adjustments to the clinical management of patients. This Health Advisory summarizes recommendations from the Food and Drug Administration (FDA), the Administration for Strategic Preparedness and Response Technical Resources, and various other agencies, to address supply disruptions of PD and IV solutions.
- **Quarterly Communicable Disease Reporting and Statistics - 2024 Q3**: This Epi News issue is designed to illustrate the change in top reported infectious diseases by providing a ratio of the 2024 Q3 total compared to the mean of the Q3 totals from the previous five years. The increases seen in this Q3 were in influenza A hospitalizations, pneumococcal disease, and salmonellosis. More noted decreases were seen in COVID-19, respiratory syncytial virus, and syphilis (primary and secondary combined)

General Communicable Diseases – EpiTrax reporting system is continuously receiving feedback and updates. Several validation processes are in place to verify reporting is accurate. During October, there were 171 positive labs reported, with 43% 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.
- **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) Program hosted three different training sessions in October, with attendees from MRC, Community Emergency Response Team (CERT), and NNPH. The first was a CPR/First Aid Certification class presented by REMSA Health on October 1, 2024. The class was limited to eight students per REMSA guidelines and was at capacity. The second session was Naloxone Training presented by Join Together Northern Nevada (JTNN), during which the fourteen attendees each received a personal Naloxone Kit from JTNN. Lastly, Situational Awareness and De-escalation Training was held on October 30, 2024, which was conducted by Washoe County School District Emergency Management personnel.

PHP staff held a presentation on preparedness for students at the Unitek Nursing College on October 4, 2024. The presentation provided an overview of public health preparedness and its relevance to student nurses and their careers.

PHP staff met with the Central Nevada Health District (CNHD) PHP Program Planner on October 16, 2024. This meeting allowed CNHD to observe and discuss NNPH PHP activities and operations.

AlertMedia is now the primary emergency communications tool, which related CodeRed, and is used by Washoe County to provide staff with urgent and emergent information. PHP staff received training from the County Security Administrator on October 11, 2024, enabling use of the system for communication with NNPH and healthcare partners.

Northern Nevada Public Health partnered with the Nevada County Department of Public Health in California to produce a cross-border virtual tabletop exercise (TTX) and functional exercise held on October 22, 2024. The objective of the exercise was to enhance preparedness and coordination among regional emergency response teams for hazardous materials (hazmat) incidents requiring deployment of CHEMPACK resources across state lines. CHEMPACK, a federal asset, consists of containers of nerve agent countermeasures stored in secure locations across local jurisdictions to enable rapid response to chemical incidents. These medications treat symptoms of nerve agent exposure and can be used even when the actual agent is unknown. Participants from Nevada included the State of Nevada Department of Emergency Management (DEM), Nevada Department of Public and Behavioral Health (DPBH), IHCC, Nevada State Police (NSP), Reno Police Department, Nevada National Guard, FBI, REMSA, Unitek

Nursing School, Truckee Meadows Fire, and Washoe County Sheriff. They engaged in scenario-based discussions and simulations to identify critical actions necessary for an effective response, including communication protocols, resource allocation, and interagency collaboration. By exploring the complexities of multi-jurisdictional response efforts, this exercise aimed to strengthen relationships among local, state, and federal agencies, improve operational readiness, and ensure timely access to essential medical countermeasures. The exercise provided valuable insights and recommendations for refining response plans and memorandums of understanding, enhancing situational awareness, and ensuring community safety in the event of a hazmat emergency.

The PHEP program implemented the Fall Influenza Point of Dispensing (POD) exercises in coordination with Community and Clinical Health Services (CCHS) and community partners. The NNPH POD took place on Saturday, October 19, 2024, administering influenza and COVID-19 vaccines to 160 people. Lessons gathered from this POD will be used to update the POD Operations Manual as needed.

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

The coalition continues to work on activities to address the FY25 goals and objectives, with workgroup activities set to continue throughout the fiscal year. In October, workgroups focused on high-consequence infectious diseases and business continuity to ensure regional plan consistency and share best practices.

The results from the HPP Capability Assessments are currently being analyzed and will be shared with the coalition upon completion. These findings will help guide priorities and activities for FY26. Also in October, the hazard vulnerability analysis (HVA) template was distributed to healthcare partners. The coalition will use HVA results to also inform FY26 activities, helping identify top threats and hazards to guide preparedness efforts.

Coalition members established an IV Solution Shortage workgroup to coordinate efforts in response to ongoing supply challenges affecting healthcare facilities in Washoe County. This workgroup brings together representatives from hospitals, skilled nursing facilities (SNFs), emergency medical services (EMS), public health agencies, and other key partners to ensure a collaborative, community-wide approach. The primary focus is to assess impact, identify risks, and coordinate rationing and alternative solutions.

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.

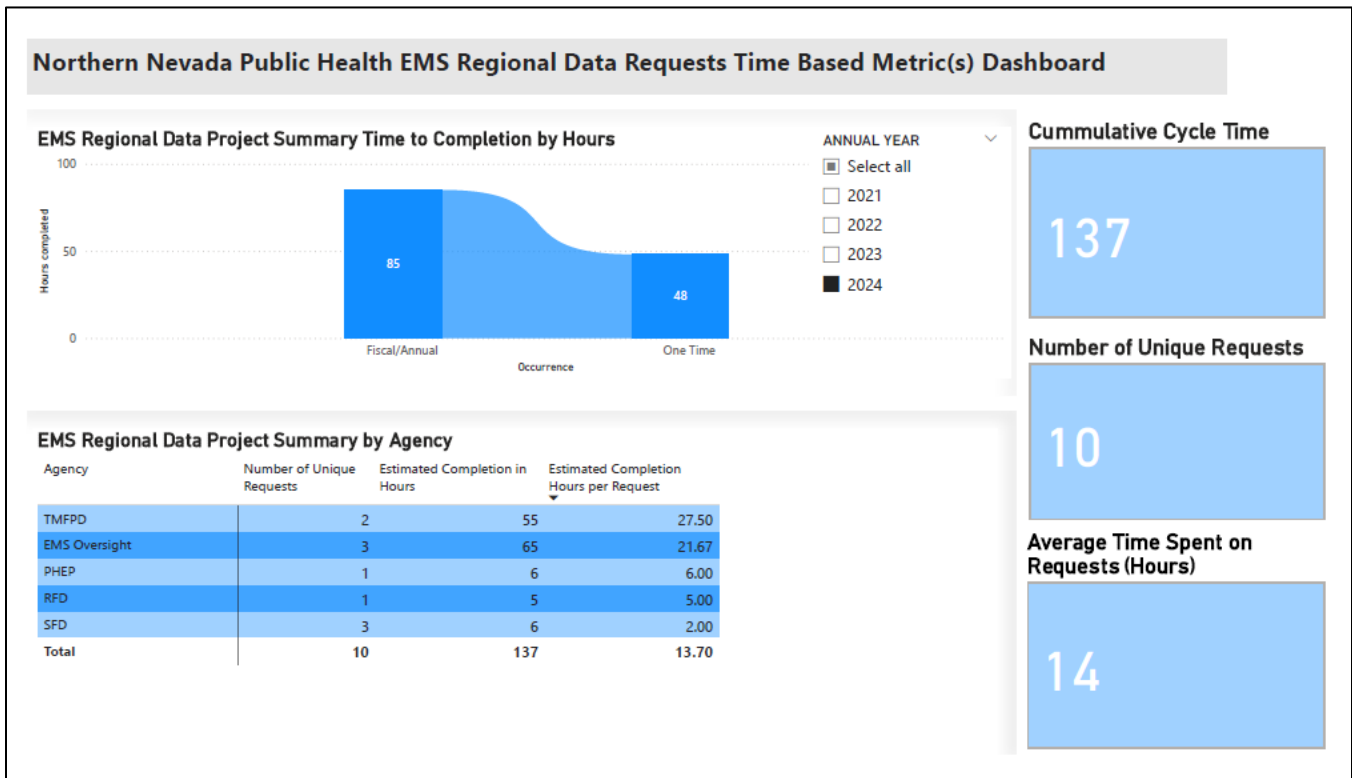
#### Emergency Medical Services (EMS) Oversight Program

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.



EMS Data Standardization – As of 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 is working alongside 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 process will outline the responsibilities of NNPH as a business associate and help safeguard Protected Health Information (PHI) while maintaining the privacy and security of health information.

EMS Data Request Dashboard – Beginning July 1, 2024, the program developed and continues to update the data requests dashboard to monitor the number of unique requests, and the types of requests received by the EMS Oversight Program through the data request protocol on an annual basis (January 1 to December 31). The summary of the requests and time spent on requests are as follows:



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

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

REMSA Health Call Compliance – The franchise area is divided into response zones. The response zones will have response time compliance standards for all Priority 1 calls indicated below. Due to low call volumes in the separately defined response zones B, C and D, REMSA Health compliance response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated February 23, 2023, as combined Zones B, C, and D for all Priority 1 calls. Table 2 shows REMSA Health’s compliance rate for FY 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>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
<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 October, the program received and reviewed two (2) 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 October. It was recently discovered that there was a gap in communication between another county department that issues permit for mass gatherings/special events and NNPH. EMS and Environmental Health Services (EHS) staff are working closely to remediate and streamline this process to ensure NNPH is notified of all potential mass gatherings/special events approved by any county department. Program staff met with EHS and CSD teams to discuss the special event application process and ensure streamlining of processes between departments 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 1: Number of Transactions for Birth and Death Records- October 2024**

<b>Octo</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Birth	766	14	369	<b>1149</b>
Death	1618	23	450	<b>2091</b>
<b>Total</b>	<b>2384</b>	<b>37</b>	<b>819</b>	<b>3240</b>

