

**Population Health Division  
Division Director Staff Report  
Board Meeting Date: June 25, 2026**

**DATE:** June 15, 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

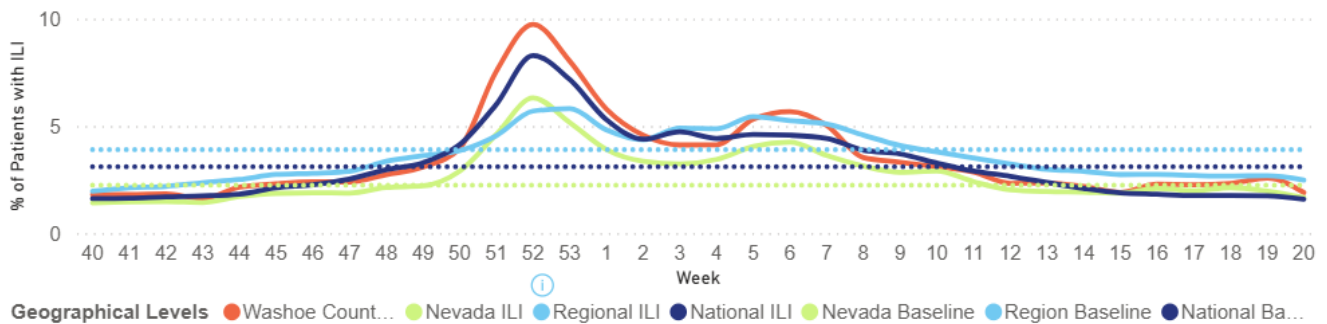
**Epidemiology Program**

Respiratory Virus Surveillance

The 2025-2026 Respiratory Season began in MMWR Week 40, September 28, 2025, and concluded in MMWR Week 20, May 23, 2026. 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. ILI activity remained slightly higher during the end of the respiratory season, with some elevated plateaus, although the downward trend below baseline continued after a second peak around MMWR Week 6.

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

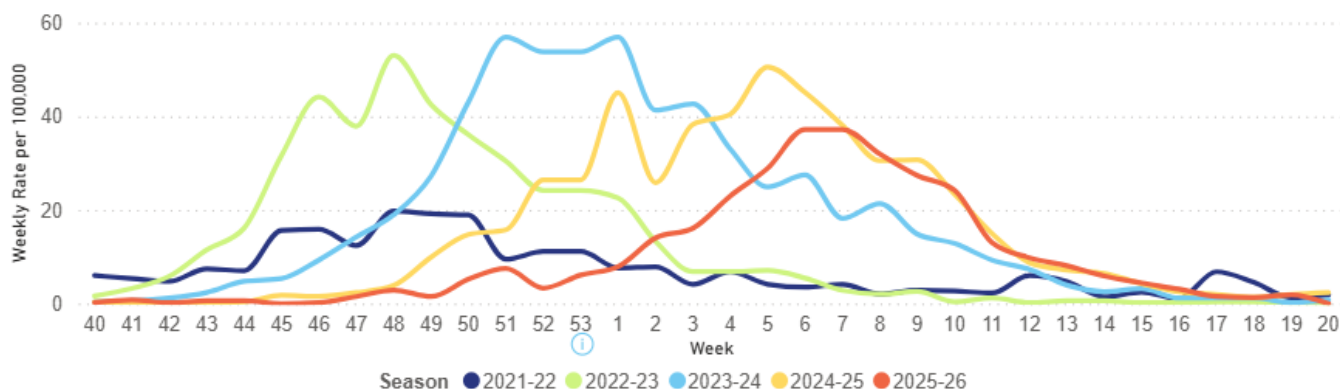


† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

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. RSV experienced a late-season surge when compared to previous seasons, a pattern observed at the state and national levels as well. After MMWR Week 7, RSV started a notable decline, which continued until dropping to baseline rates.

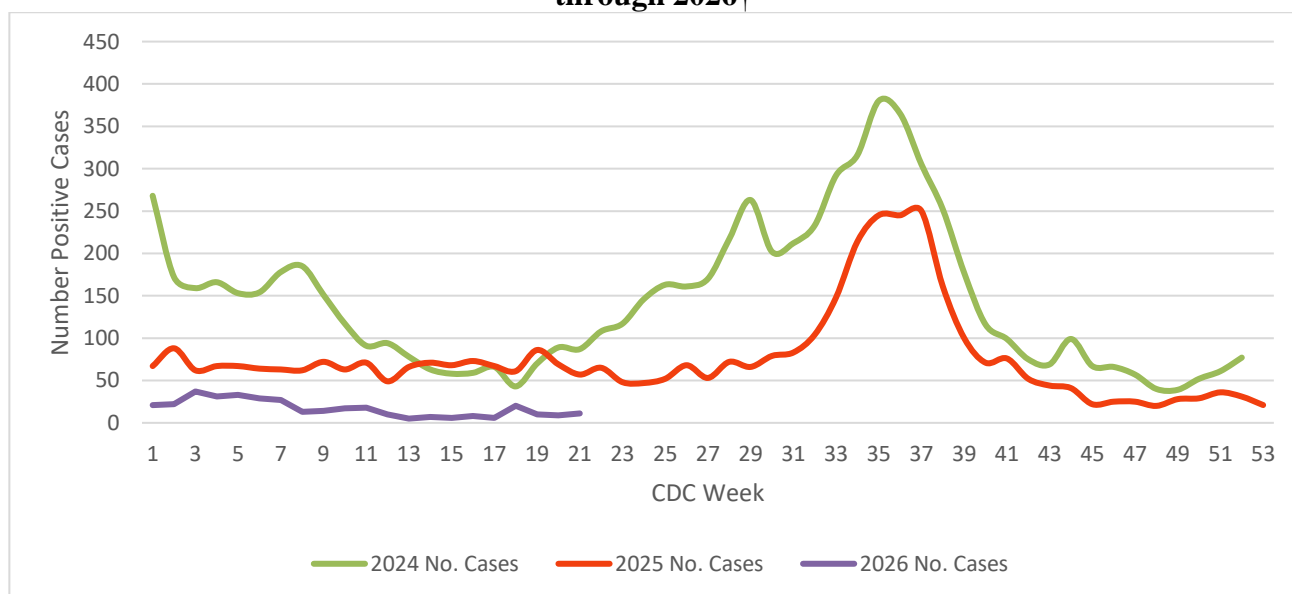
**Fig 2. RSV Case Rate per 100,000 Population by Week Reported, Washoe County, 2021-2025 Seasons†**



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

SARS-CoV-2 (COVID-19) – In May, 55 COVID-19 cases were reported (data as of 06/03/2026). 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 2024. Since the start of 2026, trendlines have been demonstrating lower counts compared to previous years. As of MMWR Week 21, the average case rate was less than 5 cases per 100,000 residents.

**Fig 3. Total Number of COVID-19 Cases by Week of Report Date in Washoe County from 2024 through 2026†**

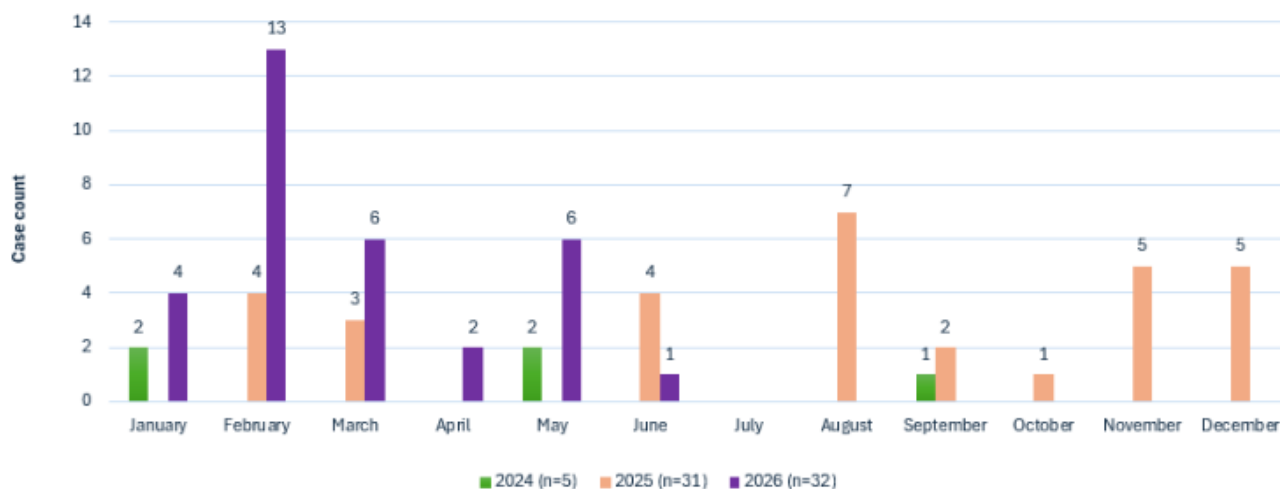


† There is no MMWR Week 53 in 2024. Note: Data are displayed by calendar year.

As of MMWR Week 21, Washoe County reported 1.6 COVID-19 cases per 100,000 population, with the previous nine-week period experiencing case counts below 5 per 100,000 persons.

Pertussis - NNPH continues to experience a surge in pertussis cases, with Washoe County exceeding the total number of cases identified in 2025 thus far in 2026, although 2025 already noted a sixfold increase in reported cases compared to 2024. Although case investigation is ongoing, there have been 32 confirmed cases in 2026. Over 60 close contacts were identified through contact tracing, with ongoing efforts for more recent cases. Most of the cases in 2026 occurred in school-aged children. NNPH continues to work with community stakeholders to refine cross-sectional partnerships to best serve the needs of our population and healthcare systems.

**Fig 4. Total Number of Pertussis Cases in Washoe County, 2025-2026**



**Outbreaks** – Through the month of April and into May, NNPH conducted two investigations involving clusters of illness that involved local establishments, specifically a salmonellosis outbreak and a cryptosporidiosis, respectively. For the salmonellosis event, there are 10 cases, with NSPHL conducting Whole Genome Sequencing (WGS) analysis to specify species type and relatedness for enhanced epidemiological investigation. At least one category of food items tested positive for *Salmonella*. For the cryptosporidiosis event, there are 8 cases, some of which were identified by shared exposure events (epi linked) and clinical presentation.

There have been 13 newly declared outbreaks in May 2026.

Type	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gastrointestinal Illness	3	4	2	8	6							
Respiratory Illness	4	8	4	0	3							
Influenza Confirmed	6	5	1	0	1							
COVID-19 Confirmed	0	1	0	0	0							
Rash Illness	2	1	0	0	1							
Other	1	1	0	0	2							
<b>Total</b>	<b>17</b>	<b>20</b>	<b>8</b>	<b>8</b>	<b>13</b>							

Note1: Data obtained as of June 3, 2026, at the time of this report, and will be revised in the next report if there are updates. Note2: Respiratory illnesses include RSV outbreaks and Pertussis outbreak(s). Note3:

‘Other’ includes outbreaks with multiple etiologies and pink eye. Note4: GI outbreaks in April include one confirmed salmonellosis and one confirmed cryptosporidiosis.

**Fig 5. Monthly Outbreaks by Condition from January 2026 to May 2026 in Washoe County**



Note1: Data extracted as of 06/03/26.

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 May, there were five (5) Epi News published:

- **MPOX HEALTH ALERT:** In 2026, NNPH received its first confirmed case of mpox since 2023. This Epi News is the first local release about the disease, including epidemiology, transmission modes, prevention recommendations. It includes details for providers and the public describing the stages and presentation for knowledge about when to seek care and how to test for the condition. Also of importance is the description of the difference clades and which clades have been identified in different regions across the world, including the United States.
- **PERTUSSIS (“WHOOPIING COUGH”) UPDATE IN WASHOE COUNTY:** As of the release of this Epi News, Washoe County continues to monitor an outbreak of pertussis as well as increases in cases. Although 2025 experienced a high number of cases when compared to the previous year, 2026 has already reached 84% of the total 2025 cases by early May. This Epi News is the second release in 12 months regarding pertussis to provide an epidemiological update on local activities,

case counts, risk, and general awareness. It contains previous information, as well, for reminders about symptoms, testing, and prevention.

- **CDC HAN - MULTI-COUNTRY HANTAVIRUS CLUSTER LINKED TO CRUISE SHIP:** NNPH Epidemiology released a health alert distributed through the Health Alert Network (HAN) detailing the cluster of severe acute respiratory illness (SARI) among passengers of a cruise ship in the Atlantic Ocean. Shortly after, laboratory tests confirmed it was hantavirus. The Andes virus is the cause of this hantavirus outbreak and the only known type of hantavirus to spread from person-to-person. The CDC conducted risk assessments of American patients exposed on the cruise ship for ongoing monitoring as they returned to the United States. The risk to the public's health remains extremely low in the United States. The information in this HAN directly relates to the information known at the time of its release, with investigations ongoing.
- **CDC HAN – 2026 HANTAVIRUS OUTBREAK, TESTING FOR POTENTIAL INFECTION:** NNPH Epidemiology released a health alert distributed through the Health Alert Network providing additional details to clinicians and health departments about testing availability and guidance for patients with suspected hantavirus infection that includes identification of the Andes strain, the strain confirmed to have caused the hantavirus outbreak linked to the cruise ship. These recommendations include risk stratification on assessing Andes exposures, still considered to be extremely low risk to the public's health in the United States. The information in this HAN directly relates to the information known at the time of its release, with investigations ongoing.
- **CDC HAN – EBOLA DISEASE OUTBREAK IN THE DEMOCRATIC REPUBLIC OF THE CONGO AND UGANDA:** NNPH Epidemiology released a health alert distributed through the Health Alert Network (HAN) alerting providers, health departments, and travelers about a new outbreak of Ebola disease in the DRC and Uganda. The confirmed species is Bundibugyo virus. This HAN states that the risk of spread to the United States is considered low, with the HAN summarizing the recommendations for screening, identification, testing, and prevention. This outbreak is the 17<sup>th</sup> on record in the DRC since the virus was identified in 1976, with the last recorded outbreak ending in December of 2025. Precautions for Americans include raising awareness of this outbreak for travelers and risk assessments based on potential exposures from travel. The information in this HAN directly relates to the information known at the time of its release, with investigations ongoing.

General Communicable Diseases – During March 2026, there were 558 positive labs reported, with 83% resulting in a confirmed, probable, or suspect case. During April 2026, there were 277 positive labs reported, with 60% resulting in a confirmed, probable, or suspect case. During May 2026, there were 192 positive labs reported, with 45% resulting in a confirmed, probable, or suspect case.

Rabies Exposure Portal – Reports of potential exposures to rabies-susceptible animals among persons can now be submitted through a new, online portal launched on April 3, 2026. The Epidemiology Program continues to monitor live data, with a new dashboard tracking community health metrics automatically via Informatics/Epidemiology-led data integration. Epidemiologists also conducted a cross-departmental training with Washoe County Regional Animal Services and developed Standard Operating Procedures (SOPs) for

Date: June 25, 2026

Subject: Population Health Division Director's Report

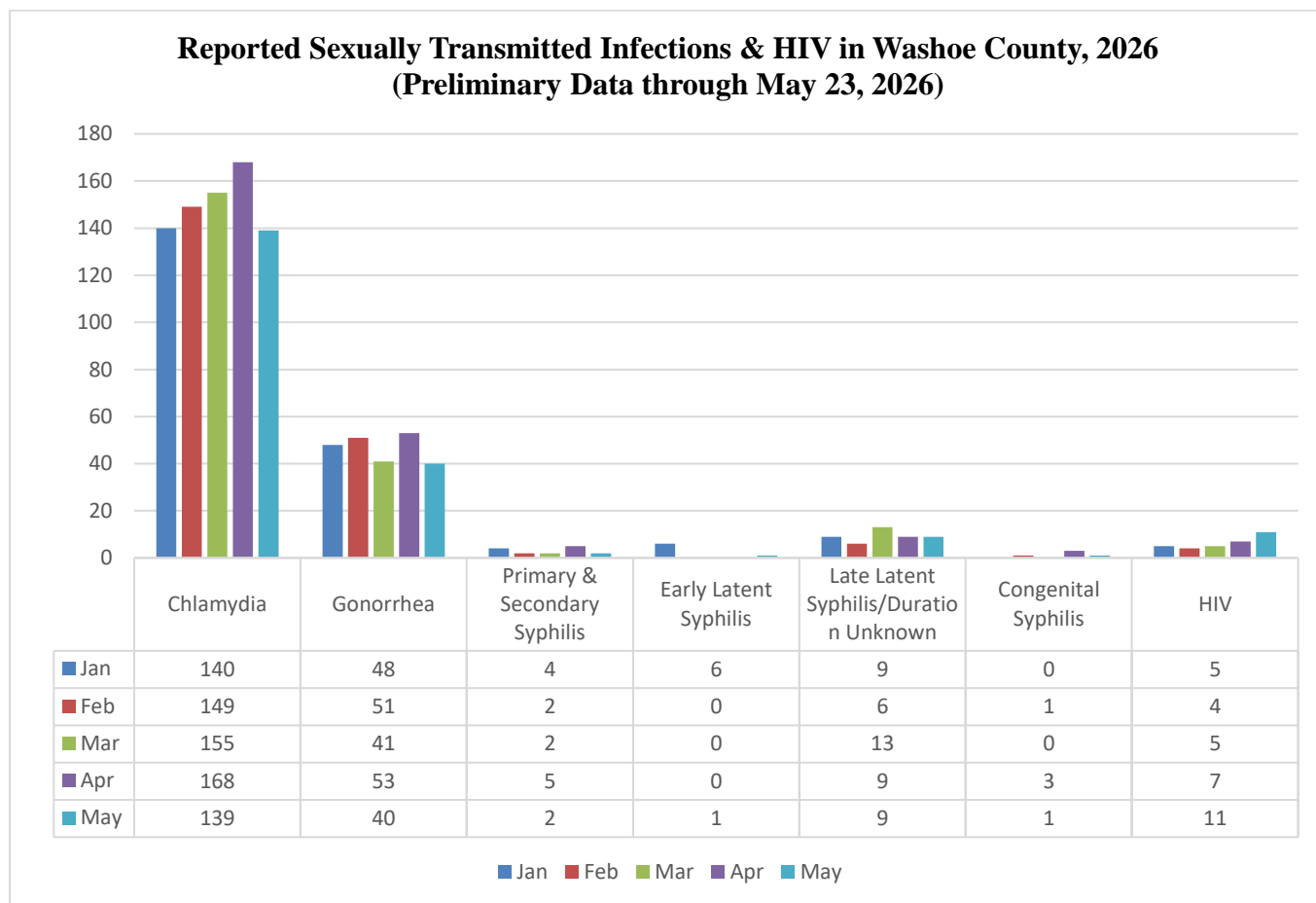
Page: 6 of 17

stakeholders. Additional collaboration with WCRAS led to data harmonization. The rabies exposure portal now automatically syncs select variables from the WCRAS system, significantly reducing manual data entry and duplicate data entry, resulting in greater efficiency. It also provides real-time data to public health investigators for more accurate assessment of risk, positively impacting recommendations related to post-exposure prophylaxis.

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

Over the past year, stakeholders across the state have convened to develop a Syndemic Plan to address the intersectionality of HIV, Viral Hepatitis, STIs, and Substance Use. The framework of the plan was derived from the Integrated HIV Care and Prevention plan, with the pillars being Detect, identify all cases through testing; Treat, offer treatment to all known cases and people impacted; Prevent, offer services such as overdose and disease prevention methods such as harm reduction programs, PrEP, PEP, DoxyPEP, and condom distribution; and Detect, which comprises of surveillance activities to identify clusters and potential outbreaks of infections. The community planning steps involved in the plan development included an Epidemiological Profile, Needs Assessment of surveys, focus groups, key informant interviews, Resource Inventory, Gap Analysis of needs versus resources available, and action plan to guide the state's syndemic approach. The plan was approved by the Northern Nevada HIV Prevention Planning Group and the Southern Nevada HIV Prevention Planning Group, as well as input from stakeholders in infectious disease and substance use. This is the first iteration of a syndemic plan for Nevada that will be in effect from 2027-2031. The prevention planning groups and other stakeholders will be providing data to support the goals and objectives of the plan, with annual review of the progress. The current and previous HIV plans are available for review at: <https://endhivnevada.org/integrated-plan/>.

Monthly reported STI and HIV case counts for January – May 23, 2026 are provided below. This data is preliminary.



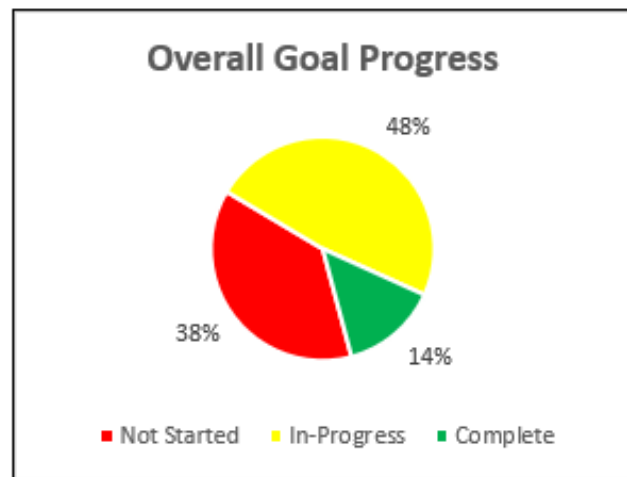
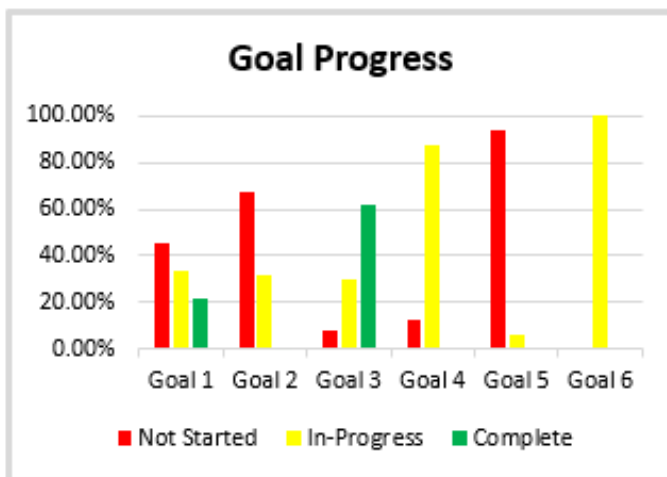
**Public Health Preparedness (PHP) Program**

The Reno-Tahoe Airport Authority (RTAA) conducted its full-scale exercise, Operation Western Skies, on May 13, 2026. The HPP PHERC and a PHP PHERC participated in planning meetings, supported volunteer coordination efforts, and facilitated communications with local hospitals regarding their roles in the exercise. The IHCC is also supporting the RTAA Triennial Exercise, working closely with hospitals, EMS partners, volunteers, and public transportation agencies. This exercise fulfilled the Medical Response and Surge Exercise (MRSE) requirement, during which hospitals tested their surge capacity and demonstrated the coalition’s ability to expand by at least 10% of licensed general medical/surgical bed capacity. The MRSE is an annual operations-based exercise mandated by the Hospital Preparedness Program (HPP) for Healthcare Coalitions (HCCs) to assess their ability to manage large-scale medical surges. More than 97 volunteers from AACT, the Washoe County School District, CERT, and other community partners served as actors portraying victims of a downed aircraft, with moulage applied to enhance scenario realism and support responder triage efforts. NNPH will participate in all follow-up activities, including debriefings and the development of after-action documentation.

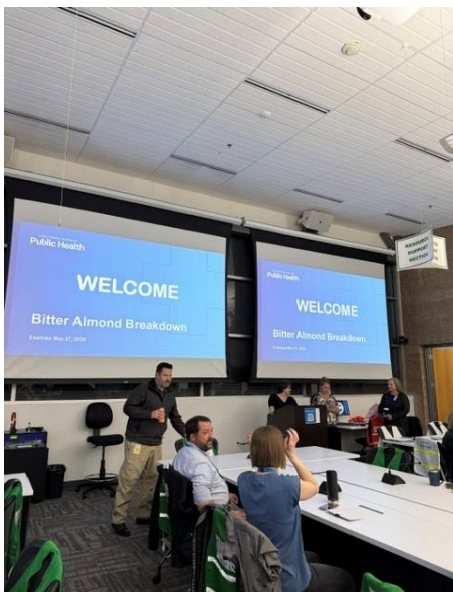


PHP and HPP staff attended the State Quarterly POETE (Planning, Organizing, Equipping, Training, and Exercising) meeting on May 5. This meeting brings together all PHP and HPP subgrantees across Nevada to review ongoing planning efforts and projects, as well as to help align preparedness activities statewide.

The PHEP program is continuing its efforts to achieve recognition under Project Public Health Ready (PPHR). The PHEP team has been updating the tracking spreadsheet, reviewing required documentation, and assessing NNPH processes associated with PPHR standards. The following graphs illustrate current progress, including detailed status for each of the six goals and an overall project assessment.



Bitter Almond Breakdown, a hazardous materials functional exercise, was held on May 27 and focused on response operations related to a cyanide spill with potential criminal intent. Partners from across the jurisdiction participated, including the Nevada State Police, Washoe County Emergency Management, the Washoe County Manager's Office, the FBI, Reno Fire, Sparks Fire, Truckee Meadows Fire, CERT, Northern Nevada Medical Center, Renown Health, St. Mary's Hospital, the Washoe County Sheriff's Office, Washoe County Tech Services, and additional supporting agencies. Approximately 91 participants attended the exercise. A follow-up after-action meeting is scheduled for June 9.

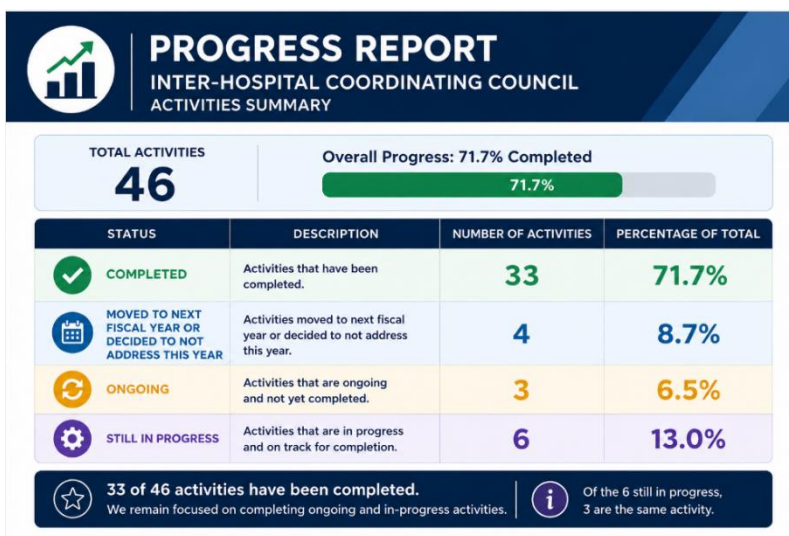


Planning continues for the Continuity of Operations Plan (COOP) Tabletop Exercise scheduled for June 4, 2026. This half-day exercise will focus on a cyberattack scenario and guide NNPH leadership through the implementation of COOP procedures.

The PHP program has been evaluating several emergency-management-focused artificial intelligence (AI) tools to support the development and updating of existing plans, as well as the creation of exercises and trainings. Due to security considerations, program staff are limited in their ability to use open AI systems, such as ChatGPT or Claude, for plan and exercise development. Two platforms—EM1 and Prepr AI—were reviewed, and EM1 was selected for implementation. Staff accounts have been established, and the program anticipates that this tool will help reduce the administrative burden associated with planning and exercise development, allowing staff to dedicate more time to coordination and engagement with community partners.

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

Progress continues on the FY26 coalition priorities across multiple focus areas. As the fiscal year concludes, the coalition remains committed to completing all identified activities and to carrying forward any ongoing efforts into the next fiscal year, as appropriate.



Throughout May, coalition members concentrated their efforts on two major exercises: Operation Western Skies, which supported the Reno-Tahoe Airport Authority's Triennial Exercise, and the Bitter Almond Breakdown Exercise, which focused on a hazardous materials incident and its cascading impacts on healthcare and response systems.

The primary objectives of Operation Western Skies were to test the Washoe County Multi-Casualty Incident Plan, evaluate mass-casualty coordination, and assess interagency communications and resource integration across response partners. The exercise provided an opportunity to evaluate command and control structures, patient movement workflows, and information-sharing processes under high-volume incident conditions. The exercise identified strengths and areas for improvement and will be incorporated into an After-Action Report and Improvement Plan to support updates to regional plans and inform future exercise design.

During the Bitter Almond Breakdown Exercise on May 27, healthcare partners participated in a facilitated breakout session focused on healthcare system coordination during a hazardous materials incident with potential mass-casualty implications. The HPP Coordinator served as the facilitator, guiding discussion on operational challenges, communication pathways, and coordination with external response partners. This session also provided an opportunity to deliver targeted training to a PHEP PHERC on Medical Service Unit roles and responsibilities, including activation considerations, coordination expectations, and integration into broader incident management structures.

In addition to exercise activities, HPP staff continued to make progress on key planning initiatives. This included finalizing updates to the Multi-Casualty Incident Plan, which was approved by IHCC on May 8, as well as ongoing refinement of the IHCC Response Guide. The Response Guide will be presented to the coalition on June 12 for review and approval.

Looking ahead to June, the HPP Coordinator will participate in an evacuation drill at an assisted living and memory care facility. This activity will focus on patient movement, coordination with facility staff, and evacuation decision-making for medically vulnerable populations. These ongoing exercises and planning efforts continue to strengthen regional preparedness and enhance coordinated response capabilities for at-risk populations across the community.

HPP, EMS, and Epidemiology Program staff continue to collaborate bi-weekly with acute care hospitals, the school district, state partners, and other community stakeholders to enhance communication protocols both prior to and during infectious disease outbreaks. These meetings focus on strengthening coordinated information sharing; refining tailored public and partner messaging; and developing triggers and associated response actions for pertussis, measles, and other communicable diseases. In the coming months, the group will also initiate a comprehensive review and update of the High-Consequence Infectious Disease Plan. In addition, partners will assess community interest in revisiting and potentially updating the Ebola Outbreak Response Plan to ensure alignment with current best practices and operational readiness.

HPP and PHEP staff also continued 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 communications capabilities, which are critical for effective coordination during emergencies.

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

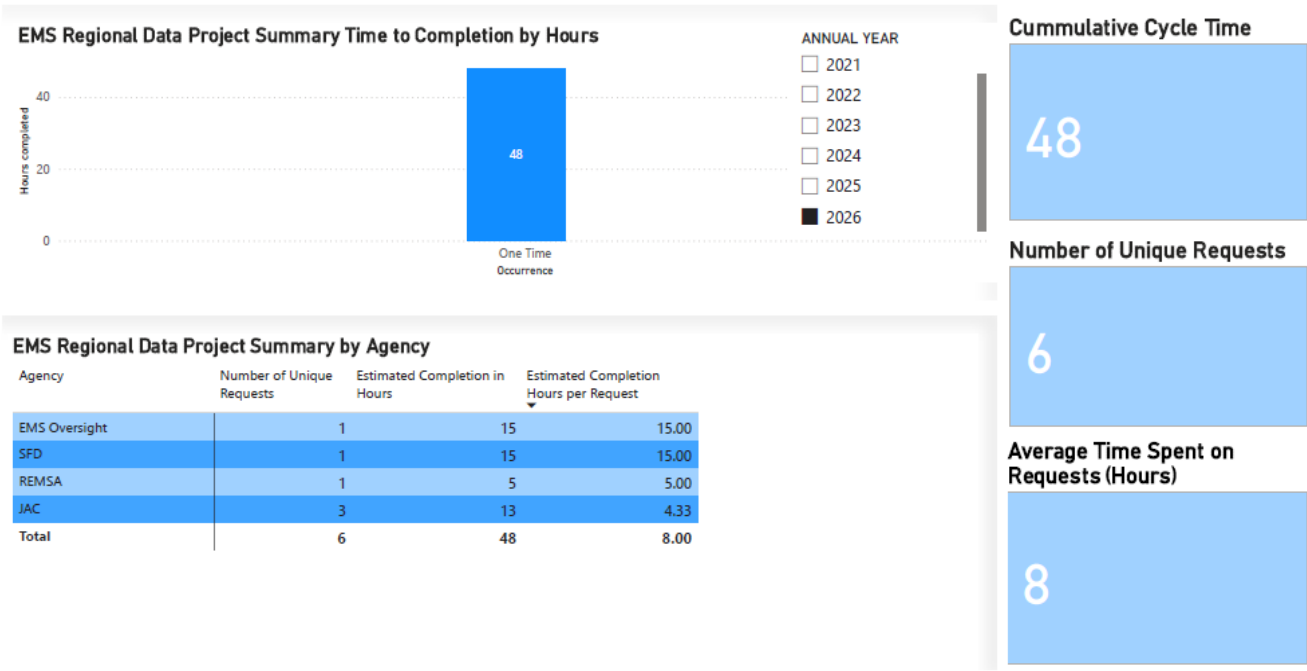
Franchise – The EMS Oversight Program continues to advance work on the Amended and Restated Franchise Agreement for Ambulance Service. NNPH met with REMSA Health on May 4 and May 14 as part of ongoing collaboration to review and refine the franchise document. The outcomes of these meetings, along with any revisions to the agreement, are expected to be presented at the June DBOH meeting.

Joint Advisory Committee - The JAC has requested to rename itself the Joint Operations Workgroup. This change will occur through the Emergency Medical Services Advisory Board (EMSAB). The JAC continues to develop a regional policy for responding to behavioral health calls. To increase collaboration and understanding, dispatch representatives and 988 will attend the June JAC meeting.

EMS Quality Improvement – As part of ongoing efforts to assess 911 high utilizers in Washoe County, the EMS Program and Joint Advisory Committee members conducted a secondary analysis of casino-related 911 call volume. The EMS Program has also developed a Cardiac Arrest Registry Dashboard for Enhanced Survival to improve transparency in monitoring out-of-hospital cardiac arrest across the region; the dashboard is currently in the validation phase. In parallel, the EMS Program is coordinating a data-sharing agreement with the Division of Public and Behavioral Health (DPBH) Cardiovascular Program to integrate pre-hospital cardiac arrest data. This information will directly support Continuous Quality Improvement (CQI) efforts for stroke care in Washoe County, strengthening the connection between EMS response and subsequent hospital and cardiovascular care.

EMS Data Request Dashboard – For calendar year 2026, the program received 6 data requests.

**Northern Nevada Public Health EMS Regional Data Requests Time Based Metric(s) Dashboard**



REMSA Health Exemption Requests -

<b>Table 1: REMSA Health Exemption Requests FY 2026</b>						
<b>Exemptions Requested</b>	<b>System Overload</b>	<b>Status 99</b>	<b>Weather</b>	<b>Other</b>	<b>Total</b>	<b>Approved</b>
July 2025	1	-	-	-	1	1
August 2025	28	-	-	-	28	28
September 2025	9	-	-	-	9	9
October 2025	7	-	-	-	7	7
November 2025	-	-	-	-	-	-
December 2025	7	-	-	-	7	7
January 2026	8	-	11	-	19	19
February 2026	37	-	67	-	104	98*
March 2026	22	-	-	-	22	21*
April 2026	6	-	-	2**	8	8
May 2026	5	-	-	-	5	5
<b>Fiscal Year-To-Date</b>	<b>130</b>	<b>-</b>	<b>78</b>	<b>2</b>	<b>210</b>	<b>203</b>

\* Exemptions were denied as they did not meet the criteria for system overload.

\*\* Responses to the calls were delayed due to police activity and construction that blocked the unit’s ability to reach the scene.

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, as 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 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%
January 2026	91%	94%
February 2026	90%	92%
March 2026	90%	89%
April 2026	90%	92%
May 2026	90%	90%
<b>Fiscal Year-To-Date*</b>	<b>90%</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 May, the program received and reviewed two (2) applications.

Mass Gatherings/Special Events - The EMS Oversight Program reviewed one (1) application for Mass Gatherings/Special Events in May.

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

Healthy Eating and Active Living – The Grab Healthy Program in Sun Valley continues to gain momentum. In April, CDIP program conducted and promoted a Grab Healthy Food Access Survey to better understand food access challenges following the recent closure of Scolari’s. Surveys were distributed at two Mobile Harvest events and through targeted community outreach, with social media used to boost participation. Interns also visited 11 Sun Valley stores to promote the survey and conduct environmental scans of current food availability. A total of 56 surveys were completed. Survey findings were presented to approximately 25 attendees at the Sun Valley Citizens Advisory Board meeting on May 4, generating strong resident interest in the program. A summary report of the results is now available for stakeholders.

Staff are implementing a targeted outreach campaign to promote healthy food options available at two participating retailers: the 7 Eleven on Sutro and Paul’s Market. To participate, stores were required to stock at least 10 qualifying healthy items. Current offerings include:

7-Eleven on Sutro

- Canned vegetables: black beans, green beans
- Frozen vegetables: spinach
- Fresh produce: bananas, oranges, limes, lemons
- Healthy snacks: nuts, trail mix, cheese sticks, low fat yogurt
- Better chip and crunchy options: baked chips with reduced fat
- Healthy beverages: water
- Grab and go items: canned tuna, ready to eat salads, fruit cups, packaged assorted fruit

Paul’s Market

- Canned vegetables: corn, green beans, mixed vegetables, beans

Date: June 25, 2026

Subject: Population Health Division Director's Report

Page: 14 of 17

- Canned fruit: pineapple, peaches, mixed fruit
- Fresh produce: limes
- Healthy snacks: whole grain chips, whole grain cereal
- Healthy beverages: water, low fat milk, 100% juice
- Grab and go items: eggs

The outreach campaign includes direct mailers encouraging residents to visit participating stores and receive a free healthy incentive item (e.g., water bottle, salad shaker, food container). Residents must bring the flyer to the store to redeem the incentive. Stores will retain redeemed flyers, which will be collected by NNPH staff to verify distribution and track engagement. While no purchase is required, stores are encouraged to use the opportunity to highlight their healthy product offerings. Mailers will be distributed to targeted carrier routes within the stores' zip codes, reaching an estimated 3,444 residents.

The Power Up Kids program concluded in May, with the CDIP staff delivering a strong finish to the program year. Seven healthy tasting events were held across various school sites, reaching approximately 1,100 students in May. In addition, staff provided direct education to Glenn Duncan Elementary's 3rd grade cohort, engaging 64 students in hands on lessons focused on healthy eating and active living. This effort is supported by the SNAP-Ed grant, which focuses on improving fruit and vegetable intake and increasing physical activity among preschool and school-aged children.

Although the SNAP Ed grant will not continue beyond June 30, CDIP is committed to maintaining momentum. Planning is underway to identify strategies for engaging teachers, students, and school communities in the upcoming academic year. This includes exploring opportunities in the school setting and collaborations that reinforce nutrition, physical activity, and overall wellness. Staff will continue evaluating resources, partnerships, and curriculum options to ensure continued support for school wellness efforts despite the conclusion of SNAP Ed funding.

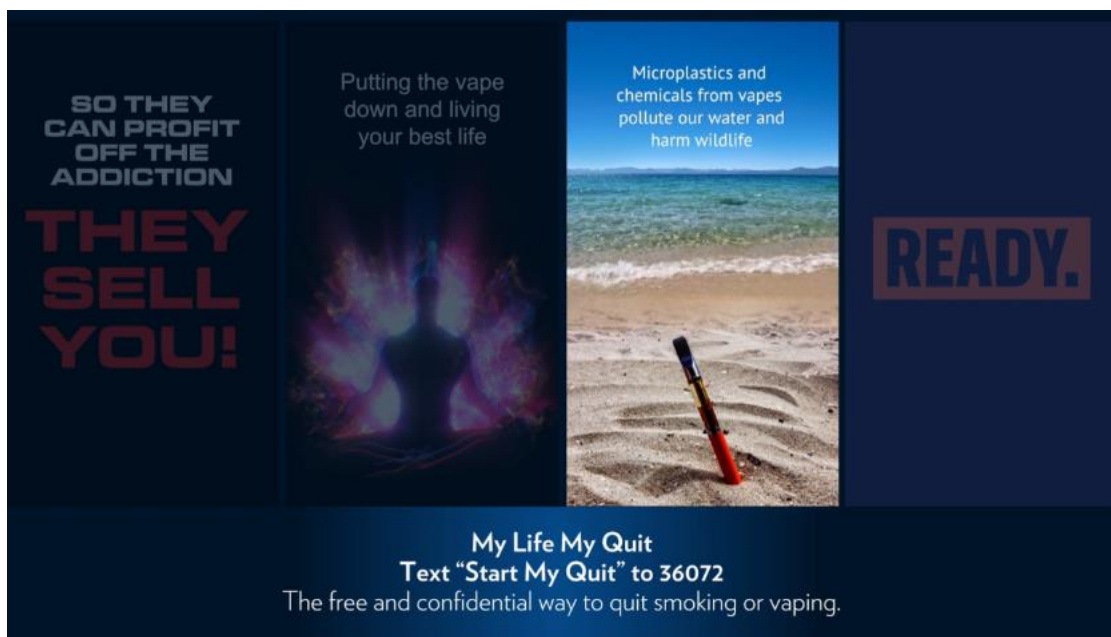
Injury Prevention – The CDIP team coordinated and co-facilitated Nevada's first Armory Project (TAP) onboarding training on May 1 at Reno Guns & Range (RGR), reaching nearly 40 participants. As the first firearm retailer in the state to partner with TAP, RGR staff completed a 1.5-hour suicide prevention training and received guidance on procedures for offering temporary secure firearm storage, including information on the services available at their location. This partnership expands access to temporary secure storage options in Washoe County and strengthens local efforts to reduce suicide related firearm deaths.



As part of Older Americans Month (OAM) outreach efforts, CDIP staff conducted senior engagement activities throughout May, including participation in the Washoe County Senior Services Resource Fair on May 1, 2026. More than 100 older adults received information on falls prevention and available community resources. The program distributed grip socks, nightlights, and registration materials for an upcoming falls-prevention workshop. Direct, in-person outreach continues to be one of the most effective strategies for engaging older adults and connecting them with injury-prevention services and supports.

CDIP staff coordinated and co-facilitated an Applied Suicide Intervention Skills Training (ASIST) at Northern Nevada Public Health on May 28–29. Twenty participants received certification in evidence-based suicide intervention skills. This training strengthens community capacity to identify, intervene, and respond effectively to individuals at risk, supporting broader efforts to prevent suicide related injuries and deaths.

Tobacco/Nicotine Control and Youth Prevention – The CDIP program worked with AdsOnTheWall media to place a quartet of youth vaping prevention and cessation 15-second reels side-by-side for a combined one-minute message. This message will run on all 13 screens including the giant three-story 75-foot curved IMAX screen at the Galaxy Theatres at the Outlets at Legend in Sparks for the summer blockbuster movie month of June. The messages include vaping increases anxiety, decreases money, pollutes the environment, and restricts freedom of choice with referral information to My Life My Quit, the free text-based youth cessation program for young Nevadans from National Jewish Health. Text “Start My Quit” to 36072 for instant support. My Life, My Quit™ is the free and confidential way to quit smoking or vaping.



Staff collaborated with the NNPH Communications Team and Renown Health to promote the June 12 screening of *Screenagers Under the Influence: Addressing Vaping, Drugs, and Alcohol in the Digital Age* at the Renown Mack Auditorium. The documentary explores how the technology revolution has influenced adolescence and substance use behaviors. Dr. Jose Cucalon Calderon, Associate Professor of

Pediatrics at the University of Nevada, Reno School of Medicine and the American Academy of Pediatrics Nevada Chapter’s e-cigarette prevention champion, participated as the subject matter expert alongside NNPH health educators to facilitate discussion and answer questions related to the effects of screen use, gaming, phones, and substance use on adolescent brain development and dopamine response.

Staff also provided Jan Evans Juvenile Justice Center, Desert Skies Middle School, and Galena High School with vaping prevention and cessation curriculum resources from the Stanford Medicine Tobacco and Cannabis Prevention Toolkit, Truth Initiative, the American Lung Association, and *Screenagers Under the Influence: Addressing Vaping, Drugs, and Alcohol in the Digital Age* to support ongoing youth education and prevention efforts.

The CDIP team collaborated with the NNPH Communications team and Estipona Group to expand implementation of the youth vaping prevention Snapchat campaign through June 15. The campaign focused on increasing awareness of the risks of vaping and promoting vape-free behaviors among youth. Through May, the campaign generated 1,435,966 paid impressions, 10,079 clicks, and reached 8,407 unique users. The environment-themed advertisement continues to be one of the campaign’s top-performing messages.

Staff completed fifteen (15) vape shop assessments to monitor local retail environments and identify emerging nicotine and vaping product trends. All assessed retailers sold disposable vape products and nicotine pouches, while nearly all carried refillable vape devices and promoted fruit, candy/dessert, and menthol/mint-flavored products. Synthetic nicotine products were available in most stores, and approximately half offered heated tobacco products and Delta-8/THC-derived vaping products. Youth-oriented marketing characteristics, including bright colors, trendy product names, and visually appealing packaging, were observed in all assessed locations. Findings from these assessments will inform future prevention messaging, retailer education efforts, policy discussions, and community outreach strategies aimed at reducing youth appeal and access to nicotine products.

**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- May 2026**

<b>May</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Birth	790	22	457	<b>1269</b>
Death	1608	18	402	<b>2028</b>
<b>Total</b>	<b>2398</b>	<b>40</b>	<b>859</b>	<b>3297</b>

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

		2025						2026						Total
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
<b>Birth</b>														
	Registrations	526	463	536	518	353	521	540	452	474	530	500		<b>5413</b>
	Corrections	78	40	63	72	61	60	73	51	52	94	70		<b>714</b>
<b>Death</b>														
	Registrations	468	461	503	508	417	553	538	497	479	507	438		<b>5369</b>
	Corrections	11	15	18	9	16	18	7	11	22	19	5		<b>151</b>