

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: August 22, 2024**

DATE: August 12, 2024

TO: District Board of Health

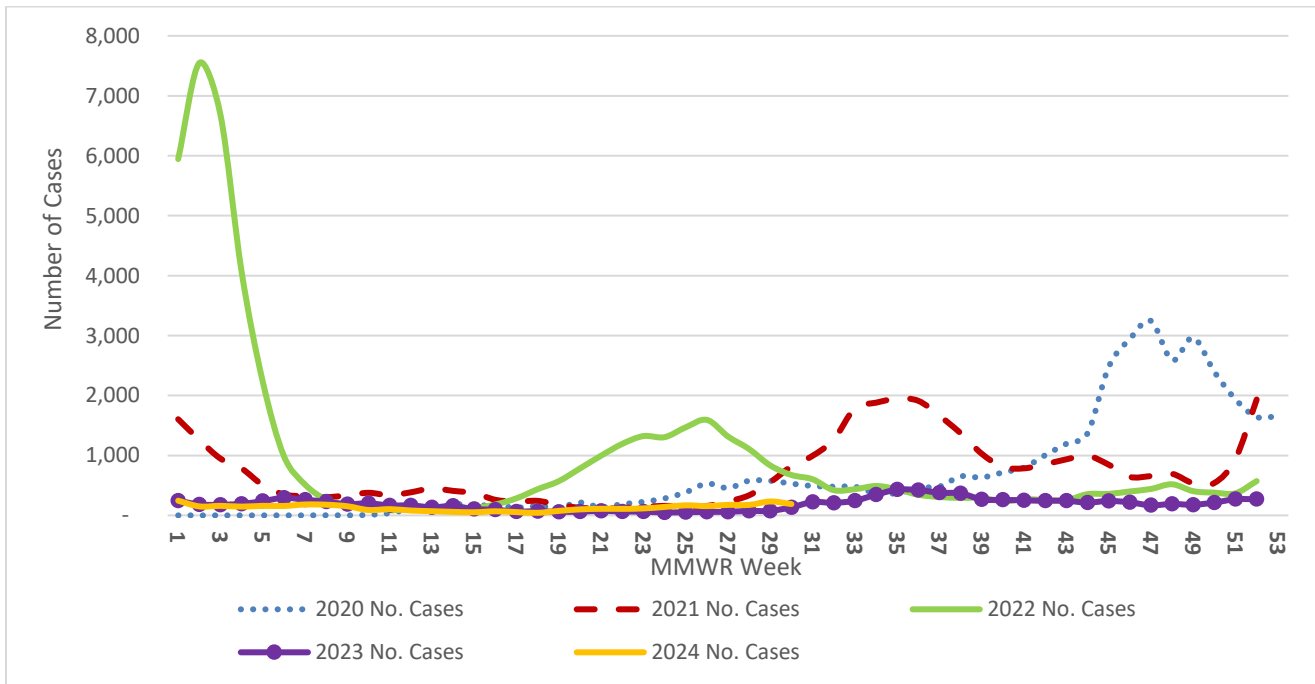
FROM: Nancy Diao, ScD, EPHP Director
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SUBJECT: **Epidemiology and Public Health Preparedness** – Epidemiology and Public Health Preparedness – Epidemiology, Public Health Preparedness, Emergency Medical Services, Vital Statistics

Epidemiology Program and COVID Epidemiology Branch

SARS-CoV-2 (COVID-19) – During July 907 new COVID-19 cases were reported among Washoe County residents. Figure 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 July 2024.

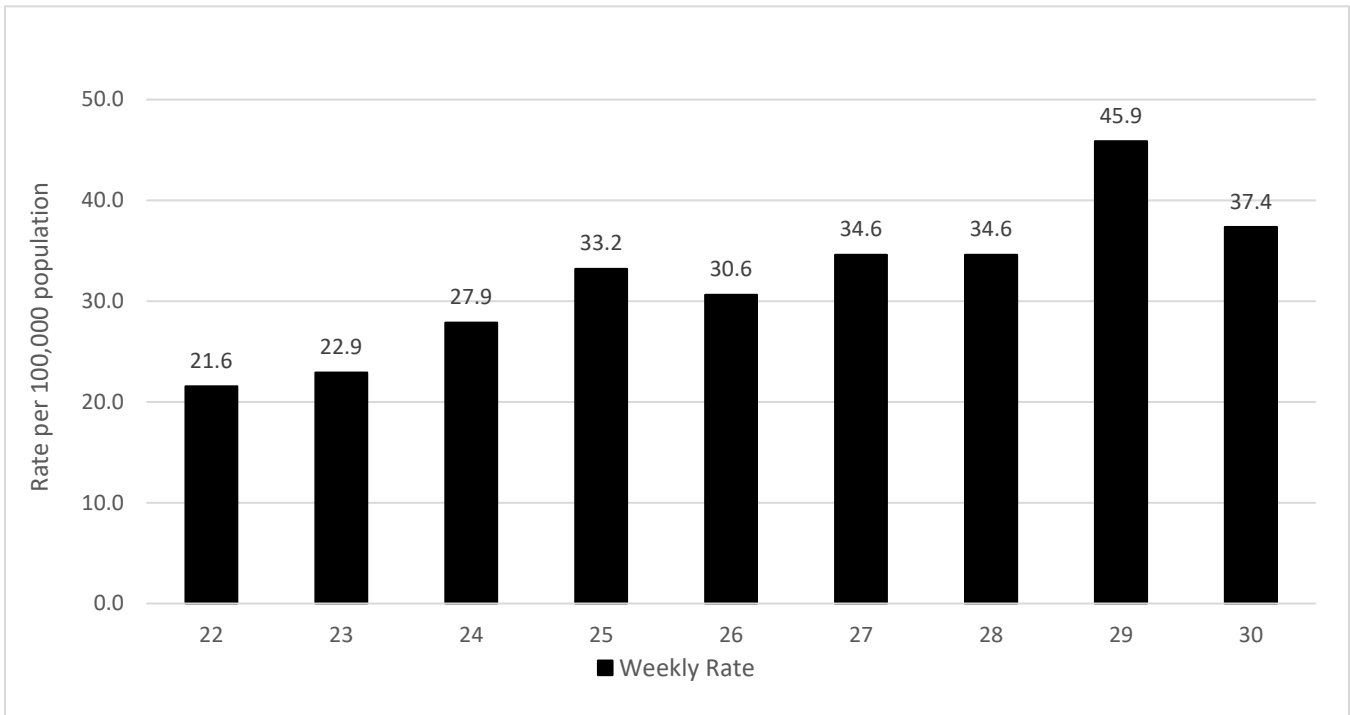
Fig 1. Total Number of COVID-19 Cases by Week of Onset Date in Washoe County, 2020-2024



Note: there is no MMWR week 53 in 2021, 2022, or 2023
*If illness onset date is missing or unknown, specimen collection date is used

Figure 2 illustrates the number of new cases by either illness onset or specimen collection date (if onset date is unknown or case was asymptomatic) per 100,000 population over the course of a nine-week period, from the last week from May 26 through July 27, 2024. As of MMWR week 30, Washoe County received reports of 37.4 new cases per 100,000 population.

Fig 2. Newly Reported COVID-19 Cases Per 100,000 population by MMWR Week, May 26 – July 27, 2024, Washoe County



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

COVID-19 Testing- The last day of COVID-19 testing service via home visits was July 19. During the month of July, a total of 127 tests were requested and performed, 4 were for home visits and 123 were due to testing at an assisted living facility. Table 1 summarizes the number of tests performed to date since the beginning of 2021.

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

June 2024	3
July 2024	127

Outbreaks – There were 12 newly declared outbreaks in July. Five (5) COVID-19 confirmed, five (5) rash illness, one (1) gastrointestinal (GI), and one (1) “other” outbreak.

Type	Jan	Feb*	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gastrointestinal Illness	3	6	1	1	3	2	1					
Respiratory Illness	3	5	2	2	1	0	0					
Influenza Confirmed	6	0	3	0	0	0	0					
COVID Confirmed	1	3	1	1	1	1	5					
Rash Illness	0	0	2	1	1	1	5					
Other	7	1	0	0	1	0	1					
Total	20	15	9	5	7	4	12	0	0	0	0	0

Epi News – Epi News is a brief (1-3 page) newsletter that has been produced and disseminated by the Epidemiology Program since 1997. Epi News publications are emailed and faxed to 700-800 subscribers, are topic dependent, and are available at <https://www.nmnh.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

In July, there were five (5) Epi News newsletters published:

- **Streptococcal Toxic Shock Syndrome (STSS):** Describes a rare condition caused by group A Streptococcus (GAS), a bacterium which can cause mild illness or sepsis. It is estimated there are 1,800-2,400 deaths per year in the United States. STSS includes infection of GAS with hypotension and multi-organ involvement. If sepsis is suspected, initiate antibiotics as soon as possible, vancomycin and clindamycin are recommended since it is often hard to distinguish between *S. pyogenes* and *S. aureus* toxic shock syndrome. Additional therapies may include intravenous immunoglobulin for those who are considered severely ill. Review of the formal case definition is located here: <https://ndc.services.cdc.gov/case-definitions/streptococcal-toxic-shock-syndrome-2010/>
- **Pertussis:** Pertussis is a respiratory disease, also known as whooping cough, caused by the bacterium *Bordetella pertussis*. The bacteria attacks the cilia in the upper respiratory pathway by releasing toxins that causes inflammation in the respiratory tract. This illness spreads easily person-to-person through respiratory droplets. Timely diagnosis and treatment (within first 3 weeks) are key, as those treated late during course of illness may not stop coughing for up to 3 months. Healthcare providers should obtain a nasopharyngeal swab or aspirate from persons suspected of having pertussis. Culture testing is the gold standard and can be collected during the first two weeks following cough onset. Polymerase chain reaction (PCR) testing can be used up to three to four weeks following cough onset. Serology testing can be used from two to twelve weeks following cough onset.

Vaccination is the best method to prevent illness, and it is especially important for pregnant women to be up to date with their immunizations as young children and infants are most at risk for severe illness. Illness may also not present in a typical manner in infants, and they can stop breathing without signs of cough or respiratory infection. Diphtheria, tetanus, and pertussis (DTaP) is given to infants and children younger than 7 years of age and administered at 2, 4, 6, 15 months of age, and when entering school. Tetanus, diphtheria, and pertussis (Tdap) is given to persons 7 years and older. Tdap should be administered every 10 years.

Postexposure prophylaxis (PEP) within 21 days of exposure is recommended for all household contacts as well as non-household contacts that are at high risk or will have close contact with those at high risk of severe pertussis (i.e., infants, pregnant women, persons in close contact with infants)

- **Washoe County 2018-2022 Influenza Hospital and Death Report**: Prior to the 2018-2019 influenza season, influenza hospitalizations and deaths were analyzed and published annually to aid in these surveillance purposes, as well as review more in-depth the severity and trends of influenza in the prior influenza season. However, due to the COVID-19 pandemic, this publication was suspended. A five-year cumulative report for the 2018-2022 influenza seasons (September 30, 2018-May 20, 2023) has been published to allow a review of local data. This Epi News draft summarizes the findings of the larger report, which can be located here: <https://tinyurl.com/WCFluSurv>.
- **Animal Bites and Rabies**: Rabies is an encephalitic disease caused by lyssaviruses that, if left untreated prior to symptom onset, is almost always fatal. Immediate medical attention to receive post-exposure prophylaxis (PEP) following a suspected exposure is critical because if PEP is not received prior to the start of symptoms, infection results in death. In the U.S., approximately 4,000 animal rabies cases are reported annually with wild animals such as bats, raccoons, skunks, and foxes accounting for >90% of these cases. Locally, there has been an average of approximately 1,100 animal bites reported annually in Washoe County from 2015 through 2023. If exposed, post-exposure prophylaxis (PEP) needs to be started as soon as possible and consists of a single dose of human rabies immune globulin (HRIG) and a series of rabies vaccinations. Many exposures can be ruled out alleviating the financial burden and healthcare visits necessary for proper administration of PEP following an exposure. NNPH can provide rabies PEP recommendations based on various scenarios.
- **2024 Q2 Reporting and Stats**: This Epi News issue is designed to illustrate the change in top reported infectious diseases by providing a ratio of the 2024 quarter 2 (Q2) totals compared to the mean of the Q2 totals from the previous five years respectively. The largest increases for quarter 2 (April-June) were syphilis (late/latent/duration unknown (+21.5%), respiratory syncytial virus (RSV) (+20.9%) and pneumococcal diseases (+7.1%). The largest decreases were COVID-19 (-69.4%), syphilis (primary & secondary combined) (-68.0%), and syphilis (early latent) (-58.7%).

Other Reports –

- The final monthly COVID-19 Report was published on July 11, 2024. The report includes data for COVID cases reported over the past month including case counts by demographic variables, hospitalizations, and deaths among Washoe County residents. <https://www.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/educational-materials/COVID-19.php> Moving forward, select COVID statistics will be merged with the Influenza Surveillance Report sent out weekly during flu season to start a new Respiratory Illness Report starting October 2024.
- The Influenza Surveillance Season Summary report was published on July 12, 2024, and includes end of year statistics for the 2023-2024 influenza season. The full report is located at <https://www.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/programs/Influenza%20Surveillance.php>
- The Quarter 2 Community-wide Surveillance for Carbapenemase Producing Organisms Report was published on July 19, 2024, containing surveillance data for carbapenem resistant organisms and carbapenemase producing organisms. The quarterly report is located at <https://www.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/healthcare-professionals/CPO.php>.

General Communicable Diseases – The Epidemiology Program Manager attends a weekly meeting with state partners for the implementation of EpiTrax as challenges are addressed. Several validation processes are in place to verify reporting is accurate. During July, there were 173 positive labs reported, with 36% 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 testing prior to migrating existing data NNPH'S Epidemiology Program has tracked since 2018.
 - Technology Services finalized Phase I of the XDRO database, so the NNPH Healthcare Associated Infection Coordinator epidemiologist has started to enter data received into the new database.
 - Phase II involves onboarding area hospitals so electronic feeds of admissions can be sent to a secure file to be run against the XDRO system so approved hospital staff can be alerted when a person known to have an existing CPO or *C. auris* infection is admitted into the healthcare system.

- **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 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.

Public Health Preparedness (PHP) Program

Public Health Emergency Preparedness (PHEP) -

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 (EOPs) based on Nevada Revised Statute (NRS) 388.241. During the month of July, PHP staff attended two school EOP planning meetings. The Nevada Department of Education (NDE) has also created an EOP Workgroup to review the applicable NRS requirements, NDE guidance documents, and school EOP submissions. A representative from PHEP is a member of the workgroup and attends the bi-weekly meetings.

PHEP, in conjunction with the Environmental Health Services (EHS) Division, held six radiation emergency trainings for TRIAD during the week of July 15, 2024. The focus of the training was threefold. First, it was to provide information on how EHS can coordinate with Fire agencies on hazardous material events. The second focus was on the NNPH Community Reception Center Plan and how TRIAD would interact and integrate into that plan. The final focus was on the set up and use of a radiation portal monitor to provide rapid radiation contamination identification for people and vehicles following a radiation event. EHS was able to purchase and provide two radiation portal monitors to TRIAD. These two units will substantially increase TRIAD's ability to respond to a radiation emergency.

Washoe County Emergency Management hosted a tabletop exercise (TTX) on July 17, 2024, for the 2024 Great Reno Balloon Race upcoming in the fall. Members of PHP, HPP, and EMS attended the TTX which exercised emergency response plans and included a new component of an Event Emergency Operations Center (EEOC) specific to the event.

An Integrated Preparedness Planning Workshop (IPPW) was conducted by the State of Nevada Public and Behavioral Health on July 24, 2024. Attendees included all four health districts including Southern Nevada Health District, Northern Nevada Health District, Central Nevada Health District and Quad Counties. The IPPW is intended to facilitate communication and consider the range of preparedness activities for the upcoming year within the planning cycle - POETE (Plan, Organize, Equip, Train, and Exercise).

PHP staff are working with the division of Community and Clinical Health Services (CCHS) to conduct the Back-to-School Vaccine Clinics for Washoe County students on August 10 and 17, 2024. PHP is

coordinating volunteer support with MRC, Community Emergency Response Team (CERT), and Team Rubicon.

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

On July 30, 2024, HPP conducted a Home Health, Hospice, and Dialysis Data Collection Exercise. The objective of this exercise was to identify if Home Health, Hospice, and Dialysis partners can successfully pull patient information and securely send information to the Medical Service Unit (MSU) in the event of an emergency that would require evacuation. These exercises will continue biannually as the partners decided that it would be beneficial for them to exercise these procedures.

In the upcoming month, workgroups will be held with IHCC members to discuss strategies to meet their top priorities. Completion of the identified activities by the workgroups will continue throughout the fiscal year.

HPP staff and the UNR Summer Graduate Intern continue to review and revise the HPP Capability Assessments. These assessments were previously shared with all coalition partners to gain a better understanding of strengths and areas for improvement by provider type in Washoe County. The revised assessments are expected to be distributed to partners for completion by September. The results will be used to guide activities in FY26.

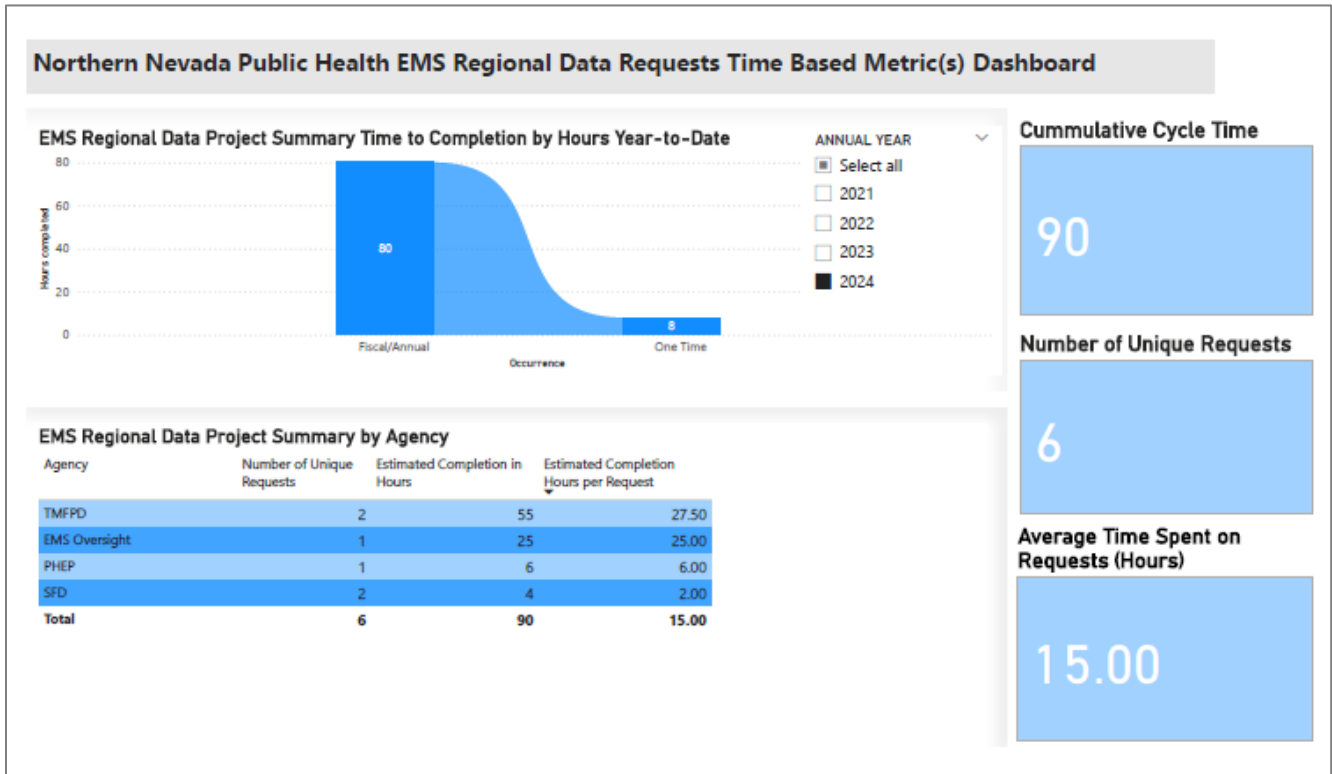
The HPP staff continues to participate in the weekly Hospital Net, a Ham Radio communications drill among hospitals in Northern Nevada and Eastern California. The purpose of the Net is to improve redundant communications during a disaster.

Emergency Medical Services (EMS) Oversight Program

EMS Joint Advisory Committee (JAC) – The JAC has been focused on revisions to the Franchise Agreement for Ambulance Service as well as the implementation of standardized data collection across all EMS agencies in the region.

EMS Data Standardization – By July 1, 2024, two of the three regional fire EMS agencies transitioned to an online data collection platform that will process and report congruent information on medical emergency calls in Washoe County. The third regional fire agency is expected to transition over to the online data collection platform in the near future. 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.

EMS Data Request Dashboard – Beginning July 1, 2024, the program developed a dashboard to monitor the number of unique requests by requesting agencies, and the types of requests received by the EMS Oversight Program through our data request protocol.



Franchise Agreement for Ambulance Service – Dialogue continues to discuss revisions to the Franchise. July and August meetings will focus on revisions to Articles 6-17. Phase I of revisions will continue through August.

REMSA Health Exemption Requests -

Table 1: REMSA Health Exemption Requests FY 2025

Exemption	System Overload	Status 99	Weather	Other	Approved
July 2024	14	-	-	-	14

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.

Month*	Zone A	Zone B, C, and D
July 2024	90	96
Monthly Average	90	96
Year-To-Date**	90	96

*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 received three (3) applications and reviewed four (4) applications (two from the previous month) during the month of July and did not have any concerns that would affect EMS response.

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

Vital Statistics

Vital Statistics has continued to serve the public through the mail, online and in-person. Program staff also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

Table 1: Number of Transactions for Birth and Death Records- July 2024

June	In Person	Mail	Online	Total
Birth	909	19	466	1394
Death	1653	51	435	2139
Total	2562	70	901	3533

