

**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: May 23, 2024**

**DATE:** May 16, 2024

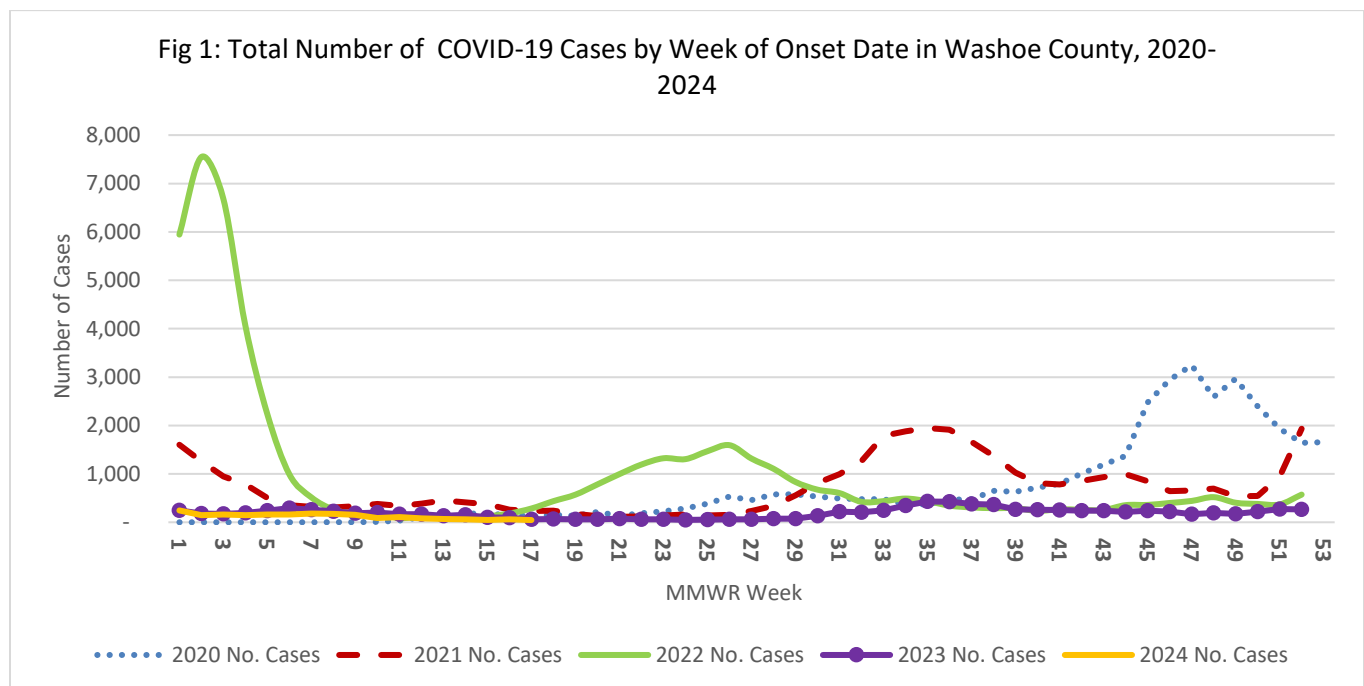
**TO:** District Board of Health

**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**

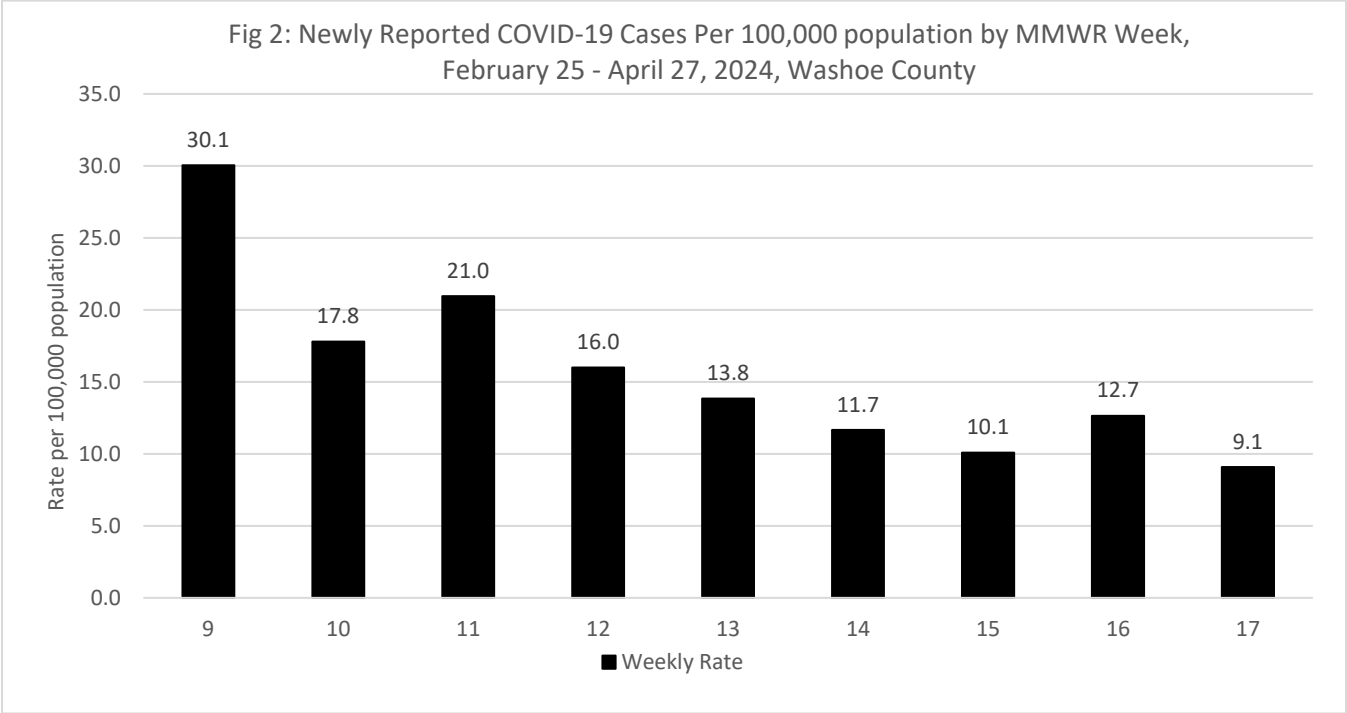
**SARS-CoV-2 (COVID-19)** – During April, 265 new COVID-19 cases were reported among Washoe County residents. Figure 1 provides an overview of the total number of confirmed COVID-19 cases reported to Washoe County to date by MMWR week from 2020 through the end of April 2024.



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

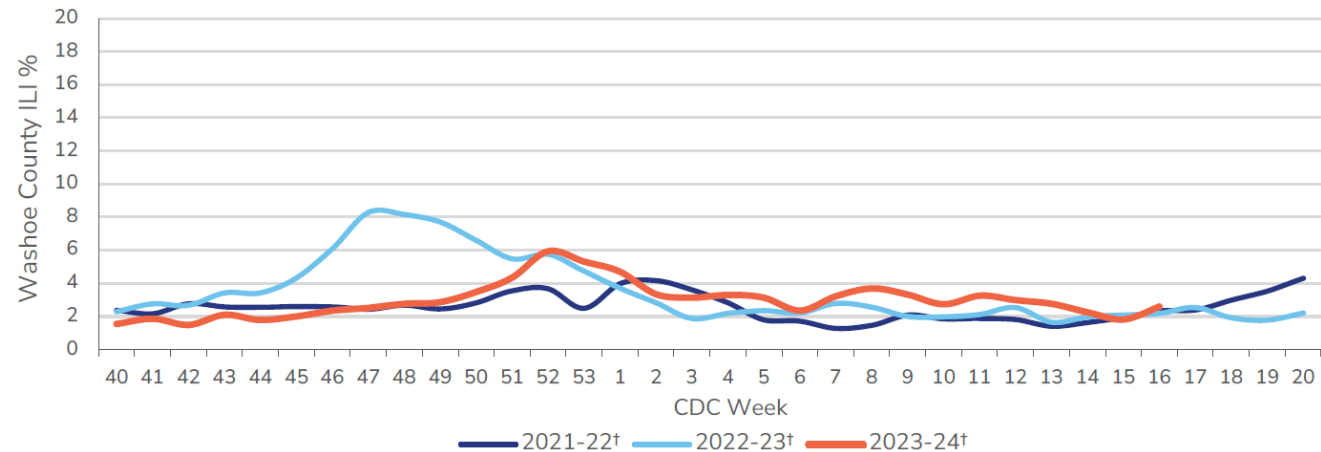
Figure 2 illustrates the number of new cases by either illness onset or specimen collection date (if onset date is unknown or case was asymptomatic) per 100,000 population over the course of a nine-week period, from the last week in February 2024 through April 29, 2024. As of MMWR week 17, Washoe County received reports of 9.1 new cases per 100,000 population.



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

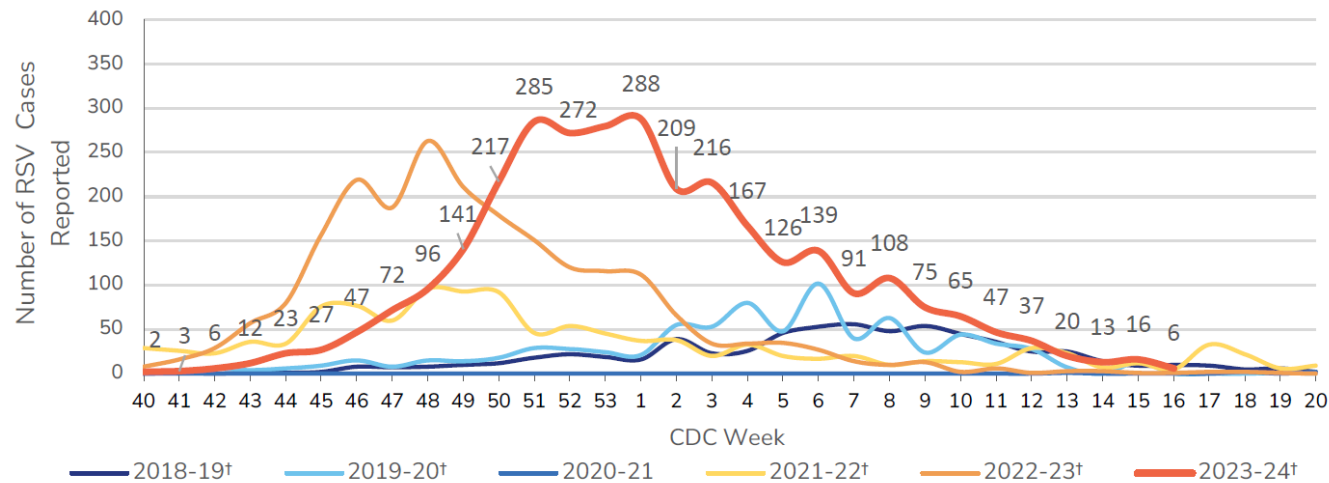
**Influenza-like Illness** – Influenza season officially began in MMWR week 40, October 1, 2023. Figure 3 provides a snapshot of the percent of patients presenting to sentinel surveillance providers with influenza-like illness (ILI) defined as fever ( $\geq 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ]) and cough and/or sore throat. Figure 4 illustrates RSV cases reported by week. The recent two seasons are notably higher in RSV cases reported than the 10 seasons prior. Since the peak in RSV numbers in MMWR week 1, weekly cases reported has been decreasing.

**Fig 3. ILI Activity Reported by Sentinel Providers, Washoe County, 2021-2023 Seasons†**



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

**Fig 4. Number of RSV Cases Reported by Week, Washoe County, 2018-2023 Seasons†**



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

**Outbreaks** – There were five (5) newly declared outbreaks in April. Two (2) respiratory outbreaks, one (1) gastrointestinal (GI), one (1) COVID confirmed, and one (1) rash outbreak.

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								
Respiratory Illness	3	5	2	2								
Influenza Confirmed	6	0	3	0								
COVID Confirmed	1	3	1	1								
Rash Illness	0	0	2	1								
Other	7	1	0	0								
Total	20	15	9	5	0	0	0	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.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

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

- **Candida auris:** *Candida auris* is a fungal organism first identified in 2009, which is typically spread in healthcare settings among those with co-occurring health issues. This fungal organism is resistant to most antifungal treatment options, therefore is a high priority for healthcare associated infections. Screening and testing are available through the Nevada Public Health Laboratory and clinicians should refer to the CDC's Treatment and Management of *C. auris* Infections and Colonization (<https://www.cdc.gov/fungal/candida-auris/c-auris-treatment.html>) for detailed and latest treatment recommendations. Treatment is not recommended for asymptomatic *C. auris* cases detected from a noninvasive specimen site.
- **CDC HAN Highly Pathogenic Avian Influenza A(H5N1) Virus Identification of Human Infection and Recommendations for Investigations and Response:** A case of highly pathogenic avian influenza (HPAI) A H5N1 was detected in a person in Texas who works with dairy cattle in late March. The only reported symptoms were conjunctivitis, the case was not hospitalized and recovered. This is the second human case reported in the United States including one reported in 2021 in Colorado among a poultry worker. Since 1997, more than 900 sporadic human cases of HPAI A(H5N1) have been reported in 23 countries, with more than half of these cases resulting in death. However, since 2015–2016, human cases have decreased substantially, and only a small number of sporadic human cases have been reported worldwide since 2022. HPAI viruses have been circulating among wild birds across the United States, however the current risk to the public remains low. CDC Recommendations for Farmers; Poultry, Backyard Bird Flock, and Livestock Owners; and Worker Protection can be found here <https://www.cdc.gov/flu/avianflu/hpai/hpai-interim-recommendations.html#recommendations-farmers>
- **CDC HAN Adverse Effects Linked to Counterfeit or Mishandled Botulinum Toxin Injections:** CDC, the U.S. Food and Drug Administration (FDA), and state and local partners are investigating clusters of 22 people in 11 U.S. states reporting adverse effects after receiving injections with counterfeit botulinum toxin or injections administered by unlicensed or untrained individuals or in nonhealthcare settings, such as homes or spas. Eleven patients were hospitalized, and none have died.

#### Other Reports –

- The monthly COVID Report was published April 12, 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>
- The 2024 Quarter 1 CPO Report was also published April 12, 2024. The newly revised report includes data for antibiotic resistant organisms reported to the Epidemiology Program related to

patient demographics, number of cases reported each month by type of organism, and the proportion resistant to different classes of antibiotics. <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 the month of April, there were 202 positive labs reported, with 50% 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) or *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 on close watch from the CDC as emergent infections and NNPH has built a strong Healthcare Associated Infection (HAI) prevention program to work to coordinate, detect, and mitigate spread once these cases are identified. Tech Services has built the front end, secure login portal, and will be testing prior to migrating existing data NNPH's Epidemiology Program has tracked since 2018.
- **Foodborne Disease Detection Database (FD3)** – The Epidemiology Program is building a database to detect and track foodborne, waterborne, and other enteric illnesses. This database will house both lab-confirmed cases received and interviewed by epidemiologists 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. This database is currently loaded to a server and being tested for multi-user functionality.

#### Public Health Preparedness (PHP) Program

##### Public Health Emergency Preparedness (PHEP) -

Two trainings were provided by the Medical Reserve Corps (MRC) Program in the month of April. Stop the Bleed training was provided on April 16, 2024, by the MRC Program in coordination with Washoe County School District Emergency Management. There were 23 attendees from MRC, Community Emergency Response Team (CERT), and NNPH staff. The second training offered was an Active Assailant Training, provided by the Washoe County Sheriff's Office (WCSO) on April 25, 2024. There were 16 attendees at this training. PHEP is working actively with the Division of Community and Clinical Health Services (CCHS) and WCSO to provide active assailant training specific to their division in the coming months.

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. To date, PHP has attended six school EOP meetings since October 2023. Another school EOP meeting is scheduled for May 8, 2024. The Nevada Department of Education (NDE) has created an EOP Workgroup to review the applicable NRS requirements, NDE guidance documents, and school EOP submissions. A representative from PHEP is a member of the workgroup and attends the bi-weekly meetings.

Washoe County Emergency Management hosted a "Coordinated Special Events Management – Your Problem is My Problem and My Problem is Yours" presentation on April 17, 2024. This was a special presentation from South By Southwest and the City of Austin on special events management, a topic relevant to local event owners, planners, response agencies, jurisdictions, and partners. This provided an opportunity to learn about events similar to the scope and scale of many larger special events in Washoe County.

PHP hosted a Command Staff Activation Drill tabletop internal to NNPH Division Directors and Supervisors. The activity was conducted to meet PHEP grant and PHAB requirements. Additionally, NNPH has adopted plans such as the Emergency Operations Plan (EOP) and Continuity of Operations Plan (COOP) that set forth certain expectations that must be met. The Command Staff Activation Drill reviewed a potential public health response scenario, which asked participants to:

- A. Identify which plans would be activated and what NNPH operations would be continued as staff are diverted to the response
- B. Decide which Incident Command Structure (ICS) positions would be filled and which NNPH staff positions would fill them
- C. Draft a two-week rotational schedule for Command Staff
- D. Identify which modes of communication would be implemented to notify staff of activation.

The activity took place on April 19, 2024, and was limited to 50 minutes over the lunch hour. A total of 12 representatives from AHS, AQM, CCHS, EHS, EPHP, and ODHO participated. Notes from the tabletop were taken and will be inserted into a shareable document with actionable items.

NNPH Public Health Preparedness (PHP) coordinated and hosted a combination tabletop (TTX) and full-scale exercise over a two-day period from April 9 -10, 2024. Planning for the exercise started approximately eight months ago in August 2023. The inclusive planning process included many community partners and subject matter experts with a goal to create an exercise to test response capabilities to a chemical incident in the jurisdiction of Washoe County.

Participating agencies that attended the exercise included:

Federal	State	Local	Other
Veterans Administration	Nevada National Guard 92 <sup>nd</sup> Civil Support Team	NNPH (EHS, AQM, PHP, Communications)	Nevada County Department of Public Health

	Nevada Division of Emergency Management	Reno Police Department	
	Nevada Division of Public and Behavioral Health	Washoe County Sheriff's Office (WCSO)	
	Nevada State Public Health Laboratory	Reno Fire Department (RFD)	
		Truckee Meadows Fire	
		REMSA	
		Northern Nevada Sierra Medical Center	
		Northern Nevada Medical Center	
		St. Mary's Regional Medical Center	
		Incline Village Community Hospital	
		VA Sierra Nevada Health Care System	
		Renown Regional Medical Center	
		Renown South Meadows Medical Center	
		University of Nevada, Reno Organizational Resilience Training and Exercise	
		Unitek College	
		NNPH Medical Reserve Corps (MRC)	
		WCSO Community Emergency Response Team (CERT)	
		Washoe County Regional Medical Examiner's Office	

		Washoe County Emergency Management (WCEM)	
		Washoe County School District (WCSD)	

Day 1 was a TTX held at the Washoe County Regional Emergency Operations Center (REOC) and included approximately 62 participants from partnering organizations and approximately 30 nursing students from Unitek who primarily observed. The TTX primarily set forth the exercise scenario and facilitated group discussions regarding immediate response steps as the simulated incident unfolded. The conversations provided an opportunity for the various responders to share processes, discuss their respective responses, and identify gaps that may be improved to enhance overall response capabilities. The last portion of Day 1 was dedicated to standing-up a Unified Command according to Incident Command Structure (ICS) within the National Incident Management System (NIMS).

Day 2 was conducted at the NNPH drive-through outdoor vaccination area and Reno Livestock Events Center (RLEC) adjacent outdoor property. Through simulated scenarios, law enforcement and fire response agencies engaged in joint decision-making processes, communication drills, and resource allocation strategies to effectively contain chemical hazards, evacuate affected areas, and maintain public safety. By integrating tactical expertise from both sectors, the exercise aims to optimize response efforts and minimize the risk of escalation during chemical emergencies. A key component of the response included exercising decontamination procedures to swiftly and safely remove a hazardous substance from affected individuals, equipment, and infrastructure.

Vital aspects of the exercise also included the evaluation and enhancement of laboratory capabilities and hospital preparedness in handling chemical exposures and contamination cases. Through simulated scenarios involving sample analysis, diagnosis, and treatment protocols, laboratory personnel and healthcare professionals refine their skills in identifying chemical agents, administering appropriate medical interventions, and ensuring the safety of both patients and healthcare providers. By strengthening collaboration between laboratories and healthcare facilities, the exercise aims to bolster the region's capacity to respond to chemical incidents and mitigate health risks effectively.

Over 60 volunteers played a variety of roles including perpetrators of the crime, by-standers, employees, general public, and patients. Hospitals received these patients with various healthcare and decontamination requirements. Volunteers from MRC, CERT, Unitek, and Reno Police Department (RPD) Junior Cadets acted the role of patients. The engagement of volunteers was critical to the success of the simulation as it provided all responders the opportunity to engage with real-life people.

Other participants included the NNPH Public Information Officer (PIO) who focused on effective and culturally appropriate communication regarding the exercise. Additionally, the Medical Examiner's Office exercised their processes for collection of the deceased with possible contamination within a crime scene. Regional Transportation Commission (RTC) played a supporting role and supplied buses to transport volunteer actors to the hospitals.



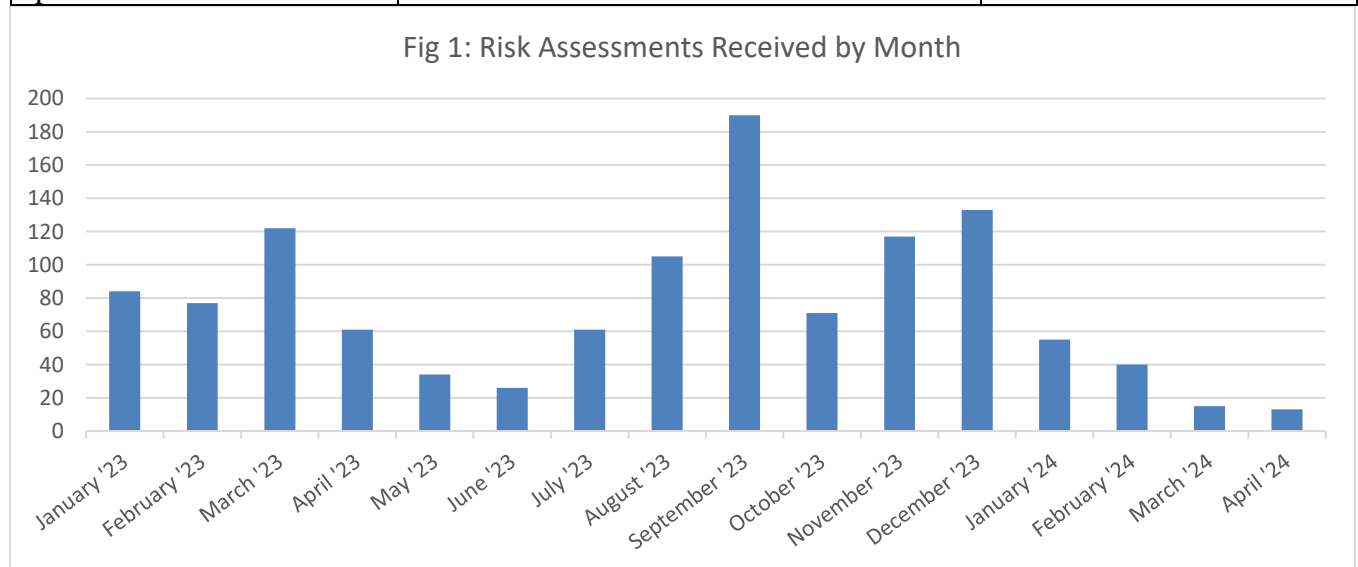
An After-Action Report (AAR) is in the process of being developed post-exercise. There will be a meeting on May 9 with all partners to review the draft AAR and it will include feedback from evaluators, agencies, and observers. Performance evaluation will include what was done well, areas for improvement, and actionable items to address those improvement areas.

The multi-disciplinary regional chemical exercise was a comprehensive initiative aimed at strengthening the collective response capabilities of various stakeholders in addressing chemical incidents. Focused primarily on fire and law enforcement coordinated response, decontamination procedures, laboratory capabilities, and hospital preparedness, this exercise serves as a crucial platform for enhancing collaboration, refining protocols, and mitigating the impacts of chemical emergencies within the region.

### COVID-19 Testing –

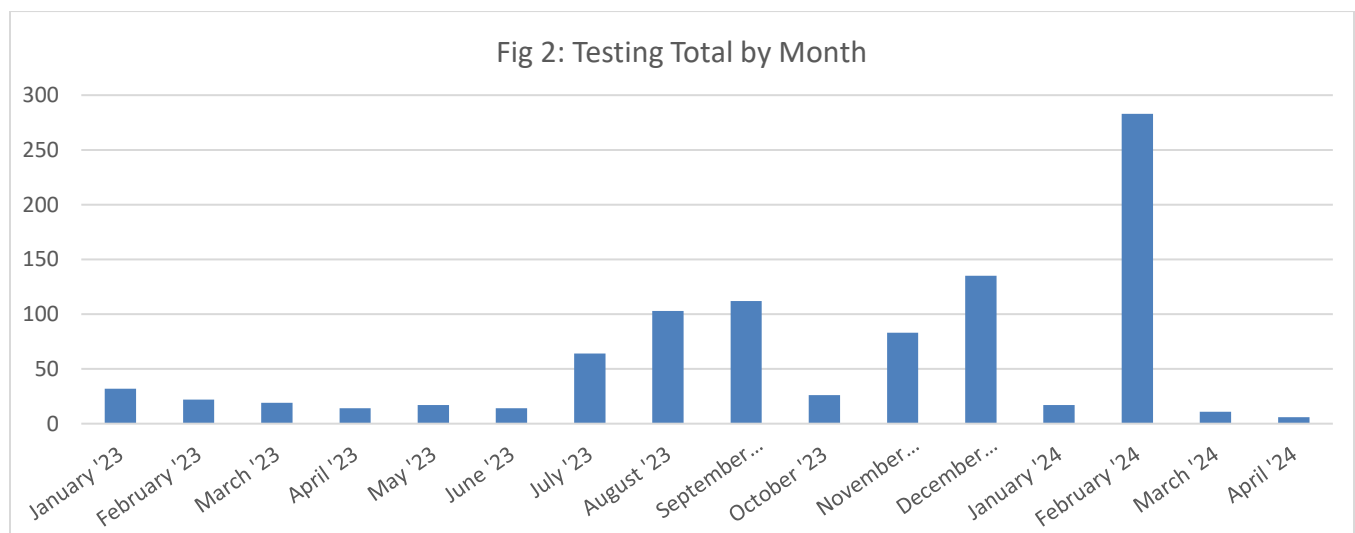
Risk Assessments and Tests Performed –The Call Center received 13 Risk Assessments for the month of April 2024, a decrease of 13% over March 2024. Some Risk Assessments were entered by end-users through the web portal, and others were entered by the Call Center staff. Table 1 summarizes COVID-19 Risk Assessments received since the beginning of 2021, while Figure 1 graphs the data since January 2023.

Table 1. Total Risk Assessments		
Month Reported	Risk Assessments	Inc/Dec
2021 Totals	55,371	
2022 Totals	26,871	
2023 Totals	1,081	
January 2024	55	-59%
February 2024	40	-27%
March 2024	15	-63%
April 2024	13	-13%



Testing continues to be offered at intervals two days per week via home visits. A total of 6 tests were conducted through the end of April 2024, which indicates continued decrease in testing demand. Table 2 summarizes the number of tests performed to date since the beginning of 2021, while Figure 2 graphs the data since January 2023.

Table 2. Number of Tests Performed		
Month Reported	Tests Performed	Inc/Dec
2021 Totals	30,996	
2022 Totals	7,892	
2023 Totals	641	
January 2024	17	-87%
February 2024	283	1565%
March 2024	11	-96%
April 2024	6	-45%



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

HPP staff and IHCC members attended the Truckee Wildfire Exercise on April 25, 2024. The exercise incorporated topics discussed during a workshop held by Nevada County in March on an education presentation for hospital evacuation process. Topics included fire safety, hospital evacuation across state lines, and resource requesting.

Skilled nursing, memory care, and assisted living facilities requested that a 10-15 minute video be created on the Mutual Aid Evacuation Agreement (MAEA) with the purpose of training staff members and incorporating the video into the onboarding process. Filming of the video has concluded, and the footage is being compiled to share with partners.

Planning continues for the full-scale MCI Exercise scheduled for May 14, 2024. The objectives of the exercise are to exercise the MCI plan, specifically focusing on the self-transport component and surge of the emergency departments. The NNPH PHP team has contacted UNR, MRC, CERT, TMCC, Unitek, WCSD, and Northern Nevada Infection Control to recruit volunteers for the exercise. Feedback and lessons learned from the full-scale exercise will be incorporated into the MCI Plan.

HPP staff held an alternate care site (ACS) tabletop exercise (TTX) on April 11, 2024, with emergency managers, licensing agencies, legal representatives, and hospital executive leadership to exercise updates made to the ACS plan. The plan updates implement lessons learned from COVID-19. During the TTX, multiple areas of improvement were identified and will be worked on and incorporated into the plan before being brought to the Inter-Hospital Coordinating Council for review and approval.

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 continues to discuss the best practices in response to the volume of calls related to behavioral health that will include assuring a safe environment for first responders. Collaborative efforts between law enforcement and Fire/EMS to achieve safety for all providers are being worked on. Also being reviewed at the JAC are the Medical Priority Dispatch System report, Priority 2 calls for cold call responses data, and implementation of data sharing and standardization amongst all EMS agencies. Progress on the Washoe County EMS Strategic Plan 2023 – 2028 is ongoing.

EMS Data Standardization Development Project – As outlined in the Interlocal Agreement under duties of the EMS Oversight Program, monitoring response and performance of each agency providing EMS, systems characteristics, data and outcomes of the EMS in the City of Reno, City of Sparks, Washoe County, Fire Districts and REMSA has become increasingly more complex since 2014. For nearly a decade, reporting of computer aid dispatch data and responses have been disparate in format submissions to the EMS Oversight Program. The EMS Data Standardization Development Project is a proposal to modernize, be on the same platform, and reduce the complexities of disparate reporting elements to a standardized format that can be easily understood and analyzed regardless of jurisdictional boundaries. The goal for uniformity for data across all EMS providers aims to significantly improve information gathering and quality assurance processes. The project's proposal was introduced to the JAC for continuous feedback and discussions amongst the EMS agencies.

#### REMSA Health Exemption Requests -

Table 1: REMSA Health Exemption Requests FY 2024					
Exemption	System Overload	Status 99	Weather	Other	Approved
July 2023	-	-	-	-	-
August 2023	-	-	-	-	-
September 2023	3	-	-	-	3
October 2023	-	-	-	-	-

November 2023	-	-	-	-	-
December 2023	8	-	-	-	8
January 2024	3	-	93	-	96
February 2024	7	-	20	-	27
March 2024	-	-	35	-	35
April 2024	8	-	-	-	8

**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>Table 2. REMSA Health Percentage of Compliant Priority 1 Responses by Zones FY 2024</b>		
<b>Month*</b>	<b>Zone A</b>	<b>Zone B, C, and D</b>
July 2023	92	90
August 2023	91	93
September 2023	91	89
October 2023	92	93
November 2023	91	97
December 2023	91	96
January 2024	91	94
February 2024	91	95
March 2024	91	91
April 2024	90	90
<b>Monthly Average</b>	<b>91</b>	<b>93</b>
<b>Year-To-Date**</b>	<b>91</b>	<b>93</b>

\*Compliance percentage per month is the percentage calculated using the monthly "Chargeable Late Responses" divided by "Compliance Calculate Responses".

\*\*Year-to-date is the percentage calculated using the sum of all to date "Chargeable Late Responses" divided by "Compliance Calculate Responses".

**Community Services Department (CSD) – Memo Review** - The EMS Oversight Program staff reviews and analyzes project applications received from the City of Reno Housing and Neighborhood Development and the

Planning and Building Division of the Washoe County Community Services Department and provides feedback. Program staff reviewed six (6) applications during the month of April and did not have any concerns that would affect EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program received two (2) applications for Mass Gatherings/Special Events in the month of April.

### **Vital Statistics**

Vital Statistics has continued to serve the public through the mail, online and in-person. During the month of April, Vital Statistics staff registered 474 deaths and 481 births; 12 death and 64 birth corrections were made. Program staff also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

**Table 1: Number of Processed Death and Birth Records**

<b>April</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Death	1551	30	532	2113
Birth	766	27	425	1218
<b>Total</b>	<b>2317</b>	<b>57</b>	<b>957</b>	<b>3331</b>