

**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: May 22, 2025**

**DATE:** May 14, 2025

**TO:** District Board of Health

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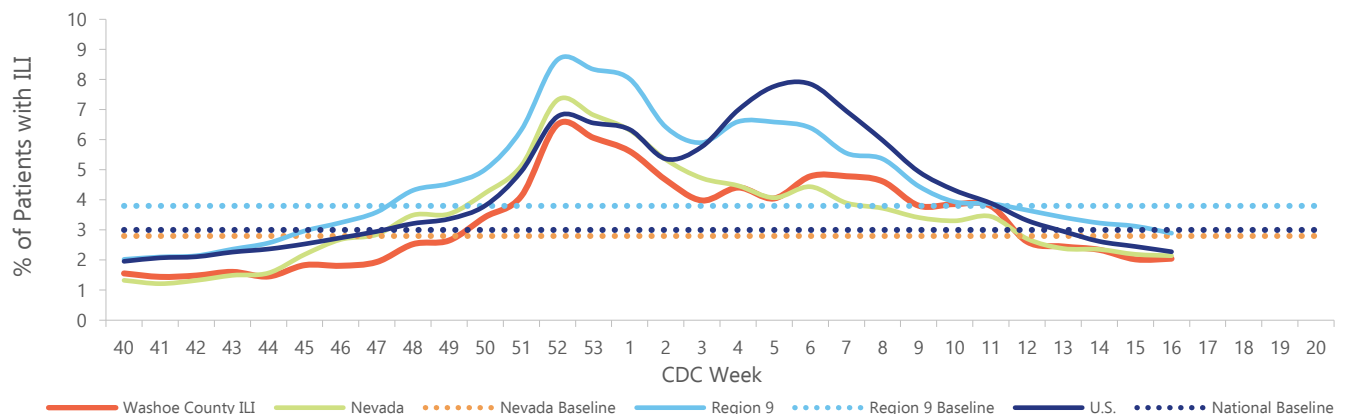
**SUBJECT:** **Epidemiology and Public Health Preparedness** – Epidemiology and Public Health Preparedness – Epidemiology, Public Health Preparedness, Emergency Medical Services, Vital Statistics

**Epidemiology Program**

**Respiratory Virus Surveillance**

Influenza-like Illness – Respiratory season officially began in MMWR week 40, September 29, 2024. 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 2020 through 2024 seasons.

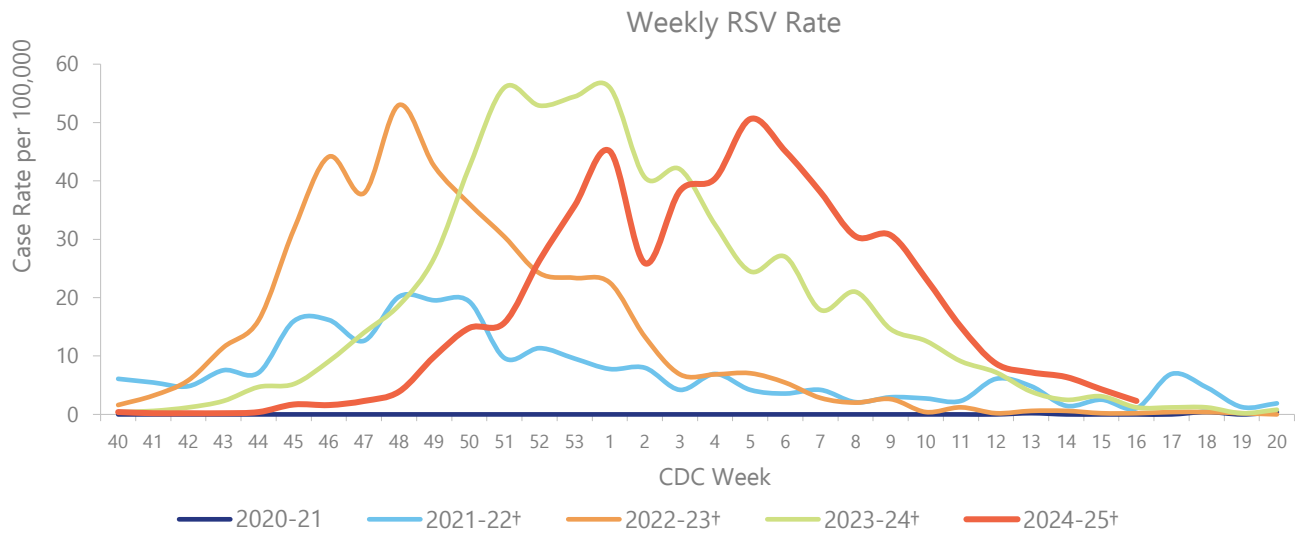
**Fig 1. ILI Activity Reported by Sentinel Providers, Washoe County, 2020-2024 Seasons†**



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

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 2020 through 2024 seasons.

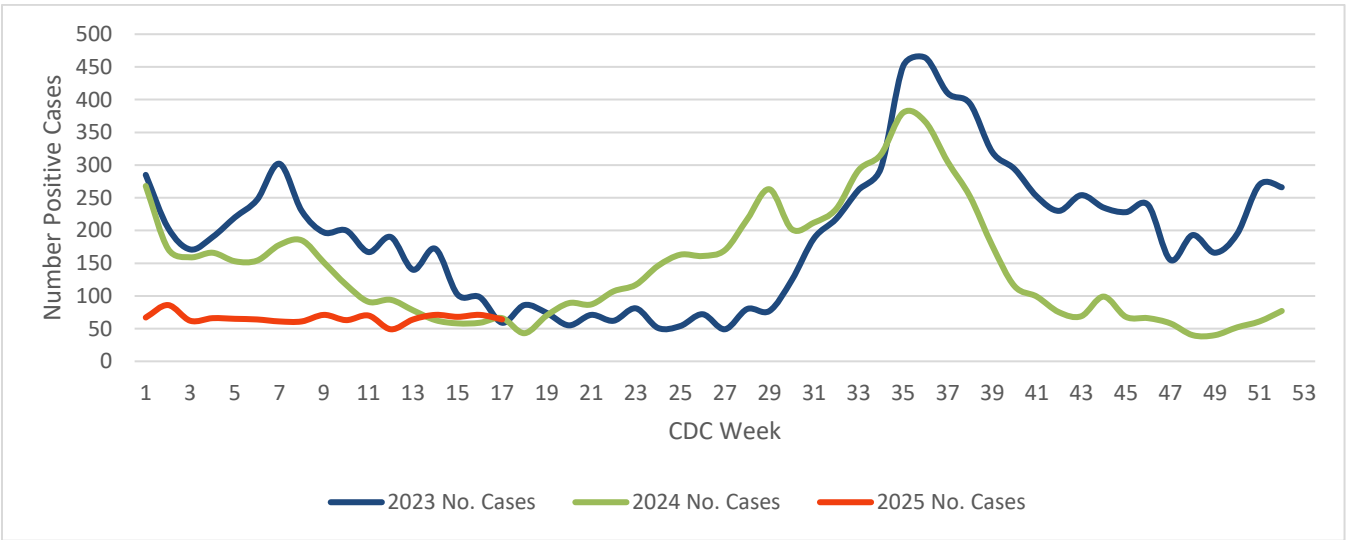
**Fig 2. RSV Case Rate per 100,000 Population by Week Reported, Washoe County, 2020-2024 Seasons†**



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

SARS-CoV-2 (COVID-19) – During the month of April, 297 new COVID-19 cases were reported among Washoe County residents (data as of 04/29/25). Figure 3 provides an overview of the total number of confirmed COVID-19 cases in Washoe County by MMWR week following calendar years starting in 2023. Cases of COVID-19 are currently low and stable in the month of April and have been averaging less than 20 cases by 100k residents per week since MMWR week 49.

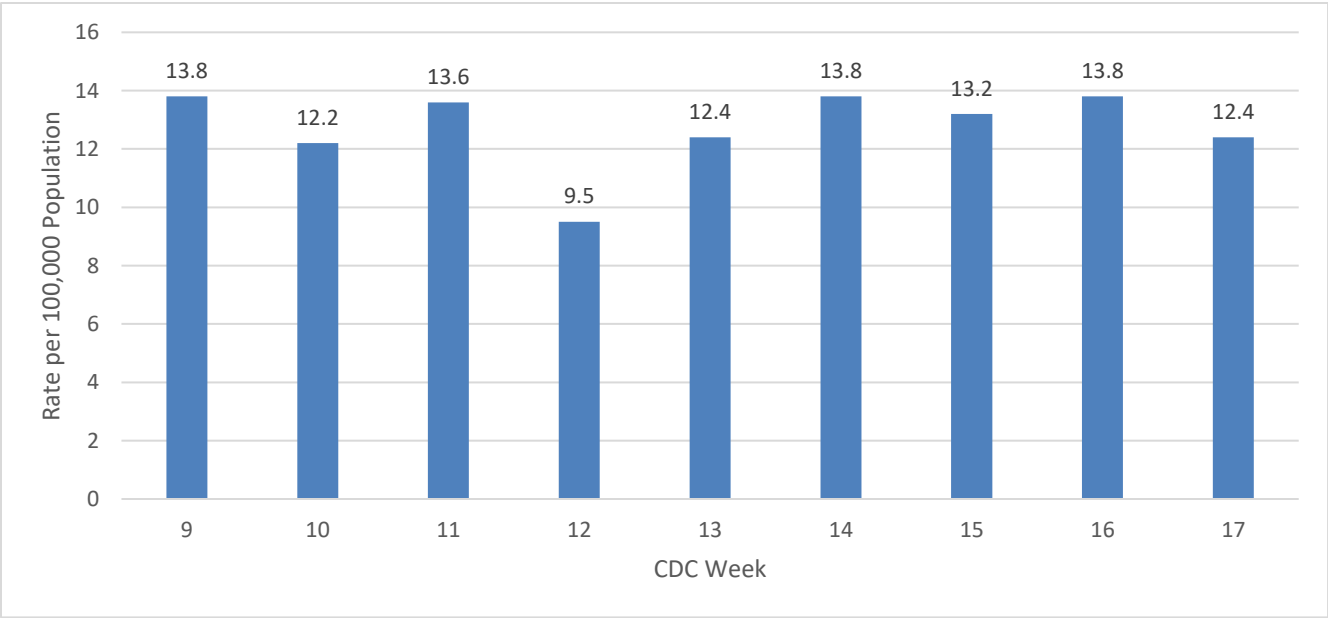
**Fig 3. Total Number of COVID-19 Cases by Week of Report Date in Washoe County from 2023 through 2025†**



† There is no MMWR week 53 in 2023 or 2024. Note: Data are displayed by calendar year.

Figure 4 illustrates the number of new cases by report date per 100,000 population over a nine-week period spanning February 23, 2025 through April 26, 2025. As of MMWR week 17, Washoe County received reports of 12.4 new cases per 100,000 population.

**Fig 4. Newly Reported COVID-19 Cases Per 100,000 population by MMWR Week, February 23, 2025 – April 26, 2025, Washoe County**



**Outbreaks** – There have been eight (8) newly declared outbreaks in April 2025; zero (0) influenza confirmed, one (1) respiratory illness of unconfirmed etiology, zero (0) RSV, three (3) gastrointestinal, one (1) hand, foot, and mouth disease, zero (0) rash illness of unconfirmed etiology, and one (1) other.

Table 1b: Number of Outbreaks Declared by Type and Month, 2025												
Type	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gastrointestinal Illness	1	4	1	3								
Respiratory Illness	11	19	1	1								
Influenza Confirmed	1	0	0	0								
COVID-19 Confirmed	0	0	0	0								
Rash Illness	3	4	6	3								
Other	0	1	0	1								
Total	16	28	8	8								

Note1: Data obtained as of April 1, 2025, at the time of this report, and will be revised in the next report if there are updates.  
Note2: Respiratory illnesses include RSV outbreaks. Note3: ‘Other’ in February 2025 and April 2025 includes an outbreak with multiple etiologies.

**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:

- **2025 Q1 Reporting Stats:** This Epi News is a quarterly report published after data collection was completed for the 1<sup>st</sup> quarter of 2025 (January - March). It includes summary statistics of reportable conditions by case count and the percentage change compared to previous years in the same quarter. These data provide information relevant to the public about the type of disease investigations and landscape of cases in Washoe County and releases details regarding any trends which indicate rising or falling incidence among residents.
- **2023 – 2024 Washoe County Influenza Hospitalization and Mortality Report:** This Epi News provides an executive summary of the patterns observed for influenza-related hospitalization and mortality during the previous (2023-2024) season. It includes an overview of the data sources and details various breakdowns in the demographics and key indicators of persons with influenza who were hospitalized and/or deceased. It displays several graphics to demonstrate trends over time as well as comparisons to seasons prior, dating back to the 2019-2020 (five years) period.
- **Salmonella Safety During Easter & Passover:** This Epi News was released prior to holiday celebrations that occur during springtime festivities and often include handling of eggs and poultry. It addresses the epidemiology of Salmonella and describes the recommendations around popular activities to ensure proper safety when engaging in holiday-related fun (e.g., dyeing eggs, blowing out eggshells, hunting eggs, etc.). It also addresses recommendations for visiting farm animals, particularly chicks and ducklings, to ensure risk of illness is minimized to humans when engaging with them. This edition also talks about popular foods and ensuring handling of those foods is safe for consumption and reducing the spread of foodborne illness.

Other Reports – The 2025 Quarter 1 Carbapenemase Producing Organisms Community Wide Surveillance Report was published on April 18. It can be accessed at <https://www.nnph.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/healthcare-professionals/CPO.php>.

General Communicable Diseases – The EpiTrax reporting system is continuously receiving feedback and updates. Several validation processes are in place to verify reporting is accurate. During April 2025, there were 231 positive labs reported, with 57% 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 and have been distributed to hospital partners. The HAI Coordinator and tech services are currently working with two hospitals to officially integrate.

- **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 worked 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, 2024 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 were explored, with REDCap selected as the new database system to house FD3. REDCap, known as "Research Electronic Data Capture," is a secure, web-based application used by researchers to build and manage online surveys and databases. The Nevada Department of Health and Human services are members of the national consortium and administer its usage as an open-source tool for robust data collection. Migration of the database is underway. The Epidemiology Program has met with several local and state health departments for live demonstrations of supplemental data collection instruments to better understand their application and use. This cross-jurisdiction collaborative provided an overview of the migration of electronic survey software, such as REDCap and discussed the challenges and successes in integrating these data into existing surveillance systems. The Epidemiology program has also explored the REDCap Shared Library and received metadata from health departments to retrofit existing surveys for exploratory use in Washoe County, leading to enhanced disease surveillance and epidemiologic investigation.

### **Public Health Preparedness (PHP) Program**

Public Health Emergency Preparedness (PHEP) -

PHP continues to hold monthly meetings with jurisdictional PHP partners, including the Central Nevada Health District, Nevada County (California), and the Quad Counties. These meetings facilitate relationship-building, open communication, and collaborative efforts. The most recent meeting took place on April 17, 2025, and focused on Nevada County's Department Operations Center (DOC) Training Program. A DOC is a mechanism through which an agency, such as a local health district, can oversee and coordinate its own response to an incident.

A workshop was held on April 16, 2025, in coordination with the upcoming *No Fault of Our Own* earthquake exercise. Local partners including Truckee Meadows Water Authority (TMWA), NV Energy, Washoe County Technology Services, Washoe County Emergency Management, the National Weather Service, UNR Seismology, Nevada Department of Transportation (NDOT), and the Nevada Division of Emergency Management presented to 97 representatives from responding partner agencies.

A quarterly Partners Meeting for Q3 was held by the State of Nevada Division of Public and Behavioral Health on April 8, 2025. The virtual meeting was attended by the Southern Nevada Health District, Northern Nevada Public Health, Central Nevada Health District, and the State, providing an opportunity to share planned activities, exercises, and discuss potential upcoming BP2 informational items and/or challenges.

The Local Emergency Preparedness Committee (LEPC) met on April 17, 2025. PHP provided a brief presentation on the Community Reception Center (CRC) component of the Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) plan for NNPH. The goal of the presentation was to offer a high-level overview of a CRC and to request that partners align their plans particularly the Regional Hazard Mitigation Plan to include their agencies' roles in CRC operations.

PHP and HPP staff will attend the NACCHO Preparedness Summit in San Antonio, Texas from April 28 to May 2, 2025. The Preparedness Summit is a national conference that supports the acquisition of knowledge, resources, and relationships necessary to prepare for and respond to public health emergencies. Attendees will have the opportunity to share best practices, build partnerships, enhance skillsets, and take away innovative solutions and practical strategies to address vulnerabilities in the nation's health security system.

On April 30<sup>th</sup>, the NNPH Medical Reserve Corps (MRC) Program hosted a "Stop the Bleed" training in partnership with Washoe County School District and was attended by members of MRC, CERT, and NNPH staff. *Stop the Bleed* is a nationwide training program designed to equip bystanders with life-saving knowledge in situations involving injury and blood loss. Blood loss is the number one cause of preventable death after injury. With three quick actions, a person can be trained and empowered to save a life.

PHP staff attended two Incident System Management (ISM) training courses conducted by Washoe County Emergency Management (WCEM). The first session, held on April 2, 2025, provided a basic introduction to the ISM model to which WCEM is transitioning to. The second session, on April 3, 2025, focused on the Situational Awareness Section of ISM.

On April 2<sup>nd</sup>, PHP staff met with representatives from Care Flight and Renown to discuss the potential for establishing a process to utilize Care Flight aircraft for emergency distribution of CHEMPACK assets. This discussion was initiated following the October 22, 2024 cross-border CHEMPACK exercise. Conversations are ongoing, with the goal of creating a process for rapid notification and transport of CHEMPACK assets during an organophosphate/carbamate poisoning incident.

PHP staff have also been working with the regional hazardous materials teams for fire (TRIAD), law enforcement (CLEAR), and the Sheriff's Explosive Ordnance Disposal (EOD) team to develop protocols and deliver training to all local emergency responders. This training is based on the *Radiological Dispersal Device (RDD) Response Guidance: Planning for the First 100 Minutes*. The goal is to equip local responders with clear guidance on how to respond to a radiological dispersal event. PHP staff presented and discussed NNPH responsibilities following a radiation event during a community seminar held on April 1, 2025.

In coordination with the U.S. Department of Energy (DOE) and the Transportation Emergency Preparedness Program (TEPP), two staff members (one PHEP and one HPP) attended a hazardous materials/weapons of mass destruction course from April 7<sup>th</sup> to April 11<sup>th</sup> in Carson City. The course is designed to meet the training competencies outlined in the 2022 NFPA 470, with a focus on radiological hazard specialties. This training enhances the PHP program's internal subject matter expertise on radiation events and safety, particularly in support of NNPH's Community Reception Center (CRC) plan.

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

The coalition is actively advancing initiatives to achieve its FY25 goals and objectives, with workgroup activities scheduled to continue throughout the fiscal year. During the April Inter-Hospital Coordinating Council (IHCC) meeting, the coalition reviewed and approved the Alternate Care Site (ACS) Plan. Key revisions to the plan incorporated lessons learned from the COVID-19 pandemic response and feedback provided during a Tabletop Exercise (TTX) held in April 2024.

In preparation for the *No Fault of Our Own* Earthquake Exercise, HPP staff conducted site walk-throughs and delivered training on the Mutual Aid Evacuation Agreement (MAEA). The training was open to all coalition members, regardless of their participation in the exercise. Planning efforts will continue through May, focusing on refining key components to strengthen preparedness and response. Additionally, HPP and PHEP staff are finalizing the Medical Services Unit (MSU) Handbook, which will support internal PHP staff during the exercise.

The program's graduate intern successfully completed their internship and project deliverables, which included identifying triggers and actions for IHCC's top four hazards based on FY24 HVA data. This information will be incorporated into the IHCC Response Guide to support and strengthen future response efforts. The intern also developed a comprehensive table outlining all 10 hazards across the crisis, contingency, and return-to-conventional stages, which will be integrated into the Incident Support Model.

HPP staff continue to participate in the weekly Hospital Net, a ham radio communications drill involving hospitals in Northern Nevada and Eastern California. This drill enhances redundant communication capabilities to ensure effective coordination during disasters.

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

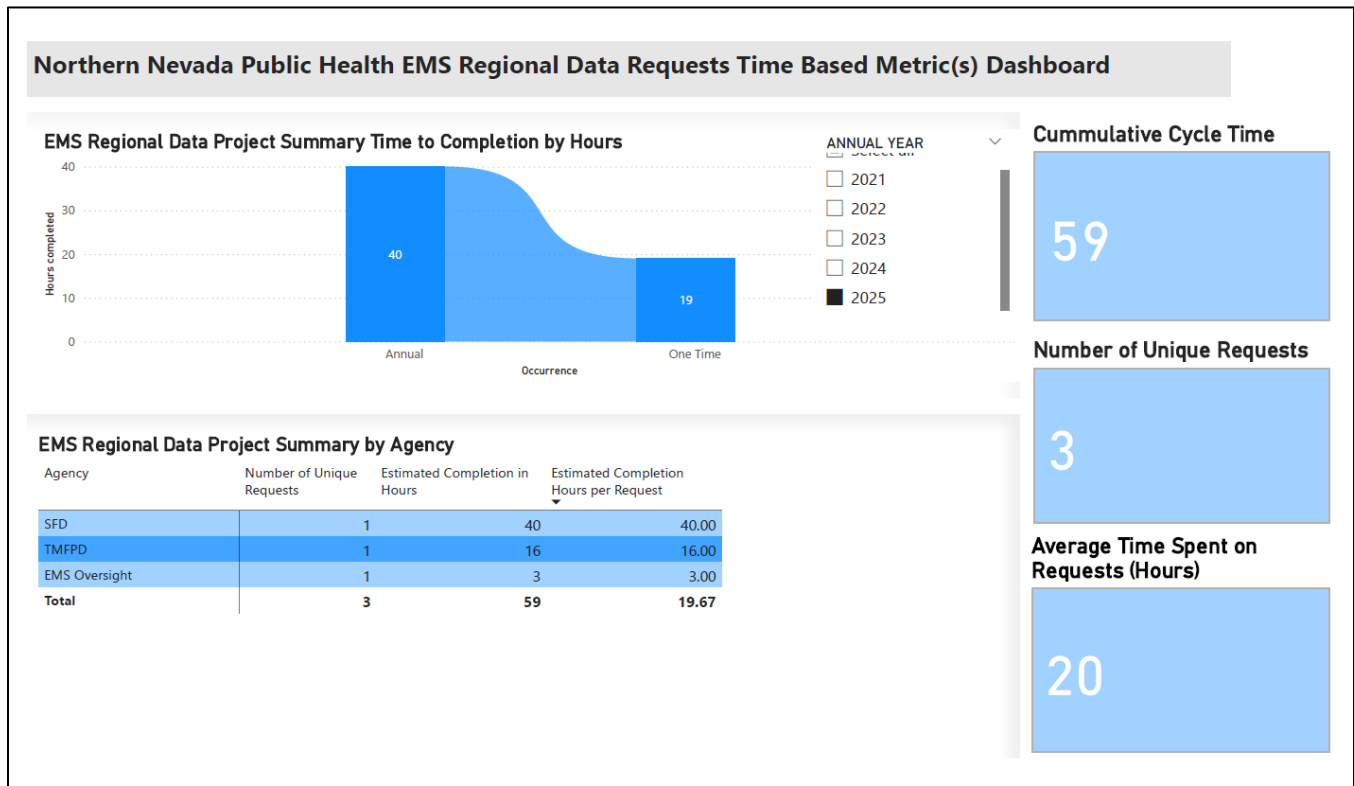
EMS Joint Advisory Committee (JAC) – The JAC has been focused on advancing the goals outlined in the Washoe County EMS Strategic Plan for 2023-2028. Partners are utilizing a Teams Dashboard tool to track objectives, many of which are already in progress. Objective 6.1 aims to coordinate and report on strategic planning objectives on a quarterly basis through June 2028. While this objective has been established and initial milestones completed, it remains an ongoing, recurring function. Key activities include the creation and ongoing maintenance of a collaborative Teams dashboard with regional partners, allowing for organized documentation and timelines for each strategic goal. Structured feedback mechanisms, such as regular reporting and meetings with the EMS Advisory Board (EMSAB) and the EMS JAC, ensure transparency and continuous evaluation.

Several strategies that have been successfully completed to date include:

- Coordination with the TIM Coalition to enhance responder safety.
- Annual presentation of the "Crash Responder Safety Week" proclamation to both the District Board of Health and EMSAB.
- Completion of preliminary research into community paramedicine program funding and legislative requirements, though progress is paused pending sustainable funding.
- Execution of data-sharing agreements (BAAs) with most EMS partners to improve access to patient outcome data.

EMS Data Standardization: EMS Program is onboarding onto the ESO Software, a premier fire-EMS service platform to establish a Fire-EMS umbrella account. This account will provide comprehensive oversight of all data activities related to EMS services in Washoe County. ESO will be able to provide standardized data frameworks that enable us to accurately report outcomes, drive operational improvements, and support evidence-based informed decisions. Business Associate Agreements to cover HIPAA protections are pending legal approvals from Reno Fire Department.

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



### REMSA Health Exemption Requests -

<b>Exemption</b>	<b>System Overload</b>	<b>Status 99</b>	<b>Weather</b>	<b>Other</b>	<b>Approved</b>
July 2024	14	-	-	-	14
August 2024	42	-	-	-	42
September 2024	21	-	-	86*	107
October 2024	13	-	-	-	13
November 2024	10	-	-	-	10
December 2024	32	-	-	-	32
January 2025	34	-	12	-	46
February 2025	-	-	-	-	-
March 2025	-	-	-	-	-
April 2025 <sup>a</sup>	4	-	4	-	4

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

<sup>a</sup>Exemptions for the month are not yet finalized at the time this report is compiled and will be updated in the next month's report.

**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 2025</b>		
<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
November 2024	89	89
December 2024	91	97
January 2025	91	95
February 2025	86	90
March 2025	90	90
April 2025 <sup>a</sup>	91	91
<b>Fiscal Year-To-Date*<sup>a</sup></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".

<sup>a</sup>Compliance for the month is not yet finalized at the time this report is compiled and will be updated in the next month's report. Once the month is updated, Fiscal Year-To-Date will be updated.

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 April, the program staff 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 two (2) and reviewed one (1) applications for Mass Gatherings/Special Events in April.

### **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- April 2025**

<b>April</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Birth	906	20	664	<b>1590</b>
Death	1870	8	634	<b>2512</b>
<b>Total</b>	<b>2776</b>	<b>28</b>	<b>1298</b>	<b>4102</b>

**Table 2: Number of Records Processed by Vital Statistics Office- FY 2025**

		2024						2025						<b>Total</b>
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
<b>Birth</b>														
	Registrations	450	532	473	502	411	504	453	424	476	441			<b>4666</b>
	Corrections	93	71	75	55	37	76	71	73	94	55			<b>700</b>
<b>Death</b>														
	Registrations	478	437	478	481	447	523	530	523	533	552			<b>4982</b>
	Corrections	7	6	13	8	10	10	17	21	12	17			<b>121</b>