

**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: September 26, 2024**

**DATE:** September 12, 2024

**TO:** District Board of Health

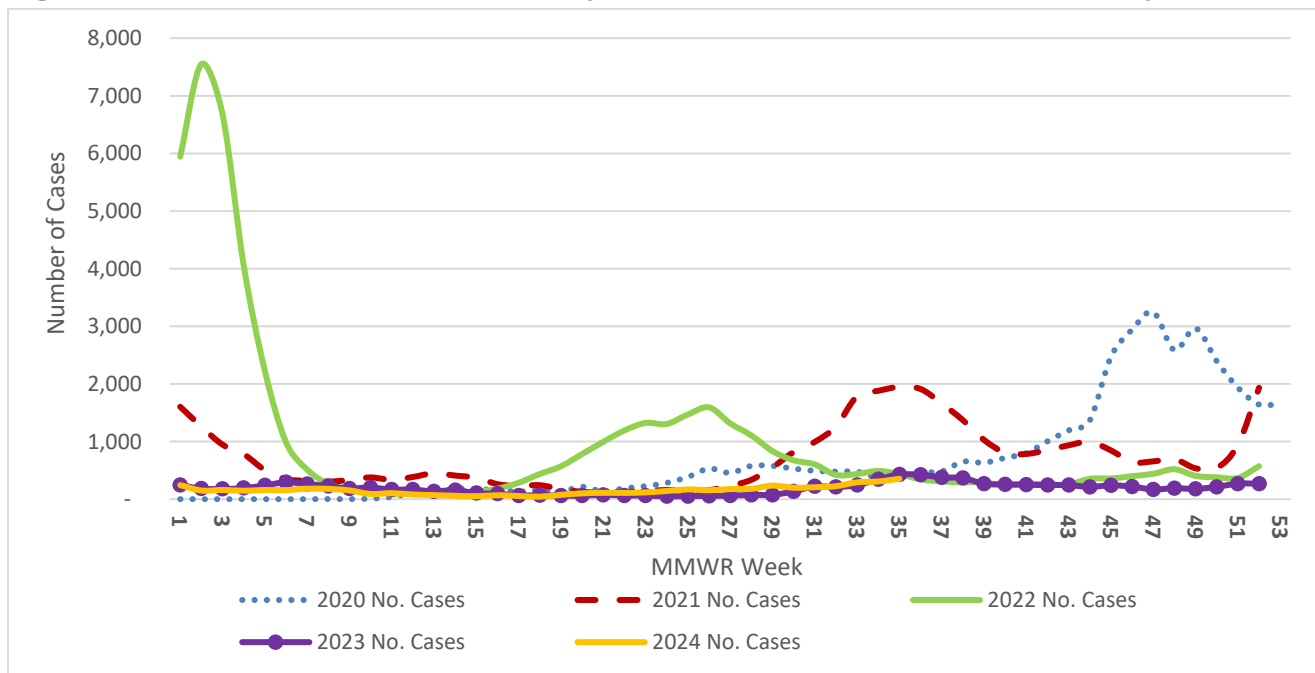
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**SUBJECT:** **Epidemiology and Public Health Preparedness** – Epidemiology and Public Health Preparedness – Epidemiology, Public Health Preparedness, Emergency Medical Services, Vital Statistics

**Epidemiology Program and COVID Epidemiology Branch**

**SARS-CoV-2 (COVID-19)** – During August, 1306 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 August 2024. Cases of COVID-19 has been increasing since mid-July as we experience the summer surge.

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

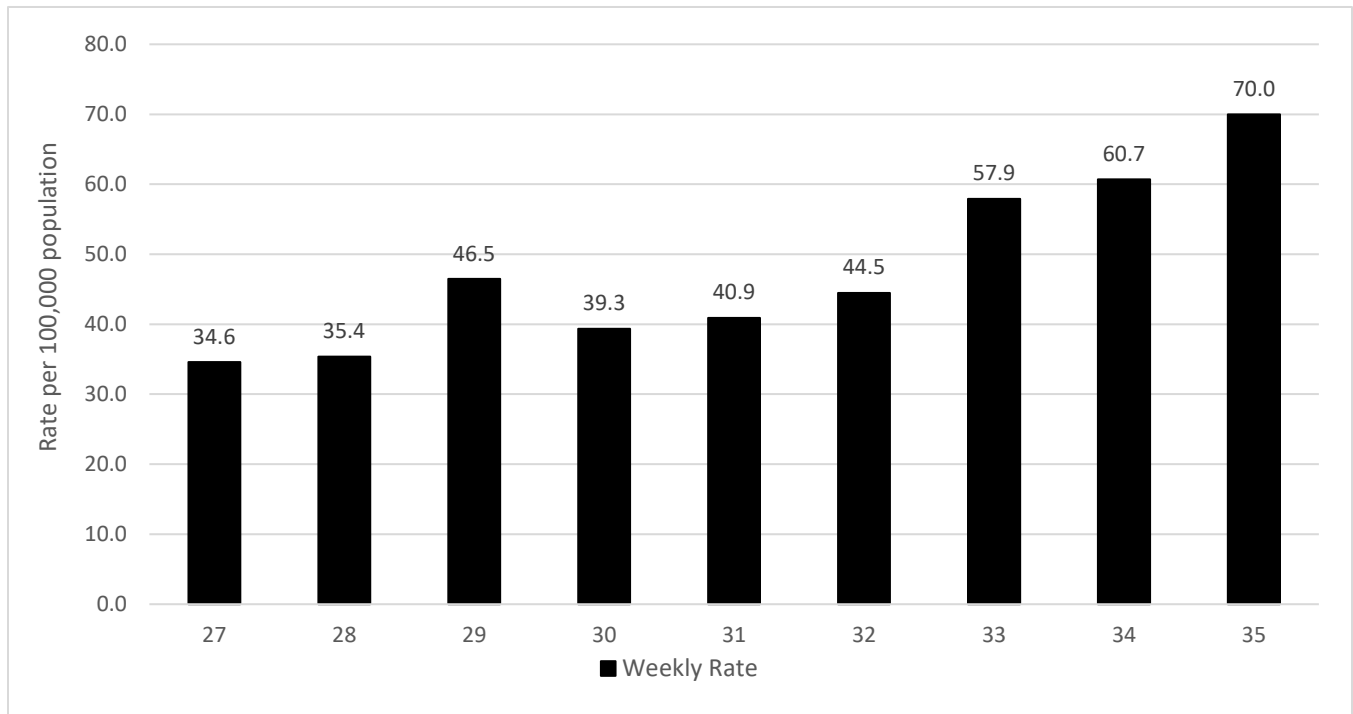


Note: there is no MMWR week 53 in 2021, 2022, or 2023

\*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 June 30 through August 31, 2024. As of MMWR week 35, Washoe County received reports of 70.0 new cases per 100,000 population.

**Fig 2. Newly Reported COVID-19 Cases Per 100,000 population by MMWR Week, June 30 – August 31, 2024, Washoe County**



**Outbreaks** – There were 3 newly declared outbreaks in August. Two (2) Respiratory Illness and one (1) Influenza confirmed.

**Table 1: Number of Outbreaks Declared by Type and Month, 2024**

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

**Epi News** – Epi News is a brief (1-3 page) newsletter that has been produced and disseminated by the Epidemiology Program since 1997. Epi News publications are emailed and faxed to 700-800 subscribers,

are topic dependent, and are available at <https://www.nnpb.org/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

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

- **Mpox DRC Spread to Neighboring Countries (CDC HAN):** This Health Alert Network (HAN) Health Advisory was issued to provide information about the outbreak of the mpox virus (MPXV) in the Democratic Republic of the Congo (DRC). The first Health Advisory about this outbreak was released in December 2023. Since January 2023, the DRC has reported the largest number of yearly suspected clade I mpox cases on record. While clade I MPXV is endemic, or naturally occurring, in DRC, the current outbreak is more widespread than any previous DRC outbreak and has resulted in clade I mpox transmission to some neighboring countries. MPXV has two distinct genetic clades (subtypes of MPXV), I and II, which are endemic to central and west Africa, respectively. Clade I MPXV has previously been observed to be more transmissible and to cause a higher proportion of severe infections than clade II MPXV. The ongoing global mpox outbreak that began in 2022 is caused by clade II MPXV, and cases continue to be reported worldwide. No cases of clade I mpox have been reported outside central and eastern Africa at this time. Because there is a risk of additional spread, CDC recommends clinicians and jurisdictions in the United States maintain a heightened index of suspicion for mpox in patients who have recently been in DRC or to any country sharing a border with DRC and present with signs and symptoms consistent with mpox. CDC continues to recommend that people who are eligible for vaccination receive two doses of the JYNNEOS vaccine for the best protection. Two doses of JYNNEOS vaccine offer substantial protection against mpox, and is expected to offer protection regardless of clade.
- **Increase in Human Parvovirus B19 Activity (CDC HAN):** This Health Alert Network (HAN) Health Advisory advises on the current increases in human parvovirus B19 activity in the United States. Parvovirus B19 is a seasonal respiratory virus that is transmitted through respiratory droplets by people with symptomatic or asymptomatic infection. In the first quarter of 2024, public health authorities in 14 European countries observed unusually high numbers of cases of parvovirus B19. In the United States, there is no routine surveillance for parvovirus B19, and it is not a notifiable condition. Recently, CDC has received reports indicating increased parvovirus B19 activity in the United States. CDC recommends the importance of following general respiratory precautions to prevent spread of parvovirus B19 and other respiratory viruses. People at higher risk of severe parvovirus B19 can consider using additional prevention strategies such as wearing a mask when around others.
- **Increased Oropouche Virus Activity (CDC HAN)** This Health Alert Network (HAN) Health Advisory summarizes an increase in Oropouche virus disease in the Americas region, originating from endemic areas in the Amazon basin and new areas in South America and the Caribbean. Between January 1 and August 1, 2024, more than 8,000 cases of Oropouche virus disease were reported, including two deaths and five cases of vertical transmission associated with fetal death

or congenital abnormalities. Countries reporting cases include Brazil, Bolivia, Peru, Colombia, and Cuba. The HAN advises on evaluating and testing travelers who have been in impacted areas with signs and symptoms consistent with Oropouche virus infection. It also raises awareness of the possible risk of vertical transmission and associated adverse effects on pregnancy and highlights prevention measures to mitigate additional spread of the virus and potential importation into unaffected areas, including the United States. Travelers to areas with Oropouche virus transmission should use prevention measures to avoid biting midge and mosquito exposure during travel and for 3 weeks after travel, or if infected during the first week of illness, to mitigate additional spread of the virus and potential importation into unaffected areas in the United States. Oropouche virus disease is not a nationally notifiable condition.

General Communicable Diseases – EpiTrax reporting system is continuously receiving feedback and updates. Several validation processes are in place to verify reporting is accurate. During August, there were 203 positive labs reported, with 46% 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. Area hospitals are being reached out to for exploring logistics required on electronic feeds of admissions data, and contracts and user agreements are being drafted.
- **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. Additional edits to the database were provided to the CDC team for review in August.

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

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

A practice session of the T.E.S.T. Point of Dispensing (POD) tabletop board game was conducted on August 14, 2024, for the facilitators in preparation for the tabletop exercise (TTX) schedule for September 10, 2024. In attendance was colleagues from St. Mary's Hospital, Quad Counties, and PHP staff. The game was played in a learning environment to prepare facilitators for the TTX, which will include community partners as participants.

PHP staff conducted an in-person Point of Dispensing (POD) training on Tuesday, August 20, 2024, for Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT). This training provided an introduction to a POD, including the why, what, and how.

PHP staff attended the monthly National Association of County and City Officials (NACCHO) MRC Workgroup virtual meeting on August 27, 2024. The meeting provided updates and reviewed the MRC Community of Practice Framework for new leaders, where they can connect, ask questions, and learn from veteran unit leaders about best practices.

PHP staff met with the Central Nevada Health District (CNHD) PHP Program Manager in early August with the intent to support CNHD as they develop their planning and operations as well as review our program and the PHEP grant. Going forward, NNPH PHP will include CNHD in relevant meetings, trainings, and exercises to provide opportunities for networking and information gathering.

The annual site visit of State PHP with NNPH PHP staff took place on August 28, 2024. This meeting was an opportunity to review the previous year's scope of work, discuss what went well, identify areas needing improvement, and ask questions.

PHP staff collaborated 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 coordinated volunteer support with the MRC, Community Emergency Response Team (CERT), and Team Rubicon. On the first date, four MRC members and one CERT member volunteered. On the second date, two MRC members and one CERT member volunteered. PHP staff also worked both events to support the smooth flow of students and families through the line.

The PHEP program has begun planning for a cross border CHEMPACK exercise with an expected exercise date of late fall. The CHEMPACK program places medical countermeasure supplies in our community for immediate use in organophosphate and/or carbamate poisoning events across the United States. This exercise will be conducted in coordination with State and local partners in both Nevada and California and will simulate an emergency transport across state lines to support the response to a hazardous material incident with substantial casualties.

The PHEP program has begun planning for the Fall Influenza Point of Dispensing (POD) exercises in coordination with CCHS and our community partners. POD events will begin in late September and continue into November, with partners activating their internal POD plans and practicing by providing influenza vaccines to their staff.

PHEP staff participated in the TEEEX MGT 475 course Crowd Management for Sport and Special Events on August 13<sup>th</sup> and 14<sup>th</sup>. This course provided planning tools and concepts to help effectively deal with sport and special events with varying crowd sizes. Staff will be integrating the DIME-ICE model into the POD Operations Manual to help improve the planning for large medical countermeasure events.

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

A workgroup was formed with coalition members to review and revise the hazard vulnerability assessment (HVA) template to better fit our region and reduce confusion. The HVA template is expected to be distributed to partners in October for completion. The coalition HVA results will also guide activities in FY26. Workgroups were held with different provider types to discuss strategies to meet their top priorities. The completion of the identified activities by the workgroups will continue throughout the fiscal year.

The HPP Capability Assessments were distributed to healthcare partners on August 20, 2024. IHCC members will have until September 20 to complete the assessments. Upon completion, HPP staff will analyze the results and present the findings to the coalition. The results will be used to guide IHCC activities in FY26.

IHCC supporting documents, including the IHCC bylaws, IHCC Memorandum of Understanding, and clinical advisor scope of work, were reviewed and approved in August during the monthly IHCC meeting. Changes were made to these documents to include language from the newly proposed HPP Capabilities and feedback from IHCC leadership.

HPP staff launched the IHCC Member Portal in August. Through the portal, coalition members will have access to IHCC plans, activities, upcoming trainings and exercises, photos, highlights from past events, and more.

Partner meet-and-greets were reintroduced to the coalition to reconnect with healthcare partners, engage new staff, and build relationships to account for turnovers in the new fiscal year. In August, HPP staff visited Wingfield Skilled Nursing and Rehabilitation Center to connect about improvements to response capabilities in the region. HPP staff continue to promote the importance of connecting with community partners to foster relationships.

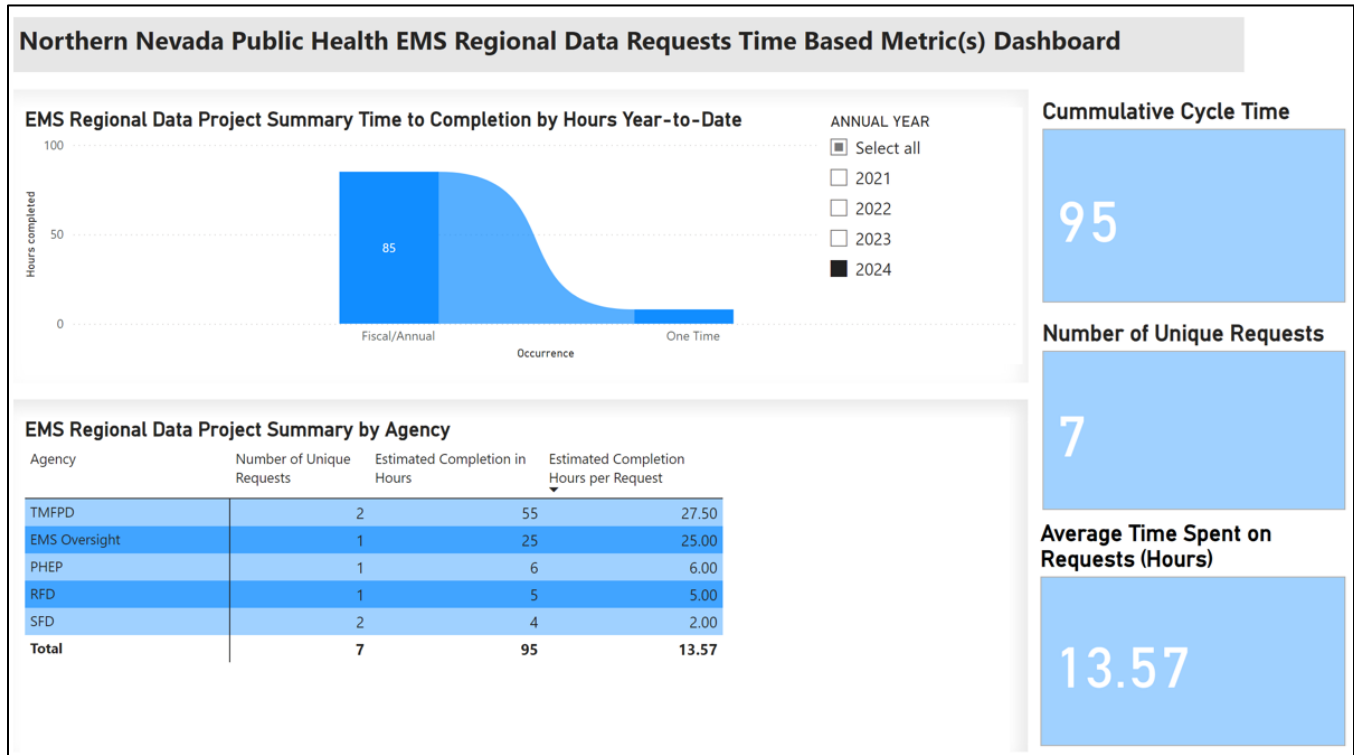
HPP staff continue to participate in the weekly Hospital Net, a Ham Radio communications drill among hospitals in Northern Nevada and Eastern California. The purpose of the Net is to improve redundant communications during a disaster.

#### 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 processes and reports congruent information on medical emergency calls in Washoe County. The third regional fire agency is expected to transition 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 the data request protocol on an annual basis (January 1 to December 31).



Franchise Agreement for Ambulance Service – Dialogue continues to discuss revisions to the Franchise. Phase II of the update to the Franchise will begin in October.

REMSA Health Exemption Requests -

**Table 1: REMSA Health Exemption Requests FY 2025**

Exemption	System Overload	Status 99	Weather	Other	Approved
July 2024	14	-	-	-	14
August 2024	42				42

REMSA Health Call Compliance – The franchise area is divided into response zones. The response zones will have response time compliance standards for all Priority 1 calls indicated below. Due to low call volumes in

the separately defined response zones B, C and D, REMSA Health compliance response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated February 23, 2023, as combined Zones B, C, and D for all Priority 1 calls. Table 2 shows REMSA Health’s compliance rate for FY 2024.

- Zone A – REMSA Health shall ensure that **90%** of all presumptively defined life-threatening calls (Priority 1 Calls) have a response time of eight (8) minutes and 59 seconds or less within the combined Zone A areas.
- Zones B, C, and D – REMSA Health shall ensure that **90%** of all presumptively defined life-threatening calls (Priority 1 Calls) collectively have a response time of; 15minutes and 59 seconds or less for the combined Zone B areas, 20 minutes and 59 seconds or less for the combined Zone C areas, and 30 minutes and 59 seconds or less for the combined Zone D areas.

<b>Month*</b>	<b>Zone A</b>	<b>Zone B, C, and D</b>
July 2024	90	96
August 2024	92	91
<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 received three (3) applications and reviewed four (4) applications (one from the previous month) during August 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 August.

**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- August 2024**

<b>August</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Birth	1021	29	435	<b>1485</b>
Death	1494	13	422	<b>1929</b>
<b>Total</b>	<b>2515</b>	<b>42</b>	<b>857</b>	<b>3414</b>



