



COVID-19 Surveillance Summary

Carson City

July 11 – July 24, 2021

Contact Tracing and Disease Investigation Update

From July 11 – July 24, 2021, the Carson City Health and Human Services COVID-19 Disease Investigation Team was able to attempt contact with eighty-five percent of cases within twenty-four hours and successfully contact seventy-five percent. The Investigation Team continued utilizing the more expanded investigation to collect information such as symptomology, medical history, and refocused exposure questions. As always, the information reported here is based on preliminary laboratory findings and completed survey investigations and does not necessarily represent all cases during this two-week period.

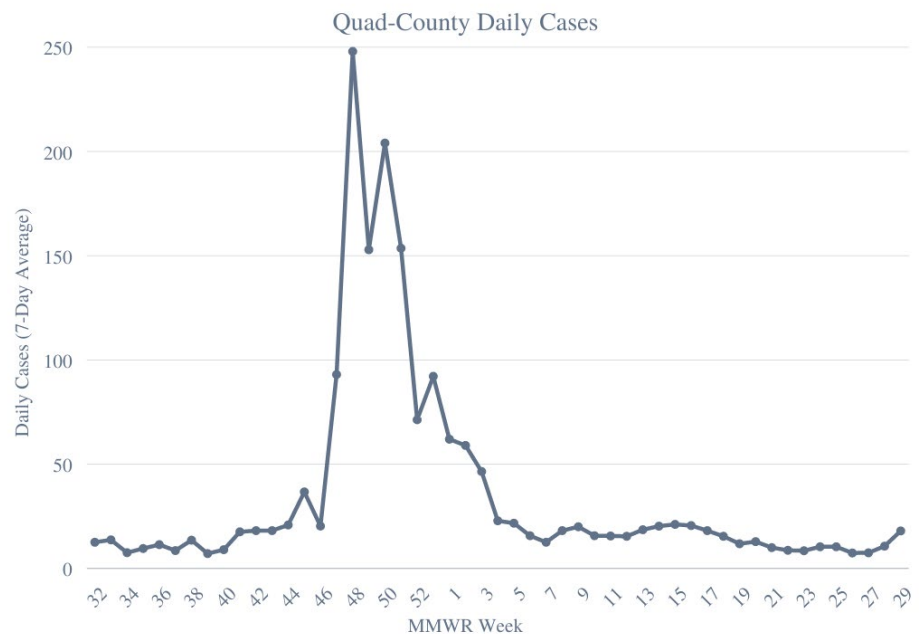
CCHHS continues to partner with the Nevada Resilience Project, who reaches out to cases, close contacts, and other members of the community impacted by COVID-19 that were identified as having challenges associated with the pandemic including, but not limited to, managing work or school, social isolation, mental health, and resource navigation. During this two-week period, the Resilience Ambassadors identified four individual, families, or organizational groups that could benefit from their services and have done several community events.

Quad-County Area Demographics

Across the Quad-County area (Carson City, Douglas, Lyon, and Storey Counties), there were 201 new COVID-19 cases in the two-week period from July 11 – July 24, 2021. This is a thirty-six percent increase from the previously reported two-week period. The daily cases reported, based on a seven-day average, over this two-week period was fourteen (Graph 1). This indicates that, on average, there have been fourteen new cases each day throughout the Quad-County area.

Oftentimes lab reports are received with incomplete data and our survey data is on a delay. As such, the following demographic data has a

significant percentage of unknown or missing information. The average age across all counties was forty-one years old with a range of less than one years old to ninety years old. Fifty percent of cases were female, and fifty percent were male. Of the cases that reported their race, seventy-six percent were reported as White, fourteen percent of cases were reported as other, two percent reported American Indian or Alaskan Native, three percent reported as Native Hawaiian or other Pacific Islander, two percent reported Black or African American,



Graph 1: 7-day Average per Week

and three percent preferred not to answer. Of those who reported their ethnicity, seventy-four percent reported as Non-Hispanic or Latino/a, twenty-three percent reported as Hispanic or Latino/a, and three percent preferred not to answer. There were seven known hospitalizations across all counties during this two-week period. There was twenty-eight percent increase from the previous two-week period. According to the Nevada Hospital Association report on July 21, 2021, hospitalizations remain stable in Northern Nevada. Ventilator use as well as ICU occupancy continues to remain low but are increasing. There was a sixteen percent increase from the previous week. There was one COVID-19 related death across the four counties. Morbidity data is often delayed, so this number only represents the data that has been made available for this two-week period.

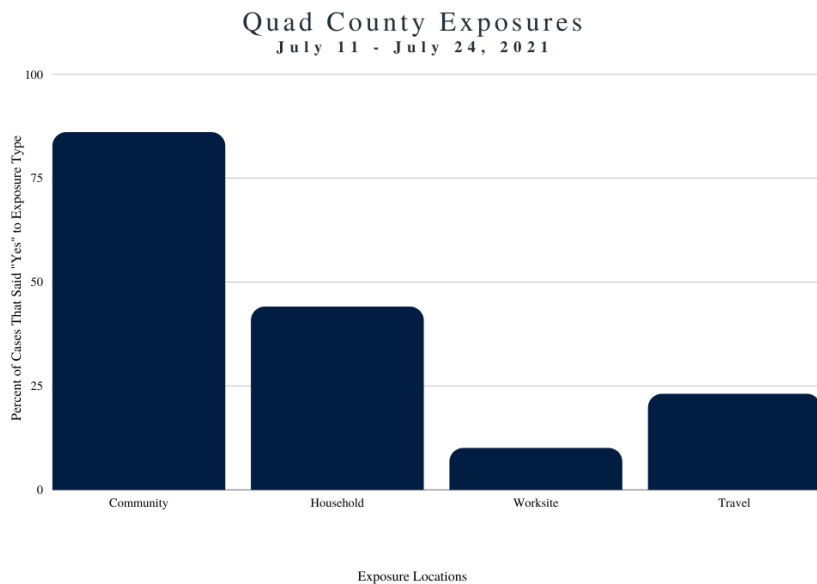
Quad-County Area Exposure

Among cases with complete information, the most common, known COVID-19 exposures were community and household (Graph 2). Cases can have more than one exposure. The information on the graph and below indicates the percentage of cases that said “yes” to each question, independently. Approximately eighty-six percent of cases had related community exposure. This can be family gatherings, weddings, funerals, birthday parties, political events, or any other similar activity.

Community exposure, as defined by the state, also refers to individuals that did not know where they were exposed. Forty-four percent of cases had household exposure, indicating that the transmission occurred within the immediate household.

COVID-19 Variants of Concern

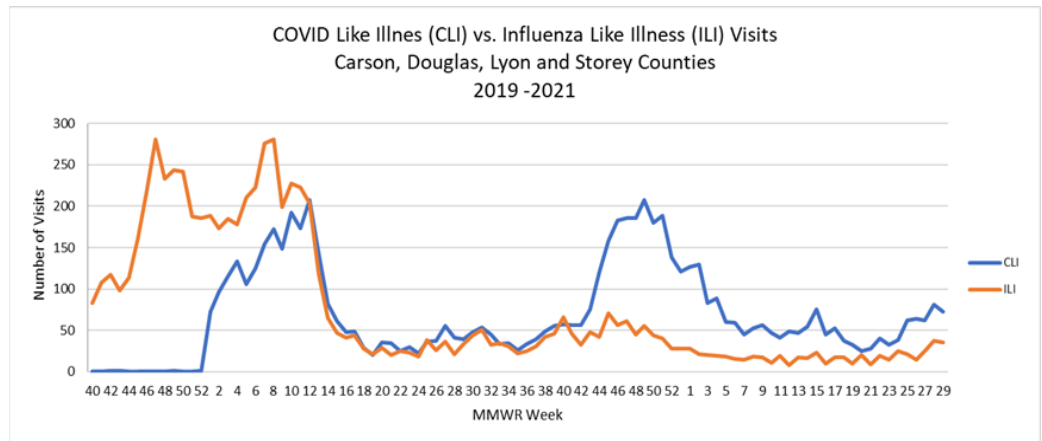
The Nevada State Public Health Laboratory (NSPHL) conducts genome sequencing from a sample of confirmed COVID-19 cases as part of disease surveillance which helps identify new and emerging variants. The emergence of new variants is a natural occurrence in infectious diseases. According to the CDC, there are currently four COVID-19 variants of concern across the United States. Knowledge of emerging SARS-CoV-2 variants is quickly evolving, however there is evidence indicating that these variants are more transmissible. According to the NSPHL, B.1.167.2, also known as the Delta (India.) variant, is the most prevalent SARS-CoV-2 variant among all the samples sequences in Nevada followed by the newly classified variant of concern, B.1.1.7 also known as the Alpha (UK) variant. The Quad-County reported zero B.1.1.7 variant cases and thirty-three B.1.167.2 variant cases from July 11 – July 24, 2021. Data is often delayed due to the sequencing processes. Additionally, sequencing is conducted using only samples submitted to the NSPHL, which may not always include commercial laboratory samples and does not include Abbott BinaxNOW tests or other rapid antigen tests.



Graph 2: Case Exposures

Quad-County COVID-19 Syndromic Surveillance

CCHHS utilizes the Nevada ESSENCE system for syndromic surveillance. Syndromic surveillance provides public health officials with a timely system for detecting, understanding, and monitoring health events. By tracking symptoms of patients in emergency departments



and urgent cares—before a diagnosis is confirmed—public health can detect unusual levels of illness to determine whether a response is warranted. Syndromic data can serve as an early warning system for public health concerns such as flu outbreaks and other infectious disease such as COVID-19. The following CDC syndromic surveillance definitions (CLI CC with CLI DD and Coronavirus DD v1 and ILI) were plotted (Graph 3). For MMWR weeks 28 and 29, the Quad Counties are seeing a slight increase in COVID like Illness (CLI) and Influenza like Illness (ILI) in emergency departments compared to previous weeks and is slightly higher

Quad-County Vaccinations

According to the Nevada State COVID-19 Dashboard, approximately forty-three percent of Quad County residents are fully vaccinated as of July 21, 2021. Carson City Health and Human Services continues to work with community stakeholders on vaccination outreach to increase vaccination rates among the community.

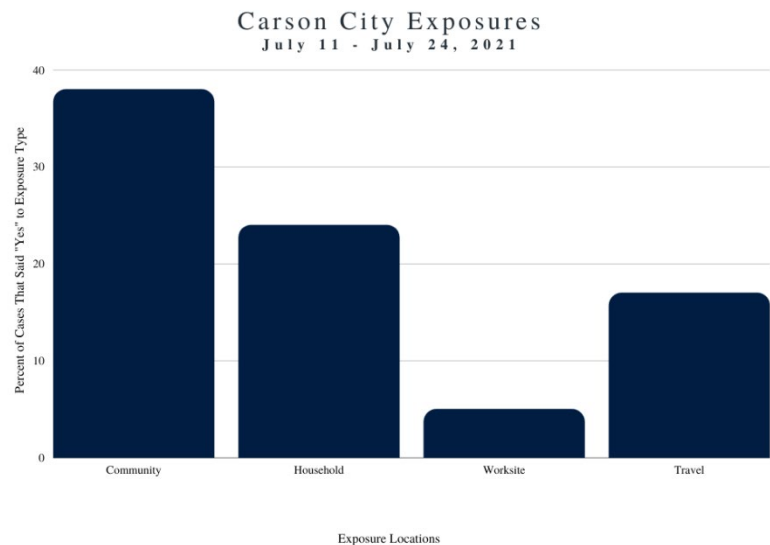
Carson City Surveillance Summary

From July 11 – July 21, 2021, there were sixty-four confirmed cases reported in Carson City. This represents approximately thirty-two percent of all Quad-County cases during this two-week period and is a thirty-six percent increase from the previous two-week period. The daily cases reported, based on a seven-day average, over this two-week period was four. This indicates that, on average, there have been four new cases each day throughout Carson City. Fifty-three percent of cases were female, and forty-seven percent were male. The average age of Carson City cases was thirty-eight years old.

Carson City Exposure

Of those with known exposures, thirty-eight percent were exposed in the community. Twenty-four percent of cases were exposed to someone in their household that had tested positive for COVID-19. The graph shows more information on Carson City exposures (Graph 4). Just as above, exposure questions are independent, meaning an individual can answer “yes” to more than one exposure type.

CCHHS’s COVID-19 Epidemiologist is working closely with the state and the facilities to track the transmission and



Graph 4: Case Exposures

ensure mitigation efforts are in place. Transmission trends are challenging to track or predict.

Carson City Vaccinations

According to the Nevada State COVID-19 Dashboard, approximately fifty percent of Carson City residents are fully vaccinated as of July 21, 2021. Carson City Health and Human Services continues to work with community stakeholders on vaccination outreach to increase vaccination rates among the community.