



COVID-19 Surveillance Summary

Carson City

July 25 – August 7, 2021

Contact Tracing and Disease Investigation Update

From July 25 – August 7, 2021, the Carson City Health and Human Services COVID-19 Disease Investigation Team was able to attempt contact with seventy-two percent of cases within twenty-four hours and successfully contact sixty-nine 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.

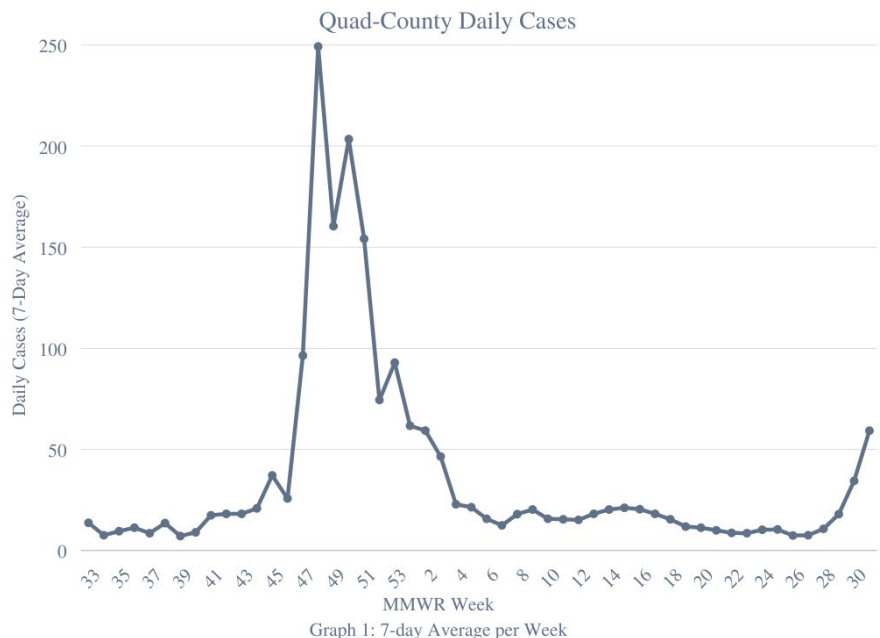
CCHHS continues to partner with the Nevada Resilience Project, who reaches out to cases, close contacts, and other members of the community impacted by COVID-19 that were identified as having challenges associated with the pandemic including, but not limited to, managing work or school, social isolation, mental health, and resource navigation. During this two-week period, the Resilience Ambassadors identified ten 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 657 new COVID-19 cases in the two-week period from July 25 – August 7, 2021. This is a forty-four 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 forty-six (Graph 1). This indicates that, on average, there have been forty-six 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 thirty-eight years old with a range of less than one years old to ninety-one years old. Fifty-one percent of cases were female, and forty-nine percent were male. Of the cases that reported their race, eighty-two percent were reported as White, twelve percent of cases were reported as other, two percent reported American Indian or Alaskan Native, two percent reported as Native Hawaiian or other Pacific Islander, one percent reported Black or African American, one percent Asian, and two percent preferred not to answer. Of those who



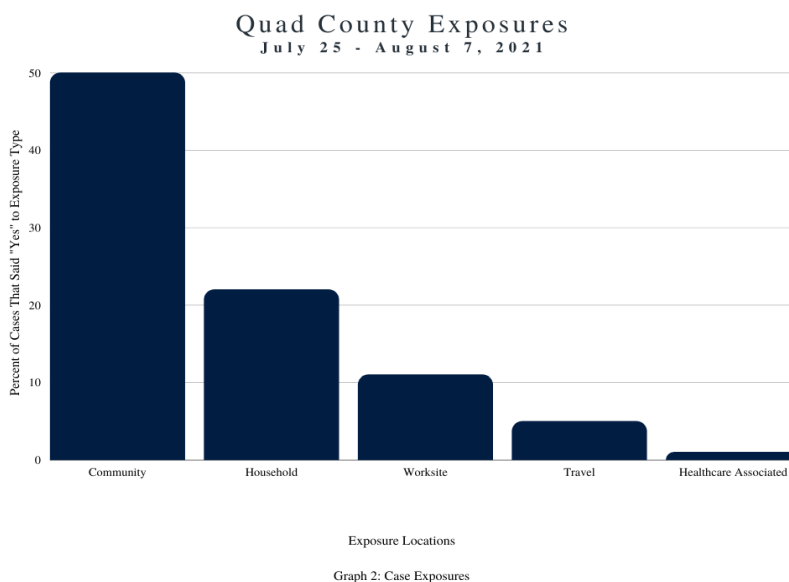
Graph 1: 7-day Average per Week

reported their ethnicity, seventy-eight percent reported as Non-Hispanic or Latino/a, twenty-one percent reported as Hispanic or Latino/a, and one percent preferred not to answer. There were five known hospitalizations across all counties during this two-week period. There was a thirty-seven percent decrease from the previous two-week period. According to the Nevada Hospital Association report on August 4, 2021, hospitalizations remain stable in Northern Nevada but are beginning to see an increase in COVID-19 patients. Ventilator use as well as ICU occupancy continues to remain low but are increasing. There was a twenty-three 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 fifty 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.

Twenty-two percent of cases had household exposure, indicating that the transmission occurred within the immediate household.

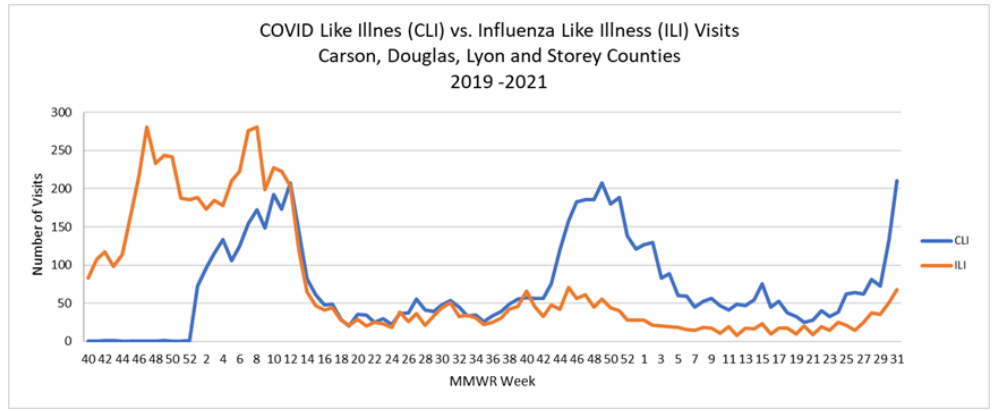


COVID-19 Variants of Concern

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 are reported thirty B.1.1.7 variant cases and thirty-four B.1.167.2 variant cases from July 25 – August 7, 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.

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 30 and 31, 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-five percent of Quad County residents are fully vaccinated as of August 4, 2021. Carson City Health and Human Services continues to work with community stakeholders on vaccination outreach to increase vaccination rates among the community.

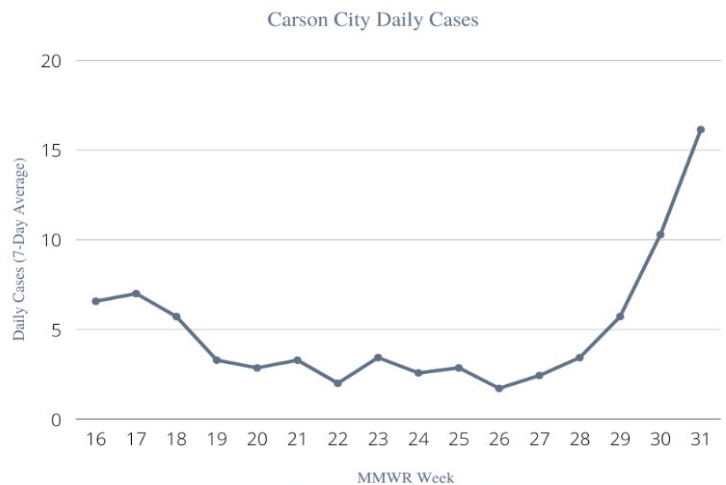
Carson City Surveillance Summary

From July 25 – August 7, 2021, there were one hundred and eight-four confirmed cases reported in Carson City. This represents approximately twenty-eight percent of all Quad-County cases during this two-week period and is a forty percent increase from the previous two-week period. The zip code in Carson City that reported the highest number of cases during this two-week period was zip code 89706 (Table 1).

Zip Codes	Cases Reported
89701	80
89702	2
89703	33
89706	68
89721	1

Table 1. Carson City Cases by Zip Code

The daily cases reported, based on a seven-day average, over this two-week period was thirteen. This indicates that, on average, there have been thirteen new cases each day throughout Carson City. Carson City has seen an increase in the average number of cases reported each week (Graph 4). Forty-nine percent of cases were female, and forty-one percent were male. The average age of Carson City cases was thirty-five years old.



Graph 4: 7-day Average per Week

Carson City Exposure

Of those with known exposures, fifty-seven percent were exposed in the community. Twenty 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 5). 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 ensure mitigation efforts are in place. Transmission trends are challenging to track or predict.

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