









# **COVID-19 Surveillance Summary**

## **Carson City**

## September 5 – September 18, 2021

### **Contact Tracing and Disease Investigation Update**

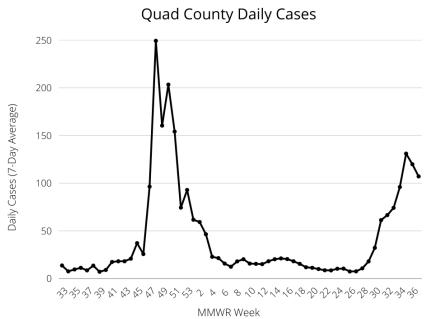
Beginning on August 8, 2021 Carson City Health and Human Services COVID-19 Disease Investigation Team began prioritizing pediatric and school staff associated cases to assist schools in their role in providing safe environment for students and staff. From September 5 – September 18, 2021, the Carson City Health and Human Services COVID-19 Disease Investigation Team was not able to attempt contact with any school associated cases within twenty-four hours due to the high increase of school associated cases, however successfully contacted sixty-three percent during this two-week period. Additionally, they were able to attempt contact less than one percent of all cases in the two-week period within twenty-four hours and successfully contacted fourteen percent. The Investigation Team continues to utilize 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 individuals, 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 1,589 new COVID-19 cases in the two-week period from September 5 – September 18, 2021. This is a ten 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 one hundred seven (Graph 1). This indicates that, on average, there have been one hundred seven 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

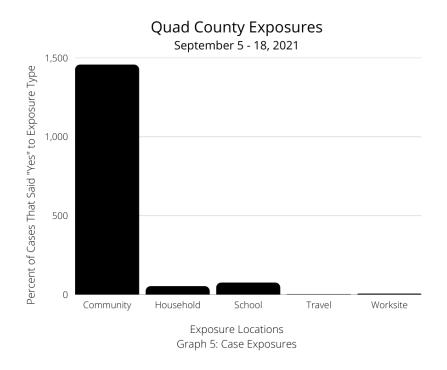


Graph 4: 7-Day Average per Week

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 one hundred and two years old. Fifty-five percent of cases were female, and forty-five percent were male. Of the cases that reported their race, fifty one percent were reported as White, six percent of cases were reported as other, one percent reported American Indian or Alaskan Native, less than one percent reported as Native Hawaiian or other Pacific Islander, less than one percent reported Black or African American, and less than one percent Asian. Of those who reported their ethnicity, forty-four percent reported as Non-Hispanic or Latino/a, thirteen percent reported as Hispanic or Latino/a, and less than one percent preferred not to answer. There were forty-three known hospitalizations across all counties during this two-week period. This is twenty-three percent decrease from the previous two-week period. According to the Nevada Hospital Association report on September 15, 2021, hospitalizations remain stable in Northern Nevada but are increasing in COVID-19 patients. Hospitals are reporting significant staffing shortages resulting in downstream patient care effects. There were six COVID-19 related deaths 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 school (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 ninety-two 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. Five percent of cases had an exposure with someone that tested positive in their school indicating that the transmission occurred from one or more of the students or faculty.

#### **Quad-County Area Schools**

Carson City, Douglas County, and Lyon County school districts are using the Abbott BinaxNOW, a rapid antigen test that detects a specific viral antigen for the virus that causes COVID-19. In alignment with the CDC guidance, schools are utilizing the BinaxNOW for faculty and students to quickly isolate positive individuals and end quarantine for close contacts after seven days. School cases represented in this report are PCR, molecular positive cases, the Abbott BinaxNOW test, and other FDA approved antigen tests.

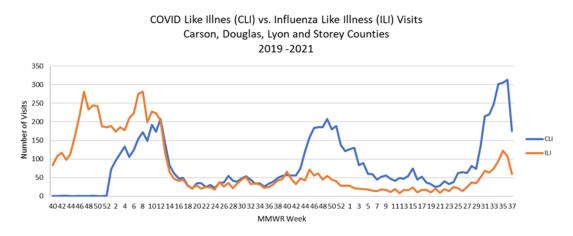
There were 258 student cases from September 5 – September 18, 2021. Of these student cases, seventy-six percent attended school during their infectious period. There were also twelve school faculty cases who tested positive for COVID-19. Of these faculty cases, ninety-two percent attended school while infectious. Our school biostatistician works closely with schools to help with contact tracing, case surveillance, and the implementation of mitigation strategies.

### **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. The Quad-County reported thirty-seven B.1.167.2 variant cases from September 5 – September 18, 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 36 and 37, the Quad Counties are seeing a decrease in COVID like Illness (CLI) and Influenza like Illness (ILI) in emergency departments compared to previous weeks.

### **Quad-County Vaccinations**

According to the Nevada State COVID-19 Dashboard, approximately fifty-two percent of Quad County residents are fully vaccinated as of September 17, 2021. Carson City Health and Human Services continues to work with community stakeholders on vaccination outreach to increase vaccination rates among the community.

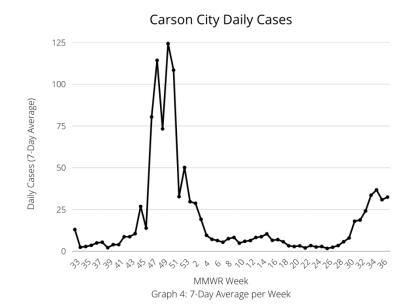
#### **Carson City Surveillance Summary**

From September 5 – September 18, 2021, there were 442 confirmed cases reported in Carson City. This represents approximately twenty-seven percent of all Quad-County cases during this two-week period and is a seven percent decrease 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 89701 (Table 1).

| Zip Codes | Cases Reported |
|-----------|----------------|
| 89701     | 234            |
| 89702     | 6              |
| 89703     | 66             |
| 89706     | 132            |
| 89721     | 3              |

Table 1. Carson City Cases by Zip Code

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



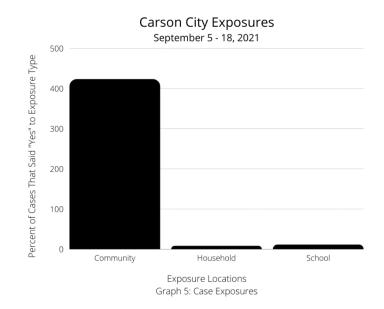
#### **Carson City Schools**

There were forty-eight student cases from September 5 – September 18, 2021. Of these student cases, eighty-seven percent attended school while infectious. Additionally, there were three school faculty members that tested positive for COVID-19 and one hundred percent attended school while infectious.

#### **Carson City Exposure**

Of those with known exposures ninety-six percent were exposed in the community, two percent were exposed at school, and two 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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