



## COVID-19 Surveillance Summary

### Storey County

July 4 – July 17, 2021

#### Contact Tracing and Disease Investigation Update

From July 4 – July 17, 2021, the Carson City Health and Human Services COVID-19 Disease Investigation Team was able to attempt contact with seventy-three percent of cases within twenty-four hours and successfully contact seventy-one 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.

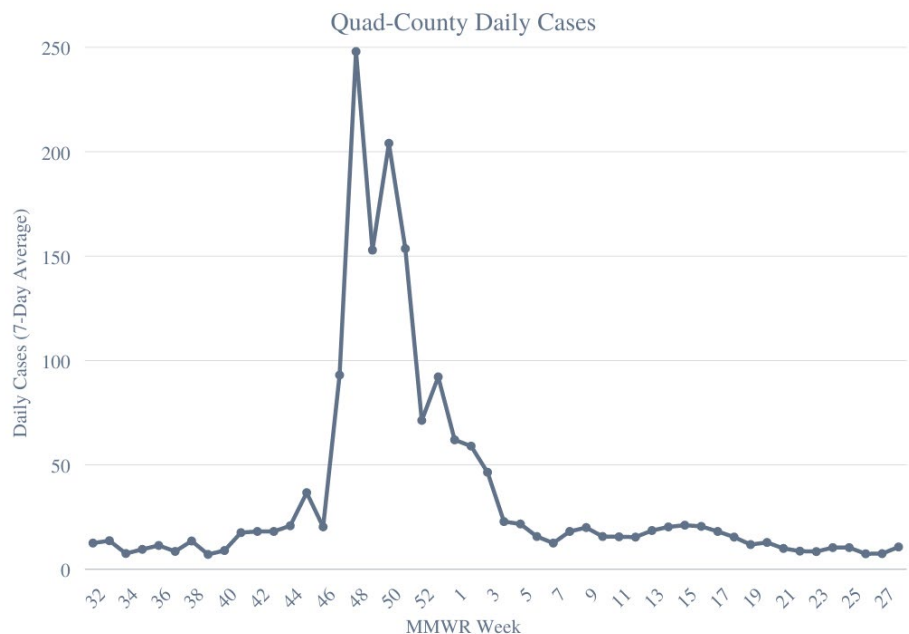
CCHHS continues to partner with the Nevada Resilience Project, who reaches out to cases, close contacts, and other members of the community impacted by COVID-19 that were identified as having challenges associated with the pandemic including, but not limited to, managing work or school, social isolation, 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 128 new COVID-19 cases in the two-week period from July 4 – July 17, 2021. This an eighteen 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 nine (Graph 1). This indicates that, on average, there have been nine 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. Forty-eight percent of cases were female, fifty-one percent were male, one percent preferred not to answer. Of the cases that reported their race, seventy-five percent were reported as White, sixteen percent of cases were reported as other, one percent reported American Indian or Alaskan Native, four percent reported as Native Hawaiian or other Pacific Islander, one

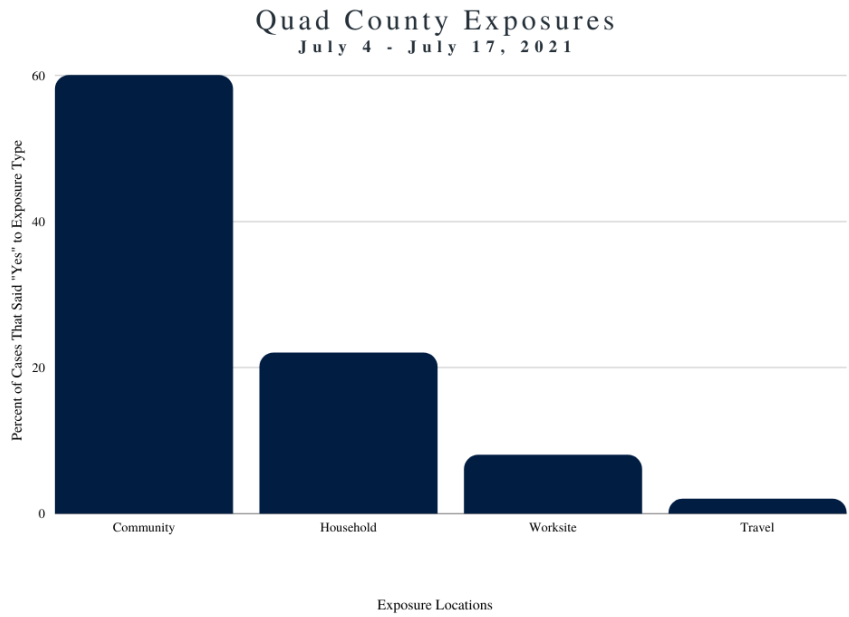


Graph 1: 7-day Average per Week

percent reported Black or African American, and three percent preferred not to answer. Of those who reported their ethnicity, seventy-six percent reported as Non-Hispanic or Latino/a, twenty-one percent reported as Hispanic or Latino/a, and two percent preferred not to answer. There were five known hospitalizations across all counties during this two-week period. There was twenty-eight percent decrease from the previous two-week period. According to the Nevada Hospital Association report on July 14, 2021, hospitalizations are starting to slightly increase in Northern Nevada. Ventilator use as well as ICU occupancy continues to remain low but are increasing. There was a fifteen percent increase from the previous week. There were two 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 sixty 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.



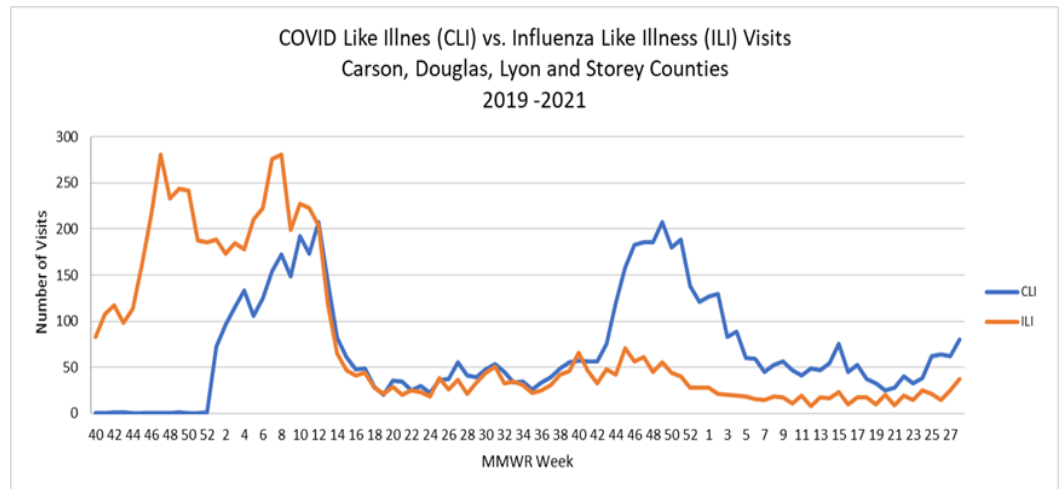
Graph 2: Case Exposures

**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 twenty-five B.1.1.7 variant cases and eighteen B.1.167.2 variant cases from July 4 – July 17, 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 27 and 28, 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-two percent of Quad County residents are fully vaccinated as of July 14, 2021. Carson City Health and Human Services continues to work with community stakeholders on vaccination outreach to increase vaccination rates among the community.

## Storey County Surveillance Summary

From July 4 – July 17, 2021, there was one confirmed case reported in Storey County. This represents one percent of all Quad-County cases during this two-week period and is a seventy-five percent decrease from the previous two-week period. The case was a male in his sixties.

## Storey County Exposure

Of those with known exposures, fifty percent of cases were community related exposures. Exposure questions are independent, meaning an individual can answer “yes” to more than one exposure type. Fifty percent of cases were exposed to someone in their household.

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.

## Storey County Vaccinations

According to the Nevada State COVID-19 Dashboard, approximately ten percent of Storey County residents are fully vaccinated as of July 15, 2021. Carson City Health and Human Services continues to work with community stakeholders on vaccination outreach to increase vaccination rates among the community.