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Update Concerning the Status of COVID-19 in Nevada

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Helping people. It's who we are and what we do.

COVID-19 Cases

COVID-19 was first identified in Nevada in early March of 2020. Over the past two years, we have observed four distinct surges.

There appears to be seasonality on a biannual basis, with a surge occurring each winter and summer.

Each surge has presented with unique characteristics, largely driven by the differences in emerging variants, coupled with the evolution of mitigation strategies that are available and utilized.

KEY METRICS

739

DAILY NEW CONFIRMED CASES

14-day moving average

1,847

Confirmed cases per

100K

30-day period

35

DAILY NEW PROBABLE CASES

14-day moving average

93

Probable cases per 100K

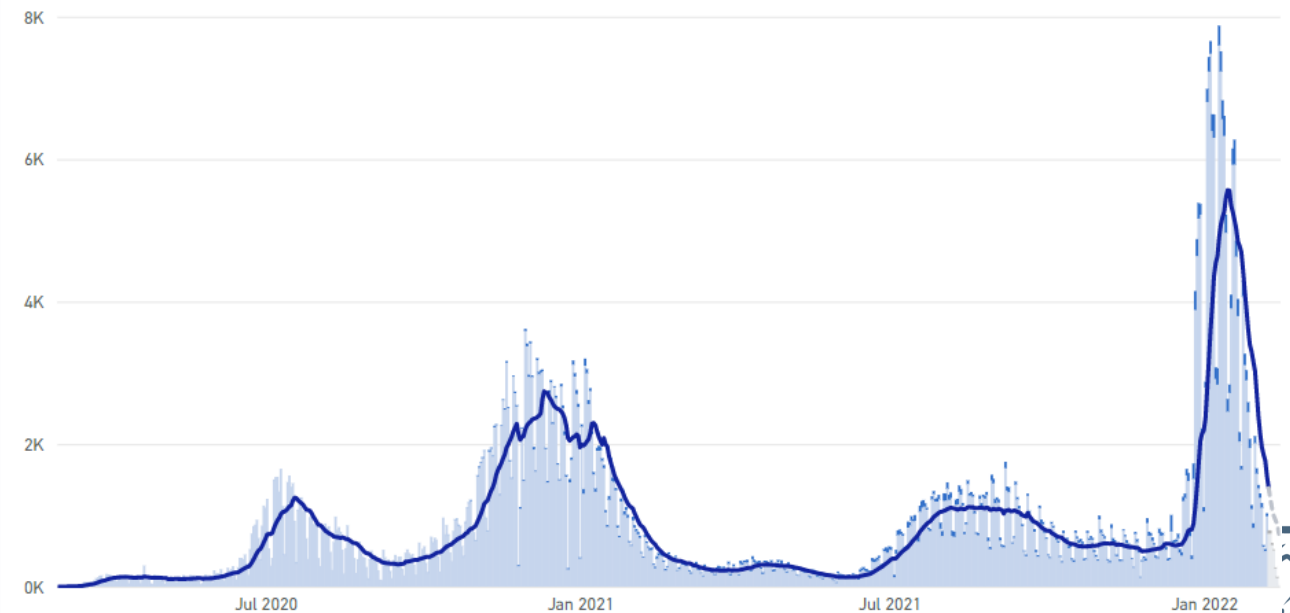
30-day period

When people talk about "flattening the curve", this is the curve they are talking about. We want to slow the number of new cases so that our healthcare system isn't overwhelmed and can provide care to everyone who needs it.

Staying home, practicing social distancing, and wearing a face mask are important ways to help flatten the curve.

DAILY NEW CASES, BY SPECIMEN COLLECTION DATE

Confirmed Probable Incomplete - Confirmed Incomplete - Probable 14-day moving avg. Incomplete - 14-day moving avg.



COVID-19 Hospitalizations

Trends in hospitalizations have closely mirrored cases throughout the pandemic, with four surges that lag cases by approximately 14 days.

The most recent Omicron surge, which peaked at the end of January, observed a milder illness and resulted in hospitalizations comparable to last years' winter surge despite much higher case rates.

KEY METRICS

865

HOSPITALIZATIONS
For the most recent day

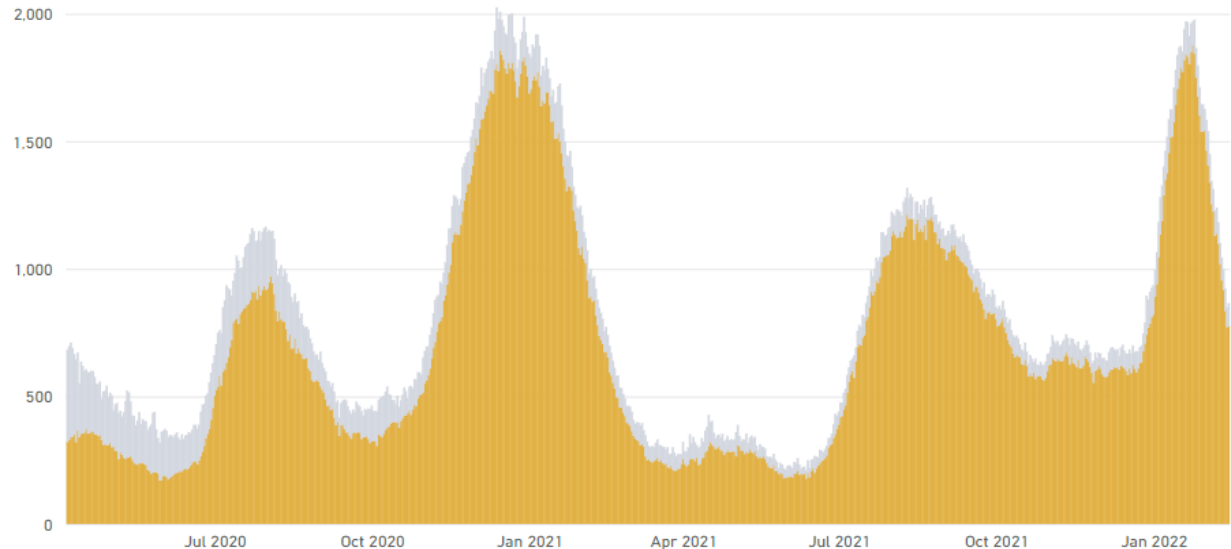
774 Confirmed

91 Suspected

Day	Confirmed (% change)	Confirmed + Suspected (% change)
02/14/22	0.4% ▲	1.9% ▲
02/13/22	-7.7% ▼	-8.0% ▼
02/12/22	-9.0% ▼	-7.5% ▼
02/11/22	-3.8% ▼	-4.4% ▼
02/10/22	-6.4% ▼	-5.2% ▼
02/09/22	-7.0% ▼	-6.9% ▼
02/08/22	-3.7% ▼	-4.7% ▼
02/07/22	0.7% ▲	1.0% ▲
02/06/22	-7.6% ▼	-6.4% ▼
02/05/22	-2.4% ▼	-2.3% ▼

CONFIRMED AND SUSPECTED HOSPITALIZATIONS

● Confirmed ● Suspected



COVID-19 Intensive Care/ Ventilator Use

Similar trends were also observed in critical care hospitalizations.

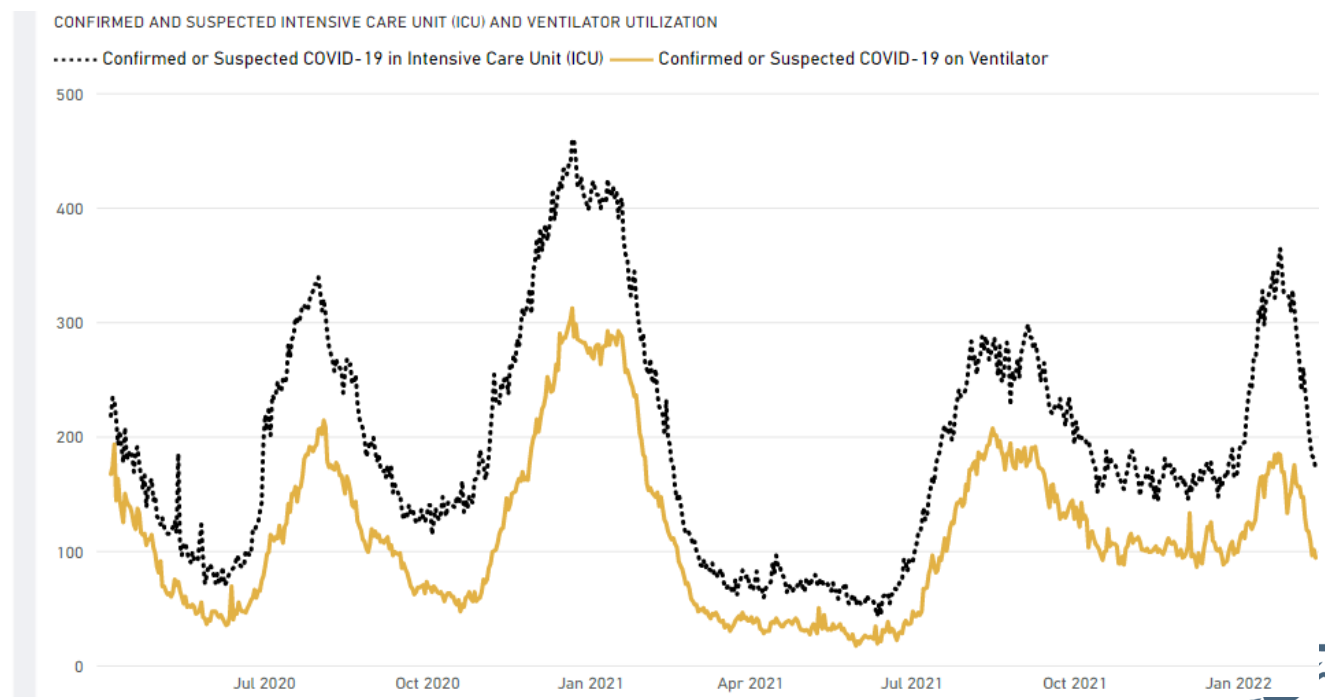
Although total hospitalizations in January of 2022 were comparable in magnitude to the previous winter, the number of patients who required care in the Intensive Care Unit (ICU) and who required ventilators remained lower.

KEY METRICS

171 Confirmed or Suspected
COVID-19 in Intensive Care Unit (ICU)
For the most recent day

94 Confirmed or Suspected
COVID-19 on Ventilator
For the most recent day

865 Hospitalizations
For the most recent day



COVID-19 Deaths

COVID-19 related mortality trends lag new cases by approximately 21 days and vary in respect to proportionality to new cases.

Hospitalization trends have proven to be a more accurate indication of magnitude related to mortality than case trends.

KEY METRICS

12

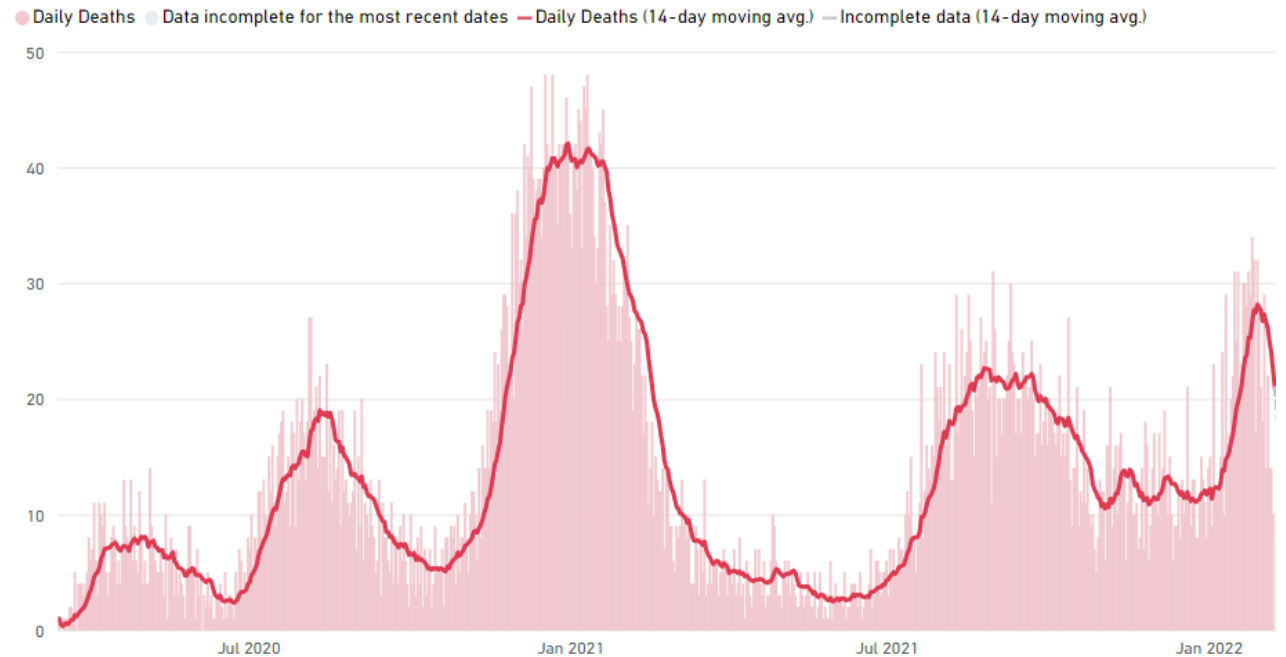
DAILY NEW DEATHS
14-day moving average

19 Deaths per 100K
30-day period



DAILY DEATHS OVER TIME

STATEWIDE



COVID-19 Vaccinations

Approximately 53% of Nevadans are fully vaccinated (does not account for boosters), and 63% have at least initiated vaccination.

KEY METRICS

4,265,602 Total Doses Reported as Administered
132,709 Doses Reported as Administered per 100K

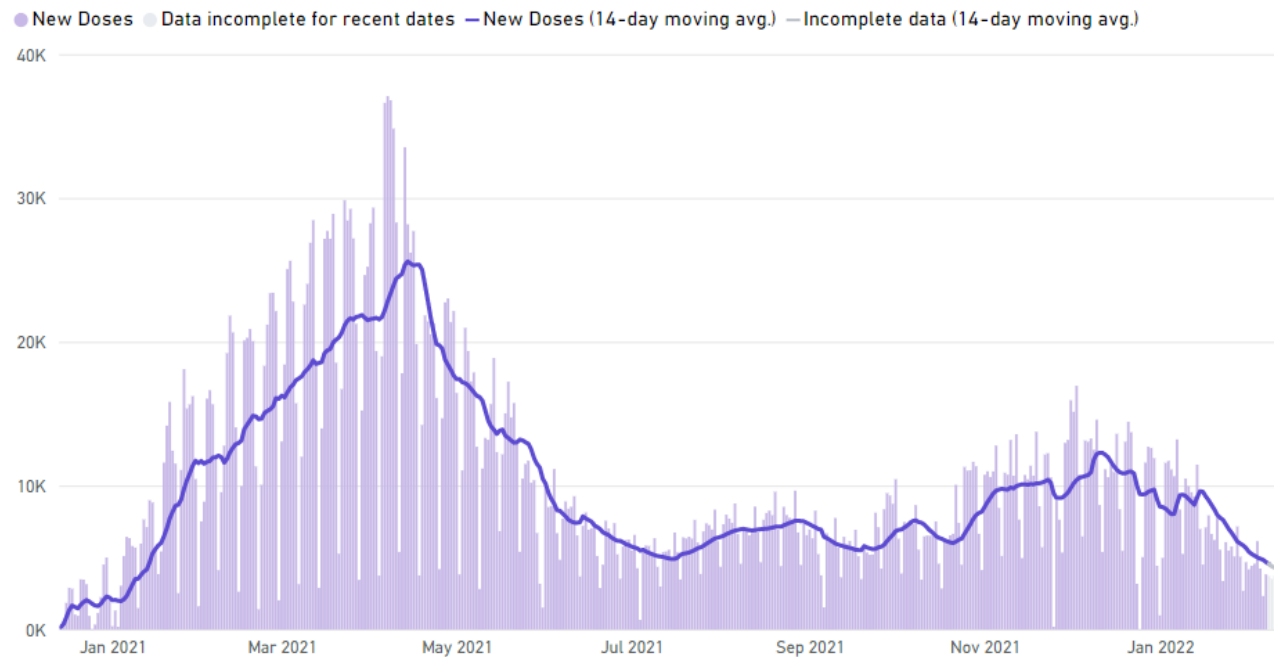
2,025,794 Total Vaccinations Reported as Initiated+
63,025 Vaccinations Reported as Initiated per 100K
63.03 % % of Population that Initiated Vaccination

67.25 % % of Population 5 Years and Older that Initiated Vaccination

1,695,607 Total Vaccinations Reported as Completed
52,753 Vaccinations Reported as Completed per 100K
52.75 % % of Population Vaccinated
56.29 % % of Population 5 Years and Older Vaccinated

DAILY NEW DOSES ADMINISTERED

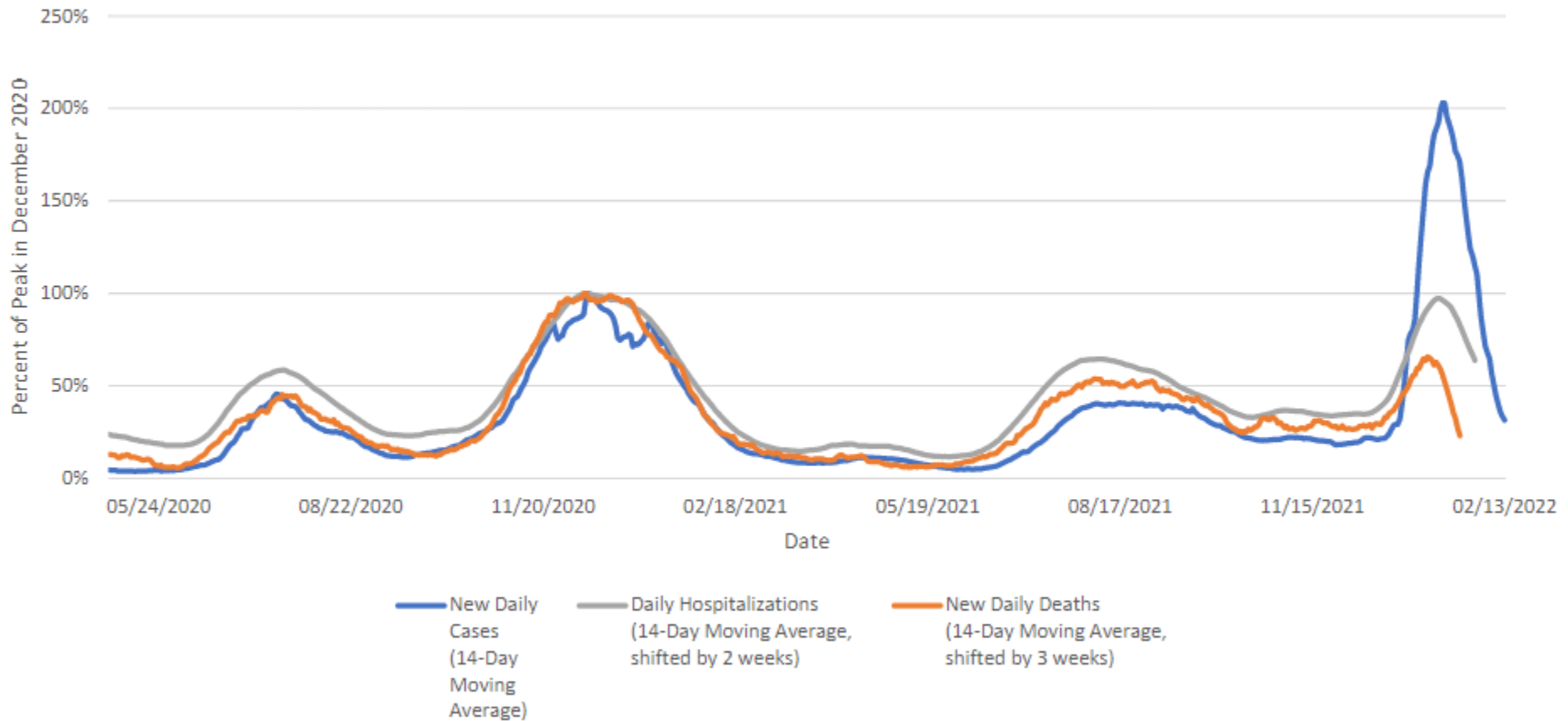
STATEWIDE



COVID-19 Key Metrics

Cases, Hospitalizations, and Deaths as a Percentage of Comparison Year (Dec-Jan 2020/2021)

The chart shows hospitalization rates shifted by two weeks and death rates shifted by three weeks to allow a clearer comparison of the peaks and dips in cases, hospitalizations, and deaths.



Endemic, Epidemic, Pandemic

- Endemic: Refers to a constant presence and/or usual prevalence of a disease or infectious agent in a population within a geographical region.
- Epidemic: Refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population within a geographical area.
- Pandemic: Refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people.



Shift from Pandemic to Endemic

Pandemic Surges vs. Endemic Seasonality:

- As COVID-19 moves towards endemicity we expect to see changes in the overall patterns of disease occurrences. For example, we have all been living through surges of disease transmission that have occurred throughout the past two years. As we enter an endemic phase, we expect to see more of a seasonal pattern established, similar to influenza and other respiratory diseases. Although surges will likely still occur until we reach the endemic phase, the hope is those surges will become less disruptive to community infrastructure and daily lives based on continued higher levels of immunity and protection within the population based on vaccination uptake and previous infection with Delta and/or Omicron.

When will COVID-19 Become Endemic:

- There is no light switch to endemicity, but rather a process. The timing is unknown, but we do know we are in the midst of the process. Generally, there needs to be equilibrium between the level of transmission and the level of immunity within the population. The increased infectiousness and shortened incubation period of Omicron is expected to have exponentially driven an increased level of immunity within the population. The hope is Omicron will have serves as an accelerant to the transition to endemicity.





Response Changes

The COVID-19 pandemic has evolved over time and with that our public health response has also evolved. As we move through the process of endemicity, much of the approach is shifting from government oversight of mitigation measures to empowering individual responsibility and risk reduction behavior decisions.

Changes to Disease Investigation & Contact Tracing

- Case investigation and contact tracing now focuses on outbreaks in high-risk settings and may no longer focus on individual investigations within the general community.
- This transition allows public health to prioritize efforts for people and communities at higher risk, where public health interventions have the greatest opportunity to reduce morbidity and mortality.
- The Nevada Health Response website has tools and information for the public to help navigate access to testing and treatment resources and to help understand what to do if you are positive or have been exposed to COVID-19.



Testing

- Laboratory-based molecular testing was the first available testing type and remains the gold standard for COVID-19 testing. It is also the only testing mechanism which allows for genomic sequencing to identify variants of concern.
- Point of care antigen tests also received U.S. Food and Drug Administration (FDA) Emergency Use Authorization (EUA) in 2020, which allowed for quicker turnaround times and increased overall access to testing.
- Over the counter self-tests are now available which is another tool to allow individuals autonomy over their health and prevention decisions.

Risk Reduction and Equity Considerations

- **Testing**

- Private testing
 - Travel
 - Worksite
 - Personal need
- At-home test kits
 - Insurance covered
 - Free federal kits
 - Nevada kits
- Targeted testing
 - Schools
 - Confinement facilities
 - Healthcare settings

- **Vaccination**

- No supply issues
- Equitable access to vaccine information and vaccination
- Periodicity of vaccinations

- **Therapeutics**

- Pre-exposure ([Evusheld](#))
- After infection occurs to lessen severity
 - Oral antivirals ([Molnupiravir](#) and [Paxlovid](#))
 - Monoclonal antibody treatment ([Sotrovimab](#))
 - Future options
 - [Bebtelovimab](#)

- **Other Options**

- Voluntary masking
- Outdoor settings
- Social distancing when able
- Stay home when symptomatic
 - Telework; low density worksites





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