



DIRECTOR'S REPORT

CARSON CITY HEALTH & HUMAN SERVICES

SEPTEMBER

2025

Quarter 2 Updates
and Upcoming Events

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Highlights, Successes, and Announcements

New Deputy Director!



Carson City Health and Human Services (CCHHS) hired a new Deputy Director—Teneale Chapton!

Teneale has a long history of working in public health and collaborating with CCHHS throughout the COVID-19 pandemic. Additionally, she has supported the Nevada State Immunization Program (NSIP), which awards the Clinical Services Division the IZ Core grant. Teneale has worked for the Centers for Disease Control and Prevention (CDC) for the last 16 years and has served as a Supervisory Public Health Advisor to several states on behalf of the CDC for the last four years. CCHHS is happy to welcome Teneale in her new role!

Fiscal

The CCHHS Fiscal Division is working to standardize our fiscal processes and procedures to the strictest standards. These changes support efficiency for the agency and quality assurance for grant fiscal reporting. We want to acknowledge the CCHHS Fiscal Team for their resilience in navigating changes with various funders and for a successful closeout of the 2025 Fiscal Year.


WIC Outreach

CCHHS' Women, Infants, and Children (WIC) program staff set up a breastfeeding station at Carson City's Sheriff's Night Out. The event was a success for CCHHS, with several families visiting the station. Some stopped by to share stories about their breastfeeding journeys, grandmothers inquired about the station for their daughters-in-law, and one nursing mother shared how appreciative she was of the opportunity to nurse in private. WIC staff are preparing for future outreach events to provide the breastfeeding station. You may also contact CCHHS to learn more about having the station set up at your community event! Funding for the mobile breastfeeding station was provided by the USDA WIC Administration Federal Grant Number 7NV700NV7.




Fight the Flu! Community Vaccination Events

Due to Carson City’s low vaccination and high hospitalization rates in 2024, CCHHS’ Public Health Preparedness (PHP) Division has partnered with several organizations across Carson City to offer flu vaccines. The team, as outlined in their grant scopes of work, will also support flu vaccination outreach in Douglas, Lyon, and Storey counties. The goal of doing this outreach is to reduce the severe outcomes of unvaccinated flu cases in CCHHS’ surveillance area. Additionally, these events help CCHHS exercise our processes for disease outbreaks. Making vaccines accessible to the community at low to no cost should help to mitigate high hospitalization rates and contribute to a healthier Carson City and Region. *If available, COVID-19 vaccines may be offered.*




Pricing

Please bring your insurance card. Uninsured or underinsured individuals can get a flu shot for \$20. Noone will be turned away if they are unable to pay!



Availability

High-dose vaccines for those 65 and older are available in limited quantities.



Information

Access the Vaccine Information Statement (VIS) and Notice of Privacy Practices at www.gethealthycarsoncity.org/CommunityFlu

Dates, locations, and times of the community vaccination events are as follows:

Event	Address	Date and Time
Carson City Senior Center	911 Beverly Dr, Carson City, NV	Sept. 16, 2025 10:00 am-12:30 pm
Yerington Senior Center	117 Tilson Way, Yerington, NV	Sept. 19, 2025 1:00-3:00 pm
Mark Twain Food Pantry Day	500 Sam Clemens Ave, Dayton, NV	Oct. 10, 2025 10:30am-12:00pm
Storey County Resource Fair	12 B St, Virginia City, NV	Oct. 14, 2025 1:00-5:00pm

If you are unable to make it to one of the community vaccination events, CCHHS’ Clinical Services staff offer walk-in vaccinations every **Thursday from 8:15 am - 4:30 pm** at **900 E. Long St**. You can reach us on JAC bus routes 1 and 2A at stop Long & Roop at Health and Human Services.

*The 2024-2025 Carson City Influenza Season Report is attached as Appendix A.

September is Preparedness Month!

National Preparedness Month is an annual reminder that preparing for emergencies and disasters can keep families and communities safe! CCHHS encourages everyone to take steps to be more prepared for a disaster or emergency. It is important to consider individual circumstances and needs, especially for those with medical needs. Here are some of the things to make sure your household has a plan for an emergency.

Medical Supplies



Electrical Powered Equipment

Check with your medical supply company and get information regarding a back-up power source, such as a battery or generator for electrical power beds, breathing equipment, or infusion pumps.

Oxygen and Breathing Equipment

Make sure you have a 3-day supply of oxygen, tubing, and necessary solutions.

IV and Feeding Tube Equipment

Know if your infusion pump has a battery backup and how long it lasts. In case of automatic failure, learn about manual infusion techniques from your provider and have written instructions attached to your equipment.

Emergency Bag

Medications and Medication List

Your list should include the name of the medication, dose, frequency, and prescribing doctor.

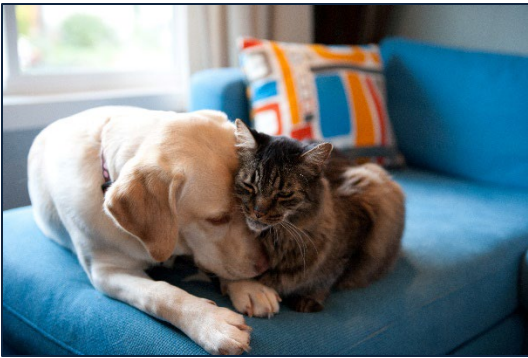
Copies of Vital Medical Papers

These include insurance cards, power of attorney, birth certificate, etc.

List of People

This includes a list of neighbors, friends, or relatives who can assist you as needed during an evacuation. Make sure to include all contact information for those on your list.





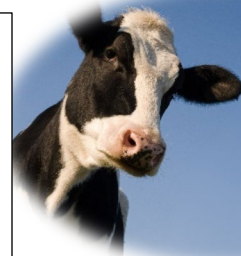
In addition to preparing for your medical and personal needs, remember that your pets are important members of your family, too! If you have a plan in place for you and your pets, you will likely encounter less difficulty, stress, and worry when you need to make a decision during an emergency. To prepare for the unexpected, follow these tips with your pets in mind.

Build an Evacuation Plan!

A pet evacuation plan should include knowing safe places to take your pet before disasters or emergencies, an established buddy system with neighbors, friends, and family to be sure your pets are cared for if you are unable, and ensuring your pet is microchipped with updated information, including an emergency contact.

If you have large animals, such as horses, cows, goats, or pigs:

1. Make sure vehicles and trailers for transporting animals are available.
2. Map out primary and secondary routes in advance and evacuate large animals early.
3. Ensure all animals have some form of identification.



Build an Emergency Kit!

Your animal must have food, water, medicine, and important documents prepared for an emergency, just like you! Below are the essential items to include in your pet's emergency kit:

Food and Water

Keep a several-day supply in a waterproof container.



Medication

Keep an extra supply in a waterproof container.



First Aid Kit

Talk to your vet about your pet's specific needs.



Collar with ID Tag

This can include an extra leash and other important documents.



Carrier or Crate

Have a carrier for transport available for each pet.



Hygiene Items

This includes shampoo, paper towels, or litter boxes.



Photo with Pet

If you are separated from your pet, this will help with identification.



Favorite Items

Having your pet's favorite item can help reduce stress.



Data-Driven Impact

As part of CCHHS' 2025 – 2029 Strategic Plan, the agency strives to leverage partnerships to improve reporting through robust data collection and analyses. In doing so, stakeholders and community members can better understand the successes and impacts of the agency's efforts. CCHHS has already taken strides in improving data quality for several programs, which can be seen through the Adolescent Health Education Program (AHEP).

Adolescent Health Education Program (AHEP): Personal Responsibility Education Program (PREP)

Making Proud Choices! is an 8-module curriculum that teaches a safer-sex approach to HIV prevention and teen pregnancy with considerations for how the social determinants of health influence sexual health behaviors. This includes content related to parental and peer support, income-burdened factors, substance abuse, and emotional health impacts. With these considerations, *Making Proud Choices!* teaches youth about the consequences of sex, contraceptive use, sexually transmitted diseases, as well as refusal and negotiation skills on how to say no to sex.



CCHHS' Chronic Disease Prevention and Health Promotion Division provides adolescent sexual health education to Carson City's youth. Among the variety of evidence-based curricula CCHHS offers, *Making Proud Choices!* is a comprehensive safe sex curriculum that has seen the most growth.

During the 2025 school year, CCHHS' program began teaching all Carson City high school freshmen for the first time! This has improved the number of participants who have successfully completed the program in just the first year (Figure 1). Additionally, Pioneer High School became a consistent partner with CCHHS for the first time.

Completed Enrollments from Jan. to June in the AHEP: PREP Program

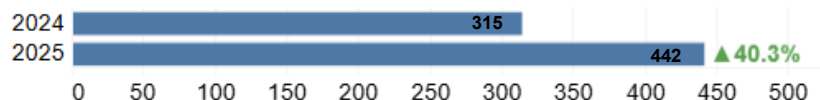


Figure 1. Yearly completed enrollments # of Completed Enrollments

Due to the improved reach, CCHHS can now measure the short- and long-term impact of the curriculum by utilizing a Carson City-specific Youth Risk Behavioral Survey (YRBS) report generated by the University of Nevada, Reno. Using the findings from this survey and the continued pre- and post-curriculum surveys given to students by program staff, CCHHS can now determine:

- 1 If students are satisfied with how the content is being provided to them.
- 2 How the educational program improved their perceived ability to practice healthy sexual behaviors.
- 3 If the education has a long-lasting impact and students continually practice healthy sexual behaviors over time.
- 4 How participation in these behaviors is impacting health outcomes in our young adult population.

Community Collaboration

Collaboration across sectors, with community partners, and within agencies is an integral part of public health. It helps to develop effective interventions and competent employees by getting together diverse workgroups, sharing expertise, and learning how to navigate resources to implement cost-effective services. Therefore, CCHHS has prioritized the collaboration, coordination, and convening of public health providers as one of the agency's main goals. Provided are examples of how CCHHS is already working with other organizations, Departments, and Divisions to create successful strategies that improve community health.

Hand, Foot, and Mouth Disease



Hand, Foot, and Mouth (HFM) Disease is a contagious viral infection most common in children 5 years or younger. Symptoms include sores in the mouth and a rash on the hands, feet, or diaper area. To prevent HFM and stop the spread, please wash your hands often and keep sick children at home. If symptoms become severe, please visit a healthcare provider.

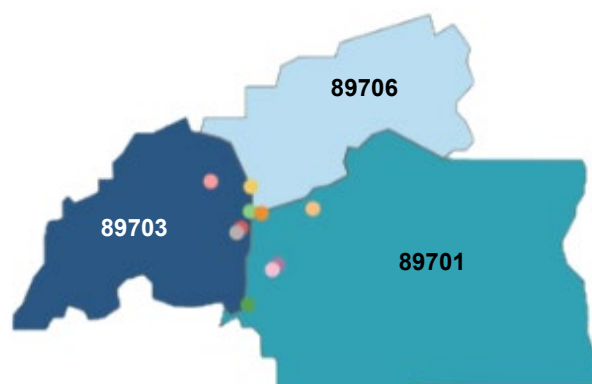
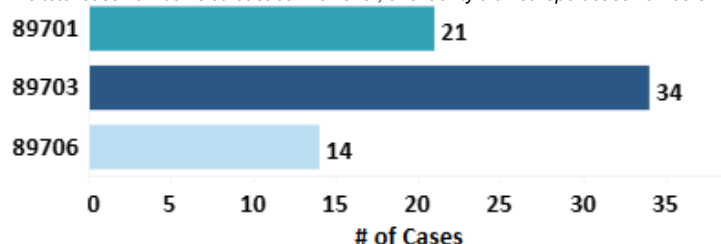
Total Number of Carson City Facilities Impacted:

11

Total Case Numbers in Carson City:

69+

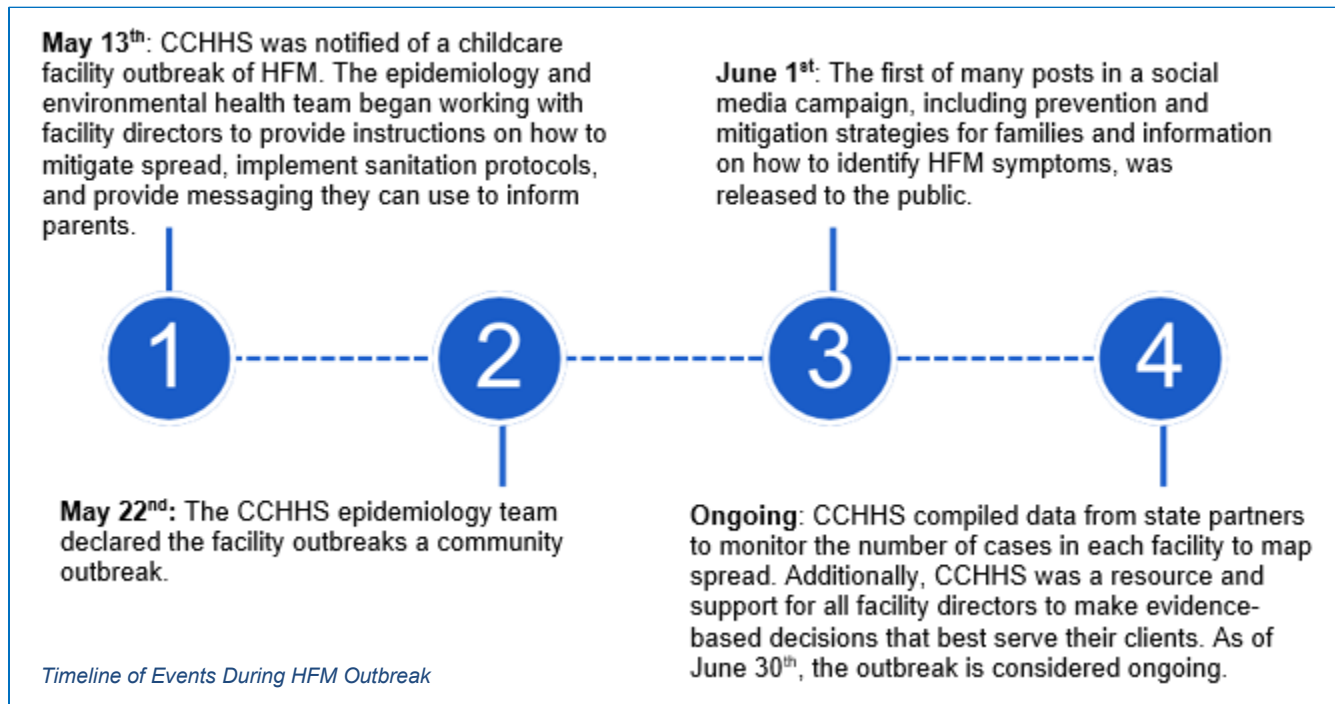
*The total case number is at least 69. However, one facility did not report case numbers.



Carson City's Affected Zip Codes with Markers for the Facilities with Positive HFM Cases

Carson City HFM Outbreak

Beginning in May, Carson City began seeing an unusual number of Hand, Foot, and Mouth Disease (HFM) cases. As the reporting Department for HFM, the Office of State Epidemiology notified CCHHS of facility outbreaks. A timeline of activities in sequential order from the time of notification has been provided below.



- **After Action Report:** As a result of the most recent outbreak, CCHHS' Epidemiology and Environmental Health staff identified gaps in the outbreak response that could improve mitigation and prevention in the future. It was identified that outbreak response processes needed to be updated to streamline communications with impacted organizations and other external departments. This is a result of miscommunications between childcare facilities, State Epidemiology, and Carson City Epidemiology Divisions. The State is the licensing entity for childcare facilities and is responsible for notifying CCHHS in case of an outbreak, but CCHHS's Environmental Health Division is responsible for childcare facility inspections. Additionally, the CCHHS Epidemiology Division is responsible for disease surveillance in the affected area. Therefore, this collaborative effort to keep childcare facilities healthy and safe for children will be the foundation for improvements to the communication and mitigation efforts in future outbreak responses. With clear and concise communication processes for each step of the outbreak response, it will reduce future miscommunications.

Academic Health Department

CCHHS is collaborating with the University of Nevada, Reno's (UNR) School of Public Health to develop an agreement to have CCHHS designated as an Academic Health Department (AHD). An AHD is a venture wherein a health department and an academic

institution have a collaborative agreement with the goal of enhancing public health education, training, research, and service, and developing a competent public health workforce. The formalized partnership allows CCHHS to work with UNR faculty and administrators to develop and guide curriculum for public health students, and in turn, provide internships for students to gain experience in government public health work. Additionally, this agreement will give CCHHS staff access to valuable library resources and the most up-to-date research efforts, which will support program planning, assessment, and grant writing efforts.

The CCHHS strategic plan, approved by the Board of Health in June 2025, includes goals and objectives related to establishing CCHHS as a central hub for convening public health activities and services. An AHD supports this, as it gives the agency and its staff access to information and program staff at UNR's School of Public Health. Additionally, this positively contributes to the community by building a competent workforce that is trained to take a holistic approach to providing services. This improvement in service delivery drives evidence-based practices that focus on the social determinants of health, resulting in further improvements in the health of our community members by creating access to services and promoting community engagement in developing interventions.

Community Preparedness

Evacuation Exercise

PHP coordinates the Quad-County Healthcare Coalition as part of its Health Care Readiness grant through the Administration for Strategic Preparedness and Response (ASPR). The Coalition works to support healthcare facilities and partner agencies in the Region by preparing for responses to hazards impacting the Quad-County health care system. As part of this preparedness work, PHP organizes an annual medical surge exercise to test the health system's readiness for emergencies. The 2025 exercise simulated an evacuation of Mountain View Health and Rehab in Carson City. During the exercise, which focused on testing decision-making, the facility simulated evacuating 140 patients. This required Mountain View to find other facilities that could accept the patients and coordinate transport. Receiving facilities had to prepare enough hospital beds for the influx of patients, assess their needs, and confirm their arrival with the facility that was evacuated. This exercise went well, and the most significant lessons learned were related to communication gaps. PHP found that the previously established communications process no longer worked and that they needed to ensure that there was one point of contact for each facility that would coordinate patients. The findings from the exercise have been included in a comprehensive After-Action Report. This report will be shared with coalition partners to help inform emergency response plans for other healthcare facilities.



Mobile Medical Facility



With funding support through the Public Health Emergency Preparedness Grant from the CDC, PHP facilitated an exercise to build a mobile medical facility. This was conducted in response to identifying the need for a mobile facility to withstand harsh Nevada weather during an emergency.

The facility can serve several purposes: mass care and patient triage, serve as an alternate facility for staff if a building sustains damage, be an incident command post during an incident, or become a location for distributing emergency supplies or medications.



Partners from across the Region were able to set up the tent in four hours, including instructional time. The mobile facility can be deployed across the Quad-County Region as needed, and is comprised of two separate tents, allowing deployment in different areas for different operations. This will greatly improve the Region's ability to serve its community during an emergency.

Funding Updates

Tobacco Quitline

Due to changes in federal funding, some services from the Tobacco Quitline have been discontinued. Moving forward, the Quitline offers one call for general coaching and can provide a one-time shipment of two weeks' worth of nicotine replacement therapy for eligible participants. The website is still available for information and referrals, or to enroll in coaching.

Nevada Tobacco Quitline

The Nevada Tobacco Quitline provides free and confidential online and telephone-based counseling, in either English or Spanish, for Nevada residents who want to address their tobacco use. Learn more by visiting:



1-800-QUIT-NOW






NevadaTobaccoQuitline.com

There are other available programs in Carson City for smoking and tobacco cessation support and primary prevention:




Tobacco Prevention & Control Programming

CCHHS provides resources and education to youth to promote smoking cessation, reduce secondhand smoke, and e cigarette/vaping emissions. For more information about education sessions and resources, please contact us at:

-  (775) 887-2190
-  CCHHSTobacco@carson.org
-  GetHealthyCarsonCity.org

Carson Tahoe Health

Carson Tahoe Hospital offers classes for adults that provide information on how to quit smoking for a small fee. Learn more by visiting:

-  (775) 445-7651
-  smokefreeNV@gmail.com
-  CarsonTahoe.com

If you have any questions about this report, please reach out to us at:

- Email: CCHHSinfo@carson.org
- Phone: 775-887-2190
- In-Person: 900 E. Long Street, along JAC bus Routes 1 and 2A at Long and Roop at Health and Human Services



Appendix A

2024-2025 Carson City Influenza Season Report

September 29, 2024 — May 17, 2025

Epidemiology Division:

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Background and Season Overview

Background:

This report summarizes surveillance findings for the 2024-2025 influenza season in Carson City with a focus on Influenza-Like Illness (ILI) and confirmed influenza. It provides data on trends, age-specific impacts, severity measures, and vaccination status to guide local prevention and response planning.

Data sources include:

- Syndromic surveillance (ESSENCE) for ILI trends, based on emergency department and urgent care visit data.
- Confirmed case reports for influenza are received primarily through electronic laboratory reporting and provider reports to the Nevada EpiTrax disease surveillance system.
- Local population estimates from the Nevada State Demographer are used for calculating rates per 10,000 residents.

Note that all reported data are preliminary and may change due to delayed submissions or additional laboratory testing.

Season Overview:

The 2024-2025 season demonstrated elevated ILI activity, with ILI peaking above the 5-year average and exceeding expected weekly trends at multiple points. Younger age groups (5-24 years old) made up the highest proportion of diagnosed influenza cases but had lower reported vaccination coverage, while older adults (65+) accounted for most influenza hospitalizations.

Nationally, the 2024-2025 influenza season is notable for being the first flu season in several years to be classified as high severity since the 2017-2018 season based on preliminary data from the Centers for Disease Control and Prevention (CDC). This classification is based on three factors: proportion of ILI compared to total outpatient visits, rates of influenza-related hospitalizations, and percentages of influenza-associated deaths. Peak outpatient ILI visits reached 7.9% during the most active, week, well above the national baseline. The hospitalization rate peaked at 23.4 cases per 100,000 population, indicating substantial impact on healthcare systems, and influenza-associated deaths accounted for 2.8% of all reported deaths at the seasonal high. After several seasons of lower or moderate severity during and immediately after the COVID-19 pandemic, CDC estimates show that flu activity returned to higher levels this last season, with increased hospitalizations and widespread community transmission across the United States.

Carson City Influenza Overview

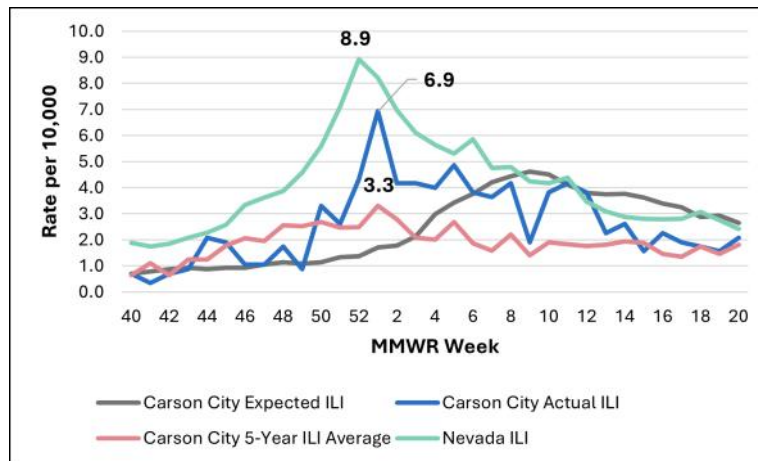
Influenza-Like Illness (ILI)

Influenza-Like Illness (ILI) is defined as an acute respiratory infection with a fever ($\geq 100^{\circ}\text{F}$ [38.0°C]), cough and/or sore throat, and symptom onset within the last 10 days. ILI activity is determined by the proportion of outpatient visits to emergency departments and urgent cares for respiratory illness.

ILI activity during the 2024-2025 season consistently exceeded both the expected rate and the 5-year average, particularly between MMWR weeks 50 and 10 (mid-December to early March) (Figure 1). The season peaked around week 52 (late December) with a rate of 6.9 cases per 10,000 people, well above Carson City's expected ILI rate and the county's 5-year average, suggesting higher-than-anticipated ILI burden this season (Figure 1). However, rates remained lower than those of the entire state, throughout most of the season.

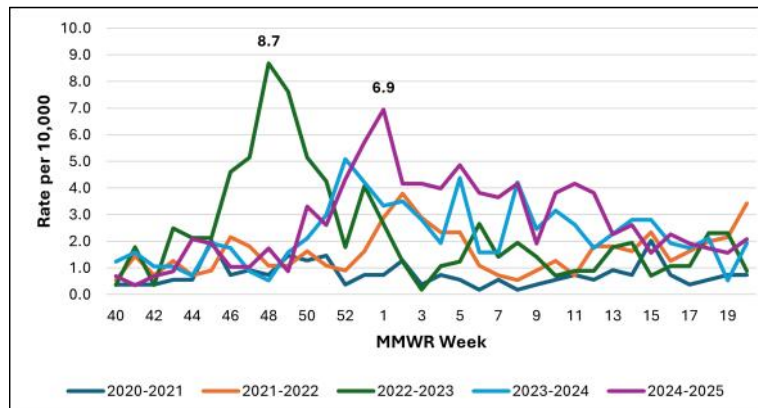
The 2024-2025 season had one of the highest peaks in ILI activity compared to the prior four seasons, surpassed only by the 2022-2023 season (Figure 2). Compared to recent years, the 2024-2025 season showed a sharper rise and earlier peak, with rates remaining elevated longer into the winter months.

Figure 1: Comparison of 2024-2025 ILI Rates with Expected ILI and 5-Year County Average



Expected weekly ILI activity is calculated by ESSENCE and is based on historical data from previous influenza seasons.

Figure 2: Trend Comparison of Weekly ILI Rates: 2024-2025 vs. 2020-2024 Seasons



For years without a week 53, values were obtained by averaging week 52 and week 1.

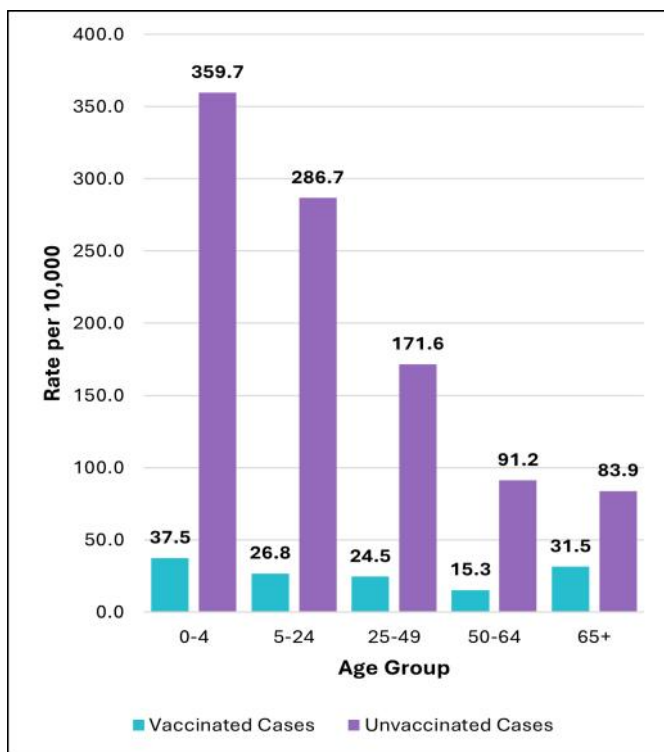
Confirmed Influenza Cases

Diagnosed **influenza** cases include individuals who tested positive by laboratory-based or rapid-diagnostic tests. The highest incidence rate of diagnosed influenza was observed in children aged 0-4 years, with 397.2 cases per 10,000 people (Figure 3), despite accounting for only 9% of total cases (Table 1). Individuals aged 5-24 years old represented the largest share of total cases (37%), followed by the 25-49 age group (26%), suggesting substantial transmission among school-aged and working-age populations (Table 1).

Table 1. Age-Specific Burden of Influenza: Case Counts, Incidence Rates, and Season Proportions

Age Group	Cases	Population	Rate/10K	% of Season Total
0-4	106	2,669	397.2	9%
5-24	410	13,080	313.5	37%
25-49	296	15,092	196.1	26%
50-64	146	13,705	106.5	13%
65+	165	14,303	115.4	15%
Total	1,123	58,849	190.8	100%

Figure 3: Influenza Rates by Age and Vaccination Status



Most diagnosed cases were among unvaccinated individuals, accounting for 87% of reported cases. Among unvaccinated cases, the 0-4 age group had the highest incidence rate (359.7 cases per 10,000 people), followed by the 5-24 age group (286.7 cases per 10,000 people) (Figure 3). Vaccinated individuals aged 65+ accounted for the highest proportion of cases among the vaccinated population within a specific age group (30%), likely reflecting both higher vaccination coverage and higher likelihood of being diagnosed due to their elevated risk profile (Appendix 1).

Influenza activity began to rise sharply around MMWR week 48, peaking near week 52 (late December) at a rate of 16.8 cases per 10,000 people (Figure 4). After the peak, rates gradually declined but remained elevated through week 13 (end of March), indicating sustained transmission well into early spring (Figure 4).

The majority of typed influenza cases were Influenza A, unspecified subtype (87%), followed by Influenza B (11%) and Influenza A H3 (1%) (Appendix 2). This indicates that Influenza A was the predominant strain circulating this season, with limited activity from Influenza B and A H3 subtypes. (Appendix 2).

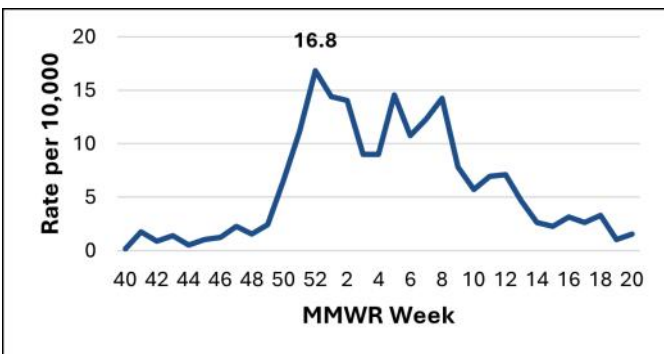
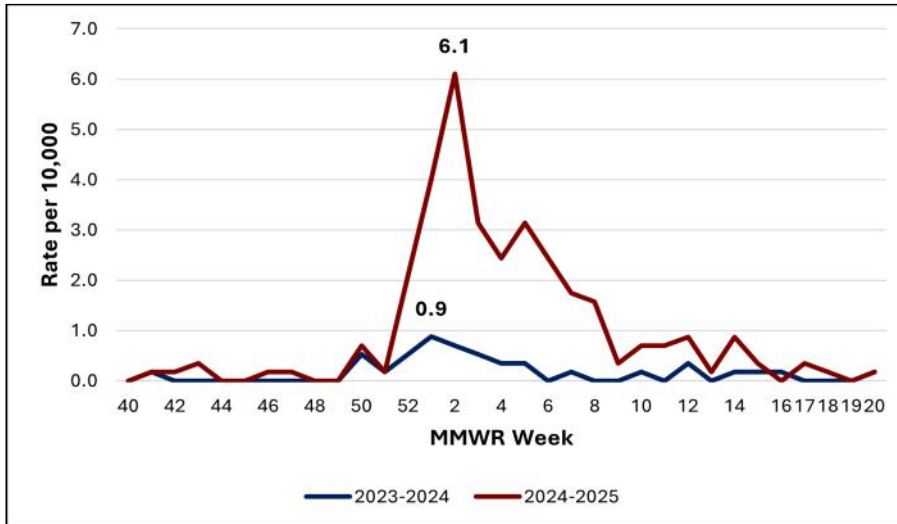


Figure 4: Weekly Rate of Diagnosed Influenza Cases

Influenza Hospitalizations

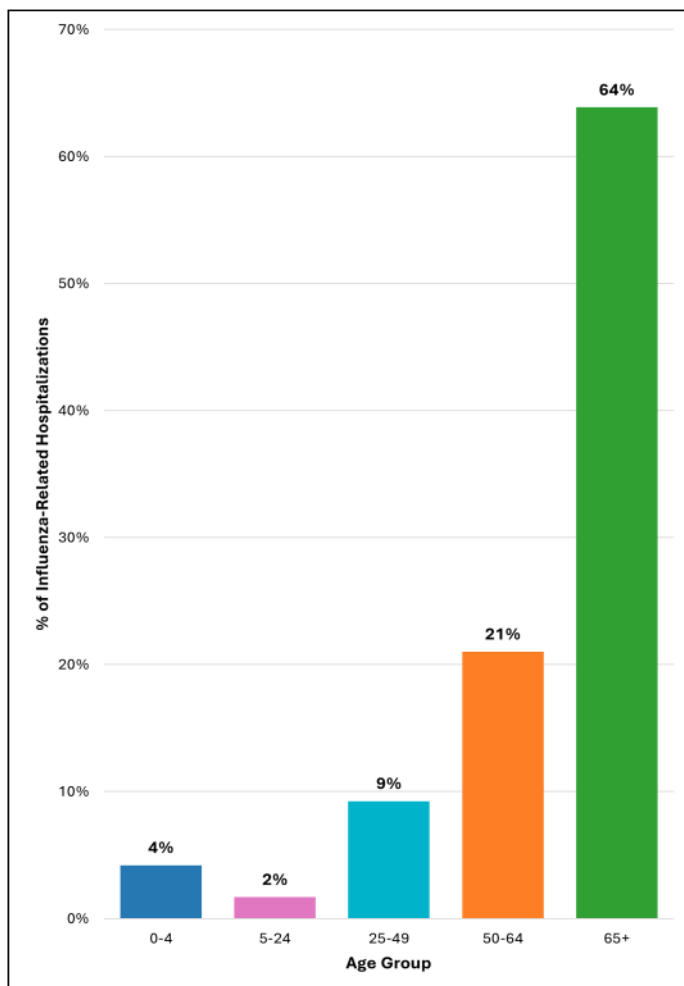
Hospitalized influenza cases are defined as individuals admitted for at least 24 hours with a positive influenza test and experienced influenza-like symptoms. Key information was collected to understand the severity of illness, including age, vaccination status, underlying medical conditions and clinical outcomes. During the 2024-2025 season, there were 119 influenza-associated hospitalizations identified in Carson City.

Figure 5: Comparison of Weekly Influenza-Related Hospitalization Rates by Season



Hospitalization rates were significantly higher during the 2024-2025 season compared to the 2023-2024 season. The peak rate in 2024-2025 reached over 6 cases per 10,000 people, nearly **six times** higher than the prior season's peak (0.9 per 10,000), indicating a more intense season than the previous year (Figure 5).

Figure 6: Influenza Hospitalization Proportions by Age Group



Even with higher vaccination rates, older adults accounted for the most hospitalizations (64%) because they face the greatest risk for complications if infected (Figure 6). Hospitalizations in younger age groups were low, with only 2% in the 5-24 and 4% in the 0-4 age groups (Figure 6).

Over half of hospitalized patients (54%) with a comorbidity had an underlying condition not specifically categorized ("Other"), suggesting a wide range of conditions contributing to severity. The most commonly reported specific underlying conditions were COPD (33%), Diabetes (34%), and Obesity (13%).

Major Takeaways

Influenza activity in Carson City was elevated, with transmission persisting into early spring and peaking around MMWR week 52 (late December). Hospitalizations were most common among older adults and individuals with underlying health conditions. Influenza activity in Carson City mirrored state trends with elevated ILI, highlighting the importance of prevention, vaccination, and early intervention ahead of the upcoming respiratory season.

After Season Strategies and Actions

Considering the main takeaways from this Influenza season, CCHHS will:

- 1** Continue to prioritize outreach for influenza vaccination among older adults, and individuals with underlying health conditions, as these groups remain at highest risk for severe illness and hospitalization based on this season's findings. Additionally, emphasize that influenza vaccine provides protection against hospitalization for healthy adults.
- 2** Work with providers to encourage timely antiviral treatment for influenza in high-risk patients to prevent progression to severe disease.
- 3** Emphasize the continued risk of severe illness for older adults and those with chronic conditions in public communication messaging consistently throughout the year. Additional community prevention messaging will also promote staying home when sick, seeking care early for worsening symptoms, and the option of getting a yearly influenza vaccination as a tool to reduce the risk of serious respiratory illness.
- 4** Develop a cost analysis for influenza vaccination specific to Carson City residents that highlights the cost benefits of producing a health outcome (reduced severity) and determines the healthcare cost savings per age group when they vaccinate compared to when they do not. This should also include healthcare system cost savings.
- 5** Improve data comparability between influenza and other circulating respiratory viruses including COVID-19 and RSV, to support more robust analyses and enhance future reporting.

Appendix

Appendix 1: Diagnosed Influenza Cases by Age Group and Vaccination Status

Age Group	Vaccinated Cases	Unvaccinated Cases	% of Total Cases (Vaccinated)	% of Total Cases (Unvaccinated)
0-4	10	96	7%	10%
5-24	35	375	24%	38%
25-49	37	259	25%	27%
50-64	21	125	14%	13%
65+	43	116	30%	12%
Total	146	971	100%	100%

Appendix 2: Diagnosed Influenza by Subtype

Influenza Subtype	Frequency	% of Total
Influenza A	981	87.4%
Influenza A H1	4	0.4%
Influenza A H3	7	0.6%
Influenza A H1N1	1	0.1%
Influenza B	126	11.2%
Influenza Type Unknown	4	0.4%
Total	1,123	100.1%

Percentages sum to more than 100% due to rounding numbers.